



Richard L. Lichtenstein, Ph.D., M.P.H., is an Associate Professor in the Department of Health Management and Policy in the School of Public Health at the University of Michigan. He is the Interim Principal Investigator of the Detroit Community-Academic Urban Research Center (URC), a Community-Based Participatory Research Program that includes several community-based organizations, the Detroit Health Department, the Henry Ford Health System, CDC and the University of Michigan. He is also the Principal Investigator of the "Eastside Access Partnership."

Penni Johnson brings 15 years of community experience to the Eastside Access Partnership (EAP) where she serves as its Program Coordinator. She is employed with Neighborhood Service Organization (NSO), a multi-faceted human service agency in Detroit that has

been in the forefront in developing new initiatives to address the unmet and changing needs of persons in Southeastern Michigan. At EAP, Mrs. Johnson works to increase the participation of eligible children on Detroit's eastside in public health care programs.

Breaking Down Barriers to Enrollment in Public Health Insurance: Eastside Access Partnership

Richard Lichtenstein and Penni Johnson

The Problem

Approximately 3,000 uninsured children live in Eastside neighborhoods in Detroit, virtually all of whom are eligible for public health insurance. Comprehensive outreach efforts to enroll children from these neighborhoods in MIChild and Healthy Kids Medicaid (the program for which the vast majority of these children are eligible) have not been completely successful.

The Partnership

In 2000 the *Eastside Access Partnership (EAP)* was organized to identify barriers to enrollment in these neighborhoods and to develop strategies to reduce these barriers. EAP is part of a larger university-community partnership known as the Detroit Community-Academic Urban Research Center (URC). The URC brings together Detroit community organizations, the Detroit Health Department and the University of Michigan Schools of Public Health and Nursing to address factors affecting the health and well being of residents of Detroit neighborhoods. The URC focuses on neighborhoods on the East and Southwest sides of Detroit and seeks to develop policies and interventions that address these factors in ways that build upon and enhance the strengths and resources of the communities.

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The URC initiative has three priority issues:

- 1) Health care access and quality;
- 2) The environment as it affects health; and
- 3) Violence, particularly intimate partner and teen violence.

EAP includes Neighborhood Service Organization and other community-based organizations working on the East side, the University of Michigan School of Public Health, the Detroit Health Department, and three local offices of the Family Independence Agency (FIA). The FIA offices are the major point of contact for persons enrolling in Medicaid, so their involvement was integral to the success of the project.

Identifying Barriers to Enrollment

During its first year, EAP focused its activities on building the partnership and collecting data identifying barriers to enrolling eligible children in Medicaid. As part of the data collection process, EAP conducted a series of focus groups with community residents and agency staff.

A total of 45 community residents and 20 FIA staff participated in 7 focus groups that considered issues related to 5 target populations:

- Community residents with children;
- Grandparents responsible for raising young children;
- Community advocates from other URC projects;
- Family Independence Agency (FIA) customers, past and present;
- FIA staff.

Qualitative analysis techniques identified common themes across groups. Although these themes may not be representative of all people in the community, they do indicate a range of perceptions commonly held in that community.

Commonly-held Perceptions

Community members and advocates

Community members and advocates identified barriers to health coverage in three areas: (1) the enrollment process, (2) eligibility requirements for public insurance programs, and (3) eligibility and/or affordability of employer insurance.

- **Problems with Medicaid Enrollment Processes**
 - Complexity of the application process (e.g., the need for detailed documentation of income)
 - Poor customer service by FIA offices (e.g., intrusive questions, lack of interest in customers as persons, inadequate explanation of reasons for denials)
 - Negative characteristics of FIA caseworkers (e.g., rudeness, anger, feelings of being overworked)
 - Inconvenient office hours
 - Poor quality care received under Medicaid (e.g., customers indicated they had previously had bad experiences with the program, or they believed service would be poor)
- **Problems with Eligibility Requirements for MIChild and Medicaid**
 - Lack of accurate information or understanding of who is eligible for Medicaid or MIChild

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- A perception that, because parents are working, their children no longer are eligible for Medicaid (a perception that is not always true)
- **Eligibility and/or Affordability of Employer Insurance**
 - As a matter of business policy, children may not be covered by employer insurance
 - Coverage, if offered, may be too expensive for families to purchase

Perceptions of FIA Staff

Focus group participants from FIA staff agreed with community members regarding some barriers to enrollment, but new themes also emerged from their discussions. FIA themes focused on enrollment issues and eligibility requirements.

