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FIGHTING SENIOR POVERTY THROUGH LAW

THINKING OUTSIDE THE BOX
Creative and Culturally Competent Outreach Strategies in Health Care Transitions

ISSUE BRIEF • MARCH 2015

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Table of Contents

Acknowledgments

The authors wish to thank our colleagues at Justice in Aging[1] and Advocates for African American Elders, in particular Vanessa Barrington, Katrina Cohens, Amber Cutler, and Kevin Prindiville. We would also like to thank the University of Southern California School of Social Work and the Edward R. Roybal Institute on Aging for their support of Advocates for African American Elders (AAAE). We are especially grateful to our community stakeholders and volunteers who support our outreach and education initiatives.

[1]National Senior Citizens Law Center became Justice in Aging on March 2, 2015.

This brief is supported by a grant from The SCAN Foundation - advancing a coordinated and easily navigated system of high-quality services for older adults that preserve dignity and independence. For more information, visit www.TheSCANFoundation.org.

This brief is also supported in part by a grant from The California Wellness Foundation (TCWF). Created in 1992 as a private independent foundation, TCWF's mission is to improve the health of the people of California by making grants for health promotion, wellness education, and disease prevention.

Introduction

Preparing for health care transitions can involve communicating complex information to vulnerable populations like dual eligibles – those with both Medicare and Medicaid coverage. As the country's demographics shift, outreach will require creative and innovative approaches. By 2050, the number of African Americans age 65 and older will more than triple nationwide, and the number of older Latinos will increase eleven fold.[2] Consequently, the percentage of chronic health conditions that disproportionately affect these populations—such as hypertension, diabetes, and obesity—will also increase. Mental health impairments such as depression, Alzheimer's disease, and dementia will also increase among these groups. African Americans are the largest racial or ethnic minority group who are dual eligibles nationally – making up almost 2 million or 20 percent of all beneficiaries in the United States.[3] Similarly, forty-four percent of the dual eligible enrollee populations are from communities of color, compared to 17 percent of the Medicare-only population.[4] Despite growing numbers of racial and ethnic minority older adults, many existing programs and services are unable to effectively serve them due, in part, to the difficulty of identifying, outreaching to, and engaging those who need services the most.

These statistics demonstrate the critical need for culturally competent and creative outreach strategies to reach certain populations during complex transitions. Although some programs and services have a universal appeal, others should be tailored to the cultural needs of consumers. Many low-income seniors of color have unique needs that pose barriers to accessing important information if delivered using "traditional" methods, such as letters or notices in the mail, brochures and pamphlets, or PowerPoint presentations. Culturally appropriate content and messaging are needed to engage low-income older adults of color and their caregivers. This need is particularly salient during implementation of important health care policies, to increase access to quality older adult services and healthcare options.

This issue brief on culturally competent and creative approaches to outreach and education will highlight one such promising model as a case study. This model, created and implemented by Advocates for African American Elders (AAAE), communicates complex changes to California's healthcare system under a program called the Coordinated Care Initiative (CCI). The brief provides background on the CCI, describes AAAE's outreach model, explains its strengths, and ends with practical tips for advocates and other stakeholders who are preparing for their own complex health care transitions.

Background on California's Coordinated Care Initiative

The Affordable Care Act did more than help uninsured people gain health coverage. In fact, one often-missed component of the ACA is that it authorizes states to enter into agreements with the

[2]Vincent, Grayson K. and Victoria A. Velkoff, 2010, THE NEXT FOUR DECADES, The Older Population in the United States: 2010 to 2050, Current Population Reports, P25-1138, U.S. Census Bureau, Washington, DC.
[3]Sharma, L. (2014). Miles to go: Progress on addressing racial and ethnic health disparities in the dual eligible demonstration projects. Community Catalyst, Inc. November, 2014.
[4]Id.

Centers for Medicare and Medicaid Services (CMS) to set up dual eligible demonstration projects. These projects seek to improve care coordination and quality of care for dual eligible beneficiaries – those with both Medicare and Medicaid benefits – as well as reduce health care spending.

In a number of different states implementing demonstration projects, at least ten of them are creating new kinds of health plans that combine a dual eligible's health care benefits, both Medicare and Medicaid services, into one benefit package administered by managed care organizations.[5]

California is one such state and its dual eligible demonstration project is the largest in the country. California's Department of Health Care Services (DHCS) started implementing the Coordinated Care Initiative (CCI) in seven counties. The CCI includes multiple changes. First, DHCS is moving nearly all adults on Medi-Cal into managed care plans. This change is mandatory. Second, it launched Cal MediConnect, the name for the state's dual eligible demonstration project. Participation in Cal MediConnect is optional; during the course of the demonstration, dual eligibles reserve the right to keep their Medicare the same.[6]

Although participation in the demonstration project is voluntary, California, like many other states, is passively enrolling dual eligibles into the program. Essentially, passive enrollment means that beneficiaries who do not affirmatively indicate that they do not want to participate in Cal Medi Connect, will be automatically enrolled[7]. After enrollment, beneficiaries retain the right to disenroll from their new plan at any time and for any reason. Prior to the passive enrollment taking effect, beneficiaries receive a series of three notices about the program. In most cases these notices come from Health Care Options, an independent enrollment broker contracted by DHCS. The notices, sent in blue envelopes, are mailed so that they are received 90, 60, and 30 days prior to the passive enrollment effective date.

