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**MATHEMATICA**  
Policy Research, Inc.

**The Santa Clara County  
Healthy Kids Program:  
Impacts on Children's  
Medical, Dental, and  
Vision Care**

*Appendixes*

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**APPENDIX A**

**EVALUATION OF THE CHILDREN'S HEALTH INITIATIVE OF  
SANTA CLARA COUNTY – HEALTHY KIDS SURVEY**



## SECTION A: INTRODUCTION

### FOR CALL BACKS OF AN IDENTIFIED PERSON, START WITH A.7

- S1. Hello, my name is (INTERVIEWER NAME), and I'm calling about the Healthy Kids program, the health insurance program (CHILD) is enrolled in.

My organization, Mathematica Policy Research, is conducting a survey to learn about family's experiences with the Healthy Kids program, and how Healthy Kids can best serve the health care needs of the children who participate. The survey is being conducted for the Packard Foundation and is supported by the Santa Clara Family Health Plan.

We'd like to chat with you about your experiences in Healthy Kids, and we'll give you a \$30 gift certificate for completing the survey interview. The interview takes about 30 minutes. Your participation in the study is voluntary, but important. Your responses will be kept confidential and will not be made public. Also, you do not have to answer any questions that you don't want to. We'd like to begin now.

**PROBE, IF RESPONDENT DOES NOT KNOW PROGRAM:** Healthy Kids is the health insurance program that covers medical and dental care expenses for children in Santa Clara County. You might know the program as the Children's Health Initiative.

**PROBE, IF RESPONDENT SAYS (CHILD) IS ON THE WAITLIST:** That's ok. We are very interested in speaking with families who are on the waitlist for the program.

**PROBE, IF RESPONDENT ASKS ABOUT MATHEMATICA:** Mathematica Policy Research is an independent research company in Princeton, New Jersey. The Packard Foundation, located in Santa Clara, asked us to conduct the study for them.

OK, BEGIN ..... 1 → GO TO A1  
NO, CALLBACK ..... 0 → GO TO S3  
NOT SURE/DON'T KNOW/REFUSED..... d → GO TO S5  
HASN'T HEARD OF OR NOT ON PROGRAM ..... 2 → GO TO S6a

S2. NO S2 IN THIS VERSION.

S3. When would be a good time to call back?

**INTERVIEWER: RECORD INFORMATION ON CONTACT SHEET.**

S4. Thank you. We will call you back then. If you have any questions about the study you may call Betsy Santos, Survey Manager, at Mathematica. Her toll-free number is 1-877-667-5374. Thanks again and goodbye. **END INTERVIEW. CODE AS CALLBACK**

S5. Let me reassure you that your participation in the survey is completely confidential. All families who complete the survey will receive a \$30 gift certificate to thank them for their time. We would be happy to speak with you by telephone or in-person, whichever you prefer.

- PREFER TELEPHONE ..... 1 → **GO TO A1**
- PREFER IN-PERSON ..... 2 → **GO TO S5a**
- EITHER IS FINE/NO RESPONSE ..... 3 → **GO TO A1**
- REFUSED ..... r → **GO TO S6**

S5a. Thank you. A Mathematica interviewer will be calling to set up a convenient time to meet with you. Have a nice day/evening. Goodbye. **END INTERVIEW CODE AS FIELD FOLLOW-UP**

S6. Thank you very much for your time. **END INTERVIEW. CODE AS REFUSAL**

S6a. Thank you very much for your time. **END INTERVIEW. CODE AS INELIGIBLE**

A1. Is (CHILD) living in your household right now?

SCHIP

- YES ..... 1 → **GO TO A5**
- NO ..... 0
- DON'T KNOW ..... d
- REFUSED ..... r

A2. Can you tell me how to get in touch with someone where (CHILD) is living now?

SCHIP

**PROBE:** Your information is confidential. We will only use this information to contact an adult living with (CHILD) about Healthy Kids.

- YES ..... 1 → **GO TO A4**
- NO ..... 0
- DON'T KNOW ..... d
- REFUSED ..... r

A3. Thank you very much for your time. Also, if you have any questions about this study, you may call Betsy Santos, Survey Manager, at Mathematica. Her toll-free number is 1-877-667-5374. Goodbye. **END INTERVIEW.**

A4. Please tell me the name, address and phone number of the person who would know where the child is currently living.

**INTERVIEWER: RECORD NAME OF CONTACT PERSON, ADDRESS AND/OR TELEPHONE NUMBER.**

**INTERVIEWER: IF PERSON CAN ONLY PROVIDE A TELEPHONE NUMBER, TRY TO VERIFY WHAT CITY AND STATE THE CHILD IS LIVING IN AND RECORD BELOW.**

NAME OF PERSON TO CONTACT: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: |\_|\_|\_|\_|\_|\_|\_|

TELEPHONE NUMBER: |\_|\_|\_|\_|\_|-|\_|\_|\_|\_|-|\_|\_|\_|\_|\_|

BEST DATES TO CALL: \_\_\_\_\_

BEST TIMES TO CONTACT: \_\_\_\_\_

Thank you very much for your help. I will contact the person you mentioned. Also, if you have any questions about this study, you may call Betsy Santos, Survey Manager, at Mathematica. Her toll-free number is 1-877-667-5374. Thanks again and goodbye. **END INTERVIEW. CODE AS CALLBACK**

A5. Are you the person who is most familiar with (CHILD)'s health and health care?

SCHIP

- YES ..... 1 → GO TO A8
- NO ..... 0
- DON'T KNOW ..... d
- REFUSED ..... r

A6. I need to speak with the person most familiar with (CHILD)'s health care. May I please speak with that person?

SCHIP

- YES ..... 1 → GO TO S1
  - NO ..... 0
  - DON'T KNOW ..... d
  - REFUSED ..... r
- } → GO TO A11a

A7. GET NAME OF PERSON AND TIME TO CALL.

NAME OF PERSON TO CONTACT: \_\_\_\_\_

BEST DATES TO CALL: \_\_\_\_\_

BEST TIMES TO CALL: \_\_\_\_\_

REFUSED ..... r → GO TO A11a

Thank you very much. I will call back later. Also, if you have any questions about this study, you may call Betsy Santos, Survey Manager, at Mathematica. Her toll-free number is 1-877-667-5374. Thanks again and goodbye. **END INTERVIEW.**

A8. What is your relationship to (CHILD)? Are you (his/her) . . .

KP

- Biological parent, ..... 1 → GO TO A13
- Step, foster, or adoptive parent, or ..... 2
- Other relative? ..... 3
- NO RELATION TO CHILD ..... 4
- DON'T KNOW ..... d
- REFUSED ..... r

A9. Are you 18 years of age or older?

KP

- YES ..... 1 → GO TO S1
- NO ..... 0
- DON'T KNOW ..... d
- REFUSED ..... r

A10. I need to speak with someone who is the biological parent of (CHILD) or is 18 or older. May I please speak with that person?

SCHIP

- YES ..... 1 → GO TO S1
  - NO ..... 0
  - DON'T KNOW ..... d
  - REFUSED ..... r
- } → GO TO A11a

A11. GET NAME OF PERSON AND TIME TO CALL.

NAME OF PERSON TO CONTACT: \_\_\_\_\_

BEST DATES TO CALL: \_\_\_\_\_

BEST TIMES TO CALL: \_\_\_\_\_

REFUSED ..... r → GO TO A11a

Thank you very much. I will call back later. Also, if you have any questions about this study, you may call Betsy Santos, Survey Manager, at Mathematica. Her toll-free number is 1-877-667-5374. Thanks again and goodbye. **END INTERVIEW.**

A11a. Thank you very much for your time. Also, if you have any questions about this study, you may call Betsy Santos, Survey Manager, at Mathematica. Her toll-free number is 1-877-667-5374. Thanks again and goodbye. **END INTERVIEW.**

A12. NO A12 IN THIS VERSION.

A13. **(DO NOT ASK IF ALREADY KNOWN)** What is your relationship to (CHILD)?

SCHIP

- MOTHER ..... 1
- FATHER ..... 2
- GRANDMOTHER ..... 3
- GRANDFATHER ..... 4
- AUNT ..... 5
- UNCLE ..... 6
- BROTHER (FULL, HALF, ADOPTED) ..... 7
- SISTER (FULL, HALF, ADOPTED) ..... 8
- OTHER RELATIVE (SPECIFY) ..... 9
- \_\_\_\_\_
- OTHER NON-RELATIVE (SPECIFY) ..... 10
- \_\_\_\_\_
- DON'T KNOW ..... d
- REFUSED ..... r

A14. NO A14 IN THIS VERSION.

A15. I have (CHILD)'s birthday as (CHILD'S BIRTHDAY—SEE CONTACT SHEET).  
Is that correct?

SCHIP

- YES ..... 1 → **GO TO B1**
- NO ..... 0
- DON'T KNOW ..... d
- REFUSED ..... r

A16. What is (CHILD)'s correct birthday?

SCHIP

|\_|\_|-|\_|\_|-|\_|\_|\_|\_|  
MONTH DAY YEAR

## SECTION B: APPLICATION AND ENROLLMENT

- B1. The first few questions are about applying for the Healthy Kids program. How did you hear about Healthy Kids?

SCFHP

CIRCLE ALL THAT APPLY

- MY MEDICAL PROVIDER (e.g., MY DOCTOR,  
MY NURSE PRACTITIONER)..... 1
- HEALTH CLINIC..... 2
- HOSPITAL OR EMERGENCY ROOM..... 3
- SCHOOL ..... 4
- FRIEND OR FAMILY MEMBER ..... 5
- TV OR RADIO ..... 6
- FLYERS, NEWSPAPERS, OTHER  
PRINT MEDIA ..... 7
- BILLBOARDS, BUSES, OTHER  
OUTDOOR MEDIA..... 8
- COUNTY/SOCIAL SERVICES OFFICE..... 9
- OTHER SOURCE (SPECIFY)..... 10
- 
- DON'T KNOW ..... d
- REFUSED ..... r

- B1a. In what language did you hear about Healthy Kids? Was it English, Spanish or some other language?

- ENGLISH..... 1
- SPANISH..... 2
- OTHER LANGUAGE? (SPECIFY) ..... 3
- 
- BOTH ENGLISH/SPANISH ..... 4
- DON'T KNOW ..... d
- REFUSED ..... r

B2. Where did you apply for Healthy Kids?

SCHIP

**INTERVIEWER: READ CATEGORIES IF NECESSARY.**

CIRCLE ONE ONLY

- HOSPITAL OR EMERGENCY ROOM..... 1
  - HEALTH CLINIC..... 2
  - COUNTY SOCIAL SERVICES ..... 3
  - SCHOOL ..... 4
  - CHURCH..... 5
  - COMMUNITY CENTER..... 6
  - STORE OR SHOPPING CENTER ..... 7
  - OTHER PLACE (SPECIFY) ..... 8
- 
- DON'T KNOW ..... d
  - REFUSED ..... r

B3. How long after you heard about Healthy Kids did you apply? Was it . . .

- Right away, ..... 1
- Within one week, ..... 2
- Within a month,..... 3
- Within six months, or ..... 4
- More than six months? ..... 5
- DON'T KNOW ..... d
- REFUSED ..... r

B4. How helpful was the person who assisted you in completing the application?  
Would you say he or she was . . .

SCHIP

- Very helpful,..... 1
- Somewhat helpful, ..... 2
- Not very helpful, or ..... 3
- Not at all helpful? ..... 4
- DON'T KNOW ..... d
- REFUSED ..... r

B5. Did you fill out the application form in English or Spanish?

- ENGLISH..... 1
  - SPANISH..... 2
  - OTHER LANGUAGE? (SPECIFY) ..... 3
  - \_\_\_\_\_
  - DON'T KNOW ..... d
  - REFUSED ..... r
- } → GO TO B7

B6. Did you get help translating the application form from someone other than a friend or relative?

SCHIP

- YES ..... 1
  - NO ..... 0
  - DON'T KNOW ..... d
  - REFUSED ..... r
- } → GO TO B7

B6a. How helpful was the person in translating the application? Would you say he or she was . . .

SCHIP

- Very helpful,..... 1
- Somewhat helpful, ..... 2
- Not very helpful, or ..... 3
- Not at all helpful? ..... 4
- DON'T KNOW ..... d
- REFUSED ..... r

B7. How easy or difficult was it to fill out (CHILD)'s application form for Healthy Kids? Was it . . .

SCHIP

- Very easy,..... 1
- Somewhat easy, ..... 2
- Somewhat difficult, or ..... 3
- Very difficult? ..... 4
- DON'T KNOW ..... d
- REFUSED ..... r

B8. NO B8 IN THIS VERSION.

IF NEW ENROLLEE, GO TO C1. ELSE CONTINUE.

B9. Have you ever completed a renewal application so (CHILD) could stay in the program?

SCHIP

**PROBE:** When reapplying for Healthy Kids, you usually are asked to fill out a form or provide information in some other way that will determine if your child is **still** eligible for the program.

- YES ..... 1
  - NO ..... 0
  - DON'T KNOW ..... d
  - REFUSED ..... r
- } → GO TO C1

B10. How easy or difficult was it to complete the renewal application? Was it . . .

SCHIP

- Very easy, ..... 1
- Somewhat easy, ..... 2
- Somewhat difficult, or ..... 3
- Very difficult? ..... 4
- DON'T KNOW ..... d
- REFUSED ..... r

## SECTION C: HEALTH CARE COVERAGE

C1. Now, I am going to ask you some questions about (CHILD)'s participation in Healthy Kids and any other health insurance (he/she) may have had recently. First, is (CHILD) enrolled in the Healthy Kid's program right now?

SCHIP

**IF DON'T KNOW, PROBE:** Healthy Kids is a health insurance program that covers medical and dental care expenses for children in Santa Clara County. Most children receive their Healthy Kids coverage from the Santa Clara Family Health Plan.

YES ..... 1 → **GO TO C5**

NO ..... 0

DON'T KNOW ..... d

REFUSED ..... r → **Thank you very much. I have no more questions at this time. Goodbye. TERMINATE.**

IF NEW ENROLLEE AND C1 eq TO 0 OR d, GO TO C2.

IF ESTABLISHED ENROLLEE AND C1 eq TO 0 OR d, GO TO C3

C2. Is (CHILD) currently on the wait list or waiting to enroll in Healthy Kids?

YES ..... 1

NO ..... 0

DON'T KNOW ..... d

REFUSED ..... r

**GO TO C5**

C3. About how many months has it been since (CHILD) left Healthy Kids?

SCHIP

**IF LESS THAN 1 MONTH, CODE 1.**

|\_\_|\_\_| MONTHS

DON'T KNOW ..... d

REFUSED ..... r

C4. NO C4 IN THIS VERSION.

C5. Our records indicate that (CHILD) was enrolled in Healthy Kid's around (DATE). Is that correct?

