

Visión y Compromiso™

Improving Health Coverage Retention of Latino Children in Los Angeles County

**A SUMMARY OF KEY FINDINGS FROM THE
LOS ANGELES HEALTH ADVOCACY PROJECT**



A PROJECT FUNDED BY



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ACKNOWLEDGEMENTS

We want to acknowledge and thank all of the partners who contributed to this research phase of the project. Each one provided their unique knowledge, invaluable experience and time.



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We hold a special thanks to the 7 stakeholders who provided the LA Health Advocacy Project with background data about the policies and practices that influence health coverage for California's children 0-5 as well as the current trends and institutional barriers affecting Latino families, particularly during the enrollment and recertification processes.

Two Promotoras, Rosalinda Loza and Maria Oliden traveled throughout LA County conducting surveys with community members, and gathering information to increase our understanding of the primary issues affecting children's retention of health coverage. We are grateful for your efforts.

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With much heart,

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CONTENTS

BACKGROUND 3

LOS ANGELES HEALTH ADVOCACY PROJECT OVERVIEW 4

SUMMARY OF KEY FINDINGS..... 5

KEY INFORMANT INTERVIEWS 7

FOCUS GROUPS WITH PARENTS..... 9

PARENT SURVEYS 11

RECOMMENDATIONS 15

VISIÓN Y COMPROMISO 17



BACKGROUND

Research shows that stable health insurance coverage improves access to and continuity of health care. Good health is particularly important during the crucial period of rapid physical and emotional growth of early childhood. Healthy children are better prepared to learn and develop the skills they need to succeed. Children 0–5 who lose coverage and have no regular source of care may be more susceptible to missed immunizations, prolonged illness or disruption in mental or cognitive development. However, once enrolled in a health insurance plan many families find retaining health insurance coverage to be a challenge and children may lose coverage through disenrollment because of complicated applications and enrollment procedures, inability to submit required documentation, missed deadlines, burdensome reporting, in-person case management requirements, literacy, or language access. In 2007, there were at least 196,000 uninsured children 0–18 at or below 300% FPL in Los Angeles County, 34% of these children were uninsured because of discontinued enrollment. Essentially, while some children are being enrolled into coverage at the front door, other children are losing coverage out the back. Limited efforts have been made to address retention.



LOS ANGELES HEALTH ADVOCACY PROJECT OVERVIEW

The goal of the Los Angeles Health Advocacy Project (LA-HAP) is to increase the number of city, county and community based agencies in LA County that will improve health insurance retention rates for children 0–5 and their families, with a particular focus on reducing barriers, for immigrant and low income Latinos in five LA County Service Planning Areas (SPAs):

- SPA 2—San Fernando Valley
- SPA 4—Metro LA
- SPA 6—South LA
- SPA 7—East LA
- SPA 8— South Bay LA



The Three Phases of LA-HAP

PHASE I:

Train promotores and community members about the U.S. health care system, Los Angeles County health coverage options and health reform by providing:

- a) Five three-day Training of Trainers (TOTs) for Promotores
- b) Workshops delivered by trained promotores for promotores, community leaders and other community workers
- c) An educational campaign for parents with children 0–5 to inform them about the health coverage options available in LA County

PHASE II:

Conduct research and analysis to identify barriers to coverage retention for Latino families:

- a) Conduct seven interviews with key stakeholder
- b) Conduct seven focus groups with Latino parents of children 0–5 from SPA 2, SPA 4, SPA 6, SPA 7, and SPA 8
- c) Survey 600 Latino parents with children 0–5

PHASE III:

Develop administrative and policy recommendations to remove barriers faced by Latino families and improve health coverage retention in LA County supported by the advice and guidance of:

- a) A Community Leadership Group composed of promotores and parents of children 0–5
- b) An Advisory Board of key stakeholders

This document presents the findings from our research conducted in phase II.

SUMMARY OF KEY FINDINGS

In 2013, Visión y Compromiso conducted key informant interviews with stakeholders who could provide background information about policies and practices in California that influence the health insurance retention of Latino children ages 0–5 and their families. This information informed the development of focus groups and a survey that were implemented in 2014 with Latino parents throughout LA County. The key findings from this research are summarized below, recommendations for the future are provided in each section of this report.

