

# What Do Parents Say about the Los Angeles Healthy Kids Program?

Findings from the First Evaluation Focus Groups

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**March 2006**



## **Acknowledgments**

We would like to extend our sincere thanks to the many parents who voluntarily gave their time and energy to participate in our focus groups. Obviously, without their input and insights, we would not have been able to develop this report.

We are also greatly indebted to the staff of the numerous community-based agencies that assisted us with organizing our focus groups. In particular, we salute Celia Valdez of Maternal and Child Health Access; Marilyn Lawrence of Crystal Stairs, Inc.; Vilma Champion of the Northeast Valley Health Corporation; Silvia Rodriguez and Amy Muratalla of Citrus Valley Health Partners; Susan Ton of the Long Beach Public Health Department; and Jennifer Lee of The Children's Clinic. The trust and respect these individuals (and their colleagues) command among the families of Los Angeles County paved the way for successful focus groups.

Thanks also go to Patricia Reyes and Javier Avila of Castillo & Associates for their logistical support, Ivonne Rivera for providing translations of each moderator guide, and to Christina Castillo for her thorough transcriptions.

Finally, as always, we acknowledge the direction and helpful guidance provided by our project officer at First 5 LA—Will Nicholas—and also the logistical support and technical input of staff of the Los Angeles County Department of Health Services Children's Health Outreach Initiative, and the L.A. Care Health Plan.

For more information about First 5 LA and its initiatives, go to <http://www.first5.org>

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## **Executive Summary**

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 document and assess the implementation and impacts of the program. As part of this effort, a series of focus groups were conducted in the spring of 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 of 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 the extent to which 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.

The focus groups revealed that parents overwhelmingly place a very high value on health insurance. Unanimously, parents said that Healthy Kids provides them with “peace of mind,” “security,” and “assurance” and that the coverage afforded their children easier access to care, made health services dramatically more affordable, and increased parents’ options for where and when to obtain care. Other positive findings from the groups included the following:

- 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.
- Parents described the application and renewal processes as “easy,” the assistance they received during these processes as “very helpful,” and the turnaround time for notification of their application status as “quick.”
- 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 service users; over half of parents said that they had taken their children to obtain services more than three times in the last 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 for 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 forego 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 (CSHCN).

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, there were still parents that wished that language interpreters were present in all provider offices so that clear communication could be ensured.
- Parents said that they were often confused regarding 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; thus 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 possessing and using their Emergency Medi-Cal card on occasion, and believed that that card should be used in cases of emergency.

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.

## **I. Introduction**

Since July 2003, nearly 45,000 children in Los Angeles County have gained health insurance coverage through the Healthy Kids program. The program, targeted at uninsured children in families with incomes below 300 percent of the federal poverty level (FPL) who are ineligible for Medi-Cal or Healthy Families, initially covered children through age 5 with \$100 million allocated by First 5 LA. It was expanded in May 2004 to cover all children through age 18 after the Children's Health Initiative (CHI) Coalition of Greater Los Angeles raised an additional \$86 million. By far the largest Healthy Kids initiative in California, the Los Angeles program possesses many notable features, including the following:

- Intensive outreach and simplified enrollment assistance provided through a network of community-based organizations (CBOs) supported by contracts with the Los Angeles County Department of Health Services (DHS) and the California Endowment (TCE);
- A benefit package modeled after that of the Healthy Families program (California's SCHIP), that covers a comprehensive set of preventive, primary, and specialty care services, including dental and vision care;
- A capitated service delivery system organized under the L.A. Care Health Plan (L.A. Care)—a not-for-profit health plan with extensive experience serving Medi-Cal and Healthy Families enrollees; and
- A system of income-related premiums and copayments through which families participate in subsidizing a portion of the cost of their coverage.

The Healthy Kids program evaluation was launched in May 2004 to document carefully and assess the implementation and impacts of the program. The four-year effort is primarily supported by a contract between First 5 LA and the Urban Institute, with additional support provided by The California Endowment. The Institute and its partners—the University of Southern California, the University of California at Los Angeles, Mathematica Policy Research, Inc., and Castillo & Associates—are conducting a broad range of evaluation activities, including

case studies of program implementation; ongoing monitoring and special studies of outreach, enrollment, and service delivery systems; analyses of the impact of Healthy Kids on rates of child uninsurance and enrollment in Medi-Cal and Healthy Families; and a longitudinal household survey of enrollees to assess the program's impact on children's access to care, utilization, and health status. In addition, the evaluation includes two rounds of focus groups with parents of enrollees; this report summarizes the findings from our first round of focus groups.

The focus groups were structured to explore parents' feelings about and experiences with the Healthy Kids program and, in particular, to obtain early indications of how, and how well, the program is meeting families' needs. Among the issues we explored were family background and demographics; experiences with outreach, enrollment, and renewal; experiences with access to various types of care (including primary, dental, developmental, and specialty care); attitudes toward cost sharing; and overall opinions of health insurance (in general) and Healthy Kids (specifically). We were particularly interested in learning how parents' opinions compared to those of key stakeholders in Los Angeles that were interviewed for the evaluation's first case study. That case study, conducted in the fall of 2004, synthesized the results of in-depth interviews with over 50 policymakers, providers, health plan administrators, child advocates, and community-based outreach workers (among others) and found that Healthy Kids was off to a very positive start. Specifically, the study observed that trusted community-based outreach workers were succeeding in enrolling children through simplified enrollment procedures, that benefits appeared to be meeting the needs of enrolled children, that the service delivery network appeared to be providing good access to needed care, and that cost sharing was not imposing significant barriers to either enrollment or service use (Hill, Courtot, and Wada 2005).



The remainder of this report summarizes the findings of our focus groups by presenting parents' views on the following six questions:

- What is the profile of Healthy Kids families?
- What do parents' think about the outreach and enrollment processes of Healthy Kids?
- What do parents say about access to care?
- What do parents think about cost sharing?
- How does Healthy Kids work for children with special health care needs?
- What do parents think about Healthy Kids and health insurance, overall?

But first, a summary of our research methods is presented.

## **II. Methods**

In April and May of 2005, 12 focus groups were conducted with parents of publicly insured and uninsured children. To ensure geographic variation, groups were convened in sites distributed across the five most populous Service Planning Areas (or SPAs) in Los Angeles County:

- San Fernando (SPA 2),
- San Gabriel (SPA 3),
- Metro (SPA 4),
- South (SPA 6), and
- South Bay (SPA 8).

Evaluators were primarily concerned with learning about the experiences of families with children enrolled in the Healthy Kids program, thus half the groups were conducted with parents of such children. One of these groups was held with parents of children with special health care needs so that we could obtain more pointed information about how Healthy Kids was working for these vulnerable children. In addition, as a basis for comparison and to learn more about the extent to which public programs are integrated, we also conducted three focus group (each) with parents of children in Medi-Cal and parents of uninsured children. Parents were eligible for

group participation if they (1) had at least one child continuously enrolled for three months or longer in either Healthy Kids or Medi-Cal, or their child was uninsured at the time of recruitment,<sup>1, 2</sup> and (2) were not working with a publicly sponsored health insurance or outreach program.

We invited parent participants with the assistance of outreach staff at six community-based agencies under contract with the Los Angeles County Department of Health Services to provide outreach and enrollment assistance for the Healthy Kids, Healthy Families, and Medi-Cal programs. To maximize the likelihood of successful recruiting, the research team selected agencies that were well known and trusted by members of the communities they served. These agencies were:

- Citrus Valley Health Partners (Azusa, SPA 3),
- Crystal Stairs (downtown Los Angeles, SPA 6),
- Long Beach Public Health Department and the Children's Clinic (Long Beach, SPA 8),
- Maternal and Child Health Access (downtown Los Angeles, SPA 4), and
- Northeast Valley Health Corporation (San Fernando, SPA 2).

