



Free health coverage
offered by the state of Oregon

OHP NOW COVERS ME!



Senate Bill 558 - Cover All Kids
Implementation Report

2017-19

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 - » Asian Health & Service Center
 - » Centro Cultural de Washington County
 - » Centro de Ayuda
 - » Community Services Consortium
 - » El Programa Hispano Católico
 - » EUVALCREE
 - » Interface Network Inc.
 - » Lane County Public Health
 - » Latino Community Association
 - » Lower Columbia Hispanic Council
 - » Mano a Mano
 - » The Next Door Inc.
 - » Northwest Family Services
 - » Oregon Latino Health Coalition
 - » Project Access NOW
 - » UNETE
- **The Kaiser Permanente NW team** who worked alongside us and our grantee partners to ensure families had the information and supports to transition their children from Kaiser Permanente Child Health Program Plus coverage to OHP-Cover All Kids.

Finally, we dedicate this report to the estimated 15,000 immigrant children in Oregon who make up the Cover All Kids population. – *Josie Silverman-Méndez and the CPOP team*

Executive summary

In 2018, SB 558, the “Cover All Kids” bill took effect. This landmark legislation opened the Oregon Health Plan (OHP) to thousands more children younger than 19, *regardless of immigration status*.

Because OHP was newly open to more immigrant youth, there was need for targeted, community-based outreach to promote the program and overcome the challenges of:

- Parents who believe their children do not qualify for government programs due to:
 - » Immigration status
 - » Being ineligible for such programs in the past, or
 - » Both.
- A population fearful to engage in government programs because of anti-immigrant policies at the federal level, and
- Cultural and linguistic barriers.

SB 558 also required OHA to form an external stakeholder workgroup. This workgroup provided subject matter expertise to develop and launch a statewide outreach campaign. The campaign was designed to meet the cultural and linguistic needs and preferences of the Cover All Kids population.

OHA’s Community Partner Outreach Program (CPOP) was responsible for administering Cover All Kids. CPOP develops and maintains a diverse network of more than 1,200 community partners across the state who provide outreach, enrollment and system navigation services for OHP. These local, trusted partners were vital in reaching the Cover All Kids population, connecting them to both health coverage and care. Not only did partners help enroll children into OHP-Cover All Kids, but they also helped them navigate the challenges experienced in accessing health care.

Highlights from the 2017-19 biennium

1. The SB 558 external stakeholder workgroup was established. The workgroup oversaw the design and launch of the statewide outreach campaign.
2. New community-based communication methods - never before part of OHP promotional efforts - were utilized to launch OHP-Cover All Kids.

3. CPOP established a grant program. Grants supported culturally and linguistically responsive outreach, enrollment and system navigation services.
4. Best practices were identified for reaching and engaging the Cover All Kids population.
5. Most children previously enrolled in the Kaiser Permanente Child Health Program Plus program transitioned to OHP-Cover All Kids.

At the end of the 2017-19 biennium, nearly 5,900 children had enrolled in OHP-Cover All Kids. Overtime, the program was able to maintain a steady increase of roughly 200 new enrollments per month. Despite the various barriers to enrollment faced by the Cover All Kids population, this slow yet steady increase shows that community-based outreach efforts are working.



Background

Cover All Kids bill

In 2017, the Oregon Legislature passed SB 558, the “Cover All Kids” bill. In doing so, Oregon became the seventh state in the U.S. to develop a “Medicaid-like” state-funded program for undocumented immigrant youth.

SB 558 officially took effect as law on Jan. 1, 2018 and:

- Opened OHP to more children younger than 19, *regardless of immigration status*.*
- Required OHA to form an external stakeholder workgroup. This workgroup gave advice to develop a culturally and linguistically responsive outreach campaign. The campaign focus was to connect the Cover All Kids population to local, trusted community partners who could help them enroll in the program.

Children who qualify for OHP-Cover All Kids include those who:

- Are younger than 19.
- Have status as an undocumented immigrant including Deferred Action for Childhood Arrivals (DACA) recipients, or
 - » Before 2018, only qualified for emergency Medicaid (Citizen Alien Waived Emergent Medical, or CAWEM) due to immigration status.
- Meet income (up to 305 percent of the federal poverty level), among other eligibility criteria.

Community Partner Outreach Program

CPOP has administered Cover All Kids from the start. CPOP has a strong infrastructure and proven track record for leading community-based health coverage outreach and enrollment efforts in Oregon. CPOP was previously the Office of Healthy Kids. Then, under early implementation of the Affordable Care Act, CPOP served as Oregon’s Navigator Program. Today, CPOP develops and maintains a network of more than 1,200 diverse community partners across the state who provide outreach, enrollment and system navigation services for OHP, including OHP-Cover All Kids. CPOP’s network of partners represent and serve some of the most marginalized and hard-to-reach communities in Oregon.

*It was estimated at the time SB 558 passed that 15,000 immigrant youth were impacted statewide.

Strategies to promote enrollment

During the 2017-19 biennium, CPOP focused on three key strategies to drive enrollment in OHP-Cover All Kids:

1. Stand up the SB 558 external stakeholder workgroup to advise on the design and launch of the statewide outreach campaign.
2. Establish the SB 558 Outreach, Enrollment and System Navigation Grant Program. This program provides targeted outreach, enrollment and system navigation services that are:
 - a. Trusted,
 - b. Community-based, and
 - c. Culturally and linguistically responsive.
3. Partner with Kaiser Permanente NW to transition roughly 2,400 Kaiser Permanente Child Health Program Plus (KP CHPP) members to OHP-Cover All Kids.

Program key components

SB 558 external stakeholder workgroup

The SB 558 external stakeholder workgroup ran from October 2017-18. The Oregon Latino Health Coalition and CPOP were co-chairs. Its charge was to advise the state on how to design and launch a culturally and linguistically responsive outreach campaign to promote enrollment into OHP-Cover All Kids. More than 20 diverse community partners from across Oregon made up the workgroup. The workgroup included representation from:

- Culturally-specific populations
- Community-based organizations
- Immigrant advocacy organizations
- Legal experts
- Educators
- Public health
- Health systems

My experience with the SB 558 external stakeholder workgroup allowed me to build professional and emotional bonds with other community leaders. The meetings were transformational, enlightening and inspirational, allowing us to have a deeper commitment to the statewide outreach campaign and the overall mission of Cover All Kids.

Marin Arreola, director, Interface Network

All partners in the workgroup had experience serving the Cover All Kids population and related immigrant groups, many with direct lived experience.

Highlights and key accomplishments

Outreach campaign

The workgroup helped develop and test a campaign core message frame, branding and slogan in English and Spanish. This content was used as the basis for all campaign promotional materials. See Appendix A for a complete summary of the outreach campaign development findings and recommendations including an overview of two community focus group sessions.

- **Core message frame (describing the what, who, how and why):** The Oregon Health Plan (OHP) is available to more children and teens younger than 19, regardless of immigration status. OHP is free health coverage for

Oregonians who meet income and other criteria. It covers many health care services such as check-ups, tooth fillings, glasses and prescriptions. It also covers labs, x-rays and hospital care. It even pays for rides to and from the doctor's office. Apply to see if you qualify. Help is free. A trusted OHP-certified community partner can help you apply. You can find one by calling 833-OHP-FORU (833-647-3678) or 711 (TTY). You can also go online at OHPnowCOVERSme.org.

The workgroup advised Cover All Kids be branded as OHP, underscoring that OHP was a recognized and trusted brand within the community. They also suggested a descriptor be developed, highlighting that OHP is “free health coverage offered by the state of Oregon.” Lastly, the workgroup suggested developing a campaign slogan (OHP now covers me! / ¡Ahora OHP es para mí!) to differentiate it from other OHP communications.



