

Readiness to Implement the Affordable Care Act in the Latino Community Among Health Centers and Community-Based Organizations

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Coverage expansions under the Affordable Care Act (ACA) will have a major impact on the 15.6 million uninsured Latinos* in the United States. As of May 2014, Latinos are still disproportionately uninsured (33.1%) compared to the general population (13.4%), despite increased access to coverage through subsidized insurance programs and Medicaid expansions.^{1,2,3,4} Existing outreach and enrollment efforts are often ineffective in engaging and meeting the needs of limited-English-proficient and hard-to-reach Latino populations.

Community health centers (CHCs) and community-based organizations (CBOs) are well-suited to provide coverage under the ACA for the Latino population, as these organizations utilize targeted strategies and are trusted sources of linguistically and culturally appropriate services and information. Given the growing Latino population in the U.S., a baseline understanding of key outreach activities and strategies for this population is essential to the successful rollout of the ACA.

The purpose of this issue brief is to report the results of a survey of Latino-serving CHCs and CBOs, conducted by JSI and the National Council of La Raza (NCLR), in 2013, just before implementation of the ACA. The survey assessed the readiness and needs of CHCs and CBOs to implement the expansion of health insurance coverage and serve as enrollment resources for the Latino community.

The survey examined how the organizations provided or planned to provide outreach, enrollment, and renewal assistance to Latino clients as well as how they assisted them in selecting health plans and providers. Additionally, survey questions assessed the barriers and challenges the organizations faced or anticipated in providing such services to clients across the outreach and enrollment continuum shown in Figure 1. Given the importance of effective outreach and enrollment strategies for Latinos, this information is crucial in providing a baseline understanding of the key strategies being employed by the organizations that work closely with Latino populations.

Survey Characteristics

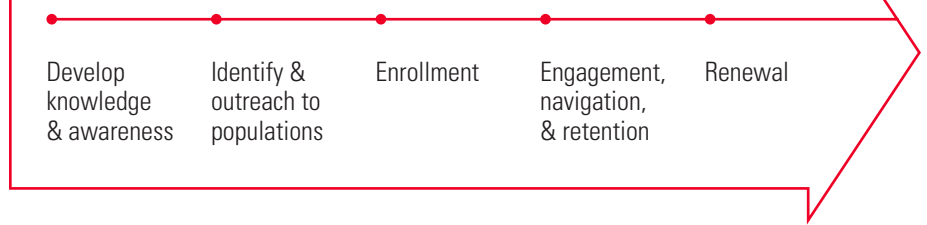
- Administered online in spring 2013
- CHCs and CBOs recruited through NCLR's affiliate network in 23 states and primary care associations in 4 states
- 83 CHCs and 52 CBOs responded to the survey
- Majority of survey respondents were Executive Directors, CEOs, and COOs
- Organizations surveyed collectively served 2.3 million people in 2011, including 1.3 million Latinos⁷

* The terms "Hispanic" and "Latino" are used interchangeably by the U.S. Census Bureau and throughout this document to refer to persons of Mexican, Puerto Rican, Cuban, Central and South American, Dominican, Spanish, and other Hispanic descent; they may be of any race.

Key Results

Many of the organizations which participated in the survey provide outreach and enrollment services to Latino clients. Seventy percent of CHCs and 48% of CBOs also performed in-reach by notifying existing clients about their potential eligibility for new coverage options.

