Closing the Health Care Gap in South Snohomish County

A Project Impact Assessment Report

In partnership with
Latino Leadership Initiative/Latino Education and Training Institute (LLI/LETI)
Verdant Health Commission

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Washington CAN

Contents

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Introduction

A healthcare conundrum: Why are so many residents eligible for coverage still uninsured?

The southern half of Snohomish County in Washington State is what health justice advocates call an uninsurance 'hot spot'. In 2013, more than one in seven residents of the county had no health insurance[1], higher than the rate of uninsurance in the state of Washington[2] and the U.S. overall[3].

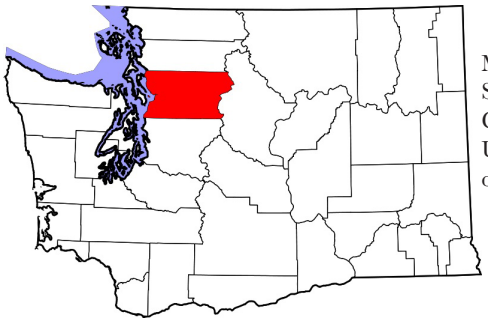
Yet, in the same year, an estimated 20,000 to 29,000 uninsured residents of South Snohomish County were eligible for subsidized coverage under the Patient Protection and Affordable Care Act (ACA)[4]. This project was designed to reach uninsured but eligible residents, identify the barriers they face, and help them enroll in coverage.

From 2013 to 2015, Washington Community Action Network (Washington CAN!), the Latino Leadership Initiative / Latino Education and Training Institute (LLI / LETI), and the Verdant Health Commission collaborated to survey, educate, and mobilize residents impacted by inaccessible health care.

The project identified, educated, and organized uninsured residents

This project was designed to accomplish **three main objectives**:

1. To identify the barriers preventing eligible residents from enrolling in health insurance;
2. To educate residents about health insurance options and eligibility;
3. To encourage residents to enroll in ACA coverage through personal conversations, public circulation of success stories, and leadership development empowering community members to become enrollment ambassadors in their networks.



Map of Snohomish County from the U.S. Department of Agriculture[5]

Snohomish County is a densely populated, geographically expansive, and racially diverse region, with more than 390,000 residents. The country's manufacturing and high tech industries have attracted a highly educated and wealthy professional class. These in-migrations drove up the median income and educational attainment rates, obscuring economic struggle in the rest of the county[6].

More than 10% of all residents and 13.4% of all children lived below the poverty line in 2013[7]. People of color make up about one-quarter (27.2%) of the county, including 9.9% Asian, 9.5% Latino, 3% African American, 1.5% American Indian, and 0.5% Native Hawaiian or Pacific Islander[7]. One in ten residents speak a language other than English at home. Spanish is the most common non-English language spoken[8].

This report analyzes the results of two years of survey data, documents the impact of the project on South Snohomish County residents, and offers recommendations for future work.

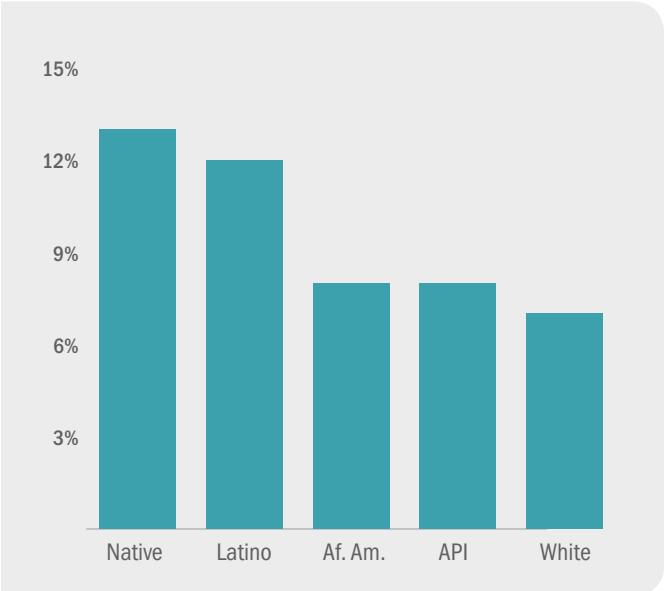
Uninsurance & the ACA

Uninsurance is associated with financial instability and poor health

Between 2008 and 2012, rates of uninsurance steadily increased in the state of Washington[10]. Low-income families and people of color, who are known to have significantly lower rates of health insurance, were most impacted by this change.

Without insurance, people often forgo preventive treatments and exams, and wait until medical problems become an emergency before seeing a doctor. When uninsured patients do seek medical attention, they receive a lower quality of care, are offered fewer preventive services by their primary care providers, and often pay more than insurance companies would have paid for the same procedure[11,12,13].

It is, therefore, unsurprising that people without insurance get sick more frequently and die earlier[14,15]. Black people in the U.S. can expect to live five fewer years than white Americans[16]; the high rate of uninsurance among African Americans is a major factor contributing to disparities in health and morbidity. Although having health insurance does not guarantee access to quality, affordable health care, universal coverage is an important step towards more equitable health outcomes.



Projected Reductions in Uninsurance in the First Two Years of the ACA

Figure 1. People of color are most benefited by the ACA. Data from the Urban Institute[19]. (API stands for Asian/Pacific Islander)

The ACA was designed to reduce disparities in access to health care

The ACA was designed to address gaps in access to health care in the U.S. Implemented in 2013, the ACA funds the expansion of free Medicaid for low-income families, as well as state-based health insurance Marketplaces where people can purchase free and reduced-cost health insurance plans.

ACA coverage excludes undocumented immigrants and recently arrived permanent residents, and remains unaffordable for a large portion of low-to-middle income earners. Nonetheless, the policy has meant life-saving expansion of access to health care for many low-income Americans and people of color[17].

Full implementation of the ACA requires strategic efforts to encourage, educate, and enable people to enroll in coverage.

Full implementation of the ACA requires strategic efforts to encourage, educate, and enable people to enroll in coverage[18]. Especially as federal funds allocated to market the ACA dry up, the long-term expansion of access to health care will depend on outreach and education at the grassroots.