Stakeholder Interviews

- Education is still needed to shift the “culture of coverage” and inform families with limited insurance experiences what it is, how it works, and which services are included (including preventive care).
- Trusted messengers who resonate with the community are best suited to deliver messages about health insurance.
- When parents are covered, children are more likely to be covered as well, however, “mixed status” households and fragmented systems present unique challenges.
- Although face-to-face contact is effective, many health plans are moving towards online enrollment.
- Enrollment applications and redetermination (the annual renewal of eligibility) are characterized by complex language, confusing paperwork, difficult to understand (and not easily translatable) language and burdensome reporting.
- Customer service workers are busy and there are discrepancies in how families are served.
- Advocacy and follow up is often needed to resolve problems, ensure enrollment and prevent coverage loss.

Focus Groups

- Enrolling in a health insurance plan provides parents with peace of mind, access to preventive and diagnostic services, and coincides with their own values and priorities for ensuring that their children are healthy.
- Families with limited income have to make tough choices between health insurance and other necessities.
- Schools that require up-to-date immunizations and physicals to participate on sports teams motivate families to enroll in health coverage and can be potential sources of information about health insurance.
- Challenges and barriers include:
 1. Individual Barriers (language access)
 2. Problems with the Application (confusing and complicated forms, eligibility data that is difficult to understand)
 3. Challenges with Enrollment (staff unwilling/unable to answer questions, mistreatment, telephone contact difficult/nonexistent, long lines, caseworkers overworked and change frequently), and
 4. Misinformation/Misunderstanding (confusing bills, no navigational support).
- Reports of rude behavior by caseworkers (or other staff) and arbitrary and inconsistent requirements were common.
- Most barriers cited were in the enrollment process and many result in lost coverage and reduced health outcomes.
- Many parents reported firsthand experience with lost health coverage for their children.
- Over time, parents learn how the system works and learn to advocate for their children; many parents demonstrate a commitment to sharing the information and their own experiences with other families.

Parent Surveys

- 96% of parents surveyed had at least one child between the ages of 0–5; 91% had at least one child enrolled in Medi-Cal.
- 40% of families were covered by one health program/insurance plan, 47% were covered by two, and 6% were covered by three or more plans.
- 78% of parents prefer to receive their health information in Spanish.
- 46% of parents say they “more or less” understand the benefits and services covered by their children’s health program or medical insurance plan; 21% say they understand them “only a little;” parents who prefer Spanish were less likely to understand them well than their counterparts who prefer English (45% vs. 27%).
- Only 10% of parents say they “really know how” to use the covered benefits and services; more than one-quarter (28%) know how to use them “only a little bit” or “not at all.”
- 34% of parents (195) reported that at least one of their children had lost their health coverage at least once (there appears to be no difference based on language preference), more often due to problems with the enrollment process.
- Parents prefer to submit applications/renewal of eligibility forms in person; only 2% would submit their application online.
- Parents prefer to receive reminders in a letter (27%) or phone call to their cell phone (28%) than an email (6%).
- 42% of parents have asked for help completing the renewal of eligibility form; parents who prefer Spanish were more likely to ask for help (48% vs. 21%); parents were almost as likely to ask a family member/friend (35%) than a caseworker (46%).
- Only 4% looked to printed materials for help and even fewer (1%) searched the Internet for information.
- 23% of parents would attend a workshop or class to learn more about their health plan; 86% of would “definitely” or “almost certainly” visit a center staffed by knowledgeable, trusted individuals to get information about health coverage.



KEY INFORMANT INTERVIEWS

Interviews with seven key informants provided the Health Advocacy Project with background data about policies that may influence how California's children 0–5 are covered and current trends and institutional barriers affecting Latino families, particularly during enrollment. Interviews were conducted with the following policy organizations: Community Health Councils, Children's Defense Fund, California Primary Care Association, California Children's Health Initiative, Children NOW, LA County Maternal and Child Health Access, and the Community Clinic Association of LA County.

Findings from these interviews revealed information to inform the Health Advocacy Project's efforts to understand the reasons why children lose coverage, effective messages about health insurance, enrollment and re-enrollment processes, and recommendations for the future as follows:

Reasons Why Children Lose Coverage

- Confusion about paperwork and enrollment process.
- Hard-to-understand applications and redetermination forms.
- Parents don't always realize when children have lost coverage until it's too late.
- Unopened mail.
- Limited language accessibility.
- Unreported changes in income.
- Missed deadlines.
- Transiency.
- Hard to reach eligibility workers who do not take calls; appointments and messages go through a call center.
- Eligibility workers overburdened with many cases.
- Health problems increase difficulties with follow up and advocacy.
- Premiums and co-pays are expensive.
- People don't pay premiums for insurance they don't use.

