

THRIVING STUDENTS, HEALTHY OUTCOMES

THE ROLE OF SCHOOL DISTRICTS IN THE AGE OF HEALTH CARE REFORM

Policy Brief
March 2015
Prepared by Bright Research Group

Acknowledgments

This report was prepared by Bright Research Group on behalf of the Alameda County Center for Healthy Schools and Communities (CHSC). Since 1996, CHSC has worked to improve the health and education outcomes of Alameda County youth by building school-based and school-linked health and wellness programs. Our work extends beyond simply placing health services on school sites; it is rooted in purposeful, responsive collaborations with youth, families, schools, and surrounding institutions. We are staffed through Alameda County Health Care Services Agency.

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Executive Summary

This brief explores the role of school districts in connecting uninsured children and their families to coverage based on lessons learned and outcomes of Alameda County's Connecting Kids to Coverage Schools Initiative. Alameda County is testing an innovative solution to reaching uninsured families across entire school districts. The solution involves the deployment of enrollment assistance personnel to family resource centers located at central school district office locations as opposed to a school-by-school approach. Partnerships between county health and human services agencies, school districts, and community-based organizations enable the delivery of both traditional and targeted outreach strategies designed to draw uninsured families to these centers to apply for and renew their coverage. Co-locating enrollment assistance resources under a single roof allows families to apply for and to renew health care coverage and other essential benefits, regardless of the program for which the family is eligible. The Initiative is designed to maximize the number of eligible families that enroll in and retain their coverage.

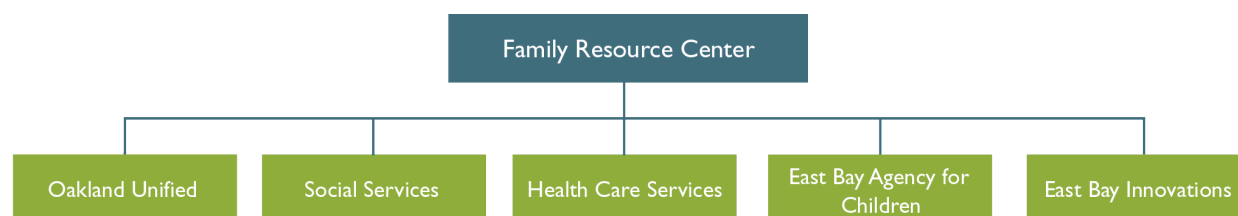
Among the Key Findings:

- School districts are an effective channel for reaching and enrolling uninsured children and families across an entire district. When families received a call from the school district informing them of the opportunity to enroll in coverage, they stayed on the line and in many cases expressed interest in receiving more information or making an application appointment at the center.
- The data sharing agreement with the County social services agency enabled targeting of outreach efforts to Medi-Cal eligible populations, who subsequently took action to apply for coverage.
- During the first year, hard-to-reach populations – including Latino, mixed immigration status, Limited English Proficient, and the long-term uninsured – sought help with applying for and renewing their Medi-Cal coverage and CalFresh benefits through the school district. Nearly 500 families applied and were connected with coverage.
- The cost per application and per family is comparable to cost per capture rates for public and private channels.ⁱ

Introduction

The Affordable Care Act is significantly changing traditional channels for enrolling consumers in health insurance. Community-based partners, schools, and other public sector agencies are playing a growing role in the business of enrolling people in coverage. These channels are often replacing or working alongside traditional health insurance agents and brokers. In California, over three million consumers enrolled in coverage during the first open enrollment period. However, there is limited information about which channels are proving to be most successful at reaching eligible, but not enrolled consumers.

Using the program model of Alameda County’s Connecting Kids to Coverage Schools Initiative (or “the Initiative”), this policy brief explores systemic and consumer barriers to enrollment and the Initiative’s innovative responses to those challenges. The Initiative co-locates county and community-based enrollment resources at family resource centers in central school district offices. The brief focuses specifically on the Oakland Unified School District as a case study to contribute to the growing literature about successful enrollment and retention strategies, and lessons learned about the needs and preferences of uninsured families and children.



Relying on a consumer survey conducted with families that received assistance and an analysis of application and enrollment outcomes, this brief shows the promise of collaborations among school district, county, and community-based partners in reducing the number of uninsured families and children.

About the Initiative

In 2011, Alameda County became the first county in the nation to accept the federal Department of Health and Human Services’ “Connecting Kids to Coverage Challenge,” which challenged state and local jurisdictions to maximize the number of eligible children enrolled in health coverage. The Alameda County Connecting Kids to Coverage Schools Initiative is a collaboration among Alameda County’s Social Services Agency – the county administrator of Medi-Cal, or California’s version of Medicaid; Alameda County Health Care Services Agency – the county health department; three school districts (Oakland, San Leandro, and Hayward); and two community-based organizations (East Bay Agency for Children and East Bay Innovations). East Bay Agency for Children serves as the lead agency coordinating the resource centers and outreach activities in two of the three school districts. Health clerks employed by East Bay Innovations make outreach calls and schedule appointments. Initiative partners share a common commitment to promoting child and family health by making sure that all children have access to affordable health care. The Initiative is funded by grants from The Atlantic

Philanthropies and the Department of Health and Human Services, as well as in-kind contributions from the partner agencies.

