

Health4AllKids Progress Update: New Community Survey Results

Summary

Despite a changing uncertain federal landscape, California continues to successfully enroll low-income children—regardless of their immigration status—into Medi-Cal health coverage. Since May 2016, over 180,000 undocumented children have enrolled in comprehensive Medi-Cal coverage under the Health4AllKids (Senate Bill 75) expansion.

The success of Health4AllKids enrollment is due to a network of frontline health care and community-based providers working to connect children to health coverage. To get a sense of progress towards Health4AllKids implementation and barriers in reaching the remaining eligible but unenrolled children, Children Now initiated a brief survey of local providers in August 2016. Because that survey was helpful in identifying additional Health4AllKids outreach needs, Children Now followed up with another survey of local providers specifically focused on the barriers to enrollment that providers are encountering given the recent federal threats to immigration and health care.

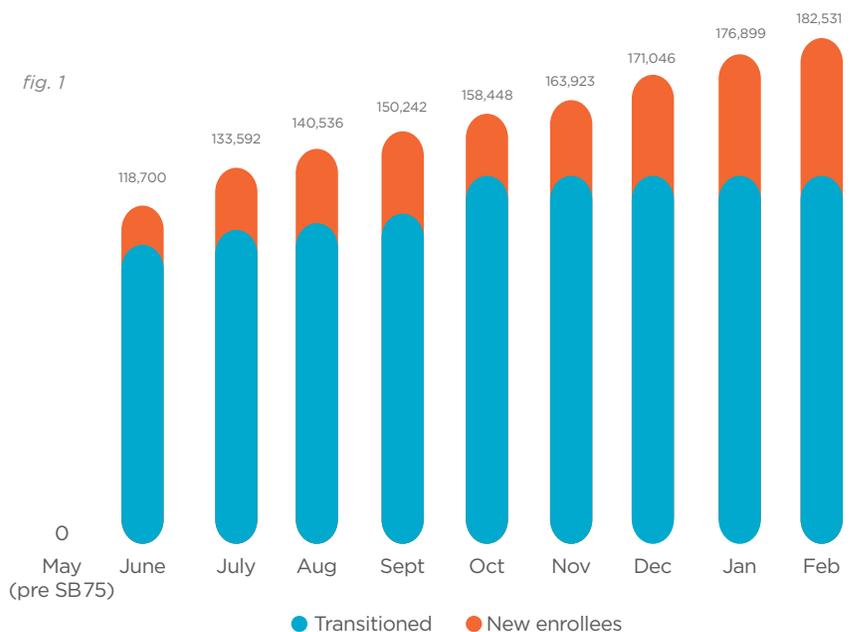
In short, the survey respondents—nearly all of whom work with immigrant communities—report a strong familiarity with (and knowledge of) Health4AllKids coverage, and also indicate that the recent federal debate about immigration has caused significant fear among immigrant families and raised concerns about the permanence of the Health4AllKids expansion. Children Now’s findings from the survey include a reaffirmation of the need for ongoing, robust outreach and enrollment assistance activities and partnerships around Health4AllKids, as well as a demand for tailored resources and supports to address the concerns and fears experienced by immigrant families in the current political climate.

Survey Context

In May 2016, the Department of Health Care Services (DHCS) implemented Senate Bill (SB) 75, also known as Health4AllKids, to expand full-scope Medi-Cal coverage to all income-eligible children in California regardless of their immigration status. This historic expansion of Medi-Cal was long sought by California communities and advocates, and with it, California joined a handful of states to ensure that all children have health coverage regardless of immigration status.¹

Enrollment through Health4AllKids began as expected on May 16, 2016; the Department of Health Care Services estimated that 185,000 children would be eligible in fiscal year 2017.² Since May 2016, over 180,000 children have enrolled in full-scope Medi-Cal coverage under the Health4AllKids expansion (Figure 1). This includes 120,614 undocumented

