



Increasing Health Care Access for Teens through Medicaid and CHIP

Connecting Kids to Coverage National Campaign

Webinar Transcript January 24, 2018

Jason Werden: Welcome everyone to the Centers for Medicare and Medicaid Services Connecting Kids to Coverage National Campaign Webinar on Increasing Health Care Access for Teens through Medicaid and CHIP. We've had 592 people register for today's webinar, and we're very excited about the large group interested in this information and today's discussion and conversation. Again, I'm Jason Werden. I work closely with the Connecting Kids to Coverage team at CMS to support education and outreach efforts to all those eligible and encourage broader enrollment to available health care coverage. Although teens are among the healthiest population in the US, they are less likely to be enrolled in health care coverage when compared to their younger counterparts. Without coverage, many teens often do not have access to vital health care services that fit their specific needs, especially while they are experiencing a period of physical and mental growth, puberty, which can bring about developmental changes, mental health challenges, and potential to engage in risky behaviors. Medicaid and the Children's Health Insurance Program, better known as CHIP, provide eligible teens up to age 19 with a foundation for improved health outcomes now and for their future. Some groups are finding that engaging teens in outreach and enrollment efforts not only helps educate teens about program benefits, but it also increases access to care. During our webinar this afternoon, we will hear and learn from national and local partner organizations as they share their proven tactics and best practices they have used to reach and enroll eligible teens in Medicaid and CHIP and, beyond that enrollment, how they are also educating in the same vein. We'll provide tips and strategies to develop successful partnerships with your local government and local organizations to connect eligible children and families to Medicaid and CHIP health coverage. Now as we go into the agenda, let us review for today. Our speakers will cover strategies for outreach and enrollment to teens across the country and how to engage parents, teens, and members of your community in your local efforts as you work to enroll eligible teens. Our speakers will also share some of their own experiences and best practices as we mentioned to make health care



enrollment a community-wide effort. Our speakers today. We are very pleased to be joined by Denise Daly Konrad with the Virginia Health Care Foundation. She is the Director of Strategic Initiatives and Policy. Virginia Health Care Foundation is a public/private partnership dedicated to increasing access to primary health care for uninsured Virginians and those in underserved areas. Today, Denise will speak to how we can actively promote teen enrollment in Medicaid and CHIP programs, including a success story of her own that she has experienced in the Commonwealth of Virginia. We will then hear from Paula Keyes Kun, who is the Senior Advisor to the CEO of SHAPE America, Society of Health and Physical Educators. Paula will discuss how we can increase the national dialog around important health topics facing our adolescents, and how we can better approach outreach and enrollment efforts in support of teen health coverage. Society of Health and Physical Educators is the nation's largest membership organization of health and physical education professionals, defining excellence in phys ed since 1885. SHAPE America provides programs and resources to support health and physical educators at every level, and honors distinctive contributions across the profession through their awards program. One of those distinguished honorees is our third speaker today, Melanie Lynch, who in 2016 was recognized by SHAPE America as a National Teacher of the Year. Melanie is a career health educator and published author of the instructive health textbook, Comprehensive Health. She has also previously received Teacher of the Year honors at the district and state levels respectively. Melanie currently teaches ninth and tenth graders in North Allegheny School District in Allegheny County, Pennsylvania just north of Pittsburgh. Today she will share how she is successfully leveraging health and physical education to teach and promote proper health literacy among teenagers in and around her Pittsburgh community. Thank you again to all of our speakers for joining us today. After these speakers share their stories, we will then learn more about the Connecting Kids to Coverage Campaign and resources that are available to you. These are available to strengthen your outreach and enrollment efforts to teens locally as well as nationwide. All these materials shared and discussed are available for direct download and customization on InsureKidsNow.gov. Finally, we will wrap up today's webinar by addressing your questions. So please again, feel free to use your chat box throughout the webinar to submit your thoughts, questions, and connect with any of our speakers. Now, as we begin we would like to first pose two poll questions for our attendees today. Our first poll question asks, how are you currently working to enroll teens in Medicaid and CHIP? We appreciate your contributions and your feedback today. We see that 65% of



