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The Healthy Kids Evaluation Survey: Early Results from a Baseline Survey of Program Applicants

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Office for
Oregon Health Policy and Research

The Healthy Kids Evaluation Study
Results from a Baseline Survey of Program
Applicants

October 2011

Oregon
Health
Authority

The Healthy Kids Evaluation Study Results from a Baseline Survey of Program Applicants

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THE HEALTHY KIDS EVALUATION STUDY

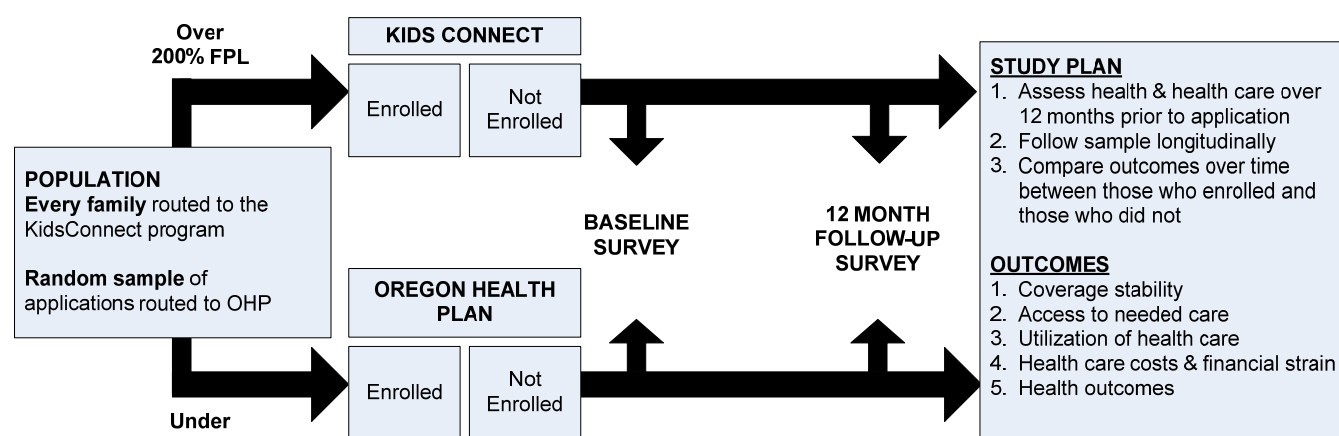
RESULTS FROM A BASELINE SURVEY OF PROGRAM APPLICANTS

PROJECT OVERVIEW

Since its launch in 2009 the Healthy Kids program has worked to provide health insurance for children in Oregon. Marketed as one program available to all Oregon children, Healthy Kids enrolls families making below 200% of the Federal Poverty Level (FPL) into the Oregon Health Plan, while families above 200% FPL are enrolled in a sliding-fee private insurance product offered through a health insurance exchange called KidsConnect.

This project is an evaluation of the effects of the Healthy Kids program, conducted by the Center for Outcomes Research (CORE) at Providence Health and Services along with Portland State University. As families apply for Healthy Kids, we survey them by mail and by telephone. We then follow up with these applicants over time to assess the differences in outcomes between children who enroll and children who do not.

Figure 1. Design of the Healthy Kids Evaluation Study



A more complete description of the study's overall design, its sampling and data collection protocols, and the progress to date is available in *Appendix A*. Detailed data tables are available in *Appendix B*, and a copy of the survey can be found in *Appendix C*.

PROJECT STATUS

This report provides results from the first mail survey of applicants to the Healthy Kids program. Since this data was collected immediately after individuals began applying for Healthy Kids, it represents their experiences *prior to enrollment*. These same individuals are currently being surveyed on an identical set of questions, and their responses will be used to assess program outcomes.

Although this baseline data does not yet tell us how effective the Healthy Kids program has been, it can still tell us some important things:

- **Lessons about the enrollment process:** We asked everyone we surveyed to tell us about their application experience. Their answers can tell us why some people enrolled and others didn't, and help identify common barriers to enrollment.
- **Lessons about who enrolled and who didn't:** We asked respondents to tell us about their child, their child's health, and their child's health care access, utilization, and costs *before* they applied to the program. This data can help us understand who is enrolling in Healthy Kids and identify any systematic differences between those who end up enrolling and those who do not.

PART ONE: LESSONS ABOUT THE ENROLLMENT PROCESS

We used baseline surveys to explore families' experiences with the application and enrollment process. In doing so, we learned three key things:

1. Most lower income families who didn't enroll encountered barriers, while choice drove non-enrollment among higher income families;
2. Many applicants seem confused about the Healthy Kids brand; and
3. Those who ended up enrolled were more likely to have had help with their application.

1. Most lower income families who didn't enroll encountered barriers, while choice drove non-enrollment among higher income families.

Questions: We asked everyone who started an application but didn't ultimately enroll to tell us why. We wanted to understand the most common reasons for not enrolling and identify barriers that might be hindering families from acquiring health insurance, and to know if the reasons were different for families below 200% of FPL (who would qualify for OHP) compared to families above 200% (who would go through KidsConnect).

Results: We heard from 864 families under 200% of FPL who applied for Healthy Kids but did not enroll. Of these families, only 17% reported that they had chosen not to enroll; the remainder encountered a barrier of some kind that prevented enrollment. Because of fewer applications from families who are income-eligible for KidsConnect, and because of higher enrollment success, we only heard from 66 families about their reasons for not participating in the program. However, choice was the most prevalent reason given (Figure 2).

Figure 2. Why didn't families enroll?

Healthy Kids/OHP	Healthy Kids/ KidsConnect
Didn't get paperwork in on time	4%
Chose not to enroll	50%
Child not uninsured long enough	1%
Not sure why	3%
Still waiting for final approval	7%
Various other reasons*	34%

*Includes a wide range of write-in responses. The most common reasons listed were being told (or believing) their income was too high for Healthy Kids, and claiming to have actually been denied by Healthy Kids. This may be a function of the OHP denial letter sent to Healthy Kids applicants who are found to not qualify for OHP, but who are still able to receive Healthy Kids benefits.

We asked anyone who said they *chose* not to enroll to tell us why, in their own words. We wanted to know if people were choosing not to enroll because of cost, dissatisfaction with the benefits offered, or some other reason, so we collapsed individual responses into broad themes to understand the reasons behind those choices. We received a variety of responses, but the most common reasons given were:

HK OHP Applicants:

- Found other insurance (39%)
- The paperwork took too long (10%)
- Generally confused/frustrated (8%)
- Believed that income was too high (6%)

HK KidsConnect Applicants:

- Program cost too much (52%)
- The waiting period (10%)
- Believed income was too high (6%)
- The paperwork took too long (6%)

Generally, we found cost and not wanting to have their children wait the requisite two months were most important drivers behind a decision not to enroll in KidsConnect, while deciding not to enroll in OHP was driven either by finding other insurance or generally becoming confused or frustrated with the enrollment process.

