Conducting Culturally Competent Outreach and Enrollment

Connecting Kids to Coverage National Campaign

Webinar Transcript July 21, 2015

Riley Greene: Okay. Thank you all so much for your patience there. I hate technical issues. But they happen. So without further ado, we'd love to get started. Thank you all for joining our Connecting Kids to Coverage Webinar on Conducting Culturally Competent Outreach and Enrollment. We have about 275 people signed on right now and we had over 500 people sign up, so we know that this is an in demand topic and I'm really excited for the fantastic lineup of speakers that we have put together today. So I'm just going to run through a couple of housekeeping items and then turn it over to our lineup of experts to get going here. So just as you've done for your feedback on the audio quality, which I very much appreciate, we're going to take questions through the chat box. That way you can write your question in as you have it and we'll collect those questions and run through them at the end of the presentation. So again, to ask the question use that control panel, that's the grey box on the right hand side of your screen. One quick note on our run of show today. We had a change, and unfortunately the Indian Health Care Resource Center of Tulsa won't be able to join us, but we hope to have them on a future webinar. So stay tuned for a great presentation from them in the future. To anticipate our most popular question, I will say that a copy of the slides and a recording of the webinar will be available on InsureKidsNow.gov in about two weeks. And if you need or want a copy for your team earlier than that, you can reach out to our webinar organizer, Jenna Kelly, who you received the invitation emails from, and she can follow up with you directly. So without further ado, I'm going to hand it over to Donna Cohen Ross, the Director of Enrollment Initiatives at the Center for Medicaid and CHIP Services to kick us off. Donna?

Donna Cohen Ross: Thank you so much Riley, and thanks everyone for joining us on a summer afternoon. We're very happy to be hosting this webinar today. It is a topic that we often get a lot of questions about, and it is a topic that we know we need the experts to guide us. So we're very happy to have those experts with us today. I'm going to give you a brief overview of what we're going to talk about today, and then introduce our first speaker. So I think you can see on your screen the agenda. We're going to talk about using culturally and linguistically appropriate services to increase enrollment, I would add to conduct outreach and increase enrollment. We're going to hear about some very specific enrollment lessons learned from our friends who are working with Asian American, Native Hawaiian and Pacific Islander families. We'll hear some broad discussion, but also we'll hear about some on the ground outreach which I think will help us be very concrete. Later, we'll have some, our usual walkthrough of our Connecting Kids to Coverage Campaign resources. And then we will go to some questions and answers. I'm hoping that as you are listening to our speakers you're thinking about some of the challenges that you

may have in your own outreach work in your own communities or in neighboring communities doing what is best in terms of culturally and linguistically appropriate outreach and enrollment. If you have questions, if you have worries, if you have challenges, I hope you'll be thinking about those throughout the presentation so that during our question and answer period you'll be able to voice those and get some guidance, some advice, some answers, and help us with our discussion. So without further ado, it's my pleasure once again to introduce my colleague here at the Centers for Medicare and Medicaid Services, Cara James. Cara is the Director of the Office of Minority Health, a great partner with us on outreach and enrollment efforts. So welcome Cara, we're really eager to dive into the presentation. So take it away.

Cara James: Thank you so much Donna, and good afternoon to all of you. It is my pleasure to be here today to talk to you about how you can use culturally and linguistically appropriate services to increase your outreach and enrollment to Medicaid and CHIP eligible individuals. So on the next slide we're going to start with a little conversation about culture and what it means. Because when we say culturally and linguistically appropriate services, it is best to begin the conversation at the beginning. As you can see, culture is composed of many things, and the way to think about this is at the end of the day these are the things that make us unique. They are also the things that affect how we think about health coverage and the importance of having it, and they are also the things that affect our interactions with the health system. We want to take a holistic approach to improve outreach to communities and help to reach them as we enroll. On the next slide, go through and think about how we can break down different pieces of culture. It can be thought of in many ways. So the social determinants of health are this list of things that you see, and these come from the World Health Organization Social Determinants of Health Commission. There are a variety of things such as the social gradient, where you are in socioeconomic status. Early life, we talk about prenatal care but not just prenatal care. It is also the safety and security of your home, having access to healthy food so that our children can grow up into healthy adults. Social exclusion, work, unemployment, social support, addiction, food, stress, transportation, the environment and the community in which we live. And then we've also added health insurance, English proficiency, and health literacy. And each one of these can have an impact as you're thinking about your outreach to the community, what their health needs are, what messages will reach these populations to help encourage them to enroll in health coverage and make sure that they are using coverage to take care of the things they need. I'm going to go through just a couple of examples of what this looks like within our population. And as you can see, the US is a very diverse population. It is one where we have more than 60 million people who speak a language other than English at home, and more than 25 million of those individuals speak English less than very well. As you can see, these are the top ten languages among individuals who speak languages other than English at home. What's worth noting when we are thinking about outreach to our Medicaid eligible individuals is the population is much more diverse at this stage than our Medicare population for example or than the national statistics with many more individuals who are Medicaid eligible speaking a language other than English at home and being from different communities. On the next slide, it shows you the top ten languages again but arrayed by the proportion of the population who speak English less than very well. And it is worth noting the huge variation that you see, where Vietnamese is the top

