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In Their Own Words: How Undocumented Californians Are Navigating Medi-Cal Changes and Immigration Enforcement

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Publication Date

2026-06-30

DOI

10.13140/RG.2.2.19933.37605

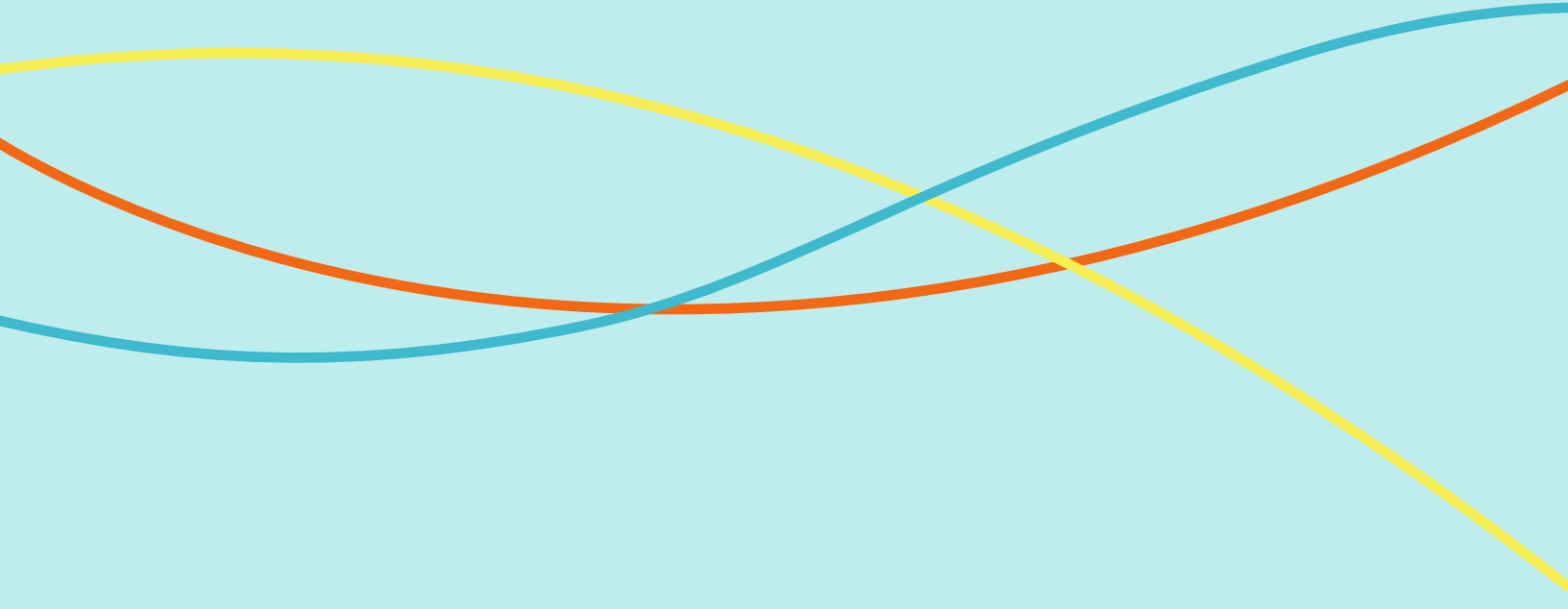
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In Their Own Words: How Undocumented Californians Are Navigating Medi-Cal Changes and Immigration Enforcement

by Culture IQ Group



Issue Brief

About the Authors

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About the Foundation

The [California Health Care Foundation](#) is an independent, nonprofit philanthropy that works to improve the health care system so that all Californians have the care they need. We focus especially on making sure the system works for Californians with low incomes and for communities who have traditionally faced the greatest barriers to care. We partner with leaders across the health care safety net to ensure they have the data and resources to make care more just and to drive improvement in a complex system. CHCF informs policymakers and industry leaders, invests in ideas and innovations, and connects with changemakers to create a more responsive, patient-centered health care system.

