



TRACKING TRENDS IN HEALTH SYSTEM PERFORMANCE

SEPTEMBER 2014

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For more information about this brief, please contact:

Michelle M. Doty, Ph.D.
Vice President, Survey Research
and Evaluation
The Commonwealth Fund
mmd@cmwf.org

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Commonwealth Fund pub. 1775
Vol. 26

Catching Up: Latino Health Coverage Gains and Challenges Under the Affordable Care Act

Results from the Commonwealth Fund Affordable Care Act Tracking Survey

Michelle M. Doty, Petra W. Rasmussen, and Sara R. Collins

Abstract For decades, Latinos have had the highest uninsured rates of any racial or ethnic group in the United States. Less than one year after the Affordable Care Act's health insurance marketplaces opened for enrollment, the overall Latino uninsured rate dropped from 36 percent to 23 percent, according to the Commonwealth Fund Affordable Care Act Tracking Survey, conducted April 9 to June 2, 2014. However, the high uninsured rate among Latinos in states that had not expanded their Medicaid program at the time of the survey—33 percent—remained statistically unchanged. These states are home to about 20 million Latinos, the majority of whom live in Texas and Florida.

OVERVIEW

For decades, the proportion of Latinos ages 19 to 64 lacking health insurance has stood at one-third or more.¹ The Affordable Care Act is likely to change that significantly. By 2016, an estimated 5.4 million nonelderly Latinos across the United States are expected to have gained coverage because of the health reform law.² But, this will largely depend on whether all states act to expand Medicaid to poor uninsured adults and whether Latinos who are eligible for the law's new coverage options enroll in them.

According to the U.S. Department of Health and Human Services, so far more than 403,000 Latinos have gone to a federally run insurance marketplace and selected a private health plan.³ This figure, however, does not include Latinos who enrolled through state-run marketplaces, nor does it include those who chose not to provide their race/ethnicity when applying for coverage. Thus, the actual number of Latinos enrolled in a marketplace plan or Medicaid is not yet known.⁴

Findings from the Commonwealth Fund Affordable Care Act Tracking Survey, first reported in July 2014, offer a window into Latinos' coverage experiences in the first year the new health insurance options went into effect.⁵ In this issue brief, we highlight survey results for Latinos who shopped for a new marketplace plan or enrolled in Medicaid as well as those who are eligible for subsidized coverage or Medicaid but remain uninsured. (For information about how the survey was conducted, see [page 14](#).)

SURVEY FINDINGS

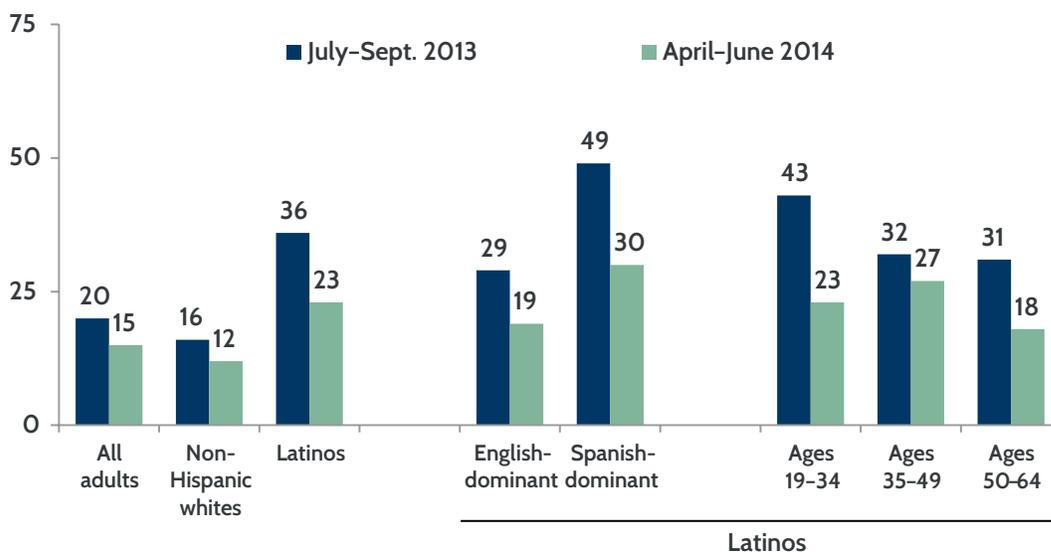
Uninsured rates declined significantly for Latino adults during the Affordable Care Act's first open enrollment period.

As reported by The Commonwealth Fund in July 2014, the national uninsured rate for all working-age adults dropped from 20 percent in July–September 2013 to 15 percent in April–June 2014, following open enrollment.⁶ Among the groups with the largest coverage gains were Latino adults, whose uninsured rate fell from 36 percent to 23 percent (Exhibit 1).^{7,8} The uninsured rate for young Latino adults (ages 19–34) was nearly halved during this period, from 43 percent to 23 percent, while the proportion of uninsured older Latinos (ages 50–64) also declined significantly.⁹ Recently released federal survey data from the Centers for Disease Control and Prevention's National Health Interview Survey also saw a decrease in the uninsured rate for Latinos ages 18 to 64, from 40.6 percent in 2013 to 35.7 percent in the first quarter of 2014.¹⁰

Latinos who primarily or solely speak Spanish (called Spanish-dominant in this brief) experienced large gains in coverage as well: three of 10 were uninsured at the end of open enrollment, down from nearly five of 10 in July–September 2013.¹¹ Within Latino communities, this group has historically had one of the highest uninsured rates.¹²

Exhibit 1. The Uninsured Rate Among Latinos Fell Sharply Between July–September 2013 and April–June 2014, Following the First Open Enrollment Period

Percent of adults ages 19–64 uninsured



Source: The Commonwealth Fund Affordable Care Act Tracking Surveys, July–Sept. 2013 and April–June 2014.

**LATINO HEALTH COVERAGE UNDER THE AFFORDABLE CARE ACT:
WHAT'S CHANGED AND WHAT HASN'T**

Like all other U.S. adults, Latinos who do not have access to an affordable insurance plan through an employer are eligible for coverage under the Affordable Care Act if they are legally present in the United States. The expanded options include private health plans offered through state and federal marketplaces, including subsidies for people with incomes between 100 percent and 400 percent of the federal poverty level, and Medicaid for people with incomes less than 138 percent of poverty.

