Affordable Care Act Outreach and Education Strategy Project

Summary of Results of Outreach
Implemented by the
Ohio Asian American Health Coalition

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1. Introduction

In an effort to educate the uninsured and underinsured about how to enroll in health insurance and how to access preventive care available through the provisions of the Affordable Care Act (ACA), Community Science has partnered with the U.S. Department of Health and Human Services (HHS) Office of Minority Health (OMH) to develop and evaluate outreach and education strategies targeted at 5,000 to 10,000 uninsured and newly enrolled individuals from hard-to-reach racial and ethnic minority populations in the United States. The Ohio Asian American Health Coalition (OAAHC) played a key role as one of nine essential partners in this effort.

Growing out of a statewide collection of organizations representing Asian American populations, the OAAHC has been coordinating resources since the mid-2000s. OAAHC includes seven member organizations as well as individual members, representing about 249,000 Asian Americans living in Ohio. OAAHC provides support for health initiatives of its member organizations, promotes research and education to address health disparities, and advocates for improved access to personalized, culturally and linguistically competent health care. Its population of focus includes people of Asia Indian, Burmese, Bangladeshi, Chinese, Nepalese/Bhutanese, Cambodian, Lao, Korean, and members of the Asian Community. The Coalition also serves and collaborates with Latino and African American community residents.
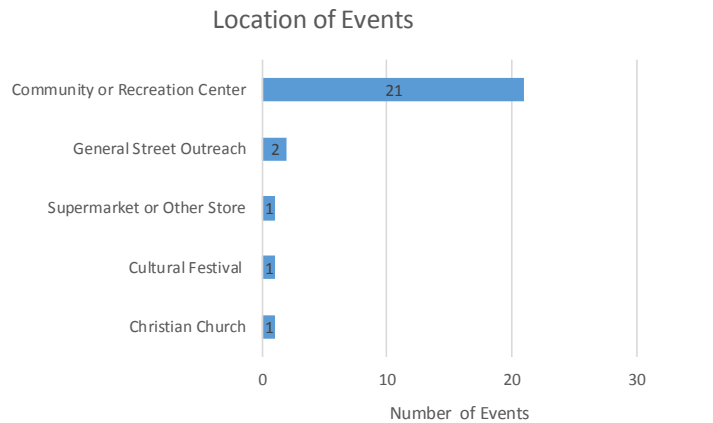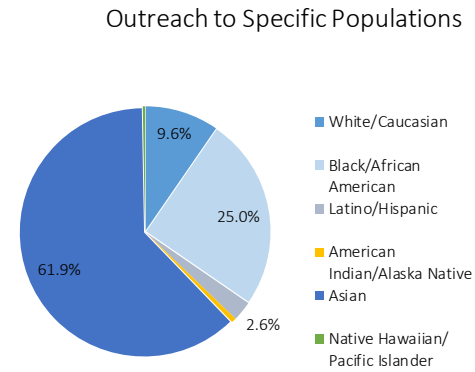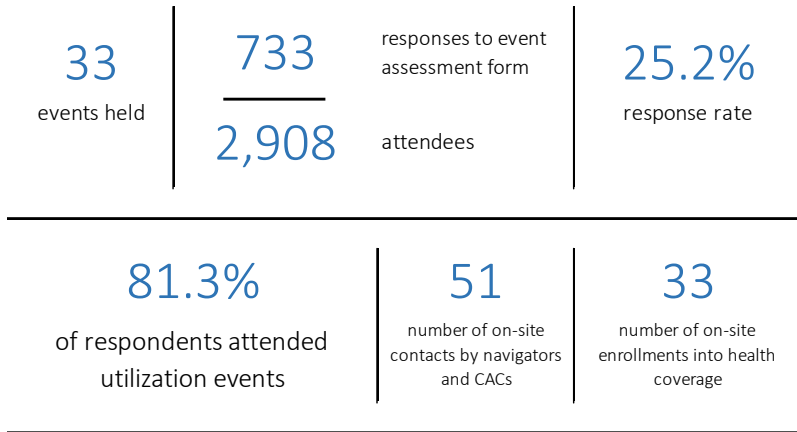
With the expansion of Medicaid in Ohio, many low-income and first generation families became eligible for health insurance; however, language barriers have made it difficult to educate these community residents on the benefits of health insurance or how to enroll into a Medicaid plan. In past outreach events it was found that community residents spoke almost 70 distinct languages. This fact makes it difficult to provide information on a large scale, as educational materials need to be tailored to the language preferences of each unique participant group. To address this barrier, OAAHC implements a train-the-trainer approach within its member organizations, educating participants to be culturally responsive to their service populations.

During the second enrollment period (2014–15), over a six-week period OAAHC assisted in enrolling 1,100 Asians living in Ohio in health insurance coverage. During the 2015–16 enrollment period, OAAHC worked with partners from Lao Volunteer Donation Organization, Enroll America, Molina, Ohio Association of Food Banks, and other organizations that are trusted and respected within local Asian communities to provide outreach to their target communities on issues of health insurance enrollment and utilization.

