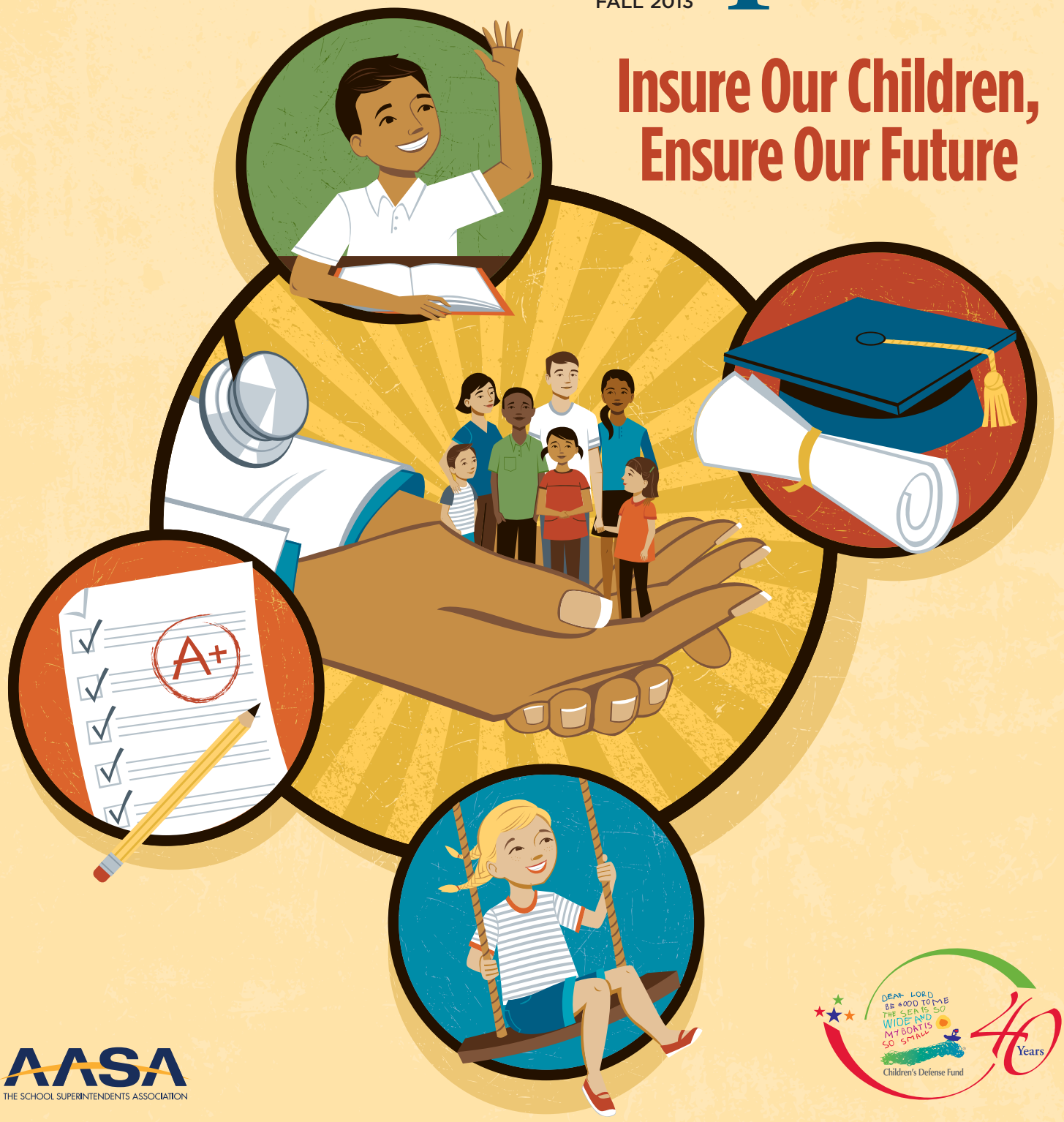
LEADERSHIP LESSONS • STRATEGIES FOR SUCCESS

SCHOOL Governance & Leadership

FALL 2013

Insure Our Children, Ensure Our Future



AASA
THE SCHOOL SUPERINTENDENTS ASSOCIATION

Insure Our Children, Ensure Our Future

Health affects every aspect of a child's life — including the ability to grow, learn, play and succeed. Children's health coverage is a major determinant of their health and access to quality health care. Academic achievement and health are also closely linked. Health-related issues such as chronic illness, hunger, and physical or emotional abuse can lead to poor academic performance, and uninsured students are more likely to perform poorly in school than children with coverage. As teachers, principals and superintendents, you often see firsthand the impact of poor health on school attendance and performance.

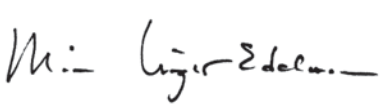
That is why AASA, the school superintendents association, and Children's Defense Fund (CDF) have partnered to ensure more children are enrolled in health coverage. Through a grant from the Centers for Medicare & Medicaid Services (CMS), we have had the opportunity to engage school districts in identifying children in need of health coverage and helping get these students enrolled in Medicaid, the Children's Health Insurance Program (CHIP) and other health insurance programs. Medicaid and CHIP provide low-cost or free health coverage for uninsured children and comprehensive benefits.

Over the years, tremendous progress has been made in covering children, but when 7.6 million children in our great nation are still uninsured (DeNavas-Walt, Proctor and Smith, 2012) — half of whom are eligible for health coverage through Medicaid or CHIP but not enrolled (Kenney, et al., 2012) — much work remains to be done. Medicaid and CHIP are proven, vital safety nets, strengthened by the new health reform law to continue to provide a web of support and protection for children and families.