language where 60% of those individuals speak English less than very well, and German at the bottom with only 17%. It's worth also noting that when you think about this as a proxy for individuals who may have immigrated here from other countries that their health systems are very different in many cases. Coverage and the need to have coverage may not be something that they're familiar with, and it has an impact on your outreach strategies of how you might engage with the community. And again some of those messages and thinking about the differences in the health systems from which they come. On the next slide, one of the things that we know is that many people speak English perfectly well yet still struggle to understand basic health coverage terms and to navigate the system. As you can see, we have at the top the definition of what health literacy is. It is the ability of those individuals to have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. You think about the enrollment process for coverage, the terminology and interesting pieces that they may struggle to understand, as well as the benefits that are now available to them through coverage. And ultimately, it can also impact their ability to navigate the system to get the care that they need. So one trick is to make sure that as you're producing materials, that you do those at the lowest health literacy level possible, typically we think the fifth grade level or sometimes the eighth grade level. This also affects how this relates to your work of reaching the uninsured and helping them to get enrolled. And so as we look at how all of these come together and who the uninsured are, you can see that they are a very diverse group of individuals. But many of them we know, 1 in 2 has an income below 200% of the federal poverty level. 1 in 5 has not finished high school. Half of them identify as a racial or ethnic minority. 1 in 4 were born outside of the US. 1 in 5 have limited English proficiency. Half of the uninsured adults lack a usual source of care. 2 in 5 have had no health care visits in the past year. And half are likely uninsured for more than 12 months. So this is a population that again in terms of their connections to health care may not be as familiar with coverage and utilization and how to engage in the enrollment process or understand the benefit of signing up for coverage given how they may have been utilizing the health care system currently. So what can you do? And one of things that we talk about is providing culturally and linguistically appropriate services in your outreach strategies and throughout the enrollment process. And as you can see the definition includes the integration not just of the knowledge of individuals but standards and practices and attitudes into the services that are provided. One way to think about this is, cultural competency is a process of viewing this throughout the organization, not just from the outreach strategies but also to the policies and questions we are looking at and practices we put in place. On the next slide, we look at what it means to provide linguistic competence. And as you can see the definition here, what I want to highlight is that we think about linguistic competence for those individuals with limited English proficiency, but as you can see it is more than that. It's also working with those individuals with low health literacy and people with disabilities and thinking about alternative formats. At the end of the day, it's making sure that we're communicating effectively to our audiences and that they understand our messages, something that is critically important in the outreach and enrollment process so that consumers can understand what they are signing up for. On the next slide, I want to briefly go through these next few slides. The National CLAS Standards that we have to help you understand how you might go about providing culturally and

linguistically appropriate services. These standards are grouped into four categories. The first Principal Standard as you can see ultimately is looking to provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs. The next three standards are grouped into Governance, Leadership and Workforce. As you can see, two of the standards are listed here but it covers Standards 2-4, and they focus on the workforce that is providing those services and your organization is structured. On the next slide, when we look at Standards 5-8, they are grouped into Communication and Language Assistance. It really focuses on how to provide high quality linguistic services to those individuals with a variety of needs. Again, not just focused on those with limited English proficiency but including literacy levels and individuals with disabilities. On the next slide you see Standards 9-15 focus on Engagement, Continuous Improvement and Accountability. Some of those standards are reflected here. They look at collecting the data and understanding who the communities are that we're serving and the impact of our activities as well as partnering with the community to continue our efforts. So those very quick snapshots of the 15 National CLAS Standards, and I'll talk about where you can find out more information. But I want to just take a moment to talk about what this means for you in your outreach and engagement strategies and how you can use these to help increase enrollment. And the first thing I want to note is that although there are 15 standards, you don't have to think about doing everything. You can start with something in one of those buckets to focus on how you can begin to provide culturally and linguistically appropriate services or to expand your capabilities for those who are already doing this. One thing to think about is you can have cultural competency champions throughout the organization. You can collaborate with businesses, schools and other stakeholders to learn about the community and to share information, I know that many of you are already doing this, and thinking about branching out to some of the other partners who you may not be engaged with who may have strong ties to populations of interest that you are interested in working with to increase enrollment. Another is to hold trainings on how to address the needs of the population, and again this is a great way to partner, to bring in those who have that on the ground perspective and are the trusted sources in the community, to share those lessons with you and your colleagues. To identify the language preferences of the customers and to provide multiple forms of language services. You can make sure that staff are fully aware of and trained in the use of language assistance services, policies and procedures. And collecting demographic data and using that data to guide plan development and monitor implementation. We know there is data available on where the uninsured are and detailing who they are and understanding how we can reach them better to increase enrollment. And finally, gather feedback on the quality of the services from the customers. Do you remember those last set of standards were about improvement and accountability and how do we do a better job serving the populations we are trying to reach. That will help to increase the community outreach as well as increase enrollment numbers. So I want to close out by sharing an example of how we have engaged in the provision of culturally and linguistically appropriate services and some of the lessons that we learned from that. And that is through an effort we have which is called From Coverage to Care, and it is designed to help the newly insured understand their coverage and be able to connect to the care

that they need. We have a number of resources that we've developed here as you can see and they're all available. But one of the things that we wanted to make sure in designing this was that it was at accessible levels. So we worked with pilots, with community partners, to review the document in English. We heard lots of feedback about making sure that we lowered the literacy level to make it more understandable. We also heard a desire to pull out additional tools, that for some consumers, the booklet was too much to handle in one fell swoop. So we made consumer tools like the insurance card example, the primary care and emergency care, smaller steps that could be more digestible for a broader array of consumers. One of the other things that we knew we wanted to do based on the earlier slice that we showed was to translate the road map into additional languages. So one of the questions that we started with was which languages should we choose, and how do we ensure that we have a high quality product? We picked our languages based on data, again the importance of having that data, from the call center that we received in terms of requests for other languages and also looking at the data I showed you earlier about the top ten languages spoken other than English at home with those with the highest proportions of individuals with limited English proficiency. And then as we thought about how do we ensure a high quality product, we turned to one of our partners who you're going to hear from next to reach to the community to make sure that they reviewed the document both as it was translated and as it was graphically laid out to ensure that the translations were culturally appropriate and that we had a product that would be useful in the community. We are extremely grateful for the help the Asian Pacific Islander American Health Forum did in connecting us with communities to review both, I shouldn't say both, but the Chinese, the Vietnamese and the Korean translations. We also worked with partners for each of the other languages and we worked with our Tribal Affairs Outreach and Enrollment Group to ensure that our version that we had for tribal communities spoke to them and was culturally appropriate. So I think in terms of lessons learned, just closing out, that we had a number of lessons that working with the community is a very good thing to do if you can do that. It takes more time than you probably think, so you want to make sure you buffer that in. And that because of the time that it takes to ensure the high quality product, to make sure that you buffer in as well an ability to both acknowledge the community for their efforts and also to reimburse them, because it is their time as well that they have invested in this process. But absolutely I encourage you to work with the community and to find those partners who can review the documents to make sure that they will have that reach. And again, we are incredibly grateful for each of our partners who reviewed that. Finally, I just wanted to share some resources where you can learn more about how you can incorporate culturally and linguistically appropriate services into your organization and things you can do. As you can see, there are some resources for providing effective communication and language assistance, resources for the marketplace, as well as resources from the National Disability Navigator Resource Collaborative. So again, I thank you for the opportunity to present and I look forward to the discussion.

