INSURING GOOD HEALTH

A HEALTH INSURANCE LITERACY AND NAVIGATION PROJECT

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INSURING GOOD HEALTH

BACKGROUND

Since the **Affordable Care Act** (**ACA**) was passed in 2010, the U.S. uninsured rate has dropped significantly. Considerable resources have been devoted to outreach and enrollment of the uninsured. A new occupational group, generically called **'enrollment assisters'** (also known as patient navigators, certified application counselors), was created by the ACA to provide no cost assistance to consumers exploring health insurance options and applying for coverage.

The use of enrollment assisters has been shown to increase health insurance enrollment rates in low-income communities.[1] Nationwide, many organizations are involved in enrollment and outreach efforts with the use of assisters.

Despite extensive outreach, nearly 28 million people continue to remain uninsured, especially non-white racial/ethnic groups (African Americans, Latino/Hispanic Americans, and immigrant populations).

The problem is particularly acute in states that did not expand Medicaid through the ACA.[2]

Health insurance enrollment is critical to gains in health status in historically marginalized racial/ethnic communities, where large disparities persist.[3] Some community health centers (CHCs) and federally qualified health centers (FQHCs) continue to serve a high percentage of uninsured patients. CHCs and FQHCs are vital to meeting the health and medical care needs of local communities. CHCs and FQHCs face sustainability challenges, particularly related to their financial capacity, which can be augmented by increasing the number of insured patients that they serve.

Among the population eligible for some form of coverage, the perceived high cost, lack of awareness of ACA provisions, and low health insurance literacy are primary reasons why the uninsured remain without health insurance coverage.[4]

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1. Enroll America. How Millions Got Covered: The Story of Enroll America, the Affordable Care Act, and the Enrollment Campaign that Transformed America [cited 2017 April 7]. Available from: https://www.enrollamerica.org/how-millions-got-covered/
2. Kaiser Family Foundation, a. The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid [cited 2017 April 7]. Available from: http://kff.org/uninsured/issue-brief/the-coverage-gap-uninsured-poor-adults-in-states-that-do-not-expand-medicaid/
3. Kaiser Family Foundation, b. Racial and Ethnic Disparities in Access to and Utilization of Care among Insured Adults [cited 2017 April 7]. Available from: http://kff.org/disparities-policy/issue-brief/racial-and-ethnic-disparities-in-access-to-and-utilization-of-care-among-insured-adults/
4. Giovannelli J, Curran E. Factors Affecting Health Insurance Enrollment Through the State Marketplaces: Observations on the ACA's Third Open Enrollment Period. Issue brief (Commonwealth Fund). 2016 Jul;19:1.

This report includes:

1. The formation of **Insure Detroit**, a **community-based participatory research project (CBPR) partnership** aimed at addressing health insurance and health care navigation challenges in economically disadvantaged areas
2. The development of Insuring Good Health, a novel, multi-media, e-health intervention to address the health aims of the partnership
3. The outcomes evaluation of Insuring Good Health

THE INSURE DETROIT PARTNERSHIP

Given the urgent need to extend health insurance coverage in low-income, historically marginalized racial/ethnic communities, the **Insure Detroit Partnership** was formed. The Insure Detroit Partnership is an affiliated partnership of the **Detroit Community-Academic Urban Research Center** with funding from the **National Institute for Health Care Reform** (**NIHCR**). In 2015, researchers at the University of Michigan reached out to the following Detroit-Metro community-based organizations to form the Insure Detroit steering committee:

- Latino Family Services
- Community Health and Social Services (CHASS) Center
- Arab Community Center for Economic and Social Services (ACCESS)
- Covenant Community Care
- Mercy Primary Care Center
- Enroll America
- Michigan Primary Care Association
- Michigan Department of Community Health

These organizations are involved in ACA-related outreach in diverse racial/ethnic communities. Membership on the steering committee comprised individuals from different levels of the organization-- from executive directors to enrollment assisters. Steering committee members worked directly with key individuals in their organization, including patients, to provide expertise and input on critical phases of the project. Many steering committee members already had a history of working together through other partnerships.

"The most human and right way to work with communities is to use the **community based participatory research** approach. They [communities] need to know this research is for their benefit."

-Madiha Tariq,
Steering Committee Member

The **Insure Detroit steering committee** meets once a month. At their first meeting, the group adopted a set of CBPR principles and generated operating norms to guide the work of the partnership.

INSURING GOOD HEALTH

To increase capacity for health insurance enrollment and navigation among racial/ethnic communities, the Insure Detroit Partnership undertook a project with the goal of creating and evaluating an e-health intervention- **Insuring Good Health**. Available at: **www.insuringgoodhealth.org**

Insuring Good Health is a website available in English, Spanish, and Arabic that includes key messaging around ACA provisions, health insurance eligibility, enrollment and navigation, and elements of coverage to care.

