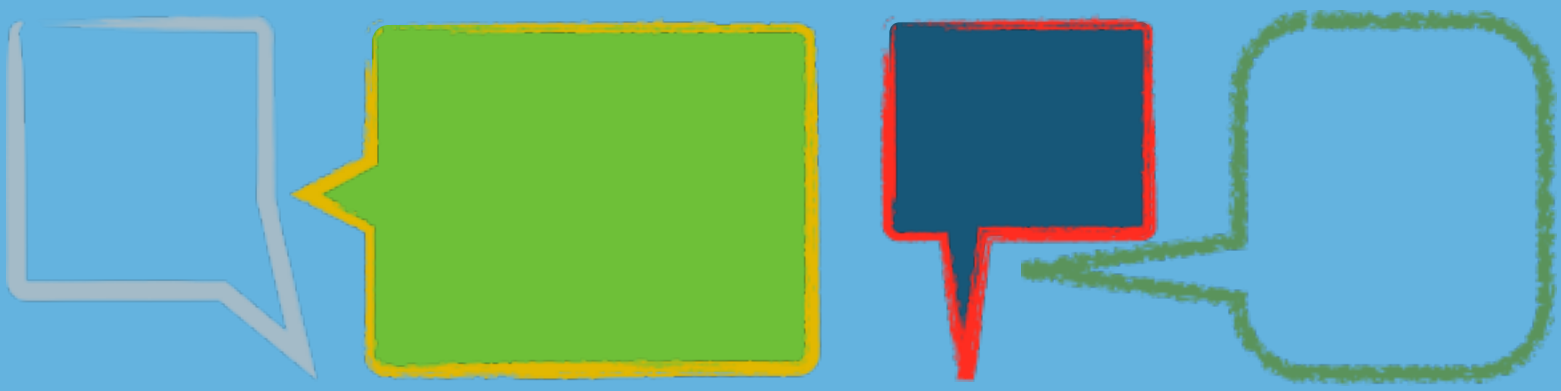

Covering All of California:

Voices from Southeast Asian American Communities from the First Year of Covered California

September 2014

Southeast Asia Resource Action Center
SEARAC

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Hmong Mien Lao Community Action Network (Sacramento, CA)

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Stanislaus Asian American Community Resources (Stockton, CA)

About SEARAC

The Southeast Asia Resource Action Center (SEARAC) is a national organization that advances the interests of Cambodian, Laotian, and Vietnamese Americans by empowering communities through advocacy, leadership development, and capacity building to create a socially just and equitable society. SEARAC was founded in 1979 to foster the development of nonprofit organizations led by and for Southeast Asian Americans. Today, SEARAC strengthens the capacity of community-based organizations led by refugees from around the world, serves as a coalition builder and leader among diverse refugee communities, carries out action-based research projects, fosters civic engagement among refugees, and represents refugee communities at the national level in Washington, DC and at the state level in California.

Executive Summary

LESSONS LEARNED	ISSUES
1. Increase outreach efforts for Medi-Cal services.	**Covered California provided insufficient support for Medi-Cal education, outreach, and enrollment services, despite data indicating that many Southeast Asian Americans (SEAAs) are eligible for Medi-Cal.**
2. Prioritize in-person services.	**Mass outreach and enrollment efforts undermined the quality of services. Enrollment requires individualized attention for clients, which includes handling sensitive information and providing culturally competent translation services.**
3. Create more visual and audio educational materials.	**Many SEAA elders are not literate in their native languages and require extensive in-language explanations of complex insurance concepts.**
4. Disaggregate data about Asian American Pacific Islander sub-groups.	**Insufficient data exists on rates of eligibility, outreach, education, and enrollment of SEAAs, especially with regard to accessing Medi-Cal expansion.**
5. Employ translators and interpreters directly from the community.	**Poorly translated materials in the first year reflect a need for translators with higher levels of cultural competency.**
6. Improve Certified Enrollment Counselor (CEC) training and post-training support.	**During training, CECs reported gaining inadequate information about Medi-Cal, permanent residency cases, and post-enrollment support.** **After training, CECs reported a need for earlier, more frequent regional meetings and faster responses from CEC call centers.**
7. Integrate outreach, enrollment, and education services.	**Restrictions on CEC activities caused barriers to maximizing outreach, education and enrollment efforts. CECs reported that their roles should also include outreach and education services.**
8. Engage local community groups as a one-stop shop!	**Local CBOs have direct ties and access to uninsured populations. Working with local CBOs ensures cultural competency and high-quality translations and interpretations required to overcome cultural and linguistic barriers experienced by SEAA community members.**

