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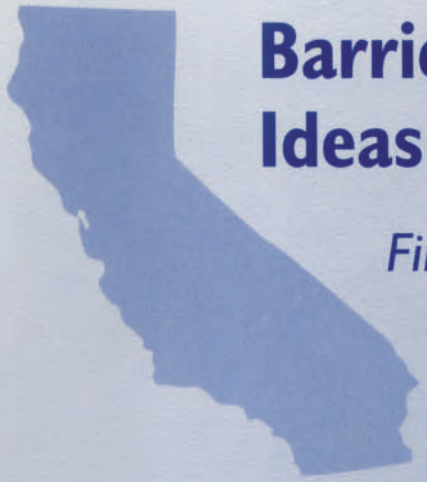

Barriers to Medi-Cal Enrollment and Ideas for Improving Enrollment:

Findings from Eight Focus Groups in California with Parents of Potentially Eligible Children

SAN BERNADINO

FRESNO

SAN JOSE

OAKLAND

LOS ANGELES

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THE HENRY J. KAISER FAMILY FOUNDATION

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The Kaiser Commission on Medicaid and the Uninsured serves as a policy institute and forum for analyzing health care coverage and access for the low-income population. Medicaid eligibility policies and enrollment practices are Commission priorities for analysis and research.

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SUMMARY OF FINDINGS

This study attempts to understand why some eligible Californians do not enroll in the Medi-Cal program—California's name for its Medicaid program—which offers subsidized health coverage for low-income people and their children. The research firm of Lake, Snell, Perry & Associates (LSPA) and UCLA Professor Robert Valdez were commissioned by The Henry J. Kaiser Family Foundation to conduct eight focus groups during March 9-11, 1998, with parents of potentially eligible children to hear their opinions on this topic. The findings from this research reflect the views of focus group participants about the Medi-Cal program—their image of the program, the barriers they face to enrollment, and the sorts of strategies they recommend for encouraging potentially eligible people to enroll in the program.

Eight focus groups were held in five California communities with diverse populations and in three languages. The focus groups were organized as illustrated in Table I.

All focus group participants are parents of uninsured children five years old or younger who live in low- and moderate-income households. Thus, the children of focus group participants are potentially eligible for Medi-Cal, even though they are not currently enrolled in the program. Other participant characteristics include the following. Approximately three-quarters are under age 35. Most are female, split between married and unmarried participants, and have an average: of two children, family size of four, and annual family income of close to $18,000. For three-quarters of participants, either the participant or their spouse is employed. Many also indicate in the focus groups that they have previously participated in Medi-Cal.

Table I

Community	*Date*	*Participants*	*Language*
Los Angeles	3/9/98	Latino	Spanish
	3/9/98	Anglo and Latino mix	English
Oakland	3/9/98	African American	English
	3/9/98	Chinese	Cantonese
San Jose	3/10/98	Latino	Spanish
	3/10/98	Anglo and Latino mix	English
Fresno	3/10/98	Anglo and Latino mix	English
San Bernadino	3/11/98	Anglo and Latino mix	English

Understanding the Uninsured

A profile of these uninsured focus group participants and their children emerges as they discuss their challenges in obtaining health coverage. This research found that:

- **Participants are deeply worried about their uninsured children.** In emotional terms, participants say they feel "helpless" and like "personal failures" for not providing health coverage for their children. They are much less concerned about their own uninsured status.

> **"I feel like I have no arms or legs – helpless."**
> -Woman from mixed San Jose group

- **Cost and the fact that their employers do not offer coverage are the main reasons they and their children are uninsured.** Many participants are employed but are not offered health coverage through their jobs. They say they cannot afford coverage on their own and so they must do without it. A number of participants are also in new jobs or temporary jobs, and do not yet qualify for health insurance.

- **Participants have fluid and often-changing lives.** They say their work and personal situations change often and that this makes obtaining consistent health coverage—and qualifying for Medi-Cal—difficult. For example, many participants appear to be transitioning out of a job or into new jobs. Some were married and are now single and must support their family on one income. Some had Medi-Cal when they were pregnant, but are uninsured now that their child is older. Many also have been on and off Medi-Cal when their incomes and job situations fluctuate.

- **Participants rely on home remedies, public clinics, and emergency rooms.** Because they lack health coverage, participants rely on a patchwork of health services for their sick children. They often hope to solve the problem at home first before they incur expenses at clinics or emergency rooms. They also appear to have access to limited preventive care such as check-ups and immunizations at public clinics and programs offered by schools. Yet, participants strongly assert that they do not put off care when their children need medical attention, and that they take them to a clinic or emergency room and worry about the bill later. For themselves, they admit to putting off medical care because of cost.

> **"If my family buys private insurance, we can't afford to buy food for the family."**
> -Cantonese-speaking participant from Oakland

Knowledge and Perceptions of Medi-Cal

All focus group participants have heard of Medi-Cal and knew at least something about the program. Yet their information does not always appear to be based on factual information, and most hold some misperceptions about the program. This research found that:

- **Most participants have a negative perception of Medi-Cal.** They perceive a stigma attached to Medi-Cal because of its historical connection to welfare and welfare offices. They also believe that Medi-Cal is only for people who are "dirt poor," and that people like themselves who work do not qualify. They perceive that even with Medi-Cal there are a lot of out-of-pocket expenses, and that doctors and other medical staff treat Medi-Cal patients like second-class citizens—for example, they think providers make them wait longer for care than private health plan patients. They assume that Medi-Cal does not cover as many services as private plans and that some doctors and hospitals do not accept Medi-Cal patients. Spanish-speaking participants depart from other focus group participants in their more positive view of the Medi-Cal program. Lastly, the lure of having at least some health coverage for their children prompts almost all focus group participants to say they would enroll tomorrow in Medi-Cal if they could qualify— despite its perceived flaws and drawbacks.

> **"You have to be practically homeless to get Medi-Cal."**
> -Woman from mixed Los Angeles group

> **"... If you were to go into a physician's office or a hospital, they treat you like a felon."**
> -Woman from mixed San Bernadino group

- **Most of what participants know about Medi-Cal is based on word-of-mouth.** Only some of the focus group participants have heard about Medi-Cal through formal sources, such as in the emergency room or at a clinic. Their informal sources of information may be fueling misperceptions of the program.

Barriers to Enrollment

Participants cite the following barriers to enrolling in Medi-Cal:

- **Confusion about eligibility.** Most participants appear very confused about their eligibility status and about the eligibility of their children. Most feel that they cannot work and still qualify for Medi-Cal. They also believe they earn too much to qualify, but many have a hunch their children might qualify—although they do not

know for sure. No participants were aware that *some* of their children may be eligible, while others may not be eligible. *Specifically, they had no knowledge that children five years old or younger have different eligibility criteria than older children.* Participants tend to think about enrollment in terms of the entire family, and are very uncomfortable with the idea that some children in their family may be eligible while others are not. Some participants also believe they are eligible only when pregnant.

"How come one [child] does [qualify for Medi-Cal] and the other one doesn't?"
-Woman from mixed San Jose group

- **An onerous enrollment process.** Most participants say the enrollment process for Medi-Cal is unnecessarily complicated and unpleasant. They say it is hard to take time off from work to apply, and that when they seek to enroll, they must contend with long lines, long waits, and insensitive enrollment workers. They describe enrollment forms as long, complicated, and redundant, and think they cannot make a mistake or else they will have to start the process all over again. They also say that the enrollment process is not a one-shot deal, but a process that requires multiple visits and more time lost from work.

"[Enrollment] takes all day. If you are working, you can't go [enroll]."
-Woman from mixed Los Angeles group

- **The process is demeaning.** Participants in every focus group say enrollment officers treat them rudely and that they are "talked down to" and degraded throughout the whole enrollment process. They believe they are stereotyped and that enrollment officers do not really care about them or their struggles. They also say the facilities where they enroll are not "people-friendly" places.

- **Too much personal information.** Most participants expressed anger that they must reveal so much personal and private information about their lives in order to enroll in Medi-Cal. They say they are asked about breast-feeding, their roommates, and even about their sex lives. They question why such information is necessary.

- **Fears about immigration and residency.** Changes in immigration policy have concerned and confused many Spanish-speaking participants who feel that enrolling in Medi-Cal can hurt their chances for residency and citizenship. Cantonese-speaking participants do not raise these issues as a concern.

- **Language barriers.** Both Spanish-speaking and Cantonese-speaking participants feel they face language barriers to enrollment, particularly because of the lack of bilingual enrollment officers to help them through the process.

Outreach Ideas

Focus group participants were asked to give advice about how best to inform them about Medi-Cal, and how to encourage them to enroll their children in the program. Following are the outreach ideas they say are most promising:

- **Educate me first.** Most focus group participants say they do not know enough about Medi-Cal and they want more information about the program—particularly about eligibility criteria—before they make decisions about enrollment. Specifically, they want more and better information that can help them determine their children's eligibility as well as their own eligibility as their lives change—for example, are they still eligible if they receive a raise in their job or if they are living with someone? Latino participants want more information about how Medi-Cal enrollment relates to legal status and residency.

> **"Well, I heard that [non-citizen Latinos] have to pay back what [benefits] they have used."**
> -Man from Spanish-speaking Los Angeles group

- **Best ways to learn about Medi-Cal.** Participants say that it truly does matter how they hear about Medi-Cal. The ways they want to hear about Medi-Cal include:

  ✓ ***Mail:*** They prefer mailed information to receiving telephone calls encouraging them to enroll (which would seem too much like annoying sales calls).

  ✓ ***Seminars:*** An even better method, say many participants, is seminars in their communities where they can engage in give and take conversations—and ask their questions—with people informed about Medi-Cal.

