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Idaho SHIBA Program Effectiveness Evaluation 2023

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Publication Information

This report was prepared by Idaho Policy Institute at Boise State University and commissioned by the Idaho Department of Insurance.
Each state and four territories operate State Health Insurance Assistance Programs (SHIPs) to provide free Medicare counseling to eligible beneficiaries, as well as a variety of other services that vary by state. SHIPs rely largely on certified Medicare counselors that either volunteer directly with SHIPs or are affiliated with a wide array of community partner organizations. In most states, volunteers and program activities are managed by small teams of dedicated staff. Idaho’s SHIP is the Senior Health Insurance Benefits Advisors (SHIBA) Program. The Idaho Department of Insurance (DOI) partnered with Idaho Policy Institute (IPI) to conduct a study on the effectiveness of the SHIBA program. This report analyzes four aspects of Idaho’s SHIBA program: program operations, certified Medicare counselor and volunteer management, marketing and outreach, and community partnerships. Data was collected through a variety of methods including surveys with Medicare counselors and past SHIBA beneficiaries and interviews with SHIP staff in other states, Idaho SHIBA staff, and community partner organizations.

SHIPs across the country were severely impacted by the COVID-19 pandemic with the loss of significant numbers of volunteers and community partners. At a time when SHIP staff are struggling to recover from the impacts of the COVID-19 pandemic, the main takeaway from this research is that SHIPs are supported by a network of staff and volunteers who are committed to providing services that are needed by Medicare eligible Americans. This workforce of staff and volunteers is working to rebuild SHIPs into programs equipped to meet the needs of a growing Medicare eligible population. The goal of this research is to provide Idaho’s SHIBA program and SHIPs across the country with quantitative and qualitative information to help determine how to most effectively offer services, implement certified Medicare counselor and volunteer management, conduct marketing and outreach, and build strong relationships with community partners. Incorporating the best practices listed at the end of each section of this report may lead to enhancing the overall effectiveness of the SHIBA program, more volunteers and community partners, and an increase in annual beneficiary contact forms (BCFs).

Key Takeaways:
• SHIPs are supported by dedicated staff and volunteers who are integral to the success of the program. Providing a greater variety of volunteer opportunities could help Idaho’s SHIBA program increase the accessibility of volunteering for more folks.
• Word of mouth outreach and referrals from other organizations are the primary way both beneficiaries and volunteers find out about SHIBA. Both are necessary to increase brand recognition and rebuild previous community partnerships.
• The COVID-19 pandemic resulted in significant declines in certified Medicare counselors, volunteers, and community partners for Idaho’s SHIBA program and most states interviewed for this report.
• Increasing the annual number of BCFs relies on recruiting more certified Medicare counselors and building more formal community partnerships.
• It would be beneficial to continue providing both in-person and phone counseling options that are currently available, while developing a plan to expand virtual counseling options to meet the demand of new retirees and increase resources in languages other than English.
# TABLE OF CONTENTS

Introduction .................................................................................................................................... 1
Methodology ................................................................................................................................... 1

**Organizational structure and program operations** ........................................................................ 3
- Organizational chart .................................................................................................................. 3
- Funding sources .......................................................................................................................... 4
- Counseling and other services .................................................................................................... 4
- Additional support in languages other than English ................................................................. 5
- Satisfaction of SHIBA services among beneficiaries ................................................................. 6
- Annual beneficiary contact forms .............................................................................................. 7
- Best practices for operational procedures .................................................................................. 8

**Management of certified Medicare counselors and volunteers** .............................................. 9
- SHIBA certified Medicare counselor and volunteer demographics ......................................... 9
- Social aspect of volunteering for SHIBA .................................................................................... 9
- Volunteer recruitment methods ................................................................................................. 10
- Volunteer responsibilities, support, and training ....................................................................... 11
- Impacts of the COVID-19 pandemic on SHIBA volunteers ..................................................... 12
- Best practices for volunteer management ............................................................................... 13

**Marketing and outreach** ........................................................................................................ 14
- Where folks hear about SHIBA services .................................................................................. 14
- Outreach approaches used by Idaho SHIBA ............................................................................. 15
- Best practices for marketing and outreach ............................................................................... 19

**Community partnerships** ...................................................................................................... 20
- Community partner responsibilities ........................................................................................... 20
- Impacts of COVID-19 on community partnerships .................................................................. 21
- Community partnership contracts and financial incentives ...................................................... 22
- Best practices for community partnerships ............................................................................... 23

**Research on fellow state SHIPS** ............................................................................................ 24
- Fellow state SHIP vignettes ....................................................................................................... 24
- Key takeaways from fellow state SHIPS .................................................................................... 29

**Conclusion** ................................................................................................................................ 30
**Appendix A** ............................................................................................................................ 31
Introduction

Idaho’s Senior Health Insurance Benefits Advisors (SHIBA) Program partnered with Idaho Policy Institute (IPI) to evaluate the effectiveness of the program’s operations and research best practices from around the country. The goal of this research is to inform the development of the SHIBA program to improve service delivery to Medicare eligible populations, especially given the severe impacts of the COVID-19 pandemic on volunteers and community partnerships. This report includes information and best practices for program operations, management of certified Medicare counselors and volunteers, marketing and outreach, and community partnerships. The results are informed by data from interviews with stakeholders within Idaho and other states, as well as surveys of SHIBA beneficiaries and certified Medicare counselors and volunteers.

The purpose of the SHIBA program is to provide Medicare counseling to eligible beneficiaries in Idaho, along with an array of other services. In addition to counseling, SHIBA staff and volunteers may provide education outreach events, referrals to other programs, education about fraud prevention, managing Medicare complaints, assisting with appeals, reviewing medical bills, and understanding the benefits of wellness and preventative medicine.

The services provided by SHIBA are vital to Idaho’s Medicare eligible population. Survey results from recent SHIBA beneficiaries show many are worried about issues related to health care and health insurance. About half of the respondents of the beneficiary survey (48.8%) worried about their ability to pay for health insurance, 55.1% of them worried about their ability to pay their medical bills, 52.5% worried about their ability to pay for their prescriptions, and 61.7% agreed that they need someone knowledgeable about Medicare to help them with their health insurance.

These survey results suggest the services provided by the SHIBA program, and likely other SHIPs across the country, are needed by the Medicare eligible population. This data is only from folks that received SHIBA services. It is likely Medicare eligible people who have not heard of SHIBA are also equally or more worried about health care costs. The program has the potential to assuage worries about paying for health insurance, medical bills, and prescriptions which could ultimately result in improved health and financial wellbeing for all people eligible for Medicare. This is why it is important to study and improve the effectiveness of Idaho’s SHIBA program to ensure that funding is being invested to maximize resources in order to increase the numbers of people SHIBA is able to serve.

Methodology

The research team gathered both quantitative and qualitative data to study the effectiveness of the SHIBA program. The team conducted interviews with a number of major actors concerning the SHIBA program. These interviewees were selected from three major groups: state staff in the SHIP programs in other states, state staff in the SHIBA program in Idaho, and community partners of the Idaho SHIBA program. Eight SHIP program staff members from other states and seven Idaho SHIBA program staff were interviewed. The team was also able to conduct interviews with six Idaho SHIBA community partners. Most interviews were conducted via Zoom, two were conducted over the phone and one via email. Researchers identified common themes throughout the
interviews to answer the research questions.

IPI collaborated with the Idaho SHIBA program to design the SHIBA beneficiary survey and the Medicare counselor and volunteer survey. The beneficiary survey was designed to understand the experiences of respondents on their health insurance including Medicare and their experiences associated with the SHIBA program from a service recipient perspective. The SHIBA program distributed the survey virtually to 1,901 potential respondents. This resulted in a final sample of 177 usable responses for data analysis (9.3% response rate).