2. Summary of Outreach Strategy Activities

Between January 16 and May 31, 2016, OAAHC conducted 33 outreach events that collectively reached 2,908 participants; of these participants, 733 completed an event assessment form (response rate = 25.2%). The events engaged individuals using a mix of one-on-one (n = 23) and group presentations (n = 8) throughout the Columbus, Ohio, area. Overall, 88.3% of respondents (n = 633) were aware of the language assistance services offered at the events, and 61.5% of respondents (n = 442) requested language help (see Exhibit 1).

Exhibit 1. Overview of the Ohio Asian American Health Coalition Initiative ACA Outreach Strategy

33
events held

733
responses to event assessment form
___
2,908
attendees

25.2%
response rate

81.3%
of respondents attended utilization events

51
number of on-site contacts by navigators and CACs

33
number of on-site enrollments into health coverage

Outreach to Specific Populations

- 9.6%
- 25.0%
- 61.9%
- 2.6%

- ■ White/Caucasian
- ■ Black/African American
- ■ Latino/Hispanic
- ■ American Indian/Alaska Native
- ■ Asian
- ■ Native Hawaiian/ Pacific Islander

Location of Events

Location	Number of Events
Community or Recreation Center	21
General Street Outreach	2
Supermarket or Other Store	1
Cultural Festival	1
Christian Church	1

Number of Events

Publicity Outlets: Tabling, flyers, TV-mainstream, newspapers, word-of-mouth

Language Assistance Services: Laotian, Thai, Bengali, Nepali, Chinese, Urdu, English, Hindi, Mandarin (Chinese), Cantonese (Chinese)

	Percent of Respondents
Requesting Language Assistance Services	61.5%
Aware of Language Assistance Services	88.3%

0% 10% 20% 30% 40% 50% 60% 70% 80% 90%

Percent of Respondents
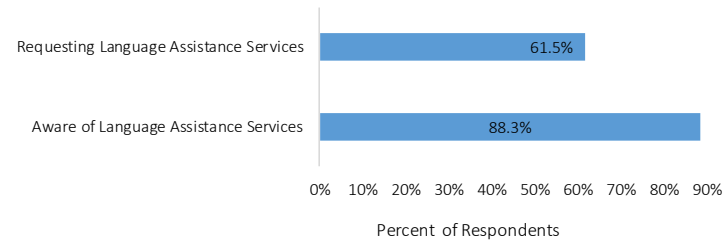
Note: Partners could identify more than one target population for each event, a single event location type for each event, and a single event mode.

Exhibits 2a and 2b display the demographics of the full sample of respondents, with totals categorized by health insurance status. Among all respondents, the age range most frequently reported was from 35 to 44 years old (27.3%). Overall respondents included more women than men, 67.4% and 32.6%, respectively. In regard to race and ethnicity, 61.6% of respondents identified as Asian, 25.2% identified as Black/African American, and 9.7% as White/Caucasian.[1]

Exhibit 2a. Respondent Age, Gender, and Race/Ethnicity by Health Insurance Coverage Status

Age of Respondents

	18-34	35-44	45-54	55-64	65+
All %	19.9%	27.3%	25.4%	19.4%	7.9%
Insured %	19.5%	25.2%	27.2%	19.8%	8.3%
Uninsured %	22.8%	41.3%	14.1%	16.3%	5.4%

Gender of Respondents

	Male	Female
All %	32.6%	67.4%
Insured %	30.4%	69.6%
Uninsured %	47.4%	52.6%

Race/Ethnicity of Respondents

Legend: White/Caucasian, Black/African American, Latino/Hispanic, American Indian/Alaska Native, Asian, Native Hawaiian/ Pacific Islander

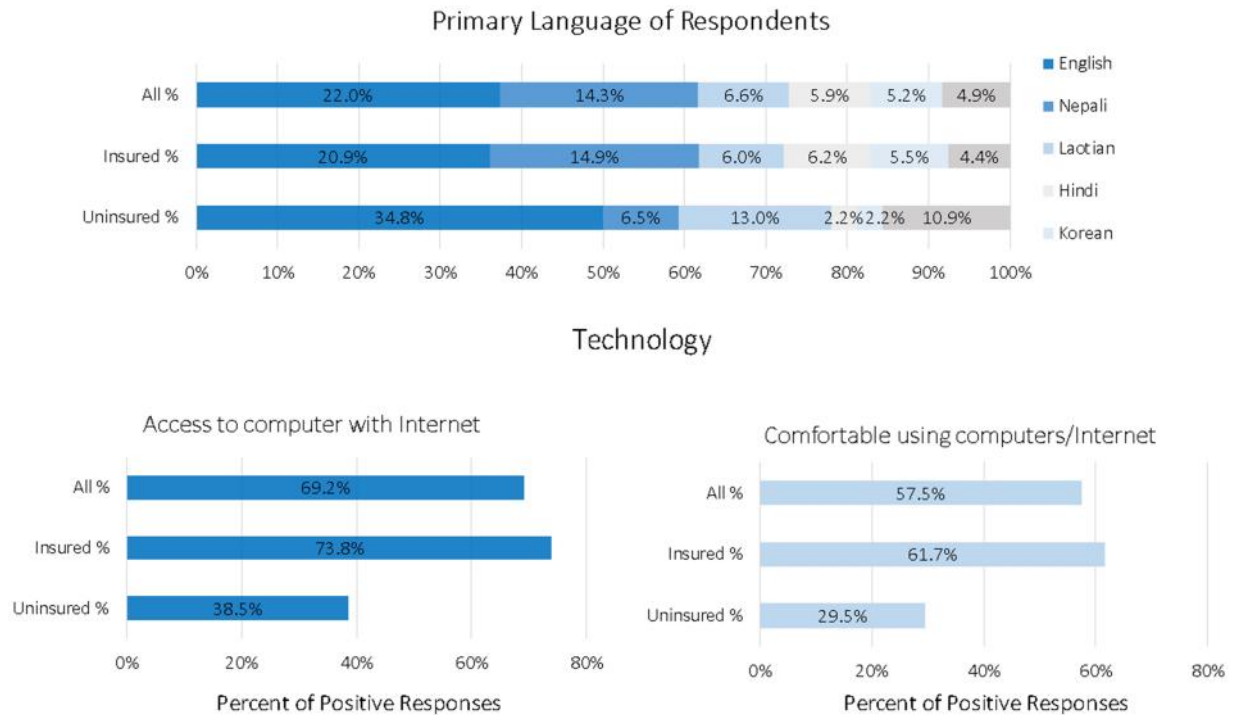|	White/Caucasian	Black/African American	Latino/Hispanic	Asian
All %	9.7%	25.2%	2.7%	61.6%
Insured %	10.2%	25.9%	3.1%	60.1%
Uninsured %	6.3%	20.8%		70.8%

