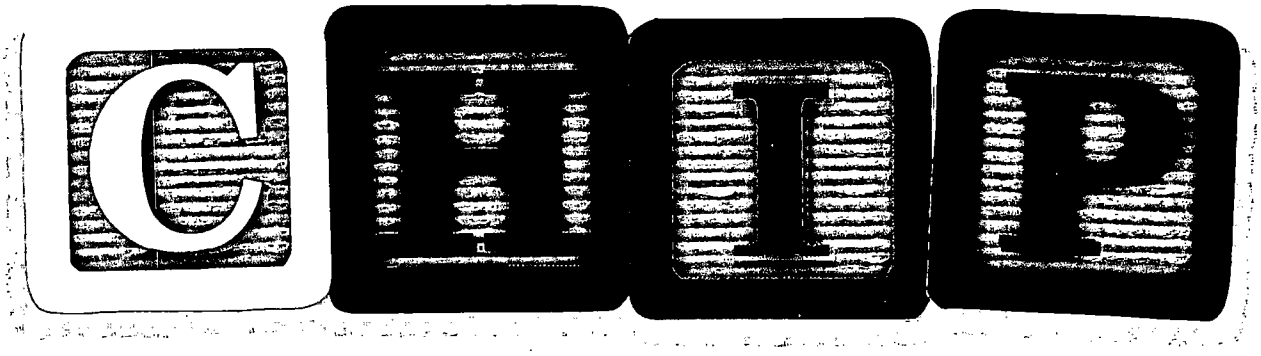
THE WHITE HOUSE

Deborah -

FYI

Barbara



COMMUNICATIONS HANDBOOK

A community-based organization's guide to promoting the Children's Health Insurance Program in local communities.

Courtesy of Wyeth-Lederle Vaccines

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"The State Children's Health Insurance Program, or 'CHIP,' has provided us with a landmark opportunity to improve children's health and help working families who do not earn enough to afford coverage for their children."

Nancy-Ann DeParle, Administrator
Health Care Financing Administration
September 18, 1998

HOW THIS COMMUNICATIONS HANDBOOK CAN HELP YOU

Undoubtedly, everyone reading this handbook has struggled with the challenge of trying to make a federal program work in their own hometown. Certainly, the Children's Health Insurance Program (CHIP) creates a new set of challenges – and opportunities – for your community. From Dr. Dynasaur to PeachCare to HealthWave, each state has attempted to tailor its CHIP to ensure the healthy futures of its uninsured children.

This handbook intends to provide you with helpful information to assist you and other community-based organizations in ***effectively reaching and communicating with parents in your community*** – to inform and motivate them to enroll in your state's Children's Health Insurance Program.

This handbook provides you with:

- The facts about children's health insurance
- Tools to review current CHIP outreach efforts in your community
- Strategies for spreading the word about children's health insurance
- A sample presentation to gain support for CHIP and local CHIP outreach and communications
- Directory of key children's advocacy and state and federal government resources

TABLE OF CONTENTS

TABLE OF CONTENTS

COMMUNICATING CHIP

SECTION 1 OVERVIEW

THE FACTS ABOUT CHILDREN'S HEALTH INSURANCE

Different states have different names for their Children's Health Insurance Program (CHIP), but no matter what you call the program, it will be essential to the health of children in your community.

Effective communication about CHIP to parents is critical. This section is designed to help provide you with a foundation and knowledge base from which you can conduct effective CHIP outreach and communications in your community. It includes:

This section, as well as the resources found in the back of this handbook, should help you answer the many questions that members of your community will have about the program. It describes who the children covered by this new program are and why it is important that they have health insurance. A question and answer document covers some of the more detailed questions you may face.

A. CHIP: FREE AND LOW-COST HEALTH INSURANCE FOR KIDS

Most CHIP Parents Are Working Parents

More than 11 million American children do not have health insurance. The current CHIP funding will allow some 4 million children to be insured. An additional nearly 4 million children are still eligible for Medicaid. Unfortunately, close to another 4 million children will still "fall through the cracks," since they either will not be eligible for CHIP or Medicaid, or there are not enough resources to insure them at this time.

Approximately 90% of CHIP eligible children come from working families who earn too much to qualify for Medicaid, but too little to afford private coverage. Among the barriers, they may face premiums that are too high, or employers that do not offer health insurance for their children.

The Facts About CHIP

- CHIP is a federal-state program
- CHIP was created under the new Title XXI of the Social Security Act
- Over the next 10 years, as part of CHIP, $48 billion will be spent on state activities to provide uninsured children with health coverage
- States can use CHIP federal funds to expand outreach and ensure the enrollment of children eligible for CHIP or Medicaid
- Some states have chosen to use CHIP to expand the coverage of their Medicaid program--these states are called 'Medicaid expansion' states

Which Children Are Eligible for CHIP?

Uninsured children, through the age of 18

- From working families with low to moderate incomes
- Who do not qualify for Medicaid (unless your state uses CHIP to expand Medicaid)
- Who are not covered by their parents' employers' insurance
- Whose parents cannot afford private insurance

Who Is NOT Eligible for CHIP?

- Children who are eligible for Medicaid (unless your state uses CHIP to expand Medicaid)
- Children who have health insurance coverage

B. KEY MESSAGES ABOUT THE IMPORTANCE OF HEALTH INSURANCE FOR CHILDREN

- **An estimated 11 million American children are uninsured.** More than 9 out of 10 of these children have parents who work, according to the U.S. Census Bureau. Three in five live in 2 parent families. Some 4 million uninsured children are in the group targeted by the new child health insurance legislation: their parents earn too much to qualify for Medicaid (under old eligibility requirements) but too little to afford private coverage. Millions of parents who get up every morning, go to work, pay their taxes and play by the rules cannot provide their children with health coverage.

- **Seven in ten Americans losing health insurance today are children.** Every day, the number of children without private insurance grows by thousands. The employer-based health insurance system is collapsing for children as businesses cut their support for dependent coverage. Since 1989, children have lost private health coverage at twice the rate of adults, according to Census data. As recently as 1980, the majority of employees at medium-to-large companies had employers who paid 100% of family health insurance costs. Today, less than a quarter do. More than three-fourths of workers must pay some or all of those costs, and the employee's share averages $1,900 a year, even for HMOs offered by the very largest employers. And 1 in 4 workers today has no access to employment-based family health coverage at any price.

- **Uninsured children are at risk of preventable illness.** The majority of uninsured children with asthma, and 1 in 3 uninsured children with recurring ear infections, never see a doctor during the year, according to surveys by the U.S. Department of Health and Human Services (HHS). Many are hospitalized for acute asthma attacks that could have been prevented, or suffer permanent hearing loss from untreated ear infections.

- **Investing in children's health coverage pays off.** According to HHS survey data released in July 1997, 1 in 4 uninsured children either uses the hospital emergency room as a regular source of health care or has no regular source of care. The state of Florida found that when parents were helped to buy coverage for their uninsured children, more children received health care in doctors' offices rather than in hospital emergency rooms. Emergency room visits dropped by 70% -- saving the state's taxpayers and consumers $13 million in 1996.

- **Children with untreated illness are less able to learn.** Children sitting in class with pain or discomfort are simply not ready to learn. According to the state of Florida, uninsured children are 25% more likely to miss school. One Pennsylvania insurer found that nearly 1 in 5 uninsured children had untreated vision problems, and children unable to see the blackboard often fall behind in school.

Handbook Editor's Note: Another key benefit of health care coverage for children is that parents can take full advantage of programs that promote preventative care for their children. Such important preventative care includes regular check-ups and getting timely vaccinations.

From the ***Children's Defense Fund*** ***www.childrensdefense.org***

C. BASIC FACTS ABOUT REACHING ELIGIBLE IMMIGRANT CHILDREN

Census data from 1996 found that there were 9.9 million children born to immigrant parents in the United States. The following information may be helpful in addressing the fears and stigmas of immigrant children who are eligible for the CHIP program:

- Children who are U.S. citizens, and who are applying for Medicaid or a CHIP-funded separate state program, may establish their citizenship on the basis of self-declaration. although states are permitted to require further verification.
- Citizenship or immigration status of non-applicant parents (or other household members) is irrelevant to their children's eligibility, and states may not require that parents disclose this information.
- Social Security numbers are only required for the individuals seeking Medicaid coverage for themselves. States are prohibited by federal law from requiring a Social Security number from another family member as a condition of a child's eligibility for Medicaid. In other words, a child cannot be denied Medicaid because a family member, including a parent, does not have or is unwilling to provide his or her Social Security number.

For more information on immigrant children's eligibility for CHIP, call the Health Care Financing Administration (HCFA) at (202) 690-6145, or e-mail your question to **CHIPinquiry@hcfa.gov**.

D. ANSWERS TO FREQUENTLY ASKED QUESTIONS ABOUT CHIP*

Answers to Questions From Parents

Q. What is the CHIP program?

A. The Children's Health Insurance Program, or CHIP (and sometimes referred to as S-CHIP, as in state CHIP), is a federal-state program that seeks to provide health insurance to the children of working parents who earn too much to qualify for Medicaid, but too little to afford private coverage.

Q. How much does it cost to participate in CHIP?

A. Each state's program is set up differently, but in general, your premiums will be based on a sliding scale according to how much money you can afford to pay. CHIP is designed to be affordable for every eligible family.

Q. How do I enroll in CHIP?

A. You must fill out an application. Call the toll-free number run by your state's CHIP or Medicaid office for an application and more details. Each state has a different procedure for enrolling in CHIP. In some states the program is run out of the Medicaid office; others have set up a stand-alone CHIP office.

Q. Isn't CHIP really just another name for welfare?

A. No. Most CHIP eligible children come from working families (approximately 90%) who earn too much to qualify for Medicaid, but too little to afford private coverage.

Q. Am I eligible for CHIP even though I have a full-time job?

A. Yes, CHIP is for working families whose children do not have health insurance coverage and who cannot afford to provide that coverage.

Q. Why should I enroll in CHIP if my child already has a doctor?

A. CHIP coverage will cut your costs for each visit and cover hospitalizations and prescription drugs.

Q. Who is eligible for CHIP?

A. Most families who do not have private insurance coverage through their job and do not qualify for Medicaid are eligible for CHIP. Eligibility is generally limited to "targeted low-income children." A "targeted low-income child" is generally defined as a child whose family income exceeds the Medicaid applicable income level, but not by more than 50 percent; or 200 percent of the poverty line, whichever is higher.

Q. Who is NOT eligible for CHIP?

A. Several groups of children are explicitly excluded from participation:

- A child who is found to be eligible for Medicaid
- A child who has health insurance coverage
- A child who is covered under a group health plan
- A child who is an inmate of a public institution or a patient in an institution for mental diseases

Q. Are legal immigrant children covered under CHIP?

A. The following children may be eligible for CHIP:

- Legal immigrant children who were already in the United States on August 22, 1996
- Immigrant children who enter the United States on or after August 22, 1996, as lawful permanent residents and who are in continuous residence for 5 years (Earliest eligibility for this group will be August 22, 2001)
- Refugees, asylees and certain Cuban, Haitian and Amerasian immigrants

Note: Many legal immigrant children who arrived in the United States after August 22, 1996 (the date of enactment of the welfare reform legislation), will not be eligible for CHIP during the first 5 years of their residency. Undocumented immigrant children are not eligible for coverage regardless of their date of entry into the United States.

Q. If CHIP offers better benefits, can I drop my existing insurance to enroll in CHIP?

A. No, dropping current coverage and changing coverage to increase benefits are not allowed. These practices contribute to a problem known as 'crowd-out.' Crowd-out occurs when individuals substitute public benefits for private sector benefits. Preventing crowd-out is critical to accomplishing the goal of expanding the total number of children who have health insurance.

Q. What if my child is already covered through private insurance but has extremely minimal benefits and has high premiums? Is he or she eligible for CHIP?

A. Almost never. In order for a child to be eligible for child health assistance (eligible for direct services) the child must not be covered under a group health plan or other health insurance. Although most children with existing health coverage will not qualify as uninsured, there are a few cases in which a child with health insurance could be defined as uninsured. For example, if a child only has coverage for a specific service (e.g., dental care or vision services), this would not be considered health insurance coverage.

Answers to Your Questions About CHIP

Q. What type of medical care does CHIP cover?

A. All of the basic health needs of your child/children.

Q. My state's children's health insurance program is not called CHIP. Is it the same thing?

A. Most likely. Each state is tailoring the program to its own particular needs, which means that the details of each program (including the name) often vary from state to state.

Note: In every state, the children's health insurance program is designed to provide health insurance to the children of working parents who cannot afford private coverage.

Q. Since Medicaid allows a person to have private insurance as well as Medicaid coverage, and I am in a CHIP Medicaid Expansion state, are children in my state with private coverage eligible for CHIP?

A. No. A child with private health coverage is not eligible even if a state elects the CHIP Medicaid expansion option.

Q. Do all regular Medicaid requirements apply to children covered through a CHIP Medicaid expansion?

A. Yes. If a state chooses to do a CHIP Medicaid Expansion, then all regular Medicaid requirements apply to the targeted low-income children eligible for the program.

Q. Are Native American/Alaska Native children eligible for the Children's Health Insurance Program?

A. Yes. Native American (American Indian/Alaska Native) children are eligible for CHIP on the same basis as other children in their state. All American children, including Native American children, may be eligible for CHIP if they meet state eligibility standards based on the definition of "targeted low-income child." The eligibility of Native American children for CHIP is not affected by the fact that they may also be eligible for or are recipients of health care services funded by the Indian Health Service (IHS). This is to prevent duplication between CHIP and other federally operated or financed health programs.

Q. Does my state offer a different benefit package for children who have special needs/physical disabilities?

A. If your state has chosen the CHIP Medicaid expansion option, no -- all children must receive the same benefit package because of the Medicaid comparability requirement.

Note: If your state has a non-Medicaid CHIP program, then yes -- states may offer different benefit packages for children with special needs. CHIP includes supplemental services for children with special needs/physical disabilities based upon medical necessity as defined by the Americans with Disabilities Act (ADA).

Q. What is the relationship between Maternal and Child Health programs and state CHIP programs?

A. These agencies complement CHIP with a health care delivery infrastructure and coordinated services focusing on the needs of children and establishing standards of care for children with special health care needs.

Q. How do I get funding to do CHIP outreach?

A. Contact your state's CHIP Outreach Coordinator.

Q. Will my community health center continue to be able to provide health services to the children in my area?

A. Most likely. States are permitted to pay a community health center to provide health services to CHIP eligible children.

Q. What happens if a child is enrolled in CHIP because no health insurance was available at the time of application, but insurance becomes available later? Will the child automatically lose CHIP coverage?

A. No. The state is not obligated to cancel coverage if insurance becomes available to a child enrolled in CHIP. The mere availability of health insurance does not necessarily preclude a child from participation in CHIP. However, there is an exception in the law concerning children who are eligible for a state health benefit plan on the basis of a family member's employment with a public agency. The availability of a state health benefit plan does, in general, preclude these children from participating in a CHIP state program if the state subsidizes dependent coverage for any of the plans.

Note: Sometimes there are follow-up screenings or requirements that families notify the program when they become covered under another insurance plan. If, as a result of follow-up screening, a child was found to no longer meet the definition of "targeted low-income child" [a child not covered under a group health plan or other health insurance coverage who meets the state-specific standards for CHIP], the state would be obligated to cancel coverage under CHIP.

**Some questions and answers are adapted from the Health Care Financing Administration's "Answers to Frequently Asked Questions"*

SECTION 2 OVERVIEW

GETTING STARTED: WHAT YOU NEED TO KNOW BEFORE COMMUNICATING ABOUT CHIP

The challenge for local community leaders is to determine whether the funds are being directed to communications efforts that actually reach the target audience.

Information and tools are included in this section to enable you to assess and evaluate the communications programs currently being conducted to reach parents in your community. The ability to reach parents of children who might qualify for CHIP is critical to the success of the program.

In this section, you will learn ways to better understand how CHIP is working in your community and discover the critical role that volunteers play in your efforts. This section has two parts:

Effectively reaching "difficult to reach" audiences presents significant communications challenges. The media you use to overcome these challenges will depend on your available resources, the audience you want to reach, and the needs of your community. For example, in some situations it will be appropriate to use traditional media vehicles such as newspapers, radio and television; in others it may be smarter to use vehicles such as posters, leaflets, special events or one-on-one visits. Very often, a mix of communications vehicles tailored specifically to your community produces the best results.

There is no "one size fits all" advice for communicating CHIP messages to parents. For example, your daily newspaper may reach a large number of people, but if it reaches the wrong audience, then it is not the right media choice. Perhaps the local newspaper is read by more of your target audience, or maybe they prefer different types of communications. Maybe passing out flyers at local churches, food stores, PTA meetings or other forums would be more effective. Feel free to try a variety of approaches.

A. Understanding Current CHIP Outreach

STOP! This handbook provides you with numerous suggestions, including ways to measure the effect of CHIP messages in your community, build coalitions, conduct media relations, design outreach materials, and get more resources for your efforts. There is a lot to be done to move CHIP forward and make sure it is a success, but fortunately you don't have to do it all by yourself. There are many organizations and government agencies that have already begun working on some of these tasks. So, before you get started – stop – and find out what has already been created or put into action so that you do not end up "re-creating the wheel."

Before you go any further, turn to the Resources in Section 5. The first step you should take is to call the people who will know what CHIP outreach and communications efforts are currently being conducted in your state.

- To find out what resources are available to help you in your efforts, call your state's toll-free CHIP information line, or call one of the many organizations listed that have CHIP-related materials or programs.
- Call the official who is responsible for your state's CHIP program, call your State CHIP Outreach Coordinator, or call one of the many other organizations or agencies with a dedication to children's health. Find out about their strategy to partner with other agencies or organizations; or ask them about their plans to conduct outreach through the media, special events or other opportunities.

