Webinar:

Effective Messaging About the Medi-Cal Expansion to Newly Eligible Immigrants

August 30, 2023
In January 2024, California will expand full-scope Medi-Cal to all adults with low incomes, age 26–49, regardless of immigration status. This is the last remaining age cohort that is still shut out of full-scope Medi-Cal because of immigration status. An estimated 700,000 Californians will become newly eligible.

Over the past few years, CHCF has conducted outreach message testing for Medi-Cal expansions to eligible young adults (age 19–25) and older adults (age 50+) who are undocumented. The current study was designed to apply what was learned in those studies to the 26–49 age cohort to help increase enrollment in 2024.

Key objectives included:

- **Better understanding the barriers** that prevent this target group from applying.
- Identifying the information, messages, messengers, and channels most effective at motivating the target group to apply.
- Providing CHCF partners, including the state, local government agencies, and community-based organizations, with actionable insights and helping maximize their outreach efforts.
Methodology

Phase 1 (May 2023): Eighteen focus groups among 105 Chinese (Mandarin-speaking) and Latino/x (Spanish- and English-speaking) Californians, age 26–49, who are undocumented, have low incomes, and will be newly eligible for Medi-Cal as of January 1, 2024. A combination of new and previously tested materials were presented in Phase 1.

Phase 2 (June and July 2023): Twelve follow-up focus groups with 62 participants from Phase 1. Phase 2 allowed us to retest messages and materials that were updated based on feedback from Phase 1.

- While multiple other languages are spoken within the eligible target population, the current study focused on English, Spanish, and Chinese. Additional testing would be needed to explore these and other materials in other languages.

- Similarly, a focus on the three key areas of greater Los Angeles (including Orange County), the Central Valley/Monterey, and the Bay Area provided geographic diversity and representation of these newly eligible populations across California.

Groups were conducted via Zoom by bilingual, bicultural moderators in respondents’ native/preferred language (Mandarin, Spanish, or English).
Phase 1 and Phase 2 groups by age and ethnicity/language

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|                | English  | 2   | Spanish | 2   | 6     |
|                | Spanish  | 2   |         | 2   | 6     |
|                | Mandarin | 2   |         | 2   | 6     |
| **Total**      | 4 groups | 4   | 4 groups | 4   | 12 groups |
LIMITATIONS OF THIS STUDY & QUALITATIVE RESEARCH

Qualitative research provides insight into people’s feelings and beliefs 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 and Chinese undocumented adults in California age 26–49. It shouldn’t be assumed that these findings apply to other populations enrolled in Medi-Cal.
OVERVIEW: PHASE 1
Phase 1: Low Awareness, High Interest

• Most Phase 1 respondents were not aware of the Medi-Cal expansion.

• Across groups, most were immediately excited and motivated about the prospect of securing health coverage for themselves and their family members and wanted to know more right away.

• Nevertheless, the good news was tempered by cautious optimism:
  
  • Chinese respondents were concerned about income eligibility requirements and the impact on their immigration status/ability to get a green card.
  
  • Latino/x respondents worried about the potential costs of the program (premiums, copays), the possibility of their information (immigration status, “under the table” income) being shared with the federal government, and (among Spanish speaking respondents) public charge.
  
  • Across groups, Medi-Cal expansion seemed almost “too good to be true,” causing skepticism and a preoccupation with the “fine print” or “catch.”
Phase 1 tested two lead messages: “You and Your Family” versus “All In.” Only “All In” calls out the 26–49 age group, specifically.

New! Full-Scope Medi-Cal for All, Regardless of Immigration Status

A new California law allows all eligible adults ages 26 to 49 to get free full-scope Medi-Cal. Children, teenagers, and older adults can get help. Your immigration status does not matter. You can qualify if you have a low income and are undocumented.

The California government provides Medi-Cal.
• Medi-Cal is a free or low-cost state health care program for people with low incomes.

Applying for or using full-scope Medi-Cal will not affect your immigration status.

Medi-Cal doesn’t increase your chances of being considered a public charge (unless it is used to get care at a nursing home or a mental institution for a long time). For more information:
https://knowyourbenefits.com/en-ca/

Will I have to pay?
Full-scope Medi-Cal is free or low cost. For those who pay, the amount is low.