Donna Cohen Ross: Great, thanks you so much Cara. That's a lot for us to digest, but I know that as we're listening we will be thinking back to some of those high level ideas that you shared with us, and I think we'll have some good questions when we get to our question and answer period, so thank you. Next I am going to introduce the person that Cara was alluding to a

moment ago, another great partner. I want to welcome Bonnie Kwon, who is the ACA Program Manager for the Asian and Pacific Islander American Health Forum. She is also going to talk, maybe with a little more specificity, but also with some broad strokes about this topic, leading into a very specific presentation from one of her colleagues in the field. So Bonnie, it is your turn and we welcome you.

Bonnie Kwon: Thanks so much Donna. Can everyone hear me?

Donna Cohen Ross: You sound great.

Bonnie Kwon: All right, thanks. So thank you again and good afternoon everyone. I am the Program Manager, the ACA Program Manager at the Asian and Pacific Islander American Health Forum. We're an organization that influences policy, mobilizes communities and strengthens programs and organizations to improve the health of Asian Americans, Native Hawaiians and Pacific Islanders. We work with a network of community based organizations across the country. I want to turn sharing a little bit with you about the activities that we had with our community partners for the ACA. We came together with four altogether national partners including ourselves with AAPCHO, the Association of Asian Pacific Community Health Organizations, and two affiliates of the Asian Americans Advancing Justice Network, AAJC in DC and Advancing Justice LA in Los Angeles, along with over 70 community based organizations and community health centers to coordinate and really leverage resources for conducting ACA outreach, education and enrollment in AA and NHPI communities. So we, all of the organizations, in particular our community health centers and community based organizations, have deep experience with reaching diverse and hard to reach communities through culturally sensitive and linguistically appropriate services. We really wanted to make sure that the coordinated effort was going to maximize the reach that we had to Asian and NHPI communities. On the next slide, you'll see that there are dozens of different languages spoken in the Asian American, Native Hawaiian and Pacific Islander group. Actually, I think my slides are a little bit different than the ones that are loaded. But maybe we can find the demographic profile slide. Going over the first open enrollment, we know that there were an estimated 1.9 million uninsured AA and NHPIs. And we were very aware as I said earlier that there were dozens of languages spoken and language was going to be a significant barrier. In addition to language, we knew that 60% of Asian Americans are foreign-born, so there would be concerns related to immigration status, fear of enrolling in a government program if you are a member of a mixed status family or even for those who were immigrants and were anticipating at some point filing paperwork for citizenship that based on the different histories that communities have they fear that they may later on suffer negative consequences as a result of having accessed government services. Being aware of language access and immigration status is one of the two greatest barriers. We've built an outreach, education and enrollment strategy along five pillars. The five pillars were outreach and education, eligibility and enrollment, monitoring and enforcement because we wanted to ensure that consumers were having meaningful access to the marketplace. Developing resources, both financial resources to do the work but also innovating and increasing intellectual resources and expertise of our in-person assisters in the network. And then finally we wanted to, we made very intentional building service capacity for limited English proficient

consumers since that was a barrier. Since open enrollment one in fall of 2013, Action for Health Justice collectively over 22 states has been able to touch nearly 850,000 individuals through outreach and engagement with events, health visits, one on one sessions, presentations, workshops. And very importantly, the assistance that was offered was in 56 languages, and the reach really was maximized through over 500 partnerships. So that's a little bit about what we've been able to do with our partners. But I want to turn now to a few lessons learned that have emerged through the first and second open enrollments. The first is engaging AA and NHPI consumers. As community champions and really trusted messengers of their communities, our partners, our CBO partners, engaged hard to reach consumers through strategic and very innovative methods that address language, cultural, socioeconomic, and health literacy barriers. Really altogether, we say these efforts worked to promote a culture of coverage. This is accomplished through working in the community. HJ partners had a strategy to go where the community lives, works, plays, worships, and shops. HJ partners disseminated information through a variety of different venues and events that already existed as hubs of information and were social gathering places. Some of the places that folks presented at were temples, mosques, churches, alongside faith leaders who were trusted messengers in the community. They also engaged in partnerships with small businesses like ethnic groceries. We found that the majority of the community that we worked with, the ethnic grocery was a really effective bulletin board and an information dissemination center. We also partnered with public and government officials where they had existing relationships with the community. And finally, in reaching consumers where they were at, there were very effective partnerships with ethnic media also. They also opened enrollment store fronts. One of the examples that comes to mind is that we have a partner in Minnesota that rented a space at a Hmong flea market that houses over 200 vendors and really attracts Southeast Asian consumers from the entire state of Minnesota. They provided one on one enrollment assistance and also more general education sessions at the free market. Finally, in engaging consumers it was really important to continue to develop trust throughout. So our partners addressed misconceptions and in particular immigration status concerns, really beginning from a place of validating consumers' concerns, one on one education to dispel myths, and recognizing that it was going to take time to build trust for the marketplace through multiple encounters but always being ready with consistent easy to understand information. And in particular for immigration related concerns, our partners did the work of bridging the information that came out early in round one of the open enrollment about, there was an ICE memo that came out to clarify that there would be no negative immigration repercussions for mixed status families who applied on behalf of eligible family members. So our in-person assisters filled that gap to do that education and therefore create that culture of trust that was needed for folks to enroll. They also engaged in strategies such as opening official mail with family members who had a history of mistrusting and fearing communications coming from government agencies. The second area of lessons learned was the effectiveness of in-person, in-language consumer assistance. This meant direct engagement in one on one encounters beginning with education that was offered. If education was offered in larger settings or even small groups, there was either simultaneous interpretation or offered in-language. On the slide before you, you will see a picture of one of our partners at SEAMAAC in Philadelphia providing enrollment assistance to a

mother and her young child. This is an example of the kind of community partner we have. They have over 30 years of experience working in the community, serving refugees, immigrants and asylees. So they are really looked to as a trusted source of information, and that relationship has continued based on the intention they have put into building a staff of over 42 people with over 50% immigrants and 80% being bi- or multilingual. So with staff working in a trusted organization that are knowledgeable and meeting the consumer where they are at in terms of language and enrollment process does then create that trust and cultural sensitivity to where the consumer may be coming from. You'll see on the next slide, sorry, on this slide you'll see, I'm not sure if this is a complete list of the 56 languages but this is a snapshot of the languages that the in-person assistance was provided in. And the next slide you'll see that another area of lessons learned was really the value of providing high quality translated resources. This is a snapshot of the Action for Health Justice Health Insurance Enrollment Glossary. This glossary is a combination of over 100 terms that our CBO partners identified as important for the enrollment process. It is soon to be released in a full 13 languages. We have 10 currently released ...

