

National Center for  
Health in Public Housing

A project of  NORTH AMERICAN  
MANAGEMENT

# Public Housing Primary Care Health Centers (PHPCs): *1<sup>st</sup> Annual Outreach and Enrollment Assistance Survey*



2014

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## About Us

The National Center for Health in Public Housing (NCHPH), a project of North American Management, is supported in part by a Cooperative Agreement grant awarded by the Department of Health and Human Services, Health Resources and Services Administration. NCHPH provides training and technical assistance to strengthen the capacity of federally-funded health centers to increase access to health care, eliminate health disparities, and enhance health care delivery for the millions of residents of public and assisted housing.

The goal is to increase capacity and improve the performance of HRSA supported health center programs and other safety-net providers in meeting the specialized health care needs of public housing residents. NCHPH has developed materials for training and education, disseminated best practices and mentored new grantees.

## Introduction

Section 330 (i) of the Public Health Service Act, as amended, authorizes the Secretary of Health and Human Services to issue grants, cooperative agreements, and contracts to provide necessary technical and non-financial assistance to potential and existing health centers. The Health Resources and Services Administration's Bureau of Primary Health Care (HRSA's BPHC) supports health center programs that provide access to primary care health services for medically underserved communities and vulnerable populations, such as public housing residents.

Public Housing Primary Care Centers (PHPCs) provide public housing residents with access to affordable, high quality, and cost effective health care. These health center programs offer comprehensive care, which includes primary and preventive care, dental, mental health, substance abuse treatment, and pharmacy services as well as enabling services. PHPCs are located on-site at public housing developments or locations nearby, thereby increasing accessibility and reducing transportation barriers. PHPCs are open to all community residents, regardless of insurance status, further reducing access to care barriers.

On October 1, 2013 the Health Insurance Marketplace, as authorized by the Affordable Care Act (ACA), opened in the United States. The ACA requires states to create Exchanges, a marketplace for individuals and small businesses to buy insurance. The goal is to make health insurance easier to access and low-cost for Americans. For people with low incomes, the ACA reduces high out of pocket healthcare costs and gives more insurance options.

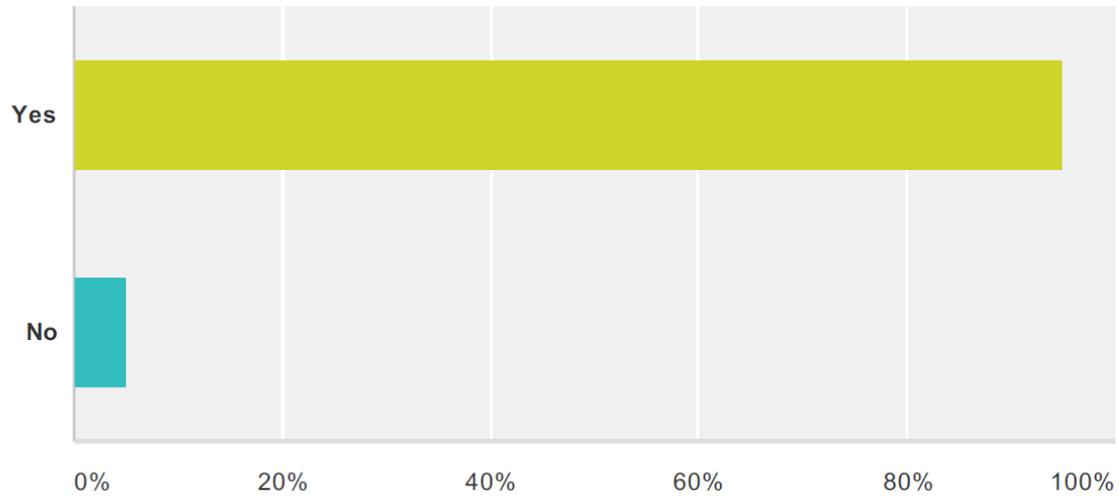
## Methodology

This survey was designed to gather information on health insurance outreach and enrollment efforts being implemented at Public Housing Primary Care (PHPC) health centers. The purpose of the survey is to help the National Center for Health in Public Housing (NCHPH) continue to provide quality technical assistance to PHPCs and other health center programs. The survey was sent electronically to invited participants using web-based survey software. The open period of the survey was February 19, 2014 to March 6, 2014. A total of 76 PHPCs were invited to participate in the survey. The response rate was 26.4%. Survey respondents included PHPCs with and without federal funding to perform outreach and enrollment assistance.