The Medicare counselor and volunteer survey focused on understanding the experiences of Medicare counselors and volunteers as a SHIBA service provider and their perceptions about SHIBA operations. The SHIBA program sent out the link for the Medicare counselor and volunteer survey virtually using the contact information for current and former Medicare counselors and volunteers. The link was distributed to 233 current and former Medicare counselors and volunteers, generating 64 usable responses (27.4% response rate).
Organizational structure and program operations

The State Health Insurance Assistance Program (SHIP) was created in 1990 with a mission to “empower, educate, and assist Medicare-eligible individuals through objective outreach, counseling, and training.”¹ In 2014, federal oversight of SHIP was transferred to the US Department of Health and Human Services’ Administration for Community Living (ACL). Every state and four territories now operate SHIPs that provide Medicare counseling, education about health insurance, and other support services to people eligible for Medicare. Idaho’s SHIP is the Senior Health Insurance Benefits Advisors (SHIBA) program. SHIBA’s mission is to be a “free, unbiased resource empowering Idahoans, with community volunteers and partners, to make informed decisions about Medicare.”²

Organizational chart

Figure 1 is an organizational chart for the SHIBA program. It includes the structure of the program within the Idaho Department of Insurance’s Bureau of Consumer Services.

Figure 1: Idaho SHIBA program organizational chart

¹ https://acl.gov/programs/connecting-people-services/state-health-insurance-assistance-program-ship
² https://doi.idaho.gov/shiba/about-shiba/
**Funding sources**

SHIBA’s funding largely comes from federal sources, primarily a grant from the ACL, but the program receives state funding as well. All operating expenses are funded by federal sources, along with 35.0% of employee salaries and fringe benefits. The remaining 65.0% of employee salaries and fringe benefits are paid through appropriated funding from the State of Idaho.

**Counseling and other services**

The primary service provided by the SHIBA program is Medicare counseling for Medicare eligible Idahoans or their family members. During counseling sessions, certified Medicare counselors help with a variety of needs. As shown in Figure 2, the most common service provided during counseling sessions was reviewing Medicare health and drug plans with 76.1% of respondents reporting receiving this service. About half (52.2%) reported receiving education on getting started with Medicare. SHIBA also provides services that may be less frequently used, but nonetheless useful to Idahoans.

**Figure 2: SHIBA services used by beneficiaries***

<table>
<thead>
<tr>
<th>Service</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reviewing Medicare health and drug plans</td>
<td>76.1%</td>
</tr>
<tr>
<td>Education on getting started with Medicare</td>
<td>52.2%</td>
</tr>
<tr>
<td>Reviewing options as an individual under 65 and eligible for Medicare</td>
<td>13.0%</td>
</tr>
<tr>
<td>Answering questions about financial assistance programs</td>
<td>11.6%</td>
</tr>
<tr>
<td>Understanding preventive and wellness benefits</td>
<td>11.6%</td>
</tr>
<tr>
<td>Reviewing and understanding medical bills</td>
<td>9.4%</td>
</tr>
<tr>
<td>Assisting with an appeal or grievance</td>
<td>2.9%</td>
</tr>
<tr>
<td>Other services</td>
<td>9.4%</td>
</tr>
</tbody>
</table>

*Respondents could select more than one option.

SHIBA staff and volunteers perform other tasks and responsibilities that are necessary to program operations and Medicare counseling. Other services and responsibilities mentioned by interviewees include volunteer management, education outreach events, referrals to other programs, education about fraud prevention and coordinating with the Senior Medicare Patrol (SMP), managing Medicare complaints, counseling those eligible for Medicare but are under 65 years of age, understanding the benefits of wellness and preventative medicine, reviewing medical bills, and assistance with appeals.
Counseling sessions in Idaho are conducted both in-person and over the phone. The sessions are about evenly split between being conducted in-person and over the phone. Interviewees reported that many Medicare eligible beneficiaries prefer in-person appointments because they find it easier to communicate with counselors and get help filling out paperwork. For example, even getting a list of prescriptions from a beneficiary can be much more difficult over the phone than in-person. Beneficiaries also might prefer in-person appointments for the social aspect of getting to see friendly faces or not feeling comfortable enough with technology for phone appointments. Those who prefer the convenience of phone appointments like to be able to do counseling in their own homes. For rural Idahoans, phone appointments can save resources to travel to in-person appointments that may be in distant towns.

The COVID-19 pandemic was a turning point for many beneficiaries and volunteers. Some volunteers decided that continuing without in-person appointments would be too difficult, but at the same time others decided to only do phone appointments into the future. Virtual appointments are still a limited option in Idaho, but some volunteers do provide this option. However, there is a general concern that as more tech savvy people retire and become eligible for Medicare, demand for virtual appointments may grow quickly. The evidence shows that all three types of counseling appointments are going to be required to meet varied demands and reach more Medicare eligible individuals.

**Additional support in languages other than English**

SHIBA provides services in languages other than English. Spanish is the most commonly spoken language in Idaho other than English and SHIBA has informational brochures about Medicare in Spanish. There is also one staff member and several volunteer Medicare counselors who conduct counseling sessions in Spanish. SHIBA also does some marketing in Spanish, such as advertising on Spanish language radio. SHIBA also uses a translation service that provides a translator over the phone for Spanish translation along with additional languages. SHIBA also has Medicare information and counseling sessions and materials available for those with limited vision and hearing.

There is strong interest among SHIBA staff to increase the resources available in languages other than English, particularly for Idahoans who speak Spanish. This can be accomplished in several ways. First, SHIBA could recruit more bilingual certified Medicare counselors allowing for more appointments in Spanish. Second, SHIBA could translate more materials into Spanish such as brochures, booklets, banners, and tabling materials used at educational outreach events. This would allow SHIBA staff and volunteers to conduct outreach events entirely in Spanish, rather than a mix of English and Spanish materials. Training materials could also be translated into Spanish to simplify training for bilingual certified Medicare counselors. Third, SHIBA could create community partnerships with organizations that serve Idahoans who are likely to speak Spanish, such as the Idaho Hispanic Chamber of Commerce or religious organizations. In particular, recruiting volunteer counselors from these organizations or using these organization’s space for Medicare counseling appointments could help bring SHIBA’s services closer to Idahoans who speak Spanish and are eligible for Medicare.
Satisfaction of SHIBA services among beneficiary survey respondents

Overall, respondents of the beneficiary survey rated SHIBA services highly with 85.9% agreeing they were overall satisfied with their interactions with SHIBA.

91.0% of beneficiary respondents reported having received useful information from SHIBA.

86.8% said they’d contact SHIBA again for assistance.

88.1% agreed they would recommend SHIBA services to others.

86.6% said they agreed their Medicare counselor was well trained.

85.9% were overall satisfied with their interactions with SHIBA.

Data management

Data management is primarily done within the SHIP Tracking and Reporting System (STARS). STARS is the nation-wide data system where all SHIPs report data to the federal government. SHIBA tracks information such as Medicare counselors, volunteers, partnerships, outreach, event attendees, media outreach, and all contacts of beneficiaries and their families and representatives.

To track services provided by SHIBA, staff and volunteers submit beneficiary contact forms (BCFs) documenting demographic and health insurance information about each beneficiary. There are forms to document activities like education and outreach events and media outreach. Tracking the number of BCFs submitted is one way to measure how many Idahoans SHIBA serves. Increasing the number of annual BCFs would mean an increase in the number of Medicare eligible Idahoans served and more people served means increased effectiveness of the SHIBA program overall. However, Idaho staff and community partners cite barriers to completing BCFs. It can be difficult to complete BCFs given the amount of information required on the form and the limited time available to fill them out.
Annual beneficiary contact forms

The number of BCFs has decreased each year since the COVID-19 pandemic began, with only 8,909 BCFs completed in 2022 compared to over 13,000 in the years prior to the pandemic. As of November 30, there were 8,554 BCFs completed in 2023. Based on previous years’ trends, 2023 will likely have about the same or perhaps a small uptick in BCFs from 2022 but still sizably lower than before the COVID-19 pandemic.

