



#OneContraCosta

Contra Costa CARES Outreach and Education

May 2022-April 2023 Summary Report

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Contra Costa CARES

CC CARES (CC CARES) is a free primary healthcare program for low-income, uninsured adults ages 26-49 who are not eligible for full-scope Medi-Cal because of their immigration status. People can receive CC CARES services from one of three Community Health Centers in Contra Costa - La Clinica de la Raza, LifeLong Medical Care, and Brighter Beginnings.

Through CC CARES, members can receive preventative healthcare services including access to the following:

- Health education and chronic disease management
- Lab services related to primary healthcare
- Basic radiology
- Behavioral healthcare services
- Health evaluations, diagnosis, and treatment services
- 24-hour nurse advice line
- Three behavioral healthcare visits
- Reduced cost pharmacy

CC CARES and Medi-Cal

The Contra Costa Health Plan (CCHP) launched CC CARES in 2015 to provide healthcare to people excluded from the Affordable Care Act's expansion of health coverage because of their immigration status. When the program launched, it covered uninsured immigrants ages 19 and older who lived in Contra Costa County and made 138% or below the federal poverty level.¹ Since then, California has expanded full-scope Medi-Cal to cover immigrants 25 and younger or 50 and older, changing the age of eligibility for CC CARES to people 26-49 years old.²

On January 1st, 2024, California will expand Medi-Cal to include income eligible immigrants of all ages.³ Consequently, the CC CARES program will sunset at the end of 2023 and all CC CARES members who are enrolled into emergency Medi-Cal will be automatically transitioned into full-scope Medi-Cal. All Community Health Centers will track which CC CARES members are not concurrently enrolled in emergency Medi-Cal and help them through the enrollment process. To ensure the immigrant community's transition to Medi-Cal in 2024, Contra Costa County is reaching and enrolling as many eligible residents into CC CARES as possible before the end of 2023.

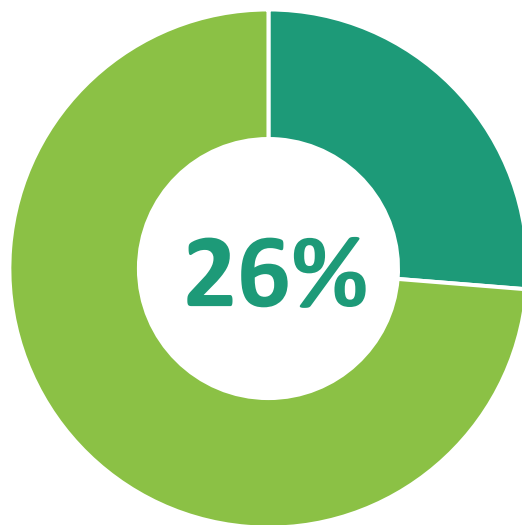
¹ The Community Clinic Consortium of Contra Costa and Solano Counties. "Contra Costa CARES Frequently Asked Questions." <https://cchealth.org/insurance/pdf/2015-Contra-Costa-CARES-faq.pdf>, accessed 25 May 2023.

² California Department of Health Care Services. "Older Adult Expansion." <https://www.dhcs.ca.gov/services/med-cal/eligibility/Pages/OlderAdultExpansion.aspx>, accessed 25 May 2023.

³ DHCS. "Ages 26 through 49 Adult Full Scope Medi-Cal Expansion." <https://www.dhcs.ca.gov/services/med-cal/eligibility/Pages/Adult-Expansion.aspx>, accessed 25 May 2023.

CC CARES O&E was created to increase community awareness and enrollment in CC CARES. Despite the program only being around since 2015, only 26% of people who outreach organizations surveyed through the CC CARES O&E Pre-Enrollment Survey had heard of CC CARES before, illustrating the importance of the outreach campaign leading up to the expansion of Medi-Cal.

Employment and Human Services Department (EHSD) projected that there are 12,000 undocumented residents known to their system who would be eligible for CC CARES. In 2022, Contra Costa Health's Director, Anna Roth, set a goal for 8,000 to be reached in the expanded CC CARES program in a presentation to the Board of Supervisors.



Of referrals had heard of Contra
Costa CARES before

CC CARES O&E Network

The CARES Outreach and Education (CC CARES O&E) Network consists of 14 Community-Based Organizations (CBOs) and 3 Community Health Centers who worked collectively to outreach, educate, pre-enroll, and enroll low-income immigrants ages 26-49 into the Contra Costa CARES program. Participants in this network were divided into one backbone entity and two teams:

Network Role	Role Description	Organizations
Backbone Entity (n=1)	<ul style="list-style-type: none"> ● Convened and organized CC CARES O&E Network partners. ● Developed the infrastructure for the CC CARES O&E, including a website, pre-enrollment survey, social media content, and hiring of a Project Manager. ● Coordinated meetings, designed workflows, created shared understanding on protocols, and strengthened collaboration between all members of the CC CARES O&E Network. 	Healthy Contra Costa
Outreach Team (n=13)	<ul style="list-style-type: none"> ● Focused on outreach, education, and pre-enrollment activities. ● Referred eligible residents to the Community Health Centers for CARES enrollment. ● Acted as trusted messengers with cultural humility sharing information about CC CARES to overcome barriers to enrollment such as fears of public charge, financial costs, language, etc. 	AAPI Coalition, Able Community Development Foundation, ACCE, Catholic Charities East Bay, East Contra Costa Community Alliance (ECCCA), Hijas Del Campo, Monument Impact, Multicultural Institute, RotaCare - Richmond, The Latina Center, United Latino Voices, Village Community Resource Center, #OneContra Costa Coalition (Multi-Faith Action Coalition + Healthy Contra Costa)
Enrollment Team (n=4)	<ul style="list-style-type: none"> ● Enrolled referrals from Outreach Team into CC CARES. ● Managed and shared referral data. ● Performed onsite enrollments out of CBO sites to enroll referrals into CC CARES. 	Brighter Beginnings, La Clinica de la Raza, LifeLong Medical Care, Aliados Health

Healthy Contra Costa

As the backbone entity of CC CARES O&E, Healthy Contra Costa was responsible for leading the CC CARES O&E Network and providing support in the following ways:

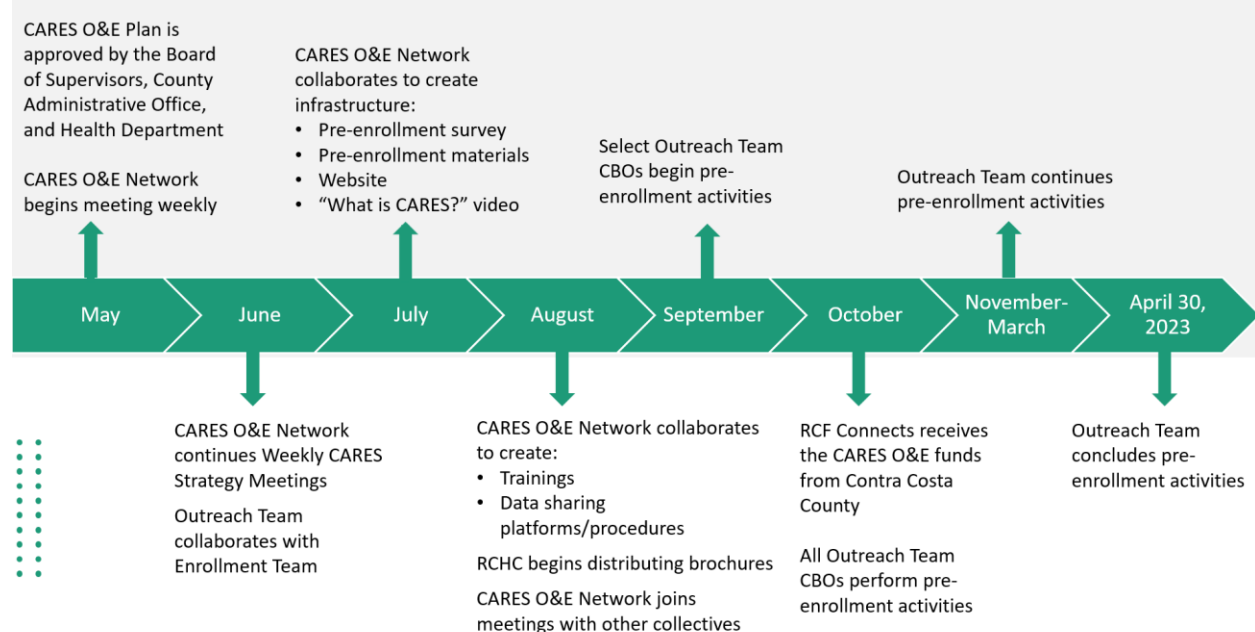
1. Issued the RFP and developed contracts to convene fourteen CBO partners and three Community Health Centers across Contra Costa to create the CC CARES O&E Network.

2. Facilitated weekly/monthly strategy meetings and sub-committee meetings to develop campaign goals and objectives and coordinate project activities between organizations.
 - a. Convened weekly CC CARES O&E Strategy Meetings May 2022-December 2022.
 - b. Convened monthly CC CARES O&E Strategy Meetings January 2023-May 2023.
 - i. Healthy Contra Costa is continuing to convene CC CARES O&E Network partners after CC CARES O&E project completion.
 - c. Convened monthly sub-committee meetings to accomplish the following:
 - i. Convened the Providers Workgroup sub-committee to develop questions and talking points for monthly meetings with Community Health Centers, CCHP, and Aliados Health. Identified asks to streamline CC CARES enrollment and deconstruct systemic barriers identified throughout the project.
 - ii. Convened the Communications sub-committee to develop communications strategies and materials including social media posts, social media toolkits, CC CARES videos, radio advertisements, etc.
 - iii. Convened the Data Review sub-committee to create and test questions for the CC CARES O&E Pre-Enrollment Survey to collect quantitative and qualitative data for further analysis.
 - iv. Convened the Data Analysis sub-committee to translate and analyze the data collected in the CC CARES O&E Pre-Enrollment Survey. Developed and analyzed data from an additional follow up survey for three Community Health Advocates to call CC CARES O&E referrals to collect qualitative data on their experiences throughout the pre-enrollment and enrollment process.
 - v. Convened the Advocacy sub-committee to develop CC CARES O&E Network campaign talking points to highlight the successes, lessons learned, and recommendations to advance health equity for immigrants.
3. Set the table for CBOs, Contra Costa Health (CCH), Contra Costa Health Plan (CCHP), and Community Health Centers to engage in dialogues regarding policies and practices impacting immigrant health. Deconstructed silos between different partners by serving a liaison between community and systems partners to coordinate conversations for implementing changes to advance health equity for immigrants (e.g. CCHP reinstating automatic CARES renewals, Community Health Centers enrolling outside of business hours, co-location at community organization sites, and at community events).
 - a. Conducted ad hoc one-to-one meetings with Community Health Centers to discuss workforce limitation issues, ensure shared understanding, and facilitate uniform data collection to monitor CC CARES O&E progress and collect meaningful and accurate data to report back to CCH and inform future practice and enrollment procedures.
 - b. Collaborated with CCHP to inform the creation of their Community Advisory Committee (CAC) to develop a table where resident experiences are respected, uplifted, and used to improve how CCHP enrolls and serves Medi-Cal members.

Healthy Contra Costa is interested in continuing to serve as a liaison to bridge the CC CARES O&E Network of CBOs to the CAC to help recruit and support residents as they share their experiences navigating healthcare systems. HCC has the capacity to continue to partner and serve as a consultant to center resident voices and support how that translates into policy and practice change.

4. Built and strengthened lasting organizational partnerships between CBOs, Community Health Centers, CCH, and CCHP, laying the groundwork for future collaborations.
5. Developed CC CARES O&E infrastructure including CC CARES O&E [outreach and referral workflow](#) between CBOs, Aliados Health, Community Health Centers, and CCHP; the CC CARES O&E [website](#); the data sharing platform and procedure; [“What is CARES” video](#); data sharing trainings; CC CARES trainings; [communication materials](#); the CC CARES O&E Guidebook in [English](#) and [Spanish](#); and the [CC CARES O&E Pre-Enrollment Survey](#).
6. Collected, analyzed, and presented qualitative and quantitative data from the CC CARES O&E Pre-Enrollment Survey, the CC CARES Follow-Up Survey, and conversations with stakeholders (e.g. CBOs, Community Health Centers, CCHP, CCH, etc.) to understand what factors, policies, and practices impact immigrant health. Synthesized findings into reports and presentations.
7. Researched and shared local, state, and federal level policy shifts impacting the actions and goals of CC CARES O&E Network partners to inform advocacy and outreach efforts.

Timeline



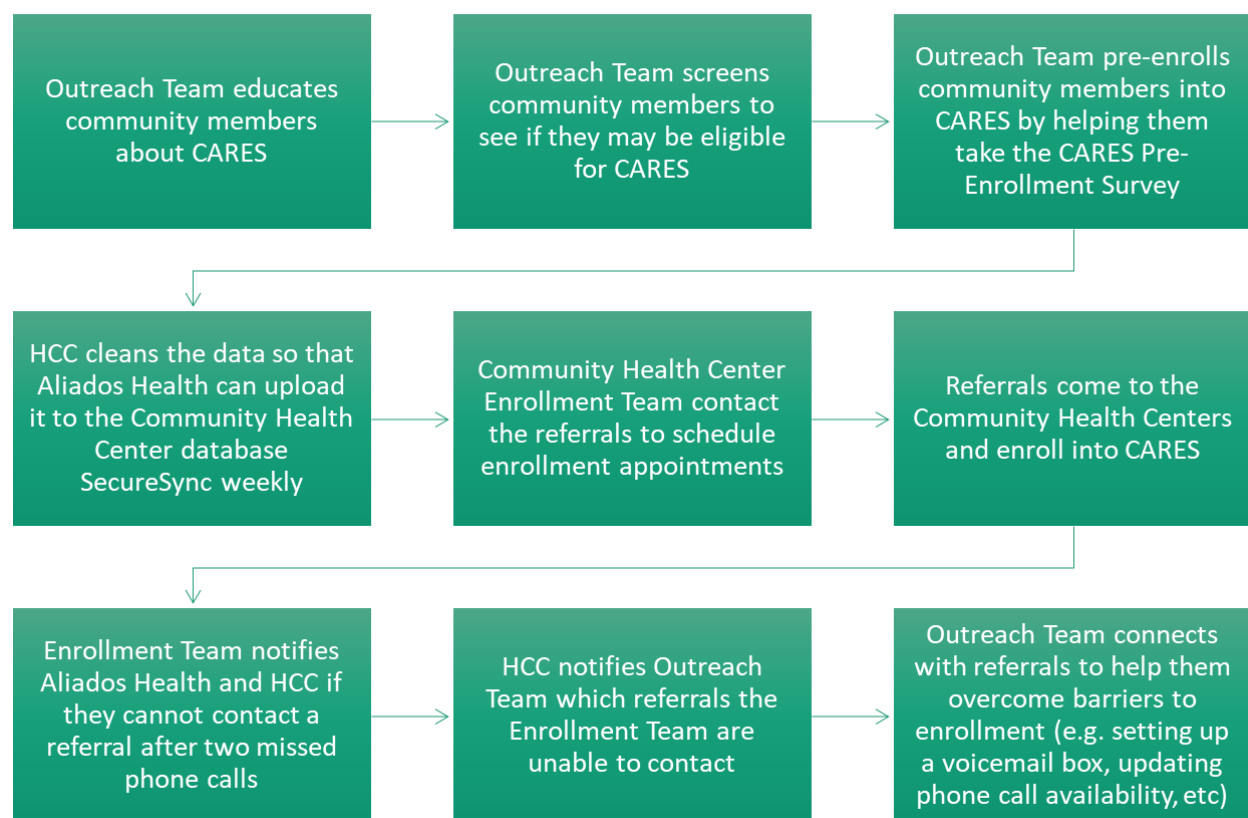
Healthy Contra Costa began convening CC CARES O&E Network partners in May 2022. From May 2022 to October 2022, Healthy Contra Costa collaborated with CC CARES O&E Network partners to develop project infrastructure and prepare for outreach. Some CBO partners began performing CC CARES outreach at the end of September 2022 before receiving funds. Outreach

and pre-enrollment officially began when the CC CARES O&E Network received funds in October 2022. Pre-enrollment activities concluded on April 30th, 2023.

