



## Working Californians Enrolled in Medi-Cal Share Their Stories

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## About the Foundation

The California Health Care Foundation is dedicated to advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California, particularly those with low incomes and those whose needs are not well served by the status quo. We work to ensure that people have access to the care they need, when they need it, at a price they can afford.

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## Executive Summary

Medi-Cal is California's Medicaid program, which provides health insurance to individuals and families who earn low incomes, including 40% of the state's children, half of Californians with disabilities, and over a million seniors. In total, the program covers more than 12 million people, or nearly one in three Californians.

Medi-Cal also covers a large number of working Californians, although this may be one of the least recognized or understood populations served by the program. In a 2018 poll, 42% of Californians said that they believed that most working-age adults without a disability enrolled in Medi-Cal are unemployed. Twenty percent said they didn't know. This report combines key findings from survey data with insights from 19 in-depth interviews with enrollees to paint a more accurate and complete picture of working Californians who rely on Medi-Cal, why they came to enroll in the program, and the role it plays in their lives.

Key findings include:

- ▶ 2.9 million workers — almost one in six (16%) of all California workers age 19 to 64 — were enrolled in Medi-Cal, according to new analysis of the 2018 American Community Survey (ACS), the latest year for which data were available at the time of this report.
- ▶ According to the ACS, the three industries with the highest rate of enrollment in Medi-Cal were (1) agriculture, forestry, fishing, and mining (32% of workers); (2) restaurants, bars, and food services (31%); and (3) "other services" (27%), a category that includes auto mechanics, hair salon workers, workers in private households, and other workers.
- ▶ 64% of working-age, nondisabled adults enrolled in Medi-Cal work either full- or part-time, according to a 2019 KFF analysis.

Some of the key themes that emerged from the in-depth interviews, provided along with direct quotes from interviewees, include:

- ▶ Employer-sponsored insurance was not an option for the workers interviewed. The vast majority were not offered coverage by their employer. The few that were could not afford it.

*"I think it'd be important to understand that you could be working two, three, or four part-time jobs and still not have insurance provided by your employer. So there's no way that your level of work is connected to your insurance in American society."*

- ▶ Those interviewed said they would go without health coverage or struggle financially if they had to pay for coverage.

*"I couldn't have done it without [Medi-Cal]. . . . They covered all my hospitalizations, my emergency room. The cost would have been too much for me to be able to pay for. I wouldn't have been able to pay my bills if I had had to pay for my medical [bills]."*

- ▶ Workers consistently said that prevention was a priority to them, and they put a premium on the ability to access care for chronic or urgent needs.

*"It provides a lot of security. Since I've had the Medi-Cal active, I've thought, 'Hey, you know, this is really great because if I think I've been exposed to COVID-19, I will go get a test.' Whereas in the past I would have just been like, 'Well, now I'll never know.'"*

- ▶ Medi-Cal provides peace of mind for workers who have it.

*“The advantage of [Medi-Cal] is that they help with stress. . . . You know that if you have an accident or something, you know that you can go to the hospital. You’re worried about your health, but you’re not worried about the cost.”*

- ▶ Interview participants expressed a strong commitment to work and to improving their financial situation.

*“People need to realize just because we are on Medi-Cal doesn’t mean we are not working. We are hard workers, we just cannot afford the health care system.”*

It is important to understand how, even before the COVID-19 pandemic, Medi-Cal was already supporting a substantial percentage of working Californians struggling to make ends meet in a high-cost state. Medi-Cal’s coverage for working Californians is even more important during the COVID-19 pandemic, as many are the “essential workers” that California is now heavily relying on.

## Introduction

Medi-Cal is California’s Medicaid program, which provides health insurance to individuals and families who earn low incomes, including over 40% of the state’s children, half of Californians with disabilities, and over a million seniors.<sup>1</sup> In total, the program covers more than 12 million people,<sup>2</sup> or nearly one in three Californians.

Among these diverse groups of Californians covered by Medi-Cal, perhaps one of the least recognized or understood is the many working adults in the program.

A 2019 health policy poll among Californians conducted by the California Health Care Foundation found that, while there was strong overall support for Medi-Cal, 42% believed that most working-age adults without disabilities enrolled in Medi-Cal are unemployed. Twenty percent said they didn’t know.<sup>3</sup>

The purpose of this report is to use data and interviews with enrollees themselves to paint a more accurate and complete picture of working Californians enrolled in Medi-Cal. The first section provides an analysis by the UC Berkeley Labor Center of the US Census Bureau’s 2018 American Community Survey (ACS). (2018 was the latest year for which data were available at the time of this report.) The analysis quantifies how many California workers rely on Medi-Cal and provides these figures by industry. In addition, this section integrates key California-specific findings from other studies on Medicaid enrollment and work status from KFF and the Center for Budget Policy and Priorities. It also provides some basic policy background to understand the regulations and eligibility requirements around Medi-Cal coverage for working adults, highlighting the role of the Affordable Care Act (ACA), which expanded eligibility for many adults with low incomes. The second section of the report is a synthesis of findings, vignettes, and quotes from 19 in-depth interviews (IDIs) conducted by the National Opinion Research Center (NORC) with working Medi-Cal enrollees, giving voice to their experiences in the program and the role Medi-Cal plays in their lives.

This report was originally conceived before the outbreak of the COVID-19 pandemic. As much as possible, however, it attempts to capture relevant information from the current crisis. Even though the latest ACS data is from 2018, the IDIs were conducted in the summer of 2020, allowing for insights about the role of Medi-Cal in the lives of workers both before and during the pandemic.

