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Audrey McCulloch Date

Georgia Latino Enrollment in the Affordable Care Act:
A Qualitative, Key Informant Analysis

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By

Audrey McCulloch

Bachelor of Arts
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Thesis Committee Chair: Dabney P. Evans, PhD MPH

An abstract of
A thesis submitted to the Faculty of the
Rollins School of Public Health of Emory University
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Abstract

Georgia Latino Enrollment in the Affordable Care Act:
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Prior to the implementation of the Affordable Care Act (ACA), one in three Latinos in the United States were uninsured. In Georgia, a state that implemented a federal Marketplace, nearly half of Latinos lacked health insurance coverage going into the initial enrollment period of October 1st, 2013 to April 15th, 2014. The ACA provided an opportunity for these uninsured Latinos to gain health insurance coverage, thus increasing their access to necessary medical services. A series of fourteen in-depth interviews with key informants from Georgia's Latino community, such as nonprofit leaders, media professionals and community health promoters, were conducted between June and September 2014. From the perspective of these key informants, this qualitative project explores Georgia Latino knowledge surrounding the ACA and perceived barriers to successful enrollment in Marketplace health insurance coverage. Participants described various barriers to successful enrollment, such as lack of health literacy education regarding health insurance and the time-consuming nature of the enrollment process. Recommendations for outreach, education and enrollment targeting Georgia Latinos include organization of one-on-one services in locations of familiarity and comfort to Georgia Latinos, as well as the hiring and training of Spanish-speaking enrollment professionals. The findings of this study may serve to inform future design and provision of culturally competent outreach, education and enrollment services.

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Chapter 1: Introduction

Introduction

The Patient Protection and Affordable Care Act (ACA) provides an unprecedented opportunity for the 47.9 million uninsured non-elderly persons in the United States (U.S.) to obtain health insurance coverage (KCMU, 2013). Latinos, before the implementation of the ACA, had the highest uninsured rate of all ethnic and racial groups in the U.S. with 41.8% of Latinos lacking health insurance (Sommers et al., 2014). In the state of Georgia, forty four percent of Latinos, higher than the national average, were uninsured prior to the implementation of the ACA (KCMU, 2013). The ACA represents an opportunity for these previously uninsured individuals to gain health insurance coverage, thus improving their access to healthcare services.

Extensive literature exists surrounding the poor health implications of being an uninsured individual in the United States. Additionally, Latinos face substantial health disparities as an ethnic minority in the United States. For example, uninsured Latinos are 2.6 times less likely to have a usual source of care and 1.5 times more likely to use a hospital emergency room as a primary source of care than the general population (ACP and ASIM, 2000). Furthermore, Latinos are 65% more likely than White non-Latino adults to suffer from diabetes, 15% more likely to be obese and 40% more likely to die from cervical cancer (Blackwell et al., 2014; Murphy et al., 2013). By obtaining health insurance coverage, Latinos in Georgia and nationwide will have greater access to preventative care services to address these startling health disparities.

Problem Statement and Project Purpose

Very limited literature exists regarding strategies to providing effective ACA outreach, education and enrollment services, and even less evidence is available on the provision of these services to Latinos in a culturally appropriate manner. Key stakeholders, specifically organizations that provide outreach, education and enrollment services that target Georgia Latinos, need to be aware of the various barriers to successfully purchasing health insurance that the Georgia Latino community faced during the initial ACA enrollment period. As with any novel legislation, reform or project, the initial implementation period provides an opportunity for organizations to pilot various strategies and learn from their initial approach. This thesis contributes to a slowly growing body of evidence to be considered in the design of ACA outreach, education and enrollment strategies that target Latinos in contexts similar to that of the state of Georgia.

The overall objective of this thesis is to understand knowledge, awareness and intent to purchase health insurance through the Affordable Care Act exchanges during the initial enrollment period of October 1st, 2013 to March 31st, 2014 among Georgia Latinos. The findings of the project reflect the perspective of key informants, such as nonprofit leaders, media professionals and community health promoters. The following specific aims guided the development of the thesis project:

1. To identify barriers that prevented Georgia Latinos from successfully enrolling in ACA exchanges;
2. To understand factors that led to successful enrollment of Georgia Latinos in the ACA exchanges;
3. To provide recommendations as to how policy-makers, the host organization and advocacy groups can facilitate Latino enrollment in the ACA exchanges during future enrollment periods.

Chapter 2: Comprehensive Review of the Literature

2.1 Introduction

This chapter provides a review of relevant literature by exploring existing information on the topic of Georgia Latino enrollment in the Affordable Care Act (ACA) Marketplace, also known as the health exchange. First, a profile of the uninsured Latino population in the United States (U.S.) prior to the implementation of U.S. healthcare reform explains the characteristics of the population. The review then moves into the opportunities for becoming insured and preliminary assessments of the enrollment data from the initial enrollment period. Next, the literature review provides the negative health implications of being an uninsured Latino in the U.S. Then, the chapter addresses the issue of access to health care through health insurance as a human rights issue. The review then moves into a discussion of literature relevant to the context surrounding of the implementation of the ACA in the state of Georgia, including the policy implications of the lack of Medicaid expansion on Georgia's uninsured Latino population.

Finally, the literature review details what is presently known about the best practices and challenges experienced by different key stakeholders, such as Latino health focused organizations and non-governmental organizations, in conducting Latino-specific outreach and education regarding the ACA. This chapter concludes with a discussion of the gap in existing research on the provision culturally appropriate and effective outreach, education and enrollment strategies that engage Latinos in the United States.

2.2 Overview of the ACA and implications for Latinos nationwide

This section of the literature review chapter focuses on a profile of the uninsured in the United States. Specific attention is given to uninsured Latinos nationwide and in the state of Georgia.

Who are the uninsured?

As of 2011, prior to ACA implementation, 15.5 million uninsured Latinos lived in the United States, accounting for only 17% of the total population (KCMU, 2013). Before healthcare reform, one in three Latinos (31%) lacked coverage, representing the highest uninsured rate across all racial and ethnic groups (KCMU, 2013). The Kaiser Commission on Medicaid and the Uninsured (KCMU) estimates that the ACA could provide the opportunity for 5.4 million previously uninsured Latinos to gain insurance by 2016. Prior to ACA implementation, in the year leading up to the opening of the ACA Marketplace in October 2013, the baseline uninsured rate of Latinos nationwide was estimated to be 41.8%, higher than the baseline uninsured rate of 22.4% for Black non-Latinos and 14.3% for White non-Latinos (Sommers et al., 2014).

There are challenges in providing accurate data on nationwide health insurance coverage, thus there are discrepancies in the percent-uninsured rates presented by various organizations and experts in the field. Challenges include the economy, pre-existing trends, survey sampling error, lack of a control group and the accumulation of state-to-state data (Sommers et al., 2014). The Gallup-Healthways Well-Being Index (WBI) provides an additional, lower estimate of the Latino pre-ACA uninsured rate, stating that 20.5% of Latinos were uninsured in the U.S. in January 2012 (Sommers et al., 2014).

