

Outreach & Enrollment Pilot Training Report

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Background & Introduction

As of July 2024, nearly 25 million people have been disenrolled from Medicaid due to redeterminations following the end of the COVID-19 Public Health Emergency. Seventy percent of those disenrolled from Medicaid lost their insurance due to procedural reasons or administrative errors, even though they may still be eligible¹. These individuals and families are more likely to belong to marginalized priority populations who struggle with inhibiting structural risk factors and are served by health centers. To respond to the rising need for health centers to assist their patients in navigating these drastic changes, Health Outreach Partners recently updated and developed the “Outreach & Enrollment Training Curriculum 2.0” to train health center staff and outreach workers on how to boost their community’s enrollment into health insurance coverage.

Health Outreach Partners wholly believes in the concept of “Nothing for Us, Without Us”, and therefore sought to obtain the feedback and recommendations of health centers, Primary Care Associations, enrollment specialists, and outreach workers before moving forward with the curriculum update. The intention was to ensure the input of key stakeholders, including those who will most likely use and benefit from the curriculum, is included in the new curriculum. Moreover, Health Outreach Partners reviewed the original outreach and enrollment curriculum designed in 2013, a response to the Affordable Care Act, and made the appropriate changes to reflect today’s challenges and eligibility criteria. The curriculum was then fully updated, revamped, and finalized. The newly developed [“Outreach and Enrollment Training Curriculum 2.0”](#) provides trainees with the most recent information on national health insurance programs such as Medicaid, Medicare, Children’s Health Insurance Program (CHIP), and Health Insurance Marketplace. Guidance is provided on identifying priority populations most at risk of losing or lacking health insurance coverage and how best to assist each health coverage scenario. The curriculum delves into best outreach and enrollment practices including both individual and community-level strategies. Finally, recommendations are provided on caseload management and prioritizing self-care to avoid trauma and burnout among community health workers.

To ensure the curriculum is effective, purposeful, and relevant, Health Outreach Partners collaborated with Moses Lake Community Health Center, a Migrant Health Center in central Washington with a well-renowned and respected outreach program led by Mary Jo Ybarra-Vega. A pilot training, informed by the curriculum, was conducted at the Quincy location, a nearby small, rural farming town in central Washington State. Quincy Community Health Center is part of the Moses Lake Community Health Center network that serves Grant County in central Washington. According to the most recent community needs assessment

¹ <https://www.kff.org/report-section/medicaid-enrollment-and-unwinding-tracker-overview/>

data, 45% of the county identifies as Hispanic/Latinx. Additionally, it has a higher percentage of people living in poverty than the state average with 11% of the county reported living in poverty. It is reported that of the 40,000 farmworkers in the county, 10,000 of them are migrant farmworkers. Considering the strength of its outreach program and the population they serve, this health center lends itself as a prime location to pilot the Outreach and Enrollment Training.

Methodology

Training Overview:

The Outreach & Enrollment Pilot Training was informed by Health Outreach Partner's newly developed "Outreach & Enrollment Training Curriculum 2.0: for Health Center Staff and Outreach Workers". The Curriculum provided guidance on national-level public health insurance programs, such as Medicaid, Children's Health Insurance Program (CHIP), Medicare, and the Health Insurance Marketplace. It provides a deep dive into identifying priority populations most affected by loss or lack of health insurance coverage, and provides effective individual and community level strategies for outreach and enrollment. The curriculum ends by providing recommendations and best practices on caseload management and helping patients maintain their insurance coverage once attained.

Considering the curriculum mostly provides national-level information on public health insurance programs, this pilot training also included state-specific information about the available insurance programs in Washington State, including Apple Health (state Medicaid) and Washington Healthplanfinder (state Marketplace). To ensure the training was relevant and purposeful to the population served by the health center, the training included data and statistics on Grant County demographics and common health issues present there. As a result, the training focused on addressing the unique barriers and needs of the farmworker families, whom the participating promotores serve, when accessing health insurance programs. The pilot training was conducted in both Spanish and English.

