Health Insurance for Children

The Arkansas Success Story, 1997-2005

covering kids™ & families

Arkansas kids count

Helping Children Be Healthy, Wealthy and Wise.

ARKANSAS ADVOCATES FOR CHILDREN & FAMILIES

Executive Summary

In 1997, Arkansas established the *ARKids First* program to provide health insurance for low-income children up to 200 percent of the federal poverty line. Arkansas Advocates led an eight-year direct outreach campaign to ensure families had access to the program. This initiative, in conjunction with the Department of Human Services media campaign, promoted enrollment in *ARKids First* and reduced the number of uninsured children.

The results have been dramatic. Arkansas led the nation in reducing its percent of uninsured children from 19 percent in 1996 to 10 percent in 2003. The decline in the uninsured rate for children below the poverty line was even more dramatic, declining from 29 percent to 12 percent in 2003.

The outreach effort helped build a strong network of state and local partners. For the first time state agency personnel and local community leaders jointly shaped health care policy for Arkansas families.

The project successfully removed the past stigma associated with the Medicaid program for children. Innovative marketing tools and an application process removed from the local Department of Human Services office made *ARKids First* a desirable health insurance option.

Beginning of a Dream

Arkansas Advocates for Children and Families (AACF) has long promoted the idea that Medicaid should be expanded to serve more children and pregnant women. These arguments were based on two premises: (1) that providing needed preventive and acute care improves the current and future health status of children and (2) that early access to health care will provide children with a greater opportunity to learn, to work and to adopt healthy behaviors for life.

In 1996, Arkansas Medicaid was in the midst of a crisis over the cost of long term care in the state. New Governor Mike Huckabee called a meeting of the Medicaid Task Force to discuss possible options for cutting Medicaid costs. At this historic meeting, then AACF executive director Amy Rossi presented a passionate and well-reasoned proposal that Medicaid should be expanded to cover all children up to 200 percent of poverty. AACF provided research showing the cost savings of providing preventive care to ward off long-term catastrophic needs. The idea of insuring children in higher income, yet still economically vulnerable families took root with Governor Huckabee and became a central theme of his policy agenda during the 1997 legislative session.

Through the advocacy work of Arkansas Advocates, the leadership of Governor Huckabee, and the Arkansas General Assembly, Arkansas became one of the first states in the nation to expand access to health insurance for children whose families had incomes up to 200 percent of poverty by creating the *ARKids First* Health Insurance Program. This single action set a

course for child advocates, state agency personnel and community leaders to change the provision of children's health care in the state. A window of opportunity was made available and Arkansas rose to the occasion.

The simple passage of the 1997 legislation was not enough to ensure that the children of Arkansas had a new health insurance program. The program had to be developed, benefits had to be identified, eligibility procedures had to be put into place, and approval had to be obtained from the federal government. Under the direction of Ray Hanley, the State Medicaid Director with the Arkansas Department of Human Services (DHS), a set of benefits patterned after the state teacher insurance plan was developed.

From the beginning, ARKids was very popular and nearly 30,000 children signed up in the first year of the program. The initial *ARKids First* Program created in 1997, however, differed from the traditional Medicaid program for children in several ways:

- The application process was streamlined and simplified. Applicants could call a hotline, request an application and return it by mail. For the first time ever, a family did not have to be present at a local DHS office.
- The assets test was waived for children applying for the *ARKids First* program and the application was a simple two page form.
- There were also restrictions to the new program. About 21 services that were offered to children on traditional Medicaid were not offered under the expansion program. Families were also required to pay a $10 co-pay for office visits and a $5 co-pay for prescription drugs.
- Since the program was designed for currently uninsured children, there were uninsured status criteria that had to be met before they could apply. Originally a child had to be uninsured for the previous 12 months unless a parent lost his or her job and subsequently lost health insurance coverage. This changed to a six month uninsured period after a few years.

The original *ARKids First* program included only the expansion to children living in households making up to 200 percent of poverty. In 1998 and 1999 questions arose from the Center for Medicare and Medicaid, then known as Health Care Financing Administration (HCFA), about Arkansas' expansion program. The concern was over how children were being processed during eligibility determination and placed in *ARKids First*. The federal authorities felt there were children enrolled in *ARKids First* who were eligible for traditional Medicaid and its richer benefit package with no co-pays. The federal government wanted Arkansas to reevaluate each child on *ARKids First* and place them on traditional Medicaid if they qualified. The Huckabee administration opposed this, arguing many families wanted to participate in their health care by paying a co-pay and forcing children into one or the other would eliminate the parent's option to choose.

After much debate and discussion, Arkansas decided to incorporate other children's Medicaid categories into the *ARKids First* program. In August of 2000 *ARKids First* became the umbrella name for the two programs currently known as ARKids A (traditional Medicaid) and ARKids B (The original expansion for children with incomes up to 200 percent of poverty). As part of the agreement with the federal government, Arkansas included a clear description of the differences between ARKids A & B and the application allowed families to choose which program they wanted to be in. This choice and a description of the two programs are still included in the application.

In recent years, the program has been expanded to provide greater access to Medicaid to pregnant women. The income eligibility limit for pregnant women to receive Medicaid has moved from 133 percent of poverty to 200 percent. Tobacco Settlement Dollars made this expansion possible. Additionally, in July 2003, access to prenatal care

ARKids First Outreach Timeline

December 1996

Arkansas Advocates for Children and Families (AACF) advocates the expansion of childrens' medicaid in a Medicaid Taskforce Meeting.

