NACCHO
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2017 Model Practices

Applicant Information

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Model Practice Title

Please provide the name or title of your practice: *

Lower Shore Health Insurance Assistance Program

Practice Categories

Model and Promising Practices are stored in an online searchable database. Applications may align with more than one practice category. Please select all the practice areas that apply.: *

- [x] Access to Care
- [ ] Advocacy and Policy Making
- [ ] Animal Control
- [x] Coalitions and Partnerships
- [x] Communications/Public Relations
- [ ] Community Involvement
- [ ] Cultural Competence
- [ ] Emergency Preparedness
- [ ] Environmental Health
- [ ] Food Safety
- [ ] Global Climate Change
- [x] Health Equity
- [ ] HIV/STI
- [ ] Immunization
- [ ] Infectious Disease
- [ ] Informatics
- [ ] Information Technology
- [ ] Injury and Violence Prevention
- [x] Marketing and Promotion
- [ ] Maternal-Child and Adolescent Health
- [ ] Organizational Practices
- [ ] Other Infrastructure and Systems
- [ ] Organizational Practices
- [ ] Primary Care
- [ ] Quality Improvement
- [ ] Research and Evaluation
- [ ] Tobacco
- [ ] Vector Control
- [ ] Water Quality
- [ ] Workforce
- [ ] Conference Theme: Bridging Clinical Medicine and Population Health

Other::

Health Insurance Exchange; Health Insurance Literacy; Access to Health Insurance; Outreach and education to rural populations

Is this practice evidence based, if so please explain. :

Winnable Battles

To keep pace with emerging public health challenges and to address the leading causes of death and disability, CDC initiated an effort called Winnable Battles to achieve measurable impact quickly.Winnable Battles are public health priorities with large-scale impact on health and known effective strategies to address them. Does this practice address any CDC's seven Winnable Battles? If so, please choose from the following:: *

- ☐ Food Safety
- ☐ HIV in the U.S.
- ☐ Nutrition, Physical Activity, and Obesity
- ☐ Tobacco
- ☐ Healthcare-associated Infections
- ☐ Motor Vehicle Injuries
- ☐ Teen Pregnancy
- ☑ None

Overview: Provide a brief summary of the practice in this section (750 Word Maximum)

Your summary must address all the questions below:

- Brief description of LHD- location, demographics of population served in your community
- Describe public health issue
- Goals and objectives of the proposed practice
- How was the practice implemented/activities
- Results/Outcomes (list process milestones and intended/actual outcomes and impacts.
  - Were all of the objectives met?
  - What specific factors led to the success of this practice?
- Public Health impact of practice
- Website for your program, or LHD.

750 Word Maximum

Please use this portion to respond to the questions in the overview section. : *

Worcester County Health Department is accredited by Joint Commission and by the Public Health Accreditation Board as of January 2016. The Lower Shore Health Insurance Assistance Program is administered by the Worcester County Health Department and funded by the Maryland Health Benefit Exchange to provide outreach, education, health benefits counseling and enrollment facilitation for uninsured and underinsured residents of the rural Lower Eastern Shore of Maryland. The people in this region experience commonly known rural-specific health disparities and barriers to health care coverage including lower wages, lack of education and working in occupations such as farming, seafood production, small business, seasonal tourism and self-employment. On the Lower Shore, the percentage of uninsured among adults under the age of 65 is higher than the overall state level estimate. According to data from the 2014 American Community Survey, the Lower Shore uninsured rate equals 15% of the population under 65 years of age, while the overall state uninsured rate is 9.3%. Based on the poverty levels, 85.7% of the uninsured earned less than 400% of the Federal Poverty Level (FPL) and thus, would benefit from Medicaid expansion or tax credits through the Maryland Health Benefit Exchange. As the connector entity for the Lower Eastern Shore since fiscal 2014, the agency has implemented strategic improvements to outreach and health benefits counseling services to better assist hard-to-reach populations likely to be uninsured or underinsured. Each year, the Lower Shore Health Insurance Assistance Program coordinator leads planning and brainstorming sessions with the team of navigators and also with the steering committee. The steering committee includes representatives from local departments of social services, local health departments, the federally qualified health center, and three local hospitals, as well as the local library system and Tri-County Council. The result was a comprehensive communications and outreach plan to reach uninsured through a variety of methods including scheduled outreach efforts with pharmacies, service sector businesses, nonprofits, and community groups. In 2016, the program tapped into relationships with nonprofits and community groups to reach the populations known to have disparities with regard to access to health care coverage. The program steering committee and team decided to apply for additional funding to specifically target farmers, watermen and individuals working in small businesses. These sectors are the bread and butter of the Lower Eastern Shore's economy and culture, and yet they are challenging to infiltrate because of cultural sensitivities to government and governmental programs and characteristically isolated professions lacking open, organized, consolidated networks. These individuals are disproportionately more likely to benefit from the financial assistance available to them through the state health insurance exchange but lack the resources or education to access these services. The primary goal of the program is to improve access to health care among rural individuals working in small businesses, agriculture and seafood production; however, no baseline data exists for the number of uninsured individuals working in these sectors (farmers, farmworkers, watermen, small business) in Somerset, Wicomico and Worcester counties. Success is evaluated on the program's ability to reach specific populations through strategic and continuously improving outreach, education and communications methods. As the program is in its fourth year of inception, the goals and objectives continue to be enhanced. In addition to the outreach and education goals and objectives, the program is trying to go a step farther by providing proactive follow up to ensure health literacy among clients and connection to primary care and preventative services. The focus on reaching farmers, farmworkers, watermen and small businesses began in year three of the project. The program revamped its data collection in order to gather a baseline to view improvements in reaching this specific population for years 4, 5 and 6. Metrics include the number of people reached in the target population estimated to be 17,078; 145 individuals in this population were directly assisted with health insurance enrollment in the first year of the project and another 147,962 were indirectly reached through outreach and media campaigns. The program set goals for fiscal 2016, 2017 and 2018 including: -Number of appointments -Number of outreach activities -Number or interactions with target population -Number enrolled into coverage (baseline set for 150 appointments with goal of increasing enrollment number by 5 percent for following year). -Number of consumers provided follow-up education. -Satisfaction survey results -Consumers who receive health literacy -Number of presentations given -Number of consumers linked to primary care and preventative services. The program website is: http://lowershorehealth.org.