Oakland's Central Family Resource Center

Oakland is the largest school district in Alameda County – with high numbers of students who are eligible for free or reduced lunch.ⁱⁱ The majority of uninsured children in the County reside in Oakland. Oakland Unified School District's Central Family Resource Center (hereafter referred to as Oakland's family resource center) was the first site to launch a district-wide outreach, enrollment, and retention approach in the County. Over the past fifteen years, the Oakland Unified School District and Alameda County have partnered closely to expand school-based and school-linked health and wellness services, as part of the District and County's shared goals to support the health and well being of children and their families. The Connecting Kids to Coverage Schools Initiative leveraged the design of Oakland's family resource center pilot, which was launched in partnership with the County in 2012. The center brings enrollment assistance resources under one roof so that families can apply for and renew their health care coverage and other essential benefits regardless of the program for which they are eligible.

Two community-based organizations, East Bay Agency for Children and East Bay Innovations, provide essential staff who coordinate the center and conduct outreach using a combination of targeted calls to eligible families and traditional school and community-based outreach strategies. A data sharing agreement developed among the partners allows the County social services agency to share information about Oakland's hard-to-reach, low-income families who are known to be eligible and uninsured, in need of renewing their coverage, or at risk of becoming uninsured.ⁱⁱⁱ Health clerks use this information to conduct targeted outreach calls to inform families of the opportunity to apply and renew their coverage through the center.

Reaching Eligible, but not Enrolled Families with Children

The Challenge

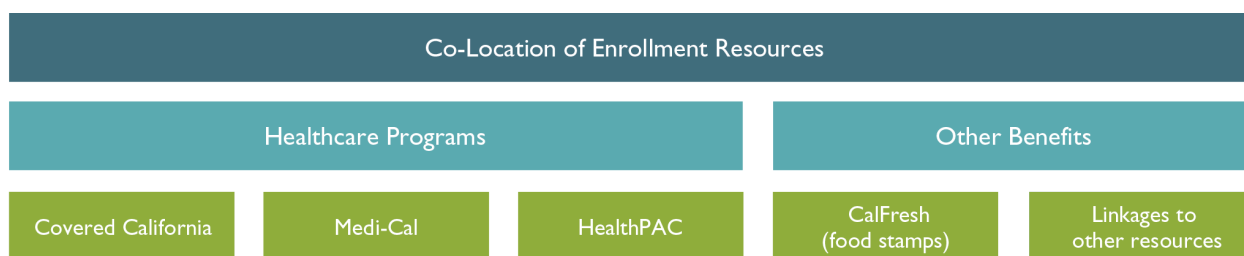
While the Affordable Care Act and Medi-Cal expansion in California has ushered in unprecedented new eligibility for public and private health coverage, historic data on insurance rates demonstrate that eligibility for coverage does not always mean that an individual or family enrolls in or is able to retain coverage over time.^{iv} Of the estimated 1.1 million children in California who were uninsured on the eve of the Affordable Care Act's implementation, approximately 75% had already been eligible for low or no-cost coverage through Medi-Cal or the former Healthy Families program.^v A key goal of the County health and human services agencies is not only to ensure the enrollment of all eligible families, but also to ensure that families renew and retain coverage over time.

Eligible individuals often remain uninsured because of burdensome systems that are difficult to navigate and further complicate existing consumer concerns about enrolling in and maintaining

coverage. Complex eligibility requirements, enrollment procedures, and renewal processes for public programs such as Medi-Cal; concerns about affordability; and mistrust of public systems are all barriers that have prevented eligible families from accessing coverage. Health affordability programs each have their specific eligibility requirements, which means that children frequently qualify for different programs than their parents. Enrolling the entire family in coverage has required that parents make different appointments at multiple locations. For hard-to-reach, Limited English Proficient, and mixed immigration status families, the barriers are even higher. Help may not be available in their language; they may be concerned about how their information will be used; and they may be worried that they do not qualify for programs. Strategies that help overcome both the systemic and consumer barriers are essential for decreasing the number of children and families who are uninsured.

Unlike many efforts to connect children with coverage, Alameda County’s effort is innovative in that it locates enrollment assistance at central school district locations, as opposed to employing a school-by-school or community-based strategy.

Alameda County is a diverse county with 1.6 million residents from various socioeconomic, racial/ethnic, and national backgrounds who face many of these barriers.^{vi} As of 2013, 12% of the population in Alameda County was uninsured, including an estimated 16,000 children – or 5% of all kids in the County.^{vii} Communities of color – especially Latino and African American communities – and immigrant communities are more likely to be uninsured. One in five Latinos (22%) and nearly one in three (30%) non-citizens in the County were estimated to be uninsured.^{viii} Creating solutions that successfully enroll and retain Alameda County’s growing Latino population in affordable health insurance is critical to supporting the health and well being of all communities.

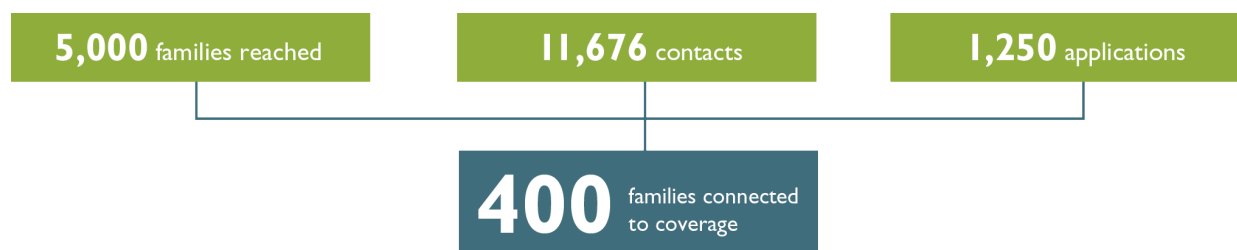


Connecting children and their families to health coverage has long-term implications for children’s healthy development and readiness to participate fully in learning. Uninsured children are less likely to be immunized and 70% less likely than insured children to receive medical care for common illnesses and emergency conditions.^{ix} Research shows that healthy children come to school prepared to learn and focus in the classroom.^x Access to affordable health care can decrease disparities in health and education outcomes among wealthy and poor communities, and in communities of color.