you are in some capacity or another working to enroll teens in Medicaid and CHIP. There are others that are not, and there are still nearly 15%, 13% here, who are planning to engage soon. That leads us into our next poll question as a follow up, how are you currently enrolling teens in Medicaid and CHIP? We have a selection of options available to you, whether it be partnering with other community initiatives, setting up tables at school events or community engagement events, posting information on social media, co-sponsoring local events with other organizations, or altogether other options and opportunities in which you are working or are planning to soon engage work to help with outreach and enrollment efforts. Particularly for those who have an "other" response, please share it in our chat box feature. We would certainly love to hear about the current activities you are engaging in. And now for our responses. A wide variety of responses here, which is great to see. We have individuals who are partnering with their communities. We have others that are setting up tables and pamphlets locally. Social media is of use, as are co-sponsored events. The "Other" category is also a large draw, and again we would love to hear more about that following this webinar and through our chat box feature. Now we would like to welcome our first speaker today, Denise Daly Konrad. Denise again will be discussing further how we can actively promote teen enrollment in Medicaid and CHIP programs. Denise, thank you so much for joining us today. The line is yours.

Denise Daly Konrad: Thanks, Jason. We really appreciate the opportunity to share what we're doing to target our outreach and enrollment efforts to teens in Virginia. At the Virginia Health Care Foundation, we use a multipronged approach to fulfill our mission of increasing access to primary health care for uninsured and medically underserved Virginians. We make grants to fund outreach workers to help eligible children and pregnant women enroll in state-sponsored health insurance through our Project Connect grant program, and we employ an outreach worker at the foundation who works locally to identify and help families. We also make grants to health safety net organizations that provide direct services to uninsured and medically underserved Virginians like FQHCs and free and charitable clinics and fund other initiatives that support health safety net organizations. Next slide please. To give you a little bit of background about children's health insurance in Virginia, participation in the FAMIS programs which include Medicaid for children and CHIP is slightly lower than the national average, 91.2% compared to 93.1% for the US. And as of 2015, participation in state sponsored health insurance in contiguous states is



higher than both the Virginia and national rates, ranging from a low of 94.1% in Maryland to a high of 98.6% in the District of Columbia. We also know that 40% of Virginia's uninsured children are between the ages of 13 and 18. This is the statistic that helped us decide to focus efforts to reach teens starting in 2015. Next slide please. As I mentioned a minute ago, we refer to Medicaid for children, CHIP, and pregnant women's programs as the FAMIS programs in Virginia, and I'll use the term "FAMIS programs" throughout my presentation. The foundation has several initiatives that focus on increasing the number of children and moms-to-be enrolled in the FAMIS programs. As I mentioned, we fund outreach workers and communities with high numbers of income eligible children. These outreach workers work with families to help them submit new or renewal applications for the FAMIS programs and will support the family as its application is under review by the local Department of Social Services or Covered Virginia, which is a contractor to our Medicaid agency. And we'll help the family respond to requests for more information and advocate for the family if needed. We conduct trainings and provide technical assistance and support to organizations that do outreach and enrollment throughout the Commonwealth, and we advocate for policy and program improvements with state agencies. Next slide please. Our two primary child health insurance initiatives are Sign Up Now and Project Connect. Sign Up Now is a technical assistance arm of our outreach and enrollment work, and through that we conduct trainings throughout the year on how to apply for the FAMIS programs and conduct outreach effectively. We do three and a half hour trainings in person throughout the Commonwealth. We have an on-demand webinar on our website. We've prepared a detailed toolkit on how to apply for the programs. We prepare a quarterly newsletter. Since 1999, we've trained over 11,000 people through the three and a half hour trainings and the on-demand webinar. Project Connect is our direct outreach and enrollment arm. We fund outreach workers today in more than 20 Virginia localities with high numbers of income eligible children. In addition to helping families apply for insurance, our outreach workers also participate in all kinds of events and cultivate key organizational partnerships to raise awareness about the FAMIS programs in their communities and their availability to help provide application assistance. When it comes to enrolling teens in the FAMIS programs, most of our outreach workers have strong partnerships with their local school systems and area nonprofits. Since 1999, our Project Connect outreach workers have enrolled more than 95,000 children and pregnant women in the FAMIS programs. Next slide please. In 2015, we started thinking about special efforts to help reach teens to chip



