



# Annual Impact Report

December 1, 2018– November 30, 2019

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## EXECUTIVE SUMMARY

Contra Costa CARES (CARES) connects low-income, uninsured adults who are ineligible for other forms of health coverage, and living in Contra Costa County, with a primary care medical home. Services are provided through three community health centers – La Clínica de La Raza, LifeLong Medical Care, and Brighter Beginnings. Since the program’s inception in November 2015, Contra Costa County, Kaiser Permanente, John Muir Health, and Sutter Delta Medical Center have committed \$6M in combined funding, enabling the program to provide primary care access to more than 7,000 individuals countywide. Annual reports are developed to illustrate program impact, share findings regarding the health status of participants, and demonstrate program advancement towards its goal of providing access to quality healthcare for the remaining uninsured living in Contra Costa County.

As the program finishes its fourth year (December 1, 2018 – November 31, 2019), CARES has continued to be a valuable resource for low-income community members who are ineligible for other primary care coverage programs. It has offered coordinated primary care services to more than 7,000 individuals, and accounted for over 27,000 visits to date. Approximately 62% of CARES enrollees have had one or more primary care visits, and more than half of these patients have a chronic disease diagnosis. Moreover, since the program’s inception, 20% of CARES enrollees are frequent utilizers of primary care services (6+ health center visits).

In year four, CARES continued its pattern of consistent growth. Annual enrollment in the program increased by 6% to ~3,500. Renewal rates have also remained stable at 55%, which is comparable to larger health coverage programs in California. These numbers are especially impressive given the heightened concerns among immigrants about utilizing public programs over the past few years.

Recognizing that a patient’s health extends beyond a clinical visit, CARES has continued using evaluation tools to better understand enrollees’ experiences and determine major unmet needs. Two different surveys have been administered: one to capture social determinants of health (SDOH) data, and another to identify financial impact among enrollees and outstanding healthcare needs. However, in the fourth year of the program, the Hospital Data Sharing Workgroup determined that evaluating Emergency Department (ED) data on a cohort of CARES participants, whose ED utilization was tracked in years two and three of the program, no longer aligns with the goal of the program to increase access to coordinated primary care services across Contra Costa County.

Overall, program data continues to reveal high levels of sustained enrollment for the targeted population, as well as increased primary care utilization for individuals with chronic conditions. Results also identify system improvements as partners refine program practices to improve health outcomes and cost efficiencies. Thanks to the efforts of CARES health center and funding partners, the program continues to be an important model of primary care coverage for remaining uninsured communities within California.

## Program Highlights

- Program Enrollment: While other safety net service programs, such as Medi-Cal and CalFresh, experienced drops in enrollment due changes in federal policies which discourage utilization by threat of legal sanction, CARES participant numbers increased during this program year. Program enrollment peaked at 3,736 enrollees.
- Program Utilization: Patient engagement has continued its upward trend, with 62% of total enrollees having at least one visit with a primary care provider, up from 60% in year three, and 49% in year two. CARES has now provided a total of 27,133 primary care visits since the inception of the program. Average monthly enrollment in year four is also up by 15% when compared to year three. The data is evidence that the program has continued to meet one of its original goals: Increasing access to coordinated primary care services across Contra Costa County.

## Participant Feedback

Surveys and patient perspectives brought forward some key insights regarding the program's impact:

- All respondents reported that CARES has had a positive impact on their lives, and is providing high level of care. In the survey's second year of administration, 100% of the 117 patients surveyed reported that they were receiving a satisfactory level of care or better. This trend has remained stable during the two years that the survey was administered, indicating that the program is popular among enrollees.
- Participants reported that CARES has helped to reduce their overall healthcare spending. Of the 102 patients reporting that they had issues affording healthcare prior to CARES, 96% stated that enrollment in CARES helped them address care costs. Participants also continued to illustrate their need for additional services – with more than 70% of respondents selecting dental and vision care as the most necessary additions.
- Participants in the program noted that there was some confusion surrounding program eligibility. Many worried that enrollment into CARES would lead to deportation due to federal changes to public charge rules. Other reasons for not enrolling indicated a lack of knowledge about the program's availability. Program enrollment relies on screening for health coverage among patients at health centers; through enrollment staff; word of mouth; community partners; and events.

## I. PROGRAM OVERVIEW

Contra Costa Cares (CARES) connects low-income, uninsured adults who are ineligible for other forms of health coverage, and living in Contra Costa County, with primary care services. Approximately 50,000 individuals in the county are estimated to qualify for the CARES program.<sup>1</sup> The program partners with LifeLong Medical Care, La Clínica de La Raza, and Brighter Beginnings to provide a variety of primary care services to program participants. Specialty care, emergency care, inpatient care, vision, and dental care do not fall under the purview of CARES. Patients requiring these services are referred to other programs which may assist them. CARES has partnered with Operation Access to provide a direct pipeline to certain specialty care services, such as stress testing for cardiology. Local hospitals provide additional support to Operation Access through grants, clinical volunteerism, and in-kind use of hospital facilities for specialty care services.