2. Many applicants seem confused about the Healthy Kids brand.

Questions: Even though we knew who was enrolled and who wasn't, we asked respondents to tell us whether their child was currently enrolled in Healthy Kids. Since families under 200% FPL are enrolled in OHP and families over 200% are routed to private insurance through an exchange, we wanted to know if enrolled parents still associated their child's insurance coverage with the Healthy Kids program, and if the Healthy Kids "branding" followed enrollees to their eventual insurance destination.

Results: We found pervasive confusion among families enrolled in Healthy Kids OHP -- one in five (21%) reported that their child was *not* currently enrolled in Healthy Kids when we asked them. We did not find comparable confusion in KidsConnect, where 96% correctly identified their child as enrolled.

Responses were likely impacted by brand confusion. When we presented enrolled families with a list of insurance types and asked them to check any that their child currently had, just one third (34%) of those in Healthy Kids/OHP responded that their insurance was through Healthy Kids; most (58%) simply identified their insurance as OHP and did not include Healthy Kids in their response. This suggests that Healthy Kids-OHP enrollees may not feel a distinct association with the Healthy Kids program, a phenomenon that may prove problematic if future redetermination materials arrive labeled with the Healthy Kids branding. We did not find a similar "brand disconnect" among KidsConnect families (Figure 3).

Figure 3. What name did parents give to their child's insurance?

Families Enrolled in HK OHP		Families Enrolled in HK KidsConnect	
OHP	58%	Private Plan	1%
Healthy Kids	21%	Healthy Kids	96%
Checked OHP AND Healthy Kids	13%	Checked Private Plan AND Healthy Kids	0%
Checked Something Else	8%	Checked Something Else	3%

3. Those who ended up enrolled were more likely to have had help with the application.

Questions: We asked everyone we surveyed whether they had received help with the Healthy Kids application and, if so, who helped them. We wanted to know if people who ended up enrolled were more likely to have received assistance with the application.

Results: Assistance was important: one in four (26%) enrolled members of Healthy Kids/OHP received some kind of help, as did 28% of those enrolled in KidsConnect. Those who ended up enrolled in OHP were significantly more likely to have had help than those who didn't (26% vs. 18%, Figure 4).

Figure 4. Who helped families enroll?

Families Enrolled in HK OHP			Families Enrolled in HK KidsConnect		
	Enrolled	Not Enrolled		Enrolled	Not Enrolled
Percent who had help	26%*	18%	Percent who had help	28%	26%
<i>Who Helped You?</i>			<i>Who Helped You?***</i>		
-Friend or Family	23%	15%	-Friend or Family	9%	6%
-Community organization	19%	34%	-Community organization	31%	22%
-Health care provider	23%	20%	-Health care provider	21%	44%
-Insurance agent	5%	3%	-Insurance agent	9%	6%
-Someone else	31%	29%	-Someone else	30%	22%

* Indicates statistically significant difference from the "not enrolled" group, p<.05, two-tailed chi-square test.

**We surveyed every person who applied to HK KidsConnect and a large majority of those who applied, enrolled (82%). These responses reflect n = 66.

PART TWO: LESSONS ABOUT WHO ENROLLED & WHO DIDN'T

We used the data from this first survey to profile applicants who ended up enrolling and compare them to those who did not. We wanted to understand who Healthy Kids enrollees are, and we also wanted to know if enrollees had different demographic, health, and health care profiles than those who did not end up enrolling. We learned four key things:

1. Families who ended up enrolling are demographically similar to families who didn't. Outreach appears to have been successful among minority communities, with the exception being American Indians/Alaska Natives, who were under-represented among applications.
2. Most enrolled children are in good overall health, but 4 in 10 have an ongoing health condition;
3. Many children applying to Healthy Kids had not been receiving recommended levels of routine care; and
4. Families applying to Healthy Kids were experiencing considerable health care related financial strain.

1. Families who ended up enrolling are demographically similar to families who didn't. However, based on estimates of uninsured kids in Oregon, we would have expected more applications from families who identify as American Indian/Alaska Native.

Questions: We asked Healthy Kids applicants for demographic information, such as race or education level. We wanted to know who these applicants were, and to determine if certain characteristics might make a person more or less likely to end up enrolled. We thought that if enrollees were different from non-enrollees in major ways, the Healthy Kids program might be able to make adjustments to be more inclusive.

Results: We did not find meaningful differences between those who enrolled and those who didn't enroll in our analyses; in general, people who responded to our survey were equally likely to navigate enrollment successfully regardless of their ethnicity, race, or preferred language (Figure 5). We looked for other types of demographic differences as well, but did not find any (see the data tables in Appendix B). Families who identify as Asian were less likely to enroll in KidsConnect, which may indicate a specific barrier or concern among this community.

Figure 5. Are Enrollees different from Non-enrollees*?

	HK OHP Applicants		HK KidsConnect Applicants	
	Enrolled	Not Enrolled	Enrolled	Not Enrolled
Hispanic or Latino	26%	26%	18%	17%
White	68%	69%	75%	71%
Black	2%	1%	3%	2%
Asian/Native Hawaiian/PI	4%	3%	3%**	11%
American Indian/Alaska Native	2%	2%	2%	5%
Percent Other or Multiracial	24%	26%	16%	11%
Preferred language=Spanish	11%	11%	8%	8%

*Note: Whites were significantly more likely to respond to our survey ($p < .001$, two-tailed chi square test) and our results are weighted to account for this.

**Note: Indicates statistically significant difference from the "not enrolled" group, $p < .05$, two-tailed chi-square test.

However, we wanted to understand whether minority populations were under-represented among program applicants as a whole (Figure 6). Our estimates indicate the state has led a successful outreach campaign in most minority communities, particularly among African-Americans. However, the state received half as many applications as would be expected from American Indians/Alaska Natives, suggesting a need for increased or targeted outreach.

Figure 6. Are Minority Families Underrepresented Among Applicants?

Racial/Ethnic Identification	Oregon’s Uninsured Children by Race/Ethnicity (0-18)*	All Healthy Kids Applications (0-19)**
White	81.7%	86.7%
African-American	2.8%	4.5%
Asian, Native Hawaiian/PI	4.8%	6.2%
American Indian/Alaska Native	5.3%	2.4 %
Multi-Racial	4.8%	<1 %
Other	<1%	n/a
Hispanic	20.7%	20.5%

*Note: Data from the 2010 Oregon Health Insurance Survey, provided by the Office for Oregon Health Policy & Research

**Note: Includes everyone who applied for Healthy Kids during our sampling window, regardless of whether they were included in the random sample for this study or not. The state administrative database does not offer “other” as a racial category. Applications where race was not assigned were not included in the analysis.