Additionally, respondents reported a wide diversity of primary languages spoken at home (see Exhibit 2b). Apart from English (22.0%), the next most reported primary languages were Nepali (14.3%) and Laotian (6.6%). Among all respondents, more than two-thirds had access to a computer with Internet and over half felt comfortable using it (see Exhibit 2b). However, among the uninsured respondents, less

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[1] Respondents could only select a single race, gender, and age group.

than half had access to a computer with Internet (38.5%) and less than a third (29.5%) felt comfortable using computer/Internet.
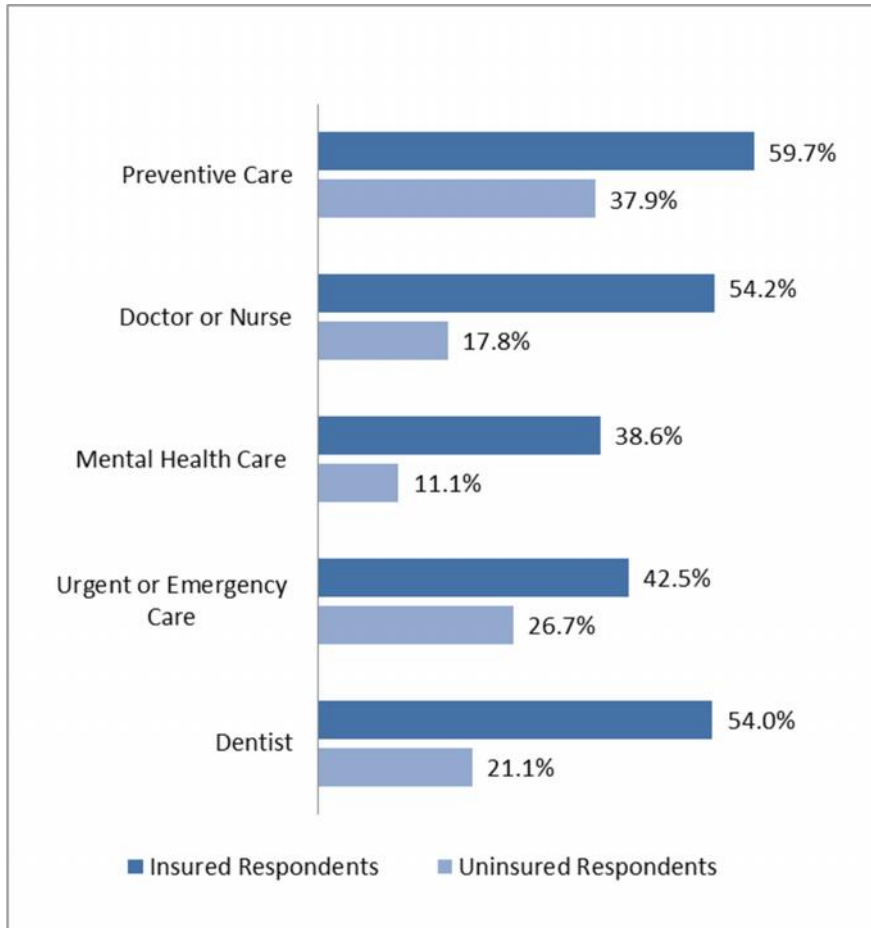
Exhibit 2b. Respondent Language and Access to Technology by Health Insurance Coverage Status

Primary Language of Respondents

	English	Nepali	Laotian	Hindi	Korean

All % — 22.0% | 14.3% | 6.6% | 5.9% | 5.2% | 4.9%
Insured % — 20.9% | 14.9% | 6.0% | 6.2% | 5.5% | 4.4%
Uninsured % — 34.8% | 6.5% | 13.0% | 2.2% 2.2% | 10.9%

