



PARTICIPANT HANDOUTS

Preparing for Open Enrollment 7: Outreach to Specific Populations



Thank you for attending today's training. By doing so you are strengthening the ability of your community-based and patient-directed health center to deliver comprehensive, culturally competent, high-quality primary health care services.

Presented by:

Erin Hemlin, Director of Health Policy and Advocacy, Young Invincibles, Scott Cheney, Clinical Project Manager, Wyoming Primary Care Association, Iesha Young, VA Trainer and Outreach Coordinator, Young Invincibles, and [Name], [Position], [Organization]

Live Broadcast Date/Time:

Thursday, August 29, 2019, 11:00AM–12:00PM Mountain Time / 12:00–1:00PM Central Time

Event Overview:

Open Enrollment 7 begins November 1, 2019 and will last six weeks in the Federally-Facilitated Marketplace (FFM). With a short timeline and few resources, it is important to prepare in advance. This webinar will help outreach and enrollment staff and leadership strengthen skills so that they can provide excellent assistance and guidance. The presenters will discuss challenges and opportunities heading into the 7th Affordable Care Act (ACA) Open Enrollment period (OE7), including conducting outreach to specific populations. The webinar will include presentations on outreach to lesbian, gay, bisexual, transgender, plus (LGBT+) and those re-entering from incarceration.

Learning Objectives:

Through this session, participants should be able to:

- Develop an understanding of the marketplace in OE7.
- Identify opportunities to maximize outreach and enrollment during OE7.
- Gain an understanding of common definitions of the LGBTQIA+ acronym.
- Improve knowledge of health disparities LGBTQIA individuals face.
- Identify opportunities for outreach to LGBTQIA+ populations as well as culturally competent techniques to reach the LGBTQIA+ population.
- Identify ways to locate re-entry population.
- Know what information to provide parole officers to identify clients for services.
- Understand what steps to apply for an easy application enrollment with re-entry population.

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CHAMPS ARCHIVES

This event will be archived online. This online version will be posted within two weeks of the live event and will be available for at least one year from the live presentation date. For information about all CHAMPS archives, please visit www.CHAMPSonline.org/events-trainings/distance-learning.

DESCRIPTION OF CHAMPS

Community Health Association of Mountain/Plains States (CHAMPS) is a non-profit organization dedicated to supporting all Region VIII (CO, MT, ND, SD, UT, and WY) federally-funded Community, Migrant, and Homeless Health Centers so they can better serve our patients and communities. Currently, CHAMPS programs and services focus on education and training, collaboration and networking, workforce development, and the collection and dissemination of regional data. For more information about CHAMPS, and the benefits of CHAMPS Organizational Membership, please visit www.CHAMPSonline.org.

DESCRIPTION OF CCHN

The Colorado Community Health Network (CCHN) represents the 20 Colorado Community Health Centers that together are the backbone of the primary health care safety-net in Colorado. For more information about CCHN, please visit www.CCHN.org.

SPEAKER BIOGRAPHIES



Erin Hemlin is the Director of Health Policy and Advocacy at the Young Invincibles. She currently leads YI's policy development and government relations work related to access to health care with a focus on the federal marketplace and Medicaid, as well as young adult health care utilization, specifically regarding mental health. Previously, Erin led YI's health care consumer education work for five years which focused on ACA implementation and helping young people access coverage directly, as well as connecting partners to young adults in their communities. She has authored reports for YI focused on young adult health, and was a contributing author for the textbook Navigating Health Insurance. Her work has been frequently cited in the media, including major publications like NPR, NBC News, and The New York Times.

Erin previously worked for a social change-oriented lobbying firm, The Sheridan Group, and for the Congressional Research Service. She serves on the Board of Directors of The National Alliance for Adolescent Health, and enjoys reading, and all things sports in her spare time. She is a native Texan, and received her B.A. from St. Edward's University, and M.A. from George Mason University.



Scott Cheney is the Clinical Project Manager joined the WYPCA in May 2018. A Wyoming native, Scott brings a passion for non-profit work and working with underserved populations throughout Wyoming. At the WYPCA Scott works with the Community Health Centers to facilitate increased communicable disease testing and early intervention strategies. In doing this work Scott seeks to increase access to care for rural populations and assist the Wyoming health centers in offering services that are needed and reducing barriers that are often encountered. Prior to joining the team at the WYPCA Scott worked in a Title X clinic building educational curricula around communicable diseases, providing HIV case management as

a Ryan White Case Manager, working with a local domestic violence prevention program, and is a founding member of Wyoming AIDS Assistance.



