

QUALITATIVE RESEARCH

Georgia Latino enrollment in the Affordable Care Act: A qualitative, key informant analysis

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ABSTRACT

Background: Prior to implementation of the Affordable Care Act (ACA) in 2010, one in three Latinos in the United States were uninsured. In Georgia, a state that established a federal Marketplace, nearly half of Latinos lacked health insurance coverage going into the initial enrollment period of October 1, 2013 to April 15, 2014. The ACA provided an opportunity for these uninsured Latinos to gain health insurance coverage, thus increasing their access to necessary medical services. The purpose of this qualitative study was to explore, from the perspective of key informants, knowledge of Georgia Latinos about the ACA and perceived barriers to enrollment in Marketplace health insurance coverage.

Methods: A semi-structured interview guide based on a review of relevant literature and consideration of the study goal and aims was developed. Fourteen in-depth interviews with key informants (participants) from Georgia's Latino community, including nonprofit leaders, health media professionals, and community health promoters, were conducted between June and September 2014.

Results: Participants described perceived barriers to enrollment during the initial ACA enrollment period and made recommendations for the design and implementation of future outreach, education and enrollment strategies. Major themes that emerged involved basic health literacy, misinformation, enrollment opportunities, the importance of place and politics, and technology and language as barriers.

Conclusions: To target Georgia Latinos, we provide seven recommendations for outreach, education and enrollment, including the organization of one-on-one services in locations of familiarity and comfort to Georgia Latinos and the hiring and training of Spanish-speaking enrollment professionals. When providing ACA education to Latinos, stakeholders should begin with basic health literacy concepts and education regarding the fundamentals of the United States health insurance system. The findings of this study may serve to guide future design and provision of culturally competent outreach, education and enrollment services.

Keywords: Affordable Care Act (ACA), Georgia, Latino, health insurance, enrollment

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INTRODUCTION

On March 23, 2010, President Barack Obama signed the Patient Protection and Affordable Care Act (ACA) into law, formalizing a momentous and historic initiative to reform the healthcare system in the United States (U.S.). A key provision of the ACA concentrated on the expansion of opportunities to obtain health insurance to the 47.9 million uninsured non-elderly persons in the U.S., who comprise 16% of the population (KCMU, 2013).

In the uninsured population of the U.S., Latinos are disproportionately represented. In 2013, prior to implementation of the ACA, the uninsured rate of Latinos nationwide was 41.8%, compared to 22.4% of Black non-Latinos and 14.3% of White non-Latinos (Sommers et al., 2014). In the state of Georgia, 47% of Latinos were

uninsured in 2012, a percent higher than the national average (HHCGA, 2012). Georgia, ranking 10th nationwide in total Latino population, is home to 880,000 people who identify their race or ethnicity as Latino (Pew Latino, 2011). The terms Latino and Hispanic have multiple definitions and are often used interchangeably. For the purpose of this research, the term Latino broadly refers to any person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race (OMB, 1997).

The ACA provided Georgia Latinos with an opportunity to obtain health insurance through the ACA Marketplace exchanges. During the initial enrollment period of October 1, 2013 to April 15, 2014, however, only 8,183 (4.7%) of the approximately 173,000 eligible, uninsured

Latinos in the state of Georgia enrolled in ACA Marketplace plans (HHS-CMS, November 11 2014; HHS, May 1 2014).

In the U.S., there are substantial negative health implications of being uninsured. Without insurance, individuals are more likely to lack a regular medical provider, receive preventive services or have the financial ability to afford care when needed (KCMU, 2013). As an ethnic minority in the U.S., Latinos face substantial health disparities. For example, relative to the general population, uninsured Latinos are 2.6 times less likely to have a usual source of care and 1.5 times more likely to use a hospital emergency room as a primary source of care (ACP and ASIM, 2000). Furthermore, Latinos are 65% more likely than White, non-Latino adults to suffer from diabetes, 15% more likely to be obese and 40% more likely to die from cervical cancer (Blackwell et al., 2012; Murphy et al., 2013).

