Overview

Goals

- Identify best practice strategies and tactics to reach enrollees most at-risk for coverage disruptions through research and on-the-ground insights.

Community Engagement Phases

Planning + Alignment	Data + Research	Engagement	Campaign Plan
June – July 2022	July 2022	(Community Dialogues) August – September 2022	October 2022

Data and Research

Community Prioritization

Conducted community segment prioritization, to provide recommendations for community dialogues and factor in portability across NY State in Phase II.

Process:

1. Identified neighborhoods with the highest enrollment rates using NY State of Health enrollment data and overlayed demographic data by Census tract.

2. Scored neighborhoods based on quantitative variables (e.g., Social Vulnerability Index, Median Household Income, language spoken at home, etc.) and ranked 20 neighborhoods by greatest enrollment and market need.

3. Identified 12 neighborhoods (three per market) for deep-dive research.

Pain Point Analyses

Combined quantitative data, qualitative research, and local insights to provide a focused lens on issues unique to communities in the Bronx, Brooklyn, Buffalo, and Queens.

Process:

1. Collected data on demographics and socioeconomic factors impacting each community. The data informed further qualitative research incorporating news sweeps, database searches, and insights.

2. Identified pain points to further guide findings and recommendations for stakeholder guides, community dialogues, and the engagement strategy.

Stakeholder Guides

Drew from an understanding of nuances and cultural dynamics of hard-to-reach communities to identify trusted leaders and organizations best positioned to optimize the campaign plan, including participation in community dialogues and partnerships.

Process:

1. Determined priority demographics from pain point analyses, drew from internal knowledge of community networks, market research, and on-the-ground advisors to develop a list of over 50 trusted individuals and organizations with the capacity to reach target populations.

Community Prioritization

Neighborhoods and Market Snapshots

Bronx Snapshot

- Fordham Heights
- Highbridge
- Morrisania

1,472,654 Total population
$41,895 Median household income

Zeitgeist
Due to the Bronx's economic inequity, making essential resources accessible is a key component of effectively engaging the community, while also considering affordable housing, poverty, and health concerns.

- 19.8% Households without internet access
- 27% Population in poverty
- 59.7% Housing cost burdened
- 34.6% Born abroad
- 58.4% Non-English language speakers at home
- 73.4% High school graduate or higher

56.0%	Hispanic/Latinx
3.9%	Asian
9.0%	White alone, non-Hispanic
34.8%	Black
0.7%	American Indian

Brooklyn Snapshot

- Bensonhurst
- Borough Park
- East New York

2,641,052 Total population
$63,973 Median household income

Zeitgeist
Brooklyn's diverse population, including its large population of residents born abroad, makes culture a vital factor in engaging the community, in addition to its challenges with poverty, housing and gentrification, and access to health care.

- 17.0% Households without internet access
- 17.8% Population in poverty
- 52.7% Income used for rent (1-year estimate)
- 35.6% Born abroad
- 44.5% Non-English language speakers at home
- 83.2% High school graduate or higher

37.0%	White alone, non-Hispanic
33.3%	Black
18.8%	Hispanic/Latinx
12.9%	Asian
1.0%	American Indian
0.1%	Other

Buffalo Snapshot

- Genesee-Moselle
- Schiller Park
- West Hertel

267,807 Total population
$39,677 Median household income

Zeitgeist
Buffalo's diverse landscape, coupled with pervasive economic inequities, makes trust a key aspect in engaging the community, while also facing challenges with poverty, public health, health insurance, and crime.

- 19.8% Households without internet access
- 28.3% Population in poverty
- 51.4% Housing cost burdened
- 10.4% Born abroad
- 18.6% Non-English language speakers at home
- 85.7% High school graduate or higher

12.2%	Hispanic/Latinx
6.3%	Asian
43.4%	White alone, non-Hispanic
35.28%	Black
0.5%	American Indian
2.4%	Other

Queens Snapshot

- Corona
- Elmhurst
- Jackson Heights

2,331,143 Total population
$72,028 Median household income

Zeitgeist
Queens' cultural diversity and mixed-status communities make language and culture vital to engaging the community, while also addressing its public health concerns, housing conditions, and disparities between its noncitizen and native-born populations.

