

Covered California

Addressing Health Equity and Health Disparities

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SUMMARY

Covered California is committed to “walking the talk” articulated in its mission and values related to promoting health equity and reducing health disparities in all functional areas of the organization. The purpose of this background brief is to outline Covered California’s principles and to describe some of the policies and actions that are being developed and implemented to further Covered California’s goals in this critical area. It is also intended to foster ongoing discussion and consideration of additional policies and strategies that Covered California may consider to enhance health equity and reduce health disparities. This background brief highlights principles, policies and actions that align with the promotion of health equity in the following functional domains:

1. Plan management;
2. Marketing, outreach and enrollment assistance;
3. Eligibility and enrollment;
4. Research and evaluation planning; and
5. Stakeholder engagement.

The roster of principles, policies and actions that follows is not comprehensive, but provides example activities in each of these functional domains. Covered California is a work in progress, and the examples that follow are intended to highlight our approaches to address health equity and health disparities. This brief is intended to inform and foster our ongoing dialogue with stakeholder partners to build on our approaches to addressing health equity and health disparities. This brief has been informed by key work in this area, which is listed at the end of the document under References. In addition, many of the examples that follow have been informed by stakeholder input throughout the development of Covered California and we look forward to additional input in response to this brief as noted on page eight.

BACKGROUND

This background brief provides an overview of the principles, policies and actions planned by Covered California to promote health equity and reduce health disparities. Health equity is attainment of the highest level of health for all people. Achieving health equity requires the elimination of health and healthcare disparities. A health disparity is a particular type of health difference that is closely linked with social or economic disadvantage. As articulated by the National Partnership for Action to End Health Disparities, health disparities adversely affect groups of people who have systematically experienced greater social and/or economic obstacles to health and/or a clean environment based on factors including their racial or ethnic group; socioeconomic status; gender; age; mental health; cognitive or physical disability; sexual orientation; or geographic location.

Health disparities result from a variety of factors known as determinants of health that include social determinants; behavioral determinants; environmental determinants; and biologic and genetic determinants. Included within social determinants is the health care system, which Covered California has the opportunity to influence through expanded health coverage,

increased access to health care service, and availability of affordable, high-quality health plans. Monitoring and addressing health disparities will be critical to Covered California's success in ensuring equitable access to expanded coverage and care for the its diverse eligible population. The Covered California board has identified addressing health equity as core elements of the organization's mission and values.

The mission of Covered California is to increase the number of insured Californians, improve health care quality, lower costs and reduce health disparities through an innovative, competitive marketplace that empowers consumers to choose the health plan and providers that give them the best value.

Covered California is guided by six primary values, three of which speak to health disparities, but all of which touch upon this important goal:

- **Consumer-focused:** At the center of Covered California's efforts are the people it serves, including patients and their families and small business owners and their employees. Covered California will offer a consumer-friendly experience that is accessible to all Californians, recognizing the diverse cultural, language, economic, educational and health status needs of those we serve.
- **Catalyst:** Covered California will be a catalyst for change in California's health care system, using its market role to stimulate new strategies for providing high-quality, affordable health care, promoting prevention and wellness and reducing health disparities.
- **Results:** Covered California will be measured by its contributions to expanding coverage and access, improving health care quality, promoting better health and health equity and lowering costs for all Californians.

PLAN MANAGEMENT AND DELIVERY SYSTEM REFORM

Covered California will contract with qualified health plans (QHPs) to provide coverage to the more than two million Californians who are projected to enroll in Covered California. Covered California adopted [policy guidelines](#) to inform the selection and oversight of QHPs which will begin to provide coverage on January 1, 2014. The following guidelines are directly related to ensuring health equity and reducing health disparities:

- **Assure access to quality care for individuals with varying health statuses and conditions.** Covered California will ensure that plan designs, provider network and access standards promote access to care based on patients' needs, health status and individuals characteristics, including but not limited to sexual orientation and including the desire to promote continuity of care for individuals that may move between coverage types (e.g., Medi-Cal, individual or employer-based coverage). QHP evolution options include the following:
 - Meaningful access and timeliness standards;
 - Language and culturally appropriate care to Covered California enrollees;
 - Access to primary care and reduction of health risks;
 - Effective management of chronic conditions;