AASA and CDF believe there is a great opportunity to reach uninsured children and youth in schools with the help of the individuals who come into contact with these children and families every day, and that reaching uninsured students can easily be accommodated as a routine but critical part of each school system's and each school's operation. We tested this potential with eight school districts as part of our work with the CMS grant. These districts represent urban, rural and suburban school systems, small and large systems, both elementary schools and high schools, and populations of Caucasian, Asian, African-American and Latino students.

We experienced much success and learned many lessons. It is these lessons that we share with you today in hopes that you will take up the torch and work on ways to identify and enroll eligible students in your school districts. By making sure all children and youth have access to health care, we will positively affect their ability to thrive in school, their futures and the future success of our great nation. When we insure our children, we ensure our future.

DANIEL DOMENECH
Executive Director
AASA, The School Superintendents Association



MARIAN WRIGHT EDELMAN
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Acknowledgments

Barbara Best — my former co-director in this joint AASA/CDF venture and now associate director for student and fellows programs and special projects at Harvard's Kennedy School — used to tell me that we would be all right as long as we "kept the work at the center." "The work" she referred to is enrolling eligible children in health insurance programs. Barbara was right, and I thank her for her leadership and the experience she brought to this important initiative from her time at CDF-Texas. This initiative was supported from inception by Daniel Domenech and Marian Wright Edelman, who have a commitment to all children, especially those from under-resourced families, and who saw a need for advocates and education leaders to unite to insure children.

Shattuck & Associates served as our evaluator, and Jana Sharp, the lead evaluator, kept us true to our goals and objectives, measured our progress, chronicled all activities, and penned this critical document we now share with the world. Karen Samara is the lead AASA advocate and manager for this initiative and kept everyone informed, engaged and on task, while creating an atmosphere of family and community. MaryLee Allen and Kathleen King from CDF's national office have been invaluable in framing this work according to its policy implications, providing the data that grounded our assumptions and elevating the conversation to the national stage. I am grateful, as well, to the CDF state teams, especially Mary Joseph, Kim Robinson, Lorena Sánchez, Joyce Sidney, Jamila Edwards and Gloria Shields, for always being available to the eight school districts, providing them guidance and facilitating their enrollment campaigns.

This issue of *School Governance & Leadership* and this initiative would not have been possible without the eight superintendents and their teams, who allowed us into their schools and hearts and trusted AASA and CDF to do well by their children. Our endeavor to enroll eligible public school students in Medicaid and CHIP was born and has flourished thanks to the Children's Health Insurance Program Reauthorization Act (CHIPRA) and because of the Centers for Medicare & Medicaid Services and the California Community Foundation's belief that schools can play a critical leadership role in the health and wellness of children. And, finally, a debt of thanks to the associated state Medicaid and CHIP agencies for providing AASA and CDF an education that will serve us well as we continue our goals of insuring all children and youth.

SHARON ADAMS-TAYLOR
Associate Executive Director,
AASA, The School
Superintendents Association

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SETTING THE STAGE

STRATEGIES FOR SUCCESS

LEADERSHIP LESSONS

GEARING UP FOR 2014

A Call for School System Leadership

As trusted entities in the daily lives of students, schools are in a unique position to connect eligible children to health coverage.

In August 2011, U.S. Health & Human Services Secretary Kathleen Sebelius and U.S. Secretary of Education Arne Duncan cosigned a letter highlighting the important and effective role that schools can play in outreach to uninsured students and enrollment of eligible students in Medicaid and CHIP. Addressed to governors and copied to state Medicaid directors, state CHIP directors and chief state school officers, this letter encouraged state leaders to engage in outreach and enrollment efforts (Sebelius and Duncan, 2011):

Schools play an essential role in reaching eligible children, from young children in preschool and Head Start to teens in high school. We urge you to undertake children's health coverage outreach and enrollment activities when classes begin this fall.

More than two years later, schools across our nation continue this effort with federal funds through the Departments of Education and Health & Human Services that incentivize and promote school-specific outreach and enrollment strategies. As stated by Secretaries Sebelius and Duncan, this work "calls on leaders at every level of government and in the private sector to help enroll all eligible, uninsured children in Medicaid and CHIP and keep them covered for as long as they qualify" (2011). Focusing on the district level, Secretary Duncan has specifically urged all school employees to rise to this challenge, stating, "There is a role for every member of the school community, including superintendents, principals, teachers, school nurses, and lunch room staff to get involved" (2010).

As school system leaders, you may be wondering what role *your* school district can play in connecting eligible students to health coverage. This issue of *School Governance & Leadership* is exclusively dedicated to policies and practices established in response to that question. The following pages highlight the efforts of eight school districts that rose to the challenge of systematically identifying uninsured students and enrolling eligible students in health coverage. Through learning about their stories and successes, it is hoped that you will be inspired to do the same.

"As an educator and superintendent, it is critical to ask yourself if you believe that **EDUCATING HEALTHY CHILDREN WILL IMPROVE PERFORMANCE AND CLOSE THE ACHIEVEMENT GAP.** *If the answer is yes, then know that processes are being developed and implemented today to tap into existing resources through a network that requires only your willingness and commitment."*

— SUPERINTENDENT PHILIP LANOUE

"Although the challenges public education faces — fiscally, economically, politically and socially — are complex, there are discrete solutions that we can leverage right now to transform learning — one of them being **MAKING SURE THAT ELIGIBLE STUDENTS HAVE HEALTH INSURANCE.**"

— DAN DOMENECH, EXECUTIVE DIRECTOR OF AASA

Did You Know That ...

- 7.6 million U.S. children are uninsured?
(DENAVAS-WALT, PROCTOR AND SMITH, 2012)

- About half of the uninsured children in the U.S. are eligible for Medicaid or CHIP but not enrolled?
(KENNEY ET AL., 2012)

- Children of color are more likely to be uninsured? One in six Hispanic children and one in nine black children are uninsured, compared to one in 10 white, non-Hispanic children.
(MACH AND RAPAPORT, 2012)

- About 85 percent of uninsured children live in working families for whom private health coverage is financially out of reach?
(SEBELIUS, 2011; CALCULATIONS BY THE CDF)

- In a California study on health insurance, children enrolled in the Children's Health Insurance Program missed fewer classes and showed better school performance than when they were uninsured?
(CHAP, 2002)

What Is Medicaid?