photos courtesy of Phuong Do

Introduction

In its first year, Covered California significantly increased health care coverage for millions of Californians, resulting in 1.4 million people receiving health insurance through the health benefit exchange, and another 1.9 million people receiving coverage through the expansion of Medi-Cal, the state's Medicaid program. While these health care gains address a critical need, not all communities were reached equally. For future enrollment efforts to effectively reach all Californians, community resources need to be utilized more fully to reach hard-to-reach populations— including Southeast Asian American (SEAA) communities.

California is home to the largest SEAA community in the United States. SEAAs share a lot of similarities with other uninsured, hard-to-reach communities: limited-English proficiency, low income levels, and large populations of young people. Improving Covered California's outreach to SEAAs in the second year of enrollment will also strengthen its ability to reach remaining pockets of many uninsured community members.

SEARAC conducted interviews with selected community-based organizations (CBOs) that were at the forefront of providing in-person assistance to hard-to-reach populations to assess the effectiveness of education, outreach, and enrollment to SEAAs and other underserved populations during the first year of implementation. These interviews included executive directors, Certified Enrollment Counselors (CECs), and Covered California-trained outreach and education specialists.

The interview findings revealed eight key lessons that call for localized, culturally, and linguistically sensitive service providers who can consistently assist community members throughout the entire process (including education, outreach, enrollment, and utilization).

Statistical Profile: Southeast Asian Americans in California

- **total over 950,000 individuals.**
- **are disproportionately limited-English proficient.**
- **are more likely to be uninsured or rely on public health insurance than the Asian overall population.**
- **have the highest poverty rates among all Asian subgroups.**
- **have a significantly younger median age than the total population.**

SEARAC defines Southeast Asian Americans (SEAAs) as people in the United States whose heritage stems from Cambodia, Laos, or Vietnam. They include diverse ethnic and language groups (for example, Bhutanese, Iu-Mien, Hmong, Khmer, and Montagnards).

Data Source: U.S. Census, American Community Survey, 3 year estimates, 2010-2012. Please refer to Appendix for more details.

Identified Issues & Recommendations

1. Increase outreach efforts for Medi-Cal services.

Due to the high rates of poverty experienced by the majority of SEAA communities, many SEAAs are eligible for insurance coverage under Medi-Cal expansion, as opposed to the higher cost options under Covered California. According to 2012 Census data, in California, 40.5% of Cambodians, 47.6% of Hmong, 38.1% of Laotians, and 31.2% of Vietnamese were eligible for Medi-Cal as compared to 22.3% of Asians overall and 29.7% of the total population. Our interview findings and projections from existing California SEAA poverty rates (see Appendix on page 12) suggests that a high proportion of community members will be eligible for Medi-Cal expansion. Yet, Medi-Cal training, outreach, education, and enrollment was virtually nonexistent in the first year of enrollment.

Recommendation

Include Medi-Cal information in all materials, including training, outreach, and education.

"The training only spoke about it [Medi-Cal] income-wise. It lacked information on Medi-Cal expansion: 'Where is our information going? Who's eligible and who isn't?' This left our clients confused."

— Sacramento Covered

2. Prioritize in-person services.

Large enrollment events have not been effective for SEAA communities. Enrollment requires one-on-one interaction between CECs and community members, especially because CECs working with SEAA populations generally reported that they enrolled individuals/families one at a time. One-on-one attention allows for translating difficult concepts such as "deductibles" or "premiums," and handling personal and technical information such as Social Security Numbers and income.

Recommendation

Train Navigators in the upcoming year to focus on outreach, education, enrollment, and follow-up with individuals and families.

