

COMBINING HEALTH AND NUTRITION IN MEDI-CAL OUTREACH

Mary Cardenas *
Executive Summary

INTRODUCTION

Welfare Reform brought not just a sharp decline in the number of families receiving cash benefits, but also resulted in unintended drops in Medi-Cal and Food Stamp rolls. Many families leaving the cash programs failed to retain the important support services provided by these programs. This, along with the creation of the Healthy Families Program, brought about an increased focus on health care access. Substantial efforts have since occurred in the area of health insurance outreach.

Like many counties, Santa Cruz County Human Resources Agency's first stages of outreach efforts focused on health insurance. As health insurance outreach expanded, counties began to explore other outreach areas. One that came to the forefront for Santa Cruz County centered on nutrition so they began to explore methods to combine and streamline efforts to conduct outreach for health and nutrition services jointly.

Santa Cruz County Human Resources Agency (HRA) is currently expanding their health services outreach efforts to include nutrition services. This working model provided me with the perfect opportunity to observe an effort in the beginning stages and learn strategies that could help Santa Clara County move forward in our own effort to combine Health and Nutrition Outreach efforts.

OBSERVATIONS

Outreach in Santa Cruz County began with a focus on health outreach and the formation of the Health

Care Outreach Coalition. Since the inception of the Health Care Outreach Coalition, HRA reports a steady increase in Medi-Cal enrollments, particularly in the 0 -18 age group.

About a year later, at the direction of the Board of Supervisors, The Child Nutrition Collaborative was formed. The mission of the Child Nutrition Collaborative is to take steps to eliminate child hunger and improve the overall health and living experience of children in Santa Cruz County.

Member organizations involved in both the Health Care Outreach Coalition and the Child Nutrition Collaborative quickly recognized that the two groups were conducting outreach activities to the same target population, low-income children and families. The two groups decided to create a subgroup to discuss common marketing opportunities and strategies for future collaborative efforts.

Santa Cruz has taken an integrated approach in conducting outreach efforts. They recognize that the same people who are potentially eligible for Medi-Cal may also be eligible for Food Stamps and other related programs.

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OUTREACH STRATEGIES

As a community, Santa Cruz County has a collaborative culture and a history of creating successful partnerships. During my visit to Santa Cruz County, I observed established, trusting relationships and true partnership between the collaborating organizations.

GRANTS AND COLLABORATIVE EFFORTS

HRA has historically utilized funding from grants when participating in collaborative outreach efforts with HRA taking an administrative role and the funding received typically distributed to the partnering CBOs who are responsible for the actual hands on delivery of outreach services. This innovative and collaborative approach by HRA to promote community building provides community partners with additional funding while requiring minimal administrative activities. In return, the county is seen as a valuable partner that supports community involvement and is frequently turned to for leadership and guidance.

CBO TRAINING AND BUILDING VISIBILITY

HRA provides quarterly CBO training. Topics include client services from HRA, as well as those available from partnering organizations. Trainings originally focused on health services, and have now been expanded to include nutrition services.

HRA STAFF AND OUTREACH

HRA staff are involved in a range of health and nutrition outreach activities. Staff help develop and distribute outreach material, prepare and present CBO trainings, collect and compile outreach data from partnering CBOs and participate in community health fairs. Staff are outstationed at clinics, schools, WIC sites and other CBOs.

One Eligibility Worker has been designated to support Coalition activities. She attends Coalition meetings, takes Medi-Cal applications, answers the Health Hotline and responds to phone calls from potential applicants and CAAs requesting technical assistance or status/outcome information. She makes referrals to CAAs for assistance with Healthy Family applications and processes MediCal application referrals from CAAs and CBOs. Her activities count toward the Coalition's goals and grant requirements.

RECOMMENDATIONS FOR SANTA CLARA COUNTY

Due to significant changes in the economy, there is a higher need in the community for support services for working families. At the same time, Santa Clara County Social Services Agency is currently experiencing both a severe staffing shortage and a fast-paced growth in caseloads.