Materials

At the start of the training, participants were each provided a printed copy of the "Outreach & Enrollment Training Curriculum" to follow along with the presentation and take notes. The Curriculum was only available in English at the time of the training. Additionally, a slide deck was developed that pulled from the curriculum and preparatory research on state-specific information. Flipcharts were used during group activities, and case study handouts were provided.

Training Participants

A total of thirteen (13) outreach workers and promotores participated in the pilot training at Quincy Community Health Center in Grant County, Washington State. Many of them worked at the health center in Quincy, while others travelled in from other surrounding health centers. The majority of the promotores spoke English as a second language, and one promotora spoke Spanish as a second language, with her first language being Mam, an indigenous language from Guatemala. This participant participated to the best of her ability with support from her colleagues due to structural factors including literacy and education level.

Evaluation Metrics

The pilot was designed to test both the effectiveness and efficacy of the “Outreach & Enrollment Training Curriculum.” To obtain evaluation data, the trainers administered pre-and post-tests at the beginning and end of the training.

Pre-Test: The pre-test was a quantitative, baseline assessment of the participants’ knowledge of public health insurance programs in Washington state, the frequency they discussed public health insurance with communities, and confidence in addressing the barriers to accessing public health insurance. A set of 10-point Likert scale self-assessment questions and a “True or False” quiz was included in the pretest.

Post-Test: The post-test assessed participants’ knowledge gained of public health insurance programs in Washington state and confidence gained in addressing the barriers to accessing public health insurance after completing the pilot training. The questions were identical to the ones presented in the pre-test. The post-test included additional unique questions that evaluated participants’ satisfaction level with the training and confidence level with applying the information at their health centers. Two open ended questions were also added to ask participants what their favorite sections of the training were and what they wish they could have seen.

To further obtain qualitative data, the trainers ensured that feedback and input from the participants were welcome anytime throughout the entire training. The trainers paused frequently to allow participants to ask questions about the content and seek clarity, or provide potential modifications and edits to the curriculum. Following the end of the training, trainers invited participants to an optional candid and open discussion about what they enjoyed and potential areas of improvement. More than half of the participants joined the conversation, while others had commitments elsewhere. Those who left, however, reported that they wished they could have stayed longer.

Results

Twelve (12) out of thirteen (13) participants completed both the pre-and post-tests. As discussed above, one (1) participant did not complete either test due to structural barriers.

Pretest results

Table 1: Participant Pre-test Self-Assessment Questionnaire Scores

	1. How much do you know about public health insurance programs in Washington state?	2. How comfortable are you talking to people about public health insurance programs in Washington state?	3. How comfortable are you talking to people about their barriers to health coverage and helping them overcome them?	4. How often do you talk to people about public health insurance programs and how to enroll?
1	5	8	10	9
2	5	4	7	8
3	4	6	6	6
4	1	1	8	3
5	1	1	8	5
6	1	1	2	1
7	8	9	9	5
8	8	8	8	9
9	8	9	8	8
10	7	6	2	1
11	9	9	10	10
12	5	7	5	7
Av.	5.2/10	5.75/10	6.92/10	6/10

As illustrated in Table 1,

- Participants averaged a 5.2 out of 10 regarding their knowledge of public health insurance programs in Washington state. There was a variability with self-assessment scores ranging from 1 to 9 out of 10.
- Participants averaged 5.75 out of 10 regarding their comfort level talking to people individuals on public health insurance programs in Washington state. There was also a wide range variability with some individuals scoring 1 while others scoring 9 out of 10.
- Participants scored an average of 6.92 out of 10 on their comfort level talking to people about their barriers to health care and helping people overcome them. There was also a high variability range with some scoring 2 and others scoring 10 out of 10.
- Participants scored an average of 6 out of 10 on their frequency of discussing public health insurance programs with their community members. There was also a wide range of scores from 1 to 10 out of 10.

