



**California Health Care Foundation**

HEALTH CARE THAT WORKS FOR ALL CALIFORNIANS

## ***BILINGUAL GUIDE FOR HEALTH PROGRAMS: EVALUATION REPORT***

**MARCH 2017**

**PREPARED FOR THE CALIFORNIA HEALTH CARE FOUNDATION**

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## INTRODUCTION

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The California Health Care Foundation (CHCF) engaged Bright Research Group to conduct an evaluation of the *Bilingual Guide to Health Programs*, prepared by Latino Consultants (LC). The *Bilingual Guide to Health Programs* aims to reduce barriers to enrollment for consumers and the enrollment workforce by providing concise, accessible and current information in English and Spanish about the broad range of health-care programs available in California. However, little is known about who is accessing the guide, how it is being used and how it responds to the needs of Latino consumers and those who assist them with enrollment into public programs. As the political landscape brings about changes to health care and immigration, information needs and priorities are also changing for the Latino consumer. This study aims to answer some of these questions. The goals of this evaluation are to do the following:

- Provide CHCF, LC and other stakeholders with information about the target users of the guide, its reach and its value in advancing access to coverage among Latino consumers
- Generate insight, best practices and opportunities for improvement by collecting feedback from current or potential end users
- Provide information about Latino consumers' needs, behaviors and concerns when it comes to accessing coverage in light of recent and potential changes to health care and immigration.

## METHODOLOGY

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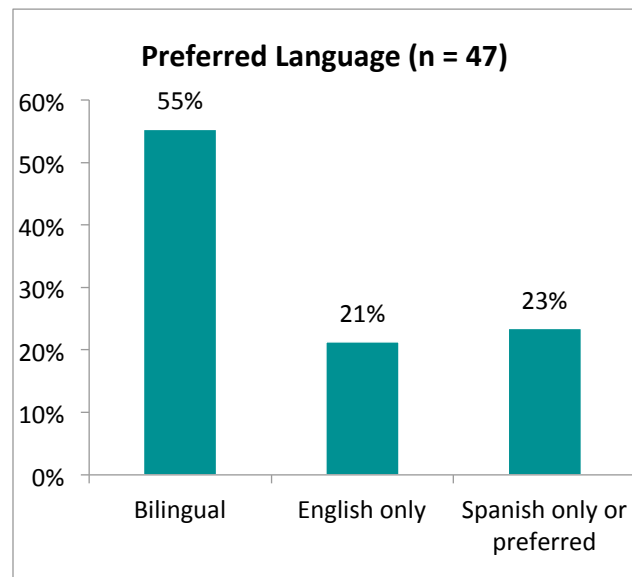
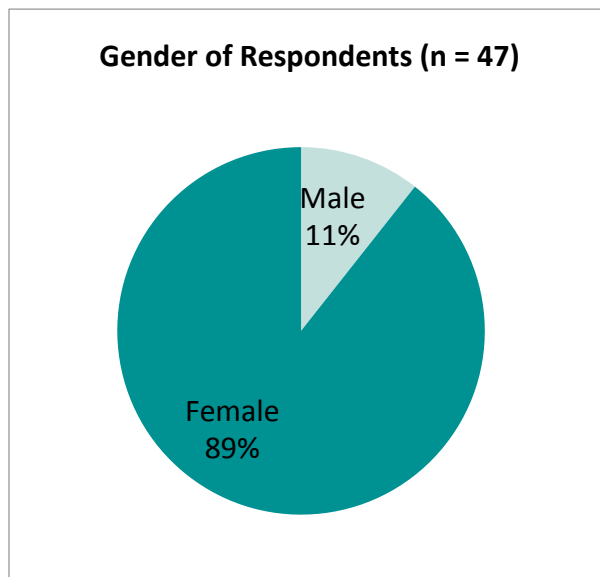
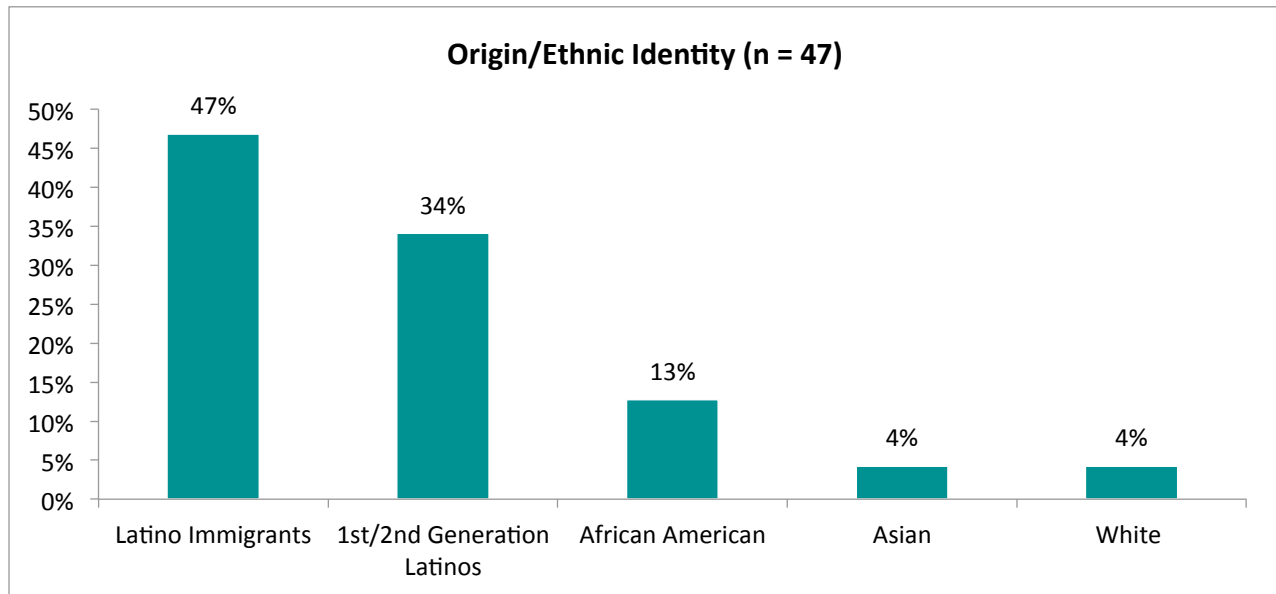
The key activities consisted of a review of the Latino Consultant database, which houses information about which organizations receive the guide; outreach and interviews to organizations that had received the guide; and focus groups / key informant interviews with potential users of the guide, including Latino consumers, enrollment assisters and outreach workers.