What do I need to enroll?
• Driver’s license or photo ID
• Current pay stub or bank statement
• Telephone or electric bill

Do I qualify?
If you or your family use programs like CalFresh or emergency Medi-Cal, you may qualify for full-scope Medi-Cal.Apply to find out.

How do I apply?
• Call Covered California’s hotline: (800) 300-5505
• Or go to theoverview.com

Covered California works with the government of California to help people enroll in Medi-Cal.
• Or go to theoverview.com

I am healthy. Do I need health insurance?
Medi-Cal helps you get regular care so you can stay healthy. It can also provide the care you need in case of a health emergency. Medi-Cal can also protect you from costly medical bills and even bankruptcy.

What services can I get?
Medi-Cal offers preventive health care, annual check-ups, dental and vision (eye) care, referrals to specialists, prescription drugs, mental health care, substance abuse services, emergency care, long-term care, hearing aids, transportation and more.

Will I have to pay?
Full-scope Medi-Cal is free or low cost. For those who do pay, the amount is low.

What do I need to enroll?
• Driver’s license or photo ID
• Current pay stub or bank statement
• Telephone or electric bill

Do I qualify?
If you or your family use programs like CalFresh or emergency Medi-Cal, you likely qualify for full-scope Medi-Cal.

How do I apply?
• Call Covered California’s hotline: (800) 300-5505
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Covered California works with the government of California to help people enroll in Medi-Cal.
• Or go to theoverview.com

The site is available in many languages, including Spanish.
• Or go to your local county office.

Find the address here: dhs.ca.gov/CA
Phase 1 Materials — Fact Sheets (cont.)

• Fact sheets were very well-received in our 2022 study with the newly eligible 50+ population.

• The Phase 1 fact sheets in the current study reflected recommendations based on consumer preferences that emerged from the 2022 study, which were hypothesized to hold true for the 26–49 age group as well. These recommendations include:
  • More (not less) information is better. Detailed information assuages worries and builds trust and credibility.
  • Emphasize that Medi-Cal is a government program.
  • Address fears about immigration status and public charge head on.
  • Highlight the breadth of services available through Medi-Cal.
  • Provide multiple ways (online, phone, in person) to get help or to learn more. Send readers to in-language resources and .gov websites whenever possible.
  • Emphasize that Medi-Cal is free or low-cost.
Phase 1 “Family” Fact Sheet Preferred Overall

- Both fact sheets provided **clear, complete, and easy-to-understand** information:
  - The blue box stating that applying “will not affect your immigration status” stood out.
  - Other standouts were “undocumented immigrants,” “low income,” and “26–49” (“All In” version).
- The headline “**You and Your Family**” immediately draws respondents in.
- The **imagery of an entire family** allows respondents to see themselves reflected while complementing the message of “age does not matter.”
  - While “all eligible people” in “Family” resonated with many, some single respondents also wanted to see themselves represented.
- In the “All In” fact sheet, there was **mixed reaction to specifying the 26–49 age range**:
  - Some were comforted/reassured when seeing their specific age called out as being eligible; others were confused when “children, teenagers, and older adults” are mentioned in the same sentence.
The Phase 1 language around public charge seemed to satisfy respondents across groups that applying for or using full-scope Medi-Cal would not impact their immigration status.

- Spanish-speakers in particular, however, seemed to need additional clarification around the possible exception “unless it is used to get care in a nursing home or mental institution for a long time.” Many were confused as to whether this included the use of regular mental health services.

- It is also important to note that the term “public charge” was less familiar to English- and Mandarin-speaking respondents. In these cases, we utilized the phrase “will not hurt your chances of getting a green card” to address the same concern.
Phase 1 Materials — Social Media Ads
Mixed Reaction to Phase 1 Social Media Ads

- These ads were considered **visually appealing** and **eye-catching**. They generally communicated that health care is a priority and offered enough information to motivate people to find out more.
  - Participants responded most strongly to the **clear-cut message** that eligibility for full-scope Medi-Cal was “**regardless of immigration status**.”

- However, there was a **disconnect between the imagery** depicted in some ads and **the subject matter**:
  - While goji berries are recognizable as something medicinal among Chinese people, they are **not relevant to health care coverage or access**. There was even less connection to the nail tech.
  - Although Latino/x participants appreciated that the ad creators used images and customs that reflect Latino/x culture, they **did not fully connect all ads to health coverage**. “Benefit Card/Por Fin” and “Frog/Rana” were the most well-received.

