



ISSUE BRIEF

THE EFFECTIVENESS OF BOOSTING PUBLIC HEALTH INSURANCE ENROLLMENT THROUGH COMMUNITY EVENTS

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» IN THIS BRIEF

Many organizations rely on community festivals and other events as one means of reaching out to and enrolling children in Family Medicaid and Children's Health Insurance Program Plus (CHP+). While this is a popular outreach strategy, there has been little research on the effectiveness of these methods in increasing enrollment. This report provides a brief examination of this issue among The Colorado Trust's Outreach & Enrollment grantees.

Based on published research and the experience of Trust grantees, it appears ill advised for organizations to attend broad-based events such as health fairs and community festivals as a primary method of identifying and enrolling children. Participating in such events is time consuming and results in few, if any, completed insurance applications. However, promoting Medicaid and CHP+ at community events may be an effective way to raise awareness about insurance options for children.

Every year across Colorado, groups dedicated to increasing the number of children with health insurance attend community festivals and other events in a push to enroll eligible children in Family Medicaid and/or the Children's Health Insurance Program Plus (CHP+), the two primary public health insurance programs for low-income children and families. While much has been written to promote the use of community-based strategies to identify and enroll uninsured children in public health insurance, little research has examined the effectiveness of specific outreach methods such as community events.¹⁻³ Nonetheless, such events remain a favorite approach among many children's health insurance advocates. What can be learned about the effectiveness of such an approach to outreach and enrollment? Based on the experience of The Colorado Trust's community-based outreach and enrollment grantees, as well as literature examining other outreach projects around the country, this brief explores lessons learned about the strengths and limitations of using community events as an outreach and enrollment strategy. It also offers recommendations from practitioners for designing events to improve results.

» BACKGROUND

Colorado has a long history of event-based outreach to the uninsured. Approximately a decade ago, the Colorado Department of Health Care Policy and Financing (HCPF) hired Child Health Advocates (CHA), a nonprofit organization, to promote the CHP+ program to new families. Along with investing in a mass-media marketing campaign, CHA discovered what states across the country have found true: coordinating with community partners to attend small events such as back-to-school nights and community gatherings seemed to be an effective way to raise parents' awareness of the program.⁴ Several years later, outreach workers with the Medicaid program began engaging in similar methods but with the specific aim of helping already-enrolled clients understand and use these benefits. In recent years, the goals of increasing enrollment and assisting clients have merged, and most organizations that promote Medicaid and/or CHP+ now view "outreach" holistically, including application completion and enrollment, making certain the enrolled receive health care services and re-enroll in coverage, as necessary.

FIGURE 1**TRUST GRANTEES**

- Recreational organizations
- Affordable housing community
- Health clinics
- Urban school districts
- Adult day centers
- Governmental agencies
- Community resource centers
- Homeless coalition
- Other youth- and family-serving organizations

Although these different goals of outreach encompass the needs of a range of existing and prospective clients, determining the effectiveness of outreach efforts is difficult when there are so many possible outcomes. For example, if the goal of an event is to increase the use of preventive health services by Medicaid clients, an event that results in 10 children receiving check-ups might be considered successful, whereas one that results in 10 new clients but no receipt of medical care may not. In recent years, many funders, policymakers, researchers and program directors have raised questions about the overall impact of these approaches, particularly when they are specifically used to identify and enroll new clients.

Applying for public benefits can be a cumbersome and frustrating experience. Barriers to enrolling in and maintaining Medicaid and CHP+ have been well documented, and include problems obtaining the necessary documentation, difficulty understanding and completing the application, and experiences of shame, embarrassment or humiliation when interacting with governmental offices or employees.⁵⁻⁷ In recognition of these barriers, in 2008 The Colorado Trust provided funding to 19 public and nonprofit community-based organizations (CBOs) to develop new approaches to reaching out to and enrolling children who qualify for Medicaid and CHP+ but are not currently enrolled (see Figure 1). Now in their second year of funding, the majority of grantees participate in community-based events as part of their outreach and enrollment efforts. As one element of the project's overall evaluation, the University of Colorado Denver evaluation team was asked by The Trust to examine the impact of participation in these community-based events on enrollment in public health insurance programs.