- 14.5% Households without internet access
- 10.3% Population in poverty
- 52.8% Housing cost burdened
- 46.9% Born abroad
- 55.2% Non-English language speakers at home
- 82.6% High school graduate or higher

28.1%	Hispanic/Latinx
27.3%	Asian
24.5%	White alone, non-Hispanic
20.7%	Black
1.4%	American Indian

Paint Point Analysis

Summary

Bronx

Pain points:

- Public Health
- Affordable Housing
- Resource Scarcity

Neighborhoods:

- Fordham Heights
- Highbridge
- Morrisania

Key Takeaways:

- Partner with tenant associations and local affordable housing development organizations connected to high-need communities
- Develop culturally sensitive and relevant materials and disseminate via organizations that cater to Latinx populations
- Conduct outreach, engagement, and support efforts in person at a hyperlocal level to reach disconnected communities

Brooklyn

Pain points:

- Public Health and Access to Care
- Poverty
- Affordable Housing and Homelessness

Neighborhoods:

- Borough Park
- Bensonhurst
- East New York

Key Takeaways:

- Collaborate with tenant associations, affordable housing groups, and NYCHA to reach vulnerable populations
- Execute multi-modal engagement via community organization partnerships, in-person events, and using beyond print and English media to reach those with limited internet access, and/or low literacy rates
- Partner with local synagogues and faith leaders within highest need communities

Paint Point Analysis
Summary

Buffalo

Pain points:

- Poverty
- Public Health and Access to Care
- Crime

Neighborhoods:

- Genesee-Moselle
- Schiller Park
- West Hertel

Key Takeaways:

- Employ multi-modal outreach strategies with local resource networks to mitigate low internet access
- Produce materials and leverage assistors fluent in Spanish, Chinese, and Bengali
- Partner with local non-English language media and cultural community centers reaching a broader audience

Queens

Pain points:

- Affordable Housing
- Public Health
- Immigrant and Noncitizen Disenfranchisement

Neighborhoods:

- Corona
- Elmhurst
- Jackson Heights

Key Takeaways:

- Leverage partnerships with local computer centers or libraries to mitigate barriers to internet access
- Deliver culturally competent and multi-language messaging via trusted messengers around re-enrollment
- Partner with community spaces such as food banks to reach those at higher risk of poor health outcomes

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Engagement – Community Dialogues

Purpose

- Gain first-hand understanding of hyper-local challenges to re-enrollment, best practices
- Prioritize partnership opportunities and build trust with stakeholders
- Stress-test NY State of Health outreach materials

Bronx | 8.17 and 8.24

- Bronx Baptist Church
- Destination Tomorrow
- Latino Pastoral Action Center, Inc.
- Morrisania Revitalization Corporation
- Riverbay Board (Co-Op City)
- South Bronx Unite

Buffalo | 8.23 and 9.7

- Jericho Road Community Health Center
- Jewish Family Services of Western New York
- Mental Health Advocates of Western New York
- Peace of the City
- Westminster Economic Development Initiative, Inc.

Brooklyn | 8.16 and 8.31

- Cypress Hills Local Development Corporation
- El Puente
- Yemeni American Merchants Association

Queens | 8.12 and 9.8

- BlaQue Resource Network
- Charles B. Wang Community Health Center
- Community Capacity Development
- Elmcor Youth & Adult Activities, Inc.
- Korean American Family Service Center
- Monkworx Social Services / All Saints Parish
- South Asian Youth Action
- Voces Latinas

Themes + Insights

Lack of Awareness + Complexity of Healthcare Systems

- Community members are largely unaware of Marketplace options/eligibility/benefits
- The complexity and bureaucracy of accessing healthcare services and the enrollment processes is a persistent challenge across communities
- Small businesses such as freelancers and entrepreneurs are unaware of the resources available to them via the marketplace

Health Literacy + Language Barriers

- Health literacy levels vary widely including for community members who are not fluent in English and may have trouble understanding healthcare jargon
- Community members with limited English proficiency especially new immigrants and refugees often are unable to fully grasp translated materials even when provided in their native language due to health jargon and cultural differences

Distrust of Healthcare Systems + Government

- Due to negative experiences with healthcare systems and providers, along with long-standing distrust of healthcare/government systems, community members may be reluctant to seek coverage
- Immigrants and/or undocumented folks experience fear and distrust tied to their immigration status when accessing healthcare services, in addition to language barriers

Community + Organizational Capacity

- Community dialogue participants were enthusiastic about leveraging their community reputations and diverse networks to address outreach barriers and raise awareness about re-enrollment moving forward, but described their low capacity and a lack of training, and awareness in this areas are hurdles to deepening support