Funding

Each Community Health Center received \$60,000 to hire an Enrollment Specialist to enroll CC CARES referrals. Aliados Health Received \$25,000 to manage CC CARES enrollment/referral data. Outreach CBOs received grants of \$20,000, \$25,000, \$30,000, and \$35,000 based on capacity and experience. Healthy Contra Costa received \$50,000 for cross-organizational coordination and backbone support. (e.g. Coordination between Contra Costa Health, the #OneContraCosta Coalition and the CC CARES O&E Network, coordination of faith based and school outreach projects and recruitment of Community Health Advocates for data analysis, etc.). Healthy Contra Costa received \$6,125 a month to hire a Project Manager to convene and facilitate the CC CARES O&E Network, meet regularly with partners, and further develop project infrastructure. RCF Connects received \$12,000 a month to provide fiscal/administrative services.

Workflow



The primary CC CARES O&E workflow is described above. Some common reasons that the referral process deviated from this workflow included:

1. The Enrollment Team operated out of an Outreach Team site and enrolled someone into CARES immediately after pre-enrollment instead of calling them later.
2. A referral enrolled into full-scope Medi-Cal instead of CARES. Undocumented residents who make 138% below the FPL are eligible for Medi-Cal if they are 26 and younger, 50 and older, or establish PRUCOL. PRUCOL, or Persons Residing Under Color of Law is a term to describe non-citizens living in the United States who the Department of Homeland Security is aware of and is not contemplating deporting (Social Security Administration, 2012).

Outreach Strategies



CBOs implemented innovative strategies to reach and educate an estimated **146,700+** people about the CARES program. This number may include duplicates and people who are not eligible for the CARES program. To reach and educate people about CARES, Outreach Team CBOs used the following strategies:

- 12 performed in-person outreach at community sites or gatherings.
- 11 hosted online or in-person informational sessions about CARES.
- 9 distributed targeted flyers, door hangers, and/or other printed materials.
- 8 conducted targeted phone-banking and/or text-banking.
- 8 conducted regular social media marketing.
- 4 conducted regular email marketing.
- 7 performed announcements at events and other community gatherings.
- 2 CBOs implemented targeted social media and digital campaigns about CARES.
- 2 performed targeted door-knocking.

During the CC CARES O&E Strategy Meetings, CBOs shared common barriers to outreach/pre-enrollment and experiences performing outreach to identify collective lessons learned and adapt internal practices accordingly.

Successful Outreach Strategies

Meeting People Where They Are At

CC CARES O&E Network partners agreed that in order to successfully reach and pre-enroll CARES referrals, CBOs and Community Health Centers need to meet people where they are at. To accomplish this, partners engaged in outreach at the following targeted locations and community events:

- CBOs partnered with school districts to host pre-enrollment or enrollment events out of school sites across the county, including Bay Point, Antioch, Richmond, and others. School districts also helped distribute information about CARES.
- CBOs connected with faith-based institutions, including churches, temples, and mosques, to disseminate information about CARES, promote pre-enrollment/enrollment events, and directly pre-enroll individuals into CARES. Some faith-based institutions allowed CBOs to give presentations about CARES to their congregations or set up tables in their lobbies to pre-enroll individuals on the spot. Other institutions distributed materials about CARES to their congregations via email or their newsletters.
- CBOs often connected with residents attending food distribution events. Some CBOs hosted food distributions themselves and leveraged the existing trust and relationships they had with residents attending to educate and/or pre-enroll people. Other CBOs attended food distributions hosted by schools, churches, or other CBOs to educate residents about CARES.
 - One CC CARES O&E Network Partner coordinates food deliveries to churches, CBOs, schools, etc. who host regular food distributions. This partner leveraged their existing network to identify new locations for CBOs to canvas and helped develop stronger cross-county connections between organizations.
- CBOs attended and/or hosted festivals and celebrations for immigrant communities such as Día De Los Muertos, Festival Latino, Cesar Chavez Day, and others.
- Immigration Fairs with information on immigrant legal services were also fruitful locations for outreach.
- Grocery stores, markets, businesses, and shops were also common locations for outreach. CBOs often canvassed markets where many immigrant communities shopped and distributed brochures and flyers about CARES. The CBOs who hosted onsite enrollment events with Community Health Centers would canvass nearby shops in the days leading up to an event to encourage people to attend and enroll into CARES.
- Each month, Contra Costa Health Services invited the CC CARES O&E Network of CBOs to perform CARES outreach/pre-enrollments at COVID-19 vaccine clinics. When people expressed that they did not have insurance, CCHS Ambassadors initiated a warm handoff to CBOs to screen for CARES eligibility. CBOs would also canvass the crowds at these events to assess whether they were eligible for CARES or knew people eligible for CARES.
- Some CBOs performed outreach in targeted communities by door-knocking and canvassing, tying in CARES education with other campaigns such as housing resources.

- HCC staff sits on the CC Immigrant Rights Alliance Steering Committee and also participates in Stand Together Contra Costa activities. HCC staff connected CBOs with Stand Together Contra Costa to either attend or host events where information on legal services for immigrants was distributed.

When performing outreach at community events, CBOs either tabled, canvassed, or both. When tabling, many successful CBOs would have one outreach worker stay at the table to distribute flyers, answer questions, or conduct pre-enrollments, while the other outreach worker would walk throughout crowds talking to people, handing out information, and directing interested people to the table to pre-enroll or get more information. Monument Impact frequently hosted onsite enrollment events out of their location or out of community locations and spent hours canvassing surrounding neighborhoods in the days leading up to the events to increase attendance and awareness. Instead of pre-enrolling referrals while out canvassing, Monument Impact would perform pre-enrollments at their office or specific pre-enrollment/enrollment events.

CBO Onsite Enrollment Events

Onsite enrollments were one of the most successful innovations from CC CARES O&E. Onsite enrollments were events where Community Health Center Enrollment Specialists performed CC CARES enrollments at CBO locations or at CBO events, eliminating the risk of Community Health Centers not being able to contact referrals after pre-enrollment. By performing onsite enrollments, Community Health Centers were able to meet community members in locations that were accessible and familiar, eliminating transportation barriers to clinic locations and leveraging the existing trust referrals had in CBOs, who were there to support the referrals through the enrollment process. Some Community Health Centers and CBOs developed MOUs to host weekly or bi-weekly onsite enrollment events, while other CBOs hosted sporadic events. Onsite enrollment events built trust between residents and Community Health Centers and helped CBOs and Community Health Centers develop connections, build organizational trust, and streamline the referral/enrollment process. At least two CBOs will continue hosting Community Health Center Enrollment Specialists regularly to conduct CARES and Medi-Cal enrollments onsite. Eleven Outreach CBO partners expressed that they would like to continue partnering with Community Health Centers for future events.

Social Media/Digital Campaigns

Some CBOs relied heavily on social media, radio, texting, and digital campaigns to educate the community about CARES. Healthy Contra Costa and the CC CARES O&E Communications sub-committee developed initial social media materials for the CC CARES O&E Network, and specific CBOs adapted these materials to create their own social media and marketing materials for events or to better meet the needs of their demographics. Social media was also used to host live informational sessions. Two CBOs hosted informational sessions about CARES on Facebook live and Zoom, which received hundreds of views and proved an efficient way to reach and

inform the community. One Outreach CBO hosted live informational events from outreach locations via Facebook 5-6 times a week so that promotoras could regularly direct residents they met canvassing to tune in. This CBO also streamed a presentation at a local church on YouTube to share more broadly.

Two CBOs budgeted for digital marketing and media campaigns, each reaching tens of thousands of unduplicated people across Contra Costa. CBOs targeted people living within a 30-mile radius of the Outreach CBO zip code. One CBO abbreviated an existing video about CC CARES, making it a suitable advertisement for social media (e.g. Facebook), which other CBOs then utilized in their outreach campaigns, while other CBOs created new videos that where promotoras conducting pre-enrollment introduced themselves and shared information about the CARES program.

Another Outreach CBO launched a digital advertisement that directed residents to a CC CARES landing page where they could watch the CC CARES video, read more about the program, and immediately call a promotora to pre-enroll. These digital campaigns allowed CBOs to reach residents across the county. CBOs also utilized texting campaigns to reach residents eligible for CARES, either relying on their existing networks from previous campaigns. For example, United Latino Voices used their ***Adelante Campaign*** to send texts/emails or share Facebook posts about resources for Latinos in Contra Costa, including CC CARES. Other CBOs collected the names and numbers of people interested in learning more about CC CARES or other resources and texted them individually to follow-up.

All the social media and digital marketing campaigns used to promote CARES introduced the CBOs and their promotoras as trusted friends who were there to help. Many of these advertisements named and/or introduced the promotoras as the main contact for residents to call directly, ideally to enhance resident trust in the Outreach CBO, the enrollment process, and the CARES program itself. All materials were provided in Spanish or English, and the AAPI Coalition and Able Community Development Foundation either created their own materials or adapted materials to other languages to suit the needs of the diverse population in CCC.

As of May 2023, Healthy Contra Costa has created a joint campaign with Stand Together Contra Costa to produce radio advertisements promoting services for immigrants. This radio campaign directs community members to call 211, the phone number for the Contra Costa Crisis Center. The Contra Costa Crisis Center then refers people to Stand Together Contra Costa for immigrant legal services or Community Health Centers for CC CARES. Healthy Contra Costa and Stand Together Contra Costa will continue to use this model through future campaigns promoting immigrant legal services.

Outreach & Education: Lessons Learned

Community Trust

Trust was a fundamental component of CC CARES O&E, as CBOs required trust from community members to help connect them to CC CARES. CBOs, Community Health Centers, and systems all face unique barriers to gaining the trust of the CC CARES population, which has historically been

excluded, underserved and endangered when seeking services. Aside from deportation fears, CBOs noted that residents were afraid or intimidated by Contra Costa's healthcare systems, which were different from the systems in their native countries and did not feel accessible. Addressing the fear and distrust immigrants hold towards these systems will take years and happen incrementally.

All Community Health Centers agreed that collaborating with trusted messengers in the CC CARES O&E CBOs was a useful tool to engage with immigrant communities. As evidenced by the CC CARES O&E Pre-Enrollment Survey data, 71% of referrals had heard of at least Community Health Center, yet only 37% of referrals had previously sought their services. This discrepancy illustrates why Community Health Centers need CBOs to educate residents about services available through Community Health Centers and dispel fears preventing residents from accessing care.

CBOs depended on their reputations as trusted entities within Contra Costa's undocumented communities, built through years of service and support, to educate people about CC CARES. Hiring promotoras and outreach workers who are immigrants and CC CARES members deepened community trust in CBOs, as they spoke the same language and belonged to the same culture. Still, CBOs reported community hesitancy in enrolling in CARES, with some residents believing the program was fake because they had never heard of it before. CBOs overcame this barrier and built trust by spreading awareness about CARES through the internet, radio, flyers, canvassing, and other methods to assure the community that CARES is a legitimate program.

CBOs relied heavily on one-on-one conversations with community members to build trust, thoroughly answering their questions, comforting them, and guiding them through the pre-enrollment process. These individual conversations were time intensive and frequently required repeated follow up, with many referrals reaching out to check on the status of their case. Many of these conversations and follow-ups needed to occur outside of business hours, since many people cannot answer the phone while working.

Community trust in the CARES program and CBOs was impacted by the time it took for referrals to hear from Community Health Centers after pre-enrollment. Because of the influx of CARES referrals and internal staffing limitations, it sometimes took Community Health Centers months to contact CARES referrals. In that time, some residents lost faith in the process and their trust in the Outreach CBO was jeopardized. To prevent this from happening, CBOs followed their referrals through the pre-enrollment to enrollment process and often checked on the status of their case to help referrals get enrolled as soon as possible, often through onsite enrollment events.

Building Social Networks

An important factor in the successful implementation of CC CARES O&E were the networks created. To launch CC CARES O&E, Healthy Contra Costa convened and facilitated the CC CARES O&E Network, a county-wide collaboration between fourteen CBOs and three Community

Health Centers all serving immigrant populations. While rallying around CC CARES O&E as a collective campaign, this network built organizational partnerships, exchanged lessons learned/community best practices related to reaching/pre-enrolling immigrants, shared resources and opportunities to meet resident needs, boosted organizational events, and connected each other to associated networks (e.g. faith-based institutions, food distributions, etc.).

The organizational partnerships developed between CBOs and Community Health Centers increased successful enrollments and built community trust. More than half of the CBOs hosted at least one onsite enrollment event with a Community Health Center, and three CBOs organized regularly scheduled onsite enrollment events. According to Community Health Center staff, participating in onsite enrollment events allowed them to connect with residents easier, who were directly introduced to Enrollment Specialists by a CBO who they knew and trusted, increasing resident trust in the Community Health Center itself and confidence in the overall enrollment process. Community Health Centers also collaborated with CBOs during other community events (e.g. vaccination clinics). Some CBOs collected enrollment documents from referrals and shared them with Community Health Centers so that Enrollment Specialists could complete CARES applications with referrals over the phone. The existing trust CBOs have with Community Health Centers has increased due to these partnerships, paving the way for future collaborative events or resident referrals. All Community Health Centers and eleven CBOs expressed interest in future partnerships or collaborations with after the completion of CC CARES O&E, and two CBOs will continue hosting La Clinica de la Raza out of their site weekly for CARES, Medi-Cal, Cal-Fresh, and other enrollments.

Partnerships developed between CBOs were also important, as each CBO offered different resources, support, and connections that filled in existing gaps in the care provided. For example, CBOs helped each other then they encountered residents who spoke languages that outreach workers did not, exchanging information on best community practices. Additionally, CBOs connected each other to various outreach opportunities, exemplified by White Pony Express connecting CBOs with food distribution sites across the county. Members of the CC CARES O&E Network also initiated connections to faith-based organizations, allowing CBOs to leverage the existing trust between people and these organizations to reach, educate, and pre-enroll more people.

Starting in January 2023, representatives from the Contra Costa Health Ambassadors joined the CC CARES O&E Strategy meetings and began inviting CC CARES O&E Network partners to participate in vaccination events. Six CBOs and two Community Health Centers participated in fourteen total vaccination clinics between January and March 2023, strengthening connections between CC CARES O&E Network partners and the Contra Costa Health Ambassadors program. Contra Costa Health Ambassadors also conducted CARES pre-enrollments.

In the initial stages of CC CARES O&E, multiple CBOs primarily relied on in-reach, looking through their existing networks and residents served, to identify residents eligible through CARES. As the project progressed, CBOs shifted their practices to reach the broader immigrant population by tabling/canvassing at community events. The networks developed and shared

throughout CC CARES O&E were essential for this change, which increased CBO reach and pre-enrollments as the project progressed.

Another lasting network connection from CC CARES O&E was through the Contra Costa Crisis Center, a referral network where people call 211 to connect with resources including mental health, housing, food, etc. When CC CARES O&E began, the Contra Costa Crisis Center served as a referral hub for CBOs conducting collaborative outreach under ECCCA. Going forward, CBOs are using the Contra Costa Crisis Center as a referral hub to direct residents to the three Community Health Centers.

CBO Training

Community Health Centers and CBOs agreed that HCC's education and training series for CBOs on the CARES program was important to the success of this project. Healthy Contra Costa developed project infrastructure materials that the CC CARES O&E Network could refer to for information on CC CARES and project procedures (e.g. website, CARES Guidebook, training recordings, flyers, etc.). Aliados Health provided an initial training to all CARES O&E Network partners in July 2022, which was shared with all new partners as they joined the campaign. When new partners joined the CARES O&E Network, Healthy Contra Costa's CARES O&E Project Manager met with CBOs individually to educate them about the program. Going forward, CC CARES O&E Network partners will need additional training to stay up to date on the shifting eligibility requirements for healthcare services.

Barriers to Outreach and Enrollment

CC CARES O&E Network partners noted multiple barriers to outreach, pre-enrollment, and enrollment throughout CC CARES O&E. These barriers frequently overlap with resident identified healthcare access barriers captured in the CC CARES O&E Pre-Enrollment Survey.

