

Beyond the Basics: Enrollment and Retention of Hispanic Children in SCHIP

*Report from a national meeting
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Phoenix, Arizona*

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Beyond the Basics:
*Enrollment and Retention of
Hispanic Children in SCHIP*

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by

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TABLE OF CONTENTS

Introduction	1
Hispanic Health and Health Insurance	2
Outreach strategies that work	5
Enrollment and Retention	7
Cultural Competence	9
Next Steps	10
Appendices	

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INTRODUCTION

The National Academy for State Health Policy (NASHP), with support from The David and Lucile Packard Foundation, convened a symposium in March 2002 that provided a forum for SCHIP directors from states with significant or growing Hispanic populations. The meeting provided the SCHIP directors the opportunity to meet with representatives from community and health organizations and to discuss their shared concerns relating to the challenges presented in enrollment and retention of Hispanic children in SCHIP. This paper is based upon the meeting which was held March 12 and 13, 2002, in Phoenix, Arizona, and attended by 23 individuals representing 11 states,¹ community-based groups with experience in serving Hispanic communities, national advocacy organizations, representatives from the research firm Wirthlin Worldwide, and NASHP staff. (See Appendix A for a complete list of participants.) The symposium, entitled “Beyond the Basics: Enrolling and Retaining Hispanic Children in SCHIP,” was designed to explore effective strategies to market and enroll Hispanic children in SCHIP.

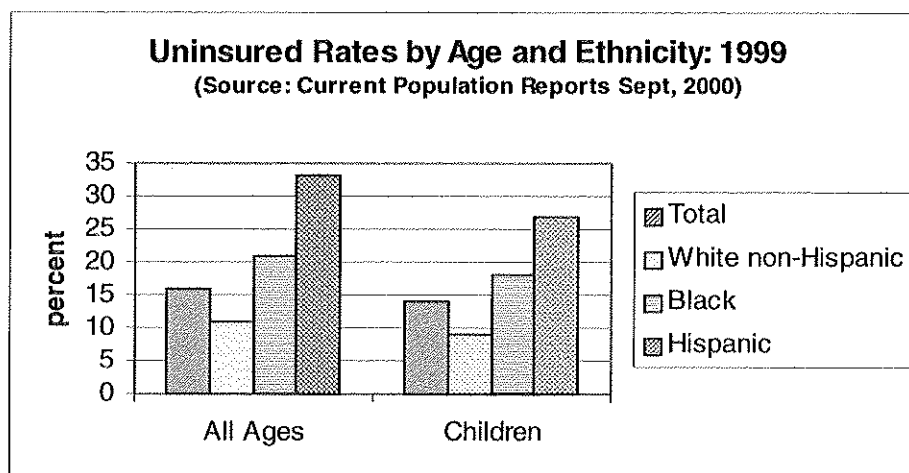
The discussion of how to increase insurance coverage in the diverse and rapidly growing Hispanic population is complex and raises issues of language, culture, and immigration status. As meeting participants noted, successful marketing to the Hispanic consumer involves education of both consumers and providers. Consumers from minority groups can be helped to understand and navigate the U.S. healthcare system while providers can improve utilization of their services by being sensitive to the needs of diverse groups. States can play a role in helping Hispanic families understand the importance of insurance to their general health care and also take a critical look at the insurance product that is being marketed to the Hispanic community. Does the plan offer coverage to all children in the family, including undocumented children? Does it offer access to bilingual or culturally sensitive providers?

While the symposium and this paper focus on the narrow issue of increasing Hispanic enrollment in SCHIP, many of the themes identified here apply equally to Medicaid and may also be relevant to other minority populations and other state programs.

¹ The eleven states were Alabama, Arizona, California, Colorado, Florida, Georgia, New Jersey, New York, North Carolina, Oregon, and Texas.

