

Do Access Experiences Affect Parents' Decisions to Enroll Their Children in Medicaid and SCHIP? Findings from Focus Groups with Parents

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Abstract *Objective:* The Covering Kids and Families (CKF) program seeks to expand health insurance coverage for children by supporting community-based outreach and enrollment. For the evaluation of CKF, researchers conducted focus groups to explore parents' experiences accessing health care for their children, and to assess whether these experiences affected decisions to enroll their children in Medicaid or the State Children's Health Insurance Program (SCHIP). *Methods:* In May and June 2003, 13 focus groups were conducted in 5 cities—Everett, MA; Denver, CO; Los Angeles, CA; Mena, AR; and San Antonio, TX. In each community, groups were conducted with parents of children insured under Medicaid or SCHIP and parents of uninsured children. Three groups were conducted with Spanish-speaking parents in two communities—Denver and Los Angeles. *Results:* Access to primary care was considered good by most parents with children in Medicaid and SCHIP. Among parents of uninsured children, there was more vari-

ation in perceptions of access to care. For parents of both uninsured and insured children, access to dentists and specialists was more problematic. Spanish-speaking families reported numerous barriers to care due to language differences and perceived discrimination. All focus group participants said that they placed great value on health insurance. *Conclusion:* Even when parents encountered problems accessing care, very few indicated that this discouraged them from enrolling their children into Medicaid or SCHIP, or from renewing their children's public coverage.

Keywords Medicaid · SCHIP · Access · Enrollment · Renewal

Introduction

Since the late 1980s, national and state policymakers have undertaken significant efforts to broaden health insurance coverage for low-income children. Beginning with a series of expansions of Medicaid eligibility for pregnant women and children, these efforts culminated in 1997 with the creation of the State Children's Health Insurance Program (SCHIP). At a time when there were approximately 10 million children without health insurance in the United States, SCHIP gave states \$40 billion over 10 years to expand coverage to low-income children. Since then, aggressive outreach efforts and dramatic eligibility simplifications have fueled strong rates of enrollment in both SCHIP and Medicaid [1–3]; the number of children without health insurance declined by nearly 2 million and the rate of uninsurance fell from 23 to 16 percent [4]. Yet, despite this reduction, nearly 8 million children remained uninsured in 2002 even though more than half of these children were estimated to be eligible for Medicaid or SCHIP coverage [5]. Therefore, it is im-

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portant to understand the reasons why children are not being enrolled into the programs for which they are eligible.

Recent research demonstrates that knowledge gaps among parents partially explain why low-income children remain without health insurance. For example, a 2003 study showed that nearly 30 percent of low-income parents had not heard of SCHIP and 40 percent did not understand that their children could be eligible for health coverage even if they were not enrolled in welfare [6]. Additionally, an estimated 7 percent of uninsured children lack coverage because their parents do not think they need it [7].

However, little research to date has explored whether access barriers also influence parents' decisions about whether or not to participate in Medicaid and SCHIP. In other words, could some portion of uninsured children live in families that have had prior negative experiences attempting to access care under Medicaid and SCHIP, so negative that they discouraged these parents from enrolling their eligible children in the programs? One study suggests that this might be the case; an assessment of the Robert Wood Johnson Foundation Covering Kids Initiative found that some parents' negative experiences accessing care in their local communities undermined their confidence in Medicaid and SCHIP, thereby dissuading them from enrolling their children into these programs [8].

However, the vast majority of the research literature has found the reverse relationship—that Medicaid and SCHIP have beneficial effects on access to care for the majority of enrollees. Numerous studies consistently show that publicly insured children, compared to their uninsured counterparts, are more likely to have a usual source of care, higher rates of use of preventive and primary care, and reduced unmet needs [9–16]. Similarly, case studies and focus groups with parents conducted as part of two national evaluations of SCHIP found that access to care under the program is reportedly good [17, 18].

To explore this discrepancy, better understand the relationship between access to care and enrollment in Medicaid and SCHIP, and gain insight into parents' experiences, attitudes, and perceptions regarding barriers to obtaining health care for their children, we conducted a series of focus groups with parents of children enrolled in Medicaid and SCHIP and parents of uninsured children. The research was conducted as part of the Covering Kids and Families Evaluation, funded by the Robert Wood Johnson Foundation.