  ✓ ***TV and radio spots:*** Many participants say they would like to learn more about Medi-Cal enrollment through TV or radio advertisements, which would include a toll free telephone number for additional information.

  ✓ ***800 numbers:*** While they like the idea of immediate information they could receive through a 1-800 number or Medi-Cal hotline, they are wary of automated response systems and long periods on hold.

✓ ***No home visits:*** For safety reasons, many participants do not want someone from Medi-Cal coming to their home to enroll them.

- **Trusted messengers—"someone like me."** Most participants agree that the most trusted authority on Medi-Cal enrollment is someone like themselves—someone who knows what it is like to struggle, to be uninsured, and to endure the enrollment process. They recommend that Medi-Cal hire former or existing beneficiaries to educate the community about the Medi-Cal program and the enrollment process.

"I think they should hire the people that actually need the Medi-Cal, to actually be the ones to decide whether the people qualify or not."
-Woman from mixed San Bernadino group

- **Personal contact is key**. Participants describe an impersonal enrollment process where they are treated "like numbers" and in which they feel there is not enough personal contact or opportunity to ask questions. Underlying these comments is the desire participants express to have a conversation with an informed and sensitive individual about Medi-Cal.

- **Schools are a good resource**. Almost every participant agrees that schools would be a good outlet for information about Medi-Cal as well as a good place for them to complete the enrollment process. They like schools for many reasons: they believe young people need to be informed about the program, they say parents naturally gravitate to schools and spend a significant amount of time on school premises anyway, and they indicate that parents are already used to attending educational functions at schools. Only a few participants expressed any concerns about schools, saying that they were concerned about other children and parents knowing they received Medi-Cal.

Priorities for Improving Enrollment

Participants offered many ideas for improving the Medi-Cal outreach and enrollment process—below are their priorities:

A. Eligibility

- **Clarify Income and Assets Eligibility.** Most participants automatically assume they earn too much to qualify. Fact sheets and one-page descriptions clearly listing income and asset requirements would help participants figure out if they should try to enroll or not.

- **Provide Better Explanations about Children's Eligibility.** Participants say they do not know whether their children qualify for Medi-Cal. Providing basic information about their children's eligibility, such as the

case when some of their children are eligible while others are not, is strongly supported by participants. They recommend a concerted effort be made to inform parents about their children's eligibility—*because it is their children they are most concerned about.*

- **Eligibility Rules Should Not Split Families.** Participants seek to enroll the entire family—or at least all of their children—in Medi-Cal. They express great reluctance to enroll just one child because they see it as unfair to the other children and fear that their children will perceive them as favoring or singling out a sibling. Participants urge those setting eligibility rules to allow families to enroll as a whole, rather than single out one child.

B. Enrollment

- **Provide Sensitivity Training/Hire Former and Current Beneficiaries.** A top priority for participants is to be treated by Medi-Cal representatives with respect and courtesy. They recommend that all social services staff and enrollment officers receive sensitivity training so that they treat those seeking to enroll in Medi-Cal with more respect and compassion. They also suggest hiring current and former beneficiaries to lead outreach efforts in their communities.

- **Simplify the Enrollment Form/Ask Less Invasive Questions.** A basic first step to easing the enrollment process, according to participants, is simplifying the enrollment form, making it shorter, and removing intrusive questions that invade their personal lives beyond what is necessary to determine eligibility.

- **Extend Hours.** Because many participants say they cannot take time off from work to enroll, they suggest social services offices and other enrollment locations offer extended hours so they can enroll after work or on weekends.

- **Use People-to-People Approaches.** Participants want more human contact throughout the enrollment process. They want more opportunities to ask questions about the program and express enthusiasm for these discussions to occur in community and small group settings.

- **Use Schools As a Resource.** Participants are almost unanimous in their support of schools as a focal point of Medi-Cal outreach, but some do have concerns about potential stigma and privacy.

- **Address Language Barriers.** Both Spanish-speaking and Cantonese-speaking participants ask that more forms and materials be developed in their languages and that more bi-lingual enrollment officers be hired.

C. Perception of Medi-Cal

- **Provide Information about How Medi-Cal Actually Works.** Most

participants say they have a negative perception of Medi-Cal, much of it based on word-of-mouth and limited experience with the program (e.g., previous attempts to enroll). Most are extremely confused about who the program serves and what benefits the program provides. Participants ask for more information about how the program actually works to help them decide whether or not to enroll in the program.

- **Explain the Connection between Medi-Cal Enrollment and Residency.** Latino participants ask for clear information that addresses a concern about program participation and establishing residency and citizenship. They are unclear about their responsibilities to pay back these benefits at a later point or whether they would be disqualified for residency as a result of participating.

Conclusion

Focus group participants—who are parents of children who are potentially eligible for Medi-Cal—offer important insights into the barriers they face to Medi-Cal enrollment and about the sorts of outreach strategies that might encourage them to enroll. An equally important result of this research is a window into the tensions and conflicts that impact participants' decisions about Medi-Cal enrollment. Chief among the conflicts that participants experience are:

- **Wanting health coverage for their children vs. reluctance to endure a difficult enrollment process.** Participants appear sincerely pained over the fact that their children are uninsured and say that a top concern of theirs is ensuring that their children have access to health care. These same parents also strongly convey, however, that the Medi-Cal enrollment process is so onerous and demeaning—and, in their words, "so much hassle that it is not worth it"—that they seem reluctant about trying to enroll again in the future. This conflict—between desperately wanting affordable health coverage for their children yet not wanting to endure the enrollment process—is a critical finding that highlights just how important participants' *perceptions* of the enrollment process are.

- **Wanting health coverage for all of their children vs. only enrolling *some* of their children.** This research shows that while no focus group participants were aware that their children five years old or younger might qualify for Medi-Cal even when their older siblings do not, they greet this new information with disbelief and frustration. They say they want to enroll their entire family in Medi-Cal—not to favor *some* family members and to penalize *others*.

Thus, participants are put into conflict: they must weigh their desire to provide Medi-Cal coverage for at least their youngest children against their

instinct to think in whole-family terms.

- **Their self-image as "workers" vs. recipients of "welfare."** Participants seem to have difficulty reconciling their image of themselves as self-sufficient working people—not welfare recipients "getting handouts"—with the idea that they would be enrolled in a Medi-Cal program originally linked to welfare. Participants believe only non-workers or those most poor can receive welfare—people different from themselves. This conflict is only strengthened by a feeling of stigmatization that many participants attach to Medi-Cal enrollment—they often express anger that they are stereotyped and demeaned and are generally treated like second-class citizens while enrolled.

These conflicts and the other tensions emerging in the focus groups may be critical to understanding the most significant obstacles to enrollment from the perspective of potential enrollees.

INTRODUCTION

The Henry J. Kaiser Family Foundation sponsored this study to understand why some potentially eligible Californians do not enroll in the Medi-Cal program —California's name for its Medicaid program—which offers subsidized health coverage for low-income people and their children. A review of existing information and surveys shows that while much is known about people who receive Medi-Cal—and even about people who are uninsured—there is little information available about uninsured people who are eligible for Medi-Cal but who are not enrolled in the program, or about *why* eligible people are not enrolled. Because many of these potentially eligible people are children—and because few people would choose to be uninsured if they had an affordable alternative—this study sought to understand the barriers to enrolling in Medi-Cal and to hear ideas about how to identify and encourage potentially eligible individuals to enroll.

The research firm of Lake, Snell, Perry & Associates (LSPA) and Professor Robert Valdez of the UCLA School of Public Health were commissioned to conduct eight focus groups with parents of children who are potentially eligible for Medi-Cal benefits to hear their opinions on this topic. A review of other studies suggests that few studies have addressed barriers to Medi-Cal/Medicaid enrollment from the perspective of people who may be eligible for the program. The barriers and enrollment ideas identified in this report come *directly* from people who know firsthand what it is like to try to enroll in Medi-Cal, and what it is like to have uninsured children. For these reasons, this report may offer fresh and workable ideas to those seeking to encourage enrollment in the Medi-Cal program (not to mention other public programs such as the new Healthy Families program—California's State Children's Health Insurance Program (CHIP)).

Approach

The eight focus groups were conducted March 9-11, 1998, in different communities across California and with different demographic groups and in three languages. The focus groups were organized as illustrated in Table II.

These demographic groups represent populations in California who are likely to be eligible for Medi-Cal, but who may not enroll. Focus groups were conducted in Spanish and Cantonese to learn how language and immigration status may also impact the likelihood of enrollment in Medi-Cal.

Because there are many ways that someone may qualify for Medi-Cal, and because of the different income thresholds that exist for program eligibility, this study purposely narrowed its focus to the parents of uninsured children five years old or younger who live in low- and moderate-income households (e.g., less than or equal to 133% of the Federal Poverty Level). Thus, the young children of the focus group participants are potentially eligible for Medi-Cal, even though their parents and older siblings may not be eligible. For this reason, parents were asked to talk about their uninsured children rather than themselves.

Table II

Community	*Date*	*Participants*	*Language*
Los Angeles	3/9/98	Latino	Spanish
	3/9/98	Anglo and Latino mix	English
Oakland	3/9/98	African American	English
	3/9/98	Chinese	Cantonese
San Jose	3/10/98	Latino	Spanish
San Jose	3/10/98	Anglo and Latino mix	English
Fresno	3/10/98	Anglo and Latino mix	English
San Bernadino	3/11/98	Anglo and Latino mix	English

A general profile of participants is as follows: Approximately three-quarters of participants are under age 35. Most are female; they are equally split between married and unmarried participants; they have an average family size of four with an average of two children; and they have an average annual family income of close to $18,000. For three-quarters of participants, either the participant or their spouse is employed. Many also indicate in the focus groups that they have previously received Medi-Cal. A more detailed demographic profile of participants can be found in Appendix A.