*Review of the Latino Consultant Database:* The database contains information about 53 organizations that had received print copies of the guide for one or more years over the past few years. The organizations included nonprofits, health-care providers/clinics and consulates. Information about the number of guides received by each organization or the primary contact person were not included in the database.

*Outreach and Interviews to the Recipients of the Guide:* The recipients contained within the database were contacted via phone and e-mail to participate in a phone interview. Among those who were contacted, there was limited brand recognition of the guide. In most instances, the research staff were not able to connect with the person who had received and/or disseminated the guide.

*Focus Groups and Key Informant Interviews with Users of the Guide:* Focus groups and key informant interviews were conducted with a total of 47 individuals, including 25 Latinos consumers in Oakland and Ontario and 22 enrollment assisters and outreach workers who serve the Latino community. Most respondents (81%) were Latino. The focus groups were held in person and lasted for approximately 1.5 hours. The interviews were conducted in person or on the phone and lasted for anywhere from 30 minutes to one hour. The table below provides additional details about the respondents.

<i>Focus Group / Interviews</i>	<i>Outreach and Enrollment Staff</i>	<i>Consumers</i>	<i>Total Number of Respondents</i>
Alameda County Health Insurance Technician Unit	X		10
Reach Out West End (Ontario)	X	X	12
Ontario Latino Consumers		X	11
Oakland Latina Consumers		X	4
Highland Hospital	X		1
East Bay Agency for Children (Oakland)	X		9
<b>Total</b>	<b>22</b>	<b>25</b>	<b>47</b>



## KEY FINDINGS

### BEST CURRENT USE OF THE BILINGUAL GUIDE TO HEALTH PROGRAMS

**Brand Recognition Not Determined:** The evaluation was unable to determine the level of brand recognition or whether/how the organizations that receive the guide are using it. The interviews with contacts provided suggested limited brand recognition. None of the respondents in the focus groups and key informant interviews was familiar with the guide. A broad range of Latinos consumers and those who assist them were interested in taking a copy of the guide or accessing a link to the online version. This suggests that while there is interest in bilingual information about health-care programs in California, the current marketing and dissemination strategy may need to be revisited to achieve broader reach and/or increase brand recognition.

