#OneContraCosta

Contra Costa CARES Outreach and Education

May 2022-April 2023 Executive Summary

Prepared by Healthy Contra Costa

May 31, 2023

What is Contra Costa CARES?

- Contra Costa CARES (CC CARES) is a free primary healthcare program for low-income, uninsured adults ages 26-49 who cannot enroll in full-scope Medi-Cal because of their immigration status.
- The CC CARES population will become eligible for full-scope Medi-Cal on January 1st, 2024. Enrolling more people into CC CARES now will make it easier to transition this population into full-scope Medi-Cal when they are eligible.

What is CC CARES Outreach and Education?

- CC CARES Outreach and Education (CC CARES O&E) is a county-wide collaboration between 14 community-based organizations (CBOs) and 3 Community Health Centers to outreach, educate, pre-enroll, and enroll immigrants into CC CARES.
    - This network of CBOs and Community Health Centers is called the CC CARES O&E Network.
    - Healthy Contra Costa convenes and coordinates the CC CARES O&E Network as the backbone entity.
    - CC CARES O&E Network partners began convening weekly in May 2022. Outreach activities officially launched in October 2022 and concluded on April 30th, 2023.
- CC CARES O&E Network partners reached **146,700+** people through canvassing, social media, events, and other outreach methods.
    - 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.

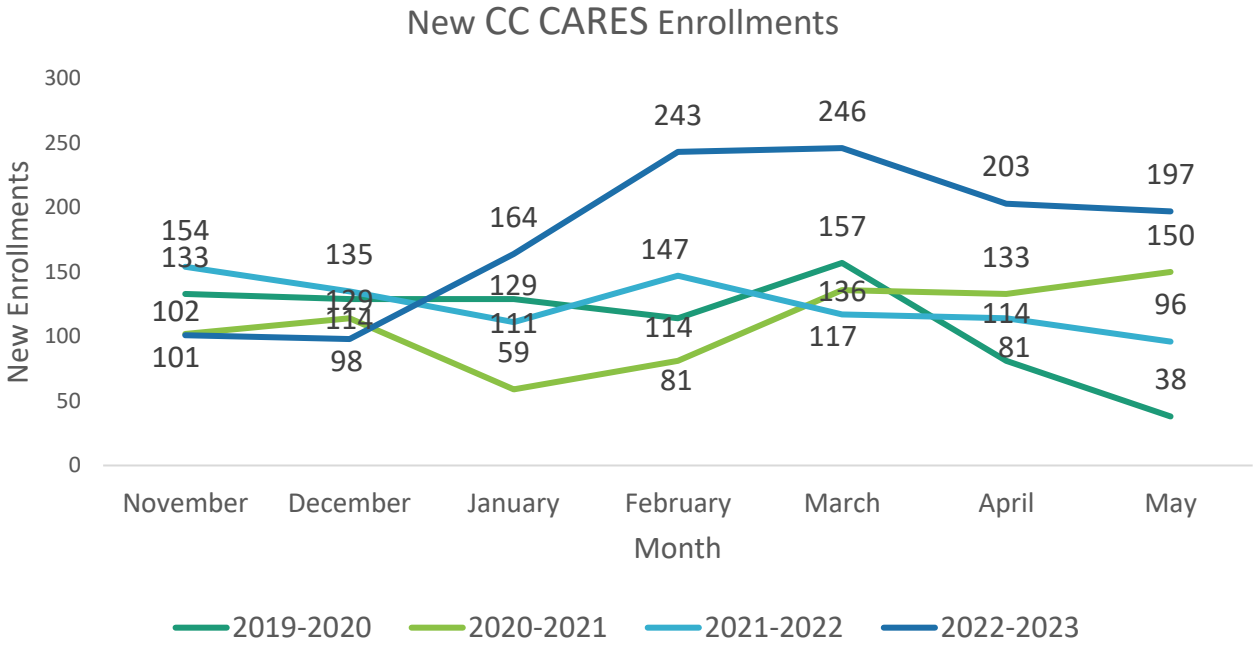
CC CARES Pre-Enrollments and Enrollments

- CC CARES O&E Network partners directly referred **1123** people to the Community Health Centers to enroll in CC CARES by helping them take a pre-enrollment survey.
    - Pre-enrollment survey information was sent to Community Health Centers so they could call and enroll referrals into CC CARES.
    - This survey also collected data on the experiences and stories of Contra Costa's undocumented communities.
- Most referrals were enrolled into a healthcare program such as CARES (n=**432**) or full-scope Medi-Cal (n=**76**), making them successful enrollments.
- 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 followed up with all unable to contact referrals, and 28 people were enrolled because of this follow up.
- 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.
- As of May 25th, 2023, there are currently 203 working cases that Community Health Centers are still trying to contact and enroll.