Responsiveness and Innovation

A Model Practice must be responsive to a particular local public health problem or concern. An innovative practice must be (1) **new to the field of public health (and not just new to your health department)** OR **(2) a creative use of an existing tool or practice**, including but not limited to use of an Advanced Practice Centers (APC) development tool, The Guide to Community Preventive Services, Healthy People 2020 (HP 2020), Mobilizing for Action through Planning and Partnerships (MAPP), Protocol for Assessing Community Excellence in Environmental Health (PACE EH). Examples of an inventive use of an existing tool or practice are: tailoring to meet the needs of a specific population, adapting from a different discipline, or improving the content.

- Statement of the problem/public health issue
- What target population is affected by problem (please include relevant demographics)
    - What is the target population size?
    - What percentage did you reach?
- What has been done in the past to address the problem?
- Why is the current/proposed practice better?
- Is current practice innovative? How so/explain?
    - Is it new to the field of public health
      OR
    - Is it a creative use of existing tool or practice:
      What tool or practice did you use in an original way to create your practice? (e.g., APC development tool, The Guide to Community Preventive Services, HP 2020, MAPP, PACE EH, a tool from NACCHO's Toolbox etc.)

- Is the current practice evidence-based? If yes, provide references (Examples of evidence-based guidelines include the Guide to Community Preventive Services, MMWR Recommendations and Reports, National Guideline Clearinghouses, and the USPSTF Recommendations.)

2000 Word Maximum

Please state the Responsiveness and Innovation of your practice (2000 Word Maximum) : *