# California Workers Enrolled in Medi-Cal: Data Analysis and Policy Context

## How Many Working Californians Are Enrolled in Medi-Cal? Where Are They Employed?

According to the 2018 ACS, about 2.9 million California workers — or about one in six (16%) of all California workers age 19 to 64 — were enrolled in Medi-Cal in 2018 (see Figure 1 and Table 1 [page 6]).<sup>4</sup> The three industries with the highest rates of enrollment in Medi-Cal were:

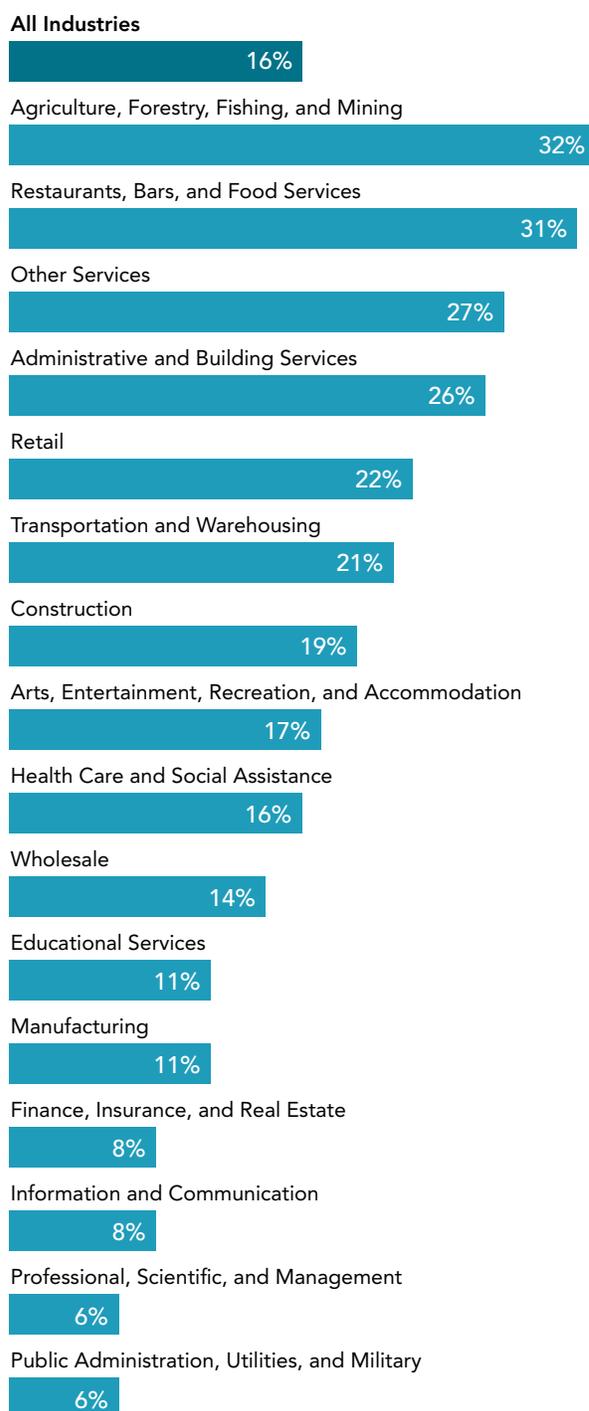
- ▶ Agriculture, forestry, fishing, and mining (32% of workers)
- ▶ Restaurants, bars, and food services (31%)
- ▶ *Other services* (27%), including auto mechanics, workers in hair salons or private households, and other workers

Other industries with a higher-than-average rate of Medi-Cal enrollment in 2018 included:

- ▶ Administrative and building services (26%)
- ▶ Retail (22%)
- ▶ Transportation and warehousing (21%)
- ▶ Construction (19%)
- ▶ Arts, entertainment, recreation, and accommodation (17%)

Workers in certain industries have a higher-than-average rate of Medi-Cal enrollment as a result of being less likely to be offered or eligible for employer-sponsored insurance<sup>5</sup> and more likely to earn low household incomes.

Figure 1. California Workers Age 19 to 64 Enrolled in Medi-Cal, by Industry, 2018



Notes: Workers include self-employed; *other services* includes auto mechanics, workers in hair salons, private households, and others.

Source: UC Berkeley Labor Center analysis of American Community Survey 2018; Medi-Cal estimates adjusted to match enrollment total from California Department of Health Care Services in June 2018. See the Appendix for details.

**Table 1. California Workers Age 19 to 64 Enrolled in Medi-Cal, by Industry, 2018**

	WORKFORCE TOTAL	ENROLLED IN MEDI-CAL	
		NUMBER	PERCENTAGE
<b>All Industries</b>	<b>17,780,000</b>	<b>2,910,000</b>	<b>16%</b>
Retail	1,833,000	405,000	22%
Restaurants, Bars, and Food Services	1,126,000	350,000	31%
Health Care and Social Assistance	2,202,000	349,000	16%
Other Services	913,000	249,000	27%
Construction	1,187,000	223,000	19%
Administrative and Building Services	849,000	217,000	26%
Manufacturing	1,602,000	183,000	11%
Transportation and Warehousing	872,000	180,000	21%
Educational Services	1,473,000	156,000	11%
Agriculture, Forestry, Fishing, and Mining	392,000	126,000	32%
Arts, Entertainment, Recreation, and Accommodation	654,000	110,000	17%
Professional, Scientific, and Management	1,588,000	101,000	6%
Finance, Insurance, and Real Estate	1,030,000	83,000	8%
Wholesale	493,000	70,000	14%
Public Administration, Utilities, and Military	1,043,000	67,000	6%
Information and Communication	525,000	42,000	8%

Notes: *Workers* include self-employed; *other services* includes auto mechanics, workers in hair salons, private households, and others.

Source: UC Berkeley Labor Center analysis of American Community Survey 2018; Medi-Cal estimates adjusted to match enrollment total from California Department of Health Care Services in June 2018. See the Appendix for details.

## What Percentage of Nondisabled Adult Medi-Cal Enrollees Work?

In 2019 KFF published an analysis of what percentage of adults age 19 to 64 enrolled in Medicaid worked.<sup>6</sup> The analysis excluded those who: (1) qualified for federal disability through the Supplemental Security Income (SSI) program or (2) were dually eligible for Medicaid and Medicare.<sup>7</sup>

The analysis found that 64% of working-age nondisabled, nondual Californians enrolled in Medi-Cal were employed (45% full-time and 19% part-time). See Figure 2. Eighty-six percent were living in a household with at least one employed person (72% with a full-time worker, 14% with a part-time worker).

