

Options for Local and County Solutions to Healthcare

Enrolling eligible citizens: Some communities started to address the issue through programs that educated citizens about what kinds of healthcare they may qualify for, helping them to enroll and assisting with removing the stigmas around accessing publicly subsidized healthcare programs. The following suggestions are for both enrolling citizens in currently available programs and in new programs the community has developed.

- Out-stationing – provide enrollment specialists in places where people go in normal life such as schools, churches, etc.
- Provide material in appropriate language(s) and written at an appropriate educational level for everyone to understand.
- Enlist community volunteers who are trusted within the neighborhoods and populations you want to reach. These volunteers can either be trained to be able to register people themselves or can be asked to encourage their neighbors and friends to get themselves enrolled.
- Create user-friendly enrolment areas – this includes logistics such as a child play area, being by public transportation, having workable hours for the population being addressed and also includes environment such as comfortable places to sit and/or wait, color and light, etc.
- Provide enrolment cards that look like cards for private insurance companies. This can help people feel less self-conscious about using their insurance.
- Provide scholarships to cover enrolment or re-certification fees. (Colorado does have fees)
- Simplify the forms that are required or provide forms and / or the ability to determine eligibility that cover multiple program options.
- Encourage all eligibility programs to check the healthcare status and eligibility of their clients.

- Think of all the people / professions in the community that can assist with identifying individuals who may be eligible for coverage and encouraging them to enroll.
 - Healthcare providers and hospitals (when people come to the provider for the service).
 - Free and reduced lunch programs in public schools.
 - Coaches for junior high and high school athletes whose students may not have insurance.
 - School nurses.
 - Guidance councilors and school social workers.

Community-based coverage programs: These are programs that are mainly focused on underinsured and uninsured populations. These programs are formulated in partnership with individual, private institution and community funds. Some programs use additional funds such as gifts from foundations etc. Most of these programs cover an individual county.

Buncombe County, North Carolina – doctors agreed to serve people for free, hospitals offered free necessary follow-up care, pharmacists provided meds at wholesale minus ten percent, county paid for meds with a small participant co-pay

Hillsborough County, Florida – half-cent sales tax that effectively funded universal healthcare in the county.

One county raised money to match the federal money available from the Disproportionate Share Hospital Funds that the state was not receiving since the state didn't provide matching dollars. The county gave the matching funds to the state, which then returned them with the additional draw-down dollars.

Working with small businesses: In many areas it is difficult for small business to find affordable insurance policies for their workers. Some

communities have tried to help small businesses and the self-employed access affordable insurance.

Muskegon County, Georgia – small business insurance (eligibility full or part-time workers who make \$10 or less and don't have health insurance)

Employers 30%, employees 30%, community match 40%. This program was later expanded the program to cover indigent patients.

Working with providers: It is getting more difficult to find providers who will offer pro-bono services and even providers who will accept subsidized health insurance. The programs are too bureaucratic, there is too much paperwork, payments are very slow or sometimes not made at all, and payments often don't cover cost. Work with providers to find out what a community can do to help them so more of them will accept subsidized insurance and offer other options such as payment plans, etc.

Mesa County, Colorado – trained providers and their staff on how to work with Medicaid, including how to navigate the paperwork and expedite the reimbursement process.

Community benefits: This is the idea of getting for-profit organizations in your local community to provide unreimbursed services, in this case specifically to meet specific health needs for the community as a whole. The resource list contains a workbook that helps communities identify a diverse group of organizations that may provide community benefits, decide what is or is not a community benefit, and develop a campaign to increase the benefits their community is receiving.

Redefining “healthcare” and “healthcare provider”: The literature also encourages communities to think as broadly as possible about what is involved with healthcare. For example, a social worker may provide a client with the initial screening, referrals and encouragement to seek care before they see a doctor. They may also discuss healthy habits such as making an exercise plan, changing a diet, taking prenatal vitamins, etc. Often people

outside of the doctors office or hospital can have a positive effect on the health of others and may have more influence on their behavior or beliefs. Communities should consider both preventative efforts and programs such as support groups or smoking cessation classes as parts of the entire healthcare services spectrum. None of these things are a substitute for need care but should be considered in a creative community-health plan.

