

2017 Model Practices

Applicant Information

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Model Practice Title

Please provide the name or title of your practice: *

Enrolling CHIP eligible children through DOH-Broward WIC Service Sites

Practice Categories

Model and Promising Practices are stored in an online searchable database. Applications may align with more than one practice category. Please select all the practice areas that apply: *

- | | | | | |
|---|---|---|--|---|
| <input checked="" type="checkbox"/> Access to Care | <input type="checkbox"/> Advocacy and Policy Making | <input type="checkbox"/> Animal Control | <input type="checkbox"/> Coalitions and Partnerships | <input checked="" type="checkbox"/> Communications/Public Relations |
| <input type="checkbox"/> Community Involvement | <input type="checkbox"/> Cultural Competence | <input type="checkbox"/> Emergency Preparedness | <input type="checkbox"/> Environmental Health | <input type="checkbox"/> Food Safety |
| <input type="checkbox"/> Global Climate Change | <input type="checkbox"/> Health Equity | <input type="checkbox"/> HIV/STI | <input type="checkbox"/> Immunization | <input type="checkbox"/> Infectious Disease |
| <input type="checkbox"/> Informatics | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Injury and Violence Prevention | <input type="checkbox"/> Marketing and Promotion | <input type="checkbox"/> Maternal-Child and Adolescent Health |
| <input type="checkbox"/> Organizational Practices | <input type="checkbox"/> Other Infrastructure and Systems | <input type="checkbox"/> Organizational Practices | <input type="checkbox"/> Primary Care | <input type="checkbox"/> Quality Improvement |
| <input type="checkbox"/> Research and Evaluation | <input type="checkbox"/> Tobacco | <input type="checkbox"/> Vector Control | <input type="checkbox"/> Water Quality | <input type="checkbox"/> Workforce |
| <input type="checkbox"/> Conference Theme: Bridging Clinical Medicine and Population Health | | | | |

Other::

Is this practice evidence based, if so please explain. :

The practice is evidence-based and utilizes SMART guidelines. Project date is collected and analyzed on a monthly basis, growth in the enrollment of children into the CHIP program is indicated monthly. In addition, the Healthy Kids Corporation which is the third party administrator for the program shares enrollment data for each county monthly. The growth in enrollment (or the decline) is reviewed and compared to the local county enrollment numbers on a regular basis.

Winnable Battles

To keep pace with emerging public health challenges and to address the leading causes of death and disability, CDC initiated an effort called Winnable Battles to achieve measurable impact quickly. Winnable Battles are public health priorities with large-scale impact on health and known effective strategies to address them. Does this practice address any CDC's seven Winnable Battles? If so, please choose from the following: *

- | | | | | |
|---|--|--|----------------------------------|---|
| <input type="checkbox"/> Food Safety | <input type="checkbox"/> HIV in the U.S. | <input type="checkbox"/> Nutrition, Physical Activity, and Obesity | <input type="checkbox"/> Tobacco | <input type="checkbox"/> Healthcare-associated Infections |
| <input type="checkbox"/> Motor Vehicle Injuries | <input type="checkbox"/> Teen Pregnancy | <input checked="" type="checkbox"/> None | | |

Overview: Provide a brief summary of the practice in this section (750 Word Maximum)

Your summary must address all the questions below:

- Brief description of LHD- location, demographics of population served in your community
- Describe public health issue
- Goals and objectives of the proposed practice
- How was the practice implemented/activities
- Results/Outcomes (list process milestones and intended/actual outcomes and impacts.
 - Were all of the objectives met?
 - What specific factors led to the success of this practice?
- Public Health impact of practice
- Website for your program, or LHD.

750 Word Maximum

Brief description of LHD- location, demographics of population served in your community Broward County is located in the southeastern portion of the State of Florida with Miami-Dade County to the south and Palm Beach County to the north. Broward County is the second most populous county in Florida in 2016, estimated at 1,809,604, and home to 10% of Florida's residents. Broward County is the second largest county in Florida and the eighteenth largest county in the nation. Broward County also hosts an estimated 10 million annual visitors including an estimated 250,000 winter seasonal residents. Broward County has a diverse population with residents originating and/or representing more than 200 different countries and speaking more than 130 different languages. 31.4% of the residents are foreign-born. Broward County is a minority/majority county demonstrated by its 2016 population by race (Black 28.5%, Asian 3.6%, Hispanic 26.9%, other races 4.1%, more than one race .2%, for a total of 59.5% and White 40.8%). The Florida Department of Health in Broward County (DOH-Broward) is the official Public Health Agency in Broward County and has been operational since 1936. It is part of the Integrated Florida Department of Health (DOH) and operates in cooperation with the Broward County Commission under Florida Statute 154. DOH-Broward's mission is "to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts". DOH-Broward is the lead agency providing core public health functions and essential services in the county as part of a complex public health system that includes hospitals, clinics, planning agencies, community-based organizations and others. DOH-Broward provides population/community-based services to the county's 1.8 million residents and over 10 million annual visitors, and is responsible for assessing, maintaining and improving health and safety within the county.

