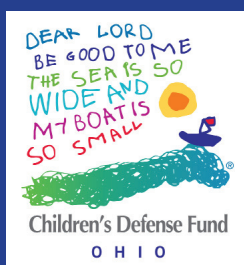


REACHING OHIO'S ETHNIC MINORITY CHILDREN:

Summary Report and Recommendations to Increase the Enrollment of Eligible Asian, African, and Latino Children in Medicaid and CHIP



IN PARTNERSHIP WITH:
The Ohio Department of Medicaid,
Asian Services in Action, Inc.,
Ethiopian Tewahedo Social Services,
Somali Community Association of Ohio,
and the Ohio Hispanic Coalition



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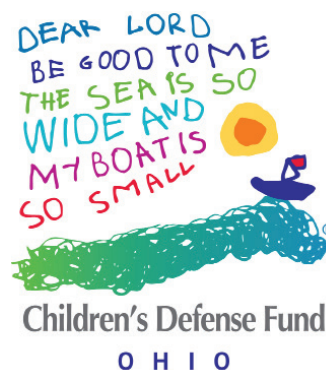
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Children's Defense Fund-Ohio wishes to thank the Ohio Department of Medicaid and our partners in the community for helping compile the report and for their dedication to ensuring that all children have access to the health services they need.

The Children's Defense Fund Leave No Child Behind® mission is to ensure every child a *Healthy Start*, a *Head Start*, a *Fair Start*, a *Safe Start* and a *Moral Start* in life and successful passage to adulthood with the help of caring families and communities.

CDF provides a strong, effective and independent voice for *all* the children of America who cannot vote, lobby or speak for themselves. We pay particular attention to the needs of poor children, children of color and those with disabilities. CDF educates the nation about the needs of children and encourages preventive investments before they get sick, drop out of school, get into trouble or suffer family breakdown.

CDF began in 1973 and is a private, nonprofit organization supported by individual donations, foundation, corporate and government grants. The CDF-Ohio office was established in 1981.



Ensuring Health Care Access for All Ohio Children

Ohio children must have consistent and reliable providers of health care services to ensure that their physical and emotional growth is on track. In 2012, approximately 5.3 percent of Ohio children under 18 lacked health insurance.¹ The Ohio Medicaid Assessment Survey estimated in 2012 that approximately 140,000 Ohio children lacked health insurance, and, of those, approximately 73 percent qualified for but were not enrolled in Medicaid or the Children's Health Insurance Program (CHIP).² These numbers have improved in recent years, but there are still too many children in Ohio who are eligible for Medicaid and CHIP, but are not enrolled. The Ohio Department of Medicaid, Children's Defense Fund-Ohio, and all of our advocacy and community partners are dedicated to continuing to improve children's enrollment numbers.

In its 2012 report, the Ohio Medicaid Assessment Survey specifically recommended that "additional outreach targeting . . . potentially Medicaid-eligible but unenrolled families and children could be one strategy for reducing the number of uninsured children in Ohio."³ This report summarizes outreach strategies particularly designed to expand outreach to and enrollment of Ohio's ethnic minority and immigrant populations, who face many barriers to enrolling and using Ohio's Medicaid system.

In 2013 and 2014, Children's Defense Fund-Ohio (CDF-Ohio) worked to address these issues by examining the accessibility of health care for low income, ethnic minority children and collaborating with community-based partners to find ways to inform families about their options for enrolling their children in Medicaid and CHIP. This report is the result of CDF-Ohio's collaboration with community partners. The project aimed to identify

Ohio's eligible, but unenrolled, Asian American and Pacific Islander, African, and Latino children. Using data and community partners' intimate knowledge of ethnic minority and immigrant communities, the project developed strategic and culturally competent outreach and communications plans for enrolling more children.

Populations Targeted for Enrollment Outreach

In consultation with the Ohio Department of Medicaid, CDF-Ohio focused its work on three primary ethnic minority populations in Ohio, and partnered with four community-based organizations to help gather data, analyze findings, and make recommendations for outreach to each population (and subsets of the populations). Infusing cultural competence – the concept of interacting effectively with people of different cultures and socio-economic backgrounds – into each analysis and recommendation, CDF-Ohio and its partners compiled comprehensive outreach and communications plans. These plans are meant to be implemented by both state and county Medicaid agencies and their community partners to better ensure that children of all backgrounds are enrolled in Medicaid and CHIP. Below is a summary of the findings, recommendations, and plans for each ethnic minority group: Asian American and Pacific Islander children, African children, and Latino children. Following that is a summary of general recommendations that will provide better outreach overall to Ohio's diverse



5.3%

Ohio children
under 18 lacking
health insurance

A bus pulls into AsiaTown, a neighborhood in Cleveland, at midnight. Individuals and families board, and wait to begin their seven hour trip to New York City. These Ohioans believe that this trip – which takes them to a safety net health center in New York – is necessary to receive high quality, culturally competent care from people who speak their language and know their specific health concerns. It is not uncommon for individuals to delay seeking care, especially if culturally competent care seems unavailable.

and myriad uninsured children and their families.