The Innovation

Alameda County’s Connecting Kids to Coverage Schools Initiative was built on the premise that re-organizing system resources to respond to the preferences, needs, and motivators of hard-to-reach families would result in the enrollment of the newly and previously eligible, and the retention of those currently covered. This “one-stop shop” model was designed to overcome the consumer and system barriers by matching enrollment channels and messengers to the needs and preferences of uninsured and underserved families. District-based resource centers help families to apply for multiple programs, provide culturally and linguistically relevant support and assistance, and guide the entire family through each step of the application to enrollment process.

- Parents and families access the *school district* with regularity for the purposes of school enrollment and for a variety of other services related to their children’s well-being. Locating the family resource center at the school district capitalizes on this trusting relationship.
- A cohort of county *enrollment professionals from the social services and health care services agencies* provide assistance to families at the central family resource centers during regularly scheduled hours. Locating these expert enrollers at community-based locations such as the school district increases the convenience of enrollment assistance for families and removes some of the stigmas associated with going to county offices.
- *Community-based partners* have years of primary knowledge and experience with increasing the participation of hard-to-reach families in various programs – from health insurance to voter registration and beyond. East Bay Agency for Children, the lead agency in Oakland, brings legitimacy within target communities and knowledge of their cultural and linguistic preferences, serving as an effective vehicle for outreach and motivating families to enroll.

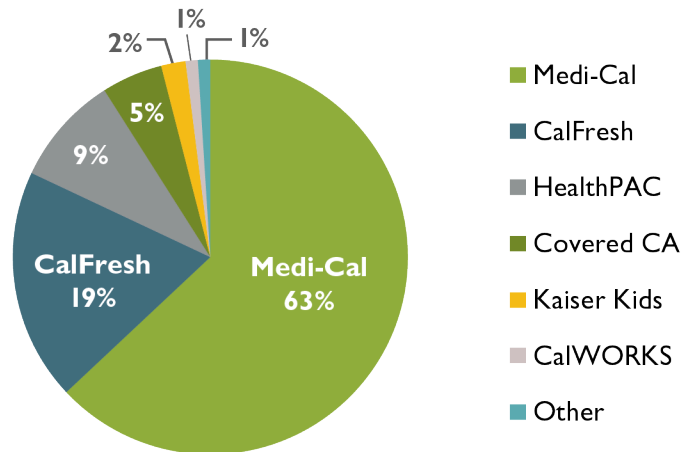


The Impact

The Initiative’s innovative, district-based approach to connecting uninsured children and their families to coverage is showing promise in helping Oakland families apply for and retain coverage.^{xi} During its first year, Oakland’s family resource center assisted with the submission of over 1200 applications for health insurance and other benefits, connecting close to 500 children (from 400 families) with critical coverage.^{xii} A preliminary analysis of cost per application suggests a range of \$75-\$175 per application, while the estimated cost to connect each family with health insurance is \$500.^{xiii} The family resource center attracted hard-to-reach segments of the uninsured, including those who had been uninsured for over a year, as well as

Latino and Limited English Proficient families. The majority of children who were connected with coverage came from schools and communities in Oakland’s low- to moderate-income neighborhoods and enrolled in Medi-Cal.^{xiv}

Applications Submitted by Program (n=1,250)



Source: OUSD CFRC Access Database Analysis: 11/24/2012- 10/05/2014

Connecting Uninsured Families to Medi-Cal and CalFresh

The majority of families that received assistance at the center got help with their Medi-Cal or CalFresh applications.^{xv} While Oakland’s family resource center had certified enrollment counselors on staff to assist with Covered California applications, the targeted outreach campaign focused on Medi-Cal eligible families. As a result, Covered California applications represented a small proportion (5%) of applications submitted.^{xvi}

Reaching Families in East Oakland

About one-third of families that applied for coverage during the first year resided in East Oakland – primarily in the Coliseum (94621), Fruitvale (94601), and Sobrante Park (94603) neighborhoods, areas of the City with the highest levels of poverty and greatest disparities in health outcomes.^{xvii} Most of the children reached through these services attended schools with high proportions of students eligible for free and reduced lunch, such as Greenleaf Elementary, Oakland High School, and Fruitvale Elementary.^{xviii}

Families that reside in the high poverty neighborhoods of East Oakland tend to be uninsured for long periods of time and to face disproportionate health hazards and high barriers to enrolling in coverage. In Alameda County, high poverty neighborhoods have lower life expectancies – nearly eight years lower than affluent neighborhoods – and are two to four times more likely to visit the emergency room for diabetes, asthma, obesity, and assault.^{xix} Connecting children and families from these neighborhoods to coverage increases access to preventive care that can mitigate life-threatening conditions and contribute to reductions in health inequities.

These results also demonstrate that families are willing to travel outside their immediate neighborhood to get help applying for coverage, with the highest proportion of families assisted coming from East Oakland – several miles away from the school district office. In fact, most families (90%) reported that the central family resource center located at the district office was convenient.^{xx} This lends support to the Initiative’s premise to use the trusted location of the school district as a safe, familiar place for enrollment assistance.