2. Most children enrolling in Healthy Kids are in good overall health, but 4 in 10 have health conditions that require ongoing care.

Questions: We asked respondents to tell us a number of different things about their child’s health. We wanted to understand the overall health needs of the children being enrolled, to see if there were any signs that guaranteed issue had resulted in large numbers of applications from families with very sick children, and to find out whether families with sicker children were more likely to make it through the process and become enrolled.

Results: The children who applied to or enrolled in Healthy Kids were not in particularly poor health. When we asked parents to rate their child’s overall health on a five point scale ranging from *excellent* to *poor*, approximately 95% reported that their child’s health was “good, very good, or excellent.” We also asked applicants to tell us if their child’s health had been declining recently, and almost all reported that their child’s health had been stable or improving over the last year. Thus, there seems to be very little evidence that guaranteed issue introduced a flood of applications from families with extremely sick children. Despite this good overall health, however, we did find that about four in ten children across the board have at least one health condition that requires ongoing attention and care (Figure 7).

Figure 7. What are the health needs of children who applied?

HK OHP Applicants

HK KidsConnect Applicant

	Enrolled	Not Enrolled		Enrolled	Not Enrolled
Good or better overall health	95%	94%	Good or better overall health	94%	94%
Health stable over last year	97%	96%	Health stable over last year	96%*	89%
No ongoing health condition	63%	64%	No ongoing health condition	60%	59%
<i>Percent With....</i>			<i>Percent With....</i>		
--Diabetes	1%	1%	--Diabetes	1%	2%
--Asthma	9%	11%	--Asthma	11%	15%
--Behavioral/Mental Health	9%	9%	--Behavioral/Mental Health	10%	9%
--Developmental Disability	6%	4%	--Developmental Disability	7%	7%
--Other Ongoing Condition	12%	11%	--Other Ongoing Condition	11%	8%

* Indicates statistically significant difference from the "not enrolled" group, p<.05, two-tailed chi-square test.

To get a sense of how severe these ongoing health problems were, we also asked parents if their child had an ongoing health condition that significantly interfered with the child's school, family activities, or social time with friends. All told, 14% of those who enrolled reported that their child did have such a condition.

3. Many children applying to Healthy Kids did not receive recommended levels of routine health care in the year before they applied.

Questions: We asked families several questions about how often they get care for their child and where they go to access that care. We wanted to know if Healthy Kids enrollees were likely to use a lot of care after enrolling, and what types of care they might use. We also wanted to know if most families already had a place they usually went for care before applying, and to understand if having such a place impacted their likelihood to enroll.

Results: We found that nearly a third of enrolled children had not received routine health care in the previous year, despite recommendations from the *American Academy of Pediatrics* that children get at least one routine checkup annually. Likewise, we found that most enrolled children (60%) had not had a dental checkup within the previous year (Figure 8).

We also asked if families already had a “usual place” they went to get care before applying to Healthy Kids, and found that most families (80%) did. This did not significantly vary by whether or not a family ended up enrolled in HK OHP but we found a significant difference in KidsConnect; those who enrolled were more likely (83%) than those who did not enroll (70%) to report having a pediatric usual source of care ($p < .05$, two-tailed chi-square test). Not surprisingly, we also found that kids enrolled in KidsConnect were more likely to have had routine health care prior to applying to the program (Figure 8). This established care might have been a motivating factor for enrolling in KidsConnect or providers may have played a role in facilitating successful enrollment for these families.

Figure 8. How Much Care Did Children Use in the Year Preceding Their Application to Healthy Kids?

	HK OHP Applicants		HK KidsConnect Applicants	
	Enrolled	Not Enrolled	Enrolled	Not Enrolled
ROUTINE CARE				
Had NO routine medical care	29%	32%	32%*	55%
Had NO dental visits/checkups	58%	59%	63%	71%
URGENT CARE				
Had 1+ Urgent care visits	52%	53%	57%	45%
Had 1+ ED visits	20%	21%	21%	21%

* Indicates statistically significant difference from the "not enrolled" group, $p < .05$, two-tailed chi-square test.

Applicants were fairly likely to have used urgent care or EDs for their child in the year before applying (Figure 8). We wanted to understand how much emergency department use was for non-emergent care, so we asked everyone whose child had an ED visit to tell us the reason for their most recent visit. We found that 4 in 10 (44%) of those reporting an ED visit said the visit was caused by an actual emergency; the remainder used the ED because they did not have a regular doctor, or could not access their regular doctor and didn't know where else to go (Figure 9).

**Figure 9. Why Did Families Take Their Child to the ED?
(Among those whose child had at least one visit)**

Reason for ED Visit	Percent
Needed emergency care	44%
Regular doctor's office was closed	24%
Couldn't get timely appointment with regular doctor	7%
Didn't know where else to go	5%
Didn't have a regular doctor	8%
Child needed a prescription drug	3%
Other reasons	10%

4. Families applying to healthy kids were experiencing considerable healthcare related financial strain.

Questions: We asked families to estimate the out of pocket health care costs they paid for their child in the year prior to applying, and to estimate any medical debt they were carrying that was related to their child's health care. We wanted to know how medical expenses had impacted families that were enrolling, and to understand if families that ended up enrolling had recently experienced greater strain associated with medical expenses.

Results: We found that families applying to Healthy Kids had experienced significant financial strain related to their child's health care in the year before they applied. Over half (53%) had accumulated medical debt related to their child's health care, and a similar number reported having had to borrow money or skip paying other bills in order to pay medical costs for their child (Figure 10). We found that those who ended up enrolled in HK OHP reported considerably higher financial impacts across all our measures, which may have motivated or contributed to application success. Also, we note that KidsConnect enrollees had lower out of pocket costs in the previous year, compared to those who didn't enroll. Since we know that KidsConnect enrollees were more likely to have a pediatric usual source of care and to have had routine health care for their child in the previous year, this may reflect being tied into service providers that are in the safety-net or providing charity care.

Figure 10. How Much Financial Strain Were Applicant Families Under?

HK OHP Applicants

HK KidsConnect Applicants

	Enrolled	Not Enrolled
Had Out of Pocket Medical Costs	47%*	25%
Had Medical Debt	57%*	48%
Experienced Financial Strain**	56%*	46%

	Enrolled	Not Enrolled
Had Out of Pocket Medical Costs	18%*	28%
Had Medical Debt	57%	52%
Experienced Financial Strain*	52%	47%

* Indicates statistically significant difference from the "not enrolled" group, p<.05, two-tailed chi-square test.

