

A Successful School Year Starts With Healthy Kids

BY KERRY McKEAN KELLY

**WITH MILLIONS
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Parents across the state are preparing to send their youngsters back to school. It's an annual rite of summer's end, built on the ideal of education opening doors to the future.

But that future won't hold as much promise if the students don't have good health.

Under the philosophy that a good education and good health go hand in hand, the Robert Wood Johnson Foundation has launched a Back-to-School campaign to bring health insurance to more of the nation's children. Despite ongoing efforts to enroll more kids in various insurance programs, nearly 8 million of the nation's youngsters — 12 percent of the total youth population — still lack health insurance. About 160,000 of them live in New Jersey, according to the Urban Institute.

Particularly frustrating to healthcare leaders is the fact that many of those uninsured children are actually eligible for coverage under Medicare or state health insurance programs for low-income families, such as the NJ Family-Care program. Nationwide, about 4 million children are eligible but remain uninsured. In New Jersey, the number is about 119,000.

These uninsured children often lack access to routine and preventive healthcare services. Their healthcare, often received in a hospital emergency room, becomes more complicated and costly than if it had been addressed early through a family physician.

And those health problems often turn up in the classroom. One study in Florida found that uninsured children are 25 percent more likely to miss school than insured children. And

another study by the Caring Foundation for Children found that children without health insurance are 20 percent more likely to have untreated vision problems.

In other findings, Missouri officials found that the percentage of school days missed decreased by 39 percent after the startup of that state's children's health coverage program. And in a study of California's Healthy Families program, children enrolled in government insurance programs experienced a 68 percent improvement in measures of school performance.

"Children in the United States need and deserve to arrive on the first day of school healthy and ready to learn," says U.S. Surgeon General Richard Carmona, MD. "When children have health insurance, they have better access to the basic healthcare services they need to grow and be healthy."

Strain on the System

Beyond the personal stress on uninsured children and their families, the large number of uninsured individuals strains hospitals and the rest of the nation's healthcare delivery system.

"Having a large number of uninsured residents in a community has significant individual and social consequences," says Firoozeh Vali, PhD, NJHA's assistant vice president of research. "Research has shown that people without health insurance receive too little care, and the care they do receive is often delayed.

As a result, these individuals are more likely to become sicker



ILLUSTRATION BY PAMELA BROWN-VILLARUZ

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and die sooner than those with health insurance.”

Vali notes that the consequences also extend deep into the community. She cites a study from the Institute of Medicine that found that communities with high numbers of uninsured residents are more likely to reduce hospital services and to divert resources and tax revenues from disease prevention and other programs into uncompensated care. The result, according to the Institute of Medicine, often is overcrowded emergency rooms and a shortage of physicians willing to work at safety net hospitals or accept on-call duties in the emergency department.

“Children... deserve to arrive on the first day of school healthy and ready to learn.”

—Surgeon General
Richard Carmona

With such far-reaching consequences as a catalyst, the New Jersey-based Robert Wood Johnson Foundation in 1999 launched its Covering Kids and Families program. This \$55 million initiative distributes grants to organizations in 50 states and the District of Columbia to increase enrollment in government insurance programs. These state programs operate through coalitions of state and local organizations in more than 170 communities. NJHA's non-profit affiliate the Health Research and Educational Trust of New Jersey is the lead agency for the New Jersey coalition. It works with state officials, the healthcare provider community and a variety of community organizations to increase enrollment in Medicare and the NJ FamilyCare program. Four community pilot programs also play a critical role in reaching out to families and connecting them to the healthcare coverage they need.

Among its many activities, the New Jersey coalition has helped analyze enrollment processes and forms to make them easier for parents, offered outreach and enrollment training sessions for hospital and community-based workers, distributed outreach tool kits to healthcare providers and linked with churches and other community groups to increase awareness of NJ FamilyCare.

All told, NJ FamilyCare has enrolled 95,000 kids and 150,000 adults.

