



FINAL

HCFA MARKET RESEARCH FOR BENEFICIARIES

**SUMMARY REPORT ON THE
HISPANIC/LATINO MEDICARE POPULATION**

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- ◆ *Increasing Medicare Beneficiary Knowledge Through Improved Communications: Inventory Research Findings for African-American, Hispanic-American, Medicare/Medicaid Dual Eligible, Rural, and About-To-Enroll Beneficiaries*, written by Kenneth R. Cahill, Myra Tanamor, and Lisa Green of Barents Group; and Joan E. DaVanzo, formerly of Barents Group [Final Draft, July 1998].
- ◆ *Increasing Medicare Beneficiary Knowledge Through Improved Communications: Focus Group Research Findings for African-American, Hispanic-American, Medicare/Medicaid Dual Eligible, Rural, and About-to-Enroll Beneficiaries*, written by Barbara H. Forsyth, W. Sherman Edwards, and Martha Stapleton Kudela of Westat, Inc. [Final Draft, January 1998].
- ◆ *Increasing Medicare Beneficiary Knowledge Through Improved Communications: Medicare Current Beneficiary Survey Findings*, written by Kenneth R. Cahill, Mary A. Laschober, Lisa Green, and Margaret Edder of Barents Group; Steve Parente, Laura Hodges, and Jennifer Dunbar of Project HOPE; and Joan E. DaVanzo, formerly of Barents Group [Final Draft, August 1998].

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CHAPTER 1. SUMMARY

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,¹ 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 contained in a separate appendix.²

¹ 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.

² See the Appendix to Cahill, et al., *Increasing Medicare Beneficiary Knowledge Through Improved Communications: Summary Report on the General Medicare Population*, Final Draft, October 1998, Health Care Financing Administration.

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 – *elderly Hispanic/Latino beneficiaries*. The report compares the subgroup's information needs and best communication strategies with those of the general elderly Medicare population. Additional summary reports examine the information needs and best communication strategies for African American beneficiaries, those dually eligible for Medicaid and Medicare, beneficiaries who live in rural areas, beneficiaries with low education or literacy levels, and beneficiaries with hearing or vision loss.

Key Findings and Implications for HCFA

Key Findings

Key findings about Hispanic/Latino Medicare beneficiaries include the following central points:

- ◆ Hispanic/Latino beneficiaries as a group are younger, poorer, less educated, and not as healthy as the general population of Medicare beneficiaries. They are also the fastest growing racial or ethnic beneficiary group among elderly beneficiaries, accounting for over six-percent of Medicare beneficiaries age 65 or older in 1997.
- ◆ The information needs of Hispanic/Latino beneficiaries are generally similar to those of the general Medicare population but their self-reported knowledge of the Medicare program and related topics is much more limited, comparable to the low educated and dual eligible populations with which they overlap.
- ◆ The most important and useful sources of information for Hispanic/Latinos are Medicare sources such as HCFA (particularly for English-speaking beneficiaries as identified in focus group discussions and possibly for both English- and Spanish-speakers as identified in the MCBS), health care providers (for both English-speaking and Spanish-speaking beneficiaries as identified in focus groups, inventory research, and the MCBS), and community organizations/leaders (more so for Spanish-speaking beneficiaries as identified in focus groups and the inventory research).
- ◆ Hispanic/Latino beneficiaries' preferred sources of information differ depending on whether they are fluent in English. Spanish-speaking beneficiaries are particularly dependent on family, friends, and community organizations to link them to information about Medicare.
- ◆ Although the Hispanic/Latino population is like other Medicare beneficiaries in strongly preferring person-to-person communication, Spanish-speaking Hispanic/Latino beneficiaries also rely heavily on Spanish radio and television for information. English-speaking Hispanic/Latino beneficiaries also rely on and trust broadcast media sources more than other beneficiary groups do.

Implications for HCFA

HCFA should consider the following when designing communications directed toward Hispanic/Latino beneficiaries:

- ◆ Targeting a large proportion of the Hispanic/Latino community geographically is relatively easy because 73 percent of Hispanic/Latinos lives in four states: California, Texas, Florida, and New York.
- ◆ Because of their relative poverty and low level of education as a group, HCFA must rely more heavily on communication sources and modes that low-income elderly Hispanic/Latinos have readier access to and are able to understand. These include non-cable TV and radio stations, 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 (33 percent) of Hispanic/Latino beneficiaries who are enrolled in the Medicaid system suggests that HCFA should partner with State Medicaid agencies and Medicaid providers to disseminate information to the dually-eligible segment of this population. The information should be available in both Spanish and English as an estimated 40 percent of Hispanic/Latino beneficiaries depend on Spanish for communication.
- ◆ Hispanic/Latino beneficiaries would benefit from information on the prevention and treatment of diseases that are more prevalent in the Hispanic/Latino community, such as diabetes, for which prevalence rates have been estimated to be 100 percent higher among the elderly of Mexican and Puerto Rican descent than among elderly non-Hispanic Whites (Garcia and Wallace, 1994). This information should be presented in a context that makes it easier for beneficiaries to choose the Medicare option which will best meet their health needs given their income constraints. For example, diabetes as a chronic disease requires ongoing monitoring and treatment. For beneficiaries with diabetes, outpatient management of the disease and coverage of vital medications are important for limiting their out-of-pocket expenditures.
- ◆ The frequently negative view of Health Maintenance Organizations (HMOs) and confusion regarding supplementary insurance of Hispanic/Latino beneficiaries suggest that HCFA should emphasize and expand upon its explanation of these topics for this group. Misperceptions (e.g., the belief that joining an HMO causes you to lose your Medicare benefits because you must give up the Medicare card in exchange for the HMO plan card) should be explored and clarified. HMOs are more likely to manage chronic illness so as to avoid costly hospitalization and to include outpatient pharmaceuticals in the benefit package. These are important considerations for a Medicare sub-population with poorer health status and lower incomes than the general beneficiary population. It is, therefore, particularly important that HCFA increase the understanding of the positive benefits of HMO membership among the Hispanic/Latino beneficiary population.
- ◆ The importance of HCFA as a source of information as indicated in the MCBS and English-speaking focus groups, coupled with the finding that many Spanish-speaking Hispanic/Latino beneficiaries do not understand important aspects of the Medicare program, suggests that Spanish language materials (Handbook, telephone protocols, etc.) may need to be reviewed and simplified, following the style and formatting recommendations for the low literacy population. HCFA should also ensure that its Spanish language materials are widely available.

- ◆ Before dissemination, Spanish-language materials should be reviewed and tested to ensure the quality of the translation and the appropriateness of the language level for the target population.
- ◆ Consideration of the high level of trust Hispanic/Latino beneficiaries place in community organizations (particularly Spanish-speaking beneficiaries), the greater likelihood that these beneficiaries will be living with children or other relatives, and Spanish-speaking beneficiaries' greater dependence on family members as links to sources of information, suggests that HCFA should make greater use of these organizations, including local schools, for disseminating information.
- ◆ Because medical professionals are highly trusted in the Hispanic/Latino community by both English- and Spanish-speaking beneficiaries, HCFA should utilize providers as sources of information for Hispanic/Latino beneficiaries and should help Spanish-speaking beneficiaries locate those providers who speak their native language. Providers, themselves, must be educated about the Medicare program so they can share accurate and up-to-date information with their patients.
- ◆ A communication strategy for Hispanic/Latino beneficiaries must recognize the multiple communication barriers represented by low literacy, poor English language skills, poverty, and limited previous experience with insurance. HCFA should complement its use of written materials with increased use of broadcast media, person-to-person exchanges (for example, using radio talk shows and lay educators) and pictorial presentations (for example, videotapes for clinic waiting rooms), all made available where needed in the Spanish language. Repeated and layered explanations may be necessary to build a broad context within which to understand complex concepts. Therefore, HCFA should develop stable accessible communication vehicles to which the Hispanic/Latino beneficiaries can return as needed for follow-up education.

