EVALUATION of
THE SANTA CLARA COUNTY
CHILDREN'S HEALTH INITIATIVE

IN BRIEF

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The Santa Clara County Children's Health Initiative (CHI) is an innovative effort to expand health insurance coverage of children in the county. CHI has two parts; the first is a new insurance product, Healthy Kids, which covers children in households with income up to 300 percent of the federal poverty level who are ineligible for the two major state insurance programs, Medi-Cal and Healthy Families. The second part of CHI is a comprehensive outreach campaign that finds uninsured children and enrolls them in the appropriate program. This evaluation of the Santa Clara CHI is funded by the David and Lucile Packard Foundation and is conducted by Mathematica® and its subcontractors, the Urban Institute and the University of California at San Francisco.

Santa Clara Healthy Kids Program Reduces Gaps in Children's Access to Medical and Dental Care

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This brief presents findings from a survey of families with children enrolled in the Healthy Kids program in Santa Clara County, California. Launched in January 2001 by the Santa Clara County Children's Health Initiative (CHI), Healthy Kids provides health insurance coverage to children in the county with household income below 300 percent of the federal poverty level ($58,050 for a family of four) who are ineligible for the two major state insurance programs, Medi-Cal and Healthy Families. The vast majority of Healthy Kids enrollees are in households with income below 250 percent of the federal poverty level, low enough to qualify them for one of the state programs. However, they are ineligible for the state programs because of their immigration status. This brief provides a profile of these children and information on the impact of Healthy Kids on their medical and dental care.

Who Are the Children Enrolled in Healthy Kids?

Since Healthy Kids began in Santa Clara County in 2001, the program has provided health insurance coverage to more than 30,000 children. The program includes a comprehensive health, dental, and vision insurance plan with monthly premiums from $4 per child to a maximum of $18 per family. (Financial assistance is available to families experiencing economic hardship.) Enrollees choose their own health care providers when they sign up and receive a wide range of benefits, including preventive care; inpatient and outpatient services; vision, dental, and prescription drug coverage; and health education services. Our research revealed the following about the children and families who participate in Healthy Kids:

The typical child on Healthy Kids is between age 5 and 12, Latino, and in good health. Children from ages 6 to 12 make up the largest proportion of Healthy Kids enrollees (44 percent). Children under 6 represent a much smaller percentage (21 percent) because they are more likely than older children to be born in the United States and be eligible for one of the state programs. More than 80 percent of Healthy Kids children are Latino, most from non-English-speaking households. Parents report that the health status of one in six of these children is fair or poor, and seven percent of Healthy Kids enrollees have been told by a physician that they have asthma.

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SELECTED CHARACTERISTICS OF HEALTHY KIDS ENROLLEES SURVEYED (HOUSEHOLDS WITH INCOME BELOW 250 PERCENT OF FEDERAL POVERTY LEVEL)

	Percentages
Age	
0 to 5	21
6 to 12	44
13 to 18	35
Parent-Reported Health Status	
Fair/poor health	16
Condition that limits usual activities	5
Asthma	7
Race/Ethnicity and Household Language	
Latino, non-English-speaking	71
Latino, English-speaking	13
Non-Latino, non-English-speaking	8
Non-Latino, English-speaking	8
Family Composition and Parental Work Status	
Two parents, both working	19
Two parents, one working	54
Two parents, none working	3
One parent, working	19
One parent, not working	5
Household Income (Percent of Federal Poverty Level)	
<100	53
100 to 199	39
200 to 250	8
Months Family Lived in Santa Clara County at Enrollment	
< 6 months	19
6 to 11 months	16
12 to 23 months	14
24 to 35 months	8
36+ months	43
Coverage During the Six Months Before Enrolling in Healthy Kids	
Uninsured (full six months)	63
Emergency Medi-Cal (any)	13
Private insurance (any)	16
Other insurance (any)	8

Healthy Kids children are predominantly from two-parent working families. Three out of four children enrolled in Healthy Kids live in a two-parent household. Of these children, nearly all have at least one working parent. In total, more than 90 percent of Healthy Kids children live in a household with a parent who is working. Still, half are below the poverty line, suggesting that parents may work in low-paying jobs with few benefits.