QUESTIONS EXPLORED

- Reasons why children lose coverage.
 - Effective messaging.
 - Issues, trends, barriers affecting enrollment of Latino families.
 - Administrative, institutional challenges affecting children's enrollment and recommendations to reduce barriers and improve continuity of care.
 - Current policy or administrative efforts to ensure retention of health insurance for Latino families.
 - New trends for 2014.
-
- Medicine or medical treatment more obtainable in Mexico.
 - Limited transportation.
 - Busy parents working more than one job and multiple demands on their time.
 - Keeping children insured may not be top priority for parents overwhelmed by survival needs.
 - Medi-Cal stigmatized.
 - More education needed about the renewal process.
 - Parents not always informed of their rights and responsibilities
 - Parents don't always know the details of the benefits and services covered.
 - Due to limited eligibility, parents who can't insure all of their children may prefer to wait.
 - Lack of ownership over health care.
 - Confusing Medi-Cal bills.
 - Medi-Cal applications not processed in a timely way.
 - County and State systems don't communicate well.



Messages About Health Insurance

- Education is still needed to shift the “culture of coverage,” ensure that all family members are covered, and inform families with limited insurance experiences what it is, how it works, and which services are included, including preventive care.
- Mistrust, misinformation and confusion about ACA, Medi-Cal and Covered CA are common.
- Effective messages about health insurance enrollment are simple, emphasize the importance of a healthy family, and highlight easy access to care (immunizations, physicals, dental and vision care, preventive care).
- Inclusive messaging that welcomes everyone in the family into the health enrollment process will be most successful.
- Trusted and informed messengers who resonate with the community are best suited to deliver health insurance messaging; safety net providers can be good messengers.
- Trusted family members, neighbors, comadres and friends promote education by sharing information and experiences.
- Many children 0–5 are insured with Medi-Cal; different messaging is needed as they turn 6 years old and age out.

Enrollment and Redetermination

- Not all health insurance programs offer something for everyone, particularly challenging for “mixed status” families who may be insured by different systems governed by different rules.
- Increasing eligibility for parents increases the likelihood of coverage for the whole family.
- Outreach and enrollment staff and eligibility workers must be sensitive to communities of color, understand issues related to documentation, and be able to address language barriers.
- Although face-to-face encounters are effective for Latino families, many health plans are moving towards online enrollment and automated systems; additional information may need to explain how information is used and with whom it is shared.
- Enrollment applications and redetermination (annual renewal of eligibility) are characterized by complex paperwork, difficult to understand and not easily translated language, and burdensome reporting requirements.
- Eligibility workers are busy, it is hard to get questions answered, and there are discrepancies in how families are served.



Recommendations from Key Informants

- Education is needed to inform families about what to expect, what to do and how to advocate when something goes wrong.
- Robust funding needed to support outreach, enrollment and application assistance to keep families insured.
- Advocacy and ongoing follow up can help ensure enrollment and prevent coverage loss; relationships are critical.
- Create a “culture of service”: establish a health home for all children, ensure that families know how to use their health care, get providers involved, and make changes at the department level.
- Ensure that kids receive accelerated enrollment and create automatic renewal systems that promote continual enrollment.
- Increase representation of communities of color to participate at the policy making table.
- Integrate the Promotor Model as a strategy to reach more families; create liaisons in school districts.
- Continue opportunities for face-to-face contact.
- Ensure that Enrollment Assistants are knowledgeable about Medi-Cal and are reimbursed for Medi-Cal enrollment and redetermination, and make it easier for non-profit agencies to become Certified Enrollment Entities.
- Increase support for families to use automated computer systems.
- Streamline process from card to care to connect people to medical care and preventive services more quickly and easily.
- Promote monitoring systems that keep health plans accountable.
- Create systems that increase community input and promote systems change.
- Gather data to better understand the remaining uninsured.

FOCUS GROUPS WITH PARENTS

Based on these data from the key informant interviews, the Health Advocacy Project conducted a series of focus groups with 46 Latino parents of children 0–5 in LA County. Held during June–July 2014, parents from Service Planning Areas (SPAs) 1, 2, 6, 7 and 8 explored with VyC the importance of health insurance, challenges related to the application and enrollment and renewal processes, and their experiences with coverage loss. Qualitative data were coded and analyzed for common themes.

