

# Pathways to Coverage + Care

Fulfilling the Promise of Health Care Reform for Women



## FOCUS GROUP FINDINGS + RESULTS

WOMEN + HEALTH CARE REFORM COALITION



## Overview

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### Women + Health Care Reform Coalitions

The Affordable Care Act (ACA) opened new pathways to health care coverage for millions of Californians and provided new benefits and protections for women enrolled in health insurance. Thanks to the generous support of The California Endowment, Women + Health Care Reform coalitions (coalitions) were formed in 2013 in the Bay Area and Sacramento to ensure that women's health is prioritized, protected and expanded as significant health care reforms continue to move forward in California. The coalitions engage a diverse group of stakeholders including more than 300 providers, researchers, policy makers, advocates and community-based organizations that are interested in advancing women's access to health care in both regions. Convened by California Family Health Council (CFHC), coalition members collaborate to develop and advance shared policy priorities, educate and engage community members about new health coverage options and insurance benefits, and connect them to local health care resources.

### Coalition Focus Group Project: Fulfilling the Promise of Health Care Reform for Women

In the summer of 2015, coalition members conducted focus groups with over 150 low-income women of color, ages 18 - 35, in the Bay Area and Sacramento regions. The project aimed to identify gaps in knowledge about health coverage, enrollment options, and remaining barriers to accessing coverage and care. This report provides a snapshot of women's knowledge and understanding about new health coverage options and the barriers that still exist regarding health coverage enrollment, retention, and timely access to health services. The report will also share potential public policy and outreach solutions needed to close the gaps identified by focus group participants.

## Focus Group Project: Methodology

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CFHC partnered with Q & A Research — experts in conducting focus groups on health care issues — to design focus group materials, train focus group facilitators, input quantitative data, and provide initial analysis of top-line trends.

### Project Partners

Eleven coalition member organizations signed the Memorandums of Understanding to conduct thirteen focus groups, six in the Bay Area and seven in Sacramento. Focus groups were conducted in four languages: English, Spanish, Russian and Hmong. The organizations received a stipend to support staff involvement in the focus group project. Organizations

were given a stipend of \$500 for each focus group conducted in English and \$700 for conducting focus groups in a language other than English. Each organization recruited between 8 to 15 participants per focus group. Each focus group participant received a \$25 gift card.

Participating coalition members assigned one staff member to lead the project at their site. Project leaders recruited focus group participants, received focus group facilitator training, coordinated focus group logistics, conducted the focus groups, and completed and returned a summary report to CFHC. An additional staff member was tasked with taking notes during the focus group conversation.

The coalition member organizations that participated in the focus group project included a mix of health care delivery agencies and community-based social service organizations, including Black Wellness Council, Health Education Council, Hmong Women's Heritage Association, La Familia Counseling Center, Lifelong Medical Care, Planned Parenthood Northern California, RYSE Youth Center, The Latina Center, United Christian Centers, Women's Community Clinic, and Women's Health Specialists (Figure 1).

All of the focus group partners shared that participating in the project had a positive impact on their organization's work. The facilitator training increased organizational capacity to gather information from their clients and patients. The focus group discussions also provided an opportunity for their patients and clients to speak freely and provide feedback. Three partner organizations that provide enrollment services planned to re-adjust their enrollment strategies as a result of the focus group findings.

FIGURE 1: FOCUS GROUP PARTNERS

## Bay Area

Black Wellness Council  
Lifelong Medical Care  
Planned Parenthood Northern California  
RYSE Youth Center  
The Latina Center  
Women's Community Clinic

## Sacramento

Health Education Council  
Hmong Women's Heritage Association  
La Familia Counseling Center  
United Christian Centers  
Women's Health Specialists

## Methodology

Each focus group consisted of 8 to 15 young, low-income women. The majority of the participants were women of color. Focus group participants were first asked to complete a 23-question survey to provide quantitative data regarding demographics and general knowledge about — and personal experience with — health care and coverage. A facilitated group discussion followed to collect qualitative data and anecdotal information.

Facilitators were provided with a discussion guide that had been prepared by Q & A Research. The guide divided the conversation into four parts:

1. General knowledge about health insurance and personal experience with coverage
2. General knowledge about health care reform, new health insurance benefits and protections for women under the Affordable Care Act
3. Health coverage options available in California
4. Personal experience signing up for coverage and accessing health care services

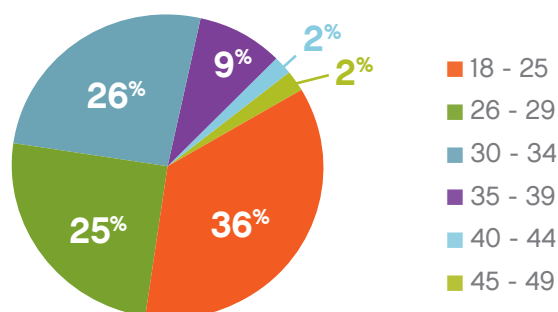
Focus group participants were asked questions about what they understood or knew about the topics. They were given a hand-out sheet with related information. Focus group facilitators then asked a set of questions based on the information in the hand-out.