Organization of Report

This report is organized into four additional chapters:

- ◆ A profile of Hispanic/Latino Medicare beneficiaries compared with the general Medicare population,
- ◆ A summary of Hispanic/Latino beneficiaries' information needs,
- ◆ A discussion of communication sources preferred by Hispanic/Latino beneficiaries, and
- ◆ A discussion of communication modes preferred by Hispanic/Latino beneficiaries.

Each chapter includes a section on implications of the research findings for HCFA's communication strategies for Hispanic/Latino beneficiaries.

CHAPTER 2. PROFILE OF HISPANIC/LATINO MEDICARE BENEFICIARIES

Hispanic/Latinos represent the second largest ethnic or racial minority group in the Medicare population, following African Americans. It is also the fastest growing group. The elderly Hispanic/Latino population (age 65 or older) experienced the greatest increase in median age between 1960 and 1990 of all ethnic or racial minority groups. During the last decade, this population grew by 75 percent, from 709,000 persons in 1980 to 1,124,000 persons in 1991 (Census Bureau, 1990). Nearly three-fourths (73 percent) of elderly Hispanic/Latinos live in just four States: California (27 percent); Texas (20 percent); Florida (15 percent); and New York (11 percent) (Hobbs and Damon, 1996).

The Hispanic/Latino population is extremely diverse, and represents individuals from many countries including Mexico and Puerto Rico (the two largest groups), Cuba, El Salvador, Nicaragua, and Colombia, with each group having a unique cultural heritage and dialect (Hooyman and Kiyak, 1993). Although they share a common language, these groups differ substantially in their cultural traditions, levels of income and education, and geographic concentration. For example, Mexican Americans are the largest and poorest group (representing 64 percent of the Hispanic/Latino population in the U.S.) and are concentrated in the southwest (California, Arizona, New Mexico and Texas). Cubans are the wealthiest and most highly educated, and have the largest proportion of foreign-born elderly among Hispanic/Latino groups. The largest populations of individuals of Cuban descent are located in New York, Florida, and New Jersey, while California and Texas are the two states with the largest overall Hispanic/Latino population.

Communication strategies developed to target the Hispanic/Latino population must be tailored to its unique features but also be flexible enough to accommodate its diversity. The proportion of Hispanic elderly is likely to rise steeply, as younger cohorts age into Medicare. The need for effective communication will grow commensurately. To help ensure that communication efforts are well targeted, it is important not only to understand the needs, preferences, and behaviors of the audience, but also to appreciate the context within which these factors are shaped. The following section presents the socio-economic and health characteristics of the elderly Hispanic/Latino beneficiary population, as compared with the general elderly beneficiary population, highlighting factors that may play a significant role in receptivity of information and communication efforts.

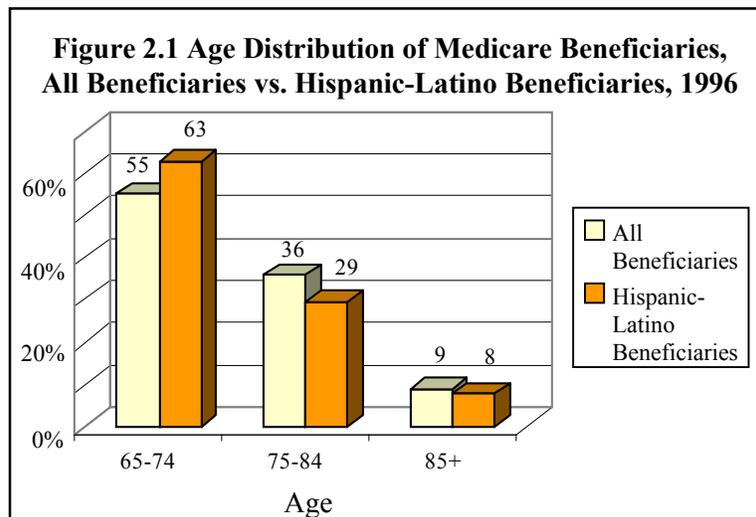
Key Beneficiary Characteristics

- ◆ The age distribution of Hispanic/Latino beneficiaries reflects the relative youth of the Hispanic/Latino population; 63 percent fall within the 65 to 74 age category compared with 55 percent for the general beneficiary population.
- ◆ Although the proportion of females in the Medicare population increases with age, the gender gap for elderly Hispanic/Latino beneficiaries is not as large as for the general Medicare population.

- ◆ Household living arrangements among Hispanic/Latino beneficiaries differ substantially from those of the general Medicare population. A smaller percentage of Hispanic/Latino beneficiaries live alone or with their spouse, and a much greater percentage live with their children or other relatives. In addition, Hispanic/Latino beneficiaries are more likely to live in urban areas than are beneficiaries in the general Medicare population.
- ◆ Income and education levels for Hispanic/Latino beneficiaries on the whole are much lower than for beneficiaries in general, and Hispanic/Latino beneficiaries are more likely to receive Medicaid benefits than all other beneficiary groups studied in the market research, except the low literate group.
- ◆ Across the younger age categories, Hispanic/Latino beneficiaries are less likely to own a VCR and have access to cable television. This difference is not as pronounced in the oldest age cohort. Internet access across all Hispanic/Latino beneficiaries is low relative to the general beneficiary population.
- ◆ Hispanic/Latino beneficiaries reported overall poorer health than the general Medicare population.

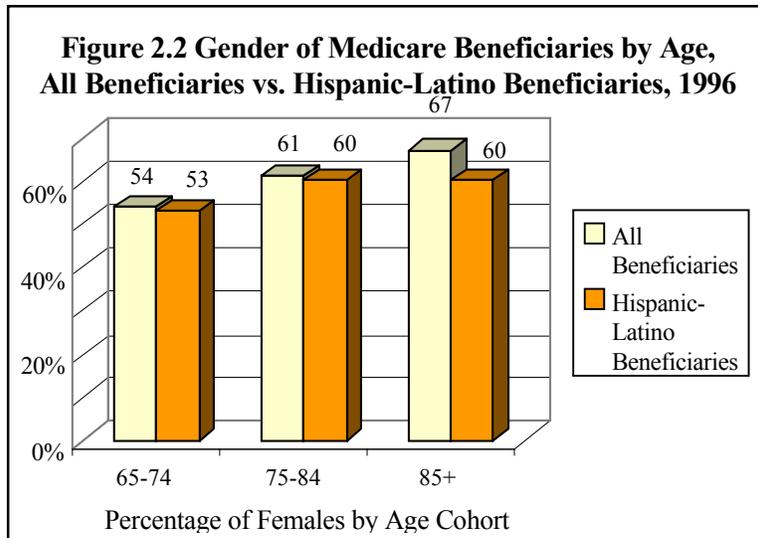
Demographic Characteristics

Hispanic/Latino Medicare beneficiaries tend to be younger than the general Medicare population (Figure 2.1). The youngest Hispanic/Latino age cohort is 63 percent of all Hispanic/Latino beneficiaries in contrast to 55 percent for all Medicare beneficiaries.



