

COVERED CALIFORNIA'S FIRST YEAR: STRONG ENROLLMENT NUMBERS MASK SERIOUS GAPS

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ACKNOWLEDGEMENTS

About The Greenlining Institute

Founded in 1993, The Greenlining Institute is a policy, research, organizing, and leadership institute working for racial and economic justice. We work to bring the American Dream within reach of all, regardless of race or income. In a nation where people of color will make up the majority of our population by 2040, we believe that America will prosper only if communities of color prosper.

Greenlining Bridges to Health Program

Nothing is more essential than our health. Everybody should have access to good health regardless of race or income. Health care must be responsive to the nation's growing communities of color, but health care isn't enough. People also need access to the things that lead to good health such as safe neighborhoods, healthy foods, clean environments and decent jobs. Greenlining brings the voices of communities of color into critical decisions that affect all of our lives and health.

About the Authors

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Jordan Medina is from Saginaw, Michigan and received a B.A in Sociology with a minor in Afroamerican and African Studies from the University of Michigan, Ann Arbor. As an undergrad, Jordan became involved with NPR-affiliate Michigan Radio, and served as a production assistant for State of Opportunity, an award-winning series that looks at childhood poverty throughout the state of Michigan. Jordan became interested in health policy after spending a summer in New York City with the Drum Major Institute for Public Policy, where he analyzed the effectiveness of current policies designed to lower obesity rates in low-income communities of color and created his own policy alternatives.

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Before joining Greenlining as Health Policy Director, Carla Saporta educated and mobilized community members on policy issues and worked with policymakers to create and implement policy that benefits the community. She currently represents the community's interest as an advisory member on Covered California's Small Business Health Options Program Advisory Group. In her role at Greenlining, Carla leads advocacy efforts to ensure that implementation of the Affordable Care Act will benefit communities of color. This entails working with policymakers to pass and implement state reforms, increasing health workforce diversity, increasing access to care for boys and young men of color, and finding solutions to covering those who will not benefit from the ACA. Carla also oversees Greenlining's community benefit advocacy, which focuses on increasing funding for upstream programs that improve public health. Carla received her B.A. from Occidental College and her Master of Public Health at Portland State University through the Oregon Master of Public Health Program.

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EXECUTIVE SUMMARY

Findings

- California was the first state to create a health insurance marketplace under the Affordable Care Act, Covered California. In its first year, Covered California greatly exceeded expectations, with 1.4 million enrolling in private insurance while another 1.9 million gained coverage through the expansion of Medi-Cal.
- Despite this great success, close analysis finds significant gaps in Covered California's outreach and enrollment effort. Many of these gaps were foreseen in The Greenlining Institute's 2011 report, *iHealth: How to Ensure the Health Benefit Exchange Reaches all Californians*, which presented a series of recommendations as to how Covered California could effectively reach all of the state's diverse communities.
- To gain insight into successes and failures of the first year of open enrollment, we interviewed staff at outreach and education grantee organizations and certified enrollment counselors (see Appendix A for details about this program) in Los Angeles and Fresno Counties. We also reviewed surveys filled out by Californians we helped educate as part of Covered California's Community Outreach Network.
- The demographics of those who enrolled in private insurance plans roughly mirrored the demographics of those who were eligible. However, Californians with limited English proficiency were seriously underrepresented. Eighty percent of enrollees in private insurance plans spoke English, even though 40 percent of those eligible for coverage were limited-English proficiency (LEP) individuals.
- Educators and enrollment counselors consistently cited problems with cultural and linguistic issues. The website was fully functional only in English and Spanish, some materials were poorly translated and hard for consumers to understand and translated materials that did exist were often in short supply.
- Many organizations reported that funding was inadequate, given the amount of work that enrollment counselors were asked to do.
- As we had predicted in *iHealth*, lack of high-speed Internet access in many target populations presented a considerable obstacle.

Recommendations

- **Expand on what worked.** Covered California's social media outreach was a success, as was the enrollment counseling program. But not enough counselors were trained and available in the early months, a deficiency that should not be repeated.
- **Improve outreach to diverse communities and hire a director of diversity and cultural competency.** Covered California should use the data collected from this first year to tailor outreach, education, and enrollment efforts for hard-to-reach and underrepresented populations. Covered California should move quickly to put someone in charge of ensuring that diverse and LEP communities are targeted appropriately and effectively.
- **Ensure all outreach, education and enrollment materials are accurately translated into the 13 most commonly spoken languages.** A cultural and linguistic competency sub-advisory committee can make sure all translated materials resonate with LEP communities.
- **Move demographic data on the Covered California application towards the beginning of the application** to increase the likelihood of collecting this important information.

- **Streamline and combine outreach, education and enrollment services.** Certified enrollment counselors often provided both education and enrollment services despite only being paid for the latter, often requiring multiple meetings with consumers. Covered California should require all organizations affiliated with outreach, education and enrollment efforts to work together to ensure seamless integration of these activities. Covered California should analyze the appropriate amount of funding needed to perform these services and identify best practices for communication between outreach and education grantee organizations and certified enrollment entities.
- **Shift funding priority from large, statewide organizations to organizations that work directly with underrepresented communities.** Data from our Community Outreach Network surveys showed LEP communities received the majority of their health care information through conversations with trusted and familiar individuals, not the Internet, but locally focused organizations that worked directly with LEP individuals were funded at lesser amounts than statewide organizations, causing these groups to struggle with a lack of resources.

INTRODUCTION

In 2010, California became the first state to create its own health insurance marketplace — Covered California — under the Affordable Care Act (ACA). Such state exchanges represent a key element of the effort to expand health coverage to 32 million Americans by 2019.¹ Covered California's first open enrollment period started on October 1, 2013 and ended on April 15, 2014. During this time, eligible consumers were able to compare coverage options, learn about eligibility for subsidies and enroll in private health insurance plans.

The Greenlining Institute has been actively involved in ACA implementation efforts throughout California from the very beginning, with a particular emphasis on consumer engagement, education and enrollment in low-income communities and communities of color. In 2011, we published *iHealth: How to Ensure the Health Benefit Exchange Reaches all Californians*, to explore the barriers people of color face enrolling in Covered California. The present brief updates and extends the findings of that report.