January 1997

Governor Mike Huckabee recommends funding a new health insurance program for children.

March 1997

ACT 407 of the 1997 Legislative Session creates the *ARKids First* Program.

for immigrant women was offered based on the child's citizenship rather than that of the mother. These changes have provided access to quality care for pregnant women and opened the door for those newborns to be enrolled in *ARKids First*.

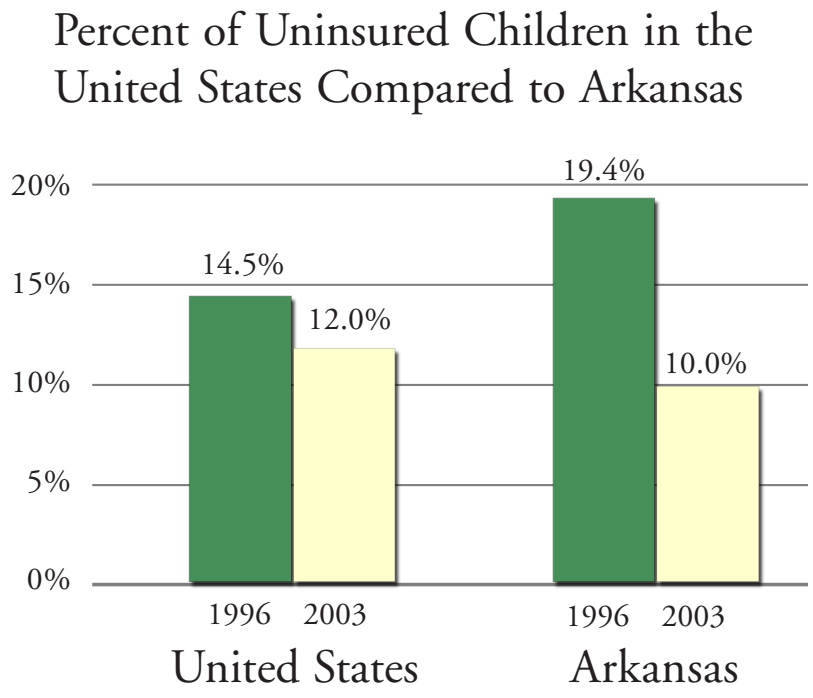
History of Outreach Efforts

Once the *ARKids First* program was implemented, it became clear a new communication strategy would be necessary to raise eligible families' awareness of the program. In preparing for the program's start-up in September 1997, the Department of Human Services (DHS) stepped outside of the box and developed a marketing campaign that included attractive full color brochures, TV and Radio spots, and a 1-800 Hotline for applicants. Arkansas Advocates also recognized the need to promote the new program using nontraditional methods and secured seed money from Arkansas Children's Hospital for initial outreach activities in the state. The efforts involved tray liners at local McDonalds and training materials for local organizations.

DHS and Arkansas Advocates developed a two prong approach for reaching families. First, DHS developed and led a mass media effort to promote *ARKids First* through a variety of media outlets. Secondly, Arkansas Advocates developed and conducted a direct outreach campaign that provided training and information to local communities and organizations around the state concerning the application process. Local community organizations utilized the materials developed by DHS and provided one-on-one assistance to families in their local communities. Local Head Start organizations were among the first partners to get on board with the direct outreach campaign. Head Start invited Arkansas Advocates to train their staff on the new eligibility process which enabled them to work directly with parents in child care settings.

These strategies catapulted Arkansas onto the national scene as the Department of Human Services received national recognition and awards for their marketing campaign and Arkansas Advocates received grants from national funders like the Robert Wood Johnson Foundation, the Daughters of Charity West Central Region Foundation and SmithKline Beecham to build their direct outreach capacity.

In the spring of 1998, Arkansas Advocates received a grant from the Daughters of Charity to conduct direct outreach. The original goal was to enroll the



Data source: The Annie E. Casey Foundation. Census Data Analysis for Arkansas

estimated 120,000 uninsured children in Arkansas in the *ARKids First* Program. Thanks to the partnership between AACF and the DHS Division of Medical Services, the Daughters of Charity grant was matched with Medicaid administrative dollars to allow AACF to hire a part time outreach coordinator. In April 1998 Rhonda Sanders returned to AACF as the part time statewide outreach coordinator. During the first few months of the outreach project a coalition was formed and formal training materials were developed.

In the fall of 1997 Congress passed SCHIP legislation that provided enhanced Medicaid match to states that expanded coverage for children. This legislative action spawned the opportunity for national expansion of health insurance for children. In May of 1998 the Robert Wood Johnson Foundation unveiled a new initiative, Covering Kids, to reach children and enroll them in state Medicaid and SCHIP programs. Due to the *ARKids First* program and outreach efforts already underway, Arkansas was poised to become one of 16 states to receive the first Covering Kids Grants.

In January 1999 AACF became the lead organization for Covering Kids in Arkansas and received a $684,000 grant to develop an initiative that would enroll children in *ARKids First* and Medicaid across the state. A state coalition already in place from the earlier outreach efforts was expanded and established as the oversight entity for the project. Two sites, one located in Mena and one in Jonesboro, were included as local pilot sites to enroll children. Both sites had strong community organizations and coalitions that provided a foundation for the project. The Mena site was housed with Healthy Connections, Inc., and the Jonesboro site was part of the Our Kids Count Coalition. Each site hired a direct outreach coordinator and worked with their local coalitions to cover their surrounding counties. At the state level, Derick Easter was hired by AACF as the new statewide outreach coordinator to cover the areas outside of the local project sites. Rhonda Sanders, then outreach coordinator, became project director.

