

HISPANICS AND EFFECTIVE HEALTH CARE COMMUNICATION IN THE  
UNITED STATES OF AMERICA: A CORPUS-BASED ANALYSIS

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Abstract

Health care reform and immigration reform are heated subjects in the United States of America. The main research question of this paper links the two by analyzing the effectiveness of government communication about the Affordable Care Act (ACA) towards Hispanics. The expansion of health insurance does not necessarily ensure access to care for all members of this minority group. Apart from questions of eligibility, immigrants face other obstacles, such as language, cultural differences, and perceptions about health care. These realities should be taken into consideration when

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communicating with Latinos, but was this the case for ACA? This paper presents the results of a corpus-based research of six government sources and six sources from non-profit organizations on ACA. An analysis of effective communication using 11 parameters was performed on this corpus and showed that undeniable communicative flaws, together with the too frequent lack of linguistic accuracy in Spanish, point out the need for experts when it comes to communicate publically with ethnic minorities.

Key words: effective communication, government communication, professional communication, institutional communication, health care communication, Hispanics.

### Resumen

En la actualidad la reforma de la asistencia sanitaria y de la migración son asuntos muy polémicos en Estados Unidos. En este artículo se relacionan estos dos temas al analizar la eficacia de la comunicación gubernamental sobre la Affordable Care Act (ACA) hacia hispanos. En efecto, la expansión de la atención sanitaria no significa necesariamente que todos los miembros de este grupo minoritario encuentren fácilmente el acceso al sistema. Aparte de las cuestiones de elegibilidad, los hispanos deben hacer frente a otros obstáculos como la lengua, las diferencias culturales, y las percepciones sobre la asistencia sanitaria. Este artículo se propone examinar en un corpus en qué medida se tomaron en consideración dichas condiciones particulares de la población hispana a la hora de comunicar sobre la reforma del sistema sanitario. El corpus se compone de seis fuentes gubernamentales y seis fuentes de organizaciones no gubernamentales. El análisis se efectuó con 11 parámetros de comunicación efectiva. Los resultados demuestran que unos innegables defectos comunicativos, junto con la frecuencia demasiado elevada de errores lingüísticos, resaltan la necesidad de recurrir a expertos a la hora de comunicar públicamente con grupos étnicos minoritarios.

Palabras clave: comunicación efectiva, comunicación gubernamental, comunicación profesional, comunicación institucional, comunicación sobre asistencia sanitaria, hispanos.

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## 1. Introduction

In 2012, The United States of America had approximately 48 million uninsured citizens. Consequently, health care reform is currently one of the most controversial political issues of the country. After taking office in 2008, President Obama transformed the proposals for reform into a law, known as ‘The Patient Protection and Affordable Care Act’ (ACA) which is also known as Obamacare. The most important consequence of Obamacare is that all legal citizens are now entitled to health insurance, without the fear of being rejected by private insurance companies.

Universal Health Care has been something unknown to most citizens of The United States. Even though the U.S. is the highest spender on health care per capita in the world, these services are not available to everyone (Mauk & Oakland 2009). In 2010, about 16 percent of the total inhabitants in the U.S. did not have health Insurance (Tate

2013). The United States was ranked 37 out of 191 by the World Health Organization for the performance of their health care system (Murray & Frenk 2010). The main reasons for this outcome are the lack of universal care and poor access to health care (Mauk & Oakland 2009).

There are basically three possibilities for health insurance in the U.S., one being private and the two others public. Most Americans are insured in the private sector through Health-Maintenance Organizations (HMOs). The poor are insured publicly through a program called Medicaid. This program provides federal grants to states to treat the poor and needy under 65. A second public health program is called Medicare, which covers much of the care of the elderly and disabled people. This program is sponsored by the contributions made to the social-security fund. However, there is a major group that falls through the cracks of the current system. These are the people that do not fit into one of the groups mentioned above. The working poor, for example, might not qualify for Medicaid, and if their employer does not offer insurance they are probably unable to afford to buy private insurance. Fifty million Americans remain uninsured. The Patient Protection and Affordable Care Act (ACA) was a top priority of president Obama when he took office in 2008 to resolve this problem. During his first term, he created a background for the ACA which consisted of determining minimally acceptable insurance benefits, employer responsibilities, clarifying the individual mandate (Fontenot 2014). This individual mandate is new and implies a health insurance plan for all citizens. If people abstain, they will be penalized.

Given the compulsory character of the ACA, effective communication towards the persons that should subscribe the insurance is essential, since people either think it is unnecessary or they cannot afford it (Tate 2013). The following section explains why it is important in this context to focus on the specific situation of the Hispanic immigrants.

## 2. Health care and Hispanics in the States

According to the US census Bureau, in 2012 there were 52.4 million Hispanics living in the United States. This means that roughly speaking, 1 out of 6 people are Hispanic.

This number does not include the illegal immigrants, estimated at 11.2 million. Hispanics can be divided into three different groups, according to their legal status. These groups include legal citizens and unauthorized immigrants. The third group is called Lawful Permanent Residents (LPRs), who have been living in the U.S. for less than five years legally (Capps & Roseblum 2009). In 2009 there were 4.2 million LPRs in the United States, and most of them did not get insurance through their work, since the 1996 Welfare Reform Law required a five year waiting period during which LPRs were unable to enroll into Medicaid (Capps & Roseblum 2009). During the enactment of the ACA, lawmakers were conflicted whether to include LPRs in the health care reform. In 2009, Obama signed the Immigrant's children Health Improvement Act (ICHIA), hereby giving States the option to expand medical care to LPR children and pregnant women (Ku & Jewers 2013). Most states immediately participated in the program, and some are still considering doing so. Even though most children and pregnant women received coverage ever since, adult LPRs were initially left out of the Medicaid program (Ku & Jewers 2013). Finally it was decided that LPRs with income levels below 400 percent of the poverty level (which is the vast majority) will qualify for either Medicaid or for subsidies when buying insurance through the insurance exchanges.

In all, nearly two out of three Hispanics are now eligible for health insurance, which accounts for 31.5 million people. According to Ku and Jewers (2013), this means that overall insurance coverage has improved in the recent years for immigrant families. However, 'Insurance coverage does not, in and of itself, ensure access to care' (Ku & Jewers, 2013: 11). Apart from questions of eligibility, immigrants face other obstacles. Barriers to enter are language, cultural differences, and perceptions about health care. With respect to their linguistic situation, according to the U.S Census (2009), 76.6 percent speaks Spanish at home. Another Census survey (2010) found that about 15 percent do not speak English and about 26 percent do not speak it well. Thus, it seems that language may be a barrier to reach health services. Furthermore, the Center for Disease Control and Prevention (CDC) emphasizes the importance of getting to know Hispanics in order to communicate effectively and to be able to influence their behavior

(n.d.). At this respect, it is important to be aware of the fact that 38 percent of the Hispanics are considered adolescents, and that the average age of Hispanics is 27.5 while the total population has an average age of 36.9 years.

