In Brief

Since Santa Clara implemented Healthy Kids in early 2001, nine other California counties adopted similar programs. Today, more than 19,000 children across the state—a figure expected to grow significantly because another 18 counties are in the process of developing their Healthy Kids programs. A panel of Californians suggests that the measurements continue, as a large majority of likely enrollees state they support these programs. The rapid growth and popularity of Healthy Kids programs have increased the attention paid to the program by policy makers 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 the 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 improvements in health status and reductions in health care costs over time. Healthy Kids children received care from health care professionals including doctors and dentists at a higher rate than uninsured children. In addition, Healthy Kids enrollees are less likely to miss a visit to the doctor if they were told to return at a later date, have a decreased risk of dental problems, and are far more likely to see a dentist, not only for basic preventive care but also for invasive treatments, such as fillings and extractions. The finding above shows us that Healthy Kids improves children’s health in the short term.

Despite these gains, however, one of medium or less by Healthy Kids children is lower than use among the general population of uninsured children, including in low-income areas. For example, data from the 2002 National Health Interview Survey shows that 45 percent of uninsured children had a visit in the past six months, compared with 77 percent of privately insured children and 79 percent of publicly insured children. By comparison, 56 percent of children with Healthy Kids had a doctor visit in the past six months (figure 1), though closer to the percentage for uninsured children in the general population than for those with Medi-Cal or Healthy >

Access to Medical and Dental Care

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 in school and have a doctor. Children ages 13 to 18 represent 13 percent of Healthy Kids enrollees. The remaining 21 percent make up a diversity of ages, representing those children who are more likely to be in school but who have not yet reached the required school age to participate.

From a policy perspective, Healthy Kids offers states a unique opportunity to improve the health status of children. Healthy Kids improves health care usage, lowers costs, and improves access to care for children who are likely to be ineligible for Medi-Cal or Healthy Care.

The data for this analysis are drawn from a survey of Healthy Kids families conducted once a year over a period of five years, from August 2001 to July 2004. Mathematica administered the survey by phone or parent or guardian 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 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 as much as two years or longer 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 enrolled establishment sample serves as the treatment or intervention group for the study, providing information about access to and health care services among eligible children without Healthy Kids coverage. Survey questions about the 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 about access to 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 the pre-enrollment period, we obtain a measure of what the experiences of established enrollee children would have been in the absence of Healthy Kids.

The cohort is based on linkage data from the Child Trends, "Avoiding the Health Care System: Children’s Experiences with Usual Source of Care and Use of Preventive Services." We refer to the children of the sample for Healthy Kids enrolled for one year or less and who are followed at the time of their first enrollee. For more information on the sampling design, methodology, data collection, data analysis, and limitations of the study, see Orzol (Mathematica), C. Trenholm (Mathematica), and Embry Howell (Urban Institute). The Urban Institute and the University of California at San Francisco.

The cohort is based on linkage data from the Childhood Health Institute Survey, "Mathematica Policy Research, Inc. (2000). Children’s Experiences with Usual Source of Care and Use of Preventive Services." We refer to the children of the sample for Healthy Kids enrolled for more than one year and who are followed at the time of their first enrollee. For more information on the sampling design, methodology, data collection, data analysis, and limitations of the study, see Orzol (Mathematica), C. Trenholm (Mathematica), and Embry Howell (Urban Institute). The Urban Institute and the University of California at San Francisco.

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Healthy Kids children are predominantly from low-wage 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. Half of these children report being unsatisfied, suggesting that parents may work too many hours to secure needed benefits.

Many Healthy Kids children live in Santa Clara County for years. About half of 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 90 percent come from families who lived in the county for more than three years. Only 10 percent come from families who lived in the county for less than six months before enrolling.