Impact of Funding

The start of CC CARES O&E was hindered by delays in receiving project funding, which arrived four months late. Many of the CC CARES O&E Network partners have smaller funding streams, so the significant delay in funding had a large impact on their internal staff and operations, hurting the livelihood of the outreach workers hired to complete this project. Multiple CBOs cited issues of not being able to bring on the staff recruited to conduct outreach and pre-enrollments for this project because they had taken other jobs by the time the funds arrived. This has significantly reduced the capacity of one CBO to do outreach/pre-enrollments. Community Health Centers reported a similar issue with hiring new Enrollment Specialists because of the funding delay.

Once funded, each CBO received a grant of \$25,000, \$30,000, or \$35,000 to conduct outreach, education, and pre-enrollment activities. This investment from CC Health was an important step toward partnering with the community to reach historically marginalized communities and

collectively we acknowledge that every resident enrolled, results in achieving health equity for that individual and perhaps other family members. While CBOs were creative in their strategies to maximize these funds, CBOs expressed a need for additional funding to stipend outreach workers and engage in meaningful outreach activities to reach more residents. Multiple CBOs ran out of funding before the end of the project. Initially, our funding was intended solely for the CBO network, however the decision was made to also provide significant funding for the Community Health Centers to hire enrollment specialists.

Workforce

In addition to Outreach CBO hiring issues, all the Community Health Centers faced delays when recruiting new staff to process CARES enrollments, with two Community Health Centers not hiring new staff until January 2023. These hiring delays inhibited how fast Community Health Centers could enroll referrals, which caused CBOs to slow or stop their pre-enrollments until their previous referrals had been reached. Outside of the scope of CC CARES O&E, multiple Community Health Centers reported significant issues hiring and retaining healthcare providers and enrollment staff, limiting how many patients Community Health Centers are able to enroll and serve.

Community Beliefs and Behaviors

Despite being trusted messengers, CBOs still faced barriers gaining resident trust to pre-enroll them into CARES. Many people avoid accessing any services out of fear that it will impact their immigration status. Undocumented communities have also experienced discrimination and harms from systems in the past, which combined with fears of deportation and public charge, have significantly contributed to community hesitancy to access care. Shifts in immigration policies at the federal level contribute to these fears, as people do not know what services are safe and will remain safe as administrations change. Because of these fears, CBOs had to spend a significant amount of time educating people one to one to reassure residents and build trust in the program. The time it takes to educate residents about CARES limits how many people each Outreach CBO can pre-enroll and illustrates the long-term nature of the work necessary to reach and care for Contra Costa's undocumented communities.

When educating residents about CARES, CBOs also faced difficulties explaining the importance of engaging in preventative healthcare as opposed to episodic care only. Many referrals were concerned with the cost of healthcare, and prioritized their immediate needs (e.g. food, rent, etc.) over obtaining preventative healthcare services.

Time

Another reason why assisting residents through the pre-enrollment/enrollment process took so much time was that it often required repeated follow ups. After talking to someone interested in CARES, CBOs often texted, called, or emailed them multiple times to tell them more about the program and help them pre-enroll. Of the residents who did pre-enroll, many had difficulty

connecting with the Community Health Centers because they were not able to take a call during normal business hours, their phone numbers were changed or incorrect, or they did not have voicemail boxes set up. When this occurred, CBOs were notified and would repeatedly text, call, or email the referral until they made contact. While successful follow ups and enrollments were made, this process was time consuming for CBOs.

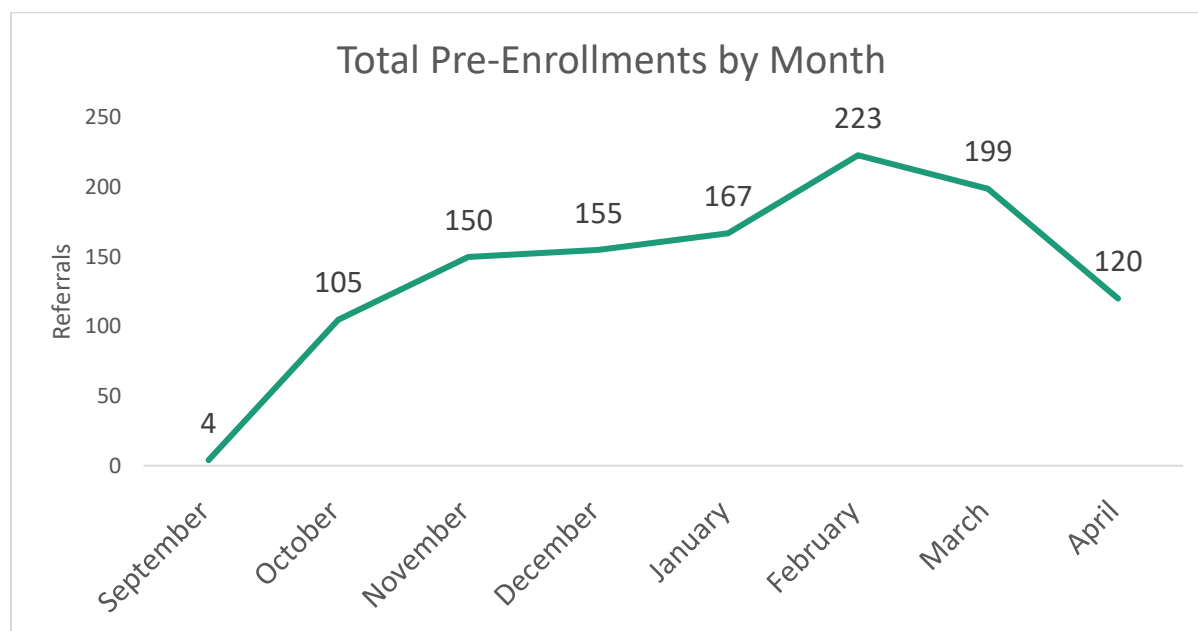
After successful pre-enrollment, it can still take Community Health Center Enrollment Specialists a significant amount of time to successfully reach and enroll referrals, limiting how many people can be enrolled within a specific amount of time. To streamline this process, some CBOs collaborated with Community Health Centers to collect enrollment documents (e.g. proof of identity, proof of income, and proof of Contra Costa residence) and send these documents to the Community Health Centers in encrypted emails. The Community Health Centers were then able to have virtual/phone enrollment appointments with referrals to enroll them into the program.

Eligibility

Multiple CBOs and Community Health Centers agreed that a primary barrier to pre-enrolling/enrolling more individuals into CARES was the strict eligibility requirements, specifically for income. Residents must make below 138% the federal poverty level, \$20,121 annually for a household of one. Because of the high cost of living in the Bay Area, it is difficult to identify people who make below 138% the federal poverty level, despite the fact that people making barely above this cutoff are not eligible for other subsidized care if they are undocumented.

Pre-Enrollment and Enrollment

Figure 1



The CC CARES O&E Network received the funds to perform CC CARES O&E in October 2022. Despite the delays in project funding, some CBOs began pre-enrolling people into CARES in September 2022. Between September 2022 and April 30th, 2023, the Outreach Team pre-enrolled **1123** people into CARES by having them take the CC CARES O&E Pre-Enrollment Survey, excluding duplicates. 469 referrals were sent to La Clinica de la Raza, 408 to Brighter Beginnings, and 284 to LifeLong Medical Care.

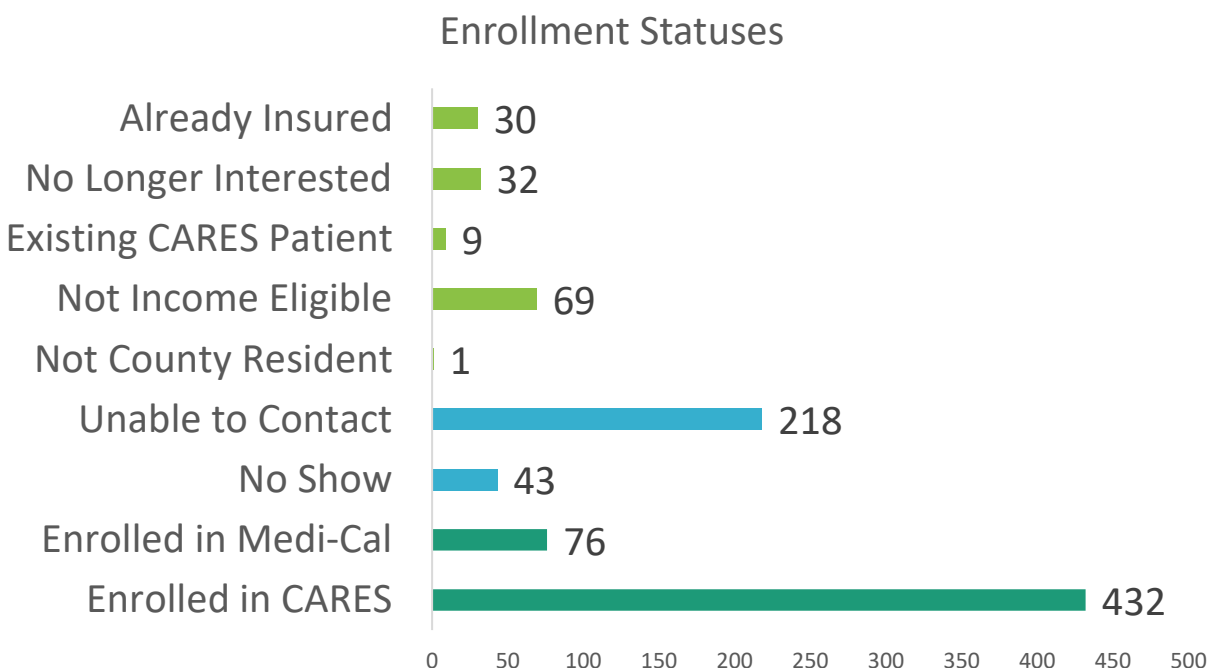
As shown in Figure 1, the number of people referred to CC CARES increased each successive month and peaked in February as CBOs built stronger connections with community members and identified what specific strategies worked best for this project. The number of new pre-enrollments decreased in March and April, as CBOs shifted their efforts to help the Community Health Centers reach previously pre-enrolled referrals who they were unable to contact.

The CC CARES O&E Survey collected information that the Enrollment Team used to contact referrals (e.g. name, phone number, etc.). To maximize the likelihood of a successful connection, the survey collected additional information such as phone call availability and preferred language. This allowed the Enrollment Team to make calls at times that referrals were available and coordinate translation/interpretation services ahead of time if needed.

The CC CARES O&E Survey also collected data on the demographics, needs, and experiences of this population. These results may inform future strategies to reach and care for Contra Costa County's immigrant communities.

CC CARES Referral Enrollments

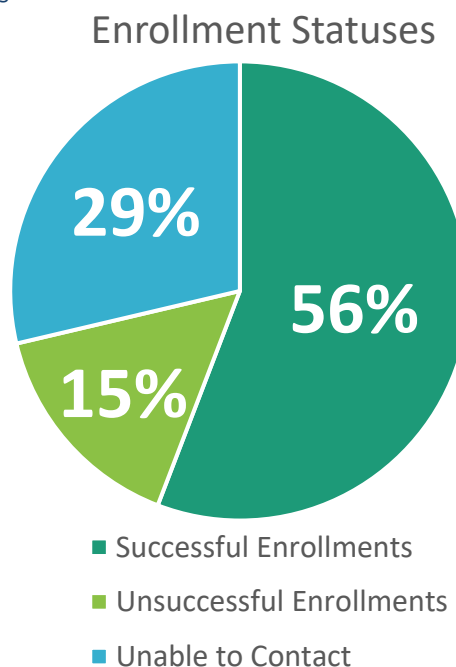
Figure 2



Most referrals with a confirmed final enrollment status were enrolled into a healthcare program such as CARES (n=432) or full-scope Medi-Cal (n=76), making them successful enrollments. Although the goal of CC CARES O&E was not to connect residents to Medi-Cal, some referrals enrolled into full-scope Medi-Cal because of their age, PRUCOL status, or another eligibility factor.

261 referrals could not be reached by Community Health Centers to enroll in CC CARES. Of those 261, 43 had previously reached Community Health Centers but did not show up for their enrollment appointments and could not be reached after the fact. CBOs reached out to all referrals who Community Health Centers could not contact, and 28 of the successful CC CARES enrollments were due to this follow up. We know from CBO and Community Health Center feedback that some of the unable to contact referrals are from the continual fear and uncertainty around public charge that prevents residents from seeking care.

Figure 3



Of the unsuccessful enrollments, 1 was not a county resident, 69 were not income eligible, 9 were already CARES patients, 32 were no longer interested in the program, and 30 were already insured, most by full-scope Medi-Cal.

As of May 25th, 2023, there are currently 203 working cases that Community Health Centers are still trying to contact and enroll. These working cases are excluded from Figure 2 and Figure 3.

CC CARES Total Enrollments

The first CC CARES O&E referrals were sent to Community Health Centers in October 2022. A referral who completes their CC CARES application before the 24th of each month begins their coverage the following month, so the first CC CARES O&E referrals were officially enrolled into CC CARES starting November 2022. While Community Health Centers are still enrolling CC CARES O&E referrals, the total new CC CARES O&E enrollments for June 2023 are not available at the time of this report's completion.

1252 represents the total number of people were enrolled into CC CARES between November 2022 and May 2023, the window of CC CARES O&E. As demonstrated in Table 1, there was a higher number of total CC CARES enrollments during the duration of CC CARES O&E (November 2022-May 2023) in comparison to past years.

Table 1 and Figure 4 demonstrate that the number of new CC CARES enrollments made from November 2022-May 2023 is higher than the new enrollments made between November 2019-May 2020, November 2020-May 2021, and November 2021-May 2022. The number of new CC CARES enrollments per month surpasses that of previous years in January 2023, and remains higher than the monthly enrollments for previous years for the remainder of CC CARES O&E. January was the first month that two Community Health Centers had an Enrollment Specialist hired to enroll CC CARES O&E referrals, allowing more people to enroll in CC CARES.

In comparison to the average number of new CC CARES enrollments from the past data (810) referenced in Table 1, the absolute number of new CC CARES enrollments from November 2022-May 2023 (1252) was 442 people higher. Similarly, 432 people who took the CC CARES O&E Pre-Enrollment Survey have been enrolled to date.

While not all these CC CARES enrollments can be attributed to CC CARES O&E, the spike in new enrollments strongly aligns with the increasing trend of CC CARES pre-enrollments depicted in Figure 1 (page 18). When performing CC CARES outreach, CBOs educated people about the 3 Community Health Centers and handed out brochures with health center contact information, giving people the option to enroll in CC CARES on their own. In addition, Community Health Centers reported that they were able to enroll an estimated 108 additional people into CC CARES because they were family members of the CC CARES O&E referrals who took the pre-enrollment survey.

Prior to CC CARES O&E, Community Health Centers relied primarily on in-reach to enroll new members into CC CARES. CC CARES O&E is the first major outreach campaign to increase awareness and access of CC CARES since its conception in 2015, suggesting that increased interest in CC CARES is linked to campaign efforts.

Despite the reduction in age eligible people due to the changes in CC CARES eligibility over the past 4 years bulleted below, the spike in new monthly CC CARES O&E enrollments from November 2022-May 2023 demonstrates the impact of CC CARES O&E and the importance of continuing outreach campaigns and collaborations so that CBOs can help transition the eligible CC CARES population into Medi-Cal as they all become age eligible in January 2024.

- Before January 2020, CC CARES covered adults 19+ who lived in Contra Costa, made 138% or below the federal poverty level, and were not eligible for other insurance because of their immigration status⁴.
- In January 2020, full-scope Medi-Cal expanded to include income-eligible undocumented adults under the age of 26.⁵ This changed the CC CARES eligibility age to 26+.
- In May 2022, full-scope Medi-Cal expanded to also include immigrants ages 50 and older, reducing the eligibility window for CC CARES to people ages 26-49⁶.