Methodology

Outreach teams knocked on doors and organized neighborhoods

People who are busy working multiple jobs, who do not speak English, have no internet, or have had bad experiences with government agencies are unlikely to enroll in the ACA just because they see an ad on TV. Making enrollment a priority for low-income families takes a more personal approach.

Door-to-door outreach has been used successfully to enroll people in Medicaid, SCHIP, and the ACA in neighborhoods across the county[20]. Outreach workers can address the specific concerns of the individual at the door, challenging myths, reducing stigmas, and alleviating fears[21]. Through ongoing conversations and deeper organizing, community outreach can shift attitudes and motivate the most hard-to-reach populations[22].

Outreach workers distributed bilingual fact sheets identifying local enrollment services and shared information about health care plans and preventive care. A live hotline, with interpretation in ten languages, gave residents a place to call for assistance with ACA enrollment. Finally, organizers made follow-up calls and home visits, encouraging residents to speak with their family, friends, and neighbors and take action to increase enrollment in their community.

Local, bilingual youth organizers from the Latino Education & Training Institute (LETI) joined professional canvassing staff from Washington CAN! to conduct outreach in English and Spanish. Organizers concentrated their outreach efforts in neighborhoods where many low-income residents, people of color, and immigrant families live, including Lynnwood, Mountlake Terrace, Brier, Edmonds, Woodway, Bothell, and Mill Creek.

Survey results are based on a robust data set

Outreach workers conducted a survey with residents about access to health care. Survey results are based on:

- **1,501 respondents** interviewed at their doors in 'year 2'
- **210 respondents** first contacted at the door 'year 1', then interviewed by phone canvassers in 'year 2'

Project staff contacted residents multiple times, following up with phone calls, social media pitches, and home visits

Outreach teams:

- Left bilingual enrollment information with **10,200 households**;
- Had **3,006 in-depth conversations** with residents in low-income areas;
- **Followed up 3,659 times** by phone to offer assistance and encourage people to enroll.

Organizers also collected **127 ACA enrollment success stories** and shared these stories in email blasts and social media posts. Messages reached English and Spanish-speaking residents in the county over 30,000 times.

Making enrollment a priority for low-income families takes a more personal approach.

Project Timeline

YEAR 1

September 2013

Test canvasses

Door-knocking begins in Lynnwood, Mountlake Terrace, Brier, Edmonds, Woodway, Bothell, and Mill Creek to test messages and materials.

October 1, 2013

Health Care Enrollment Outreach and Education program launch

The project kicks off in Lynnwood, covered by My Edmonds News[23]. Community leaders share personal stories about living without insurance. Staff deliver trainings on ACA eligibility guidelines, enrollment deadlines, and outreach messages.

October 2013 - February 2014

Community outreach and education

Trained outreach workers knock on doors throughout South Snohomish County, conduct follow-up home visits and phone calls, and present at local churches.

ACA enrollment hotline opens, providing technical assistance and referral to in-person enrollment support at local Independent Practice Associations (IPAs).

February - April 2014

Health Care Enrollment Outreach and Education Program Launch. Photo taken by Representative Luis Moscoso.

Continued hotline services

Since the ACA enrollment deadline was extended from February 15 to April 17, 2014, the hotline remains open throughout this time.

YEAR 2

December 2014

Year 2 program launch.

Outreach staff, community partners, and grassroots members meet at the start of Year 2.

Test canvasses begin in Lynnwood neighborhoods to identify areas where many low-income families and people of color live.

December 2014 - May 2015

Community outreach and leadership development

Trained outreach workers knock on doors through South Snohomish County, conduct follow-up home visits and phone calls, and present at local churches.

Washington CAN! hosts a short series of ACA enrollment trainings to help community leaders in Lynnwood gain skills and confidence enrolling family, friends, and neighbors.

The hotline remains open, though far fewer calls are received as knowledge in the community and the functionality of Washington's Healthplanfinder improve.

December 2014 - August 2015

Follow-up surveys

Organizers make follow-up calls to survey people canvassed in Year 1.

Survey Respondents

Outreach workers reached the county's most vulnerable and underinsured populations

The project was successful at contacting populations that are disproportionately impacted by gaps in health insurance and hard-to-reach through other methods of communication.

People of color were surveyed at about twice their representation in the county overall (50% vs. 27.2%)[24,25]. Age and gender demographics among survey respondents closely match demographic estimates in the county. Women and men were equally represented, while elderly residents over age 65, who are more likely to be covered by Medicare and less likely to be affected by uninsurance, made up only 11% of respondents.

The survey was also successful at reaching a more-than-representative sample of people living without insurance in the county. Approximately 12% of respondents were uninsured in 2015; this is 3-4 percentage-points higher than the estimated rate of uninsurance in Snohomish County[26].

The rate of uninsurance among noncontacted family members was much higher than among respondents themselves (20% vs. 12%)[27]. This may be because people who answered the door were the most able-bodied and English-speaking members of the family, characteristics that increase the likelihood of having insurance.

The survey was successful at reaching a more than representative sample of people living without insurance in the county.

STORIES FROM THE FIELD
Why Health Insurance Coverage Matters

Several respondents shared stories of financial and health problems they experienced because of lack of health insurance.

Dawn's daughter had no insurance when she was hospitalized for three days and diagnosed with diabetes. Dawn is now in financial crisis, unable to pay the required $400 per month for her daughter's diabetes medication, and afraid of the medical bill that will result from the hospital visit. Without insurance, many people, like Dawn, accumulate medical debt, which causes financial strain and often leads to bankruptcy.

Deborah lost a friend to cancer who died, at least in part, because she could not afford health care. Weighing the perceived urgency of her condition against the high cost of a doctor's visit, Deborah's friend waited months before making an appointment. When she was finally seen by a doctor, her cancer had spread too far throughout her body to be treated. Deborah's story is a sobering reminder of the potentially life-or-death consequences of gaps in health insurance coverage.