Over 180,000 children have enrolled in Medi-Cal under Health4AllKids



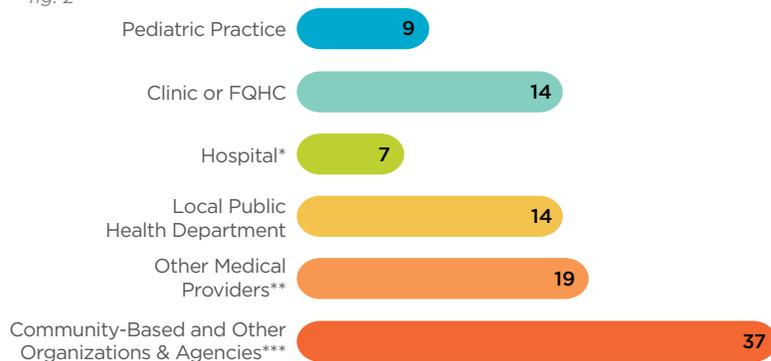
Source: Department of Health Care Service “SB 75 Transitions and New Enrollees by County” Reports.
Note: Months are approximate because of differences in county eligibility system application processing and capacity, as well as variations in reporting periods.

children who were already enrolled in restricted scope or emergency Medi-Cal prior to the expansion and were fully transitioned to full-scope Medi-Cal coverage by November 2016. Between May 16, 2016 and March 2, 2017, a total of nearly 62,000 children were determined as newly-eligible for full scope Medi-Cal under Health4AllKids. The Health4AllKids launch was exceptionally successful, with almost 10,000 new enrollees gaining coverage in the first month. On average, 6,880 children per month have enrolled in Health4AllKids Medi-Cal since the expansion began. In April 2017, DHCS staff reported that they continue to see growth in the number of Health4AllKids enrollees, which is consistent with their projections.³

To better understand providers' and community groups' early experiences with Health4AllKids implementation, Children Now developed and analyzed a short online survey in August 2016.⁴ Those survey responses resulted in some tangible ideas for improvement, such as enhancements to the health4allkids.org website and the development and distribution of 2,500 outreach posters in three languages.⁵

Most respondents work in health care organizations or agencies

fig. 2



Note: There were 60 total survey respondents to this question, and respondents could identify with more than one category.
 *Hospitals include children's hospital, public hospital and private hospital.
 **Other medical providers include: general or family practices, dental practices, Indian Health Services, community mental health, and school-based health centers
 ***Community-based and other organizations and agencies include County First 5 Commission, WIC agency, Family Resource Center or Family Empowerment Center, insurance broker/agent, advocacy groups and not-for-profit organizations, resources and referral agencies, and Certified Enrollment Counselors/Certified Application Assistants.

Respondents represent all regions of California

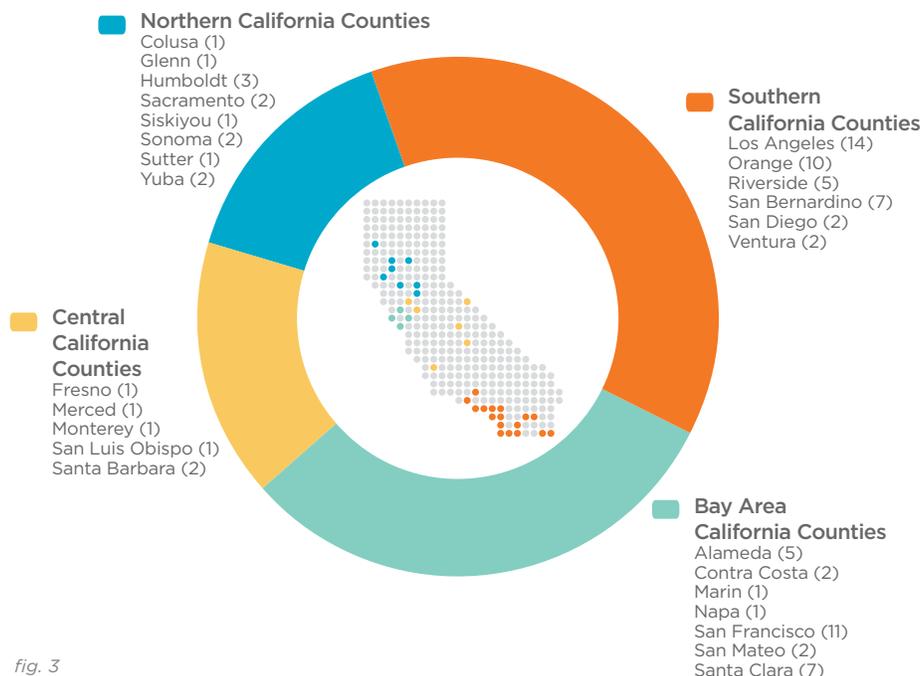


fig. 3

Note: There were 62 total respondents to this question, and respondents could identify with more than one category.