Describe public health issue. In 2011 Broward County, Florida had a children's uninsured rate of 15.4% or an estimated 64,634 uninsured children. The most common reason children do not receive needed healthcare is because their families cannot afford it. It has been determined that 76% of these children are from households with incomes at or below 200% of the Federal Poverty Level (FPL). In addition, 90% of these children have one or more parents who work, with three (3) in five (5) living in households with two-parent families and still do not have access to affordable health care coverage. These parents earn too much to qualify for Medicaid but too little to afford private health care coverage or cannot afford employer based health care coverage. These children will qualify for the Children's Health Insurance Program (CHIP); however parents lack the awareness that they are eligible even though they have a household income. Goals and objectives of proposed practice Goal: Reduce the number of uninsured children in Broward County while increasing the rate of retention for children currently enrolled into the CHIP programs. The objective is to use the already existing Women Infant and Children (WIC) nutrition program eligibility sites where parents come to apply for WIC nutrition coupons to seek out and enroll these uninsured children. How was practice implemented / activities: The Outreach Coordinator worked with the WIC Director to determine the location of the WIC sites where data indicated the highest number of client activity. Outreach workers equipped with laptops, printers, and internet access were placed in the two (2) WIC sites selected. Each of the outreach workers approached families waiting to receive WIC services. If the family indicated the children are without health insurance, the family was told about the CHIP program and the electronic application was completed on site and sent with the supporting documentation to the processing center. The family was given a copy of the completed application and a copy of the confirmation page. Within ten (10) days the coordinator assisting the family would follow up with the family to retrieve the assigned family account number and to assist the family with any further needs. The outreach coordinator would work with the family until the application process was complete and the family was enrolled into affordable health care. Results/ Outcomes (list process milestones and intended/actual outcomes and impacts. When the project initially began and staff would circle around the area, families were hesitant to talk with the customer service representatives. They were in the site for WIC services and had never experienced someone coming over to them to offer assistance with additional services for another program. However, after the representative spoke with the families and explained the program and the eligibility process, then pointed out to the family that they already had the documents required on hand to complete the application while waiting for their WIC services, they were happy to have the convenience of the onsite enrollment. In fact, families began to tell their friends and family about the service and the families started to come to the WIC site to enroll their children or to resolve a technical issue with their existing accounts. Were all of the objectives met? The objectives were met and exceeded. What specific factors led to the success of this practice? This practice makes enrollment into health coverage a convenience to the family which leads to greater enrollment of children. By having trained experienced outreach staff going to where the families were already coming for services, made the enrollment process accessible. Public Health impact of practice This practice reduces the number of uninsured children within the state and increases the retention of children already enrolled into the programs. Children receive the medical and oral health services they need without the worry of affordability. In addition, when children have a medical home due to having insurance coverage, the state saves money on unpaid hospital emergency services the children would have used. Website: <http://broward.floridahealth.gov/>

Responsiveness and Innovation

A Model Practice must be responsive to a particular local public health problem or concern. An innovative practice must be (1) **new to the field of public health (and not just new to your health department)** OR (2) **a creative use of an existing tool or practice**, including but not limited to use of an Advanced Practice Centers (APC) development tool, The Guide to Community Preventive Services, Healthy People 2020 (HP 2020), Mobilizing for Action through Planning and Partnerships (MAPP), Protocol for Assessing Community Excellence in Environmental Health (PACE EH). Examples of an inventive use of an existing tool or practice are: tailoring to meet the needs of a specific population, adapting from a different discipline, or improving the content.

- Statement of the problem/public health issue
- What target population is affected by problem (please include relevant demographics)
 - What is the target population size?
 - What percentage did you reach?
- What has been done in the past to address the problem?
- Why is the current/proposed practice better?

- Is current practice innovative? How so/explain?
 - Is it new to the field of public health
OR
 - Is it a creative use of existing tool or practice:
What tool or practice did you use in an original way to create your practice? (e.g., APC development tool, The Guide to Community Preventive Services, HP 2020, MAPP, PACE EH, a tool from NACCHO's Toolbox etc.)
- Is the current practice evidence-based? If yes, provide references (Examples of evidence-based guidelines include the Guide to Community Preventive Services, MMWR Recommendations and Reports, National Guideline Clearinghouses, and the USPSTF Recommendations.)