By the end of the first open enrollment period, more than three million Californians obtained health care coverage.² Of that figure, 1.4 million gained private insurance through Covered California while 1.9 million gained coverage through Medi-Cal expansion.³ These numbers far exceeded Covered California's original estimate of 815,900 enrollees in private insurance plans⁴ and also surpassed any other state's enrollment figures, making Covered California a national model for health insurance education and enrollment efforts under the ACA.

Covered California board members and staff, outreach and education grantees, certified enrollment entities/counselors and community advocacy organizations should be proud of these enrollment figures. They all played an active role in making sure California's most vulnerable communities enrolled in health care coverage.

At the time of *iHealth's* release, Covered California Executive Director Peter Lee told KQED-FM in San Francisco, "This report is totally in synch with the approach of the board and of the exchange."

Enrollment in Covered California exceeded expectations, but California has a long way to go before true equity is achieved in the health insurance marketplace. A persistent gap remains between the demographics of Covered California enrollees, the overall state population and California's uninsured population. Looking at Covered California's enrollment statistics and conducting our own independent research, we identified three main themes that may contribute to this enrollment discrepancy: a lack of culturally and linguistically appropriate marketing, enrollment and education materials; monetary resources and staff support for all parties and organizations carrying out outreach, education and enrollment efforts; and Internet access barriers for low-income consumers of color. This report includes analyses of each specified problem area and potential solutions designed to make sure all Californians, regardless of race, socioeconomic status or language spoken, can obtain health insurance through Covered California.

In *iHealth*, we identified linguistic, cultural and digital access barriers as issues that could hinder low-income people and people of color from learning more about the health insurance marketplace and enrolling in health insurance plans. Based on this research, we presented seven recommendations to Covered California board members on ways to educate, engage, and enroll these two groups in health insurance plans. In brief, these recommendations were:⁵

1. The Exchange board should conduct a regional needs assessment to better determine the specific needs of low-income and diverse communities, and use this assessment to create an effective outreach campaign.
2. The board should make sure that the outreach campaign, which should describe not only the ACA itself but also methods for enrollment, is tailored to communities that face more barriers to enrolling.
3. Federal law requires that a program of Navigators — community organizations, professional associations, non-profit groups, etc. — be developed to help people obtain information about the ACA and enrollment, and also assist with the actual process of enrolling. This provides an incredible opportunity to bring together organizations from communities of color to help specifically target outreach efforts.
4. Seventy-one percent of people ages 18-34 use social networking sites. These sites should be utilized to promote information about the ACA and enrollment.
5. Because smartphones are the primary means of Internet access for many, the Exchange should consider creating an application for smartphones that would allow people to compare and apply for coverage through their phones.
6. The Exchange should also use cell phones to send out informative text messages with information about the Exchange and enrollment, or with reminders about renewing coverage.
7. It is key that all materials or resources be available in multiple languages, for fair access for the millions of Californians whose primary language is not English.

The Greenlining Institute also engages community members at the grassroots level. Through foundation support and Covered California's Community Outreach Network (CON), we educated over 5,000 people on the ACA and Covered California in partnership with community-based organizations, small business owners and safety net institutions in 2013 alone. This community engagement informs our health care advocacy, including the updated recommendations in this report.

METHODOLOGY

The Greenlining Institute conducted stakeholder interviews with outreach and education grantee organizations and certified enrollment entities in Los Angeles and Fresno Counties. In Los Angeles County, we interviewed five outreach and education grantees and seven certified enrollment entities. In Fresno County, we interviewed both lead outreach and education grantee organizations and five certified enrollment entities. All participants were asked the same set of questions (see Appendix B) between November 2013 and May 2014.

Additionally, CON event participants completed surveys (see Appendix C) that asked, among other things, about their language preferences and how they learned about the ACA. The surveys were distributed and collected over the course of six months.

In addition, we reviewed publicly available information on digital divide data.

Interviews and surveys were analyzed independently by readers from The Greenlining Institute, who categorized key themes and trends from each interview/survey and identified congruent findings. While these interviews and surveys do not represent a scientific sample, they provide first-hand perspectives from those directly involved with Covered California's outreach, education and enrollment processes.

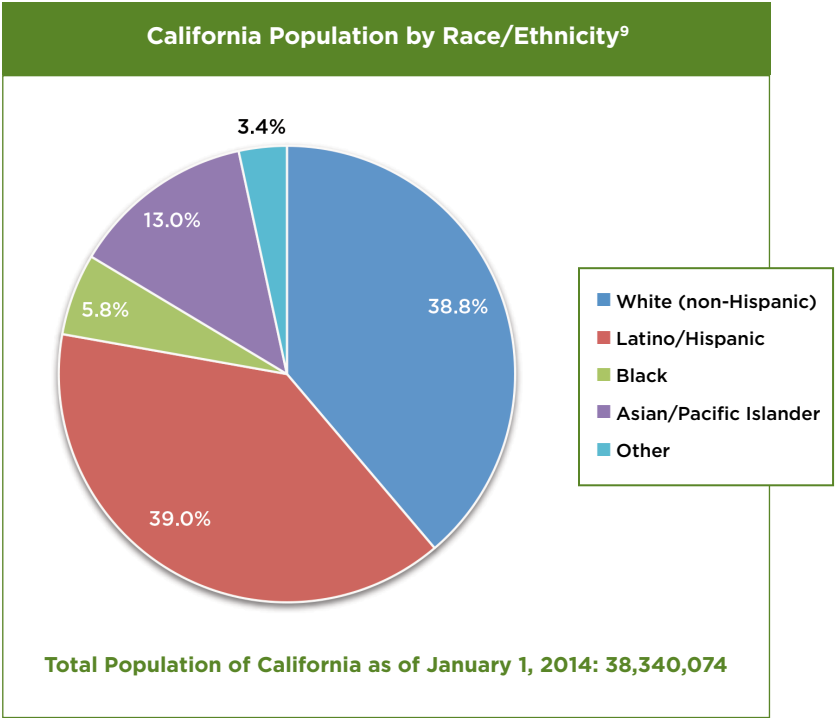
We focused our stakeholder interviews in Los Angeles and Fresno Counties because both counties contained high numbers of uninsured people prior to the first open enrollment period and will continue to have large uninsured populations even after full implementation of the ACA in 2019.⁶ Additionally, both counties mirror the racial/ethnic, linguistic and Internet access demographics of the entire state.