Hispanic Health and Health Insurance

Research has documented that Hispanics experience the highest uninsured rates of all ethnic groups.² Nearly 40% of Hispanics under the age of 65 do not have health insurance. High uninsured rates are found in both low- income and working Hispanic families. In the population of families with incomes below 200 percent of the federal poverty level, nearly half of Hispanics lack insurance, compared with about one-third of whites and blacks.³ Although the great majority of uninsured Hispanics (82%) live in families where one or more persons are working, Hispanics are less likely to be insured by employers.⁴ Because of their high uninsured rate, Hispanics account for a disproportionate share of the uninsured population in the United States, comprising 23% of the nonelderly uninsured while representing just 12% of the nation's non-elderly population.⁵ In addition, Hispanic children experience the highest uninsured rate among all ethnic groups.⁶ They are more than three times as likely to be uninsured as are white non-Hispanic children.⁷



² Brown et al., *Racial and Ethnic Disparities in Access to Health Insurance and Health Care* (UCLA Center for Health Policy Research and The Henry J. Kaiser Family Foundation, April 2000).

³ Kevin Quinn, Abt Associates, Inc., *Working Without Benefits: The Health Insurance Crisis Confronting Hispanic Americans* (New York, NY: The Commonwealth Fund, February 2000).

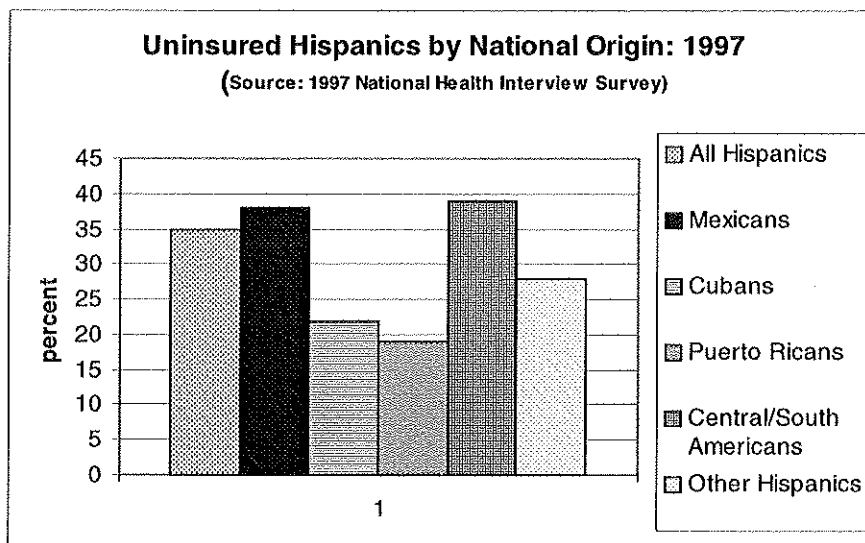
⁴ Claudia L. Schur and Jacob Feldman, The Project HOPE Center for Health Affairs, *Running in Place: How Job Characteristics, Immigrant Status, and Family Structure Keep Hispanics Uninsured* (New York, NY: The Commonwealth Fund, May 2001).

⁵ Quinn, p. 2.

⁶ Quinn, p. 2.

⁷ Fact Sheet: The Coverage Picture for Children, <http://www.coveringtheuninsured.org>.

The terms Hispanic and Latino refer to the people or culture of Latin America⁸ but do not adequately describe the substantial diversity within this population. The terms encompass not only the recent wave of immigrants from Mexico and Central America but also a stable Hispanic population that has been in the United States for generations. They include people from numerous countries and from a wide range of economic and educational levels. This substantial diversity within the Hispanic population is reflected in wide variations in health insurance coverage.⁹



About 38% of Hispanics of Mexican origin were uninsured in 1997. Those from Central and South America, a much smaller proportion of the U.S. Hispanic population, were as likely as Mexicans to be uninsured. Cuban-Americans were the most likely to have job-based health insurance (although rates of job-based insurance for Cuban-Americans was well below those of non-Hispanic whites). Puerto Ricans had low rates of job-based insurance and high rates of public coverage, making them the least likely of Hispanic subgroups to be uninsured.¹⁰

Place of birth and length of residence in the United States does make a difference in rates of coverage, with 50% of Hispanics born outside the United States lacking insurance in 1997, compared with 25% of U.S.-born Hispanics. While 72% of Hispanic non-elderly adults who have been in the U.S. for less than five years had no insurance coverage, that number decreased to 34% after 15 years of residency but was still substantially higher than the 25% coverage among U.S.-born Hispanics.¹¹

⁸ Merriam-Webster's Collegiate Dictionary, 10th ed. (Springfield, MA: Merriam-Webster, Inc., 2001).

