

# Covered California Awareness in the Middle Eastern and South Asian Community

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## ABSTRACT

### IMPORTANCE

With minorities being historically more likely to be uninsured, research shows that the success of recent health insurance reform initiatives such as Covered California will be at least partly dependent on these programs' ability to reach minority populations.

### OBJECTIVE

To examine the awareness, perceptions, and understanding of Covered California among the Middle Eastern & South Asian community. Additionally, differences based on age, education, reading language, and gender were also investigated.

### METHODS

Convenience sampling was used to survey Middle Eastern adults ages 18 through 69 from August 2014 to October 2014 in the Greater Sacramento region. Knowledge of plans, name recognition ability, awareness of eligibility, opinion of pricing, and perception of monetary worthiness were assessed through a questionnaire.

### RESULTS

189 completed questionnaires were analyzed; the median age of respondents was  $38.3 \pm 12.9$  yrs. 55% recognized 'Obamacare' as an identifiable name while 'Affordable Care Act' and 'Covered California' were both significantly less recognized. 79.4% of respondents believed they were eligible for Covered California coverage. 15% reported understanding the differences between the Bronze, Silver, Gold, and Platinum plans. 70% reported that they did not believe that the rates provided for representative Covered California plans were fairly priced.

### CONCLUSION

Significant lack of understanding regarding Affordable Care Act implementation exists within the Middle Eastern and South Asian population with several impediments to Covered California accessibility being displayed namely lack of awareness, understanding, and perceived equitability of health insurance plans.

## INTRODUCTION

Despite the Asian-American population expected to grow by 213% by 2050<sup>1</sup>, research exploring the disaggregated health needs of the diverse Asian American community is

sparse; research exploring Asian American sub-populations such as the Middle Eastern and South Asian communities is especially rare. And with the implementation of recent health reform legislation designed specifically to target uninsured populations – among them Asian American populations that have historically experienced higher rates of being uninsured than the national average<sup>2</sup> — assessing the impact and effectiveness of the Patient Protection and Affordable Care Act (ACA) amongst such Asian subpopulations is necessary.

In California, one of the ACA's most significant effects is the establishment of Covered California, California's unique health insurance exchange marketplace. However, the complexity of the ACA and these newly established systems has led to significant amounts of skepticism regarding eligibility<sup>3</sup> as well as a significant amount of uninformed concern regarding the actual benefits of ACA implementation<sup>4</sup>. Additionally, research has repeatedly shown that poorer familiarity with insurance options as a whole can lead to delays in seeking care and have significant negative overall effects on health outcomes<sup>5-7</sup>.

In this study, the Middle Eastern and South Asian community in the Greater Sacramento region is used as a model to explore the level of familiarity and understanding regarding health insurance after the completion of one full enrollment cycle of Covered California. This exploration centers around the ability to parse through an often confusing amalgamation of terminology, perceptions regarding eligibility, and opinions regarding equitability of Covered California plans. The objective was to establish a baseline record to explore the need for additional education and potential intervention and in that end data regarding age, gender, language, and education level was also explored.

## METHODS & DESIGN

This was a community-based assessment of the Middle Eastern and South Asian community in Sacramento, CA investigated through a questionnaire completed at several local area community centers. Initially, a pilot study ( $n = 27$ ) was conducted in July 2014 at Shifa Community Clinic, a local community clinic with a predominantly South Asian and Middle Eastern demographic, and results were assessed to ensure readability, clarity, and validity of the questionnaire.

Participants were recruited via convenience sampling methods at several mosques, temples, and gurdwaras across Sacramento. Eligibility criteria required participants to be at

least 18 years of age and of Middle Eastern or South Asian descent. Across the various sites, close to equal representation of South Asian and Middle Eastern communities was achieved. Tables were set up after worship services and participants completed the questionnaire on site, with some using translators as necessary.

The survey (see Appendix) asked participants to provide basic demographic information including: age, gender, education level, and reading language. Understanding of terminology was assessed by asking participants to report their familiarity with the terms “Affordable Care Act,” “Obamacare,” and “Covered California.” Awareness of insurance plans was assessed by asking participants whether they believed they were eligible, who first told them about Covered California, and whether they understood the differences between the various insurance plans based on Covered California’s metal tier structure. Finally, a sample plan was provided to assess participants’ ability to afford the monthly rates, their willingness to pay these monthly rates, and whether they believed the rates were fair.

The survey data was interpreted utilizing frequency analysis and binary logistic regression. All data was analyzed in IBM SPSS.

