



50+ MEDI-CAL EXPANSION QUALITATIVE RESEARCH SUMMARY REPORT

JUNE 2022

Prepared for:





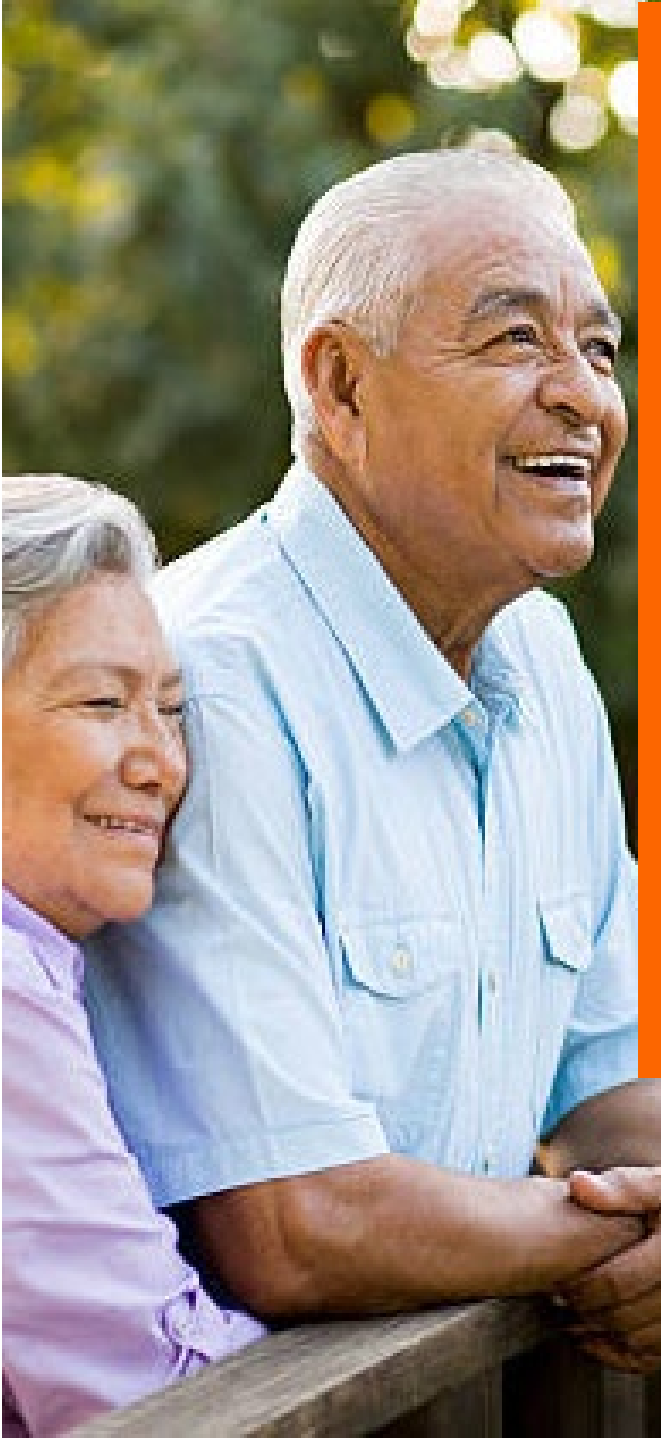
BACKGROUND

The State of California began allowing undocumented residents over the age of 50 with low income to enroll in Medi-Cal in May 2022.

To date, there has been very little outreach message testing for this 50+ expansion. The California Health Care Foundation (CHCF) was interested in **providing its partners in Los Angeles with actionable insights about the target group** in order to **maximize their outreach efforts and encourage enrollment.**

To this end, CHCF conducted message testing among target groups in Los Angeles in order to:

- Identify **awareness of, interest in, and barriers to enrollment** in the Medi-Cal expansion
- Test current written materials currently in use by DHCS and community groups for **comprehension, relevance, and motivation to actually enroll**



METHODOLOGY

Twelve focus groups were conducted from May 24 to June 9, 2022, among undocumented Latino/x, Chinese, and Korean adults 50+ with low incomes. All sessions were conducted virtually via Zoom. There were 65 total participants in the study: 32 Latino/x, 17 Chinese, and 16 Korean.