Methods

In May and June 2003, researchers conducted 13 focus groups with parents of publicly insured children,

and of uninsured children, in five cities across the country:

- Everett, Massachusetts;¹
- Denver, Colorado;
- Los Angeles, California;
- Mena, Arkansas;² and
- San Antonio, Texas.

Cities were selected to represent both geographic diversity, as well as a range of access environments for both publicly insured and uninsured children. To guide our selection, we analyzed indicators believed to correlate with access to care,³ reviewed several studies related to Medicaid managed care, the safety net, and access to care for uninsured populations [19–21], and consulted a small team of researchers with expertise in Medicaid and safety net health systems. (Selected characteristics of the cities chosen for focus groups are presented in Table 1.)

Participants for the focus groups were recruited with the help of Covering Kids and Families grantee staff. We asked grantee organizations to contact local providers, outreach sites, and schools in their communities to recruit participants of two types: parents with children currently insured through either Medicaid or SCHIP; and parents with uninsured children.⁴ Evaluators prepared scripts and sign-up sheets for grantee staff to use while recruiting parents, then collected the sign-up sheets and called parents to formally screen them and determine their appropriateness for participation. Finally, grantee staff placed reminder calls to parents on the days preceding the focus groups.

Generally, grantees found it more challenging to recruit parents of uninsured children than parents of children enrolled in Medicaid and/or SCHIP.⁵ As a result, focus groups

¹ Everett is a community of approximately 38,000 residents located just north of Boston.

² Mena is a rural community of approximately 5,600 residents located approximately 80 miles south of Fort Smith and 150 miles west of Little Rock.

³ Selection factors included state uninsurance rates; percent of the population below 100 percent of the poverty level; number of hospitals per 100,000 population; number of Federally Qualified Health Centers (FQHCs) per 1,000,000; number of physicians per 100,000; state Medicaid expenditures per child; Medicaid/Medicare payment rates; and state Medicaid managed care penetration rates.

⁴ Focus group participants were considered “publicly insured” if their children had been enrolled in either Medicaid or SCHIP for a minimum of three months, and “uninsured” if their children had been without insurance for a minimum of three months prior to the date of the group meeting.

⁵ Most likely, this was due to both the high levels of outreach and enrollment that had already been achieved in these communities, and because uninsured families, by definition, are not “in the system” and, thus, there is no readily available source of contact information for them.

Table 1 Selected characteristics of focus group communities

Region of U.S. County	Everett, MA		Denver, CO		Los Angeles, CA		Mena, AR		San Antonio, TX		United States (Average)	
	Northeast	Middlesex	West	Denver	West	Los Angeles	South	Polk	South	Bexar	South	N/A
Total county population	1,465,396	554,636	9,519,338	20,229	9,519,338	20,229	1,392,931	281,421,906	1,392,931	281,421,906	11.3	N/A
Percent below poverty*	5.9	13.1	15.9	18.4	15.9	18.4	15.7	11.3	15.7	11.3	14	N/A
Percent uninsured**	9	14	19	14	19	14	22	14	22	14	14	N/A
Hospitals per 100,000 residents	1.36	2.52	1.27	4.94	1.27	4.94	2.23	2.12	2.23	2.12	18	N/A
Federally qualified health centers per 1,000,000 residents	0.68	25.24	1.68	N/A	1.68	N/A	7.9	18	7.9	18	18	N/A
Physicians per 100,000 residents ^a	134.77	165.33	72.64	44.49	72.64	44.49	81.05	76.51	81.05	76.51	50.41	N/A
Dentists per 100,000 residents	76.23	78.43	53.29	34.6	53.29	34.6	66.77	50.41	66.77	50.41	\$1,227	N/A
Medicaid expenditures per child**	\$1,384	\$1,662	\$977	\$1,222	\$977	\$1,222	\$1,166	\$1,227	\$1,166	\$1,227	N/A	N/A
Medicaid pay ratio**	0.98	0.92	0.75	N/A	0.75	N/A	0.76	N/A	0.76	N/A	57	N/A
Medicaid managed care penetration**	65	92	52	58	52	58	41	57	41	57	57	57

