

ISSUE BRIEF

TRUSTED HANDS: THE ROLE OF COMMUNITY-BASED ORGANIZATIONS IN ENROLLING CHILDREN IN PUBLIC HEALTH INSURANCE PROGRAMS

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Despite national calls for insuring all children, families face a host of barriers to enrolling their children in public health insurance programs. Many of these barriers are rooted in the complexity of enrollment processes, in families' relationships with some traditional enrollment assistance sites and in the accessibility and carrying capacity of the limited number of settings where families can receive enrollment assistance. This shortage of enrollment and retention assistance sites results in a significant number of children who, despite eligibility for programs such as Medicaid or the Children's Health Insurance Program (CHIP), remain uninsured. Economic downturns – whether at the local, state or national level – can exacerbate these barriers as demand for public health insurance grows.¹

*In the face of these barriers, many states are experimenting with both **where** and **how** to provide effective enrollment assistance. While the most common locations for enrollment assistance are state and local social service agencies and health clinics, many states are increasing their network of enrollment assistance sites to include a variety of community-based organizations (CBOs) that typically have not been involved in public health insurance.*



In an analysis of qualitative data from all 50 states on the evolving nature of outreach programs, Williams and Rosenbach confirmed a shift away from broad public awareness campaigns to more tailored approaches to reach eligible-but-not-enrolled (EBNE) families in collaboration with schools, health care providers, employers and CBOs. Some examples of CBOs getting more involved in enrollment assistance include:²

- **Human services organizations**, such as Big Brother and Big Sister programs, children's advocacy groups and legal aid offices
- **Educational institutions**, such as schools and school districts, after-school programs, local universities, private K-12 schools and parent-teacher associations
- **Faith communities**, such as local churches, ecumenical groups and faith-based charities
- **Other public agencies**, such as local fire and police departments, city parks and recreation departments, municipalities, national school lunch program and public libraries
- **Other organizations**, such as county fairs and rodeos, tribal organizations and neighborhood associations.

A TRUSTED-HAND APPROACH TO OUTREACH AND ENROLLMENT ASSISTANCE COMBINES:

- A trusted community organization that has established relationships with the families it serves, as well as a clear understanding of the families' needs
- with-
- A comprehensive approach to enrollment that assists families through the entire lifecycle of a public insurance application – from eligibility assessment to enrollment, renewal and utilization of benefits.

In addition to testing these new settings as entry points into public insurance programs, states and funders are also testing a variety of outreach and enrollment methods, from one-time enrollment fairs to comprehensive “case management” that assists families through the entire process – from eligibility determination to enrollment, renewal and even education about utilizing benefits. Although research has established the effectiveness of a comprehensive case-management enrollment approach in a health care setting, few studies have specifically examined whether CBOs that are not otherwise involved in health care can improve enrollment rates – and ultimately the rate at which families utilize their health benefits – by using such an approach.

The Colorado Trust, a grantmaking foundation, has developed a strategy to test whether such CBOs can use and sustain this approach. The foundation’s theory is that many CBOs are well positioned to overcome many of the barriers to enrollment listed below, and that such CBOs are likely to have the repeated interactions with families that are necessary to navigate complex enrollment and renewal processes. In short, they can serve as “**trusted hands**,” providing ongoing assistance, technical support and guidance to families spanning the entire process of eligibility determination, enrollment and retention.^{3,4} While many community health clinics and Federally Qualified Health Centers already serve as trusted-hand enrollment assistance sites, the expansion of such an approach to more and different types of community-based organizations may help to more effectively reach additional populations.

This brief summarizes existing evidence about how CBOs may help overcome some of the barriers families face when first entering into the public insurance system. Too, it briefly explores what challenges and successes CBOs may experience specifically when providing *comprehensive* assistance, rather than one-time enrollment events or when assisting only with the initial stages of an application. Finally, it provides an overview of an evaluation underway to test the trusted-hand approach in a variety of CBO settings in Colorado as a strategy for reaching the hardest-to-reach children and supporting them through the lifecycle of a public health insurance application.

