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

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

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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

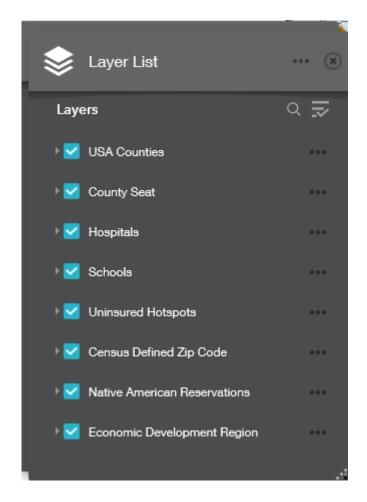| Issue	Responses from Committee Members
The end goal is to provide applications and estimates that are used	Yes they are being used for the following:
	To apply for grants
	To improve targeting of outreach
	To forge partnerships
	To communicate with policymakers
	Other organizations that could benefit from this research:
	County Health Services
	Hospitals and insurers
	Advocacy groups
	Schools and health equity groups

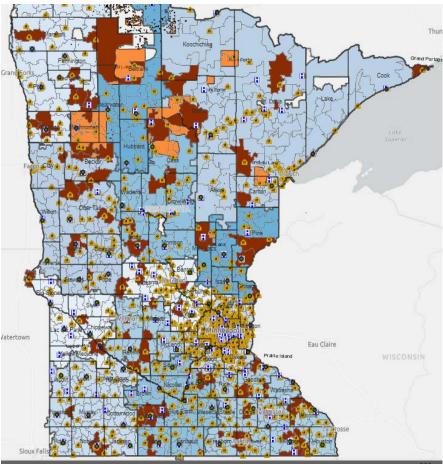shadac
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Community Profiles
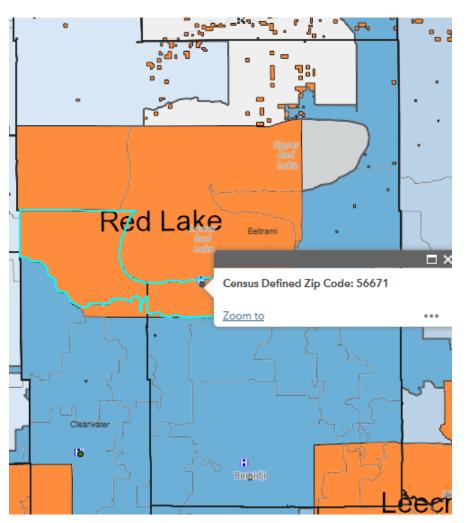
Walk through of Community Profile Excel Workbook

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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