CC CARES Total Enrollments

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



- People who complete CC CARES applications before the 24th of each month are officially enrolled into the program on the 1st of the following month.
- The first CC CARES O&E referrals were sent to Community Health Centers in October 2022 and were enrolled in November 2022.
- **1252** people total were enrolled into CC CARES throughout the rollout of CC CARES O&E (November 2022-May 2023).
    - This number of new enrollments is higher than the number of new enrollments made from November-May going back to November 2019.
    - The number of new CC CARES enrollments per month surpasses that of previous years in January 2023 and remains higher for the duration of CC CARES O&E.
- Not all these enrollments are due to pre-enrollment referrals, but the increase in CC CARES enrollments per month aligns with the increase in CC CARES O&E outreach activities.
    - Aside from pre-enrollment, CBOs also educated the community about CC CARES and the three Community Health Centers.
        - CBOs handed out brochures and information with Community Health Center contact information so people could reach out to enroll directly.
    - Community Health Centers relied primarily on in-reach to enroll new members into CC CARES before CC CARES O&E.
- The spike in monthly CC CARES enrollments stands out from previous years, especially when considering that fewer people were age eligible for CC CARES throughout CC CARES O&E than in previous years.
    - The age of eligibility for CC CARES decreased from 19+ before 2020 to people 26+ in January 2020 to people 26-49 in May 2022.

Successful Strategies and Lessons Learned

Meeting People Where They Are At

- CBOs canvassed, tabled, and outreached at targeted locations and community events to meet community members where they already are. These locations included:
    - Schools
    - Faith-based institutions
    - Food distributions
    - Festivals and celebrations for immigrant communities
    - Immigration Fairs with information about immigrant legal services
    - Grocery stores, markets, businesses, and shops
    - Targeted neighborhoods and communities
- CBOs canvassed communities prior to pre-enrollment/enrollment events to increase attendance.

Health Center and CBO Collaborations

- Some CBOs hosted Community Health Centers at their sites or at community events to enroll people into CARES on the spot.
- The benefits of collaborative events between Community Health Centers and CBOs included:
    - Eliminating the possibility of Community Health Center incidence of “unable to contact” after pre-enrollment and streamlining the enrollment process.
    - Leveraging Community Trust in CBOs to immediately introduce individual resident referrals to Community Health Centers and help people feel safer enrolling in CC CARES.
    - Reducing transportation barriers by enrolling people at CBO sites or community locations where they already visit and/or can get to easily.
    - Building organizational relationships between CBOs and Community Health Centers.
    - Allowing CBOs to prepare referrals for enrollment ahead of time by making sure their documentation is prepared.

Social Media and Digital Campaigns

- CBOs used social media, digital, and texting campaigns to educate people about CC CARES.
- CBOs used Facebook, Zoom, or YouTube to host live online informational sessions about CC CARES as often as 5-6 times a week.
    - CBOs went live on social media during outreach events.
- CBOs paid for digital advertising, targeting people within a 30-mile radius and boosting videos about CC CARES.
- CBO texting campaigns helped disseminate information about CC CARES to tens of thousands of people.

Community Trust

- CBOs depend on community trust to help people overcome their distrust of healthcare systems.
- Many people are scared to seek healthcare because they are worried it will hurt their immigration status or cost a lot of money. People also do not know where they can get care in their preferred language.
- CBOs are trusted messengers in immigrant communities because they speak the language, employ community members, and provide other services and support such as food, housing support, and information.
- One on one conversations between CBOs and residents were crucial to building trust.
- CBOs worked with other trusted community organizations such as faith-based institutions and schools to educate communities about CARES.

Networks

- CC CARES O&E Network Partners met regularly to build organizational partnerships, exchange lessons learned/community best practices, share resources and resident supports, boost events, and connect each other to additional networks.
- CBOs and Community Health Centers built trust through CC CARES O&E Network meetings and onsite enrollment events, paving the way for future collaborations. At least two CBOs will continue hosting Community Health Centers regularly to process CC CARES, Medi-Cal, CalFresh, and other applications.
- CBOs developed partnerships while offering support, resources, and connections to better reach and serve residents with diverse needs.
- CBOs connected with educational and faith-based networks to reach more people.
- CBOs dialogued with Contra Costa Health and the Contra Costa Health Plan to share successes and barriers to outreach, enrollment, and healthcare utilization and brainstorm solutions to those issues, such as automatically renewing CC CARES coverage until the end of 2023.

