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Underlying Challenges of Public Health Insurance Enrollment and Utilization among Latino Adults: Insights from the Largest Safety-Net Institution in Los Angeles

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Abstract

Objectives—We examined challenges to enrollment in and use of California’s Medicaid program among Latino residents in Los Angeles County.

Study Design—This is a cross-sectional, mixed-methods study.

Methods—We collected survey data from 156 adult Latino clients seeking urgent care at one of the largest public hospitals in California. We also analyzed data from 78 semistructured interviews with randomly selected participants using Dedoose version 6.0.24, a web-based qualitative software program. Transcripts were analyzed using a constant comparison analytic approach based in grounded theory.

Results—Eighty percent of survey respondents had health insurance; Medi-Cal was most common. Survey and interview data revealed three main areas in which respondents experienced challenges enrolling and participating in the Medi-Cal program: gaining awareness of benefits, completing the enrollment process, and understanding and using benefits. Surveys showed Latino participants had limited knowledge of Medi-Cal benefits and eligibility criteria and faced challenges with enrollment related to language and fear of authorities. Understanding and effectively using benefits was challenging, and respondents reported a lack of provider support.

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Competing interests

The authors declare that they have no competing interests.

Authors' contributions

[Blinded] was the study’s principal investigator, conceptualized the study, and directed analytic efforts. All other authors contributed to the conceptual background, writing, data analysis, and editing. All authors read and approved the final manuscript.

Ethics approval and consent to participate

This research was performed in accordance with the Declaration of Helsinki and approved by the Institutional Review Board at [blinded] (No. HS-14-00420). Informed consent to participate in the study was obtained from participants.

Conclusions—Our findings highlight potential challenges to effective implementation of Medicaid expansion among Latinos in the United States. Proposed solutions include community outreach and education, effective use of media in Spanish, and provider guidance and follow-up.

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 6 million newly 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 + USC Medical Center, the county's largest safety-net health care 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 minutes. Participants received a \$35 gift card for each survey and interview. Procedures were approved by [blinded for review].

Survey results were summarized and we compared to themes from interviews using constant comparative analysis.⁹ We analyzed data from semistructured 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 self-identified as Latino and most 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 U.S. 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 semistructured 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 collected qualitative data at a single time point, which precludes causal claims, and findings are based on participant self-reports, which may have introduced recall bias or social desirability effects. Some barriers were expected, such as finding a provider who accepted their insurance type, but not noted to be an issue for this sample. We mitigated the impact of these limitations by triangulating quantitative survey data with qualitative interview data and connecting findings with existing literature, thus increasing the validity of our main findings (see Table 1).

Overall, Medicaid expansion remains a “critical piece of unfinished business.”^{2p529} Despite the ACA's reducing the uninsured rate by 43%,² many eligible residents remain uninsured. Our findings have implications for health care reform, particularly the effective implementation of Medicaid expansion through greater community outreach, education, and engagement. Findings highlight the importance of investing in strategies in three interrelated areas—awareness, enrollment, and use—to realize the full potential of the historic ACA legislation. Awareness of eligibility and enrollment under the ACA is high in the United States, yet among low-income Latinos, culturally and linguistically responsive outreach and education through media and community events that promotes and disseminates information regarding health insurance coverage could be an effective way to encourage uninsured populations to consider new options. Delivering education and follow-up interventions to teach low-income minority populations how to use their benefits effectively and navigate the health care system may help reduce disparities in insurance coverage and health care in Los

Angeles County. Although the ACA remains the “law of the land,” the Trump administration’s views on immigration and any future efforts to repeal or undermine essential components of the ACA may present new challenges to conducting effective outreach to this group. Further research will be needed to assess the effects of this changing policy environment and inform the development of interventions to more effectively reach low-income Latinos.

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Highlights

- Identified low income Latinos' challenges in enrolling and participating in the Medicaid program
- Participants benefit from gaining awareness of benefits, completing the enrollment process, and understanding and using benefits.
- Reported need for information to be in Spanish and by a trained professional to understand application process, requirements, and provision and utilization of benefits.

Table 1

Quantitative and qualitative main findings

Quantitative: Survey Results (<i>n</i> = 156)	Qualitative: Main Themes (<i>n</i> = 78)
Awareness of Medi-Cal eligibility	
80% (<i>n</i> = 124) reported having insurance, of whom 94% (<i>n</i> = 116) identified Medi-Cal as their insurance type.	However, many participants (46%) indicated limited knowledge of their eligibility for Medi-Cal.
34% reported media, including TV and newspaper, as most commonly reported way of hearing about health insurance and health care information.	Consistently, most participants (74%) reported media and community outreach as the best vehicle to bring awareness about Medi-Cal eligibility criteria.
Completion of Medi-Cal enrollment process	
48% reported receiving help from a case manager or caseworker to enroll in Medi-Cal program.	Many participants (46%) stated that enrollment happened haphazardly while requesting urgent and emergency care.
	Most participants (68%) highlighted a difficult enrollment process—English and technical language and fear of immigration kept people from enrolling.
Understanding Medi-Cal benefits and how to use them	
73% reported limited knowledge of Medi-Cal benefits.	Consistently, most participants (64%) indicated limited knowledge of their Medi-Cal benefits and how to use them.
33% reported relying on a health care provider to help them understand and properly use their Medi-Cal benefits.	Consistently, most participants (73%) reported challenges to effectively use their benefits and access in a timely manner the specialist they needed.
34% reported cost as the main reason to use their Medi-Cal benefits.	Some participants (38%) reported concerns regarding the hidden cost of having Medi-Cal, medications not covered, additional cost, etc.
67% reported difficulty accessing medical services using their Medi-Cal benefits.	Most participants (68%) indicated issue accessing specialist, long waits, several visits, etc.