Outreach to Individuals with Low Literacy Skills

Connecting Kids to Coverage National Campaign

Webinar Transcript August 13, 2014

Stephanie Kissam: This is an informational webinar called "Outreach to individuals with low literacy skills." This session is being hosted by RTI International and is sponsored by the Centers for Medicare and Medicaid Services. My name is Stephanie Kissam. I'm at RTI International, and I'll be your facilitator for today. Tammeka Evans from RTI is the event host. We have three wonderful speakers to describe first the principles, and then the practice, of outreach to individuals with low literacy skills. Today's session will feature speakers from two organizations and should take approximately one hour. Before we begin, I would like to invite Cathy Cope from CMS to say a word of welcome.

Cathy Cope, CMS: Hi, this is Cathy Cope, and I'm Technical Director for the CHIPRA and ACA grants, and I'm delighted to join RTI on this call today. RTI has been our wonderful partner since the very first CHIPRA grant, the Cycle I Grants, they've done such great work for us, and I'm just delighted they could offer this seminar today with great speakers. So, I look with great interest on the results of the poll, and so I really encourage you, you know - any issues that you have, please contact your project officer, or you can always contact me, CathyCope@cms.hhs.gov, for those on the line that aren't grantees, I'm happy to help you as well. But I just look forward to this webinar, and thanks for joining us today for another fine effort from RTI. Stephanie?

Stephanie Kissam: Thanks so much, Cathy. So, CMS asked us to host a session on the topic of outreach to individuals with low literacy skills because we know that many people in the U. S. have low health literacy. Health literacy is defined as the ability to obtain, process, understand, and communicate about health-related information needed to make informed health decisions. The National Assessment of Adult Literacy Survey, conducted in 2003, was the first large-scale attempt to measure health literacy in U. S. adults. This survey found that 14% of adults scored as having below-basic health literacy, and 22% scored as having only basic health literacy. So we know that health literacy is, in particular, is an issue affecting many people, including those eligible for Medicaid and CHIP. We

also know that low health literacy contributes to disparities in enrollment in health insurance. We hope today's speakers will help you all overcome barriers to health insurance enrollment posed by low literacy and low health literacy in your communities. I am now going to turn the presentation over to Trina Stevens. Trina is a communications professional at RTI International, with more than 25 years of experience in the health care field. Ms. Stevens works with diverse audiences, including patients and community-based organizations, to build and deliver public awareness programs on health issues. Her background includes integrated marketing, public and media relations, social marketing, partnership development, community-based outreach, and patient advocacy. Ms. Stevens brings previous experience developing outreach strategies to introduce PeachCare for Kids, Georgia's Children's Health Insurance Program, to eligible families. More recently, she has tailored communication approaches to reach individuals with low literacy skills for the Children's Health after the Storms, or CHATS, study. Trina, I will now hand it over to you.

Trina Stevens, RTI International: Thank you Stephanie. Can you hear me okay?

Stephanie Kissam: Yes. Yes, I can hear you, great.

Trina Stevens: Good, thank you. Good afternoon everyone. Thank you for your time today. As Stephanie stated, I'll be speaking about strengthening outreach to individuals with low literacy skills. We'll begin by discussing some of the applications and concerns of adults with low literacy. Here we see just a few of the challenges faced by adults with low or limited literacy skills. They include: materials where the reading level is too high, language barriers for those whose primary language is not English, the complexity of the application itself, lack of documentation, competing priorities and limited time, which can be a particular challenge. It can be hard to feel like applying for health insurance as a priority, when resources are strained and the child is otherwise healthy. A parent's attention may be focused on struggling to make rent, providing food, or paying utilities and daycare bills. Also, misperceptions and fears, and this includes concerns about immigration status, being looked down upon by others, etc., and poor and/or insufficient support. There was a study by the George Washington University Center for Health Policy Research that showed that 2,000 applicants who were confused by eligibility rules were nearly two times less likely to apply for Medicaid services. So, providing information in a clear language - clear, plain language, relatable and understandable way, is critical to helping people