In states that have not yet expanded eligibility for Medicaid, adults with incomes *above* 100 percent of poverty are eligible for subsidized private plans. But those with incomes *below* that threshold—the poorest of the poor—are not eligible for any subsidized coverage options. This is because Congress did not anticipate the U.S. Supreme Court's ruling that made the law's Medicaid expansion an option for states. However, the Affordable Care Act provides that all legal immigrants who are in the five-year waiting period for Medicaid (a rule that predates the law) are eligible for subsidized private plans sold in the marketplaces.

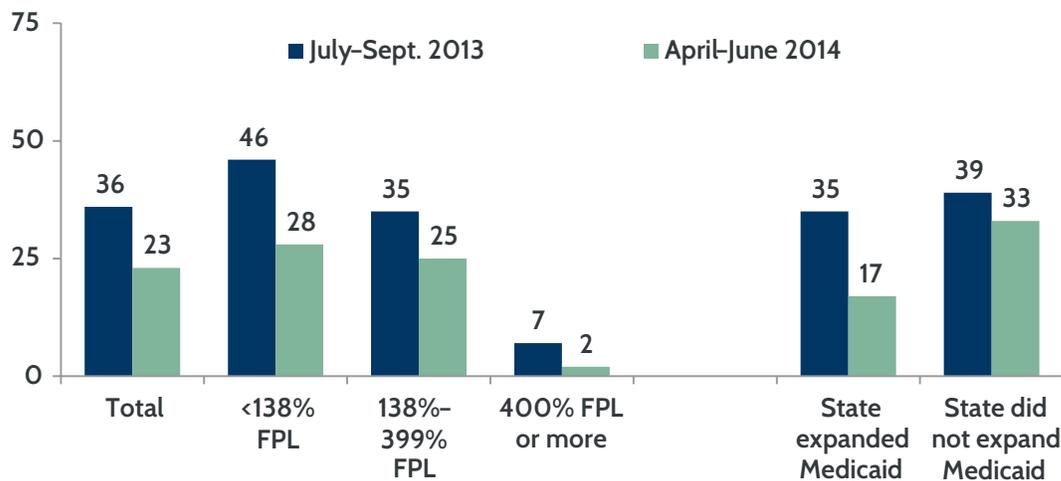
Undocumented immigrants remain ineligible for Medicaid, as well as for marketplace coverage. According to Commonwealth Fund survey data, as of June 2014, 16 percent of Latinos who remained uninsured may be ineligible for the law's coverage expansions because of their immigration status (see Exhibit 7). For these families, having the option to buy individual insurance plans outside the federal and state marketplaces will remain critical.

Latinos with low incomes have benefited the most, but poor Latinos living in states that have not expanded Medicaid may have no affordable coverage options.

Looking across income groups, the uninsured rate declined most sharply for Latinos who were eligible for subsidized private coverage or for Medicaid (Exhibit 2). Among Latino adults with incomes under 138 percent of the federal poverty level (\$15,856 for an individual and \$32,499 for a family of four),

Exhibit 2. The Greatest Decline in the Uninsured Was Among Latinos with Low Incomes; One-Third of Latinos Remained Uninsured in States That Did Not Expand Medicaid

Percent of Latino adults ages 19–64 uninsured



Notes: FPL refers to federal poverty level. April-June 2014 sample of Latinos with incomes 400 percent of poverty or more is small, n=76. Expanded Medicaid: States that began enrolling individuals in Medicaid in April 2014 or earlier, including AR, AZ, CA, CO, CT, DE, HI, IA, IL, KY, MA, MD, MI, MN, ND, NJ, NM, NV, NY, OH, OR, RI, VT, WA, WV, and the District of Columbia. All other states were considered as not expanding. Source: The Commonwealth Fund Affordable Care Act Tracking Surveys, July-Sept. 2013 and April-June 2014.

the uninsured rate dropped from 46 percent to 28 percent.¹³ Among those with incomes between 138 percent and 399 percent of poverty (\$45,960 for an individual and \$94,200 for a family of four), the uninsured rate fell from 35 percent to 25 percent.¹⁴

However, Latinos' coverage gains were associated with where they lived. In the 25 states that, along with the District of Columbia, had chosen to expand their Medicaid programs and begun enrolling beneficiaries by April 2014, the uninsured rate for Latino adults declined from 35 percent to 17 percent.^{15,16} In contrast, the uninsured rate for Latinos living in states that had not expanded their Medicaid programs was statistically unchanged at 33 percent.

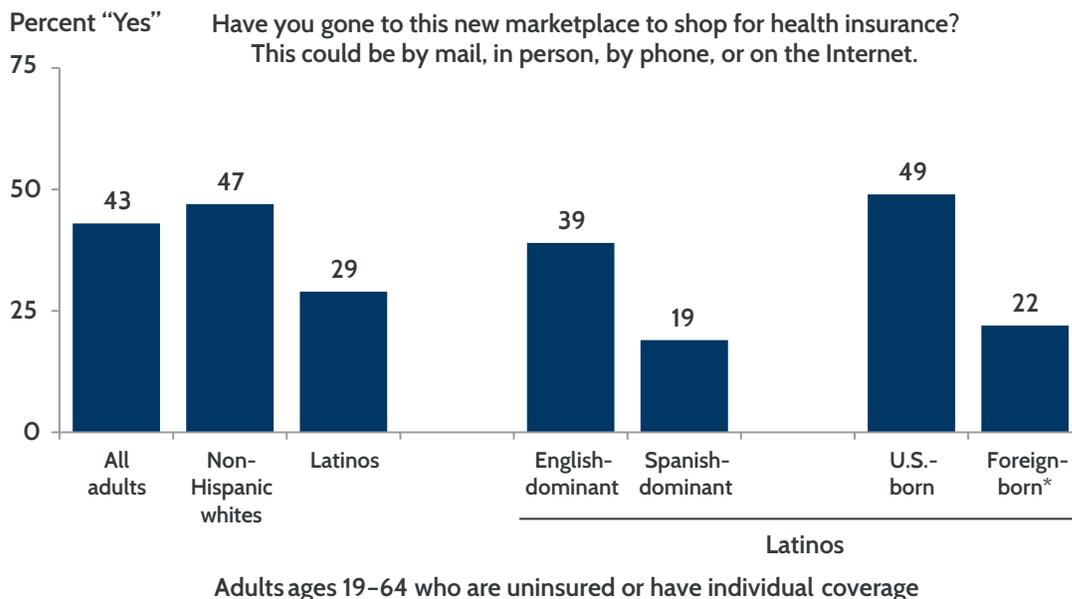
The U.S. Department of Health and Human Services estimates that about 2 million uninsured Latinos have incomes that would make them eligible for Medicaid but live in states that declined to take the federally funded option to expand the program.¹⁷ These states are home to about 20 million Latinos, about 14 million of whom reside in Texas or Florida.¹⁸

Latinos were significantly less likely than non-Hispanic whites to visit the marketplace.