Those who were not employed reported various reasons for being out of the workforce. The reasons included disability although, in this instance, the enrollee’s condition may not meet the strict eligibility requirements for federal SSI disability benefits, which require that a disability exist for at least a year or be likely to result in death (for example, someone may

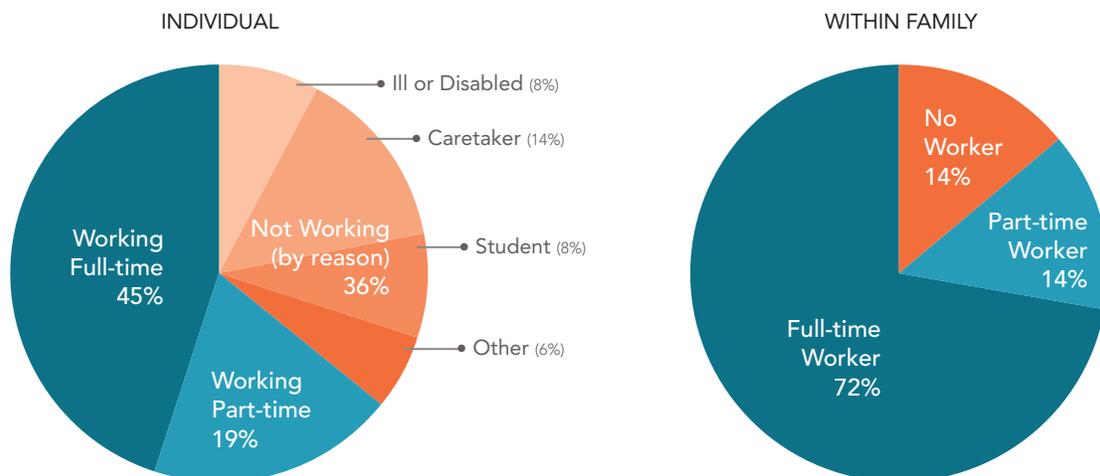
be suffering from a shorter-term disability). Of survey respondents who were not employed:

- ▶ 8% were ill or disabled
- ▶ 14% were caretakers
- ▶ 8% were going to school

## Many Working Californians Enrolled in Medi-Cal Obtained This Coverage Due to the Affordable Care Act

Before the ACA, Medi-Cal primarily served children and parents with low incomes, seniors, and people with disabilities. California’s decision to adopt the ACA’s Medicaid expansion extended eligibility to “childless adults” age 19 to 64 without minor children living at home and to a broader group of parents with low incomes than were previously eligible. As a result, most California adults are now eligible for Medi-Cal if they have household income at or below 138% of the federal poverty level (FPL), or approximately \$17,610 for an individual and \$29,970 for a family of three. (See “Medi-Cal and Immigration Status” for more details.)

**Figure 2. Employment Status of Medi-Cal Enrollees, Age 19 to 64, Non-SSI, Non-Dual-Eligible, 2017**



Source: *Understanding the Intersection of Medicaid and Work: What Does the Data Say?*, KFF, (August 2019).

## Why Workers May Turn to Medi-Cal

Low-wage workers are less likely to be offered job-based coverage than their higher-income counterparts or may not be able to afford the coverage they are offered by an employer,<sup>8</sup> and as a result many enroll in Medi-Cal. Medi-Cal also provides an important option for people to maintain coverage when they are between jobs and temporarily have low income and lack an offer of job-based coverage.

The Medi-Cal program, like job-based coverage, is required to cover 10 categories of essential health care services under the ACA. Medi-Cal benefits are more expansive than the typical job-based plan because Medi-Cal also covers nursing home care and home and community-based services for those who meet the eligibility criteria. Medi-Cal coverage also includes some dental benefits, while not all employers who offer health coverage also offer dental coverage.

Most Medi-Cal enrollees pay no premiums or cost sharing. In contrast, most Californians with job-based coverage make monthly premium contributions from their paychecks and pay for a portion of the costs when they access care, through copayments, co-insurance, or deductibles.

## Medi-Cal and Immigration Status

Citizens, lawful permanent residents who have had a green card for five years, and certain other qualified immigrants are eligible for full Medi-Cal benefits under federal policy, but California provides Medi-Cal to a broader group of immigrants using state funds. In California, children and young adults in households with low incomes are eligible for full Medi-Cal benefits regardless of immigration status until they turn 26, along with lawful permanent residents who have had a green card for less than five years and Californians with Deferred Action for Childhood Arrivals status. Medi-Cal covers emergency and pregnancy-related services only (called restricted-scope Medi-Cal) for undocumented Californians with low incomes who are 26 or older.

## Medi-Cal, Workers, and the COVID-19 Pandemic

The Medi-Cal program has and will continue to play a particularly important role in ensuring access to health care during the COVID-19 pandemic. Approximately one-quarter of Californians working in industries at high risk of job losses were estimated to have had Medi-Cal coverage in 2018 before the crisis began, and those workers can continue to rely on that coverage without interruption in spite of job loss or other employment changes.<sup>9</sup> The Center on Budget Policies and Priorities, also using the 2018 ACS data, estimates that 950,000 essential/frontline workers are enrolled in Medi-Cal.<sup>10</sup>

Millions of Californians are projected to lose job-based coverage due to the job loss associated with the pandemic, and many of those workers and their family members may newly enroll in Medi-Cal.<sup>11</sup> Additionally, California created a new Medi-Cal program that covers COVID-19-related testing and treatment for uninsured people regardless of income level or immigration status.<sup>12</sup>

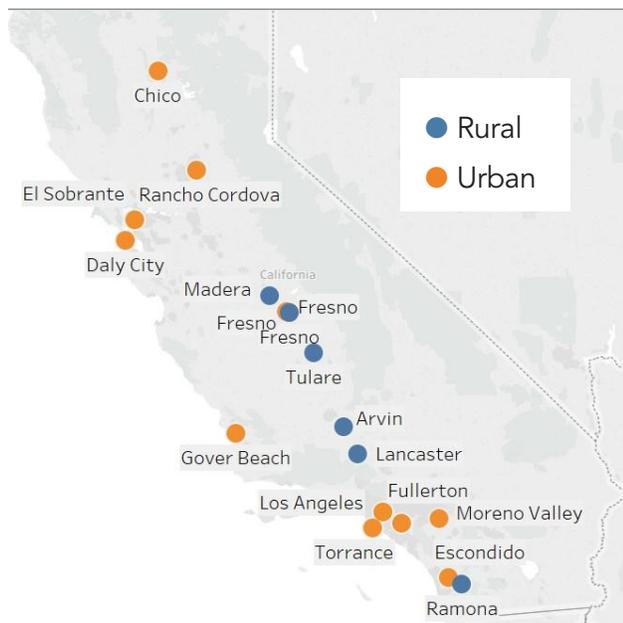
The background on Medi-Cal eligibility and benefits provided is meant as a summary of key points only. For more details, see [The Medi-Cal Program: An Overview](#), part of CHCF's [Medi-Cal Explained](#) series.

# California Workers Enrolled in Medi-Cal Speak About the Program

Among California workers enrolled in Medi-Cal, what is the value of the program in their lives? What role does Medi-Cal coverage play in their physical and mental health, ability to work, finances, and welfare of their families? How has the COVID-19 pandemic affected their experiences with, or feelings about, the program?