understand and go through the application process. Now, some of the most common concerns about applying for Medicaid and CHIP programs are presented here, and include such concerns as: “Is this going to be a hassle?” Even something that sounds simple, like gathering all the documentation needed to apply, can be enough to discourage some. Similarly, if a person has applied previously and been turned down, they may feel disheartened, angry, and sometimes feel like trying again is just a set-up for another failure. The length of time it takes to apply, and how long will it take before they know if they're approved, and also the ability to successfully navigate the system is sometimes a very big challenge. People are typically focused on applying in the hopes that they'll be approved, but once approved, navigating the complexities of the health care system can become an even bigger challenge, and this is particularly true for low- or limited-literacy individuals, and those who've never had health insurance before. Understanding co-payments, and why they have to pay when they have insurance now, pre-authorizations, referrals, in-plan versus out-of-plan costs, etc., can all feel very overwhelming. All of these are real concerns with people applying for Medicaid or CHIP. So, how do you begin to identify people with low literacy skills? It can be a challenge, and the two main reasons are, people with low literacy skills have developed coping strategies that help hide their condition. Excuses for not reading or writing, such as “I left my glasses at home, can you sign in for me?” or “I'm going to take this home to read it and fill it out there,” or even, “My handwriting is so much like a doctor's it would just be better if you fill it out for me.” These are just some of the kinds of excuses used by people with low literacy skills in hopes of masking their condition. There was a study in the journal Patient Education and Counseling that showed that two-thirds of adults who admitted to having reading problems had never told their spouse, and 19% had never told anyone. They live their lives becoming adept at masking it, and covering so successfully that even those closest to them didn't really grasp the magnitude of their struggle, if they were even aware of it. And this made me think of, years ago I volunteered with a literacy project teaching adults to read, and my first meeting with the man I was assigned to work with was at the local library. He chose the location, and when I got there, initially I thought he hadn't arrived. I saw a man who appeared to be in his late 40s or early 50s, dressed as he said he'd be dressed, but the man was holding a newspaper and just seemed to be so engrossed it - he was turning the pages, and chuckling to himself at different articles, and so after walking around for the third time, I was just about to pass him again, and he saw me, put the paper down, and introduced himself. He was the person I was

there to help improve his reading skills, and his reading level was barely first grade. However, he had developed the skills to feel accepted and feel he appeared to fit in with the world around him when it came to reading and writing. The second main challenge to identifying people with low literacy skills, is that many adults with low literacy or low English proficiency don't see themselves as even having a problem. They view their skills as adequate and feel they are able to get by. They don't see themselves as poor readers, or really, having a problem of any significance. Now, I'd like to take a moment and ask a question. Please see the open poll at the lower right part of your screen. The question this poll asks, is “Do you feel confident recognizing someone with low literacy skills?” This poll will be open for another 30 seconds so we can get your yes or no responses.

[silence]

Stephanie Kissam: Thanks so much, Trina, this is Stephanie again. We're going to take a couple minutes because we have quite a number of people filling out the poll.

Trina Stevens: Okay.

Stephanie Kissam: Alright, I'm going to close the poll and show the responses ... in a moment. I can see the early results, it does look like quite a number of people - more than half - do feel confident that they can recognize someone with low literacy skills. Less than 20% say “No,” and about a third are unsure. That gives us a good sense of everyone in the room.

[silence]

I'll turn it back over to you, Trina.

Trina Stevens: Okay. Alright, well, so what we want to do is just look at a few clues to help those who aren't completely sure, and those that really said “no” to the poll, help you recognize some signs of low literacy. So, people with low literacy skills will sometimes avoid looking at, or only glance at, written materials placed in front of them. They'll often offer excuses for not completing applications or needing assistance, and this brings up some the masking strategies that I mentioned previously, that they've developed over time, such as “forgetting my eyeglasses” or “I did something to my wrist, can you write for me?” You may notice also that an applicant is reading one word at a time. Most people can scan text quickly and then interpret it just as quickly, but the effort to read one word at a time can

drain cognitive resources and leave the person with little reserve to actually understand what they've just read. They also tend to take things literally, and may not realize that the stories or examples they read are illustrating a point that actually applies to them. This may be something you'll need to reiterate, to make sure that the person you're working with understands it, particularly when using an example that illustrates their own situation. Sometimes an individual with low literacy skills may avoid reading altogether. If words don't look familiar or easy to sound out and understand - oops, I'm sorry, I jumped just slightly ahead. ... Let me back up one moment here. ... Okay. So, if the words don't look familiar or easy to sound out, a person with low literacy skills may decide it's just not worth their time to attempt reading it, and this may be critical information that they need. And, “Satisficing” is the word that means “satisfy” and “suffice” - putting the two together - and what this means for people with low literacy skills is that sometimes they'll practice satisficing when they're figuring out how much is enough in reading, how much information they feel is enough. They tend to stop reading as soon as they've found the first plausible answer to what they're looking for, even if it's not the best or the correct answer. Lastly, people with low literacy skills often spend so much of their effort trying to read and comprehend what they're reading, that their recall ability is lower than those with stronger literacy skills. People with adequate literacy skills can retain seven independent chunks of information in the short term, on average, while people with low literacy skills typically retain five or fewer chunks of information. And you can often see this when asking a person to repeat what you've just gone over. There's usually a visible struggle to recall more than four or five pieces of information that you've presented. And they may reach a point where the person apologizes and looks to you for assistance in helping recall the information. So, it's important not to present too much information, so as not to overwhelm them. Okay. So, on this next slide what we see is, there was a study by the San Francisco Department of Health that found that one question can more accurately predict a person's having low or moderate health literacy skills, and the question is, “How confident are you in filling out medical forms?” What they found is that people who answered between 1 and 3 - “Not at all,” “A little,” and “Somewhat” - are more likely to have low or moderate health literacy skills. You might consider asking this question as you sit down and begin the process of walking an applicant through the application. It can give you a good sense of who may need additional support to understand and complete the application. So, what do people with low literacy skills need to know when applying for Medicaid and CHIP? They need to know that their family's