## RESULTS

Between August 2014 and October 2014, 189 participants completed the questionnaire. The median age of participants was 38.3 ± 12.9 years with 76.7% males (n = 145) and 44% females (n = 44). 30.6% (n = 58) of the sample reported having less than a high school education, 21.1% (n = 40) reported having up to a high school education, and 48.1% (n = 91) reported having at least a college education. 70.8% (n = 134) reported English being their current primary reading language with remaining participants reporting Other; Urdu was specifically written in by 2.1% (n = 4) and Hindko by 1.1% (n = 2), with the rest electing not to specify.

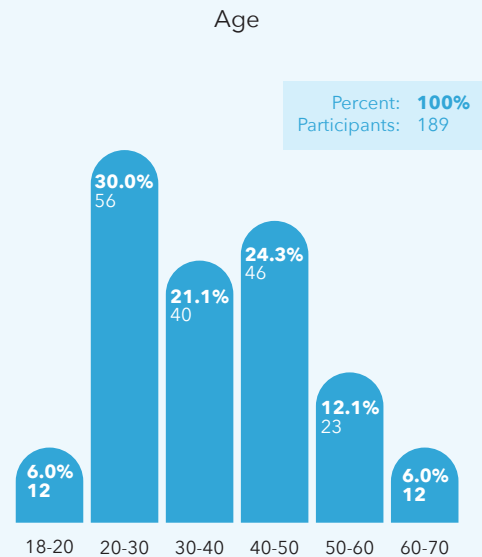
Overall, Table 2 shows that based on this sample respondents reported that 79.4% (n = 150) believed they were eligible. 18.5% (n = 35) believed they understood the differences within the metal tier system. 34.4% (n = 65) believed they could afford monthly insurance rates while 21.5% (n = 14) of those 65 were willing to pay. And 36% (n = 68) reported feeling that plans provided by Covered California were worth the price. This data was further analyzed based on stratification of age groups, genders, and primary reading language as shown in Table 3.

## KNOWLEDGE

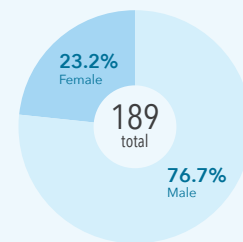
When determining the knowledge the participants had in knowing the terms listed, 85% reported recognizing the term “Obamacare,” 37.5% reported recognizing the term “Covered California,” and 22.7% recognized the term “Affordable Care Act.”

When determining the various combinations of terms the participants knew, 15.3% had heard of all three terms: Affordable Care Act, Obamacare, and Covered California. 14.8% has heard of “Obamacare” and “Covered California.”

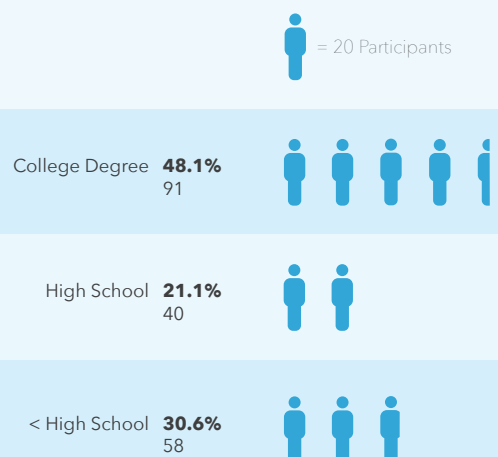
Table 1: Sociodemographic Characteristics of Participants



## Sex



## Education



**Table 2: Results of Survey Questions**

Eligibility: Do you think you are eligible for ObamaCare or Covered California?	Plan Difference: Do you know the difference between the bronze, silver, gold and platinum health insurance plans?	Ability to Afford Plans: Can you afford one of these plans?	Plan Worth: Do you feel the plan you would choose is worth the money?

6.9% has heard of the “Affordable Care Act” and “Obamacare.”

Exclusively, 55% reported only recognizing the term “Obamacare.” 7.4% reported only recognizing the term “Covered California.” And, 0.5% reported only having heard of the Affordable Care Act (Figure 1).

When asked who they had heard these terms from, 51.9% (n = 98) reported first hearing about Covered California from a family member. The remaining sources of knowledge were friends (28.6%, n = 54), physicians (5.8%, n = 11), and calls from local offices (2.1%, n = 4) (Figure 2).

**ELIGIBILITY**

When asked whether they believed they were eligible for Covered California plans, 79.4% (n = 150) believed themselves to be eligible for these plans (Table 2). Stratified over age, beliefs regarding eligibility are as follows: 83.3% of the 18-20 age group, 86% of the 21-30 age group, 71.1% of the 31-40 age group, 56.5% of the 41-50 age groups, 84% of the 51-60 age group, and 72.7% of the 61-70 age group. Upon regression analysis, a significant effect was found when looking at age (p = .003) in regards to knowledge about eligibility. As the age of the participant increased, the likelihood of that participant believing that they are eligible decreased by 0.045.