**Results:Q1**

**Q1 Have you or your staff listened to the the Health Center Outreach and Enrollment (O/E) Technical Assistance Call?**

Answered: 20 Skipped: 0

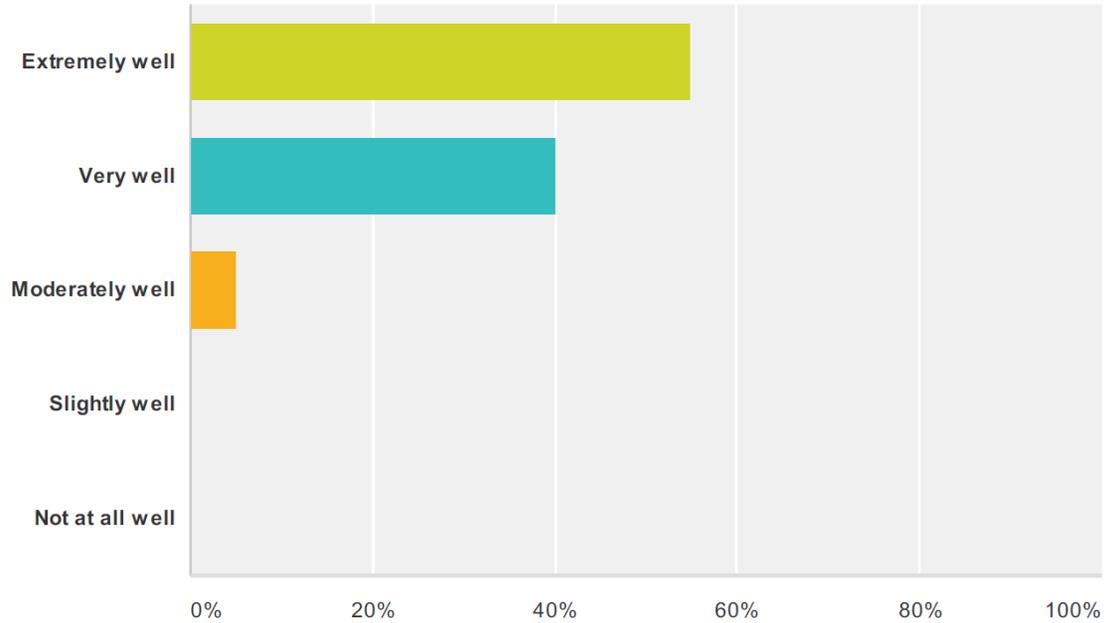


- Most survey respondents (95%) answered “Yes” when asked the question “have you or your staff listened to the health center outreach and enrollment (O/E) technical assistance call?”.
- Only one respondent answered “No”.

**Results:Q2**

**Q2 How well do you or your staff know the training requirements for Health Center Outreach and Enrollment Assistance Workers?**

