

Despite Recent Challenges, Parents' Opinions of the Los Angeles Healthy Kids Program Remain High

Findings from the Second Evaluation Focus Groups

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This policy brief highlights key findings from a second round of focus groups conducted to assess parents' ongoing views of the Los Angeles Healthy Kids program while it was experiencing fiscal and programmatic challenges. In spring 2005, Healthy Kids funding for children age 6 through 18 ran short, forcing the program to cap enrollment among older children and place prospective enrollees onto a waiting list that was ultimately closed in 2006. Subsequently, enrollment levels for children of all ages leveled off and then dropped as outreach workers struggled to market a program that could enroll only young children. Researchers conducted 10 focus groups in spring 2007 with parents whose children were either enrolled in Healthy Kids, were referred to and enrolled in alternative programs, were placed on the Healthy Kids waiting list, or were disenrolled from Healthy Kids. The focus groups found that parents continue to highly value the program for providing high-quality, comprehensive coverage and good access to linguistically appropriate care at affordable out-of-pocket cost.

Background

The Los Angeles Healthy Kids program was implemented in 2003 to extend comprehensive, affordable health coverage to uninsured children from families with incomes under 300 percent of the federal poverty level (FPL), who are ineligible for the Medi-Cal or Healthy Families programs. Healthy Kids initially covered children

through age 5, but it was expanded in May 2004 to cover all children through age 18. The program grew to be the largest Children's Health Initiative (CHI) coverage initiative in California, enrolling nearly 45,000 very poor, primarily Latino, primarily noncitizen children. In 2005, financial challenges led Healthy Kids to cap enrollment among children age 6 through 18 and place prospective enrollees onto a waiting list that was ultimately closed in March 2006. As a result, enrollment levels among all age groups started to level off, then drop as outreach workers struggled to market a program that could only enroll younger children age birth through 5.

The Healthy Kids program evaluation, launched in 2004, has carefully monitored the program's implementation and impact on its target population. As part of this effort, focus groups were conducted in 2005 and found that parents praised the program for its simple application process, broad coverage of services needed by their children, good access to care, and affordable cost sharing.¹ A longitudinal household survey reinforced these positive findings, showing that coverage under the program improved access to usual sources of medical and dental care, improved use of health and dental services, boosted parents' confidence that they can meet their children's health care needs, and improved children's health status.²

A second series of focus groups was conducted in 2007 to determine whether parents continued to view the Healthy Kids as meeting their children's needs despite the program's fiscal challenges, and to

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learn more about how the Healthy Kids enrollment cap had affected children who were either placed on the program's waiting list, referred to and/or enrolled in an alternative coverage program (the Kaiser Child Health Plan), or disenrolled from Healthy Kids. A total of 69 parents participated in 10 focus groups convened across four of Los Angeles County's largest service planning areas. Each focus group explored a broad range of issues, including experiences with outreach, enrollment, and renewal; experiences accessing health, dental, developmental, pharmacy, and specialty care; perceptions of cost sharing; and overall opinions of Healthy Kids.

Outreach, Enrollment, and Renewal

Healthy Kids outreach, application assistance, and renewal is conducted through a large network of community-based organizations and providers. This second round of focus groups revealed the following findings regarding Healthy Kids' outreach, enrollment, and renewal:

- Health care providers lead the way in informing families about Healthy Kids, as they also did in the 2005 focus groups; nearly half of parents said they first learned of the program from their provider. Other leading sources were schools, WIC programs, and friends or family.
- Fewer parents first heard about Healthy Kids through television or radio, suggesting that community networks and word-of-mouth play a bigger role in outreach and enrollment than advertising. Many parents said they trusted Healthy Kids because their friends or family used the program, and fewer parents expressed fears of "public charge" than in the previous focus groups.
- Nearly half of parents thought that Healthy Kids was well-known in the community, especially among Latinos; however, the other half thought the program needed better advertising and publicity.
- Parents continued to report that application and renewal were easy. They were aware of the importance of renewal and understood how the process worked. Those who were disenrolled knew of the need to renew and wanted to renew, but they had trouble with the paperwork or faced barriers to completing it.
- Many parents whose children were affected by the enrollment hold were referred to Kaiser Cares for Kids, but none that participated in the focus groups were able to obtain coverage under that program for various reasons, including it being closed at the time of their referral.
- Parents were generally less concerned about having their children's coverage split between multiple programs (e.g., younger child covered by Healthy Kids and older child covered by Kaiser) than they were about obtaining coverage at all.
- Parents of children who needed and obtained care while on the Healthy Kids waiting list found it challenging to arrange and reported that their children had better access to services when they were insured through Healthy Kids.
- Parents with uninsured children said that they placed very high value on health insurance and regretted losing their children's coverage. All parents who had a child that was disenrolled from the program expressed a desire to re-enroll that child.