Researchers provided outreach staff at each site with flyers and information sheets to assist in the recruitment process. The names and contact information of parents that expressed interest in participating were compiled and forwarded to an evaluation team member who, in turn, contacted the parents to further screen and verify that children met participation criteria.

Following this, confirmation letters were sent to participants along with a letter of endorsement from L.A. Care to help reinforce that these groups were legitimate and supported by the Healthy

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<sup>1</sup> As it is primarily funded by First 5 LA, the Healthy Kids Evaluation is focused on assessing how the program is working for children age 5 and under. For the focus groups, we attempted to target our recruitment on parents of such young children, but in some cases included parents of older children.

Kids program. Finally, personal reminder telephone calls were placed to each parent on the eve of each focus group.

As detailed in table 1, a total of 86 parents participated in the twelve focus groups, which were convened at the CBOs that facilitated recruitment. Each group lasted approximately 90 minutes. Eleven groups were conducted in Spanish (moderated by a native speaker) and one group was conducted in English. Each parent received a \$40 incentive payment for their participation; a light meal and on-site childcare were provided.

**Table 1. Focus Group Composition and Participation**

| <b>Participant description</b>                                   | <b>Number of groups</b> | <b>Total number of participants</b> |
|--|-------------------------|-------------------------------------|
| Parents of Healthy Kids enrollees                                | 5                       | 32                                  |
| Parents of Healthy Kids enrollees with special health care needs | 1                       | 10                                  |
| Parents of Medi-Cal enrollees                                    | 3                       | 20                                  |
| Parents of uninsured children                                    | 3                       | 24                                  |
| <i>Total</i>   | 12                      | 86                                  |

During the focus group design phase, the evaluation team developed three distinct, but similar, moderator’s guides each tailored for the different type of participant (parent of Healthy Kids enrollee, of Medi-Cal enrollee, and of uninsured child). The guides were translated into Spanish and included questions regarding parents’ experiences and perceptions related to

- Outreach, enrollment, and renewal processes;
- Benefit coverage;
- Access to and utilization of health care services (including primary, dental, developmental, and specialty care);

<sup>2</sup> Recruiters were well-situated to identify families with uninsured children, but these children were unlikely to remain uninsured once they made contact with the recruiting organization (all of which conducted outreach to uninsured families with the goal of enrolling the family into any publicly-sponsored health insurance program for which they were eligible). For this reason, our definition of “uninsured” child includes children that were uninsured at the time of recruitment but may have applied for publicly sponsored health insurance coverage at that time or soon after.

- Satisfaction with health care services;
- Prior experiences with being insured, uninsured, or privately insured;
- Cost-sharing and out-of-pocket costs for care; and
- Special issues for parents of children with special health care needs.

All group proceedings were audio taped and transcribed. Bilingual interpreters translated transcripts of groups conducted in Spanish into English.

To analyze the results of the focus groups, evaluators followed commonly accepted qualitative research methods. Unabridged transcripts along with field notes prepared by the assistant moderators served as the basis for the analysis. Evaluators carefully reviewed each transcript and categorized participant responses using a data collection template that mirrored the content and structure of the focus group moderator's guides. Each transcript was independently reviewed by two analysts and categorizations of participant responses were compared, contrasted, and checked for consistency. Dominant themes and divergent opinions were noted, discussed, and summarized by topic area. Finally, relevant quotes were selected based on frequency and richness to illustrate the key points within each category.

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 (in this case, Healthy Kids). They are also commonly conducted as an early component of a long-term evaluation, for they can be organized and conducted in relatively short order and yield early impressions of how a program is working for a given population. 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. (Input from a statistically representative sample of program participants will be obtained during later stages of this evaluation through a longitudinal household survey.) In addition, the authors acknowledge that

the method used for recruiting focus group participants may have introduced some bias into the findings. For example, by recruiting parents from the CBOs that assisted them with outreach and enrollment, we may have been more likely to involve parents who had positive things to say about the outreach and enrollment process, or parents who were more active users of systems of care.

### **III. Findings**

The following discussion synthesizes the major findings of our focus groups. Findings from our talks with parents of Healthy Kids enrollees are emphasized, while the views of those with children enrolled in Medi-Cal and those with uninsured children are included as points of comparison and contrast. The presentation is organized to address the key policies of concern identified above.

#### **A. What Is the Profile of Healthy Kids Families?**

The Healthy Kids focus groups were comprised almost entirely of women—in fact, just one father participated in one of the groups. This suggests that adult female household members (most often mothers or grandmothers) are the typical contact points for local CBOs such as those that recruited participants for our groups. In addition, nearly all of the focus group participants were Latinos from primarily Spanish-speaking households. Almost all the parents in the Healthy Kids groups were immigrants to the United States; about three-quarters of the parents reported that they had relocated to Los Angeles from Mexico, but the groups also included parents from El Salvador, Guatemala, Honduras, Nicaragua, Peru, and the Philippines.

*The majority of parents reported having one or two children.* Nearly two-thirds of the parents of children enrolled in Healthy Kids reported having one or two children, with the

remainder reporting between three and five (just one parent in this group reported six or more children in the family). Family size reports were similar for parents of uninsured children and parents of Medi-Cal enrollees, though the former were more likely to report a small family size (70 percent reported having one or two children) and the latter more likely to report a larger family size (50 percent reported having between three and five children).

***The health of their children is parents' number one concern.*** When asked about their biggest concerns related to their children, parents of Healthy Kids enrollees most often cited worries about their child's health and access to health care and dental services; this was true in roughly half of all cases. Parents of Medi-Cal enrollees and uninsured children indicated this priority as well.<sup>3</sup> Parents of children with special health care needs, not surprisingly, were even more likely to cite such concerns and mentioned the burden of out-of-pocket costs frequently.

*"I worry about my daughter getting sick and needing medicine that is not covered, and not being able to pay for it."* (Parent of Healthy Kids enrollee)

*"[I worry about the] health of our children who were not born here. They do not have Medi-Cal like the others... You have to pay if they need their teeth fixed or if they get sick."* (Parent of uninsured child)

While less frequently mentioned, concerns about safety, education, drugs, and gang violence were also cited as concerns by parents of Healthy Kids enrollees.

***Parents of Healthy Kids enrollees are relative newcomers to Los Angeles County.*** About half of all parents of Healthy Kids enrollees reported that they had lived in Los Angeles for three to five years, and over a quarter had spent two years or less in the county. In comparison, parents of Medi-Cal enrollees and uninsured children were more likely to report that they had lived in Los Angeles for six years or more, and relatively unlikely to report county residence of less than two years. (In fact, more than three-quarters of parents of Medi-Cal enrollees reported county

residence of more than six years and none said that they had lived in the county less than three years.) This finding is not surprising, since parents who have lived in the United States for a longer period of time are more likely to have children born in the country; as citizens, these children are more likely to be eligible for Medi-Cal.

***Parents of Healthy Kids enrollees are mostly uninsured.*** Of the parents of Healthy Kids enrollees who reported their own insurance status, the vast majority were uninsured. Only two parents reported that they had public coverage (though they could have been referring to Emergency Medi-Cal) and none reported possessing private health insurance. These circumstances were reversed for parents of Medi-Cal enrollees and uninsured children; for both of these groups, the majority of parents reported that they possessed public insurance for themselves.

Parents of Healthy Kids enrollees cited many reasons for their lack of health insurance, most often saying that available options were too expensive, that they were ineligible for coverage, or that they had no offers of health insurance from their employers.

*"My husband gets paid in cash; so he does not have any opportunity to get any type of insurance."* (Parent of Healthy Kids enrollee)

In addition, some parents indicated that they didn't have enough information about health insurance and its possible availability.

***Siblings of Healthy Kids enrollees often possess other types of public insurance.*** According to their parents, the brothers and sisters of Healthy Kids enrollees are often insured through other public programs, like Medi-Cal and Healthy Families. Typically, these parents said that younger children, born in the United States, were enrolled in the Medi-Cal or Healthy Families, while

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<sup>3</sup> This finding could reflect the fact that parents knew they were attending a focus group to discuss health insurance issues.

older siblings (born outside the United States before families relocated) were enrolled in the Healthy Kids program.