away at the 39,000 kids 13-18 without health insurance in our state. We worked with the Department of Education to design an outreach plan that ties FAMIS outreach and enrollment to two activities teens like the best: sports and driving. In thinking about how to reach Virginia teens, we looked to the CMS Strategy Guide, The Game Plan, and other efforts in place to reach teens and their families. There really weren't many, really any, focused efforts to reach teens in Virginia. Schools are incredible outreach and enrollment partners. Almost a third of all Project Connect enrollments start with a referral from a school. For a number of years, our state Medicaid agency has collaborated with our state superintendent to send letters to local superintendents with suggestions on how to raise awareness about the FAMIS programs through existing school channels and to distribute fliers that go to all Virginia public schools at the start of each year. And most Project Connect outreach over the years that is school focused has included working with school nurses, social workers, guidance counselors, and at registration times and back to school times. So we really needed some new ideas to reach older kids, and we wanted to develop approaches that didn't require schools to provide personal information to outreach workers so there wouldn't be any FERPA privacy concerns, which are often a barrier to working with schools. We also wanted to implement strategies that made sense year round. You will see that they do, since students participate in summer school, many school sports practice in the summer, and there are income eligible kids in every school district and in every school. The initiatives we develop complement the other efforts that are in place and have strong support from the state superintendent. He appointed long time Principal Specialist for Health, Physical Education, Drivers' Ed and Athletics as our primary point of contact. Vanessa is also a long time member of the Virginia High School League's Board of Directors and its Sports Medicine Committee. VHSL is the state organization that sanctions school sports and other interscholastic activities, so her dual role with the State Department of Education and the VHSL has been extremely helpful to us. Vanessa helped us develop our strategy, vet our materials, and helped promote them with the Department of Education, local school districts, key professional associations, and The High School League. Next slide please. Our approach is more than a marketing campaign. It provides resources and tools to school faculty and staff who work closely with teens and may know the student doesn't have health insurance. So why did we develop the approaches that we did? Well, they are affordable, and we thought they'd resonate with teens, their families, and school staff. They are simple in focus, they were inexpensive. They focus on systemic change that would



reach students, faculty and staff. They are statewide with a broad reach. We have clear support from the State Department of Education and the High School League. They are consistent and build on CMS's The Game Plan. They complement existing outreach underway in the state. And we really feel like health insurance literacy is a critical life skill for teens. Next slide please. In many Virginia localities, the school district's emergency care card includes information about the FAMIS programs or provides consent to contact the family if their child does not have insurance. As we were thinking about reaching teens, we wondered if there might be a similar document that we could include information on about the FAMIS programs. It turns out, in Virginia, any public school student who wants to play school-sanctioned sports or participate in a number of other school activities must have health insurance and must have a sports physical using a standard form, which conveniently requires the family to provide evidence the child has insurance. We worked closely with Vanessa at the Department of Education, who was able to leverage her relationship with the VHSL because VHSL is responsible for the state sports physical form. She helped us navigate the sports association to add language about the FAMIS programs to the sports physical form. This is a form that is completed for over 200,000 teen athletes in Virginia who participate in the twenty-seven school sports that are available. The form is downloaded for use from the VHSL website, so there were no copies to print and it was easy to get the new version out to school districts and prospective athletes when it was available. Next slide please. And you'll see this is a screen shot from the form, and that highlighted section in the middle is where the person is supposed to provide the health insurance information, and then underneath it on the form it indicates how to contact the Covered Virginia call center, which is the call center that the Department of Medical Assistance runs for the FAMIS programs and other benefit programs. We also worked closely with Vanessa and her team to adapt our popular three and a half hour Sign Up Now training to a thirty minute on-demand webinar about the FAMIS programs and basics on how to apply. The webinar was designed for and marketed to athletic trainers, administrators, coaches, and other school folks. It includes links to the Connecting Kids to Coverage Campaign materials, as well as materials that we developed in house focusing on teens, sports, and driving. The webinar is posted on our website and the VHSL website and those of other sports and related professional associations in Virginia. We also wanted to find a way to share information with teens themselves about health insurance to include the FAMIS programs. We learned that ninth grade Health and Physical Education is the only course that all the Virginia



