

THE POWER OF FEAR & TRUST:

Mobilizing a Movement to Educate, Reassure, and Enroll Eligible
Latinx Immigrant Communities in Public Health Benefits

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SECTION 1:
An Overview

THE POWER OF FEAR & TRUST:
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Executive Summary

The U.S. health system is entrenched in inequity—with laws, policies, and practices that discriminate against people because of race, income, immigration status, gender identity, age, and disability—and this impacts us all. The COVID pandemic has made even clearer that health is a commodity rather than a right in our country.

A root cause of health inequity is structural racism. Structural racism—and other forms of oppression such as ageism, ableism, xenophobia, sexism, and transphobia—are barriers to the prerequisites for good health. The fact is, an unjust health system and society hurts everyone. That’s why Community Catalyst and our national, state and local partners across the country are fighting for a health system rooted in race equity and health justice and for a powerful, unified movement—because it is essential to a world where we are all more free and healthy.

Today, there are 28 million people without health insurance in the United States—and they are disproportionately people of color and/or immigrants. Among them, Latinx¹ immigrants continue to face a unique set of barriers in accessing the health coverage for which they’re eligible. While many of these barriers date back to the Clinton administration and welfare reform, they have been compounded by the Trump administration’s relentless attacks on immigrants through anti-immigrant rhetoric, policy, and enforcement.

¹ Community Catalyst uses the language Latinx, Latino and Hispanic interchangeably. While the intent of the pan-ethnic term “Latinx” is meant to honor inclusivity and be representative of various ways that people identify, we recognize that this language does not account for all identities. We also recognize the importance and need of specificity in reference to particular communities. Community Catalyst is committed to learning and growing in this space and, therefore, continuously revisiting this definition. We welcome any comments, questions, or ideas you may have.

Uncertainty and fear have driven a wedge between this particular subgroup of lawfully present², tax-paying immigrants and their willingness and ability to access a multitude of public benefits that they are both eligible for and deserve. Beyond that, this community continues to face a unique set of restrictions and barriers to health—including a five-year bar from accessing any public benefits—and are often left out of critical policy and advocacy discussions centered on health equity.

“We’re talking mostly about access and immigration status, but even once you get the care, how do you get adequate care?”

I think we still see a lot of disparities, even among those who are covered in the kind of care that they receive, because we’re still coping and dealing with providers implicit bias and a lack of providers of color and/or who even had training and ways to work with people across cultures. I think we often get stuck on talking about access, but we can access the service and then still not have adequate healthcare.”

DR. JESSELLY DE LA CRUZ

Executive Director, Latino Action Network Foundation (N.J.)

It’s important to note that under the Biden administration, new opportunities have emerged for states to expand coverage, providing access to immigrants even in states where traditional Medicaid has already been expanded. States are considering eliminating the five-year bar for immigrants and expanding Medicaid coverage to undocumented people, with a focus on children and older adults. For example, in the last few years, we have watched as states such as New Jersey, Illinois, Maine, and Colorado successfully pass legislation to provide coverage to seniors and/or children, regardless of their immigration status.

However—given the political and policy landscape—there remains a critical need for trusted messengers to increase awareness, guide people toward enrollment assistance, and refute inaccurate information about the Marketplace and Medicaid.

Policymakers, funders, immigrants’ rights, and health equity advocates have a unique opportunity to break down these barriers through thoughtful strategies that enable trusted messengers to meet people where they are, offer measurable and culturally competent information and fixes, and much-needed partnership over the long-haul. Success should not just be measured by enrollment numbers, but by our ability to tackle long-term systemic change that enables Latinx immigrant communities, including those in mixed-status households, to begin to have what they need to be truly healthy. Health—and positive health outcomes—influenced by many factors including access to health insurance coverage, healthy food, safe and stable housing, communities and homes without violence, and economic prosperity.

We are thankful for the partnership and collaboration that made this research possible. Without the thoughtful insights of dozens of individuals and organizations, this report would not be possible. We also want to thank The Robert Wood Johnson Foundation, without whom this report would not be possible.



“There’s a lot of opportunity for funders to have some innovative approaches around enrollment equity as a body of work that’s more than just signing people up for coverage, but how do we bring in the new eligible population? And most importantly, how do we shorten the gap between people who are getting enrolled clearly and showing up to the clinic. Cause at the end of the day, that’s the ultimate goal of enrollment, it’s to expand access to care.”

ZAHYRAH BLAKENEY

Program Officer, Episcopal Health Foundation (TX)



² “Lawfully present immigrants” refers to noncitizens who are lawfully residing in the U.S. This group includes legal permanent residents (LPRs, i.e., “green card” holders), refugees, asylees, and other individuals who are authorized to live in the U.S. temporarily or permanently.

TOP THREE INSIGHTS

01. Increase trust in government policies
02. Build outreach strategies from an intersectional lens
03. Establish and deepen relationships with legal advocates

01. Increase Trust in Government Policies

a. The Department of Health and Human Services (HHS) and partner agencies should routinely publish and amplify informational bulletins, press releases, and other official documents that clearly articulate the current public charge policy. Existing guidance, such as the 2021 Center for Medicare and Medicaid Services (CMS) Informational Bulletin, should be routinely updated and distributed via multiple communications channels.

b. Government officials, including HHS Secretary Xavier Becerra—the first Latino to hold the office in the history of the United States—are being called upon to reinforce that the community is “already eligible for certain benefits and they can feel confident in enrolling themselves and their families in these programs” via statements, video, and more. To further instill trust among immigrant communities and attorneys, messages should be reinforced by the Department of Homeland Security (DHS) and messengers like Alejandro Mayorkas, the first Latino and immigrant to lead the agency.

c. Government communications should be accessible, ideally in English and Spanish, and distributed widely via social media (paid and owned) and Spanish-language media, and reinforced by state and local health authorities. Community groups and navigators/assisters can then use these media products to build confidence with eligible individuals. Importantly, individuals in the community want to know that information comes from an official government source. Navigators and enrollment assistants

are more effective in their role when they can provide information (e.g., printed copies of applications, government documents, and materials) on official letterhead from high ranking elected officials, administrative leaders and government entities. To be clear—community-based organization and cultural centers continue to be best suited to provide in-person information and support, using the official government products on the public charge policy. Community outreach specialists should continue to be resourced with a wide range of different types of “official” materials and tools that are in-language.

d. Explore opportunities to connect needed changes to health equity as they relate to CMS Administrator Chiquita Brooks-LaSure’s key priorities. Consider leveraging her as a spokesperson on basic issues related to the U.S. health care system (e.g., YouTube explainer video or Facebook Live on Medicaid) and, if possible, reinforce privacy and security with a specific focus on applicants from mixed-status households.

“The best way to increase trust is by eliminating confusion and combating misinformation.”

DR. JESSELY DE LA CRUZ

Executive Director, Latino Action Network Foundation (N.J.)

- e. Specifically, CMS should develop model language and clear guidance for Medicaid and Marketplace administrators to remove questions on the application that may hinder an applicant from applying either for themselves or a dependent, including requests for a social security number. Applications should also include a clear explanation that the information used by a parent or guardian applying on behalf of a citizen child or family member can not be used for other purposes, including how and when application data can be shared with DHS.
- f. With additional funding and resources, trusted messengers who come from impacted communities are also most likely to have success capturing stories, including those from within a trusted local referral network (e.g., legal advocates, school administrators, etc.) that can serve as a critical support in motivating other eligible individuals to enroll. Providing accessible tools across community groups, including social media toolkits, translation support, as well as a national platform for storybanking, can free up assisters to focus on what matters most: one-on-one dialogue and relationships.



02. Build Outreach Strategies From an Intersectional Lens

- a. Resource groups and coalitions that link advocates and community-based, immigrant-serving organizations, such as Protecting Immigrant Families (PIF) and the Florida Health Justice Project, to connect the dots between immigrants' rights and health equity. These multi-sector partners can help influence policy, provide (and encourage) best practices to state agencies, and help get resources and information to the local level.
- b. Invest in long-term, ongoing partnerships to facilitate applications, enrollment, and access across a variety of public assistance programs (e.g., SNAP, CHIP, Medicaid). These partners are best suited to counter misinformation, including explaining the nuance of confusing government guidance or information. Given cultural and language barriers, a case manager who can serve as an advocate and middle-person across and between different agencies, applications, and the individual, could not only result in higher enrollment but also enhance an individual's likelihood to seek out care. Similarly, resource trusted community-based organizations to meet people where they are and provide greater support through culturally relevant programming and services, including tax prep, ESL classes, and more. These services can serve as an on-ramp for enrollment for individuals that might not otherwise seek information and services related to health care or insurance, especially when many come from countries that do not have government-funded health care.



“We need to re-envision the role of the navigator—beyond health care. Our role is to help with all kinds of important support that are vital issues that can affect the life of a person.”

MARIA JIMENEZ

Certified Health Insurance Marketplace Navigator, Family Healthcare Foundation (FL)



02. Build Outreach Strategies From an Intersectional Lens, cont'd

c. In addition to being one of the most impacted by the pandemic, Latinx immigrant communities are the least likely to proactively seek out enrollment services. Therefore, we must continue to encourage community outreach (often in multiple languages) to meet people where they are on weekends and after hours (e.g., schools, soccer tournaments, grocery stores, churches, etc.). In some instances, like with COVID education and outreach, partnerships with employers (farmworkers/factory workers) might be advised, as well as door-to-door activations similar to census work, or on-site partnerships with local health entities, though promotion should come from community/cultural hubs.

d. Encourage the development of community-based “trusted referral networks” that can enable support of the whole person as they navigate intersecting issues, from health to housing, to legal advice, and counseling. A list of trusted contacts should be readily available to enrollment assisters to deepen community connections and limit a person’s likelihood of engaging with “bad actors.”

“It’s not a one size fits all approach. There are organizations that are already serving the populations we want to reach. And I would diversify what their focus is. Some of them are helping with housing. Some people help them with other resources and those are the people you engage. It’s not relevant that they’re in health care. What’s relevant is that they are a credible organization.”

JODI RAY

Director, University of Southern Florida that oversees the states navigator program (FL)

03. Establish & Deepen Relationships With Legal Advocates

- a. Establish promising practices to engage immigration lawyers and legal advocates that sit at the intersection of immigrants' rights and pro-bono services in educating their peers on the appropriate application of public charge and the use of public benefits. Many immigration lawyers focus solely on status and apply an overly cautious interpretation of usage of public benefits, resulting in further mistrust and avoiding or delaying health care services.
- b. Conduct research to identify and test language that will best resonate with immigration attorneys, including messages that emphasize the economic benefits of health insurance, which in the long-run could help with citizenship/avoid being a so-called "public charge."
- c. Develop materials and analysis through national legal organizations, such as the National Bar Association, that decodes federal and state benefits' policies for immigration attorneys. Develop materials that explain the basics of what public assistance programs are, how they work, and determinants of eligibility for relevant communities. Distribute these to immigration attorneys through all available means, including through professional societies, medical-legal partnerships, and targeted paid digital ad campaigns to educate and persuade these audiences to use the findings from focus groups and any statements made by HHS/DHS officials on public charge.
- d. Align with the DREAMERS movement to identify and

leverage supportive attorney advocates for referrals, pro-bono community-led meetings, FB-Live Q&As, and earned media opportunities both at the national and state-based level.

- e. Build training and related materials that incentivise attorneys to deepen their understanding around the legal and policy landscape on public benefits through grants, continuing education credits, as well as conferences and convenings.

“We need lawyers and legal experts saying the same things that we’re saying so it’s as least confusing as it possibly could be.”

KARLA MARTINEZ
Policy Analyst, Every Texan (TX)

TIMELY MOMENTS FOR ENGAGEMENT

THE POWER OF FEAR & TRUST:
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Public Health Emergency

Following enactment of the policy for continuous Medicaid enrollment due to the Public Health Emergency (PHE) in 2020, Medicaid enrollment overall for adults and children increased by over 10 million nationwide. Once the determination is made to declare an end to the nation's Public Health Emergency status, this will trigger a critical 14-month countdown, during which continuous Medicaid enrollment will end and state Medicaid programs must complete coverage redeterminations for those who previously had benefited from the temporary continuous coverage policies. The Urban Institute projects that, if the PHE expires after the third quarter of 2022, nearly 15.8 million people could be disenrolled as states resume eligibility redeterminations. Coverage losses and gaps in coverage are more likely to occur in non-expansion states, states with weak Medicaid policies, and states without strong coordination between the Medicaid agency and the Marketplace.

Many people losing Medicaid after the PHE expires will be eligible for other coverage—whether that be another Medicaid category, CHIP, Marketplace coverage with tax credits, or employer coverage. This is a critical window to conduct outreach and education and provide enrollment assistance that will help ensure that those who remain eligible for Medicaid are able to retain coverage and those who are no longer eligible can transition to other coverage.

With the upcoming end of the PHE, there is both an opportunity and challenge:

- **OPPORTUNITY:** Offer specific guidance, sooner than later, about what individuals and families can do to get ahead of potential coverage loss.
- **CHALLENGE:** Over the next year, individuals and families will be navigating a very complex coverage environment given a number of different changes that could affect eligibility, enrollment, and cost of coverage.
- **DESIRED OUTCOME:** Clear and consistent messages from trusted community partners to communicate early and often with priority audiences about steps needed to re-enroll in coverage.

PENDING END OF THE PUBLIC HEALTH EMERGENCY

A majority of interviewees elevated (unsolicited) the urgency of outreach and clear communication around the pending end of the Public Health Emergency (PHE). Continuous enrollment in Medicaid has helped millions afford and maintain coverage, but those gains could be reversed as the PHE ends.

Additionally, the end of COVID-vaccine coverage and the potential of unexpected medical bills related to testing and treatment could create even more confusion and distrust of government programs, health care providers, and the health care system overall. There may also be an intersection with ongoing confusion around immigration policies that are in the news (e.g., Title 42 and public charge) that could exacerbate this confusion and fear.

National, state, and local experts agree: There is an urgent need for a robust, clear, coordinated outreach and communications effort that helps ensure Medicaid enrollees don't lose their coverage when continuous enrollment ends. Latinx immigrant families are a priority community for such efforts, given how quickly and deeply negative experiences can permeate throughout the community.

TACTICS

- Communicate across many channels: text, email, and letters (via mail) from state or federal agencies on official letterhead
- Translate documents into multiple languages
- Increase call center capacity with Spanish-speaking and culturally literate staff
- Deploy navigators for 1:1 engagements and warm-handoffs with trusted community partners
- Connect dots across multiple public benefits programs
- Create and share FAQs and toolkits with partners, media, and other influencers
- Publish data, opinion pieces, and coalition letters to build urgency on the potential impact for hard-to-reach communities
- Reinforce the need to update contact information to ensure timely updates about benefits are received

This report was published in April 2023. Information may be slightly outdated as a result.

Public Charge

Since President Biden took office, many of the harmful policies put in place during the Trump presidency have been rolled back and/or addressed. These include cuts in advertising and marketing resources (without which there was significant confusion) and funding for enrollment assistance (which made it much more difficult for people to enroll). Clearly, the changes made by President Biden have helped to point coverage rates back in the right direction. But, as previously mentioned, there's still a significant need for additional support and policy changes.

As stated in the 2021 "State of Open Enrollment Report," published by Young Invincibles, one policy change from the Trump administration particularly instilled fear within the immigrant community, leading to a "chilling effect" in health coverage enrollment. The changes that the Trump administration made to the definition of "public charge" expanded the list of public benefits that could be used to assess eligibility for immigration status. Beginning in February 2020, immigration officials were permitted to reject applications from individuals seeking to enter or remain in the United States who were deemed likely to be a "public charge" because of their use of public benefits, like SNAP or public housing. While this policy was cruelly designed and unnecessarily harsh to those seeking citizenship, the actual scope of those affected was very narrow. Current green card holders were not subjected to a public charge determination, and green card applicants are prohibited from receiving most public benefits due to other standing policies. However, many families became fearful of the implications of enrolling in any coverage because they thought it could negatively impact their immigration status or result in the separation and deportation of undocumented family members. Families decided that enrolling in public benefits—even for mixed-status families or where there were citizen children—was a risk they weren't willing to take, either for themselves or their families.

In September 2022, President Biden finalized a new public charge policy that confirms that eligible immigrant families can use public health care services. The final policy largely restores and improves upon the public charge policy in place for 20 years prior to the Trump administration. It also makes a significant improvement: making it crystal clear that DHS will not consider use of health care, nutrition, or housing programs when making

immigration decisions. The new rule will become effective on December 23, 2022.

