

Role of Local Health Departments as Navigators: Findings from 2014 Forces of Change Survey



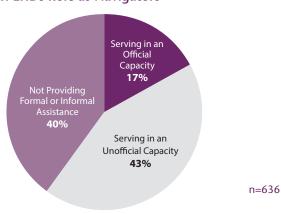
Background

The Patient Protection and Affordable Care Act (ACA) established the role of specially trained navigators* to enroll people in a health insurance plan from a state or federal health exchange or marketplace. Navigators help consumers prepare electronic and paper applications to establish eligibility and enroll for health insurance coverage, and provide outreach and education to raise awareness about the state or federal health insurance exchange or marketplace. This research brief provides insight into the extent to which local health department (LHD) staff are serving in an official or unofficial capacity as navigators in their communities.

*DEFINING NAVIGATORS

Personnel trained to help people enroll in health insurance under the ACA are sometimes referred to as navigators, in-person assisters, or certified application counselors. While their roles vary slightly, this research brief refers to all of these personnel as navigators.

FIGURE 1: LHDs Role as Navigators



The role of LHD staff as navigators varies across the United States (Figure 2). More than 80 percent of LHDs provide formal or informal assistance in 14 states and DC, while in eight states less than 40 percent of LHDs provide any assistance.

FIGURE 2: Percentage of LHDs Providing Official or Unofficial Assistance as Navigators (by State)

Results

Role of LHDs as Navigators

Few LHDs (17%) serve in an official capacity as navigators (Figure 1). Most LHDs provide informal assistance or referrals to help people enroll in health insurance (43%), or do not provide any formal or informal assistance (40%).

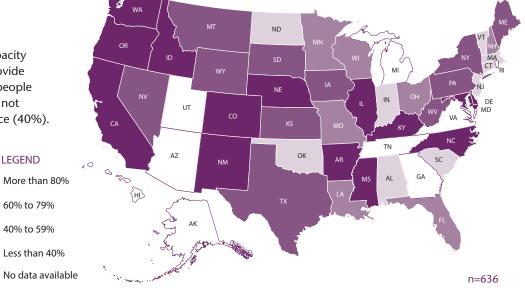


FIGURE 3: LHDs Role as Navigators (by LHD Characteristics)

LHD Characteristics	Serving in an Official Capacity	Providing Assistance but Not in an Official Capacity	Not Providing Formal or Informal Assistance
All LHDs	17%	43%	40%
Size of Population Served			
<50,000	13%	38%	49%
50,000–499,999	23%	46%	31%
500,000+	13%	59%	28%
Type of Governance			
State	17%	43%	40%
Local	17%	41%	42%
Shared	14%	56%	31%
LHD in State Expanding Medicaid			
State Expanding Medicaid	24%	38%	38%
State Not Expanding Medicaid	9%	47%	43%

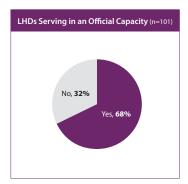
n=636

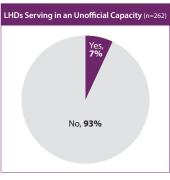
Staff in medium-sized LHDs (those serving between 50,000 and 499,999 people) are more likely to serve in an official capacity than staff in smaller or larger LHDs (Figure 3). Most LHDs serving larger populations provide informal assistance (59%) while nearly half of LHDs serving less than 50,000 people are providing neither formal nor informal assistance (49%). LHD staff are also more likely to serve in a formal role in states that are expanding Medicaid through the ACA. Similar percentages of LHDs governed by local, state, or shared authorities are serving in an official capacity as navigators.

Financial Support

Nearly one-quarter of LHDs (23%) serving in an official or unofficial capacity as navigators receive financial support for this work (not shown). Financial support is more common for LHDs serving in an official role: Of those LHDs serving in an official capacity, 68 percent receive financial support for their work compared to seven percent of LHDs serving in an unofficial capacity (Figure 4).

FIGURE 4: Percentage of LHDs Receiving Financial Support to Assist with ACA Enrollment





Other Organizations Providing **Navigators**

Healthcare providers, community non-profit organizations, and other local government agencies are most likely to provide navigators in their communities (Figure 5). Almost one-fifth of LHDs (19%) do not know which organizations provide this service to members of their community.

FIGURE 5: Types of Organizations Providing Navigators

Type of Organization	Percentage of LHDs
Healthcare Providers	52%
Community Non-Profit Organizations	38%
Other Local Government Agencies	27%
Licensed Insurance Agents and Brokers	24%
Local Health Departments	20%
Trade, Industry, or Professional Associations	5%
Organizations that Serve Employers	5%
Other Type of Organizations	<1%
Do Not Know	19%

n=632

[RESEARCH BRIEF]

May 2014



Nearly three-quarters (72%) of LHDs reported that one or two different types of organizations in their communities provide navigators, with larger jurisdictions typically reporting more types of organizations than smaller jurisdictions (not shown). In small jurisdictions (less than 50,000 people), nearly half of LHDs (46%) reported that only one type of organization provides navigators. In large jurisdictions (500,000 people or more), two-thirds of LHDs reported that three or more types of organizations provide navigators.

Discussion

LHDs are uniquely positioned to assist community members to enroll in state and federal health insurance exchanges. Many community members could be eligible for health insurance under the ACA and LHDs are an important resource for them. Yet few LHDs serve in an official capacity as navigators. While 42 percent of LHDs reported conducting outreach and enrollment for medical insurance (including Medicaid) in the 2013 National Profile for Local Health Departments, 1 only 17 percent reported serving in an official capacity as navigators. More LHDs provide informal assistance to members of their community, but few receive financial support for this work.

While LHDs report that other organizations, such as healthcare providers and community non-profit organizations, provide this service, these organizations may not be able to reach all those who may be eligible for health insurance. Future funding for navigators is uncertain, but if funding should become available, the federal government should establish a network of LHDs to enroll community members in health insurance.

Methods

NACCHO distributed the Forces of Change Survey to a statistically representative sample of 957 LHDs in the United States from January to February 2014. The survey included questions on the role of LHDs as navigators. A total of 648 LHDs completed the survey (response rate of 68%). NACCHO generated national statistics using estimation weights to account for sampling and non-response. All data were self-reported; NACCHO did not independently verify the data provided by LHDs. A detailed description of survey methodology is available on NACCHO's Forces of Change webpage at www.naccho.org/topics/research/forcesofchange.

References

1. National Association of County and City Health Officials. (January 2014). 2013 National Profile of Local Health Departments. Retrieved April 3, 2014, from http://nacchoprofilestudy.org/wp-content/uploads/2014/02/2013 National Profile021014.pdf

Acknowledgments

This document was supported by the Centers for Disease Control (Cooperative Agreement #1U38OT000172-01) and by the Robert Wood Johnson Foundation in Princeton, NJ. NACCHO is grateful for this support. Its contents are solely the responsibility of NACCHO and do not necessarily represent the official views of the sponsors.

For more information, please contact the Research & Evaluation Team at research@naccho.org.





The mission of the National Association of County and City Health Officials (NACCHO) is to be a leader, partner, catalyst, and voice for local health departments.

1100 17th St, NW, 7th Floor Washington, DC 20036

P 202-783-5550 F 202-783-1583

© 2014. National Association of County and City Health Officials.