It includes eight, high quality, animated videos of superhero characters who navigate a health insurance/healthcare issue. Enrollment assisters appear in all of the videos and help the superheroes solve their issue. An “Introduction” video foreshadows the story and the enrollment assister's role in helping the superheroes navigate their dilemma. A “Conclusion” video brings together the individual stories into a collective message that strongly endorses the use of enrollment assisters for help with health insurance and healthcare navigation.

The main goal of Insuring Good Health is to better link individuals to enrollment assisters. The website utilizes plain-language principles and storytelling techniques to especially reach populations with low literacy.

All videos are available with English, Spanish, and Arabic sub-titles, and voiceover in Spanish or Arabic. Images from the videos are embedded throughout the website, which provides expanded content from the videos.

DEVELOPMENT OF INSURING GOOD HEALTH

The content and focus of Insuring Good Health was informed by focus groups conducted with key racial/ethnic populations in Detroit: African American, Latino/Hispanic, and Arab American/Middle Eastern groups. [5]

KEY FOCUS GROUP THEMES:

- Although health insurance is perceived as important, **confusion and frustration persist** around health plan coverage, eligibility requirements, and enrollment
- Some participants who reflected on their success with health insurance navigation mentioned that **enrollment assisters were credited with alleviating some of these frustrations**
- **Technology was found to be a central** part of participants' lives
- **Receiving information through a video format** was preferred to better digest complex information
- **Participants mentioned a preference for videos** that are short, contain a manageable amount of information, move through content at a quick pace, and are available in multiple languages

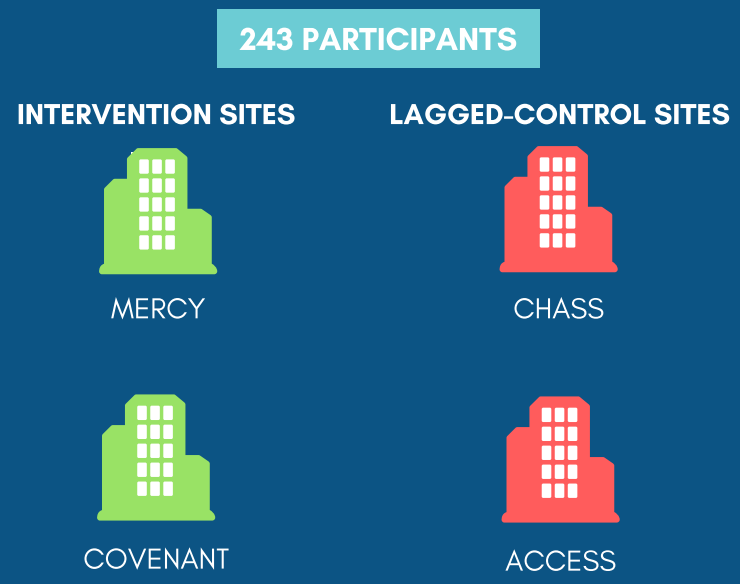
Storytelling was endorsed by the steering committee as a method of communicating information that could resonate across cultures and literacy levels. Storytelling is an effective method for inspiring behavior change that can simplify complex ideas while making them actionable.

A media production and consulting firm, **Honey Locust Health**, was hired to develop the videos, creative concept, and website.

EVALUATION METHODS

A lagged-control randomized study design was employed at four community health centers within the Insure Detroit Partnership to evaluate Insuring Good Health:

- Mercy Primary Care Center
- Covenant Community Care
- Community Health and Social Services (CHASS) Center
- Arab Community Center for Economic and Social Services (ACCESS)