Iesha Young is the VA Trainer and Outreach Coordinator for Young Invincibles. In this role, Iesha is dedicated to educating and training young adults on the Affordable Care Act and accessing health care in the Virginia area. Iesha is a graduate from UMUC where she earned her degree in Communications Studies. Iesha has a background in broadcast, marketing, communications, and outreach. In her previous position as Reproductive Outreach Specialist, she educated teens and young adults on reproductive health and future family planning needs.

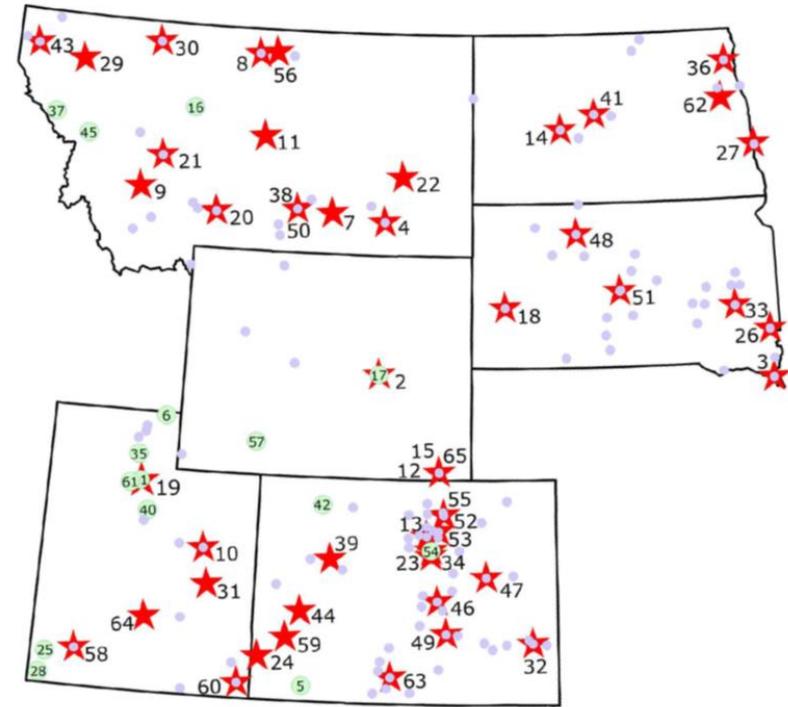
In her spare time, she enjoys traveling, reading and spending time with her family in New York. She looks forward to contributing to the ongoing success of Young Invincibles.

O&E DISTANCE LEARNING SERIES PART 2
**PREPARING FOR OPEN ENROLLMENT 7:
OUTREACH TO SPECIFIC
POPULATIONS**



Thursday, August 29, 2019

11:00AM – 12:00PM MT / 12:00-1:00PM CT

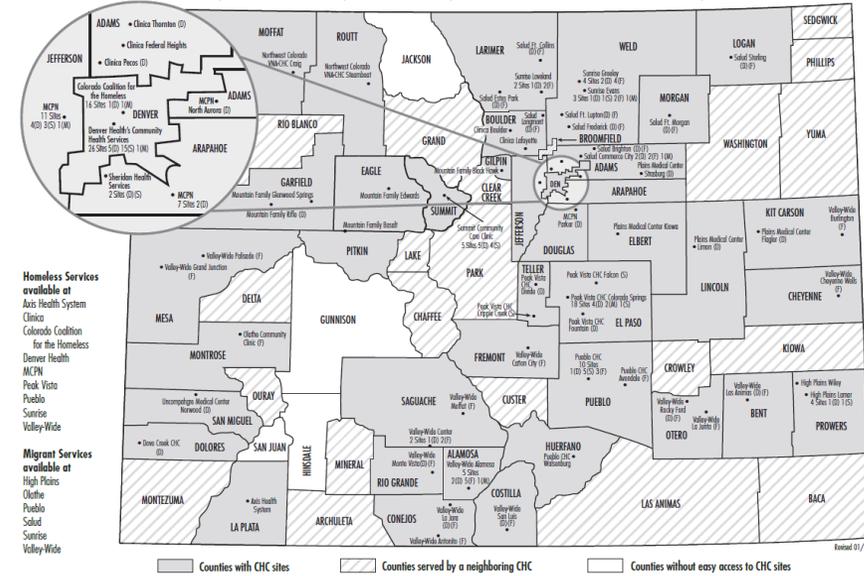


COMMUNITY HEALTH ASSOCIATION OF MOUNTAIN/PLAINS STATES (CHAMPS)

