BRIDGES TO HEALTH ▪ ISSUE BRIEF ▪ AUGUST 2014

VOICES FROM THE FRONT LINES:

CALIFORNIA'S REMAINING UNINSURED AND THE SAFETY NET

"If you don't insure every single person, the system is not going to work," one told us. "It's going to be pieces falling apart."

Introduction

The Affordable Care Act (ACA) has made purchasing private health insurance easier and more affordable for millions of Americans, but in California, an estimated four million will remain uninsured in 2019.[1] The remaining uninsured population is very diverse, though often incorrectly made synonymous with undocumented immigrants. In reality, these four million Californians include citizens, undocumented immigrants and documented immigrants who will continue to rely on the health care safety net for their medical care.[2]

Even with full ACA implementation, millions of people will remain uninsured for a variety of reasons: a lack of an affordable offer of health insurance, an exemption from the individual mandate due to immigration status, unforeseen life events that may lead to temporary periods of being without coverage, a knowing choice not to purchase health insurance, or the reality that Medi-Cal participation rates will not be 100 percent.[3] A majority of these Californians will continue to access their health care through safety net providers,[4] whose critical funding is rapidly diminishing in the broader context of ACA implementation.

In the 2013-14 state budget, Governor Jerry Brown moved forward with Medi-Cal expansion in California — opening up access to health insurance for millions of low-income Californians who were previously ineligible, a majority of whom are people of color. As of the end of March, 1.9 million additional Californians have been determined eligible for Medi-Cal, including approximately 650,000 former Low Income Health Program (LIHP) members who were transitioned to Medi-Cal on January 1, 2014.[5]

This initial success in Medi-Cal enrollment, made possible by the ACA, does not come without a cost. Based on the assumption that expanded coverage through Medi-Cal and Covered California would mean fewer Californians relying on the safety net, the 2013-14 budget included the requirement that counties had to relinquish significant funding previously used to provide care for the remaining uninsured. As noted by others (see Appendix), this carving out of local safety net dollars will leave millions of remaining uninsured and underinsured Californians falling through the cracks. Because statistics cannot tell the whole story, we have sought to bring the voices of those most affected into the discussion. This brief focuses on the voices of safety net providers, advocates and foundations that fund health work; a companion brief, to be issued later this year, will highlight individual Californians who use safety net services.

Safety Net Providers

Safety net providers provide health care to patients regardless of ability to pay. The safety net system includes public hospital systems, public health clinics, community health centers, rural health clinics and free clinics.

> The Greenlining Institute believes that everybody should have access to quality, affordable health insurance, regardless of race, income, or documentation status.

Current Campaigns

In March 2013, after the research for this report was conducted, The California Endowment, a statewide health foundation, introduced its #Health4All campaign, including a **"Dreaming of Health Care"** video in which undocumented youth discuss how achieving a healthy life is difficult when individuals do not have access to health care.[6] The California Endowment kicked off the campaign to start a statewide policy conversation, along with advocates, on providing access to health care for the remaining uninsured.

In addition to the #Health4All campaign, in January 2014, Senator Ricardo Lara (District 33) introduced Senate Bill 1005, which is highly relevant to this policy discussion. SB 1005 would create a parallel health benefits exchange governed by Covered California, complete with state-funded financial assistance, and extend Medi-Cal coverage to California's undocumented immigrants. The Greenlining Institute believes that everybody should have access to quality, affordable health insurance, regardless of race, income, or documentation status. SB 1005 is a transformative first step in ensuring more equitable access to health care for many of California's remaining uninsured.

Methodology

In the summer of 2013, Greenlining conducted and transcribed semi-structured interviews with staff from two foundations, two safety net providers and a policy nonprofit. We then performed a thematic analysis on the interview results to produce "theme clouds," which we used to supplement specific comments made by interviewees. The theme clouds were developed using findings from the thematic analysis and Tagxedo, an online word cloud generator. Due to the small sample size, the findings presented here are not representative of all California foundations, safety net providers and policy nonprofits. Rather, they highlight a variety of different concerns and perspectives from those working directly on issues connected to care for the uninsured.

Findings

The theme cloud below represents the combined responses from the interviewees. The size of each theme, relative to others in the cloud, is a visual representation of how often that particular idea or comment was brought up by the interviewee:

Theme Cloud for Responses from All Interviewees

The prominent themes, once response rates from all interviewees were combined, are the following (in descending order): Funding, Citizenship, Coverage, County, Politics and Advocate.

Issues of safety net funding, health insurance coverage, the benefits of having citizenship and the barriers to living in California without it, came up repeatedly in these interviews. The creation of Covered California, expansion of Medi-Cal and the subsequent realignment in funding are having both positive and negative impacts. Everyone we spoke to made it clear in their own way that public policies that will improve health insurance coverage and health care access for California's remaining uninsured cannot be disentangled from immigration reform.