There is now an opportunity to educate families about opportunities to enroll in the benefits for which they are eligible and to welcome immigrants and their families back to public benefits. But this will take a significant and coordinated effort to thaw the chill.

Perry Udem/Betty & Smith focus groups with immigrant communities on the impact of the public charge rule found that: "While a few (respondents) have already applied or have been enrolled in Medicaid in the past (during pregnancy or their children have been/ are enrolled), many have been discouraged from applying and been told it could hurt their immigration status or citizenship application. Furthermore, "few are aware of the change to the public charge rule—although some believe 'things have changed' under President Biden."

The impact on Spanish-speaking individuals, particularly in Texas, has been especially intense—communities have been especially traumatized by Trump rhetoric and policies, with many relying on Spanish-language media to stay up-to-date on their rights and current policy. And, the fear has not subsided much under Biden. While they view Biden as more supportive of their community, many fear Trump or a similar type of politician will return to power and so they do not feel safe.

With upcoming guidance on public charge, there is both an opportunity and a challenge arising in the near future.

- **OPPORTUNITY:** The implementation of the new Biden policy, there's a big and important moment to remind communities that the rule has changed and is not the same as what Trump enacted.
- **CHALLENGE:** If not messaged thoughtfully, it may come across to audiences that there's yet another change in the policy—and that may further confusion and concerns.
- **DESIRED OUTCOME:** Ensure eligible families have access to clear, trusted information, making it abundantly clear what public charge is and isn't.

FINAL RULE ON PUBLIC CHARGE

The Biden administration's Department of Homeland Security (DHS) issued for public comment a proposed rule on public charge. When finalized, the rule would restore and improve upon the public charge policy that was put in place in 1999. Importantly, DHS specifically stated that the use of core health, nutrition, and housing assistance programs should in no way be linked to the public charge provision. The public comment period on the proposed rule closed on April 25, 2022 and a final rule is expected by the end of summer 2022. It is very likely that there will be an attempt by governors in states like Texas and Florida to block this final rule through litigation—and it may be some time before it goes into place permanently.

National, state, and local advocates identify the publication of the final rule as an opportunity to educate communities about public charge, as well as the importance of enrolling in benefits for which individuals are eligible. At the same time, it will be important to conduct community outreach and education to dispel confusion and thaw potential additional chill—even if the new rule gets caught up in litigation. It will be a moment to build and reinforce a consistent message about enrolling in benefits that is delivered by trusted messengers and advocates. Partnerships with immigration attorneys can help with individual concerns about use of benefits on status proceedings.

The publication of the final rule and any subsequent (or ongoing) litigation could be a news “hook” where public charge and immigrant use of benefits is back in the news.

TACTICS

- Text, email, and send formal letters from state or federal agencies on official letterhead to reinforce eligibility requirements
- Translate all documents into multiple languages
- Deploy navigators for 1:1 engagements and warm-handoffs with trusted community partners
- Educate immigration attorneys and other trusted immigration advocates
- Connect dots across multiple public benefits programs
- Create and share FAQs and toolkits with partners, media, and other influencers
- Continue to educate immigrants and their families about the importance of enrolling in public benefits and provide accurate information about any public charge implications
- Work with federal policymakers and immigration advocates to develop a long-term strategy to eliminate public charge from the Immigration and Nationality Act (INA). While this is likely to be a difficult fight, achieving this victory would dismantle years of discriminatory policy. Health care advocates should support this if it comes up, especially in the immigration reform fight. This could be a way for health advocacy people to weigh in

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SECTION 2:

Expanded Insights & Recommendations

Kennesaw State University

THE POWER OF FEAR & TRUST:
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Between January and April 2022, Community Catalyst and our strategic partners engaged in robust dialogue and exploratory conversations with 11 national and 14 state organizations in four priority states: Florida, Kansas, New Jersey, and Texas. During that time, we also reviewed and analyzed publicly available information and data at the intersection of immigration and health, with a specific focus on how to reduce the negative impact of the Trump administration's actions on public charge.

“It’s not just about enrollment assistance. People need to navigate the health care system which is not designed well, especially for people with language, cultural, and transportation barriers down the line. We’re helping them navigate health care. We get them enrolled but we want them to use it and value it. So that’s where we’re spending our time. Enrollment is the easy part. **The effort is on getting them through the process and keeping them enrolled. That’s where the effort is.**”

JODI RAY

Director, University of Southern Florida that oversees the state’s navigator program (FL)

COLLABORATION

INSIGHT

Siloed movements create uncertainty and confusion.

The health equity movement doesn't currently prioritize immigrants' rights. In the same way, the immigrants' rights movement doesn't prioritize health equity.

INSIGHT

Desire for permanent status and fear of deportation or detention are the biggest obstacles to enrollment.

Immigration rights attorneys are often the biggest barrier to enrollment given their inclination to take the most conservative approach and urge clients not to participate in any government programs. But there are models and groups we can learn from, including work underway by groups including the ILRC, Houston Immigration Legal Services Collaborative, Florida Health Justice Project.

RECOMMENDATION

Unite health equity and immigrants' rights

movements. Create messaging and frameworks that weave together the priorities of both movements, and invest in community partnerships that stitch together the issues.

Develop and pursue a joint federal legislative strategy that incorporates immigrant access to benefits (e.g., striking public charge from the INA or eliminating the five-year bar) into broader conversations about immigration policy and status.

RECOMMENDATION

Embark on education around the many ways health coverage can improve financial outcomes for families (e.g., preventive care, avoid crippling medical debt, increased likelihood of continued education, etc.) and develop tools and materials for immigration attorneys about who is eligible for enrollment. Bring together health policy and immigrants' rights groups for shared learning and accountability. Incentivize the legal community through law school curriculums, direct grants, and continuing education credits related to public benefits. Deepen trusted referral networks to immigration attorneys at the local level via community-based organizations and cultural centers.

COLLABORATION

INSIGHT

Case management is required—getting an application in is just one of the many steps. And then, we must go beyond enrollment to actually help individuals utilize their coverage and receive health care services, which often differ from their country of origin.

RECOMMENDATION

Government agencies should provide follow-up communications to navigators and other enrollment assisters so that they can continue to support people beyond the application process. Funders should invest in a holistic approach and measure success not just by enrollment, but by access to and participation in other critical services.



COMMUNICATION

INSIGHT

Fear of public charge was there long before Trump—all the way back to welfare reform. Trump just hardened that fear and distrust. And not only fear of public charge's impact on immigration status **but fear of detention/deportation and separation of families.** Some will likely continue to be skeptical of the "permanency" of changes, which could be challenged or reversed under another anti-immigrant administration.

INSIGHT

People have a **growing distrust in government** and worry that lack of confidentiality and questions regarding the use of a social security number or individual taxpayer identification number for those for those applying on behalf of an eligible beneficiary (e.g., child) could be shared across agencies. More coordination across public benefits programs and respective agencies will help streamline the process for individuals applying; however it MUST be made clear that information will NOT be shared with the Department of Homeland Security and/or Immigration and Customs Enforcement.)

RECOMMENDATION

Reduce fear through clear "official" messages shared through trusted, local messengers. Be **more consistent in messaging, less focused on specific policy** at the same time, as it can be confusing. Incorporate messaging like, "Benefits you or your family member are already eligible for..." and, when needed, reinforce how small the pool of impacted individuals is.

RECOMMENDATION

Reinforce confidentiality, and remove unnecessary questions from online portals/application systems.

Learning should be drawn from COVID recovery efforts. Questions like "do you have insurance" confused people about cost and eligibility, with some fear it could impact their status. Police presence at mass vaccine sites discouraged people from getting vaccines for fear of immigration enforcement. Some didn't even cash their checks for child tax credits for fear it could be seen as a "public benefit" and impact their status.

“The damage done is going to take years upon years to rebuild.”

PETER T. ROSARIO

President and Chief Executive Officer, La Casa de Don Pedro (N.J.)

COMMUNICATION

INSIGHT

In the midst of COVID, there has been an **increased focus on social media with the continued adoption of smartphones**, including WhatsApp for 1:1 digital engagements. These platforms are also spreading dis/misinformation at scale. Distribution of accurate information, including videos and graphics, are helping meet people where they are, especially immigrant communities as many continue to use the platforms to communicate with family in their countries of origin.

INSIGHT

There is a growing focus on the need for culturally relevant content given the multifaceted ways immigrant communities and individuals identify and engage. While Spanish language materials written by someone that is fully-bilingual are critical, they are just one piece. For example, terms like Latinx may represent first generation immigrants, it may exclude those of older generations or other countries of origin who continue to identify as Hispanic.

RECOMMENDATION

Leverage learning from COVID relief and child tax-credits. Social channels, like Facebook, WhatsApp, YouTube, and Telegram, can play a critical role, especially when video messages are coming from trusted messengers (e.g., a local non-profit sharing news from HHS, or a FAQ with a local legal advocate that reinforces confidentiality and eligibility requirements for public benefits, etc.). These channels must also be utilized to debunk the spread of mis/disinformation. And it's critical to underscore the importance of a multilingual, culturally relevant approach to these mediums.

RECOMMENDATION

Cultural relevance means not just country of origin and dialect, but also time spent in the U.S., generation, and other demographics. Recognizing these nuances, through trusted community advocates, is **especially important when engaging mixed-status households.**

“The uncertainty [on public charge] just keeps trickling down until the people who need to hear it, get all the ‘maybes’ and some ‘but’s, that it’s just better to not take the risk at all.”

SCOTT DARIUS

Executive Director, Florida Voices for Health (FL)

COMMUNICATION

INSIGHT

Reading literacy **is a huge barrier** and there is growing attention to the need to build beyond Spanish translations through indigenous languages and 1:1 verbal conversations with trusted messengers.

INSIGHT

Many individuals lack clarity on how the U.S. health system works, including existing policy and eligibility requirements for public benefits—both for themselves as well as family members. Beyond enrollment, many don't know about preventive care and services that are available to them, what a deductible is, and what is covered, etc.

INSIGHT

Some communities would rather visit the emergency room than enroll in public benefits due to cultural norms and/or fear of public charge. Engage more populations opposed to government programs with focused discussion on the shared-values of health for individuals, families, and communities.

RECOMMENDATION

Indigenous communities are increasingly coming to the U.S. from Central and South America and many have low levels of reading literacy. This **reinforces the need for 1:1 verbal communications** with family, peers, and trusted community partners.

RECOMMENDATION

Get back to the basics when it comes to educating this demographic about health insurance literacy, including how the U.S. health system works, what eligibility requirements are, and the potential cost savings due to coverage and preventive care. When possible, be explicit about the difference between the Marketplace and insurance providers, especially when it comes to requests for information (e.g., tax status, income verification) and how that information will be used.

RECOMMENDATION

Reinforce the reality that many families risk drowning in medical debt if they are faced with an unexpected medical emergency. In the long run, unpaid medical bills could potentially make them a public charge, the very thing they're trying to avoid.

COMMUNICATION

INSIGHT

There is a need to provide **education about preventive health care** and to reinforce the need for early identification and management of health conditions. Often, cost is identified as a barrier to prevention and early identification of health conditions—and cost is routinely a barrier to managing chronic conditions. Having and using health insurance, including Medicaid, makes care more affordable.

RECOMMENDATION

Combining public health approaches to **chronic condition management with education** about how health insurance makes care more affordable can make a difference in early intervention, prevention, and chronic disease management.



“In terms of the Marketplace side, more so than the Medicaid side, I think there’s just a general lack of awareness of how affordable it is.”

PETER T. ROSARIO

President and Chief Executive Officer, La Casa de Don Pedro (N.J.)

MESSENGERS

INSIGHT

Community-based organizations and cultural centers are the best suited for building trust through culturally relevant programming, resources, and engagements. However, they are already short-staffed and focusing on a multitude of issues. These entities need more resourcing, sustained resourcing, and more training (which requires more resources).

INSIGHT

There is a **shortage of culturally competent medical and nonmedical providers**, as well as individuals trained to do community outreach and navigation services.

INSIGHT

Navigators continue to lack the confidence and resources to have detailed and effective conversations on immigration related issues when they arise, especially on public charge.

RECOMMENDATION

Indigenous communities are increasingly coming to the U.S. from Central and South America and many have low levels of reading literacy. This **reinforces the need for 1:1 verbal communications** with family, peers, and trusted community partners.

RECOMMENDATION

Community-based providers, navigators, and others can **invest in supporting workforce development and “grow your own” solutions**. Navigator programs can look for opportunities to hire from their community (e.g., individuals who have benefited themselves) or to look to peer support programs.

RECOMMENDATION

Continue to share information and arm bilingual navigators with **tools on public charge that can help them be more effective and confident communicators**—including tested in-language assets to help these messengers conduct authentic and informative discussions and leave-behind materials (e.g., printed) with potential enrollees.

MESSENGERS

INSIGHT

High ranking government officials need to produce and disseminate information on public charge and reinforce the confidentiality of enrollment to build trust. Individuals are especially eager to hear from the Secretary of the Department of Health and Human Services Xavier Becerra, the first Latino to hold the office in the history of the U.S.

INSIGHT

Schools continue to be seen as safe havens for children of mixed-status households. Indeed, educators are trusted messengers of information, more so than hospitals where folks might be cautious due to requests for identification, etc.

**Fear may be more prevalent following the Robb Elementary School shooting in Uvalde, Texas. And Latinx families and organizers, including immigrant communities, will likely require an even more nuanced approach that puts the well-being and safety of children front and center and holds policymakers accountable.*

RECOMMENDATION

In terms of messengers, think beyond just HHS and CMS, but also the Department of Homeland Security (DHS) and those more closely engaged on immigration issues. Messages can then be shared by trusted local partners and immigration attorneys. For example, Alejandro Mayorkas is the first Latino and immigrant to lead DHS.

RECOMMENDATION

Ensure K-12 programs have family liaisons to support families’ understanding of, enrollment in, and use of benefits—including coordinating with schools on transportation, medical absences, and other care coordination services. Link up with sports leagues and other eligibility moments throughout the school year where students and parents alike frequent.

This is a moment for health equity organizations to join parents, organizers and advocates pushing for an end to gun violence.

“It’s a problem when no one in the state government is providing reassuring messages. **The more state agencies can be made to provide reassuring messages, the better.**”

LAURA GUERRA-CARDUS

Director of State Medicaid Strategy, CBPP

“So many times, we have been asked ‘what are your numbers?’ And I go, ‘don’t ask me about numbers.’ Because it’s **not about numbers, it’s about people. We need to see people for who they are and not just a statistic, or disease or immigration status.** Once we refer to people as numbers, we detach the humanity and that is something we should never be without...”

GRACIELA CAMARENA

Children’s Defense Fund–Texas Rio Grande Valley Office (TX)

MESSENGERS

INSIGHT

There is growing focus on the **need to go beyond the formal education** system by including Head Start, Pre-K, and home-based childcare providers that are in frequent dialogue with this community.

INSIGHT

Organizations struggle to gather stories from impacted communities due to stigma and fear. Service providers and advocates are instead tapped to speak more broadly, which is less impactful.

Community-based storytelling, gathered through trusted 1:1 dialogue with trusted sources, should allow for anonymous comments, then can provide state and first name, as comfort for each participant allows.

RECOMMENDATION

Leverage preschool, childcare, and Head Star programs—including in-home caregivers—to become ambassadors. Provide toolkits and information that can be distributed in send-home packages for the children and their families.

RECOMMENDATION

Navigate these complexities by **generating more nuanced, compelling content from trusted messengers**—attorney activists, teachers, priests—that can both educate and reassure audiences on policy and available benefits to the community.

When advocates are asked to share stories, ask for specific examples, rather than broad asks. Cultivating a trusted relationship with one impacted individual or family may also motivate others to share their own story, especially when emphasizing that there are ways to share a story without revealing someone’s entire name and personal information. Of course, feeling comfortable enough to share one’s personal story is often a difficult journey, and many families in Latinx immigrant communities may still choose not to.

PARTNERS

INSIGHT

Successful enrollment efforts take place outside the health center walls by meeting people where they are at places like food pantries, churches, women’s centers and cultural centers, with a focus on providing culturally specific programming to Latinx communities.

INSIGHT

Moms and mom-oriented groups are often the most trusted source of information on health care and are being engaged to share stories via state and federal campaigns.

RECOMMENDATION

Immigration services, citizenship and ESL classes, as well as skilling (sewing, floral, party planning), and after school programs and sporting events can provide a doorway into a holistic approach.