All respondents were newly eligible for Medi-Cal as of May 1, 2022:

- Adults of Latino/x, Korean, and Chinese origin, representing the top three racial/ethnic groups among the eligible population in Los Angeles County
- Age 50+
- Income consistent with Medi-Cal eligibility based on household income requirements
- Undocumented
- Residents of Los Angeles County
- Mix of those with no past connection to Medi-Cal (Level 1) and those with some past experience with Medi-Cal through family members (Level 2)
- Two groups of Latino/x respondents who were members of My Health LA (Level 3) but had not been automatically enrolled in full-scope Medi-Cal

Groups were conducted by bilingual, bicultural moderators in respondents' native/preferred language (Spanish, Mandarin, or Korean)



LIMITATIONS OF THIS STUDY & QUALITATIVE RESEARCH

Qualitative research provides insight into the **feelings and beliefs** of consumers in regard to a specific service or product. Overall, the information provided by qualitative research is best used in developing hypotheses and **identifying possible directions** in the market. Due to the small sample size and the dynamics of the interaction, it is not advisable to accept the findings as absolute. In addition, this study included only Latino/x, Korean, and Chinese adults in Los Angeles age 50 and over. It shouldn't be assumed that these findings apply to other populations enrolled in Medi-Cal.

Baseline Awareness of Medi-Cal Expansion to 50+

- About half of Latino/x respondents reported having heard something about the expansion and liked the idea.
 - Many were able to recall that it was for people 50 and over, and undocumented people.
 - Those associated with My Health LA were more informed overall and had heard from the clinics they frequent. Others had heard from friends or family members, had seen it on the news, or had received something in the mail from Medi-Cal.
 - However, key concerns about the expansion included fears over public charge issues and questions about the specific requirements (“*requisitos*”) for enrollment.
- Fewer Chinese or Korean respondents were aware of the changes to full-scope Medi-Cal, but it was welcome news across the board.
 - However, even more pronounced than Latino/x respondents, many Chinese and Korean participants expressed hesitancy and uncertainty about whether enrolling could hurt their future immigration status because of the public charge rule.
 - Others wondered about how enduring the policy would be, questioning whether it could be easily changed with the capriciousness of a new politician or administration.

Initial Motivation to Enroll in Full-Scope Medi-Cal

- When asked how motivated they were to sign up for full-scope Medi-Cal, most respondents across groups stated they were “very motivated” (4 or 5 on a scale of 1 to 5), with only a few 3 ratings across groups.
- Nevertheless, most of those who were already aware of the expansion had not taken that next step toward enrollment.
 - A majority of the Latino/x respondents who had heard something about the expansion explicitly stated that they would need “more information” in order to be moved to do anything.

Positive Reactions to Description of Medi-Cal for 50+

Lends credibility; indicates there is a governing authority behind the policy so it's not easily retracted or dismissed.

- Beginning May 1, 2022, a new law in California gives **full scope Medi-Cal** to income-eligible adults 50 years of age or older and immigration status does not matter.
- Full scope Medi-Cal covers more than just emergency care. It also covers doctor visits, preventative care, transportation, referrals to specialists if needed, medicines, mental health care, dental care, vision care, in-home services and more.
- These services are free or low cost.

Single most compelling phrase; immediately and clearly conveyed to respondents that they were eligible.

Clearly stood out; relevant and memorable.

Respondents noted the wide range of different medical services listed—especially “dental care” and “vision care.”

Particularly appealing to Chinese and Korean respondents.

Particularly appealing to Latino/x respondents.

Feelings About Medi-Cal for 50+ After Description

- **Nearly all participants reacted positively and enthusiastically to the description of full-scope Medi-Cal.** However, while they knew they met the criteria for age and status, and most assumed they would qualify on the basis of household income, **respondents again expressed that they would want to see more details** about the requirements before proceeding.
- Across ethnic groups, positive reaction to the possibility of full-scope Medi-Cal included:
 - It finally makes vital health care services more easily accessible and affordable to them despite their lack of documentation. This is something they had long hoped for—realizing that with advancing age comes increasingly deteriorating health and a greater need for access.
 - Chinese and Korean respondents were very appreciative of the State of California, noting the government's benevolence and generosity. One Latino/x respondent also noted that he felt the state was recognizing immigrants' contributions to the economy with the expansion.
 - For Latino/x respondents, the fact that it was full coverage, rather than emergency Medi-Cal, gave them peace of mind that the services they needed most, which they are not currently able to access or have put off due to fear or lack of funds, would now be covered.

Continued Questions After Description

- Despite its effectiveness in communicating the features/benefits and eligibility requirements, the description did leave respondents with ongoing questions.
 - There was some uncertainty about **whether they met income thresholds**. Many appreciated being provided with specific examples of family size and income, although several were still confused about who qualified as a family member and whose income to include.
 - Some respondents believe **“free or low cost” is too ambiguous and wanted more specific details** about what products and services are covered and to what extent.
 - **Although “a new law” tended to give respondents confidence** in the credibility and legitimacy of the policy, **some Chinese and Korean respondents continued to wonder about its susceptibility to changes** by other political administrations.
 - There were also **strong fears of public charge repercussions**, which were not addressed in the description.