Figure 3: SHIBA program’s annual BCFs

Interviewees cited several reasons for the decrease in BCFs. First, the reduction in the volunteer force decreases the number of counseling sessions that can take place in a given year. Second, since community partners no longer received financial incentives based on completed BCFs, community partners report that filling out BCFs is not a priority with some community partners now preferring to track beneficiaries in their own data systems or only completing BCFs if they have time to do so. All of the best practices highlighted in this report aim to ultimately increase SHIBA’s annual number of BCFs and thereby increase the number of Idahoans receiving SHIBA’s services.
Best practices for operational procedures

1. Continue to provide both in-person and phone counseling sessions.

2. Expand virtual counseling options to meet the demand of new retirees.

3. Increase education and outreach in languages other than English. Host education and outreach events with all materials in Spanish and prioritize recruiting bilingual certified Medicare counselors.

4. Build community partnerships and recruit volunteers from organizations that serve Idahoans who speak Spanish.

5. Increase the number of annual BCFs by recruiting more volunteers and incentivizing community partners to fill out the forms such as providing financial incentives.

“I really feel passionate about helping people with Medicare and saving money.” -Certified Medicare counselor
Management of certified Medicare counselors and volunteers

Volunteers are vital for SHIBA to provide its services. Most SHIBA volunteers are certified Medicare counselors, meaning they complete rigorous training about Medicare and the best practices of how to review, enroll, and update insurance plans for Medicare beneficiaries. Volunteers also provide SHIBA support through referrals to other agencies and services, appeals, insurance fraud, education events, word of mouth outreach, and more. This section outlines the results of the Medicare counselor and volunteer survey, as well as data from interviews about volunteer management.

Who becomes a certified Medicare counselor or SHIBA volunteer?

These findings include information about those who have volunteered for the program in Idaho currently or in the past. Table 1 shows the demographic composition of the respondents to the Medicare counselor and volunteer survey and provides a snapshot of who might make up SHIBA’s volunteer force. These results can be used to inform recruitment among groups that are more likely to volunteer and those that are underrepresented, such as racial and ethnic minorities.

Table 1: Medicare counselor and volunteer survey respondent demographic highlights*

<table>
<thead>
<tr>
<th>Category</th>
<th>Percent of responses (N=61)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>75.4% over 65 years of age</td>
</tr>
<tr>
<td>Gender</td>
<td>63.9% female, 34.4% Male</td>
</tr>
<tr>
<td>Race/ethnicity</td>
<td>8.2% identify as nonwhite</td>
</tr>
<tr>
<td>Household income</td>
<td>18.3% have incomes below $45,000 per year</td>
</tr>
<tr>
<td>Education</td>
<td>42.6% have postgraduate degrees</td>
</tr>
<tr>
<td>Industry before retirement</td>
<td>42.3% of retired respondents previously worked in health care</td>
</tr>
</tbody>
</table>

*Full demographic data available upon request.

Social aspect of volunteering for SHIBA

A common theme in interviews with SHIBA staff and community partners was that volunteers often enjoy the social aspect of volunteering for SHIBA. This was cited often as a reason people began volunteering for SHIBA and a reason for high retention rates. Several SHIBA staff noted the importance of providing volunteers with opportunities to socialize and mentioned that volunteers often socialize outside of working for SHIBA and form friendships. This is a major draw for potential volunteers as volunteering for SHIBA could help improve the sense of community. SHIBA staff could elevate the social aspect of volunteering for SHIBA by increasing funding for social events or outings for SHIBA volunteers to build connections with one another. Even a small investment in the social aspect of volunteering could yield returns.
Volunteer recruitment methods

The Medicare counselor and volunteer survey asked about SHIBA’s recruitment methods and their overall effectiveness (see Figure 4). This section reviews the motivations behind the decision to counsel or volunteer for SHIBA, major barriers to volunteering or counseling, and their perceptions on how people typically find out about SHIBA’s services.

Figure 4: How Medicare counselors and volunteers were recruited

When asked about the effectiveness of SHIBA’s strategies for recruiting Medicare counselors or volunteers, 51.1% of respondents gave a positive rating and 30.2% gave a negative score. Respondents were asked about their motivations behind the decision to counsel or volunteer for SHIBA. As shown in Table 2, 81.0% chose a desire to help others as a reason for volunteering.

Table 2: Reasons for becoming a Medicare counselor or volunteer*

<table>
<thead>
<tr>
<th>Percent of responses (N=63)</th>
<th>Reason for volunteering</th>
</tr>
</thead>
<tbody>
<tr>
<td>81.0%</td>
<td>Desire to help others</td>
</tr>
<tr>
<td>38.1%</td>
<td>Keep my mind sharp</td>
</tr>
<tr>
<td>36.5%</td>
<td>Prior experience relevant to SHIBA</td>
</tr>
<tr>
<td>31.7%</td>
<td>Works for a community partner</td>
</tr>
<tr>
<td>27.0%</td>
<td>Social interaction</td>
</tr>
</tbody>
</table>

*Respondents could select more than one option.
Barriers to volunteering or counseling for SHIBA were mainly time constraints (46.8%) and keeping up with ongoing changes (43.7%). Respondents were also asked how they think people typically find out about SHIBA’s services. The most indicated categories include word of mouth from family and friends (81.2%), referrals from local, state, and federal agencies (71.8%), and SHIBA Medicare presentations and workshops (56.2%).

**Volunteer responsibilities, support, and training**

The SHIBA program is designed to rely on the work of SHIBA Medicare counselors or volunteers. It is important to understand their workloads and responsibilities and evaluate the sustainability of the voluntary workforce. The Medicare counselor and volunteer survey asked about respondents’ willingness to continue working with SHIBA, their current and preferred amounts of work, and types of responsibilities they have.

When asked about how willing they are to continue (or resume) volunteering or counseling for SHIBA, 72.4% indicated some level of willingness and only 24.1% reported some level of unwillingness.

Respondents to the Medicare counselor and volunteer survey work with SHIBA for an average of 6.86 hours per week, this nearly aligns with their reported desired workload of 6.79 hours per week. Current SHIBA Medicare counselors or volunteers help an average of five individuals per week. Most respondents reported having the responsibility to provide Medicare counseling (89.4%). Around a quarter of respondents also reported having the responsibility to attend events (28.9%) and group presentations (23.6%).

Nebraska and Wyoming provide examples of addressing the challenges associated with requiring volunteers to take on a variety of responsibilities and complete extensive training. Instead of all or most volunteers being required to go through the Medicare counseling training, which can intimidate potential volunteers and prevent them from...
serving SHIPs in other ways, Nebraska and Wyoming apply tiered volunteering systems. While the most highly trained volunteers still serve as Medicare counselors, other volunteers can work on administrative and office tasks, handing out flyers, building community partner relationships, and other responsibilities that require much less training and commitment.

In providing these lower-intensity volunteer opportunities as stand-alone options, SHIBA could allow highly trained, more difficult to recruit Medicare counselor volunteers to do more counseling and less low-intensity volunteer work. Additionally, in offering less intimidating volunteer options, SHIBA could also create another pool from which to recruit Medicare counselor volunteers, as the other volunteer opportunities could provide pathways to increased volunteer responsibilities, based on interest and commitment.

**Impacts of the COVID-19 pandemic on SHIBA volunteers**

The COVID-19 pandemic severely impacted SHIBA's volunteer counselor force, with the number of certified Medicare counselors decreasing by roughly half in the years since the pandemic from about 160 volunteers pre-pandemic to about 65 in 2023. Many preferred not to pivot to phone or virtual counseling appointments or did not have the skills or comfort with the technology to make the transition. Interviewees expressed that many volunteers decided to stop conducting Medicare counseling appointments when SHIBA moved to all remote counseling during the pandemic or were not interested in participation without the social aspects of volunteering. Despite the challenges of remote counseling, several interviewees reported that some volunteers decided they actually preferred working from home and will continue to do so.
Best practices for management of certified Medicare counselors and volunteers

1. **Adopt a tiered volunteer system** assigning roles for volunteers with different types and levels of responsibility and opportunities for advancement.

