REACHING OUT TO THE UNINSURED

- www.readytalk.com
- Passcode: 4796649
- 1-866-740-1260 (Use phone if you do not have computer headset with voiceover IP)

July 16, 2019

National Council on Aging

Improving the lives of 40 million older adults by 2030
Housekeeping Notes

- We have muted all lines
  - Please type questions into chat
- Slides can be downloaded at:
  [https://www.ncoa.org/event/reaching-out-to-the-uninsured/](https://www.ncoa.org/event/reaching-out-to-the-uninsured/)
  - A recording will be posted after the event
Our Presenters

• Diane Oyler, Vice President of Programs, Health Foundation for Western & Central New York

• Randy Feliciano, Program Manager, National Council on Aging

• Nikki Kmicinski, Executive Director, Western New York Integrated Care Collaborative

• Christine Cheronis, Aging Services and Medicare Health Insurance Coordinator, Chautauqua County Office for the Aging
We advocate for continuous improvement in health and health care by investing in the people and organizations that serve young children and older adults.
Universal Health Care

Goals of the Foundation have historically included improving access to health care for the under-served and vulnerable including: the uninsured, the underinsured, and those with ethnic, social and racial barriers to care.

In 2017, the Foundation adopted the position that access to care is a basic human right, with a goal of closing the gap in coverage by 2027.
Why is this important?

Not having health insurance is a significant barrier to accessing care.

- Less likely to receive preventive care, fill prescriptions, receive care for health concerns

Having health insurance improves health outcomes.

- Reduces infant and child mortality, fewer hospital and ED visits in adulthood, reduces rates of depression
How are we doing?

Still more than 1 million uninsured New Yorkers.

- 9% of African Americans
- 17% of Latinos
- 2.3% of children under age 6
- Children in rural counties are at higher risk of being uninsured

Approximately 60% of uninsured New Yorkers are eligible for programs they are not utilizing.
Role of HFWCNY

Defend and strengthen what works
- Medicaid
- CHIP
- ACA
- FQHCs
- Rural Health Networks
- Supportive Services

Improve access to existing programs
- Strengthen outreach to hard to reach.
- Support and improve enrollment efforts.
- Identify and spread best practices.

Support efforts to close coverage gap
- Build outreach acumen.
- Develop targeted communication resources.
- Build consensus.
Preliminary Insights: Top Barriers to Accessing Coverage

Randy Feliciano
National Council on Aging
Center for Benefits Access
NCOA’s Role

• Health Foundation for Western and Central New York (HFWCNY) engaged NCOA to better understand why uninsured and underinsured chose not to enroll or access insurance
Facilitate Listening Sessions

- United Way of Buffalo and Erie County
  Buffalo, NY
- Elm Church, Buffalo, NY
- Chautauqua Office for the Aging, Jamestown, NY
- Dunkirk Senior Center, Dunkirk, NY
What We Heard From Participants

I knew I’d be asked about what type of insurance I had, not how are you

Social media is not a reliable source of information; I’d prefer to receive a piece of mail ‘cause it’s addressed to me

Too many of the people I trust move away, my children, doctors...

Church or community events where live people are there to explain thing are more helpful

Do I buy groceries or pay premiums? I will go to urgent care if something happens

My parents are educated and they can’t even tell me what kind of plan is best for me
What We Discussed

1. Barriers to obtain & and navigate health insurance
2. Sources of trusted information
3. Current health coverage status
4. Improving outreach/messaging
Top 3 Barriers to Accessing Health Insurance

1. Trust
2. Cost
3. Messaging: to include a push for Health Coverage Education; Health Insurance Literacy
What We Learned/Recommendations

1. Meet communities where they are.
2. Coordinate messaging to reflect the cost-benefit analysis of delaying catastrophic healthcare costs for present insurance costs that provide preventative care options.
3. Create budgets and infographics specific to a person’s current annual income.
4. Make information easy to access and provide information in both printed and digital formats.
5. Provide information in multiple languages.
Western New York Integrated Care Collaborative

Convening the public for listening sessions in an urban setting: Lessons Learned.

July 16, 2019 – Nikki Kmicsinski
WNY Integrated Care Collaborative

• **Hub of an Integrated Care Model:**
  - 9 community-based organizations
  - 3 local government agencies

• **Regional suite of evidence-based/informed health promotion programs** to integrate with clinical healthcare.
  - Chronic Disease and Diabetes Self-Management Programs
  - Diabetes Prevention Program
  - Chronic Care Management Program
  - Healthy IDEAS Program
  - Care Transitions Program
Reaching Urban Participants

- **The Ask:**
  - Convene and recruit participants for 2 urban listening sessions.
  - Participants can be any age adult.
  - Participants should have a variety of health insurance plans (or none at all).
  - Participants to receive $100 gift card for participation and we will be reimbursed for refreshments served.
  - 10-20 people per session
Reaching Urban Participants

• **The Initial Plan:**
  Ø Scheduled 2 Sessions, mid-day at United Way building in downtown Buffalo
  Ø Recruited through network members, email contacts with flyer and information
  Ø Results: **8 participants** in 1st Session

• **Challenges**
  Ø 2nd session not filling
  Ø **Timing:** During day people had too many conflicts
  Ø **Location:** United Way building was not a usual place for people to attend; more administrative, than community-based; on bus route, but not in a residential or community-based area.
Revising the Plan – “The Quick Pivot”

Ø **Timing:** Switched 1 session to an evening time to avoid conflicts

Ø **Location:** Our Board President, Tim Hogues, is active at his large urban church, Elim Christian Fellowship. He connected us with their Director of Programs who presented the opportunity to congregation members.

Ø **Result:** 22 participants in 2nd Session; aged 52-85
Rural & Urban Communities

Why They Don’t Enroll...

Chautauqua County Office for the Aging
Barriers Identified

#1 – TRUST

#2 – COST

#3 - MESSAGING
TRUST

- Lack of trust in individuals who are not family or close friends
- Lack of trust in outsiders who want your personal information
- Lack of trust in online services or through social media
- Lack of trust because of culture & communication
COST

- Food VS Health Care
- Embarrassment
- Confusion about what is needed and covered
- Age related issues
- Health needs vary, but insurances cover the same way
MESSAGING
• Community values & cultures
• Individual daily activities determine their choices
• Younger adults lean on family and friends for advice on their choices
• Phone assistance is not helpful
• One-on-one assistance is helpful for many and provides less anxiety
Applying Best Practices in Outreach from NCOA’s Benefit Enrollment Center (BEC) Grantees to Reaching the Uninsured
Best Practices from BECs

1. Focus on a limited number of outreach venues to build trust.
2. Utilize health providers to assist with outreach.
3. Allay suspicions around government.
4. Use messages that work.
5. Translate how savings meet other needs.
6. Protect anonymity.
7. Using a peer-to-peer approach.
Questions?

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