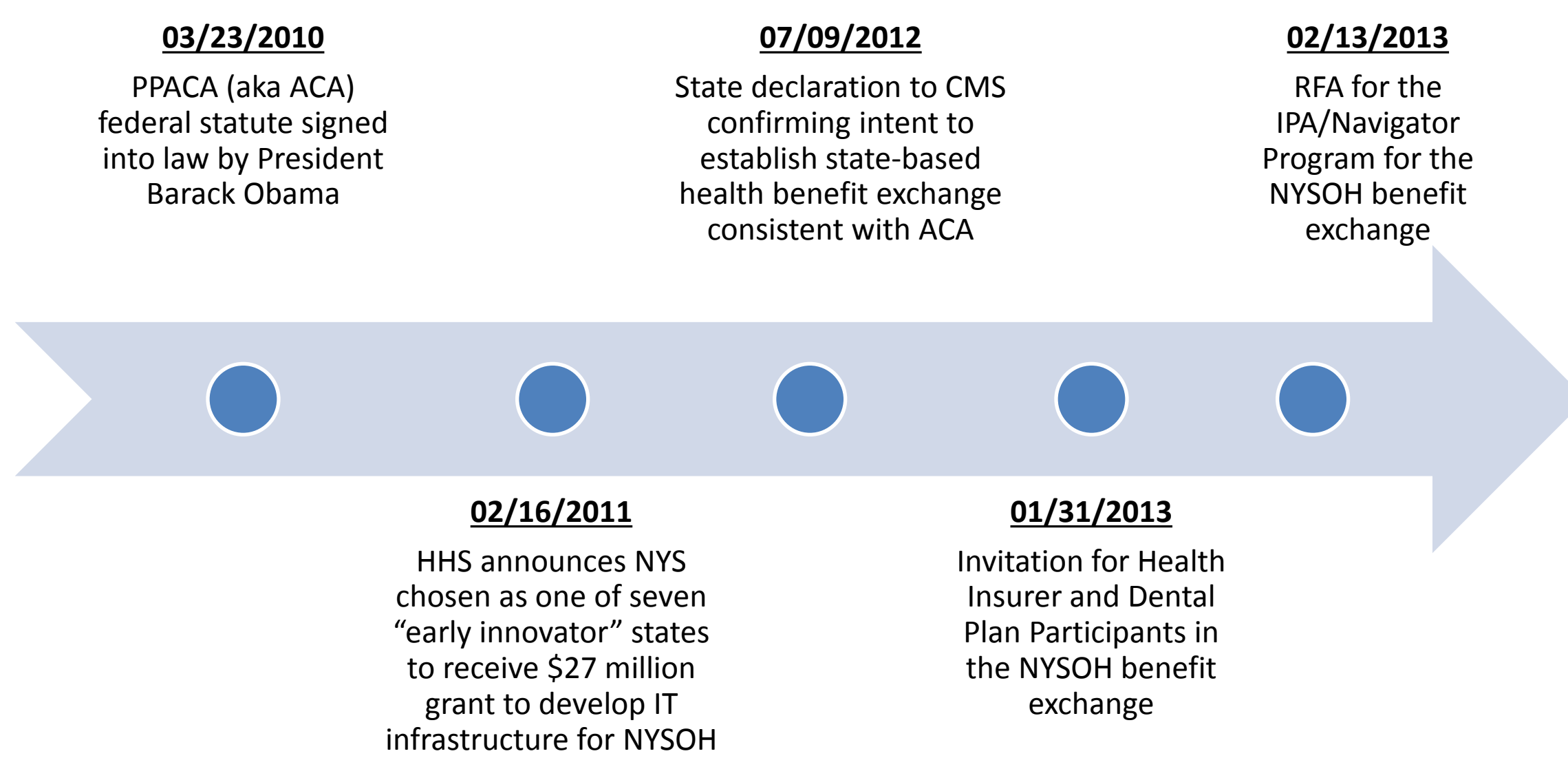


BACKGROUND

NYSOH & IPA/Navigator Program:

Modeled on successful community assistance programs in NY State (NYS), the In-Person Assistor (IPA)/Navigator program was designed to provide enrollment assistance for the NY State of Health (NYSOH) benefit exchange, as a provision of the Affordable Care Act (ACA). IPA/Navigators play a vital role in helping consumers prepare electronic and paper applications to establish eligibility and enroll in coverage through the Marketplaces and potentially qualify for an insurance affordability programs. They also provide outreach and education to raise awareness about the Marketplace, and refer consumers to health insurance ombudsman and consumer assistance programs when necessary.