In response to the community need, I highly recommend that Santa Clara County pursue its interest in combining health and nutrition outreach services. Based on my study in Santa Cruz County, I recommend that Santa Clara County develop an outreach plan utilizing a community-

building model. The following action steps should be considered in order to establish successful partnerships with the common goal to expand health and nutrition outreach efforts:

1. Allocate resources
2. Identify potential partners
3. Explore funding sources
4. Develop an outreach plan containing various options for outreach partnerships
5. Establish a countywide phone number for community inquiries and establish direct transfer links with key community hotlines
6. Develop health and nutrition outreach and marketing material
7. Develop community training and resource material.

COMBINING HEALTH AND NUTRITION IN MEDI-CAL OUTREACH

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BACKGROUND

Welfare Reform brought not only a sharp decline in the number of families receiving cash benefits, but also the unintended consequence of drops in the Medi-Cal and Food Stamp rolls. Many families leaving the cash programs failed to retain the important support services provided by these programs. This, along with the creation of the Healthy Families Program, brought about an increased focus on access to health care. Substantial efforts have since occurred in the area of health insurance outreach.

In Santa Clara County, the Children's Health Initiative (CHI) was implemented on January 1, 2001. This initiative brings together three health insurance programs, Medi-Cal, Healthy Families and Healthy Kids to provide free or low-cost comprehensive health insurance to all children with income at or below 300% of the federal poverty level. Countywide collaborations have been established to provide outreach efforts to reach all children throughout the county.

As a CHI partner, the County of Santa Clara Social Services Agency has designed a "Single Point of Service" model to allow access to all three programs by a client. Eligibility Workers are trained in all three health insurance programs so that a "menu" of programs can be offered to the clients that are eligible. Additionally, the Social Services Agency is exploring ways to utilize eligibility staff to conduct outreach in the community.

As the Social Services Agency begins to design outreach processes to provide access to health insurance for children, we begin to realize that the target population, families with children, also benefit from other support services provided by the Social Services Agency, such as Food Stamps. Therefore, a more holistic approach of combining outreach for health and nutrition services becomes desirable. Not only would families gain access to more services, but in a time of severe staffing shortages the agency would be able to operate in a more efficient manner.

Like many counties, Santa Cruz County Human Resources Agency's first stages of outreach efforts focused on health insurance outreach. They observed that many parents entering the workforce obtained jobs with entry-level pay that did not provide health insurance for

dependents or if they did, it frequently came at a high cost to the employee. Thus, many families went without health care coverage for their families. As outreach in the area of health insurance expanded, counties began to explore other areas of outreach. An area that came to the forefront for Santa Cruz County centered on nutrition outreach. The population that could benefit from nutrition services was clearly the same target audience for health insurance outreach. Therefore, Santa Cruz County began to explore methods to combine and streamline efforts to conduct outreach for health and nutrition services jointly.

Santa Cruz County Human Resources Agency (HRA) is currently expanding their health services outreach efforts to include nutrition services. This working model provided me with the perfect opportunity to observe an effort in the beginning stages and learn strategies that could help Santa Clara County move forward in our own effort to combine health and nutrition outreach efforts.

DIFFERENCES BETWEEN COUNTIES

Santa Cruz County and Santa Clara County are neighboring counties; yet they are quite different.

Santa Cruz County is a coastal community located in central California. The two major cities are Santa Cruz at the northern end and Watsonville at the southern end. The county's fastest growing ethnic group is Latino, which comprises over 25% of the population. Other ethnicities represent a very small portion of the overall population. Santa Clara County, also referred to as "Silicon Valley", is located at the southern end of the San Francisco Bay and encompasses 1,312 square miles. Santa Clara County has a culture rich in its history, and ethnic diversity - over 100 languages and dialects are spoken.