Focus groups were held during early stages of the project to determine the best methods to reach families. After the information was analyzed, materials were developed and local strategies were formed. The strategies utilized through the outreach project have become a model for change that can be used to move other programs important to children and their families.

One of the major strategies for building a direct outreach effort was to train and enlist local volunteers and organizations. Three specific partnerships provided a strong base of outreach volunteers and personnel for the project.

- The Arkansas Head Start Association facilitated the training of local Head Start offices to provide application assistance with parents at the Head Start centers.
- The Community Health Centers of Arkansas hosted regular training at each of the community health centers in the state. This ensured Medicaid eligibility workers in each of the 50 Community Health Center clinics were updated on all information concerning *ARKids First*.
- The Corporation for National & Community Service provided funding for Americorp/VISTA Volunteers to be placed in local project sites. Seven volunteers were placed with projects and Arkansas Advocates during a three year time period. The Corporation for National & Community Service also provided a grant to help pay for volunteer travel expenses.

Toward the end of the third year of the Covering Kids Initiative, the Robert Wood Johnson Foundation decided to continue their national program for an additional 4 years. The Covering Kids & Families initiative was unveiled in May 2001 and Arkansas once again was one of a few states to receive funding during the first round. This

September 1997

The new *ARKids First* Program begins enrolling children. Total enrollment of children in Medicaid is 127,000.

Fall 1997

AACF secures seed money from Arkansas Children's Hospital to fund first outreach efforts.

Fall 1997

Department of Human Services rolls out *ARKids First* media campaign.

Winter 1998

AACF receives grant from Daughters of Charity to implement a direct outreach campaign.

initiative, an expansion of Covering Kids, required matching funds from private organizations. Several partners in the state stepped up to make the Covering Kids and Families initiative a reality in Arkansas. Arkansas Children's Hospital in Little Rock, Harborview Hospital in Fort Smith, Crittenden Memorial Hospital in West Memphis, Healthy Connections in Mena, Healthy Children Coalition in Jonesboro and the Poplar House Clinic in Rogers all became active partners in the effort.

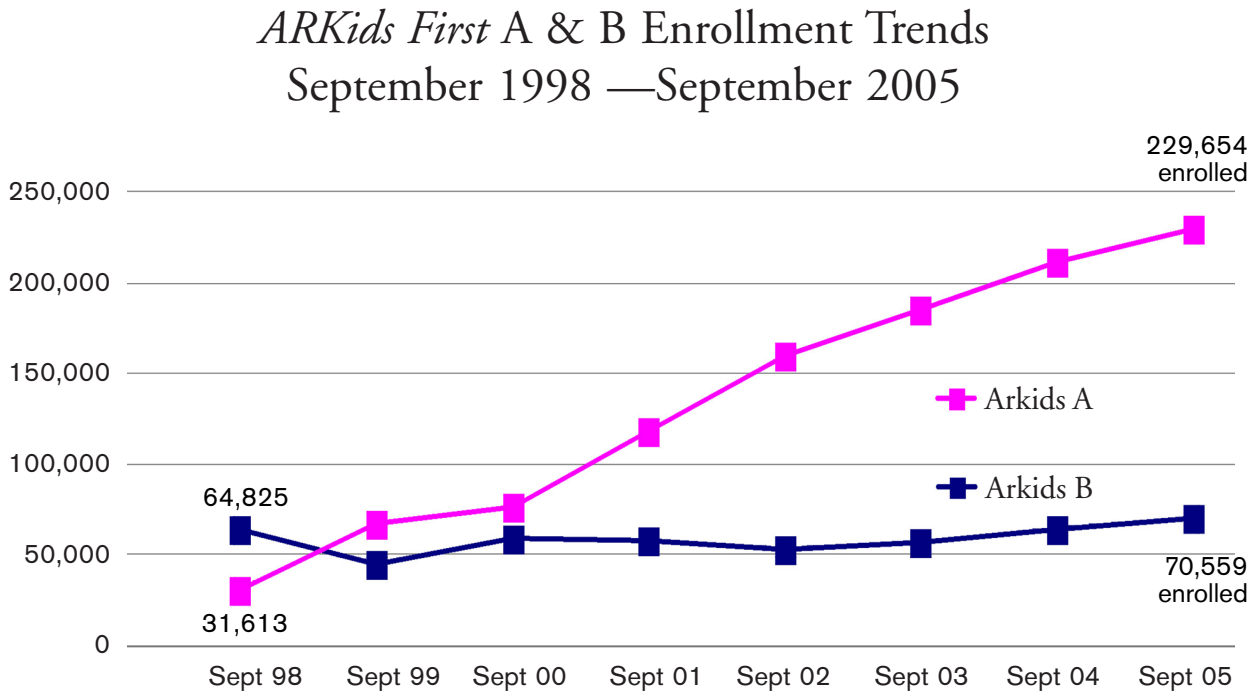
The Covering Kids & Families initiative allowed for expansion of the project sites from two to five across the state. The new sites were located in Texarkana, Rogers and West Memphis. Each project site performed outreach activities in the surrounding counties. After January 2002 the only area of the state not adequately covered was the Southeast corner. This area of the state was brought into the outreach effort through a three year Enterprise Corporation of the Delta grant in August 2002. While this was a new funding stream the project simply replicated the same successful model implemented throughout the rest of the state in Lake Village.