# Participant Profiles

## Demographics

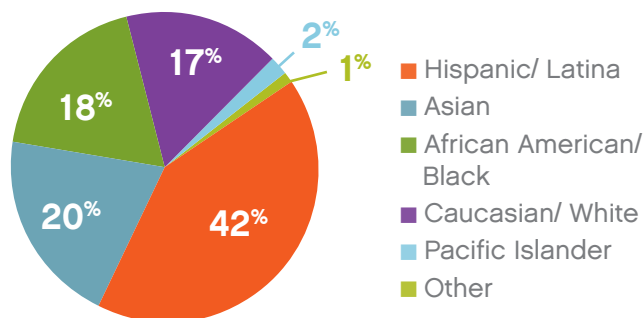
A total of 156 women participated in the focus groups. Approximately 36% of focus group participants were 18 - 25 years old, 25% were 26 - 29, and 26% were 30 - 34 years old (Figure 2).

FIGURE 2: AGE OF PARTICIPANTS



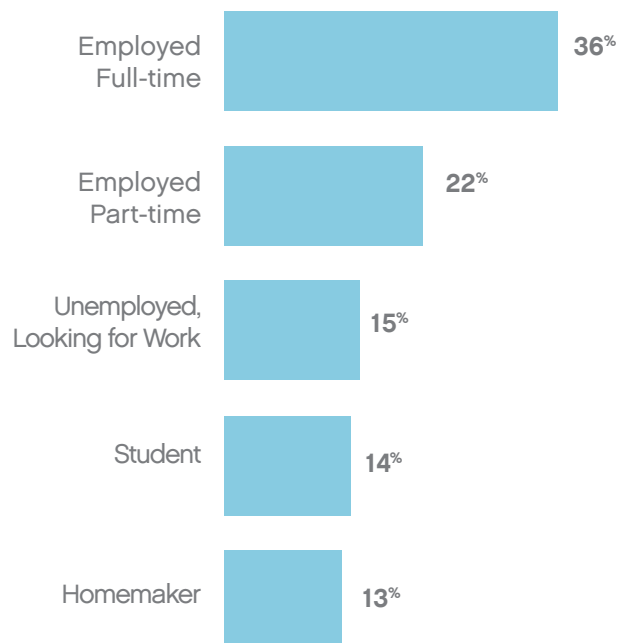
Forty-two percent of focus group participants identified as Hispanic/Latina, 20% identified as Asian, 18% identified as African American/Black, 17% as Caucasian/White, and 2% selected Pacific Islander. One percent self-identified as “other” (Figure 3).

FIGURE 3: ETHNICITY



A strong majority (65%) of the participants reported being single and 25% reported being married. Over half (54%) of the participants did not have children. Nearly half of all participants (46%) reported having at least one child. Out of those with children,

FIGURE 4: EMPLOYMENT STATUS



the majority reported having children between three and ten years old.

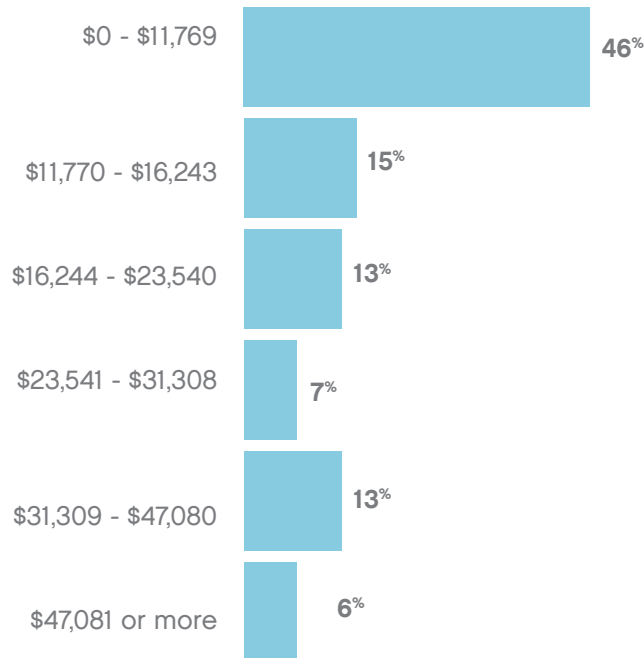
Thirty-six percent of focus group participants were employed full-time, 22% worked part-time, 15% reported being unemployed but looking for work, 13% were homemakers, and 14% were students (Figure 4).