Table 2: Participant Pre-Test “True or False” Quiz Scores

	Quiz Scores
1	5
2	6
3	7
4	2
5	4
6	5
7	8
8	8
9	9
10	7
11	6
12	9
Av.	6.33/10

According to the results of the pre-test “True or False” quiz, displayed in Table 2, participants’ average level of knowledge of public health insurance programs was 6.33 out of 10. It accurately matched the self-recorded confidence scores of participants. For example, if someone scored themselves as highly confident in their knowledge, they also scored highly on the quiz. This was the case for all participants, except for one who claimed a confidence score of 1 out of 10 but scored an 8 out of 10 in the quiz. This participant’s data was treated as an anomaly.

Statements posed in the “True or False” quiz are as follows:

1. Medicaid and Medicare are federal and state-run programs.
2. If a person has a job and earns money, they are not eligible for public health insurance.
3. People do not have to renew their coverage once they have applied to Apple Health.
4. People can be eligible for both Medicaid & Medicare at the same time.
5. Only adults over the age of 64 years can apply for Medicare.
6. Once pregnant women on Apple Health give birth they lose their eligibility.
7. Pregnant women who are on a visa or are undocumented are eligible for Apple Health.
8. Come July 2024, undocumented folks will be able to enroll in Apple Health, but they will need to be in the country for 5 years.
9. Newborns are automatically enrolled in Medicaid.
10. If someone is not eligible for Apple Health, they can still get reduced-price insurance plans.

Post-Test Results:

Table 3: Participant Post-test Self-Assessment Questionnaire Scores

	1. How much do you know about public health insurance programs in Washington state?	2. How comfortable are you talking to people about public health insurance programs in Washington state?	3. How comfortable are you talking to people about their barriers to health care and helping them overcome them?
1	9	9	10
2	3	2	4
3	2	5	5
4	5	10	10
5	10	10	10
6	9	9	9
7	10	10	10
8	10	10	10
9	6	7	7
10	7	9	8
11	8	8	8
12	9	10	10
Av.	7.3/10	8.25/10	8.42/10

As illustrated in Table 3,

- Participants averaged a 7.3 out of 10 regarding their knowledge of public health insurance programs in Washington state.
- Participants averaged 8.25 out of 10 regarding their comfort level talking to people individuals on public health insurance programs in Washington state.
- Participants scored an average of 8.42 out of 10 on their comfort level talking to people about their barriers to health care and helping people overcome them.

Table 4: Participant Post-test Confidence and Satisfaction Scores

	1. How confident are you that you will be able to apply information from this O&E training at your health center?	2. How satisfied are you with the O&E training today?
1	5	5
2	5	5
3	4	4
4	5	5
5	5	5
6	5	5

7	5	5
8	5	5
9	5	5
10	5	5
11	4	5
12	5	5
Av.	4.83/5	4.92/5

As shown in Table 4 above, participants scored 4.83 out of 5 in their confidence to apply the information they learnt from this training to their health center. Overall, they scored a 4.92 out of 5 in their satisfaction with the O&E training.

Table 5: Participant Post-Test “True or False” Quiz Scores

	Quiz Scores
1	10
2	8
3	9
4	8
5	6
6	8
7	10
8	8
9	8
10	5
11	9
12	9
Av.	8.2/10

As displayed in Table 5, Participants’ average level of knowledge of public health insurance programs as a result of the pilot training was 8.2 out of 10, assessed by the post-test's “True or False” quiz activity.

Qualitative Results

Answers to the post-test open-ended questions were as follows:

- “Really enjoyed the breakout rooms and participants sharing thoughts about the various health coverage scenarios.”
- “Appreciated allowing promotores to share their thoughts and suggestions.”
- “Enjoyed module 3”

- “Liked the activities. Favorite was the group about the priority populations.”
- “Enjoyed group activities.”
- “Enjoyed everything!”
- “I liked the information and had fun.”
- “Enjoyed module 2.1”
- “Information was overall very simple and easy to understand.”
- “Preferred to have the curriculum and training in Spanish”
- “Would appreciate if the booklet was provided in Spanish”
- “Would appreciate if the training and curriculum were provided in Spanish.”

The input provided by the participants showcased a need to provide the outreach and enrollment training and curriculum in Spanish. Overall, the participants evidently enjoyed the training and appreciated the group activities embedded within the curriculum, which provided an opportunity for collaboration.