Most Healthy Kids children were originally uninsured. Nearly two-thirds (63 percent) of Healthy Kids children had no health insurance during the six months before enrolling, and 41 percent had never had health insurance (not shown). In addition, 11 percent of children had only Emergency Medicaid during the six-month period, which provides short-term coverage for urgent health problems only; but 10 percent of Healthy Kids children had private health insurance coverage during the six months before enrolling, which 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 one type of medical care: dental care across a number of different insurers. Our research shows the following:

- With Healthy Kids, the proportion of children who received any visit in the past six months—from 32 percent without Healthy Kids to 44 percent with Healthy Kids. Even more striking, two-thirds of children who received medical care (Figure 3).
- With Healthy Kids, the proportion of children who had a usual source of primary care, defined as a place they could go for preventive or sick care rises from 49 percent to 89 percent, with Healthy Kids. With Healthy Kids, 18 percent of children would not have seen a dentist when they needed to, and about 5 percent of children were delayed in needed dental care. With Healthy Kids, these rates fall by half to 9 percent and 2 percent, respectively.
- Figure 4: Impact of Healthy Kids on Use of Dental Care in Past Six Months

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 received tripled from 48 percent without Healthy Kids to 44 percent with Healthy Kids, and the percentage of parents who report having a usual source of care from 49 percent to 89 percent.

Greater access to medical care reduces 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, 49 percent of children were delayed in needed dental care. With Healthy Kids, these rates fall by half to 9 percent and 2 percent, respectively. Healthy Kids almost doubles the number of visits to a usual source of care; and children are referred to a specialist twice as often with Healthy Kids than without Healthy Kids.

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 received tripled from 48 percent without Healthy Kids to 44 percent with Healthy Kids, and the percentage of parents who report having a usual source of care from 49 percent to 89 percent. Gains are evident for all age groups and minority groups. For example, among children under age three, the proportion with any visit rises from 22 percent to 72 percent.

Compared with the impact on medical care, Healthy Kids has a far 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 check-up in the past six months, and 39 percent of children with Healthy Kids. Even more striking, the proportion of children who had a dental cavity filled or tooth pulled in the past six months tripled, from 16 percent without Healthy Kids to 44 percent with Healthy Kids.

Healthy Kids reduces by more than half the number of visits to specialists that did not get medical care in the past six months—from 36 percent to 15 percent (Figure 1). This result is significant at a p-value < .01. The reduction is greatest in primary care. Without Healthy Kids, 49 percent of children were delayed in needed dental care. With Healthy Kids, these rates fall by half to 9 percent and 2 percent, respectively. 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 received tripled from 48 percent without Healthy Kids to 44 percent with Healthy Kids, and the percentage of parents who report having a usual source of care from 49 percent to 89 percent.
Healthy Kids children are predominantly from low-income working families. Three-fourths of 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. Half of children are below the poverty line, suggesting that parents may work at 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 six months before enrolling in the program, and 47 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 are non-Latino, English-speaking. Nearly two-thirds of Healthy Kids children had no health insurance during the six months before enrolling, and 40 percent never had health insurance (not shown). In addition, 17 percent of children had only Emergency Medicaid during the three-month period, which provides short-term coverage for urgent health problems only. Just 6 percent of Healthy Kids children had private health insurance coverage during the six months before enrolling, while 19 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:

- **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 11 percent (Figure 1). This reflects a significant decline in unmet need for all four types of services investigated: well-child visits, sick-child visits, specialty care, and prescription medications. Healthy Kids children are more likely to use medical care and are much more likely to use emergency services when they need them. Without Healthy Kids, many of these services were often not available or provided on an urgent basis.

- **Coverage.** Healthy Kids sharply increases the proportion of children who receive medical coverage during the six months before enrolling, while 8 percent had coverage from other sources.

- **Use increases.** With Healthy Kids, the percentage of children who receive medical care (Figure 3).

- **Confidence rises.** Confidence in the care their child receives rises from 48 percent without Healthy Kids to 75 percent with Healthy Kids. This increase reflects increased trust in the children’s health for more than three years. Only 3 percent of Healthy Kids children live in a household with a parent who is working. Half of children are below the poverty line, suggesting that parents may work at low-paying jobs with few benefits.

- **Access improves.** The proportion of children who received needed health care rises nearly threefold, from 30 to 81 percent. Both differences are statistically significant.

- **Cooperation.** Healthy Kids reduces by more than half the percentage of children who needed but did not get dental care in the past six months—from 30 percent to 13 percent (Figure 4). Without Healthy Kids, only 22 percent of children had access to a preventive dental checkpoint in the past six months, compared with 54 percent of children with Healthy Kids. Even more striking, the proportion of children who had any dental care decreased from 62 percent to 28 percent with Healthy Kids. This finding demonstrates one way Healthy Kids improves the health of the children it serves.

