



**Getting Through and Being Heard:**  
Limited English Proficiency and Access to MassHealth

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Massachusetts is an increasingly diverse state. One in every five Massachusetts residents speaks a language other than English at home. Thirty seven percent of low income Massachusetts residents are foreign language speakers. As the primary source of health coverage for low income state residents, MassHealth provides coverage for over 200,000 people whose preferred language is not English.

In July and August 2016, Massachusetts Law Reform Institute (MLRI) interviewed 21 bilingual employees of health care providers or immigrant advocacy organizations to learn more about how MassHealth communicates with foreign language speakers. Because MassHealth has only four MassHealth Enrollment Centers state-wide, and its applications are available only in English on-line and only in English and Spanish on paper, MLRI focused its interviews on telephone communications. MLRI's survey found barriers frequently experienced by Limited English Proficient (LEP) applicants for MassHealth and those who try to assist them.

The survey results identified the following challenges when LEP individuals try to communicate with MassHealth by telephone on their own or with assistance:

- LEP callers asking for an interpreter are sometimes transferred multiple times or put on hold for prolonged periods while interpreters are located or they are promised a call back that does not occur.
- LEP callers are sometimes connected to bilingual workers or MassHealth interpreters who do not speak the caller's language.

- MassHealth representatives sometimes require LEP persons to identify themselves or supply basic information in English.
- Some MassHealth representatives are poorly trained and rude or culturally insensitive to bilingual assisters and LEP clients.
- MassHealth representatives often refuse to allow bilingual enrollment assisters to interpret when that is the client's preference.

Based on the results of the survey, the applicable federal law and other sources, we recommend that the Office of Medicaid take the following steps to improve access to services for its many limited English proficient applicants and members:

- MassHealth should develop and implement written protocols for LEP callers that are consistently applied by all MassHealth representatives and subcontractors.
- MassHealth should provide training to all its employees and subcontractors who communicate with the public about general language access obligations and how to use interpreters with more in-depth training for those who interact with the public the most.
- MassHealth should develop a written protocol on how to work with bilingual Certified Application Counselors (CACs), Navigators and other bilingual advocates acting as interpreters.
- The automated phone system should have more language options than just English and Spanish and tag lines should provide more information about how to obtain an interpreter in the appropriate language
- MassHealth should translate written material into more languages and make its notices easier to understand.
- MassHealth should finalize and publish its Language Access Plan describing its language services, protocols, and training.

### **Interview Process**

MLRI interviewed five Navigators, eight Certified Application Counselors, and seven advocates at immigrant advocacy organizations in July and August 2016.<sup>1</sup> Navigators and Certified Application Counselors (CACs) are individuals trained and certified by either the Health Insurance Connector or MassHealth to assist people to apply for and retain MassHealth or other affordable coverage. There are over 1600 of these enrollment assisters state-wide. MLRI also interviewed staff at the Massachusetts League of Community Health Centers (the League).

MLRI initially asked respondents to describe the role their agency played in helping people apply for MassHealth, the linguistic capacity of agency staff, and the percentage of patients served who were LEP. Collectively, these 21 agencies submit over 70,000 MassHealth applications per year. With the exception of the Irish Immigration Center, all work with a significant percentage of limited English proficient people, ranging from 20-30% of callers to the

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<sup>1</sup> MLRI initially contacted 32 agencies, 11 of which did not participate. Of these, two reported that they did not work directly with MassHealth applicants, eight did not respond to outreach emails and calls, and one preferred not to participate in the study. The remaining 21 were interviewed over the telephone during the months of July and August 2016. All interviews were conducted by Laura Spark.

Boston Public Health Commission's Mayor's Health Line to over 95% of people seen at Edward M. Kennedy Community Health Center in Worcester. The agencies have significant language capacity, with staff fluent in Spanish, Portuguese, Cape Verdean Creole, Haitian Creole, Arabic, Cantonese, Mandarin, Vietnamese, French, Khmer, and Amharic.

MLRI asked each person interviewed to answer three questions:

- What do you experience when you are with LEP clients and call MassHealth to complete applications or resolve coverage problems?
- What do your LEP clients report about their experiences calling MassHealth on their own?
- Do you have any recommendations to improve access to MassHealth for limited English proficient people?