See the charts below for additional detailed information:

2000 Census Profile	
County	Total Population
Santa Cruz	255,602
Santa Clara	1,682,585.

Estimated Poverty Rate (1998 - U.S. Census Data)	
County	Poverty Rate
Santa Cruz	12%
Santa Clara	8.2%

Estimated Poverty Rate (Children 0 -17) 1998 - U.S. Census Data	
County	Poverty Rate
Santa Cruz	18.8
Santa Clara	13.5

Total Medi-Cal Population (Jan. 2002, as reported by DDHS)

County	# of Individuals
Santa Cruz	27,248
Santa Clara	165,391

Estimated Uninsured Children	
County	Count # of Children
Santa Cruz	2,401
Santa Clara	71,000

Second Harvest Food Bank (2001 Hunger Study - Local Results)
<p><i>The Second Harvest Food Bank - Santa Cruz Co</i></p> <ul style="list-style-type: none"> • 42% are children under 18 years old; • 68.6% of client households have incomes below the federal poverty level; • 87% of client households have no private health insurance; • 44% of all client households have one or more adults working; • 26% of clients participate in the Food Stamp program.
<p><i>The Second Harvest Food Bank - Santa Clara Co</i></p> <ul style="list-style-type: none"> • 40% are children under the age of 18; • 1 out of 4 have some college education; • 73% of all people served are U.S. citizens; • 72% of client households are uncertain where their next meal is coming from; • 85% of client households with children utilize a school breakfast or lunch program. • 57% of the client households have one or more adults currently working; • 57% of client households have annual incomes below \$15,000 • 11% of clients currently receive food stamps

OBJECTIVE OF THIS CASE STUDY

The purpose of this case study is to describe and assess the health and nutrition outreach services program in Santa Cruz County with respect to:

- The creation of a partnership for health and nutrition outreach, with specific emphasis on strategies used to create common goals for organizations with differing primary interests.

- Strategies for incorporating a new focus (nutrition) into an existing outreach effort (health).
- Strategies utilized to prepare staff for a new way of doing business.
- Successful outreach practices and lessons learned, especially related to SFIS.
- Communication techniques to keep the community informed.
- The development of marketing materials.

Additionally, I was interested in seeing the organizational structure established to support these efforts.

HEALTH AND NUTRITION OUTREACH IN SANTA CRUZ COUNTY

Outreach in Santa Cruz County began with a focus on health outreach and the formation of the Health Care Outreach Coalition. Outreach efforts in Santa Cruz County are now expanding to include nutrition outreach.

HEALTH CARE OUTREACH COALITION

The Health Care Outreach Coalition formed in 1997 from a common desire to expand health care coverage for uninsured residents of Santa Cruz County, focusing specifically on children. In November 1998, the Packard Foundation approved a grant to fund outreach efforts for this group. Since that time, the group has continued to receive support from the Packard Foundation and has also received grants from other sources.

Since the inception of the Health Care Outreach Coalition, HRA reports a steady increase in Medical enrollments, especially in the 0-18 age group.

The 2001 Santa Cruz County Community Assessment Project reported, "The gap between uninsured Latinos and uninsured Caucasians has dropped to 20% in 2001 from 31.4% in 2000. This could be a result of local eligibility outreach which reaches Latino residents through community clinics and agencies, radio messages, and other outreach methods."

Health Care Outreach Coalition members include:

- Santa Cruz Co. HRA
- Santa Cruz Co. Health Services Agency
- Blue Cross of California
- Central Coast Alliance for Health
- Community Bridges/WIC/ Adelante
- Familia Center
- The Santa Cruz Community Counseling Ctr
- Community Action Board/Davenport
- Resource Service Center
- Santa Cruz Women's Health Center
- Planned Parenthood Mar
- Monte/Watsonville

- Westside Health Clinics
- Salud Para La Gente Clinic
- Dominican Hospital
- Suffer Maternity and Surgery Center
- Growth and Opportunities
- Mountain Community Resources/Healthy
- Start
- Pajaro Valley Unified School
- District/Healthy Start
- Santa Cruz City Schools
- Santa Cruz Co. Office of Education
- Second Harvest Food Bank of Santa Cruz and San Benito Counties
- All Kids by Two Immunization Coalition
- United Way of Santa Cruz Co.