[automated announcement]

Muted.

Riley Greene: Hi Bonnie, we can hear you, go ahead.

Bonnie Kwon: Okay, sorry. Going back to something that Dr. James touched on. This resource was created with community feedback and input and multiple updates and revisions so that it would actually resonate that the terms were contextual and not just literal translations. On the next slide you'll see that there was really a three pronged strategy when looking at quality translated resources. We wanted, community partners identified that they need to be simple, straightforward language for people with lower literacy or education levels to understand, that there should be a very limited number of messages so that the messages that are being carried forth are the key concepts to grasp. And then finally that like everyone else, that pictures make it much easier to understand concepts and also to resonate. One of the things that often were overlooked in general outreach was that if you were providing an outreach flyer and a picture of a community member, that that community member should in some way look and feel, the setting should feel like the target community. So finally I wanted to bring the lesson learned that the experience that our Action for Health Justice partners had with championing the voices of AA and NHPI communities. Because this was and continues to be the marketplace, they continue to be new programs for many communities. And as we go through subsequent open enrollment periods, we are needing to reach deeper and deeper to reach the harder and harder to reach. The importance of championing the voices, collecting the stories, and elevating the stories so that there is a notion and a feeling of this being a shared experience. And that really goes back to one of the earlier barriers that I mentioned about fearing and mistrust of the ACA and sharing stories folks feel they can identify with and maybe they share similar barriers and can gain added confidence to enrollment. In championing the voices, I say it was also important to take the stories of both the challenges and successes back to government agencies to share where there were areas to concentrate on to make improvements and update the system. So today, we're in

the summer lull before gearing up for open enrollment three. We're continuing the work with our partners in three areas. We continue to support in-person assistance and navigation through sharing resources and coordinating efforts and collaborations and partnerships. We're focusing and looking at, how are we going to reach the harder to reach that haven't already received the message and information about the Affordable Care Act? And then as folks are becoming newly insured, how are we helping people keep and use their coverage? I think the resource that Dr. James shared at the end of her presentation is one resource that we have been very happy to collaborate with. However, we want to look at what else there is and what we can do to support our CBO partners. You can here see a list of a few of the publications that we have released along with the web address where you will find it. I want to just say thank you and I really look forward to hearing from the participants on the webinar this afternoon.

Donna Cohen Ross: Bonnie, thank you. That was a really tremendous presentation. I know that it was the second time that I heard it and I really learned a lot just by listening to not only your words but thinking through some of the examples you gave. I think one of the things that really resonated with me was something you said a little while ago. You talked about what application assisters, the value of having them validate the concerns that consumers have, but also your next sentence or a few sentences later was about giving them information that might help allay their fears. And it seems to me that it's that balance that we're striving for. So I thought your example was a really good one. I guess others will know that we also have seen great, just a great way of working with local communities by working with community businesses. Grocery stores have really been very helpful, and you talked a little bit about that. As you may know, we have one of our outreach videos from Texas that looks at conducting outreach and enrollment at a site which happens to be an ethnic grocery store and talking with some of the families that have gotten help there you can understand why it just feels like enrollment is part of the community. So I thank you for that example as well. So I want to introduce our next speaker, who I think is going to get even more on the ground. And that is Zeenat Hasan who is the Director of Empowerment and Advocacy at the Asian Pacific Community in Action organization. She is going to tell you a little bit about her organization, where she is located, and the work that she is doing. So welcome.

Zeenat Hasan: Thank you Donna and thank you to Bonnie and Cara for both setting this up so well. My name is Zeenat Hasan, and I'm the Director of Empowerment and Advocacy at a community based organization in Phoenix, Arizona called Asian Pacific Community in Action. We were founded in 2002, initially to address Hepatitis B concerns in the Asian American community. We have been around since then, and we serve mainly Asian Americans, Native Hawaiians, Pacific Islanders and other emerging refugee communities. We do many things like health education outreach, we do enrollment assistance on Medicaid and marketplace, and we also do advocacy work. So we do advocate for language rights, for cultural competency with our local community health centers and partners and we work with local policies as well as national policies to ensure that the voices of our community are part of our political landscape. Our staff, we do have some full time staff. We have part time outreach staff, but more importantly we have community volunteers and student volunteers. And of course, during open enrollment period we would have up to maybe 25 to 30 volunteers doing various things around enrollment for

Medicaid as well as marketplace. Not everybody who comes to us has been trained as a certified application counselor or navigator or do enrollment work, but they do all play a critical role in doing outreach events like setting up events, engaging key stakeholders in the community, and ensuring participation at some of these outreach events that we put on ourselves. We also have a medical interpretation program, so we try to cross train individuals as interpreters as well as application counselors who can work with Medicaid and marketplace applications. Arizona does no longer have a Children's Health Insurance Program, that ended in 2012, and about 40,000 kids were uninsured at that point. Many of them moved onto Medicaid, and others that were not eligible for Medicaid were supposed to be enrolled in healthcare.gov in the marketplace insurance. We don't necessarily know whether all those children were enrolled in a plan, but those who qualify for Medicaid were. Subsequently, a group called Children's Action Alliance, a local advocacy group that has multiple service partners and engaged with them. They do advocacy work and also ensure that all the partners working are able to conduct appropriate outreach and enrollment services for Medicaid in the state. Our enrollment numbers. During first and second enrollment period these last couple of years, we enrolled about 1,100 children, and most of them came to us as part of families that were coming to us, and really, it was interesting, it transformed our office. We had children running around, we had to have things to play with and distract while parents were in appointments. It was something that we hadn't quite seen before at our offices. We have been busiest during open enrollment periods, but we qualify about half of all our enrollees in Medicaid. So even though we do Medicaid enrollment all year round, this told us that families were not aware of the benefits that they qualify for or really how to access them without our assistance. So even though the first and second enrollment periods, the first enrollment period we were qualifying over 65% of people for Medicaid insurance and not even marketplace insurance. And that told us quite a bit about what people knew in the community and what they knew they were eligible for. One of the absolutely most important aspects of our work are the volunteers that we engage. Volunteers are crucial to our efforts in reaching the community that we serve. It wouldn't be possible without the people from the community who have a vested interest in their friends and their families having good health care coverage. They are in fact the foundation of all the work that we do in Asian American, Pacific Islander, and Native Hawaiian communities. Really building relationships in the community, it's a long term effort. It's something we've done since the founding of the organization. And building those relationships with individuals, with stakeholders, with other organizations that work in the community is something that we do day in and day out. And it is also our primary way of recruiting volunteers. So when we are trying to provide culturally and linguistically appropriate services, it is the volunteers that work with us and alongside us that actually are the bridges to the community that we serve. And by having these relationships in community and knowing people in the community, we get to know about, you know, young people who are waiting to go to graduate school and maybe have time to volunteer for us. Or retirees, or others looking for part time work. And those are really the ideal volunteers, right? And they come to us ready to really serve, and we are able to equip them with the information, with the knowledge, with the tools that they need to do the type of work that our communities require. We rely on bilingual volunteers to conduct outreach at community events and who could recruit other