RECOMMENDATION

These advocates should not be exploited and must be compensated fairly for engagement efforts, including stipends for time spent, travel, childcare, and meals.

Groups like MomsRising and its Latinx focused subgroup MamasConPoder have perfected the art of storytelling and story collection to drive policy change.

“When you’re doing community work,
you’ve got to be where the community is.”

ERICA ANDRADE

Chief Program Officer, El Centro (KS)

PARTNERS

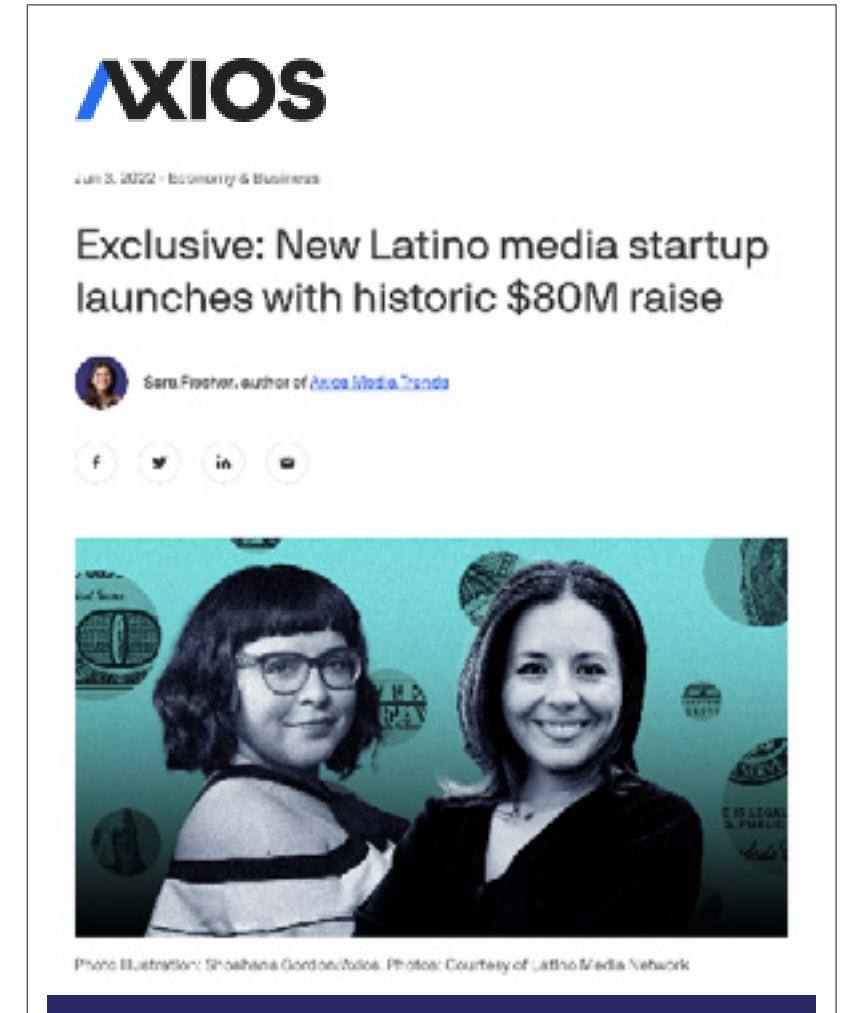
INSIGHT

Spanish-language media (Univisión/Telemundo) and radio continue to be the most impactful/trusted media among this demographic, yet there is no holistic engagement approach. There are also opportunities to build relationships with new media platforms, including the recently launched Latino Media Network, founded by Latina activists and entrepreneurs Jess Morales Rocketto and Stephanie Valencia with \$80M in venture capitalist funding.

RECOMMENDATION

Spanish-language media and personalities should be engaged sooner than later on a national level with regard to intersecting immigrant and health-related issues, and engagement must be ongoing. They can dispel misinformation under a “know your rights” campaign or something similar, which can then be disseminated through local networks/affiliates.

These partnerships can be either earned or paid, and require ongoing collaboration, thought partnership and availability of trusted experts to dispel misinformation.



A big opportunity here to partner with new Latino media platforms—such as the Latino Media Network.

TACTICS

INSIGHT

Getting people into the enrollment office assumes they're already in the pipeline/ecosystem. **We need to reach new people, especially those in the Latinx/immigrant community who are often hesitant to engage/come into offices due to fear.**

INSIGHT

People don't access health care in a silo and successful enrollment efforts tap into other public assistance programs, including items that are top of mind for many low-income families, like food and energy assistance programs.

INSIGHT

Census organizing and advocacy provides a template for learning, via door-to-door outreach and other community-led engagements to dispel misinformation. However, the undercount underscores the distrust many have in government and that even more work needs to be done.

RECOMMENDATION

Leverage learnings from COVID education and outreach. Engage systemically excluded communities by going to them. Many were fearful of police presence at large vaccine sites. Mobile clinics, churches, schools, food banks, paired with 1:1 communication from trusted sources, are key.

RECOMMENDATION

Reimagine community assistance to be a holistic approach to health and well-being for families. Tap into issues/organizations offering services that may feel more urgent to this community—including energy assistance, tax advice or legal counsel.

RECOMMENDATION

Door-to-door outreach from trusted community members can meet people where they are, connect the lived experiences of immigrants from diverse backgrounds, and serve as a way to showcase the economic and cultural contributions of immigrants in their communities. Engage community colleges, ESL classes, citizenship classes, etc.

“As trusted community members, we have to be trusted all the time. We have to simultaneously fund both community education outreach as well as grassroots organizing. Because one without the other doesn't work.

DR. JESSELY DE LA CRUZ

Executive Director, Latino Action Network Foundation (N.J.)

TACTICS

INSIGHT

Virtual engagement and platforms have increased participation in public dialogue and advocacy among under-represented communities. Fear of showing ID to access a state building to testify has been a big barrier as has police presence at mass vaccine sites.

INSIGHT

Robust storytelling and education efforts around COVID vaccine hesitancy provide a template for combating misinformation and fear.

RECOMMENDATION

Build upon COVID learnings and infrastructure to keep systemically excluded communities engaged in dialogue and advocacy via social media and other digital platforms. Push for more inclusive opportunities that make government and policymaking more accessible to communities that may be fearful of enforcement. Consider external factors when planning events, like locations that don't require police presence.

RECOMMENDATION

Flood the zone with content from trusted messengers, similar to efforts undertaken by Knight Family Foundation around Greater Than COVID, that can be disseminated among advocates on-the-ground. Consider partnerships with groups like Media Matters to ensure media outlets are held accountable for distributing mis/disinformation.

“People still crave grassroots and community work, but I actually think that we've had more civic engagement because more people are able to participate virtually than before.”

DR. JESSELY DE LA CRUZ

Executive Director, Latino Action Network Foundation (N.J.)

POLICY

INSIGHT

The pending end of the Public Health Emergency (PHE) and the respective end of automatic renewals could leave too many, especially immigrant communities, without coverage. Many have moved, face language barriers, and aren't proactively seeking out information via so-called "traditional" channels. A lack of coordination and communication could quickly undue the trust that many community-based organizations have long worked to build.

INSIGHT

To facilitate enrollment in *all* public benefits, **application processes should be simplified and coordinated.** Particular attention should be paid to facilitate the enrollment of eligible individuals in mixed-status families where, for example, a citizen child may be eligible for multiple benefit programs but the parent would only be eligible for one program. That child should be automatically enrolled in all eligible benefits.

RECOMMENDATION

Tackling this **urgent challenge requires a robust and coordinated outreach program.** Channel learning from Census efforts—door-to-door outreach and engagement. Give communities updates that this is coming and 1:1 support for preempted address changes, account set up, and later re-enrollment. Begin a stepped-up ad campaign, both via digital and mail, to explain the basics and provide a clear call-to-action for those most likely to be impacted.

RECOMMENDATION

Require that **all eligibility systems be "no wrong door"** so that an individual applying for one benefit program is automatically enrolled in (or referred to) all eligible benefits; encourage adjunctive eligibility so that if an individual is eligible for one benefit program, they are deemed eligible for others based on income (such as between Medicaid and WIC); and simplify the applications themselves so that they are easy to understand.

POLICY

INSIGHT

Title 42 is a misuse of public health policy to target migrants and refugees, and allows the U.S. government to deport under the pretext of preventing the spread of COVID. Title 42 was signed in by the Director of the CDC, Robert Redfield, despite objections from top experts at the agency. This is an example of the kind of policy that will continue to create fear among Latinx immigrant communities and create barriers to enrollment, in addition to creating dangerous situations for migrants seeking asylum.

INSIGHT

Without clear information and messaging, **the new final guidance on public charge could leave people more uncertain, providing unique messaging challenges.** Many will likely feel that the policy and government is fluid and they continue to be distrustful of what might happen in the years/administrations to come.

INSIGHT

Medicaid expansion continues to be front and center for health equity advocates; but limits, including for pregnant people and immigrants, remain.

RECOMMENDATION

Whether or not Title 42 gets lifted or extended, this is expected to be a charged policy fight and a **prime opportunity for health equity groups to partner alongside immigration groups on advocacy, education, and outreach.** Beyond that, groups should continue to engage trusted messengers like Ronald Waldman, an epidemiologist at the CDC for more than 20 years and who is now the current president of DoTW-USA, to speak out against Title 42.

RECOMMENDATION

Government officials and legal advocates are best suited to dispel new and or remaining fear and further clarify current policy. They must provide clear, consistent information (through government official messengers) to avoid further confusion. Don't overcomplicate—reinforce confidentiality of applying for public benefits and, when applicable, make clear the small fraction of people impacted by past policy.

RECOMMENDATION

In expansion states, be mindful to **reinforce progress but not perfection in the messaging (*there's still more work to do*),** as advocates continue to push for more inclusive eligibility. In non-expansion states, reinforce that this is yet another way that policymakers want to take power and control away from communities of color.

“Enrollment agencies are the subject matter experts and can identify barriers, but when it comes to doing upstream advocacy, it takes time and it takes capacity and effort that they just don't have.”

ZAHYRAH BLAKENEY

Program Officer, Episcopal Health Foundation (TX)

POLICY

INSIGHT

Expand Medicaid eligibility for DREAMERS. In some states, people with DACA status are eligible. Here follows a list of the states in which individuals with a DACA status could still be eligible for Medicaid: New York, California, Massachusetts, and Washington, D.C. A federal regulatory fix is needed to ensure that people with DACA status are able to access ACA subsidies.

INSIGHT

The so-called **CHIPRA option** give states the power to remove states the power to remove the five-year bar for pregnant people and kids so that they can enroll in Medicaid. Yet, many states have yet to fully adopt this this option—including Florida, Kansas, and Texas.

INSIGHT

Lift the Bar Act removes the five-year bar that prohibits immigrants from accessing benefits for five years across all public benefit programs. If one is a lawfully present immigrant, who is otherwise eligible (income threshold, etc.), then one would be eligible to enroll in federal benefits. States would be required to provide this coverage.

RECOMMENDATION

Engage with and support organizations and policy being put forward by groups like United We Dream to build goodwill and connections across movements. This will also enable more legal advocates to join the fight on health policy—while Dreamers are best suited to change perceptions of older generations.


RECOMMENDATION

This is another **opportunity for collaboration between immigration and health equity groups** to push state policy. Messages should reinforce that this is yet another example of states standing between people and their ability to access programs. Denying them access is about power and control.

RECOMMENDATION

Health groups should enthusiastically support the Lift the Bar Act because it would give people more benefits. This is an opportunity to partner with food and nutrition advocates and housing advocates as it removes barriers to all programs. There is also an opportunity for partnership with immigration advocates on comprehensive immigration reform that helps people access the benefits we need.

Groups should expect to combat the likely opposition of states to refuse to cover immigrants.



“The pendulum does not stop swinging and the reality is that even though the policy is currently changed, **it might not withstand the test of time, and lawyers are cautious of that, as are immigrants.**”

ALISON YAGER

Executive Director, Florida Health Justice Project (FL)



SECTION 3:

Community Specific Insights

THE POWER OF FEAR & TRUST:
Mobilizing a Movement to Educate, Reassure, and Enroll Eligible Latinx Immigrant Communities in Public Health Benefits

Florida

Florida has not expanded Medicaid eligibility. In addition, all lawfully present immigrants, including pregnant people, are subject to a five-year waiting period (known as the five-year bar) before they can access Medicaid (children in the five-year waiting period are covered in Florida).

The following insights and recommendations are informed by four stakeholder discussions in Florida, as well as a cohort of national organizations that have a focus on the state.

FLORIDA

COLLABORATION

- The structure and collaborative nature of the networks that have been put in place to get enrollment information out into the world, but the networks have yet to be fully mobilized at the intersection of immigration and health, especially when it comes to mitigating fear of public charge.
- Some advocates believe that the “pull-yourself-up-by-the-bootstraps” mentality, which is more prevalent among elder Cuban populations, is best countered through community-based organizations and first-generation activists, who tend to be more open-minded, though under-resourced, for door-to-door outreach and advocacy.

COMMUNICATION

- The Latinx immigrant population in Florida is complex, more so than other regions, given its proximity to Central America and an aging, yet powerful, population of Cubans. Navigating these complex dynamics, especially long-standing trauma for many around socialism and communism, requires thoughtful dialogue about the American health care system and the benefits of public benefits and preventive health services with the community as a whole.
- Lawfully present immigrants help fuel billions of dollars into the state’s economy through agriculture and tourism, but are often not eligible for employer-sponsored coverage given part-time or seasonal work classifications. There may be an opportunity to engage with them at their places of work or at public transportation centers.

FLORIDA

MESSENGERS

- To build unity and find middle ground with policymakers and some subsets of immigrant communities (e.g., elder Cubans), messengers must meet people where they are to “show, not tell” the myriad ways immigrants are contributing to the community (and the state’s economy) yet lack access to benefits.
- State policymakers continue to lack clear and concise information on intersecting health and immigration related issues. Continued engagement, with easy to use language and data, can help mobilize them as spokespeople, paired with a core set of messages that all groups can amplify.

The Florida Department of Health now has a Minority Health subset, and every county in the state has a liaison that is tasked with advancing its priorities. There remains an opportunity, though lack of capacity, to engage and deepen relationships with these agencies and representatives.

- Individuals, including Rep. Kathy Castor (Tampa), as well as the Mayor’s Hispanic Services Council, the Office of New Americans of Miami-Dade, and the Mexican consulate, have good working relationships with advocates and are trusted messengers.

PARTNERS

- Navigators are trusted sources, but often lack factual information about current immigration policy. They have had the most success in countering misinformation and fear when armed with printed materials from high-ranking officials and agencies such as USCIS.
- Transportation continues to be a big barrier for the Latinx population, so groups are building upon COVID learnings to continue outreach via mobile clinics and other community-based visits to engage systemically excluded communities through partnerships with the Redlands Christian Migrant Association around the state.

FLORIDA

TACTICS

- Advocates expressed a marketing-deficit and that there is an opportunity to build upon successful enrollment activations via Spanish-language radio and PSAs, but with a specific focus on benefits available to Latinx immigrants and mixed-status households.
- WhatsApp is a highly relied upon medium for sharing information with immigrant communities and advocates on-the-ground are eager for platform specific content they can deploy across this channel.
- There is also a large population of Latinx celebrities and TV personalities that should be engaged in public education campaigns, especially those that can combat the spread of mis/disinformation.

