

## **APPENDIX XIX: THE ACCESS PROJECT REPORT**

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Barriers to Participation in Public and Private Insurance Programs among Massachusetts Latinos: Focus Groups in Lynn, Brockton, Lowell, South Boston, Worcester, and Holyoke

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This report was based largely on a series of focus groups conducted by the Massachusetts Immigrant and Refugee Advocacy Coalition (MIRA) and the Latin American Health Institute (LHI). We would like to acknowledge Riche Zamor, Tom Louie, Sandra Wegmann, and Manuel Burnias for their efforts organizing these groups and collecting this information. We thank John Capitman for training the focus group leaders, and Leslie Oblak for her early work on this project. We most especially thank the focus group participants for sharing their stories and insight. The report's recommendations come directly from their experience.

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**The Access Project** is a program of the Center for Community Health Research and Action of the Heller School for Social Policy and Management at Brandeis University. It has served as a resource center for local communities working to improve health and healthcare access since 1998. The project receives its funding from a variety of public and private sources.

The mission of The Access Project is to strengthen community action, promote social change, and improve health, especially for those who are most vulnerable. The Access Project conducts community action research in conjunction with local leaders to improve the quality of relevant information needed to change the health system. It seeks to enhance the knowledge and skills of community leaders to strengthen the voice of underserved communities in the public and private policy discussions that directly affect them.

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This report provides insight into why eligible Latinos in Massachusetts do not participate in available public and private insurance programs. The study combines primary data collected through focus groups with secondary data and available information on access to insurance for this population. This analysis is in support of the work of the Center for MassHealth Evaluation and Research (CMER) for the HRSA-funded State Planning Grant, awarded to the Commonwealth in September 2000 and led by the Division of Medical Assistance and the Division of Health Care Finance and Policy. The planning grant is intended to support the state in developing viable options for providing access to affordable health insurance coverage for all Massachusetts residents. One of the four main goals of the project is “to identify existing and potential barriers to insurance coverage.” This study is designed to provide information on the attitudes, perceptions and preferences of people without health insurance.

Consistent with current knowledge, cost, immigration status, language, and administrative complexity are primary barriers to obtaining public and private health insurance. The focus groups also identified language, the length of applications and redundancy between human service programs and MassHealth recertification as obstacles to obtaining health insurance. Unlike some studies, we did not find significant evidence that Latinos we spoke with forgo insurance because they believe they do not need it or because free or low cost care is a viable alternative. The literature also identifies lack of knowledge about state programs as a barrier to care for these populations. We found that most participants had a good understanding of MassHealth. In contrast, few participants knew about the Insurance Partnership Program, but the number of small business people represented in the study was small.

Some brief background is followed by a review of some of the most recent literature. Next the focus group findings are presented in two sections. The first explores why people eligible for public programs are uninsured. The second explores why Latinos eligible for employer sponsored coverage opt not to enroll in this coverage. Findings from the focus groups are compared to what is known in the literature and then conclusions and policy recommendations are presented.

## **I. Background**

The Latino community across Massachusetts was selected because of its high number of uninsured. Latinos have higher rates of being uninsured even when income and work are taken into consideration.<sup>16</sup> In 2000, nearly one-quarter of Latino adults in the state were uninsured (24.2 percent). While this is lower than the percentage of uninsured Latinos nationally (34.5 percent in 2001), it is considerably higher than the state rate of insured for black (16.2 percent), white (6 percent) and Asian adults (3.2 percent).<sup>17</sup> The reason Massachusetts is doing better than the national average may be because it has a higher percentage of Latinos from Puerto Rico, who as a group have a greater tendency to be insured than other Latino groups.<sup>18</sup> Latinos from Mexico or Central and South America are the most likely subgroups to be uninsured (38 percent and 42 percent respectively).<sup>19</sup>

Latinos of multiple origins make up 6.8 percent of the population in Massachusetts. However, Latinos make up a far higher percent of the population in particular cities and counties. For example, close to 60 percent of the population in Lawrence are Latino, almost half the people in Chelsea, and more than double the state average in Holyoke, Worcester, and Springfield.<sup>20</sup> While Latinos are increasing as a percent of the Massachusetts workforce and that of the nation, they are twice as likely to be uninsured as the general population.