Lastly, focus groups were selected as the research method in order to probe into the reasons why participants are not enrolled in Medi-Cal. Focus groups serve as an effective forum for brainstorming and generating new ideas about how to encourage more enrollment in Medi-Cal. While focus groups offer depth and insight, focus group findings are not necessarily representative of how all potentially eligible Californians may feel about Medi-Cal. For a representative study, a quantitative survey would need to be conducted.

Following are the key findings from this study.

Ever-Changing Situations

Most participants' work situations, incomes and personal lives appear to be fluid and often changing—which affects when and if they have health coverage. Many participants appear to be transitioning out of a job or into new jobs. Some were married and are now single and must support their family on one income. Some had Medi-Cal when they were pregnant, but are uninsured now that their child is older. Many participants say they have been on and off Medi-Cal. A woman in the African American Oakland group explains, "For me, it's fluctuated. I've had health care through employment. I've had Medi-Cal, but because of my job situation and for various reasons, I don't currently have it. [Now] I work through an agency and they won't pay for your health care unless you work a certain amount of hours." A woman from a mixed group in Los Angeles told how she recently "got laid off" while a San Jose woman from a mixed group explained that "my husband changed jobs and he got a better paying job but technically I guess not because the coverage cut off at the same time." Participant after participant tell of similar changes in their lives.

"I had Medi-Cal about four months ago, but I had to drop it because my husband went over the limit with one paycheck.
-Latino woman from Spanish-speaking, San Jose group

Importantly, the fluid lives of participants make retaining Medi-Cal coverage difficult. A Latino woman from the Spanish-speaking focus group in San Jose said, "I had Medi-Cal about four months ago, but I had to drop it because my husband went over the limit with one paycheck. He worked a Saturday and Sunday, so I had to report that and they took it away." Fluctuations in their jobs and personal lives also make it difficult for many participants to determine if they are eligible for Medi-Cal, and many seem to simply assume they are not eligible. Another challenge is that as their lives change, they must reapply for Medi-Cal—a process that most participants regard as onerous.

Home Remedies, Public Clinics, and Emergency Rooms

Even though they lack insurance, participants describe a patchwork of resources they use to obtain limited health care services for their families. Home remedies and over-the-counter drugs are widely used as the first line of defense when either a parent or a child becomes ill. If these fail, the next step appears to be public clinics or hospital emergency rooms. Explained a woman from a mixed group in Los Angeles:

> Most of us can't afford [insurance], that's why we don't have it. So we have to try home remedies and see if it gets better. If not, if it is an emergency, then we have to take them to the emergency room or clinic.

A woman in a mixed group in San Jose takes the same approach. She said, "First you try the store-bought stuff first if it is a cold or something, you start with Tylenol and the over-the-counter stuff first but when it gets

worse, you have no choice." It is clear that most participants seek to solve the problem at home first, before taking a perhaps costly next step to a clinic or emergency room. A Cantonese-speaking participant from the Oakland group made this point when she said: "We would try to take care of our children at home instead of going to see a doctor."

But participants strongly assert that they do not take risks with their children's health, and will seek out medical care when necessary—regardless of the cost. "Well, when my son is concerned, I'll have bad credit first. You know, I'll just take him to the hospital. But for myself, I'll put it off,"

"We would try to take care of our children at home instead of going to see a doctor."
-Cantonese-speaking participant from Oakland group

revealed a man from the mixed group in San Bernadino. A man from a mixed group in Los Angeles made a similar comment: "I don't want to be proud of myself, but I want to take care of my own as much as possible. A situation that comes when my child is sick and it is an emergency, then no matter what I have to do—whether it is Medi-Cal or pay it out of my pocket—you have to do it." And a Cantonese-speaking participant from the Oakland group echoed these sentiments when she said, "If it is really an emergency, I will take my child to a hospital knowing I would end up with a large bill. I will just have to pay small installments to the hospital."

When it comes to their own health, however, participants acknowledge they are more likely to put off medical care. "Like with us, when we get sick, we'll just kind of wait it out and kind of see if, you know, we get better," acknowledged a woman in a mixed San Bernadino group.

Some participants find other ways to obtain health services for their children. A Latino man in the Los Angeles Spanish-speaking group said, "Since we don't have insurance or Medi-Cal, like most other Mexicans we go down to the border to obtain medicine and take the children there." A woman from that same focus group said, "I took [my children] to a lady who lives close to my home, and she gives them injections."

When it comes to preventive care—like regular check-ups, well-baby care, and immunizations—participants also find ways to obtain some limited care for their children. A San Jose woman in a mixed group

"Since we don't have insurance or Medi-Cal, like most other Mexicans we go down to the border to obtain medicine and take the children there."
-Latino man from Spanish-speaking, Los Angeles group

explained, "My son has to get a physical because he plays football" and implies she is able to get this care for free. Others talk about free immunization programs at schools and

check-ups at clinics as sources of inexpensive and free preventive care.

Importantly, few participants feel that this patchwork approach to health care is the best for their children, and almost all say they would welcome Medi-Cal or any other form of insurance. They miss not having a regular doctor and a number to call when they have medical questions. Moreover, while many participants seem to feel that they are covered for minor illnesses and preventive care by this patchwork, they live in constant worry of more serious and long-term medical needs that they cannot afford. They mention long hospital stays, expensive surgeries, and on-going needs for medications as medical services that they could not afford currently. Indeed, many participants say that the main reason they want Medi-Cal is to cover themselves and their children when and if they have a catastrophic medical need.

2. KNOWLEDGE AND PERCEPTIONS OF MEDI-CAL

All participants have heard of Medi-Cal and have some knowledge about the program. They seem to share similar perceptions of the program and much of what they know is a mix of hearsay and personal experience, and may not necessarily be factually accurate. Yet their perceptions of Medi-Cal—whether accurate or not—appear to drive the sort of decisions they make about Medi-Cal enrollment.

An Image Problem

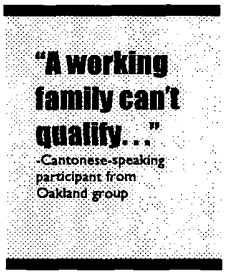
Most participants hold negative perceptions of the Medi-Cal program. They make comments like "It is not as good as it used to be" and "Many doctors won't even see Medi-Cal patients." Importantly, they believe people are treated like second-class citizens when they are covered by Medi-Cal. Yet for all its flaws, almost all participants say they would enroll in the program tomorrow if they could qualify. Their specific views on Medi-Cal are detailed below.

- **A Link to Welfare.** Most participants perceive a link between welfare and Medi-Cal and do not view this connection positively. Many participants take pride in the fact they are working and trying to make it on their own, and do not like that people stereotype them as "welfare mothers." A woman in a mixed group in San Jose said,

  > People seem to look down on people because they think you are on AFDC, you are getting welfare. That means you are sitting home having babies or sitting home just trying to live off people and that is not true. Some of us did work and Medi-Cal is supposed to be there for us when we are in situations that some of us are in.

  A woman from a mixed group in Los Angeles made a similar point when she said, "Everyone feels that way. You watch talk shows, they are always putting down people that go on welfare as if they are proud of it and are trying to [cheat] the system. It's crazy, it really is."

- **You Have to Be "Dirt Poor."** A number of participants have an image of Medi-Cal beneficiaries as desperate and extremely poor—and that Medi-Cal is not a program for "workers." A woman from a mixed group in Los Angeles said, "What I've heard is that it is for the very under-privileged. You have to be practically homeless to get Medi-Cal." A woman in the same group believes to qualify, "You can't have nothing." A San Bernadino woman in a mixed group has heard, "Just that there are strict guidelines and everything and that it's hard to qualify." A Cantonese-



speaking participant from the Oakland group believes, "A working family can't qualify" for Medi-Cal. For these reasons, many participants believe Medi-Cal is not a program intended for them.

- **A Lot of Out-Of-Pocket Expenses.** Many participants believe that even with Medi-Cal, they may have to pay expensive medical bills. "They don't pay for a lot of things," spoke a Fresno woman in a mixed group. Some participants perceive these costs are so high that they cannot afford to even receive Medi-Cal. "I'm eligible [for Medi-Cal], it is just too expensive," explained an African American woman from the Oakland focus group.

- **Doctors Treat You Like Second-Class Citizens.** Many participants believe that doctors and their staffs look down on Medi-Cal patients and treat them worse than they do private insurance patients. "With Medi-Cal, they put you on a lower level," said a man from the mixed Los Angeles group. A woman from the African American Oakland group added this thought: "...I think if sometimes if you were to go into a physician's office or a hospital, they treat you like a felon." A woman from a mixed San Bernadino group stated, "Depending on where you [go]... some places are really good about it. [But] some places you get and they just look at you like you're low, like you're trash. Like, 'Oh, you're on Medi-Cal,' like that's real low."

"...I think sometimes if you were to go into a physician's office or a hospital, they treat you like a felon."
-Woman from mixed Los Angeles group

Another San Bernadino woman believes this negative image of Medi-Cal beneficiaries translates into longer waits. She said, "You're behind everybody else. If you get there first, like at 9:00 am, and somebody comes at 9:30 am and they are paying, the people that's paying are going to be seen before you."

Finally, some participants do not just draw on their own perceptions, they have heard it directly from doctors. A woman in the Spanish-speaking San Jose group said, "When I had insurance, my son's pediatrician clearly told me that people with private insurance are cared for a lot better than the people with Medi-Cal. The pediatrician clearly told me this."