Asian American and Pacific Islander (AAPI) Populations in Ohio

Over the past several years, Asian Services in Action, Inc. (ASIA) has documented Asians living in the Cleveland area who have delayed critical care in order to visit a more culturally competent provider.

ASIA, CDF-Ohio's partner in developing outreach materials to reach Ohio's Asian American and Pacific Islander (AAPI) children, seeks to empower and advocate for AAPIs and

to provide AAPIs access to high quality, culturally and linguistically appropriate information and services. ASIA is a multi-service agency that serves over 10,000 individuals annually. ASIA provided expertise to CDF-Ohio with a focus on increasing statewide reach to AAPI communities and identifying and understanding the scope of the unaddressed need for Medicaid and CHIP enrollment of children among targeted AAPI populations.

Locations and Demographics of Target AAPI Populations and Overall Uninsured Rates for AAPI Children

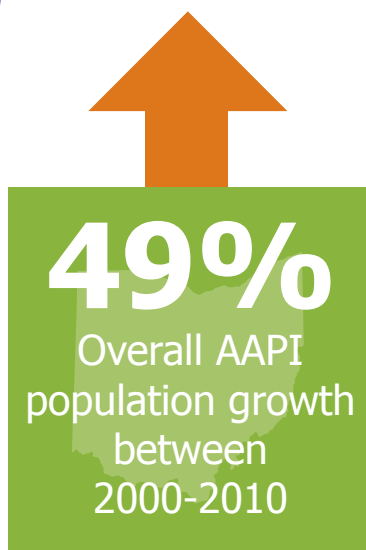
This project looked specifically at demographics for each population in Ohio's five largest metropolitan areas, and then drilled down to uninsured rates for children in those populations. For AAPIs, Columbus clearly has the largest population, while Columbus and Akron have the highest rates of uninsured children (Akron has, by a significant margin, the highest rate of uninsured AAPIs of all ages).

AAPI POPULATION OF CITIES⁴

City	Population
Columbus	34,647
Cleveland	8,100
Cincinnati	6,594
Akron	4,825
Toledo	4,206
Dayton	1,672



AAPIs comprise only two percent of the total Ohio population, but the overall population of AAPIs grew 49 percent between 2000-2010. AAPIs in Ohio have seen a 350 percent increase in unemployment compared to 38 percent for African Americans in Ohio.⁶ Moreover, 42 percent of the Chinese population



AAPI CHILDREN 18 AND UNDER OVERALL UNINSURED RATES BY CITY⁵

City	Uninsured Rate	Margin of Error
Columbus	7.2%	+/- 1.4%
Akron	6.9%	+/- 3.6%
Cincinnati	5.6%	+/- 2.3%
Dayton	5.3%	+/- 1.4%
Cleveland	5.1%	+/- 1.5%
Toledo	4.1%	+/- 1.4%



Summary of Recommendations for Outreach to AAPIs

1. Trained bilingual outreach workers should be familiar with a region's individual needs

Akron, Cleveland, Columbus, and Cincinnati, in particular, each have different outreach needs based on the populations in those cities. The largest concentrations of AAPI children, and the highest uninsured rates for children, are in Columbus. Akron has the largest number of ethnicities associated with refugee status and has the highest uninsured rate for AAPIs of all ages. As a result, bilingual community health outreach workers should be identified and trained in each city. These workers can then provide assistance on an appointment basis and remotely by phone.

2. Utilizing existing social service programs will reach many families through trusted community partners

We recommend basing outreach efforts on existing social service programs at Asian community-based organizations that focus on youth and families. After-school and summer school classes and early childhood and kindergarten readiness programs for immigrant/refugee youth provide an opportunity to reach young people and their parents in settings at which they are already engaged with trusted community partners and receiving valuable services.

3. Engage refugees by supplementing information and outreach into needed and existing services for newcomers

Because many AAPI refugees are finding their way to Ohio, particularly of Bhutanese and Burmese origin, outreach should be integrated with existing and ongoing services for those populations. For example, English for Speakers of Other Languages (ESOL) classes for immigrant/refugee women would be a fruitful way to reach young mothers in need of assistance and information about the range of benefits available to their families in an unfamiliar place. This is particularly important to note because unlike some other immigrants who have a five year bar to access public benefits, refugees, pregnant women and children qualify for Medicaid, CHIP, and other public benefits immediately.

and 41 percent of the Vietnamese population are considered Limited English Proficient.⁷ Ohio is also a major receiving community for refugees, with the largest refugee groups being Bhutanese (Nepali) and Burmese immigrants. Outreach to AAPIs should vary based on the composition of the population in a given community and its needs. Full documents detailing these differences by community are available in the Appendix to this report.

African Populations in Ohio

CDF-Ohio partnered with two different community-based organizations serving African populations in Ohio for assistance in gathering information and making recommendations regarding Ohio's African populations. Each organization serves different populations and brings unique strengths to outreach to African families. Ethiopian Tewahedo Social Services (ETSS) was founded in 2000 in Columbus as an outreach organization to the Ethiopian community. In 2009, ETSS formed the Grassroots Services Coalition Group with Somali, Asian, and Hispanic communities and members of the Federation of African Organizations in Ohio in order to expand its services to the larger refugee and immigrant community. Since 2009, ETSS has provided services in five locations throughout Central Ohio.