Established in 1965, Medicaid is a joint federal-state entitlement that finances health coverage for certain low-income families, children, pregnant women, and individuals who are aged, blind or disabled. Any state that elects to provide a Medicaid program (and currently all of them do) must cover a number of "mandatory" categories of people, including children under age 6 and pregnant women who are just above the poverty level — at 133 percent of the federal poverty level (FPL) ($30,657 for a family of four) — and children age 6-19 who are at or below the FPL ($23,050 for a family of four). Medicaid's comprehensive benefits package for children was specifically designed to meet the unique pediatric developmental needs of children and is widely considered to be the best benefit standard for quality, age-appropriate child health coverage.

Today, Medicaid is the nation's single largest health insurer for children, guaranteeing health coverage each year to almost 35 million low-income children and another 1.4 million children with disabilities. Children constitute more than half of all Medicaid beneficiaries but represent only 20 percent of Medicaid expenditures. It costs almost twice as much to cover a non-elderly adult and nearly five times as much to cover an elderly adult in Medicaid as it does a child without disabilities.

What Is CHIP?

In 1997, Congress created the Children's Health Insurance Program, which provides health coverage to children in families with higher income levels than Medicaid allows. As with Medicaid, each state was given the flexibility to design its CHIP program within broad federal parameters including income eligibility, benefits and enrollment procedures. Additionally, states could choose from one of three models: a stand-alone program, a Medicaid expansion program or a combination approach.

In 2009, Congress reauthorized CHIP and expanded the program to cover more uninsured children. This renewal also included some important improvements for children, including eliminating the five-year waiting period for legal immigrant children who are eligible for the program and offering grants for outreach and enrollment activities to help secure coverage for eligible but uninsured children. Subsequently, Congress passed landmark health-reform legislation in 2010, the Patient Protection and Affordable Care Act (the Affordable Care Act), which will maintain CHIP through 2019, with full funding through 2015 — doubling the number of eligible children who can be served from 7 to 14 million.

AASA and CDF

Working Together to Insure Children

In August 2011, AASA partnered with the nationally renowned advocacy group the Children's Defense Fund to engage school districts in systematically identifying uninsured students and enrolling those who are eligible in Medicaid or CHIP. Funded through an agreement with the Centers for Medicare & Medicaid Services and with additional support from the California Community Foundation, AASA and CDF worked with eight school districts in four states: **CALIFORNIA, GEORGIA, LOUISIANA AND MISSISSIPPI**. The primary goal of the initiative was clear:

Local school districts will increase their capacity to systematically incorporate child health outreach and enrollment into routine school district operations so that uninsured children can be identified and linked with coverage.

The eight participating districts realized this goal through their superintendent's leadership, their school district team's coordination and effort, and their community's engagement. As stated by Philip D. Lanoue, superintendent in Clarke County, Ga., "Participating in this AASA/CDF initiative is one of the best decisions I ever made as a superintendent."

"As superintendent, I care about the young people we serve. **IF THEY ARE ILL AND MISS SCHOOL,** *we miss opportunities to promote their learning."* **— SUPERINTENDENT NICK SALERNO**

A Simple Strategy

AASA and CDF's model for school-based outreach to families is built around a simple question: "Does your child have health insurance?" Parents who reply "No" or "Don't Know" are flagged and receive information from school district staff on Medicaid and CHIP, as well as application assistance. Additionally, with parental permission, school districts share these data with other governmental agencies and third-party enrollment agencies supporting this effort. This simple strategy aims to incorporate health insurance status into annual school registration materials and make the outreach a permanent part of the schools' tool box for managing its students.

This model builds upon a CDF/Texas Association of School Administrators pilot project in the Houston Independent School District (HISD), the nation's seventh largest with 200,000 students. Through this pilot project, HISD added health insurance questions to school registration forms to identify uninsured children, trained school staff on CHIP and Medicaid application procedures, facilitated outreach to parents through school health fairs and automatic phone calls, and developed districtwide sustainability plans to incorporate child health outreach into routine school district operations. In Houston, the project assisted 17,000 uninsured students in applying for health coverage during its first 10 months of operation.

"It was just a matter of **ADDING ANOTHER LINE** *and printing the [annual registration] forms."*

— DISTRICT TEAM MEMBER

Districts at a Glance

CHIP and Medicaid have been a resounding success in expanding access to health insurance and providing essential health care services. The 7.6 million children and youth who remain uninsured are truly those hardest to reach by virtue of significant obstacles, including deep poverty, language barriers, bureaucratic obstacles, and a lack of access to affordable health care, especially in rural areas.

In spite in the enormity of the challenge, the eight school districts with which AASA and CDF worked were willing to take on this monumental task. These school districts are diverse in locale, grades served, size and composition of student body. Nevertheless, they all have one unifying thing in common: the support of their superintendent to help identify insured students and enrolling those who are eligible for coverage. As you learn more about these districts' impressive outreach and enrollment efforts, refer back to these tables for a reminder of their unique characteristics.