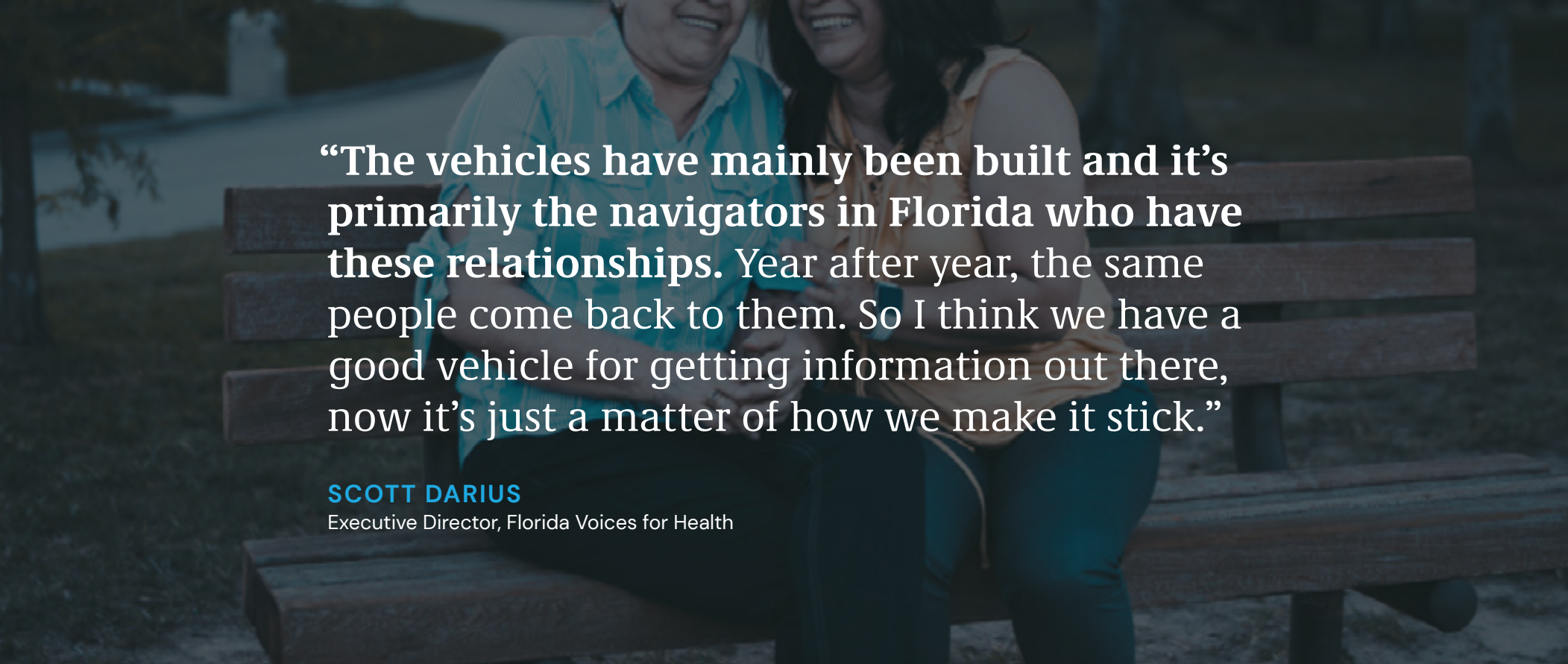
POLICY

- The primary policy push among health care advocates remains focused on expanding Medicaid in Florida. In addition, they are pushing for a more coordinated enrollment application system, which can provide presumed eligibility across a variety of public assistance programs and benefits following the application for one.
- Advocates on-the-ground are working hard to tackle the upcoming end of PHE as an opportunity to get information and resources on-the-ground, before public trust is lost. However, they worry administrative action and guidance will only happen at the last moment, potentially once individuals have already lost coverage.
- Florida still doesn't allow lawfully residing pregnant people to have access to Medicaid for five years, which local advocates on-the-ground are trying to address, especially as it has an outsized impact on immigrant communities. States have the option under CHIPRA to waive the five-year waiting period and expand Medicaid to allow lawfully present pregnant people and children access to Medicaid.

FLORIDA

POLICY, CONT'D

- Advocates are also pushing to expand the eligibility for immigrant children to have access to affordable coverage under Kid-Care.
- Within the last several years, a bill was passed in Florida that allowed for Medicaid reimbursement of health services provided in schools. So, schools are now able to have health care clinics built into the campus itself. The Health School Model piloted in a few schools could provide an opportunity for information sharing from community advocates out into the community.



“The vehicles have mainly been built and it’s primarily the navigators in Florida who have these relationships. Year after year, the same people come back to them. So I think we have a good vehicle for getting information out there, now it’s just a matter of how we make it stick.”

SCOTT DARIUS

Executive Director, Florida Voices for Health

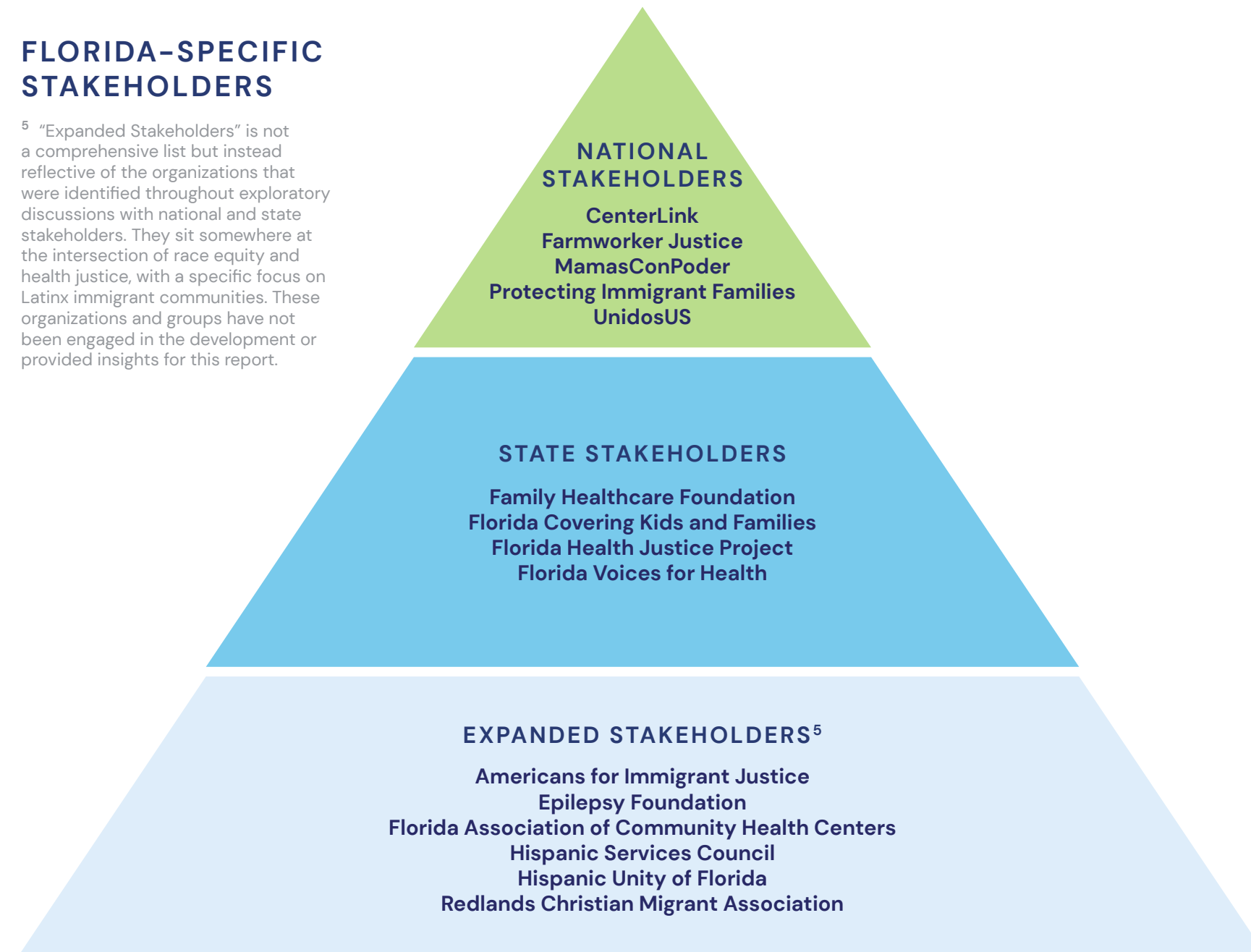
“We don’t look at that population as a homogenous population. Because I look at Florida and it’s a pretty diverse state. And our Latino community is very diverse from one end of the state to the other. **It’s if you try to do a one size fits all approach, that’s where that first failure is. And it does not help when you’re trying to build trust.**”

JODI RAY

Director, University of Southern Florida (USF)

FLORIDA-SPECIFIC STAKEHOLDERS

⁵ “Expanded Stakeholders” is not a comprehensive list but instead reflective of the organizations that were identified throughout exploratory discussions with national and state stakeholders. They sit somewhere at the intersection of race equity and health justice, with a specific focus on Latinx immigrant communities. These organizations and groups have not been engaged in the development or provided insights for this report.

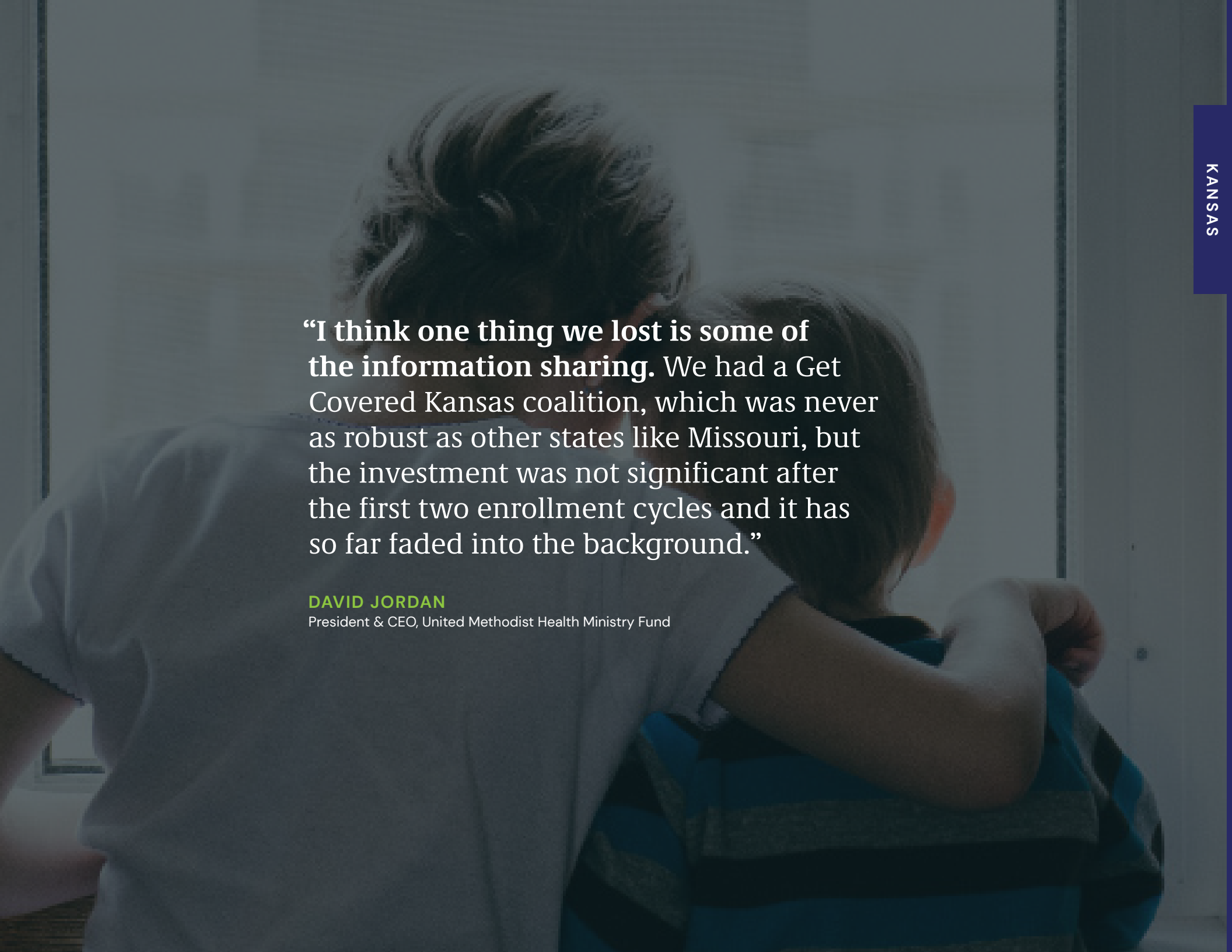


Kansas

Kansas has not expanded Medicaid eligibility. In addition, all lawfully present immigrants, including pregnant women and children, are subject to a five-year waiting period (known as the five-year bar) before they can access Medicaid.

Kansas is rapidly becoming more Hispanic. The number of Latino residents statewide has nearly tripled since 2000. Roughly one of every five Kansans is Latino. The two most Hispanic cities in the state of Kansas are Liberal and Dodge City, with Hispanic residents accounting for roughly two-thirds of each city's population.

The following insights and recommendations are informed by three stakeholder discussions in Kansas.



“I think one thing we lost is some of the information sharing. We had a Get Covered Kansas coalition, which was never as robust as other states like Missouri, but the investment was not significant after the first two enrollment cycles and it has so far faded into the background.”

DAVID JORDAN

President & CEO, United Methodist Health Ministry Fund

KANSAS

COLLABORATION

- There is a strong foundation to build upon when it comes to shared resources and learnings in Kansas, following successful partnerships between funders, community groups and advocates, as well as the League of Kansas Municipalities. There is a strong track record of collaborative and shared funding between Health Forward Foundation, Kansas Health Foundation, REACH Healthcare Foundation and the United Methodist Health Ministry fund for outreach and enrollment efforts. The foundations also successfully support non-partisan voter engagement, census outreach, and COVID equity initiatives that could provide important lessons and systems for future work.
- The meatpacking industry is a large and growing economic driver in Kansas, employing a significant number of immigrant workers, predominantly in Southwest Kansas. Trust was built through COVID outreach and education, including through unique employer relationships and Catholic priests that can provide learnings for future initiatives.
- Overall, the share of Kansas voters who are Hispanic has more than doubled since 2000, now up to 7 percent. However, community-based organizations, especially those focused on the Latinx population in Kansas, remain focused on education and outreach for those that may be eligible for citizenship but haven't taken that step, with many citing time and money. This could provide an on-ramp for expanding awareness about the U.S. health system and benefits that may be available to immigrant communities.
- Community health workers are already having an outsized impact—not only on outreach and enrollment, but also in terms of building trust among the community and helping individuals realize other avenues for economic opportunities, like GEDs, that may be available to them.

KANSAS

COMMUNICATION

- Information sharing and corresponding content production/sharing is a critical need as there has been limited and timebound funding for ongoing outreach and enrollment work in the state through the Get Covered Kansas Coalition.
- Given how rural many communities are in Southwest Kansas, groups have relied on Facebook and YouTube as a tool for distributing messages from trusted messengers, including Catholic priests, to get accurate information into the community.
- Given the large population of Catholics in the state, messaging that has resonated focuses on the importance of taking care of one's neighbor and accessing services.



KANSAS

MESSENGERS

- COVID efforts showed that religious leaders are equally as effective messengers as doctors in reaching the Latinx community in rural Kansas. The Latinx population in Southwest Kansas is predominantly Catholic and faith groups and leaders have been at the forefront of dialogue and serve as trusted messengers on a range of issues, including around COVID and vaccines. They are well positioned to create and disseminate information.
- Blanca Soto, former Southwest Kansas campaign director for Kansas Appleseed and candidate for the Dodge City commission, grew up in Dodge City and is steadfast in her commitment to 1:1 dialogues to drive change among the Latinx/Hispanic community. She is a well respected voice and partner in the community and should have a seat at the table when it comes to the intersection of health and immigration in the state.
- Ernestor De La Rosa, Assistant City Manager at City of Dodge City, is a DREAMER and member of the Kansas Racial Justice and Equity Commission, which is working to improve equity and inclusion in Kansas. He could be a valuable ally in this effort, bridging the gap between city and community. The Commission has so far released two reports (Policing and Law Enforcement in Kansas and Social Determinants of Health) which provide an on-ramp to deepen discussions and education on public charge and public benefits. De La Rosa is also the Chairperson of the The Kansas Hispanic & Latino American Affairs Commission (KHLAAC), which serves as a liaison for the Kansas Hispanic & Latino Community and the Office of the Governor. The Commission addresses public policy concerns primarily in the areas related to education, health, and business. The Commission works closely with the Kansas Hispanic & Latino American Legislative Caucus as well as other state agencies in order to improve the lives of all Kansans.
- El Centro Board Chair Catalina Velarde has a background as an immigration attorney and could be tapped to provide trusted insights and messaging about the unique challenges and opportunities in Kansas.