Answered: 20 Skipped: 0

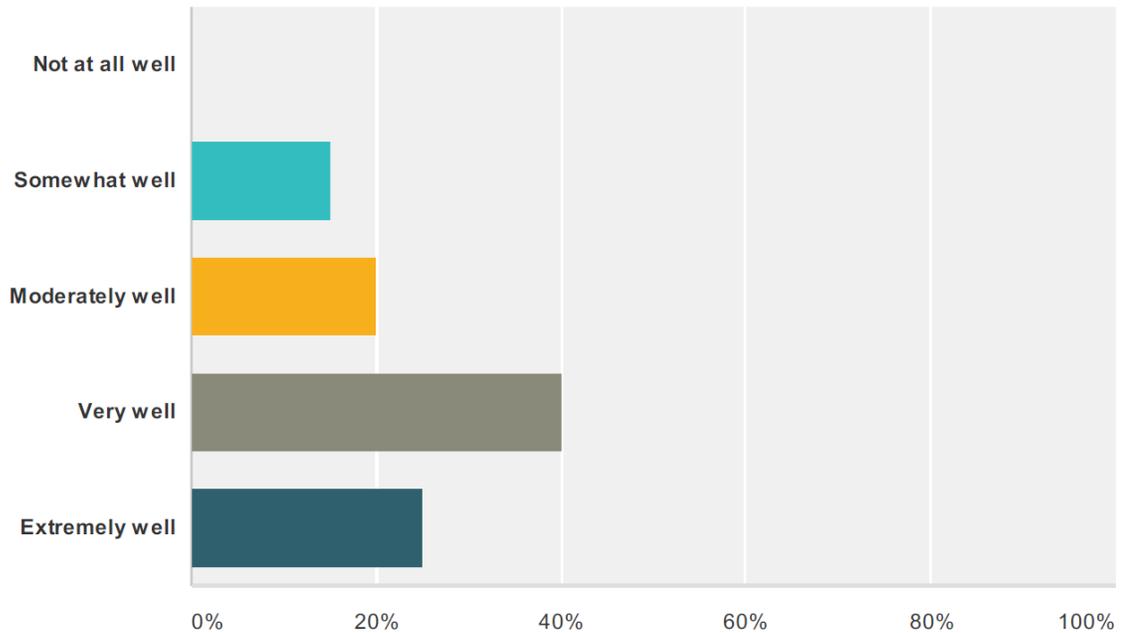


- Approximately 95% of respondents answered at least “Very well” when asked the question “how well do you or your staff know the training requirements for health center outreach and enrollment assistance workers?”.
- The above indicates that many of the PHPCs that responded to the outreach and enrollment survey have a very good understanding of the training requirements for their outreach and enrollment assistance workers.

*Results:Q3*

**Q3 How well are you or your staff able to identify eligible but not enrolled (EBNE) individuals in your community?**

Answered: 20 Skipped: 0

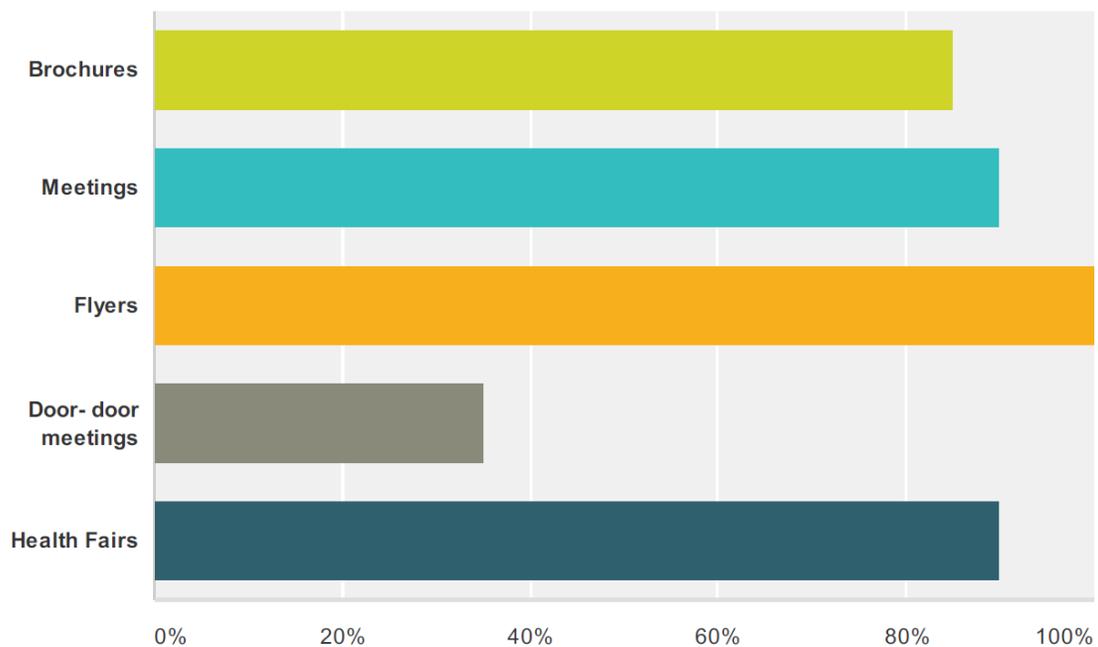


- Only 65% of respondents answered at least “Very well” when asked the question “how well are you or your staff able to identify eligible but not enrolled (EBNE) individuals in your community?”.
- The above indicates that some PHPCs may benefit from additional training/resources on how to identify eligible but not enrolled individuals within the communities they serve.

## Results:Q4

### Q4 Which of the following educational activities or resources do you or your staff use to raise awareness about available health insurance coverage options? (Check all that apply).

