

# Targeted Outreach Strategies: Leveraging Community-Based Navigators in New York

NAIC Special Committee on Race and Insurance

Presentation by Elisabeth R. Benjamin, MSPH, JD,  
[ebenjamin@cssny.org](mailto:ebenjamin@cssny.org)





# Health Foundation of Western and Central New York (HFWCNY) & United Hospital Fund report: “Reaching the Five Percent”

- **The Affordable Care Act halved the number of uninsured, but over 1 million New Yorkers remain uninsured**
  - Most eligible for public coverage or financial assistance
- **Barriers are well-known:**
  - Enrolling in coverage is complicated
  - Uninsured individuals unaware of programs that keep the cost of healthcare low or free
  - Generic messaging does not always reach vulnerable populations
- **Time to try something new: Locally tailored messages from trusted messengers**





# Outreach strategies

Spotlight on one of seven community-based enrollers  
in the pilot: ACR Health

# Outreach Strategies





ACR's outreach strategy included ads in shelters at busy bus stops.

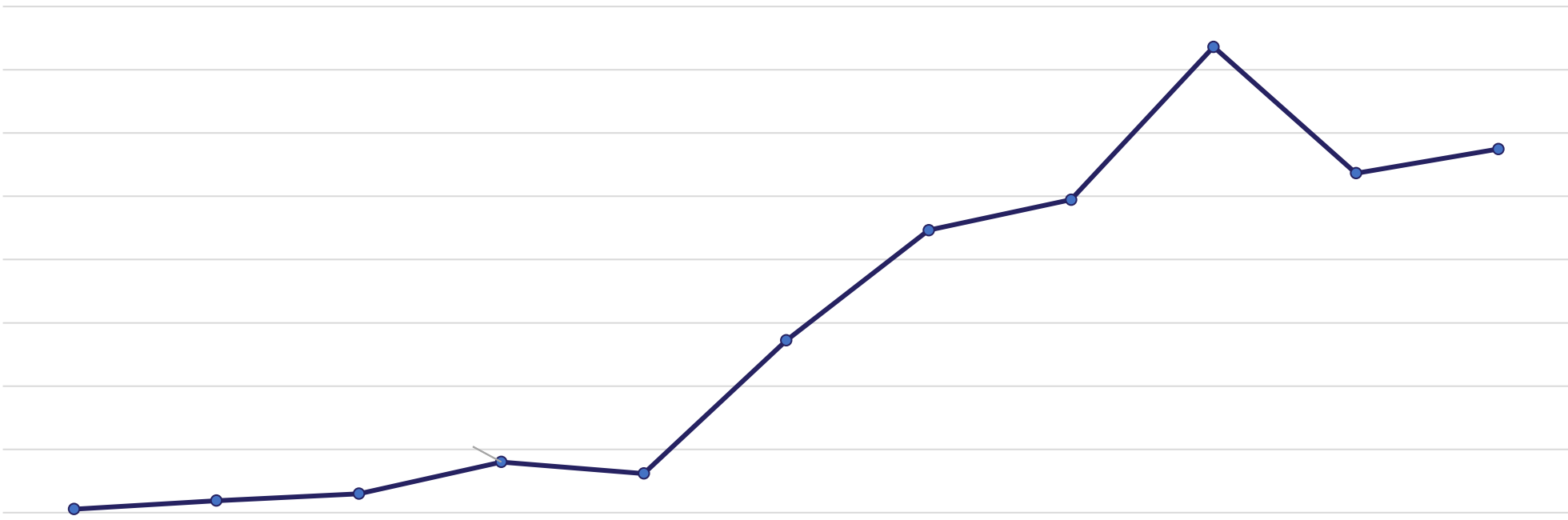
2 shelters garner 55,247 impressions weekly and 1,364,220 over 6 months.



