



## California Health Care Foundation: Medi-Cal 50+ Expansion Follow-Up Focus Groups Summary Report

In May and June of 2022, Vision, Strategy and Insights (VSI) [conducted focus groups with Latino/x, Chinese, and Korean immigrants age 50 and over in Los Angeles County who were newly eligible for Medi-Cal](#). Focus groups probed on participants' awareness of the new opportunity to enroll in Medi-Cal and their reactions to various outreach materials encouraging them to apply. This [yielded many insights](#) into the messages, messengers and types of information that most motivated participants to apply.

In December of 2022, VSI conducted Phase 2 of the study. Based on Phase 1 findings, new outreach materials were developed in all three languages and re-tested with a subgroup of participants from the summer. These additional focus groups also provided an opportunity to probe if participants had applied for Medi-Cal and what that experience was like.

VSI prepared this memo for CHCF to summarize Phase 2 and its key findings and recommendations.

### Phase 2 Methodology

On December 7 and 8, 2022, three focus groups were conducted among undocumented Spanish-speaking Latino/x, Korean-speaking, and Chinese (Mandarin)-speaking respondents ages 50 and over. All respondents had previously participated in focus groups or in-depth interviews conducted on behalf of CHCF by VSI in May 2022 in conjunction with the Medi-Cal 50+ expansion. Respondents were eligible for Medi-Cal under the expansion criteria and reported income consistent with Medi-Cal eligibility. All focus group sessions were conducted in person in Los Angeles, California. In total, 24 respondents participated in this study: eight Spanish-speaking Latino/x, eight Korean-speaking, and eight Chinese-speaking respondents.

Respondents were shown a flyer in their native language that was created based on insights from the May study.

### Recommended Edits to Flyer (Universal)

- Replace questions with affirmative statements.
  - “Does the state of California offer Medi-Cal?” should be replaced with “Medi-Cal is a California state program” or “The State of California offers the Medi-Cal program.” The fact that Medi-Cal is a state-run program was particularly compelling for Korean speakers.
  - “Will Medi-Cal affect my immigration status?” should be replaced with “Medi-Cal will not affect your immigration status.”

- Be clear about income eligibility.
  - Remove references to household/family size and specific income levels to qualify for Medi-Cal. Providing that level of detail seemed to raise more questions than it answered. In a few instances, it appeared to even dissuade people from applying because they became more confused.
  - Replace with a statement that if they – or their family – qualify for other California benefit programs, they likely will qualify for this program, i.e., "If you or your family currently have emergency Medi-Cal or CalFresh, you are likely eligible. Apply to find out." Our rationale is that it's best to try to give people a general sense of income eligibility while, more importantly, encouraging them to apply and get the help they need to find out more.
  
- Emphasize in-language assistance.
  - Add references/links to dedicated, in-language phone lines and websites, such as Covered CA or BenefitsCal.com, in multiple areas to highlight that direct, in-language assistance is available. Consider language such as "Call the [Korean/Mandarin/Spanish] phone line for Covered California or go to their [Korean/Mandarin/Spanish-language] website."
  - If a local agency or organization has dedicated, in-language resources, they can replace the Covered CA or BenefitsCal.com references or add their own information to those references.
  
- Inspire trust by increasing visibility of the State of California on materials.
  - Graphics, such as a county seal (where permitted) or other California-themed icons (state map, bear), can help identify that this is a state program and increase confidence in the information provided.
  
- Avoid references to the federal government when discussing immigration.
  - The flyer emphasized, and respondents understood, that California law allows them into Medi-Cal, a program of the California state government. Mentioning the US government in the section about public charge tended to remind respondents that the federal government makes immigration decisions, not the state government. That caused unnecessary anxiety and confusion for respondents, who started to doubt that the flyer was accurate when it told them that Medi-Cal wouldn't make them a public charge. (To paraphrase the overall sentiment we heard: "I understand California is allowing me into Medi-Cal and this flyer is telling me that won't make me a public charge. But it's the federal government that makes immigration decisions. Is the federal government aligned with California? I am not sure.")

- Address multiple points of confusion among Asian American respondents over the term “public charge,” related to translation of the term and the concept itself, by removing the term from Korean and Chinese language versions only.

— Consider altering the paragraph to read:

Applying for or Using Medi-Cal Will Not Affect Your Immigration Status  
It also will not hurt your chances of getting a green card, unless you use it for a nursing home or mental institution for a long time.

### Recommended Edits to Flyer (Language Specific)

#### *Spanish*

- Spell out “California Department of Health Care Services” and avoid using the DHCS acronym. If the abbreviation must be used, specify that DHCS is the organization’s initials in English. A common phrase to follow such acronyms is “(por sus siglas en inglés).”

#### *Korean*

- If any immigration agencies are mentioned, such as Immigration and Customs Enforcement (ICE), use their English names/acronyms.
- Under the section for health care services covered under Medi-Cal:
  - When enumerating the services provided under Medi-Cal, specify that emergency services are covered.
- The section in the Chinese and English flyers that states: “Medi-Cal is free or low cost.” In the Korean-language flyer, it says “free” in Korean, but there is no mention of “low cost.”
  - Consider bringing the Korean version in line with the other language versions by stating “Medi-Cal is free or low cost, depending on your income” and/or adding an additional statement, as it appears in Spanish: “For those who do have to pay, the amount is low.”

#### *Chinese*

- Similar to the change to the Korean-language flyer suggested above, consider clarifying that “Medi-Cal is free or low cost, depending on your income” and/or adding an additional statement, as it appears in Spanish: “For those who do have to pay, the amount is low.”
- Also as mentioned above, consider different wording for “nursing home” and “mental institution.” Some respondents understood the Chinese term to be a “convalescent home” and were confused.



- The URL for people to find their local county Medi-Cal office was too long and could be challenging to type out for those who do not speak/write English well.
  - Consider requesting short vanity URLs from DHCS or replacing with the in-language Covered CA sites or BenefitsCal.com.

### Insights into Application and Enrollment Experience

Those who had applied to or enrolled in Medi-Cal were asked about their experiences with the application and enrollment process, and those who hadn't yet applied were asked what barriers kept them from doing so. Several Spanish-speaking participants had applied for and/or secured Medi-Cal since the original focus groups; only a few Korean-speaking respondents and one Chinese-speaking respondent had applied for the program since participating in the groups.

Many of the respondents who had applied/enrolled were connected to a health care center or other community-based organization that helped guide them through the process, while most of those who remained unenrolled, particularly the Chinese-speaking respondents, did not have those connections.

Other barriers to applying included getting a new job, which meant no longer being qualified for or needing the program, and no perceived immediate need for health care services. This last barrier could prove to be a formidable challenge to getting newly eligible, undocumented Californians in their twenties, thirties and forties to enroll in 2024, as younger people tend to be particularly susceptible to downplaying the need for insurance if they are healthy.