

## Appendix A: Summary of Responses to ICHP Email Survey of Hospitals, Health Plans, and Public and Private Organizations Participating in Open Enrollment

Question	Hospitals/Health Systems N=4	Health Plans N=4	Public County Organizations N=6	CBO-Private N=4
<p><b>What other strategies, besides those listed above, did you/your organization use to provide information to families about the open enrollment process?</b></p>	<p>Collaborations with other impacted agencies; press conferences, joint enrollment drives; 24/7 hotline and application assistance at the hospital and satellite facilities.</p> <p>The written information we were given was very helpful. It gave us the copy points we needed to put the information out to our employees and patients.</p> <p>Direct mail/direct referrals, coalition partnerships, Health/Safety Fairs, PSAs, Press Conferences &amp; Press Interviews, Press Releases, Call Center, TV and Radio appearance, Parent Orientations (Head Start), Business Presentation.</p>	<p>Visited physician offices, pharmacies, grocery stores, Wal-Mart and put up posters, tent cards to support the program. We wore our Healthy Kids tee shirts to lend credibility to our request.</p> <p>Community events, community partners, school systems.</p> <p>Mail notification to uninsured children identified during closed enrollment. Application distribution to all students in the school district. Staff participated in Project Pathfinder. Staff distributed posters to all employer group locations. Participated in community events. Strategic placement of life-sized cardboard Healthy Kids. Promoted open enrollment through partners willing to assist with application distribution, speaking engagements, newsletters and staff in-services.</p>	<p>I kept sending via email the FKC updates provided by Florida Covering Kids &amp; Families Project to community partners and to the members of (county's) Kid Care Advisory Council. Asked to be put on (county HD) division managers and nursing division meeting agenda to bring an update of the new open enrollment. Via email, kept (county's HD) staff updated on FKC changes and open enrollment period. Posted flyers in English, Spanish &amp; Creole in clinic sites. Distributed FKC applications to HK sites.</p> <p>Sent out flyers to all students' families in school system.</p> <p>Our county has a Whole Child Project which allows parents to complete a profile for heir family stating needs such as health care. Personal responses are generated linking them to KidCare toll free phone number and website.</p> <p>Local media, schools</p> <p>[The County] staffed a FL KidCare Hotline, and distributed applications via county sites.</p> <p>[County name] County Schools printed and distributed applications, in both English and Spanish for distribution to students.</p>	<p>Mail notification sent to uninsured children identified during closed enrollment; applications distributed to all students in the school district; requested school to announce open enrollment on marquis and newsletters; participated in community events, radio show interview; strategic placement of life-sized cardboard Healthy Kids; promoted open enrollment through partners willing to assist with application distribution, speaking engagements, newsletters, and staff in-service.</p> <p>Partnered with community agencies to spread word, own fliers, electric bill inserts, newspaper PSAs, massive mail-out to families who marked on reduce lunch forms that they're interested in KidCare.</p> <p>The (agency's name) coordinated with our partners (the county and private CBOs) a call center that distributed applications and information. We advertised the hotline throughout the county using radio and print media. We also did spots on TV. We urged all to call the hotline number; calls were tracked for further follow-up.</p> <p>Worked closely with other organizations such as the Sheriff Dept. (and various CBOs). Also, we have a dedicated team of volunteers in three geographic areas who manned booth displays, made presentations, and helped promote the program in many different ways.</p>

<p><b>In your opinion, what were the most effective strategies that you used?</b></p>	<p>All of the above</p> <p>Handing our patients information as they were discharged from physician offices.</p> <p>Call Center, Health Fairs, Coalition Partnerships, Press Conferences/Releases/Interviews</p>	<p>We only have a rural county, but word of mouth and having visuals around town really reinforced our efforts.</p> <p>Community events.</p> <p>Application distribution to all students in the school district, mail notification to uninsured children identified during closed enrollment, radio show interviews, community event participation.</p>	<p>All of the above.</p> <p>It was the only strategy the school board used...in addition to answering questions by phone and referring when necessary.</p> <p>Flyers provided to local non-profit agencies serving children in our county, as well as the Whole Child Project system.</p> <p>FL KidCare Hotline in conjunction with community efforts to outreach and distribute applications.</p> <p>Printing and distribution of flyers.</p>	<p>Application distribution to all students in the school district; mail notification to uninsured children identified during closed enrollment; radio show interviews, community event participation.</p> <p>Bill inserts</p> <p>Health fairs throughout the county and the call center approach.</p> <p>Radio talk shows helped amplify the effect of the PSAs. We also participated I several major community events, which gave us tremendous exposure to many families. Also, participated in local health fairs as well, which were one-on-one type of events that also were productive. We utilized the school district to help get the word out and they printed the needed applications to ensure eligible students received an application.</p>
<p><b>In your opinion, what were the least effective strategies?</b></p>	<p>Strategies that involved large expenses due to monetary constraints (e.g., newspaper ads)</p>	<p>School Systems</p> <p>Project Pathfinder. Most of the families said they had already returned their application, and not enough families were impacted by the effort.</p>	<p>N/A. We were unable to utilize other strategies due to financial constraints.</p> <p>Newspapers</p> <p>The flyer by itself, without an application, is not an effective mechanism to reach families who truly are in need of the services. Many have limited language/reading skills, limited access to computers, etc.</p>	<p>Special emphasis was placed on successful strategies based on local outreach experiences. Some marketing materials were not utilized due to an extensive time to implement and the short duration of open enrollment. Some examples include: transit cards and t-shirts, door hangers and tent cards, truck graphics and billboards, tray liners and grocery bags.</p> <p>Hard to know; because calls went to Tallahassee, but a guess -- PSAs</p> <p>Some of the art work we didn't use such as the ones for the trucks or bus stations. Also, the original artwork for the applications was simply not usable or printable. We finally received something that we could reproduce and distribute.</p>