Worcester County Health Department has been one of the pioneers in ACA health insurance exchange outreach, education and enrollment facilitation since the inception in 2014. The health insurance exchanges were new nationwide and the first connector entities or navigator programs needed to use innovation of new approaches to connect thousands of newly eligible to health insurance and educate them on how to use the new coverage. Prior to the ACA only 20 percent of insured residents understood basic health insurance terminology. The newly insured covered by the insurance exchanges and expanded Medicaid had little to no experience with insurance coverage and limited health or health insurance literacy. Maryland's Lower Eastern Shore (Somerset, Wicomico and Worcester counties) is a highly rural region spread out in a wide geographic area and characterized by low population density. Research shows that rural individuals working in these sectors are disproportionately less likely to have access to affordable healthcare coverage and stand to benefit the most from a dedicated outreach counseling program which assists them with the enrollment process through Maryland Health Connection, the state's insurance marketplace. The program launched a targeted grassroots awareness campaign directed at rural individuals working in small businesses, agriculture and seafood production. Small businesses, defined as a business with fewer than 50 employees, are a significant contributor to the Lower Shore economy. According to the US Census 2012 County Business Patterns database, small businesses account for 96.2% of establishments in Somerset, Wicomico, and Worcester counties. This is slightly higher than the 94.2% of establishments characterized as small business statewide. According to the 2010 Census and Maryland Department of Planning, farmland accounts for over 30% of land acres in each of the three Lower Eastern Shore counties. The National Rural Health Association released a policy brief in 2009 based on five major surveys of health insurance coverage among farm families in the United States. The organization found that although farmers generally have health insurance coverage, the quality and cost of coverage is poor and these groups are frequently underinsured. Farmers like small business employees have previously purchased high cost insurance plans through the private market. Additionally the program found a population of Hispanic and Haitian migrant workers in need of Medicaid and/or QHPs especially for their children. On the Lower Eastern Shore, watermen working in seafood production sectors experience similar barriers to affordable coverage like small business employees and farmers. It is well known locally that a high contingency of Lower Shore watermen operate as sole proprietorships of extremely small businesses and experience limited access to health care coverage or health care information. Like small business and farming communities, seafood production is an important economic factor for the local community and is an occupation not typically covered by employer-sponsored health insurance. The Kaiser Family Foundation found 57 percent of firms in 2013 offered health benefits to their workers. The likelihood of offering health benefits differs significantly by size of firm, with only 44 percent of employers with three to nine workers offering coverage, but virtually all employers with 1,000 or more workers covering at least some of their employees. These statistics provide clear support for a need to target small businesses with outreach, education and health insurance enrollment assistance. While no hard numbers are available from a single source indicating the exact number of farmworkers, farmers, watermen, or people who work in small business in this small rural region, the program used U.S. Census Data, USDA data and Small Business data to estimate approximately 17,000 in the three counties who fall into these occupations. It is unclear how many of the 17,000 are uninsured or underinsured, but based on nationwide data of these populations, it is clear that these populations are disproportionately at a disadvantage with regard to assistance with paying for health care coverage and also in high risk occupations. Since only one full time navigator was supported by the project to directly assist this specific population, the program set a goal of having 150 appointments with people from the target populations in fiscal 2016. This goal was surpassed by innovative approaches to navigating the community including taking multiple boat trips with the Coast Guard to the isolated island of watermen – Smith Island – in order to gain trust and solid reputation with local leaders. To identify eligible uninsured and underinsured in these sectors, the program is partnering with specific community agencies which work closely with these populations. The program partnered with these organizations to provide presentations and outreach at scheduled events and workshops. Dedicated staff will provide resource materials related to health care coverage to partnering agencies and community organizations. Enrollment events and activities are promoted through community-wide flyer distribution, newsletter articles, local news media, social media and via partnering agencies. To improve efforts to reach small businesses, the program built upon existing partnerships with area chambers of commerce, county economic development offices, the Salisbury University Small Business Development Center and the Tri County Council. The Tri County Council facilitates economic planning and development for Somerset, Wicomico and Worcester counties. These groups have agreed to provide in-kind collaboration with the program to increase outreach and education to small businesses about health care coverage options. The in-kind partner agencies provide ongoing workshops and resources to the small business community of the Lower Eastern Shore. They have agreed to share programmatic information and invite the connector entity as participants in their educational workshops to ensure area small businesses and entrepreneurs are aware of the subsidies available to them through qualified health plans. To target agribusiness, the program partnered with the University of Maryland Agriculture Extension offices, county farm bureaus, Delmarva Poultry Industry - a nonprofit trade organization for the Eastern Shore's poultry sector, and the University of Maryland's Eastern Shore small farm outreach program. These entities provide educational workshops, meetings and newsletters to farmers throughout the three counties. By collaborating with these organizations which have established networks with local farmers, the program furthers its reach to this target population. To target seafood production workers, which includes watermen, the program is collaborating with key influencers in the fisheries and commercial seafood community. In 2012 Hurricane Sandy had devastating effects on residents of Crisfield, Md. A group of individuals banded together to aid their community. The group continues to function as an advocacy network for the community and will collaborate with the connector entity to connect with the hard-to-reach, isolated watermen. Smith Island United is another group of leaders working for the betterment of their community and partnering with the program to ensure watermen on the remote island have access to information, resources and health care coverage. Underlying all of this quality outreach planning is also innovative use of technology such as a virtual contact center and customer relationship management software. The contact center allowed the navigators to be reached in the field and saved the cost of manning a separate call center for the project. The customer relationship management

software was adapted in-house from a sales structure to meet the needs of data collection, analysis and reporting for this new project. Other connector entities in the State of Maryland followed the Lower Shore's lead in outreach planning, as well as in the use of these technologies to improve efficiency of the project. The centralized phone number and virtual contact center allow consumers to speak directly with certified staff who are working in their communities without the long waits of a state call center and without going through a middleman to make appointments or ask questions about health care coverage and Maryland Health Connection. The virtual contact center does not require additional staffing. Navigators indicate their status on the contact center (open, busy-away, busy-work, closed, break) and the calls are routed to the next open and available navigator in the field. All phone calls are logged in the Sugar Professional CRM software and questions may be answered directly or appointments can be made in each of the three counties by calling the centralized number and speaking with certified staff. The Lower Shore Health Insurance Assistance Program's use of Sugar Professional CRM allows the capability to capture key metrics related to all client interactions and activities of the program. Program navigators are fully mobile, which includes having remote access to the Maryland Health Connection. Staff enters metrics about activities - outreach, calls, appointments, etc. in real time. The program uses Sugar Professional CRM to compile data about enrollment and outreach activities as well as consumer demographic information. This data is analyzed by the program communications staff and project director, and then shared with the steering committee to assess effectiveness of program activities in meeting project objectives.

