

FINAL REPORT

EVALUATION OF THE

# Health Consumer Alliance AND THE *Health Rights Hotline*

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FEBRUARY 2003

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# Executive Summary

## **PURPOSE OF THIS REPORT**

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### Project Summary

The Health Consumer Alliance (HCA) is a partnership of eight community-based legal services organizations providing health consumer assistance in six California counties: Fresno, Orange, Los Angeles, San Diego, San Francisco and San Mateo. The Health Rights Hotline (Hotline) is a separate organization that provides legal services for health consumers in the Sacramento area. Both the HCA and the Hotline operate using independent health consumer centers to assist individual clients, and identify and address policy issues through advocacy, education and training.

### Evaluation Approach and Methods

The HCA and the Hotline are evaluated using a similar approach and methods. This report reflects the combination of qualitative and quantitative measures to evaluate formative, process and outcome indicators. This summative report incorporates findings from working with the HCA since its inception in 1998, and with the Hotline since 2000. The evaluation of this project was participatory in nature, in which project staff and evaluators worked together in the development and implementation of the evaluation framework, and the project itself.

Evaluation methods include the Consumer Survey, site visits, document review, database analysis, and measuring policy activities and systemic change. The evaluation also provided on-going technical assistance and outreach assessment.

## **SUMMARY OF FINDINGS**

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### Outreach and Education

The local health consumer centers (HCCs) engage in a variety of culturally and linguistically appropriate outreach activities within their communities. From September 2000 through February 2002, almost 1000 in-person events reaching approximately 80,000 people and 118 media outreach events reaching more than 17

million people took place. Most of these events provided education about consumers' health care rights in addition to letting consumers know of the HCC services available. Educational and outreach materials and presentations developed by the HCCs and support agencies are available in multiple languages.

Most consumers first heard about the HCA or Hotline through community-based organizations, providers, insurance plans, media announcements or from a family member or friend. The HCCs used a variety of outreach methods catered for each community to ensure that a wide range of consumers would be reached.

The HCA and Hotline provide education and training to other community-based organizations, broadening the impact from the individual consumer to the community at large. Training sessions have been conducted in over 20 topics, such as Medi-Cal, Healthy Families, cultural and linguistic access, health access for immigrants, access to care in county health systems, and health debt.

Information on various consumer health topics is disseminated by the HCA and Hotline through the use of newsletters, websites ([www.healthconsumer.org](http://www.healthconsumer.org) and [www.hrh.org](http://www.hrh.org)), issue briefs, policy reports, consumer brochures, media activities and through meetings with each project's community advisory board.

## Individual Consumer Assistance

Since 1997, more than 46,000 consumers have been assisted by the seven HCCs. The majority of consumers assisted are female, between the age of 19 - 64, are low income (under 150% of the Federal Poverty Level (FPL)), speak English or Spanish, and many are uninsured when they first contact the HCCs. Most consumers were assisted by speaking with experienced advocates using a telephone hotline.

Consumers contact the HCCs for assistance to resolve both eligibility and service issues. Eligibility issues refer to obtaining or retaining health coverage, and service issues refer to the difficulties consumers have receiving health-related services. The most common eligibility problems include lack of coverage, termination of health care coverage, denied or delayed applications for health care coverage, and affordability problems. The most common service issues include billing or payment problems, denied services, enrollment/disenrollment problems within provider groups, quality of care and patient rights issues.

Among HCC Consumer Survey respondents, health coverage improved from the time the consumers first contacted the HCCs to the time they participated in the survey, approximately one month later. The percentage of uninsured consumers dropped by 21% from the first HCC contact to the time of the survey.

The majority of respondents (62%) report that their problems are resolved after receiving assistance from the HCC. Close to half (45%) of the respondents assert that contacting the HCC was the most important thing they did to help resolve their problem.

Even though some respondents did not have their problems resolved, 88% of them reported they received all or some of the information they needed from the HCC. Forty-two percent of respondents contacted another agency or person prior to the HCC, and only 9% reported this other agency as very helpful compared to 75% of respondents who found the HCCs very helpful. Twenty-three percent of respondents contacted another agency after their contact with the HCC, although the percentage of those who were referred by the HCCs is not known.

Consumer Survey respondents report very high levels of satisfaction regarding the assistance they received from the HCCs. Eighty-seven percent of respondents found the HCCs somewhat or very helpful, and 93% reveal they would be likely to contact the HCC again if needed.