^aFigure includes General Practice Physicians, Family Practice Physicians (general and those with subspecialties), Internists and Pediatricians. *Sources:* 2003 Area Resource File: "Total Population," "Hospitals . . .," "Federally Qualified Health Centers . . .," "Physicians . . .," "Dentists . . ."; (All measures are from 2000 data, with the exception of dentists, which comes from 1998 data); U.S. Census Bureau, Current Population Survey, 2000-2001 (2 year average), Total U.S. numbers based on March 2001 estimates: "Percent Uninsured (state rate)"; Kaiser Family Foundation, State Health Facts Online, Distribution of Medicaid Spending (Federal and State) per Enrollee by Enrollment Group, FFY2000: "State Medicaid Expenditures Per Child"; Centers for Medicare & Medicaid Services, Medicaid Managed Care Enrollment as of June 30,2001: "Medicaid Managed Care Penetration (state rate)"; Holahan John and Shinobu Suzuki. Medicaid Managed Care Payment Methods and Capitation Rates in 2001: Results of a New National Survey. Urban Institute 2002.: "Medicaid Pay Ratio."

* Denotes county rate.

** Denotes state rate.

Table 2 Number of focus group participants in the five communities

City	English-speaking parents of children enrolled in medicaid or SCHIP	English-speaking parents of uninsured children	Spanish-speaking parents
Everett, MA	11	4	N/A
Denver, CO	13	6	12*
Los Angeles, CA	16	7	16(insured); 10(uninsured)
Mena, AR	13	6	N/A
San Antonio, TX	13	11	N/A
TOTAL	66	34	38/138

Note: N/A Not applicable.

* = Mix of parents with insured and uninsured children.

with parents of uninsured children were smaller, but well within the norms for effective focus groups. (The average number of participants in groups with parents of children enrolled in Medicaid and/or SCHIP was thirteen, while the average number of participants in each group with parents of uninsured children was seven. See Table 2.) Each group contained a mix of African-American, Caucasian, and Latino parents, and participants tended to be mothers. Each parent received a \$50 incentive payment for participating. Focus groups were held in a variety of locations, including a Community Health Center, an elementary school, a City Hall conference room, and a church. While the majority of focus groups were conducted in English, three were conducted in Spanish, given the high prevalence of uninsurance among Latino families.⁶ All parents were told that their participation in the focus groups was entirely voluntary, that no quotes would be attributed to any individual, and that their confidentiality would be protected.

We developed two moderator's guides to facilitate the discussions—one for parents with children enrolled in Medicaid and SCHIP, and one for parents of uninsured children. Each guide was translated into Spanish. Groups lasted approximately 90 min, during which facilitators asked a series of approximately 25 questions related to parents' experiences accessing care for their children. Specific topics included:

- Access to primary care;
- Access to dental and specialty care, and prescription drugs;
- Satisfaction with care;
- The extent to which parents value health insurance for their children;
- Experiences with Medicaid and SCHIP enrollment and renewal processes; and
- Influence of access experiences on decisions to have children participate in Medicaid and SCHIP.

To directly address the research question, we explored parents' experiences accessing care in detail, probed on spe-

cific obstacles or barriers they may have encountered while seeking care for their children (including difficulty finding a provider, difficulty getting in to see a provider, and overall satisfaction with the care provided), and attempted to gauge whether negative experiences were serious enough to reduce parents' confidence in public coverage and discourage them from enrolling their children into Medicaid or SCHIP. All group proceedings were audio taped and transcribed; transcripts of groups conducted in Spanish were translated into English by bilingual interpreters.

In analyzing the results of the focus groups, we followed commonly accepted qualitative research methods [22, 23]. Unabridged transcripts along with field notes prepared by the moderator and assistant moderator served as the basis for the analysis. The moderator and assistant moderator independently reviewed each transcript and subsequently categorized participants' responses using data collection forms that mirrored the moderators' guides. The analysis then entailed comparing and contrasting the responses within each category, noting and discussing dominant themes and divergent opinions, and summarizing the findings by topic area. Finally, relevant quotes were selected based on frequency and richness to illustrate the key points within each category.

Results

In brief

Parents with children enrolled in Medicaid and SCHIP generally reported positive experiences accessing care for their children. Parents with uninsured children also reported mostly positive experiences. Barriers to care, such as difficulty finding a provider (especially dental and specialty providers), difficulty getting in to see a provider, and dissatisfaction with care provided were reported by both sets of parents, albeit more frequently by parents with uninsured children. However, some parents of uninsured children fared better in certain communities, which could be attributed to the strength of the health care safety net in those communities. All parents, regardless of their children's insurance status, placed a high value on health insurance. Mixed views

⁶ Focus groups with Spanish-speaking parents were held in Denver and Los Angeles, and were facilitated by a native Spanish speaker.

were expressed regarding enrollment processes, though most parents described SCHIP as easier than Medicaid. Despite barriers present in program enrollment systems and occasional problems with access to care, parents almost unanimously reported that it was “worth it” to enroll their children into coverage. In conclusion, negative experiences with access were not prevalent among participants and, where barriers to care were experienced, they were not so severe as to erode parents’ opinions of health insurance or dissuade them from enrolling their children into coverage.