The flyer is titled "Cobertura de salud gratuita ofrecida por el estado de Oregón" (Free health coverage offered by the state of Oregon). The main headline reads "¡AHORA OHP ES PARA MÍ!" (Now OHP is for me!). Below this, it states: "El Plan de Salud de Oregón (OHP) está disponible a más niños y adolescentes menores de 19 años, sin importar su estatus migratorio." (The Oregon Health Plan (OHP) is available to more children and adolescents under 19 years old, regardless of their immigration status). A list of covered services includes: "OHP cubre muchos servicios de salud como: chequeos médicos • rellenos dentales • lentes • recetas médicas, exámenes de laboratorio • radiografías • hospitalización, transporte a sus citas médicas." (OHP covers many health services such as: medical checkups • dental fillings • glasses • medical prescriptions, laboratory tests • X-rays • hospitalization, transportation to your medical appointments). The flyer includes a photo of a smiling young girl and a community partner icon. Contact information: "Aplique para ver si califica. Ayuda es gratuita." (Apply to see if you qualify. Help is free.), "Un socio comunitario de confianza certificado por OHP puede ayudarle a aplicar." (A trusted community partner certified by OHP can help you apply.), "Para encontrar un socio comunitario llame al 1-833-OHP-FORU (1-833-647-3678) también puede visitar OHPnowCOVERSme.org." (To find a community partner call 1-833-OHP-FORU (1-833-647-3678) you can also visit OHPnowCOVERSme.org). The hashtag #OHPnowCOVERSme is at the bottom. Small text at the bottom reads: "Puede obtener este documento en otros idiomas, en tipografía grande, braille o en el formato que usted prefiera. Contacte al programa de socios comunitarios al community.outreach@ohpa.state.or.us. Aceptamos llamadas de retransmisión o puede llamar al 711." (You can obtain this document in other languages, in large font, braille, or in the format you prefer. Contact the community partner program at community.outreach@ohpa.state.or.us. We accept relay calls or you can call 711.)

A comprehensive multi-language outreach and communications toolkit was developed. [The toolkit](#) included:

- Print-on-demand materials
- Social media cards
- Public service announcements
- Drop-in articles, and
- OHP “swag.”

In the summer of 2018, OHA|DHS allocated additional funding to Cover All Kids for statewide mixed media advertising. To this end, the workgroup also gave advice on:

- The most effective media types to reach the Cover All Kids population, and
- The content of the advertisements. See pages 21-33 for an overview of the mixed media advertising.



Addressing systemic barriers to enrollment

Given the growing anti-immigrant climate at the federal level, it was apparent from the start that to effectively promote OHP-Cover All Kids, immigration concerns had to first be identified and proactively addressed. Thus, the workgroup elevated public charge and related immigration concerns as significant barriers to OHP enrollment for the Cover All Kids population.

The workgroup advocated for system-level changes and additional training and resources to ensure the community was informed and empowered to make the best decisions for themselves and their families. This led to:

- **Development of FAQs and a statewide training for OHP community partners.** These tools and resources explained:
 - » The OHP eligibility and enrollment screening process. Also, why OHP collects certain personal-identifying and sensitive information and how such information is used,
 - » State and federal privacy laws, and
 - » Public charge regulations.

- **Improvements to the OHP application.** This included re-framing questions about a person’s immigration status and Social Security number to be more culturally responsive and trauma informed.
- **Formation of the Governor’s Workgroup on Public Charge and the Privacy of Information.** This workgroup met during the fall of 2018 and was instrumental in:
 - » Coordinating submission of public comment from state agencies and the Governor’s Office opposing the proposed new public charge rule, and
 - » Developing the state of [Oregon’s FAQ on public charge](#) now in use by all state agencies.

The new U.S. Department of Homeland Security public charge rule (slated to take effect on Feb. 24, 2020) allows federal immigration officials to consider a longer list of public benefit programs, and more factors such as family income, when deciding whether an immigrant is likely to become a public charge in the future. While OHP for those younger than 21, including OHP-Cover All Kids, are not part of this new expanded list of benefits, and many immigrants are exempt from public charge, immigrant communities are concerned and confused about how this new rule may impact them and their families. As such, they are increasingly leery to enroll in any public benefit programs out of fear. Visit [OHA’s webpage on public charge](#) for more information.

SB 558 Outreach, Enrollment and System Navigation Grant Program

CPOP administered the \$2.4 million SB 558 Outreach, Enrollment and System Navigation Grant Program from Jan. 1, 2018 to June 30, 2019. This program funded a network of 16 community-based organizations reaching 30 counties across Oregon who provided targeted, culturally and linguistically responsive outreach, enrollment and system navigation services for OHP-Cover All Kids.

Grantees included:

Organization	Service area
Asian Health & Service Center	Clackamas, Multnomah and Washington counties
Centro Cultural de Washington County	Washington County
Community Services Consortium and Centro de Ayuda	Benton, Lincoln and Linn counties
El Programa Hispano Católico	Clackamas, Multnomah and Washington counties
EUVALCREE	Baker, Grant, Harney, Malheur, Morrow, Umatilla, Union and Wallowa counties
Interface Network Inc.	Marion and Polk counties
Lane County Public Health	Lane County
Latino Community Association	Crook, Deschutes and Jefferson counties
Lower Columbia Hispanic Council	Clatsop, Columbia and Tillamook counties
Mano a Mano	Marion and Polk counties
The Next Door Inc.	Hood River, Sherman and Wasco counties
Northwest Family Services	Clackamas, parts of Marion, Multnomah and Washington counties
Oregon Latino Health Coalition	Clackamas, Multnomah and Washington counties
Project Access NOW	Yamhill County
UNETE	Jackson, Josephine and Klamath counties

Collectively, grantees:

- Reached **189,352** persons with OHP promotional information.
- Helped **2,110** children enroll in OHP-Cover All Kids.
- Provided **30,971** incidences of health system navigation support.

Cover All Kids grantees play a critical role in eliminating health disparities by acting as a bridge between a complex healthcare system and communities in need. We believe that every child deserves the right to grow up healthy and have access to health care. The Cover All Kids grant program guarantees culturally responsive outreach, enrollment and health system navigation support are provided to newly eligible immigrant children and their families. We look forward to continuing to expand this program and working in partnership with OHA to advance health equity for all.

*Olivia Quiroz, executive director,
Oregon Latino Health Coalition*

Lessons learned and best practices identified

It takes unique outreach strategies

- Traditional OHP outreach strategies with historically high enrollment returns (such as those used under Oregon’s “Healthy Kids” campaign from 2009-11) are ineffective for the Cover All Kids population. For example, immigrant communities, including the Cover All Kids population, are increasingly leery of attending large public events such as enrollment fairs. This is due to immigration enforcement concerns.
- Just promoting the benefits of health coverage is not enough.
 - » Given immigration concerns, issues such as public charge and the collection and sharing of personal and sensitive information (as part of the OHP application and enrollment process) must be proactively addressed and embedded within community-based outreach efforts.
 - » Many immigrant newcomer communities need to be educated about the U.S. health care system including what health coverage is and how to use it.

Trusted messengers

The Cover All Kids population is more compelled to enroll in the program when they hear about it from someone they trust. Word-of-mouth is a powerful vehicle for driving enrollment.

Repetition is key

The Cover All Kids population needs to hear about the program from multiple trusted sources to engage.

Cross-sector collaboration should be prioritized

- The health care system is complex and fragmented. It works best when partners come together across sectors to address gaps and reach children and families where they are. Strategic partnerships with schools and safety net clinics for outreach and enrollment “low hanging fruit” opportunities need to be a priority.
- On-going collaboration between the state, OHP community partners, health care providers and coordinated care organizations (CCOs) should be encouraged to ensure:
 - » People know how to properly use their new benefits,
 - » Gaps in access to services are addressed, and
 - » There is appropriate response from the health care system to the needs and preferences of the Cover All Kids population.

More language access is needed

Demographics are changing in Oregon. Language access is a major issue. There are growing numbers of indigenous Guatemalan families settling in:

- Cottage Grove
- Hermiston
- Newport
- Woodburn, and
- Parts of Benton-Linn and Washington counties.

Many newcomers to these communities speak an indigenous language called Mam. These newcomers have limited to no proficiency in Spanish or English. The state is hard-pressed to find enough qualified interpreters and translators to ensure OHP-Cover All Kids information is available for the community.

More health system navigation support is needed

Gaining access to health coverage is only one part of the coverage-to-care continuum. Children may enroll in OHP-Cover All Kids. However, their parents and families typically need a lot of help to:

- Understand the health care system, and
- How to use their new coverage to access services.*

The grant program model works

Trusted community-based organizations equipped to help with enrollment and system navigation are the most effective strategy OHA has to promote OHP-Cover All Kids. This work is time intensive and requires on-going training, technical help and funding.