#### Users Appreciate the Visual Layout and Bilingual

**Information:** Consumers, enrollment assisters and community health outreach workers reacted positively to the visual layout of the guide and the inclusion of telephone numbers and bilingual information about health-care programs. However, they indicated that the QR codes, the length of the guide and the literacy level required to understand the content would deter consumers and those who assist them from using it.

The respondents found the information in the guide to be visually appealing, accurate and well-gearred toward the Latino community in the selection of graphics and language. They especially appreciated the inclusion of phone numbers and county-specific numbers, binational health-program information and the breakdown between adult and child programs to be helpful. Community health outreach workers and the staff of community-based organizations were very appreciative of having bilingual information in one place and planned to access the guide online.

Many first-generation respondents noted that having information in English and Spanish is very useful—their family members and consumers want to see information in Spanish, but some people who are bilingual process information in English.

#### Statewide-Level Information Is Helpful for Community-Based Program Staff and Outreach Workers or Newly Hired Enrollment Assisters:

In its current form, most respondents agreed that the guide would best be used by a community health outreach worker or other community-based program staff and/or first- or second-generation Latinos as part of an educational conversation with Latino immigrants about available programs. Community health outreach workers and staff from community-based organizations who work with Latino communities expressed the greatest enthusiasm for the guide. They appreciated having information in one place.

*“A California-wide guide is useful because we have a lot of migrating families— lots of movement. They should include the number for each county.”*

—Enrollment Assister, Oakland

*“I stopped on the second page, where it says ‘Herramientas.’ I love how it is giving you FPL information. That is really helpful to see. This is one of the FAQs I get.”*

—Community Health Outreach Worker, Oakland

There are some statewide programs in the guide that long-time community-based program staff were unaware of (such as cross-border programs), and they found the statewide summary particularly useful. The final page of resources was also described as helpful to this segment of the outreach and enrollment-assistance workforce, as it helps them to resolve barriers to maintaining consumers' coverage when a consumer moves from one county to another. Enrollment assisters and outreach staff recommended including additional information on the resources page for other offices in each county.

There was near consensus that the content contained within the guide was information that most enrollment assisters already have received through employer-sponsored trainings, handbooks and on-the-job experience. They suggested, however, that the guide could be useful for newly hired enrollment assisters and outreach workers to help them gain a basic understanding of health-care programs when they are first entering this work, as most resources are program specific and not necessarily available in English and Spanish. They also could see themselves using specific pages of the guide to educate a consumer on available programs and/or copying specific pages to provide to the client to take home. Enrollment assisters receive training from their employers and rely on government handbooks and resources from local county and state agencies.

#### *Recommended Users of the Guide*

- ❖ Newly hired enrollment assisters
- ❖ Community health outreach workers
- ❖ Family advocates
- ❖ Community-based organizations
- ❖ Promotoras or outreach staff
- ❖ Family Resource Center staff
- ❖ First- or second-generation Latinos (online)

### TECHNICAL AND DESIGN FEEDBACK ON THE GUIDE

The consumers and those who assist them provided recommendations for improving the current guide:

- Eliminate the QR codes—none had a QR scanner on their phones, nor were they interested in downloading one
- Place the guide online in a web-based version instead of as a PDF
- Include live links in the online version
- Decrease the length
- Translate the guide into nontechnical language

### POTENTIAL USES WITH SUBSTANTIVE CHANGES

**With Content Changes, The Guide Has a Broad Range of Potential Users:** The guide is not specific enough about its intended user population and how it can be used to mitigate barriers to enrollment. In several focus groups, the first question asked by the respondents was, “Who is the guide for?” (“Para quien es?”). Consumers eligible for enrollment in public programs? The outreach and enrollment-assistance workforce? Or both? They also wanted to know what the goal of the guide was. To motivate consumers to seek assistance? To serve as an education tool during outreach or enrollment? To support peer education efforts or to provide a tool for consumers to enroll or troubleshoot questions on

their own? Many indicated that the purpose appeared to be to educate consumers about available programs because the guide included basic program information. In general, most of the respondents felt that there was a mismatch between the content of the guide, their most pressing information needs and their preferences for receiving information. Furthermore, Latinos and the workforce that assists them are very diverse in California and have many different information needs and behaviors. Greater specificity with respect to the target population and purpose of the guide could make it more useful.