The specific findings within each research area of interest are described below, and summarized in Table 3.

Access to primary care

Across all the sites we visited, parents of children enrolled in Medicaid and SCHIP described mostly positive experiences accessing primary care for their children. Very few parents reported difficulty finding or getting in to see a primary care provider.

“There are plenty of doctors . . . I just chose one from the list provided by my HMO.” (San Antonio, publicly insured).

While finding a provider was rarely a problem for parents with children enrolled in Medicaid and SCHIP, there were other barriers getting in the way of obtaining care in some communities. For example, parents in Los Angeles reported barriers in the form of long travel distances and/or problems arranging transportation.

“I do find it difficult to get to the providers because of transportation. The doctors are good, but it’s inconvenient.” (Los Angeles, publicly insured).

For parents of uninsured children, responses were more mixed, but still relatively positive. In Mena, parents said that local private doctors were “very good about seeing” their uninsured children and working out affordable payment plans. In Everett parents attributed their favorable experiences with access to longstanding relationships with private physicians.

“My doctor continued to see my child for free several times over a six month period until I got her insurance.” (Everett, uninsured).

In Denver, Los Angeles, and San Antonio, parents with uninsured children reported greater obstacles to obtaining care than their insured counterparts, but they still indicated that primary care was relatively accessible. Parents in these communities obtained care from community health centers and clinics rather than private providers, therefore negative comments related to long wait times and discontinuity of care were more commonplace.

“It makes a big difference where you go. (At the clinic) you sit and wait all day.” (San Antonio, uninsured)

Access to dental and specialty care

For parents of both uninsured children and children enrolled in Medicaid and SCHIP, accessing dental and specialty care was more problematic. Problems with dental access in

Table 3 Summary of findings from focus groups with parents of insured and uninsured children, by research area of interest

Topic area	Insured children	Uninsured children
Access to primary care	Positive experiences with access, overall some distance and transportation barriers reported	Access experiences also mostly positive, though parents more likely to report long waits for appointments and at clinics
Access to dental and specialty care	Accessing dental and specialty care more problematic, often due to provider shortages	Access barriers relatively greater for parents of uninsured, as care was viewed as unaffordable
Satisfaction with care	Parents quite satisfied with care their children received	Parents of uninsured children less satisfied, citing long waits at clinics and indifferent service from providers
Parental value placed on insurance	All parents place very high value on health coverage	All parents place very high value on health coverage
Experiences with enrollment and renewal	Parents found SCHIP enrollment process easy, but Medicaid enrollment more challenging Renewal process considered easy for both SCHIP and Medicaid	Same as parents of insured children, when applicable
Influence of access experiences on enrollment decisions	Vast majority of parents say that, regardless of any access problems encountered, they would continue to enroll children into public insurance	Same as parents of insured children

Everett, Denver, and Mena were often due to a lack of availability of dentists.

“It is difficult to find a dentist who accepts MassHealth, and usually we have to pay out of pocket.” (Everett, publicly insured).

In Los Angeles, parents with children enrolled in Medicaid and SCHIP didn't have trouble finding a dentist; they just had a difficult time getting in to see a dentist, reporting that they typically had to wait up to three months for an appointment.

“It's easy to FIND a dentist, but not easy to SEE a dentist.” (emphasis added) (Los Angeles, publicly insured).

Parents with uninsured children in Los Angeles experienced greater barriers accessing dental care than in the other communities we studied. Paying for care out of pocket was “not an option,” and several Latina women described taking their children to Tijuana (“TJ”), Mexico, to find affordable child dental services.

“I'm going to TJ right now, for a dentist. I'm paying out of pocket, but it is cheaper there.” (Los Angeles, uninsured, Spanish).

When accessing specialty care, some parents reported geographic challenges as well as problems navigating systems of care. In Mena, parents spoke of the need to travel long distances to obtain specialty care in Little Rock or Fort Smith. In Los Angeles, participants indicated that long waiting times to see specialists were common. Parents in Everett had more difficulty negotiating the Medicaid managed care system.