The partnership between grassroots organizations like ours and CPOP allowed us to combine and leverage each other's assets. In understanding the community, governmental systems and health care, we were able to create a comprehensive plan that allowed us to serve our community in the best way possible. In addition, the CPOP team worked to ensure that our organization had the tools and resources needed to be successful in the implementation of Cover All Kids. If challenges arose, with collaboration and open communication, we were able to address the concerns to ensure continued success. We could not have asked for better partners, advocates and leaders in this effort of bridging access to health and healthcare.

Gustavo Morales, executive director, EUVALCREE

*CCO measure outcomes for the Cover All Kids population showed that their overall utilization of healthcare services was lower than their peers. See pages 19-20 for more information.

Partnership with OHA's Reproductive Health (RH) Program

Recognizing the effectiveness of the grant program for reaching and engaging immigrant communities in health coverage and care, the OHA RH Program approached CPOP in late 2018 with a proposal to partner. This led to the RH Program providing additional funding for grantees to integrate Reproductive Health Equity Act outreach efforts into their OHP-Cover All Kids work. Given both programs serve a similar immigrant population, this partnership proved successful. Grantees highlighted the ability to provide a coordinated link to health care services for both immigrant youth and adults as an effective way to serve entire families and promote engagement in both programs.

House Bill (HB) 3391 is also known as the Reproductive Health Equity Act. HB 3391 expands coverage for some Oregonians to access free reproductive health services. It is targeted to those who, in the past, may have not been eligible for coverage of these services. It also provides protections for continuation of reproductive health services with no cost sharing, such as co-pays or payments toward deductibles. The bill prohibits discrimination in the provision of reproductive health services.

Kaiser Permanente Child Health Program Plus (KP CHPP) Transition Project

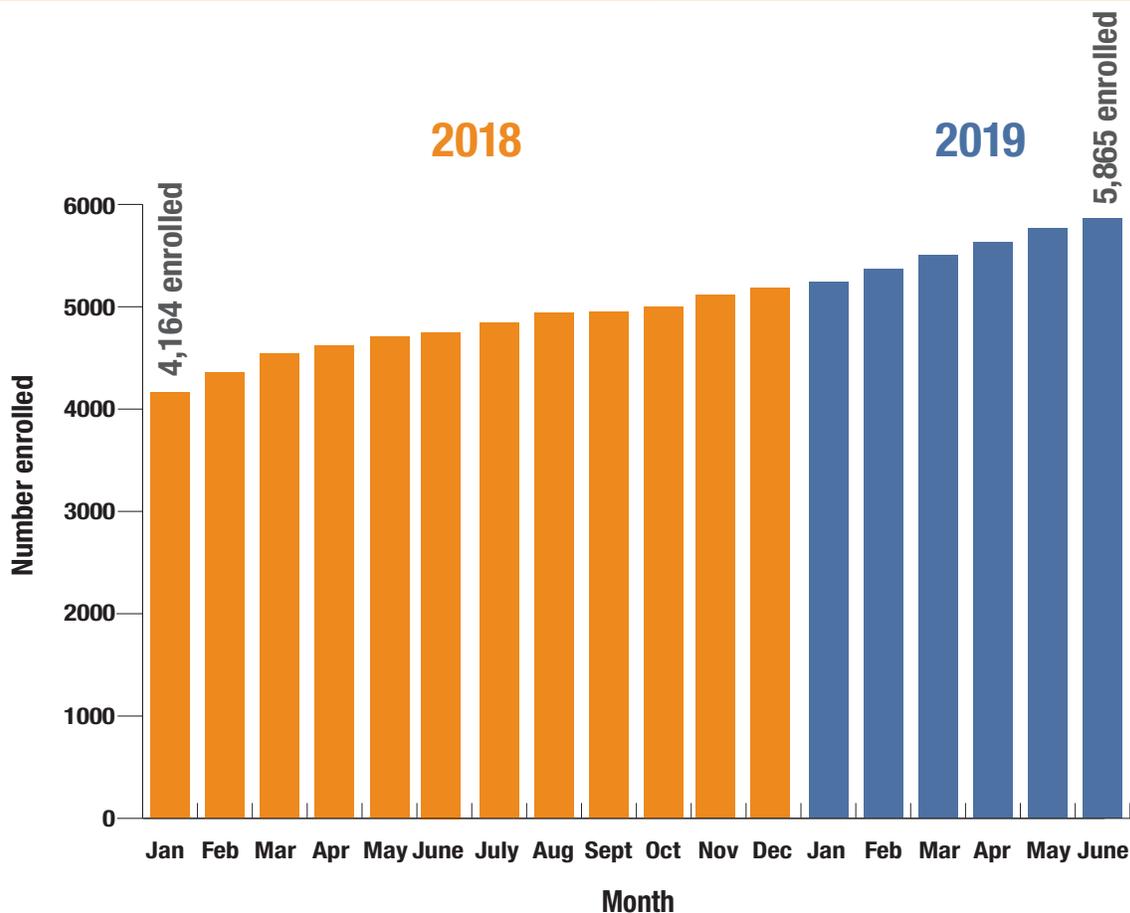
In the fall of 2018, CPOP entered a formal partnership with Kaiser Permanente NW. This partnership was to help transition KP CHPP members (roughly 2,400 youth) to OHP-Cover All Kids. For more than a decade, Kaiser Permanente NW operated the KP CHPP program as part of their charitable giving. KP CHPP provided full Kaiser Permanente coverage (physical, mental, dental, vision and prescriptions). The coverage was for undocumented immigrant youth who attend school in the Portland Metro and Salem-Keizer areas. OHP-Cover All Kids grantees who serve these areas helped with targeted outreach to KP CHPP households to dis-enroll kids from KP CHPP and enroll them in OHP-Cover All Kids. In their outreach they placed phone calls, sent text messages, conducted home visits and scheduled appointments. For KP CHPP members in the Portland Metro region who wanted to continue with Kaiser Permanente as their health plan, grantees helped with this process through their new CCO, Health Share of Oregon. By the end of the 2017-19 biennium, 80 percent of 2,400 KP CHPP members had fully transitioned to OHP Plus-Cover All Kids.

Enrollment

Uptake

At the time SB 558 passed, it was estimated that 15,000 immigrant youth younger than 19 would be eligible for OHP-Cover All Kids statewide. The program started on Jan. 1, 2018 with roughly 3,600 children enrolled. This was due to auto-conversion of all members younger than 19 on CAWEM and CAWEM Plus to OHP-Cover All Kids. See Appendix B for a complete summary of the CAWEM/CAWEM Plus Auto-Conversion Project. Overtime, the program has maintained an average of 200 new members enrolling per month. This equates to a net increase of about 100 new members per month due to exits from and transfers into the program. At the end of the 2017-19 biennium, 5,865 children had enrolled.*

2018–19 Cover All Kids enrollment



Despite recent nationwide trends of immigrant populations dis-enrolling from public benefit programs at alarming rates due to fear, enrollment in OHP-Cover All Kids continues to steadily increase.

Care coordination

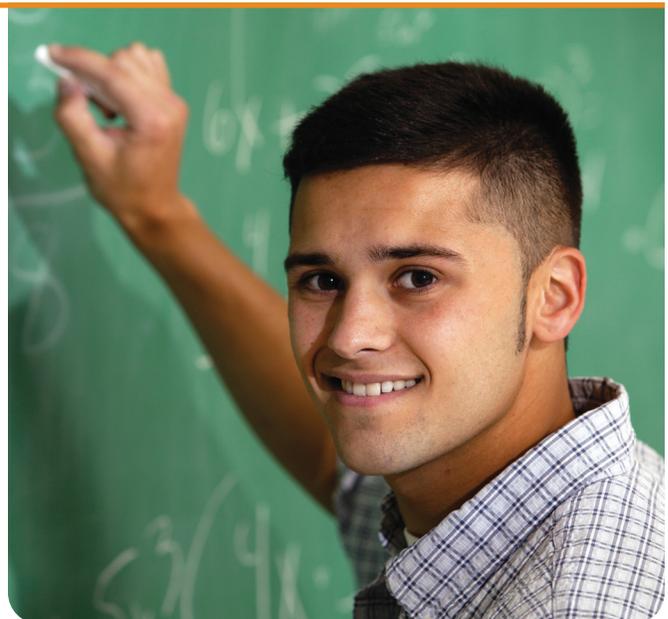
From January to February 2018, Cover All Kids members had OHP fee-for-service coverage. From Mar. 5, 2018 on, they auto-enroll in CCOs. Over the 2017-19 biennium, nearly 100 percent of OHP-Cover All Kids members were in CCOs.

