Minnesota Senior Health Options Cultural Outreach Grants

Final Grant Summary

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Executive Summary

In September 2015, the Minnesota Department of Human Services (DHS) contracted with four community based organizations to provide outreach to culturally diverse communities about the Minnesota Senior Health Options (MSHO) program. The following objectives were created in an effort to address equity in access and utilization of Minnesota’s Medicaid managed care programs for seniors:

- Increase understanding of Medicare and Medicaid enrollment options and MSHO program details, including available long-term services and supports (LTSS) under MSHO as compared to MSC+ among culturally, racially and ethnically diverse dually eligible seniors and their families.
- Provide assistance to MSHO-eligible individuals in diverse cultural, racial and ethnic communities to understand the best program, services and health plan for them and to assist them in enrolling in MSHO if MSHO is the most appropriate program.
- Develop a network of individuals and entities within culturally, racially and ethnically diverse communities, which can provide information to eligible enrollees and their families on an as-needed basis beyond the length of the grant.
- Provide an opportunity for eligible enrollees and their families in culturally diverse communities to provide feedback about the MSHO program’s cultural sensitivity.
- Develop, translate and disseminate educational materials or strategies which are culturally appropriate.

Four grantees were selected through a competitive bid process. Each grantee was chosen for its perceived ability to address the above objectives and all the grantees had a culturally responsive and appropriate plan to do outreach to a specific cultural community or multiple communities. The grantees chosen were:

- Briva Health (formerly Somali Health Solutions), for the Somali or East African community
- Lao Assistance Center of Minnesota, for the Lao community
- Stairstep Foundation, for the African American community
- Volunteers of America, for the Hmong and African American community

Each grantee successfully found effective ways to communicate important and sometimes complex information about public health care programs for seniors. Some common challenges included finding people eligible for the program, helping people enroll in MA and Medicare so they could enroll in MSHO, and helping the community to understand and feel comfortable talking about the program to the seniors they encounter.

The grants have helped a number of people enroll in the MSHO program and more people in culturally diverse communities now know about public health care program options for seniors. In addition, DHS has learned some key pieces of information which will hopefully help the agency improve equity in access and utilization of public health care programs for seniors, as well as other MA programs. Recommendations for improvements to managed care programs for seniors are provided in this report.
Purpose of Outreach Grants

Introduction

Minnesota Senior Health Options (MSHO) is a managed care program which integrates Medicare and Medical Assistance (MA) into one program, making it easier for seniors eligible for both programs to access their health care and long-term services and supports (LTSS). The Minnesota Department of Human Services (DHS) utilized federal funds to provide four MSHO cultural outreach grants to community based organizations. The MSHO cultural outreach grants have two broad goals. One goal is to ensure people from diverse cultural groups have an equitable opportunity to access the MSHO program. The second goal is to collect information from diverse cultural groups about the cultural responsiveness of the MSHO program.

Background

A recent study (Anderson, 2016) commissioned by the U.S. Department of Health and Human Services found MSHO enrollees experience better health care outcomes than seniors dually eligible for Medicare and MA and not enrolled in the integrated MSHO program. Minnesota ranks among the healthiest states in the nation and MSHO is one of the many programs and initiatives which help Minnesotans to realize better health. However, Minnesota also has some of the biggest health disparities in the country (MDH, 2014). Factors such as structural racism as well as inequitable economic and educational opportunities contribute to a lack of equality in the opportunity to be healthy in this state. Intentional effort is needed to address these inequities, so the Minnesota Department of Human Services (DHS) decided to utilize federal demonstration funding to do outreach to culturally diverse groups and to collect feedback about ways to improve cultural sensitivity of the MSHO program.