- Specialty care, including addressing rare and complex conditions; mental health and substance abuse needs; and
- Effective inclusion of safety net community health centers; academic, children's, rural and public hospitals; and a mix of trained health professionals.
- **Reduce health disparities and foster health equity for all Covered California members, taking special circumstances into account in evaluating health disparities.** Staff will consider and evaluate on an ongoing basis the extent to which Covered California policies promote health equity and the reduction of health disparities. In addition, Covered California policies shall assure that QHPs offer a sufficient number of providers with linguistic and cultural competence to serve diverse enrollment.

To assess how health plans are addressing health disparities, Covered California requires the completion of the eValue8 Health Plan request for information to collect data that supports Qualified Health Plan oversight and reporting of plans' quality improvement strategies in accordance with the Affordable Care Act.¹ As part of this information collection, Covered California will initially require QHPs bidders to described initiatives specifically geared at measuring and addressing health disparities as listed below.

- Capture of race/ethnicity, language, or interpreter needs through enrollment forms, health risk appraisals, website registrations, imputation and/or upon call to customer or clinical service lines.
- Capture of race and ethnicity data, and language(s) spoken among plan staff (customer relations), physicians, and physician office staff.
- Use of race, ethnicity, and/or language data to:
 - Identify areas for quality improvement/disease management/ health education/promotion;
 - Assist providers in providing language assistance and culturally competent care;
 - Identify familial risk factors; and
 - Develop disease management or other outreach programs that are culturally sensitive.
- Support of language needs for members includes:
 - Certifying and testing proficiency of bilingual Plan staff and interpreters; and
 - Providing patient education materials in different languages.

In future years, Covered California looks forward to using this information to work with QHPs for improvement and QHP bidders may be scored based on this and other eValue8 responses.

In addition to the health plan selection activities list above, Covered California will include contract provisions that address health disparities. Examples of these provisions include:

- Non-discrimination requirements;

¹ The eValue8 Health Plan RFI is sponsored nationally by the National Business Coalition on Health and is fielded annually across the country by regional employer coalitions with approximately 70 health plans responding nationally. It incorporates health plan accreditation status, HEDIS and CAHPS performance while also seeking to measure the utilization, spread and impact of various health plan programs

- Availability of interpreters and translation;
- Availability of culturally and linguistically appropriate communications to enrollees;
- Use of information gathered through eValue8 to address disparities in health status and utilization; and
- Use of health disparities data in combination with enrollee health assessment information to target reduction of disparities.

As part of the plan management process, Covered California will work with its key stakeholders to seek input and refinement of strategies for promoting quality and value, including the development of strategies to collect race and ethnicity information to support assessment and reduction of disparities in care.

MARKETING, OUTREACH AND ENROLLMENT ASSISTANCE

Beginning in 2013, Covered California will initiate a marketing, outreach and enrollment assistance program to make individuals aware of Covered California, facilitate enrollment and encourage retention in coverage. Covered California adopted guiding principles related to [marketing, outreach and enrollment assistance](#), among those that are specifically aimed at ensuring effective outreach to the diverse eligible populations are:

- Consider where eligible populations live, work and play. Select tactics and channels that are based on research and evidence of how different populations can best be reached and encouraged to enroll and, once enrolled, retain coverage.
- Marketing and outreach strategies will reflect and target the mix and diversity of those eligible for coverage.
- Establish a trusted statewide enrollment assistance program that reflects the cultural and linguistic diversity of the target audiences and results in successful relationships and partnerships among assisters serving state affordable health insurance programs.

