



THE TIE THAT BINDS:
*Linking Children's Health Insurance
with School Nutrition Programs in California*

December 1999

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In addition to the work described in this report to link the School Lunch Program with Healthy Families/Medi-Cal, project staff have also helped develop two pilot projects in Bay Area schools -- at Richmond High School in Contra Costa County and the 49ers Academy Middle School in East Palo Alto. The project at Richmond focuses on information dissemination and education using a peer education model. In the 49ers Academy project, the school's community liaison will contact the families of all the students, provide them with information about the health programs, as well as assist them with the enrollment process.

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EXECUTIVE SUMMARY

Roughly 1.85 million children in California lack health insurance and are not receiving necessary and preventative medical care. The most reliable information indicates that approximately 1.1 million are eligible for, but not enrolled in, California's state-sponsored health insurance programs – Healthy Families and Medi-Cal for Children. In fact, a recent study found that in 1999, fewer California children are enrolled in Medi-Cal and Healthy Families than were enrolled in Medi-Cal alone in 1996.

As the place where the majority of eligible children can be found, schools are perhaps the most obvious mechanism for reaching large numbers of young people. Despite the scarce resources available to California public schools, the rationale for them to get involved is compelling. Schools generally are trusted, community-based entities that have established relationships with the parents of eligible children. Furthermore, schools have strong incentives to help more children obtain health insurance because absenteeism is associated with school failure. Moreover, every student absence represents a decline in the school's Average Daily Attendance. This tally forms the basis for the allocation of state educational funds, so schools suffer a direct financial loss when students miss classes.

Given the opportunities presented by linking Healthy Families/Medi-Cal with the schools, in 1998 Consumers Union established *Healthy Kids, Healthy Schools*. The project, funded by the Henry J. Kaiser Family Foundation and the David & Lucile Packard Foundation, seeks to work in partnership with schools to increase enrollment of children and youth in Healthy Families/Medi-Cal. During the past year, *Healthy Kids, Healthy Schools* has focused on linkages between Healthy Families/Medi-Cal and the federally-funded National School Lunch Program (the School Lunch Program).

This report describes our project and research regarding the School Lunch Program, and summarizes the challenges and opportunities we discovered in seeking to link the School Lunch Program and Healthy Families/Medi-Cal.

Summary of Lessons Learned

- **Eligibility for the School Lunch Program Cannot Realistically Serve as a Full Proxy for Eligibility for Healthy Families/Medi-Cal:** Unlike the School Lunch Program, Healthy Families/Medi-Cal eligibility has strict requirements regarding citizenship and immigration status. Other significant obstacles to full alignment are the differences in the definition and documentation of income. Full alignment would entail a major overhaul of all three programs on both the state and federal levels.
- **With Changes to the School Lunch and/or Health Programs, the School Lunch Program Could Serve as a Vehicle to Determine Income Eligibility for Healthy Families/Medi-Cal:** Because there are overlaps in income eligibility levels for the meal and health programs, with adjustments in income definitions and household composition rules, the School Lunch Program could be used for income eligibility determinations for Healthy Families/Medi-Cal for some children. However, there

remains a fundamental concern about confidentiality raised by sharing information between the programs.

- **Families' Historic Trust in the School Lunch Program Must Not be Jeopardized:** Efforts to directly link Healthy Families/Medi-Cal with the School Lunch Program must proceed carefully. School meal programs enjoy a high level of trust from participating families, especially immigrant families. In particular, the confidentiality protections of the School Lunch Program have been integral to its success.
- **The School Lunch Program Can be a Valuable and Effective Outreach Vehicle for Healthy Families/Medi-Cal:** All California students are notified of the School Lunch Program and many of those eligible for the School Lunch Program are also eligible for either Healthy Families or Medi-Cal. Pairing information about the health programs with School Lunch applications and/or approval letters has proved a very effective outreach strategy.
- **To Ensure Success of the School Lunch Program as an Outreach and Enrollment Vehicle, Sufficient Resources and the Cooperation, Support and Participation of School Personnel and Others are Critical:** To develop successful outreach and enrollment plans, "buy-in" from all involved personnel, including district and school administrators, is essential. Furthermore, districts and schools must consider building partnerships with community-based organizations and local governments. Collaboration among school districts, nonprofit organizations, state agencies and others is a key component to reaching uninsured children.
- **While Outreach is Crucial, Efforts Must Also Focus on Follow-up Strategies:** Getting the word out to families is a necessary and important first step. However, follow-up is equally critical to ensure that families who request information receive it, fill out applications, and enroll if eligible. Once children are enrolled, districts can work with families to ensure that children stay enrolled and use the health services available to them.
- **Schools That Have a Special Status Regarding the School Lunch Program Should Explore Different Approaches to Reaching Families Potentially Eligible for Healthy Families/Medi-Cal:** Under federal law, a number of schools with a high proportion of children eligible for the School Lunch Program are not required to send out applications to families every year. Given the demographics of these schools, many of their students might be eligible for Healthy Families/Medi-Cal. Because these schools do not necessarily send applications for the School Lunch Program home on an annual basis, including information about the health insurance programs with applications or approval letters may not be feasible or effective. Instead, school officials could send this information with other correspondence, such as the notification that all students will receive free meals. These schools might also explore other outreach strategies not necessarily connected to the School Lunch Program.