⁹ Schur and Feldman, p.5.

¹⁰ Ibid, p.5.

¹¹ Ibid., p.6.

Many reasons and explanations for the high rates of uninsurance in the Hispanic population have been suggested:

- Only 43% of Hispanics have employment-based health insurance, compared to 73% of Whites and 51% to 64% for other ethnic groups. Hispanics are more likely to work for an employer who does not offer health insurance to any employee and more likely to have low incomes that make the required contribution for benefits less affordable when it is offered.¹²
- High cost of private insurance.¹³
- Confusing and burdensome forms and procedures.¹⁴
- Factors related to language and culture.¹⁵
- A significant number of Hispanics living in the U.S. lack legal status, which makes them ineligible for Medicaid or SCHIP. In other cases, living in a two-parent family or having a working member of the family could affect eligibility for public insurance.
- Concerns about immigration status and public charge.¹⁶ Foreign-born Hispanics are twice as likely to lack insurance as their U.S.-born counterparts (49% vs. 24%).¹⁷

The high uninsured rates have deleterious health and financial implications for Hispanics living in the United States.¹⁸ Hispanics are the most likely among all ethnic groups to have no usual source of care. On average, Hispanics have worse health status and worse access to effective health care than do Whites.¹⁹ Having health insurance coverage increases the likelihood of having a regular connection to health care services.²⁰ While a definitive solution to the problem of underinsurance is illusive, the effectiveness of states' efforts in reaching and enrolling

¹² Brown, et al., p. 13.

¹³ Quinn, p.7

¹⁴ Howard P. Greenwald, Suzanne O'Keefe, Mark DiCamillo, *California's Working Latinos and Health Insurance: New Facts and Policy Challenges* (University of Southern California, October 2001).

¹⁵ Ibid., p. 1.

¹⁶ A public charge is defined as an immigrant who is likely to become "primarily dependent on the government for subsistence, as demonstrated by either the receipt of public cash assistance for income maintenance, or institutionalization for long-term care at government expense." 64 Fed. Reg. 28689. For further discussion of public charge, see page 7 of this report.

¹⁷ Schur and Feldman.

¹⁸ Quinn, p. 9.

¹⁹ Timothy A. Waidmann and Shruti Rajan, "Race and Ethnic Disparities in Health Care Access and Utilization: An Examination of State Variation", *Medical Care Research and Review*, vol. 57, supplement 1 (2000): 56.

²⁰ Brown, et al., p.xii

Hispanic children into SCHIP and Medicaid can play a crucial role in reducing the overall numbers of uninsured Hispanics.

Outreach strategies that work

The symposium discussion began with participant states sharing their outreach activities. It soon became apparent that, for the most part, states are conducting aggressive, innovative outreach. States with a significant or rapidly growing Hispanic population have taken steps to direct information and outreach specifically to this community. At a minimum, states are translating educational and outreach materials into Spanish. Many also have application materials and web pages in Spanish. When possible, there is an attempt to have bilingual staff in the outreach programs and in SCHIP and Medicaid offices.

Participants agreed that important factors in successful outreach include knowledge of the community and effective communication. Effective communication encompasses a broad range of practices, including one-on-one contact, bilingual staff and printed materials, sensitivity to cultural norms and values, and follow-up.²¹ Knowledge of the community can be achieved by conducting focus groups, hiring staff from the target community, or contracting with community-based organizations to conduct outreach and education. Offering support services such as transportation and childcare can also increase the numbers of families who are able to complete the enrollment process.

Some specific examples of new and unusual outreach efforts being conducted by states were shared during the symposium. Some were directed at the Hispanic community and others were presumed to reach large numbers of Hispanics given the demographics of those states.