KANSAS

PARTNERS

- Community-based organizations like THRIVE Kansas (culture of health prize winner for Robert Wood Johnson Foundation) are increasingly critical in reaching Latinx immigrant populations in rural Kansas. Expand upon existing partnerships and collaborations, including through the Kansas Advocates for Equity, Education and Health, with a refined focus on thawing the continued effects of public charge and making enrollment information accessible to communities.
- Boost outreach and enrollment efforts by funding positions within critical access hospitals, which are more prominent in the state than FQHCs. These positions should be filled with dedicated staff that are culturally competent and bilingual, and who can work within a variety of settings to meet communities in need.
- Explore a potential powerbuilding partnership with the Neighboring Movement, which is spearheading an effort called the Good Neighboring Experiment, and is working to build relationships and power around existing community strengths. Cohorts are predominately Latinx and based in Southwest Kansas, with a spotlight on lifting up the stories of participants.
- The Kansas Breastfeeding Coalition is very active throughout the state and could be an interesting ally in getting accurate information into communities, especially because hospitals are not utilizing best-use practices when servicing Latinx communities. In addition, they've done a lot of federal advocacy and are running home-based programs to meet people where they are.

KANSAS

TACTICS

- Build upon the trust and infrastructure put into place through Census Complete Count, work co-funded by United Methodist Health Ministry Fund & Kansas Health Foundation, which deployed grassroots organizers for 18 months leading up to the census. They paired on-the-ground support through Kansas Appleseed with statewide advocacy and targeted advertising to reach rural communities in Southwest Kansas.
- Partner with the United Methodist Health Ministry Fund to create a sermon guide on public benefits that can be incorporated into the existing series for faith leaders to use, putting a spotlight on communities that are already eligible for coverage. This will follow the positive reception that the last guide, Faith in Vaccines, received from the community, and speaks to the intersection of issues facing congregations. Other topics have included trauma and behavioral health, while another is in the works on maternal and child health.
- Tap into ongoing efforts to better understand the unique challenges that Latinx communities face in accessing health care in Kansas, specifically on the heels of research related to telemedicine by the United Methodist Health Ministry Fund.

“These lawyers are very well known and very well respected in the community. So their word is god.”

ERICA ANDRADE

Chief Program Officer, El Centro

KANSAS

POLICY

- Over the last year, the United Methodist Health Ministry Fund worked with advocates, providers, Governor Laura Kelly, the state Medicaid office, and a bipartisan group of legislators to extend postpartum coverage to mothers in Kansas. Funding for this policy change was included in Governor Kelly’s budget. This important policy change will mean 9,000 women have access to health care for the full year postpartum. Extending coverage will improve the health of parents and babies as well as reduce costs to the state.
- A bill was recently heard that would have instituted work requirements for all public benefits programs including SNAP and Medicaid, despite the false notion that the beneficiaries of these programs are able to work but choose not to. It was advanced by the Opportunity Solutions Project and eventually got shot down. Given local media coverage, there may be lingering confusion among communities and continued need to make clear that work requirements don’t work and only create unnecessary paperwork for people—and the bill was stopped and did not become law.
- There’s significant focus on expanding eligibility for SNAP and food assistance programs. At the state level, Kansas has a restrictive policy called the Hope Act, which has strict lifetime caps on eligibility, and also makes it more complicated for access to federal programs. (There’s some work underway to ease that burden.)
- Kansas should expand KanCare to cover adults below 138 percent below the Federal Poverty Line (FPL). This would dramatically increase coverage for low-income adults and help increase rates of insurance coverage in Black and brown communities.
- Kansas requires a five-year waiting period before lawfully residing pregnant women and children have access to Medicaid. States have the option under CHIPRA to waive the five-year waiting period and expand Medicaid to allow lawfully present pregnant women and children access to Medicaid.

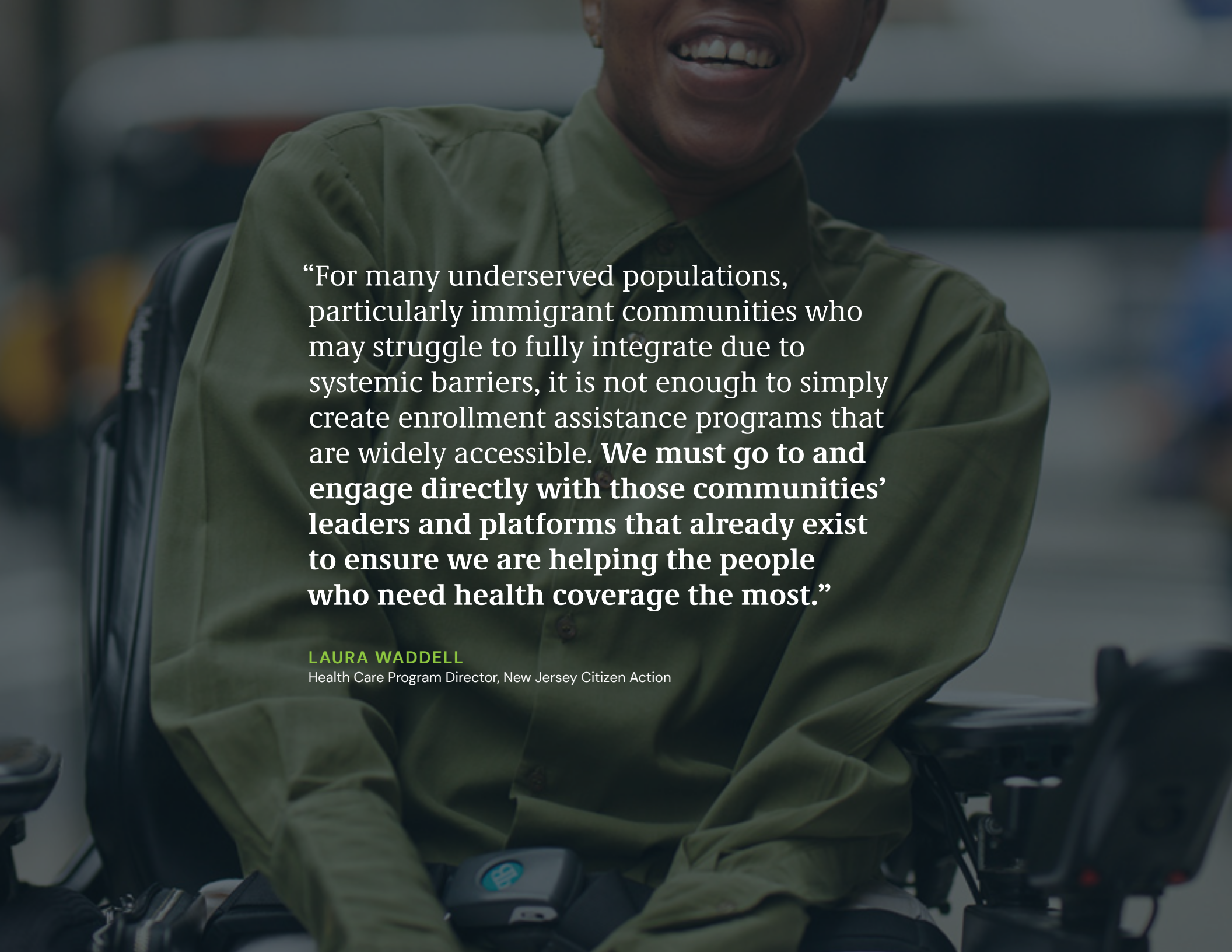
“I think of [someone working in one of] the community health worker positions that receives grant funding in Southwest Kansas and the impact that she’s been able to make. She helped enroll a young mother in health insurance. Then she got her enrolled into a GED program, which is paying huge dividends in her life. I think of the trust that she built with that client. It started with health insurance and then it went to, ‘Oh, maybe I could get my high school equivalency degree. I could have these economic opportunities.’”

DAVID JORDAN
 President & CEO, United Methodist Health Ministry Fund

KANSAS-SPECIFIC STAKEHOLDERS

⁶ “Expanded Stakeholders” is not a comprehensive list but instead reflective of the organizations that were identified throughout exploratory discussions with national and state stakeholders. They sit somewhere at the intersection of race equity and health justice, with a specific focus on Latinx immigrant communities. These organizations and groups have not been engaged in the development or provided insights for this report.





“For many underserved populations, particularly immigrant communities who may struggle to fully integrate due to systemic barriers, it is not enough to simply create enrollment assistance programs that are widely accessible. **We must go to and engage directly with those communities’ leaders and platforms that already exist to ensure we are helping the people who need health coverage the most.**”

LAURA WADDELL

Health Care Program Director, New Jersey Citizen Action

New Jersey

New Jersey has expanded Medicaid—including to nearly 90,000 uninsured children—yet barriers remain for full participation from eligible immigrants, including those in mixed-status families. Investments in outreach and enrollment assistance by trusted community partners will be critical to helping eligible immigrants enroll in programs (both insurance and other public health interventions). Advocates continue to push for expanded access to services for those without insurance, and equitable access for COVID support—but are also preparing to defend existing reforms against politically motivated attempts to retrench benefits.

The following insights and recommendations are informed by three stakeholder discussions in New Jersey, as well as a cohort of national organizations that have a focus on the state.

NEW JERSEY

COLLABORATION

- Community-based organizations, including cultural centers and Hispanic Women's Resource Centers, continue to be the most trusted and sought after resource among immigrant communities, offering skilling and other important resources.
- What seems to work best is giving some sort of financial incentives and educational resources to community ambassadors outside the box of "social services" (e.g., local business owners) to do community education. Training sessions should be recorded to ensure participation from leaders working outside so-called "traditional" business hours.
- Simultaneously funding community education and grassroots organizations remains mission critical to building and maintaining trust—with demonstrated impact through the New Jersey Census 2020 Coalition.
- Identify opportunities to build upon work happening through the N.J. for Health Care, a coalition with a specific focus on community friendly solutions, including webinars and associated materials on public charge.
- Other collaborative efforts included presumptive eligibility screenings in coordination with COVID testing and vaccination sites.

“We serve as a hub for community Latino community-based organizations on-the-ground who provide direct social services support. **From our work with those groups, what we hear is that the biggest problem is having support for community outreach initiatives from trusted partners—people who speak the language, who come from the same communities—who can connect in spaces and places with people to do this kind of outreach.**”

DR. JESSELY DE LA CRUZ

Executive Director, Latino Action Network Foundation

NEW JERSEY

COMMUNICATION

- In advocacy dialogues, it's important to reinforce that even with legal status (e.g., work visa), there is a portion of the immigrant community that still doesn't have access to health coverage because of the restrictions—and that should change. Understanding the nuance of current policy, as well as exemptions, is critical.
- Beyond citizenship, many still believe that cost makes enrollment unattainable for themselves and eligible family members. When possible, communications should make clear that many individuals are actually surprised to learn how affordable coverage is, and underscore that without coverage, the high costs of unexpected medical bills or emergency room visits can leave families drowning in medical debt.
- Many remain uncertain about enrollment opportunities. All communications should clarify what individuals may already be eligible for, while at the same time ensuring potential enrollees understand what documentation is required (e.g., income verifications) to avoid delay or denial in coverage. Culturally competent materials (in print as well as online) can support such efforts, paired with assurance about how the information will and will not be used/shared.
- Community partners continue to be eager for materials from HHS as well as a concerted effort by New Jersey agencies to provide clear and consistent communications about eligibility. These materials are useful in 1:1 dialogue, especially when translated into Spanish. It's important that these messages are from someone who is understood to speak on behalf of the government.
- While advocates are aligned on the fight for racial justice and health equity, which includes the right to abortion and marriage equality, they understand the risk that comes along with it amidst the Catholic Latinx community, who may be more conservative on these issues.

NEW JERSEY

MESSENGERS

- Stigma and racism are ever prevalent, but there is a growing constituency of Latinx influencers and community-based organizations pushing for change. Despite being seen as a “liberal” state, immigrant communities and communities of color continue to feel robbed of control through current systems.
- Trusted messengers include Representative Andy Kim (N.J.-03) who is on the record advocating for an “immigration system that provides opportunity and security.”
- Johanna Calle is the Director at the Office of New Americans at the New Jersey Department of Human Services. Previously, she served as Director of the New Jersey Alliance for Immigrant Justice, a coalition of over 40 organizations that work on advocacy campaigns at all levels of government to promote pro-immigrant policies. She is a longtime New Jersey resident, born in Ecuador and raised in Hackensack, N.J.. She has lived experience as a formerly undocumented student with undocumented family members.
- Shabnam Salih, Executive Director of the Office of Health Care Affordability and Transparency, has been outspoken in official communications on the Cover All Kids initiative in New Jersey, stating: “As a daughter of immigrants and as someone who grew up with N.J. FamilyCare coverage for most of my childhood, I could not be more thankful for the Governor’s leadership here and excited about what this campaign will mean for the thousands of uninsured children in New Jersey. Through this work we will not only be ensuring better health care for these children, but removing a significant burden in their lives that will help ensure brighter and healthier futures.”
- Throughout COVID, Spanish speaking doctors were the most trusted messengers.

NEW JERSEY

MESSENGERS, CONT’D

- Rosalina (Wendy) Melendez has been the Director of La Casa’s Personal Development Division and the Hispanic Women’s Resource Center since 1998. Under her stewardship, she is responsible for overseeing program delivery, fund development, budget management and for creating collaborations and partnerships.
- Consider building partnerships with spokespeople from the AG’s “Immigrant Trust Directive,” the statewide policy designed to strengthen trust between New Jersey’s law enforcement officers and the state’s diverse immigrant communities. The Directive ensures that victims and witnesses feel safe reporting crimes to local police without fear of deportation.

PARTNERS

- Cultural groups, local churches, community leaders, and even small business owners (e.g., bodegas) have been engaged to provide information on enrollment and are more readily available to network.
- Local advocates have been effective at capturing attention when individuals/families come into preschool centers or Head Start programs and are seeking information on SNAP or other benefits. Other timely opportunities include when individuals seek support on tax prep through the Volunteer Income Tax Assistance (VITA) program.
- When COVID hit, the most impactful partners were food banks and pantries.

NEW JERSEY

PARTNERS, CONT'D

- Census education efforts were centered on ESL classes and community colleagues, which continue to be well attended by Latinx community members. Identifying and equipping student advocates as messengers can serve as an effective model as well.
- Stigma and underlying cultural barriers continue to limit immigrant communities' enrollment in health insurance overall. Instead, they often continue to rely on urgent care for health related emergencies, which messengers should reinforce as costly. Partnerships with and outreach/enrollment from trusted messengers in urgent care clinics may infuse more understanding about the benefits and affordability of health insurance.

TACTICS

- A 1:1 case management approach, including funding for wrap-around services, would ensure clear and consistent education and support for people who may be working outside so-called "traditional" work ecosystems (e.g., cash income, seasonal workers, etc.) and have historically struggled to identify and provide the necessary documentation needed for enrollment (e.g., income verification).
- Continue to fund efforts like the "Voices for Health Justice" program, which empowers individuals in N.J. to share their stories, build a base of community leaders and advocates, and then supplement these individuals with train-the-trainer tools for capacity building in Spanish.⁷
- Pair funding with capacity support and training for local community groups. A continued commitment to grassroots organizing and power building will ensure that communities can advocate for culturally appropriate services and care—including in-language support—which can be a barrier even with insurance.

⁷ Community Catalyst, together with Community Change and the Center on Budget and Policy Priorities, run the Voices for Health Justice Project – designed to build the power of health care consumer advocates with a focus on grassroots organizing, racial justice and anti-racism.

