Health Insurance and School Lunch: Covering Poor Kids and Families

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University of Wisconsin-Extension
Plan for today

- Who we are as CKF
- Types of projects we are involved in
- Highlight one of our major outreach interventions
- What we hope to learn
- How we are going about answering the questions
  - The world of field research, not “the best of all possible worlds” to evaluate
CKF Coalition Work

- CKF is a coalition of more than 65 organizations committed to reducing the number of uninsured families in Wisconsin by encouraging use of BadgerCare Plus among those who are eligible.
- Coalition work is guided by three committees:
  - Steering Committee
  - Outreach Committee
  - Policy Committee
- Full membership at annual conference: Tues Nov 18
- Newsletter, website, listserv, and Webinars

covering kids & families Wisconsin
Funders: 1999 - present

- 1999-2002 RWJ Covering Kids national statewide initiative, ABC for Health as lead agency
- 2003-2007 RWJ Covering Kids and Families state initiative, SoHE, UW Extension as lead agencies
- 2003-current: Evjue, Beckner Funds
2007 – current Blue Cross & Blue Shield United of Wisconsin conversion funds created our two primary sources of funding:

- UW School of Medicine and Public Health’s Wisconsin Partnership Program. (March 2007-February 2010)
- The Healthier Wisconsin Partnership Program, a component of the Advancing a Healthier Wisconsin endowment at the Medical College of Wisconsin. (July 2007-June 2010)

Federal funding has also been made available through the Wisconsin Department of Health and Family Services.
Current efforts

- Making-A-Plan (MAP)
- Benefits Brochure
- Back to School Campaign
- CHILD
What is Making-A-Plan?

- A customized county-by-county publication.
- MAP provides data and information to help local leaders, organizations, and citizens identify and understand patterns of risk for being uninsured.
School Districts:
Free/Reduced Price Meals

Example: Dane County

Source: WI DPI 2007
Statewide Variation: Side-by-side comparison
Local Variation:
Side-by-side comparison
Benefits Brochure

Dane County
Benefit programs for Wisconsin kids and families
- BadgerCare Plus (Health Insurance)
- Free/Low Cost School Meals
- Wisconsin Home Energy Assistance
  - Wisconsin Shares (Childcare)
  - FoodShare (Food Stamps)
  - Wisconsin Works (W-2)
  - WIC

Covering kids & families
1300 Linden Drive, Room 342
Madison, WI 53706
608-261-1455
www.cko.org

Helpful Programs in Dane County

Wisconsin Home Energy Assistance
Pays a portion of household energy bills.
You may qualify with family income up to Category B.
Contact Energy Services Inc at 608-267-8601.

Wisconsin Shares (Childcare)
Pays for some of the childcare costs for families with limited incomes.
You may qualify if you have a child under 3 or a child with special needs under 18. You need to be either working, in school or in job training. Your family income may be up to Category D.
Contact the Dane County Human Services Office at 608-242-7400.

FoodShare (Food Stamps)
Provides a QUEST card for families to use at grocery stores to buy healthy food. FoodShare helps people of all ages who have a job but have low incomes, are living on small or fixed income, have lost their job, are retired, or have disabilities and cannot work.
You may qualify for FoodShare with family income up to Category B.
Contact the Dane County Human Services Office at 608-267-8601.

Wisconsin Works (W-2)
Cash assistance for people who have children under age 19 living in the home, have lost their job, and do not qualify for Unemployment Insurance.
You may qualify with family income up to Category A.
Contact the Dane County Human Services Office at 608-242-7400.