State	California		Georgia	
School District	El Monte Union High School District	Mountain View School District	Clarke County School District	Gwinnett County Public Schools
Superintendent	Nick Salerno	Lillian Maldonado French	Philip D. Lanoue	Alvin Wilbanks
Website	*www.emuhsd.org*	*www.mtviewschools.com*	*www.clarke.k12.ga.us*	*www.gwinnett.k12.ga.us*
Locale of District	Urban	Urban	Suburban	Suburban
Grades Served	9-12	PreK-8	PreK-12	PreK-12
Student Population	10,000	7,700	12,000	165,000
% Free and Reduced-Price Meal Students	88	93	78	57
% Caucasian	2	1	20	29
% African American	< 1	0	52	31
% Hispanic/Latino	77	93	23	26
% Asian	21	6	2	10
% Other	< 1	0	4	4
District Team (In Alphabetical Order)	Claudia Anaya Cielo Arteaga Fabiola Cuevas Martha Schirn	Karolyn Berrocal Peter Knapik	Lynn Duke Dawn Meyers Sharon Pendley	Jennifer Poole Ross Kimberly Smith James Taylor
AASA State Affiliates	Association of California School Administrators		Georgia School Superintendents Association	
State Executive(s)	Wesley Smith		Herbert W. Garrett John Zauner	
CDF State/ Regional Staff	Kim Brettschneider Jamila Edwards Lorena Sánchez		Oleta Fitzgerald Kim Robinson Gloria Shields	

Districts at a Glance

All eight of the superintendents who participated in this initiative willingly agreed to work with AASA and CDF on identifying their district's uninsured students and enrolling eligible children in coverage. Why? Because they knew that linking more of their students with health coverage would help them accomplish important goals — improved academic achievement and more regular attendance of their students.

State	Louisiana		Mississippi	
School District	Jefferson Parish Public School System	Orleans Parish School Board	Clarksdale Municipal School District	Cleveland School District
Superintendent	James Meza	Stan Smith	Dennis Dupree	Jacquelyn Thigpen
Website	*www.jppss.k12.la.us*	*www.nops.k12.la.us*	*www.cmsd.k12.ms.us*	*www.cleveland.k12.ms.us*
Locale of District	Urban	Urban	Rural	Rural
Grades Served	PreK-12	PreK-12	PreK-12	PreK-12
Student Population	46,100	11,300	3,500	3,600
% Free and Reduced-Price Meal Students	78	63	80	79
% Caucasian	31	18	4	29
% African American	46	72	95	66
% Hispanic/Latino	18	2	1	3
% Asian	5	5	1	1
% Other	1	2	0	< 1
District Team (In Alphabetical Order)	Cheryl Carpenter Alida Wyler	Rosalynne Dennis Iris Haydel Michele Walker	Betty Burton James Miller Bessie Orsby-Jones Lisa Ross Susan Youngblood	Patsy Clerk Brenda Ellis Neil Gong
AASA State Affiliates	Louisiana Association of School Executives		Mississippi Association of School Administrators	
State Executive	J. Rogers Pope		Anna P. Hurt	
CDF State/Regional Staff	Mary Joseph Joyce Sidney		Oleta Fitzgerald Kim Robinson Gloria Shields	

A Six-Point Formula for Success

Best Practices for Identifying and Enrolling Uninsured Students

As part of the AASA and CDF initiative, school districts implemented a six-point formula for identifying uninsured students and enrolling eligible students in health coverage. Combined with the primary strategy of adding a question about health insurance status on an annually completed form, these six elements support a comprehensive, seamless initiative.

1. Establish a Multidisciplinary School District Team

At the start of this initiative, each participating district created an interdisciplinary team and implemented a district-specific action plan to identify and enroll eligible, uninsured students in health coverage. As one district team member recently shared, "The greatest strength that led to our success is the team approach" (AASA, 2013).

Each district team included the superintendent, as the leadership and engagement of the superintendent are critical for effective, school-related policies, programs and practices. Aside from the commitment of the superintendent, there was no prescriptive formula for the composition of district teams; rather, AASA and CDF supported districts in establishing multidimensional teams that would best meet the needs of their student population. Team members held a wide variety of positions in the district, including, but not limited to, leadership roles in communications, family engagement, health services, nursing, social work, student support services and technology and included representatives from community and philanthropic organizations.

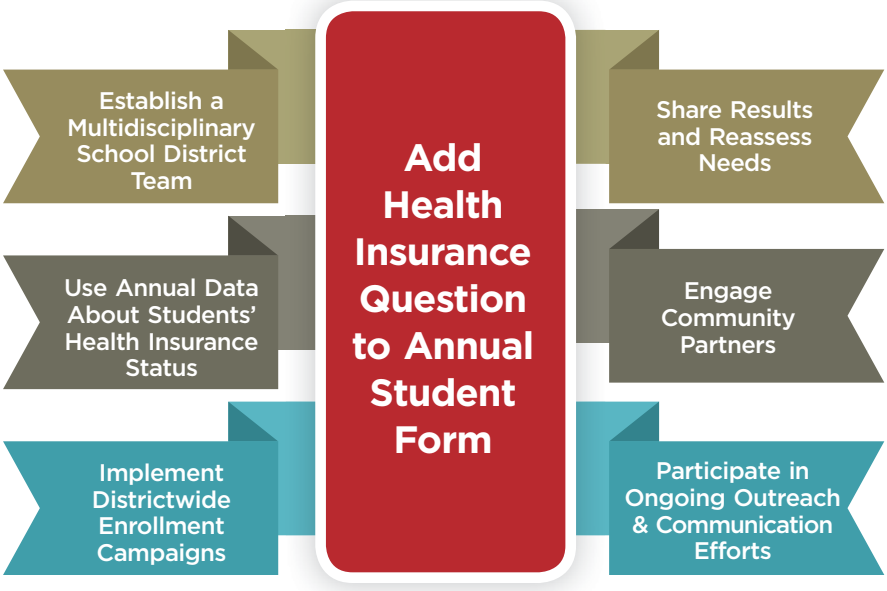
▶ When the **CLARKE COUNTY (GA.) SCHOOL DISTRICT** team gathered for the initial AASA/CDF site visit, the room was full. Superintendent Philip Lanoue spoke enthusiastically to the attendees, affirming his support of and commitment to insuring all eligible students in the school district. A few months later, Superintendent Lanoue publicly repeated this message of support at his team's kickoff luncheon for the district's Educating Healthy Children campaign, culminating in the proposal of a new objective in their district's strategic plan to address students' health and wellness.

