HEALTH BEGINS

CONEXIONES: CASE STUDIES

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CONEXIONES

UNDERSTANDING BARRIERS TO PRIMARY CARE

THE PROBLEM

Latino/a/x communities in California face persistent barriers to accessing primary care. According to the ***California Latino Health Almanac***, in 2023, 30.2% of Latino/a/x adults in California lacked a usual source of care, compared with 20.9% of non-Latino/a/x adults. Latino/a/x communities comprise 40% of California's population, with approximately two-thirds born in the United States. Compared with other racial and ethnic groups, Latino/a/x Californians are younger, have lower educational attainment, and are more likely to receive care through community or government clinics.

Through Conexiones, HealthBegins, L.A. Care, and MLK Community Healthcare sought to better understand barriers to primary care access among Latino/a/x Medi-Cal community members. In South Los Angeles, the project focused on Latina women ages 18–44 who had not visited a primary care provider in the preceding 12 months.

THE INTERVENTION

Conexiones used a human-centered design (HCD) approach to better understand the experiences, needs, and barriers facing the population of focus and inform potential solutions. To explore factors influencing primary care access and utilization, the team:

- Conducted **12 listening sessions** to explore community members' experiences and barriers to primary care.
- Developed **12 unique member journey maps** to visualize community members' experiences accessing care.
- Drafted **3 prototypes** to explore potential approaches to addressing identified barriers (e.g., quick, tangible representations of ideas).
- Synthesized the **12 listening sessions** into three personas (e.g., example characters).
- Completed **27 resonance testing sessions** to gather feedback and refine potential interventions.

Through in-depth listening sessions, participants revealed what it truly takes to seek, access, and sustain primary care while balancing work, childcare, transportation, and cost. Together, these stories highlighted an urgent opportunity to reimagine access as a form of dignity. The clearest needs expressed by participants included expanding access to clinics that accept Medi-Cal and offer Spanish-language services; ensuring uninterrupted coverage; offering evening and weekend appointments; simplifying navigation; and embedding empathy and clarity into every layer of interaction—from reception to follow-up.

LESSONS LEARNED

- **Combine utilization data with lived experiences to understand barriers.** Utilization data can identify gaps in primary care access, but it does not explain why members may struggle to obtain care. Listening sessions and journey mapping added context to the utilization gap, revealing how coverage confusion, language barriers, long waits, scheduling constraints, and competing responsibilities can intersect.
- **Look beyond individual behavior to understand barriers to care.** Participants described barriers including long wait times, inflexible scheduling, confusing coverage information, and limited Spanish-language communication. These findings highlight the importance of examining how health care system barriers and competing responsibilities affect primary care access, rather than interpreting low utilization solely through individual behavior.
- **Translate member insights into potential responses.** The team explored three potential interventions: a coverage campaign, the Metro LIFE program, and open access scheduling. These concepts demonstrate how understanding members' experiences can inform approaches to addressing barriers to primary care. The project's value lies in connecting those experiences to design opportunities, rather than assuming that identifying barriers alone resolves them.
- **Participants recruited through clinic partner lists, outreach workers, flyers, QR codes, and community spaces may have had some existing connections to care.** As a result, people facing greater disconnection from the health care system, including those experiencing immigration-related concerns, digital or transportation barriers, or fear of seeking care, may have been underrepresented. These are potential limitations to consider when interpreting the findings, not evidence that individual accounts were unreliable.

RESOURCES AND CONTINUED LEARNING

The Conexiones playbook materials can help readers explore how the team examined members' experiences and identified barriers to primary care, learn more here.

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FROM TRANSPORTATION BARRIERS TO ACCESS: THE METRO LIFE PROGRAM PILOT

THE PROBLEM

For many Latino/a/x Medi-Cal members, transportation barriers make accessing annual primary care visits difficult. Community members in Los Angeles County's Service Planning Area 6 described safety concerns, limited transportation options, and the burden of traveling to clinics. For single-vehicle or bus-dependent families, even a "local" clinic could be a logistical burden. Physical and temporal distance compounded these challenges, with appointment waits stretching weeks to months and travel requiring hours in traffic, lost wages, or multiple bus transfers. When clinics were close, they felt reachable; when distant, they might as well not exist. As one participant shared, "I don't feel safe walking—due to the robberies, drive-by shootings, encampments—I just go home and lock myself in."

Although Managed Care Plans offer transportation benefits, information about how to access them can be difficult to find and navigate. Providers often share basic appointment details, such as addresses and directions, without highlighting available transportation support. Transportation is often an afterthought in the care navigation process, rather than a core consideration in helping members get to their appointments. This disconnect can leave members unaware of resources that may help them access care.

THE INTERVENTION

Through listening sessions, resonance testing, and prototyping, HealthBegins, MLK Community Healthcare, and L.A. Care identified opportunities to make transportation support more visible and accessible.

The team hypothesized that providing Latino/a/x Medi-Cal members with free TAP cards and education about available transportation benefits would increase the likelihood that they would complete at least one primary care provider (PCP) visit during the calendar year.

To advance this approach, the team:

- Reviewed existing workflows and staffing needs.
- Partnered with the Metro LIFE program to support implementation.
- Assessed how transportation benefits were currently communicated.
- Developed coverage and transportation campaign materials and addressed how members and staff could access those resources.

Together, these activities translated the identified transportation barriers into a more coordinated approach to communicating available benefits and connecting members with transportation support.

Through the 4-month pilot:

- MLKCH connected with community members to distribute TAP cards to them. A total of **93 individuals**, including **25 members of the population of focus** (PoF) and **68 individuals outside the PoF**, received a TAP card during the pilot period.

LESSONS LEARNED

- **Community-based outreach supports enrollment.** Regular outreach at MLK Community Healthcare, clinical staff referrals, flyers, and community events created opportunities to connect patients and community members with transportation assistance.
- **Trust and confidentiality matter.** Some individuals hesitated to share personal information, even when transportation was free. Clear communication about confidentiality and the program's purpose helped address these concerns.
- **Staffing capacity affects outreach reach.** One staff member led TAP card outreach and enrollment efforts. While these efforts helped address transportation barriers for community members, expanding outreach capacity could create additional opportunities to reach eligible members.
- **Operational planning can address immediate transportation needs.** TAP cards entered into the Metro database took approximately 2-4 days to activate. Providing preactivated four-ride cards helped address immediate needs while applicants waited for their cards to become active.
- **Balancing targeted outreach with broader community needs.** Of the 93 TAP cards distributed during the pilot, 25 went to members of the population of focus (PoF) and 68 to individuals outside the PoF. Future efforts could strengthen outreach to the intended population while continuing to respond to broader community transportation needs.
- **Track outcomes beyond distribution.** Tracking TAP card distribution provides insight into the pilot's reach, but additional outcome tracking is needed to assess whether the intervention increases primary care visit completion.

Learn more about the MLK Community Healthcare's Metro LIFE Workflow **here**.

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