2000 Word Maximum

Please state the Responsiveness and Innovation of your practice (2000 Word Maximum) : *

Statement of the problem/public health issue Individuals in families with lower incomes are more likely to have children that are uninsured. The main reason families do not have health insurance is because it is too expensive. Many families are unaware they are eligible for Medicaid or Title XXI programs such as the Children's Health Insurance Program (CHIP) known in the state of Florida as Florida KidCare. In addition, families that are aware of their eligibility prefer not to visit local service centers to apply for public assistance in fear of the stigma attached to needing public assistance. They do not realize there is a simplified eligibility process by using the Florida KidCare application. Many families that are enrolled in Medicaid continue to think accessing services means taking their children to clinics such as health departments or primary care centers run by the two hospital districts. They do not realize they can choose a primary care physician under the HMO they select when enrolled in Medicaid and Title XXI. According to Georgetown University Health Policy Initiative, Broward County Florida currently has a children's uninsured rate of 11.9% which is an estimated 48,217 uninsured children. When the project was initially implemented, the uninsured rate for Broward County was 15.4%. In an effort to reach the uninsured children, Florida KidCare outreach program at the Florida Department of Health, Broward County (DOH-Broward) launched an innovative expansion of CHIP enrollment services by stationing two full time Outreach Workers at targeted locations. Locations included sites of DOH-Broward's federally funded Women, Infants, and Children (WIC) nutrition programs. This allowed enrollment not only for WIC services, but also maximized enrollment opportunities for eligible families utilizing the Medicaid and CHIP programs online application process. Broward County has WIC sites in multiple underserved areas. DOH-Broward WIC provides services to 25,207 children from the age of one up to 5 years and 11,612 infants. Broward County has 7 WIC sites located throughout the county. WIC sites have early morning, late evening hours and weekend hours. The largest site is located within the 33311 zip code. This zip code is a historically underserved area with high rates of poverty, unemployment, poor health outcomes and high rates of health disparities. The target goal was set to submit electronic enrollment for a minimum of 350 applications, which targets approximately 875 children within the first 12 months of the project. The initial project timeline was from October 1, 2011 to September 30, 2012. This practice continues today and is the number one source for KidCare (CHIP) enrollment. To accomplish the established goals, the Outreach Workers are stationed at the WIC Sites with the highest number of family service cases. Each Outreach Worker is equipped with a laptop computer with internet access allowing families to complete the CHIP/Medicaid applications online. The Outreach Worker discusses the documents needed, which most families have on hand for the WIC appointment. Families lacking the required documentation at the time of their visit with the Outreach Worker are given a list of the required documents and provided information if necessary on how to acquire them and schedule the family for an enrollment appointment. The scheduled appointment may be on the same day and time as their next WIC appointment or can be scheduled at a later date. At the appointment, the Outreach Workers assist them to complete the on-line enrollment form, make copies of documents as needed and ensure that the required documents are sent to the CHIP/Medicaid enrollment office via fax, mail or electronically. The Outreach Workers contact the families to reschedule appointments that were missed. Data is collected and evaluated monthly by the Florida KidCare Outreach Coordinator allowing for the provision of continuous quality improvement through timely feedback to leadership staff as issues are identified and course corrections are required. Progress toward the achievement of the outcome indicators, both quantitative and qualitative, are continually monitored. The Outreach Workers serve at the WIC sites as local advocates for families desiring health insurance for their children as well as those experiencing difficulties with the application process. They identify any technical issues pertaining to the Florida KidCare program and work to find a resolution to the issue. When the issue cannot be resolved at the local level it is then referred to the appropriate Florida KidCare Program Office after reviewed and instructed by the Florida KidCare Coordinator. Follow up efforts are tracked on an Outreach Sheet. Each Outreach Worker is responsible for tracking client contact information on log sheets that are turned in monthly for review by the Florida KidCare Coordinator. Log sheets include; All electronic applications submitted to the Florida CHIP program office coded for Broward County tracking purposes; All technical issues addressed and the resolution or action taken to resolve the issue; Phone contact logs with the schedule of calls from clients seeking information or assistance and the type of information the caller was seeking. In an effort to increase retention, families that indicate they currently have Florida KidCare insurance coverage are asked if they know their renewal date and if their demographic information has changed. If they do not know their renewal date or if their demographic information has changed, Outreach Workers assist the families in calling Florida Healthy Kids Customer Service Line to acquire their renewal date and report any demographic changes. Outreach Workers provide the family with a card that indicates their renewal date and the 1-800 numbers for Florida Kid Care to assist with timely renewals and retention. The buildings currently used by the two WIC locations containing the outreach workers, the South Broward Community Health Services building and the Edgar P. Mills Multipurpose Center, are not owned by the Florida Department of Health in Broward County, therefore the buildings are shared with other community partners such as Memorial HealthCare, Broward County Housing Authority, Broward County Refugee Services, Broward County Substance Abuse Program, as well as the DOH-Broward Children's Immunizations Clinics. Community partnerships with these agencies are extremely important to the success of the project for several reasons. Partnering agencies sharing the building also have healthcare programs, and socioeconomic programs that are available to the community. Eligibility for these programs is the same as, or close to, the Federal Poverty guidelines of income as the CHIP Program. This makes their clients possible KidCare clients. Having a documented

