Educating New York City Residents to Benefits of Medicaid

RAYMOND S. ALEXANDER, M.B.A., M.S., and SIMON PODAIR, M.A.

A COMPLEX health-related law such as Medicaid often creates apathy and incomprehension in the community. The public does not understand the meaning and significance of the law and is confused by conflicting interpretations. Although the need to disseminate information is imperative, often there is no program to inform the public following enactment of health legislation affecting millions of people.

What has distinguished New York City from the rest of New York State, and, in fact, from the rest of the United States, has been the deliberate policy of publicizing and encouraging all eligible persons to enroll in the Medicaid program. The staffs of the city's departments of health and social services were faced with a difficult challenge in interpreting the law to the public and in enrolling eligible persons. Medicaid had been enacted into law on April 1, 1966, with the passage of title 11 of the State Social Welfare Law.

In analyzing the enrollment totals in the spring of 1967, an interdepartmental management group consisting of assistant commissioners from the departments of health and social services discovered that the response to the Medicaid program from people in the general community, who were not actively seeking medical care, was less than enthusiastic. A study was made of reports from the city's health and social service centers to determine why the public was not responding. It revealed a general lack of knowledge as to Medicaid and its benefits, confusion with Medicare, and a belief that one had to be on the welfare rolls to be eligible.

A concerted public information campaign obviously needed to be launched. The results of the study and subsequent recommendations were given to the Commissioner of Health and the Commissioner of Social Services. If the preventive health benefits of Medicaid were to be realized, it was felt that New Yorkers should enroll in advance of serious illness.

Early in May 1967, the Commissioner of Health decided that the full weight of the health department should be put behind a massive enrollment drive to assist the New York City Department of Social Services in carrying out the mandate of the Medicaid legislation.

The campaign was kicked off by the mayor of New York City who designated June as Medicaid Month at a press conference on June 6, 1967. Our entire efforts centered around his proclamation. The program, however, was extended 8 weeks beyond June 30 because of its success and the need for followup.

Who were we trying to reach in our mass enrollment drive? More than 3 million persons in New York City were estimated to be eligible under the original New York State Medicaid

Mr. Alexander, formerly assistant commissioner, Health and Medical Insurance Programs, New York City Health Department, is deputy administrator, Montefiore Hospital and Medical Center, Bronx, N.Y. Mr. Podair is director, Medicaid Health Education, New York City Health Department.

law, 2 million of whom had not enrolled. Medicaid's eligibility ceiling of a $6,000 annual income for a family of four was higher than the income limit for those receiving public assistance. Within this group were families who had been conditioned to believe that government-supported health care was only for the poor. We felt that these working families above the public assistance level were the ones who most needed Medicaid's preventive and diagnostic services to remain productive wage earners.

Another target group was the aged—one of the country's prime poverty groups in need of expanded community health services. Medicare does not include such high cost services as prescription drugs, dentistry, extensive podiatry, and optical services, but these services are available under Medicaid. The elderly were generally unaware that they could receive medical care through both Medicare and Medicaid.

Once we had selected our target groups, we discovered that there were many obstacles to the success of the enrollment drive. Health educators working with various community groups and neighborhood leaders reported that people who were potentially eligible shied away from registering because of lack of understanding, misconceptions as to the meaning of the program, and reluctance to give data on their financial status. Perhaps the most formidable obstacle was public apathy. Health care connotes problems, pain, and payment of bills. Most people do not become concerned about health care until illness strikes.

Our task was to overcome this apathy and to arouse public interest. But even after the apathy receded, other roadblocks hampered our progress. Enrollment was the responsibility of the department of social services which, in most minds, linked the program with welfare. This link, to many aged persons, was a stigma that interfered with effective communication. "If it's welfare I don't want it," was the typical reaction of New York's aged.

Content of Campaign

Early in our campaign it became necessary to dispel widespread misinformation. The feeling persisted among aged residents that eligibility for Medicare precluded eligibility for Medicaid. A great deal of confusion also existed regarding income and saving requirements and the extent of services offered. Because this was the first time that such extensive health services were offered, it was difficult to convince an incredulous public of the scope of the program.