Arkansas' outreach efforts have been among the most successful in the nation. Arkansas has realized drastic reductions in the percent of uninsured children (from 19 percent in 1996 to 10 percent in 2003).

A Model for Change

The success of the *ARKids First* program can be attributed to the support of the Governor, the Legislature and state partners. As part of the outreach project, a model was developed and implemented that channeled support into specific strategies that reformed Medicaid for children in Arkansas.

The model was built on the premise that the benefits of available health care coverage cannot be realized if children are not enrolled in the program and utilizing services. The model requires policymakers and community leaders to identify the barriers to enrollment and determine ways to reduce these barriers without sacrificing program accountability and integrity. The model, which has three components, is briefly described below:



Enrollment figures depict the enrollment in the Medicaid categories that currently make up ARKids A and B. Data source: Arkansas Department of Health and Human Services, Monthly ACES report.

Communication – Traditionally, state funded programs lack marketing finesse and the outreach tools needed to promote participation. There was a paradigm shift with *ARKids First*. Because access to health care is so important to a child's well-being, an emphasis was placed on developing a communication strategy that could reach families and encourage them to participate.

Simplification – The application process (including the application process itself) is often a barrier to families enrolling in Medicaid. Simplifying the application and process encouraged families to enroll.

Coordination - Families utilize various state assistance programs and health insurance programs. As policies change it is important to ensure coordination between the various programs so that children don't lose health insurance coverage.

Each of the model components brought vital pieces to the outreach effort. A discussion of each of these components provides insights into what makes for a successful program.

Communication

From the onset of the *ARKids First* program, communications has been the key to enrollment efforts. The Department of Human Services developed a mass media campaign highlighting Governor Mike Huckabee. This campaign was kicked off with a four page insert in the Democrat-Gazette and included informational brochures in full color, TV and Radio spots, posters and other materials.

As AACF became more involved with the outreach efforts, additional materials were developed that could be used at the local level. These included display boards, pens and pencils, shirts, hats, band-aid holders, book marks, erasers, colors and coloring books, frisbees and book covers. These items displayed the *ARKids First* logo with information about the program. An *ARKids First* Mascot, known as "AR.K." was developed and made available for use at local events. During the first four years of the outreach effort, thousands of brochures, applications and other fun items were distributed at health fairs, community events and schools. In a matter of months *ARKids First* became a household word and the families who enrolled proudly displayed their *ARKids First* card!

During the first years of the project, small mini-grants were also given to interested communities around the state to assist in local outreach efforts. Since only two projects could be fully funded AACF felt it was important to build additional relationships for future work. Small grants for $500 to $1,500 were given to communities to fund a one-time event or training. This proved to be successful as three of these early partners became full project sites during Covering Kids & Families.

After the first wave of publicity and enrollment, DHS and AACF partnered to host regional meetings across the state and talk with local constituents about the *ARKids First* program and how it could benefit children in their area. Holding town meetings of this nature was a new concept for the Department of Human Services and provided a new opportunity for a dialogue with local people about not only *ARKids First*, but about other social service programs that were available.

Providing information and materials was not enough to assure a successful outreach effort. Reaching families at the local level took a tremendous amount of coordination and communication between agencies and organizations. A structure was established that allowed communication to flow between lo-

January 1999

AACF receives the Robert Wood Johnson Foundation Covering Kids Grant.

August 1999

First Annual Coaches Campaign is kicked off.

December 1999

AACF partners with DHS for first *ARKids First* Mini-Conference.

January 2000

AACF receives a grant from SmithKline Beecham to work in Pulaski County to enroll children in *ARKids First*.

cal entities, DHS and other state partners. One of these was the statewide Covering Kids Coalition, a 40 member coalition that includes representatives from the local project sites, state agencies, medical professionals and other statewide organizations. This group was used as a sounding board for outreach efforts and provided technical assistance to the local projects.

Bimonthly coalition meetings provided opportunities for local project sites to report activities and to address successful or unsuccessful policies at the local level. Many times the information provided at these meetings resulted in policy changes that eliminated barriers to families applying for *ARKids First*. The feedback loop developed through this project has been used to establish additional working relationships between agency personnel, child advocates and participants. This single communication strategy has been lauded as one of the greatest successes of this campaign.

AACF included training of local organizations and volunteers as part of the communication strategy to build local support for enrollment efforts. *ARKids First* applications were also made available outside the local human services office. This meant families did not have the guidance of a case worker while completing the application. AACF worked with the central DHS office to understand the requirements of the new *ARKids First* program and to become experts on the enrollment process.

AACF also developed training materials and resources that could help educate other organizations that have contact with parents to not only provide information but to actually assist a family with the application. The local project sites worked through their local coalitions to provide training in their areas, while AACF covered areas of the state that lacked local outreach project sites. The purpose of training volunteers and organizations outside of the state structure was to enable outreach and enrollment to continue long after the funded outreach effort had ended. This concept has been known as institutionalization of outreach.

While many campaigns and events were initiated as part of the outreach project, two statewide campaigns are especially noteworthy: the School Nurse Enrollment Campaign and the Coaches Campaign.

The School Nurse Enrollment Campaign

School nurses are a vital part of health services delivery. They are often the first to become aware of the health needs of children and their families and can provide assistance before a crisis arises. School nurses are important partners in connecting uninsured children to their state sponsored health insurance program. AACF helped negotiate an agreement between DHS and the Arkansas Department of Education to expand outreach for *ARKids First*. School nurses received Medicaid administrative fund reimbursement for their outreach activities to families needing health insurance for their children. Schools that choose to participate in this program could utilize their school nurse to hold events, offer application assistance to families and promote *ARKids First* to families without health insurance for their children. This format for outreach offered families a point of contact for enrollment and re-enrollment each year and provided a small funding stream for school nurses.