Support enrollees beyond initial education and enrollment. For example, offer accessible locations where enrollees can follow up with questions on bills and notification letters.

"We found that it was more effective [to engage] one-on-one."

- Fresno Center for New Americans

3. Create more visual and audio educational materials.

Covered California's text-heavy informational materials were not effective in educating community members. For instance, in the Hmong community, the written language is still relatively new, so many individuals are not literate in Hmong. Relying on young people to translate materials is also difficult since many second-generation Hmong have low English proficiency.

Recommendation

Coordinate with local community-based partners to develop more educational materials that are easy to understand such as:

- Visuals (charts and infographics, especially on Medi-Cal) and
- Audio outreach (ethnic radio/TV Public Service Announcements) to reach uninsured SEAAs.

4. Disaggregate data about Asian American Pacific Islander sub-groups.

Covered California released data about new enrollees based on their home languages, including three SEAA lanaguages: Vietnamese, Cambodian, and Hmong. However, those data did not include newly enrolled Medi-Cal recipients, even though many SEAAs qualify for Medi-Cal. Despite some data that were released by Covered California, California still lacks comprehensive data on SEAA eligibility, outreach, education, and enrollment.

The SEAA population is incredibly diverse, including but not limited to Cambodian, Vietnamese, Lao, Hmong, and Mien. These communities are diverse in language, age, socio-economic status, and education. A lack of disaggregated data for SEAAs will continue to compromise efforts to enroll those who remain uninsured.

Recommendation

Coordinate with county departments overseeing Medi-Cal to collect disaggregated demographic data of enrollees in both Covered California and Medi-Cal.

Make enrollment data for Medi-Cal on a county level available and accessible to the public.

Provide resources (data collection tools, strategies, etc.) to CBOs through the Navigator grants to collect data.

Allocate funding to CBOs through the Navigator grants to collect data on the communities they work with.

5. Employ interpreters and translators directly from the community.

There were not enough interpreters and translators available to provide high-quality services to the community. Translated written materials were also translated poorly. Materials provided by Covered California were:

- not relevant to permanent residents and Medi-Cal eligible SEAAs.
- difficult to understand, and needed to be simplified.
- lacking cultural competency. For example, the Vietnamese translations were done in the language of socialist Vietnam, which is different from the Vietnamese used by Vietnamese Americans. The translated materials were deemed insensitive by the community and the CBOs, yet this feedback was not incorporated in any revisions.

Recommendation

Employ translators from the community who understand the needs of the community, both to translate and create relevant, community-specific materials. Highly requested materials included information about insurance options and Medi-Cal for permanent residents and immigrants.

6. Improve Certified Enrollment Counselor (CEC) training and post-training support.

CECs reported gaps in Covered California training, specifically:

- coverage of Medi-Cal.
- applied practice on navigating the website and troubleshooting.
- handling permanent residency cases.
- post-enrollment processes, especially Medi-Cal cases.

After training, CECs experienced hour(s) long wait-times on helplines without guaranteed resolution. CECs desired earlier regional meetings/support.

Recommendation

Facilitate more and earlier regional meetings so that best practices and problems can be shared.

Hire additional staff in Covered California Certified Enrollment Entities (CEE) support centers, particularly with competency in SEAA issues (e.g., immigrants/refugees with permanent resident status and Medi-Cal).

"How can you do enrollment without outreach?"

-Hmong Women's Heritage Association

7. Integrate outreach, education, enrollment, and follow-up programs.

CECs/CEEs faced barriers in enrolling more SEAA community members due to restrictions on CEC roles. For instance, those providing enrollment services were not funded to provide education and outreach.

CECs/CEEs also reported difficulty in completing enrollment within 1 hour appointment windows because community members came into appointments with limited knowledge of healthcare jargon. During enrollment, CECs also had to act as translators and educators.

Recommendation

CECs should be allowed to provide integrated outreach, education, and enrollment services.

8. Engage local community groups as a one-stop shop!

Community members go to people they trust. Community-based organizations have rich social, linguistic, and cultural resources to reach the community. Unfortunately, these organizations are stretched to provide education and outreach support without adequate resources.

