
MODELS FOR PRACTICE

FOCUS AREA: ACCESS (INSURANCE)

Program Name: Inland Northwest in Charge – coordinated by the Health Improvement Partnership

Location: Spokane, Washington

Problem Addressed: Access to Insurance

Healthy People 2010 Objective: 7

Web Address: www.hispokane.org

SNAPSHOT

Inland Northwest in Charge (INIC) is a collaborative project providing services aimed at improving health care access for the uninsured and underinsured spanning all age groups and ethnic groups in 11 rural and urban counties in eastern Washington State. INIC utilizes a variety of community strategies to deliver outreach and training services.

INIC seeks to improve health care access for the uninsured and underserved, including outreach and enrollment efforts for state-sponsored health care.

THE MODEL

Blueprint: Inland Northwest in Charge is a collaborative project coordinated by the Health Improvement Partnership (HIP), a 501(c)(3) nonprofit organization involving representatives from over 200 organizations. INIC seeks to improve health care access for the uninsured and underserved, including outreach and enrollment efforts for state-sponsored health care, referrals to primary and specialty/chronic disease care, designing and implementing an affordable insurance product (which combines public and private dollars) for the working uninsured, and access to additional health-related resources (e.g., affordable pharmaceuticals).

HIP serves uninsured children in Washington State through the Healthy Kids Now! project and serves the uninsured/underserved in an 11-county region of eastern Washington through several projects (Health for All, Covering Kids and Families, and other targeted INIC programs). Most of the counties are rural. Of the 556,540 people in the catchment area, 35 percent live in rural counties. The other 65 percent live in Spokane County, a rural/urban county. Several programs serve rural and tribal communities, children under the age of 19, and uninsured adults and pregnant women. INIC also implements specialized outreach to multicultural communities. INIC interventions take place throughout the community through a variety of partners such as clinics, physician offices, hospitals, health plans, employers, schools, and human services agencies.

INIC provides marketing and outreach services, a staffed hotline for client application assistance, training and technical assistance on state-sponsored health care for community professionals and outreach workers, one-on-one outreach in rural and tribal areas, coalition building, assistance to community partners in program and resource development, and capacity building for outreach and health care access in rural communities. Program coordinators at the Health Improvement Partnership work with diverse community stakeholders to define priorities and workplans. Internal staff, consultants, and contracted workers finalize action plans and implement activities.

Making a Difference: INIC tracks the number of people reached, served, and connected with health insurance and/or primary care. Over 16,000 individuals have been enrolled in coverage or directed to primary care since 1999. Surveys are given to clients regarding their coverage retention and satisfaction with the services. INIC works to build more outcome measures to assess the effectiveness of the programs. Base-line data are gathered on hospital charity/uncompensated care levels, emergency room primary care usage, and unnecessary admits to measure the long-term impact the programs have on these indicators.

Beginnings: INIC began in November 1998 and was fully implemented in January 1999. INIC first received funding from a contract with the Department of Social and Health Services' Medical Assistance Administration for designing and conducting Medicaid outreach. Additional significant funding was subsequently received from a Robert Wood Johnson Foundation grant and a Health Resources and Services Administration Community Access Program grant. INIC draws upon a mix of local, regional, state, and national funds.

Challenges and Solutions: Challenges include maintaining enough ongoing funds to test and fully implement new methodologies for serving the population; having adequate time, staffing, and resources to balance both the planning and implementation sides of the programs; and retaining the ongoing involvement of community partners. INIC addresses these challenges in a variety of ways, including:

- pursuing a “cooperative financing” plan with a variety of community partners in which each partner contributes a certain percentage toward sustaining or enhancing health care access strategies;
- working extensively with state and local policymakers to explore partnership opportunities that may allow for more regional tailoring of state-based funding;
- writing grants;
- seeking corporate support; and
- tapping into existing state and federal dollars that support the mission.

PROGRAM CONTACT INFORMATION

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