- **Advocates and Policymakers Should Explore Multiple Options to Reach and Enroll More Uninsured Children:** Linking the School Lunch Program with Healthy Families/Medi-Cal is just one of several strategies that advocates and government officials are considering. Others that warrant further exploration include linking Medicaid and the Children’s Health Insurance Program (CHIP) with other public benefits programs with comparable income eligibility levels; reconciling the eligibility requirements for Healthy Families and Medi-Cal; and fostering connections between schools and county social service agencies.

Enrolling every eligible child in state-sponsored health insurance is not an easy task. In California, linking the School Lunch Program with Healthy Families/Medi-Cal is one strategy for reaching eligible families that has shown promising results. While this vehicle may not suit every school in every state, preliminary data shows that the convenience and trust factors make consideration of this strategy worthwhile.

Schools have a significant interest in ensuring that their students’ health care needs are met. When children are healthy, they are ready to learn. Giving schools and districts resources, and allowing them to tailor projects to meet the needs of their students, could mean a significant difference for children. Securing health care coverage for all of California’s children is the first step to ensuring both healthier kids and healthier schools.

INTRODUCTION

Roughly 1.85 million children in California do not have health insurance, are not receiving necessary and preventative medical care, and are falling through the cracks of the health care system.¹ Precise data on the number of these children who are eligible for California's state-sponsored health insurance programs -- Healthy Families and Medi-Cal -- is not available, but the most reliable information indicates that approximately 1.1 million are eligible for, but not enrolled in, these programs.² In fact, a recent study found that in 1999 fewer California children are enrolled in Medi-Cal and Healthy Families than were enrolled in Medi-Cal alone in 1996.³

Clearly, there is a tremendous need to reach and enroll more children. Schools are perhaps the most obvious mechanism for reaching large numbers of young people efficiently and quickly. But given the scarce resources available to California public schools,

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some may wonder whether schools will be able and willing to undertake this effort. The rationale for schools to get involved is compelling. Schools are the place where the majority of eligible children can be found.

And the public school system is an organized, established, statewide, community-based resource. With adequate support, schools' efforts can bring thousands of children into the health care system. Equally important is the fact that schools often are trusted entities with established relationships with the parents of eligible children.⁴

In 1998, Consumers Union established *Healthy Kids, Healthy Schools*, a project to explore opportunities for connecting schools with Healthy Families/Medi-Cal. *Healthy Kids, Healthy Schools*, funded by the Henry J. Kaiser Family Foundation and the David & Lucile Packard Foundation, seeks to form partnerships with schools to increase enrollment of children and youth in these currently underutilized health insurance programs.

Schools have a strong interest in ensuring that all students have health insurance. Studies have shown that absenteeism is associated with school failure, and that poor children are two to three times more likely to miss school due to illness than other children. For example, students who get their care at public clinics often miss an entire day of school for a single appointment.⁵ Beyond the negative effect of absences on a child's education, every student absence represents a decline in the school's Average Daily Attendance (ADA).⁶ This tally forms the basis for the allocation of state educational funds, so schools suffer a direct financial loss when students miss classes. The California ADA definition of "excused absences" has recently changed so that schools are now financially penalized *whenever* a child is absent, regardless of medical or other reasons.⁷ In addition, schools are also increasingly held accountable for standardized test scores. Students who are frequently absent for health reasons, or who suffer from health problems, may cause schools' test performances to fall.

For all of these reasons, schools have risen on the public radar screen as a crucial site at which to reach children potentially eligible for state-sponsored health insurance. In particular, the federal government and a number of states have recognized that the federal program that provides children with free or reduced-price meals offers an excellent vehicle to identify more eligible children and enroll them in health insurance programs.⁸

The background and nature of the federally-funded National School Lunch Program (the School Lunch Program) make it a natural candidate for linkages with state-sponsored health insurance. The program, established over 50 years ago to deliver nutritious meals to America's school children, is well-respected and is relatively well-utilized by eligible children from low-income families. The program operates in more than 96,000 public and nonprofit schools and residential child care institutions around the country and provides low-cost or free lunches to more than 27 million children each school day.⁹ Further, the eligibility guidelines for the program overlap with the income requirements of Healthy Families/Medi-Cal. Finally, the School Lunch Program and Healthy Families/Medi-Cal share a common mission: promoting the health and well-being of children.

During the past year, *Healthy Kids, Healthy Schools* has focused on linkages between Healthy Families/Medi-Cal and the School Lunch Program. We studied the legal and technical issues surrounding the use of the School Lunch Program to identify children eligible for Healthy Families/Medi-Cal, and, working with state agencies, implemented a project to test the viability of this approach. To date, this undertaking has shown great success in reaching potentially eligible children: as of November 1999, schools -- and the School Lunch Program in particular -- were the *number one* source of requests for Healthy Families/Medi-Cal applications.

This report describes our project focusing on the School Lunch Program, and summarizes the challenges and opportunities we discovered in carrying out an effort to link the School Lunch Program and Healthy Families/Medi-Cal. While some of the analysis -- particularly that of certain legal requirements -- is specific to California, much of this information will be applicable to states around the nation as they endeavor to enroll all eligible children in state-sponsored health insurance programs.¹⁰

Below we highlight the lessons learned through October 1999 and offer a preliminary assessment and description of the effort in California to link the School Lunch Program with Healthy Families/Medi-Cal. As the project evolves, additional insights will undoubtedly emerge as we, along with other advocates and officials throughout the state and around the country, strive to improve the health and well-being of low- and moderate-income children.