welfare matters and that their welfare matters. Are they just another application, or do we see the person standing before us? They're usually facing the challenges of raising a family on a limited income, sometimes working two or three jobs, and taking the time with people with low literacy skills and showing you care, makes a huge difference. In addition, helping where you can to address competing concerns can often free them up to focus on the Medicaid and CHIP application process. Years ago I used to organize city wide immunization fairs and related events, and one of the challenges I found almost immediately was getting parents who were struggling financially to see immunizations for diseases their children didn't have, as a priority. So one of the things I began to do was, in addition to having a health care team there, I also invited the telephone company, the gas and electric company, the housing authority, and local employers, so that the immunization fair became a one-stop shop for addressing a variety of needs and providing parents with the opportunity to make contact with people who could help them personally. And I found that it made a huge difference. Parents [inaudible] other parents and we got lots of comments of appreciation. People felt cared for, and our immunization rate significantly improved. Also, how - people need to know how Medicaid and CHIP can make life easier. For example, these programs will help you in providing for your children's health care needs and for preventing and treating any problems that arise early. People need to know how much time it will take to apply, and how difficult the process is, and again, will it be another frustrating experience? And then, how long will it be before they'll know they're approved? They'll also want to know how CHIP will benefit their family, and need to have important benefits presented simply, such as how much will it cost to see a doctor now, and having CHIP will help them manage chronic problems like asthma and allergies. It's also important for them to understand, too, that they'll have a regular doctor now who will know what their child's medical history is, which can make a huge difference in a child's care. And next, we're going to run through just a few tips when working with low literacy people and completing the application. Most important is to make the application process as easy as possible. Begin in a conversational tone as if talking with a friend. Focus on what they need to know or do, but remember not to overload them with information. You want to be an application tour guide, which means introducing the applicant to the application itself, so that they know what to expect and where you are taking them. For example, we can say, “The first part of the application asks about basic information, such as your name and address,” and then move on. Remember to stick to one section of the application at a time before

moving to the next section - ask questions, recap, and then introduce the next section. And then, finally, don't rush. When people feel rushed they often feel dismissed and as if you don't care. They'll decide not to ask important questions, and for people with low literacy skills and limited English proficiency, they'll often decide not to ask about things they didn't catch and don't understand, even though, when you ask if they understood, or if you ask if they have any questions, they may assure you that they don't, and that they've understood everything you've said. On written materials, use plain language and make it look easy to read by using lots of white space, using one or two syllable words, and headings that provide visual cues about the content. Sit with them when filling out the application; don't stand or lean over the person. And ask questions as you go - “Does this sound like something you'd be interested in?” and “What's your biggest concern?” And then, after completing the application, let them know what's next, what to expect, and when. Where can they go if they have questions later, and who will help them navigate the system if they are approved? And then, finally, we're going to go through just a couple of tips for strengthening the literacy of outreach materials. So, on outreach materials, you want to keep your messages short. Again, no more than three to five sentences per paragraph. Focus on what people need to know or do. You want to avoid using all caps, and whenever possible illustrate words with images and avoid statistics. Instead of saying “80 percent” of those who apply for CHIP are approved, for instance, let us say “eight out of ten” people - and better yet, show it with an illustration. And then, photographs are the best illustrators of text. They reflect real-life events, people, and emotions, and it's easier for your audience to understand and identify with photos. However, it's important whenever possible to make sure that the audience can see themselves in the photos. And by this I mean, do the people in the photos reflect your audience? Do you see similar family scenes, show people in similar professions, and in similar neighborhood settings? Lastly, I'd like to walk through just a couple of examples to illustrate what I just mentioned. This first graphic is actually a poster - let me just scroll down a little bit here - and this was a poster about HIV awareness. And what you can see in the picture, at the top, you can see lots of white space, and there are few bits of text in here to distract the reader. You see the doctor, dressed, so we can tell who he is, by the white coat and the stethoscope. The image is realistic, it shows the setting of a local health clinic. Let's scroll down just a bit here. And, very important, the message is easy to understand and is action oriented. The question is health, the action activity is talk to your doctor about getting tested for HIV today. The text is in a