The focus groups revealed a number of different types of potential users among those who participated: American Latinos (first or second generation) who may assist their immigrant relatives in accessing programs or enroll on their own; recent immigrants residing in communities with few community resources or weaker social networks for sharing information; immigrants with 10 or more years of living in the US, often of mixed-immigration-status families; enrollment assisters employed through community or county agencies; community health outreach workers; and other community-based program staff who educate Latino communities.

Potential User of the Guide	Characteristics, Behaviors and Preferences
<b>American Latinos</b>	<p>Wide spectrum of linguistic capacity with some being fully bilingual, some who prefer to speak Spanish but can understand/read English, and some who speak English only</p> <p>May be the anchor person for their extended Latino family—people seek their assistance in navigating public and private health-care systems; often serve the role of supporting family members</p> <p>Some postsecondary education; most fully employed</p> <p>Prefer to read in English but find information in English and Spanish helpful to supporting their family members</p> <p>Access information online</p> <p>Preference for enrolling on their own versus accessing a community-based organization</p>
<b>Recent Latino Immigrants in Low-Resourced Communities</b>	<p>Monolingual Spanish, Mam or other Mayan dialect</p> <p>Reside in under-resourced communities with few community-based organizations</p> <p>Strong need for information</p> <p>Concerned about being denied eligibility</p> <p>Access information by word of mouth, through social networks, on TV or on the radio</p> <p>Rely on neighbors, their bilingual children or their extended family for information</p> <p>Range of literacy levels</p> <p>Access health care during pregnancy, when enrolling children in school or due to an injury (often on the job)</p> <p>Employed in agriculture, low-wage jobs or construction, or under the table. May have difficulty verifying income</p> <p>Need information on how to complete the application process, how to use coverage, how to access care and what specific benefits are covered</p>

<b>Immigrants with 10 or More Years of Experience Living in the US</b>	<p>Wide spectrum of linguistic capacity with some being fully bilingual, some who prefer to speak Spanish but can understand/read English, and some who speak English only</p> <p>Often have a mixed-immigration-status family: one or more adults undocumented, one or more adults or children documented</p> <p>May flip between Medi-Cal and Covered California due to income changes</p> <p>Sufficient access to health care through private practices, FQHCs, public hospitals and/or returning to their mother country for cheaper care (i.e., Mexico)</p> <p>Have sufficient information on health-care programs and established trusted sources for accessing information (first-generation children, community clinics / FQHCs, Family Resource Centers or peers)</p> <p>Prefer word of mouth but will keep a flyer with relevant information pertaining to their specific situation</p> <p>Need information on how to complete the application process, how to use coverage, how to access care and what specific benefits are covered</p> <p>Access information through social networks (including Facebook) or on TV or the radio</p>
<b>Enrollment Assistants (County or Community Agencies)</b>	<p>Some fully bilingual and some who speak English only</p> <p>Trained by a county, state or local agency on available health-care programs</p> <p>Strong need for accurate information about policy changes to public programs, county-specific programs and the impact of immigration policies on public-benefit decisions</p> <p>Strong need for bilingual information about FAQs asked by Latinos consumers, written for a fourth- to sixth-grade reading level</p> <p>Low need for basic program information, except when first employed</p> <p>Prefer to access information from a state or county agency online; mistrust of third-party information; prefer online</p> <p>Appreciate information in a single place</p>
<b>Community Health Outreach Workers and Other Community-Based Program Staff</b>	<p>Wide spectrum of linguistic capacity with some being fully bilingual, some who prefer to speak Spanish but can understand/read English, and some who speak English only</p> <p>Trained by community-based organizations or a county agency</p> <p>Moderate need for basic program information</p> <p>Strong need for bilingual information about FAQs asked by Latinos consumers, written for a fourth- to sixth-grade reading level</p> <p>Access information online or through their peers</p> <p>Strong need for accurate information about policy changes and the impact of immigration policies on public-benefit decisions</p> <p>Maintain resource binders to guide consumer</p>



**Guide Is Not Appropriate for Most Latino Consumers to Use without Assistance:** There was near consensus among consumers and those who assist them that the guide does not meet an information need for a majority of Latino consumers in terms of its content. They cited length, literacy level, use of technical language and missing information about their most pressing questions as the primary reasons why an uninsured Latino consumer would not be able to use it on their own.