CARES launched in November of 2015 and received \$1M of combined funding from Contra Costa County, Kaiser Permanente, John Muir Health, and Sutter Delta Medical Center. Up to FY 18/19, the hospitals and county have provided an additional \$3.5M of funding. The program's goal was to provide coverage for a 12-month period to approximately 3,000 individuals. The program was expanded in April 2017, creating additional enrollment slots, bringing total program capacity up to 4,100 participants. An additional \$1.5M was committed for FY 18/19, sustaining the availability of primary care coverage for more than 4,000 individuals countywide. All CARES funding goes directly to the provision of primary care services. Contra Costa Health Plan (CCHP) provides pro bono program administration and a 24/7 Nurse Advice Line, while the Consortium provides ongoing data collection and evaluation, outreach and communications, and convenes program workgroups out of general operating expenses.

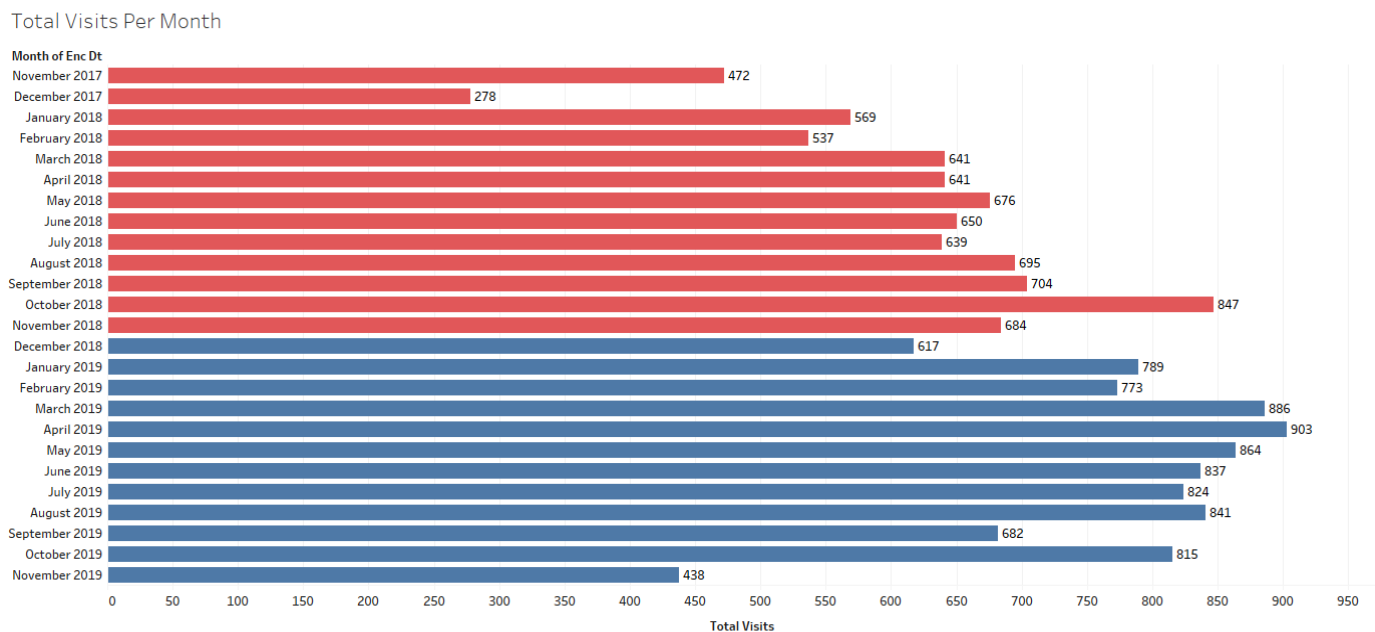
The collaboration between private and public partners has led to new ways of providing primary care services to the residents of Contra Costa. In year four, program partners set a goal of continuing to grow program enrollment and utilization. Partners also sought to identify key socio-economic needs by screening for social determinants of health. This report reviews program progress in providing preventative care health screenings, and implementing strategies for improving healthcare access for the remaining uninsured in Contra Costa County. Contra Costa CARES remains a critical component of the local healthcare system by providing essential healthcare services for Contra Costa residents regardless of immigration status or ability to pay.

## II. YEAR IN REVIEW

### Program Utilization

Program data has been trended across all four years of the program, providing a robust picture of program growth and its sustainability. Since the beginning of the CARES program (December 1st, 2015), a total of 7,365 individuals have enrolled, and 27,133 primary care visits have been provided. Patient engagement has also continued its upward trend, with 62% of total enrollees having at least one visit with a primary care provider. This is up from 60% in year three, and 49% in year two. The number of high utilizers has also increased with 1,618 patients now having six or more health center visits.

Figure 1: Total Community Health Center Visits Per Month (Year 3 vs. Year 4)<sup>1</sup>



The overall number of average monthly visits from year three to year four increased by 15% (Figure 1). The data provided is evidence that the program has continued to meet one of its original goals: providing increased access to coordinated primary care services across Contra Costa County. While CARES does not offer specialty care appointments, the program has partnered with Operation Access to provide referrals to such services. In Year 4, 583 specialty care appointments were coordinated for 171 CARES members, resulting in 212 surgical and diagnostic services.

<sup>1</sup> Lower visits in November 2019 can be attributed to an EHR implementation which caused one clinic's data to be inaccessible.

