

State Policy Recommendations for Increasing Latino Enrollment in Health Insurance Coverage

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As states across the nation search for strategies to improve outreach and enroll efforts targeting Latinos during the next Affordable Care Act (ACA) open enrollment period, the state of Massachusetts may offer valuable insights into the facilitators and challenges of Latino insurance enrollment.

In 2006, Massachusetts enacted a broad coverage expansion law that became the model for ACA. Massachusetts had long prohibited insurers from excluding coverage for pre-existing conditions or charging higher premiums based on one's health status. The coverage provisions of the ACA mirrored those of the 2006 Massachusetts law, including a Medicaid expansion, a state exchange that offered coverage plans pre-screened for value and minimum benefits, and sliding scale coverage subsidies for low-income individuals. Both laws also included the most controversial provision: mandates for both employers to offer insurance and for individuals to purchase insurance coverage. While the details of both policies differ slightly, the basic design is similar.

Given their parallels, the challenges and successes faced by the state of Massachusetts over the past nine years provides valuable insights into those faced by states and community-based organizations (CBOs) across the nation today. Mostly promisingly, Massachusetts has by far the highest rate of insurance coverage in the country, with 95% of the population insured. Increased coverage has led to improvements in overall health, fewer avoidable hospital stays, and is possibly a factor for a stronger-than-average economic recovery¹.

Prior to passage of the state's reform law, uninsurance among Latinos was much higher than among non-Latino whites. Implementation of the coverage expansion benefited Latinos the most, as their uninsurance rate dropped 57% in the first year of implementation (compared to a 42% drop among non-Latino whites).² Yet, despite these successes, Latinos' enrollment in Massachusetts has lagged behind that of other ethnic groups. Research in Massachusetts shows that significant disparities existed between Latino and white populations in obtaining insurance coverage.¹ Furthermore, Spanish-speaking Latinos with low-English proficiency were significantly more likely to be uninsured,

¹ http://bluecrossfoundation.org/sites/default/files/download/publication/MHRS_2013_Summary_FINAL.pdf

² <http://bluecrossmafoundation.org/sites/default/files/081000MHRWhoGainedLong.pdf>



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lack a usual care provider, and experience cost-related barriers to care. While Massachusetts invested substantial resources into outreach and enrollment efforts focused on low-income and immigrant communities,³ the persistent shortfall in Latino coverage points to the need for increased focus on the specific needs of uninsured Latinos.

The purpose of this brief is to present policy recommendations for states seeking to improve outreach and enrollment efforts to Latinos. Our recommendations are based on findings from a research survey on barriers to obtaining, maintaining, and using insurance coverage conducted with 3,216 Latinos in Massachusetts, the largest sample size in published literature on this topic to date. The survey was collected primarily in Spanish. Our recommendations are also based on in-depth qualitative interviews and focus groups with both leadership and enrollment staff at community-based organizations and health centers that work with large populations of Latinos (for a full description of our research methodology, see Appendix A).

This brief: 1) provides a brief summary of our research findings and discuss them in the context of the changing policy landscape in Massachusetts since health reform was adopted; 2) takes an in-depth look at the facilitators and challenges faced by Massachusetts in order to draw lessons from the state's nine years of experience that can be shared with other states; and 3) describes the key policy recommendations for other states to expand coverage to the growing Latino population.

LATINO COVERAGE AND ACCESS IN MASSACHUSETTS CHANGING POLICY LANDSCAPE

Existing outreach and enrollment programs for the uninsured may not be sufficient to meet the cultural, linguistic, and economic needs of Latinos. Our survey found that a substantial number of Latinos in Massachusetts can be classified as *chronically uninsured*, as they have never had health insurance as an adult in the United States, despite the availability of coverage programs for which they would be eligible.⁴ Among those with insurance, there was a significant number who had unstable coverage, and often faced gaps in coverage of 4 months or more. We identified

another set of respondents as underinsured with high cost barriers to using health care, despite their coverage. While our convenience sample was not necessarily representative of all Latinos in Massachusetts, the existence of substantial uninsured, underinsured, and unstably covered Latinos in a state with a mature health reform system indicates persistent deficiencies in the context of generally successful reform implementation.