Finally, if this does not turn up any leads or spark any new ideas, or if you have questions that cannot be answered at your local or state level, contact the federal officials listed at the end of Section 5.

Next, to better understand the current CHIP outreach in your local area, you should find out: (1) what the parents you work with know about CHIP, and (2) the effectiveness of the CHIP outreach efforts in your community. Instructions on how to conduct these informal polls can be found on the next few pages.

Understanding Parent Knowledge of CHIP

To better understand if your state's current CHIP outreach programs are/are not working, it may be necessary to survey parents in your community to gauge the effectiveness of the programs.

Attached is a simple survey, designed to allow you to quickly interview members of your community about the current outreach programs. The answers provided by the community residents will help you in your overall outreach efforts.

SURVEY TO REVIEW PARENT KNOWLEDGE OF
Your State's Children's Health Insurance Program

1. **Have you heard of the new State program to provide free health insurance to children?** (or, insert state Program Name, e.g., PeachCare in Georgia.)

   ❑ YES ❑ NO

2. **If you've heard of the program (whether or not you know the name), how did you learn of it?** (Check as many as apply.)

   ❑ Radio
   ❑ Television
   ❑ Newspaper
   ❑ Leaflet
   ❑ Church
   ❑ School
   ❑ Bus
   ❑ Doctor/Pediatrician/ Health Professionals
   ❑ Poster
   ❑ Friend/Neighbor
   ❑ Community Worker
   ❑ Bulletin Board
   ❑ Special Event
   ❑ Local Meeting
   ❑ Subway/Metro
   ❑ Other (explain)

3. **Have you filled out an enrollment form to participate in this program?** (Insert name of state program, if appropriate)

   ❑ YES ❑ NO

4. **If not, please explain your reasons for not filling out the form** (not sure where to get form, form is too long/difficult to understand).

   _____
   _____
   _____

5. **How do you generally learn about programs that help your children?**

   _____
   _____
   _____

Reviewing Local CHIP Outreach

Ask Yourself the Following Questions about CHIP Outreach in Your Area:

1. Message Content - Do messages about CHIP say the right things? For instance:

- Is a toll-free number mentioned?
- Is the message clear and simple? (For example, do they say, "If you know a child without health insurance, call 877-KIDS-NOW"?)
- Does the message include people who work?
- Is there a local agency to which people can be referred?
- Are printed materials at an appropriate literacy level? Are they designed to be read and understood by adults that may have a third, sixth or eighth grade reading level?

2. Culturally Appropriate Messages - Culturally appropriate messages are a key component of quality communications programs. Research has revealed that culturally inappropriate messages fail to motivate a target population and can increase the resistance to subsequent messages. Here are a few ways to determine whether the messages being communicated to your community are appropriate:

- Do the messages use the expressions of your community?
- Do the messages communicate the CHIP opportunity without "talking down" to your audience?
- When actors/voices are used, do they reflect the ethnicity of the community?
- Do the messages accurately reflect/describe the concerns and challenges of that community?

3. Appropriate Communication Vehicles [Special Events, Church Bulletins, Radio, TV, etc.] - As a member of your community, you have a fairly good idea of how people receive their information and what value they place on the sources from which they receive that information. For example, some communities value television as the most trusted source of information and some look to their church leaders. Other communities believe that radio or newspapers are the most trusted sources for information. Still others believe that person-to-person is the best form of communication.

As a first step, find out more about your state's CHIP communications and outreach messages. Call your state's CHIP or Medicaid coordinator (see Section 5, State Resources – for your state contacts). They can provide you with information about their media plans and media schedule. As you discuss media outreach plans, you should consider what the messages say and ensure that they are going out to the:

- *Right people*
- *At the right time and frequency*
- *Through the best communication vehicles (e.g., radio, newspaper, bulletins, special events)*

B. Rallying the Troops: The Importance of Volunteers

While many organizations do not have enough staff to do all that they would like to accomplish, they often have another available source of people resources – volunteers. Volunteers can be asked to help at special events (for example, they can set up tables for the event, take tickets at the door, etc.). This traditional type of support is important and invaluable.

You can use volunteers to help you in other ways, too. Your volunteers may have a variety of skills and could potentially assist you with efforts such as media relations, coalition building, technology assistance or strategic development. Make a list of the projects that need more people resources and find out if any of your volunteers has particular talents or experience in those areas. You could be surprised at the resources you have at your fingertips.

You might also work with your Board of Directors and other community leaders that support your organization to see if they are able to identify potential volunteers to assist with specialized tasks. This may be more of a challenge, but the potential rewards are big. They might be able to provide you with names of individuals that either you or they could approach to help you with your efforts.

Your Board or other supporters may also be able to suggest organizations, service clubs (like the Rotary Club), or companies (for example, a local technology firm) that could "adopt" CHIP and donate equipment or the expertise and time of their members/employees to assist you with your outreach efforts. You could offer to speak before these organizations, clubs or companies to explain your work and how their members/employees could help. Or, you could write a "Help Wanted" advertisement for the volunteers you need and ask the association, club or company to distribute it through their newsletter. You could also prepare a direct mail piece or flyer to be distributed at a meeting or special event.

SPREADING THE WORD ABOUT CHILDREN'S HEALTH INSURANCE

Once you have reviewed the current outreach efforts being conducted in your state, and as you begin to create your own CHIP communications plan, you may need some practical advice on how best to use your resources to effectively communicate about CHIP. This section provides you with the "how-to's" of reaching out to parents through the news media with the help of allies. Spreading the word about Children's Health Insurance has five parts:

The first part of this section explains how you can create your own CHIP communications "message machine" to get your messages out to parents. It outlines how to successfully meet the challenge faced by a small staff in trying to communicate important messages to target audiences with limited financial resources. The second and third parts of this section provide suggestions and examples on how to spread CHIP messages in the larger community. Some strategies may look familiar, others may be new to you. You can copy successful approaches from other states, or perhaps they will trigger new ideas for your own CHIP communications program. The fourth part explains how to enlist the help of other groups or organizations to multiply and support your CHIP efforts to reach parents. The fifth part of this section gives you the specific "how-to's" of effectively communicating your message to the media.

For more ideas of innovative ways to reach out and communicate to parents about CHIP, take a look at some of the examples of outreach activities done at the state and local levels outlined in Section A of the Appendix. You can also use the materials in the Appendix for ideas about CHIP messages.

Appendix

A. Sample CHIP Messages

The first step in "spreading the word" is to decide what word you want to spread. That is to say, you should first sit down and decide what it is you want to communicate about CHIP. Choose your CHIP messages – what you want to say and how you say it – based on your audience (CHIP eligible parents, the news media) and how you plan to distribute messages (in person or on flyers, in a news article or on a radio public service announcement).

No matter who you are talking to, you will want your audience to understand and remember your messages. With this as your goal, your messages should be clear, focused and, most importantly, short. Each message should get across one simple-to-understand idea. Here are some of the CHIP messages chosen by other groups. You should feel free to apply them 'as is' to your own communications, adapt them, or use them to help you develop your own ideas. Just remember, the messages should speak to your audience.

Sample CHIP Messages From the White House

- Your kids and teens may qualify for free or low-cost health insurance.
- Many working families have employers who don't provide coverage.
- This toll-free number will connect you with an information center where you can find out your state's rules regarding CHIP.
- Don't put it off...tomorrow could be the day you need the insurance most.

Sample CHIP Messages From the Children's Defense Fund

- Children deserve a healthy start in life.
- Sign your children up for the health care they need.
- Without insurance, they are at risk of needless illnesses, learning problems and disabilities.
- Thanks to CHIP, more children will have the opportunity to receive medical coverage that will help them reach their full potential.
- For more information, call your state or visit us on the Web at **www.childrensdefense.org**

Please see the Appendix for additional examples of messages that others have used and how they have used them.

B. Preparing Your Organization to Spread CHIP Messages

There are five key steps in creating a "message machine" that will enable your organization to communicate with parents and other important people in your community. If you are like most of your fellow community-based managers, you know how difficult it is to find the time, resources and staff to have your organization do outside communications. We have identified some steps that may allow you to overcome the usual obstacles and allow your organization to communicate more effectively.

1. Inventory Your Communications Tools - Conduct an inventory of things in your office that are used to communicate to parents. For instance, most of you have *telephones*, *typewriters*, *computers* and *photocopy machines*. These types of equipment are the backbone of any communications office, which means you have what you need to get started.

B. Preparing Your Organization to Spread CHIP Messages continued

2. Develop the Messages - While you don't have unlimited resources to assist you, your own expertise and that of those around you (including your volunteers) can be very advantageous since you:

- **Know your market**
- **Know the messages that need to be delivered**

3. Appoint a Team of Messengers - Ideally, you would have all of the staff necessary to deliver your messages because you are busy talking and interacting with your audience on a daily basis. That is all too often not the case. That is why enlisting volunteers – including your board members – can be critical in helping to spread the message.

4. Get the Message Out - You know where to put the messages so the target audience will find them. Whether it is a barbershop, beauty parlor, supermarket, local school or church, your target market will eventually find themselves at one of those locales. These destinations are where you should place your messages, and nobody is better acquainted with those destinations than you and your staff and volunteers.

5. Stretch Existing Financial Resources - The funding necessary to reach your target audience may cost as little as a box of copier paper. Radio and TV advertisements are often too costly. Consider a handbill/flyer distributed to every parent at supermarkets and PTA meetings. They can be just as powerful.

Conclusion - You are the expert at knowing your community, their favorite gathering places and the kind of messages that they are willing to hear. These advantages make you uniquely qualified to develop your own "communications expert" within your group. Don't hesitate to ask for help from volunteers to ensure you get the support you need to reach your goals.

C. Strategies for Planning Local CHIP Outreach*

1. Seek help from other people, establish partnerships and work with people who are known and trusted by the community to "get the word out." (Section D offers additional tips on building partnerships and coalitions.

- Enlist the support of state/local political figures (e.g., local/state legislators, mayor, and City Council members). Their participation and endorsement will help your efforts gain publicity.
- Encourage state/local "celebrities" to join you in a "kick-off" campaign/event (e.g., Miss/Mrs. Indiana, news anchors, the governor/mayor or governor's/mayor's spouse, local sports heroes).
- Ask "community leaders" to promote your outreach efforts (e.g., business leaders, church leaders, leaders in ethnic minority communities, union leaders).
- Solicit the support of health care providers (e.g., local medical society, hospital association, physicians/pediatricians, school nurses and directors of clinics, local health department).
- Inform, educate and get state and local social services and human service agencies to help you. Include local public housing authorities too.

C. Strategies for Planning Local CHIP Outreach continued

2. Identify organizations that will help and seek their support. Identify and work with a broad range of organizations that have direct contact with targeted children, as well as civic groups that work with children, such as:

- Schools, churches, day care centers/Head Start programs, recreation centers/teen locations
- Service clubs (e.g., Rotary, Kiwanis Clubs, Girl/Boy Scouts, 4-H, Girls/Boys Clubs)
- Seek out support from and form partnerships with statewide and local businesses and employers in your community (e.g., fast-food chains, grocery stores & pharmacies, laundromats, gas stations, insurance companies).

3. Explore outreach opportunities, identify key community gathering places and community events. [Canvass neighborhoods and target communities with high rates of uninsured children -- if data exists.] Utilize events or non-traditional places to educate and enroll families and children:

- County & state fairs, farmer's markets, other community events
- Supermarkets, fast food restaurants, community centers

D. Coalition Building for Effective Outreach

What is a Coalition?

A temporary alliance of individuals and/or groups organized for joint action.

Why Use a Coalition for CHIP Outreach?

Effective linkages between "like-minded' organizations can:

- Complement your efforts to achieve your goal of effective CHIP outreach in your community
- Increase public awareness by extending beyond your organizational reach
- Carry a united message to decision-makers about the importance of effective CHIP outreach

Steps in Building a Coalition

1. Identify potential allies for CHIP outreach (see Section 5 for a Directory of other organizations involved in CHIP outreach)
2. Educate them about your outreach goals/messages
3. Look for the opportunity to work together to achieve mutual objectives
4. Recruit members
5. Activate the coalition

*This page was adapted from: "The state Children's Health Insurance Program (CHIP): Issues and Options," National Conference of State Legislatures, Denver, CO, August 11, 1998

D. Coalition Building for Effective Outreach continued

Identify Potential Allies

- Develop a strategic plan including goals, objectives, strategic plans and timelines
- Search for groups with a common interest first
- Look for members from the heart of your community (churches, PTAs, neighborhood action groups)
- Expand your coalition search to include groups with whom you would normally not partner
- It is generally easier to persuade children's health organizations to participate, but it increases the coalition's credibility when you convince non-children's health groups to participate (e.g., women's, church, minority groups)
- Invite for-profit business to help with funding, meeting space, etc.

Address the Following Questions

- What local organizations are important to involve in your CHIP outreach efforts?
- Do you already have any existing relationships with organizations that can be used to help with CHIP outreach?
- Are there political leaders that could be involved in your coalition?
- Are your volunteers potential coalition members?
- Are there community leaders that could be involved?

Educate Allies

- Use personal meetings
- Customize your approach to each group (talk their language, not yours)
- Bring them up-to-speed on the issue with data sheets, informational kits, etc.
- Share your CHIP outreach strategies and messages
- If you have an existing ally within the group, work with him or her to educate others

Recruit Allies

- Recruitment requires time, patience and follow-up
- Recruit early – allies should be part of your planning phase since they will be more likely to help if they agree with the goals
- Allies should be reminded that their efforts are appreciated, needed and in their best interest
- Make sure you are clear about the role you expect them to fulfill
- It may be helpful to assign officers (president, secretary, etc.) to encourage participation

D. Coalition Building for Effective Outreach continued

Activate the Coalition

After a group joins, begin activating it on behalf of the cause.

Remember to be specific in the requests for action. Coalition members have an important role to play in your outreach efforts and need to be reminded of that. Also, various groups will be more comfortable with certain requests. The following are examples of the types of activities that will generate attention and interest in children's health care:

- Developing targeted messages for each group that will appeal to their membership
- Developing materials for distribution to their membership
- Writing op-eds and letters to the editor in local newspapers
- Writing news releases with supportive statements from the local organization
- Giving testimony before a state legislative committee
- Meeting with a local newspaper's editorial board
- Giving speeches to local community groups
- Sending letters to members of Congress or state legislators

Ongoing Communications with Coalition Members

It is important to keep your coalition members involved in your CHIP outreach efforts. Ongoing communication keeps them up-to-date and continuously keeps them inspired. It is best to designate one person, or small group, to act as a central point for coalition communications. A few ways to maintain constant communication include:

- Maintaining an address and phone list
- Establishing a newsletter
- Creating a telephone tree (a list of people where each person is responsible for calling the next name after theirs)
- Establishing a mailbox on e-mail — if the capability is available — and requesting that other coalition members with the same capability do likewise
- Thanking them for all they do

E. Media Relations for Effective Outreach

WORKING WITH THE MEDIA

For any communications program to be successful, it must be able to reach the public. Whether you want to promote a walking club, warn people about a measles outbreak, encourage parents to have their children immunized, or increase general knowledge of nutrition, you have to find a way to communicate with your target audience.

Often the quickest, most reliable and effective way to do this is via the local news media — daily and weekly newspapers, radio and television.

But whether you write a news release, hold a news conference, or give an interview, your efforts could be wasted if you do not know the media in your community, which reporters are responsible for your issues, or even the form a news release should take. The following guidelines provide those who have little or no experience in dealing with the news media with the basic information needed to do so successfully.

How to Generate Local Media Coverage

Step 1: Get Organized

- Develop your media contact list. Include names and titles, mailing addresses and telephone numbers. (Make sure the names are spelled correctly.)
- Make a list of all daily and weekly newspapers, "penny-savers" (free community newspapers)and radio and television stations that serve your community, even if you are physically located elsewhere.
- Once you have a list, you can start contacting the people on it. Introduce yourself and your organization or project. Keep these initial contacts brief and to the point.
- Develop a media call sheet to fill out if you receive unsolicited calls from reporters; this will help document the actual numbers of calls that come in.
- Find out editorial deadlines by calling local newspapers. For example, weekly newspapers published on Wednesday often have a Monday afternoon news deadline. News received after the deadline seldom gets published. Likewise, know when radio and TV stations air their newscasts. Try not to call them when they are working on deadlines.
- Find out how much advance notice is needed for articles, calendar listings, etc. Do this twice a year and update your list.

Step 2: Get Prepared

- Develop a local fact sheet on your state's program – use existing material and edit accordingly.
- Create a source list that contains the telephone numbers of a few good people you can count on for quotes or background, and who would be willing to be available to reporters.
- Develop a question and answer sheet. By creating a document that poses—and then answers — your most frequently asked questions, you can almost always be prepared for the media. (see "Answers to Frequently Asked Questions About CHIP" in Section 1)

Step 2: Get Prepared continued

- Put together a press briefing packet. A press briefing packet is a folder full of the documents you want reporters to have within reach when they cover your issue. Start with a simple, pocketed folder with your logo affixed to the front (or attached inside). The contents of your press packet could include the following:

  - ✔ Letter of introduction with contact information
  - ✔ Fact sheet
  - ✔ Source list
  - ✔ Positive and informative articles or editorials
  - ✔ Brochures and flyers
  - ✔ Charts or graphics (if available)
  - ✔ Calendar of upcoming events

- Watch the news – this will give you an idea of the personalities of the reporters and what stories they cover.