Answered: 20 Skipped: 0



The top activities or resources that are used by PHPCs participating in this survey to raise awareness about available health insurance options include:

1. Flyers (100%),
2. Meetings (90%) and Health Fairs (90%), and
3. Brochures (85%).

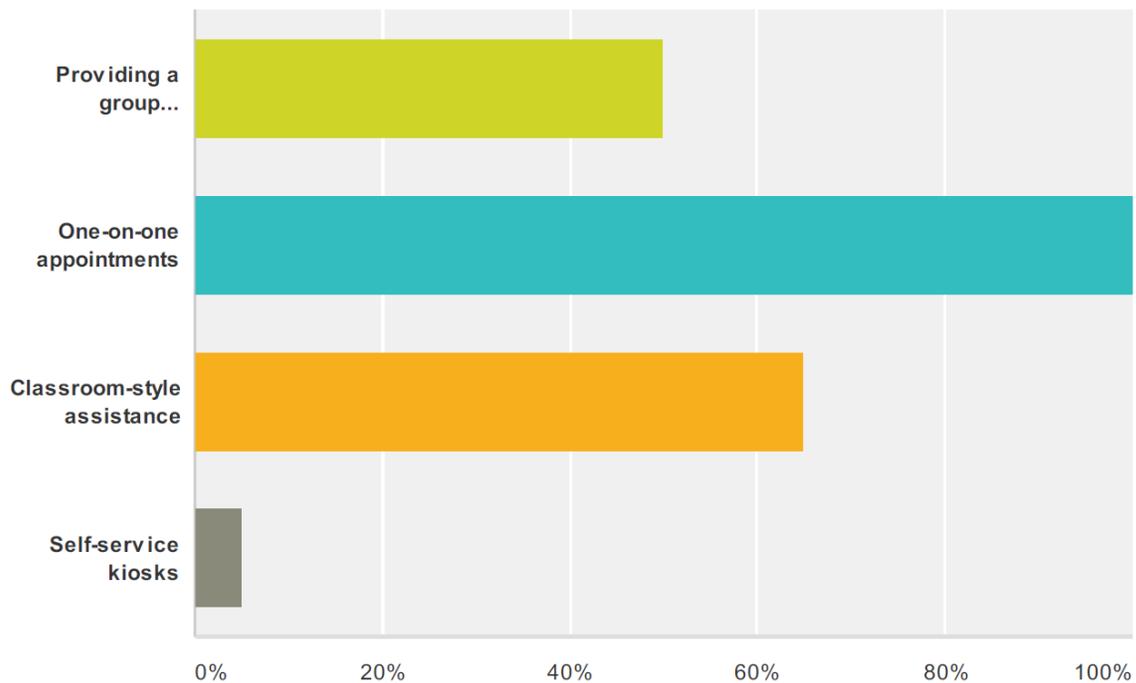
The least used activity is door-to-door meetings. Other frequently cited activities include:

- Forming community partnerships to offer information sessions at organizations such as churches, libraries, social service agencies, and schools.
- Radio, newspaper, media interviews and social media.

## Results:Q5

### Q5 What strategies to address high demands for enrollment assistance have you or your staff used? (Check all that apply)

Answered: 20 Skipped: 0



The top strategies that are used by PHPCs participating in this survey to address high demands for enrollment assistance include:

1. One-on-one appointments (100%),
2. Providing group enrollment options (65%), and
3. Classroom-style assistance (50%).

The least used strategy is self-service kiosks. An additional strategy cited is to train frontline staff to take applications.

## *Results:Q6*

### **Q6 What innovative (unique or unusual) outreach and enrollment methods have you or your staff used?**

Answered: 20 Skipped: 0

There were a variety of responses by PHPCs participating in this survey when asked about innovative outreach and enrollment methods. Some of the more frequently cited methods include:

- Offering night and weekend education and enrollment options to capture the working community.
- Working with community colleges to attract students and adjunct faculty.
- Visiting barber shops, house meetings (where neighbors invite neighbors), and outreach at libraries.

Please see Appendix A for a compilation of all responses to this question.

## *Results:Q7*

### **Q7 What challenges have you or your staff encountered while performing outreach and enrollment?**

Answered: 20 Skipped: 0

A number of challenges were cited by PHPCs participating in this survey when asked about challenges they may have encountered while performing outreach and enrollment. Some of the more frequently cited challenges include:

- Problems with healthcare.gov website.
- Discrepancies in eligibility.
- Not enough staff/volunteers to perform outreach and enrollment.
- Skepticism, cynicism, confusion and resistance to “Obama Care”.

- Enrollment process can be slow and time consuming.

Please see Appendix B for a compilation of all responses to this question.