Passive enrollment highlights the critical need for beneficiary outreach and education in the CCI specifically, and in dual demonstration projects generally. Informed beneficiaries who make a proactive enrollment decision are happier with their healthcare services and tend to experience fewer disruptions in care.[8]

Outside of dual demonstration projects, effective beneficiary outreach and education is also critical in a number of other contexts. Other health care transitions—like Medicaid expansion, changes to long-term services and supports, and enrollment into ACA marketplace plans—tend to be complicated and confusing for beneficiaries. Reaching beneficiaries about these complex transitions is key.

The Advocates for African American Elders Outreach and Education Model

This section focuses on the model that AAAE created and implemented to conduct outreach and education about the CCI.[9] In May 2014, AAAE completed a Community Survey of 550 African

[5]For more information on dual demonstration projects throughout the country, visit the CMS website at: http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/CapitatedModel.html

[6]For more information on California's Coordinated Care Initiative, visit DHCS's website at: http://www.calduals.org.

[7]More specific enrollment rules and procedures can be found under section 2.3, entitled "Enrollment Activities," pp. 23-27, of the California three-way-contract template, available at: http://cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/FinancialAlignmentInitiative/Downloads/CAContractwithoutSub.pdf.

[8]When California moved Medi-Cal only seniors and persons with disabilities to managed care using a passive enrollment strategy in 2011 to 2012, one finding was that people who were defaulted into a plan often experienced more problems. "60% of SPD beneficiaries did not actively choose a plan and were thus assigned to one by the state. According to informants, beneficiaries who were surprised by the transition and who were assigned to a plan often had more difficulty with navigation and accessing care through their new plans and provider networks." Transitioning Beneficiaries with Complex Care Needs to Medicaid Managed Care: Insights from California, The Kaiser Commission on Medicaid and the Uninsured, July 2013, pg. 4.

[9]Complete survey outcomes from the AAAE study are detailed in the AAAE Community Survey Report titled "Understanding the Service Needs of African American Seniors in Los Angeles County." This report may be accessed online from the AAAE website home page: http://www.aaaeonline.com.

American seniors residing in Los Angeles County to assess their knowledge of policies such as the Affordable Care Act and the CCI. One key finding from the survey was that 81.5 percent of this population of seniors had never heard of the CCI. This finding suggested that there were segments of the Los Angeles County population who were not being reached by the traditional methods of information dissemination and messaging, even though passive enrollment in Los Angeles was slated to begin in July 2014 and outreach and education was well underway.

In response to the finding that the overwhelming majority of African American seniors in Los Angeles County had never heard of the CCI, AAAE organized and began to host educational events called "CCI Comprehensive Educational Town Hall Talk Shows and Health Care Information Clinics" in South Los Angeles. These events began in 2014 and continue in 2015.

(a) Pre-Event Groundwork

Even before the events were held, AAAE took a number of steps to lay the foundation. First, AAAE formed a CCI Committee comprised of AAAE members and others from its existing aging network. This committee became responsible for identifying and selecting the event venue, developing marketing strategies, and assisting with the implementation of the model. To ensure that the committee had access to the most current and relevant CCI information, AAAE formed partnerships with other CCI stakeholders, including aging and disability organizations, organizations responsible for providing enrollment counseling, and the Cal MediConnect health plans. Additionally, to ensure that the committee itself was well versed in the changes, committee members received comprehensive training.

Second, the committee chose to host events at sites located in areas with a high concentration of dual eligible residents. Factors for selecting a venue for the event included location, cost, venue space, parking, and accessibility. To garner community support, AAAE mobilized members of its existing network and established new partnerships with agencies that serve the target population. Volunteers were also identified via this method.

Third, consumer preference and cultural needs informed all the outreach materials. Specifically, AAAE designed postcards, flyers and posters with careful consideration to reading level, language, images, color, and font. For example, the Community Survey indicated that African American seniors prefer to receive information about important issues in print form or face-to-face. Findings also indicated that a significant number of African American seniors do not know how to use a computer (44.6%) or have access to the Internet (43%).[10] These numbers almost doubled among those of advanced age and among those with low levels of education. Accordingly, in addition to listserv and e-mail blasts, outreach strategies included canvasing areas within close proximity of the venue and collaborating with community partners to disseminate materials to their constituents. Additionally, CCI committee members recruited volunteers from their individual networks and contacted local newspapers, community agencies, and the offices of elected officials to request their support in promoting the events.

(b) Day-of Events

The outreach events themselves have three components: a talk show, a game show, and informational clinics.

