



PROMISING PRACTICES FOR LATINO OUTREACH AND ENROLLMENT:

Lessons from Massachusetts Experience

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Latinos remain one of the largest uninsured groups in the nation. Despite increased access to coverage and enrollment efforts under the Affordable Care Act (ACA), recent surveys show that nearly one quarter of Latinos in the U.S. lack health insurance. During the ACA's first open enrollment period, only 2.6 million of an estimated 10.2 million uninsured Latinos enrolled in health plans, and the uninsured rate among Latinos saw a smaller percentage decrease than for other racial or ethnic groups.¹

Given Massachusetts' passage of a comprehensive health care reform law in 2006 that has driven Massachusetts's uninsurance rate to the lowest in the country, the state offers promising practices grounded in experience. Research in Massachusetts that took place in the early years post health

reform shows that significant disparities existed between Latinos and White populations in obtaining insurance coverage. Furthermore, Spanish-speaking Latinos with low English proficiency were significantly more likely to be uninsured, lack a usual care provider, and experience cost-related barriers to care. These challenges may serve as a harbinger for the challenges other states will experience and continue to face under national health reform.

Despite the urgency of reducing disparities in coverage and access among Latinos, both in Massachusetts and nationally, the understanding of promising practices for working with Latinos remains incomplete, and literature on the barriers faced by Latino adults in enrolling and maintaining coverage is surprisingly sparse. Currently, there is a lack of documented promising practices

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¹For the purposes of the study, Free Care, MassHealth Limited, or Health Safety Net plans were not considered as insurance since they do not provide the Minimum Creditable Coverage required under Massachusetts Health Care Reform Law.



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for tailoring outreach and enrollment strategies to the needs of the Latino population, and little is known about the difficulties Latinos experience in maintaining coverage and navigating the health care system. Most promising practice recommendations are based on short-term and anecdotal evidence, and are limited because they focus only on the initial enrollment process rather than the use of healthcare services post-enrollment and subsequent renewal. Furthermore, many promising practice recommendations are not prioritized, making it difficult for organizations to focus their efforts on strategies with the greatest potential impacts.

The purpose of this brief is to provide community-based organizations (CBOs) and health centers with recommendations

and promising practices to aid Latinos in enrolling, maintaining, and using coverage.

The brief will first provide a brief description of the barriers that Latinos face in obtaining coverage and care and will then outline ten promising practices based on multiple interviews with staff from CBOs, health centers, faith-based organizations (FBOs) and state agencies in Massachusetts that build on nine years of experience that these organizations have developed since the 2006 state health insurance reforms. The recommendations were prepared by JSI Research & Training Institute (JSI) based upon research conducted July 2013 – June 2014, in collaboration with our partners at Northeastern University's Institute on Urban Health Research and Practice and Health Care For All (HCFA).

METHODS

Key informant interviews and focus groups were conducted from June 2013 - June 2014 with organizations that serve large numbers of Latinos in Massachusetts. The research team interviewed leadership, outreach, and enrollment staff from seven CBOs, three health centers, two faith-based organizations, a union, two social service agencies, and two Title X Family Planning Clinics serving largely Latino populations in Massachusetts. In addition, five focus groups were conducted with frontline enrollment staff at CBOs and health centers, as well as church members and staff. Interviews focused on strategies implemented by the organization and delivery of outreach and enrollment services targeted toward Latinos, as well as related successes, challenges, barriers, and perceived effectiveness. In addition to collecting data through qualitative interviews, the research team conducted participant observations at a helpline center providing enrollment assistance. The team utilized the enrollment continuum (see Figure 1 below) as a framework through which to synthesize promising practices, and vetted these recommendations using feedback from grantee organizations at the Blue Cross Blue Shield Foundation

of Massachusetts Connecting Consumers to Care Learning Network, which supports programs at community organizations and health centers that help consumers enroll in and maintain health coverage, navigate the health care system, and connect with providers.