Figure 1. Timeline of ACA & NYSOH Implementation



Asian-Pacific American (APA) Community of NYC:

According to the 2010 Census, NYC is home to the largest and fastest growing community of APAs in the U.S. at over 1.1 million, which represents 13.8% of the overall city population. 72% of NYC APAs are foreign-born, 47% are limited English proficient (LEP), and 17% live in poverty. Lastly, and most relevant to this project, 28% of the APA community in NYC is uninsured.

Figure 2. % Limited English Proficiency (LEP)

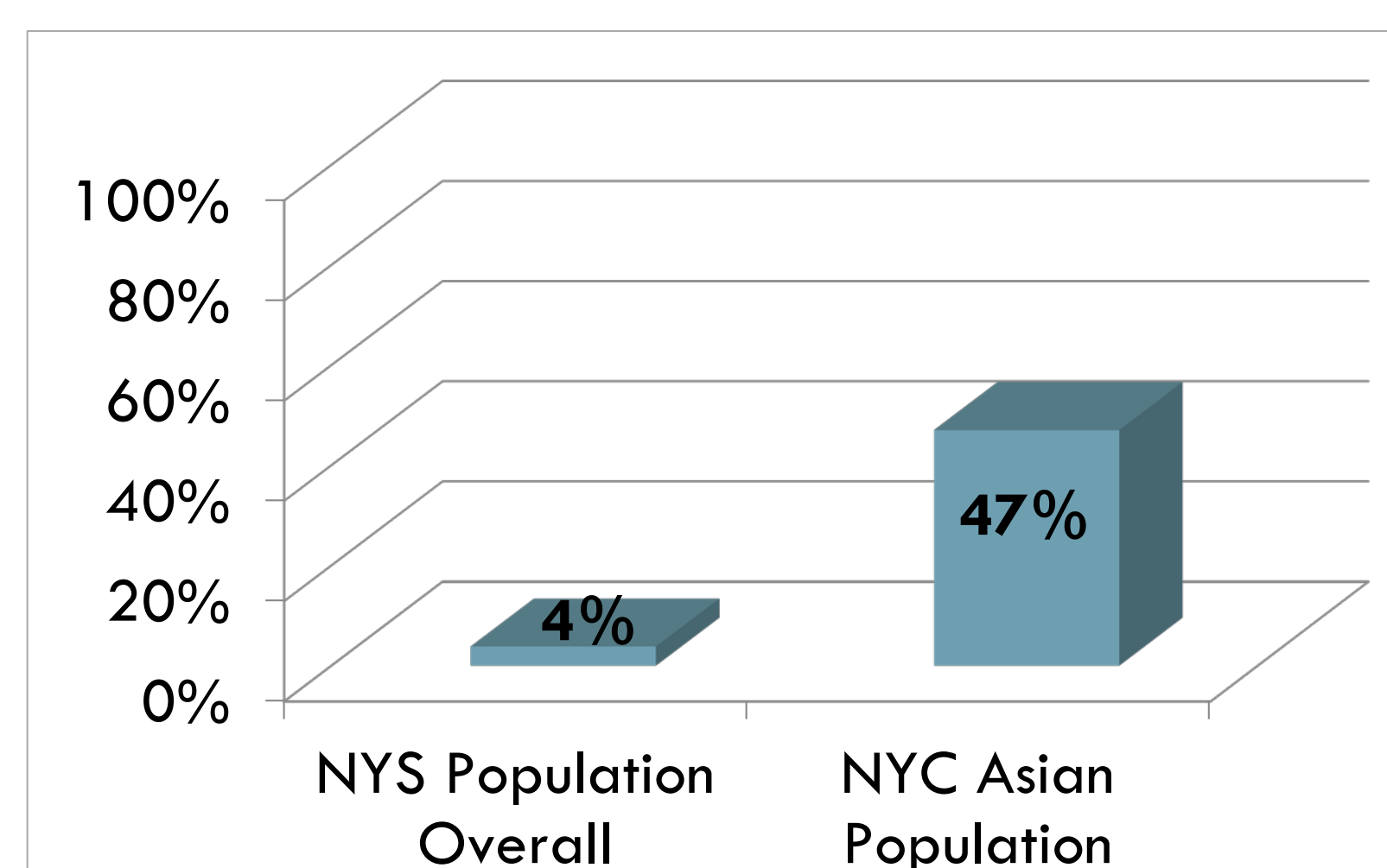
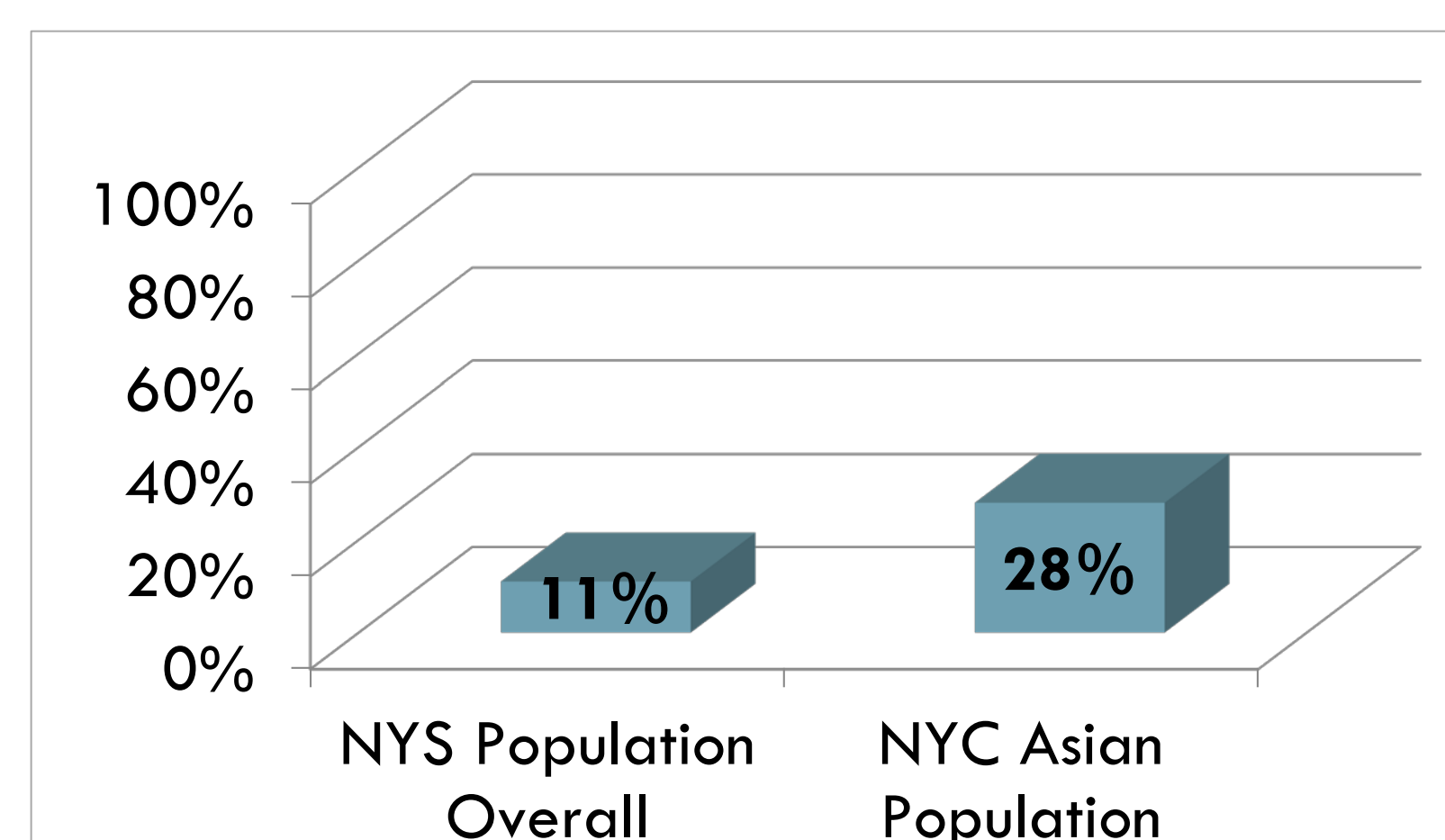