WHY PARENTS INSURE THEIR CHILDREN:

- **It is a family value.**
Parents in the focus groups reiterated the importance of health insurance for their families. “One of my priorities as a parent is to make sure that my children are healthy.” “My children’s health is important to me” and insurance helps keep children healthy by making sure they are “growing well,” they receive their vaccinations on time and see a doctor regularly, they can go the emergency rooms when they need to, access specialists, and pay for any medicine they need, “I have both children insured so they can be healthy.”
- **It reduces the cost of care.**
“It is very expensive to get sick in the U.S.” Having insurance provides families with access to preventive care without a fee, “if you don’t have money they won’t see you.”
- **It improves prevention.**
You can see a doctor when you need it before something becomes an emergency, “When the children are sick, it’s too late. We need to maintain the services to keep them well.”
- **It improves choice.**
Health coverage helps you have more control over who your doctor is and the quality of care that children receive, “with insurance I feel like I have more choices and I don’t have to wait to take my children to the doctor.”

Parents on a limited income must make tough choices, “Sometimes I feel like we have to choose between housing and health insurance.” “Each time we go to the doctor without insurance it is expensive. And sometimes we need to sacrifice health for other things. We can’t pay more.”

HEALTH COVERAGE INCREASES:

- **Access to preventive services.**
Including well-baby checks, on-time immunizations, sports physicals, dental and vision care, medicines and other treatments, a health home with regular care by the same provider, and chronic disease prevention.
- **Access to medical care and diagnostic services.**
Parents can treat “small problems before they grow into big ones” and ensure that they can access emergency and follow up treatment services for their family when they are needed.
- **Security and peace of mind.**
Health coverage increases parents’ confidence that children will get the care they need when they need it and reduces their worry and fear, “without insurance you are stressed out all the time.”

Barriers

While Medi-Cal, Emergency Medi-Cal, Healthy Families, Healthy Kids, HealthNet, Kaiser Permanente, Blue Cross, and Healthy Way LA were all mentioned by parents, by far the most frequently discussed insurance plan or health program was Medi-Cal. The enrollment and renewal processes were described as challenging, a struggle, pretty hard, frustrating, arbitrary, overwhelming, confusing, and more. Only a few people reported, “it was ok for me.” As they shared their experiences, they articulated the barriers and challenges encountered during the enrollment process. These barriers are grouped into 4 categories (in no particular order):

1. Individual Barriers;
2. The Application;
3. The Enrollment Process; and
4. Myths and Misinformation.

By far, the majority of barriers identified relate to the enrollment process.

INDIVIDUAL BARRIERS

- Language
- Missed deadlines

THE APPLICATION

- Confusing and complicated applications
- Uncertainty about how to answer some questions
- Confusion about what to report and what not to report
- Many documentation requirements
- Arbitrary and inconsistent documentation requirements
- Difficult documentation requirements e.g. check stubs needed for proof of income but families paid in cash
- Eligibility data (income tables, federal/state FPL) challenging to read and understand

THE ENROLLMENT PROCESS

- Seems arbitrary and inconsistent
- Different offices have different office culture, different social workers require different documents
- Mistreatment, discriminatory and rude behavior from eligibility workers and other customer service staff common

A lot of times, just because we don't know English well, they marginalize us. Even workers who know how to speak Spanish don't want to speak Spanish to us. ... We are grateful for this program, but the people don't have a spirit of professionalism or sense of helping.

- No “helping spirit” among case workers and office staff, lack of professionalism
- Staff unwilling or unable to answer questions
- Case workers overworked and very busy
- Telephone contact next to impossible, no one answers the phone, no one returns messages, on hold for long time
- Seldom talk to the same person, case workers frequently reassigned, have to retell your story many

times, must provide same documentation more than once

- Long lines at the office
- Lack of bilingual staff
- No interpreters (phone or office)

It took two months for someone to answer the phone so I could get an appointment. I went in at 7 a.m. and there were already 100 people in front of me! Finally, when I got to the front of the line, the case worker didn't understand Spanish and I had to find someone to translate for me.

- Long delay between when application submitted and response received
- Receive different answers to the same question
- Lost paperwork common: “It’s always your fault if they don’t get your paperwork.”

MYTHS AND MISINFORMATION

- Hard to know which benefits are covered by Medi-Cal and which are not
- Misperception, confusion about bills: “Why did we get a bill, I thought we had insurance?”

Coverage Retention

At least 12 focus group participants (26%) shared firsthand experience with losing health coverage for themselves or for their children. Many of the barriers identified here contributed in some way to children’s lost coverage. Language differences, complex applications, and confusion about the enrollment or recertification processes often resulted in lost coverage, reduced access to care and reduced health outcomes. In addition, there is little or no navigational support and no system that provides opportunities for parents to get answers to their questions or receive individualized attention.