*“When I wanted to enroll [my child] in [Healthy Families] they said I couldn’t because she was not born here. That is how I enrolled her in Healthy Kids.”* (Parent of Healthy Kids enrollee)

*“My oldest daughter has Healthy Kids because she was born in Mexico. The other three have...Medi-Cal.”* (Parent of Medi-Cal enrollee)

## **B. What Do Parents Think about Healthy Kids Outreach and Enrollment Processes?**

The Healthy Kids outreach and enrollment systems were designed to work in tandem and to be as simple for families as possible. To summarize, the Los Angeles County Department of Health Services (under contract with First 5 LA) and the California Endowment each contract with approximately 15 community-based organizations<sup>4</sup> to conduct outreach and enrollment assistance with families. Outreach workers are charged with identifying families with uninsured children and then working to assist all family members with exploring health insurance options. This universal “something for everyone” approach was designed to maximize enrollment in all available programs, including Medi-Cal, Healthy Families, and Healthy Kids. To facilitate this process, the Healthy Kids application was modeled after the “joint” application used for Healthy Families/Medi-Cal for Children, and families are typically asked to provide only verification of income and county residency.<sup>5</sup> All applications must be certified by an “application assistor,” and these assistants submit applications to L.A. Care (for children deemed eligible for Healthy Kids), to the “single point of entry” vendor in Sacramento (for children deemed eligible for Medi-Cal or Healthy Families), or in some cases directly to the County Department of Public Social Services (if a child is more clearly eligible for Medi-Cal). The Healthy Kids renewal

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<sup>4</sup> DHS contracted with 15 agencies and TCE with 16. Eight of these agencies received funding from both sources.

<sup>5</sup> If parents are unable to provide income verification, they are permitted to sign a self-declaration of income form.



process, also handled by L.A. Care, is a semi-passive one. Renewal applications are preprinted with information provided from the original application and mailed to parents approximately 11 months after their child is enrolled in the program. Parents are asked to review, update (if needed), and resubmit the form for processing. If needed, parents are asked to submit new income and residency information with their renewal applications. While the enrollment of nearly 45,000 children in Healthy Kids in two years can be viewed as a strong indicator of the success of this outreach and enrollment strategy, we sought to explore parents' experiences with these processes in greater depth during our focus group discussions.

***The majority of parents heard about Healthy Kids from a health care provider or community-based organization.*** Our focus groups revealed that parents of Healthy Kids enrollees first heard of the program through a variety of sources, including radio advertisements, schools, WIC clinics, and friends or other family members. However, nearly half the parents reported that they heard of Healthy Kids from either their health care provider or a local community-based organization (CBO). This finding suggests that providers that serve low-income populations are aware of Healthy Kids, actively refer families to the program, and support the presumption by the designers of the program that CBOs can serve as an effective conduit for spreading information about Healthy Kids to families with uninsured children. In addition, it may reflect the fact that most participants learned about the focus groups through the same clinics and CBOs that facilitated their child's enrollment in Healthy Kids.

*"I found out when I brought my son to this clinic. They explained to me [that] this program was available. (Parent of Healthy Kids enrollee)*

*"A lady at my children's school gives out information about immunization and insurance. She told me to call [the community-based organization] because they would help me apply." (Parent of uninsured child, currently waiting for Healthy Kids application approval)*

***Parents of Healthy Kids enrollees think the application process is easy.*** Parents reported that the Healthy Kids application process was quite simple. The ease of the process may in part be explained by the fact that all participants received assistance with their application for coverage and found that assistance helpful.<sup>6</sup>

*“She told us which plan we could apply for. [The workers] talk to you in your language, they understand your needs, and they guide you in terms of what [you] can do...”* (Parent of Healthy Kids enrollee)

*“I came here to see [my outreach worker]. I really did not know how to enroll in the plan. She helped us a lot and was very patient. I am very grateful.”* (Parent of Healthy Kids enrollee)

Favorable views of the ease of the process were also likely bolstered by the fact that parents unanimously reported that the outreach and application materials they received were printed in Spanish.

Many parents found the assistance of their outreach worker so helpful that they continued to seek assistance for matters beyond the health insurance application.

*“Whenever I get any papers that I don’t understand, I go to (my outreach worker) and she helps me.”* (Parent of Healthy Kids enrollee)

*“[Staff at the CBO] helped me well. Any doubt I have they are very willing to help at any time. I am satisfied. I feel completely sure that I can come here and leave with an answer.”* (Parent of Healthy Kids enrollee)

In contrast, parents of children in Medi-Cal were divided in their views of the application process—about half of parents indicated that the Medi-Cal process was difficult, while half thought it was easy. Furthermore, the majority of parents of Medi-Cal enrollees who received assistance during the application process reported that the assistance was not helpful. One parent explained their dissatisfaction by saying:

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<sup>6</sup> This finding could be broadly generalizable, however, as all Healthy Kids applications must be certified by an application assistor.

*"They do not explain things well. They just tell you to sign." (Parent of Medi-Cal enrollee)*

It is possible that these parents were referring to experiences with the traditional enrollment process at County Department of Public Social Services offices, however.

***Many parents were concerned about applying for health coverage.*** Despite the easy application process, many parents revealed that they held some concerns before applying for health coverage. For parents participating in all the groups—Healthy Kids, Medi-Cal, and uninsured—about one-third said that they were worried that applying for coverage for their child might harm their ability to obtain citizenship in the future. This fear of “public charge” was expressed in various ways. When asked about concerns before applying, parents said things like the following:

*"Our legal status. Fear of taking your child and having the INS (Immigration and Naturalization Service)] behind the door." (Parent of Healthy Kids enrollee)*

*"One is always fearful about being denied because you are undocumented. You are afraid that the clinics or schools are going to deport you. This is why we don't do it for ourselves and sometimes for our children. We have already established a better life here, especially for our children, and we don't want to go back. Unfortunately we do not have anyone who can guide us and tell us what things we can do that will benefit us as undocumented people." (Parent of Medi-Cal enrollee)*

A surprisingly large number of parents also were dubious about the coverage that was being offered to their children through Healthy Kids; about one-fifth said that they were afraid that they would be billed, at a later date, for the medical services their children received under the program.

*"Right now the program is not charging monthly or yearly, so I worry about getting a bill later on." (Parent of Healthy Kids enrollee)*

***With the assurances of application assistors, parents put aside worries and enrolled their children into coverage.*** Despite worries related to public charge and potential future costs,

parents moved forward with applications to Healthy Kids (and Medi-Cal) out of more pressing concerns for their children's needs. These choices were often bolstered by reassurances from outreach workers. For example, one parent described the decisionmaking process in simple terms:

*"[We enroll our children in the program] because of our child's health and well-being. It is a risk we take for our children."* (Parent of Healthy Kids enrollee)

In citing reasons for enrolling, participants also noted the comprehensive coverage offered under the Healthy Kids program and the need for coverage in order for a child to participate in a school-based sports program, among others.

*"Because you never know when you will need it. Check-ups are free. You have your own doctor. It will be there when you need it."* (Parent of Healthy Kids enrollee)

*"The program offers the most benefits. It covers dental, vision, and they get treatment at any time."* (Parent of Healthy Kids enrollee)

*"My daughter plays sports, so she needed insurance. I called the school district and they gave me the number. Then I made an appointment here and they helped me."* (Parent of Healthy Kids enrollee)

Importantly, participating parents were those who had enrolled their children into health coverage or, in the case of those with uninsured children, had mostly decided to begin the application process. These findings do not reflect the experiences of parents with uninsured children who have not pursued Healthy Kids. Thus, concerns related to public charge may still be keeping a large number of parents away from the program.

