

In-Person Assisters Assessment

Help the Community Gain Access to
Health Insurance

Assisters Provide Outreach to Community

- Access Health CT, is offering several one-on-one outreach programs.
- Offered through organizations that are already providing services in the community.
- Provides opportunity to apply for grants to provide extra hours to a staff member, to be trained and certified as an Assister to help residents learn about Medicaid or insurance options and to enroll.

Assister Responsibilities

- Educate individuals about Medicaid and health insurance available from Access Health CT
- Help people sign up for the right insurance for them
- Refer individuals to other sources if they need further information

Purpose of the Assessment

- *Macro*
 - Program implementation recommendations
 - Grassroots marketing approach
 - Training recommendations
 - RFP Design
 - Strategies to eliminate racial and ethnic health disparities
- *Micro*
 - Approaches in 12 communities
 - Potential RFP Respondents

Methodology

- Utilize Thompson-Reuters data and identify 20 zipcodes of highest uninsurance. Add four additional communities in different counties with different characteristics to vary community types
- Identify channels to reach the “people behind the data”
- Contact statewide network of influencers
- Access statewide networks – including faith-based, age-based, cultural, ethnic, health-based, nontraditional
- Develop and deploy materials and instruments based on initial research (SurveyMonkey, influencer interview, City matrix)
- Influencers in each community advise on the community profile, assisted by consultants, organizations, foundations, others

Overview of Findings

- Most residents are completely unaware of the impact of the changes of the ACA
- Residents want to have a say in how programs roll out in their neighborhoods
- Reaching newly-eligible residents will require building relationships with faith leaders
- Faith leaders are leery of “programs” and do not want to engage in transactional relationships – but are open to hearing about ways to help their congregants long-term
- The Navigator and Assister programs will be built on a solid foundation of existing outreach and support programs. The reasoning behind the small size of the grants is that they are additive to a deep reserve of knowledge, experience and infrastructure. Budget cuts could jeopardize this infrastructure.

Strategies

- Refine Outreach Strategies in in each of the seven regions in planning sessions with Influencers. Develop specific outreach plans with Assisters at Training sessions, assisted by Navigators. Utilize community data.
- Connect to other benefits programs, State services and State subcontractors to ask them to add a question “Do you have health insurance?” and a referral to an Assister or DSS worker to their process.
- Connect to VITA sites in appropriate cases – in others, learn from their model – which is similar to Assisters
- Make sure the Assisters reflect the communities they serve culturally, racially and ethnically

Strategies, Continued

- Focus the program around service to the community-- helping the community become healthier and decreasing health disparities— and tracking the results. Assisters and organizations will want to know why it is good to enroll people – how it will help. Provide materials and evidence.
- Connect to Community Transformation Grant Initiative (CTGI) and other parts of the ACA
- Connect to Community Health Centers, Community Action Agencies and other organizations with experience in Medicaid enrollment for assistance in supporting the network of community organizations.
- Reach out to small businesses and faith organizations to reach those who may not be part of other types of networks.

Training

- Most survey respondents requested weekday training
- Several requested half-days or flexible schedules
- For volunteers trainings requested included evenings and weekends
- Several requested online courses available to everyone
- Difficult topics include determining household size
- Re-training will be necessary
- Role play will be a necessary part of training
- Terminology between Assisters and FQHC
- Assisters will need a mentor to walk them through the process the first few times
- Need an approach for Assisters who don't pass the test once, twice
- Pre-test for Assisters

Key Statewide Networks

- Connecticut Association of Nonprofits
- Connecticut Council for Philanthropy
- Community Health Center Inc and Association
- Chambers of Commerce/Merchant Associations/Manufacturing/Women's Business Networks/SBA
- Free clinics
- Regional Councils of Governments – Local Elected Officials
- Associations of Faith Communities
- Connecticut Association of Realtors
- Connecticut Association of Human Services
- Area Health Education Councils
- AARP
- Community College System
- Refugee-serving organizations

Key Statewide Networks

- Connecticut Hospital Association
- Connecticut Association of Directors of Health
- State Cultural and Ethnic Associations
- Connecticut Association for Community Action
- CT Hairdressers and Cosmetologists – DPH List
- Connecticut Library Consortium
- State – DSS, DPH, Health Improvement Planning Council,
- State Commissions
- Hispanic Health Council
- Legal Aid Association of Connecticut
- Connecticut Early Child Care Collaborative

Additional Research

- What worked about HUSKY outreach?
- Massachusetts – what did and didn't work?