Step 3: Establish Contact

- Even if you already have relationships with editors and reporters in your community, try to arrange introductory meetings to discuss CHIP with them.
- Contact them by telephone, and schedule a time to stop by to introduce yourself. Provide background information (media kit) and offer assistance on CHIP and other related children's health insurance issues. This could mean referring them to others who may have more expertise on these issues.
- Let editors and news directors know you will contact them periodically with news items, and that you are a resource for information.
- Inform radio and television talk show producers that you can access experts for interviews and/or segments on their programs regarding children's health insurance.
- Ask public service directors (radio, TV and print media) if they can help raise awareness by producing and/or airing public service announcements (PSAs); assist them in any way possible.
- Make a note of any unique needs or interests of the media you have contacted. Try to be responsive to those needs and interests in future contacts.

Step 4: Maintain Contact

- Contact editors and reporters only when you have something newsworthy, local and important to report. Do not "wear out your welcome" by repeatedly requesting coverage on non-news stories.
- Drop by the station – Talk with the people who will be covering your organization's event or story. This is an easy, no-cost way to get to know people in the media.
- How you contact the media will depend on the story, the needs of the particular media outlet, and what you hope to accomplish.
  - ◆ Send a news release when you have an announcement to make.
  - ◆ Send a letter directly to an individual reporter/producer when you have a specific story idea for a particular media outlet.
  - ◆ Send a media advisory [who, what, when, where, why memo] when you want to invite media coverage of an event (e.g., a news conference).

Step 4: Maintain Contact continued

- ◆ Always follow up by telephone after you send a news release, letter or media advisory. Ask the reporters if they received your material, if they have any questions, and if you can assist them in any way.

- ► Be available – Try to make someone available to accommodate reasonable media requests.
- ► Be credible – When speaking to a reporter, be prepared to present your information, and make sure the information is accurate.
- ► Be quotable – Think in terms of "sound-bites" -- short and attention-getting quotes. That's what you'll see or hear on the air.

Step 5: Be Helpful to the Media

- ► Keep your promises and you will gain media trust. When you say you will do something, do it. If you do not have the information they want, or you cannot do what they ask, then say so. This will help you establish a good relationship with the media.
- ► Always present and package your story professionally, and think about why the media and the public would care about the story.
- ► Respond to inquiries and informational requests you receive from reporters as quickly as possible. Do not wait too long to return calls; reporters have to meet deadlines. If you miss their deadlines, chances are your message will not be included in their reports.
- ► Be aware of how you present yourself to reporters. Are you a spokesperson or just providing background information? If you are providing background, make sure you say that early in the conversation. You will not be quoted specifically. If you do not want any affiliation, say that your comments are "off the record." Even then, you may be quoted. If you are at all uncertain about being quoted, then do not say anything.
- ► Understand the station's audience or viewing public – Tailor your news package to the people who listen to the radio station or watch the TV channel. If you can identify where your news event will fit into the broadcast schedule, it shows you've done your homework, and the media people will be more likely to consider your story.
- ► Know the special interests of reporters. For example, if you know a reporter likes to write about teenage health issues, send stories about teenagers rather than smaller children.

Working with Local Media

Newspapers

Daily newspapers are essential to communicating with residents of large urban communities. In small towns and villages, this role is played by weekly newspapers. Some of the ways to use newspapers to reach your public include "op-ed" pieces, feature articles, letters to the editor, and news releases.

Radio

Radio can get your message to the largest number of people when you have an urgent message to convey that requires immediate action. Since most radio stations have a specific format (country, jazz, classical, rock, etc.), it is important to understand their different audiences and tailor your messages accordingly.

Television

Television has the largest audience of all the media, as it reaches all segments of the population. On the average, a person spends more than seven hours a day watching television. While it reaches a great number of people, television is also visual. Therefore, you must offer something interesting for the camera to show.

Television news usually reduces complex stories to 30- to 60-second segments. When preparing materials for the news, your contact should be the news director or assignment editor. For talk shows, it is the host or producer of the show. For public service programming, it is the public service director.

Who to Contact in the Media

To spread the word, you have a number of different media options. When looking at your media options, consider what audience you are trying to reach, and what kind of station or publication would find your health issues the most important. Here are some tips as to who to call if you don't have a specific contact.

- **Daily newspapers:**
  - City editor
  - Health care/medical reporter or editor
  - Parenting/children's issue reporters
  - Photo editor
  - Business editor
  - Community calendar ("What's Happening")
  - Columnist
  - Features editor
- **Weekly newspaper:**
  - News editors
  - Columnists
- **Special interest publication** (children, women, etc.):
  - News editors
  - Features editor
- **Television stations:**
  - News assignment editor
  - Health/medical reporter
  - Talk show producers/hosts
  - Public service directors
- **Radio stations:**
  - News directors
  - Community relations director (for sponsorships, corporate partnerships)
  - Talk show producers/hosts
  - Public service directors

What the Media Can Do to Help You

Once you have targeted the specific media that you think are most likely to run your story, it is important to have several story suggestions for them. [See page 22 for sample CHIP messages.] Keep in mind that your story needs to be compelling for them to cover it. Depending on their interest level, they might be able to provide several services. For example, the media can:

- Increase news coverage of issues in your community by:
  - Running stories from news releases distributed by the state and local government and/or your local group
  - Publicizing local special events in advance to promote public awareness
  - Assigning reporters to attend and cover local events
- Produce and air public service announcements by using recorded or live announcer-read copy

Why the Media May Be Interested in the Story

Newspapers and television and radio newscasts provide information of interest to readers, viewers and/or listeners. It is important to make the story as compelling as possible for the media. You have to "sell" your story.

Editors are inclined to cover stories that meet one or more of the following criteria:

- The story is newsworthy. It has the qualities of news; it is timely and interesting.
- The story is local. It relates to the community directly; it has a local news angle that warrants local media attention.
- The story is important. It is something the community should be aware of; the public needs to know, and may benefit from having the information.

Ways to Get Media Attention

News Releases

What and when to submit – Submit news releases when you have something important to talk about, for example, the start of a new program, a change in an existing program that will affect many people, or the results of a program or study. Whenever possible, include local statistics and quotes from experts.

- **Format** – To be sure that your story gets into the proper hands, it is best to have your news release hand delivered or faxed to the editor. To ensure that your release gets read, you must follow the proper format. Editors can dispose of news releases, regardless of content, simply because they are prepared incorrectly. (See box on page 33 for guidelines.)
- **Who to send to** – Send news releases to the news directors of local radio and television stations. Immediate news or information about an upcoming event or possible feature story can be telephoned to the news director, assignment editor or reporter. Remember, television is a visual medium, so the event or setting must have "eye appeal."
- **Follow up** – Follow up with a letter and a press kit that includes additional information on the event and your organization and its efforts. If appropriate, provide a list of experts who can be contacted regarding the story.

Ways to Get Media Attention continued

- **Know your options** – If a piece is considered inappropriate for a radio news segment, it could be used in another format, such as an event announcement. Or the program director could decide to use it as the basis for a caller participation show, community service show or talk show. Do not try to tell the stations where or how to use your information. Let them decide.

Op-Ed Page

Another way to express your opinion in a daily newspaper is to submit what is called an op-ed piece, as it will usually appear opposite the editorial page. You may be able to get the newspaper to accept an op-ed piece if the issue is relevant or important to the community. An op-ed piece is best used to persuade readers to adopt or support an organization's viewpoint on an issue. It should be relatively short (800 words is ideal) and authored by the head of your organization or board member.

Letters to the Editor

A letter is an excellent way to respond to a newspaper when it has run a story or an editorial on an issue of concern to your organization. Save letters for important issues; if you send them too often, they will lose their impact and will not be printed.

A letter to the editor should be short, no more than 400 words. The shorter a letter is, the more likely it is to be printed without being edited. Make your most important point in the first paragraph or two. If your letter responds to a particular article, editorial or another letter, refer to the title, date and author of the original piece in your opening sentence. Letters to the editor should be signed by an officer of the organization.

Special Events

A news conference held alone can be a special event (see section on News Conferences on pages 36–37 for more information). Or you can hold a news conference as part of one of your other special programs. Use the event as a "hook" to convince the media to do a story about your work. You can "piggy-back" the event before or after your pre-existing event – or schedule the news conference to take place during a break. For example, you may have an annual volunteer recognition dinner where you invite special guest speakers (local politicians or area sports celebrities, etc.). You can consider asking the guest speaker to do an interview with the local media to talk about the event and your organization. For example, if the local mayor gives a speech at your event, have him or her talk to the media about the speech. Or perhaps you have a day-long training session where you bring in experts to talk to your group. Have them talk to the media about what they discussed at your event. The media are always looking for expert commentary or opinions.

TIPS FOR PRESS RELEASES

For more information, Contact: (name)

(telephone number)

FOR IMMEDIATE RELEASE:

Suggested guidelines for writing and submitting successful news releases:

News releases should be cleanly typed (double-spaced) or photocopied on 81/2" x 11" paper. They should be hand delivered or faxed to the designated media, including radio and television stations, weekly and daily newspapers, and wire services.

Other guidelines are as follows:

Identification: Your organization should be plainly identified. Use your letterhead or printed news release forms. The name and telephone number of a contact person for additional information must appear at the top of the page.

Release date: Most releases should be "immediate" or "for release on (date)." Stipulate a release time only when there is a good reason, such as an important speech by your organization's chief official.

Margins: Leave wide margins and space at the top so that editors can edit.

Headline: Give your release a title that captures its essence. While the title will not likely be used for a headline, it tells the editor about the contents of the release.

Length: Do not use more than one page unless you must, and never more than two.

Style: Summarize all critical information in the first paragraph or two (the lead), using the five Ws: who, what, when, where, why (and sometimes how). Write in a conversational tone; keep it simple and short. Keep paragraphs short and focused, only two to four sentences each. Do not editorialize; state facts, not opinions, unless you are quoting someone. Do not hyphenate words at the end of lines or split a paragraph from the first to second page.

Avoid: Fancy words. Use plain, simple English.

Check: Names, titles, dates, spelling, numbers and grammar. Then double-check them and proof-read the release carefully.

Delivery: Your news release should be in the hands of editors within 24 hours before or after any event or activity. You should know in advance where to deliver your news release. General news goes to the city desk or assignment editor; specialized news should be given directly to reporters or departments, especially if they know you.

Photos: If you have photos of an event, they can be submitted with your news release. Photos should be submitted only as 5"x7" or 8"x10" black-and-white glossies. Do not submit color photos or Polaroids. On the back of the photo, use a china marker ("grease pencil") or soft-lead pencil to identify any people (list them left to right). Also, write a caption that identifies the event and any people pictured (again, left to right). Tape the caption to the back of the photo.

At bottom of the first page: Put "-more-" if release exceeds one page.

At end: Put - ### -, to signify the end.

Public Service Announcements (PSAs)

Daily newspapers rarely, if ever, carry advertisements on a public service basis. They just do not have the space. Weekly newspapers are more likely to do so, and penny savers (weekly, free shoppers' guides) offer the best forums for public service print ads. If you have designed a poster or flyer about a special program or event, it can be easily adapted to serve as a print ad.

Both radio and television are excellent outlets for public service announcements (PSAs).

Interviews

If a reporter or editor asks for an interview on your organization's efforts or an issue on which your organization is an expert, you must select an appropriate spokesperson. A program spokesperson should:

- Be willing to work with the media (and not see reporters as "the enemy")
- Have good listening skills
- Be spontaneous
- Have a working knowledge of the situation
- Be a quick study
- View the opportunity as a good way to get your message across
- Have experience with the media (newspapers, television, and radio)

- **Preparing for the interview** – Beforehand, ask the reporter/interviewer about the questions or areas that will be covered during the interview. Using this information, draw up a list of all the questions you think will be asked. Prepare the answers and practice answering. Also, you can give a reporter a list of questions you would like to have asked. Be aware, however, that the reporter may not use your questions.

- **Know the limitations of interview format** – Usually, a person will have 15-20 seconds to respond to a reporter's question during a radio or television interview. Therefore, he or she must be able to relate the entire message in very short sentences and in an interesting and appealing way. It is best to use simple, easily understood words and avoid jargon and technical terms, whenever possible. Remember that long, convoluted sentences and complex concepts increase the chances of being misquoted. If you do not know the answer to a question, say so—do not try to bluff. Tell the reporter that you will look into the matter and get back with an answer; then do so.

- **Breaking news** – Because reporters often need to respond quickly to breaking news, much of their work is done over the telephone rather than in person. Reporters may be gathering information for an in-depth story or just looking for a brief comment. Give a summary of your position on the issue and then be prepared to answer specific questions.

Interviews continued

- **Phone Interview** – A telephone interview may or may not be taped. In the case of radio or television, it may or may not be live. Determine the situation at the outset. Remember, you can decline to be aired live or taped, yet still cooperate with the reporter by providing the information needed for the story. If you agree to be aired live or taped, you need to make your point in one short, declarative sentence, two at the most.
- **Radio and TV interviews** – Studio interviews are used for live talk shows, which sometimes have listener call-in options. They may also be used for community service programs. Keep in mind that radio listeners cannot see you or any gesture you may use to explain or emphasize your point. Keep sentences short and easy to understand. Deliver your key message in as clear a manner as possible.

Be poised, speak clearly, and keep eye contact with the reporter. Shifting or glancing about and jumbling your words will make a very poor impression on camera and distract viewers from what you are saying. Do not lean into the microphone; let the reporter position it. If you gesture, do so slowly and with purpose.

Dress in soft, medium or pastel colors. Avoid very dark or light clothing and contrasting patterns and stripes.

Use these interviewing tips for radio and television:

- Be prepared. You will be more confident and comfortable and be able to tell your story clearly to those who count most—the viewers or listeners.
- Before the interview, make sure you and the reporter agree on the topics to be covered. This way you or your spokesperson can prepare specific answers.
- Concentrate on how to communicate ideas and feelings, not just words.
- Give the reporter a list of the questions you would like to be asked.
- Be early, especially if it is a taped program. Studios are heavily booked, and punctuality is essential.
- Do not try to adjust the placement of the microphone or its volume. That is what the sound technician is paid to do.
- If a response is not short (8-15 seconds) and to the point, it will not be used on the air. Formulate concise answers to expected questions in advance.
- There may be only 30 seconds to present your organization's message. Focus on the essential points.
- Try to relax. Don't feel intimidated.

News Conferences

Always remember that a news conference should be a special event. Do not hold too many. You may want to hold a news conference to introduce your organization, its project, or plans. Then hold conferences only to announce new programs, major improvements or important changes in your organization's activities. Or, as discussed earlier, if you have a big event with big speakers (that are well-known by the media), use it as a way to interest the press in your work. A news release would be more appropriate than a news conference when publicizing your organization's background or viewpoint, your role in the community, or an upcoming event.

- Media Advisories - Inviting the media – At least three days prior to the news conference, send a media advisory to all newspapers and radio and television stations. A media advisory outlines the five Ws and gives a contact name and telephone number for information. (See box below.)

MEDIA ADVISORY

A paragraph explaining your organization's goals, activities

Who:	Speakers, guests, etc.
What:	Logistics of event
When:	Date and time of event
Where:	Event Location
Why:	Reason for event

For more information, contact:

_____

If the news conference is tied to a major event, then you may want to give the media as much advance notice as you can. To let them know about the event, send out:

- "Save the Date" cards, with who, what, when, where, why information and a contact name and number
- Flyers with information on the event
- Press Alerts or Media Advisories

On the day before, call the radio and television assignment editors to remind them of the event. This will help you determine attendance, as well. On the day of the news conference, have on hand extra copies of releases, press kits and speeches (if applicable).

Use the following tips for holding a **news conference:**

- To boost media attendance and get better coverage, try to schedule news conferences between 10:00 A.M. and 11:00 A.M. and in the middle of the week (Tuesday, Wednesday, Thursday). Do not hold a news conference on a weekend, and avoid Fridays — the story will get lost in the weekend news.
- Select a location that is convenient for the media. If TV reporters are likely to come, avoid cameras. The room must be large enough to accommodate all the media and their equipment, including television cameras.

News Conferences continued

- Post signs to help people find the site.
- Place a table outside the room or just inside for media sign-in. Have someone greet attendees and hand out news releases or press kits.
- Begin the news conference on time. Limit it to 30 minutes, including time for a question-and-answer period.
- Conduct a question-and-answer period after speakers' remarks.
- After the news conference, send copies of the news release to those reporters who were unable to attend. Continue to update reporters on your project's successes, and provide statistics, if applicable.

Media Kits

Your organization should have a standard set of background and informational materials that can be compiled to form a media kit. These are helpful for news conferences. Media kits can include news releases about the program, 5" X 7" or 8" X 10" glossy photographs, biographies of speakers or specialists, history of your organization, fact sheets, and any clippings or articles regarding your organization or project.

Dealing with Bad News

The time to prepare for a crisis is before it happens. Crises are inevitable in any organization, so you should be prepared with a plan that is thoughtfully drafted and regularly rehearsed.

When faced with a crisis, respond quickly and with authority. If you provide the facts quickly and accurately, the press will appreciate your help. Your openness can lead to a closer working relationship in the future.

Tell the public what happened and why. Then say what you are going to do to make sure it does not happen again.

Keeping in Touch

No matter if the story is good news or bad, always say thank you. Continue to update reporters on the successes of your project, and provide statistics on any changes in your community's health that can be traced to your program.

Remember, achieving good coverage for your organization and generating interest in its activities requires time, imagination, attention to detail and a certain amount of perseverance. With these, you can ensure that your efforts will be successful.

