

# Increasing MIHP Participation through Enhanced Outreach

## Community Health Worker Pilot Findings

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# Agenda

- Overview of Community Health Worker study
- Key findings and implications
- Next steps

# Youth Policy Lab/MDHHS Partnership

MDHHS and the UM Youth Policy Lab have partnered to better understand how to boost MIHP participation:

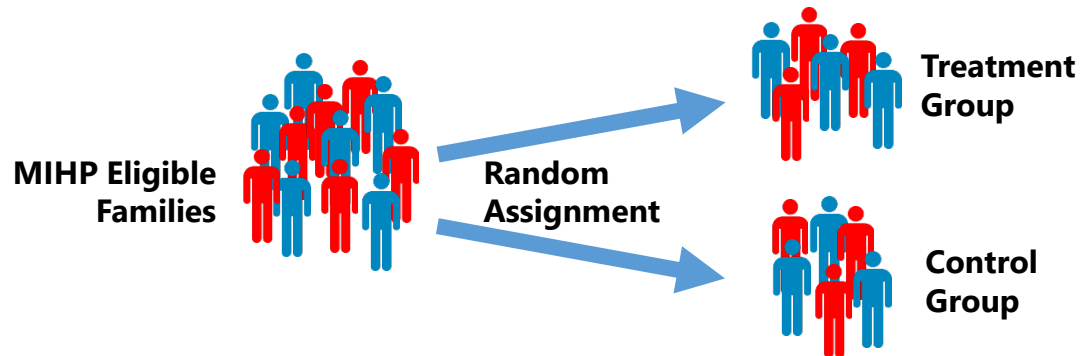
- **Administrative data analysis** to understand who is eligible for MIHP, who enrolls in MIHP, and factors that predict enrollment
- **Survey analysis** to understand perceptions of MIHP and experiences with the program among beneficiaries
- **Randomized control trials** to test potential approaches to increasing enrollment



# Study Overview

# Using Community Health Workers to Encourage Enrollment

- 835 total study-eligible participants, 3 sites, Mar-Oct 2021
  - Independent agency in Metro Detroit
  - Health system in southeast Michigan
  - Health department in mid-Michigan
- Randomized Encouragement Design
  - Treatment group: enhanced recruitment from a community health worker
  - Control group: agency's standard outreach



# MIHP Enrollment Pipeline

## REFERRAL

Pregnant person or infant is referred to MIHP agency.

## ELIGIBILITY

Agency conducts initial eligibility check.

## CONTACT

Agency attempts to contact person.

## RECRUITMENT

Agency explains MIHP structure and benefits.

## SCHEDULING

Agency schedules enrollment appointment.

## ENROLLMENT

Person completes enrollment appointment.

# MIHP Enrollment Pipeline

## REFERRAL

Pregnant person or infant is referred to MIHP agency.

## ELIGIBILITY

Agency conducts initial eligibility check.

Random assignment: CHW vs. usual outreach

## CONTACT

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## RECRUITMENT

Agency explains MIHP structure and benefits.

## SCHEDULING

Agency schedules enrollment appointment.

## ENROLLMENT

Person completes enrollment appointment.

# Community Health Worker Role

- Placed outgoing phone calls, emails, text messages & mailed letters to explain the program



- Checked to ensure family contact info was up to date & accurate



- Made contact with the family to discuss goals, needs, & potential barriers to MIHP enrollment



- Helped remove barriers to enrollment



- Offered warm hand-offs between family and home visitor before enrollment appointment