An outside consultant, Debbie Friedman, coordinates the Health Care Outreach Coalition. Debbie reports to Claudine Wildman, HRA Benefit Services Division Director and has been involved with the coalition since its inception. Debbie coordinates the coalition meetings and trainings, orders and distributes outreach material to the coalition members and provides support services. Grant funding supports her position.

CHILD NUTRITION COLLABORATIVE

The Child Nutrition Collaborative began to take shape in 1998 due to:

- A decline in the participation rates of the Summer Lunch Program,
- Concern on the part of the program sponsors, and
- The County Board of Supervisor's vested interest in addressing this issue.

As a result, the Santa Cruz County Board of Supervisors allocated county funding to create a new position designed to lead the countywide efforts to increase participation rates in the Summer Lunch Program, provide nutrition education throughout the remainder of the year, and coordinate the Child Nutrition Collaboration.

The mission of the Child Nutrition Collaborative is to take steps to eliminate child hunger and improve the overall health and living experience of children in Santa Cruz County. One of the first steps taken by the Child Nutrition Collaborative was the creation of a hotline between the Second Harvest Food Bank and the HRA. Persons requesting Food Stamps can receive application assistance for the Food Stamp Program and access immediate food assistance. Food Bank volunteers participate in Food Stamp prescreening and outreach to potential applicants, providing extensive program support and marketing to the many clients who come to them seeking help.

The Child Nutrition Collaborative has since been successful in increasing Summer Lunch sites from 26 in 1996 to 34 in 2001.

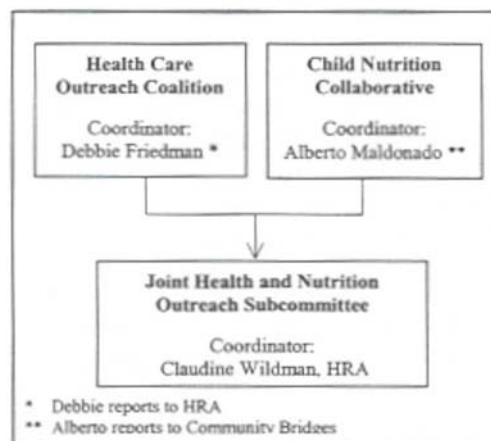
Child Nutrition Collaborative members include:

- Second Harvest Food Bank of Santa Cruz and San Benito Counties
- City of Watsonville Parks and Recreation
- City of Santa Cruz Parks and Recreation
- County of Santa Cruz Parks and Recreation
- Santa Cruz County HRA
- Barrios Unidos
- Community Action Board/DRSC
- Community Bridges
- Women Infants Children (WIC)
- Adelante Watsonville Family Resource Ctr.

Albert Maldonado coordinates the Child Nutrition Collaborative. He reports to Community Bridges, a large non-profit health and human services agency in Santa Cruz County. In addition to his leadership of the Child Nutrition Collaborative, his primary function includes the support and expansion of the Summer Lunch Program.

The Start of the Partnership: Joint Health and Nutrition Outreach Subcommittee

Member organizations involved in both the Health Care Outreach Coalition and the Child Nutrition Collaborative quickly recognized that the two groups were conducting outreach activities to the same target population, low-income children and families. The Child Nutrition Collaborative invited the Health Care Outreach Coalition to participate in their annual retreat to share successful outreach strategies. From that presentation grew the idea to explore opportunities to work together to provide comprehensive health care and nutrition access. The two groups decided to create a subgroup to discuss opportunities ranging from joint marketing to merging the two groups.