Technology

Access to computer with Internet

All % — 69.2%
Insured % — 73.8%
Uninsured % — 38.5%

Percent of Positive Responses

Comfortable using computers/Internet

All % — 57.5%
Insured % — 61.7%
Uninsured % — 29.5%

Percent of Positive Responses

## 3. Healthcare and Health Insurance Utilization Among Respondents

The majority of insured respondents reported having visited a nurse or doctor (54.2%, n = 332), using preventive care (59.7%, n = 369), and using dental care services (54.0%, n = 333). As might be expected, utilization rates for these similar healthcare services were lower among uninsured respondents; 17.8% (n = 16) for visiting a nurse or doctor, 37.9% (n = 36) for using preventive care, and 21.1% (n = 19) for using dental care services. See Exhibit 3 for a full comparison of services used by insurance status.

Exhibit 3. Healthcare Utilization by Health Insurance Coverage Status

Category	Insured Respondents	Uninsured Respondents
Preventive Care	59.7%	37.9%
Doctor or Nurse	54.2%	17.8%
Mental Health Care	38.6%	11.1%
Urgent or Emergency Care	42.5%	26.7%
Dentist	54.0%	21.1%

In addition, respondents indicated whether or not they used their health insurance to access health care and if they maintained health insurance for the entire year (see Exhibit 4). Among those who indicated that they had health insurance coverage, 89.5% (*n* = 560) reported using insurance to get health care, and 92.8% (*n* = 581) reported maintaining health insurance for the whole year.

Exhibit 4. Health Insurance Utilization Among Insured Respondents

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Used insurance coverage to get health care	89.5%
Maintained health insurance coverage the whole year	92.8%
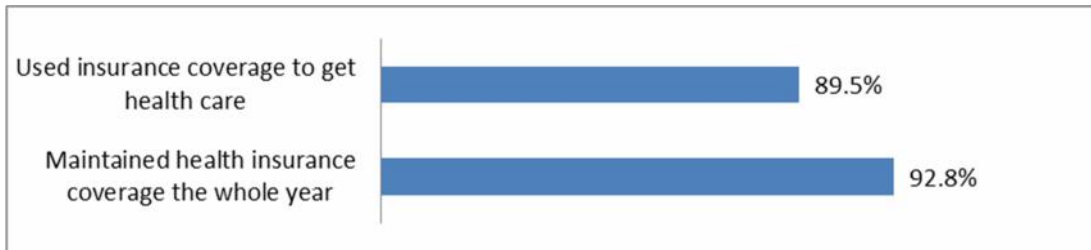
4. Gains in Perceived Knowledge

Enrollment Events

Using a retrospective pretest approach,[2] respondents were asked to rate their perceived knowledge before and after the outreach event in eight knowledge areas of ACA health insurance enrollment. A mix of paired t-tests and Wilcoxon sign-rank tests comparing respondents' post-event perceptions of their knowledge before and after the event revealed statistically significant differences in six content areas: what ACA means for me and my family, benefits of the ACA, insurance enrollment deadlines, types of insurance policies, penalties for being uninsured, and how health insurance works ($\alpha < 0.05$). The greatest knowledge gain was in the content area of the deadlines for ACA insurance enrollment (t (123) = 7.67, p < .001). Exhibit 5 shows the median knowledge ratings, the mean knowledge ratings, and the difference between pre- and post-event knowledge ratings. Items that had differences of zero for either mean or median are not displayed in the exhibit. Additionally, the item related to knowledge about tax credits obtained a negative difference, indicating that participants felt that they knew less about tax credits after participating in the enrollment events; however, this difference was not significant.