Impact of initial enrollment period on uninsured Latinos

Initial estimates show, as intended by the provisions of the ACA, that health insurance coverage has expanded nationwide. According to Gallup-Healthways WBI, 10.3 million nonelderly adults gained coverage through the ACA initial enrollment period (Sommers et al., 2014). This represents a decline in the uninsured rate as high of 21.0% in September 2013, immediately prior to the opening of the exchanges, to a low of 16.3% in April 2014, representing a percentage decline of 5.4% (Sommers et al., 2014).

Latinos experienced a significant decline in their uninsured rate, with a 7.7% decline in the overall uninsured rate to 34.1% by the second quarter of 2014 (Sommers et al., 2014). As federal survey data becomes available for all of 2014, more evidence will be available to assess the impact of the initial enrollment period on nationwide and state-specific uninsured rates, though the data are expected to reflect results presented in this chapter (Finegold et al., 2014).

Latino health disparities and the implications of being uninsured

There are significant negative health implications specific to the status of being uninsured in the United States. Uninsured adults are three times more likely to be hospitalized for treatable medical conditions and have a higher mortality rate once admitted to a hospital (ACP and ASIM, 2000). Furthermore, uninsured adolescents are 40% less likely to receive medical attention for serious injury (ACP andASIM, 2000; Ayanian, 2000). Without insurance, adults are more likely to lack a regular medical provider, receive preventative services and have the financial ability to afford care when needed (KCMU, 2013).

Numerous racial and ethnic disparities impact the health status of Latinos and their ability access to health services. According to the U.S. Centers for Disease Control and Prevention (CDC) Office of Minority Health and Equity, Latinos have a higher prevalence of chronic conditions, such as obesity and diabetes, and higher rates of HIV and teenage birth than their White non-Latino counterparts (CDC, 2014). Prior to ACA implementation, 30% of Latinos lacked a regular source of healthcare, compared to 15% of White non-Latino Americans (Zuvekas & Taliaferro, 2003). Additionally, Latinos are less likely than White non-Latinos to receive preventative care (CDC, 2014). Thus, Latinos stand to benefit from ACA policy provisions that require no-cost sharing for preventative check-ups and wellness visits, making these visits free to the consumer. For example, under new ACA provisions, pap-smears are available at no-cost as a preventative service to Latinos women, who are twice as likely as White non-Latino females to develop cervical cancer (CDC, 2014).

2.3 Access to health insurance, a human rights issue

According to fundamental human rights documents, a State must provide vulnerable populations with equitable access to healthcare. In the passage of the ACA, the U.S. government, the State, has made substantial progress in addressing the human right to access to healthcare through the provision of affordable health insurance. Article 25 of the Universal Declaration of Human Rights states that,

> Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control. (UDHR, 1948)

One of the fundamental mechanisms of modern States, in the universal sense, is to protect the aforementioned principles of the right to medical care and security in the event of sickness is through providing health insurance to citizens of the State.

All modern healthcare systems should align with the principles set forth in the core human rights documents regardless of the specific type of health insurance system in that nation. According to Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR), the State must protect the rights of the most vulnerable by facilitating: "prevention, treatment and control of epidemic, endemic, occupational and other diseases, and the creation of conditions which would assure to all medical service and medical attention in the event of sickness." Thus, the State must guarantee an environment that provides their citizens with these conditions.

Furthermore, in General Comment 14, the Committee on Economic, Social and Cultural rights provided further direction. Health insurance systems must address the core obligations of "right to access to health facilities, goods and services on a non-discriminatory basis, especially for vulnerable or marginalized groups" and to "adopt and implement a national public health strategy and plan of action…(which) shall give particular attention to all vulnerable and marginalized groups." Thus, a State must provide a means for its vulnerable populations to attain healthcare.

Additionally, in a UNCHR General Assembly Special Report in 2013 describes the inherent connection between health insurance and human rights:

> As an aspect of their right to health obligation, States should ensure availability and accessibility of quality health facilities, goods and services, including existing health insurance schemes, to migrant workers, on the basis of equality with other nationals. (UNHCR, 2013)

Thus, the United States government, through the complex and highly politicized process

of healthcare reform, has an obligation to protect the interests of its vulnerable populations and guarantee that "health insurance schemes" are provided with equal access to all.

Finally, the United Nations Committee on the Elimination of Racial Discrimination (CERD) released their recommendations and concluding observations for the U.S. in the "Combined Seventh through Ninth Periodic Report." The U.S. formally ratified the International Convention on the Elimination of All Forms of Racial Discrimination in 1994. The Committee specifically mentions the Affordable Care Act, commending the U.S. for adoption of an initiative addressing the right to health and access to healthcare (CERD, 2013). However, the Committee then recommends that the U.S. government must:

> Take concrete measures to ensure that all individuals, and in particular racial and ethnic minorities who reside in states that have opted out of the ACA, undocumented immigrants, and immigrants and their families who have been residing lawfully in the United States for less than five years, have effective access to affordable and adequate health-care services. (CERD, 2013)

Through this recommendation, the Committee documents the barriers to enrollment faced by racial and ethnic minorities in states such as Georgia, as well as the policy restraints set forth by lack of inclusion of undocumented immigrants.

2.4 Overview of the ACA in Georgia, a state-specific context

This section of the literature review chapter will focus on the implementation of the ACA in the state of Georgia and policy, education and outreach initiatives relevant to Georgia's Latino community.

Federal-Facilitated Marketplace

In November 2012, the Governor of Georgia, Nathan Deal, announced his decision regarding the state-specific implementation of healthcare reform in Georgia. Per Governor Deal's decision, the state of Georgia did not pursue a State-Based Marketplace (SBM), opting instead for a Federally-Facilitated Marketplace (FFM) (Deal, public communication, 2012). In this decision, Georgia decided not to create a SBM unique to the needs of the state, and rejected Planning and Establishment grants from the federal government to support the development and establishment of a state-specific exchange (HHS-CMS, 2012). Instead, the residents of Georgia were able to enroll in the FFM, also known as Healthcare.gov or CuidadodeSalud.gov (Spanish language version), which was developed by the Department of Health and Human Services.

Georgia decision not to expand Medicaid

In addition to deciding to let the federal government control the operation of the health insurance Marketplace for the Georgia, Governor Nathan Deal did not opt to participate in the expansion of Medicaid in the state of Georgia(Deal, public communication, 2012). The expansion of Medicaid eligibility to low-income individuals at or below 138% of the federal poverty line, with the delivery of premium tax credits to offset the cost of health insurance premiums, is a key provision in the ACA's objective of expanding health insurance coverage nationwide (KCMU, 2014). A June 2012 Supreme Court ruling undermined the intended nationwide expansion of Medicaid eligibility by enabling each state to decide if they would expand Medicaid for their population (KCMU, 2014). Governor Deal, in his decision not to expand Medicaid, created a coverage gap for low-income individuals in the state, as an individual can have an

income that disqualifies them from Medicaid enrollment yet does not meet the above 138% FPL limit for eligibility for premium tax credits in the Marketplace.