- Respondents across groups wanted to **see a phone number** included in these ads and expressed a preference for **.gov websites**.
Social Media Usage

• Across groups, **social media use was high**. The platforms mentioned most often overall were **Facebook** and **Instagram**.

• Among English- and Spanish-speaking respondents, **TikTok** was also mentioned frequently, along with some consumption of **YouTube** and a few **Snapchat** users.

• Mandarin-speaking respondents reported strong usage of Chinese sites **WeChat** and, to a lesser extent, **Little Red Book**. Older Mandarin-speaking respondents (35–49) also mentioned **YouTube** quite frequently, while a few younger Mandarin-speaking respondents (26–34) mentioned **WhatsApp**.
In Phase 1, video and radio messages from the California surgeon general were tested in Spanish and English, along with a radio spot in Mandarin.

Video tended to be preferred over radio among English- and Spanish-speakers due to the visual references that helped respondents better understand and retain the message.

Respondents found these spots lacked a clear call to action and additional resources such as a URL and phone number.

Most Latino/x respondents did not recognize Dr. Ramos as a high-ranking government official, and when prompted, did not know what a surgeon general was, particularly in Spanish.
OVERVIEW:
PHASE 2
Some respondents reported sharing the information they learned in Phase 1 with family members and/or friends. A few had heard of or sought out further information about the expansion.

Across groups, respondents were presented with revised materials based on their input from Phase 1. A majority of these revisions were met with a positive response from Phase 2 participants.

Nevertheless, there were some areas that could benefit from additional fine-tuning.
Phase 2 Materials — Fact Sheets

Medi-Cal is a free or low-cost state health care program for people with low incomes. California recognized that undocumented Californians work hard and deserve health care.

A new California law allows all eligible people to get free or low-cost full-scope Medi-Cal. Your immigration status and age do not matter. You can qualify if you have a low income and are undocumented.

What do I need to enroll?
• Driver’s license or photo ID (can include passport, school ID, marriage record or work badge)
• Proof of income (Current pay stub or bank statement is best. If you have neither, you can describe your income to the eligibility worker.)
• Proof of where you live (can include telephone or electric bill)

Do I qualify?
Each person’s situation is different. For example, families with children can qualify at higher incomes than single people. For more information on your specific situation, contact one of the groups below.

How do I apply?
• Call Covered California: (800) 300-1500 Covered California works with the government of California to help people enroll in Medi-Cal.
• Go to BenefitsCal.com
• Go to your local county office.
Find the address here: dhs.ca.gov/SAVOL

Will I have to pay?
Full-scope Medi-Cal is free or low cost. For those who have no money, the amount is low. There are no other hidden fees.

Medi-Cal is a program of the state of California.
Medi-Cal is an entitlement to health care services for people with low income.

Are there any covered services?
• General medical and surgical care
• Mental health and substance use disorder
• Dental care
• Vision care
• Long-term care services and supports
• Home and community-based services

For more information: https://www.coveredca.com/ how-to-enroll/

How does Medi-Cal benefit me and my family?
Medi-Cal will:
• Provide the care you need to remain healthy
• Make sure you get the care you need for your family
• Help keep your family healthy

Medi-Cal provides free or low-cost care for people in need.

Medi-Cal provides:
• Primary care
• Hospital care
• Emergency care
• Dentist care
• Mental health care

For more information: 800-300-1500

BenefitsCal.com.
In Phase 2, the headline phrase “regardless of immigration status” continued to stand out the most to respondents overall, particularly among Mandarin speakers.

- Latino/x respondents in both languages expressed a desire for additional language around age, with some expressing preference for the phrase “regardless of age or immigration status.”

In terms of images, the inclusion of the doctor (Chinese) and the woman (Spanish) in the lower left was seen as beneficial in illustrating a professional who was there to help.

- Spanish-speaking respondents seemed to assume that the woman was a social worker and should be wearing a headset to demonstrate her position and her ability to answer questions.

The “What do I need to enroll?” section was expanded in Phase 2 to include more documents that respondents could use to establish their identity, income, and address. This was effective in both inspiring trust and overcoming fears about the program.

- Recommendation: Include “an identification issued by your home country” as a form of ID.
Another phrase added in Phase 2 was the **values-based statement** “California knows undocumented people work hard and deserve health care.”