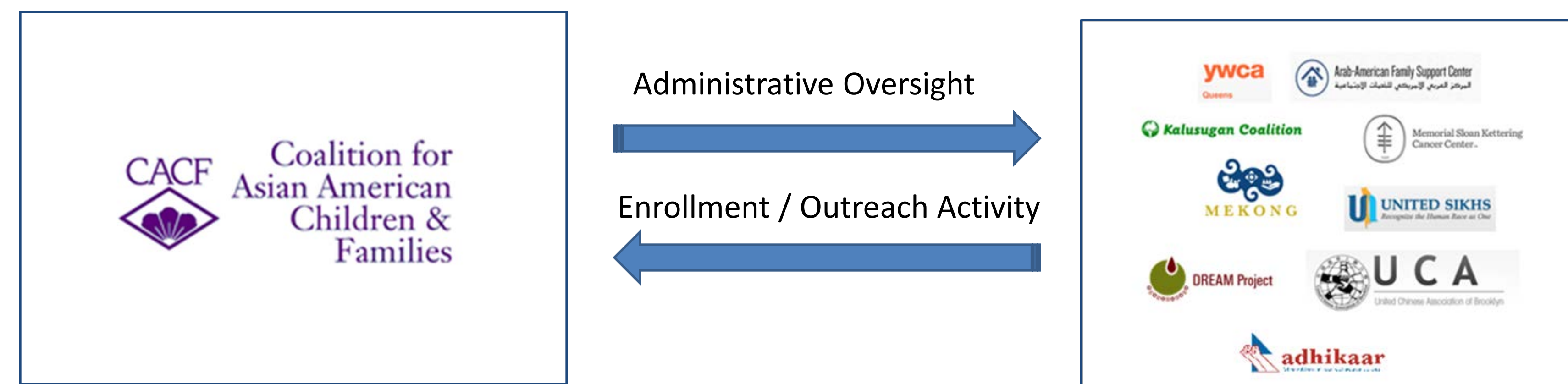
Figure 3. % Uninsured



METHODS

In 2013, 10 APA-serving organizations known as the Charging Forward Coalition were awarded funding to serve as IPA/Navigators and provide culturally competent and linguistically appropriate enrollment services for the APA community. The Coalition for Asian American Children & Families (CACF) served as the lead agency to provide administrative oversight of nine other APA-serving organizations, all of whom had long-standing histories in providing health- and social service-related services to a variety of different APA communities.

Figure 4. Organization Structure, CHARGING FORWARD Coalition



Organizational Training & Capacity:

Over the course of 4-6 weeks, 21 IPA/Navigators were certified by NYSOH after successful completion of a 27-hour training course. In addition to NYSOH led efforts, CACF held weekly phone calls to share the most up-to-date information about the functionality of state and federal websites, important workarounds, contact numbers, processes for identity and income proofing, etc. They also facilitated monthly Coalition meetings with all of the agencies to share best practices and strategies. More importantly, these monthly meetings became opportunities for continuing education amongst the groups, where CACF brought in speakers to cover topics related to the implementation of the program, such as representatives from the NYC Chamber of Commerce to discuss small businesses, and an accountant to discuss household filing, calculating earned income, etc.