## Enrollment

In year four, CARES enrollment continued to increase. CARES saw a substantial increase in program enrollment in year three, with 3,289 enrollees as of January 1st, 2019, up from 2,574 enrollees on January 1st, 2018. As shown in Figure 2, the trend continued into year four with program enrollment increasing up to 3,736 enrollees by June 1<sup>st</sup>, 2019.

Despite implementation of changes to public charge rules<sup>2</sup>, which health centers believed would hamper enrollment rates, Contra Costa CARES continued to modestly expand while increasing utilization of services during its fourth year (December 1, 2018 – November 31, 2019). It is important to note that near the end of year four, the program experienced a slight drop in enrollment, from which it has begun to slowly recover. This drop in enrollment coincided with the finalization of public charge rule changes in August 2019.

Starting in 2017, when a draft public charge Executive Order was leaked, program partners anticipated a decrease in renewals due to a chilling effect caused by changes in federal immigration policy.<sup>4</sup> Growing reports of a rising chilling effect, a phenomenon in which immigrants decide to forego benefit programs due to fears of potential legal ramifications, have been documented.<sup>3</sup>

In August 2019, when the Department of Homeland Security's official changes to public charge rule were announced, there was a notable decrease in overall enrollment. The new changes made headlines and may have further contributed to the chilling effect. After a drop in August, overall enrollment stabilized at around 3,500. Enrollment numbers through April 2020 are included in Figure 2 to demonstrate this noted trend. The new public charge rule is believed to have hindered some clients' ability to feel safe when accessing safety net programs, by making them believe they must choose between their health and their legal status. Health center enrollment staff has remained committed to ensuring that clients know their rights and have accurate information about public charge rules, so that patients can make informed decisions about program enrollment.

Figure 2: CARES Program Enrollment

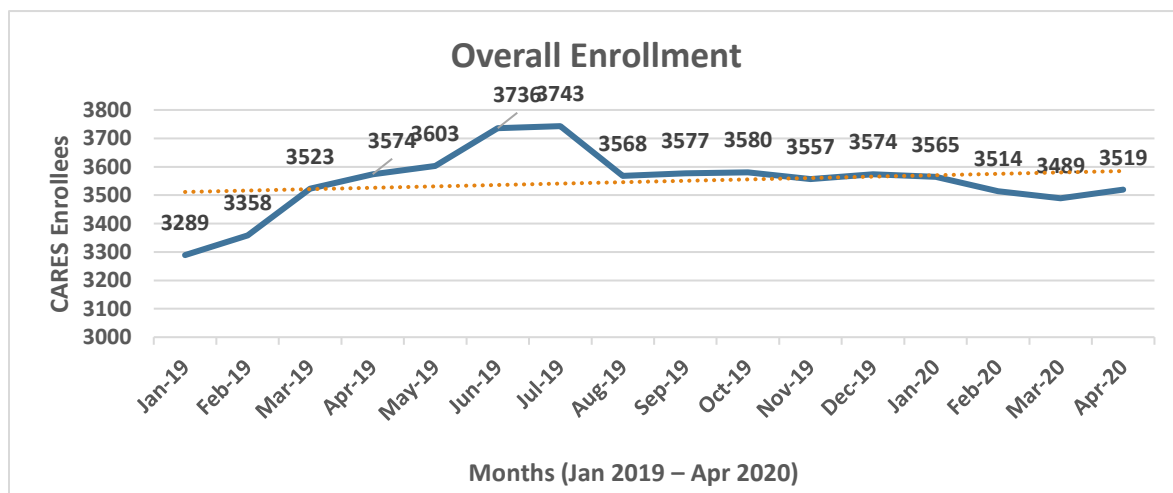
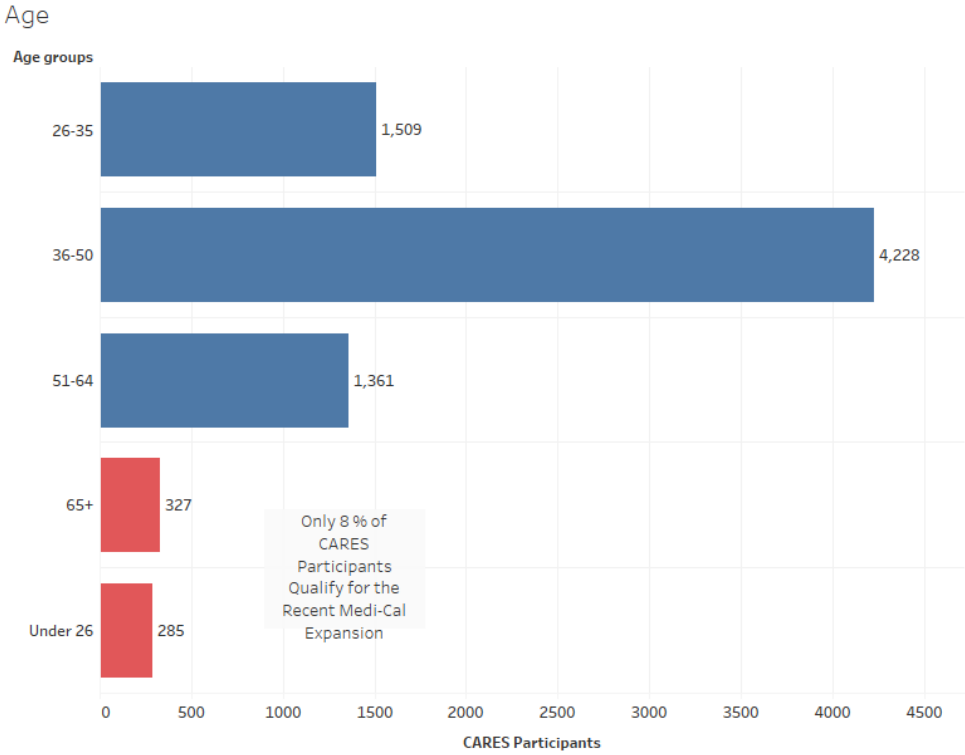






