



Evaluation of the Access Health CT Enrollment Experience in Connecticut: Raising up the Voices of Urban Consumers, Assisters and Navigators

INTRODUCTION

The Affordable Care Act (ACA) offers an unprecedented opportunity for Connecticut to increase the number of people covered by health insurance. An important measure of the ACA's success in Connecticut is its ability to enroll underserved populations through Access Health CT (AHCT) — the state's new health insurance marketplace — into private insurance plans or Medicaid. This evaluation focuses on the consumer experience of the AHCT enrollment effort between December 2013 and March 2014, with emphasis on the experiences of underserved urban populations, as well of the navigators and in-person assisters who helped them. The goal was to identify factors that facilitated or impeded enrollment and outreach during the first open enrollment period in order to provide recommendations to enhance future targeted outreach and enrollment efforts.

EVALUATION DESIGN

The evaluation was conducted and designed by CARE: Community Alliance for Research and Engagement at the Yale School of Public Health, using a multi-method approach:

- 1) **In-person surveys** (n = 164) were conducted in English (n = 113) and Spanish (n = 51) among a convenience sample of consumers who visited community-based organizations and AHCT enrollment centers in New Haven, Bridgeport and New Britain between December 2013 and March 2014. These individuals were interviewed by CARE staff immediately after interactions with in-person assistance.
- 2) **Telephone surveys** (n = 121) were conducted with a sample of uninsured residents during February and March 2014.
- 3) **Assister focus groups** were held with a total of 49 assisters in March 2014 in the six designated regions of the state: Hartford County; New Haven County; Fairfield County; Litchfield County; New London and Middlesex Counties; and Windham and Tolland Counties.
- 4) **Key informant interviews** were conducted in April 2014 with one navigator/navigator coordinator from each of the six regions.



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In-person Survey Characteristics (n = 164)

59% women

48% Latino/a

26% African American (non-Latino)

23% White (non-Latino)

31% completed surveys in Spanish

57% high school degree or less

88% income <\$30K

Number of participants by location

New Haven: 90

Bridgeport: 51

New Britain: 23

Enrolled in Medicaid or Husky: 78

Enrolled in private insurance plan: 46

Enrolled in insurance with no subsidy: 11

Telephone Survey Characteristics (n = 121)

55% women

20% Latino/a

21% African American (non-Latino)

52% White (non-Latino)