In the summer of 2020, NORC conducted 19 qualitative in-depth interviews (14 in English and 5 in Spanish) with workers who are Medi-Cal enrollees to answer these and other critical questions about the program's impact on their lives. By design, interview participants came from all over the state and represented a mix of urban and rural geographies (Figure 3).

Figure 3. Geographic Location of Interview Participants



The majority were female and ranged in age from 20 to 65, with an average age of 43. Half of the participants were Latinx, and nearly a third were non-Latinx white or other. Most lived in family households, while four were single. (See the appendix for more detail, as well as for details on methods, including screening and recruitment, and the interview and analysis process.)

## Key Findings from In-Depth Interviews

The workers who agreed to be interviewed had important and diverse stories to share about the interaction between their Medi-Cal coverage, employment, and health. Key findings are detailed and illustrated with quotes below.

### *Participants came from a diverse array of professions.*

Though there were some jobs that more than one participant cited as their main source of employment (i.e., warehouse worker, and in-home support services), there were almost as many professions as there were participants. They included a pastor, a violin teacher, office assistant, and coffeeshop owner, to name a few.

Though most participants described “falling into” certain jobs or industries and sticking with a job because it was generally a dependable source of income, a minority described long years of training (e.g., the violin teacher), advanced degrees (e.g., the pastor), and deliberate plans (e.g., the coffee shop owner) that led them to their current employment situation. Most participants reported feeling secure with their jobs. Some, especially seasonal workers in agriculture, construction, or school work, rely on multiple jobs or working odd jobs to make ends meet. In particular, the majority of the participants whose interviews were conducted in Spanish reported working seasonal jobs. A majority of respondents described looking for more hours with their primary job, whether to cover the off-season or throughout the year, and prevent them from

constantly looking for additional sources of income to make ends meet. COVID-19, in particular, caused some interview participants to lose one of their jobs, have hours cut back, or find different second jobs to make ends meet.

*I think it'd be important to understand that you could be working two, three, or four part-time jobs and still not have insurance provided by your employer. So there's no way that your level of work is connected to your insurance in American society.*

— 43-year-old white and Native American / Alaska Native<sup>13</sup> woman  
In-Home Supportive Services employee, Chico

### George, 30, teacher's aide, Tulare County

George is a 30-year-old resident of a suburb of Tulare. He is primarily employed as a teacher's aide for his local school district, working with students with special needs for about 20 hours per week during the school year. He finds his job fulfilling and would like to work more hours to increase his financial security, negate the need to work a second job, and qualify for the school district's health insurance program, which is only available to full-time employees. During the summer, George works a second job as a camp counselor, but this year the camp is closed due to the COVID-19 pandemic. Subsequently, he secured a job working for UPS loading trucks and trailers. He is concerned about his primary employment with the school district because as of the date of our interview, the district had not yet announced its plan for the 2020–21 school year. George is unsure how a fully or partially virtual school year would impact his employment status and hours.

George considers himself generally able to afford what he considers the essentials, but he has to put off buying new clothes. Sometimes, he has to go without gas for his car and depends on others to drive him to work. He is currently in a debt management program that helps him pay off student loans and credit card debt. George reported that, prior to the COVID-19 pandemic, he sometimes needed to use community resources such as food pantries to ensure he had enough food. Since the start of the COVID-19 pandemic, he has depended on CalFresh to ensure he has enough to eat.

Despite his not needing care or prescription medications for any ongoing or chronic health conditions, Medi-Cal coverage provides peace of mind for George. He talked about not having to worry about affording a doctor or medication and stated, "I can really be at ease and know that I can get things done." And when asked about the most important health services he has received through Medi-Cal, George responded, "My health screening, because it's to check how I'm doing or what can I do better about my health."

George had received employer-sponsored coverage through a previous job as an aide at a facility caring for adults with developmental disabilities. He noted that the combination of biweekly premium payments of more than \$200 and \$50 copays made a big difference in his take-home pay, ultimately discouraging him from seeking care. George described seeking care for keloids on his face, scars that were uncomfortable and impacted his confidence. He initially started treatment for them while he was covered by his employer, but stopped because of the high out-of-pocket cost. He is relieved that Medi-Cal is covering the continued treatment.

George is thankful for the coverage provided through Medi-Cal and is surprised by the breadth of coverage. When he needed an appendectomy, he was "shocked that [Medi-Cal] paid for it" since it was an expensive procedure. When he needed care for a leg injury, Medi-Cal covered his physical therapy expenses without impacting his already tight finances. In discussing this care episode, George said that without Medi-Cal, "I would have been in bad shape."

***Most interview participants noted being able to meet their monthly expenses. However, they live on the financial edge and cannot afford to miss paychecks or incur unexpected expenses.***

Most participants cited the work they put into creating and sticking to a household budget as a main reason they are able to make ends meet from month to month. However, when unexpected costs arise or work hours change, they often have to rely on other sources for additional financial support. Half of the interview participants described a portion of their monthly expenses going to pay off student loans or credit card debts. Many describe seeking support from family or friends in times of need. During COVID-19, those who lost their jobs or had reduced work hours described contacting organizations to seek relief from paying bills, relying on credit cards, depending on community organizations such as local food pantries, or asking friends and family for financial help.

***Making financial sacrifices is a part of life for the people interviewed.***

Most interviewees described prioritizing payment of rent and utilities and forgoing expenses related to eating out, entertainment, and clothing. Some participants with children noted prioritizing expenses for them, such as clothing, food, and supplies, over expenses for themselves when faced with tough financial decisions. Though most participants report usually having enough food on the table, some noted they also rely on churches and pantries for food in times of need or minimize their food budgets by eating mostly at home and buying low-cost foods like rice and beans. A minority of participants discussed relying on government programs like CalFresh and Special Supplemental Nutrition Program for Women, Infants, and Children for additional support. Many of the participants said the financial pressure causes them anxiety and stress. They cited coping mechanisms like exercise, prayer and meditation, and talking to friends and family to manage the stress.

***Employer-sponsored insurance was not an option for the workers interviewed. The vast majority were not offered coverage by their employer. The few that were could not afford it.***

Interview participants' jobs do not often provide the option for health insurance and only a handful of participants described having a job that offered sick leave. For those whose jobs do offer health insurance benefits, most interviewees reported that they do not work enough hours to qualify for these benefits or that the insurance options are too expensive for them to enroll and pay the monthly premium.