The Clarke County district team, co-led by Dawn Meyers, director of school social work, and Sharon Pendley, director of nursing, felt the high level of engagement and support from their superintendent and rose to the challenge of this initiative. Working closely with CDF-Georgia staff, the team implemented its action plan, which included adding Georgia's CHIP (PeachCare) application to the benefits options for district employees, incorporating items about health insurance status during home visits by school social workers, updating the district website with insurance applications, and holding health insurance enrollment campaigns during prekindergarten and kindergarten registration, as well as open houses throughout the district.

2. Use Annual Data About Students' Health Insurance Status

AASA and CDF's primary strategy for working with schools was to include a question about health insurance status on annual student registration forms. But updating registration forms was just the first step. AASA and CDF worked closely with district teams to understand their districtwide student databases and reporting features. Team members representing data/technology played key roles in the following areas: updating systems with new fields related to health insurance, supporting data entry, and running campus-by-campus reports on student health insurance status and parental permission to share information, as needed.

▶ Dennis Dupree, superintendent of the **CLARKSDALE (MISS.) MUNICIPAL SCHOOL DISTRICT,** supported his team to respond promptly to the initiative. Less than one month after AASA and CDF's initial site visit, team members updated the district's Pupil Registration Form to



include targeted questions about student health insurance status, including "Is this student insured?" and "If yes, please check appropriate coverage." Simultaneously, James Miller, the district's technology coordinator, led the effort to update the district's database to include the appropriate fields. Miller also worked with the team to ensure its capacity to run campus-level reports on student health insurance status.

3. Implement Districtwide Enrollment Campaigns

Each of the participating school districts ran a minimum of two health insurance enrollment campaigns during the 2012-13 school year. The most common, a back-to-school campaign, was primarily held between August and September and targeted parents at school registration, back-to-school nights and open houses. Other campaigns ran at various points throughout the academic year and were associated with college/career nights, community health and wellness events, and holidays.

▶ In September 2012, the **CLEVELAND (MISS.) SCHOOL DISTRICT** focused its first enrollment campaign effort on a local wellness event that routinely draws hundreds of community members from throughout the Mississippi Delta: the Delta Health and Wellness Day. Organized by Delta State University, the free event includes an exhibition area, health screenings, a Kids Zone and a Teens Zone.

Superintendent Jacquelyn Thigpen knew that by participating in this well-known event at Delta State University, her district would increase its chances of connecting with families it had been unable to reach through the schools. And she was right. The Cleveland School District became a sponsor of Delta Health and Wellness Day, and Assistant Superintendent Brenda Ellis and her team, along with CDF-Mississippi staff, distributed Medicaid and CHIP applications at the event, reaching more families than expected. Not only was the event itself a success, but through it a local television station learned of the district's enrollment efforts. Later that week, the station ran a news segment featuring school nurses and the district's family liaison/teen parent coordinator, Patsy Clerk, further extending the reach of the district's enrollment campaign.

4. Participate in Ongoing Outreach and Communication Efforts

School districts expanded the visibility of their Medicaid/CHIP initiative through ongoing outreach and communication. With support from AASA and CDF, dis-

Community of Practice Institute

A highlight of the AASA and CDF capacity-building efforts is the blending of leadership teams from every participating school district at a Community of Practice institute. This highly interactive and content-rich institute was held at the Children's Defense Fund's Alex Haley Farm in Tennessee. At the institute, district team leaders collaborated in their efforts to increase their awareness of promising practices; identify strategies for outreach, enrollment and tracking; finalize their district action plans; and strengthen their commitment to achieving the outreach and enrollment goals they set.

Sharing Data While Protecting Privacy

The benefits of and challenges associated with data sharing among governmental agencies are not unique to this initiative. In recent years, the topic has generated a significant amount of high-level attention. In a Memorandum for the Heads of Executive Departments and Agencies, President Barack Obama wrote about the importance of collaboration in the work of government, noting, "Openness will strengthen our democracy and promote efficiency and effectiveness in Government" (2009). This message was re-emphasized to the same audience less than one year later in another memorandum that supported data sharing (Zients and Sunstein, 2010):

Sharing data among agencies also allows us to achieve better outcomes for the American public through more accurate evaluation of policy options, improved stewardship of taxpayer dollars, reduced paperwork burdens, and more coordinated delivery of public services.

Most recently, in February 2013, the U.S. Government Accountability Office (GAO) released the report "Sustained and Coordinated Efforts Could Facilitate Data Sharing While Protecting Privacy." In this report, the GAO addressed benefits of, privacy concerns about and recommendations associated with data sharing. The report indicated that data sharing across programs offers benefits such as improved efficiencies and client service, while outlining concerns related to protecting the privacy of individuals.

trict teams developed press releases, sought media coverage through public affairs shows on television and radio stations, established dedicated phone lines for information, ran tables at events, launched automated outbound calling systems (robocalls), created promotional flyers, produced mailings, and developed content for district websites and other media platforms. Through such a diverse range of communication materials and publicity, the district teams engaged the larger community in their efforts to enroll students in health coverage.

The outreach efforts communicated a broad message — "get it, use it, renew it" — encouraging parents not only to enroll in coverage, but also to retain their coverage and to schedule a well-child visit for their children. In addition, many of the school district teams developed resource lists of programs available to children not eligible for coverage due to immigration status or incomes that exceed a state's eligibility guidelines.