volunteers during these events. They can talk about their experiences as volunteers and help others think about becoming a volunteer in whatever capacity they can do. Here in this picture you see two of our volunteers. They are also certified application counselors and also do Medicaid enrollment. They were at the Lunar New Year festival spreading the word about Medicaid and our Kids Health Link program. It's important for us to calendar all of the Asian American and Pacific Islander festivals during the year. These some of the most important periods where we can touch the most number of community members. So the Lunar New Year is a huge event. Chinese Week is another huge event, the Aloha Festival, Matsuri Festival, the Autumn Moon Festival actually in Fall. Various festivals, you should be able to find them in local newspapers or especially in ethnic newspapers as to when they are. But we always have a calendar of these events as one of the ways that we can reach the most number of people. And secondly, it is through our volunteers' relationship to the community, we are able to work more closely with Asian American and Pacific Islander restaurants and businesses. And we find they are very willing partners in various aspects of outreach, and I'll discuss that in a moment. They allow us to use their space and they are supportive of us putting flyers and reaching the community that they serve as well. And I think, really my point is that volunteers are an investment. They provide just that critical link to communities. They speak the language, they are part of the community that we are serving. And so stipending volunteers is actually critical to recruiting volunteers and keeping them. And what we have been able to do is to provide just nominal stipends, not much at all, but we also reimburse volunteers for mileage. Phoenix is a large area, it covers something like 9,000 square miles. So mileage reimbursement became really important. Nonetheless, they were there to do the work and not necessarily for the stipend, it was very nominal as I said. But retaining volunteers is another thing. You can recruit, recruit, recruit, but how many of them will actually stick through it through open enrollment or as many months as you need them to work? What we ended up doing was creating teams of volunteers that worked in specific language communities. And these teams are mutually supportive, so not everybody on a team of maybe three to five to seven people, not everybody would be doing enrollment work. Some would be better at organizing events, some would be better at recruiting participants for events. Some would be able to do enrollment work. Many of them or all of them should be able to do eligibility work and help people understand what they are eligible for. Usually each team had a team lead that would be the main liaison with the organization. Again, we stipended the volunteers, everybody that worked. I believe that the CACs, the people who enrolled folks in the programs received a higher stipend than others that were doing more of the recruitment and participation at events. But it was also important that volunteers were working in their communities, so that the places that they worked and did outreach were consistent and that the places were familiar. So we would have folks that would set up at an apartment complex for example where we knew that a high number of refugees lived or a high number of Somali refugees or Bhutanese refugees lived. And they would be there on the same day once or twice a week every week and provide eligibility resources, help people understand what they were eligible for and also be able to enroll people at those places. But it was important that it was consistent, and these were places that were familiar to communities. Transportation is always a large issue in reaching the community that we work with. So it wouldn't be appropriate to just

have appointments at our offices or at one central location. Our communities are spread out all over the place. And in Phoenix we don't have anything like an Asian Town or a Chinatown or Korea Town or Little Korea or Little Japan or anything like that. People are really dispersed throughout the community, like I said it's 9,000 square miles. We very much rely on being in places where people are, at community events. And many of the volunteers will know of community events that weren't even on our radar. So they would know when the Bhutanese community was having a celebration. And it's very interesting that in a community like the Bhutanese community, there may be 2,000 people at that community, but gosh, when they have events everybody comes out. An example of that is when they were electing a president for the local Bhutanese organization, everybody in the community cast a vote for the president. I thought that was just an incredible show of organizing. So there is a lot of organization that happens within these communities that we really only get to know of through the volunteers that come to us from the communities. As well, volunteers act as advocates. They know the stories of the communities and helped us be better advocates for them, for the people that we were serving. And of course, retaining volunteers through appreciation. It's very important that we were recognizing the volunteers that worked with us on an ongoing basis. Here we were giving away t-shirts that said Turn Up the Volume. And people wore them really proudly, I was very impressed that our volunteer corps wore these t-shirts. We gave them basketball tickets, things like that that we could get our hands on. We didn't have the funding to pay them like the workforce that they are and they absolutely deserved to be paid. But we compensated them in other was and we showed them appreciation in other ways. And I think that that for us was critical in retaining a lot of our volunteers. So our strategy really for reaching many of the communities. Ethnic media is powerful. Because from our previous work and some assessments we did in the community, it shows us that a really high proportion of those we were trying to reach do get their information from ethnic media sources. That includes newspapers and radio. What we did in the photograph that you see is we held a media luncheon where we invited all the ethnic media partners in the area and invited them to a restaurant, had a luncheon, talked to them about what our upcoming work was. And it was really good to get their buy in so that they know us and so we could know them. Some of our media partners, they would have different people working for them at different times, and some of them had consistent reporters, the photographers throughout the number of years that we have been working with them. So it became more of an alliance in a way because often they were looking for local content, and we were looking for media outlets. So if we would submit an article about the work we were doing, we could also rely on them to help translate the articles into the appropriate language. That was a very important way of getting the word out, especially if we weren't able to buy ads at the moment at least we could slip in an article. It was important for us to also buy ads because we were supporting their business and it would also show them that it was a reciprocal event or a reciprocal relationship rather. So we continued to invite them to events, and inevitably many of them would show up every time and cover our stories and write a short article or whatnot in the newspapers or talk about our events on the radio. However, what we did learn is that word of mouth rules. Greater than 70% of the people who came to us came to us through word of mouth. They heard it from somebody else in their family or community, and often it was attached to a