Identifying the Uninsured

The Challenge

Many outreach and marketing campaigns do not yield enrollments because the message is not reaching families when they are ready to act. When executed strategically, targeted outreach efforts are more effective than mass marketing campaigns at motivating eligible, uninsured families to enroll. The literature on health care outreach suggests that most families need to be reached multiple times before they take action to enroll. In one study, 20% of families took action to enroll after the first contact; that number grew to 35% when families were contacted four or more times.^{xxi} Multiple contacts are particularly important for motivating African American and Latino consumers to act. Research shows that African American and Latino consumers are twice as likely to take action after the third follow-up.^{xxii}

A challenge with leveraging schools as a channel to reach uninsured children is identifying children who lack coverage or may be at risk of losing their existing coverage. Lean and targeted campaigns are only possible with access to this type of data. Many school districts do not collect, store, or analyze information on their students’ and families’ insurance status – and when school district data do exist, districts need to ensure that families’ personal information is used with appropriate consent. Some schools and districts ask families about their insurance status during registration, but this information is often stored on paper forms, is not always required information, and is often outdated. County systems have access to enrollment data for public health coverage and benefit programs, but privacy and confidentiality concerns limit their ability to share it with external partners, including school districts.

One approach employed by some districts is to use free and reduced lunch application data as a proxy for potential health coverage and public benefits eligibility. Outreach is targeted to those families who may be eligible based on the similar income eligibility requirements between free and reduced lunch programs and other health coverage and public benefits programs.

The Innovation

To raise awareness about the application assistance available through the central family resource centers, the Initiative has implemented a combination of data-driven and traditional outreach methods in order to reach families who need insurance and to achieve the multiple message points that best practices indicate are required. In Oakland, the Initiative deployed two strategies to target outreach campaigns. The first strategy utilized an existing data agreement

between Oakland Unified School District and the State of California to obtain information on families that had recently been terminated from Medi-Cal. The second strategy relied on a new data sharing agreement between the District and Alameda County Social Services Agency. Through this latter agreement, the social services agency provided Oakland's family resource center with a list of families whose Medi-Cal coverage is at risk of lapsing or has lapsed within the last year, as well as those who have enrolled in CalFresh, but not Medi-Cal. Access to data on individuals who are likely uninsured enabled the targeting of outreach resources. Targeted calls were made to those families from the resource center, with the goal of signing up families for appointments with enrollment assistance personnel. The coordinator of Oakland's family resource center also worked with school staff and community partners to lead traditional outreach and education to families at individual school sites, school-based health centers, and community locations.

The Impact

Over half of families (58%) who Oakland's family resource center talked to were interested in receiving information or application support, which points to the success of the targeted outreach strategy.^{xxiii} In addition to helping families apply for benefits, the family resource center also provided assistance to currently insured families with navigating their benefits and renewing coverage. Some families did not know their current insurance status, needed help renewing their coverage, wanted assistance with a pending Covered California application, or needed help finding a doctor.

Leveraging School Districts as Trusted Channels

The Challenge

Schools are in many ways an ideal venue for reaching and enrolling eligible, but not enrolled families with children. Schools have daily access to children and regularly interact with parents on a variety of issues affecting their children's well-being. Many efforts have attempted to leverage schools as a trusted channel among uninsured families, but have not been successful at producing enrollments. School sites rarely have dedicated enrollment staff to help families apply for coverage; uninsured families are not necessarily concentrated at a single school site; and families may not feel comfortable disclosing their insurance status, bringing personal financial information or applying for public benefits where their children also attend school. For uninsured children in middle and high schools, reaching their parents can be difficult, as they tend to spend less time on campus.

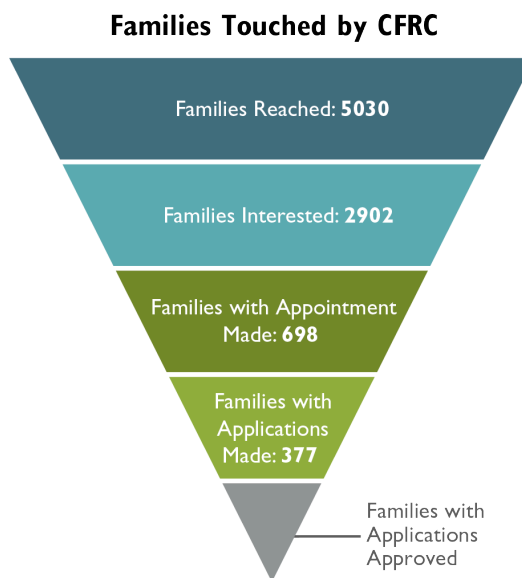
The Innovation

Oakland leveraged the trusted relationship and sense of accountability parents feel to the school district to deliver a multi-pronged, district-wide outreach and enrollment campaign. Through a combination of traditional outreach techniques and targeted calls to families, the family resource center was able to touch over 5,000 families with outreach messages.^{xxiv} Outbound

calls from the family resource center were used to reach out to families and educate them about opportunities to get help applying for coverage.

The Impact

Families feel accountable to the schools and the school district when they call. Oakland’s family resource center reached over 5,030 families with outreach calls, about half of whom expressed some sort of interest in applying, coming in for an appointment or receiving more information.^{xxv} Data-driven, targeted outreach methods contributed to this high contact rate with families. As seen in the diagram to the right, moving families from the point of outreach through the point of completing an application can be difficult, and does not lead to a 100% rate of conversion from outreach to enrollment.^{xxvi} This funnel is typical to most outreach campaigns.