During the Affordable Care Act's first open enrollment period, people across the country who lacked access to affordable employer-based coverage could shop for coverage in health insurance marketplaces and apply for financial assistance to help pay their premiums and reduce their cost-sharing. Applicants also were able to find out if they were eligible for Medicaid. The survey found that by the end of open enrollment, 43 percent of all adults potentially eligible for coverage—those who were uninsured or had individual coverage purchased directly from an insurer—had visited the marketplace (Exhibit 3).

Latinos were significantly less likely than non-Hispanic whites to have gone to the marketplaces to shop for coverage for which they were potentially eligible; three of 10 Latinos (29%) who were uninsured or had individual coverage visited the marketplaces, compared with nearly half

Exhibit 3. Latino Adults Who Were Potentially Eligible for Coverage Were Less Likely Than Potentially Eligible Non-Hispanic Whites to Have Visited a Marketplace by the End of Open Enrollment



* Foreign-born, but U.S. citizen or permanent resident. Sample size for foreign-born Latinos potentially eligible for coverage was small, n=97. Source: The Commonwealth Fund Affordable Care Act Tracking Survey, April–June 2014.

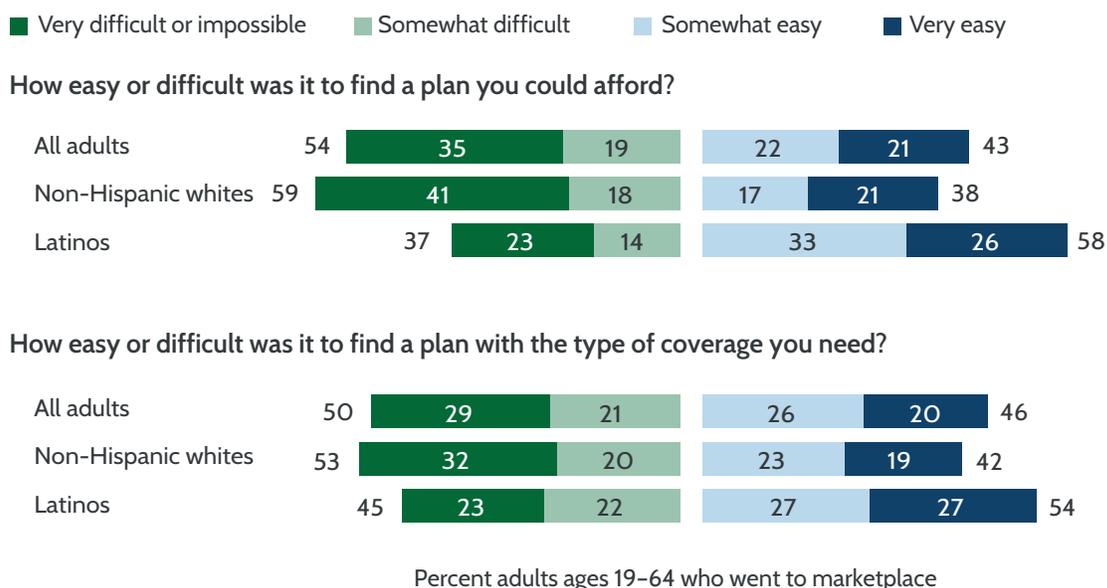
non-Hispanic whites (47%). And among Latinos, there were stark differences in marketplace visits between foreign-born U.S. citizens or legal residents (22%) and those born in the United States (49%).¹⁹

Language barriers were also an obstacle for many Latinos. The Spanish language website for the federal marketplace, CuidadoDeSalud.gov, was significantly delayed in its launch and had serious issues with functionality and translation in the first few months of operation, but repairs and improvements have been made.²⁰ Similarly, states running their own marketplaces struggled to get their Spanish-language websites functioning on the same timeline as the English-language sites.²¹ The survey found that Latinos who predominantly speak Spanish visited the marketplaces at half the rate of those who primarily speak English.

Latinos were more likely than non-Hispanic whites to find a plan they could afford.

Once Latinos visited the marketplace, they were significantly more likely than non-Hispanic whites to report they found it very or somewhat easy to find a plan that they could afford (Exhibit 4). Among those visiting the marketplaces, nearly six of 10 Latinos (58%) said it was easy to find a plan they could afford, compared with just 38 percent of non-Hispanic whites. Differences in plan affordability as reported by survey respondents are likely explained, at least in part, by differences in income between the two groups. A recent Commonwealth Fund study found that among marketplace visitors, low-to-moderate-income adults who likely qualify for Medicaid or premium subsidies for marketplace plans were more likely to say it was very or somewhat easy to find an affordable plan than were adults with higher incomes.²² Latinos also reported at higher rates than non-Hispanic whites that they were able to easily find a plan with the type of coverage they needed (54% vs. 42%), but these differences were not statistically significant.

Exhibit 4. Latinos Who Visited the Marketplace Found It Easy to Find a Plan They Could Afford and a Plan with the Type of Coverage They Needed

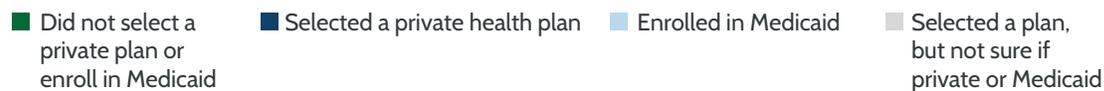


Note: Bars may not sum to 100 percent because of “don’t know” responses or refusal to respond; segments may not sum to subtotals because of rounding.
 Source: The Commonwealth Fund Affordable Care Act Tracking Survey, April–June 2014.

