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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 barrier to enrollment amongst this population [4].
- Distruist 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 administrated 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.

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.
- 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].

References


Conclusions

- Distrust regarding facilitation in the previous literature is overstated.
- Regarding placement of resources to assist in enrollment, respondents believed 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%).
- 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, reported that they were not aware of the benefits offered by the VA; however, 40% reported that accessing these resources was difficult, and the remainder 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.
- Agreed 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].
- Previous literature has shown that vulnerable populations can be effectively engaged in primary and other clinical care services through low-level tailored outreach efforts [7].
- 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 [8].
- While 90% 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.