Source: OUSD CFRC Access Database Analysis: 11/24/2012- 10/05/2014

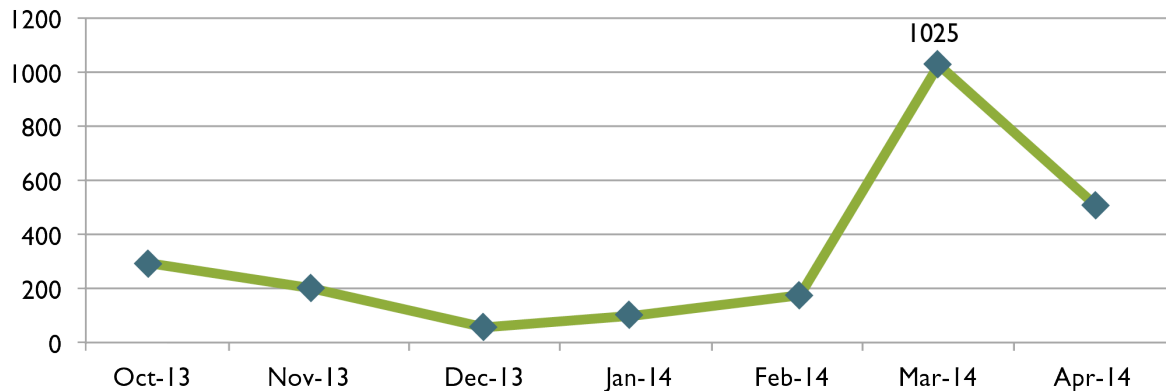
The school district has proven to be an effective channel for delivering health care enrollment messages. When families received a phone call from the district, they listened to the caller and stayed on the line. Persuading consumers to make an appointment is often the biggest obstacle for outreach and enrollment efforts. Of those families who were interested in learning more, one in four people immediately made appointments to come to Oakland’s family resource center for application assistance.

Nearly 1,000 families contacted Oakland’s family resource center for help applying for coverage after a robo-call went out from the school districts towards the end of open enrollment.

The School District Generated Robo-Call

Another example of this dynamic was seen in the last week of the open enrollment period in March 2014, when Oakland’s family resource center sent a robo-call to all families in the school district, reminding them of the open enrollment period. The message informed families of the potential tax penalty of remaining uninsured and the option to get help applying at Oakland’s family resource center. Nearly 1,000 families contacted the center to get help with applying for coverage and other resources.^{xxvii} This outcome suggests that when the outreach message reaches eligible consumers at the right time, they will be motivated to act, especially when help is available at a convenient and known location such as the school district.

Contacts with Families During Open Enrollment



Source: OUSD CFRC Access Database Analysis: 11/24/2012- 10/05/2014

Re-Branding Schools and Districts as Resources for Family and Community Health

The Challenge

Uninsured families with children may not know where to go for help accessing coverage and may view schools and districts as institutions solely responsible for their children's education. Further, many uninsured families qualify for multiple coverage programs. As a result, families may not immediately turn to the district for help with applying for coverage. Becoming known as a resource for accessing health care and other benefits among hard-to-reach and uninsured families requires a positive customer service experience and a re-branding of the district's role as a resource for health.

The Innovation

For Oakland this campaign has aligned particularly well with the District's vision of community schools, where schools and community partners play a key role in supporting the health and well-being of students, families, staff, and communities. A key component of this strategic direction is the Initiative's partnership with public health and human services agencies and community-based organizations. The family resource center focuses on supporting families enrolling in health care coverage with critical next steps, such as linking to a health care provider or health home, and accessing other supports such as emergency food resources, housing, or job search assistance.

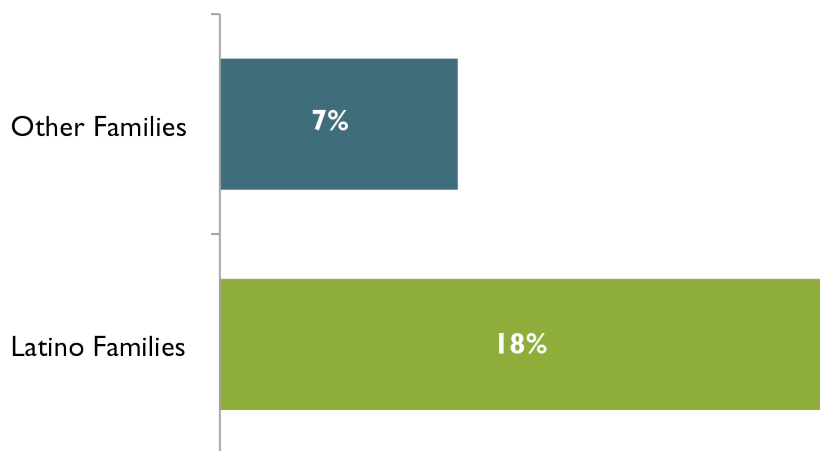
Engaging East Bay Agency for Children—a trusted community-based organization—ensured that families received culturally and linguistically responsive service and assistance with a wide range of self-identified needs. Families were able to apply for more than one coverage option or

benefit at Oakland’s family resource center in English or Spanish. As a result, word is spreading about the District as a partner in accessing resources that support family health and stability.

The Impact

Families reported a positive customer experience at Oakland’s family resource center, with most families served (94%) reporting that they would recommend the center to other families.^{xxviii} While the primary outreach vehicle for driving families to the resource center was a phone call or a robo-call from the school district, families are beginning to tell other families about Oakland’s family resource center. Among Latino families, in particular, word is spreading. One year into the effort, a fifth of Latino families who received help reported hearing about the family resource center from a friend or peer. Word-of-mouth peer references are of high value in communities of color, as seen in successful “promotora” models and other examples of peer-to-peer outreach.