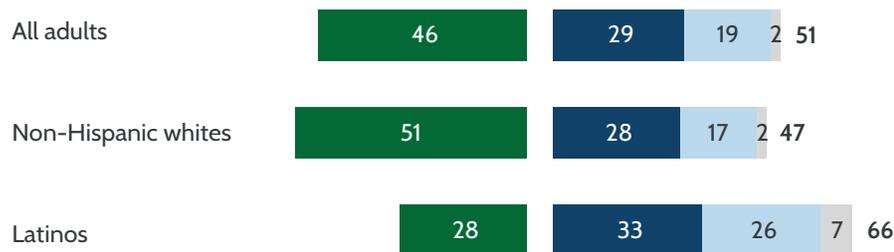
Latinos were more likely than non-Hispanic whites to enroll in new coverage, and most Latino enrollees had previously been uninsured.

Among people who visited the marketplaces, Latinos were more likely than non-Hispanic whites to enroll in health coverage (Exhibit 5). A large majority of Latino marketplace visitors (66%) enrolled in Medicaid or selected a private plan, compared with less than half of non-Hispanic white marketplace visitors (47%).²³ The Affordable Care Act's eligibility thresholds for subsidized marketplace coverage may partly explain the differences between Latinos and non-Hispanic whites: 21 percent of non-Hispanic white marketplace visitors had incomes exceeding 400 percent of poverty, above the allowable income limit for premium subsidies, compared with only 3 percent of Latino marketplace visitors (data not shown). Nearly seven of 10 Latinos (68%) who enrolled in coverage during the first open enrollment period had previously been uninsured (Exhibit 6).

Exhibit 5. When They Visited the Marketplace, Latinos Were More Likely Than Non-Hispanic Whites to Select a Health Plan or Enroll in Medicaid



Did you select a private health plan or enroll in Medicaid through the marketplace?



Percent adults ages 19–64 who went to marketplace

Note: Bars may not sum to 100 because of “don’t know” responses and refusals; segments may not sum to indicated total because of rounding. This question was only asked of those individuals who said they had visited a marketplace. More people may have enrolled in coverage through Medicaid or a qualified health plan outside of the marketplace.

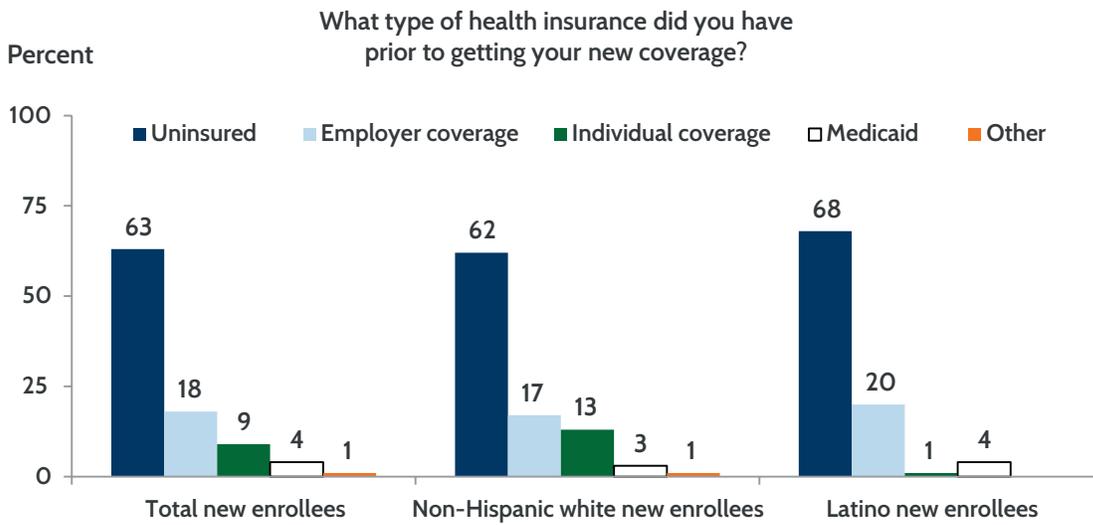
Source: The Commonwealth Fund Affordable Care Act Tracking Survey, April–June 2014.

Latinos who remain uninsured after the first open enrollment period tend to be younger and have lower incomes.

With the second enrollment period approaching, the survey findings indicate that more work will be needed to help the remaining uninsured enroll in the coverage they qualify for, whether it is subsidized marketplace coverage or Medicaid. The majority of Latino adults who are still uninsured are generally young and poor: 80 percent are between the ages of 19 and 49, and four of 10 are under 35 (Exhibit 7). Six of 10 uninsured Latinos, meanwhile, have incomes below 138 percent of poverty, which makes them potentially eligible for Medicaid coverage—provided their state expands eligibility for the program. However, 58 percent of these low-income uninsured Latinos live in states that had not expanded their Medicaid program by April 2014 (data not shown).

The majority of Latinos who remain uninsured are potentially eligible for the health reform law’s coverage options, at least based on their residency status. Thirty-five percent were born in the

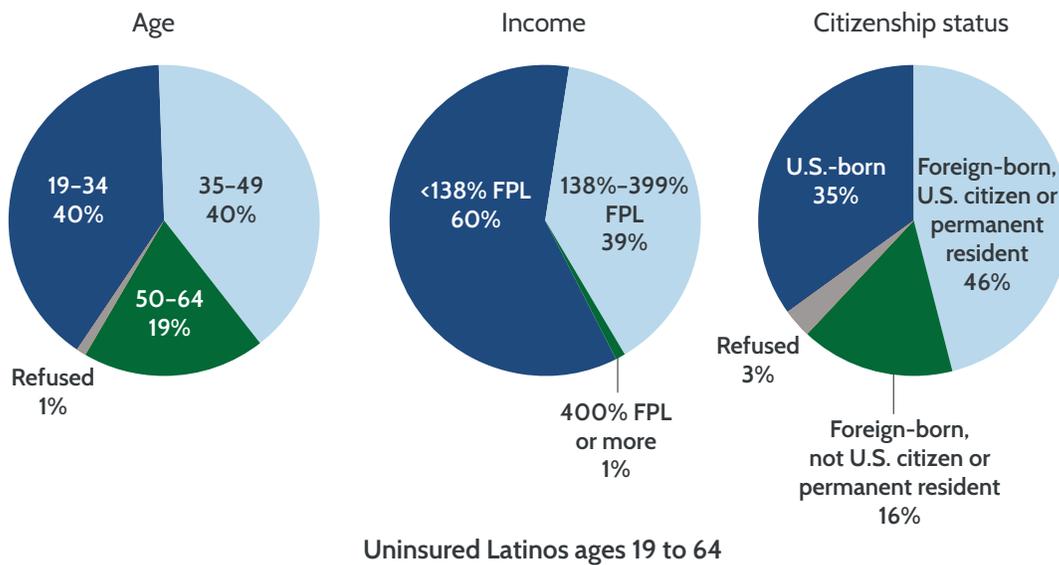
Exhibit 6. Nearly Seven of 10 Latino New Enrollees Were Previously Uninsured



