

HHS Advisory Committee on Minority Health

**ASSURING THE FULL PARTICIPATION OF
RACIAL AND ETHNIC MINORITIES IN
HEALTH INSURANCE EXCHANGES**

Recommendations for Outreach and Enrollment

January 2013

Submitted to

**U.S. DEPARTMENT OF
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Office of Minority Health**



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**Assuring the Full Participation of Racial and Ethnic Minorities in Health Insurance
Exchanges: Recommendations for Outreach and Enrollment**

HHS Advisory Committee on Minority Health

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Advisory Committee on Minority Health:

Section 1707 of the Public Health Service Act, as amended, by the Minority Health and Health Disparities Research and Education Act of 2000, P. L. 106-525 authorizes the establishment of an Advisory Committee on Minority Health. The Committee also is governed by provisions of Public Law 92-463, as amended (5 U.S.C. Appendix 2), which sets forth standards for the formation and use of advisory committees. The Act directs the Advisory Committee on Minority Health to advise the DHHS, through the Deputy Assistant Secretary for Minority Health, on improving the health of racial and ethnic minorities and on the development of the program activities of the Office of Minority Health.

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Overview

The Advisory Committee on Minority Health (ACMH) is charged with advising the Deputy Assist Secretary for Minority Health on ways to improve the health of each racial and ethnic minority group and Tribal Nation and on the development of goals and specific program activities of the U.S. Department of Health and Human Services (HHS) Office of Minority Health (OMH). The ACMH has identified as one of its majority priorities ensuring that health care reform, as embodied in H.R. 3950, *The Patient Protection and Affordable Care Act (ACA) of 2010* (P. L.111-148),ⁱ is implemented equitably with the aim of achieving health equity for all populations.

The topic of the November 2012 ACMH meeting was the participation of racial and ethnic minorities in the Health Insurance Exchanges (HIEs) that will be implemented as a result of the ACA. As noted in the introductory remarks by HHS Assistant Secretary Koh, "This is a critical time for expanding access to coverage, and using that as a vehicle to address disparities in a meaningful way." Dr. Koh requested that the ACMH provide advice regarding the best way to educate and inform minorities and other vulnerable communities about their options and how best to assist them in participating in the Health Insurance Exchanges. To inform the development of the ACMH recommendations, noted experts were invited to make presentations at the meeting.

This report presents recommendations on how OMH and HHS can outreach to and engage diverse populations in the HIEs; it offers specific strategies that can be used to effectively educate and inform minority and other vulnerable communities about their options for health services that meet their needs. The following sources informed the outreach and engagement recommendations: presentations by the invited experts on HIEs;ⁱⁱ presenters' supporting materials and recommendations submitted to ACMH; November 2012 meeting transcripts; and public comments on the implementation of HIEs.

Recommendations

For healthcare reform to be successful, it is necessary to effectively engage racial and ethnic minority groups and other vulnerable and underserved populations. The ACMH proposes four recommendations to engage and outreach to vulnerable populations around current health reform efforts and benefits:

1. Build upon previously successful strategies and utilize existing networks;
2. Seek tribal consultation and consult with minority communities;
3. Adopt a grassroots approach; and
4. Ensure culturally appropriate messaging and information.

Recommendation 1: Build upon previously successful strategies and utilize existing networks to reach diverse and underserved populations

OMH is a tremendous source of knowledge and resources when it comes to reaching and engaging diverse and underserved populations. OMH should assist and inform the design and implementation of federal outreach efforts to assure that eligible individuals from racial and ethnic minority groups and Tribal Nations participate in HIEs.

Outreach efforts for the HIEs should build upon previously successful strategies and efforts to engage diverse populations. Effective communications campaigns utilize multiple strategies, messages, platforms, and channels to reach multiple clients. It is critical to identify best practices, leverage existing communication channels and networks, and develop tested and tailored messages for racial and ethnic groups and Tribal Nations and other vulnerable populations. Outreach efforts of this magnitude will require public-private partnerships and engagement of non-health entities.