Exhibit 5. Difference in Perceived Knowledge on ACA Enrollment Across Eight Indicators
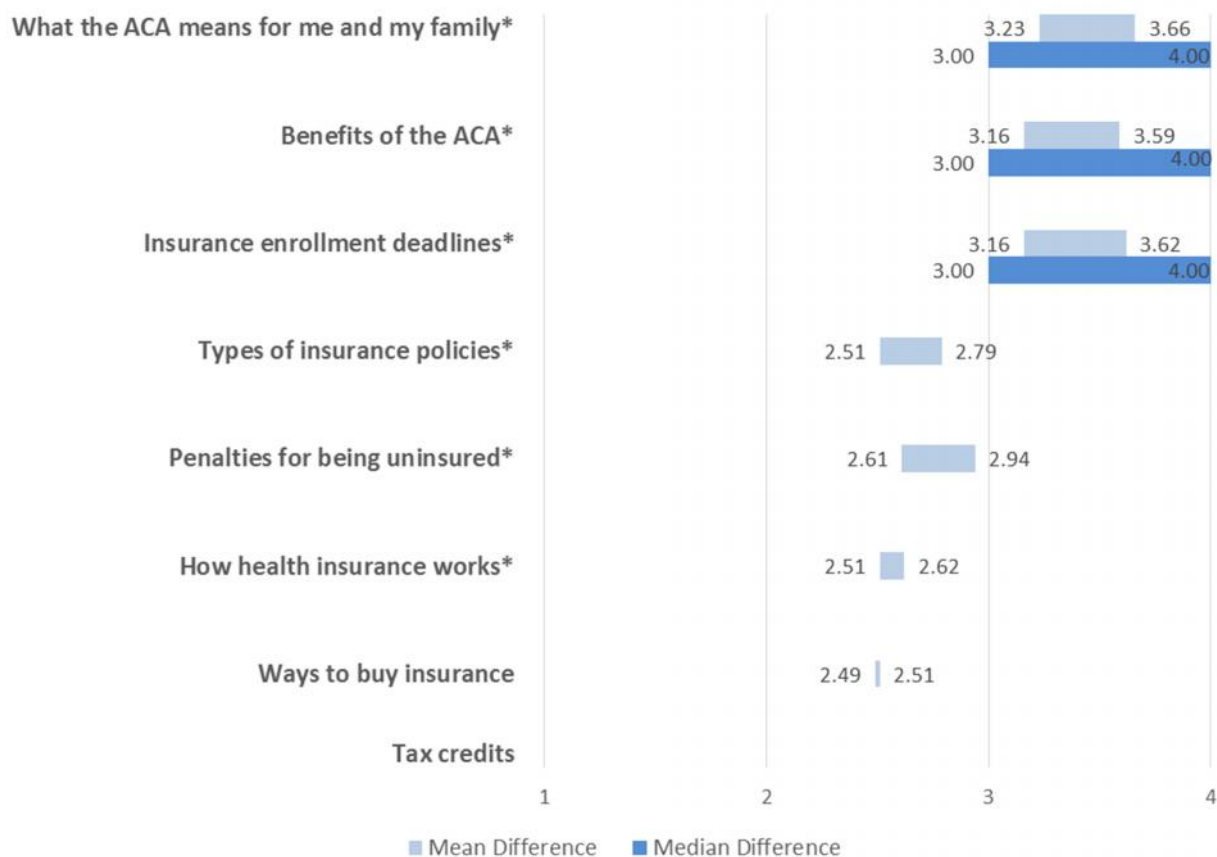
Note: For each bar, the first number represents pre-event knowledge ratings and the last number represents post-event knowledge ratings. The rating scale ranged from 1 to 4, with 1 = not at all, 2 = a little, 3 = somewhat, and 4 = a lot. Asterisk indicates statistical significance at the *p* < .05 level.

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[2] Regarding this test method, see Nimon, Zigarmi & Allen, 2011.

Utilization Events

Similarly, respondents attending utilization events were asked to rate their perceived knowledge before and after the outreach event in nine knowledge areas of ACA health insurance. Wilcoxon sign-rank tests comparing respondents' post-event perceptions of their knowledge before and after the event revealed statistically significant differences in all content areas ($\alpha < 0.05$). The greatest knowledge gain was in the content area of knowing when to go to your doctor versus when to go to the emergency room ($z = 15.46$, $p < .001$). Exhibit 6 shows the median knowledge ratings, the mean knowledge ratings, and the difference between pre- and post-event knowledge ratings. Items that had differences of zero for either mean or median are not displayed in the exhibit.

Exhibit 6. Difference in Perceived Knowledge on ACA Utilization Across Nine Indicators
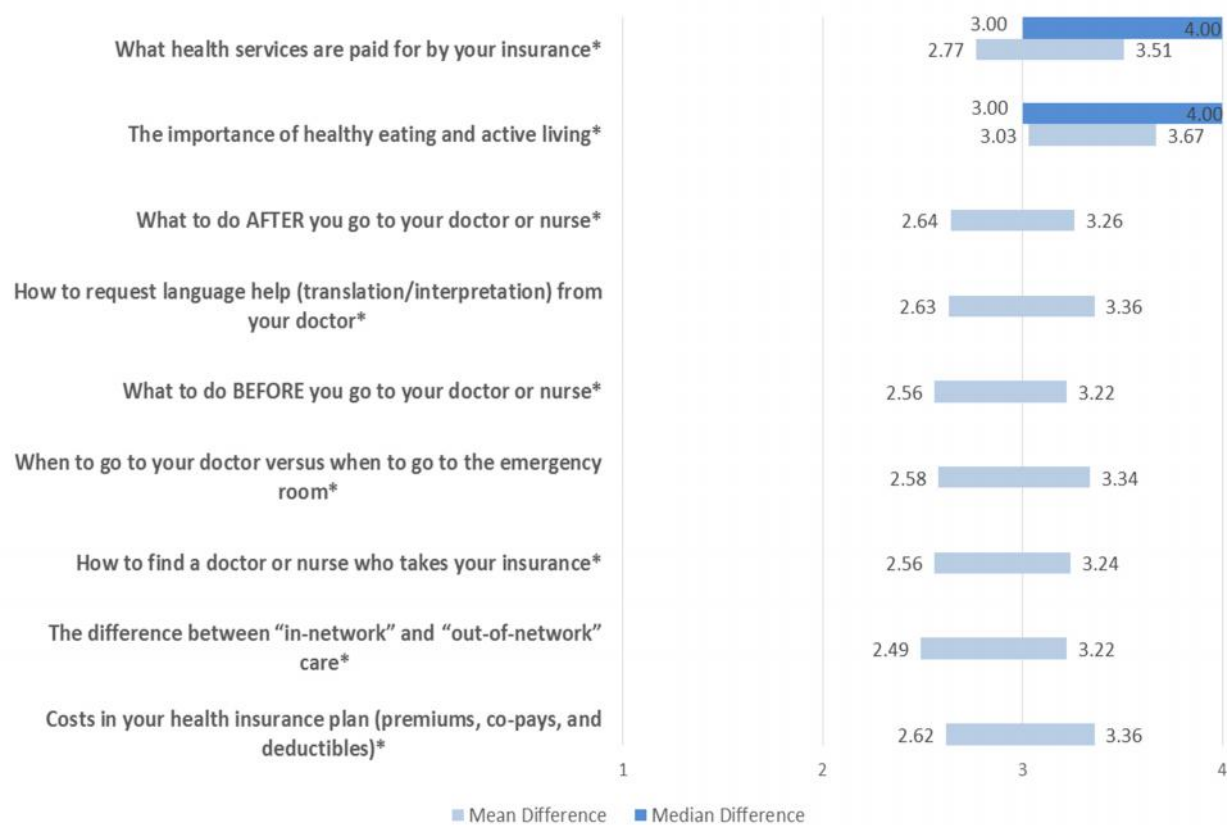