public high school students are required to take, so we developed lesson plans with in-class and homework assignments for ninth grade health and PE and driver's ed teachers to use, and these lesson plans are linked to the Virginia standards of learning. The lesson plans are on our website, and also on Health Smart Virginia, which is an online compendium of health related lesson plans for teachers. In the school districts where there is a foundation funded outreach worker, we are exchanging contact information between the outreach worker and key school staff in the coming weeks to make sure families in those communities have a contact person who can help them either apply for the programs or answer questions for them. Next slide please. We really like the Connecting Kids to Coverage Campaign materials, however we found that most of the photos on the materials were of younger children. So we got permission from CMS to develop similar materials using photos of teens. We've printed and will distribute palm cards and posters with each outreach worker's contact information. So there is no expense to the local school district to have teen focused promotional materials available. We also developed versions of the palm cards and posters that include the centralized state call center phone number, so school districts in localities where we don't have an outreach worker can order and use the materials as well. Next slide please. These are sample copies of the materials. The far left is the palm card, which is the size of a wrap card or a brochure. And then the two posters on the right are 11 x 17. And they will be available on our website shortly. Next slide please. This is a screenshot of our website, where all the teen focused outreach materials are found. Also, all of the Sign Up Now materials that I mentioned, newsletters and the toolkit and the on-demand webinar, are available on another section of our website. Next slide please. I'd also like to take a minute to share some best practices to engage families and encourage enrollment with kids of all ages, including teens. First, it's important to partner with agencies that are trusted by families. This helps facilitate access to large groups of uninsured, income eligible children. It is important to show families and teens that you have an interest in their health. We found it really valuable to connect on the go with a mobile office. Our outreach workers have laptops, portable scanners, hotspots and cell phones so they can work just about anywhere, and they actually do. We've had applications completed in McDonald's parking lots, schools, high school games, you name it, our outreach workers have probably enrolled somebody there. It is also incredibly important to hire the right people. Outreach workers need to be able to connect with families of all kinds, and effectively interact with state and local agency staff. So they need to be accessible and professional. Other key attributes that make a good



outreach worker: somebody who is empathetic, organized, politely persistent, creative, and respectful is the perfect package. Next slide please. Our outreach workers also find that families need someone who can help them overcome language barriers, help complete long applications and use technology. In Virginia, our renewal form is 18 or more pages depending on the family's circumstances. They help in gathering documentation, raising awareness about the programs and eligibility requirements, educating families about the value and importance of coverage for kids, addressing families' reluctance to seek help from a government program, and making sure folks know that this is not a welfare program but a health insurance program. And calming undocumented parents' worries about enrolling their US Citizen children in the FAMIS programs. Next slide please. Please feel free to check out our materials on our website or contact me with any questions. We're really proud of the strategies we've developed, and look forward to continuing to promote them with teens, their families, and school faculty and staff. We will also be adapting our thirty minute webinar next month to make it more broadly relevant to other school staff, and we'll be marketing it to other professional associations in Virginia. Thanks Jason again for the opportunity.

Jason Werden: Thank you Denise so much for all of that information and for that connection back to the campaign. We would now like to introduce to take it a bit further, to take our conversation a bit further, Paula Keyes Kun. Paula is a Senior Advisor to the CEO with SHAPE America. She's here to discuss how we can, again, increase dialog around a number of important health issues and topics facing our adolescent audience and successful measures that you can implement locally. Paula? Welcome.

Paula Keyes Kun: Thanks, Jason. Today I'd like to talk to you about SHAPE America. For those of you who might not know, we're the association formerly known as AAHPERD, an alliance of five national associations that included the American Association for Health Education, The American Association for Physical Activity and Recreation, the National Association for Girls and Women in Sports, The National Association for Sports and Physical Education, and The National Dance Association. SHAPE America was founded in 1885 as the Association for the Advancement of Physical Education. William Gilbert Anderson, a physical training instructor at Adelphi Academy, had invited a group of people working in the gymnastics field to come together to discuss the profession. At that time, most members of our organization were physicians who had held medical degrees. They certainly supported the physical education movement because of the health benefits