- **Not As Many Services Covered.** Most participants believe that private health plans have much more generous benefits than Medi-Cal. Moreover, they do not believe that Medi-Cal covers as many services as it used to just a few years ago. A San Jose woman from a mixed group asserted that "They [Medi-Cal] don't cover as

much as they used to." An African Am-erican woman from the Oak-land group said, "You are limi-ted to what type of medicine and to what type of surgeries. You are just limi-ted." And a Cantonese-speaking participant from the Oakland group is frustrated because "Medi-Cal doesn't cover services from the traditional Chinese Herbalist." Additionally, many participants believe Medi-Cal only covers generic drugs, not brand names. "They give you generic everything," said a Fresno woman in a mixed group. "They don't give you the real deal."

Interestingly, in the Oakland focus group, some participants were aware that some Medi-Cal beneficiaries are now enrolled in managed care plans, and believe that the move toward managed care means that even fewer services and drugs are covered, not more.

- **Some Doctors and Hospitals Do Not Accept Medi-Cal.** A number of participants believe that doctors and hospitals avoid Medi-Cal patients. "A lot of doctors won't take it [Medi-Cal] and a lot of them aren't that good [anyway]," expressed a woman from a mixed San Jose group. They perceive that Medi-Cal does not pay doctors very well, which is why they believe doctors resist seeing Medi-Cal patients. "Say if there is a bill for $100 that other doctors charge but [Medi-Cal doctors] are getting paid something like [$27], so to some physicians, money is more important [than treating Medi-Cal patients]," explained an African American woman from an Oakland group.

- **Spanish-Speaking Participants Are the Most Positive.** Latino participants in the Spanish-speaking focus groups offer a much more positive picture of Medi-Cal than do the other demographic groups. These participants do not agree with all of the criticisms offered in the other groups, and they were also more likely to talk about what works well in the program. "They do care about children... Medi-Cal does have that," put forth a woman from the Spanish-speaking San Jose group. A woman from the Spanish-speaking Los Angeles group called the program "Good, because it covers the treatments very well and the medicines are very good." She continued, "They always give you enough medicine to not run out." Moreover, participants in the Spanish-speaking Los Angeles focus group describe a very positive and responsive Medi-Cal program. For example, they say that Medi-Cal "delivers medication at home" and "they bring specialists from other States when it's a serious illness."

- **Even With the Flaws, They Would Enroll in Medi-Cal Tomorrow.** Despite Medi-Cal's image problem, almost all participants appear willing to enroll tomorrow if they would qualify for the program. Their willingness to enroll stems from a feeling that their current patchwork of

health services is not good enough for their children and does not offer the consistency and security of Medi-Cal. Says a San Bernadino woman in a mixed group, "Well, for me, it was like all these other things were too [difficult]... yes, the paperwork and this and that. But if I could get coverage for my son, I would go through it."

Hearing Through the Grapevine

Most of what participants know about Medi-Cal appears to come from word-of-mouth and from informal conversations with friends and family. Many also have previously received Medi-Cal, and so draw on their personal experiences when talking about the program. Neither source of information appears good enough to participants, however, because most still feel they do not fully understand the program or know how to qualify. For example, a woman from the Spanish-speaking San Jose group said, "Educate us. [Offer] an orientation before filling out forms." A San Bernadino woman in a mixed group explained that "the guidelines change so often that it's confusing to those who are applying." And a man in the Spanish-speaking Los Angeles focus group asked for "clear explanations about who [Medi-Cal] affects and who it benefits."

Most participants see large gaps in their knowledge of Medi-Cal and do not know if all they have heard from friends and family is true. For this reason, they want more informed and reliable sources of information (more details about what information they want and who they want to receive it from are covered in a later section, Outreach Ideas and Priorities for Improving Enrollment.)

Some participants, however, have heard about the program in more formal ways. A few recall being told about Medi-Cal in a clinic. "They have this receptionist or something like that and they come and talk with you and ask if you would be interested in getting Medi-Cal," said a Los Angeles man in a mixed focus group. An African American woman from the Oakland group told how she was approached in the hospital. She said, "Just prior to discharge, I had a counselor come to me and try to qualify me for Medi-Cal. That was my experience with that and I do know that they have services within hospitals and maybe clinics or referral services that will bring [Medi-Cal] to you."

Another woman from the same focus group added: "I had a counselor at my school recommend to girls that they think they are pregnant or something to try to get Medi-Cal." But these experiences with official Medi-Cal outreach seem few and far between for participants, and comments they make throughout the discussion suggest they want a more concerted and consistent effort to inform and enroll them.

3. BARRIERS TO ENROLLMENT

Participants offer many reasons why they and their children are not currently enrolled in Medi-Cal. Listening to their explanations, it is clear that some significant barriers exist to enrollment and that the process itself can make participants feel disheartened and degraded. The barriers they mention are described below.

Confusion about Eligibility

On many levels, participants are confused about Medi-Cal eligibility requirements. Most assume they are not eligible, and no participant seems to be actively trying to enroll their children in Medi-Cal. Because they *think* that their family is not eligible—even though they admit they do not really understand the eligibility requirements—these participants do not appear to be asking questions or seeking to learn more about eligibility. They know least about their children's eligibility, even while they have a hunch their children may qualify.

Families who have previously been turned down also may not be reapplying as their situations change. As mentioned previously, most participants describe fluid work situations and changing personal lives, all of which can impact eligibility status. Yet according to the anecdotal evidence in the focus groups, it appears as if participants are not trying to enroll again once they have been turned down previously. The specific views participants hold regarding eligibility are described below.

- **They Believe They Earn Too Much.** A significant barrier to enrollment is the belief that the family earns too much to qualify for Medi-Cal. A Cantonese-speaking participant from Oakland explained, "I feel that the Medi-Cal income criteria is so [strict] that a working family can't qualify." Said a San Jose woman from a mixed group, "You try to get Medi-Cal and you have to fight. You make too much money even though you [really] don't." Others describe being denied coverage because they owned a car, which they say they need in order to go to work.

"You try to get Medi-Cal and you have to fight. You make too much money even though you [really] don't."
-Woman from mixed San Jose group

Participants express a widely held belief that you have to be nearly destitute before you can qualify for Medi-Cal. Recall the Los Angeles woman from a mixed group who said, "What I've heard is that it is for the very underprivileged. You have to be practically homeless to get Medi-Cal." Indeed, when they are asked how much a family of four can earn and be eligible for Medi-Cal, participants often greatly underestimate the amount. A Spanish-speaking woman from the San Jose group believes you can only earn "$5.75 an hour" and that

only one parent can work. An African American woman believes the cut-off is $800 a month. A woman from the San Jose mixed group estimated a family of four could only make $10,000 a year and qualify. For a number of participants, it is not just a suspicion or hunch that they earn too much—they have been told so by social service officers when they tried to enroll. A Fresno man in a mixed group told, "[Medi-Cal] denied me and said I made too much." A woman from a mixed San Bernadino group said,

> Once they saw us, they told us we don't qualify for money or whatever. We don't want money, we just wanted Medi-Cal. They said we needed to come back the next day. So, I had to come back the next day and then through all of this, they said, 'Well, you make too much money.' And my husband only made like $700 a month.

- **They Lack Knowledge about Their Children's Eligibility**. While most participants perceive *they* earn too much to qualify, when you ask them specifically about their *children*, many participants acknowledge that their children may in fact be eligible. They do not know for sure, however, and there is significant confusion about the eligibility status of children. "I think maybe my children are eligible because they are born here but since I am not born here, I don't think I am eligible," explained a Latino man from a mixed group in Los Angeles. One Spanish-speaking woman from the Los Angeles group believes that if she enrolls her daughter—who she thinks is eligible—she will lose potential scholarship money. She explained, "A friend told me that her daughter didn't get a scholarship because she got Medi-Cal. That's why it scares me [to enroll her]." Participants put forth similar hypotheses in other focus groups, and few participants were clear on what criteria are used to determine a child's eligibility.

- **A Reluctance to Enroll Only One Child**. Importantly, almost no participant was aware that their children who are five years old or younger may be eligible for Medi-Cal, while older siblings may not. They were surprised to learn that the age of their children impacts eligibility, not just the income of the family—and, they do not like this policy. Most agree that it is unfair to older children and they do not understand this policy even after discussing it for some time. "But it's not right to give a preference to one over the other. Both come from the same parents," reasoned a man from the Spanish-speaking San Jose group. A woman from that same group insisted, "Medi-Cal should be equal with both."

"But it's not right to give a preference to one over the other. Both come from the same parents."
-Man from Spanish-speaking San Jose group

Another woman, this time from a mixed San Jose group, said that while she would accept Medi-Cal for just the one child, she still questions the policy. She said, "If my daughter is always getting sick she needs more care than the other ones, I would [accept Medi-Cal]. But I'm like you [another participant], I would raise hell. How come one does [qualify] and the other one doesn't, if they qualify because of what I make?"

The outcome of this discussion is that a majority of the participants say they would not enroll one child in Medi-Cal if their other children could not also enroll— they think this is unfair to the older siblings. *Clearly, most participants view Medi-Cal enrollment in terms of the family, not just one child.*

- **Some Perceive They Are Eligible Only When Pregnant.** Most participants are aware that low- and moderate-income uninsured women can qualify for Medi-Cal to cover their pregnancy, but some believe their eligibility ends when the pregnancy does, or shortly thereafter. "Now, when I was pregnant, they told me all pregnant mothers qualify for Medi-Cal, so I qualify," said a woman in a mixed San Bernadino group. Another woman in the group commented, "It's sad you just got to get pregnant to be on Medi-Cal."

  A woman from the African American Oakland group explained how she was eligible for Medi-Cal only when she was pregnant. She said, "I have partial [Medi-Cal] which just takes care of the pregnancy." She continued, "It is supposed to take care of you up to my child's first year, but they dropped me for some reason and it is not like you make a lot of money." While the message has come across that pregnant women can qualify for Medi-Cal, the eligibility of children is much less clear to these participants.