Categories of Groups Responding

- Faith Communities
- Health Departments
- Area Agencies on Aging/Senior Centers
- Community-based Nonprofits
- Statewide nonprofits
- Small Businesses
- Municipalities
- Refugee service organizations
- Libraries
- Visiting Nurse/Onsite Care Delivery
- Community Action Agency

Category of Groups Responding, Cont'd

- School-Based Health Center
- Patient Navigators/Project Access
- Community Health Workers
- Youth-serving agencies
- Community Health Center
- Hospital – Parent and Child Center
- Family Resource Centers
- Area Health Education Centers (AHEC)
- Unions/Labor Agency Nonprofit
- Community Centers

Challenges

- Multiple languages spoken – materials and tests cannot be in all languages
- People churn between Medicaid and the Exchange
- Mixed messages/Misinformation
- High cost of insurance
- Stigma of Medicaid
- Finding people who don't usually receive benefits
- Mixed eligibility families
- Fear of government

Waterbury

- Primary Cultures/Languages:
- {Languages} English, Spanish, Albanian, Portuguese
- {Cultures} Puerto Rican, Dominican, Brazilian, Albanian, Portuguese
- Black, Latino, Albanian, Portuguese, Dominican, Lithuanian, Greek, Jewish
- Religious and Cultural Protocols:
- Yeshiva Jewish community
- Albanian Muslim community

New Haven

Hartford

Northwest Corner

- Provides services through Social service departments in town halls coordinated through the Council of Governments as the Fiscal Sponsor.
- Transportation is a key issue
- Foundation for Community Health is willing to play an active role.
- Not a lot of nonprofits
- Would like to plan their own approach – participatory through Navigator in Torrington

Torrington

- Torrington residents will sign up for health insurance at the point of service- i.e. at the health clinic, mental health meetings, soup kitchen, food bank, or school function. They will do it if someone there is immediately available to spell it out for them.
- Primary Cultural identities- Ecuadorian, other Spanish speaking ethnicities, and lower income blue collar families
- Values and Priorities that are widely held- individual responsibility. It is important to overcome this when speaking directly to people- make them understand that this is them taking responsibility for themselves and their families.
- Important community Events- Torrington Marketplace- every Thursday evening (5-8pm, I believe) starting in May and continuing through October. Also, county fairs in Goshen (labor day weekend), Bethlehem (1st weekend in October) and Harwinton (2nd weekend in October). Also, farmers Markets in Torrington Library parking lot, Tuesday, Thursday, Saturday
- Potential Marketing partners- Register Citizen newspaper (daily), Foothills Trader (published by register citizen, mailed to every household weekly), Chamber of Commerce, notices sent home from schools, WZBG 97.3, 89.9.
Pamphlet, brochures for agencies to start handing out. PSAs, radio, newspapers. Word of mouth is very popular in this area. Community Outreach to small businesses.

New London

The 120,000 residents in the 5 towns we serve come from diverse backgrounds, both culturally and socioeconomically. There are many Spanish-speaking residents in New London while in East Lyme there is a growing Asian community.

AHEC 's work is done primarily through collaborations with local health departments, Healthy Start, HUSKY and WIC programs, youth services, churches/ faith based organizations.