Because of one little mistake you lose coverage and then you have to struggle to get back on. If there was a place we could go to help us fill out the applications, that would help. And it would solve a lot of future work. But I haven't found a place like that.

Recommendations from Parent Participants in Focus Groups

Based on their personal experiences, parents made recommendations for

OTHER PARENTS:

- Complete applications fully and accurately the first time, keep a copy for yourself
- Know your rights and advocate for yourself
- Learn about the health care system and speak up for others too

ELIGIBILITY AND OTHER CASE WORKERS:

- Treat all people with respect
- Give people the time they need
- Set time aside to get to know families and answer their questions

INSURANCE PLANS AND INSURERS:

- Applications should use language that is simple and easy to understand
- Telephone wait times are long and case workers are overburdened, parents need to be able to talk to a person directly when they have questions
- Develop a system for reporting and addressing discrimination and staff misconduct

OTHER:

- Create a place where people can go to ask questions and get information
- Train someone from a non-profit organization who speaks Spanish to review applications for completeness and accuracy
- All children deserve to be insured and to receive care when they need it

PARENT SURVEYS

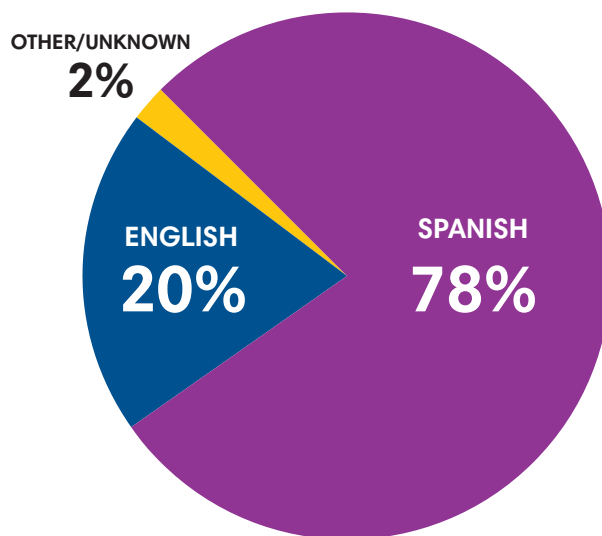
Based on data learned in the stakeholder interviews and focus groups with parents, the Health Advocacy Project designed a survey in Spanish and English to gather information that would help us better understand some of the issues affecting children's retention of health insurance. During November 2014 to January 2015, the survey was piloted with 18 parents, revised and then implemented with 582 Latino parents in LA County.

Demographics of Survey Respondents

Among 582 parents surveyed, almost all parents (96%) reported at least 1 child between 0–5 years, 96% of parents were women and 86% were between the ages of 21–40 years. Twenty percent (20%) of parents surveyed were native-born and 80% were foreign born; 63% were born in Mexico. Most parents surveyed (78%) prefer to receive their health information in Spanish (Figure 1).

Almost all parents surveyed (91%) had at least one child enrolled in the Medi-Cal program. Forty percent (40%) of parents say that their families are covered by only one plan while 47% of families receive their health coverage from 2 different plans, and 6% of families receive their health coverage from 3 or more plans. Eight percent (8%) of parents reported at least 1 uninsured child in their family. Parents surveyed represented the Service Planning Areas (SPAs) as follows: SPA 2 (22%), SPA 4 (56%), SPA 7 (13%); a combined 9% of parents were from SPAs 3, 6 and 8.

FIGURE 1: PREFERRED LANGUAGE TO RECEIVE HEALTH INFORMATION (N=582)



Knowledge of Benefits and Services

Almost three-quarters of parents surveyed (67%) say they understand the benefits and services covered by their children's health program/medical insurance plan "more or less" (46%) or "only a little" (21%). More parents who prefer English understand their benefits (45%) compared to 27% of parents who prefer Spanish.

Very few parents (10%) "really know how" to utilize the covered benefits and services. More parents who prefer English (36%) understand how to use them than parents who prefer Spanish (24%). More parents who prefer Spanish (29%) say they know how to use them "only a little bit" or "not at all" compared to 19% of parents who prefer English.