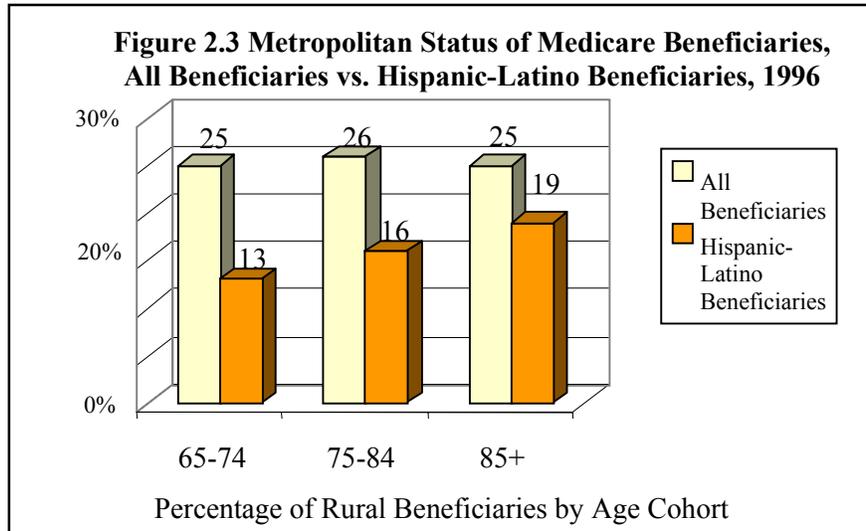
Source: Figure prepared by Barents Group LLC
Data Source: Medicare Current Beneficiary Survey

Gender distribution across different age groups for Hispanic/Latino beneficiaries follows the same patterns as with the general Medicare population: the proportion of female Hispanic/Latino beneficiaries increases in the older age groups. However, this gender gap is not as large as with the general beneficiary population. In the 85 and over age cohort, the male to female ratio is 1:1.5, whereas the ratio in the general Medicare population is approximately 1:2 (Figure 2.2).



Source: Figure prepared by Barents Group LLC
 Data Source: Medicare Current Beneficiary Survey

The percentage of Hispanic/Latino beneficiaries living in urban areas of the country is higher than that of the Medicare population in general. Unlike the general Medicare population where the proportions of urban beneficiaries to rural beneficiaries are consistent across age categories, older Hispanic/Latino beneficiaries are more likely to live in rural areas than those in younger beneficiary age cohorts (Figure 2.3).



Source: Figure prepared by Barents Group LLC
 Data Source: Medicare Current Beneficiary Survey

Household living arrangements among Hispanic/Latino beneficiaries differ substantially from those of the general Medicare population. A smaller percentage of Hispanic/Latino beneficiaries live alone or with their spouse, and a larger percentage live with their children or with others, compared with beneficiaries in general (Table 2.1). This difference is even more noteworthy for beneficiaries 85 years or older: 42 percent of elderly Hispanic/Latinos live with their children or

other relatives compared with 25 percent of all elderly beneficiaries, and only 26 percent of the Hispanic/Latino elderly live alone compared with 51 percent of all beneficiaries.

Table 2.1 Living Arrangements by Age for Hispanic/Latino Beneficiaries and All Medicare Beneficiaries, 1996								
Household Living Arrangements	Total Medicare Population		Ages 65-74		Ages 75-84		Ages 85 and older	
	Hispanic/Latino	All	Hispanic/Latino	All	Hispanic/Latino	All	Hispanic/Latino	All
<i>Lives Alone</i>	24.8%	30.4%	21.9%	23.4%	31.0%	35.9%	25.6%	50.9%
<i>Lives w/Spouse</i>	47.8%	55.8%	52.6%	64.5%	41.6%	50.1%	32.4%	23.9%
<i>Lives w/Children</i>	18.5%	8.8%	14.9%	7.1%	22.6%	9.1%	32.4%	17.4%
<i>Lives w/Others</i>	8.9%	5.1%	10.6%	5.1%	4.8%	4.6%	9.7%	7.8%

Source: Table prepared by Barents Group LLC

Data Source: Medicare Current Beneficiary Survey

Economic Characteristics

The distribution of incomes and education levels are very different between elderly Hispanic/Latino Medicare beneficiaries and elderly beneficiaries in general. Nearly 73 percent of Hispanic/Latino beneficiaries reported having an income of \$15,000 or less in 1996 compared with only 42 percent of beneficiaries of all races/ethnicities (Table 2.2). However, this disparity in income is less pronounced among the oldest beneficiaries, most of whom are in the lowest income grouping.

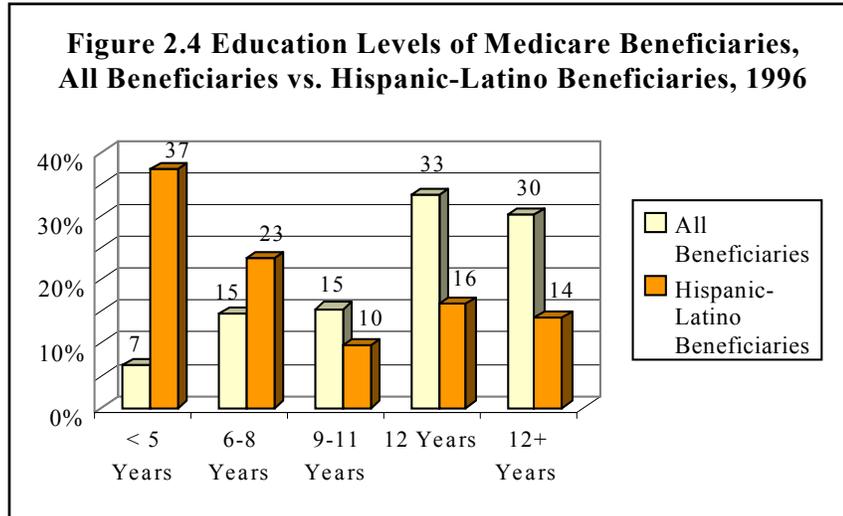
Table 2.2 Income Distribution by Age for Hispanic/Latino Beneficiaries and All Medicare Beneficiaries, 1996								
Income Level	Total Medicare Population		Ages 65-74		Ages 75-84		Ages 85 and older	
	Hispanic/Latino	All	Hispanic/Latino	All	Hispanic/Latino	All	Hispanic/Latino	All
<i>Less than \$15,000</i>	73%	42%	71%	36%	77%	45%	77%	64%
<i>Between \$15,000-\$30,000</i>	18%	34%	18%	35%	17%	36%	20%	24%
<i>More than \$30,000</i>	9%	24%	11%	29%	6%	19%	3%	12%

Source: Table prepared by Barents Group LLC

Data Source: Medicare Current Beneficiary Survey

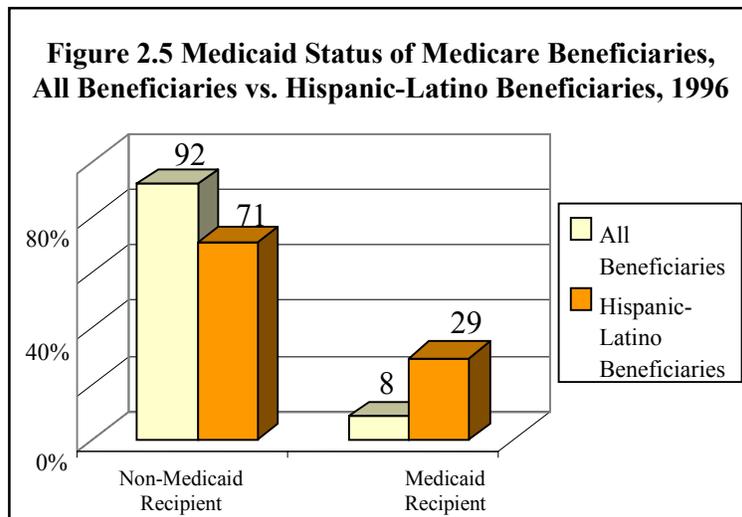
Education levels of Hispanic/Latino beneficiaries are significantly lower than the general Medicare population. More than 37 percent of Hispanic/Latino beneficiaries have only a 5th grade education or less compared with about 7 percent of the general Medicare population. At the opposite end of the distribution, only 14 percent of Hispanic/Latino seniors have more than a high school education in contrast to 30 percent of the general Medicare population (Figure 2.4). Some estimate that as many as 16 percent of Hispanic elderly have had no formal education, so

illiteracy is frequently a barrier to effective communication, especially through printed materials, as these beneficiaries can read neither English nor Spanish (*Caring Magazine*, 1991).