LHD and Community Collaboration

The LHD should have a role in the practice's development and/or implementation. Additionally, the practice should demonstrate broad-based involvement and participation of community partners (e.g., government, local residents, business, healthcare, and academia). If the practice is internal to the LHD, it should demonstrate cooperation and participation within the agency (i.e., other LHD staff) and other outside entities, if relevant. An effective implementation strategy includes outlined, actionable steps that are taken to complete the goals and objectives and put the practice into action within the community.

- Goal(s) and objectives of practice
- What did you do to achieve the goals and objectives?
    - Steps taken to implement the program
- Any criteria for who was selected to receive the practice (if applicable)?
- What was the timeframe for the practice
- Were other stakeholders involved? What was their role in the planning and implementation process?
    - What does the LHD do to foster collaboration with community stakeholders? Describe the relationship(s) and how it furthers the practice goal(s)
- Any start up or in-kind costs and funding services associated with this practice? Please provide actual data, if possible. Otherwise, provide an estimate of start-up costs/ budget breakdown.

5000 words maximum

Enter the LHD and Community Collaboration related to your practice (5000 words maximum): *

The Lower Shore Health Insurance Assistance Program of the Worcester County Health Department had goals and objectives to reach the above named target audiences with outreach, education and enrollment into Maryland Health Connection in fiscal 2016. The stakeholder steering committee and team decided based on unique needs of the region, that special attention needed to be directed at a sub-population of watermen, farmers, farmworkers and small businesses. To reach this sub-population, the program identified the following goals and objectives: Goal 1: Maintain a consortium to address community needs for health benefits counseling. ? Objective 1: Maintain a collaborative relationship with consortium members throughout the duration of the program. ? Objective 2: Solicit regular input, review and evaluation of program from consortium at least quarterly. ? Objective 3: Work with consortium to maintain a no-wrong-door approach for program consumers through ongoing collaboration, communication and evaluation of the program. Activities: ? The consortium will identify needs and formulate steps for program service improvement. ? The consortium will conduct monthly meetings during open enrollment and continue with at least quarterly meetings during non open enrollment. ? The consortium will provide input, feedback and modification to project goals and objectives as needed. Responsible Agents: Worcester County Health Department, the applicant agency, will be responsible for the development of the consortium and ensuring the consortium continues as a viable, productive entity. Consortium members will be responsible for fulfilling commitments outlined in individual Memorandums of Understanding and for providing feedback and recommendations to the applicant agency regarding achievement of the overall goals of the connector entity. Outcomes and/or Process Measures: ? Increased collaboration among consortium members will be demonstrated by ongoing contact and communication. ? Monthly meetings will be held during open enrollment periods and quarterly meetings will be held during non open enrollment periods for ongoing review of the project. ? Satisfaction surveys will be provided to consortium members at the end of each open enrollment period. ? Survey results and program metrics will be presented annually for consortium review. ? Consortium will provide ongoing input and feedback on program activities. Completion dates: Memorandums of understanding have been obtained and will be active for the duration of the grant and renewed each fiscal year. Regular communication will be made with all consortium members; monthly meetings will hold during open enrollment and quarterly meetings during non open enrollment. An annual meeting will be held to review program metrics and survey results. Goal 2: Improve access to health care: ? Objective 1: Develop a mechanism for tracking the outreach, education and enrollment efforts targeting farmers, watermen and small businesses. ? Objective 2: Expand access to health care coverage enrollment assistance for people working in small business, agriculture and seafood production sectors by holding weekly enrollment appointments for target population during open enrollment. ? Objective 3: Improve awareness of health care reform and health coverage options among people working in small business, agriculture and seafood