2. **Enhance the social aspects** of volunteering as they are a huge draw for recruitment and retention of volunteers.

3. **Train volunteers** to identify and build community partnerships.

4. **Active recognition** of the contribution of SHIBA Medicare counselors and volunteers can be effective to keep them motivated, such as opportunities for advancement within a tiered volunteer system.

5. **Conduct additional research** to determine an optimal size of the voluntary workforce and forge strategies on how to achieve that size.

“Given the amount of information and knowledge they have to have, and the level of resources they have to connect people with, it’s truly inspiring that people are willing to do this.” -SHIBA staff member
Marketing and outreach

Marketing and outreach are key components of the SHIBA program’s ability to recruit beneficiaries to use services and Medicare counselors and volunteers to conduct counseling sessions and other program responsibilities. This section outlines the findings about how people find out about SHIBA services, gives details about SHIBA’s current marketing efforts, and provides best practices for the future.

Where folks hear about SHIBA services

The beneficiary survey asked where respondents heard about SHIBA’s services (see Figure 5). Notably, almost half of respondents (48.4%) originally entered an open response to this question so additional categories were added after recoding open responses.

*Respondents could select more than one option.

When asked if they thought SHIBA’s efforts were effective at reaching out to Medicare eligible individuals, 62.9% of respondents indicated some level of effectiveness. Fewer beneficiaries (45.9%) indicated some level of effectiveness of SHIBA increasing visibility among the general public.

“We did very little advertising about SHIBA in our county, but our slots filled up because people talk to each other.” -Community partner
Outreach approaches used by Idaho SHIBA

Word of mouth outreach and referrals
Data from both the beneficiary survey and interviews confirms that word of mouth outreach is the most common way folks find out about SHIBA services. Idaho SHIBA staff spoke about a program culture that revolves around both staff and volunteers telling others about SHIBA services, whether it be friends and family, community or church organizations, or others. Getting a positive review from a trusted source like a friend, family or community member often encourages people to seek SHIBA services themselves. Referrals from other government agencies, nonprofit organizations, and health care providers were also a common way people find out about SHIBA services, as evidenced in both the survey data and interviews. Idaho SHIBA staff mentioned common referral partners include Social Security, Medicaid, Idaho Department of Health and Welfare, and Idaho Department of Labor, among others. The Idaho SHIBA program could continue to build upon the strong culture of word of mouth outreach by ensuring all certified Medicare counselors and volunteers are trained to encourage beneficiaries to spread the word about SHIBA services or creating small cards or pamphlets to be distributed at in-person counseling sessions that encourage beneficiaries to pass it along to a friend or family member.

Education and outreach events
Education and outreach events are a primary way that SHIBA staff and volunteers disseminate information about Medicare, sign folks up for counseling sessions, and recruit new volunteers to become Medicare counselors. SHIBA staff and volunteers often set
up booths or information tables at events such as health fairs, conventions, expos, and community organization events. SHIBA staff indicate that these events are highly effective at marketing SHIBA’s services. Partnering with more organizations such as libraries could help provide more venues for education events and outreach to even more communities, particularly in rural parts of Idaho. SHIBA staff also conduct Medicare workshops both in-person and virtually. These sessions provide Medicare education and many of the participants end up scheduling counseling appointments. SHIBA also partners with employers to provide education events to employees.
Digital and print advertising

SHIBA uses a variety of advertising techniques for outreach. The Idaho SHIBA program spends about $80,000 annually on digital and print marketing and outreach, which is about 13% of the program’s budget. This puts Idaho in the middle on marketing spending among the states interviewed for this research. Two states have significantly higher budgets, two have similar budgets, while four states invest comparatively little in advertising. SHIBA partners with third-party advertisers to run digital advertisements on social media, streaming services, and other websites. These advertisements come in several forms including digital banners on the top or side of webpages or video advertisements. SHIBA also sends print advertisements in the mail in the form of various campaigns. SHIBA’s Turning 65 Campaign sends a mailer to all Idahoans who are

Promotional items

Interviewees mentioned promotional items as an important component to education and outreach events. There were mixed opinions among respondents on the effectiveness of promotional items, but there was general consensus that promotional items should be simple, useful, and only a modest expense. Everyday items were cited often such as pens and sticky notes with SHIBA’s name and contact information. Also, items that are specifically useful to Medicare eligible folks like pillboxes and Medicare card holders were mentioned by interviewees in Idaho and other states. There are a couple of considerations for investing in simple and useful promotional items, or ‘swag’ as most interviewees referred to it. First, promotional items should be used to help aid word of mouth outreach, which is shown to be the most effective form of outreach. Promotional items help SHIBA counselors start more conversations with potential beneficiaries at outreach events and provide SHIBA’s contact information on hand for potential beneficiaries. Second, promotional items do not need to be extravagant to be effective, rather, unique items tend to provide the best branding. Something folks can only get from SHIBA, something that is recognized as unique to SHIBA. Third, SHIBA could consider adding a slogan to its branding to again help strengthen brand recognition and be something unique to SHIBA that can be easily printed on promotional items and other materials.

“I don’t think those things need to be elaborate or expensive. I think they just need to be available to attract people to a table or a booth. They just lead to more conversations. Whereas an empty table often leads to people just passing on by.”

-SHIBA staff member
aging into Medicare eligibility to inform them of SHIBA’s services and provide contact information for the program. SHIBA also sends reminder cards to past beneficiaries annually at open enrollment to encourage folks to review or update their health insurance plans. Other forms of advertising include newspapers and radio. Several interviewees expressed interest in expanding marketing on the radio, particularly in rural areas. SHIBA could task volunteers with doing short interviews with radio stations in rural areas, especially leading up to open enrollment.

Some interview respondents indicated that advertising SHIBA to the children and other younger relatives of Medicare eligible people could be a way to tap into groups with a lot of potential interest in SHIBA services but need extra help from a family member.
Best practices for marketing and outreach

1. Prioritize word of mouth outreach and referrals as marketing tools. Word of mouth outreach is a powerful driver of information for SHIBA and fellow state SHIPs.

2. Train volunteers to specifically encourage beneficiaries to spread the word during counseling sessions. Distribute cards or pamphlets that specifically encourage folks to pass them on to another Medicare eligible friend or a family member.

3. Continue the strong emphasis on education and outreach events. Partner with more libraries, particularly in rural areas. As events return after the pandemic, be ready to increase participation in events.

4. Continue the level of targeted digital and print advertising. Consider adding radio particularly in rural areas. Marketing to the general public could help reach a wider audience of Medicare eligible folks, potentially through younger family members.

5. Consider providing simple and effective promotional items such as pens/sticky notes, plus something unique to SHIBA that stands out, like the Medicare card sleeves.
Community partnerships

The SHIBA program partners with organizations across Idaho to assist with providing SHIBA’s services to Medicare eligible Idahoans. Community partnerships are created with a variety of organizations and different community partnerships fulfill different responsibilities for the SHIBA program. Many SHIBA volunteers are employees of other organizations, such as federally qualified health centers (FQHCs), hospitals, and low-income housing organizations. Other types of community partners include senior centers, nonprofit organizations, other government agencies, area agencies on aging, libraries, and others.

Community partner responsibilities

SHIBA’s community partners carry out responsibilities that are essential to the delivery of SHIBA’s services. Primarily, community partners perform Medicare counseling. Community partners are also a main source of referrals for the SHIBA program, particularly because certified Medicare counselors often have expertise in other forms of support, such as Social Security or Medicaid. Cross-referrals between SHIBA and community partner organizations are common. Folks often benefit from multiple support services, so there is an effort to coordinate services as much as possible.