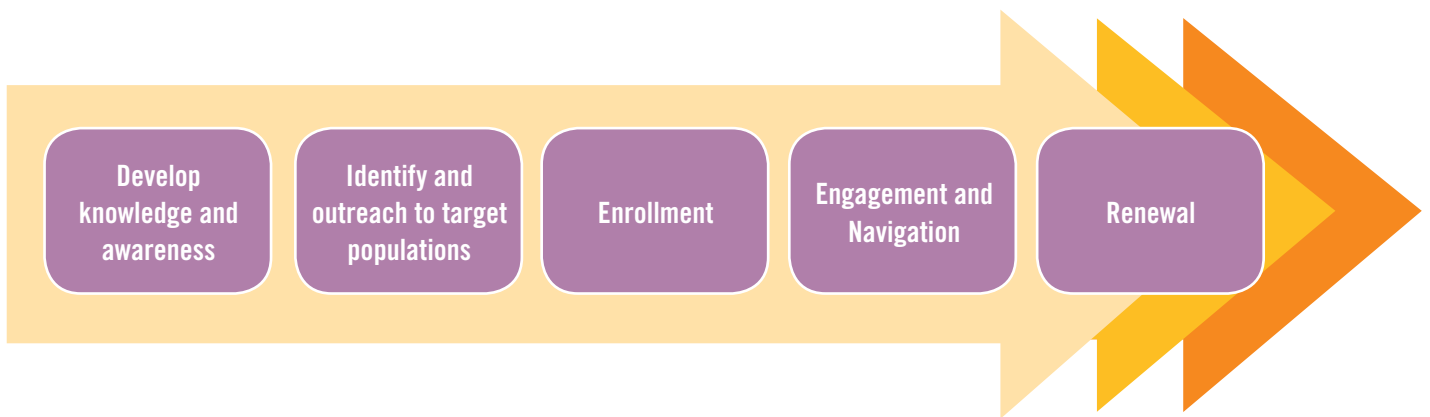
In order to evaluate outreach and enrollment from the perspective of providers as well as consumers, a cross-sectional survey with a convenience sample was conducted during the same timeframe. A screener on insurance status was administered to 3,216 adults, the largest survey on this topic conducted primarily in Spanish. A more-in depth survey on barriers to access was verbally administered to 1,527 non-elderly adult Latino residents of Massachusetts, ages 18 to 64, recruited from community-based venues across the Commonwealth of Massachusetts. Participants were screened into one of three sub-groups: Latinos who have never had insurance in United States; Latinos who are currently uninsured but had insurance in the past; and Latinos who obtained insurance coverage since 2007.²

A screener on insurance status was administered to 3,216 adults, the largest survey on this topic conducted primarily in Spanish.

² The year 2007 was chosen to correspond with the first full year of implementation of Massachusetts Chapter 54



FIGURE 1.
THE COVERAGE CONTINUUM FOR ORGANIZATIONS
CONDUCTING OUTREACH AND ENROLLMENT



The enrollment continuum was developed by JSI Research & Training Institute in 2011 to describe the full cycle of activities that organizations must engage in to assist clients in obtaining, using, and maintaining their insurance coverage.

FINDINGS

BARRIERS

Research findings highlighted persistent barriers throughout the enrollment continuum at the individual, agency, and system levels that make it difficult for CBOs and health centers to enroll Latinos and help them to maintain their coverage.

INDIVIDUAL BARRIERS

A key finding introduces a new paradigm for uninsurance by examining it through two lenses – those who are currently uninsured, and those who have never been insured. The research team found distinct differences between these groups, which paints two different pictures and enable more effective outreach, enrollment, and re-enrollment. Latinos who never had insurance in the past were significantly more likely to face barriers to accessing care and navigating the healthcare system. This group was also less likely to be proficient in English, less educated, and more likely to be a recent immigrant when compared to the Currently Uninsured group and the Insured group. Thus, this Never-Insured group may have far greater needs related to enrollment and navigation assistance than other uninsured Latinos.

Quantitative data from respondents of these two groups of uninsured reported the following as the most common barriers or reasons that they lacked coverage:

- Cost of premiums
- Lack of availability of employer coverage
- Continuing lack of eligibility for coverage
- Complexity of enrollment process
- Concerns about the impact that insurance coverage could have on immigration status
- Language barriers

Echoing the consumer perspective, service providers particularly highlighted the impact of these knowledge gaps, which were compounded by low literacy levels and the lack of English proficiency among some Latinos. One key informant summarized the impact that lack of knowledge has on an individual's ability to obtain health insurance coverage: "There are people who are legal in this country, and yet they don't have insurance because they don't know how to get it, or they don't know how to navigate the system. We see that all the time here. The reason why they are not insured is because normally they would give up doing it on their own."