Findings from our qualitative research suggests that the state has provided inadequate funding for CBOs and health centers for enrollment activities, even among organizations that are the most immersed in the Latino community and are at the frontline of outreach and enrollment activities. Although state agencies have made information on enrollment, eligibility, and renewal available in Spanish, there is insufficient information. Similarly, state agencies in Massachusetts have sought to simplify and automate the enrollment and renewal processes; yet the process remains far too complex, especially for Latinos with low-literacy levels, often accompanied by low-English proficiency. Agency representatives also discussed the significant need to provide health services to large number of undocumented Latinos.

These barriers flow from a number of institutional policies that make it difficult for many Latinos to participate in the coverage reforms. Until recently, the state's exchange, the Health Connector, and the state's Medicaid program, MassHealth, had somewhat independent outreach and enrollment activities. Massachusetts received high marks from observers for using a combined Connector/MassHealth application process from the inception of health reform. However, during the early years of reform, the outreach efforts were initially separated, with the more politically favored Health Connector allocated greater resources and attention to these efforts. This was particularly paradoxical, given that MassHealth programs covered more than five times more people than the Connector's programs.

After the initial active outreach and enrollment pushes in 2007 and 2008, the state scaled back its support for outreach activities. This lull ended with the implementation of the ACA's initial open enrollment in 2013-14, and even more so in the 2014-15 open enrollment period, where the state dramatically expanded outreach. MassHealth and the Connector combined

³ <http://bluecrossmafoundation.org/sites/default/files/090804MHRSPolicyBriefRevised2.pdf>

⁴ In Massachusetts, as in most states, undocumented immigrants are not eligible for subsidized health insurance programs. Rather, they are eligible for a state-managed hospital charity care program called the Health Safety Net. For the purposes of this project, we did not consider people who were enrolled in the health safety net program as insured.

to manage an expansive, multi-faceted outreach campaign that included a door-to-door canvassing campaign that targeted many Latino neighborhoods, advertising in Spanish language and Spanish language media, and an earned media campaign aimed at Spanish-and Portuguese-speaking residents. The outreach campaign funded a number of CBOs based in the Latino community, which were able to reach their constituencies with a trusted and authentic voice. This greatly expanded campaign in 2014 and 2015 should serve to boost Massachusetts Latino enrollment in the near term. However, sustained, institutionalized effort is needed to cement the gains expected to occur.

Massachusetts's most recent enrollment campaign saw a number of challenges. Latino enrollment in the state was hampered by a lack of appropriate non-English enrollment materials. While the enrollment form is available in Spanish, community members faulted the translation as being somewhat academic and difficult for many with low-literacy to understand. Supporting materials, such as enrollment guides and website explanations, are available only in English. For example, clicking on the "language support" link on the Health Connector website leads to a notice in Spanish and other languages about a phone number to call for language assistance, the large banner on the site directs all users to first consult the "Getting Started Guide," which is only in English.⁵ Most of the state's outreach and enrollment programs have not been tailored to the differences in the degree of acculturation and countries of origin across the Latino population. For instance, Massachusetts also has a large Portuguese-speaking community (177,623 individuals five years and older speak Portuguese in their home, of which 81,005 speak English less than well⁶), but materials are unavailable in their language.

The findings from our study parallel the barriers that organizations have faced across the nation with the advent of the Affordable Care Act. Despite increased access to coverage and enrollment efforts, recent surveys show that nearly one quarter of Latinos in the U.S. lack health insurance. During the ACA's first open enrollment period, only 2.6 million of an estimated 10.2 million uninsured Latinos enrolled in coverage, and the uninsured rate among Latinos saw smaller percentage decreases than for other racial or ethnic groups.² While groups have redoubled their efforts

for the country's second open enrollment period, preliminary data show that the gaps remain. According to a report put forth by the Department of Health and Human Services, two months into the second open enrollment period only 10 percent of those who had enrolled in the 37 states served by healthcare.gov were Latino.²

POLICY RECOMMENDATIONS

Based on our research, observations, analyses of previous efforts, and extensive discussions with leaders in the field, we make the following recommendations for Massachusetts and all states seeking to maximize Latino health care enrollment. While there are some important differences across states, these address barriers are being widely discussed at the national level.