- The 2001 New York City School Initiative Program offered cash incentives to schools that were able to achieve enrollment targets for children eligible for SCHIP or Medicaid
- Direct contact with the target community is important. Colorado sends outreach workers on home visits with a laptop computer and a portable copy machine so that applications can be completed immediately. New York state supports community-based facilitated enrollers who are trained to work one-on-one with families, walking them through the enrollment process. The facilitated enrollers have been able to dramatically increase their effectiveness as they learn what works “on the job.” Several states employ *promotoras*, health promoters who are recruited from the target communities, trained, and sent back into their communities to do education and outreach. In most, but not all cases, *promotoras* are paid.

²¹ Wirthlin Worldwide is currently conducting a study in Texas that asks, among other things, what communication strategies are most effective in motivating Latino parents to enroll their children in Medicaid or SCHIP programs. (See Appendix B.)

- Several states found community coalitions very effective. In New York City, the Mayor's Office of Health Insurance Access, which was formed to foster the goal of full insurance coverage, created the Citywide Accountability Program, a coalition of 20 city agencies that meet every week to pool ideas and resources. The group has been very effective in using its contacts with the public to do outreach for health insurance programs.²²
- Colorado has convened a Latino Advisory Board and is also working directly with the local Mexican Consulate to address the fear of being labeled a public charge which is often a barrier to enrollment.
- New Jersey is experimenting with the idea of the trusted messenger by holding educational assemblies at schools and providing children with SCHIP and Medicaid outreach and enrollment materials. The children (the trusted messengers) are then encouraged to share and discuss the materials with their parents.
- When the area has Latino media, states have used it to reach the Latino community. Radio call-in talk shows have been particularly effective.
- North Carolina uses an attractive and sturdy plastic envelope to distribute SCHIP information and application materials. Parents are encouraged to use the envelope to carry and protect their important documents. North Carolina also offers support services such as transportation and childcare to applicants.
- The use of print media for outreach has had mixed success. While successful use has been made of *fotonovelas* (comic book format common in Latin American countries) and other publications in Spanish with graphics designed to appeal to the Latino community, California has found that putting too much information in any one publication is counter-productive.
- Outreach efforts in several states (e.g., California, New Jersey) were greatly enhanced by being able to offer coverage for undocumented children through the use of state funds. Texas uses state funds to cover documented immigrant children who cannot be covered with federal funds. The sources of these state funds varies, coming from general revenues, tobacco settlement money, county taxes, etc.
- After the attacks of September 11, 2001, New York state implemented Disaster Relief Medicaid, enrolling 380,000 people in four months. The application was simplified, little documentation was required, and applicants left the office with their Medicaid card.
- Many states have found that follow-up on initial contact is essential. States that partner with community-based organizations or use facilitated enrollers find that the resulting case management leads to a higher rate of enrollment and retention.

²² For more info see www.nyc.gov/healthstat

In some instances, national advocacy organizations work in concert with states to increase enrollment in SCHIP. In California, the **100% Campaign** is a collaborative effort of Children Now, the Children's Defense Fund, and the Children's Partnership to ensure that all children in that state have some type of insurance coverage. The Children's Defense Fund-New York is sponsoring two programs. **Child Health Now** has a goal of 100% coverage for New York children, and **Barriers to Enrollment in Children's Health Insurance Programs** aims to increase enrollment in the SCHIP program. **CoveringKids**, the Robert Wood Johnson initiative for uninsured children, has put out a tool kit for Hispanic outreach, which is available to all states through the worldwide web at www.coveringkids.org/communications/latino. The Alliance for Hispanic Health program, **Moving Forward: CHIP for Hispanic Children**, has implementation sites in California, Florida, New York, New Mexico, Arizona, Illinois and Texas.

Enrollment and Retention of Hispanics

While outreach efforts targeting the Hispanic communities have increased enrollment in SCHIP, several factors may inhibit Hispanics from taking advantage of public insurance coverage. Relevant to the issue of enrollment and retention is whether the insurance product or benefits being offered through SCHIP are seen by the Hispanic population as valuable or worth the cost, however small. Preliminary data from research being conducted in Texas indicate that Hispanics are more concerned than other groups with the specific benefits offered by a health plan.²³

Fear of an Immigration and Naturalization Service (INS) determination of public charge remains a significant barrier to enrollment in public health insurance programs. Under United States immigration law, a determination that an immigrant is a public charge can result in a denial of an application for permanent residency, denial of a visa to enter or reenter the United States, or, in some cases, can lead to deportation. Despite a clarification in Federal policy that eliminated SCHIP or Medicaid coverage as a basis for public charge determination,²⁴ fear and confusion remain over this issue within immigrant communities. As reported by meeting participants, immigration lawyers are continuing to advise their clients to avoid public benefits.