> **"It's sad you just got to get pregnant to be on Medi-Cal."**
> -Woman from African-American Oakland group

An Onerous Enrollment Process

A common refrain heard in all of the focus groups was that "there is so much hassle involved in Medi-Cal enrollment, that it is not worth it." Most participants cite the process itself as a major enrollment barrier. They say the enrollment process is made much more difficult, complicated, and time-consuming than it has to be. Indeed, it appears to be such an ordeal for participants, many of whom have personally experienced this process, that they say they are unlikely to try to enroll again. A Cantonese-speaking participant from the Oakland group offered

> **"It takes all day. If you are working, you can't go to [enroll]."**
> -Woman in mixed Los Angeles group

a story similar to those heard numerous times in every focus group. She said:

> I waited in line for four hours. I handed in my Medi-Cal application. I had a worker who told me my documents were not completed. Finally, my worker had all of the necessary documents and transferred me to another worker. I can't ever find or talk to my worker. I walk into their office and try to talk to my worker. I find myself waiting, always waiting in line and spend my whole day with the office worker. I walked away from their office without seeing my own Medi-Cal worker.

Following are the specific complaints that participants have with the enrollment process.

- **Inconvenient Hours of Operation.** Many participants complain that in order to enroll in Medi-Cal, they must miss time from work, which is a serious problem for them. "Either you go there and it is work hours, eight to five, or at twelve or something, and [enrollment officers] are at lunch," told a woman from the African American Oakland group. A woman in the San Jose mixed group said, "Maybe you would have to take off half a day of work [to enroll]," but another woman in that group corrected her and said, "Half a day at least!" Even those who are not currently working but are in school or looking for work have problems taking a whole day out of their schedule. A woman from the African American Oakland group said, "If you go from eight to five, you've got to think about either you are in school or you are trying to get a job... and you've got to wait and wait. You can't plan anything that whole day."

"With me, with four kids, one packet is about this thick, so I said forget it. Right then and there, it is a couple of hours."
-Woman from mixed San Jose group

Participants complain that the system is too inflexible and does not account for their very complicated and busy lives. Indeed, when a woman in the Los Angeles mixed group asked to bring the enrollment form home because she could not miss an entire day from work, the enrollment officer refused. She told, "If you ask to have it so you can take it home, they go crazy. That is what happened to me. They go ballistic."

- **Long Lines, Long Waits.** "It takes all day. If you are working, you can't go [enroll]," said a woman in the Los Angeles mixed group. Most participants agree, saying the entire process takes too long. "Then when you get down there and get the Medi-Cal papers to fill them out, you go one day to get them and then the next day you take them back and take this number and you've got 1,000 people ahead of you," described a woman from the African American Oakland

group. A woman in the mixed Los Angeles group describes what appears to be a familiar experience for participants. She said,

> It's an all-day process because I guess you fill out one thing and take it to a social worker and then she gives you another form and then well, stand in that line. It's an all-day process and then this poor guy was there all day. He hadn't eaten. He said 'Can I come back with this form so I can go and [eat]?' [They said], 'Oh, if you leave and they call you, you are lost so you are going to have to come back another day.' Doesn't a person have to eat? They just don't care. They don't care. They treat you like a piece of paper, like who cares.

These long waits are particularly hard, say participants, when they bring their young children with them.

- **Complicated and Redundant Forms.** Most participants agree that the enrollment forms are too long and complicated. "With me, with four kids, one packet is about this thick [indicating about two inches], so I said forget it. Right then and there, it is a couple of hours," told a San Jose woman from a mixed group. A woman in the mixed San Bernadino group commented, "They make you fill out so much paperwork. They make it so hard for you." A woman from the Cantonese-speaking Oakland group said, "These forms are too long. I feel it is a waste of energy when filling out the forms. I always request someone to help me fill out these forms and people charge me a fee to fill out these forms." A San Bernadino woman is angry because the forms seem redundant. She said, "It's not even funny. And it's about three papers of the same thing that they want you to fill out."

"It's not even funny. And it's about three papers of the same thing that they want you to fill out."
-Woman from Riverside group

- **They Can't Make a Mistake.** Many participants believe that if they make a mistake or leave out information—which participants say is likely because the forms are so complicated and because they do not always have all of the information with them—they must start the process over again. A woman in the mixed Fresno group said, "I think a lot of the problem is more or less filling the paperwork out. A lot of stuff you don't have to fill out and they don't tell you that. Sometimes, they can stop your paperwork for signing in the wrong place." A man in the Spanish-speaking San Jose group said, "Sometimes if [the forms] have errors they make you start from the beginning." And a woman in the mixed San Bernadino group said, "And then they will say you filled it

out wrong. So, you have to come back and then like all these things you filled out wrong, you have to do it again, and they mistreat you. They treat you like trash."

- **Numerous Visits Required.** Many participants express frustration that more than one visit is required at the office before the enrollment process is concluded. They say that it is hard enough going through the long waits and the reorganizing of their schedules for the first visit—and that it is even harder to arrange a second and third time. A woman from the African American Oakland group explained, "You go one day and then you go three days later with these same forms. You've got to be there at a certain time that they tell you. If you come late, then you have to [start] all over again."

Too Much Personal Information

Participants show anger when they talk about how much personal information they must provide when enrolling in Medi-Cal. They believe that most of this information has no bearing on their eligibility, and that the process is unnecessarily intrusive and degrading. A woman in the mixed San Bernadino group summed up the feelings of many when she said, "They want to know so much of your business that it's not even, sometimes it's not even worth it!" A woman from the Oakland African American group had this to say on the topic:

> They are too nosy. They ask you so many questions. They want to know about your parents, your mother's husband, everything. Say, for instance, my mother, she is married, so when I went to apply for Medi-Cal on my own, they want to know his income, her income, and how many people were living in the house. There are just so many things that they go through.

Participants give numerous examples of the types of invasive questions they are asked. A sampling of their stories includes:

> I'm staying with a friend right now. We are renting a room from her and [the enrollment officer] wants information on her job, and it's like it is none of our business. We have nothing to do with her. I'm paying my bill; I am paying my way and she is paying hers.
>
> A woman in the mixed San Jose group

> Somewhere along the way... they ask you how many people you've had sex with. I mean, they get into your personal life.
>
> A woman in the mixed San Bernadino group

> I just saw a form today and this is the honest to god truth. It was a friend of mine and he was filling out a form to try to get Medi-Cal for himself. On this form it says, 'Are you breast-feeding?' Males don't breast-feed, but even the fact that you are feeding, what does breast-feeding have to do with the Medi-Cal program?
>
> A woman from the Oakland African American group

"They want to know so much of your business that it's not even, sometimes it's not even worth it!"
-Woman from African American Oakland group

> Last time I went to apply, I used to live with my Dad, then I moved back with my Mom, and they wanted proof that I moved and when I moved and how many people lived in the house. They wanted proof of everything, like the PG&E bill. Everything.
>
> A woman from the mixed Fresno group

The Process Is Demeaning

Given the amount of time and energy participants spend on this topic in the focus groups, a possibly significant barrier to enrollment could be the degree to which participants feel the enrollment process demeans them. They state that they are treated rudely, talked down to, and that enrollment officers "make you feel like less of a person." This is not the feeling of just a few participants—most participants in every focus group express this feeling. "They treat you like, not even a number. It's like they don't care," said a woman in the mixed Fresno group. Another woman in that group said, "Rude. All of my workers were rude." A woman in the mixed San Bernadino group revealed, "I think they treat you like you're trying to cheat them." A woman in that same group added, "And they make it so difficult for you to get it—they almost want to make you want to quit." A woman in the Oakland African American group captured the feelings of many when she said:

"They treat you like, not even a number. It's like they don't care."
-Woman in mixed Fresno group

> I know some serious working people, people who have been professional but bad things have happened in their lives that caused them to need assistance. I think if it was treated as an incentive program, that the workers were trained in a fashion in which they were more sensitive to the people coming in [that would be better]. 'Let me help you with this,' instead of 'Here, next!' It is really demeaning.

Some participants believe they are treated badly because enrollment officers—people who are supposed to help them—hold negative stereotypes of people on Medi-Cal and welfare. Recall the woman in the mixed Los Angeles group who said, "I think everybody feels that way. You watch any talk shows, they are always putting people down that go on welfare as if they are proud of it, and they are trying to [cheat] the system. It's crazy. It really is."

Participants perceive they are treated badly in many subtle ways. For example, a woman from the Spanish-speaking Los Angeles group said, "I've also had people who don't let you talk. They start asking you a question and it's so fast that you can't talk or express yourself. They tell you to do this and that while going over your application and they make you very nervous." Another woman from the same group said, "Sometimes

"Sometimes you get there and they ignore you or you know that they speak Spanish and you ask them and they say 'No'."
-Woman from mixed Los Angeles group

you get there and they ignore you or you know that they speak Spanish and you ask them and they say, 'No'." And a woman from the mixed Los Angeles group told of her own negative treatment. She said,

> I went down and asked for an application and then when I said, 'Can I make an appointment?' the woman just started screaming at me. 'Give that back!' It was awful. It was an awful experience. She said that unless you are staying, you can't have an application. I said, 'Well, what are your hours?' She looked at me and I said, 'Isn't this the information booth? Aren't I supposed to obtain information?' I'm sorry that I don't know that beforehand. I walked out of there in tears. It was an awful experience, so whatever paperwork she did give me, I have this awful... I have to go back and I'm just dreading it.

