

Targeted Outreach Strategies: Leveraging Community-Based Navigators in New York

NAIC Special Committee on Race and Insurance

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Outline

1. “Reaching The Five Percent” outreach project
2. Outreach strategies
3. Results, outcomes, and lessons learned
4. Appendix: Successfully leveraging community-based Navigators to collect race & ethnicity data

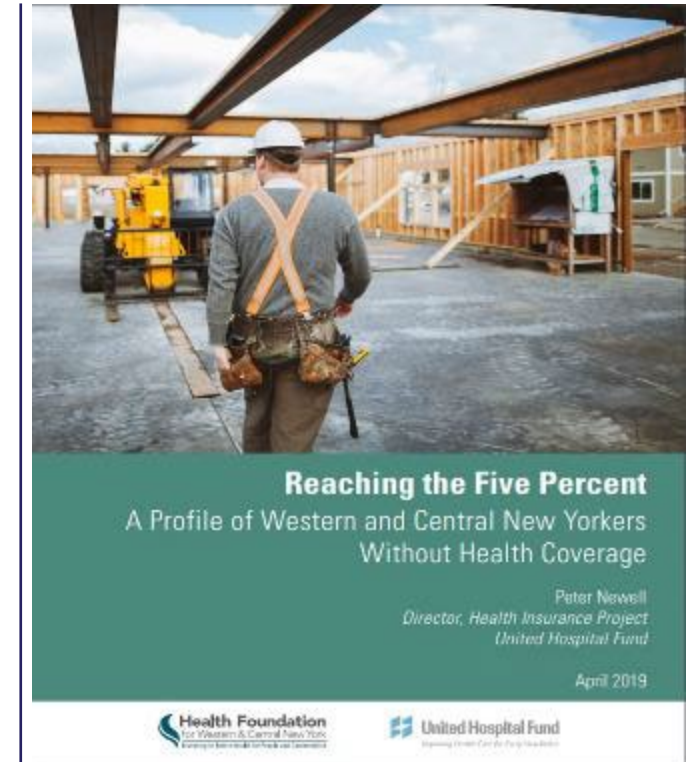


“Reaching The Five Percent” outreach pilot project

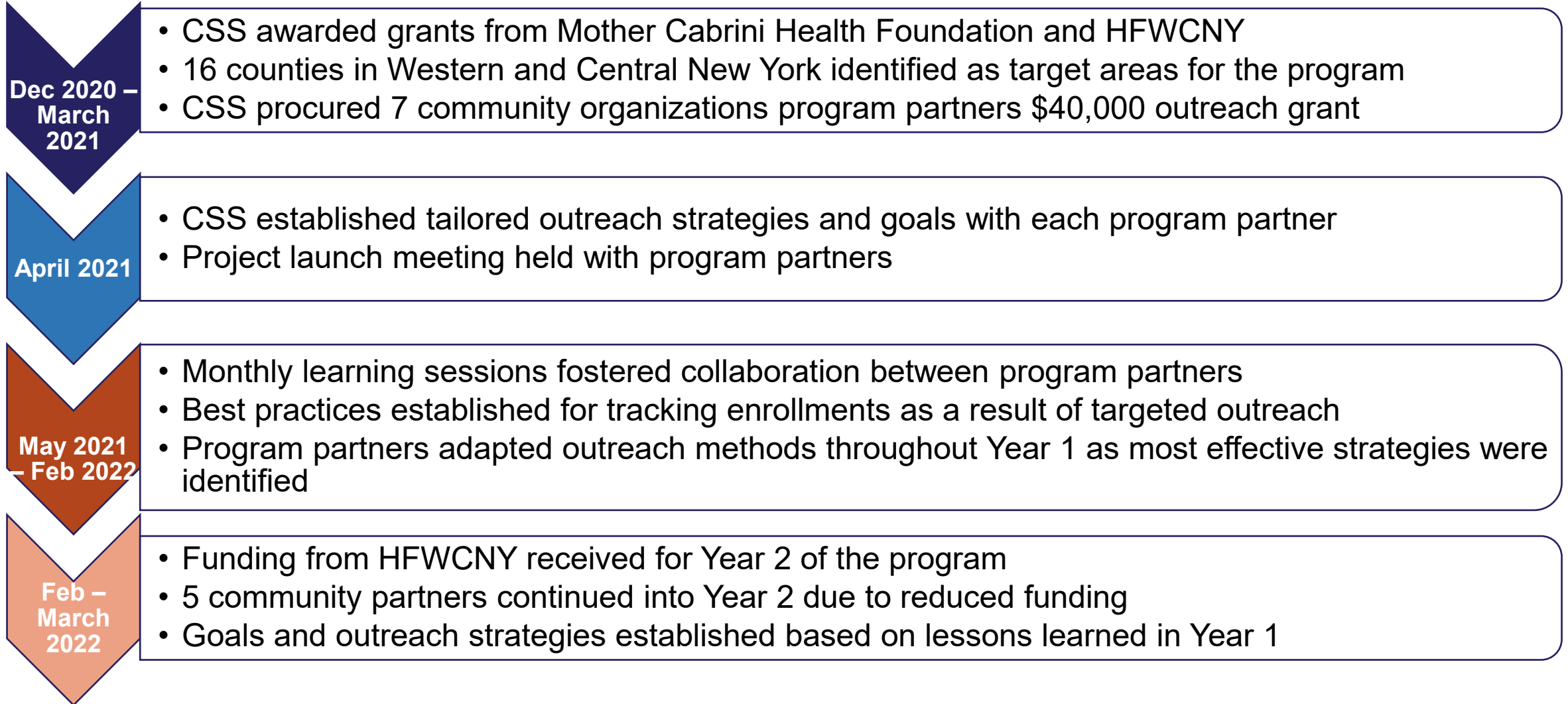
Funding localized outreach activities

Health Foundation of Western and Central New York (HFWCNY) & United Hospital Fund report: “Reaching the Five Percent”

- **The Affordable Care Act halved the number of uninsured, but over 1 million New Yorkers remain uninsured**
 - Most eligible for public coverage or financial assistance
- **Barriers are well-known:**
 - Enrolling in coverage is complicated
 - Uninsured individuals unaware of programs that keep the cost of healthcare low or free
 - Generic messaging does not always reach vulnerable populations
- **Time to try something new: Locally tailored messages from trusted messengers**



Project timeline



Outreach strategies

Spotlight on one of seven community-based enrollers
in the pilot: ACR Health

Outreach Strategies

- CBOs use a variety of outreach methods to reach diverse audiences.
- They share their efforts in a monthly meeting so that partners can learn effective strategies to reach more consumers.



Social Media



Flyering



Mass Texting



Local Bus Ads



Local Events



Catchafire



ACR Health contracted with a local Syracuse-based Ad agency called On the Move to assist with social media and paid advertising.

On the Move provided detailed statistics on consumer engagement for each type of media outreach.



Average impressions per month: 139,265
Swipe-ups: 2,766

Overall CTR: 1.99%
Campaign CPC: \$1.13
Viewable Rate: 7.79%
Reach: 54,531
Frequency: 2.6

Video Views:
Video Views at 100%: 2,269
Video Views at 75%: 2,835
Video Views at 50%: 3,773
Video Views at 25%: 6,235





ACR's outreach strategy included ads in shelters at busy bus stops.

2 shelters garner 55,247 impressions weekly and 1,364,220 over 6 months.