Unequal Access to Coverage

There are significant racial and economic disparities in access to insurance in the county

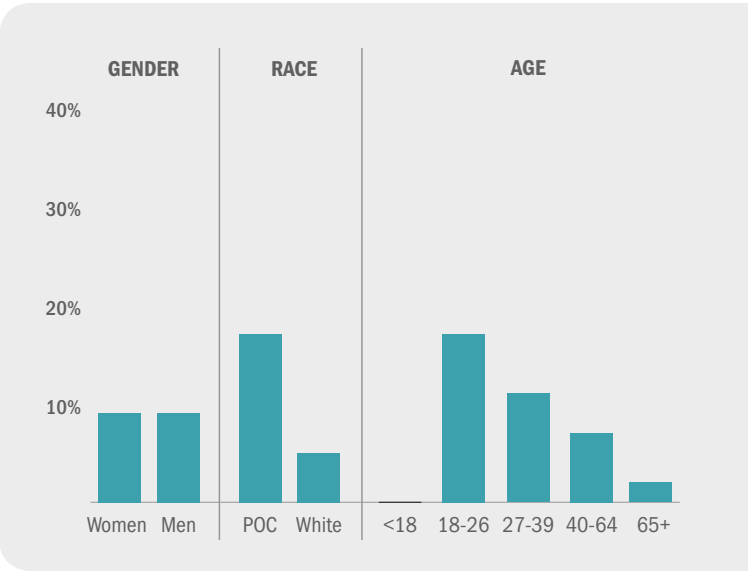
The survey of South Snohomish County residents found that the distribution of uninsurance by gender, race, and age in the County are similar to the demographics of uninsurance in Washington State and the United States overall.

Age **People 18-26 and 27-39 years old were the most uninsured age groups in this survey**, as in Washington State[28] and the U.S.[29] Excepting children, who are covered under Washington's Apple Health program, young people are more likely to be uninsured. When wages barely cover the basics, people who have not yet encountered a major health crisis in their life will tend to prioritize short-term needs, such as housing, transportation, and food, over long-term preventive investments, like health insurance.

Race No factor more strongly predicts whether county residents will have insurance than their race. **People of color in South Snohomish County are almost four times as likely as whites to be uninsured** (16.7% vs. 4.5%). Throughout the U.S., Latinos have the highest uninsurance rate (32%) of any racial group, followed by American Indians / Alaskan Natives (27%), African Americans (21%), and Asian / Pacific Islanders (18%)[30]. All groups of color are more likely than whites (13%) to be uninsured.

Gender There was no statistically significant relationship between gender and insurance coverage. As in the U.S. overall[31], men were slightly more likely than women to be uninsured (9.4% vs. 8.9%).

Income Since the distribution of uninsurance by race, gender, and age in this survey closely matched the demographics in the U.S. overall, it is likely that Snohomish County residents experience similar rates of uninsurance by income as in the rest of the country. **Nationwide, the likelihood of being insured rises with income.** A year before the passage of the ACA, only 78.4% of households with incomes below $25,000 were insured, compared to 90.3% of households with incomes below $75,000[32]. Almost everyone living without insurance, 9 in 10 uninsured Americans, earn less than 400% of the federal poverty line[33]. Uninsurance and wealth inequality are interconnected problems.



Uninsurance Rates by Gender, Race and Age

Figure 4: Proportion of survey respondents without health insurance by gender, race, and age.

Access to Information about Coverage

More than one-third of residents in the county feel unprepared to decide whether to enroll in the ACA

Most residents we interviewed in South Snohomish County had heard about the Affordable Care Act or 'Obamacare', and many had strong gut feelings about the program, but only a small number of people felt clear about what ACA coverage is, who qualifies, and how to enroll.

In this survey, outreach workers asked, 'Do you have enough information to make an informed decision about whether or not to enroll in health coverage through the Affordable Care Act?' Many respondents who answered 'yes' added that they are simply satisfied with their employer's insurance and, therefore, had no need to consider the ACA as an option.

Residents who answered 'no' were either uninsured or unsatisfied with their current insurance and uncertain about whether ACA coverage would be right for them. A total of 32% of respondents fell into this category. Further outreach and education about ACA options and eligibility could be beneficial for at least one-third of South Snohomish County residents.

Men, people of color and young people were most likely to feel insufficiently informed about the ACA. One man, around 20 years of age, opined that health insurance is simply too complex for young adults to understand, saying, "You don't know much about this stuff when you're young". This demonstrates the importance of changing attitudes among young adults about insurance options and the ease of enrollment.

The large number of people of color who said they feel uninformed similarly suggests that information is either not reaching communities of color or not conveyed in a way that instills trust. More targeted outreach in communities of color, especially by outreach workers of color and trusted community organizations, may be the best approach to increase feelings of empowered decision-making about ACA enrollment.

> "You don't know much about this stuff when you're young.

Insufficient Information about the ACA

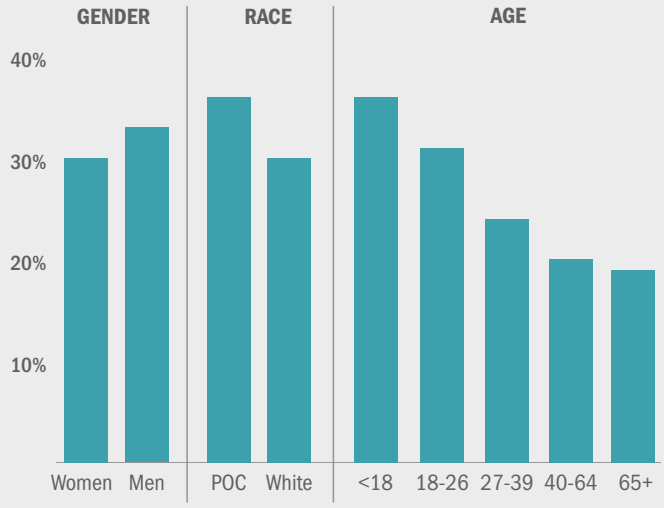


Figure 5: Proportion of survey respondents who said they did not 'have enough information to make an informed decision about whether to enroll in the Affordable Care Act', disaggregated by gender, race, and age

Trusted Sources of Information

Most residents have seen television ads about the ACA

In this survey, respondents were asked to reflect on the source that they have most trusted in the past. As the question was worded, survey responses were skewed towards the sources that are most widely available.

Almost all Snohomish County households have television or radio, and Washington State has spent $19 million to circulate TV and radio ads promoting ACA enrollment[34]. This at least partially explains why the largest proportion (35%) of respondents identified TV and radio as their most trusted source of information.