Given the specificity of the Hispanic target audience, it is the purpose of this study to assess the existing public communication on ACA regarding its effectiveness. With this aim, we elaborated an assessment tool that was applied on a corpus of 12 communication initiatives on ACA towards Hispanics. In the next section, we will present this tool.

### 3. Effective government communication: a tool for assessment

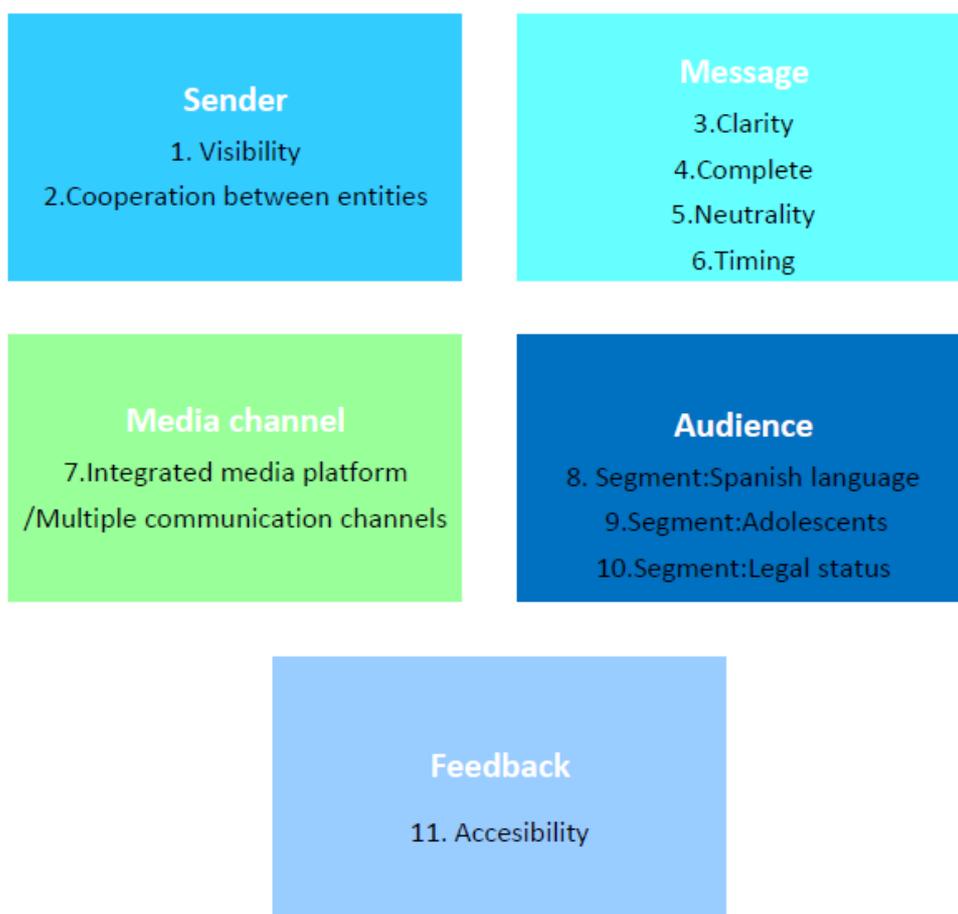
Horsley, Liu and Levenshus (2010) define professional government communication<sup>1</sup> as serving the informational needs of citizens and helping people to make informed decisions. However, according to these authors, there has been minimal theory-driven research in the field of government communication, as the prevailing research studied this topic within the scope of corporate or organizational communication theory. On these lines, Horsley, Liu and Levenshus (2010: 292) offer a summary of communication theories and models that have been applied to government communication. Of the five models they discuss, the Contingency Theory of Accomodation model (Cancel, Cameron, Sallot & Mitrook 1997) seems the most appropriate one for our purpose, as it explains how the practice of public relations is contingent on factors that vary across time, environment, situation and publics, which makes it different from the more traditional models of public relations communication. It is the basic principle of the Contingency Theory of Accomodation model that there is no one-size-fits-all approach, and that each specific public communication goal requires specific communication strategies. Therefore, we decided to take this model for organizational communication as a starting point, and to apply its basic principle to the traditional components that are

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<sup>1</sup> In this paper, 'government communication' is used as a hyponym of 'institutional communication'.

present in any communicative process, namely context, code, sender, message, media channel, receiver and feedback (cf. Jakobson 1960). This way, the consideration of various specific aspects of public communication that enhance its effectiveness allowed us to distinguish 11 relevant parameters for assessment, as shown in Figure 1 below.

Figure 1: Parameters to assess public communication towards Hispanics (source: the authors)



The components 'code' and 'context' were split over various parameters, as will be discussed in greater detail in 3.1. and 3.2.

### 3.1. Sender, message, media channel, audience and feedback

#### The sender

A first variable that needs to be controlled by the sender is the visibility. Each sender of official institutional communication should have a corporate identity. This can be achieved by using official government symbols. In this way, the public will recognize the sender straight away.

Second, collaboration between the institutions and other stakeholders is imperative. In this particular case, state and federal government should work together. Moreover, not only the government, but also insurance companies, pharmacies and hospitals should collaborate to inform about the ACA.

However, it is important to notice that U.S. government communication, with decreasing communication budgets, lacks resources compared to the private sector, (Liu, Horsley & Yang 2012).

#### The message

According to Jobber and Chadwick (2012), the message is an important aspect of communication since -apart from transferring information from sender to receiver- it determines the nature of the relationship, establishes credibility and sets the tone for a conversation. Therefore, an institutional message should be neutral and unaffiliated with any specific political party. Also, it should be clear and complete. In 2010, Obama signed in this respect the Plain Language Act (PLA), a law requiring clear government communication with 'writing that is clear, concise, well-organized, and follows other best practices appropriate to the subject or field and intended audience' (Plain Language Act 2010). Finally, the message should be well-timed. In their Government Communications Policy, the Canadian government (Treasury Board of Secretariat 2012) emphasizes the concept of timing of messages, and states that a distinction should be made between the development, implementation and evaluation stage.