Table 1

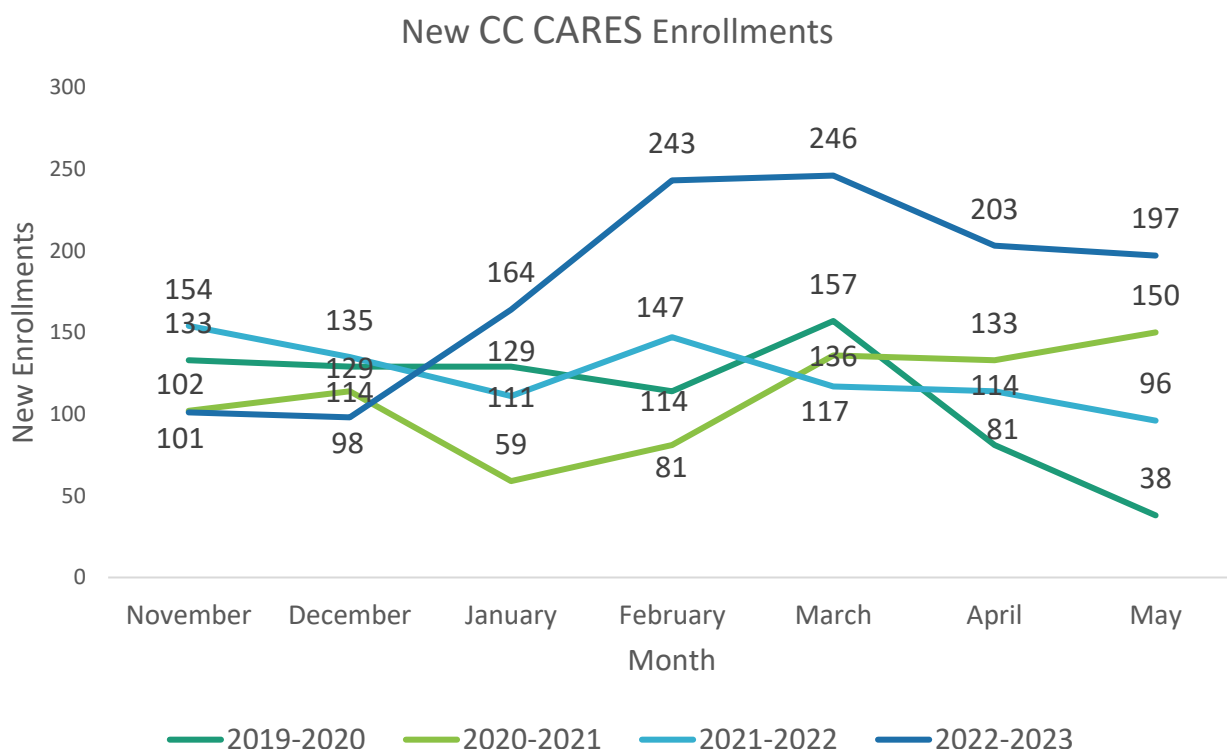
New CC CARES Enrollments November-May				
	2019-2020	2020-2021	2021-2022	2022-2023
November	133	102	154	101
December	129	114	135	98
January	129	59	111	164
February	114	81	147	243
March	157	136	117	246
April	81	133	114	203
May	38	150	96	197
Total	781	775	874	1252

⁴ The Community Clinic Consortium of Contra Costa and Solano Counties. "Contra Costa CARES Frequently Asked Questions." <https://cchealth.org/insurance/pdf/2015-Contra-Costa-CARES-faq.pdf>, accessed 25 May 2023.

⁵ California Department of Health Care Services (DHCS). "Young Adult Expansion." <https://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/youngadultexp.aspx#:~:text=Beginning%20January%201%2C%202020%2C%20a,income%20limits%2C%20will%20still%20apply>, accessed 25 May 2023.

⁶ DHCS. "Older Adult Expansion." <https://www.dhcs.ca.gov/services/medi-cal/eligibility/Pages/OlderAdultExpansion.aspx>, accessed 25 May 2023.

Figure 4.



Follow-Ups

Outreach CBO Follow Up

When Community Health Centers were unable to reach pre-enrolled referrals, they notified Aliados Health, who shared the request with Healthy Contra Costa. Healthy Contra Costa then instructed the Outreach CBO to follow up with the referral. The original workflow was to notify CBOs after the Enrollment Counselors had called twice, but that protocol shifted to two missed calls so that CBOs could reach referrals faster. When CBOs reached referrals, they helped connect them to Community Health Centers by inviting them to onsite enrollment events or instructing them when to call health centers back. CBOs were able to connect with referrals through phone-calls, texting, WhatsApp, email, or in-person meetings. CBOs attempted to follow up with all unable to contact referrals and 28 were enrolled as a result.

Community Health Advocate Follow Up

Healthy Contra Costa trained three Community Health Advocates to conduct an additional follow up survey of people who had taken the CC CARES O&E Pre-Enrollment Survey to collect data on why referrals decided to apply and their experiences pre-enrolling. Healthy Contra Costa drew a stratified random sample of 301 CC CARES referrals who had confirmed enrollment statuses as of March 6th, 2023, 86 of whom responded and agreed to be surveyed.

The most popular reasons that referrals pre-enrolled in CC CARES were because a friend (n=16) or family member (n=17) told them about the program, or that they had received flyers/materials from promotoras canvassing (n=17). Many referrals received flyers/materials outside of markets and stores (n=15), and one was approached at their home. People also learned about CC CARES when attending vaccination clinics (n=10), through their churches (n=3), or through other community events (n=5). Some referrals learned about CARES through the schools their children or grandchildren attended (n=6), either through school events or emails. Some referrals did not remember how they were connected (n=4), or only talked about the promotora who referred them (n=3). Two people reached out to CBOs after seeing CARES advertising on Facebook (n=1) or the news (n=1). Three referrals worked for CBOs who were referring to CC CARES referrals.

When Community Health Advocates asked referrals why they had decided to apply for CC CARES, the most common motivations were that people did not have health insurance (n=30) and that they wanted to prevent or be prepared for potential health issues (n=32). Some referrals were already coping with health issues (n=24) and wanted to enroll to receive treatment/care. A few referrals added that they decided to apply after encouragement from friends (n=2) or the promotora they talked to (n=2). Some shared that they had only had access to emergency care (n=7), and consequently had a hard time making medical appointments (n=4). People also expressed that they had previously not known that they were eligible for a program like CC CARES (n=3) and were interested because the program is free (n=5).

When asked to describe their pre-enrollment experiences, most referrals described the process as positive (n=47). Many recanted that the CBOs who assisted them were friendly (n=16) and/or helpful (n=14). When asked what specifically was helpful, some shared that the process was fast (n=7) and easy (n=9), and some people were already receiving medical care (n=5). When asked what was negative about the experience, some referrals shared that they were still waiting to be contacted (n=13) and felt like they needed more help (n=9) or more information (n=4). Community Health Advocates directed all referrals who had not been contacted or were unsure of their status to the Community Health Centers.

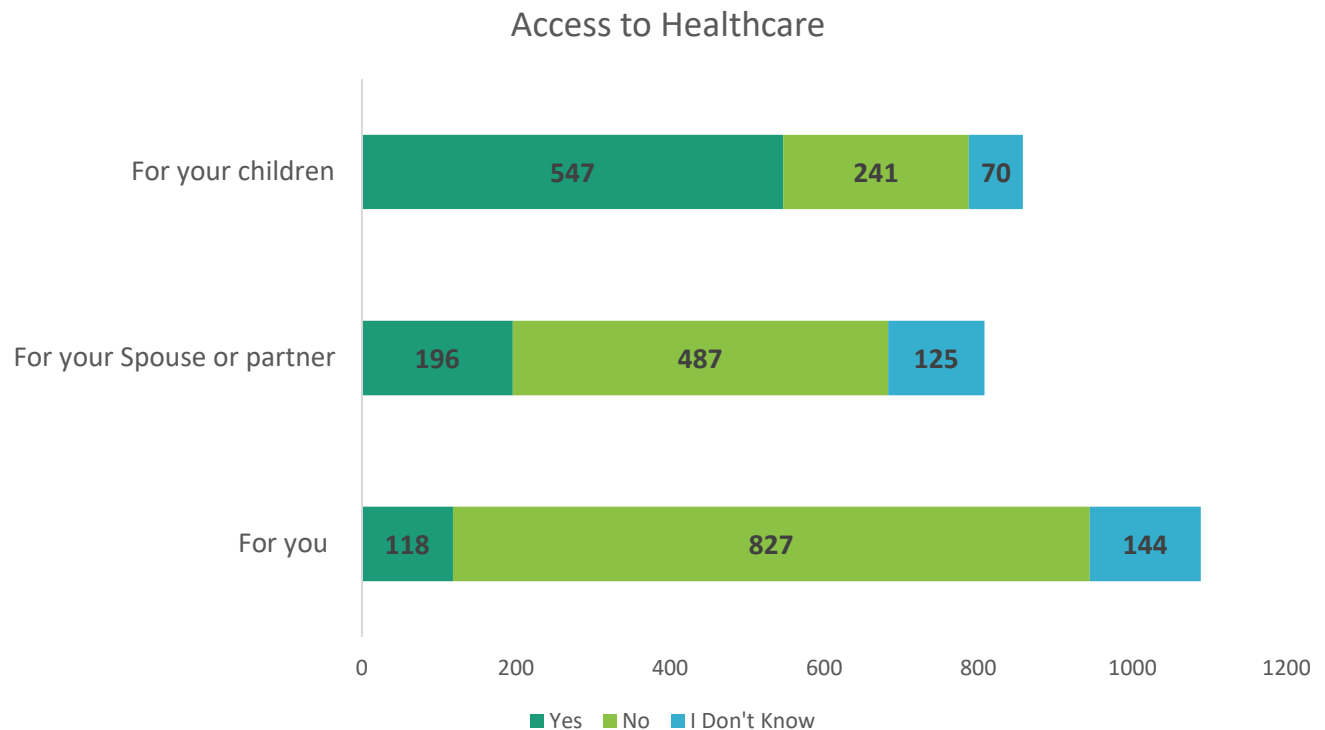
Uplifting the Voices of Contra Costa's Immigrant Communities



While outreaching and educating the community about the CARES program, Outreach Team CBOs collected data on the experiences and perspectives of undocumented residents in Contra Costa County from 1123 pre-enrollment surveys. The information and stories shared in this report reflect tens of thousands of Contra Costa residents who have faced discrimination and been denied care, all while contributing to the county's culture, economy, and community. By uplifting the experiences and voices of the CARES population, Contra Costa's healthcare systems can understand the unique challenges immigrants face when accessing care and develop innovations to meet these needs, increasing access to healthcare for all residents in the process.

Access to Healthcare

Figure 5



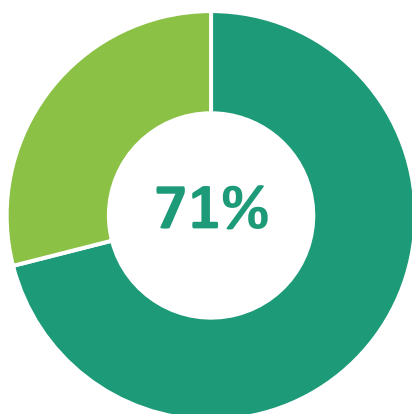
When asked if respondents and their families had access to healthcare so they could see a doctor when necessary, most people reported that they did not have access (n=827), demonstrated in Figure 5. More people indicated that their spouse or partner had access (n=196) and most people stated that their children had access (n=547).

When asked how people had remained healthy without access to preventative healthcare, many people discussed how they relied on diet, exercise, and vaccines to stay in good health. While CBOs noted that many people do not prioritize preventative healthcare, the common emphasis on eating well, exercising, and getting vaccinations shows that people do value their health and take steps to prevent disease. CBOs may be able to use this information to expand community understanding about preventative healthcare by educating community members about why primary healthcare is as important as diet and exercise and vaccines.

Other referrals shared that they had not been staying healthy without access to care, listing different health concerns including diabetes, asthma, epilepsy, chronic pain, and others. People avoided medical treatment for these issues until necessary and coped using over-the-counter medications.

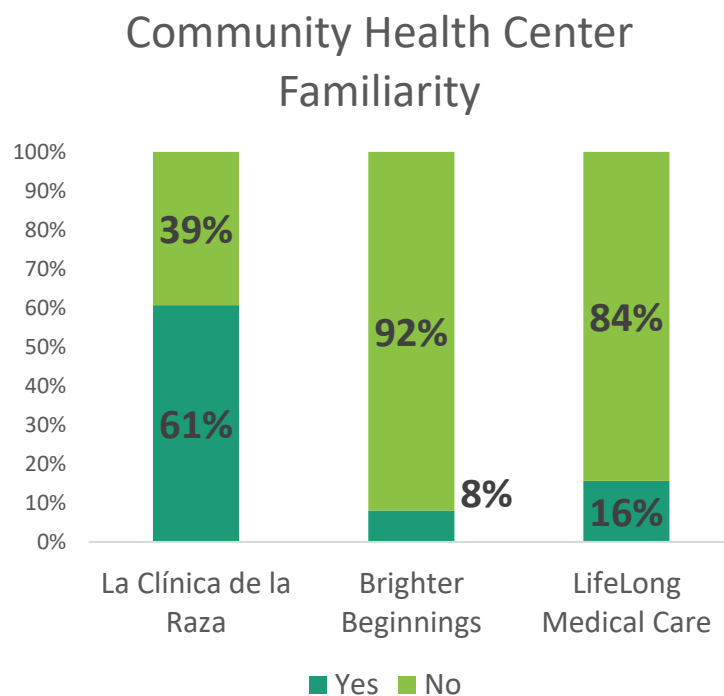
Access to Community Health Centers

Figure 6



71% of referrals had heard of at least one Community Health Center before taking the pre-enrollment survey.

Figure 7



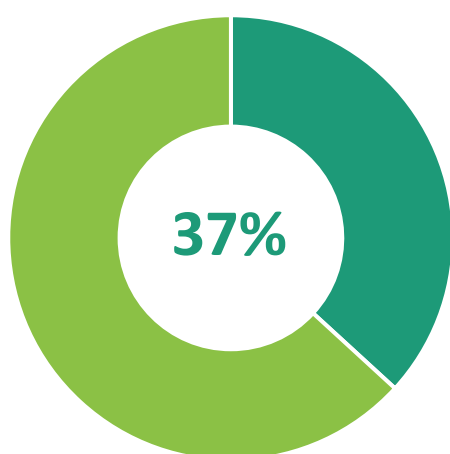
71% (n=797) had heard of at least of the three Community Health Centers providing CC CARES O&E prior to pre-enrollment. As shown in Figure 7, La Clinica de la Raza was the most well-known health center, with 61% (n=682) having heard of it. In comparison, only 16% (n=176) of referrals had heard of LifeLong Medical Care, followed by 8% (n=90) having heard of Brighter Beginnings.

The popularity and recognition of La Clinica de la Raza in comparison to LifeLong Medical Care and Brighter Beginnings is likely skewed because almost half of CARES referrals were pre-enrolled in Central County, where La Clinica is the only Community Health Center who has a clinic location. According to CBO feedback, another possible reason that people were familiar with La Clinica de la Raza was because it is the only Community Health Center with a Spanish name. Partners also suggested that residents may be familiar with different clinics, but not recognize them by name.