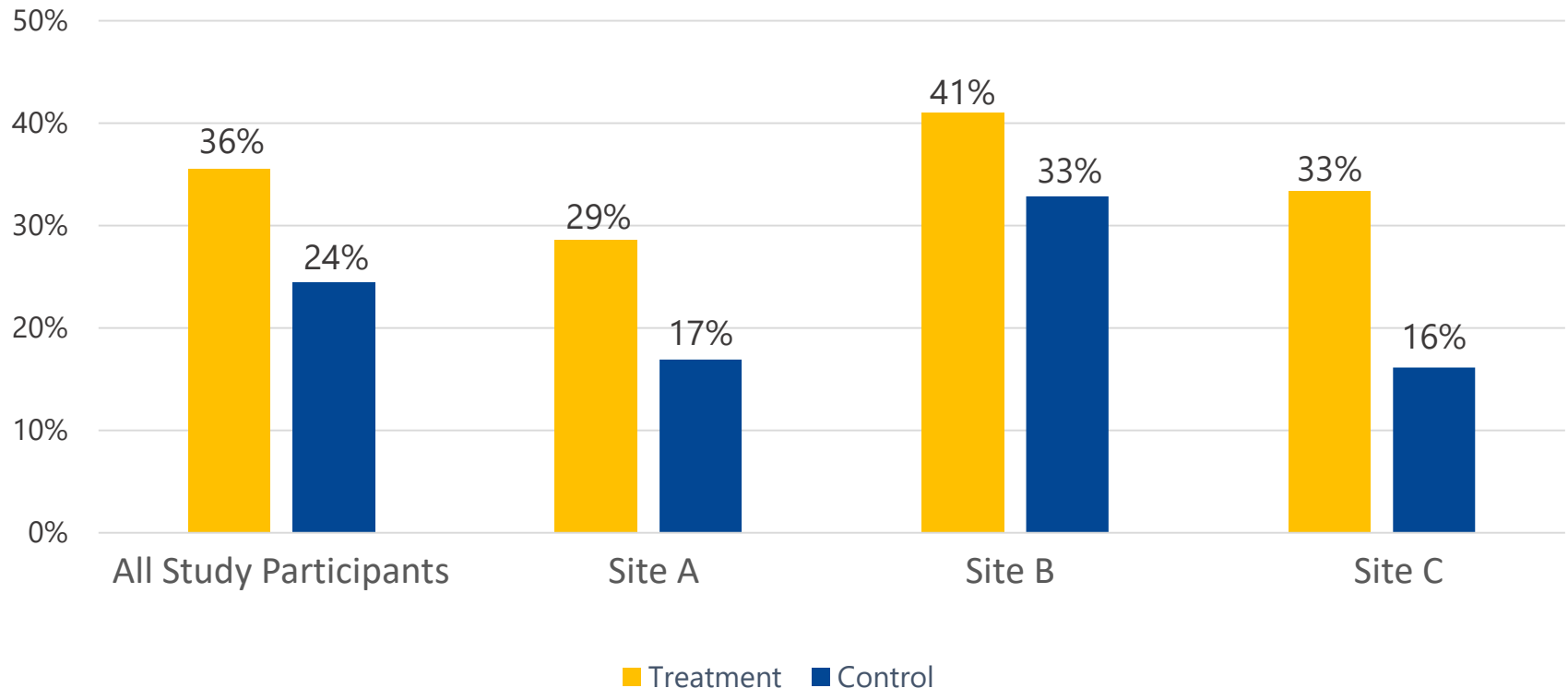
# CHW Outreach vs. Usual Outreach

Outreach Method	CHW Outreach	Usual Outreach
Mailed letter	1 letter for each referral	Not typically used
Phone call	Up to 6	Usually 2-3
Text message	Encouraged	Infrequent
Email	Encouraged, if available	Infrequent
In-person residential visit	Planned, but limited due to COVID-19	Not typically offered
Warm hand-off	Offered if family wants	Not typically offered

# Key Findings

# CHW Impacts

- Families assigned to CHW outreach were 12 percentage points more likely to enroll in MIHP than the control group



# Key Drivers of Enrollment

- Families assigned to CHW outreach were more likely to:

- Be reached by the agency they were referred



- Receive more contact attempts from agency



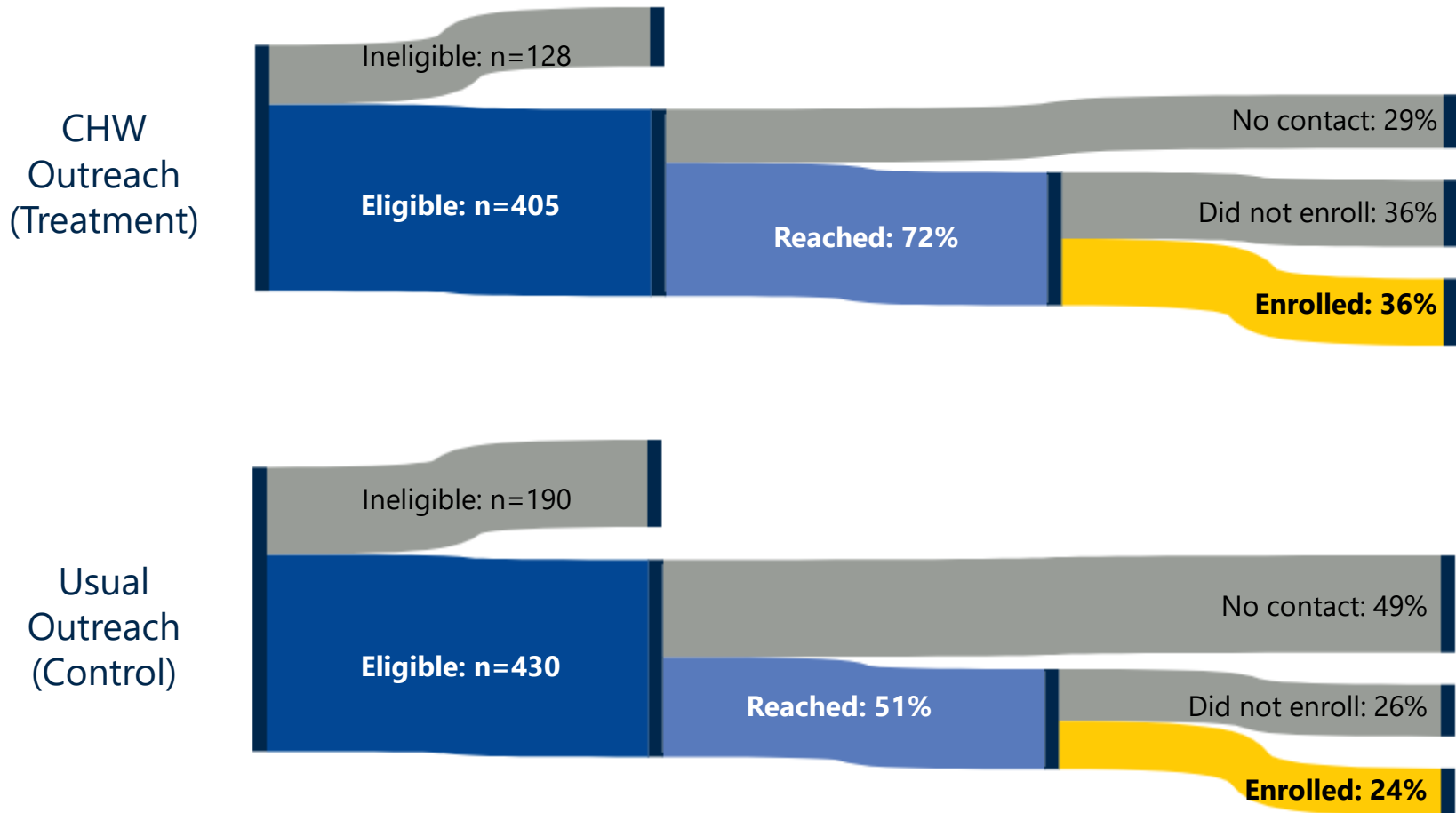
- Receive more types of contact from the agency