NEW JERSEY

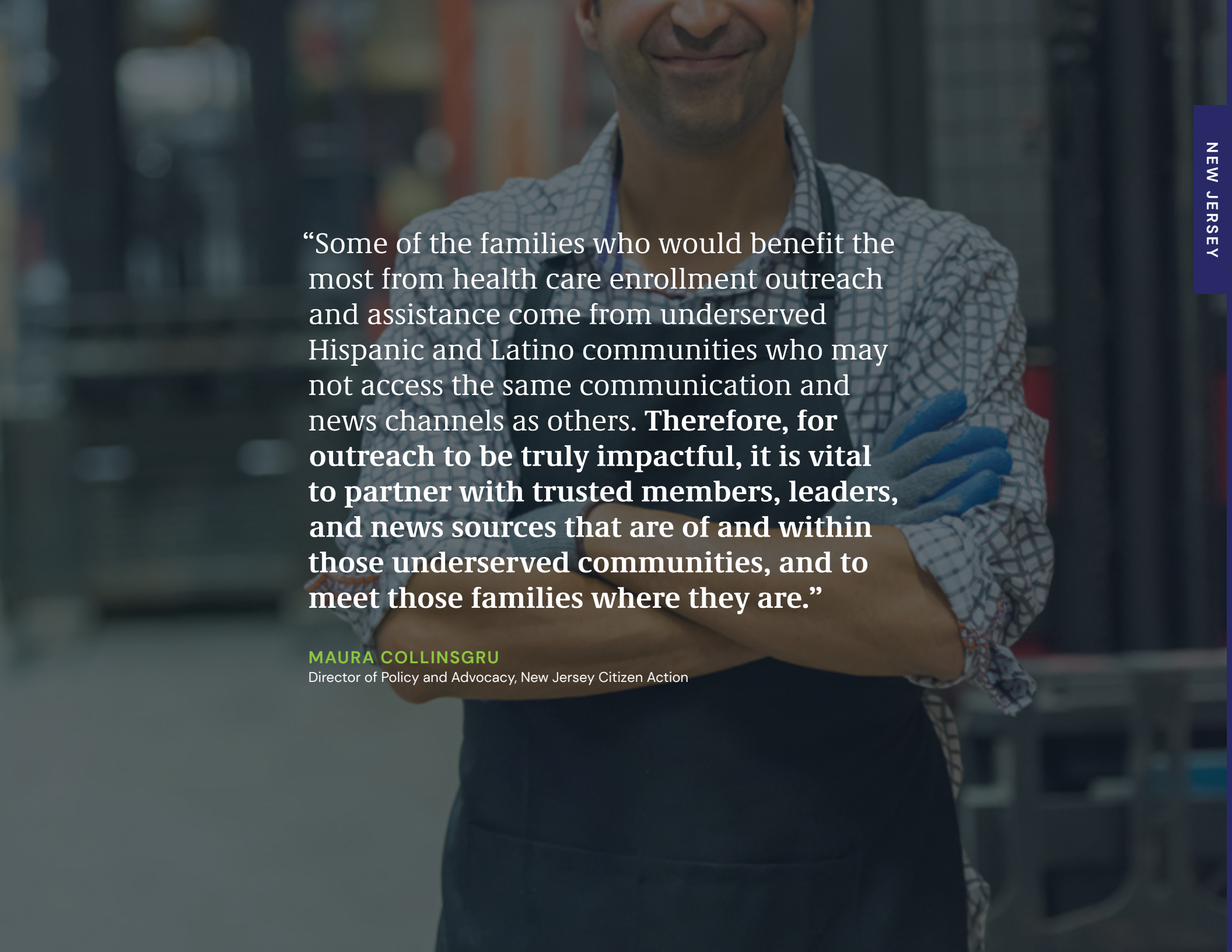
TACTICS, CONT'D

- Build upon effective communications campaigns on WhatsApp, as Latinx communities continue to look for information and resources online and use WhatsApp is a primary online platform. For example, partners saw an influx of enrollment in ESL classes virtually, as people were no longer bound by zip codes. In some counties, an increase of up to 3 percent in Census participation is credited to Spanish language ads on the platform.
- YouTube has been instrumental in helping educate eligible communities on housing and housing protections due to COVID, with panel discussions in both English and Spanish with community partners and government officials.
- Toolkits for ambassadors should include easy-to-use assets for social media channels, including in English and Spanish. Making it easy for individuals to customize these materials is encouraged. Also, consider hosting educational sessions on Instagram Live, and pitching these for radio and other hyper-local media opportunities.
- Some community advocates recognize that lower-income immigrants may not have the resources to attain an attorney and instead rely on a notary to authorize documents for those seeking status. Notaries have no ethical/legal obligations and are often seen as taking advantage of clients.
- Fund community-based organizations to build legal services divisions and/or encourage the development of a trusted referral network of legal advocates and partners that can debunk misinformation on public charge while helping to advance a client's case.
- Build upon existing infrastructure and relationships based in Newark—through tax assistance, legal advocates, and community empowerment efforts—to better align and mobilize messengers on these issues.

NEW JERSEY

POLICY

- Civic engagement increased during COVID, with many feeling more secure participating in testimony and events virtually.
- Medicaid eligibility has been expanded for nearly 90,000 uninsured children through the Cover All Kids initiative, including coverage options for children of undocumented immigrants and those whose families' incomes are over N.J. FamilyCare eligibility, but many still find coverage unaffordable and out of reach.
- The New Jersey Motor Vehicle Commission has expanded the availability of standard driver licenses and non-driver ID cards to include all New Jerseyans without regard to immigration status, implementing a law signed by Governor Phil Murphy in December 2019. It took nearly 18 years to pass this law—it is an important effort to ensure people have an ID that doesn't make them feel "othered."
- During COVID, advocates focused efforts on keeping communities from bottoming out, through a renter's protection bill and pushing the moratorium on eviction protections.
- The Excluded New Jerseyans Fund focused attention on those left out of federal stimulus checks and COVID related unemployment assistance, including undocumented individuals, with partners pushing for one-time cash payments for those left behind. These efforts were pushed forward through the New Jersey Office of New Americans and case-management efforts continue via community partners to ensure the completion of applications, which have been delayed for many due to incomplete documentation. Advocates on-the-ground want to ensure successful implementation as they work towards a permanent policy to enable a one-time cash payment for someone that may lose their job.
- Health equity advocates are gearing up for the next wave of opponents, both in the governor's office and the legislature, which will require robust grassroots organizing and engagement.
- New Jersey Citizen Action specifically called out the need for passing "Easy Enrollment Health Insurance Program," which will allow individuals to enroll in health care when filing their taxes, without penalties.



“Some of the families who would benefit the most from health care enrollment outreach and assistance come from underserved Hispanic and Latino communities who may not access the same communication and news channels as others. **Therefore, for outreach to be truly impactful, it is vital to partner with trusted members, leaders, and news sources that are of and within those underserved communities, and to meet those families where they are.**”

MAURA COLLINSGRU

Director of Policy and Advocacy, New Jersey Citizen Action

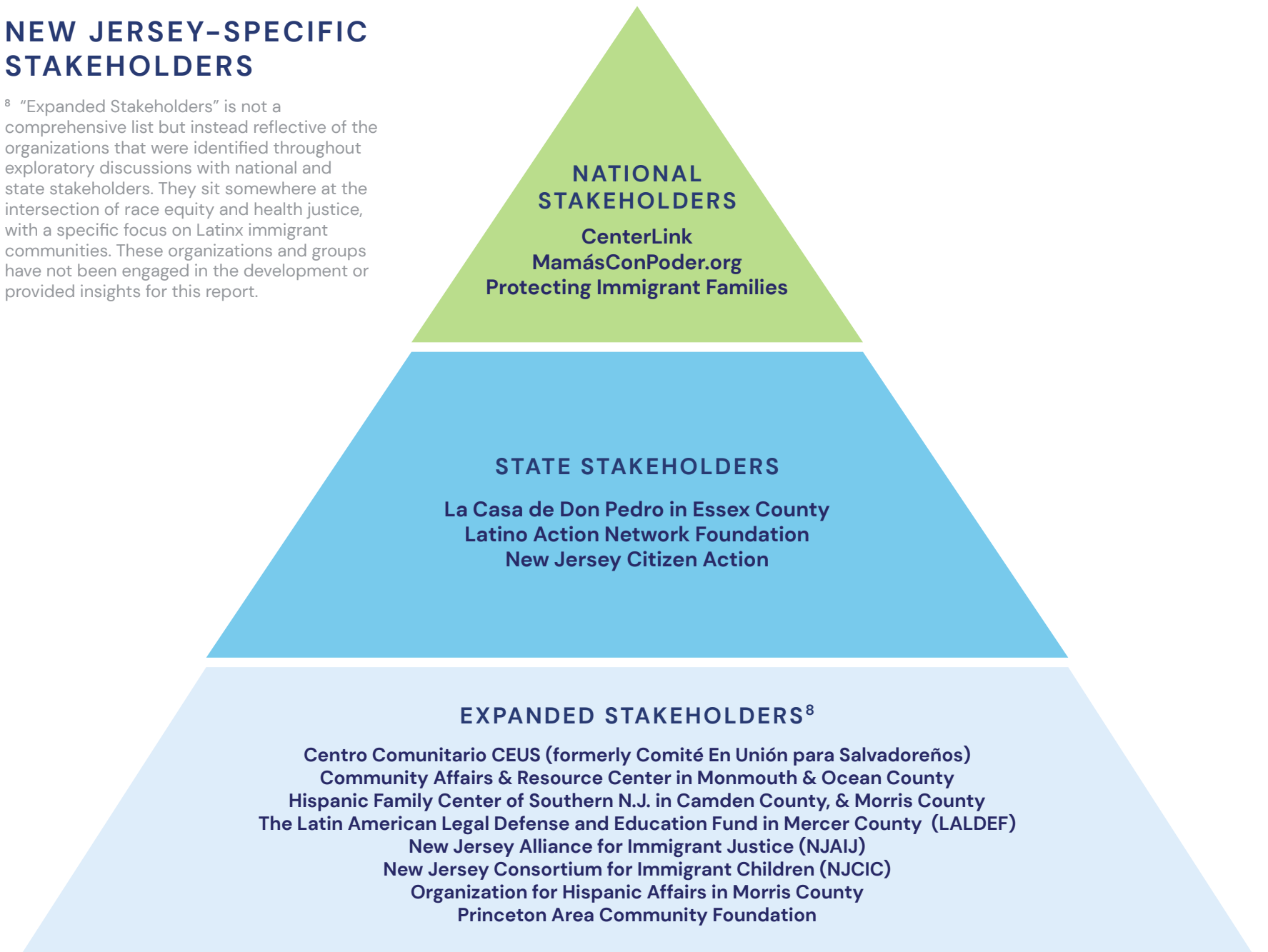
“Until we place more dignity into these systems, we’re all spinning our wheels. Clients can be asked to provide the same documents 15-20 times a year for different programs. Take a moment to think about how much time that takes for a client. It would be great if the state could build up the NJOneApp system so clients could also share information with local agencies. It is a win-win, it saves time for agencies and gives clients control over the information. NJOneApp should also provide clients with the ability to search for other services that they may be eligible for and create a referral network of trusted providers.”

PETER T. ROSARIO

President and Chief Executive Officer, La Casa de Don Pedro

NEW JERSEY-SPECIFIC STAKEHOLDERS

⁸ “Expanded Stakeholders” is not a comprehensive list but instead reflective of the organizations that were identified throughout exploratory discussions with national and state stakeholders. They sit somewhere at the intersection of race equity and health justice, with a specific focus on Latinx immigrant communities. These organizations and groups have not been engaged in the development or provided insights for this report.



Texas

Texas policymakers continue to block Medicaid expansion, standing between 1,432,900 people and affordable health insurance coverage. Despite that continued obstacle, 548,000 more Texans (42%) signed up for ACA plans for 2022 compared to the year before, demonstrating the impact of expanded financial assistance and increased outreach, promotion, and advertising for ACA plans during 2021, as well as funding for community-based navigation and enrollment efforts. In addition, all lawfully present immigrants, including pregnant people, are subject to the five-year waiting period (known as the five-year bar) before they can access Medicaid (children in the five-year waiting period are covered in Texas).

The following insights and recommendations are informed by four stakeholder discussions in Texas, as well as a cohort of national organizations that have a focus on the state.

There's still pockets of families and communities that still don't trust what's out there and they still go without, instead of seeking these services. Of course, the sad part is when there is an emergency, when a child is really sick, they have nowhere else to go but an emergency room and still yet, they worry about that, but they would rather take on that immense medical debt than apply for Medicaid, CHIP, the ACA, or whatever else they may qualify for."

KARLA MARTINEZ
Policy Analyst, Every Texan

TEXAS

COLLABORATION

- Immigrants in Texas are fearful, especially those in border communities, to engage in any activity that will draw attention to their families. Beyond status, mixed-status households are fearful of family separation and deportation.
- Immigration advocates, including legal aid groups, are most urgently addressing the crisis at the border. To build trust, health advocates will need to demonstrate solidarity and build towards a more united race equity and health justice movement. Beyond that, the vastness of the state makes it difficult to bring people together for cross-sector coordination, though Zoom and other tech advances due to COVID have made it a bit easier.
- There remains a need for cross-collaboration and sharing learning when it comes to combating misinformation around public charge and health care, which spreads like wildfire in states like Texas. Build upon existing trusted relationships through collaboration with partners that spearheaded vaccine equity and census organizing. There are lots of similarities and lessons learned in regard to combating misinformation and fear about information collected and how that information will be used.
- The impacts of climate change (extreme weather, disasters, etc.) are very clear and immediate to communities and partners in Texas, with resource needs of their own. Beyond the recognition of the immediate challenges that organizations are facing/juggling, there may be expanded opportunities to align with environmental justice organizations to underscore the impact that local environments have on the physical and emotional health of communities and, if applicable, that insurance covers care for issues like asthma.
- Deep learning and analysis on the Episcopal Health Foundation's outreach and enrollment work has led to three key takeaways, which can be applicable to the movement overall: focus efforts in areas with high eligibility but low enrollment; identify new ecosystem partners to engage at the community level; and share lessons and best practices more broadly.

TEXAS

COLLABORATION, CONT'D

- Outreach for this body of work is inconsistently funded through the federal government, and a lack of state funding has led to a deep-seated dependency and need for philanthropic support. More coordination and support from state and local entities would help address outstanding outreach and enrollment needs.
- Organizations like the Houston Immigration Legal Services Collaborative are strengthening the sector through advocacy, collaboration, training, and helping to ensure legal resources are equitable and available to organizations that are doing direct enrollment. These partners play an essential role in the ecosystem by bringing together a cross-section of partners, helping to uplift barriers in policy discussions, and addressing community fears.

COMMUNICATION

- The communications priority on-the-ground is to mitigate deeply rooted distrust and fear by getting the right information out with an emphasis on making sure people get access to benefits that they're already eligible for. Advocacy remains important but is on the backburner compared to community outreach and education. Put simply: These are things that people are already eligible for. And they're just afraid of accessing those benefits.
- Messages and messengers must be culturally and linguistically relevant given the diversity of Latinx communities in Texas—including differences between rural and urban communities. Nuance is especially important for rural communities, which may not see the urgency in acquiring health insurance when providers and care are already so hard to find given the state's unwillingness to expand Medicaid.

TEXAS

COMMUNICATION, CONT'D

- Emphasize if/when enrollment services are free to better engage communities and ensure efforts don't feel burdensome by providing additional resources and reading materials in Spanish.
- There continues to be a need for clear communications post-enrollment, to encourage health care usage and improve point of care services for systemically excluded communities, many of whom have limited access and are faced with significant barriers. These challenges are compounded by the state's refusal to expand Medicaid. All of this impacts rural communities and providers the hardest.

MESSENGERS

- Word of mouth continues to be the best way to share information among Latinx communities in Texas, including through individuals and neighbors that have successfully enrolled in benefits (beyond just applying) without it impacting their status. People are most likely to share these stories in individual conversations rather than videos or other publicly available materials.
- There is a potential to supplement success stories with stories of medical debt—which can help underscore the importance of coverage. To reinforce confidentiality, individual storytellers shouldn't be required to share their full name.
- Without any state government authorities willing to educate communities on public charge, groups like Every Texan and Children's Defense Fund of Texas have taken up the work. There remains a need for official documents, but these will likely need to be acquired from federal authorities including HHS and USDA.
- Explore relationships with local government—including county judges—in priority hospital districts to counter distrust of state policymakers, such as the governor and Attorney General.

TEXAS

MESSENGERS, CONT'D

- Community health care organizations, alongside groups like Young Invincibles that are training community leaders, are best suited to reflect the lived experiences of these communities.
- Efforts are underway to create training that could be counted towards continuing education training credits for lawyers and legal experts. Ensuring these individuals are sharing the same information on public charge is mission critical.
- School administrators, nurses, social workers, and church pastors have welcomed groups to host informational sessions and are well situated to engage parents and communities, especially when it comes to benefits they are already eligible for. There is a need to be proactive with these groups, rather than waiting to be invited in.
- Be mindful of the trauma and fear that parents face, which is especially true following the Robb Elementary School shooting in Uvalde, Texas—with impacts felt across the U.S. and Mexican border. This tragedy may also impact long-standing trust in schools and administrators.