Although few organizations have canvassed in the county, more than two-thirds of respondents said they would be persuaded by canvassers

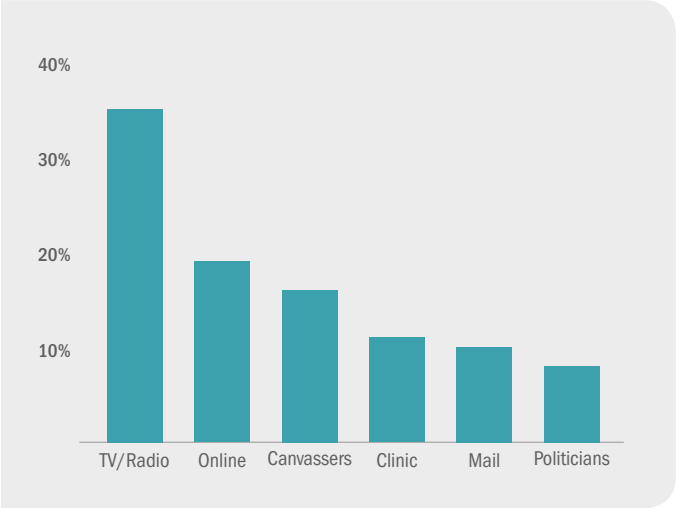
On the other hand, few organizations are knocking on doors in the county to talk about health insurance. While only 16% of respondents said one-on-one conversations have been a trusted source of information in the past, during follow-up interviews, 67% of respondents said they believe that one-on-one conversations would be an impactful method of conveying information about the ACA.

Respondents often listed multiple sources of information they trust, which underscores the importance of a diversified consumer strategy. For example, Tiffany, a middle-aged woman who applied for and received ACA coverage, felt that newspaper ads were most helpful for knowing how and when to apply, but she was initially motivated by speeches from President Obama and Governor Inslee.

People of color and young people tend to trust canvassers, mailers, and information distributed at clinics

Responses to this question were most useful for understanding how target uninsured populations compared to residents of the county overall. The survey found that the two most uninsured groups, people of color and people age 18-26, were less likely than white people and older people to rely on information from television / radio and online research. These highly uninsured groups were more likely than white people and older people to trust canvassers, information sent by mail, information distributed at hospitals or clinics, and elected officials.

These results validate the methodology guiding this project. Television and online ads may be effective for reaching the general population, but more personal forms of communication are necessary to reach demographics with the highest rates of uninsurance.



Most Trusted Sources of Information

Figure 6: Proportion of respondents who identified each source as their most trusted source of information about the ACA.

Barriers to Obtaining Insurance

The vast majority of residents have experienced difficulty accessing health insurance

During call-backs by phone, 81% of respondents said they had personally experienced barriers to getting coverage. Even for people who manage to obtain health insurance, enrollment is not an easy or burden-free process.

People of color were far more likely than white people to view citizenship status (33% vs. 12.6%) and language accessibility (30.6% vs. 6.3%) as the biggest barriers to health insurance enrollment.

Canvassers asked: "What are the biggest barriers to health insurance coverage that you see?"

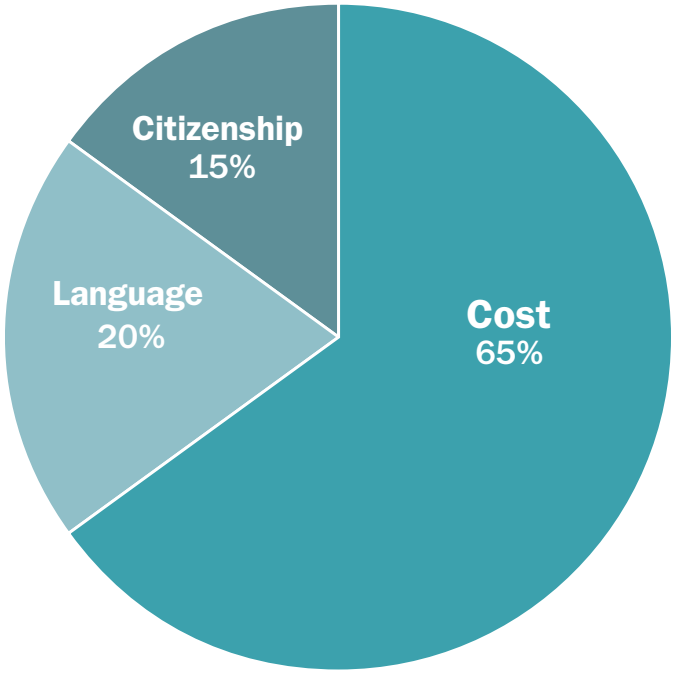


Figure 7: Cost was the most frequently identified barrier to health insurance.

STORIES FROM THE FIELD
Residents Face Many Barriers at Once

For many years, Erick worked in the machinery industry and received health insurance through his job. However, after he injured his back, he was wrongfully terminated and lost his insurance. Erick filed a complaint with the Department of Labor.

While waiting in financial limbo, he purchased over-the-counter medication, but couldn't afford back surgery doctors said he needed. He applied for insurance with Blue Cross Blue Shield and Group Health, but he was rejected, presumably because of his pre-existing back problems. Before he met project canvassers, Erick had resigned himself to taking pain killers for the rest of his life because he assumed private insurers were his only option.

Like most respondents, Erick faced multiple barriers to health insurance: unemployment, financial instability, private insurance discrimination, and lack of information about the ACA. With multiple barriers to enrollment, it is unsurprising that respondents reported feeling anxious, overwhelmed, or hopeless about obtaining affordable health care.

Negative experiences with healthcare discourage people from seeking insurance

A few respondents described dissatisfaction with health care. One woman said insurance does not cover enough. Another lamented that insurance does not include alternative medicine. People reported difficulty finding doctors willing to accept ACA plans, especially if anything more specialized than an English-speaking general practitioner was needed.

Unemployment and pre-existing health conditions make it difficult to access insurance

The link between employment and insurance was a source of concern for several respondents whose jobs did not provide benefits or who were currently unemployed. Four people believed they had been denied private insurance because of pre-existing conditions or old age.

> I just go without insurance and pay the fine in tax season, because the fine is more affordable than the cost of enrollment.