Somali Community Association of Ohio (SCAO) was founded in 1996 by Somali community immigrants, and was the first grassroots Somali organization in Ohio to provide services to the Somali community. SCAO is committed to advocating for and promoting self-sufficiency to immigrant families through health care, education, cultural and social support, employment, and economic empowerment. SCAO serves elders, working adults, and children

at no cost – and aims to provide support regardless of color, race, ethnicity, religion, and economic status.

Limitations of Data Regarding African Populations

Due to limited data sources, the illustration of African populations across the state is much less clear, mainly because data do not differentiate African immigrant populations from African American populations. Additionally, ETSS noted that immigrant communities are often untrusting of data collection, and often choose not to report, or are limited in their reporting due to language barriers. In order to curb the limitations, however, ETSS studied various data sets from multiple sources, and SCAO conducted unique grassroots research across the state throughout this project.

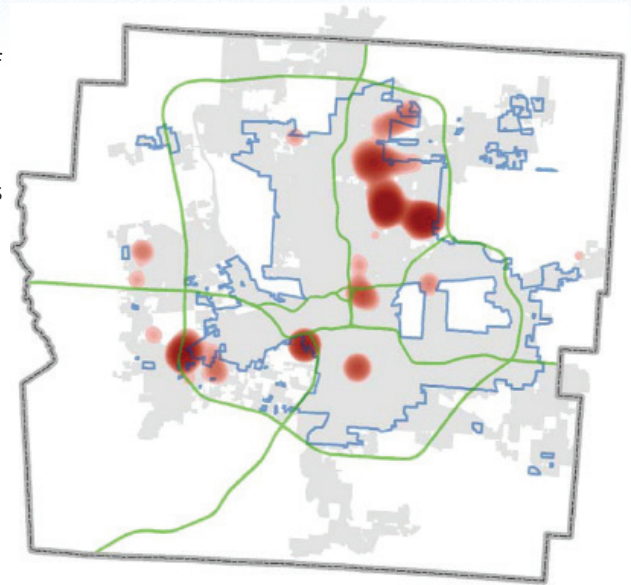
Locations and Demographics of Target African Populations

The study of Ohio's African communities was particularly noteworthy because in recent years Ohio has become a destination and home for a very high number of ethnic African immigrants and their descendants. This project focused primarily on Ohio's Somali population – which is the second largest population of ethnic Somalis in the United States – but also included information about other African immigrant populations, including Ghanaian, Ethiopian, and Eritrean populations, among others.

Somali Population

Due to limitations in U.S. Census data, SCAO conducted grassroots research throughout the state in order to best

identify the total numbers of Somalis, as well as locations of the Somali population in Ohio. Data was gathered from over 30 neighborhoods in Columbus, where the vast majority of Somalis reside, and show higher numbers of Somalis than previous estimates have indicated. These ethnic enclaves are often in lower income areas of the city, with thousands of Somalis living clustered together in neighborhoods. Somalis are primarily concentrated in the Greater Columbus area, specifically Northeastern Columbus. A large population also resides in West Columbus. In total, SCAO found that around 48,000 Somalis live in Franklin County.



Distribution of Somali births in Franklin County

ESTIMATED SOMALI POPULATION IN OHIO⁸

County	Estimated Population
Franklin County	48,000
Delaware County	200
Cuyahoga County	1,500
Lucas County	90
Montgomery County	60
Hamilton County	20



21.1%

Sub-Saharan
African immigrants
living without
health insurance

Other African Populations

In addition to its large Somali population, Ohio has the second highest number of ethnic Africans moving here from other states within the United States. The Ghanaian community is believed to be the second largest African community in Ohio with a population of approximately 16,000 in Columbus alone, predominately residing in northern Columbus, with smaller populations on the east side of the city.

Franklin County specifically is home to approximately one quarter of Ohio's foreign-born population. Because African populations are not a homogenous group, it is especially important to understand the diversity within the population, as experiences greatly vary between

groups. Other African nations with large communities in Ohio include Burundi, Democratic Republic of Congo, Eritrea, Ethiopia, Liberia, and Sudan.

Uninsured African Children

The unaddressed need for Medicaid within these African populations is extreme, with 21.1 percent of sub-Saharan African immigrants of all ages living without health insurance. Ethnic African children are also extremely poor, with a poverty rate of 52.6 percent.

Most uninsured ethnic African children are from families who believe they do not qualify for assistance because of a lack of information about eligibility requirements. Another stumbling block for many families is the perception that the assistance application process is complex and confusing. Many families report miscommunication with their case managers, delayed cases, repeat visits, unclear instructions regarding documentation, and general frustration with the application process, which impede families' attempts at receiving assistance.