» UNDERSTANDING THE BARRIERS IN COLORADO TO ENROLLING CHILDREN IN PUBLIC HEALTH INSURANCE PROGRAMS

Efforts to increase and sustain public health insurance coverage are vulnerable to a variety of programmatic and policy barriers that may make it more difficult for families to receive coverage. In Colorado some of the most common barriers include:^{5,6}

- Stigma associated with applying for Medicaid or other public assistance programs
- Negative experiences at government agencies that offer enrollment services for public assistance programs
- A lengthy and onerous application with confusing instructions
- Inefficient information systems
- Complicated documentation requirements, including citizenship and identity verification
- A lack of timely communication regarding eligibility and enrollment status (e.g., approval, renewal or appeal)
- Too few application assistance sites that provide ongoing support
- Understaffed and over-worked government agencies responsible for timely processing of applications
- Reluctance of non-citizen or immigrant parents to pursue coverage for their eligible, U.S.-born children, especially when applying at a government agency.

These persistent barriers suggest a need for more intensive support from trusted community organizations to successfully enroll families in public health insurance.

» ADVANTAGES COMMUNITY-BASED ORGANIZATIONS OFFER AS ENTRY POINTS INTO THE PUBLIC INSURANCE SYSTEM

A growing body of literature provides compelling evidence that using CBOs as entry points into public insurance programs may yield positive results for certain populations. Drawing on considerable experience working with their communities, CBOs can use grassroots approaches for outreach and provide direct access to diverse groups that often comprise EBNE populations.⁷ Some CBOs may have greater potential for proactive outreach strategies – such as door-to-door recruitment, engaging community outreach workers and soliciting word-of-mouth referrals to other qualifying families – by linking insurance enrollment activities to existing education, mentoring or family support programs. By expanding enrollment assistance to a wider variety of CBOs, public insurance can “go where the families are,” increasing opportunities for the hardest-to-reach families to enroll successfully. Research literature suggests that the CBO characteristics contributing to successful enrollment include:

- **Access.** CBOs often provide culturally-appropriate services to a variety of hard-to-reach populations, including communities of color, non-English speaking families, immigrants, rural families and even homeless or transient families. Because these populations are often already part of a CBO’s existing clientele, CBOs can be well-positioned to engage them and help navigate the enrollment process.⁸
- **Trust.** Families tend to trust and feel more comfortable seeking assistance from CBOs than from government agencies. There is evidence to suggest that CBOs offer a more comfortable, approachable setting than government agencies, especially for families in hard-to-reach populations. For instance, an outreach project in California involving a network of Catholic churches found that trust associated with the project’s affiliation with the churches was key to engaging families in the public health insurance enrollment process.⁷ In contrast, parents from low-income families have noted that completing the application process at a government office can be onerous, frustrating and humiliating.⁹ For newly uninsured families, one study recommends creating enrollment settings outside of social service offices to facilitate families’ enrollment in Medicaid and CHIP.¹
- **Tailored messaging.** Broad-based messages (e.g., media campaigns, newsletters) to enroll eligible families are most effective when delivered in conjunction with local messengers who convey and reinforce the same message.⁶ CBOs, especially those in smaller communities, often have a good understanding of community needs, types of eligible families and available resources. In turn, CBOs can tailor the messages and approaches to specific audiences.

COLORADO HAS A HISTORY OF INVOLVING COMMUNITY-BASED PARTNERS in providing public health insurance outreach. Outreach efforts in Colorado have ranged from using CBOs to determine eligibility on behalf of government agencies to training CBOs how to support families by serving as Certified Application Assistance sites.

Today, application assistance is offered in more than 250 CBO settings throughout Colorado. 153 CBOs provide certified application assistance, with 93 of these being CBOs that have not typically been involved in public health insurance.

Source: Colorado Department of Health Care Policy & Financing.