Cost was a frequently cited barrier

Cost was a common theme in respondents' comments. Many people said they could not afford the premiums or the deductibles associated with health insurance, including under ACA coverage. One woman described her cost-benefit analysis: "I just go without insurance and pay the fine in tax season, because the fine is more affordable than the cost of enrollment."

People struggled with the online Healthplanfinder

Several respondents were deterred by the internet-based enrollment process. People frequently mentioned 'website glitches' and 'blackout dates' at the door. It is unclear how much of a role the media played in raising concern about this problem. Several respondents said they had no way to access to internet. Near-by, free public internet is an important service for enrollment efforts in low-income neighborhoods.

There is a lot of misinformation circulating about the ACA

During ACA enrollment, applicants are asked to indicate if they already have health insurance. This was a source of concern for several people who incorrectly believed that admitting to being uninsured would lead to a fine or disqualification. Similarly, many people held the mistaken belief that only the most destitute residents would qualify for ACA coverage.

Residents have strong feelings about health insurance and the ACA, which impacts their likelihood of enrolling

Respondents often used emotion-laden language when talking about barriers to insurance coverage. People said they feel "afraid", "overwhelmed", and "doubtful". More than 90 respondents used the word "confusing" to describe the ACA. People "don't know where to go to apply", "don't know how to sign up", and perceive enrollment to be a "difficult process", "complicated", with too much "red tape". One woman stated that she "would have liked to have someone or a group help [her] get enrolled".

Gut feelings about the ACA were a particularly intractable barrier in the community. This showed up in comments from some respondents that state-based insurance is for "lazy people", disapproving remarks about Obama, and slammed doors. As several respondents observed, this may be a product of "resistance to new things"; people are simply "not used to the idea of accessible insurance". These sentiments are also stirred by "negative media about the ACA", political controversy and deliberate misinformation campaigns. Ongoing conversations with community members and leadership development with people already networked in these communities helped to shift some of these deep-rooted opinions and beliefs.

> I would have liked to have someone or a group help me get enrolled.

Changes in Snohomish County

IN 2015, UNINSURANCE RATES IN WASHINGTON STATE DECLINED FROM

14% to 8.65%

For the first time since 2008, uninsurance rates in Washington State declined: from 14% in 2013 to 8.65% in 2015[35]. Uninsurance 'hot spots', like South Snohomish County, saw significant reductions in uninsurance rates between 2013 and 2015.

40%

REDUCTION IN NUMBER OF UNINSURED IN SOUTH SNOHOMISH COUNTY

While there is still much work to be done to enroll the remaining 12,000 uninsured but eligible residents of the county, a 40% reduction in uninsured eligible residents is a significant achievement for increased healthcare access.

8,000

NEWLY INSURED SOUTH SNOHOMISH COUNTY RESIDENTS

In 2013, there were at least 20,000 people eligible for ACA coverage living without health insurance in South Snohomish County. In 2015, an estimated 12,000 residents of South Snohomish County remain uninsured but eligible[36]. Therefore, between 2013 and 2015, the Affordable Care Act helped 8,000 previously uninsured South Snohomish County residents enroll in health insurance plans.

28% - 30%

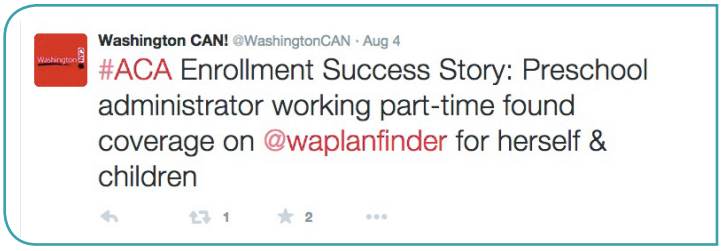
OF CANVASSED FAMILIES GAINED COVERAGE BECAUSE OF THE ACA

Survey results show similarly positive trends in ACA coverage. In 2015, 18% of insured residents contacted at the door and 25% of insured residents contacted by phone had enrolled in coverage through the Affordable Care Act. A slightly larger proportion of residents reported that their family members enrolled in insurance through the ACA: 31.3% in-person and 28.2% by phone.

Just two years after implementation of the ACA, **almost one-third** of insured residents in low-income communities and communities of color in South Snohomish County are insured because of the ACA.

Stories of ACA Enrollment Success

The stories below, along with more than 100 others, were shared on the Washington CAN! Twitter and Facebook pages and circulated with the hashtag #ACA Enrollment Success Story, as a way to encourage residents through South Snohomish County to take action and get enrolled.



MATTHEW, a 53-year old white man, said he feels great having ACA coverage because he is able to get regular check-ups and deal with all of his "50-year old guy problems". This has helped him recover from a period of disability and return to work.

ANA, a Latina woman in her early thirties, enrolled herself and her children in Apple Health and "loves it" because she does not have to worry as much when they get sick.

MARK was familiar with the benefits of state health insurance before the passage of the ACA because his son, who is blind, autistic, and has cerebral palsy, depended on Disability Insurance for the many surgeries required throughout his childhood. Mark also saw his ex-wife die of pneumonia because she was uninsured and did not get treatment. When the ACA passed, Mark enrolled himself and his daughters immediately. He feels relief knowing his family will be covered if anything happens.

EDWIN, a young man in his 20's, was able to go to the doctor after he broke his toe.

KAREN'S adult son had multiple surgeries for a total hip replacement, covered by the ACA. Karen describes insurance as a "god-send".

HARLOW, a white man in his 40's, lost his home business and the ability to afford private health insurance after he had a heart attack. He enrolled in state-based Medicaid and was able to obtain a pacemaker, which doctors believe may have saved his life.

Impact of this Outreach

Outreach increased the likelihood of ACA enrollment almost ten-fold

Project staff pursued all leads to uninsured residents and followed up with all interested residents to help them complete the enrollment process. In some cases, these were people who had never had insurance before in their life and thought of insurance as an unobtainable fantasy. Others had heard about the ACA but had not felt confident about how to apply, or had not made it a priority.

Survey results increased rates of ACA enrollment in 2015 as a result of canvassing in 2014. People contacted at the door for the first time in 2015 can be considered a control sample, while people canvassed in 2014 and recontacted by phone in 2015, shows the impact of canvassing on enrollment. Only 2% of people contacted in year 2 enrolled in ACA coverage in 2014-2015, compared to 20% of people canvassed in year 1 and recontacted in year 2. The proportion of respondents who enrolled in the ACA in 2014-2015 was ten times greater among residents who had spoken with an outreach worker, compared to residents who had not been canvassed.