During the focus groups, the Latino consumers were instructed to view the guide for as long as it felt interesting. Half of the consumers looked at it for less than a minute, while the remaining looked at it for up to five minutes. The consumers immediately had questions about specific programs they had not heard of, asking the facilitator whether they would qualify for certain programs included in the guide. Potential Latinos consumers of the guide uniformly appreciated it and agreed that if they had found it in a waiting room, the availability of bilingual information, Latino-friendly images and a visually appealing layout would have drawn them to it. However, when asked how it could help people like them, many struggled to describe how they would use it, what actions they would take as a result of viewing the information and which sections were most valuable.

**Potential Users Prefer a Briefer Format and Online Version:** The respondents indicated that bilingual materials could be used as an accompaniment to an education or enrollment session delivered by a first- or second-generation Latino to their family members or a member of the outreach and enrollment-assistance workforce *after* a decision to apply has been made. There was near consensus that restructuring the guide to address FAQs or common scenarios that Latinos face when applying for or accessing health care would meet a greater information need than descriptive information about health-care programs.

While some respondents appreciated having the information in “one place,” many recommended a more modular-based approach, whereby specific sections could be handed out, accessed as stand-alone pamphlets or viewed online. The enrollment assisters and outreach workers cited the need for brief, visually accessible, bilingual information (like there was on some of the pages in the guide) to give to the consumer. They noted that consumers most frequently ask about what benefit each program offers them and any next steps they are going to take—not what health-care programs are available at a state level. The focus groups with consumers confirmed this information need. The enrollment assisters suggested that bilingual one-pagers produced by state agencies in English and Spanish that explain next steps in the application process once an application is submitted, explain how to know and verify that they are covered, summarize benefits or provide information about accessing a primary-care provider (among other topics) would be most helpful.

## Frequently Asked Questions

<b>Eligibility</b>	<p>What do different programs offer the consumer, including coverage, exclusions, co-pays, etc.? Which programs are available to undocumented children?</p> <p>Which programs are available to documented children with undocumented parents?</p> <p>Which programs are available to documented adult immigrants (green card holders, visa holders, citizens, etc.)?</p> <p>Which programs are available to undocumented adult immigrants?</p> <p>What are the special situations in which an undocumented immigrant can access Medi-Cal or other programs?</p> <p>Which counties have programs for undocumented immigrants?</p> <p>What's available for unaccompanied minors?</p> <p>What's available for seniors?</p>
<b>Application Process</b>	<p>What next steps does the consumer need to take to complete enrollment (Medi-Cal and Covered California)?</p> <p>How do you verify income for those paid in cash or under the table?</p> <p>How does the consumer know if they are enrolled or still covered?</p> <p>How does one renew coverage?</p> <p>What should a consumer do if their income changes and they no longer qualify for Medi-Cal or Covered California?</p>
<b>Accessing Care and Maintaining Coverage</b>	<p>What is available in other counties?</p> <p>Where can consumers go for health care if they do not qualify for public programs?</p> <p>Where can one get help if their coverage is terminated?</p> <p>How can one get help with written communications from Covered California, DHCS and SSA?</p> <p>What should one do in the case of hospitalizations?</p> <p>How does one get health care in Mexico?</p> <p>What should one do in the case of a change in income, employment, pregnancy status or marital status?</p>
<b>Impact on Legal Status</b>	<p>What is the impact of each program on legal status / immigration process?</p> <p>How is information shared between government agencies?</p> <p>Are there any recommendations for DACA, those with temporary status, those with visas, or those who are undocumented?</p> <p>What should one do in the case of a change in legal status?</p>

## ENROLLMENT ASSISTERS' AND OUTREACH WORKERS' INFORMATION NEEDS

### **Biggest Information Need for Outreach and Enrollment Workforce Is Troubleshooting the Application-to-Enrollment Process:**

Enrollment assisters have a need for up-to-date program information to troubleshoot challenges with enrollment and to provide consumers with accurate information about program eligibility, particularly with regard to Medi-Cal. Because there are frequent policy changes, it is important for enrollment assisters to be sure that the information they receive and provide is current.