Monthly Family Income
These numbers are for 2023

<table>
<thead>
<tr>
<th>Group Size</th>
<th>Category A</th>
<th>Category B</th>
<th>Category C</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>$1,517</td>
<td>$1,907</td>
<td>$2,200</td>
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<tr>
<td>3</td>
<td>$2,032</td>
<td>$2,297</td>
<td>$2,650</td>
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<tr>
<td>4</td>
<td>$2,377</td>
<td>$2,687</td>
<td>$3,100</td>
</tr>
</tbody>
</table>

For each additional person add:
- Category A: $345
- Category B: $360
- Category C: $460

*FPL = Federal Poverty Level, this level is determined by the Services. Federal Poverty Level for all family sizes can be found at http://dhs.wisconsin.gov/nhfservices/fpl.htm.
What is the Benefit Brochure?

- An easy-to-use quick reference for professionals and families
- Updated annually to ensure current information
- Includes information on ACCESS, the on-line application center for BadgerCare Plus, FoodShare, and Family Planning Services
- Provides additional contact information for Statewide Call Centers and Hotlines
Back-to-School Campaign

- Annual late-summer campaign
- Thousands of informational materials distributed
- Coordination of a localized news releases
- Earned media through press conferences

covering kids & families Wisconsin
The CHILD Project

Connecting Health Insurance with Lunch Data
Our Project Goals

- Engage and involve schools in promoting BadgerCare Plus
  - Identify and reach students in need of health insurance
  - Coordinate enrollment process for free and reduced price meals with BadgerCare Plus enrollment
  - Establish outreach strategies and enrollment processes that all schools can adapt and use
Our Project Goals: cont’d.

- Help schools act on their goals of improving the overall well-being of children

- Enable children to do well in school by removing barriers to health care access and thereby improving health outcomes among Wisconsin’s school children
  - Increase enrollment in BadgerCare Plus
  - Potentially increase Free/Reduced Price meal enrollment
Overview of CHILD

- Outreach interventions ongoing with 14 school districts as we plan for year 3
- Designed with evaluation in mind
- Early stage of analyses that requires primary data collection (intervention tracking) matched to secondary data sources (CARES, school directory data)
Better Outreach: Targeting through schools

- More than 853,000 children are enrolled in Wisconsin schools
- 265,750 (31%) of them are low-income and received free and reduced price meals
- As many as 45,177 (5%) could be in need of and eligible for BadgerCare Plus.
  - Based on the Urban Institute’s tabulation of the 2002 National Survey of American Families showing that 17 percent of children on free/reduced price lunch are eligible for state Family Medicaid programs.
Why this project, why now?

- In Wisconsin, 98,000 children (8 percent) were uninsured for all or part of 2006 (Department of Health and Family Services, 2006 Family Health Survey)
- Under the newly expanded BadgerCare Plus, all documented kids, regardless of income, are eligible
- BadgerCare Plus encourages access to health care and better health outcomes
- Schools are key partners
  - Well-respected by families
  - Can provide link for low-income families to services
- USDA guidelines allow data sharing between free and reduced price meal programs and state Medicaid programs
  - Seeks to improve the health of at-risk students
BadgerCare Plus Population
Covered Populations

- BadgerCare Plus
- BadgerCare pre 2/1/08
- Medicaid & Healthy Start pre 2/1/08
- *Self employed parents who pass 200% FPL test only without depreciation

<table>
<thead>
<tr>
<th>Population</th>
<th>Covered Populations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pregnant Women</td>
<td>NO LIMIT</td>
</tr>
<tr>
<td>Children 0-18</td>
<td></td>
</tr>
<tr>
<td>Parents</td>
<td></td>
</tr>
<tr>
<td>Caretaker Relatives</td>
<td></td>
</tr>
<tr>
<td>Youth Exiting Out-of-home Care</td>
<td></td>
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<tr>
<td>Parents with children in foster care</td>
<td></td>
</tr>
<tr>
<td>Self-employed Parents*</td>
<td></td>
</tr>
</tbody>
</table>

FPL (Federal Poverty Level):
- 300%
- 200%
- 185%
- 150%
- 100%
- 44%

* Self employed parents who pass 200% FPL test only without depreciation.
Health Care Enrollment for Low-Income Wisconsin Families
Reaching this population