Acknowledgments

The authors thank Hilda Martinez, MBA, MJ, senior communications officer at the California Health Care Foundation, for her guidance in shaping the framing and presentation of this publication. The authors also acknowledge the subject matter expertise of Arturo Bustamante, PhD, MPP, professor in the Department of Health Policy and Management at the UCLA Fielding School of Public Health and faculty research director at the UCLA Latino Policy and Politics Institute. The authors also thank Diana Camacho, MPH, senior program officer at the California Health Care Foundation, for her leadership and support.

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Introduction

California made history as the first state to extend full-scope Medi-Cal to all income-eligible adults regardless of immigration status. This milestone was achieved through a phased expansion that started nearly a decade ago with coverage for children without legal status from families with low incomes. In December 2025, almost 1.6 million undocumented Californians rely on Medi-Cal for their health care coverage — but this progress is now at risk.¹ New administrative requirements for enrollment have ignited fears in immigrant communities, undermining the state’s historic investment in Medi-Cal.

A series of federal and state budget changes to Medi-Cal rolling out over several years threaten undocumented Californians’ access to health coverage and care. These include an enrollment freeze, the elimination of adult dental coverage beyond emergency services, the introduction of monthly premiums, more frequent renewals, and new work reporting requirements. These changes come as many immigrant Californians already face barriers to care, including fear of immigration enforcement and concerns about accessing public benefits and sharing personal data.

To understand how these changes may impact California’s undocumented immigrant communities, CHCF commissioned qualitative research examining the experiences of 39 adults who are undocumented and currently enrolled in full-scope Medi-Cal. Conducted in January 2026 by Culture IQ Group, the study included one-on-one interviews in Mandarin, Spanish, and English with Latino/x and Chinese-speaking participants age 26 to 64 across Greater Los Angeles, the Central Valley, the Monterey region, and the Bay Area.

Their voices reveal a population that is resourceful, health conscious, and deeply invested in maintaining coverage. At the same time, this group is navigating fear; misinformation; and barriers that have been built into policies, processes, and institutions. These

challenges threaten to undermine the access to care that California set out to provide.

Key Findings

Medi-Cal Offers Peace of Mind

All participants in the study value Medi-Cal highly, saying it provides peace of mind and the ability to seek care when it is needed without having to weigh the financial implications. This sense of emotional and financial stability allows them the freedom to be proactive about their health, get regular treatment for chronic conditions, and address symptoms before they become emergencies.

Without Medi-Cal coverage, participants indicated they would need to consider their immediate financial situation before seeking medical attention. In many cases, more pressing needs such as food and rent would take precedence over medical care. Participants described Medi-Cal as protection from broader financial hardship, which is consistent with research linking coverage to lower rates of medical debt, improved credit, and reduced eviction risk.² Research also shows that health coverage is associated with reduced out-of-pocket spending and financial strain, leading to greater financial stability for the insured.³ As well, there is a positive relationship between health coverage and housing stability.⁴

“It’s a blessing. . . . to be able to go to the doctor without worrying about the cost.”

Aura, 55, Los Angeles

Without Coverage, People Delay Care and Turn to the Emergency Room

Without Medi-Cal, participants say their health care would take a backseat to more urgent financial needs. Some stated that they would self-treat when possible and postpone care until symptoms become severe. Other respondents stated that they would take a “wait and see” approach and delay treatment for emergent medical issues. Across all groups,

participants would expect to use preventive and follow-up care less, and emergency care more, if they lost their Medi-Cal coverage.

These experiences are not isolated. Statewide data show that 70% of Californians with low incomes skip or delay care due to cost, and 56% of those report that skipping care made their conditions worse.⁵

“Many people just deal with the pain. . . because the [financial] cost is very high.”