Coverage Retention

Focus groups with 46 Latino parents in LA County found that health coverage provides “peace of mind” and coincides with their values for ensuring their children’s health. Nevertheless, many parents reported firsthand experience losing health coverage for their children and being unable to access care when they needed it. These data were confirmed in our survey: 34% of all parents surveyed report at least one of their children has lost health coverage at least once (Figure 2). There appears to be no significant difference in responses among parents based on language preference: 33% of parents who prefer to receive their health information in Spanish reported lost coverage compared to a 37% coverage loss rate among parents who prefer to receive their health information in English.

Similar to our focus group findings, parents whose child(ren) lost coverage at least once more frequently attribute the loss in coverage to confusion about the application or enrollment process, errors by the health program/medical insurance plan, and difficulty getting questions answered rather than individual/family barriers such as language, income fluctuations or address changes (Table 1).

Submitting the Application

Almost three-quarters of parents surveyed (70%) had enrolled their child(ren) in a health program or medical insurance plan within the past three years; 33% enrolled their children less than 1 year ago. Parents indicate that they prefer in-person methods to submit their applications: 36% of parents submitted their application at a Medi-Cal/DPSS office and 21% submitted it at a hospital/clinic. Although the internet may be the wave of the future, only 2% of parents say they would prefer to submit the application online/ via the internet. Contrary to the focus group findings, the last time parents in this survey enrolled their child(ren) in a health program or insurance plan, 93% report that they were assisted by someone who spoke their “preferred language.”

FIGURE 2: LOST COVERAGE (N=582)

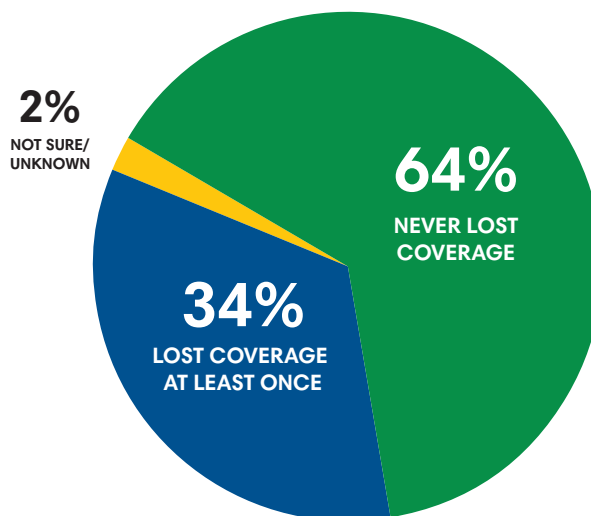


TABLE 1: WHY CHILDREN LOSE COVERAGE (N=195)

CONFUSION ABOUT THE APPLICATION OR ENROLLMENT PROCESS	
I missed the renewal date	27%
I did not know how to turn in the application/ renewal form	24%
I made a mistake on the application/renewal form	23%
ADMINISTRATIVE ERRORS	
Someone lost my application or made a mistake that affected my coverage	21%
I never received a reminder or renewal packet	19%
LACK OF INFORMATION	
My phone calls were never answered	19%
I could never speak directly with someone in my language	12%
INDIVIDUAL/FAMILY BARRIERS	
Our family income increased	11%
I could not provide documents as required	8%

Only 7% of parents surveyed would prefer to submit the renewal of eligibility form online.

Renewal of Eligibility

Almost all parents surveyed (91%) had at least one child enrolled in the Medi-Cal program. Although 65% of parents say they were told they would need to renew their child(ren)'s eligibility each year, 35% say they were never informed or could not remember if they had ever been informed (Figure 3).

Despite complaints about disrespectful treatment, long lines and language access, 23% of parents prefer to visit the Medi-Cal/DPSS office in person to submit their renewal of eligibility forms (perhaps due to a preference for in-person contact or perhaps due to prior experience with lost coverage); 12% of parents would prefer to submit the form to an enrollment counselor at their home. Only 7% want to submit the form online.

Parents say they would prefer to receive reminders about renewals and other important notifications via a letter home (37%) or a phone call to their cell phone (28%). Only 6% want to receive these notifications in an email (Figure 4).