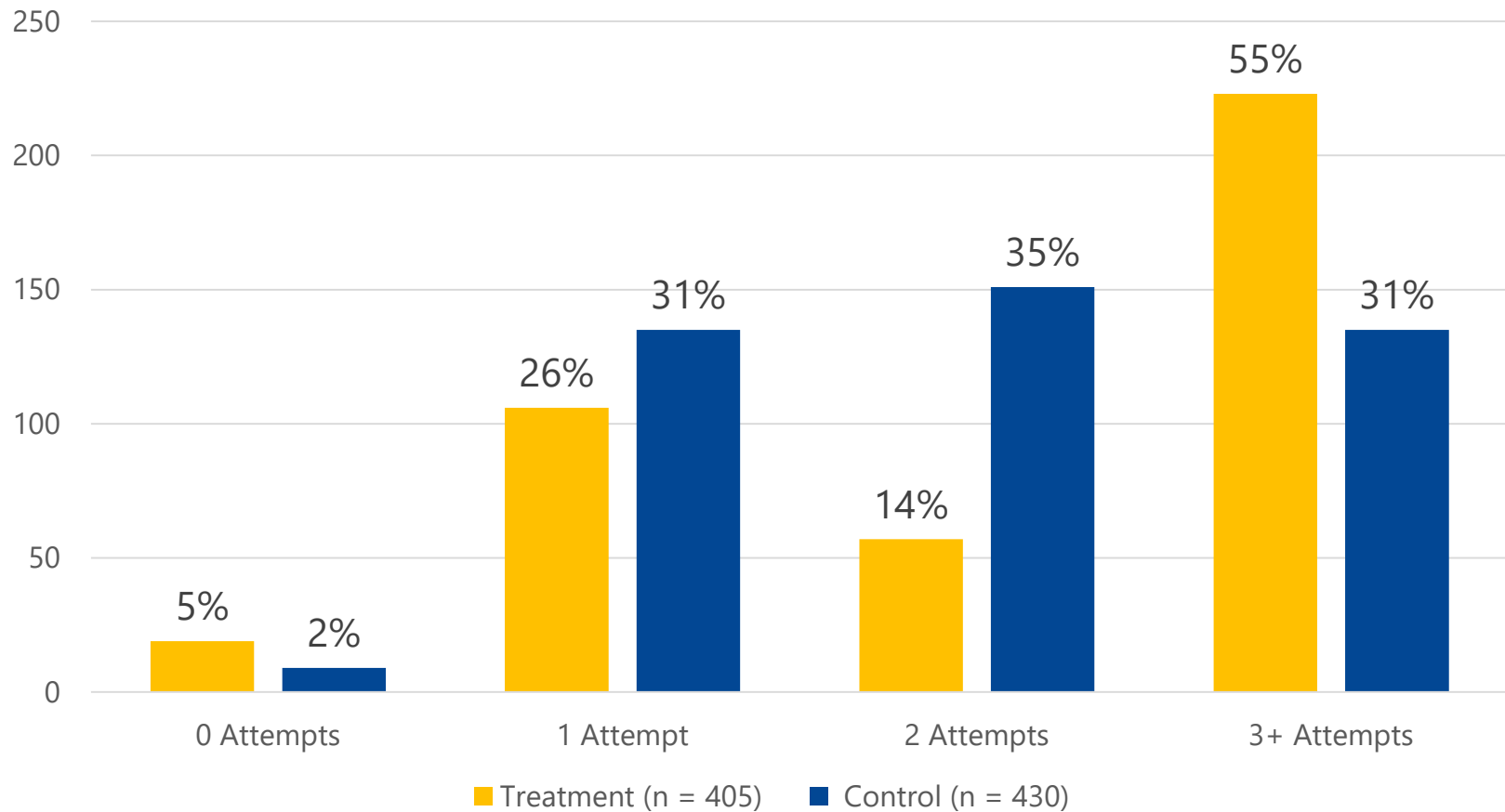
- Receive contact attempts over a longer period