In Central County, 71% (n=381) of referrals had heard of La Clinica de la Raza, 7% (n=35) had heard of LifeLong Medical Care, and 5% (n=27) had heard of Brighter Beginnings. In comparison, LifeLong Medical Care was the most recognized Community Health Center among West County referrals, as 46% (n=130) had heard of LifeLong Medical Care, 33% (n=95) had heard of La Clinica de la Raza, and 5% (n=47) had heard of Brighter Beginnings. La Clinica de la Raza was still the most recognized Community Health Center in East County, as 67% (n=205) of East County

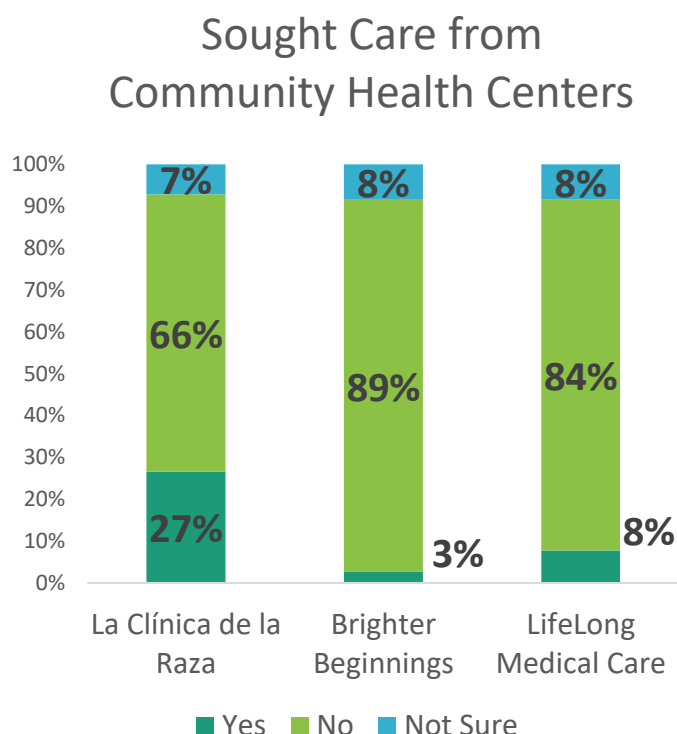
referrals had heard of it compared to 5% (n=15) recognizing Brighter Beginnings and 3% (n=10) recognizing LifeLong Medical Care. Brighter Beginnings was consistently the least recognized Community Health Center, possibly because it is the newest Community Health Center and has only two locations in Contra Costa County compared to La Clínica de la Raza’s three locations and LifeLong Medical Care’s four locations. It is also the only Community Health Center with locations in West and East County.

Figure 8



37% of referrals had tried previously tried to get care from a Community Health Center

Figure 9



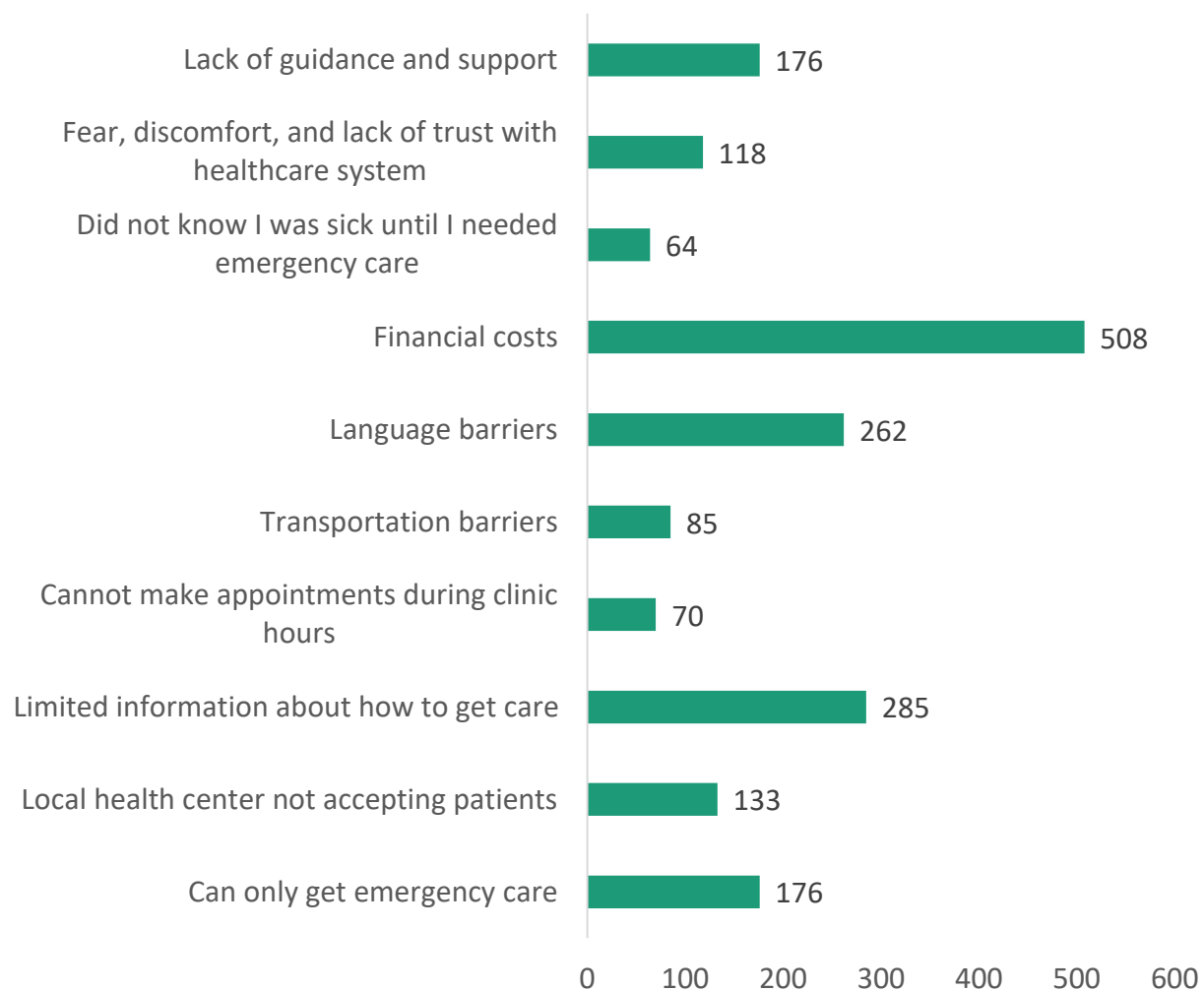
Although most referrals had heard of at least one of the three Community Health Centers, only 37% (n=413) reportedly sought care at La Clínica de la Raza, Brighter Beginnings, or LifeLong Medical Care. More referrals remembered trying to access services from La Clínica de la Raza in the past than from the other two Community Health Centers, illustrated in Figure 9.

In Central County, only 32% (n=168) had sought care from La Clínica de la Raza, 2% (n=12) from LifeLong Medical Care, and 1% (n=7) from Brighter Beginnings. In West County, 25% (n=66) of referrals had sought care from LifeLong Medical Care, 9% (n=25) from La Clínica de la Raza, and 6% (n=16) from Brighter Beginnings. La Clínica de la Raza was still the most sought-after clinic in East County referrals, as 33% (n=100) had sought their care. In comparison, only 2% (n=5) of East County referrals had tried to get care from Brighter Beginnings and only 1% (n=4) had tried to get care from LifeLong Medical Care.

The fact that less than half of referrals who had heard of Community Health Centers before (n=797) had not sought care at the Community Health Centers demonstrates the importance of educating immigrants about services offered at Community Health Centers and streamlining the enrollment process so people can receive care easily.

Barriers to Care

Figure 10.



The CC CARES O&E Pre-Enrollment Survey asked referrals to describe the challenges and barriers that have prevented them from accessing healthcare services in the past, and 912 referrals took the time to share their stories. Healthy Contra Costa pulled key themes from these responses to demonstrate the diverse and intersecting factors that have prevented the CC CARES population from accessing services when in need, summarized in Figure 10. The information collected through this survey gives Contra Costa County's healthcare systems and CBOs a unique opportunity to hear directly from residents who are notably hard to reach,

providing the opportunity for us to deconstruct the systemic barriers blocking undocumented residents from accessing resources available for them. Residents shared personal details about their struggles coming to a new country where they do not speak the language, do not understand the healthcare system, are low-income, and endure, despite an underlying fear of public charge and deportation. By examining the common experiences of undocumented residents, we can develop innovative strategies to best reach and care for immigrants, in turn making Contra Costa's healthcare systems more accessible for all.

Financial Costs

"Me gustaría adquirir los servicios porque a veces me siento mal y quisiera ir al doctor pero es muy costoso y prefiero no ir porque me puedo quedar sin dinero para pagar algo mas necesario."

"I would like to acquire these services because sometimes I don't feel good and would like to go to the doctor but it can be very expensive and therefore don't seek medical attention because I might need that money for something more necessary."

The most reported barrier that prevented referrals from accessing healthcare services was financial costs (n=508, 56%). Referrals described suffering from untreated medical issues (e.g. diabetes, asthma, epilepsy, etc.) for years. Referrals commonly avoided medical attention until it was absolutely necessary out of fear that they could not afford basic medical services, despite having active health concerns that were impacting their quality of life. Many referrals assumed that they would not be eligible for any

health insurance because of their documentation status and lack of certain documents/identification (e.g. social security numbers) and were not prepared to pay for any medical care out of pocket. Paying for medical services out of pocket is not feasible, as all referrals are relegated to low paying jobs and many described their personal struggles paying for basic necessities such as housing and food, which are prioritized over healthcare services a majority of the time. This finding aligns with reports from CARES O&E Network Partners, who often found themselves explaining to residents why it was important to prioritize their health. Because the decision to seek healthcare often competes with other basic needs, many CBOs found greater success when they were able to also connect residents to other resources (e.g. housing, food) so that they had the ability to prioritize their health.

Addressing financial barriers to care is achievable, especially as the CARES population prepares to transition into full-scope Medi-Cal in 2024. However, the fact that the CARES population lists financial costs as their most prominent barrier to accessing healthcare services despite the CARES program being free illustrates the need for continued outreach and education strategies to alert undocumented residents of the free/affordable programs available to them. Only 26% of referrals had heard of the CC CARES program before, despite it existing since 2015. The responses collected in the CC CARES Pre-

"Por creer que no me atenderian por ser indocumentada, o que nos cobraran los costos medicos y con nuestro ingreso bajo no seria posible."

"I believed I would not get any services due to being undocumented and that they would charge us and with our salary is so low it would not be possible."

Enrollment Survey illustrates that undocumented residents may not seek services on their own because their initial assumption is that they are not eligible for free or affordable care because of their documentation status. While CARES and Medi-Cal are affordable, they will not adequately serve the CC CARES population unless Contra Costa identifies long-term solutions to consistently reach and educate residents about these programs, such as partnerships with CBOs who cater to immigrants and can disseminate the information appropriately.

“Por que no tengo suficiente dinero para pagar mis billes mas aparte mi salud ”

“I do not have enough money to pay my bills, especially for my health”

Although all referrals are low-income, many did not meet the income cutoff for CC CARES and/or Medi-Cal (n=69).

Income was the most common reason why Community Health Centers were not able to enroll referrals they could reach into CC CARES, despite the majority of

referrals making under \$35,000 and supporting multiple family members. This barrier aligns with feedback from CBOs, who stated that they repeatedly could not pre-enroll low-income residents because their income was too high. For example, farm workers in our far east county region were not eligible. This issue is increasingly important as Medi-Cal continuous coverage ends in 2023, meaning that residents enrolled in Medi-Cal will have their status redetermined. While the majority of people who have incomes above the eligibility for Medi-Cal will be offered Covered California’s Silver Plan, undocumented residents will once again be left out of healthcare coverage because of their immigration status. To properly address financial barriers to care, Contra Costa needs to develop programs to provide care to undocumented residents who make above 138% the federal poverty level.

Communication and Trust

“Hay falta de informacion para acerca los programas de salud que son acsequibles, y no se entender el idioma, y no se entender como es el sistema se salud en este pais.”

“There is a lack of information about affordable health programs, and the language is not understandable, and I don’t understand what the healthcare system is like in this county.”

Two prominent intersecting themes expressed through the CC CARES Pre-Enrollment Survey were how issues related to communication and trust have prevented residents from accessing healthcare services. Although CC CARES and other affordable healthcare services (e.g. Community Health Centers) exist in Contra Costa County, 31% of referrals said they had been prevented from accessing services because they had limited information

on how to get care (n=285), emphasizing the importance of implementing strategies to educate the community about these resources. People discussed their frustrations finding care, remarking that they did not know where to look for affordable health care services or that they assumed they were not eligible for anything because of their documentation status. Residents

recanted their experiences recently moving to Contra Costa from their native countries without understanding the different private and public providers available, how to find and apply for health coverage, and where they could receive care in their native language. Even though all Community Health Centers are staffed with Enrollment Specialists and providers who speak Spanish and have access to interpretation services, 29% of referrals cited language barriers (n=262) as a primary reason why people had not accessed services in the past. The prevalence of language barriers preventing residents from accessing care underscores the importance of outreaching/educating residents in their native languages, hiring healthcare providers who speak Spanish and/or other common languages, and offering comprehensive interpretation/translation services to residents accessing care.

19% of referrals stated they had not accessed healthcare services because of a lack of guidance and support from family, friends, or services workers (n=176).

Family and friends were frequently cited as the reason residents learned about CC CARES or Community Health Centers, but people can only educate their community once they have the information

themselves. responses and Outreach CBO

testimony also highlight how the culture of care within immigrant communities are a barrier to accessing healthcare, as people rely heavily on episodic healthcare instead of preventative services. Promoting preventative healthcare in immigrant communities depends on changing their understanding of the health care system and continuing education on issues of access and the benefits of identifying health issues before they become chronic health conditions.

Referrals also reflected on the limited or lack of assistance they had received from service providers when trying to access healthcare. For example, referrals discussed instances of calling providers and not connecting to anyone or receiving calls back. Some referrals had temporarily been enrolled in medical coverage during their pregnancy but did not receive options for continued support or resources when that coverage ended. CBOs recanted stories from residents who had sought care at county health centers in the past, had not received adequate translation support, and had been turned away before exploring additional resources such as WIC, Emergency Medi-Cal, CalFresh, or other services. This aligned with responses from Community Health Centers who cared for many Spanish speaking residents who were turned away by other providers.

Poor experiences interacting with service workers or healthcare providers further harm the relationship between the CARES population and Contra Costa's healthcare systems, as 13% referrals stated that their fear/discomfort/distrust of the healthcare system have prevented them from accessing services (n=118). Referrals expressed their confusion and apprehension towards using Contra Costa's health services, as they worried that the programs would impact their immigration status or cost a significant amount of money. Referrals discussed being

"Que no estamos informados y por el status migratorio pensamos que no tenemos derecho a seguro medico."

"Not being informed and our immigration status makes us feel like we don't have the right to health insurance."

unfamiliar and feedback from CARES O&E Network partners reiterated referral responses, which described how people felt lost and unaware of what programs were safe and available for them to use.

Emergency Care

“No saber a donde acudir y después sólo tener que ir a emergencias”

“Not knowing where to go and only being able to go to the emergency”

When describing previous attempts to access healthcare in Contra Costa, 19% of referrals shared that they had only been able to access emergency care (n=176) and 7% had not known they were sick until they needed emergency care (n=64). 193 referrals shared they were currently enrolled in emergency Medi-Cal, which is how they accessed care in

dire situations. When asked how referrals had stayed healthy despite not visiting a doctor in years, many shared that they knew they were not healthy, and just did not have the resources to identify why they were sick.

Since many referrals only had access to emergency medical care, referrals shared personal experiences of living with serious medical conditions without access to treatment. Some people shared it had been many years since they had visited a doctor, or that they had been diagnosed with conditions like pre-diabetes years prior but never received

follow up. Others discussed how their ability to work and quality of life was significantly hindered by injuries, chronic illnesses, and painful conditions that needed more consistent medical interventions rather than solely treated through emergency care. To cope, people relied on over-the-counter medications, diet, and exercise. When home remedies were not enough, people described working through the pain until it was absolutely necessary to go to the emergency room and receive care, pushing it off as long as possible out of fear of the costs. Many referrals also discussed instances where they were sick and had sought emergency care from private providers and subsequently had to pay out of pocket.

“no sabe si tiene alguna enfermedad, no se ha sentido bien del todo pero no tiene cobertura de cuidado basico entonces no se ha revisado.”

“I do not know if I have any disease, haven't felt well at all but you don't have basic care coverage so it hasn't been checked.”

“Tiene asma y no esta teniendo los medicamentos para tratarselo.”

“Has asthma and we do not have the medicine to treat it.”

The repeated theme of referrals only accessing emergency healthcare aligns with findings reported by the CC CARES O&E Network partners, as CBOs described challenges describing the importance of obtaining preventative healthcare services to

community members. Because seeking episodic care as opposed to preventative healthcare is normalized among many immigrant communities, CBOs had to use their status as trusted messengers to also educate residents on why it is important to enroll in CC CARES. These experiences illustrate the continued importance of Contra Costa not only offering comprehensive healthcare services to undocumented communities, but also investing in trusted messengers who can shift community understanding around the necessity of a healthcare home and preventive care.