Statewide Health Insurance Renewal Campaign Recommendations

Amplification

Tactics and Tools

Amplify Voices

Preferred Language of Enrollees

Community Media Landscape

Messaging and Materials

Partnership Development

Approach

Outreach and Training

Sample Flyer

Agenda and Topics

Public Health Emergency Update

Potential Partnerships

Growth Methodology

Visibility

Field Opportunities

Community Hot Spots / Events

Renewals

Tactics

Assistor Recertification

Eligibility Document Checklist

Amplify Voices

Leverage partners as trusted, credible messengers to convey importance of action to retain coverage

Activate both existing and new partners

- **Relationships** – community media, followers and members

- **Assets** – followers, listservs, print newsletters and email blasts

- **Platforms** – standing shows and columns

Coordinated streams of media waves

Driven by projected and actual renewal data reviewed monthly. Strategic combination of earned, paid, English, and community media released via trusted partner messengers (e.g., community organizations and influencers) to reach targets with consistency, impact, and at scale.

Sample 10-day wave

1. Partner 1 on WBLS, Fox5 Good Day, *Amsterdam News*, Irie Jam 93.5FM

2. Partner 2 on Univision, WADO, *El Diario, El Correo, Queens Daily Eagle, New York Daily News*

3. Partner 3 on NY1 Noticias, MEGA 97.9 / AMOR 93.1, *Bronx Times, AMNY*

4. Partner 4 on SinoVision, ETTV, Chinese Radio Network, *Sing Tao, AMNY*

5. Partner 5 on NY1, Bronx News12, TimeTV, *Thikana, Weekly Bangladesh*

Messaging and Materials
Stakeholder feedback and recommendations

- Continue to share messaging in various languages and forms of communication.

- Create short, action-driven materials for community hot spots (e.g., grocery stores and bus stations).

- Distribute a digestible check-list flyer and include it in social media/in-person outreach materials to bring the necessary documents to their enrollment appointment.

- Tailor messaging including e-mail and advertisements to the target population.

- Utilize less text in collateral and more visual components relating to healthcare.

- Convey urgency of the possible loss of coverage and have a clear call to action to renew (e.g., the 'Stay Connected' slogan may not convey urgency).

- Highlight health plans and benefits of coverage without healthcare jargon to make it clear which plans are beneficial for different populations based on their needs.

What We Heard

"I think that more **pictures are a lot easier [to understand]**. A lot of times when they get mail from the department of health or their insurance company, they will take a picture and send it to us and ask if it is important or not…or they will throw it out because they didn't understand it and thought it was junk."

– 9.7 Buffalo Community Dialogue Participant

"Even when you speak English, when someone is talking to me about health insurance, I don't want to read the fine print and there are so many wordings that make you discouraged. I just want to know whether I can get coverage or not. **We also don't understand the terminology of healthcare**. We need someone that understands it and can explain it to the immigrants that only speak their language."

– 9.8 Queens Community Dialogue participant
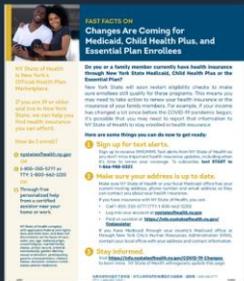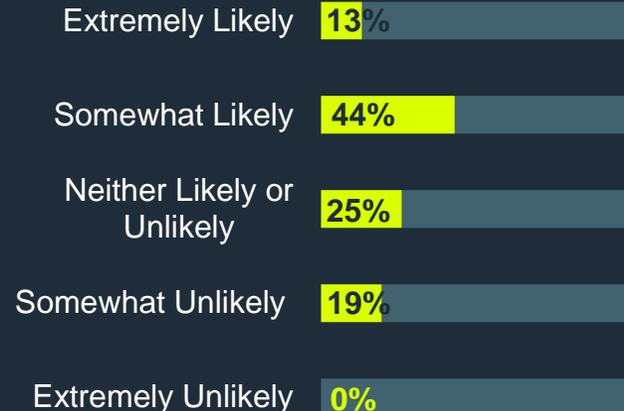
Collateral Feedback

Resonates Most

25% 25% 31%

Best Compels Action

STAY CONNECTED TO YOUR HEALTH INSURANCE.

