

## Grant Outcomes Report

# Improving Facilitated Enrollment of Health Insurance for Immigrant and Refugee Populations through Cultural and Linguistic Competency

### I. Executive Summary

This project aimed to address the cultural and linguistic barriers to enrollment faced by immigrant and refugee populations in Buffalo, New York. SUNY University at Buffalo (UB) created and translated a health insurance enrollment toolkit into five languages commonly spoken among the refugee population in the West Side community of Buffalo. Project staff also replicated a volunteer facilitated enrollment program, the People's Access To Healthcare (PATH) program to train health professional students and, in turn, have them assist immigrants and refugees with enrolling in health insurance coverage. PATH students held 20 sessions and reached 100 people. Most of the participants in the sessions already had some form of health insurance, however, and did not need to enroll in Medicaid.

### II. The Problem

According to UB, the West Side community of Buffalo, New York is predominately poor (60% below 200% Federal poverty level), with a large Hispanic population and growing numbers of refugees from Somalia, Sudan, Vietnam, Burma, Ethiopia, Liberia, the former Soviet Union, and Middle Eastern countries. Many residents are "linguistically isolated" and 1,775 households (more than 4,000 people) are uninsured.<sup>1</sup> While many of these individuals are likely eligible for public health insurance, they may not know it. This lack of knowledge accounts for high levels of uninsurance among immigrant and refugee populations with limited English proficiency. In addition, many immigrant and refugee populations have no prior experience with health insurance in their native countries.

### III. Grant Activities

To address the cultural and linguistic barriers to enrollment in the West Side immigrant and refugee community, UB's Department of Family Medicine planned to collaborate with two safety-net providers (Jericho Road Family Practice and Mattina Health Center) and two local resettlement organizations

<sup>1</sup> Salsberry PJ. Why are some children still uninsured? *J Pediatr Health Care*. Jan-Feb 2003;17(1):32-38.

## KEY INFORMATION:

### GRANTEE

The Research Foundation of SUNY on behalf of the University at Buffalo Department of Family Medicine

### GRANT TITLE

Addressing Cultural & Linguistic Barriers to Facilitated Enrollment

### DATES

January 2008 – April 2009

### GRANT AMOUNT

\$45,096

(the International Institute of Buffalo, Inc. and Journey's End Refugee Services). Together, these organizations would produce a multi-language health insurance enrollment toolkit and implement a student-based, volunteer enrollment model to work alongside existing health plan and Local District of Social Services (LDSS) facilitated enrollers in the region. The toolkit would equip students with technical knowledge about health insurance and cultural competency, allowing them to work directly with immigrants and refugees and enroll them in health insurance.

UB and the International Institute created and translated a health insurance enrollment toolkit into five common languages spoken in the West Side immigrant and refugee population—Arabic, Burmese, Karen (a dialect from Burma), Vietnamese, and Somali. Translation of the toolkit materials took longer than expected because the computer and printing systems needed to have special fonts used in the written language of the five language groups. In addition, all materials were repeatedly checked for accuracy and fidelity. The International Institute provided translation services for the toolkit.

Next, UB developed the volunteer facilitated enrollment program, PATH, which was modeled after a program implemented and sustained on the East Side of Buffalo. This model has reached many uninsured, low-income African-American residents who had not previously been reached by facilitated enrollment programs. UB created PATH volunteer operating guidelines, a curriculum, and training materials. The facilitated enrollment model continues to be utilized at the Lighthouse Free Medical Clinic on the East Side of Buffalo. The Lighthouse is exclusively run by medical students



from all four years of school and attended by Faculty Preceptors. All students who work at the Lighthouse learn how to conduct facilitated enrollment, as the majority of patients have no medical insurance. UB incorporated a multi-language and cultural competency training component into the PATH model. The PATH program trained six medical students on health insurance coverage with a specific focus on immigrant and refugee populations. An insurance professional from Univera Healthcare provided the training. The PATH program also identified student leaders to help organize and train future student volunteers in the refugee health program.

UB launched the PATH volunteer program and trained students biweekly during facilitated enrollment sessions at the Jericho Road Family Practice and the Mattina Health Center. These sessions were expected to reach at least 20 to 25 families monthly.

UB also planned to evaluate the program through quarterly assessment of selected stakeholders (student leadership team, clinical site medical directors, and resettlement agencies) regarding the overall satisfaction with the program, such as effectiveness, cultural sensitivity, and impact on expanding health insurance coverage.