partnership with the agencies maintaining the other programs, allows us to place informational materials in their waiting areas that can bring light to our services within the same building. In addition, educating the staff of our partners on the updates and eligibility guidelines of the KidCare program, allows them to share the information to the clients they work with and vice versa. KidCare outreach staff working with clients continues to make referrals to our partnering agencies when the client has the need for the services they provide. In order to receive maximum enrollment of all families using the facilities, each of the other community organizations allow the outreach worker to come into their service area to share Florida KidCare information with their clients and offer enrollment assistance to the uninsured families. In addition, several of these community partners' staff members will refer the client over to the KidCare outreach office when they identify children that are uninsured. The Children's Services Council provided grant funding to DOH-Broward to cover the cost of the two (2) Outreach Workers positions and materials needed to execute the project. The Healthy Kids Corporation, the third party administrator that oversees the KidCare enrollment process, supplied printed material and coloring books and crayons to offer to the children while the outreach worker was communicating with parents. One (1) outreach worker was stationed at each of the WIC locations selected for the volume of clients they serve. The workers were equipped with the materials that were needed to conduct the project and commenced enrollment of the identified uninsured children from each site. Each outreach worker stays at their prospective WIC site to conduct enrollment, Monday through Thursday from 8:00 a.m. to 5:00 pm with one hour for lunch. On Friday, the outreach worker comes to the administration building to discuss the work week with the Outreach Coordinator and review data for the week. During the assignment time at the WIC site, the outreach worker circles the WIC waiting area to identify uninsured children and work with the parent to enroll the children while they are waiting to be called for WIC services. In addition, the outreach worker circles other areas in the building to identify uninsured children seeking additional services. As the children were identified in these areas, the parent is instructed to complete a paper application left by the outreach worker, therefore gathering the information needed to complete the electronic application. The paper application is collected by the outreach worker at a later time and the data from the paper application is entered into the system while the family is receiving WIC services. When the parent has completed her time with the WIC service representative, the laptop containing the completed application is brought to the parent for electronic signature. Once the electronic application is complete the documents are either scanned and sent electronically or faxed to the processing center in Tallahassee. At this time the information on the family is entered into the project database which consists of the names and address of the family, the name, date of birth, and social security number of the children and the confirmation number of the electronic application. In approximately ten (10) days, a follow up call is placed to the family to track a response from the processing center. As follow up with the family is an important step to assure completion of the process to enrollment, the goal was set to follow up with 90% of all families applied for through the WIC project. In completion of the project, 100% of the families had received a follow up contact. The goals set for performance measures and tracking measures consisted specifically with the designated timeline of the project. All data collected for the project was recorded to capture results set with S.M.A.R.T goals in mind. The results of this twelve month project were better than expected. The goal to submit 350 electronic applications to the Healthy Kids Corporation for processing was exceeded by 25% with 432 electronic applications being submitted within the twelve month period. The goal to service 875 children was exceeded by just over 200% with 2,628 children served during the twelve month period. The Florida Department of Health in Broward County KidCare Outreach Program has contributed to the statewide Florida KidCare enrollment program through the institution and use of a Broward based hotline phone number, 954 INSURES. This line is dedicated to KidCare and offers Broward residents a user friendly means to access one-on-one personal assistance from a knowledgeable KidCare Outreach worker. Many families call this line for information about the program, eligibility guidelines, technical issues and online application assistance. Previous to this WIC project, the Broward based hotline was the key contact for identifying uninsured children, however after analyzing data collected from the project and comparing the data to the number of calls from the hotline resulting in an online application, the WIC site enrollment numbers surpassed the number of enrollment by the phone line eight (8) to 1. What target population is affected by problem (please include relevant demographics) Uninsured children within the Broward County area from birth to age 19 are found to be uninsured. This is common in every state of the union; some states however, have a much lower rate of uninsured children than that of Florida. Although Florida is closing the gap, we are still trailing the nation in providing affordable healthcare coverage for children. Data from The American Community Survey 2014 shows that Florida's children are uninsured 55% more frequently than the United States average. According to Georgetown University analysis, Florida is number three of the top ten (10) states ranking for numbers and rate of uninsured kids having a statewide rate of 11.9% followed by California at 12.6% and Texas with 14.9%. To further analyze the problem within our community, Georgetown University Health Policy Institute, Center for Children and Families has released the findings for the uninsured population of 2013. This report finds that of the top 20 counties in the nation with the highest uninsured rate, four (4) of the twenty are within the state of Florida, Broward County is fifteenth. What is target population size? There is an estimated 48,217 uninsured children residing in the Broward County area. What percentage did you reach? Data indicates, from the time the project was implemented in 2011, the rate of uninsured children in Broward County has decreased from 15.4 % to a current number of 11.9% for 2014. What has been done in the past to address the problem? In the past, families either went to a public assistance service center or completed an application from home that can be very confusing for the educational level of families in this socio-economic target. This project brought the local trained, HIPPA Certified, professional experts out in the public where families are gathered to share and educate families on the opportunity for affordable healthcare through the CHIP (Florida KidCare in Florida) enrollment process. Making the process convenient and accessible to families is what has made the difference. Why is current/proposed practice better? This practice brings assistance to families at a site where they are already receiving another form of public assistance. The WIC sites service low income families with nutrition for their children; while the families are waiting to be services for WIC, they can also be interviewed for enrollment for healthcare coverage through the Florida KidCare application. Is current practice innovative? How so/explain? Yes, to our knowledge, The Florida Department of Health in Broward County was the first to implement this practice in 2003, since its implementation this practice has been shared with other county health departments throughout the state. Having a permanent presence at the WIC site has significantly increased access to Florida KidCare and the population most in need of its services. The Florida KidCare Program is the name given by the Florida state legislature for the "Children's Health Insurance Program" (CHIP) which is a federally funded program. Although it may have a different name in every state, every state has the CHIP program. In addition, the WIC program is a federally funded program in every state; therefore it is believed that this project is an innovative concept that can be implemented at a national level.