Enrollment assisters' biggest concern when it comes to assisting Latino consumers has to do with changing program policies and eligibility, particularly with regard to Medi-Cal, and a lack of information about the status of Medi-Cal applications. Once an application is submitted, enrollment assisters housed in community agencies or outside social services have as hard a time as consumers do when it comes to accessing information about the status of a case. Some participants mentioned getting regular e-mails from supervisors and listservs with updates on changes to policies and programs. Others lacked access to up-to-date information about policy changes and expressed a need for this information.

Some cited the Medi-Cal expansion for undocumented children as an example, where there is not a clear policy on certain application steps for unaccompanied minors. Enrollment assisters need accurate information about program policies and methods to help consumers enroll, not basic program information about eligibility criteria. They indicated that a printed guide assumes that program information is static and not dynamic. From an enrollment assister's perspective, the program policies are constantly changing, and an online format with topics that are updated regularly would be helpful.

### **Authoritative Information on Complex Cases Is Lacking:**

Enrollment assisters concurred that the application-to-enrollment pathway is extremely complicated and that there are many cases where clear-cut and accurate information is simply not available from any source. In these instances, enrollment assisters access their peers and supervisors for support. While for some, this is their greatest need for information, they also recognized that it is not possible to include information to address all needs in a paper or even an online guide. Enrollment workers have a wealth of information on the basis of experience and support each other with complex cases.

#### *Information-Seeking Behaviors of Enrollment Assistors*

- Asking a colleague or supervisor
- DHCS website and updates
- Social-services-agency website and updates
- Covered California (website only)
- Google searches
- Legal advocacy websites
- Calling a consumer call center
- E-mailing a county-eligibility worker
- Accessing a resource binder or program manual

*"When I had just started with the social-services agency as an eligibility technician, the long-term Medi-Cal eligibility rules were different from classic Medi-Cal rules. The client had a medical situation and needed long-term care. I wasn't sure how to do this. With the help of colleagues, I was able to process the application and enroll her in long-term care through Medi-Cal."*

—Enrollment Assister

*"DHCS has a good website. It has accurate information, and it is very defensible."*

—Enrollment Assister, Oakland

**Need for Reliable Information:** The enrollment assisters recognize that the information they receive and act upon either advances or thwarts a consumer's path toward accessing coverage. Because of this power, they are especially concerned with the source of any information they rely on to educate consumers about health-care programs and/or to enroll them. The enrollment assisters indicated that they trust Google, state agencies such as Covered California and the Department of Health Care Services, as well as local county agencies such as the social-services agency. They rely on Google searches to access printed information online from these information sources or more experienced colleagues. They also may access information on legal-advocacy websites, though they try to verify this information with a government source. They do not prefer to receive information orally or in print. They do not generally trust information provided by outside organizations.

However, some enrollment assisters receive conflicting information regarding program policies and changes from different information sources within the same agency. They also noted that Covered California and the Department of Health Care Services at times have conflicting information.

Community health outreach workers and staff from community-based agencies indicated that they rely on sources like 211 or the SSA Blue Book in Alameda County for basic program information and indicated a greater openness to receiving information from other sources.

## **LATINO CONSUMERS' INFORMATION NEEDS AND PREFERENCES**

**Pregnancy, Injury and Change in Employment, Marital or Income Status Lead Latino Consumers to Seek or Learn about Health-Care Programs:** The consumers were asked about what led them to enroll in health-care coverage or other benefits. The immigrant respondents described pregnancy, school enrollment or a change in legal or marital status as their reasons for seeking assistance with enrollment. Nearly all the immigrant Latinos participating in the focus groups were enrolled in Medi-Cal or a local county program for the undocumented, or were not currently covered due to documentation status. Those without coverage said they went to private doctors or clinics for care, or relied on the emergency room of the public hospital. A few were covered through their employers' or spouses' plan. All the American Latinos were covered through employer-based coverage.