Jennifer, 30, Fontana

Anti-Immigrant Policies Delay Care

Many participants described how fears related to immigration enforcement have impacted when and whether they seek care. Concerns about detention, deportation, data sharing, and the consequences that using benefits might have on their future immigration status due to public charge rules contribute to how they may use services, especially for non-urgent or preventive care. Participants described avoiding unnecessary appointments and delaying care until symptoms are severe.

Fear manifests differently across study participant groups, shaping how people engage with care in divergent ways. Latino/x participants described an immediate, visceral fear rooted in lived experiences with US Immigration and Customs Enforcement (ICE) agents in their neighborhoods, family members being detained, and the daily calculus of visibility. For many, this fear led to cautious but continued engagement with the health care system: They still sought care, but with heightened vigilance about where and when.

Chinese-speaking participants described a more future-oriented, anticipatory fear. Their concerns centered on the possibility that health care records could be reviewed later, rules might change retroactively, or accepting government benefits could jeopardize pending immigration cases. This fear led to self-censorship and deliberate decisions to use fewer services, avoid certain types of care, or disengage from the system altogether as a protective strategy.

These responses are echoed in other research: Nearly half (48%) of likely undocumented Californians report avoiding medical care due to immigration-related concerns, and more than three-quarters (77%) report increased stress, anxiety, or sadness tied to their immigration status.⁶

“Right now, I don’t dare to go [to the doctor or dentist]. Things with the government are very chaotic. I don’t know if they might go to hospitals, so I’m a bit worried”

Anny, 52, San Francisco

Awareness of Medi-Cal Changes Is Limited

Despite the magnitude of the coming policy changes, most participants had little or no accurate information about them. Few were aware of specific changes or timelines. What they had heard was vague or secondhand, and they themselves tended to dismiss it as potentially inaccurate or untrustworthy.

In the absence of reliable information, participants described generalized anxiety about losing coverage, confusion about what would be required of them, and uncertainty about whether Medi-Cal would continue to exist for undocumented Californians at all. But participants’ levels of fear decreased when they were presented with a clear, concrete timeline of the actual changes that included specific dates, dollar amounts for premiums, and details about new requirements.

Administrative Burden Threatens Continued Coverage

Participants expressed deep concern about the administrative burdens posed by upcoming Medi-Cal program changes and the instability they can cause. Stressors include navigating renewals every six months instead of annually; reporting work hours, especially for gig workers, those with irregular schedules, and people paid in cash; gathering required documentation; and meeting tight deadlines. Together, these elements complicate a system

that many already find difficult to navigate, increasing the likelihood that someone could lose coverage.

These concerns are not theoretical. In recent years, increased administrative burdens have directly lowered coverage rates. About 2 million individuals were disenrolled from Medi-Cal when redeterminations resumed post-pandemic. Two in three lost coverage due to procedural, not eligibility, reasons.⁷

“It’s a little more pressure. You have to renew every six months, and if you don’t renew, you could lose it.”

Maria, 43, Northridge

Many Would Pay to Keep Coverage

Many participants expressed a willingness to pay for proposed copays and premiums to maintain Medi-Cal. This theme emerged more frequently in comments from Chinese speakers, pointing to a perceived value relative to cost. At the same time, others — especially those with larger families — raised concerns about the financial burden of these new expenses. Research shows that copays and premiums reduce Medicaid enrollment and access to care.⁸

“Personally, I think \$30 a month is manageable . . . but for my whole family, it becomes a problem.”

Stella, 36, Los Angeles

Coverage Does Not Guarantee Use

A recurring theme across all interviews was the gap between having Medi-Cal and using its full range of benefits. Many participants were unaware that their coverage included dental care, mental health services, vision, or specialty referrals. Participants across all groups also pointed to practical barriers that limit their utilization, such as difficulty scheduling appointments around work hours, long wait times, and lack of nearby providers.

“My first impression was that it was just medical. . . . The dental portion I wasn’t aware of.”