ALIGNING ELIGIBILITY BETWEEN THE SCHOOL LUNCH PROGRAM AND HEALTHY FAMILIES/MEDI-CAL: *THE OBSTACLES*

It seems logical that the School Lunch Program could serve as a proxy for Healthy Families/Medi-Cal eligibility. Because of the overlap in income guidelines, it is virtually assured that children eligible for the School Lunch Program will be income-eligible for one of the health insurance programs. The School Lunch Program serves free meals to children from families with incomes below 130% of the Federal Poverty Level (FPL) and reduced-price meals to children from families with incomes of 130% to 185% of FPL. Depending on their age, children may be eligible for Healthy Families or Medi-Cal if their families' incomes are below 250% of FPL.¹¹ School-age children (those who are older than six) are eligible for Medi-Cal if their families have incomes at or below 100% of FPL. These children are eligible for Healthy Families if their families have incomes up to 250% of FPL.¹² See Appendix A for an illustration of the income eligibility guidelines.

In spite of the overlap in income eligibility between the School Lunch Program and the health insurance programs, fully aligning the programs -- making a child who is eligible for the School Lunch Program automatically eligible for one of the health insurance programs -- presents significant legal hurdles. Given these obstacles, full alignment is unrealistic for the foreseeable future.

The following are some of the barriers to School Lunch Program eligibility serving as a proxy for Healthy Families/Medi-Cal eligibility (a summary can be found in Appendix B):

- **Citizenship and Immigration Status Requirements:** The citizenship and immigration status requirements of Healthy Families/Medi-Cal form the greatest barrier to matching eligibility for the School Lunch Program with eligibility for the health programs. Both Healthy Families and Medi-Cal require the child to be a U.S. citizen or a lawful permanent resident. In contrast, there are no citizenship or immigration status requirements for the School Lunch Program.¹³ Until citizenship and immigration status no longer constitute a criterion for state-sponsored health insurance, eligibility for the meal and health programs cannot be fully aligned.
- **Definition & Determination of Income:** The meal and health programs also differ in their determination of income. The School Lunch Program counts average monthly income of everyone residing in the household, while Healthy Families and Medi-Cal consider only the gross annual income of the child seeking benefits and the adult(s) legally responsible for the child. The School Lunch Program also differs from Healthy Families and Medi-Cal with respect to what constitutes income, as well as exemptions and deductions. See Appendix B.

- **Documentation of Income:** The School Lunch Program and Healthy Families/Medi-Cal not only define income differently; they also have different income documentation requirements. The application for the School Lunch Program is “self-certifying,” i.e., the applicant represents and signs under penalty of prosecution that the information provided is accurate.¹⁴ In contrast, Healthy Families and Medi-Cal require extensive documentation in support of the enrollment application, such as employee pay stubs and canceled checks for benefit payments. These documentation requirements are not dictated by federal law, but are mandated by the state.¹⁵
- **“Screen and Enroll” Requirement:** With the passage of the Children’s Health Insurance Program (CHIP) in 1997, states could choose to expand their Medicaid program to cover more children, create an entirely new program, or do a combination of both. California expanded Medi-Cal to cover all children through age 18 with family incomes below the Federal Poverty Level and created the Healthy Families Program.

The decision to create a new program added another obstacle to the full alignment of the School Lunch Program with Healthy Families/Medi-Cal. Federal law requires that prior to enrolling a child in Healthy Families, the state must first screen for Medi-Cal eligibility. If a child is eligible for Medi-Cal, he or she cannot be enrolled in Healthy Families. Thus, even if all the other obstacles were addressed, a child who is income-eligible for the School Lunch Program would still have to be screened to determine for which of the two programs s/he is eligible.

It is worth noting, however, that even if California had one expanded Medicaid program, the state would still want to determine whether a child became eligible for health coverage as a result of CHIP. The federal government provides an enhanced federal match for these children, so a state will receive additional dollars if a child becomes eligible as a result of the passage of that legislation.¹⁶

Overcoming the Obstacles Necessitates Major Changes to Federal and State Law

The obstacles described above present significant barriers to fully aligning eligibility for the School Lunch Program with Healthy Families/Medi-Cal. Major changes in both state and federal law would be necessary to achieve this goal.

- To address the differences in citizenship and immigration status requirements between the meal and health programs, those requirements for Healthy Families and Medi-Cal would have to be eliminated on a federal level. In addressing this issue, the absence of citizenship or immigration requirements for the School Lunch Program should not be jeopardized in any way.

- Alignment of the income definitions and household composition rules of the School Lunch Program and Healthy Families and Medi-Cal might be possible through state and federal legislative changes. Advocates and policymakers would need to carefully weigh the wisdom of any such change against the possibility that it could result in fewer children being eligible for any of the three programs.
- Self-certification of income for Healthy Families/Medi-Cal could be accomplished at the state level. This change could ensure that more eligible children are enrolled in the programs. It is key that in an effort to achieve alignment, no additional income documentation requirements are imposed on the School Lunch Program; such action would almost certainly decrease the number of children receiving free and reduced-price lunches.
- The “screen and enroll” requirement presents a complex challenge because California has established two separate health insurance programs and because the state’s income guidelines before the passage of CHIP were not consonant with School Lunch Program eligibility. The state will always want to determine whether a child is eligible for Medi-Cal or Healthy Families to ensure that the state captures the higher federal matching funds whenever appropriate. To address this obstacle, the state could expand Medi-Cal eligibility and decline the enhanced match. However, without this major change to state law, this hurdle will continue to exist.