Recommendation #1: Centralize Latino enrollment activities at the state level

States should establish a permanent, interagency Latino Enrollment Center, with a single "czar" charged with managing all Latino outreach and enrollment activities. Currently, the lack of inter-agency coordination at the state level results in inefficiencies, disorganization, and gaps in the delivery of outreach and enrollment services. A single locus of responsibility, placed high enough within state government to be able to coordinate work by the exchange, Medicaid agencies, local governments, and other federal and state health programs, would allow the state to more quickly identify and respond to gaps. Furthermore, creating a single locus of responsibility would serve to establish accountability at the state level. To ensure cultural competency, the head of the office should be bilingual, familiar with Latino culture and social, economic, and political issues affecting the Latino population, and ideally will already be well known in Latino communities.

This "Latino enrollment czar" should lead his or her office in establishing and operating a centralized technical assistance center to provide assistance to municipal governments, community organizations, hospitals, and medical groups focusing on Latino enrollment. Centralizing technical assistance at the state level will allow the state to provide educational and messaging materials to organizations working with Latinos

⁵ <https://betterhealthconnector.com/>

⁷ 2013 American Community Survey one-year estimates for Massachusetts. B16001. Language spoken at home by ability to speak English for the population five years and older. Available from: <http://factfinder.census.gov/faces/nav/jsf/pages/searchresults.xhtml?refresh=t>

in a unified, consistent voice. It will also allow the state to focus its resources within a single agency, thereby reducing inefficiencies and allowing the potential to establish workflows that respond to the needs and requests of sister agencies and community partners.

A Latino enrollment czar could also lead the creation of a Latino Enrollment Advisory Task Force in order to connect state efforts with grassroots activities. The purpose of the task force would be to assist enrollment efforts through activities such as recruiting community partners, targeting fruitful areas to concentrate enrollment efforts, recommending effective media outlets, or suggesting innovative approaches to outreach. The task force could also be responsible for monitoring and evaluating Latino enrollment in the state and bringing community leaders to the table in strategy and operational discussions. The task force would include medical providers, health plans, community leaders, non profit groups, municipal leaders, and legislators working in this area, along with exchange and Medicaid leaders, as well as other state and even federal officials.

Recommendation #2: Fund permanent ongoing enrollment and education efforts aimed at Latinos.

Given the changing composition of the target population, it is crucial that organizations conducting outreach at the state level be continually funded and staffed. Massachusetts's scale-back of their initial outreach and enrollment activities after 2007-2008 are indicative of a larger trend in state programs: funding streams often wane after an initial period of ramp-up, resulting in the cessation of important outreach and enrollment activities. Outreach and information campaigns aimed at Latinos, particularly recent immigrants, need to be continually renewed, as the target population is expanding rapidly and is constantly changing.

It is also important to fund programs to include financial support to **grassroots community organizations within Latino communities**. Our research found that providing one-on-one assistance with clients is one of the most important promising practices for organizations working with Latinos. Furthermore, this type of assistance requires establishing a trusted relationship with clients over a prolonged period of time. Given their close integration into their community, grassroots community-based

organizations that work with Latinos are best positioned to establish trusted relationships in order to provide the multiple touch points necessary to assist clients through the enrollment process and beyond. These trusted community groups can provide information to reverse frequent misconceptions, such as the impact of signing up for health coverage on immigration status. In particular, funding for these programs should focus on non-medical organizations, such as community-based and faith-based organizations, since the majority of people seen at clinics and community health centers are already connected with the health care system.

Given the need for one-on-one assistance, coupled with the complexity of the application and renewal forms, the state should **increase educational campaigns and the broad availability of personalized in-person and phone assistance for Latinos**. These educational campaigns should target the Latino population in general, but should also be tailored to the many sub-groups and communities within the Latino population. In addition to funding community-based organizations for their direct outreach and assistance, a training program for community assisters is crucial in order to make sure they are aware of specific issues affecting Latino enrollment, such as complex immigration status or language issues such as Spanish fluency. The training would also increase their cultural competency so assisters are able to communicate effectively with Latinos unfamiliar with the American insurance and health care systems. The program should include annual updates so that counselors can keep up with changes in the system. This effort would be likely best be accomplished by a CBO with ties to state enrollment officials, funded as part of the general enrollment outreach program.