From the Community Health Education and Promotion Manual, Aspen Reference Group

SECTION 4 OVERVIEW

GAINING SUPPORT FOR CHIP AND LOCAL CHIP OUTREACH

If you determine that CHIP messages are not reaching your community, it may be necessary for you to present your findings to the people who are responsible for the outreach programs, or for the funding of such programs, in your state. These are the decision-makers who can improve the state's communications about CHIP targeting your community.

This sample presentation is designed as a template to assist you in creating your own presentation tailored to your specific needs. You are encouraged to change, delete or add materials that are pertinent to your argument for a formal presentation.

In this section you will find:

CHIP OUTREACH

The Children's Health Insurance Program (CHIP)
[Or insert the name of your CHIP program
(for example, "PeachCare" in GA)]

The Children's Health Insurance Program (CHIP)

- CHIP: top children's health legislation passed in the last 30 years
- If CHIP proves successful, American communities will have healthier children and save millions of dollars in health care costs

The CHIP Mission

Filling the Gap

To enroll as many American children as possible who qualify for CHIP

The Congress, White House, appropriate federal agencies, the nation's governors and health leadership in this state have all joined in a bipartisan effort to seek out more than 4 million of the 10 million children without health insurance and get them enrolled in CHIP.

These are the children who "fall between the cracks" – their family's income is too high to be eligible for traditional Medicaid and too low to afford to buy private health insurance (and they are not offered coverage at work.)

Our Objectives

- To identify, inform and motivate parents of children in our community who are currently without health insurance to enroll in CHIP
- To get parents to access services once enrolled
- To monitor and evaluate CHIP once enrollment has been completed

My objective is to let my community know the CHIP program is there for them. Some families who we reach out to may in fact be Medicaid eligible. Others may not be eligible for either CHIP or Medicaid. Nonetheless, every child that we *can* get covered takes us one step closer to our goal – making sure that all children have health insurance coverage.

Furthermore, we must make sure the children in our community make use of the health coverage once they get covered.

Core Communication Challenges

- Parents remain mostly uninformed about the need for health insurance
- Parents remain mostly uninformed regarding CHIP
- Parents are confused as to whether they qualify for CHIP, Medicaid or any program
- Parents are unsure about where/how to enroll
- When they are aware of the program, they find the enrollment process difficult

Findings From Local CHIP Survey

- Purpose: to better understand parent knowledge of CHIP
- Questions we asked
- What we found

Note: Use this slide if you conduct a review of what the parents in your area know about CHIP (see Section 2 for instructions)

To better understand parents' knowledge of CHIP, we conducted a CHIP communications survey among parents in our local community.

We asked (number of people surveyed) parents at (where you did the survey) the following questions: (then, list the questions that you asked each participant).

This is what we found (add your specific findings here).

Solutions to Communication Challenges

- Target resources to create communications programs that better reach the target audiences

My agency/organization needs the resources to get the message directly to parents in my community. We need money to [fill in specific CHIP needs here, for example, flyers, posters, etc.].

We have identified the following approaches which are being used in other communities/states. [Have examples of other approaches that you think might work in your community]. I suggest using some of these approaches to increase and improve our outreach efforts. Specifically I recommend: [fill in your ideas here]

General Needs

- Funding to create meaningful community-based outreach materials for CHIP
- Possible redeployment/reallocation of existing outreach resources to better reach the target population
- Greater use of community volunteers' talent and experience

Note: Whenever you present before potential funders, be sure you know beforehand what you specifically want them to do.

Specific Needs

Item	Budget
Add your own items	*Cost to do*
Example — Brochure	*$5,000*

Now the question arises, "How do we pay for the recommendations I just discussed?" While we can fill some of these needs with the help of more volunteers, ultimately, we will need additional financial resources.

Here are the major items with which we would need financial assistance, and here is the estimated amount of money we think it would cost to do each item.

Ways You Can Help

- Volunteers
- In-Kind Contributions
- Direct Grants
- Strategic Counsel

Tell your audience how they can help. Or list (or repeat) the actions that you want your audience to take after your meeting. Give specific examples, if necessary. Remember the old saying, "If you don't ask for what you need, you aren't likely to get it."

RESOURCES

SECTION 5 OVERVIEW

RESOURCES TO HELP YOU COMMUNICATE ABOUT CHIP

There are many people who want CHIP be successful in improving the health of America's children. Another strategy for effectively communicating with parents about CHIP is to identify and work with a broad range of state and federal government agencies and state and national organizations that also are committed to the success of CHIP.

Resources to Help You Communicate About CHIP has three parts:

While every State CHIP has its own unique approach, there are many model elements that can be shared in every state. You can get information on each program from state CHIP coordinators or national children's advocacy organizations. Many of these groups have communication and outreach tools available for you to share with parents in your community. Additionally, federal agencies can be useful in solving "big picture problems" or in fixing issues that cannot be addressed on a local level. This third section explains who the federal players are and how they can help you.

Note: As with any resource directory, the names of key contacts at various agencies may change. Regardless of who is listed as the contact person, these key agencies should be able to assist you in your efforts to advance CHIP.

A. What's Available in Your State

State	CHIP	Medicaid	Local Calls Only	Operator Available	Other Languages	Available Materials	Application	Applicant/ Recipient Status Information
Alabama 888-373-KIDS	ALL Kids			X				
Alabama 800-362-1504		X	X					
Alaska 907-561-2171		X						Referral to 907-273-3240
Arizona 877-764-KIDS	KidsCare							
Arkansas 888-474-8275	ARKids First		X					
California 888-747-1222	Healthy Families			X	Nine different languages		X	
Colorado 800-688-7777	Family Health Line			X	Spanish & Asian languages	Brochures	X	
Colorado 800-359-1991	CHP+				Spanish		X	X
Colorado 800-221-3943		X			Spanish		X	X
Connecticut 877-CT-HUSKY	HUSKY Plan				Spanish		X	
Delaware 800-372-2022		X	X					
District of Columbia 800-666-2229	DC Healthy Families			X	Spanish	Brochures	X	
Florida 888-FLA-KIDS	Florida Kid Care			X	Spanish		X	X
Georgia 877-GA-PEACH	GA Peach Care for Kids			X			X	X
Georgia 800-766-4456			X					
Hawaii # not available Yet			X					
Idaho 800-926-2588		X		X	Spanish			Referral to area self-reliance office for application
Illinois 800-252-GROW	KidCare		X					
Illinois 800-252-8635		X	X					
Indiana 800-889-9949	Hoosier Healthwise				Spanish		X	
Iowa 800-369-2229	Hawk I			X	Spanish interpreter available)	Brochures		Referral to County Human Services Prog. to get an application
Kansas 800-792-4884	Health Wave			X	Spanish	Brochures	X	
Kansas 800-766-9012		X		X				

What's Available in Your State

State	CHIP	Medicaid	Local Calls Only	Operator Available	Other Languages	Available Materials	Application	Applicant/ Recipient Status Information
Kentucky 800-635-2570		X		X				
Louisiana 877-252-2447	LA CHIP			X			X	
Maine # not available		X						
Maryland 800-456-8900	Maryland's Children's Health Program							
Massachusetts 800-841-2900	MassHealth				Spanish		X	
Michigan 888-988-6300	MIChild			X	Spanish and an Asian language		X	X
Minnesota 800-657-3672	Minnesota Care						X	X
Mississippi 800-948-3050	Mississippi Children's Health Insurance Program							
Missouri 888-275-5908	MC+			X		Brochures	X	
Montana 800-421-6667	MT Kids Insurance			X		Packets of information pregnancy & child related brochures	X	
Montana 800-362-8312		X		X				Referral to the County Dept. of Health and Human Services for application
Nebraska 877-632-5437	Kids Connection		X					
Nevada 800-360-6044	Nevada Check Up			X	Spanish		X	
Nevada 702-687-5000		X						
New Hampshire 800-852-3345	Healthy Kids - Gold							
New Jersey 800-701-0710	New Jersey KidCare			X	Spanish	Brochures & enrollment package	X	
New Mexico 888-997-2589		X	X					
New York 800-698-4543	Child Health Plus			X	Spanish, Chinese literature	Flyers brochures, envelope stuffers		
New York 800-522-5006		X						

What's Available in Your State

State	CHIP	Medicaid	Local Calls Only	Operator Available	Other Languages	Available Materials	Application	Applicant/ Recipient Status Information
North Carolina 800-367-2229	NC Health Choice		X					
North Dakota 800-755-2604		X						Auto attendant for medical services; you can speak to provider relations or secretarial staff
Ohio 800-324-8680	Healthy Start	Medicaid info provided as well		X	Spanish		X	
Oklahoma 800-987-7767	Sooner Care			X	Spanish	Enrollment package	X	
Oregon 800-359-9517	Oregon Health Plan			X	Interpreters available	Information packet; brochures for providers (ie. hospitals, insurers)	X	
Pennsylvania 800-986-KIDS	PA Children's Health Insurance		X					
Rhode Island 800-346-1004	RiteCare							
South Carolina 888-549-0820	Partners for Healthy Children			X			X	
South Dakota 605-773-4678		X						Economic Assistance Office
Tennessee 800-669-1851	TennCare			X			X	
Texas 800-422-2956	Texas CHIP		X					
Utah 800-662-9651	CHIP		X					
Utah 888-222-2542	Utah's Children's Health Insurance Program	X		X	Separate language line	Informational literature	X	
Vermont 800-250-8427		X						
Virginia 877-822-6747	Virginia Children's Medical Security Plan							
Virginia 804-786-7933		X			Spanish		X	
Washington 800-204-6429		X	X					
West Virginia 888-WV-FAMILY	CHIP			X			X	
Wisconsin 800-362-3002		X		X				Refers people to CHIP (608-266-1935) Ask for Angie
Wyoming 307-777-7921		X		X				

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Based on a list from the Health Care Financing Administration; information current as of October 26, 1998.

B. National Organizations

DIRECTORY OF CHIP MATERIALS AND PROGRAMS

AMERICAN ACADEMY OF PEDIATRICS (AAP)

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PO Box 927
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Phone: (847) 228-5005
Fax: (847) 228-5097
E-Mail: kidsdocs@aap.org
URL: http://www.aap.org

Primary Contact: Jean Cilik, Medicaid Campaign Manager

Description:

- Professional medical society of pediatricians and pediatric subspecialists.
- Maintains 48 committees, councils, and tasks forces including: Accident and Poison Prevention; Early Childhood, Adoption and Dependent Care; Infectious Diseases. Operates 41 sections.

Languages: English

CHIP Materials Available from AAP:

Produces state level estimates of children eligible for CHIP and Medicaid

AMERICAN PSYCHIATRIC ASSOCIATION (APA)

1400 K Street NW.
Washington, DC 20005

Phone: (202) 682-6000
Fax: (202) 682-6114
URL: http://www.psych.org

CHIP Contact: Shelley Stuart, Deputy Director, Medicaid, Medicaid Campaign Manager

Description:

- Seeks to further the study of treatment and prevention of mental disorders.

Languages: English

CHIP Materials Available from APA:

Medicaid/CHIP Tool Kit for doctors and patients

ASSOCIATION OF MATERNAL AND CHILD HEALTH PROGRAMS (AMCHP)

1220 19th Street, NW, Suite 801
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Fax: (202) 775-0061
E-Mail: info@amchp.org
URL: http://www.amchp1.org

CHIP Contact: Karen Van Landerghem, Assistant Executive Director

Description:

- Represents individuals responsible for or involved in the administration of state and territorial maternal and child health programs and programs for children with special health care needs.
- Informs public and private sector decision-makers of the health care needs of mothers and children

Languages: English

CHIP Materials Available from AMCHP:

Issue briefs

Brochure

Fact Sheets

ASSOCIATION OF STATE AND TERRITORIAL HEALTH OFFICIALS (ASTHO)

1275 K Street, NW, Suite 800
Washington, DC 20005

Phone: (202) 371-9090

Fax: (202) 371-9797

URL: http://www.astho.org

CHIP Contact: Christa Singleton, Senior Project Coordinator

Description:

- Serves as a primary information resource to state health agencies on a wide range of issues, including HIV/AIDS, immunizations, tobacco-use control, primary care, maternal and child health and the environment

Languages: English

CHIP Materials Available from ASTHO:

CHIP Outreach Resource Packet (can be located at www.astho.org/html/primary_care_MCH_projects.html)

CENTER ON BUDGET AND POLICY PRIORITIES (CBPP)

777 N. Capitol St., NE, Ste. 705
Washington, DC 20002 USA

Phone: (202) 408-1080

Fax: (202) 408-1056

E-Mail: center@center.cbpp.org

URL: http://www.cbpp.org

CHIP Contact: Robert Greenstein, Executive Director

Description:

- Promotes better public understanding of the impact of federal and state spending policies and programs primarily affecting low and moderate income families and individuals.

- Areas of research include national poverty trends, tax policy,housing affordability, effectiveness and funding for social programs, hunger and nutrition issues, unemployment, minimum wage, and state budget and tax policies.

Languages: English

CHIP Materials Available from CBPP:

Outreach kit, includes best practices on outreach and enrollment
Posters and flyers in English and Spanish; screening tools

CHILDREN'S DEFENSE FUND (CDF)

25 E St. NW
Washington, DC 20001

Phone: (202) 628-8787
Fax: (202) 662-3550
Toll Free: (800) CDF-1200 (press 2)
URL: www.childrensdefense.org

CHIP Contact: Jeannette O'Connor, CHIP Implementation Coordinator

Description:

- Assistance to state and local groups, and community organizing in areas of child welfare, child health, adolescent pregnancy prevention, child care and development, family income, family services, prevention of violence against and by children, and child mental health.

Languages: English, Spanish

CHIP Materials Available from CDF:

Advocate's toolkit--Includes state specific data, fact sheets and other implementation materials. Available May 1999

All resources and information included on web site: www.childrensdefense.org
Web site has CHIP and Medicaid information, best practices, English and Spanish language state flyers, eligibility information and links to state programs and applications

CHILD WELFARE LEAGUE OF AMERICA (CWLA)

440 1st St. NW, Suite 310
Washington, DC 20001

Phone: (202) 638-2952
Fax: (202) 638-4004
URL: http://www.cwla.org

CHIP Contact: Ellen Battistelli, Senior Policy Analyst

Description:

- Works to improve care and services for abused, dependent or neglected children, youth and their families.

Languages: English

CHIP Materials Available from CWLA:

Fact sheets. Available on web site: www.cwla.org

FAMILIES U.S.A. FOUNDATION

1334 G St. NW, Suite 300
Washington, DC 20005

Phone: (202) 628-3030
Fax: (202) 347-2417
E-Mail: info@familiesusa.org
URL: http://www.familiesusa.org

CHIP Contact: Vicki Pulos, Associate Director of Health Policy

Description:

- Issues reports and other materials on health care and long term care for use by consumer organizations, policymakers, the media and state-based coalitions working on health care and long term care reform.

Languages: English

CHIP Materials Available from Families U.S.A.:

Issue Briefs, State Programs. Available on web site: www.familiesusa.org

NATIONAL ASSEMBLY OF NATIONAL VOLUNTARY HEALTH & SOCIAL WELFARE ORGANIZATIONS

1319 F St. NW, Suite 601
Washington, DC 20004

Phone: (202) 347-2080
Fax: (202) 393-4517

CHIP Contact: Renee Woodworth, Program Coordinator

Description:

- Facilitates intercommunication and cooperation among national voluntary health and social welfare organizations in the interests of increasing the impact of the individual agencies and of voluntarism on human needs.

Languages: English

CHIP Materials Available from the Assembly:

Program Support Group

NATIONAL CENTER FOR EDUCATION IN MATERNAL AND CHILD HEALTH (NCEMCH)

2000 15th St. N, Suite 701
Arlington, VA 22201-2617

Phone: (703) 524-7802
Fax: (703) 524-9335
E-Mail: info@ncemch.org
URL: http://www.ncemch.org

CHIP Contact: D. Rochelle Mayer, Director

Description:

- Provides information services to professionals and the public on maternal and child health..
- Collects and disseminates information on available materials, programs and research, and conducts conferences and workshops.

Languages: English

CHIP Materials Available from the NCEMCH:

Outreach guide: "Outreach Strategies: Ten Programs that Link Children to Health Services"

To order, call the National Maternal and Child Health Clearinghouse at (703) 356-1964, write to them at 2070 Chain Bridge Road, Suite 450, Vienna, VA 22182-2536, E-Mail to nmchc.com, or find them on the Internet at www.circsol.com/mch

NATIONAL CENTER FOR FARM WORKERS HEALTH

1515 Capital of Texas Highway S, Suite 220
Austin, TX 78746

Phone: (512) 312-2700
Fax: (512) 312-2600
URL: http://www.ncfh.org

CHIP Contact: Irma Soto, Program Coordinator

Description:

- Seeks to make quality primary health care accessible to migrant and seasonal farm workers.
- Wants to establish a national network of migrant health centers through the production, processing and distribution of information, including information on health problems specific to or more prevalent in the migrant community.

Languages: English, Spanish

CHIP Materials Available from the National Center for Farm Workers Health:

Toll-free line for farm workers and migrant health providers: 1-800-377-9968

NATIONAL COALITION OF HISPANIC HEALTH AND HUMAN SERVICES ORGANIZATIONS

1501 16th St. NW
Washington, DC 20036

Phone: (202) 387-5000
Fax: (202) 797-4353

CHIP Contact: Caroline Kehata, Policy Advisor; PNR

Description:

- National coalition of health, mental health, and human service agencies and organizations and professional individuals serving Hispanics.
- Primary mission is to improve health and human services to Hispanic communities throughout the United States, including Puerto Rico.