Outreach Strategies:

The coalition utilized best practices to provide education and dispel misinformation regarding the ACA, as well as promote their services as IPA/Navigators. In regards to outreach, each agency was given the freedom to determine the most appropriate strategies for reaching target APA communities, so that approaches were strategic and tailored for the audience. Strategies included leveraging partnerships with ethnic media, community-based organizations, faith-based organizations, consulates, healthcare providers, and business associations.

Monitoring & Evaluation:

Coalition members submitted monthly tracking reports to evaluate application and enrollment progress. Additionally, each group maintained detailed information regarding the results of each enrollment event, sources of referrals, as well as successes/challenges encountered each month for appropriate feedback to the lead agency and/or NYSOH, if appropriate.

RESULTS

So how did we do?!?

Since October 1st, 2013, the Charging Forward Coalition has:

- Implemented **76** outreach events to **4,516** consumers
- Conducted **50** community forums & workshops to **2,200** consumers
- Engaged in **88** media activities reaching nearly **2.4 million** people
- Provided enrollment assistance to **12,392** consumers in NYC
- Completed enrollment applications for **2,238** consumers in NYC



RESULTS (cont.)

As of 4/15/2014, 1.3 million New Yorkers had completed applications, and 960,762 had enrolled into coverage through NYSOH. Despite some recent media attention around the fact that Asian Americans were the most likely to enroll across the nation, they represented only 14% of enrollees in NYS. However, race/ethnicity were optional fields captured during the NYSOH enrollment process, so 25% or what translates to over 240,000 enrollees, did not provide this information at the time of enrollment. Of the 14%, or 134,00 APAs, that were enrolled in NYS overall, the majority of enrollees were eligible and enrolled into Medicaid. Of the 3 counties in NYC that the Charging Forward Coalition was targeting, APAs represented 23% of total enrollment with over 73,00 APA enrollees. The overwhelming majority of enrollees, 67%, were Medicaid enrollees, highlighting the importance of Medicaid expansion in NYS for many APAs to gain coverage.

Figure 5. Demographic Summary of Reported Race for NYSOH Enrollees

Race	Medicaid	CHP	All QHPs	All Programs
White, Non-Hispanic	35%	50%	55%	44%
Black/African American	19%	13%	10%	15%
Asian/Pacific Islander	16%	10%	11%	14%
Other	9%	6%	5%	7%
Did Not Report	28%	25%	20%	25%
Total	108%	103%	102%	105%

Consumers can select more than one race, resulting in totals of more than 100 percent.

Figure 6. APA Enrollment in 3 Counties Targeted by Charging Forward

	Medicaid	CHP	All QHPs	All Enrollees
NY, Queens, & Bronx Counties	49,057 (67%)	2,864 (4%)	21,552 (29%)	73,692

IMPLICATIONS

Charging Forward stakeholders agree tailored messaging for different communities is critical in ensuring a successful enrollment campaign for any community. There were many myths/misunderstandings about the ACA and NYSOH during the first open enrollment period, so each group had to familiarize themselves with community sentiments and work to combat any misinformation. Examples include concerns from immigrant families that enrolling into Medicaid programs would label them as a "public charge," or for mixed-status families that providing information about undocumented family members would potentially expose these individuals to the federal government. Secondly, the Coalition attributes much of its success to the organization and leadership of CACF for maintaining an active feedback loop between all of the different parties involved, including NYSOH, by helping to expedite consumer issues and foster collaboration and sharing of best practices across agencies. Additionally, it became apparent that leveraging partnerships and aligning with groups and allies who were not navigators was imperative, such as the NY Immigration Coalition and the NY Lawyers for Public Interest. Lastly, and perhaps most importantly, is what is left for those individuals who do not qualify for coverage and remain uninsured. Continued advocacy for funding and additional programs to support safety-net providers will be absolutely imperative moving forward, not just in NY state, but nationally.

Correspondence: Lindsey Riley, MPH lindsey.riley@nyumc.org

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