simple font, and large enough to read from a distance, and there are really only one or two syllable words used throughout. And in the second and last example - this is a poster from the Centers for Disease Control and Prevention, and one of the things I had mentioned was making sure to use illustrations, photos, to illustrate your text, so that even if you weren't able to read it very well - and this is particularly important for people with low literacy skills - from the pictures you can get a sense of what the message is. This was from an e. coli outbreak, and just a health alert that was put out. And so you see an image that there's stomach pain and diarrhea problems, you need to see the doctor right away, that this affects both children and seniors, in the second picture. And then, a healthy young man, so if you ate raw spinach more than 5 days ago you don't need to go see the doctor, and then the demonstration of hand washing, with the message at the end, “Protect yourself and your family.” And again, there's lots of white space used throughout, and just four simple images with four simple messages, and the main message at the end, “Protect yourself and your family.” So these are just two of the examples of what low literacy materials can look like, and I hope it can be helpful to you in designing your own. And that's actually all that I have for my portion of the presentation, so I want to thank you very much for your time, and I'm now returning the program to Stephanie.

Stephanie Kissam: Thanks so much Trina. And I want to remind everybody that if you haven't already, please submit questions via the Q&A window, and we'll try to get to as many questions as we can. I think we will, in the interest of time, just go right to our next speakers, and address some of the questions at the end of both presentations. So, we have another polling question for you, in fact. And this question asks, “Do you currently conduct outreach to populations with limited English proficiency?” And while we're getting those responses, I'm going to introduce our two speakers from Public Health Solutions, a Connecting Kids to Coverage Outreach Grantee that is putting the ideas that Trina introduced into their work. Priscilla De Jesus is the Program Manager for the Connecting Kids to Coverage Program at Public Health Solutions. She is responsible for implementing the program and managing the Program's Certified Application Counselors and Community Health Workers who serve the target Northern Queens communities - North Queens, New York, that is. With her expertise, the Connecting Kids to Coverage program has successfully developed a formal outreach and education plan to reach eligible families and children and help them enroll. She is a New York State Certified Application Counselor. Hager Shawkat is

our second speaker, and she is the Senior Program Coordinator for the Access to Health and Food Benefits Program at Public Health Solutions. With a background in community health education and public health, she plays a lead role in coordinating Public Health Solutions' Health Insurance Navigator Program in New York City and Long Island, including overseeing systems to collect and track data, as well as establishing a social media presence. And, our poll has just closed, and I'm going to show the results in just a minute. As you can see, we have about three-quarters of our folks in the audience who are conducting outreach to populations with limited English proficiency, so, Hager and Priscilla, I'll turn the presentation over to you now, and it looks like we've got a lot of people who will be very interested in hearing your strategies. Thanks.

Hager Shawkat, Public Health Solutions: Okay. Can you hear us, Stephanie?

Stephanie Kissam: Yes I can, thank you.

Hager Shawkat: Wonderful. Good afternoon everyone. I just wanted to, first, say thank you to the RTI International and CMS teams for giving us the opportunity to present today, and for focusing on the key issue of engaging and serving individuals and families with low literacy skills and limited English proficiency. I did want to start with a brief introduction about Public Health Solutions and the work that we do. Public Health Solutions, or PHS, is a non-profit public health institute that has been serving New Yorkers for 57 years. Our mission is to implement innovative, cost-effective, and population-based public and community health programs. We conduct research that provides insight on public health issues, and provide services to other not-for-profit organizations to address public health challenges. We've serve 80,000 individuals every year through our direct services programs, which include: prenatal care; family planning; nutrition counseling services, which we provide through our WIC program; health insurance enrollment assistance; and food stamps benefit application assistance. So, the vast majority of the people we serve are low-income women, infants, and children, who live in some of the highest-need neighborhoods in the city. Public Health Solutions has been providing health insurance application assistance for over 10 years. Our Health Insurance Navigator Program serves New York City's five boroughs, Long Island, and Northern New Jersey, and is funded by the New York State Department of Health and CMS. Our CMS Connecting Kids to Coverage team consists of a bilingual Program Manager, three Certified Application Counselors, and six