The LHD should have a role in the practice's development and/or implementation. Additionally, the practice should demonstrate broad-based involvement and participation of community partners (e.g., government, local residents, business, healthcare, and academia). If the practice is internal to the LHD, it should demonstrate cooperation and participation within the agency (i.e., other LHD staff) and other outside entities, if relevant. An effective implementation strategy includes outlined, actionable steps that are taken to complete the goals and objectives and put the practice into action within the community.

- Goal(s) and objectives of practice
- What did you do to achieve the goals and objectives?
 - Steps taken to implement the program
- Any criteria for who was selected to receive the practice (if applicable)?
- What was the timeframe for the practice
- Were other stakeholders involved? What was their role in the planning and implementation process?
 - What does the LHD do to foster collaboration with community stakeholders? Describe the relationship(s) and how it furthers the practice goal(s)
- Any start up or in-kind costs and funding services associated with this practice? Please provide actual data, if possible. Otherwise, provide an estimate of start-up costs/ budget breakdown.

5000 words maximum

Enter the LHD and Community Collaboration related to your practice (5000 words maximum): *

The project was not only to make applying for healthcare coverage convenient to the families needing medical coverage for their children, it was an attempt to maximize enrollment into these programs with minimal cost to the local health department and community partners. The objective was to determine possible eligibility of these children for Medicaid and CHIP coverage and get the ones eligible for Medicaid or CHIP successfully enrolled into the program. The goal of enrollment was that 350 possibly eligible children would be enrolled into one of the Florida KidCare components. In considering this goal we needed to consider many of the families would not follow through with the process, or would not send the premium payment of \$15 of \$20 for the first month's payment if they did not qualify for Medicaid. Since this population is also a high rate of immigrant families that may not qualify for the program, it was important to have a list of additional resources that they could be referred to for their medical services. Partnerships were created with the local federally funded health centers as well as the hospital districts (Memorial Healthcare and Broward Health) and free clinic "Luz Del Mundo" who serves immigrant families free of cost. Once the initial contact to the family was made and the child was determined to be a candidate for enrollment, every effort was made to work with the family to complete the online application on the spot while the family was waiting for WIC services. The families that did not want to complete the application at their WIC appointment were rescheduled at the same WIC center at a later time, or to the nearest local health department office that contained a KidCare outreach staff person. If the family did not have transportation, staff would schedule an appointment at the school which the child attends because traditionally that location is within walking distance from the home or the nearest public place of business to their home. When scheduling the appointment, the parent is instructed as to the documents required for enrollment and it is suggested the parent bring them to the appointment. Although they actually have 120 days to supply the documentation, it was discovered that if they are not faxed to the Healthy Kids processing center at the time of the appointment, many times the family does not get the documents to the processing center in adequate time and the application is denied. Once the electronic application is complete the documents are either scanned and sent electronically or faxed to the processing center in Tallahassee. At this time the information on the family is entered into the project database which consists of the names and address of the family, the name, date of birth, and social security number of the children and the confirmation number of the electronic application. In approximately ten (10) days, a follow up call is placed to the family to track a response from the processing center. If the family has not received a letter in regard to their application, a call is placed to the processing center for determination confirmation. If the family has been determined eligible for Medicaid, the family is given the account service hotline phone number for any issues they may have. If the family is determined eligible for any of the other CHIP programs, they are instructed on setting up their account for payment of premiums online and account any other account services. The entire process can take from four to six weeks when proper documents are not sent, however by instructing the family of the items to bring to the appointment and following up with the family the application process was cut down to two to three weeks. It was for this reason, that a partnership in the form of a Memorandum of Understanding with the State Medicaid and CHIP Agencies was important for the purpose of data collection and sharing as well as to obtain access to family account review portals for family resolution of technical issues. During the initial interview with clients, it is often discovered that there are additional social services the family may need. Partnerships were created with the local housing authority for family referrals for housing, Feeding South Florida which is a local food bank, and many other social service agencies. Goal(s) and objectives of practice Goal: Reduce the number of uninsured children in Broward County while increasing the rate of retention for children currently enrolled into the CHIP programs. The objective is to use the already existing Women Infant and Children (WIC) nutrition program eligibility sites where parents come to apply for WIC nutrition coupons to seek out and enroll these uninsured children. What did you do to achieve the goals and objectives? Steps taken to implement the program Any criteria for who was selected to receive the practice (if applicable)? The WIC sites were selected according to client volume at each of the sites. This population is also the population with the lowest incomes and that which would be the target population to provide the uninsured children with affordable health care coverage. What was the timeframe for the practice The enrollment review and data analysis of the initial project was for a period of twelve months. However, due to the successful results of the project, the practice has become a standard outreach strategy for the KidCare outreach program at the Florida Department of Health in Broward County. In addition, this practice has been identified by Florida Covering Kids and Families at the University of South Florida, College of Public Health as a "Best Practice" and has