### The media channel

Government communication is mostly directed towards the media, which act as an intervening variable between political entities and citizens (Sanders, Canel Crespo & Holz-Bacha 2011). With regard to different media types, digital media are on the rise. Digital communications include social media, email, intranets, websites and interactive TV (Jobber & Chadwick 2012). According to Azyan (2010), governments are facing several challenges when dealing with digital media. The digital generation is in need of a two-way dialogue with the government, hereby no longer wanting to be plain citizens but rather 'consumers' (Azyan 2010). However, the social media hype has caused for governments wanting to engage with citizens, with often achieving the opposite results. Usability tests have shown that government websites are often organization-centric, confusing and complicated, which makes it complicated for citizens to find the relevant information.

On the other hand, there are also a lot of benefits to using digital media. Digital media are often low in costs, they allow for easy global reach, it is easy to measure the number of visitors to a website and they allow for interactivity or feedback (Jobber & Chadwick 2012).

Apart from digital media there are also other channels such as broadcast (radio and TV) and print (newspapers, magazines, brochures), outdoor (such as billboards) and indoor (indoor posters, shelf-displays). Distribution across different media channels is very important. In this way the government reaches more people and because of the competition with other news outlets, it may increase the likelihood of accurate and fair media coverage (Liu, Horsley & Yang 2012).

As a consequence, government communication should take into account that the distribution is to be made through multiple media channels in an integrated or interconnected manner.

### The audience and feedback

Government communication is more constricted to bad publicity than the private sector is. The Pew Research Center (2010) found only 22 percent of Americans trust the federal government always or most of the time. Ignoring public feedback and misrepresenting information are the most common reasons for government distrust (Liu, Horsley & Yang 2012). Also, government communication should answer the expectations and needs citizens have. Failure to understand their needs can be another reason for distrust (Azyan 2010).

Therefore, it is important that recipients experience an open line of communication, which is best established by forming a dialogue. In this respect public feedback is crucial. People should be able to reach the government for feedback or questions. Also, recipients should perceive the news as meaningful. But what is meaningful to some might not be relevant to others. As a result, the audience should be segmented. At this respect, the above cited Plain Language Act underscores the importance of addressing ‘separate audiences separately’ (PLA 2010). Therefore, it seems logical that a target audience of Hispanics should be approached in Spanish. Furthermore, they should be segmented according to their legal status, as well as to their age (e.g., Hispanic adolescents should also be approached separately).

By summarizing the above cited parameters, we composed the following checklist for effective government informative communication that takes into account all of the parameters as well as the context of each of them:

Table 1: Checklist for effective communication about the ACA towards Hispanics (Source: the authors)

| Parameter  | Explanation   |
|------------|---|
| Visibility | Is the government or organization visible?<br>Are there images or symbols that people |

|                                |  |
|--------------------------------|--|
|                                | recognize and connect to the institution?  |
| Collaboration between entities | Are all entities involved cooperating? (federal and state, and insurance companies)  |
| Clarity                        | Is the information clear and concise, according to the principles of the Plain Language Act?   |
| Complete information           | Is all the relevant information about the ACA included?  |
| Neutrality                     | Is the information informative only and impartial?   |
| Timing                         | Is the information well-timed? Is there a development, implementation and evaluation stage? To what stage belongs this piece of information? |
| Integrated media platform      | Is there an integrated media platform? Does the sender use different communication channels?   |
| Spanish                        | Is the information available in Spanish? Is the information in correct Spanish?  |
| Segment adolescent             | Is the information targeted at the segment of Hispanic adolescents?  |
| Segment legal status           | Does the information make a distinction between legal, LPRs and illegal residents?   |
| Accessibility                  | Is the sender accessible and willing to receive feedback?  |

Before commenting on the results of the application of this checklist to a corpus of public health care communication on ACA towards Hispanics, we wish to elaborate somewhat more in 3.2. on the parameter of clarity, as it was defined in the Plain Language Act, signed by Obama in 2010. Clearly this parameter is crucial for the message, as well as for the code that will be used to transmit the message, i.c. the Spanish language.

### 3.2. The Plain Language Act

Since 2010 U.S. government sources have to comply with the regulations of the Plain Language Act (PLA). The PLA (2010) was designed with the idea that citizens have the right to receive clear communications from government. Readers should ‘be able to find what they need, understand what they find; and use what they find to meet their needs’ (2010: Introduction). In the ‘writing for the web’ section of the PLA (2010: 97), we found the following indicators, that we used to elaborate a second checklist, specifically for the parameter of Clarity:

Table 2: Checklist of PLA indicators of Clarity (Source: the authors)

| Indicator               | Explanation   |
|-------------------------|---|
| Logical<br>Organization | Does each paragraph contain one idea?<br><br>Does each paragraph contain a topic sentence?<br><br>Are the paragraphs structured according to the inverted pyramid style? <sup>2</sup><br><br>Are the sentences short? |

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<sup>2</sup> The inverted pyramid style means that the most important information is put in the beginning and the less important information in the end.

|                           |  |
|---------------------------|--|
| Informative headings      | Does the sender use informative headings to announce the essence of the information in the paragraph?  |
| Voice and tense           | Does the sender use the active voice?<br>Does the sender use the present tense?  |
| Address individual reader | Does the sender address one person instead of a group?<br>Does the sender use singular pronouns?   |
| Common words              | Does the sender use common words instead of technical, foreign or legal jargon?<br>Does the sender avoid using abbreviations and instead use a synonym for the term? |
| Lists and tables          | Does the sender avoid big pieces of texts by using tables and lists to illustrate things?  |

After a presentation of the corpus in section 4.1, the results of the application of the two checklists will be exposed in 4.2.

#### 4. Presentation and analysis of the corpus

##### 4.1. The corpus

The corpus consists of 12 sources which are divided into government and non-government communication. Both categories contain 6 sources. Government Communication is divided into Federal and State sources.

The federal sources are CuidadoDeSalud.gov, a Youtube video and a Facebook page, all edited by the Cuidado de Salud federal agency. We chose these federal sources in order to cover three different media channels.

##### 1. CuidadoDeSalud.gov

CuidadoDeSalud.gov is the online marketplace where people can shop around for the insurance that fits their needs. The English counterpart is called HealthCare.gov. The website was launched by the Department of Health and Human Services. Even though the sign up process for Obamacare started in October 2013, the Spanish website was launched two months late, on December 6th (The New York Daily News 2014). Also, the author of the article claimed that the website was ‘hard to navigate’ and ‘poorly translated’. The content appeared to be a literal translation from English to Spanish, most likely done by a computer program. Others said that the website was simply written in ‘Spanglish’ (Klein 2014; The Associated Press 2014). However, Espuelas (2014), who is an American author and TV personality, calls the negative news about the website a political trick of the opposition. He says that the website is written in perfect Spanish.