DEMOGRAPHIC DATA AND ENROLLMENT STATISTICS

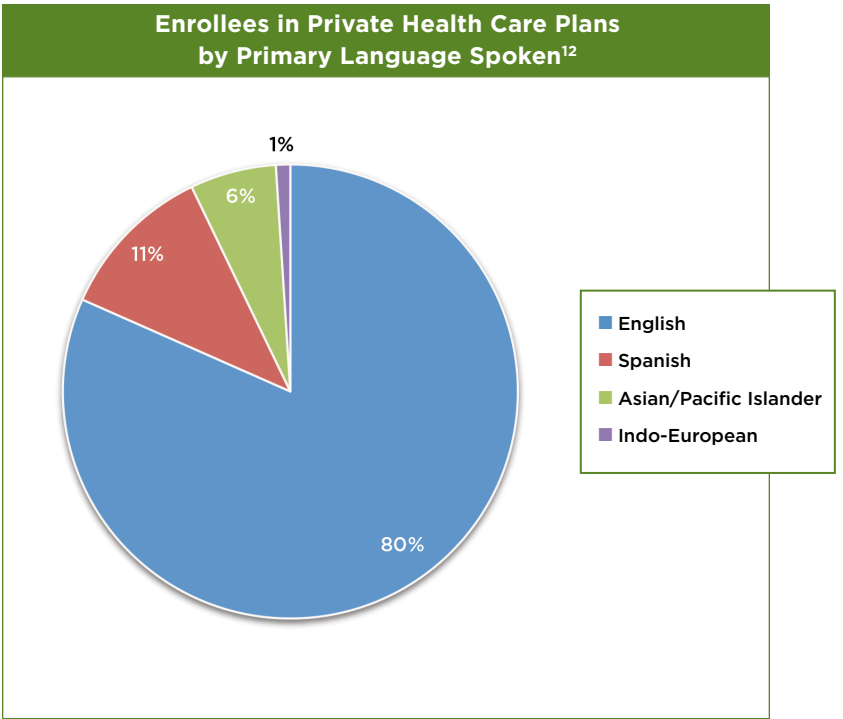
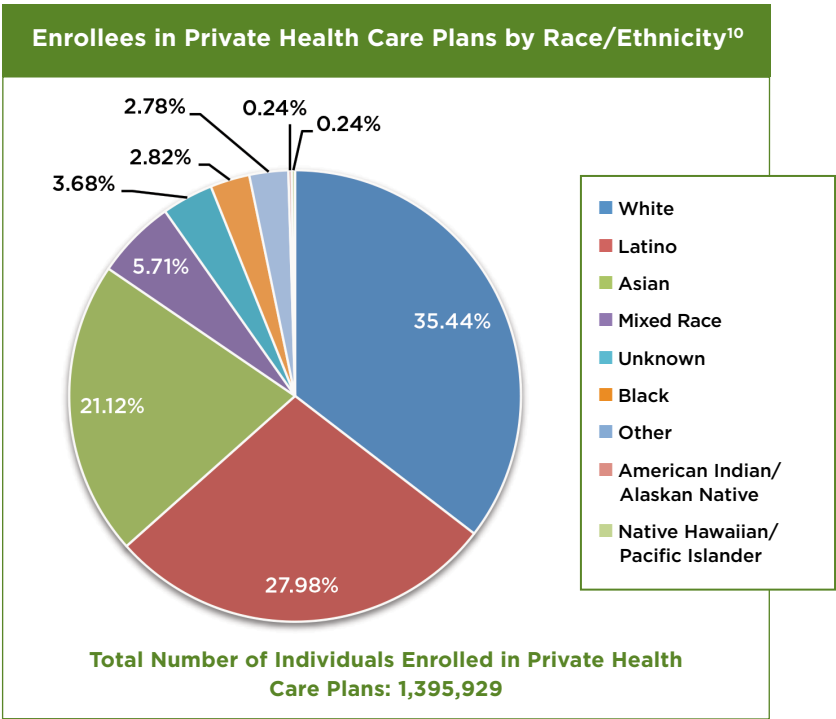
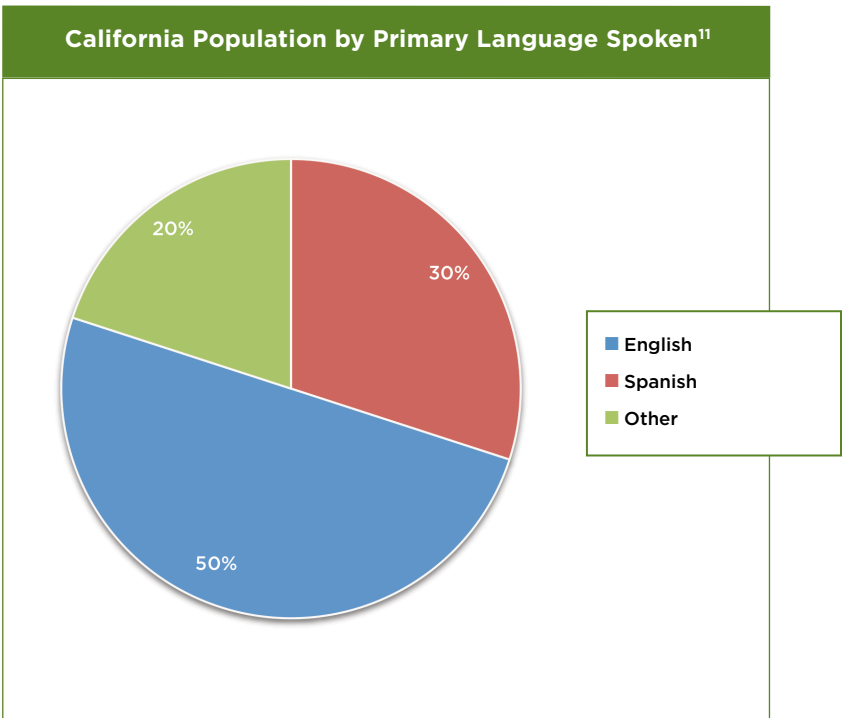
Comparing Covered California enrollment statistics to state population demographics, we see a few trends: Whites enrolled in health insurance plans at rates comparable to their percentage of California's population while Asians seem to be overrepresented in the health insurance marketplace and Latinos and blacks both appear underrepresented.