Money from the government: There are many scattered programs such as Program, the Maternal and Child Health or Presidential Initiative On Community Health Centers that offer grants to support healthcare. These grants are usually for targeted populations or programs however. In addition, here are a few legal issues that were highlighted in the documents, which provide barriers to communities looking to provide health coverage:

- Even legal immigrants have eligibility limitations such as the amount of time they must be in the country.
- Women are required to provide information about non-custodial fathers.
- School-based clinics are often not Medicaid providers.
- States capping or freezing enrolment (TABOR is a big problem with this)
- Difficult to enroll adults, even adults that are in the same family such as grandparents or fathers, etc.
- States providing inadequate payments to providers.
- Regulations, such as the one recently passed in Colorado, requiring proof of citizenship for services.

General Resources

Colorado Health Initiative: <http://www.cohealthinitiative.org/>

Health Care for All Colorado: <http://www.healthcareforallcolorado.org/>

[The Colorado Health Institute](#) (CHI) is working to improve the health of Coloradans through the dissemination of objective, impartial information for sound decision-making.

[The Colorado Coalition for the Medically Underserved](#) (CCMU) is working to ensure that everyone in the state will have access to affordable, quality health care and prevention programs by 2007.

[Colorado Department of Health Care Policy and Financing Colorado Minority Health Forum](#) The mission of the Colorado Minority Health Forum is to improve the health status for communities of color in Colorado. The Forum engages in discussions concerning health-related topics that affect persons of color.

[The Colorado Public Health Association](#) (CPHA) works together to assure Healthy People and Healthy Places in Colorado by: Bringing Together People, Groups, and Organizations; Creating a Diverse Forum for Dialogue and Exchange of Ideas on Health and Environment Issues; Leading and Advocating for Public and Environmental Health; Promoting Professional Growth of Members.

[Colorado Rural Health Center](#) The Colorado Rural Health Center (CRHC) is an independent, non-profit, membership-based organization that serves as the state office of rural health for Colorado. The Colorado Rural Health Center offers programs and services to ensure that rural communities have access to adequate healthcare.

National Organizations

[Families USA](#)

[Kaiser Daily updates](#)

[The Center for Studying Health System Change](#) is a nonpartisan policy research organization committed to providing objective and timely insights on the nation's changing health system to help inform policy makers and contribute to better health care policy.

[The Commonwealth Fund](#) is a national foundation that does independent research, and publishes papers and reports on health and social policy issues.

[Consumers Union](#) is the nonprofit publisher of Consumer Reports magazine. The Health Care page of the site provides informative and educational materials developed by Consumers Union's advocacy offices on health care affordability, Managed Care, and Health Care reform issues

[Federal Office of Rural Health Policy](#)

[The Health Privacy Project](#) is dedicated to raising public awareness of the importance of ensuring health privacy in order to improve health care access and quality, both on an individual and a community level. The Project is a part of the Institute for Health Care Research and Policy at the Georgetown University Medical Center. It is funded primarily by the Robert Wood Johnson Foundation, the Open Society Institute, the Kellogg Foundation, the California Healthcare Foundation, and the Glen Eagles Foundation.

[National Conference of State Legislators](#)

[National Health Law Program \(NHeLP\)](#) is a national public interest law firm that seeks to improve health care for America's working and unemployed poor, people of color, the elderly, and people with disabilities. NHeLP serves legal services programs, community-based organizations, the private bar, providers, and individuals who work to preserve a health care safety net for the millions of uninsured or underinsured low-income people

[Rural Policy Research Institute](#)

[Universal Health Care Action Network \(UHCAN\)](#) a nationwide network that

promotes comprehensive health care for all through education, strategy development and advocacy.

[Urban Institute](#) The Urban Institute provides fresh perspectives and research of record on vital national issues.

[Community Catalyst](#) Community Catalyst is a national advocacy organization that builds consumer and community participation in the shaping of our health system to ensure quality, affordable health care for all.

[Cover the Uninsured Week](#)

[Centers for Disease Control \(CDC\)](#)

[Center for Medicaid and Medicare Services \(CMS\)](#) - Medicare and medicaid information www.hcfa.gov

[HealthFinder](#) , a gateway site to help consumers find health and human services information quickly. It includes links to more than 1,250 sites including government, university and other consumer health resources.

[Health and Human Services \(HHS\)](#)

[Institute of Medicine](#) - part of the National Academy of Sciences; they publish objective and authoritative information on a variety of health topics.

[NIH](#)- access point to the consumer health resources of the National Institutes of Health

[National Institute on Aging](#). covers a wide range of topics including specific diseases or health conditions to treatments and research