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Knowledge gaps and lack of understanding of health insurance were exacerbated by negative reports in the media about the ACA and differences in media coverage between the national and local Latino media. For example, many Latinos in Massachusetts were discouraged from seeking coverage by reports from Univisión, Telemundo or other national Spanish language TV media outlets on problems in enrolling in the ACA marketplace options, even if some of these problems were not present in Massachusetts context. One key informant commented: “There is a lack of information for them especially related to the change to the Affordable Care Act and there is an inability of understanding the options available to them. Media might make this more difficult. There are so many issues related to the debate on national health reform. There is confusion between the state and the national messaging. Most Latinos get information from TV and radio. The national newscast on Univisión was talking about the launching of health reform and how Obamacare was not working. They didn’t understand that the state had options for them and that there were programs in place for them.”

Key informants from CBOs and health centers providing enrollment assistance reported that lack of knowledge and experience using health insurance impacted how Latinos chose a particular health insurance plan and how they access care. For example, those without insurance coverage in the past needed guidance to choose a particular health insurance plan. One key informant described the consequences of an uninformed decision when choosing a health

insurance option: “the plan option might not offer good benefits and Latinos end up being underinsured because they have high deductibles or premiums or because the plan does not cover most services. A lot of Latinos in Massachusetts are underinsured because of that.” Another key informant noted: “You have to think that when it comes to our Latino people, everything is an obstacle, say for instance, book an appointment, going to an appointment, getting the information they need, filling out forms, often in English only... everything is complicated for them...”

Representatives of CBOs and health centers were generally aware that many of their Latino clients would need assistance in renewing their coverage annually or when their enrollment status changed. They further reported that a large number of Latinos required assistance in navigating the health care system once covered; some lacked knowledge on how to utilize health services in the U.S. because the health care system is public and insurance may not be needed to access services in their countries of origin. CBOs further reported that the notion of preventive medicine is new to some Latinos, and they only seek services when they need them as in a case of emergency.

AGENCY-LEVEL BARRIERS

As the first source of information for recent immigrants and the least acculturated, CBOs often serve as vital intermediaries and gatekeepers. CBOs are more likely to outreach to hard-to-reach segments of the Latino population who tend to be persistently uninsured, compared to state agencies

or health centers, which tend to do more “in-reach” from existing patient loads and when uninsured individuals seek health services. This is particularly true for churches and other FBOs that serve as the first contact for social services among newcomers.

Despite their key strengths and vital role as information sources, CBOs and health centers reported other complex and persistent barriers at the agency level that made it more difficult for them to serve their Latino clients. First, CBOs may lack staff with adequate knowledge of health insurance to enroll people in coverage. Staff knowledge about health insurance coverage at CBOs and health center varies depending on previous experiences with health insurance and availability of funding targeted directly to provide outreach and enrollment assistance. Both CBO and health centers reported difficulties in recruiting staff that were knowledgeable about health insurance and truly bilingual.

Second, both types of organizations lacked technology resources such as tracking systems to identify and track Latinos’ insurance and employment status over time to provide ongoing assistance in enrollment and health care navigation.

Finally, although many CBOs and health centers were aware of Latinos’ need for renewal assistance and help in navigating the healthcare system, they varied in the degree to which they provided these services. In some cases, they reported that it was not their responsibility to provide these services beyond the initial enrollment period or they

did not have the resources to perform these tasks for the months or even years required. In sum, CBOs already play a vital role as a gatekeeper and intermediary for Latinos that need the most assistance; addressing these challenges would further enhance the impact that CBOs have in the outreach and enrollment process.

SYSTEM-LEVEL BARRIERS

Respondents reported that there were system-level barriers that interfered with their ability to conduct outreach and enrollment. While the state and the marketplace both invested funds in outreach and enrollment activities, respondents from CBOs and CHCs felt that the funding was not sufficient to cover their activities, was not adequately targeted toward Latinos, and was not sustained uniformly over time. CBOs in particular felt that the state has not provided adequate funding to CBOs, given their important role at the frontline of outreach and enrollment activities and immersion in the Latino community.

Although state agencies have made information on enrollment, eligibility, and renewal available in Spanish, there is insufficient information in Spanish and the products are not always the same quality as those in English. Similarly, state agencies in Massachusetts have sought to simplify and automate the enrollment and renewal processes; yet the process remains far too complex, especially for Latinos with low literacy levels, often accompanied by low English proficiency. In addition, enrollment staff often face knowledge challenges while serving Latinos.

Respondents reported that there were system-level barriers, including funding and complexity of enrollment process, that interfered with their ability to conduct outreach and enrollment.