www.CHAMPSonline.org



COLORADO'S COMMUNITY, MIGRANT, SCHOOL BASED & HOMELESS HEALTH CENTERS
(D) = Dental Services Available (S) = School-Based Health Center, limited services (F) = Farmworker Site, limited services (M) = Mobile Health Care Unit
Thirty-nine counties have Community Health Center sites, and patients from a total of 60 counties are cared for at Community Health Centers.



COLORADO COMMUNITY HEALTH NETWORK (CCHN)

www.CCHN.org

PRESENTED BY

ERIN HEMLIN

Director of Health Policy and Advocacy

Young Invincibles



SCOTT CHENEY

Clinical Project Manager

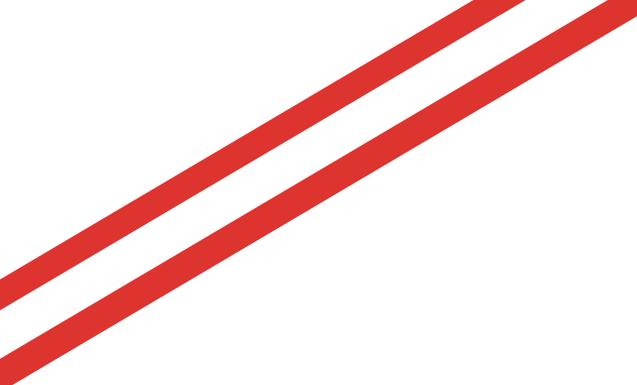
Wyoming Primary Care Association (WYPCA)

IESHA YOUNG

VA Trainer and Outreach Coordinator

Young Invincibles





National Landscape Heading into OE7

Erin Hemlin, Health Policy Director



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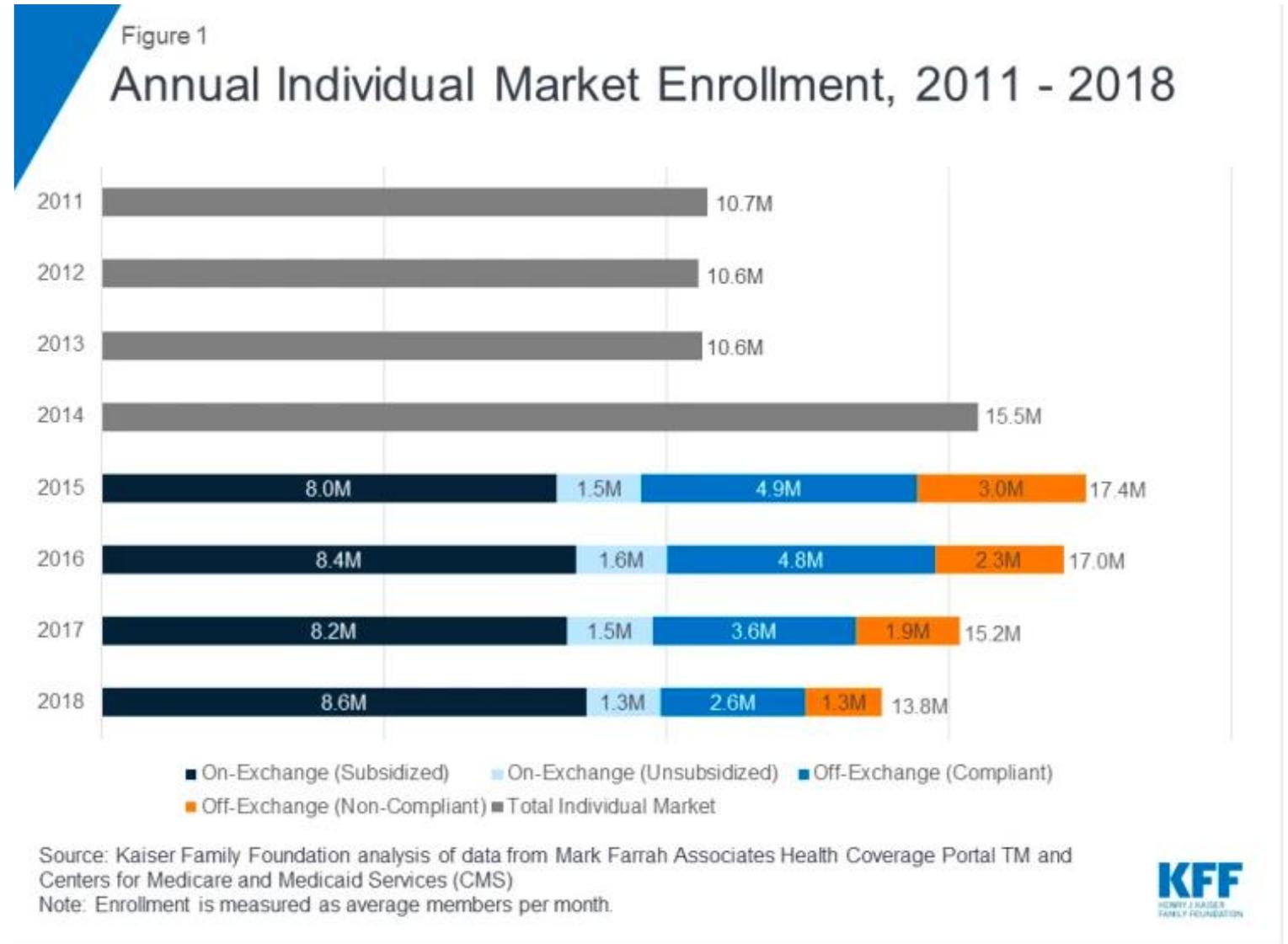
Agenda:

- Enrollment Data & Remaining Uninsured
- Key Policy Updates
 - Looming Verdict: *Texas vs. United States*
 - Final Public Charge Rule: Chilling Effect
- Key messaging

Enrollment Data & Remaining

Uninsured

- Significant drops in unsubsidized enrollment
- Renewals remain steady
- *NEW* enrollment dropped 40% over last two years



Remaining Uninsured Young Adults

Awareness gaps & confusion remain

It's important to focus in on who among young adults remains without health coverage:

Uninsured rates among young adults 18-34 years old:

- American Indian/
Alaskan Native: 29.3%
- Asian: 9.2%
- **Black: 17.0%**
- **Latinx: 26.8%**
- White: 10.0%

- Female: 12.4%
- **Male: 16.9%**



Plans are so affordable,
you can't help but smile!
#GetCovered

Open enrollment is Nov 1 - Dec 15

[Healthcare.gov](https://www.healthcare.gov)

ACA Under Attack

What's changed over the last two years:

- Severe funding cuts to the Navigator program: 84% since 2016. \$63M → \$10M
- Shortened open enrollment period for most states (**November 1 – December 15**)
- Little to no funding for outreach/advertising: 90% since 2016. \$100M → \$10M
- Administration ends CSR payments: silver-loading

What *hasn't* changed over the last two years:

- Marketplace is stable and will be open for business
- No changes to essential health benefits, ban on pre-existing condition discrimination, or access to preventive care without additional cost
- Premium tax credits and CSRs to lower out of pocket costs are still available to consumers

Remaining Challenges

Confusion Remains

- Most have looked for insurance in the past but have a general disbelief that insurance will be affordable now, if it wasn't in the past
- Most haven't heard about costs going down in the marketplace
- Most are unaware of premium tax credit/CSRs
- Many want help finding a plan/assisters are a key element to enrollment completion



Additional Challenges

Public Charge Rule

Texas lawsuit

No tax penalty

Alternative
Coverage Options

Texas v. United States

About the case:

- Brought by Republican Attorneys General & two individual plaintiffs
- Department of Justice joined side of Republican AGs
- Defended by Democratic Attorneys General, led by CA AG Xavier Becerra
- Federal District Court ruled the entire ACA should be struck down, unconstitutional without the individual mandate operating as a tax
- Appealed to the 5th Circuit Court. Oral arguments were held in June