Nearly half (46%) of focus group participants had personal incomes at or below the federal poverty level of \$11,769 or less per year. Fifteen percent had personal incomes of \$11,770 – \$16,243 per year, and 13% earned an annual salary between \$31,309 and \$47,080 (Figure 5).

## Health Coverage + Care

More than three-quarters of the participants (77%) reported having health coverage and 12% indicated that this was their first time having health coverage.

FIGURE 5: ANNUAL PERSONAL INCOME



Thirty-two percent were enrolled in Medi-Cal, 27% had employer sponsored health coverage, 13% were insured through a spouse or parent, and 5% had insurance through Covered California and were receiving subsidies. Twenty-three percent of the participants were uninsured (Figure 6).

Participants indicated all of the places they receive health care services. Some indicated more than one location. Over forty percent of the participants (41%) received health care services at a medical group like Kaiser Permanente. Thirty-five percent received care at a community clinic or health center. Twenty percent received care at a stand-alone family planning/women's health center (Figure 7).

When asked about the last time they received an annual/routine check-up or physical, nearly one-quarter (23%) of the focus group participants reported having their last check-up over two years ago.

FIGURE 6: HEALTH COVERAGE STATUS

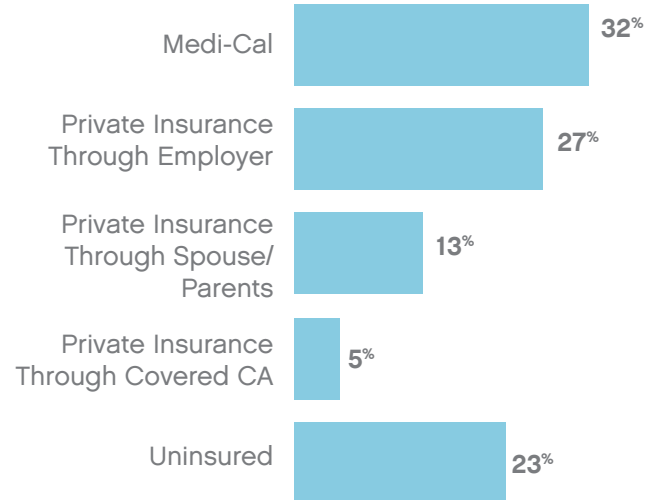
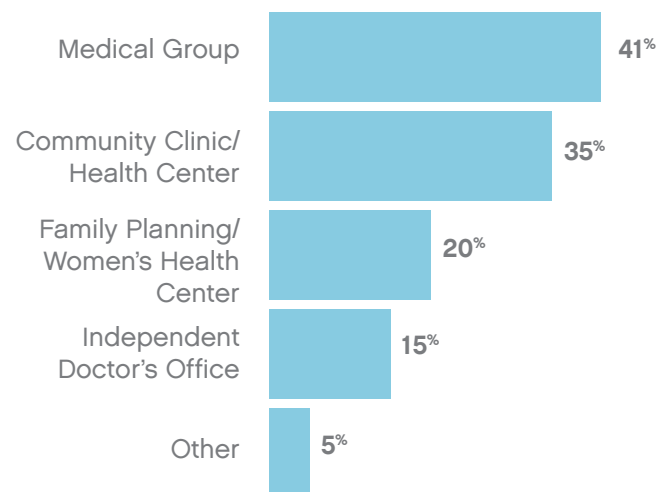
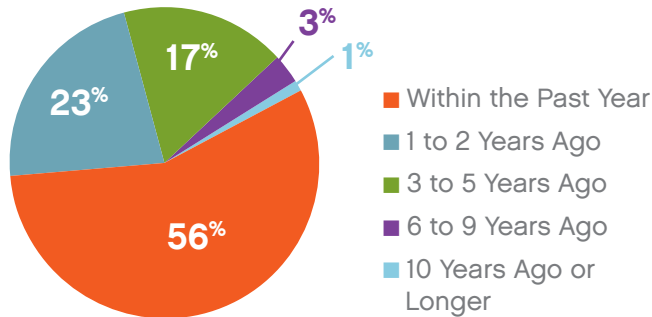