specific volunteer who had helped somebody enroll. So we would hear, I heard this person helped this person, that's why I'm calling. But much of the work was done before we deployed the on the ground volunteers, and that was really to do a media blitz. So we had to make sure that we were covering the newspapers, the radios, the ads, every which way that we could to spread the information about who is eligible, what are you eligible for, why is it necessary to have health insurance. And just to kind of talk about health insurance as this need that we all have, and more recently as this requirement that we all have. And to let people know where they could get help. We were able to do this in multiple languages throughout different communities. For small communities... let me step back a second. The Vietnamese community for example, they have multiple media sources, including radio, magazines and newspapers. And so we were really able to do a real media blitz of multiple media resources. However, for smaller communities that are less resourced like the Somali, Bhutanese, or Burmese communities, it is important to place volunteers at a strategic location on a consistent basis like we talked about earlier, where they can talk to families one on one about eligibility and actually conduct enrollment. These were places like apartment complexes where refugees lived. But we also took advantage of working with local businesses and restaurants. So a number of the outreach events were working with Asian restaurants where we would have a luncheon, invite people. And usually we had 35, 50, 70 people at one of these events. And we would do an actual presentation, talk about the importance of having health insurance, talk about eligibility, because people really wanted to know, they wanted to know right then if they were eligible for something because they didn't want to waste their time. So when were able to actually put all that information out there, the last piece was deploying the volunteer corps. And these volunteers, we trained them to be knowledgeable about the eligibility process, about the application process, and they were able to talk about these at any events that they attended, whether they were at apartments, whether they were at festivals, or whether they were doing an event at a restaurant. And once they did this, families were able to subsequently follow up with these volunteers themselves for appointments, or in some cases we could enroll them right then and there if we had it set up for enrollments at the time. Every volunteer was very well equipped. All of those who were doing enrollment work, they had information packets to hand out to people in-language. They knew the procedures for determining eligibility and enrolling people. They had mobile scanners, they had laptops and they had cell phones that they could use as hotspots. We needed to have access to internet and we weren't sure where we would be or if there was going to be internet access, so we had to have cell phones that had hotspots on them. So we were sending out people who were very knowledgeable about the process and were well equipped. That was really key too. Also gaining the trust of the community, that we were people who were able to do things and get them the services that they need. Following that, we had a system where we actually scheduled appointments for people, so people weren't coming and just waiting in line. We had packets that we gave out to people that had all the information about what they were supposed to bring to the appointment, and some of those packets we got from the Children's Action Alliance and the Kids Health Link program that we were part of, which was basically a large envelope which they could keep their documents in, and on the outside of the envelope it had specifically what documents they needed to bring to the appointment. We would translate that as appropriate. We

would set up appointments for double the time if we were working with somebody in a different language. All of the information has to be entered in English, so we had to do a lot of sight translation, and sometimes the in-language visits just took more time. So we would schedule two hours for an in-language visit for example rather than an hour or so for an English language visit. We rarely had people waiting, we always scheduled. Sometimes they were scheduled a couple of weeks out but I think that was the longest people had to wait. But often also, we had multiple visits with them. So they submitted an application, they might receive correspondence in English which they couldn't understand so they would set up another appointment with us and we would talk with them about what correspondence they received and if they needed to submit additional documents. Again, scheduling a consistent location was important because as long as they knew we were there they could bring the subsequent correspondence from Medicaid or the marketplace to us and they knew we would be able to help them. We also during the appointments had an intake form that had a little bit of demographic data about the family, the languages they spoke, their primary written and spoken language, and the consent forms for them to actually agree for us to provide them services. Some of these consent forms are all in English, but we are able to translate them on the spot for families so they were signing things that they understood and were well aware of what their rights were. So the work was not without its challenges. Even with the Medicaid appointments like I said, we often had to do follow up visits when a family received correspondence about their application, it would be in English and we would have to interpret them. We tried to address this with our local Medicaid program but it is not possible to get in-language information to the families through the office itself. And sometimes this has resulted in denial of coverage when people don't understand the correspondence they received, if they don't bring it to us, we later hear that they were denied because they waited too long. At present what is happening in Arizona is the DES office that processes the Medicaid applications is lagging behind some 45 days or more from when an applicant first applies. There also appear to be some glitches in the online system. When we upload documents in the online system, the applicant will receive correspondence that the documents have not been received. So we still kind of struggle to work with the application process itself, but it is an ongoing advocacy effort. I'm sure it's not unique to Asian Pacific Americans, but it's important to also understand that when we work with cultural and linguistic minorities we really should be prepared to play an advocacy role with families and with communities and to be a platform for some of the issues that they face with the local DES office or with the Medicaid offices and with the marketplace as well. As Bonnie had mentioned earlier, the immigration status can sometimes be an issue, finding documents, finding the correct documents the families need. Often times when we try to submit things on the marketplace for example, we knew when we sometimes work with marketplace enrollees we found it difficult to actually find the correct document upload so we would have to send them by mail and hope that they were received. It's often a challenge to verify a person's ID on the marketplace application if they have no credit history, and the language assistance for Experian which does the identity verification of the marketplace because they are not equipped to provide language assistance. So many times we are struggling very much with those particular things, documenting status and verifying ID. Much of that work is just ongoing advocacy type of work, and that's really why I

say that, much of this work still is advocacy type work. We provide the services but we also have to be very mindful about what are people actually experiencing, and be able to capture that information and take those stories to those we know can make a difference in the process and make it better for the families that we serve. Thank you, that's all that I have but I'm happy to answer any other questions.