- Awareness among eligible families remains incomplete and there are newly eligible families all the time
- Information campaigns alone may not be enough
  - Many other barriers for this population
    - Perceptions (income too high, insurance unnecessary)
    - Complicated family lives with competing priorities
    - Programmatic complexities (paperwork requirements, difficult to navigate alone)
    - Language difficulties and cultural beliefs
- Families trust schools and may prefer learning about and pursuing BadgerCare Plus through more familiar environments.
Caveats of Field Research

- Need for data sharing agreements
- Informed consent
- Confusion over HIPAA
Getting to the schools

“The (Department of Public Instruction) has encouraged schools to make the connection between the free and reduced price meals application and potential eligibility to the state Medicaid and BadgerCare programs. We are excited that CKF-WI has recognized the leadership role it can play to help make this option a reality for schools and to substantially impact upon the health and success of so many of our students.”

-- Elizabeth Burmaster, State Superintendent
Choosing our sites: Capacity & Needs Assessment

✅ Goals
  → Review relevant local data
  → Identify local partners already in place or potentially available

✅ Materials
  → Local data on key indicators including, enrollment in Free/Reduced Price Meals Programs, Income level, Health Insurance Status
  → List of potential partners or interested and supportive organizations, agencies, and individuals

✅ Challenges
  → Limited availability or access to current data
  → Identifying and connecting with the right people
Demographics

- 14 full school districts are working with CKF on the project
  - DC Everest only has 3 elementary schools participating
  - Milwaukee 10 schools
- School districts offer a mix of urban and rural populations, ethnic minorities, and significant pockets of low-income populations
- More than 135,000 children are enrolled in the 14 pilot districts (~70,000 in Milwaukee alone)
- 78,153 (58%) of them receive free and reduced price meals
- More districts will be added for 2009-2010 school year
% FRPL Enrollment in CHILD districts
- 19 - 25%
- 25 - 30%
- 30 - 40%
- 40 - 76%

% youth <200% poverty* enrolled in BadgerCare Plus as of June 2008
- 50 - 70%
- 70 - 78%
- 78 - 87%
- 87 - 110%

*Census 2000
Relationship Building

- **Goals**
  - Establishing relationships with those who will play an active role in the project
  - Gain understanding of the existing school systems
- **Materials**
  - “Questions to ask” guide for initial meetings with schools
  - CHILD guide (Step-by-step)
- **Challenges**
  - Fostering “buy-in”
  - Keeping expectations realistic
Determining Outreach Strategies

✓ Goals
  → Adapt template materials to specific local population
  → Selecting materials that can effectively be distributed through existing channels
  → Determining how focused outreach efforts will be

✓ Materials
  → Sample outreach materials
  → Opt-out forms and other materials related to data sharing

✓ Challenges
  → Choosing strategies that complement existing activities
  → Data sharing agreements and data sharing itself can be time intensive and complex processes
Implementing Outreach

✓ Goals
  → Informing parents about available programs for which they may be eligible
  → Encouraging enrollment and providing assistance at every step in the process
  → Getting more children the health coverage they need

✓ Materials
  → Outreach materials: Printed material, telephone scripts, radio & TV Public Service Announcements, News Releases
  → Training materials for enrollment assistance

✓ Challenges
  → Time & Energy
  → Following through beyond providing information
CHILD outreach strategies

Free Health Insurance For Kids

WISCONSIN – Your child is getting free or low-cost meals at school, they might also be eligible to get free health care. It's all part of a new project called CHILD:

That lets schools provide information about BadgerCare Health Insurance to those who qualify for the reduced-priced meals.

Health Insurance Form

Student Name (please print)        Phone Address Date of Birth
Does your child have health insurance? □ Yes □ No
May the school share this information with programs that help families sign up for BadgerCare Plus? □ Yes □ No

This form is good for one year. To make changes, send the school a written note.