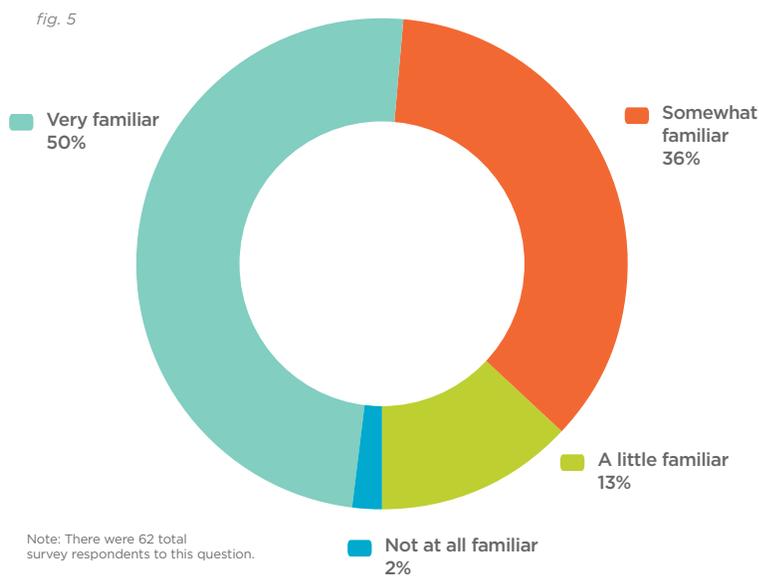
As part of Children Now’s pursuit of regular updates on Health4AllKids implementation and children’s health coverage, that 2016 survey was updated and again sent to the field during March 2017.⁶ Similar to the 2016 survey effort, responses were solicited through Children Now’s partnerships with state and local network of key health care and community-based organizations, associations, and agencies, including the members of The Children’s Movement of California, the Health4All Coalition, the Health4AllKids Coordinating Council, and California Coverage & Health Initiatives (CCHI) members; as well as through promotion on Children Now’s social media channels.

Description of Survey Respondents

During the data collection period (February 27–March 31, 2017), 62 individuals completed the survey. Survey respondents fell into the following categories:

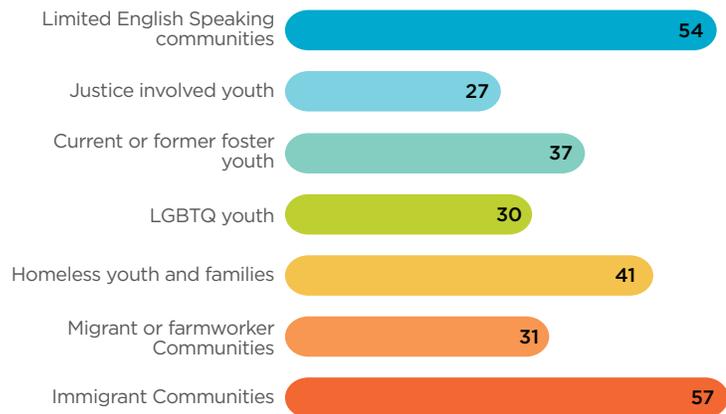
- **The majority of survey respondents work for health care provider organizations or agencies** (i.e., pediatric practices, community clinics and health centers, local public health departments, hospitals), although roughly one-quarter of respondents are affiliated with other community-based organizations (Figure 2). Nearly three out of five respondents (59%) work in organizations that provide direct health coverage enrollment support and assistance.
- **All regions of the state are represented in responses**, with respondents located in service areas in nearly half (27 counties) of California’s 58 counties (Figure 3).

Most respondents are very or somewhat familiar with Health4AllKids



Most respondents’ organizations serve immigrant communities

fig. 4



Note: There were 62 total respondents to this question, and respondents could identify with more than one category.