## 2. A YouTube video by CuidadoDeSalud.gov

The federal government posted 132 videos over the course of 3 years to inform people about the ACA. Out of 132 videos, 6 videos are narrated in Spanish. The video that is part of this analysis is called: ‘Lizelle: estuve sin seguro médico por 12 años’. This one minute video gives the target audience a ‘real life’ story about someone who obtained health insurance.

## 3. The official CuidadoDeSalud.gov Facebook page

The Federal Government created the Facebook page on May 1st 2013 to keep the target audience informed about every stage of the implementation of the ACA.

The state sources were chosen for the diverse presence of Hispanics in the corresponding states, namely California, with a high number of Hispanics, Kentucky, with a low number of Hispanics, and Illinois, with an intermediate number. In this manner, we wanted to check if the ‘quantity’ of the target audience is an indicator of the ‘quality’ of the message.

#### 4. Covered California

Covered California is the Online Marketplace for health insurance in California. In 2012, 38.2 percent of the citizens of California were Hispanic (U.S. Census quick facts 2013). Due to the high number of Hispanics living in the state, it seems relevant to analyze California's health insurance exchange.

#### 5. Kynect Kentucky

Kynect is the online marketplace for health insurance in Kentucky. In 2012, 3.2 percent of the total inhabitants of the State of Kentucky were Hispanic (U.S. Census quick facts 2013). Compared to California, this number is almost insignificant. However, Kentucky still did the effort to translate their website into Spanish. Therefore, it seems relevant to analyze if a state with low immigrant numbers communicates effectively to the target audience.

#### 6. Get Covered Illinois

Get Covered Illinois is the online marketplace for health insurance in Illinois. With regard to the number of Hispanics living in a particular state, Illinois is somewhere in between California and Kentucky. In 2012, 16.3 percent of the total population had Hispanic origins (U.S. Census Quick Facts 2013).

The non-government sources are all non-profit organizations:

#### 7. Kaiser Family Foundation Website

The Kaiser Family Foundation (KFF) is a non-profit organization that was founded by Henry Kaiser in 1948. The main goal of the KFF is to inform people about the health care sector. Through Kaiser Health News, a non-profit news organization dedicated to coverage of health care policy and politics, the Foundation provides nationwide coverage of health care policy and politics, the Foundation provides nationwide coverage of health policy issues and developments at the federal and state levels in the

health care marketplace and health care delivery system. The KFF is especially concerned with persons with low income or those who are otherwise vulnerable to health-care cost, such as the uninsured, or Medicaid/Medicare recipients. Therefore, the KFF also offers information about the ACA. For this analysis we will mainly look at the section '*Obamacare y usted*' of their website.

#### 8. Kaiser Family Foundation YouTube video 'los Youtoons'

The video '*Los YouToons Se Preparan Para Obamacare: Cambios En Los Seguros Médicos Que Llegarán Con La Ley De La Salud a Bajo Precio*' was based on the English-language video 'The YouToons Get Ready for Obamacare: Health Insurance Changes Coming Your Way Under the Affordable Care Act'. The English video was launched in July, while the Spanish version was launched in September of 2013. The video explains the basic changes that will happen as a result of the ACA. We chose this video to cover a different type of media channel.

#### 9. Get Covered America Website

Get Covered America is part of Enroll America, a nonprofit, independent organization that works nationwide. It is composed of conveners of a diverse network of organizations and individuals from around the country working together to reach uninsured consumers with information on getting coverage that fits their needs and their budget. Therefore, their main goal is to inform people about the ACA and help people to get the coverage they need.

#### 10. Get Covered America YouTube video '¡Cuídense Gente!'

The *¡Cuídense Gente!* campaign is the Spanish version of the 'Take Care People' which was launched by Get Covered America. The main reason for this campaign was that 59 percent of the uninsured lacked knowledge about plan options, and 69 percent were

unaware of the financial assistance they could get (AdCouncil 2013). The most special element of the campaign is that pets are used as the spokesperson to inform people about the ACA. The video was launched at the beginning of February 2014.

#### 11. Shriver Center online Seminar about the ACA

The Sargent Shriver National Center on Poverty Law is a non-profit organization which fights against social and economic injustice. In July 2013 they held an online seminar on access to health care. The seminar was accompanied by a PowerPoint presentation, which will be the source of analysis. The seminar was organized in collaboration with Illinois Coalition for Immigrant and Refugee Rights. We chose this source because despite the fact that the Shriver Center acts nationwide, its communication campaign on ACA focused mainly the state of Illinois.

#### 12. Illinois Coalition for Immigrants and Refugee Rights- Brochure

The Illinois Coalition for Immigrants and Refugee Rights (ICIRR), is a non-profit organization that promotes ‘the rights of immigrants and refugees to full and equal participation in the civic, cultural, social, and political life of our diverse society’. The brochure ‘*Información sobre las opciones de atención médica para inmigrantes en Illinois Guía de recursos comunitarios*’ will be the source of analysis. There was no date on the brochure. This source was chosen because it acts locally, on the one hand, and it uses a different media channel, on the other.

#### 4.2. Analysis and results

The 12 sources are assessed by designating one point or half a point to each parameter. There are 11 parameters, 9 that can earn up to a one point and 2 that can earn maximum

half a point each. The two parameters that can earn only half a point are considered a little less important ('Neutrality' and 'Integrated media platform')<sup>3</sup>. Some parameters might not be completely covered by the source; in that case there will be a subtraction of -0.5. Some sources have extra properties which will count towards a 0.5 bonus point. Each category (government and non-government sources) contains 6 sources. Each source can earn a total of 10 points. When added up, the 6 sources can earn a total of 60 points.

*Government Communication*

Table 3 represents the results for the Government Communication sources. In this table, the parameter Clarity is treated as a whole, as its indicators will be analyzed and commented on separately in table 4.