Parent/Guardian Name (please print)  Parent/Guardian Signature  Date
Data sharing from school districts

- **Directory Data**
  - Most schools have a standard opt-out form
  - Opt-outs are generally low

- **Free and reduced price meal data**
  - Policies and procedures vary
  - Opt-outs ranged from 0-99%
Data Sharing: Free and Reduced Price Meals

- USDA guidelines allow:
  - Sharing of information between free and reduced price meal programs and state Medicaid programs (i.e., BadgerCare Plus)
    - Promote better health among low-income students
    - Families can request information NOT be shared
Data sharing with school districts: cont’d.

- **Health Insurance Status**
  - School generally lack a policy for this
  - We developed Opt-in forms in accordance with FERPA rules and IRB protocols
Data Sharing: Health Insurance Status

- School districts may collect student health insurance status
- School districts may share health insurance status only when parents/guardians give active consent
- The Family Educational Rights and Privacy Act (FERPA) requires the following elements be included for active consent:
  - Name of student whose record is being released
  - Specify records that may be disclosed
  - State the purpose of the disclosure
  - Identify the party to whom disclosure will be made, and
  - Include the signature of the parent/guardian
Data Sharing: Health Insurance Status, cont’d.

- Working with DPI staff, CKF has created a Health Insurance Status form
- Though IRB approved, CKF recommends that school district legal staff/consultants review the form before any information is shared
- Initial confusion with schools about HIPAA and information on health insurance status
  - Schools are not bound by HIPAA, only health care providers are
  - Still different interpretations by school lawyers
Decision Tree: Spencer School District
Health Insurance Status Form, 2008-09

741
Students enrolled in
Spencer District

611
Participated in Parent-
Teacher Conferences

67% of Middle/High
parents participated

98% of Elementary
parents participated

212 (35%)
Student health
insurance information

59 (28%)
No Consent

141 (67%)
Consent

48
“Do Not Share”

219 (90%)
Insured

6 (3%)
Uninsured

6
No Response
Process Evaluation

- Assessment of barriers and successes of partnering with schools and collecting student data, including barriers associated with combining research with outreach.
Successes

- Extensive CKF coalition membership provides immediate connections to many parts of the state
- Gaining approval of district administrator can equal buy-in from all district personnel
- Districts are committed to connecting families with health insurance but lack the tools/impetus to do so
- Returning districts came into Year 2 of the project with many new ideas for outreach, enthusiastic to try new ways to connect families with health insurance, and showing a broader understanding of the process
“There’s no reason for kids to be without health insurance. If you’re healthy, if you’re getting proper treatment, you learn better.”

Stephen Schiell, District Administrator Amery School District
“Our biggest commitment is connecting families to resources. We want to support children and families so they can be healthy.”

Pamela Pager-Green, Pupil Services Director
Onalaska School District
Challenges: One size does not fit all

- Administrative processes vary widely across districts
- Primary school district point person varies (e.g. nurse, social worker, secretary, food service director)
- Variation in time and resources seems to correspond with variation in commitment
- Plans must be detailed and ready well before the start of the school year, which is a very busy time for districts
- Research-related requirements (e.g. data collection, informed consent forms) impede some districts from participating and getting involved in health insurance outreach
- Districts can be wary of collecting health insurance information or releasing any student information
Impact Evaluation Questions

- Does the sum of our interventions (participation in CHILD writ large) result in an increase in application/enrollment rates among the population of our pilot schools?
  - Is there discernable variation by:
    - Outreach intensity (general, targeted, personal)
    - Demographic population characteristics
  - Impact on family members of students in pilot districts
Methods

- Data: school directory and FRPL data, intervention records, CARES data match
- Measure of success:
  - application date within three months of intervention by students in CHILD schools
  - Compare patterns to prior year
  - Compare to control districts
Impact Evaluation: Link with intervention tracking