Note: For each bar, the first number represents pre-event knowledge ratings and the last number represents post-event knowledge ratings. Scales ranged from 1 to 4, with 1 = not at all, 2 = a little, 3 = somewhat, and 4 = a lot. Asterisk indicates statistical significance at $p < .05$ level.

5. Participants' Likelihood of Taking Action After the Event

Enrollment Events

Respondents were also asked to rate their intention to engage in four actions related to health insurance following the event (see Exhibit 7). On average, across all events, 64.3% of respondents ($n = 63$) reported that they were *highly likely* to enroll in or change insurance plans through the ACA website or 800 number. Additionally, 85.5% of respondents ($n = 112$) reported being *highly likely* to make an appointment with a navigator or health insurance agent to enroll in a health insurance plan.

Exhibit 7. Respondents' Intent to Take Action to Enroll in Health Insurance, Post-Event
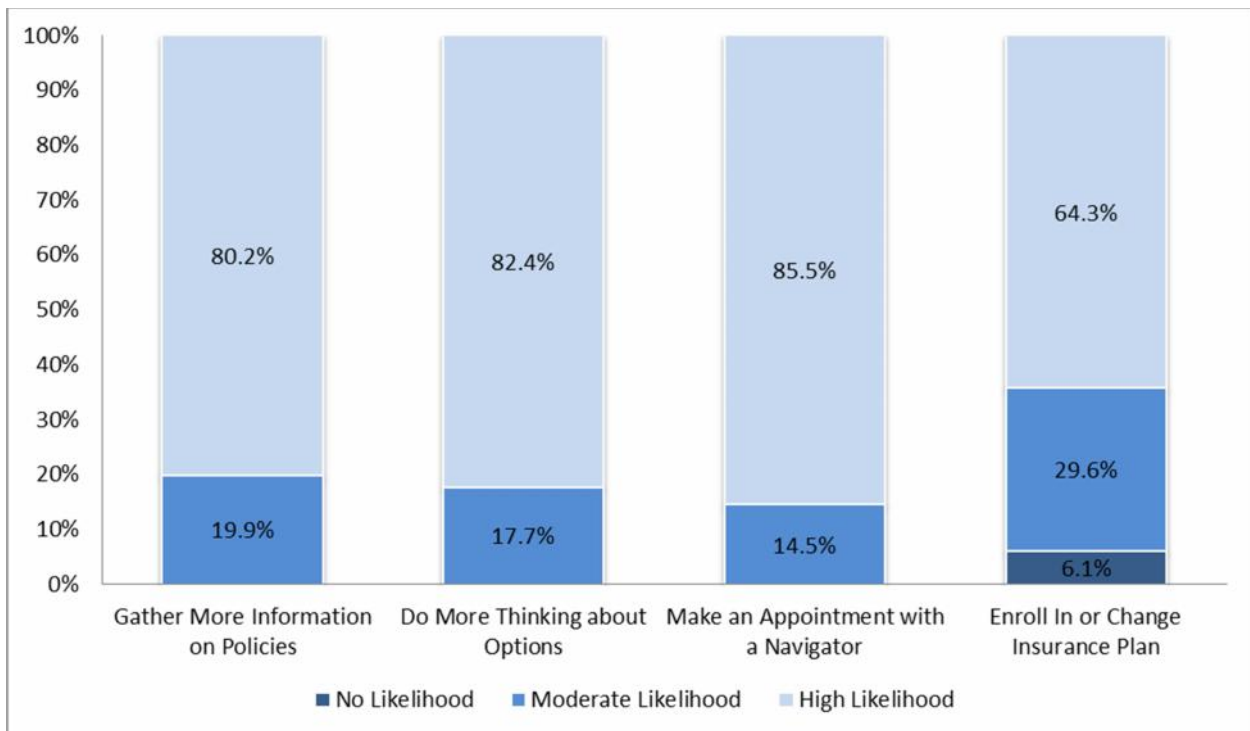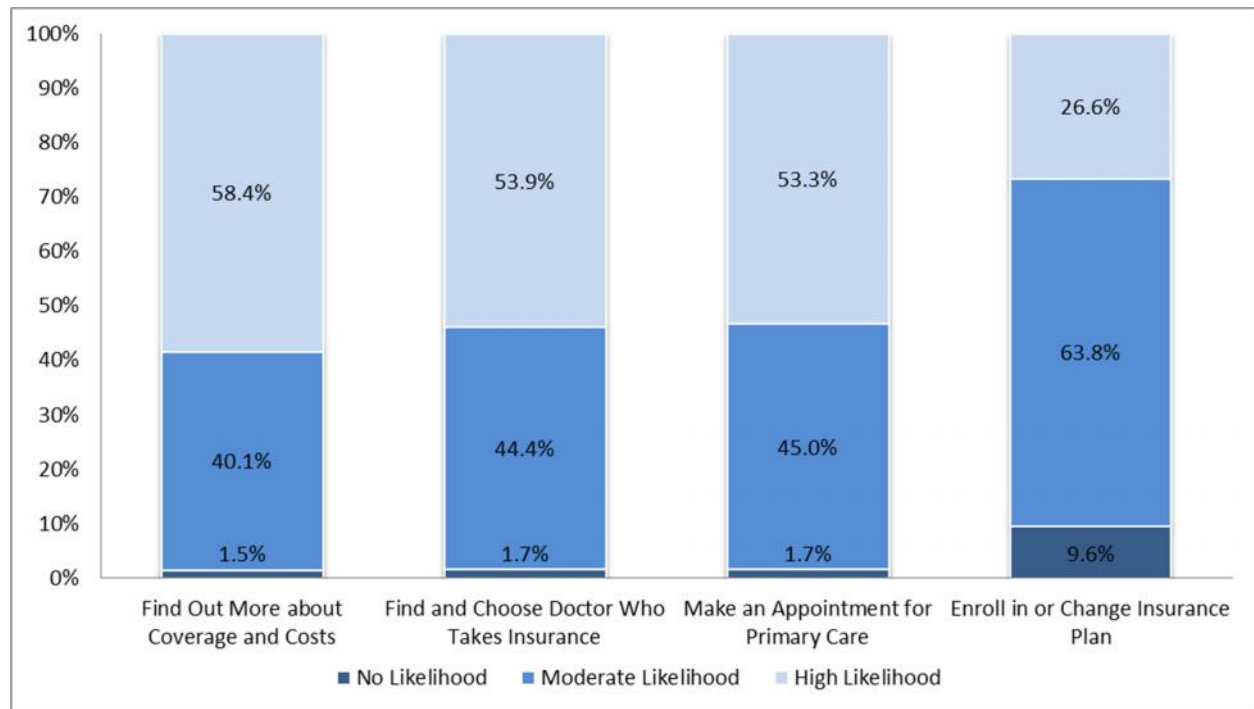

Note: The rating scale ranged from 1 to 4, with 1 = not at all, 2 = a little, 3 = somewhat, and 4 = a lot. The "high likelihood" category includes "a lot" responses; the "moderate likelihood" category combines "a little" and "somewhat" responses; and the "no likelihood" category includes "not at all" responses. Data labels are removed for percentages less than 1% for visual clarity.

Respondents were also asked to rate their intention to engage in four actions related to health insurance following the event (see Exhibit 8). On average across all events, 26.6% of respondents (*n* = 146) reported *a high likelihood* that they would enroll in or change their insurance plans. Additionally, 53.3% of respondents (*n* = 308) reported a *high likelihood* that they would make an appointment with a regular doctor or nurse for medical care.

Exhibit 8. Respondents' Intent to Take Action to Utilize their Health Insurance, Post-Event

Note: Scales ranged from 1 to 4, with 1 = not at all, 2 = a little, 3 = somewhat, and 4 = a lot. The "high likelihood" category includes "a lot" responses; the "moderate likelihood" category combines "a little" and "somewhat" responses; and the "no likelihood" category includes "not at all" responses.

6. Summary

During the third ACA open enrollment period, community health leaders focused on promoting enrollment with specific populations for which sign-ups lagged during the previous open enrollments. African Americans, Hispanics, and young adults in particular were targeted because they represent a disproportionate share of the roughly 32 million remaining uninsured Americans (Evans & Demko, 2014; Marken, 2016). OAAHC identified a great need to provide healthcare education to an even broader spectrum of racial and ethnic minorities, who often had newly immigrated to the country.

Outreach events were inclusive of the various racial and ethnic backgrounds of respondents. OAAHC staff and outreach workers provided language translation services in Laotian, Thai, Bengali and Urdu, Hindi, and Chinese. In addition, when available, an English speaker accompanied the translator to provide additional services. This ability facilitated their delivery of education, since more than half of their respondents (61.6%) were Asian and requested such language services.