<p><b>What barriers did you encounter as you disseminated information about open enrollment?</b></p>	<p>We did not have a lot of time to prepare, particularly the materials. They were released right around Christmas and it was tough to find entities that were open and able to handle the jobs.</p> <p>Time and money to print the information.</p> <p>Time constraints (that was our number one barrier), language, culture (including literacy), awareness, manpower (staffing), limited resources (literature, give-a-ways, etc.) parents immigration status.</p>	<p>Many thought we were "selling" something, but quickly overcame the objection once they listened to our request.</p> <p>School systems willing to distribute information on such a short timeline. Ability to get the applications and information out to the public in time to meet deadlines.</p> <p>Insufficient time to disseminate promotional materials prior to enrollment period. Enrollment window ended just as marketing efforts were becoming fruitful.</p>	<p>Community partners had trouble downloading the applications.</p> <p>A few schools failed to send out in a timely manner.</p> <p>No budget for materials or staff to distribute countywide.</p> <p>Funding</p> <p>Confusing and changing application documentation and submission procedures; rushed open enrollment period that led to decreased outreach effectiveness.</p> <p>I found it difficult to download the application.</p>	<p>Marketing materials were not available in sufficient time to disseminate prior to the enrollment period. Enrollment window ended just as marketing efforts were making an impact. Many families received the message after enrollment had closed.</p> <p>Not enough money; more stuff could have been used; mixed message, people were confused as it was only open enrollment for 1 month.</p> <p>The applications were not provided by the state. This was a barrier.</p> <p>The original applications as I mentioned were not usable due to the format they were sent in.</p>
<p><b>Did you distribute KidCare applications during the open enrollment period? If so, approximately how many did you distribute?</b></p>	<p>Yes – over 1,000</p> <p>Yes -- 60,000 (including community agencies, partners)</p>	<p>No--We referred everyone to HK for applications.</p> <p>Yes, approximately 1,700,000</p> <p>Yes--10,000</p> <p>Yes-- 100,000</p>	<p>Yes -- 2,000</p> <p>Yes -- 40,000</p> <p>No applications were distributed by our agency, but it was done at local DCF and Health Dept offices. I am not able to access the information on how many applications they distributed.</p> <p>Yes -- 6000</p> <p>Yes -- 8,350 Florida KidCare applications distributed to parents through County facilities and local FL KidCare hotline ; 25,000 multilingual brochures distributed to County facilities for residents to receive assistance with their prescription medication</p> <p>60,000 plus</p>	<p>Yes -- 100,000</p> <p>Yes—at least 10,000</p> <p>Yes we did. Approximately 50,000.</p> <p>Does a Boy Scout go camping? Hundreds were distributed through the schools, community events, local KidCare supporting organizations including health care providers. We distributed in excess of several thousand applications, not counting those downloaded directly by organizations that work with us on an ongoing basis.</p>