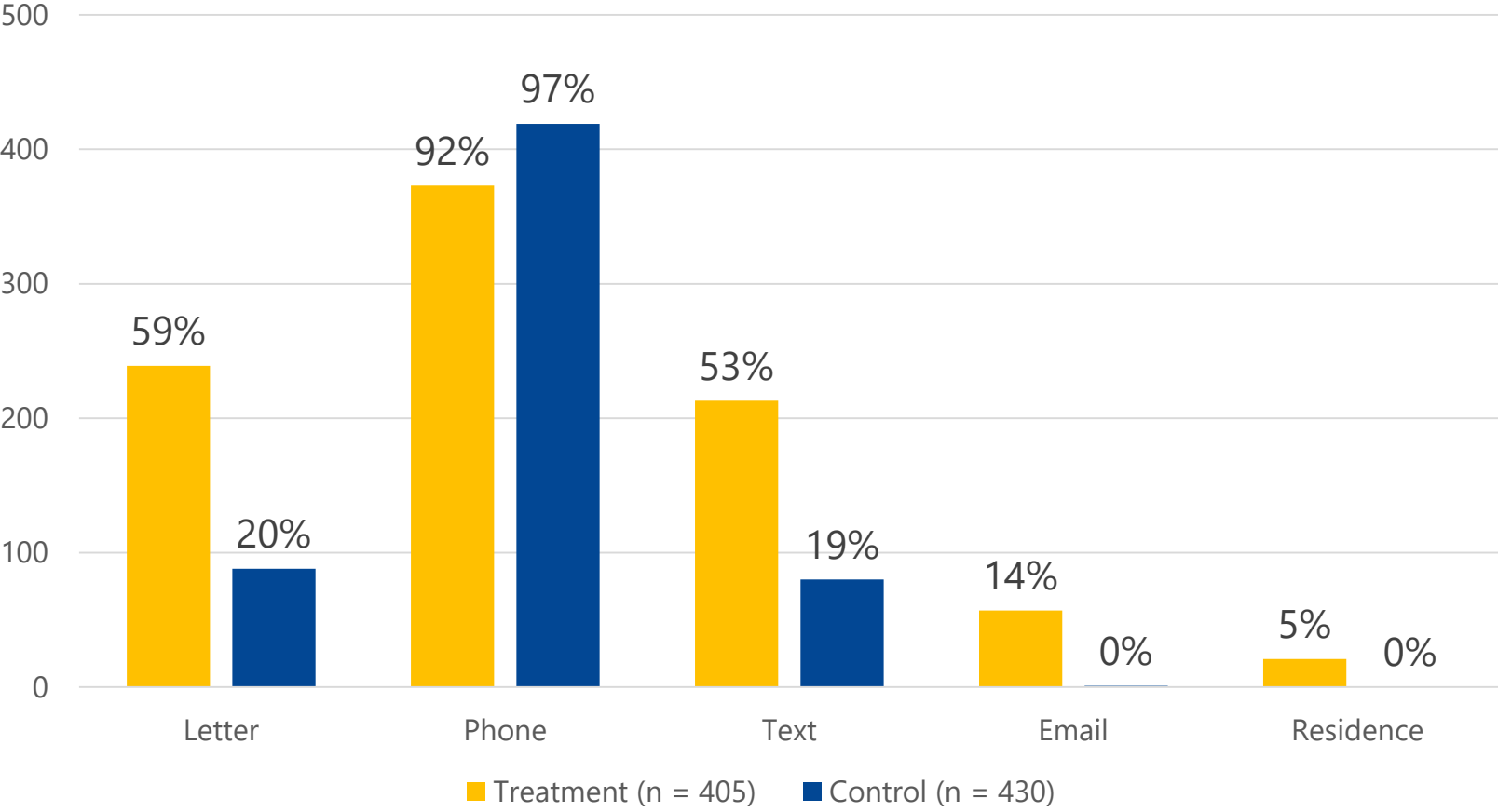
# CHWs Reached More Families



# CHWs Made More Contact Attempts



# CHWs Used a Greater Variety of Contacts



# CHWs Made More Contacts Over Time

- Usual agency outreach typically spanned 1-2 weeks
- **45%** of treatment group families\* received contact attempts 2+ weeks after they were first contacted
- **19%** continued being contacted after one month
- **18%** of reached treatment families were successfully contacted 2+ weeks post-referral