- **The vast majority of respondents’ organizations serve California’s vulnerable and hard-to-reach populations.** The majority of respondents’ organizations serve immigrant communities (92%) and populations that speak limited English (87%). At least half of all respondents’ organizations also serve homeless youth and families (66%), current or former foster youth (60%) and migrant and farmworker communities (50%) (Figure 4). In keeping with California’s diversity and immigrant populations, respondents serve families in nearly 30 non-English languages and dialects, such as: Arabic, Armenian, Bangla, Cantonese, Farsi, Gujarati, Hindi, Hmong, Japanese, Khmer, Korean, Lao, Mandarin, Marshallese, Mien, Mixteco, Punjabi, Russian, Samoan, Spanish, Tagalog, Telegu, Thai, Toishanese, Tongan, Urdu, Vietnamese, and Zapotec.

Survey Results

The survey was multiple choice and included open-ended questions about children’s health coverage, with a particular focus on Health4AllKids implementation. The survey aimed to garner a more complete understanding of four components:

1. Respondents’ general familiarity and involvement with Health4AllKids and children’s health coverage programs in California;
2. Barriers to health coverage enrollment for eligible children, including Health4AllKids, and access to care;
3. The resources, tools, or supports needed to educate eligible families about and enroll kids into health coverage; and
4. Potential implications and consequences of federal threats to health care and immigrants’ rights.

Below is a summary of themes, trends, and promising ideas identified in the survey responses, organized into the four categories detailed above:

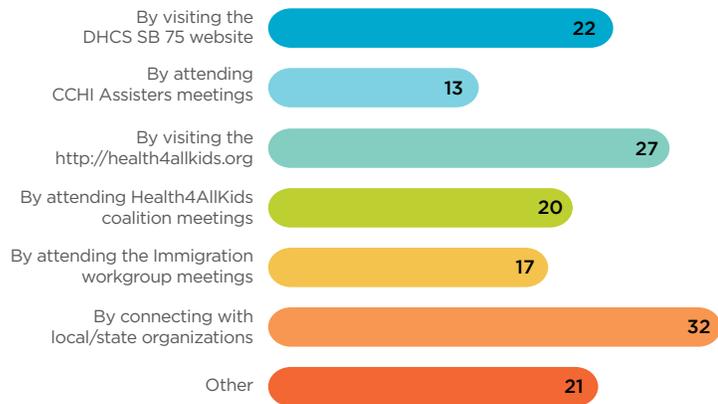
1. Respondents’ familiarity and involvement in Health4AllKids and children’s health coverage

Most respondents, over 85%, report being very or somewhat familiar with Health4AllKids and children’s health coverage programs in California (Figure 5). Respondents report utilizing relationships and networks as well as targeted online resources to prepare for the implementation of Health4AllKids (Figure 6). Approximately half of the respondents report connecting with county workers (59%), with other state and local organizations (55%), and visited the specially curated information on the <http://health4allkids.org> website (47%). About one-third of respondents report visiting DHCS’ SB 75 website (38%), or attending the Health4All Coalition meetings (35%), or the DCHS’ immigration workgroup meetings (29%). Roughly one-third of respondents also report establishing partnerships with other groups, such as: schools and school nurses, libraries, foreign Consulates, faith-based congregations, networks of clinic representatives, local Healthy Kids programs and the California Coverage & Health Initiatives (CCHI) network, Kaiser Permanente representatives, and other stakeholder networks such as California Children’s Services (CCS) for families of children with special health care needs.

Although respondents report a general level of comfort with children’s coverage program information and Health4AllKids, some respondents still have unanswered questions about basic Medi-Cal enrollment processes, eligibility, and benefits with respect to Health4AllKids. Some respondents also have questions about the ongoing marketing, outreach, and

Respondents rely on partnerships and websites for information on Health4All Kids implementation

fig. 6



Note: There were 58 total survey respondents to this question, and respondents could identify with more than one category.