### ***Results:Q8***

#### **Q8 The National Center for Health in Public Housing (NCHPH) currently provides webinars, fact sheets, brochures and PowerPoint presentations regarding the Affordable Care Act and health insurance coverage. What additional resources would you like to see created that can assist you or your staff with performing outreach and enrollment?**

There were a variety of responses by PHPCs participating in this survey when asked about current resources offered by NCHPH and the creation of additional resources to assist with outreach and enrollment. Some of the more frequent responses include:

- Best practices for reaching underserved populations.
- Resources to educate the public including newspaper inserts, flyers, webinars, TV and radio ads.
- Satisfaction with the current efforts. They are very helpful and seem to work well.

Please see Appendix C for a compilation of all responses to this question.

## *Conclusion*

As implementation of the Affordable Care Act moves forward, PHPCs will continue to play a significant role. PHPCs represent an ideal model of care because services range from prenatal care to chronic disease prevention to treatment of chronic illnesses and diseases to health education and much more. PHPCs are a part of the safety net and are designed to treat the whole patient through culturally-competent, accessible, and integrated care. With the release of grant funds and resources, PHPCs are equipped to keep residents up to date on the ACA, help residents enroll in the Marketplace or help them apply for Medicaid/Medicare.

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**For questions or comments regarding this report, please contact the National Center for Health in Public Housing at 703.812.8822 or via email at [health@namgt.com](mailto:health@namgt.com)**

## *Resources*

[National Center for Health in Public Housing](#): Use this webpage to find links to Affordable Care Act Resources, including healthcare.gov

[Working Together to Expand Your Outreach and Enrollment Efforts](#): This resource provides slides from a joint webinar presented by School-Based Health Alliance, CMS, Health Outreach Partners and North American Management

[Connecting Consumers to Coverage](#): PowerPoint slides on outreach and Enrollment from an Enroll America webinar.

[Outreach to Residents of Public Housing](#): Use this monograph to discover tips on how to reach residents of public housing.

[Health Center Outreach and Enrollment Assistance](#): This HRSA resource provides guidance to health centers on outreach and enrollment assistance.

## *Appendix A:*

What innovative (unique or unusual) outreach and enrollment methods have you or your staff used?

- 1) "Walk in evening enrollment hours"
- 2) "Our outreach team has connected with a total of 60 school based afterschool coordinators. This has expanded our capacity and has allowed us to partner on events that are already well established and attended."
- 3) "Our team travels anywhere we are asked and present in any venue possible...churches, businesses, civic meetings and even political forums (as long as we are not asked to do anything other than present facts)."
- 4) "Multilingual staff Community engagement."
- 5) "We are doing 5 radio advertisements/day."
- 6) "Library outreach hours throughout the area."
- 7) "Informational tables at Libraries."
- 8) "Volunteer liaisons in our waiting areas with tablets to start explaining information."
- 9) "Radio. Print and all of the above."
- 10) "Nothing too unusual or unique: staff have targeted users of the health center, Community Action programs, community college services and the general community through paid and earned advertising."
- 11) "Week end classes."
- 12) "Working Nights & Weekends To capture the working community."
- 13) "Multilingual staff."
- 14) "We are working with the local Community College to attract students and adjunct faculty to enroll; we have an upcoming event on March 7th to be held in a 20-station computer lab in order to accommodate the maximum number of people possible."
- 15) "Our health center has developed a plan to enrich their effective contacts. In order to upsurge enrollment and make the best use of the additional funds that were received to enhance Outreach and Enrollment initiatives, the Director of Enabling Services has authorized all existing 13 Patient Navigators to undergo federal and

state training requirements, and complete the final state exam (mandated by our state's Department of Insurance) to become certified Navigators. Once fully trained by late January of 2014, patient navigators will serve clients 2 sessions per week at each of the 10 health center locations by educating and enrolling clients into Federal Exchange products. Our health center is defining a session as 4 hours (i.e., 2 half days or 1 full day dedicated solely to outreach and enrollment efforts). The program director has projected that navigators will generate an average of 5 assist and 5 enrollments per week throughout Marketplace open enrollment (March 31, 2014). Post Marketplace open enrollment initiatives will comprise of the combined work of Medicaid and Marketplace applications (due to a qualifying event) throughout the project period (November 2014)."

- 16) "Going to barber shops, libraries, local advisory council office, three public housing sites, property management office, etc."
- 17) "None"
- 18) "Partnering with local Emergency Departments and social services hotline to create referral networks; regular enrollment events at public library."
- 19) "House meetings, where neighbors invite neighbors."
- 20) "Some people do not want to apply right away because they are nervous or not sure, so we use the Kaiser Family Foundation calculator, or the plan estimator tool to give people a good idea of what they might qualify for."