FIGURE 7: WHERE PARTICIPANTS OBTAIN HEALTH CARE SERVICES



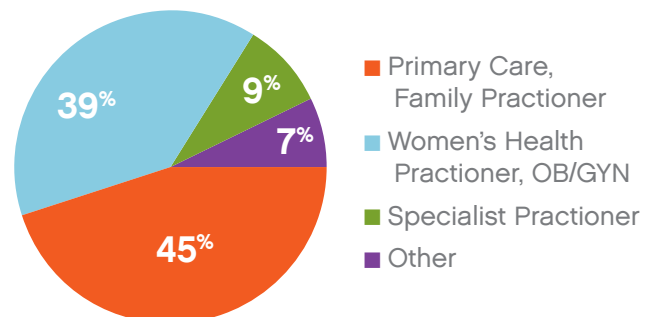
Seventeen percent of the focus group participants reported that it been three to five years since their last routine medical visit. Nearly sixty percent (56%) of participants said they had a routine check-up within the last year (Figure 8).

FIGURE 8: LAST ROUTINE MEDICAL VISIT



Forty-five percent of the participants noted that they visited a primary care or family practitioner during their last medical visit. Nearly forty percent (39%) went to a women's health practitioner or OB/GYN for their last routine check-up (Figure 9).

FIGURE 9: TYPE OF PROVIDER FOR LAST VISIT



## Focus Group Highlights

### General Knowledge About Health Insurance + Experience with Coverage

Ninety-six percent of the focus group participants rated the importance of having health care coverage as a 4 or 5 (5 being very important, 1 being not important at all). In each focus group, the participants who had health coverage reported feeling a sense of relief once they gained coverage.

Participants who had children noted that having insurance is important for preventative care and to keep their families safe and healthy. A small number of focus group participants fell into the "young and invincible" category, and discussed their belief that they didn't need health insurance because they were young and healthy.

Nearly all of the focus group participants mentioned being frustrated and confused with health insurance. Reasons included high costs, lack of information, complicated navigation systems, and long wait times.

Participants in six of the focus groups expressed a feeling of distrust with the health care system because of negative experiences shared by family members and friends.

Focus group participants noted that they learned about health coverage from the media (social media, television, billboards, etc.), school, work, family, or from medical and social service providers.

### Health Care Reform

Most focus group participants reported hearing about the Affordable Care Act (ACA), but did not have a deep understanding of the law. Some participants in every focus group were aware that having health coverage was mandated. A strong majority of all focus group participants also reported knowing that if individuals are eligible for coverage but didn't enroll, they would have to pay a fine.

Participants most frequently reported learning about the ACA through the media, particularly social media.

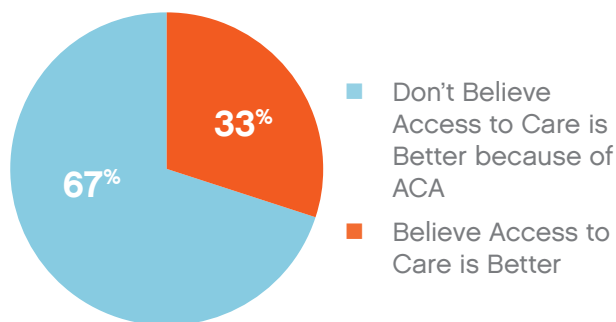


Other sources of information about the ACA included school, work, health fairs, and medical and social service agencies.

In the qualitative survey, nearly half of the focus group participants (48%), believed the ACA affected them personally. During the focus group discussions, however, almost everyone agreed that the law had an impact on their families. The ACA impacted their family's finances, and left some without coverage because of their immigration status. Significantly more Sacramento respondents (56%) said the ACA affected them compared to Bay Area respondents (40%).

Sixty-seven percent of focus group participants don't believe the ACA has improved access to health care. Only 33% believed they have better access to health care as a result of the ACA (Figure 10).

FIGURE 10: ACA + ACCESS TO HEALTH CARE



Many of the participants also felt that the ACA negatively impacted their communities. Participants across all focus groups expressed negative sentiments after hearing negative experiences from friends and family members who attempted to enroll or seek services.

Latina participants in focus groups in both the Bay Area and Sacramento regions shared a sense that the ACA does not help the Latino community. Some Latina participants expressed a feeling of being let

down. Many Latina participants reported that the Latino community had higher hopes for the ACA, but the reality they are experiencing is that it leaves too many people out of options for care and coverage. A perception persists that access to quality health care "is still for the rich."

“ Being able to get the health care you need is still for the rich. ”

– Sacramento Focus Group Participant

## New Benefits + Protections for Women

The Affordable Care Act (ACA) gave women with commercial health insurance new benefits and consumer protections.

