



# Insights Report Community Connections with PHACT

*May 28, 2026*

**Prepared by the Office of Community Partnerships  
and Strategic Communications (OCPSC)**





## Introduction

OCPSC, in partnership with the Public Health for All Californians Together (PHACT) Coalition, hosted two Community Connections sessions in spring 2026 to gather on-the-ground insights from community-based organizations (CBOs) and cross-sector partners in regions experiencing lower or declining vaccination rates. OCPSC convened and facilitated each event, while PHACT shaped the content, drawing on prior interviews and focus groups.



## Methodology

Each session was a facilitated large-group discussion, capped at 40 participants to ensure engagement. Aubrie Fong, Acting Executive Director of OCPSC, served as lead facilitator with logistics support from OCPSC's Regional Program Managers.

## Discussion Questions

### Topic 1: Coverage, Access, and Support

In the past year, what have you been hearing from families about getting or keeping health coverage? What's making it hard?

As the cost of living rises, what are you noticing about how families make health decisions? What gets put off or skipped? What's something the state could do that would make your job easier or help the people you serve get healthier?

### Topic 2: Vaccines and Preventive Care

What are you seeing with vaccines? Are kids staying on schedule or falling behind?

When families try to get vaccinated or seek healthcare, what gets in the way? Think transportation, clinic hours, childcare, paperwork, insurance, or immigration concerns.

When you've seen messaging or materials move families to vaccinate or follow through on preventive care,



## Session Insights: Riverside, May 13, 2026

### Barriers to Accessing and Maintaining Healthcare

Transportation, rising costs, work schedules, childcare, and fear related to immigration status (including concerns about detention, data sharing, and public charge) are making it harder for people across the Inland Empire to visit clinics, keep appointments, and maintain coverage. Participants noted that walkable neighborhood clinics are scarce and that poor experiences with providers often keep people from returning.

*“There are not a lot of neighborhood clinics people can walk to...A lot of people don’t go to their appointments because they may be at work... they can’t take off work to go to an appointment. Sometimes they do make the initial appointment, but then they are dealing with the bedside manner of the clinicians and the providers, and a lot of times that will deter somebody from going back or going at all.”*



Riverside participants.

### Trust and Cultural/Linguistic Access

Disrespectful encounters with providers, poor bedside manner, lack of cultural representation, untrained interpreters, and confusion about confidentiality (especially for teens and immigrants) can reduce trust in providers and the health system. Some families with coverage still avoid care because they are unsure whether seeking services could put them or their families at risk.

*“A lot of times, people assume...they speak Spanish, they can translate. Not necessarily, and so a lot of people do not have the language access they need...the support that is there is not of quality. It’s not trained support.”*

### Vaccine Hesitancy Across Age Groups

Misinformation from social media and political rhetoric, along with concerns about autism, toxins, and vaccine load for young children, contributes to hesitancy across age groups. Mixed messages from federal sources add to that uncertainty. Participants described families asking who to believe. Older community members and grandparents tended to have stronger pro-vaccine attitudes, grounded in living memory of diseases such as smallpox and chickenpox, and participants noted that bringing in a grandmother to speak to younger family members was sometimes an effective trust-building strategy. Younger parents, by contrast, were described as actively researching vaccine ingredients online and pushing back on providers, with one participant noting that millennials and newer parents “Are not just going to swallow that, we want to know why you want to vaccinate our child.” A concern specific to parents of young children was vaccine load, i.e., the concern that a small child’s body cannot handle “so many toxins being injected” across a compressed schedule.



*“The clients who won’t vaccinate their kids are the ones where an older child has autism. They’re really leaning into [the idea] that was caused by the vaccines. And they’re hearing that from their neighbors, they’re hearing that from TikTok, they’re hearing that from the government now.”*

### **What Helps People Stay Connected to Care**

Community health workers, promotoras, faith-based organizations, CBOs, emergency hotlines, enhanced care management programs, telehealth, and confidential teen services help connect people to care when they are trusted, accessible, and well-coordinated. Participants noted that faith leaders can be especially effective: a family member who skips a vaccine recommended by their doctor may follow through if their pastor recommends it. Telehealth was also mentioned as important for people who are afraid to leave home.



## Session Insights: Fresno, May 21, 2026

### Immigration Concerns Are Keeping People Away from Care

Fear of immigration enforcement, data sharing, and public charge consequences are leading some people to avoid care, including those who already have coverage. Some community members have stopped recertifying for Medi-Cal. When families are unsure which federal policy changes apply to them, some find it easier to avoid the health system than to risk exposure to surveillance by immigration enforcement agencies.

*“A lot of our education in immigrant communities shows there is a huge concern around immigration, so a lot of people are just putting off routine checkup appointments, even if they have coverage, even if they have an appointment made. They wait until it's something really big for them to go to the hospital.”*



Fresno participants.

