Lessons Learned from Children’s Coverage Programs: Outreach, Marketing, and Enrollment

The Affordable Care Act is expected to result in millions of individuals obtaining health care coverage. This also means that millions of individuals and families will need to be informed and educated about acquiring health insurance coverage—many for the first time. States have already invested significant resources to develop outreach and enrollment strategies that have contributed to reducing the number of uninsured children. Lessons from children’s coverage programs, specifically the Children’s Health Insurance Program (CHIP) and Medicaid, can help shape the strategies needed to reach, assist, enroll and retain individuals and families in the near future. This State Health Policy Briefing highlights a few key lessons learned from CHIP and Medicaid that could be considered as states and the federal government develop strategies to reach and connect more people to health insurance coverage.

This brief is part of a series that explores lessons from children’s coverage programs, CHIP in particular. What a Difference a Dollar Makes: Affordability Lessons from Children’s Coverage Programs that can Inform State Policymaking under the Affordable Care Act is the first brief in this series.

States can turn to the lessons learned from children’s coverage programs—particularly from the Children’s Health Insurance Program (CHIP) and Medicaid—to help shape strategies to reach, assist, enroll, and retain individuals and families. Similar to some efforts currently underway to build the infrastructure needed to reform health care, states and the federal government worked jointly to build CHIP. Today, CHIP provides low cost health insurance coverage to nearly eight million children, with Medicaid covering nearly 36 million children. However, covering millions of children did not happen overnight and required intentional, focused efforts and investments on the part of many stakeholders, including state and federal governments.

The health reform law is expected to result in as many as 30 million individuals obtaining health care coverage. This also means that millions of individuals and families will need to be informed and educated about acquiring health insurance coverage—many for the first time. Identifying those adults eligible for Medicaid, the Basic Health Program (BHP) option (if a state decides to set up this program), or subsidies through new health insurance exchanges will be challenging. Explaining the coverage options available to them will be daunting.
This issue brief is part of a series that explores lessons to be learned from children’s coverage programs, CHIP in particular. It lays out some lessons from the outreach, marketing, and enrollment strategies employed in children’s public health insurance programs that contributed to an increased understanding of health insurance coverage and enrollment of children in both CHIP and Medicaid.\(^3\)\(^4\)

**What is Outreach and Why is it Important?**

Outreach simply means to “reach out.” Regardless of the field or program in which outreach is used, a goal of developing an outreach strategy or an outreach campaign, consisting of several strategies, is to generate awareness, educate the public and, in this case, enroll people in health insurance coverage. In some states, outreach campaigns were based on social marketing theory and techniques that applied the four “P’s” of commercial marketing principles—product, price, promotion and place—to influence behaviors such as acquiring health insurance. For example, the Social Marketing Institute highlighted PeachCare for Kids\(^8\), Georgia’s CHIP program, as a success story in the use of applying social marketing principles in outreach, leading to an increased number of children applying for and acquiring health insurance coverage.\(^5\)

In 2014, millions of individuals and families will be able to acquire health insurance coverage in the private or public sector, which may potentially reduce the rate of uninsured children and parents by 40 and 50 percent, respectively.\(^6\)

As some states and the federal government continue to build the foundation needed for new groups of individuals and families to obtain coverage, policymakers must begin thinking through and building outreach and marketing plans. Such plans will need to include multiple strategies to find, enroll, and retain a diverse group of individuals in appropriate coverage options.

**CHIP’s Influence on Outreach and Marketing Public Health Insurance Coverage**

The Children’s Health Insurance Program was created in 1997 to provide health insurance coverage to children whose families earned too much to qualify for Medicaid but not enough to purchase private health insurance coverage.

