



What Parents Say about the Los Angeles Healthy Kids Program

Findings from the First Evaluation Focus Groups

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Parents of children enrolled in Los Angeles Healthy Kids overwhelmingly place a very high value on the health insurance program. Unanimously these parents, who participated in a series of focus groups, say that Healthy Kids provides them with “peace of mind,” “security,” and “assurance” and that the coverage has afforded their children easier access to care, made health services dramatically more affordable, and increased parents’ options for where and when to obtain care.

Background

Since July 2003, nearly 45,000 children in Los Angeles County have gained health insurance coverage through the Healthy Kids program. The program targets uninsured children through age 18 in families with incomes below 300 percent of the federal poverty level who are ineligible for Medi-Cal or Healthy Families. The Healthy Kids design includes such features as intensive community-based outreach and enrollment assistance; comprehensive coverage of preventive, primary, and specialty care benefits, including dental and vision services; a prepaid capitated service delivery system organized under the L.A. Care Health Plan and structured around widespread and experienced safety-net providers; and a system of income-related premiums and copayments through which participating families subsidize a portion of the cost of their coverage.

The Healthy Kids Program Evaluation was launched in May 2004 to carefully doc-

ument and assess the implementation and impacts of the program. As part of this effort, focus groups were conducted in spring 2005 to explore parents’ feelings about and experiences with Healthy Kids and to learn how, and how well, the program is meeting families’ needs. A total of 86 parents participated in 12 focus groups, convened in five of the county’s largest service planning areas. Half the groups were conducted with parents of Healthy Kids enrollees, and three groups each were conducted with parents of children in Medi-Cal and parents of uninsured children to provide a basis for comparison and to learn more about how well public programs are integrated. Each group explored a broad range of critical issues, including parents’ views of outreach, enrollment, and renewal; access to various types of care; the affordability of cost sharing; and overall opinions of Healthy Kids and suggestions for improvement.

Positive Findings

The majority of parents first learned of Healthy Kids from either a health care provider or a community-based organization, suggesting that providers are aware of the program and actively referring families to it and that the community-based outreach system is aggressively seeking out and informing families with uninsured children of the availability of coverage.

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Most parents had concerns about applying for Healthy Kids, with many citing fears of “public charge” (i.e., that enrolling in a government-sponsored insurance program would harm their efforts to obtain citizenship for themselves and their children or, worse, might lead to deportation). However, these parents overwhelmingly indicated that the desire to protect their children’s health and well-being prevailed over these concerns, and that trustworthy outreach workers played a large role in dispelling fears.

Healthy Kids families appeared to be active and satisfied health service users. Specifically:

- Over half of parents said they had taken their children to obtain services more than three times in the past year, and only two parents said they had used no services since obtaining coverage.
- Finding a primary care provider was easy for parents, and satisfaction with primary care was very high.
- Many Healthy Kids parents had taken their children to see a dentist, and satisfaction with dental care was generally high. Fewer families received specialty care for their children, but those that did were also satisfied with that care. Referrals for developmental services were infrequent but appeared to benefit those children who were helped.
- Most parents reported obtaining prescription drugs under Healthy Kids and were generally satisfied with the service.
- The vast majority of families with children in Healthy Kids earn low incomes and, thus, are not required to pay monthly premiums. Copayments, which all families must pay when obtaining certain services, were described as affordable by most families. Without exception, parents described how out-of-pocket costs were much higher before their children enrolled in Healthy Kids, and how they often

would forgo care due to inability to pay when they lacked insurance.

- Parents of children with special health care needs reported positive experiences accessing primary care, but were somewhat less satisfied with their experiences obtaining specialty, dental, and pharmacy services for their children with special health care needs.

Recommendations for Improvement

The focus groups also revealed what parents thought was *not* working in Healthy Kids. Their list was not long, but it included some significant recommendations for improvement:

- Parents were frustrated by the long wait times they sometimes faced when making appointments to see providers and when awaiting care in clinics.
- Many parents wished that Healthy Kids offered a larger number of providers from which to choose, especially dental and specialty providers.
- While the vast majority of Healthy Kids providers were reported as culturally appropriate, some parents still wished that language interpreters were present in all provider offices so clear communication could be ensured.
- Parents said they were often confused about what services and prescription drugs were covered under the plan, and thus requested clearer information.
- For parents of children with special health care needs who use services and prescription drugs at much higher rates, copayments present a significant financial burden; parents wondered whether any relief was possible.
- Considerable confusion surrounded the issue of what health insurance card parents should use when obtaining health services. Although most parents reported using their Healthy Kids card most of the time, roughly half also reported possess-

ing and using their Emergency Medi-Cal card on occasion, and believed the card should be used in cases of emergency.

Conclusion

The findings of this study reinforce the impressions that policymakers and other key stakeholders have developed during the first two years of Healthy Kids program implementation, as well as the findings from this evaluation's first case study;

namely, that the program is providing families with a highly valued service in the form of comprehensive and affordable health insurance for their children.

Additional Information

For the complete findings from the Healthy Kids Evaluation Focus Groups, see Ian Hill, Brigitte Courtot, Eriko Wado, and Enrique Castillo, "What Do Parents Say about the Los Angeles Healthy Kids Program? Findings from the First Evaluation Focus Groups" (Washington, DC: The Urban Institute, 2006), at <http://www.urban.org/url.cfm?ID=410308>.

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