MLRI's survey focused on telephone access, but many of those interviewed also spoke about other issues, specifically problems related to MassHealth notices and written communications.

MassHealth applicants and members primarily communicate with MassHealth by calling the Customer Service line (800-841-2900). The Customer Service Center (CSC) is operated by a vendor, Maximus. The Customer Service Center can take an application by telephone and supply eligibility information, but cannot process eligibility changes. Maximus also handles managed care enrollment and non-emergency transportation services for MassHealth. More complex eligibility questions or changes that may affect eligibility are transferred from Customer Service to the MassHealth Enrollment Centers (MECs). Customer Service may also refer members to other units within MassHealth or to other vendors who perform other administrative functions. Members can also call the MEC directly at 888-665-9993 but calls to this number are sometimes redirected to Customer Service. In addition, Navigators and Certified Application Counselors have access to a designated Assister Line for MassHealth. Depending on the purpose of the call, the Assister Line may be answered by Customer Service, or by state employees at the MECs.

Certified Application Counselors and Navigators were unanimous in their praise for the Assister Line. They report the Assister Line has greatly improved service and reduced wait times. However, 18 out of 21 agencies reported that there continue to be language access problems, both for LEP people calling on their own and for those calling with bilingual CACs and Navigators.

### **LEP ACCESS ISSUES**

- 1. LEP callers asking for an interpreter are sometimes transferred multiple times or put on hold for prolonged periods while interpreters or bilingual workers are located or promised a return phone call that does not occur**

Call wait times for MassHealth Customer Service or the MEC vary. Recently, waiting times have not been long, but in the past wait times have been as long as 30 minutes or more. Interview respondents said that most of their clients no longer try to call MassHealth on their own because previous attempts were unsuccessful. Callers were either discouraged by long periods on hold

before a person answered the call, or, if they did get through, could not make themselves understood.

According to the Outreach and Enrollment Coordinator at the Massachusetts League of Community Health Centers, if a client called by herself speaking anything other than Spanish, MassHealth Customer Service said managerial approval has to be secured before providing an interpreter.<sup>2</sup> Clients are placed on hold, often for a long time, or the representative tells the client that she will receive a call back—and often a call back is not received.

The Boston Public Health Commission’s Mayor’s Health Line described the following experience which illustrates the problems: A client from Greater Boston called for help filing an application with an imminent deadline to renew her coverage. The client had tried calling MassHealth on her own but was unable to get through to anyone. The client spoke Portuguese and the Health Line Navigator was bilingual in Portuguese. They called the Enrollment Center together to apply by telephone. The Enrollment Center transferred them to Customer Service who transferred them to the “application line.” The MassHealth representative on the application line said they could not use the Navigator to interpret but did not have access to an interpreter and referred them back to Customer Service. Customer Service said they had access to an interpreter but could not take applications and referred them back to the application line. After an hour, the application line said that they would call the client at home with a Portuguese interpreter. When the Navigator checked the next day, no one had called the client. The client traveled 20 miles to a health center to complete her application form in person with the help of a bilingual enrollment assister.

Assisters who call the Customer Service Line with LEP clients report that they are often transferred multiple times, and, at each transfer, they must provide verification information again. According to Health Care for All Help Line staff, this means that LEP callers are often on the phone for an extended period, even when they are calling to complete a relatively basic transaction.

An enrollment assister at the Latino Health Insurance Project says, “On the general (customer service) line, we get to a Spanish speaking translator who speaks Spanish but cannot help, then transfer to another department. We have to give demographic data again and then we are transferred again. It is easy to spend an hour being transferred. Last week, we were transferred four times before we could do an address change.”

## **2. LEP callers are sometimes connected to MassHealth interpreters who do not speak the caller’s language**

Several agencies report that their LEP patients calling MassHealth have been connected to MassHealth interpreters or bilingual workers who do not speak the correct language. These mismatches include Portuguese-speaking clients provided Spanish-speaking workers or

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<sup>2</sup> The Office of Medicaid informed us that supervisor approval would no longer be required, but as of Nov. 3, 2016 at least some MassHealth representatives are still saying interpreter requests must be “escalated” and the LEP individual called back at a later time.

interpreters, Cape Verdean Creole-speaking clients provided Portuguese interpreters, and Portuguese speakers linked to interpreters they could not understand.