Figure 5: Age of CARES Participants  
(December 1, 2015 to November 30, 2019)



92% of CARES participants are between 26-65 years of age (figure 5). While California has taken tremendous steps in expanding care to uninsured populations, there remains a gap for uninsured adults over the age of 25, who are ineligible for other forms of health coverage due to their immigration status. The CARES program continues to address this gap in access to healthcare services for a portion of Contra Costa County’s remaining uninsured population while this disparity in coverage remains.

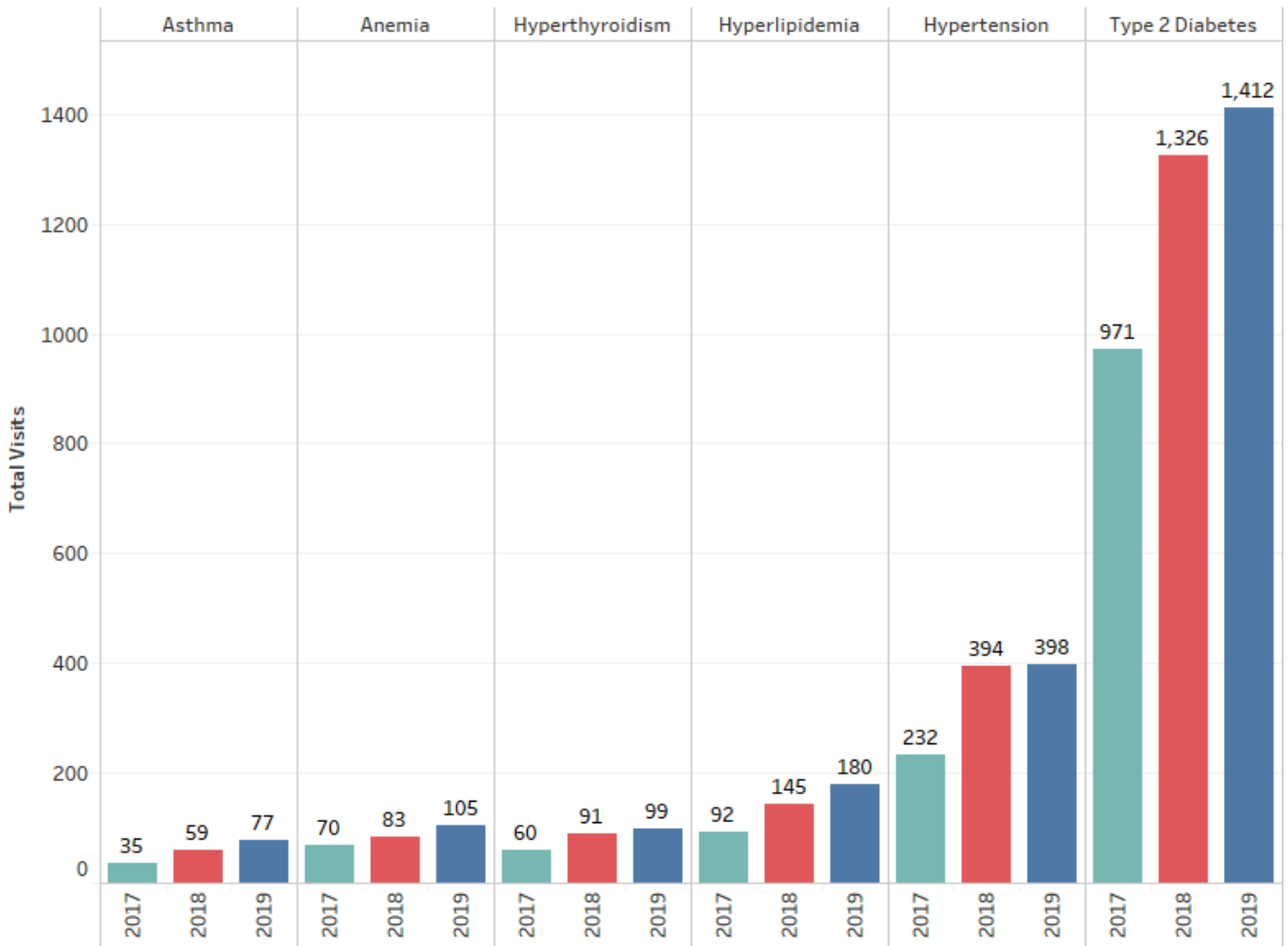
### Chronic Conditions

A number of studies examining the quality of healthcare in the United States have documented disparities in access to care according to patients’ race and socioeconomic status.<sup>5</sup> Community health centers (CHCs) help to address this gap by providing care to individuals who have traditionally received little or low-quality care. CHCs manage patients’ chronic conditions by providing comprehensive primary care and preventative services, reducing the need for more costly forms of care down the line, such as emergency department visits, hospitalizations, and advanced disease progression.