***Parents heard about the status of their child's application quickly.*** Once Healthy Kids applications were completed and mailed in for processing, the vast majority of parents reported that their child was enrolled in the program in less than one month, a period of time described as

“fast.” Some parents heard about their child’s enrollment status even more quickly—within two weeks of submitting an application.

*“I received letters saying that it had been approved and shortly thereafter I got the cards. I got the card in about a month.”* (Parent of Healthy Kids enrollee)

*“My children were accepted in less than two weeks. I received a phone call to verify some information and then I received some letters saying that my son had been accepted into Healthy Kids, and the benefits it had. About three or four days later they sent me his card.”* (Parent of Healthy Kids enrollee)

Quick processing was also experienced by parents of children enrolled in Medi-Cal, who reported hearing about their children’s enrollment status in roughly the same amount of time.

***The Healthy Kids renewal process appears to be as easy as the application process.*** At the time of our focus groups, only one-quarter of parents reported having their children enrolled in Healthy Kids for more than a year, so only this small portion of the participants could comment on the program’s renewal process. Still, those who had completed the renewal process for their children generally described it as easy.

*“It was just like a copy of the first part they give you when you apply...I thought it was easy because I could fill it out myself...I put it in the mail the same day and later called and they said they had received it. I honestly do not think it was complicated.”* (Parent of Healthy Kids enrollee)

About half of parents in the Medi-Cal groups reported having had experience with renewal. Among these, opinions of the Medi-Cal renewal process were more mixed, with equal numbers expressing negative and positive experiences. Of those who had negative experiences, it was felt that renewing coverage was just as labor-intensive as applying for coverage the first time.

*“It’s like applying all over again. It is difficult.”* (Parent of Medi-Cal enrollee)

### **C. What Do Parents Say about Access to Care?**

Program designers intended for Healthy Kids to cover a comprehensive set of benefits that would meet the needs of all children. Modeled after that of the Healthy Families program, the Healthy Kids package covers a wide array of preventive, primary, acute, and specialty care services, including well child and preventive care; physician, dental, and vision services; physical, occupational, and speech therapies; inpatient and outpatient hospital services; inpatient and outpatient behavioral health services; emergency care; prescription drugs; durable medical equipment; diagnostic X-ray and laboratory services; and family planning services, among others. These services are delivered to Healthy Kids enrollees by the not-for-profit L.A. Care Health Plan, which receives a monthly capitation payment to cover the costs of all service delivery. L.A. Care created a defined network of primary and specialty care providers for the program, built largely around the county “safety net” system, which includes community and health department clinics, Federally Qualified Health Centers, and public hospitals. This structure reflects program designers’ beliefs that these entities had more experience serving the target population and would be particularly successful at extending health, developmental, and support services to disadvantaged families. To help promote continuity of care for the entire family, L.A. Care requires that providers participating in Healthy Kids must also accept Medi-Cal and Healthy Families. Finally, dental services are delivered by Safeguard Dental under a subcontract with L.A. Care through a network of capitated dentists, and children with qualifying chronic conditions or disabilities are eligible to receive specialty care through the California Children’s Services program (the state’s Title V/Children with Special Health Care Needs program) through another “carve out” arrangement.

Access to and utilization of health care services by Healthy Kids enrollees were key issues explored during our focus group discussions. Our conversations with Healthy Kids parents provided insight into how the program's benefit package and service delivery system are functioning and whether or not they are meeting the needs of enrollees. Also, information provided by parents of Medi-Cal enrollees and parents of uninsured children allowed for comparisons to be drawn.<sup>7</sup> (The discussion below does not include the comments of parents with children with special health care needs; these conversations are addressed separately in a later section of this report.)

***Healthy Kids families appear to be using a wide array of services.*** Families enrolled in Healthy Kids reported active service use. Most children had been enrolled in Healthy Kids between 3 and 12 months and, since enrollment, only two parents reported that they had used no services. Over one-third said that they had made one or two visits to a provider, another third told us they had made between three and six visits, and one-fifth of the parents with whom we spoke had taken their children to providers more than six times. Clinics were mentioned most often as the type of provider visited, followed by emergency rooms and private physicians.

*"I have taken my oldest daughters twice (to the health care provider). My youngest daughter has had to go about twice a week because of her asthma problem."* (Parent of Healthy Kids enrollee)

*"I have had to take [my son] every month because he tested positive for TB."* (Parent of Healthy Kids enrollee)

*"(I have been to the doctor) maybe five or six times. (For) all their shots and a couple of colds."* (Parent of healthy Kids enrollee)

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<sup>7</sup> There are a number of distinctions between the Healthy Kids and Medi-Cal benefit packages. Medi-Cal child enrollees are covered for both orthodontia and chiropractic care while Healthy Kids enrollees are not. Some prescription drugs are covered by the Medi-Cal program, but not under Healthy Kids. Most notably, the Early and Periodic Screening, Diagnostic, and Treatment (called Child Health and Disability Program, or CHDP, in California) benefit that is available to all children enrolled in Medi-Cal is absent from the Healthy Kids package. Since Healthy Kids does cover well child exams according to the same periodicity schedule as CHDP, the key difference is Healthy Kids's lack of CHDP's federally mandated coverage of any and all conditions identified during a CHDP screen, regardless of whether the services are covered under the state.

Parents of children enrolled in Medi-Cal and, surprisingly, those of uninsured children reported similar rates of service use. These parents, too, relied primarily on clinics and emergency departments for their care and were less likely than their Healthy Kids counterparts to say that they had visited a private doctor.

According to guidelines from the American Academy of Pediatrics, children should receive six or seven routine well-child visits during their first year of life, while older children have less frequent needs for such care (for example, one visit per year for children age 3 to 5). However, an otherwise well child can have several upper respiratory tract infections annually, particularly if exposed to peers through daycare, preschool, or school, and any chronic illness (e.g., asthma) may require monthly or more frequent visits. Therefore, it is not surprising that parents would frequently need to obtain preventive and primary care services for their children, and it speaks well to the access being afforded by the delivery systems that parents reported frequent health care service use.

*“When he was little I had to take him every two months for vaccines. Since he has had ear infections I have been taking him every two weeks.”* (Parent of Medi-Cal enrollee)

Once again, however, our focus group participants may not accurately reflect all parents since they were recruited at community-based organizations and clinic sites and, thus, are likely more active users of services.

***Finding a primary care provider was easy.*** Most parents with children enrolled in Healthy Kids reported that finding a primary care provider (PCP) was easy and that they were comfortable with the information given to them to select a PCP.<sup>8</sup> Overwhelmingly, these parents said that they chose providers from a list provided them by L.A. Care. In a small number of

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<sup>8</sup> Parents are required to select a primary care provider as part of the initial Healthy Kids application process and have the freedom to change their provider at any time after a child is enrolled.



cases, parents chose their PCPs based on a friend's recommendation. For more than three-quarters of parents, the PCP selected under Healthy Kids was new and different from the provider they had seen before their children were insured. Factors influencing parents' choice of providers included proximity, language spoken, perceived quality of care, and the PCP's acceptance of Medi-Cal or Healthy Families in addition to Healthy Kids allowing for all children to see the same PCP.

*"(I chose) the one who was closest because I don't drive."* (Parent of Healthy Kids enrollee)

*"On the doctor list, it says whether the doctor speaks Spanish or Tagalog. So, I chose the one that is the same nationality as me. It [was] easy."* (Parent of Healthy Kids enrollee)

*"They provided me with a list when I enrolled in the program. I chose the one that was closest to home."* (Parent of Healthy Kids enrollee)

*"Because my son (is) from here, he has Medi-Cal. He was already enrolled ...so I just put everybody (my child on Healthy Kids) there too."* (Parent of Healthy Kids enrollee)

*"(Choosing a doctor) is good because if you have two children you can take them both to the same clinic. It is more convenient."* (Parent of Healthy Kids enrollee)

In contrast, most parents of Medi-Cal enrollees and uninsured children reported relying on location and word of mouth to make their PCP selection, and few could recall that they were ever given a list of participating providers. Medi-Cal parents were more likely to report that finding a PCP was a difficult process.