Twenty-three states, as of October 2014, have not expanded Medicaid. An estimated four million Americans fall into the coverage gap, with the race/ethnicity distribution of this population being 44% non-Latino Whites, 26% Black, 24% Latino and 5% other(KCMU, 2014). A disproportionate number of Southern states with significant Latino populations, including Texas, Florida and North Carolina, have decided not to expand Medicaid. Approximately 282,000 people in Georgia fall into the coverage gap created by lack of Medicaid expansion (KCMU, 2014). Of the total uninsured in the state, more than three in ten would gain coverage if the state were to expand Medicaid (KCMU- Georgia Healthcare Landscape, 2014).

Thus, over a quarter million Georgians in the coverage gap could have been provided with implementation of tax credits to offset insurance premiums but have been left with limited options to obtain coverage. Of these individuals, 76% are adults without dependent children, continuing categorical ineligibility for Medicaid (KCMU. 2014). Furthermore, approximately 160,740, or 57%, of those in Georgia's coverage gap are in a working family yet remain uninsured, likely because their employer does not provide health insurance (KCMU. 2014).

State-specific education efforts targeting Latinos

Without a SBM to lead a coordinated, state-specific effort in implementation and enrollment, other organizations emerged to organize and drive enrollment in the FFM during the initial enrollment period. Key stakeholders in Georgia for healthcare reform implementation, including but not limited to efforts that focus on Georgia Latinos, were:

- EnrollAmerica
- Georgians for a Healthy Future
- Families USA
- Structured Employment Economic Development Organization (Seedco)

Source: (Seedco & Georgians for a Healthy Future, 2013)

Stakeholders with a specific interest in engaging Georgia Latinos were:

- HolaDoctor
- Latino Health Coalition of Georgia
- Latin American Association
- National Council of La Raza

In 2013, the federal government awarded $3.2 million to Seedco and $1.7 million to University of Georgia to support outreach, education and enrollment efforts in Georgia during the initial enrollment period (Miller, 2014) Through these grant funds, a network of organizations mobilized to provide comprehensive healthcare reform education and enrollment assistance for the Marketplace. While the University of Georgia, located in Athens, GA, focused on engaging Georgia's rural communities, Seedco concentrated their efforts on the metropolitan Atlanta area.

For the initial enrollment period, Seedco established a partner network that included the following community organizations:

- Boat People SOS
- Georgia Watch
- Spring Creek Health Cooperative
- Latin American Association
- Parent to Parent of Georgia
- Quality Medical Care Inc.
- Georgia Refugee Health and Mental Health
- Center for Back Women's Wellness
- Georgian's for a Healthy Future
- Jewish Family and Career Services
- Mental Health America of Georgia
- Healthy Mothers Healthy Babies Coalition
- Emory-Grady Urban Health Initiative
- The Health Initiative and Georgia Equality

Source: (Seedco & Georgians for a Healthy Future, 2013)

These organizations, through the federal grant monies, strove to provide assistance in understanding new opportunities to enroll in coverage through the Marketplace. These Seedco partners provided free, confidential services, unbiased information pertaining to potential coverage options through Medicaid, PeachCare for Kids/CHIP, subsidized and unsubsidized coverage, professional enrollment assistance, and language support for those in need of an interpreter. (Seedco & Georgians for a Healthy Future, 2013)

Initial impact of the ACA in Georgia

Regardless of the lack of Medicaid expansion, 316,543 people in Georgia enrolled in a plan through the state's FFM as of April 2014. Of these successfully enrolled individuals, 87% received a premium subsidy to offset the cost of enrollment. Fifty-seven percent of enrollees were female. The Silver Plan option was the most popular choice, with 71% of Georgians selecting this Metal Level option. The initial enrollment allowed a number of previously uninsured individuals to gain coverage. Of the 316,543 Georgians that gained health insurance during the initial enrollment period, 8,183 individuals self-identified as Latino. (ASPE/HHS, 2014)

2.5 Considerations for Latinos in Georgia

Demographics of uninsured Latinos in Georgia

Ranking 10th nationwide in total Latino population, Georgia is home to 880,000 people that identify as Latino race or ethnicity (Pew Latino, 2011). Latinos represent 9% of the total population of Georgia (KCMU, 2013). Of note, 47% percent of the Latino population in the state is foreign-born, ranking Georgia fourth in the nation for number of

foreign-born Latinos residing in a state (Pew, 2011). In the period of 2011-2012, the uninsured rate among nonelderly Latinos in Georgia stood at 44%, higher than the national average of 32% and surpassed only by Louisiana (51%) and South Carolina (49%) (KCMU, 2013). Overall, prior to the implementation of the ACA, Georgia had the seventh highest uninsured rate in the country (KCMU- Georgia Healthcare Landscape, 2014).

Current health Considerations: Language, transportation, and trust

Continuing with nationwide trends, numerous health-related racial and ethnic disparities and issues of access to healthcare exist for Georgia Latinos in comparison to their White non-Latino counterparts. Similar to nationwide data, 71% of Latinos in Georgia are overweight or obese, while 63% of White non-Latinos fall into this category (KCMU- Georgia Healthcare Landscape, 2014). Furthermore, Georgia Latinos are approximately two times as likely as their White non-Latino counterparts to lack a regular source of care, as 24% of Georgia White non-Latinos lack a source of care, compared to 56% of Georgia Latinos (KCMU- Georgia Healthcare Landscape, 2014). These startling health disparities highlight the need for improved access to health care for Georgia Latinos, beginning with removing barriers to access, including the obtainment of health insurance coverage.

2.6 Special Considerations: Education and outreach targeting Georgia Latinos

This section of the literature review explores known and emerging best practices and challenges in providing outreach services to Latinos regarding healthcare reform, ACA Marketplace enrollment and general culturally appropriate health education. Much of this

section considers nationwide data regarding Latino-focused education efforts, as Georgia-specific data for the initial enrollment period is limited at this point in time.

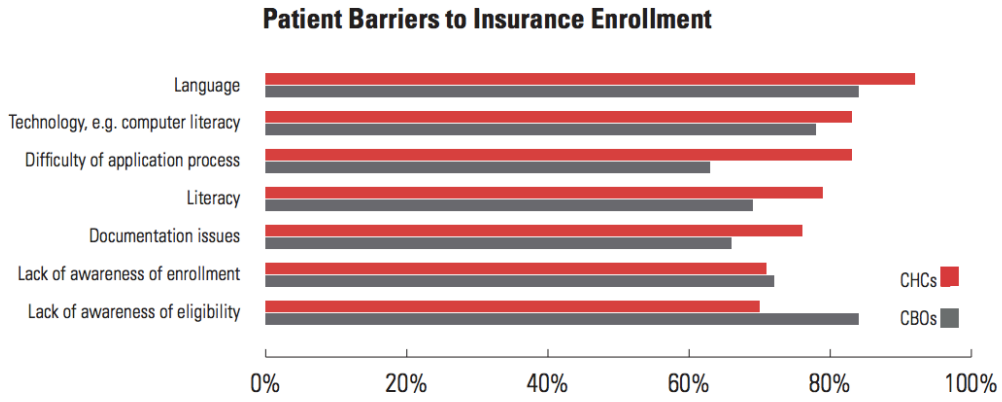
Barriers to Enrollment

The ACA provides significant opportunity for Latinos to obtain health insurance coverage. In order to maximize enrollment in the ACA and reduce high-uninsured rates among Georgia Latinos, community organizations nationwide, such as those previously discussed, must provide education that takes into consideration the needs of this specific population. Before an organization can provide services that maximize enrollment, there must be an understanding of the complex barriers that Latinos face in successfully obtaining health insurance coverage in the United States.