50% high school degree or less

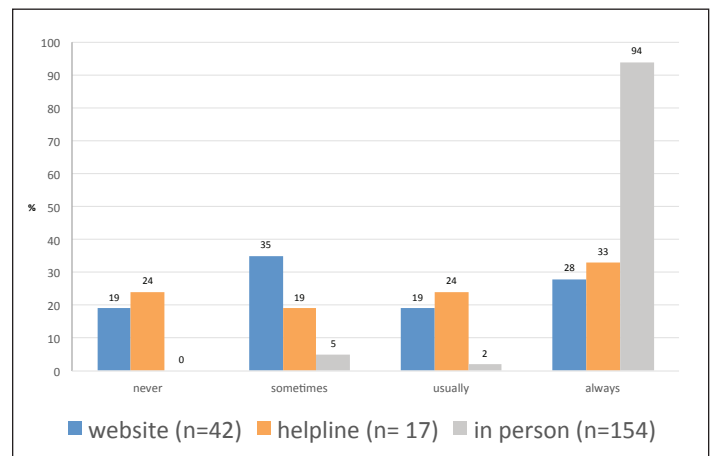
55% income <\$30K

KEY FINDINGS

In-person assistance stands out

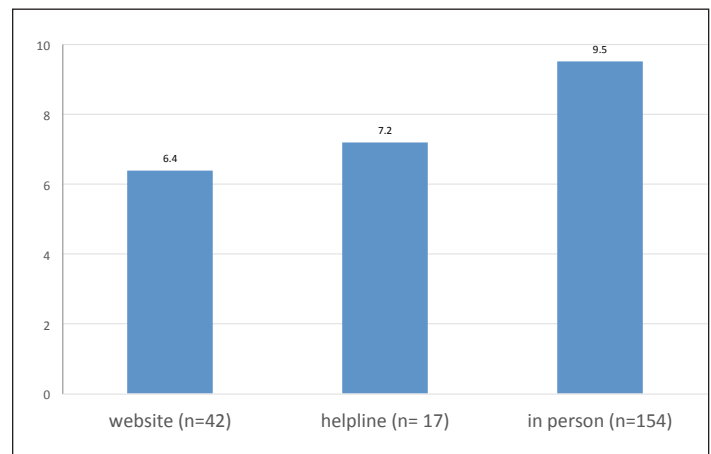
In-person assistance provided a critical service for consumers who were unable to navigate the helpline and website. Consumers found it easier to get and use information from in-person assistance, and rated information from in-person assistance significantly better compared to information from the helpline or website (Figures 1 and 2).

Figure 1: Ability to get needed information



Source: In-person survey

Figure 2: Average rating of information provided



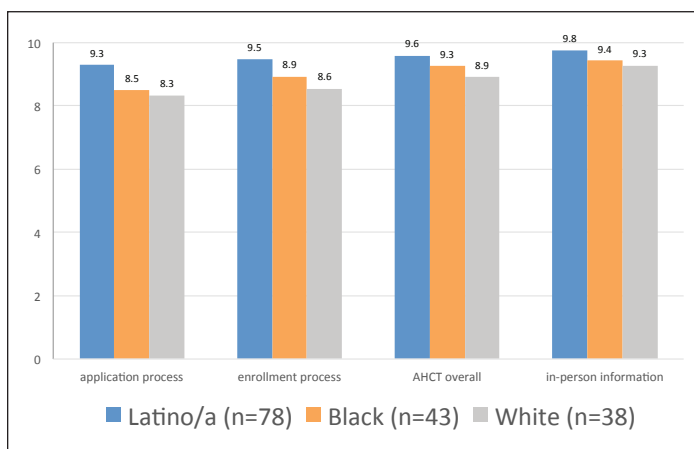
Source: In-person survey

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High rates of consumer satisfaction

- 95 percent of all participants reported application and enrollment processes were definitely or somewhat easy.
- 90 percent would definitely recommend AHCT, and an additional 9 percent would probably recommend AHCT.
- Latinos and blacks and those with less education had higher rates of satisfaction (Figure 3).

Figure 3: Differences in satisfaction by race (0=worst, 10=best)

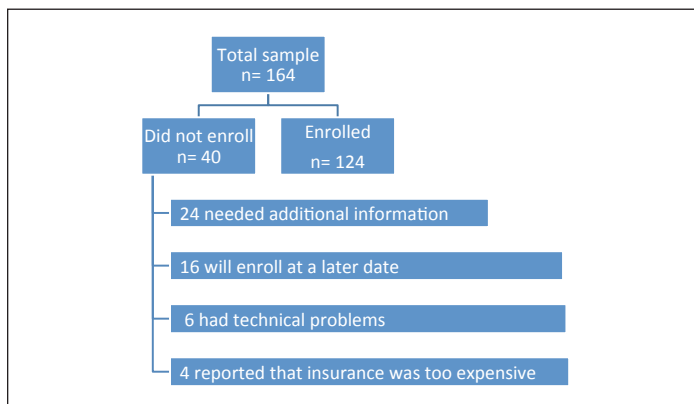


Source: In-person survey

Information needs

Consumers most often wanted to learn about the costs of plans and the availability of financial assistance for insurance premiums. Of consumers who did not enroll, the most common reason was the need for more information (Figure 4).

Figure 4: Who enrolled? Who didn't?