- This statement reflected how many Latino/x respondents perceived the program and its purpose, and solidified for them that it was an official program of the State of California.

- However, while some Chinese respondents were also comforted by this explanation, others worried that only working people would qualify.

- Recommendation: Reword this statement in Mandarin to “California wants to ensure that everyone with a low income has health care, regardless of immigration status.”

In terms of the application process, Chinese respondents, in particular, noted that they want materials to communicate some **immediacy around applying**, and also that the **process is easy**.

- Recommendation: Add assertive language such as “Apply Now,” as well as “it’s easy to apply. . . .” Our advisory group recommended adding that it’s also free to apply, to protect people from scams.
Phase 2 public charge language was modified slightly to “Applying for or using Medi-Cal will not make you a public charge (it only applies in some situations if you are hospitalized for a long time in a nursing home or mental institution).”

- Doubts among Latino/x respondents persisted in Phase 2, so it was recommended to add the line “Using Medi-Cal to get regular mental health services, such as a psychiatrist or therapist, does not affect public charge.”

- Chinese participants had a more favorable reaction. Many did not see themselves as ever needing this type of long-term care, and it did not seem to impact their willingness to apply.

- Income eligibility requirements (numbers, ranges) were not specifically noted in the Phase 1 fact sheets. When alternative language that did include specific income ranges was tested, some assumed they would not be eligible.

  - The inclusion of “Each person’s situation is different. For more information on your specific case . . .” in the Phase 2 fact sheet was effective in addressing concerns about eligibility and referring respondents to additional resources.
• In terms of costs, Mandarin-speaking respondents in Phase 2 still had difficulty understanding what they might have to pay for the program. They continued to express confusion over the presence of both “free” and “low cost” in the fact sheet.

• Combining the “Will I have to pay?” and “Do I qualify?” sections in Mandarin may alleviate some of this confusion by connecting the fact that individual situations are different (similar to income) to the fact that the services could be free or low cost.
Phase 2 Materials — Social Media Ads

- Health 4 All
- EL CUIDADO DE SALUD GRATUITO O DE BAJO COSTO AHORA ES ACCESIBLE
- FINALLY!
- Sana Sana, Colita De Rana

All California low-income residents can now enjoy Medi-Cal (Medi-Cal) healthcare services regardless of immigration status. Visit BenefitsCal.com for more information.

Medi-Cal is now available to ALL California families regardless of immigration status. Visit BenefitsCal.com to see if you qualify for free or low-cost healthcare today!
A sample testimonial ad (introduced to Latino/x respondents in English and Spanish in Phase 2) was seen as an effective way to communicate the positive impact and benefits of Medi-Cal expansion.

- Many saw the woman featured in the testimonial as relatable, either to themselves personally or as an “abuelita” figure. However, some would like to see people more their age and with ailments more relevant to that age group.
Phase 2 Materials — Websites

• In Phase 1, BenefitsCal.com (available in Spanish, English, and Mandarin) was found “easy to navigate,” “official,” appealing, and informative across groups, effectively helping respondents determine their eligibility for Medi-Cal expansion.

• However, in Phase 2, the California Department of Health Care Services (DHCS) web page on the expansion to 26–49 year olds (available in English and Spanish at the time of testing) was considered clear and informative, and credible, given its .gov address.
  • Recommendation: Use the DHCS site for English and Spanish communications rather than BenefitsCal.com.
Participants, across all groups, consistently said they wanted to hear from government officials, including those from the Medi-Cal program (similar to previous studies).

When presented with different options, Governor Newsom, across groups, was the overall winner.

- As the highest politician in California, Newsom enjoyed the most credibility.
- Neither Dr. Ghaly of the California Department of Health and Human Services nor Michelle Baass of DHCS were known to respondents. Being explicit about who they were and their senior positions in the government did not overcome this.

Among Latino/x respondents, there was a preference for the California surgeon general, Dr. Ramos, over other prominent California health officials, such as Dr. Ghaly or Michelle Baass.

- Although Dr. Ramos is not well-recognized, she is respected for being a doctor and a Latina.
SUMMARY OF KEY FINDINGS
The fact sheet continues to be preferred by respondents across ethnicities, age segments, and geography as providing the most “complete” and easy-to-understand information.