Reaction to Communications Pieces

Each group was shown a total of four communications materials in their native language from the selection below. Two were short form (social media post) and two were long form (flyer/mail piece).

“Healthy California” (all groups)



“DHCS” (Hispanic/Latino)



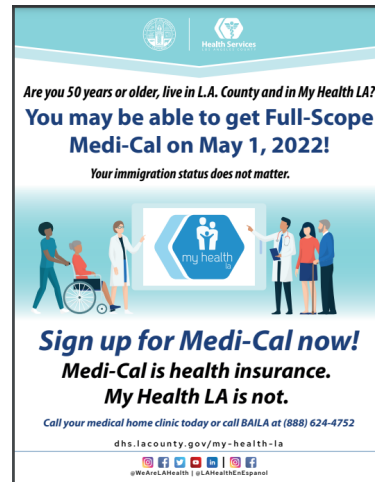
“DHCS” (AAPI)



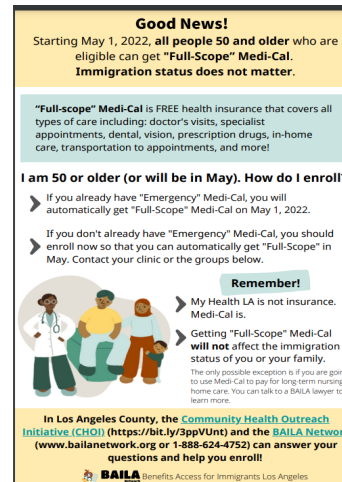
“Health 4 All” (Level 1/2 Hispanic)



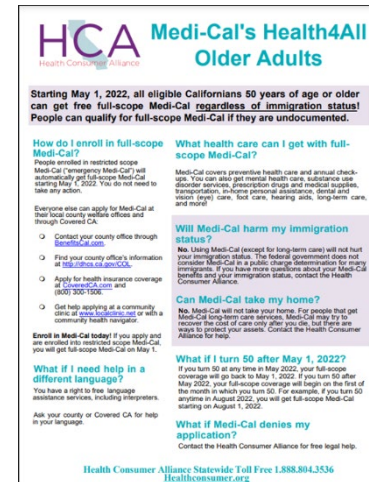
“BAILA” (Level 3 Hispanic)



“Good News” (Level 1/2 AAPI)



“HCA” (All groups)



Preferred Communications Piece

- **The HCA (Health Consumer Alliance) concept performed the best across the board among Latino/x, Chinese, and Korean respondents.**
 - It was **detailed and comprehensive**. Overall, the short-form ads did not provide enough information. The long-form ads were seen as much more “complete” and more informative, inspiring more trust.
 - **The Q&A format was easy to understand and easy to follow**; the featured questions reflected respondents’ own questions.
 - It highlighted their greatest concern: **their immigration status**.
 - “Regardless of immigration status” and “undocumented” were both prominently called out at the top.
 - “Will Medi-Cal harm my immigration status?” was highlighted in a shaded callout box and clearly answered.
 - It mentioned **getting help in their native language**. A big concern for many is their limited ability to interact/communicate with official government personnel.
 - It listed **multiple benefits under full-scope Medi-Cal**. “Dental and vision care,” “annual checkups,” and “preventive health care” were extremely important details for respondents.
 - It included **not just a website but a phone number**. Some respondents are less comfortable online.

Preferred Communications Piece (continued)

- Respondents did note some drawbacks and criticisms of the HCA piece.
 - Some respondents noted that there was too much copy, and they were uncertain if they would stop and read it in its entirety. However, on balance, people preferred the more detailed information over not enough information.
 - Few were aware of the possibility that Medi-Cal could take their home. Thus, this issue raised more questions than answers. In addition, many found the answer too vague and not helpful in clarifying the question.
 - The very detailed information about people who turn 50 after May 1, 2022, seemed superfluous.