FIGURE 11: NEW BENEFITS + PROTECTIONS FOR WOMEN UNDER ACA

### Preventative Services without Co-Pays Include:

- Contraception
- STD Screening
- Breast Exams
- Domestic Violence Screening

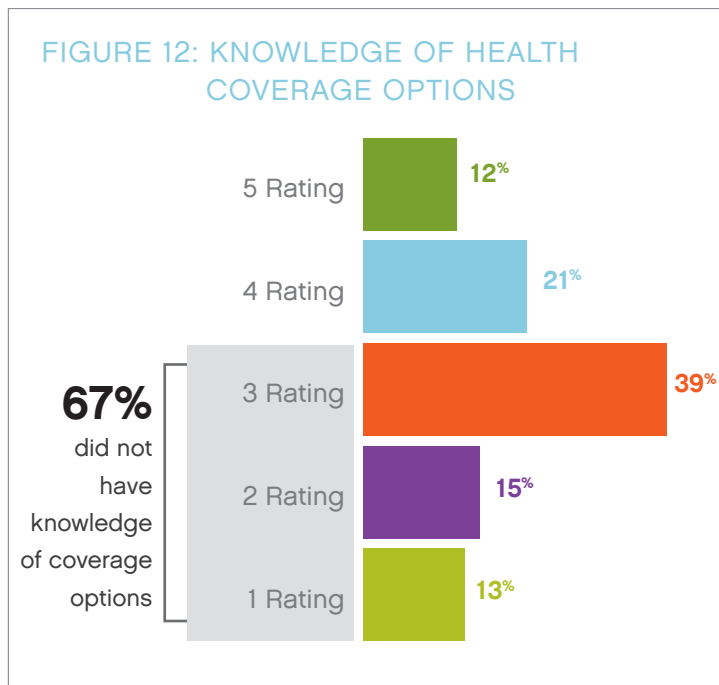
After the participants read a list of new protections for women in the ACA, all focus group participants indicated that they learned at least one new piece of information.

Many of the focus group participants in both regions were unaware that coverage can no longer be denied to individuals with pre-existing conditions.

A majority of participants in all of the focus groups shared that they were not aware that children up to 26 years old can remain covered under a parent's health plan.

## Health Coverage Options

The majority of focus group participants reported that they did not consider themselves knowledgeable about the health care options available. In the quantitative survey, 67% of the participants rated their knowledge of health coverage options from 1 (not at all knowledgeable) to 3 (somewhat knowledgeable). Only 12% rated themselves a 5 (very knowledgeable) about available options (Figure 12).



Several participants shared that they did not understand the relationship between Covered California, Medi-Cal and the Affordable Care Act. Participants in nearly all focus groups had heard of Covered California, the state's health insurance marketplace, but lacked a deep understanding of the program. There wasn't consensus among participants when asked who they believed qualified to purchase a plan through Covered California. Across all of the focus groups, the participants were

most surprised by the Covered California income qualifications for subsidies. At least one participant in each focus group expressed that the income levels to qualify for subsidies still leaves many people unable to afford health coverage. Most focus group participants were also unaware of Covered California's enrollment period or about the qualifying life events that can allow individuals to enroll outside of the enrollment period such as getting married or divorced, having a new baby, or losing coverage after losing a job (Figure 13).

**FIGURE 13: COVERED CALIFORNIA SPECIAL ENROLLMENT**

Women can enroll in a health plan through Covered California outside of the regular enrollment period if they:

- Lose other insurance coverage
- Get married or divorced
- Have a baby
- Self-attest to surviving domestic violence and/or spousal abandonment
- Move to CA from another state

Participants in all of the focus groups reported being very familiar with Medi-Cal because they personally received Medi-Cal benefits for themselves and/or their children. Participants across most of the focus groups were aware that Medi-Cal was available to low-income families, pregnant women, and individuals with disabilities. Each focus group had participants that learned at least one new Medi-Cal enrollment qualification fact. Three participants (one in the Bay Area and two in Sacramento) learned through the focus groups that they qualified for Medi-Cal enrollment. The Medi-Cal eligibility facts that focus group participants found the most surprising included learning that people enrolled in the Deferred



Action for Childhood Arrivals program could qualify, and that individuals no longer have to have children to be eligible for the program.

### Medi-Cal Managed Care, Freedom of Choice

The “Freedom of Choice” provision in federal law allows Medicaid recipients enrolled in managed care plans to go out of network for sensitive services like sexual and reproductive health care. Focus group facilitators shared information with participants about the Freedom of Choice provision in Medi-Cal Managed Care plans. Only a few participants in three focus groups reported having knowledge about this benefit. Almost all of the participants believed that women in their communities were unaware of the provision. Most focus group participants believed more must be done to ensure that women know about this important benefit.