been shared at statewide coalition training meetings. Were other stakeholders involved? What was their role in the planning and implementation process? The WIC program at the Florida Department of Health in Broward County assisted the project by sharing numbers data to determine the WIC locations to be served. They also provided space within the facility for KidCare Outreach staff to meet with families and discuss health insurance securely as designated by HIPPA., Children's Services Council provided local funding to conduct the project by funding newly hired, professionally certified, trained staff for each of the selected sites. Broward County and the social services community such as Memorial HealthCare Systems, Broward County Housing Authority, Broward County Refugee Services, Broward County Substance Abuse Program, which provide additional services at the site locations assisted the project by referring clients, displaying KidCare outreach materials, placing Posters, as well as allowing KidCare outreach staff access to their clients. Documented partnerships with these agencies allow the KidCare outreach representatives to educate the staff of other social services programs on the enrollment process and the eligibility guidelines in order to successfully refer their clients to needed health care coverage for their children. What does the LHD do to foster collaboration with community stakeholders? Describe the relationship(s) and how it furthers the practice goal(s) DOH-Broward represents a unique partnership between Broward County and the State of Florida. DOH-Broward will achieve success by working with all of our partners in the local public health system including healthcare partners, the faith community, educational institutions, governmental agencies, non-profit groups and other less traditional partners such as first responders and businesses. DOH-Broward will utilize its existing relationships with its partners to ensure the success of this project. Outreach workers serve as a primary source for applications and outreach materials for partner programs and agencies that service potentially eligible populations. These include schools, child care centers, after school programs, and, social service agencies. KidCare outreach staff also partner with CareerSource to provide application assistance and community resources to dislocated employees. Outreach workers also serve as peer educators to DOH-Broward partner organizations that service children including United Way, Federally Qualified Health Centers (Broward Community and Family Health Center), Memorial Health Care System, Broward Health, Kids in Distress, Children's Services Council, Family Central, and the children's Medical Services Network. These organizations are all a part of the DOH-Broward KidCare Coalition. Outreach workers utilize the KidCare Coalition as a means to educate children's service providers about Florida KidCare and provide updates on the application process. Any start up or in-kind costs and funding services associated with this practice? Please provide actual data, if possible. Else, provide an estimate of start-up costs/ budget breakdown. The cost for the project was minimal, being that the WIC sites were already established and salaries and most benefits were covered under Children's Services Council Grant funding, additional cost to the DOH-Broward was office space within the WIC site and the standard collocated cost per employee in the total amount of \$2793.54 for each of the two employees (\$5587.00) which was used as a match amount for the grant funds. The Grant received from the Children's Services Council covered the salaries of the two (2) outreach workers in the amount of \$54,857 and additional financial support for operating cost which include air cards for internet connection, office supplies, and printing cost in the amount of \$2,760.00.