Through direct outreach work, SCAO found that there are frequently misunderstandings about whether children are eligible for health coverage. Although most Ohio youth under age 21 who meet the financial eligibility guideline are eligible for continuous Medicaid/CHIP coverage, understanding of policies is limited.

INDIVIDUALS RELOCATED TO OHIO FROM 2004-2013¹⁰

African Community	Individuals Relocated
Burundi	392
Democratic Republic of Congo	351
Eritrea	407
Ethiopia	343
Liberia	357
Somalia	5,712
Sierra Leone	157
Sudan	350

COMMON BARRIERS TO ACCESS FOR AFRICAN POPULATIONS IN OHIO¹¹

Awareness/ Misconceptions

- Concept of health coverage in the U.S. context misunderstood, unaware
- Acceptance of public benefits is perceived as negative (opt out)
- Healthcare needed only when sick
- Fears of experience in medical facilities; intimidation
- Community misinformation

Negative experience navigating the governmental agencies needed to enroll

- Language, literacy barriers- unaware of access to translators
- Cultural misunderstandings/lack of cultural sensitivity
- Intimidated by process
- Clerical error in the resettlement process

Transportation

- Limited mobility, access to public transportation



Summary of Recommendations for Outreach to African Families

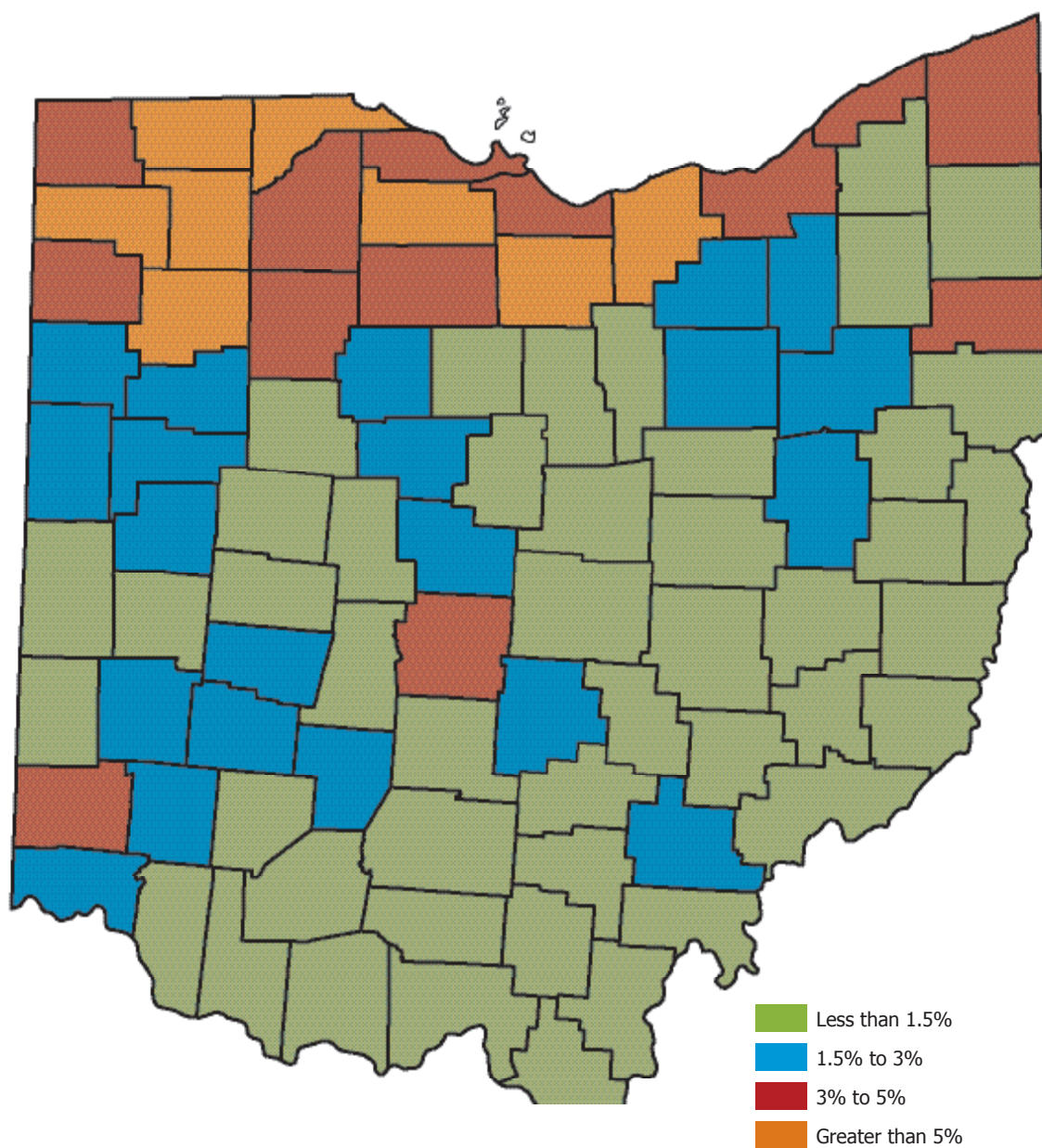
1. Engage existing, trusted community leaders to spread the word

The spoken word has power within African immigrant and refugee communities, and holds the value of truth and integrity. To reach these communities, it takes trust and dedication to accomplish the large task of healthcare enrollment. Misinformation has made the process difficult and overbearing for many who have not yet enrolled. Thus, CDF-Ohio's African community partners recommend engaging with tribal leaders, imams, and mosques, and Somali and other African business owners, including daycares. Community discussions and information sessions may also be helpful, when hosted by existing, trusted community institutions. Somali and other African-specific media outlets may also lend themselves to supporting the overall mission of working with trusted community organizations to spread the word for ultimate effectiveness.

