



Los Angeles Healthy Kids Improves Access to Care for Young Children

Early Results from the Healthy Kids Evaluation

Lisa Dubay and Embry Howell

Preliminary findings from a survey of parents with children enrolled in the Los Angeles Healthy Kids program reveal that the initiative is improving children's access to primary care and easing parents' concerns about meeting their children's health care needs.

Background

The Healthy Kids program was launched in Los Angeles County in July 2003 with funding from First 5 LA. The program aims to extend universal coverage to children in families with incomes below 300 percent of the federal poverty level by insuring children ineligible for Medi-Cal or Healthy Families. Initially designed to cover children under age 6, Healthy Kids obtained additional financing and extended eligibility to children through age 18 in May 2004. As of December 2005, 7,833 children under age 6 and 34,780 children age 6 to 18 were enrolled in Healthy Kids (Sommers et al. 2006).

Services under Healthy Kids are administered by L.A. Care Health Plan on a prepaid capitated basis through a network that includes safety net and other providers. Benefits under the Healthy Kids program were modeled after Healthy Families, California's State Children's Health Insurance Program, and are quite comprehensive, covering preventive, primary, and specialty care as well as hospital, dental, and vision services. Families with incomes above 133 percent of the federal poverty level are required to pay a sliding scale premium and all enrollees face some co-payment at the point of service.

This brief presents preliminary results on differences in perceived and realized access to care from the initial survey of established and new enrollees that was conducted as part of the Los Angeles Healthy Kids Initiative evaluation. The Healthy Kids evaluation was designed to both provide feedback to stakeholders on the initiative and to assess the impact of the program on insurance coverage, access to care, use of services, satisfaction with care, quality and content of care, and developmental and health status for children under age 6. The evaluation includes case studies of implementation, focus groups with parents, ongoing process monitoring, and a longitudinal survey of parents of children enrolled in Healthy Kids. First 5 LA contracts with the Urban Institute and its partners—the University of Southern California, the University of California at Los Angeles, Mathematica Policy Research, Inc., and Castillo & Associates—to conduct the evaluation.

Data and Methods

The first wave of the Healthy Kids Program survey was conducted from April to December 2005. The sample included children age 12–72 months who either enrolled in Healthy Kids from March through July 2005 (“new enrollees”) or enrolled from March through July 2004 and thus were assumed to have been on the program for one year (“established enrollees”).¹ Five hundred forty-nine new enrollees were interviewed with a response rate of 82 percent, and 538 established enrollees were interviewed with a response rate of 91 percent.

Parents believe having their children enrolled in Healthy Kids gives them considerable assurance that they can meet their children's health care needs.

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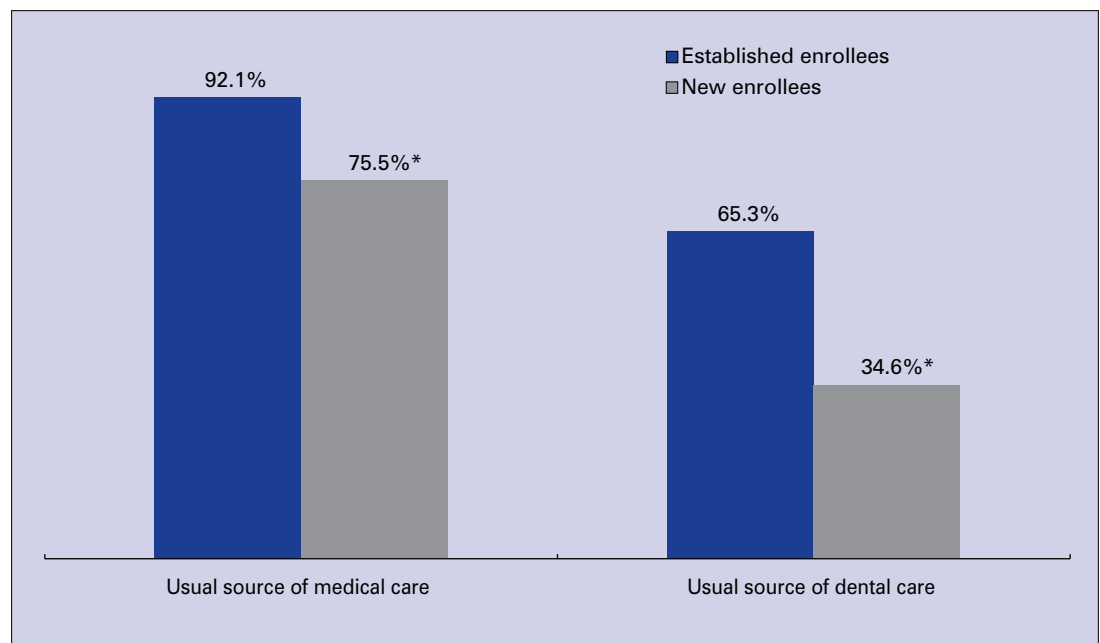
Parents were asked about the age, race, health status, and other sociodemographic characteristics of enrolled children; insurance status before enrollment and current access to employer-sponsored coverage; access to care, use of services, and unmet needs; and the quality and content of care. For questions regarding access to care and use of services, parents of established enrollees were asked to report on their experience in the six months before the survey; parents of new enrollees were asked to report on their experience in the six months before enrollment in the Healthy Kids Program, when most children were essentially uninsured.