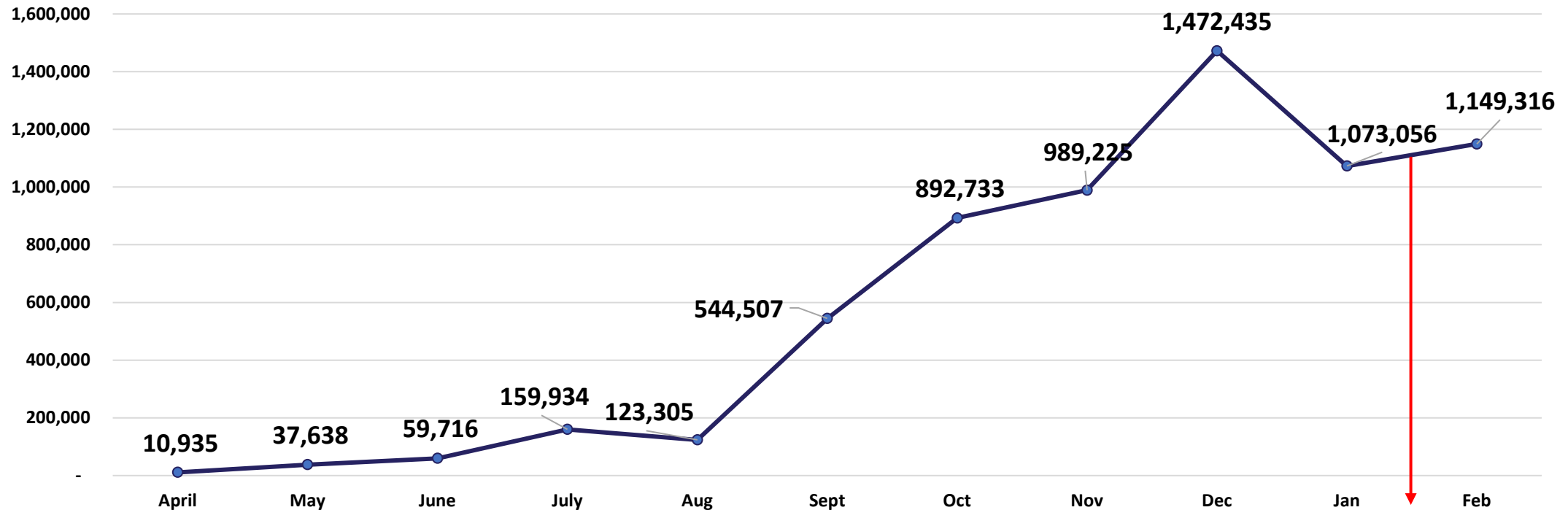


Results, outcomes & lessons learned

Results and lessons learned

Number of consumers reached by month

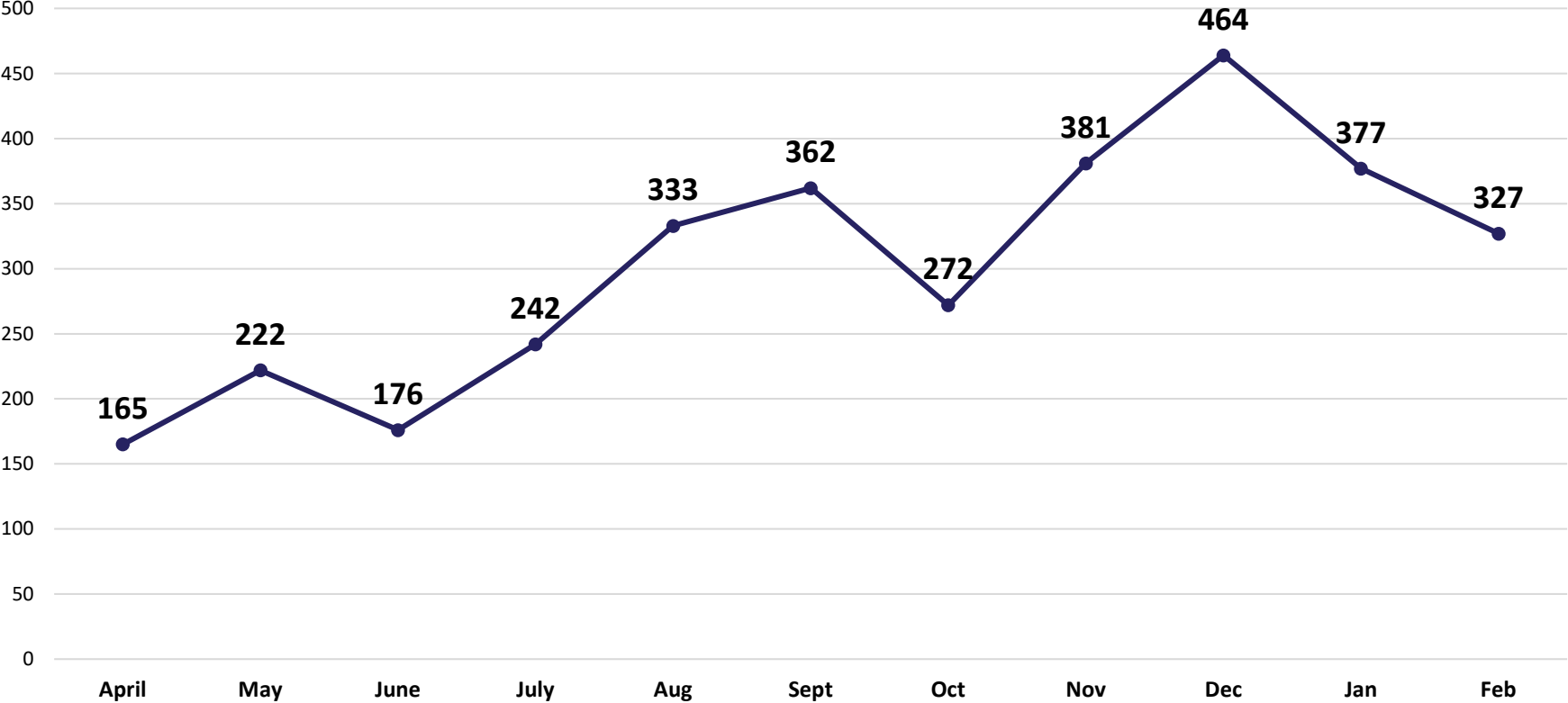
Number of Consumers Reached by Month
total = 6,512,800



End of regular open enrollment period

Monthly enrollments as a result of locally-targeted outreach

Monthly Enrollments through Outreach
total = 3,321



- CBO partners ask enrollees how they found out about their Navigator program during their intake process.
- The figures below represent the number of clients who said they found their Navigator through an R5 outreach method.

Lessons Learned: Implications for the end of the Public Health Emergency

- Targeted funding for CBOs to generate tailored messages & conduct outreach generates enrollments
- Effective strategies include:
 - Radio, bus and TV ads
 - Mass texting & social media
 - Targeted postcard mailings
 - “Voicemail drops”
 - New partnerships
- Sharing ideas during monthly learning sessions spawns innovation across counties



Investing in community-based enrollers to conduct targeted outreach yields a strong return on investment

Savings per capita	\$1,174
Number of people enrolled (annualized)	3,622
Total savings from program	\$4,252,228
Total Program cost (annualized)	\$500,000
ROI	\$3,752,228
ROI %	750%

- \$1,174 = Savings is based on the Urban Institute estimate of amount of uncompensated care cost savings in NY when people enroll in insurance.
- ROI = Savings from program minus program cost.
- ROI % = ROI divided by program cost.

Appendix: Successfully leveraging community-based Navigators to collect race & ethnicity data

Making race & ethnicity “mandatory” data fields

- **2020: Renewed urgency to focus on race & ethnic barriers to coverage**
 - CSS’s Navigator program made race & ethnic mandatory fields
 - Enrollers must ask, but assistance is unconditional
 - Data used to revisit & tailor strategies to reach vulnerable populations with partners
- **2021: New York State of Health Marketplace makes race & ethnicity fields mandatory after successful pilot by CSS and Healthfirst health plan:**
 - Jan-Feb 2021: Two-month pilot, data analyzed
 - October 2021: Rolled out to all NY enrollers
 - 2022: NY best state in nation on R & E data collection



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BLOG
JUNE 9, 2022

Improving Race and Ethnicity Data Collection: A First Step to Furthering Health Equity Through the State-Based Marketplaces