40%

More Informative

81%

Expected Use of QR Codes

Extremely Likely	13%
Somewhat Likely	44%
Neither Likely or Unlikely	25%
Somewhat Unlikely	19%
Extremely Unlikely	0%

Common Languages

Language	Percent
English	27%
Spanish	20%
Arabic	8%
Hatian Creole	8%
Korean	6%
Albanian	4%
Burmese	4%
Chinese (Traditional)	4%
French	4%
Russian	4%
Bengali	2%
Chinese (Simplified)	2%
Swahili	2%
Tigrinya	2%
Yiddish	2%
Other	2%

■ Percent of Language Spoken by Constituents
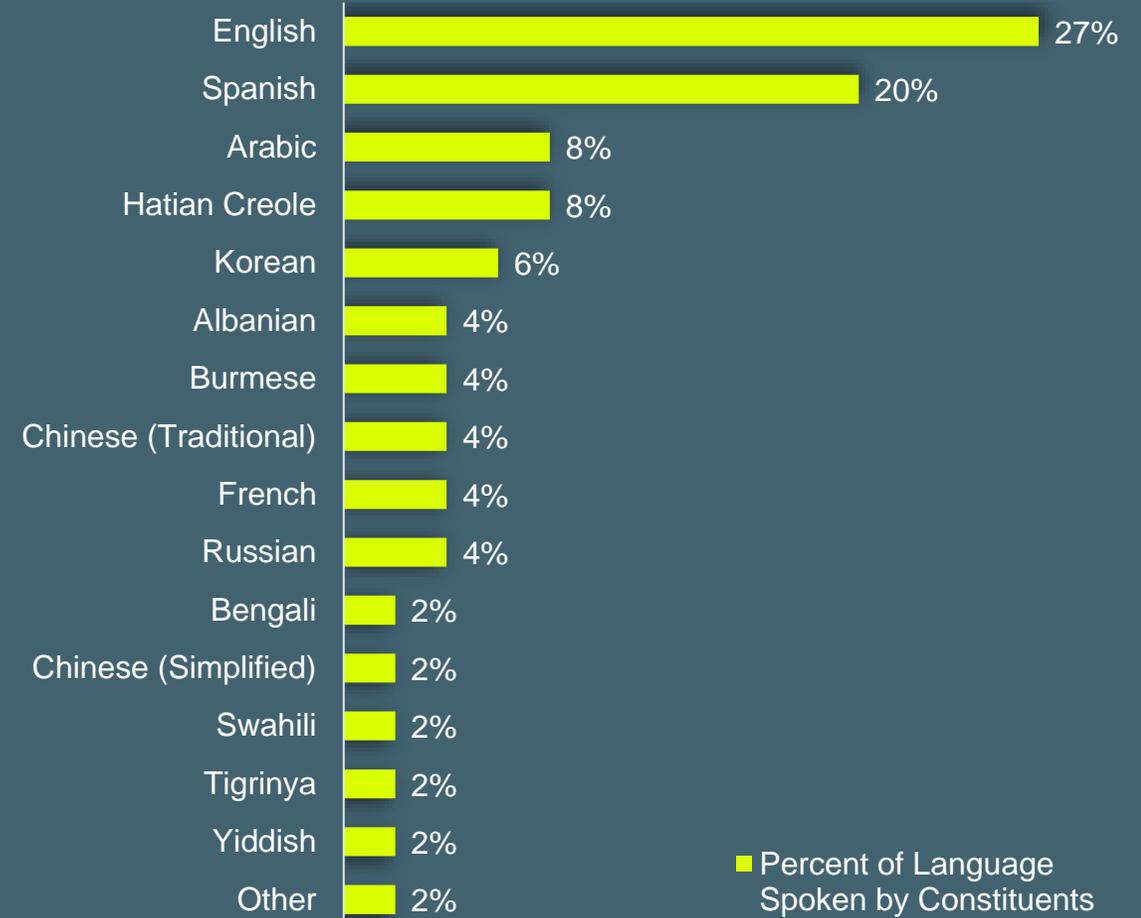
Total: 24 respondents
Geographies: Bronx (19%), Brooklyn (32%), Buffalo (23%), Queens (26%)

Field Opportunities
Factors to consider

- Focus on those with critical mass of hard-to-reach populations in priority neighborhoods

- NY State of Health role and opportunity to co-brand, co-host, co-sponsor

- Necessary assets (e.g., time, staff and resources) to deploy to have effective presence