In this brief, we compare new enrollees' access to care and use of services with that of established enrollees. To the extent that the recent experience of new enrollees is a suitable stand-in for the experience of established enrollees before enrollment in Healthy Kids, differences between the two groups can be attributable to the program. While this analytic approach has been used to evaluate the

impact of other children's health initiatives, a comprehensive analysis of the impact of the Los Angeles Healthy Kids program on access to care and use of services will be conducted as part of the Healthy Kids evaluation using a stronger longitudinal design that follows children identified in this analysis over time. Consequently, the analysis presented here should be considered preliminary; nonetheless, it provides insight into the potential magnitude of the expected impacts of the program.

Since new and established enrollees differ in a number of characteristics associated with access to and use of health care services, we use multivariate logistic regression to control for characteristics of the child and the child's family when comparing the experiences of the two groups. Control variables include seven child characteristics (age, gender, citizenship, race, having major health problems in the past month, health compared to children in infancy, and enrollment in Healthy Kids for medical or dental reasons) and seven

FIGURE 1. Usual Source of Care (percent of children)

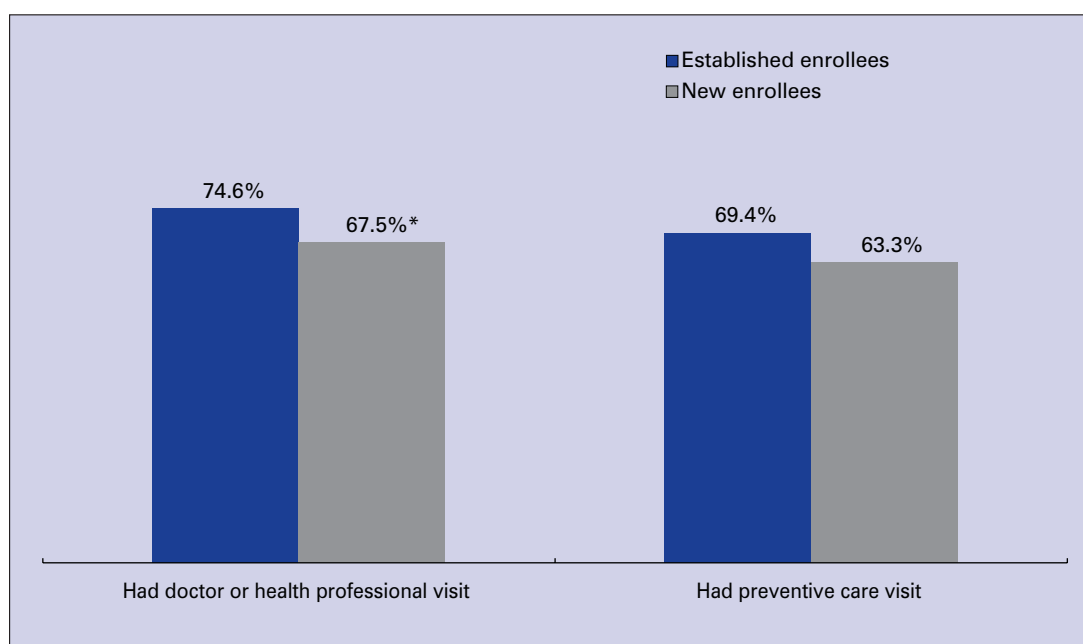


Source: Wave 1 Healthy Kids Evaluation Enrollee Survey.