Stamford

Meriden

- The 2010 census records Meriden with a population of 60,868: 23.9% under 18 years; 12.9% 65+ years; other 63.2 % with the median age 37.7 years. In 2000 there were an estimated 11,085 disabled residents. Ethnic groups: White 35,809; Hispanic 17,590; Black 4,980; American Indian 118; Asian, 1,250; Pacific Islander 9; other race 1,036; 2 or more races 1,036. The second language after English is Spanish and the Dept. of Health and Human Services has a bilingual capacity. The median income for the 2010 household is \$53,873 with 13.8% living in poverty. In 2011 Meriden was ranked 7th in distressed municipalities.
- Recommended outreach would include: presentations to civic groups and service organizations, newspaper articles, information in church bulletins, flyers to other human service agencies, schools, and PTOs, collaborative meetings to discuss and set up outreach strategies, health fairs, printed information available at the Health Dept. in key locations including entry ways, WIC, health clinic, and youth service bureau, education to colleagues including school nurses who are by the Health Dept.

Bristol

- Bristol is a city with approximately 65k population, with a growing spanish speaking community. The FRC is located at 3 schools with 45% of the students qualifying for Free and reduced lunch (approx. 2400 students from all 3 schools combined). All three schools meet federal guidelines to be a Title 1 school identified with special needs.
- Bristol CT is a quasi-urban town of approximately 60,525 residents. Nearly 10% of residents are Hispanic (but not White), and 83% are White but not Hispanic. 2.5% are Multiracial, 1.9% are Asian, .2% are American Indian, and 3.8% are Black. In the current school year, 20% of public school students are Hispanic. Bristol's unemployment rate is above the national average and close to the state average – ranging from a low of 8.1% in April 2012 to 9.4% in July 2012. The median household income is below the Hartford County and Connecticut state averages. Bristol has seen growing poverty over the last decade. The school system is seeing an increasingly transient student population living in local rental property. Of 24,847 households, over 38% are not owner occupied, and 40.6% of the city's housing units are in multi-unit structures. Births to mothers with Medicaid have grown from 35.1% in 2005 to 43.1% in 2009. In 2010, 38.84% of students were on free/reduced lunch. This figure has grown to 43.8% in the current school year. Bristol Hospital's Parent and Child Center is co-located with the hospital's Women, Infant and Children Program (WIC). Our client "community" is disproportionately lower-income when compare to the general Bristol community: low-income (70%) versus moderate income (30%), Caucasian (70%), Hispanic (20%), African American (5%), Asian (1%), and Multi-Racial (4%).

West Haven

- We have a large Hispanic and middle eastern population. There are 40 different languages spoken in West Haven. We have a 10.1 poverty level. The majority of people who use the library are unemployed and looking for employment. The community is comprised of blue collar workers.

New Britain

- There are 73,261 people who live in New Britain with various socioeconomic backgrounds and over 15 languages including English. Below are the demographics of New Britain • 51.5% of New Britain families are lead by Females • 23.3% are Youth under the age 18 • 11.9% are over the age 65 • The average income is \$39,706 • 20.5% of New Britain residents live in poverty • 35.7% of New Britain YOUTH live below poverty • 47.7% of residents are White • 36.8% of residents are Latino • 10.9% of residents are Black • 4.2% of residents are Biracial • 2.4% of residents are Asian • New Britain High School has the largest enrollment of any high school in the state of CT. (2618). ➤ 53% Latino 26% White 18% African American 3% other • Graduation rates for youth of color in New Britain High School are among the lowest in the state. ➤ In 2010, the four-year graduation rate for black students was 60%; for Latino students was 43%. • Teens enrolled in adult education have often been pushed out of high school. ➤ Between 2006-2010, teen (16-18) enrollment in the credit diploma program at New Britain Adult Education grew 30%. • In 2010, 88% of the teens enrolled at adult education were Black or Latino. ➤ Attained their diploma only 13% of Black students and 10% of Latinos.