Evaluation

Evaluation assesses the value of the practice and the potential worth it has to other LHDs and the populations they serve. It is also an effective means to assess the credibility of the practice. Evaluation helps public health practice maintain standards and improve practice. Two types of evaluation are **process** and **outcome**. Process evaluation assesses the effectiveness of the steps taken to achieve the desired practice outcomes. Outcome evaluation summarizes the results of the practice efforts. Results may be long-term, such as an improvement in health status, or short-term, such as an improvement in knowledge/awareness, a policy change, an increase in numbers reached, etc. Results may be quantitative (empirical data such as percentages or numerical counts) and/or qualitative (e.g., focus group results, in-depth interviews, or anecdotal evidence).

- What did you find out? To what extent were your objectives achieved? Please re-state your objectives.
- Did you evaluate your practice?
 - List any primary data sources, who collected the data, and how (if applicable)
 - List any secondary data sources used (if applicable)
 - List performance measures used. Include process and outcome measures as appropriate.
 - Describe how results were analyzed
 - Were any modifications made to the practice as a result of the data findings?

2000 Words Maximum

The Broward County WIC program continues to grow, with the growth comes additional opportunity to provide families assistance in obtaining affordable healthcare. Each year additional grant funding to expand the growth of KidCare outreach within the WIC centers is applied for with success. This allows the KidCare outreach program to expand into additional WIC centers to offer the families convenient affordable health care coverage. However most of the grants are for a selected cycle period and not guaranteed each year. During the years when funding to cover the additional sites in not available, application numbers for the Florida KidCare Outreach Program decreases by approximately 11% for each WIC site that does not have an outreach representative. Data also indicates that not having a representative at the WIC sites that serve a large number of clients the decrease could be approximately 22%. We know this by referencing the data collection each year from 2011 to 2014 in the active strategy data collection program used by the Florida Department of Health-Broward to collect and analyze data for each program by each site. By average depending on the area of the county, each application enrolls 2.5 children. Some areas of the county the number can be as great as 3.2 children per application, however for this example we will work with the county average. Last year the KidCare representative assigned to a WIC site having a medium flow of clients was temporarily moved from the WIC location for a period of six (6) months. By low estimated average the application numbers for that site was at 22 applications for each month the representative was servicing the location. By calculating these numbers means that 330 uninsured children did not have the opportunity to apply for healthcare coverage that the child may have needed. Convenience for the clients is the best reason for using the WIC sites. Using the thought "go to where they are and don't wait for them to come to you" attitude works best. The WIC sites work well because WIC serves children 0-5 with family incomes up to 185% of the Federal Poverty Level and most of the children have older siblings. KidCare which is Title XXI (CHIP) serves children up to 200% of the Federal Poverty Level in Florida. In addition, when families come to the WIC site for services they bring the documents needed for the WIC which are the same documents required by KidCare. This allows the KidCare Outreach Representative to complete the electronic application and securely email the required documents to complete the enrollment process all at once. We know that if we do not get the family enrolled at the initial contact, there is a good possibility those children will go without health insurance and use the hospital emergency as a doctor's office. There has been countless times a parent calls the local hotline at the Florida Department of Health- Broward looking for immediate enrollment for a sick child to learn to their dismay, that the application process can take up to six week in order to get the children enrolled. Families that don't submit the required documentation will take longer. In addition, if the child does not qualify for Medicaid through the application and is being enrolled into one of the Title XXI components that require a premium payment, the payment made covers the following month of coverage for the child leaving the child without coverage for the applying month. These are the cases there we talk to the parent to find out why they did not apply earlier before the child got sick; apparently they knew about the program because they called our office looking for coverage. The two responses we always receive back are "my child in never sick so why pay a premium" and the number one reason we hear is "I just never got around to it". What did you find out? We found out that there are many uninsured children using social services programs. We also found out that if we take the enrollment to where the families go to look for other needed services, we will be able to identify these children and get them the health care coverage they need. The WIC centers are for young children's nutritional services where the parents get food coupons for the young children in the household. Parents place food and nutrition as a priority, however most don't feel health insurance is a priority for then to seek it out until the child is sick. To what extent were your objectives achieved? Electronic application numbers increased significantly and when the children did not qualify for the program they were pointed in the right direction for healthcare opportunities. Please re-state your objectives from the methodology section. Goal: Reduce the number of uninsured children in Broward County while increasing the rate of retention for children currently enrolled into the CHIP programs. The objective is to use the already existing Women Infant and Children (WIC) nutrition program eligibility sites where parents come to apply for WIC nutrition coupons to seek out and enroll these uninsured children. All data collected for the project was recorded to capture results set with S.M.A.R.T goals in mind. The results of this twelve month project were better than expected. The goal to submit 350 electronic applications to the Healthy Kids Corporation for processing was exceeded by 25% with 432 electronic applications being submitted within the twelve month period. The goal to service 875 children was exceeded by just over 200% with 2,628 children served during the twelve month period. Did you evaluate your practice? yes List any primary data sources, which collected the data, and how (if applicable) The primary data source is the daily data collection logs completed by the outreach workers for each of the sites. In addition, the DOH-Broward active strategy data charts show the increase in activity for each site as it is reviewed monthly. The charts are set up to view the numbers for each site side by side numerically and then again within colored charts. List any secondary data sources used (if applicable) Monthly enrollment number sent from the Agency for Health Care Administration (AHCA) is used to measure performance for the entire outreach program List performance measures used. Include process and outcome measures as appropriate. The Healthy Kids Corporation, which is the third party administrator for the KidCare Program here in the state of Florida, is sent the collected data monthly for review. After seeing the numbers that result from the project, the program manager was requested to share the best practices with the statewide coalition. Describe how results were analyzed The results were analyzed by recording the number of electronic applications submitted from each site. Each month the data would be reviewed for activity and then compared to other sources of enrollment such as families calling the hotline, contact with families at events, contacts through the schools, contacts through children's social clubs such as the Boys and Girls Clubs. At the end of the project period, the entire timeframe was reviewed. Were any modifications made to the practice as a result of the data findings? Yes, support staff which were not part of the project, were assigned to additional WIC sites during times estimated by the WIC Director to be heavy flow of clients. The time would generally be in the mornings before noon.