Prior to the enactment of CHIP, very little emphasis was placed on marketing public health insurance and reaching out to families to enroll their children into coverage. However, that changed with the implementation of CHIP.\(^7\) In addition, Medicaid programs adopted some of the outreach policies and practices developed under CHIP, resulting in an increased enrollment of low-income children in Medicaid.\(^8\)

It can be said that CHIP’s proactive approach in finding and enrolling uninsured children contributed to increased enrollment of eligible children in Medicaid.\(^9\)

**Is Outreach and Marketing Effective?**

States have made great strides in generating program awareness and enrolling and retaining children in Medicaid and CHIP during the past 15 years. As evidenced by a study of 2009 participation rates, on average, nearly 85 percent of eligible but uninsured children participate in Medicaid and CHIP.\(^10\) However, work remains to reach the remaining eligible but uninsured children.

Although many states have not evaluated the effectiveness of their outreach efforts, there is anecdotal evidence of what states perceive as effective strategies, including partnerships with community-based organizations (CBOs), and less effective strategies, such as mass media advertising.\(^11\)

As noted in an interim report to Congress, “most states perceive a positive association between outreach campaigns and enrollment.”\(^12\) Furthermore, a 2011 federally-sponsored survey of nearly 2,000 low-income parents demonstrates that most parents who have not had their children enrolled in Medicaid or CHIP have heard of their state’s program. Specifically:

- 88 percent of parents have heard of Medicaid;
- 62 percent of parents recognize the name of the program if it is not referred to as Medicaid; and
- 74 percent of parents recognize their state’s program name, such as PeachCare for Kids\(^8\) in Georgia, HealthWave in Kansas, and Healthy Families in California.\(^13\)

**Considerations for Successful Outreach and Enrollment Strategies**

A review of the literature suggests there is not one specific strategy that has contributed to an increasing awareness
and enrollment of children in Medicaid and CHIP. Over time, CHIP outreach efforts evolved and became more targeted by focusing on the eligible but unenrolled population and hard-to-reach populations, promoting the value of the program, creating formalized relationships with community-based organizations, and emphasizing retention, along with enrollment.\textsuperscript{14,15} The evolution and use of multiple outreach strategies and the engagement of a variety of partners, paired with streamlining of policies, also may be associated with increased Medicaid and CHIP participation rates.\textsuperscript{16,17} In addition, programs have moved forward in embracing online tools to reach out, enroll, and retain children.

The following sections highlight a few key lessons learned from CHIP and Medicaid that states and the federal government can consider as they develop outreach, marketing, and enrollment strategies to reach and connect more people to health insurance coverage.

**Target Efforts to Reach and Enroll Consumers**

Initially, many states used traditional mass media advertising to promote and generate awareness of the existence of their CHIP program.\textsuperscript{18} These campaigns involved the use of radio, TV, and print to reach a large audience. A 2000 analysis of states’ advertising campaigns for children’s health coverage programs showed that 37 of the 48 states interviewed, including the District of Columbia, used radio, TV, and print to promote their programs.\textsuperscript{19} After launching these large-scale campaigns, some states experienced an increase in the number of inquiries about their programs that led to successful enrollment. For example, Georgia’s media campaign led to a 19 percent enrollment increase in 2000.\textsuperscript{20,21} Over time however, states reduced their use of traditional mass media advertising as it became more apparent that targeted efforts might be more cost-effective.\textsuperscript{22} A few studies provided evidence that large-scale efforts may not be “frequent enough to have a direct impact” that results in new applicants applying for coverage.\textsuperscript{23}

States also began to rely on community-based events, such as health fairs, to market children’s coverage programs directly to families. Although these events initially served to only provide information about a program, in some states these efforts also evolved to include assistance with the application process.\textsuperscript{24} For example, in Arizona connecting with families directly during scheduled activities attended by the same group of people (e.g. a rodeo) that lasted for a duration of time (e.g. three to five days) allowed families to learn about KidsCare (Arizona’s CHIP program) as well as receive enrollment assistance.\textsuperscript{25}