"Conducting outreach is **NOT A COSTLY VENTURE** *and the results to children and families are worth every human effort."*

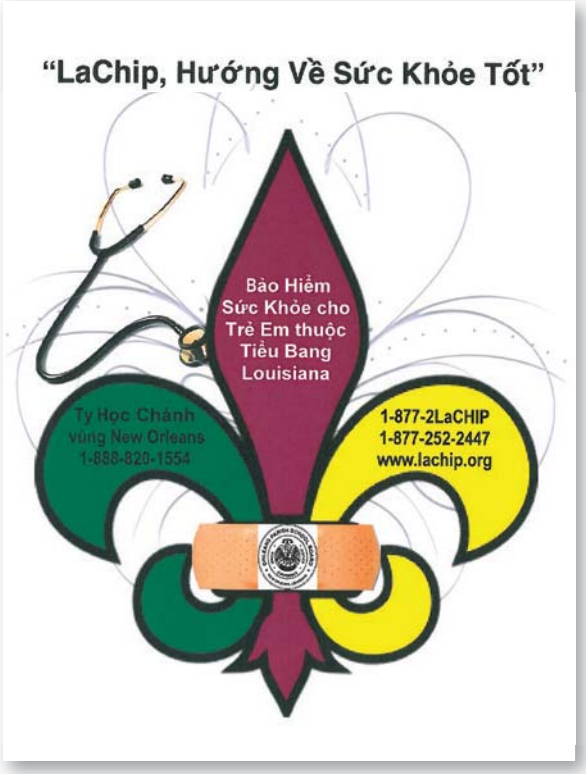
— SUPERINTENDENT STAN SMITH

▶ At the start of the 2012-13 academic year, Darryl Kilbert, then-superintendent of **ORLEANS PARISH SCHOOL BOARD (OPSB),** hosted a half-hour, televised information session focused exclusively on identifying uninsured students in his district and enrolling eligible students in health coverage. The segment on the OPSB website featured Superintendent Kilbert interviewing Iris Haydel, coordinator of school health services, as well as three parent liaisons within the district. Aired locally and statewide, this widely viewed communication can still be seen at *www.opsb.us/2012/09/opsb-partners-to-engage-schools-in-outreach-to-insure-all-children.*

In addition to the televised session, OPSB's district team developed a logo and tagline for the initiative. Under the direction of Rosalynne Dennis, executive director of exceptional children's services, the team selected the traditional New Orleans fleur-de-lis as the primary image to be used in a series of promotional efforts throughout the community. The logo, produced in three languages, included information about OPSB and Louisiana's Children's Health Insurance Program, LaCHIP, with the tagline "LaChip your way to health." To maximize visibility, the district team placed this image on magnets, flyers, and the OPSB website and it was widely promoted by CDF-Louisiana staff.

▶ Located in close proximity to one another, **EL MONTE UNION HIGH SCHOOL DISTRICT (EMUHSD)** and **MOUNTAIN VIEW SCHOOL DISTRICT (MVSD)** teams, with support from CDF-California staff, became actively engaged in media efforts that assisted in student enrollment. Both Superintendent Nick Salerno (EMUHSD) and Lillian Maldonado French (MVSD) were featured on television at various points throughout the year. When reflecting on the role of media in the initiative to enroll uninsured students, Superintendent French shared:

We use the local media to promote this initiative in order to reach families that may not yet have children in school. We have promoted the program through press releases and subsequent newspaper articles. We participated in citywide health fairs. I even appeared in our local community events program, "El Monte Tonight"! It was a great opportunity to let folks know that health care is available for their children, and we are happy to share the information.



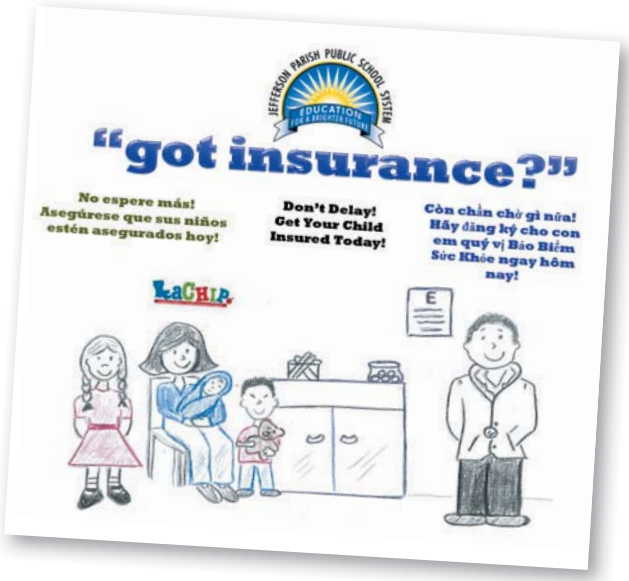
The ORLEANS PARISH SCHOOL BOARD'S district team developed a logo and tagline, in Vietnamese (above), English and Spanish to be used in promotional efforts throughout the community.

At **MOUNTAIN VIEW SCHOOL DISTRICT,** Peter Knapik, director of curriculum, instruction and staff development, ensured that the outreach and communications efforts reached various stakeholders by providing updates to the school board and including informational articles for parents and employees in several districtwide publications.

5. Engage Community Partners

Engaging community partners is a key factor in building a sustainable effort to enroll eligible students in health coverage. Although the primary strategy of this initiative focused on school-level data collection, the subsequent tasks involved in determining student eligibility and providing Medicaid or CHIP application assistance proved to be both complex and resource-intensive. Participating school

"I recommend that we **DO NOT WORRY ABOUT WHO GETS THE CREDIT** *[for enrolling students in health insurance] because in the long run, the children win. That's the reason we're in this business."* — SUPERINTENDENT JACQUELYN THIGPEN



The JEFFERSON PARISH PUBLIC SCHOOL SYSTEM created this enrollment campaign poster that includes English, Spanish and Vietnamese.

district teams acknowledged the effort necessary to complete these tasks and sought community partners to support the endeavor. Community support came from local health clinics, nonprofit organizations, universities and community outreach projects funded by Medicaid. When asked to share a key success of this initiative, one team member simply stated that it was the "collaboration and identification of community agencies relevant to the program" (AASA, 2013).