**Latino Consumers Rely on Informal Networks for Information, Including Their Neighbors and Families, as well as TV, Radio and the Internet. They Need to Confirm with Multiple Sources That Information Is Valid before Trusting It:** The respondents identified a diversity of channels for accessing information. The recent immigrants rely more on word of mouth and TV, while the American Latinos prefer to access information online. There was, however, consensus across all groups that information must be verified by multiple sources before it can be trusted in their communities. Community clinics, schools, health-care providers and lawyers were trusted sources for information, though only if this information is verified by at least one other source.

**Importance of a Point Person:** Although the situations of different types of Latino consumers (recent immigrant, second-generation immigrant, etc.) vary, all pointed to the need for a point person who can guide them through the process of enrolling in benefits and address their specific needs. There was consensus that it is not reasonable to expect any consumers to self-direct the process of enrolling after they receive information. For recent immigrants, the point person is especially important and can play a role in connecting them to other services, such as getting a driver's license, getting utility accounts set up (e.g. electric, gas, etc.), and other basic life needs, in addition to connecting them to health-care programs. The one exception to this was the American Latinos, who consistently shared that they would attempt to access information online and enroll on their own.

### Translation to Nontechnical Language and Consumer

**Situation:** The longstanding Latino immigrants who are enrolled in Medi-Cal or other programs reiterated the point that Latinos need technical program information translated to their specific situation by someone they trust. They recommended that another layer of translation was needed: making the content relevant to common enrollment situations faced by Latinos. They recommended that the guide be updated under the assumption that an outreach worker, bilingual family member or enrollment assister would be using it to educate and assist people like them.

### Immigrant Latino Consumers in Under-Resourced Communities Have a Greater Need for Information Than Those within Communities with Strong Immigrant Networks and Community-Based Organizations and Clinics:

There were significant differences between Oakland and Ontario as to whether a lack of information or knowledge of available programs is the primary barrier to accessing health care. The respondents in Oakland had been in the US for between 10 and 30 years and have settled in neighborhoods, such as the Fruitvale, with a strong network of immigrants from their same town in Mexico and a breadth of community resources. They had learned about available health-care programs during the first couple of years in the States when pregnancy, injury or another health-care need arose. They trusted their friends and neighbors, FQHCs and community clinics to assist them should a change in coverage be needed.

#### Ways That Latino Consumers Get Information

- Word of mouth
- Friends and neighbors
- Facebook
- Social media
- Online/Google
- Community clinics
- First-generation children and family members
- Coworkers
- TV/radio
- Doctors/providers
- Private clinics

*"I had a terrible experience. I was pregnant and went to Highland because my friends said I needed to go there, and they would help me get prenatal care. They told me about Medi-Cal. The social worker who was helping me was there with a translator. The translator asked me why I had come here, that I wasn't welcome here and that I didn't belong in this country. I was devastated. I began to cry. It was a terrible experience."*

—Latina Immigrant Consumer, Oakland

The respondents in Ontario had immigrated to the US more recently (i.e., have been living in the US less than 10 years). They primarily relied on informal networks for information as well as Spanish TV and Facebook (not all, but some). While most were familiar with Medi-Cal, the biggest need they were facing was finding someone to help them navigate enrollment systems and immigration concerns. They had many questions about specific programs in the guide and where they could get help with their individual situations. They did not name specific FQHCs or community clinics where they accessed care and emphasized the lack of informational resources in their community. Despite these differences, there was consensus that Latinos prefer to receive information orally and need to have technical program information translated into specific situations or questions they are facing.

**Lack of Information about Health-Care Programs Is Not the Biggest Barrier to Accessing Coverage:**

Many of the respondents indicated that a lack of bilingual information was not the key barrier for Latinos in their community. They cited concern about being a government charge (particularly since the election), fear of not qualifying, fear of deportation, the lack of a one-stop enrollment shop, negative prior experiences with public programs and an onerous eligibility-determination process for Medi-Cal as the primary reasons why Latino consumers do not access the programs that are available to them. Those who assist them cited the need to be treated with respect and care, noting that seeking assistance is a source of shame for many Latino consumers.

