

Improving SCHIP Outreach in Rural Areas

By Houkje Ross

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SCHIP outreach in rural areas is a slow process, says Jody Ross, co-director of Michigan Center for Rural Health. "It must be done community by community and with the help of trusted community leaders." Part of the problem of getting families enrolled is that the enrollment process seems burdensome, according to a report by the Kaiser Family Foundation entitled, Express Lane Eligibility.

"Filling out forms seems easy to me, but I'm used to filling out forms," Ross says. "However, it's not as easy for some of these families, who are proud and private people." Many of the questions on these forms are perceived as invasive, she says. Complex enrollment procedures or eligibility rules and a lack of knowledge about the program are common barriers to reaching and enrolling children.

Strategies that have improved enrollment in some rural areas:

- **Offer to talk to parents one-to-one.** Sitting down with parents and helping them fill out application forms or explaining procedures for Medicaid and SCHIP is one of the best ways to get children enrolled in these programs, says Steve Hirsh of the Health Resources and Services Administration's (HRSA) Office of Rural Health.
- **Work with other agencies that know the families in your target area.** Farm Bureau or public housing agencies don't carry the same stigma as human service agencies, Ross says. That's because some human service agencies are seen as part of the "welfare to work" effort, which makes some families less inclined to sign up for public assistance.
- **Work with small businesses.** Small business owners should be encouraged to help their employees fill out forms and enroll in Medicaid and CHIP, Ross suggests. In Michigan, small employers are allowed to pay the \$5 premium for the SCHIP program, lowering out-of-pocket costs for families, she says.
- **Offer bilingual application information and assistance.** Keep in mind that for many migrant farmworkers, English is not their first language, says Emily Cornell, senior policy analyst at the National Governor's Association Center for Best Practices. Providing bilingual services reduces language and cultural barriers.

For example, Utah has a special information campaign targeted to Native American populations and employs bicultural and bilingual workers.

- **Make mail-in application forms an option.** Utah parents can submit applications via the mail. Some states used to require face-to-face eligibility interviews. "You had to go down to social services and apply, talk to an administrator, and prove you were eligible," Cornell explains. Using mail-in forms has helped eliminate some of the stigma families may feel when asked to verify and prove eligibility.
- **Establish presumptive eligibility.** This allows a family to go to a provider or center for medical services under temporary eligibility. The provider will make a rough determination of income and assets and allow the child to obtain services on the spot, says Cornell. "In rural areas your provider may be located at a health clinic 100 miles away. If you are eligible for SCHIP, you may have to go another 100 miles in the opposite direction to get paperwork or fill out forms. Presumptive eligibility eliminates this," Cornell says.
- **Offer continuous eligibility.** This ensures that a child is covered continuously for a set time period without having to re-verify eligibility every few months. "This prevents children from going on and off the rolls," Cornell adds.
- **Conduct outreach at high schools.** "In many rural areas the high school is the main community center. It is usually the largest facility in the area and the place where most activities revolve around. Town meetings, dancing lessons, CPR classes may all be held there," Cornell says. It is an ideal place to reach the most people.

Established by the State Department of Community Health and Michigan State University, the Michigan Center for Rural Health is an organization devoted to the health of rural residents.

For more information, contact the Michigan Center for Rural Health, 517-432-1066, or HRSA's Office of Rural Health Policy at 301-443-0835. ❖