*"It is not easy to find a good doctor."* (Parent of Medi-Cal enrollee)

*"It is harder (to find a doctor without health insurance) because children who aren't born here don't have access to vaccines. We struggle with this because schools ask for immunizations."* (Parent of Healthy Kids enrollee)

***Long waits at clinics are frustrating, however.*** Although families were generally pleased with the PCP availability and selection, they often expressed frustration with long waits both to get an appointment and once they were in the waiting room.

*“It was easy to find [the health care provider]. My problem was having to wait a month for an appointment. I called Healthy Kids and they transferred me to another clinic. They gave him an appointment a lot faster there.”* (Parent of Healthy Kids enrollee)

*“My daughter had an appointment at 11:00 and I did not leave until 6:00 pm...I don’t understand why they make us waste so much time.”* (Parent of Healthy Kids enrollee)

*“Sometimes they ask you if you want morning or afternoon (appointments), and you decide what you want. You know you are going to lose half the day.”* (Parent of Healthy Kids enrollee)

Families with Medi-Cal and uninsured families also reported frustration with long wait times for appointments and at the clinic. Uninsured families felt they experienced discrimination due to their uninsured status.

*“Nurses and workers do not pay attention to people who do not have insurance. It is like racism against those who do not have insurance. They prefer to treat those who do have insurance because they know they can pay.”* (Parent of Uninsured child)

***Despite long waits to receive care, parents seem very satisfied with their children’s primary care.*** Despite their frustration with long wait times, the vast majority of parents with Healthy Kids enrollees reported being satisfied with the quality of care they are receiving from their PCP, as well as with their relationship with the clinician.

*“I really like the way they provide care at that clinic. The doctor is very nice. She examines him from head to toe and asks him what hurts. Another thing I like is that she asks him if he has any emotional problems...when she is done she asks me if I have any doubts or concerns”* (Parent of Healthy Kids enrollee)

*“[The provider] gives proper care.”* (Parent of Healthy Kids enrollee)

*“I am happy with the doctor my daughter is seeing right now, but it was not the same with other clinics.”* (Parent of Healthy Kids enrollee)

A small number of Healthy Kids parents reported problems related to communication barriers, where a provider did not speak their language. Other parents mentioned that sometimes it bothers them when their children are seen by different physicians at the clinic.

*“One thing I did not like was that my baby had her appointment to see [her doctor], but another doctor saw her. I think they should let me know when another doctor [is] going to see her.”* (Parent of Healthy Kids enrollee)

As a group, Medi-Cal parents were much less satisfied with the care provided to their children by their PCP, and many more complained that they do not have continuity with the same PCP.

*“One thing I don’t like about the clinic where I go is that he gets different doctors.”* (Parent of Medi-Cal enrollee)

Some also complained about clinic facilities, language barriers, and dissatisfied with assessments of their child’s illness.

*“The doctor treats them and says they are OK when I can see that they are sick.”* (Parent of Medi-Cal enrollee)

Parents of uninsured children were also divided when it came to gauging their satisfaction with the primary care their children were receiving.

*“I had to take my son...to Tijuana. I know a lady who goes to Tijuana every time her child gets sick because she doesn’t like the doctors or they don’t find anything wrong. She says they are less expensive there.”* (Parent of uninsured child)

***Many Healthy Kids parents had taken their children to see a dentist, and satisfaction with dental care was quite high.*** Many parents of Healthy Kids Enrollees reported seeking dental care and most were satisfied with the care their children received. However, a small number of parents reported difficulties finding a dentist—particularly one who would see young children—as well as experiencing long waits for appointments.

*“[The school] sent me a paper saying that it was urgent for [my son] to see a dentist. That is why I started taking him here (clinic with dental facility).”* (Parent of Healthy Kids enrollee)

*“When we took him to the dentists, we knew who they were. They were nice.”* (Parent of Healthy Kids enrollee)

*“I went to a pediatric dentist and was happy to see the waiting room had things for kids. Their chairs were kids-sized [and] the place looked kid friendly. It did take me some time to find a dentist that would see [young] children though. Most of the ones on the list wouldn’t see him.”* (Parent of Healthy Kids enrollee)

*“There is a list of Healthy Kids dentists. There isn’t much choice though, the dentist list is shorter.”* (Parent of Healthy Kids enrollee)

*“[The wait for a dentist] is usually about two or three months at least.”* (Parent of Healthy Kids enrollee)

About the same proportion of parents of children in Medi-Cal and of uninsured children also reported that their children received dental care, and reports of satisfaction were similarly high.

Parents of uninsured children, however, said that they often faced large bills for treatment.

*“When I got the (dental) bill for my two daughters, it was about \$7,000 for them. My husband and I turned around and faced each other, and said, ‘What are we going to do?’ Well, we’ll just wait to see if we can get a payment plan.”* (Parent of an uninsured child)

***Fewer families received specialty care for their children, but those that did were satisfied with that care.*** Roughly one-fifth of the parents we spoke with had obtained specialty care for their children on Healthy Kids, including optometry, cardiology, rheumatology, and dermatology, while enrolled in Healthy Kids. Overall, families were satisfied with their access to specialists, though some complained of additional costs associated with use of these services.

*“My youngest son had to see a dermatologist because he was born with a nub on his hand...[His] pediatrician referred me to the specialist who [removed] it. It was not a problem.”* (Parent of Healthy Kids enrollee)

*“[The clinic] did everything (to arrange an appointment with an asthma specialist). They call[ed] me to let me know about any appointments. I am very, very satisfied.”* (Parent of Healthy Kids enrollee)

*“I didn’t like the fact that I had to pay \$200 for the eyeglasses. I thought it was too much, but I had to buy them because he needs them.”* (Parent of Healthy Kids enrollee)

*“I only had to pay \$35 (for eyeglasses).”* (Parent of Healthy Kids enrollee)

Although uninsured children appeared to use specialty services at the same rate as those on Healthy Kids, their parents reported more difficulty finding the specialists. Parents of Medi-Cal enrollees gave mixed reviews on their satisfaction with their specialist experience.

*“My sons went to an eye care specialist. He took good care of them.”* (Parent of Medi-Cal enrollee)

*“[My son] went to a specialist because he had a stomach problem. The doctor was very far away and didn’t do anything.”* (Parent of Medi-Cal enrollee)

***Referrals for developmental services were infrequent, but appeared to benefit children who were helped.*** Only a few families had obtained developmental services<sup>9</sup> for their children while on the Healthy Kids program. Some were referred through their school for a developmental assessment, while others were referred through their PCP. Those referred were satisfied with the developmental services they received. One participant expressed a desire for more mental health services.

*“The doctor was very nice as was the social worker. She said she would tell me what my rights were once my son was diagnosed (with a developmental problem). She gave me all the information in Spanish.”* (Parent of Healthy Kids enrollee)

*“When my son came here he did not talk. The doctor referred him to a specialist. I was taking him almost every month for therapy. I have seen that my son improved a lot.”* (Parent of Healthy Kids enrollee)

*“I would like to have access to a psychologist because my son is in the process of growing and developing his personality. I would like to have some guidance.”* (Parent of Healthy Kids enrollee)

Few parents of uninsured families reported accessing developmental services for their children, though one received such care through the school system. Notably, about one-quarter of children with Medi-Cal received developmental services, with half being referred through schools. One parent mentioned receiving child mental health services while on Medi-Cal.

*“They provide therapy at her school. There is a teacher that goes to the school to give her an hour of speech therapy. They also do vision exams at the school.”* (Parent of Medi-Cal enrollee)

*“My son sees a psychiatrist once a month.”* (Parent of Medi-Cal enrollee)

***Most parents reported obtaining prescription drugs under Healthy Kids, but half of them had complaints about the experience.*** Most parents reported using pharmacy services while their children were enrolled in Healthy Kids. Although generally satisfied with these services, roughly one-half of these parents complained either of long waits to fill a prescription or that some prescriptions were not covered under the plan.

