

The Art of Listening: Working with an Advisory Committee to Improve Outreach and Communication to Reach the Remaining Uninsured in Minnesota

2019 ACS DATA USERS CONFERENCE

Washington, D.C.

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Acknowledgements

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Motivation for the project

- Increase in uninsurance rate in Minnesota
 - From 4.3% in 2015 to 6.3% in 2017
- Large variation in uninsurance rates
 - County rates vary from 3.5% to 15%
 - ZIP Code Tabulation Area (ZCTA) rates vary from 1.5% to 33%
- Large percentage of uninsured potentially eligible
 - Over 50% potentially eligible for public programs

Sources: 2017 Minnesota Health Access Survey and 2012-2016 American Community Survey



Project overview

Purpose: To provide a detailed description of the geographic location and demographic characteristics of the uninsured in Minnesota and the community context in which they live.

Advisory committee

Composition:

- (1) Leaders from the Minnesota navigator organizations
- (2) Members of the Minnesota health policy community

Mission: Guide the interpretation and presentation of data, implications and creation of dissemination products

Three Meetings: August 2018, October 2018, March 2019



Our initial approach

Data Source: American Community Survey (ACS) 5 year AFF file 2012-2016

Geography: "Hotspots" defined as statewide communities with highest number or rate of uninsured (top ZCTAs and Counties)

Profiles: Characteristics of the uninsured and general population for each hot spot community compared to statewide estimates

Deliverables: Hotspot profiles with comparisons to statewide estimates



Four Lessons

Lesson 1: Users want estimates at the lowest geography available

Issues	How Addressed
	Included community profiles for
Policy experts and navigators	all ZIP Code Tabulation Areas
want more areas included	(ZCTA)
	Explained tradeoffs necessary to
Budgets are constrained	accommodate the change
	Used clear documentation, a
Amount of data can be	regional focus and simple
overwhelming (e.g. 900 profiles)	interfaces
Estimates can have high levels of	Suppressed ZCTAs if RSE>30% or
uncertainty	uninsured<50



Lesson 2: Allow enough resources to make products understandable

Issue	How Addressed
Are the clients comfortable with using the applications and do they understand the estimates?	Limited the Use of Jargon Explained suppression rules clearly Walked through the application and estimates Provided clear documentation Explained differences between rates and characteristics Provided examples in narrative form on tables Provided maps for context



Lesson 3: Use the specialized knowledge of the committee

Issue	How Addressed
Committee members have specialized expertise that will improve the project.	Constantly asked for feedback Beta tested applications Requested data to which only committee members have access Engaged in informal after meeting conversations

Lesson 4: Check to see if applications and estimates are being used

Issue

The end goal is to provide applications and estimates that are used

Responses from Committee Members

Yes they are being used for the following:

To apply for grants

To improve targeting of outreach

To forge partnerships

To communicate with policymakers

Other organizations that could benefit

from this research:

County Health Services

Hospitals and insurers

Advocacy groups

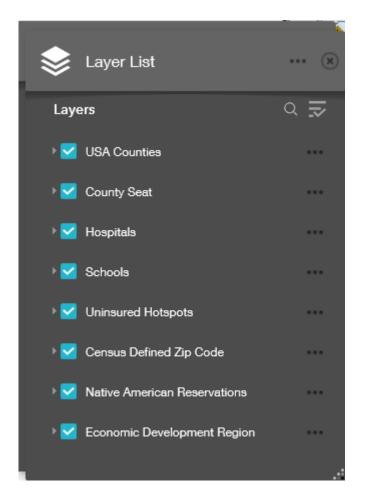
Schools and health equity groups

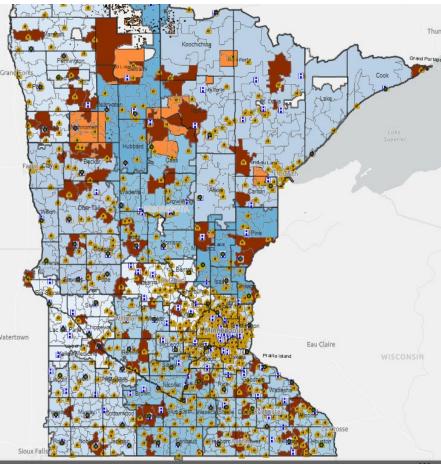


Community Profiles

Walk through of Community Profile Excel Workbook

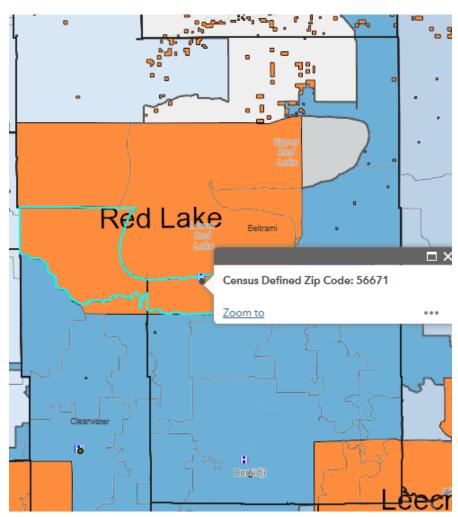
Interactive Map: Layers





Interactive Map: ZCTA Location





Next Steps

Update to 2013-2017 estimates

Finalize the community profiles

- Change titles to reflect committee recommendations
- Improve the ability to save and print
- Make the hot spot definition more intuitive
- Change the application to allow for comparisons

Finalize the interactive map

- Add navigator contacts and catchment areas
- Add link to the Minnesota Health Insurance Marketplace enrollment site



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