To overcome general misunderstanding, apprehension, and apathy, we stressed these basic points:

1. Medicaid was not welfare, but a tax-supported health benefits program available to all residents of New York who met eligibility requirements.

2. An aged person could be eligible for both Medicare and Medicaid and benefit from Medicaid's more extensive services.

3. In order to be eligible for checkups and preventive examinations, New Yorkers had to enroll before onset of illness.

4. It was as much the health department's responsibility as the department of social service's to encourage enrollment.

5. A family of four netting $6,000 after tax deductions was eligible for Medicaid.

6. The health services offered included physician's services, dentistry, optometry, podiatry, drugs, home health and ambulance services, sickroom supplies, eyeglasses, and hearing aids.

By limiting our message to these points, we were able to simplify a program that seemed formidable, even to the informed.

The Health Aspects

Throughout our campaign great stress was placed on the health aspects of Medicaid. It has already been pointed out that although Medicaid was a health services program, enrollment was administered by the department of social services. This arrangement meant that important health concepts could be overshadowed by red tape in enrolling, determining eligibility, and issuing identification cards.

The campaign to publicize Medicaid gave us an opportunity to reach the public with these important health concepts: (*a*) the preventive medicine features of Medicaid—coverage for regular checkups, immunizations, and dental checkups; (*b*) the importance of choosing a source of health care, whether a physician in private or group practice or with a clinic; (*c*) the significance of early detection of dis-

Medicare information is broadcast on a busy street

ease; (*d*) the importance of proper treatment of disease; and (*e*) the contributions of podiatrists, optometrists, and other members of the health team who were formerly overlooked by public health agencies.

These health benefits were brought to the attention of the public as incentives for enrolling in Medicaid. By conducting a health-oriented campaign, we were able to emphasize the practical goals of public health through the means of a publicly funded health care program.

Community Involvement

As in most health programs, dissemination of information was insufficient. To reach the public effectively, we had to focus on community involvement. The organization of the New York City Health Department lent itself to this task.

The department is divided into 30 health districts, with a health officer as its administrative head. A key community health worker on the health officer's staff is the health educator. The health educators were mobilized by the the bureau of public health education to obtain community support for the enrollment drive. They contacted the major community-oriented groups in their neighborhood and discussed the part they could play in our campaign. Special emphasis was placed on reaching the following community leaders.

Professional leaders—ministers, community organizers, social workers, and health workers
Active lay leaders—PTA presidents, church workers, and leaders of older citizens' resident groups
Informal leaders—the owner of the corner grocery where neighbors congregate or an active block worker in the community.

Volunteers assisting the local health educator included active community workers from antipoverty agencies and members of the auxiliary police. The auxiliary police are citizen volunteers who assist the police department in emergencies. Their help was obtained through the cooperation of the mayor's New York City Volunteer Council and the Civil Defense Division of the New York City Police Department.

Orientation sessions on Medicaid for the auxiliary police and other volunteers were organized on a borough basis and were led by staff from the departments of health and social services. The purpose of the orientation sessions was to equip volunteers with sufficient knowledge to answer simple questions about Medicaid at the locations.

Essentially the role of the community's leaders in the Medicaid drive, both as individual citizens and as a group, was twofold: (*a*) to reach their contacts with the overall Medicaid message and (*b*) to direct persons who might be eligible for Medicaid to the registration centers maintained by the departments of health and social services.

Techniques Used

The techniques used to implement the program were varied. Health workers have questioned the contributions of printed materials and meetings in motivating people for better health. The role of TV and other segments of the mass media has been denigrated, yet the commercial advertisers are quite effective in motivating the public to purchase cigarettes and other products detrimental to health. We did not have the time to engage in community

organization in the textbook sense, but we were able to use a variation of this technique—community mobilization.

Neighborhood Medicaid Days. These were held 5 days a week for 12 weeks. Sound trucks with Medicaid banners, manned by the district health educators and volunteers, were stationed at busy street locations to broadcast the points we were trying to make. These locations had been selected by the staffs of the health centers and local community groups to enable the district health educators and volunteers to answer questions of passers-by on Medicaid.