BOX 1

Survey respondents have questions about the future of Health4AllKids given the changing federal context, such as:

- “Can we expect for Health4AllKids to continue through the new President’s Administration?”
- “Will the Medi-Cal expansion to undocumented children change at all if the new health care act passes?”
- “Could SB75 be revoked with the new Presidential Administration?”
- “Will it continue if the ACA is repealed?”
- “Is there anything planned already for the changes coming from the new Administration?”

communications efforts specifically for Health4AllKids. However, most notably, nearly one-third of respondents have questions about the timing and risk of possible changes to Health4AllKids, particularly given the Congressional attempts to repeal the Affordable Care Act (ACA) and the new Administration's budget and immigration policy proposals (see Box 1).

2. Barriers to health coverage for eligible children & access to care

Survey respondents report many barriers to educating families about—and connecting families with—children's health coverage, including knowledge gaps, community and system characteristics, and traits of the target population (Table 1).

Table 1: Barriers to Children's Health Coverage Enrollment & Access to Care

Knowledge gaps	Community & system characteristics	Population traits
<ul style="list-style-type: none"> • Misinformation about eligibility or lack of knowledge about the programs and/or immigration policies. • Lack of general and culturally appropriate messages and materials in needed languages. • Insufficient trainings and updates on new and changing policies for enrollment staff. 	<ul style="list-style-type: none"> • Lack of sufficient enrollment supports/assistance (e.g., flexible scheduling) to help families complete or follow through with the application process and required documentation). • Transportation challenges, as well as adverse and unpredictable weather that can impact travel. • Lapses in coverage when families move or have unstable housing. • Low reimbursement rates for providers; difficulty locating specialists, and long wait times for appointments. • Systems problems, such as delayed application processing or correction capabilities. 	<ul style="list-style-type: none"> • Limited English language proficiency and low health literacy. • Fear and distrust among families around “public charge”⁷, exposure of (or risk to) immigration status, and possible immigration enforcement actions like deportation. • Stigmas or cultural factors about asking for help from others.

3. Resources for improved child health coverage outreach, enrollment, and retention

Respondents were queried about resources and supports that would be helpful to their organizations, agencies, and communities in educating families about children's health coverage. Many respondents indicate that information, pamphlets, and resources on immigrant rights would be helpful to educate eligible families about coverage (see Box 2). There are many resources available to help immigrants understand their rights, however respondents specifically call out the “red cards” created by the Immigrant Legal Resource Center as a resource they share with families (see Appendix). Many respondents indicate that more trainings (for enrollment assisters, case workers, field staff, providers, and peer advocates) on updated information, policies, and guidance would be helpful to educate families about coverage.

Some respondents indicate that more parent-focused activities are needed, such as parent workshops, flyers, presentations, community town hall meetings, and webinars. Respondents note the need for information in Spanish

and other languages, and that technology–like text messaging and social media–could help in connecting families with coverage.

In addition to the education-focused resources described above, respondents overwhelmingly indicate that increased capacity of trained on-site staff for enrollment assistance and navigation is important to connect kids to coverage. Responses suggest that trainings on existing and new policies complement ongoing, local enrollment assistance capacity and the establishment of new partnerships among community groups (such as with schools and promotoras or community health workers). Respondents also share that more information and outreach to parents, through workshops/fairs, a telephone hotline, and sample forms/applications would be helpful resources.

Some respondents report difficulties around the systems used to enroll Health4AllKids children directly into the county Medi-Cal program. As a way of background, some counties do not have an easy way to enroll Medi-Cal eligible individuals other than through Covered California enrollment system (i.e., CALHEERS), which is still evolving and occasionally clunky and error-prone. For those counties, an enrollment assister or navigator may not be able to track the status of a Health4AllKids-related application as it gets routed to the county’s Medi-Cal system. Delays in the processing of Medi-Cal applications result in delays in children accessing health care.

When it comes to child health coverage retention, survey respondents again indicate that renewal outreach and assistance staff would be helpful, as well as follow-up tools like eye-catching renewal reminders or text messages. In addition, respondents report the need for positive messages to help families feel safe accessing services for their children and to build trust with providers and stakeholders. Respondents indicate a strong need for materials and resources with reassurances about the privacy of personal and health information so families feel comfortable keeping their child’s health coverage.