Since the passage of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, so-called welfare reform, the use of all public service programs by immigrants has been down. In 1997, the use of Medicaid dropped nationally by 22 percent among non-citizens and only by seven percent in citizen households.<sup>21</sup> A study by Blumberg and Nichols presented evidence that people who decline health insurance at work fare much worse on every measure of mental health than those who take coverage.<sup>22</sup> People who decline coverage and are not healthy have a greater difficulty in obtaining necessary services. Uninsured Latinos are less likely to have a regular source of health care than their white counterparts. However, having Medicaid or private insurance increases the likelihood of having a medical home thus effectively eliminating this disparity.<sup>23</sup>

## **II. Method**

Focus groups were conducted by our community partners -- the Massachusetts Immigrant and Refugee Advocacy Coalition (MIRA) and the Latin American Health Institute (LHI). These organizations have roots in the communities of interest and have the ability, relationships, and cultural competence necessary to collect the data necessary for this study. Representatives from MIRA and LHI were part of the team developing the focus group protocol and were a part of the review process for this report. The Access Project (TAP)/Brandeis University provided a two-hour preparatory/training session prior to the focus groups for MIRA and LHI facilitators. Professor John Capitman conducted the training. The focus was on culturally sensitive facilitation and techniques for creating the environment necessary for comfortable and open discussion regarding health care access. LHI training was conducted at TAP on May 13th and MIRA training was conducted on June 12th.

Focus groups were targeted to areas with high Latino populations and in areas where MIRA and LHI had strong contacts. Table 1, Focus Group Overview, provides information on the focus groups including targeted populations, date of the session, location, number of participants and language the focus group was conducted in. A total of 51 people participated in focus groups in six communities. Nineteen participants came from the Dominican Republic, 13 from Colombia, and six from Puerto Rico with the balance largely from other Central and South American countries. With the exception of Holyoke, women largely dominated the focus groups (13 men, 38 women).

**Table I: Focus Group Overview**

| <b>Community Partner</b> | <b>Date</b> | <b>Location</b> | <b>No.</b> | <b>Participant Group</b>                                                     | <b>Language</b>     |
|--------------------------|-------------|-----------------|------------|------------------------------------------------------------------------------|---------------------|
| LHI                      | 6/5/02      | Lynn            | 12         | People eligible for employer-sponsored insurance but uninsured.              | Spanish             |
| LHI                      | 6/18/02     | Brockton        | 2          | Small Business Eligible for the Insurance Partnership but not participating. | Spanish             |
| MIRA                     | 6/19/02     | Lowell          | 6          | People eligible for a public insurance program but unenrolled.               | Spanish             |
| LHI                      | 6/20/02     | South Boston    | 14         | Disenrolled from a public program but still seemingly eligible.              | Spanish             |
| MIRA                     | 6/26/02     | Worcester       | 10         | People eligible for employer-sponsored insurance but uninsured               | English/<br>Spanish |
| MIRA                     | 7/24/02     | Holyoke         | 9          | People eligible for public insurance program but unenrolled                  | Spanish             |

### III. Select Literature Review

A study on why Hispanics are uninsured, sponsored by the Commonwealth Fund, found that immigration status, employment characteristics, and family structure were critical factors that help explain the high rate of uninsured among Latinos.<sup>24</sup> Immigrant Latinos were more likely to be uninsured than those born in this country. Employers offer insurance coverage to far fewer full-time Latino workers (less than 70 percent) than full-time non-Hispanic whites (almost 90 percent). The Kaiser Commission on Medicaid and the Uninsured reported that only 43 percent of Latinos have coverage through their employers compared to 73 percent of whites.<sup>25</sup> The types of employers Latinos are more likely to work for are less likely to offer insurance. Even within certain fields such as agriculture or construction, Latinos are less likely to be offered insurance than non-Latinos. Further, Latino immigrants have lower wages than non-Latino immigrants. Latinos are more likely to marry younger and have only one wage earner. This limits opportunities for coverage. When asked why they do not have insurance, the primary response was high cost.<sup>26</sup>

MIRA did an exploratory survey of low-income immigrants in the state and found people reluctant to answer why they did not take advantage of public programs for themselves or their children. In follow-up focus groups, they found that fear of jeopardizing chances to

obtain permanent residency or citizenship kept people from applying for MassHealth. They also identified language barriers as a significant barrier to care.<sup>27</sup>