The subcommittee's first meeting was held in August 2001. The group immediately identified the common target populations both groups serve, defined common marketing opportunities and developed strategies for future collaborative efforts. A decision was made to submit a joint

Health and Nutrition Outreach grant to the Packard Foundation for funding to support outreach activities conducted by member organizations of the Health Care Outreach Coalition and the Child Nutrition Collaborative.

The partnership project is requesting funding for two fiscal years in the amounts of 367,400 for FY02/03 and 449,214 for FY03/04. The project will be implemented jointly by 8 communitybased agencies, 2 school districts, the Santa Cruz County Health Services Agency (HSA) and HRA. The project design utilizes the unique strengths of each of the participating agencies and the trusted relationship each have developed with their clients.

The following common goals were established for Project Years One and Two:

- Enroll 1590 children in Medi-Cal, Healthy Families and other health insurance programs (Year One)
- Enroll 1840 children in Medi-Cal, Healthy Families and other health insurance programs (Year Two)
- Enroll 915 new children in Food Stamp, Summer Lunch and other nutrition programs (Year One)
- Enroll 1290 children in Food Stamp, Summer Lunch and other nutrition programs (Year Two)
- Conduct quarterly subcommittee meetings to implement and monitor the goals and objectives of the Partnership Project
- Conduct outreach on health and nutrition programs to 11,000 children/families in Year One and 13,100 in Year Two
- Advocate for and implement where there are opportunities to effect change at a local level to simplify the application and re-certification processes.

The following objectives were established for the Joint Health and Nutrition Subcommittee:

- To increase and ensure the integration of outreach regarding health and nutrition programs to individuals accessing partnership agencies
- To increase the number of staff hours available to refer and enroll individuals to health and nutrition programs thereby increasing enrollments
- To provide training to community based organization regarding health and nutrition programs available to low income children and families.

The Packard Foundation grant identifies HRA as the fiscal agent that will subcontract with a variety of community-based organizations, school districts and other partners. The subcontractors will use the funds received to target health and nutrition outreach, as well as enrollment and retention activities to their clients and the community.

The proposal brings together two successful collaboratives with the goal of integrating outreach and enrollment activates for health and nutrition programs available to the most vulnerable community members, our children.

Santa Cruz has taken an integrated approach in conducting their outreach efforts. They recognize that the same people who are potentially eligible for Medi-Cal may also be eligible for Food Stamps and other related programs.

Claudine Wildman, HRA Benefit Services Division Director, coordinates the Joint Health and Nutrition Outreach Subcommittee. Claudine has been at the forefront of all health outreach partnerships and efforts since day one. Both HRA staff and external partners frequently refer to her as the "driving force" behind the successful outreach efforts undertaken by the county.

GRANTS AND COLLABORATIVE EFFORTS

As a community, Santa Cruz County has a collaborative culture and a history of creating successful partnerships. They are known for their collaborative approach to addressing community needs. During my visit to Santa Cruz County, I observed established, trusting relationships and true partnership between the collaborating organizations.

HRA has historically utilized funding from grants when participating in collaborative outreach efforts with HRA taking an administrative role. The agency writes, submits and acts as the fiscal agent for the grant. They also provide support and training for CBOs, coordinate meetings, and produce/distribute outreach material. The grant funding received is typically distributed to the partnering CBOs who are responsible for the actual hands on delivery of outreach services.

This innovative and collaborative approach by HRA to promote community building provides community partners with additional funding while requiring minimal administrative activities. In return, the County is seen as a valuable partner that supports community involvement and is frequently turned to for leadership and dance. Although HRA is the lead agency and the fiscal agent, they do not operate in a "vacuum" nor do they make unilateral decisions. The relationship among the member agencies is one of trust, teamwork and respect.

CBO TRAINING AND BUILDING VISIBILITY

HRA provides quarterly CBO training. Topics include services available to clients from HRA as well as services available from partnering organizations. Trainings originally focused on health services such as Medi-Cal, Healthy Families, Managed Care Plans, AIM and CHDP. Since outreach efforts have expanded to include nutrition services, the trainings have been updated to include information about the Foods Stamps Program, Summer Lunch Program and services provided by the Second Harvest Food Bank. The trainings are organized by the HRA, however participants from various organizations deliver the information collaboratively.