CBO Training and Preparedness

- Aliados Health and Healthy Contra Costa offered group and trainings to CBOs about CC CARES and the CC CARES O&E workflow.
- Shared understanding of what CC CARES offers and how to enroll were crucial for the success of CC CARES O&E.
- Healthy Contra Costa and CBO partners developed materials about CC CARES eligibility, enrollment, and services for CC CARES O&E Network partners to educate community members (WIX site and 5 minute video).

CBO Follow-Ups

- When Community Health Centers were unable to reach referrals after two missed phone calls, they notified CC CARES O&E Network partners so that CBOs could follow-up with referrals.
- CBOs were able to connect with residents in ways that Community Health Centers were not, including texting, email, WhatsApp, in-person meetings, etc.

- 28 referrals were enrolled after CBO follow-up.

Community Health Advocate Follow-Up Data

- Three Community Health Advocates conducted a phone survey with a sample of referrals who had taken the CC CARES Pre-Enrollment Survey. 86 referrals agreed to be surveyed.
- Many referrals decided to apply to CC CARES because of a friend (n=16) or family member (n=17).
- Others received flyers/materials from promotoras canvassing (n=17), often outside stores/markets (n=15).
- People also learned about CC CARES at vaccination clinics (n=10), schools (n=6), and community events (n=5).
- Referrals decided to apply because they did not have health insurance (n=30) and wanted to prevent or be prepared for potential health issues (n=32) or receive treatment for a health issue they already had (n=24).
- Most referrals described the referral process positively (n=47), stating that the promotora was friendly (n=16), and the process was easy (n=9) and fast (n=7), or they were already receiving CC CARES services (n=6).
- Other referrals were still waiting for enrollment appointments (n=13), wanted more information or support (n=6), or were unsure if they had been enrolled (n=2).

Challenges

- CC CARES O&E Network Partners noted multiple barriers that limited their ability to perform outreach/education, pre-enrollment, and enrollment activities.

Funding

- CC CARES O&E funding arrived four months late, causing internal budgeting issues within CBOs and causing one CBO to lose the person hired to conduct pre-enrollments.
- Additional funds would allow CBOs to outreach and educate more people by funding additional hours for canvassing or continued digital/media campaigns.

Workforce Limitations

- Community Health Centers experienced delays in hiring Enrollment Specialists, limiting the number of referrals they could enroll and slowing down the project's workflow.
- Community Health Centers primarily operate during business hours, making it difficult to reach referrals who work full time.

Community Beliefs and Behaviors

- CBOs focused on helping people overcome significant fears of deportation and public charge which have historically prevented people from accessing care. Many community members have had bad experiences seeking care in the past, increasing their distrust in healthcare systems.
- Many immigrants only rely on emergency care and do not prioritize preventative healthcare because of the perceived cost. CBOs worked to change community understanding of the benefits of seeking preventative healthcare.

Time

- It takes a significant amount of time for CBOs to reach and educate community members through canvassing, events, and one on one conversations.
- Community members often needed to see or hear messages about CC CARES multiple times before they were comfortable enough to enroll.
- One to one conversations to educate and pre-enroll community members took a significant amount of CBO time.
- Referrals often required frequent follow-ups before and after they took the pre-enrollment survey.

Eligibility

- The income cutoff for CC CARES is 138% or below the federal poverty level. It is difficult to live on this income with the high cost of living in the Bay Area.
- Many referrals were very low income but did not meet the income eligibility for CC CARES.

Uplifting the Voices and Experiences of Contra Costa's Immigrant Communities

- The dataset collected in the CC CARES O&E **1,123** Pre-Enrollment Surveys capture the experiences, beliefs, and stories of Contra Costa's undocumented communities.
- The people reflected in this dataset have historically faced discrimination and been denied care while contributing to Contra Costa's rich culture, community, and economy.
- By uplifting the voices of the CARES population, Contra Costa's healthcare systems can understand the unique barriers to healthcare immigrants face and develop innovations to meet those needs.