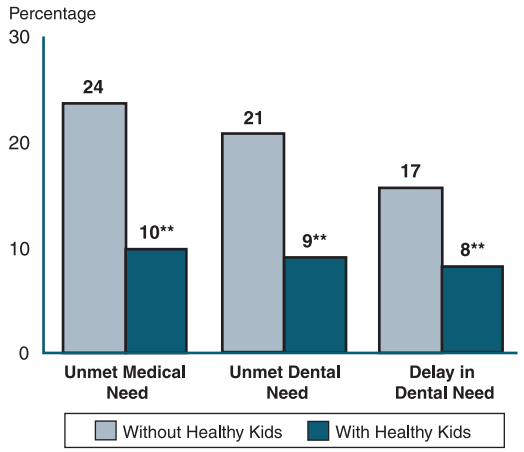
Many Healthy Kids children have lived in Santa Clara County for years. About half the children in Healthy Kids come from families who lived in Santa Clara County for more than two years before enrolling in the program, and 43 percent come from families who lived in the county for more than three years. Only 19 percent come from families who lived in the county for less than six months before enrolling.

Most Healthy Kids children were previously uninsured. Nearly two-thirds (63 percent) of Healthy Kids children had no health insurance during the six months before enrolling, and 48 percent never had health insurance (not shown). In addition, 13 percent of children had only Emergency Medi-Cal during this six-month period, which provides short-term coverage for urgent health problems only. Just 16 percent of Healthy Kids children had private health insurance coverage during the six months before enrolling, while 8 percent had coverage from other sources.

What Was the Program's Impact on Medical and Dental Care?

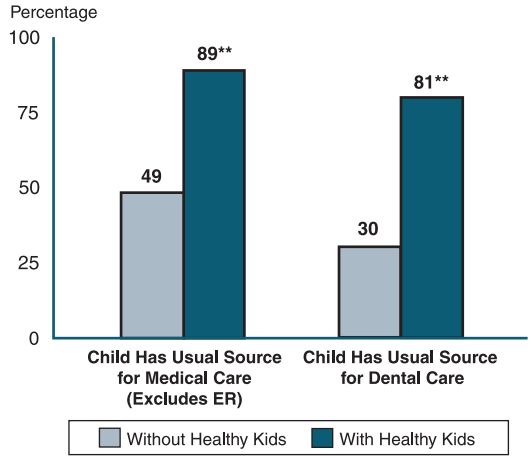
Healthy Kids was found to substantially improve children's access to and use of medical and dental care across a number of different measures. Our research shows the following:

Figure 1: Impact of Healthy Kids on Unmet Need for Care in Past Six Months



** Difference is statistically significant at p-value < .01.

Figure 2: Impact of Healthy Kids on Having a Usual Source for Care



** Difference is statistically significant at p-value < .01.

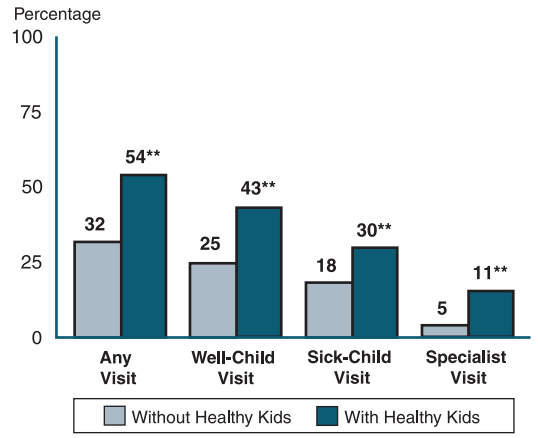
Unmet need declines. Healthy Kids reduces by more than half the percentage of children who needed but did not get medical care in the past six months—from 24 percent to 10 percent (Figure 1). This reflects a significant decline in unmet need across all four types of services investigated—well-child visits, sick-child visits, specialty care, and prescription medications. Healthy Kids likewise leads to sharp reductions in unmet need for dental care. Without Healthy Kids, 21 percent of children in the program would not have seen a dentist when they needed to, and about 17 percent would have experienced a delay in needed dental care. With Healthy Kids, these rates fall by half, to 9 percent and 8 percent, respectively.