Creating Direction for the Grants

A quantitative analysis and interviews with key stakeholders were conducted to determine the best method of outreach and feedback collection, as well as to determine if any cultural groups were accessing the MSHO program less frequently or were experiencing more hardship utilizing the benefits of the program. This investigation lead to the following findings:

- It is best to do outreach and collect candid feedback from culturally diverse communities by having trusted entities in that community do the work.
- The racial composition of MSHO members and dually eligible members not accessing MSHO are for the most part very similar. However, people in the Asian category are slightly more likely to enroll in MSHO than not, and people in the Black category are slightly less likely to enroll in MSHO. For the most part, race is not a predictor of accessing MSHO.
- Culturally diverse groups have special considerations when it comes to understanding the MSHO program and utilizing the benefits of the program; this is perhaps where racial and ethnic disparities exist in MSHO. For example, care coordination is a key service offered by the MSHO program, as the care coordinators help members to transition back to the community and understand all of their health
care and LTSS options. However, culturally diverse groups expressed confusion about these care coordination services.

The MSHO program will be in a demonstration to improve beneficiary experience until December 2018. One demonstration objective is to understand challenges to accessing and utilizing the MSHO program as all members, no matter their cultural affiliation, are confused about program components. In order to support equity in the program, it is important to supplement any demonstration activities to improve beneficiary experience with intentional efforts targeted at culturally diverse groups. These intentional efforts will help ensure culturally diverse communities are benefitting from demonstration activities as much as individuals who identify with the mainstream culture in which the health care system operates.

Establishing the Grantees and Grant Expectations

Given findings from the interviews and quantitative analysis, an RFP was published to procure grantees capable of collecting feedback from culturally diverse groups and conducting outreach and education about the MSHO program. The objectives of these grants are:

- Increase understanding of Medicare and Medicaid enrollment options and MSHO program details, including available long-term services and supports under MSHO as compared to MSC+ among culturally, racially and ethnically diverse dually eligible seniors and their families.
- Provide assistance to MSHO-eligible individuals in diverse cultural, racial and ethnic communities to understand the best program, services and health plan for them and to assist them in enrolling in MSHO, if MSHO is the most appropriate program.
- Develop a network of individuals and entities within culturally, racially and ethnically diverse communities, which can provide information to eligible enrollees and their families on an as-needed basis beyond the length of the grant.
- Provide an opportunity for eligible enrollees and their families in culturally diverse communities to provide feedback about the MSHO program’s cultural sensitivity.
- Develop, translate and disseminate educational materials or strategies that are culturally appropriate.

Four grantees were selected through a competitive bid process. Each grantee was chosen for its perceived ability to address the above objectives and all the grantees had a culturally responsive and appropriate plan to do outreach to a specific cultural community or multiple communities. The four grantees, along with their targeted cultural community and their grant activities, include:

- Briva Health (formerly Somali Health Solutions) targeted the Somali and East African community. Briva Health implemented primarily systemic strategies to educate the Somali and East African community about MSHO and to collect information about barriers to access and health care program preferences. Besides creating MSHO brochures in Somali, Briva Health held education and enrollment events to help the community understand and enroll in MSHO. The organization collected feedback from the community about the programs and created events for Somali community leaders to learn about the programs so they can tell their community members about them. Briva Health created targeted radio and television ads.

- Lao Assistance Center of Minnesota (LACM) did outreach to the Lao community. LACM has a close relationship with the Lao community in the Twin Cities and has connections to the Lao community in greater Minnesota. LACM created Lao materials ranging from brochures to videos. They went to Lao
festivals and visited local Lao-owned businesses to do outreach. They provided information and assistance with MSHO enrollment by creating workshops and “train the trainer” events, as well as provided one-on-one assistance. LACM conducted focus groups to collect feedback about the MSHO program.

- Stairstep Foundation did outreach primarily to the African American community utilizing the network of churches. Stairstep did outreach by creating education and enrollment events in the churches and trained each church’s volunteer health coordinator to do direct outreach and assist people with enrollment. Stairstep has created a radio advertisement as well as printed materials and promoted their events through various community-based newsletters and websites.