2. Ensure that recent immigrants understand the U.S. health care system and will access care once enrolled

One common and repeated barrier for many recent African immigrants is that their understanding of the U.S. healthcare system is limited, and their likelihood of seeing a need for or using health insurance is low. Engaging in community education — through trusted partners — is a crucial part of reaching out to African families and children. More importantly, it is a crucial part of ensuring that children access the health care that Medicaid and CHIP facilitate.

OHIO HISPANIC/ LATINO POPULATION¹⁵



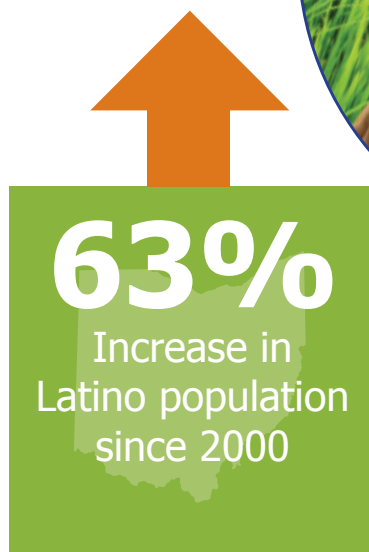
Latino Populations in Ohio

CDF-Ohio's partner in developing outreach plans to Latino populations in Ohio is the Ohio Hispanic Coalition (OHCO). OHCO is committed to improving the quality of life and well-being for all Hispanics/Latinos in Ohio through advocacy, training, and access to quality services. OHCO creates collaborative partnerships in order to promote general awareness, including social, educational, and economic advancement of Ohio's Latino population.

Locations and Demographics of Target Latino Populations

According to the Ohio Department of Development, Ohio's Latino population in 2010 was 354,674, which is 3.1 percent of Ohio's total population and is a 63 percent increase in population since 2000.¹² Approximately one quarter of Ohio's Latinos were born outside of the United States, and half of all Latinos in Ohio are of Mexican ancestry. Of the foreign-born Latino population, the majority report speaking Spanish at home, and about one third of those report that they speak English "very well." This leaves a not insignificant number, though, who do not speak English or are Limited English Proficient (LEP).¹³ Additionally, a higher percentage – about 38 percent – of the Latino population is under the age of 18 as compared to the Ohio population as a whole. The Ohio Latino population median age is 27 years, as compared to Ohioans as a whole at 38 years.¹⁴

The rankings of counties in regards to overall Latino populations were Cuyahoga (61,720), Franklin (55,718), Lucas (26,974), Lorain (25,290), Montgomery (12,177), and Ashtabula (3,441).



LATINO POPULATION BY COUNTY¹⁶

County	Mexican	Puerto Rican	Cuban	Other	Total
Ashtabula					3,441
Cuyahoga	8,797	39,068	1,153	12,252	61,270
Franklin	31,905	6,443	1,285	16,085	55,718
Lucas	22,028	1,482	388	3,076	26,974
Lorain	5,490	17,580	236	1,984	25,290
Montgomery					12,177

Data broken down by ethnicity was not available for Ashtabula and Montgomery Counties.

UNINSURED LATINO CHILDREN UNDER 18¹⁷

City	Number of Uninsured	Margin of Error
Columbus	3,004	+/- 617
Akron	214	+/- 136
Cincinnati	457	+/- 198
Dayton	339	+/- 145
Cleveland	715	+/- 257
Toledo	481	+/- 176

Uninsured Latino Children

The numbers of uninsured Latino children may not accurately account for undocumented Latino children, because undocumented families are very cautious about sharing information. We have also found that concern about the impact of sharing or seeking information about public benefits is a barrier to many Latino families, even individuals who are citizens or have legal status, out of concern for how sharing household and community information might negatively impact undocumented family or community members.

Summary Recommendations for Outreach to Latino Populations

1. Focus outreach on trusted media sources, including radio, text messages, and Spanish language written media

Effective outreach and enrollment to Latinos in Ohio strongly depends on developing strong partnerships with local community based agencies that already serve the Latino population, as well as engaging Spanish-speaking media, both radio and written. Data gathered from outreach to Latinos in other states consistently shows that Latinos have lower rates of access to the Internet than other ethnic and minority groups, and, as a result, rely more heavily on written media and radio. Also, text messages have been used as an effective strategy for reaching Latinos.