Comparing across education levels, 60.6% of participants

who had some form of college education believed that they are eligible. Of participants who attended high school, 85.0% believed that they are eligible. Of those with less than a high school education, 79.3% believed that they are eligible. This effect of education of the participants’ beliefs regarding eligibility was also found to be significant. Having less than a college education increased one’s chances of believing her or she was eligible for Covered California. (OR= 1.147, p=.032).

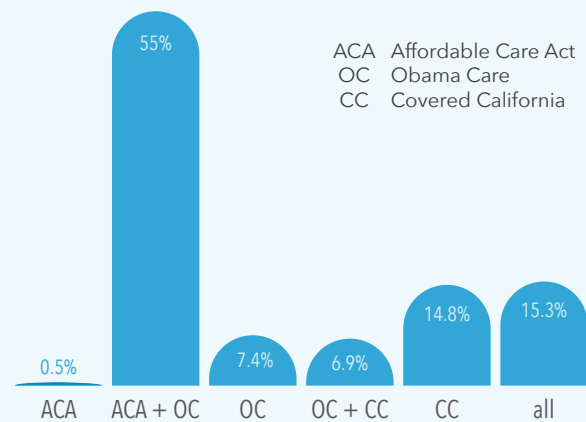
Comparing across reading languages, 67.2% of English readers stated that they believed that they are eligible while 80.3% who reported “Other” languages believed themselves to be eligible. These differences were not found to be significant.

**PLAN DIFFERENCE**

When asked if they understood the differences between bronze, silver, gold, and platinum insurance tiers, only 18.5% (n = 35) reported knowing the difference (Table 2). Stratified across age groups, those who reported not knowing the differences between plans were as follows: 91.7% of the 18-20 age group, 71.9% of the 21-30 age group, 76.3% of the 31-40 age group, 89.1% of the 41-50 age group, 80.0% of the 51-60 age group, and 81.8% of the 61-70 age group. These differences were not found to be statistically significant.

Across different levels of education, of participants who stated that they had a college education, 85.1% reported not knowing the differences. 82.5% of those with only a high school education were unaware of the differences. And 100% of those with less than a high school education Those that stated they had less than a high school education were 100% (n = 58) likely to be unaware of the different packages available.

**Figure 1: Percentage of participants that reported recognizing various terms related to Covered California**



**Figure 2: How Participants Heard About Covered California**

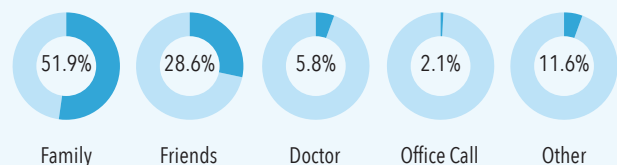


Table 3: Outcome of survey questions stratified by age, education, and primary reading language

	Percent of Total Sample	Eligibility (yes)	Plan Difference (yes)	Plan Worth (yes)
<b>Age Group</b>				
18-20	6.0%	83.3%	8.3%	25.0%
21-30	30.0%	86.0%	40.4%	28.1%
31-40	21.1%	71.1%	23.7%	50.0%
41-50	24.3%	56.5%	10.9%	37.0%
51-60	12.1%	84.0%	20.0%	40.0%
61-70	6.0%	72.7%	18.2%	36.4%
<b>Education</b>				
College	48.1%	60.6%	14.9%	34.0%
High School	21.2%	85.0%	17.5%	37.5%
Less than High School	30.7%	79.3%	0.0%	24.1%
<b>Reading Language</b>				
English	69.3%	67.2%	12.7%	33.6%
Other (Hinko, Urdu, Other, N/A)	26.5%	80.3%	31.1%	36.1%
None	4.2%	100.0%	37.5%	62.5%

When looking at the reading languages of the participants, of those that stated English as their primary reading language 87.3% reported being unaware of the differences between tiers while only 68.9% of those that stated “other” did. And 100% of those who stated no reading language (n = 8) were unaware.

### AFFORDABILITY & WORTH

When asked if they were able to afford the rates listed for a Covered California plan representative for Sacramento County, 34.4% (n = 65) participants of the total sample reported being able to afford to pay for one of the listed plans. Furthermore, when asked if they believed the plan was worth the cost 35% (n = 68) believed that it was (Table 2).

Stratified across age, those who found the plan was worth the cost were as follows: 25.0% of the 18-20 age group, 28.1% of the 21-30 age group, 50% of the 31-40 age group, 37% of the 41-50 age group, 40% of the 51-60 age group, 36.4% of the 61-70 age group. Across levels of education, 34.0% participants with college educations believed the plans were worth the cost while the same was true of 37.5% of those with only a high school education and 24.1% of the those with less than a high school education. Across reading levels, 33.6% of those who reported English as their primary reading language believed the plans were worth their price while 36.1% who reported “other” believed they were. On analyses, these differences were not found to be statistically significant.

