

Formative Research on the Low Income Not Enrolled Population
Office of External Affairs
Strategic Research & Campaign Management Group
Division of Research

Please Note: This study is qualitative in design. As such, findings cannot be quantified with any degree of confidence or reliability. Rather, the research looked for trends and patterns to help us better understand the targets' attitudes and opinions. These insights should not be projected across the beneficiary audience as a whole, as there were a limited number of respondents and locations used in the research.

Objectives

- To better understand why low income subsidy eligible population in rural and urban markets have not applied for the subsidy or enrolled in Part D
- To identify effective messages, materials and tactics to reach low-income and low literacy beneficiaries with information about the Low Income Subsidy, including, sources of information and channels that these beneficiaries trust and use for information about health care

Methods

- One-on-one interviews took place with low income seniors that had not yet signed up for Part D. A total of 28 interviews took place in rural markets (in Beaver Dam, WI and in Lebanon, PA) and 18 interviews took place in an urban market (Brooklyn, NY) in November 2007. Interviews were conducted in trusted local organizations; a senior center and libraries in the rural cities. A focus group facility was used in the urban city for the interviews. Discussion covered topics, including: awareness of LIS, beliefs and attitudes toward receiving a subsidy for Part D; knowledge of existing outreach efforts to enroll respondents in LIS; and barriers and motivators to enrollment.
- Telephone interviews took place with 19 partners that work directly with beneficiaries in each of the above markets, as well as other cities that represent markets with above average poverty and below average rates of LIS enrollment (Bradenton, FL, Harrisburg, PA, McMinnville, TN, Mount Airy, NC and Jones County, NC)

Findings

Both Markets:

- In both markets, most respondents do not currently take any prescription drugs, are in generally good, health, and do not anticipate needing any prescription for several years. They have also heard the Part D drug costs are high and they do not intend to sign up for it until they absolutely need it.

- A select group in both markets had concerns over providing personal information on the SSA application.

Rural

- During the recruitment process, over 1,000 potential respondents refused to even answer the initial screening questions.
- A strong sense of pride and desire for independence is a barrier. Some equate it to asking for a handout, getting welfare, are stigmatized in their communities.
- Although grateful for Medicare, they have a very little awareness of any mailing or other communication from CMS, and therefore no 'relationship' with them.
- Some rural respondents assume they will not qualify based on their stocks, land or other investments.
- Some rural respondents are hesitant to call CMS or SSA for help due to a sense of intimidation. They have little experience contacting them for any reason.

Urban:

- Respondents were more apt to have gathered little or no information on options available to them for prescription drug coverage. They are less willing to rely on or trust local resources established to help older adults; question reliability and accuracy of information.
- Respondents are more likely to say they would prefer to contact Medicare or SSA directly if they wanted to apply for the extra help, rather than going to a community organization. Though many appear to be more socially connected than their rural counterparts, they seem to have fewer ties to senior-specific activities and groups such as senior centers. (However, many are at least peripherally aware of events at their local senior center.) Exceptions to this are a few respondents who already had strong relationships with community organizations before they retired (e.g. a union or ethnic group such as the United Jewish Organization).

Partners:

- Partners believe the key to successful outreach initiatives have been one-on-one contact. This is most easily achieved through community partnerships, both in traditional health settings and elsewhere (e.g. drug stores, libraries, senior centers, health fairs).
- Community partners strongly encourage partnerships with churches, particularly in terms of their ability to access the harder to reach and vulnerable. Church leadership are some of the most respected individuals in the communities and carry significant weight with those who might be too proud to accept help. Churches may have further reach with faith based newspaper, bulletins, etc.

Recommendations

Rural

- Messages aimed to overcome pride and independence is critical to reach rural seniors to apply for and accept the LIS. Messages should be placed in radio and newspapers as these are key sources of information for this population.
- Calls to action should be through local means for rural seniors. This population also expresses greater reliance on in-person resources such as local insurance agents, trusting them with all type of financial and insurance decisions. Working with these agents, and other local partners might be another outreach method to reach this population.
- Using caregivers is also a recommended approach to reach rural seniors, as many are living with their children or report trusting their children's advice with their decision making.

Urban

- Messages for urban seniors should focus on LIS awareness and facilitating the enrollment process. Mass media such as direct mail and TV are more influential means of communication for this population.