4. The impact of federal policy threats on children’s health coverage and Health4AllKids enrollment

While a small number of respondents indicate that they had not seen or were unsure of any impact on children’s health coverage as a result of federal immigration policies, the majority of respondents report that families were fearful, anxious, and increasingly reluctant to share information, identify themselves as undocumented individuals, or seek needed supports. Respondents report that some clients—both parents and youth themselves—are feeling stressed, confused, irritated, depressed, and anxious. In addition, respondents also indicate other consequences of the federal policy debate, including:

- Noticeable reluctance by families to share information for health coverage or other social services applications;
- Decreases in the number of child health appointments made;
- Increases in appointments missed or skipped (“no shows”); and
- Requests by families to seeking to dis enroll children from Medi-Cal health coverage.

BOX 2

Survey respondents identify many barriers to Health4AllKids enrollment, for example:

- “A lot of families still don’t know that their children qualify for services. Information is shared by word of mouth and there is a lot of fear related to public charge.”
- “It is still too complicated. Misunderstandings about CHDP Gateway. Difficulty correcting errors that are in the application. The time it takes from application completion to getting to see a doctor - more than 3 months usually.”
- “There is also a lack of tailored materials and messages regarding the expansion. We had to research and develop these outreach materials in-house. In addition, the consumer wants more specific information around enrollment processes and required documents etc. beyond simply information about the expansion. This type of materials is currently lacking.”

Some respondents indicate that enrollment counselors and office staff have needed to spend increased time reassuring families about the confidentiality of patient information and fielding increased inquiries about how new immigration laws or information-sharing may affect them.

Discussion & Recommendations

The survey responses from providers and community-based organizations described in this brief provide a snapshot update of Health4AllKids implementation during the height of Congressional deliberations about health care reform and repeal of the ACA. Upon analysis of the survey responses, review of enrollment data, and consultation with coalition partners, Children Now concludes that in addition to the reaffirmation in support of ongoing, robust outreach and enrollment assistance activities and partnerships around Health4AllKids, there should also be tailored resources and supports to address the concerns and fears immigrant families are experiencing in the current political climate.

Previous and existing Health4AllKids outreach and educational activities and efforts have been successful, but more is needed.

Specifically, results suggest that future outreach, education, and enrollment assistance efforts should be ongoing, flexible, and tailored/personalized to serve the affected families. As one respondent noted, “To better educate families about children’s health coverage, we need to continue to do community outreach on an almost consistent basis.” Another survey respondent said, “Families need accurate information based on their personal/ family needs. Families need enrollment entities with flexible schedules, evenings and weekends. Families need to receive one-to-one support.” In order to do this, local agencies and community-based organizations need ongoing financial support to continue establishing enrollment assistance and navigation partnerships where they are most needed. In addition, families often need information and assistance navigating the Medi-Cal system once their child is enrolled, suggesting more resources are needed in the field to support health literacy. The California Office of the Patient Advocate has a variety of health literacy tools and resources to help consumers understand how to use their health insurance.⁸ The partnerships that were strengthened or established because of implementation of the Health4AllKids coverage expansion can be leveraged by organizations to build bridges across sectors in a way that will improve access and utilization for children.

Future Health4AllKids outreach activities must be responsive to the threats facing immigrant communities.

Based on survey responses and other anecdotal reports from stakeholders, the federal threats to the rights of immigrant communities under the Trump Administration have had a dampening effect on Health4AllKids outreach and enrollment efforts. While it is still too early to tell of any lasting impact on enrollment numbers, there is undoubtedly significant concern and confusion amongst families who have or may enroll their children through Health4AllKids. One respondent poignantly stated “The current political climate has generated a lot of fear among undocumented families and has made them more fearful of accessing services.” There are some hints of proactive requests for disenrollment from Health4AllKids coverage, which could signal a troubling trend. A recent news article⁹ about Bay Area pediatricians concerned about increased symptoms of anxiety expressed by immigrant children highlight possible short-term health consequences for immigrant children and families, and reiterate the importance of Health4AllKids coverage for children feeling under attack. As another respondent noted, enrollees need “Reassurance by trusted government agencies and CBOs that use of government provided healthcare will not be an invitation by ICE [Immigration & Customs Enforcement] or DHS [the Department of Homeland Security] to visit their homes,” however reassurances alone may not be enough. Possible efforts could focus on short-term messaging and legal assistance to mitigate the immediate damaging effects of federal immigration threats (see Appendix); continuing advocacy to minimize the magnitude or permanence of any federal threats; and the establishment and communication of clinics and medical sites as safe places or sanctuaries for care.