## Personal Experience with Coverage

### Enrollment

Focus group participants reported that they found the health coverage sign up process to be frustrating and confusing. Several focus group participants reported finding the enrollment process difficult for both Medi-Cal and Covered California. The participants identified several ways to enroll for coverage: online, on the phone, through their schools and via enrollment counselors at clinics. The participants who enrolled themselves into Medi-Cal or Covered California had done so online, at a social services office, or at a medical office with the help of an enroller. Participants in eight of the focus groups shared that they sought out in-person help to enroll into Medi-Cal to have someone walk them through the process. Participants in five focus groups (two in the Bay Area and three in Sacramento) reported that it was difficult to get into a clinic/community center to speak with someone about enrollment. In four focus groups, some participants mentioned they struggled

to enroll into coverage using the Covered California portal because they did not understand the process.

Responses regarding the ease of enrollment were mixed but most of the participants who attempted to enroll into coverage found the process daunting. Participants in all focus groups expressed confusion and frustration with their personal experience because the information was overwhelming and they felt there was a lack of transparency in the process. One participant said “You really have to fight to get it!” Another shared “You wait months to get approved, and meanwhile the symptoms get worse!”

“ You wait months to get approved [for Medi-Cal] and meanwhile the symptoms get worse! ”

– Sacramento Focus Group Participant

Participants in three of the Sacramento-based focus groups expressed dissatisfaction with the service they had received while attempting to enroll through non-community based entities.

A small number of focus group participants reported experiencing little frustration with the enrollment process because they understood the materials. Despite their understanding, the same participants shared that it still took a long time to go through the details and process the application.

### Coverage Status

Twenty-three percent of the focus group participants reported not having health coverage for a variety of reasons. At least one participant in 12 of the focus groups did not have coverage because of immigration status.

In seven of the focus groups, participants felt the cost of coverage was still prohibitive, despite being eligible to receive a federal subsidy to purchase a health insurance plan through Covered California. Some of the younger participants reported missing the time frame to enroll after their university-based health coverage ended.

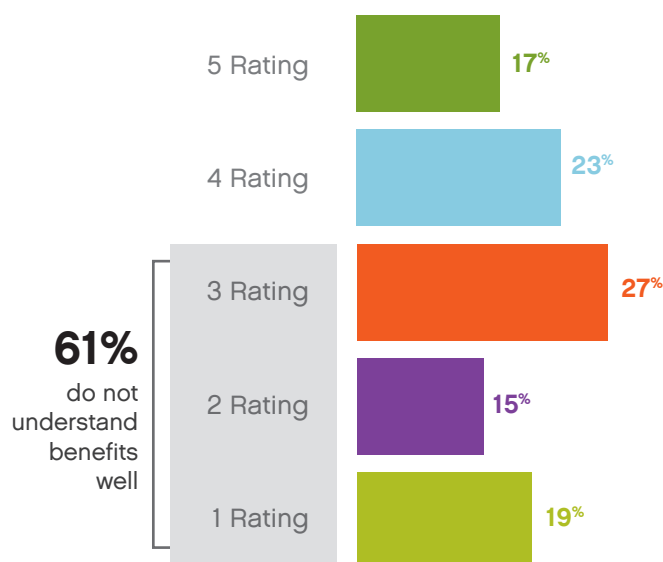
An overwhelming majority of the focus group participants that remained uninsured stated they would like to have health care coverage to access preventative care services and feel a sense of security.

Twelve percent of the women who had health care coverage reported that this was their first time having coverage. Although 77% of the participants have health coverage, 61% reported having little to no understanding about their benefits (they rated their knowledge between 1 and 3, with 1 indicating no knowledge at all) (Figure 14).