<p><b>With what other organizations/health plans did you partner with during the open enrollment period?</b></p>	<p>UM-JMH, Baptist Hospital, United Way, The Children's Trust, MDC, HSC and others</p> <p>As the lead agency in (area), we have over 30 partners in our coalition, including some leading children's agencies.</p>	<p>County Health departments allowed us to put tent cards and life-sized props in their office. Many other stores, such as Wal-Mart and Food World allowed the same.</p> <p>Amerigroup, Health Depts., Covering Kids, Public Schools, CHAPS, several community organizations and events.</p> <p>County health departments, CBOs, civic organizations, local hospitals, private health care providers, subsidized child care providers, employer groups.</p>	<p>Health Ease and Amerigroup</p> <p>Health Dept., Childhood Development Services, Interfaith, DCF</p> <p>The Whole Child Project as well as several non-profit agencies serving children in the county.</p> <p>School District</p> <p>A wide variety of organizations, notably the Children's Trust which funded the staffing for the KidCare hotline</p> <p>Healthy Communities</p>	<p>Local HK plan, county health depts., civic organizations, local hospitals, private health care providers, subsidized child care providers.</p> <p>Health Depts, hospitals, MD offices (especially pediatrics), restaurants disturbing coloring books, electric companies, H&amp;R Block, etc.</p> <p>Local CBOs, community centers, and health plans.</p> <p>Sheriff Dept [and CBOs].</p>
<p><b>How did you/your organization fund the strategies you obtained from the Tool Kit?</b></p>	<p>We took funds slated for other projects to fund the open enrollment</p> <p>Our operating budgets</p> <p>[Local agencies] and discount from local printers, city and County Commission.</p>	<p>Minimal costs for what we did.</p> <p>Reallocation of budget</p> <p>Health plan provided funding in conjunction with local hospitals and CBO.</p>	<p>Health Ease and FL Covering Kids &amp; Families Project provided free of charge applications (English only) and promotional materials. Florida DOH provided applications in English and Spanish.</p> <p>We only used free information and tools available to us as there was no budget allocated for marketing this program at the beginning of our fiscal year.</p> <p>Used some dollars through the health department.</p> <p>Many were inappropriate for a 30 day period (truck banners, etc.) More helpful if now updated for continuous open enrollment.</p> <p>Did not use.</p>	<p>We solicited support from the local public hospital as well as the local HK health plan provider.</p> <p>Had budgeted out outreach funds, only used radio PSAs</p> <p>The (agency name) currently funds KidCare outreach. We also utilized private donations from area hospitals. We received in-kind support from Miami Dade County as well as the City of Miami.</p> <p>[We have] been absorbing the cost for marketing and servicing KidCare for several years and this go around was no different. It is getting much more difficult for [us] to continue to provide funds and hopefully the state will recognize that they need to provide funds to market as well as SERVICE what we sell.</p>

<p><b>How did you/your organization fund other strategies that you used?</b></p>	<p>We took fund slated for other projects to fund the open enrollment.</p> <p>[Local agencies] and discount from local printers, city and County Commission.</p>	<p>Cost was minimal as we used mostly the materials sponsored by HK.</p> <p>Reallocation of budget</p> <p>Health plan partners with CBO who pursues grants for the purpose of promoting open enrolment and outreach activity. Funds awarded were used to create applications, promotional materials and fund 1.5 FTEs to promote the program in the community.</p>	<p>The Whole Child Project is currently funded by a county dedicated millage. The non-profit agencies were given one original flyer each and made their own copies to distribute.</p> <p>Printing of application was funded by school district. We felt it was important to give families an application in addition to information on how to obtain one. As stated previously not all families are computer literate, etc.</p>	<p>Grants were pursued for the purpose of promoting open enrollment and outreach activity. Funds awarded were used to create applications, promotional materials and fund 1.5 FTEs to promote the program in the community.</p> <p>Funding from the organization.</p> <p>Same sources as above.</p> <p>We receive private donations and have received funds from the county to assist.</p>
<p><b>What would help you to best reach families during the upcoming open enrollment?</b></p>	<p>I thought that we were now in a permanent open-enrollment period. If we are forced into a position where we only have certain open enrollment periods again, the key element that was lacking was strong public-private partnerships.</p> <p>Provide funding for printing.</p> <p>With the new year-round enrollment, we need more literature, including applications. We also need material for fairs (give-a-ways), access to information and activities from Healthy Kids Corporation and referral (to provide follow-up as many parents receiving incorrect info), DCF (disenrollment, transition from Medicaid to other SCHIP programs), continued efforts to keep the community aware of available programs.</p>	<p>Billboards reach a broader market and are helpful, but costly for the short period they are used.</p> <p>Printable distribution of updated application, specific and 4th grade level instructions on application process, news/media coverage</p> <p>A source of applications for distribution to uninsured families. A Marketing Tool Kit similar to the resources provided during January's enrollment. Partnerships coordinated by HK with statewide organizations willing to collaborate with local outreach efforts. Examples: Wal-Mart, CVS, H&amp;R Block, Home Depot, Toys R Us.</p>	<p>Promotional material posted at clinic sites and applications available at each clinic site.</p> <p>Provide the printed flyers needed to distribute to all families in the public schools.</p> <p>Cooperation from other community agencies already dealing with the target population, a marketing budget, personnel to do the work, and more time.</p> <p>Local media, interviews on local news during prime time.</p> <p>Updated materials; fund local outreach and materials.</p> <p>Continuous enrollment, applications received from Healthy Kids as in years past.</p>	<p>A source of applications for distribution to uninsured families. A Marketing Tool Kit similar to the resources provided during January's enrollment. Partnerships coordinated by HK with statewide organizations willing to collaborate with local outreach efforts. Examples: Wal-Mart, CVS, H&amp;R Block, Home Depot, Toys R Us, etc.</p> <p>Same thing – bill inserts, trying to work with garbage companies, schools.</p> <p>State funded outreach and a coordination of the free &amp; reduced lunch application with KidCare outreach.</p> <p>Applications, so I don't have to find ways to fund the printing of them, or a few dollars to get them printed. Ready-made PSAs and news articles are also helpful.</p>