Provider Location and Availability

“Los horarios de atencion medica son dificiles de asistir”

“The medical center hours are difficult to attend.”

Provider availability and location were also significant healthcare access barriers according to the CC CARES Pre-Enrollment Survey. As the United States experiences an ongoing health workforce shortage, all three Community Health Centers have expressed issues hiring and retaining providers/staff, presenting a barrier to

enrolling new patients both within this project and outside of the scope of this project. At the beginning of CC CARES O&E, one Community Health Center was not accepting non-CC CARES patients at multiple locations because of the limited number of healthcare providers. Similarly, 15% of referrals stated that they had been unable to receive healthcare services from local health centers in the past because they were not accepting any new patients (n=133).

An additional barrier preventing 8% of referrals from accessing healthcare was the limited hours that they could make clinic appointments (n=70). Community Health Centers and Contra Costa Health Centers operate during typical business hours, and many referrals work jobs without paid time off or sick leave and are unable to attend enrollment appointments or talk on the phone with enrollment counselors during

“trato de aplicar para la clinica pero le dijeron que no tenian espacio para mas personas”

“I tried to apply to a Community Health Center but I was told they had no more space for people.”

business hours. The Contra Costa's campesino communities often have agricultural jobs in rural areas with limited signal, preventing them from taking or making phone calls during working hours. Limitations in phone call or appointment availability make it difficult for referrals to connect with care providers and access services they need, as their livelihood must come first. Consequently, many referrals requested to be contacted during evenings or weekends to enroll in CC CARES, which Community Health Centers were largely able to accommodate by shifting their hours to call referrals at the requested times. Community Health Center Enrollment Specialists also attended onsite enrollment events on Saturdays with select CBOs to reach residents who were only available on weekends.

"Ella prefiera la clinica de Concord porque vive serca de esa, no tiene transporte para ir a ninguna otra clínica"

"She perfers a clinic in Concord because she lives closer to that location. She has no transportation for a different clinic."

In addition to health center availability, 9% referrals stated that transportation was a common barrier preventing them from accessing healthcare services (n=85). Many referrals did not have access to a car, limiting how far and how quickly they were able to travel to receive

services. By hosting onsite enrollment events at Outreach CBO sites or community locations (e.g. schools), the CARES O&E Network was able to help people overcome transportation barriers to enrollment.

Solutions and Recommendations

Healthy Contra Costa compiled data and lessons learned from CC CARES O&E to develop the following solutions/recommendations to address systemic barriers preventing immigrants from accessing healthcare. These recommendations reflect feedback from CC CARES O&E Network Partners along with the stories, experiences, and struggles people shared within the CC CARE O&E Pre-Enrollment Survey. These recommendations can be categorized as Systemic Issues, Ongoing Outreach and Education, and Workforce Development.

Systemic Issues

1. Identify and establish a community engagement platform to facilitate ongoing communication dialogue between CCH, CCHP, Employment and Human Services Department (EHSD), Community Health Centers, CBOs, and community members. These platforms will serve as spaces for identifying and removing barriers to CARES/Medi-Cal enrollment and utilization, as well as devising actionable solutions to address the specific long-term needs of immigrant communities.
2. Eliminate the gaps in care for immigrant communities by developing an efficient and equitably-funded hybrid care delivery system between Contra Costa Health Centers/Clinics and Community Health Centers so community members can receive services and referrals between healthcare systems seamlessly without experiencing gaps in care.
 - a. When community members cannot receive appropriate care from a Community Health Center or Contra Costa Health Center, each system must be able to seamlessly transition the community member to the other healthcare system as needed, removing the burden of seeking care from the community member and eliminating gaps in access.
3. Transition the CC CARES program eligibility requirements to cover the new “remaining uninsured” - immigrants who make above 138% the federal poverty level and are not eligible for other insurance/healthcare options.
 - a. At a minimum, maintain all the benefits currently offered under CC CARE including:
 - i. Reduced cost pharmacy
 - ii. Health education and chronic disease management
 - iii. Basic lab services related to primary healthcare
 - iv. Basic radiology
 - v. Health evaluations, diagnosis and treatment services
 - vi. 24-hour nurse advice line
 - vii. Behavioral health services.

- b. Explore opportunities to expand currently offered CC CARES benefits to make them commensurate with healthcare offered to other community members, including but not limited to:
 - i. Dental
 - ii. Vision
 - iii. Specialty Care
- 4. Streamline the CC CARES to full-scope Medi-Cal transition throughout the remainder of 2023 through:
 - a. Collaborations between CBOs, Community Health Centers, EHSD, and CCHP to implement community-centered strategies to overcome systemic barriers and reach, educate, and enroll existing CARES members who are not currently enrolled in emergency Medi-Cal.
 - i. CBOs can assist community members with digital literacy and access to complete online Medi-Cal applications and appointments.
 - ii. Coordinate Medi-Cal transition strategies across health systems to develop uniform practices.
 - b. Continued onsite enrollments at CBO sites and community events outside of business hours to meet people where they are at and help people overcome barriers to enrollment such as transportation and clinic hours.
- 5. Decrease language barriers to care by adopting the following recommendations:
 - a. Increase the availability of interpreters and bilingual staff/providers who represent a diversity of dialects and cultures within Contra Costa's healthcare systems.
 - b. Collaborate with CBOs and community members to develop materials/communication techniques and change policies/practices to help community members understand where and how they can access services in their preferred languages and dialects.

Ongoing Outreach and Education

- 1. Implement sustainable strategies for CBOs to continually disseminate information about health resources to immigrant communities.
 - a. Continued campaigns should equip CBOs to educate community members on the following topics:
 - i. Talking points to dispel community fears surrounding public charge and immigration threats when enrolling in Medi-Cal.
 - ii. Pathways in the community for enrolling in Medi-Cal.
 - iii. Services and benefits provided within Medi-Cal and the different coverage options available (e.g. emergency Medi-Cal vs. full-scope Medi-Cal).
 - b. Strategies may include continued digital/media campaigns, community informational sessions, canvassing, etc.

- i. CC CARES O&E Network partners will continue to collaborate with the Contra Costa Crisis Center and instruct community members to call 211 to get connected to a Community Health Center near them.
2. Continue collaborative enrollment events between Community Health Centers and CBOs to assess community needs and create a shared understanding of how to engage residents in their neighborhoods and community.
3. Advance communication strategies through collaborations between CBOs, Community Health Centers, CCH, CCHP, EHSD, and community members to create messaging about CARES/Medi-Cal to reach, educate, inform, and engage different communities through culturally and linguistically appropriate means.

Workforce Development

1. Develop pathways for immigrants and communities of color to receive health career training/guidance to eventually become staff at health centers and clinics in CC.
 - a. Pathway development should stem from substantive collaborations between Community Health Centers, CCHP, CCH, CBOs, and community members to identify and deconstruct barriers to employment and pathway participation. Healthy Contra Costa seeks collaboration with CCH as we advance two grants to identify and connect over forty residents to health career pathways and support residents to sit on the Contra Costa County and City of Richmond Workforce Development Boards and Committees.
 - b. Pathways should include options for contract work to hire community members who are not eligible for full-time employment due to their immigration status.
 - c. Pathways should include network development so that community and CBO partners can promote employment opportunities to communities frequently excluded from healthcare job opportunities.
2. Hire more Community Health Workers and Patient Health Navigators to help community better utilize healthcare systems.
 - a. Community members and CBOs should play an active role creating the position's roles, responsibilities, and scope of work to best meet the needs of immigrants accessing care and be accessible for community members seeking employment.
3. Hire enrollment staff and providers with specific work schedules extending beyond normal business hours to regularly provide services on weekends and evenings to reach residents who cannot take calls/appointments during typical business hours.

Going Forward

Going forward, the CC CARES O&E Network looks forward to partnering with CCH, CCHP, and the Office of Racial Equity and Social Justice to advance the above recommendations and ensure meaningful partnership with the community.

Attachment A

The following attachment summarizes the demographic data collected from 1,123 community members who took the CC CARES O&E Pre-Enrollment Survey. As Contra Costa prepares for the expansion of Medi-Cal, CCH, CCHP, Community Health Centers, and CBOs can use this unique dataset to identify strategies to best reach and care for the CC CARES population.

County-Wide Demographics

Most referrals were pre-enrolled into CC CARES in Central County (n=535), followed by East County (n=305) and then West County (n=284). Referrals lived in 23 different cities, with Concord being the most reported.

Figure 1

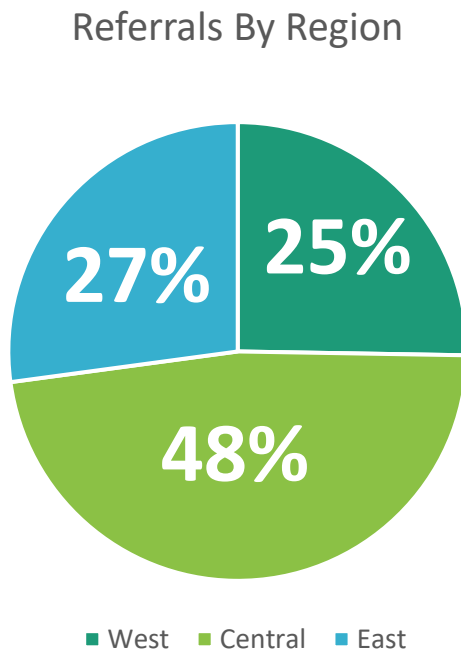


Figure 2

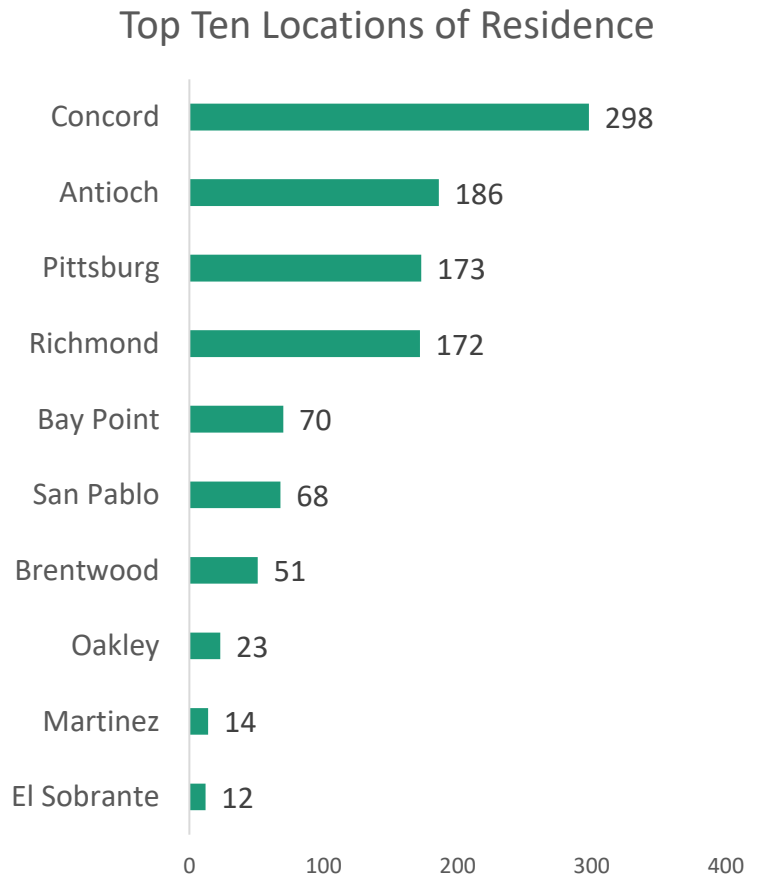
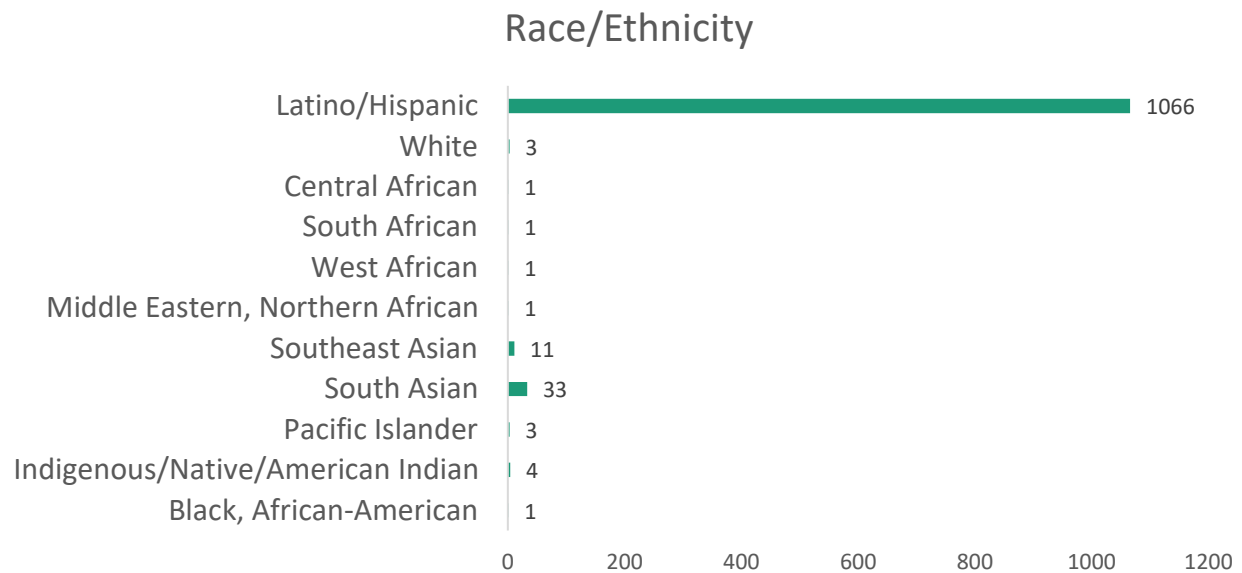


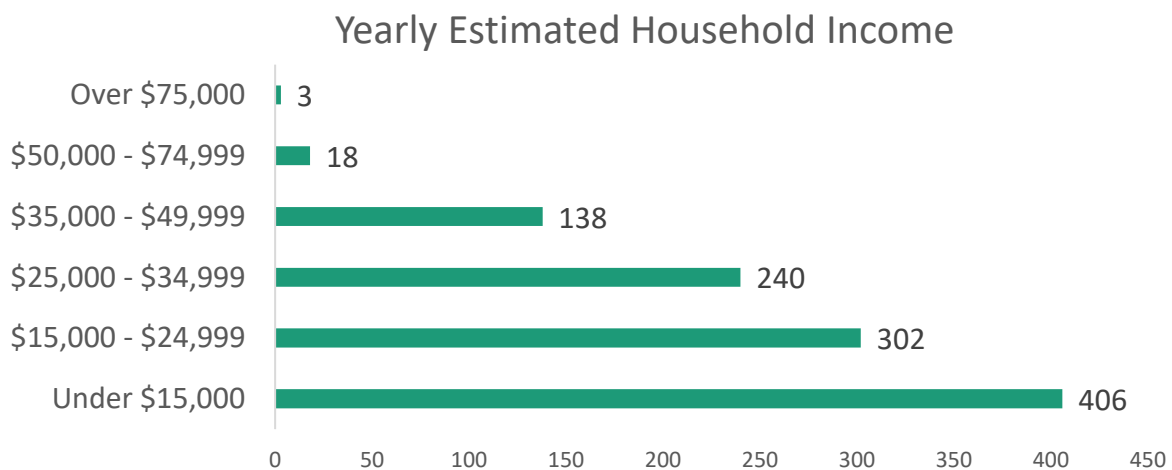
Figure 3



Most CC CARES O&E referrals self-identified as Latino and/or Hispanic. Other referrals identified as South Asian, Southeast Asian, Pacific Islander, Indigenous, White, Central African, South African, West African, Middle Eastern and/or North African, or Black/African American. Some referrals selected multiple races/ethnicities, and the referrals who identified as Indigenous primarily stated they were from Central America.