This manifests most tellingly for mixed-status families. One safety net provider commented, "We definitely see a lot of families that are mixed. Sometimes the younger child has everything, but the brother that is two, three years older is an immigrant. They don't have any access. You definitely see that frustration in the parents, the challenge that they have to understand the system."

In addition, immigration reform should not focus narrowly on undocumented immigrants, due to the complex regulatory web that affects both documented and undocumented immigrants. Youth and young adults who live here legally under Deferred Action for Childhood Arrivals (DACA) are eligible for full-scope Medi-Cal,[7] but are ineligible to purchase private health insurance through Covered California or qualify for federal financial assistance.[8] Also, undocumented immigrants can qualify for emergency Medi-Cal or programs like the Women, Infants, and Children (WIC) program,[9] but are ineligible for full-scope Medi-Cal.[10] According to these qualitative interviews, the remaining uninsured constitute an extremely diverse group, and a simple solution for this complex issue is unlikely.

Strikingly, safety net providers acknowledged the power of advocacy and community engagement almost as often as their counterparts did. Numerous references to local advocacy and empowerment suggest that grassroots coalitions are ready to be engaged to pursue an equitable statewide solution. "[We] need to empower and advocate for a community," one provider told us, "need to train them to learn the system, need to train them to speak up. [We] need to push the community to advocate and use the services they're entitled to."

Foundation interviewees touched on many of the same themes others addressed, and also highlighted the need to view the safety net as integral to care coordination. "More coordinated care and services will help all people," one foundation representative said. Foundation staffers were more likely than other interviewees to frame issues of the safety net and the remaining uninsured around opportunity, and acknowledged the diversity of these Californians the most frequently. "A longtime complaint of the health care system is about it not being culturally competent," one noted. "With our dollars, through workforce development ...we're hoping to make difference to all communities, including the remaining uninsured."

Safety net provider interviewees noted that while health insurance coverage has improved recently, providing health care to the community has become more difficult due to changes in state and federal funding. "For undocumented adults, there is pretty much no program to begin with," one interviewee commented. "The funding is so limited." This interviewee described having to use great caution in "the word we spread out" about services to the undocumented. "Even though we wish we could help everybody, the resources we have are so limited that we are cautious on the services we provide."

> "We definitely see a lot of families that are mixed. Sometimes the younger child has everything, but the brother that is two, three years older is an immigrant. They don't have any access. You definitely see that frustration in the parents, the challenge that they have to understand the system."

Emergency Medi-Cal

Emergency Medi-Cal is available to individuals who are pregnant, treated in an emergency room, or need long-term care. To qualify, individuals must meet the income requirement for Medi-Cal. Individuals must also be residents of California, though they do not need to have legal status.

> "[We] need to empower and advocate for a community," one provider told us, "need to train them to learn the system, need to train them to speak up. [We] need to push the community to advocate and use the services they're entitled to."

They also amplified the human element of this issue, describing their experiences with seniors, day laborers, intimate partner violence victims and the homeless. "If you don't insure every single person, the system is not going to work," one told us. "It's going to be pieces falling apart."

The single policy nonprofit interviewee acknowledged that California is in a unique policy window that is open to discussing immigrant rights; a political climate that is helped by a 2014-15 state budget that no longer includes a near-term deficit. Despite "vehement opposition" to unauthorized immigration, he said, "I will agree that the ground and the territory has shifted. I feel that we could pass things if legislators had more education." He noted the importance of finding common ground between immigrant rights advocates and "mainstream health advocates," and identifying the collateral benefits of shared advocacy priorities.

Policy Recommendations

- California legislators should pass and Gov. Brown should sign Senate Bill 1005 (Lara). This bill would significantly extend privately purchased health insurance coverage and Medi-Cal to all Californians, improve health insurance risk pools and lower health care costs for the state.

- Midway through Fiscal Year 2014-15, the governor's office should re-evaluate the funding realignment that was implemented to support the Medi-Cal expansion. Safety net providers are struggling to provide their communities access to care due to the loss of federal and state dollars. The state should assess how to strengthen the safety net until health care is available to all, perhaps by using existing LIHP infrastructure, as others have noted (see Appendix).

- Policymakers and stakeholders whose work involves the remaining uninsured and the safety net should use The California Endowment's #Health4All campaign as a model messaging strategy that amplifies personal stories. The conversation about the remaining uninsured and the safety net has centered on statistics and financial figures, which are necessary but fail to capture the human struggle of Californians who depend on the tattered safety net.

- The Department of Health Care Services (DHCS), which oversees the Medi-Cal program, should encourage collaboration and communication among safety net institutions and health care providers to provide comprehensive health services and reduce medical costs. Research consistently shows that when there is more care coordination, patient experiences, access to care and quality of services all improve.[11] As some of the interviewees noted, we have an opportunity to maintain access to health care while simultaneously improving health outcomes for safety net patients.