The services provided by the HCCs are improving consumers' abilities to solve their own problems. Almost half of the respondents (46%) report that their ability to get health care improved after their contact with the HCC. Many of those respondents explain that they were able to receive needed services, obtain health coverage, learn how to solve problems on their own, resolve a dispute with their health plan or apply for needed coverage.

## Policy Work

Structural issues underlie many of the problems that health consumers face, especially low-income individuals and families. The HCA and Hotline have built an infrastructure for understanding the structural and policy issues underlying the problems that people are bringing to the individual centers. This occurs through database analysis, formal and informal communications among the projects and case review.

Local and statewide advocacy efforts by the HCA and Hotline, along with collaborative partners, have brought about policy changes to improve consumer health. Local advocacy efforts have included addressing a range of issues affecting access to care, including cultural and linguistic services, eligibility concerns, and use of public facilities for uninsured individuals. Managed health care, mental health, and dental health needs were three key issues identified and addressed by most of the HCCs.

Statewide advocacy was spearheaded by the HCA support agencies, and involved simplification and consolidation of policies and procedure for enrolling in Medi-Cal

and Healthy Families programs. Problems around premium charges for individuals enrolled in both Medicare and Medi-Cal were brought up persistently by advocates to hold the appropriate governmental agencies responsible for unfair or illegal payments charged to consumers.

## IMPLICATIONS AND RECOMMENDATIONS

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- ***Independent consumer assistance is needed in today's managed health care market.*** Despite the presence of consumer help through governmental and health plan agencies, they are unable to identify and objectively respond to the many problems consumers face in today's complex health care market.
- ***No one approach is ideal for responding to the problems faced by consumers in every community.*** The HCA and Hotline is not one project serving one community; rather, the program is a collaborative network of nine agencies that work together to address consumer issues, and advocate and influence health policy in the state of California. Each local HCC operates independently, to best serve their community's needs. The individual projects come together to identify and address similar systemic concerns that affect consumers. Analysis of the HCA and Hotline databases is one way to collect, analyze and disseminate data that is captured at the local level.
- ***It takes time and resources to initiate this type of collaborative program, and longer-term funding is needed to maintain the initial investments to continue statewide activities, particularly in regard to the statewide database infrastructure.*** It takes almost two years to develop a solid infrastructure and support system in preparation for a multi-site, multi-agency program such as the HCA.
- ***The data system should be used more extensively for program management, quality assurance and policy work.*** The HCA database is underutilized due to high costs and limited resources. The unanticipated high costs required to develop the HCA database reduced resources that could have been used later for project management and policy analysis. In addition to providing important data to the local and statewide offices, the database can also provide valuable evaluation data. Further and expanded use of the HCA and Hotline databases are recommended.
- ***Having an active community partnership is important, but the roles for each agency need to be clear.*** The HCA and Hotline need to continue coordinating their services with other agencies and resources available in their communities, and statewide. For example, the HCA and Hotline

should continue to provide practical training sessions to other organizations to assist consumers with their health problems. Then the HCCs can be contacted for more complex issues that the other organizations cannot handle internally, or independently. Also, the HCA support agencies need to have a clear role that the local projects can rely on to help take individual consumer problems to a broader, system-wide level to influence policy.

- *Consider expanding to other high need areas.* The benefits of an independent health consumer center could be replicated in other high need communities especially the Inland Empire (Riverside/San Bernardino counties), East Bay (Alameda, Contra Costa, Solano/Napa counties), Central Coast communities (Santa Maria, Paso Robles, Nipomo etc.), and the North coast counties (Sonoma and Mendocino, Lake and Humboldt Counties).

In conclusion, today's health care system has become increasingly complex for all people, but especially for low income individuals and families. The Health Consumer Alliance and Health Rights Hotline collaborative is an innovative approach to engage health consumers who are experiencing problems in understanding and navigating the system, while addressing the underlying causes of these problems at the organizational, regulatory and policy levels. The need for these centers and others like them will undoubtedly increase as the health care system continues to change and struggles to link people with health care needs to the appropriate system of care, including those who have already enrolled in a health plan. Importantly, HCCs have worked to close many of these gaps by providing direct assistance to consumers on problems related to access to health care services.

The State of California should implement a coordinated and well funded consumer assistance program that responds to the needs of all Californians. In particular, the State should address the unique problems of low income Californians.