

# Consumer Research Findings

## Summary Report on the African American Medicare Population Executive Summary

### Background

As part of its long-term strategic plan, the Health Care Financing Administration (HCFA) has undertaken an Agency-wide initiative to adapt its operations to improve communications with Medicare beneficiaries and with its provider partners. Helping beneficiaries to understand their choices among health care plans, providers, and treatment options and the implications of those choices on cost, quality, access and outcomes is especially important now that the Balanced Budget Act of 1997 (BBA) has expanded the health plan options available to beneficiaries. The full range of choices envisioned under BBA is not currently available in the market but an increasing number of beneficiaries will face a much more complex set of choices in the coming years. Medicare beneficiaries not only need to understand the various features of these different options in order to choose the design that best meets their needs, they also need basic knowledge about many aspects of the Medicare program.

### Research Purpose and Methods

The Market Research for Beneficiaries project was designed to provide HCFA with answers to the two fundamental questions that underlie effective communication:

- What information do beneficiaries want or need from HCFA?
- What are the best ways to communicate that information to them?

The Market Research for Beneficiaries project collected data from three sources to answer the questions:

- An inventory of perceived information needs and effective communication strategies from a variety of organizations and individuals who work directly with Medicare beneficiaries,
- Focus groups with Medicare beneficiaries, and
- A national survey of the Medicare population - the Medicare Current Beneficiary Survey (MCBS).

Each of the three data sources has particular strengths. Together, they can provide HCFA with a broad, deep, and representative understanding of communication with beneficiaries. The survey of Medicare beneficiaries helps ensure that the information gathered is representative of Medicare beneficiaries,<sup>1</sup> while the focus groups and inventory of organizations contribute more in-depth information than can be obtained from a large-scale survey. A description of methodologies for each of the data collection tools is in a separate appendix.<sup>2</sup>

As part of HCFA's commitment to adapt its operations and communication strategies to better serve all Medicare beneficiaries, the Agency identified a diverse set of

beneficiary subgroups that it believes may have special information needs regarding the Medicare program or that may require innovative communication approaches to effectively convey information to the subgroup.

This report synthesizes key findings from the three data sources for one of the identified "hard to reach" beneficiary subgroups – African American beneficiaries who are 65 years old or older and not institutionalized. The report compares the subgroup's information needs and best communication strategies with those of the general elderly Medicare population. In the MCBS study, 7.8 percent of elderly Medicare beneficiaries identified themselves as African American. Additional summary reports examine the information needs and best communication strategies for Hispanic beneficiaries, beneficiaries dually eligible for Medicaid and Medicare, beneficiaries who live in rural areas, beneficiaries with low education or literacy levels, and vision- and hearing-impaired beneficiaries.

## Key Findings and Implications for HCFA

### Key Findings

- African American beneficiaries are similar to the general Medicare population in the types of information they need. However, based on their self-reported knowledge of the Medicare program and focus group discussions, they do have greater need for information on some Medicare-related topics.
  - Information about health care concerns and chronic conditions that are particularly prevalent among African Americans such as diabetes and high blood pressure.
  - Information about preventive care and behavioral risk factors. For example, African American seniors were less likely than non-Hispanic white beneficiaries to know that Medicare pays for flu shots and were less likely to have received a flu shot in 1996.
  - African American beneficiaries also need additional information about the kinds of coverage provided by supplemental insurance. The largest self-reported knowledge gap of MCBS topics between African American beneficiaries and beneficiaries in general was their understanding of supplemental insurance. This difference may be attributable at least in part to the larger proportion of African American seniors who are dually eligible for Medicare and Medicaid and therefore do not require supplemental insurance. However, many dual eligible beneficiaries are confused about coverage provided through Medicaid.
  - Focus groups and MCBS data indicate that managed care is a particularly confusing issue for African American beneficiaries, as with all beneficiaries, due in part to the lack of managed care plans in predominantly African American communities and the scarcity of African American physicians participating in managed care plans.
- African American focus group participants ranked HCFA higher in amount of information and trust than did general Medicare beneficiaries (after learning that HCFA was the Agency that administers the Medicare program). African American seniors currently rely heavily on and associate the Social Security Administration with information on Medicare.

- Successful communication to the African American beneficiary population requires an understanding of cultural and racial preferences of the population.
  - The inventory research found that communication efforts for African American beneficiaries should rely on local, community-based sources with whom they can identify. The focus groups and MCBS research supported but also further clarified this finding. African Americans' decision to use such resources may depend on the type of organization and the amount of accurate information to which the organization has access. For example, focus group participants, MCBS, and inventory research were inconsistent in their findings for recommending AARP as an effective partner for HCFA. Organizations led by an African American may also be preferred.
  - Culturally appropriate materials would use the target audience as primary evaluators of the proposed materials, develop the topic around a central theme relevant to African American seniors, and include linguistic patterns appropriate to the population.
- Factors other than race, such as poverty, low levels of literacy/education and geographic region may be more important determinants of information needs and appropriate communications strategies for "hard to reach" beneficiaries. Given the greater concentration of individuals with these characteristics in racial and ethnic minority population, communications strategies that take these factors into account will be critical for reaching significant segments of African American beneficiaries. Specific examples are provided in the following section on Implications for HCFA.