Adults ages 19–64 who selected a private plan or enrolled in Medicaid through marketplace or have had Medicaid for less than 1 year

Source: The Commonwealth Fund Affordable Care Act Tracking Survey, April–June 2014.

Exhibit 7. At the End of Open Enrollment, Two of Five Remaining Uninsured Latinos Were Under Age 35 and Almost All Were Low-Income



Notes: FPL refers to federal poverty level. Segments may not sum to 100 percent because of rounding.
Source: The Commonwealth Fund Affordable Care Act Tracking Survey, April–June 2014.

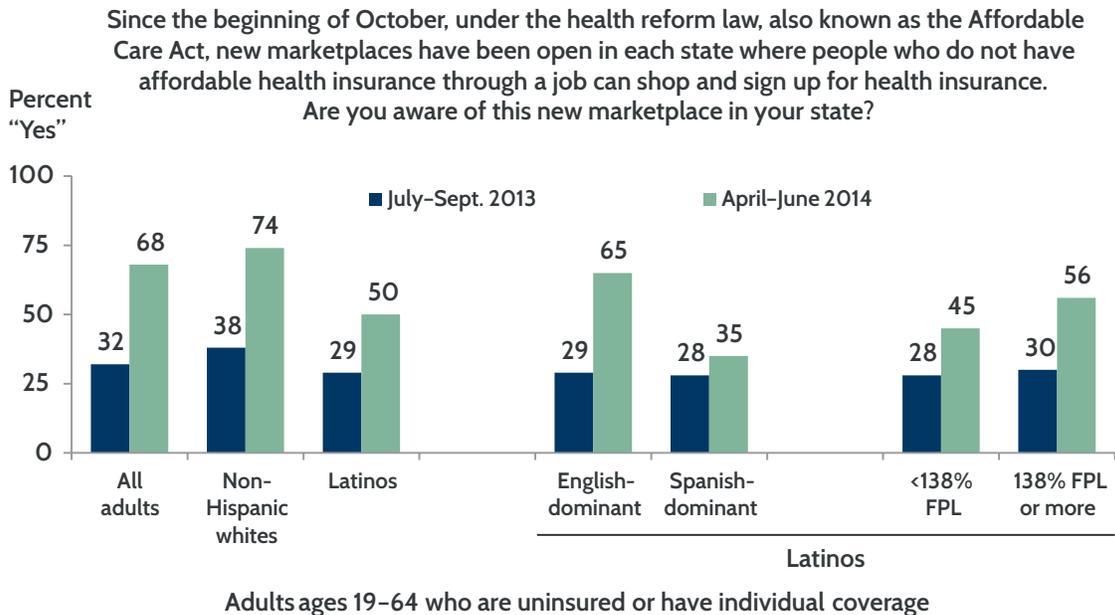
United States, and 46 percent are foreign-born but report being either a U.S. citizen or a permanent resident. About 16 percent of uninsured Latino adults may not be eligible for coverage because of their immigration status.

Awareness of the health insurance marketplaces has increased over time but remains lower among Latinos who primarily speak Spanish.

The U.S. Department of Health and Human Services, state marketplaces, private foundations, and community organizations have made considerable efforts to educate Latinos about the Affordable Care Act and encourage them to sign up for health insurance.²⁴ The survey findings show, however, that lack of awareness about the new coverage options poses a significant barrier. Although awareness increased among Latinos throughout the enrollment period, only half of potentially eligible Latino adults knew of the marketplaces by the end of open enrollment, compared with nearly three-quarters of non-Hispanic whites (Exhibit 8).

Among Latinos, those who predominantly speak Spanish were significantly less aware of the marketplaces than those who primarily speak English (35% vs. 65%). Similarly, low-income Latinos who are potentially eligible for coverage reported being aware of the marketplaces at lower rates than those with higher incomes.²⁵

Exhibit 8. Awareness of the Marketplace Increased During Open Enrollment But Still Lags Among Spanish-Dominant Latinos Who Are Potentially Eligible for New Coverage Under Health Reform



Notes: FPL refers to federal poverty level. The question wording differed somewhat between the July–September 2013 and April–June 2014 surveys.
 Source: The Commonwealth Fund Affordable Care Act Tracking Surveys, July–Sept. 2013 and April–June 2014.

CONCLUSION

For decades, Latinos have had the highest uninsured rates of any racial or ethnic group in the United States. Findings from this survey and other private and government surveys indicate that the Affordable Care Act is helping to narrow this decades-long gap. Success in reaching the remaining uninsured will depend largely on states' decisions to expand Medicaid eligibility levels, on government and private educational outreach efforts, and on Latinos enrolling in the new coverage options available to them.