Many reported that the $58 reimbursement was insufficient into cover the significant amount of staff time needed for both training and carrying out enrollment and post-enrollment support.

Recommendation

Invest in and build relationships with local CBOs who:

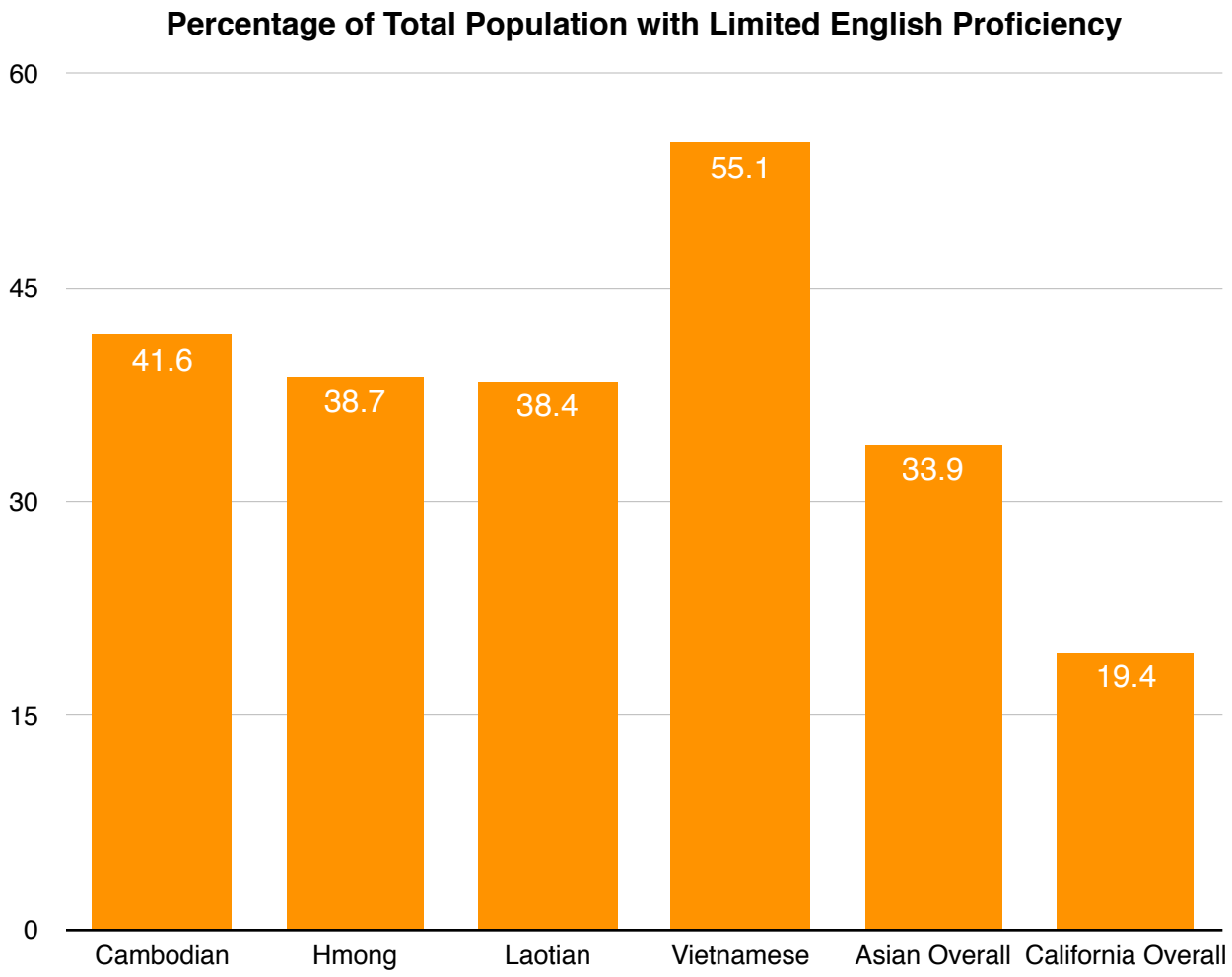
- can integrate screening and follow-up for healthcare exchange/Medi-Cal eligibility into their existing services for all clients, including those they already serve.
- can work on specific, private circumstances of their clients' cases.
- are better positioned to offer one-on-one sessions which, as mentioned earlier, are most effective.
- have built greater trust and relationship with SEAA community networks.