SCHIP

YES ..... 1

NO ..... 0

DON'T KNOW ..... d

REFUSED ..... r

IF C5=1:

IF NEW ENROLLEE AND C1 = 1 OR C2 = 1, GO TO C7. ELSE GO TO C6a

IF ESTABLISHED ENROLLEE AND C1=1 OR 3, GO TO C7. ELSE GO TO C6a.

IF C5=0,d,r

IF NEW ENROLLEE AND C1 = 1 OR C2 = 1, GO TO C6. ELSE GO TO C6a

IF ESTABLISHED ENROLLEE AND C1=1 OR 3, GO TO C6. ELSE GO TO C6a.

C6. In about what month and year was (CHILD) enrolled in Healthy Kid's? Your best estimate is fine.

SCHIP

|\_\_|\_\_| / |\_\_|\_\_|\_\_|\_\_|  
MONTH YEAR

DON'T KNOW ..... d

REFUSED ..... r

} → GO TO C6a

C6a. Thank you very much. I have no more questions at this time. Goodbye.  
**TERMINATE INTERVIEW, CODE AS INELIGIBLE**

C7a. Now I'm going to read some reasons why you and your family might have decided to enroll (CHILD) in Healthy Kids at that time. Please tell me if any of these reasons are true.

(CHILD) was enrolled because (he/she) was sick or injured and needed medical care?

- YES ..... 1
- NO ..... 0
- DON'T KNOW ..... d
- REFUSED ..... r

C7b. (CHILD) was enrolled because (he/she) had a problem with (his/her) teeth and needed dental care?

- YES ..... 1
- NO ..... 0
- DON'T KNOW ..... d
- REFUSED ..... r

C7c. (CHILD) was enrolled because (he/she) needed a prescription medication that the family could not afford?

- YES ..... 1
- NO ..... 0
- DON'T KNOW ..... d
- REFUSED ..... r

IF C7a-c ARE ALL NE TO 1, SKIP TO C11

C10. Is there any other important reason why (CHILD) was enrolled in Healthy Kids?

- YES ..... 1
  - NO ..... 0
  - DON'T KNOW ..... d
  - REFUSED ..... r
- } → **GO TO C12**

C11. Why was (CHILD) enrolled in Healthy Kids?

**PROBE: IF R SAYS, WANTED CHILD TO BE INSURED, ASK:** Why did you want (CHILD) to be insured? What was the reason?

CIRCLE ONE ONLY

- PARENT LOST JOB..... 1
- LOST OTHER HEALTH INSURANCE ..... 2
- AFFORDABLE/LESS EXPENSIVE THAN  
OTHER HEALTH INSURANCE..... 3
- HELPS TO PAY MEDICAL BILLS..... 4
- HELPS TO GET GOOD CARE/BETTER  
THAN OTHER COVERAGE..... 5
- CHILD NEEDED TO VISIT A DOCTOR/  
HAD A MEDICAL CONDITION ..... 6
- WAS TOLD TO ENROLL BY SOMEONE AT  
HOSPITAL/CLINIC/SCHOO/ETC..... 7
- OTHER FAMILY MEMBER ALREADY  
ENROLLED ..... 8
- OTHER (SPECIFY) ..... 9
- \_\_\_\_\_
- DON'T KNOW ..... d
- REFUSED ..... r

C12. Now, I am going to ask you some questions about the time before (CHILD) was enrolled in Healthy Kids.

SCHIP

Just before (he/she) began participating in Healthy Kids, did (CHILD) have any type of health insurance?

- YES ..... 1 → GO TO C16
  - NO ..... 0
  - DON'T KNOW ..... d
  - REFUSED ..... r
- } → GO TO C15

C13. How many months or years was (CHILD) without health insurance just before (he/she) was enrolled in Healthy Kids?

SCHIP

**IF LESS THAN 1 MONTH, CODE 1; IF ALWAYS CODE 99**

- \_\_\_\_|
- MONTHS ..... 1
  - YEARS ..... 2
  - DON'T KNOW ..... d
  - REFUSED ..... r

C14.

SCHIP

What was the main reason (CHILD) was without any health insurance during this period?

**PROBE FOR MAIN REASON.**

CIRCLE ONE ONLY

- DIDN'T THINK CHILD WAS ELIGIBLE ..... 1
- DIDN'T THINK CHILD NEEDED INSURANCE  
(WASN'T SICK) ..... 2
- DIDN'T LIKE TO FILL OUT APPLICATIONS ..... 3
- DID NOT KNOW HOW TO GET COVERAGE ..... 4
- PARENT LOST JOB OR CHANGED  
EMPLOYERS ..... 5
- PARENT GOT DIVORCED, SEPARATED, OR  
DEATH OF SPOUSE ..... 6
- EMPLOYER STOPPED OFFERING  
INSURANCE ..... 7
- NO ONE IN FAMILY EMPLOYED ..... 8
- EMPLOYER DID NOT OFFER HEALTH  
INSURANCE OR NOT ELIGIBLE FOR  
COVERAGE THROUGH EMPLOYER ..... 9
- INSURANCE TOO EXPENSIVE ..... 10
- DID NOT LIKE THE HEALTH INSURANCE  
EMPLOYER OFFERED ..... 11
- HEALTHY KIDS COVERAGE STOPPED, NO  
LONGER ELIGIBLE ..... 12
- FAILED TO REAPPLY OR  
REDETERMINATION ..... 13
- FORGOT TO PAY THE PREMIUM ..... 14
- PLACE WHERE SERVICES WERE OFFERED  
NOT CONVENIENTLY LOCATED OR  
SERVICES NOT AVAILABLE WHEN NEEDED .... 15
- OTHER (SPECIFY) ..... 16
- \_\_\_\_\_
- MOVED TO THE AREA ..... 17
- DON'T KNOW ..... d
- REFUSED ..... r

**IF C13 > 6 MONTHS, GO TO C17**

C15.  
SCHIP

Did (CHILD) have health insurance at any time during the six months before (he/she) was enrolled in Healthy Kids, that is before (DATE)?

- YES ..... 1
- NO ..... 0
- DON'T KNOW ..... d
- REFUSED ..... r

C16. What type of health insurance did (CHILD) have?

**PROBE:** Any other health insurance?

SCHIP

	<b>CIRCLE ALL THAT APPLY</b>	<b>(C16a-g) IF "CIRCLED" ASK: How long did (CHILD) have this insurance? MONTH/YEARS</b>
HEALTHY KIDS .....	1	_____
INSURANCE FROM A CURRENT OR PAST EMPLOYER OR UNION.....	2	_____
PRIVATE INSURANCE PURCHASED DIRECTLY FROM AN INSURANCE COMPANY .....	3	_____
MEDI-CAL OR A MEDI-CAL HMO, THE GOVERNMENT ASSISTANCE PROGRAM FOR PEOPLE IN NEED.....	4	_____
EMERGENCY MEDI-CAL.....	5	_____
THE HEALTHY FAMILIES PROGRAM ...	6	_____
SOME OTHER TYPE OF HEALTH INSURANCE .....	7	_____
(SPECIFY WHAT KIND) _____		

**IF C16A-G ARE ALL NO, DK, OR REF, ASK C17. ELSE GO TO C18**

C17. Has (CHILD) ever had any health insurance?

- YES ..... 1
- NO ..... 0
- DON'T KNOW ..... d
- REFUSED ..... r

**GO TO C19**

**IF MORE THAN ONE INSURANCE IN C16, READ:** “any of the insurance plans” instead of “this insurance” in C18.

C18. Before (he/she) was enrolled in Healthy Kids, did this health insurance that (CHILD) had pay or help pay for the following services . . .

SCHIP

	YES	NO	DON'T KNOW	REFUSED
a. Doctor’s visits for illness or injuries? .....	1	0	d	r
b. Well-child visits, routine checkup, and immunizations? .....	1	0	d	r
c. Emergency room visits? .....	1	0	d	r
d. Hospital stays? .....	1	0	d	r
e. Prescription drugs? .....	1	0	d	r
f. Dental care? .....	1	0	d	r
g. Vision care or eye exams? .....	1	0	d	r

C19. Now I’d like to ask about health insurance for any of (CHILD)’s brothers or sisters who are under age 19. How many brothers or sisters under age 19 does (CHILD) currently live with?

SCHIP

|\_|\_| NUMBER OF BROTHERS OR SISTERS

- ZERO ..... 0
  - DON'T KNOW ..... d
  - REFUSED ..... r
- } → **GO TO D1**

C20. How many of these brothers or sisters have health insurance?

|\_\_|\_\_| NUMBER

NONE ..... 0 → **GO TO D1**

DON'T KNOW ..... d

REFUSED ..... r

C21. What type of health insurance (does [he/she] have/do they have)?

CIRCLE ALL THAT APPLY

HEALTHY KIDS..... 1

INSURANCE FROM A CURRENT OR PAST  
EMPLOYER OR UNION..... 2

PRIVATE INSURANCE PURCHASED  
DIRECTLY FROM AN INSURANCE  
COMPANY ..... 3

MEDI-CAL OR A MEDI-CAL HMO, THE  
GOVERNMENT ASSISTANCE PROGRAM  
FOR PEOPLE IN NEED ..... 4

THE HEALTHY FAMILIES PROGRAM..... 5

SOME OTHER TYPE OF HEALTH  
INSURANCE ..... 6

(SPECIFY WHAT KIND)

---

**IF C21= 1, 4, 5, OR 6, GO TO C22. ELSE  
GO TO D1**

C22. When did (they/he or she) obtain this health insurance? Was it . . .

- About the same time (CHILD) joined  
Healthy Kids, ..... 1
- Before (CHILD) joined Healthy Kids, or..... 2
- After? ..... 3
- SOME (BUT NOT ALL) ENROLLED  
AFTER (CHILD) ENROLLED, OR ABOUT  
THE SAME? ..... 4
- DON'T KNOW ..... d
- REFUSED ..... r

## SECTION D: CHILD HEALTH STATUS

D1. In general, would you say (CHILD)'s health is excellent, very good, good, fair or poor?

CHIS

EXCELLENT..... 1  
VERY GOOD..... 2  
GOOD..... 3  
FAIR..... 4  
POOR..... 5  
DON'T KNOW..... d  
REFUSED..... r

D2. Does (he/she) currently have any physical, behavioral or mental conditions that limit or prevent (his/her) ability to do childhood activities usual for (his/her) age?

CHIS

YES..... 1 → GO TO D5  
NO..... 0  
DON'T KNOW..... d  
REFUSED..... r

D3. (IF CHILD AGE 5 AND UP): Does (CHILD) currently have any conditions that limit or prevent (his/her) ability to attend school regularly?

CHIS

YES..... 1 → GO TO D5  
NO..... 0  
DON'T KNOW..... d  
REFUSED..... r

D4.

CHIS

(IF CHILD AGE 5 AND UP): Does (he/she) currently have any conditions that limit or prevent (his/her) ability to do regular school work?

- YES ..... 1
  - NO ..... 0
  - DON'T KNOW ..... d
  - REFUSED ..... r
- } → GO TO D7

D5.

CHIS

Is (CHILD)'s condition physical or emotional?

- PHYSICAL ..... 1
  - EMOTIONAL ..... 2 → GO TO D7
  - BOTH ..... 3
  - OTHER (SPECIFY) ..... 4
  - \_\_\_\_\_
  - DON'T KNOW ..... d
  - REFUSED ..... r
- } → GO TO D7

D6.

CHIS

What physical condition does (CHILD) have?

**PROBE:** Any others?

CIRCLE ALL THAT APPLY

- ASTHMA ..... 1
- DIABETES ..... 2 → GO TO D8
- HEARING PROBLEM ..... 3
- VISION PROBLEM ..... 4
- DENTAL PROBLEM ..... 5
- OTHER (SPECIFY) ..... 6
- \_\_\_\_\_
- DON'T KNOW ..... d
- REFUSED ..... r

D7. Has a doctor or other health care professional ever said (CHILD) has diabetes?

- YES ..... 1
- NO ..... 0
- DON'T KNOW ..... d
- REFUSED ..... r

**IF D6=1, GO TO D9. ELSE GO TO D8.**

D8. Has a doctor or other health care professional ever said that (CHILD) has asthma?  
SCHIP

- YES ..... 1
  - NO ..... 0
  - DON'T KNOW ..... d
  - REFUSED ..... r
- } → **GO TO D10**

D9. Does (CHILD) take medication prescribed by a doctor for (his/her) asthma?  
SCHIP

- YES ..... 1
- NO ..... 0
- DON'T KNOW ..... d
- REFUSED ..... r

**IF D6=4, GO TO D11. ELSE GO TO D10.**

D10. Does (CHILD) have any trouble seeing? **[IF CHILD'S AGE IS 2 OR MORE, ADD: even when wearing glasses or contact lenses?]**  
NHIS

- YES ..... 1
- NO ..... 0
- DON'T KNOW ..... d
- REFUSED ..... r

**IF D6=5, GO TO D12. ELSE GO TO D11.**

D11. During the past 12 months, has (CHILD) had a toothache or any other dental problem that caused you concern?

- YES ..... 1
- NO ..... 0
- DON'T KNOW ..... d
- REFUSED ..... r

**(ASK D12 IF CHILD IS 5 YEARS OR OLDER. ELSE GO TO E1.)**

D12. The next few questions are about (CHILD)'s experience in school. Based on (his/her) report cards, how has (he/she) been doing in school overall? Would you say very well, well, average, below average, or not well at all?

**IOWA**

- VERY WELL ..... 1
- WELL ..... 2
- AVERAGE ..... 3
- BELOW AVERAGE ..... 4
- NOT WELL AT ALL ..... 5
- DOES NOT ATTEND SCHOOL ..... n → **GO TO E1**
- DON'T KNOW ..... d
- REFUSED ..... r

D13. And how many days of school did (he/she) miss because (he/she) was sick during the last four weeks of school? Was it . . .

**IOWA**

- None, ..... 0
- 1 or 2 days, ..... 1
- 3 or 4 days, ..... 2
- 5 to 10 days, or ..... 3
- More than 10 days? ..... 4
- DON'T KNOW ..... d
- REFUSED ..... r

**SECTION E: ACCESS AND BARRIERS TO AND SATISFACTION WITH USUAL PLACE OF CARE**

[NOTE: THE TERM {TIMEFRAME} IN THIS SECTION REFERS TO THE PERIOD TO WHICH THE QUESTION APPLIES. FOR NEW ENROLLEES, THIS IS THE 6 MONTH PERIOD PRIOR TO ENROLLING IN HEALTHY KIDS. FOR ESTABLISHED ENROLLEES, IT IS THE MOST RECENT 6 MONTHS OF HEALTHY KIDS COVERAGE OR THE WHOLE PERIOD OF COVERAGE IF THE RESPONDENT REPORTS CHILD HAVING LESS THAN 6 MONTHS OF COVERAGE.]

E1.  
**SCHIP**

The next questions are about places that (CHILD) usually went to for medical care during (TIMEFRAME) that is, between (DATES).

**NEW ENROLLEES:** During that time, was there a particular place that (CHILD) would have usually visited if (he/she) was sick or you needed advice about (his/her) health?