production by conducting weekly outreach and education activities to target populations in partnership with community collaborators. Activities: ? Collaborate with IT team to alter current program data collection and tracking system to capture outreach activities and enrollments specific to target populations - farmers, watermen and small businesses. ? Provide mobile, community-based education and enrollment assistance services to targeted populations including an outreach event on Smith Island, and enrollment event on Smith Island, educational flyer distribution to small businesses in the region, etc. ? Collaborate with leaders in local small business, agriculture and seafood production sectors to participate and provide outreach and education at pre-scheduled community events, church events, trade conferences and enrollment events. ? Hold at least 12 question/answer presentation sessions to target populations each year. ? Refer all new Medicaid enrollees to local Administrative Care Coordination Unit for continued education about accessing and using new coverage. Responsible Agents: Connector entity project director will implement activities based on support, referrals and collaboration of the consortium and community partners. Consortium members will facilitate referrals and assist with spreading outreach information into the target communities. WCHD IT staff will alter the data collection/customer relationship management software to be utilized for appropriate tracking purposes. Outcomes and/or Process Measures: ? Ability to capture the number of individuals from small business, agriculture and seafood production sectors who received outreach/education materials or participated in outreach activities in year 1. Increase the number reached by 5 percent in year 2 and 10 percent in year 3. ? Ability to capture the number of target populations enrolled into health care coverage as indicated in data collection software in year 1. Increase the number enrolled by 5 percent in year 2 and 10 percent in year 3. ? Ability to collect data regarding health coverage status and health care access status of target populations in year 1. Increase number of target populations covered utilizing health care coverage by 5 percent in year 2 and 10 percent in year 3. ? Ability to track the number of target populations newly enrolled into Medicaid and referred to Administrative Care Coordination Units in year 1. Increase referrals by 5 percent in year 2 and 10 percent in year 3. Completion dates: The start of the project, September 1, 2015 will initiate outreach planning. The program expects to establish a baseline for year 1 to measure increases in enrollment, education and outreach activities in years 2 and 3. Current data is related to general uninsured populations and unavailable for specific populations targeted by this project in Somerset, Wicomico and Worcester counties. Goal 3: Improve health literacy among target population ? Objective 1: Educate target populations (farmers, watermen and small businesses) about utilization of health care coverage and services through at least 100 outreach interactions or activities and at least 150 one-on-one appointments. ? Objective 2: Educate target populations about health literacy in a culturally competent manner. Activities: ? Provide customer follow up to see if they have questions about finding a primary care provider and, if so, distribute a listing of local providers accepting new patients. ? Provide informational materials related to health care coverage utilization and health literacy to consumers during outreach activities and enrollment appointments. ? Provide education through presentations at workshops held by partner organizations for target populations. Responsible Agents: It is the responsibility of connector program staff to use the customer relationship management software to collect relevant data of the program's activities and the target population. Program staff are trained on warm-hand offs and referrals to local agencies and providers. Staff is also trained on health literacy and post-enrollment healthcare coverage usage. Providing this education to consumers is part of the standard process for outreach activities and enrollment appointments. Staff uses the CRM to input outreach activities and materials provided to consumers. Outcomes and/or Process Measures: ? Program staff will record through data collection software the number of educational materials given out to consumers in target populations with a goal of 100 outreach activities each year directed at target populations and 150 one-on-one sessions or appointments with individuals from target populations. ? Program staff will document through the customer relationship management software their follow-up interaction with consumers to provide further education and assistance regarding their health care coverage. Staff will reach 85 percent of their consumers in the follow-up process. ? Increased knowledge of available resources, providers, and necessary processes will be measured through customer surveys. ? At least 12 presentations given to target populations that include educational information to improve health literacy and health care utilization will be measured through customer relationship management software. One-on-one enrollment sessions will be held primarily during open enrollment each year from November - February. Outreach sessions will be held throughout the year each year. Presentations may be given more often during open enrollment. Customer surveys will be provided on an ongoing basis following outreach activities, follow ups and appointments. The program works collaboratively with, and is guided by, a steering committee including representatives from each of the three local health departments and departments of social services, three local hospitals, and the federally qualified health center serving the three Lower Shore counties. The following agencies are members of the committee: ? Worcester County Health Department ? Somerset County Health Department ? Wicomico County Health Department ? Worcester County Department of Social Services ? Somerset County Department of Social Services ? Wicomico County Department of Social Services ? Atlantic General Hospital ? Peninsula Regional Medical Center (hospital) ? McCready Foundation (hospital) ? Three Lower Counties Community Services, Inc. (FQHC/ACSE) The committee has met and continues to meet monthly since July 2013 to discuss, review and revise outreach approaches, internal and external communications, target populations, health care coverage programs, enrollment and data collection processes. A key function of the committee is to ensure seamless hand-offs to and from the connector entity so consumers experience a no-wrong-door approach to signing up for health care coverage. Including four major health care providers in the consortium also ensures ongoing communication with stakeholders in educating new consumers about coverage and connecting them to services. When the Maryland Health Benefit Exchange released its connector entity grant request for proposals in 2012, the health officers of the three Lower Eastern Shore counties and directors of social services came together and decided to support Worcester County Health Department as the lead applicant with the understanding that all agencies would work collaboratively together to ensure the success of the program. It was important to the region that a local public health agency takes the lead because of the strong relationships with the communities and track record of successful regional projects improving the health of rural residents. Once awarded the grant in 2013, the directors and health officers' representatives on the committee agreed to expand representation to include the federally qualified health center which has clinics in all three counties and the three hospitals in the region. The FQHC and hospitals were added because of their direct patient contact and ability to link the newly ensured to the clinical and community-wide health system. Each partner in the committee is responsible for contributing input on the program's goals, objectives and strategies to increase the number of insured accessing the health care system. Each partner works with the lead agency, Worcester County Health Department, to provide space in their facilities for navigators and assisters to hold appointments with consumers and provide outreach and education to the community on site. Worcester County Health Department has a strong working relationship and history with each of the committee member agencies. A common practice among this rural region is to collaborate on regional projects to better serve the communities. Each