Benefits and Service Delivery

The Healthy Kids program covers a comprehensive benefits package of preventive, primary, acute, and specialty care services, as well as dental care, that parallels Healthy Families, California's SCHIP program. The second-round focus groups once again revealed that families enrolled in Healthy Kids used a wide range of services regularly and reported timely access to their providers. Parents also shared the following insights related to access to care:

- Most families were satisfied with their primary care providers and were able to communicate with them in their preferred language (primarily Spanish).
- Families with children with special health care needs used health care services more frequently and were able to obtain acute care visits within a week.
- Some parents reported being frustrated by long waits for appointments with their providers and lack of provider continuity in clinic settings, and many were confused about what benefits the Healthy Kids program covered (e.g., emergency services, hospitalizations, and prescription drugs).
- Regarding dental care, most parents reported that their children had seen a dentist, that finding one was easy, and that they could make appointments quickly. However, a significant number of parents were unhappy with their children's dentists and felt compelled to find a different one. Further, some parents were not even aware that dental services were covered by Healthy Kids.
- Regarding specialty care, families reported poorer access, longer waits, longer travel time, and more significant lan-

guage barriers than with primary care. Still, parents were generally satisfied with the quality of the specialty care their children received.

- Most parents of Healthy Kids enrollees reported some experience obtaining prescription drugs for their children; they typically said that costs associated with getting these medications were affordable. Those parents with children on the waiting list, however, said that out-of-pocket costs were a barrier to getting needed prescriptions because of limited coverage from other sources, such as Emergency Medi-Cal.
- Many families continue to possess Emergency Medi-Cal in addition to Healthy Kids; these parents often described confusion surrounding which card to use when seeking care for their children.
- Parents whose children were enrolled in the Kaiser Child Health Plan were satisfied with that program's services and providers and were able to access primary, specialty, and dental care and pharmaceutical services.

Cost-Sharing and Affordability

Healthy Kids uses a sliding scale premium structure that exempts the poorest families from monthly fees. However, all families with enrolled children face \$5.00 copayments when they visit a doctor or have a prescription filled. The focus groups revealed the following about parents' opinions of Healthy Kids' cost-sharing policies:

- Parents of children enrolled in Healthy Kids who pay monthly premiums expressed satisfaction with the amount and affordability of those premiums.

- All parents agreed that the \$5.00 copayment was affordable and appropriate.
- A large number of parents reported that their dentists charged them copayments for routine checkups and fillings, a practice forbidden by Healthy Kids policy. Sometimes these copayments were large—up to \$25 for cleanings and \$110 for fillings. Such charges were reported as the leading reason parents elected to change dentists, and parents expressed frustration and distrust of dentists as a result.
- Parents whose children were referred to the Kaiser Child Health Plan found that program's higher premiums and copayments affordable.
- Parents of children who obtained care while on the Healthy Kids waiting list found that their out-of-pocket costs were higher than when their children were insured.

Areas of Program Improvement

This study reinforced findings from the evaluation's 2005 focus groups that parents have extremely favorable opinions of the Los Angeles Healthy Kids program. Healthy Kids has been highly successful at identifying, enrolling, and facilitating renewal for eligible children. Once enrolled, children reportedly experience improved access to linguistically appropriate primary care and parents face lower out-of-pocket for health care, including pharmaceuticals, than when their children were uninsured. Access to child-friendly dental and subspecialty care is also reportedly better for children once they are enrolled in Healthy Kids, though access in some areas of the county remains limited and clarification of appropriate copayments for dental care could improve families' experience receiving this service.

Potential areas for improvement for Healthy Kids, (e.g., access to subspecialty services and improving delivery of developmental services) are often linked to larger health system issues (e.g., physician training and capacity, office systems and technology). Still, families continue to highly value Healthy Kids and are overwhelmingly satisfied with care received while their children are enrolled.

Policy Implications

Although Healthy Kids continues to perform well, the program's primary future challenge lies in identifying and securing sustainable funding. Several health reform bills that would have provided funding for Healthy Kids failed to pass through California's legislative process. Despite these setbacks, advocates and stakeholders continue to look for sustainable Healthy Kids funding to provide needed health services for California's most vulnerable children.

Notes

1. See Ian Hill, Brigitte Courtot, Eriko Wado, and Enrique Castillo, "What Do Parents Say about the Los Angeles Healthy Kids Program? Findings from the First Evaluation Focus Groups" (Washington, DC: The Urban Institute, 2006), at <http://www.urban.org/url.cfm?ID=410308>.
2. See Ian Hill, Patricia Barreto, Brigitte Courtot, and Eriko Wada, "Growing Pains for the Los Angeles Healthy Kids Program: Findings from the Second Evaluation Case Study" (Washington, DC: The Urban Institute, 2008), at <http://www.urban.org/url.cfm?ID=411653>.

Additional Information

To view the complete report upon which this policy brief is based, see Ian Hill, Louise Palmer, Patricia Barreto, Eriko Wada, and Enrique Castillo, "Parents' Opinions of the Los Angeles Healthy Kids Program Remain High despite Recent Challenges" (Washington, DC: The Urban Institute, 2008), at <http://www.urban.org/url.cfm?ID=411796>.

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