**Latino Consumers Reported Racist and Anti-Immigrant Encounters with Social-Services Agencies and Public-Health/Hospital Systems:**

The respondents consistently described their encounters with social-services agency as racist or disrespectful, regardless of the race of the employee. Several described biased encounters with American Latinos employed by the social-services agency or other public-health agencies. Community health outreach workers and enrollment assisters said that one of the biggest complaints they received from consumers was about the poor treatment they had received trying to navigate enrollment or renewal into Medi-Cal. The consumers said they needed a person who could explain things to them in layman's terms, treat them with respect and kindness, and not just see them as another number. The outreach and enrollment workforce agreed.

*“The people in my family who live in Santa Ana—they do not want to drive. They do not want to leave the house. So we go to them. But they don’t want to go to a restaurant. They are scared.”*

—American Latina, Ontario

*“The people we serve are very worried. Especially if they have been here for less than five years. I had one family—the mother was deported. She made it back here, and now she is trying to enroll her daughter in Medi-Cal. She really didn’t want to give her information. I finally persuaded her to give her information just to enroll her daughter. She also has health concerns. But she refused to enroll in HealthPAC [a program for the undocumented] even though she needs it. People want to be invisible right now.”*

—Latina Enrollment Assister, Oakland

## CHANGING INFORMATION NEEDS UNDER THE TRUMP PRESIDENCY

### Range of Reactions to Trump Presidency for Undocumented and Mixed-Immigration-

**Status Latinos:** The participants reported that the election of Donald Trump and changes to immigration and health care are causing them to think about or make changes to how they live their lives on a daily basis. Here are the specific examples they reported:

- ❖ *Allowing Coverage to Lapse:* Not applying for or renewing Medi-Cal coverage or CalFresh benefits, especially for documented Latinos who are going through the immigration process to become a permanent resident or a citizen. They expressed a strong concern with being a public charge and are allowing their benefits to lapse. Enrollment assisters are seeing some consumers go without their medications because they are allowing their coverage to lapse, not dropping off completed applications at the social-services agency and/or not showing up at enrollment-assistance appointments.
- ❖ *Withholding Personal Information:* Not wanting to provide their personal information, even if it is to enroll a documented member of their family (e.g., a child).
- ❖ *Increased Rush to Enroll by Some:* Some enrollment assisters reported that they saw an uptick in health-program applications after the election and that consumers were being encouraged by community advocates to enroll in benefits immediately in case eligibility criteria changes.
- ❖ *Reduced Travel and Driving:* Latinos in Ontario said the undocumented members of their family were driving less and staying inside more. Documented Latinos with citizenship applications underway, green cards or visas were canceling travel plans, particularly outside the US.
- ❖ *Rumors on ICE Raids:* Latinos in both Oakland and Ontario said that people in their communities were on high alert, shared stories of deportations and said that they are receiving information on Facebook, TV, the radio and through their friends and neighbors about where ICE was that often turned out to be false.
- ❖ *Resignation and Plan B:* Some respondents expressed a significant amount of fear about what was going to happen to their families and their children. While some respondents were focused on developing a plan B, ensuring that they had a Carta de Poder for their children in case they or another parent were to be deported, others felt that immigration policy was out of their control and that they did not want to spend time thinking about it.

### Strong Need for Authoritative and Accurate Information in a Time of Uncertainty:

The Latino consumers and the personnel who assist them concurred that there was a strong need for authoritative information on upcoming policy changes, the impact of public-benefit enrollment on future immigration applications and information-sharing practices between public agencies and ICE. The enrollment-assistance and outreach workforce noted that all the immigrants they serve—Latino, Muslim, Chinese and others—are on alert right now and are seeking reassurance and guidance about the potential impact of enrolling in public benefits on their legal status. The immigrants shared a number of rumors and fears circulating in their communities—anything from rumors of ICE raids at Walmart to fear that enrolling in CalFresh would result in their eldest child having to serve in a military draft.

The outreach and enrollment workforce has shifted their messaging to one of uncertainty. They are feeling vulnerable about not being able to give their clients concrete advice. Some have informed consumers that they do not have accurate information about eligibility for benefits or changes to immigration policy, while others have educated consumers about their rights, reassured them that



California is a progressive sanctuary state and/or recommended that they seek advice from a lawyer. Some reported that lawyers were encouraging consumers to stay off of government benefits. Outreach and enrollment assisters noted that the biggest information need was for legal advice or a hotline number that consumers could call to get their questions answered.



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