Source: Figure prepared by Barents Group LLC
Data Source: Medicare Current Beneficiary Survey

Income disparities are reflected in the much larger percentage of Hispanic/Latino beneficiaries who had Medicaid coverage at least one month during 1996 compared with beneficiaries in general (one-third compared with less than one-tenth, respectively) (Figure 2.5).



Source: Figure prepared by Barents Group LLC
Data Source: Medicare Current Beneficiary Survey

Lower average income is also the likely explanation for the lower access of Hispanic/Latino beneficiaries to newer communication technologies such as VCRs, cable TV, and the Internet (Table 2.3). Like the disparity in the distribution of income, this access gap between Hispanic/Latino beneficiaries and the general population lessens with age. The oldest age cohorts of beneficiaries are more similar than the younger cohorts. For example, the difference between Hispanic/Latino beneficiaries and general Medicare beneficiaries age 85 years and over who

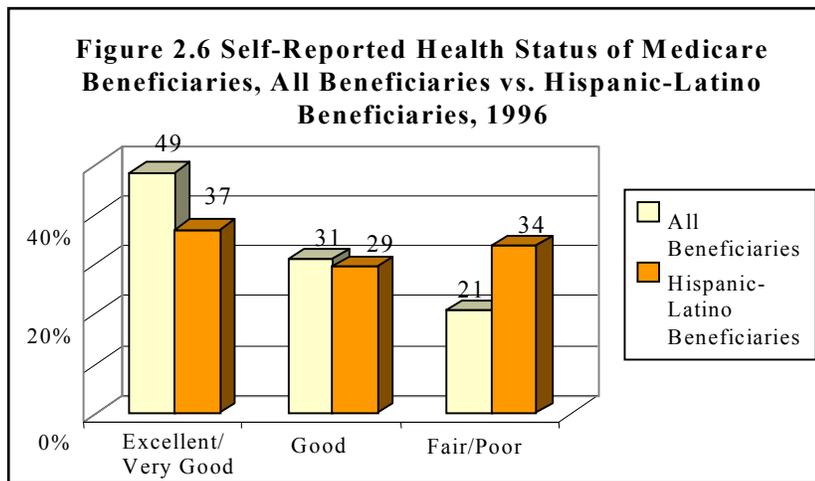
report access to cable TV is less than two percentage points (54.7 percent vs. 56.4 percent, respectively).

Table 2.3 Access to Newer Technologies by Age for Hispanic/Latino Beneficiaries and All Medicare Beneficiaries, 1997								
Technology	Total Medicare Population		Ages 65-74		Ages 75-84		Ages 85 or older	
	Hispanic/Latino	All	Hispanic/Latino	All	Hispanic/Latino	All	Hispanic/Latino	All
VCRs	60%	69%	66%	80%	61%	52%	44%	37%
Cable TV	53%	67%	51%	70%	55%	65%	55%	56%
Internet	3%	7%	2%	9%	4%	5%	3%	5%

Source: Table prepared by Barents Group LLC
Data Source: Medicare Current Beneficiary Survey

Health Characteristics

Although approximately one-third of both Hispanic/Latino beneficiaries and other beneficiaries reported good overall health, there was a significant difference in self-reported health in the upper and lower ends of the range (Figure 2.6). For the general Medicare population, 49 percent and 21 percent reported excellent/very good or fair/poor health, respectively. In contrast, only 37 percent of Hispanic/Latino beneficiaries reported excellent/very good health and 34 percent considered their health to be fair/poor. Health status for Hispanic/Latinos may be poorer due to higher prevalence of certain diseases. It is estimated that the prevalence of diabetes, for example, among the elderly of Mexican and Puerto Rican descent is 100 percent higher than among non-Hispanic Whites (Garcia and Wallace, 1994).



Source: Figure prepared by Barents Group LLC
Data Source: Medicare Current Beneficiary Survey

As shown in Table 2.4, Hispanic/Latino beneficiaries were somewhat more likely to report a vision impairment and somewhat less likely to report a hearing impairment than the general Medicare population.

Table 2.4 Medicare Beneficiary with Vision or Hearing Loss All Beneficiaries vs. Hispanic/Latino Beneficiaries, 1996								
Vision or Hearing Loss	Total Medicare Population		Ages 65-74		Ages 75-84		Ages 85 or older	
	Hispanic/Latino	All	Hispanic/Latino	All	Hispanic/Latino	All	Hispanic/Latino	All
Vision Loss								
<i>No Vision Loss</i>	56.7%	62.0%	58.7%	67.1%	55.2%	58.3%	46.5%	45.8%
<i>Low Vision</i>	42.6%	37.5%	40.7%	32.7%	44.5%	41.1%	51.5%	52.1%
<i>Blind</i>	0.6%	0.5%	0.7%	0.2%	0.2%	0.6%	2.0%	2.1%
Hearing Loss								
<i>No Hearing Loss</i>	65.9%	57.6%	73.1%	63.1%	55.1%	53.3%	49.4%	41.3%
<i>Some Hearing Loss</i>	33.8%	42.2%	27.0%	36.8%	44.5%	46.5%	48.5%	58.2%
<i>Profound Hearing Loss</i>	0.3%	0.2%	0.0%	0.1%	0.4%	0.2%	2.1%	0.5%

Source: Table prepared by Barents Group LLC
Data Source: Medicare Current Beneficiary Survey

As beneficiaries move through the normal aging process, they tend to become more limited in their activities of daily living (ADLs). ADLs are activities related to personal care and include bathing or showering, dressing, getting in and out of bed or a chair, using the toilet, and eating. The Hispanic/Latino population reported similar levels of difficulty with ADLs as the general beneficiary population (Table 2.5). However, the Hispanic/Latino population reported a greater increase in difficulties with age. Forty-five percent of the oldest cohort of Hispanic/Latino beneficiaries reported one or more difficulties with ADLs compared to 37 percent in the general beneficiary population.

Table 2.5 Medicare Beneficiary Difficulty Performing ADLs* All Beneficiaries vs. Hispanic/Latino Beneficiaries, 1996								
ADL Count**	Total Medicare Population		Ages 65-74		Ages 75-84		Ages 85 or older	
	Hispanic/Latino	All	Hispanic/Latino	All	Hispanic/Latino	All	Hispanic/Latino	All
<i>0 ADLs</i>	83%	83%	91%	88%	73%	81%	55%	63%
<i>1 ADL</i>	8%	8%	6%	6%	9%	10%	18%	15%
<i>2 ADLs</i>	4%	4%	2%	2%	8%	4%	4%	7%
<i>3 ADLs</i>	3%	2%	1%	1%	5%	3%	11%	6%
<i>4 ADLs</i>	2%	2%	0%	1%	3%	2%	5%	6%
<i>5 ADLs</i>	1%	1%	0%	1%	2%	1%	8%	3%

Source: Table prepared by Barents Group LLC
Data Source: Medicare Current Beneficiary Survey