Georgia Latinos are approximately two times as likely as their White, non-Latino counterparts to lack a regular source of care; 56% lack a source of care, as compared to 24% of White, non-Latinos (KCMU- Georgia Healthcare Landscape, 2014). To obtain health insurance through the Marketplace, many Latinos chose to enroll via an in-person navigator or an individual or organization trained to provide free assistance in looking for health coverage options through the Marketplace, including completing eligibility and enrollment forms (HHS, HHS-CMS 2016). With Spanish being the first-language of many of Georgia Latinos, bilingual navigators were in high demand during the enrollment period.

The present project sought to identify and understand the barriers faced by the Georgia Latino community in the enrollment process for the ACA Marketplace, as well as factors contributing to the experience of those who successfully enrolled in an ACA exchange plan. The results of this project contribute evidence for the provision of culturally competent outreach, education, and enrollment services. The perceived barriers and facilitators to enrollment in the ACA Marketplace can influence policy decisions and strategy for enrollment efforts targeting Latinos living in Georgia.

METHODS

Participants

Between June and September 2014, fourteen in-depth interviews (IDIs) with key informants, were conducted in Atlanta and nearby towns in Georgia. Three of the fourteen participants were located in rural communities outside Atlanta. Study participants were selected by their status as key informants, defined as individuals living in the state of Georgia who were involved in providing ACA outreach and education to Georgia's Latino community.

The gatekeeper to key informants in the Latino community was HolaDoctor, a multicultural, Latino marketing consulting agency and Spanish-language health and

wellness digital network. Participants were identified by the combined methods of purposive and snowball sampling. Purposive sampling was selected as means of recruitment in order to gather information from data-rich informants. Initial purposive recruitment targeted the following professional categories: health care providers, health media professionals, ACA navigators, and leaders of Latino health organizations.

The research protocol was reviewed and found to be exempt by the Emory Institutional Review Board (IRB). During the recruitment process all participants verbally consented to study participation. Written informed consent was obtained prior to participation in the in-depth interview.

Data collection

A semi-structured interview guide, based on a review of relevant literature and consideration of the study goal and aims, was developed. A pilot interview was conducted prior to data collection. Consistent with the values of grounded theory and the iterative nature of qualitative research, the interview guide was revised extensively during the data collection process (Hennink, 2010). To prompt rich descriptions and gain better understanding from the experience and perspective of the interviewee, most questions were open-ended. Although many of the participants were native Spanish speakers, all spoke English fluently and expressed that they were comfortable conducting the interview in English; thus, all interviews were conducted in English.

Measures

These specific topics, drawn from the literature, included:

- Personal involvement with healthcare reform in Georgia
- Overall sentiment of Georgia Latinos toward the ACA
- Knowledge and gaps in knowledge
- Barriers to accessing information
- Primary sources of assistance in enrollment
- Barriers to successful enrollment
- Usage of the Healthcare.gov/Cuidadodesalud.gov website
- Best practices for outreach and education from community level to federal level
- Recommendations for the future (Appendix)

These topics were used as a basis for guiding the interview and are not inclusive of all topics discussed during the interview process.

Data Analysis

All IDIs were recorded on a personal, password-protected laptop using Quicktime audio-recording software, then transcribed verbatim using InqScribe transcription software. To protect the identity of participants, audio files and transcripts were saved under study-participant pseudonyms.

Data analysis was informed by the principles of grounded theory, which allows for qualitative data to be analyzed and understood from the data itself, not merely from the

comparison or consideration of similarities to existing theory (Hennink, 2010). The use of grounded theory allows the researcher to use inductive and deductive themes to compare data throughout the interview and analysis process (Hennink, 2010). A codebook with definitions and representative quotations was developed to refine and document the development of themes. Data coding and analysis were performed using MAXqda11 software (1989-2016).

RESULTS

A total of 23 interview invitations were sent to potential key informants, and 14 interviews were scheduled and conducted. All participants lived in the state of Georgia, were bilingual (English and Spanish speakers) Latinos, and had a professional relationship with Georgia's Latino community. The data reflect perceived barriers to enrollment during the initial ACA enrollment period and recommendations for the design and implementation of future outreach, education and enrollment strategies. Major themes that emerged as barriers included: basic health literacy, misinformation, enrollment opportunities, the importance of place and politics, and technology and language.