**ESTABLISHED ENROLLEES:** Do you have a particular place that (CHILD) would usually go to if (he/she) was sick or you needed advice about (his/her) health?

**PROBE:** Such as a doctor’s office, health clinic, or hospital?

- YES ..... 1
- NO USUAL PLACE ..... 0 → **GO TO E2**
- DON’T KNOW ..... d
- REFUSED ..... r

**GO TO E4**

E2.

What was the **main** reason (CHILD) did not have a usual place of health care during that time?

SCHIP

- CHILD SELDOM OR NEVER GETS SICK..... 1
  - RECENTLY MOVED TO THE AREA ..... 2
  - DON'T KNOW WHERE TO GO FOR CARE..... 3
  - PLACE CLOSED OR MOVED ..... 4
  - NO LONGER AVAILABLE IN THIS AREA..... 5
  - CAN'T FIND A PROVIDER OR PLACE  
WHERE MY LANGUAGE IS SPOKEN ..... 6
  - LIKES TO GO TO DIFFERENT PLACES  
FOR HEALTH CARE..... 7
  - HOURS ARE NOT CONVENIENT ..... 8
  - NO WAY TO GET THERE  
(TRANSPORTATION PROBLEMS)..... 9
  - JUST CHANGED INSURANCE ..... 10
  - PLACE USED TO GO TO NOT IN PLAN..... 11
  - HAVE NOT BEEN ABLE TO FIND A  
PLACE I LIKE ..... 12
  - COST TOO HIGH/NO INSURANCE ..... 13
  - OTHER (SPECIFY) ..... 14
- 
- DON'T KNOW ..... d
  - REFUSED ..... r

E3.

During (TIMEFRAME), did (CHILD) visit any doctor's office, health clinic, hospital, or other place because (he/she) was sick or you needed advice about (his/her) health?

SCHIP

- YES ..... 1 → GO TO E9
  - NO ..... 0
  - DON'T KNOW ..... d
  - REFUSED ..... r
- } → GO TO E15

E4.

SCHIP

What type of place did (CHILD) go to or would have gone to during that time?  
Was it a . . .

CIRCLE ONE ONLY

- Private doctor's office, ..... 1
- Clinic or health center, ..... 2 → **GO TO E4b**
- Hospital emergency room, or ..... 3
- Some other type of place? (SPECIFY) ..... 4 → **GO TO E4b**
- \_\_\_\_\_
- DON'T KNOW ..... d
- REFUSED ..... r

**GO TO E5**

E4b. What is the name of the (health clinic or health center/TEXT FROM E4, RESPONSE 4)?

RECORD VERBATIM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- DON'T KNOW ..... d → **GO TO E4c**
- REFUSED ..... r

**GO TO E5**

E4c. What is the street address and city where the (health clinic or health center/TEXT FROM E4, RESPONSE 4) is located?

RECORD VERBATIM: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- DON'T KNOW ..... d
- REFUSED ..... r

E5. How much time did it take to travel to the (USUAL SOURCE OF CARE IN E4)?

SCHIP

\_\_\_\_|\_\_\_\_|\_\_\_\_|

- MINUTES ..... 1
- HOURS..... 2
- DON'T KNOW ..... d → GO TO E6
- REFUSED ..... r

GO TO E7

E6. Did it take . . .

SCHIP

CIRCLE ONE ONLY

- Less than 15 minutes, ..... 1
- 15-30 minutes, ..... 2
- 30 minutes to an hour, or..... 3
- More than one hour? ..... 4
- DON'T KNOW ..... d
- REFUSED ..... r

E7. If the (USUAL PLACE OF CARE IN E4) was closed and (CHILD) got sick would you be able to reach and talk to a doctor or other health care professional from the (USUAL PLACE OF CARE IN E4) about (CHILD)'s condition?

SCHIP

- YES ..... 1
- NO ..... 0
- DON'T KNOW ..... d
- REFUSED ..... r

E8. Was there a particular doctor or other health provider (CHILD) usually saw at the (USUAL PLACE OF CARE IN E4)?

SCHIP

- YES ..... 1
- NO ..... 0
- DON'T KNOW ..... d
- REFUSED ..... r

E9. At (USUAL PLACE OF CARE IN E4), how often did the doctors or other health care providers explain things in a way that you could understand? Would you say . . .

SCHIP

- Always, ..... 1
- Usually, ..... 2
- Sometimes, or ..... 3
- Never? ..... 4
- DON'T KNOW ..... d
- REFUSED ..... r

E10. At (USUAL PLACE OF CARE IN E4), how often did the doctors or other health care providers speak your native language? Would you say . . .

- Always, ..... 1 → GO TO E12
- Usually, ..... 2
- Sometimes, or ..... 3
- Never? ..... 4
- DON'T KNOW ..... d
- REFUSED ..... r

E11. At (USUAL PLACE OF CARE IN E4), how often did you have difficulty communicating with the doctors, nurses, or other health care providers because of a language problem? Would you say . . .

SCHIP

- Always, ..... 1
- Usually, ..... 2
- Sometimes, or ..... 3
- Never? ..... 4
- DON'T KNOW ..... d
- REFUSED ..... r

E12.

At (USUAL PLACE OF CARE IN E4), how often did the doctors or other health care providers treat you and (CHILD) with courtesy and respect? Would you say . . .

SCHIP

- Always, ..... 1
- Usually, ..... 2
- Sometimes, or ..... 3
- Never? ..... 4
- DON'T KNOW ..... d
- REFUSED ..... r

**IF NO USUAL PLACE OF CARE (E1=NO)  
GO TO E15, ELSE CONTINUE**

E13.

Would you recommend the (USUAL PLACE OF CARE IN E4) to family or friends?

SCHIP

- YES ..... 1
- NO ..... 0
- DON'T KNOW ..... d
- REFUSED ..... r

E14.

And how satisfied were you with the amount of time you spent with doctors, other health care providers, and office staff? Would you say . . .

- Very satisfied, ..... 1
- Somewhat satisfied, ..... 2
- Somewhat dissatisfied, or..... 3
- Very dissatisfied? ..... 4
- DON'T KNOW ..... d
- REFUSED ..... r

**CHILDREN LESS THAN 3 YEARS OLD  
GO TO F1, ELSE CONTINUE**

## DENTAL CARE QUESTIONS

E15. The next question is about dental care.

SCHIP

### FOR NEW ENROLLEES, READ:

During (TIMEFRAME), was there a particular dentist's office or clinic that (CHILD) usually went to or would have gone to if (he/she) needed to see a dentist or a dental hygienist for a checkup, to get (his/her) teeth cleaned, or for another dental procedure?

### FOR ESTABLISHED ENROLLEES, READ:

Do you have a particular dentist's office or clinic that (CHILD) would usually go to if (he/she) needed to see a dentist or a dental hygienist for a checkup, to get (his/her) teeth cleaned, or for another dental procedure?

**NOTE:** A dental hygienist is the person who usually cleans your teeth.

YES ..... 1  
NO, NO USUAL PLACE ..... 0 → **GO TO E16**  
DON'T KNOW ..... d  
REFUSED ..... r

**GO TO E17**

E16.

What is the main reason (CHILD) did not have a usual place of dental care?

SCHIP

CIRCLE ONE ONLY

- CHILD DOES NOT NEED TO SEE DENTIST ..... 1
  - CHILD SELDOM OR NEVER HAS  
PROBLEM WITH TEETH ..... 2
  - RECENTLY MOVED TO THE AREA ..... 3
  - DON'T KNOW WHERE TO GO FOR CARE ..... 4
  - PLACE CLOSED OR MOVED ..... 5
  - NO DENTIST ACCEPTS PLAN ..... 6
  - CAN'T FIND A DENTIST OR PLACE  
WHERE MY LANGUAGE IS SPOKEN ..... 7
  - LIKES TO GO TO DIFFERENT PLACES  
FOR DENTAL CARE ..... 8
  - HOURS ARE NOT CONVENIENT ..... 9
  - NO WAY TO GET THERE OR  
TRANSPORTATION PROBLEMS ..... 10
  - JUST CHANGED INSURANCE ..... 11
  - COST TOO HIGH/NO INSURANCE ..... 12
  - OTHER (SPECIFY) ..... 13
- 
- DON'T KNOW ..... d
  - REFUSED ..... r

## VISION CARE QUESTIONS

E17. The next question is about eye care.

SCHIP

### FOR NEW ENROLLEES, READ:

During (TIMEFRAME), was there a particular doctor's office or clinic that (CHILD) usually went to or would have gone to if (he/she) needed to get an eye exam?

### FOR ESTABLISHED ENROLLEES, READ:

Do you have a particular doctor's office or clinic that (CHILD) would usually go to if (he/she) needed to get an eye exam?

YES ..... 1  
NO, NO USUAL PLACE ..... 0 → **GO TO E18**  
DON'T KNOW ..... d  
REFUSED ..... r

**GO TO F1**

E18. What is the main reason (CHILD) did not have a usual place of eye care?

SCHIP

CIRCLE ONE ONLY

- CHILD DOES NOT NEED TO GET AN EYE EXAM ..... 1
  - CHILD SELDOM OR NEVER HAS PROBLEM WITH VISION ..... 2
  - RECENTLY MOVED TO THE AREA ..... 3
  - DON'T KNOW WHERE TO GO FOR CARE ..... 4
  - PLACE CLOSED OR MOVED ..... 5
  - NO EYE DOCTOR ACCEPTS PLAN ..... 6
  - CAN'T FIND AN EYE DOCTOR OR PLACE WHERE MY LANGUAGE IS SPOKEN ..... 7
  - LIKES TO GO TO DIFFERENT PLACES FOR VISION CARE ..... 8
  - HOURS ARE NOT CONVENIENT ..... 9
  - NO WAY TO GET THERE OR TRANSPORTATION PROBLEMS ..... 10
  - JUST CHANGED INSURANCE ..... 11
  - COST TOO HIGH/NO INSURANCE ..... 12
  - OTHER (SPECIFY) ..... 13
- 
- DON'T KNOW ..... d
  - REFUSED ..... r

## SECTION F: CHILD'S USE OF HEALTH CARE SERVICES

[NOTE: THE TERM {TIMEFRAME} IN THIS SECTION REFERS TO THE PERIOD TO WHICH THE QUESTION APPLIES. FOR NEW ENROLLEES, THIS IS THE 6 MONTH PERIOD PRIOR TO ENROLLING IN HEALTHY KIDS. FOR ESTABLISHED ENROLLEES, IT IS THE MOST RECENT 6 MONTHS OF HEALTHY KIDS COVERAGE OR THE WHOLE PERIOD OF COVERAGE IF THE RESPONDENT REPORTS CHILD HAVING LESS THAN 6 MONTHS OF COVERAGE].

F1. The next questions are about different kinds of medical care (CHILD) may have received during (TIMEFRAME), that is between (DATES).

SCHIP

During that time, how many **times** did (CHILD) go to a hospital emergency room?

**PROBE:** Your best estimate is fine.

|\_|\_| TIMES → GO TO F3

- ONE TIME ..... 1 → GO TO F3\_a
- NEVER ..... 0
- DON'T KNOW ..... d → GO TO F2
- REFUSED ..... r

GO TO F3a

F2. Would you say . . .

SCHIP

- 1 time, ..... 1 → GO TO F3\_a
  - 2 or 3 times, ..... 2
  - 4 to 9 times, ..... 3
  - 10 to 12 times, or ..... 4
  - More than 12 times? ..... 5
  - DON'T KNOW ..... d
  - REFUSED ..... r
- } → GO TO F3

F3-a. Was (CHILD) admitted and had to stay overnight in the hospital?

- YES ..... 1
- NO ..... 0
- DON'T KNOW ..... d
- REFUSED ..... r

**GO TO F3a**

F3. And of those [FILL NUMBER FROM F1/F2] times, how many times was (CHILD) admitted and had to stay overnight in the hospital?

- \_\_\_\_ TIMES
- NEVER ..... 0
  - DON'T KNOW ..... d
  - REFUSED ..... r

F3a. During (TIMEFRAME), how many **different** times did (CHILD) stay overnight in the hospital? (Please do not include any overnight stays you just mentioned.)

SCHIP

**PROBE:** Your best estimate is fine.

- \_\_\_\_ TIMES
- NEVER ..... 0
  - DON'T KNOW ..... d
  - REFUSED ..... r

F4.

SCHIP

During (TIMEFRAME), how many times did (CHILD) see a doctor or any other healthcare professional such as a physician assistant, or nurse? Do not include doctors or health care professionals (he/she) saw for a mental health condition or behavioral problem.

**READ IF F1, F2 OR F3a > 0:** Also, do not include doctors or other health professionals (CHILD) saw (during a hospital stay/in the emergency room).

\_\_\_\_ TIMES

NEVER ..... 0 → GO TO F10

DON'T KNOW ..... d

REFUSED ..... r → GO TO F10

**IF F4=1, GO TO F6. IF F4>1, GO TO F8**

F5.

SCHIP

Would you say . . .

1 time, ..... 1

2 or 3 times, ..... 2

4 to 9 times, ..... 3

10 to 12 times, or ..... 4

More than 12 times? ..... 5

DON'T KNOW ..... d

REFUSED ..... r → GO TO F10

→ GO TO F8

F6.

SCHIP

Did (he/she) see a doctor or health care professional for preventive care, such as a check-up, well-child visit, or physical examination?

YES ..... 1 → GO TO F10

NO ..... 0

DON'T KNOW ..... d

REFUSED ..... r

F7.

SCHIP

Did (CHILD) see a specialist, such as an allergy specialist, ear, nose and throat specialist or other doctor who takes care of special parts of the body?

- YES ..... 1
- NO ..... 0
- DON'T KNOW ..... d
- REFUSED ..... r

**GO TO F10**

F8.

SCHIP

Of the (ANSWER IN F4 OR F5) times (CHILD) saw a doctor or other health care professional, how many times did (he/she) see a doctor or health care professional for preventive care, such as a check-up, well-child visit, or physical examination?

- TIMES
- NEVER ..... 0
- DON'T KNOW ..... d
- REFUSED ..... r

F9.

SCHIP

And how many times did (he/she) see a specialist, such as an allergy specialist, ear, nose and throat specialist, or other doctor who takes care of special parts of the body?

- TIMES
- NEVER ..... 0
- DON'T KNOW ..... d
- REFUSED ..... r

**IF CHILD LESS THAN 3 YEARS OLD,  
GO TO F15, ELSE CONTINUE**

F10.  
SCHIP

During (TIMEFRAME), did (CHILD) see or talk to a **mental health professional**, such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?

- YES ..... 1
  - NO ..... 0
  - DON'T KNOW ..... d
  - REFUSED ..... r
- } → GO TO F12

F11.  
SCHIP

How many times did (CHILD) see or talk to a **mental health professional**, such as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker?

- \_\_\_\_ TIMES
- DON'T KNOW ..... d
  - REFUSED ..... r

F12a.  
SCHIP

During (TIMEFRAME), did (CHILD) go to a dentist or dental hygienist for a checkup or to get (his/her) teeth cleaned?