Notes: Adjusted means. The model controls for family income, age, sex, number of children in the household, household structure, parent work status, child citizenship, language of interview, child race, highest education of parent, time in LA County, past month health problems, child's health compared to other infants, and enrollment for medical or dental reasons.

* significantly different from established enrollees at the $p < 0.05$ level.

FIGURE 2. Health Visits (percent of children)



Source: Wave 1 Healthy Kids Evaluation Enrollee Survey.

Notes: Adjusted means. The model controls for family income, age, sex, number of children in the household, household structure, parent work status, child citizenship, language of interview, child race, highest education of parent, time in LA County, past month health problems, child's health compared to other infants, and enrollment for medical or dental reasons.

* significantly different from established enrollees at the $p < 0.05$ level.

family characteristics (family income, household structure, parent work status, language of interview, highest education of either parent, time parent has lived in LA County, and number of children in the household). We generate adjusted means for new and established enrollees after controlling for differences in the two populations. Reported differences are statistically significant at the $p < 0.05$ level unless otherwise noted.

Results

Usual Source of Care. Having a usual source of care is considered a necessary component of continuous primary care and therefore is a key indicator of access (Starfield 1992). As can be seen in figure 1, 92.1 percent of all established enrollees had a place they usually went for health care. In contrast, only 75.5 percent of the new enrollees reported having a usual source of care before enrolling in Healthy Kids, a difference of 16.6 percentage points. Similar patterns exist for having a usual source of dental care, a question that was asked only for children 2 years old and older. Over 65

percent of established enrollees had a usual source of dental care; only 34.6 percent of new enrollees had a usual source for dental care before enrollment—a difference of 30.7 percentage points.

To the extent that new enrollees are a good comparison for the experience of established enrollees before enrollment in the Healthy Kids Program, these results suggest that enrollment is associated with an increase in access to a usual source of medical and dental care. On the other hand, almost a third of all established enrollees age 2 and older do not yet have a usual source of dental care.

Use of Health Care Services. The differences in service use between new and established enrollees are not as pronounced as the differences in usual sources of care. Figure 2 presents data on health care visits for established and new enrollees. Almost 75 percent of established enrollees had a doctor or health professional visit in the previous six months, compared with 67.5 percent of new enrollees in the six months before enrolling in Healthy Kids—a difference of 7.1 percentage points. While established enrollees

had a higher rate of preventive care than new enrollees in the previous six months (69.4 percent versus 63.3 percent), the difference was not statistically significant. Since the rate of preventive care use is similar for the two groups, this implies that uninsured young children in Los Angeles County had access to such services through other programs, such as the Child Health and Disability Prevention program, before enrolling in Healthy Kids.

Parent Perceptions about Meeting Child's Health Care Needs. As part of the survey, parents were asked how confident they were that they could get health care for their child when needed and how often their child's health care needs created financial difficulties. Figure 3 presents parents' responses to these two questions. Almost 90 percent of parents of established enrollees said they were either very or somewhat confident that they can get needed health care for their children. In contrast, only 72.4 percent of parents of new enrollees felt this way—a difference of 17.3 percentage points. About 70 percent of parents of established enrollees

