



Ensuring Access: Engaging Communities of Color in ACA

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As we draw closer to the full implementation of the Patient Protection and Affordable Care Act (ACA), outreach and enrollment efforts targeted to California's diverse communities are more important than ever if we are to maximize enrollment into new health coverage options. In California, about 6.7 million nonelderly adults will be eligible for coverage through either Medi-Cal expansion or the state's new Health Benefit Exchange. Of the adults newly eligible under the Medi-Cal expansion, over 79% will be from communities of color and 51% will speak English less than very well (CPEHN,2010). Also significant, of those Californians eligible for subsidies in the Health Benefit Exchange, 67% will be people of color and 40% will be limited-English proficient (LEP) (Gans D,et al 2012). As a result, California's success in implementing the ACA will depend largely upon its ability to reach, enroll, and deliver care to communities of color. Policy decisions made at every step will significantly impact access to coverage for these newly eligible populations. Findings from this study could help inform the state's outreach and enrollment efforts leading up to 2014.

The goal of this study is to identify some of the cultural and linguistic outreach and enrollment needs of California's diverse communities in order to maximize enrollment into health coverage in 2014. Specifically, this study addressed the following questions:

- What do low-income racial/ethnic and LEP populations in California know about the ACA?
- What barriers exist in enrolling in coverage for communities of color under the ACA?
- What are the best approaches to inform low-income racial/ethnic and LEP families of the choices they have under the ACA (e.g., what are the best messages, means, and media to reach this targeted population and who will be the preferred navigators)?
- What are the cultural and linguistic outreach and enrollment needs of the targeted communities in

order to maximize their enrollment in MediCal and the Health Benefit Exchange?

Methods

This study employs a Community-Based Participatory Research approach. We worked with community-based organizations and conducted six group interviews with low-income racial/ethnic and LEP adults to learn how information about health coverage is obtained, shared, and acted upon. Specifically, we conducted group interviews with eight Latinos in the Central Valley, four American Indians in the Sacramento area, seven African Americans in Los Angeles, and eight in each of the Korean American, Chinese American, and Vietnamese American groups in the San Francisco Bay Area. Income level for all of the participants was below 400% Federal Poverty Level. The Latino, Korean, Chinese, and Vietnamese group interviews were conducted in their respective languages. To learn the perspectives on opportunities and barriers for communities of colors under the ACA from key stakeholders, we interviewed key informants from the following six organizations: Health Access, Consumers Union, Western Center on Law & Poverty (WCLP), California Department of Health Care Services (DHCS), the California Health Benefit Exchange, and the Managed Risk Medical Insurance Board (MRMIB).

We recorded each group interview session and transcribed them for subsequent analyses. The analyses went through the following steps: verbatim transcription of the recordings, proof-listening and editing in language, translation into English, data reduction, and identification of recurring themes in the participant's discussions. The goal of the analyses was to document the use of keywords, context, internal consistency, frequency, intensity and specificity, as well as to find "the big ideas." In addition, six key informant interviews with state-level stakeholders were conducted by telephone. These interviews were also recorded, and the data examined for recurring themes to enable us to understand their perspectives on the best strategies to reach, enroll, and serve communities of color under the ACA.

Findings

Current knowledge of ACA

Some racial/ethnic groups were more aware of the coming changes and benefits under the ACA than others. In general, the African-American and Latino respondents heard of certain facets of the ACA, such as the mandates for individuals to purchase insurance and for employers to provide insurance, as well as coverage expansion for low-income adults. However, Native American and Asian respondents were less informed and felt less comfortable with what they had heard.

“Since the government did not explain to us about the health care reform in detail, I don’t think anybody knows what will be available.”

-Korean focus group participant

“We have heard that everyone has to buy health insurance or else you are breaking the law. If we aren’t able to buy it, what will they do to us?”

-Cantonese focus group participant

One key stakeholder succinctly captured the current level of understanding of the ACA by saying,

“The uninsured don’t know what this [the ACA] means to them. Is it [the ACA] a good thing or a bad thing?”

-MRMIB

Barriers to enrollment

- Both group interview respondents and key informants mentioned concerns about affordability and called for a simple enrollment process with accessible and understandable information. Even under the ACA, group interview respondents were concerned that the cost of coverage may be too high.

“...it is still not affordable even though you are working. A person, like a day laborer, may still not be able to afford it.”

-African American focus group participant

- Comprehensibility of the information also concerned respondents, among LEP and English-speaking respondents alike. Group interview participants and key informants called for universal and shorter applications, describing the current enrollment processes as “jumping through hoops” (Native American). Others had previously sought information but were dissatisfied with the

unavailability of bilingual community health workers to answer their questions.

“They would [enroll] if the information was accessible and easily digestible. They read it and get it.”

-African American focus group participant

- Respondents in the Latino group interview and key informants discussed fear as a barrier among families with undocumented immigrants. Individuals from mixed immigration status families will often not enroll eligible family members due to the fear of discovery and deportation.

“...how do we allay the understandable fears of mixed status families – that parents can apply for coverage for their kids?”

-WCLP

Outreach strategies

- Group interview respondents suggested ethnic mediums, highlighting that even traditional forms of communication will need to be culturally contextualized. Asian American group interview respondents advocated for providing information through language-specific newspapers. While some mentioned using language-specific television channels, others felt this would be ineffective to reach their community, stating that newspapers or direct mail was more consistently utilized.