USING THE SCHOOL LUNCH PROGRAM FOR HEALTHY FAMILIES/MEDI-CAL OUTREACH: *THE CALIFORNIA EXPERIENCE*

Given the significant impediments to the alignment of eligibility between the School Lunch Program and Healthy Families/Medi-Cal, the *Healthy Kids, Healthy Schools* project turned its attention to other ways of linking the School Lunch Program with Healthy Families/Medi-Cal. Specifically, we engaged in legal research and discussion with school officials and state agencies to fashion an outreach campaign using the School Lunch Program. In collaboration with the California Department of Education (CDE), the Department of Health Services (DHS), DHS' *School Health Connections* office,¹⁷ and the Managed Risk Medical Insurance Board (MRMIB, the administrator of the Healthy Families program), *Healthy Kids, Healthy Schools* has focused on using the School Lunch Program to inform more families about Healthy Families/Medi-Cal. The effort has shown significant promise.

The Basic Plan: Results are Promising

In Spring 1999, the Nutrition Services Division of CDE sent every district Food Services Director in California a letter describing how they could help reach out to children who are potentially eligible for Healthy Families/Medi-Cal. Attached to the letter was a template "Request for Information" (RFI) that parents could fill out to obtain an application for Healthy Families/Medi-Cal. See Appendix C. CDE encouraged Food Services Directors to include the RFI with the School Lunch Program application that they send to parents annually. Food Services Directors were not required to participate, but could do so voluntarily.

The "Basic Outreach Plan" proposed to Food Services Directors works in the following way: parents who receive the RFI and want to learn more about Healthy Families/Medi-Cal complete and return the form to their child's school. Food Services Directors or other specified school personnel then collect the completed RFIs and forward them to DHS on a regular basis. After receiving the RFIs, DHS sends interested parents the joint application for Healthy Families/Medi-Cal. This outline constitutes the basic plan, but districts can tailor it to meet their own needs and student populations. See Appendix C.

Using the RFI has shown impressive results. Schools are now the number one source of requests for Healthy Families/Medi-Cal applications.

Using the RFI has shown impressive results. Schools are now the *number one* source of requests for Healthy Families/Medi-Cal applications.¹⁸ At least 130 districts (out of approximately 1,000) in 46 counties (out of 58) have chosen to send RFIs out with School Lunch Program applications. Data collected by Electronic Data Systems (EDS), a state contractor, shows that the number of families who are learning about Healthy Families/Medi-Cal from school-based sources continues to rise. Approximately 40 percent of people requesting information from EDS heard about the insurance programs

from a school source. The RFI alone constitutes more than 27 percent of the total number of information requests. Also, as the word has spread about the RFI outreach strategy, DHS' School Health Connections office and Consumers Union have received many calls from schools and districts interested in using the School Lunch Program to reach out to potentially eligible families.

While the project's feasibility and effectiveness is now evident, during the past year, a number of hurdles surfaced as we explored the best way to link the School Lunch Program with Healthy Families/Medi-Cal. Set forth below are the challenges encountered and how each contributed to the formulation of the current endeavor.

The Hurdles

Our initial idea was to allow parents to voluntarily waive certain confidentiality provisions of the School Lunch Program in order to enable school staff -- generally Food Services

State and federal laws safeguard individual privacy and prevent discrimination; however, restrictions on the release of certain information may hinder linking the meal and health programs.

Directors -- to share these parents' names and addresses with the Department of Health Services. DHS would then send these families applications for Healthy Families/Medi-Cal. To this end, we proposed to the California Department of Education that a "check-off box" be added at the

bottom of the School Lunch application. Parents could check this box to waive the confidentiality of their names and addresses. However, the waiver concept presented two major obstacles for CDE: confidentiality concerns and administrative barriers.

Confidentiality Concerns

Both federal and state laws contain strong provisions to protect the privacy of those who apply for and receive free or reduced-price meals through the School Lunch Program.¹⁹ These protections safeguard individual privacy and prevent discrimination; however, the restrictions on the release of certain information may also hinder linking the School Lunch Program with Healthy Families/Medi-Cal.

Government Efforts to Overcome Confidentiality Concerns

As the federal government and California officials have considered using the School Lunch Program for targeted outreach, both levels of government have had to consider the legal issues presented by confidentiality laws.

Federal Efforts

In February 1998, President Clinton asked a number of federal departments to work together to develop ways to educate families and enroll children in Medicaid and the federal Children's Health Insurance Program (CHIP). As part of this effort, the U.S. Department of Agriculture (USDA), which administers the School Lunch Program, sought to address confidentiality issues presented by connecting the School Lunch

Program with state-sponsored health insurance programs. The USDA designed four different prototype School Lunch Program applications that states could use to facilitate the use of School Lunch Program information for CHIP and Medicaid programs. The USDA distributed the prototypes to state child nutrition directors around the country.

Two of the prototypes added a check-off box to the School Lunch Program application, and two provided for a form separate from the School Lunch Program application. Depending on the prototype, by checking the box or returning the form, parents or guardians would either: 1) give permission to school officials to relay all of the information contained in the application to state health programs to determine eligibility, or 2) give permission to school officials to give only their name and address to the health programs so the family could receive enrollment information in the mail.²⁰

State Efforts

The California Department of Education analyzed the USDA's proposed School Lunch Program application check-off box for conformity with California's confidentiality rules. In a memorandum issued in October 1998, the General Counsel's Office determined that the USDA's prototype forms that allowed only parental name and address information to be given to the health programs complied with California regulations and privacy protections. The General Counsel's Office found that the other prototype forms, which permitted school officials to relay all of the School Lunch Program application information to state health programs to determine eligibility for Healthy Families/Medi-Cal, violated state confidentiality laws. The General Counsel opined that the School Lunch Program application contained information, such as social security numbers and income, about individuals other than the parent/guardian or child, and that the release of such information would violate those individuals' privacy rights.