Next Steps:

- The 5th Circuit will issue their ruling sometime this fall
- They could agree fully with the lower court, agree partially, or overturn the ruling
- Very likely that any ruling will be appealed to the Supreme Court
- **Key message: Nothing will happen immediately**

Final Public Charge Rule

Previous definition of a public charge:

- A person who is likely to become primarily dependent on the government for subsistence
 - Two types of programs qualified: cash assistance programs and long-term care

New Definition and drastic expansion:

- A person who “receives one or more public benefit... for more than 12 months in the aggregate within any 36-month period (such that, for instance, receipt of two benefits in one month counts as two months).”
 - New benefits: Medicaid (with some exceptions), SNAP, housing assistance

Public Charge: Key Points for Enrollment Assistants

- ACA premium tax credits are not included in new list of public benefits
- The rule does not apply to everyone: current green card holders applying for citizenship, refugees, survivors of domestic violence, trafficking, and others are not subject to public charge
- Medicaid is included but because of the 5-year ban, few will be eligible for Medicaid and subject to public charge
- Application alone does not count, only receipt of public benefits
- Benefits used by family members do not count unless that family member is also applying for a green card

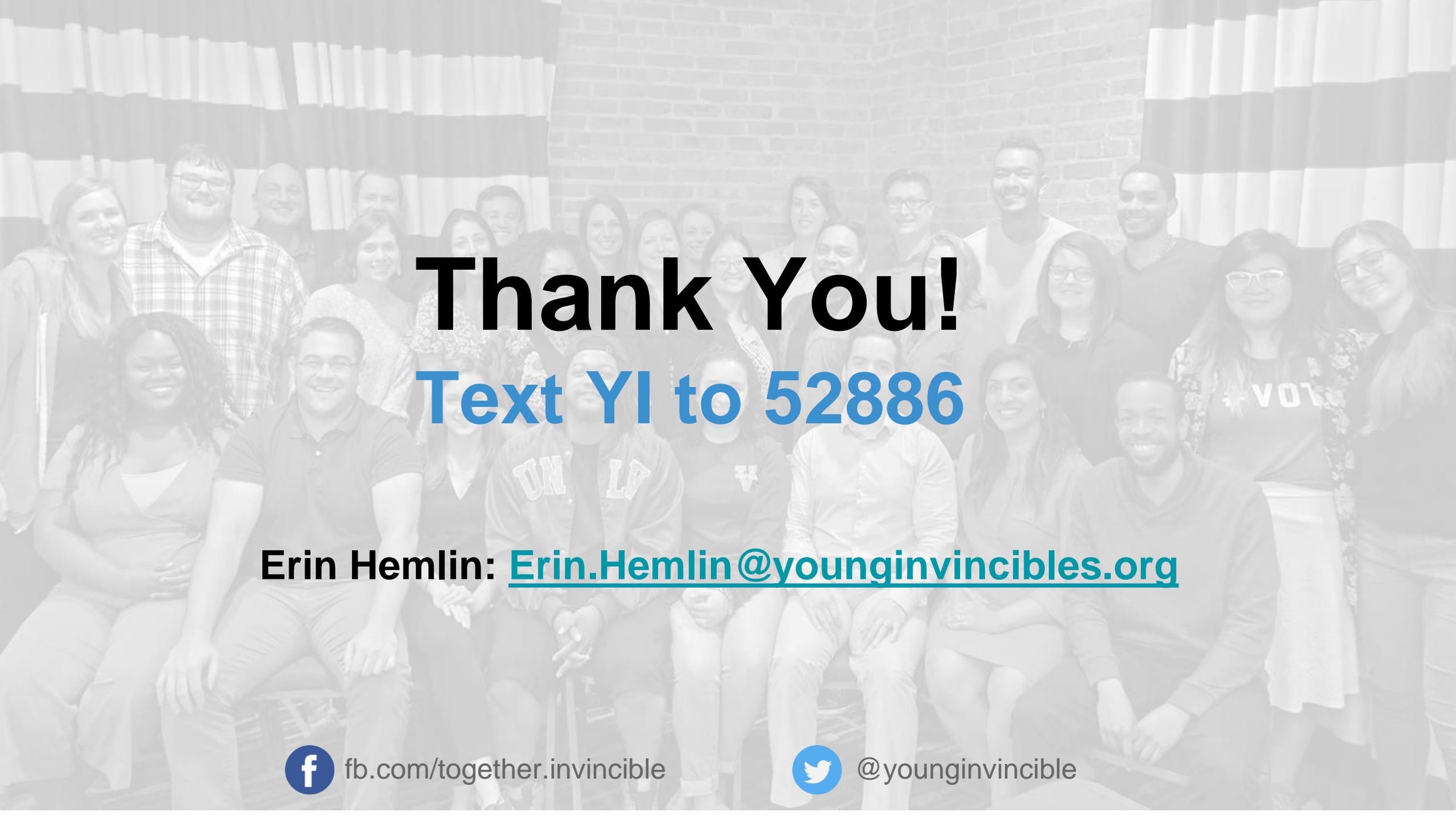
Key Takeaways:

Repeat Core Messages:

- Affordability + premium tax credits
- Quality of coverage + consumer protections
- Deadlines and reminders

Little Funding + Big Changes = Consumer Confusion:

- Little to no funding for outreach and enrollment
- Big changes/scary headlines lead to fear and confusion
- Community education critical



Thank You!
Text YI to 52886

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LGBTQIA+ Outreach

SCOTT CHENEY, *MA, MS*

WYOMING PRIMARY CARE ASSOCIATION

Learning Objectives

- Gain an understanding of common definitions of the LGBTQIA+ acronym
- Improve knowledge of health disparities LGBTQIA individuals face
- Identify opportunities for outreach to LGBTQIA+ populations as well as culturally competent techniques to reach the LGBTQIA+ population

Poll Question

Do you know what the full LGBTQIA+ Acronym stands for?

- A. Yes, all of it.
- B. Some of it.
- C. None at all.

LGBTQIA+ Common Definitions

LGBTQIA+ Common Definitions

-Lesbian (WSW)

-Female homosexual; a female who experiences romantic love and/or sexual attraction to other females

-Gay (MSM)

-Commonly used to describe males who experience romantic love and/or sexual attraction to other males

-Bisexual

-Romantic attraction, sexual attraction, and/or sexual behavior to both males and females

LGBTQIA+ Common Definitions

-Transgender

-People who feel that the binary gender (M or F) assigned to them at birth is a *misleading or incomplete* description of themselves

-Trans-*woman* or trans-*man*?

-Say trans-woman to refer to an individual who was assigned male at birth and lives/identifies as a *woman*

-Say trans-man to refer to an individual who was assigned female at birth and lives/identifies as a *man*

LGBTQIA+ Common Definitions

-Queer

-Umbrella term for sexual and gender minorities that are not heterosexual or cisgender

-Originally used pejoratively against those with same-sex desires, but was reclaimed by queer scholars and activists in the late-1980s

-Questioning

-The questioning of one's gender, sexual identity, sexual orientation, or all three

-Sexuality is a process of exploration and those who are still exploring, or are unsure, can be concerned about applying a social label to themselves

LGBTQIA+ Common Definitions

-Intersex

-An individual born with any of several variations in sex characteristics including chromosomes, gonads, or genitals that do not allow the individual to be distinctly categorized as male or female

-Asexual

-Or nonsexuality; a lack of sexual attraction to anyone, or low or absent interest in sexual activity

-Ally

-An individual who considers themselves a friend to the LGBTQIA+ community

LGBTQIA+ Common Definitions

-+

-Pansexual

-Agender

-Gender Queer

-Bigender

-Gender Variant

-Pangender

“So, are you gay or straight?”

It's not that simple!

Behavior ≠ Identity ≠ Orientation

LGBTQIA+ Health Disparities

LGBTQIA+ Health Disparities

-The vast majority of literature and publications that are related to human health do not cover the topics of LGBTQIA+ health.