Looking at language demographics, 90 percent of Covered California enrollees speak English as their primary language, despite the fact that over half of all Californians⁷ and 40 percent of those eligible for Covered California⁸ are LEP.

State Population and Covered California Enrollment
Statistics by Race/Ethnicity



State Population and Covered California Enrollment
Statistics by Primary Language Spoken



Los Angeles and Fresno County Demographics

Los Angeles County Demographics



Total Population of LA County as of January 1, 2014: 10,017,068¹³

Race and Ethnicity¹⁴

- 48.2 percent of Angelenos are Latino/Hispanic
- 27.3 percent of Angelenos are non-Hispanic white
- 9.3 percent of Angelenos are black
- 14.9 percent of Angelenos are Asian American/Pacific Islander

Language

- 40 percent of Angelenos only speak Spanish at home.¹⁵
- 56.8 of Angelenos are LEP individuals

Fresno County Demographics



Total Population of Fresno County as of January 1, 2014: 955,272.¹⁶

Race and Ethnicity

- 31.9 percent of Fresnans are non-Hispanic white.¹⁷
- 51.2 percent of Fresnans are Hispanic/Latino
- 5.9 percent of Fresnans are black
- 10.7 percent of Fresnans are Asian American/Pacific Islander

Language

- 43.4 percent of Fresnans speak a primary language other than English.¹⁸

Comparing state population demographics to enrollment statistics only tells us half the story. To gain a more complete picture, we must compare enrollment statistics to the racial/ethnic demographics of those eligible for health insurance through Covered California. When we do this, we see that 57 percent of individuals eligible for private insurance plans through Covered California are people of color,¹⁹ closely mirroring both state population demographics as well as the total enrollment statistics for the first open enrollment period.

The same cannot be said for linguistic diversity among Covered California enrollees. Ninety percent of private insurance enrollees spoke English as their primary language,²⁰ while over 40 percent of those eligible for private health insurance are LEP.²¹ This discrepancy suggests that more work needs to be done to enroll LEP communities into health insurance plans.

FINDINGS

Based on our stakeholder interviews and surveys, we identified three main themes that affected organizations' ability to educate and enroll people in Covered California: cultural and linguistic differences, funding issues and Internet access.

Cultural and Linguistic Differences

Cultural and linguistic differences remain one of Covered California's most pressing problems. All of the organizations we spoke with mentioned cultural and linguistic differences as the biggest barrier to educating and enrolling more people in health care coverage.

For outreach and education grantee organizations, cultural and linguistic differences meant sometimes having no choice but to pass out English-language marketing materials to LEP communities. Covered California made information available in the 13 most commonly spoken languages, but many organizations ran out of materials faster than Covered California produced them. When organizations requested additional marketing materials in languages other than English, Covered California's slow response time often left organizations to their own devices. One person we spoke with said, "The time between the initial ask and ultimate delivery date for Spanish-language materials was so long that we just decided to make our own materials, even though it was against the rules." Another person, who only used Covered California-approved material, "passed out English marketing materials to LEP communities and hoped someone would be able to translate it for them."

Certified enrollment counselors also experienced cultural and linguistic differences, but from a slightly different perspective. For example, certified enrollment counselors in both Los Angeles and Fresno struggled to enroll LEP individuals in health insurance plans without a culturally and linguistically appropriate website and application materials. Many enrollment counselors mentioned the Spanish used on the website, educational materials and paper application was poorly translated and difficult to understand for native Spanish speakers, extending the time it took to enroll these individuals in health plans. One enrollment counselor from Los Angeles said, "I found myself constantly using the online application because of its simplicity. But the Spanish application was too confusing for clients so I would use the English application and translate the questions for the client." Another enrollment counselor in Los Angeles spoke about her frustration working for the only enrollment entity that specifically catered to Japanese Americans. "Since we are the only center that caters to Japanese Americans, we were inundated with phone calls and requests. We tried to use the website, because that's what Covered California suggested we do, but the line-by-line translation with elderly Japanese-Americans made the process extremely tedious."

"The time between the initial ask and ultimate delivery date for Spanish-language materials was so long that we just decided to make our own materials, even though it was against the rules."

Funding Issues

Inadequate funding levels were the second most common issue experienced by both outreach and education grantees and certified enrollment entities. When asked if current funding levels were appropriate, 13 out of 17 interviewees said "no."

According to publicly available data from Covered California, 48 statewide organizations received outreach and education grants ranging from \$300,000 to \$1,200,000 during the first open enrollment period.

These grants tended to prioritize outreach and education activities, materials and advertisements. Three outreach and education grantees said it was difficult to adequately hire, support and train outreach and education specialists given the grant restrictions. Instead of hiring new outreach and education specialists, one outreach and education coordinator said, “I divided outreach and education tasks between three workers, myself included, to meet deadlines and enrollment targets. But I was the only full-time equivalent person on staff dedicated to outreach and education efforts, so I usually worked overtime with no pay to complete all the required tasks.”

“Since we are the only center that caters to Japanese Americans, we were inundated with phone calls and requests. We tried to use the website, because that’s what Covered California suggested we do, but the line-by-line translation with elderly Japanese Americans made the process extremely tedious.”

consumer before she finally decided she understood enough about health insurance to make an informed enrollment decision.” This is just one example of what appears to be a fairly common pattern in the time needed to educate and enroll one person into a health insurance plan, at least for those who lack familiarity with health insurance.

“I divided outreach and education tasks between three workers, myself included, to meet deadlines and enrollment targets. But I was the only full-time equivalent person on staff dedicated to outreach and education efforts, so I usually worked overtime with no pay to complete all the required tasks.”

how they could effectively perform outreach and education duties despite Internet access issues, many grantees offered solutions that would either require additional staff or money, both of which they acknowledged would be difficult to secure given funding constraints.

Certified enrollment counselors offered similar feedback. All of the enrollment counselors we spoke with said the \$58 reimbursement fee for each completed application was unrealistic given the amount of time needed to complete applications. Estimates of the time needed to complete an application ranged from 30 minutes to three hours or more, depending on family size, whether the applicant understood health insurance, and his/her medical needs. All interviewees agreed that the compensation was inadequate considering these variations.