In 2019, Type 2 diabetes continued to be the most significant chronic condition affecting patients, with more than 1,400 visits being related to Type 2 diabetes. Unsurprisingly, the increase in the number of CARES Type 2 diabetic appointments are also followed by small increases in hyperlipidemia and hypertension, which are highly correlated.<sup>5,6</sup> The annual increase in visits (figure 6) indicates that patients are continuing to utilize the services CARES provides in order to manage these predominant chronic conditions.

Figure 6: Chronic Condition Appointments

#### Chronic Conditions Diagnoses 2017-2019

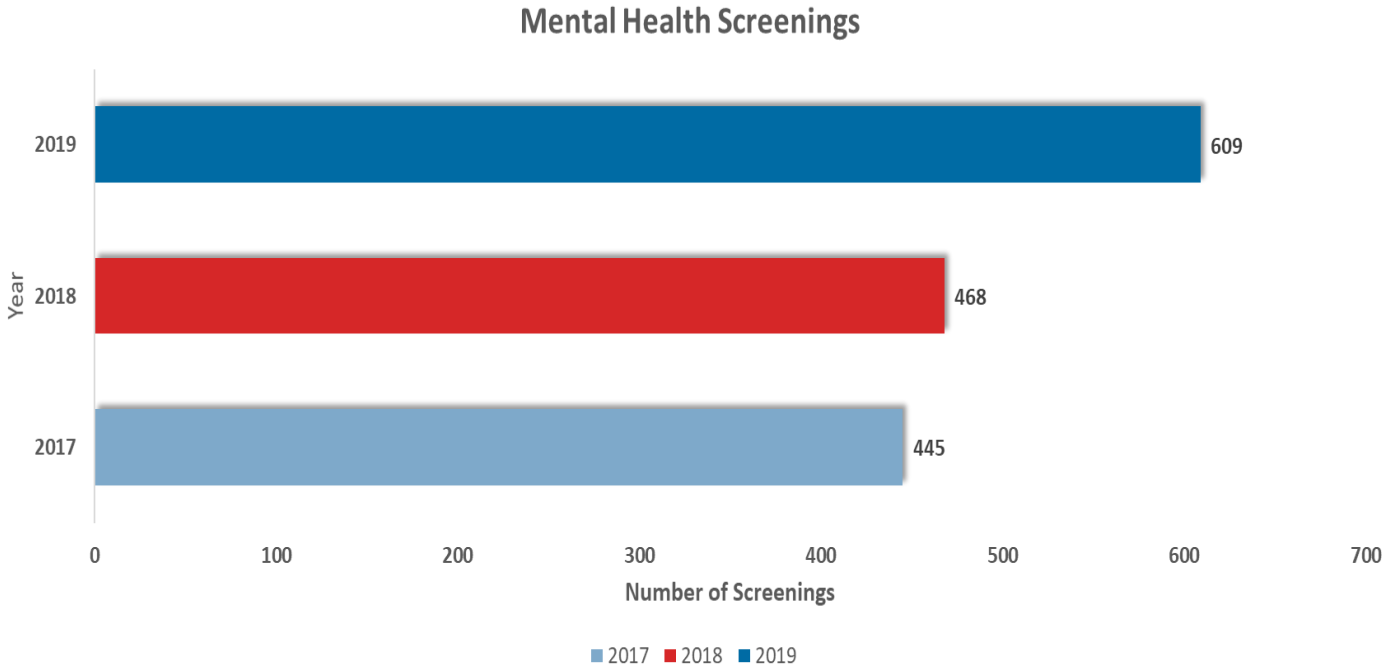


### Mental Health

Amid the current climate of increasingly restrictive and punitive federal immigration policies and messaging, CARES patients continue to face significant challenges that can negatively impact mental health. These are compounded by high rates of poverty, lack of access to health coverage, diminished social support, and housing insecurity. Research points to trauma and social determinants of health being highly correlated with depression, anxiety, and other stress related symptoms.<sup>7</sup> While mental health is currently not a service covered under the CARES program, participating health centers offer screenings and behavioral health services as part of their primary care medical home structure. The program is only able to use the number of screenings completed with CARES participants as a proxy for mental health services provided, because counseling sessions are difficult to capture in the clinical billing data used for analysis (they are not billed as CARES visits).

Regardless, as shown in figure 7, the number of mental health screenings greatly increased in year 4, jumping from 468 to 609. The increase in screenings may indicate a few things. One, it could be that CHCs are screening more patients in their checkup protocols; or two, more CARES patients are identified as those in need of a screening. More analysis needs to be conducted with partner health centers to determine the cause of this increase. In the long term, CARES partners hope to continue to develop the program’s infrastructure to improve survey capabilities and analysis of mental health related visits. A deeper dive may help partners understand why mental health screenings increased in year four, and which mental health services could best serve the CARES population.