Demographics

Among the children enrolled in OHP-Cover All Kids during the 2017-19 biennium:

- 40 percent identified as Latino
- The average age was 12.9 years old, and
- Spanish was the most commonly requested language; English was second.

*The enrollment forecast developed in support of SB 558 in 2016-17 was based on Oregon's Medicaid expansion experience. The Cover All Kids population faces unprecedented barriers to health coverage access, which are not comparable to Oregon's Medicaid expansion population, a predominately white, English-speaking, single-adult, U.S. citizen population. Given this, the forecast was adjusted in the spring of 2018, and since that time, actual enrollment has either exceeded or trended according to the adjusted forecast.



CCO child-focused measure outcomes

For child-focused CCO measures, OHA developed a “data slicer” for the Cover All Kids population.*

From 2018-19, compared to the non-Cover All Kids population comparison group (children younger than 19 enrolled in CCOs), the Cover All Kids population had **better quality results** for the following CCO measures:

- Emergency department (ED) visits including
 - » Avoidable ED visits, and
 - » ED visits for members with mental illness (a disparity metric),
- Dental sealants,[†] and
- Adolescent immunizations (Combo 2).[‡]

Additionally, the Cover All Kids population had zero hospital admissions for the preventive quality incentive measures (diabetes short-term complications, congestive heart failure or asthma).

Overall, the Cover All Kids population had lower ED utilization rates than their peers. This is an encouraging early outcome for keeping program costs low and supporting Oregon’s health system transformation goals.

The Cover All Kids population had slightly higher dental sealant and higher adolescent immunization rates than their peers. This suggests Oregon is doing a good job connecting immigrant newcomers to basic public health services. However, given that overall primary and preventive care utilization was significantly lower, Oregon has work to do to orient the Cover All Kids population — and perhaps other immigrant newcomers — to the health care system and primary care homes.

* For an overview of the CCO metrics, visit <https://www.oregon.gov/oha/HPA/ANALYTICS/Pages/CCO-Metrics.aspx>.

† The dental sealant rate for the Cover All Kids population was only *slightly better* than their peers; 25.2% as compared to 25.0%.

‡ Combo 2 is the percentage of adolescents who had one dose of meningococcal vaccine, one Tdap vaccine and have completed the human papillomavirus vaccine series by their 13th birthday.

Overall, the Cover All Kids population experienced **worse quality results** for primary and preventive care-related CCO measures:

- Adolescent well-care visits
- Child and adolescent access to primary care providers
- Chlamydia screening rate, and
- Effective contraceptive use (only half of their counterparts).

Lastly, the Cover All Kids population only had 60 percent of the overall ambulatory care utilization rate (150.1 versus 253.7). This means that outpatient utilization was too low.

Future Cover All Kids outreach efforts should focus on:

- Educating new members about primary and preventive care, and
- Helping to make connections to CCOs for these services.

OHP community partners and CCOs should be encouraged to more formally partner to serve the Cover All Kids population across the OHP coverage-to-care continuum.



Mixed media advertising

Overview

In July 2018, OHA|DHS allocated \$90,000 to Cover All Kids to support new mixed media advertising across Oregon. Before this additional budget allocation, Cover All Kids relied solely on its web page (OHPnowCOVERSme.org), print-on-demand outreach materials and network of local grantees to promote the program.

CPOP collaborated with the OHA|DHS Publications and Creative Services team to design and place ads. The program developed ads based on the following feedback from the SB 558 external stakeholder workgroup:

Initially, as a protective factor, the outreach campaign used intentionally vague language to describe the program's target population. However, overtime, the workgroup was concerned that the community did not fully understand the Cover All Kids population to include undocumented immigrant youth.

Trust and repetition are key

- The ads should feature recognized, and when possible, local Latino leaders and other respected spokespeople to lend creditability to the program.
- The target population needs to hear about the program from many trusted sources to compel them to act.

The Latino community trusts Spanish language television and radio as sources of information

- The state should leverage its buying power to place ads on all Spanish language television and radio stations in Oregon.
- Given budget constraints, the state should not place any English language television or radio ads.

Stress that enrollment assistance and OHP are free

- Where available, ads should direct people to a local, trusted OHP-certified community partner who can answer their questions and help them enroll.

Be direct when describing the program's target population in Spanish

- Where appropriate, use easy to understand informal language such as “*sin papeles*” (without papers).

The Latino community prefers to get help in person or over the phone, rather than online

- Instead of only advertising a website, direct people to a phone number for more information or local help to apply.

CPOP had a vanity phone number created for the outreach campaign (833-OHP-FORU). CPOP answered this number directly, instead of routing to OHP Customer Service. A bilingual (English-Spanish) and bicultural eligibility worker answered the calls. They helped people enroll over the phone, or referred them to an OHP-certified community partner in their area.

Include rural Oregon

- Place movie theater and local transit ads where Spanish language radio and television do not reach.

Capitalize on the power and reach of online and social media

- Place targeted digital ads in Spanish to reach people in ways they get information.

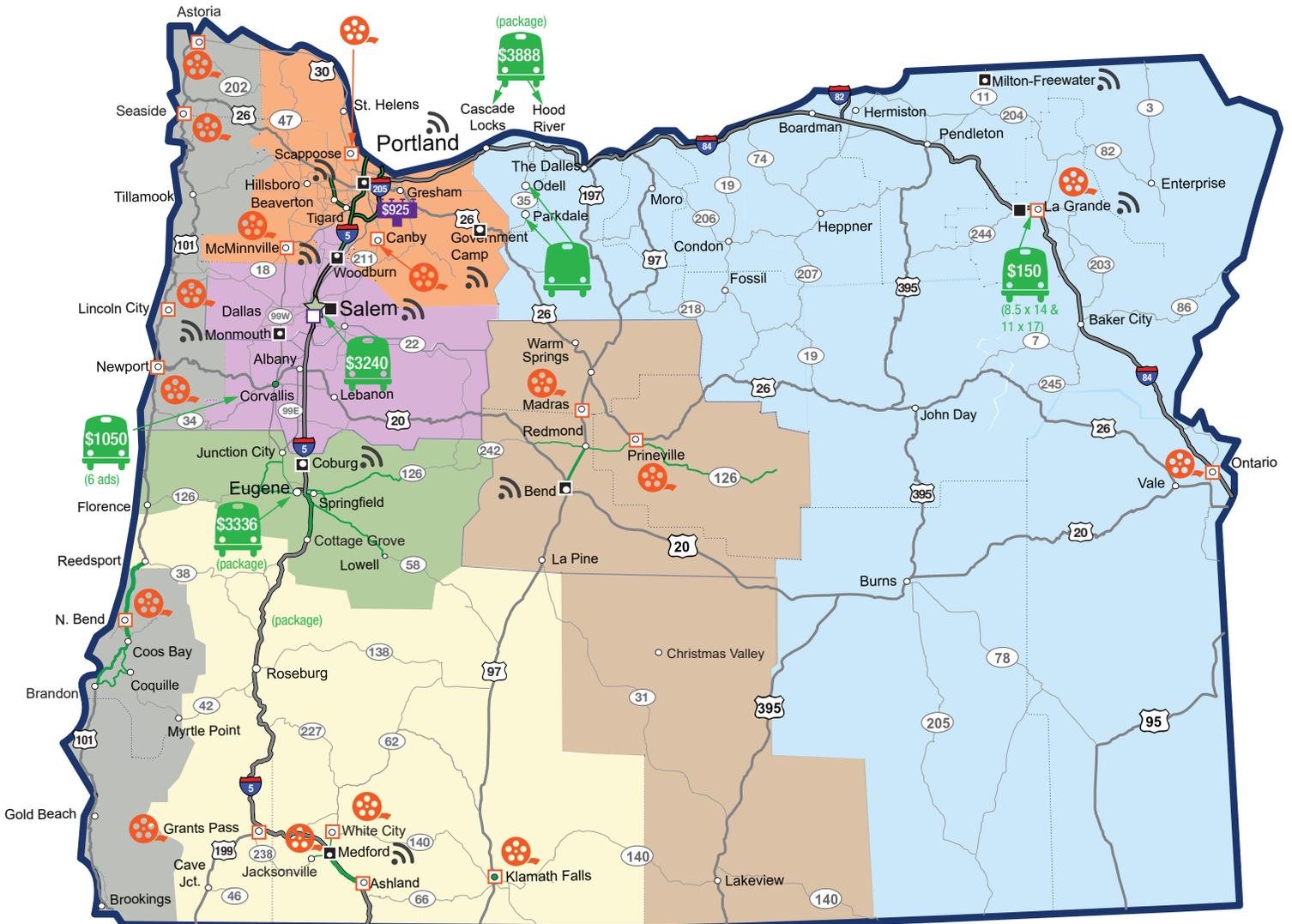
For the Asian community, the approach should be similar

- Feature recognized, trusted spokespeople.
- There are no Asian language television or radio stations in Oregon. Therefore, ads should be placed on local transit and digital platforms.
- CPOP placed a billboard ad in Simplified Chinese in SE Portland close to the local Asian community partner grantee, Asian Health & Service Center. Asian Health & Service Center also asked for short videos and static cling signs to promote the program to clients who frequent their office.

