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HOW CAN I HELP YOU?

Eligibility Worker: Navigating Patients Through the Social Services Maze

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Introduction

Vermont has programs to assist low income individuals in obtaining basic needs such as health insurance, food security, fuel assistance, housing and transportation. However, these services are often underutilized by eligible individuals.

Major barriers to enrollment include lack of knowledge about available programs and their income cutoffs (1,2), cumbersome application processes (1,2), literacy barriers (1), and lack of transportation to application sites (1).

In other states, efforts to reduce these barriers have included shortened application forms, removal of asset tests, mail-in applications, media outreach, and eligibility workers placed in outreach agencies (3).

Many studies suggest that the presence of an eligibility worker at a community health center can help overcome some social service enrollment barriers.

Objective

Do patients at the Burlington Community Health Center think that an eligibility worker at the CHC would increase their likelihood of enrolling in social service programs?



Methods

- Research tool: structured, anonymous, and voluntary interviews of patients in the CHC waiting room at different times during the day
- Part I surveyed demographic information such as age and income to determine eligibility for social aid programs.
- Part II surveyed aid programs currently enrolled in and if the likelihood of enrollment in programs would increase if they had access to the help of an eligibility worker at the CHC.

Results

Demographic	N	%
Interviewed	66	100
Completed Interview	52	78.8
Male	23	35
Age	15-65 (range)	38.2 (mean)
Unemployed	24	36.4
Uninsured	7	10.6
On Medicaid	32	48.5
100% FPL or lower	28	42.4
150% FPL or lower	45	68.2%
Currently enrolled in one or more social aid program (including Medicaid)	44	84.6% (of those who completed the entire interview)

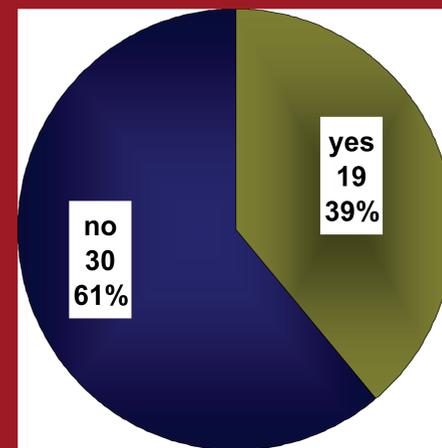


Figure 1. Are patients more likely to enroll with an EW's help?

39% of patients said that they would be more likely to sign up for social aid programs they are eligible for if an EW at the CHC would help them.

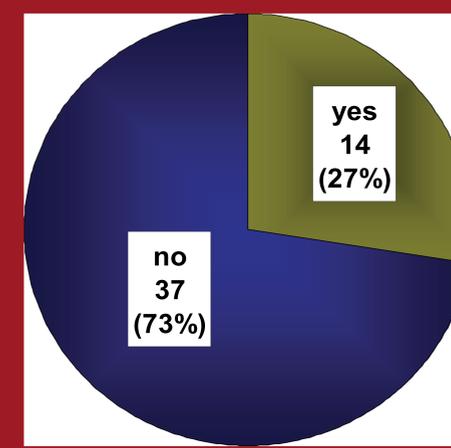


Figure 2. Are patients unaware of programs for which they may be eligible?

27% of patients were interested in programs for which they appeared to be eligible, yet were unaware of their eligibility until we administered this survey.

Discussion

- In the patient population interviewed, we found considerable interest in an eligibility worker. Educating patients about what programs they may be eligible for (part of an EW's job) increased interest in enrollment in social aid programs for 27%. Having access to an EW for assistance with the enrollment process increased interest in enrollment in 39% of patients surveyed. Given an estimated CHC clientele of 13,000, our findings suggest that 5,070 patients may benefit from the services of the EW (4).
- The population interviewed seems to have better insurance coverage than the general CHC population: 10.6% of interviewees were uninsured, while 27% of the entire CHC population is uninsured (4). Therefore, this subgroup interviewed may actually be less likely to express interest in an EW as compared to the entire CHC patient population simply because they are already receiving adequate assistance and do not need additional enrollment help or social service aid.
- At the end of our survey, we asked patients if there were any reasons why they were not interested in enrolling in more programs. Some common responses were: "already receiving needed services" (10 people, or 19%) and "not eligible for programs that they are interested in" (8 people or 15%). The latter response may indicate that patients may underestimate their eligibility for programs that we considered them eligible for (based on family size and income). Alternatively, our criteria of family size and income level may have been too crude to accurately estimate eligibility.



Lessons Learned

- 10.6% of the patients interviewed were uninsured, while 27% of the entire CHC population is uninsured (4). Because our population is not representative of the entire CHC, it may be beneficial to interview a wider scope of community members in future studies.
- Increasing the number of patients that are enrolled in insurance and other social programs benefits both patients (quality of life) and the CHC (financial sustainability and range of services available).
- Most patients interviewed reacted positively to being interviewed, expressing that they wanted to help contribute to improving their community and healthcare.
- Approximately 12% of patients interviewed were participants in the refugee resettlement program (RRP) and were enrolled in all social service programs available to them. These patients indicated that they were not interested in an EW's help, but it is notable that they are already successfully enrolled in aid programs because of the EW-like role that the RRP plays.
- A large portion of the aid programs listed on our survey were related to health insurance and yet most of the patients interviewed already have health insurance. Future inquiries might assess interest in aid programs unrelated to health insurance, such as educational assistance and employment services.

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