The most common reported annual household income CARES referrals was less than \$15,000 a year, which is over seven times less than Contra Costa County's median household income for 2021.⁷

Figure 4



⁷ United States Census Bureau. "QuickFacts – Contra Costa County, California." <https://www.census.gov/quickfacts/contracostacountycalifornia>, accessed May 25, 2023.

Many referrals stated that they struggled to support themselves and their families with their low incomes, driving them to ignore their medical needs until they had no choice but to seek emergency care.

The most common household size reported by referrals was four, with some referrals reporting having eight or more household members. Referrals commonly reported that they were also supporting family members in their home countries. Community Health Centers will take dependents in other countries into account when determining the threshold for CARES or Medi-Cal eligibility, but only if the dependents live in certain countries.

Figure 5

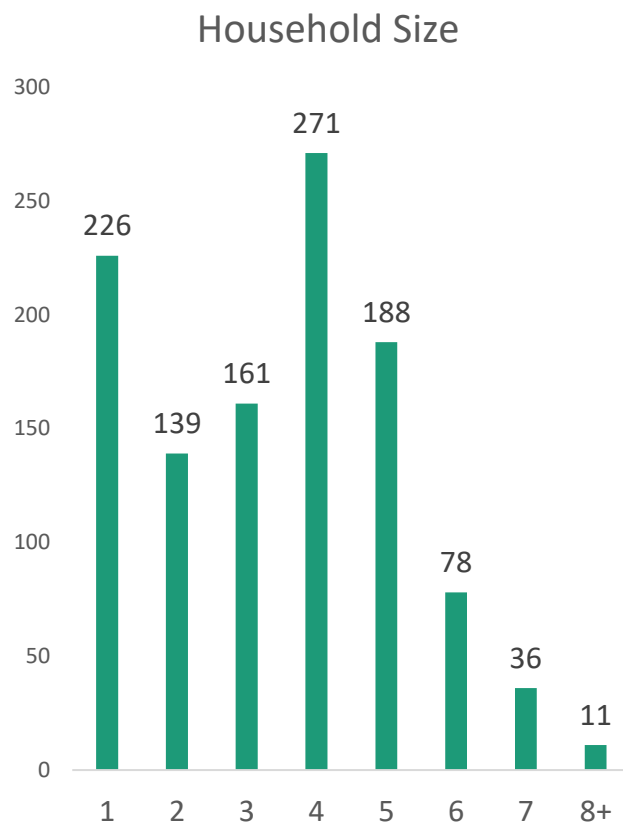
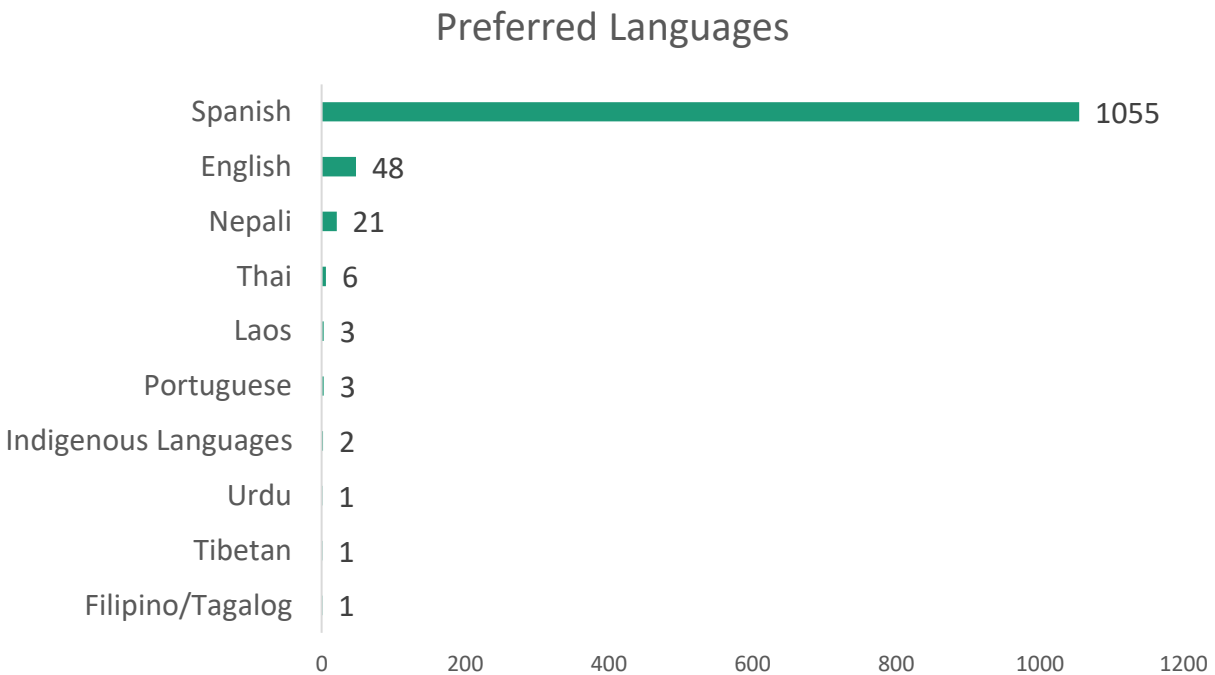
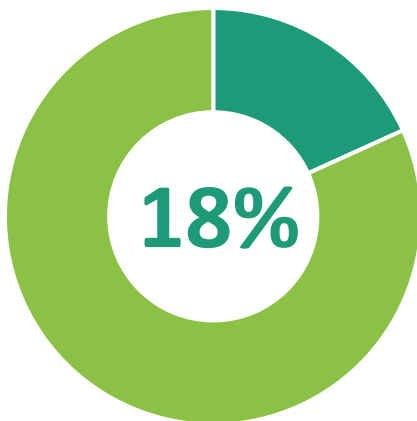


Figure 6



Most CC CARES referrals primarily spoke Spanish. Other commonly reported languages included English, Nepali, Thai, Lao, Portuguese, Indigenous Languages (Mam and Poqchii), Urdu, and Filipino/Tagalog. People could list multiple languages.

Figure 7



Of referrals had someone 18 years or older who could assist in interpretation or translation.

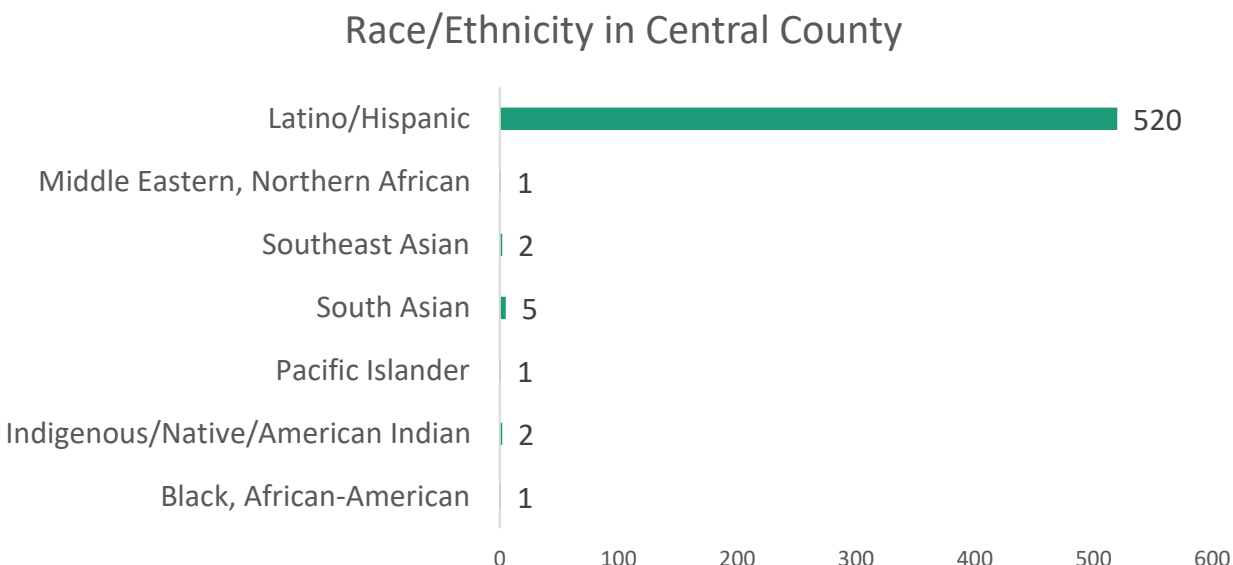
The CC CARES O&E Pre-Enrollment Survey asked referrals to list what language(s) they were most comfortable speaking in. Enrollment specialists arranged for interpretations services ahead of time when calling/enrolling someone who did not speak English or Spanish.

Only 18% of referrals had someone 18 years or older who could provide interpretation/translation services if needed, emphasizing the importance utilizing comprehensive interpretation/translation services when developing health communication materials and providing interpretation/translation services for all residents accessing healthcare.

Central County Demographics

Of the 535 referrals who were pre-enrolled in Central County, most self-identified as Latino/Hispanic (n=520). Other reported races/ethnicities included South Asian (n=5), Southeast Asian (n=2), Indigenous (n=2), Middle Eastern/Northern African (n=1), and Black/African American (n=1).

Figure 8



Central County referrals preferred to speak Spanish (n=515), English (n=13), Nepali (n=5), Thai (n=1), and Portuguese (n=2). Referrals could choose multiple languages. Only 12% of Central County referrals had someone 18 or older who could provide translation services if needed.

Figure 9

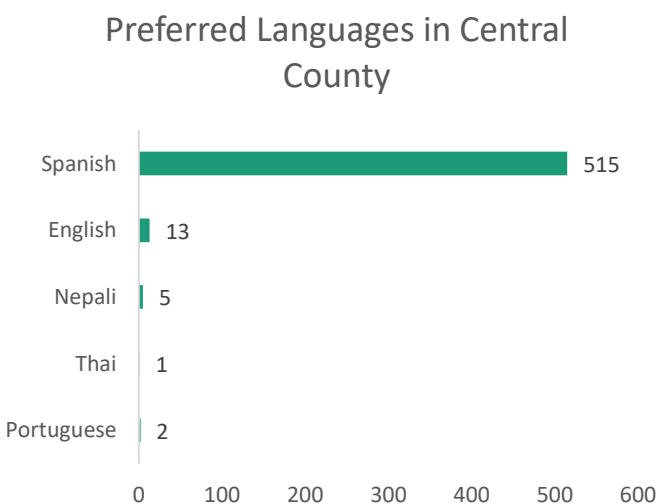
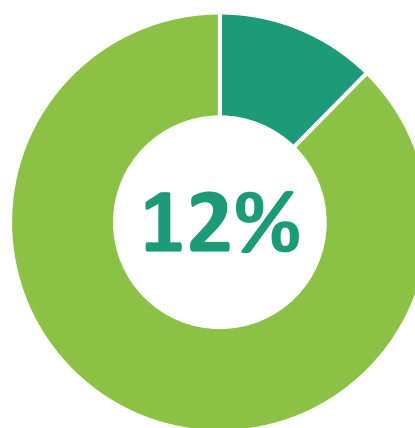


Figure 10



Of referrals had someone 18 years or older who could assist in interpretation or translation.

Figure 11

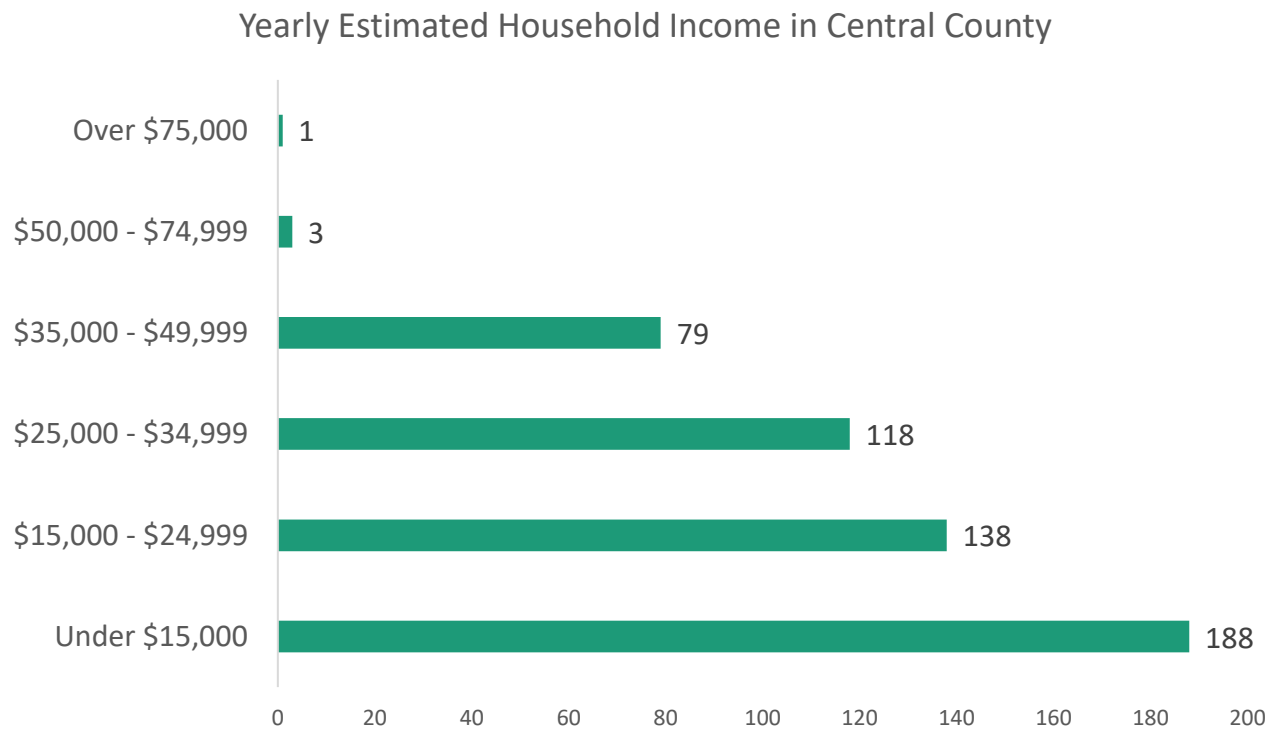
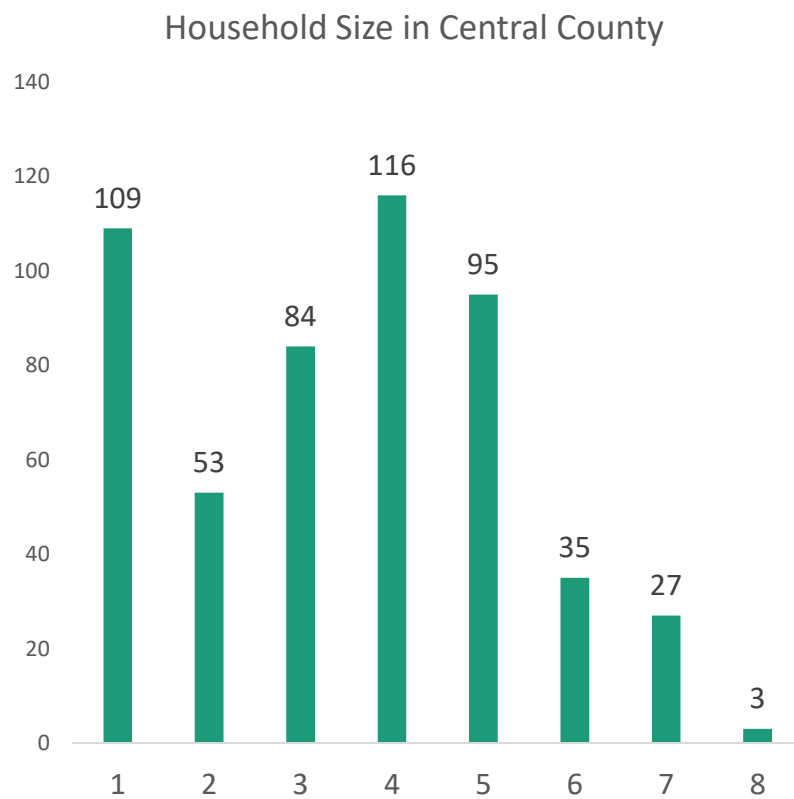


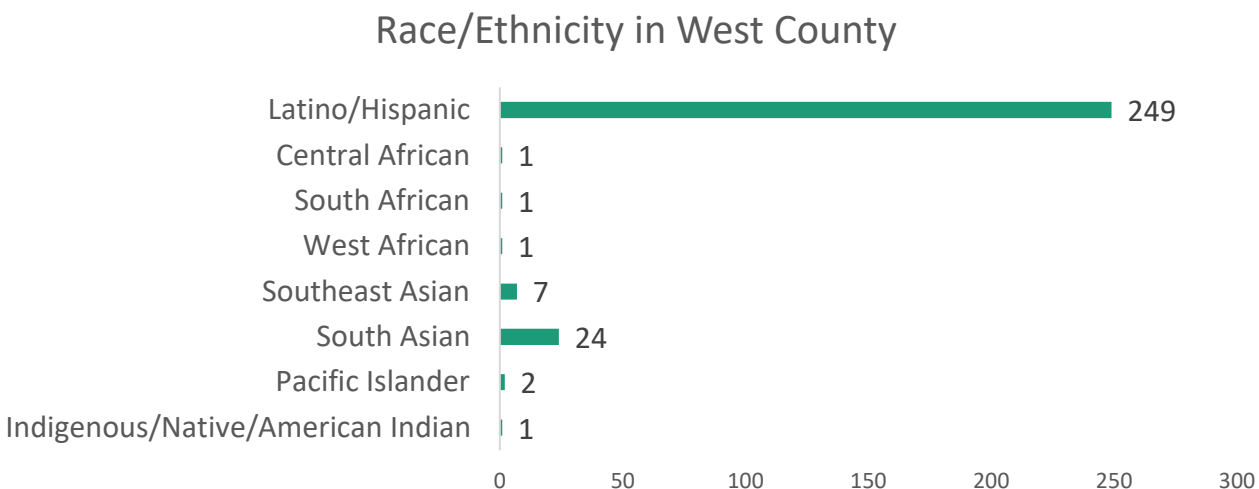
Figure 12



West County Demographics

While most West County referrals identified as Latino/Hispanic (n=249), it was also the region with the highest number of referrals who identified as South Asian (n=24), Southeast Asian (n=7) and Pacific Islander (n=2). Some West County referrals also identified as Central African (n=1), South African (n=1), West African (n=1), and Indigenous (n=1).