“When the Biden administration reversed Trump’s public charge rule there was a call for state agencies to do public education around what public charge is, who it applies to and who will or will not be impacted by accessing benefits. Unfortunately, in Texas, we haven’t seen a whole lot of movement in that space. So Every Texan and Children’s Defense Fund of Texas are now partnered to do our own education around this. **We have come to the conclusion that because our state agency isn’t doing a whole lot, anything that we can do for people is going to be better than what’s being done now.**”

KARLA MARTINEZ

Policy Analyst, Every Texan

TEXAS

PARTNERS

- In urban areas there is a stronger infrastructure in place to get trusted information out through community health centers and community organizations, including food banks. In rural areas, community centers have an even bigger role to play, especially for systemically excluded communities that have a hard time accessing health care.
- Community health centers and providers like CentroMed in San Antonio are best positioned to provide wrap-around services and manage the full lifecycle of care. Otherwise, groups may only surface during open enrollment and aren't situated to meet the evolving needs of the community.
- As advocates begin to re-engage with community partners in-person, connecting at venues like food banks and food pantries will be mission critical, especially as government assistance programs may dwindle.
- Maximize impact by ensuring grassroots organizations that are doing enrollment in predominantly immigrant communities have access to legal resources and state-based advocacy.
- To influence policy and improve the eligibility process, build upon ad-hoc engagements with state agencies through Feeding Texas, the Texas Association of Community Health Centers, and the Community Partners Program with Texas HHS that are doing work at the state level, and continue conversations with Texas Migrant head start programs.

TEXAS

TACTICS

- A growing population of indigenous, non-literate immigrants, as well as those with limited broadband access, requires robust 1:1 outreach in both rural and urban communities.
- It is critical that efforts are accessible, so tactics must include printed materials in plain language as well as videos that are accessible to people that may not have written language literacy. These materials must be produced in their native language, with special attention paid to dialect, which is often hard to translate when talking about complex health topics.
- In the absence of state actions helping to reassure community members on public charge, advocates are actively pairing together two elements: Education like "train the trainer" resources for community organizations and; communications outreach including earned, owned, and paid media and social.
- A multifaceted approach to a very complex problem is required, including understanding the nuances of the lived experience (e.g., broadband access, social media access, etc.). This is especially true as organizations continue to straddle between in-person and virtual supports, particularly with immigrant refugee communities that have limited access to technology.
- Lessons can be learned from COVID outreach to strengthen outreach and enrollment among systemically excluded communities, including tabling at local flea markets, fairs and fruit stands. Vans and mobile clinics—making mobile enrollment possible—build upon growing awareness that meeting communities where they are is critical.

“For us, as a foundation, health care coverage is a huge equity issue. Our work in this arena is really meant to support organizations that are on-the-ground in the community and understand all the intricacies of ACA enrollment.

AMY EINHORN

MPP, Senior Program Officer, St. David's Foundation

TEXAS

TACTICS, CONT'D

- Partners are pursuing ways to build the capacity of trusted community health workers through curriculum and training around immigration and enrollment. Another method is to establish medical-legal partnerships within health centers/clinics.
- Successful enrollment efforts, including those that had communications support from St. David's Foundation, have zeroed in on communities with high eligibility and low enrollment rates, and identified locations and creative tactics to engage in education and outreach. For example, groups placed Spanish language ads and flyers at gas stations, bus stops, and laundromats.
- Beyond 1:1 conversations, Univision and local Spanish radio continue to be trusted sources of information that could be leveraged to dispel misinformation. Facebook and Nextdoor can provide an avenue for dispelling myths as well.

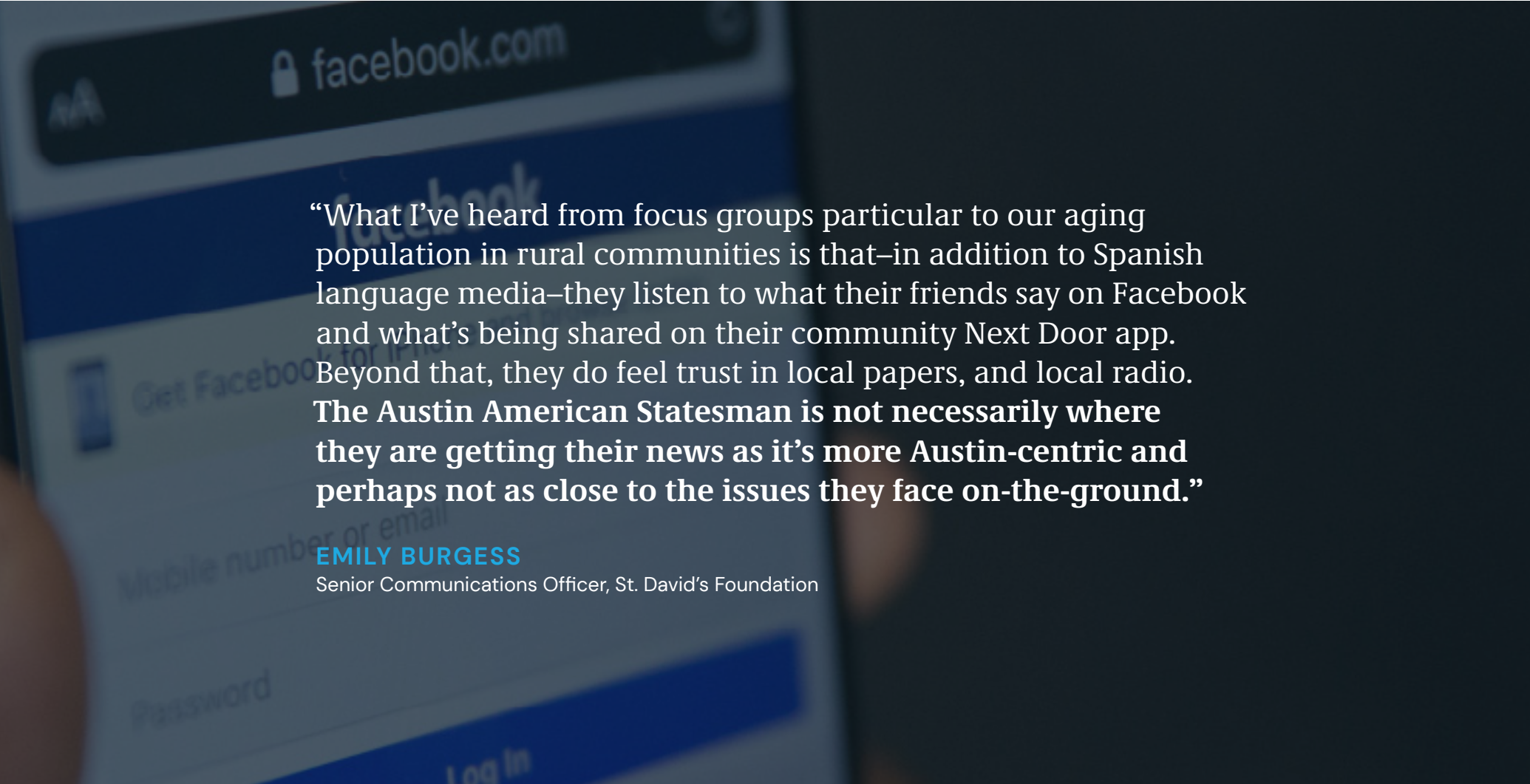
POLICY

- Texas should expand Medicaid to cover individuals below 138 percent below the Federal Poverty Line (FPL). This would dramatically increase coverage for low-income adults and help reduce rates of uninsurance in Black and brown communities. There also needs to be a continued focus on rural hospitals and service providers that have been especially impacted by the lack of Medicaid expansion in Texas. Of course, partners on-the-ground are aware of the limitations/opportunities that may flow from the upcoming governor's race.
- Texas requires a five-year waiting period before lawfully residing pregnant women have access to Medicaid. States have the option under CHIPRA to waive the five-year waiting period and expand Medicaid to allow lawfully present pregnant women and children access to Medicaid.
- Advocates in Texas are in the unfortunate situation of playing defense when it comes to policy, so the legislative cycle will likely require holding the line on existing programs and benefits. Groups like HILSC, Young Invincibles, and Every Texan, are best suited to do this advocacy.

TEXAS

POLICY, CONT'D

- Conduct advocacy with state agencies to improve training for eligibility workers as a means of addressing erroneous denials of individual Medicaid applications. Continued agency turnover and limited staffing have made this an especially daunting task.



“What I’ve heard from focus groups particular to our aging population in rural communities is that—in addition to Spanish language media—they listen to what their friends say on Facebook and what’s being shared on their community Next Door app. Beyond that, they do feel trust in local papers, and local radio. **The Austin American Statesman is not necessarily where they are getting their news as it’s more Austin-centric and perhaps not as close to the issues they face on-the-ground.**”

EMILY BURGESS

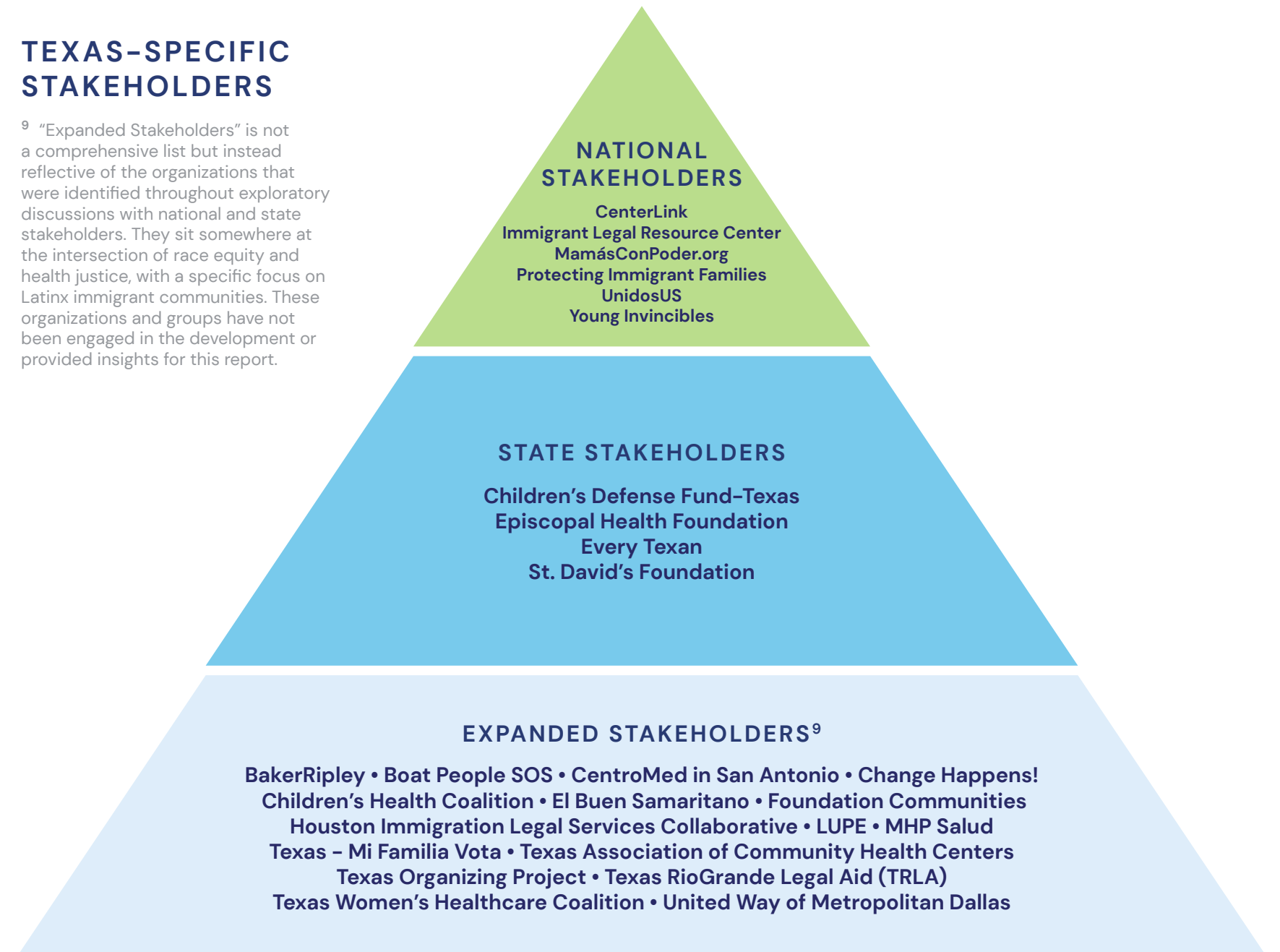
Senior Communications Officer, St. David's Foundation

“We have three focus areas. **One is strengthening the health system so that it can better uptake social determinants of health.** We know that health is more than just health care and we need the health care sector to step up and be partners with us on this. So our tagline is improving health, not health care. **The second one is activating community voice.** We know that systems change needs to be informed by the people who experience poor health outcomes and poor environments that lead to those poor health outcomes. **And finally, our last big focus area is early childhood brain development.** Those early years start us out on a path and we want that to be the best path forward.”

C.J. EISENBARTH HAGER
Senior Research Innovation Officer, Episcopal Health Foundation

TEXAS-SPECIFIC STAKEHOLDERS

⁹ “Expanded Stakeholders” is not a comprehensive list but instead reflective of the organizations that were identified throughout exploratory discussions with national and state stakeholders. They sit somewhere at the intersection of race equity and health justice, with a specific focus on Latinx immigrant communities. These organizations and groups have not been engaged in the development or provided insights for this report.





SECTION 4:

Stakeholder Snapshot

THE POWER OF FEAR & TRUST:
Mobilizing a Movement to Educate, Reassure, and Enroll Eligible Latinx Immigrant Communities in Public Health Benefits

Stakeholder Snapshot

For a national perspective, we spoke with the following organizations and groups: CenterLink; The Center on Budget and Policy Priorities (CBPP); The Center for Law and Social Policy (CLASP); Farmworker Justice; MamásConPoder.org; Immigrant Legal Resource Center (ILRC); National Health Law Program (NHeLP); National Immigration Law Center (NILC); Protecting Immigrant Families (PIF); UnidosUS; and Young Invincibles.

For state perspectives, we spoke with the following organizations and groups: (Florida) Family Healthcare Foundation; Florida Covering Kids and Families; Florida Health Justice Project; and Florida Voices for Health; (Kansas) Community's Concerned for Immigrants and Refugees; El Centro; United Methodist Health Ministry Fund; and Vibrant Health; (New Jersey) La Casa de Don Pedro; Latino Action Network Foundation; and New Jersey Citizen Action; (Texas) Children's Defense Fund-Texas; Every Texan; Episcopal Health Foundation; and St. David's Foundation.

We recognize that this is not a comprehensive analysis of all stakeholders; however, this group of participants provided a very helpful snapshot and considerable insight.

National Stakeholders

NATIONAL STAKEHOLDERS

[CenterLink](#) is an international non-profit organization and member-based association of more than 290 LGBTQ centers worldwide providing essential services, promoting growth, wellness, and connectivity in their communities. 22 percent of centers offer programming that is tailored for LGBTQ immigrants; two-thirds of participating centers also offer legal services (67 percent) such as name change clinics or immigration support. CenterLink has 33 centers in Florida, 11 in New Jersey, and 17 in Texas.

Tanya Tassi, Director of Policy and Advocacy for ActionLink: The Center Action Network

[The Center on Budget and Policy Priorities \(CBPP\)](#) is a nonpartisan research and policy institute that pursues federal and state policies designed both to reduce poverty and inequality and to restore fiscal responsibility in equitable and effective ways. The organization works to ensure that Medicare, Medicaid, the Children's Health Insurance Program, and the Affordable Care Act provide coverage that meets the needs of low-income people, including children and families, seniors, and people with disabilities. It also works to ensure that proposals that would affect these programs do not slash benefits for, or impose costs on, the nation's most vulnerable people.

Jennifer Sullivan, Director of Health Coverage Access

Laura Guerra-Cardus, Director of State Medicaid Strategy (from CDF-TX)

Shelby Gonzales, Vice President for Immigration Policy

[The Center for Law and Social Policy \(CLASP\)](#) is a national, nonpartisan, anti-poverty non-profit advancing policy solutions to improve the lives of people with low incomes. CLASP works to protect and build on historic gains in insurance coverage made through the Affordable Care Act—fighting back against federal efforts to repeal and block grant Medicaid and pressing states to expand their programs. It also works to address challenges central to the well-being of low-income individuals and families like accessing maternal depression treatment and young adult behavioral health. CLASP also advocates for federal and state policies that address the systemic barriers impeding immigrants' and their families' access to health care and other essential supports.