The Ohio Health Department conducted 43 focus groups of the working uninsured. 344 people participated in this study from rural and urban settings. A number of participants were eligible for employer sponsored insurance but found their share of the cost to be prohibitive.<sup>28</sup> A randomized survey in Alameda County California emphasized the need to communicate health information in the appropriate language and cultural context.<sup>29</sup>

The Commonwealth Fund commissioned a series of eight focus groups around the country to explore the insured and uninsured Hispanic workers' views about insurance coverage.<sup>30</sup> This study found that the greatest reason for being uninsured was that employers did not offer coverage or the costs were too high compared to value and expected use. There was an acute lack of awareness about State Children's Health Insurance Program (SCHIP) or other state insurance programs.<sup>31</sup> It found that most people wanted comprehensive health care coverage and it was not that they did not think it was necessary. Participants spoke of delaying care, using home remedies, and seeking payment plans or reduced rates with individual physicians. Meeting basic needs was a higher priority.

A California study on why working Latinos do not have insurance found that 32 percent of people surveyed said they did not have insurance because it was too expensive, 24 percent said because their employer did not offer it or they were ineligible because they work part-time, and 14 percent said that it was "not necessary."<sup>32</sup> The study's author also found that many Latinos prefer to receive care at free clinics or the emergency room. Conclusions of this report were that many working Latinos cannot afford health insurance, they hold jobs that are more likely to not offer health insurance. Cultural differences, language skills and recent immigration to the United States also contribute to a lower level of insurance.<sup>33</sup>

**Table II: Barriers to Obtaining Health Insurance for Latinos in California**

| <b>Barrier</b>                               | <b>Percentage</b> |
|----------------------------------------------|-------------------|
| Cost too much                                | 65                |
| Not offered by employer                      | 46                |
| Deductibles and Co-payments too high         | 43                |
| Healthy and don't need it                    | 36                |
| Prefer to pay for health care directly       | 35                |
| Trouble understanding forms/completing forms | 31                |
| Benefits with previous employer ran out      | 26                |
| Have access to free/ inexpensive care        | 25                |

Source: Greenwald, Howard, O'Keefe, Suzanne, DiCamillo, Mark. (2001). "California's Working Latinos and Health Insurance: New Facts and Policy Challenges", Research supported by the California HealthCare Foundation, University of Southern California, October.

Table II, Barriers to Obtaining Health Insurance for Latinos in California list the barriers to obtaining care for employed Latinos in California. Cost was cited by the highest percentage of people as a prime reason for not having health insurance. This was followed by: no employer-based insurance available, high deductibles and copayments, no need for insurance, prefer to pay directly, trouble understanding forms, benefits from a previous employer ran out, and having access to free or inexpensive care. Table III, Barriers to Obtaining Health Insurance for Employed Latinos in California Eligible for Public Health Insurance, lists reason why those eligible for public health programs do not take advantage of these programs. The two most cited reasons were that they did not know where to apply and that it cost too much. This was followed by the thought that they did not need insurance, that they did not know they were eligible, trouble understanding complex forms, they do not have the time to apply, and finally they do not want to give personal information to the government.

**Table III: Barriers to Obtaining Health Insurance for Employed Latinos in California Eligible for Public Health Insurance**

| <b>Barrier</b>                                                | <b>Percentage</b> |
|---------------------------------------------------------------|-------------------|
| Don't know where to apply                                     | 37                |
| Cost too much                                                 | 36                |
| Don't need insurance                                          | 32                |
| Don't know they are eligible                                  | 29                |
| Don't understand the plans/complex forms                      | 24                |
| Don't have the time                                           | 21                |
| Don't want to give out personal information to the government | 15                |

Source: Greenwald, Howard, O'Keefe, Suzanne, DiCamillo, Mark. (2001). "California's Working Latinos and Health Insurance: New Facts and Policy Challenges", Research supported by the California HealthCare Foundation, University of Southern California, October.

#### **IV. Focus Group Findings**

##### **A. Uninsured Latinos That are Eligible for Public Insurance Programs**

Four of the focus groups were centered on why people eligible for public insurance programs do not take advantage of this coverage. Focus groups in Lowell and Holyoke were composed of people eligible for but not participating in publicly sponsored programs, primarily Mass Health. The session in South Boston consisted of people disenrolled from a public program who appear still to be eligible. The final group from Brockton consisted of two small business owners eligible for but not participating in the Insurance Partnership Program. The focus group questions concentrated on barriers to access care and health insurance. Comments were solicited in five broad areas identified in the literature:

- Knowledge of health care programs,
- Impact of immigration status,
- Perception of need for insurance,
- Paperwork and administrative complexity, and
- The role of cost.