PROMISING PRACTICES

“...we go to the food pantries, to Head Starts, and to the schools for kindergarten registration... they are always talking **not just about WIC, literacy issues, and those kinds of things, but also about insurance.**”

The following promising practices were identified based on multiple interviews with staff from CBOs, health centers, faith-based organizations and state agencies in Massachusetts. The team defined promising practices as strategies that have been used effectively in Massachusetts by organizations working with large numbers of Latino clients over the course of multiple years. The ten promising practices the research team has presented below were endorsed by interviewees as the most effective and critical for implementation. These promising practices are presented not in terms of priority, but in an order that follows the enrollment continuum described above.

OUTREACH

1. Identify where the Latino population lives and works (“Know your Community”)

Identifying where Latinos live and work is key to effective outreach to connect with those who are uninsured. While many agencies were familiar with the direct clientele, they were less knowledgeable about the larger Latino population in the communities in which they operated as well as about Latino sub-ethnicities (i.e., Mexicans, Central Americans, Dominicans). Understanding where Latinos live and work is crucial in devising strategies that maximize the number of touches outreach and enrollment staff make with members of the community. Furthermore, connecting with individuals at locations where they have strong ties helps to build trust during the enrollment process.

Latino residents frequent a number of establishments as their first source of information about health insurance coverage. These include residential establishments (e.g., laundromats, coffee shops, hair salons, barber shops, restaurants, hotels, farmers’ markets, and agricultural sites, etc.), organizations (e.g., churches, schools, social service organizations, adult literacy programs, etc.), and services (e.g., immigration assistance, citizenship classes, etc.)

Key informants reported partnering with these establishments and organizations as a key promising practice for outreaching to Latinos. For example, some organizations partnered with schools as a vehicle to reach uninsured parents. Finally, frequenting establishments where Latinos seek non-insurance-related services appeared to be a key strategy to connect with the uninsured. As noted by one key informant: “...we go to

the food pantries, to Head Starts, and to the schools for kindergarten registration...they are always talking not just about WIC, literacy issues, and those kinds of things, but also about insurance.”

Finally, “knowing your community” also includes obtaining information on Latinos’ insurance status and needs (i.e., whether there is a large concentration of individuals who have never been insured versus those who have experienced churn over time). This information can be obtained from prominent leaders, brokers, and connectors in the community (e.g., clergy, tax preparers, community organizers/leaders, longstanding residents, business owners, etc.) in addition to officially published reports. As discussed next this information is critical to tailoring outreach, enrollment, and navigation strategies to the needs of clients.

2. Utilize brokers, community leaders, and word-of-mouth

Community brokers, which include family members, tax preparers, clergy, and other prominent connectors, play a crucial role in disseminating information and connecting the uninsured to resources. Information about eligibility, how to become enrolled, and what to do after obtaining health insurance coverage should be communicated to individuals other than those who are uninsured; therefore, an extremely effective one-on-one communication strategy is to utilize these brokers to spread information by word-

of-mouth. When members of the community at large— who often become key brokers to insurance via interpersonal relationships with uninsured individuals— know this information, they play an important role initiating the process of enrolling in health insurance. As one respondent commented: “The good thing with these families is that you do one and they bring ten. They go back to the community and let them know that they can come to us.” Many of these community brokers connect the uninsured to health centers and other organizations who can connect them with enrollment services.

Partnering with FBOs is key to working closely with brokers to facilitate access to health insurance coverage. In particular, churches have a tremendous amount of trust and are one of the first places that immigrants connect to a community. Although most churches and FBOs do not receive funding to implement enrollment activities and often their leadership does not have in-depth knowledge about health insurance, they serve as intermediaries by directing their members to other organizations or services that can assist those in need. In particular, emerging evangelical churches that have included social justice and health issues as part of their evangelical mission are taking on a broader role of educating and increasing awareness of healthcare or enrollment services. This “integrative theology” makes access to health insurance coverage a core part of their mission of helping those in need.



Mixed media messages between state and national organizations may be confusing to some Latinos with limited English proficiency.

3. Utilize messaging that resonates with Latinos

Communicating the importance of enrolling in health insurance requires messages that resonate with the experiences of uninsured Latinos. These experiences are shaped by low health insurance literacy; lack of knowledge about the ACA and its individual mandate; limited understanding of preventive health care; fears related to immigration status as it relates to access to health care; and distrust and affordability issues. Messages developed to raise awareness and activate individuals to obtain health insurance coverage should address these issues.