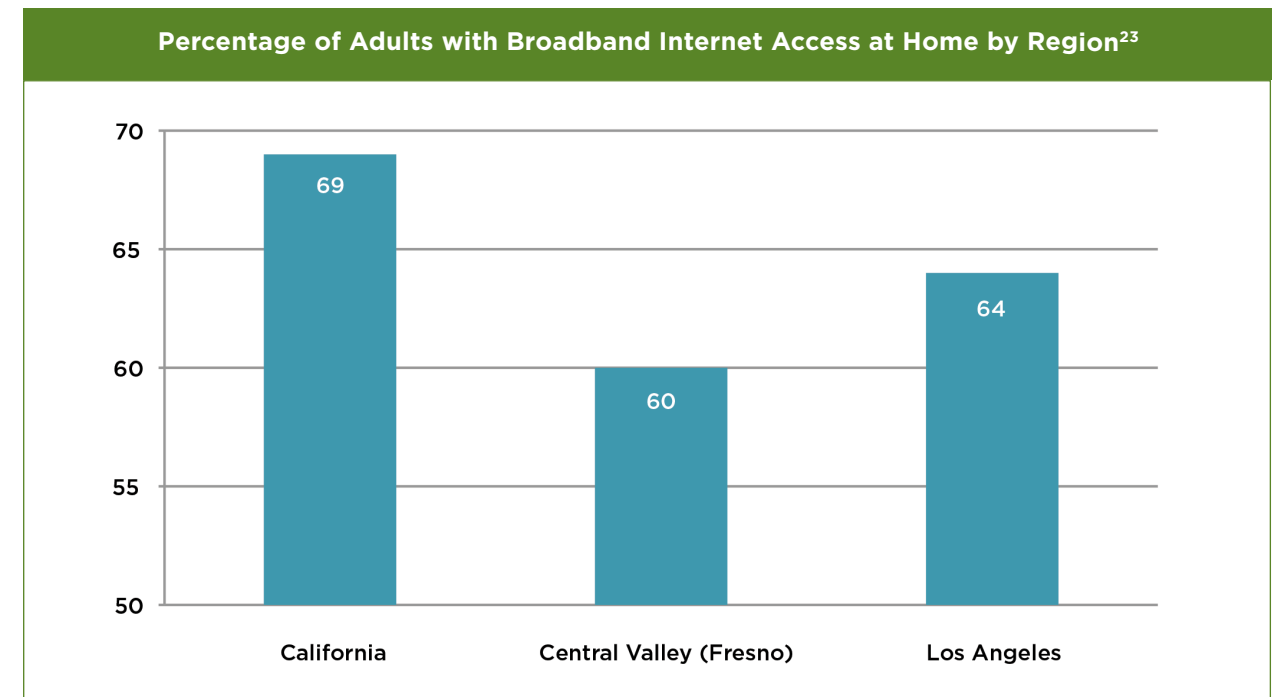
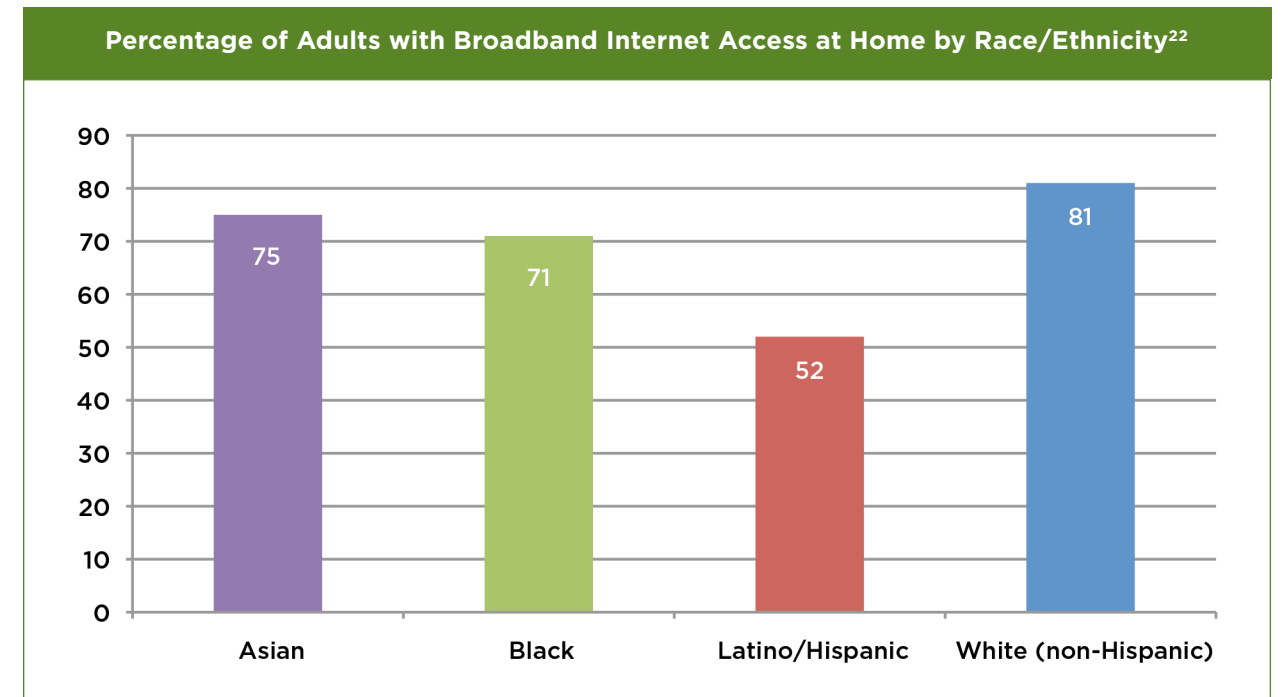
Three enrollment counselors in Los Angeles said the compensation was inadequate because it did not accurately reflect all of their work. They often provided outreach and education services to consumers, despite only being paid for enrollment services. Enrollment counselors were often the first point of contact for many consumers with questions. One enrollment counselor said he “had two or three meetings with one

Internet Access

In *iHealth*, we concluded the Internet would play an important role in Covered California’s outreach, education and enrollment efforts. Our interviews with outreach and education grantee organizations and enrollment counselors confirmed this was true. Answers from our surveys also showed that English-speaking communities rely on the Internet for health care information at a higher rate than LEP communities.