member of the committee is an important link to health services for the communities it serves. The federally qualified health center, Three Lower Counties Community Services, Inc., serves more than 40,000 patients in the region and 5,000 are uninsured. Each of the hospitals is a major provider of health and community services for the counties. With health care reform, the link between clinical health care, public health and community services has strengthened nationwide and the Lower Shore is no exception. Each of these agencies is working in coordination to improve the health of the region. Productive relationships with community-based organizations which serve or cater to uninsured and underinsured populations is a key component of the Lower Shore Health Insurance Assistance Program approach. Community-based organizations such as chambers of commerce, professional or trade associations, nonprofits, faith-based organizations, civic groups, community groups, schools and others are avenues to disseminate information to key target populations and to partner with for outreach, education and enrollment events. The Lower Shore connector program has partnered with area nonprofits such as Salisbury Urban Ministries and Hope Inc. to hold regular enrollment opportunities to low income residents seeking services and resources from these community-based organizations. Outreach and enrollment activities are provided in area libraries and during community events hosted by community-based organizations. Pamphlets, brochures, flyers promoting open enrollment, Medicaid sign up opportunities, and general programmatic information are distributed through a variety of community-based organizations in order to increase the visibility of the program's services and events. The funding for the work dedicated to the population of farmers, watermen and small businesses comes from a HRSA grant award totaling $75,000 which supports one full time navigator, a part time navigator/communication coordinator, educational supplies, office supplies, mileage and advertising and printing of educational and promotional materials. The rest of the project to provide more general outreach, education, and enrollment assistance to general uninsured and underinsured populations comes from approximately $500,000 grant award from the Maryland Health Benefit Exchange and supports the administrative costs, full time navigators, program management, etc.

Evaluation

Evaluation assesses the value of the practice and the potential worth it has to other LHDs and the populations they serve. It is also an effective means to assess the credibility of the practice. Evaluation helps public health practice maintain standards and improve practice. Two types of evaluation are **process** and **outcome**. Process evaluation assesses the effectiveness of the steps taken to achieve the desired practice outcomes. Outcome evaluation summarizes the results of the practice efforts. Results may be long-term, such as an improvement in health status, or short-term, such as an improvement in knowledge/awareness, a policy change, an increase in numbers reached, etc. Results may be quantitative (empirical data such as percentages or numerical counts) and/or qualitative (e.g., focus group results, in-depth interviews, or anecdotal evidence).

- What did you find out? To what extent were your objectives achieved? Please re-state your objectives.
- Did you evaluate your practice?
    - List any primary data sources, who collected the data, and how (if applicable)
    - List any secondary data sources used (if applicable)
    - List performance measures used. Include process and outcome measures as appropriate.
    - Describe how results were analyzed
    - Were any modifications made to the practice as a result of the data findings?

2000 Words Maximum

Please enter the evaluation results of your practice (2000 Words Maximum): *

The evaluation analysis will be completed after this year's open enrollment as the plan was developed last spring after the previous year's open enrollment. The Rural Benefits Counseling Program is administered by the Worcester County Health Department and guided by an advisory consortium. The HRSA-funded project enhances the regional connector entity by supporting a targeted outreach, education, and enrollment campaign geared at farmers, watermen, and individuals working in small business. The primary goal of the program is to improve access to health insurance and health care among rural individuals and families working in small businesses, agriculture and seafood production. The project expands and enhances the original Lower Shore Health Insurance Assistance Program by dedicating funding, resources, time and personnel to specifically identified populations who are persistently uninsured or uninsured and yet eligible for assistance to help pay for health insurance coverage. The project will increase the number of individuals educated and enrolled into healthcare coverage including Medicaid and qualified health plans offered on Maryland Health Connection, the state's marketplace for insurance. Among the target audiences, it will also improve health literacy and education about how to utilize new healthcare coverage. Increasing the coverage level among this population will improve access to health care in this highly rural region. The program uses an evaluation plan to assess effectiveness and performance of the project and reviewed by the program management and consortium. A solid evaluation plan promotes continuous quality improvement for the program and the agency and ensures the project is meeting stated goals and objectives. This section includes both process questions and outcome questions the program used to answer during its evaluation. Process questions focus on implementation and outcome questions focus on the impact of the program in the community. Process Questions: ? In what ways did the program use data and technology to track program activities and reach? ? How was a social marketing and public awareness campaign implemented? ? How were educational and informational presentations received? Did they result in increased referrals or links to the program? ? Are enrolled consumers selecting primary care providers and seeking preventative services covered by their health benefit plans? ? How has the consortium collaborated on the project including provision of input, feedback, and modification to project goals and objectives and links to health care services? ? How many outreach activities, events, and presentations have been conducted to improve awareness of ACA and health coverage options? ? How has access to healthcare-coverage-enrollment assistance for people in the three sectors been expanded? ? How many uninsured and 2015 insured consumers in the target populations have enrolled and/or renewed their health insurance during open enrollment and special enrollment periods? Outcome Questions: ? How has understanding of how to use new coverage been increased