“If you need anything other than a regular (doctor), you have to leave Mena.” (Mena, publicly insured).

Access experiences of Spanish-speaking parents

Spanish-speaking parents had experiences that were generally consistent with their English-speaking counterparts, regardless of insurance status. However, Latino parents did often describe additional barriers associated with language and discrimination. In both Denver and Los Angeles, we heard many Spanish-speaking parents describe unpleasant experiences with providers of care.⁷

“I could not get an appointment because they claimed nobody in the office could speak Spanish. But I think they could . . .” (Denver, Spanish).

⁷ The focus group with Spanish speakers in Denver comprised a mix of parents with publicly insured children and parents with uninsured children.

“I had trouble buying medications, because there is no staff who speak Spanish at the drug store.” (Denver, Spanish).

Satisfaction with care

In all five communities, parents with children enrolled in Medicaid and SCHIP reported being satisfied with the care they had received from their doctors. Only in Denver did we hear parents of children enrolled in Medicaid and SCHIP express some dissatisfaction primarily due to long waiting times at community clinics and seeing different doctors or nurses at each visit.

“We are very satisfied; our pediatricians are very thorough and we relate to them well.” (San Antonio, publicly insured).

Parents of uninsured children were less satisfied with the care they had received. For example, such parents in Los Angeles were outspoken about long waiting times at clinics, rude service, lack of personal attention, and indifference on the part of doctors.

“Sometimes at the clinic, they make you feel guilty for being sick.” (Los Angeles, uninsured).

What parents value about health insurance

After discussing parents' overall satisfaction with care, we asked them if they valued health insurance for their children. Despite some parents previously telling us that insurance didn't make a difference in their ability to access care for their children, virtually every parent said that they placed a high value on health coverage, and the reasons why were consistent.

“It provides you with peace of mind, knowing that you can care for your kids if they get sick.” (Everett, publicly insured)

“Insurance gives me the wherewithal to keep my child healthy, to keep up with his shots and visits.” (Denver, publicly insured)

“It takes cost out of the picture, and allows me to get care that I can afford.” (Mena, publicly insured)

“Health insurance gives me quicker access to care, so that I don't have to go and wait for a long time in a clinic.” (San Antonio, publicly insured)

“You feel good about yourself as a parent.” (Los Angeles, publicly insured).

Parents' experiences with enrollment and renewal in Medicaid and SCHIP

Because the objective of the focus groups was to examine how and whether access experiences influence parents' decisions to enroll their children in or renew health coverage, it was important to also understand what these parents' direct experiences were with Medicaid and SCHIP application and renewal processes. In other words, it was important to determine how these experiences, either positive or negative, also factored into decisions on whether to participate in coverage programs. In all the cities we visited, parents with children enrolled in SCHIP reported having an easy time completing their applications.

"Healthy Families keeps it simple. They only want to know your kids' information and if you have an income." (Los Angeles, publicly insured).

But parents with children on Medicaid were more likely to report frustration over having to answer numerous application questions related to assets and income and waiting for long periods in county social services office. Parents in Los Angeles shared stories of caseworkers losing documents and of calling the Medi-Cal office repeatedly to inquire about the status of their application. San Antonio parents described the Medicaid application process as "complicated," "too long," and "degrading," and social services workers as "rude" and "disorganized." In Denver, about half of parents described the process as frustrating and, at times, "demeaning" and "intrusive."

Conversely, most parents described their experiences with renewal as positive, particularly for SCHIP. In Los Angeles and San Antonio, participants noted that completing both SCHIP and Medicaid renewal forms was easier than completing the initial application. Only in Everett did parents have more negative views of eligibility renewal; one parent called the process "... a real hassle."

Spanish-speaking parents in Denver and Los Angeles raised many of the same comments related to the enrollment process as their English-speaking counterparts, however, additional barriers related to language and discrimination also were revealed.

"I encountered an unfriendly social worker. I left the office and did not come back." (Denver, Spanish).

In Los Angeles, several Spanish-speaking parents of insured children commented on how finding an eligibility worker who spoke Spanish was sometimes a struggle. Among parents of uninsured Latino children, reasons for not applying for coverage were perceived ineligibility (because children were not born in the United States), and fear of "public charge" (anxiety that accepting government services

would hinder their ability to obtain citizenship for themselves and their children).