- YES ..... 1
- NO ..... 0
- DON'T KNOW ..... d
- REFUSED ..... r

F12b.  
SCHIP

How about for a dental procedure such as having a cavity filled or a tooth pulled?

- YES ..... 1
- NO ..... 0
- DON'T KNOW ..... d
- REFUSED ..... r

**IF NO TO BOTH F12a AND F12b, GO TO F12c. ELSE GO TO F14**

F12c. **NEW QUESTION:** Has (CHILD) ever gone to a dentist or dental hygienist for a checkup or any other reason?

- YES ..... 1 →
- NO ..... 0
- DON'T KNOW ..... d
- REFUSED ..... r

F14. During (TIMEFRAME), did (CHILD) go to an eye doctor, optometrist, or optician for a vision check up or to get an eye exam?

SCHIP

- YES ..... 1
- NO ..... 0
- DON'T KNOW ..... d
- REFUSED ..... r

F15. Have you ever received a reminder about when it is time for (CHILD) to get (his/her) shots?

- YES ..... 1
- NO ..... 0
- DON'T KNOW ..... d
- REFUSED ..... r

F16. During (TIMEFRAME), did (CHILD) get any shots?

- YES ..... 1
- NO ..... 0
- DON'T KNOW ..... d
- REFUSED ..... r

F17. During (TIMEFRAME), have you had difficulties getting shots for (CHILD)?

CHIS

- YES ..... 1 **GO TO F18**
- NO ..... 0
- DON'T KNOW ..... d
- REFUSED ..... r

**GO TO G1**

F18. What difficulties have you experienced getting (his/her) shots?

CHIS

**PROBE:** Any other difficulties?

CIRCLE ALL THAT APPLY

- CHILD CARE (FOR OTHER KIDS)..... 1
  - GETTING AN APPOINTMENT..... 2
  - COST..... 3
  - TRANSPORTATION ..... 4
  - KNOWING WHEN THE SHOTS ARE DUE ..... 5
  - KNOWING WHERE TO GO ..... 6
  - TIME OFF WORK..... 7
  - OTHER (SPECIFY) ..... 8
- 
- DON'T KNOW ..... d
  - REFUSED ..... r

## SECTION G: UNMET NEED

[NOTE: THE TERM {TIMEFRAME} IN THIS SECTION REFERS TO THE PERIOD TO WHICH THE QUESTION APPLIES. FOR NEW ENROLLEES, THIS IS THE 6 MONTH PERIOD PRIOR TO ENROLLING IN HEALTHY KIDS. FOR ESTABLISHED ENROLLEES, IT IS THE MOST RECENT 6 MONTHS OF HEALTHY KIDS COVERAGE OR THE WHOLE PERIOD OF COVERAGE IF THE RESPONDENT REPORTS CHILD HAVING LESS THAN 6 MONTHS OF COVERAGE.]

G1. Now I am going to ask you some questions about experiences (CHILD) may have had in getting care.

SCHIP

During (TIMEFRAME), that is between (DATES), was there any time when (CHILD) needed to stay in the hospital but (he/she) **did not get to**?

YES .....	1	} → GO TO G2
NO .....	0	
DON'T KNOW .....	d	
REFUSED .....	r	

G1a.

What was the main reason (CHILD) did not get to stay in the hospital when (he/she) needed to?

SCHIP

CIRCLE ONE ONLY

- COULDN'T SCHEDULE APPOINTMENT  
SOON ENOUGH/COULD NOT GET  
THROUGH ON THE PHONE ..... 1
  - TAKES TOO LONG TO GET THERE/  
TRANSPORTATION PROBLEM..... 2
  - DID NOT GET APPROVAL FROM PLAN ..... 3
  - PLACE DID NOT ACCEPT THE  
INSURANCE COVERAGE ..... 4
  - DID NOT THINK CHILD WAS SICK ENOUGH..... 5
  - CONDITION CLEARED UP ..... 6
  - COST TOO MUCH/NO INSURANCE ..... 7
  - CHILD DID NOT WANT TO GO..... 8
  - OTHER (SPECIFY) ..... 9
- 
- DON'T KNOW ..... d
  - REFUSED ..... r

G2.

During (TIMEFRAME), was there any time that (CHILD) needed to stay in the hospital and it had to be delayed?

SCHIP

- YES ..... 1
  - NO ..... 0
  - DON'T KNOW ..... d
  - REFUSED ..... r
- } → GO TO G3

G2a. What was the main reason that (CHILD)'s stay in the hospital had to be delayed?

SCHIP

CIRCLE ONE ONLY

- COULDN'T SCHEDULE APPOINTMENT  
SOON ENOUGH/COULD NOT GET  
THROUGH ON THE PHONE ..... 1
  - TAKES TOO LONG TO GET THERE/  
TRANSPORTATION PROBLEM..... 2
  - DID NOT GET APPROVAL FROM PLAN ..... 3
  - PLACE DID NOT ACCEPT THE  
INSURANCE COVERAGE ..... 4
  - DID NOT THINK CHILD WAS SICK ENOUGH..... 5
  - CONDITION CLEARED UP ..... 6
  - COST TOO MUCH/NO INSURANCE ..... 7
  - CHILD DID NOT WANT TO GO ..... 8
  - OTHER (SPECIFY) ..... 9
- 
- DON'T KNOW ..... d
  - REFUSED ..... r

G3. During (TIMEFRAME), was there any time that (CHILD) needed to see a doctor or other health care professional for preventive care such as a well-child visit, checkup or physical examination **but did not go**?

SCHIP

- YES ..... 1
  - NO ..... 0
  - DON'T KNOW ..... d
  - REFUSED ..... r
- } → GO TO G5

G4.

What was the main reason (CHILD) did not see a doctor or other health care professional for preventive care (CHILD) needed?

SCHIP

CIRCLE ONE ONLY

- COULDN'T SCHEDULE APPOINTMENT  
SOON ENOUGH/COULD NOT GET  
THROUGH ON THE PHONE ..... 1
  - TAKES TOO LONG TO GET THERE/  
TRANSPORTATION PROBLEM..... 2
  - DID NOT GET APPROVAL FROM PLAN ..... 3
  - PLACE DID NOT ACCEPT THE  
INSURANCE COVERAGE ..... 4
  - DID NOT THINK CHILD WAS SICK ENOUGH..... 5
  - CONDITION CLEARED UP ..... 6
  - COST TOO MUCH/NO INSURANCE ..... 7
  - CHILD DID NOT WANT TO GO ..... 8
  - OTHER (SPECIFY) ..... 9
- 
- DON'T KNOW ..... d
  - REFUSED ..... r

G5.

During (TIMEFRAME), was there any time when (CHILD) needed to see a specialist but **did not go**?

SCHIP

**PROBE:** By specialist we mean a doctor who takes care of special parts of the body, such as an allergy specialist, or ear, nose and throat specialist.

- YES ..... 1
  - NO ..... 0
  - DON'T KNOW ..... d
  - REFUSED ..... r
- } → **GO TO G7**

G6.

What was the main reason (CHILD) did not see a specialist (he/she) needed to see?

SCHIP

CIRCLE ONE ONLY

- COULDN'T SCHEDULE APPOINTMENT  
SOON ENOUGH/COULD NOT GET  
THROUGH ON THE PHONE ..... 1
  - TAKES TOO LONG TO GET THERE/  
TRANSPORTATION PROBLEM..... 2
  - DID NOT GET APPROVAL FROM PLAN ..... 3
  - PLACE DID NOT ACCEPT THE  
INSURANCE COVERAGE ..... 4
  - DID NOT THINK CHILD WAS SICK ENOUGH..... 5
  - CONDITION CLEARED UP ..... 6
  - COST TOO MUCH/NO INSURANCE ..... 7
  - CHILD DID NOT WANT TO GO ..... 8
  - OTHER (SPECIFY) ..... 9
- 
- DON'T KNOW ..... d
  - REFUSED ..... r

G7.

During (TIMEFRAME), was there any time that (CHILD) needed care by a specialist and it had to be delayed?

SCHIP

- YES ..... 1
  - NO ..... 0
  - DON'T KNOW ..... d
  - REFUSED ..... r
- } → GO TO G9

G8.

What was the main reason that care for (CHILD) by a specialist had to be delayed?

SCHIP

CIRCLE ONE ONLY

- COULDN'T SCHEDULE APPOINTMENT  
SOON ENOUGH/COULD NOT GET  
THROUGH ON THE PHONE ..... 1
  - TAKES TOO LONG TO GET THERE/  
TRANSPORTATION PROBLEM..... 2
  - DID NOT GET APPROVAL FROM PLAN ..... 3
  - PLACE DID NOT ACCEPT THE  
INSURANCE COVERAGE ..... 4
  - DID NOT THINK CHILD WAS SICK ENOUGH..... 5
  - CONDITION CLEARED UP ..... 6
  - COST TOO MUCH/NO INSURANCE ..... 7
  - CHILD DID NOT WANT TO GO ..... 8
  - OTHER (SPECIFY) ..... 9
- 
- DON'T KNOW ..... d
  - REFUSED ..... r

G9.

During (TIMEFRAME), was there any time that (CHILD) needed to see a doctor or other health care professional because of an illness, accident, or injury but **did not go**?

SCHIP

- YES ..... 1
  - NO ..... 0
  - DON'T KNOW ..... d
  - REFUSED ..... r
- } → **GO TO G11**

G10.  
SCHIP

What was the main reason (CHILD) did not see a doctor or other health care professional because of an illness, accident, or injury (he/she) needed to see?

CIRCLE ONE ONLY

- COULDN'T SCHEDULE APPOINTMENT  
SOON ENOUGH/COULD NOT GET  
THROUGH ON THE PHONE ..... 1
  - TAKES TOO LONG TO GET THERE/  
TRANSPORTATION PROBLEM..... 2
  - DID NOT GET APPROVAL FROM PLAN ..... 3
  - PLACE DID NOT ACCEPT THE  
INSURANCE COVERAGE ..... 4
  - DID NOT THINK CHILD WAS SICK ENOUGH..... 5
  - CONDITION CLEARED UP ..... 6
  - COST TOO MUCH/NO INSURANCE ..... 7
  - CHILD DID NOT WANT TO GO ..... 8
  - OTHER (SPECIFY) ..... 9
- 
- DON'T KNOW ..... d
  - REFUSED ..... r

**IF CHILD LESS THAN 3 YEARS OLD,  
GO TO G17, ELSE CONTINUE**

G11.  
SCHIP

During (TIMEFRAME), was there a time (CHILD) needed to go to a dentist or dental hygienist but **did not go**?

- YES ..... 1
  - NO ..... 0
  - DON'T KNOW ..... d
  - REFUSED ..... r
- } → **GO TO G13**

G12.

What was the main reason (CHILD) did not see a dentist or dental hygienist (he/she) needed?

SCHIP

CIRCLE ONE ONLY

- COULDN'T SCHEDULE APPOINTMENT  
SOON ENOUGH/COULD NOT GET  
THROUGH ON THE PHONE ..... 1
  - TAKES TOO LONG TO GET THERE/  
TRANSPORTATION PROBLEM..... 2
  - DID NOT GET APPROVAL FROM PLAN ..... 3
  - PLACE DID NOT ACCEPT THE  
INSURANCE COVERAGE ..... 4
  - DID NOT THINK CHILD WAS SICK ENOUGH..... 5
  - CONDITION CLEARED UP ..... 6
  - COST TOO MUCH/NO INSURANCE ..... 7
  - CHILD DID NOT WANT TO GO ..... 8
  - OTHER (SPECIFY) ..... 9
- 
- DON'T KNOW ..... d
  - REFUSED ..... r

G13.

During (TIMEFRAME), was there any time that (CHILD) needed dental care and it had to be delayed?

SCHIP

- YES ..... 1
  - NO ..... 0
  - DON'T KNOW ..... d
  - REFUSED ..... r
- } → GO TO G15

G14.

What was the main reason the dental care for (CHILD) had to be delayed?

SCHIP

CIRCLE ONE ONLY

- COULDN'T SCHEDULE APPOINTMENT  
SOON ENOUGH/COULD NOT GET  
THROUGH ON THE PHONE ..... 1
  - TAKES TOO LONG TO GET THERE/  
TRANSPORTATION PROBLEM..... 2
  - DID NOT GET APPROVAL FROM PLAN ..... 3
  - PLACE DID NOT ACCEPT THE  
INSURANCE COVERAGE ..... 4
  - DID NOT THINK CHILD WAS SICK ENOUGH..... 5
  - CONDITION CLEARED UP ..... 6
  - COST TOO MUCH/NO INSURANCE ..... 7
  - CHILD DID NOT WANT TO GO ..... 8
  - OTHER (SPECIFY) ..... 9
- 
- DON'T KNOW ..... d
  - REFUSED ..... r

G15.

During (TIMEFRAME), was there any time that (CHILD) needed an eye exam or a vision check and it had to be delayed?

SCHIP

- YES ..... 1
  - NO ..... 0
  - DON'T KNOW ..... d
  - REFUSED ..... r
- } → **GO TO G17**

G16.

What was the main reason that an eye exam or vision check for (CHILD) had to be delayed?

SCHIP

CIRCLE ONE ONLY

- COULDN'T SCHEDULE APPOINTMENT  
SOON ENOUGH/COULD NOT GET  
THROUGH ON THE PHONE ..... 1
  - TAKES TOO LONG TO GET THERE/  
TRANSPORTATION PROBLEM..... 2
  - DID NOT GET APPROVAL FROM PLAN ..... 3
  - PLACE DID NOT ACCEPT THE  
INSURANCE COVERAGE ..... 4
  - DID NOT THINK CHILD WAS SICK ENOUGH..... 5
  - CONDITION CLEARED UP ..... 6
  - COST TOO MUCH/NO INSURANCE ..... 7
  - CHILD DID NOT WANT TO GO ..... 8
  - OTHER (SPECIFY) ..... 9
- 
- DON'T KNOW ..... d
  - REFUSED ..... r

G17.

During (TIMEFRAME), was there a time (CHILD) needed a prescription drug but (he/she) **did not get it**?

SCHIP

- YES ..... 1
- NO ..... 0
- DON'T KNOW ..... d
- REFUSED ..... r

} → GO TO G19

G18. What was the main reason (CHILD) did not get the prescription drug?

SCHIP

CIRCLE ONE ONLY

- COULDN'T SCHEDULE APPOINTMENT  
SOON ENOUGH/COULD NOT GET  
THROUGH ON THE PHONE ..... 1
  - TAKES TOO LONG TO GET THERE/  
TRANSPORTATION PROBLEM..... 2
  - DID NOT GET APPROVAL FROM PLAN ..... 3
  - PLACE DID NOT ACCEPT THE  
INSURANCE COVERAGE ..... 4
  - DID NOT THINK CHILD WAS SICK ENOUGH..... 5
  - CONDITION CLEARED UP ..... 6
  - COST TOO MUCH/NO INSURANCE ..... 7
  - CHILD DID NOT WANT TO GO ..... 8
  - OTHER (SPECIFY) ..... 9
- 
- DON'T KNOW ..... d
  - REFUSED ..... r

G19. During (TIMEFRAME), was there a time (CHILD) **took less** than the recommended dosage of a **prescription drug** or took the drug less frequently so that it would last longer?