Children’s Health Insurance Program outreach efforts also included the application of marketing strategies to reach and enroll “hard to reach” children, including those living in particular communities, Native Americans, adolescents, and children of color.\textsuperscript{26,27,28} Some CHIP Programs also turned to data collected by other state programs, including the Supplemental Nutrition Assistance Program (formerly known as food stamps) and the Women, Infants and Children Program (WIC), to further target outreach strategies to find and enroll eligible children.\textsuperscript{29} A unique approach in using data to target outreach efforts was undertaken in 2009 by the former Office of the Child Advocate in New Jersey. The Office used data collected by the state’s Department of Education on students with limited English proficiency (LEP) to create customized packets in the top 15 languages spoken in the state, which were then sent to school districts based on the native language enrollment for the most recent school year.\textsuperscript{30}

A NASHP survey of CHIP programs found that racial and ethnic groups were the most common focus of targeted outreach efforts.\textsuperscript{31} State Medicaid and CHIP programs created marketing materials in different languages that included photos of children and families of different racial and ethnic backgrounds.\textsuperscript{32} In Oregon, rather than using the state’s standard practice of directly translating English language marketing materials into different languages, the Healthy Kids program worked directly with community members of certain race and ethnic groups to develop linguistically accurate and culturally appealing promotional materials. The images and messages used in these materials were tested with families to ensure the content would persuade families to learn more about the Healthy Kids program. The promotional materials were intentionally designed to communicate program information more directly with specific populations, instead of solely relying on a literal translation of the English materials.\textsuperscript{33}

As CHIP programs matured, “tailored and personal outreach strategies”\textsuperscript{34} proved to be more effective than large-scale campaigns in enrolling children—a lesson that should be kept in mind as states develop their outreach plans for 2014.
**Engage and Leverage Partnerships**

State children’s coverage programs have and continue to work with numerous partners, such as other state agencies, foundations, health care providers, schools, and community-based organizations (CBOs), including human service organizations, faith-based organizations, child care centers, and others to help find and enroll eligible children. Programs also sought non-traditional partners to reach specific populations. For example, when Alabama expanded its ALL Kids program to 300 percent of the Federal Poverty Level, the state program formed partnerships with sports marketing groups at four universities to help promote the program in an effort to reach, inform, and enroll higher-income families. In a report that profiled this effort, Alabama’s program administrator noted that football “transcends all” in the state and that this particular outreach effort helped overcome “any reluctance families [had] about signing up for a public program.”

According to a 2008 NASHP survey of CHIP programs, the percentage of programs using CBOs to conduct outreach activities surpassed the percentage using state agency staff compared to a similar survey from 2005. In addition, a 2011 evaluation noted that states reported partnerships with CBOs as the most effective partnerships due to the “prominence and trust” these organizations have within their communities. Characteristics of CBOs that may contribute to successful partnerships with the state include:

- Having access to a variety of hard-to-reach populations, including communities of color, non-English speaking families, immigrants, rural families, as well as access to the newly eligible adult population. CBOs are viewed as trusted members of a community and have well-established relationships and means of communications that could prove beneficial to the state.

- Knowing a community’s or particular population’s attitude and beliefs that may help in the development of promotional materials. In addition, states could consider testing new messages and promotional materials with selected members of a community before incurring significant costs to ensure the materials resonate with the target population.

- Having the ability to provide real-life examples of enrollment and retention barriers that could be shared with the state.

- Assisting families navigate the enrollment and renewal process, as well as offering assistance beyond the initial phase of enrollment to connect families with services and providers.

The level of engagement of partners varies, from volunteering to disseminate information about the programs to actually contracting with the state to assist parents and other guardians of eligible children complete an enrollment application. Because state Medicaid and CHIP programs have acquired a vast network of community-based partners in their efforts to identify and enroll children, states could continue to partner with these organizations to reach the parents and guardians of Medicaid and CHIP children who will likely be eligible for Medicaid or exchange subsidized coverage. Based on recent analysis, it is estimated that as many as 4.9 million parents will be newly eligible for Medicaid in 2014. In addition, states should seek out new partners that have better access to newly eligible populations. However, fewer states are reporting that they have strategic relationships with CBOs, in part due to the increase use of online tools.