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- **Flexible schedules.** Approximately 85% of uninsured children come from working families.¹⁰ Requiring working parents or guardians to spend several hours applying for public health insurance during a workday can be a significant deterrent. The problem is compounded when enrollment requires several appointments to provide necessary documentation. CBOs commonly provide services outside the typical business hours to accommodate work schedules.¹¹
- **Proximity.** A recent study found that 41% of low-income families cited the lack of transportation as a common barrier to enrollment.¹² In rural communities without community health clinics, or where public transportation systems or county resources are limited, the problem may be more acute. CBOs can extend the capacity of local enrollment efforts by serving as a convenient location for families to apply.
- **Timelines.** Competing demands, decreasing revenues and increased responsibilities leave government agencies vulnerable to backlogs and delays in the enrollment process, especially in cases where the family needs assistance obtaining the required eligibility documentation. In a study of New York City’s enrollment process, 76% of applicants required assistance to gather the documents needed to prove income, age, residence and/or citizenship.¹³ Applications submitted from CBOs are often more thoroughly completed than applications government agencies receive directly from families submitting applications on their own.⁶ By managing a growing number of families’ application process from start to finish, CBOs can decrease the burden on government agencies responsible for enrolling EBNE families.

» CHALLENGES COMMUNITY-BASED ORGANIZATIONS FACE AS ENTRY POINTS INTO THE PUBLIC HEALTH INSURANCE SYSTEM

While the benefits CBOs can provide in enrolling children in public health insurance are considerable, the literature also highlights challenges they may face. Without careful consideration of these challenges, and strategies to mitigate against them, states, funders and CBOs themselves may find that investments in CBOs as enrollment-assistance sites produce unsatisfactory returns.

- **Inexperience.** Public health insurance enrollment is not typically within many CBOs’ existing mission and objectives, making CBOs more vulnerable to changes in funding and subsequent staff turnover.¹⁴ CBOs often have to add public health insurance enrollment to their menu of services as a new program. As a result, it takes a significant amount of time for an organization to become familiar with the key issues, stakeholders and the complex technical aspects of providing enrollment services.⁶ Adding these services might also require that a CBO build and/or strengthen collaboration with the government agencies managing the public health insurance programs.

- **Fit.** Public health insurance enrollment is often not the initial reason families seek assistance from CBOs, so families may not associate these services with the organization. Consequently, CBOs may need to incorporate strategies to gauge interest and eligibility for public health insurance coverage among those they serve before adding it as an organizational function.
- **Associated benefits.** CBOs may be limited in their ability to link families to the comprehensive range of other public assistance programs that are often introduced to families when they enroll at a government office. For example, if a family qualifies for public health insurance, it often is eligible for other public assistance such as Temporary Assistance for Needy Families (TANF) or food stamps. However, unless the CBO learns how to provide support for those programs *in addition* to the public health insurance program, the family may miss an opportunity that they may have had at a government office to enroll in other programs.
- **Need for support.** Without financial assistance, many CBOs are unable to absorb the financial burden of providing these services, and not all states provide funding to help cover the costs of offering application assistance in CBO settings. Moreover, CBOs often require training and technical assistance to launch and maintain this type of program, much of which comes from state and local governmental agencies that manage the public health insurance programs. Unfortunately, many of these agencies do not have the financial or human resources to meet these needs.
- **Limited links to the health care system.** Ultimately, public health insurance has little impact on families' quality of life unless they take the next step beyond enrollment, namely seeking and receiving health care services. Because CBOs may have little or no experience connecting families with health providers, it may be difficult for them to ensure that families use their medical benefits to access covered health care services.¹⁴ Establishing links to the health care system so that newly-enrolled families can be referred to care can be time consuming for CBO employees.

These disadvantages suggest that simply expanding the network of entry points into the public insurance system to include CBOs may not result in increased and sustained enrollment, much less in an appropriate increase in utilization of benefits. *How* those CBOs provide enrollment assistance may be just as important as *where* families are introduced to the public insurance process. As noted in the introduction, the effectiveness of a case management approach has been well established in health care settings. Yet little is known about whether CBOs can also provide comprehensive assistance that results in increased enrollment *and* utilization.