Basic Health Literacy

Almost all participants expressed the need for incorporation of basic health literacy education into the outreach, education, and enrollment process. Most frequently, participants described the need for education regarding technical terms associated with health insurance coverage. Participants recommended beginning the education process on the basics of health insurance, instead of with ACA-specific education. One participant explained,

“You may have gotten a plan for a penny, but, you know, surely there is a deductible, surely there is a copay. Do you know what those are? Do you know the definition of a copay? And I think we have an issue with that.”

Many participants described the lack of education on how to use insurance, once purchased, led to feelings of frustration among Latino community members. Participants expressed the need to provide Georgia Latinos with education regarding how to weigh various benefits provided by plans prior to their seeing a navigator for enrollment. Participants perceived that many individuals were not adequately informed as to how different plans met the distinctive needs of individuals or their families.

Misinformation regarding Price and Penalty

Many participants indicated that Latinos were confused about the price of purchasing health insurance through the ACA Marketplace and the penalty for remaining uninsured. Some participants reported that Georgia Latinos believed that the ACA would provide free, universal healthcare for all.

“A lot of Latinos are first generation immigrants, so they are not familiar with the healthcare system. A lot of them come from countries in which they have universal healthcare. So they would assume that this would be free healthcare.”

Some participants also described a sentiment of community members deciding to pay the penalty instead of obtaining health insurance, citing frustration with lack of support in enrollment and guidance in selecting a plan.

“I believe that many of them are going to end up paying (the fee/penalty). They decided... just, I can't do this. There is nobody around to help us. So many of them were frustrated and said forget it. I'll try next year. I'll pay the fee.”

One-on-One Enrollment Opportunities

Most participants indicated that for Georgia Latinos, the preferred method of enrollment in an ACA Marketplace insurance plan was through an in-person, one-on-one, bilingual enrollment service, such as a navigator. Participants felt that sitting down face-to-face with a navigator or educator provided a personal, human element to the enrollment process and was of importance to the Georgia Latino community.

“We (Georgia Latinos) don't go on websites to get information. We like to sit down and talk to somebody. And we need to talk to somebody who speaks our language. And who we trust. And who we believe is giving us accurate information. And that was an issue.”

Participants repeatedly found that the process of enrollment was very time-consuming, which presented challenges to providing the detailed, one-on-one enrollment assistance desired by the community. One participant explained:

“It was kind of out of the control of the navigators, because there was so many people and just a few navigators that were bilingual. And that is another challenge that I see. A lot of people were not bilingual, and if they are they are going to be more comfortable.... With so many Spanish speakers needing information, needing to enroll, I think that maybe that would be something that you could work out.”

Familiar Places

Participants often mentioned the importance of hosting outreach and education events in venues known to the Spanish language community. One participant described the value of the event location as being an implicitly “trusted source,” sponsored by a familiar organization, such as a church,

“It is a trust with the environment. You know what I mean? At the church, that is their community, so they trust whoever brought us in. Those people

trust us, so they are going to trust us too. It is all about trust.”

From the perspective of Latinos, events held in spaces that people frequented as part of their daily routines, such as churches, schools and consulates, provided an environment of trust where Latinos were more open to hearing information on the ACA and were more likely to participate.

When asked about the best tactic for engaging with the Latino community, one participant with experience in providing ACA education suggested the use of surrogates or leaders in the Latino community. This sentiment was further described by two participants,

“That was one of the places that we were able to access a lot of the churches, through the representatives”; “The priest would ask the people to stay, and then they would stay and we would just do our presentation.”

Georgia’s Political Rhetoric

Participants felt that the political climate surrounding the ACA led to challenges in Georgia in providing ACA education to Latinos and the broader community. Interviewees perceived that the negative media attention, such as television and radio campaign ads denigrating and vowing to dismantle the ACA, had an effect on the opinion of the community.

“When they would give news about the Affordable Care Act it would just be about how Congress was fighting Obama(...). That is what got attention. That is the only time the ACA was mentioned. There was no education from the media about what it actually was, so everyone was confused and everyone just thought it was a bad thing, because of all the negative attention that it was getting.”