Conversations at the Door Changed Residents' Opinions about the ACA

When conversations at the door did not lead directly enrollment, they created an opportunity to challenge myths about the ACA. A shift in attitudes between year 1 and year 2 is one indicator of the project's impact. Organizers encountered less negativity about 'Obamacare' and 'socialized medicine' in 2015, compared to the previous year. Unfortunately, many lower-middle income residents also expressed growing frustration when they learned that they qualified but still could not afford coverage.

STORIES FROM THE FIELD
Enrollment Education at the Door

Ida, a single woman in her 50's, works as a school bus driver and was offered health insurance through her school district, but the policy was expensive and did not cover the health care she needed. The ACA was a slightly more affordable option. Outreach workers helped Ida enroll at the door. She also helped her roommate apply. Her roommate, who has type 2 diabetes, had filed for bankruptcy in the past due to medical debt, and wanted to avoid another financial crisis. He feels more secure now, knowing he has a safety net through the ACA.

Samira, an immigrant woman with limited English speaking skills, did not disclose many details about her situation in her first conversation with a canvasser. However, during a follow-up phone call, she asked for help. She was 13 weeks pregnant with her second child and did not have access to prenatal care. She thought her private health insurance had expired, so an outreach worker called the insurance company to confirm.

Samira had heard that her husband's income disqualified her from obtaining health insurance through the ACA, and so had not considered it as an option. An outreach worker visited Samira at home to help her apply for the ACA online. Once Samira and the outreach worker completed the initial application, the outreach worker directed Samira to a nearby Planned Parenthood IPA to discuss plan options. Samira now has health insurance and is seeing a doctor to ensure that her pregnancy is as safe and healthy as possible. It is clear that repeated conversations with a trusted advocate made it possible for her to navigate the complex journey from uninsurance to a covered doctor's visit.

Education & Leadership

The hotline served as a source of additional enrollment support for canvassed residents

During the first year, the enrollment hotline received a high volume of calls. The hotline was staffed during the day and evening, so that residents could get through to a live person rather than an answering machine. Most people who called the hotline had been initially contacted at the door. Canvassing inspired residents' trust in Washington CAN! as a source of expertise about the ACA and increased residents' interest in gaining information about ACA enrollment.

After being disconnected from the state's Healthplanfinder hotline, many callers were grateful to connect with a real person. Hotline operators were able to validate the frustrating experience, assure them that the Health Care Authority was working to fix the problem, and encourage them to keep trying before the deadline, offering referral to in-person assistance when applicable. This helped people feel more supported and kept people from giving up despite obstacles.

Key leaders took action to inspire and organize their social networks

Fifteen people were trained on myth-busting and answering common questions about ACA enrollment in an effort to counter misinformation and spread awareness in hard-to-reach segments of the community. They spoke at community meetings, churches, and community centers, and used their social networks to disseminate information and offer enrollment support.

STORIES FROM THE FIELD
Mobilizing Familiy and Friends

Contact with particularly hard-to-reach individuals was driven by the initiative of residents who expressed enthusiasm about increasing access to health care in their community. During follow-up phone calls, 42 community members committed to encouraging their uninsured family and friends to enroll in ACA coverage.

Sheryl's grandmother had job-based insurance, but could not afford the deductibles, so had chosen not to see a doctor despite her age. When canvassers told Sheryl her grandmother would be eligible for Medicare, Sheryl committed to helping her grandmother understand the option of obtaining a more affordable plan.

Laura, a middle-aged school teacher, has three students who are homeless. She worries about whether their families are covered with health insurance. Outreach workers showed Laura how to access the Washington Healthplanfinder, which Laura plans to use to help her students' families, should they be interested in enrollment assistance.

Local community leader, Joselito Lopez, speaks at a community forum. Photo from My Edmonds News[37].

Conclusions

The Affordable Care Act is bringing security to many low-income Washingtonians. For the first time since 2008, rates of uninsurance have dropped in the state. In South Snohomish County between 2013 and 2015, more than 8,000 previously uninsured residents gained coverage through the ACA. These residents now have a greater chance at financial stability, health, and well-being. Organizers heard many success stories from people who were able to obtain much needed preventive care, medications, and treatment as a result of increased coverage.

Nonetheless, in 2015, one-third of respondents still said they do not have enough information about the ACA to decide whether to enroll. South Snohomish County remains a relative 'hot spot' compared to the rest of Washington; around 12,000 residents are still uninsured and eligible for ACA coverage. There is much work yet to be done. The following recommendations draw from the results of this project and are offered as a guide for future work to expand health insurance coverage and access to affordable healthcare.

RECOMMENDATION 1

Target outreach to young adults and people of color

Young adults and people of color are the most uninsured populations in South Snohomish County. These communities are grossly underserved; people of color are four times as likely as whites to be uninsured. To effectively reduce uninsurance rates in the county overall, outreach and education efforts must specifically target these groups.

This project's door-knocking approach and reliance on young outreach workers of color was a successful strategy for reaching a large number of young residents and residents of color. Face-to-face conversations reduced the barriers, caused by cultural difference, language, stigma, and distrust of government agencies, that have limited other marketing strategies.

Respondents also expressed different concerns depending on their race. Respondents of color were more likely than white people to identify citizenship status and language accessibility as barriers to enrollment. The messages and outreach methods that best serve communities of color may be different from the strategies that have been successful in white communities.

RECOMMENDATION 2

Conduct outreach door-to-door

Canvassing had a profound and measurable impact on the rate of ACA enrollment. Two-thirds of respondents stated that canvassing was an impactful way for them to gain information about the ACA. This belief was reflected in enrollment statistics. Residents canvassed by an outreach worker were ten times as likely to enroll in ACA coverage in the year following outreach as people who had not been canvassed.

As respondents' personal stories attest, the issue of health insurance enrollment is deeply entangled with other issues impacting people's lives. Any one specific barrier, such as language accessibility, website glitches, or difficulty affording insurance premiums, may not be enough to deter people from enrolling. However, these concerns become seemingly impassable road-blocks when combined with the other realities of injustice and struggle that low-income communities experience.