- In both phases of the study, the information and resources contained in the fact sheet were seen as vital in answering respondents’ questions and addressing their fears about the program.
- It was also seen as a trusted source of information; the image of the state map reinforced the perceived connection between the state and the facts and resources presented.

In contrast, social media ads were expected to be visually appealing, to catch respondents’ attention and provide links to further information.

- Respondents were drawn to bright but serious “eye-catching” colors and images. For Mandarin speakers, a blue background was seen as an optimal color.
- Many wanted an in-language phone number, URL (.gov preferred), and even a QR code in social media ads.
Messaging Around Public Charge

• The potential **impact of Medi-Cal on respondents’ immigration status** is a concern across the board. The public charge rule is emotionally fraught for many respondents and is challenging to explain in a fact sheet. Communications should strive to **not deter respondents** from applying, and to **provide resources** where they can seek answers to their questions and get enrollment assistance.

  • Address fears about public charge head on.

  • Lead with a message that applying for and using Medi-Cal will **not** affect immigration status.

    • When the exception is articulated as long-term hospitalization in a nursing home or mental institution, most participants responded that this was rare and likely not to apply to them.

  • Provide reassurance to Latino/x respondents that using everyday mental health services will not affect public charge.
Similarly, income eligibility guidelines, as well as in what situations Medi-Cal is free versus low cost, is too complicated and detailed to communicate effectively in standard outreach materials. In some cases, trying to provide income ranges confused and/or dissuaded respondents and caused them to believe they were ineligible. Best practices include:

- Highlight that “everyone’s situation is different.”
- Provide clear and concrete resources for people to get further help to understand whether they are eligible, and if so, how much (if anything) they would have to pay.
Spokesperson and Websites

- Across groups, Governor Newsom is a trusted messenger and could be a powerful spokesperson for the 2024 Medi-Cal expansion. He’s easily recognizable and enjoys credibility among the target populations.
  - Medical professionals or “real people” who represent target communities and have successfully enrolled and benefited from Medi-Cal are also effective messengers.

- Across groups, people continue to prefer — and are much more likely to visit — .gov websites to get more information and/or enroll in Medi-Cal.
  - For this reason, we recommended linking to the DHCS website for English and Spanish speakers. Partners should be on the lookout for a forthcoming new consumer-focused DHCS (.gov) landing page dedicated to the 2024 Medi-Cal expansion.
As noted in earlier slides, some fairly minor differences emerged regarding:

- Perception of “public charge” versus impact on “immigration status”
- Concerns over use of mental health services
- Reaction to value-based statement about “working hard”
- Preferences for colors, content, layout of specific ads
- Choice of social media platforms

However, in general, the study’s key findings were remarkably consistent across ethnic background, language, region, and age.
The program is for people with low incomes “regardless of age or immigration status.”

Applying for and utilizing the program does not affect immigration status.

List of recognizable and accessible documents that can be used to establish identity, income, and home address

Explicit mention of income situations varying by person and recommendation to check income eligibility

QR code for referral to additional resources that can be saved and/or shared

Multiple additional contact points (including phone and in-person options)
Key Takeaways (cont.)

- **Emphasis on the connection to the California government lessens worries and helps build trust and credibility:**
  - It’s a new California law.
  - Include .gov websites where possible.
  - Government officials, doctors, and other high-ranking medical professionals, or “real people” representing target communities, are the most effective messengers.

- **A wide media mix should be used to reach respondents where they are:**
  - Fact sheet for “complete,” detailed information.
  - Social media to catch their attention, particularly WeChat for Mandarin speakers.
  - Video and radio messages where possible to provide future opportunities to draw attention to the full expansion and to provide additional resources.
FINAL MATERIALS
Visit the CHCF website to access sample fact sheets and social media assets in English, Spanish, and Chinese.

Materials can be downloaded and customized, including inserting contact information for local resources or organizations.
Thank you to:

- The California Endowment and LaMont Digital for contributing their expertise and social media assets for the English- and Spanish-speaking populations.

- All members of the project advisory group. representing:
  - National Health Law Program
  - L.A. Care
  - Centro La Familia Advocacy Services
  - Asian Americans Advancing Justice Southern California
  - County Welfare Directors Association of California
  - Legal Aid Society of San Mateo County
THANK YOU!

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