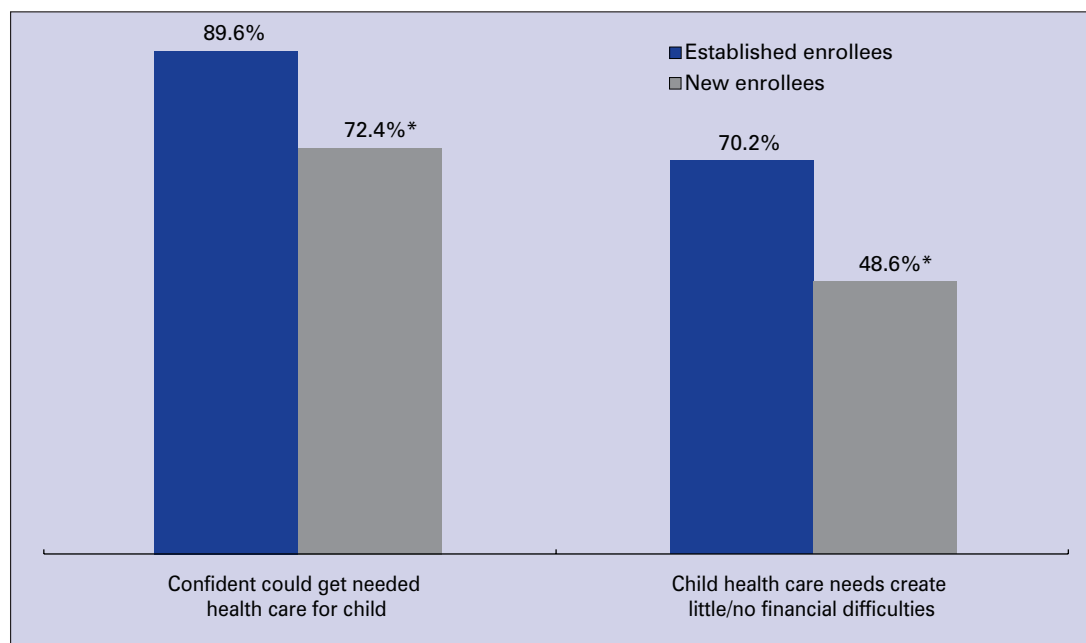
reported that their child's health care needs created little or no financial difficulties, compared with 48.6 percent of parents of new enrollees—a 21.6 percentage point difference.

These findings clearly show that parents believe having their children enrolled in the Healthy Kids program gives them considerable assurance that they can meet their children's health care needs. At the same time, 30 percent of parents of established enrollees reported that they still experienced financial difficulties despite having their children insured under Healthy Kids. These financial difficulties could be attributable to various factors, such as lost wages when parents take their child to a doctor or co-payments for children with special health care needs (Hill et al. 2006).

Conclusion

In this brief, we compare the experience of established Healthy Kids enrollees who have been in the program for at least one year with the experience of new Healthy Kids enrollees before they entered the pro-

FIGURE 3. Confidence and Hardships (percent of children)



Source: Wave 1 Healthy Kids Evaluation Enrollee Survey.

Notes: Adjusted means. The model controls for family income, age, sex, number of children in the household, household structure, parent work status, child citizenship, language of interview, child race, highest education of parent, time in LA County, past month health problems, child's health compared to other infants, and enrollment for medical or dental reasons.

* significantly different from established enrollees at the $p < 0.05$ level.

gram. Compared with new enrollees, established enrollees are

- 17 percentage points more likely to have a usual source of medical care;
- 31 percentage points more likely to have a usual source of dental care;
- 7 percentage points more likely to have had a physician or other health professional visit in the past six months;
- 17 percentage points more likely to have parents who are confident about meeting their child's health care needs; and
- 22 percentage points more likely to have parents report that meeting the child's health care needs creates little or no financial burdens for the family.

The analysis presented here assumes that the experience of the new enrollees before they enrolled is a good estimate of what the experience of the established enrollees would have been had they not participated in Healthy Kids. Based on this assumption, the results from the first wave of the survey suggest that the Healthy Kids program led to large increases in the likelihood of having usual sources of medical and dental care and in parents' confidence in obtaining needed care for their children. According to the results, the program had a smaller effect on the use of services, which may be due to the extensive safety net available to uninsured populations in Los Angeles County.

Over the next year, a more definitive analysis of the impact of the Healthy Kids program on access to care and use of services will be conducted using the second, longitudinal wave of the survey and a more extensive set of access measures. Nonetheless, the results presented in this brief provide strong evidence that the Healthy Kids program has improved access to care for its enrollees.

Note

1. Infants were excluded because very few are enrolled in Healthy Kids and because infant health care is very different from that of children age 1–5.

Children over 72 months old were excluded because First 5 LA (the primary funder of the evaluation) is concerned with health care for children under age 6.

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