Another common resource community partners provide to SHIBA is office space for Medicare counseling appointments. When community partners provide space for counseling sessions, SHIBA can provide more in-person counseling opportunities, especially in areas that may not be close to existing SHIBA offices or FQHCs. Growing these types of relationships would be particularly beneficial for rural communities. Providing space for Medicare counseling also brings folks into the community partners’ doors to share their services as well. Sometimes providing space for Medicare counseling can limit the community partner’s own use of that space. Therefore, providing financial reimbursement for the use of office space could make it more feasible for community partner organizations to justify giving up office space for SHIBA counseling appointments.

Additionally, community partners’ staff often take advantage of having a certified Medicare counselor on site, allowing them to take advantage of the specialized Medicare knowledge for other populations the community partners serve. Community partners noted in several interviews that SHIBA staff were friendly and easy to work with.

“The top benefit by far is that it allows a good service to reach more people. And so our involvement is secondary to that, we want good things to happen for folks. We’re pleased to be a part of that.” -Community partner
Community partners also benefit SHIBA through word of mouth outreach. As noted above, word of mouth outreach is the leading way people find out about SHIBA and community partners play a large role in that process. Community partners also provide referrals to SHIBA services for Medicare eligible Idahoans as well as distribute marketing and educational materials at their facilities to aid in SHIBA outreach efforts. Community partner organizations also host education events where SHIBA staff and volunteers teach about Medicare, sign folks up for counseling appointments, and recruit new volunteers. SHIBA staff indicated interest in expanding the number of community partners that host education and outreach events.

**Impacts of the COVID-19 pandemic on community partnerships**

The COVID-19 pandemic had a severe impact on SHIBA’s community partnerships. SHIBA lost touch with many organizations for several reasons including no longer needing to borrow office space due to moving to remote counseling and increased staff turnover within community partner organizations. Previously community partnerships had contracts with financial incentives tied to completion of BCFs, but those contracts went away during the COVID-19 pandemic and community partners no longer receive financial incentives. Past community partners cited a lack of understanding about changes to SHIBA since the COVID-19 pandemic, such as what the nature of partnering with SHIBA is like post-pandemic. There is an appetite to rebuild relationships with SHIBA and offer its services in their facilities again.
Just as SHIBA lost many volunteers during and after the pandemic, many community partners likely experienced similar losses, making it more difficult to prioritize partnering with SHIBA. SHIBA could ramp up efforts to reconnect with past community partners that are likely interested in rebuilding relationships and work through the challenges of volunteer recruitment together.

Community partnership contracts and financial incentives

SHIBA no longer has contracted or paid partnerships with community partners. Funding for community partnerships was eliminated during the COVID-19 pandemic. Interviewees described most current community partnerships as informal relationships. SHIBA did recently put in place a memorandum of understanding (MOU) with a FQHC to provide Medicare counseling training for their employees providing SHIBA services. SHIBA also works closely with one other large FQHC in the state. Community partners cited a desire to provide SHIBA’s services to their clients and communities as the main reason for partnering with SHIBA either currently or in the past. Financial incentives were not the most important factor for the community partners interviewed nor were they cited as the main reason for community partnerships ending. The main reason cited was staff turnover at partner organizations in the period following the pandemic.

Without formal, paid partnerships SHIBA cannot be guaranteed that community partners will prioritize delivery of SHIBA’s services over their own services or other partnership opportunities. Since BCFs take time to fill out, community partners have little incentive to prioritize filling them out over spending that time helping more beneficiaries. It is possible that BCFs are being underreported because of this lack of incentive for community partners. SHIBA may not be accounting for all the services it’s actually providing. Restoring financial incentives could better incentivize BFC submissions and encourage new community partnerships that may not have the resources to contribute toward volunteering for SHIBA. Having multiple, formal, paid contracts could ensure that community partners will commit to providing SHIBA services as well as be assured that SHIBA will support the partnership in terms of financial reimbursement and Medicare counseling training.

“A lot of organizations we were partnering with have limited resources. So they just weren’t able to sustain the partnership with us without getting any sort of incentive.”

- SHIBA staff member
Best practices for community partnerships

1 Reach out to previous community partners, many of them likely want to hear from SHIBA again.

2 Prioritize building community partnerships with organizations that serve underrepresented communities, such as rural areas, low-income folks, members of racial and ethnic minorities, and religious organizations.

3 Build more community partnerships with Tribal nations and Tribal health centers. Recruit more Medicare counselors who are members of Tribal nations whose lands are within Idaho’s borders.

4 Paid community partnerships ensure the commitment of community partners to providing services and increasing BCF submissions.

5 Paid community partners ease the burden for organizations providing office space for Medicare counseling appointments.
Research on fellow state SHIPS

Idaho Policy Institute completed eight interviews with State Health Insurance Assistance Programs (SHIPs) in other states to inform this research and identify best practices utilized in other states. These included interviews with leaders of SHIPs in five of Idaho’s border states (Montana, Nevada, Oregon, Washington, and Wyoming) and three other states identified as peer states to Idaho based on population size, population density, and state agency type (Arkansas, Nebraska, and New Mexico). Prior to requesting interviews with other states’ SHIPs, IPI conducted background research on the state SHIPs utilizing online resources, including SHIP websites. A summary of other state SHIPs is shown in Table 3, see Appendix A for additional details about state SHIPs included in this research.

Table 3: Summary of fellow state SHIPs

<table>
<thead>
<tr>
<th>State</th>
<th>Agency</th>
<th>SHIP Name</th>
<th>State Population*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Idaho</td>
<td>Department of Insurance</td>
<td>Senior Health Insurance Benefits Advisors</td>
<td>1,964,726</td>
</tr>
<tr>
<td>Arkansas</td>
<td>Arkansas Insurance Department</td>
<td>Senior Health Insurance Information Program</td>
<td>3,067,732</td>
</tr>
<tr>
<td>Montana</td>
<td>Department of Public Health and Human Services</td>
<td>State Health Insurance Assistance Program</td>
<td>1,132,812</td>
</tr>
<tr>
<td>Nebraska</td>
<td>Department of Insurance</td>
<td>State Health Insurance Assistance Program</td>
<td>1,978,379</td>
</tr>
<tr>
<td>Nevada</td>
<td>Department of Health and Human Services</td>
<td>Medicare Assistance Program</td>
<td>3,194,176</td>
</tr>
<tr>
<td>New Mexico</td>
<td>Aging and Long-Term Services Department</td>
<td>State Health Insurance Assistance Program</td>
<td>2,114,371</td>
</tr>
<tr>
<td>Oregon</td>
<td>Department of Human Services</td>
<td>Senior Health Insurance Benefits Assistance</td>
<td>4,233,358</td>
</tr>
<tr>
<td>Washington</td>
<td>Office of the Insurance Commissioner</td>
<td>Statewide Health Insurance Benefits Advisors</td>
<td>7,812,880</td>
</tr>
<tr>
<td>Wyoming</td>
<td>Department of Health</td>
<td>State Health Insurance Information Program</td>
<td>584,057</td>
</tr>
</tbody>
</table>


Fellow state SHIP vignettes

Arkansas - Senior Health Insurance Information Program (AR SHIIP)

Arkansas’s AR SHIIP receives no state funding, though they do receive the support of the accounting department and administrative support from the commissioner and deputy commissioner of the Department of Insurance, where AR SHIIP is housed. AR SHIIP staff consists of a director, a budget and grant coordinator, four Medicare educators who train volunteers, and three part-time employees, two of whom are responsible for receptionist duties and maintaining the call log for information collection with the third working on technology-related tasks.
AR SHIIP has 50 community partnerships that are spread across five regions. Partners consist of various private and nonprofit entities related to elder care, and they host volunteers and work on community events. Volunteer responsibilities in AR SHIIP include Medicare advising, screening for eligibility for low-income subsidies, attending community events and outreach, assisting with daily operations, and distributing AR SHIIP information. Additionally, AR SHIIP often hosts interns through University of Arkansas Little Rock that serve as volunteers (75 in 2020), though the pandemic did negatively impact the participation of this program, and AR SHIIP finds that these volunteers aren’t as long-serving as volunteers that come in as retirees.