- Volunteers of America (VOA) primarily targeted the Hmong and African American community. VOA implemented most of their grant activities out of their Park ElderCenter location. VOA provided in-depth one-on-one enrollment assistance and choice counseling, along with doing outreach at other VOA service locations. They conducted focus group sessions to collect feedback from culturally diverse seniors and they collected feedback about some of the state’s MSHO materials. VOA created brochures for both communities as well as a Hmong radio ad. VOA went to barbershops and beauty salons to promote the MSHO program to the African American community.

All of the grantees provided quarterly progress reports to share their outputs during the quarter and the feedback they collected. They presented their findings and experience to the public at the end of the grant period.

**Grant Achievements and Lessons Learned**

Each grantee organization had different grant activities, but they are all linked to the objectives listed in the previous section. Early in the grant cycle, each grantee collaborated with DHS on a grant evaluation strategy with a logic model to be able to measure the outputs and outcomes from each grant activity. Below is a table which summarizes some common outputs among all of the grantee organizations, but each grantee had additional, unique outputs as well.

**Outputs of the MSHO Diversity Outreach Grants**

<table>
<thead>
<tr>
<th>Output Description</th>
<th>Number Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of community partnerships established to teach about MSHO and in turn promote the program</td>
<td>63</td>
</tr>
<tr>
<td>Number of open house or engagement events</td>
<td>69</td>
</tr>
<tr>
<td>Number of elders seen one-on-one for enrollment assistance or choice counseling</td>
<td>427</td>
</tr>
<tr>
<td>Number of people actively engaged at these events</td>
<td>2,159</td>
</tr>
<tr>
<td>Output Description</td>
<td>Number Achieved</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Number of culturally responsive materials passed out</td>
<td>13,086</td>
</tr>
</tbody>
</table>

Below are some key feedback themes we collected from the outreach grants:

**No Knowledge of or Confusion about the MSHO Program**

- Many individuals from all of the culturally diverse communities engaged expressed that they did not know what the MSHO program was prior to being engaged by the grantee organization. Some of these people were already enrolled in MSHO and still didn’t know the program or how they were signed up.
- Many people found the program to be somewhat confusing, mostly in regard to the difference between Medicare and MA and what the benefits are of combining the two programs into one.
- Some expressed initial dislike of the program because “MSHO” sounds like “MNsure” and they had heard bad things about MNsure on the news.
- Many members who had MSHO were not aware of having a care coordinator and didn’t know this is part of the MSHO program.
- Immigrants are often confused about Medicare and so are more likely to not enroll if they are eligible.
- There are MNsure staff at community based organizations serving culturally diverse communities and some of them didn’t know about MSHO.
- Some people get confused about the MSHO program and think it is a Medicare-only program. This confusion was particularly common among African American groups served by the grant, possibly because they are more familiar with Medicare than other cultural groups and so feel comfortable asking questions about Medicare.

**Information Overload and Too Much Mail**

- Many said they are overwhelmed by the amount of mail they get and it makes it hard to know what they have to do to get or maintain coverage, if it is information they should just consider, or if it is a scam.
- Many expressed that they get too many brochures for health care in general and that health care costs could be cut substantially if fewer brochures and mailings were sent out.
- Many seniors disclosed they have a hard time reading and understanding the materials they receive regarding enrollment in the health care programs for which they are eligible. For example, the county financial workers send a Medicare referral letter to people turning 65, but many expressed confusion about the content and purpose of the letter.

**Concern about the Perceived Repercussions of Enrolling in MSHO**

- Some community members, particularly Hmong, asked if the MSHO program is a scam when they first learned about it from the grantees.
- Some people were concerned this program was like other low-income programs where the person becomes ineligible for continued participation after two or three years.
• Seniors in these communities expressed confusion and concern as to why their county financial worker did not tell them about this program and the extra benefits. This reduces trust in the program.
• It is an asset for information about health care programs to come from trusted people in these communities, as opposed to getting information and making choices with someone they perceive as working for the program.