Figure 1: Continuum of Enrollment in Health Insurance Coverage

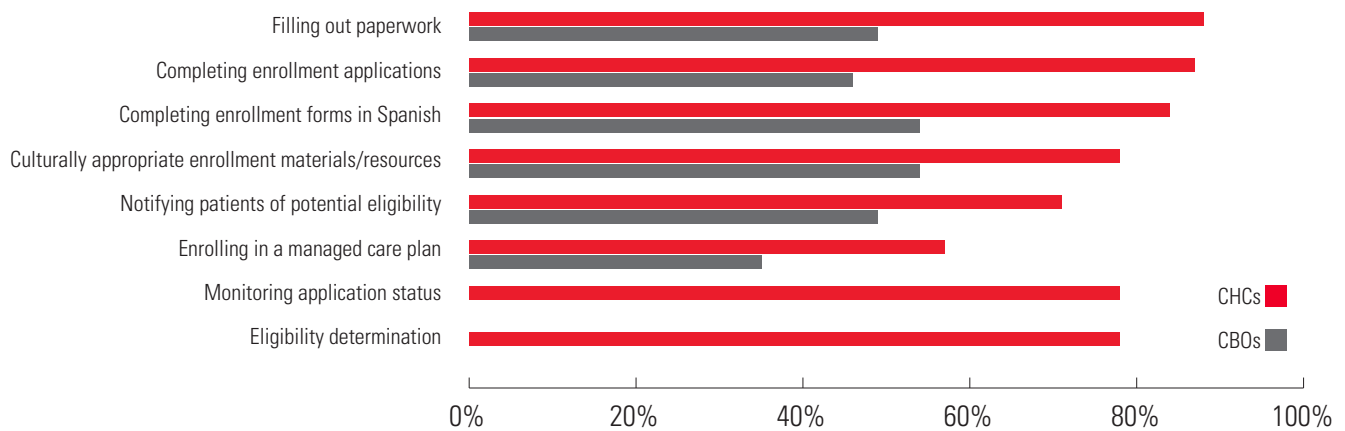


The main enrollment services that CHCs and CBOs offer include: 1) assistance in filling out paperwork and eligibility applications, and 2) provision of information or application forms in Spanish. Some organizations also provided services for enrolling or re-enrollment in a managed care plan, although these instances were less common. While CHCs provided more enrollment services to Latino clients, CBOs also served as sources for information and educational resources on coverage options. CBOs provided fewer services related to outreach and enrollment; this is likely due to CBOs having fewer available resources and less experience in health insurance coverage. On the other hand, CHCs may be more comfortable doing enrollment work than CBOs, are able to provide eligibility determination and monitoring of applications, and also have a financial incentive to enroll clients in coverage. At the time of the survey, both CHCs and CBOs planned to continue or expand services in anticipation of ACA implementation.

Top 3 Outreach Methods

1. Health fairs and community events (CHCs= 53%; CBOs= 54%)
2. Outreach events with community leaders (CHCs= 37%; CBOs= 41%)
3. Phone calls for CHCs (19%) and social media and home visits for CBOs (16%)

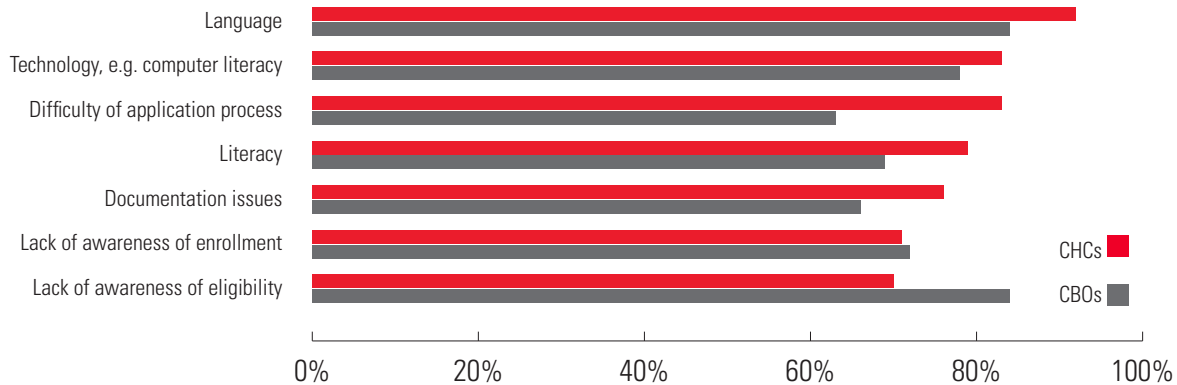
Types of Assistance Provided by CHCs and CBOs



Despite existing organizational outreach efforts for Latinos, CHCs and CBOs reported facing significant challenges in reaching and enrolling Latino patients in a health insurance plan. The majority of organizations reported that the biggest barriers to successful health coverage enrollment among clients were lack of awareness of coverage eligibility and lack of information about enrollment processes. Some respondents also reported that clients may not have experience with the health care system or understand the purpose

of health insurance. Documentation issues, literacy, and language were also perceived as major barriers for this population. In open response questions, organizations reported that issues including immigration status, fear of deportation, and lack of trust were also barriers for patients. Lastly, organizations reported onerous application processes and computer literacy as barriers for their clients.

Patient Barriers to Insurance Enrollment



Respondents were asked to name the most important types of resources and information needed for supporting outreach and enrollment efforts at their organizations. Among CHCs, by far the most common need was for Spanish-language materials about coverage options that could be distributed to patients. Respondents also expressed the need for materials that were easy to read and culturally appropriate.

One CHC respondent requested “an understanding of ACA coverage expansions, given that our state has not agreed to expand Medicaid coverage.”