that it could potentially have. Today, as in 1885, we are a passionate and diverse group of health and physical educators working together across this country. Our mission is to advance professional practice and promote research related to physical education and health education, physical activity, sports, and dance. We share a common vision to prepare all children to lead healthy and physically active lives. Next slide please. Many of you probably know that February is heart month. So please, make a visit to our website and visit the Jump Rope for Heart and the Hoops for Heart section. There you will find some heart healthy resources. You will find activity ideas, learn more about AEDs, and even learn how to develop cardiac emergency response plans. We have a wonderful Jump Rope for Hearts section all ready for you. Next please. Our "moonshot" goal is to reach every one of our 50 million students across the country through effective health and physical education programs. Our goal here with 50 Million Strong is that by the time today's preschoolers reach 18 years of age, we want them all to be healthy and physically active. Next slide please. 50 Million Strong is our commitment to put all children on the path to health and physical literacy, as I said, through effective health and physical education programs. On our website, we have case studies of exemplary programs across the country. Next slide please. There we go. It's all available, as I said, at ShapeAmerica.org. We'd love to share some of these great resources and materials with you. And here is an example of our digital library that we have of classroom-ready, teacher-friendly resources available for download. Our library includes information on physical education and health education standards, posters, advocacy, infographics, curriculum rubrics, and lots of lesson plans. Ideas, we even have a monthly calendar of physical activities. We've got e-learning guides and many templates to use. In addition, all of our materials are available in both English and Spanish. Next slide please. SHAPE America also provides a wide variety of professional development, including standards-based workshops, regular webinars, timely podcasts, many conventions and conferences for the K-12 educators, college and university professors, coaches, educators, and researchers. Next slide. Recognizing professional excellence is certainly one of the most important things we do. All SHAPE America members have the privilege of submitting nominees for our many recognition awards, and then these awardees are all honored at our national convention. One of the most prestigious and long-standing of our awards programs is our Teacher of the Year program. Teachers of the Year are nominated from their states, then they go up through our six districts, and finally at our national convention we announce the six National Teachers of the Year in adapted



physical education, dance education, health education, and the three levels of physical education. These are truly the best of the best of our educators across the country. Next, I now want to introduce to you one of the most outstanding, truly, health educators in the country. Her name is Melanie Lynch, and Melanie is a past National Health Education Teacher of the Year. She is going to share with you a series of personal experiences regarding the importance of education and enrolling teens in health coverage. Take it away, Melanie.

Melanie Lynch: Thank you Paula so much, and thank you Jason for inviting me to be a part of this webinar. Just a little bit of my background. I am a Penn State grad. I had my undergrad and my master's degree there. I'm in my 22nd year teaching health education, and my first year actually adding physical education to that. After 21 years, I actually uprooted from State College Pennsylvania and came to the very prestigious school district of North Allegheny. The reason I wanted to come to North Allegheny is I knew they had an excellent program, but a lot of times we run into roadblocks, we as wellness educators and people who care about children's wellness. We find that sometimes at the top with the budgets, and we're some of the first to get cut. And I wanted to come to this school district, because from the top down, they decided that wellness was going to be their highest priority. So I thought to myself, this is exactly where I want to be with my passion and experience, and I want to learn from others. So I'm also the past president of Pennsylvania State Association for Health, Physical Education, Recreation and Dance, which is kind of the state version of SHAPE America. And I'm also a proud SHAPE America member. I've been involved with the Alliance for Healthier Generations, and co-authored the textbook Goodheart-Willcox Comprehensive Health. I was an original HEAP trainer, which stands for Health Education Assessment Project, and that's really what I'm going to talk about a lot today of what kind of health lessons do we teach. Because as a lot of you on this webinar, and I'm so excited to know that there were 592 people registered for this. But one of the things that we as teachers have, is we have the target audience that everybody wants. And that is not lost on me. So I realize that I have the ears of these kids, and we get them every day, and I just want to make sure that I do a great job and collaborate with all types of wellness professionals to do the best job I can to deliver what I need. Also, I've heard, Denise mentioned Vanessa Wigand, who if you don't know her she is just an amazing wellness advocate. I've done some work with her with the Department of Education writing skills based lessons, and they are also on her website. So the thing that I think we all have in