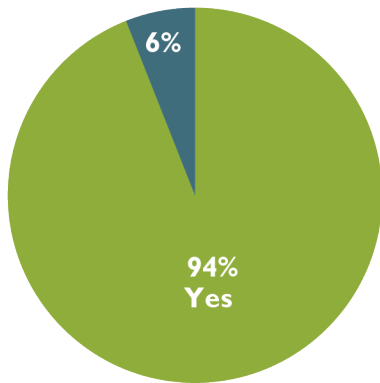
Referred by Peers to Oakland’s Family Resource Center



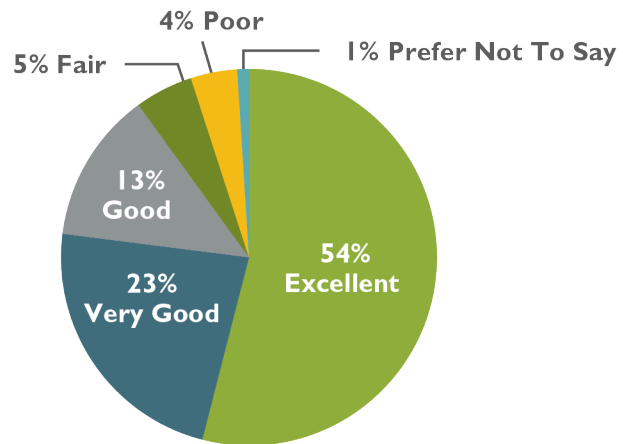
Source: CFRC Consumer Survey September 2014, conducted by Bright Research Group.

Oakland’s family resource center is building brand recognition within the community by providing families with a responsive and customer-oriented enrollment experience. Families who have sought help are generally very satisfied with the services they received and, when asked, said that they would refer other families to Oakland’s family resource center.

Will you recommend the CFRC to other parents? (n=102)



How would you rate the CFRC? (n=102)



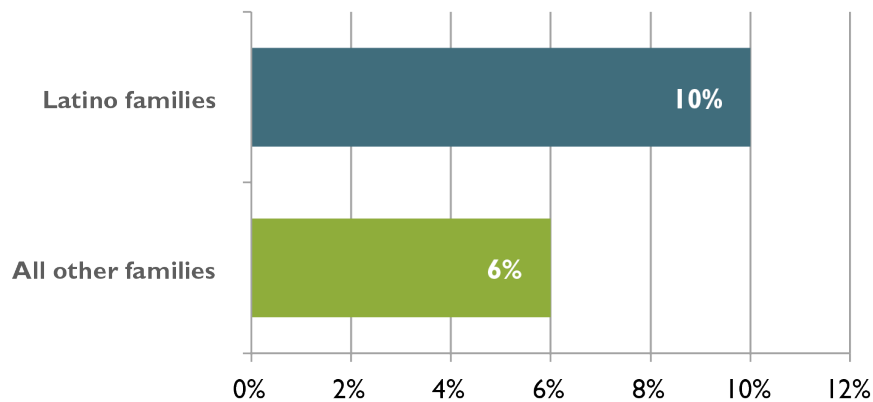
Source: CFRC Consumer Survey September 2014, conducted by Bright Research Group.

What We are Learning about Uninsured Families and Children

Mixed Immigration Status and Latino Families

Latino and mixed immigration status families are most likely to be uninsured; at the same time, they are also least likely to enroll. However, the district-based approach in Oakland was especially successful at reaching Latinos who preferred receiving assistance in Spanish – or Limited English Proficient families. Nearly a third (31%) of families that received application assistance were Spanish-speaking Latinos.^{xxix} In fact, one in ten Latino parents reached by the family resource center applied for coverage, while 6% of all other families submitted an application.^{xxx} Latino parents reported wanting information about other community resources and public benefit programs, in addition to help applying for health insurance.

Families Reached with an Application Submitted

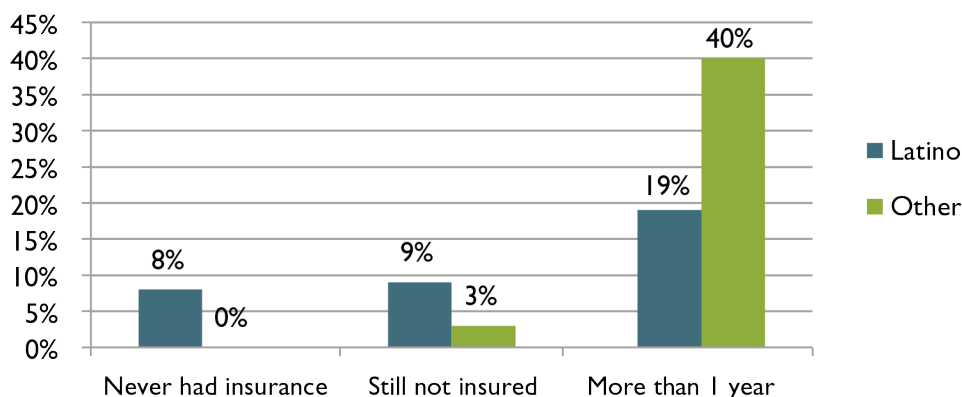


Source: OUSD CFRC Access Database Analysis: 11/24/2012- 10/05/2014

Long-Term Uninsured

Nearly 30% of families surveyed reported that they had been uninsured for more than a year before getting help with their application at Oakland’s family resource center.^{xxxii} Latino families were more likely than all other families to have never been insured, while other families were more likely to be among the long-term uninsured (previously uninsured for more than a year).^{xxxiii}

Length of Time without Insurance before coming to the CFRC



Source: CFRC Consumer Survey September 2014, conducted by Bright Research Group.