Community Health Workers, all of whom are Native Spanish speakers. Our Connecting Kids to Coverage Program focuses on bridging health coverage disparities in Northern Queens by reaching out to subgroups of children that exhibit lower-than-average health coverage rates. In this case we're focusing on Hispanic families and children. In these neighborhoods, a large proportion of the population have low literacy skills, and speak Spanish as their native language. We use a successful model where we co-locate our Navigators at locations where clients go for other activities and services, such as with applying for health insurance. Using this model, our Navigators are hosted on a regular basis by other trusted community-based organizations and programs, like youth centers, community colleges, WIC centers, and consulates. So, for example, we currently host a Navigator at Elmcor, which is pictured here, and that is a local recreation, education, and social service center that serves East Elmhurst and Corona, which are two areas, the two communities within our target zone. This approach of embedding assistance at partner sites helps us meet clients where they are in the community, and it helps us really get to know their concerns and needs so that we can adjust our approach to best provide services. I just want to take a moment to give some background and context about our target communities. We have over 400,000 people that live in our target communities in Northern Queens, and over 50% of them speak Spanish at home. A large proportion of people in these neighborhoods are born outside of the United States. Many originate from Latin American countries, particularly Mexico and Ecuador. This slide just gives you an idea of the proportion of the population originating from these 2 countries. So, as you can see from the dark shading in Corona, Elmhurst, and Jackson Heights, a large number of people in our target communities were born in Mexico or Ecuador. So when you're looking at - particularly looking at Corona, with the darkest shading for residents born in Mexico, you can see that at least 15,000 residents were born in Mexico, and another 10,000 or more were born in Ecuador. So, actually, however, focusing just on the country of origin, or language, is not enough. We've found that through our workshops, outreach, and enrollment efforts, that many members of our target communities have low literacy skills regardless of whether they speak English or Spanish. And, our outreach and enrollment strategy was developed, and continues to be adapted, with this point in mind. Now I will hand it over to Priscilla to discuss our outreach approach in more detail.

Priscilla De Jesus, Public Health Solutions: Thank you, Hager. I'll now be turning to some of the specifics of our strategies. Today, we'll be

reviewing some of our key strategies for engaging people with low literacy skills and limited English proficiency. We'll be discussing what we learned during the process of implementing these strategies, and some exciting new initiatives we'll be implementing soon. On the whole, our outreach strategy supports a comprehensive approach to reaching the low-literacy and limited-English-proficiency target population. Some of the key elements of our comprehensive approach include: outreach materials; back-to-school and other campaigns; one-to-one Community Health Worker education; our social media and target marketing. I will review each of these approaches in more detail. The goal of these strategies is to support our clients and the community to be able to understand the benefits of health insurance and the various options that they have. We hope to empower individuals to make health care insurance decisions and to take advantage of the benefits for which they are eligible. First, we'd like to touch a bit on our written outreach material, and flyers that we currently use. We've generally used materials made available by the Connecting Kids to Coverage Program and our State Marketplace, called the New York State of Health. These materials include the Customized Connecting Kids to Coverage Flyer, which are customized for our program. We also use the New York State of Health Flyers and materials - specifically those that are tailored to special populations like immigrants and young adults. And finally, we use our Public Health Solutions flyer that was developed in-house. All materials are written in plain language, are available both in English and Spanish, and are customized with Public Health Solutions contact information, and leave the client with a call to action so they know how to reach us. We learned very early on to tailor our message based on what we know about our audience and how we will be delivering the message. It's important to recognize that many audiences will include a mix of people with varying literacy and English proficiency levels. What we learn is, that it's not just what is written on the page, but is how the message is delivered. So, in general, our outreach is tailored to the audience. When approaching a community-based organization we use more of a formal approach - sharing more program information and written materials. When leading workshops, particularly with Parent Teacher Associations, our approach is informal. We've found that PowerPoint and other formal presentations are not effective at engaging this type of audience. Instead, we tailor the presentation on the spot, based on the questions from the audience members. When conducting community-based outreach and canvassing, our approach is informal, and we use it as an opportunity to engage community members. And finally, when providing one-to-one education, we take a client's lead on the most pressing issues

and questions to address. Most importantly, at the end of our one-to-one session, whether during outreach or enrollment assistance, we make sure that the client understands what we covered during that session. We do this by using the teach-back method, asking clients to briefly explain what they understand their next steps will be. We've tailored all our materials based on feedback from individuals and families that we serve, and continue to evaluate their effectiveness. As I mentioned, even with the best written outreach material it's a challenge to deliver a clear and consistent message about health insurance options, especially during the last year when so many messages about health insurance and the Affordable Care Act were being disseminated. Health information can overwhelm even people with advanced literacy skills. As Trina mentioned, individuals with low literacy skills and limited English proficiency face multiple challenges. Based on our experience, some of the most important elements of delivering a clear and consistent message include: Having staff on board who speak different dialects of Spanish. The Hispanic populations in our target communities originate from many countries in Central and South America and the Caribbean. Though they all speak Spanish, there are some differences in dialect, and we benefit from the diversity in our staff, who speak multiple Spanish dialects, since it makes our clients more comfortable. Another key element is to be careful with the word density on the page. Because of the high level of information that we need to convey, we complement the written materials by providing one-to- education. This allows us to present information in a format that is easier to understand for the consumer. We have experienced clients being overwhelmed by the information because there are too many words on the page. We also focus on brand recognition. I think this has probably been a challenge for many grantees, both who are serving states that have a State-based Marketplace or a federally facilitated Marketplace. It's important for a clients to know where to find the online Marketplace and application assistance. We recognize our consumers may be confused as to what services we provide because we use three different flyers for the same program. However, we make sure to be consistent with our branding in all outreach by including our PHS logo on all material, including social media. Our staff also works hard at debunking misconceptions about health coverage. The poll question that was presented earlier, at the beginning of our session, about the biggest literacy barrier, was a great one. At the launch of our program, we probably would have answered it differently, but we realized early on that the most frequent misconceptions our staff encounters is the question of “Obamacare” being a type of health insurance. Many clients come in saying, “I need to apply for