### Implications for HCFA

Like the general Medicare population, the African American Medicare population is diverse. A large number of elderly African Americans are not poor, illiterate, or in poor health. However, the higher percentage of African American beneficiaries who do display these characteristics compared with the general Medicare population is often the reason that African American beneficiaries in the aggregate have poorer understanding of the Medicare program and greater information needs. HCFA should consider the following when developing communications directed at African American beneficiaries:

- The lower incomes, education, and health status of many elderly African American beneficiaries can restrict their access to newer communication technologies and to written materials. Therefore, HCFA must rely more heavily on communication methods and sources that many elderly African Americans have readier access to, such as non-cable TV and radio stations, and churches, schools, local health care clinics, community centers, and other social units that can be used to tailor an effective communication strategy for a large segment of this population.
- The relatively high proportion of African American beneficiaries who have contact with the Medicaid system also suggests that HCFA should partner with State Medicaid agencies and Medicaid providers to disseminate information to a segment of this population. Medicaid

providers and community organizations who work on a day-to-day basis with elderly low-income populations (e.g., social service workers, those who work in local senior citizen facilities and community centers, public housing agencies, community health centers, and legal aid offices) could be trained to understand the basics of Medicare and/or be provided with reference brochures and pamphlets. It is also likely that a significant number of elderly African Americans who would be dually eligible for Medicaid are not enrolled. Many of these could be helped through effective outreach and education.

- Several characteristics associated with African American beneficiaries as a group overlap with other "hard-to-reach" groups of beneficiaries that are of special concern to HCFA. In particular, HCFA's communication strategies for African American beneficiaries should encompass recommendations for effective approaches for low literate beneficiaries and for those dually eligible for Medicaid and Medicare coverage.
  - For example, low literacy individuals rely heavily on oral explanations, visual cues, and demonstration of tasks to learn, rather than on written materials. They tend to develop compensatory strengths, such as enhanced listening and memory skills, which are better suited to audio and visual modes of communication and in-person information dissemination.
  - As another example, it is best to communicate with dual eligibles through interactive information tools, such as one-on-one sessions or group meetings lead by a trusted community member, or through community organizations.
- Information about diseases and conditions particularly prevalent among elderly African Americans should be disseminated widely to physicians, health care clinics, and community organizations (such as community senior centers) that are frequented by older African Americans. HCFA especially needs to emphasize the availability and value of preventive benefits covered by the Medicare program to African American communities.
- Perhaps as important as the method of communication used, an important issue for HCFA in designing communication strategies to reach African Americans is to present information within their frame of reference. The health research literature details the key elements for developing culturally-relevant educational materials for African Americans (and other ethnic groups) as described in Chapter Five of this report.
- Because African American beneficiaries appear to trust HCFA as a reliable source of information on many topics, HCFA should strengthen its name recognition with this group of beneficiaries and clearly differentiate its role from that of the Social Security Administration.
- Medical providers are important information sources for elderly African Americans. African American beneficiaries' high regard for physicians has its drawbacks as well as advantages, however. On the positive side, providers in African American communities can be very important partners for HCFA to

disseminate many kinds of information. However, their high regard may impact upon how the subject of fraud and abuse is presented. Beneficiaries may not respond to literature suggesting that they speak up against their doctor.

- HCFA can take advantage of African American beneficiaries' strong preference for obtaining information in-person by increasing their partnerships with, and providing more Medicare information to, organizations in African American communities. However, inconsistent findings from the market research suggest that the particular types of community-based organizations that could be effective partners for HCFA needs further research, perhaps even on a community-by-community basis. Specific community organizations can provide the interpersonal contact that African American beneficiaries want and trust, but African American focus group participants did not rate them highly as useful resources for Medicare information at the current time. HCFA may need to strengthen its partnership with community-based organizations by providing more training and Medicare program information to such organizations.

## Organization of Report

This report is organized into four additional chapters:

- A profile of African American Medicare beneficiaries compared with the general elderly Medicare population;
- A summary of African American beneficiaries' information needs;
- A discussion of communication sources preferred by African American beneficiaries; and
- A discussion of communication modes preferred by African American beneficiaries.

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<sup>1</sup>The MCBS data used in this report apply only to Medicare beneficiaries age 65 years old or older who were not living in a short-term or long-term care facility during the first two rounds of data collection in 1997.

<sup>2</sup>See the Appendix to Cahill, et al., *Increasing Medicare Beneficiary Knowledge Through Improved Communications: Summary Report on the General Medicare Population*, Final Draft, October 1988, Health Care Financing Administration.