Expected outcomes included: 1) a multi-language enrollment toolkit to be used by health professionals in the Buffalo region; 2) a student volunteer program dedicated to facilitated enrollment that can be replicated in urban, limited English proficiency communities where health professional schools are common; and 3) enhanced cultural sensitivity and competency training for health professionals. This project was expected to impact more than 400 uninsured families with limited English proficiency, or approximately 1,000 individuals through attendance at a facilitated education session and/or health insurance enrollment. Another goal of the project was to disseminate the completed toolkit to regional health and community agencies.

#### IV. Key Findings

PATH volunteer program students held a total of 20 sessions, reaching approximately 100 people. The frequency of the sessions, and ultimately the number of people reached, were less than expected for several reasons. In the pilot session, three language groups were included with one interpreter per language group present at the same session. Project staff found that translation of health insurance information to attendees took longer than anticipated and that students could not answer all the health insurance questions asked by attendees. Project staff then revised the sessions to include only one language and scheduled a health insurance representative from Univera Healthcare to be present in all the sessions. Also, the project team anticipated holding sessions at more sites—including the health centers—but due to challenges unrelated to the project, the sessions were only held at one site and consequently limited the number of sessions held.

A majority of refugees that interacted with the PATH volunteer program already had Medicaid for the first six-to-nine months after their arrival to the United States as part of their refugee resettlement. Thus, the grant did not enroll any individuals in health insurance. However, the PATH group did incorporate discussions of recertification into their sessions since refugees could recertify for Medicaid or obtain health insurance through the workplace.

UB learned from its evaluation of the project that medical student volunteers reported an increase in their knowledge about health disparities experienced by refugee groups, enhanced skill at working with socio-cultural issues, and greater comfort in caring for patients from culturally diverse backgrounds.

#### FUNDING & RATIONALE

This project was funded under the Coverage request for proposals (RFP) in fall 2007. The objectives of this RFP were to: 1) address the persistent problem of enrolling uninsured New Yorkers and keeping them enrolled in public coverage; and 2) expand enrollment for individuals who are not eligible for public insurance. For a relatively low cost, this project had the potential to impact hundreds of linguistically isolated uninsured families in Buffalo, while increasing cultural competency among future health professionals. It would replicate a proven model and create a set of materials that could be used in communities throughout the State to help immigrants and refugees gain health insurance coverage.

The toolkit and related health insurance brochures were disseminated to health and community agencies in the Buffalo region, including county health departments, local high schools, health insurance companies, the financial counseling center at a medical center, and other community-based organizations.

## V. Lessons Learned

Integrating a health insurance professional into these facilitated enrollment sessions helped to further educate students about health insurance and ensured that all refugee questions would be answered in a timely, accurate manner. In addition, engaging a facilitated enroller in the region, such as from the LDSS, would allow refugees to turn directly to these experts for information and enrollment assistance.



It might have been helpful to include facilitated enrollers in designing this project prior to the submission of the grant proposal. For example, knowing that refugees would already have health insurance as part of their resettlement process could have allowed project staff to appropriately adjust their proposal. Assistance with recertification was also helpful, but could have been planned with more foresight.

Medical students who volunteered for the PATH program broadened their knowledge about health insurance and issues related to immigrant and refugee health, which could be helpful in their careers. UB expects the program to be sustained through training future medical student volunteers on the developed curriculum.

Educating medical students, immigrants, and refugees about the complex topic of health insurance, especially when multiple languages are involved, is a time-consuming endeavor. Sessions with fewer immigrants and refugees were ultimately held, somewhat limiting the number of individuals directly impacted by the project.

## VI. The Future

UB and its collaborative partners are continuing to use the PATH volunteer program, recruiting new medical students to lead the discussions with immigrants and refugees. UB also continues to hold refugee clinics and provide health insurance brochures. The brochures are available on UB's website, which is accessible to the public.

## BACKGROUND INFORMATION:

### ABOUT THE GRANTEE

The University at Buffalo Department of Family Medicine is a University-administered, community-based department. Its multi-disciplinary faculty teaches, provides health care, and conducts research in academic and health care settings throughout Western New York. The Department's family physician faculty staff eight outpatient primary care sites around Western New York, seeing over 100,000 patient visits per year.

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