Applicants were not registered at the street locations because of the lack of privacy and the detailed form that had to be completed. Passers-by with complex questions were referred to the special Medicaid registration centers. Persons interested in enrolling were given an application and asked to bring the completed application to a registration center.

Because of people's interest, health educators and volunteers were kept busy answering questions and making referrals to the Medicaid registration centers. At some crowded street locations, persons expressed surprise at the availability of the Medicaid program. Further surprise was evidenced when we described the range of health services. Mingled with this surprise were expressions of approval at the interest of the government in their welfare. Aged residents especially voiced these feelings. One elderly man approached a health educator and said, "Who would think the government would be so good to me."

Most persons were impressed with the availability of complete health care. Dental care, for example, seemed to be of great concern to those who spoke approvingly of the program. The following criticisms were voiced, however.

1. Applicants were unable to obtain a physician who would treat Medicaid patients.
2. There were delays in processing applications.
3. There were delays in receiving a Medicaid card, even after the application had been approved.
4. Persons were unable to reach the Medicaid office because of constantly busy telephones.
5. There were also a few complaints about the type of care given by health practitioners.

Most complaints were administrative and were caused by the lack of leadtime to gear up for the program.

The Neighborhood Medicaid Days removed some of the barriers that had been erected between the residents of New York and the Medicaid program. We were, in a sense, decentralizing the enrollment drive to the streets of the city—the most effective level.

Medicaid Shoppers Days. Some department stores cater to a clientele whose income falls within the Medicaid requirements. We decided to set up Medicaid Shoppers Days at which time we could once again present pertinent information on Medicaid. Our concentration point was the Borough of Brooklyn, and our initial step was to meet with the borough president, a man highly respected by the business community. A meeting was called in the borough president's office which was attended by officials of New York City's Health Services Administration and representatives from the leading department stores in the borough.

After considerable discussion, representatives from three stores agreed to cooperate. At these stores, we were allowed to place an information table, manned by the local health educator, on a selling floor for 1 week. The table was identified with a large sign and contained Medicaid literature. The health educator was kept busy answering questions and directing people to the nearest Medicaid registration center. In essence, we had moved our Neighborhood Medicaid Days indoors.

Distribution of literature. In addition to distributing literature in the streets and in department stores, we arranged for the distribution of material through banks, post offices, and supermarkets. With the cooperation of the New York City Board of Education, principals distributed a flyer to the children to take home. The flyer stressed that a family of four earning $6,000 after tax deductions was eligible and urged parents to check with registration centers to determine their eligibility. Thus, we reached thousands of parents who were eligible for Medicaid.

We strived for literature distribution within a meaningful context. Picking up a piece of literature in a bank or a supermarket can have more meaning to the person than a flyer thrust

Health educator briefs young volunteers before they distribute literature on New York's Lower East Side

into the same person's hands as he is hurrying from a subway station or a bus stop.

Use of mass media. For some time, newspapers, radio, and TV had been critical of the Medicaid program of New York City and had publicized its negative aspects. They reported delays in paying practitioners and sluggish processing of Medicaid applications.

Although these criticisms were valid, they were caused by the administrative scope of the program. The department of social services had been diligently trying to solve these difficulties, and they in no way detracted from the fact that persons were receiving health care who had previously suffered from health neglect.

We were able, however, to obtain publicity for our enrollment drive by persuading the press that the city was anxious to meet its responsibilities under the legislation by launching an intensive, well-organized campaign. We asked the press to assist the city in a constructive effort to improve the Medicaid program. We took an aggressive attitude rather than a defensive one. This approach helped negate previous adverse press stories. Major daily and weekly newspapers published stories about our campaign and listed the daily locations for Neighborhood Medicaid Days.

Radio stations in the city broadcast announcements daily, and a leading radio station reached thousands of listeners by broadcasting spot announcements throughout their day's programing. The same station produced a documentary on Medicaid. One TV station broadcast a program in Spanish about Medicaid. Health department officials appeared on TV and radio urging viewers to register for Medicaid if they thought they were eligible. The leading administrators of Medicaid made 25 separate TV and radio broadcasts. Car cards were placed in the city subway system, and posters were distributed to hospital outpatient clinics, health centers, and antipoverty offices.