The day begins with a talk show. It is hosted by an African American actress and includes guests who are knowledgeable about AAAE and the CCI. Culturally congruent presenters increase the participants' level of access to information because they can relate to the messengers. The set design is a replica of a talk show set that offers audio and

[10] Id.

visual learning via the host, guests, and PowerPoint presentation. A key consideration is to keep content digestible, so the PowerPoint presentation includes visually appealing images and minimal text. In addition, the talk show host and guests are speaking from a memorized script. Therefore, the PowerPoint presentation is in the background and used to highlight the conversation in graphic form rather than being the main focus of the show. To ensure participants follow the conversation, each participant has a workbook that includes mirror images of the PowerPoint slides. This allows them to absorb information as it relates to their specific situation and take notes. A question and answer period after the talk show allows participants to ask guests questions for clarification.

The game show component highlights how advocates can approach communicating complex information in a creative manner. The game show allows the participants of the talk show yet another opportunity to engage with the material. It translates key information into a format that is innovative, fun, challenging, and includes a built-in reward system with prizes for participants. It is modeled after the popular television show "Who Wants to Be a Millionaire?," and the questions are designed to reinforce critical takeaways from the earlier presentation. It is moderated by the talk show host as well.

Finally, the informational clinics follow the game show component, and again showcase the importance of tailoring outreach to a population's unique needs. This portion of the event offers a unique opportunity for participants to access representatives from all five participating Cal MediConnect health plans and receive general information about each health plan. The key feature of the clinics is that participants are able to have face-to-face contact – their preferred method of receiving information – with representatives from the health plans and ask any questions they have about plan-specific benefits.

Throughout the day, participants are engaged with food, music, and singing, and they have opportunities to socialize. These cultural elements are important to transform an educational event into one that is accessible – and enjoyable – because participants are invested and feel as if they are part of the event.

(c) Post-Event Follow Up

To evaluate the program, two anonymous surveys are administered immediately following each event. Participants receive an incentive, such as an AAAE tote bag, for completing each survey. One survey assesses the talk show and game show components of the event. A second survey assesses the informational clinic component. The surveys measure the level of participant satisfaction with the event's content and usefulness of the knowledge gained from the program from each participant. Also assessed are areas where the event can be improved, how participants heard about the event, and demographic information about each participant. All data are used to evaluate the effectiveness of the model and to identify areas of improvement.

The second phase of data collection includes a follow-up phone survey with each participant to (1) assess action taken as a result of knowledge gained from the event; (2) identify facilitators and barriers to taking action; and (3) assess beneficiary experience with the CCI if, in fact, participants decided to enroll or were passively enrolled into a health plan.

These steps, particularly the post-event follow up surveys and phone calls, demonstrate the responsive and flexible nature of this creative approach. Effective outreach and education strategies require, in essence, a living component that adapts to the needs of the target population, the environment, key community partners, and programmatic changes.

Practical Tips for Advocates and Stakeholders

Know your target community. Advocacy should be informed by how people learn and by their identified needs. Thus, it is important to gather information about the target population prior to beginning any advocacy efforts. AAAE's approach

was to conduct a survey to collect data from the target population with the goal of using the findings to inform future advocacy efforts. Knowledge gaps, barriers to access, needs, and preferred methods of receiving important information were reported by participants, and AAAE then used these data to design a model and create content that was tailored to the needs of the target population.

Foster or enhance strategic partnerships. Populations are not "hard-to-reach" by nature, but rather, difficult to access by some entities. Partnering with organizations, agencies, and individuals who serve groups who have been difficult to access by your organization, or where there is limited experience or interactions, is important for identifying points of entry. However, it is important to first establish and then maintain relationships with potential partners so that these partnerships will be founded on mutual interests, shared ideas, goals, and responsibilities. For example, AAAE worked with local community organizations, policy advocates, and health plans to keep abreast of CCI developments.

Establish bi-directional relationships with community stakeholders. Strong mutual working relationships between advocates and community stakeholders are crucial. Advocates should include members from those communities for which you advocate to inform and guide your efforts. For example, AAAE has a 14-member Senior Advisory Council (SAC) that is comprised of African American seniors. The SAC vet all AAAE collateral and activities, including the AAAE Community Survey questionnaire. Some of the SAC members are former participants who attended previous events. These community stakeholders can increase the authenticity and effectiveness of advocacy efforts because they are able to engage and reach other community members in ways that others cannot.

Conclusion

Complex health care policy changes involving diverse populations require creative and culturally competent approaches to outreach and education in order to successfully communicate with and engage communities. AAAE's model, while time-, labor-, and resource-intensive, demonstrates the feasibility of reaching underserved communities. It also shows how a committed group of stakeholders and advocates can work collaboratively to increase an entire community's awareness and knowledge of important policies. The lessons learned are applicable to advocates and stakeholders in California doing CCI outreach, outside of California in other dual demonstration states, and more generally to those preparing for health care and other complex transitions involving diverse populations.

The AAAE Outreach and Education Model is one innovative way to increase access to information about the CCI to underserved communities. The model is informed by the community and its implementation includes community stakeholders throughout the process. These factors are the hallmark of its success. AAAE would like to disseminate the model in underserved and under-resourced communities. To that end, AAAE is available to provide technical support and training to organizations, groups, and individuals who are interested in implementing the AAAE model or parts of the model. AAAE can reached through visiting its website: http://www.aaaeonline.com.

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