***I couldn't have done it without [Medi-Cal]. . . . They covered all my hospitalizations, my emergency room. The cost would have been too much for me to be able to pay for. I wouldn't have been able to pay my bills if I had had to pay for my medical [bills].***

— 62-year-old white woman  
janitorial service employee, near Chico

***There are so many people who don't make enough to pay for insurance, and so I think Californians are very lucky to have it.***

— 61-year-old white woman  
church office assistant, near San Diego

**Workers interviewed would go without coverage or struggle financially if they had to pay for coverage.**

As noted previously, interview participants described tight financial situations and little room in their budgets for anything except what they describe as the essentials. Most participants discussed the “financial relief” of having Medi-Cal cover most health care costs and that paying for coverage is out of financial reach.

*If I didn't have any insurance at all, I would probably take my kids only if there was extreme pain in their body or in their teeth. And with Medi-Cal, I'm able to take them to regular well visits.*

— 38-year-old Latinx woman  
legal secretary, Fullerton

**Ana, 31, field worker, Kern County**

Ana is a 31-year-old single mother of two daughters. She has lived in Arvin her entire life. She is primarily employed as a field worker, picking different fruits and vegetables throughout the year and has done this work since completing high school. When there is less field work, she works in a packaging plant, which provides her more work hours. She also finds creative ways to earn additional income by preparing and selling desserts to extended family members. She continues to look for extra work to supplement her income.

Ana says she is generally able to afford the necessities for herself and her daughters. Sometimes, she has to delay purchases; for example, she mentioned waiting to save up to buy her children new clothes for school. She frequently has to ask her mother for help with bills and depends on her mother to watch her children when she is working. Ana also has to limit her budget for food and focus on eating less expensive meals like rice and beans. She is stressed by her financial situation sometimes, but she uses prayer and exercise with her daughters to relieve that stress. Based on previous experience, Ana is generally nervous about taking time off when sick. She fears it will cause her to get laid off, and she'll have to find another job.

Medi-Cal has helped Ana manage her ongoing vertigo and her daughter's sleep issues. She has been able to feel confident that her health care needs would be met by Medi-Cal and is thankful for the coverage. “Without Medi-Cal . . . I believe I would be doing really badly, to be honest. . . .” Over the past two years, Ana has received treatments to help with her vertigo. These treatments have helped her to keep her job, feel better while working, and to work more productively.

Ana's work offers health insurance, but her Medi-Cal coverage allows her to keep more of her paycheck for monthly expenses. About the \$120 per month she would have to pay to enroll in her employer's health insurance, she noted, “those \$120 that they take from me, I can use that for my food, or for a bill payment, [like] gas or water.” She is able to receive the health services she needs, but has had trouble getting specialty care for her daughter's sleep issues. After her daughter had been seen at a children's hospital, there was a time when the hospital said a treatment wasn't covered, and Ana was going to have to pay over \$400. Ana noted that, after some back and forth, “Medi-Cal replied and thank God, yes, the girl did qualify.” When asked what words come to mind when she thinks about Medi-Cal, she said, “Help — they help you.”

***Because of coverage through Medi-Cal, working enrollees who were interviewed can access care and manage their health.***

Interview participants described how fears of medical bills would make them less likely to seek both preventive services and screenings, as well as care when they are sick or injured, if they did not have Medi-Cal coverage. They feel comfortable seeking care only because they are covered by Medi-Cal and do not need to pay for most care.

Most interview participants had previous experience with coverage from an employer or with periods where they went without insurance. People who experienced either of those situations discussed how the costs associated with care led them to avoid the health system. Several examples of participants who were once covered by employer-sponsored plans included an African American man who stopped care for treatment of facial keloids (scars that were painful and impacting his mental health) due to copays, a white woman who

**Lydia, 40, warehouse worker, Fresno County**

Lydia is a 40-year-old resident of Fresno, a city she has lived in for almost 20 years and which she describes as having extreme weather patterns and lots of smog. Lydia lives with her husband, an 18-year-old son, a 10-year-old daughter, and her parents. Both Lydia and her husband work in dry fruit packing, a seasonal job she has been doing for almost four years. Lydia works eight hours a day on average but notes that, because the job is seasonal, there are periods where there are more or fewer hours available depending on need. Though Lydia originally felt secure at her job, layoffs there due to COVID-19 have made her more fearful about losing her job. She noted she tries not to ask for time off for fear that they'll respond, "Well, it's best that you don't come back."

Lydia is generally able to afford the essentials, and her family tries to budget but notes having periods of hardship. When making considerations around costs or expenses, food is often one of the expenses that she looks to cut back. Lydia notes, "I don't know why, but the food is what we look at. Because, well, you can't change the rent. The bills, maybe a little more electricity, but you try to watch it. At any rate, it ends up being the same price. . . . It's about the food, the foods you buy." She limits her food budget by making less expensive meals for her family like rice, soup, and lentils. To make ends meet, she relies on loans from friends, and she and her husband look for other temporary job opportunities such as construction jobs. Lydia noted that the economic pressure makes her stressed and depressed, stating "with depression . . . you feel overwhelmed. You feel that the time to pay rent goes very fast every month, and you're afraid you won't be able to pay the whole amount." Lydia manages the stress by participating in Zumba classes or going for a walk.

Though Lydia and her husband report not needing a lot of health care services, Lydia noted Medi-Cal coverage has been helpful for her family, particularly for her kids and her parents. She recounted that when her son was born, he had a heart murmur and needed open-heart surgery. Lydia noted that without Medi-Cal, "I don't know what we would've done. We would've gone crazy because the child needed the operation, and we didn't have the money." Medi-Cal helps cover her children's regular checkups as well as inhalers and allergy medicine for her daughter, who has asthma. Lydia also says Medi-Cal has helped her parents have access to services that they wouldn't otherwise due to cost. For example, her father needed eyeglasses but was unable to afford them without coverage through Medi-Cal.

Medi-Cal provides Lydia with peace of mind; she notes that having Medi-Cal helps with stress and improves her family's health: "The advantage is that they help with stress. Your health is better because of going for checkups. Not having to worry about someone getting sick and you not having the money to take them to the doctor. . . . Like my daughter, who has her inhalers for asthma. She has them on hand. She always brings them with her. You know that if you have an accident or something, you know that you can go to the hospital. You're worried about your health, but you're not worried about the cost." Despite this assurance, Lydia does note there are still instances her family must forgo medical services due to cost. Though the dentist noted her daughter needed braces, because they weren't covered by Medi-Cal, Lydia decided to not get braces for her daughter since she cannot afford them.

avoided the system after a large medical bill for her husband's MRI, and a Latinx woman who described the premium contribution coming out of each paycheck as "taking our food money."

