

IN A NEIGHBORHOOD NEAR YOU: HOW COMMUNITY HEALTH WORKERS HELP PEOPLE OBTAIN HEALTH INSURANCE AND PRIMARY CARE

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Lack of health insurance has been linked to decreased preventive services, increased hospitalizations and emergency room visits, and diagnosis at later stages of disease, leaving those without insurance vulnerable to poor health outcomes.¹ In 2006, Massachusetts instituted health care reform that by 2011 resulted in the highest health insurance rate in the country, with over 90% of residents having access to a consistent source of care.* The Patient Protection and Affordable Care Act (ACA), signed into law in 2010, will extend health coverage to an estimated 32 million uninsured Americans starting in 2014.

Implementing the ACA's health insurance mandate will require states to reach, educate, and successfully enroll individuals and families who have had little experience with health coverage.² The uninsured are likely to require considerable individualized application and enrollment support. Consumer advocates believe there is a need for ongoing support so that the newly insured retain their coverage, navigate their way effectively through the health care system, and engage in wellness and prevention activities. As many states prepare to enroll millions of low-income uninsured Americans, the experience of Community Health Workers (CHWs) in Massachusetts can inform outreach and enrollment efforts across the country.³

Community health worker is an umbrella term for job titles, such as community health advisor, family advocate, health educator, liaison, promoter, outreach worker, peer counselor, patient navigator, health interpreter, and public health aide.⁴ Effective CHWs understand the populations and communities they serve and are seen as trusted leaders.⁵ In Massachusetts, CHWs are employed by community health centers, and community action, public health, and other community-based agencies to help individuals and families enroll in MassHealth (the Massachusetts Medicaid and Children's Health

*According to estimates from the 2011 National Health Interview Survey, Massachusetts had an uninsured rate of 3.9%, compared with 15.1% for the country as a whole.

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Insurance Program) or other state health insurance programs. To support statewide outreach and enrollment efforts, the Massachusetts Health Care Training Forum (MTF), managed by the Massachusetts Area Health Education Center (MassAHEC) program at the University of Massachusetts Medical School, provides accurate and timely information to CHWs, as well as opportunities for CHWs to meet professionals in their field and provide feedback to MassHealth and other public assistance programs.⁶

Despite the achievement of near universal statewide health insurance coverage, the uninsured in Massachusetts (in comparison with the insured) are:

- More likely to be young (aged 19–34), unmarried, and without a college degree
- Working full-time or part-time (59%)
- More difficult to persuade to obtain coverage, perhaps because most of the uninsured report they are in good or excellent health
- Unlikely to have access to employer-sponsored insurance (ESI), or to have opted out of ESI due to cost
- More likely to have difficulty accessing primary care, and to use the emergency department for non-emergency care.
- Likely to be income-eligible for Medicaid or subsidized private insurance under national health care reform.⁷

OUTREACH, EDUCATION AND ENROLLMENT

State-funded mini-grants and private funders, such as the Blue Cross Blue Shield of Massachusetts Foundation (the BCBSM Foundation), have supported culturally competent consumer-focused outreach and education services throughout Massachusetts to ensure access to health coverage and increase consumer self-sufficiency to maintain coverage and navigate the health care system. The ACA includes funding for Consumer Assistance Program Grants and requires state exchanges to fund “Navigators” to assist individuals and families in understanding the new law and obtaining coverage.⁸

Outreach, education, and enrollment services in Massachusetts are typically free and provided in the native language of most consumers. “These [services] are a big necessity. The process [of applying for health insurance] is very difficult for the community to understand,” says an outreach supervisor at a health center in a small urban area that processes an average of 3,000 health insurance applications annually.⁹ According to figures reported to the BCBSM Foundation, during the period January–September 2012, CHWs in eight organizations funded to provide outreach and enrollment assistance saw a monthly average of 7,471 individuals through 14,512 encounters.

According to a CHW manager, “It is difficult for the uninsured to understand what their options are. They need people who can go into the community and explain what is going to change for them.”¹⁰ Embedded in the communities and neighborhoods they serve, CHWs meet face-to-face with people at food pantries and homeless shelters, housing developments and career centers, barbershops, nail salons and cafes, churches, temples, and mosques to help people become familiar with the insurance application and enrollment process. One CHW persuaded a local café owner to let her come regularly to speak with customers about health insurance. She explained that working with area

businesses is a “win-win” partnership because her on-site presence brings in customers, and she can more easily reach people who need insurance. She declared, “I have a date and time, and they know I’m coming. When you help one person, they bring a friend.”

Another CHW has a rolling organizer that she uses to carry health insurance forms and materials to outreach sites. The materials include a flyer with pictures of herself and her co-worker, which helps people recognize them and, therefore, feel comfortable meeting with them. When someone asks her, “What do you have in there?” She answers, “MassHealth!”

One urban community health center employs residents of nearby housing developments as CHWs so that information and support for enrollment and retention of insurance is regularly available, particularly in areas where the population is transient. Community health workers from this center also go to neighborhood basketball courts to outreach to young adults who are no longer on their parent’s plan, and to let teens know about the center’s confidential health services.