Various state legislative decisions, such as the lack of Medicaid expansion in Georgia, led to a community perception that the ACA might not be permanent or a viable opportunity to obtain health insurance. Community organizations providing education had to address misinformation and counter the negative associations the Latino community developed due to harsh political and media attention.

Participants noted, within the Georgia Latino community, an overall lack of trust in government based on experiences in their home countries. In addition to this distrust, a few participants linked these feelings to fears of the following: (1) disclosure of personal identifying information that could potentially lead to identity theft or fraud; (2) deportation of themselves or a family member who might be of a different immigration status; and (3) transfer of personal information to the Department of Homeland Security. One participant summarized these feelings of distrust:

“You know, so they don’t trust authority, because if they call the authority or the police or (...) the healthcare system because they are going to deport me. I don’t know where these records of me doing this are going. So that is the lack of trust, depending on their situation.”

Technology as a Barrier

Participants cited discomfort with the website and the online enrollment process as a barrier to enrollment, again emphasizing the importance of in-person, one-on-one enrollment for the Georgia Latino community. One participant detailed these issues:

“I would say a lot of them do not feel comfortable to go through a process that is picking a plan and knowing what that means online. (...) A lot of them do not have an email address. And that is a challenge, because when you start the enrollment process, you have to provide an email address (...) I see why they feel more comfortable talking to someone. And they want to have the opportunity to ask questions if they understand what that means, someone that can explain to them what that means, how that works.”

In addition to a lack of email addresses for Latinos, participants cited other technological barriers to completion of the enrollment process without in-person assistance: (1) lack of access to a reliable Internet connection at home; (2) lack of confidence with personal computer skills; and (3) malfunctioning of the Healthcare.gov/CuidadodeSalud.gov websites.

Use of Children as Interpreters

Many participants mentioned the issue of lack of Spanish language capacity in the enrollment process. If Latinos were unable to access bilingual enrollment assistance, participants explained that children in the family, who often have stronger English language skills than their parents, were commonly used as Spanish to English interpreters.

“They don’t speak the language. I mean they are taking their children to the doctor with them to translate. You know, and the children, although they are speaking English, it is hard to translate certain terms. We found the same problem with the enrollment process. They are taking their kids, but there are a lot of insurance terms, it is hard to break it down. And especially, it is hard for a 9 year old to break it down to their Mom and Dad. They are like I don’t know what that is. They are saying this, but it is like a literal translation, because they don’t know what the literal translation is to break it down, what it really is.”

From use of youth or untrained individuals as translators for insurance education and ACA enrollment, issues arise, such as mistranslation due to highly specific, technical jargon used in the process. Reliance on non-skilled interpreters

leaves room for error in the translation process, which may cause undue confusion and stress.

DISCUSSION

This qualitative investigation sought to explore the perceptions of key informants regarding outreach, education and enrollment strategies targeting Georgia Latinos during the initial enrollment period of the ACA. Participant perceptions reported here may serve as part of the evidence base for the future design of outreach and education strategies that provide culturally competent enrollment services for Latinos in the U.S.

Participants described the necessity of beginning the education process with the basics of health insurance, specifically the terminology associated with understanding the intricacies of health insurance plans. Regarding insurance, education that began with how to sign up for insurance often left Georgia Latinos frustrated and confused, which in some cases, led to continuing to be uninsured or to dissatisfaction with their selected plan.

Furthermore, participants did not believe that the Latino community had an accurate understanding of the penalty that would be levied if they remained uninsured. While participants believed community members were aware of the existence of the fine, they believed them to be unaware how much they would be penalized or that the fee would rise to higher amounts in subsequent years.

During the outreach, education and enrollment process, participants placed value on planning events that allowed in-person, one-on-one education and assistance in enrollment. Participants perceived large, impersonal events to be effective in initial introduction to the ACA roll-out; however, during these events, Georgia Latinos were often unable to sign-up due to lack of bi-lingual enrollment assistance and the time-consuming enrollment process. Participants noted that the process often took hours to complete, putting strain on the limited numbers of bilingual enrollment staff.