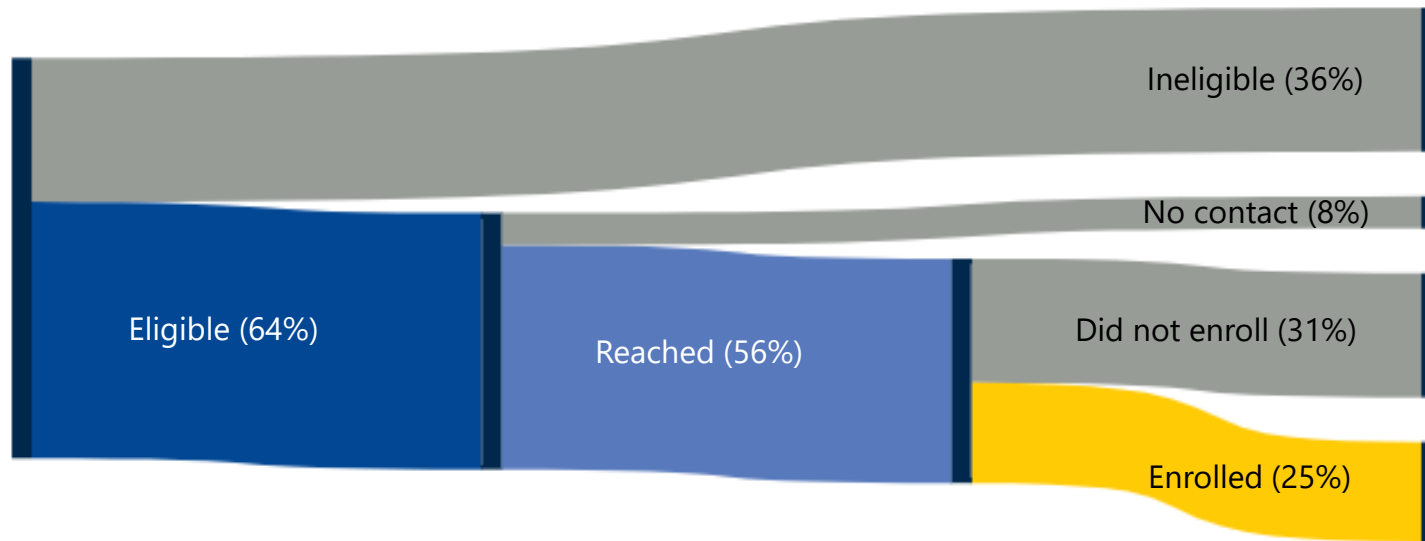
\*at 2 sites with detailed contact logs



# Medicaid Health Plan Referrals

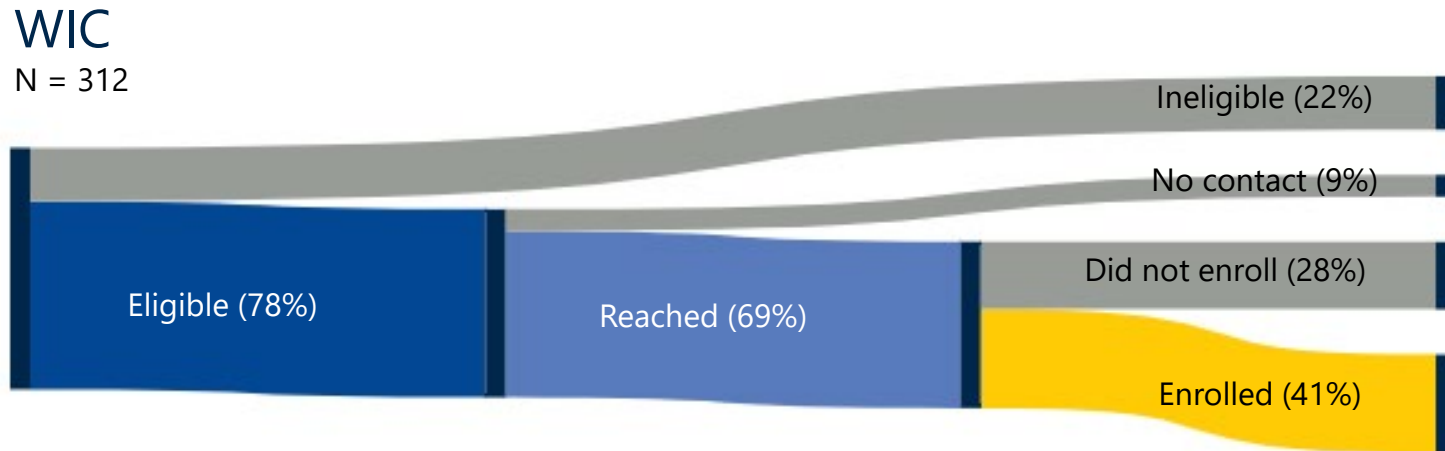
## Medicaid Health Plans

N = 523



- Largest referral source, but least likely to be eligible
- Recommendation: Improve eligibility screening processes; send timely referrals to agencies so follow-up can happen quickly

