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Short Communication

Underlying challenges of public health insurance enrollment and use among Latino adults: insights from the largest safety-net institution in Los Angeles

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The expansion of health insurance under the Affordable Care Act (ACA) in the United States has reduced the rate of uninsured adults by 43%, from 49 million (16%) in 2010 to 29 million (9%) in 2015.^{1,2} Since the start of expansion in January 2014, roughly six million new adults have enrolled in health insurance plans.³ Roughly half of the newly insured are from California.⁴ In Los Angeles County, one of the country's largest and most ethnically diverse metropolitan regions, nearly 1 million individuals became eligible for Medi-Cal, California's Medicaid's program, under the ACA.⁵ Latinos, who currently have the highest rate of uninsurance in the nation, represent the largest ethnic group in this region (47%).⁶

Prior research suggests that Latinos may face special challenges in accessing health insurance coverage and

benefits. For example, Latinos are less likely to be aware of their eligibility for health insurance benefits.⁷ These challenges are especially common among Latinos whose primary language is not English.⁷ Latinos may also be fearful to determine whether they are eligible for Medicaid due to concerns about immigration status and potential deportation. After gaining Medicaid coverage, Latinos may remain unaware of available services, even when primary care, emergency room, and continuing care services in their communities are available.⁸ However, few studies have attempted to explore potential barriers to Medi-Cal enrollment and use among Latinos in the post-ACA environment. In response, we examined perceived challenges to enrollment in and use of Medi-Cal among Latino adults.

In this mixed-methods exploratory study, we elicited the perspectives of a sample of Latino patients seeking care at the Los Angeles County + University of Southern California (USC) Medical Center, the county's largest safety-net healthcare provider to low-income individuals. We randomly selected 156 self-identified Latino participants from all adults seeking urgent care at the center during the study period (January to May 2015). We also randomly selected a subsample of 78 Latino participants to complete semistructured interviews. Survey responses were electronically recorded on a computer tablet. Interviews were digitally recorded, translated into English, and transcribed later for analysis. Each survey and interview session lasted approximately 30 min. Participants

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received a \$35 gift card for each survey and interview. Procedures were approved by the Institutional Review Board at University of Southern California.

Survey results were summarized and compared to themes from interviews using constant comparative analysis.⁹ We analyzed data from semi-structured interviews using grounded theory. All transcripts were analyzed in depth and coded according to emerging themes and patterns using Dedoose version 6.0.24, a web-based qualitative software program.¹⁰ To facilitate data analysis and interpretation, we integrated qualitative findings and quantitative demographic statistics by placing responses to survey questions and main themes from interviews in a grid format that highlighted how findings from these data sources converged and diverged.

Main findings

Study participants were self-identified as Latino and most of them were female (66%). The average participant age was 47 years. About 43% of the sample reported being married, whereas 41% reported being single. Most participants (66%) reported not having a high school diploma and about 67% reported a gross income of less than \$20,000 in the past year. More than half of the participants (55%) reported being unemployed, with 18% reporting full-time employment and 26% reporting part-time work. Only 29% of sample participants were US citizens. Most participants reported poor to fair health status (82%) and having health insurance (80%). Using health records and self-reports, we verified that Medi-Cal was the most common insurance type (94%). Most participants were legal permanent residents and were eligible for Medi-Cal. The subsample selected for semi-structured interviews had a similar demographic profile to that of the full sample.

Awareness of Medicaid eligibility

Only 68% of participants reported that they were aware that Medi-Cal eligibility had expanded under the ACA. Participants indicated that television, radio, and newspapers were their primary sources of information. Among participants who were not currently insured, 32% ($n = 25$) said they would not qualify for Medicaid if they applied, with two-thirds reporting that their immigration status would render them ineligible. Some participants (38%, $n = 30$) demonstrated confusion regarding various ACA-related health insurance programs in their responses to questions about Medicaid eligibility. For example, one participant cited information about health insurance marketplaces when responding to a question about barriers to Medi-Cal enrollment. Cost was commonly cited as a significant barrier to Medi-Cal coverage, despite the fact that Medi-Cal coverage has no premiums. Participants cited education and outreach through media, television ads, and billboards as effective ways to improve awareness of Medi-Cal eligibility and enrollment. In most cases, they first learned about the ACA through word-of-mouth.

Navigating the enrollment process

Many participants noted that obtaining and understanding insurance enrollment was a significant challenge. Barriers to enrollment included the cumbersome process, technical language, and complex navigation required. Even when participants were guided to information in their primary language, the complexity of information and accompanying requirements was overwhelming for some participants. Many participants (48%, $n = 32$) acknowledged language barriers as a major source of frustration in the enrollment process. They described often feeling marginalized and excluded from benefits supposedly created to help low-income individuals like themselves.

Difficulty with the application process was also mentioned as a common challenge to ACA enrollment. 'It's long,' stated one interviewee. 'You have to be there the whole day ... and then you have to wait for somebody, and after that somebody can see you and they ask you some questions. It takes a lot of time.' Participants also identified solutions to facilitate enrollment. Nearly 68% of the survey respondents with insurance reported receiving assistance with enrollment from a social worker when they were receiving hospital care, and all interviewees mentioned this as a potential facilitator of ACA enrollment among low-income populations.

Understanding benefits and use of services

Although many study participants were covered by Medicaid, the vast majority (82%, $n = 64$) expressed uncertainty regarding the benefits offered through their coverage. Interviews highlighted the need for social workers or enrollment specialists who are well trained in the application process and knowledgeable about what benefits are included.

Conclusion

Our findings highlight challenges and potential solutions to implementing Medicaid expansion more effectively among Latinos. We found that a significant proportion of participants in our study (more than one-third) were unaware that a major expansion of Medi-Cal had taken place. Moreover, a majority reported difficulty understanding the detailed process necessary to gain insurance coverage and fully access available insurance benefits. Although almost all insured participants had Medi-Cal coverage, they reported significant barriers to enrollment and limited knowledge about benefits. Participants voiced the need for information in Spanish, and a trained and knowledgeable social worker to explain the information in Spanish. Once these individuals understand the application process, application requirements, and provision of benefits, they will be in a position to make informed decisions about their health care and consume and navigate health services.

These preliminary findings need to be interpreted in light of this study's limitations. Generalizability of these results may be limited to Latino adults seeking care at this urgent care waiting room, primarily those insured by Medi-Cal. We only

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