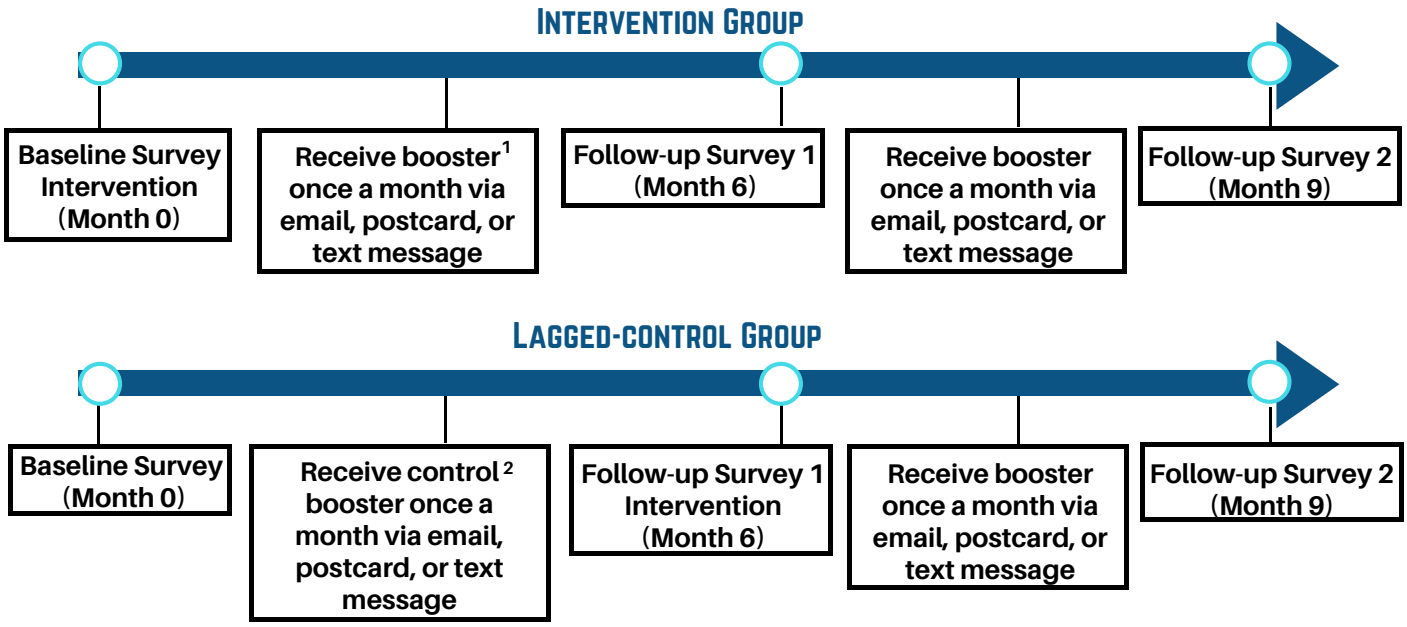


5. Patel MR, Jensen A, Ramirez E, Tariq M, Lang I, Kowalski-Dobson T, Pettway J, Famulare M, Lichtenstein R. Health Insurance Challenges in the Post-Affordable Care Act (ACA) Era: a Qualitative Study of the Perspective of Low-Income People of Color in Metropolitan Detroit. J Racial Ethn Health Disparities. 2017 Feb 7:1-8.

EVALUATION CONT.

Figure 1 depicts the evaluation design. Sites were randomized. We recruited 243 participants across sites. Data were collected from participants at baseline, and 6 and 9-months post-baseline. At 6-months, participants from lagged-control sites received the intervention.

Figure 1. Evaluation diagram for what intervention lagged-control participants receive at specific time points.



1. Booster included website link and motivational image with preferred character. Intervention group received boosters every month after baseline survey/intervention.
2. Control booster included general health and wellness information relevant to the community. Lagged-control group received control boosters every month after baseline survey until follow-up 1/intervention.

EVALUATION AIMS:

1) Examine the impact of Insuring Good Health on behavioral outcomes compared to existing information and resources to navigate insurance coverage.
2) Examine short-term vs. long-term differences in behavioral outcomes resulting from engagement with Insuring Good Health.
3) Examine differences in outcomes from Insuring Good Health between key racial/ethnic populations in Metro Detroit.

Potential participants were recruited at random from client rosters at each site by site staff/volunteers.

ELIGIBILITY CRITERIA:

- 18 years of age or older
- Self-identify as non-white
- Access to a telephone

OUTCOMES:

All data were collected through self-report survey measures adapted from the validated Health Insurance Literacy Measure.[6] Items were measured on Likert scales. Multiple items comprised each outcome. Items were summed to create a score for each outcome.

PRIMARY OUTCOMES

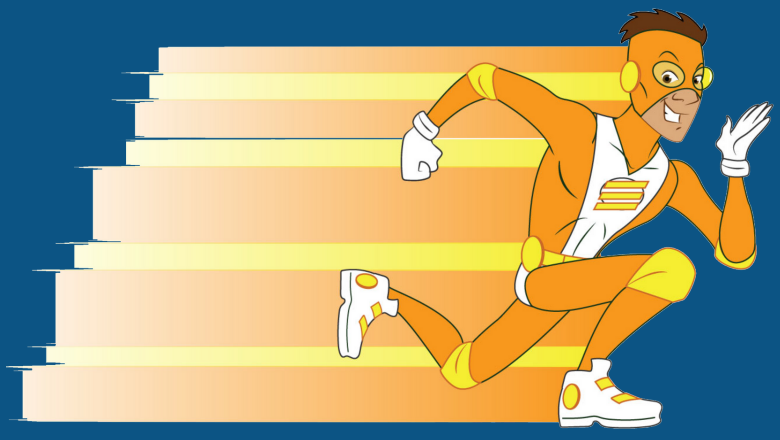
- **Knowledge** around enrollment, eligibility and insurance terms
- **Beliefs** around health insurance, preventive care, and care seeking
- **Intention** to seek help with health insurance navigation
- **Confidence** in navigating provision of insurance, understanding insurance plans, and navigating coverage

6. Paez KA, Mallery CJ, Noel H, Pugliese C, McSorley VE, Lucado JL, Ganachari D. Development of the Health Insurance Literacy Measure (HILM): conceptualizing and measuring consumer ability to choose and use private health insurance. J Health Commun. 2014;19 Suppl 2:225-39.