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

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

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

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

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![Figure 1](image1.png)

![Figure 2](image2.png)

![Figure 3](image3.png)

![Figure 4](image4.png)
Healthy Kids children are predominantly from low-income 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 at 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 45 percent come from families who have lived in the county for more than three years. Only 10 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 (65 percent) of Healthy Kids children had no health insurance during the six months before enrolling, and 40 percent never had health insurance (not shown). In addition, 13 percent of children had only Emergency Medicaid during the three-month period, which provides short-term coverage for urgent health problems only, but 10 percent of Healthy Kids children had private health insurance coverage during the six months before enrolling, while 9 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:

- **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 26 percent to 13 percent (Figure 1). This reflects a significant decline in unmet need across four types of services investigated—well-child visits, sick-child visits, specialist care, and prescription medications. Healthy Kids likely helped children to receive vital care that they otherwise might have been denied.

- **Access improves:** Compared with the impact on medical care, Healthy Kids has an even larger impact on children’s 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 statistically significant at p-values < .01.

Comparing Healthy Kids children to Healthy Kids non-enrollees, children with Healthy Kids are much more likely to have a usual source of primary care, defined as a place the child would usually go for preventive or acute/sickcare. Healthy Kids lead to even larger increases in access to dental 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/sickcare. Healthy Kids leads to even larger increases in access to dental care and Healthy Kids has an even larger impact on the proportion of children with a usual source of dental care (Figure 3).

- **Care improves:** Access improvements, combined with greater coverage for unmet health care needs are dramatic improvements in children’s care (Figure 3). Healthy Kids increases from 48 percent to 72 percent the proportion of children with a usual source of dental care. Healthy Kids children have much healthier children (Table 1). For example, among children under six, the proportion with any visits rises from 12 percent to 72 percent.

Compared with the impact on medical care, Healthy Kids has an even larger impact on children’s access to 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 with 82 percent of children with Healthy Kids. Even more striking, the proportion of children who had a cavity filled or tooth pulled in the past six months fell by half, from 61 percent to 30 percent.

Healthy Kids sharply increases the proportion of children who receive medical care in the past six months—from 24 percent to 10 percent (Figure 1). This reflects a significant decline in children who needed but did not get medical care in the past six months—from 26 percent to 13 percent (Figure 1). This reflects a significant decline in unmet need across four types of services investigated—well-child visits, sick-child visits, specialist care, and prescription medications. Healthy Kids likely helped children to receive vital care that they otherwise might have been denied. Without Healthy Kids, 15 percent of children did not receive a well-child visit, 13 percent did not receive a sick child visit, 4 percent did not receive specialist care, and 4 percent did not receive prescription medications. With Healthy Kids, these rates fell to 2 percent, 1 percent, 1 percent, and 4 percent, respectively.

**Confidence rises:** Healthy Kids nearly doubles the percentage of children whose parents are very confident that they can afford medical care for their child—from 41 percent to 75 percent. Satisfaction with care also improves under Healthy Kids. For example, the proportion of parents who report being very satisfied with the care their child received rises from 38 percent without Healthy Kids to 48 percent with Healthy Kids. This increase reflects access to dental care

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

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

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

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**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 50,000 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. Enrollees choose a vision insurance plan with monthly premiums from $4 per child to a maximum of $18 per family. Enrollees choose a vision insurance plan with monthly premiums from $4 per child to a maximum of $18 per family.

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 were surveyed the year before Healthy Kids was launched; and (2) “recent enrollee” children, who were selected for the sample at the time they enrolled in Healthy Kids.

The established enrollee sample serves as the treatment or intervention group for the study. It includes children who had been enrolled in Healthy Kids for one year and who were surveyed before Healthy Kids was launched. The recent enrollee sample serves as the comparison group for the study, providing information about access to 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 an estimate of what the experiences of established enrollees children would have been in the absence of Healthy Kids.

