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Assessing Attitudinal Barriers to Health Insurance Enrollment and Facilitation in Vulnerable Populations

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Introduction

- Nearly 550,000 individuals experience homelessness each night in the United States ^[1].
- Homeless individuals bear a disproportionately high burden of disease from acute and chronic medical conditions in addition to a mortality rate that is more than four times that of the general population ^[2].
- Single greatest obstacle to healthcare access amongst the homeless population is lack of health insurance ^[3].
- Lack of awareness of available coverage options and confusion regarding enrollment procedures may represent a primary barrier to enrollment amongst this population ^[4].
- Distrust and disengagement, language and literacy barriers, and absence of stable contact information may further impede the process of achieving health insurance coverage ^[5].
- In this study we surveyed guests at an urban homeless shelter to explore barriers and facilitators to health insurance in this population.
- We focused predominantly on attitudes towards health insurance and enrollment assistance that may inform future enrollment efforts.

Methods

- Study approved by Eastern Virginia Medical School Institutional Review Board under exemption from full review and waiver of formal consent.
- Structured interviews were conducted with guests of an overnight shelter for homeless adults organized through the Norfolk Emergency Shelter Team (NEST) over a one-week period in March, 2016.
- All interviews were administered by trained personnel following scripted verbal consent.
- A combination of free-response, yes/no, multiple choice questions and Likert-style questions were used to assess demographics, health status and health resource utilization, characteristics related to homelessness, insurance status, and attitudes.