### DISCUSSION

When analyzing the data pooled from the survey as a whole, several conclusions can be drawn. On simply the level of recognition, a clear disparity can be seen with the term “Obamacare” being recognized at a rate (85.0%) more than double the rates of “Covered California” (37.5%) or “Affordable Care Act” (22.7%). With Covered California being the in-state health exchange designed to provide Californians with a health insurance marketplace, the lack of name recognition is troubling and indicates a clear gap

in awareness within the Middle Eastern and South Asian community that needs to be addressed.

In addition to issues with awareness and recognition, the data also suggested a clear deficit in knowledge base in regards to the structure of Covered California’s health insurance marketplace. With only a mere 18.5% (Table 2) knowing the difference between the bronze, silver, gold, and platinum plans offered by the insurance providers in their county, the Middle Eastern and South Asian community clearly lacks even a basic understanding of vital differences between plan tiers. With different tiers carrying different services at different monthly rates, a lack of understanding can have significant financial outcomes as well as be a potential risk to health outcomes.

When looking further into the finances, yet another deficiency is apparent; 65.6% of the total sample (n=189) feel as though they cannot afford to pay for a Covered California health care plan in their county. Of the 34.4% of the total sample that can afford a healthcare plan in their county, only 21.5% are willing to pay for a plan. The majority (78.5%) is not willing to pay for a plan, even if they can afford one (Table 2). When asked to select a Covered California plan that they could afford, only 36% (Table 2) of individuals participating in the survey felt as though the plan they selected was worth the money. These financial figures bring up two salient points: First, whether eligible or not, the financial burden of paying for health insurance is considered too high in this population. Second, a negative perception appears to exist in regards to the actual value of having a health care plan to begin with. Reasons as to why these viewpoints exist within the Middle Eastern and South Asian population requires further investigation.

The question now is how to rectify these drastic gaps in awareness, knowledge, and negative perception about Covered California health plans. Possible solutions include, but are not limited to, lobbying for state funding to develop culturally conscious marketing, developing educational interventions for local area community centers, and training select members of the community to relay information on

a local level. Remarkably, the overwhelming majority of this population received their knowledge about Covered California from either friends or family members, with doctors, news and television, and local officials being among the least cited sources of info. Thus, the sources with the most accurate and detailed information (doctors, news and television, and local officials) are reaching this population the least. Since the primary source of knowledge is coming from friends and family, the training of local community leaders, and potentially clergy, may prove to be highly beneficial.

Strengths of this study include a large sample size and the investigation of communities often overlooked within the medical literature. The underrepresentation of females relative to males (1:3) within the sample was a major weakness.

In terms of further areas of research, these findings showcase the growing need for the study of critical subpopulation groups in the Sacramento area. With the implementation of the Patient Protection and Affordable Care Act well under way, the role that Covered California plays in providing for California's minority communities is critical. As we have shown here, the Middle Eastern and South Asian community faces significant challenges in access to health insurance. It is our recommendation that future research focus on elucidating the factors behind the knowledge gaps presented in this study, specifically in relation to the metal tiers system as highlighted previously. In addition, it is likely that these challenges also exist in parallel across various other understudied demographics. Conducting studies similar to our own within these groups would prove beneficial in order to ascertain the similarities and differences.

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**APPENDIX: Sample Questionnaire**

Which of the following terms have you heard before? (Circle all that apply)

- a. Affordable Care Act
- b. ObamaCare
- c. Covered California

Do you think you are eligible for "ObamaCare"/Covered California? (Circle one)

yes / no

Who told you first about the details of "ObamaCare"/Covered California? (Circle one)

- Telephone call from local official
- Your doctor
- Family member
- Friend
- Other: \_\_\_\_\_

Do you know the difference between the Bronze, Silver, Gold and Platinum health insurance plans? (Circle one)

yes / no

The following is a table of the price per month of plans in your county:

25 - 39 Years Old		
Plan	Catastrophic	Bronze
Anthem PPO	\$169	\$197
Blue Shield PPO	\$208	\$218
Kaiser Permanente HMO	\$203	\$205
Western Health Advantage HMO	\$181	\$222
Anthem HMO	-	-

Ages 40 and Older				
Plan	Bronze	Silver	Gold	Platinum
Anthem PPO	\$250	\$332	\$403	\$467
Blue Shield PPO	\$278	\$333	\$396	\$454
Kaiser Permanente HMO	\$261	\$347	\$426	\$458
Western Health Advantage HMO	\$282	\$406	\$477	\$518
Anthem HMO	-	\$476	\$601	\$687

A. Can you afford to pay for one of these plans? (Circle one)

yes / no

B. If you selected YES, would you pay for one of these plans? (Circle one)

yes / no

C. Do you feel the plan you would choose is worth the money? (Circle one)

yes / no