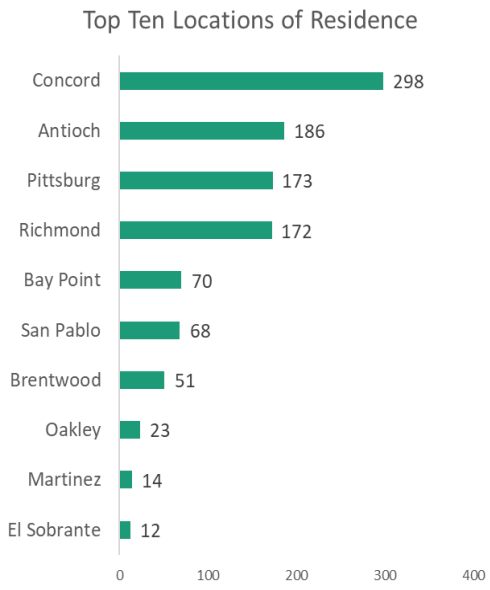
Demographics

Race/Ethnicity

- 94.9% (n=1066) of referrals identified as Latino and/or Hispanic.
- Of the non-Latino/Hispanic population, 44 identified as South or Southeast Asian, 4 identified as Indigenous, 3 identified as Central, South, or West African, 3 identified as Pacific Islander, 3 identified as White, 1 identified as Middle Eastern/North African, and 1 identified as Black/African American.
- Some referrals identified as multiple races/ethnicities.

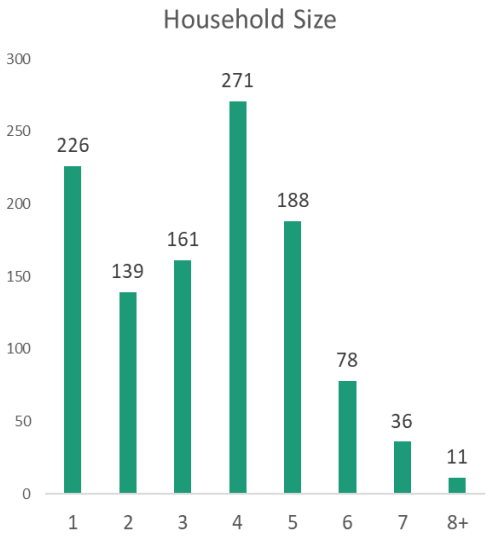
Region

- Most referrals were pre-enrolled in Central County (n=535), followed by East County (n=305) and then West County (n=284).



Language

- 93.9% (n=1055) listed Spanish as their preferred language.
- Other preferred languages included English (n=48), Nepali (n=21), Thai (n=6), Lao (n=3), Portuguese (n=3), Indigenous languages (n=2), Urdu (n=1), Tibetan (n=1), and Filipino/Tagalog (n=1).
- Some referrals selected multiple preferred languages.
- Only 18% of referrals had someone 18 years or older who could assist with interpretation/translation.

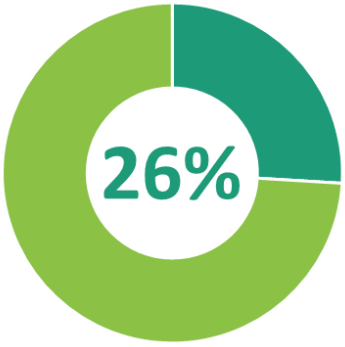


Households

- The most common reported household income was under $15,000 a year (n=406).
- Most referrals made less than 35,000 a year (n=948).
- The most reported household size was four people (n=271).
- Many referrals had children and families they were financially supporting in different countries.

Access to Healthcare

- Only 11% of respondents said that they had access to healthcare and could see a doctor when necessary.
- 24% said their spouse or partner had access to healthcare, and 64% said their children had access to healthcare.
- Only 26% of referrals had heard of CC CARES before talking to a CBO.



26% of referrals had heard of CC CARES

Access to Community Health Centers

- 71% of referrals had heard of at least one of the three Community Health Centers that offer CC CARES, but only 37% had tried to get care from at least one Community Health Center.
- 61% of referrals were familiar with La Clinica de la Raza, compared to only 16% with LifeLong Medical Care and 8% with Brighter Beginnings.
    - This percentage is skewed by the high proportion of Central County respondents.
- La Clinica de la Raza was more popular in Central and East County.
- LifeLong Medical Care and Brighter Beginnings were more popular in West County.

Barriers to Care

- 912 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 fears of deportation and public charge.
- By understanding the barriers that have prevented residents from accessing healthcare in the past, we can identify strategies to deconstruct these barriers and increase healthcare access for all.

Financial Costs

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

"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."