- CHILD project leads tracked:
  - The type of outreach
    - Flyers, bookmarks, phone calls, etc.
  - The targeted population
    - The entire study body, FRPL population, or specific families
  - The timing of the intervention

- This information was coded into the student records we received
CHILD Project Outreach Strategy Summary & Anticipated Contact Totals

<table>
<thead>
<tr>
<th></th>
<th>District County</th>
<th>TOTAL</th>
<th>Urban</th>
<th>Suburban</th>
<th>Rural</th>
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<td>La Crosse</td>
<td>Milwaukee</td>
<td>DC Everest</td>
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<td>6,203</td>
<td>88,812</td>
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<tr>
<td>General promotion</td>
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<td>Flyer to all students</td>
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<td>6,003</td>
<td>5,404</td>
<td>1,502</td>
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<td>Flyer to students</td>
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<td>3,250</td>
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<td>2,790</td>
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<td>Information on district Web site</td>
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<td>104,874</td>
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<td>2,790</td>
<td>822</td>
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<td>Information on school publications (e.g. lunch menus, calendars)</td>
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<td>17,237</td>
<td>5,404</td>
<td>3,566</td>
<td>610</td>
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<td>Targeted information</td>
<td>70,114</td>
<td>2,950</td>
<td>65,000</td>
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<td>Personal contact</td>
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<td></td>
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<td></td>
<td></td>
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<tr>
<td>Phone contact with FRPL students - school</td>
<td>39</td>
<td>TBD</td>
<td>53</td>
<td>33</td>
<td></td>
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<tr>
<td>Phone contact with FRPL students - CKF/other</td>
<td>29</td>
<td>TBD</td>
<td>29</td>
<td>29</td>
<td></td>
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<td>Personal contact with families at previously scheduled event</td>
<td>TBD</td>
<td>306</td>
<td>TBD</td>
<td>TBD</td>
<td>30</td>
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<td>Personal follow up</td>
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<td></td>
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<tr>
<td>Focus groups with families</td>
<td></td>
<td></td>
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<tr>
<td>Opt-out form</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>DPLI standard opt-out form</td>
<td>8,798</td>
<td>2,586</td>
<td>5,587</td>
<td>1,822</td>
<td>610</td>
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<tr>
<td>DPLI specialized opt-out form</td>
<td>91,508</td>
<td>91,508</td>
<td>3,566</td>
<td>2,790</td>
<td>822</td>
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<td>Opt-out form in English</td>
<td>6,183</td>
<td>6,183</td>
<td>3,566</td>
<td>2,790</td>
<td>822</td>
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<tr>
<td>Health insurance status collection</td>
<td>6,183</td>
<td>6,183</td>
<td>3,566</td>
<td>2,790</td>
<td>822</td>
</tr>
<tr>
<td>Health insurance status collection - all</td>
<td>6,183</td>
<td>6,183</td>
<td>3,566</td>
<td>2,790</td>
<td>822</td>
</tr>
</tbody>
</table>

11.00 x 8.50 in
Impact Evaluation: Match with CARES data

- IRP partners matched the directory data to CARES database on students’ first and last names and birthdates.
  - CARES (Client Assistance for Re-employment and Economic Support) provides administrative histories for families receiving various assistance programs, including BadgerCare Plus.

- Results: almost 30% of the names provided had a relevant match
  - The match rate varies by district, ranging from 22-40%
Data provided via CARES match (see below for more details):
   MA/BC participation data by month and associated reasons for case status
   Demographic data

Resulting % match: \( \frac{6296}{21230} = 29.66\% \)