**People from Diverse Communities may not be enrolling in the Programs for which they are Eligible**

• There are many instances where someone is eligible for MSHO, but they have not enrolled in the necessary programs to qualify for MSHO, such as all parts of Medicare or MA. Different cultural groups seem to be more likely to not access different parts of Medicare or MA. For example, the Lao community isn’t always accessing MA when they are eligible. Somali individuals either do not know they have Medicare Part D or they are not enrolled. Many communities are experiencing confusion and challenges enrolling in Medicare Part B, as it isn’t automatic like Part A. Enrolling in Medicare after the initial enrollment period is challenging and can result in fees and penalties. This process can be nearly impossible for individuals to navigate without the help of a professional.

**Frustrations with MSHO’s Eligibility Criteria**

• There are a lot of challenges and frustrations for seniors in these communities who have incomes slightly above MA eligibility. Health care is still too expensive for them and they believe they would benefit greatly from the program. Supplemental Medicare insurance is a hardship for these seniors.
• Immigrants to this country said that receiving their Medicare card was one of the things that made them feel the most like a citizen.

**Challenges and Barriers in the MA and Managed Care Enrollment Process**

• The grantees are perceiving a lack of communication between the counties and the Social Security Office as they have faced challenges obtaining the referral for Qualified Medicare Beneficiary (QMB) or Service Limited Medicare Beneficiary (SLMB) Medicare status and the outreach workers with the grantee organizations have had to make several calls and trips to obtain this status for their clients. The grantees believe this system would be impossible for the seniors to navigate on their own.
• The grantees believe there is need for a more coordinated enrollment system for MSHO between the state and counties so that seniors have more assistance and reassurance as they go through the process.
• Some people in these cultural communities are getting disenrolled from the program due to not completing the renewal form. Many of these seniors require assistance with this step and didn’t even understand the purpose of the form when they received it. Knowing when to contact the Social Security Administration or the county or state can be very confusing.
• Some cultural communities, such as Somali, prefer to go somewhere and receive assistance in person as opposed to over the phone or internet.

**Lack of MSHO Program Components which are Culturally Responsive**

• Individuals from the African American community expressed the need for more African American care coordinators. MSHO health plans express challenges recruiting African American care coordinators as there are not many Registered Nurses (RNs) and social workers who are African American.
Some people already in the MSHO program expressed frustration with not hearing from their care coordinator in a timely manner and said they needed more information about alternative contacts and who to contact in different situations such as emergencies, health-specific questions and appointment questions. More clarification about these contact numbers may be needed for culturally diverse groups.

For some cultural communities, particularly for the Lao and Hmong communities, education about MSHO should target the sons and daughters of elders, as they are their primary caretakers and elders trust them to make their healthcare decisions. Many elders won’t make any decision without them and rely on the opinions of their sons or daughters.

**Recommendations for the Future**

DHS could not have predicted all of the things the agency would learn from these outreach grants. Differences in utilizing and understanding the program varied by cultural group, and it has become clear that consistent stakeholder engagement among culturally diverse communities is needed. The Managed Care Organizations (MCOs) providing MSHO are critical resources in reporting special needs of culturally diverse groups, but intentional outreach by DHS has proved to be an important additional step. The following are a few key short-term and long-term recommendations to help build cultural responsiveness of the MSHO program.