Access improves. Associated with these sharp reductions in unmet health care needs are dramatic improvements in children's access to care (Figure 2). Healthy Kids increases from 49 percent to 89 percent the proportion of children with a usual source of primary care, defined as a place the child would usually go for preventive or acute/sick care. Healthy Kids leads to even larger increases in access to dental care. With Healthy Kids, the percentage of children with a usual source of dental care rises nearly threefold, from 30 to 81 percent. Both differences are much larger than those seen between uninsured and insured children in the overall population, which may reflect the very poor access to health care these children have in the program's absence.

Use increases. Healthy Kids sharply increases the proportion of children who receive medical care (Figure 3). Overall, the proportion of children receiving any visit in the past six months (well-child, sick-child, or specialist) rises dramatically, from 32 percent without Healthy Kids

to 54 percent with Healthy Kids. This increase reflects a near doubling in the proportion who receive a preventive visit (from 25 percent to 43 percent) and who receive a sick visit (from 18 percent to 30 percent), and a doubling in the proportion who receive a specialist visit (from 5 percent to 11 percent). Gains are evident for all age groups (not shown). For example, among children under six, the proportion with any visit rises from 52 percent to 73 percent.

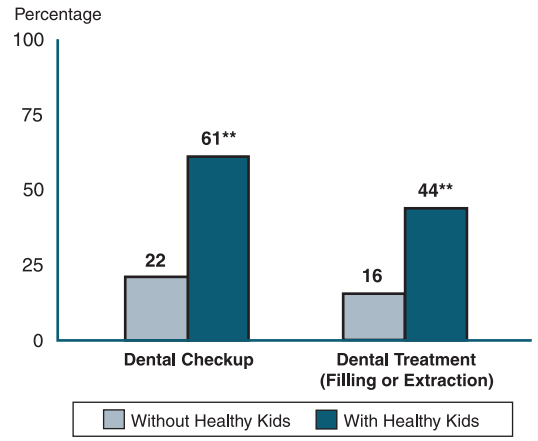
Figure 3: Impact of Healthy Kids on Use of Medical Care in Past Six Months



** Difference is statistically significant at p-value < .01.

Compared with the impact on medical care, Healthy Kids has an even larger impact on children's use of dental care (Figure 4). Without Healthy Kids, only 22 percent of children would have had a preventive dental checkup in the past six months, compared to 61 percent of those with Healthy Kids. Even more striking, the proportion of children who had a cavity filled or tooth pulled in the past six months tripled, from 16 percent without Healthy Kids to 44 percent with Healthy Kids. This finding demonstrates one way in which Healthy Kids improves the health of the children it serves.

Figure 4: Impact of Healthy Kids on Use of Dental Care in Past Six Months



** Difference is statistically significant at p-value < .01.

Confidence rises. Healthy Kids nearly doubles the percentage of children whose parents are very confident that they can obtain needed health care for their child—from 41 percent to 75 percent. Satisfaction with care also improves under Healthy Kids. For example, the percentage of parents who report being very satisfied with the care their child receives rises from 48 percent without Healthy Kids to 78 percent with Healthy Kids, and the percentage of parents who report being unsatisfied falls from 16 to only 3 percent.

What Do These Findings Mean?