Montana - State Health Insurance Assistance Program (SHIP)

Montana’s SHIP is operated largely through area agencies on aging, with ten area agencies located across the state. Most volunteers are affiliated with area agencies rather than the SHIP program directly, and they promote the program through their individual newsletters, presentations, advertisements, and other means. Another way the program is promoted is through the Department of Public Health and Human Services Aging Services Bureau’s television show, called Aging Horizons that runs for a half hour once a week. The director of SHIP, who also manages the Medicare Improvement for Patients and Providers Act (MIPPA) program, produces the show and once a month the show focuses on Medicare, with either the director or other program affiliates (such as counselors or other staff members) spending the half hour talking about Medicare.

As other states have emphasized the dedication of SHIP volunteers, Montana provided an excellent example of the ways volunteers often go above and beyond in their support of SHIP. A few years ago, a SHIP beneficiary in the eastern, very rural, part of the state was unable to get to the pharmacy for their medication. Upon finding out about the situation, a SHIP counselor and her husband jumped on their snowmobiles, picked up the prescriptions, and delivered them to the beneficiary in need.

Nebraska - State Health Insurance Assistance Program (SHIP)

Nebraska’s SHIP operates in a decentralized model across eight local offices covering different counties. Due to volunteer concerns that the expectation for all volunteers to counsel on everything and anything Medicare was simply too much, SHIP recently created more individualized volunteer positions. In addition to the comprehensive volunteer that provides Medicare counseling, other avenues of volunteering include working on fraud prevention and supporting office tasks, though the majority of recent volunteers still train as comprehensive volunteers. Volunteer recruitment varies based on region. The eastern part of the state, where the major urban areas are located, sees most volunteers approach
SHIP without a need for intentional recruitment efforts, while the western, more rural part of the state faces greater challenges in finding volunteers. Given those challenges, recruitment has shifted to focus more on finding volunteers for lower-level tasks. SHIP has also focused on partnerships within communities that speak languages other than English. One such partnership involved a multicultural coalition in Grand Island aimed at Spanish-speaking community members, thanks to a SHIP trained individual who is fluent in Spanish. SHIP leverages this partnership for statewide outreach and to review and edit translated materials that are created by Google Translate, which SHIP found to be more reliable when applied by line rather than by paragraph. From an administrative standpoint, SHIP is working toward greater recognition from and closeness with the Department of Insurance. To that end, SHIP recently embarked on a roadshow with the Department of Insurance for the first time, traveling around the state to speak about SHIP services.

Nevada - Medicare Assistance Program (MAP)

Nevada's MAP enlists two subrecipients to do a large part of SHIP facilitation and administration throughout the state. Each subrecipient is responsible for a specific region of the state, with Dignity Health St. Rose Dominican serving the southern part of the state and Access to Healthcare Network serving the northern part. The subrecipients manage volunteers, engage in partnerships, and conduct outreach and advertising efforts. Recently, Nevada's SHIP services were combined with the state’s SMP and MIPPA services under the umbrella of the Medicare Assistance Program (MAP). With the new MAP branding, the office is working on brand recognition, ensuring that community members are aware of the SHIP services it offers, as well as the fraud and low-income support that it offers under the other two programs. The shift to a single office managing all three programs presented some initial challenges for staff and volunteers, who now largely need to understand and work on all three programs, but allowed state resources to condense and become more aligned.

New Mexico - State Health Insurance Assistance Program (SHIP)

New Mexico's SHIP is housed within the state's Aging and Long-Term Services Department. The SHIP director also serves as the director of MIPPA, and oversees five full-time SHIP coordinators, as well as three full-time SMP staff. In New Mexico, the need for greater outreach in rural areas regarding SHIP’s services is clear, along with the challenges in increasing such outreach, particularly given that rural parts of the state often lack paved roads, internet, and cell coverage. SHIP has attempted to address this through traveling to rural hubs combined with working with local senior centers to ensure beneficiaries have transportation. SHIP also prioritizes recruitment of volunteers, with a dedicated full time volunteer coordinator. Some volunteers are full-time and
provide counseling, while others do more administrative tasks such as data entry.

Most volunteers also speak and write Spanish, ensuring Spanish-speaking community members have access to SHIP services. SHIP also publishes a column “Ask Stan” in both Spanish and English. Another person in the SHIP office also spoke Apache, and did outreach in both Apache and Spanish. SHIP also focuses on broader Native American outreach, with many Pueblos and Tribes serving as partners.

Oregon - Senior Health Insurance Benefits Assistance (SHIBA)

Oregon’s Senior Health Insurance Benefits Assistance program (SHIBA) has been somewhat in flux for the last few years due to its move from the Department of Insurance (DOI) to Department of Human Services. Historically, when housed within the DOI, SHIBA had a full time director, two employees on phones, and three field officers. From 2016 to 2021, SHIBA moved to the Health Insurance Marketplace Group. During this phase, SHIBA was staffed by 12 people, including six dedicated to outreach, along with additional support from marketplace personnel. With the stated aim of growing the program, SHIBA transferred to the Department of Human Services on July 1, 2021. With this move, the program not only lost the marketplace support network but also went from a team of more than 10 to a single employee.

Today, the program relies heavily on temporary workers, particularly during open enrollment, and volunteers. SHIBA receives no state funding and relies largely on the federal SHIP grant, which funds four positions (two field office trainers and two public service representatives at a call center). As the grant does not provide enough funding to cover a full-time SHIP director, there is instead an acting SHIP director that also manages another unit. Temporary workers are paid for by the Older Americans Act. Despite receiving no state funding, SHIBA prioritizes promoting the program to each new state legislature, and ensures that state legislators are aware of the program. SHIBA sends each member of the Oregon House and Senate a letter of introduction (oriented around serving their constituents), a guide to plans, and instructions to send any constituents experiencing issues with Medicare to SHIBA.

At the local level, SHIBA relies on volunteer coordinators that are either paid out of subcontracted funds, employed through a partner entity, or, in the case of nearly half of volunteer coordinators, are volunteers themselves, particularly in smaller counties. While SHIBA did see a significant decrease in volunteer engagement during the pandemic, they were able to shift their volunteer training program to a virtual delivery, and saw a positive response to the ability for potential volunteers to complete the training remotely.

SHIBA community partners include libraries, chambers of commerce, hospital networks, clinics, social security offices, and others. With its most recent partner, the Oregon Association of Health Underwriters, SHIBA is focused on addressing misconceptions that insurance agents often have with SHIBA, emphasizing the relationship is meant to be collaborative rather than competitive.
Washington - Statewide Health Insurance Benefits Advisors (SHIBA)

Washington’s Statewide Health Insurance Benefits Advisors program (SHIBA) has been in operation since 1979, making it the oldest SHIP in the United States. In addition to 13 full time staff, SHIBA brings on full time temporary workers during open enrollment, and relies on implied support from other positions outside SHIBA but within the Department of Insurance. This includes two positions funded by the state for things like human resources and IT support. SHIBA has offices by county across the state, a robust network of volunteers, and partnerships with local nonprofits.

SHIBA is unique among the states IPI researched in that it receives dedicated funding from the state. SHIBA’s budget is 50% from the federal grant, 50% from the state, thanks in large part to SHIBA’s long tradition of being a SHIP before there were such programs. It is clear that without state funding, SHIBA would be a very different program.