Summary table of advertisements

Ad type	Reach	Areas	Total
MOVIE THEATER 	Views: 120,000 per month Target audience: Low income, rural, Latino Languages: Spanish (some theaters required English subtitles)	Ontario, Astoria, Lincoln City, McMinnville, Newport, Seaside, North Bend, Klamath Falls, Grants Pass, Madras, Scappoose, Canby, Prineville, LaGrande, White City and Medford	\$23,902.80
TRANSIT 	Views: Ran on several transit lines Target audience: Low income, rural, Latino Languages: Spanish and English	Salem, Corvallis, Medford, Klamath Falls, North Eastern Oregon, Hood River, Odell, Parkdale, Cascade Locks, Coos Bay, N. Bend, Bandon, Myrtle Point, Coquille, Bay Area and Eugene	\$11,664.20
BILLBOARD 	Views: 457,192 people weekly Target audience: Chinese community Language: Simplified Chinese	Portland Foster Rd. Placed near Asian Health & Service Center	\$925
BROADCAST 	Radio: KGDD, KZZR, KSND, KZTB, KZGD, KEQB, PCUN Television: KUNP, KFXO-D and KMCW-LD Target audience: Latinos Language: Spanish	Portland, Government Camp, Monmouth, Milton-Freewater, Salem, Coburg, Eugene, LaGrande, Bend, Woodburn and Medford	\$15,000
DIGITAL 	Views: Facebook: 89,235-178,860 per month Other digital: 202,703 views per month Target audience: Latino and Asian Languages: Spanish, English, Korean, Vietnamese, Simplified and Traditional Chinese	Statewide	\$22,500

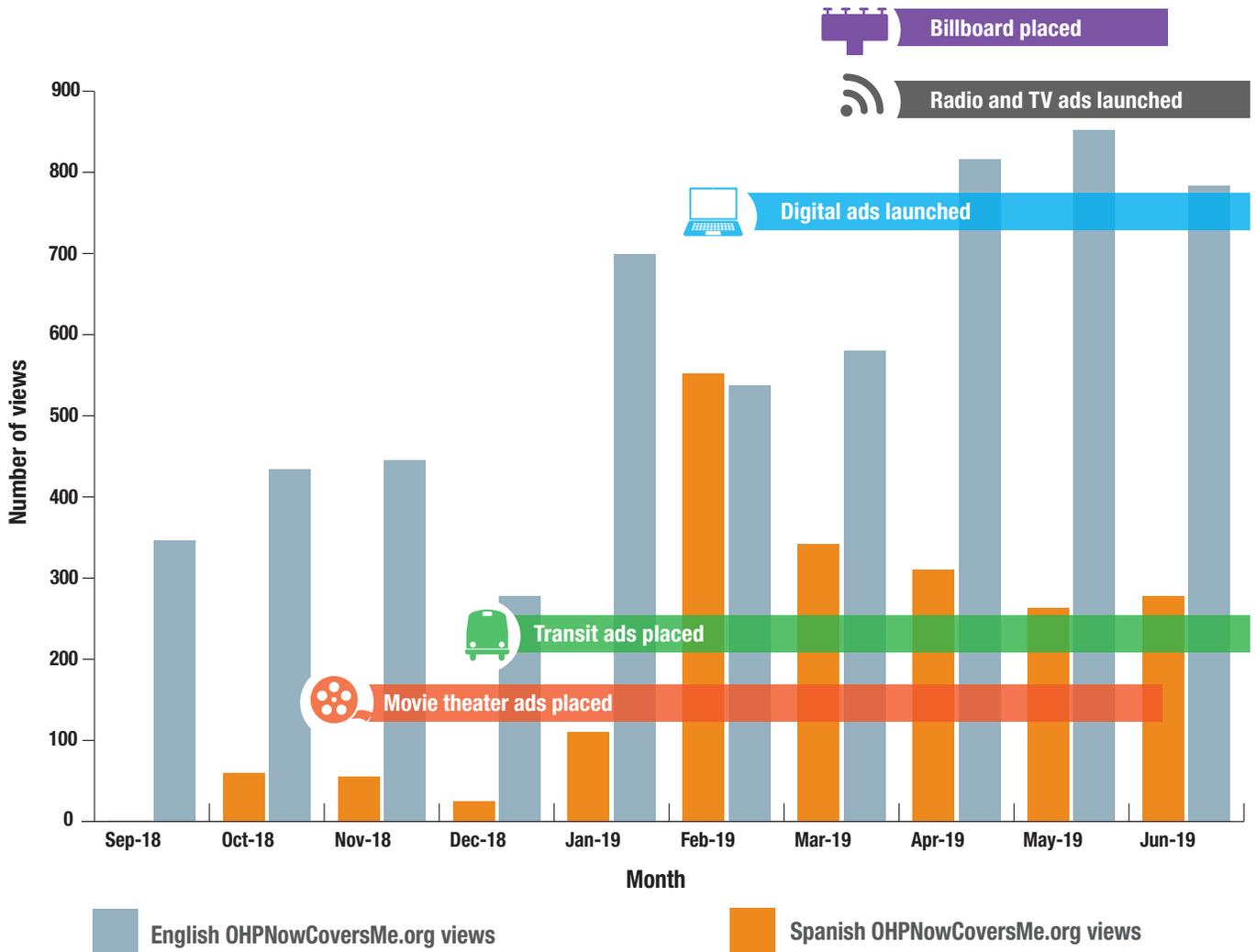
Map of advertisements placed



Seven regions

	Eastern		Coast
	Eugene		Portland
	Mid-Valley Salem		Southern
	Central		

Monthly website views per advertisement



Movie theater advertising

CPOP placed ads in local movie theaters across Oregon for two main reasons:

1. Research shows that Latinos make up the fastest growing market of moviegoers nationwide, and
2. This approach allowed the campaign to reach more rural parts of the state where:
 - » There are growing numbers of Latinos, and
 - » Spanish language television and radio do not have a major reach.

Ads ran in movie theaters in the following regions:

- Oregon coast (Astoria, Lincoln City, Newport, Seaside, North Bend and Scappoose)
- Parts of the Willamette Valley (McMinnville and Canby)
- Central Oregon (Madras and Prineville)
- Eastern Oregon (Ontario), and
- Southern Oregon (Klamath Falls, Grants Pass, La Grande, White City and Medford).

Ads were mainly in Spanish except for one company that required Spanish ads with English subtitles. Some ads contained voice overs, while others were just for viewing (with no audio). Spanish content used colloquial language to be direct in explaining the program's target population, *niños y adolescentes menores de 19 años, sin importar si tienen papeles* (children and teens younger than 19, **regardless of if they have papers**). As a protective factor, English audio content was less direct, matching content on the web page and in the print-on-demand materials, *children and teens younger than 19, regardless of immigration status*.

Where there was a local grant-funded OHP-certified community partner, the ads included the organization's logo, name and phone number. Where there was no local grantee, the ads directed people to call the vanity phone number (833-OHP-FORU) or go online (OHPnowCOVERSme.org) to find a local OHP-certified community partner who could help them apply.

Cobertura de salud gratuita
ofrecida por el estado de Oregon

¡AHORA OHP ES PARA MÍ!

El Plan de Salud de Oregon (OHP) está disponible a más niños y adolescentes menores de 19 años, **sin importar si tienen papeles.**

541-350-8886 OHPnowCOVERSme.org

Cobertura de salud gratuita
ofrecida por el estado de Oregon

¡APLIQUE PARA OHP HOY!