Table 3: Government Communication results

|                                | Cuidado DeSalud website | Cuidado DeSalud video | Cuidado de Salud Facebook page | Covered California website | Kynect Kentucky website | Get Covered Illinois website |
|--------------------------------|-------------------------|-----------------------|--------------------------------|----------------------------|-------------------------|------------------------------|
| Visibility                     | 1                       | 1                     | 1                              | 0                          | 0.5                     | 1                            |
| Collaboration between entities | 1                       | 0.5                   | 0.5                            | 1                          | 0                       | 0                            |
| Clarity                        | 1                       | 1                     | 1                              | 1                          | 0                       | 0                            |
| Complete                       | 1                       | 0.5                   | 1                              | 0.5                        | 0                       | 0.5                          |

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<sup>3</sup> 'Neutrality' is considered less important in comparison to the other parameters, in the way that, although the documents are intended to be informative in the first place, it is also logical that they tend to be persuasive, since it is important for a society and its economy to have healthy citizens, which is, of course, the ultimate goal of Obamacare. With respect to the parameter 'Integrated media platform', we consider this to be a part of the 'Visibility', which is also considered separately.

|                                 |  |        |      |       |        |        |      |
|---------------------------------|--|--------|------|-------|--------|--------|------|
| Information                     |  |        |      |       |        |        |      |
| Neutrality (0.5)                |  | 0.5    | 0.5  | 0.5   | 0.5    | 0.5    | 0.5  |
| Timing                          |  | 0      | 0    | 1     | 1      | 1      | 1    |
| Integrated media platform (0.5) |  | 0.5    | 0.5  | 0.5   | 0.5    | 0.5    | 0.5  |
| Spanish                         |  | 0.5    | 1    | 1     | 1      | 0      | 0    |
| Segment adolescents             |  | 1      | 0    | 1     | 0      | 0      | 0    |
| Segment legal status            |  | 1      | 0    | 1     | 1      | 0      | 0    |
| Accessibility                   |  | 1      | 1    | 1     | 1      | 1      | 1    |
| BONUS                           |  | /      | /    | +0.5  | /      | /      | +0.5 |
| TOTAL                           |  | 7.5/10 | 6/10 | 10/10 | 7.5/10 | 3.5/10 | 5/10 |

Grand total 39.5/60

Average 6.58/10

The Government Communication category is subdivided into state and federal government sources. When taken together, federal and state government communication score an average of 6.58 out of 10. Out of the 6 government sources, there are 2 sources that stand out: The Facebook page of CuidadoDeSalud, because of its high score, and the website Kynect because of its low score.

The Federal sources score an average of 7,8 out of 10 on the measuring scale for effective communication towards Hispanics. Overall, federal communication accomplishes to implement most of the parameters. However, the parameter ‘Timing’ stands out. Two out of three Federal Government sources failed to time their

communication well. The federal website CuidadoDeSalud launched the Spanish variant of the website way too late and also failed to upload promotional videos on time. Good timing can be accomplished by keeping the different phases of the communication process in mind and communicating each step of the process.

The official federal Facebook page is the best practice of government communication. Making up for the failure of the federal website to provide the audience with well-timed information, the Facebook page accomplishes to time information very accurately. They clearly understood that information should be given in phases and accomplished to provide information for the development, implementation and evaluation phase. They also achieved to address separate audiences separately by targeting posts at people with a different immigration status and adolescents. This source received a bonus mark for engaging with the Hispanic community by posting things that are clearly targeted at the value and believe system of the target audience.

The state sources score significantly lower on the scale of effective government communication towards Hispanics. On average, state sources score 5.3 out of 10. All three of the state sources score low on the parameter 'Complete information'. They all fail to provide specialized information for adolescents under 26. It is important to offer this information because people under 26 can now be insured through their parent's policy.

Two out of three sources fail to implement the parameters 'Visibility', 'Collaboration between entities' and 'Complete' and 'Clear information'. The states that scored low on 'Visibility' were California and Kentucky. The senders fail to present their corporate

identity by not using an official symbol. Also, the reader does not know that the website is part of a federal program.

Furthermore, both Illinois and Kentucky scored low on the parameter ‘Collaboration between entities’. This parameter underscores the idea that the most important stakeholders in the AC are connected to each other. These entities should refer the target audience to their peers, in order to help them get the right information from the right entity.

We will now discuss in greater detail the results of the indicators for the parameter ‘Clarity’, as represented in Table 4.

Table 4: Government Communication results for the indicators of the parameter ‘Clarity’

|                           | Cuidado DeSalud website | CuidadoDeSalud Facebook page | Covered California website | Kynect Kentucky website | Get Illinois website | Covered |
|---------------------------|-------------------------|------------------------------|----------------------------|-------------------------|----------------------|---------|
| Logical organization      | 0.5                     | 0.5                          | 0                          | 0                       | 0.5                  |         |
| Informative Headings      | 1                       | irrelevant                   | 1                          | 0                       | 1                    |         |
| Active voice              | 1                       | 1                            | 1                          | 1                       | 1                    |         |
| Speaks to reader directly | 1                       | 0                            | 1                          | 1                       | 1                    |         |
| Common words              | 1                       | 1                            | 1                          | 1                       | 1                    |         |
| Use lists and             | 1                       | irrelevant                   | 1                          | 0                       | 1                    |         |

Tables

|          |       |       |     |     |       |
|----------|-------|-------|-----|-----|-------|
| Penalty: | /     | /     | /   | 1   | 1     |
| TOTAL    | 5.5/6 | 4.5/6 | 5/6 | 2/6 | 4.5/6 |

Total 21.5/30

Average 4.3/6

Each indicator being worth one point, the government sources scored 4.3 out of 6 points on average on the measuring scale. Two government state sources, the Kynect Kentucky website and the Get covered Illinois website, received a penalty point for using ungrammatical constructions. A well-structured text, written in the active voice and present tense, that uses informative headings, common words and lists and tables, is still not very reader-friendly if there are a lot of ungrammatical constructions. For this reason, we included this indicator as a penalty point.

The indicator that received the lowest score is ‘Logical organization’. None of the government sources were able to logically structure their texts, mainly because of the length and complicated structure of the sentences, which prevents their readability.

Some examples:

A veces, a pesar de sus mejores esfuerzos, puede que encuentren retrasos causados por el volumen de visitantes a CuidadoDeSalud.gov y a nuestro centro de llamadas, periodos de mantenimiento, u otras situaciones especiales que les impiden terminar el proceso a tiempo. CuidadoDeSalud Facebook Page

Las personas y familias que cumplan con ciertos requisitos de ingresos y que no tengan un seguro de salud económico ofrecido por un empleador o un programa

del gobierno que cumpla con los requisitos mínimos de cobertura, podrán recibir créditos fiscales que reduzcan el costo de la cobertura. Covered California Website

Nevertheless, most sources respected the inverted pyramid style and kept to one idea per paragraph. The source that failed to do so is Kynect Kentucky . Even though the sender uses short, telegram-style sentences, they do not comply with the rules of the PLA. Overall, the sender does not start with a topic sentence on the beginning each paragraph. As shown in the example below, the reader will assume that the first sentence will contain information about savings on their premiums, but this does not seem to be the case:

#### AHORROS ESPECIALES

En 2015, la mayoría de los estadounidenses debe tener seguro de salud. Solo a través de Kynect puede calificar para recibir ayuda para pagar sus costos de seguro, según su ingreso.