Figure 7: CARES Patients Receiving Mental Health Screenings



## Outreach Strategies

During monthly outreach and enrollment calls with member clinics and county Medi-Cal Analysts, the group worked to create strategies to address an anticipated drop in enrollment and engagement. The group's approach consisted of three major strategies: trainings to educate county residents, identifying new pipelines for enrollment, and improving program reenrollment. The stabilization in year four enrollment can be attributed to the outreach strategies implemented in year three and improved upon in year four.

Program partners determined that it was important to inform participants and potential enrollees that they would not be impacted by public charge rule changes if they enrolled into CARES. Recognizing that misinformation and fear of deportation were major barriers that needed to be overcome, program partners began integrating CARES information into public charge trainings to help Contra Costa community members understand that enrolling into CARES would not have detrimental impacts on immigration status upon enrollment. This information was also distributed by health promoters from community health centers and local community-based organizations such as the RYSE Center, public schools, and other community-based organizations.

CARES partners also continued to build upon program outreach efforts, sustaining a communications campaign to reach eligible participants through multiple strategies. CARES branded materials which included brochures, posters, swag, buttons, and social media engagement through Twitter and Facebook were used. These materials were all provided in Spanish and English formats. In year four, the implementation of new enrollment pipelines for CARES enrollment was fully implemented as well. Health centers have now appointed dedicated staff to promote CARES and enroll patients at high traffic sights in Contra Costa. Monthly meetings help health centers improve their enrollment workflows as they can share outreach strategies. Optimization of these procedures assisted in increasing patient enrollment. These efforts have helped maintain program enrollment in a time where other statewide programs, such as CalFresh, have experienced decreases.<sup>8</sup>

Year four was the first year where robocalls were fully implemented to improve the renewal process. At the end of year three, robocalls were placed to go out to members 30 days before they are due to renew. This is in addition to a letter instructing members to call their primary care health center for a renewal appointment 60 days before their due-to-renew date. Health center staff also contact CARES patients up to three times to schedule a renewal appointment before their enrollment expires. Robocalls help further increase the touch rate, bolstering patient engagement with the program. These calls were referred to the Consortium, where bilingual Spanish-speaking staff could triage patients to their respective health center and answer commonly asked questions about the program. The cumulative renewal outreach efforts helped maintain reenrollment rates at 55% in year four.

The program's outreach, enrollment, and renewal systems are continuing to evolve and improve in response to community dialog. These efforts have had a major impact in helping maintain reenrollment rates. This infrastructure will continue to be improved upon in future years to expand the number of people served by the program.

## CARES Survey Analysis and Social Determinants of Health

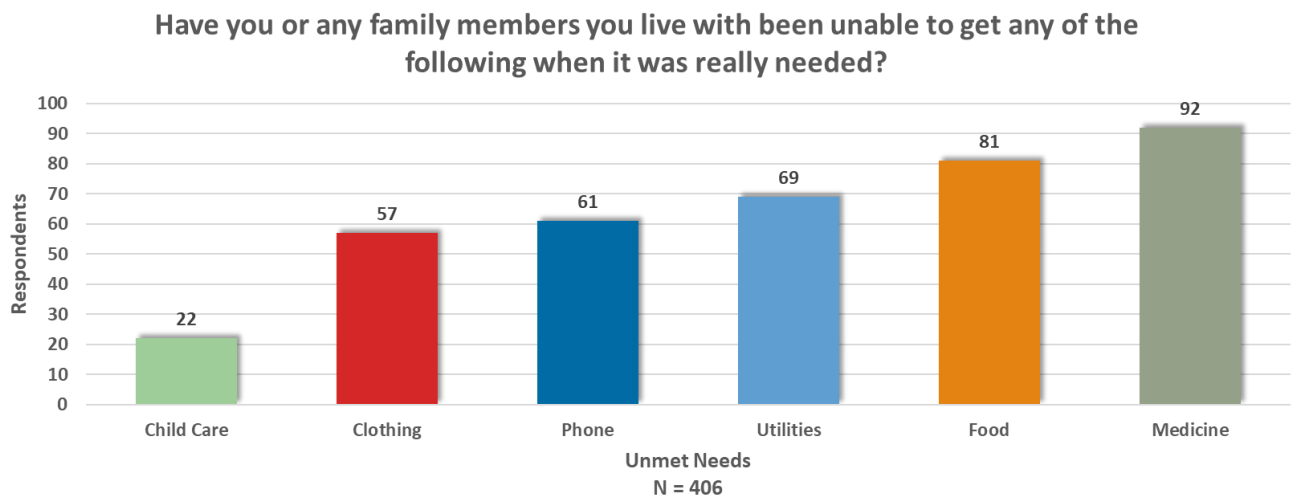
In year four, the Consortium continued to develop a sustainable data infrastructure which consists of health center and hospital data sharing workgroups, implementation of data sharing best practices, patient privacy (HIPAA) trainings, and trending of annual program data. Understanding that an individual’s health extends beyond a medical visit, the program has continued the expansion of its qualitative analysis efforts to include CARES enrollees’ experiences. The following two sections are a continuation of year three program analysis with two surveys implemented by program staff: a survey to better determine impacts of CARES on patient healthcare costs and patient satisfaction; and use of PRAPARE, a screening tool used to gather social determinants of health (SDOH) data.