To provide education in a way that fosters trust and willingness to hear information regarding ACA enrollment among Georgia Latinos, participants recommended hosting events in locations already a part of the regular routine of these community members. Participants most frequently discussed developing a relationship with community church leaders, whom they perceived as gatekeepers to engaging Georgia Latinos and sponsoring events on church grounds.

Increasing the number of trained, Spanish-speaking personnel who could assist in face-to-face enrollment should make the enrollment process less burdensome to both potential enrollees and those providing assistance. Furthermore, a strategic effort to prepare individuals prior to their meeting with navigators would allow for a more streamlined enrollment process, eliminating the need for navigators to provide education about each plan or other

tasks outside their job description. Individuals should have all necessary documents ready prior to these appointments, a step that could be organized by education and outreach staff members.

There are several limitations to the research study and findings. Since only three of the 14 interviews were conducted with key informants who were involved with the rural Georgia Latino communities, comparative conclusions between the urban and rural populations suffer from a small sample size. Furthermore, the study findings do not represent the entire state of Georgia, only the metro Atlanta area and rural towns in northwest Georgia. While thematic saturation, the point where new data were not being uncovered during the interview process, was reached among the 14 participants, it is possible that some views present in other areas of the state were not represented.

Requests for interview participation were well received, and more than 70% of interview invitations led to a formal interview. Various key informants, however, were unavailable because they had ended their involvement with ACA education at the end of the initial enrollment period. Thus, it was challenging to locate and contact potential key informants due to the cyclical nature of the ACA insurance reform cycle.

While all interview participants spoke English fluently, English was not the first language of most interview participants (11 of 14). All interviewees were asked about their comfort level in conducting the interviews in English as opposed to Spanish. Though all participants expressed that they felt comfortable conducting the interviews in their non-native language, the findings of this study should be reviewed in light of this limitation. After 14 interviews, the study reached saturation, or the point where new data was not being uncovered during the interview process.

There is a dearth of evidence focusing on ACA outreach, education, and enrollment services that target Latinos. This study, however, contributes to a growing body of information relating to the ACA and healthcare reform in the U.S. This research provides a basis for more in-depth investigations of the outreach, education, and enrollment process. Future studies should explore, in more detail, components of each of the recommendations listed below.

CONCLUSIONS

The ACA represents a historic initiative to reform the U.S. healthcare system. The provisions put forth provide the opportunity for many Americans to obtain health insurance for the first time. As organizations design and implement outreach, education and enrollment services that target various populations of the insured and underinsured, there continues to be a lack of evidence in which to ground these strategies.

Results of the present project contribute to a growing evidence base that should be considered in the design and implementation of ACA enrollment services that target

Georgia Latinos. The following recommendations should be considered by stakeholders to ensure culturally appropriate outreach, education, and enrollment strategies, ultimately leading to a reduction in the number of uninsured Latinos in the U.S. and the poor health outcomes associated with uninsured status (Evans & McCulloch, 2015). The following recommendations aim to address aspects of the ACA education process, from initial outreach to enrollment in appropriate coverage.

Key Recommendations

1. *Address need for more basic health literacy regarding health insurance concepts during entire process*

In future efforts, organizations and community outreach workers who provide outreach, education, and enrollment services should incorporate education regarding basic health literacy into all aspects of their strategies. The present study has found that the education process should not begin with health reform-specific information. Study participants perceived that the Georgia Latino community does not have basic knowledge surrounding health insurance concepts, terminology and standard processes. Education efforts should focus first on providing Latino community members with concepts that enable them to be informed consumers in the ACA Marketplace, choose an appropriate plan, and understand the financial complexities of health insurance for their distinctive situation.

2. *Incorporate education to rectify common misperceptions surrounding the cost of obtaining coverage and the penalty for remaining uninsured*

Community organizations need to address the misinformation that exists with regard to the cost of health insurance and the penalty for remaining uninsured. Strategies must incorporate the following pieces of information: the ACA does not provide free, universal insurance; Marketplace plans are run by private companies, not the government; a low-priced premium may be misleading; the penalty for remaining uninsured will rise in subsequent years and should not be considered as a long-term option; and no one can charge for enrollment assistance. As educators correct these misperceptions, they should provide information on the potential to qualify for subsidies to make plans more affordable.