Also, with respect to the indicator ‘Informative headings’, we observed that the sender does not use question headings, but a combination of statement and topic headings. According to the Plain Language Act, topic headings are often too vague. This turned out to be the case: the headings on this website are not helpful since they do not assist the reader to find the relevant information.

Finally, Illinois and Kentucky both also fail to provide the target audience with ‘Clear information’. Some examples of unclear information are: ungrammatical constructions, run-on sentences and unstructured paragraphs. The low score of the Kentucky online marketplace is due to the fact that the website is not reader-friendly and anything but

well-structured. Also, the sender commits plenty of grammatical and stylistic errors.

Some examples, by no means exhaustive, are:

Similar al que usa cuando compra boletos de avión o reserva un hotel, Kynect le permite comparar y seleccionar planes de seguro. (Reference ambiguity)

Es fácil presentar la solicitud, solo tiene que completar una solicitud. (Redundancy)

Si tiene dudas o necesita ayuda, estamos listos para ayudarlo. (Translation error of the expression: 'we're ready to')

Los agentes de seguros son profesionales expertos con licencia que pueden aconsejar sobre todos los tipos de cobertura de seguro (Lexical error: *asesorar* instead of *aconsejar*)

The website of the State of Illinois shows a similar pattern, with linguistically unacceptable formulations, and long, on-run sentences, making comprehension very difficult, or even impossible. Some examples:

Residentes de Illinois sin cobertura médica que intentaron inscribirse en un plan de seguro médico a través del sitio web, por teléfono o en persona durante el Período de inscripción abierta, pero enfrentaron problemas que les impidieron terminar el proceso antes del 31 de marzo, ahora tienen hasta el 15 de abril para inscribirse en un plan de seguro médico. (long sentence and absence of the subjunctive mood in the relative subordinate sentence)

Si aplicó durante el Período de inscripción abierta pero recibe una negación de Medicaid después del 31 de marzo, usted puede calificar para el Período de inscripción especial el cual le da 60 días para comprar cobertura médica en el Mercado de Seguros Médicos. (lexical error –*aplicar* instead of *suscribirse*, and stylistical error– absence of comma before *el cual*)

Si anteriormente tuvo problemas obteniendo cobertura médica de calidad para usted o su familia a causa de altos costos o condiciones pre-existentes, el estado de Illinois está trabajando para que ahora sí haya opciones de cobertura médica disponibles para usted. (redundancy)

Si usted es dueño de un pequeño negocio o una organización sin fines de lucro en Illinois, debe comprar un plan de seguro médico autorizado por el Mercado SHOP para calificar para el Crédito Fiscal Federal de Salud para los Pequeños Negocios a partir del 2014. (long sentence and lexical error – *calificar* instead of *entrar en cuenta/consideración*)

*Non-government Communication*

Table 5 presents the results of the assessment of the 11 parameters for the Non-government Communication sources:

Table 5: Non-government communication results

|                                 | KFF website | KFF Youtoons video | Get Covered America website | ¡Cuídense gente! video | Seminar Shriver Center | Brochure ICIRR |
|---------------------------------|-------------|--------------------|-----------------------------|------------------------|------------------------|----------------|
| Visibility                      | 1           | 1                  | 1                           | 1                      | 1                      | 1              |
| Collaboration between entities  | 1           | 1                  | 1                           | 1                      | 1                      | 1              |
| Clarity                         | 0.5         | 1                  | 1                           | 1                      | 1                      | 0.5            |
| Complete information            | 1           | 1                  | 1                           | 0.5                    | 1                      | 1              |
| Neutrality (0.5)                | 0.5         | 0.5                | 0.5                         | 0.5                    | 0.5                    | 0.5            |
| Timing                          | 1           | 1                  | 1                           | 1                      | 1                      | 0.5            |
| Integrated media platform (0.5) | 0.5         | 0.5                | 0.5                         | 0.5                    | 0.5                    | 0.5            |
| Spanish                         | 0           | 1                  | 1                           | 1                      | 1                      | 0              |
| Segment adolescents             | 0           | 1                  | 0                           | 0                      | 0                      | 1              |

|                      |        |       |      |        |      |      |
|----------------------|--------|-------|------|--------|------|------|
| Segment legal status | 0      | 1     | 0    | 0      | 1    | 1    |
| Accessibility        | 1      | 1     | 0    | 1      | 1    | 1    |
| BONUS                | /      | /     | /    | /      | /    | /    |
| TOTAL                | 6.5/10 | 10/10 | 7/10 | 7.5/10 | 9/10 | 8/10 |

Grand total 48/60

Average 8/10

There are six different professional, non-government sources that score on average an 8 out of 10. They all score the maximum amount on the parameters ‘Visibility’, ‘Collaboration with entities’, ‘Neutrality’ and ‘Integrated media platform’.

There is only one thing that stands out. Both the KFF website and the Brochure of the ICIRR score only half a point on the parameter ‘Clarity’. This will be discussed more thoroughly when commenting on the results represented in Table 6.

All in all, the KFF video is the best practice of non-government sources. The good thing about this source is that it complies with all of the parameters. What stands out is that it appeals to everyone in the family, including adolescents, since it is an animated video with funny characters. These characters are able to get a serious message across. They do this in a very simple way by using every-day language and humor, which increases its persuasive character.

When comparing with the Government Communication sources, it is clear that the Non-government sources score considerably higher on the scale of effective communication.

The three parameters that non-government sources accomplished more successfully

than their government peers are ‘Timing’, ‘Visibility’ and ‘Collaboration between entities’.

What both categories have in common is that all senders score low on the parameters ‘Adolescents’ and ‘Legal status’. These indicators require very specific information, and especially the video sources fail to cover all important aspects of the ACA and at the same time focus on reaching adolescents and people with a different legal status in less than a few minutes. The KFF video is an exception, but this video is considerably longer.

We will now focus on the results for the parameter ‘Clarity’ and its indicators, as represented in Table 6:

Table 6: Non-government Communication results for the indicators of the parameter ‘Clarity’

|                                 | KFF website | Get Covered<br>America website | Powerpoint<br>seminar<br>Shriver<br>center | Brochure ICIRR |
|---------------------------------|-------------|--------------------------------|--|----------------|
| Logical organization            | 0.5         | 1                              | 0.5  | 1              |
| Informative (question) headings | 1           | 1                              | 1  | 0.5            |
| Active voice                    | 1           | 1                              | 0.5  | 1              |
| Speaks to reader directly       | 1           | 1                              | 0  | 0              |

|                  |       |     |       |     |
|------------------|-------|-----|-------|-----|
| Common words     | 1     | 1   | 0.5   | 0.5 |
| Lists and tables | 0     | 1   | 1     | 1   |
| TOTAL            | 4.5/6 | 6/6 | 3.5/6 | 4/6 |

Total 18/24

Average 4.5/6

Non-government sources scored 4.5 out of 6 points on average on the measuring scale. There are two indicators that received a lower score compared to the others: ‘Address individual reader’ and ‘Use of common words’. The PLA (2011) requires for the government to approach the individual reader since this has a greater impact on the reader and avoids confusion. The Shriver Center Seminar and the ICIRR brochure failed to approach the individual reader by using both singular and plural pronouns to refer to the reader. This causes confusion and draws the reader away.