The Latino Health Insurance Project enrollment assister says that when Portuguese speakers call on their own, they are linked to Spanish interpreter “about 50% of the time.” The League’s outreach coordinator has heard reports of Spanish-speaking MassHealth representatives at both MEC and CSC telling Portuguese speaking clients, “Spanish and Portuguese are close enough. I can help you.”

A CAC at the Uphams Corner Community Health Center says that her Cape Verdean Creole patients are often provided a Portuguese translator. However, her Cape Verdean Creole patients cannot understand a Portuguese interpreter.

A CAC at Boston Health Care for the Homeless reported calling MassHealth on behalf of a Cape Verdean Creole-speaking man. She says, “We called MassHealth to renew his insurance application and we had a hard time with the MassHealth representative. He was very rude to the patient and to me. The representative connected us with a language interpreter who the patient did not understand very well because the interpreter only spoke Portuguese and the patient speaks mostly Creole. He had two different MassHealth ID numbers and we were not able to fix that because the MassHealth representative hung up the phone on us.”

A CAC at Lowell Community Health Center explains that Brazilian and European Portuguese are not the same, saying, “Brazilian Portuguese and European Portuguese are different, and people who understand one do not necessarily understand the other. Words in Brazilian and European Portuguese can have completely different meanings.” An enrollment assister at the Massachusetts Association of Portuguese Speakers, has also noticed that her clients struggle if they are provided a Portuguese interpreter who does not speak the same type of Portuguese. She has been on calls with MassHealth interpreters in which her clients say of the MassHealth interpreter, “She is talking to me. I know it is Portuguese, but I do not know what she is saying.”

The MassHealth telephone system’s automated attendant uses English with a Spanish option. Health Care for All says that when people hit the prompt for the Spanish line, the phone is answered by a worker who says, in English, “Just wait, I will transfer you to a Spanish speaker.” Similarly, a CAC at Holyoke Health Center, has pushed the Spanish prompt and had her call answered by an English-speaking worker who switches into Spanish—but only after the CAC starts speaking in Spanish and explains that she wants to speak in Spanish. She fears that a member of the general public is likely to be confused when the “Spanish” line is answered in English, and will just hang up.

### **3. MassHealth representatives sometimes require LEP persons to identify themselves or supply basic information in English.**

When an applicant is unable to complete the on-line application or when a member needs to report a change, such as a change in address, MassHealth requires information directly from the client. However, when an LEP client and a bilingual assister together call MassHealth in these situations, MassHealth representatives often neither allow the assister to interpret nor do they

offer to obtain a MassHealth interpreter. Instead they insist that the LEP individual respond in English.

MassHealth practices are not consistent. Some agencies, like Health Care for All, routinely translate questions from the MassHealth representative and client responses with no problem. However, other agencies report that they are not allowed to translate the MassHealth representative's initial questions. Some agencies report that they coach their patients prior to making the phone call, so patients understand that the questions will be asked in English and know in advance how to respond in English. However, several agencies report that their LEP patient's inability to reply in English has prevented them from completing a pending on-line application, even if they explain to MassHealth that their patient cannot respond to preliminary questions that are not translated.

According to staff at Boston Health Care for the Homeless, "It has often been frustrating to call customer service. Customer service center will often require client to provide verbal authorization in English or to answer certain questions before allowing an interpreter to provide assistance. Often the LEP patient does not understand and cannot respond to the question. Things are now much better with the Assister Line. The problem is mostly but not entirely eliminated."

Another CAC at a community health center reports that MassHealth representatives frequently tell her "I need to hear them speak" and will not allow her or her staff to interpret for the patient, insisting that patients respond to the best of their ability, and not offering to supply a MassHealth interpreter. She describes a recent case in which MassHealth had the wrong street name for the patient's address. The LEP patient could not pronounce the correct street name. On speaker phone with the client and a MassHealth representative, the enrollment assister explained the problem and asked if she could give them the correct address. The representative said "No, the patient must speak and tell us his address."