» THE IMPACT OF COMMUNITY-BASED EVENTS ON PUBLIC HEALTH INSURANCE ENROLLMENT

**FIGURE 2
COMMUNITY EVENTS**

The Colorado Trust grantees participate in numerous types of community events as part of their outreach efforts:

Enrollment Fairs

- Medicaid/CHP+ mini-enrollment fairs
- Resource fair for homeless families
- Employee benefits events

Health Fairs

- Statewide
- Small, agency-based

Community Festivals

- County fairs
- Music festivals
- Latino community celebrations

Other Events

- Neighborhood association meetings
- Back-to-school and school-based events
- Faith community events

Unfortunately, there is a scarcity of research evaluating the effectiveness of specific public health insurance outreach strategies.^{3,8} Because of this, the evaluation team interviewed staff from nine CBOs that participated in at least one community event as part of their Trust-funded outreach efforts to learn about their experiences. These organizations varied in nature and size, ranging from small offices and medical clinics to larger recreational centers and governmental agencies, and the events they attended included festivals that attracted hundreds of people as well as meetings that brought out a few families. Our goal was to learn why organizations participated in these activities, what they gained from their experiences, what they thought contributed to a "successful" event and what they would not do again. We were particularly interested to know whether participation at these events ultimately led to new completed applications and more families enrolled in public health insurance.

On the whole, virtually all of the outreach workers described positive experiences at events. Some interviewees were excited about the large number of people who saw their display, and others believed that being part of these events created opportunities to engage in face-to-face conversations about public health insurance benefits and how families can best use them. The types of events the grantees attended fell broadly into four categories (see Figure 2): health fairs (events focused specifically on improving individual health), benefits fairs (events geared toward explaining public or private benefits and helping people enroll and access them), community events or other gatherings. Aside from events that were formally geared toward connecting clients with specific programs or benefits (which were attended with the intent of identifying and ultimately enrolling eligible clients), many of the grantees described broad goals for their attendance at events, including "education" about public health insurance benefits and "getting the word out" about their programs.

When we looked at the impact of these events on actual enrollment, several factors appeared most relevant to generating completed applications. First, the **purpose** of the event mattered: Was the event a health fair that offered medical screening and health education, was it a community festival focused on music and food, or was it something altogether different? Second, the **population(s)** that the event was designed to reach mattered: Did it target families with young children, newly homeless families or anyone

and everyone? Finally, the **ways staff engaged** with participants during and (especially) after the event mattered: Did staff make a point of talking to attendees? Were people who needed public health insurance physically directed to the booth, or did they stumble on it themselves? Did outreach workers follow up with potential applicants? The remainder of this brief describes these findings in greater depth, concluding with several recommendations about choosing and participating in community events as part of efforts to bolster enrollment in public insurance programs.

Structured Activities or Festivities: What is the Purpose of the Event?

Although the grantees spoke enthusiastically about the value of outreach events for “getting the word out,” some venues proved more effective than others in generating completed Medicaid/CHP+ applications. National research confirms that events centered on connecting families with services and benefits appear to result in the largest numbers of completed applications, particularly when compared to community celebrations or general neighborhood gatherings (as an example, see Figure 3, which describes the activities of one Trust grantee).⁹ In 2009, Colorado Department of Health Care Policy and Financing (HCPF) assisted communities across the state with organizing “mini-enrollment fairs” or events focused solely on helping new clients enroll in Medicaid and/or CHP+. One outreach worker who participated in the fair in her region observed that by the end of the day, the event staff had seen approximately 300 families, and of those who qualified for Medicaid or CHP+ the majority left the event either fully enrolled or with presumptive eligibility status (which enables families to temporarily receive medical care while they complete the application process). As another example, two grantees participated in “Project Homeless Connect” (PHC), a semi-annual resource fair targeting homeless families in and around Denver; several families were enrolled on-the-spot and others started applications and/or were contacted at a later date.

FIGURE 3 CASE STUDY: ATTENDING BENEFITS FAIRS

As part of its Trust-funded activities, *Grantee A** was asked to participate in a “benefits fair” for the employees of a small Colorado town. Several private insurance providers and investment companies were present, and approximately 30 individuals attended to learn more about the benefits they had access to through their jobs.

When employees first arrived at the event, they were “pre-screened” for public health insurance eligibility. Approximately eight families were potentially eligible for Medicaid and/or CHP+ and were directed to *Grantee A’s* table.