There are stark differences in the Latino uninsured rates of states that have expanded Medicaid and those that have not. Texas and Florida—two of the nonexpanding states—account for the largest proportion of Latinos who are uninsured. California, which has the largest Latino population, chose to expand Medicaid eligibility and invest significantly in outreach to educate residents about Covered California, the state's marketplace, and expand coverage.²⁶ About half of previously uninsured Latinos in California have gained coverage since open enrollment began.²⁷

Outreach efforts undertaken during the first open enrollment period demonstrate the many avenues for raising Latino awareness of the marketplaces and assisting with enrollment. For example, to boost Latino enrollment, California officials added enrollment counselors to its Spanish-language hotline center when they noticed that many Latinos were using the hotline and wanted personal assistance with enrolling. In addition, health plans in California advertised on buses and food trucks serving Latino neighborhoods and made public presentations at language classes and local churches.²⁸

In Texas, *promotoras*, or health counselors, were enlisted in Spanish-speaking communities to educate people about their enrollment options.²⁹ A collaborative of 13 organizations in Houston and surrounding towns (the Gulf Coast Health Insurance Collaborative) purchased radio spots targeting employed 25-to-49-year-olds and promoted the new coverage options through a hotline operated by the Houston Department of Health and Human Services.³⁰

Enroll America, a nonprofit group dedicated to expanding health insurance coverage, focused its work in states with large Latino populations, including Texas, Florida, Arizona, and Pennsylvania. It also has a Latino press secretary dedicated to communicating with the Latino press.³¹ Within the U.S. Department of Health and Human Services (HHS), the Latino Affairs Liaison organized multiple webinars for sharing best practices among the various groups working to educate Latino communities about coverage options and assist with enrollment. In February 2014, the department held its “Latino Week of Action,” which featured health care enrollment events across the country.³² In September, HHS awarded \$3.2 million to 13 community organizations to help them enroll minority populations in marketplace plans, Medicaid, or the Children's Health Insurance Program.³³

By learning from the accumulated experience of those who were on the front lines of marketplace enrollment earlier in the year, federal and state officials have an opportunity to increase Latino participation in the marketplaces for the next enrollment period beginning later this fall.³⁴ Following are recommendations that draw from this experience:

- Work with community-based organizations that are trusted sources of information in Latino communities, such as churches, to expand awareness of coverage opportunities and the availability of financial assistance.

- Increase staffing for Spanish-language hotlines to provide greater in-person assistance during the enrollment process.
- Ensure that informational and promotional materials are written in accessible language and available in both Spanish and English.
- Improve language services offered by government agencies involved in enrolling the uninsured.
- Clearly communicate that personal information used in applying for coverage is not used for immigration enforcement.³⁵
- Continue to target low-income Latinos in Medicaid-expansion states even outside of the open enrollment period, as individuals are able to enroll in Medicaid year-round.
- Provide adequate support and resources for community health centers and other safety-net health care providers that serve the uninsured. This will be especially important for undocumented immigrants, who are explicitly excluded from the health law's coverage provisions.

NOTES

- ¹ L. Clemans-Cope, G. M. Kenney, M. Buettgens et al., “The Affordable Care Act’s Coverage Expansions Will Reduce Differences in Uninsurance Rates by Race and Ethnicity,” *Health Affairs*, May 2012 31(5):920–30; and M. M. Doty and A. L. Holmgren, *Health Care Disconnect: Gaps in Coverage and Care for Minority Adults* (New York: The Commonwealth Fund, Aug. 2006).
- ² A. Henderson, W. Robinson, and K. Finegold, *The Affordable Care Act and Latinos*, ASPE Research Brief (Washington, D.C.: ASPE, April 2012), <http://aspe.hhs.gov/health/reports/2012/ACA&Latinos/rb.shtml>.
- ³ U.S. Department of Health and Human Services, *Health Insurance Marketplace: Summary Enrollment Report for the Initial Annual Open Enrollment Period: October 1, 2013–March 31, 2014 (Including Additional Special Enrollment Period Activity Reported Through 4-19-2014)*, ASPE Issue Brief (Washington, D.C.: ASPE, May 1, 2014), http://aspe.hhs.gov/health/reports/2014/marketplaceenrollment/apr2014/ib_2014apr_enrollment.pdf.
- ⁴ While the U.S. Department of Health and Human Services estimated that Latinos make up 14.5 percent of the population eligible for marketplace coverage in the 36 states using the federal marketplace platform, only 7.4 percent, or 403,632 of the 5.4 million who used HealthCare.gov to select a private plan during the first open enrollment period, reported their race or ethnicity as Latino. Medicaid has not released enrollment numbers by race or ethnicity, so the total number of Latinos enrolled through Medicaid is not yet available.
- ⁵ S. R. Collins, P. W. Rasmussen, and M. M. Doty, *Gaining Ground: Americans’ Health Insurance Coverage and Access to Care After the Affordable Care Act’s First Open Enrollment Period* (New York: The Commonwealth Fund, July 2014).
- ⁶ Ibid.
- ⁷ Other studies also have found a decline in the percent of uninsured Latinos during the first open enrollment period. See, for example, B. D. Sommers, T. Musco, K. Finegold et al., “Health Reform and Changes in Health Insurance Coverage in 2014,” *New England Journal of Medicine*, Aug. 28, 2014 371(9):867–74; and S. K. Long, G. M. Kenney, S. Zuckerman et al., *Taking Stock at Mid-Year: Health Insurance Coverage Under the ACA as of June 2014* (Washington, D.C.: Urban Institute, July 29, 2014), <http://hrms.urban.org/briefs/taking-stock-at-mid-year.html>.
- ⁸ In the July–September 2013 survey, 36.45 percent of Latinos ages 19 to 64 were uninsured, +/- 4.4 percent. In the April–June 2014 survey, 23.25 percent of Latinos ages 19 to 64 were uninsured, +/- 4 percent.
- ⁹ In the July–September 2013 survey, 42.97 percent of Latinos ages 19 to 34 were uninsured, +/- 7.6 percent. In the April–June 2014 survey, 22.97 percent of Latinos ages 19 to 34 were uninsured, +/- 6.2 percent.
- ¹⁰ S. R. Collins and P. W. Rasmussen, “[New Federal Surveys Show Declines in Number of Uninsured Americans in Early 2014](#),” *The Commonwealth Fund Blog*, Sept. 16, 2014. The National Health Interview Survey interviewed people before the end of the first open enrollment period and thus provide a limited picture of the effects of the health reform law on coverage this year.
- ¹¹ In the July–September 2013 survey, 48.98 percent of Spanish-dominant Latinos were uninsured, +/- 7.4 percent. In the April–June 2014 survey, 29.55 percent of Spanish-dominant Latinos were uninsured, +/- 6.6 percent.
- ¹² M. M. Doty, *Hispanic Patients’ Double Burden: Lack of Health Insurance and Limited English* (New York: The Commonwealth Fund, Feb. 2003).