For outreach and education grantee organizations, discrepancies in consumer Internet access made it difficult to send up-to-date information on Covered California to all consumers. All of the outreach and education grantee organizations we interviewed recognized and applauded Covered California’s utilization of social media sites, Internet advertisements and radio/television promotions. One quarter of those interviewed wondered if low-income communities and communities of color were aware of online advertisements given the racial and socioeconomic disparities in Internet access. When asked

Broadband Internet Access at Home (2013)



Internet access also slowed enrollment counselors' efforts to sign people up for insurance. When enrollment counselors participated in neighborhood enrollment drives, they often had to schedule follow-up appointments with potential applicants at certified enrollment entities. Ideally, enrollment counselors would provide enrollment services at a consumer's home, but a lack of Internet service or slow Internet service are two potential barriers to this enrollment method. One enrollment counselor said having an iPad with mobile Internet connectivity would have made it easier to enroll applicants. Despite Internet access issues, all of the enrollment counselors we interviewed preferred to use the online application process. Many noted the ease of applying online compared to the difficulty of applying by phone or with a paper application. Half of the enrollment counselors we interviewed said consumers were able to offer input on which enrollment method to use, and those who offered input chose the online application process 90 percent of the time.

Data from our surveys show that Internet access played a large role in how respondents received information about health care coverage. Respondents whose primary language was English received the majority of their health care information from the Internet, while LEP respondents received the majority of their information from word of mouth. This may explain why enrollment rates for LEP individuals represented 20 percent of total enrollment figures, despite 40 percent of eligible consumers speaking a primary language other than English.

Respondents whose primary language was English received the majority of their health care information from the Internet, while LEP respondents received the majority of their information from word of mouth.

RECOMMENDATIONS

Based on the information in this report and a review of progress on the recommendations in *iHealth*, we recommend that Covered California take the following actions:

1. **Expand on what worked in the first year.** Covered California did a generally effective job of creating a system of education/outreach grantees and certified enrollment counselors, but this system was slow to get off the ground, leaving many consumers without assistance in the first months. Covered California must ensure that there are sufficient certified enrollment counselors in the next open enrollment period.

By all accounts, Covered California succeeded in creating a robust social media campaign. It utilized Facebook and Twitter exceptionally well, attracting a community base of over 200,000 people through both social media platforms, something enrollment counselors we spoke with said was helpful in educating and enrolling young adults in Covered California plans. This should be continued and expanded. Covered California did not create a smartphone app for enrollment. While this may still be worth pursuing, obtaining additional resources to hire and train enrollment counselors, discussed below, is a higher priority.

2. **Improve outreach to diverse communities and hire a director of diversity and cultural competency.** Having not done an in-depth assessment to determine the needs of diverse and low-income communities prior to the first open enrollment, Covered California should use the data collected from this first year to tailor outreach, education and enrollment efforts for hard-to-reach and underrepresented populations.

Covered California has announced on two occasions, most recently at the January 23, 2014 board meeting, that it would hire a cultural and linguistic coordinator, but has not moved forward in hiring for this position. Covered California should move quickly on this, and hire the person at a director level, to ensure that diverse and LEP communities are targeted appropriately and effectively.

This new diversity director should focus on improving Covered California's attempts to create outreach campaigns that resonate with California's diverse racial, ethnic and linguistic communities. Online and television advertisements were available in multiple languages and included actors/models from different racial and ethnic backgrounds, but there were occasional missteps. For example, the Spanish language TV ad included a website address but no phone number. Culturally and linguistically appropriate methods for enrollment also had shortcomings. For example, digital enrollment applications were only available in English and Spanish, not the variety of other languages widely spoken in California. Additionally, there were issues with translation, discussed below.

3. **Ensure all outreach, education and enrollment materials are accurately translated into the 13 most commonly spoken languages.** To ensure LEP communities receive culturally and linguistically appropriate information, Covered California needs to contract with translation services and establish a cultural and linguistic competency sub-advisory committee to review all outreach, education and enrollment materials.

Covered California was supposed to utilize translation services during the first open enrollment period, but its record has been spotty. In a number of cases, brochures and educational materials used language that did not resonate with LEP communities because translations did not use words and phrases familiar to native speakers. Every person we interviewed identified language barriers as the biggest obstacle to educating and enrolling more people in health insurance plans, and many outreach and education organizations mentioned that these materials lacked cultural competency. Enrollment counselors expressed the most frustration, noting that the website was only fully functional in two languages, that paper applications were not translated correctly and that not enough culturally and linguistically appropriate general information was available prior to enrollment in a Covered California plan.

A cultural and linguistic competency advisory committee can make sure all translated Covered California materials resonate with LEP communities. The committee should be comprised of LEP community members and should review all materials prior to release.

Finally, Covered California must ensure an adequate supply of translated materials to all groups and organizations doing education, outreach and enrollment counseling. Together, these changes will ensure LEP communities are being integrated into Covered California's outreach, education and enrollment strategies.

4. **Move demographic data on Covered California application toward the beginning of the application.** Covered California's current application gives applicants the choice to report their racial/ethnic identity near the end of the application. In the first open enrollment period, 56,000 applicants did not report this information. Because the demographic data is optional, it is unclear whether applicants purposefully omitted their racial/ethnic identity or simply overlooked the question. Moving the question toward the beginning of the application will make it more visible and may improve response rates. Added clarity on applicants' racial/ethnic identities will help Covered California target specific groups for special outreach, education and enrollment efforts.

5. Streamline and combine outreach, education and enrollment services. Certified enrollment counselors we spoke with identified two main reasons why payments for completed applications were inadequate: First, certified enrollment counselors often provided both education and enrollment services despite only being paid for the latter. Second, it often took multiple meetings — sometimes at multiple locations — before a newly eligible consumer was ready to enroll. To change this, Covered California should require all organizations affiliated with outreach, education and enrollment efforts to work together to ensure seamless integration of services. Before combining these services, Covered California should conduct research to analyze the appropriate amount of funding needed to perform these services and identify best practices for communication between outreach and education grantee organizations and certified enrollment entities.