Interview participants who experienced periods without insurance described seeking care only when it was an emergency or when they were in "extreme pain," and several expressed the belief that the emergency room was their only option for care. Individual respondents describe either skipping annual screenings and wellness visits to avoid paying cash out of pocket or reported trying "home remedies" to deal with what they considered more minor maladies (e.g., an ear infection). Each of the participants described in the examples above confirmed that they were able to resume treatment or seek both primary care and treatment for more urgent matters without fear or hesitation now that they are covered by Medi-Cal.

***Interviewed workers consistently said that prevention was a priority to them, and they put a premium on the ability to access care for chronic or urgent needs.***

Interview participants repeatedly discussed the importance of preventive and primary care and expressed gratitude that they were able to access these services through Medi-Cal for both themselves and their children. Participants cited screenings, annual checkups, and for children, prenatal care and regular well-child visits as services that they access through Medi-Cal. Similarly, a number of workers who take prescription medication for chronic conditions conveyed an understanding of how much their medications would cost out of pocket, or even with copays. They discussed how they may not be able to feel as well as they do without their access to prescription medications through Medi-Cal. People interviewed expressed their pleasant surprise in the generous coverage offered by Medi-Cal, especially for things they believed are expensive, including emergency room care, emergency surgery, and prescription medications.

*I would say that without Medi-Cal I wouldn't even go to the doctor when I was sick. I would only go to the hospital when it was an emergency. . . . The people who don't go to doctor's visits when they're sick end up in the emergency room eventually. . . . That's going to cost everybody more in the long run.*

*It provides a lot of security. Since I've had the Medi-Cal active, I've thought, 'Hey, you know, this is really great because if I think I've been exposed to COVID, I will go get a test.' Whereas in the past I would have just been like, 'Well, now I'll never know.'*

— 43-year-old white and Native American / Alaska Native woman  
In-Home Supportive Services employee, Chico

*The advantage of [Medi-Cal] is that they help with stress. Your health is better because of going for checkups. Not having to worry about someone getting sick and you not having the money to take them to the doctor. . . . You know that if you have an accident or something, you know that you can go to the hospital. You're worried about your health, but you're not worried about the cost.*

— 40-year-old Latinx woman  
packing house worker, Fresno

*Knowing [you can get] the checkups with the doctor, knowing that everything is doing good . . . that means that your lifestyle and the way that you're eating, that exercise and everything is okay. And it's just if you don't have this kind of checkup, you might be doing something wrong or might have some issues, and you don't know until they get very bad.*

— 30-year-old Black man, Tulare

*I know I would be a lot sicker because I wouldn't have been able to get the medical care that I need, or if for whatever reason I got the care, I would be much more stressed because of the financial burden.*

*If I didn't receive the services [from Medi-Cal], I think I'd feel a lot sicker. . . . Given the limitations that I have had financially and physically, [Medi-Cal] has made a huge difference.*

— 63-year-old white woman  
retail sales employee, East Bay

*[Medi-Cal] is a relief, peace of mind, that last thing that I don't have to carry on my shoulders. It's not extra stress.*

— 38-year-old Latinx woman  
childcare provider, Sacramento

### ***Medi-Cal provides peace of mind to the workers in this study population.***

Most interview participants expressed appreciation that they do not have to worry about the cost of health care while enrolled in Medi-Cal. Interview participants felt “protected,” “really at ease,” and “secure” knowing that their Medi-Cal will cover the costs associated with their and their family's health care. Participants conveyed how concern and worry associated with health care expenses at times impacted their mental health and sense of well-being, and a majority of participants identified that having Medi-Cal significantly reduced their stress and anxiety about getting sick and not being able to afford needed care.

While some participants described a few health care costs that Medi-Cal didn't cover, most stated that having health insurance through Medi-Cal allowed them to see the doctor and get the basic care they need when they need it, without worrying about costs. The most commonly reported health care expenses that Medi-Cal didn't cover were certain types of prescription medications, followed by higher levels of vision and dental care. In the few cases where Medi-Cal did not cover all health care expenses, interview participants described working with providers or with the program directly to get services covered or to find out more about what their out-of-pocket expenses would be and how they could pay them.

A few participants described how having Medi-Cal provides a new sense of security given the ongoing COVID-19 pandemic. One participant noted, “Knowing that I have Medi-Cal, that I'm covered in anything, that if I get sick, if I get the coronavirus, if I need some assistance, I know it's going to be there for me.” In some cases, this sense of security allowed participants to continue to work, including in jobs outside the home.

## Susan, 63, retail sales, East Bay

Susan is 63 years old and lives in the East Bay, in what she considers “a rural suburban area.” She lives with her older brother, who is a carpenter working for the University of California. She grew up in California but moved away for many years and then came back several years ago for a job in mental health and education. Unfortunately, shortly after she started this new job, she was diagnosed with a pre-invasive form of breast cancer, ductal carcinoma in situ. The job she had at the time would not allow her to take the six weeks off recommended by her doctors to receive treatment and recover. She was let go shortly after her diagnosis. Her treatment and recovery ended up taking six months, and she noted that she “was totally not able to do anything for six months after the surgery.” In the past nine months she has been able to start working again. She currently works two part-time jobs; one fulfilling orders at Macy’s and one in financial services.

Susan finds her work at Macy’s enjoyable because she gets to be physically active during the day, which has been a struggle in the past year both during her cancer treatment, which left her partially disabled for a few months, and her recovery. The financial services industry is new to her, but she is appreciative of her organization and her role as an educator helping people find better vehicles for saving and growing their money. Neither of her jobs offers paid sick leave, and while one of them does have an option for health insurance, it is too expensive for her to afford at this time. She noted that “since I began working, I work part-time, and I make so little that I am still within the eligibility for Medi-Cal.” Susan has been struggling financially recently and finds that she can barely afford to pay monthly expenses. She has delayed payments on many expenses due to the fact that Macy’s has provided her with fewer working hours since the start of the COVID-19 pandemic. She was able to cover other costs based on accommodations from lenders and financial help from her brother. These financial troubles make her feel “stressed all the time” and often she prays, “Please don’t let anything go wrong this month.” To cope with financial stress, she prays a lot and talks with friends.