Within its partnerships, SHIBA has two paths that organizations can take. One, characterized by closer ties with SHIBA, is largely followed by senior centers, area agencies on aging, and FQHCs. These partners are on contract and manage volunteers. The other, characterized more by bilateral referral relationships and minimal training and support, largely consists of community colleges, food banks, and other senior centers. These partners are not on contracts (though some may have an MOU) and are responsible primarily for referring clients, sharing outreach materials, and attending events.

Wyoming - State Health Insurance Information Program (WSHIIP)

Wyoming’s WSHIIP identifies the rural nature of Wyoming as a particular challenge with its vast amount of land, and a density of six people per square mile, reaching beneficiaries can be a challenge. The program is run by a private nonprofit agency, Wyoming Senior Citizens, Inc (WSCl). Administration of the program flows directly from the federal government to the state Department of Insurance to WSCI. Four staff, working in three different offices located in Casper, Cheyenne, and Riverton, each manage volunteers in their respective regions after training. WSHIIP employs a system of different levels of volunteers: Level 4 volunteer (hanging up fliers, handing out brochures), Level 3 volunteer (senior center-based, not directly helping beneficiaries), Level 2 volunteer (during open enrollment, October - March), and Level 1 volunteer (work essentially as a staff member would).
Key takeaways from fellow state SHIPs
Through interviews and research on other state SHIPs, IPI observed a number of common themes. When it comes to SHIP operations, most states seem to use a decentralized model, typically characterized by local offices and/or community partnerships spread across various counties or regions. Additionally, many SHIP offices align resources with SMP and MIPPA offices. With the exception of Washington, all the states interviewed for this project rely largely on federal funding.

Reliance on volunteers
Volunteers play a critical role in the functioning of SHIPs across all states interviewed. Reliance on federal funding, with limited state money available, underscores the importance of volunteers across SHIPs. Common volunteer responsibilities include Medicare counseling, community outreach, and administrative assistance. While many SHIPs actively recruit volunteers, many volunteers also seek out volunteer opportunities with SHIP as a result of their own experiences as beneficiaries from the programs. Generally, SHIP volunteers are retirees themselves, have benefitted from the program or had a difficult experience with Medicare, tend to be highly educated, be from a helping profession (teaching, nursing, law, among others), and appreciate a challenge. Unfortunately, the COVID-19 pandemic had an adverse impact on volunteer retention across states. Most lost volunteers largely due to the shift to virtual and remote counseling. For some, the technological learning curve was too great, but for many, the dramatic decrease in social interactions caused them to step back from volunteering.

Impacts of COVID-19 on community partnerships
Other state SHIPs partner with a variety of entities, including pharmacies, community colleges, and libraries. Many community partnerships also largely suffered due to the pandemic. Other state SHIPs cited staff turnover at partner organizations alongside increased beneficiary demand, resulting in deterioration or evaporation of community partner relationships. However, there were a few positive themes. As partners lost staff due to the pandemic, some turned to SHIPs to fill the gaps in their own service delivery, resulting in closer ties. Some SHIPs found they saw broader engagement with partners due to the new virtual options.

Marketing and outreach
On the outreach side, other SHIPs most often cited referrals from other agencies and word of mouth among beneficiaries as the ways people find out about SHIP services. Most SHIPs also distribute tangible promotional items, particularly pens and sticky notes, that display information such as the SHIP name and phone number. Most SHIPs also translate a significant amount of outreach material into Spanish, but tend to rely on translation lines for other languages as needed.

Barriers to service provision
Other state SHIPs expressed challenges as well, particularly as they related to effectively reaching rural communities and communicating within and between agencies. Some SHIPs didn’t feel that their own parent agencies fully understood the work that they do and the needs that come along with that. Many also expressed the challenges in communicating between the different departments (largely federal) that are involved in the care most of
their beneficiaries qualify for and receive. With work relevant to a variety of agencies and programs, SHIPs often find themselves navigating Medicare, Medicaid, Social Security, and others while facing limited hours in state offices, uncertainty on guidelines, confusion on ultimate responsibility, and other issues.

**Conclusion**

Idaho’s SHIBA program and SHIPs in other states provide Medicare counseling that is greatly needed among the eligible population. Although SHIPs experienced severe hardships due to the COVID-19 pandemic, a dedicated workforce of staff and volunteers are striving to continue providing necessary counseling services while rebuilding their SHIPs to meet the demands of a growing and changing Medicare population. Many community partners would enjoy hearing from SHIBA again now that events and appointments have largely returned to in-person delivery. SHIBA should continue to utilize word of mouth outreach and referrals to recruit new Medicare counselors and community partners, as well as consider increasing the variety of volunteer opportunities available to folks. Effective recruitment efforts of more volunteers and community partners could help increase the number of annual BCFs to pre-pandemic levels. The best practices in this report may help SHIBA improve program effectiveness and enhance delivery of Medicare counseling and other important services.
Appendix A: Additional information about state SHIPs interviewed

This section includes information about Idaho's SHIBA program and fellow state SHIPs included in this research. Facts and figures from each state are listed in the areas of program operations (Table A1), volunteer management (Table A2), marketing and outreach (Table A3), and community partnerships (Table A4). Much of the data in Tables A1-A4 is self-reported by SHIP representatives and is likely to change and/or be approximate. If no information is listed, IPI was unable to obtain it, either through interviews or other research efforts. Also note that states may have different definitions of the terms used in this report and may count staff, volunteers, and community partnerships differently.
<table>
<thead>
<tr>
<th>Number of full-time staff</th>
<th>Idaho</th>
<th>Arkansas</th>
<th>Montana</th>
<th>Nebraska</th>
<th>Nevada</th>
<th>New Mexico</th>
<th>Oregon</th>
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<th>Wyoming</th>
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<tr>
<td></td>
<td>9</td>
<td>7</td>
<td>-</td>
<td>6</td>
<td>4</td>
<td>8</td>
<td>4</td>
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<tr>
<th>Number of part-time staff</th>
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<th>Nebraska</th>
<th>Nevada</th>
<th>New Mexico</th>
<th>Oregon</th>
<th>Washington</th>
<th>Wyoming</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>3 (temporary)</td>
<td>3</td>
<td>-</td>
<td>Approx. 10</td>
<td>1</td>
<td>0</td>
<td>8</td>
<td>0</td>
<td>Some shared with other programs</td>
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<table>
<thead>
<tr>
<th>Data collection and management</th>
<th>Idaho</th>
<th>Arkansas</th>
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<th>Nebraska</th>
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<th>New Mexico</th>
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<td>STARS</td>
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<td>CAPSTONE, STARS</td>
<td>STARS</td>
<td>STARS</td>
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<th>State run/contract run</th>
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<th>Nebraska</th>
<th>Nevada</th>
<th>New Mexico</th>
<th>Oregon</th>
<th>Washington</th>
<th>Wyoming</th>
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<tbody>
<tr>
<td>State</td>
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<td>State</td>
<td>State</td>
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<td>State</td>
<td>State</td>
<td>State</td>
<td>Contract</td>
</tr>
</tbody>
</table>