“We may miss or skip an advertisement on the television, but we check the mail daily.”

-Korean focus group participant

- Chinese, African American, and Latino respondents also recommended distributing information through schools; however, some Latino respondents felt that this approach would not be effective in reaching field workers and day laborers, who comprise a significant portion of their community.

“It’s all well and good to have the information available at schools, but those people [parents] are working in the fields all day and cannot take the time and find it difficult.”

-Latino focus group participant

- While many group interview respondents said they would turn to the internet to find information, some mentioned they do not have internet access (Vietnamese participants). Some also

expressed hesitancy at the idea of using internet for enrollment, especially if it requires submission of personal identifiers. However, many, particularly in the Native American and Latino group interviews, stated they would have increased confidence if the website had a .gov address.

- Key informants emphasized the importance of eliciting support at the community level by involving trusted entities within each community and taking the message to where people already naturally congregate. Group interview respondents confirmed this idea and suggest information be distributed through welfare offices, WIC, child care centers, community health centers, libraries, and movie theaters. Both Korean and African American group interview respondents also asked for information to be distributed through churches, which are viewed as trustworthy establishments within their communities. Additionally, key stakeholders recommended partnering with established institutions, rather than using one-time events, like health fairs.
- One key informant summed it up by saying it is most effective to utilize

“...the trust, cultural competency, and language by tying in to the institutional connection. What are those institutional connections in the community? Schools, churches, places of employment, boys and girls centers. Go to where they are.”

-Health Access

Cultural and linguistic needs for application and enrollment

- The overarching message communicated by group interview respondents was the desire for information to be available in their own language at each step. They requested resources such as translated forms and available health care professionals/community organization staff to field questions during enrollment.

“[We need] community organizations like AHS to help people enroll because there are professionals who can explain... It’s best to have people in our native languages. We feel safer and more secure because they speak our language.”

-Cantonese focus group participant

“California needs to be extremely mindful – we are so

diverse within the state and we need to make sure that the populations have access to information in their language.”

-Health Benefit Exchange

One key stakeholder well-stated the unique challenge California faces for reaching these diverse populations:

“It’s going to be different types of strategies – look at multiple forms: verbal, written, pictorial....There might be one message... but how you relate on the local level, we will have to adapt.”

-DHCS

Crucial Information for enrollment decision

- When asked what information would be necessary or helpful when making the decision to enroll, group interview respondents said they would need information about coverage and what services would be provided, qualification for coverage, the cost, who to contact with questions or complaints, reviews on the program, locations of services, choices of doctors, and whether doctors and other health service providers would be available who speak their language.

“The best way I think would be like how a travel agency advertises: print lots of materials to show everything that is covered.”

-Cantonese focus group participant

“Can that doctor speak Vietnamese? If they say no Vietnamese, then nah (no). I can’t buy it because I don’t know English, so I don’t buy.”

-Vietnamese focus group participant

Suggested Branding

- We asked group interview respondents to propose a name for the new “Health Benefits Exchange” and key words for the website address. Respondents recommended using the word “medical,” to differentiate from other types of insurance. In addition to using a .gov website, a few examples of suggested website names are as follows: CAL INS, Affordable Options, HealthCal.org, Salud.gov, Health Care for Everyone, Health Reform, Insurance for All, Medical Insurance Choice, New Medical Insurance Choice, and Medical Insurance for Nation.

Policy Recommendations

- **The State should invest in specific and effective outreach and enrollment strategies aimed at each racial and ethnic group.** It is clear from our findings that Latinos, American Indians, African Americans, and Asian Americans all need accessible and digestible messages, but they need them in different languages and sometimes with different focuses. For instance, appropriate messages for families with mixed immigration status are needed for many Latino adults. As the Health Benefit Exchange implements their marketing and outreach plan, it will be critical to create targeted, culturally appropriate education campaigns.
- **The State should allocate sufficient resources to community-based organizations (e.g., community health clinics) or faith-based organizations (e.g. churches), as well as public education (e.g., schools) and health systems (e.g., hospitals) for outreach and enrollment.** The Health Benefit Exchange's proposed \$20 million outreach and education grant program is a positive first step to partnering with the community organizations. It will be important to tailor the outreach strategies and collaboration to meet each racial/ethnic sub-group's different needs. For instance, church-based outreach and enrollment may work effectively for Korean and African American communities.
- **The State should ensure adequate funding for a community-based application assistance program.** Given the complexity of the choices under the ACA, cultural and linguistic competent assistors are needed to field questions and help with the application process. There needs to be appropriate funding available for community organizations to build the infrastructure, to hire and train enrollment assistors.
- **The State should be cautious in devoting resources to traditional approaches for racial/ethnic group outreach.** For instance, TV advertisements, which are included in the Exchange's marketing and outreach plan, may work for some racial/ethnic groups, but not as well for others. Direct mail from the government, government websites, and ethnic-language newspapers are preferred approaches according to some racial/ethnic groups.
- **The State should involve communities of color in designing and implementing marketing and outreach campaigns.** Communities of color have strong interests in obtaining health insurance; however, the coverage should be affordable, equitable, and comprehensive. They are interested in being involved in designing marketing strategies and messages to promote new coverage options.

In summary, this project begins to provide information about opportunities and barriers for accessing health coverage for communities of color; however, further efforts are needed to ensure communities of color are being strategically reached, enrolled, and served under the ACA.

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