*“I just go up to the [pharmacy]. It is very convenient and easy.”* (Parent of Healthy Kids enrollee)

*“I go to [the pharmacy] because the clinic does not have [one] for Healthy Kids. I just have to wait for them to have it ready.”* (Parent of Healthy Kids enrollee)

*“When I went [to the pharmacy] the first time...the doctor didn’t tell me [the drug] was not covered and I had to pay for it.”* (Parent of Healthy Kids enrollee)

*“Sometimes they prescribe a medicine and when you get to the pharmacy they tell you it is not covered. It was late and they had to wait until the next day to talk to the doctor. I didn’t get any medicine until the next day.”* (Parent of Healthy Kids enrollee)

Parents of Medi-Cal enrollees spoke of similar experiences obtaining prescription drugs; two-thirds of those who reported using this service expressed dissatisfaction, typically related to long waits at the pharmacy or prescribed drugs that were not covered by Medi-Cal. Among

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<sup>9</sup> Developmental services refer to a host of behavioral and therapeutic services aimed at improving a child’s physical and mental development, including speech therapy, occupational therapy, and mental health counseling, among

parents who had obtained prescription drugs while their children were uninsured, we again heard mixed opinions about satisfaction. In this case, negative experiences had to do with the high out-of-pocket costs incurred while obtaining prescription drugs without insurance, discussed in more detail below.

***Parents Use Both Healthy Kids and Emergency Medi-Cal to Pay for Visits.*** Although most families reported using their Healthy Kids cards when obtaining care for their children, roughly half also reported possessing and using their Emergency Medi-Cal card on occasion. When asked why, parents replied that they thought Emergency Medi-Cal was for “emergencies,” and thus used the card when visiting an ER or when their children needed other emergent care. Upon further probing, it was not clear if families ever received clear instructions regarding the use of Healthy Kids vis-à-vis Emergency Medi-Cal for all visit types. In addition, some parents told us that ER providers or administrative staff asked for their Emergency Medi-Cal cards, suggesting that these providers may prefer it over Healthy Kids for reimbursement.

*“I got Emergency Medi-Cal first, before Healthy Kids. From what I understand, not much is covered under Emergency Medi-Cal, unless you are dying.”* (Parent of Healthy Kids enrollee)

*“I know that the Emergency Medi-Cal card is only for emergencies of unbearable pain. If I take her because of a cold they will provide treatment but they will not cover it.”* (Parent of Healthy Kids enrollee)

*“I used Emergency Medi-Cal when I took my daughter to [a] Hospital because she fell. They asked me if I had Healthy Kids and they used my Medi-Cal card.”* (Parent of Healthy Kids enrollee)

*“When I took my daughter to the hospital they did ask for the Emergency Medi-Cal.”* (Parent of Healthy Kids enrollee)

*“I have used my Emergency Medi-Cal card when my son was ill. If he has a nose bleed or very high temperature or diarrhea during the nighttime I take him to the hospital and that is when I use Emergency Medi-Cal.”* (Parent of Healthy Kids enrollee)

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others.

*“I have both (cards). I thought his fracture was an emergency, but they said that it was not covered. They told my husband he could only use it [Emergency Medi-Cal] if his life was at risk.” (Parent of Healthy Kids enrollee)*

#### **D. What Do Parents Think about Cost Sharing?**

Healthy Kids also modeled itself after Healthy Families when it came to establishing cost sharing policies. Specifically, families with earnings equal to or below 133 percent of the federal poverty level (FPL) do not pay any premium. However, for families with incomes greater than 134 percent of FPL, Healthy Kids charges a sliding scale monthly premium that ranges from \$4 to \$6 per child, with a family maximum of \$8 to \$12. Families subject to premiums are billed monthly and may pay by cashier’s check, personal check, or money order. Healthy Kids participants that choose to pay the premium in advance (six months in one payment) receive a 25 percent discount. Families that have difficulty paying required monthly premiums may take advantage of “premium assistance” whereby First 5 LA will pay the Healthy Kids premium on behalf of the family. With regard to copayments, all families (regardless of income level) pay a \$5 copayment for physician visits (excluding preventive well-child care) and prescriptions. L.A. Care collects premiums while providers and pharmacies collect copayments. There is a \$250 maximum annual out-of-pocket cost for families with children on Healthy Kids, and families are responsible for monitoring their out-of-pocket costs.

Policymakers may impose cost sharing for a variety of reasons. But in so doing, they typically strive to avoid setting premiums and copayments at levels that might discourage enrollment or service use (respectively). During our focus groups, we asked parents with children on Healthy Kids program about their perceptions of the affordability of premiums and copays as well as their out-of-pocket expenses on health plans or while uninsured.



***Premiums Are Affordable for Those Required to Pay Them.*** Entering the focus groups, evaluators knew that the vast majority of families with children enrolled in Healthy Kids were premium-exempt; according to L.A. Care data, roughly 87 percent of families earn incomes at levels less than 133 percent of FPL (the Urban Institute, the University of Southern California, and the University of California at Los Angeles 2005). It is not surprising, then, that few parents participating in the focus groups reported paying a premium. However, among those parents who did pay premiums, there was unanimity that they were affordable.

*“[The premium] is practically free.”* (Parent of Healthy Kids enrollee)

*“[The premium] is more like something symbolic.”* (Parent of Healthy Kids enrollee)

*“[The premium] is not expensive for health care.”* (Parent of Healthy Kids enrollee)

Families reported paying with cash, checks, and money orders and some were aware of and taking advantage of the discount for advance payment.

*“We get the bill by mail...and can pay it with a check. It is possible to pay in advance for a half-year or year if you want to. You get a discount when you do that.”* (Parent of Healthy Kids enrollee)

No parents that we spoke with were aware of the availability of premium assistance; however, none reported difficulties with premium payments. This finding is consistent with L.A. Care data reporting that only seven families have taken advantage of premium assistance since the inception of the program (the Urban Institute, the University of Southern California, and the University of California at Los Angeles 2005).

***Copayments Are Also Affordable for Most Families.*** Unlike premiums, copayments are required of all families, regardless of their income level. However, we did not find many parents of Healthy Kids enrollees that reported that copayments were unaffordable.

*“I paid \$5 for the office visits and \$5 for each medicine; I think it is cheap.”* (Parent of Health Kids enrollee)

*“We are not complaining about the fee, the fee is perfect.”* (Parent of Healthy Kids enrollee)

*“Five dollars is nothing.”* (Parent of Healthy Kids enrollee)

*“The most I have ever had to pay at the pharmacy is \$10 for my daughter’s asthma medicine.”* (Parent of Healthy Kids enrollee)

The only exceptions to this finding were among parents of children with special health care needs who noted that, at \$5 per prescription, copayments for multiple medications could become burdensome (see Section E below).

***Out-of-pocket costs were much higher before Healthy Kids, when children were uninsured.*** Perhaps the reason that parents were so emphatic about the affordability of Healthy Kids cost sharing is that, when their children were uninsured, out-of-pocket costs were much higher. The majority of parents with children on Healthy Kids told us that they faced hefty fees for their children’s health care services during periods of uninsurance.

*“If you go to the doctor without [insurance], you will pay a lot of money. [Therefore], I don’t think the copayment is a lot.”* (Parent of Healthy Kids enrollee)

*“I took him to a hospital when I did not have Healthy Kids or Medi-Cal and then I would get a \$300-\$400 bill. I would have to pay because I did not have a program that helped me pay.”* (Parent of Healthy Kids enrollee)

*“When my youngest son got sick I had to take him to the emergency room, and they charged me over \$500.”* (Parent of Healthy Kids enrollee)

These large out-of-pocket costs for health care while uninsured often deterred families from seeking health services for their children when they needed it. Instead, while uninsured, families reported that they often delayed care, borrowed medications, and used home remedies.