- DHCS should extensively and actively outreach to uninsured communities to help them enroll in eligible health programs. Interviewees expressed that immigrant patients often had difficulty navigating the health care system, such as knowing what services and programs are available to them, and knowing the difference between health insurance programs and eligibility requirements.

- Foundations that do health-related grant-making should encourage collaboration among grantees to enhance one another's advocacy efforts for more equitable health care access. All the interviewees placed a great degree of significance on advocacy, and the safety net providers specifically recognized a broad base of support that is ready for grassroots organizing.

Conclusion

People of color disproportionately lack access to health care; prior to the ACA, they made up 74 percent of California's uninsured and likely will continue to be a majority of the uninsured moving forward — a significant burden on the state considering its majority-minority demographics. In 2014 and beyond, the remaining uninsured will still primarily depend on the safety net, until comprehensive legislation like SB 1005 is passed. Passage of this legislation is urgently needed. As this effort continues, advocates and safety net providers must continue to document the stories of the uninsured and the impact on California of allowing millions of our neighbors to remain without health coverage.

Appendix: Additional Research and Resources

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[1] Lucia L, et al. (September 2012). *California Simulation of Insurance Markets (CalSIM): After Millions of Californians Gain Health Coverage under the Affordable Care Act, who will Remain Uninsured?* UC Berkeley Center for Labor Research and Education and UCLA Center for Health Policy Research. Retrieved from http://laborcenter.berkeley.edu/health care/aca_uninsured12.pdf

[2] Felland L & Cross D. (June 2013). *Ready or Not: Are Health Care Safety-Net Systems Prepared for Reform?* Center for Studying Health System Change; California HealthCare Foundation. Retrieved from http://www.chcf.org/-/media/MEDIA%20LIBRARY%20Files/PDF/R/PDF%20ReadyOrNotSafetyNetPreparedForReform.pdf

[3] Lucia L, et al. (September 2012).

[4] The Institute of Medicine defines safety net providers as those who "offer care to patients regardless of their ability to pay for those services..." and "a substantial share of their patient mix are uninsured, Medicaid, or other vulnerable populations." Those in the safety net system include public hospital systems, public health clinics, community health centers, rural health clinics and free clinics.

[5] Covered California. (April 2014). *Covered California's Historic First Open Enrollment Finishes with Projections Exceeded; Agents, Counselors, Community Organizations and County Workers Credited as Reason for High Enrollment in California.* Retrieved from http://news.coveredca.com/

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[7] "Full-scope Medi-Cal" refers to the standard Medi-Cal program. "Medi-Cal is California's Medicaid health care program. This program pays for a variety of medical services for children and adults with limited income and resources. Medi-Cal is supported by federal and state taxes." Retrieved from http://www.dhcs.ca.gov/Services/medi-cal/pages/whatismedi-cal.aspx

[8] California Immigrant Policy Center. (December 2013). *Health Program Eligibility Chart for California Immigrants.* Retrieved from https://caimmigrant.org/document.html?id=514

"In June 2012, the U.S. Department of Homeland Security created the Deferred Action for Childhood Arrivals (DACA) program. DACA provides temporary relief from deportation and a work permit for young immigrants who meet certain requirements. Grants of deferred action are available for two year renewable periods."

[9] "The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides Federal grants to States for supplemental foods, health care referrals and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age five who are found to be at nutritional risk." Retrieved from http://www.fns.usda.gov/wic/women-infants-and-children-wic

[10] California Immigrant Policy Center. (December 2013).

"Restricted Medi-Cal includes emergency and pregnancy-related services. Depending on immigrant status, restricted Medi-Cal may also include care and services related to an emergency medical condition (including dialysis services, but not related to an organ transplant procedure) and long term care."

[11] Grumbach K and Grundy P. (Updated November 2010). *Outcomes of Implementing Patient Centered Medical Home Interventions: A Review of the Evidence from Prospective Evaluation Studies in the United States.* Patient-Centered Primary Care Collaborative. Retrieved from http://www.cms.org/uploads/GrumbachGrundy2010OutcomesPCPCC.pdf

Acknowledgments

About the Greenlining Institute

Founded in 1993, The Greenlining Institute is a policy, research, organizing, and leadership institute working for racial and economic justice. We work to bring the American Dream within reach of all, regardless of race or income. In a nation where people of color will make up the majority of our population by 2040, we believe that America will prosper only if communities of color prosper.

The Greenlining Institute Bridges to Health Program

Nothing is more essential than our health. Everybody should have access to good health regardless of race or income. Health care must be responsive to the nation's growing communities of color, but health care isn't enough. People also need access to the things that lead to good health such as safe neighborhoods, healthy foods, clean environments and decent jobs. Greenlining brings the voices of communities of color into critical decisions that affect all of our lives and health.

Special Thanks

To **Justin Rausa** and **Denisse Rojas** for their research which helped make this project possible. To all who took the time to participate in stakeholder interviews. And to The California Endowment for their generous support. Without all of your help, this project would not have been possible.

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