Food Services Directors can send the RFI home with the School Lunch Program application or with the letter approving a child's participation in the School Lunch Program.

Administrative Challenges – Workload and Budget Concerns

Despite the confirmation by CDE that a parent or guardian could waive certain privacy protections pertaining to the School Lunch Program application, other Education Code provisions presented additional barriers to using the USDA-proposed check-off box. Specifically, the California Education Code requires district staff to make copies of parental waivers and file those forms in the child's permanent record.²¹ This requirement would require school district staff, most likely the food services staff, to add two extra steps to their current workload. They would have to make a copy of the waiver and file the form in the student's permanent record. While this issue may seem insignificant, CDE felt that school staff might be resistant to the added labor this would require. Without the

cooperation of the personnel who would have to do the work, the project could not possibly be successful. Furthermore, photocopying and staff time adds costs, and it was unclear what entity could or would shoulder that financial burden.

A Plan is Born: Give Parents the Opportunity to Request Information

Given the confidentiality and administrative issues surrounding the check-off box, Consumers Union, CDE, and DHS decided to create a separate form, called the Request for Information (RFI). Food Services Directors can send the RFI home with the School Lunch Program application or with the letter approving a child's participation in the School Lunch Program. Interested parents can then return the RFI to the school or DHS, to request information about Healthy Families/Medi-Cal.

This approach avoids both confidentiality issues and administrative concerns. Parents are not releasing any information contained in the School Lunch Program application. They voluntarily complete and return the RFI if they want to learn about Healthy Families/Medi-Cal. This process is simpler administratively as well. Food Services Directors do not have to copy every waiver and file it in each student's record. Instead, they can simply forward the returned RFIs to the Department of Health Services.²²

Even with this simplified process, we recognized that the school personnel's participation was completely voluntary and that without their enthusiasm, or at least cooperation, the project would not succeed. To this end, Consumers Union staff attended a conference of school food services personnel and presented the idea to use the School Lunch Program for health insurance enrollment. We hoped that we could increase participation by providing a forum where school staff, and in particular, Food Services Directors, could hear the proposal, ask questions and offer suggestions about the project.

Overall, the response was positive, and a number of Food Services Directors were enthusiastic about the proposal. Some Directors expressed concerns about staff time, increased workload and financial resources to support the project. Other Directors displayed little or no interest in the plan. In general, however, once the Directors learned more about the process through this forum and felt their ideas and concerns were heard, many expressed interest in participating. We also felt that attending their meeting would reinforce the message conveyed in the letter sent by the California Department of Education that their involvement could make the difference in reaching many potentially eligible children. In an additional effort to involve Food Services Directors, in August 1999, Consumers Union sent a flyer to every Director in the state reminding them about the opportunity to get involved in the RFI project.

Consumers Union, along with DHS and CDE and the Managed Risk Medical Insurance Board also made presentations to the County Assistant Superintendents at their regional meeting and have shared information about the outreach project through school-related newsletters and presentations at other meetings and conferences.

As we designed the RFI process, we recognized that this approach would not necessarily work for every school district and would require adjustment. For example, under federal law, a small number of schools with a high proportion of children eligible for the School Lunch Program are not required to send out applications to families every year.²³ These schools, known as Provision 1, 2 or 3 schools, have specific rules that pertain to their status. Provision 1 status allows schools to accept applications for the School Lunch program every other year, rather than annually, so children are eligible for two years. Provision 2 and 3 schools provide *all* their students with free meals because of the concentration of poor children in their school and also do not require annual applications. These schools might choose to send the RFI with other correspondence, such as the notification that all students will receive free meals. The RFI approach specifically allows for and encourages districts to tailor the process to best meet the needs of their student populations.

BEYOND OUTREACH: DEVELOPING PILOT PROJECTS TO FOLLOW UP WITH FAMILIES

Building on the success of the RFI as an outreach tool, Consumers Union and others aim to use the School Lunch Program to facilitate enrollment in state-sponsored health insurance, to foster retention in the programs and to increase utilization of health services. Consumers Union, DHS and CDE are working closely with six school districts in five counties (West Contra Costa, Los Angeles, Alameda, San Mateo and Santa Clara Counties) that will use the RFI to test various methods of follow-up to families who express interest in learning more about Healthy Families/Medi-Cal. This approach reflects two key tenets of the effort to link the School Lunch Program with Healthy Families/Medi-Cal: 1) outreach is critical, but enrollment, retention and utilization are the ultimate goals; and 2) districts and schools ultimately must tailor this effort to be most effective for their students.

To facilitate and encourage the efforts of these districts to link the School Lunch Program with Healthy Families/Medi-Cal, Consumers Union, in collaboration with *School Health Connections* and Richard Heath and Associates (a state contractor that worked on outreach efforts), held “stakeholder” meetings to provide information and guidance to, and to receive feedback and suggestions from, a variety of school personnel. Participants included Food Services Directors, school nurses, Healthy Start coordinators, school board members, county superintendents and staff from nonprofit organizations working with schools. Attendees received additional information about Healthy Families/Medi-Cal, discussed outreach strategies and brainstormed about creative outreach and enrollment ideas. The meetings provided a forum for school personnel to share ideas and to consider how best to customize outreach and enrollment activities in their district. These districts will reconvene in the next few months to talk about their successes and the challenges they have faced, and to discuss how their projects could be improved.