After Susan lost her previous job in education, she received a letter from the state outlining her health care coverage options, and she applied for Covered California. Covered California enrolled her in Medi-Cal due to her income at the time. While it took a few months for her application to process, Medi-Cal extended her eligibility back to the date when she applied, so all the services she needed were covered. After gaining her Medi-Cal coverage, she started her cancer treatment. Her doctors monitored her closely, gave her medications and physical therapy, and she continues to see an oncologist every six months. She feels that she “wouldn’t have been able to afford any of the treatment that I have had” for her diagnosis without Medi-Cal. Additionally, she emphasized that “if I didn’t receive the services, I think I’d feel a lot sicker.” Currently, she feels her health is good and she is in the “healing phase.”

Medi-Cal has paid for all of Susan’s care. “My prescriptions are covered, my doctor visits are covered, and any medical exams I have had to take have been covered so far.” She is very grateful to Medi-Cal for providing her with the care she needed at the time she needed it: “I think, given the limitations that I have had financially and physically, it’s made a huge difference.” She also believes that Medi-Cal is attentive to people and even mentioned that they send her information related to her age and specific health needs. She articulated that having Medi-Cal helped improve her mental health, as well as her physical health, and when discussing what her life would be like without Medi-Cal, she said, “I know I would be a lot sicker because I wouldn’t have been able to get the medical care that I need, or if for whatever reason I got the care, I would be much more stressed because of the financial burden.” Today, Susan feels blessed for having been able to afford the treatment she needed and for her ability to recover and feel healthy enough to move and work again: “Being able to move and physically get some exercise every day is actually building and making me stronger, so while anything could happen at any point, there is also the part of me that feels like I am healthy, doing all the right things to stay healthy. . . . Feeling blessed.”

*People need to realize just because we are on Medi-Cal doesn't mean we are not working. We are hard workers; we just cannot afford the health care system.*

— 61-year-old white woman  
church office assistant, near San Diego

*I would want people to think that just because I'm on Medi-Cal, don't assume that I'm not working. Maybe it's just because I'm working, but I can't afford the other medical coverages. So just for you to assume that I'm not working 'cause I'm receiving it? That's not right.*

— 29-year-old Black woman  
In-Home Supportive Services employee, outside L.A.

*For us, I mean, even though we work, it wasn't enough for us to make it. We weren't making enough money to also have another insurance that has as much as Medi-Cal was providing to us. So, again, I think for us it was very beneficial for our family. It's not that we don't try. I mean, we're working but we weren't making enough that it would cover our medical bills or insurance. So this helped a lot for us.*

— 51-year-old Asian man  
pastor, L.A.

***Interview participants detailed their commitment to work and improving their financial situation.***

Across all of the interview participants, there were deep expressions of pride in hard work. In response to hearing the misperception that Medi-Cal enrollees were not working or didn't want to work, respondents conveyed that anyone who said this is judgmental and relying on inaccurate assumptions. A number of respondents asserted that "just because we are on Medi-Cal doesn't mean we are not working." One participant pushed back on this depiction of Medi-Cal enrollees by detailing her struggle to find a job and stating that "what I would want people to understand, if they were judgmental about Medi-Cal and people just not working or being too lazy to work, is that it's darn hard. It is darn hard to find a job." Another participant described the contradiction inherent in the judgment of those covered by Medi-Cal as lazy or not interested in working by listing their multiple jobs and noting that none offer health insurance.

Many interview participants explained that Medi-Cal is a government-sponsored benefit for working-class families with low income, and that while some people who use the program might not be able to work, the "vast majority" are committed to finding and maintaining stable employment. Participants described themselves as "hard workers" who "cannot afford the health care system." Many participants have never had the option to get health insurance through their employers and, while they do work, they generally don't make enough to "afford regular insurance." Further, one participant characterized the dilemma of individuals enrolled in Medi-Cal as they are "lower-class people who don't earn as much money or can't afford to pay the higher cost of insurance through their employer, which takes a lot out of their check." As described earlier in this brief, interview participants were living close to the financial edge and generally had enough money to cover basic needs, but not to cover unexpected or additional expenses. This means that Medi-Cal is often the only option low-wage workers have for affordable health insurance coverage.

***Despite overall satisfaction with Medi-Cal, interviewees noted challenges with the program.***

Interview participants described how basic health care is generally covered, but that additional or more complex health needs related to vision and dental care can come with a cost to the enrollee. Additionally, some participants expressed the belief that they would get higher-quality care if they were enrolled in private insurance. A few participants mentioned feeling that Medi-Cal limits their options for selecting certain providers, medications, or treatments. Some others described challenges with accessing the Medi-Cal system, including long wait times for getting appointments and burdensome documentation requirements for enrollment and eligibility. Overall, interview participants are satisfied with their Medi-Cal coverage.

## Conclusion

In 2018 42% of Californians said that they believed that most nondisabled adults enrolled in Medi-Cal are unemployed, while another 20% said they didn't know. The idea that nondisabled adults in the program are unemployed can undermine support for the program by the public or policymakers. It also perpetuates an unhelpful stigma, which might discourage enrollment among some.

The data paint a different picture: The vast majority (64%) of nondisabled adults enrolled in Medi-Cal work, and the program covers close to three million working Californians, which constitutes a substantial percentage (16%) of *all working Californians*.

The interviews with working Medi-Cal enrollees reveal a population that takes pride in working hard yet lives on the financial edge, struggling to make ends meet in a high-cost state. Private health coverage remains out of their reach, either because their employer doesn't offer it, or they can't afford what is offered to them. Medi-Cal provides peace of mind, especially during the COVID-19 pandemic, and allows enrollees to access important preventive services and care for chronic conditions.

For a program as important to California as Medi-Cal, it's critical that the public, policymakers, and other key audiences understand the role that Medi-Cal plays in covering working Californians and the impact the program has on the lives of working enrollees.

This safety net is more important than ever during the pandemic, not just for the state's "essential workers" already enrolled in Medi-Cal but for the many California workers likely to turn to the program in the coming months as they lose their job-based coverage and income.

## Appendix. Methods

### UC Labor Center Analysis of 2018 ACS Data

The industry-specific Medi-Cal enrollment estimates are based on analysis of American Community Survey data adjusted upward by 16% to reflect the percentage by which the Medi-Cal enrollment total from the [California Department of Health Care Services in June 2018](#) (12.2 million) exceeded the estimated Medi-Cal enrollment total reflected in the American Community Survey 2018 (10.5 million). The 12.2 million administrative enrollment total excludes nearly 1 million Californians enrolled in restricted-scope Medi-Cal who are only eligible for emergency and pregnancy-related services. Survey data typically show lower Medicaid enrollment than administrative data for a variety of methodological reasons.