Figure 13



West County referrals also spoke the greatest diversity of different languages. Most preferred to speak Spanish (n=234), followed by English (n=25), Nepali (n=13), Thai (n=5), Lao (n=3), Portuguese (n=1), Indigenous languages (n=2), Urdu (n=1), and Tibetan (n=1). 33% of referrals had someone 18+ who could provide interpretation if needed, which was a higher proportion than reported in Central and East County.

Figure 14

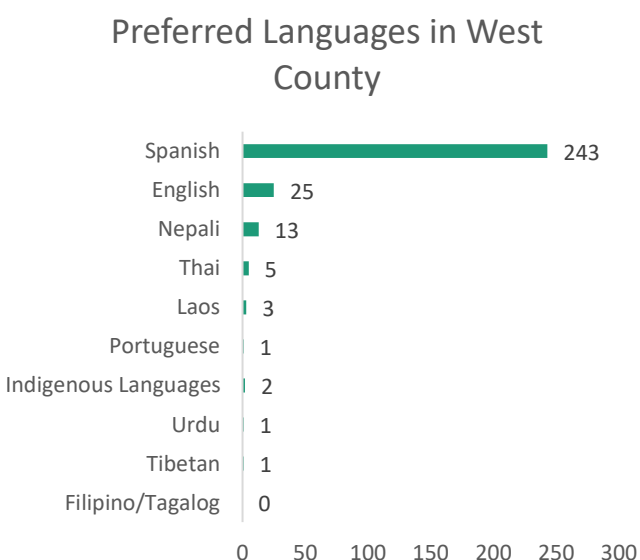
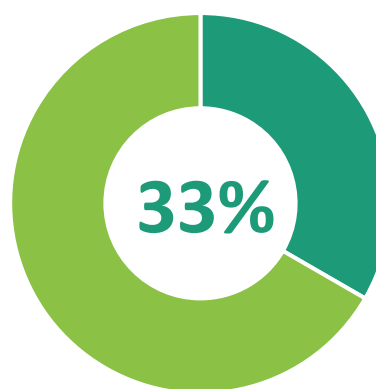


Figure 15



Of referrals had someone 18 years or older who could assist in interpretation or translation.

Figure 16

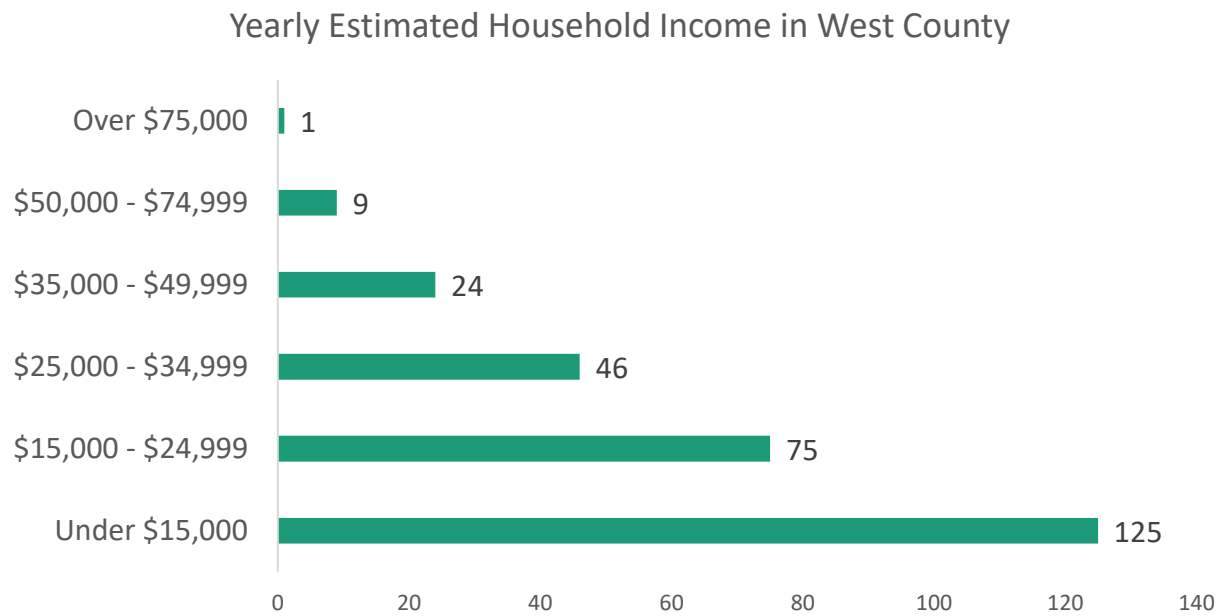
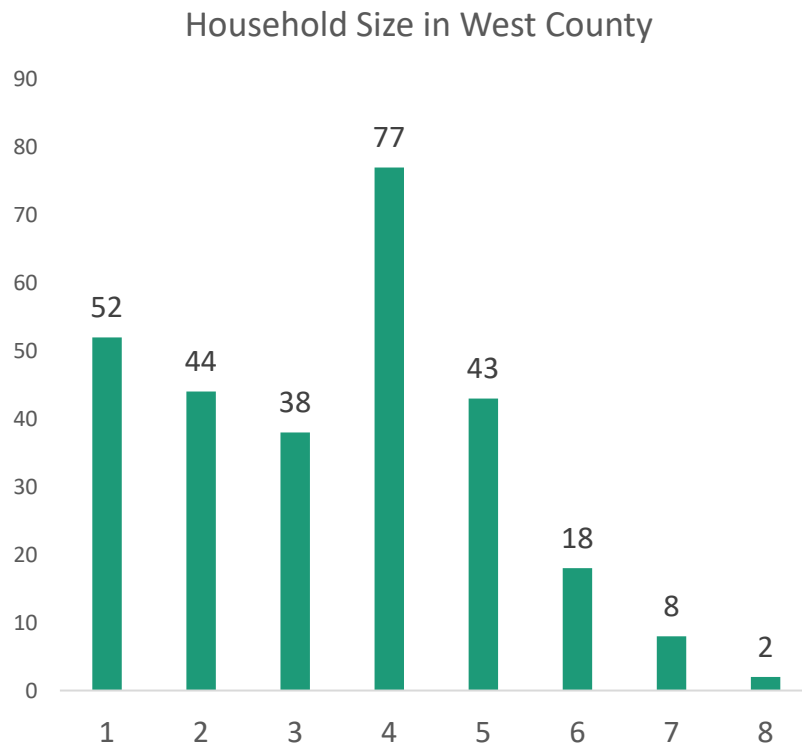


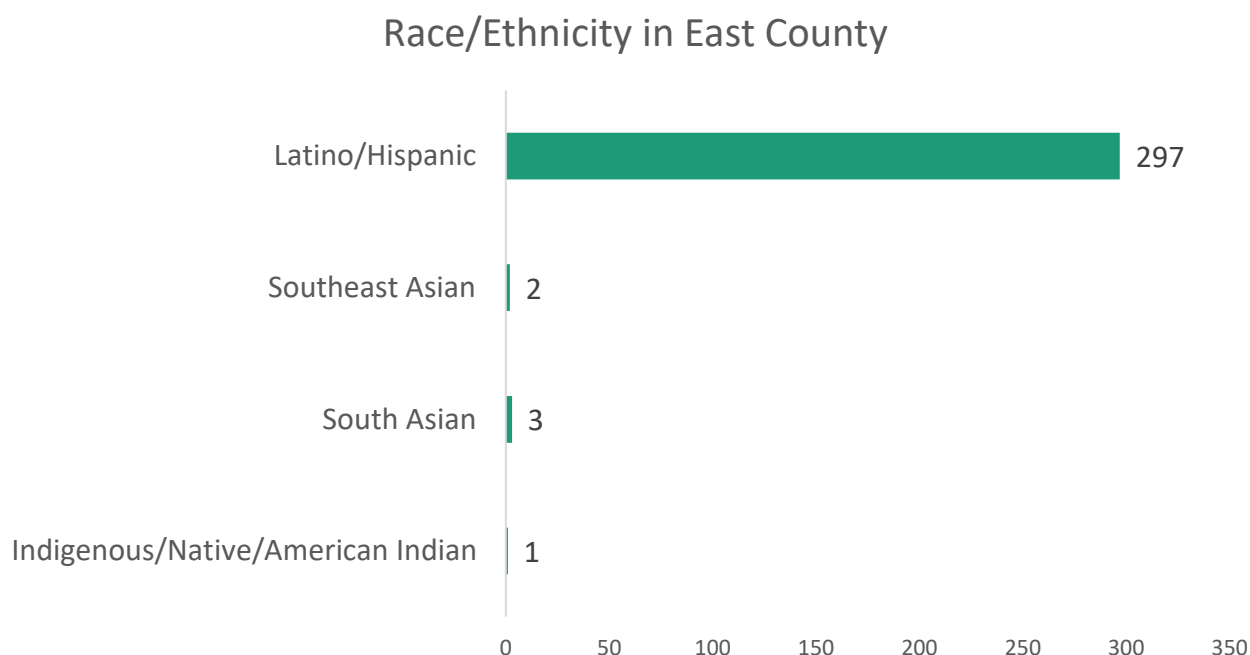
Figure 17



East County Demographics

Most referrals in East County self-identified as Latino/Hispanic (n=297), followed by South Asian (n=3), Southeast Asian (n=2), and Indigenous (n=1).

Figure 18



The most common preferred language among East County referrals was Spanish (n=297), followed by English (n=9), Nepali (n=2), and Filipino/Tagalog (n=1). Only 19% of referrals in East County had someone 18 or older who could provide interpretation services if needed.

Figure 19

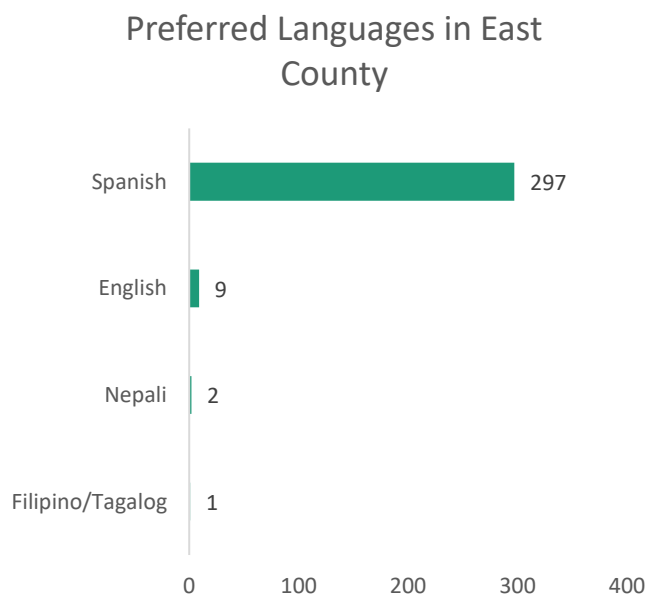
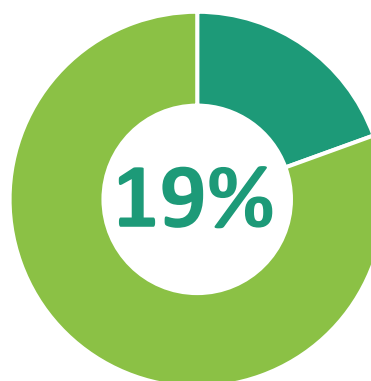


Figure 20



Of referrals had someone 18 years or older who could assist in interpretation or translation.

Figure 21

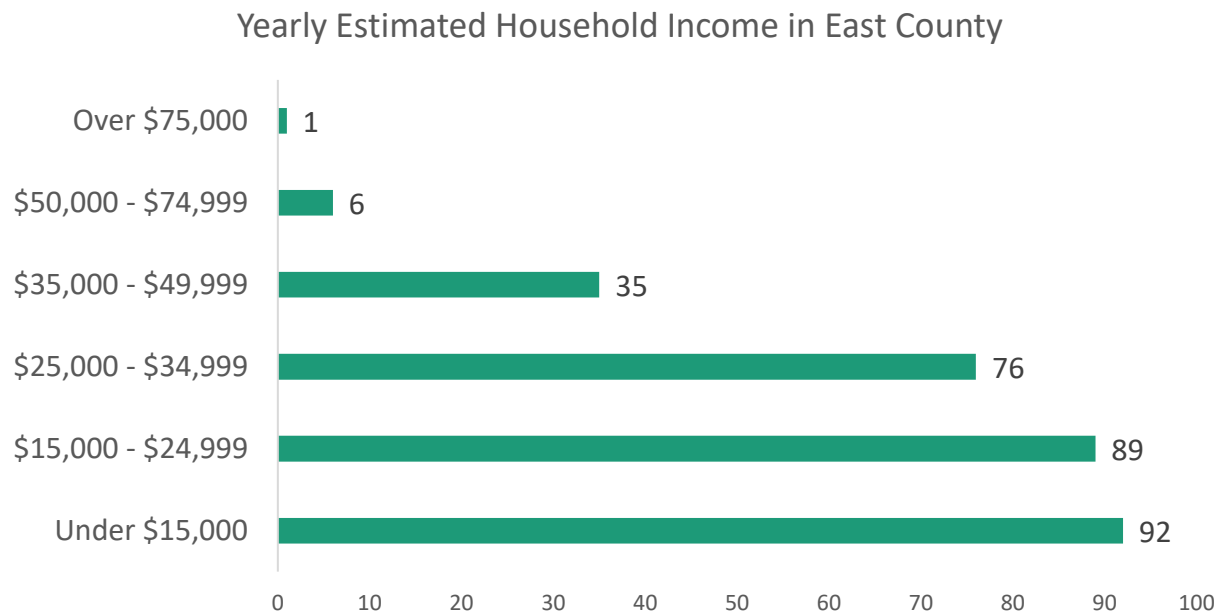


Figure 22