**We defined financial strain as having to borrow money from friends or family, skip paying bills, or pay other bills late because of healthcare costs.

To better understand the financial strain among enrollees, we asked parents to estimate how much money they paid out of pocket for their child's care last year, and how much they currently owed for their child's health care. We wanted to know if most people were talking about a relatively small amount of money, or if out of pocket costs and medical debt tended to be substantial among those who applied to Healthy Kids. We found that applicants to Healthy Kids had paid an average of \$370 out of pocket for their child's care in the previous year; the median amount (the number which half the people paid more than, and half paid less than) was \$300. Likewise, we found that 31% of those enrolling in Healthy Kids brought with them an outstanding medical debt of \$500 or more, a substantial sum for a low-income family.

FOR FUTURE RESEARCH

This research faced a number of challenges in differentiating the experience of those who enrolled in HK KidsConnect from those who didn't: KidsConnect has fewer applicants, only 1,104 applied over the six month survey fielding window; and KidsConnect applicants were much more likely to actually enroll in the program than OHP applicants (82% vs. 68%). While those who enrolled were significantly more likely to respond to our survey (61%), those who didn't responded at a similar rate as the HK OHP population (34%). Our understanding of those who didn't enroll in HK KidsConnect comes from only 66 surveys, compared to 864 of those who didn't enroll in HK OHP (Appendix A). While it may be an artifact of small sample size, there were some interesting differences between programs and within enrollment outcomes in HK KidsConnect:

- Across the board, OHP applicants were getting more care than KidsConnect applicants prior to applying to Healthy Kids, likely from the safety-net.
- Finances seemed to have a different impact on enrollment depending on the program. In HK OHP, poor finances may have increased underlying motivation and support from others, improving likelihood of enrollment. Yet poor finances for KidsConnect applicants may have simply made the program unaffordable.
- The health care experience of those who successfully enrolled in KidsConnect looks different than those who didn't: the kids of enrollees were more likely to have had stable health over the past year, a usual source of health care, had more routine care, and paid less out of pocket for medical expenses.

In summary, the people who are not enrolling their kids in the Healthy Kids/KidsConnect program may represent a particularly vulnerable group who cannot afford the program and have kids with higher need and less access to care, even as they are paying more out-of-pocket for care received. We recommend this as an area for future research.

NEXT STEPS

The Healthy Kids Evaluation Survey is an ongoing project. We are in the process of mailing the 12 month follow-up survey to those who responded to our baseline survey. By comparing each person's responses at baseline to those at follow-up, we will be able to assess *changes* that occur in the health and health care experiences of enrolled vs. non-enrolled individuals over time. In early 2012, we will be poised to answer questions like:

- Do children who enroll enjoy better access to health care than those who don't? How much does enrollment in Healthy Kids reduce the incidence of unmet health care needs?
- Does enrollment change the way families seek and use health care for their child? Do enrolled children receive recommended levels of routine care? Do they use urgent care and emergency departments differently than non-enrolled children?
- Do families with enrolled children experience less financial strain related to health care costs? Do they accumulate less medical debt?
- Do children who enroll have better health than children who don't enroll? Is their health more stable? Are their health conditions better managed, and thus less likely to interfere with their normal activities?

CONTACT

This study is a partnership between the Office for Oregon Health Policy & Research, the Office of Healthy Kids, the Center for Outcomes Research (CORE) at Providence Health & Services, and Portland State University. The Principle Investigators for the independent evaluation are:

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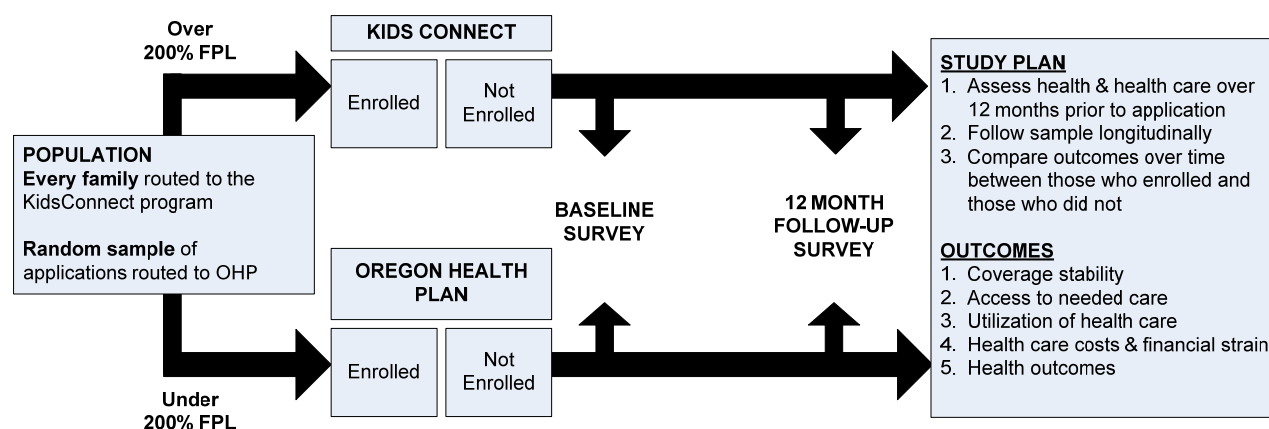
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Appendix A Overview of Study Plan

OVERVIEW

The goal of the Healthy Kids survey is to assess the program's impacts on health and health care for those who enroll. To accomplish this, key outcomes are tracked for newly enrolled Healthy Kids clients and for applicants who did not complete the enrollment process. Baseline results were collected when families initiate an application to assess the health and health care experiences of individuals prior to their enrollment. Now a year later, we are mailing a follow-up survey with those same families that will yield information about how their respective outcomes have changed over time.

Design of the Healthy Kids Evaluation Study



PARTNERS

In order to accomplish an independent evaluation of program effects, The Office of Healthy Kids and the Office for Oregon Health Policy & Research (OHPR) partnered with researchers at Providence Health System's Center for Outcomes Research & Education (CORE) and Portland State University. The surveys are fielded out of CORE's offices in Portland.