*The above information (in Table A1) was self-reported during interviews, states have varying definitions of program operations.
<table>
<thead>
<tr>
<th></th>
<th>Idaho</th>
<th>Arkansas</th>
<th>Montana</th>
<th>Nebraska</th>
<th>Nevada</th>
<th>New Mexico</th>
<th>Oregon</th>
<th>Washington</th>
<th>Wyoming</th>
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</thead>
<tbody>
<tr>
<td><strong>Number of volunteers</strong></td>
<td>65</td>
<td>Approx. 15</td>
<td>Approx. 190</td>
<td>Approx. 214</td>
<td>15</td>
<td>15</td>
<td>150 - 200</td>
<td>220 - 250</td>
<td>42 - 80</td>
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<tr>
<td><strong>Regional distribution of volunteers</strong></td>
<td>Near population centers</td>
<td>-</td>
<td>Around the state</td>
<td>8 local offices covering different counties</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>Across the state</td>
<td>-</td>
</tr>
<tr>
<td><strong>Types of recruitment strategies</strong></td>
<td>Word of mouth, outreach events, presentations</td>
<td>Word of mouth</td>
<td>Through area agencies on aging</td>
<td>Brochure, links on local area websites, signs in office</td>
<td>Call for volunteers in newsletter, VolunteerMatch.com, tabling/presentations, word of mouth</td>
<td>Volunteer coordinator, advertise in papers, brochures, YouTube training/recruitment</td>
<td>Call for volunteers on website, word of mouth, presentations, online advertisements</td>
<td>Call for volunteers on website, recruitment video, radio campaign, direct mail campaign</td>
<td>Word of mouth, presentations</td>
</tr>
<tr>
<td><strong>Primary responsibilities of volunteers</strong></td>
<td>Medicare counseling, education and outreach, word of mouth outreach</td>
<td>Serve as counselors</td>
<td>Serve as counselors</td>
<td>Serve as counselors, Medicare community presentations, attend health fairs, community outreach, office/data assistance</td>
<td>Serve as counselors, educating community, connect with low income seniors, administrative tasks</td>
<td>Serve as counselors, marking, outreach, training, administration</td>
<td>Serve as counselors, make public presentations to local groups, provide clerical support, participate in outreach activities</td>
<td>Serve as counselors, assist during open enrollment, administrative tasks</td>
<td></td>
</tr>
<tr>
<td><strong>Length of time volunteering</strong></td>
<td>Approx. 2 - 15 years</td>
<td>Fluctuates</td>
<td>-</td>
<td>Approx. 2 - 10+ years</td>
<td>Approx. 5 - 10 years</td>
<td>Up to 20+ years</td>
<td>Average of 10+ years</td>
<td>Approx. 5+ years</td>
<td>5 - 31 years</td>
</tr>
<tr>
<td><strong>COVID impact (changes before and after pandemic)</strong></td>
<td>Lost counselors due to shift to phone/virtual counseling</td>
<td>Diminished volunteer base</td>
<td>-</td>
<td>Lost volunteers (had 300+ pre-pandemic)</td>
<td>Lost volunteers (about 80% of volunteer network)</td>
<td>Lost volunteers who didn't want to do virtual</td>
<td>Lost close to 30% of volunteers, transitioned the training program to be virtual</td>
<td>Lost volunteers (lost half of volunteers over a couple of months)</td>
<td>Volunteers stepped up, but still a loss (25 - 30% decrease in beneficiaries documented as helped)</td>
</tr>
</tbody>
</table>

*The above information (in Table A2) was self-reported during interviews, states have varying definitions of volunteers.*
<table>
<thead>
<tr>
<th></th>
<th>Idaho</th>
<th>Arkansas</th>
<th>Montana</th>
<th>Nebraska</th>
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<th>New Mexico</th>
<th>Oregon</th>
<th>Washington</th>
<th>Wyoming</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding for marketing and outreach</td>
<td>Approx. $80,000 or 13% of budget</td>
<td>Approx. $150,000</td>
<td>$3,000</td>
<td>Approx. $100,000</td>
<td>$2,000</td>
<td>$72,400</td>
<td>$5,000</td>
<td>Approx. $300,000</td>
<td>$15,000</td>
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<tr>
<td>Types of marketing and outreach</td>
<td>Word of mouth, referrals, digital campaigns, 65 birthday mailers, reminders for open enrollment, health fairs</td>
<td>Digital campaigns, billboards, radio ads, community events</td>
<td>Weekly television show, Facebook ads, news ads, PSAs</td>
<td>Outreach activities, presentations, radio, transit ads, Facebook/LinkedIn presence</td>
<td>Regular newsletter, &quot;Medicare Minutes,&quot; word of mouth, social media, flyers, magazines, radio, brochures, health fairs</td>
<td>Facebook posts, monthly virtual SHIP information meetings, target commercials on streaming services, presentations</td>
<td>Email list, Facebook, Twitter, presentations, radio, state legislature</td>
<td>Ads on radio, streaming, TV, mailings, posters, flyers, events</td>
<td>Targeted digital marketing ads</td>
</tr>
<tr>
<td>Promotional items</td>
<td>-</td>
<td>Pizza cutters, stress balls, lip balms</td>
<td>Pens, chip clips, notepads, sticky notes</td>
<td>Pens</td>
<td>Stress balls, back scratchers</td>
<td>Heart-shaped stress balls, pill boxes, pens</td>
<td>Post-it notes, pens, reusable bags, chip clips, magnets, pillboxes, journals, chapstick, hand sanitizer</td>
<td>Notepads, pens</td>
<td>-</td>
</tr>
<tr>
<td>Languages other than English</td>
<td>Spanish, translation line as needed</td>
<td>Spanish, work on Marshallese, federal library of materials</td>
<td>Use translation line as needed</td>
<td>Spanish, Vietnamese</td>
<td>Spanish, translation line as needed, some Apache</td>
<td>Spanish, translation line as needed</td>
<td>Spanish, translation line as needed</td>
<td>Spanish, translation line as needed</td>
<td>Individual volunteers speak Spanish, Vietnamese</td>
</tr>
</tbody>
</table>

*The above information (in Table A2) was self-reported during interviews, states have varying definitions of marketing and outreach.*
## Table A4: State SHIP facts and figures - community partnerships*

<table>
<thead>
<tr>
<th></th>
<th>Idaho</th>
<th>Arkansas</th>
<th>Montana</th>
<th>Nebraska</th>
<th>Nevada</th>
<th>New Mexico</th>
<th>Oregon</th>
<th>Washington</th>
<th>Wyoming</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of community partnerships (states may consider CPs differently)</td>
<td>2</td>
<td>50</td>
<td>-</td>
<td>-</td>
<td>20+</td>
<td>50 - 60</td>
<td>15 - 40</td>
<td>Approx. 150</td>
<td>3+</td>
</tr>
<tr>
<td>Types of community partnerships</td>
<td>Noncontract, MOU</td>
<td>Contract</td>
<td>Noncontract, contact</td>
<td>Noncontract, contact</td>
<td>Noncontract</td>
<td>Noncontract, contact</td>
<td>Noncontract, contact</td>
<td>Noncontract, contact</td>
<td>Noncontract, contract</td>
</tr>
<tr>
<td>Responsibilities of community partners</td>
<td>Provide Medicare counselors, space, outreach</td>
<td>Host volunteers, work on community events, outreach</td>
<td>Outreach</td>
<td>Provide education, outreach</td>
<td>Events, outreach, information, MAP brand awareness</td>
<td>Outreach, referrals</td>
<td>Medicare counseling, outreach</td>
<td>Provide outreach and counseling services</td>
<td>Educational events, outreach, brand awareness</td>
</tr>
<tr>
<td>Regional distribution of community partners</td>
<td>Across the state</td>
<td>Spread across 5 regions</td>
<td>Across the state</td>
<td>Spread evenly across 8 regions</td>
<td>Spread across the state</td>
<td>Across all 33 counties</td>
<td>Spread across the state</td>
<td>Serve all 39 Washington state counties</td>
<td>Spread across the state</td>
</tr>
<tr>
<td>COVID impact (changes before and after pandemic)</td>
<td>Lost community partnerships</td>
<td>Decrease in staffing</td>
<td>Increase in engagement</td>
<td>Reporting is down</td>
<td>Lost touch with partners, but also expanded partnerships</td>
<td>Increase in partnerships (easier to engage virtually than in person)</td>
<td>Staff changes hindered relationships</td>
<td>Staff changes hindered relationships</td>
<td>More contact through some partners, others unaffected</td>
</tr>
</tbody>
</table>

*The above information (in Table A4) was self-reported during interviews, states have varying definitions of community partnerships.