### Transportation and Childcare Make Routine Care Hard to Access

Long distances, limited rural transit, high gas prices, inflexible schedules, and childcare responsibilities often mean routine care gets put off. Some families end up in the emergency room when problems can no longer wait. Participants also noted that many community members are unaware of their right to a free interpreter, a second opinion, or a printed copy of their medical report.

*“There is an unawareness about healthcare rights. I have seen people who don't know they can access a free translator, get a second opinion, or ask for a printout of the report. What is an HMO and a PPO? This heavy verbiage is so much for them.”*

### Low Trust and Unfamiliarity with Local Medical Providers

Some residents have turned to curanderas, botanicas, and family networks in Mexico because of negative experiences with providers, language barriers, and general distrust of the health system. When providers dismiss concerns or leave patients to handle complicated paperwork on their own, it makes people less likely to return. Peer advocates who share the community's language and culture tend to be trusted in ways that formal systems often are not. For young adults aging out of their parents' coverage, unfamiliarity with the health system compounds distrust, as many don't know how to find a provider or manage their own care. With employment and housing taking priority, healthcare can fall to the bottom of the list.

*“People do not want to go to the mobile clinics. I need to tell them two or three times, ‘Hey, go to the clinic,’ or I have to go with them. They know me, and they trust me, but they don't trust the clinic alone.”*



## Vaccine Hesitancy Has Continued Since COVID-19

Misinformation from the COVID-19 pandemic, including beliefs that vaccines caused heart problems or did not work because vaccinated people still got sick, has led to ongoing skepticism that now includes flu shots and routine boosters. Participants also raised concerns specific to youth. Young people are increasingly exposed to vaccine misinformation through social media, and some reported that peer influence and online content are shaping teens' own resistance to vaccines, not just their parents. Some parents wait to vaccinate their child until it is required for school enrollment. The Chowchilla area was noted as having particularly strong hesitancy.

*"During the COVID pandemic, there was a lot of misinformation around how vaccines work ...a lot of what we heard was, 'Well, I got the vaccine and still got COVID, so it doesn't work.' People still refer back to it...and undoing that is really hard."*



## What the State Can Provide

Across both sessions, participants were consistent and concrete in what they asked of the state. Their requests reflect years of on-the-ground experience and a clear understanding of what resonates with communities.

ASK	WHAT COMMUNITIES SAID
<b>Standardized, locally adaptable messaging</b>	Provide messaging that community-based organizations can tailor to their communities. What works in one area may not work in another. Messaging must feel like it was built for the community, not delivered to it.
<b>Plain-language counter-messaging to debunk myths</b>	Develop materials that directly address specific mis/disinformation (autism-vaccine link, COVID vaccine heart problems, toxin fears) in plain, accessible language understandable at a fifth-grade reading level.
<b>Culturally and linguistically specific materials</b>	Go beyond translation. Use community-appropriate vocabulary, photography, graphics, and stories. Materials should reflect the actual lived experience of the populations they target, including religious communities and people with disabilities.
<b>Proactive information-sharing with CBOs</b>	Share emerging health issues with CBOs before they become crises. CBOs often do not know something is a problem until they see an influx of people. Regular semi-annual or quarterly convenings with local health departments would help.
<b>Ongoing training for community health workers</b>	Build on existing capacity training opportunities, so community navigators can have effective vaccine conversations rather than just distribute information.
<b>Transparency about immigrant family rights</b>	Clarify which federal policy changes affect which populations. The current confusion creates a barrier even for people with full coverage and no immigration risk.



## Attendance Data

### Riverside | May 13, 2026 | Back to the Grind

3575 University Ave, Riverside, CA | 10:00 AM – 12:00 PM

TYPE OF ORGANIZATION	UNIQUE ORGANIZATIONS	INDIVIDUAL PARTICIPANTS
Community-Based Organizations (CBOs) / Nonprofit Organizations	14	20
State Agencies / Local Health Jurisdictions (excl. OCPSC)	2	2
OCPSC	1	3
<b>TOTAL</b>	<b>17</b>	<b>25</b>

### Fresno | May 21, 2026 | Resource Innovations

590 W Locust Ave #103, Fresno, CA | 1:00 PM – 3:00 PM

TYPE OF ORGANIZATION	UNIQUE ORGANIZATIONS	INDIVIDUAL PARTICIPANTS
Community-Based Organizations (CBOs) / Nonprofit Organizations	10	12
State Agencies / Local Health Jurisdictions (excl. OCPSC)	12	3
OCPSC	2	6
<b>TOTAL</b>	<b>13</b>	<b>21</b>

**Combined Reach: 30 unique organizations and 46 individual participants across Riverside and Fresno.**