### A. SDOH (PRAPARE) Data

In year four, the Consortium continued to partner with La Clínica to implement the Protocol for Responding to and Assessing Patients’ Assets, Risks, and Experiences (PRAPARE), a validated tool used by health centers to better understand the upstream socioeconomic drivers of poor healthcare outcomes.<sup>10</sup> Patients were only asked to respond to the best of their ability and were not required to answer all survey questions.

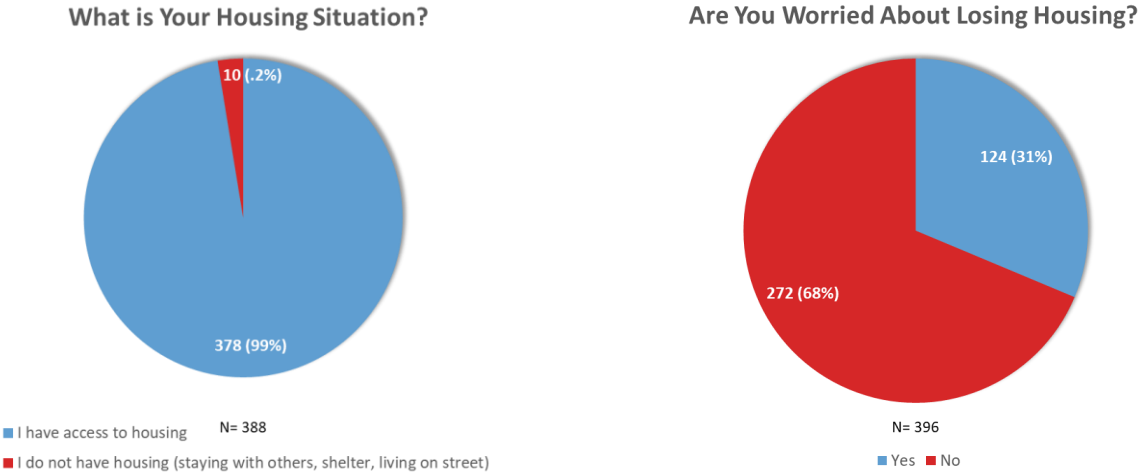
In year three, 248 CARES patients across Contra Costa completed the PRAPARE questionnaire and most frequently reported lack of access to housing, food, and medicine. Food insecurity was a major challenge with 25% of patients indicating they experienced food shortages in the past year. In year four an additional 158 patients responded to the survey, bringing the total number of respondents to 406. Trends continued from year three data, showing that food, medicine, and utilities were the primary concerns among surveyed patients. These were followed closely by phone services and clothing.

Figure 8: PRAPARE Unmet Needs of CARES Patients (Program Years 3 and 4)



Housing also remained a key issue for CARES patients, with 124 respondents (30.5%) responding that they were worried about losing their housing (Figure 9). Longitudinal studies have demonstrated poor housing status is significantly associated with poor health, even while controlling for confounding factors<sup>10</sup>. CARES patients also identified concerns about their housing situation, with 272 (68%) respondents indicating they were at risk of losing housing.

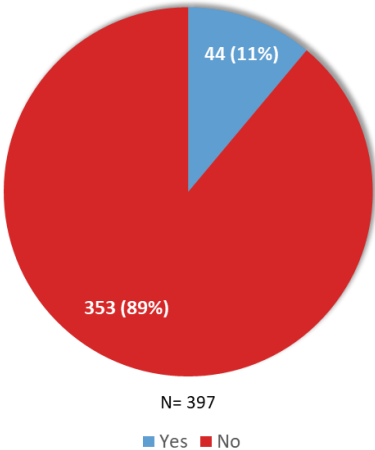
Figure 9: PRAPARE Housing Status of CARES Patients (Program Years 3 and 4)



Transportation also remains a barrier for some patients, as 54 (13%) noted they were kept from attending an appointment, obtaining medicine, and attending non-medical meetings due to lack of transportation. With so many factors ranging from lack of utilities to transportation, the data illustrates how socioeconomic factors and availability of safety net services are an essential part of a person's health.

Figure 10: PRAPARE Transportation Impact on Access (Program Years 3 and 4)

Has Lack of Transportation Kept You From Medical Appointments?