**What Do These Findings Mean?**

Since Santa Clara implemented Healthy Kids in early 2001, nine other California counties implemented similar programs. Today, Healthy Kids programs in more than 30 states serve children across the state—a figure expected to grow significantly as more states and communities pass legislation to support expansion of children’s health insurance coverage. The rapid growth and popularity of Healthy Kids programs has increased the attention paid to the program 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 improvements in health status and reductions in health care costs over time. Healthy Kids children tend to use more health care services than eligible uninsured children. In fact, Healthy Kids enrollees are more likely to see a physician in the past six months, far lower than for uninsured children in the general population. For example, data from the 2002 National Health Interview Survey show that 53 percent of uninsured children had a visit to the doctor in the past six months, compared with 77 percent of privately insured children and 82 percent of publicly insured children. By comparison, 56 percent of children with Healthy Kids had a doctor visit in the past six months (Figure 1), which is close to the percentage for uninsured children in the general population. This finding shows one way that Healthy Kids improves the health of children in the near term.

In the short term, Healthy Kids improves children’s health by filling gaps in health insurance coverage. Healthy Kids enrollees are more likely to see a doctor, not only for basic health care services but for preventive care as well. Their increased access to care reduces the likelihood that they will be diagnosed with serious health problems, according to findings from the first evaluation of the Healthy Kids program. This expands the potential of Healthy Kids to improve health over the long term.

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The data for the analysis were 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 270. 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 were surveyed the year before Healthy Kids was launched; and (2) “recent enrollee” children, who were selected for the sample at the time they enrolled in Healthy Kids.

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Since Santa Clara implemented Healthy Kids in early 2001, more than 30,000 children under 18 in Santa Clara County have been enrolled in the plan. The typical child on Healthy Kids is between age 5 and 12, Latino, and in good health. The majority 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 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 receive preventative care but also for invasive treatments, such as fillings and extractions. The latter finding shows one area in which Healthy Kids improves children’s health in the short term. Despite these gains, however, one of medium size by Healthy Kids children is lower than use among the general population of uninsured children, including children in poverty. For example, data from the 2003 National Health Interview Survey indicates that 5 percent of uninsured children had a visit to the dentist in the past 12 months, compared with 77 percent of publicly insured children and 79 percent of privately insured children. By comparison, 56 percent of children with Healthy Kids had a dental visit in the past 12 months, which is closer to the percentage for uninsured children in the general population than for insured children. The number of visits made by Healthy Kids children within the first six months of initial enrollment (Figure 1) shows that children newly enrolled in Healthy Kids received far more preventive care—including visits for preventive, sick, and specialty care—than children who had been receiving care through this program. The data is based on findings from a survey of Healthy Kids families conducted on or about one year after Healthy Kids began in Santa Clara County in 2001. Mathematica administered the survey by phone or personal or questionnaire enrollment of children enrolled in the Healthy Kids program. The sample for this analysis consists of enrolled children whose household income is below 300 percent of the federal poverty level. The total sample size is 899. This sample reflects a survey response rate of 89 percent.

The Santa Clara County Children’s Health Initiative (CHI) is an initiative to expand health insurance coverage of children in the county to those who are eligible for one of the state programs. Healthy Kids serves children in households with income up to 300 percent of the federal poverty level who are ineligible for Medi-Cal and Healthy Families. The Healthy Kids enrollees in the 2002 National Survey of Children’s Health are a representative sample of children with Healthy Kids coverage. Survey questions about access, use, and other primary care outcomes of these children focus on the six-month period before they enrolled in Healthy Kids. Focusing on the pre-enrollment period, we obtain our measures of how the experience of uninsured children would have been in the absence of Healthy Kids.

To measure the impact of Healthy Kids, the survey focused on two groups of children: (1) "established enrollees," children who had been enrolled in Healthy Kids for as many months as they were made eligible for Healthy Kids, and (2) "recent enrollees," children who were selected for the sample at the time they were made eligible for Healthy Kids. The stratified enrollees sample serves as the treatment or intervention group for the study. The recent enrollee sample serves as the comparison group for the study, providing information about access to the health care services among eligible children without Healthy Kids coverage. Survey questions about the primary care outcomes of those children focus on the six-month period before they enrolled in Healthy Kids. By focusing on the pre-enrollment period, we obtain our measures of how the experience of uninsured children would have been in the absence of Healthy Kids. The data for this analysis are from a survey of Healthy Kids families conducted on or about one year after Healthy Kids began in Santa Clara County in 2001. Mathematica administered the survey by phone or personal or questionnaire enrollment of children enrolled in the Healthy Kids program. The sample for this analysis consists of enrolled children whose household income is below 300 percent of the federal poverty level. The total sample size is 899. This sample reflects a survey response rate of 89 percent.

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