SCHIP

- YES ..... 1
- NO ..... 0
- DON'T KNOW ..... d
- REFUSED ..... r

G20. During (TIMEFRAME), how confident were you that (CHILD) could get healthcare if (he/she) needed it? Would you say . . .

SCHIP

- Very confident,..... 1
- Somewhat confident,..... 2
- Not very confident, or ..... 3
- Not at all confident?..... 4
- DON'T KNOW ..... d
- REFUSED ..... r

G21. During (TIMEFRAME), how satisfied were you with the quality of healthcare (CHILD) received? Would you say . . .

SCHIP

- Very satisfied, ..... 1
- Somewhat satisfied, ..... 2
- Somewhat dissatisfied, or..... 3
- Very dissatisfied? ..... 4
- DON'T KNOW ..... d
- REFUSED ..... r

G22. And how worried were you about meeting (CHILD)'s healthcare needs?

SCHIP

- Very worried, ..... 1
- Somewhat worried, ..... 2
- Not very worried, or ..... 3
- Not at all worried?..... 4
- DON'T KNOW ..... d
- REFUSED ..... r

G23. During (TIMEFRAME), how often did (CHILD)'s healthcare needs create financial difficulties?

SCHIP

- A lot, ..... 1
- Somewhat,..... 2
- A little, or..... 3
- Not at all? ..... 4
- DON'T KNOW ..... d
- REFUSED ..... r

## SECTION H: DEMOGRAPHICS

H1. We're almost finished. I have a few questions about **your** health and health related issues. In general, would you say that your health is . . .

SCHIP

Excellent, ..... 1  
Very good, ..... 2  
Good, ..... 3  
Fair, or ..... 4  
Poor? ..... 5  
DON'T KNOW ..... d  
REFUSED ..... r

H2. I am going to read some statements about health and health care. For each statement, please tell me if in your opinion the statement is definitely true, mostly true, mostly false, or definitely false.

SCHIP

First, you worry about your health more than other people your age. Is that . . .

Definitely true, ..... 1  
Mostly true, ..... 2  
Mostly false, or ..... 3  
Definitely false? ..... 4  
DON'T KNOW ..... d  
REFUSED ..... r

H3. Home remedies are often better than drugs prescribed by a doctor. Is that . . .

SCHIP

Definitely true, ..... 1  
Mostly true, ..... 2  
Mostly false, or ..... 3  
Definitely false? ..... 4  
DON'T KNOW ..... d  
REFUSED ..... r

H4.  
SCHIP

Getting a child enrolled in Healthy Kids whenever you want is easy if the child is eligible. Is that . . .

- Definitely true,..... 1
- Mostly true, ..... 2
- Mostly false, or ..... 3
- Definitely false? ..... 4
- DON'T KNOW ..... d
- REFUSED ..... r

H5.  
SCHIP

Children in Healthy Kids get better health care than children with no insurance. Is that . . .

- Definitely true,..... 1
- Mostly true, ..... 2
- Mostly false, or ..... 3
- Definitely false? ..... 4
- DON'T KNOW ..... d
- REFUSED ..... r

H6. The next few questions are about (CHILD)'s background.

Do you consider (him/her) to be of Hispanic or Latino origin?

- YES ..... 1
- NO ..... 0
- DON'T KNOW ..... d
- REFUSED ..... r



H7.

What Hispanic or Latino group do you consider (him/her) to belong to? Is it . . .

SCHIP

CIRCLE ALL THAT APPLY

- Mexican, ..... 1
  - Guatemalan, ..... 2
  - El Salvadorian, or ..... 3
  - Some other group? (SPECIFY) ..... 4
- 
- DON'T KNOW ..... d
  - REFUSED ..... r

H8.

Which of the following best describes (CHILD)'s racial background? Is it White, Black or African American, Asian, American Indian or Alaska Native, or Native Hawaiian or other Pacific Islander?

SCHIP

**NOTE: IF RESPONDENT ANSWERS HISPANIC (OR SPANISH), ASK:**  
Is (he/she) White Hispanic or Black Hispanic?

**NOTE: IF RESPONDENT ANSWERS MIXED OR MULTIPLE RACES, ASK**  
**"WHICH ONES" AND CODE ALL THAT APPLY.**

CIRCLE ALL THAT APPLY

- WHITE ..... 1
  - BLACK OR AFRICAN AMERICAN..... 2
  - ASIAN ..... 3
  - AMERICAN INDIAN OR ALASKA NATIVE ..... 4
  - NATIVE HAWAIIAN OR PACIFIC ISLANDER ..... 5
  - OTHER (SPECIFY) ..... 6
- 
- DON'T KNOW ..... d
  - REFUSED ..... r

H9. **NO H9 IN THIS VERSION.**

H10. About how long has (CHILD) lived in Santa Clara County?

**IF MOVED BACK AND FORTH FROM U.S., PROBE:** Please think about the most recent time (he/she) returned to Santa Clara County.

**IF NEEDED, PROBE:** Santa Clara County is a section of land in California that includes the city of San Jose and the surrounding area. Families of children enrolled in Healthy Kids all live in Santa Clara County.

|\_|\_|

- ENTIRE LIFE ..... 99
- MONTHS ..... 1
- YEARS ..... 2
- DON'T KNOW ..... d
- REFUSED ..... r

H11. Which languages are usually spoken in (CHILD)'s home?

KP

CIRCLE ALL THAT APPLY

- ENGLISH..... 1
- SPANISH..... 2
- OTHER (SPECIFY) ..... 3

---

- DON'T KNOW ..... d
- REFUSED ..... r

H12. The final questions are about you and the people living with you. How many family members currently live with you? Please do not include yourself.

KP

|\_|\_| NUMBER

- NONE/ZERO ..... 0
- DON'T KNOW ..... d
- REFUSED ..... r

} → GO TO H14

H13. How many of these family members are under age 18?

KP

\_\_\_\_|\_\_\_\_| NUMBER

DON'T KNOW ..... d

REFUSED ..... r

H14. Do you have a spouse or adult partner living with you?

KP

YES ..... 1

NO ..... 0

DON'T KNOW ..... d

REFUSED ..... r

H15. Are you currently working full-time, part-time, or are you not working?

KP

FULL-TIME ..... 1

PART-TIME ..... 2

NOT EMPLOYED (INCLUDES RETIRED,  
HOMEMAKER, STUDENT, DISABLED) ..... 3

DON'T KNOW ..... d

REFUSED ..... r

**IF H14 = 1, ASK H16. ELSE, GO TO H17.**

H16. How about your spouse or adult partner? Is (he/she) working full-time, part-time, or not working at all?

KP

FULL-TIME ..... 1

PART-TIME ..... 2

NOT EMPLOYED (INCLUDE RETIRED,  
HOMEMAKER, STUDENT, DISABLED) ..... 3

DON'T KNOW ..... d

REFUSED ..... r

H18. What is the highest year or grade of education you have completed?

CHIS

**IF RESPONDENT ANSWERS GED, PROBE:** Before you received your GED, what was the highest grade of school you completed?

NO FORMAL EDUCATION .....	0
<b><u>GRADE SCHOOL</u></b>	
1 <sup>ST</sup> GRADE .....	1
2 <sup>ND</sup> GRADE .....	2
3 <sup>RD</sup> GRADE .....	3
4 <sup>TH</sup> GRADE .....	4
5 <sup>TH</sup> GRADE .....	5
6 <sup>TH</sup> GRADE .....	6
7 <sup>TH</sup> GRADE .....	7
8 <sup>TH</sup> GRADE .....	8
<b><u>HIGH SCHOOL OR EQUIVALENT</u></b>	
9 <sup>TH</sup> GRADE .....	9
10 <sup>TH</sup> GRADE .....	10
11 <sup>TH</sup> GRADE .....	11
12 <sup>TH</sup> GRADE .....	12
<b><u>4-YEAR COLLEGE OR UNIVERSITY</u></b>	
1 <sup>ST</sup> YEAR (FRESHMAN) .....	13
2 <sup>ND</sup> YEAR (SOPHOMORE) .....	14
3 <sup>RD</sup> YEAR (JUNIOR).....	15
4 <sup>TH</sup> YEAR (SENIOR) (BA/BS) .....	16
5 <sup>TH</sup> YEAR.....	17
<b><u>GRADUATE OR PROFESSIONAL SCHOOL</u></b>	
ANY .....	18
<b><u>2-YEAR JUNIOR OR COMMUNITY COLLEGE</u></b>	
ANY .....	19
<b><u>VOCATIONAL, BUSINESS, OR TRADE SCHOOL</u></b>	
ANY .....	20
DON'T KNOW .....	d
REFUSED .....	r

H19. What is your age?

SCHIP

|\_|\_| AGE

DON'T KNOW ..... d

REFUSED ..... r

H20. About how long have you lived in Santa Clara County?

SCHIP

**IF MOVED BACK AND FORTH FROM COUNTY, PROBE:** Please think about the most recent time you returned to Santa Clara County.

**IF NEEDED, PROBE:** Santa Clara County is a section of land in California that includes the city of San Jose and the surrounding area. Families of children enrolled in Healthy Kids all live in Santa Clara County.

|\_|\_|

ENTIRE LIFE ..... 99

MONTHS ..... 1

YEARS ..... 2

DON'T KNOW ..... d

REFUSED ..... r

**IF H14 = 1, ASK H21. ELSE, GO TO H22.**

H21.

What is the highest year or grade of education your spouse or partner has completed?

CHIS

**IF RESPONDENT ANSWERS GED, PROBE:** Before (he/she) received (his/her) GED, what was the highest grade of school (he/she) completed?

NO FORMAL EDUCATION ..... 0

**GRADE SCHOOL**

1<sup>ST</sup> GRADE ..... 1

2<sup>ND</sup> GRADE ..... 2

3<sup>RD</sup> GRADE ..... 3

4<sup>TH</sup> GRADE ..... 4

5<sup>TH</sup> GRADE ..... 5

6<sup>TH</sup> GRADE ..... 6

7<sup>TH</sup> GRADE ..... 7

8<sup>TH</sup> GRADE ..... 8

**HIGH SCHOOL OR EQUIVALENT**

9<sup>TH</sup> GRADE ..... 9

10<sup>TH</sup> GRADE ..... 10

11<sup>TH</sup> GRADE ..... 11

12<sup>TH</sup> GRADE ..... 12

**4-YEAR COLLEGE OR UNIVERSITY**

1<sup>ST</sup> YEAR (FRESHMAN) ..... 13

2<sup>ND</sup> YEAR (SOPHOMORE) ..... 14

3<sup>RD</sup> YEAR (JUNIOR)..... 15

4<sup>TH</sup> YEAR (SENIOR) (BA/BS) ..... 16

5<sup>TH</sup> YEAR..... 17

**GRADUATE OR PROFESSIONAL SCHOOL**

ANY ..... 18

**2-YEAR JUNIOR OR COMMUNITY COLLEGE**

ANY ..... 19

**VOCATIONAL, BUSINESS, OR TRADE SCHOOL**

ANY ..... 20

DON'T KNOW ..... d

REFUSED ..... r

H22. Are you (or your spouse or partner) covered by health insurance?

- YES ..... 1  
 NO ..... 0  
 DON'T KNOW ..... d  
 REFUSED ..... r
- } → GO TO H24

H23. What type of health insurance do you (and your spouse or partner) have?

SCHIP

CIRCLE ALL THAT APPLY

- A. INSURANCE FROM A CURRENT OR PAST EMPLOYER OR UNION ..... 1  
 B. PRIVATE INSURANCE PURCHASED DIRECTLY FROM AN INSURANCE COMPANY ..... 2  
 C. MEDI-CAL ..... 3  
 D. EMERGENCY MEDI-CAL ..... 4  
 E. SOME OTHER TYPE OF COVERAGE ..... 5  
 (SPECIFY WHAT KIND)
- 

H23a. Does this health insurance pay or help pay for the following services . . .

	YES	NO	DON'T KNOW	REFUSED
a. Doctor's visits for illness or injuries? .....	1	0	d	r
b. Emergency room visits? .....	1	0	d	r
c. Prescriptions drugs? .....	1	0	d	r

H24. NO H24 IN THIS VERSION.

H25. Those are all the questions I have. Thank you very much for participating in this important study. Could I please have your name and address so we can send you your \$30 gift certificate?

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ APT. NO. \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

REFUSED ..... r

END. If you have any questions about this study, you may call Betsy Santos at Mathematica. Her toll-free number is 1-877-667-5374. Have a very nice (day/night/weekend). Bye-bye.



**APPENDIX B**  
**SURVEY AND SAMPLE WEIGHTING**  
**METHODS**



This appendix describes the methodology for the telephone survey of 1,322 Healthy Kids enrollees in Santa Clara County and the procedures that were used to develop weights for the resultant data. The survey was conducted from September 2003 through July 2004. The appendix discusses the design of the survey sample, the survey instrument, the data collection methods, and the weighting procedures.

## **A. SAMPLE DESIGN**

The goal of the survey was to complete interviews with the parents or guardians of 1,050 children participating in the Healthy Kids insurance program, which was created and supported by CHI. Samples were selected each month between August 2003 and April 2004 from enrollment file extracts provided by the Santa Clara Family Health Plan (The Health Plan). No more than one child per family was sampled over the course of the surveys. To allow for a 75 percent response rate, the initial plan called for a total of 1,400 children to be sampled to reach the target of 1,050 interviews. The sample was initially limited to English- and Spanish-speaking families due to our concern over whether we would be able to contact and interview families in other languages. During the course of data collection, however, we were able to identify and train interviewers in a variety of languages. Thus the sample size was later expanded to allow sampling of families speaking languages other than English or Spanish. In all, 1,525 children were sampled from frames that included 6,310 eligible children.

### **1. Sampling Frame, Stratification, and Allocation**

The sampling frame for each month's sample was an enrollment extract file provided by The Health Plan. Using data on the file, strata were formed based on dates of eligibility and determination, income level, and language spoken. The two major strata that were defined included newly eligible and established enrollees:

*Newly Eligible Enrollees*<sup>1</sup> included all children who were found eligible for the program in the most recent month. Specifically, a newly eligible enrollee was defined as: A child *on the current month's file, who was either on the current waitlist or had an eligibility date in the current month.*

*Established Enrollees* included all children who had successfully completed one full year on the Healthy Kids program and continued to be enrolled past the first month of their second year. The specific definition of an established enrollee was: A child *on the current month's file, who had an eligibility date 13 months prior and the last term date did not equal the current month.*

Further, since it was in theory possible for an established enrollee to be newly enrolled, we specified that an enrollee could not be classified as both newly eligible and established (the newly eligible category would take precedence). Children who in a specific month did not meet criteria for either newly eligible or established enrollees were not eligible for selection in that month's sample, but could be selected later. Children who had been selected in a prior month or who belonged to a family where another child had been sampled in a prior month were considered ineligible.