Participants say that the places where they go to enroll—almost exclusively social services offices (welfare offices)—are "not people-friendly places" and make them feel "uncomfortable." A man from the Spanish-speaking San Jose group said, "I have seen [enrollment officers] in the office just walking around having coffee, not helping anybody." A woman from the African American Oakland group called everyone in these places "insincere," and continued with, "They are just... the whole vibe of the center is just totally [insincere]."

Fears about Immigration Problems and Residency Status

Spanish-speaking Latino participants say immigration concerns are a barrier to enrolling in Medi-Cal. A man from the Spanish-speaking Los Angeles group described these concerns: "What tends to happen is that with all the new immigration laws, everyone is afraid to go into any government office, whether it's the DMV or Welfare or Medi-Cal, anything." Many Spanish-speaking participants also believe that enrolling either themselves or their children in Medi-Cal will hurt their chances for residency status. "You know, I had a friend that had Medi-Cal coverage for her children who were born here, and at that time she was applying for her residency and she was told that she had to drop her Medi-Cal assistance if she wanted to apply for residency." A woman in the Spanish-speaking San Jose group has the same

"Well, I heard that they have to pay back what they have used."
-Woman from Spanish-speaking Los Angeles group

understanding of residency and Medi-Cal. She explained, "Just to become a resident, they make you sign papers saying that you will not get any Medi-Cal or welfare, any assistance for 18 months, I think. Otherwise, your residency is canceled."

Most Latino participants also believe that they will have to pay back the Medi-Cal benefits they receive when and if they become citizens. A woman from the Spanish-speaking Los Angeles group said, "Well, I heard that they have to pay back what they have used." A man from that same Spanish-speaking group added, "The persons who are to become citizens and have had Medi-Cal, Welfare, or

whatever from the government, have to write a letter to the government stating that they have to give up Medi-Cal and pay all that they owe."

Most Latino participants perceive that a child born in the U.S. is eligible for Medi-Cal. "I understand that the children born here have the right to have [Medi-Cal], but that those who are not born here don't," said a man from the Spanish-speaking Los Angeles group. Yet fears of being required to pay back benefits or hurting their chances for citizenship or residency may still be a barrier to enrolling some Latino children in Medi-Cal.

Cantonese-speaking participants do not identify concerns about immigration or residency as barriers to Medi-Cal enrollment. Further research may be needed with Cantonese-speaking participants to understand if this one focus group is typical or an aberration.

Language Barriers

Many Latino participants say that language can be a barrier to enrollment. A woman from the Spanish-speaking Los Angeles group explained that "You have to wait for someone who is available that speaks the language." A woman from that same group explained,

> On occasions when I've gone, I pull my daughter from school and have her help me. Since [enrollment] is by regions and my region has mostly black people, it's mostly black people that are there to help. There are very few Latinos, so I have to bring someone to help me in translating.

Another woman from the Los Angeles Spanish-speaking group believes there are too few Latino social workers to help with enrollment. She said. "[They have] less Latino social workers. When I went [to the Social Services office] they only had three social workers."

Some Latino participants also complain about the quality of the Spanish spoken by the designated "Spanish-speaking" enrollment officers. "It is not so much language, because one can sometimes understand the person speaking English better than the one who is speaking Spanish," said a man from the Spanish-speaking San Jose group. A man in the same focus group said, "Because most of the people who are there to translate were born here [the U.S.], so their Spanish is not as good. There are words they don't know the meaning of in English or Spanish."

Participants in the Cantonese-speaking Oakland group also raise language as a barrier to enrollment in Medi-Cal. They tell of arrangements they make to overcome such barriers, such as bringing along someone who speaks English or, like the woman mentioned earlier, paying someone a fee to help fill out enrollment forms. They assert that there should be more Cantonese-speaking enrollment officers in their community to

"I understand that the children born here have the right to have [Medi-Cal], but that those who are not born here don't."
- Man from Spanish-speaking, Los Angeles group

overcome language barriers. They also would like to have the option of filling out forms in Cantonese, rather than having to pay someone to fill out the forms for them.

4. OUTREACH IDEAS AND PRIORITIES FOR IMPROVING ENROLLMENT

Focus group participants were asked to give advice about how best to inform them about Medi-Cal and encourage them to enroll in the program. Because these participants are parents of potentially eligible children, and because they interact with friends and family who may also be eligible, their ideas for outreach may offer effective pathways into a hard-to-reach community.

Currently, participants indicate that Medi-Cal outreach is virtually invisible in their communities. If they have heard about the program, it has been mostly through friends and family, personal experience, or through random ways, such as when they are ill and in the hospital. It is interesting that the only place participants associate with Medi-Cal is the social services or welfare office. Few also have heard of other health programs directed at families, such as CaliforniaKids or Healthy Families, which are beginning outreach efforts of their own. The program that perhaps has the greatest visibility—aside from programs such as TANF/AFDC and Food Stamps, which hold a negative stigma for participants—is the WIC program.

Along with their outreach ideas, focus group participants offer many specific recommendations for how to improve the enrollment process. When generating their ideas, they were asked to keep in mind what sort of approaches would induce *them* to enroll their children in Medi-Cal. As negative as their comments were about the enrollment process, they assert that some basic changes in the process would make it much more user-friendly and induce them to enroll. Their priorities for improving enrollment are also captured in this section.

Education First Before Enrollment

Most participants indicate they want to know more about Medi-Cal *before* they begin the enrollment process. This is true even of those participants who previously received Medi-Cal. Participants feel uninformed about many aspects of the program, and most are confused by the eligibility criteria. They complain that their many questions are not fully answered when they enroll, and that they are basically completing forms for a program they do not understand. Lacking accurate and complete information, participants' perceptions are being driven by hearsay and their own limited experience, which affect their interest in enrolling in Medi-Cal. For these reasons, many participants say that first and foremost, they want to be educated about Medi-Cal before they start the long and complicated process of enrolling. "Educate us," suggested a man from the mixed San Jose group. He went on to ask for an "orientation before filling out forms."

"Educate us. [Offer] an orientation before filling our forms."
-Woman from Spanish-speaking San Jose group

Participants suggest areas where they would like more information. "The guidelines change so often that it's confusing to those that is applying," said a woman in the mixed

San Bernadino group. A man in the mixed Los Angeles group said, "Provide clear explanations about who it affects and who it benefits." A woman in the Spanish-speaking Los Angeles group suggested, "Inform us if it will affect our resident status." Overall, their suggestions fall into the following broad categories:

- clarifications about income requirements
- explanations about children's eligibility
- information that informs them what happens if they change jobs or receive a raise
- information about how changes in their personal lives—marriage, divorce, living with someone—affect their eligibility
- information about eligibility after pregnancy
- information about the link to welfare/TANF
- prior warning about the type of personal and financial information they need to provide in order to enroll.

And Latino participants want information about how their immigration and residency status may be affected. A woman in the Spanish-speaking San Jose group echoed this when she commented,

> Tell us about the risks involved. Will it affect our passport or when trying to obtain residency in the future? [For example], if you obtain Medi-Cal and a year later apply for residency, [will you] be told you have to go back to Mexico because you had Medi-Cal during a period of time?

Participants agree that a goal of outreach efforts should be to inform and educate people about the Medi-Cal program and what to expect during enrollment.

How They Want to Hear About Medi-Cal

Participants say that it *truly does matter* how they hear about Medi-Cal. They say candidly that they simply ignore some sources of information, while they inherently trust and rely on others. Their preferred ways to learn about Medi-Cal are:

Mail: They prefer to receive information about Medi-Cal through the mail, rather than receive a telephone call encouraging them to enroll. "If it is by phone, maybe you are not home. If you get it by mail, you will get it one day," reasoned a man in the mixed Los Angeles group. "It's like when you get the supermarket offers through the mail, in English or Spanish, you will look it over. So what I am saying is that if [the information] says something about Medi-Cal, you'll know what to do about it," explained a man from the Spanish-speaking San Jose group. Yet some do not like the idea of receiving information about Medi-Cal in the mail, and believe most people will simply throw it away. "If it was a flyer, I'd throw it away," admits a woman from the Oakland African American group.

Seminars: A more popular approach among participants is holding seminars in their communities on Medi-Cal. "Each city has a particular place where public services are provided—a location you can go to apply, or at the clinics," suggested a man from the Spanish-speaking Los Angeles group. They like this option because they can receive

answers to their questions right away, rather than wait long periods on the telephone. Explained a woman in the mixed Los Angeles group, "I think it would be better to ask questions [because] you want the answer right there and then instead of a day later or waiting for them to call you back." When pushed and asked if they would really attend a seminar on Medi-Cal, many participants say they would come. "Yes, because it's for our children.... If this person is there to provide me information that will help secure my children's health, of course I would," said a woman from the Spanish-speaking Los Angeles group.

> **"I think it would be better to ask questions [because] you want the answer right there and then instead of a day later or waiting for them to call you back."**
> -Woman from mixed Los Angeles group

TV and Radio Spots: They also find appealing the idea of TV or radio advertisements about Medi-Cal. "Where it says, 'Dial this number if you are pregnant and you need medical insurance. Call this number and we'll help you with something'," offered a woman in the mixed San Bernadino group.

800 Numbers: Participants offer conditional support for a 800 number they could call to learn more about Medi-Cal. While they like the idea of immediate information over the phone, they are wary of automated response systems and long periods on hold. A woman from the Spanish-speaking Los Angeles group likes the idea of a 800 number "as long as it's not answered by an operator telling you to press one button and then another." Participants are particularly warm to the idea of an 800-number that they can call to speak to a person who can truly provide answers to their various questions.

