Achieving Equity by Building a Bridge from Eligible to Enrolled

(Updated January 2013)

Introduction

In January 2011, California became the first state in the country to establish a health insurance exchange, a key component of the Affordable Care Act (ACA) that will provide individuals and small businesses an opportunity to shop for and buy comprehensive health insurance. Low- to moderate-income families, between 133% and 400% of the Federal Poverty Level (FPL),[i] will be eligible for tax credits to help keep the costs of coverage affordable in Covered California (California's Health Benefit Exchange).

Developed by the California Pan-Ethnic Health Network (CPEHN), this fact sheet updates data released in a previous report, *Achieving Equity by Building a Bridge from Eligibility to Enrolled*, using the UC Berkeley Center for Labor Research and Education and the UCLA Center for Health Policy Research's California Simulation of Insurance Markets (CalSIM) model.[ii]

The CalSIM model is used to estimate the effects of specific provisions of the ACA on family and employer decisions about insurance coverage in California. While communities of color and people who speak English less than very well (limited English proficient, or LEP) represent a significant portion of those eligible for subsidies in Covered California, initial findings suggest that they may be less likely to enroll.

Over a million LEP adults eligible for subsidies in Covered California

Over 2.7 million adult Californians will be eligible to receive federal tax credits to purchase affordable health coverage in Covered California.[iii] Of these eligible adults, 66% (about 1.8 million) will be people of color (*Figure 1*) and 40% (about 1.09 million) will speak English less than very well (*Figure 2*).[iv]

Figure 1: Eligible Population for Subsidies in Covered California by Race/Ethnicity (2013)

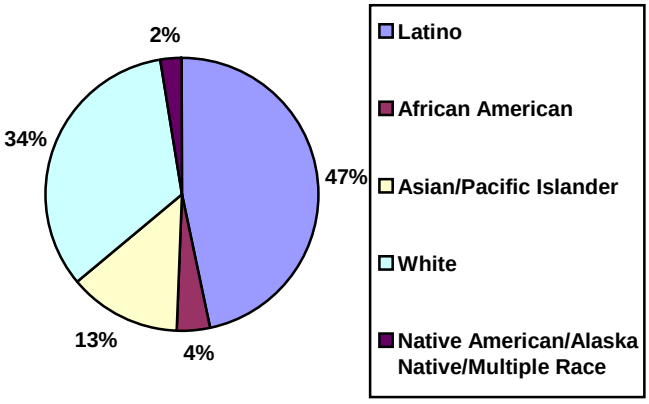
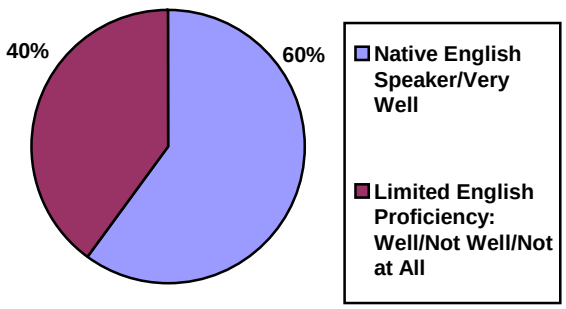
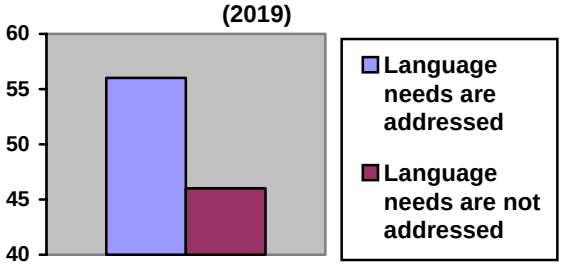


Figure 2: Adult Population Eligible for Subsidies in Covered California by English Proficiency (2013)



Language barriers may reduce LEP participation
Eligible LEP individuals are projected to enroll at lower rates than their non-LEP counterparts. Of the LEP adults eligible for subsidies in Covered California, 56% are predicted to enroll by 2019 if language were not a barrier (*Figure 3*). However, without appropriate and effective multilingual outreach and education efforts, just 46% are expected to enroll. The difference between these two estimates shows that there is the potential to enroll upward of 119,000 more LEP individuals in Covered California if enrollment is conducted with proactive outreach efforts directed toward the LEP population.

Figure 3: Percentage of Subsidy-Eligible Adults Enrolled in Covered California (2019)



Projected languages spoken
CalSIM also provides insight into the LEP adults projected to receive subsidies in Covered California in 2019. Though these enrollees are predominantly Spanish-speaking (81%, over 405,000), a significant number speak other languages. More than 95,000 people speak a language other than English or Spanish at home, with roughly 30,000 speaking Chinese, 15,000 Vietnamese, and 10,000 Korean.[v]

Recommendations
Our health care system must adapt to meet the needs of California's diverse population. To ensure that all eligible Californians are enrolled in health insurance programs, have equal access to affordable coverage and care, and receive quality services, the following recommendations must be implemented:

- **Target resources for consumer assistance to those with the highest need.** Resources must be designated for in-person assistance to communities with the highest needs who may lack access to the internet and other traditional methods of enrollment, including low-income populations, immigrants, LEP, and persons with disabilities.
- **Invest in culturally and linguistically appropriate marketing and outreach.** While the recent availability of $40 million in funds from Covered California is an important first step, ongoing resources should be made available to community organizations, ethnic media, and others who have experience marketing to communities of color.
- **Involve communities of color in decision-making processes.** Communities of color must be an integral partner in these processes to inform policy decisions that will have an impact on access to coverage and care.
- **Strengthen data collection efforts to help identify and address disparities.** As new systems are developed it is critical to build a more effective data collection infrastructure and identify ways to improve current systems to better understand and reduce disparities.
- **Invest in primary care and workforce diversity in underserved areas.** With more than 4 million newly eligible for coverage under the ACA, California needs to be ready to meet the new demands for care, such as strengthening the capacity of our safety net providers.
- **Promote prevention and wellness.** We must use this historic opportunity to transform our health care system into one that invests in health equity by keeping people well and ensure that federal and state resources allocated for prevention programs are preserved.

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[i] In 2012, 400% of the Federal Poverty Level was $44,680 for a single adult and $92,200 for a family of four.
[ii] Findings are based on CalSIM, version 1.8 Base scenario and CalSIM, version 1.8 Base scenario adjusted for LEP.
[iii] This does not include nearly a million Californians who are prohibited from purchasing coverage ***with their own money*** due to their citizenship status.
[iv] Data on English proficiency is only for adults 18 and older.
[v] The projected languages spoken are based on a more conservative estimate assuming that language is a barrier to enrollment.