Although it turned out that two of those families were already enrolled in public health insurance programs, the remaining six families expressed interest and agreed to be contacted. *Grantee A* is currently working with them to complete and submit applications.

*While *Grantee A* is referred to anonymously, this example depicts a real life occurrence.

Two reasons these and similar events may have led to completed applications and/or increased enrollment relate to the way they were set up and marketed. The populations these events sought to reach were narrowly focused; they were promoted in specific locations (i.e., at a health clinic serving homeless individuals or at a Boys and Girls Club in a poor neighborhood) and were clearly geared toward a certain population (i.e., parents with young children). Participants were frequently told what to expect and what to bring with them ahead of time, so many arrived with the necessary documents in hand. Additionally, several of the benefit-focused events were set up in ways that directed participants to the particular services they needed, often conducting a pre-screen of their eligibility prior to taking them to specific booths. For example, attendees at PHC were connected with a volunteer guide who assessed their needs and directed them to the appropriate stations. Not only did this process create a smoother flow at the event, but it meant that by the time people arrived at the Medicaid/CHP+ enrollment booth, they often knew whether they qualified and had the basic information needed to start the application process.

Interestingly, while promoting public health insurance at health fairs may sound ideal (after all, both activities focus on health), traditional health fairs generally screen people for existing health problems (offering blood testing, blood-pressure monitoring, etc.) and/or encourage them to adopt healthier personal behaviors, but are not focused on insurance. Many grantees in our sample participated in health fairs, including a large statewide health fair that attracts hundreds of people across Colorado annually, as well as smaller events focused on existing clients or congregations. Although several outreach workers initially thought that the statewide health fair would attract uninsured families seeking inexpensive health screenings, nearly all of them found these large events more frustrating than productive for this purpose. Most notably, the logistics were frequently poor for attracting people to the booth or starting applications, participants were older and/or not eligible for Medicaid or CHP+ and people attended the fair to receive the free medical services, not to learn about children’s health insurance. After attending one of the large health fairs, one outreach worker described how her booth had been located in a corner of the building away from the main foot-

traffic; the few people who did come to her table often inquired about the location of the restrooms or screening activities, not about Medicaid or CHP+. In general, these findings are consistent with the medical literature describing health fairs. In one example, nearly 70% of participants in a community-based health fair were women, most were over the age of 60, and nearly half were only interested in receiving laboratory tests and finding out their immediate health status.¹⁰ Smaller and more focused health fairs may offer better enrollment opportunities (see Figure 4).

FIGURE 4 CASE STUDY: CONNECTING CLIENTS, COVERAGE AND CARE

*Grantee B**, another Colorado Trust grantee, provides day services, including meals, employment services and support for homeless and impoverished women and children. Several times each year, they invite medical providers who accept public health insurance to come to the agency and conduct basic health assessments for clients and their families.

Although the primary goal at these health fairs is to connect clients with health care providers and clinics, they always set up a station dedicated to identifying uninsured families and enrolling them in Medicaid or CHP+.

The most recent fair drew 23 families, approximately half of whom were uninsured. While many of those without insurance were not eligible for Medicaid or CHP+ because of citizenship restrictions, two families returned later in the week to complete and submit applications.

*While Grantee B is referred to anonymously, this example depicts a real life occurrence.

Participants: Who Shows Up?

In general, most experts agree that outreach should be targeted. While some activities may attract large numbers of people and a broad cross-section of community members (including eligible but not enrolled families), those events carefully aimed at a narrow subset of the population tend to achieve greater results when compared to large-scale community events (see Figure 5).^{11, 12} Just as most of the outreach workers who participated in the statewide health fair discovered that the majority of attendees were older adults wanting to learn about particular health issues, others found that some large-scale events (such as state fairs and music festivals) attracted individuals and families from outside the state, even when the events themselves were held within relatively impoverished neighborhoods and towns.

FIGURE 5 CASE STUDY: COMBINING FIESTA WITH FOCUS

*Grantee C** is a Trust grantee that is a division of a rural county governmental agency. In an attempt to gain the trust of the Latino community (and increase Medicaid and CHP+ enrollment within that population), *Grantee C* and its partners threw a party.