Mixed media messages between state and national implications may be confusing to some Latinos and limited English proficiency further hinders access to information that is not available in Spanish. Qualitative data suggests that establishing personal contacts should be the first outreach step, followed by education that would activate the individual to complete the necessary steps to obtain health insurance coverage. Early conversations are key to addressing misinformation as noted by one informant: “Sometimes we have to explain to them what coverage means. Most of the time we have to start from zero with them either because this is the first time they do something like this [enroll], or because they have always felt intimidated by the application process.” Further, fear compounds an already complex situation: “People are still scared to apply. They have fear when they have a work permit because they think that they don’t have the right to access the care and the insurance plans. We help them understand what the next steps

are, applying for health insurance is only the first step.”

The qualitative data suggests that assisters focus the conversation with uninsured Latinos on three specific areas: (1) increasing awareness of eligibility and financial assistance; (2) promoting consumer activation by stressing the importance of having health insurance coverage; and (3) addressing post-enrollment issues. According to key informants, the first step is especially important because many Latinos do not know that they are eligible for health insurance coverage and/or believe that their health insurance options are unaffordable. Once eligibility and financial assistance information is provided, the second step is important since many view health insurance as an unnecessary expense. This may be particularly true for younger uninsured Latinos, not unlike all young adults, who often view paying for health insurance as a losing proposition “since they do not get sick.” Lastly, it is important to inform consumers about next steps regarding enrollment (i.e., required documentation and completing application). Effective implementation of these strategies requires appropriate staff training and availability of culturally competent and linguistically appropriate educational materials and tools.

4. Create a “Culture of Coverage” in the Latino Community

Utilizing media and other influencers to continually communicate the importance of health insurance enrollment—beyond the open enrollment period—will contribute to developing a “culture of coverage” through

which health insurance coverage is framed as a sociocultural expectation. Creating this “culture of coverage” is crucial for framing insurance as an expectation and reinforces the importance of healthcare. Influencers, brokers, Spanish print and broadcast media, and the Internet should contribute to the development of this “culture of coverage” through consistent messaging focused on the importance of having health insurance coverage and necessary steps to achieve coverage. The media as well as other influencers should deliver these messages not just during open annual enrollment period, but should reinforce them throughout the year.

ENROLLMENT

5. Look at subgroups within the Latino population

Organizations that work with Latinos should stratify the population by insurance status and past insurance history in order to tailor outreach and enrollment efforts to specific individual needs. For example, someone who has never had insurance will most likely have less knowledge about health insurance compared to someone who is currently insured. Likewise, a person who is currently uninsured may need greater assistance reenrolling in health insurance due to a change in employment or family situation.

In addition to health insurance status, individuals’ level of language proficiency should be considered. Bilingual staff that are fluent in Spanish, have high levels of health literacy, specialized training and education to explain the introductory aspects of health

insurance coverage simply are critical. Ancillary written informational materials in Spanish should be available to address knowledge gaps and provide needed information written in plain language. While many anecdotally assume that translated materials and bilingual enrollment specialists are common practice, qualitative research underscored that this is more of a best practice than the norm.

In addition, research has shown that those who were born outside of the U.S. and/or who have recently immigrated are less acculturated and need greater assistance understanding and successfully enrolling in healthcare. This may be due in part to the fact that some Latinos have public coverage in their home countries, and may be less accustomed to obtaining insurance. Therefore, it is also important to stratify by country of origin and immigration status.

6. Provide client-centered, one-on-one assistance throughout the enrollment continuum

Providing one-on-one assistance is a particularly important promising practice for organizations working with Latinos. Our qualitative research suggests that a client-centered, multi-step case management approach delivered by trained staff is the most effective strategy for assisting clients throughout the continuum. Providing this type of assistance requires establishing a trusted relationship with clients over a prolonged period of time in order to provide the multiple touch points necessary to assist clients across the entire enrollment continuum.

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Tracking clients and utilizing data to monitor progress are key promising practices.

This process begins in the outreach phase. Organizations need to establish a trusting relationship with the client and their family, and set the expectation that the outreach and enrollment staff member will be their “go-to” source for information throughout the process. Many respondents reported that just completing an enrollment application usually requires more than one encounter, and therefore obtaining accurate contact information is crucial. Furthermore, the assister should incorporate other trusted acquaintances of the client, such as friends and family, into the process as well to build the client’s support network. In some cases, such as when the client has limited English proficiency or low literacy levels, it may be necessary for assisters to provide the assistance directly to an individual’s family or friends, so that they in turn can assist the client.