Obamacare," when reality is that they already are covered through Medicaid. Finding ways to teach clients about basics of the law's requirements has been essential for us. Similarly, another common misunderstanding among consumers that we serve, is the difference between Medicaid Program and the Managed Care Plans offered under Medicaid. One-to-one sessions have been most effective at addressing these misconceptions. For our target population, alleviating concerns about immigration status has become our biggest concern. As many of you know, fear, confusion, and misinformation about applying for and receiving public benefits often deter immigrant families from seeking coverage. We address these concerns at the onset of working with a client to make sure this does not serve as a barrier to apply. In our effort to build on current work, in the coming months we'll be launching our back-to-school campaign using many of the tips offered by CMS and the Connecting Kids to Coverage Program. Over the past year, we've built some key partnerships with Parent-Teacher Coordinators and community-based organizations that work with groups of schools to build the foundation for our campaign. The plan is to disseminate materials and educate the community in three simple steps - to make sure that we drive the message home and provide on-site opportunities for parents to ask questions and complete applications. We identified ten schools through our canvassing efforts and our partner collaborations. The first step in September is providing each student with a customized back-to-school Connecting Kids to Coverage flyer. During the months of September and October, our Community Health Workers will be posted at designated school exits during dismissal to promote the Affordable Care Act workshop for upcoming PTA meeting. And finally, throughout November our Community Health Workers will facilitate Affordable Care Act workshops at the schools. Immediately after the workshops the Community Health Workers will complete an eligibility screener and/or set appointments for our Navigators. As Hager mentioned earlier, our Navigators are hosted in locations where clients go for services and activities. To learn more about our community members, where our community members congregate and go for services, we have implemented our outreach mapping project using Google Maps Engine. Google Maps Engine provides an interactive map with real time data and updates on a shared drive that can be accessed and updated by all our staff. If you look at the upper-left-hand corner of this slide, you Connecting Kids to Coverage National Campaign Outreach to Individuals with Low Literacy Skills can see six venues, or layers, of outreach efforts, and their focus on: Schools and Daycares; Community-based organization; Faith-based institutions; Medical facilities; Immigration and Tax services; and

Recreational facilities. This current view is a snapshot of our schools-and daycare layer which is represented by orange icons. To view details, we simply click on the icon, and a callout box with detailed information appears, including the number and types of materials we've distributed. We use our maps to visualize our outreach efforts and identify where to reach people with low literacy skills and limited English proficiency. Now I'll turn it back to Hager to describe our Community Health Worker approach.

Hager Shawkat: Thank you Priscilla. So, one of our most recently launched initiatives is bringing on board Community Health Workers. This has been a key step in expanding and enhancing outreach in the community. By bringing on Community Health Workers, we've actually been able to have more foot soldiers in the field and implementing the strategies that Priscilla just discussed. Each Community Health Worker possesses key traits to facilitate their work within the community, particularly with people with low literacy skills and limited English proficiency. Our main goal is to ensure our Community Health Workers speak the same language as our community members, both literally and figuratively. When bringing Community Health Workers on board, we are cognizant of the individual's country of origin, their familiarity with the Northern Queens community, and their past experiences with obtaining health coverage and accessing care. So, many of the Community Health Workers we have on board are immigrants who've had to navigate the health care system for themselves and their families. And, as Trina mentioned, this makes them well-positioned to provide reassurance and address concerns. We also consider any Community Health Worker training that this individual may have had, and all of our Community Health Workers have completed formal community health worker training, since we reached out to local community colleges to provide a pipeline of eligible candidates. And we've found that all of these characteristics put the Community Health Workers in a prime position to meet individuals and families where they are, and establish a trusted presence in the community. So, remember that we said before that the method of delivering the message is crucial. So, in addition to expanding our outreach efforts on the ground, we will also be using social media, radio, and websites to engage our target audience. In terms of our social media strategy, we have brought on a Community Health Worker whose primary focus is to establish our Facebook site. Research has shown that many Hispanics regularly access the internet for social media purposes. Given the makeup of our target audience, Facebook is expected to be a key tool for reaching these community members and facilitating their understanding about health insurance. Not