*ADLs= Activities of Daily Living

**ADL Count = Number of ADLs beneficiary has difficulty performing without help.

Implications for HCFA

- ◆ Because a higher percentage of elderly Hispanic/Latino beneficiaries live with their children or other relatives, especially beneficiaries who are 85 years or older, HCFA may be able to reach a large number of this group by disseminating more information through workplaces or other channels that target the younger generation of Hispanic/Latinos. For example, PSAs might be targeted at television shows that younger families watch, as well as shows watched by seniors.
- ◆ The lower incomes and educational attainment of many elderly Hispanic/Latino beneficiaries can impede their access to newer communication technologies and to written materials. Therefore, HCFA must rely more heavily on communication modes and sources that low-income elderly Hispanic/Latinos have readier access to. These include 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 (33 percent) of Hispanic/Latino beneficiaries who are enrolled in the Medicaid system 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.
- ◆ Several characteristics associated with Hispanic/Latino 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 Hispanic/Latino 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 led by a trusted community member, or through community organizations.
- ◆ Two probable results of the impact of poverty on Hispanic/Latino beneficiaries’ use of health care are delays in initially seeking treatment and difficulty obtaining and affording medications and diagnostic tests. These income-related behaviors would contribute to their poorer health status. There are at least three implications for HCFA:
 - ◇ A need to educate Hispanic/Latino beneficiaries about the importance of the regular practice of preventive behaviors and obtaining needed health care, both in terms of their value to one’s health and availability under Medicare;

- ◇ A need to provide information to Hispanic/Latino beneficiaries about those diseases that are significantly more likely to affect these beneficiaries; and
- ◇ A need to provide additional information on enabling services, such as child care (for their grandchildren as they are more likely to live with their children), transportation, and other logistical services that help to overcome barriers to seeking care for an individual who is poor.

CHAPTER 3. WHAT INFORMATION DO HISPANIC/LATINO BENEFICIARIES WANT OR NEED FROM HCFA?

The market research found that ethnic minority and other groups do not so much need different information about Medicare compared with the general Medicare population, but they need to have it **presented differently** from the way it is presented to majority group beneficiaries. Communication efforts for Hispanic/Latino should use culturally and linguistically appropriate sources, messages, and placement of these messages, as discussed in Chapters 4 and 5. There are, however, some information needs that are specific to Hispanic/Latino beneficiaries. This chapter summarizes the key findings from the market research concerning Hispanic/Latino beneficiaries' information needs and knowledge of the Medicare program, and compares them to Medicare beneficiaries as a whole.

Key Findings on Information Needs and Knowledge Levels of Hispanic/Latino Beneficiaries

- ◆ Hispanic/Latino beneficiaries have basic information needs that are quite similar to the general beneficiary population. However, a substantially larger proportion of Hispanic/Latinos cited the Medicare program as the most important topic to have more information on compared to the general beneficiary population.
- ◆ Many beneficiaries of Hispanic/Latino descent have no previous experience with health insurance and need to understand the basics of how insurance works. They also need more general information about the Medicare program, especially about managed care and supplemental insurance, topics on which only 27 and 29 percent of MCBS respondents respectively reported knowing everything they need to know. However, Hispanic/Latino beneficiaries expressed less interest than the general Medicare population in learning more about managed care plans.
- ◆ As with other groups, the information Hispanic/Latinos want and need about Medicare also centers on specific questions about the benefits covered by the program.
- ◆ Other specific needs of Hispanic/Latino beneficiaries include information on staying healthy, eligibility for Medicare related to immigration status, and information on fraud and abuse.
- ◆ Hispanic/Latino seniors who do not speak English expressed a strong desire for greater availability of Spanish-language materials, telephone operators, and health care providers. They also tend to rely on others, particularly family members, to find information for them.

Information Needs

The Hispanic/Latino and general Medicare populations reported very similar rankings of topics about which they felt it was important to have more information, with the top three being the Medicare program in general, staying healthy, and out-of-pocket expenses (Table 3.1). HMOs were the exception: only five-percent of Hispanic/Latinos in contrast to over nine-percent of general beneficiaries considered HMOs an important topic to have more information on. In addition, a considerably larger fraction of the Hispanic/Latino Medicare population expressed a need for information on the Medicare program (45 percent contrasted with 38 percent for all beneficiaries).

Table 3.1
Information Needs of Hispanic/Latino Beneficiaries
vs. All Medicare Beneficiaries, 1997

Medicare Topic	<u>Hispanic/Latino</u> Beneficiaries Citing Topic as Most Important to Have More Information On*	<u>All</u> Beneficiaries Citing Topic as Most Important to Have More Information On*
<i>Medicare program</i>	44.6%	37.8%
<i>Staying healthy</i>	28.9%	25.8%
<i>Payment for Medicare services</i>	12.9%	14.3%
<i>Medicare HMOs</i>	5.2%	9.4%
<i>Choosing or finding a doctor</i>	6.4%	6.7%
<i>Supplemental insurance</i>	6.2%	6.2%

Source: Table prepared by Barents Group LLC

Data Source: Medicare Current Beneficiary Survey

*Percentages are based on the number of beneficiaries who said they needed information about at least one of the topics in the table.

Hispanic/Latino focus group participants' comments revealed basic gaps in knowledge about billing procedures and coverage that were less evident in focus groups with general population beneficiaries. For example, a large proportion of Hispanic/Latino participants seemed to lack a basic understanding of the role supplementary insurance plays in their health plans. These knowledge gaps are consistent with inventory research findings that Hispanic/Latino beneficiaries are less likely to use health insurance before enrolling in Medicare than other beneficiary groups. Additionally, among elderly Hispanic/Latinos, 7 percent of those who were U.S.-born have no Medicare coverage as compared to 18 percent of foreign-born Hispanic/Latinos (Thamer, et al., 1997).

Hispanic/Latinos beneficiaries will benefit from clear descriptions of the role of supplemental insurance, how it fits with Medicare, and the options for supplemental insurance available to

*“What’s this supplement they talk about?
 What’s a supplement?”*

– Hispanic/Latino Focus Group Participant

Medicare beneficiaries. This information about supplemental insurance should be presented in the context of more general information about the purposes of health insurance and how it works. A common

misperception among Hispanic/Latino focus group participants was that if they joined an HMO, they would “lose” their Medicare so some refused to give up their Medicare card when they enrolled. Others had joined multiple supplemental plans, either not realizing that the plans overlap or being afraid they might not be covered without multiple plans. While at least one person in every Hispanic/Latino focus group asked detailed questions about coverage or billing procedures, discussions about how Medicare and supplementary insurance work together were raised only in an English-speaking Hispanic/Latino focus group.

A topic of particular importance to newer immigrants from Hispanic/Latino countries is eligibility for Medicare and how it relates to U.S. citizenship and residency in the United States.

“I have a brother who received his residency about six months or something like that ago. And I don’t know if he can receive Medicare. I told him that when it was... when he had the time he should go get some information to clarify the doubt, because another brother emigrated. And I don’t know whether he can get Medicare at all.”

- Hispanic/Latino Focus Group Participant

Additionally, several community-based Hispanic/Latino advocacy groups reported for the inventory research that many Hispanic/Latino seniors do not understand the abstract concepts of “fraud and abuse” and do not see that giving out their Medicare number for money represents abuse of their Medicare benefits, especially in Miami. Fraudulent activities are prevalent among the newly immigrated groups, and HCFA had recently implemented an initiative called Operation Restore Trust to educate groups of beneficiaries about the importance of avoiding these activities and reporting suspected fraud.

Self-reported knowledge about Medicare topics of Hispanic/Latino and general Medicare beneficiaries showed large differences in those reporting that they know “Everything I need to know” about specific topics (Table 3.2). On all these topics, except HMOs (about which both groups’ self-reported knowledge was not sufficient for 70 percent or more of those answering), Hispanic/Latino beneficiaries were far less likely to report knowing enough about the topic.