▶ Superintendent Alvin Wilbanks of the **GWINNETT COUNTY (GA.) PUBLIC SCHOOLS** said, "One of the keys to success is to establish partnerships with agencies that are actively involved with outreach and enrollment and are funded accordingly." Following this philosophy, Gwinnett County district team members James Taylor, executive director of academic support, and Jennifer Poole Ross, lead nurse, found an active partner in the Right from the Start Medicaid Outreach Project, which provides working families access to affordable, comprehensive health care coverage. To support enrollment tracking, Right from the Start provided coded Medicaid and CHIP applications for use throughout Gwinnett Public Schools.

6. Share Results and Reassess Needs

In order for district teams to determine progress and reassess needs, they needed to know if the eligible students they assisted in applying for Medicaid or CHIP ultimately received coverage. While this may sound like a simple step, data sharing between school districts and state agencies remains one of the most challenging aspects of this initiative. For instance, some teams were unable to receive district-specific data from state Medicaid/CHIP agencies; therefore, as a proxy measure, these districts used county-level trends in enrollment of children 0-18 years old. Other district teams received data from state agencies that generated de-identified codes for each applicant. In each of these examples, district team members were unable to determine what percentage of their students became enrolled in coverage and what percentage still required follow-up support.

▶ At **JEFFERSON PARISH PUBLIC SCHOOL SYSTEM,** superintendent James Meza, Cheryl Carpenter, director of pupil appraisal, and Alida Wyler, director of health services, turned to a third-party billing agent to ascertain enrollment data. Reports generated by Beacon Analytics confirmed that the Jefferson Parish team newly connected over 5,000 students in their district to Medicaid/LaCHIP. As Meza stated:

To maximize and sustain revenue for services provided to our special education students, Beacon Analytics implemented a full-scope program ... Engaging with Beacon has helped the district manage the changing environment of Medicaid.

Parental Permission

Why is parental permission needed to share data about student health insurance status?

AASA and CDF take seriously the requirements for school districts set forth by the Family Educational Rights and Privacy Act (FERPA): "Patient health care records maintained by schools are considered education records and are thus subject to the FERPA rules, and not the privacy portions of [the Health Insurance Portability and Accountability Act] HIPAA" (Wisconsin Department of Public Instruction, 2013). Under FERPA provisions, a school district may disclose personally identifiable information from a pupil record under specific circumstances, including with written consent from a parent, guardian or adult pupil. For the purposes of this initiative, many of the participating school districts intended to share the names and contact information of uninsured students with other governmental agencies, private clinics or third-party enrollment entities. In these cases, school districts included parental permission on the annual student registration forms.

Enrolling Students in Health Insurance

AN ISSUE OF LEADERSHIP

Superintendent support and enthusiasm are essential for districts identifying uninsured children and enrolling them in coverage. In interviews with AASA, the eight superintendents who participated in this initiative shared their perspectives about the role of leadership and other aspects critical to the success of this work.

AASA: Why is the leadership of the superintendent so important for a successful initiative to identify and enroll uninsured students in coverage?

PHILIP LANOUE: Research has clearly indicated that organizations emerge and change through strong leadership. In school districts, that responsibility lies squarely on the shoulders of the superintendent. Impacting the health of students is really no different than making a change in the curriculum or adding or removing programs — which again start with the superintendent. I would go further and add that superintendents must model the behaviors that support the work of students and adults in the district. Like with most initiatives, if the superintendent does not endorse the program, then it will not reach the level required to make a difference. Strong and visible support of the superintendent is essential in ensuring that community agencies will collaborate to make the initiative successful.

AASA: Why was the strategy of adding a question about health insurance to your district enrollment form effective?

JAMES MEZA: When reviewing the enrollment process and intake forms, we realized that we were perhaps missing insurance information on many of our students. Based on records provided to the district by the state Department of Health and Hospitals, we knew that as many as 81 percent of children residing within parish lines met the income eligibility requirements to receive Medicaid. We challenged ourselves to increase awareness among every student and family of the Medicaid program, its services and how to enroll. Addressing this issue at the time of [school] enrollment gives superintendents the best opportunity to conduct this important outreach. By increasing the number of students receiving health care, we are able to improve attendance and overall academic performance. We are also able to effectively increase our overall Medicaid recoveries through these efforts.

AASA: Why was it important for you to work with agencies and organizations in your community on this initiative?

JACQUELYN THIGPEN: It is important for superintendents to work with other agencies and organizations to assure that students are receiving wraparound services. Most agency budgets are being cut, and by sharing resources we can provide so much more than we can individually. We have many community partners all aimed at providing the needed services to students. We partner with the local university, health center, school of nursing, mental health center, dental clinic and other organizations to assist in this effort. I would advise superintendents to send out a request to the agencies and organizations in their community asking that they invest in the lives of the children.

AASA: Why did you see a need for connecting uninsured, eligible students in your district to Medicaid or CHIP?

ALVIN WILBANKS: As a superintendent, your district may be experiencing changing demographics like mine. During the past decade in Gwinnett County Schools, many of our students face more challenges in their homes related to poverty. In 2003, roughly

PHILIP LANOUE, superintendent, Clarke County School District

JAMES MEZA, superintendent, Jefferson Parish Public School System

JACQUELYN THIGPEN, superintendent, Cleveland School District

ALVIN WILBANKS, superintendent, Gwinnett County Public Schools

LILLIAN MALDONADO FRENCH, Superintendent, Mountain View School District

NICK SALERNO, superintendent, El Monte Union High School District

DENNIS DUPREE, superintendent, Clarksdale Municipal School District

STAN SMITH, superintendent, Orleans Parish School Board

26.4 percent of our students were eligible to receive a free or reduced-price lunch; today that figure has more than doubled to 56.6 percent. The health, safety and welfare of our students are a priority. Moreover, there is a significant body of research indicating that student health is a strong predictor of student achievement. Therefore, as superintendents we should take advantage of every opportunity to assist families with obtaining information regarding public health insurance programs.