2. Culturally competent, bilingual staff in job and family services offices and amongst other outreach workers are crucial

To most effectively reach Latinos, county agency staff and other outreach workers must be bilingual. Continuous cultural competency training to staff is also crucial – or, ideally, outreach staff should be members of the communities they seek to reach.

OHCO operates a program called Promotoras de Salud, in which community health workers work specifically in the Latino community to do outreach, provide information and education, and enroll families and children in Medicaid and CHIP. One concern specific to the Latino population that is heard repeatedly is that Latino families have questions about the cost of coverage, and when written materials and outreach substance do not specifically address those concerns, families assume that the coverage is unaffordable. Additionally, one negative story about bad treatment by a worker at an enrollment office can spread very quickly in ethnic minority communities, including the Latino community. Outreach workers who are part of the community can much more quickly identify and address those stories and minimize their negative impact.

As in the rest of the nation, Ohio's Latino population is its fastest-growing ethnic community, with a presence in all 88 counties. Any approach to reach and enroll children needs to be mindful of the different cultures within the Latino population and be tailored accordingly. In order to most effectively work with the Latino population, outreach efforts must not only focus on enrollment assistance, but must include culturally competent and bilingual individuals who will follow up with county agencies to ensure the enrollment applications are being processed in a timely manner.



Outreach Best Practices From Other States

ASIAN OUTREACH AND ENROLLMENT

Common Barriers	Suggestions	Featured Success
<ul style="list-style-type: none"> • Poorly translated materials • Information not distributed to trusted community partners and media outlets 	<ul style="list-style-type: none"> • Use of current direct services in outreach • Reliable translation of materials (especially the less utilized Asian languages) • Use of ethnic media outlets • Promotion/information at cultural events and health fairs, as well as other community events held by faith-based organizations, schools, community centers, health clinics, etc. • Mobile office tours • Distribution of information through local AAPI papers and newsletters, radio and TV interview 	<ul style="list-style-type: none"> • Southern Arizona Asian & Pacific Islander Health Coalition (AZ) <ul style="list-style-type: none"> • Provide trained navigators and enrollment assistance in many Asian languages • Coalition members include AAPI community leaders in partnership with health professionals, privately owned business, health agencies, and University of Arizona faculty • Asian Pacific Community in Action <ul style="list-style-type: none"> • Entire website translated in multiple Asian languages • Staff members and volunteers speak 19 different AAPI languages and maintain visibility in the AAPI community by attending meetings and cultural events, and holding workshops and screening clinics.

AFRICAN OUTREACH AND ENROLLMENT

Common Barriers	Suggestions	Featured Success
<ul style="list-style-type: none"> • General lack of understanding of the U.S. health system • Lack of translated materials • Translated materials were often out of context • Price is a chief concern among the Somali population 	<ul style="list-style-type: none"> • Outreach efforts targeted at mosques and community centers • Use of Somali TV, radio, and web publications 	<ul style="list-style-type: none"> • Somali Health Solutions (MN), in partnership with the East African Health Project, helped Somali communities across the Twin Cities apply and enroll in health insurance. <ul style="list-style-type: none"> • Strategically completed outreach work at a Somali mall and mosque in Minneapolis on Fridays, when few Somalis work. This allowed for young, uninsured men to learn about benefits. • Recruited the imam (worship leader in a mosque and Muslim community) in the mall's mosque to talk about the program during the midday prayer



LATINO OUTREACH AND ENROLLMENT

Common Barriers	Suggestions	Featured Success
<ul style="list-style-type: none"> • Lingering confusion about the health care law's impact on those living in the country without legal documentation • Language barriers and complexity of application processes • Poorly translated materials • Lower rates of Internet access 	<ul style="list-style-type: none"> • Utilization of bilingual call center counselors and direct outreach workers • Use of Spanish-language radio and Public Service Announcements regarding CHIP/Medicaid • Use of text messaging as an outreach and enrollment tool, due to lower rates of Internet access • Involving trusted community leaders in outreach activities • Hosting outreach activities in familiar locations like churches and housing developments • Translations should be performed by community-based organizations to limit materials from being out-of-context and poorly translated 	<ul style="list-style-type: none"> • A study of Latino families in Boston found that those assigned to case managers who provided direct assistance were nearly twice as likely to obtain health coverage for their children as those whose case managers did not provide direct assistance • Farmworker Justice (NC) partnered with four community-based organizations in North Carolina to start Conexiones: Connecting Rural Latino Families to Medicaid and CHIP <ul style="list-style-type: none"> • The effort is expected to reach an estimated 14,400 individuals by the end of the 2-year grant that began July 2013 • Strategies include training community health workers and partner organizations • Coalition efforts* <ul style="list-style-type: none"> • Focused on reaching out to Latino Millennials, who are often the gatekeepers to the family and can help ensure that their families enroll • Provided one-on-one opportunities to consult with Spanish-speaking navigators • Pilot events in Dallas and San Antonio successfully enrolled hundreds of individuals

* Coalition included: **Planned Parenthood, Enroll America, Voto Latino, National Hispanic Medical Association, League of United Latin American Citizens, National Council of La Raza, National Latina Institute for Reproductive Health, Hispanic Federation, and National Hispanic Council on Aging**



Comprehensive Recommendations for Enrolling More Ethnic Minority Children in Medicaid and the Children's Health Insurance Program (CHIP)

Although each population examined in this report is unique and has unique needs in terms of effectively reaching families with children who are eligible for Medicaid and CHIP, there are some clear common themes in terms of reaching ethnic minority and immigrant populations in Ohio. Those common themes comprise our overall recommendations for enrolling more Asian, African, and Latino children in Medicaid and CHIP.