SAMPLING

CORE worked with the Office for Oregon Health Policy and Research (OHPR), the Division of Medical Assistance Programs (DMAP); the Children, Adults and Families division (CAF); and the Office for Private Health Partnerships (OPHP) to obtain a list of applicants to Healthy Kids each month. Every month from September 2010 through February 2011, DMAP, CAF, and OPHP sent OHPR a list of the families who applied to Healthy Kids. OHPR then sent the compiled list to CORE. The goal was to target three policy relevant groups:

1. Healthy Kids enrollees - 200% FPL and Under (Oregon Health Plan clients)
2. Healthy Kids enrollees – 201% FPL and Over (KidsConnect clients)
3. Healthy Kids applicants (OHP and KidsConnect) who did not enroll after initially submitting a signed application

The Healthy Kids/KidsConnect program receives significantly fewer applications per month than the Healthy Kids Oregon Health Plan Program. For HK KidsConnect, we mailed survey to all applicants during our sample window.

For the Healthy Kids/Oregon Health Plan program, CORE drew a random sample of approximately 900 names per month, half who successfully enrolled and half who did not. We drew names for six months in order to reach the targeted sample goal of approximately 6,000. We limited our sample to one child per household, excluding newborns who had been auto-enrolled, anyone who had been on OHP in the last 12 months, and those whose primary language was not English or Spanish.

WEIGHTING

CORE weighted final results to account for non-response bias in the surveys, and to account for the “one child per household” sample selection strategy. We noted that white applicants were more likely to return surveys ($p < .001$, two-tailed chi-square test); and also adjusted for this in our analysis.

SURVEY PROTOCOL

Two-Wave Mailing: Following our standard survey protocol, CORE implemented a two-wave survey mailing. All addresses were first passed through the National Change of Address (NCOA) database. Those with valid addresses were sent an initial survey in a six-inch by nine-inch envelope that also contained a \$5 bill and a pre-paid return envelope. Those who did not respond to the initial survey mailing were sent another survey, without the \$5 bill, three weeks later. Any surveys that bounced back from the post office as well as any of the NCOA bad addresses were held on to for further tracking.

Phone Calling and Tracking: Because the initial response rate was lower than anticipated, CORE implemented a phone calling and tracking protocol. All participants who had bad addresses and a valid phone number listed on their application received a phone call from a CORE tracker. The participant could then update their address information on the phone and receive a new survey by mail or they could complete the survey at that time over the phone.

For those participants with bad addresses and no valid phone number, CORE implemented a tracking protocol. Free and commercial databases were used to update information on sample members’ residences, and a combination of phone and mail outreach was used to test and verify new addresses. CORE also reached out to non-responders via email and social networking sites, and linked such non-responders to an online version of the survey tool.

RESPONSE RATES

Our final adjusted response rate for the baseline survey is 37.2%. This response rate reflects our aggressive, two-wave mixed mode survey. It does not take participants with bad addresses out of the denominator, as is sometimes done in Medicaid surveys, because CORE believes doing so is not best practice.

Program and Enrollment Outcome	Number of Surveys Mailed	Number of Surveys Returned	Adjusted Response Rate*
Healthy Kids OHP			
Enrolled	2700	900	34.0%
Not-Enrolled	2700	847	32.3%
Healthy Kids KidsConnect			
Enrolled	910	545	61%
Not-Enrolled	194	66	35.8%

*Note: Excludes people who moved out of state and people for whom we identified a language barrier when reaching non-respondents by phone.

NEXT STEPS

We have a panel of approximately 2,400 individuals for our prospective longitudinal study. We are currently following up with these individuals to examine changes in their health and health care experiences from baseline, comparing outcomes among those who enrolled with those who did not enroll. Our final report will be available in early 2012.

For more information about the study protocol, please contact one of the principle investigators:

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APPENDIX B: DATA TABLES

Table 1. Insurance Coverage History of Applicants by Enrollment Status

	Healthy Kids OHP		KidsConnect		Total
	Enrolled n=900	Not Enrolled n=847	Enrolled n=545	Not Enrolled n=66	n=2358
Current Insurer*					
Healthy Kids	27.8	4.4	94.6	1.5	33.7
OHP/Medicaid	58.1	7.0	1.5	4.6	27.6
Employer or Family Member Employer	6.4	29.3	0.7	16.4	13.1
Private Plan	0.9	10.5	1.0	7.3	4.2
Other	3.3	7.4	1.8	2.8	4.4
No Insurance	2.9	40.5	0.2	67.3	16.5
I don't know	0.6	0.9	0.2	0.0	0.6
Coverage for Past 12 Months					
No coverage for 12 months	13.9	26.0	20.1	63.6	21.1
Coverage for 1-6 months	38.7	16.6	50.3	25.8	33.1
Coverage for 7-11 months	33.0	43.5	13.1	6.1	31.4
Continuous coverage	14.4	13.9	16.6	4.5	14.4

Note: Categories marked with a "*" are questions that allow "Mark all that apply" for the respondents' answers. The percentages in these categories are based on the total number of times that response was checked over the total number of participant responses for that question.

Table 2. Enrollment and Application Experience of Applicants by Enrollment Status

	Healthy Kids OHP		KidsConnect		Total
	Enrolled n=900	Not Enrolled n=847	Enrolled n=545	Not Enrolled n=66	n=2358
Currently Enrolled in Healthy Kids					
Yes	51.5	9.1	97.2	3.0	45.5
No	19.5	78.6	2.2	89.4	38.7
I don't know	29.0	12.3	0.6	7.6	15.8
If Not Enrolled, Why?*	n =367**	n =753	n =13**	n =63	
Waiting on application approval	16.4	16.3	0.0	7.5	15.7
Told child wasn't uninsured long enough	2.8	15.4	5.9	1.3	10.7
Didn't get paperwork in	5.1	20.6	0.0	4.5	14.8
Chose not to enroll	10.3	16.8	33.3	49.6	16.6
Some other reason	16.8	19.1	39.5	34.2	19.3
I don't know	48.7	11.8	21.3	2.9	22.8
Did You Have Help Applying?					
Yes	26.1	18.5	28.4	26.2	23.9
No	73.9	81.5	71.6	73.8	76.1
Who Helped You?					
A health care provider	21.9	19.8	21.0	44.4	21.7
A community org., church, or school	19.2	33.9	30.8	22.2	26.9
An insurance agent	4.6	2.8	9.1	5.6	5.2
A family member or friend	23.3	14.7	9.1	5.6	16.3
Someone else not listed	31.1	28.8	30.1	22.2	29.8
Why Did You Enroll in Healthy Kids?*					
More affordable for my family	45.2	44.6	57.7	26.1	48.8
More choices of doctors and hospitals	6.7	4.4	7.0	6.4	5.8
Better benefits	15.5	11.3	20.9	0.0	15.2
It was my only option	10.5	8.7	6.6	13.6	8.5
Some other reason	22.1	31.0	7.9	53.9	21.7

* Note: Categories marked with a "*" are questions that allow "Mark all that apply" for the respondents' answers. The percentages in these categories are based on the total number of times that response was checked over the total number of participant responses for that question. Not every person provided reasons for why they weren't enrolled or why they chose to enroll.