Implementation Examples and Considerations

- **Engage non-traditional stakeholders.** HHS should reach out to non-traditional stakeholders to engage them in partnering or supplementing outreach efforts in communities. The Centers for Medicare and Medicaid Services (CMS), for example, partners with CVS Caremark, Walgreens, Thrifty White, Wal-Mart, and Sam's Club to provide Medicare beneficiaries educational materials on the Medicare Wellness Visit and other preventive services.
- **Engage national and ethnic-specific organizations.** Outreach efforts should include non-health organizations. National civic- and faith-based organizations cut across states and regions, and ethnic-specific civic- and faith-based organizations are trusted voices for many communities.
- **Support nonprofit and philanthropic partnerships.** Networks that successfully have supported or conducted outreach efforts include, but are not limited to:
 - The Convergence Partnership: A collaboration of funders formed to support equity-focused efforts to achieve the vision of healthy people living in healthy places. Partners include the W.K. Kellogg Foundation, Kaiser Permanente, The California Endowment, Kresge Foundation, Ascension Health, Nemours, and the Robert Wood Johnson Foundation (<http://www.convergencepartnership.org>).
 - Advancing the Movement (ATM): A network of 7,000 grassroots organizations that collaborate on policy, systems, and environmental changes for a healthier, more equitable and prosperous country (<http://www.advancingthemovement.org>).
 - Community Commons: A nonprofit that brings together advanced research and information management technologies to facilitate community learning and address challenges diverse communities face. Community Commons offers a web-based portal through which information can be readily distributed (<http://www.community-commons.com>).
- **Expand federal outreach efforts.** The Decennial Census is perhaps the prime example of a successful large scale outreach effort. The integrated communication plan that was developed for the 2010 Census and the Census Bureau's database of community-based partnerships could be significant

resources for HHS leverage.

In addition, HHS agencies (and particularly OMH) should offer multiple points of connection and communication pathways to stakeholder groups and individuals. Specific activities to consider include the following:

- HHS agencies should include articles on HIEs ("expanded access to health insurance") in their trade and consumer publications.
- Engage and support the Regional Health Equity Councils of the National Partnership for Action to End Health Disparities in developing and conducting outreach efforts to racial and ethnic communities, Tribal Nations, and other hard-to-reach populations.
- Use the National Stakeholder Strategy structure to disseminate information to national and regional networks. (For instance, develop an "ambassador" program based upon the NSS structure with identified champions. These ambassadors could be updated on a regular basis by HHS and supplied with outreach messages and strategies for wide dissemination.)
- The CDC should support and encourage local health departments to disseminate outreach through their local networks
- Build upon existing community relationships that exist with regional HHS and federal agency offices.
- Examine and identify opportunities to integrate or combine insurance outreach information with other national health initiatives. (For example, the *Million Hearts Campaign* could emphasize the importance of having health insurance to get needed preventive care for the heart.)
- **Tracking and monitoring of outreach and enrollment strategies.** Assistance and guidance should be provided to states to track the effectiveness of outreach and enrollment activities. This is critical to ensure transparency and assess implementation from an equity standpoint. Having a standard and shared tracking mechanism would allow for national and state-level comparisons of participation in the Health Insurance Exchanges and Medicaid. Ideally a database would include data that allows for assessment of proportionality of enrollment by race, ethnicity, and other key demographic factors relative to national and state populations.

Recommendation 2: Seek tribal consultation and consult with minority communities

In partnership with the Office of Health Reform and the CMS Office of Communications, OMH should seek tribal consultation and input from racial and ethnic minority communities in the development and implementation of outreach and enrollment strategies.

Executive Order 13175 establishes "regular and meaningful consultation and collaboration with tribal officials in the development of Federal policies that have tribal implications." Section 3 of the Executive Order states that agencies shall "encourage Indian tribes to develop their own policies to achieve program objectives." To assure

that Tribal Nations meet their goal of assuring coverage for Tribal members, HHS should seek tribal consultation on how best to support outreach and enrollment. Section 5 of the Executive Order provides guidance on the tribal consultation process. Similar efforts with other racial and ethnic minority groups may lead to more effective outreach and enrollment efforts and reduce confusion and misunderstanding about the new HIEs.

Implementation Examples and Considerations

- **Solicit insights from tribal leaders and representatives from minority communities about the significance of the enrollment data for their communities.** These leaders and consultants are a valuable resource for interpreting trends in enrollment and to use the data to modify strategies to more effectively outreach to underserved populations.

Recommendation 3: Adopt a grassroots approach to reach racial and ethnic minority communities and other underserved populations

OMH should support and encourage a grassroots approach to outreach and enrollment for reaching racial and ethnic minority communities and other hard-to-reach populations

Successful outreach will require effective grassroots approaches, using trusted community organizations and groups – community-based organizations, faith-based organizations, and ethnic- and culture-based groups – to engage underserved and vulnerable communities and help disseminate information regarding health care reform’s access and insurance opportunities. Outreach efforts also need to be bold, simple (not simplistic), well-funded, and region-directed. HHS has a role in supporting effective grassroots outreach for federal-, state-partnership-, and state-run-exchanges.

Implementation Examples and Considerations

- **Use community-based and faith-based organizations as prime contractors,** rather than subcontractors, for outreach to minority communities.
- **Maximize health insurance enrollment through culturally and linguistically appropriate outreach, education, and enrollment assistance.** Each state health insurance exchange is required to establish a navigator program to conduct outreach and education, and provide assistance in enrolling eligible applicants. Specific recommended strategies to maximize enrollment include the following:
 - OMH and CMS should ensure that navigator programs are culturally and linguistically appropriate, using community-based and faith-based organizations that are trusted by racial and ethnic minority and low-income communities.
 - HIEs (or HHS in states without HIE’s) should provide funding and technical assistance to racial and ethnic minority and local physician associations, community health centers, public hospitals, and local health departments to conduct outreach and education about the HIEs.
 - HIEs should fund local ethnic media and support information resources such as public libraries to reach eligible individuals.