Next, assisting clients with the enrollment process in health insurance requires multiple steps: collecting client information, determining eligibility, compiling required documentation, completing and submitting application, and possibly resubmitting the application. Resubmission of a health insurance application often requires specialized knowledge needed to remedy insurance coverage denial. The latter is such a common occurrence that some CBOs are intentionally using resources to develop some enrollment counselors as “denial specialists” in order to assist with denied cases. In order to successfully complete these tasks, service agencies need to strengthen language competency by hiring more bilingual staff that are truly fluent in Spanish, have high levels of health literacy, training, and education which may require higher salaries and thus more funding.

7. Track clients throughout the enrollment continuum and utilize data to monitor progress and evaluate activities

Organizations that successfully enroll and keep Latinos enrolled have put into practice quality improvement models and utilize data tracking systems to document enrollment assistance and follow-up provided to a client. Organizations used existing data systems or created new data systems for tracking ethnicity, race, language use, family composition, type of assistance provided, and health insurance history, in order to track clients’ progress, maintain institutional knowledge, and evaluate the efficacy of outreach and enrollment efforts.

One example of a state-of-the-art tracking system can be found at Health Care For All, a community-based organization that serves the greater Boston area. Health Care For All uses an online database, which was developed using Salesforce, to track calls for enrollment assistance made to their helpline, including contact information, reasons for calling, demographics, and other information related to insurance status.

Another CBO interviewed reported that enrollment specialists keep track of which strategies work and the number of people recruited, enrolled, and followed up with at each recruitment site. “We have spread sheets. We all generate numbers and we give it to a staff person, but we all are in control of our numbers. We need to be in control to be able to look at our follow-ups.” Regardless of whether organizations invest in a formal tracking system or merely use a home-grown methodology, tracking clients and utilizing data to monitor progress are key promising

practices that bolster the efficacy and efficiency of any organization working in this field.

Finally, CBOs and health centers should strive to collaborate and share data about their clients. In particular, at this point in the process, the assister working with the client on enrollment and navigation will have obtained a wealth of important information on the client's family situation, contact information, and socioeconomic needs. These data points will be crucial if the health center is to assume care management and care coordination duties. Therefore, sharing information could improve the efficacy and efficiency of these "warm hand-offs."³ "While this may not be feasible for all organizations to implement currently and confidentiality concerns will need to be addressed, its potential to significantly ease the barriers to obtaining care makes it a promising practice that organizations should set as an important future goal.

POST-ENROLLMENT/NAVIGATION

8. Educate clients about how to use healthcare services

Many CBOs have not connected clients to care because CBOs do not have the necessary resources or funding; however, the majority of key informants cited this as a critical step. Once an application is completed, CBO's should follow-up with consumers immediately. CBOS's can provide critical support, including resubmission of applications

if necessary, checking whether a consumer understands communications sent from a health insurer, and whether he/she knows what to do once he/she receives health insurance card. Individuals without prior experience using health insurance often require education about the use of the healthcare system (e.g., how to select a primary care physician, scheduling an appointment, findings services, preventive care) and health care costs (e.g., copayments, deductibles, etc.). Identified promising practices include delivering mini-workshops on using health insurance and preventive care. Ideal settings for these mini-workshops are waiting rooms in community health centers and other community-based settings. As noted by one key informant, "We help them understand what the next steps are- applying for health insurance is only the first step." Another informant further described the education that needs to be provided after enrollment: "... they don't know that they have to have an insurance card. They don't know that an insurance card is as important as a driver's license. They need a lot of education..."

9. Provide client-centered, one-on-one assistance after enrollment to connect clients to care

While efforts to enroll and educate clients form the first crucial step, connecting clients to care is equally important. According to key informants, newly-insured clients may require more support getting connected with care after being enrolled in health insurance, particularly as many recent immigrants have

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³"Warm handoffs" are an approach to care linkage in which the outreach or enrollment specialist directly links patients with their care providers by establishing initial face-to-face contact and conferring the trust and rapport the client has developed with the enrollment specialist to the provider.



