UTAH HEALTH POLICY PROJECT
Quality Health Care Coverage for All Utahns

HB131 Community-Based Self-Sufficiency Minigrants *(Rep. Seelig)*

Promoting Health Literacy and Personal Responsibility for Health Care Coverage

SUMMARY

HB131 established a "mini-grants" program to facilitate outreach to *high-risk* (rural, ethnic, under-educated) populations currently under-enrolled in cost-effective health insurance, premium assistance, and medical assistance programs. In this unique approach to 'mini-grants,' grantees must not only identify and enroll but also teach families how to make appropriate and effective use of health care benefits. Under this proven approach, qualified community based organizations (CBOs) can apply for mini-grants in the $30-$50,000 range to help high-risk, underserved families…
1) Apply for premium assistance or medical assistance;
2) Maintain enrollment and navigate their benefits;
3) Learn to make efficient and appropriate use of health care benefits, including establishing a medical home.

A random, controlled 2005 study published in *Pediatrics* found that community-based case managers are more effective than traditional outreach approaches in reducing the number of high-risk uninsured children.

BACKGROUND

Under the mini-grants, CBOs serve as a bridge between high-risk families and cost-effective medical assistance and premium subsidy programs. A major benefit of using CBOs is their constant presence and accessibility to high-risk families.

The demographic characteristics of Utah's uninsured underscore the need for more targeted, community-based approaches to outreach. Utah's uninsured are more likely …

- Hispanic (30% vs. 6% of insured).
- Living below poverty (32.4% vs. 6.4% of insured).
- W/out a high school diploma or rural homemakers.

Several rural areas are experiencing higher than average rates of uninsurance (*see table at right*).

Uninsured Rate by Race/Ethnicity 2005-2006

American Indian/ Alaska Native	19.5%
Asian	6.2%
Black or African American	26.4%
Native Hawaiian/ Pacific Islander	11.0%
Hispanic/Latino*	34.3%
White	9.1%

Source: Utah Health Status Survey, 2007.

Key Steps in Implementation

Based on a review of other states' minigrants initiatives, we recommend these initial key steps:

1. Distill lessons learned from other states using expertise from National Council of La Raza;
2. Form advisory/grant selection committee under direction of Health System Improvement Division, Department of Health;
3. Develop selection criteria (ex: budget ranges of CBOS, target populations, and regions);
4. Develop guidelines, evaluation criteria, RFP, and training module for applicants;
5. Conduct 2 technical assistance informational sessions in 2 parts of state (can be video conferenced at AUCH);
6. Process grant applications;
7. Form learning group for new grantees.

Uninsured by Region, 2003-07

	2003	2005	2007
Statewide	9.1%	11.6%	10.6%
Bear River	7.8%	9.9%	13.5%
Central	10.7%	14.6%	14.7%
Davis	4.7%	8.4%	7.1%
Salt Lake	8.2%	11.4%	9.3%
Southeastern	15.4%	12.5%	14.5%
Southwest	17.0%	14.7%	22.6%
Summit	5.6%	12.7%	7.9%
Tooele	5.5%	8.1%	5.5%
Tri County	12.8%	11.8%	12.3%
Utah County	10.8%	11.8%	11.2%
Wasatch	17.9%	9.9%	11.9%
Weber-Morgan	8.3%	14.2%	6.4%

Source: Utah Health Status Survey, 2003-2007. Significant changes are shown in red

For further information contact Judi Hilman, Utah Health Policy Project: (801) 433-2299 or Isabel Rojas, MHN Coordinator: (801) 898-3923