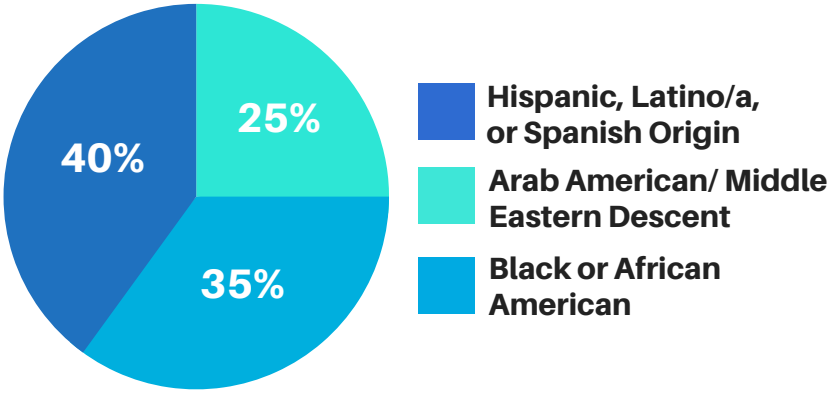
EVALUATION RESULTS - SAMPLE

There were 243 participants who were screened eligible, consented to participate, and completed the baseline survey. At 9-months post-baseline, 213 participants completed the study, resulting in an 86% retention rate.

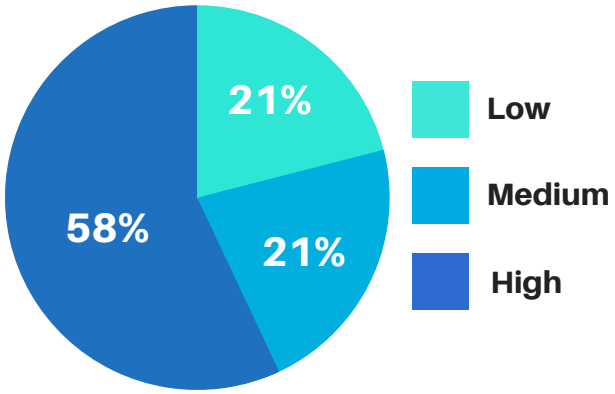
- Mean age 43.4 (SD=13.0) years
- 74% female
- 73% reported being diagnosed with a chronic disease
- 65% reported an annual household income <$20,000
- 58% reported high school or less than high school education
- 51% were married
- 42% were working full- or part-time