common, is we all care about kids and we care about their wellness. Obviously this particular initiative is how to get them insured. And I think one of the things we all have in common is that driving force. So I would say, something great for all of you listening to think about is becoming a member of SHAPE America. They do have digital memberships, and there are so many resources out there. And I sit on the Health Council, and there are several different councils. It is just a think tank, and there is production of project after project. Everything we do is to meet that moon goal as Paula talked about, 50 Million Strong. That's a lofty commitment, but it's a commitment that I think everybody on this webinar is going to give their best effort. Because that's what we do for a living. Can you go to the next slide please? One of the things that I'm working on is trying to debunk the health teacher from yesteryear. I know my own health class experience was basically, go to health class, read the book, answer the questions, go around the room, give the answers. Every couple of weeks were tests. Really, it just is not effective. All the research clearly states that just because you know doesn't mean you'll do. So SHAPE America came up with, our council came up with, what is health literacy? And believe it or not, this took a long time to process, because we wanted to make it simple yet comprehensive. So health literacy is the ability to access, understand, appraise, apply and advocate for health information and services in order to maintain or enhance one's own health and the health of others. I do not teach content-based health education. Because the content changes. Students have these devices in their hands 24/7 where they can get the majority of that content out. What I want to do is teach skills, skills like self-management, goal setting, accessing information. And I think accessing information is the most applicable skill to be talking about on this webinar. How do students know where to get services they are lacking? If they need insurance, how do they get insurance, where do they look. Also when they are looking up information on the web, is it valid, is it reliable. And these are skills that once students have, as content comes and goes from My Pyramid to My Plate and everything changes, it doesn't matter because these students will have the skills. And I have found these statistics online, and it has really been motivating me this year more than ever, that 99% of Americans can read but only 12% are health literate. That means that 88% of adults out there, they don't know how to access information, they don't know enough to know how to set good goals or advocate for themselves. So that's why SHAPE America comes up with documents like best practices. If you really want to see something truly amazing, go to our national convention, I'm so excited to go to national this year. I've been to many organizations, and the



energy when you walk into a national convention where every single person's main goal is health and wellness for kids, and you have thousands of people. That energy is the most amazing thing. So if you ever have a chance and you want to become a member that would be a perfect place to check us all out. And it's a great way to collaborate with a lot of people, because as I said, we have that target audience that a lot of you are trying to run your programs through. Next slide please. Just to give you an idea of what the difference is between content based and skills based. This is an activity that I like to do with my students at the beginning of a semester. It is just giving them a tiny little quiz, it's not graded, and it's all content based. For example, some of the questions are, getting 7-8 hours of sleep every night is beneficial to your health, and wearing seatbelts can greatly reduce the risk of injury or death. And it's all just about what you know. And the students take less than five minutes, they know all the answers are true. So if you go to yesteryear's health, you think as a health teacher, I'm really doing something, all of my students are knowledgeable, they're ready to go out into the world and they're set. However, when you have them actually take the health behavior quiz, I turn my back, I say, everybody stand up, and I go through each behavior that is linked to one of the content knowledge. So for example, I sleep 7-8 hours every night. If the answer is no they have to sit down. I wear a seatbelt every single time I'm in the car, again they say no they have to sit down. By the time I get through the eight behaviors and turn around, there is nobody standing. That's the difference between health knowledge and health behavior. So when we're working on those skills day in and day out in health education, it really starts helping them master those skills and become health literate. Next slide please. This is a great graphic that we used for HEAP, the Health Education Assessment Program. And it really shows the complexity, that the core concepts are the foundation. All of these students need to have some kind of knowledge, they can't just be lacking any kind of real knowledge. I use the term "functional knowledge," what knowledge do they need to have that's at the tip of their tongues that they could use to use those skills. For example, one of the skills towards the top is IC, Interpersonal Communication. We do a lot of role plays and refusal skills. Somebody is trying to pressure them into drinking alcohol, what content knowledge do they need to have to make an argument? They don't need to have all the information, but what would be the best information for them to have? So that's why we have to give some knowledge. If you also look off to the left-hand side of the screen, if all you do is teach health the way it was taught years and years ago, with just the lecturing and tests, you're going to see that the health literacy is just