#### **4. Some customer service representatives are not adequately trained in how to work with LEP individuals and are perceived as rude and culturally insensitive.**

Both Health Care for All and the Massachusetts League of Community Health Centers hear complaints about rude or culturally insensitive interactions with MassHealth representatives. Some MassHealth representatives appear to be less patient with callers who have heavy accents, whether these callers are bilingual advocates or LEP MassHealth members.

Navigators at the Boston Public Health Commission Mayor's Health Line report that LEP callers are periodically told "I cannot understand what you are saying" but not offered an interpreter. In addition, Health Line staff have, on at least a half-dozen occasions, submitted the Spanish language version of the Navigator Designation Form authorizing MassHealth to speak to the designated Navigator about a client and been told by a MassHealth representative that the worker cannot honor the form because he or she cannot read Spanish, "I can't talk to you. I don't know what this is."

Another Community Health Center enrollment assister reports that she had a client with her name shown as her given name and both her father's and mother's surname in one place and her

given name and just one surname in another. “The client was challenged by the customer service representative who wanted to know why she said her name was one thing when it was really something else. It is, of course, very common for Latino people to have two last names as this client did.”

In one recent case, Kennedy Community Health Center called MassHealth with a Somali patient. The MassHealth representative said that she could not assist the client due to the language barrier. The Health Center said that they would call their own language line at the Health Center and obtain a Somali interpreter. The MassHealth representative replied that if she had to wait more than three minutes for the interpreter to come on the line, she would hang up.

#### **5. MassHealth representatives refuse to allow CACs and Navigators to interpret when that is the client’s preference**

Ten of the 13 CACs and Navigators say that, as of July 2016, they continue to experience difficulty when they call MassHealth and try to interpret on behalf of LEP clients. Three immigrant advocacy organizations report similar issues when they call MassHealth.

Many times, the LEP person only needs interpretation to answer identity questions, authorize the bilingual person with them to interpret for them or to update simple information such as an address. The added time required to obtain an interpreter from MassHealth may mean that basic transactions cannot be completed within scheduled work times. According to HCFA, some clients do not have enough telephone minutes available to wait for the MassHealth interpreter. In the urgent care setting, one bilingual supervisor says, “We need to hurry, not sit on the phone for an hour just to give an address.” For scheduled appointments, the wait is also a problem. The League’s Outreach Coordinator explains, “Providers work with clients who have scheduled appointment blocks, the clients have obtained child care and transportation to get to the appointment. If providers cannot complete basic work within standard appointment blocks, it becomes an access to care issue.”

According to Navigators at Greater Lawrence Community Action Council (GLCAC), “The MassHealth Assister Line never lets GLCAC staff act as translators. They always insist that they must provide a MassHealth translator. One time, GLCAC called and the MassHealth representative said that the client could not call with GLCAC and had to hang up and call on their own because MassHealth has a designated Spanish line and client has to call on their own.”

A Coordinator for the Beth Israel Deaconess Medical Center reports, “Seventy five percent of the time, they will not let me interpret,” while the Manager of Registration at Kennedy Community Health Center in Worcester says “We are often not allowed to translate for the clients and told that we must use the MassHealth interpreter. We complained to the Mass League, which reached out to MassHealth, and things have been better within the last month. But, we still are not allowed to translate at least 2-3 times per week.”

The Boston Public Health Commission’s Mayor’s Health Line Navigators have also been told that they cannot act as interpreters. “This seems to happen in waves. Several days it will happen repeatedly and then it will not happen again.”

All callers to the Assister Line are given the option of pressing 1 for ID proofing, 2 for managed care enrollment or 3 for program determination and changes. According to the Benefits Supervisor at Lowell Community Health Center, if staff press 2, they are linked to MassHealth Customer Service, which does not allow them to interpret and often bounces the call between multiple representatives.

The Outreach Coordinator at the League, says these complaints are common. She coordinates five regional calls each month for Massachusetts community health centers and, on every call, staff report that they have not been allowed to interpret or that they or their LEP patients have experienced rude or culturally insensitive interactions with MassHealth representatives. The issue affects multiple health centers and every part of the state.