Finally, states should **fund activities to reduce insurance discontinuity** among Latino populations. While efforts to enroll clients form the first crucial step, an important and often neglected component of insurance enrollment is the renewal process, and our research found that a large portion of Latinos suffered significant gaps of four months or more in insurance coverage. Therefore, the state should secure sustainable forms of funding to provide one-on-one assistance to clients in insurance renewal. Another method to enhance renewal assistance would be to fund reimbursement for transportation costs to personal enrollment/renewal assisters. Currently, the

recognition that transportation can serve as a significant barrier to receipt of health care has resulted in Medicaid's reimbursement for transportation to medical care in some states; this should be extended to include transportation for enrollment and renewal assistance. Finally, it is also important to fund educational efforts surrounding the need for and the importance of renewing health insurance coverage. Doing so will promote insurance continuity, which is ultimately linked to better continuity of care and health status.

Recommendation #3: Simplify the enrollment process, particularly for Latinos.

Online enrollment processes have improved significantly since their rollout during the first ACA open enrollment period, and currently most state exchanges and healthcare.gov online systems are functioning well. However, for many Latinos who still utilize a paper application, the system remains complex and frustrating, and our research found that a number of forms lack proper Spanish translations and they rely on face-to-face contacts to address enrollment gaps. Therefore, the state should ensure that all forms and support materials be properly translated into Spanish and other common languages (such as Portuguese in Massachusetts). This extends to online systems as well, as the federal government did with its Spanish counterpart to healthcare.gov, www.cuidadodesalud.gov. The translations must work for low-literacy individuals and for individuals with very little knowledge about health insurance.

States should also *simplify the renewal processes* as another strategy to promote insurance continuity. Ideally, renewals should be automatic, requiring only a simple confirmation that the individual wants to renew their coverage. While the federal exchange provides for automatic renewals, not all state exchanges or Medicaid programs do. If auto-renewals are not possible, renewal forms (both online and paper versions) should be pre-populated with the previous year's information. This would both speed-up the renewal process, and reduce opportunities for errors or missing information on renewal forms.

Recommendation #4: Educate consumers on how to use the health care system

The critical step in reducing health disparities for Latinos at the state level is ensuring that covered individuals are appropriately engaged and linked to care. For the newly insured, enrollment is not always synonymous with access: lack of knowledge about using the health system, language, and cultural barriers can prevent an individual from receiving care. Therefore, the state should *integrate education on how to use the health care system into enrollment processes*. The state should also fund enrollment workers and community-based organizations to connect clients to care. This could be done through the expansion of patient navigator and assister contracts to include resources and accountability for ensuring patients are connected to care. This could also be accomplished through the facilitation of connections between enrollment counselors funded by the state and patient care navigators or medical home case managers. Furthermore, patient orientation and navigation education should be an explicit function of the health care system, and reimbursement streams should explicitly pay for and facilitate these tasks; the state could institute financial incentives to entities formerly only responsible for enrollment in order to improve care transitions for newly enrolled individuals.

CONCLUSION

Existing outreach and enrollment programs for the uninsured are not sufficient to meet the cultural, linguistic, and socioeconomic needs of Latinos. States need to make a concerted effort to address the unique needs of the Latino population in order to bring enrollment in health insurance coverage in line with that of other ethnic groups. By drawing on the lessons learned in Massachusetts, states not only have the potential to increase healthcare access among this important population, but also to streamline enrollment processes, maximize efficiency, and educate consumers on how to utilize their insurance and navigate the health system.

APPENDIX A

Methodology

A cross-sectional survey with a convenience sample was orally administered to non-elderly adult Latino residents of Massachusetts, ages 18 to 64, recruited from community-based sites across Massachusetts. An initial screener survey was administered to determine eligibility and screen participants into one of three sub-groups: Latinos who have never had insurance in the United States, Latinos who are currently uninsured but have had insurance in the past, and Latinos who are newly insured since 2007. Separate survey instruments targeting each sub-group were administered by the research team and by members of community-based organizations that work with large numbers of Latinos between October 2013 and June 2014. Eighty-seven percent of the surveys were conducted in Spanish, and the remaining in English.

In addition, key informant interviews and focus groups were conducted from June 2013 - June 2014 with organizations that serve large numbers of Latinos in Massachusetts. The research team interviewed leadership, outreach, and enrollment staff from seven community-based organizations, three health centers, two faith-based organizations, a union, two social service agencies, and two family planning clinics serving largely Latino populations in Massachusetts. Five focus groups were conducted with frontline enrollment staff at CBOs and Health Centers. Qualitative interview topics focused on organizational strategies for and delivery of outreach and enrollment services targeted toward Latinos, as well as related successes, challenges, barriers, and perceived effectiveness. Interviews were guided by an interview protocol developed by the research team.

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