The majority of the respondents who attended either enrollment or utilization events reported a *high likelihood* of enrolling in or changing their insurance. This suggests that respondents' motivation to obtain health insurance increased after attending the ACA education events, which may be attributed to an increase in their significant knowledge gains related to the benefits of having health insurance. Having more knowledge on the subject demystifies the actions and resources needed to obtain health insurance, improving respondents' sense of the efficacy of enrolling.

Taking advantage of major cultural festivals will yield high numbers of event participants and enrollment in health insurance. Cultural festivals create an opportunity to bring communities together and instill a sense of community pride, share knowledge of their history, and share policies that can benefit them. More importantly, cultural or community festivals can foster stronger relationships within a community. Most of the relationship-building can lead to trust, which might explain why OAAHC staff were more successful in enrolling participants into health insurance during cultural or community festivals.

References

Evans, M. & Demko, P. (2014). HealthCare.gov enrollment efforts target young, minorities. *Modern Healthcare* [Online], November 15. Retrieved from http://www.modernhealthcare.com/article/20141115/MAGAZINE/311159987

Lau, J. S., Adams, S. H., Boscardin, W. J., & Irwin, C. J. (2014). Young adults' health care utilization and expenditures prior to the Affordable Care Act. *Journal of Adolescent Health* 54(6), 663–71. doi:10.1016/j.jadohealth.2014.03.001

Marken, S. (2016). U.S. uninsured rate at 11.0%, lowest in eight-year trend. Gallup. April 7. Retrieved from http://www.gallup.com/poll/190484/uninsured-rate-lowest-eight-year-trend.aspx

Nimon, K., Zigarmi, D., & Allen, J. (2011). Measures of program effectiveness based on retrospective pretest data: Are all created equal? *American Journal of Evaluation* 32, 8–28.

Appendix A. Respondent Demographic Characteristics, by Health Insurance Coverage Status

Column1	All		Insured		Uninsured	
Participant Characteristic	Number	Percent	Number	Percent	Number	Percent
18-34	138	19.90%	117	19.50%	21	22.80%
35-44	189	27.30%	151	25.20%	38	41.30%
45-54	176	25.40%	163	27.20%	13	14.10%
55-64	134	19.40%	119	19.80%	15	16.30%
65+	55	7.90%	50	8.30%	5	5.40%
Gender						
Male	192	32.60%	156	30.40%	36	47.40%
Female	397	67.40%	357	69.60%	40	52.60%
Race/ethnicity						
White/Caucasian	69	9.70%	63	10.20%	6	6.30%
Black/African American	180	25.20%	160	25.90%	20	20.80%
Latino/Hispanic	19	2.70%	19	3.10%	0	0.00%
American Indian/Alaska Native	4	0.60%	2	0.30%	2	2.10%
Asian	439	61.60%	371	60.10%	68	70.80%
Native Hawaiian/ Pacific Islander	2	0.30%	2	0.30%	0	0.00%
Primary Language						
English	134	22.00%	118	20.90%	16	34.80%
Nepali	87	14.30%	84	14.90%	3	6.50%
Laotian	40	6.60%	34	6.00%	6	13.00%
Hindi	36	5.90%	35	6.20%	1	2.20%
Korean	32	5.20%	31	5.50%	1	2.20%
Technology						
Access to computer with Internet	500	69.20%	463	73.80%	37	38.50%
Comfortable using computers/Internet	415	57.50%	387	61.70%	28	29.50%

Appendix B. Full List of Respondent Primary Language, by Health Insurance Coverage Status

Language	All Number	All Percent	Insured Number	Insured Percent	Uninsured Number	Uninsured Percent
English	134	22.00%	118	20.90%	16	34.80%
Nepali	87	14.30%	84	14.90%	3	6.50%
Laotian	40	6.60%	34	6.00%	6	13.00%
Hindi	36	5.90%	35	6.20%	1	2.20%
Korean	32	5.20%	31	5.50%	1	2.20%
Mandarin (Chinese)	30	4.90%	25	4.40%	5	10.90%
Bengali	29	4.80%	29	5.10%	0	0.00%
Vietnamese	18	3.00%	18	3.20%	0	0.00%
Spanish	12	2.00%	12	2.10%	0	0.00%
Urdu	8	1.30%	7	1.20%	1	2.20%
Burmese/Myanmarese	7	1.10%	7	1.20%	0	0.00%
Telugu	7	1.10%	7	1.20%	0	0.00%
Cantonese (Chinese)	6	1.00%	6	1.10%	0	0.00%
Hmong	6	1.00%	5	0.90%	1	2.20%
Japanese	5	0.80%	4	0.70%	1	2.20%
Tagalog	5	0.80%	5	0.90%	0	0.00%
Thai	5	0.80%	5	0.90%	0	0.00%
Afrikaans	3	0.50%	2	0.40%	1	2.20%
Cambodian	1	0.20%	1	0.20%	0	0.00%
French	1	0.20%	1	0.20%	0	0.00%
Kirundi	1	0.20%	1	0.20%	0	0.00%
Primary Language-Other	113	18.50%	106	18.80%	7	15.20%
Two or more languages	24	3.90%	21	3.70%	3	6.50%
Total	610	100.00%	564	100.00%	46	100.00%