<table>
<thead>
<tr>
<th>District Name</th>
<th># of students from directory data</th>
<th># of students in CARES data match</th>
<th>% match</th>
<th>% FRPL</th>
<th># of students receiving BC</th>
<th>% matched students receiving BC</th>
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</thead>
<tbody>
<tr>
<td>Abbotsford School District</td>
<td>644</td>
<td>255</td>
<td>40%</td>
<td>48.13</td>
<td>185</td>
<td>73%</td>
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<tr>
<td>Holmen Area School District</td>
<td>3592</td>
<td>841</td>
<td>23%</td>
<td>22.94</td>
<td>388</td>
<td>46%</td>
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<tr>
<td>LaCrosse School District</td>
<td>5719</td>
<td>2155</td>
<td>38%</td>
<td>41.87</td>
<td>1649</td>
<td>77%</td>
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<td>Onalaska School District</td>
<td>2709</td>
<td>605</td>
<td>22%</td>
<td>23.47</td>
<td>433</td>
<td>72%</td>
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<td>D.C. Everest School District</td>
<td>5660</td>
<td>1541</td>
<td>27%</td>
<td>24.60</td>
<td>1126</td>
<td>73%</td>
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<td>Spencer School District</td>
<td>787</td>
<td>201</td>
<td>26%</td>
<td>24.81</td>
<td>148</td>
<td>74%</td>
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<td>Amery School District</td>
<td>1758</td>
<td>545</td>
<td>31%</td>
<td>29.16</td>
<td>388</td>
<td>71%</td>
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<tr>
<td>Clayton School District</td>
<td>403</td>
<td>152</td>
<td>38%</td>
<td>41.33</td>
<td>106</td>
<td>70%</td>
</tr>
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</table>
### 2007 Enrollment numbers

<table>
<thead>
<tr>
<th>District Name</th>
<th>DPI 2007 Enrollment</th>
<th># of students from directory data</th>
<th>% enrollment</th>
<th>Total Free and Reduced</th>
<th># of students on list from district</th>
<th>% FR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abbotsford School District</td>
<td>642</td>
<td>644</td>
<td>100%</td>
<td>309</td>
<td>313</td>
<td>101%</td>
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<tr>
<td>Bangor School District</td>
<td>629</td>
<td>0</td>
<td>0%</td>
<td>170</td>
<td>98</td>
<td>58%</td>
</tr>
<tr>
<td>Holmen Area School District</td>
<td>3387</td>
<td>3592</td>
<td>106%</td>
<td>777</td>
<td>439</td>
<td>56%</td>
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<tr>
<td>LaCrosse School District</td>
<td>7062</td>
<td>5719</td>
<td>81%</td>
<td>2943</td>
<td>1804</td>
<td>61%</td>
</tr>
<tr>
<td>Onalaska School District</td>
<td>2863</td>
<td>2709</td>
<td>95%</td>
<td>672</td>
<td>8</td>
<td>1%</td>
</tr>
<tr>
<td>D.C. Everest School District*</td>
<td>5464</td>
<td>5660</td>
<td>104%</td>
<td>332</td>
<td>294</td>
<td>89%</td>
</tr>
<tr>
<td>Spencer School District</td>
<td>790</td>
<td>787</td>
<td>100%</td>
<td>196</td>
<td>189</td>
<td>96%</td>
</tr>
<tr>
<td>Milwaukee School District</td>
<td>87899</td>
<td>X</td>
<td>NA</td>
<td>68069</td>
<td>63150</td>
<td>93%</td>
</tr>
<tr>
<td>Amery School District</td>
<td>1773</td>
<td>1758</td>
<td>99%</td>
<td>517</td>
<td>10</td>
<td>2%</td>
</tr>
<tr>
<td>Clayton School District</td>
<td>392</td>
<td>403</td>
<td>103%</td>
<td>162</td>
<td>153</td>
<td>94%</td>
</tr>
</tbody>
</table>

**Step 2: Link with intervention tracking**
Impact Evaluation: Select comparison population

- We selected variables available at the district level to identify districts with similar populations, that would likely have the same exposure to numbers at risk of being uninsured, and have similar capacities to facilitate outreach:
  - Variables included: % FRPL, median income, unemployment, non-citizen population, % minority, district size, expenditures per student, and a locality scale (rural – urban)
Impact Evaluation: Selecting comparison populations, cont’d.