Statewide Collaboration

New Jersey hospitals have been among the dedicated partners working to sign more children and families on to the insurance rolls. At St. Mary's Hospital in Passaic, a special task force established in July 1999 set out to introduce NJ FamilyCare to the community's needy residents. The task force included not just community health workers, but representatives from throughout the hospi-

tal's departments “so our staff would know the plight of the people,” said Sr. Alice Sullivan, director of community health education at St. Mary's.

The hospital focused its activities especially on the region's large Hispanic population. Statistics from the Covering Kids and Families national office show that nearly one in every four Hispanic children in the nation is without health insurance.

St. Mary's attacked the problem from a number of angles. It launched training programs for hospital staff and community workers to teach them about NJ FamilyCare and its enrollment process. It distributed information through English-as-a-second-language classes, local businesses, schools and churches. It brought in bi-lingual staff to provide one-on-one enrollment assistance. It worked with the Spanish-speaking media to air public service announcements.

And the underlying philosophy that

Perspective

GARY S. CARTER, FACHE – President



Research shows that good health is an essential part of children's success in school. Children without health insurance are 70 percent more likely than insured kids to go without medical care for common childhood conditions. Uninsured children are also 25 percent more likely to miss school because of illness.

That's why the back-to-school season is the perfect time to build awareness of the NJ FamilyCare program, which provides free or low-cost health coverage for children of working parents who meet income eligibility guidelines. Despite threats to this program in the state's recent hard-fought budget negotiations, not to mention cuts in previous years that eliminated many adults from the program, this important program continues to enroll new eligible children.

NJ FamilyCare engages in ongoing efforts to enroll more kids into its program, with the help of NJHA's Health

Research and Educational Trust. Some of the most suc-

cessful outreach programs have been led by you — the members of the hospital community — who work daily to provide healthcare coverage to this vulnerable group of residents. But we can't grow complacent in our campaign for coverage. Lack of access to regular healthcare services, especially the preventive care that is so critical for our children, carries tremendous costs. Those costs are felt by our hospitals, but they're also felt more keenly and personally by uninsured families throughout the state.

As we prepare to launch another school year, I urge you to continue working with NJHA, HRET and the state to educate your patients about NJ FamilyCare. For more information, contact the statewide hotline number at 1-800-701-0710.

made St. Mary's program such a success?

"It's concern and it's common sense," says Sr. Sullivan. "Concern for the people when you know their plight and just plain common sense in what works for them."

"Hospitals are key to making this work," says Stuart Shear, a spokesman for the Robert Wood Johnson Foundation, who notes that healthcare workers in the nation's emergency rooms are in a prime position to identify and educate uninsured families. "Hospitals have played a tremendous part in this campaign across the country — they've all been great partners."

"Having a large number of uninsured residents has significant individual and social consequences."

— NJHA's Firoozeh Vali

While hospitals have incorporated NJ FamilyCare outreach activities into their daily interaction with potentially eligible families, the Back-to-School campaign uses a specific point on the calendar to refocus attention on the problem of uninsured children. The program stresses that despite great strides in bringing insurance to more kids, millions remain in need. More than 1,700 events are taking place across the country, including in-store enrollment events in New Jersey and nationwide with corporate partners CVS and Giant Food. In other Garden State events, Back-to-School promotional items are being distributed at malls, churches and community recreation centers. NJHA President and CEO Gary Carter also took the campaign to parents statewide through an August opinion column that appeared in newspapers across New Jersey.

Said Carter: "Ensuring that kids receive regular healthcare is as important a part of raising children as making sure they have food to eat. Our healthcare system has made the care available. We, as parents, must take the next step — signing up for available healthcare coverage and following through to make sure our kids receive regular care."

Nation's Uninsurance Rate for Children Declines, But ...

By Kerry McKean Kelly

The good news: The number of uninsured children in the United States declined last year, thanks in large part to increased enrollment in state healthcare coverage programs.

The bad news: There remain roughly 4 million uninsured children in the country who are eligible for these programs but not yet enrolled. And those numbers may be on the rise.