Keeping Children Insured

In our focus groups, parents discussed needing help to complete their application or renewal of eligibility forms. Parents were surveyed about whether they had ever sought help to complete the renewal of eligibility form and, if so, what did they do to get the information they needed, who did they turn to for help, or where did they go. Almost half of parents (42%) confirmed that they had asked for help completing the renewal of eligibility form at least once (22% of parents had never submitted an eligibility renewal form); more parents who prefer Spanish (48%) asked for help than those who prefer English (21%). Among those parents who reported that they had asked for help in the past, 46% went to a social worker's office for information and 35% turned to a family member, neighbor or friend. Only 4%

FIGURE 3: INFORMED ABOUT ANNUAL ELIGIBILITY RENEWAL (N=582)

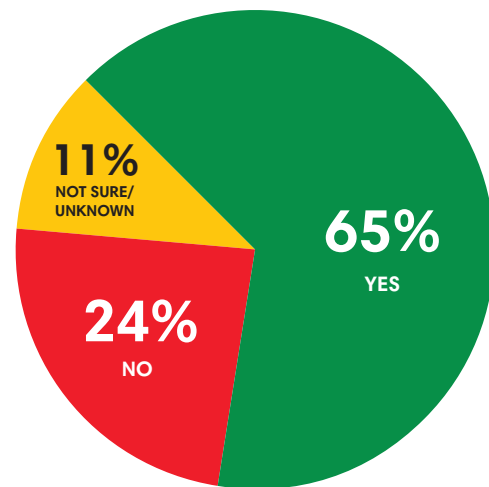
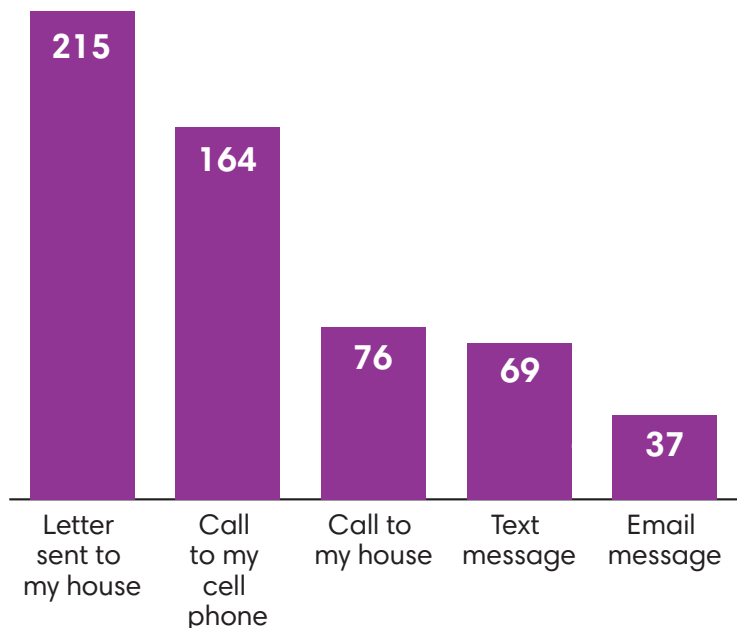


FIGURE 4: PREFERRED METHOD TO RECEIVE REMINDER NOTIFICATIONS (N=582)



of parents reviewed pamphlets or other print materials and even fewer (1%) searched the internet to get the information they needed.

However, data from our survey indicate that parents want information from knowledgeable in-person sources. When we asked all parents to select the 3 actions they would be willing to take if they had a question about their child's health program or medical insurance plan, many more parents (64%) say they would go directly to a social worker's office, call a social worker (59%), or contact someone at the health program or medical insurance plan directly (46%) and only 7% would talk to a family member, neighbor or friend. Twenty-one percent (21%) would talk to a promotor/a or community worker. Only 9% would look at the health plan's website and only 8% would search the internet. In addition, 23% of parents would be willing to attend a workshop or class to learn more about the benefits and services covered by their health plan.

Parents were also asked to choose from a list of 11 options which actions they believed would help them to keep their children insured (Table 2). At least 16 parents wrote in recommendations that eligibility workers receive training and that relationships with

the public be improved by ensuring that staff be more "respectful," "polite," "kind," "cordial" and "professional," and less "rude" and "authoritative." The most common actions parents identified to keep their children insured are provided in Table 2.

Lastly, parents were asked to respond to the following question:

Imagine that there is a community center staffed by community workers, promotoras or other people who speak the language you prefer, who are knowledgeable about health insurance and can answer your questions. How likely would you be to visit this community center to get answers to your questions?

Among 582 parents surveyed, 86% said that they would **definitely** or **almost certainly** visit a community center staffed by knowledgeable, trusted individuals to get information about health coverage for their children in their preferred language (only 1% of parents said that they would probably not or definitely not visit such a center).