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not had experience utilizing healthcare services in the United States nor in their home countries. Starting with educational efforts to instill the importance of selecting and maintaining a primary care physician and medical home, post-enrollment assistance includes helping consumers make appointments and utilize their insurance. Successfully connecting clients to care may also entail providing transportation to medical appointments and sharing information with case managers and health centers to ensure that the consumer receives needed care and services. In some cases, key informants even reported supplying their clients with pre-paid cell phones in order to maintain contact with the client and increase their ability to communicate with their provider organization.

While community health centers have an incentive to keep their clients insured, CBOs have also employed these methods successfully: one prominent health center in the greater Boston area hired 10 staff members dedicated to enrolling and tracking their clients post-enrollment. Another enrollment specialist from Western Massachusetts noted: “A lot of follow-ups are done onsite, especially when clients receive a letter from Mass-Health requesting additional personal information, or when they have trouble contacting or finding a health care provider”.

Finally, once clients have been connected to care, it is important for the navigator to maintain a relationship in order to assist the client. Reports from key informants indicate that successful enrollment and effective use of health insurance among the insured

should follow a case management/care coordination approach. The sheer complexity of health insurance is exponentially more complex to individuals who have never navigated the health care system because they may not know the rules that need to be followed. These consumers need assistance finding a primary care physician, scheduling appointments and retaining coverage over time.

RENEWAL

10. Assist clients with renewal

An important and often neglected component of the continuum is the renewal process. The use of technology to track and remind consumers about the need to renew their health insurance coverage is key to preventing churn among a segment of the population with limited knowledge and agency related to health insurance coverage. Some of the promising practices in this area include automated alerts to contact clients—by phone, text message, email and regular mail— as their renewal deadline approaches. Distribution of refrigerator magnets and similar gadgets that provide culturally competent messages in speakers’ native language are also useful in reminding individuals about their renewals.

In addition to this, it is important to provide education about the need and importance of renewing health insurance coverage, from health, legal, and tax perspectives. This education could be individualized, but should also be integrated as part of the “culture of coverage” described earlier.

CONCLUSION

With increased access to coverage and enrollment efforts under the ACA, Latinos in the United States need assistance across the enrollment continuum, including in enrolling and maintaining healthcare coverage, navigating the healthcare system, and renewing coverage. The research team found that the most successful organizations relied on several of the promising practices described above.

Our team found that partnering with community brokers and churches is an essential strategy for outreaching to the Latino community and building trust amongst clientele, particularly those who are least acculturated. For enrollment, there has been substantial anecdotal evidence on the importance of providing one-on-one assistance to aid Latinos with enrollment activities; our research has confirmed, that the most effective enrollment assistance is a client-centered, multi-step case management approach delivered by trained staff, and that renewal assistance is crucial for promoting insurance continuity among this population. Finally, the research team found unique differences between those who have never had insurance in the past and those who are currently uninsured, suggesting that

uninsurance could be examined through these two lenses. For both outreach and enrollment, organizations that work with Latinos should stratify their population by insurance status and past insurance history in order to tailor efforts to specific individual needs.

Many of the themes that emerged from our data are aligned with an important concept often mentioned in the literature on Hispanic/Latino culture, namely, the value of *personalismo*. This cultural construct refers to the development of a personal rather than institutional relationship, one which values interpersonal harmony and relating to others.⁴ It is inferred in many of the recommendations made here. For instance, developing relationships with individuals, using word of mouth, partnering, and offering one-on-one assistance. Moreover, tapping the relations that Latinos already have in place with stakeholders and gatekeepers in places that Latinos frequent (i.e., laundromats, coffee shops, hair salons, barber shops, churches, schools, social service organizations, adult literacy programs, immigration assistance, citizenship classes, is a way in which the value of *personalismo* is reflected.

⁴ Evans, Bronwynne C., David W. Coon, and Neva L. Crogan. "< i> Personalismo</i> and Breaking Barriers: Accessing Hispanic Populations for Clinical Services and Research." *Geriatric Nursing* 28.5 (2007): 289-296.



Finally, as the number of insured individuals continues to increase, the greatest challenge for organizations will be connecting clients to care. Therefore, it is essential that organizations strive to provide these services, particularly to those without a past history of insurance coverage. By learning from the

experience of outreach and enrollment workers on the frontlines in Massachusetts, community-based organizations, faith-based organizations, and health centers have the opportunity to increase the efficacy of their efforts for continuing enrollment efforts under the ACA.

Partnering with community brokers and churches is an essential strategy for outreaching to the Latino community and building trust amongst clientele.

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