Table 3.2		
Self-Reported Knowledge about Medicare Topics		
Hispanic/Latino Beneficiaries vs. All Medicare Beneficiaries, 1997		
Medicare Topic	All Beneficiaries Reporting “Everything I need to know about topic”	Hispanic/Latino Beneficiaries Reporting “Everything I need to know about topic”
Medicare program	46%	33%
Payment for Medicare services	48%	34%
Supplemental Insurance	46%	29%
Medicare HMOs	30%	27%
Choosing or finding a doctor	65%	50%
Staying healthy	77%	59%

Source: Table prepared by Barents Group LLC

Data Source: Medicare Current Beneficiary Survey

Given their lower incomes and poorer health status, the Hispanic/Latino population might be better served by being enrolled in a health plan that offers a prescription benefit, such as an HMO, but may not even know what an HMO is. Others may have a strong bias against HMOs based on what they have heard or read.

“In an HMO, they pay the doctor a certain fee for a patient. And they have to stay with him. And then if that patient wants to go to a specialist, they try their best not to send you. Now, if he goes to a specialist and they spend more money than what they’re entitled to, they get penalized. So they just do not give you the attention that you really need.”

- Hispanic/Latino Focus Group Participant

The largest difference in reported percentages between Hispanic/Latino beneficiaries and beneficiaries in general was for information on staying healthy, a very important topic for a population with lower health status than the general Medicare population.

“Well, for me as a diabetic, I know that I would need to have some information about that.”

– Hispanic/Latino Focus Group Participant

Beneficiary Information-Seeking Behavior

Among Hispanic/Latino focus group participants who identified specific questions, a few indicated that they made no effort to seek answers on their own. Participants who did seek answers often asked English-speaking relatives to obtain the needed information. This reliance on proxy information-seekers is consistent with the inventory research findings that Hispanic/Latino beneficiaries tend to rely on extended family networks for information.

According to the 1990 Census, as many as 40 percent of elderly Hispanic/Latinos either do not speak English, or do not speak it well (1990 Census of Population and Housing, One Percent Public Use Microdata File). This may also impact on the ability or incentive of Hispanic/Latino beneficiaries to seek out information on their own. To meet the information needs of this beneficiary group, communications must be available in the Spanish language as well as English. Even for identifying a physician, language is often a more important factor than more general interpersonal skills. Hispanic/Latino beneficiaries would benefit from information on providers with Spanish-language skills.

“It would be great if it [information about Medicare] came in our own language, because my kids, they don’t know Spanish very well. And sometimes they try to interpret or translate and it gets all messed up.”

Hispanic/Latino Focus Group Participant

Implications for HCFA

- ◆ The types of information that Hispanic/Latino beneficiaries need or want are generally similar to those of the general Medicare population but their knowledge of the Medicare program and related topics is much more limited. Addressing this knowledge gap should be a priority for HCFA.
- ◆ Hispanic/Latino beneficiaries would benefit from information on the prevention and treatment of diseases that are more prevalent in the Hispanic/Latino community, such as diabetes for which prevalence rates have been estimated to be 100 percent higher among the elderly of Mexican and Puerto Rican descent than among elderly non-Hispanic Whites (Garcia and Wallace, 1994). This information should be presented in a context that makes it easier for beneficiaries to choose the Medicare option that will best meet their health needs given their income constraints. For example, the importance of diabetes to HCFA and other payers is the disease’s chronicity and the need for ongoing monitoring and treatment. For beneficiaries with diabetes, outpatient management of the disease and coverage of vital medications are important for limiting out-of-pocket expenditures.
- ◆ The frequently negative view of HMOs and confusion regarding supplementary insurance of Hispanic/Latino beneficiaries suggest that HCFA should emphasize and expand upon its explanation of these topics for this group. Misperceptions (e.g., the belief that joining an HMO causes you to lose your Medicare benefits because you must give up the Medicare card

in exchange for the HMO plan card) should be explored and clarified. HMOs are more likely to manage chronic illness so as to avoid costly hospitalization and to include outpatient pharmaceuticals in the benefit package. These are important considerations for a Medicare population with poorer health status and lower incomes than the general beneficiary population. It is, therefore, particularly important that HCFA increase the understanding of the positive benefits of HMO membership among the Hispanic/Latino beneficiary population.

- ◆ Medicare eligibility and fraud and abuse are also areas where there is a need for and an interest in obtaining additional information to help erase current lack of knowledge and misunderstandings.
- ◆ It is estimated that 40 percent of the Hispanic/Latino beneficiary population depends on the Spanish language for communicating. Therefore, HCFA should make all relevant materials available to this group in the Spanish language, as well as ensure that translations are of high quality and at a level appropriate to the target audience.

CHAPTER 4. WHAT INFORMATION SOURCES DO HISPANIC/LATINO BENEFICIARIES PREFER?

This chapter highlights the differences and similarities between elderly Hispanic/Latino beneficiaries and the general Medicare population in their most preferred sources of information for specific Medicare-related topics. It also summarizes the group's impressions of the Medicare Handbook.

Key Findings on Hispanic/Latino Beneficiaries' Preferred Information Sources

- ◆ The preferred source of information on most topics for Hispanic/Latino beneficiaries, as represented by the MCBS, is “Medicare” itself. The exceptions were information on finding a doctor and on staying healthy, for which the Hispanic/Latino population preferred to rely on health care providers.
- ◆ The focus groups found that family and friends were important **links** to information for Spanish-speaking Hispanic/Latino participants, particularly when information is not available in Spanish. This reliance on family can be problematic for Spanish-speaking beneficiaries if family members are only sporadically available or are not themselves fluent in English or in Spanish. However, families and friends are not as important themselves as **sources** of information for Hispanic/Latino beneficiaries as they are for the general Medicare population.
- ◆ Although AARP was a highly trusted and useful source of information about Medicare for some groups of the Medicare population, Hispanic/Latino beneficiaries did not share this view. Many Hispanic/Latinos (both Spanish- and English-speaking) have never heard of AARP.
- ◆ Unlike the general Medicare population, which has little contact with community organizations for information about Medicare, the Spanish-speaking Hispanic/Latino population is an exception. Spanish-speaking beneficiaries, particularly those in senior housing and those without helpful family members, relied on community sources for what often was their small amount of information about Medicare.
- ◆ When Spanish-speaking beneficiaries need Medicare information, they tend to go in-person to the local office of the Social Security Administration (SSA), and they often go with a family member.

Information Sources

Much like the general Medicare population, Hispanic/Latino beneficiaries turned to different information sources for different topics (Table 4.1). **However Hispanic/Latino beneficiaries who responded in the MCBS differed from the general Medicare population in their greater reliance on Medicare and the Medicare hotline for their information, particularly information on supplemental insurance, Medicare HMOs, finding a doctor, and staying healthy.**

**Table 4.1
Preferred Information Sources for Hispanic/Latino Beneficiaries
and All Medicare Beneficiaries, 1997***

Medicare Topic	Medicare/ Carrier/ 1-800	Doctor/ provider	Community Org.	Family, Friends	Insurance Company	AARP/Sr. Citizens' Group	Other
Medicare program							
<i>Hispanic/Latino</i>	55.3%	26.9%	8.8%	6.1%	1.8%	1.6%	0.4%
<i>All Beneficiaries</i>	53.8%	22.3%	8.3%	4.6%	2.9%	7.7%	0.3%
Out-of-pocket payments							
<i>Hispanic/Latino</i>	61.4%	22.7%	7.8%	2.1%	5.1%	0.5%	0.4%
<i>All Beneficiaries</i>	64.3%	20.7%	4.4%	2.6%	5.5%	2.1%	0.4%
Supplemental insurance							
<i>Hispanic/Latino</i>	37.9%**	20.7%	12.9%	2.8%	22.4%	3.1%	0.2%
<i>All Beneficiaries</i>	19.8%	11.6%	7.3%	6.5%	42.5%	11.0%	1.5%
Medicare HMOs							
<i>Hispanic/Latino</i>	48.7%	19.8%	13.1%	7.8%	9.3%	1.3%	0.0%
<i>All Beneficiaries</i>	40.4%	18.6%	9.5%	7.7%	15.5%	7.6%	0.7%
Finding a doctor							
<i>Hispanic/Latino</i>	25.3%	43.4%	8.8%	16.2%	3.8%	2.4%	0.3%
<i>All Beneficiaries</i>	12.6%	47.3%	6.0%	26.5%	4.7%	2.2%	0.8%
Staying healthy							
<i>Hispanic/Latino</i>	16.6%	62.9%	6.7%	10.9%	2.0%	0.9%	0.1%
<i>All Beneficiaries</i>	6.6%	64.7%	10.3%	9.6%	3.1%	3.8%	2.0%

Source: Table prepared by Barents Group LLC

Data Source: Medicare Current Beneficiary Survey

*Percentages are based on respondents who chose at least one source. Respondents who said they did not need information on the topic are excluded from the figures in the table.