- ¹³ In the July–September 2013 survey, 46.1 percent of Latinos with incomes below 138 percent of poverty were uninsured, +/- 6.4 percent. In the April–June 2014 survey, 27.69 percent of Latinos with incomes below 138 percent of poverty were uninsured, +/- 5.8 percent.
- ¹⁴ In the July–September 2013 survey, 35.31 percent of Latinos with incomes between 138 percent and 399 percent of poverty were uninsured, +/- 7.4 percent. In the April–June 2014 survey, 24.82 percent of Latinos with incomes between 138 percent and 399 percent of poverty were uninsured, +/- 7.8 percent. Differences between 2013 and 2014 are significant at $p \leq 0.10$.
- ¹⁵ The states that expanded their Medicaid program by April 2014 include: Arizona, Arkansas, California, Colorado, Connecticut, Delaware, Hawaii, Illinois, Iowa, Kentucky, Maryland, Massachusetts, Michigan, Minnesota, Nevada, New Jersey, New Mexico, New York, North Dakota, Ohio, Oregon, Rhode Island, Vermont, Washington, West Virginia, as well as the District of Columbia. All other states had not expanded their Medicaid programs and begun enrolling beneficiaries by April 2014. New Hampshire expanded eligibility for Medicaid with coverage effective in August. Pennsylvania’s Section 1115 waiver for customized Medicaid expansion was approved in August 2014 and coverage will be effective in January 2015. Indiana has submitted a Section 1115 waiver to the federal government but has not yet been approved. See map at <http://www.commonwealthfund.org/interactives-and-data/maps-and-data/medicaid-expansion-map>.
- ¹⁶ In the July–September 2013 survey, 34.53 percent of Latinos in states that expanded Medicaid were uninsured, +/- 6 percent. In the April–June 2014 survey, 17.27 percent of Latinos in states that expanded Medicaid were uninsured, +/- 7.4 percent.
- ¹⁷ Estimates of potentially eligible uninsured Latinos are based on ASPE tabulations of the 2011 American Community Survey Public Use Microdata Sample (ACS PUMS), which exclude estimated undocumented persons. See E. R. Gee, *Eligible Uninsured Latinos: 8 in 10 Could Receive Health Insurance Marketplace Tax Credits, Medicaid, or CHIP*; ASPE Research Brief (Washington, D.C.: ASPE, Feb. 11, 2014), http://aspe.hhs.gov/health/reports/2013/UninsuredLatinos/rb_uninsuredLatinos.pdf.
- ¹⁸ States that had not expanded their Medicaid programs as of April 2014 include: Alabama, Alaska, Florida, Georgia, Idaho, Indiana, Kansas, Louisiana, Maine, Mississippi, Missouri, Montana, Nebraska, New Hampshire, North Carolina, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Wisconsin, and Wyoming. See above for notes on changes to states’ decisions since April 2014. The estimated millions of Latinos living in these states come from Pew Research Hispanic Trend Project. See A. Brown and M. H. Lopez, “II. Ranking Latino Populations in the States” (Washington, D.C.: Pew Research Center, Aug. 29, 2013), <http://www.pewhispanic.org/2013/08/29/ii-ranking-latino-populations-in-the-states/>.
- ¹⁹ A study examining Latino enrollment in insurance marketplaces in California found that Latinos were reluctant about signing up for health insurance because they may have family members with mixed immigration status and they worried that enrolling would bring attention to an undocumented relative. See B. DiJulio, J. Firth, L. Levitt et al., *Where Are California’s Uninsured Now? Wave 2 of the Kaiser Family Foundation California Longitudinal Panel Survey* (Menlo Park, Calif.: Henry J. Kaiser Family Foundation, July 30, 2014), <http://kff.org/uninsured/report/where-are-californias-uninsured-now-wave-2-of-the-kaiser-family-foundation-california-longitudinal-panel-survey>. See also Healthy Americas Institute, *2014 Healthy Americas Survey: Hispanics and The Affordable Care Act—Key Findings Report* (National Alliance for Hispanic Health, University of Southern California, March 13, 2014), <http://www.healthyamericasinstitute.org/uploads/2/5/8/7/25879931/healthyamericassurvey2014.pdf>.
- ²⁰ See E. Viebeck, “Problems Emerge at CuidadoDeSalud.gov” *The Hill*, Jan. 13, 2014, <http://thehill.com/policy/healthcare/195293-problems-emerge-at-cuidadodesaludgov>; and D. Hernandez, “Many Spanish Speakers Left Behind in First Wave of Obamacare,” *Kaiser Health News*, Jan. 3,

- 2014, <http://www.kaiserhealthnews.org/Stories/2014/January/03/Spanish-speaking-consumers-Obamacare-enrollment.aspx>.
- ²¹ See A. Wayne, “Challenges Face U.S. as Obamacare Sign-Ups Move to Year 2,” *Bloomberg*, May 2, 2014, <http://www.bloomberg.com/news/2014-05-02/challenges-face-u-s-as-obamacare-sign-ups-move-to-year-2.html>.
- ²² P. W. Rasmussen, S. R. Collins, M. M. Doty, and S. Beutel, *Are Americans Finding Affordable Coverage in the Health Insurance Marketplaces? Results from the Commonwealth Fund Affordable Care Act Tracking Survey* (New York: The Commonwealth Fund, Sept. 2014).
- ²³ The difference between those who selected a private plan and those who enrolled in Medicaid is not statistically significant.
- ²⁴ See White House Initiatives on Educational Excellence for Hispanics, “ACA Latino Week of Action” (Washington, D.C.: U.S. Department of Education, Feb. 2014), <http://www.ed.gov/edblogs/hispanic-initiative/2014/02/aca-latino-week-of-action/>; and B. Aaronson, “Advocates Target Latinos in ACA Enrollment Outreach,” *Kaiser Health News/Texas Tribune*, Oct. 15, 2013, <http://www.kaiserhealthnews.org/stories/2013/october/15/advocates-target-latinos-in-aca-enrollment-outreach.aspx>.
- ²⁵ This difference is not statistically significant.
- ²⁶ See Covered California website, <https://www.coveredca.com/about/>.
- ²⁷ DiJulio, Firth, Levitt et al., *Where Are California’s Uninsured Now?* 2014.
- ²⁸ See R. Landen, “New Strategies Expected for November Push to Enroll Hispanics in ACA Coverage,” *Modern Healthcare*, March 24, 2014, <http://www.modernhealthcare.com/article/20140324/NEWS/303249948>; and J. Medina and A. Goodnough, “States Struggle to Add Latinos to Health Rolls,” *New York Times*, Feb. 13, 2014, <http://www.nytimes.com/2014/02/14/us/states-struggle-to-add-latinos-to-health-rolls.html>.
- ²⁹ Aaronson, “Advocates Target Latinos,” 2013.
- ³⁰ Landen, “New Strategies Expected for November,” 2014.
- ³¹ S. Hoag, S. Orzol, and C. Orfield, *Evaluation of Enroll America: An Implementation Assessment and Recommendations for Future Outreach Efforts* (Princeton, N.J.: Mathematica Policy Research, July 28, 2014), http://www.mathematica-mpr.com/-/media/publications/pdfs/health/enroll_america_implementation_rpt.pdf.
- ³² White House Initiatives, “ACA Latino Week of Action,” 2014.
- ³³ See “HHS Awards \$3.2 Million to Help Support Minority Enrollment in Health Insurance Coverage,” News release (Washington, D.C.: U.S. Department of Health and Human Services, Office of Minority Health, Sept. 11, 2014), <http://www.minorityhealth.hhs.gov/omh/Content.aspx?ID=25&clvl=28&clvlid=8>.
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HOW THIS STUDY WAS CONDUCTED