extremely low. Then they don't have the skills, the tools to go get the services that they need. As they start getting the skills, accessing information, they learn to analyze influences, decision making, goal setting, interpersonal communication. Notice the top two are the highest level: self-management. For example, once they get the insurance, do they take themselves to the doctor? Do they go to the gym? Do they take that content that they know and put it into practice? I think an even higher skill that they have listed as an even skill is advocacy. Because once you're doing for yourself, I think the next level is being passionate enough to advocate for change, advocate for others to come on board and share the wealth and get the experience that you have. Also in this webinar I learned, I like to do webinars outside of my normal realm, that teenagers are the most underrepresented as far as health care. And though they are the healthiest, if you think about mental health, their mental health is really struggling a lot these days, and a lot of them don't have access to care because they don't have any type of insurance. And so what we're doing in the classroom is trying to destigmatize mental health issues and any kind of issues, whether it be medical or emotional. And getting them to do that self-management and getting to the doctor. Next slide please. So I really would like to thank everybody for the opportunity that I had to come and share my two cents on skills based health education and really give a great big shout out for SHAPE America. Because as Paula had mentioned, the website has just a plethora of resources, and I know from being on the council that we are working daily just to keep in mind what our population's needs are, communicating with other agencies, creating new stuff all the time. So I once again want to thank you for allowing me to be a part of this. Thank you Jason.

Jason Werden: Melanie, thank you so much, and thank you to Paula as well. I would like to call out here if you are interested in more information on SHAPE America, you can get access to materials such as resources and publications. The whole plethora of their digital download library. Also look into professional development opportunities such as those webinars, online courses, and the new online institute. For more information as well on 50 Million Strong and the Teacher of the Year Program and the awards programs that were discussed. We invite you to visit shapeamerica.org. And certainly do not forget that their annual national convention and expo is occurring in a few short weeks, March 20-24, in Nashville, Tennessee. You can also learn more about engaging with attending and learning more about that expo at shapeamerica.org. If you want to talk to Paula directly, she's also available. Thank you again Paula so much for your time. She is available



at pkun@shapeamerica.org. Thank you Paula. We'd now like to share a bit more information on the campaign resources that are available through Connecting Kids to Coverage at a national level. We're excited to begin this new year, as we get into now February as well, to reintroduce all of you to a number of resources that are available through the campaign. You and your networks can use these tools to help reach families and get children and teens enrolled in Medicaid and CHIP in your community. We have a number of teen specific outreach resources that are available. They are all available for download and customization at insurekidsnow.gov. There are school-based outreach and enrollment toolkits, outreach materials specific for teens. We have brand new materials with information such as 10 Things Schools Can Do, a one pager with great information for use. Get Covered, Get in the Game, a strategic guide to engaging and enrolling teen audiences. And a number of multimedia materials at your disposal to use and disseminate as you would like. We also have social graphics, a number of templates, and again customization is a piece that we really rely on you to make this unique and your own in your community. You can find more on that at insurekidsnow.gov. We also have television and radio public service announcements, PSAs, that are available to you. They were released last year, and the Covered PSAs speak directly to parents. They highlight the quality health coverage that is available for kids through Medicaid and CHIP. These spots are available in both English and Spanish, and can be downloaded from the insurekidsnow.gov site. You can share these PSAs through your social channels, play them on your public address systems or in waiting rooms if you have that option or capability, or even us a radio PSA as your "on-hold" message by phone. We have more ideas for sharing these PSAs in one of our resource materials, 10 Tips for Putting Public Service Announcements to Work. You can check all that out in our Outreach Tool Library again available at insurekidsnow.gov. These PSAs, for your reference, are good between now and June 11, 2019. We have even more additional campaign materials beyond just those that are specific to teen audiences. This is a recap of some of those and extends beyond. Customizable posters, palm cards, videos, tip sheets, informational webinars such as this one which we thank you all for attending. Campaign Notes, an eNewsletter where you can receive regular communication from the campaign. We have ready-made articles and radio scripts for your use. Digital media tools, and again those PSAs are for your use at your disposal. There is a bit more on those digital media tools as well. They include a Social Media Graphics and Guides, web buttons and banners with HTML code you can fold right into your sites respectively, and sample posts that you can