Participants were also asked to evaluate the blue MassHealth pamphlet and yellow and black poster. The small businessmen were asked to evaluate the Insurance Partnership brochure and a newspaper ad for this program. The base protocol, in Spanish and English, is included in Appendix A. This protocol was modified depending on the type of group.

### 1. Holyoke

The Holyoke focus groups consisted of nine people primarily from the Puerto Rican community. Table IV: Holyoke Select Demographics helps provide a sense of this group’s background. Of the nine, six were male and three were female. All were single, but one was divorced. Four had children and seven of the nine responded that they were unemployed.

**Table IV: Holyoke Select Demographics  
9 Total Participants**

| <b>Category</b> | <b>Result</b>                  |            |
|-----------------|--------------------------------|------------|
| Place of Origin | Primarily Puerto Rico (6 of 9) |            |
| Gender          | Male 6                         | Female 3   |
| Marital Status  | Single 8                       | Divorced 1 |
| Children        | Yes 4                          | No 5       |
| Employed*       | Yes 2                          | No 5       |

\*Two did not respond.

Regarding access to insurance and care, a few of the participants had MassHealth in the past and were cut off because they turned 18 or no longer met the income requirements. Several people had difficulty accessing primary care and had to rely on emergency room care. Participants believed that primary and preventive care would reduce the incidence of serious illness. One person had a heart condition and could not afford the medication. Several participants reported being sent to collection agencies for medical debt.

Most of the group had knowledge of the MassHealth program and how to get on it. There was the general feeling that it was difficult to get onto MassHealth and easy to get dropped from the program. One person claimed he was denied coverage because he was homeless and on workfare. Three others said they were denied coverage because they were single men not living with their children. Immigration status is not a barrier in the Puerto Rican community.

The group had strong feelings that insurance is necessary and important. They did not believe that free care adequately addressed health care needs. They were particularly worried that “free care” does nothing to help pay for necessary prescription drugs.

There were some concerns about the paperwork. A few of the participants did not know how to read or write, and others knew people who had a limited elementary education and could not understand the vocabulary used in the MassHealth forms. They suggested simpler, shorter forms with more basic vocabulary. There was a general consensus that there should be better communication between agencies to limit the replication of information when applying for different services.

The group was asked for their reaction to the blue MassHealth brochure and the yellow MassHealth Poster. The general feeling was that this information was biased towards children, people with disabilities and the elderly to the exclusion of single people without children. Some thought that the pamphlet was unclear, difficult to read and that the Spanish was in a different style and with different vocabulary than they use on a daily basis.

## 2. Lowell

The Lowell focus group, conducted in Spanish, had six participants originating primarily from Colombia. Most were single women and all had children. Half the group was currently employed. Brief background data is included in Table V: Lowell Select Demographics.

**Table V: Lowell Select Demographics  
6 Total Participants**

| <b>Category</b>   | <b>Result</b>               |            |
|-------------------|-----------------------------|------------|
| Country of Origin | Primarily Colombia (5 of 6) |            |
| Gender            | Male 1                      | Female 5   |
| Marital Status    | Single 5                    | Divorced 1 |
| Children          | Yes 6                       | No 0       |
| Employed          | Yes 3                       | No 3       |

Information and knowledge of health care options were limited by the fear that seeking out information might jeopardize immigration status. There was a strong feeling that language barriers limited access to health care services. There was concern that health care providers, intake workers, and/or people who answered help desk phones were not fluent in Spanish. A few participants said that a health care provider gave them information about MassHealth, but no one was there to help explain the program to them. A few participants said that they received rejections from MassHealth coverage in English and could not understand why they were denied coverage or where they could turn to for explanation and possible appeal. The group viewed these problems as

endemic to other social welfare services and suggested a bilingual center to help coordinate all human services programs.

The group suggested that the best way to provide information to this community was through television specifically Telefutera, Telemundo, and Univision. Radio was also mentioned as a good option and specifically La Mega. They offered Rumbo and Todos Unido as newspaper options but felt television was a better means of reaching Latinos.