In addition to CBO training, a Health Access Guide with easy to read resource information is provided to each participant. The guide contains one-page descriptions of the various programs presented during the training. This serves as a resource to the CBO. staff, as well as a handout that can be distributed to clientele.

This outreach strategy creates visibility for the health and nutrition programs. CBO staff are educated to be well versed about the services available and are given tools which can be distributed in the community.

HRA STAFF AND OUTREACH

HRA staff are involved in a range of health and nutrition outreach activities. Staff help develop and distribute outreach material, prepare and present CBO trainings, collect and compile outreach data from partnering CBOs and participate in community Health Fairs. HRA staff are out-stationed at clinics, schools, WIC sites and other CBOs.

One Eligibility Worker has been designated to support Coalition activities. She attends Coalition meetings, takes Medi-Cal applications at various community sites, answers the Health Hotline and responds to phone calls from potential applicants and CAAs requesting technical assistance or status/outcome information, makes referrals to CAAs for assistance with Healthy Family applications and processes Medi-Cal application referrals from CAAs and CBOs. Her activities count toward the Coalition's goals and grant requirements.

RECOMMENDATIONS FOR SANTA CLARA COUNTY

Due to the significant changes in the economy, there is a higher need in the community for support services for working families. At the same time, Santa Clara County Social Services Agency is currently experiencing both a severe staffing shortage and a fast-paced growth in caseloads.

In response to community need, I highly recommend that Santa Clara County pursue its interest in combining health and nutrition outreach services. Based on my study in Santa Cruz County, I recommend that Santa Clara County develop an outreach plan utilizing a community-building model that supports and enhances the CBO's ability to serve the community. The following action steps should be considered in order to establish successful partnerships with the common goal to expand health and nutrition outreach efforts:

1. Allocate resources
 - Dedicate staff for planning, support and outreach.
 - Provide training to staff to build and support skills/knowledge needed for outreach activities.
2. Identify potential partners
 - Look internally to other SSA departments and sections as well as externally for potential partnerships.
 - Leverage existing relationships such as those created by the Safety Net Committee and the CHI Partnership.
3. Explore funding sources

- Identify and lobby for funding streams to encourage joint health and nutrition outreach.
 - Explore the use of grants to bring together outreach partners.
4. Develop various options for outreach partnerships
 - Develop a variety of outreach strategies to allow for varying levels of partnership. For example, strategies can range from the posting of a poster to the distribution of flyers to actual application referrals with application assistance provided.
 5. Establish a countywide phone number for community inquiries regarding health and nutrition services and establish direct links with other key hotlines such as the CHI Phone Line and the Second Harvest Food Bank.
 6. Develop health and nutrition outreach and marketing material
 - Attractive, culturally competent outreach and marketing material should be developed.
 - Material should be readily available to staff and outside organizations for distribution.
 - A variety of material should be developed to target broad and specific populations.
 - Some material can be developed jointly with partnering organizations to highlight how services from the two organizations work together.
 7. Develop community training material
 - Develop a community training plan to increase visibility and knowledge in the community about the support programs available from the Social Services Agency and partnering community organizations.

ACKNOWLEDGEMENTS

I would like to thank the Santa Cruz County Human Resources Agency and Cecilia Espinola for providing me with the opportunity to observe and learn about the steps taken in Santa Cruz County to combine health and nutrition outreach efforts. Special thanks to Claudine Wildman, Benefit Services Division Director, who so graciously shared her passion for outreach and community collaboration. I appreciate all the time and valuable information shared with me by Adella Ruvalcalba, Tony Martinez, Evelyn Tomes, Sherry Panick, Jeri Ross, Sue Gilchrist, Debbie Friedman and others.

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