To understand the readiness and planned outreach strategies prior to ACA implementation, the National Council of La Raza (NCLR) conducted a survey of community health centers (CHCs) and community based organizations (CBOs) in 23 states to explore factors influencing Latino enrollment. The NCLR survey found that the top three planned outreach methods were health fairs and community events, outreach events with community leaders, and phone calls for CHCs and media and home visits for CBOs (McDonough et al., 2014). Furthermore, as seen in Figure 1, the CHCs and CBOs reported the following as significant patient barriers to enrollment:

- lack of awareness of coverage eligibility
- lack of information about enrollment processes
- no experience with healthcare system
- lack of understanding of purpose of health insurance
- documentation (including immigration status, fear of deportation)
- literacy
- language
- lack of trust
- challenging application process
- computer literacy

Figure 1: Patient Barriers to Insurance Enrollment, NCLR Survey.



Source: (McDonough et al., 2014)

Furthermore, marketing experts cited that traditional, media blitz strategies, even when having comprehensive Spanish language focus, did not see results with Latinos (Landen, 2014). Overall, the ACA marketing reliance on directing consumers to the Healthcare.gov or CuidadodeSalud.gov websites for information and enrollment did not cater to the preferences of the Latino community, which prefers direct, personal contact and interactions when making important life decisions (Landen, 2014). The need to enroll online also created issues for persons with limited internet access and technology skills (Landen, 2014). These barriers to successful enrollment in insurance coverage through the ACA exchanges must be considered in implementing any outreach or enrollment strategy that intends to engage Latinos in the United States.

Outreach enrollment considerations and best practices

In addressing barriers to enrollment for Latinos, various best practices have emerged to bolster outreach and education that is culturally competent and provides effective education regarding the ACA. On an organizational level, education and outreach efforts with the Latino community, in Georgia or otherwise, frequently occurs

through Latino community based organizations and civil society organization (McDonough et al., 2014). These groups are essential in designing any sort of enrollment event for the ACA and played a central role in development of ACA education strategy. Additionally, Latino organizations at the national level, such National Council of La Raza (NCLR) conducted outreach events within their sphere of influence. These communications events included webinars, tele-town halls, conference calls, social media blitzes, media interviews, reports and community and enrollment events (McDonough et al., 2014).

Other strategies that appear to have been effective in reaching the Latino population focus on providing personal, direct contact with the population through grassroots outreach events and opportunities for in-person communication (Landen, 2014). These grassroots efforts that occur at locations frequently by Latinos in their daily routines, such as churches, local grocery stores, school, community fairs and libraries, saw more promising results (Landen, 2014). Ultimately, focusing financial resources on efforts that remove barriers, provide additional bilingual staff and utilize the Spanish-language television, radio and media were believed to be more successful in reaching Latino communities across the United States to provide information about ACA enrollment (McDonough et al, 2014).

2.7 Conclusion

This chapter explored the relevant literature surrounding the topic of Latino enrollment in the Affordable Care Act. To begin, the chapter provided a general background of the Affordable Care Act and the provision of opportunities to increase

health insurance coverage throughout the United States. Next, a discussion of the Latino-specific health disparities, including insured status, provided a basis for understanding negative health outcomes experienced by this population that the ACA attempts to mitigate. Then, the chapter provided information on the health insurance landscape in the state of Georgia, followed by state-specific policy decisions with intense implications for the uninsured and Georgia Latinos. The chapter then moved into a discussion of key players in outreach in education in Georgia that target Latinos. Ultimately, the chapter concluded with an initial exploration of what is known of culturally specific barriers to enrollment and best practices in outreach and education.

Chapter 3: Manuscript

Contribution of Student

I have contributed to all aspects of this thesis project, from the design phase to writing of the final conclusions and recommendations. In collaboration with Dr. Dirk Schroeder and Ms. Brianna Keefe-Oates, I developed the project objective and aims. Then, I performed an extensive review of the literature in conjunction with the development of my data collection instrument. I conducted all data collection, and I was responsible for all data management and analysis. I wrote all parts of this thesis project. Dr. Dabney Evans provided written and verbal feedback throughout all stages of this thesis project.

Journal: Journal of Immigrant and Minority Health
Title: Georgia Latino Enrollment in the Affordable Care Act: A Qualitative, Key Informant Analysis

Abstract

Prior to the implementation of the Affordable Care Act (ACA), one in three Latinos in the United States were uninsured. In Georgia, a state that implemented a federal Marketplace, nearly half of Latinos lacked health insurance coverage going into the initial enrollment period of October 1st, 2013 to April 15th, 2014. The ACA provided an opportunity for these uninsured Latinos to gain health insurance coverage, thus increasing their access to necessary medical services. A series of fourteen in-depth interviews with key informants from Georgia's Latino community, such as nonprofit leaders, media professionals and community health promoters, were conducted between June and September 2014. From the perspective of these key informants, this qualitative project explores Georgia Latino knowledge surrounding the ACA and perceived barriers to successful enrollment in Marketplace health insurance coverage. Participants described various barriers to successful enrollment, such as lack of health literacy education regarding health insurance and the time-consuming nature of the enrollment process. Recommendations for outreach, education and enrollment targeting Georgia Latinos include organization of one-on-one services in locations of familiarity and comfort to Georgia Latinos, as well as the hiring and training of Spanish-speaking enrollment professionals. The findings of this study may serve to inform future design and provision of culturally competent outreach, education and enrollment services.

Keywords: Affordable Care Act (ACA), Georgia, Latino, health insurance, enrollment

Introduction

President Barack Obama signed the Patient Protection and Affordable Care Act (ACA) into law on March 23rd, 2010, formalizing a momentous and historic initiative to reform the healthcare system in the United States (U.S). A key provision of the ACA concentrated on the expansion of opportunities to obtain health insurance to the 47.9 million uninsured non-elderly persons in the U.S., or 16% of the population (KCMU, 2013).

Latinos are disproportionately represented in the uninsured population in the U.S. In 2013, prior to the implementation of the ACA, the baseline uninsured rate of Latinos nationwide stood at 41.8%, compared to 22.4% of Black non-Latinos and 14.3% of White non-Latinos (Sommers et al., 2014).

In the state of Georgia, forty seven percent of Latinos were uninsured in 2012, worse than the national average (HHCGA, 2012). Ranking 10th nationwide in total Latino population, Georgia is home to 880,000 people that identify as Latino race or ethnicity (Pew Latino, 2011).

The ACA provided Georgia Latinos with a historic opportunity to obtain health insurance through the ACA Marketplace exchanges. However, only 8,183 of the approximately 173,000 eligible, uninsured Latinos in the state of Georgia (0.05%) successfully enrolled in ACA Marketplace plans during the initial enrollment period of October 1st, 2013 to April 15th, 2014 (HHS, February 11 2014; HHS, May 1 2014).