That mixed bag of findings comes from the Washington, D.C.-based Urban Institute, based on its 2002 National Survey of America's Families. The survey showed that 7.8 million U.S. children were uninsured in 2002, a decrease of 1.8 million over the past three years. Nearly all of the increase can be attributed to new coverage for children in low-income families, the survey showed. At the time of the survey, more than 17 million children were covered through Medicaid or state coverage programs such as NJ FamilyCare. And the increases in insurance coverage were greater for black and Hispanic children than for white children.

Despite those signs that outreach and enrollment efforts are working, there remain causes for concern. Of the 7.8 million uninsured children in the country, more than half of them are eligible for government insurance programs, yet they have not signed up. There are a number of obstacles that keep families from accessing such programs, but the major reasons identified by the Urban Institute include the simple facts that families are either unaware of such programs' existence or wrongly believe they are not eligible.

"The good news is that despite a weak economy, the number of uninsured children in America has declined, thanks in large part to SCHIP (the State Children's Health Insurance Program)

and Medicaid," said Risa Lavizzo-Mourey, president and CEO of The Robert Wood Johnson Foundation, whose program Covering Kids and Families is working nationwide to increase insurance coverage for children.

"With unemployment at its highest level in almost a decade, the number of uninsured children could rise over the next year," said Lavizzo-Mourey. "That's why we need to redouble our efforts and enroll each and every one of the more than 4 million uninsured children who is eligible for low-cost or free healthcare coverage today."

"The number of uninsured children could rise over the next year."

— Risa Lavizzo-Mourey,
Robert Wood Johnson Foundation

The Urban Institute study offered only a nationwide perspective on declines in the number of uninsured children. In New Jersey, the Urban Institute estimates that 160,000 children lack insurance, and that about 119,000 are eligible for Medicare or NJ FamilyCare. The most recent numbers from the Current Population Survey from the U.S. Census Bureau, gathered in March, shows a slight increase in the number of uninsured children in New Jersey.

ADDRESS SERVICE REQUESTED

Interview: Gwendolyn L. Harris

As commissioner of New Jersey's Department of Health and Human Services, Gwendolyn Harris holds among her many responsibilities oversight of the state's NJ FamilyCare program.

Q There remain thousands of eligible children that are not enrolled in the NJ FamilyCare program. What are the barriers keeping those kids from the program?

NJ FamilyCare is proud to have more than 94,000 children enrolled and will continue to increase the number of children in the program, however there are still so many left to reach. The most challenging families to reach are those in the highest level of income eligibility, who believe their children would not be eligible. NJ FamilyCare maintains the highest income limit in the nation, up to 350 percent of the federal poverty level. A family of four earning \$64,400 annually may qualify for coverage for their children. Others that are difficult to reach are those needing short-term insurance for their children, when parents are between jobs. To reach families, NJ FamilyCare works in partner-

ship with communities, schools and the healthcare community. We are thankful for all of our partners in assisting us to enroll uninsured children.



Q How is the state working to address those problems?

Nearly 2,000 school personnel volunteer as facilitators to identify children in need of insurance. We have provided a health literacy curriculum for grades K-8 and sponsored over 400 free health assemblies in elementary schools.

NJ FamilyCare targets mailings to school coaches, nurses and guidance counselors. We are fortunate to have the support of the Commissioner of Education who distributes a letter to superintendents and principals encouraging them to identify students who could benefit from NJ FamilyCare. Additionally, the N.J. Secretary of Agriculture includes NJ FamilyCare information with the School's Free and Reduced Lunch Application distributed to all students.

Improving the ease of enrollment is also critically important. NJ FamilyCare's revised application is now being tested, to produce a family-friendly application. Next, we will

develop an electronic application that can be accessed from potential consumers' homes, schools and public libraries.

Q What role can the healthcare community play in helping the state enroll more children?

In partnership with the healthcare community, we can expand enrollment. Placing NJ FamilyCare information in areas where families receive healthcare is critical to our eligible children becoming insured. Hospitals and medical offices are wonderful locations for an Application Assistance site. For Application Assistance sites visit njfamilycare.org. For information on becoming an enrollment site or for more materials, please call 609-588-3526.

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