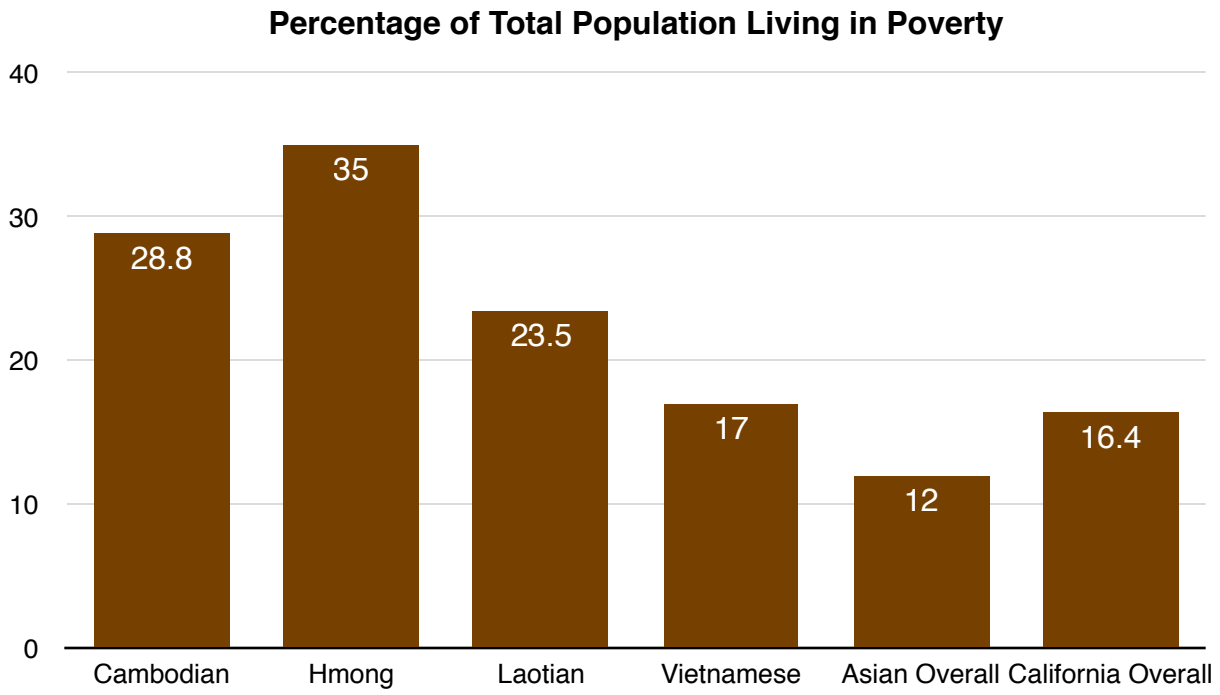
Conclusion

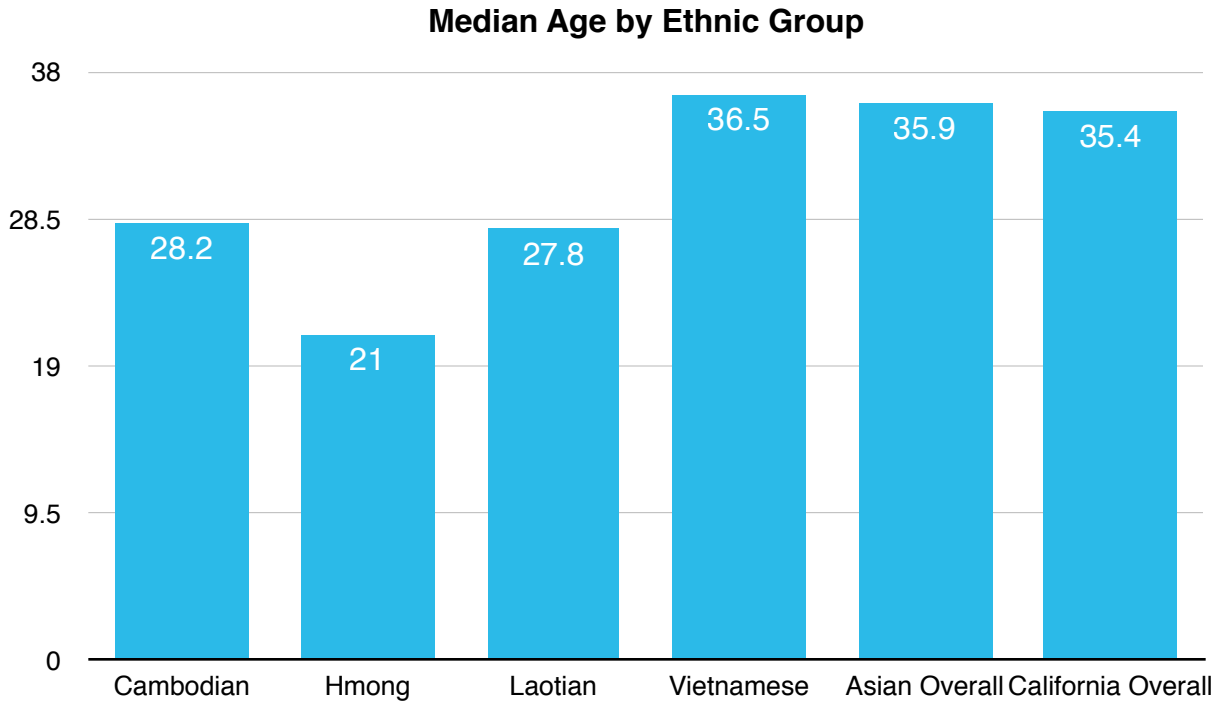
We found that our hard-to-reach SEAA community members required extensive guidance throughout the entire process of accessing the new health care exchange: from targeted outreach on where to get enrollment assistance, to easy-to-understand education and enrollment materials, to having a place to return with questions. Furthermore, community members are more likely to work with trusted entities they already know. These findings are consistent with Massachusetts' healthcare implementation, which showed that for low-income uninsured communities, CBOs are vital in reaching them[1] and that support needs to be immediate, on-going, and integrated into every part of the enrollment process.[2] Additionally, there has to be an ongoing effort to bring heath care stakeholders, including community coalitions, faith-based coalitions, and business groups, to the policy-making table to give feedback.[3] Luckily, there already exists a network of community-based organizations that are well-positioned to serve as a one-stop-shop, providing culturally and linguistically relevant assistance, outreach, education, one-on-one services, and follow-up. Future enrollment efforts must provide more grants to these small, local organizations in order to reach our SEAA communities.