Sustainability

Sustainability is determined by the availability of adequate resources. In addition, the practice should be designed so that the stakeholders are invested in its maintenance and to ensure it is sustained after initial development (*NACCHO acknowledges that fiscal challenges may limit the feasibility of a practice's continuation.*)

- Lessons learned in relation to practice

- Lessons learned in relation to partner collaboration (if applicable)
- Did you do a cost/benefit analysis? If so, describe.
- Is there sufficient stakeholder commitment to sustain the practice?
 - Describe sustainability plans

1500 Words Maximum

Please enter the sustainability of your practice (2000 Words Maximum): *

Lessons learned in relation to practice Convenience plays a significant role in social service needs Lessons learned in relation to partner collaboration (if applicable) Healthcare is a topic of importance for all persons. In addition, the Florida Department of Health-Broward has a reputation of quality services for their clients and the Florida KidCare Program has a reputation of being a quality health care coverage for children at an affordable rate. Community organizations are comfortable allowing the DOH-Broward KidCare Outreach workers into their workspace to share the information and service uninsured clients. Did you do a cost/benefit analysis? If so, describe. A cost/benefit analysis was not done. Is there sufficient stakeholder commitment to sustain the practice? yes Describe sustainability plans Since the implementation of the project and its successful results of enrollment, the Florida Department of Health – Broward has continued to house the project. When this project commenced, the rate of uninsured children in Broward County was at 18.2 % with an estimated number of 64,634 uninsured children. The uninsured rate for children is currently at 11.9% with an estimated 48,217 uninsured children. The data indicates a steady drop each year since the implementation of the WIC outreach project. In addition, Children Services Council has continued to offer grant funding to sufficiently sustain the project. Other partnering organizations have continued to allow the KidCare Outreach workers to invade their space and WIC staff and program Directors have found space at any WIC site we have staff to place there. Many of the WIC staff support the KidCare Outreach Program and refer clients for online application assistance on a daily basis. The need for access to affordable healthcare coverage for children is a priority within the county, as indicated by the Children’s Strategic Plan and the Community Health Improvement Plan. Using the local health departments WIC centers makes the process convenient for the families which results in a great number of children receiving affordable health care. Families that do not have health care coverage typically use the emergency room as their medical home costing up to four times as much as would a doctor visit. Preventative care as well as oral care, that is so important to sustaining the health of a child is lost. The minimal cost to conduct WIC outreach saved the state millions of dollars in unpaid emergency room visits by enrolling these children into healthcare coverage through CHIP. The Florida Department of Health in Broward County is the primary stakeholder in this project and is committed to a partnership with the WIC program for placing outreach workers, the Children’s Services Council for funding of the Florida KidCare Outreach Program established within DOH-Broward. As long as invested partners continue to share the cost of sustaining financial support, it will be continued.

Additional Information

How did you hear about the Model Practices Program:: *

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| <input checked="" type="checkbox"/> I am a previous Model Practices applicant | <input type="checkbox"/> At a Conference | <input type="checkbox"/> NACCHO Website | <input type="checkbox"/> Public Health Dispatch | <input checked="" type="checkbox"/> Colleague in my LHD |
| <input type="checkbox"/> Model Practices brochure | <input type="checkbox"/> NACCHO Exhibit Booth | <input type="checkbox"/> NACCHO Connect | <input type="checkbox"/> Colleague from another public health agency | <input type="checkbox"/> E-Mail from NACCHO |
| <input type="checkbox"/> NACCHO Exchange | | | | |