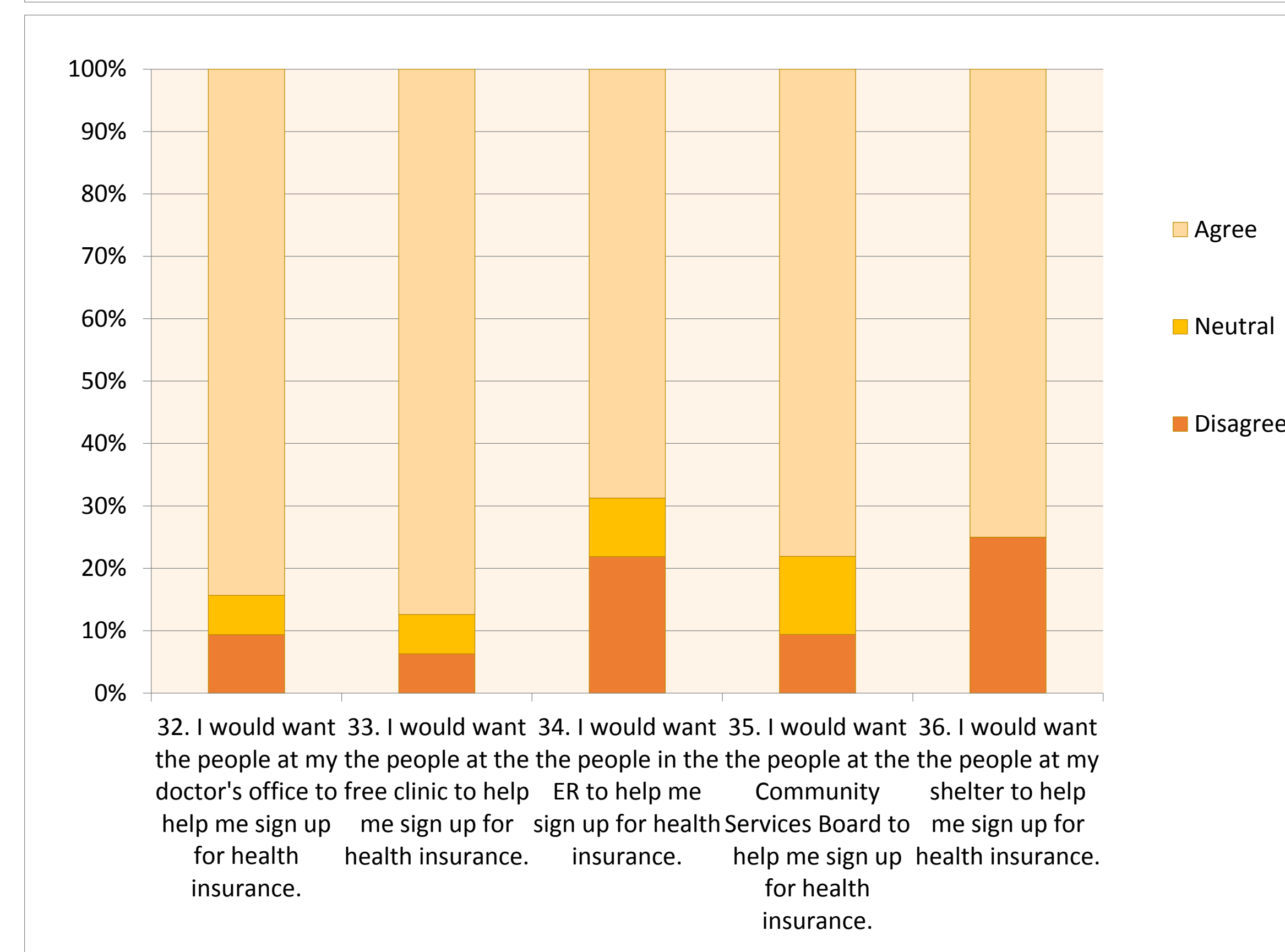
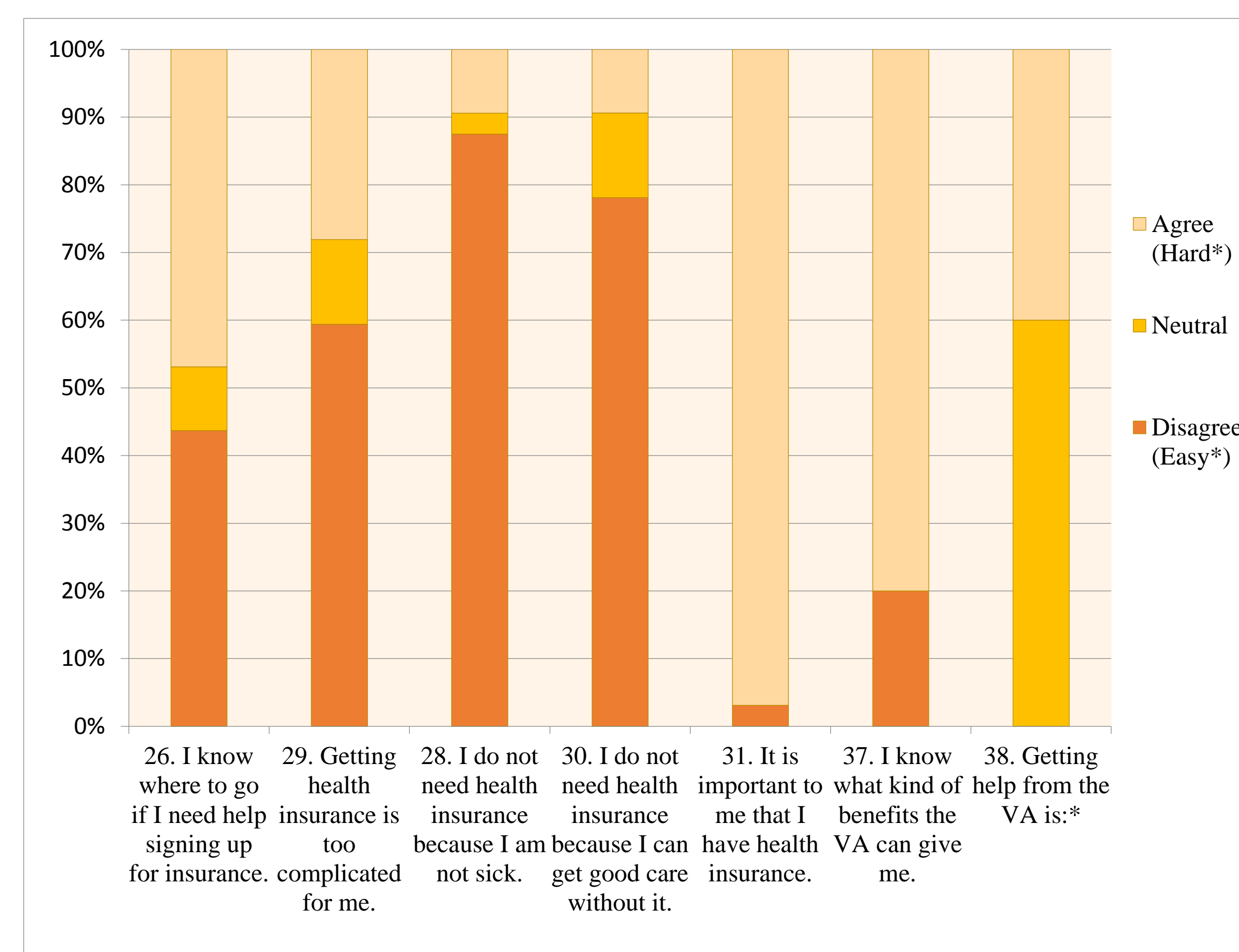