New Britain , continued

- Population 73,000 Hispanic-31% White-68% Black-12% Asian-3% Languages-English, Spanish, Polish, Arabic
- Average median income-\$37,629
- Unemployment rate-13% 76.4% of students are eligible for free/reduced lunch.
- Graduation rate-73.9%
- Medicaid recipients-25,653
- SNAP recipients 18,330
- Husky A (kids) 11,383
- Husky A (adults) 6,428 Husky B-401
- WIC children and infants served-2,915

New Britain, continued

- PRIMARY LANGUAGES:-English, Spanish, Polish, Arabic

ENTITIES TO REACH BUSINESS COMMUNITY:-(Business lobbied heavily against healthcare reform)
New Britain Chamber is less volatile than most(against healthcare reform). The would be open to the idea of having resources available for more information and assistance.

- There is a small Polish business organization on Broad St. in New Britain that has begun to organize the Polish community. Contact for this organization is Mr. Adrian Baron

OTHER COMMUNITY ORGANIZATIONS:-There is a Puerto Rican social club. State Representative Bobby Sanchez is very involved/lead contact for the group.

C - Town Grocery store has a history of being friendly to community causes. They would likely be open to an awareness or registration event at their store. LOTS OF FOOT TRAFFIC HERE. (This is a place where very successful voter registration drives take place.)

Community Health Center
Hospital of Central Connecticut

BEST ENTRY INTO COMMUNITY: HUMAN RESOURCES AGENCY (HRA)

They have excellent community outreach. They provide access to resources such as workforce training, energy assistance, housing, food, and Head Start programs. They also have satellite locations in town.

Bridgeport

- 77% of Bridgeport's 144,229 residents live at or below the Federal poverty line.
- Bridgeport's median household income is \$38,033; per capita income is \$19,854; the child poverty rate is 29%.
- Predominately minority headed households: 33% are Hispanic/Latino, 29% Black, and 36% Caucasian and other.

Norwich

- Norwich is a suburban community in proximity to two Indian gaming facilities. These organizations employ a diverse group of individuals from various cultures including Chinese, Haitian, Dominican and individuals from various counties in South and Central America. Other towns are very rural.

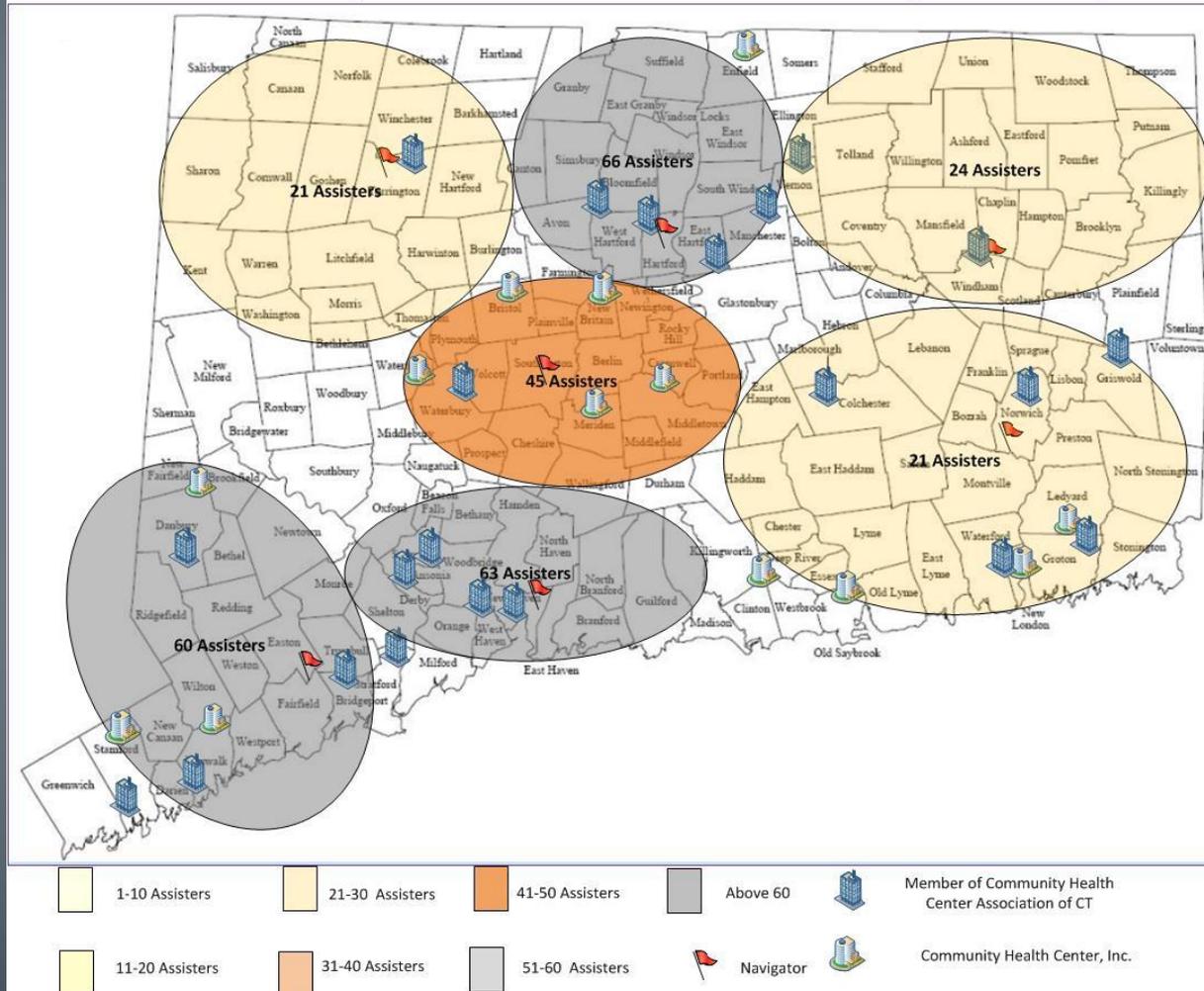
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Danbury