Community Education is Crucial to Ensuring that Families Enroll In and Use Health Services

Community education is a crucial

part of both reaching out to ensure that families and children are enrolled in Medicaid and CHIP as well as that they have sufficient knowledge of and comfort with the Medicaid and CHIP systems to ensure that they will effectively use the health care provided. Partnering with local community-based organizations that specifically serve the target populations is a particularly effective way to reach and educate these populations because many of those organizations have already developed relationships and trust in their communities. Additionally, providing accurate information via trusted local organizations can help alleviate problems that result from spreading of negative experiences, inaccurate information, and gossip.

Culturally Competent Outreach Workers Are Necessary to Reaching Unenrolled Families

Culturally competent outreach workers who speak the native languages of targeted populations and work to develop relationships and trust within the populations can make a huge difference, but it is important to note that they are not always the best or only solution. In some situations, putting members of a particular immigrant community in that position may create tension and hard feelings when those particular workers are forced to inform a family that their application has been denied, for example. Communicating clearly the eligibility guidelines, as well as any costs (or lack of costs, as with Medicaid and CHIP) is essential regardless of whether outreach workers are from a particular community or ethnic background. Especially since Ohio now is engaged in comprehensive outreach regarding the Affordable Care Act's marketplace insurance options (which are not free), families need accurate, reliable and simple information that is easy to understand, been translated by reputable sources, and vetted with members of the local community when possible.

Alternative/Local Media Sources and Community Leaders Spread and Share Information Better

Look to alternative media sources. Many families in isolated immigrant or ethnic minority communities may be distrustful of websites, or may not have consistent, reliable access to the internet. Exploring other models for texting information, sharing information through community institutions such as churches, daycares, after school programs, and other trusted word-of-mouth sources can be invaluable, and is simpler and less costly than creating expensive marketing materials. To achieve this, providing organizations and community leaders with accurate, easily digestible information is just as important as providing such information more broadly to the general public. Working with community leaders to develop localized outreach and media plans is crucial to effectively reaching unenrolled children.

Ohio's Congressional Delegation and State Policymakers Must Continue to Support Comprehensive, Affordable Coverage Options for Children

This spring, 15 of Ohio's 16 Congressional representatives and both its senators came together with their colleagues to ensure that CHIP will continue to be funded through 2017. We applaud this bipartisan action, which guarantees federal funding to help Ohio serve over 250,000 children and pregnant women through Medicaid and CHIP. These programs offer coverage designed specifically for children, meeting children's needs in terms of benefits, affordability, and access to providers. Now, we urge our Congressional delegation as well as our state policymakers to consider the quality of insurance coverage available to children across the income spectrum, both in Medicaid/CHIP and in the Marketplace.

We must ensure that all children, no matter how they are covered, have access to the full range of preventative services, screening, treatments, and other health care needs that will best protect their health and prepare them to grow into successful, healthy, productive adults.

COMMON THEMES



Community Education is Crucial to Ensuring that Families Enroll and Use Health Services



Culturally Competent Outreach Workers Are Necessary to Reaching Unenrolled Families



Alternative/Local Media Sources and Community Leaders Spread and Share Information Better

Ohio's Congressional Delegation and Other Policymakers Must Continue to Support Comprehensive, Affordable Coverage Options for Children

Conclusion

No ethnic minority population is identical to another, and therefore outreach must be strategically crafted, and culturally sensitive to each population. Through this project, CDF-Ohio's awareness of this need has not only increased, but has also shaped recommended strategies going forward. It is also clear that community-based organizations that directly serve targeted populations are crucial to the success of reaching minority and immigrant populations. CDF-Ohio looks forward to the opportunity to assist these organizations, and coordinate quality outreach and enrollment of children in Medicaid. The detailed outreach plans CDF-Ohio and its partners have crafted envision enrolling 3,057 Asian children,

5,271 African children, and 7,620 Latino children in Ohio's Medicaid and CHIP programs.

This project has also illuminated the need for improved data collection and understanding regarding immigrant and minority populations. This is a crucial requirement in order to improve the lives of all Ohioans. Therefore, after successful enrollment, compiling and sharing data and outcomes for individual ethnic minority communities is an important part of continuing to ensure that Ohio reaches all eligible children and that families not only enroll, but make use of available health care services. Through implementing coordinated, strategic, and culturally competent outreach plans, Ohio can better serve and improve health outcomes for all Ohio children.