OHP cubre muchos servicios:
chequeos médicos • rellenos dentales
recetas médicas • exámenes de laboratorio
• radiografías • hospitalización
transporte a sus citas médicas

541-350-8886 OHPnowCOVERSme.org

Cobertura de salud gratuita
ofrecida por el estado de Oregon

¡LLÁMENOS HOY!

Nuestra ayuda para aplicar es gratuita:

541-350-8886

OHPnowCOVERSme.org

Transit advertising

The program placed ads on bus lines for three reasons:

1. Transit companies report that Latinos make up a significant proportion of riders. For example, Cherriots public transit in Salem indicated that in 2017, 20 percent of their ridership identified as Latino.
2. The program could reach Latinos in both rural and more urban parts of Oregon.
3. Compared to other advertisement methods, transit ads are more reasonably priced.

Ads ran on bus lines serving the following regions:

- Willamette Valley (Salem, Corvallis and Eugene)
- Southern Oregon (Medford and Klamath Falls)
- Northeastern Oregon, and
- The Columbia Gorge (Hood River, Odell, Parkdale and Cascade Locks)

The program considered placing ads with Trimet, the mass transit agency in the Portland Metro area. However, the ads were too costly.

Ads were placed in both English and Spanish. When describing the program's target population, ads in Spanish used the more direct, colloquial language to describe the program's target population (*niños y adolescentes menores de 19 años, sin importar si tienen papeles* (children and teens younger than 19, **regardless of if they have papers**)). The English ads were less direct referencing, *children and teens younger than 19, regardless of immigration status*. All transit ads were customized to include grantee organization name and phone number.



Cobertura de salud gratuita
ofrecida por el estado de Oregon

Free health coverage
offered by the state of Oregon

¡AHORA OHP ES PARA MÍ!

El Plan de Salud de Oregon (OHP) está disponible a más niños y adolescentes menores de 19 años, **sin importar si tienen papeles.**

Aplique. Nuestra ayuda es gratuita.
Llámenos hoy.



OHP NOW COVERS ME!

The Oregon Health Plan (OHP) is now available to more children and teens younger than 19, **regardless of immigration status.**

Apply. Our help is free.
Call us today.

Interface Network: 503-910-4908 • Mano a Mano Family Center: 503-363-1895 • OHPnowCOVERSme.org

Billboard advertising

The program placed a single billboard ad in Simplified Chinese on Foster Road in Portland. This ad promoted the program's only Asian community-serving grantee partner, the Asian Health & Service Center. The program strategically placed the ad near their new office location in SE Portland. While costly, this ad expected to receive 66,313 weekly impressions, or views from people over 18 years old.



The billboard features the Oregon Health Plan logo on the left. The main text in large white characters on an orange background reads: 俄勒冈州提供 免费医疗保险 (Oregon provides free medical insurance). Below this, in blue text on a white background, it says: 请申请吧。我们提供免费服务。 (Please apply. We provide free services.). To the right is a photo of a smiling Asian family. At the bottom, contact information is provided: 503-772-5889 广东话 (Cantonese) and 503-772-5890 普通话 (Mandarin). The address is 9035 SE Foster Road, Portland, OR 97266. The Asian Health & Service Center logo is also present, with its name in English, Chinese, and Korean.

Broadcast advertising

Broadcast advertising, including television and radio, were the most commonly suggested forms of advertising from the SB 558 external stakeholder workgroup. The workgroup gave advice for the program to place ads on all Spanish language television and radio stations in the state including:

- Television stations:
 - » KUNP
(Univision in Portland)
 - » KFXO-D
(Telemundo in Bend)
 - » KMCW-LD
(Univision in Medford)



- Radio stations:
 - » KGDD (La Gran D 93.5 FM in Portland)
 - » KZZR (La Z 94.3 FM in Government Camp)
 - » KSND (La Pantera 95.1 FM in Monmouth)
 - » KZTB (La Gran D 97.9 FM in Milton-Freewater)
 - » KZGD (La Gran D 93.5 FM in Salem)
 - » KEQB (La Que Buena 97.7 FM in Eugene-Coburg)
 - » PCUN (Radio Movimiento 95.9 FM in Woodburn)

Ads featured recognized, trusted leaders within the Latino and allied communities including:

- Marta Beatriz Navarro Parada, Consulate General of Mexico
- Claudia Gatica de Moreno, Consulate General of Guatemala
- Oregon Governor Kate Brown
- Various community leaders who helped advocate for or implement Cover All Kids statewide.

Additionally, those featured experimented with using colloquial or regional language or both to describe the program and its target population.

Since radio and TV ads ran statewide, they directed people to call the vanity phone number (833-OHP-FORU) or go online (OHPnowCOVERSme.org) to find a local OHP-certified community partner who could help them apply.



Marta Beatriz Navarro Parada, Cónsul Encargada del Consulado de México



Claudia Gatica de Moreno, Cónsul General de Guatemala



Gobernadora de Oregon, Kate Brown

Digital advertising

Digital advertising — both Facebook and web ads — were heavily emphasized in the campaign for several reasons:

1. Potential for reaching people where they are online.
 - a. The Latino community continues to spend more time online and less with other types of media.
2. Flexibility in targeting specific audiences based on their activity online.
3. Ability to measure effectiveness.
 - a. Ad placement companies can provide real-time data on the number of clicks each ad receives.
4. Cost effectiveness:
 - a. Overall, these ads are more affordable than other forms of media.
 - b. There are no hidden variable costs (such as changes in costs depending on location).
 - c. The reach is huge. On average, one ad was projected to receive 202,703 views per month.

Initially, ads were placed in Spanish, Korean, Vietnamese, Simplified and Traditional Chinese. However, in order to expand their reach, and based on feedback from the ad placement agency, English ads were later developed and placed. Given design constraints, digital ads included less content than the other ad types. Ads were geographically tailored to promote local grantees.

The following types of digital ads were placed:

1. Targeted online display ads



2. Whitelist online display ads*

- » Criteria used: Hispanic, multicultural, family, parenting, health and fitness



3. Facebook ads

- » Criteria used: Hispanic, multicultural, family, parenting, health and fitness, men and women over 13, state of Oregon, bilingual



* Whitelist display ads are a curated list of vetted sites that are brand acceptable and geared toward demographic and behavioral target.

Lessons learned

A comprehensive approach is important

It was continually stressed by the SB 558 external stakeholder workgroup and grantees that:

- The Cover All Kids population needs to hear about the program from many different trusted sources to then be compelled to act.
- Given the above, a multi-pronged approach to outreach was important. This included supporting grantees in their local, community-based outreach efforts in addition to elevating the program — increasing its visibility and credibility — through the statewide mixed media campaign.

It's hard to show the effectiveness of most advertisements

It is difficult to know how effective movie theater, transit, billboard and broadcast ads were for the following reasons:

1. There's limited data:

- » Movie theaters provide aggregate data about the number of people who buy movie tickets over a given time. However, they cannot provide specific data about the number of people who actually view the ads. This makes it difficult to track the number of views movie theater ads receive. It also makes it hard to target ad placements for certain movies or movie theater locations based on performance.
- » Transit companies provide aggregate data about their ridership for a given route over a given period. It is impossible for transit companies to provide specific data about the number of riders who view the ads. This makes it difficult to track the number of views transit ads receive per route. It also makes it hard to target ad placements for certain routes based on performance. Further, transit companies that serve more rural areas of the state could not provide demographic data on their ridership.
- » A billboard placement company may provide data about the general number of people who drive, ride, walk or bike by an area. However, it's not possible to obtain specific data about the number of people who actually view ads. This makes it difficult to track the number of views a billboard ad will receive.

2. Grantees may or may not have been tracking:
 - » Overall, grantees did not report receiving many phone calls from people who saw these types of ads.
 - » CPOP believes that not all grantees were routinely asking people how they heard about their services. CPOP should work with grantees to develop a more systemic way for tracking this information in the future.
3. Some ads directed people to call 833-OHP-FORU, while others were customized and directed people to call a local OHP community partner. If there was one number referenced in all ads, it would be easier to track call volume generated because of the various ads placed.
4. At the same time ads were running, grantees were busy outreaching to the community through local collaboration with other partners, community events and other activities. While OHP-Cover All Kids enrollment steadily increased over time, its hard to know what outreach strategies were the most effective in driving this increase. It was likely a mix of all strategies.