**Embrace and Evolve Web-Based Tools and Opportunities**

**Internet**

With the high level of use of the Internet in everyday lives, more states are turning to the Internet to help support their outreach, marketing, and enrollment efforts to promote their children’s coverage programs. Twenty states reported using Internet-based strategies such as advertisements on search engines or improvements to their web sites. For example, Virginia’s CHIP program, FAMIS, decided to use the Internet to target teenagers, given the higher rate of uninsured adolescents compared to children under 12 years of age in the state, which is comparable to other states. The state’s teen campaign included a new logo that is more appealing to teens, a teen-friendly section on the FAMIS Web site that includes downloadable ring tones, and a Facebook page.

**Mobile Devices**

Similarly, with the increasing use and reliance on mobile devices, including smart phones and tablets, states may want to consider developing outreach strategies and enrollment tools that could be adapted for these devices. Based on research conducted by the Pew Research Center, low-income popula-
tions, defined as those earning under $30,000, are faster adopters of the mobile Web than higher income individuals. In addition, half of African-Americans and Hispanics rely on mobile phones to access the Internet. Understanding who uses mobile devices and how these devices are used may help states evolve their targeted outreach efforts and enrollment tools. For example, the Center for Medicare and Medicaid Services (CMS) plans to use the launch of its first-ever mobile site linked to the InsureKidsNow Web site to learn how families use mobile devices to get information about children’s coverage.47

**Online Applications**

In addition, Medicaid and CHIP programs have turned to online application and renewal processes to help facilitate enrollment and retention of coverage among children. As of January 2012, 34 Medicaid programs and 32 separate CHIP programs allow parents to electronically submit applications for their children, while 20 Medicaid programs and 19 CHIP programs allow for online renewals. By providing information and applications online, families are offered the option to learn and submit information on their own time. In addition, online efforts allow state programs to reach a diverse population that may not have otherwise applied to the program.49

The experience of states’ Medicaid and CHIP programs in using online tools for outreach, marketing and enrollment could help inform the development of a state’s future online efforts to reach and enroll newly eligible populations.

**Keep It Simple**

As with any new products that businesses roll out, states that decide to set up exchanges or expand their Medicaid programs will need to develop marketing materials to help generate awareness of coverage options. In initial efforts by CHIP programs to promote health insurance coverage to parents, most states promoted CHIP and Medicaid jointly and took a “less is more” approach in their outreach campaigns. States did not overload their ads with program details, but rather encouraged parents to find out more information by calling a toll-free hotline or providing Web site addresses.51

Some states also took the opportunity to rebrand their children’s coverage programs and developed simple slogans to communicate their programs’ goal—to get all uninsured children covered. For example, Oregon’s Healthy Kids and Illinois’ All Kids programs created new comprehensive, consumer-friendly brand identities to encompass all their children’s coverage programs. In Illinois, the All Kids program is marketed to consumers as an affordable health insurance program for all children. However, All Kids actually is composed of three different programs governed by three Illinois statutes: the Medical Assistance article of the Public Aid Code (Medicaid), the Children’s Health Insurance Program Act (the state’s CHIP program referred to as KidCare), and the Covering All Kids Health Insurance Act (which expanded coverage to all remaining uninsured children). Illinois’ simple message of “health coverage for all children” and multiple outreach, marketing and enrollment strategies resulted in the enrollment of 166,000 children in the first year of implementation, of which 70 percent of children were already eligible for coverage.54

Medicaid and CHIP programs across the country have invested many resources in simplifying their enrollment materials and eligibility systems. According to an evaluation of CHIP, “making the application process easier for applicants has positive implications for both enrollees and program administrators” since both benefit from the ease of filing in the information and processing the information once the application is completed. Spurred by children’s coverage programs, states continue to eliminate cumbersome administrative hurdles, such as in-person interviews, that make it difficult for children and families to enroll.56