**The largest differences in percentages between the two population groups are emphasized with bold type.

Hispanic/Latino beneficiaries who responded in the MCBS were also more likely to rely on medical providers, a universal, in-person contact with the system. Beneficiaries with less education or skill in using “the system” have almost no choice but to trust their medical providers. The Hispanic/Latino population differed from the general Medicare population in several other ways:

- ◆ They were less likely to rely on family and friends as sources of information although focus group participants and inventory interviewees reported that they considered them important **links** to information, particularly for those who do not speak English.
- ◆ They did not rely as much on insurance companies as sources of information, even for topics like Medicare HMOs and supplemental insurance, which are the companies’ presumed areas of expertise.

- ◆ They did not rely as much on citizen groups like AARP. Many Hispanic/Latino focus group participants had never heard of AARP.
- ◆ They were more likely to rely on community organizations for information about HMOs and supplemental insurance, perhaps reflecting their lack of understanding of these topics.
 - ◇ Spanish-speaking focus group participants were different from other beneficiary groups and the general Medicare population regarding information sources. Spanish-speaking participants reported more use of community information resources than did participants from any other beneficiary group. In one focus group, participants mentioned the housing project where many of them lived as an important resource. Among Spanish-speaking participants, women seemed more likely than men to use community information resources.
- ◆ Several Spanish-speaking focus group participants mentioned the SSA as a source of Medicare information, particularly because the SSA provides access to Spanish-speaking caseworkers. They identified the SSA with information on government programs, including Medicare.

Focus Group Participant: *“Social Security gives me a lot of information.”*
 Moderator: *“And Social Security has nothing to do with Medicare.”*
 Focus Group Participant: *“But we don’t receive absolutely anything from Medicare.”*

Trusted Sources of Information

The inventory research found that the most *trusted* sources of information for Hispanic/Latino beneficiaries are family and friends, community leaders, and health care providers. However, based on focus group reports and the MCBS responses, family and friends, while trusted, are depended upon by Spanish-speaking Hispanic/Latinos as *links* to other sources of information. In contrast, there were few participants in the two English-speaking Hispanic groups who found family and friends to be useful sources of information. Instead, they ranked providers especially high on trust.

“It’s a 1-800 number directly. You can talk to them very easy. They’re very nice.”
 - Hispanic/Latino

Hispanic/Latino focus group participants had diverse reactions to HCFA as a source of information. The two English-speaking Hispanic groups ranked HCFA first in both amount of information and trust, and their rankings were higher than those of any other beneficiary group or the general Medicare population. The discussion revealed some confusion between the

Medicare carrier and HCFA, but the general feeling was that HCFA was the federal government, and therefore trustworthy. One group of Spanish-speaking participants was very positive about HCFA as an information source. None of the participants in this group had tried to call Medicare, however, and they reported that most of the information they received about the Medicare program was in English. Most other Spanish-speaking participants were not sure what information they had received from HCFA. Most reported that when information arrives in English only, they cannot use it. Some said they rely on family members to translate English-language material, but this can be a bother both for beneficiaries and their families.

Medicare Handbook

The MCBS analysis found that there was substantial variation across racial/ethnic groups with regard to reported receipt of the Medicare Handbook from a HCFA mailing to all beneficiaries in 1996. In particular, Hispanic/Latino beneficiaries reported receipt rates that were 10 to 15 percentage points lower than all other racial or ethnic groups. Also, a substantially lower proportion of Hispanic/Latino beneficiaries reported using the Handbook compared with White non-Hispanic respondents or beneficiaries of other races or ethnic groups.

"I refer to it once in a while... I'm interested in knowing exactly what my benefits are going to be."

– Hispanic/Latino Focus Group Participant

As with beneficiaries in general, Hispanic/Latino focus group participants reported using the Handbook as a reference tool. Feedback on the Handbook was positive among those who had reviewed the Handbook, either in English or translated into Spanish by a helper. Hispanic/Latino beneficiaries said they found the Handbook helpful and easy to understand. However, few Spanish-speaking beneficiaries knew whether Spanish-language Handbooks were available or how to get a copy of one.

Implications for HCFA

- ◆ The importance of HCFA as a source of information, particularly for English-speaking beneficiaries, coupled with the finding that Spanish-speaking Hispanic/Latino beneficiaries in particular do not understand many aspects of the program, suggests that materials on the program in the Spanish language may need to be reviewed. Perhaps explanations offered in Spanish by telephone and in the Medicare Handbook could be expanded and simplified, particularly with regard to Explanation of Medicare Benefits (EOMBs), HMOs, supplementary insurance, and the connection between Medicare and Medicaid.
- ◆ The usefulness of HCFA as a source of information for English-speaking Hispanic/Latino beneficiaries should be cultivated and activities that would foster increased levels of trust among Spanish-speaking beneficiaries should be promoted. This might be done through better identification of HCFA as the source of information received through Spanish language 1-800 calls and Spanish translation of the Medicare Handbook.
- ◆ Similarly, the high level of trust Hispanic/Latino beneficiaries place in community organizations, the greater likelihood that beneficiaries will be living with children or other relatives, and Spanish-speaking beneficiaries' greater dependence on family members as links to sources of information suggest that HCFA should make greater use of community organizations, such as local schools, for disseminating information. For example, a school-based intervention, although not directed at the elderly, reported success in recruiting Mexican-American families to participate in weekly seminars on nutrition and health (Nader, et al., 1986).
- ◆ In addition to HCFA, Hispanic/Latino beneficiaries view health care providers as valued sources of information. To the extent practicable, HCFA should utilize Spanish-speaking providers as sources of information for Hispanic/Latino beneficiaries and should help beneficiaries locate those providers who speak their native language. HCFA should also ensure that these providers have accurate, up-to-date information about the Medicare program to share with their patients. At present, HCFA and Medicare carriers do not indicate

language competencies of physicians who accept Medicare. It would be helpful to Spanish-speaking beneficiaries if this information were included in the MEDPAR in those geographic areas with large concentrations of Hispanic/Latino beneficiaries.

CHAPTER 5. WHAT COMMUNICATION MODES DO HISPANIC/LATINO BENEFICIARIES PREFER?

This chapter highlights the differences and similarities between elderly Hispanic/Latino beneficiaries and the general Medicare population in their most preferred ways to obtain information about the Medicare program.