There are significant negative health implications of being uninsured in the U.S. Without insurance, individuals are more likely to lack a regular medical provider, receive preventative services or have the financial ability to afford care when needed (KCMU,

2013, April 2013). Specifically, Georgia Latinos are approximately two times as likely as their White non-Latino counterparts to lack a regular source of care, as 24% of Georgia White non-Latinos lack a source of care, compared to 56% of Georgia Latinos (KCMU-Georgia Healthcare Landscape, 2014).

This project sought to identify and understand the barriers the Georgia Latino community faced in the ACA Marketplace enrollment process, as well as what factors contributed to the experience of Georgia Latinos that successfully enrolled in an ACA exchange plan. The results of this project contribute to evidence for the provision of culturally competent outreach, education and enrollment services. The perceived barriers and facilitators to successful enrollment in the ACA Marketplace can influence policy decisions and strategy for enrollment efforts targeting Latinos living in Georgia.

Methods

Participants

Fourteen key informant, in-depth interviews (IDIs) were conducted between June and September 2014 in Atlanta, Georgia and nearby towns. Study participants were selected by their status as key informants, defined as individuals living in the state of Georgia that were involved providing ACA outreach and education to Georgia's Latino community.

HolaDoctor, a multicultural, Latino marketing consulting agency and Spanish-language health and wellness digital network, served as a gatekeeper to key informants in the Latino community. Participants were identified by the combined methods of purposive and snowball sampling. Initial purposive recruitment targeted the following

professional categories: providers, media professionals, ACA navigators, and leaders of Latino health organizations.

Data collection

A semi-structured interview guide was developed based on a review of relevant literature and consideration of the study goal and aims. A pilot interview was conducted with a HolaDoctor employee prior to the data collection. The interview guide was revised multiple times during the data collection process, reflective of the iterative nature of qualitative research (Hennink, 2010). The majority of questions were open-ended in nature to prompt rich description and gain better understanding from the experience and perspective of the interviewee. Though many of the participants were native Spanish speakers, all participants spoke English fluently and expressed they were comfortable conducting the interview in English. All interviews were conducted in English.

Measures

The semi-structured interview guide is included as Appendix A. These specific topics, drawn from the literature, included:

- personal involvement with healthcare reform in Georgia
- overall sentiment of Georgia Latinos toward the ACA
- knowledge and gaps in knowledge
- barriers to accessing information
- primary sources of assistance in enrollment
- barriers to successful enrollment
- usage of the Healthcare.gov/Cuidadodesalud.gov website
- best practices for outreach and education from community level to federal level
- recommendations for the future

These topics were used as a basis for guiding the interview and is not inclusive of all topics discussed during the interview process.

Data Analysis

All in-depth interviews (IDIs) were recorded on the personal, password-protected laptop of the PI using Quicktime audio recording software, then transcribed verbatim using InqScribe transcription software. Audio files and transcripts were saved under study-participant pseudonyms to protect the identity of participants.

Data analysis was informed by the principles of grounded theory, which allows for qualitative data to be analyzed and understood from the data itself, not merely from the comparison or consideration of similarities to existing theory (Hennink, 2010). The usage of grounded theory allows the researcher to use inductive and deductive themes to constantly compare data throughout the interview and analysis process (Hennink, 2010). MAXqda11 software was used during the data analysis and coding process, and a codebook with definitions and representative quotations was developed to refine and document the development of themes.

IRB statement

The research protocol was approved the Emory Institutional Review Board (IRB) reviewed the research protocol and determined that the study was "exempt." During the recruitment process all participants verbally consented to study participation. Written informed consent was obtained prior to the subject's participation in the in-depth interview.

Results

A total of twenty-three interview invitations were sent to potential key informants and fourteen interviews were successfully scheduled and conducted. All participants

currently lived in the state of Georgia, were bilingual (English and Spanish speakers), Latinos, and have a professional relationship with Georgia's Latino community. The quotations presented reflect perceived barriers to successful enrollment during the initial ACA enrollment period and recommendations for the design and implementation of future outreach, education and enrollment strategies.

Basic Health Literacy

Almost all participants expressed the need for incorporation of basic health literacy education into all aspects of the outreach, education and enrollment process. Most frequently, participants described the need for education regarding technical terms associated with health insurance coverage. Participants recommended beginning the education process on the basics of health insurance, instead of with ACA-specific education.

> *"You may have gotten a plan for a penny, but, you know, surely there is a deductible, surely there is a copay. Do you know what those are? Do you know the definition of a copay? And I think we have an issue with that."*

Many participants described the lack of education on how to use insurance once purchased leading to feelings of frustration among Latino community members. Participants expressed the need to provide Georgia Latinos with education regarding how to weigh different benefits provided by plans prior to their seeing a navigator for enrollment. Participants perceived many individuals were not adequately informed as to how different plans met the unique needs of the individual or their family.

Misinformation regarding Price and Penalty

Many participants described that Latinos were confused about the price of purchasing health insurance through the ACA Marketplace and the penalty for remaining

uninsured. On a basic level, some participants reported that Georgia Latinos believed that the ACA would provide free, universal healthcare for all.

> *"A lot of Latinos are first generation immigrants, so they are not familiar with the healthcare system. A lot of them come from countries in which they have universal healthcare. So they would assume that this would be free healthcare."*

Some participants did not believe the community knew that the penalty existed, or if they did know about the penalty, they were not aware of the accurate penalty dollar amount (*"They thought the fine was going to be 2,000 or 3,000 dollars.").* Furthermore, there was a lack of awareness that the penalty amount would increase in future years. For example, one participant described her efforts provide this information to Georgia Latinos,

> *"People think that it (the penalty) is little…That $95 is nothing…we are trying to get them the information so that they know that the penalty is not staying like this and it is better for them to get insurance."*

Some participants also described a sentiment of community members deciding to pay the penalty instead of obtaining health insurance, citing frustration with lack of support in enrollment and guidance in selecting a plan.

> *"I believe that many of them are going to end up paying (the fee/penalty). They decided… just, I can't do this. There is nobody around to help us. So many of them were frustrated and said forget it. I'll try next year. I'll pay the fee."*

One-on-One Enrollment Opportunities

Most participants expressed that Georgia Latinos' preferred method of enrollment in an ACA Marketplace insurance plan was through in-person, one-on-one, bilingual enrollment services, such as a navigator. Participants felt that sitting down face-to-face with a navigator or educator provided a personal, human element to the enrollment process that was of utmost importance to the Georgia Latino community.