The Covered California marketing, outreach and education effort is a multi-faceted and multi-phase initiative that includes six major components: research, creative, collateral material, social media, paid media and community mobilization. Covered California will work to ensure our strategy and implementation in each dimension reflects the need to build in considerations of how we are effectively reaching the diverse populations we seek to serve. Examples in each component of the marketing effort follow:

- **Research:** Focus groups and market tracking surveys have been and will continue to be used to test the effectiveness of marketing messages and make necessary adjustments. Focus groups and surveys will be structured to encompass the diversity of California and conducted in multiple languages to understand differences in effectiveness by race and ethnicity.
- **Creative engagement:** This category is comprised of strategy and planning and creative development to support the marketing, outreach and education efforts for Covered California. The creative design and development communications materials including radio, newspaper and magazine ads will target to reach diverse eligible communities.

- **Collateral material:** Covered California will produce collateral material to educate potentially eligible individuals about coverage options. Based on the research and creative work described above, educational materials will be developed in at least the thirteen Medi-Cal threshold languages to help raise awareness, increase understanding and motivate action.² All materials will be culturally and linguistically relevant and easy to understand (to address literacy and health literacy issues).
- **Social media:** Covered California will establish a social media campaign which will include a multi-lingual text message response feature.
- **Paid media:** The media campaign will be designed to reach broad and targeted audiences in urban and rural markets across the state, targeted based on their specific relevance and usage by different target groups.
- **Community Mobilization:** Covered California will have a multi-faceted marketing, public relations and grassroots approach to reach the uninsured and inspire people to enroll in affordable healthcare plans. Community mobilization efforts will include an outreach and education grant program and an Assisters program that will provide community-based in-person enrollment assistance. The Statewide Marketing, Outreach & Education Program completed in June 2012 provides the framework for the community mobilization effort. In particular, the report describes the importance of:
 - Multi-cultural planning and conducting events and outreach targeted and specific to Latinos, Asian and Pacific Islander, African American, Native American Indians, and other populations with limited English proficiency.
 - Multi-geographical planning for California's diverse regions, including rural areas.
- The outreach and education grant program and Assisters program will strive to recruit organizations that represent California's diverse communities. Organizations will reflect the mix and diversity of the eligible population.
- To eliminate enrollment barriers, Covered California will strive to ensure that the network of grantees and assisters include organizations that have access to California's diverse target markets, including limited English proficiency, newly eligible populations, and rural areas.

ELIGIBILITY AND ENROLLMENT

Covered California's enrollment goals are large and reflect the goal of having at least 70% of those eligible for subsidies enrolled within five years. By the end of the first year of operations alone, we aim to have 1.4 million Californians enrolled in subsidized and non-subsidized coverage purchased through Covered California. Maximizing enrollment will require a streamlined "no wrong door" approach to eligibility and enrollment that provides a consistent user experience at all entry points and for all populations regardless of race or ethnicity, language spoken or region of the state. Covered California is designing an eligibility and enrollment portal, known as the California Healthcare, Eligibility, Enrollment and Retention

² The 13 Medi-Cal threshold languages are: English, Spanish, Vietnamese, Chinese, Korean, Tagalog, Russian, Armenian, Khmer, Arabic, Farsi, Hmong and Laos.

System (CalHEERS), to provide a single point of entry for insurance affordability programs including Covered California and Medi-Cal. System goals include:

- Providing culturally and linguistically appropriate enrollment services and systems;
- Seamless Program Transitions between state-subsidized and Covered California; and
- Minimal consumer burden.

Individuals will be able to apply for coverage online, by mail, by phone or in-person. The paper application will be translated into the Medi-Cal threshold languages. For those who apply online, CalHEERS requirements include features to assure language access to the system. When it launches, CalHEERS will present the consumer web portal and the interactive voice response system (IVR), in English and Spanish. By early 2014, all written communications and the IVR system will be expanded based on Medi-Cal threshold languages. Covered California's service center will provide in-language assistance in the Medi-Cal threshold languages as well as on-demand language services translation service covering more than 170 languages. For individuals who need in-person assistance in their communities, CalHEERS will provide functionality that will allow consumers the ability to identify enrollment assisters near them.