Race

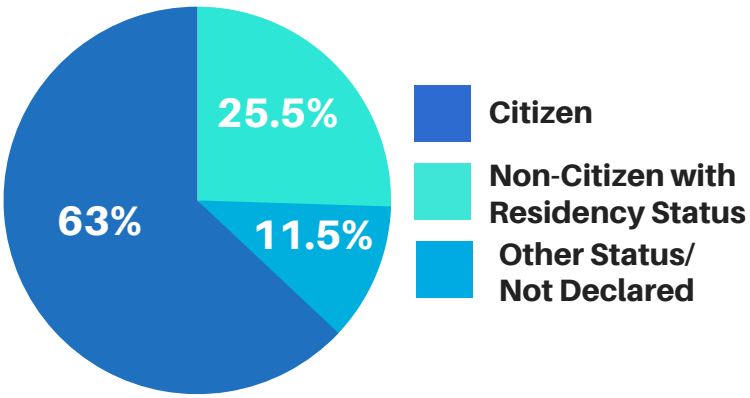


Health Literacy Level*

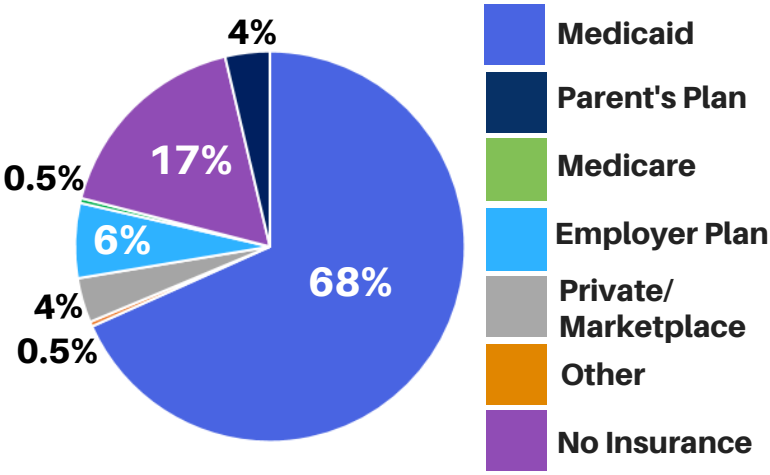


* Health literacy was assessed at baseline using a validated measure

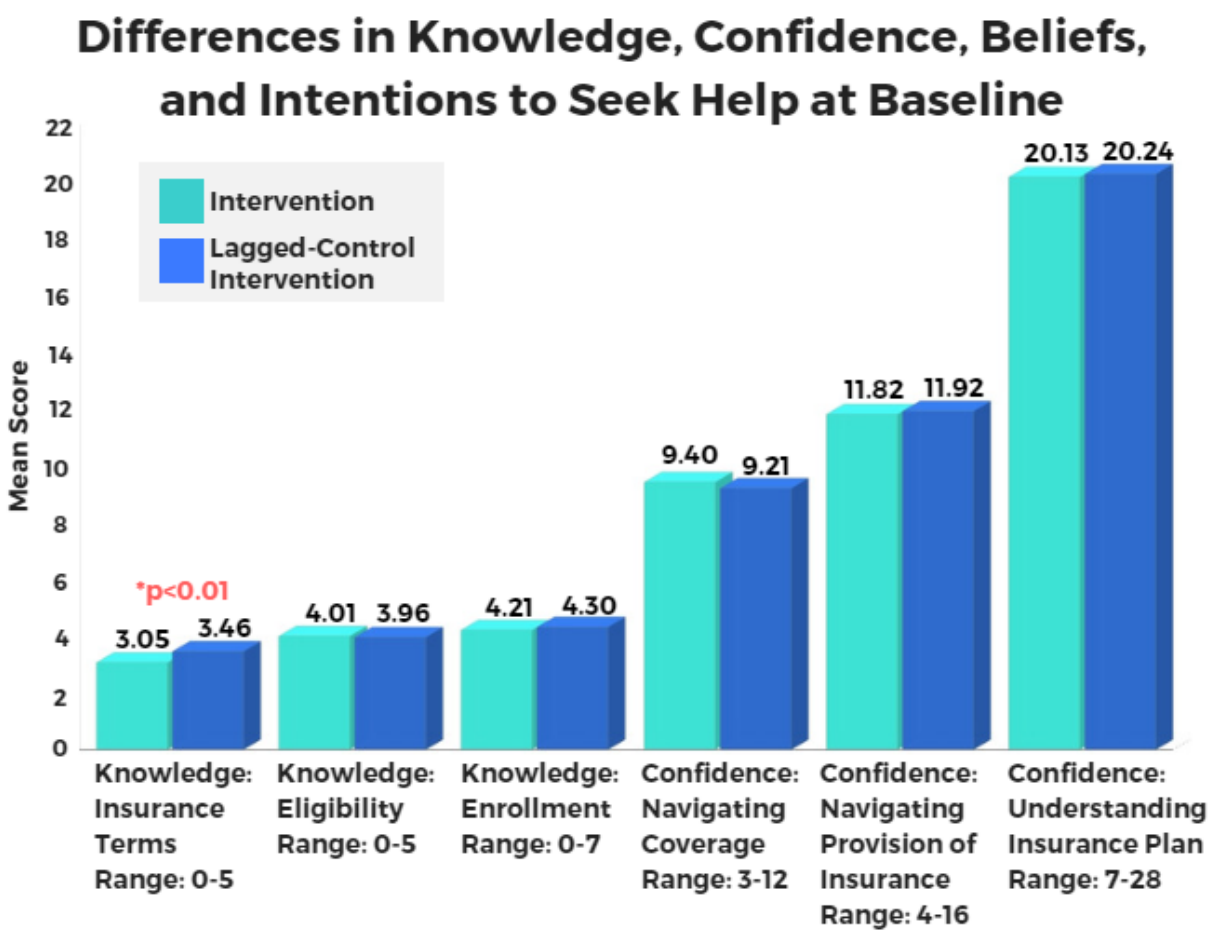
Residency Status

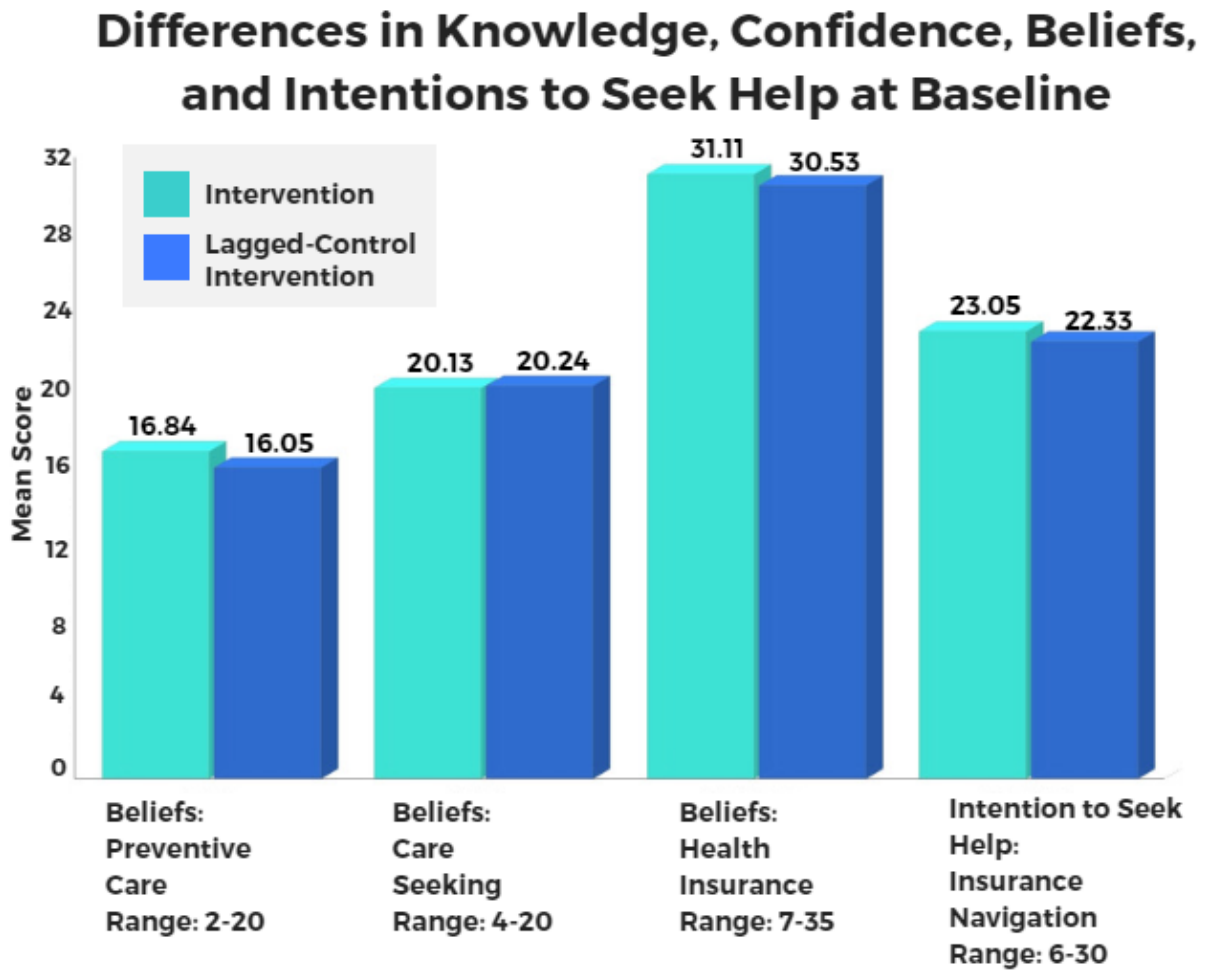


Insurance Status



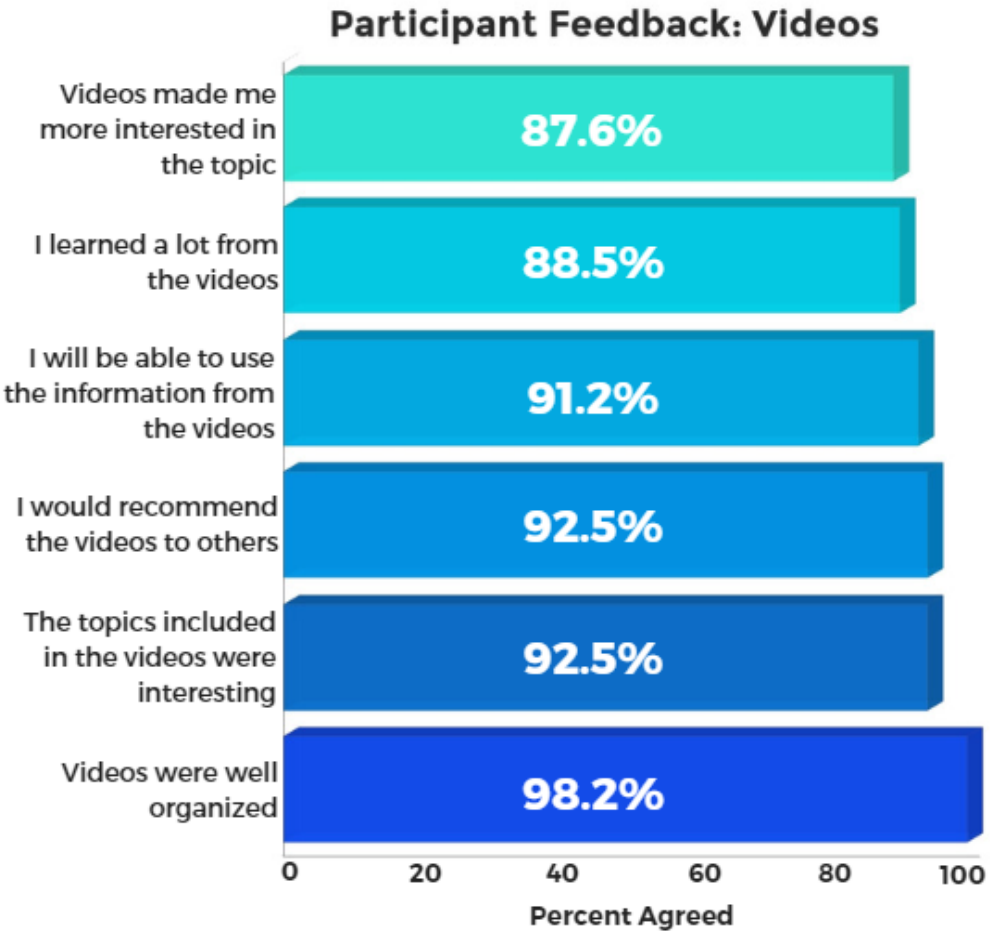
DIFFERENCES IN OUTCOMES AT BASELINE

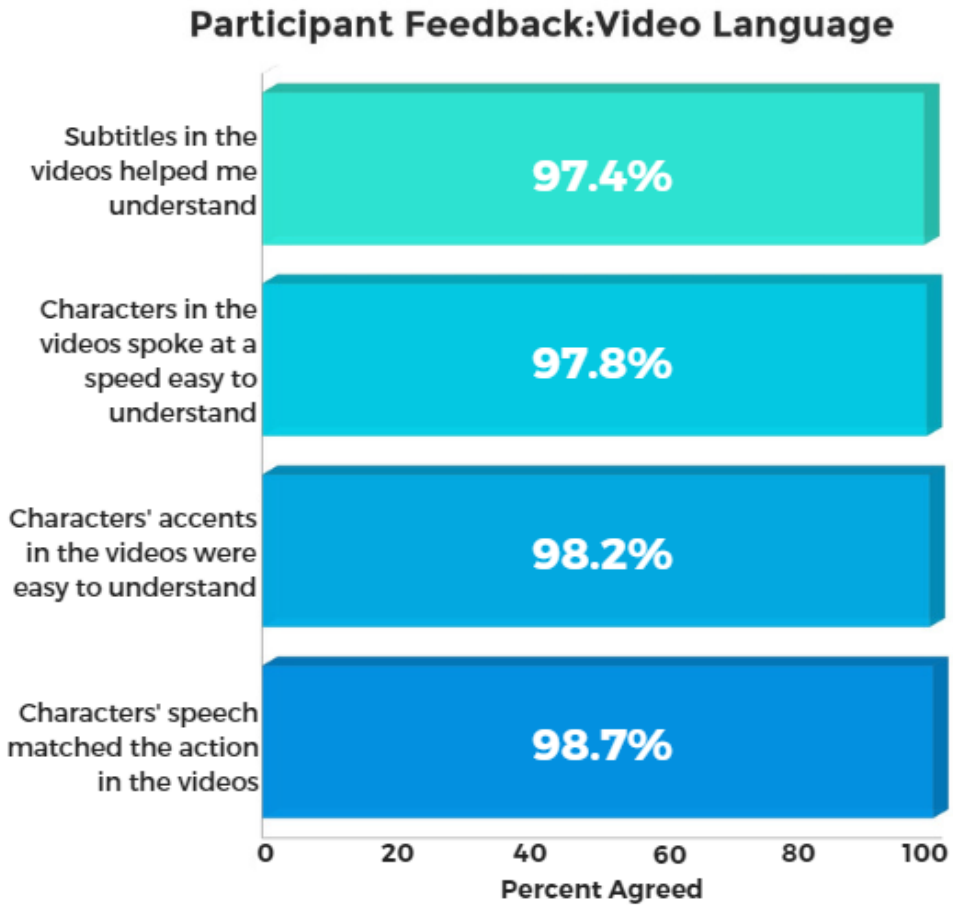




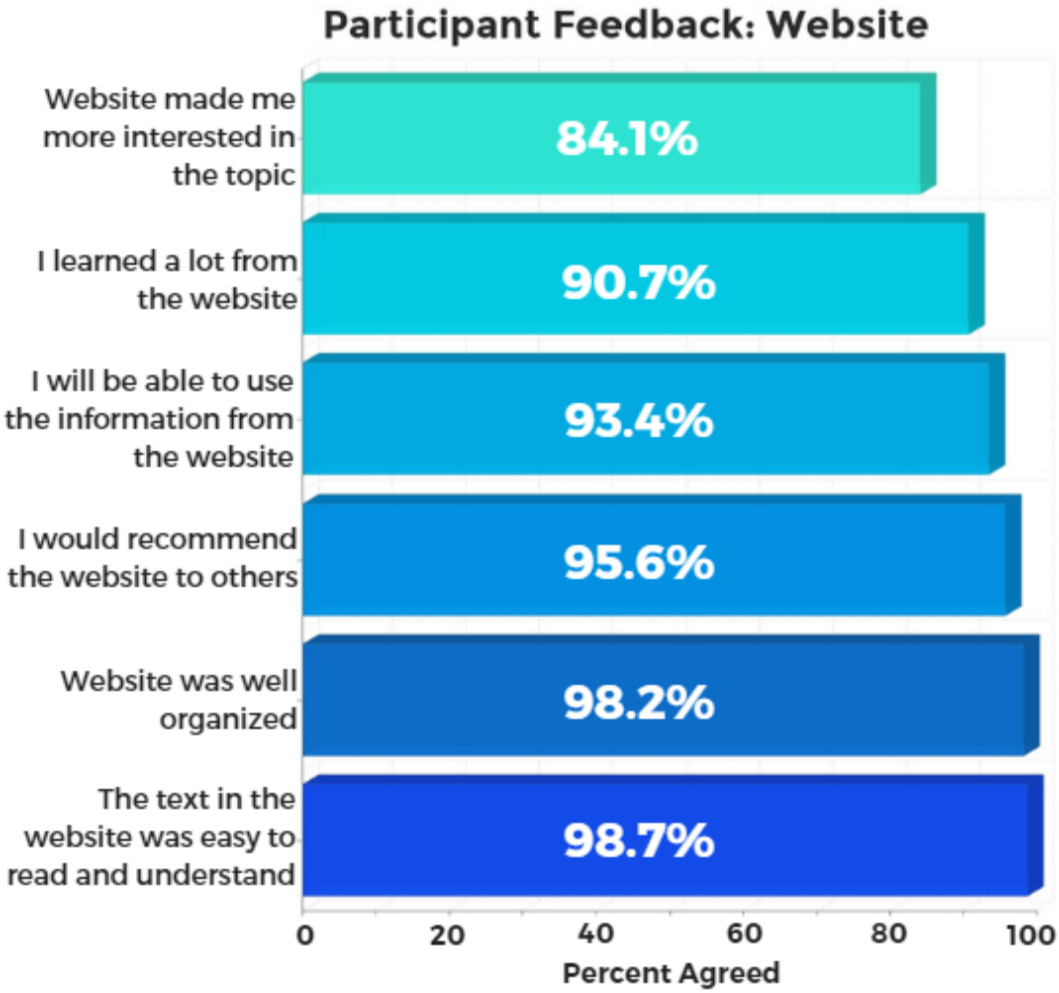
MAIN FINDINGS

Insuring Good Health was highly acceptable among participants.





MAIN FINDINGS



FROM THIS EVALUATION, NO STATISTICALLY SIGNIFICANT SHORT-TERM BENEFIT ON BEHAVIORAL OUTCOMES WERE OBSERVED BETWEEN INSURING GOOD HEALTH AND USUAL PRACTICE.

LONG-TERM BENEFITS OF INSURING GOOD HEALTH COMPARED TO USUAL PRACTICE:

- **Greater intention** to seek help with health insurance navigation ($p<.01$)
- **Stronger beliefs** around seeking preventive care ($p<.001$)

LATINO/HISPANIC PARTICIPANTS GAINED THE MOST SHORT-TERM BENEFITS FROM INSURING GOOD HEALTH:

- **Greater improvements in knowledge** around eligibility ($p<.01$)