Arkansas Advocates for Children and Families worked with DHS and the Department of Education to provide necessary information to schools and school nurses and to assist with logistics at the community level. The local outreach project sites developed and implemented a successful community model to build program awareness and develop a working relationship with local eligibility offices and local schools. The local project site invited school nurses and the local eligibility office personnel to a breakfast where they were offered training concern-

ing the program and an opportunity to clarify many questions between the two groups. The response to these meetings was overwhelmingly positive with both groups.

The Coaches Campaign

AACF also initiated the *ARKids First* Coaches Campaign in August of 1999. The campaign was built on the premise that coaches recognize the need for student athletes to have health insurance for good preventative care and to cover accidents on and off the field. Given that some 100,000 kids participate in statewide amateur athletics, this strategy held great potential. AACF contacted the Athletic Director of the Little Rock school district, the largest district in the State, and inquired about starting this campaign district wide. Arkansas Advocates held an in-service training for the coaches and produced a television Public Service Announcement (PSA) that included the Little Rock school district Athletic Director and the Head Football Coach of the University of Arkansas, the state's flagship university. The PSA encouraged coaches to get involved with spreading the word about *ARKids First*. This district campaign was a great success.

The success of the Little Rock school district Coaches Campaign spawned a statewide campaign in July of 2000. AACF teamed up with the Arkansas Activities Association (AAA), an organization that oversees junior and senior high school athletics, to implement the Statewide *ARKids First* Coaches Campaign. The objective was to reach all student athletes lacking health insurance and enroll them in *ARKids First*. Coaches in Arkansas have a strong incentive to help families obtain health coverage for their children. All students participating in athletics in the state are required to have health insurance. Schools offer a limited plan that covers school sports injuries but do not cover medical needs that take place off the field or court. AACF produced a Coach's Campaign brochure that was distributed at training at the annual mandatory coaches meeting of the AAA. Coaches then take the information directly to student athletes in their schools. The Coaches Campaign has been a success for the past five years and will continue to be a success due to the long term commitment of the Arkansas Activities Association.

Simplification

Prior to 1997 a family desiring Medicaid coverage was required to go to the local DHS office, complete a lengthy application form, and participate in a face-to-face interview with a case worker before eligibility could be determined. Under *ARKids First*, a family needing Medicaid for their child could

August 2000

ARKids First expands to include children's Medicaid. Two benefit packages were included: *ARKids A* and *ARKids B*.

August 2000

Joint Application for *ARKids A* and *B* is implemented. Self-declaration of income is implemented.

October 2000

AACF begins an initiative with the National Service Corporation to include VISTA volunteers at local project sites.

call a 1-800 number and have an application mailed to their home. The face-to-face interview was eliminated as a family could mail in their application to a central processing unit in North Little Rock. Although families were still required to send in copies of pay stubs to verify their income, the application form was shortened to two pages and required no assets information as required under traditional Medicaid.

Despite all of the improvements implemented at the beginning of the *ARKids First* program, there was still room for improvement. Over the past eight years Arkansas Advocates and the other coalition partners have worked with DHS to make both *ARKids First* and all of children's Medicaid easier to access. These changes include:

- Constant refinements to the application including: removal of parent social security number requirement, removing the requirement of absent parent contact information, printing of the application in Spanish and inclusion of local human service office mailing addresses.
- In August 2000, *ARKids First* was expanded to include other categories of children's Medicaid, including two benefit packages, ARKids A (traditional Medicaid) and ARKids B (the original *ARKids First*). The application then became a joint mail-in application for both programs. An actual application packet was developed with input from Arkansas Advocates and their local outreach projects that included program information as well as the new self-mailing application.
- In August 2000 self declaration of income was accepted for both ARKids A & B. This meant a family did not have to save monthly and weekly pay check stubs to send in with their application. The Department of Human Services now uses alternative methods to verify income.
- During the 2001 legislative session the asset test was removed from ARKids A. The original *ARKids First* Program (now ARKids B) did not require an assets test. After this legislation was enacted in August 2001 children applying for the ARKids A (traditional Medicaid) program were not required to provide asset information either.
- In 2001 the waiting period for insured children to access ARKids B was reduced to six months and the definition of insurance was clarified to allow individual policy holders to have immediate access to ARKids B.
- Finally, in 2005 the requirement of attaching a copy of the birth certificate was eliminated for applicants born in Arkansas.

Re-enrollment procedures have been the most recent focus of simplification efforts. AACF and DHS, with the support of the Covering Kids & Families initiative, began a process improvement project to identify better ways to re-enroll children in *ARKids First*. A new process was recently put in to place to re-enroll children over the phone. This collaborative process has opened the door for consideration of other possible re-enrollment methods such as physician-based re-enrollment and electronic re-enrollment. Simplifying re-enrollment not only retains a child for health insurance coverage, but reduces the administrative time required to determine eligibility for children whose coverage has lapsed.

Coordination

The term coordination has encompassed many activities. Originally, it referred to the process of ensuring that data systems were coordinated so that a child whose mother lost her Temporary Employment Assistance (TEA) benefit was not dropped from Medicaid. Additionally, there were early coordination issues concerning eligibility between Medicaid and *ARKids First*. For instance, if a child applied for Medicaid but did not meet income or asset requirements, this child's information was not transferred to the central eligibility office to determine eligibility for *ARKids First*. Insuring that information was coordinated between these various programs was the beginning of Arkansas Advocates coordination efforts.