CHCs specifically requested funding for dedicated enrollment staff and outreach activities, as well as training about coverage options and enrollment processes for staff members who provide enrollment services at their clinics. Several CHCs also mentioned the need for funds or assistance in marketing to Latino populations on Spanish-language television, radio, and other media channels.

Similar to responses from CHCs, the most important requested resources for CBOs were appropriate materials, training for staff, and funding. CBOs also requested state-specific training on coverage options and enrollment processes, with less than one-third of participating organizations reporting they had a high degree of familiarity with their state’s enrollment process (CHCs= 25%; CBOs= 13%). Similarly, CBOs requested information about the status of their state’s decision on Medicaid expansion, which may have been uncertain at the time of the survey.

Conclusions and Policy Implications Looking Forward

Given their strong connection to Latino communities, community health centers and community-based organizations are critical institutions that can and should play an important role in outreach and enrollment in health insurance coverage. At the time this survey was administered, just prior to the full rollout of the Affordable Care Act, CHCs and CBOs were already aware of many significant barriers preventing them from enrolling Latino clients in coverage. These identified issues turned out to mirror the key barriers seen nationally in the ACA rollout for Latinos.^{5,6}

“Grants for this do not pay the total price of outreach, enrollment, and reenrollment costs.” – CHC respondent

In response to the needs highlighted by the survey, NCLR embarked on a campaign throughout the open enrollment period to help equip its affiliate organizations with information and support to conduct outreach and enrollment activities with Latinos. NCLR conducted a wide array of press and communication events including webinars, tele-town halls, conference calls, social media blitzes, media interviews, reports, and community outreach and enrollment events. NCLR also partnered with other national organizations to produce and distribute over 80,000 bilingual brochures to Latino-serving CHCs and CBOs in its affiliate network.

Nevertheless, from the time this survey was conducted and as the ACA rollout continues, it is clear that much more needs to be done to improve outreach and enrollment services for Latinos and to overcome the barriers identified by CHCs and CBOs across 23 states. Looking ahead to 2015, the current and future outreach and enrollment efforts are unlikely to meet the needs of Latinos unless there is additional capacity-building work, funding for CBOs, and more culturally and linguistically appropriate information available for organizations trying to enroll this population.

This research suggests the need for state and local governments to provide CHCs and CBOs with additional training, funding, culturally competent and linguistically appropriate materials, and other resources to enhance their current efforts to expand coverage under the ACA. Only with these additional resources will these organizations be able to meet the unique needs of the Latino population in enrolling and maintaining health coverage.

Organizations also reported that immigration status posed a significant barrier for a large segment of their Latino patients. An estimated 11.7 million Latinos in the U.S. are undocumented and will likely remain ineligible under ACA coverage expansions.⁸ Therefore, securing health care for this population will continue to be an issue regardless of outreach and enrollment efforts.

¹ Gallup. "Uninsured Rate Holds Steady at 13.4%." Gallup Well-Being [online]. June 5, 2014. Available at: <http://www.gallup.com/poll/170882/uninsured-rate-holds-steady.aspx>

² Millman J. "Five Takeaways from Gallup's Poll on the Uninsured." The Washington Post [online]. March 10, 2014. Available at: <http://www.washingtonpost.com/blogs/wonkblog/wp/2014/03/10/five-takeaways-from-gallups-poll-on-the-uninsured>

³ The Henry J. Kaiser Foundation. (July 1, 2013). *Status of state action on the Medicaid expansion decision, 2014*. Retrieved from: <http://kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/>

⁴ Kaiser Family Foundation, April 2013, based on data from the American Community Survey (2011).

⁵ Medina, J and A Goodnough. "States Struggle to Add Latinos to Health Rolls." *The New York Times* [online]. February 14, 2014. Available at: http://www.nytimes.com/2014/02/14/us/states-struggle-to-add-latinos-to-health-rolls.html?_r=0

⁶ Millman, J and S Somashekhar. "Obamacare's Hispanic enrollment is low, new HHS report shows." *The Washington Post* [online]. May 1, 2014. Available from: <http://www.washingtonpost.com/blogs/wonkblog/wp/2014/05/01/obamacares-hispanic-enrollment-is-low-new-hhs-report-shows/>

⁷ Health Resources and Services Administration, US Department of Health and Human Services. (June 5, 2012). *2011 Health Center Data: Uniform Data System (UDS)*. Retrieved from: <http://bphc.hrsa.gov/uds/view.aspx?year=2011>

⁸ Pew Research. *Hispanic Trends Project. Population Decline of Unauthorized Immigrants Stalls, May Have Reversed*. September 9, 2013. <http://www.pewhispanic.org/2013/09/23/population-decline-of-unauthorized-immigrants-stalls-may-have-reversed/>



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