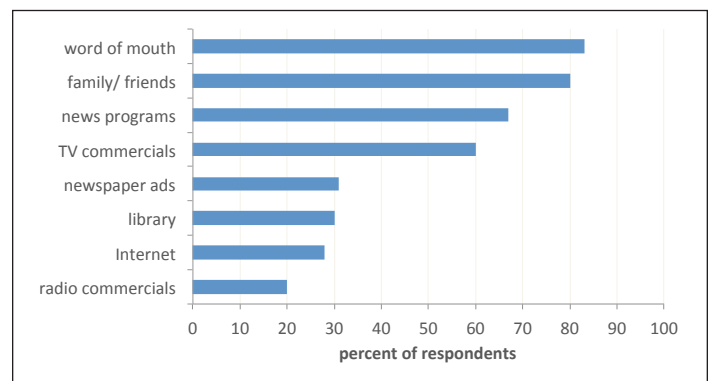


Source: In-person survey

Reaching consumers

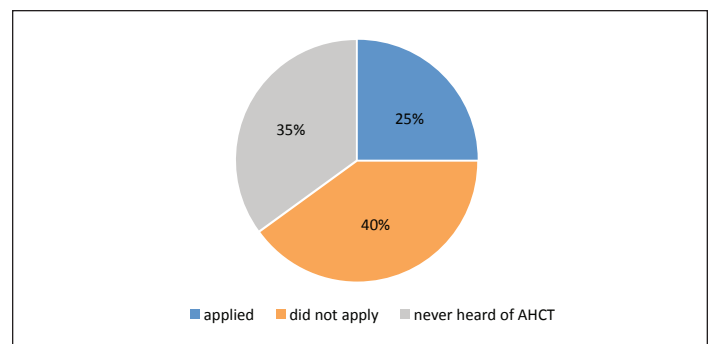
- **Effective outreach through peer networks:** Consumers mostly heard about AHCT through “word of mouth” and “family and friends” (Figure 5).
- **Awareness among the uninsured:** In a telephone survey of previously uninsured Connecticut residents, 35 percent had never heard of AHCT, 25 percent applied for new insurance coverage, and 40 percent did not apply (Figure 6).

Figure 5: How respondents heard about Access Health CT



Source: In-person survey

Figure 6: Awareness of Access Health CT among uninsured respondents



Source: Telephone survey

Assister and navigator feedback

- **Infrastructure:** Website function, as well as helpline availability, timeliness and expertise, posed challenges to both consumers and in-person assistance staff. Some problems were resolved over the enrollment period.
- **Resource limitations:** Lack of resources for in-person assistance, such as Wi-Fi access, marketing materials, hands-on and updated training and real-time support for complex applications, impeded enrollment and outreach efforts in the field.

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RECOMMENDATIONS

The value of outreach and in-person assistance targeted to underserved populations is overwhelmingly supported by the evidence in this evaluation. If Connecticut is to cover as many people as possible under the ACA, this effort must be preserved and improved. Two overall recommendations, along with more specific suggestions for improvement follow.

1) Raise awareness of AHCT among hard-to-reach populations through systematic, culturally competent, targeted outreach.

2) Maintain a coordinated, effective year-round program of in-person assistance in all regions of the state of sufficient size and strength to meet the needs of underserved populations.

Outreach

- Target consumers less likely to have heard of the marketplace, which includes Spanish speakers, men and those with less education.
- Adopt a grassroots outreach strategy, targeting populations that were more likely to hear about AHCT from family and friends or word of mouth, including:
 - Latinos
 - African Americans
 - Young adults under 35
- Improve marketing support for enrollment events, including website, social media, flyers and on-site printed materials that are tailored to target populations.

Management and coordination

- Improve communication and coordination among Access Health CT (AHCT), Department of Social Services (DSS), Office of the Healthcare Advocate (OHA) and those providing in-person assistance.
- Fund and strengthen the ACA-required Navigator function to preserve crucial regional coordination and oversight of in-person assistance.
- Foster productive working relationships among those providing in-person assistance and between those providing in-person assistance and insurance brokers to promote sharing of best practices.
- Streamline the reporting process to allow for accurate and timely data collection.

Training and support

- Improve training, including more hands-on experience with the website, more frequent training updates, more information about dental coverage and more information on how to handle complex family, tax, and health situations.
- Overcome hardware, software and wireless access challenges so that those in the field have reliable technological access.
- Provide those offering in-person assistance with real-time access to helpline and IT support, particularly during the open enrollment period.
- Expand access to timely translation assistance for languages other than Spanish or English.

Year-round operation

- Provide ongoing outreach and in-person enrollment assistance in underserved communities.
- Provide year-round in-person assistance to help consumers successfully use, maintain and renew insurance coverage.



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