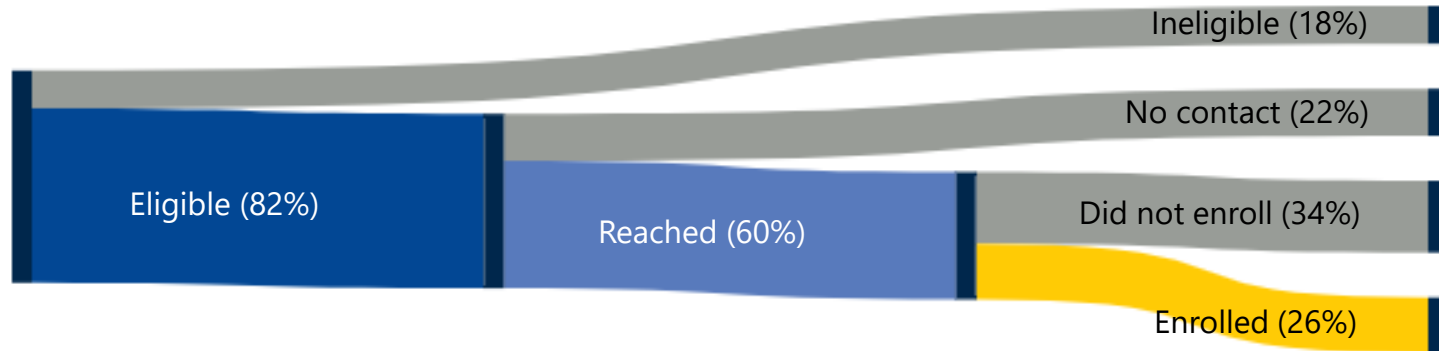
# WIC Referrals



- Most likely to be reachable and to enroll
- Recommendation: Continue to strengthen integration and co-enrollment between WIC and MIHP

# Health Care Provider Referrals

## Health Care Providers N = 275



- Least likely to be reachable
- Recommendation: Improve outreach and/or strengthen messaging in health care settings so families are prepared for follow-up contact from MIHP agency

# Implications and Recommendations

# Implications: Outreach

- More intensive levels of outreach can generate higher enrollment
  - Multiple contact attempts
  - Multiple modalities, especially text messages
  - Contacts over a longer period of time, with follow-ups throughout pregnancy
- Expanding in-person outreach (e.g., visits to residence) could further increase enrollment rates
  - COVID-19 limited this kind of outreach, but it is typically an area of CHW strength

# Recommendations: Outreach

- Allocate additional staff time to make as many contact attempts as possible
  - Designate follow-up periods throughout pregnancy
- Consider automating some aspects of outreach for referred families to free up staff time for more intensive outreach:
  - Standardized introductory letter mailed to residence
  - Mass texting platforms
  - Automated phone calls
- Increase use of text messaging to reach families

# Implications: Referrals

- Potential to convert a referral to an enrollment varies by referral source
- Highlights opportunities to improve outreach, communication/messaging, and eligibility screening at the referral source
  - Could help ease some burden on agency staff

# THANK YOU...

...to the MIHP agencies who participated in this project; particularly the MIHP Program Coordinators and Referral Coordinators at each site.

...to the Community Health Workers who played a central role in this project.

...to the MIHP team at MDHHS for their partnership on this project.

...and to you, for engaging in this presentation today!



# Questions?

# THANK YOU

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At the University of Michigan Youth Policy Lab, we are surrounded by some of the nation's leading experts on nearly every social challenge and, as a public institution, we are committed to applying that knowledge to the public good.

We are always looking for new opportunities to increase measurable impact. For more information, or to discuss a new project idea, contact us: [www.youthpolicylab.umich.edu](http://www.youthpolicylab.umich.edu)

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