TABLE 2: KEEPING CHILDREN INSURED (N=582)

I can speak directly to someone when I have a question about the application	77%
I can attend a workshop/class to learn about the benefits and services	76%
If we lose coverage, for whatever reason, the re-enrollment process is easier	67%
Applications are written in my preferred language	65%
I receive a reminder notice when it is time to renew my child's eligibility	64%
Applications contain wording that is clear and easy to understand	61%
Applications are more clear about the type of documentation accepted	58%
Social workers receive training about updates and changes to programs/plans	58%
There is more flexibility in the way we are required to provide proof of income	57%
All family members can be eligible for the same program/plan	57%
There is a place that can enroll all members of my family into their different programs at the same time	42%

RECOMMENDATIONS

Data from our survey indicate that children's disenrollment and coverage loss appears more likely a result of administrative or systems problems (e.g. complex wording on applications, problems with reminder notifications, confusion about the enrollment process, difficulty getting questions answered) rather than language access (which appears to be confirmed by limited difference in coverage loss rates by language preference) or other individual or family reasons.

In order to improve health coverage retention for children in LA County and to address some of the difficulties parents experience with the enrollment process, Visión y Compromiso proposes the following policy and systems changes:

In-person contact is important at every step of the process from asking questions and submitting the application to completing the annual renewal of eligibility form. People want a place to take their questions—a place where they feel comfortable, respected and where their language access and other concerns are met. This appears to be even more important for parents who prefer to receive their health information in Spanish.

- Ensure that health programs and medical insurance plans provide a reliable telephone answering system for parents to contact a trained, knowledgeable and trusted individual when they have a question with their application or about their coverage.
- Establish neighborhood-based centers staffed by trained, knowledgeable and trusted individuals who are professional and can assist parents with their applications and answer their questions in the language that they prefer.

Applications, reminders and general information related to children's health coverage should be written in language that is clear, easy to translate and easily understood.

- Improve office management and decrease social workers' caseloads to improve the efficiency of Medi-Cal/DPSS offices and reduce the number of errors resulting in lost coverage.
- Improve staff supervision and cultural competency of office staff.
- If children lose coverage, for whatever reason, ensure that the re-enrollment process is easier.

Parents prefer to receive notifications and reminders about their health program or medical insurance plan that are mailed to their home or with a phone call to their cell phone, rather than in an email.

- Clarify instructions about the annual renewal process, including due dates, at the time that parents submit their application and ensure that all parents are informed.
- Parents should be able to specify how they want to be notified with reminders and other communications related to their children's health program or medical insurance plan including a process for keeping their personal information updated.

Increase education about health insurance to promote a culture of coverage, increase awareness about how health insurance works and improve utilization of benefits and services, including preventive care.

- Offer community-based workshops/classes in both English and Spanish, led by trained and trusted individuals who can share information to help parents learn more about health coverage options, coverage retention and how to use the benefits and services covered by their children's health program or medical insurance plan.

In addition, the Health Advocacy Project established a Community Advisory Group and an Advisory Board, which has begun the process of reviewing these data and will identify additional areas to develop policy and administrative recommendations that may improve coverage retention for Latino children 0–5 and their families. These recommendations will be presented in a future report.

Visión y Compromiso™

Established in 2000, Visión y Compromiso provides support and capacity building to promotores de salud and community health workers (CHWs) in order to improve outcomes for underrepresented and vulnerable communities. Our Network of Promotoras and Community Health Workers provides a solid constituency of 4,000 promotores and CHWs who are from the community, work in the community, and have a relationship of trust with the community.

To this day, our organization strives to address the following issues identified in 2002 by promotores and CHWs as their key priorities:

- Sobrevivencia, survival issues associated with caring for families, is our community's number one priority and takes precedence over health and other individual concerns.
- Promotores and CHWs want legitimacy for their work as volunteer or paid persons who are local resources and experts in their communities.
- Allied agencies with whom promotores and CHWs are affiliated as volunteers or staff need ongoing support to continue their support for and full integration of the Promotor Model.
- Promotores and CHWs want collective representation by a network that will advocate for their self-defined needs and interests. In this way, the Network of Promotoras and Community Health Workers was initiated.

Working in close collaboration with state policy makers, local leaders, health and social service providers, employers, unions, community groups, and other public and private entities, Visión y Compromiso represents the interests of promotores and CHWs, advocates for the respectful and relevant integration of the Promotor Model, and seeks to build consensus on targeted issues that affect promotores, CHWs and the communities they represent. These issues include promotores' training needs, career and workforce development, legitimacy concerns, remuneration, statewide certification, access to local and statewide resources (including funding), and relevant issues such as immigration, education and health.

For more information on Visión y Compromiso, please visit our website:
<http://www.visionycompromiso.org>.

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