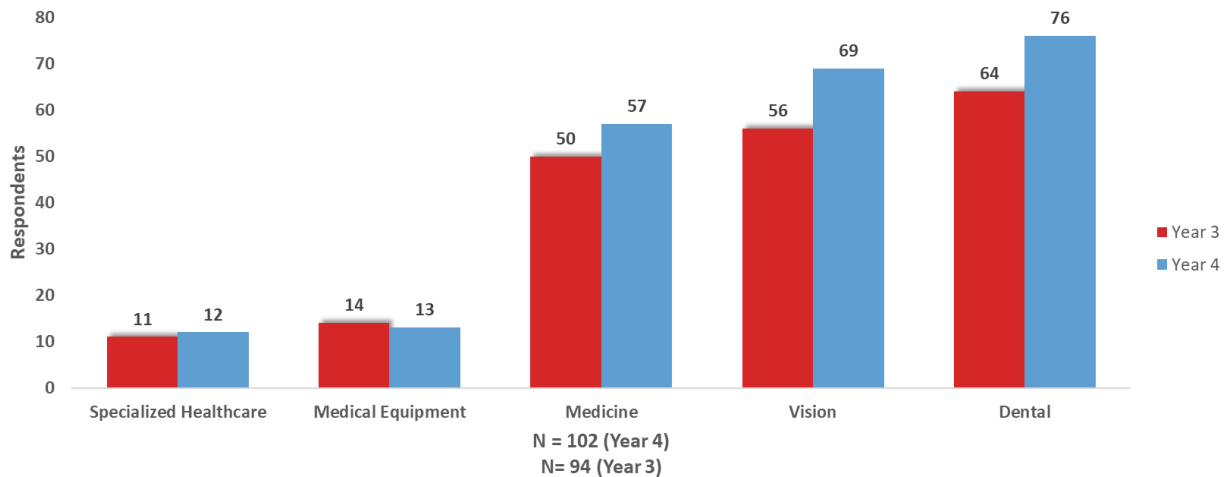


## B. CARES and Participant Healthcare Costs

Patient interviews in the second program year identified that the high cost of care had a negative impact on their daily lives prior to enrollment into the CARES program. To better understand what services were the most difficult to afford, and determine if the CARES program was addressing these concerns, the program rolled out a survey in years three and four. Program partners aimed to get data from experienced CARES patients, so surveys were primarily implemented with participants who had been enrolled for 11 or more months in the program. Surveys were administered during renewal appointment, at clinical visits, and over the phone. A total of 102 patients responded to the survey in year four. During the program year, CARES patients continued to indicate that the program has helped to alleviate some of the burden created by healthcare costs. 96% of respondents in year four stated that their health care spending decreased after enrolling in CARES.

Patient surveys in year four also continued to reiterate the need for dental services and vision care. Almost 70% of respondents indicated that dental and vision services were difficult to afford. In addition to dental care, the cost of prescription medication continues to be a challenge for CARES patients. More than 50 respondents indicated that certain medications were difficult to afford in both years.

Figure 11: Most Requested CARES Services





### III. Moving Forward

As it enters its fifth year, Contra Costa CARES has continued to grow thanks to the collaborative relationships between CHCs, hospitals, CCHP, community members, the Contra Costa County Board of Supervisors, and partner organizations. For Contra Costa's remaining uninsured, CARES has become a valuable resource, connecting patients to primary care services, and providing essential coverage to reduce the burden of healthcare costs. The program continues to increase in utilization and enrollment, demonstrating the positive impact community partners can have when they come together and are committed to addressing outstanding health needs in the community.

In year five, CARES program partners plan to pursue the following next steps:

- Continued Trending of Population Health Initiatives: In year three, CARES partners began to survey program enrollees to understand their social determinants of health (SDOH). This effort was continued in year four, and will be on-going into the fifth year of the program. Population health and the analysis of participants' SDOH remains a top priority for program partners.
- Continued and Expanded Community Outreach: Program partners believe that outreach efforts played a large role in helping CARES expand during a time when benefit programs across California saw drops in enrollment. In year four, efforts included on-going public charge trainings and have maintained enrollment pipelines for eligible participants. While grassroots enrollment strategies will continue to play an important role in program outreach efforts, the program would benefit from dedicated funding for outreach and marketing.
- Sustaining Healthcare Access: CARES was originally a pilot program developed collaboratively between the county, hospitals, local health centers, and community members. As the program rolls into its fifth year, partners are working together to identify a long-term solution for providing primary care services for Contra Costa's remaining uninsured. This issue remains urgent, as the California fiscal year 2020/21 state budget, passed in June 2020, deferred expanding Medicaid to low-income undocumented seniors. As a result, CARES will remain the only program for low-income, uninsured adults who are ineligible for other forms of health coverage in Contra Costa County.
- COVID-19 Outreach and Education: Given the unprecedented circumstances of the COVID-19 pandemic that spread through the United States in early 2020, the CARES program will continue to play a valuable role in providing healthcare services, and distributing important information and resources to uninsured communities in Contra Costa during this public health emergency.

Expanding access to care is a challenge that requires a truly united response. Contra Costa County has met the challenge posed by both financial and political constraints by bringing together a broad spectrum of partners. The County, local hospitals, health centers, community-based organizations, and community members have developed and sustained the CARES program to ensure that one of the most vulnerable populations in Contra Costa County are able to access to essential primary care services.

The systems and frameworks that have been developed over the past four years have also helped to set the foundation for future growth and a sustainability. Each year CARES continues to grow, as evidenced by new enrollees and an increase in primary care visits. Neighboring counties and statewide initiatives have looked to Contra Costa CARES as an example of primary care coverage for remaining uninsured adults. Until universal coverage is achieved in California, Contra Costa CARES will continue to be a critical component of the local health system, providing access to primary care services for individuals regardless of insurance status, immigration status, or an ability to pay.

## NOTES

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