



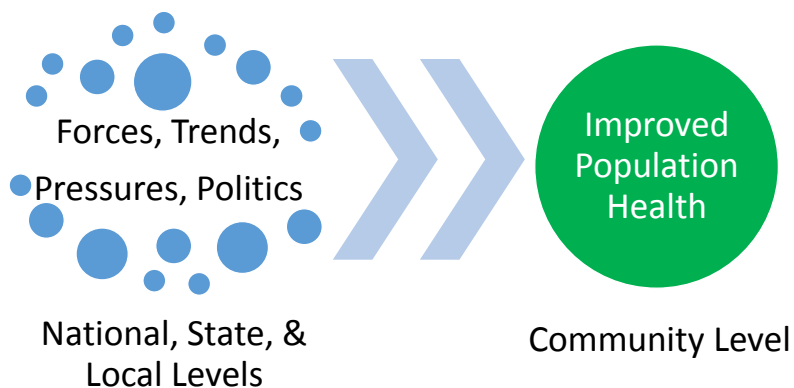
# Assessing the Role of State and Local Public Health in Outreach and Enrollment for Expanded Coverage

Case Study Preliminary Findings

ASPE/RAND/NACCHO

January 28, 2014

## NACCHO's Public Health Transformation Portfolio



# Introductions

## ASPE:

- Amanda Cash, DrPH, MPH
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## RAND:

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- Laurie Martin, ScD, MPH
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## NACCHO:

- Julia Joh Elligers, PhD, MPH
- Laura Snebold, MPH
- Kate Heyer, MPH
- Laura Runnels, MPH CPH

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## Rationale for Study

ACA requires community partnerships in outreach and enrollment

Public health can be an asset

- Data, trusted resource among uninsured, community partners, alignment of core principles

To date, public health role has not been well defined and is not well understood

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# **Role of state and local public health in outreach and enrollment**

Background and methods

Findings and solutions

Conclusions and considerations for future efforts

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## Several Questions Guided Our Approach

What is the role (or potential role) of public health in outreach and enrollment?

What are best practices and models?

What are the barriers and facilitators to public health involvement?

How are public health data being leveraged?

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## Approach

Environmental Scan

- Website review, published and gray literature, semi-structured interviews

Seven Case Studies

- 2-3 day site visits that included key stakeholder discussions, and document review
- Selected for wide variability in public health role, demographic and regional context, ACA implementation.

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## Seven case studies

### Boston, MA

- Large, urban, expansion state

### Eagle County, CO

- Rural, expansion state

### Houston, TX

- Large, urban, non-expansion state

### Illinois (state plus multiple counties)

- Both rural and urban, expansion state

### New Orleans, LA

- Mid-size, urban, non-expansion state

### Tacoma County, WA

- Mid-size, urban, expansion state

### West Virginia

- Rural, expansion state

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## Role of state and local public health in outreach and enrollment

Background and methods

**Findings and solutions**

Conclusions and considerations for future efforts

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## **Public Health Departments play several roles in outreach and enrollment**

Serve as the lead or participating agency in a coalition

Reach out to and communicate with the hardest to reach populations

Education and outreach to define a specific PH role or for joint participation among partners

Leverage their unique roles in communities in compelling ways to accomplish the goals of outreach and enrollment

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## **Public health is sometimes prevented from participating in outreach and enrollment by systemic barriers**

Lack of awareness of the value that public health brings to outreach and enrollment

State policy barriers

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## **System barriers to public health outreach and enrollment (cont'd)**

### Organization of Public Health

- Some LHDs are freer to engage in these types of activities than others due to differences in financing, organization, and local political attitudes
- Few received navigator grants

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## **System barriers to public health outreach and enrollment (cont'd)**

Confusion and even disagreement within the field about what roles PH should play—not all PH leaders agree that outreach and enrollment is a critical function

Enrollment capacity

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## **In some communities public health and its partners developed solutions to address system barriers**

Public Health leveraged its partnerships to develop and coordinate local efforts

Used outreach as an opportunity to provide information on how to access services despite lack of expansion

Changed processes and expectations to account for capacity

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## **Public health and it's partners confronted a number of individual barriers to enrollment**

Individual perceptions of the value of health insurance

- Messaging typically focused on availability rather than importance

Lack of ACA awareness and understanding

- Computer literacy/Insurance literacy/ Insurer problems

Affordability of Insurance

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## **Public health solutions to address individual barriers**

Created or adapted CMS materials on what insurance is and how to use it

Adapted enrollment processes

- Created first-time email accounts for clients

Adapted communication to illustrate costs to consumer without insurance

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## **Role of state and local public health in outreach and enrollment**

Background and methods

Findings and solutions

**Conclusions and considerations for future efforts**

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## Opportunities for supporting PH efforts in outreach and enrollment

National messaging to illustrate the importance of insurance and how it can be used

Funding and education to support PH participation in outreach and enrollment

- Especially needed in non-expansion states
- Education about the important roles public health can play

Data

- Real time information on enrollment

Support for new staffing models

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## Conclusions

Despite barriers, public health has been very active in outreach and enrollment in many communities

Key facilitators of public health involvement in outreach and enrollment include:

- Existing partnerships
- Trust in the community
- Specific focus on vulnerable populations

Limitations: findings limited to case studies selected, but informed by environmental scan

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## **Case study discussants identified a number of future roles for public health moving forward**

Key messenger on the importance of health insurance

Tailoring messages or approaches to vulnerable populations

Leverage data and public health approaches to community health issues to inform approach

Focus attention on how newly enrolled can access health care system and use health care to their benefit—promote health

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## **Next steps: Project**

Publishing seven case studies

Several journal articles focused on:

- Key activities
- Value of Public Health in Outreach and Enrollment
- Supporting Public Health Participation in Outreach and Enrollment
- Individual barriers to outreach and enrollment

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# Reflections & Questions

# Thank You

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