Some people did not take advantage of public programs for fear of endangering immigration status. This was a major issue for the group. Some even give false information when seeking emergency care. Some were worried that they would be asked for Social Security numbers, which many do not have.

Most of the group thought that insurance was necessary but because of income and immigration status, it was almost impossible to obtain. The greatest worry was that prescription drugs were out of the range of possibility. Free care was not seen as a positive alternative because of quality concerns and the range of things not covered (i.e. physician services, prescription drugs, etc.). Some participants did not want to participate in public programs because they did not want to be a public charge. There were strong feelings that these people came here to work and not be a burden.

They thought that paperwork was complicated, but the deeper worry was that they did not have required Social Security numbers. Many believe that there is too much paperwork that is too confusing. The same information was required each time a person was recertified. They suggested that there be longer times between certifications and that efforts be made to reduce collection of the same information multiple times.

In contrast to the Holyoke group these participants felt that the blue pamphlet and posters were culturally respectful and informative. This information led them to believe that they were eligible, but they were still worried about immigration status. Several worried that when they call the phone numbers on the pamphlet, the person would not speak their language or be able to help them with detailed information about the program. It was specifically mentioned that the general hotline number lacks a message in Spanish.

### **3. South Boston**

This group consisted of 12 women who were at one time enrolled in MassHealth and are seemingly still eligible for the program. They came primarily from the Dominican Republic. Nine were single, two married and one divorced. Brief background data is included in Table VI: South Boston Select Demographics.

This group viewed the cost of health insurance as the greatest barrier to care. They felt that MassHealth income requirements were too strict, and that the program should be available to people at higher income levels. Participants complained that it was difficult to reach a MassHealth person by phone and that sometimes the Spanish skills of the representative were so poor that they could not be understood. One woman found the

phone representatives to be arrogant and unsympathetic. There were strong feelings that the recertification requirements were onerous and that the translations of the renewal forms were confusing.

**Table VI: South Boston Select Demographics  
12 Total Participants**

| <b>Category</b>    | <b>Result</b>                      |           |            |
|--------------------|------------------------------------|-----------|------------|
| Country of Origin* | Primarily Dominican Rep. (7 of 14) |           |            |
| Gender             | Male 0                             | Female 12 |            |
| Marital Status**   | Single 9                           | Married 2 | Divorced 1 |
| Children           | Yes 9                              | No        | 2          |
| Employed           | Yes 9                              | No        | 3          |

\*The others were from the U.S. and 5 Central and South American Countries.

One person did not respond.

\*\*Two did not respond.

These women, who were previously in the program, found no significant barriers to accessing information about the program. MassHealth representatives were at the hospital and encouraged them to apply. They also learned about the program through friends and advertisements on buses and trains. They wanted the state to recruit more and better bilingual outreach workers in health clinics. Many were also concerned that health clinic translators did not pay close enough attention in relating medical information between the patient and the provider. They suggested the radio station La Meiga, the newspaper La Semana, and television stations Telemundo and Univision as important sources through which to reach people like them.

This group did not think immigration status was a major factor in avoiding the program, although they recounted stories of friends who reported avoiding care because they feared possible deportation. All were in agreement that insurance is important. No one agreed with the statement “Some people have told us that they do not enroll in public health programs because they do not need them.” Although several indicated that they had taken advantage of free care and found it satisfactory. Paperwork requirements were seen as being too long and repetitive. It was suggested that forms be condensed. Some of the forms were poorly translated and were unclear in Spanish. Like the group in Holyoke they would like to see more coordination between different social service agencies. There was also considerable fear about the eligibility redetermination and that a shift in income would make them ineligible.

Participants like the blue pamphlet because of the clear information provided about eligibility. They also like the fact that it lists income requirements and that it provides a toll free number. The yellow poster gave them a sense of hope about the program, but left doubts about their eligibility. Like the group in Lowell, they found these advertisements

to be culturally respectful and appealing. The fact that it highlights that the program is without cost stimulated interest in enrolling.

#### **4. Brockton**

The final group in this category consisted of two uninsured small businessmen -- one in his 30s and the other in his 40s. Both men were married with four children each. One was originally from Puerto Rico and the other from the Dominican Republic. Both had two employees. They were eligible for but not aware of the Insurance Partnership Program.