### In-Depth Interviews by NORC

#### Demographics

Table A1 provides a demographic breakdown of interview participants.

Survey respondents were asked whether they identified as Hispanic or Latino, and then asked about their racial identity and offered the option to select any response options that applied. For the purpose of this report, all Hispanic and Latino respondents will be referred to as Latinx. All respondents were then categorized broadly based on their responses to the questions as Non-Latinx White, Black, Asian, Multiracial, and Other. All of the respondents who did not identify as Hispanic are referred to in this report with simplified labels (Black, Asian, White, etc).

**Table A1. Participant Demographics for In-Depth Interviews by NORC**

	PARTICIPANTS NUMBER (PERCENTAGE)
<b>Medi-Cal Enrollees</b>	<b>19</b> (100%)
<b>Employed</b> (full- or part-time)	<b>19</b> (100%)
<b>Preferred Language</b>	
▶ English	14 (74%)
▶ Spanish	5 (26%)
<b>Gender</b>	
▶ Female	13 (68%)
▶ Male	6 (32%)
<b>Race</b>	
▶ Non-Latinx Black	2 (11%)
▶ Non-Latinx Asian	2 (11%)
▶ Non-Latinx White/Other	6 (32%)
▶ Latinx	9 (47%)
<b>Geographic Area</b>	
▶ Urban	13 (68%)
▶ Rural	6 (32%)
<b>Region</b>	
▶ Bay Area	2 (11%)
▶ Central Coast	2 (11%)
▶ Inland Empire	1 (5%)
▶ Los Angeles	3 (16%)
▶ Northern and Sierra	2 (11%)
▶ Sacramento	1 (5%)
▶ San Joaquin	5 (26%)
▶ Other Southern California	3 (16%)
<b>Household Mix</b>	
▶ Single	4 (21%)
▶ Family	15 (79%)

Note: Source used the terms *Hispanic* or *Latino*.

## Outreach and Screening

To identify potential respondents for in-depth interviews, NORC leveraged a separate California Health Care Foundation grant for which NORC was fielding a survey of Californians with low incomes. The purpose of that survey was to understand the health care wants, needs, and values of the study population, specifically related to the COVID-19 pandemic. Potential participants were recruited by sending invitations to members of NORC's AmeriSpeak Panel and partner Dynata's panel. People qualified to take the survey who:

- ▶ Lived in California
- ▶ Were between 18 and 64 years old
- ▶ Had seen a doctor or health care provider in the past 18 months
- ▶ Spoke English, Spanish, Cantonese, or Vietnamese

For this study on working Californians also enrolled in Medi-Cal, survey respondents were identified who agreed to participate in an interview and who:

- ▶ Were enrolled into Medi-Cal
- ▶ Were employed either full-time or part-time
- ▶ Lived in households at or under 200% of FPL
- ▶ Spoke English or Spanish
- ▶ Agreed to be contacted for additional research

At the time this study commenced, NORC identified 85 cases from the survey data who met the inclusion criteria to participate in an interview. NORC sent invitations to 66 of the 85 via phone and/or email to ask whether they were interested in participating, and to rescreen invitees to ensure each qualified for the in-depth interviews. Twenty-seven of the 66 responded, and after excluding those who did not meet the eligibility criteria above, NORC scheduled and conducted 14 interviews in English and 1 in Spanish. After exhausting the sample of Spanish speakers from the survey, and to ensure representativeness from Spanish speakers in this study, NORC contracted with

a California-based market research firm for support in recruiting and scheduling additional one-hour interviews with Spanish-speaking participants who met the above criteria. NORC's goal was to represent the diversity of California's geography and population, to the extent possible, in the study population of 15–20 participants. NORC was able to accomplish this goal by tracking the characteristics of completed cases and targeting outreach and recruitment of those who met certain gender, race, ethnicity, geography, and household size criteria toward the end of the data-collection effort.

## Interview and Analysis Process

Interviewers followed a semi-structured discussion guide developed by NORC and CHCF to facilitate the interviews. With the permission of the participants, interviewers recorded the audio to allow for appropriate translation and transcription of the conversation. The interviews lasted between 45 and 60 minutes, and interviewees received a \$50 gift card to thank them for their participation. Audio recordings were transcribed, and transcripts were thematically coded using NVIVO software.

## Endnotes

1. *2019 Edition — Medi-Cal Facts and Figures: Crucial Coverage for Californians with Low Incomes*, California Health Care Foundation (CHCF), February 2019.
2. *Medi-Cal at a Glance, Most Reported Recent Month* (PDF) (March 2020), California Dept. of Health Care Services (DHCS), June 2020.
3. *The Health Care Priorities and Experiences of California Residents* (PDF), CHCF, January 2019.
4. This estimate is based on analysis of American Community Survey data adjusted up by 16% to reflect the percentage by which administrative Medi-Cal enrollment data from the California Department of Health Care Services in June 2018 exceeded the estimated Medi-Cal enrollment reflected in the American Community Survey 2018. The estimate excludes nearly one million Californians enrolled in restricted-scope Medi-Cal who are only eligible for emergency and pregnancy-related services. See the appendix for further details.
5. Kevin Lee et al., “*Job-Based Coverage Is Less Common Among Workers Who Are Black or Latino, Low-Wage, Immigrants, and Young Adults*,” *UC Berkeley Labor Center Blog*, November 22, 2019.
6. Rachel Garfield et al., “*Understanding the Intersection of Medicaid and Work: What Does the Data Say?*,” KFF, August 8, 2019.
7. Federal guidance issued at the time exempted both groups from state Medicaid waiver proposals that would impose work requirements in Medicaid as a condition of eligibility. California has not pursued work requirements.
8. Kevin Lee et al., “*Job-Based Coverage*.”
9. Laurel Lucia et al., “*Health Coverage of California Workers Most at Risk of Job Loss Due to COVID-19*,” UC Berkeley Labor Center and UCLA Center for Health Policy Research, May 8, 2020.
10. Matt Broaddus, “*5 Million Essential and Front-Line Workers Get Health Coverage Through Medicaid*,” Center on Budget and Policy Priorities, August 4, 2020.
11. See, for example, Laurel Lucia et al., “*Health Coverage*”; and Rachel Garfield et al., “*Eligibility for ACA Health Coverage Following Job Loss*,” KFF, May 13, 2020.
12. “*COVID-19 Uninsured Group Program*,” DHCS, accessed July 17, 2020.
13. Data source uses American Indian / Alaska Native.