Since *ARKids First* became *ARKids First* A & B in August 2000 many items have been coordinated between the two benefit packages. Both programs now allow mail-in applications, accept self-declaration of income, and require no assets test.

However, even with these accomplishments there are still areas for improvement. ARKids B has 12 month continuous eligibility regardless of whether family income changes during that time period. ARKids A has a 12 month enrollment, but if a family's income or status changes it must be reported

and eligibility re-determined. There is also a difference in the primary care physician (PCP) requirement. A PCP must be listed before eligibility for ARKids B can be determined. For ARKids A, a PCP can be selected after enrollment. While the differences are small, they often cause confusion and frustration for families enrolling in the program.

Most recently, there is a new level of coordination between Food Stamps and *ARKids First*. If a family is determined eligible for Food Stamps this information can be used to determine *ARKids First* eligibility. Additionally, when a family provides income information for the semi-annual food stamp reporting this information is used to automatically re-enroll any child that may be on *ARKids First* in that family. This process helps with re-enrollment as some children may never need to receive a re-enrollment request.

Lessons Learned

Lesson one: Outreach is much more than simply holding events and providing information. There is also no single activity that is a silver bullet for promoting enrollment. However, enrollment does dramatically increase at the point where communication efforts, simplification activities, and greater coordination converge. *ARKids First* became a much more desirable health insurance option for families when it was positively portrayed in media and outreach efforts, became more accessible outside of local DHS offices, and required a less onerous application process.

Lesson Two: Outreach includes many different activities and strategies. Local project sites have found that outreach activities work differently in different areas of the state. The effectiveness of these activities varies by region and must be tailored to meet individual county or regional needs. Despite these differences, there is a common continuum that each outreach project must move through to reach their goals.

While enrolling kids was the over arching goal, the institutionalization of enrollment was the ultimate substantive goal of the entire project. The only way to guarantee permanent success was to ensure that organizations and communities were committed to enrolling children after the completion of the outreach project. After bringing five local projects on board with the outreach effort and subsequently training new outreach coordinators because of local staff turnover, it became clear that each local project site goes through identifiable stages as they implant an institutionalized outreach effort. This process has been labeled the "Continuum of Outreach" and includes the following stages:

Stage 1: Handouts and materials are provided to all families at events or by other mass media channels.

Stage 2: Coordinators work with families one-on-one at school registrations, daycares or other venues for enrollment.

Stage 3: Other organizations are trained to provide information and applications.

Stage 4: Other organizations are trained to provide assistance with applications and the application process.

Stage 5: Commitment must be obtained from organizations to make enrollment and application assistant a part of the standard operations of the organization.

To ensure continued success, outreach efforts should reach stage five activities before completion. Upon implementation of the outreach project, Arkansas Advocates planned to capture the best strategies and share them across the state to ensure that each project site could move quickly to stage five activities. However, it became clear that each stage was valuable to the outreach project and to the outreach coordinator. Every new project and new outreach coordinator clearly moved through each of these stages in order! Experience did help some move through the stages at a slightly faster pace, but local projects clearly needed to take each step.

Winter 2001

The asset test for *ARKids First* was removed during the 2001 Legislative Session.

March 2001

School Nurse Outreach Project implemented.

August 2001

The removal of the assets test is implemented.

November 2001

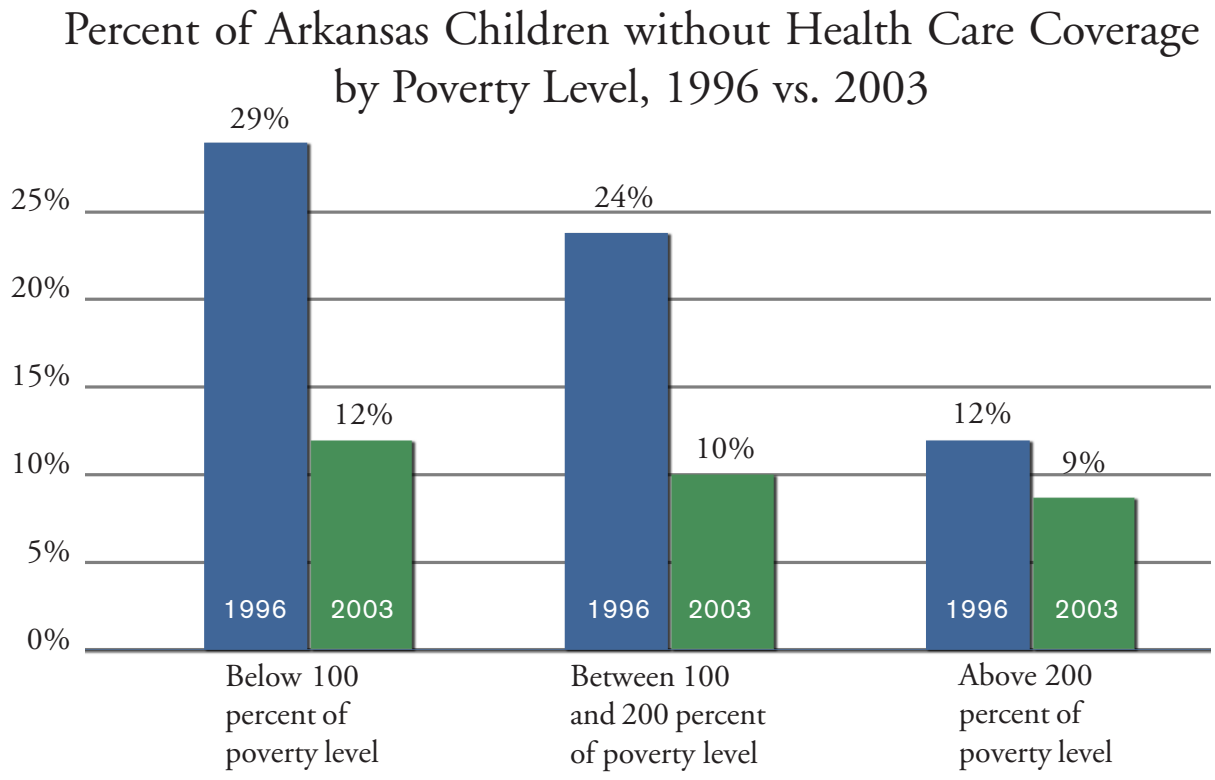
Maternity coverage for women is expanded to 200 percent of poverty.