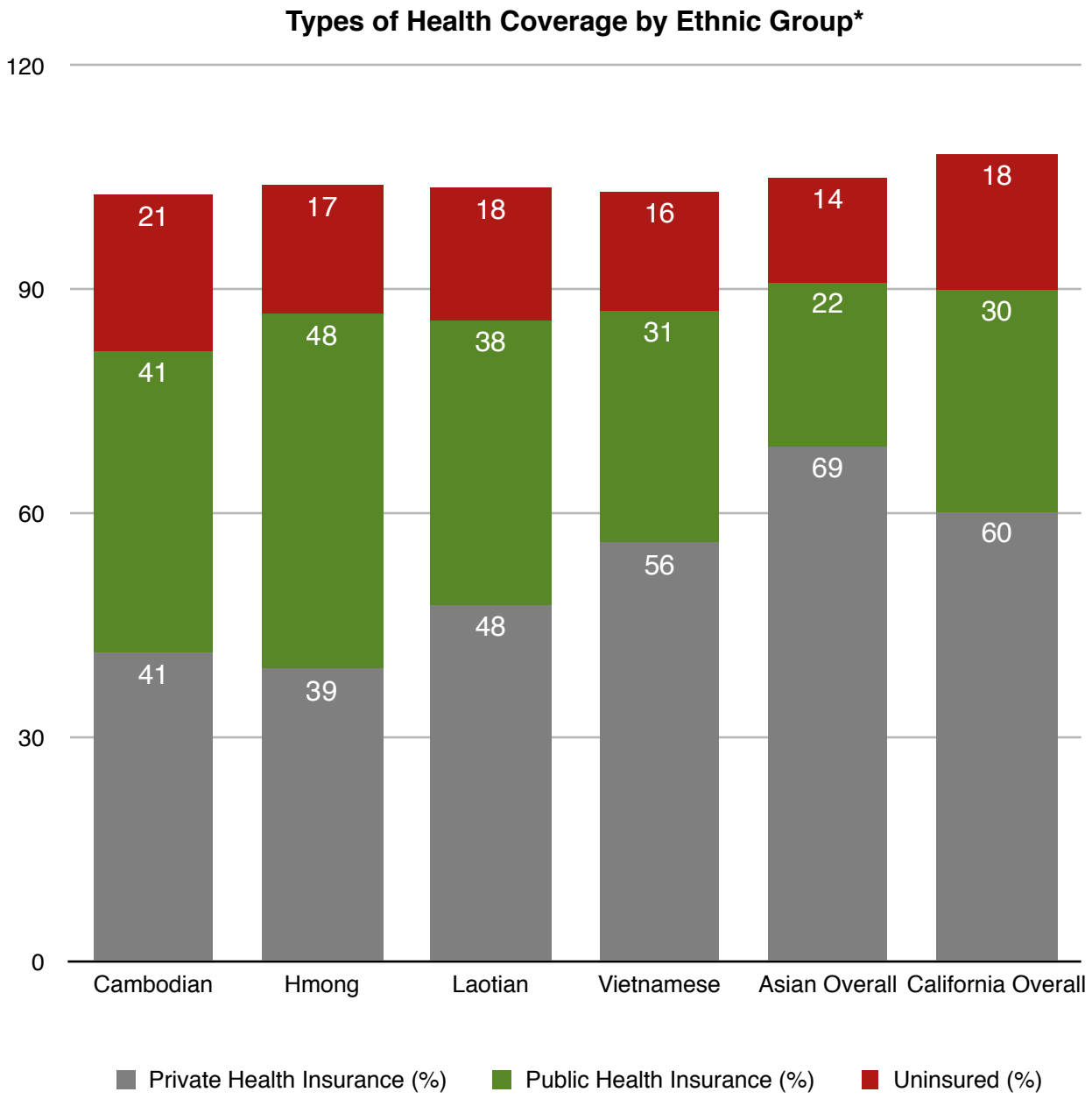
Appendix

All statistics used in this report are from the U.S. Census Bureau's American Community Survey (ACS). The statistics reported here are from the 2010-2012 ACS 3-year estimates. In this report, statistics for the category of "Asian overall" and each of the Southeast Asian American subpopulations correspond to their respective ACS category of "alone or in combination" (for example, Cambodian alone or in combination). These estimates are based on a sample of the population collected throughout the year, and thus contain a certain margin of error. For this report, the margins of error have been omitted, but can be accessed via http://www.factfinder.com.




Percentage of Total Population Living in Poverty
40
30
20
10
0
28.8
35
23.5
17
12
16.4
Cambodian
Hmong
Laotian
Vietnamese
Asian Overall
California Overall


Median Age by Ethnic Group
38
28.5
19
9.5
0
28.2
21
27.8
36.5
35.9
35.4
Cambodian
Hmong
Laotian
Vietnamese
Asian Overall
California Overall



*Total percentages are above 100% due to respondents reporting having multiple coverage.

ENDNOTES

[1]Raymond, Alan G. “Lessons from the Implementation of Massachusetts Health Reform.” Blue Cross Blue Shield of Massachusetts Foundation, March 2011.

[2]Rosenbaum, S., Peter Shin, Jessica Sharac, Carmen Alvarez, Julia Zur, and Leighton Ku. “Providing Outreach and Enrollment Assistance: Lessons Learned from Community Health Centers in Massachusetts”. Kaiser Family Foundation, September 2013.

[3]Raymond, Alan G. March 2011.

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