No Home Visits: For safety reasons, many participants do not want someone from Medi-Cal coming to their home. "It's kind of hard to trust people coming to your door for personal information," explained a man in the mixed Fresno group. "Crime is really up. It's kind of hard, you know, I'm a man and I wouldn't trust people sitting at the door talking to them about my personal business." Participants also think that home visits would be inconvenient and not well-planned. "They might come when you are not really actually ready for that," said a man in the mixed Los Angeles group.

Trusted Messengers: "People Like Me"

The most trusted authority for participants seeking to enroll in Medi-Cal are people like themselves, who know what it is like to struggle and to endure the enrollment process. They recommend that Medi-Cal hire former or existing beneficiaries to educate the community about the Medi-Cal program and

> **"I think they should hire the people that actually need the Medi-Cal, to actually be the ones to decide whether the people qualify or not."**
> -Woman from mixed San Bernadino group

the enrollment process. "Someone who has been in my situation or who is in my situation," suggested a woman from the Oakland African American group. A woman in that same group added, "Someone who has had the experience." A woman from the San Bernadino group offered a similar opinion:

> I think they should hire the people that actually need the Medi-Cal, to actually be the ones to decide whether the people qualify or not. [It should be] someone who has actually been there and understands the person, instead of just picking someone out of training that doesn't know nothing.

What may be driving this suggestion is the widely-held feeling that enrollment officers, medical professionals, and others whom participants come in contact with hold negative and stereotypical views of Medi-Cal beneficiaries. They feel no one is on their side and that they are treated rudely by unsympathetic and uncaring professionals throughout the Medi-Cal system. Most participants agree that former and current Medi-Cal beneficiaries would have the sensitivity needed to reach people in the community.

Personal Contact Is Key

Underlying many participant comments about outreach is the desire to have a conversation with an informed and sensitive individual about Medi-Cal. Participants describe an impersonal enrollment process where they are treated "like numbers" and in which they feel there is not enough personal contact or opportunity to ask questions. Before they know it, they are signing papers without a clear concept of the program. "Yeah, once you tell them everything and open yourself up to them, and then they're telling you, 'No,'" commented a woman in the mixed San Bernadino group. What participants ask for is "give and take conversations" before they enroll to better prepare them for the enrollment process, and to help them make sure they really want to enroll in the program. A woman from the Oakland African American group made this point when she said, "Your [Medi-Cal] worker should be helpful in providing everything, don't just tell [us] where to sign."

"Your [Medi-Cal] worker should be helpful in providing everything, don't just tell [us] where to sign."
-Woman from Oakland African American group

Schools Are a Good Resource

Almost every participant agrees that schools would be a good outlet for information about Medi-Cal, as well as a good place for them to complete the enrollment process. They see many benefits to using schools as a focal point for Medi-Cal outreach. First, participants say that parents naturally gravitate to schools and spend a significant amount of time on school premises, which makes schools an ideal resource for Medi-Cal. "Maybe [information] in office bulletin boards or sending things home with the children," offered a woman

"The kids could tell their parents [about Medi-Cal."
-Man from mixed Riverside group

from the Spanish-speaking San Jose group. Another reason why participants want to use schools as a Medi-Cal resource is that they are already used to attending educational functions at schools. "They have job fairs, health fairs [at schools]", said a woman from the Oakland African American group. A woman from the Los Angeles group, who was excited about this idea, offered, "They have meetings every month at school and sometimes they have sponsors and they come and tell you about stuff."

Participants also find schools to be an effective Medi-Cal resource because they believe young people need to be informed about the program and about resources they can use if pregnant. "There are a lot of people that are having children. [Medi-Cal representatives] need to start talking in high schools," suggested a woman from the Oakland African American group. They also believe that focusing on school age children is a good idea, because it is more likely the children are eligible than the parent. "The kids could tell their parents [about Medi-Cal]," said a man in the mixed San Bernadino group.

Only a few participants in the Oakland focus group with African Americans expressed concerns about schools, saying that they were concerned about other children and their parents knowing they were on Medi-Cal. Their concern could be overcome, they said, if outreach at schools was handled in a confidential and sensitive way.

Some participants also suggest using hospitals, emergency rooms, and clinics more aggressively to enroll eligible people in Medi-Cal.

Improving Enrollment

Participants offer specific ideas about how Medi-Cal enrollment could be improved. Importantly, they were asked to recommend strategies that would entice *them* to enroll their children in Medi-Cal. Their ideas are:

- **Provide Sensitivity Training/Hire Former and Current Beneficiaries.** A top priority for participants is to be treated by Med-Cal representatives with respect and courtesy. They recommend that all social services staff and enrollment officers receive sensitivity training so that they better understand what it feels like to be uninsured and to experience the "degrading" enrollment process. Better yet, participants recommend that Medi-Cal tap current and former beneficiaries to lead the outreach effort and go into communities to talk with people about Medi-Cal.

- **Clarify Income and Assets Eligibility.** Most participants are profoundly confused about the eligibility criteria for Medi-Cal and automatically assume they earn too much to qualify. Fact sheets and one-page descriptions that clearly list income and asset requirements would

help participants figure out if they should try to enroll or not. Another important suggestion coming from participants is to loosen income requirements to include more of the low-income who are uninsured. They are angry that they "earn too much" to qualify for Medi-Cal because they work, but still are too poor to purchase health coverage on their own.

- **Provide Better Explanations about Children's Eligibility**. A key finding is the lack of knowledge among parents about their children's eligibility for Medi-Cal. Many, if not most, of the parents in these focus groups have children who should be eligible for Medi-Cal—but they are not enrolled. Parents say they lack basic information about their children's eligibility, such as situations in which one child is eligible but another is not. A concerted effort should be made to inform parents about their children's eligibility.

- **Understand That Many Participants Think about Enrollment in Terms of the Family**. Participants seek to enroll the entire family in Medi-Cal. They say they have great difficulty considering enrolling just one of their children in the program. It is clear that participants think such divisions are unfair and do not make sense, and this may be a significant barrier to children's enrollment. Participants want more information to understand why Medi-Cal may cover some family members and not others. They also want Medi-Cal officials to know that they feel this policy is unfair.

- **Simplify the Enrollment Form/Ask Less Invasive Questions.** A basic first step in simplifying the enrollment process, according to participants, is reviewing the current enrollment form with the purpose of simplifying it and making it briefer. Many suggest keeping the form to one page. As part of this process, most participants urge that questions asking for personal and private information be removed from the form and dropped from the entire process. They believe that most of this information is irrelevant to whether or not they should receive Medi-Cal.

- **Use People-to-People Approaches.** Participants want more human contact throughout the enrollment process and more opportunities to ask questions. They recommend seminars in their community and hotlines they can call to ask questions of real people—not listen to automated response systems. They want Medi-Cal to know how intimidating and confusing the current enrollment process is for them and would like Medi-Cal to ease the process by providing more opportunities for discussion between potential enrollees and informed, sensitive Medi-Cal representatives.

- **Use Schools As a Resource.** Participants are almost unanimous in their support of schools as a focal point of Medi-Cal outreach. They feel

schools have a comfortable atmosphere and are a logical choice for outreach since they spend so much time there. Their comments suggest that schools are a likely site to reach potentially eligible families, better even than public clinics, hospitals, and sites where they enroll in other public programs.

- **Create a Better Image for Medi-Cal.** Through hearsay and their network of friends and family, most participants have negative images of the Medi-Cal program. They believe that Medi-Cal patients are treated poorly by medical professionals and worry that they will not receive the same high-quality care that those in private insurance plans receive. While this image does not seem to deter participants from trying to enroll in the program, it may affect their willingness to endure a lengthy and difficult enrollment process. Many participants ask for more information about Medi-Cal and want to know more about how the program works perhaps from one-page fact sheets or from current Medi-Cal beneficiaries. Whatever approach is taken, participants suggest that improving the image of Medi-Cal would create greater interest in enrollment.

- **Explain the Connection Between Medi-Cal Enrollment and Residency.** Latino participants who speak Spanish seem most concerned about how enrollment in Medi-Cal will affect their ability to gain residency. There appear to be many misperceptions and much confusion on this issue, and it may be a significant barrier to enrollment among this community. Participants ask for clear information that addresses this specific concern. They want to know what their responsibilities may be to pay back these benefits in order to become residents.

- **Address Language Barriers.** Both Spanish-speaking and Cantonese-speaking participants agree that they face language barriers to enrollment in Medi-Cal. They ask that more forms and materials be developed in their languages and that more bi-lingual enrollment officers be hired.

Participants say that if these basic changes occur in Medi-Cal's enrollment efforts, they—and others like them in their communities—would be more likely to try to enroll themselves and their children in the program.

5. CONCLUSION

The eight focus groups with parents of children who are potentially eligible for Medi-Cal offer many insights into a hard-to-reach population that can puzzle and confound those responsible for Medi-Cal enrollment. Participants in this research identify numerous barriers to enrolling their children in Medi-Cal—some more serious than others—and offer their ideas for overcoming these barriers. These ideas can be used as an initial step in developing a blueprint for improving Medi-Cal outreach and the enrollment process, and for other health insurance programs directed at the low-income population.

Ultimately, if Medi-Cal outreach and enrollment is to be successful, it must take into account the complex mix of feelings and perceptions or misperceptions that participants hold on these topics. Specifically, some key tensions and conflicts arise when parents of potentially eligible children weigh certain aspects of Medi-Cal enrollment. These conflicts appear in some cases to pose agonizing dilemmas for some participants and represent genuine paradoxes.

Perhaps the most significant among the conflicts is this: focus group participants appear sincerely pained over the fact that their children are uninsured and seem willing to make sacrifices to ensure their children have access to health coverage. Recall the man from the San Bernadino group who said, "When my [son is] concerned, I'll have bad credit first. You know, I'll just take him to the hospital [when he is ill]." There was also the man from the Los Angeles group who said, "No matter what I have to do, whether it is Medi-Cal or pay it out of my pocket, you have to do it."