Evaluation

Our aim was to enroll as many eligible persons as possible, and approximately 450,000 persons applied for Medicaid during and immediately following our campaign. Efforts to enroll eligible persons will continue on an ongoing basis.

Justification for publicizing the services offered by Medicaid is contained in the preamble to the State act which states that "in carrying out this program every effort shall be made to promote maximum public awareness of the availability of and procedure for obtaining such assistance and to facilitate the application for and the provision of such medical assistance."

When cutbacks in Medicaid were being discussed at hearings in Albany some 6 months later, the Commissioner of Health was asked why New York City had such an extensive and expensive publicity campaign. He had to remind the legislators of the intent of the law and of the public health impact of enrollment. He added that the management of newspapers and radio had donated thousands of dollars of free time and space. Compared with the benefits derived by the residents, the cost of reaching more than 450,000 New Yorkers was minimal.

Publicizing the benefits of Medicaid required no special expenditures with the exception of the sound truck which cost $50 a day. Persons

assigned to the campaign were regular employees of the department.

New York City was one of the few jurisdictions in the country to organize a massive Medicaid enrollment campaign. The campaign cannot be judged on a purely statistical basis. Its significance lies far beyond the numbers of persons who applied for Medicaid and even beyond increased public understanding. During the drive the departments of health and social services cooperated closely. It was demonstrated that two large public agencies in a metropolis could work together to heighten public interest in health care. The public was introduced to a concept of total health care—not only care by a physician but also to the services provided by dentists, podiatrists, and optometrists. The public could visualize the wide spectrum of health care that should comprise a complete program.

The program also demonstrated that the public will respond to a health program that has a "gut" basis—meeting the people face to face in the streets. Such an approach tends to remove the barriers between professional health workers and residents. We were conducting a public health education campaign that concentrated on a direct approach to people. In such an approach, newspapers, radio, and TV were effective adjuncts.

Summary

On June 6, 1967, officials of New York City's departments of health and social services started a campaign to enroll all persons eligible for Medicaid. Of the more than 3 million persons who were eligible under the original New York State Medicaid law, 2 million had not enrolled.

Keeping eligible persons from enrolling were a general lack of knowledge of Medicaid and its benefits, confusing the program with Medicare, and a belief that one had to be on relief to be eligible.

Target groups for the campaign were families whose income was above the public assistance level and the aged who could obtain additional services not covered by Medicare, such as prescription drugs, dentistry, podiatry, and optical services.

To overcome apathy and arouse public interest, health educators in 30 health districts were mobilized by the bureau of public health education to obtain community support. Many types of volunteers were used—professional leaders, active lay leaders, informal leaders (such as active block workers), volunteers from the police auxiliary, and persons from antipoverty programs.

Techniques used to inform the public about Medicaid were (*a*) Neighborhood Medicaid Days—sound trucks at busy locations manned by district health educators and volunteers, who answered questions of passers-by, (*b*) Medicaid Shoppers Days—an information table placed in three department stores in Brooklyn to reach shoppers who might be eligible for Medicaid, and (*c*) literature distributed in the streets and through department stores, banks, post offices, supermarkets, and schools.

Newspaper, radio, and television publicity, although previously difficult to obtain, were part of the campaign, and health department officials made personal appearances on TV. Car cards were placed in the city subway systems, and posters were distributed to hospital outpatient clinics, health centers, and antipoverty offices to assure widespread publicity.

Approximately 450,000 persons applied for Medicaid during and immediately following the campaign. Among other benefits realized from the effort was the demonstration that two large public agencies in a metropolis could work together to heighten public interest in health care.

The public was introduced to the components of wide spectrum health care—preventive medicine, the importance and significance of choosing a source of health care before illness, the significance of early and proper treatment of disease, and the contributions of dentists, podiatrists, optometrists, and other members of the health team.