Post-Application Support

Navigating the Application to Enrollment Journey

For uninsured families and children eligible for, but not enrolled in health coverage, the journey towards coverage does not end with the submission of an application. There are a number of steps, depending on the program, that need to be completed, either by the family or another agency, to finalize the enrollment process after the appointment ends.

The Journey from Appointment to Enrollment



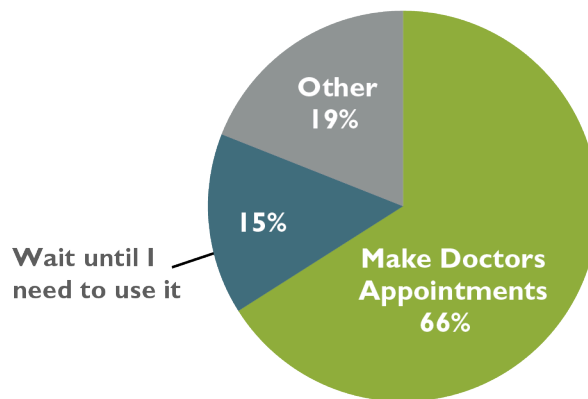
Families reported confusion about what happens with their application after they finish their appointment, where they needed to send additional paperwork, and in some cases, reasons for denial of coverage. Families are reaching back out to the center for help navigating the application to enrollment process, and Oakland is adapting its efforts to meet these needs by creating documents that outline what families can expect after their application for health coverage or CalFresh has been submitted.

Using Their Coverage

For many individuals who have been chronically uninsured or underinsured, utilizing health insurance is a critical component of health promotion and prevention of illness. In addition, accessing health care through insurance reinforces the value of insurance and encourages retention of coverage. Parents who enrolled in coverage were confident about their ability to use their insurance. Three in four families (72%) felt like they had enough information about how to use their new health insurance.^{xxxiii}

Making a doctor’s appointment for themselves or their child was the first thing most families planned to do with their coverage. Latino families were more likely to report that they were going to wait until they needed it or get a prescription that their family already needed.^{xxxiv}

What is the first thing you will do or have already done with your health insurance? (n=76)



Source: CFRC Consumer Survey September 2014, conducted by Bright Research Group.

Conclusion

To effectively enroll and retain families in health insurance, there are many barriers that need to be overcome at the individual and systems level. “Hard-to-reach,” chronically uninsured populations are often elusive in traditional outreach and enrollment campaigns. The Affordable Care Act has led to many innovations and changes to the landscape of resources that are available for enrollment purposes. Alameda County’s Connecting Kids to Coverage Schools Initiative seized the opportunity of this disruption to align diverse partners – each with their unique strengths – to create a comprehensive, targeted, school district-based approach.

Early results of these efforts demonstrate the emergent nature of school districts as a trusted resource for health care enrollment and retention among underserved, hard-to-reach communities. In Oakland, the lesson learned is that uninsured families can be motivated to apply for and retain coverage through targeted messages and one-on-one assistance that meets

the broader needs of the family. This school district-based approach has enabled the enrollment and retention of close to 500 children in affordable health care and other essential public services during its first year.^{xxxv} The long-term impact of upstream enrollment initiatives is that more children and families will access preventative health care that improves health outcomes and decreases health disparities.

The collaborative approach between public sector agencies, school districts, and community-based organizations is showing promise as a system solution to reducing the number of uninsured children and families. By testing new strategies and continuously assessing outcomes, the Initiative is contributing to a growing literature about refining public systems to meet the needs and preferences of families in order to connect them to affordable health coverage. As the Initiative refines its processes and approach in Oakland and grows in Hayward and San Leandro, capturing the lessons learned from this work is essential to the vision and mission of health access for all.

Appendix

Methodology

This policy brief relies on two primary methodologies: a consumer survey conducted with families that received assistance from Oakland's family resource center and an analysis of application and enrollment outcomes over the past year from the center's database. Both methodologies are described below.

Consumer Survey

The purpose of the consumer survey was to learn about early consumer experiences with Oakland's family resource center, to assess consumer satisfaction with services received, and to identify consumer needs. The survey consisted of 11 questions. The resource center provided a list of 263 names, phone numbers, and language preferences for consumers who received assistance in 2013-14 and identified English or Spanish as their primary language. Telephonic surveys were administered from July 17, 2014 to August 30, 2014 in English, Spanish, and Mam.^{xxxvi} All consumers were called at least twice. A total of 103 surveys were completed by phone. The response rate was 39%.

OUSD Family Resource Center Outcomes Analysis

The primary method involved analyzing de-identified consumer data stored in the Oakland Unified School District Central Family Resource Center Access database. Bright Research Group obtained an extract of the consumer information stored in the Access database; all names and identifying information were removed from the extract. The analysis examined assistance provided for all families and individuals (approximately 5,000) stored in the Access database between November, 2012 and October, 2014. The analysis sought to determine how many adults and children received application assistance and their demographic profile; how many were successfully enrolled in health insurance; and into which programs families and children enrolled or renewed coverage.

Limitations

Demographic data points were not available for all families. Ethnicity was not recorded or captured in the Access database, so preferred language was used in lieu of ethnicity data to draw some conclusions about the populations reached. References to Spanish speakers in the analysis can be interpreted to represent Latino families. However, Latino families may also be captured in the English speakers category, or other categories. References to English speakers can include any race/ethnicity- White, Black, Vietnamese, Chinese, etc.- and current data availability does not allow for further analysis among those noted with English language preference.