AASA: What are the best ways in which school districts can address issues of concern for some vulnerable populations (i.e., immigrant communities) in relationship to this initiative?

LILLIAN MALDONADO FRENCH: It is important that families are connected with health outreach providers who are sensitive to the unique needs of a community. In addition to eliminating communication barriers by speaking their native language, health outreach providers can help families navigate what can appear to be a complicated health care system. They help families understand that there are health care programs available for all children. Often families are unaware that plans exist for children that do not take into consideration legal status. Superintendents can support their most vulnerable populations by partnering with health outreach providers who work within the community and understand their local context and needs. My district provides the link between families and the outreach providers as they enroll in health care programs. We continue to communicate throughout the process to ensure that families follow through with appointments and care. This ensures a safety net of support for our most at-risk students.

AASA: What strategies would you suggest in working with teens?

NICK SALERNO: All children should have access to health care, no matter their age or family income level. They are children, and we should take care of them. My district is all high school students, so the best strategy, not just for this initiative but for most, is to utilize peers to help spread the word and show the advantages. It is also important for schools to make connections for the business community so they see the benefit. If people have sick children at home, they will most likely miss work. This is costly to the employers. It is to everyone's advantage to have healthy children and families.

AASA: Why is it important to engage parents/families as part of this work?

DENNIS DUPREE: By working with the parents, we are able to help find workable solutions. We became aware that some families were not able to afford private insurance; others had no knowledge that they qualified for free health insurance. Some families had overlooked their Medicaid renewal; others struggled with the correct way to fill out much needed documents; and a vast majority assumed CHIP was the same as Medicaid. This collaboration with our parents reassured the families that they are our top priority. As superintendents, we have to be sure parents, as well as our students, understand our concern about the education needs of their families. This includes making sure we have healthy children in our schools.

AASA: How do you effectively work with charter schools on this initiative?

STAN SMITH: As superintendents, we must provide the support and encouragement to the school building leaders and the staff who work directly to enroll students in health insurance programs. In my district, the information was directly provided to our charter school leaders and follow-up was conducted in the same manner as we did with our direct-operated schools. All schools' parent liaisons were engaged in monthly sessions to address the outreach with families. Through newsletters, robocalls, PTO meetings and report-card conferences, as well as participation at citywide parent forums, all school families in our district were

Preparing for the Year Ahead

Enrolling in health coverage can mean better health for children, and their parents, in 2014. The urgency for school districts to help make this happen increases in the coming year.

The first pieces of the Affordable Care Act (ACA) to take effect have already brought critical relief to millions of children and young adults. Private insurers are now prohibited from taking away coverage when people get sick and refusing to cover children with preexisting conditions. Insurers can no longer place lifetime caps on coverage for sick children, and preventive health services such as the multiple well-child visits children need to receive immunizations and screens for developmental progress are now completely free. And young adults up to age 26 can now stay on their parents' insurance policies as they get started on their own in challenging economic times. The ACA also prohibits states from cutting back on Medicaid and CHIP eligibility levels and benefits until at least 2019.

As states gear up for the debut of health insurance exchanges in 2014, they are working to streamline the application and renewal process and ensure that it is as easy as possible for children and families to enroll in the appropriate coverage. Beginning in 2014, millions of parents will be eligible for the first time for coverage through Medicaid or for subsidized coverage in the exchanges. Today, all states cover some parents in Medicaid, but the eligibility threshold is very low — the average for adults is just 67 percent of the federal poverty level, whereas for children it is 250 percent of poverty. In 2014, when the ACA is fully implemented, parents with incomes up to 138 percent of poverty will be eligible for Medicaid, unless a state opts out from expanding Medicaid. Even with some states refusing to expand Medicaid, about 9 million newly eligible children, parents and childless adults are expected to gain Medicaid/CHIP coverage in 2014, and about 12 million are expected to gain coverage by 2019 (Ku, 2013).

Covering parents is expected to improve their own health status and also promote the health and well-being of their children. Uninsured parents have difficulty accessing needed medical care, which compromises their ability to work, support their families and care for their children (Kaiser Commission on Medicaid and the Uninsured, 2007). For example, untreated maternal depression may have implications for children's ability to learn, as well as for their later physical and mental health (Center on the Developing Child at Harvard University, 2009). Studies and state experience have consistently shown that covering parents also improves their children's coverage rates (Rosenbaum and Treviño Whittington, 2007; Ku and Broaddus, 2006). Recent estimates suggest that low-income families with uninsured parents are three times as likely to have uninsured children compared to parents with private coverage or Medicaid (Schwartz, 2007). In 2010, more than 40 percent of uninsured parents were estimated to be eligible for Medicaid coverage for the first time under the expansion (Heberlein et al., 2012). However, the law stipulates that before these parents are able to enroll in coverage, their children must already be enrolled or apply to enroll with them. So in 2014, efforts to reach uninsured children have the potential to dramatically affect health coverage for entire families.

"In any health coverage for children, it's important to **SIMPLIFY THE BUREAUCRACY** *and build on best practices to make it easier for the eligible to receive benefits."*

— MARIAN WRIGHT EDELMAN, PRESIDENT, CHILDREN'S DEFENSE FUND

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Resources

AASA, The School Superintendents Association
www.aasa.org
@AASATotalChild

Children's Defense Fund:
www.childrensdefense.org

Connecting Kids to Coverage & Text4baby:
www.text4baby.org/index.php/miscellaneous/188-2012

Connecting Kids to Coverage Challenge: *http://kidscoverage.challenge.gov*

HealthCare.gov:
www.healthcare.gov

InsureKidsNow.gov:
www.insurekidsnow.gov

Young Invincibles: Getting Covered:
www.gettingcovered.org

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