Through one-on-one conversations, organizers can help residents work through complex barriers to enrollment and identify the forms of support that are most useful for the individual at the door.

RECOMMENDATION 3

Develop leadership in the community

Access to health care is an emotional and political issue, and enrollment efforts have to contend with years of negative media and political attacks on the ACA. During this survey, people said they feel "afraid", "overwhelmed", and "doubtful". Some residents even expressed distrust or anger about the ACA.

When people have such strong feelings about an issue, distributing information is unlikely to solve the problem. Attitudes and beliefs change slowly, through relationships build over time. Organizers in this project

spoke with residents multiple times - at the door, on the phone, and in follow-up home visits - because this was the level of ongoing interaction needed to help people overcome the logistical and emotional barriers to enrollment.

Noncontacted family members had much higher rates of uninsurance than individuals interviewed at the door. Increasing insurance rates among this population will require encouraging canvassed individuals to talk with their family members about enrollment.

Transferring skills and knowledge to existing grassroots leaders was also an important strategy for shifting attitudes in the community. When people make decisions about their finances and health, they are most likely to trust the family and friends they already know.

RECOMMENDATION 4

Reduce the cost of health care and expand ACA eligibility

Although the Affordable Care Act is expanding access to insurance for many Americans, too many people still do not have real affordable options for coverage. Cost was by far the most common barrier to obtaining insurance. Working-class families living just above the poverty line find that they qualify for ACA coverage, but cannot afford the premiums and deductibles. Non-citizen immigrants who have been in the U.S. for less than five years live without a safety net for health care crises.

To achieve universal access to health care, policymakers and healthcare providers will need to reduce premiums for more low-to-moderate income families, lower the cost of healthcare services, and reduce the requirements for eligibility.

Endnotes

1. "Snohomish County, Washington." *U.S. Census Bureau*. 29 May 2015. <http://quickfacts.census.gov/qfd/states/53/53061.html>
2. Smith, Jessica and Carla Medalia. "Health Insurance Coverage in the United States: 2013." *U.S. Census Bureau*. September 2014. <https://www.census.gov/content/dam/Census/library/publications/2014/demo/p60-250.pdf>
3. Levy, Jenna. "In U.S., uninsured rate sinks to 12.9%." *Gallup Polls.* 7 January 2015. <http://www.gallup.com/poll/180425/uninsured-rate-sinks.aspx>
4. Buettgens, Matthew, Randall Bovbjerg, Caitlin Carroll, and Habib Moody. "The ACA Medicaid Expansion in Washington: Health Insurance Policy Simulation Model." *Health Policy Center, The Urban Institute*. May 2012. <http://www.hca.wa.gov/hcr/documents/aca_medicaid_expansion_wa_state.pdf>
5. U.S. Department of Agriculture. 9 August 2006. <www.historylink.org/index.cfm/?DisplayPage=output.cfm&file_id=7877/>
6. U.S. Census Bureau, 2015.
7. Vance-Sherman, Anneliese. "Snohomish County Profile." *Employment Security Department of Washington State.* September 2014. <https://fortress.wa.gov/esd/employmentdata/reports-publications/regional-reports/county-profiles/snohomish-county-profile>
8. "The Population of Snohomish County." *Snohomish County Area Plan on Aging 2012-2015.* Section B-1. <http://snohomishcountywa.gov/DocumentCenter/View/7176>
9. Ibid.
10. Kreidler, Mike. "State of the Uninsured: Health Coverage in Washington State." *Washington State Office of the Insurance Commissioner.* 13 December 2011. <http://www.insurance.wa.gov/about-oic/commissioner-reports/documents/2011-uninsured-report.pdf>
11. Ayanian, John, Jose Weissman, Eric Schneider, Jack Ginsburg, and Alan Zaslavsky. "Unmet Health Needs of Uninsured Adults in the United States." *The Journal of the American Medical Association*. 284.16 (2000): 2061-2069.
12. McMorrow, Stacey, Sharon Long, and Ariel Fogel. "Primary Care Providers Ordered Fewer Preventive Services for Women with Medicaid than for Women with Private Coverage." *Health Affairs*. 34.6 (2015): 1001-1009.
13. Gardner, Lara and Sharmila Vishwasrao. "Physician quality and health care for the poor and uninsured." *Inquiry.* 47.1 (2010): 62-80.
14. Finkelstein, Amy, Sarah Taubman, Bill Wright, Mira Bernstein, Jonathan Gruber, Joseph Newhouse, Heidi Allen, Katherine Baicker, and The Oregon Health Study Group. "The Oregon Health Insurance Experiment: Evidence from the First Year." *The Quarterly Journal of Economics*. 127.3 (2012): 1057-1106.
15. Wilper, Andrew, Steffie Woolhander, Karen Lasser, Danny McCormick, David Bor, and David Himmelstein. "Health Insurance and Mortality in U.S. Adults." *American Journal of Public Health*. 99.12 (2009): 2289-2295.
16. Williams, David and Selina Mohammed. "Discrimination and racial disparities in health: evidence and needed research." *Journal of Behavioral Medicine*. 32.1 (2009): 20-29.
17. Brown, Derek. "Impact of the Affordable Care Act on Access to Care for U.S. Adults with Diabetes, 2011-2012." *Centers for Disease Control and Prevention.* 7 May 2015. <http://www.cdc.gov/pcd/issues/2015/14_0431.htm>
18. Sonfield, Adam. "Implementing the Affordable Care Act: Enrollment Strategies and the U.S. Family Planning Effort." *Guttmacher Policy Review*. 14.4 (2011): 20-25.
19. Clemans-Cope, Lisa, Mathew Buettgens, and Hannah Recht. "Racial / Ethnic Difference in Uninsurance Rates under the ACA: Are Differences in Uninsurance Rates Projected to Narrow?" *Urban Institute: Elevate the Debate*. 2014.
20. Hill, Ian, Brigette Courtot, and Margaret Wilkinson. "Reaching and Enrolling the Uninsured: Early Efforts to Implement the Affordable Care Act." *Urban Institute*. 9 October 2013. <http://www.urban.org/UploadedPDF/412917-Reaching-and-Enrolling-the-Uninsured.pdf>
21. Stephens, Jessica and Samantha Artiga. "Getting into Gear for 2014: Key Lessons from Medicaid and CHIP Outreach for Enrollment under the Affordable Care Act." *Kaiser Commission on Medicaid and the Uninsured.* June 2013. <https://kaiserfamilyfoundation.files.wordpress.com/2013/06/8445-key-lessons-from-medicaid-and-chip.pdf>

