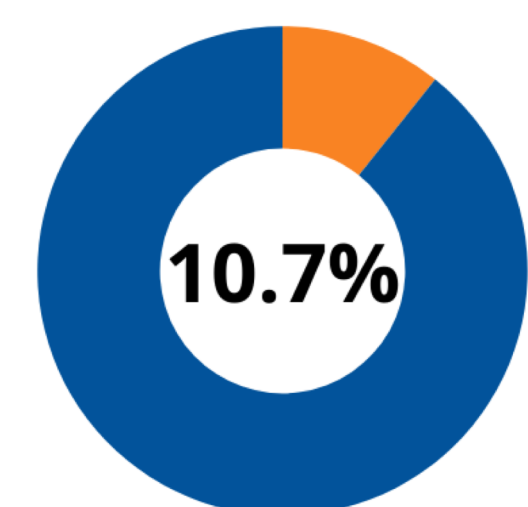


Community-Centered Solutions to Increase Enrollment among la Comunidad Latina in North Carolina

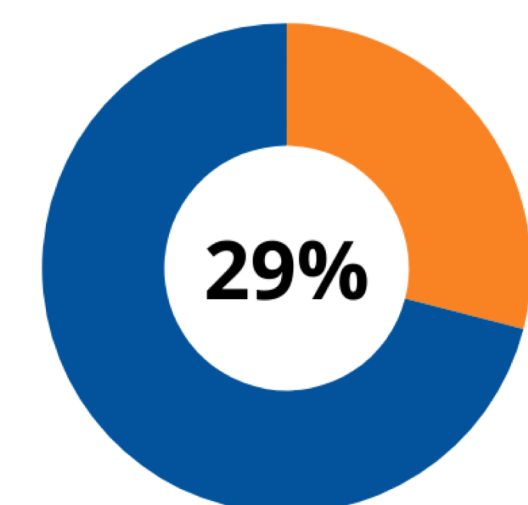


BACKGROUND

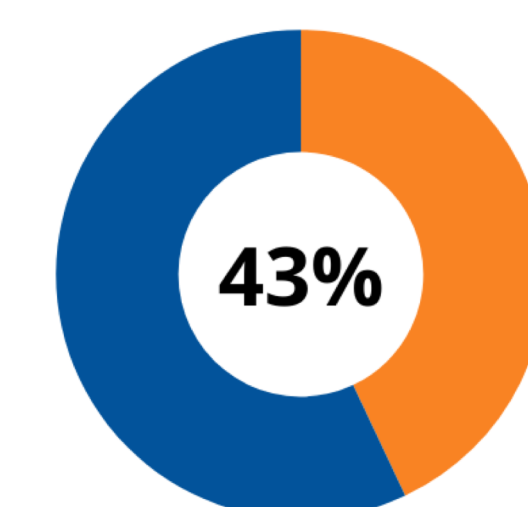
- Lack of health insurance is one of many **systemic barriers to health services** that results in disparities in health and wellness.
- Latinx communities face unique **language and cultural barriers** when accessing health insurance information to enroll in health plans.



La comunidad Latina represents **10.7%** (1,118,596) of North Carolinians.



According to the ACS 2017 – 2021 5-year Estimate, **29%** (290,496) of Latinos of all ages lack health insurance.



43% (238,275) of people who identify as Hispanic, Latino or Latinx between the ages of 19 -64 are uninsured.

APPROACH

- Aimed to increase participation of la comunidad Latina in Affordable Care Act (ACA) and Medicaid enrollment health insurance
- Developed culturally and linguistically appropriate health insurance education and trainings in Spanish for North Carolina based community health workers (*promotores de salud*) and Hispanic/Latino/a/x community members
- Trainees in different health professions were included in the design, establishment, and assessment of the materials or participated in the implementation
- Undergraduate and graduate students analyzed focus group data to develop policy recommendations

METHODS

- We examined barriers to insurance enrollment in Latinx communities and gaps in current educational materials to recommend policy solutions to overcome these challenges via focus groups.
- We held three focus groups between March and April 2023 (n = 8 to 9 per FG; n = 11 total number of participants) that covered knowledge of health insurance, barriers and solutions to enrollment, and content for the education materials.
- Four bilingual team members translated and reviewed original language transcripts to English; transcripts were independently coded by at least two people; the team met to reach consensus.
- Students used inductive coding techniques in Dedoose and developed a codebook for common theme identification.

RESULTS

From our analysis, we extracted 8 key themes and relevant quotes:

THEMES	BARRIERS	SOLUTIONS
1) Language	- Minimal bilingual staff and resources - Mistranslations of insurance terms	- Culturally sensitive translations - Compensating bilingual CHWs
2) Lack of Understandable Materials	- Unclear vocabulary on eligibility requirements and enrollment documents	- Materials for all literacy levels = Glossary of necessary vocabulary
3) Personal and Community Experiences	- Judgment when seeking clarification - Lack of access to information/resources	- Disseminating bilingual resources - Employee Cultural Trainings
4) Trust and Value Proposition	- Skepticism about value of insurance - Negative experiences with the system	- Awareness of right-to-care - Highlight low-cost providers
5) Trustworthiness of the System	- Experiences of discrimination and scams - Fear of immigration or public charge	- Face-to-face appointments - Work with CHWs and CBOs
6) Community Power and Knowledge	- Discrimination and stereotypes - Unfamiliarity with health insurance	- Community education initiatives - Prioritize funding for Latinx health
7) Cultural Humility	- Establishing trust and relationships - Addressing fears and misconceptions	- Sensitivity and understanding - Cultural humility workshops
8) Relationship Building	- Lack of direct connection to la comunidad Latina - Lack of understanding and compassion regarding Latino/x experiences	- Develop cultural humility and learning traits such as patience, sensibility, and kindness

Community Power and Knowledge:

"They think it's basically that sometimes because you are Latino you don't have the opportunity to have insurance"

Language:

"Moms don't even take their children to the pediatrician... because they say: ... "Can you make an appointment for me if there is a doctor who speaks Spanish or something? Because even to make appointments we don't have the option to do it in Spanish"

Lack of Understandable Materials:

"No, they are not clear on the documents that are needed. Lines are delayed, the family gets tired and does not consult..."

POLICY IMPLICATIONS

- Future policy to sustain *promotores de salud* programs can focus on **expanding training opportunities** and **implementing alternative payment models** that sustain their role in the health system
- Strategically integrating bicultural and bilingual *promotores de salud* in healthcare and research initiatives within **Medicaid Expansion** in NC and across other states can facilitate insurance enrollment and access to healthcare in Latinx communities.
- Facilitating **education** and **community-academic partnerships** can increase awareness of health insurance in Latinx communities

CONCLUSIONS

- Findings from our study informed the implementation of FIEL-NC, which aligns to the social mission of health professionals by including clinicians, undergraduate and graduate trainees, residents, *promotores de salud* and other health professionals from the fields of family medicine, nursing, policy, and pediatrics.

Acknowledgements, Contact, Protocol #s, and more information

We thank Fuerza y Union Multiple, Iglesia la Semilla, El Centro Hispano, Mujerx Organizando Oportunidades Notables (MOON), UNETE, Lila NC, LATIN-19.

We thank Duke Bass Connections and the Kate B. Reynolds Charitable Trust for funding support.

- Contact Andrea Thoumi at Andrea.Thoumi@duke.edu
- Pro00111973
- For more information, visit: www.bit.ly/FIELNC_SMA2024