Key Findings on Hispanic/Latino Beneficiaries' Preferred Communication Modes

- ◆ Like the general Medicare population, the Hispanic/Latino population overwhelmingly prefers in-person communication and mailed written notices, and likes to avoid automated telephone systems.
- ◆ Hispanic/Latino beneficiaries would like to have all information, regardless of the way it is communicated, available to them in Spanish as well as English.
- ◆ Spanish-speaking Hispanic/Latino beneficiaries rely heavily on Spanish radio and television for information. English-speaking Hispanic/Latino beneficiaries also rely on and trust media sources more than other beneficiary groups do.
- ◆ Hispanic/Latino seniors were less likely to be concerned about privacy issues surrounding computer use than the general Medicare population, but more concerned about the cost of computers and whether computers would actually improve their access to accurate and timely information.

Communication Modes

Interactive Communication Tools

In-person Contact. Like the general Medicare population, Hispanic/Latino beneficiaries most prefer person-to-person methods of communication. The most obvious distinction between the communication needs of general beneficiaries and Hispanic/Latino beneficiaries lies in their preferences for the language used to convey that information. For most of the media discussed, Hispanic/Latino focus group participants said they wanted Spanish-language options available.

Telephone. Hispanic/Latino beneficiaries' experiences with 800-numbers mirrored those of the general population. Hispanic/Latino participants complained about lengthy menus that are read too fast. They said they would rather talk to a human than work through a menu, and they pointed out that 800-numbers are generally not user-friendly for the elderly. Most Hispanic/Latino participants said they would stay on hold for three to five minutes without speaking to an operator, and they did not want to listen to more than three menu options or two menu levels.

"Well, I got hold of a human on the telephone one day, and I was able to ask him about whether he would be able to talk to me, and he said, 'Well, what you really should do is ask the information through the recording.' And I said, 'No, I would really prefer to talk to you.'"

– Hispanic/Latino Focus Group Participant

Non-Interactive Communication Tools

Print Materials. Since many of the Spanish-speaking focus group participants could not read in English or Spanish, an important criterion that affected preference for an information source was whether the source provides information in non-printed form. Thus, mass media were more important information sources for beneficiaries with low reading skills than for those with high reading skills. This was particularly true in areas where Spanish radio and television stations are available.

English-speaking Hispanic/Latino beneficiaries who can read said they prefer to receive written material through the mail. Spanish-speaking beneficiaries were particularly interested in Spanish-language materials, but printed English-language materials are more useful to them than other forms of English-language information (such as radio or TV announcements) because English-speaking family and friends can help interpret printed materials.

“For example, you know, maybe there’s a number that I can call and say, ‘Listen. I want all my papers in Spanish,’ because I’ve requested it before in Spanish and they started sending it to me in Spanish. And I want numbers in case I can call. And that’s the way it should be.”

– Hispanic/Latino Focus Group Participant

Radio and Television. A large number of Hispanic/Latino participants reported relying on television and radio for information. Unlike comments from the general Medicare population, there were few negative assessments of these media among the Hispanic/Latino participants who discussed them. This finding is consistent with findings from the inventory research that Spanish-speaking seniors tend to prefer television and radio over print media such as magazines. Furthermore, the inventory research noted that many older Hispanic/Latinos who were not born in the United States listened to the radio in their native country and continue doing so in their new homes. Workers at the James E. Scott Community Association (JESCA) in Dade County told project team members that the best time to air public service announcements on television to reach their Hispanic/Latino senior clients was in the evening, before 8 p.m., preferably on Spanish television networks.

“And something else that I’d like to say here is that the radio or TV is much more effective, because you’re listening and seeing, but when they send you this whole big bunch of papers of advertising, you hardly—you might start looking at it, but between everything that you see and interspersed with bills—you might hear about... a program that you’re not even aware of.”

– Hispanic/Latino Focus Group Participant

Computers and the Internet. In contrast to the general Medicare population, no Hispanic/Latino participants expressed concern about privacy issues or timeliness of information when discussing the Internet and computers as a means of obtaining information. However, they were concerned about the cost of computers and other modern technology which made access to them a problem.

Strategies for Effective Communication to Hispanic/Latino Beneficiaries

Effective communication strategies for the Hispanic/Latino population must take into consideration the significant barriers to communication discussed in this and previous chapters. Table 5.1 summarizes the information needs and recommends general strategies.

Table 5.1 Strategies for Effective Communication		
Barrier to Communication	Information Need	Recommended Strategy
Diversity in country of origin and length of time in U.S.	Broad range of information needed by different groups but also many common needs.	Sensitivity to inter-group dynamics, rivalries, special colloquialisms and concerns about eligibility related to residency status.
Many non-English speakers	Materials presented in Spanish language; in-person assistance available in Spanish.	Use standard textbook Spanish and avoid slang or “street Spanish.”
High poverty rate	Availability of special programs and services (e.g., Medicaid including QMB, SLMB, and HMOs) and how these services intersect with and complement Medicare coverage.	Increase beneficiary awareness of programs/health plans and where and how to enroll.
Low education	Broad range of information.	Reduced dependence upon written materials in favor of media and pictorial approaches and greater emphasis on person-to-person communication/education.
Lack of health insurance	General information on insurance as well as specific information about benefits.	Present information using a layered approach and using multiple channels.

Source: Table prepared by Barents Group LLC

While it is important to be sensitive to diversity in country of origin, cultural diversity within a group does not necessarily mean that entirely different communication strategies are required. A recent study found that showing English and Spanish videos in clinic waiting areas was effective in increasing cancer screening rates among low-income Hispanic/Latino women both in New York City and in Los Angeles. The two clinics drew women of different cultural backgrounds. In New York City, the population served was largely Puerto Rican and Caribbean, while women at the Los Angeles clinic tended to be from Mexico and Central America (Yancey, et al., 1995; Yancey and Walden, 1994).

Community representative interviews confirmed findings from the literature review that Hispanic/Latino individuals respond well to mass media combined with interpersonal communication. For example, a Social Security Administration employee in Miami also hosts a weekly Spanish radio talk show. The show generally covers issues regarding Medicare and Social Security, and callers can phone in and ask their questions. The show combines information dissemination with the personal attention given to callers that has been shown to be most effective.

Inventory team members were able to observe several groups of primarily Hispanic/Latino seniors at senior centers in Miami as they were told about various aspects of Medicare. In one instance, a representative from the local Peer Review Organization was giving a brief talk on

recognizing situations involving fraud. In another instance, one of the social workers was giving an explanation of managed care to the group. In both cases, there was a wide range in levels of comprehension and considerable confusion. Two successful techniques were used by the social worker: first, she alternated between English and Spanish in her presentation, and second, she showed the clients a Medicare card as an illustration and had them take out their insurance cards. Although most seniors recognize the “red, white, and blue” Medicare card, many carried several cards from different plans, including HMOs.

Implications for HCFA

- ◆ In developing a communication strategy for Hispanic/Latino beneficiaries, HCFA should complement written materials with increased use of broadcast media, person-to-person exchanges (for example, using radio talk shows and lay educators), and pictorial presentations.
- ◆ At least one-half of the Spanish-speaking focus group participants were illiterate (in Spanish as well as English) underlining the importance of using non-print media and simplified but repeated and layered explanations to build a broad context within which to understand complex concepts. HCFA should develop stable accessible communication vehicles to which the Hispanic/Latino beneficiaries can return as needed for follow-up education.
- ◆ HCFA could take advantage of Hispanic/Latino seniors’ preference for in-person communication and familiarity with the SSA by:
 - ◇ Making sure that appropriate materials in Spanish are available through local SSA offices;
 - ◇ Joining with SSA in making public service announcements on local radio or TV stations regarding federal programs and giving telephone numbers or places where more information can be obtained in Spanish in person; and
 - ◇ Replicating the health and human services talk-radio show that is airing in Dade County, Florida.
- ◆ Building on Hispanic/Latino beneficiaries’ high regard for their physicians, as well as for HCFA as sources of information, HCFA should consider providing videos on Medicare to medical clinics serving the Hispanic/Latino population to be shown in clinic waiting rooms.

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