## *Appendix B:*

What challenges have you or your staff encountered while performing outreach and enrollment?

- 1) "The data systems are slow and often go down requiring a switch to paper. "
- 2) "The biggest challenge has been facilitating the enrollment process. The portal didn't function until mid-November and even then it was not fully functioning. Customer service lines have a hold period of over 2 hours. Lots of applicants are claimed as never received application or information not entered correct that prompts to wrong eligibility."
- 3) "Online access at first. Misinformation about enrollment options."
- 4) "Locations/space."
- 5) "We don't have enough trained staff to do Outreach and Education work"
- 6) "Skepticism and Cynicism."
- 7) "Complaints about delays from Medical."
- 8) "We can easily spend almost 2 hours with someone going over all of the plan levels...people find it very confusing and then they still don't apply because they want to think about it more."
- 9) "Delay on website."
- 10) "Persuading young and health consumers to enroll; persuading users of hospital free care and health center sliding fee services that it makes sense to pay even small premiums for private health insurance coverage."
- 11) "De-bunking myths about the ACA Being allowed to present at some venues low participation healthcare.gov problems large number of computer illiterates."
- 12) "Problems with Website."
- 13) "Disinterest."
- 14) "Actually getting people to come out to an event continues to be a challenge. We have hosted events with anywhere from 2 to 25 attendees, and there is rarely a link between the amount of advertising we do for an event, and the event's attendance. We post all events on our website and Facebook pages, with posters throughout our

agency, public/town/city buildings and libraries, schools, etc., and provide press releases and articles to local newspapers to raise awareness.”

- 15)“(1) Hiring delays, completing the required federal and state training prior to the October 1, 2013, open enrollment period; and (2) the trials with the Federal website due to technical hindrances.”
- 16)“The enormous need therefore more O/E volunteers are needed; individuals who are enrolled are still unaware of how to use the benefits.”
- 17)“How to handle enrollees who do not qualify because Pennsylvania did not accept.”
- 18)“Resistance to "Obama Care" in our conservative, Republican town; competition from the local health underwriters who are also partnering with hospital to enroll consumers; ongoing or intermittent technical challenges with healthcare.gov.”
- 19)“Covered California enrollment process is extremely cumbersome and takes a lot of time.”
- 20)“The website for one, and then sometimes there have been discrepancies between the healthcare.gov website and yourtexasbenefits.com website in determining people's eligibility for Medicaid/CHIP.”

## *Appendix C:*

The National Center for Health in Public Housing (NCHPH) currently provides webinars, fact sheets, brochures and PowerPoint presentations regarding the Affordable Care Act and health insurance coverage. What additional resources would you like to see created that can assist you or your staff with performing outreach and enrollment?

- 1) "We are satisfied with the current efforts."
- 2) "Right now we are entering phase two of enrollment and we need more information that we can provide our clients about how to use their insurance or what is insurance. We need this information to be in a very visual manner perhaps in video."
- 3) "We just need more time to enroll people. Folks are really just starting to understand. In NC, a state that doesn't support Medicaid expansion, we have had to work uphill against misinformation, and sometimes, flat out blatant lies."
- 4) "Best practices!! Would be helpful!!"
- 5) "N/A."
- 6) "Newspaper Inserts and Door to Door Flyers for public housing."
- 7) "Create more lines for Q&A."
- 8) "None."
- 9) "Webinars for the public."
- 10) "I think we're good."
- 11) "More TV and radio advertisements, emphasizing that ACA is not free, nor will every one qualify for tax credits."
- 12) "Laptops."
- 13) "Don't know."
- 14) "These resources are very helpful. Cannot think of additional ones, off the top of my head!"
- 15) "More direct O/E training/summits, or etc."
- 16) "Increase in funding for outreach and enrollment workers."
- 17) "Those seem to work well."

18) “Best practices for reaching underserved populations; suggestions on how best to engage consumers one-on-one.”

19) “N/A. “

20) “I think we have all that need. Healthcare.gov has excellent resources, and we have all the funding we need for any additional resources.”

Disclaimer:

The National Center for Health in Public Housing (NCHPH), a project of North American Management, is supported in part by a cooperative agreement grant awarded by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA).

This publication was made possible by grant number U30CS09734 from the Health Resources and Services Administration, Bureau of Primary Health Care and its contents are solely the responsibility of the authors and do not necessarily represent the official views of HRSA.