The fiesta involved food, music and fun activities, and while there was no organized “booth” dedicated to enrolling participants in public health insurance, the event was punctuated by occasional “infomercials” about Medicaid and CHP+, and at the end of the event families were given additional information to take home.

Within a couple of weeks, at least five new applications were submitted by Latino families. *Grantee C* is currently in the process of mailing each fiesta participant a thank-you gift along with additional Medicaid and CHP+ information.

*While Grantee C is referred to anonymously, this example depicts a real life occurrence.

Although events targeted specifically at low-income families with children were generally more successful in generating new applications compared with larger events, many grantees found that these activities often attracted participants who were **already** enrolled in Medicaid and/or CHP+. For example, roughly one-half of the attendees at a health fair hosted by a small CBO already had Medicaid (see description in Figure 4). Other CBOs encountered similar situations at back-to-school fairs and other events; more than one outreach worker described spending as much or more time answering questions for existing Medicaid or CHP+ enrollees as they did engaged in application assistance. Although none of the respondents felt this was outside of the purview of “outreach” work, the focus in these situations clearly shifts from enrolling new clients to assisting existing ones.

The Importance of Making and Keeping Connections

Certainly, participating in events that support the goals of identifying and enrolling eligible families is important; without paying attention to this, organizations are likely to find themselves in inappropriate settings and talking with ineligible

people. That said, actually making and keeping connections with potential clients appears to be equally critical for successful enrollment outreach. The need to actively engage participants and to project an enthusiastic and welcoming image came up frequently in our conversations with grantees of The Trust. For some, this meant stepping out from behind the table and mingling with the crowd; for others, it involved giving away trinkets that drew people to the table where connections could be made. One woman described enticing children to come see what she was handing out; when the parents predictably followed, she used the opportunity to talk about the children's health insurance status. Although most community events rarely involved formal speakers, one grantee was invited to a large mixed-income neighborhood association meeting and asked to describe her agency and its programs to the group. Even though few attendees were eligible, she found the opportunity to directly address the crowd and be on-hand later for individual discussions very beneficial.

Often more important than what happens at an event is maintaining contact with participants **after** the event; merely handing out applications to parents is unlikely to generate much success.¹³ Even when applications were not initiated on-site, when interested individuals were contacted by an outreach worker at a later date they appeared more likely to submit a completed application compared with potential clients who were left to follow up on their own. Following-up with participants required asking them to write their names and numbers on a list, having them complete a "permission to contact" form or actually starting an application. Collecting contact information may be easier to do in smaller, more controlled settings, but even at large festivals following up later with potentially eligible families generated some success (see Figure 6). The importance of post-event follow-up is generally supported by other research. Even as there is little evidence that individuals change their health-related behaviors after attending a health fair, one example found that 59% of high-risk participants ultimately visited a nurse practitioner **after** they received a follow-up telephone intervention.¹⁴

FIGURE 6 CASE STUDY: FESTIVAL FOLLOW-UP

Grantee D* manages several low-income, urban housing communities. Each year, a renowned Jazz Festival occurs near one of their sites. Last year, as part of its Trust-funded outreach efforts, the organization decided to join other vendors and set up a booth with information about Medicaid and CHP+.

Knowing that large community events are often not the best places to attempt to identify eligible but not enrolled families, the organization saw it as an opportunity to "educate" festival-goers about public health insurance. However, not one to miss an opportunity, the outreach worker who attended the event brought a sign-up sheet so she could contact people after the event.

After it was over, she estimated that she spoke with about 50 people during the festival, and came away with contact information for about 18 families. Although this only led to 3-4 completed applications, without taking that extra step to follow-up with people later these families might still be uninsured today.

*While Grantee D is referred to anonymously, this example depicts a real life occurrence.

Due to the logistics, community fairs and other events frequently proved to be inopportune settings to begin applications or even to collect contact information. Generally, booths or tables offer little privacy for answering the sensitive information required for an application; people rarely carry birth certificates and other necessary documentation with them; impatient children or relatives may accompany them; or they may be more focused on the other activities happening at the event. At one Latino festival in Denver, participants had the opportunity to meet the stars of a popular health-related television novella (a soap opera broadcast on Spanish-language television); although the crowd stood directly in front of the Medicaid/CHP+ booth while waiting to meet the actors, most people were focused on having their picture taken with the celebrities, not on learning about children's health insurance. In contrast, the Latino fiesta that was organized in a rural community by a grantee appeared more successful (see Figure 5). Like the event with the television stars, the mood of the fiesta was gala, with food, booths and activities. However, rather than attempting to engage the participants in one-on-one dialogue about Medicaid and CHP+, the organizers mentioned the program and followed-up later by sending each participant a small gift along with more detailed information about programs.

