



JANUS MOTORCYCLES

COMMUNITY SPECIFIC INSIGHTS:

Texas

THE POWER OF FEAR & TRUST:

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

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.

“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

- 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.

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

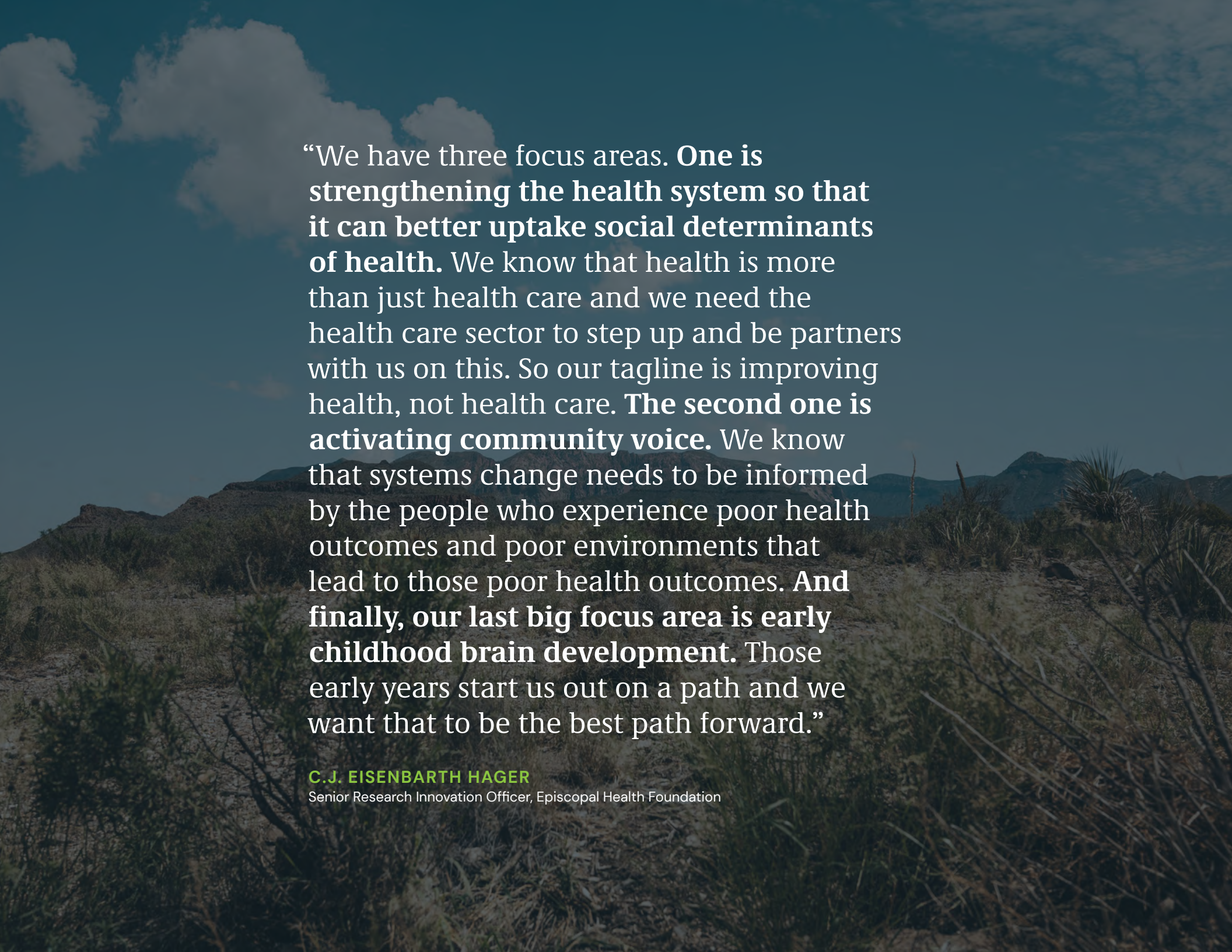
- Conduct advocacy with state agencies to improve training for eligibility workers as a means of addressing erroneous denials of individual Medicaid applications. Continued agency turnover and limited staffing have made this an especially daunting task.



“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.