only will the messaging on our Facebook page be tailored for people with low literacy skills, but so will the content. So, the page will be used as an additional interface to interact with the community to introduce our Navigators, share our consumer's stories, ask trivia about how to get health insurance, and promote videos that explain the Affordable Care Act and health insurance in simpler terms. Additionally, given that our target population mainly consists of Spanish speakers, our online and radio campaign will be done using Univision. This campaign will not only be delivered in the primary language of many of the individuals and families we serve, but it also will be using a method of delivery that is familiar to them. Using Univision as our media platform allows for us, or will allow for us, to present our messages using a trusted source in the community. So, as we've reviewed today, there are actually many ways to engage target populations and clients, particularly those with low literacy skills and limited English proficiency. Most importantly, we've found that investment in engaging with community members on a one-to-one basis has helped us adapt our approaches as we work to most effectively reach eligible families. And, at this time I'd like to thank you again for listening, and I'll turn it back to Stephanie.

Stephanie Kissam: Thank you so much, Hager and Priscilla. That was really informative; we've gotten a lot of comments that it's a lot to take in, so I appreciate both you all and Trina for presenting such rich information. For the question and answer period, I'm going to start with a question that I want to pose to all three of you. The first question we have is, “How do you deal with a situation “when you're doing a presentation and workshop to a group with mixed levels of literacy skills and English proficiency?” You had mentioned that you do that, but I would like to hear first from Trina, and then from Hager and Priscilla, what tips you have for doing that.

Trina Stevens: Hi Stephanie, thank you. When I've done that, I've focused it on keeping the materials still for a lower-literacy-level audience, and what I've found is that the material, when it's presented for an audience with lower or limited literacy skills, is still just as useful for those with more adequate literacy skills. In today's world, where there is such a desire to have information presented quickly, and in a simple, easy to grasp format, the low-literacy principles really work for any audience. It provides us with an opportunity to reach everyone simply, quickly, with information that uses those principles of: 1- to 2-syllable words, lots of white space, pictures to illustrate text, etc., and it provides everyone with what they need as a takeaway. And for those with more adequate literacy skills who have

additional questions, usually we just advise taking those questions either at the time, or sometimes people will come up afterwards, and for those who would like additional information we're able to provide it. But that's the way we usually go, is just to focus on low-literacy-level presentation, which seems to work for everyone.

Stephanie Kissam: Thanks. Priscilla and Hager, what would you say?

Priscilla De Jesus: When it comes to presentations, as we mentioned before, we don't use PowerPoint, but we start our presentation by engaging the knowledge of what the participants know already, so we'll go into a presentation and ask if they know what Obamacare is. We want to know where they're at, so we can tailor the presentation. We do conduct our presentations both in English and Spanish, and we provide the material, the outreach material, at the end, so we can provide them on a one-to-one basis for the client.

Stephanie Kissam: Thank you. So picking up on that, the fact that you said that you ask people first what Obamacare is, one comment that we received is that one of the literacy related barriers that folks out there are facing, is trying to explain the concept of insurance in general, and how to use insurance, and what it means to have health insurance. Is that something that you, Priscilla and Hager, have addressed head-on in some of your presentations, and you could give us some tips on? And then I'll ask Trina as well, but starting with Hager and Priscilla?

[silence]

Are you all there?

Priscilla De Jesus: Well, our Community Health Workers, when they do outreach, we do get a lot of questions about what services we provide, so they do the breakdown of what the Affordable Care Act is, and then they break down the insurances, especially for our clients in our population, is breaking down what Medicaid is versus the managed care plan. So we do give that background to our consumers.

Stephanie Kissam: Great. Trina, is there - Do you have any tips on explaining health insurance and how to use it? (Trina Stevens) I think I would reiterate what Hager has had to say, I think just trying to present it most simply, and sometimes it's helpful to have information, and I think most people do now, and just, you know, a couple of bullets with illustrations is possible, but a bulleted form that has four or five major points

that people will need to know, and also that serve as a map of what it is, what it means, and defines some of the terms like “co-payment,” and answers questions simply, because I know that a lot of people feel that when they haven't had insurance before and they get it, that things like co-pays are sometimes an unpleasant surprise. And, just other terms that are, that we use pretty commonly, but if you are new to insurance it becomes just a jumble of terms and a mystery. So I think sometimes just having simple documents that hit the major points, and then having a place where people can go back to, whether it's the outreach worker or another contact, where if they have questions they can go back and ask additional questions and get some help navigating the system, is what I would suggest.