States are taking affirmative steps in this regard. Colorado is actively working with the Mexican Consulate to inform people of the current rules. Arizona and New York are also attempting to reassure prospective SCHIP recipients, inviting INS officials to health fairs and other outreach activities to clarify the current rules, with the idea that the reassurance will be more convincing coming from the INS. New Jersey works closely with the New Jersey Immigration Policy Network, a group that offers seminars and trainings on immigration issues. But even with these proactive efforts, the message is either not reaching, or not being trusted by, some of the people most in need of health insurance.

²³ Wirthlin Worldwide, TexCare Partnership Outreach Research Program.

²⁴ In May 1999, the INS issued new guidelines limiting the situations considered relevant to a "public charge" determination. The new guidelines offer the general exclusion of non-cash benefits and also specifically list several types of benefits that may not be considered for public charge purposes, including Medicaid and SCHIP. 64 Fed. Reg. 28689, 28693

Making sure that all children in a family are covered may be crucial in making enrollment in public insurance programs more attractive to Hispanics. It is not atypical for Hispanic families in the United States to include both documented and undocumented children. The resulting situation, in which some children are eligible for public insurance while other children in the same family are not, is a troubling one for families that are traditionally close-knit and interdependent.²⁵ Successful strategies aimed at total coverage include efforts directed at counteracting the fear of public charge and the commitment of state monies to provide coverage for undocumented children and parents.

How cultural differences affect utilization of medical services is a question that may influence the perceived value of insurance coverage. There is some indication that Latinos continue to use the emergency room as their primary provider even with insurance coverage.²⁶ This may be due to difficulties in making or keeping appointments at convenient hours, lack of bilingual staff, or receiving less than welcoming treatment at private medical offices.²⁷ Or it may reflect that Latin Americans are accustomed to a clinic-based system or a preference for seeking care as needed in the most convenient and trusted local site as opposed to seeing a primary care provider.²⁸ States may be able to increase Hispanic enrollment in health insurance programs by taking a critical look at their provider network to see if it can be adjusted and brought more into line with the needs and preferences of specific populations.

Even with insurance coverage, Latinos use medical services at a lower rate than other groups.²⁹ As many as one fifth of Spanish-speaking Latinos surveyed in a 2001 study report not seeking medical treatment due to language barriers.³⁰ In many areas, not enough bilingual providers or translators are available to serve the Hispanic population and in some states, especially those with small but rapidly growing Hispanic populations, no Spanish-speaking providers are available.

²⁵ *A Primer for Cultural Proficiency: Towards Quality Health Services for Hispanics*, The National Alliance for Hispanic Health (Washington, D.C., Estrella Press, 2001)

²⁶ There is a lack of statistical information on utilization of services. California recently completed a survey on utilization and is scheduled to release the results in August 2002. The results will be available on the web page: <http://www.healthyfamilies.ca.gov/>.

²⁷ Preliminary data from the TexCare Partnership Outreach Research Program reveal that Hispanics report that the only place they feel stigma from having public insurance is at the provider level.

²⁸ *A Primer for Cultural Proficiency*, p.27.

²⁹ Quinn, p. 9.

³⁰ Wirthlin Worldwide, *Hablamos Juntos – We Speak Together* (The Robert Wood Johnson Foundation, December 12, 2001).

Cultural Competence

Given the disproportionately low rates of health insurance coverage among Hispanics and the even lower rates among the rapidly growing Hispanic immigrant population, policymakers would do well to find cost efficient and effective ways to close the gap in insurance coverage. While states have taken steps to reach out to their various minority and ethnic groups, they are continually challenged to adapt to an increasingly culturally diverse population.