6. Shift funding priority from large, statewide organizations to organizations that work directly with communities underrepresented in Covered California. Covered California cannot fix the state’s Internet access barriers, but it can make sure potential consumers hear about health insurance plans through multiple media. Data from our surveys showed LEP communities received the majority of their health care information through conversations with trusted and familiar individuals, not the Internet. Despite this, locally focused or regional organizations that worked directly with LEP individuals were funded at lesser amounts than statewide organizations. In our stakeholder interviews, smaller organizations mentioned how a lack of resources made it difficult to hire, train and retain staff members. The way Covered California funds organizations/ services in the future must reflect this reality.

We recommend prioritizing funding for organizations that work directly with underrepresented groups, like LEP communities, in the second open enrollment period. These organizations, already embedded into local communities and trusted by them, understand the cultural and language needs of the community. By increasing the grant money available to these organizations, we believe Covered California can help overcome the complex linguistic and Internet access barriers LEP individuals, and other underrepresented groups, encounter when enrolling in health insurance.

CONCLUSION

Covered California’s total enrollment statistics are impressive, but there is still room for improvement. While people of color are proportionately represented in the health insurance marketplace, more must be done to increase outreach, education and enrollment numbers in LEP communities. Thirty percent of eligible Covered California consumers speak a primary language other than English, yet only 10 percent of those who enrolled in health insurance plans were LEP.

To reach the populations that were missed in its first year, Covered California must increase its focus on diversity and cultural competency; streamline outreach, education and enrollment services, and fund organizations that already work closely with underserved populations.

APPENDICES

Appendix A: Covered California’s In-Person Assistance Program

The In-Person Assistance Program is the umbrella for all of the programs that Covered California conducts to make sure that consumers are informed about why, how and where to enroll. Covered California relies on a network of external organizations to conduct on the ground outreach and education activities — in addition to developing media and print materials. These organizations are divided into four categories:²⁴

1. Grantee Organizations

A total of 48 statewide/regional organizations received Outreach and Education grants ranging from \$300,000 to \$1,250,000 for the first open enrollment period.²⁵ These organizations are responsible for providing services to their constituencies as defined by zip code in addition to race/ethnicity, language, gender, sexual orientation, age, etc. According to the grant funding report,²⁶ the funding should primarily support communications and messaging activities. Specifically, grantee organizations:

- i. Generated leads for Assistors, Agents and the Covered California Service Center who will perform application assistance for those consumers or small businesses interested in coverage
- ii. Increased awareness and understanding of health care options
- iii. Promoted a culture of coverage
- iv. Communicated the importance of having health coverage
- v. Removed barriers to enrollment
- vi. Motivated Californians to take the action and enroll

2. Sub-grantee Organizations

Sub-grantee organizations are organizations that were selected by larger outreach and education grantees to carry out the provisions of grantee organizations at the local level

3. Certified Enrolment Entities/Counselors

These are organizations and persons trained by Covered California to enroll consumers in health insurance plans. Unlike grantee organizations, certified enrollment entities are not awarded money beforehand to assist with enrollment. Instead, entities receive \$58 for every completed application. Most certified enrollment entities in the state are community-based organizations. Certified enrollment counselors must be affiliated with a certified enrollment entity.

4. Community Outreach Network Partners

Covered California maintains a more extensive Community Outreach Network of organizations that have agreed to raise awareness about the exchange. These organizations can request outreach materials from Covered California and may participate in webinars, conferences and other events. The organizations also participate on a volunteer basis.

Appendix B: Los Angeles and Fresno Counties Outreach, Education and Enrollment Interview Questions

1. Does your organization work in Los Angeles/Fresno?
2. How many locations does your organization have in Los Angeles/Fresno?
 - a. If no locations—how do people access your services?
 - b. Where/how do you usually assist people? In person at your organization's office? In person at the applicant's home? At community outreach events?
 - c. Does your organization have dedicated staff for this work? Do the payments from Covered CA help adequately cover those costs?
3. What languages do you offer service in?
 - a. What is the racial and language make-up of the people/communities you serve?
4. How many people/ communities do you serve?
5. How do you provide information or registration services to the communities that you serve? What kinds of outreach or events do you do?
6. How many hours per week do you spend planning/executing outreach and education events?
7. How long have you been operating?
8. How large is your staff?
9. Do you receive compensation for registering people or families for Covered CA? If so, is this compensation reflective of the time it takes to enroll a person/family in a health plan?
10. How long (hours, days, weeks, etc.) does it typically take to complete an enrollment application with a consumer?
11. If you provide enrollment services, what methods do you prefer to use (online, paper app) and in what language? Do consumers have input in what method to use?
12. What barriers make it difficult to enroll people in health care coverage? What resources would be most helpful to receive from Covered California to assist with this work?

Appendix C: Community Outreach Network Participant Survey

PART I – General Survey

1. How would you rate your overall health?

- a. Very good
- b. Good
- c. Moderate
- d. Bad
- e. Very bad

2. What is your age?

- a. 0 – 18
- b. 19 – 26
- c. 27 – 35
- d. 36 – 45
- e. 46 – 55
- f. 56 – 65
- g. 66 – 75
- h. 76 +

3. What is your gender?

- a. Male
- b. Female
- c. Transgender male/Trans-man
- d. Transgender Female/Trans-woman
- e. Genderqueer
- f. Additional sex or gender (please specify: _____)
- g. Unknown
- h. Decline to State

4. In your opinion, how well do you speak English?

- a. Very well
- b. Well
- c. Not well
- d. Not at all

5. How would you describe yourself?

- a. White (non-Hispanic)
- b. Black/African American (non-Hispanic)
- c. Hispanic/Latino
- d. Asian (non-Hispanic)
- e. American Indian/Alaskan Native
- f. Pacific Islander/Native Hawaiian
- g. Multi-racial
- h. Other _____

6. Where were you born?

- a. USA
- b. Mexico
- c. Central America
- d. South America
- e. Europe
- f. Africa
- g. North Asia
- h. South East Asia
- i. South Asia

7. Where do you go most often when you are sick?

- a. Medical doctor's office
- b. Hospital or Community clinic
- c. Emergency room
- d. Other