<p><b>What types of help could the Florida Healthy Kids Corporation provide to assist you with your enrollment efforts?</b></p>	<p>Clear application instructions. Make state-funded applications. Work with providers and media to highlight the programs.</p> <p>All of the templates were well thought out and professionally done. Very impressive work!</p> <p>Please see above. Increase access to clients (have system where clients can access their account just like a bank to check their status, payment, etc. Client having problem getting through to FHK, getting conflicting letters, have designated line for general questions, after five services since many clients cannot call during working hours, especially with hour-long holds, etc.</p>	<p>Have a reasonable amount of materials available is always welcome.</p> <p>Press releases throughout the entire state, timely distribution of materials.</p> <p>Partnerships coordinated by HK with statewide organizations willing to collaborate with local outreach efforts. Provide a source of applications for distribution to uninsured families. A Marketing Tool Kit similar to the resources provided during January's enrollment. Coordinate a statewide marketing campaign with local outreach efforts. Implement a process to move applications through the process on a quicker timeframe.</p>	<p>Continue to keep us informed with their updates.</p> <p>When other local agencies are contacted by FHK in an effort to market the services it would be helpful if the main contact for the effected county would be notified of the contact and be provided with the contact information as well as what that entity will be doing for the effort. In other words, the local people don't seem to know about each other and their efforts are therefore not coordinated.</p> <p>Updated materials, fund local outreach and materials; make application easier to complete; process applications efficiently -- are January's completed?</p> <p>We have a very good relationship with Healthy Communities. We would like to continue to have flyers, applications, etc. come through their office to the district.</p>	<p>Coordinate partnerships with statewide organizations willing to collaborate with local outreach efforts -- especially those willing to assist with distribution of information and announcements to customers. Provide a source of application for distribution to uninsured families. Create another marketing kit similar to the resources provided during January's enrollment. Coordinate a statewide marketing campaign with local outreach efforts. Host statewide meetings to coordinate marketing efforts and share resources.</p> <p>Provide funds or produce stuff in the tool kit and give it to use. Print KidCare applications.</p> <p>Produce the applications and fund KidCare outreach.</p> <p>Time the open enrollment period to allow time to accumulate the needed resources such as applications. Sept 1 would be nice, but I'd rather wait a month or two and have the needed materials in hand first.</p>

<p><b>What other suggestions would you make for the future based on your experience with outreach and marketing efforts?</b></p>	<p>Make sure that the designs that are shown are actually available. If the law now allows, provide more materials to providers gratis and reach out and educate community physicians and businesses as much as possible.</p> <p>How can we work to get funding (private or public) for outreach materials?</p>	<p>Make better known that the information needed to apply is minimal. Many did not apply because they are scared to share financial information. Make them understand it will not be used or shared with other agencies (outside KidCare).</p> <p>Target specific areas/markets and employers. Play media announcements at the time of day when parents are more likely to hear them.</p> <p>Develop web-based application for families to enroll their children; allow for enrollment based on presumptive eligibility giving families a time period to follow-up with proof of income and other documents.</p>	<p>County needs to hire a person for FKC outreach</p> <p>The School Board made only one marketing effort but it reached many children.</p> <p>Have each county designate a coordinator so that all parties will know who to contact and go to for collaborative efforts. Many private and public entities were contacted from the state level at the last open enrollment, but the contacts from each area may have been duplicating efforts since they simply did not know about what each other was doing in the role of marketing.</p> <p>Local media, interviews on local news during prime time.</p> <p>Toolkit helpful, needs updating; simplify eligibility and application process; allow sharing of client data for local organizations to assist in monitoring.</p> <p>Provide applications and allow time for families to complete the process.</p>	<p>Develop a web-based application for families to enroll their children. Allow for enrollment based on presumptive eligibility giving families a specific time period to follow-up with proof of income and other required documents.</p> <p>More planning time (although this will not be an issue now because open enrollment is all year).</p> <p>Stability within the program. Parents must have some consistency with the guidelines of the program and the enrollment periods.</p> <p>The state needs to recognize the each Region needs a few dollars to both market and SERVICE our customers.</p>