Being direct and focusing on plain language may outweigh concerns

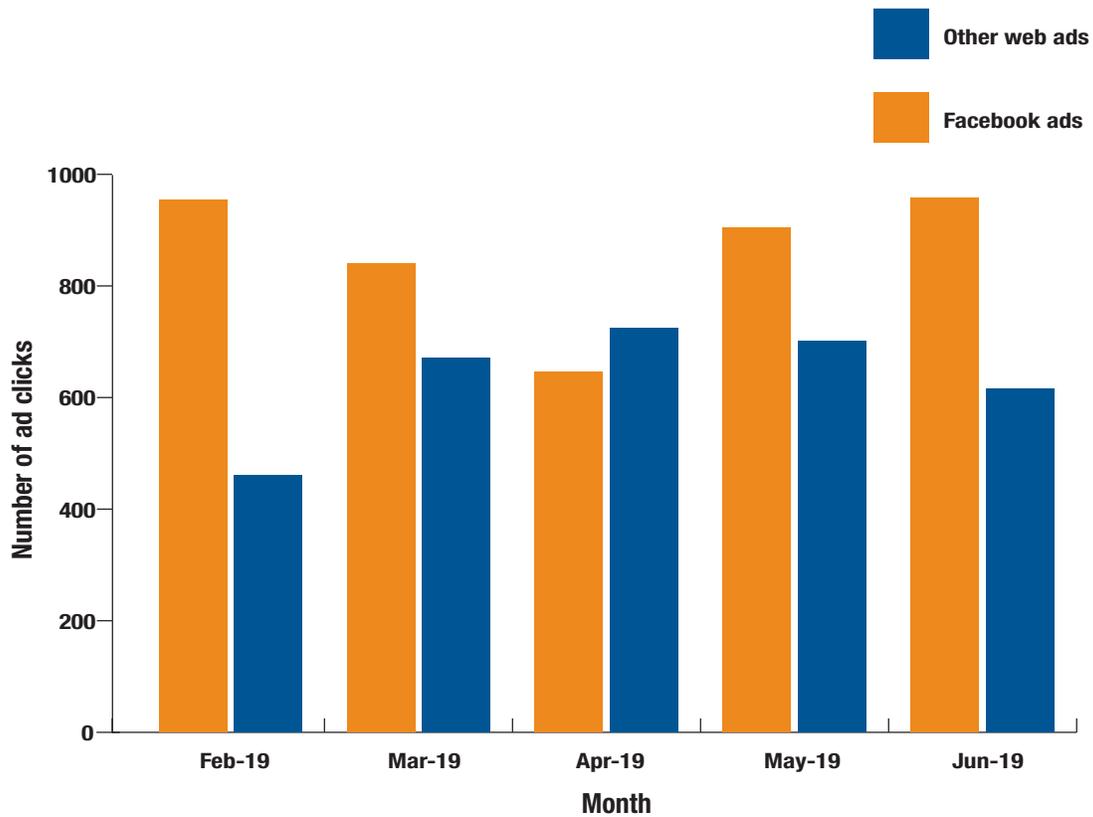
No negative feedback or attention was reported when ads used more direct, colloquial language to describe the program target population in Spanish.

- At first, there was concern that audiences would not be receptive to this kind of language.
- There was also some concern that ads in Spanish with English subtitles would expose the program to unwanted negative attention from non-Latino audiences.

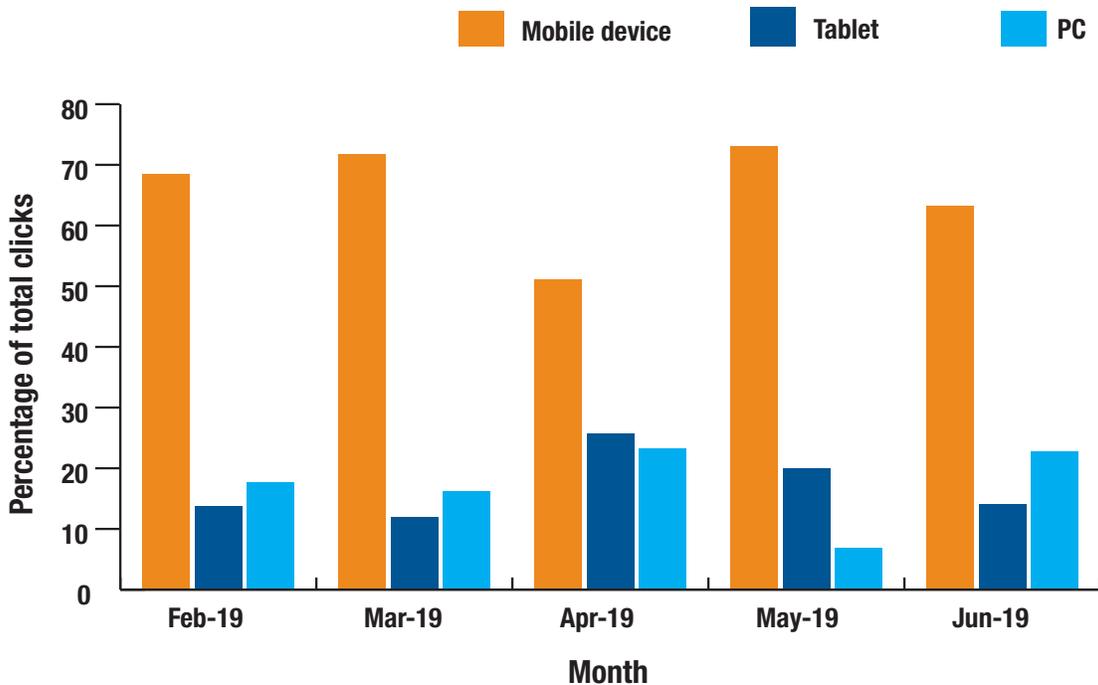
Digital ads worked and Facebook ads performed the best

- Inquiries to community partners, phone lines and the web page all spiked when digital media ads were running.
- On average, mobile devices were used to access digital ads 70 percent of the time.
- In general, there were more clicks on Facebook ads than other digital ads.

Digital advertisements clicks per month



Devices used to view digital advertisements



Appendix A

Senate Bill 558/“Cover All Kids” statewide outreach campaign findings and recommendations

Prepared by Josie Silverman-Méndez, SB 558 implementation lead
Community Partner Outreach Program
May 2018

Background

Effective January 1, 2018, Senate Bill (SB) 558 (a.k.a. the “Cover All Kids” bill) opened the Oregon Health Plan (OHP) to include more children younger than 19, *regardless of immigration status*.

In October 2017, the legislatively mandated SB 558 external stakeholder workgroup was formed. The workgroup advised the Oregon Health Authority (OHA) on culturally and linguistically responsive outreach strategies to maximize enrollment in OHP-Cover All Kids. The workgroup was co-chaired by the Community Partner Outreach Program (CPOP) and the Oregon Latino Health Coalition.

Below, is a summary of key findings and recommendations from the workgroup on the development of the statewide outreach campaign including its branding and core message frame. Information contained is from more than three months of feedback gathering and message testing. Findings from two community focus group sessions are also included.

The statewide campaign development process was designed and led by CPOP with support from OHA|DHS Publications and Creative Services.

SB 558 external stakeholder workgroup findings and recommendations

“The What”

Call it what it is! – Call it the Oregon Health Plan (OHP).

- Community focus group findings:
 - » OHP is known to be “health insurance provided by the state of Oregon.”
 - » OHP is a trusted brand.
 - » When describing the factors that impact eligibility for OHP, this phrasing resonated best: “...income and other criteria.”
- Additionally, feedback received from California’s experience rolling out a similar program validated this (i.e., lesson learned, they should have simply called it “Medi-Cal”).

Develop a campaign slogan. The purpose is to set this outreach effort apart from all other OHP outreach and communication efforts.

- Slogan developed and tested in English and Spanish: “OHP now covers me!” / “¡Ahora OHP es para mí!”

Use the term “state of Oregon” instead of “OHA” or “DHS.”

- OHA is not recognized as a brand associated with OHP.
- DHS is feared, not trusted as a brand, or associated with OHP.
 - » Often confused with the U.S. Department of Homeland Security and immigration enforcement.
 - » Within the Latino community, there’s a negative association with Child Welfare and “losing children.”
- Highlight that it’s a state, not federal program.

