

Addressing Structural Racism: A Study of Efforts to Promote Health Insurance Coverage and Improve Racial Equity

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2022 Open Enrollment At-A-Glance ^{1, 2}



MORE THAN

14.5 MILLION

Total consumers enrolled



21 PERCENT

Increase in total consumers enrolled over the 2021 open enrollment



3.1 MILLION

New consumers enrolled



8 PERCENT

U.S. uninsured rate in Q1 2022, an all-time low

“If you’re doing outreach, include photos that include people with disabilities and have a diversity of disabilities within those photos... it’s much more than [people in wheelchairs]. Find photos of people that are using sign language, or maybe you can see that they have a hearing aid on, or maybe they have a guide dog. Make sure that there’s ...racial diversity in the photos as well; it’s not just white people in wheelchairs.”

Key informant from a national organization ▲

BACKGROUND

Historical inequities, which are grounded in systematic and structural racism, present challenges to enrolling people from under-resourced and marginalized communities in health insurance. The Robert Wood Johnson Foundation (RWJF) has a long history of investing in national organizations, known as funded partners, to support Affordable Care Act and Medicaid/Children’s Health Insurance Program outreach and enrollment (OE) efforts for under-resourced communities. RWJF’s funded partners collaborate with grantees and community power organizations that serve local communities to educate uninsured individuals and families about enrollment into applicable health insurance programs and then connect and assist them with those programs. Many of these organizations focus on historically underrepresented populations and communities where inequities persist.

EVALUATION

RWJF is keenly interested in whether and how funded partners are working to advance their OE goals. It also wants to know how partners are addressing racial and health equity. RWJF contracted with Mathematica—which worked with three community-based evaluation partners to conduct a series of data collection and analysis activities, including key informant interviews, a network survey, and consumer focus groups—to evaluate RWJF’s funded partners’ efforts and provide insight on consumers’ experiences during the 2022 Affordable Care Act Marketplace open enrollment period.

KEY FINDINGS

- **Funded partners indicated that historically under-represented and under-resourced groups require innovative strategies to reach and enroll into health insurance.** Reasons these strategies are necessary include historical and lived experiences with discrimination in health care settings, mistrust of health care systems or government programs, language barriers and fear or misunderstanding about policies such as public charge, and lack of awareness about health insurance. OE organizations reported several strategies that worked, including hosting or attending in-person meetings, cultural events, back-to-school fairs, and other community-based events; collaborating with neighborhood businesses and with other established safe spaces or trusted partners; prioritizing language translation needs for materials and conversations with consumers; and designing innovating social media materials and content, including intersectional diverse representation. Enrollment outcomes don’t suggest a direct correlation between Navigator budget cuts and declines in enrollment.
- **Partners cited trust as a critical factor to facilitating OE.** Funded partners built trust by hiring within the community; hosting or attending in-person meetings, cultural events, and other community-based events; collaborating with neighborhood businesses; and incorporating a cultural competency and intersectional approach in OE activities that recognizes that consumers’ identities are multifaceted.

¹Centers for Medicare & Medicaid Services. “Health Insurance Marketplaces 2022 Open Enrollment Report.” Woodlawn, MD: Centers for Medicare & Medicaid Services, 2022. Available at <https://www.cms.gov/files/document/health-insurance-exchanges-2022-open-enrollment-report-final.pdf>.

²Office of Health Policy. “National Uninsured Rate Reaches All-Time Low in Early 2022.” Issue Brief No. HP-2022-23. Washington, DC: Office of Health Policy, August 2022. Available at <https://aspe.hhs.gov/sites/default/files/documents/15c1f9899b3f203887deba90e3005f5a/Uninsured-Q1-2022-Data-Point-HP-2022-23-08.pdf>.

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“People need to know you are one of them so they can trust you more and trust what you are presenting.”

Key informant from Michigan ▲
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Many in our local Black population do not “trust the healthcare system. They don’t trust the doctors. They’re traumatized because of whatever their relatives went through in the past and their ancestors went through in the past...They don’t trust the government. They believe that the health care system wants to utilize them as guinea pigs.”

Key informant from New Jersey ▲
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KEY FINDINGS CONTINUED

- **Community power organizations serve as trusted messengers to communities and help elevate community voice and lived experience.** Community power organizations can play an important role in promoting health insurance by connecting with people about other topics and services they work on—such as food access—and by using it as a starting point to ask about health coverage.
- **Structural racism manifests before and after enrollment into coverage.** Structural racism in coverage appears as biased medical treatment, unequal access to care and administrative burden, lack of information and translation services, and through disparities in social determinants of health, such as housing, employment, and health insurance literacy.
- **OE partners are not consistently measuring their efforts, making it difficult to assess their contributions.** OE partners vary in whether and how they measure their OE efforts, making it challenging to understand what activities work, what activities could be replicated, and what activities are ineffective. Some partners track measures such as the number of outreach forms distributed, number of enrollments, and social media impressions on digital ads. Few funded partners described explicit use of racial analysis or ways of incorporating equity measures in their work.

RECOMMENDATIONS FOR FUNDERS OF OE WORK

- **Build on success.** RWJF’s current investments in its funded partners fill a gap and add substantial value to the current OE ecosystem. RWJF and other funders of OE work could further invest in high-quality communications materials that are representative and inclusive. They could also enhance their support of community power organizations to engage in OE activities to bring awareness of enrollment options and support to new communities.
- **Build capacity and trust.** Funders of OE work could bring greater stability to the OE community by implementing long-term funding arrangements with existing funded partners that allow communities to identify and implement solutions at a local level. There is a need to support convenings of funded and subcontracted partners, including community power organizations, to explore, discuss, and learn about community needs and strategies for reaching under-resourced communities that could also build trust.
- **Dismantle structural racism.** Funders of OE could invest in monitoring, evaluation, and learning activities to understand the outcomes of their investments with a health equity lens and move the field forward. Funders could also collaborate to identify, summarize, and disseminate promising practices for OE communication with communities of color and other under-resourced groups and support funded partners in efforts to measure and report standardized data, including data on racial, ethnic, and language composition of those assisted (if applicable). Further, they could invest in efforts to identify how structural racism in housing, employment, and medical care manifests in communities and strategically plan for how to address it, and support consumers facing it, to help understand and break down barriers to consumers’ interest and motivation to enroll in and use health insurance.

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“[Funders should] make it easier for [community power organizations] to participate directly as [a] grantee instead of waiting for someone to subcontract with them.”

Key informant from New Jersey ▲
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“I would say multi-year funding is where [funders’] investments would be most useful so that people can build out a program and make plans for future years, because it’s not like insurance is going away.”

Key informant from New Jersey ▲
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