Why is this insight so important? When future outreach efforts are developed they must allow adequate time to move through the stages. Adequate technical support must also be developed to gain the maximum benefit from each stage. The lessons learned here can enhance the possibility for successful outreach and enrollment for a variety of programs, such as current efforts to expand quality pre-school for at-risk 3- and 4-year olds.

The Feedback Loop: Creating a good communications environment is critical to the success of any program. The outreach project provided AACF the opportunity to develop a feedback strategy that fueled many of the changes made in the *ARKids First* program. The statewide coalition of 40 organizations (including the local project sites) served as the base for communication. The local project sites were actively involved with their own local coalitions and with families attempting to enroll in *ARKids First*. Their observations and problems were brought to the statewide coalition meetings where state agency personnel responded. The information was valuable to central office personnel as they found many areas for improvement. It was often noted that policies were in place to deal with issues, but they were not actually practiced in the local eligibility offices. If the issue was only noted in a specific location or area of the state the response was often local intervention and clarification. If the issue was widespread a "screen message" or other communications would be sent to all eligibility offices clarifying procedures. Other issues were resolved with either new policies or with clarification to the outreach project sites that could then be passed on to families at the local level. Both state agency personnel and project site staff have lauded this as one of the best things to come out of the outreach project. Building a high-level communication network of this quality took honesty, reliability and energy from all parties.

Closing the Gap

In 1996, a child living in a family making less than 200 percent of poverty was twice as likely to be uninsured than his or her counterparts living in families with incomes over 200 percent of poverty. From



Data source: The Annie E. Casey Foundation. Census Data Analysis for Arkansas

Demographics of Uninsured Children in Arkansas

	Percent uninsured	Percent of all Uninsured Children
Below 200% of poverty	10.8	55,0
Above 200% of Poverty	8.7	44.8
Under Age 6	7.9	26.0
6 to 18 Year olds	10.7	75.2
White	10.0	63.2
African-American	7.0	19.9
Hispanic	28.0	10.1
Other	18.0	6.8

Data Sources: Percent Uninsured by Race - Arkansas Center for Health Improvement 2004 Household Survey. All other data from Annie E. Casey Foundation. Census Data Analysis for Arkansas.

the beginning, *ARKids First* was designed to reach those children and provide them with access to health insurance. *ARKids First* has been tremendously successful, both in cutting uninsured rates for low-income children and narrowing the gap in uninsured rates across income groups.

According to Current Population Survey data compiled by the Annie E. Casey Foundation, in 1996 (before the start-up of *ARKids First*), 29 percent of the children living in families with incomes under 100 percent of poverty were uninsured, compared to 12 percent for children in families with incomes over 200 percent of poverty. This gap has narrowed considerably as a result of *ARKids First*. In 2003, only 12 percent of the children in families with incomes less than 100 percent of poverty were insured, compared to 9 percent of children over 200 percent of the poverty line.

While uninsured rates have decreased at all income levels, the greatest decrease has been in the percent of children lacking insurance in families with income between 100 percent and 200 percent of poverty (24 percent versus 10 percent). These children were the original target of the *ARKids First* expansion in 1997. Today approximately 70,000 children still lack health insurance in Arkansas, 38,000 of them live in households with incomes under 200 percent. These 38,000 children would be potentially eligible for either ARKids A or ARKids B.

Who are the uninsured?

When *ARKids First* was implemented the goal was to reach all low-income children in the state. The percentage of uninsured children in the low-income brackets was so great that focusing outreach efforts on all low-income families was a good use of resources. Now that so many have been enrolled it is a good time to re-examine the characteristics of today's uninsured children.

Income

According to data compiled by the Annie E. Casey Foundation, the total number of children who are uninsured is 69,151. Of these a larger number are still living in households under 200 percent. The gap has nar-

January 2002

AACF receives the Robert Wood Johnson Foundation *Covering Kids & Families* Grant.

January 2002

Arkansas Children's Hospital becomes the local matching partner.

August 2002

AACF receives an Enterprise Corporation of the Delta grant to establish an outreach site in Lake Village.

July 2004

Maternity coverage is expanded to provide prenatal care to immigrant women.

rowed over the last 10 years, but you still have a higher probability of being uninsured if you live in a low-income household.