However, some institutions, such as Boston Medical Center and Holyoke Health Center report that they are always allowed to interpret when they call MassHealth. Uphams Corner Health Center had problems in the past but not recently, explaining “MassHealth generally allows us to interpret for clients. We did have problems before but now with the Assister Line, we have no problems at all with not being allowed to translate. The MassHealth customer service rep says that ‘As long as I hear the patients, I can let you translate for them.’ We put the call on speaker phone and we can talk.”

A Coordinator for Beth Israel Deaconess Medical Center (BIDMC) completes MassHealth applications for patients on five inpatient floors at the hospital. According to her, even though Permission to Share Information and Navigator Designation Form are signed by the patient, MassHealth will not allow the BIDMC staff person to interpret for the patient. BIDMC is usually calling MassHealth from the bedside. The process is very lengthy, mostly as the patient and bilingual assister are waiting for MassHealth to put a translator or bilingual staff person on the phone. It takes 30-45 minutes to choose a plan when waiting for a MassHealth translator and goes much quicker if the BIDMC staff person is allowed to translate directly. According to the assister, “I am working with very sick patients so it is very hard for them to wait.” She emphasizes that she can often cut the processing time in half if she is allowed to interpret for clients, explaining “Last two cases I had no problem and calls lasted only 20 minutes.”

All of those interviewed say that requiring bilingual CACs and Navigators to use MassHealth interpreters unnecessarily complicates telephone transactions. CACs and Navigators emphasize that their organizations specifically hire people for their multilingual expertise and cultural competency. Further, MassHealth itself trains and certifies CACs to assist with application and enrollment. MassHealth relies on the language skills of CACs and Navigators to help LEP applicants complete the on-line application which is only in English or the paper form which is only in English or Spanish. Respondents also commented on the valuable role they play as cultural brokers. They say that their patients feel a sense of comfort working directly with health center staff who understand MassHealth and can advocate on their behalf.

### **Other issues: confusing written notices**

While the focus of the survey was telephone access, everyone interviewed expressed concern about MassHealth notices. This is a problem for all MassHealth patients including those who are fluent in English but it is an even bigger problem for LEP individuals. The people we



interviewed said that MassHealth (and the Connector) sent too many notices, and notices were written above the literacy level of MassHealth patients particularly those for whom English is a second language. In addition, the lack of notices in languages other than English created more translation work for assisters and complex notices were more difficult for bilingual assisters to translate.

According to the Kennedy Community Health Center, “A family will get the same multiple copies of the same letter sent to every family member. Sometimes families get as many as 20 letters. The family will open up and try to review a few of the letters but will often not even open others because it is too confusing.”

The Latino Health Insurance Project says, “The number of letters received after application is a problem. One client recently got 10 letters on one day with different information on eligibility. It is like a maze to try to figure out what they were approved for and when. At least 1-2 times a week we get letters with erroneous information.”

Community Action Committee of Cape Cod and the Islands reports, “The amount of mailings from the Connector and MassHealth is confusing” and GLCAC adds, “It is just confusing, so many letters saying so many different things.”

All agreed that notices were written at too advanced a literacy level, even for English speaking patients. Many certified application counselors have first languages other than English and they sometimes struggle to understand what a MassHealth notice is trying to convey. All of those interviewed said that MassHealth needed to send simpler notices that directly conveyed actions that patients had to take.

Notices assume basic health insurance literacy. Many MassHealth recipients may be unsure what the difference is between MassHealth and their managed care plan or do not realize they have to first be found eligible for MassHealth and then be enrolled in an insurance plan.

As staff at Boston Public Health Commission explain, “People are not sure where they telephoned or what MassHealth is. The Office of Medicaid needs to provide information and notices in plain language. Their material is not written for people who are low literacy. Even in English, the information, both layout and text, is confusing.”

All of the community health centers and many of the Navigator agencies said that difficulties with the telephone access for LEP callers, and the lack of notices in languages other than English, mean that their LEP patients are wholly reliant on them. Many patients did not even open notices, but brought them immediately to the health center to be opened and deciphered. All CACs and Navigators say they spend significant time each week just reading and translating notices for patients.