-Boston Globe, 2011: .21% of publications by PubMed included an LGBTQIA+ related keyword

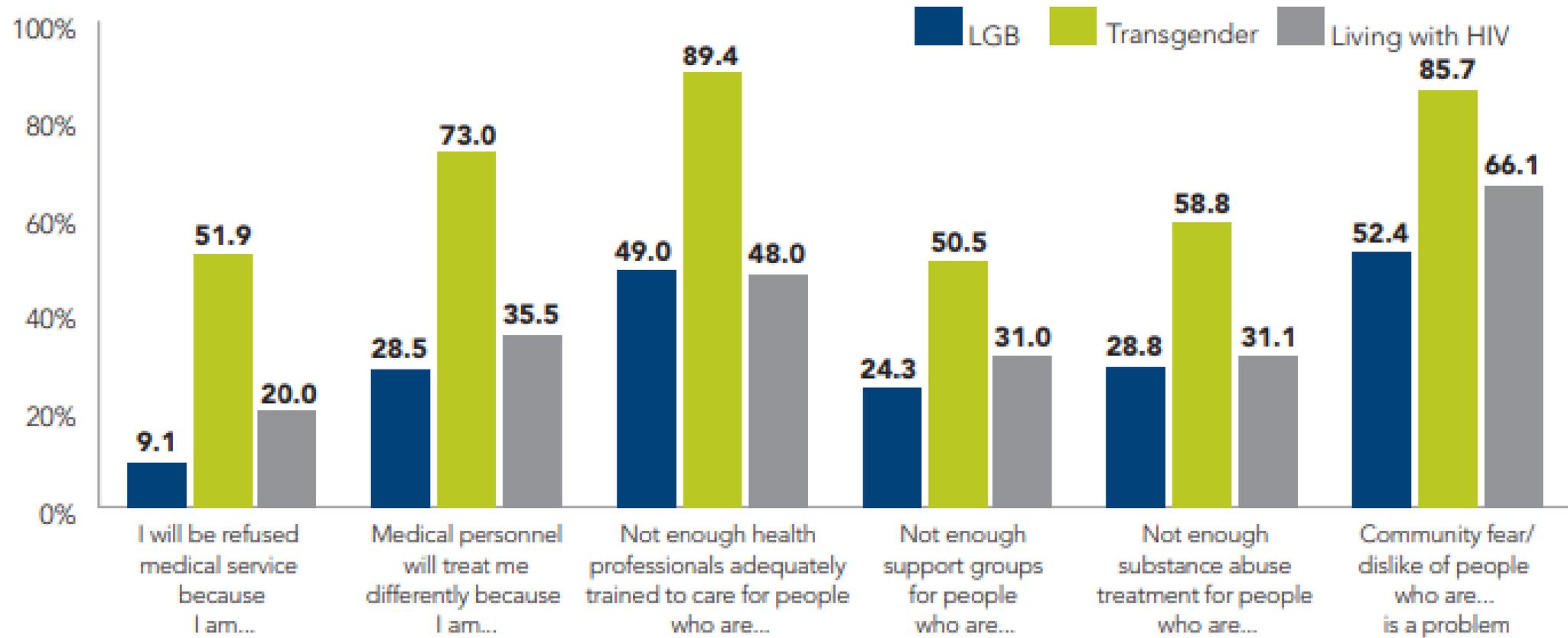
-LGBTQIA+ content is under-taught, and sometimes ignored, in medical education

-JAMA: Of 150 reporting schools throughout the United States, the average time spent on LGBTQIA+ related content in the entire curriculum was 5 hours.

LGBTQIA+ Health Disparities

- LGBTQIA+ individuals face the same health risks as the larger society
- They also have multiple additional factors that impact their health
 - Cultural History
 - Discrimination (perceived & actualized)
 - Laws & policies
 - Barriers to access
 - Lack of culturally humble providers

Table 6: Fears and concerns about accessing health care



LGBTQIA+ Health Disparities

Access

- LGBT individuals have lower incomes than others with similar educations and similar occupations (GLMA, 2018)
- LGBT are less likely to be insured when compared to others in similar socioeconomic backgrounds
- Many insurance plans that are available exclude transgender care, despite non-discrimination regulations in the ACA (Durso & Baker, 2018)

Social Determinants (GLMA, 2018)

- Harassment, victimization, and violence in LGBTQIA youth
- High prevalence of depression, suicidal ideation & attempts
- Higher prevalence of smoking, alcohol abuse, substance abuse, & HIV/AIDS
- 73% of transgendered individuals believe that they would be treated differently because of their LGBTQIA status (Human Rights Campaign, 2018)
- 29% of LGB individuals believe they would be treated differently because of their LGBTQIA status (Human Rights Campaign, 2018).