- Using both cluster analysis and propensity score matching, we identified potential control districts.
- Results from all models were compiled and considered on a case by case basis to reduce the number of control districts to 2-3 per pilot district.
- We will request directory data from the control districts, and pursue the same matching process to CARES.
Additional Selected Research Questions

- How do particularities of school district personnel influence the effectiveness of interventions?
- Does participation in the CHILD project result in changed attitudes and/or increased knowledge among district personnel, families, and students?
  - What kind of spillover effects do these have?
The Web “Toolbox”
Welcome to the CKF Toolbox

Contained within the "drawers" of the CKF Toolbox you will find easy to use materials and supplemental information to help you implement a program like the CHILD Project in your school or school district or quickly access relevant statistics and resources for your local area.

We are always adding new tools to the box, so check back often, and feel free to send us suggestions with ideas for new tools you can use.

Drawer 1: CHILD Project tools

Are you already working with Covering Kids & Families to implement the CHILD Project in your school district? Are you interested in implementing a similar project in your area? Check out how our CHILD tools can help you with everything from planning to design to implementation and evaluation.

Fact of the Day

Fact #5
400% is the increased chance that an uninsured child will rely on an emergency room for routine care, compared to children with Medicaid coverage.

Drawer 2: BadgerCare Plus information

Are you interested in doing BadgerCare Plus outreach, outside of the context of the CHILD Project? Are you looking for materials, information, and publications that will help you understand and educate others about BadgerCare Plus? This drawer has a full range of BadgerCare Plus tools for you.

For more information about BadgerCare Plus visit: badgercareplus.org

To print or place an order for free BadgerCare Plus brochures visit: http://badgercareplus.org/materials.htm.
The Web “Toolbox”

- CHILD Project materials
- BadgerCare Plus Information
- Benefits Brochures for each county
- Making-A-Plan publications for each county
- A Research Library with articles, links, and information

These easy to use materials and information can help you implement a program like the CHILD Project in your school or quickly access relevant statistics and resources for your local area.
The Stages of the CHILD Project:

Mouse over your stage in the process to view the list of relevant and available tools, select and download the tools below. Click the links for more information about each stage.

1. **Assessing local capacities and level of interest**
   At this stage you will need local information to identify others in your area who are already working on the issue of public health insurance, those who may be offering enrollment assistance for BadgerCare Plus, or which schools or communities in your county are most likely to benefit from a project like CHILD.

2. **Enlisting & Cultivating local partners**
   At this stage you have identified and made initial contact with local partners, but now need to lead planning meetings and establish commitments.

3. **Determining outreach strategies**
   This stage involves the fun and challenging work of selecting and adapting the outreach strategies that you will use in your efforts as well as choosing which families will receive your most focused attention.

4. **Implementing outreach strategies**
   Implementation can be as simple as sending materials home in students backpacks or distributing them at a local health fair, or as intensive as making phone individual phone calls that have been identified as especially at risk of needing health insurance.

5. **Evaluating Project Impact**
   Projects may vary in terms of the importance of evaluation. We provide tools to help with everything from running focus groups to evaluating enrollment success rates.

Sample Outreach Materials
  - Bookmark
  - Public Service Announcement
  - Sample News Releases
  - Article for School Newsletter
  - CHILD info for web sites or lunch menus
  - Scripts for phone calls to families

Sample Outreach Plan
  - Free/Reduced Lunch Opt-Out Form
  - Health Insurance State form
  - Sample Data Sharing Agreement

ACCESS training PowerPoint
  (online BadgerCare Plus Enrollment tool)

To download materials, first select the relevant stage and then the desired item or resource and click the download button.

SELECT YOUR STAGE ▼  Download ▶
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