Many agencies and providers, both government and community-based, have recognized the importance of examining cultural assumptions and tailoring outreach and services to the specific populations served. People of varying races and from different countries may have disparate languages, behaviors, styles of communication, and cultural values. Failure to acknowledge these differences can result in misunderstandings and frustrations on the part of providers and consumers. Recognizing that people may think, behave, and communicate differently creates the possibility of learning and developing cultural competence.

The Health and Human Services Office of Minority Health defines cultural and linguistic competency in their CLAS (Culturally and Linguistically Appropriate Services) standards as “a set of congruent behaviors, attitudes and policies that come together in a system, agency or among professionals that enables effective work in cross-cultural situations. ‘Culture’ refers to integral patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values and institutions of racial ethnic, religious or social groups. ‘Competence’ implies having the capacity to function effectively as an individual and an organization within the context of cultural beliefs, behaviors and needs presented by consumers and their communities.”³¹

The National Alliance for Hispanic Health, in its publication *A Primer for Cultural Proficiency: Towards Quality Health Services for Hispanics*, adopts a developmental model and looks at cultural competency of both providers and systems as a continuum of attitudes and behaviors in which *cultural proficiency* on the part of providers and systems is at the most positive end of the scale.³²

Starting at the negative end with *cultural destructiveness*, there follows *cultural incapacity* and *cultural blindness*. On the positive side of the spectrum are:

- *pre-competence*, which implies movement towards reaching out to other cultures;
- *cultural competence*, characterized by acceptance of and respect for difference, continuing self-assessment regarding culture, careful attention to the dynamics of differences, continuous expansion of cultural knowledge and resources, and adaptations in order to better meet the needs of different ethnic and/or racial groups; and

³¹ 65 Fed. Reg. At 80873.

³² *A Primer for Cultural Proficiency: Towards Quality Health Services for Hispanics*, p.11.

- *cultural proficiency* which is characterized by holding culture in high esteem and valuing the positive role culture can play.³³

Cultural competency emphasizes the idea of effectively operating in different cultural contexts. Cultural knowledge, sensitivity, and awareness—while important—do not include this concept.³⁴ For example, states have made the discovery that translating outreach and enrollment materials into Spanish, while important, is not enough to ensure increased enrollment or retention in programs. The 11 states participating in the symposium were aware of the CLAS standards and, while sometimes hampered by lack of resources, have taken important steps toward cultural competency. An important part of this effort has been working at the community level, both in partnership with local Hispanic organizations and with community liaisons such as health promotoras or facilitated enrollers.

The discussion revealed that problems with cultural competency may surface at the provider level. Providers who cannot offer translation or who are unaware of or insensitive to cultural differences will have a detrimental effect on state efforts to convince Hispanic families of the benefits of health insurance. Consequently, it is important for states to consider the entire panorama of health services—and not just outreach efforts—when assessing the role that cultural influences play in the insurance coverage rates of Hispanics.³⁵

Next Steps

The question of increased enrollment and retention of Hispanic children in SCHIP is complex and extends to a broad range of issues that extends beyond outreach and marketing. Innovative and effective outreach strategies are one part of the equation. Another is an insurance product perceived as attractive and valuable to the Hispanic consumer. Additional relevant factors pertaining to the specific circumstances of Hispanic families emerged from the discussion. They include immigrant status, public charge, coverage of undocumented children, and the linguistic and cultural competency of state programs and service providers.

These factors take on increased importance given the rapid growth of Hispanic migration to the United States from Mexico and Central America. Recent immigrants are more likely to have concerns about undocumented children, language, and cultural differences.

Public charge, while not a new issue, is a persistent one. Recent immigration and welfare reform laws have generated confusion and concern about whether receiving SCHIP benefits would have negative consequences in the future. Despite recent clarifications by the United States Department of Justice reiterating that SCHIP and Medicaid insurance benefits are not subject to

³³ Ibid., p. 11-13.

³⁴ Cultural Competence, Center for Effective Collaboration and Practice at <http://cecp.air.org/>.

³⁵ See also: “*Cultural Competence Works: Using Cultural Competence to Improve the Quality of Health Care for Diverse Populations*” (U.S. Dept of Health and Human Services, HRSA; 2001).

public charge consideration, the message is not being heard, or perhaps not being trusted.

