Outreach and Enrollment Strategies in California

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Problems and Challenges

- through 2008, many children uninsured although many eligible
- CA counties embarked on Outreach and Enrollment campaigns
- Unique challenges,
- Approach not organized or systematic
- Not know what works, data systems not linked
Research Purpose

- To describe a county’s approach outreach and enrollment (OE) strategies
- Correlate enrollment with the deployment of specific OE strategies:
  - Medi-Cal (Medicaid)
  - Healthy Families (CHIP)
  - Healthy Kids
Outreach and Enrollment Strategies

**Non-Technology Based**
- Mass Media Campaigns
- Community Health Workers
- Provider In-Reach
- School Based Strategies
- Waiting Lists
- Matching potential eligibility against existing program enrollments

**Technology Based**
- Health-E-App
- One-E-App
- Pre-populated Renewal Forms
- County Developed Data System
Data Source/Methods

• Study Sample: CHI Counties (n=25)
• Study Period: January 2001 to June 2008
• Unit of analysis, County-Quarter (CQ)
• Study Procedures
  – Key Informant Group Interviews/Site Visits
  – Enrollment data for three programs for each CQ
• For each quarter we had
  – Strategy (yes or no)
  – Enrollment for each program for each CQs
Non-technology Strategies by Quarters, 2001-2008  N=25 counties
Use of Technology Tools. (2001-2008)
N=25 counties*

Quarterly Changes in Counties Using Technology Tools

- County Data System
- Health-E-App
- One-E-App

N=25 counties*
## Rate Ratios of Being Newly Enrolled per 10,000 children, Ages 0-18 Years (2001-2007)

<table>
<thead>
<tr>
<th>Strategy Use (Yes vs. No)</th>
<th>Rate Ratio</th>
<th>p-value</th>
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</thead>
<tbody>
<tr>
<td>Health-e-App</td>
<td>1.11</td>
<td>0.02</td>
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<tr>
<td>One-e-App</td>
<td>1.11</td>
<td>0.14</td>
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<tr>
<td>School Based</td>
<td>1.12</td>
<td>0.01</td>
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<td>Community Health Worker</td>
<td>0.96</td>
<td>0.41</td>
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<td>Matching Public Programs</td>
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<td>Provider In-Reach</td>
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<td>0.39</td>
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<td>Media Utilization</td>
<td>1.04</td>
<td>0.26</td>
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<tr>
<td>County Developed System</td>
<td>1.10</td>
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### Rate Ratios of Being Newly Enrolled per 10,000 children, Ages 0-18 Years (2001-2007)

<table>
<thead>
<tr>
<th>Number of Strategies per county-quarter</th>
<th>Rate Ratio</th>
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<td>0</td>
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<tr>
<td>1 to 2</td>
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<td>7 to 8</td>
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</tbody>
</table>

*Controlling for county effects, season (quarters), and percent estimates of poverty*
Implications for Health Reform

- Systematic evidence-based approach to outreach and enrollment
- Using multiple strategies will be more effective than using one or two particularly if they are organized in reference to specific population groups and by taking into account the effects of time.
- Increasing use of technology will simplify enrollment activities, could achieve higher volume of enrollment
- Less technology focused interventions still be important for hard to reach groups