Recognizing that outreach is only the first step to enrolling more children, all of the districts’ projects share a number of common strategies to move beyond outreach. Four of the six districts will provide direct application assistance to families who return the RFI. For example, the San Fernando and South Central “clusters” of the Los Angeles Unified School District (LAUSD) will work to ensure that all interested families have the help they need to complete applications. LAUSD will directly contact families who submit RFIs, provide them with applications, inform them about enrollment events, and schedule appointments for application assistance.

Another shared element in the districts’ plans is the creation of databases to track families that complete the RFIs and to gauge the success of outreach efforts. For example, West Contra Costa Unified School District will hire outreach workers to assist the Food Services Director in collecting the RFIs and will maintain a database (developed by Consumers Union) to contact families and offer assistance in filling out applications.

A third key design component of these pilots is collaboration between schools, government and community-based organizations (CBOs) to ensure thorough follow up to interested families. The Alum Rock Unified School District, for example, has created a partnership between school districts in their geographic area and a number of community-based organizations. All RFIs returned by parents will be divided among the CBOs in the partnership; these organizations will then contact families and offer enrollment assistance. Similarly, the Ravenswood Unified School District will collaborate with a coalition of local organizations to assist parents with the enrollment process. Interested families will be invited to drop-in appointments or enrollment events, and will even have the opportunity to have someone come to their home, if they so request, to provide assistance with the Healthy Families/Medi-Cal application.

These pilot districts are just beginning their efforts. Their work will evolve as they learn what strategies are most effective in reaching out to, enrolling and tracking families. The efforts of these district and school personnel are notable because their participation is completely voluntary and, in most cases, their resources are quite limited. These projects demonstrate that the schools are often willing and eager partners and that tremendous potential exists for linking the School Lunch Program with Healthy Families/Medi-Cal.

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SUMMARY OF LESSONS LEARNED

Eligibility for the School Lunch Program Cannot Realistically Serve as a Full Proxy for Eligibility for Healthy Families/Medi-Cal: Unlike the School Lunch Program, the Healthy Families and Medi-Cal programs have strict requirements regarding citizenship and immigration status. Accordingly, a child who receives free or reduced-price meals may not be eligible for the insurance programs. Other significant obstacles to full alignment are the “screen and enroll” requirement and differences in the definition and documentation of income. Full alignment would entail a major overhaul of all three programs on both the state and federal levels.

With Changes to the School Lunch and/or Health Programs, the School Lunch Program Could Serve as a Vehicle to Determine Income Eligibility for Healthy Families/Medi-Cal: Because there are overlaps in income eligibility levels for the meal and health programs, with adjustments in income definitions and household composition rules, the School Lunch Program could be used to determine income eligibility for the health programs for some children. However, policymakers and advocates would still have to confront the fundamental concern about confidentiality raised by sharing information between the programs.

Families’ Historic Trust in the School Lunch Program Must Not be Jeopardized: Advocates and policymakers must proceed carefully in their efforts to directly link Healthy Families/Medi-Cal with the School Lunch Program. School meal programs enjoy a high level of trust from participating families, especially immigrant families. School Lunch Program staff maintain strict confidentiality rules and request no information concerning citizenship or immigration status. On the other hand, in order to participate in government-funded health programs, immigrants must provide citizenship and immigration information to establish eligibility.

In particular, the confidentiality protections of the School Lunch Program have been integral to its success. Consumers Union does not advocate that current privacy protections be sacrificed for purposes of streamlining eligibility and enrollment among public benefits programs for children. Rather, the appropriate solution is obtaining appropriate voluntary waivers combined with government assurance that shared information will not be misused.

The School Lunch Program Can be a Valuable and Effective Outreach Vehicle for Healthy Families/Medi-Cal: The School Lunch Program is a valuable tool for outreach for Healthy Families/Medi-Cal because all California students are notified of the School Lunch Program and many of those eligible for the School Lunch Program are also eligible for either Healthy Families or Medi-Cal. School engagement in outreach and enrollment can coalesce around the School Lunch Program, with proper coordination and support.

Further, the School Lunch Program can be a useful source of *information* on eligibility for Healthy Families/Medi-Cal. Even though eligibility for the School Lunch Program does not

necessarily translate into eligibility for Healthy Families/Medi-Cal, income eligibility guidelines for the School Lunch Program overlap with the income eligibility requirements for Healthy Families/Medi-Cal. Because of the overlap, School Lunch Program data can inform strategies for enrolling more children in Healthy Families/Medi-Cal, such as pointing out geographic areas where outreach efforts should be targeted.

To Ensure Success of the School Lunch Program as an Outreach and Enrollment Vehicle, Sufficient Resources and the Cooperation, Support and Participation of School Personnel and Others are Critical: While many school personnel have expressed eagerness to get involved in Healthy Families/Medi-Cal outreach and enrollment, they often cite lack of resources, staffing and support by administrators as barriers to their participation.

The districts participating in the outreach project using the School Lunch Program are doing so with limited resources. It is critical that policymakers, advocates and school personnel continue to think creatively to find and dedicate more dollars towards these efforts.