**Note: These responses come from people who did not know they were enrolled in HK OHP or HK KidsConnect even though data from the state indicated that they were.

Table 3. Demographics of Applicants by Enrollment Status

	Healthy Kids OHP		KidsConnect		Total
	Enrolled n=900	Not Enrolled n=847	Enrolled n=545	Not Enrolled n=66	n=2358
Child's Age					
0-6	37.4	37.6	33.1	31.1	36.3
7-12	32.8	34.4	35.0	36.1	34.0
13+	29.8	28.0	31.9	32.8	29.7
Child's Sex					
Male	50.2	51.7	51.7	46.8	51.0
Female	49.8	48.3	48.3	53.2	49.0
Child's Race					
White	68.0	68.7	75.4	71.4	70.1
Black or African American	2.0	1.1	2.8	1.6	1.8
Asian	3.9	3.0	3.2	11.1	3.6
American Indian or Alaska Native	2.2	1.6	2.3	4.8	2.1
Multiracial or Other	23.8	25.7	16.4	11.1	22.4
Child's Ethnicity					
Hispanic or Latino	26.1	25.6	18.1	17.2	23.8
Not Hispanic or Latino	73.9	74.4	81.9	82.8	76.2
Highest Education in Household					
Less than High School	10.9	7.9	6.5	4.8	8.7
High School or GED	39.0	33.9	29.6	27.4	34.6
Vocational training or 2-year degree	29.4	27.5	33.0	30.6	29.6
4-year college degree or more	20.7	30.7	30.9	37.1	27.1

Note: Categories marked with a "*" are questions that allow "Mark all that apply" for the respondents' answers. The percentages in these categories are based on the total number of times that response was checked over the total number of participant responses for that question.

Table 4. Health History of Applicants by Enrollment Status

	Healthy Kids OHP		KidsConnect		Total
	Enrolled n=900	Not Enrolled n=847	Enrolled n=545	Not Enrolled n=66	n=2358
Child's Health Status					
Excellent	42.0	40.4	40.1	31.7	40.7
Very Good	34.3	33.8	37.1	33.3	34.7
Good	18.3	20.2	17.3	28.6	19.0
Fair	4.5	4.7	5.0	6.3	4.8
Poor	0.9	0.8	0.6	0.0	0.8
Change in Health in Last 12 Months					
Better	17.5	10.9	10.6	12.3	13.4
Same	79.1	85.5	85.8	76.9	82.9
Worse	3.4	3.5	3.6	10.8	3.7
Diagnosed Health Conditions*					
Diabetes or sugar diabetes	0.7	0.5	0.7	1.5	0.6
Asthma	8.9	10.9	11.1	15.2	10.3
Behavioral or mental health diagnosis	8.9	9.3	10.0	9.3	9.3
Developmental delay or learning disability	6.5	4.3	7.5	6.9	6.0
Other ongoing health condition	12.0	10.7	11.0	8.1	11.2
No diagnosed health condition	63.1	64.4	59.7	59.0	62.7
Health Problems Interfering with School or Social Activities with Family or Friends					
Yes	12.0	15.2	16.2	20.6	14.4
No	88.0	84.8	83.8	79.4	85.6

Note: Categories marked with a "*" are questions that allow "Mark all that apply" for the respondents' answers. The percentages in these categories are based on the total number of times that response was checked over the total number of participant responses for that question.

Table 5. Health Care Access History of Applicants by Enrollment Status

	Healthy Kids OHP		KidsConnect		Total n=2358
	Enrolled n=900	Not Enrolled n=847	Enrolled n=545	Not Enrolled n=66	
Usual Source Of Care					
Yes	78.5	80.5	82.5	69.8	79.9
No	21.5	19.5	17.5	30.2	20.1
Needed Medical Care in Last 12 Months					
Yes	69.2	71.4	78.6	63.1	72.0
No	30.8	28.6	21.4	36.9	28.0
If Yes, Got Needed Care					
Yes	82.3	79.4	77.3	65.9	79.6
No	17.7	20.6	22.7	34.1	20.4
Needed Prescriptions in Last 12 Months					
Yes	49.5	51.3	51.9	42.4	50.5
No	50.5	48.7	48.1	57.6	49.5
If Yes, Got Needed Prescriptions					
Yes	87.6	85.0	87.0	80.0	86.3
No	12.4	15.0	13.0	20.0	13.7
Needed Prescriptions, but Skipped Doses or Took Less Medication Because of Cost					
Yes	61.8	63.6	67.6	16.7	62.1
No	34.5	30.3	29.4	66.7	32.9
I don't know	3.6	6.1	2.9	16.7	5.0
Got Needed Dental Care in Last 12 Months					
Yes	41.8	41.3	36.9	28.4	40.1
No	43.7	46.8	47.2	65.7	46.2
I don't know	2.2	1.1	1.3	0.0	1.5
Child didn't need dental care	12.2	10.9	14.6	6.0	12.1

Note: Categories marked with a "*" are questions that allow "Mark all that apply" for the respondents' answers. The percentages in these categories are based on the total number of times that response was checked over the total number of participant responses for that question.

Table 6. Health Care Utilization History of Applicants by Enrollment Status

	<u>Healthy Kids OHP</u>		<u>KidsConnect</u>		<u>Total</u>
	Enrolled n=900	Not Enrolled n=847	Enrolled n=545	Not Enrolled n=66	n=2358
In Last 12 Months, How Many Times Did Child Receive Routine Medical Care?					
None	29.3	32.0	32.3	54.7	31.7
1 time	32.3	35.2	35.7	34.4	34.2
2 times	18.8	15.3	14.4	3.1	16.1
3 times	6.7	7.1	7.8	1.6	6.9
4 times	6.2	5.0	5.4	1.6	5.5
5 or more times	6.8	5.4	4.4	4.7	5.7
In Last 12 Months, How Many Times Did Child Receive Urgent Care?					
None	47.6	46.4	42.6	54.7	46.2
1 time	22.9	24.9	26.6	17.2	24.3
2 times	14.0	12.4	13.8	7.8	13.2
3 times	7.0	7.5	7.8	7.8	7.4
4 times	3.5	4.5	5.0	4.7	4.3
5 or more times	5.0	4.3	4.1	7.8	4.6
In Last 12 Months, How Many Times Did Child Go to the ER?					
None	79.5	79.3	78.9	78.5	79.3
1 time	14.8	15.4	15.9	15.4	15.3
2 times	4.0	3.6	3.1	6.2	3.7
3 or more times	1.7	1.7	2.0	0.0	1.7
If yes, Why Did They Go to the ER?*					
Child needed emergency care	42.3	45.4	46.0	43.4	44.3
Doctor's office/clinic were closed	26.0	23.9	21.6	25.5	24.2
Couldn't get appt. to see reg. doc. in time	8.2	5.8	5.2	6.7	6.6
Child didn't have a regular doctor	7.6	6.0	9.3	14.5	7.8
Couldn't afford co-pay to see doctor	1.1	2.7	3.4	0.0	2.2
Child needed a prescription drug	3.0	2.7	2.4	0.0	2.6
Didn't know where else to take my child	4.1	5.1	5.3	3.2	4.7
Some other reason	7.5	8.0	6.8	6.7	7.5
I don't know	0.2	0.2	0.0	0.0	0.2