22. Nickerson, David. "Is Voting Contagious? Evidence from Two Field Experiments." *American Political Science Review.* 102.1 (2008): 49-57.
23. Price, Marika. "Local advocacy groups launch Obamacare outreach campaign." My Edmond News. 3 October 2013. <http://myedmondnews.com/2013/10/local-advocacy-groups-launch-obamacare-outreach-camapign/>
24. The only case in which a non-white racial group was underrepresented in the survey was among Latinos re-contacted by phone. This may be a consequence of the smaller number of bilingual Spanish speakers making phone calls. However, the difference between the number of Latinos in year 1 callbacks and the number of Latinos in the County overall is very small (7.1% vs. 9.5%).
25. U.S. Census Bureau, 2015.
26. The U.S. Census Bureau estimates that 14.5% of Snohomish County residents were uninsured in 2013. Simulations project that the ACA will reduce uninsurance rates by 10 percentage points on average by 2016[19]. Therefore, the uninsurance rate in Snohomish County likely fell significantly below 12% by 2015.
27. In the second year of outreach, 20% of respondents reported that all other members of their immediate family were uninsured.
28. Kreidler, 2011.
29. Smith and Medalia, 2014.
30. Artiga, Samantha. "Health Coverage by Race and Ethnicity: The Potential Impact of the Affordable Care Act." *The Henry J. Kaiser Family Foundation.* 13 March 2013. <http://kff.org/disparities-policy/issue-brief/health-coverage-by-race-and-ethnicity-the-potential-impact-of-the-affordable-care-act/>
31. Pear, Robert. "Gender Gap Persists in Cost of Health Insurance." *The New York Times.* 19 March 2012. <http://www.nytimes.com/2012/03/19/health/policy/women-still-pay-more-for-health-insurance-data-shows.html?_r=0>
32. "Type of Health Insurance Coverage by Household Income and Income-to-Poverty Ratio: 2013." *U.S. Census Bureau, Current Population Survey. 2014.* Annual Social and Economic Supplement.
33. "Key Facts about the Uninsured Population." *The Henry J. Kaiser Family Foundation.* 29 October 2014. <http://kff.org/uninsured/fact-sheet/key-facts-about-the-uninsured-population/#footnotes-131282-39>
34. Snow Landa, Amy. "Washington State Launches Ad Blitz Promoting Health Exchange." *Kaiser Health News*. 26 August 2013. <http://khn.org/news/washington-state-launches-ad-blitz-promoting-health-exchange/>
35. Zak, Annie. "Washington uninsured rate drops dramatically post-Obamacare." *Puget Sound Business Journal.* 7 July 2015. <http://www.bizjournals.com/seattle/blog/health-care-inc/2015/07/obamacare-slashes-washington-uninsured-rate-by.html>
36. Campo, Joe. "Uninsured Eligibles: Estimates of Individuals Eligible for QHP or Medicaid who Remain Uninsured by ZCTA 2013 and 2015." *Health Care Research Center*, Office of Financial Management. 19 June 2015.
37. Price, 2013.

Appendix A: Survey Protocol

We are working to ensure everyone in our communities has access to quality, affordable health care. This short survey helps us assess how health care reforms are impacting individuals and families in Washington.

1. Do you have health insurance? **Y N**
   - If yes, did you get health insurance through Obamacare / the Affordable Care Act? **Y N**
   - If yes, did you sign up in the first year (2013-2014) or second year (2014-2015) of enrollment?
   - Does anyone in your family have health insurance? **Y N**
   - Did anyone in your family get health insurance through Obamacare / the Affordable Care Act? **Y N**

2. Do you have enough information to make an informed decision about whether or not enroll in health coverage through the Affordable Care Act? **Y N**

3. What has been your most trusted source of information about Obamacare / the Affordable Care Act:
   - Something I received in the mail
   - A face-to-face conversation with someone in my community
   - TV / Radio advertisements
   - Statements from politicians and elected officials
   - Information I got at the hospital or clinic

4. What are the biggest barriers to health insurance coverage that you see?
   - Some people are not eligible because of citizenship status
   - The cost of health insurance is still too expensive
   - There is not enough information in my language

5. Have you had a good experience with health insurance because of the Affordable Care Act? What is your story?

6. Can we follow up with you about your story? **Y N**

Race/ ethnicity:
Hispanic/Latino African/African American White/Caucasian Native American Asian/Pacific Islander

Age: <18 18-26 27-39 40-64 65+ **Gender:** Male Female Other

Name: _____
Address: _____
Phone Number: _____

Appendix B: Data Tables

Table 1: Respondents surveyed in South Snohomish County, compared to Census data[25] estimates of demographics in the County overall.

	Survey in Year 2	Callbacks from Survey in Year 1	Snohomish County Census
Race			
White	51%	42%	72.8%
People of color	49%	58%	27.2%
Hispanic/ Latino	10.8%	7.1%	9.5%
Asian/ Pacific Islander	15.9%	10.7%	10.4%
African/ African American	6.5%	3.6%	3.0%
Native American	1.8%	3.6%	1.5%
Other / multi-racial	2.2%	3.6%	4.3%
Gender			
Male	49%	50%	50.1%
Female and Trans	51%	50%	49.9%
Age			
65+	11%	14%	11.7%

Table 2 The proportion of respondents, by race, gender, and age, who identified cost, citizenship status, or language as the biggest barrier to enrollment in the Affordable Care Act.

	Cost	Citizenship	Language
Race			
People of color	64%	33%	30.6%
White	70.2%	12.6%	6.3%
Gender			
Male	68%	8.1%	13%
Female	67.5%	22%	16.8%
Age			
Under 18	17.3%	36.3%	17.3%
18-26	67.4%	32.5%	24%
27-39	69.8%	19.6%	16.9%
40-64	69.4%	17.5%	10.3%
65+	64.3%	14.3%	14.3%