Age

According to data compiled by the Annie E. Casey Foundation from the Current Population Survey 11 percent of children ages 6 – 18 are uninsured while only eight percent of children under age six lack health insurance. While a decrease in the percent of uninsured in both age categories has been realized over the past years, there are still a substantially larger percentage of children who lack insurance in the older age category.

Race

Ethnicity has traditionally been a marker of who may lack health insurance. The results from a 2004 household survey performed by Arkansas Center for Health Improvement shows that 10 percent and 7 percent of white and African–American children respectively, lack health insurance. Nearly 4 in 10 (39 percent) Hispanic children lack health insurance.

Although uninsured rates for whites are comparable to African-American children, most of the state's uninsured children are white (because of their greater numbers in the overall population.). White children comprise 63 percent of the state's uninsured children, while African American and Hispanic children comprise 20 percent and 10 percent, respectively of all uninsured children.

Implications for *ARKids First* Outreach

There is a need to target policies to provide health insurance to the immigrant population and children above 200 percent of poverty. Supporting changes that better integrate immigration laws and public assistance programs will improve access to health insurance for immigrant children. Supporting expansion of *ARKids First* to children between 200 percent and 250 percent of poverty would provide access to 9,000 more children according to Annie E. Casey Foundation data. Children living between 200 percent and 250 percent of poverty have a 12 percent uninsured rate which is actually the same as children living in households under 100 percent of poverty. These children have never had access to assistance with health insurance, but are in families who are working just to make ends meet.

Of the children who are eligible for *ARKids First*, there are three sub-populations that should be targeted:

- Many children in the state's fast growing Hispanic population do not qualify for *ARKids First* due to immigration requirements. However, given how fast this group is growing it will be increasingly important that those who do qualify know about the program and how to access it. Since Hispanic children born in the US are US citizens, it will be critical to ensure that newborns are enrolled at birth.
- Children over age six are more likely to be uninsured. Targeting education and outreach to older children (ages 6-18) may encourage families to enroll their children. The continuation of outreach in the schools will be critical to reaching older children. Automated re-enrollment strategies will also help children who are enrolled at a younger age, retain that enrollment status.

Conclusion

There is little doubt that *ARKids First* has been one of the most important public policy initiatives ever adopted for the children of Arkansas. Access to health insurance has opened the door for many children to receive the care they need. It has also opened up issues concerning utilization and health education. To reap the full benefits of providing health insurance to children, there must be a greater focus on education to promote prevention and appropriate levels of care. Low-income families are often unable to take leave from work to attend a well-child visit. This leaves many children without the annual checkup that not only provides for screening, but also increases opportunity for health education. Future efforts need to focus on utilization of services and structuring the health care system to promote use of preventative services and the health education of families.

Outreach Project Funding Partners 1997 - 2005

The Robert Wood Johnson Foundation *Covering Kids* and *Covering Kids & Families* Initiatives

Enterprise Corporation of the Delta *Emerging Markets Initiative*

Daughters of Charity West Central Region Foundation

SmithKline Beecham

The Ford Foundation

Corporation for National and Community Services

Arkansas Children's Hospital

Harbor View Hospital

Poplar House Clinic

Healthy Children Coalition

Healthy Connections, Inc.

Crittenden Memorial Hospital

September 2005

Total number of children enrolled in Medicaid is 355,965.

Direct Outreach Project Funding 1997-2005

Total Project Dollars—$2.8 Million

Project Funds Sent to Local Organizations—$1.1 Million

December 2005

Formal Direct Outreach project lead by AACF ends.

Outreach Project Sites

Covering Kids 1999-2001

Healthy Connections, Inc.
Mena, Arkansas

Healthy Children Coalition
Jonesboro, Arkansas

Covering Kids & Families 2002-2005

Crittenden Memorial Hospital
West Memphis, Arkansas

Healthy Connections, Inc.
Mena, Arkansas

Our Children First Coalition
Texarkana, Arkansas

Healthy Children Coalition
Jonesboro, Arkansas

Poplar House Clinic
Rogers, Arkansas

Enterprise Corporation of the Delta 2002-2005

Delta Area Health Education Center
Lake Village, Arkansas

Coalition Partners

Arkansas Association of Educational Administrators
Arkansas Department Of Education
Arkansas Deptartment of Education/Child Nutrition
Arkansas Head Start Collaborative Project
Arkansas School Board Association
Arkansas Academy of Family Physicians
Arkansas Center for Health Improvement
Arkansas Chapter American Academy of Pediatrics
Arkansas Children's Hospital
Arkansas Department of Health
Arkansas Department of Health/Office of Minority Health
Arkansas Department of Health/Office of Oral Health
Arkansas Department of Health/Office of Primary Care
Arkansas Department of Human Services
Arkansas Department of Human Services/Division of County Operations
Arkansas Foundation for Medical Care
Arkansas Medical Society
Arkansas Nurses Association
Arkansas Pharmacists Association
Arkansas School Nurses Association
Baptist Health
Catholic Social Services, Diocese of Little Rock
Child and Adolescent Health
Children's Medical Services
Communities in Schools
Community Health Centers of Arkansas
Comprehensive School Health/Arkansas Department of Education
Connect Care
Cooperative Extension Services
Governor's Office—Arkansas State Capital
League of Latin American Citizens (LULAC)
Healthy Connections
Managed Care Services
Our Children First Coalition
Healthy Children Coalition
School Nurse Consultant
Service Employees International Union Local 100
UAMS Arkansas Cares
UAMS Dept. of Pediatrics
University of Arkansas School of Nursing

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