**Short-Term Recommendations**

- **DHS creates and circulates culturally responsive MSHO educational materials** - Create DHS-sponsored MSHO educational materials and have culturally diverse communities comment on them to ensure they are culturally responsive. These materials may prevent some individuals from perceiving MSHO to be a scam, as the brochure is created by a government entity.
- **Use the full name, Minnesota Senior Health Options** - While “MSHO” is easier to say, consider using “Minnesota Senior Health Options”, to avoid confusion with MNsure.
- **Culturally responsive first contact of care coordinators** - Care coordinators generally make contact with new MSHO members by calling them to set up the Health Risk Assessment, which must be completed within 30 days of enrollment. Some cultures do not answer phone numbers they do not know and it seems some people in culturally diverse cultures do not understand care coordination when that information is left on their voicemail. Each culture is different, but one common strategy which may be most effective for the most number of groups is to collect the contact information of a family member or social support of the member and contact them to explain the role of the care coordinator and that the care coordinator needs to meet with the member. This contact may likely be a son or daughter of the member and they may be able to better navigate the health care system. By keeping this trusted person in the circle of care for the member, the member may be able to better utilize services and better understand programs like Medicare and Medicaid, if their trusted support explains it and endorses it.
- **Continue to do education about the MSHO program to culturally diverse community based organizations** – The grantees and their networks should now be sufficiently knowledgeable about MSHO, but there are likely organizations which were not included in this effort. Educating additional culturally diverse organizations will promote a greater understanding of the program in culturally diverse communities.
- **Prioritize long-term stakeholder engagement among culturally diverse groups** – Managed care programs for seniors and people with disabilities prioritize stakeholder engagement through quarterly stakeholder
meetings and collaborating and collecting input on new initiatives. These stakeholder activities would be enhanced by intentionally engaging culturally diverse communities to become regularly active with the larger stakeholder group.

Long-Term Recommendations

- **Reduce the number of program mailings** – The current number of mailings is likely necessary to fulfill all Medicare, Medicaid, and other program regulatory requirements for MSHO. MCOs are not necessarily sending out more materials than needed, but from feedback it has been determined there is a diminishing level of benefit with each new mailing, as members get confused and are less likely to read mailings if there are many of them. The state should engage in process improvement in order to determine which information and mailings should continue and which can be eliminated or reduced. The state should recommend the same to CMS for Medicare.

- **Align the enrollment system with new Medicaid Managed Care Regulations and Recommendations for Improvement** – Constricting finances have resulted in reduced front-end education in the enrollment process. Currently, enrollment is done through the county and the ability and role of county financial workers doesn’t align with educating the member about their enrollment choices. Front-end education would assist members in determining earlier that MSHO would be a good choice for them and would help them to learn about and identify if they need to enroll in any part of Medicare in order to be eligible for MSHO. This additional support should be added to the enrollment process to help members decide which health care program and plan would be best for them and to educate them about key parts of these programs and services. In addition, this “one-stop shop” should be able to help the person navigate the steps with the Social Security Office and would be available to assist individuals in person, if needed, as opposed to strictly over the phone. This recommendation would most likely require a substantial investment, but consistent feedback has shown that resources spent for a more robust enrollment system would be advantageous. More research may even show efficiencies from this investment.

- **Align Medicare and Medicaid notification of eligibility for people turning 65** – Currently, people turning 65 in 90 days receive notification about their upcoming Medicare eligibility and how to enroll. Medicaid managed care should align with this timeline and notify people eligible for MA that they may have a choice to enroll in a program that integrates their MA and Medicare.

- **Invest in recruitment efforts for more African American care coordinators** – Disproportionately fewer African Americans pursue nursing and social work, much less a career in care coordination. First, intentional recruitment of African American RNs and licensed social workers may result in more of them pursuing a career in care coordination, but there may not be a large enough reserve of African Americans with those credentials. Education to the African American community about care coordination as a career may help African Americans considering educational opportunities to pursue nursing or social work degrees.

**Conclusion**

Evidence of the benefits of integrating health care and LTSS, along with Minnesota’s need to intentionally address cultural disparities in health care, requires consideration of equity improvements for MSHO and Minnesota’s Medicaid managed care programs for seniors. While managed care is already doing a lot of things right, such as supporting MCOs to provide high-quality care and to help people consider and enroll in MSHO, the
above recommendations are believed to address a wide range of equity issues as well as access and utilization considerations for the entire senior Medicaid managed care population.

**Bibliography**