3. *Prioritize the organization of one-on-one outreach, education and enrollment opportunities*

Although large-scale events may provide an opportunity for organizations to gain name recognition and promote specific services, the results of this study show that these events are not conducive to providing detailed education or enrollment assistance. Organizations also need to provide the opportunity for smaller events that allow ample opportunity for questions. Community outreach workers should expect and prepare for unique questions regarding each individual's personal situation.

Additionally, since this research has found that Georgia Latinos prefer face-to-face enrollment sessions, community organizations need to provide the opportunity for this education. The present results show that Georgia Latinos are not likely to access online information regarding the ACA or enroll online on the Healthcare/Cuidadodesalud.gov website. Thus, directing individuals to this website for enrollment should not be a primary strategy. In order to provide dedicated, in-person enrollment opportunities, organizations should allocate resources that allow for these events to occur as recommended.

Finally, enrollment opportunities are time-consuming for those providing education, particularly for navigators helping with enrollment and for individuals considering enrolling. To alleviate some of the burden of the enrollment process for the navigators, community organizations should undertake efforts to prepare individuals for enrollment prior to their appointments with navigators. Preparations should include education focusing on the health literacy components described previously, gathering and verification of all supporting documentation for eligibility, and awareness of different plan options and anticipated cost.

4. *Host outreach, education and enrollment events in familiar, safe places*

Organizations should seek to plan events in places that are familiar to the Latino community. The results of this research indicate that events are more successful and individuals are more likely to be engaged by the material presented if the event is held in a venue that they know and visit regularly. Organizations should partner with community leaders in hosting these outreach, education and enrollment events, as buy-in by community leaders will encourage Latinos to attend and increase their willingness to engage with presented materials. Building relationships with church and school leaders should be prioritized, as they are frequently considered as gatekeepers to the broader community and as trusted sources of information and knowledge. Hosting events in these locations is preferred, as this study has found that individuals do not want to be interrupted while shopping and will receive only surface-level information at large-scale events, such as health fairs.

5. *Maintain awareness of the potential implications of political rhetoric*

During the initial enrollment period, ACA strategies for outreach, education and enrollment coexisted with substantial politically charged discourse. Community organizations need to be aware of points made by politicians and attack ads that politicize ACA enrollment and develop strategies that encourage an open-minded approach to enrollment that encourages trust. The present study found that most Georgia Latinos were willing to receive ACA education and information, yet they were aware of the negative political attention and controversy surrounding

healthcare reform. Efforts put forth by policy makers and organizations should seek to dilute associations with the politically charged nature of the ACA, and focus instead on the positive health outcomes associated with becoming insured.

Additionally, stakeholders would be wise to consider Latino's distrust of authority and concerns over privacy in providing outreach and education to the community. Educators need to mitigate concerns about privacy, while protecting the privacy of the individual and providing information on how to avoid identity theft and fraud by utilizing only trained, credentialed enrollment services. Education should incorporate reassurance that providing immigration status and other personal information will not lead to investigation by government entities into the immigrant status of friends, relatives or acquaintances. This study found distrust among Georgia Latinos, especially linked to the high number of mixed-status families, in sharing identifying information with enrollment professionals.

6. *Minimize technological barriers throughout the enrollment process*

Community organizations should design enrollment strategies for individuals who have limited technological access and skills. This study provides evidence that, for some Georgia Latinos, lack of ability to use a computer with confidence was a barrier to enrollment. Since the federal government will likely continue to encourage online enrollment as the primary pathway to sign up for Marketplace coverage, stakeholder organizations and their staff should facilitate enrollment assistance that provides support for individuals who might have limited computer skills and access.

7. *Hire and train Spanish-language speaking staff and/or interpreters to provide health insurance enrollment support*

Organizations should seek qualified, Spanish-speaking staff to address the lack of trained personnel available to provide outreach, education and enrollment services to Georgia Latinos. The stakeholder organizations that have received federal grants to organize and maintain enrollment services, such as the hiring of navigators, need to concentrate their efforts on increasing the number of Spanish-language speaking staff members to meet the demand for Spanish-language, face-to-face enrollment services.