Notes and References

ⁱ Preliminary analysis suggests a range of \$75-\$175 per application. A more in-depth cost-benefit analysis is planned.

ⁱⁱ Students from households with low incomes are eligible for free or reduced lunch meals through the School District. Income eligibility levels vary by household size. For 2012-2013 in California, children in households of four with annual incomes less than \$29,965 are eligible for free lunch. Reduced-price lunch eligibility for children in a household of a four is \$42,643.

ⁱⁱⁱ The agreement shares data on families whose Medi-Cal coverage has recently lapsed or who will need to renew their Medi-Cal coverage soon. Data may also be shared about families who are enrolled in or eligible for food stamps (CalFresh), but who do not appear to be enrolled in Medi-Cal – a sign that they are likely eligible for affordable health care.

^{iv} Medi-Cal is California’s Medicaid Program. California opted to expand Medi-Cal eligibility under the Affordable Care Act for residents with incomes below 138% of the federal poverty level.

^v California HealthCare Foundation (2013). California’s uninsured: By the numbers. *California Health Care Almanac*. December 2013.

^{vi} US Census Bureau; American Community Survey, 2011-2013 American Community Survey 3-Year Estimates.

^{vii} Ibid.

^{viii} Ibid.

^{ix} Bernstein, J. Chollet, D., & Peterson, S. (2010) How does health insurance improve health outcomes? *Mathematica Policy Research Inc.*, April 2010.

^x Allensworth, D., Lewallen, T. C., Stevenson, B., & Katz, S. (2011). Addressing the needs of the whole child: what public health can do to answer the education sector’s call for a stronger partnership. *Preventing Chronic Disease*, 8 (2), February 2011.

^{xi} Certified enrollers at Oakland’s school district provide enrollment assistance for different insurance programs, including Medi-Cal (California’s version of Medicaid for families with incomes below 138% of the federal poverty level) and Covered California (subsidized and unsubsidized health plans for all families above 138% of the federal poverty level). Enrollers also assist with applications for HealthPAC – a program in Alameda County that provides comprehensive health care services through a provider network for individuals who are below 200% of the federal poverty level and not enrolled in or eligible for Medi-Cal, and who do not have access to private or employer-based insurance.

^{xii} Oakland Unified School District Central Family Resource Center Database: 11/24/2012 through 10/05/2014, analysis by Bright Research Group. Certain limitations apply. The best data available to capture enrollment outcomes was “submitted applications.” Approved application data were not available for a variety of reasons: verification of application status requires manual checking through online systems; a large Medi-Cal backlog at the State led to processing delays for many applications; and Covered California does not update certified enrollers about the status of applications submitted. A separate analysis by the Social Services Agency found a 63% approval rate of submitted applications.

^{xiii} A preliminary analysis of cost effectiveness was calculated as the cost of enrollment assistance, outreach and central family resource center personnel from 2012-2014 divided by the total number of

applications or the total number of families with assisted applications. A more in-depth cost-benefit study is planned.

^{xiv} Oakland Unified School District Central Family Resource Center Database: 11/24/2012 through 10/05/2014, analysis by Bright Research Group.

^{xv} CalFresh is California's food stamps program.

^{xvi} Oakland Unified School District Central Family Resource Center Database: 11/24/2012 through 10/05/2014, analysis by Bright Research Group.

^{xvii} Ibid.

^{xviii} Ibid.

^{xix} Alameda County Public Health Department (2014). *Alameda County Health Data Profile, 2014: Community Health Status Assessment for Public Health Accreditation*. Alameda County Public Health Department.

^{xx} Central Family Resource Center Consumer Survey September 2014, conducted by Bright Research Group. N=103.

^{xxi} Gonzalez, R. (2014, April 11). "#StateOfEnrollment: How targeted follow-up can increase enrollment and reduce disparities," Enroll America. Retrieved from <http://www.enrollamerica.org/blog/2014/04/stateofenrollment-how-targeted-follow-up-can-increase-enrollment-and-reduce-disparities/>

^{xxii} Ibid.

^{xxiii} Central Family Resource Center Consumer Survey September 2014, conducted by Bright Research Group. N=103.

^{xxiv} Oakland Unified School District Central Family Resource Center Database: 11/24/2012 through 10/05/2014, analysis by Bright Research Group.

^{xxv} Ibid.

^{xxvi} Families often submitted multiple applications – for different health insurance programs or other public benefits. This graphic represents the number of families served, and does not represent the total number of applications submitted. Overall, 377 families had at least one application submitted – for a total of 1,250 applications. Data on the number of families with applications approved was not available; please see the notes on limitations in endnote xii above.

^{xxvii} Ibid.

^{xxviii} Central Family Resource Center Consumer Survey September 2014, conducted by Bright Research Group. N=103.

^{xxix} Ibid.

^{xxx} Oakland Unified School District Central Family Resource Center Database: 11/24/2012 through 10/05/2014, analysis by Bright Research Group.

^{xxxi} Ibid.

^{xxxii} Ibid.

xxxiii Central Family Resource Center Consumer Survey September 2014, conducted by Bright Research Group. N=103.

xxxiv Ibid.

xxxv Oakland Unified School District Central Family Resource Center Database: 11/24/2012 through 10/05/2014, analysis by Bright Research Group.

xxxvi Mam is a Mayan language, spoken primarily by individuals from Guatemala and certain parts of Mexico. Many families identified as “Spanish-speaking” actually preferred to speak Mam. Mam speakers are a growing population in the Limited English Proficient communities in Oakland.