Both men stated that the information that would be most helpful to them in making a decision to explore this program would be cost per employee and the effects on cost of high employee turnover. They said that any program would have to be explained in layman's terms, in Spanish, with detailed information about costs in order to get their attention. They both saw a real need for health insurance, particularly to pay for potentially catastrophic incidences. The primary goal of their business is to make enough money to support their families. Health insurance was further down on the list of priorities. Not being familiar with the program, they had no comments on the paperwork burden.

The cost of health insurance was considered the primary barrier to coverage. They pay low wages and cannot afford to spend more on their employees. They are surviving on the edge often relying on family to help out in the business if an employee gets sick. They suggested that the best way to publicize the program to small business owners would be through written correspondence. They also suggested La Meiga radio station in Boston and Doble Equis in Brockton and Spanish newspapers El Mundo and Votero. Less worthwhile would be the television stations Telemundo and Univision.

One participant could tell by the pamphlet on the Insurance Partnership that he was eligible for the program, and the other said that there was not enough information. It was suggested that the number of employees be phrased "0 to 50" instead of "50 to 0" to emphasize the eligibility of the smallest companies. One man said that the more numbers included in the advertisement the better. He suggested including costs per employee. They considered the ads culturally respectful. They wanted to know if the person answering the number provided would speak Spanish and be knowledgeable in the details of the program.

#### **B. Uninsured Latinos Eligible for employer-sponsored coverage**

Focus groups in Lynn and in Worcester consisted of uninsured Latinos eligible for employer sponsored coverage.

## 1. Worcester

Eleven people participated in the focus group in Worcester. It was a group of mixed origination, but over half were from Colombia. Most were female, married, with children, and currently employed. Details are included in Table VII, Worcester Select Demographics.

**Table VII: Worcester Select Demographics  
11 Total Participants**

| <b>Category</b>   | <b>Result</b>                |           |            |
|-------------------|------------------------------|-----------|------------|
| Country of Origin | Primarily Colombia (7 of 11) |           |            |
| Gender            | Male 3                       | Female 8  |            |
| Marital Status*   | Single 3                     | Married 6 | Divorced 1 |
| Children          | Yes 10                       | No        | 1          |
| Employed          | Yes 9                        | No        | 2          |

\*One did not report marital status

Barriers to obtaining coverage include a lack of information about available plans in part due to problems with obtaining translated information from work. What information employers do provide is generally in English. Several of the participants did not take employer coverage, but their children were covered by MassHealth. Immigration status and the lack of a Social Security number is a significant barrier to obtaining employer provided coverage. Some felt that employers were exploiting their immigrant status and discouraging them from enrolling in the company health plan. Like all the previous groups, these people felt that insurance was necessary and that free care was not a suitable substitute. Complicated paperwork and the lack of translated information were primary concerns. The overwhelming impediment to obtaining coverage identified by the group was cost. One person said the cost was between \$200 and \$400 per month or between 20 and 25 percent of his salary. Another said it was between \$80 and \$90 a week out of her \$240 check.

## 2. Lynn

Twelve people participated in the focus group in Lynn. Ten of the twelve were from the Dominican Republic. Most were female, split between single and married with two that were divorced. All participants had children and all but one was working. Details are included in Table VIII, Lynn Select Demographics.

**Table VIII: Lynn Select Demographics  
12 Total Participants**

| <b>Category</b>   | <b>Result</b>                       |           |            |
|-------------------|-------------------------------------|-----------|------------|
| Country of Origin | Primarily Dominican Rep. (10 of 12) |           |            |
| Gender            | Male 1                              | Female 11 |            |
| Marital Status*   | Single 4                            | Married 4 | Divorced 2 |
| Children          | Yes 12                              | No 0      |            |
| Employed          | Yes 11                              | No 1      |            |

\*Two did not report marital status

The group in Lynn shared concerns about the lack of available information in Spanish and had limited knowledge about private or public insurance options. One man stated that he was confused because his employer offered multiple plans and he lacked information to choose among them. This group expressed the fear that participating in private or public health plans would jeopardize immigration status. Several told stories about delaying necessary care and one only received treatment after peers convinced her that she would not be deported. The general feeling was that people do not apply for public health care assistance when their immigration status is pending. They saw a real need for health care and had serious reservations about the availability of free care. They viewed this care as extremely limited, that people were still billed for services, and that access to physicians, particularly specialists, was restricted. In a contrary opinion, one man said that he refused coverage at work because it was not worth it, and if he had it he probably would not use it. The group identified the cost of insurance as a primary barrier. Several suggested that MassHealth raise the income eligibility and take into consideration other expenses such as rent.