LGBTQIA+ Health Disparities

Misinformation

Invisibilization

Civil Rights Attacks

Shame, fear, isolation, suppression of feelings, concealment, low self-concept, chronic stress, depression, lack of motivation

Poor health habits:
-No screenings
-Present late in disease
-Low compliance
-Unsafe sex

Poor psychological health:
-Suicide risk
-Unsafe Sex
-Substance abuse

Outreach Ideas

Creating a Welcoming Environment

- Recognize that you already have people within your organization that are LGBTQIA+, even if you don't know it
- Take steps for inclusive language in all aspects
 - When in doubt, go for gender neutral (they, them, their)
- Look at your waiting room through your consumers' eyes
 - What do your materials look like?
- Proclaim your welcoming attitude
 - Advertise in local and regional LGBTQIA+ publications and newsletters as well as in local general venues
- Avoid making assumptions
- Deepen your work to welcome beyond sexual orientation and gender identity

Connect with LGBTQIA+ Consumers

Directories provide the opportunity to find you

- Local state-wide organization have directories (Wyoming Equality, etc.)
- GLMA has a national directory it maintains

Targeted Community Outreach

- Local GSA organizations
- Expanded materials for outreach events
- Support groups
- LGBTQIA+ events

Acknowledge important LGBTQIA+ events on social media and in waiting rooms

- Pride Month (June)
- Transgender Day of Remembrance (November 20)
- World AIDS Day (December 1)

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Re entry population: Best Practices

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How to reach reentry population:

- **Locate other non profit organizations that work with reentry population.**
 - Introduce to local parole and probation officers in the area
- **Connect to other reentry organizations in the area.**
 - Once connected with the officers they referred us to other organizations they work with
- **Reach out to local jail.**
 - Jails offer programs for inmates who will be entering the re entry population in a month or so, they may also be able to assist with ways to help.

What to expect with parole officers:

- **Unfamiliar with Medicaid and services offered.**
 - Knew basic information: free coverage for low-income populations
 - Didn't know exactly what was offered, added benefits offered from MCO's, how to help get connected
- **Start by presenting Medicaid health literacy to officers.**
 - This is a great time for the officers to learn more about Medicaid, who qualifies, and how it may be beneficial for their clients, also gives them the opportunity to ask questions about some special cases they've encountered.
- **Follow up with PO's monthly or every other month**
 - New reentry clients are being released and could use your assistance following up in a month or every other month gives the PO's time to identify people who need your services.

What to expect with reentry population:

- **Many won't have transportation.**
 - Coordinate a time with PO to include enrollment during check in if possible.
- **Some already have jobs.**
 - Job placement programs are available to reentry population while in jail; so continue to screen for eligibility
- **Some may have applied to Medicaid already.**
 - Some clients have applied in jail but were unable to follow up and need assistance with finding out more information and how to use Medicaid if they have it
- **Paper applications are best.**
 - Computer and email access may be limited
- **Follow up, follow up, follow up!**

Due to finding basic needs such as shelter, food etc. they really need assistance in making sure documents and anything needed is submitted in time.

Best Practices & Biggest Challenges:

Biggest Challenges:

- **Reentry population have competing priorities:**
 - Finding a job, housing, childcare, etc.
- **Many are facing serious mental health conditions and need immediate care:**
 - If possible provide free options such as free clinics, prescriptions, etc
- **Misplaced personal documents**
 - Prolongs time to send off application
- **Unable to make appointment**
 - Be persistent

Best Practices:

- **Coordinate with one PO Officer**
 - Be flexible & build trust with one PO who can coordinate with other PO's
- **Streamlining enrollment into Medicaid can help smooth transition**
 - Have a plan; all materials, troubleshooting, etc
- **Always follow up**
 - Assistance with picking MCO's
 - Frequent changes (addresses, etc)

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Questions?



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THANK
YOU!

Please fill out the event evaluation here:

www.surveymonkey.com/r/2019OEDLS2-OE7

DON'T MISS THE REST OF THE SERIES!

Self-Care: Resiliency and Burnout Prevention

Thursday, September 19, 2019

11:00AM-12:00PM MT / 12:00-1:00PM CT

Click [here](#) for more information and to register.