# Results, outcomes & lessons learned

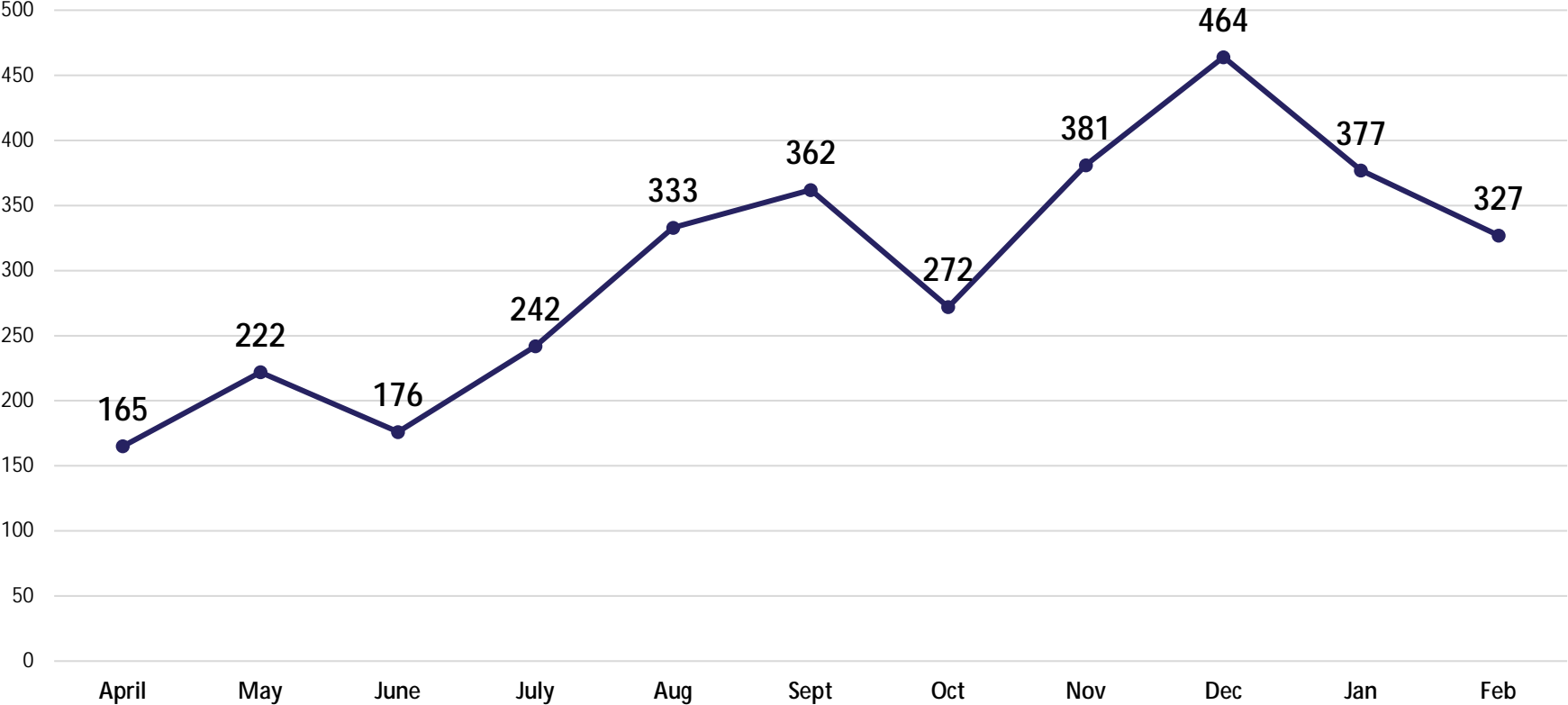
Results and lessons learned

# Number of consumers reached by month



# Monthly enrollments as a result of locally-targeted outreach

Monthly Enrollments through Outreach  
total = 3,321



- CBO partners ask enrollees how they found out about their Navigator program during their intake process.
- The figures below represent the number of clients who said they found their Navigator through an R5 outreach method.

# Lessons Learned: Implications for the end of the Public Health Emergency

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# Investing in community-based enrollers to conduct targeted outreach yields a strong return on investment

<b>Savings per capita</b>	<b>\$1,174</b>
<b>Number of people enrolled (annualized)</b>	<b>3,622</b>
<b>Total savings from program</b>	<b>\$4,252,228</b>
<b>Total Program cost (annualized)</b>	<b>\$500,000</b>
<b>ROI</b>	<b>\$3,752,228</b>
<b>ROI %</b>	<b>750%</b>

- \$1,174 = Savings is based on the Urban Institute estimate of amount of uncompensated care cost savings in NY when people enroll in insurance.
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# Appendix: Successfully leveraging community -based Navigators to collect race & ethnicity data

# Making race & ethnicity “mandatory” data fields

- **2020: Renewed urgency to focus on race & ethnic barriers to coverage**
  - CSS’s Navigator program made race & ethnic mandatory fields
  - Enrollers must ask, but assistance is unconditional
  - Data used to revisit & tailor strategies to reach vulnerable populations with partners
- **2021: New York State of Health Marketplace makes race & ethnicity fields mandatory after successful pilot by CSS and Healthfirst health plan:**
  - Jan-Feb 2021: Two-month pilot, data analyzed
  - October 2021: Rolled out to all NY enrollers
  - 2022: NY best state in nation on R & E data collection