- With a population of 80,893 (2010 Census), the unserved and underserved populations consist of low income individuals and families, people without health insurance, the homeless and elderly, minorities, pregnant women, recent immigrants, residents of public housing and low income children.
- During the past decade, the City has experienced a dramatic change in demographics, with an influx of South American immigrants from Ecuador, Columbia, Peru, Mexico, and Brazil locating to the City. Spanish is the second most predominant language spoken in the household.
- Economically, Danbury is a relatively poor community. The 2010 American Community Survey census data indicates that poverty has risen sharply due to the economic downturn.
- The percentage of children in poverty under 18 years of age fell at 9.9%. 2011 State of CT Department of Social Service figures and school population estimates calculate the number of children enrolled in the State Medicaid program at 30%.

Relationship between Navigators and Assisters

Navigators and Assisters -- Draft Placements (as of 2-26-13)



Interviews – list still in formation

- Bonita Grubbs, Christian Community Action
- Margaret Flinter, Community Health Center, Inc.
- Ellen Andrews, Connecticut Health Policy Project
- Sharon Mierzwa, Connecticut Association of Directors of Health
- Aldon Hynes, Healthcare Social Media Group
- Dr. Bruce Gould, AHEC, City of Hartford Health Department, UConn, Bergdorf Community Health Center
- Evelyn Barnum, Community Health Center Association
- Frances Padilla, Universal Health Care Foundation
- Jon Atherton, CARE
- Teresa Younger, Permanent Commission on the Status of Women
- Tauheedah Muhammad, Boys and Girls Clubs of Hartford
- Jennifer Keohane, Connecticut Library Consortium
- Robert Fishman, Jewish Federation Association of Connecticut
- Lauri Lowell, Jewish Community Center, New Haven
- Pat Baker, Lina Paredes, Elizabeth Krause, CT Health Foundation
- Alice Farrell, [President and CEO](#) Olive Branch Clinical and Consulting Services
- Jim Horan, Connecticut Association of Human Services
- Nancy Heaton, Foundation for Community Health