In addition, almost all states now offer a joint application for Medicaid and CHIP and 31 states have moved to offering a simplified family application that allows parents to also apply for Medicaid coverage with their children without the need for families to provide additional paperwork. Under the ACA, states have the option to create their own streamlined application form for Medicaid, CHIP, or exchange coverage if they choose not to use the form created by the Secretary of Health and Human Services. The Secretary must first approve such a form created by a state.58

**Grow and Sustain Awareness and Enrollment Through Adequate and Stable Funding**

Investments or cuts in outreach have consequences for finding and enrolling eligible children. Over the years, some states have provided grants or contracts to CBOs to help families complete applications or to serve as “application assistors.” Monetary incentives provided in some states, such as receiving payment per completed application or successful enrollment, made it mutually beneficial for CBOs to engage in a state’s outreach efforts. For example,
Oregon’s recent outreach investments in the form of grants to “Targeted Outreach Grant Organizations” and its application assistance program most likely helped reduce the state’s child uninsured rate by half in less than two years, resulting in more than 100,000 additional children obtaining coverage as of November 2011.\(^5\)

However, former and recent economic pressures have forced many states to cut their outreach and enrollment funding, including the application assistance fees. A 2011 evaluation of the CHIP program showed that 11 states reduced their outreach budgets in 2010 due to overall state budget constraints.\(^6\) The reauthorization of CHIP in 2009 and the health reform law provided $140 million in additional federal resources for outreach. This additional investment from the federal government will help maintain outreach efforts in some states since the majority of these funds were directed to support state, local, and community-based efforts.\(^6\)

**Conclusion**

In 2014, millions of individuals and families will be able to acquire health insurance coverage in the private or public sector. State and federal policymakers will need to think through how to educate, find, enroll, and retain individuals in the appropriate coverage options, including Medicaid, CHIP, BHP, and subsidized and unsubsidized exchange coverage. Efforts to reach out and enroll children during the past 15 years contain many lessons that will serve states as they seek out and educate a more diverse, larger adult population about health insurance coverage.

States have already invested significant resources to develop outreach, enrollment, and retention strategies that have contributed to increased participation rates among eligible Medicaid and CHIP children.\(^6\) These investments should be leveraged and lessons in outreach, marketing, and enrollment should be sought from these programs, particularly as efforts are designed to target low-income parents of Medicaid and CHIP children. Outreach, in the context of health reform, could be thought of as a continuum of activities needed to generate awareness leading to enrollment and retention of coverage, similar to how states have evolved their outreach strategies in identifying, enrolling, and retaining eligible children in CHIP and Medicaid.

**Endnotes**


Lessons Learned from Children’s Coverage Programs: Outreach, Marketing, and Enrollment

8 Ibid


15 Ibid.


25 Ibid.


32 Michael Perry, Promoting Public Health Insurance for Children, 196.


34 Victoria Wachino and Alice Weiss, Maximizing Kids’ Enrollment in Medicaid and SCHIP: What Works in Reaching, Enrolling and Maintaining Eligible Children, 38.


38 Phillip Chung, Tia A. Cavender, and Debbi S. Main, Trusted Hands: The Role of Community Based Organizations in Enrolling Children in Public Health Insurance Programs (Denver, CO: The Colorado Trust, 2010), 3.

39 California Coverage and Health Initiatives, A Trusted Voice: Leveraging the Local Experience of Community Based Organizations in Implementing the Affordable Care Act (Sacramento, CA: California Coverage and Health Initiatives, 2011), 5-6.


43 “Virginia’s Campaign to Make More Teens FAMIS.” Presented at the National Academy of State Health Policy Conference, Charting a Course for State Health Policy, Tampa, FL, October 2008.

44 Ibid.


46 Ibid.


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50 Michael Perry, Promoting Public Health Insurance for Children, 194-197.

51 Michael Perry, Promoting Public Health Insurance for Children, 197.