EVIDENCE SUPPORTING THE USE OF TRUSTED-HAND STRATEGIES

Application assistance in Boston: When uninsured Latino families received community-based case management, the likelihood of receiving coverage increased from 57% to 96%, families were more than twice as likely to be insured continuously for one year, and more likely to obtain coverage faster.¹⁶

Outreach strategies in California: Results from a survey of 55,000 households in California indicate that the use of application assistors, community-based organizations, schools and a program targeting working families was associated with a 6% to 7% increase in children's enrollment.¹⁷

Facilitated enrollment in New York: In New York, "facilitated health enrollers" operate in community-based organizations and health organizations to find and enroll hard-to-reach families, screen for eligibility and help complete the application. In 2005, enrollers submitted more than 500,000 applications.⁸



» HOW COMMUNITY-BASED ORGANIZATIONS CAN PROVIDE COMPREHENSIVE PUBLIC INSURANCE ASSISTANCE

Comprehensive enrollment assistance requires a wide range of activities, including conducting a preliminary screening for eligibility, accurately filling out the application, obtaining the necessary identification and income-verification documents, possibly appealing an eligibility decision, providing information on or referring families to health providers, and conducting follow-up with families and local or state CHIP and Medicaid offices.¹⁵ In broad terms, trusted-hand outreach and enrollment can be “related to anything that helps to identify eligible uninsured children and assist them to enroll, stay enrolled and appropriately use health services.”⁷



While strong evidence supports the use of this approach in a health care setting, less is known about the effectiveness or potential advantages and challenges of employing such an approach in a CBO setting. Why might CBOs be particularly well positioned to use a comprehensive approach to outreach and enrollment, serving as a trusted hand for families over the long term? What challenges might they face? What types of CBOs are most likely to be effective at using such a comprehensive and time-intensive approach?



A trusted-hand CBO can offer the same assistance as a case worker employed at a government enrollment office or health clinic, such as consistent communications about documentation and rule changes or a single contact person to answer questions and follow up on missing information. But integrating comprehensive enrollment assistance into the broader menu of services that a CBO offers may be more efficient and effective than stand-alone enrollment case management. CBOs, such as after-school programs, housing services, food banks, etc., may naturally have more interaction with families than government offices or health clinics that only interact with the family on issues related to insurance or health care. According to recent qualitative research, a CBO trusted-hand approach allows outreach workers to assist with other needs (e.g., provide referrals or information about other community resources) which may facilitate a family’s ability to enroll and maintain health coverage.⁶

However, the trusted-hand approach can be time-intensive and costly, especially when one-on-one or door-to-door strategies are used.^{6, 7, 15} The amount of expertise and time required for a CBO employee to master the enrollment system, including educating clients on benefits and connecting them with a health care provider, can quickly exceed organizational resources. The extent to which a state has

referral or data systems available to help trusted hands identify health care providers accepting publicly-insured patients, for example, will affect how time consuming the work is. There is little empirical research assessing the effectiveness of a trusted-hand approach in CBOs so that funders, the state and CBOs themselves can determine a return on investment.

With sufficient planning, financial resources and collaborative partnerships, it may be possible to address limitations linked to a CBO trusted-hand approach. The following section highlights a current project designed to learn more about CBO models and their potential to increase enrollment in Colorado.

» THE COLORADO TRUST'S EVALUATION OF COMMUNITY-BASED ORGANIZATIONS' ROLE IN INSURING CHILDREN

To help realize its vision of achieving access to health for all Coloradans, The Colorado Trust designed a three-year grant strategy to help expand enrollment of children and youth in the Child Health Plan *Plus* and Medicaid public health insurance programs. In 2009, 19 CBOs throughout the state received grants from The Colorado Trust to provide comprehensive outreach and enrollment services in community-based settings with established access to children.