among newly enrolled Medicaid consumers? ? Has the program improved community perception of the ACA and health insurance exchange/state-based marketplace? ? Is the level of health and health insurance literacy increasing in the community? ? Does the community have more knowledge and awareness of health care coverage options and how to get assistance with health insurance applications? As part of the Lower Shore Health Insurance Assistance Program (LSHIAP), data collection is essential to the assessment of the program's success and capabilities. Overall, LSHIAP collects data concerning: ? Enrollments (the number of people, types of insurances, new or renewal) ? Appointments (number, location, follow-up). ? Consumer Demographics (age, gender, household size, household income, race, address, etc.). ? Outreach (number of events/campaigns, attendees, interactions, location, and number and type of promotional/educational materials distributed). ? Education (health literacy provided to consumers, # presentations made). ? Marketing (media coverage, advertisement views, impressions, clicks). ? Connect to care (referrals made to ACCU, consumers who select and visit primary care providers). ? Quality Improvement (satisfactions results from consumers, steering committee/consortium and consumers). ? Focus group results (to evaluate marketing/outreach campaign). The program uses use customer relationship management cloud-based software, Sugar Professional CRM, to collect and report on all measures of the program. Through Sugar Professional CRM, the project director can run reports tailored to specific measurements in order to assess if objectives were met. For advertising data, detailed records are kept of commissioned advertisements. Primary data sources include appointments, calls and interactions with consumers and audiences, customer satisfaction surveys, meeting minutes from the consortium and team. The program also uses secondary data from the U.S. Census Bureau, Maryland Department of Natural Resources, the U.S. Department of Agriculture to estimate the baseline target population to measure market penetration and health insurance adoption. The program uses information from Maryland Health Benefit Exchange as secondary data to measure change in uninsured rates. Below is a listing of the process and outcome measures used to analyze the performance of the project: Process Measures ? Did the program use data and technology to track program activities and reach? ? Measures: information documented in Sugar Professional CRM. ? How was a social marketing and public awareness campaign implemented? ? Media coverage ? Advertising reach ? # of presentations ? # of events ? # of consumers reached through outreach ? # of materials distributed ? How were educational and informational presentations received? Did they result in increased referrals or links to the program? ? # of referrals/consumers from presentations ? Survey results ? Are enrolled consumers selecting primary care providers and seeking preventative services covered by their health benefit plans? ? Percentage of consumers with PCP, ? Percentage receiving preventative services ? How has the consortium collaborated on the project including provision of input, feedback, and modification to project goals and objectives and links to healthcare services? ? # of consortium meetings and meeting minutes. ? How many outreach activities, events, and presentations have been conducted to improve awareness of ACA and health coverage options? ? # of outreach activities. ? # of events. ? # of presentations. ? How has access to healthcare-coverage-enrollment assistance for people in the three sectors been expanded? ? # of consumers enrolled. ? # of new to having insurance. ? How many uninsured and 2015 insured consumers in the target populations have enrolled and/or renewed their health insurance during open enrollment and special enrollment periods? ? % of target population enrolled (new and renewed) Outcome Measures ? How has understanding of how to use new coverage been increased among newly enrolled Medicaid consumers? ? % increase in accessing primary care services. ? % increase in accessing preventative care services. ? # of referrals made to ACCU. ? % follow-up with consumers. ? Has the program improved community perception of the ACA and the health insurance exchange/state-based consumers? ? Results from focus group ? Is the level of health and health insurance literacy increasing in the community? ? Focus groups ? Percentage of clients receiving health insurance literacy from navigator. ? # of educational events about health insurance literacy. ? Does the community have more knowledge and awareness of health care coverage options and how to get assistance with health insurance applications? ? Results from surveys and focus groups. ? % changes from year to year. ? Are members of the community using healthcare coverage to prevent sickness and remain well? To what extent? ? % increase in accessing preventative services. ? % changes in non-emergency ER use ? Is the program helping to increase access to affordable healthcare coverage? ? % decrease in uninsured rates ? % increase in accessing preventative services ? % increase in accessing primary care services. ? Is the health status improving among the community? To what extent? ? Survey results. ? Focus group results. ? # or % of clients receiving health insurance literacy from navigator. ? # of educational events about health insurance literacy. ? How does the client knowledge change as the result of coverage and/or education/outreach provided? ? Survey results. ? Focus group results. ? Follow up through navigator. ? How has the community's perception changed as a results of the marketing campaign? ? Survey results. ? Focus group results. Comparing the collected data to the goals set forth in the original grant, allows the Rural Benefits Counseling Program to analyze the program's successes and struggles during fiscal 2016. Both quantitative and qualitative output measures are used to assess the program. Primarily, the program uses descriptive statistics in order to analyze its collected data. In addition to internal analysis of the data sources and performance measures, the project engages its stakeholders in the analysis and interpretation of data through appreciative inquiry, brainstorming, presentation discussions, and moderated discussions. Appreciative inquiry allows stakeholders to positively explore options based on data, in order to strengthen the program by discovering other positive potentials. Brainstorming allows stakeholders to discover and discussion options to solve issues or problems presented by the program data. Presentation discussions allow the program to present rural health benefits counseling data to stakeholders, providing easy visual representations of the collected data and their analyses. Stakeholders can then ask questions based on the presented data and stimulate brainstorming. Moderated discussions via phone or virtual methods allow stakeholders to communicate at a distance. It also provides a way for stakeholders to discuss data and results, and ways to solve issues presented by the data. Additionally, moderated discussions facilitate real time follow up on the progress of enacted solutions.