Languages: English, Spanish

CHIP Materials Available from the Coalition :

Brochures

NATIONAL COUNCIL OF LA RAZA (NCLR)

1111 19th St., NW, Suite 1000
Washington, DC 20036

Phone: (202) 785-1670
Fax: (202) 776-1792

Primary Contact: Ruth Roman, Director of Latino Children's Health Insurance Program

Description:

- National umbrella organization working for civil rights and economic opportunities for Hispanics.
- Provides technical assistance to Hispanic community-based organizations in comprehensive community development, including economic development.
- Housing, employment and training, business assistance, health, and other fields. Conducts research programs; compiles statistics; advocates on behalf of Hispanics.

Languages: Spanish

CHIP Materials Available from La Raza:

Training manual (available June 1999)

NATIONAL EDUCATION ASSOCIATION (NEA) /HEALTH INFORMATION NETWORK

1201 16th St. NW
Washington, DC 20036

Phone: (202) 833-4000
Fax: (202) 822-7767
URL: http://www.nea.org

CHIP Contact: Sabrina Williams, Senior Administrative Assistant

Description:

- Professional organization and union of elementary and secondary school teachers, college and university professors, administrators, principals, counselors, and others concerned with education.

Languages: English

CHIP Materials Available from NEA's Health Information Network:

Brochure
Web site: www.kidhealth@aol.com
State applications for school system employees

NATIONAL GOVERNORS' ASSOCIATION (NGA)

Hall of States
444 N. Capitol St. NW, Suite 267
Washington, DC 20001

Phone: (202) 624-5300
Fax: (202) 624-5313
URL: http://www.nga.org

CHIP Contact: Emily Cornell, Policy Analyst

Description:

- Association of governors of the 50 states and US territories.
- Serves as vehicle through which governors influence the development and implementation of national policy and apply creative leadership to state problems.

Languages: English

CHIP Materials Available from NGA:
State Guides
Website www.nga.org
Toll-free hotline 1-877-KIDS NOW

NATIONAL MENTAL HEALTH ASSOCIATION (NMHA)

1021 Prince St.
Alexandria, VA 22314-2971

Phone: (703) 684-7722
Fax: (703) 684-5968
Toll Free: (800) 969-NMHA
E-Mail: nmhainfo@aol.com
URL: http://www.nmha.org

CHIP Contact: Mary Graham, Senior Director of State Affairs

Description:

- Consumer advocacy organization devoted to fighting mental illnesses and promoting mental health.
- Works with mental hospitals, government agencies and private organizations for the rehabilitation of recovered patients.

Languages: English

CHIP Materials Available from NMHA:
State Implementation Guide
Fact Sheet
Training program for mental health needs in children

NATIONAL RURAL HEALTH ASSOCIATION (NRHA)

One W. Armour Blvd., Suite 203
Kansas City, MO 64111

Phone: (803) 771-2810
Fax: (803) 771-4213
URL: http://www.nrharural.org

CHIP Contact: John "Buddy" Watkins

Description:

- Association of administrators, physicians, nurses, physician assistants, health planners, academicians, and others interested or involved in rural health care.
- Creates a better understanding of health care problems unique to rural areas.

Languages: English

CHIP Materials Available from NRHA:

State Guide. Available on website www.nrharural.org in 1999
Fact Sheet. Available on website www.nrharural.org in 1999

ZERO TO THREE

734 15th St. NW, No. 10
Washington, DC 20005-1013

Phone: (202) 638-1144
Fax: (202) 638-0851
Toll Free: 800-899-4301

CHIP Contact: Erica Lurie-Hurvitz, Program Associate

Description:

- Professionals and researchers in the health care industry, policymakers, and parents working to improve the healthy physical, cognitive and social development of infants, toddlers, and their families.

Languages: English

CHIP Materials Available from Zero to Three:

White Paper on cost effective, successful CHIP programs

National Organizations

OTHER ORGANIZATIONS THAT CAN ASSIST YOU WITH OUTREACH

AMERICAN NURSES ASSOCIATION

600 Maryland Avenue, SW.
Suite 100 West
Washington, D.C. 20024-2571

Phone: (202) 651-7108
Fax: (202) 651-7001
E-Mail: RGREENAW@ANA.ORG
URL: http://www.nursingworld.org

Primary Contact: Richard Greenaway, Project Manager, Childhood Immunizations

Description:

- A professional organization of nurses dedicated to health care issues that affect nurses and the general public.

Languages: English

ASSOCIATION FOR THE CARE OF CHILDREN'S HEALTH

19 Mantua Rd.
Mt. Royal, NJ 08061

Phone: (609) 224-1742
Fax: (609) 423-3420
E-Mail: amkent@smarthub.com
URL: http://www.acch.org

Primary Contact: Melissa Baldwin

Description:

- Multidisciplinary network dedicated to establishing services for children and their families.
- Serves as an advocate for children and families by promoting health care policies and practices that meet the unique developmental and psychosocial needs of children and families.

Languages: English

ASSSOCIATION OF ASIAN/PACIFIC COMMUNITY HEALTH ORGANIZATIONS

1440 Broadway, Suite 510
Oakland, CA 94612-2025

Phone: (510) 272-9536
Fax: (510) 272-0817
URL: www.aapcho.org

CHIP Contact: Daniel Toleran, Planning & Policy Coordinator

Description:

- Works to improve access to culturally and linguistically appropriate health care in order to improve the health status of Asians and Pacific Islanders with a special focus on the medically underserved.

Languages: Chinese, Hindi, Japanese, Korean, Laotian, Thai, Vietnamese

CHILDREN'S FOUNDATION

725 15th St. NW, Suite 505
Washington, DC 20005

Phone: (202) 347-3300
Fax: (202) 347-3382
E-Mail: cfwashdc@aol.com
URL: www.childrensfoundation.net

Primary Contact: Kay Hollestelle, Executive Director

Description:

- Provides technical assistance and training to child care center staff, home-based family child care providers and parents.

Languages: English

CHILDREN'S HEALTH FUND

317 E. 64th St.
New York, NY 10021

Phone: (212) 535-9400
Fax: (212) 535-7488
URL: www.childrenshealthfund.org

Primary Contact: Dennis Johnson, Vice President of External Affairs

Description:

- Supports pediatric programs for children who are homeless, poor or have no other access to medical care.
- Maintains Children's Health Projects in urban and rural areas in United States.

Languages: English, Spanish

DELTA SIGMA THETA

1707 New Hampshire Avenue, NW
Washington, DC 20009

Phone: (202) 986-2400
Fax: (202) 986-2513
URL: http://www.DST1913.org

Primary Contact: Ella McNair, Director of Program Planning

Description:

- Provides technical assistance and training to child care center staff, home-based family child care providers and parents.

Languages: English

EVERY CHILD BY TWO
THE CARTERS/BUMPERS CAMPAIGN FOR INFANT IMMUNIZATION
666 11th Street, NW, Suite 202
Washington, DC 20001-4542

Phone: (202) 783-7035
Fax: (202) 783-7042
URL: www.ecbt.org

Primary Contact: Amy Arbuckle, Executive Director

Description:

- Works to raise awareness and foster a systematic way to provide immunizations and ensure the health of all America's children.
- Targets community leaders of service organizations for assistance.

Languages: English, Spanish

HOPE *worldwide*
148 East Lancaster Avenue
Wayne, PA 19087

PHONE: (610) 254-8800
Fax: (610) 254-8989
URL: www.HOPEWW.org

CHIP Contact: Bud Chiles, National Director

Description:

- HOPE for Kids, a program of HOPE *worldwide*, provides health education and immunization outreach programs that work to meet the health and development needs of children in our core communities.

IMMUNIZATION ACTION COALITION
1573 Selby Ave., Suite. 234
St. Paul, MN 55104

Phone: (651) 647-9009
Fax: (651) 647-9131
E-Mail: mail@immunize.org
URL: http://www.immunize.org

Primary Contact: Lynn Bahta, RN, Health Educator

Description:

- Promotes awareness of and responsibility for immunization of all people against all vaccine-preventable diseases.
- Conducts educational and outreach programs; develops print and audiovisual educational materials.

Languages: English

NATIONAL ASSOCIATION OF COMMUNITY HEALTH CENTERS

1330 New Hampshire Ave. NW, Suite 122
Washington, DC 20036

Phone: (202) 659-8008
Fax: (202) 659-8519
URL: http://www.nachc.com

Primary Contact: Heather Mizeur, Director of State Affairs

Description:

- Advocacy organization of ambulatory health care centers, administrators, clinicians and consumers.
- Works to assure the continued growth and development of community-based health care delivery programs for medically underserved populations by providing technical assistance and education and training opportunities for health center staff and board members.

Languages: English

NATIONAL CENTER FOR CHILDREN IN POVERTY

154 Haven Ave.
New York, NY 10032

Phone: (212) 304-7100
Fax: (212) 544-4200
E-Mail: nccp@columbia.edu
URL: http://cpmcnet.columbia.edu/dept/NCCP/

Primary Contact: Nancy Cauthen, Associate for Program and Policy Unit

Description:

- Works to strengthen programs and policies that improve the health and development of children under six years old living in poverty.

Languages: English

NATIONAL HEALTH COUNCIL

1730 M St. NW, Suite 500
Washington, DC 20036

Phone: (202) 785-3910
Fax: (202) 785-5923
E-Mail: info@nhcouncil.org
URL: www.nhcouncil.org

Primary Contact: Stephanie Baker, Office Assistant

Description:

- National membership association of voluntary and professional societies in the health field; national organizations and business groups with strong health interests.

Languages: English

NATIONAL HEALTHY MOTHERS, HEALTHY BABIES COALITION

121 North Washington Street, Suite 300
Alexandria, VA 22314

Phone: (703) 836-6110
Fax: (703) 836-3470
URL: www.childrenshealthfund.org

CHIP Contact: Claudia Morris, Deputy Executive Director

Description:

- Coalition of national and state organizations concerned with maternal and child health.
- Serves as a network through which members share ideas and information regarding issues such as prenatal care, nutrition for pregnant women and infant mortality.

Languages: English

NATIONAL INDIAN HEALTH BOARD

1385 S. Colorado Blvd., Suite A-708
Denver, CO 80222

Phone: (303) 759-3075
Fax: (303) 759-3674
URL: http://cpmcnet.columbia.edu/dept/NCCP/

Primary Contact: Yvette Joseph-Fox, Executive Director

Description:

- Association of all Native Americans and natives of Alaskan villages.
- Advocates the improvement of health conditions that directly or indirectly affect Native Americans and Alaskan Natives.

Languages: English

C. How Federal Agencies can Help You

US DEPARTMENT OF HEALTH AND HUMAN SERVICES, Regional Offices

What are the Regional Offices of HHS and how can they help you?

In each region of the United States, there are 10 Regional Directors and 10 Regional Health Administrators of the Department of Health and Human Services. They are the representatives of the Secretary of Health and Human Services in direct, official dealings with state and local government organizations.

- They provide a central focus in each region for departmental relations with Congress and promote general understanding of Department programs, policies, and objectives.
- They also advise the Secretary on the potential effects of decisions and provide administrative services and support to Department programs and activities in the regions.
- HHS also has a website <HTTP://http://www.insurekidsnow.gov> with user-friendly state-specific information for families eligible for CHIP or Medicaid. Posters that advertise the toll-free 1-877-KIDS-NOW number will be distributed through HHS field offices.

REGIONAL OFFICES -- DEPARTMENT OF HEALTH AND HUMAN SERVICES

(*Addresses for the Regional Director and Regional Health Administrator are the same unless noted.)

REGION I:
CT, ME, MA, NH, RI, VT

Director: Judith Kurland
Phone: 617-565-1500
Fax: 617-565-1491

Health Administrator:
Betsy Rosenfield, JD
Phone: 617-565-1505
Fax: 212-264-3620

Address*: JFK Federal Bldg., Room 2100
Boston, MA 02203

REGION II:
NJ, NY, PR, VI

Director: Alison Greene
Phone: 212-264-4600
Fax: 212-264-3620

Health Administrator: Guy Alba
Phone: 212-264-2560
Fax: 212-264-1324

Address*: 26 Federal Plaza, Room 3835
New York, NY 10278

REGION III:
DE, D.C., MD, PA, VA, WV

Director: Lynn Yeakel
Phone: 215-861-4633
Fax: 215-861-4625

Health Administrator: Anita Batman, M.D.
Phone: 215-861-4639
Fax: 215-861-4617 (fax)

Address*: Ste. 436, Public Ledger Bldg.
150 S. Independence Mall West
Philadelphia, PA 19106-3499

REGION IV:
KY, MS NC, TN, AL, FL, GA, SC

Director: Patricia Ford-Roegner
Phone: 404-562-7888
Fax: 404-562-4899

Health Administrator:
J. Jarrett Clinton, M.D., M.P.H.
Phone: 404-562-7890
Fax: 404-562-7899

Address*: 61 Forsyth Street, Suite 5B95
Atlanta, GA 30323-8909

REGION V:
IL, IN, MI, MN, OH, WI

Director: Hannah Rosenthal
Phone: 312-353-5160
Fax: 312-353-4144

Health Administrator:
Steven Potsic, MD, MPH
Phone: 312-353-1385
Fax: 312-353-0718

Address*: 105 West Adams, 17th Floor
Chicago, IL 60603

REGION VI:
AR, LA, NM, OK, TX

Director: Ray Martinez
Phone: 214-767-3301
Fax: 214-767-3617

Address: 1200 Main Tower
Dallas, TX 75202

Health Administrator:
James Doss, MBA, Acting
Phone: 214-767-3879
Fax: 214-767-3617

Address: 1301 Young Street, Suite 1124
Dallas, TX 7520

REGION VII:
IA, KS, MO, NE

Director: Kathleen Steele
Phone: 816-426-2821
Fax: 816-426-3535

Health Administrator:
E. Frank Ellis, MD, MPH
Phone: 816-426-3291
Fax: 816-426-2178

Address*: Federal Office Building
601 East 12th Street, Room 210
Kansas City, MO 64106

REGION VIII:
CO, MT, ND, SD, UT, WY

Director: Margaret Cary
Phone: 303-844-3372
Fax: 303-844-4545

Health Administrator:
Hugh S. Sloan, D.S.W.
Phone: 303-844-6163 Ext. 340
Fax: 303-844-2019

Address*: Federal Building
1961 Stout Street, Room 498
(Director is room 1076)
Denver, CO 80294-3538

REGION IX:
AZ, CA, HI, NV, and the six U.S. Associated Pacific jurisdiction

Director: Emory Lee
Phone: 415-437-8505

Address: Federal Office Bldg., room 431
San Francisco, CA 94102

Health Administrator: Ronald Banks, M.D.
Phone: 415-437-8096
Fax: 415-437-8004

Address: 50 United Nations Plaza, Rm 327
San Francisco, CA 94102

REGION X:
AK, ID, OR, WA

Director: Mike Kreidler
Phone: 206-615-2010
Fax: 206-615-2087

Health Administrator:
Richard Lyons
Phone: 206-615-2010
Fax: 206-615-2481

Address*: Blanchard Plaza
2201 Sixth Avenue, M/S RX-20
Seattle, WA 98121-2500

HEALTH RESOURCES AND SERVICES ADMINISTRATIONS (HRSA)

What is HRSA's involvement with CHIP and how can they help you?

Health Resources and Services Administration (HRSA) is the federal government's health care "access agency." HRSA is building systems of care in partnership with communities to assure children and families get comprehensive, quality service. HRSA manages CHIP outreach, the establishment and maintenance of Health Homes, and public health intervention through the expansion of community based providers.

On HRSA's "Child Health" web site, they offer a compendium of outreach models, information on their child health programs, a list of CHIP experts in HHS, a database of key state child health resources that is searchable by state, examples of four programs in which HRSA is helping states and communities develop workable solutions to local health care challenges, and "Facts About Uninsured Children."

Contact Information

CHIP Implementation

Claude Earl Fox, M.D., M.P.H.
Administrator, HRSA
Phone: 301-443-2216
Fax: 301-443-1246

Kathleen Steele, B.S., Regional Director
Office of the Secretary, HHS
Kansas City Regional Office
Phone: 816- 426-2821
Fax: 816-426-3535

CHIP Outreach

Linda Johnston
Office of Public Affairs, HRSA
Phone: 301-443-0625

Marcia Brand, Special Assistant
Office of the Administrator
Parklawn, Room 14-15
5600 Fishers Ln
Rockville MD 20857
Phone: 301-443-4619
Fax:: 301-443-1246
Email: MBrand@HRSA.DHHS.GOV

Useful Websites
http://www.hrsa.dhhs.gov
http://www.hrsa.dhhs.gov/childhealth/
http://www.bphc.hrsa.dhhs.gov/chi/index.html

See Also: HRSA's Bureau of Primary Health Care and Maternal and Child Health Bureau

What is HRSA's Bureau of Primary Health Care involvement with CHIP and how can they help you?

HRSA's Bureau of Primary Health Care (BPHC) provides support for high quality community-based preventive and primary care to underserved populations and people with special needs and funds programs through which more than 8 million people receive health care. Publications about children's health are available from the National Clearinghouse for Primary Care Information (800-400-2742). BPHC has a "Grow Healthy Kids" website that provides links to all BPHC child health activities and information, including a definition and discussion of outreach, outreach checklist and quality care checklist.

BPHC Contact Information

Colleen Meiman
4350 East West Highway, 3rd floor
Bethesda MD 20814
Phone: 301-594-4488
Fax: 301-480-7833
E-mail: CMeiman@HRSA.DHHS.GOV

Marilyn H. Gaston, M.D.,
Associate Administrator
Phone: 301-594-4110
Fax: 301-594-4072

Theresa Watkins-Bryant, M.D., Associate Director of Clinical Activities, Division of Programs and Special Populations
Phone: 301-594-4423
Fax: 301-594-2470 (or 4989)

Laverne Green-Frazier, Acting Chief
Perinatal and Child Health Branch
Phone: 301-594-4451
Fax: 301-594-2470

What is HRSA's Maternal and Child Health Bureau involvement with CHIP and how can they help you?