Stephanie Kissam: Thank you. We had a specific follow-up question about that, about how to explain certain health terms like “deductible” and “co-pay,” and, is there any good resource that any of you know about to define those in simple terms? It sounds like this group would be really interested in hearing about that. Another set of questions that we've gotten from a number of people - oh - I want to pause there, did anyone want to say more about how to define those terms related to health insurance?

Trina Stevens: This is Trina, I've seen one or two good resources, and what I can do is get that to you, Stephanie, and perhaps we can get that out to the participants.

Stephanie Kissam: Okay, great, thanks. So, another set of questions we've had is related to how to use Google Maps Engine, which I think a number of people were interested in seeing, so Hager and Priscilla, thank you so much for providing the link in the chat window, so if everybody has not seen that already, there's a link to this Google tool. Do you want to talk about how you discovered this tool, and how you began to use it, and what you're using it now for?

Priscilla De Jesus: We discovered Google Maps Engine when we were looking at our target zone and dividing our zone for our Community Health Workers to provide outreach, and the service was - we pay for the service - you have a basic one for free, and the one you pay for you can create layers for different categories. The category that you saw on the slide that I had was schools and daycares. However, you can add up multiple categories, and we chose to only have six categories that our Community Health Workers were focused on. And in that view you only had schools, but if you were to click on all of them, you're able to - and it works as a spreadsheet, so all of the information when we do canvasing, we come back to the office

and apply it to a spreadsheet, and when we click on our layer, let's say the schools and day cares, we open it, we import all of the information from our spreadsheet, and it automatically will populate like you see on the screen. And then once you click on the actual icon, you will see the call-out box that comes up, and you can edit that information if you like, on an individual basis or on the spreadsheet. But you have to take some time and play with it and know what you're going for, and all those layers that - not layers - but the actual map itself and all the borders, were created by hand - I mean, with a mouse.

Stephanie Kissam: Alright, that's really interesting. Okay.

Priscilla De Jesus: There are tutorials, though. If you do go on the website at the link that we provided, there are many tutorials that you can base your maps on.

Stephanie Kissam: Great. So another question for you at Public Health Solutions, came in through the Q&A, and the question is, “Is anyone focusing on informing male head-of-households in the Spanish community, since they make the final decisions?” That's the question, how it's worded. Do you want to comment on if you do specific outreach to male heads-of-household?

Priscilla De Jesus: Our experience is that most, the applicants are mostly women. Yeah, even in the fairs and events, when we're doing outreach, the women are mostly the ones that approach us and make the decisions for their family. Although, we do engage everyone when we're canvassing, or if there is a male that comes in, we obviously take the application, but mostly what we've seen is the females coming in and filling out the applications.

Stephanie Kissam: Okay, alright, thank you. We have a couple of comments here from people who want to offer resources about explaining health insurance terms, so, one says that a good resource is the CMS Coverage to Care Roadmap, and you can order those brochures for free. Another one says that the MediCal Managed Care Plans have glossaries and glossary explanation of terms that are written specifically for members at lower literacy levels, and you can see some good examples at cencalhealth.org, and I'll try to post that in the chat window as well, those examples. So, and we have a number of people who are interested in seeing the examples, Trina, that you posted earlier, as examples of using pictures and text to explain certain concepts. Trina, can you comment on, perhaps,

other websites that might be good examples for that, using that technique of pairing text and pictures?

[silence]

Trina, are you with us?

Trina Stevens: Yes, I'm sorry. What I have to do, let me look back at - there are several, and let me pull up a couple of them. I don't have them handy in front of me at the moment, but let me pull up several others and I can maybe even post that while we're talking.

Stephanie Kissam: Okay. Alright, great, thank you. So, are there any other questions that people are about ready to type? So, someone asked to put the web addresses in the chat feature, so I'm going to try to do that right now, and thank you to the participant who offered these up. At this moment, I haven't seen any additional questions come in through the Q&A, and we're about at the top of the hour, so what I want to do now is thank everyone for joining today's session, and especially Trina, Hager, Priscilla, and Cathy from CMS, for sharing insights with us and your warm welcome. Thanks to CMS for making this session possible, too. Connecting Kids to Coverage will continue holding more web-based events later this Fall, and if you're not already on their mailing list, you can see a link that we're about to post on how to join that mailing list. And, before we close, I would like to make a plea to please complete the evaluation form that pops up on your screen after you close out of the session, because we're really interested in your feedback on today's session and we'll use it to plan future events. We're going to post one more link here that another person has suggested to get, to find more low-literacy-level materials to explain health insurance terms. So, again, thanks to everyone for your interest and time today. We really appreciate it - and good luck out there! Thanks very much.