APPENDIX

Additional materials, including detailed outreach plans and extensive demographic data and materials are available from Children's Defense Fund-Ohio in an electronic appendix. Please contact **ohio-info@childrensdefense.org** if you would like a copy of any of these materials.

Appendix Contents:

1. Cultural Competency Presentations
 - a. Asian Services in Action, Inc.- October 23, 2013
 - b. Somali Community Association of Ohio- February 27, 2014
 - c. Ethiopian Tewahedo Social Services- February 27, 2014
 - d. Ohio Hispanic Coalition- April 16, 2014
2. Community-Based Organization Multipronged Outreach Plans
 - a. Asian Services in Action, Inc.
 - b. Ethiopian Tewahedo Social Services
 - c. Ohio Hispanic Coalition
3. Calendar of Popular Ethnic Events and Festivals
4. Community-Based Organizations to Include in Outreach Efforts
5. Ethnic Media Outlets to Include in Outreach Efforts

ENDNOTES

¹ Alker, Joan and Tara Mancini, "Children's Health Coverage on the Eve of the Affordable Care Act." Georgetown University Health Policy Institute: Center for Children and Families Nov. 2013: 1, 10-11. Web. 10 Sept. 2014. <<http://ccf.georgetown.edu/wp-content/uploads/2013/11/Children%E2%80%99s-Health-Coverage-on-the-Eve-of-the-Affordable-Care-Act.pdf>>.

² Ashmead, Robert, Timothy Sahr and Rachel Tumin. "Types of Insurance Coverage Among Ohio's Non-Senior Adult and Child Populations in 2012." Ohio Medicaid Assessment Survey 2012, June 2013. Web. 10 Sept. 2014. <<https://osuwmcdigital.osu.edu/sitetool/sites/omaspublic/documents/CoverageTypesBriefOMAS2012.pdf>>.

³ Id.

⁴ Asian Services in Action, Inc., from U.S. Bureau of the Census, 2010.

⁵ 2012 American Community Survey 1-year Estimate, calculations by Asian Services in Action, Inc. Although American Community Survey 1-year Estimates typically have very high margins of error, we found that we could not break out the data by ethnicity as easily using the 3 and 5-year estimates. Thus, we have included the 1-year estimates here.

⁶ U.S. Bureau of Labor Statistics, 2007-2010.

⁷ Limited English Proficiency means "persons who are unable to communicate effectively in English because their primary language is not English and they have not developed fluency in the English language." U.S. Dept. of Health & Human Services, available at <http://www.hhs.gov/ocr/civilrights/resources/specialtopics/lep/>.

⁸ Somali Community Association of Ohio grassroots data collection, 2014.

⁹ Ohio Dept. of Health data, 1999-2005; map by Community Research Partners, "Counting the Franklin County Somali Population," Spring 2009. Web. 6 October 2014. <http://www.communityresearchpartners.org/wp-content/uploads/Databytes/Somali%20Population/DataByteNo2_SomaliPopulation.pdf>.

¹⁰ Ohio Dept. of Job & Family Services, "Individuals Resettled in Ohio by Country of Origin FFY 1983-2013." Web. 6 October 2014. <<http://jfs.ohio.gov/refugee/docs/1983-to-2013-Arrivals-by-Country-of-Origin.stm>>.

¹¹ Ethiopian Tewahedo Social Services.

¹² Ohio Dept. of Development, "Ohio Hispanic Americans." Web. 6 October 2014. <<http://development.ohio.gov/files/research/P7002.pdf>>.

¹³ Id.

¹⁴ Id.

¹⁵ U.S. Bureau of the Census, County Population Estimates by Demographic Characteristics - Age, Sex, Race, and Hispanic Origin; updated annually for states and counties. Web. 6 October 2014. <<http://www.indexmundi.com/facts/united-states/quick-facts/ohio/hispanic-or-latino-population-percentage#map>>.

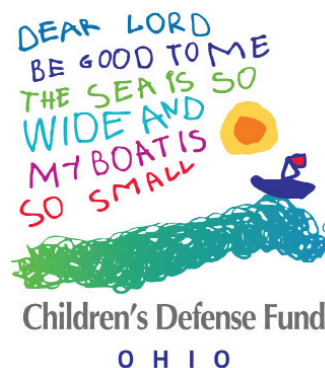
¹⁶ Ohio Hispanic Coalition, from U.S. Bureau of the Census, 2010.

¹⁷ 2012 American Community Survey 5-year Estimate, "Health Insurance Coverage Status by Age (Hispanic or Latino)."

The Children's Defense Fund Leave No Child Behind® mission is to ensure every child a *Healthy Start*, a *Head Start*, a *Fair Start*, a *Safe Start* and a *Moral Start* in life and successful passage to adulthood with the help of caring families and communities.

CDF provides a strong, effective and independent voice for *all* the children of America who cannot vote, lobby or speak for themselves. We pay particular attention to the needs of poor children, children of color and those with disabilities. CDF educates the nation about the needs of children and encourages preventive investments before they get sick, drop out of school, get into trouble or suffer family breakdown.

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IN PARTNERSHIP WITH:
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