HRSA's Maternal and Child Health Bureau (MCHB) administers various research, training, testing, counseling, information dissemination, and other maternal and child health improvement projects. Publications about children's health are available from the National Maternal and Child Health Clearinghouse (703-356-1964).

MCHB Contact Information

Communications Office
(301) 443-3163

May Beth Badura
Acting Director, Division of Healthy Start
Phone: 301-443-0543
Fax: 301-594-0186

Carol Galaty, Director, Office of Program Development, MCHB
Phone: 301-443-2778
Fax: 301-480-2694

Art Knudson, Acting Deputy Director
Division of Healthy Start, MCHB
Phone: 301-443-0543
Fax: 301-594-0186

US DEPARTMENT OF AGRICULTURE'S FOOD AND NUTRITION SERVICE

What is FNS's involvement with CHIP and how can they help you?

The Food and Nutrition Service of the USDA assists in CHIP outreach efforts through their existing programs such as the National School Lunch and School Breakfast Programs, Child and Adult Care Food Program, Homeless Children Nutrition Program, Commodity Supplemental Food Program, Food Distribution Program on Indian Reservations, The Emergency Food Assistance Program, the Special Supplemental Nutrition Program for Women, Infants and Children(WIC), and the Food Stamp Program. FNS is able to reach those seeking children's health insurance through CHIP or Medicaid because many eligible children also participate in these FNS programs.

FNS offers examples of their strategies to reach and enroll children in CHIP. For example, they added a health insurance check-off box to their prototype application for free and reduced-price school meals. The FNS web site gives description of FNS programs that can help in CHIP outreach as well as activities and future plans for children's health outreach.

Contact Information

Barbara Semper, Program Analyst
Food and Nutrition Service
Office of Child Nutrition
3101 Park Center Drive
Alexandria, Virginia 22302-1594
Phone: 703-305-2968
Fax: 703-305-2879

Regional Contacts

Charles DeJulius
Northeast Region Public Affairs Director
(for Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, Vermont)
10 Causeway Street, room 501
Boston, MA 02222-1069
Phone: 617-565-6418
Fax: 617-565-6472

Margarita Maisterrena, Acting Mid-Atlantic Region Public Affairs Director
(for Delaware, District of Columbia, Maryland, New Jersey, Pennsylvania, Puerto Rico, Virginia, Virgin Islands, West Virginia)
Mercer Corporate Park
300 Corporate Boulevard
Robbinsville, NJ 08691-1518
Phone: 609-259-5091
Fax: 609-259-5147

Karen Dean
Acting Southeast Region Public Affairs Director
(for Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee)
61 Forsyth Street, SW, Suite 8T–36
Atlanta, GA 30303-3427
Phone: 404-562-1812
Fax: 404-527-4502

Darlene Sanchez
Mtn. Plains Region Team Nutrition Coordinator
(for Colorado, Iowa, Kansas, Missouri, Montana, Nebraska, North Dakota, South Dakota, Utah, Wyoming)
1244 Speer Boulevard, Suite 903
Denver, CO 80204-3581
Phone: 303-844-0312 (or 0355)
Fax: 303-844-6203

Judy Barron
Southwest Region Public Affairs Director
(for Arkansas, Louisiana, New Mexico, Oklahoma, Texas)
1100 Commerce Street, Room 5-C-30
Dallas, TX 75242-0222
Phone: 214-290-9802
Fax: 214-767-6249

Cordelia Morris
Western Region Public Affairs Director
(for Alaska, Arizona, California, Hawaii, Idaho, Nevada, Oregon, Washington, Guam)
550 Kearney Street , Room 400
San Francisco, CA 94108-2518
Phone: 415-705-1311
Fax: 415-705-1364

Lawrence Rudmann
Midwest Region Public Affairs Director
(for Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin)
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Related Websites

http://www.usda.gov
http://www.usda.gov/fcs/home/chipfns.htm
http://www.usda.gov/fcs/home/chipfl~1.htm
http://www.usda.gov/fcs/ogapi/0354.txt

HEALTH CARE FINANCING ADMINISTRATION (HCFA)

What is HCFA's involvement with CHIP and how can they help you?

The Health Care Financing Administration (HCFA) manages the states' Children's Health Insurance Programs (SCHIP), the $24 billion health insurance portion of the Children's Health Initiative. HCFA works closely with the states, Congress, HRSA and other federal agencies to implement the program, define its parameters, and approve individual state plans to insure children at the earliest possible date.

HCFA's web site contains lots of CHIP information including state-by-state contact information, a CHIP state plan status map, a database of each state plan, copies of the initial CHIP legislation, suggestions on ways to simplify and clarify application, enrollment and eligibility requirements, ways to meet the health care needs of immigrant children, examples of and options for successful outreach and enrollment activities, information on coverage of immunization under Title XXI and the Vaccines for Children (VFC) program, and Medicaid/CHIP State Telephone Numbers (where to get information).

Contact Information

Mary Kahn
HCFA Public Affairs
Phone: 202-690-6145
Fax:: 202-690-7159
Email: CHIPinquiry@hcfa.gov

Related Websites

http://www.hcfa.gov
http://www.hcfa.gov/init/children.htm
http://www.hcfa.gov/init/statepln.htm
http://www.hcfa.gov/init/chipsum.htm
http://www.hcfa.gov/init/chip-map.htm

APPENDIX

APPENDIX

ADDITIONAL RESOURCES

A. SAMPLE OUTREACH PROGRAMS

State Outreach Plans

The State of Florida Healthy kids

Florida's outreach campaign encompasses the philosophy of placing a sign anywhere a sign can be placed and includes television and radio spots, public service announcements (PSAs) that feature the Governor with the Director of Healthy Kids, and a toll-free hotline that directs callers to the appropriate resource.

General Outreach Plans

- School-based marketing
- Press conferences
- Hotline
- Posters; brochures
- Informational mailouts to providers
- Target populations -- 15-19 year olds, Food Stamp recipients, "medically needy"

Overall Outreach Themes

- CHIP is not public assistance
- Community-based approach
- Builds on existing systems
- Creates CHIP information experts
- Simplified application and eligibility

Outreach Strategies

- Implementing an outreach coalition and task forces
- Using a common logo and the name
- Conducting a social marketing study that will determine what message seems to be most effective in influencing enrolled individuals to use care
- Implementing a public awareness campaign that includes radio and television spots, billboards, bus signs, grocery bags, and fast food placements
- Targeting outreach to specific populations
- Simplifying the application and eligibility process
- Implementing a toll-free hotline
- Conducting outreach training to county health departments, community health centers, child care providers
- State is awarding grants, through a competitive bidding process, to Kidcare Community Action Groups whose partners include schools, county health departments, community health centers, Healthy Start coalitions, child care providers, welfare reform coalitions, providers, family advocacy groups, and neighborhood representatives

The State of New York – A Multi-Tiered Outreach Approach

It is estimated that 360,000 children will be covered by the New York Children's Health Insurance Program by March 2000.

Statewide Outreach

- Healthy Baby toll-free hotline (800-698-4543)
- Radio and television ads
- Posters (such as on buses)
- Billboards
- Brochures
- Mailers in gas, electric, phone and water bills
- Participation in local health fairs

Community Outreach Contractor

New York has a community outreach contractor who is responsible for creating a more local presence. This community outreach contractor makes presentations to providers, school districts and community-based organizations.

Insurers' Outreach

The third tier is the insurers, who are required to develop and implement outreach strategies.

Outreach Interventions

New York has submitted an application to the Robert Wood Johnson Foundation to fund outreach interventions in three areas:

- *South Bronx:* with the Bronx Lebanon Hospital, to test a door-to-door outreach approach
- *Capital District:* with the local health departments, social service agencies and community based organizations in three counties, to test agency collaboration to enroll eligible children
- *Rural:* with a coalition of some twenty community organizations, to increase awareness of CHIP

From the ***Health Care Financing Administration*** ***www.hcfa.gov***

The State of Michigan -- MIChild

Much of the design and outreach structure of Michigan's program is based on feedback received from a series of regional forums held in partnership with children's advocacy groups, state agencies, hospitals and learning centers throughout the state and from letters of those who could not attend the forums.

In response to community feedback, Michigan has implemented a three-prong approach to outreach:

1. A **statewide campaign** that includes mass media (television and radio spots), direct mailing, advertising in buses and subway trains and culturally appropriate marketing. Efforts also include blanketing the state with applications placed in schools, health provider offices, businesses and agencies that serve children.
2. A **training program** for organizations that have contact with the eligible population to help assist families that need help completing the application.
3. **Local outreach plans** that involve schools, hospitals, faith-based organizations, businesses, community groups and health and human services divisions of local government in their creation.

Michigan also has a "no wrong door policy" which allows individuals to access the system through a variety of ways including:

- Schools
- Health Care Providers
- Advocacy Groups
- Other State Departments

"For MIChild to succeed, community based groups must take ownership in the program to get the word out and get people the help they need. The commitment and dedication to the MIChild program that we have already seen in Michigan is outstanding."

James K. Haveman, Director

From the ***Health Care Financing Administration*** ***www.hcfa.gov***

The State of Ohio – Healthy Start

Ohio's approach is to keep the message simple – "Do you have kids? Yes? Then you need health insurance."

A **statewide toll-free hotline** has been operational for the past two years during traditional and non-traditional hours (i.e., regular business hours, evening hours, and weekend hours).

The **application process has been streamlined** (shortened form to two pages, form can be filled out over the phone or mailed in, and soon the form will be available electronically).

Ohio is in the process of **translating the application materials** into Spanish, as well as exploring the feasibility of electronic submission.

Information is also **disseminated through the partnerships** that Ohio has developed.

Ohio has developed **relationships in the communities** as partners for outreach and education. Community partners are asked the following types of questions: How can DHS help you? What support do you need at the local level? What materials can DHS provide? How can DHS assist in getting the population health care?

They also mailed out a **survey** to determine the capacity of 590 agencies and organizations providing health and social services, such as FQHCs, WIC, and school-based/school-linked health centers to do outreach.

On **school lunch applications,** individuals can indicate whether they want health insurance coverage information.

School nurses, who see pre-kindergarten children prior to the start of school, can distribute Medicaid/CHIP information.

The State of Oklahoma -- SoonerCare

Approximately 40,000 additional children will be covered through the Oklahoma Children's Health Insurance Program.

The goal of the state is to provide communities with resources so that outreach can be conducted at the local level.

Statewide outreach activities include:

- **Postcards**, which have generated many phone calls
- **Fliers** distributed through schools and local health departments
- **Posters** for providers to display in their offices
- **Television and Radio Campaign** (Through a fixed-price contract with the Oklahoma Association of Broadcasters. Oklahoma is not buying time, rather a cover letter for credibility is being sent to local stations through the contractor.)
- **Newspaper Inserts** (Through a fixed price contract with the Oklahoma Press Association, which has resulted in 4 inserts in each of the 86 papers in Oklahoma)
- **Public Service Slide** that is shown in cinemas before a movie starts
- **Public Service Announcements** that run for approximately 30 seconds

CHIP in Maryland, An Outreach Success Story

Maryland Children's Health
By Tom Stuckey, Associated Press Writer

ANNAPOLIS, Md. (AP) – Dec. 9, 1998 – Almost 30,000 Maryland children have enrolled in a new state program that provides medical care for young people in working class families without health insurance. State health officials say they are pleased that in just six months, about half of the 60,000 children believed to be eligible for the program have signed up.

"We're well on the way toward achieving the 60,000," Dr. Martin Wasserman, state health secretary, told members of the legislature's Joint Committee on Health Care Delivery and Financing. The state was able to enroll so many people so quickly because of an extensive outreach program that has included local public health departments, church groups, the health care profession, advocacy groups for the poor and a public service advertising campaign, he said.

The program, which also provides health care for pregnant women, targets low-income families that make too much money to be eligible for Medicaid, work for small employers that do not have health insurance plans and cannot afford to pay for their own insurance. Wasserman told lawmakers that "we may enroll more than 60,000, and that's great."

The program, funded in part by the federal government, was approved by the legislature at the 1998 session. At a kickoff event last spring, Dr. Tim Doran, state president of the American Academy of Pediatrics, said the program fills a void in Maryland's health care system. "We've seen families forego needed surgeries because they couldn't afford them," he said.

Benefits paid under programs for poor and low-income people often are concentrated in urban areas, but Wasserman said rural areas are getting a large share of the benefits under the children's health insurance program.

Allegany County has almost as many children enrolled as Anne Arundel County, and tiny Garrett County has one-third as many as Prince George's County. More than 40 states have adopted similar programs under a law passed by Congress. Wasserman said The Children's Defense Fund, a national advocacy group for children, examined all state programs and gave Maryland among the highest marks in the nation.

Health advocates say the program not only provides access to health care for children who need it, but also will save money in the long run. Families without insurance often do not seek care for their children until health problems become serious and more expensive to treat. They also are more likely to use expensive emergency facilities when children get sick. The program provides care through the Medicaid program for children from birth through age 18 in families with income up to double the federal poverty level. The cutoff level is $27,300 for a family of three and $32,900 for a family of four.

Families seeking information (in Maryland) can call the state health department at (800) 456-8900 or can call their county health department.

Local Outreach Initiatives

Outreach in Providence, RI

In Providence, RI, mini grants provided by the state have produce a number of local initiatives.

- The Trinity United Methodist Church of Providence, RI, created a walking track in the parking lot and established a "health bulletin board." The Olney Street Baptist Church sponsored a series of "health workshops."
- The South Providence Neighborhood Ministries developed and implemented a "neighborhood minority-health promotion center." The center provides age and culturally appropriate education on a variety of health issues.
- A Latino community-based group in Providence, *Progreso Latino*, funded health information and education in its Latino Health Institute.
- The Socio-Economic Development Center of Providence developed and implemented the South Asian Health Promotion Center for the Cambodian and Hmong communities of Rhode Island.
- The Women's and Infant's Hospital of Providence brought health screenings, education and information to various low-income Providence neighborhoods through its Providence Family Van Project.

Outreach in Tulsa, OK

Volunteer efforts in Tulsa, OK, have enrolled hundreds of children at non-traditional locations.

- Social workers at St. Francis Hospital in Tulsa, OK, have helped to enroll 300 children in the State's Medicaid/CHIP plan by setting up information tables at drug stores, schools and fairs.
- In Tulsa, OK, fliers, posters, ads and other outreach activities help raise awareness about coverage opportunities. Many families receive one-on-one help from volunteers in getting applications filled out correctly and submitted.

Remember What Works For Some May Not Work For You

Developing Outreach Strategies That Meet the Needs of Your Community

- A study of the Oregon Health Plan showed that the program's successes in enrolling beneficiaries was probably due more to the fact that beneficiaries can enroll in person or by mail, than to the high level of publicity it generated.
- One state program had difficulty finding families that are not typically in touch with local or state health departments.
- Sending informational letters home with school children has worked very well, especially in enrolling adolescents in a few states, but not all. Some states have found adolescents to be the most difficult group to reach because of their sense of immortality and disinterest in taking enrollment information home.

B. Examples of Effective Strategies

School-Based Outreach – "Go Where the Children Are"

Schools are a primary resource for identifying eligible children (e.g., school nurses, school-based health center, Head Start programs and Healthy Start programs) – so "go where the children are."

In **Colorado**, the state's CHIP program cites their "back to school" enrollment program as their "single best outreach vehicle." In 1996, more than 210,000 pamphlets were distributed to 848 Colorado schools in 42 counties. Colorado also conducts outreach with local county agencies, regional health and social agencies and the Colorado Foundation for Families and Children. Similarly, in **Massachusetts**, which sent over 200,000 informational letters to school children in over 120 school districts, their "back to school" efforts" worked very well, especially in enrolling adolescents.

See page 95 for more information on how to implement this stategy.

Person-to-Person / Door-to-Door / Word-of-Mouth

Perhaps the most successful way to enroll children in a CHIP program is one-on-one, person-to-person contact. This strategy is well-suited for community-based volunteer efforts. With a little training, community-based volunteers can provide valuable outreach opportunities by canvassing neighborhoods and setting up tables at non-traditional locations, such as street fairs, supermarkets or day care centers.

The State of **Georgia** provides us with a good example of an innovative program that emphasizes the importance of person-to-person contact. Georgia's Medicaid and CHIP outreach program employs 195 community-based outreach workers to "get the word" out about Medicaid. During its four years of operation, outreach workers have successfully processed 195,000 applications.

Outreach workers, who often work at night and on the weekends, perform a unique role in Georgia's nationally recognized outreach program. They inform the public directly through presentations to community groups, medical providers, schools, churches and employers and indirectly through flyers placed in children's report cards and shoe boxes and employee paychecks. They also help potential applicants apply and certify their eligibility. Outreach workers have worked with various industrial sites and other employers to distribute information and accept applications in the workplace. They are also working closely with applicants, to minimize anxiety and mistakes, and are able to follow up to complete the application process.

Although Georgia's outreach workers are paid state employees, volunteers working for community-based groups can perform many of the same functions.

For example, in western **Pennsylvania** local hospitals have taken the lead in working within their communities. Hundreds of individuals in the hospital community, along with community volunteers, have been trained to assist families with CHIP enrollment. The goal of this Pennsylvania campaign is to reach all CHIP-eligible families through coalitions of community volunteers from places like hospitals, schools, churches, businesses and community organizations. Volunteers can *inform the public* about CHIP, they can *distribute/assist in filling out applications*, and, although not qualified to certify eligibility, volunteers can *forward applications* and *follow up with applicants* to see if their children have been enrolled in a CHIP program.