> *"We (Georgia Latinos) don't go on websites to get information. We like to sit down and talk to somebody. And we need to talk to somebody who speaks our language. And who we trust. And who we believe is giving us accurate information. And that was an issue."*

Participants repeatedly expressed that the process of enrollment was very time-consuming, which presented challenges to providing the detailed, one-on-one enrollment assistance desired by the community,. When asked about significant barriers to successful Georgia Latino enrollment, one participant responded, *"Well I think the biggest one was how many people you can actually enroll and how long it takes."*

Participants related this issue to the lack of bilingual navigators and enrollment staff,

> *"It was kind of out of the control of the navigators, because there was so many people and just a few navigators that were bilingual. And that is another challenge that I see. A lot of people were not bilingual, and if they are they are going to be more comfortable…. With so many Spanish speakers needing information, needing to enroll, I think that maybe that would be something that you could work out."*

Familiar Places

Participants often mentioned the importance of hosting outreach and education events in venues of familiarity to the Spanish language community. From their perspective, events held in spaces where people already frequented as part of their daily routines, such as churches, schools and consulates, provided an environment of trust where Latinos were more open to hearing information on the ACA. One participant described the value of the event location being a implicitly "trusted source," sponsored by a familiar organization, such as a church,

> *"It is a trust with the environment. You know what I mean? At the church, that is their community, so they trust whoever brought us in. Those people trust us, so they are going to trust us too. It is all about trust."*

Furthermore, participants perceived that Georgia Latinos seemed more likely to participate in events that were hosted and supported by trusted community leaders, or gatekeepers and surrogates.

When asked about the best tactic for engaging with the Latino community, one participant with experience providing ACA education responded, *"Use of surrogates. So where we were doing face-to-face or small group meetings with leaders in the community."* This sentiment was further described by two participants,

> "*That was one of the places that we were able to access a lot of the churches, through the representatives"; "The priest would ask the people to stay, and then they would stay and we would just do our presentation"*

Georgia's Political Rhetoric

Participants felt that the political climate surrounding the ACA led to challenges in Georgia in providing ACA education to Latinos and the broader community. Interviewees perceived that the negative media attention, such as television and radio campaign ads denigrating and vowing to dismantle the ACA, had a significant impact on the opinion of the community.

> ***"****When they would give news about the Affordable Care Act it would just be about how Congress was fighting Obama(…). That is what got attention. That is the only time the ACA was mentioned. There was no education from the media about what it actually was, so everyone was confused and everyone just thought it was a bad thing, because of all the negative attention that it was getting."*

Various state legislative decisions, such as the lack of Medicaid expansion in Georgia, led to a community perception that the ACA might not be permanent or a viable opportunity to obtain health insurance. Community organizations providing education had to address misinformation and work to counter the negative associations the Latino community developed due to harsh political and media attention.

Participants noted an overall lack of trust in the government within the Georgia Latino community, with one person noting, *"It is just part of the culture. It is what they are used to from their countries, so it just kind of stems over."* In addition to distrust of government in their home country, a few participants linked these feelings to a fear of the following: (1) disclosure of any amount of personal identifying information that could potentially lead to identity theft or fraud; (2) deportation of themselves, or family member that may be of a different status; (3) transfer of personal information to the Department of Homeland Security. One participant summarized these feelings of distrust,

> *"You know, so they don't trust authority, because if they call the authority or the police or whatever they are going to deport me. They don't trust the healthcare system because they are going to deport me. I don't know where these records of me doing this are going. So that is the lack of trust, depending on their situation."*

Technology as a Barrier

Participants cited discomfort with the website and online enrollment process as a barrier to successful enrollment, again emphasizing the importance of in-person, one-on-one enrollment for the Georgia Latino community. One participant detailed these issues,

> *"I would say a lot of them do not feel comfortable to go through a process that is picking a plan and knowing what that means online. (…) A lot of them do not have an email address. And that is a challenge, because when you start the enrollment process, you have to provide an email address in which they send you your login information. A lot of them do not, still, have an email address. (…) I see why they feel more comfortable talking to someone. And they want to have the opportunity to ask questions if they understand what that means, someone that can explain to them what that means, how that works."*

In addition to lacking an email address, participants cited other technological barriers to successful completion of the enrollment process without in-person assistance: (1) access to reliable Internet connection at home; (2) lack of confidence with personal computer skills; (3) malfunctioning of the Healthcare.gov/CuidadodeSalud.gov websites.

Use of Children as Interpreters

Many participants mentioned the issue of lack of Spanish language capacity in the enrollment process. If unable to access bilingual enrollment assistance, participants explained that one of the children in the family, who often have stronger English language skills than their parents, were commonly used as a Spanish to English interpreter.

> *"They don't speak the language. I mean they are taking their children to the doctor with them to translate. You know, and the children, although they are speaking English, it is hard to translate certain terms. We found the same problem with the enrollment process. They are taking their kids, but there are a lot of insurance terms, it is hard to break it down. And especially, it is hard for a 9 year old to break it down to their Mom and Dad. They are like I don't know what that is. They are saying this, but it is like a literal translation, because they don't know what the literal translation is to break it down, what it really is."*

Numerous issues arise out of using youth or any untrained individual as translators for insurance education and ACA enrollment, such as mistranslation due to highly specific, technical jargon used in the process. Any reliance on non-skilled interpreters leaves room for error in the translation process, which may cause undue confusion and stress.

Discussion

This qualitative investigation sought to explore the perceptions of key informants regarding outreach, education and enrollment strategies targeting Georgia Latinos during the initial enrollment period of the ACA. Participant perceptions reported here may serve as part of the growing evidence base for the future design of outreach and education strategies that provide culturally competent enrollment services for Latinos in the United States.

Participants described the necessity of beginning the education process with the basics of health insurance, specifically the terminology associated with understanding the intricacies of health insurance plans. Education regarding insurance that began immediately with how to sign up for insurance often left Georgia Latinos frustrated and confused, which led to continuing to be uninsured or dissatisfaction with their plan.

Furthermore, participants did not believe that the community had an accurate understanding of the penalty that would be levied if they remained uninsured. While participants believed community members were aware of the existence of the fine, they believed them to be unaware how much they would be penalized or that the fee would rise to much higher amounts in subsequent years.

During the outreach, education and enrollment process, participants placed utmost value on planning events that allowed for in-person, one-on-one education and assistance in enrollment. Participants perceived large, impersonal events to be effective in initial introduction to ACA roll-out; however, Georgia Latinos were often unable to successful sign-up during these events due to lack of bi-lingual enrollment assistance and the time-consuming enrollment process. Participants noted that the enrollment process often took hours to complete, putting strain on the limited number of bilingual enrollment staff.

In order to provide education in a way that fosters trust and willingness to hear information regarding ACA enrollment amongst Georgia Latinos, participants recommended hosting events in locations already a part of the regular routine of these community members. Participants most frequently discussed developing a relationship with a community church leaders, whom they perceived as essential gatekeepers to engaging Georgia Latinos and sponsoring events on church grounds.

Increasing the number of trained, Spanish-speaking personnel that could assist in face-to-face enrollment could make the enrollment process less burdensome to both potential enrollees and those providing assistance. Furthermore, strategic effort to prepare each individual prior to their sitting down with a navigator would allow for a more streamlined enrollment process, eliminating the need for the navigator to have to provide education about each plan or other tasks outside their job description. Individuals should have all necessary documents ready prior to this appointment, a step that could be organized by education and outreach staff members.

Several limitations to the research study and findings exist. Only three of the 14 interviews were conducted with key informants that were involved with the rural Georgia Latino communities, thus comparative conclusions between the urban and rural populations suffer from a small sample size. Furthermore, the study findings do not represent the entire state of Georgia, only the metro Atlanta area and towns in northwest Georgia. Findings may relevant to other urban Latino populations in similar states through the southern United States.