To be effective, follow up contact with potential clients should be directly linked to the personal interaction that occurred at the event. Most outreach workers who later connected with participants had previously engaged those individuals in some type of dialogue about Medicaid or CHP+; it may not have been extensive or detailed, but enough that the participant felt comfortable providing contact information. One exception was a back-to-school health fair organized by a medical clinic serving low-income and homeless families. The Medicaid/CHP+ outreach worker was not

present on the day of the fair; rather, participants were asked about their insurance status when they registered. Days after the event, the organizers gave the outreach worker the list of people who attended the event and did not indicate having insurance. After trying to contact approximately 100 people, only one completed application resulted from the effort.

» CONCLUSION

Based on the scant literature on community event outreach efforts as well as the experiences of Colorado Trust grantees, it appears ill-advised for organizations to rely on these types of outreach activities as the **primary** means of identifying and enrolling new Medicaid/CHP+ clients.¹¹ Unless the event specifically focuses on enrolling low-income families in public health insurance or other benefits, participation in festivals and health fairs often requires tremendous time and energy, and too often results in few, if any, completed applications.

That said, organizations involved with Medicaid and CHP+ enrollment and outreach efforts may identify multiple, worthwhile reasons to participate in community festivals that go beyond actual enrollment. Planning and/or attending health fairs or other events can contribute to organizational visibility and can nurture partnerships between agencies and communities. When asked how they became involved in events, most Trust grantees acknowledged being asked or invited by other agencies or partners. According to an administrator at a community clinic located just behind an elementary school, participating in school-related activities and festivals is an essential part of their work in the community. In addition to helping to organize a back-to-school night focused specifically on enrolling families in Medicaid/CHP+, the program director described numerous activities that clinic staff attended. Maintaining these relationships, being responsive to requests for assistance and joining forces with other organizations can be essential to CBOs that are working to create a comprehensive system of services in their communities.

Moreover, promoting Medicaid and CHP+ at community events may be an effective way to raise awareness about public health insurance, even if it does not lead to identifiable increases in applications.¹⁵ Almost all Trust grantees we spoke with expressed deep satisfaction from attending fairs, festivals and meetings, including those that did not result in program enrollment. One outreach worker described her day at an early childhood education fair held at a local park. Although she did not complete any applications per se, she reported being shocked to discover how many people with public (or private) health insurance did not understand their benefits or how to use them. Furthermore, because her organization does not traditionally focus on health issues, the event presented opportunities to advertise these expanded services to the public.

Again, while organizations probably should not attend community events and festivals with the **expectation** of generating new Medicaid/CHP+ applications, these events may provide additional benefits that make them a worthwhile investment of resources and can, secondarily, result in the identification of new clients.

» RECOMMENDATIONS: BOOSTING ENROLLMENT THROUGH COMMUNITY EVENTS

A review of the findings of The Trust's grantees and others leads to the following recommendations for organizations attempting to generate Medicaid and CHP+ applications and enrollments through the use of outreach events:

Offer events that specifically focus on connecting individuals and families to resources, particularly public benefits and health insurance.

- Enrollment Fairs can be effective, particularly when clients know ahead of time to bring the necessary documents (e.g., birth certificates, pay stubs).

Target your community events to attract people who may be eligible, but not enrolled.

- The most successful events are often narrow in focus.

Organize your event so that people have privacy and enough time for you to educate and assist potentially-eligible clients with the application process.

- Bring your planning calendar so that you can make appointments with potential clients on-the-spot.

Community events can offer a good opportunity to begin the conversation about public health insurance, but many will not result in completed applications. Make sure you include an effective way to follow-up after this initial contact.

- Whenever possible, reach out to interested and potentially eligible clients rather than waiting for them to contact you.
- Keep lists with names and numbers and follow up quickly.
- Give out cards with telephone or e-mail information so interested clients can contact you.

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