Also, to develop successful outreach and enrollment plans, “buy-in” from all involved personnel, including district and school administrators, school board members, and others, is essential. The school districts that Consumers Union is working with to link the meal and health programs all have participation and cooperation from key staff, most notably the Superintendents (the decision makers) and the Food Services Directors (the implementers). The Superintendents, as the key decision makers, are vital to the success of any process. They have the authority to allocate resources and staff time to any school-based endeavor. For outreach activities connected to the School Lunch Program, the Food Services Directors are essential because they will implement the outreach plan.

Further, districts and schools must consider building partnerships with community-based organizations and local governments. Collaboration is a key component to reaching uninsured children. This strategy is being tested in the pilot districts and, thus far, has proven to be a worthwhile endeavor, both for coordination and finding resources. For example, a number of school districts applied for, and received, outreach and education funds from the state by working in collaboration with community-based organizations and county government.

Finally, working in partnership with appropriate state agencies is important in any statewide effort. In California, a number of state agencies have been integrally involved in efforts to link the School Lunch Program with Healthy Families/Medi-Cal, including the Department of Health Services, the Department of Education and the Managed Risk Medical Insurance Board.

While Outreach is Crucial, Efforts Must Also Focus on Follow-up Strategies: Getting the word out to families is a necessary and important first step. As discussed, it is clear that linking the School Lunch Program with Healthy Families/Medi-Cal is an effective strategy for getting information to families with potentially eligible children. However, follow-up is equally critical to ensure that families who request information receive it, fill out applications, and enroll if eligible. All of the districts piloting this effort have created mechanisms, such as databases, to track families who express interest in Healthy Families/Medi-Cal. Also, once children are enrolled, districts can work with families to ensure that the children stay enrolled and use the health services available to them.

Schools That Have a Special Status Regarding the School Lunch Program Should Explore Different Approaches to Reaching Families Potentially Eligible for Healthy Families/Medi-Cal: As discussed, under federal law, a number of schools with a high proportion of children eligible for the School Lunch Program are not required to send out School Lunch Program applications to families every year. Given the demographics of Provision 1, 2 or 3 schools, many of their students might be eligible for Healthy Families/Medi-Cal. Because Provision 1, 2 and 3 schools do not necessarily send applications for the School Lunch Program home on an annual basis, sending information about the health insurance programs with applications or approval letters may not be feasible or effective. Instead, school officials could send information about Healthy Families/Medi-Cal with other correspondence, such as the notification that all students will receive free meals. These schools might also explore other outreach strategies not necessarily connected to the School Lunch Program.

Advocates and Policymakers Should Explore Multiple Options to Reach and Enroll More Uninsured Children: Linking the School Lunch Program with Healthy Families/Medi-Cal is just one of several strategies advocates and government officials are considering to streamline the outreach, application and eligibility determination processes to make insurance more accessible to children. Other efforts that warrant further exploration include linking Medicaid and CHIP with a number of other public benefit programs with income eligibility levels comparable to the health insurance programs, including the Food Stamp Program, Head Start and the Supplemental Nutrition Program for Women, Infants and Children (WIC). This undertaking is known as “Express Lane Eligibility.”²⁴ The idea is that children who have met the income test for income-comparable programs should have their eligibility for Healthy Families/Medi-Cal expedited without having to provide duplicative income information.

Another potential area for reform in California is to address the different requirements for Healthy Families and Medi-Cal. Eliminating the differences between the health insurance programs could go a long way toward reducing confusion and simplifying the enrollment of more children. In the last legislative session, California legislators introduced and debated a number of bills to streamline these programs, and some of these were signed into law. While some progress has been made on this front, there is much to be done to make these two programs comparable or to meld them.

Another key area that needs attention is fostering the connection between schools and county social service agencies. In approximately one quarter of California's school districts, families who participate in public benefit programs such as Food Stamps or CalWORKS are "directly certified" or automatically eligible for the School Lunch Program. These families do not need to provide any other information to be eligible. These efforts are generally the result of Memoranda of Understanding between the school district and the county social services agency. The county agencies coordinate with school districts to ensure that children on public benefit programs receive free or reduced-price meals. This work could be extended so that all counties participate in direct certification. Also, county workers could partner with schools to ensure that children receiving public assistance or Food Stamps are evaluated for, and if eligible, are enrolled in Healthy Families/Medi-Cal. Some counties already endeavor to do this, but all should be encouraged to do so.

CONCLUSION

Enrolling every child eligible for state-sponsored health insurance is not an easy task. In California, linking the School Lunch Program with Healthy Families/Medi-Cal is one strategy for reaching eligible families that has shown promising results. While this may not be the best vehicle for every school in every state, preliminary data shows that the

convenience and trust factors make consideration of this approach worthwhile.

Schools have a significant interest in ensuring that their students' health care needs are met. When children are healthy, they are ready to learn.

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schools and districts resources, and allowing them to tailor projects to meet the needs of their students, could mean a significant difference for children. Securing health care coverage for all of California's children is the first step to ensuring both healthier kids and healthier schools.

Endnotes

¹ Helen Halpin Schaffler & E. Richard Brown, "The State of Health Insurance in California, 1998," Regents of the University of California, 1999, at 16.

² *Id.* at 19.

³ Families USA, "One Step Forward, One Step Back," October 1999, at 15, 23. The study found that between 1996 and 1999, enrollment in Medi-Cal declined significantly. While the decline in Medi-Cal enrollment largely ceased in 1998 when counties established a temporary moratorium on Medi-Cal terminations for families losing cash welfare, enrollment in the Healthy Families program has not been significant enough to bring total enrollment in both programs back to Medi-Cal's 1996 level.

