

Proposal: The ACA and the Latino Community

The Challenge:

Latinos, like most Americans, know little about the health reform law, the Affordable Care Act (ACA).

The majority of Latinos want a fair health system that includes everyone equally. And the majority of Latinos, when informed, want the provisions of the law such as eliminating exclusions for pre-existing conditions, lifetime caps, and insurers' denials of care when you get sick and need it most. They also value the tax credit assistance to small businesses and the law's emphasis on prevention.

Yet due to a lack of information and/or much misinformation, too many Latinos aren't taking advantage of the law's current benefits—and they stand to benefit as much or more than any other demographic group. For example, fewer Latino owned small businesses (9 out of 10 Latino businesses are under 25 employees) in comparison with other small business owners are taking advantage of the tax credits to help insure their employees. Yet many Latino-owned small businesses are invested in the value of community responsibility and actively seek out options to provide employees affordable coverage.

When the Latino community is informed about the ACA through educational outreach, they move in both their understanding of and engagement with the law. Without this outreach, the risk is far greater that Latino families and small business owners will not take advantage of the benefits—much will be left on the table.

If the Latino community fails to realize that it has a stake in preserving and improving the law, the provisions that serve the community most will be much more vulnerable to attack. De-funding or otherwise failing to implement the ACA would have direct and harmful consequences for the Latino community. Repeal would stop the law's provisions for community members that both improve health access and provide opportunities to work as health care professionals.

The Opportunity:

The Herndon Alliance (HA) and other health stakeholders have been tracking the Latino community's response to health reform. Latinos are different from other ethnic groups in their pronounced commitment to family, community, and local action combined with a desire to solve the problems in the health system in an equitable fashion, even when governmental action is needed.

In fact, we see greater positive movement in Latinos' perceptions of the law when they are informed of its benefits than almost any other demographic group. We know there is great potential to connect with Latinos on their core values and expand their knowledge of the ACA in order to help ensure that they take advantage of the benefits, expand their support for the law, protect the law from attacks, and safeguard its successful implementation.

In addition, The California Endowment did a very large-scaled educational outreach intervention in California. The emphasis of their intervention was on bought media in the Spanish speaking market. The intervention (over a 6 month period) was evaluated with multiple rounds of flash polling.

Initially, a majority of Latinos residing in California knew little about the law and only 52% had a positive perception of it. After this broad based media campaign, positive impressions of the law increased to 63% for all Latinos polled in California. This is an impressive proof of concept. It should be noted that the media campaign used tested messaging and Doctora Isabel, a well-known media figure and health expert, as the spokesperson—this combination was particularly effective.

Our work will be most effective if the proposed media efforts are amplified with grassroots educational activities (for example community level activities and op-eds in appropriate media)—the ground game complementing the media campaign. Local Latino and health care groups are interested in participating. An additional asset to augment the educational activities and media campaign is the availability and distribution of Spanish written literature on the ACA, such as those developed by AARP/LULAC.

We believe this is a successful model which can be replicated with small modification in a number of key Latino cities and markets throughout the country and in so doing make a significant impact on the knowledge and health of those communities.

The Proposed Intervention and Work Plan

Recognizing the importance of educational outreach in Latino communities and the potential for great success, the National Hispanic Leadership Agenda will lead and coordinate the project. In addition, their member organizations will be involved as they are able. Media companies, such as Univision, are willing to offer assistance in the media intervention, having had prior success with outreach programs conducted on behalf of the California Endowment and the Houston community.

The work plan for the proposed 6 month media and grassroots intervention has been established as follows:

1. The National Hispanic Leadership Agenda identifies up to ten Latino media markets to be the focus of the media campaign effort. Communities will be selected on specific criteria including: the size of the Latino population, strong local organizations that can carry the ground campaign successfully, and places where education and Latino involvement could enhance the success of the implementation. The markets will be 'rolled out' over the six month time period.
2. The lead organization will identify local partner groups including key Latino health groups, community health centers, Latino media outlets, hospitals, Latino doctors, nurses and institutions that value the health of the Latino community. These groups will be brought together within each market to collaboratively develop and implement grass roots educational strategies and activities. They will be assisted with resources including communications and

messaging skill training sessions presented by HA and follow-up consultation via conference call or emails.

3. National Latino organizations working with state based groups will identify target populations within each Latino community (from older Latinos many of whom are immigrants, to young Latinos the vast majority of whom are US born, to Latino small business owners) and identify campaign objectives for each population.
4. Paid Spanish Language Media Campaign: Depending on national and local resources, coordinate a media buy that optimally extends over six months including paid and supporting media activities in Spanish, including heavy emphasis on partnerships with bilingual and Spanish-language media. Each campaign will be localized to employ the strategies with the most reach in every community. For example, the use of AM radio spots may be significantly more effective in some communities where mainstream networks are not as accessible or widely used, while advertising on a prominent FM radio show may have more impact in other areas. The contracted media company will create TV and radio spots and social media platforms that, consistent with research findings on messaging, begin the process of educating Latinos about the ACA and health reform.
5. Earned Media and Grassroots: Collaborate with and assist the identified local partners in developing community based educational outreach such as events (ex: Town Hall style meetings), activities (ex: drafting and placing a Letter to the Editor), and community outreach to small business owners, youth, doctors, etc. Within each market, focus these efforts on the targeted populations. These grassroots efforts will be focused on Spanish language written and electronic media and should complement and supplement the Spanish language media campaign, help to build community, and potentially a call to action (such as enrollment). All materials developed and used need to be Spanish-language, well received across Latino subgroups, and authentic.
6. Collaborate and assist other state organizations/advocates to develop other activities (such as op-eds, media events as provisions are rolled out) that complement and supplement the media buy.
7. Undertake an evaluation component with pre and post testing to assess movement in public opinion.
8. Communicate with the administration (HHS etc.) to coordinate our efforts and help create maximum affect.

Outcome Measures

Success will be determined by how successful the ground and air campaigns were in moving public opinion. Potential measurable outcomes include:

1. Increased numbers of Latinos who say they now know what is in the law and are certain of the law's status.

2. Increased numbers of Latinos receiving ACA benefits (for example, small business owner tax credits)
3. Increased numbers of op-eds, letters to editors, speaking engagements, etc.
4. Increased discussion and engagement within the Latino community around health care and the ACA (for example, Facebook, sign on letters, etc.)

Potential Markets

Tier One

Miami*

Ft Lauderdale*

Orlando*

Tampa*

New York City/Jersey City/Newark**

Dallas/Ft Worth*

San Antonio*

Las Vegas*

Las Cruces*

Albuquerque*

Santa Fe*

Tier Two

Chicago**

Denver**

Phoenix

Tier Three

Philadelphia**

Atlanta*

El Paso*

Austin*

Milwaukie*

Brownsville/Corpus Christi*

Tucson

*** in states where Know Your Care (KYC) will be active**

**** in states where both KYC and Community Catalyst (CVC) will be active**

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