Note: Categories marked with a "*" are questions that allow "Mark all that apply" for the respondents' answers. The percentages in these categories are based on the total number of times that response was checked over the total number of participant responses for that question.

APPENDIX C:
Healthy Kids Survey

Healthy Kids Survey

For Parents of Children Who Applied for Healthy Kids Coverage

Thank you for helping us better understand your child's health insurance and health care experiences. Results from this study will be used to help leaders in Oregon improve children's access to health care in the future.

All questions on this survey refer to health care for your child. **If you have more than one child, please answer for the child named in the letter you received with this survey.**

When finished, please put the survey in the postage-paid envelope and mail it. If you have questions about this survey, please call 1-877-215-0686.

Survey Instructions

1. Answer all the questions by checking the box to the left of the answer.
2. You are sometimes told to skip over questions in this survey. When this happens, you will see an arrow with a note that tells you what question to answer next, like this:

Yes → (Go to Question 1)

No

YOUR CHILD'S HEALTH INSURANCE COVERAGE

1. Does your child **currently** have health insurance through any of the following? *Mark all that apply.*

- Healthy Kids
- Oregon Health Plan (OHP)/Medicaid
- My employer or family member's employer
- A private plan I pay for myself
- Other coverage: _____
- My child doesn't have any insurance now
- I don't know

2. For how many of the **last 12 months** did your child have some kind of health insurance?

- No insurance during the last 12 months
- 1-6 months
- 7-11 months
- My child was insured for all of the last 12 months

3. Our records show that you applied to Healthy Kids for your child. Is your child currently enrolled in Healthy Kids?

- Yes → (Go to Question 5)
- No
- I don't know

4. If your child is not enrolled in Healthy Kids, why not? *Mark all that apply.*

- I haven't heard back yet if my child's application was approved
- I was told my child hadn't been uninsured long enough to qualify
- I didn't get all the paperwork turned in on time (such as income verification, my child's birth certificate, etc.)
- I chose not to enroll my child in Healthy Kids

↳ *Why not?* _____

- Some other reason: _____
- Does not apply. My child's application was approved
- I don't know

5. Did someone help you complete the Healthy Kids application?

- Yes
- No, I completed it myself → (Go to Question 7)



6. Who helped you complete the Healthy Kids application?
- A health care provider
 - A community organization, church, or school
 - An insurance agent
 - A family member or friend
 - Someone else not listed here: _____
 - Does not apply. I completed the application myself.
7. Did your employer or a family member's employer offer health insurance coverage for your child at the time you applied to Healthy Kids?
- Yes
 - No → (Go to Question 9)
8. Why did you decide to enroll your child in the Healthy Kids program? *Mark all that apply.*
- Healthy Kids is more affordable for my family
 - Healthy Kids offered more choices of doctors and hospitals
 - Healthy Kids offered better benefits
 - Healthy Kids was my only option
 - Some other reason: _____

YOUR CHILD'S ACCESS TO HEALTH CARE

9. Is there a place your child usually goes to receive medical care?
- Yes
 - No → (Go to Question 11)
10. **Where** does your child **usually** go to receive medical care? *Mark only one.*
- A private doctor's office or clinic (including a hospital-based clinic)
 - A public health clinic, community health center, or tribal clinic
 - A hospital emergency room
 - An urgent care clinic
 - Some other place not listed here
 ↪ *Where?* _____
 - Does not apply. My child doesn't have a usual place
 - I don't know

11. Was there a time in the **last 12 months** when your child needed medical care?
- Yes
 - No → (Go to Question 16)
12. If your child needed medical care in the **last 12 months**, did he or she get **all** the care he or she needed?
- Yes → (Go to Question 16)
 - No
 - My child didn't need care in the last 12 months
13. The most recent time your child went without needed medical care, what were the main reasons? *Mark all that apply.*
- It cost too much
 - My child didn't have insurance
 - The doctor wouldn't take our insurance
 - I owed money to the care provider
 - I couldn't get an appointment quickly enough
 - The office wasn't open when I could get there with my child
 - My child didn't have a regular doctor
 - Some other reason: _____
 - My child didn't need care or got all the care he or she needed in the last 12 months
 - I don't know
14. **In the last 12 months**, did your child have an illness or injury that needed care right away from a doctor's office, clinic, or emergency room?
- Yes
 - No → (Go to Question 16)
15. In the **last 12 months**, when your child **needed care right away**, how often did your child get care as soon as you thought he or she needed?
- Always
 - Usually
 - Sometimes
 - Never
 - My child did not need medical care right away in the last 12 months



16. In the **last 12 months**, has your child needed or used **medicine prescribed by a doctor** (other than vitamins)?
- Yes
- No → (Go to Question 20)
17. Did your child get **all** the medications he or she needed in the **last 12 months**?
- Yes → (Go to Question 20)
- No
- My child didn't need prescription medications in the last 12 months
18. The most recent time your child went without prescription medications he or she needed, what were the main reasons? *Mark all that apply.*
- They cost too much
- My child didn't have insurance
- My child didn't have a regular doctor
- I couldn't get a prescription
- I couldn't get to the pharmacy
- Some other reason: _____
- My child didn't need prescription medications in the last 12 months
- I don't know
19. In the **last 12 months**, was there ever a time your child had to **skip doses** or **take less medication** because you couldn't afford the medicine?
- Yes
- No
- I don't know
- My child didn't need prescription medications in the last 12 months
20. In the **last 12 months**, did your child get all the **dental care** he or she needed, including check-ups and cleanings?
- Yes
- No
- I don't know
- My child didn't need dental care in the last 12 months
21. Does your child have any kind of emotional, developmental, or behavioral problem for which he or she needs or gets treatment or counseling?
- Yes
- No → (Go to Question 23)
- I don't know
22. In the **last 12 months**, how much of a problem, if any, was it for you to get this treatment or counseling for your child?
- A big problem
- A small problem
- Not a problem
- My child did not need treatment or counseling
23. In the **last 12 months**, did you try to make any appointments for your child to see a specialist? *Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.*
- Yes
- No → (Go to Question 25)
- I don't know
24. In the **last 12 months**, how much of a problem, if any, was it to get appointments for your child with specialists?
- A big problem
- A small problem
- Not a problem
- My child did not need an appointment with a specialist