### Health Insurance Retention

Several participants across all focus groups shared that they have struggled to maintain their health

FIGURE 14: UNDERSTANDING OF HEALTH COVERAGE BENEFITS

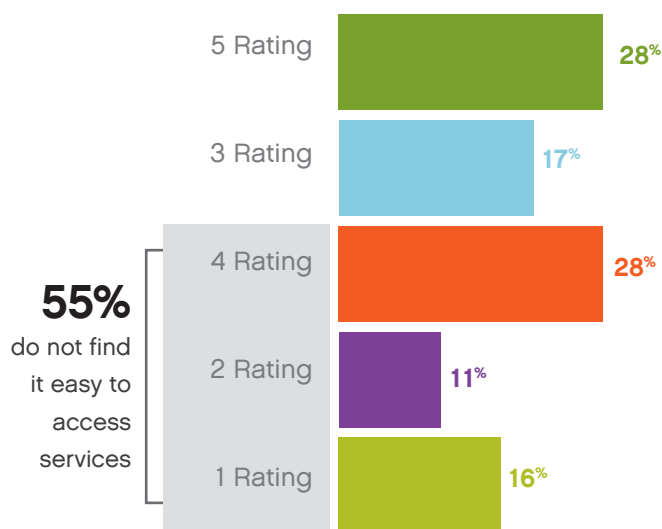


coverage at some point. Many participants reported that they did not understand how to pay their Covered California premiums or renew their Medi-Cal coverage. Some women lost their coverage because of income/job changes and a lack of understanding and awareness about the renewal process.

### Accessing Health Care

More than half (55%) of the participants reported a 3 rating (somewhat difficult) to 5 rating (very difficult) to receive health care services. Sixteen percent rated accessing services as 1, or very difficult. Only 28% of the participants found it very easy to obtain health care services (Figure 15).

FIGURE 15: EASE OF ACCESSING SERVICES



### Barriers to Care

Participants reported that the most significant barrier they face in accessing health care services is timely access to their provider of choice. In the quantitative survey, 21% said they had to wait 3 weeks or longer for their medical appointment (Figure 16). Some participants in all of the focus groups mentioned that their long-standing, trusted provider did not accept their new coverage.

Participants also faced travel barriers, with nearly half (46%) reporting having to travel 5 miles or more for their last medical appointment (Figure 17).

Other reported barriers to obtaining health care services include taking time off from work (21%), language and communication issues (12%) and childcare (6%). Over half (54%) of the participants said that cost is still a barrier (Figure 18).

Focus group participants were asked if they were aware of special programs available to access limited health services regardless of their immigration or health coverage status. Most focus group participants had heard of programs like the Family PACT family planning program, Every Woman Counts for breast health, and local programs in their communities like Healthy San Francisco and HealthPAC in Alameda County.

One focus group participant in Sacramento stated that she didn't seek health care services to avoid the cost of care.

“ I had such a hard time finding a doctor who would accept my plan. I still haven't [scheduled] an appointment because they are too busy. ”

– Bay Area Focus Group Participant

FIGURE 16: APPOINTMENT WAIT TIMES

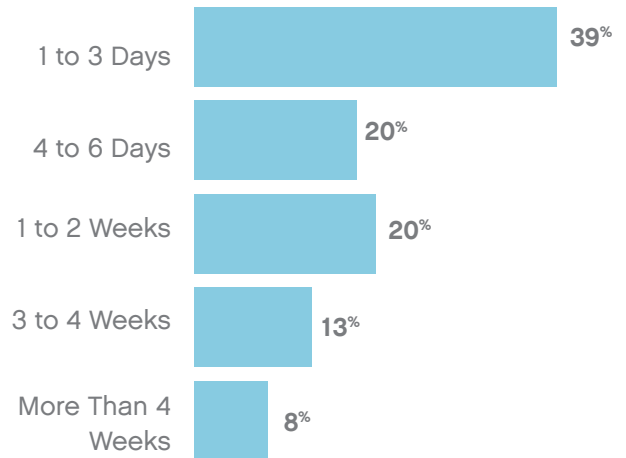


FIGURE 17: DISTANCE TRAVELED TO ACCESS HEALTH CARE

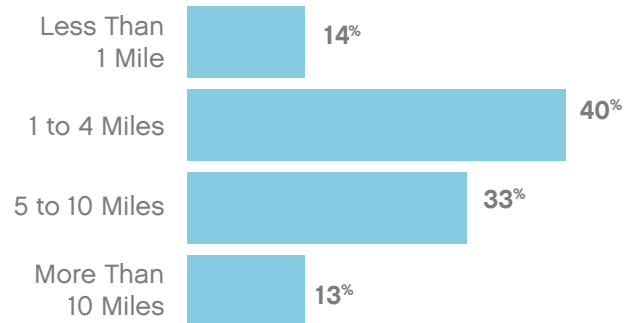
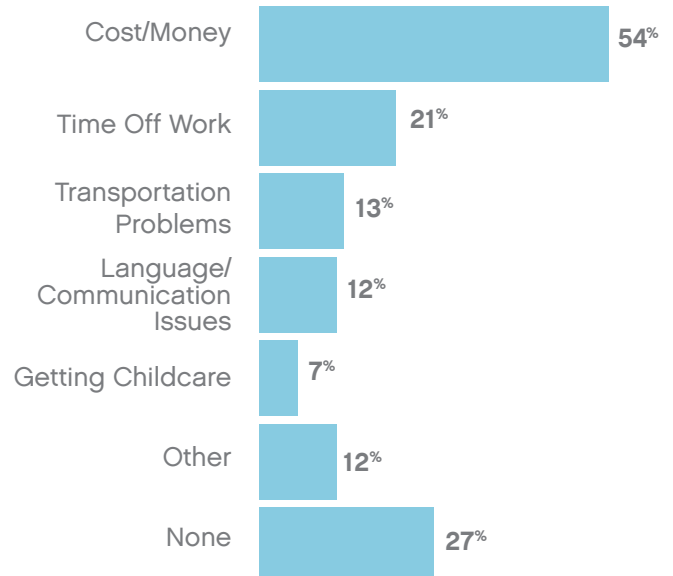