Florida's Healthy Kids program, relies heavily on partnerships with schools to identify and enroll eligible children. To assist such efforts, Florida's marketing materials are written at a fifth-grade reading level and are available in several languages. Florida's program has received recognition by the White House because their program was "developed at the local level and is school-based."

As a community-based group, your contacts with local school administrators, teachers, school nurses and school dietitians are an invaluable asset in solidifying your outreach efforts. Schools should be one of the first stops on the road to enrolling children in your state's CHIP program.

See page 97 for tools to help you implement this strategy.

"Where the Kids Are! Linking Children with Free and Low-Cost Health Insurance at School" from the National Education Association's Health Information Network

Four Ways Schools Can Help Connect Kids to Insurance

1. Inform families about the availability of free and low-cost health insurance. Flyers can be distributed at PTA meetings, at registration, at sign-ups for extracurricular activities, and with school lunch menus. Enlist school staff in these efforts. School nurses, teachers, guidance counselors, coaches — and students — can be the source of information and assistance.

2. Make health insurance outreach and enrollment activities a part of school registration and special events. When children are registering for school — either as kindergartners or as students new to a community — parents often are asked for various kinds of health-related information. This is a logical time to ask families if they would like assistance getting health insurance for their children.

3. Link the school lunch program with health insurance outreach efforts. Children who are eligible for free or reduced-price school lunch often qualify for free or low-cost health insurance as well. In some states, parents can request information about health insurance when they apply for the school lunch program.

4. Create partnerships between schools and organizations involved in delivering health services. Local hospitals and health clinics often are willing to work with schools. Health care providers can be encouraged to incorporate health insurance outreach and enrollment activities into their school-based efforts.

For more information about getting involved in outreach activities, E-mail the NEA's Health Information Network at kidhealth@AOL.com

Learning From Experience: Successful School Efforts to Reach Children

MINNESOTA. At the Welcome Center operated by Minneapolis Public Schools, new students can sign up for specific schools, arrange bus transportation, and take English Proficiency Tests. They also can get help obtaining health insurance. During August and September — when *approximately 4,000 children register for school* — a Medicaid eligibility worker outstationed at the Welcome Center is available to assist families in completing Medicaid applications.

WASHINGTON. In Washington State virtually all children eligible for the School Lunch Program also qualify for Medicaid. Parents can check a box on the school lunch application to receive information about free or low-cost health insurance and an application.

UTAH. At a health fair at Edison Elementary School in Salt Lake City, many students were found to be suffering from untreated health conditions. To help families get health insurance, the Utah Department of Health placed a Medicaid eligibility worker at the school. The worker is available five days a week to assist families in filling out Medicaid applications. He also serves six other schools by conducting presentations at parent-teacher nights, by communicating with school counselors and by making home visits.

PENNSYLVANIA. A major effort was undertaken to distribute flyers announcing the availability of free and low-cost health insurance through the Philadelphia public school system. Families were directed to a local community organization's telephone Helpline and soon the Helpline was flooded with more than 1,000 calls from parents. **Thanks to an emergency grant from the National Education Association's Health Information Network, hundreds of families were helped to complete applications over the phone.**

Where the Kids Are!

Linking Children with Free and Low-Cost Health Insurance at School

start healthy
stay healthy

Prepared for the National Education Association's Health Information Network by the *Start Healthy,Stay Healthy* campaign

Center on Budget and Policy Priorities
820 First Street, NE, Suite 510
Washington, DC, 20002, 202-408-1080

Free and Low-Cost Health Insurance — Children You Know May Be Missing Out!

Millions of children don't get the health care they need because they have no health insurance. Without insurance, common childhood illnesses often go untreated and can impair a child's growth and development; more serious illnesses or disabilities may never get proper treatment at all. Without health insurance, it is next to impossible to get routine preventive care, which can pinpoint a child's health needs before they become serious problems.

While approximately 11 million children in the U.S. are uninsured, for more than 4 million of these children comprehensive coverage is available for free *right now* through the Medicaid program. And, coverage for many children who aren't eligible for Medicaid may now be available, either for free or at low-cost, as a result of the child health block grant — or Child Health Insurance Program (CHIP) — enacted by Congress in August 1997. States are now in the process of designing their new CHIP-funded programs and by the start of the school year, many states will be set to begin enrolling children.

Children in families with income below 200 percent of the federal poverty line — $27,300 for a family of three in 1998 — are likely to be eligible for free or low-cost health insurance.

Children can get important health benefits:

With Medicaid:

- hospital care
- regular check-ups
- shots
- vision and hearing care
- visits to the doctor and dentist
- mental health services
- needed medical treatment

New state child health insurance programs will provide all or some of these benefits — for free or at low cost.

Why is Outreach Needed?

Families may not know about available health insurance programs, or they may not think their children qualify. In fact:

- Children in working families can qualify for free or low-cost health insurance. In fact, 72.3 percent of uninsured children who are eligible for Medicaid are in families with earnings.
- Children with private health insurance may still qualify for Medicaid. Such children can receive benefits to fill in gaps in private coverage, such as dental, vision or mental health care. (This will not be the case for new state child health insurance programs, which require applicants to be uninsured.)
- Medicaid can help families pay premiums and co-payments. Families with children eligible for Medicaid can receive assistance paying premiums and co-payments charged by private insurers.

Families may not know how to apply for health insurance or they may be afraid the application is too long or complicated.

- In 40 states and the District of Columbia, applications are fairly short and simple.
- In 34 states and the District of Columbia, they can be submitted by mail.
- There may be application sites at neighborhood locations that are open at times convenient for working families. State agencies and community organizations are working to expand these opportunities.

Why Should Schools Get Involved?

Schools are where the children are! A recent government report found that 69 percent of uninsured, Medicaid-eligible children were either in school or had school-age siblings and so could be reached through school-based enrollment efforts. In addition:

- Schools are one place where the negative effects of a lack of medical attention are directly felt. Teachers and other school staff often can detect student performance problems linked to health concerns. Screening children for eligibility for free or low-cost health insurance, and then making sure they get signed up, are the first steps toward helping them get needed health services.
- Parents tend to trust schools and the information they provide. Hearing about Medicaid or other public health insurance programs from their child's school may diminish the stigma that is often associated with receiving public benefits.
- Some schools may provide health services, either through a school-based clinic or a visiting or in-school nurse or counselor. Helping students get health coverage is often an activity for staff who provide these services. If the school is already a certified Medicaid provider, it is in its financial interest to help enroll eligible children in Medicaid.
- Many school or school-related employees may have incomes which would make their children eligible for Medicaid or other public health insurance programs. As a local employer, schools can provide information about these opportunities.

Sign Them Up! Resources from the Children's Defense Fund

Make sure the children you know get the health insurance they deserve.

Visit:
www.childrensdefense.org

Sign Them Up!

for free or low-cost health insurance

SIGN THEM UP! *is a new link on CDF's Web site that allows visitors to download specific information on their state's Children's Health Insurance Program and Medicaid. It also provides a variety of tools for out reach activities.*

- **Toll-free numbers for each state's Children's Health Insurance Program (CHIP) and Medicaid**
- **State-by-state CHIP and Medicaid information**
  - Toll-free phone numbers for states' programs.
  - Eligibility and enrollment requirements
  - Income charts on program eligibility in each state.
  - State-by-state outreach flyers to distribute in your community.
  - How to get involved: ways to help enroll every eligible child in CHIP.
  - Link to state applications through state Web sites where applicable.
  - List of state outreach contacts.
  - Links to state agencies and Web sites with more information on state programs
  - Benefit structure and cost of states' CHIP programs.

  If you do not have access to the Internet, call us at 1-800-CDF-1200, (press 2), and we will send you information on CHIP and/or Medicaid eligibility and enrollment for your state.
- **Join the outreach team**

  Network with other advocates, community organizers, parents, and professionals working with children around the country to improve the quality of children's health. Get good ideas from those working on outreach and enrollment and find out what creative tools might work for your community.
  - E-mail or fax us information about outreach efforts in your community that might help others in the effort to enroll eligible children for CHIP and Medicaid around the country.
  - Participate in conference calls on outreach and enrollment issues sponsored by CDF and other national organizations.

Join the listserv at www.childrensdefense.org/listserv_chip.html.
For more information:
E-mail: cdfhealth@childrensdefense.org
Telephone: 1-800-CDF-1200 (press option 2)
Fax: 202-662-3550

C. SAMPLE MATERIALS FOR YOU TO REPRODUCE AND DISTRIBUTE

Sample application form/Colorado Health Plan

Enrollment Form for WIC, CSFP, or HCP families.

Parent/Guardian Information: ☐ Family Size

Parent/Guardian's Name

Address

City, State, Zip Code

County ( ) Home Phone

Social Security Number ( ) Work Phone

Child(ren)'s Information: Please list the name, date of birth, and social security number for each child enrolling in the health plan. *Attach a copy of proof of birth for each child.*

1. First Name Last Name M or F
   Social Security Number Date of Birth
2. First Name Last Name M or F
   Social Security Number Date of Birth
3. First Name Last Name M or F
   Social Security Number Date of Birth
4. First Name Last Name M or F
   Social Security Number Date of Birth

Are there any other children in the family who are not listed above? _____

Please write names and ages here: _____

Please complete and sign this enrollment form.

1. I or my child(ren) are enrolled in (check one):
   ☐ WIC ☐ CSFP ☐ HCP
2. Have you applied for Medicaid for yourself and/or your child(ren) within the past 12 months? ☐ Yes ☐ No
   If the answer is yes, and you have been denied Medicaid, please send a copy of the denial to us.
   If you are currently receiving Medicaid for any child, that child is not eligible for the CCHP at this time.
3. Does any part of the income you've reported to WIC, CSFP, or HCP come from SSI? ☐ Yes ☐ No
4. List each vehicle that your family owns _____
   How much are they worth now? $ _____
   How much do you owe on them? $ _____
5. How much cash does your family have on hand? Include cash, bank accounts, stocks and bonds, & cash value in life insurance. $ _____
6. Do you or a family member own a house, land, real property or a business? ☐ yes ☐ no
   If yes, what is the total value? $ _____
   How much do you still owe? $ _____

Select a primary care practice from the list provided.

Practice name: _____

☐ Child(ren) is presently a patient of this practice.

Do you have other health insurance for the child(ren)? ☐ yes ☐ no

You will still qualify if the deductible is $250 or higher per person.

_____ $ _____
Insurance company and plan number Individual deductible

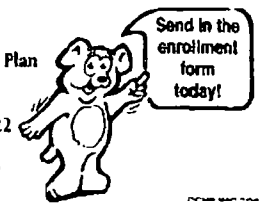
I certify that the information provided is accurate and complete. I understand that if I knowingly make false statements I am committing a class 2 misdemeanor.

Please sign below:

I _____ _____
Parent/guardian signature Date

affirm that the above information is true, and authorize the release of income information from my WIC, CSFP, or HCP application be released to the Colorado Child Health Plan for the sole purpose of enrolling my child(ren) in that health plan. I release the provider under the CCHP from any liability or claims pertaining to the disclosure of pertinent financial, medical and nursing information from my child(ren)'s case record to CCHP, for use as determined by CCHP to accomplish its purpose.

Return to:
Colorado Child Health Plan
5250 Leetsdale Drive
Suite 105
Denver, Colorado 80222
1-800-359-1991
372-2160 (Metro Area)



Health care for your child for only $25 a year?

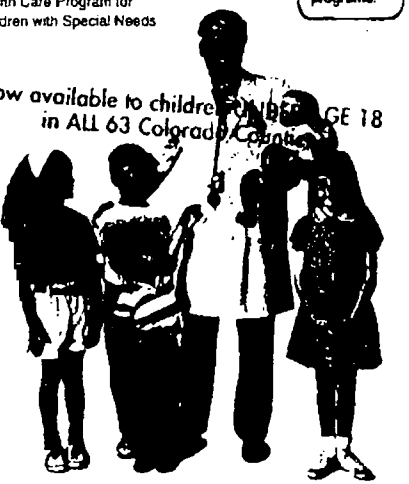
WIC
Nutrition Program for Women, Infants, and Children

CSFP
Commodity Supplemental Food Program

HCP
Health Care Program for Children with Special Needs

Your child may be automatically eligible if you or a child is enrolled in one of these programs.

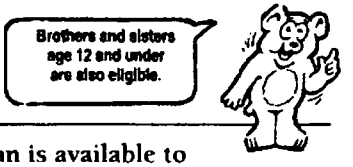
Now available to children UNDER AGE 18 in ALL 63 Colorado Counties



COLORADO
CHILD HEALTH
PLAN
Administered by the University of Colorado Health Science Center

The Colorado Child Health Plan offers easy enrollment for children enrolled in one of these programs:

■ WIC ■ CSFP ■ HCP



How do I find out if my child qualifies?

Your children may qualify if:

- you live in a participating county,
- you or any of your children receive benefits from WIC or CSFP, or HCPSN,
- your children are age 12 and under, and
- your children are not eligible for Medicaid.

Just fill out the form in this pamphlet and mail it in with the small fee. We will send you a packet with a card for each qualifying child. If you do not qualify, we will notify you and return your fee.

How much does it really cost?

You pay $25 per year per child, (but not more than $150 per family,) plus a small copayment of $2 for each visit.

What services are covered?

When you visit your participating primary care provider or a participating specialty care provider, with a referral; you pay a $2 copayment for each visit and we pay the rest up to a maximum of $10,000 per child per year for:

- Well-child care and immunizations
- Care for acute illness, chronic illness, and injuries
- Emergency care
- Diagnostic tests (some must be pre-authorized)
- Outpatient surgery (when pre-authorized)
- Other medically necessary outpatient care
- Evaluation for ADHD
- Short-term PT, OT, speech and hearing therapy, when authorized
- Many pediatric prescriptions.

Which doctors will care for my child(ren)?

You select a primary care practice from the list of participating practices in your area. Any doctor in that practice can see your child for well-child check-ups, illness or injury, and will provide referrals to labs, specialists, and other health care facilities when needed. Many physicians in each active community participate.

What if my child needs hospitalization?

CCHP does not cover inpatient hospitalization. However, children who are enrolled in the CCHP are usually eligible for discounted rates for inpatient care from participating hospitals under the Colorado Indigent Care Program. An additional application may be required.

How do I enroll my child(ren)?

Just fill out the attached form and send it, with a check or money order for $25 per child (no more than $150 per family), in an envelope to the address at the top of the form. *For each child, please send a copy of proof of birth.*

If you qualify, your child(ren) will be covered starting the date postmarked on the envelope. If you do not qualify, we will notify you and return your fee.

Not enrolled in WIC, CSFP or HCP?

Call the Plan for a full application at

1-800-359-1991
(outside Metro Area)

372-2160
(in Metro Area)

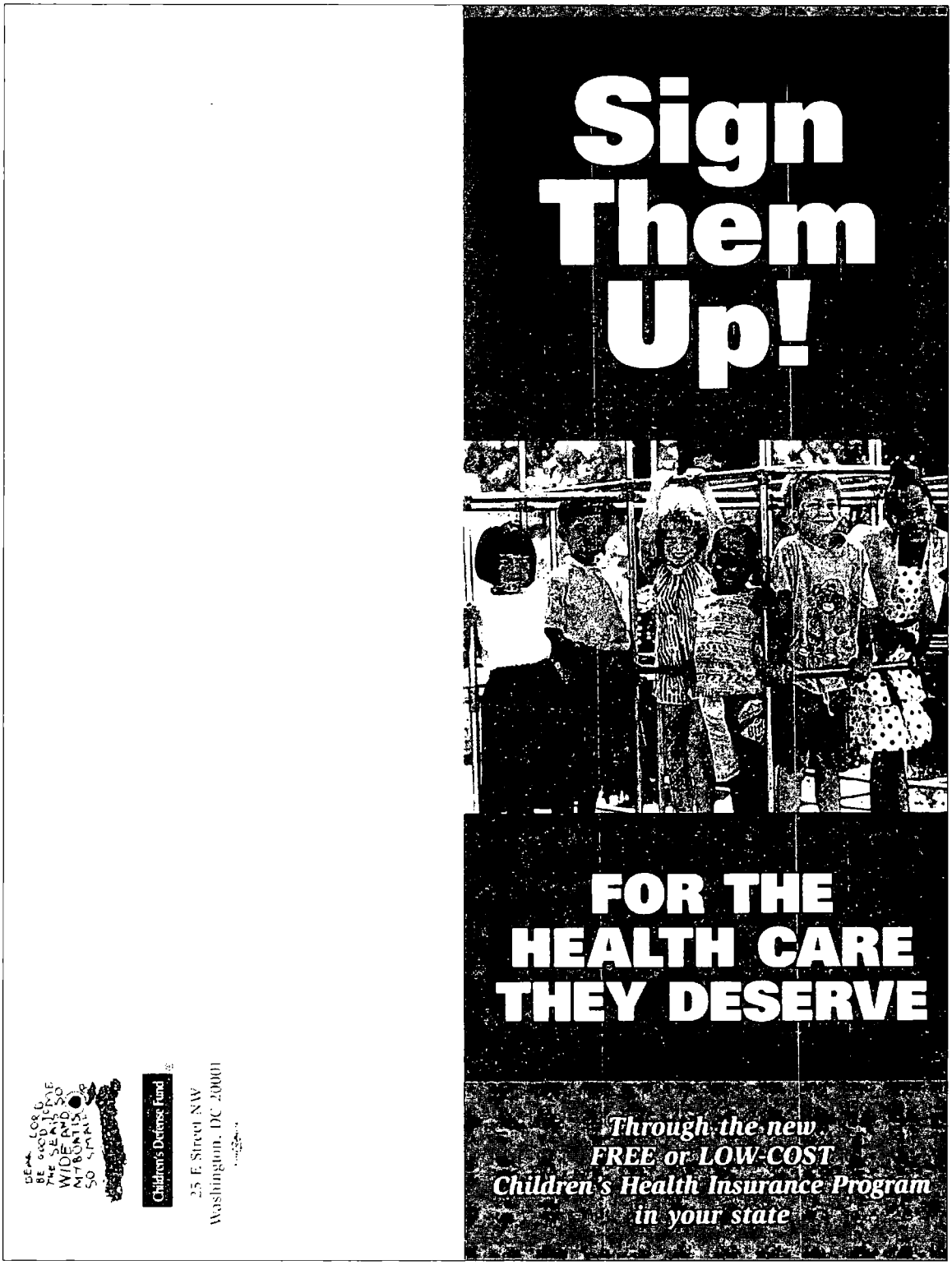
This plan is available to children living in these counties:

Eastern Plains:
Baca
Bent
Cheyenne
Crowley
Custer
Elbert
Fremont
Huerfano
Kiowa
Kit Carson
Las Animas
Lincoln
Logan
Morgan
Otero
Phillips
Prowers
Sedgwick
Washington
Yuma

Western Slope:
Archuleta
Chaffee
Delta
Dolores
Eagle
Garfield
Grand
Gunnison
Hinsdale
Jackson
Lake
LaPlata
Mesa
Mineral
Moffat
Montrose
Montezuma
Ouray
Park
Pitkin
Rio Blanco
Routt
San Juan
San Miguel
Summit

Front Range:
Adams
Arapahoe
Clear Creek
Douglas
El Paso
Jefferson
Larimer
Pueblo
Teller

"Sign Them Up" from the Children's Defense Fund/front panel



"Sign Them Up" from the Children's Defense Fund/pages 2 & 3

Who needs this new program?