- Financial costs were the most reported barrier that prevented referrals from accessing healthcare services (n=508, 56%).
- People prioritize paying for basic necessities (e.g. food, housing) over preventative healthcare, which they assume is expensive.
- Many referrals believed they were not eligible for any health coverage because of their immigration status, income, and lack of documentation (e.g. social security numbers), and did not have the funds to pay for care out of pocket.

Communication and Trust

"La falta de informacion acerca de los programas de salud acsequibles, no entender el idioma, y no entender como es el sistema se salud en este pais."

"The lack of information about affordable health programs, not understanding the language, and not understanding what the health system is like in this county"

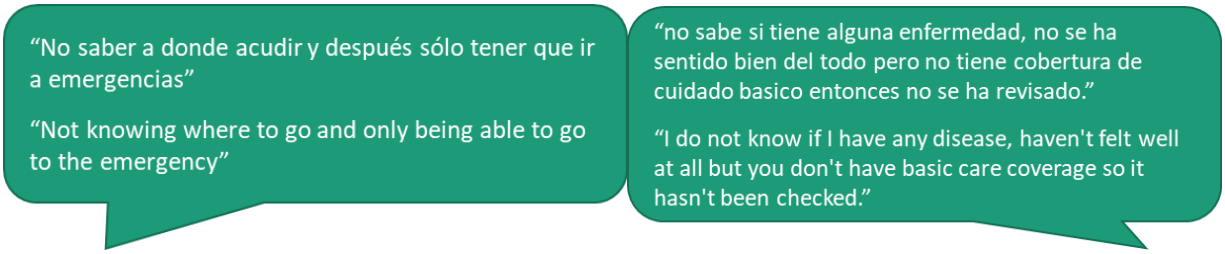
"Que no estamos informados y por el status migratorio pensamos que no tenemos derecho a seguro medico."

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

- Limited information about how to get care (31%, n=285) was a prominent barrier to care, as many referrals are new to the United States and do not know how the healthcare systems work, which health providers offered free/discounted care, or how to connect.
- Language barriers prevented referrals from accessing services (29%, n=262), and many do not know which Contra Costa providers speak their language or how to get information in their language.
- 19% of referrals feel a lack of guidance and support from family, friends, and service workers (n=176), making it difficult for them to seek preventative care. Some referrals had been enrolled in temporary healthcare programs but were not offered alternatives or resources when their coverage expired.

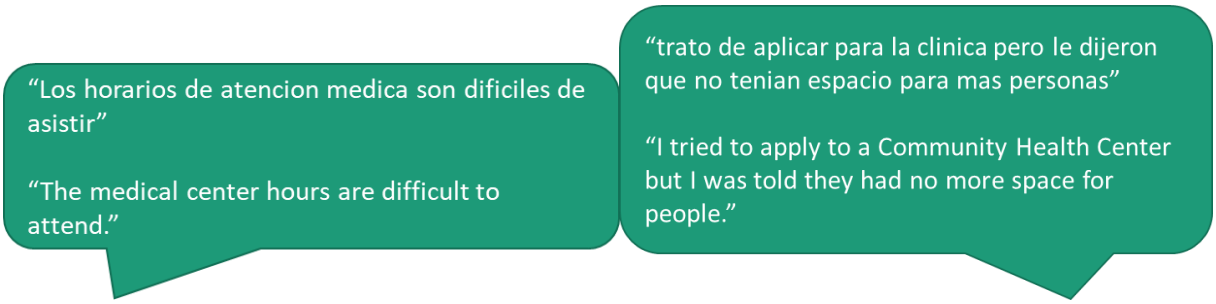
- 13% of referrals stated that their fear/discomfort/distrust of Contra Costa's healthcare systems prevented them from accessing care (n=118).

Emergency Care



- 19% of referrals shared they had only been able to access emergency care (n=176). 7% had not known they were sick until needing emergency care (n=64).
- Many people were living with serious medical conditions that were not being treated.
- People rely only on emergency care and avoid seeking any medical attention unless absolutely necessary.

Provider Location and Availability



- Health workforce limitations limit how many patients health centers can enroll and care for, which is why some health centers were temporarily not accepting new non-CARES patients. 15% of referrals had tried to get care in the past, but health providers were not accepting new patients (n=133).
- Health providers operate during business hours, but many immigrant communities are not able to take time off to take phone calls or have appointments during that time. 8% of referrals could not access care because of clinic hours (n=70).
- Many people explained that they did not have cars and 9% of referrals experienced transportation barriers to healthcare (n=85).

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.

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.