Recommendation 4: Ensure culturally appropriate messaging and information

Given OMH's leadership in promoting cultural competency, OMH should reinforce the importance of developing tested culturally appropriate messages and information to increase the likelihood that racial and ethnic minority communities will participate in HIEs.

Community buy-in and review are vitally important to developing culturally appropriate messages and information. Processes should be established to test informational messages to ensure that they are culturally appropriate as well as strategies for disseminating information. Factors including where and how people receive information, individual and cultural conceptualizations of wellness and illness, trusted sources of information and support in communities, and people's perceptions of and experiences with the nation's health systems must be considered when crafting and disseminating messages particularly to diverse and underserved communities. Engaging community health workers and *promotores(as)*, who serve as trusted messengers can serve to increase the effectiveness of outreach and enrollment strategies.

Implementation Examples and Considerations

- **Collaborate and consult with community groups of focus to help develop and review messages.** To ensure that messages are culturally appropriate and relevant, they should be vetted with the community groups to which the messages are directed. Specific strategies include the following:
 - Consult with minority communities before implementing a major contract, and develop mechanisms to hold contractors accountable.
 - Use contractors representing communities served to help develop and disseminate messages.
 - Consult and partner with ethnic media, which can be cost effective.
- **Develop a standard glossary of terminology to be used in outreach and educational materials related to HIEs.** Such a glossary can be developed for use by navigator programs nationwide and should be translated and made available in multiple languages.
- **Ensure effective language access.** To assure that limited English proficient populations can access HIEs, the following should be considered:
 - Materials, hotlines, and help lines should be available in all languages spoken by the lesser of 5% or 500 people in the service area of the exchange.
 - Consumers should have access to oral interpreters, and call centers should have multilingual staff.
 - Taglines indicating the availability of translated material or oral interpretation should be developed in the top 15 languages spoken in each exchange service area.ⁱⁱⁱ
- **Engage community health workers and *promotores(as)*.** Patient navigators and outreach workers are part of culturally and linguistically competent practice and are known and trusted messengers in the community. These providers can help develop tailored messages, outreach programs, and ongoing assistance for communities of color and immigrants.ⁱⁱⁱ

- **Use social networking, social media, and webinars** to expand the reach of outreach efforts. This strategy can be particularly effective for communities that use such technologies as part of their regular means of communication, information gathering, and learning.
- **Ensure that resources are available to reach populations that have limited access to and proficiency with technology** (e.g., computers, Internet). The ACMH is particularly concerned about such populations and suggests considering the following strategies:
 - CMS provides grants to states for on-the-ground assistance and toll-free phone lines and provides in-person help from patient navigator programs or through existing relationships with consumer assistance programs and federal programs such as food stamps.
 - Utilizing call centers and navigators because although certain technologies have high levels of penetration in various communities, technology alone is not sufficient.
 - Leveraging multilingual phone lines available through mental health agencies and other programs.
 - Collaborating with Census communications departments to ensure that resources, standards, and practices around technology and messaging are culturally responsive and relevant.
 - Building upon the national messages around choice and affordability that OCR is developing and customizing to make them relevant to specific communities and populations.

ⁱ Office of the Legislative Counsel, *Compilation of the Patient Protection and Affordable Care Act*. May 2010. <http://docs.house.gov/energycommerce/ppacacon.pdf>

ⁱⁱ Mayra E. Alvarez, MHA, Director, Public Health Policy, Office of Health Reform, U.S. Department of Health and Human Services; Christine Barber, MS, Senior Policy Analyst, Community Catalyst; Ignatius Bau, JD, Health Policy Consultant; Taylor Burke, JD, LLM, Associate Professor, Program Director, MPH in Health Policy, Department of Health Policy, School of Public Health and Health Sciences, George Washington University; Kelly Dinicolo, Technical Advisor, Integrated Communications Management Staff, Office of Communications, Centers for Medicare and Medicaid Services, U.S. Department of Health and Human Services; Joshua M. Sharfstein, MD, Secretary of Health and Mental Hygiene, Maryland Department of Health and Mental Hygiene; Lisa Wilson, Senior Advisor to the Director, Center for Consumer Information and Insurance Oversight, Centers for Medicare and Medicaid Services, U.S. Department of Health and Human Services.

ⁱⁱⁱ Nguyen QC, Dembner A. *Promoting Racial and Ethnic Health Equity through Exchanges*. Boston, MA: Community Catalyst; 2012. Available at http://www.communitycatalyst.org/doc_store/publications/Health_Equity_through_Exchanges.pdf.