Reaction to Other Long-Form Pieces — “Good News”

- After HCA, the “Good News” concept was the next most popular in the Chinese and Korean groups, resonating more among Chinese than Korean respondents.
 - It struck a good balance between being visually appealing (colors, layout) and having sufficiently informative content. The imagery of a doctor immediately conveyed the focus is on health care.
 - The headline calling out “50 and older” and “Immigration status does not matter” immediately pulled respondents in with information relevant to them—and it immediately indicated they’re eligible.
 - The definition of “full-scope Medi-Cal” in the green box was highly appealing. It allowed respondents to immediately grasp the scope of services they can access—many were also drawn to “FREE health insurance.”
- However, many identified information they found irrelevant or without context.
 - Confusion between “BAILA Network,” a presumed CBO, and full-scope Medi-Cal, which most know as a government program.
 - Some found the inclusion of two websites, plus a 1-888 number to be too many unnecessary choices—they would prefer a single website to simplify their search.
 - The use of the term “white card” only in Chinese (白卡) and not “Medi-Cal” intimidated some because it heightened their concern that using the “white card” could impact their ability to secure a “green card.”

Reaction to Other Long-Form Pieces — Health4All

- Latino/x respondents (Level 1 and 2) were shown a Health4All communications piece from the Latino Coalition for a Healthy California (LCHC), which they preferred second to the HCA piece.
- Similar to HCA, these respondents found this piece to be “complete,” with specific, clear information explained step by step (*“paso por paso”*).
 - Several related to the image of the woman and her family; some interpreted it as the older woman asking her daughter for help.
 - Others called out the qualification to “live in CA,” noting that it made them feel more confident that they would qualify on that dimension.
 - Showed multiple ways to apply (phone, web, in person).
- Some of the elements of this piece that respondents did not like included:
 - Many were not familiar with Health4All and were confused about its relationship to Medi-Cal.
 - If an organization is mentioned, some would prefer it in Spanish (*“Salud para todos”*).

Reaction to Other Long-Form Pieces — BAILA

- Level 3 Latino/x respondents, who were My Health LA members, were shown a BAILA ad specifically targeted to My Health LA members.
- Positive reactions among these respondents included:
 - Clear mentions of full-scope Medi-Cal; perceived as trustworthy, credible
 - Respondents related to images of doctors, social workers
 - Liked that it mentioned that you can go to a clinic to get more information, ask questions, and fill out an application
 - Inclusion of phone number and website
- On the negative side, most respondents did not understand the inclusion of the phrase “Medi-Cal is health insurance. My Health LA is not.” Several noted that they would prefer the communication to strictly address full-scope Medi-Cal (“*Medi-Cal de alcance completo*”) and provide more detailed information about that.

Reaction to Short-Form Pieces — Healthy CA

- Although the Healthy CA concept (adapted from a Healthy Illinois ad) was visually appealing, it fell short on many of the relevant details respondents across ethnic groups were looking for. On the positive side:
 - The blue color palette with red text captured the attention of some, who found it visually attractive. Moreover, the Healthy California logo with a heart held stopping power for some AAPI respondents.
 - The “CA.gov” website conveys immediate credibility and legitimacy, indicating that the communication originates from the state of California. Many respondents across groups noted they had more confidence visiting a “CA.gov” website over a nonprofit organization or even a local government site.
 - There was mixed reaction among Latino/x respondents about the megaphones; some felt it called attention to the information, while others were not attracted by this graphic.
- Negatives centered around the lack of specific details, including vital information that respondents had learned in the written description but that was not part of this ad.
 - Also, many respondents did not believe the phrase “any immigration status” was clear enough or went far enough to assuage the concerns of those with public charge and other concerns. They wanted to see “regardless of immigration status” or “for the undocumented” specifically spelled out.

Reaction to Short-Form Pieces — DHCS

- The DHCS concept featuring the image of a woman was the least motivating in the Chinese and Korean groups, while the same concept featuring a man received mixed reviews among Latino/x respondents. There was agreement that this ad had the **least amount of the key information they needed**.
- Positive comments included:
 - It is a simple and straightforward message that provides some basic information.
 - The focus on “ages 50 and older” immediately informs respondents they are of Medi-Cal-eligible age.
 - Latino/x respondents were drawn to the man (looking like he was in a field). Several noted that they could relate to him and felt he represented them.
- Negative comments included:
 - The concept failed to mention their most important consideration, that of immigration status.
 - Few were familiar with DHCS, although many guessed it could be a state agency.
 - Latino/x respondents in particular expressed concern that they would not be able to readily locate the phone number or address of their local county office.
 - For Chinese, the translation of “Californians” gave respondents some concern that they would not qualify—since they did not fully grasp if they are “Californians.” They did believe they would qualify if the ad specified “California residents.”