A CHW must be a creative and skillful problem solver. Workers in Massachusetts tell stories of how they help clients who are historically hard to reach apply for health insurance. For example, one CHW helped a man who was homeless and had no identification to track down his birth certificate from another state and successfully apply for MassHealth. She noted that when clients obtain identification, such as a birth certificate or Social Security card, this gives them hope and motivation to address other needs, such as applying for housing and employment.

Ms. D is an example of someone seeking help because of difficulty managing out-of-pocket health expenses. She was retired with Medicare A, B, and D, which did not cover all her costs, and had applied unsuccessfully to MassHealth. After several months of worry, Ms. D met with a CHW who was knowledgeable and experienced with the MassHealth application process. He explained to her that sometimes miscommunication causes people who qualify to be denied. “I made phone call after phone call . . . After two days of trying, we were able to speak to someone from MassHealth who explained the reason why she was denied and suggested that we send additional information so they can reevaluate her case. Despite her anxiety and despair, she was able to trust me. . . .” While she waited for her case to be resolved, the CHW referred her to other resources for assistance with prescription costs. Ms. D found an advocate.

NAVIGATING ACCESS TO CARE

Those who are uninsured often say “I’m okay; I don’t need to see a doctor,” and rely on urgent care clinics or emergency departments to meet immediate health care needs. Others with chronic behavioral health issues seek care in a mental health setting and may not see a primary care provider. Community health workers educate consumers about the importance of having a primary care clinician and the value of establishing a primary care relationship in order to access preventive services, disease management, behavioral health services, dental care, and specialist care.

In urban and rural areas, mobile medical units (often referred to as “the van”) have weekly schedules at strategic locations offering primary care services on a limited basis and enrollment assistance. Typically, area residents line up to be seen at the van. A

CHW at a small urban health center told how she and some of the clinical staff visit wooded areas or “tent cities” to address the health care needs of the homeless. Clients needing follow-up are then connected to a primary care clinician at the local community health center. Once people are enrolled for insurance and are connected to health services, staff provide case management to address their needs. When CHWs perform case management activities, they most often succeed at helping patients sustain relationships with providers.¹⁰

In a rural community, a CHW shared that s/he enrolled a self-employed person who had never had health insurance in their life. The client was anxious about the application process, the expense of the plan, and whether s/he would be approved. The client was approved and then worked with the CHW to obtain primary care and dental providers. For many immigrants and refugees, obtaining insurance and seeking preventive and routine primary care are new concepts; many have previously sought care only when ill and often in the emergency room. Community health workers are advocates for primary care and provide information about why care is important to prevent chronic disease, reinforce the importance of taking medication properly, and stress the importance of follow-up appointments.

SELF SUFFICIENCY

Enrollment specialists stress that initial enrollment is only the first step in keeping previously uninsured people covered.⁴ Supporting consumers to maintain coverage is the next step. Most consumers enrolled in public insurance programs are responsible for renewing their coverage annually. *Churning* (the term used to describe the process of eligible consumers losing coverage because they did not meet renewal requirements in time) is a nationwide phenomenon affecting enrollment in most Medicaid and human service programs.¹¹ According to CHWs, various issues affect retention of health insurance leading to churning:

- Members do not receive important written notices because they move and don't notify the insurer of their new address, or do not make sure their name is on their mailbox.
- Members are unfamiliar with the renewal process and become inactive if they do not respond to mailings, are missing paperwork or submit forms late.
- Members who are not literate need help completing forms.

Community health workers are testing various strategies to educate and empower their clients towards self-sufficiency. For example, showing clients how to access their account page on the state's online human services portal helps them be better prepared to apply for or renew their coverage. While many health centers and agencies offer workshops, one decided to include 1:1 follow-up support for workshop participants to address their specific needs and maintain confidentiality. A senior CHW thinks of self-sufficiency from the perspective of what her clients would need to do if she were not there. Her agency updated its website to include forms as well as the option to email questions and provides computer access for clients who need it.

Community health workers have in the past contacted the state's customer service

center on behalf of their clients. One CHW now encourages her clients to call directly. She'll sit with them while they call, and once they have that experience, they know they can call on their own in the future. She finds that not only are clients, in general, calling on their own, they are learning the best times to call. Another CHW repeatedly emphasized to her clients that they must notify the MassHealth office of an address change, and not rely on the Postal Service's Change-of-Address form. A few months later, she noticed that more clients than usual were coming to the center asking for help with the renewal form. She believes this means they were receiving the renewal notices and acting upon them, and, therefore, were less likely to lose their coverage.

Consumer responsibility is central to maintaining coverage, supported with the expertise and experience of CHWs. This shift to self-sufficiency is not easy. It is often easier for a CHW to just fill out the application or make the phone call than to coach a consumer to take the needed steps. One CHW says, "I would like to see the community educate themselves so they don't need hand-holding, but there's still a lot of work to be done."

There are many significant issues besides health facing the uninsured—low literacy levels, limited English proficiency, unemployment, affordable housing, disabilities, and family dynamics. As one CHW explains, "If you want people to be healthy, you have to take their baggage, too. They will always come to you because there are a lot of things going on in their lives." Community health workers are improving people's lives, especially the poor and underserved, in neighborhoods near you!

Notes

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