The PLA (2011) also recommends the use of common words that are understandable to a broad audience. The above mentioned sources failed to completely comply with this indicator. The Shriver Center seminar uses formal constructions that could have been explained in an easier way. Also, it uses cognate words in an erroneous way, e.g. *aplicarse* instead of *suscribirse*. On the ICIRR website as well, the sender fails to use common words. For instance, the ACA is referred to as *La ley de atención médica a costo razonable* and this is repeated five times at the same page.

Furthermore, in the Kaiser Family Foundation website the sender uses slightly long paragraphs which could be easily avoided by using lists. For example, the sender could have enumerated the things highlighted below:

Si usted no tiene seguro o quiere cambiar planes, usted puede comprar un nuevo plan en el mercado de seguros individual o en el nuevo Mercado de Seguros

Médicos de su estado (o intercambio). Estos planes cubren **visitas al doctor, hospitalizaciones, recetas médicas y cuidado materno**, sin ninguna restricción por condiciones preexistentes. Cubrirán **servicios preventivos como inmunizaciones, exámenes y contracepción** sin costo para usted. Usted no tiene que presentar detalles sobre su salud o su historia médica para aplicar. El mercado le permite comparar planes y precios. El período abierto de inscripción para el Mercado de Seguros Médicos de su estado va desde el 1 de octubre de 2013 hasta el 31 de marzo de 2014. La cobertura comienza el 1 de enero del 2014.

## 5. Discussion and conclusion

The analysis of the corpus shows that non-government sources score considerably higher on the measurement scale than their government peers do. The average grade for a non-government source is 8/10 while the government received a 6.58/10 on average. Overall, the parameters that received low(er) scores were ‘Collaboration between entities’, ‘Complete information’, ‘Timing’ and ‘Clarity’. These observations allow to draw some important conclusions.

In order to reach the target audience with the right information from the right entity, the most important stakeholders should collaborate, since they depend on each other. The state government depends on the federal government and vice versa. The insurance companies also depend on both the federal and state government and vice versa. If these entities work together, it will be less complicated for the target audience to obtain the information most relevant to them.

Also, the sender should offer complete information about the topic. Otherwise, the recipient might get confused or even frustrated for not being able to find the information relevant to them. The goal of the ACA campaign is that people will get informed and eventually sign up for health insurance. If they are misinformed or not informed well enough, the recipients may decide not to enroll. Regarding the recipients, it is unacceptable that the parameter 'Legal status' only scored 50 percent, knowing that Hispanics can have three different legal statuses which decide if they are eligible for health insurance through federal programs, health insurance exchanges or for none at all. Given the fact that a lot depends on one's legal status, the sender should offer specialized information for each of these groups of recipients. In a similar way, the group of adolescents should be given more importance, since it was only addressed 4 out of 12 times.

Furthermore, as the Canadian Government Communications Policy (2012) emphasizes, timing is vital when it comes to government communication efforts. If the sender fails to do this, it might never reach the target audience. The sender should bear in mind that there are different phases to a campaign. These phases are the development phase, the implementation phase and the evaluation phase. Each phase requires a different communications tactic.

Finally, but certainly not less important, the message should be as clear as possible. Noise is a common phenomenon in the sender-audience communication effectiveness model and will be far more likely to happen if the message does not comply with the rules of the Plain Language Act (PLA). With respect to the parameter 'Clarity', the analysis of the indicators based on the PLA principles revealed the lowest scores for

‘logical organization’ and ‘common words’. Furthermore, the many unacceptable linguistic mistakes, mostly due to literate translations out of English, form a severe obstacle to the readability and understanding of the message. Although the PLA does not include language proficiency as a criterion, the many examples of the corpus show that linguistic accuracy is primordial in order to fulfil the requirement of clarity. All in all, there was only one source that met all of the PLA principles, that is the website of the non-profit organization Get Covered America. This means that out of the 9 written sources, 8 need improvement. Government sources scored low on ‘logical organization’ while non-government sources scored low on ‘addressing the individual reader’ and using ‘common words’. Finally, it should be said that the States with less (Illinois) or few (Kentucky) Hispanic residents offer present the sources with the lowest scores on all criteria.

In sum, with regard to the effectiveness of the communication, both state and federal government should work together to improve their communication policy. They should do this not only to reach the target audience better, but also to increase their own reputation since public cynicism is seen as the greatest obstacle to effective communication. Also, this collaboration should be guided and performed by communication specialists. As Manning Murphy (2013) points out, effective writing for professional purposes is a craft, if not an art. Therefore, government communication needs to be supported by management, but confided to experts. Institutional communicators should bear in mind that a well-written text not only requires time and effort, but also the indispensable knowhow of linguistically skilled experts in effective communication for professional purposes.

## References

- Adcouncil. (2013) *Enrollment in Health Insurance*. URL:  
<http://www.adcouncil.org/Our-Work/Current-Work/Health/Enrollment-in-Health-Insurance>
- Azyan, L. (2010) *Government-to-Citizen Communications: Utilising multiple digital channels effectively*. URL: <http://lgeoresearch.com/government-to-citizen-communications-utilising-multiple-digital-channels-effectively/>
- Cancel, A. E., Cameron, G. T., Sallot, L. M., and Mitrook, M. A. (1997) It depends: A contingency theory of accommodation in public relations. *Journal of Public Relations Research* 9 (1): 31-63.
- Capps, R. and Roseblum, M.R. (2009) *Immigrants and Healthcare Reform: What's Really at Stake?* (Washington D.C.: Migration policy institute)
- Centers for Disease Control and Prevention. (n.d.) *Cultural Insights: Communication with Hispanics/Latinos*. URL: [http://www.cdc.gov/healthcommunication/Audience/AudienceInsight\\_CulturalInsights.pdf](http://www.cdc.gov/healthcommunication/Audience/AudienceInsight_CulturalInsights.pdf)
- Espuelas, F. (2014) 'AP wrongly says ObamaCare site written in Spanglish'. *The Hill*. URL: <http://thehill.com/blogs/pundits-blog/healthcare/195538-ap-wrongly-says-obamacare-site-written-in-spanglish>
- Fontenot, S.F. (2014) Affordable Care Act: Lifting the Curtain on Health Care Costs. *Physician Executives Journal* 40 (2): 78-83.
- Horsley, J.S., Liu, B.F., and Levenshus, A.B. (2010) Comparisons of U.S. Government Communication Practices: Expanding the Government Communication Decision Wheel. *Communication Theory* 20 (3): 269-295.
- Jakobson, R., (1960) "Linguistics and Poetics", in T. Sebeok (ed.), *Style in Language*. Cambridge, MA: M.I.T. Press. Pp. 350-377.
- Jobber, D., and Chadwick, F.E. (2012) *Principles and Practice of Marketing*. Columbus, OH: McGraw-Hill Education.