Sustainability

Sustainability is determined by the availability of adequate resources. In addition, the practice should be designed so that the stakeholders are invested in its maintenance and to ensure it is sustained after initial development (*NACCHO acknowledges that fiscal challenges may limit the feasibility of a practice's continuation.*)

- Lessons learned in relation to practice
- Lessons learned in relation to partner collaboration (if applicable)

- Did you do a cost/benefit analysis? If so, describe.
- Is there sufficient stakeholder commitment to sustain the practice?
    - Describe sustainability plans

1500 Words Maximum

Please enter the sustainability of your practice (2000 Words Maximum): *

Access to care was identified by stakeholder and the public health community as one of four top priorities within the Worcester County Community Health Improvement Plan. Access to care is also a priority identified in the agency's past two strategic plans. Strategic plans are updated every three years and the most recent plan is for 2015-2018. By including access to care as a top priority, Worcester County Health Department has dedicated planning, resources and staffing to the sustainability of initiatives that meet this priority. Providing outreach, education and enrollment assistance for health care coverage directly impacts access to care in this community. Worcester County Health Department's mission is to improve the health and well being of its residents. The health officer and senior leadership of the agency have labeled the efforts of the connector entity and additional health department services related to increasing care access as critical to meeting the mission of the agency. The agency expects to have additional grant funding support for this initiative through the Maryland Health Benefit Exchange until at least fiscal 2017, albeit at a significantly reduced level. In anticipation of funding reductions, the agency is exploring alternative funding streams to support this valued, priority service of the department. Alternative funding sources may include fee for service models currently employed by the Case Management Unit of the health department; additional grants which support rural public health initiatives such as through the Community Foundation and Rural Maryland Council in the short term. For long term sustainability, program management is developing a vision and strategic plan specifically for the connector entity. The program is currently in discussions with its consortium members about utilizing certified navigators to train staff at partnering agencies on outreach, education, enrollment assistance and health literacy so that consumers can be served by a larger contingency of workers at various agencies and truly experience a no-wrong-door approach to access health care and health system information. Some consortium members are already taking steps to absorb some of the activities of the connector entity in light of budget cuts and to aid the program in maintaining a strong level of services to communities most in need. Additional options include expanding the navigator role into a community health worker who not only engages with consumers for coverage through Maryland Health Connection, but also provides basic health education and referrals for health and community services. There is growing support at the state and national level for use of community health workers in the coordinated care model of health systems. The agency may work with the state to seek financial support through Managed Care Organizations, Medicaid and other provider reimbursement payment delivery models. This may mean stationing outreach, education and enrollment assistance workers within health care provider offices and billing for services provided to consumers. The health department manages more than 70 grants and an $18 million operating budget. The agency has successfully and creatively supported priority services which meet the goals of its mission and vision through economic recessions and challenging financial times. Present sustainability planning also incorporates the importance of ongoing targeted outreach, education and enrollment assistance to specific populations such as small businesses, farmers and watermen. These communities have been identified as hard-to-reach populations which require clear strategic approaches and methods for improving their knowledge about health care coverage and improving their access to health care.

Additional Information

How did you hear about the Model Practices Program:: *

- ☐ I am a previous Model Practices applicant
- ☐ At a Conference
- ☑ NACCHO Website
- ☑ Public Health Dispatch
- ☑ Colleague in my LHD
- ☐ Model Practices brochure
- ☐ NACCHO Exhibit Booth
- ☑ NACCHO Connect
- ☐ Colleague from another public health agency
- ☐ E-Mail from NACCHO
- ☐ NACCHO Exchange