Key Learnings & Discussion

Tangible Change in Participant Knowledge

Participants had an average baseline knowledge of public health insurance programs in Washington state before the training. Level of knowledge of insurance programs and confidence in discussing barriers to health coverage with their patients was widely varied from one participant to the other. Some participants were very experienced in this topic while others were newly introduced to it. Regardless of baseline knowledge and confidence, all participants voiced that the training was relevant, useful, and purposeful as evident in the evaluation results. For those who were inexperienced, the training was simple, easy to follow, and appropriately introduced the various insurance programs available and how best to assist people to enroll. For those who were more seasoned and knowledgeable, the training provided guidance on how to improve work efficiency and caseload management, as well as organized the outreach and enrollment process to optimize effectiveness. For example, participants noted that the “Health Coverage Scenarios” and “Decision-Making Tree” in Module 2 were particularly helpful because, although they may have a strong baseline knowledge of the health insurance programs, these tools provided insight and guidance on how to facilitate and identify the appropriate health coverage scenario and be able to select the best approach for individuals. According to the results of the aforementioned evaluation metrics, there was an average 40% increase in self-assessed knowledge of public health insurance programs, and an average 30% increase in tested knowledge of public health insurance programs assessed by the “true or False” quiz activity. This showcases a significant improvement as a result of the pilot training.

Fostering Fellowship among Outreach Programs

An intangible strength that trainers observed and was not fully captured by the post-test, is the fellowship and community learning the pilot training facilitated between the different regional promotores. During the training, Health Outreach Partners staff intentionally built in time for group learning and discussion opportunities among the participants. The audience consisted of a few community health workers who had experience in enrolling clients in CHIP and Medicaid for pregnant or postpartum individuals. They took advantage of the space to share their valuable experiences in this insurance enrollment process and handed out resources to other participants. This fostered a rich conversation about whether or not community health workers should conduct door-to-door outreach and other topics of current interest within outreach programs. Arguably, the most valuable part of this training is that it refined outreach workers' current abilities and knowledge. It facilitated a space for outreach workers, who ordinarily cannot afford to spend time with one another and share experiences and feedback. The pilot training provided an indispensable opportunity for promotores working in Grant County to join together to discuss, evaluate, and optimize their outreach and enrollment process.

Special Considerations for Future Work

Special considerations need to be taken for future use of the curriculum and training content. Community health workers and health center staff often struggle with large workloads and complex case management. Their time is precious, therefore, it would be prudent to offer The Outreach and Enrollment training in various durations such as a four-hour (half-day) and an eight-hour (full-day) training. Efforts to make the training available both in-person and virtually can also help accommodate their busy schedules. Furthermore, a valuable insight Health Outreach Partners gained during the pilot is the need for more built-in time for participant discussion. As discussed above, participant discussion is an extremely valuable part of the training and it can be amplified. Health Outreach Partners also identified the need for language considerations, specifically a Spanish translation of the curriculum, training content, and any supplemental materials. Consideration for the language and literacy levels of the trainees is critical when curating training content. As a result, Health Outreach Partners will translate the "Outreach & Enrollment Training Curriculum 2.0" into Spanish as a response to the demands and feedback of the pilot training participants.

Conclusion

Health center staff and outreach workers were invited to take part in Health Outreach Partners' Outreach and Enrollment Pilot Training to provide feedback on how the "Outreach & Enrollment Training Curriculum 2.0" can be refined. As per the evaluation results, the pilot training was successful in improving the level of knowledge on public health insurance programs, and increased the confidence of the participants in addressing outreach and

enrollment challenges amongst their clients. It would be beneficial to consider for future use, different training adaptations of the curriculum, such as providing it in Spanish, offering varied training lengths, and ensuring the trainers include state specific information on public health insurance programs. In conclusion, Health Outreach Partners will confidently utilize the “Outreach and Enrollment Training Curriculum 2.0” moving forward to assist health center staff and outreach workers on boosting patient enrollment into health insurance coverage.