These same parents also strongly convey, however, that the Medi-Cal process is so onerous and demeaning—and, in their words, "so much hassle that it is not worth it"—that they seem reluctant about trying to enroll again in the future. This conflict—between desperately wanting affordable health coverage for their children yet not wanting to endure what they perceive to be a degrading enrollment process—is a critical finding that highlights just how important participants' *perceptions* of the enrollment process are for improving program participation. These perceptions may be enough to force participants to consider having their children go without comprehensive health coverage. This finding underscores the need to directly address the very negative perceptions of the enrollment process that potential beneficiaries may hold and how they impact parents' desire to pursue health coverage for their children.

Another conflict participants appear to experience is between wanting coverage for their children but not wanting to enroll their younger children in Medi-Cal if it means leaving older siblings uninsured. This research shows that while no focus group participant was aware that their children five years old or younger might qualify for Medi-Cal even when their older siblings do not, they greet this new information with anger and frustration. They say they want to enroll their entire family in Medi-Cal—not to favor *some* family members and to penalize *others*. Thus, participants are put into conflict: they must weigh their desire to provide Medi-Cal

coverage for at least their youngest children against their instinct to think in whole-family terms. Having to choose between family members may be a factor that forces potential enrollees to resolve their dilemma by enrolling no one.

Finally, participants seem to experience yet another type of conflict: a difficulty reconciling their image of themselves as self-sufficient working people—not welfare recipients "getting handouts"—with the idea that they would be enrolled in a Medi-Cal program that has been historically linked to welfare. Participants believe only non-workers can receive welfare—people different from themselves. This conflict is only strengthened by a feeling of stigmatization that many participants attach to Medi-Cal enrollment—they often express anger that they are stereotyped and demeaned and are generally treated like second-class citizens while enrolled. It is likely that these participants face the challenge of reconciling their desire to be responsible by enrolling their families in Medi-Cal so they can give them proper care, with their image of themselves as hard-working families making it on their own—not welfare recipients.

These conflicts and the other tensions emerging in the groups may be among the elements critical to understanding the most significant obstacles to enrollment. Although many of these conflicts are perceptual, they are deeply-felt and may be deeply-rooted. Considering these conflicts when crafting outreach and enrollment strategies may make these efforts more likely to succeed.

APPENDIX A: RECRUITMENT AND PARTICIPANT PROFILE

RECRUITMENT

To populate the eight focus groups, we tried to identify research participants who are not currently enrolled in Medi-Cal but who nonetheless are parents of children who are potentially eligible for Medi-Cal. To find these hard-to-reach participants, we employed three main information sources and methodologies: consumer lists, random digit dial lists, and focus group facility databases. Following are descriptions of these methods for identifying "potentially-eligibles" including a review of how well each method worked at the different research sites.

Definitions

- ***Consumer List.*** We purchased a consumer list from a "list vendor" that maintains a national list of names, phone numbers, address and numerous other demographic information based on consumer purchasing patterns. Lists such as these are low-priced, but because they accrue from consumer purchasing records, they are more likely to include higher-income populations. For Los Angeles, Oakland, and San Jose, we drew records based on zip code and on names and numbers of people with income under $50,000[1]. We also concentrated our telephone recruitment on poorer neighborhoods based on recommendations from the local focus group facilities.

- ***Random Digit Dial (RDD).*** As the name implies, RDD is a random calling of phone numbers that are associated with other targeting information. For this study, we targeted low-income households—below $40,000—and households with children. Based on their knowledge of their surrounding areas, the focus group facilities provided us with a list of zip codes most likely to contain our recruitment targets. We used RDD lists in Fresno, Los Angeles, Oakland, and San Jose.

  It is often difficult to recruit efficiently using RDD because, unlike a consumer list that includes a name the caller can use to address the respondent, RDD lacks the consumer's name and frequently arouses suspicion. This problem intensifies with Latino populations who in our experience are the least willing group to speak to an anonymous caller.

- ***Focus Group Facility-Related Resources.*** Most urban locations have focus group facilities, and these facilities maintain databases of people that fit various demographic groups. They identify individuals for their databases through mall intercepts (i.e., approaching people in shopping malls) and other intervention methods. The database will

[1] Note that vendors who provide lists of numbers often are not able to stratify incomes down to the poverty-level ranges. In these cases, we purchased the lowest income category that was available and relevant to the research.

often include demographic information, such as name, address, phone number, age, race, gender, and income. The benefit of recruiting from a facility database is that demographic information is already known about the potential participants and they are familiar with the focus group facility because they have previously been approached and asked to be part of their database. This does not mean that people on the database have previously participated in a focus group—indeed, in most studies (and in this one as well), people who have participated in a focus group during the last year are not permitted to participate in the current focus group. Another benefit of using a focus group facility database is that persons within the database can be contacted to provide names of friends and family members—those highly likely to share the same demographic characteristics. This is referred to as "networking through the database."

Effectiveness of Various Recruitment Methods

- **San Jose.** In San Jose we employed all three recruitment methods to populate the Spanish-speaking Latino group and the English-speaking mixed Anglo/Latino group. The consumer list and RDD list were the least useful. Success rate was around 3% incidence.[2] Extensive and repeated calling using these lists yielded after five days only two participants for the Spanish-speaking group. However, the focus group facility's internal database quickly yielded 15 recruits—eight in the English-speaking group and seven in the Spanish-speaking group. Networking through the database yielded an additional six recruits. The incidence rate through this method was about 10%. Using this method allows the facility to contact people using an acquaintances name as a contact, therefore increasing trust and credibility—and recruitment efficiency.

- **Los Angeles.** As in San Jose, we had a poor success rate of 2% incidence when seeking to recruit participants in Los Angeles. Using both the consumer and RDD lists, the two methods together yielded no participants. As a result, all participants for both the English-speaking mixed Anglo/Latino group and the Spanish-speaking group came from the facility's database. The facility targeted individuals living in low income zip codes for the English-speaking group and targeted known Spanish-speaking individuals for the Spanish speaking group. The incidence rate was about 12%.

- **Oakland.** In Oakland, we had virtually no success using the consumer and RDD lists (1.7% incidence) and recruited all participants for the African-American group from the facility's database. The incidence rate rose to about 11%.

  Asian Health Services, the clinic and organization that provided the moderator and translation service for the Cantonese-speaking group, recruited the group's participants.

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[2]A common incidence rate when recruiting from the general population can be as high as 25%.

Their database contained the names, phone numbers, and language of families with children under five who are former and current patients of the clinic. Calling on behalf of Asian Health Services immediately established trust with potential recruits. Because some of the list was dated, the overall incidence was approximately 9%.

- **Fresno.** The Fresno facility also had no success with the RDD list (2.2% incidence) and used their database to recruit all respondents. Incidence was approximately 12%.

- **San Bernadino.** Because of the poor success with both the RDD and consumer lists, we advised the San Bernadino facility to recruit using only their database, which used age, race, income and zip code to locate respondents. The incidence rate at this site was about 15%.

Analysis of Recruitment Methods

Of the three methods employed to recruit participants for the research, the most effective method of recruiting is clearly the focus group facility-related method. This method is efficient for two main reasons: the database is easily restricted to target populations and, since the potential participants have a direct or indirect past association with the facility, trust is immediately established. This makes it more likely for the potential recruit to either participate or to recommend someone similar to them for recruitment. The same holds true for the Asian Health Services organization: calling on behalf of the organization immediately established trust with this immigrant population who were—by association with the organization—our target population.

It should also be mentioned that recruitment of the Cantonese-speakers was facilitated when we offered to provide transportation, in response to feedback from the recruiter who informed us that this was an issue. Similarly, the Oakland facility made provisions for childcare, which from past experience we know to be a barrier in some cases to efficient recruitment.

Implications For Outreach Strategies

The recruitment for the focus groups suggests implications for outreach strategies for reaching and enrolling Medi-Cal eligibles. Random approaches do not work well because of a pervasive lack of trust, in general, in society. Participants are most responsive when there is a prior affiliation or a familiar name is used as an introduction. Using the individual's name is also important to establish trust, rather than calling blindly to households. Because of recent changes in immigration laws and a tense atmosphere in California on immigration issues, when calling into Latino communities it is important to explain that you are not calling from the immigration services or the welfare department to check on benefits. Similarly, providing transportation and childcare increases the likelihood that participants will attend a focus group or other type of meeting.

FOCUS GROUP PARTICIPANT PROFILE

Type of group	# in group *(n=86)*	% female	# of children *(average)*	# in family *(average)*	# of children at home *(average)*	Yearly income *(average)*	% employed *(participant or spouse)*	% Married	% under 35
Los Angeles Latino Spanish-speaking	11	82	2.3	4	2.1	$18,636	91	73	73
Los Angeles Anglo/Latino English-speaking	11	55	NA*	5	NA*	$24,273	NA*	NA*	NA*
Oakland African American	10	100	1.7	3.9	2	$16,400	50	20	80
Oakland Cantonese-speaking	11	91	2.2	4.5	2	$19,182	91	18	45
San Jose Latino Spanish-speaking	10	60	2.5	4.1	2.4	$17,000	100	80	70
San Jose Anglo/Latino English-speaking	10	70	1.7	3.6	1.7	$15,700	50	20	80
Fresno Anglo/Latino English-speaking	11	45	1.8	5.4	2	$16,273	64	9	82
San Bernadino Anglo/Latino English-speaking	12	75	2	3.8	2	$16,000	75	33	83
Average Across Focus Groups	**10.8**	**72%**	**2**	**4.3**	**2**	**$17,933**	**75%**	**36%**	**73%**

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