Due to complex and changing health care and immigration policies, Health4AllKids providers and community organizations need strong partnerships, trustworthy information channels, and additional staff trainings.

Survey respondents frequently cite the need for more workshops and trainings for outreach/enrollment staff and patient navigators, particularly around immigration laws and potential changes to immigration policies and practices. The leaked Executive Order on “public charge,” coupled with Congressional attempts to repeal the ACA, has created fear within communities and caused uncertainty about the security of the Health4AllKids expansion. Respondents are eager for additional resources and partnerships that can help address parent questions stemming from the complicated and rapidly changing news on immigration and health care. To the extent current, accurate, and reliable information is available, Health4AllKids stakeholders should share—through real or virtual trainings and other communications mechanisms—the most important information as well as best practices on ways to deliver honest messages that can assuage parents’ concerns and not perpetuate fears or “doom and gloom” scenarios. Provider practices or agencies and community-based organizations can continue to find and share best practices, developed Health4AllKids materials, and links to related resources at <http://health4allkids.org>.



For questions or further information about the survey results

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Acknowledgements

Children Now is appreciative of the individual survey respondents and the many organizations and agencies that helped disseminate and promote the survey.

Endnotes

¹ See “Health Coverage for All of California’s Kids,” (2016) from the California Children’s Health Coverage Coalition, <https://www.childrennow.org/files/8214/7732/5390/Medi-Cal-Timeline-online.pdf>; California followed Illinois, Massachusetts, New York, Washington, D.C., and Washington state in extending coverage to undocumented children.

² The 2016-17 Budget included \$188.2 million General Fund to provide full-scope benefits to 185,000 children due to SB 75, see page 26 of <http://www.ebudget.ca.gov/2016-17/pdf/Enacted/BudgetSummary/HealthandHumanServices.pdf>.

³ According to public comments by DHCS Director Jennifer Kent at the April 18, 2017 meeting of the Medi-Cal Children’s Health Advisory Panel (MCHAP). Director Kent also indicated that DHCS had not identified any odd or concerning trends with respect to Health4AllKids enrollment in recent months, as there was some concern that Health4AllKids enrollment might have slowed.

⁴ Children Now, “Progress on Health4AllKids: Results from a Health Provider & Community Survey,” (September 2016), <https://www.childrennow.org/files/3414/7379/1445/CN-H4allKids-Survey-091316.pdf>

⁵ The posters are available for free download at <https://www.childrennow.org/local-resources/medi-cal-poster>. See also: Children Now, “Promoting Awareness of Health 4 All Kids in California: A Collaborative Children’s Health Coverage Outreach Poster Campaign Summary,” (February 2017), https://www.childrennow.org/files/4314/9245/6816/poster-memo_FINAL.pdf

⁶ The complete 14-question survey is available by request.

⁷ According to the National Immigration Law Center, “public charge” is a term used by U.S. immigration officials to refer to a person who is considered primarily dependent on the government for subsistence, as demonstrated by either receipt of public cash assistance for income maintenance or institutionalization for long-term care at government expense; see also: <https://www.nilc.org/get-involved/community-education-resources/pubcharge/>

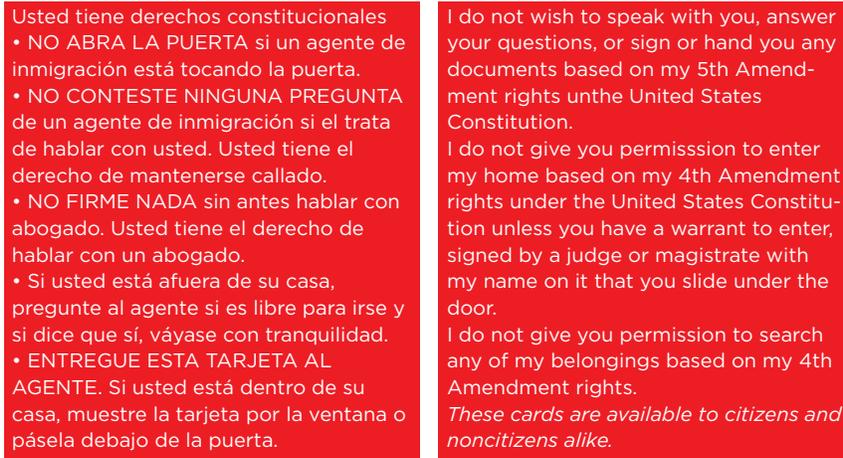
⁸ See resources from the Office of the Patient Advocate at <http://www.opa.ca.gov/Pages/HealthInsuranceBasics.aspx>.