"They say that if you get help from the government you will always have a mark saying that you asked for help. So, I try to pay for everything, because the comments made me afraid." (Los Angeles, uninsured, Spanish).

Access experiences' influence on decisions to participate in Medicaid and SCHIP

At the conclusion of the focus groups, we reviewed with parents their comments on access to and satisfaction with various types of care, the value that they place on health insurance for their children, and their experiences with enrollment and renewal. We then asked parents whether, given their overall experiences, they'd be interested in enrolling their children in, or renewing coverage under, Medicaid or SCHIP. The vast majority of parents responded that, no matter how many problems they encountered in trying to access care, they would continue to enroll, or attempt enrolling, their children into coverage. This affirmation was consistent across both parents of children enrolled in Medicaid and SCHIP and those with uninsured children, and was also true of both English- and most Spanish-speaking parents.

"It is absolutely worth the effort to get our kids enrolled in Medicaid." (San Antonio, publicly insured)

"You go through one day of burden for the good of your kids." (San Antonio, publicly insured)

"You've got to do it. You're desperate without insurance." (Los Angeles, uninsured)

Discussion

The findings from this study are quite positive. Utilizing focus group methods, we explored the access experiences of parents with children on SCHIP and Medicaid and the extent to which these experiences influenced their decisions on whether or not to participate in these public programs. For comparison purposes, we held an equal number of focus groups with parents of uninsured children, designed to explore the same types of issues. In short, the principal conclusions are:

- Parents with children enrolled in Medicaid and SCHIP reported that their children enjoyed good access to primary care. Parents of uninsured children described more variable experiences with access but, in the majority of cases, also reported that they were able to obtain care either from physicians with whom they had existing relationships, or from safety-net clinics and hospitals.

- Among all the focus group participants, great value was placed on health insurance. Health insurance provided parents peace of mind, improved access to care, relieved stress, reduced out-of-pocket costs, and permitted families to keep up with preventive care.
- Despite some hassles and complaints about the SCHIP and Medicaid enrollment processes, and occasional problems accessing care, parents almost unanimously reported that it was “worth it” to enroll children in or renew their coverage to reap the benefits of health insurance. In almost no cases did we hear parents say that they would rather be uninsured.

Of course, not all the findings were positive. For example, we learned that access to dental and specialty care was not as good as access to primary care, even for those possessing insurance. Also, depending on the community, some parents described having to wait a long time to get in to see providers as well as dissatisfaction with the care they were ultimately provided. Finally, Spanish-speaking families appear to confront numerous additional barriers to obtaining care and coverage due to language and perceived discrimination. Such findings provide policymakers with indications of where public insurance programs for children could be improved.

While reviewing the findings in this paper, it is important to keep in mind that focus groups represent a qualitative method of research. As such, they can provide valuable and nuanced insights into individuals’ experiences with a particular product, process, or program. By their nature, however, focus groups obtain information from a relatively small number of individuals and, thus, cannot be presumed to be representative of the entire population of interest. This caveat holds for this study. In addition, because we relied on the assistance of Covering Kids and Families grantees in recruiting our participants, the parents we spoke with may have disproportionately included those who were more active users of community service systems. Thus, again, they may not be representative of working poor families as a whole.

Because of these limitations, it may be important to conduct additional research to further explore and quantify the relationship between access to care and how it affects parents’ decisions regarding enrollment. Half of the parents with whom we spoke had children enrolled in Medicaid and/or SCHIP and they told us that the programs were affording their children reasonably good access to care, a finding that is consistent with those of other studies of SCHIP and Medicaid. And while parents of uninsured children told us of similar experiences, we believe that future research might benefit by focusing entirely on parents of the uninsured and, in particular, parents whose children have recently disenrolled from Medicaid or SCHIP. A diverse set of reasons might explain why children disenroll from coverage—including

legitimate eligibility-related causes such as a child aging out of the program or increases in parental earnings that make children no longer eligible. However, dissatisfaction with coverage may also explain some disenrollment, and future research could explore and delineate the reasons and determine if problems accessing care are among them. In addition, these focus groups were conducted at a time when states were in the midst of severe budget shortfalls, but resulting cuts to SCHIP and Medicaid outreach, eligibility, and cost sharing were only beginning to be implemented [24–28]. Thus the opinions expressed by parents for this study may have reflected more positive times and, thus, should be reconfirmed.

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