Yamil, 46, Oakland

Underutilization appeared more pronounced among Chinese-speaking participants, many of whom described Medi-Cal as a safety net for emergencies rather than an active resource for ongoing health management. They also expressed more uncertainty about the future, with individuals fearing having their records reviewed or seeing rules change down the line. As a result, members of this group proactively underuse Medi-Cal services. In contrast, Latino/x participants described more cautious use of care, even necessary care, as a result of more immediate lived fear.

This pattern of less utilization driven by fear, misinformation, and structural barriers is reflected in research. Interview data from Los Angeles County health care workers show that primary care services are underutilized due to fear, misinformation, and misperceptions about coverage and immigration policies.⁹ In a study of California immigrants, participants expressed uncertainty about using benefits they qualified for because of public charge fears.¹⁰

Immigrants Trust Doctors, Clinics, and Medi-Cal Communications

Across groups, participants consistently identified medical professionals, local clinics, and official Medi-Cal communications as the most credible sources of information about upcoming changes. Trust in these messengers is driven by their perceived authority and legitimacy, underscoring the importance of delivering clear, consistent, and official communication through trusted health care channels.

At the same time, people rely on a wide mix of media to access information. In-language media, social media platforms, news outlets, and even retail apps can significantly extend the reach of a message. Patterns vary by group: English- and Spanish-speaking Latino/x

participants frequently use platforms like Instagram, TikTok, YouTube, Facebook, WhatsApp, and Spanish-language TV, alongside Google searches and word of mouth; Chinese participants report using platforms such as YouTube, Google, X, Little Red Book, and Weibo, as well as Chinese-language broadcast media and pharmacy and supermarket apps. Together, these findings highlight the need for a multi-channel, culturally and linguistically tailored communications strategy.

Recommendations

The following recommendations are informed by key themes from the qualitative findings and highlight actions for policymakers, health care providers, and community partners:

1. Communicate early, clearly, and through trusted channels. Begin outreach immediately with clear, specific information about timelines, costs, and requirements. To reduce confusion and fear, deliver messages in multiple languages through trusted partners, including community-based organizations, doctors and clinics, official Medi-Cal communications, and in-language media.

2. Strengthen renewal and enrollment support. Minimize avoidable coverage loss by simplifying renewals and providing multiple reminders, clear instructions, and in-language assistance. Proactive support is essential to help individuals maintain coverage amid increasing administrative complexity.

3. Address fear and build trust directly. Provide accurate, accessible information about public charge rules and immigration enforcement. Equip staff and partners to respond to concerns with clarity and cultural competence.

4. Use care settings to drive understanding and accessing needed care. Leverage clinical encounters to educate patients about coverage changes; flag

available benefits, including dental care, mental health, and specialty care; and connect them to services.

5. Create visibly safe and welcoming environments.

Communicate confidentiality protections clearly, ensure access to linguistically concordant care, and train staff to engage patients with sensitivity so individuals feel safe seeking care.

6. Emphasize what Medi-Cal still provides. Lead communications efforts with the value of maintaining Medi-Cal coverage — even as changes occur — to reinforce continued engagement with care.

Looking Ahead

The individuals who participated in this research are parents, workers, caregivers, and community members who contribute to the state's economy and social fabric every day. They are determined to maintain their health and care for their families. They are willing to meet new requirements and pay modest costs to keep their coverage.

But willingness alone is not enough. The choices California makes in the coming months about how it communicates these changes, designs administrative processes, and supports the trusted organizations that serve these communities will determine whether Medi-Cal's historic coverage expansion translates into real, sustained access to care. Without targeted action, new administrative requirements and persistent fear in immigrant communities will drive avoidable coverage loss and underuse of care among this population, undermining the state's progress toward accessible health care for all.

These findings represent the first phase of ongoing qualitative research commissioned by CHCF. Future phases will continue to track the experiences and needs of undocumented Californians as policy changes take effect, providing real-time insights to inform a more responsive and equitable system.

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