The newly eligible and established enrollee strata were then subdivided based on income relative to the Federal Poverty Level (FPL). Those whose family incomes were greater than or equal to 250 percent of the FPL, and those with family income less than 250 percent of the FPL, were placed in separate strata. In the newly eligible stratum, those with income at least 250 percent of the FPL were not eligible for the survey. Both strata of established enrollees remained eligible.

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<sup>1</sup> In the main report, we use the term "recent enrollees" to describe this group. While this term is less technically correct due to the presence of children on the waitlist, it is used in the main report because it is simpler.

The three eligible strata were then divided by language spoken. Those who spoke Spanish or English were sampled in every month. Those who spoke languages other than English and Spanish were only sampled in the sixth through ninth months of the survey.

Table B.1 shows the total sample selected for each stratum. For the English/Spanish strata, the sample selected was the same for each month. Thus, 75 children were selected each month from each of the newly eligible and established groups with income less than 250 percent of FPL, and 8 children from the established group with higher income. As mentioned above, cases in the other language strata were sampled only in the last four months of the survey.

TABLE B.1  
STRATA AND FRAME COUNTS (FOR 9 MONTHS) AND SAMPLE SELECTED

	Newly Eligible		Established	
	Population	Sample	Population	Sample
<b>Income/Language</b>				
≥250% FPL				
English/Spanish	NA	0	181	72
Other Languages	NA	0	95	29
<250% FPL				
English/Spanish	3,253	675	2,710	675
Other Languages	107	33	240	41
<b>Totals</b>	<b>3,360</b>	<b>708</b>	<b>2,950</b>	<b>817</b>

NA = Not applicable for the survey.

## 2. Sample Selection

Sample selection took place in two stages: first, we selected families, and then we selected one child within each sampled family. This procedure was used because we wanted to avoid multiple interviews with any single family.

Families were selected using probability proportional to size (PPS) methods where the measure of size (MOS) was the number of survey-eligible children in the family. After assigning an MOS to each family, we calculated a preliminary sampling interval (I) for each stratum, where I was the sum of the MOS for all families in the stratum divided by the number of sample (n) selections to be made in that stratum. If any families had an MOS greater than 80 percent of I, they were sampled with certainty. The remaining selections were made so that each family had a probability of selection proportional to the number of eligible children.

Within each sampled family with more than one eligible child we randomly selected one such child. If the family only had one eligible child, that child was selected.

## **B. SURVEY INSTRUMENT AND PRETEST**

The survey instrument, provided in Appendix A, was designed under a previous, separate contract with the Packard Foundation. The majority of questions were drawn from the National State Children's Health Insurance Program survey, although a few questions were taken from the National Health Interview Survey and the California Health Interview Survey. Some question wording was modified slightly to match the specific needs of the target population. We drafted the questionnaire between January and July 2003. The survey was designed for computer-assisted telephone interviewing (CATI), with an average length of 35 minutes.

The survey was translated into Spanish by MPR's in-house translator, a native of Peru. The survey was then reviewed internally by a number of Spanish-speaking staff who originate from different Latin-American countries. After the internal review, the survey was sent to The Health Plan, where it was distributed for review to a handful of Spanish-speaking staff who work directly with the target population in the community (Promotoras). These Promotoras graciously took time to review and comment on the Spanish translation. We made revisions to the Spanish translation based upon feedback gleaned during the review process.

MPR conducted a pretest of the survey instrument to identify ways to improve the administration procedures, measure the length of the survey, test the flow and sequencing of questions, clarify question wording for the sample members, and clarify instructions for the interviewers. We pretested the instrument in August 2003 with 21 respondents. We trained four interviewers on the specifics of the sample population and the study, and on how to administer the questionnaire. The 21 pretest interviews averaged 37.5 minutes. We made minor modifications to the survey based on information obtained through monitoring by MPR staff and debriefings with interviewers.

## **C. DATA COLLECTION**

We began administering the survey on September 2, 2003, and continued until July 22, 2004. The overall field period spanned 10 ½ months. The survey averaged 26 minutes in length. No in-person followup was required on this study.

### **1. Training**

Immediately prior to conducting interviews we held a two-day interviewer training session on August 26-27, 2003. The survey director led the training session. In attendance were the survey manager, the telephone supervisor, the locating supervisor, the telephone interviewers, and quality control monitors, for a total of 14 staff. The training session lasted approximately eight hours. The majority of interviewers and all quality control monitors trained on the project were native Spanish speakers. Three additional interviewers were trained in early 2004 after we began releasing sampled families that spoke languages other than Spanish and English. Of the additional interviewers, one spoke Vietnamese, one spoke Korean, and a third spoke Mandarin Chinese. These interviewers were initially trained using the English version of the instrument.

They were then instructed to translate the instrument into their native language, and to consistently apply the same translation for all interviews conducted in their target language.

## **2. Contact and Locating**

We contacted sampled families initially by telephone to participate in the survey. Prior to MPR's initial contact, The Health Plan attempted to contact all families selected to participate in the study. The Health Plan developed a computerized program for recording the results of each call. MPR developed a protocol and trained Health Plan staff. For all families contacted, Health Plan staff introduced the study and MPR and attempted to schedule an appointment when MPR could call the family and conduct the interview. This assistance by The Health Plan was invaluable to the success of the study. Some families could not be reached, either because they were not home at the time of the call attempt or their number was disconnected. Health Plan staff attempted to locate families with disconnected telephone numbers and succeeded in obtaining new numbers for many of them. Those families that The Health Plan was unable to reach after three attempts were mailed a letter. The letter introduced the study, identified the study sponsor and MPR, and explained that participation was voluntary and that the identities and responses of all participants would be kept confidential. The letter offered families a \$30 gift card for completing the survey and provided a toll-free number to call in case they had questions.

Most families made an interview appointment with Health Plan staff, who then sent the information to MPR using password protected encryption software. MPR interviewers called families on the appointed day and time and completed the interview. As mentioned above, families who The Health Plan could not reach by telephone were sent an introductory letter. MPR interviewers timed their first call to these families a few days after the letters had been

mailed. Those families with disconnected or wrong numbers were sent to our locating department for additional searching efforts.

The searching efforts consisted of running sample member's identifying information (name, date of birth, last known address, and phone number) through a database owned by Lexis-Nexis, a personal database search company. These searches generated potential new phone numbers and addresses. Any sampled families who we could not locate through our subsequent searching efforts were mailed a slightly revised version of The Health Plan's introductory letter to their last known address. The letter introduced the study, identified the sponsor and MPR, and explained that we were having trouble contacting them. It asked the family to call the toll-free number provided in the letter to learn more about the study and to participate. This same letter was also mailed to families for whom we had correct telephone information but couldn't reach by telephone (chronic no answers, answering machines, or never at home when we called).

Upon completion of the data collection phase, the survey data were cleaned and certified by MPR using a specially written cleaning program. Quality control reviewers analyzed all of the text responses throughout the survey and back-coded any to prelisted choices where appropriate, or assigned new codes if responses were common enough to warrant the additions.

### **3. Sample Disposition and Survey Response Rate**

We completed interviews with 1,322 of the 1,490 sampled families, for an overall survey response rate of 88.7 percent.<sup>2</sup> Of the completed interviews, 609 were with new enrollees and 713 were with established enrollees.

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<sup>2</sup>A total of 35 families were deemed ineligible for the survey (15 because they were not currently enrolled in Healthy Kids; 13 because they moved out of the county and were no longer eligible for the program; and 7 because they were duplicate cases released in error).

Table B.2 shows the final survey disposition of all cases in the sample by new enrollee, established enrollee, and combined. Very few families refused to participate in the survey. Most who did made their refusal at the time of The Health Plan’s initial call. Any such refusals were assigned a final status of “refusal” and retired; that is, we took no additional steps to try to have them complete the interview.

TABLE B.2  
FINAL DISPOSITION OF SAMPLE CASES

	New Enrollees		Established Enrollees		Established Enrollees		Total	
	Low Income		Low Income		High Income			
	Number	Col. %	Number	Col. %	Number	Col. %	Number	Col. %
Complete	609	86.0	626	87.4	87	86.1	1,322	86.7
Refusal	13	1.8	9	1.3	3	2.9	25	1.6
Language Barrier	3	0.4	3	0.4	0	0.0	6	0.4
Located, Effort								
Ended	5	0.7	5	0.7	7	6.9	17	1.1
Cannot Locate	56	7.9	60	8.4	4	4.0	120	7.9
Ineligible	22	3.1	13	1.8	0	0.0	35	2.3
Total	708	100.0	716	100.0	101	100.0	1,525	100.0

The majority of interviews were conducted in Spanish (85 percent), followed by English (12 percent), Vietnamese (2 percent), and a small number of cases in Korean and Mandarin Chinese (1 percent). Of the sampled families only 6 (or 0.4 percent) could not be interviewed because of a language barrier; that is, the family spoke languages that none of our interviewing staff spoke, such as Tagalog, Cambodian, Urdu, and other Chinese dialects. Only 25 of the sampled families (or 1.6 percent) refused to participate in the survey.

Two factors accounted for the nonresponse to this survey. Nearly 88 percent of the total nonresponse occurred because sampled families could not be located (eight percent of all sampled families). These were families whose addresses and phone numbers, as provided by The Health Plan, were incorrect and we were unable to locate them by other means. Twelve

percent of the total nonresponse (one percent of all sampled families) occurred because the families were never available to participate in the survey when we called them. We believe that our contact information was good, but the families did not answer the telephone in response to our calls, were not available to take our calls when another household member answered the telephone, and did not call us in response to our letters.

#### **D. DATA WEIGHTING PROCEDURE**

Sample weights were computed to reflect differences in probabilities of selection and response rates across groups. Correcting for these differences restores the distribution of the sample to that of the study population. Use of weights is recommended for all analyses of the data collected for this study. Using unweighted data could result in biased survey estimates because, as stated above, the unweighted sample does not reflect the distribution of the study population.

Ten sets of weights were constructed: one for each of the nine monthly samples and one for analysis combining data from all the samples. Each monthly weight is the product of two factors: the inverse of each child's probability of selection and the inverse of the response rate for his/her response adjustment cell. (In this survey, the response adjustment cell is the same as the sampling stratum, which was discussed above.) The weights for the estimates combining all monthly samples have a third factor, an adjustment to reflect the fact that those speaking languages other than English and Spanish were sampled only in the final four months of the survey.

##### **1. Monthly Weights**

Thus, the weight ( $W_{jkhm}$ ) for child  $j$  in family  $k$ , stratum  $h$  in month  $m$ , can be stated as:

$$W_{jkhm} = (1/P_{jkhm}) (1/RR_h), \text{ where:}$$

$P_{jkhm}$  is the probability of selection of child  $j$  in family  $k$  and stratum  $h$  and month  $m$  ( $m = 1, 2, \dots, 9$ )

$RR_h$  is the response rate for the cell (stratum  $h$ ) to which child  $j$  belongs.

## 2. Probability of Selection

The selection of the sample took place in two stages. First, we selected families and then sampled one child per family, so for child  $j$  in family  $k$ :

$P_{jkhm} = (P_{khm}) (1/n(c)_k)$ , where:

$n(c)_k$  represents the number of (survey eligible) children in family  $k$ .

Families with several eligible children were selected with certainty (the number of children required for certainty selection varied by month) while all other families were selected with probability proportional to size:

$P_{khm} = 1.0$  for families in  $h$  selected with certainty in month  $m$

$P_{khm} = n(\text{noncert})_{hm} n(c)_k / \sum_{k=1}^{n_h} n(c)_k$  for families in  $h$  that were not selected with certainty in month  $m$ , where

$n(\text{noncert})_{hm}$  is the number of noncertainty families selected in stratum  $h$  for month  $m$ .

The probabilities of selection for any child in a month reduce to:

$P_{jkhm} = 1/n(c)_k$  if family is selected with certainty

$= n(\text{noncert})_{hm} / \sum_{k=1}^{n_h} n(c)_k$  where the family is selected PPS.

## 3. Response Rates

Response rates ( $RR_{hm}$ ) were computed within strata for each month. For the first five months there were three strata, but for the last four months, there were six.

$RR_{hm} = n(c)_h / [n(e)_h + (e_r)_h * n(dk)_h]$ , where

$n(c)_h$  = number of completes in  $h$

$n(e)_h$  = number of known survey eligibles<sup>3</sup> in  $h$

$n(dk)_h$  = number of undetermined<sup>4</sup> cases in  $h$

$er_h$  = the estimated eligibility rate among undetermined cases in  $h$

$er_h = n(e)_h / (n(e)_h + n(inel)_h)$

$n(inel)_h$  = number of survey ineligible<sup>5</sup> in  $h$ .

#### 4. Overall Weight

As mentioned earlier, the overall weight adjusted for the fact that those speaking languages other than English or Spanish were sampled only in the final four months of the survey. This adjustment was the ratio of the number of other-language children for all nine months to the number for the last four months, or:

$$ADJL_g = \sum_{m=1}^9 N(ol)_{gm} / \sum_{m=6}^9 N(ol)_{gm}$$

where  $N(ol)_{gm}$  is the number of eligible other-language children on the frame in group  $g$  in month  $m$ . The three groups ( $g$ ) were: established high income, established low income, new enrollee.

The weight for estimates that combine the monthly samples is the product of the child's monthly weight and the language adjustment factor:

$W(comb)_{jkh} = (W_{jkhm})(ADJL_g)$  for child  $j$  in family  $k$  in stratum  $h$  (group  $g$ ) who was sampled in month  $m$ .

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<sup>3</sup>Only completes were treated as eligible.

<sup>4</sup>Includes cannot locate, effort ended, refusals.

<sup>5</sup>Includes not currently enrolled, moved out of area, and duplicate.



**APPENDIX C**

**METHODS FOR ESTIMATING IMPACTS  
OF CHI ON PRIMARY, DENTAL  
AND VISION CARE**



This appendix details the methods used for estimating the impact of the Santa Clara County Healthy Kids program on children’s primary care and on their dental and vision care. First, we summarize the variables used to conduct the analysis. Next, we describe the methods used to estimate the impact of Healthy Kids. This includes a description of the quasi-experimental design used to estimate the impacts and the specific regression models that we estimated. Finally, we discuss findings from a series of sensitivity analyses that we conducted to test the robustness of our impact estimates.

## **A. OUTCOME MEASURES**

Two types of outcome measures were examined in this report. The first are those used to estimate the impacts of Healthy Kids. They include a total of 34 variables, all of which are based on the survey conducted with Healthy Kids families. These variables fall into four general categories: (1) measures of use of care; (2) measures of unmet need; (3) measures of parental perceptions (for example, satisfaction with care); and (4) measures of access to care, defined mainly around whether the child has a usual care source. Table C.1 summarizes each of these variables, including the sample domain over which they were defined, the survey questions on which they were based, the steps taken to construct them, and the sample size.