choose to use particularly on Twitter. We recommend the #Enroll365. We also wanted to share here just a quick look at other materials and topics that past webinars have also covered and that customizable materials are available for. The Connecting Kids to Coverage Campaign materials cover an array of topics - back-to-school, oral health, vision, teens as we are today, sports, and of course year-round enrollment. All of these materials are available for download on insurekidsnow.gov. As I mentioned, all of these are customizable. You can take a look here at how you can make these unique to your organization and/or community. These are all available through our Outreach Tool Library, and there are how-to guides to ensure that you are accessing and using these materials to the best of your ability. Our Outreach Tool Library is, of course, available through insurekidsnow.gov. And you can take a look at past webinars that we've had. Today's is specific to teen outreach, but we have done a number of webinars on similar and related coverage, particularly most recently School-Based Outreach and Strategies to Reach Medicaid and CHIP-Eligible Students, and at the beginning of last school year in September we held a webinar on Back-to-School and School-Based Enrollment Strategies: Tried, True and New Ideas to Reach Families. All of our prior webinars are available at insurekidsnow.gov/webinars. Today's webinar will also be available as an archive in the coming weeks. We invite you to keep in touch with the campaign in many capacities, and we certainly would be interested in your follow up to today's webinar also. Follow us on Twitter @IKNGov. You can re-tweet, share or tag messages using any of the following hashtags: #Enroll365, #KidsEnroll, and #Medicaid and #CHIP. Certainly do sign up for the Campaign Notes eNewsletter, there is a subscription button at the top of the website. Email any of your questions, comments, thoughts, or ways you wish to get involved. Email us directly at ConnectingKids@cms.hhs.gov. Now we want to know what is working for you. We want to hear from you, we want to know how your organization is planning to help enroll teens in Medicaid and CHIP or how you're doing so on a regular basis now. We encourage you to reach out to the campaign. Again, we provided the email address, we welcome you to share your information and you have an opportunity to share here today. We can share your questions. We have received a few to this point. We're going to pull them up now, and we can run through a few. The first two questions come from Dora. Dora, thank you for reaching out. They are directed to you, Denise, and the Virginia Health Care Foundation. Dora asks, how are your enrollments confirmed? And are they directly connected to an in-person application assistant? Denise?



Denise Daly Konrad: Sure, thanks, I'm happy to take those questions. I'm going to answer the second one first. All of our enrollments that I reported, the 95,000, are done by in-person assisters, by outreach workers. But remember, they have happened since 1999, so we have a lot of years to enroll 95,000 children and moms. There are a couple of different ways that our outreach workers confirm enrollment. They will ask a family if the family has received a Notice of Action from the Department of Social Services. Sometimes the outreach worker has an arrangement with the Department of Social Services to receive the Notices of Action directly, so a copy would go to the family and a copy often goes to the outreach worker directly. And sometimes the outreach worker will call the Department of Social Services worker who has evaluated the individual family's application and ask whether or not the person or children have been enrolled. So we do verify all of our enrollments. We also require all of our outreach workers to use a database that we maintain, and they are supposed to update it monthly with the applications that they submit, and then they track the status over the course of the time the application is under review. So we know if an application is pending, if it has been approved or if it has been denied. And for applications that have been denied, they are supposed to indicate what the reason was for the denial.

Jason Werden: Thank you so much Denise. Our next question is for Melanie. And one of our attendees asked, I'm very interested in the stat you shared about the 99% literacy, but only 12% being health literate. Could you share a little more about that, and where, if you could, that stat came from?

Melanie Lynch: I don't have that right in front of me. That is from, I think, I have that on one of my PowerPoints. That was on one of the government sites. That goes back to the skill, when you're accessing information. Jason, I can find that and email it to you to post it. But it's teaching kids, when you are out there on a website and you see a stat, how reliable or how valid is that. And I think this was one of the government agencies and it had a .gov, I'm sorry I don't have that stat right up in front of me.

Jason Werden: Thank you Melanie. And as noted, the stats Melanie had previously shared on 99% literacy and 12% health literate, that is something that we are going to provide as an after action on today's webinar and can include in an upcoming newsletter. So we certainly encourage you to subscribe and follow Campaign Notes through the Connecting Kids to



Coverage Campaign. And there we are just about up to the edge of our time available today. If you do have further questions or wish to get in touch with the campaign, again, we encourage you to email us at connectingkids@cms.hhs.gov. And of course, do visit insurekidsnow.gov to learn more about the campaign, about our campaign partners who have joined us today, and how you can get involved and begin using these materials that are available to you today to further enroll teens in health coverage in Medicaid and CHIP programs. We thank you so much for joining, and have a great afternoon.