8. How often do you visit your health care provider?

- a. Once a month
- b. Once every few months
- c. Once a year
- d. Never

9. Do work and/or family responsibilities make it difficult to visit a doctor?

- a. Yes
- b. No
- c. Sometimes
- d. Never

10. Do you have health insurance right now?

- a. No
- b. Yes – Individual private plan
- c. Yes – Employer's private plan
- d. Yes – Covered California plan
- e. Yes – Medi-Cal
- f. Yes – Medicare
- g. Yes – Other insurance

11. Do your children that live with you have health insurance right now?

- a. No children live with me
- b. No, my children are uninsured
- c. Some have insurance and some do not
- d. Yes – Individual private plan
- e. Yes – Employer's private plan
- f. Yes – Medi-Cal
- g. Yes – Other

12. At this moment, in my household...

- a. All of us are U.S. Citizens or Permanent Residents
- b. Some of us are U.S. Citizens or Permanent Residents
- c. None of us are U.S. Citizens or Permanent Residents

13. What language do you most often speak at home?

- a. English
- b. Spanish
- c. Mandarin or Cantonese
- d. Korean
- e. Vietnamese
- f. Tagalog
- g. Arabic
- h. Other: _____

14. What is your annual household income?

- a. Below \$20,000
- b. \$20,000 – \$30,000
- c. \$30,000 – \$40,000
- d. \$40,000 – \$50,000
- e. \$50,000 – \$60,000
- f. \$60,000 – \$70,000
- g. \$70,000 – \$80,000
- h. \$80,000 or more

15. Are you employed?

- a. Part time
- b. Full time
- c. A combination of both
- d. Not currently working but looking for work
- e. No (Skip #16, go to #17)

16. Does your employer offer health insurance to employees?

- a. No
- b. Yes, but I don't qualify
- c. Yes, but it's too expensive
- d. Yes, and I have it
- e. Yes, but I use another plan

17. Have you seen or heard ads for Covered California in your preferred language?

- a. No (Skip to #20)
- b. Yes – TV
- c. Yes – Radio
- d. Yes – Billboards or posters
- e. Yes – Face to face
- f. Yes – Other
- g. Sometimes

18. When did you see or hear ads for Covered California in your preferred language?

- a. This month
- b. Last month
- c. Two months ago
- d. More than two months ago

19. Did the Covered California advertisement motivate you to learn more?

- a. Yes
- b. No

20. Who helped you translate Covered California forms and/or advertising materials?

- a. I haven't used or seen anything about Covered California
- b. I didn't need help
- c. My child
- d. Spouse/Partner
- e. Other Relative
- f. Friend
- g. Medical professional/Promotora
- h. Certified Enrollment Counselor
- i. Covered California service center

21. Where do you primarily go to use the computer for personal use?

- a. My house
- b. A friend or relative's house
- c. Work or school
- d. A public library
- e. Somewhere else
- f. I don't have access to a computer

22. How do you primarily access the Internet?

- a. Computer
- b. Smart phone
- c. Tablet (ex. iPad)
- d. I don't normally access the Internet

23. How would you feel the most comfortable buying health insurance?

- a. Internet
- b. Telephone
- c. Mail
- d. In person help

24. In what language would you prefer to purchase your health insurance?

- a. English
- b. Spanish
- c. Mandarin or Cantonese
- d. Korean
- e. Vietnamese
- f. Tagalog
- g. Arabic
- h. Other: _____

25. Would you feel comfortable purchasing insurance through a free smart phone application?

- a. Yes
- b. No
- c. I don't have a smart phone

26. Have you ever bought something on the Internet?

- a. Yes
- b. No
- c. I don't know

27. Have you tried purchasing health insurance through Covered California?

- a. No (Skip to Page 4)
- b. Yes – www.coveredca.com
- c. Yes – Covered California service center
- d. Yes – Certified Enrollment Counselor
- e. Yes – Mail
- f. Yes – Referred to Medi-Cal

28. Have you successfully completed an application for health insurance through Covered California?

- a. Yes
- b. No – I stopped trying
- c. No – I'm still in the process

29. How would you rate the process of signing up for insurance through Covered California?

- a. Very easy
- b. Easy
- c. Moderate
- d. Hard
- e. Very Hard

30. How long did it take you to successfully complete a Covered California application?

- a. I'm still in the process
- b. A few hours
- c. One day
- d. Two days
- e. Three days
- f. One week
- g. Two weeks or more

PART II - If you are small business owner, please answer the following:

1. How many employees do you have (not including yourself)?

- a. 0 – 9
- b. 10 –15
- c. 16 – 25
- d. 26 – 50
- e. 51+

2. Do you offer health insurance to your employees (not including yourself)?

- a. Yes – full time only
- b. Yes – part time and full time
- c. No

3. Have you applied for the small business health care tax credit for your business?

- a. Yes
- b. No
- c. No – I don't qualify
- d. No – I'm not interested
- e. I don't know what this is

4. Have you tried purchasing health insurance for your employees using Covered California SHOP?

- a. No (Skip to Question #9)
- b. Yes – www.coveredca.com
- c. Yes – Covered California service center
- d. Yes – Certified Insurance Agent
- e. Yes – Mail

5. Did you successfully complete an application for health insurance for your employees using Covered California SHOP?

- a. Yes
- b. No – I stopped trying
- c. No – I'm still in the process

6. How would you rate the process of signing up for insurance through Covered California SHOP?

- a. Very easy
- b. Easy
- c. Moderate
- d. Hard
- e. Very Hard

7. How long did it take you to successfully complete a Covered California SHOP application?

- f. I'm still in the process
- g. A few hours
- h. One day
- i. Two days
- j. Three days
- k. One week
- l. Two weeks or more

8. What encourages you to offer health insurance to your employees?

- a. Employee recruitment and retention
- b. It's the right thing to do
- c. Increased productivity by healthy employees
- d. All of the above
- e. None of the above
- f. I'm not a small business owner

9. Do you use a broker to purchase health insurance for your business?

- a. Yes
- b. No
- c. I don't offer health insurance to employees
- d. I'm not a small business owner

10. What deters you the most from offering health insurance to your employees?

- a. Too expensive
- b. Too complicated
- c. Not enough choices
- d. None of the above

11. How would you prefer to purchase health insurance for your small business?

- a. Agent/broker
- b. Small business association/Chamber of Commerce
- c. Other in person help
- d. On the Internet

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