TABLE C.1

## SUMMARY OF VARIABLES USED TO MEASURE THE IMPACT OF HEALTHY KIDS

Outcome	Variable	Sample	Source Data <sup>a</sup>	Notes on Variable Creation	Sample Size
Service Use	Any physician visit	All children	QF.4, QF.5	Any medical visit to a doctor or other health care professional, including well-child, sick-child, or specialist (does not include visits for mental health or behavior problems) in the last 6 months.	1,234
	Any well-child visit	All children	QF.6, QF.8	Saw a doctor or health care professional for preventive care, such as a checkup, well-child visit, or physical examination in the last 6 months.	1,232
	Any sick-child visit	All children	QF.4, QF.5, QF.6, QF.8	Saw a doctor or health care professional for any acute illness or injury in the last 6 months.	1,234
	Any specialist visit	All children	QF.6, QF.7, QF.9	Saw a specialist such as an allergy specialist, ear/ nose/throat specialist, or other doctor who takes care of special parts of the body in the last 6 months.	1,233
	Any immunization (shot)	All children	QF.16	Child received any immunizations (shots) in the last 6 months.	1,235
	Any difficulty obtaining immunization	All children	QF.17	At least one time in the past 6 months respondent had difficulties getting immunizations (shots) for child.	1,235
	Any preventive dental visit	Children 3 years and older	QF.12a	Went to a dentist or dental hygienist for a checkup or cleaning at least once in the last 6 months.	1,149
	Any dental visit for cavity filling or extraction	Children 3 years and older	QF.12b	Went to a dentist or dental hygienist for a dental procedure such as having a cavity filled or a tooth pulled at least once in the last 6 months.	1,149
	Any visit for eye exam or vision check	Children 3 years and older	QF.14	Went to an eye doctor, optometrist, or optician for a vision checkup or an eye exam at least once in the last 6 months.	1,149

TABLE C.1 (continued)

Outcome	Variable	Sample	Source Data <sup>a</sup>	Notes on Variable Creation	Sample Size
Unmet Need	Any unmet need for medical care	All children	QG.3, QG.5, QG.9, QG.17	At least one time in the past 6 months child did not get care for a medical need (sick-child, well-child, specialist, or prescription drug) when respondent thought child needed it.	1,227
	Preventive care	All children	QG.3	At least one time in the past 6 months child did not get preventative care such as a well-child visit, checkup, or physical examination when respondent thought child needed it.	1,229
	Sick care	All children	QG.9	At least one time in the past 6 months child did not get care for illness, accident, or injury when respondent thought child needed it.	1,235
	Specialist care	All children	QG.5	At least one time in the past 6 months child did not get specialist care when respondent thought child needed it.	1,235
	Prescription drugs	All children	QG.17	At least one time in the past 6 months child did not get a prescription drug when respondent thought child needed it.	1,232
	Dental care	Children 3 years and older	QG.11	At least one time in the past 6 months child did not see a dentist or dental hygienist when respondent thought child needed to.	1,148
	Any delay in dental care	Children 3 years and older	QG.13	At least one time in the past 6 months when respondent thought child needed dental care and it had to be delayed.	1,150
	Unmet dental need due to cost of care	Children 3 years and older	QG.11, QG.12	At least one time in the past 6 months in which <i>cost</i> was the main reason child did not see a dentist or dental hygienist when respondent thought child needed to.	1,150
	Any delay for vision care	Children 3 years and older	QG.15	At least one time in the past 6 months when respondent thought child needed an eye exam or a vision check and it had to be delayed.	1,149

TABLE C.1 (continued)

Outcome	Variable	Sample	Source Data <sup>a</sup>	Notes on Variable Creation	Sample Size
Parental Perceptions	Very confident about ability to meet child's health care needs	All children	QG.20	Respondent "very confident" child could get health care if needed it. <sup>b</sup>	1,222
	Worried about ability to meet child's health care needs	All children	QG.22	Respondent "very" or "somewhat" worried about meeting child's health care needs. <sup>c</sup>	1,226
	Child's health care needs created financial difficulty	All children	QG.23	Respondent reported that the child's health care needs created financial difficulties "a lot" or "somewhat." <sup>d</sup>	1,229
	Satisfied with quality of care received	All children	QG.21	Respondent could rank the quality of care he or she received as "very," "somewhat," "not very," or not at all" satisfied.	1,153
Usual Source of Care	Has a usual source for primary health care	All children	QE.1	Usually went to or would have gone to a particular doctor's office, clinic, health care center, hospital, or other place if child were sick or needed advice about child's health.	1,232
	Usual source is a private doctor's office	All children	QE.1, QE.4	USC a private doctor's office.	1,228
	Usual source is a clinic or health center	All children	QE.1, QE.4	USC a clinic or health center.	1,228
	Usual source is a hospital emergency room	All children	QE.1, QE.4	USC a hospital emergency room.	1,228
	Usually sees same provider at usual source of care	All children	QE.1, QE.8	Child usually saw a particular doctor or other health provider at USC.	1,214
	Has a usual source for dental care	Children 3 years and older	QE.15	Usually went to or would have gone to a particular dentist's office or clinic if child needed to see a dentist or dental hygienist for a checkup, cleaning, or other dental procedure.	1,148

TABLE C.1 (continued)

Outcome	Variable	Sample	Source Data <sup>a</sup>	Notes on Variable Creation	Sample Size
	Does not have a usual source for dental care due to cost	Children 3 years older	QE.15, QE.16	No usual source of dental care because <i>cost</i> of care is too high.	1,150
	Has a usual source for vision care	Children 3 years older	QE.17	Usually went to or would have gone to a particular doctor's office or clinic if child needed to get an eye exam.	1,143

Source: 2003-2004 Survey of Healthy Kids Enrollees by Mathematica Policy Research, Inc.

Notes: The reference period is the six months prior to the interview. Sample sizes reflect full sample unless otherwise noted. They vary due to sample restrictions and missing data.

ER = emergency room; USC = usual source of care.

<sup>a</sup>Indicates the question number on the survey instrument.

<sup>b</sup>Other choices were "somewhat confident," "not very confident," and "not at all confident."

<sup>c</sup>Other choices were "not very worried" and "not at all worried."

<sup>d</sup>Other choices were "a little" and "not at all."

The second type of outcome measures are descriptive. They include variables used in Chapter III to describe Healthy Kids participants and their families and in Chapter IV to examine the reported quality of the children’s usual care source. Table C.2 summarizes each of these variables, including the survey questions on which they are based and the steps taken to construct the variables from these questions. As summarized below, several of these variables were also used in regression models as explanatory variables when estimating the impacts of Healthy Kids.

## **B. ESTIMATION**

To measure the impacts of Healthy Kids, we used a quasi-experimental design that compares the outcome measures of the two groups sampled for the survey—established enrollees and recent enrollees (both limited to households below 250 percent of the FPL). The established enrollee sample includes children who had been enrolled in Healthy Kids for roughly one year and who successfully renewed their coverage when they were selected for the sample. The recent enrollee sample includes children who had recently been made eligible for Healthy Kids when they were selected for the sample.

The established enrollee sample serves as the treatment group for the study, providing a measure of the access to, and use of, primary care services among children *with Healthy Kids coverage*. Survey questions about the access, use, and other primary care outcomes of these children pertain to their past six months on the program. (See Appendix A for the wording of the each question on the survey.) The recent enrollee sample serves as the comparison group for the study, providing a measure of the primary care services among children *without Healthy Kids coverage*. Survey questions about the primary care outcomes of these children focus on the six-month period before they enrolled in Healthy Kids. By focusing on this preenrollment period, we obtain our measure of the counterfactual—that is, what the experiences of established enrollee children would have been without the Healthy Kids program.

TABLE C.2

SUMMARY OF DESCRIPTIVE VARIABLES USED IN THE REPORT

	Indicator Variables	Source Data <sup>a</sup>	Notes
<b>Variables to Describe Healthy Kids' Participants (Chapter III)</b>			
Age at Enrollment	Age 0-5 Age 6-12 Age 13-19	Healthy Kids Application	Age at enrollment.
Race/Language	Hispanic, Spanish Hispanic, non-Spanish Non-Hispanic, English Non-Hispanic, non-English Missing	QH.6, QH.8, QH.11	Two constructed variables are combined to determine race/language: child's racial background and the language(s) usually spoken in the child's home. If respondent considered child to be of Hispanic or Latino origin and only Spanish was spoken in the home, child was categorized as "Hispanic, Spanish." If respondent considered child to be Hispanic and if the language spoken in the home was (1) English only, (2) English and Spanish, or (3) English and other, child was coded "Hispanic, non-Spanish." The child was considered "non-Hispanic" if respondent classified child as non-Hispanic or identified two or more racial backgrounds (categories were white, American Indian or Alaska Native, black or African American, and Asian, or respondent could write in an answer) in addition to identifying the child as Hispanic. The child was considered "non-Hispanic, English" if the language spoken in the home was (1) English only, (2) English and Spanish, or (3) English and other. The child was coded "non-Hispanic, non-English" if Spanish or other were main languages in the home.
Reported Health Status	Health is fair or poor  Condition that limits usual activities  Asthma	QD.1  QD.2, QD.3, QD.4  QD.6, QD.8	Child's reported health status is "fair" or "poor."  Child has a condition that limits or prevents his/her ability to do childhood activities, attend school regularly, or do regular school work.  Child has asthma according to respondent or physician diagnosis.

TABLE C.2 (continued)

	Indicator Variables	Source Data <sup>a</sup>	Notes
Insurance Coverage During the Six Months before Enrollment	Uninsured	Q.C16	Child had no insurance the full six months prior to enrollment.
	Emergency Medi-Cal	Q.C16	Child had Emergency Medi-Cal at any time during the six months prior to enrollment.
	Private insurance	Q.C16	Child had private insurance (insurance from an employer or private insurance from an insurance company) at any time during the six months prior to enrollment.
	Other insurance	Q.C16	Child had Healthy Kids, Medi-Cal, Healthy Families, insurance from another country, or any other type of insurance at any time during the six months prior to enrollment.
Household Structure	Two parents/both working Two parents/one working Two parents/none working One parent/working One parent/not working	QH.14, QH.15, QH.16	Two constructed variables are combined to determine household structure: 1. Respondent reported relation to child and those of other adults living in the same household to determine number of parents/legal guardians in the household. 2. Respondent reported current employment status of one or both parent/legal guardians. If reported currently working for pay full- or part-time, then defined as working.
Household Income	<100% FPL 100 to 199% FPL 200 to 249% FPL 250 to 300% FPL	Healthy Kids Application	The income of all parents or guardians of the child who live in the home is provided on the Healthy Kids application with the help of an application assistant. Also included on the application is the total number of people in the child's family living in the home. These were used to compute income as percentage of FPL.
Length of Residence in Santa Clara County at Enrollment	0 to <6 months 6 to 11 months 12 to 23 months 24 to 35 months 36 or more months	QH.20, Administrative Data	Time in Santa Clara County in months at enrollment.

TABLE C.2 (continued)

	Indicator Variables	Source Data <sup>a</sup>	Notes
<b>Variables to Describe Quality of Care (Chapter IV)<sup>b</sup></b>			
Provider Communication and Accessibility	Provider explains things in understandable ways	QE.9	Respondent reported that doctors or other health care providers “always” or “usually” explained things in understandable ways. <sup>c</sup>
	Provider treats the family with respect	QE.12	Respondent reported that doctors or other health care providers “always” or “usually” treated respondent and child with courtesy and respect. <sup>c</sup>
	Can reach provider after hours	QE.7	If usual source of care is closed and child got sick, respondent could reach and talk to a doctor or other health care professional from USC about the child’s condition.
	Provider speaks in household’s native language	QE.10	Respondent reported health care provider “always” or “usually” spoke native language. <sup>c</sup>
	Communication with provider is not a problem because of language	QE.11, QE.10	Respondent reported they “never” or “sometimes” had difficulty communicating with doctors or other health care providers because of language. <sup>d</sup>
	Would recommend usual source to others	QE.13	Respondent reported “yes” they would recommend their usual source to family and friends.

<sup>a</sup> Except as noted, source data reflect the question number on the survey instrument.

<sup>b</sup> These measures could only be examined for children reported to have a usual source of care, the rates of which varied substantially between the treatment (established enrollee) and comparison (recent enrollee) samples. As a result, the variables could only be assessed descriptively; they could not be used as part of the impact analysis.

<sup>c</sup> Other choices were “sometimes” and “never.”

<sup>d</sup> Other choices were “always” and “usually.”

Comparison of key child and family demographic characteristics between the treatment and comparison samples indicate the two groups are similar (Table C.3).<sup>1</sup> Established enrollees closely resemble the recently enrolled children on most measures, including the gender of the child, the number of children in the household, and the highest education level of a parent. For example, roughly 50 percent of both the recent and the established enrollee samples live in households with three or more children, with about 20 percent single-child households and 30 percent with two children.

Statistically significant differences are evident between the two samples in racial and ethnic background, as well as employment and income. However, the differences are small. Proportionately more children in the recent enrollee sample are from a Latino, Spanish-speaking family with correspondingly fewer children in the recent enrollee sample from a non-Latino, non-Spanish speaking family, but these differences are only six and eight percentage points, respectively. A more notable difference is in mean income, which is 13 percentage points higher (relative to the FPL) in the established enrollees sample than the recent enrollee sample. Relatedly, recent enrollees are more likely to be from a household in which both parents are unemployed than are established enrollees. Both these latter statistics suggest that for a small number of families a job loss might be a factor in applying for the Healthy Kids program.

Finally, there are differences between the two groups in the age of the child at interview—27 percent of recent enrollees are under the age of five compared to 21 percent of established enrollees—and parental employment. There are also differences in the length of time families have lived in Santa Clara at the time of the interview, with recent enrollees having lived there significantly less time than established enrollees. However, both of these differences are an

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<sup>1</sup> Appendix Tables C.2 and C.4, discussed below, provide details on the construction of each variable shown in Table C.3.