*“(While uninsured), we just didn’t go to the doctor. I prayed the kids wouldn’t get sick.”* (Parent of Healthy Kids enrollee)

*“Sometimes I would take her to the clinic and sometimes I would not. I would pay \$25 plus the medicine...sometimes I used my friends’ medicine.”* (Parent of Healthy Kids enrollee)

*“I did not take my daughter to the doctor when she did not have insurance...we used home remedies.”* (Parent of Healthy Kids enrollee)

*“Some friends [at] school say they wait until their children are very sick, almost dying, so that they can take them to the emergency room and get Emergency Medi-Cal. They cannot afford a doctors visit.”* (Parent of uninsured child)

Unlike Healthy Kids, Medi-Cal does not charge premiums or require a copayment for services. However, some families with children covered by Medi-Cal did report incurring other out-of-pocket costs, primarily when prescription medications were not covered by their plan.

*“The pharmacy said Medi-Cal did not cover [the medication]. I went back to the doctor’s office and they said it was covered. I ended up going back and forth from the doctor to the pharmacy and in the end I paid for it.”* (Parent of Medi-Cal enrollee)

*“I have had to pay up to \$200 [for prescriptions]. If you can get Medi-Cal to pay [they will] refund it in three days. They did refund it but I had to fight for it.”* (Parent of Medi-Cal enrollee)

## **E. How Does Healthy Kids Work for Children with Special Health Care Needs?**

We conducted one focus group with parents of Healthy Kids enrollees with chronic illnesses and/or disabilities. Research has documented that, in the general population, such children with special health care needs (CSHCN) comprise a minority, but sizeable proportion of all children.<sup>10</sup> Therefore, it was critical that these focus groups not simply examine how the program is working for families with relatively healthy children, but also explore whether its

design, structure, and operations also support the needs of sicker children and their families. Our findings from this focus group are summarized below.

***With the exception of their children’s special needs, these families are similar to the “typical” enrollee family.*** We met with a total of 10 parents of CSHCN enrolled in Healthy Kids. Like the other families we met with, the majority of these parents reported having one or two children, and more than two-thirds had lived in Los Angeles County for five years or less, and all were Spanish-speaking mothers. These parents were also mostly uninsured and had other children who were uninsured or enrolled in other public programs (like Medi-Cal). These parents reported that their CSHCN had conditions such as mental retardation, autism, deafness, asthma, and hyperactivity. These parents also brought to the groups a set of concerns that were different and perhaps more urgent than parents generally, and these were focused on their children’s health and related cost concerns.

*“I am very concerned about [my son] no longer being able to see his neurologist. This has been a problem, especially at school...”* (Healthy Kids parent of CSHCN)

*“Many of us can’t work because we take care of our children... We need a lot of help here in terms of health care.”* (Healthy Kids parent of CSHCN)

***Parents of CSHCN mostly heard of, and signed up for, Healthy Kids in a health care setting.*** Not surprisingly, nearly three-quarters of parents of CSHCN first heard about Healthy Kids from their health care provider. Most were motivated to apply for coverage by the health

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<sup>10</sup> Estimates of the prevalence of CSHCN range broadly and vary based on the definition of chronic illness and disability being used. For example, it is estimated that only 2 to 3 percent of all children possess severe disabilities requiring the need for personal assistance or assistive technologies to carry out basic activities (Newacheck and Taylor 1992). Yet as many as one-third of all children can be said to possess some form of chronic illness when milder conditions (such as asthma, eczema, and repeated ear infections) are included (Newacheck and Taylor 1992). A compromise definition endorsed by the federal Maternal and Child Health Bureau—that CSHCN are those who have or are at risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally—yields a prevalence estimate of 18 percent (McPherson 1998). Importantly, no studies of the prevalence of CSHCN among Healthy Kids enrollees have yet been conducted.

status of their children and the desire to obtain stable coverage, and several mentioned receiving help from social work staff at their clinic. Also not surprisingly, given the health conditions of their children, most of the parents of CSHCN spoke of having had other forms of insurance in the past—primarily Emergency Medi-Cal—but understood Healthy Kids to be a more comprehensive program. All the parents we spoke with reported that the Healthy Kids application process was quick and easy, and all but one found the assistance they received helpful. Notably, approximately three-quarters of the parents in this group reported that their children had been in Healthy Kids for one year or less; thus, they did not have extensive experience to report.

***As high users of services, parents of CSHCN report positive experiences accessing primary care.*** Every parent in this focus group reported taking their child to a provider more than six times in the previous 12 months, and several reported that they sought care for their CSHCN several times per month. Parents were unanimously satisfied with the primary care their children were receiving, describing positive relationships with their PCPs and praising the physicians that served their children.

*“Whenever I cannot pay for any medicine, she tells me to bring her the papers and she gives it to me.”* (Healthy Kids parent of CSHCN)

*“She has a lot of patience.”* (Healthy Kids parent of CSHCN)

These parents contrasted this care with care they had previously received at a local public hospital clinic, criticizing the “horrible” care they received, the long waits they experienced, the inconvenient hours, and the fact that they typically saw different providers every time they went there.

***Parents were less satisfied with their experiences obtaining specialty, dental, and pharmacy services for their CSHCN.*** Parents of CSHCN are much more likely to need specialty

referrals than their counterparts with healthy children. In this focus group, we heard mixed results regarding parents' experiences accessing specialty care. While several parents were satisfied with the specialty care their children had received, one spoke of their child being referred to a neurologist and placed on a waiting list for five months. (This parent assumed it was because there were very few specialists on the plan.) Another was waiting to see an allergy specialist. It appeared that several parents had their CSHCN referred to a public hospital for specialty follow-up and commented on having to wait "up to three hours" to see a provider. Some of these problems with access may be an outgrowth of parents' confusion over which coverage to use for their children; during our discussion, several parents mentioned using their Emergency Medi-Cal card to pay for specialty care, an action that may have resulted in them being directed to certain providers instead of others (participating in Healthy Kids).

Only 2 of the 10 parents in this group had taken their CSHCN to a dentist and both were unsatisfied with the experience. One was unhappy with the cost and coverage, while the other was frustrated by the long wait for a dental appointment.

*"[Healthy Kids] does not cover anything. They charged me \$10 for the office visit."*  
(Healthy Kids parent of CSHCN)

*"They made the appointment around August of last year [but] it is in May...I asked if he could be seen earlier because his tooth looks really bad and it hurts, but they said they could not."* (Healthy Kids parent of CSHCN)

Parents also reported mixed experiences with pharmacies. While some describe very routine and efficient operations, others spoke of delays and discrimination.

*"You leave the prescription and come back in two hours while it is prepared. You can also have the clinic send a fax to the pharmacy so that it is ready when you get there."*  
Healthy Kids parent of CSHCN)

*"I had to wait a few days because [the pharmacy] did not have the asthma medicine."*  
(Healthy Kids parent of CSHCN)

*“I had a problem at the pharmacy. The ladies speak Spanish but they are rude and don’t want to speak it. They say [to me], ‘Why don’t you learn English? You came to this country, so you should speak it.’” (Healthy Kids parent of CSHCN)*

***Cost sharing appears to be more burdensome for parents of CSHCN.*** While none of the parents in this group had family incomes that required them to pay monthly premiums, they did pay copayments for services received under Healthy Kids and, unfortunately, many found these out-of-pocket costs burdensome. Specifically, 8 of the 10 parents told us that it was sometimes a struggle to afford copayments, and indicated that this was due to the volume of services and prescriptions their children needed, rather than the size of the \$5 copay itself.

*“It is very difficult for me because I have three children. I still owe \$15 for the last visit. They won’t stop seeing me, but I still owe \$15.” (Healthy Kids parent of CSHCN)*

*“I clean houses. I can afford \$5 for a medicine. But when I have to pay for four or five, it is too much.” (Healthy Kids parent of CSHCN)*

*“Five dollars is fine for me. The only thing I worry about is being able to afford the medicine.” (Healthy Kids parent of CSHCN)*

Still, these same parents spoke well of the flexibility that Healthy Kids providers extended with regard to copayments.