This issue brief draws from two Commonwealth Fund Affordable Care Act Tracking Surveys. The first survey was conducted by telephone by SSRS from July 15 to September 8, 2013, among a random, nationally representative sample of 6,132 adults ages 19 to 64 living in the United States. The survey had an overall margin of sampling error of +/- 1.8 percent at the 95 percent confidence level.

The April–June 2014 survey was conducted by SSRS from April 9 to June 2, 2014. It consisted of 17-minute telephone interviews in English or Spanish with a random, nationally representative U.S. sample of 4,425 adults ages 19 to 64. Overall, 2,098 interviews were conducted on landline telephones and 2,327 interviews on cellular phones, including 1,481 with respondents in households with no landline telephone access.

The sample for the April–June 2014 survey was designed to increase the likelihood of surveying respondents who were most likely to be eligible for new coverage options under the Affordable Care Act. As such, respondents in the July–September 2013 survey who said they were uninsured or had individual coverage were asked if they could be recontacted for the April–June 2014 survey. SSRS also recontacted households reached through their omnibus survey of adults who were uninsured or had individual coverage prior to open enrollment.

The data are weighted to correct for the stratified sample design, the use of prescreened and recontacted respondents from earlier surveys, the overlapping landline and cellular phone sample frames, and disproportionate nonresponse that might bias results. In addition, the data are weighted to the U.S. 19-to-64 adult population by age, gender, race/ethnicity, education, household size, geographic division, and population density using the U.S. Census Bureau's 2011 American Community Survey, and weighted by household telephone use using the U.S. Centers for Disease Control and Prevention's 2012 National Health Interview Survey.

The resulting weighted sample is representative of the approximately 186.1 million U.S. adults ages 19 to 64. Data for income, and subsequently for federal poverty level, were imputed for cases with missing data, utilizing a standard regression imputation procedure.

The survey has an overall margin of sampling error of +/- 2.1 percentage points at the 95 percent confidence level. The landline portion of the main-sample survey achieved a 19 percent response rate and the cellular phone main-sample component achieved a 15 percent response rate. The overall response rate, including prescreened and recontacted sample, was 14 percent.

In both surveys, a significant number of Latinos were sampled allowing for relevant group comparisons by English or Spanish language preference and nativity status. The July–September 2013 survey included 824 Latinos. The April–June 2014 survey included 677 Latinos—352 who predominantly speak English (English-dominant) and 325 who predominantly speak Spanish (Spanish-dominant); 283 who are U.S.-born, 239 who are foreign-born but U.S. citizens or residents, and 145 who are undocumented.

All reported differences are statistically significant at the $p \leq 0.05$ level or better, unless otherwise noted.

For more information on the July–September 2013 survey, please refer to: <http://www.commonwealthfund.org/publications/issue-briefs/2013/sep/insurance-marketplaces-and-medicaid-expansion>.

ABOUT THE AUTHORS

Michelle McEvoy Doty, Ph.D., is vice president of survey research and evaluation for The Commonwealth Fund. She has authored numerous publications on cross-national comparisons of health system performance, access to quality health care among vulnerable populations, and the extent to which lack of health insurance contributes to inequities in quality of care. Dr. Doty holds an M.P.H. and a Ph.D. in public health from the University of California, Los Angeles.

Petra W. Rasmussen, M.P.H., is senior research associate for the Fund's Health Care Coverage and Access program. In this role, Ms. Rasmussen is responsible for contributing to survey questionnaire development, analyzing survey results through statistical analysis, and writing survey issue briefs and articles. In addition, she is involved in tracking and researching emerging policy issues regarding health reform and the comprehensiveness and affordability of health insurance coverage and access to care in the United States. Ms. Rasmussen holds an M.P.H. in health policy and management from Columbia University's Mailman School of Public Health.

Sara R. Collins, Ph.D., is vice president for Health Care Coverage and Access at The Commonwealth Fund. An economist, Dr. Collins joined the Fund in 2002 and has led the Fund's national program on health insurance since 2005. Since joining the Fund, she has led several national surveys on health insurance and authored numerous reports, issue briefs, and journal articles on health insurance coverage and policy. She has provided invited testimony before several Congressional committees and subcommittees. Prior to joining the Fund, Dr. Collins was associate director/senior research associate at the New York Academy of Medicine. Earlier in her career, she was an associate editor at *U.S. News & World Report*, a senior economist at Health Economics Research, and a senior health policy analyst in the New York City Office of the Public Advocate. Dr. Collins holds a Ph.D. in economics from George Washington University.

ACKNOWLEDGMENTS

The authors gratefully acknowledge the contributions of Robyn Rapoport and Arina Goyle of SSRS; and David Blumenthal, Don Moulds, Barry Scholl, Chris Hollander, Paul Frame, Suzanne Augustyn, Rose Kleiman, and Sophie Beutel of The Commonwealth Fund.

Editorial support was provided by Chris Hollander.



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