Prompted by a desire to understand the role and impact of these CBOs, and to fill in the gaps in evidence about the effectiveness and costs of such an approach, The Colorado Trust partnered with an evaluation team from the University of Colorado Denver to conduct a comprehensive evaluation of its grant program. The researchers are collecting data to understand and describe the reach, implementation and effectiveness of the grantees' outreach and enrollment programs.

Specifically, the evaluation focuses on learning more about questions such as:

- **Reach:** Which populations do CBOs reach and not reach?
- **Implementation:** What outreach and enrollment strategies are CBOs using?
- **Effectiveness:** What is the impact of these CBO models and strategies on enrollment, renewal of enrollment and use of benefits?

In collaboration with the 19 Trust grantee organizations, the Colorado Department of Health Care Policy and Financing – the state agency that administers Colorado's public health insurance programs – and a group of technical consultants, the evaluation team has created a tracking database designed to the specific needs of CBO outreach workers. The tool will link grantees' client-specific data with eligibility and enrollment data from the Colorado Benefits Management System, allowing the team to trace individual clients from their first contact with the CBO enrollment assistance employee through enrollment, redetermination and utilization of benefits. Quantitative data will be complimented with three years of qualitative data collected from grantees and clientele.

Integrating comprehensive enrollment assistance into the broader menu of services that a CBO offers **MAY BE MORE EFFICIENT AND EFFECTIVE** *than stand-alone enrollment case management.*

Despite the research providing good rationale for the potential value of the trusted-hand model, especially for populations that are more difficult for government agencies or health clinics to reach, evidence supporting its effectiveness is lacking. Without clear evidence that this model leads to increased enrollment and retention of EBNE families, state and local officials lack good information on which to base important decisions about which outreach strategies to implement or expand. The evaluation study underway provides an excellent opportunity to yield some of this evidence, as well as filling gaps in the literature about the impact of CBO approaches to enrolling and retaining families in public health insurance. Results from this evaluation can help illuminate which outreach strategies and types of CBOs are most effective, providing information that has not been available before because of the lack of adequate tracking mechanisms measuring enrollment outcomes.



» THE COLORADO TRUST EXPANDING OUTREACH & ENROLLMENT GRANTEES

Using innovative, community-based, multi-ethnic outreach strategies, 19 grantees are working to identify and enroll eligible, but uninsured, children and youth in Medicaid and Colorado's CHIP program, CHP+. As listed below, these 19 organizations represent county-coordinated collaborations; after-school programs; clinics; agencies serving low-income families, homeless families and abused children; a school district; and an affordable housing provider. Several grantees are also participating in a Trust-funded evaluation conducted by the University of Colorado Denver Health Sciences Center to assess program effectiveness and identify models for replication.

- American Diabetes Association, Denver
- Boulder County Community Services, Boulder
- Boys & Girls Clubs of Pueblo County, Pueblo
- Boys & Girls Clubs of Metro Denver, Inc., Denver
- Chaffee County Department of Health & Human Services, Salida
- Colorado Coalition for the Homeless, Denver
- Denver Children's Advocacy Center, Denver
- Denver Public Schools, Denver
- Family Resource Center Association, Denver
- The Gathering Place, Denver
- Hilltop Community Resources, Grand Junction
- Hope Communities, Denver
- Inner City Health Center, Denver
- Interfaith Hospitality Network of Colorado Springs, Colorado Springs
- La Clínica Tepeyac, Denver
- Mayor's Office for Education and Children, Denver
- Northwest Colorado Visiting Nurse Association, Steamboat Springs
- Parkview Medical Center, Pueblo
- YMCA of the Pikes Peak Region, Colorado Springs

For more information on The Colorado Trust's Expanding Outreach and Enrollment for Children and Youth grant strategy, please contact Deidre Johnson, Program Officer (deidre@coloradotrusted.org, 303-837-1200).

For more information on the evaluation, please contact Tanya Beer, Assistant Director of Research, Evaluation and Strategic Learning (tanya@coloradotrusted.org, 303-837-1200).

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