## **V. Conclusions**

Uninsured Latinos in Massachusetts who are eligible for public programs face a range of barriers to obtaining insurance. Some of these are consistent with the literature, but a few differ. There are also some important differences between groups that may warrant additional and more detailed investigation.

A lack of familiarity with the state Medicaid program was identified in national studies and the California study as a significant barrier to care. This was not the case in our study. Most of the focus group participants knew about MassHealth. Fewer knew about the Insurance Partnership Program. However, language barriers prevent many from understanding program details. Several people were given forms and encouraged to apply but were not given the assistance they hoped for. Some participants were discouraged by conversations with MassHealth representatives over the phone. A number of people mentioned problems understanding renewal and disenrollment notices. Although not a focus of this study, many participants mentioned difficulty with translation in obtaining care from health care providers.

Some studies suggested that a portion of Latinos were uninsured, in part, because they believed they did not need insurance or that they could get free or low-cost care. We did not find this in our focus groups. Only one focus group participant said that he did not need insurance. A more common response was that it was essential but for some reason out of reach. The notion that free care at clinics or hospitals was a suitable alternative to insurance was summarily dismissed. This care was viewed as inadequate. People received bills they could not pay, delayed necessary care, and did not have access to prescription drugs or specialty care.

Research also identifies complexity of forms as a barrier. While some participants identified this as a barrier, more were concerned with the length and redundancy of forms in combination with human service programs. There was some variation between focus groups. The largely single male Puerto Rican group in Holyoke, some of whom had low literacy, found the forms very complex. Groups in Lowell and South Boston were more worried about duplication and the need for what they consider a continual renewal process.

Cost of insurance was identified as the most critical factor in the national literature. The group of women from South Boston previously on MassHealth and small businessmen in Brockton also identified cost as the largest impediment to obtaining health insurance. There was significant concern that the MassHealth income eligibility threshold was too low and that small increases in income could jeopardize coverage.

People in Lowell, South Boston and Brockton found the pamphlets, posters, and newspaper ads culturally respectful and helpful. They particularly like the blue MassHealth brochure for the information, tone and presentation. The small businessmen would like more cost data and a direct solicitation. In contrast, the Holyoke group thought the pamphlets were biased towards parents and children, the elderly and the disabled. They did not think that this material was culturally appropriate.

The literature on Latinos not taking advantage of employer sponsored care identified cost, preference for health care, complexity of forms, and access to free care as critical barriers to care. Cost was also the most critical factor identified by the focus group in Worcester and an extremely important factor by the group in Lynn. Again unlike the literature but consistent with the focus groups above, people found great value in having health insurance and put little faith in free care. Immigration status was the next important factor. Employers asked for Social Security numbers that some people did not have. Language barriers and complexity of employer forms were also significant barriers. Some were confused about plan options and at times did not know or understand the meaning of the papers they signed.

## **VI. Policy Recommendations**

- State agency staff should continue to emphasize that MassHealth eligibility determinations will not jeopardize immigration status. The best mechanism to deliver

this message appears to be where the greatest level of trust is established, through peer to peer interaction.

- Culturally appropriate translation and communication needs to be improved as clients interact with the state, with health care providers, and with employer benefits managers.
- The MassHealth hotline answering machine should include the message in Spanish. Intake workers training should be revisited to insure adequate language and cultural sensitivity skills.
- The state agency could reemphasize to providers their obligation to use appropriate translation services. This could be incorporated into the quality improvement process. A more difficult task would be getting this message to employers.
- Efforts should continue to promote MassHealth through advertisements on trains, buses and through word of mouth. Participants believed that television was the best way to reach people (Telemundo, Univision) followed by radio (La Meiga, Doble Equis) and then newspapers (El Mundo, Votero, La Semana).
- The state agency should continue to use the blue MassHealth pamphlet and yellow and black posters and distribute them more widely. They were seen by most to be culturally appropriate and effective. The state agency may wish to develop a different type of marketing strategy aimed at single male adults without children.
- Create coordination centers where bilingual people from the community could help Latinos apply for MassHealth and other human services. This could reduce the redundancy of information collected by different programs and by MassHealth when recertification is necessary.
- More efforts could be made to market the Insurance Partnership program directly to small business owners with detailed information about the costs and benefits of this program.