TABLE C.3

## COMPARISON OF RECENT ENROLLEE (WITHOUT HEALTHY KIDS) AND ESTABLISHED ENROLLEE (WITH HEALTHY KIDS) SAMPLES

	Recent Enrollees (Without Healthy Kids)	Established Enrollees (With Healthy Kids)
<i>Age at Interview (Percentage)</i>		
0 to 5	27	21 *
6 to 12	43	44
13 to 18	31	35
<i>Female (Percentage)</i>	43	48
<i>Race, Ethnicity, Language (Percentage)</i>		
Latino, Spanish-speaking	77	71 *
Latino, non-Spanish-speaking	14	13
Non-Latino, English-speaking	4	8 **
Non-Latino, non-English-speaking	6	8
<i>Age at Interview (mean)</i>	9	10 *
<i>Age at Enrollment (mean)</i>	10	9
<i>Income (Percentage)</i>		
Less than 100% of the FPL	59	53 *
100 to 149% of the FPL	24	25
150 to 199% of the FPL	10	15 *
200 to 249% of the FPL	6	8
<i>Income; %FPL (mean)</i>	90	103 **
<i>Parents' Employment Status (Percentage)</i>		
One parent, working	17	19
One parent, not working	7	5
Two parents, neither working	6	3 *
Two parents, one working	54	54
Two parents, both working	16	19
<i>Number of Children in Household (Percentage)</i>		
One child	20	21
Two children	31	31
Three or more children	49	48
<i>Highest Education Level of a Parent (Percentage)</i>		
Less than high school, grades 0 to 5	19	12
Less than high school, grades 6 to 11	49	45
High school graduate	20	22
Any college	22	21
Missing education	0	0
<i>Months Living in County at Interview (Percentage)</i>		
Less than 12 months	34	1 **
12 to 24 months	9	18 **
24 to 36 months	8	18 **
36 to 48 months	7	12 **
48 months or more	41	51 **

TABLE C.3 (continued)

	Recent Enrollees (Without Healthy Kids)	Established Enrollees (With Healthy Kids)
<i>Months Living in County at Interview (mean)</i>	50	68 **
<i>Months Living in County at Enrollment (mean)</i>	48	53
Month of Enrollment (Percentage)		
August	7	10
September	12	10
October	17	12 *
November	11	13
December	13	12
January	7	11 *
February	12	8 *
March	10	13
April	10	11
Location in County (Zip Code)		
94040	2	3
94043	1	2
94086	2	2
95020	6	5
95035	2	3
95050	2	3
95051	2	2
95110	3	4
95111	6	6
95112	5	4
95116	13	12
95117	4	4
95121	3	4
95122	16	12 *
95123	2	2
95126	1	3
95127	6	9
95128	4	2
Other zip code	20	19
<b>Sample Size</b>	<b>626</b>	<b>609</b>

Source: 2003-2004 Survey of Healthy Kids Enrollees conducted by Mathematica Policy Research, Inc.

Notes: Except for variables shown in italics, all variables were used as covariates in the regression models for estimating program impacts. Italicized variables are provided to assist in comparing the similarity of the two samples. Both the age of the children and the time in county are similar at the time of enrollment (although they differ at the time of interview).

\*Difference between recent and established enrollees significantly different from zero (.05 level, two-tailed test).

\*\*Difference between recent and established enrollees significantly different from zero (.01 level, two-tailed test).

artifact of the design; by selecting a group of children who enrolled one year apart, the established enrollee sample will by definition be older and have had a longer stay in the county than the recent enrollee sample. When we compare these two measures at enrollment, an equivalent point of comparison, the differences between the two samples are modest.

In our regression specification, we control for all of these differences as well as for several other characteristics of children and their families (see Table C.4). The specification that we estimate is as follows:

$$\text{Outcome} = \alpha + \text{TREATMENT} \beta_1 + \text{COVARIATES} \beta_2 + \varepsilon_i$$

Where:

*Outcome* is one of the variables (described in Table C.1 above) for measuring the impact of Healthy Kids

$\alpha$  = an intercept term

*TREATMENT* is an indicator variable for whether the observation is an established enrollee or a recent enrollee. It equals 1 for all established enrollees and 0 for all recent enrollees.

*COVARIATES* is a series of variables measuring the demographic characteristics of the observation and the family. These variables are described in detail in Table C.4.

$\beta_1, \beta_2$  = coefficients estimated from the regression

$\varepsilon_i$  = a random error term.

The impact of Healthy Kids on the outcome of interest is given by the coefficient,  $\beta_1$ , that corresponds to the *TREATMENT* variable. The model is estimated using weighted least squares, where the weights reflect the probability that a given child was selected for the sample in a given month. (See Appendix B for additional details.) For analysis of subgroups, such as children of a certain age group, we simply subset the sample to focus only on that group. So, for example, the impact of the program on children 6 to 12 was estimated by limiting the sample to this age range.

TABLE C.4

SUMMARY OF COVARIATES USED IN THE IMPACT ANALYSIS

	Indicator Variables	Source Data <sup>a</sup>	Notes
<b>Child-Level Variables</b>			
Age	Age 0-5 Age 6-12 Age 13-19	Healthy Kids Application	Age at interview. For established enrollees, interviews were approximately one year after enrollment. For new enrollees, interviews were approximately at the time they became eligible for the Healthy Kids program.
Race/Language	Hispanic, Spanish Hispanic, non-Spanish Non-Hispanic, English Non-Hispanic, non-English Missing	QH.6, QH.8, QH.11	Two constructed variables are combined to determine race/language: child’s racial background and the language(s) usually spoken in the child’s home. If respondent considered child to be of Hispanic or Latino origin and only Spanish was spoken in the home, child was categorized as “Hispanic, Spanish.” If respondent considered child to be Hispanic and if the language spoken in the home was (1) English only, (2) English and Spanish, or (3) English and other, child was coded “Hispanic, non-Spanish.” The child was considered “Non-Hispanic” if respondent classified child as non-Hispanic or identified two or more racial backgrounds (categories were white, American Indian or Alaska Native, black or African American, and Asian, or respondent could write in an answer) in addition to identifying the child as Hispanic. The child was considered “Non-Hispanic, English” if the language spoken in the home was (1) English only, (2) English and Spanish, or (3) English and other. The child was coded “Non-Hispanic, non-English” if Spanish or other were main languages in the home.
<b>Household-Level Variables</b>			
Household Structure	Two parents/both working Two parents/one working Two parents/none working One parent/working One parent/not working	QH.14, QH.15, QH.16	Two constructed variables are combined to determine household structure: 1. Respondent reported relation to child and those of other adults living in the same household to determine number of parents/legal guardians in the household 2. Respondent reported current employment status of one or both parent/legal guardians. If reported currently working for pay full- or part-time, then defined as working.

TABLE C.4 (continued)

	Indicator Variables	Source Data <sup>a</sup>	Notes
Highest Education Level	Grades 0 to 5 Grades 6 to less than 12 GED or HS diploma Any college Missing	QH.18, QH.21	The highest education level reported by any parent/legal guardian.
Household Income	<100% FPL 100 to 149% FPL 150 to 199% FPL 200 to 249% FPL	Healthy Kids Application	The income of all parents or guardians of the child who live in the home is provided on the Healthy Kids application with the help of an application assistant. Also included on the application is the total number of people in the child's family living in the home. These were used to compute income as percentage of FPL.
Length of Residence in Santa Clara County	0 to <12 months 12 to <24 months 24 to <36 months 36 to <48 months 48 or more months	QH.20, Administrative data	Time in Santa Clara County in months at interview. For established enrollees, interviews were approximately one year after enrollment. For new enrollees, interviews were approximately at the time they became eligible for the Healthy Kids program.
Number of Kids in the Household	1 2 3+	QH.13	Number of children under age 18 living in household at time of survey.
Month of Enrollment	9 indicator variables	Administrative data	9 indicator variables were used to identify the child's month of enrollment (August 2003 to April 2004).
Location in County	19 indicator variables	Administrative data	19 indicator variables were used to identify the zip code in Santa Clara County where the child lived at enrollment. The 18 zip codes with the largest number of enrollees were used separately, with the rest combined into one variable.

<sup>a</sup>Except as noted, source data reflect the question number on the survey instrument.

### C. SENSITIVITY ANALYSES

This design has at least three significant advantages over alternative approaches, such as a pre/post analysis or an analysis based on an external comparison group such as similar children from a neighboring county. First, because the design requires only one wave of data collection, it avoids any problems of sample attrition that a pre/post design must contend with. Second, because the comparison group resides in the same community as the program group, the design avoids the inherent problem of unobserved differences between counties or other locations that often plague external comparison group designs. Third, because the comparison group includes families who are clearly eligible for Healthy Kids and have expressed a willingness to enroll, the design is not subject to bias from unobserved factors like motivation or perceived value of the program that are often closely correlated with the outcome of interest and can differ substantially between the treatment and comparison groups in many external comparison group designs.

Despite these advantages, the impact estimates derived from this design, like any quasi-experiment, could be subject to bias. For this particular design, there are three notable sources of potential bias. First, as with any comparison group design, there may be differences between the children in the two sample domains that are correlated with the outcomes of interest.<sup>2</sup> For example, if families in the recent enrollee (comparison) sample are less likely to seek medical care than families in the established enrollee (treatment) sample, the difference in measures of use might overstate the effects of Healthy Kids. Of perhaps greatest concern in this context is

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<sup>2</sup>This source of bias is to be mitigated through the use of regression and is made less likely by some of the strengths inherent in the research design. For example, one relative strength of the comparison group for this design (recent enrollees) is that, like the treatment group (established enrollees), they have chosen to enroll in the Healthy Kids program, albeit one year later. As a result, the two groups can be expected to be similar in their motivation or willingness to participate. This is a key point since motivation is generally difficult to measure (and thereby control for) and it is very likely associated with the outcome measures examined, making it a potential source of bias. A second strength is the sampling of the two groups over a nine-month period, which reduces any potential bias resulting from variation in the types of children or families enrolling in Healthy Kids in a given month.

that the established enrollee sample reflects only the children who have renewed coverage, making it inherently different from the recent enrollee sample that includes all children (those who will eventually renew coverage and those who will not). If these two types of children, those who will renew and those who will not renew, have notably different outcomes, then our impact estimates may be biased.

As a possible second source of bias, the comparison sample may be subject to so-called “regression to the mean,” which would result if the outcomes of recent enrollee children in the months before enrolling were not typical of other time periods. Suppose, for example, that some children enter Healthy Kids because they experience an unmet medical need (for example, illness) that eventually forces their family to seek care at a public clinic where children are then enrolled. Because an unmet need ultimately triggered the enrollment, the reported level of unmet need in the comparison group will be atypically high, leading to impact estimates that overstate how much Healthy Kids reduces children’s unmet need. Alternatively, for measures of physician use, there could be bias in the opposite direction. As an example, if the reported level of physician use in the comparison group was atypically high before enrolling, any gains in physician use from Healthy Kids would tend to be understated. It is possible that the outcomes reported during the (pre-enrollment) reference period might reflect biased measures of participants’ outcomes in the absence of Healthy Kids.

A third possible source of bias could come from reporting of outcomes, which might be subject to measurement error. Of particular concern in this context is that the respondents in the comparison sample might be subject to “telescoping,” whereby they attribute the experiences taking place after enrollment with those taking place before. This would tend to bias downward the effects of Healthy Kids because any immediate gains in service use or access would be falsely attributed to the reference period (the six months before enrollment).

## 1. Key Tests Conducted

To examine the sensitivity of our results to differences between the two samples, we conducted a pair of tests. First, we compared the impact estimates with and without regression to see how much the use of regression models influenced our results. To the extent that these estimates are highly sensitive to regression, the use of regression raises the likelihood that there are factors we did *not control for* (such as the motivation example given above) that might still be biasing our findings. Alternatively, if the estimates are largely insensitive to regression, then regression increases the confidence that the two groups are similar enough that the reported estimates are accurate. Second, to address the particular concern that arises from our established enrollee sample only including children who completed redetermination, we used administrative data from The Health Plan to identify those recent enrollees who remained on the Healthy Kids program for at least one year and likewise redetermined their eligibility.<sup>3</sup> We then re-estimated the impacts using only these recent enrollees as the control group (thereby creating two equivalent groups).

To explore the extent of any bias due to regression of the mean, we also identified those children who enrolled in Healthy Kids because of a temporary health care need due to a reported illness or other medical or dental need and excluded them from our sample. The remaining sample, which did not enroll for these reasons, should be far less subject to potential regression to the mean. Thus, to the extent that we continue to find impacts for this sample, the findings support the conclusion from the study that Healthy Kids significantly affected the care that children received.

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<sup>3</sup>The administrative data included enrollment files for the months October 2004, January 2005, and April 2005. Depending on the month of sampling, the recent enrollees identified in these files had been on Healthy Kids anywhere from 13 to 15 months and all had successfully renewed coverage. All enrollees sampled in April 2004 (the last sampling month) were excluded from the analysis because they had not completed their renewal process.

Finally, to examine the extent to which reporting by recent enrollees may be inaccurate due to telescoping of responses, we limited the comparison sample to children who remained on the waitlist at the time we interviewed them. For this subsample, there is no concern about telescoping, so if the impact estimates remain consistent, the findings will largely dismiss this as a significant concern.

## **2. Results**

Evidence from this series of tests strongly contradicts the hypothesis that the estimated impacts presented in the report are subject to bias. For each of the outcomes examined in the report, the estimated impacts remain stable across all of the sensitivity tests conducted.

This conclusion is illustrated in Table C.5 for a set of eight outcome measures, four for medical care and four for dental care. Column 1 of the table displays the impact estimates presented in the report. These estimates are then compared to four additional estimates reflecting the tests described above—the unadjusted impact estimates (column 2); the estimates limiting the comparison sample to children who renewed coverage (column 3); the estimates limiting the sample to children who did not enroll because of a reported health care need (column 4); and the estimates limiting the comparison sample to children on the waitlist at interview (column 5).

For each of the eight outcomes, the impact estimates typically differ little across the five specifications and even the largest differences (four to five percentage points) are modest in relation to the size of the original impact estimate. For example, two outcomes of particular concern are the measures of unmet medical need and unmet dental need, both of which might be subject to significant bias from regression to the mean. However, when we limit the sample to only those children who do not report enrolling for a health care need, the impact estimates remain large and significant. The declines that we do observe (for example, from –12 to –8 percentage points on the unmet medical need measure) are not surprising given that the sample is restricted to children with less medical need to begin with.

TABLE C.5

## SENSITIVITY OF CHI IMPACTS TO MODEL SPECIFICATION

	(1) Base Regression (original estimate)	(2) Unadjusted Results	(3) Comparison Sample Restricted to Those Remaining on Healthy Kids for a Year <sup>1</sup>	(4) Sample Restricted to Those Without Health Care Need	(5) Comparison Sample Restricted to Those on Waitlist at Interview
	<b>Physician Care</b>				
Usual Source for Physician Care	40.2**	39.7**	40.7**	40.6**	40.1**
Unmet Physician Need	-14.2**	-10.7**	-15.0**	-10.4**	-16.8**
Use of Physician Care—Any Visit	21.6**	20.4**	22.4**	24.3**	23.0**
Very Confident Child Can Get Care When Needed	33.8**	32.1**	34.2**	34.2**	34.4**
	<b>Dental Care</b>				
Usual Source of Dental Care	51.3**	52.9**	52.1**	47.8**	52.0**
Unmet Dental Care	-12.0**	-10.2**	-11.6**	-7.5*	-12.9**
Use of Dental Care—Dental Checkup	38.6**	37.7**	41.3**	37.9**	40.9**
Use of Dental Care—Dental Treatment	28.3**	28.8**	29.5**	27.6**	30.2**
<b>Sample Size (N)</b>	<b>1,235</b>	<b>1,235</b>	<b>966</b>	<b>599</b>	<b>1,084</b>

Source: 2003-2004 Survey of Healthy Kids Enrollees by Mathematica Policy Research, Inc.

<sup>1</sup>Excludes all enrollees sampled in April 2004.

\*\* Impact significantly different from zero at the .01 level.