⁴ Michael J. Perry, Evan Stark, and R. Burciaga Valdez, "Barriers to Medi-Cal Enrollment and Ideas for Improving Enrollment: Findings from Eight Focus Groups in California with Parents of Potentially Eligible Children," Prepared for the Henry J. Kaiser Family Foundation, September 1998.

⁵ Diane Allensworth et al, eds. "Schools and Health – Our Nation's Investment," Institute of Medicine, National Academy Press, Washington D.C., 1997, at 160.

⁶ Cal. Educ. Code § 42238.8.

⁷ *Id.*

⁸ Robert Pear & Robin Toner, "President Urges Government to Reach Uninsured Children," N.Y. Times, October 13, 1999.

⁹ U.S. Department of Agriculture, "School Lunch Program – Frequently Asked Questions," (visited November 1999) <<http://www.fns.usda.gov/cnd/Lunch/AboutLunch/faqs.htm>>. The School Lunch Program is administered by the Food and Nutrition Service of the U.S. Department of Agriculture on the federal level and by the California Department of Education on the state level.

¹⁰ A number of other states, including Washington and Illinois, have also worked to link the School Lunch Program with health insurance. Those efforts are beyond the scope of this report. For more information, see Families USA, "Promising Ideas in Children's Health Insurance: Coordination with School Lunch Programs," May 1999.

¹¹ In the 1999 legislative session in California, eligibility for Healthy Families was expanded from 200% to 250% of FPL. The federal Department of Health and Human Services approved this expansion on November 23, 1999.

¹² See previous endnote.

¹³ The School Lunch Program application requests the Social Security number (held only by citizens or legal permanent residents) of the adult member signing the application, or an indication that the adult does not have one. But a failure to provide a number does not make the applicant ineligible.

¹⁴ School districts conduct sampling for quality control purposes and may, at a later time, ask parents to verify income.

¹⁵ Claudia Page & Crystal Hayling, "Opening the Door: Improving the Healthy Families/Medi-Cal Application Process, Executive Summary," Medi-Cal Policy Institute, October 1998 at 5.

¹⁶ Other states, including Washington and Rhode Island, may not face this additional challenge. In those states, children with family incomes above 185% of FPL were Medicaid-eligible before CHIP. This means that, assuming agreement between income definitions between Medicaid and the School Lunch Program, all children eligible for the School Lunch Program were also income-eligible for Medicaid before the passage of CHIP.

¹⁷ *School Health Connections* is an interdepartmental program between the California Department of Education and the Department of Health Services. The program supports a comprehensive school health system and works to ensure that children are healthy and ready to learn.

¹⁸ "Healthy Families/Medi-Cal for Children 1999/2000 Caller Referral Source Report." From July, 1999 through mid-November, 1999, Electronic Data Systems (EDS), the state contractor that generates the Healthy Families/Medi-Cal for Children Caller Referral Source Report, received a total of 103,432 requests for Healthy Families/Medi-Cal information, both through telephone calls and

other sources, such as flyers. Of those, 38,978 individuals (38 percent) reported that they learned about Healthy Families/Medi-Cal from a school source with the following breakdown: 28,349 individuals returned the RFI, 4,756 returned a different school-based flyer (including one distributed to parents as a result of a state mailing to county and district superintendents), and 5,873 individuals called EDS to request Healthy Families/Medi-Cal information and said they heard about the insurance programs from a school source. The RFI alone constitutes more than 27 percent of the total requests for Healthy Families/Medi-Cal information received by EDS. This rate may be understated because a number of districts have not yet returned their RFIs to EDS and those numbers are not included in this tabulation.

¹⁹ The National School Lunch Program prohibits the release or use of information about students and families except by specified individuals. The individuals who may use or disclose information are those directly connected with the administration of the Act, or with a Federal education program, a state health or education program, or a means-tested nutrition program. Information can also be used for audits or investigation of program misuse. This information is limited to the income eligibility status of the child for whom the application was made, unless the consent of the parent or guardian is obtained. National School Lunch Act § 9(b)(2)(C), 42 U.S.C. § 1758(b)(2)(C)(1998). The California Education Code also regulates the privacy of pupil records and provides for the confidentiality of those records. Cal. Educ. Code §49558(a). Both California and federal law allow parents or guardians to waive confidentiality. Cal. Educ. Code §§49075, 49076. Under the federal Family Educational Rights and Privacy Act (“FERPA”), written parental consent is required before an educational agency or institution may release educational records, except in specified circumstances. 20 U.S.C. §1232g(b)(1).

²⁰ The USDA also offered guidance in the event that state agencies or school food authorities wished to develop their own confidentiality waiver forms. USDA Food and Nutrition Service, “Guidance for Waiver of Confidentiality,” All Points Bulletin, APB:SP 98-20, August 10, 1998.

²¹ Cal. Educ. Code §49075.

²² As discussed below, at least four school districts will keep copies of returned RFIs to track families who request information so that they can follow up with them and attempt to ensure that, if children are eligible, they are enrolled.

²³ National School Lunch Act § 11(a)(1), 42 U.S.C. § 1759a(a)(1).

²⁴ See The Children’s Partnership, “Express Lane Eligibility: How to Enroll Large Groups of Eligible Children in Medicaid and CHIP,” Prepared with support from the Kaiser Commission on Medicaid and the Uninsured, October 21, 1999.