2017

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.

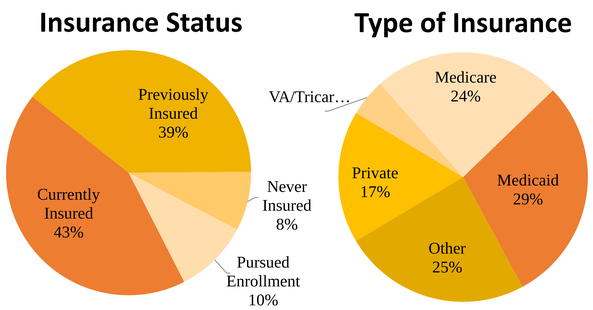
Methods

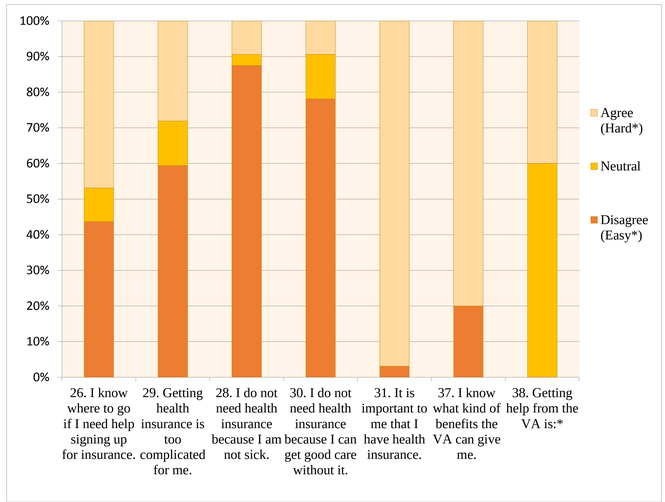
- Study approved by Eastern Virginia Medical School Institutional Review Board under exemption from full review and waiver of formal consent.
- Structured interviews were conducted with guests of an overnight shelter for homeless adults organized through the Norfolk Emergency Shelter Team (NEST) over 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.

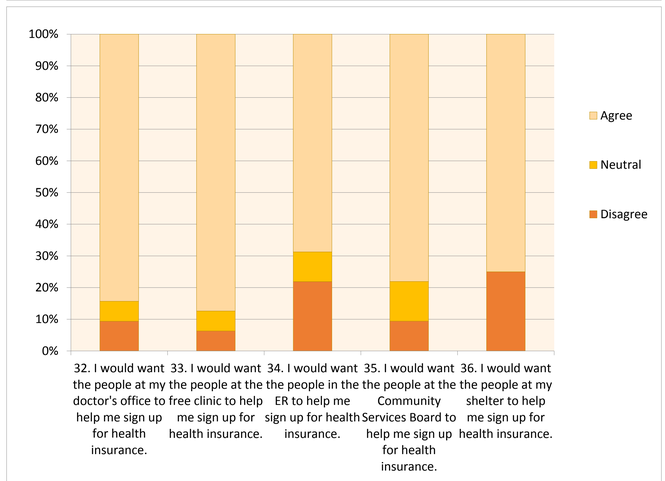
Results

- 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.

References

1. Meghan Henry RW, Lily Rosenthal, and Azim Shivji, Abt Associates. *The 2016 Annual Homeless Assessment Report (AHAR) to Congress.* The U.S. Department of
2. Morrison DS. Homelessness as an independent risk factor for mortality: results from a retrospective cohort study. *Int J Epidemiol.* 2009;38(3):877-883.
3. Jezewski MA. Staying connected: the core of facilitating health care for homeless persons. Public Health Nurs. 1995;12(3):203-210.
4. Fryling LR, Mazanec P, Rodriguez RM. Barriers to Homeless Persons Acquiring Health Insurance Through the Affordable Care Act. *J Emerg Med.* 2015;49(5):755-762.e752.
5. DiPietro B KS, Ertiga D, et al. *Medicaid Coverage and Care for the Homeless Population: Key Lessons to Consider for the 2014 Medicaid Expansion.* W A S H I N G T O N , D C: The Henry J. Kaiser Family Foundation; September 2012.
6. Kushel MB, Vittinghoff E, Haas JS. Factors associated with the health care utilization of homeless persons. JAMA. 2001;285(2):200-206.
7. Riley ED, Moore KL, Haber S, Neilands TB, Cohen J, Kral AH. Population-level effects of uninterrupted health insurance on services use among HIV-positive unstably housed adults. AIDS Care. 2011;23(7):822-830.
8. Baicker K, Taubman SL, Allen HL, et al. The Oregon experiment--effects of Medicaid on clinical outcomes. N Engl J Med. 2013;368(18):1713-1722.
9. O'Toole TP, Johnson EE, Borgia ML, Rose J. Tailoring Outreach Efforts to Increase Primary Care Use Among Homeless Veterans: Results of a Randomized Controlled Trial. *J Gen Intern Med.* 2015;30(7):886-898.
10. Courtemanche C, Marton J, Ukert B, Yelowitz A, Zapata D. Impacts of the Affordable Care Act on Health Insurance Coverage in Medicaid Expansion and Non-Expansion States. 2016. doi:10.3386/w22182.
11. Tsai J, Rosenheck RA, Culhane DP, Artiga S. Medicaid expansion: chronically homeless adults will need targeted enrollment and access to a broad range of services. *Health Aff (Millwood).* 2013;32(9):1552-1559.
12. Chwastiak L, Tsai J, Rosenheck R. Impact of health insurance status and a diagnosis of serious mental illness on whether chronically homeless individuals engage in primary care. *Am J Public Health.* 2012;102(12):e83-89.