  - Time and attention span of attendees

- Impact track record of previous occurrences of the event

- Expected attendance

  - Demographics – age, ethnicity, faith

  - Crowd size

  - Potential pools for new partnerships

  - Personas
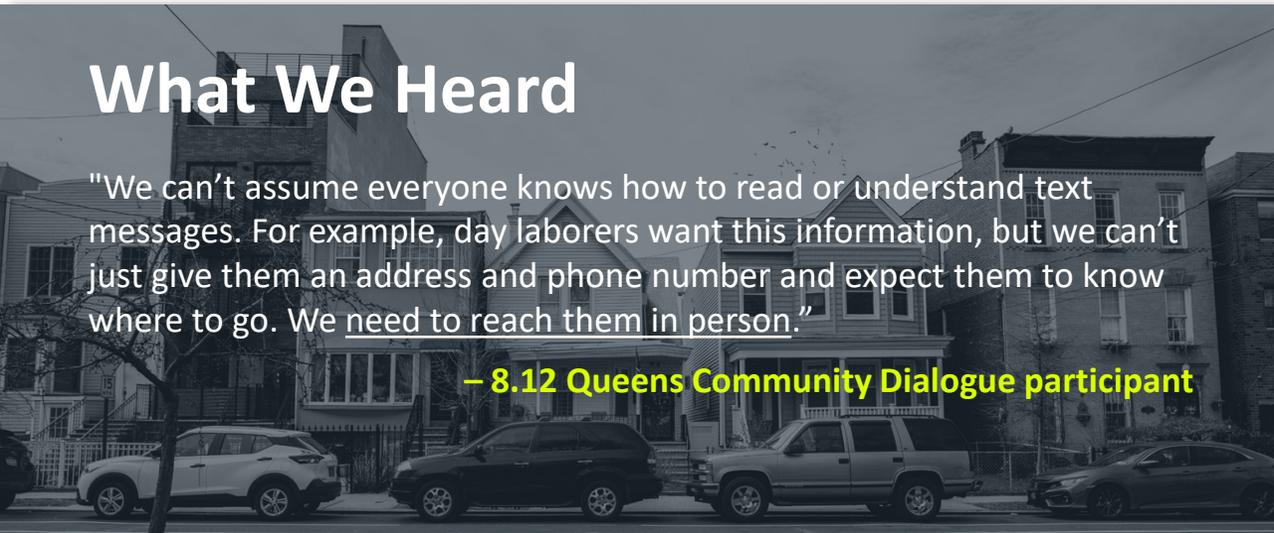
What We Heard

"We can't assume everyone knows how to read or understand text messages. For example, day laborers want this information, but we can't just give them an address and phone number and expect them to know where to go. We need to reach them in person."

– 8.12 Queens Community Dialogue participant

KPIs

Attendees touched

Renewal or enrollment appointments attributed to the event

NY State of Health's role brand awareness, host, sponsor

Approach

Deepen partnerships, develop more credible messengers by empowering them to augment outreach

- Focus on those with critical mass of hard-to-reach populations in priority neighborhoods

- Ichor's Engagement Model

- Consistency and momentum are key

- Warm hand-offs between outreach, trainings, deployment

- On-the-ground influencers – like bodega owners, merchants associations, immigration service centers, etc. – to disseminate materials

What We Heard

"Community-based organizations are trusted and we have strong networks in our communities. But we also often don't have the resources and capacity to do this work. It would be great if you could provide capacity building to organizations."

– 8.23 Brooklyn Community Dialogue Participant

"The Census outreach model helped dispel issues with trust, a similar strategy could be effective. Pairing people together works. We had groups of young people and a leader of the group who was another young person and sent them to communities they live in or are deeply familiar with culturally or linguistically. Not telling outreach workers what to do but empowering them to contribute to the strategy so that they want it to be successful."

– 9.8 Queens Community Dialogue Participant

KPIs

Conversions from trainings/workshops to speaking series

Hits along statewide speaking series and partners deployed

Social media posts per partner with @NYStateofHealth tagged

Tactics

Expanding reach and ease for more seamless renewals

- Blitz method – assistors at wrap-around service events in locations that communities trust

- Activate libraries and other partners' centers as satellite hubs for consistent, on-going appointment-based renewals and new enrollments

- Digestible list of required documents; include reason for each to mitigate fears and distrust

- Appointment reminders via text, phone, and email

- Follow-up phone-bank staffed by assistors to cure incomplete applications and/or missed appointments

- Text and phone outreach led by partners to inform their constituents of upcoming necessary renewal

What We Heard

"A lot of times **smaller CBOs don't know they can have a satellite in-person assistor** come to their org. It would be helpful to put out a message for these orgs sharing this resource and having them advertise on behalf of NY State of Health. As an assistor, we had success when we went out into under-resourced communities."

– 8.24 Bronx Community Dialogue participant

"They are not as trusting in governments when they come from other countries so it's hard to build trust with our healthcare system... they are very **concerned about the** information they give... we had to come up with creative ways to ask without being disrespectful...[we are] changing a paradigm about how you approach questions with them and **how you ask them**."

– 8.23 Buffalo Community Dialogue participant

KPIs

Appointments made per partner's satellite location

Incomplete applications cured

New enrollments vs. renewals reviewed monthly by zip code

Questions

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