*“The clinic helps me a lot. They see my son even if I cannot pay the \$5.” (Healthy Kids parent of CSHCN)*

*“I do the same thing you do—I call and tell them I don’t have the \$5.” (Healthy Kids parent of CSHCN)*

## **F. What Do Parents Think about Healthy Kids and Insurance Overall?**

At the conclusion of our focus groups, we asked parents a series of wrap-up questions designed to elicit their overall opinions of Healthy Kids, and health insurance more generally. We also asked parents if they had any recommendations for improving the program.

***Parents Overwhelmingly Place a Very High Value on Health Insurance.*** When asked what they thought about Healthy Kids, and health insurance overall, parents unanimously had positive things to say. Most commonly, parents said that insurance provides them with “peace of mind,” “security,” and “assurance.” Other commonly mentioned benefits of having health insurance for children included that it allowed for easier access to care, made care more affordable, and increased parents’ options regarding where and when to obtain care.

*“You have more peace of mind. You know where to take your children.”* (Parent of Healthy Kids enrollee)

*“We can breathe (when we have insurance).”* (Parent of Healthy Kids enrollee)

*“I can be worry free about costs for my kids’ health care; it’s so affordable compared to being uninsured.”* (Parent of Healthy Kids enrollee)

Parents of children enrolled in Healthy Kids collectively said that they would recommend the program to a friend that needed health insurance for their child. These parents also expressed plans to renew their children’s coverage when the time came.

Parents of children enrolled in Medi-Cal expressed very similar sentiments about health coverage. For example, we heard parents say

*“It’s like having your parents...you can turn to it for help.”* (Parent of Medi-Cal enrollee)

*“You can take them to get a check-up when they get sick and you don’t have to check your purse to see if you have money before you go.”* (Parent of Medi-Cal enrollee)

Parents without insurance for their children agreed about the value of coverage, and poignantly described how difficult it is when their children are uninsured.

*“You spend all year stressed, thinking about them getting sick. Having insurance lets you breathe easier.”* (Parent of uninsured child)



*Despite very favorable opinions, parents still had plenty to recommend for improving Healthy Kids.* We concluded our focus groups by asking parents if they had any recommendations for improving Healthy Kids. In response, parents shared many thoughtful suggestions for ways the program could improve its reach and scope, and facilitate easier access to care for families. Noteworthy recommendations included the following:

- Providing interpreters at all providers' offices, so that clear communications are ensured;
- Expanding advertising for the program so that families can learn of Healthy Kids on television, at schools, in markets, and at WIC clinics;
- Increasing the number of dentists participating in the program to ease access to dental care;
- Making procedures for switching primary care doctors simpler and more straightforward; and
- Providing clearer information to families regarding what services and prescriptions are covered, and which are not.

If the recommendations above can be considered as fine-tuning a program that is essentially working well already, the recommendations shared by parents with children enrolled in Medi-Cal seemed more fundamental to improving what parents considered the quality of the program. These parents suggested that Medi-Cal

- Enlist the participation of more private physicians;
- Improve parents' choice of providers and systems for assigning primary care providers;
- Require clinics to be more accommodating of children—e.g., *“Clinics could be better, with special rooms for children.”* (Parent of Medi-Cal enrollee); and
- Employ more respectful receptionists and social workers—e.g., *“I think that the workers should be more humane; I have met some very rude people.”* (Parent of Medi-Cal enrollee).

## IV. Conclusions

The findings of this study reinforce a number of the impressions that policymakers and other key stakeholders have developed during the first two years of the Los Angeles Healthy Kids program, 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. Based on a series of 12 focus groups involving 86 parents of Healthy Kids enrollees, Medi-Cal enrollees, and uninsured children, we found that

- Intensive, community-based outreach is succeeding in providing families with uninsured children helpful assistance in enrolling in appropriate coverage;
- The application and renewal processes appear to be simple and efficient;
- The Healthy Kids network appears to be affording easy access to primary care that parents are, for the most part, very satisfied with;
- The program is opening doors to dental coverage and families are generally satisfied with the dental care their children receive;
- Referrals to vision and pharmacy services are quite common;
- Fewer families received specialty care for their children, but those that did were satisfied with that care;
- Referrals for developmental services were infrequent but appeared to benefit children who were helped;
- Cost sharing is affordable for the majority of parents who view the program's nominal copayments as very low compared to the costs they bore when their children were uninsured; and
- Overall, the health insurance being extended provides families with a great sense of security and peace of mind—feelings that were all too frequently absent when parents had to cope with the uncertainty and stress of having an uninsured child.

The focus groups also shed light on how Healthy Kids is performing in comparison with the largest publicly funded health insurance program in the state, Medi-Cal. Generally speaking, when comparing the responses of parents with children covered under the two programs, we

learned that both programs are serving their clients well and that, if anything, Healthy Kids is offering more simple, timely, and satisfactory care than its larger sibling.

Of course, parents also told us what was *not* working; their list was not long, but it included some significant recommendations for improvement. Specifically, parents were frustrated by the long wait times they often faced when making appointments to see providers and when awaiting care in clinics. This dovetailed with the wish that the plan include a larger number of providers from which to choose, especially dental and specialty providers. Parents shared that they were often confused regarding what services and prescription drugs were covered under the plan, and thus requested clearer information. For parents of children with chronic illnesses and disabilities who use services and prescriptions at much higher rates, copayments present a significant financial burden; thus parents wondered whether any relief was possible. Across health systems, it is also clear that the integration of Healthy Kids with Medi-Cal is incomplete—the fact that parents still use their Emergency Medi-Cal cards for many services, and that providers sometimes request that card (instead of the Healthy Kids card) from parents, suggests that more work is needed to clarify how the two programs can and should work together more seamlessly.

As stated in the methods section of this report, focus group research can provide an evaluation with very useful qualitative insights into how well a program like Healthy Kids is working. By its design, however, one cannot presume that focus group findings are generalizable to the entire population. Our participant recruitment approach may have also contributed to biases in responses, given that we invited parents who were receiving assistance and services from community-based organizations and clinics. Our understanding and assessment of the impacts of Healthy Kids will be bolstered, however, by the findings from our household survey of Healthy Kids enrollees that will be available in the spring of 2006.

Two and one-half years in, the Healthy Kids program is at a crossroads. On one hand, trusted community-based outreach and simplified enrollment has facilitated nearly 45,000 children in gaining coverage. Yet that very success has led to a rapid depletion of funds for 6- through 18-year-olds and forced the Children's Health Initiative of Greater Los Angeles to impose an indefinite cap on enrollment of older children into the program. (At the time of this writing, more than 4,700 children were on the waiting list for Healthy Kids coverage.) Stakeholders in Los Angeles and across the state are exploring legislative options that would promise a more stable and ongoing funding base for Healthy Kids; yet, as of this writing, no solution has been enacted and funding for coverage of children age 6 through 18 is projected to run out in September 2006. Such an outcome would clearly be tragic, for the findings of these focus groups suggest that Healthy Kids is, indeed, succeeding in providing critical coverage and support to needy children and their families.

## References

- Hill, Ian, Brigitte Courtot, and Eriko Wada. 2005. *A Healthy Start for the Los Angeles Healthy Kids Program: Findings from the First Evaluation Site Visit*. Prepared for the First 5 LA Commission and The California Endowment.
- McPherson, Merle. 1998. A New Definition of Children with Special Health Care Needs. *Pediatrics* 102(1): 137-40.
- Newacheck, Paul, and William Taylor. 1992. Childhood Chronic Illness: Prevalence, Severity, and Impact. *American Journal of Public Health* 82: 364-71.
- The Urban Institute, the University of Southern California, and the University of California at Los Angeles. 2005. *Los Angeles Healthy Kids Evaluation Quarterly Process Monitoring Report: Second Quarter 2005*. Prepared for First 5 LA Commission and the California Endowment.