Donna Cohen Ross: Zeenat, thank you so much for your presentation. We're going to get to questions and answers in just a moment. But I think a couple of things struck me about your presentation. First of all, I'm just so glad for not only your work but so many of the beautiful photographs that you shared, because it was so clear that the community that you're working in is incredibly diverse. So the very challenging job that you described I'm sure is even more challenging, considering all of the different nuances that you need to be aware of and respond to. So thank you so much for that. I want to move on to Riley, or Sandy, I'm not sure who, is going to talk to us about the resources from the Connecting Kids to Coverage Campaign. We're going to go through those pretty quickly because we do have some questions on the chat and we want to touch with those very quickly so that we can bring some of our earlier speakers back into the conversation. But first, Riley, is it your turn?

Riley Greene: Yes, thanks Donna. I will take us through our Connecting Kids to Coverage resources briefly as you mentioned. So first up, we always want to highlight of course our customizable print materials. These are free to order and customizable with your program name, your state's annual income eligibility, your website and phone number, and up to two logos for your organization and any partner organizations you might work with. And on the next slide you'll see that we not only have a diverse array of types of materials, but we also really try to provide a representative image library that's true of the diversity of our country. So very much in the vein of culturally competent outreach materials, we provide diverse imagery and we also provide a number of different languages. So our materials, all of them come in English and Spanish, and then a number of them also come in Portuguese, Chinese, Korean, Vietnamese, Hmong, Tagalog, and Haitian Creole. So that is just a list of the various languages that we have available in those customizable print materials. We also have some online resources, including social media resources. These include web banners and buttons that you can post on your own website or your partner organization's website. We have social media graphics like our little superhero there to the right that says "I've got a good feeling about this." And language, kind of turnkey language to use for both Facebook and Twitter. Posts about the importance of having health insurance, the benefits that are covered, eligibility for Medicaid and CHIP, and so on and so forth. We've also developed a handful of TV and radio public service announcements or PSAs. These are all in English and Spanish, and we have a couple of different versions, a 30 second TV and a 60 second radio PSA. We've developed along with that a tip sheet for how to use these and pitch letters in both Spanish and English to help you reach out to your local media outlets and ask them to play the PSA in any extra air time that they might have. We also encourage you to get creative with how you use PSAs. You can ask provider networks to play them on their closed circuit television. We've had folks use the radio PSA on outbound call recordings through school systems. So there are a lot of different ways you can use these pre-

recorded radio and TV spots to spread the word about Medicaid and CHIP. Additionally, we have live read radio scripts. These are essentially PSA scripts that are available for local radio personalities to use on air and inform their listeners about Medicaid and CHIP enrollment. All of these are available in English and Spanish, and we have three different links, a 15 second, 30 second, and 60 second. And again, this is something that could be used in promotion with a media partnership on the ground to spread the word to your local community about these programs. We also have template print articles, so these are ready made articles in English and Spanish that can be shared with local newspapers and media outlets. And beyond media outlets, they can be used for local newsletters, school bulletins, or other community communications. So these are downloadable and you can customize them for what makes sense with your community and of course with your organization's information. Often times, community outlets and other publications are looking for this kind of content to share. If they have any space available, you can share the word about Medicaid and CHIP. Finally, we encourage you to visit InsureKidsNow.gov. As I shared with many of you via the chat box today, all of our webinars are available online. We post not only the slides but a recording of the presentation so that you can revisit it and share it with any colleagues you think would be interested. It usually takes us about two weeks to get a webinar posted. So if you are looking for this recording you can find it there. And then we also have an outstanding outreach video library that focuses on organizations like yours across the country who are doing outstanding or innovative work in a certain area of outreach and enrollment. So much like these webinars, we seek to share best practices through that video content and encourage you to check that out. In fact, we have an upcoming video on the docket from some friends in Las Vegas about enrolling not only kids but the entire family at point of care and point of service that we're looking forward to sharing with you all. And finally, we want you to stay in touch. You can email us at insurekidsnow@fleishman.com or give us a call at 1-855-313-KIDS. We encourage you to reach out with any questions from this webinar, questions about our materials and resources and how best to use them, or just bounce some ideas off of us for some outreach activities that you have going on in your community. You should also sign up for our eNewsletter if you haven't already. This is where we announce upcoming webinars, share any resources, spotlight any grantees that are doing particularly outstanding work, and other great content that comes through that newsletter. And of course we're on Twitter, so be sure to follow us @IKNGov. So that wraps it up for the Connecting Kids to Coverage Campaign materials. As Donna said, we have some great questions that have come through the chat box. I will repeat that if you want a copy of the presentation just let us know through the chat box or it will be posted on InsureKidsNow.gov in the coming weeks. That is our most popular question of course. But Donna, we have a few more queued up that I think we'll kick us off with.

Donna Cohen Ross: Great. Before we get to questions, I just would be remiss if I did not mention and hopefully remind folks because you already know that this month we are celebrating the fiftieth anniversary of the Medicaid program, Medicare as well. But we are particularly focused on Medicaid. And as part of our recognition of the fiftieth anniversary, every day for fifty days leading up to the actual anniversary which is at the end of this month on the 30th of July, we've been posting items about the Medicaid program, highlights, examples of

promising practices, all kinds of things about the program on Medicaid.gov. And you can find a link to those posts on the homepage of Medicaid.gov. We hope that you'll look at them, we hope that you'll share them with others. We're really very eager to get a lot of information out into the world about the Medicaid program and how valuable it has been for millions of people across the country now for 50 years. So that's my commercial, but I hope you do find the materials on Medicaid.gov particularly useful. So let's go to the questions now, and Riley, because I'm not in the room with you I'm going to ask you if you can help get us started.

Riley Greene: Absolutely. So Wendy Schrader had a great question that I think any number of our panelists could speak to. I'm going to read this out and then open up the lines for Bonnie, Cara and Zeenat to hop in as they want to. So Wendy asked, what are some best practices for specific non-English speaking consumers when enrolling to understand their coverage when there is not an interpreter on staff at your agency, and you work in a rural area where you cannot refer consumers to another agency who specializes with folks who are not English proficient. So I think Wendy is really looking for some guidance on when you can't sort of reach those ideal cultural competence and linguistic competence standards, what are some best practices for still advocating and helping that consumer through the enrollment process? Does anyone want to jump in and take the lead there?