Key Information Needed

- None of the pieces shown provided the optimal amount of information in a clear, attractive format. Nevertheless, across all groups and pieces, several key imperatives emerged as to what needs to be included in an effective and motivating communications piece.
 - The main message of a **new change in law** regarding full-scope Medi-Cal.
 - A detailed list of the **range of health care services covered**, including dental, vision, general preventive wellness visits, and referrals to specialists.
 - **Clearly addressing public charge concerns**—that enrolling might impact future immigration status—with greater details to assuage and refute this concern.
 - Ensuring that respondents know that the **origin and source of the program is the State of California** government and that it is a law that is not subject to erratic changes.
- It is important to note that the inclusion of graphics (photos of people who look like them, doctors helping patients) was seen as a “nice to have” but was significantly *less important* than the key copy points noted above and on the following slide.

Inspiring Trust and Motivation

- In addition to the key information noted on the previous slide, the following elements **inspired the most trust and motivation across** all the pieces:
 - **Phone number** (tollfree)
 - **Website** (.gov)
 - **Symbols** of the state of California (map, seal, etc.)
 - **Address** of county office, local community organization, etc., to visit in person to apply or receive application or other assistance
 - Clear mention of **full-scope Medi-Cal** (accompanied by “white card” in Chinese)
- There were some elements that were not included in any of the communications materials, and which some respondents noted they would like to see.
 - Illustrating the steps (determine eligibility, gather documents, enroll) more graphically.
 - Testimonials of people like them who had been through the process and were enjoying the benefits.

Impacting Motivation Levels

- After exposure to all ads, respondents were asked again how motivated they were to enroll in full-scope Medi-Cal. A majority across groups reported that they were “very motivated.”
 - Those who had been “somewhat motivated” (3 or 4 on a scale of 1 to 5) at the beginning of the groups all moved to “very” motivated (5) by the end.
- It is important to note that when asked the follow-up question of what would be their next step, respondents across groups stated concretely that would call or go in person to get information on how to apply.
 - This is a marked improvement over the “4s” and “5s” earlier in the group, who noted they were very motivated but either had too many questions or too vague of an idea of how to proceed.

Media and Messengers

- When asked where they wanted to get information about full-scope Medi-Cal, Latino/x respondents cited Spanish TV, radio, and mailers, as well as in clinics, supermarkets, and other places in their daily lives.
 - It is interesting to note that those who recommended TV for its mass reach also acknowledged that there would not be enough time in a TV commercial to fully address their informational needs.
- Chinese and Korean respondents also cited in-language TV, radio, and newspapers as well as websites such as Los Angeles Chinese Network. They also noted that clinics, doctor's offices, and supermarkets were good places for this information, as well as health fairs and churches (Korean).
- Many of these respondents were not on social media (particularly those not associated with My Health LA). Most noted that they often had their children help them with technology.
 - Younger adult children might be a good target for shorter-form social media marketing.
- Respondents across groups were in agreement that the most appropriate and credible messengers for this expansion were representatives of the state, such as government or Department of Health officials, or leaders in the Medi-Cal program.
 - Some Latino/x respondents noted that they would like to hear from “people like me” who had applied and begun enjoying the full-scope Medi-Cal coverage.

Chinese Language Considerations

- Although “full-scope Medi-Cal” is generally understood as comprehensive medical care, there is some confusion about the different Chinese translations used for both “full-scope” and “Medi-Cal” across all the creative concepts and descriptions.

“全面” (full scope)

“全保” (full coverage, full protection, full insurance): A few liked this translation because it implies they will get both “insurance” and “health care/protection.”

“全方位” (full scope, all dimensions): This translation was preferred by most respondents. They feel it communicates that “everything is covered.”

- Only some Chinese respondents were familiar with the term “Medi-Cal.” Similarly, while many knew the Chinese nomenclature often used for Medi-Cal (“white card”), only some understood that it was connected to Medi-Cal, which created confusion when they saw “Medi-Cal” in English.
 - When probed, most preferred including both: “Medi-Cal (白卡).” This can be used once at the beginning if Medi-Cal is referred to multiple times, followed by “Medi-Cal” in English only.



KEY TAKEAWAYS

- ❖ **More information (not less) is better**
 - **Providing more detailed information assuages worries and builds trust and credibility**
- ❖ **Emphasize connection to the California government**
 - **It's a new law**
 - **Medi-Cal is a government program**
 - **Include .gov websites**
 - **Use government officials or representatives of Medi-Cal program as messengers**
- ❖ **Address worries about immigration status and public charge head-on**
 - **Say it explicitly and display it prominently**
- ❖ **Provide multiple contact points (including phone and in-person options)**

Contacts

Michele Cordoba

michele@visionstrategyandinsights.com

818-261-8340

Brenda Lee

brenda@visionstrategyandinsights.com

215-808-5415

Ana Fernández Rockwell

ana@visionstrategyandinsights.com

305-934-9501

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