## **Recommendations**

- 1. MassHealth should develop and implement written protocols for LEP callers that are consistently applied by all MassHealth representatives and subcontractors.**

MLRI's survey shows the need for MassHealth to develop clear policies on language access that are regularly communicated to MassHealth representatives and consistently applied. MassHealth should develop protocols for communicating with LEP individuals and assure that all its representatives are trained in these protocols including its subcontractors and vendors.

- 2. MassHealth should provide training to all its employee and subcontractors who communicate with the public about general language access obligations and how to use interpreters with more in-depth training for employees who interact with the public the most.**

Federal guidance addresses how state Medicaid agencies should avoid many of the barriers identified in the survey. Interpreters should be offered whenever needed with the assurance that the services are free, confidential and will not affect eligibility or benefits. See 45 CFR § 92.201. Callers who prefer to use the interpreter services of a bilingual Navigator or CAC should be able to do so. Customer Service and MEC staff should be trained when and how to offer an interpreter, what to do if the caller cannot understand the interpreter, and how to work with callers who prefer to use their own interpreter.

- 3. MassHealth should develop a written protocol on how to work with bilingual Certified Application Counselors (CACs), Navigators and other advocates acting as interpreters.**

MassHealth has a valuable resource in its Navigators and CACs. It relies on them to help LEP individuals complete the application process, and to act as cultural brokers and advocates. It should develop clear and consistent policies for the use of enrollment assisters as interpreters. For example, the Navigator and CAC designation forms could provide a checkbox where a client could authorize the assister to interpret for him or her when the LEP individual and assister are calling MassHealth together. For new applicants, MassHealth could develop a script in which MassHealth informs LEP callers of their right to an interpreter supplied by MassHealth or to the use of the enrollment assister as an interpreter. The script could then be interpreted by the Enrollment Assister along with the LEP client's preference. For their part, Navigators and CACs must clearly distinguish when they are acting as interpreters, neutrally translating from one language to another, and when they are acting in their roles as advocates and cultural brokers for their patients. In some cases having a MassHealth interpreter and an enrollment assister on the line may be the better option.

**4. The automated phone system should have more language options and tag lines should provide more information about how to obtain an interpreter in the appropriate language.**

For LEP callers communicating with MassHealth without the benefit of a CAC, Navigator or advocate, the automated telephone line should have more language options than just English and Spanish. In addition, the tag lines that now accompany English notices should provide more useful information about how to reach an interpreter by telephone. This could be done by providing a unique telephone number for each language group or by providing more information about what to do upon calling the general MassHealth number in order to obtain an interpreter.

Another option would be to post translations of template notices in multiple languages, and direct notice recipients how to find the translated content that corresponds to the notice they received on the MassHealth website. Individualized information would still require the services of an interpreter.

**5. MassHealth should translate written material into more languages.**

MassHealth should develop written materials for members in multiple languages informing them of their rights to language assistance services. See 45 CFR § 92.8. All MassHealth members would benefit from improved notices that presented information clearly and without duplication, and the notices and other vital documents should be available in more languages than just English and Spanish.

**6. MassHealth should finalize and publish its Language Access Plan describing its language services, protocols, and training.**

Massachusetts state agencies are required to develop and implement Language Access Plans to ensure equal access to people with limited English proficiency. MassHealth's language services, protocols and training should be included in its Language Access Plan. The Plan should have sufficient detail to be useful to MassHealth representatives and vendors, enrollment assisters and MassHealth applicants and members. The Plan should also be available to the public on the MassHealth website.

Conclusion

Becoming eligible for MassHealth and remaining covered is the precondition for obtaining health care services. The survey results demonstrate how inadequate language services currently complicate the process of obtaining and maintaining MassHealth coverage. The Office of Medicaid must do more to address the language systems and supports that are needed to enable limited English proficient MassHealth members to obtain meaningful access to MassHealth coverage and services.

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The front page illustration is a black and white photograph of the Lawrence Weiner Mural now on display at Dewey Square Park.