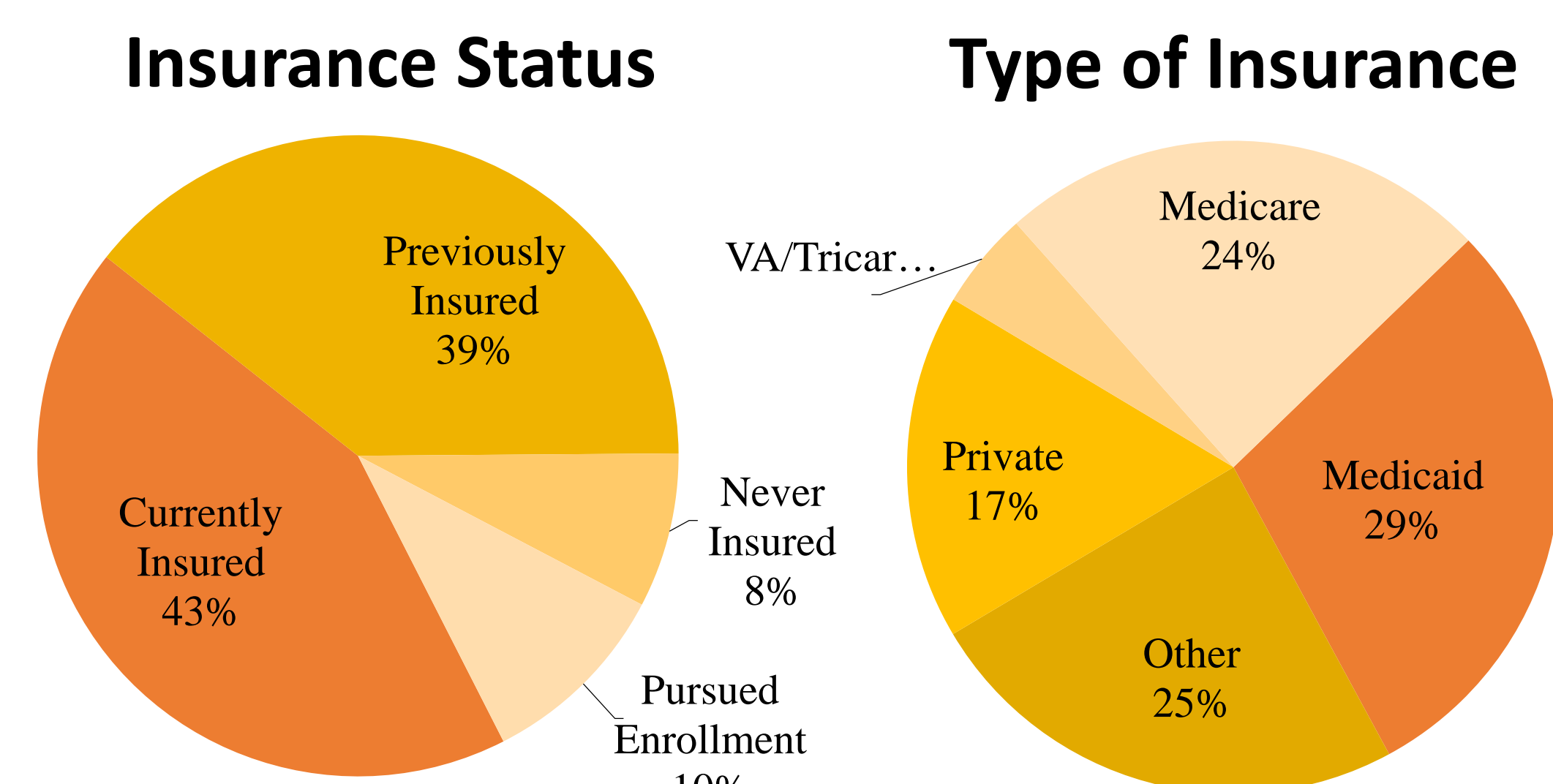
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Results