- **Problems with Enrollment in Medicaid**
 - Poor customer service
 - Negative characteristics of FIA caseworkers (e.g., FIA employees were aware that some staff members did not always provide accurate information or did not identify all programs for which a customer was eligible)
 - Inadequate staff training
 - Inappropriate administrator demands (e.g., supervisors sometimes insisted that staff respond to a customer who called the supervisor rather than paying attention to a case the worker had been servicing)
 - Caseworkers inappropriately serving as “gatekeepers” (e.g., incorrect decisions by a caseworker may shut customers out of a program for which they might have been eligible)
 - Caseworker response to negative participant characteristics (e.g., caseworker might not respond sufficiently to a customer who has a substance abuse or mental health problem)
 - Participant perception of a stigma associated with participation in a “welfare” program such as Medicaid
 - Poor quality of care under Medicaid
- **Problems with Eligibility Requirements for Medicaid**

In addition to agreeing with community members about major barriers, FIA staff also discussed barriers internal to the agency:

- Lack of understanding of eligibility requirements by caseworkers discourages participant enrollment
- Under welfare reform, FIA’s priority is to move people off assistance rather than to engage in outreach and enrollment

Developing and Implementing Strategies for Change

The information obtained from the focus groups provided a base of knowledge about barriers to enrollment that EAP used to design targeted strategies to create change. Focus groups revealed that eligible families not only lacked knowledge and understanding of eligibility and enrollment processes, but also

that negative perceptions they held concerning FIA policies, procedures, and staff discouraged some families from applying.

Therefore, an effective strategy to increase the number of children enrolled in public health insurance required a two-pronged approach. First, EAP developed better strategies to educate the public about eligibility for public insurance programs and how to apply. Second, EAP devised strategies to reduce the organizational and attitudinal barriers that previously had impeded enrollment. These methods focused on improving relationships between community residents and local FIA offices.

Public Education Strategies

First, to enhance community understanding of available programs, several new outreach and community education strategies were implemented. The centerpiece of the community education effort was the **Learning Map®**, a technology developed by Root Learning, Inc. The map is used to teach families about the multiple programs available at FIA and other community agencies and their eligibility criteria. This system, designed for education of small groups, promotes self-learning through the use of interactive dialogue and eye-catching visuals understandable to individuals with low reading levels. Dialogue cards promote interaction and retention of learning and make complex concepts more accessible to average people. This learning tool was first implemented in the community during the summer of 2003.

Companion strategies for public education and enrollment include distribution of a **user-friendly information booklet** for community residents and establishing a **network of health advocates** to help identify uninsured children.

Organizational Change Strategies

To reduce organizational and attitudinal barriers to enrollment, the partnership implemented organizational change in FIA offices to enable staff to provide excellent service and to function more effectively in their interactions with agency customers. The principal strategy for creating change is a four-part customer service training program:

- 1) **What is Excellence?** FIA staff identify the barriers to excellent customer service and learn ways to influence or change them.
- 2) **Maximize the Moment.** Because agency staff carry large workloads, efficiency is essential to providing excellent service. Better time management and organization of workspace help staff increase productivity.
- 3) **Dealing with Stress.** Because heavy work loads also lead to feelings of being overwhelmed and constantly stressed, training focuses on overcoming stress through the use of problem-solving, social support, and personal stress relief techniques.
- 4) **Relationship Management.** Building positive relationships with peers, supervisors and agency customers can lead to reduced conflict and stress, improved work efficiency and increased customer satisfaction. Training addresses how to work with different types of customers and techniques for adapting to the personalities and work styles of peers and supervisors.

Training was completed with staff of two FIA offices (Forest/Ellery and Medbury/Concord) in July, 2003.

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Evaluating the Impact

To evaluate the effect of project activities, the team will be looking at three key outcomes:

- 1) Increased enrollment rates over time in focal ZIP codes as compared to ZIP codes with similar characteristics but without program interventions.
- 2) Improved perceptions and attitudes of FIA customers and staff of offices that received the staff training compared with offices that did not receive training. Attitudes will be assessed before program initiation and six months after full implementation.
- 3) Increased knowledge and improved behavior of participants using the Root Learning Map®.

So far, 609 FIA customers and 115 FIA staff have completed pretest surveys and all staff in the test sites received training. Final data collection on program activities will be completed in the spring of 2004. To promote organizational change in Michigan FIA, meetings to disseminate results have been held with District managers, as well as County and State Directors. In addition, reports of the evaluation will be disseminated through policy reports, academic journals, and reports to funding sources, such as the Robert Wood Johnson Foundation, the Blue Cross/Blue Shield of Michigan Foundation, and the Detroit Empowerment Zone.

Policy Implications

Based on preliminary data from the focus groups, EAP has developed several recommendations for policy, which are included in the policy alternatives section of this report. As additional data is analyzed from the program evaluation, other policy issues may arise.

Where can I get more information?

Evaluation data: Richard Lichtenstein, Ph.D., MPH, School of Public Health, The University of Michigan, 109 S. Observatory, Room 3124, Ann Arbor, MI. Phone: 734-936-1316; E-mail: lichto@umich.edu.

Eastside Access Partnership and its managing organization, Neighborhood Service Organization: See program **Snapshot** at end of this report.