⁹ Laura Klivans “Post-Election, Doctors See Kids Suffering Trump-Related Anxiety”, (April 19, 2017), KQED, <https://www.kqed.org/stateofhealth/2017/04/19/pediatricians-see-more-trump-related-trauma-in-kids/>

Appendix:

Resources to Help Immigrant Families Understand Their Rights

- The **Immigrant Legal Resource Center** created “Red Cards” to help immigrants understand their rights and defend themselves against constitutional violations. Red cards provide critical information on how to assert one’s rights, along with an explanation to ICE agents that the individual is indeed asserting their rights. Knowing and asserting rights can make a huge difference in many situations, such as when ICE agents go to a home. See: www.ilrc.org/red-cards



Courtesy of Immigrant Legal Resource Center

- The **National Immigration Law Center** has developed a pocket-sized rights card, which is useful for immigrants to show to immigration enforcement officers. See: www.nilc.org/issues/immigration-enforcement/everyone-has-certain-basic-rights/
- **Moms Rising**, a website with an abundance of helpful resources for immigrants, recently published videos in English and Spanish to help immigrants understand their rights. See: www.momsrising.org/issues_and_resources/immigrant-women-children-and-families
- The **California Immigrant Policy Center** offers a variety of fact sheets that detail health and public benefits available to immigrant children. See: <https://caimmigrant.org/what-we-do/healthcare/>
- The **Latino Coalition for a Healthy California** has created a #Health4All Public Service Announcement video and a resource page on the health options and protections for undocumented Californians. See: bit.ly/SaludParaTodos-PSA and www.lchc.org/health-equity-resources-data/health4all/
- The **National Immigration Law Center** has also put together helpful resources in English and Spanish to help immigrants and providers navigate privacy concerns around applying for health care under the Affordable Care Act. See: www.nilc.org/issues/health-care/health-insurance-and-care-rights/
- The **Service Employees International Union** has created posters and other materials that explain what to do if immigration authorities come to one’s home, or workplace. The posters/flyers can be printed and hung in offices, schools, lobbies, living rooms, and places of work. See: www.seiuca.org/rights/
- The **Center on Immigration and Child Welfare** provides support to immigrant children and families involved in the public child welfare system, and a number of resources are available on their website. See: <http://cimmcw.org>

Resources for Communities to Protect and Support Immigrants' Rights

- The **California School Boards Association** has developed a number of resources—including legal guidance, sample board resolutions and template policies—to help California's schools continue to justly educate students impacted by immigration status. See: www.csba.org/GovernanceAndPolicyResources/ConditionsOfChildren/SpecificStudentPopulationEquity/ImmigrationStatus.aspx
- *The American Federation of Teachers and their allies developed a guide to prepare teachers and school staff to protect children and families in case of an immigration raid.* See: www.aft.org/sites/default/files/im_uac-educators-guide_2016.pdf
- The **Center for Law and Social Policy (CLASP)** developed a webinar, shared strategies, and new resources to help child care and early education providers support children and families at risk of immigration enforcement, including how to keep their programs safe from enforcement actions and help families cope and prepare for possible deportation. See: <http://www.clasp.org/resources-and-publications/webinar-supporting-young-children-immigrant-families>
- The **Center for the Study of Social Policy's** recent brief, *Healthy, Thriving Communities: Safe Spaces for Immigrant Children and Families*, shares actionable policy proposals that will promote safe spaces and economic stability for immigrant communities. See: www.cssp.org/policy/2017/Safe-Spaces-Immigrant-Children-Families.pdf