- 52 shelter guests, 81.3% of whom reported chronic homelessness, participated in the study.
- Forty-six respondents (90.2%) stated they had received healthcare in the past year; 11 (21.6%) report visits for preventive care.
- Compared to currently insured respondents, uninsured individuals with eligibility indicators were less likely to have completed high school (86.4% vs 56.3%, P = 0.037).
- Trends were noted towards increased coverage with increased educational attainment, dependent children, military service, and monthly income.
- Sixteen of the currently uninsured individuals (55.2%) reported at least one indicator of program eligibility.
- The most common barriers identified by participants included expense, difficulty negotiating the enrollment process, inability to access community resources

Variable	Insured (n = 22)	Uninsured (n = 29)	P
Age	44.3 ± 15.7	49.2 ± 9.9	.183
Male	17 (77.3%)	26 (89.7%)	.228
Race/Ethnicity			.549
African-American	14 (63.6%)	20 (69%)	
Caucasian	7 (31.8%)	6 (20.7%)	
Mixed/Other	1 (4.5%)	3 (10.3%)	
FLNE/LEP	1 (4.5%)	2 (6.9%)	.724
Education			.142
HSDG/GED or Higher	19 (86.4%)	18 (62.1%)	
Less than HSDG/GED	3 (13.6%)	11 (37.9%)	
Chronic Illness	14 (82.4%)	15 (75%)	.588
Currently Employed	16 (72.7%)	19 (67.9%)	.709
Monthly Income			.02
Less than \$792	10 (47.6%)	19 (70.4%)	
\$792 - \$1068	6 (28.6%)	4 (14.8%)	
\$1068 - \$1366	3 (14.3%)	0 (0%)	
\$1366 - \$1842	2 (9.5%)	0 (0%)	
More than \$1842	0 (0%)	4 (14.8%)	
Chronic Homelessness	16 (8.9%)	7 (24.1%)	.684
Over Age 65	4 (18.2%)	0 (0%)	.017
Disability	11 (55%)	5 (17.2%)	.006
Dependent Children	8 (36.4%)	5 (17.2%)	.121
Military Service	1 (4.5%)	5 (17.2%)	.163



Conclusions

- Distrust regarding facilitation in the previous literature is overstated**
- Regarding placement of resources to assist in enrollment, respondents most commonly reported that they would want facilitators in primary care offices and free clinics (84.4% and 87.5%, respectively) followed by the CSB (78.1%), the homeless shelter (75%) and the ED (68.8%).
- Confusion about the process is a warranted concern**
- Responses regarding the enrollment process were more divided. While 43.8% of participants believed they knew where to go for enrollment assistance, 43.7% disagreed. Alternatively, only 28.1% of respondents believed that the enrollment process was too complicated, whereas 59.4% disagreed. Only 20% of those with prior military service reported that they were not aware of the benefits offered by the VA; however, 40% reported that accessing these resources was difficult, and the remainders were neutral.
- Data showed that population prioritized insurance**
- Likert responses were not dissimilar from the population as a whole: 100% agreed that health insurance is important.
- Agree that financial barrier is significant**
- Interestingly, all 3 participants endorsing expense as a barrier to enrollment had multiple indicators for eligibility in public insurance schemes.
- Population has overall positive attitude towards health insurance enrollment and facilitation**
- Low level outreach is warranted; relationship and trust building within the community through insurance enrollment is efficacious.

Innovation

- Health insurance acquisition among vulnerable populations has been shown to double primary care resource utilization, increase use of ambulatory care services, reduce ED visits, and improve medication adherence. ^[6-8]
- Previous literature has shown that vulnerable populations can be effectively engaged in primary and other clinical care services through low-level tailored outreach efforts. ^[9]
- Implementation of low-level outreach to connect vulnerable populations with health insurance facilitators can identify individuals with markers of healthcare insurance eligibility.
- This approach addresses perceived barriers to obtaining health insurance such as negative attitudes and difficulty negotiating the enrollment process. ^[5]
- With 90.2% of respondents having accessed healthcare in the past year, the vast majority of individuals within this and similar vulnerable populations will have contact with resources.
- There is a need for further research to determine the effectiveness of tailored outreach efforts for the facilitation of insurance enrollment.