The 11 million children who do not have health insurance; over 90 percent live in working families. These children deserve a healthy start in life. Without insurance, they are at risk of needless illnesses, learning problems, and disabilities. And each day their numbers grow, as employers cut back on family coverage.

But now good news is on the horizon. Thanks to the new state Children's Health Insurance Program (CHIP), these children have the opportunity to receive the medical coverage that will help ensure their healthy development and their ability to perform in school and to reach their full potential.

However, children will not receive health coverage through this new program automatically. Their parents must apply for it, and they'll first need to hear about it from concerned neighbors, religious, child care and community leaders, educators and child advocates. Here is everything you need to know about how to help give children this opportunity of a lifetime.

What is the Children's Health Insurance Program (CHIP)?

The program is designed primarily to help children in working families with incomes too high to qualify for Medicaid but too low to afford private family coverage. It is the most significant funding increase for children's health since Medicaid was enacted by Congress in 1965. Over a 10-year period, the program provides $4 billion a year in grants for states to cover uninsured children. Already the vast majority of the states are planning to offer this coverage.

- *Nine out of 10 uninsured children have parents who work. Three in five live in two-parent families.*
- *One in four uninsured children either use the hospital emergency room as a regular source of health care or have no regular source of care.*
- *Uninsured children are 25 percent more likely to miss school, according to a Florida study.*

"Sign Them Up" from the Children's Defense Fund/pages 4 & 5

Which children are eligible?

- Uninsured children who live in working families with low or moderate incomes are eligible.
- In most states, children who are 18 or under are eligible.
- In most states, even children in a working family of four earning up to $32,900 a year would qualify. Because enrollment qualifications vary from state to state according to family size and income, call the number listed in this brochure to confirm the eligibility level in your state.

Nearly one in five uninsured children have untreated vision problems. Often these children are unable to see the blackboard and fall behind in school.

What do children receive once they are enrolled?

Although benefits vary from state to state, children generally become eligible for:

- regular checkups
- immunizations
- eyeglasses
- doctor visits
- prescription drug coverage
- hospital care

BECAUSE BUSINESSES HAVE BEEN CUTTING THEIR SUPPORT FOR DEPENDENT COVERAGE:

- *Children have been losing private health insurance at twice the rate of adults since 1989.*
- *The number of children without private insurance grows by almost 3,000 children every day.*

"Sign Them Up" from the Children's Defense Fund/pages 6 & 7

How do I get information about my state's Children's Health Insurance Program?

- ***Call your state today!*** Each state has created its own name for the program. This brochure lists each state's program by name and includes its phone number.
- Visit the Children's Defense Fund on the Web at **www.childrensdefense.org**. The site provides:
  1. Details about the benefits and costs of your state's new program.
  2. Family income eligibility levels for each state.
  3. Documentation needed with the application.
  4. A flyer with basic information about your state's new program.
  5. Phone numbers of state coordinators who can provide materials for an outreach effort in your community.
- Call the Children's Defense Fund toll free at **1-800-CDF-1200** and press 2. Leave a message including your name, organization, address, phone and fax numbers, and e-mail address. Remember to name the state or states you would like to receive specific information about.

One in three uninsured children with recurring ear infections never see a doctor, according to a one-year national study. Many go on to suffer permanent hearing loss.

How can I help spread the word?

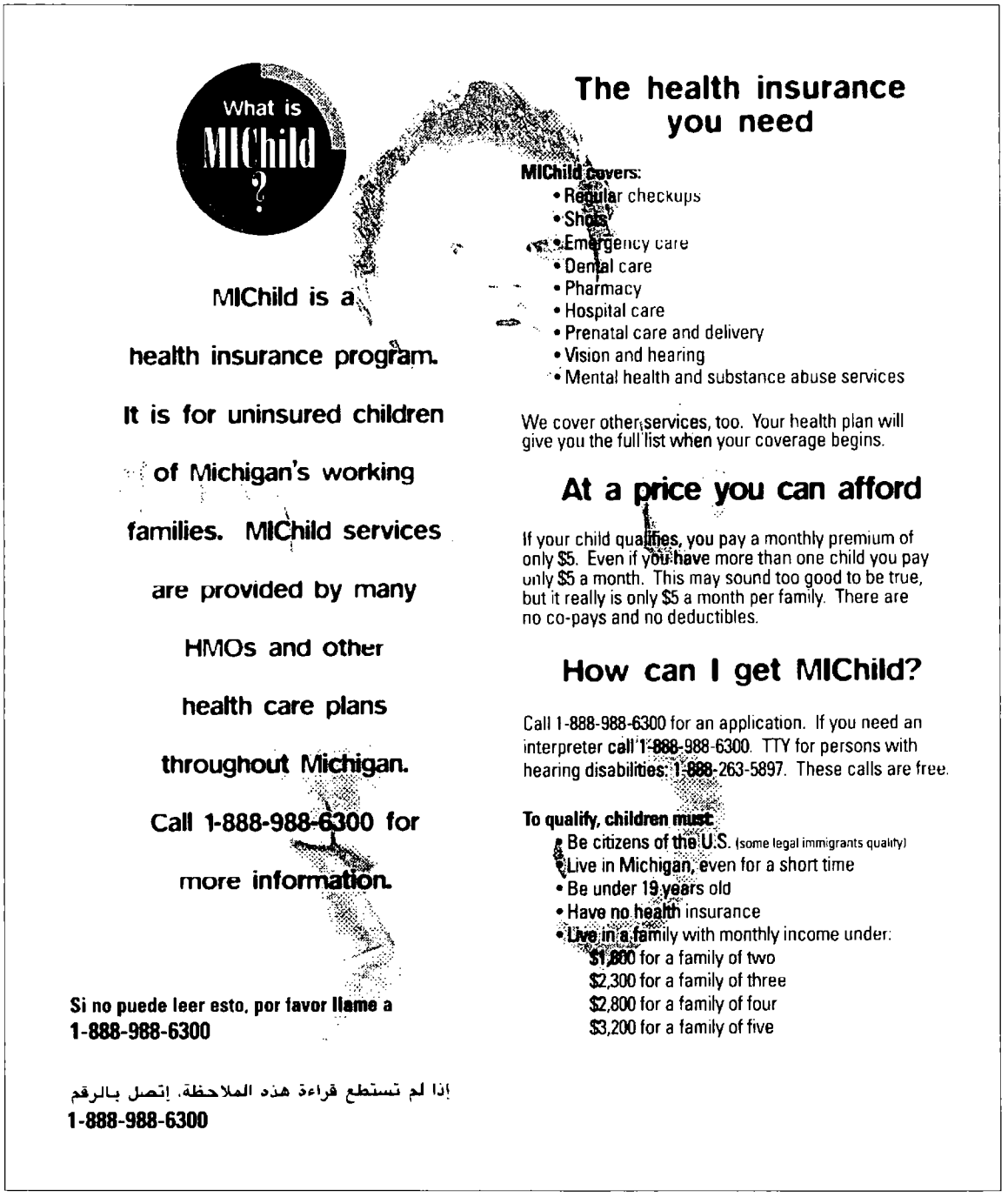
- Talk with families who know you as a trusted member of the community, and help them as needed with the application process.
- Call your state's phone number (most are toll free) listed in this brochure, and ask for application forms for the Children's Health Insurance Program and/or Medicaid. Give these forms to families you meet.
- Post flyers about the program in child care centers and in schools, and make them available throughout the community.
- Insert flyers on the Children's Health Insurance Program in the bulletins, newsletters and other publications of your congregation, child care program, PTA and community groups.
- Work to create a community-based coalition of people who will spread the word about your state's new program.

Children's Defense Fund®

25 E Street NW
Washington, DC 20001
1-800-CDF-1200 Ext. 2
www.childrensdefense.org

"MIChild, the Health Insurance You Need"

"MIChild, the Health Insurance You Need"/page 2



"New York State's Child Health Plus Program is Here to Help!"

Do You Need Free Or Low Cost Health Care Coverage For Your Children?

New York State's Child Health Plus Program Is Here To Help!

Child Health Plus is a New York State program to help families provide health insurance for their children.

TO BE ELIGIBLE FOR CHILD HEALTH PLUS, A CHILD MUST:

- Be under the age of 19
- Be a New York State resident
- Not be enrolled in Medicaid
- Not have health insurance like Child Health Plus

CHILD HEALTH PLUS COVERS:

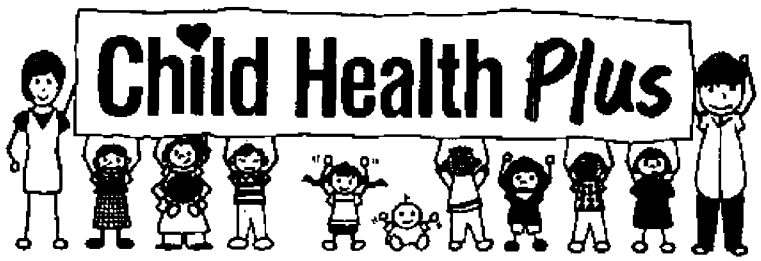
- Inpatient hospital care (excluding mental health, substance abuse, or alcohol treatment)
- Outpatient care including physicals, well-child care, preventive care, immunizations, diagnosis of illness or injury, x-rays, lab tests, and treatment for alcohol or substance abuse
- Outpatient or ambulatory surgery
- Emergency care
- Prescription drugs
- ***And More . . .***

COST OF CHILD HEALTH PLUS:

The cost of Child Health Plus depends on the family's income and the number of people in the family. Child Health Plus may be free or have a small monthly cost.

TO FIND OUT MORE ABOUT CHILD HEALTH PLUS, CALL

1-800-698-4543



HEALTH PLAN FOR KIDS

HMO Council of New York Child Health Plus Community Outreach Project
Funded by the State of New York, George E. Pataki, Governor

Printed courtesy of the Healthcare Association of New York State

"MinnesotaCare®" Fact Sheet

MinnesotaCare® Fact Sheet

In response to the growing number of Minnesota residents who don't have health care coverage, the 1992 Minnesota Legislature created a subsidized health program called MinnesotaCare, open to all Minnesota residents who meet program and income guidelines. The program is funded by enrollees' premiums and statewide taxes. MinnesotaCare is administered by the Minnesota Department of Human Services.

Eligibility

- Minnesota resident (if over 21 and no children, you must have lived here six months)
- Must have a Social Security number.
- Not currently insured (includes Medicare) or covered by other health insurance in the last four months. Exemptions: low-income children and people whose Medical Assistance (MA) benefits are ending
- No access to employer-paid health insurance (50% or more) for last 18 months. Exemptions: low-income children and some adults
- Must meet income guidelines. Figures (below) based on 1997 federal poverty guidelines

Families & Children under 21*

Family Size	*Income Limit (Monthly Gross)*
2	*$2,431*
4	*$3,678*
6	*$4,301*

**A pregnant woman counts as two people.*

Singles/Couples (over 21)

Household Size	*Income Limit (Monthly Gross)*
1	*$1,151*
2	*$1,547*

Copayments

- Adults (21 years and older) pay:
  - $3 for each prescription medication
  - $25 for each pair of eyeglasses
  - 10% of inpatient hospital costs (up to $1,000 per health plan per adult, $3,000 per family)
- Children and pregnant women make no copayments

Services Covered

- Doctor and health clinic visits
- Inpatient hospital services *
- Dental care for children and pregnant women; preventive care only for other adults
- Immunizations
- Vision care and prescription eyeglasses (restrictions apply)
- Most prescription medications
- Laboratory and X-ray services
- Mental health services
- Alcohol and drug dependency treatment (inpatient and outpatient)
- Home care services
- Chiropractic services
- Rehabilitative therapy services
- Hospice care services
- Ambulance (emergency use only)
- Emergency room services
- Medical equipment and supplies

** No limit for children under 21 and pregnant women. No limit for adults who have a child in their home and whose income is equal to or less than 175% of the Federal Poverty Guideline. All other adults have a limit on inpatient hospital of $10,000 per health plan. Adults who are not pregnant also have a 10% copay (up to $1,000 per health plan per adult, $3,000 per family). No limit or copay if eligible for MA. Admission to hospital may result in a requirement to apply for MA.*

Services Not Covered

MinnesotaCare does **not** pay for past medical bills. If you are over 21 and not pregnant, MinnesotaCare will **not** pay for the following services*:

- Adult nonpreventive dental services
- Personal care attendant services
- Nursing home or intermediate facilities care
- Private duty nursing services
- Non-emergency medical transport
- Case management services

**These services are covered for children under age 21 and pregnant women.*

Premium Costs

- Enrollees pay a monthly premium based on family size, the number of people covered, and income. Some low-income children pay a fixed premium of $4 a month per child.

Families

Gross Monthly Income	*Family Size & Number Covered* 2	4	6 or more
$1,000	$16	$20	$28
$2,000	$148	$59	$57
$3,000	Not eligible	$222	$144

Singles/Adult-Only Households

Gross Monthly Income	*Single person*	*Couple (2)*
$1,151	$55	$36
$1,547	Not eligible	$74

Provider Information

- MinnesotaCare pays a monthly fixed fee to contracted health plans for health care delivery.
- Enrollees choose a health plan when they enroll. They get all health care services — providers, clinic, dentist, pharmacy, hospital — from that plan.

How To Apply

- Call 1-800-657-3672 (toll free) or 297-3862 (Twin Cities Metro). For TTY, contact Minnesota Relay Service at 1-800-627-3529.
- Applications are also available from schools, clinics, and social service agencies.

If you ask, we will give you this information in another form, such as Braille, large print or audiotape.

White House "Insure Kids Now" Flyer

Insure Kids Now

1-877-KIDS-NOW

You love your children and work hard to help them grow up strong and healthy. But like many parents, you haven't been able to give them health insurance. Now you can do something about it because there's a new nationwide effort called INSURE KIDS NOW. Call our toll-free number. Don't let your kids go another day without health coverage.

Low-cost or free health insurance for kids is here now.

White House "Insure Kids Now" Fact Sheet

New Health Insurance

Now available for Infants, Children and Teens

Your kids and teens now may qualify for free or low-cost health insurance.

This new program provides insurance to working and non-working families, but you have to call:

1-877-Kids-Now

Free call (1-877-543-7689)

To get the information you need to enroll.

You already know why health insurance is important:

- Newborn babies need check-ups;
- Children need immunizations;
- Children and teens have common illnesses, such as ear infections and asthma, that require treatment and they need regular check-ups too.

Private insurance costs too much for many of us.

Many working families have employers who don't provide coverage.

Each state has different rules. This number will connect you with your state information center.

Don't put it off...tomorrow could be the day you need the insurance most.

White House PSA (English language) Script

http://www.insurekidsnow.gov/childhealth/media/radio1.asp

Radio Public Service Announcement #1

The following is an important announcement for the working parents of children everywhere.

As a working parent, I want my kids to have the best of everything including health care.

From the day they're born, nothing is more important than keeping them healthy.

But last year my kids had no health insurance.

Finding the money for medicine and doctors isn't easy so, when they got sick, I had to take them to the emergency room.

This year, I found out about a new program that provides them with health insurance.

It helps pay for doctors bills and medicine.

So now, when one of my kids wakes up sick, I can call their doctor.

To find out if your kids can sign up, call this toll free number: 1-877-KIDS-NOW.

Insure your kids now. Call 1-877-543-7669.

Call the Insure Kids Now hotline: 1-877-KIDS-NOW.

White House PSA (Spanish language) Script

Nosotros tratamos de hacer lo mejor para nuestros hijos desde el dia en que nacen Nada es más importante que mantenerlos saludables.

Pero encontrar dinero para las medicinas y las cuentas del doctor no es fácil.

Ahora hay para los niños un nuevo programa de salud gratis o de bajo costo

Para averiguar si sus hijos pueden inscribirse, llame gratis al 1-877-543-7669

Asegure a sus hijos ahora

Para más informacion, llame gratis al 1-877-543-7669