Develop a descriptor to be used with the OHP logo to clearly define what OHP is, the costs and to indicate that it’s provided by the state. (Not a federal or private program).

- Descriptor developed and tested in English and Spanish: “Free health coverage offered by the State of Oregon” / “Cobertura de salud gratuita ofrecida por el estado de Oregón”

OHP is known in the community.

- This feedback was validated by community focus group findings. As noted above, OHP is known and trusted as a brand.
- Use plain language. It more accessible and easier to understand. It is also easier to translate into multiple languages.
 - » Use the term “free” instead of “no-cost.”
 - » Use the term “criteria” instead of “requirements” or “factors.”
 - » Use benefit type examples that are commonly requested by the community. This was also underscored by I’m healthy! / ¡Soy sano! project experience in 2017.
 - ◇ Use the term “checkups” instead of “physical health care.”
 - ◇ Use the term “tooth fillings” instead of “dental care.”
 - ◇ Use the term “glasses” instead of “vision care.”

- ◇ Use the term “hospital care” instead of “emergency” or “in-patient care.”
- ◇ Use the terms “labs” and “x-rays” instead of “imaging” or “ancillary services.”
- ◇ Use the term “rides to the doctor’s office” instead of “non-emergency medical transportation.”
- » Use the term “health coverage” instead of “health plan,” “public medical benefits,” “medical benefits,” or “health insurance.”
- » Highlight that it’s “full health coverage.” This is because the community is used to only qualifying for emergency coverage or not qualifying at all.

“The Who”

Use inclusive language.

- Use the term “immigrant” instead of “undocumented” or “undocumented immigrant.”
 - » There was an exception noted for Spanish language outreach. You may be more direct about the target population. You may use the following terms:
 - ◇ “Indocumentado”
 - ◇ “Sin papeles”
 - » The above was also validated by community focus group findings.
 - » Use the term “regardless of immigration status” instead of “no matter their immigration status.”
 - » Use the term “children and teens” instead of “kids.” This is an effort to not alienate an older youth population. Additionally, Asian community partners noted that there is no direct translation in Chinese for “kids.”
 - » Use the term “Oregonians” instead of “residents” or “citizens.”

- » Use the term “who meet income and other criteria” instead of “low-income” or “cannot pay for it on their own.”
 - ◇ The term “low-income” is stigmatizing. Eligibility for those under 19 goes up to 305 percent of the federal poverty level (FPL). This income may be considered middle income.
- » Use custom images for targeted ethnicity groups.

“The How”

Connect to a local community partner for help.

- Highlight an association with OHP.
- Indicate that they are both “trusted” and “certified.”
 - » Community focus group session findings: Like calling vs. going online to find a local community partner.
- Include call to action “Apply to see if you qualify.”
- Underscore that both help and coverage are free.
 - » Use the term “free” instead of “low-cost.”

“The Why”

Underscore that the change came about because of a new Oregon law.

I. Latino youth focus group – English (eight total participants)

Composition:

Participant demographics	
Gender	Female (five) Male (three)
Age	18-24 years old
Language	All bilingual in English and Spanish

Life situation	<ul style="list-style-type: none"> • High school student (one) • GED student (one) • Teen parent (three) • College student (one) • Young adult in the local workforce (one)
Health coverage status	<ul style="list-style-type: none"> • Parent-provided health coverage (one) • Uninsured (one) • KP CHPP (one) • OHP (five)

Key findings:

- The majority stated that they know what health coverage is. They were able to describe it as “insurance that covers medical costs.”
- They receive information about health coverage through the following:
 - » Parents
 - » DHS
 - » Public schools
 - » At the doctor’s office
 - » At the ER
 - » At work
 - » Family and friends
 - » Google
- All identified OHP as “the Oregon Health Plan.”
- All identified the Oregon Health Plan as “Insurance provided by the state of Oregon with eligibility based on income and other criteria.”
- None had heard of an “OHP-certified community partner.”
- Regarding social media:
 - » The majority indicated that they do not use and do not like hashtags.

However, they do use social media:

- ◇ Facebook
- ◇ Twitter
- ◇ Instagram
- ◇ Snapchat

- What the majority stated they mainly listen to: Spanish-language radio stations.

II. Latino parent focus group – Spanish (seven total participants)

Composition:

Participant demographics	
Gender	Female (three) Male (four)
Age	All older than 25
Language	All Spanish speaking
Life situation	• Small business owners (three) • Members of the local workforce (four)
Health coverage status	• Employer-sponsored health coverage (two) • Uninsured (five)

Key findings:

- They receive information about health coverage through the following:
 - » HR Department at work (one)
 - » Independent insurance broker (one)
 - » At the hospital (one)
 - » Oregon Health Plan (four)
- Regarding trusted sources for information about health or health coverage for themselves and their family, they responded with the following comments:
 - » “When I’m looking online for information and ads come up, they show up depending on how much they pay Google. I don’t trust them.”
 - » “Information I receive in the mail.”

- » “Different things from health insurance companies come in the mail all the time. I don’t read them.”
- » “Clinics that tell you, ‘We will cover you 70 percent,’ but sometimes they don’t.”
- » “I trust Kaiser Permanente and OHP only.”
- » “I don’t trust some clinics because when they mail you a bill, it is for more than they said it would cost.”
- All but one participant identified OHP as “the Oregon Health Plan.”
- How they explained the Oregon Health Plan:
 - » “Helps low income families get healthcare.”
 - » “I think a lot of our people use it.”
 - » “You must be low income to get Oregon Health Plan.”
 - » “All I know is it helps with low income people. If you don’t qualify you can get information on other places to get help.”
 - » “Oregon Health Plan is insurance for health and dental provided by the state.”
- Three participants had heard of an “OHP-certified community partner” and were able to describe their services.
- Regarding social media:
 - » The majority indicated that they do not use and do not like hashtags. However, they do use social media:
 - ◇ Facebook
 - ◇ Twitter
 - ◇ Instagram
 - ◇ Snapchat
- What the majority stated they mainly listen to: Spanish-language radio.

Appendix B

Senate Bill 558/“Cover All Kids” CAWEM/CAWEM Plus Auto-Conversion Project

Prepared by Josie Silverman-Méndez, SB 558 implementation lead
Community Partner Outreach Program
February, 2018

Background

As part of early SB 558 implementation, approximately 3,400 CAWEM and CAWEM Plus members younger than 19 had their benefits automatically converted to full OHP coverage with a Jan. 1, 2018 start date. To proactively communicate with impacted members/households, CPOP coordinated outreach and communication efforts. This was based on feedback received from the SB 558 external stakeholder workgroup and California’s experience implementing a similar program. The concern was that if impacted members/households did not receive appropriate, proactive communication, they would be alarmed by the change and would request to be dis-enrolled. (While the state of California was unable to provide data to this effect, partners there provided anecdotal data suggesting there were relatively large numbers of families that requested dis-enrollment after their children’s coverage was automatically switched from emergency level coverage to full Medi-Cal coverage).

Member mailings

Notice of Eligibility (OHP 005; mailed Dec. 6, 2017)

The Oregon Eligibility (ONE) system issued [this letter](#). It showed that “OHP Plus-Cover All Kids” coverage started Jan. 1, 2018.

2018 OHP coverage letters

Households received [two coverage letters](#) about the change:

- In early January, the first letter showed the new OHP coverage.
- In early March, the second letter showed the member’s new CCO enrollment effective Mar. 5, 2018.

CCO enrollment information

Once enrolled, members received a CCO welcome pack, also in early March 2018. Welcome packets typically contain member ID cards and handbooks.

Member outreach

Letter about January 1 changes (mailed Dec. 4, 2017)

This letter (sent in English and Spanish) explained the following:

- What the Dec. 6, 2017 Notice of Eligibility meant
- The difference between full OHP, CAWEM and CAWEM Plus coverage
- How to start using OHP
- How to get OHP information in a preferred language
- Whom to contact for questions (including their assigned OHP-certified community partner, if they had one)

Phone outreach

The week of Dec. 11, 2017, CPOP partnered with OHP Customer Service and OHP-certified community partners to call each household that received letters about this change. The calls explained the changes happening Jan. 1, 2018, the letters members would receive, and answered questions families may have had.

For questions about this report, contact community.outreach@dhsoha.state.or.us.

You can get this document in other languages, large print, braille or a format you prefer. Contact community.outreach@dhsoha.state.or.us. We accept all relay calls or you can dial 711.



Free health coverage
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