Requests for interview participation were well received, and over 70% of interview invitations led to a formal interview. However, various key informants were unavailable for interview because they had ended their involvement with ACA education at the end of the initial enrollment period and found new work. Thus, it was challenging to locate and successfully contact potential key informants in an industry with high job turnover due to the cyclical nature of the ACA insurance reform cycle.

While all interview participants spoke English fluently, English was not the first language of the majority of interview participants (11 of 14). All interviewees were asked

as to their comfort level in conducting the interviews in English as opposed to Spanish. Though all participants expressed that they felt comfortable conducting the interviews in their non-native language, the findings of this study should be reviewed in light of this limitation.

This study contributes to a growing body of evidence surrounding the Affordable Care Act and healthcare reform in the United States. There is a dearth of evidence focusing on ACA outreach, education and enrollment services that target Latinos. Future studies should explore specific components of each of the provided recommendations in more detail. This research provides a basis for more in-depth investigation of the outreach, education and enrollment process.

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Chapter 4: Conclusions, Recommendations and Future Research

4.1 Conclusions and key recommendations

The Affordable Care Act (ACA) represents a historic initiative to reform the healthcare system in the United States. While the ACA is a complicated and politically charged piece of legislation, the provisions put forth provide the opportunity for many Americans to obtain health insurance for the first time in their lives. As different organizations design and implement outreach, education and enrollment services that target different portions of America's insured and underinsured, there is a dearth of evidence in which to ground these strategies, particularly knowledge that supports culturally appropriate services that consider the needs of specific populations.

This project contributes to a growing evidence base that should be considered in the design and implementation of ACA enrollment services that target Georgia Latinos, with potential to translate to other similar Latino populations in similar settings. The following recommendations should be considered by key stakeholders and government entities to ensure culturally appropriate outreach, education and enrollment strategies, ultimately leading to a reduction in the number of uninsured Latinos in the United States and the poor health outcomes associated with uninsured status.

#1: Address need for more basic health literacy regarding health insurance concepts during entire process
#2: Incorporate education to rectify common misperceptions surrounding the cost of obtaining coverage and the penalty for remaining uninsured
#3: Prioritize the organization of one-on-one outreach, education and enrollment opportunities
#4: Host outreach, education and enrollment events in familiar, safe places
#5: Maintain awareness of the potential implications of political rhetoric
#6: Minimize technological barriers throughout the enrollment process
#7: Hire and train Spanish-language speaking staff and/or interpreters to provide health insurance enrollment support

#1: Address need for more basic health literacy regarding health insurance concepts during entire process

Organizations and community outreach workers that provide outreach, education and enrollment services must incorporate education regarding basic health literacy into all aspects of their strategies in future efforts. This study has found that the education process cannot begin with health reform specific information. Study participants perceived that the Georgia Latino community does not have the basic knowledge base surrounding health insurance concepts, terminology and standard process. Education efforts must first focus on providing Latino community members with key concepts that will enable them to be informed consumers in the ACA Marketplace, choose an appropriate plan and understand the financial complexities of health insurance price for their unique situation.

#2: Incorporate education to rectify common misperceptions surrounding the cost of obtaining coverage and the penalty for remaining uninsured

Community organizations must be aware of the misinformation that exists in the community regarding the cost of health insurance the penalty for remaining uninsured. Strategies must incorporate the following pieces of information: the ACA does not provide free, universal insurance; Marketplace plans are run by private companies, not the government; an low-priced premium may be misleading; the penalty will rise in subsequent years and should not be considered as a long-term option; no one can charge you for enrollment assistance. As educators correct these misperceptions, they should provide information on the potential to qualify for subsidies to make plans more affordable.

#3: Prioritize the organization of one-on-one outreach, education and enrollment opportunities

While large-scale events may provide an opportunity for organizations gain name recognition and promote specific services, the results of this study show that these events are not conducive to providing detailed education or enrollment assistance. Organizations must also provide the opportunity for smaller events that allow ample opportunity for questions. Community outreach workers should expect and prepare for unique questions regarding each individual's personal situation.

Additionally, this research has found that Georgia Latinos highly prefer a face-to-face enrollment session, and community organizations must provide the opportunity for this education. Study results show the Georgia Latinos are not likely to access online information regarding the ACA or enroll online on the Healthcare.gov or Cuidadodesalud.gov websites. Directing individuals to this website for enrollment should not be a primary strategy. Organizations should provide the opportunity for in-person education and enrollment assistance. In order to provide these dedicated enrollment opportunities, organizations should allocate resources that allow for these events to occur as recommended.

Finally, enrollment opportunities are time-consuming for those providing education, navigators helping with enrollment and the individual considering enrolling. To alleviate some of the burden of the enrollment process for the navigators, community organizations should undertake necessary efforts to prepare each individual for enrollment prior to their appointment with a navigator. Preparations should include education focusing on the health literacy components described previously, gathering and verification of all supporting documentation for eligibility, and awareness of different

plan options and anticipated cost and how to choose an appropriate plan that matches the health needs of the individual.

#4: Host outreach, education and enrollment events in familiar, safe places

Organizations should seek to plan events in places that are familiar to the Latino community. The results of this research indicate that events are more successful and individuals are more likely to be engaged by the material presented if the event is held in a venue that they already know and visit regularly. Organizations should partner with community leaders in hosting these outreach, education and enrollment events, as community leader buy-in will encourage Latinos to attend and will increase their willingness to engage with presented materials. Building relationships with church and school leaders should be prioritized, as they are frequently considered gatekeepers to the broader community and trusted sources of information and knowledge. Hosting events in these physical locations of comfort is highly preferred, as this study has found that individuals do not want to be interrupted while shopping and will only receive surface-level information at large-scale events, such as health fairs.

#5: Maintain awareness of the potential implications of political rhetoric

During the initial enrollment period, Affordable Care Act outreach, education and enrollment strategies coexisted with substantial politically charged discourse. As is expected with the implementation of novel federal legislature that is not fully supported by a state government, Georgia political rhetoric negatively impacted the ability of organizations educate and inform Georgia Latinos about opportunities to obtain health

insurance coverage through the Marketplace. Community organizations need to be aware of points made by politicians and attack ads that politicize ACA enrollment and develop strategies that encourage an open minded approach to enrollment that encourages trust. This study found that the majority of Georgia Latinos are willing to receive ACA education and information, yet they are aware of the negative political attention and controversy surrounding healthcare reform. Efforts put forth by policy makers and organizations should seek to dilute associations the politically charged nature of the ACA, and instead focus on the positive health outcomes associated with becoming insured.

Additionally, stakeholders must consider Latino's distrust of authority and concerns over privacy in providing outreach and education to the community. Educators need to mitigate concerns about privacy, while simultaneously protecting the privacy of the individual and providing information on how to avoid identity theft and fraud by only utilizing trained, credentialed enrollment services. Education should incorporate reassurance that providing immigration status and information will not lead to investigation by other federal government entities into the statuses of friends, relatives or acquaintances. This study found distrust among Georgia Latinos, especially linked to the high number of mixed status families, in sharing identifying information with enrollment professionals.