YOUR CHILD'S USE OF HEALTH CARE

25. During the **last 12 months**, how many times did your child see a doctor, nurse, or other health care provider for **routine medical care** such as a physical exam or regular check-ups? *Do not include visits when your child was sick or injured. Your best estimate is fine.*
- None
- 1 time
- 2 times
- 3 times
- 4 times
- 5-9 times
- 10 or more times



26. During the **last 12 months**, how many times did your child go to a clinic or doctor's office for an **illness, injury, or condition that needed care right away**? *Do not include regular check-ups, hospital visits, or visits to the emergency department. Your best estimate is fine.*
- None 4 times
 1 time 5-9 times
 2 times 10 or more times
 3 times

27. In the **last 12 months**, how many times did your child go to an emergency room to get care? *Your best estimate is fine.*
- None → (Go to Question 29)
 1 time
 2 times
 3 or more times

28. What were the reasons your child went to the emergency room instead of somewhere else for health care? *Mark all that apply.*
- My child needed emergency care
 Doctors' offices/clinics were closed
 I couldn't get an appointment to see a regular doctor soon enough
 My child didn't have a regular doctor
 I couldn't afford the co-pay for my child to see a doctor
 My child needed a prescription drug
 I didn't know where else to take my child
 Some other reason: _____
 My child did not go to the emergency room in the last 12 months
 I don't know

HEALTH CARE COSTS

29. In the **last 12 months**, have you paid any out of pocket medical expenses for your child? *Out of pocket costs are costs you pay yourself, like premiums, co-pays, and prescription costs for any health care including dental and vision.*
- No → (Go to Question 32)
 Yes
 ↳ About how much have you paid in the last 12 months? *Your best guess is fine.*
 \$ _____

30. Do you **currently** owe money to a health care provider, credit card company, or anyone else for **your child's medical expenses**?
- No
 Yes
 ↳ About how much do you currently owe?
 Your best guess is fine.
 \$ _____

31. In the **last 12 months**, have you had to borrow money, skip paying other bills, or pay other bills late to pay your child's medical expenses for any health care, including dental and vision?
- No
 Yes

YOUR CHILD'S HEALTH

32. In general, would you say your child's health is:
- Excellent
 Very Good
 Good
 Fair
 Poor
33. How has your child's health changed in the **last 12 months**?
- His or her health has gotten better
 His or her health is about the same
 His or her health has gotten worse

34. In the **last 12 months**, have chronic or ongoing problems with your child's health significantly interfered with any of the following? *Do not include minor illnesses or injuries such as the flu, a cold, or a sprained ankle. Mark all that apply.*
- School
 Social activities with friends
 Family activities
 No, my child's health has not significantly interfered with his or her school or activities



35. Have you ever been told by a doctor or other health professional that your child has any of the following? *Mark all that apply.*

- Diabetes or sugar diabetes
 - Asthma
 - A behavioral or mental health diagnosis (such as depression, anxiety, or ADHD)
 - A developmental delay or learning disability
 - Another ongoing health condition
- Which one?* _____
- No, my child has never been diagnosed with an ongoing health condition

36. In the **last 3 months**, has your child's height and weight been measured?

- Yes
- No/I don't know → (Go to Question 39)

37. The last time your child was measured, what was his or her height?

___ Feet and ___ Inches

- I don't know

38. The last time your child was weighed, what was his or her weight?

_____ pounds

- I don't know

ABOUT YOU AND YOUR CHILD

39. Is your child male or female?

- Male
- Female

40. What is your child's date of birth? _____
mm/dd/yyyy

41. What was your gross household income (before taxes and deductions are taken out) for last year (2009)? *Your best estimate is fine.*

- | | |
|---|---|
| <input type="checkbox"/> \$0 | <input type="checkbox"/> \$25,001 to \$27,500 |
| <input type="checkbox"/> \$1 to \$2,500 | <input type="checkbox"/> \$27,501 to \$30,000 |
| <input type="checkbox"/> \$2,501 to \$5,000 | <input type="checkbox"/> \$30,001 to \$32,500 |
| <input type="checkbox"/> \$5,001 to \$7,500 | <input type="checkbox"/> \$32,501 to \$35,000 |
| <input type="checkbox"/> \$7,501 to \$10,000 | <input type="checkbox"/> \$35,001 to \$37,500 |
| <input type="checkbox"/> \$10,001 to \$12,500 | <input type="checkbox"/> \$37,501 to \$40,000 |
| <input type="checkbox"/> \$12,501 to \$15,000 | <input type="checkbox"/> \$40,001 to \$42,500 |
| <input type="checkbox"/> \$15,001 to \$17,500 | <input type="checkbox"/> \$42,501 to \$45,000 |
| <input type="checkbox"/> \$17,501 to \$20,000 | <input type="checkbox"/> \$45,001 to \$47,500 |
| <input type="checkbox"/> \$20,001 to \$22,500 | <input type="checkbox"/> \$47,501 to \$50,000 |
| <input type="checkbox"/> \$22,501 to \$25,000 | <input type="checkbox"/> \$50,001 or more |

42. Compared to **12 months ago**, is your household income:

- Higher
- About the same
- Lower
- I don't know

43. Is your child of Hispanic or Latino origin or descent?

- Yes
- No

44. How would you describe your child's race? *Mark all that apply.*

- White
- Black or African-American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Pacific Islander
- Other: _____

45. What is the highest level of education completed by anyone in your household?

- Less than high school
- High school diploma or GED
- Vocational training or 2-year degree
- A 4-year college degree or more



46. How many family members, **including yourself**, are living in your home? *Include both adults and children. (For example, if you live alone with your child, you should write "2".)*

↳ Size of household: _____

47. Of the family members living in your home, how many are under age 19?

↳ Number under age 19: _____

48. Of the adult family members living in your home, how many have health insurance?

↳ Number of insured adults: _____

49. Of the children (under age 19) living in your home, how many have health insurance?

↳ Number of insured children: _____

Is there anything else you would like to tell us about your child's health, or his or her health insurance or health care?

**Thank you very much for taking the time to complete this survey.
Please place it in the postage-paid envelope and mail it.**