Zeenat Hasan: I can start. This is Zeenat from Asian Pacific Community in Action. I think it's really important, a number of things. First of all to have resources on hand that are in different languages. And you might get an idea about which language resources to keep on hand if you really know your community, if you've done a good assessment of who lives in your community, if you know where they live, to really be able to know what languages are in your community, I think you can be a little bit proactive about having those language resources available in your offices or wherever you are on hand. I think also having a really good language access plan is actually a very specific thing and you can search online for language access plan, which gives you an idea for what do you do, actually, it's really to help you and your agency prepare for what you do when you encounter someone who doesn't speak English. It could be a telephonic interpretation service that you end up using or it could be a way that you reach this individual at a different time when you do have language assistance available. Those are the two things that I would mention.

Riley Greene: Thanks so much Zeenat.

Cara James: This is Cara. I think I would echo everything that Zeenat said, and as you have heard both from the Connecting Kids to Coverage and some of the other materials, there are a number of resources that are available in other languages. I think in terms of developing a language access plan again I would refer you to the CLAS Blueprint, which also has some tips on how you can develop that language access plan to figure out what you can do when those situations arise. And then I think in a worst case scenario, I think another thing is to think about potential partners who can help to support some of that translation in other areas, and I know that you mentioned you are in a rural area but there may be some community groups who can help

provide better connections or even to translate some of those other materials if the resources aren't quite available in the languages that you need.

Riley Greene: Great, thanks so much Cara. On that note, we did have someone ask about sharing the translated materials that you mentioned during your presentation Bonnie, but also Cara on your note I think there are probably some great federally created resources like the Coverage to Care resources that are translated. So I'm wondering if Cara and then Bonnie can share where folks can find some of your translated materials online, if that's an easy URL to share with the group?

Cara James: Sure. Our resources are available at marketplace.cms.gov/c2c. Again, that's marketplace.cms.gov/c2c. I should have mentioned you can order in hard copy all of our materials for free through that website, you will find a link to our product ordering warehouse.

Riley Greene: Great, thanks so much. And Bonnie, does APIAHF have useable translated materials available on your website or is that just work you've done in partnership with organizations?

Bonnie Kwon: We have... so the majority of the diversity of the outreach materials are owned by our CBO partners, but we do have a website with translated resources including PowerPoints in, I can't think right now how many languages but several API languages that is basic education. Our website is www.apiahf.org/healthcare4me/action-health-justice.

Riley Greene: I'm with you, I'm typing it out and I'll send it to everyone.

Bonnie Kwon: Okay. So if you go on down the left top corner there is a way that you can browse ACA resources. Specifically for the glossary I mentioned with over 100 enrollment terms, if folks could email me I can put you in touch with the project lead on those glossaries. They are not freely available to the public as of now, there is a small fee that we're asking folks to pay since it was a resource that was developed with considerable investment from our network. But it is a sliding scale for community organizations. If folks email me directly at bkwon@apiahf.org, I can connect you with more information.

Riley Greene: Thanks Bonnie.

Cara James: I'm sorry, if I could for just a second. I forgot one other resource that would be also helpful. So the CMS Office on Minority Health, we've tried to compile a list of all the documents that CMS has translated for Medicare, Medicaid and the marketplace into one place, and that document, our language access document, we update that every few months. That is available on our CMS OMH website, which is go.cms.gov/cms-omh.

Riley Greene: I'm going to send that out through the chat. Thanks so much Cara. I think we have time for one more question that I don't think any of our speakers have addressed here. It comes from Julia Schoenberger, and she is asking about innovative ways that you all have seen to fund efforts to reach different cultures. Julia is making the fair point that while her organization and community are in agreement that this is important work to do, they often

struggle to find the resources to do it. So I wonder if anyone on the line can speak to innovative partnerships or other funding streams that might support this kind of work.

Cara James: This is Cara. I would say that one of the efforts that is available right now, and I think the application period is still open. The HHS Office of Minority Health has a PICC grant program, in which they are funding organizations specifically focused on outreach to minority and other underserved communities for coverage through the marketplace, Medicaid and CHIP. So again, that is the HHS Office of Minority Health, and Riley I can send you the link to the grant application in a few minutes.

Riley Greene: Great. I also just sent that through the chat as a friendly reminder that you all can copy and paste HHS Office of Minority Health PICC Program. So I think that covers it in terms of questions. A lot of you asked to follow up on the customizable materials from Connecting Kids to Coverage. I'm going to repeat what is customizable and the languages that we have quickly here. So you can order, so the customization is free of charge, you just incur any printing costs. You can customize the print materials to have your program name, your state's FPL eligibility number relevant to your program, your organization's website and/or phone number, and up to two logos. So you can customize that to make sure that you are guiding your community to local application assistance with your organization or partner organization. Again, that list of languages, all of our materials are available in English and Spanish, and many are available in Portuguese, Chinese, Korean, Vietnamese, Hmong, Tagalog, and Haitian Creole. So that pretty much covers the broad swath of our questions. If we didn't get to anything that you want to follow up on, Jenna can I ask you to go back to our contact slide so that folks who have follow ups for our speakers or follow ups for the Connecting Kids to Coverage resources can get in touch. And Donna, I will hand this over to you for some closing remarks.

Donna Cohen Ross: Great, thank you so much Riley. Thank you to all of our speakers, Cara James, Bonnie Kwon and Zeenat Hasan, and thank you to all of you for participating in today's webinar. I've been watching on my screen and I can see we had close to 300 people throughout the entire webinar, where folks are starting to leave us now but we're done so that's okay. We particularly again want to thank our speakers. I wanted to mention one other thing because it goes to some of the questions that folks were asking about, materials and appropriate translations. One of our speakers mentioned how difficult it is and how important it is to make sure that these are done well, and you do a lot of back and forth with people who speak the language that you are trying to interpret your materials in. We've had this experience with Connecting Kids to Coverage where we've had people ask us for our materials in a particular language that we don't have. So we've often tried to turn the challenge back into a partnership and work with a community organization, if they have folks who might be able to do a translation what we would ask and we would pose this to anyone, if you have someone who could do the translation and we could get a separate independent organization to read and comment on the translation to make sure that it's appropriate, we will work with you to create the material in the language that you need and do the design work so that you'll be able to download that material from our website and also share it with others in other places that might need it. So if you have that need and think that we can work together to make it happen for you, please let us

know and we'll do our best to work with you to get the job done. So once again, I want to thank everybody. Watch your email for an announcement of our next webinar, and we will say goodbye this afternoon and have a good rest of your day.

Riley Greene: Thanks everyone, goodbye.