#6: Minimize technological barriers throughout the enrollment process

Community organizations must be design enrollment strategies that consider the potential for individuals with limited technological access and skills. This study provides

evidence that lack of ability to use a computer with ease and confidence was a barrier to successful enrollment for some Georgia Latinos. The federal government will likely continue to encourage online enrollment as the primary pathway to sign up for Marketplace coverage, and key stakeholder organizations and their staff should facilitate enrollment assistance that provides support for individuals that might have limited computer skills and access. Additionally, organizations need to educate Georgia Latinos that they must have an email address prior to attempting to enroll, noting that the address must be his or her own and not belonging to a child, relative or friend.

#7: Hire and train Spanish-language speaking staff and/or interpreters to provide health insurance enrollment support

Organizations should actively be seeking qualified, Spanish-speaking staff to address the lack of trained personnel available to provide outreach, education and enrollment services to Georgia Latinos. The key stakeholder organizations that have received federal grants to organize and maintain enrollment services, such as the hiring of navigators, need to concentrate their efforts in increasing the number of Spanish-language speaking staff members to meet the demand for Spanish-language, face-to-face enrollment services.

This study has shown that without access to a Spanish-language enrollment professional, Georgia Latinos turned to unskilled interpreters, such as their own children. Using untrained interpreters in the insurance enrollment process leaves room for error, consumer dissatisfaction, and inappropriate choice of coverage.

4.2 Gaps addressed by this project

During future open enrollment periods for the Affordable Care Act, Georgia's Latino population, as well Latinos nationwide, have the opportunity to obtain health insurance through the Affordable Care Act Marketplace. In order to maximize health insurance coverage and decrease the number of uninsured Latinos in the state of Georgia, a more detailed understanding of the needs of the target population is required. The activities in this thesis seek to fill a gap in the current literature: the lack of a thorough understanding of how to best provide education and outreach efforts regarding the Affordable Care Act and enrollment opportunities to Georgia Latinos.

Of utmost importance, this project seeks to provide a better understanding of the specific cultural needs of Georgia Latinos, and where their needs are currently not being supported in a culturally sensitive manner by federal, state and community organizations. Ultimately, a more thorough understanding of the landscape surrounding ACA enrollment for this population could lead to increased health insurance coverage and a decrease in racial and ethnic health disparities for Georgia Latinos.

4.3 Opportunities for future research

While the findings of this study can be incorporated into the outreach, education and enrollment strategies of key stakeholder organizations, they also serve as a basis for future research. This thesis provides a comprehensive exploration of multiple perceived barriers and corresponding recommendations. Future studies should focus on obtaining more detailed understanding of specific aspects of the education process, utilizing the preliminary concepts detailed in this project. The recommendations provided in this study

should be tested in real world situations to evaluate if they are effective in dismantling barriers to enrollment for Latino community members.

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Appendix A: Semi-Structured Interview Guide

Thank you for taking the time to speak with me today. As you know from our initial correspondence, my name is Audrey McCulloch and I am a graduate student at Emory's Rollins School of Public Health. I am conducting a qualitative research study on the experience of Georgia's Latino population during the initial enrollment in the Affordable Care Act Marketplace exchanges, or October 1st 2013 to April 15th 2014. I am working in collaboration with HolaDoctor and Latino Health Coalition of Georgia to better understand the barriers that Georgia Latinos faced during the enrollment process from the perspective of leaders of the Latino community. I am speaking with you today because of your role as: _____.

Our interview should last between 45 and 60 minutes, and you are free to stop the interview at any point. Your participation is voluntary. As I mentioned in my email (or on the phone), I will be recording our interview to make sure that I do not forget any important parts and will be taking notes for personal reference. The transcripts of the interview will not include your name or any other identifying information. The results of our interview will be included in my Masters Thesis. Participation in this interview is voluntary, and I appreciate your time. Can we begin the interview now? Thank you again!

Warm Up Questions

General background information about interviewee and knowledge of the ACA

1. What is your personal or professional relationship to the Latino community in Georgia?

2. How have you been involved with healthcare reform in the state of Georgia?

Initial feelings and perceptions about the ACA

3. Prior to the opening of the Affordable Care Act Marketplace exchanges last fall, how would you describe the overall sentiment of Georgia Latinos toward the new healthcare reform?

4. What did the community know about the law?
    a. Probe: Source of information, Accuracy, Inaccuracies, Questions being asked, Understanding of importance of insurance coverage, cultural differences

5. What issues did you encounter in your position in introducing and describing this new law to the Latino community?
    a. Probe: Overall receptiveness, Understanding of penalty

Perceived and actual barriers that the prevented Georgia Latinos from successful enrollment in the ACA exchanges

6. During this period of time, while the exchanges were open, what sources of information were Georgia Latinos accessing?
    a. Probes: Media, Community outreach, Navigators

7. What were the primary sources of assistance that Georgia Latinos were using to sign up for insurance?
    b. Probes: Questions being asked during the process, Quality of sources, Problems faced in accessing, Web vs. phone vs. in person

8. In your opinion, what were the biggest issues Georgia's Latino community faced in successfully enrolling in a plan and purchasing insurance through the Marketplace?
    a. Probes: Most serious barrier, language barriers toward actual enrollment, Education, Access to navigators

9. What problems did Latinos encounter when they tried to enroll on the Cuidadodesalud.gov or Healthcare.gov website?
    a. Probes: Community reaction

Best practices for outreach and education targeted at the Latino community at federal, state and community levels

10. Since the introduction of the Affordable Care Act, what kind of *community organization level* outreach and education about the overall importance of obtaining health insurance has been most effective in reaching Georgia Latinos?
    a. Probes: New coverage opportunities through ACA

11. What were the best *community organization initiatives* in educating Georgia Latinos about how to enroll in an Affordable Care Act plan?

12. What areas could community level organizations improve upon?
    a. Probes: Specific events, Published information, Specific services provided

13. What do you think community level organizations should be doing to prepare and engage the Georgia Latino community for the upcoming open enrollment period?

14. During the next open-enrollment period, what should these organizations do to best assist Georgia Latinos with the enrollment process?

15. Overall, what has motivated Georgia Latinos to enroll for insurance through the exchanges?

16. In your opinion, what were the most effective Georgia *state-level* initiatives in educating Georgia Latinos about the importance of obtaining health insurance?

17. How could the Georgia state government provide better ACA outreach and education to Georgia Latinos?
    a. Probes: Medicaid expansion policy

18. How could the Obama administration, at the federal level, better engage Georgia Latinos and provide appropriate education about the Affordable Care Act?

19. From the perspective of Georgia Latinos, how does being a mixed status family impact the enrollment process?
    a. Probe: Immigration reform, current events

Closing Questions

Post-enrollment period and current feelings and perceptions toward the ACA

20. What efforts are taking place right now to prepare for the upcoming enrollment period to better serve the Latino community?

21. What will do you think will happen if services that target the Latino community are improved?
    a. Probes: Improved technology (web, phone), Spanish language assistance, culturally appropriate outreach

22. How do you feel about the future of the Affordable Care Act in playing a role in increasing health insurance coverage rates for the Georgia Latino community?