- Klein, E. (2014) Obamacare's Spanish-language Web site is 'written in Spanglish'. *The Washington Post*. URL: <http://www.washingtonpost.com/blogs/wonkblog/wp/2014/01/13/obamacares-spanish-language-web-site-is-written-in-spanglish/>
- Ku, L., and Jewers, M. (2013) *Health Care Reform for Immigrants Families: Current Policies and Issues* (Washington, D.C.: Migration policy Institute)
- Liu, B.F., Horsley, J.S. and Yang, K. (2012) 'Overcoming Negative Media Coverage: Does Government Communication Matter?' *Journal of Public Administration, Research and Theory* 22 (3): 597-621.
- Manning Murphy, E. (2014) *Effective writing. Plain English at work*. Lacuna Publishing, Westgate.
- Mauk, D.C., Oakland, J. (2009) *American Civilization: An introduction*. Routledge: London.
- Murray, C.J.L. and Frenk, J. (2010) Ranking 37th –Measuring the Performance of the U.S. Health Care System. *The New England Journal of Medicine* 362 (2): 89-99.
- Pew Research Center. (2010) Distrust, Discontent, Anger and Partisan Rancor. URL: <http://www.people-press.org/2010/04/18/distrust-discontent-anger-and-partisan-rancor/>
- Plain Language Act. (2010) *Federal Plain Language Guidelines*. URL: <http://www.plainlanguage.gov/howto/guidelines/FederalPLGuidelines/FederalPLGuidelines.pdf>
- Sanders, K., Canel Crespo, M.J., and Holz-Bacha,C. (2011) Communicating Governments: A Three-Country Comparison of How Governments Communicate with Citizens. *The international journal of press/ politics*. 16 (4), 523-547.
- Tate, N.J. (2012) *ObamaCare Survival Guide: The Affordable Care Act and What it means for You and Your Healthcare*. Humanix Books: West Palm Beach, FL.
- The Associated Press. (2014) Obamacare website's Spanish version full of grammatical errors. *The New York Daily News*. URL:

<http://www.nydailynews.com/news/national/obamacare-website-spanish-version-full-errors-article-1.1577479>

- Treasury Board of Secretariat. (2012, April 1) *Communications Policy of the Government of Canada*. URL: <http://www.tbs-sct.gc.ca/pol/doc-eng.aspx?section=text&id=12316>
- U.S. Census Bureau (2010) *Overview of Race and Hispanic Origin: 2010*. URL: <http://www.census.gov/prod/cen2010/briefs/c2010br-02.pdf>
- U.S. Census Bureau. (2010) *People Who Spoke a Language Other Than English at Home by Hispanic Origin and Race: 2009*. URL: <http://www.census.gov/prod/2010pubs/acsbr09-19.pdf>
- U.S. Census Bureau. (2012) *U.S. Census Bureau Projections Show a Slower Growing, Older, More Diverse Nation a Half Century from Now*. URL: <http://www.census.gov/newsroom/releases/archives/population/cb12-243.html>
- U.S. Census Bureau. (2012) *The Foreign Born Population in the United States: 2010*. URL: <http://www.census.gov/prod/2012pubs/acs-19.pdf>
- U.S. Census quick facts. (2013) *State and County Quickfacts California*. URL: <http://quickfacts.census.gov/qfd/states/06000.html>
- U.S. Census quick facts. (2013) *State and County Quickfacts Illinois*. URL: <http://quickfacts.census.gov/qfd/states/17000.html>
- U.S. Census quick facts (2013) *State and County Quickfacts Kentucky*. URL: <http://quickfacts.census.gov/qfd/states/21000.html>

Corpus

Covered California. (n.d.) URL: <https://www.coveredca.com/>

Cuidado De Salud. (n.d.) URL: <https://www.cuidadodesalud.gov/es/>

Cuidado De Salud. (2014) Lizelle: estuve sin seguro médico por 12 años. URL: <http://www.youtube.com/watch?v=IYaH58FOIJw>

- Cuidado De Salud. (n.d.) CuidadoDeSalud Facebook Page. URL:  
<https://www.facebook.com/Cuidadodesaludgov>
- Get Covered America. (2014) URL: [https:// www.getcoveredamerica.org/](https://www.getcoveredamerica.org/)
- Get Covered America. (2014). ¡Cuídense Gente!. URL:  
<https://www.getcoveredamerica.org/cuidense-gente>
- Get Covered Illinois. (2014). URL: <http://getcoveredillinois.gov/>
- Illinois Coalition for Immigrants and Refugee Rights. (n.d.). Información sobre las opciones de atención médica para inmigrantes en Illinois Guía de recursos comunitarios.URL:  
[http://icirr.org/sites/default/files/Community%20Resource%20Guide\\_Spanish.pdf](http://icirr.org/sites/default/files/Community%20Resource%20Guide_Spanish.pdf)
- Kynect. (2013). URL: <http://kynect.ky.gov/>
- Shriver Center. (n.d.). Resumen sobre la Nueva Reforma de Seguros Médicos, Mercado de Salud y Reglamentos de Medicaid bajo la Ley de Salud. URL:  
[http://povertylaw.org/sites/default/files/files/health-care-justice/ACA\\_Presentacion\\_en\\_Espanol\\_716.pdf](http://povertylaw.org/sites/default/files/files/health-care-justice/ACA_Presentacion_en_Espanol_716.pdf)
- The Kaiser Family Foundation. (2014). Obamacare Y Usted. URL:  
<http://kff.org/health-reform/fact-sheet/obamacare-y-usted/>
- The Kaiser Family Foundation. (2013). Los Youtoons Se Preparan para Obamacar: Cambios en Los Seguros Médicos Que Llegarán con La Ley de La Salud a Bajo Precio. URL: <http://kff.org/health-reform/video/los-youtoons-se-preparan-para-obamacare/>

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