FIGURE 18: BARRIERS IN OBTAINING HEALTH CARE



## Summary of Findings

The quantitative and qualitative data collected from the focus groups provide a snapshot of what young, low-income women of color in Sacramento and the Bay Area know and understand about health care reform, health coverage options available and how to use their insurance if they have it. The results also highlight barriers women still face in enrolling into coverage and accessing health care services.

### The majority of focus group participants believe:

- It is important to have health insurance
- Health care is still too expensive and access to quality care is still out of reach for many
- Health coverage enrollment and retention processes are frustrating and confusing

### Several focus group participants had some awareness that:

- The Affordable Care Act created changes in health care
- Not having health coverage results in fines
- The Medi-Cal program is a route to health coverage for low-income families
- Covered California was created to offer more health insurance options

### Most focus group participants did not know:

- All of the new health coverage options available and related eligibility requirements
- Expanded options for enrolling in the Medi-Cal program beyond having children
- The ability of Medi-Cal Managed Care enrollees to access sensitive services out of network under the Freedom of Choice provision

- Covered California's open enrollment period, or life qualifying events for special enrollment
- The women's preventative health services that must be covered by private health insurance without co-pays

### Information about health care reform and coverage options was primarily learned through:

- Social media outlets
- Medical and social service provider offices
- Participating in community health worker and patient trainings and programs
- Family members

### Most participants with health care coverage:

- Expressed frustration and confusion with the Medi-Cal and Covered California enrollment and renewal process
- Sought in-person help to enroll at medical and social service offices
- Struggled to understand how to pay premiums or renew coverage

### Many participants reported that they still face barriers to accessing health care including:

- Immigration status
- Long wait times to get an appointment
- Difficulty accessing providers that accept their coverage in their communities
- Finding cost of health services unaffordable

# Recommendations

California's health care system continues to evolve and much work remains to make the promise of health care reform a reality for women in the Bay Area and Sacramento regions. Women need more options for coverage, regardless of their immigration status, and further support to enroll in health coverage and access services. To close the gaps in knowledge about health care enrollment options and reduce barriers many women still face in accessing health care services, policy makers, community advocates and funders must collaborate to:

## 1. Implement and promote policies that widen opportunities for women to access coverage and care, including:

- Expanding Medi-Cal to all Californians who meet income requirements, regardless of immigration status
- Improving provider network adequacy and allowing out-of-network access for women with private coverage when timely access is not available within network for women's health services
- Increasing awareness among Medi-Cal managed care enrollees about the Freedom of Choice provision

## 2. Increase overall knowledge and understanding within low-income and communities of color about health coverage options, benefits and how to use coverage by:

- Focusing outreach and enrollment efforts on women of color ages 18-35
- Building upon and replicating existing successful community health worker models to disseminate information

- Providing further funding, training and technical assistance to community-based organizations and provider groups so they can conduct in-depth, culturally competent outreach and education
- Continuing to invest in social media campaigns that focus messaging on creating a culture of health coverage

## 3. Inform outreach and education activities by publishing and widely sharing data that:

- Is stratified and cross-tabulated by gender, ethnicity and age
- Compares by county the stratified enrollment data for Covered California and Med-Cal

Women are often the coordinators of care for their families and tend to put their family members' health before their own. Ensuring that women have equal and timely access to health coverage and services will strengthen California's families and will help improve women's health outcomes.

## About CFHC

CFHC champions and promotes quality sexual and reproductive health care for all. CFHC achieves its mission through an umbrella of services including advanced clinical research, provider training, patient education and consumer awareness, public policy and clinic support initiatives.

## For more information

Contact: [info@cfhc.org](mailto:info@cfhc.org)

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