Since Santa Clara implemented Healthy Kids in early 2001, nine other California counties adopted similar programs. Today these CHI programs insure more than 70,000 children across the state—a figure expected to grow significantly because another 18 counties are in the process of developing their own Healthy Kids programs. A recent poll of Californians suggests that this momentum may continue, as a large majority of likely voters in the state support these programs. The rapid growth and popularity of Healthy Kids programs have increased the attention paid to the programs by policymakers and others because the programs have the potential to fill an important gap in health insurance coverage for children.

Findings from our analysis suggest that, by filling this gap, Healthy Kids offers a number of significant benefits. By participating in the program, children are more likely to receive needed medical care on a timely basis, which may contribute to improvement in health status and reductions in health care costs over time. Healthy Kids children receive far more physician care—including visits for preventive, sick, and specialty care—than they would without the program. They are also far more likely to see a dentist, not only for basic preventive care but also for invasive treatments, such as fillings and extractions. The latter finding shows one way that Healthy Kids improves children's health in the near term.

Despite these gains, however, use of medical care by Healthy Kids children is lower than use among the general population of insured children, including lower-income Latinos. For example, data from the 2002 National Health Interview Survey* show that 53 percent of uninsured children had a visit in the prior six months, compared with 77 percent of privately insured children and 79 percent of publicly insured children. By comparison, 54 percent of children with Healthy Kids had a doctor visit in the past six months (Figure 3), much closer to the percentage for uninsured children in the general population than that for insured children. Given that Healthy Kids offers benefits similar to those of other major public insurance programs, this relatively low rate of use may reflect characteristics of the families that participate, such as acculturation to the local health care system or perceived value of well-child care. At the same time, it underscores the importance of Healthy Kids for these children since, without the program, a mere 32 percent would have seen a physician in the past six months, far lower than for uninsured children in the overall population.

As the evaluation of the Santa Clara County Children's Health Initiative continues, additional studies will examine other aspects of the Healthy Kids program and its potential effects on the children and families who participate. Examples include an in-depth study of outreach in the county, focusing on families' experiences applying for and obtaining coverage; an analysis of the impact of Healthy Kids on hospitalization and emergency room use; and an analysis of children's health status and the potential effects of Healthy Kids on this important outcome.

*Dey, A.N., J.S. Schiller, and D.A. Tai. "Summary Health Statistics for U.S. Children: National Health Interview Survey, 2002." Washington, DC: National Center for Health Statistics, vol. 10, no. 221, 2004.

STUDY METHODS

The data for this analysis are drawn from a survey of Healthy Kids families conducted over a one-year period, from August 2003 to July 2004. Mathematica administered the survey by phone to parents or guardians of children enrolled in the Healthy Kids program. The sample for this analysis focuses on children whose household income is below 250 percent of the federal poverty level. The total sample size is 1,235. This sample reflects a survey response rate of 89 percent.

To measure the impacts of Healthy Kids, the survey focused on two groups of children: (1) "established enrollee" children, who had been enrolled in Healthy Kids for roughly one year and who successfully renewed their coverage at the time they were selected for the sample; and (2) "recent enrollee" children, who were selected for the sample at the time they were made eligible for Healthy Kids.

The established enrollee sample serves as the treatment or intervention group for the study by providing a measure of the access and use of health care services among children with Healthy Kids coverage. Survey questions about access, use, and other primary care outcomes of these children pertain to their most recent six months in the program. The recent enrollee sample serves as the comparison group for the study, providing information on access to the health care services among eligible 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 pre-enrollment period, we obtain our measure of what the experiences of established enrollee children would have been in the absence of Healthy Kids.

This brief is based on findings from the final report, "The Santa Clara Healthy Kids Program: Impacts on Children's Medical, Dental, and Vision Care." For more information on the report, contact Christopher Trenholm at (609) 936-2796 or ctrenholm@mathematica-mpr.com. We are grateful for the assistance of the Santa Clara County CHI partner organizations in conducting the evaluation. For more information on the Santa Clara County CHI, see www.chikids.org.

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