- **Stronger beliefs** around the importance of health insurance ($p<.01$) and seeking preventive care ($p<.001$)
- **Increased confidence** in navigating health insurance enrollment ($p<0.01$) and understanding their insurance plan ($p<0.001$)

IMPLICATIONS

PRACTICE

Insuring Good Health is well suited to support community members in seeking out comprehensive resources such as enrollment assisters to navigate their health insurance and use their coverage - especially for preventive care. Insuring Good Health can be made available to diverse racial/ethnic communities, and can serve as a useful outreach tool for community organizations and an adjunct to existing methods.

RESEARCH

Although Insuring Good Health incorporates multiple behavior change elements including storytelling and vicarious experience, multi-component strategies may be needed to demonstrate short-term and more immediate changes in behavioral outcomes. More research should evaluate ways that Insuring Good Health can be coupled with other behavior change techniques.

DATA ANALYSES

All analyses were conducted using SAS 9.4. Descriptive and bivariate analyses were conducted to examine the baseline data of participants by treatment arms in order to understand the effect of blocked-randomization. Multiple linear regression models with inverse normal transformations on the outcome were used to compare the intervention effects on changes of the following longitudinal outcomes from baseline to both 6 and 9-month follow-up: confidence in understanding insurance plan, confidence in navigating provision of insurance, intention to seek help with health insurance navigation and care, and beliefs on health insurance, care seeking, and preventive care. Inverse normal transformation was used to ensure the normality for the outcomes, a step of variable transformation for the validity of applying classical parametric hypothesis testing or regression methods. Proportional odds logistic regression models were used for the modeling of ordinal categorical outcomes where intervention effects were compared on the changes of the following longitudinal ordinal outcomes from baseline to both 6 and 9-month follow-up: confidence in navigating coverage, and knowledge of enrollment process, eligibility and insurance terms. Models were adjusted for age, marital status, head of household, educational attainment, household income, residency status, and presence of a chronic disease. We found that these potential person-level confounders were not randomly distributed across intervention arms due to the site-based, instead of person-based randomization we used. The blocked-randomization helped us to balance many site-level factors which, otherwise, were hard to be measured and dealt with in our analyses.

Subgroup analyses through the similar regression models examined outcomes between racial/ethnic groups at 9-month follow-up, specifically between Arab American or Middle Eastern and Latino/Hispanic participants, and African American and Latino/Hispanic participants. Lack of balanced groups at 9-month follow-up precluded a direct comparison between Arab American or Middle Eastern and African American participants. Alpha values less than 0.05 were considered significant.