The results presented here show that, without access to a Spanish-language enrollment professional, Georgia Latinos often turned to unskilled interpreters, such as their own children. Using untrained interpreters in the insurance enrollment process leaves room for error, consumer dissatisfaction, and inappropriate choice of coverage.

Opportunities for future research

While the findings of this study can be incorporated into the outreach, education and enrollment strategies of stakeholder organizations, they also serve as a basis for future research. New studies should focus on obtaining a more detailed understanding of the education process, utilizing the preliminary concepts detailed here. The recommendations provided should be tested in real-world situations to determine if they are effective in dismantling barriers to enrollment for Latino community members. Additionally, future research should explore linkages to and availability of providers who focus on the needs of Georgia's Latino population.

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Appendix A Semi-Structured Interview Guide

General background information about interviewee and knowledge of the ACA

1. What is your personal or professional relationship to the Latino community in Georgia?
2. How have you been involved with healthcare reform in the state of Georgia?

Initial feelings and perceptions about the ACA

3. Prior to the opening of the Affordable Care Act Marketplace exchanges last fall, how would you describe the overall sentiment of Georgia Latinos toward the new healthcare reform?
4. What did the community know about the law?
 - a. Probe: Source of information, Accuracy, Inaccuracies, Questions being asked, Understanding of importance of insurance coverage, cultural differences
5. What issues did you encounter in your position in introducing and describing this new law to the Latino community?
 - a. Probe: Overall receptiveness, Understanding of penalty

Perceived and actual barriers that the prevented Georgia Latinos from successful enrollment in the ACA exchanges

6. During this period of time, while the exchanges were open, what sources of information were Georgia Latinos accessing?
 - a. Probes: Media, Community outreach, Navigators
7. What were the primary sources of assistance that Georgia Latinos were using to sign up for insurance?
 - a. Probes: Questions being asked during the process, Quality of sources, Problems faced in accessing, Web vs. phone vs. in person
8. In your opinion, what were the biggest issues Georgia's Latino community faced in successfully enrolling in a plan and purchasing insurance through the Marketplace?
 - a. Probes: Most serious barrier, language barriers toward actual enrollment, Education, Access to navigators
9. What problems did Latinos encounter when they tried to enroll on the Cuidadodesalud.gov or Healthcare.gov website?
 - a. Probes: Community reaction

Best practices for outreach and education targeted at the Latino community at federal, state and community levels

10. Since the introduction of the Affordable Care Act, what kind of *community organization level* outreach and education about the overall importance of obtaining health insurance has been most effective in reaching Georgia Latinos?
 - a. Probes: New coverage opportunities through ACA
11. What were the best *community organization initiatives* in educating Georgia Latinos about how to enroll in an Affordable Care Act plan?

12. What areas could community level organizations improve upon?
 - a. Probes: Specific events, Published information, Specific services provided
13. What do you think community level organizations should be doing to prepare and engage the Georgia Latino community for the upcoming open enrollment period?
14. During the next open-enrollment period, what should these organizations do to best assist Georgia Latinos with the enrollment process?
15. Overall, what has motivated Georgia Latinos to enroll for insurance through the exchanges?
16. In your opinion, what were the most effective Georgia *state-level* initiatives in educating Georgia Latinos about the importance of obtaining health insurance?
17. How could the Georgia state government provide better ACA outreach and education to Georgia Latinos?
 - a. Probes: Medicaid expansion policy
18. How could the Obama administration, at the federal level, better engage Georgia Latinos and provide appropriate education about the Affordable Care Act?
19. From the perspective of Georgia Latinos, how does being a mixed status family impact the enrollment process?
 - a. Probe: Immigration reform, current events

Post-enrollment period and current feelings and perceptions toward the ACA

20. What efforts are taking place right now to prepare for the upcoming enrollment period to better serve the Latino community?
21. What will do you think will happen if services that target the Latino community are improved?
 - a. Probes: Improved technology (web, phone), Spanish language assistance, culturally appropriate outreach
22. How do you feel about the future of the Affordable Care Act in playing a role in increasing health insurance coverage rates for the Georgia Latino community?