California will use a federally-approved single, streamlined application to determine eligibility and collect information that is necessary for enrollment in a QHP for the individual Exchange and for other state-administered coverage programs such as Medi-Cal. The application will collect a variety of data elements needed to make eligibility assessments. Additional data elements will include demographic factors such as race and ethnicity and spoken language. While these data elements will be a part of the application, in accordance to federal regulations, consumers will not be required to provide this information when applying for coverage. Following the release of the federal model application, Covered California will seek stakeholder input on application data elements and other options for collecting demographic data.

Finally, beginning in 2014 Covered California will monitor and regularly report on enrollment by a range key elements that could include:

- Race/Ethnicity
- Language
- Gender
- Region (e.g., specific counties, urban, suburban, rural)

RESEARCH AND EVALUATION

Covered California is engaged in a variety of research and evaluation efforts to understand the eligible population and prepare to measure the impacts of Covered California on our diverse enrollees.

Covered California has worked closely with researchers at the University of California over the last year to understand the demographics of Californians who are eligible for and likely to purchase coverage through Covered California. The University's California Simulation of

Insurance Markets (CalSIM), a California-centric, micro-simulation model that estimates the effects of the Affordable Care Act on the enrollment of individuals in insurance coverage, has provided Covered California with eligibility and enrollment estimates by race and ethnicity, income, age, gender, region, English proficiency and current insurance status. These data are used throughout the organization to inform marketing, outreach and plan contracting strategies to ensure that resources are targeted to the areas of highest need.

In order to guide the development of Covered California's statewide marketing and outreach campaign, a total of 420 one-on-one, in-depth, qualitative interviews were conducted in October and November 2012. Interviews were held around the state in Los Angeles, Costa Mesa, San Francisco, Long Beach, and Fresno and they were conducted in 11 languages in addition to English. English language participants were divided into a general market segment and an African American segment. Language segments were selected to cover the general population, the African American and Spanish speaking population and each of the additional 11 threshold languages of California's Medi-Cal program.

In addition to supporting research on potential enrollees, Covered California is developing an evaluation plan that will allow measurement of effectiveness in achieving the mission and vision of Covered California. In November 2012, Covered California shared a set of draft [evaluation principles](#) for stakeholder comment that includes identifying disparities in access, utilization and quality.

The evaluation plan will assess outcomes across three key domains: (1) Covered California objectives, (2) intended Covered California outcomes; and (3) intended long-term system impacts. Through evaluation, Covered California will assess the success of the objectives (including increasing coverage, improving affordability, contracting with high-quality health plans, and increasing consumers' understanding and knowledge of coverage), in contributing to achievement of its mission to increase access to affordable, high-quality care and to broader health system reform including better quality care, improved health and lower system cost. The evaluation plan will assess disparities across all domains. Subject to availability of data, key comparison groups that could be used to assess disparities include the following:

- Race/Ethnicity
- Language
- Gender
- Region (e.g., specific counties, urban, suburban, rural)
- Educational attainment
- Sexual orientation
- Income

STAKEHOLDER ENGAGEMENT

In September 2012, the Covered California Board adopted a stakeholder engagement [plan](#) that describes the variety of engagement opportunities designed to encourage broad participation by Covered California's diverse stakeholders. Opportunities include public Board meetings held

around California and the availability of translation services for public comment; webinar and phone participation options for Board and stakeholder meetings to provide for participation by individuals around the state; and topic-specific meetings that are held around the state with a diverse array of participants. The stakeholder engagement plan also includes the establishment in 2013 of topic-specific stakeholder advisory groups on plan management and delivery system reform; marketing, outreach and enrollment assistance; and the Small Business Health Options Program (SHOP). Covered California committed to selecting advisory group members that represent California's cultural, geographic and economic diversity to ensure that policies and actions are informed by a broad range of perspectives.

INPUT SOLICITED

Input is welcome on the principles, policies and actions outlined above as well as additional actions for consideration by Covered California. Please send input to info@hbex.ca.gov or continue to engage.

We believe that central to being able to address health equity and disparities is for Covered California itself to have on its team – including staff, consultants and formed advisory member participants – individuals who bring a life experience and perspective that will help assure our sensitivity and focus to addressing the needs of our diverse state.

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