Suzanne Wikle, Senior Policy Analyst

NATIONAL STAKEHOLDERS

[Farmworker Justice \(FJ\)](#) is a national non-profit organization that aims to empower farmworkers and their families to improve their living and working conditions, immigration status, occupational safety and health, and access to health care. FJ partners with health centers, Primary Care Associations, community-based organizations, and legal services organizations, among others, to promote farmworker health. FJ is a member of the Farmworker Health Network, a network of six national organizations (FJ, Health Outreach Partners, MHP Salud, Migrant Clinicians Network, National Center for Farmworker Health, and National Association of Community Health Centers) who provide training and technical assistance to health centers that serve farmworkers. FJ has strong partnerships with farmworker-serving organizations in Florida.

Alexis Guild, Director of Health Policy and Programs

[MamásConPoder.org](#) is MomsRising's Spanish-language initiatives and Latinx community. They are a multicultural organization via the Internet that has a community of more than 1 million members and more than one hundred allied organizations, working to increase family economic security; end discrimination against women and mothers; and to build a nation where both companies and families can thrive. MamásConPoder.org (MomsRising.org) is also a new medium of communication with more than 1,300 bloggers and more than 3 million readers combining blogs and social media. Campaigns include: Workplace Justice, Youth & Family Justice, Maternal Justice, Early Care & Education, Federal Budget, MomsVote, LatinxVotan, Gun Safety, Health Care, Immigration, #KeepMarching, and State Moms Forces. State-moms forces in Florida, New Jersey, and Texas (where there are also organizers on-the-ground).

Felicia Burnett, MomsRising Health Care Director

Xochitl Oseguera, Vice President of MamásConPoder.org and a former member of the PIF steering committee

NATIONAL STAKEHOLDERS

[Immigrant Legal Resource Center \(ILRC\)](#) is a national organization that provides legal trainings, educational materials, and advocacy to advance immigrants' rights. The ILRC trains attorneys, paralegals, and community-based advocates who work with immigrants around the country. ILRC provides training and technical assistance on public charge, produces numerous practice advisories, toolkits, and other resources, and authors a comprehensive manual: Public Charge and Immigration Law. The ILRC also has a presence in Texas, focused on building capacity and implementing local policies that dismantle the arrest-to-deportation pipeline and decriminalize immigrants.

Erin Quinn, Staff Attorney

[National Health Law Program \(NHeLP\)](#) protects and advances health rights of low-income and underserved individuals and families. NHeLP's lawyers and policy experts fight every day for the rights of people struggling to access affordable, quality health care coverage free from discrimination.

Mara Youdelman, Managing Attorney

[National Immigration Law Center \(NILC\)](#) is one of the leading organizations dedicated to defending and advancing the rights of low-income immigrants. NILC works to prevent immigrant families from being excluded from vital health care and safety-net programs, and promotes policies that enhance fundamental safety-net protections for all those living in the United States.

Ben D'Avanzo, Senior Health Policy Analyst

[The Protecting Immigrant Families \(PIF\)](#) is a coalition brings together leading advocates for immigrants, children, education, health, anti-hunger, anti-poverty groups, and faith leaders to lay the foundation for a future where everyone has access to the respect and care that they need, regardless of who they are or where they were born. The coalition is made up of over 500 organizations, guided by a steering committee of 17 other member organizations. Their vision: A nation where all are truly equal, immigration is recognized as a strength, and no one in America

NATIONAL STAKEHOLDERS

is denied the essentials of life because of where they were born. Their purpose: Unite to protect and defend access to health care, nutrition programs, public services, and economic supports for immigrants and their families at the local, state, and federal level. Groups are represented in Florida, Texas, and New Jersey.

Adriana Cadena, Director

Alicia Wilson, Community Education and State Policy Lead

Cheasty Anderson, Deputy Director

[UnidosUS](#) is the nation's largest Latino civil rights and advocacy organization. Since 1968, UnidosUS has served the Hispanic community through research, policy analysis, and state and national advocacy efforts, as well as in program work in communities nationwide and through a network of nearly 300 affiliates across the country—including in Florida (17), Kansas (1), New Jersey (3), and Texas (28). The organization has regional offices in Miami, Florida as well as San Antonio, Texas.

Melissa McChesney, Policy Advisor, Health | Policy and Advocacy

(previously at Every Texan; now at CMS)

Matthew Snider, Policy Advisor, Health | Policy and Advocacy

[Young Invincibles \(YI\)](#)'s mission is to amplify the voices of young adults in the political process and expand economic opportunity for our generation. The organization continues to fight to make health care affordable by expanding on the Affordable Care Act, pushing for Medicaid expansion in all 50 states and ensuring that all young people can access critical services like contraception and mental health supports.

Mina Schultz, ACA Outreach and Enrollment Program Manager

State-Based Stakeholders

FLORIDA

[Family Healthcare Foundation](#) is a non-profit leader in providing community-based Healthcare Navigator services in Hillsborough, Pasco, Pinellas, and Polk Counties in Tampa Bay, Florida. Core service: Community-Based Navigators.

Maria Jimenez, Certified Health Insurance Marketplace Navigator

[Florida Covering Kids and Families \(FL-CKF\)](#) works collaboratively with Florida agencies and stakeholders to advocate and conduct outreach to ensure all Floridians have access to affordable health care coverage. The initiative aims to foster and facilitate innovative methods for enrolling and retaining eligible children in Florida's publicly funded insurance programs (Florida KidCare & Medicaid) and enrolling and retaining eligible adults in the Federal Health Insurance Marketplace. FL-CKF also maintains strong channels of communication with local communities in order to reduce health disparities for special populations. Key strategies: Simplify Enrollment & Renewal Processes, Coordinate Health Navigation Across Insurance Programs, and Conduct & Organize Outreach Initiatives.

Jodi Ray, Director, University of Southern Florida (USF); oversees the navigator program

[Florida Health Justice Project](#) recognizes that access to quality and affordable health care is a human right and engages in comprehensive advocacy to expand healthcare access and promote health equity for vulnerable Floridians. Strategic approach: Advocacy, Storytelling, Outreach & Education, and Technical Assistance & Support.

Alison Yager, J.D., Executive Director

FLORIDA

[Florida Voices for Health](#) is a non-profit advocacy organization working to improve health care outcomes for all Floridians. It convenes a coalition of diverse community-based organizations working to improve health care outcomes for all Floridians, empowering them through education, advocacy, and action. Core issues: Stretching Medicaid, Affordable Prescription Drugs, Solutions for Oral Health, and Pre-Existing Conditions Protections.

Scott Darius, Executive Director

KANSAS

[El Centro](#) provides educational, social and economic services for Hispanic families in Kansas City. Core offerings: Education, Community Health, Economic Empowerment, and Advocacy.

Erica Andrade, Chief Program Officer

[Vibrant Health](#)'s mission is to provide access to respectful, empowering, culturally sensitive and appropriate high-quality health care for the community, regardless of socio-economic obstacles. The FQHC pursues this mission through the delivery of equitable, "whole" person care for children and adults. In addition to primary medical, dental, behavioral health and women's health services, Vibrant Health provides community outreach services, school-based preventive oral health services and school-based behavioral health services. Vibrant now serves 20,000 patients annually and leads **Community's Concerned for Immigrants and Refugees (CCIR)**, a learning network open to health, social services and other community members serving the greater Kansas City area interested in strengthening the health and well-being of refugee and immigrant communities. Focus areas: Learning & Action, Community Resources, and Events.

Andrea Morales, Chief Health Equity Officer for Vibrant Health, Lead for Community's Concerned for Immigrants and Refugees (CCIR) learning network

KANSAS

[United Methodist Health Ministry Fund](#) sparks conversation and action to improve the health and wholeness of Kansans—especially those in rural and underserved communities. The Health Fund supports projects that benefit the health of Kansans in three focus areas: Access to Care, Early Childhood Development, and Healthy Congregations.

David Jordan, President & CEO

NEW JERSEY

[La Casa de Don Pedro](#) is New Jersey’s largest Latinx non-profit serving Greater Newark’s most resilient Black and Brown communities. Its resident-centered agenda empowers people and builds their self-sufficiency. Core programs: Early Childhood Education, Youth & Family & Health, Adult & Alternative Education, Workforce Development, Immigration Services & Integration, Housing Counseling & Home Ownership, Home Energy Conservation & Assistance, and Community Engagement & Organizing.

Peter T. Rosario, President and Chief Executive Officer

[Latino Action Network Foundation \(LANF\)](#) is a charitable organization with the goal of uniting New Jersey’s diverse Latino communities, and advancing economic and social empowerment. Program priorities: Hispanic Women’s Resource Centers, School Desegregation, Civic Engagement, Health Justice, and Housing. Works in partnership with 501c4 organization to ensure the Latino voice is considered in policy issues.

Dr. Jesselly De La Cruz, Executive Director

NEW JERSEY

[New Jersey Citizen Action](#) is a statewide advocacy and empowerment organization that advances social, racial, and economic justice for all, while also meeting the pressing needs of low- and moderate-income New Jerseyans through education and direct services. Policy priorities include Health Care, Workplace Justice, Financial Justice & Community Reinvestment, Anti-Poverty, Good Government, Investment in N.J. Working Families, and Electing Progressive Leaders. The group also convenes the N.J. for Health Care coalition.

TEXAS

[Children’s Defense Fund-Texas](#) works to protect and advance the rights of children in immigrant families by partnering with local, state, and national organizations to oppose harmful policies, defend immigrant families, and ensure immigrant families in Texas are connected to the resources they need to thrive. Policy priorities: Immigration, Child Health, and Youth Civic Education & Engagement.

Graciela Camarena, Child Health Outreach Program Director, CDF-TX Rio Grande Valley Office

[Every Texan](#) (formerly known as the Center for Public Policy Priorities) is an Austin-based, nonpartisan, non-profit policy Institute. Policy priorities: Health Care, Food Security, Education, Jobs & Financial Security, Budget & Taxes, and Equity & Inequality.

Karla Martinez, Policy Analyst

TEXAS

Episcopal Health Foundation (EHF) funds innovative solutions to improve health, not just health care in Texas. Its outcomes-focused approaches are bolstering the ability of many different organizations to have a bigger and sustained impact on the health of communities across the state, including serving 57 counties which are primarily in Central, East and Southeast Texas. Strategic vision: Strengthen Systems of Health, Activate Communities, and Build the Foundation for a Healthy Life.

C.J. Eisenbarth Hager, Senior Research Innovation Officer

Zahyrah Blakeney, Program Officer leading grant work that supports enrollment activities

St. David's Foundation is one of the largest health foundations in the United States, funding \$80 million annually in a five-county area surrounding Austin, Texas. Through a unique partnership with St. David's HealthCare, we reinvest proceeds from the hospital system back into the community, with a goal of advancing health equity and improving the health and well-being of our most underserved Central Texas neighbors. We also operate the largest mobile dental program providing charity care in the country and offer the largest healthcare scholarship program in Texas, the St. David's Neal Kocurek Program.

Amy Einhorn, MPP, Senior Program Officer

Emily Burgess, Senior Communications Officer

SECTION 5:

Additional Background

THE POWER OF FEAR & TRUST:

Mobilizing a Movement to Educate, Reassure, and Enroll Eligible Latinx Immigrant Communities in Public Health Benefits

Additional Background

It's been nearly nine years since the first Affordable Care Act (ACA) open enrollment period. The law has led to historic reductions in racial inequities in health coverage and is more popular than ever. While coverage plan costs, availability of marketing and enrollment assistance dollars, key elected officials, and policies dramatically impacting the ACA overall have changed over the past eight years, one thing has remained the same: the critical role that assisters and navigators play in ensuring eligible uninsured people get access to the coverage they need and are entitled to.

Over the years, assisters have become trusted voices in their communities, offering information about not only health insurance, but other community resources. According to a KFF report, 94 percent of consumers who worked with an assister said the experience was helpful, and nearly half reported they would not have gotten covered if not for this assistance. Importantly, KFF also reports that in 2020, there was still significant unmet need for enrollment help by individuals seeking coverage through the Marketplace. Since then, the COVID pandemic has increased reliance on Marketplace coverage and Medicaid, with 14.5 million people purchasing Marketplace coverage over the last year and another 15 million people having gained coverage since 39 states (including the District of Columbia) expanded Medicaid.

It is significant to note that Hispanics have the highest uninsured rates of any racial or ethnic group within the United States. According to UnidosUS, while 4 million Latinos gained health coverage thanks to the ACA, another 10.8 million still lack coverage. Many lawfully present immigrants who are eligible for coverage remain uninsured due to a range of enrollment barriers, including fear, confusion about eligibility policies, difficulty navigating the enrollment process, and language and literacy challenges. Latinx adults, who are significantly more likely than other racial and ethnic groups to be uninsured, have lower awareness of critical provisions of the ACA than other groups, with one survey finding that more than half of all Latinos were unaware of the Marketplace. Research also highlights additional barriers related to language, with a California study finding that Spanish speakers were twice as likely to report not knowing how to apply as the main reason for not enrolling in Marketplace coverage.

In addition, People of Color experience unfair treatment or judgment when applying for public benefits at higher rates than their white counterparts, which can often lead to material hardship.

The Urban Institute's April 2021 Health Reform Monitoring Survey found that non-white adults were twice as likely to report facing unfair treatment or judgment because of their race or ethnicity compared to white adults. 9.1 percent of non-elderly Hispanic/Latino adults whose families never applied or received public benefits reported unfair treatment because of their race or ethnicity when applying. 71.8 percent of those who experienced unfair judgment reported adverse consequences or took action to address their poor treatment, such as filing a complaint. The most common outcomes included not receiving needed benefits (49.3 percent), looking for other ways to apply for benefits (45.2 percent), and delays in receiving benefits (44.3 percent).

In 2019, the Census Bureau reported that 50.1 percent of Hispanics had private insurance coverage, as compared to 74.7 percent for non-Hispanic whites. Among Hispanic subgroups, examples of coverage varied as follows: 47.9 percent of Mexicans, 56.3 percent of Puerto Ricans, 57.4 percent of Cubans, 41.7 percent of Central Americans. In 2019, 36.3 percent of all Hispanics had Medicaid or public health insurance coverage, as compared to 34.3 percent for non-Hispanic whites. Public health insurance coverage varied among Hispanic subgroups: 36.4 percent of Mexicans, 43.7 percent of Puerto Ricans, 33.7 of Cubans, and 33.0 percent of Central Americans. Those without health insurance coverage varied among Hispanic subgroups: 20.3 percent of Mexicans, 8.0 percent of Puerto Ricans, 14.0 percent of Cubans and 19.4 percent of Central Americans. In 2019, 18.7 percent of the Hispanic population was not covered by health insurance, as compared to 6.3 percent of the non-Hispanic white population.

However, there is concrete evidence that eligible individuals unenrolled in programs at vast rates as a result of Trump's position on public charge, which was felt hardest among immigrant



communities during the pandemic. Although the public charge final rule was vacated, its rollout had a significant impact on immigrants' application for assistance programs. Research found that confusion around receipt of public benefits leads immigrants to forego benefits for which they are eligible—the so-called “chilling effect”—and negatively affects the health and financial stability of families.

Between the years of 2016–2019, Texas experienced a rapid drop in enrollment in public benefits programs such as SNAP, CHIP, and children's Medicaid. Following interviews with more than three dozen individuals from state-wide organizations, a report from the Children's Defense Fund, concluded that the decline in public benefit usage was directly related to the climate of fear in immigrant communities created by the Trump administration's anti-immigrant policies and rhetoric, specifically, changes to the public charge rule.

A September 2021 poll for No Kid Hungry of mostly Latinx and AAPI individuals in immigrant families found that nearly half (46 percent) of families who needed assistance during the pandemic abstained from applying due to concerns over implication for their immigration status or that of their family member(s). The poll, which was fielded by Protecting Immigrants' rights (PIF), also found that two in five respondents (41 percent) continued to believe that “applying for assistance programs could cause immigration problems.” Comparatively, only one in four (25 percent) did not believe that seeking assistance would cause immigration problems. A Georgetown Center on Children & Families analysis cited by Stateline attributes the public charge as a driver of the spike in uninsured Latino kids.

Communities of color continue to face adverse effects of discriminatory policy and have much to gain with health coverage. The Centers for Disease Control and Prevention cites the leading causes of illness and death among Hispanics, including heart disease, cancer, unintentional injuries (accidents), stroke, and diabetes. Some other health conditions and risk factors that significantly affect Hispanics are asthma, chronic obstructive pulmonary disease, HIV/AIDS, obesity, suicide, and liver disease.