Research presented by Wirthlin Worldwide suggests that the message delivered to Hispanic families does not have to differ significantly from that directed at other ethnic groups. The variations occur in how the message is delivered, taking into account differences in language and cultural values. What appears especially important is continuing close involvement with the community of the target group.

Appendices

Appendix A: List of meeting participants

Appendix B: Wirthlin Worldwide study

Appendix A

Beyond the Basics: Enrolling and Retaining Hispanic Children in SCHIP

March 12-13, 2002
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Appendix B

Wirthlin Worldwide

*Findings concerning specific questions with respect to
attitudes, behaviors, and motivations among Latino parents*

Conducted for the Covering Kids Initiative
www.coveringkids.org

TO CKI Team
FROM Wirthlin Team
SUBJECT Latino Report
DATE May 1, 2001



Background and Report Objectives

Wirthlin Worldwide conducted a number of primary research studies for the Covering Kids Initiative last year. These studies were designed to inform the development of a communication strategy directed at motivating parents who's children are uninsured to apply for coverage through SCHIP or Medicaid. In each of these studies, understanding ethnic minority differences in attitudes, behaviors, and motivations was central to the design. Therefore, we have a significant amount of research conducted among parents in eligible households across the country to answer questions specific to how Latino parents relate to this issue.

This report highlights the findings to specific questions submitted by those in the Covering Kids and RWJF with respect to attitudes, behaviors, and motivations among Latino parents. The data reported are from two studies conducted last year: 1) a national sample of 2,888 parents with a child under the age of 19 in the house—including a subsample of 538 respondents identified themselves as Hispanic or Latino; and 2) a qualitative VISTA study of 114 interviews, 32 of which were conducted among Hispanic or Latino parents. A more detailed explanation of the research methodology for each study is provided later in this document.

The purpose of this report is to answer the following questions:

- What differences are there, if any, in the reasons given for declining employer-sponsored healthcare coverage between Latino parents enrolled in Medicaid or SCHIP and Latino parents who are not enrolled?
- Where do Latino parents say they first heard about the Medicaid or SCHIP programs?
- What communication strategies are most effective in motivating Latino parents to enroll their children in Medicaid or SCHIP programs?

The findings from this report are meant as a guide to understanding specific issues relating to lower income, Latino parents and what is most relevant to them when considering raising their children, taking them to the doctor, and considering Medicaid or SCHIP as options for providing them with health care coverage. Any questions about this report should be directed to Maury Giles (mgiles@wirthlin.com) or Eleesha Lewis (elewis@wirthlin.com).

Key Findings

1. More than half (63%) of Latino parents who decide not to take the healthcare coverage offered through their employer or the employer of the other adult in the household gave cost as the primary reason for not taking the coverage.
2. Latino parents, who have heard of Medicaid, irrespective of enrollment or eligibility, are more likely to say they first heard of the program through the welfare office.
3. One in three (31%) parents who said they have heard of SCHIP and who are currently enrolled in either Medicaid or SCHIP said they first heard about the program from television.
4. Latino parents are very likely to respond to messages emphasizing the benefits covered, the availability of an insurance card, and the fact these are government programs designed to help working families.
5. The emotional gateway relevant to Latino parents is most effectively reached by tapping into the worry and stress a parent has about making the right decisions as a caring parent in meeting—paying for—their children's health care needs. Communications must demonstrate how Medicaid and/or SCHIP deliver the emotional payoff of a sense of peace of mind—or personal happiness—by reducing this stress through low-cost or free healthcare coverage.

Overview of Findings

Benchmark Study Answers to Primary Questions

Wirthlin Worldwide conducted 538 interviews among parents from low-income families. All survey respondents were prescreened to ensure their eligibility for the study, meeting one of four screening criteria:

- 1) Currently enrolled in Medicaid,
- 2) Currently enrolled in SCHIP,
- 3) Eligible for Medicaid, but not yet enrolled, or
- 4) Eligible for SCHIP, but not yet enrolled.

Eligibility for Medicaid or SCHIP was determined based on a combination of self-reported family size and income in comparison with state eligibility requirements.

All interviews were conducted by Wirthlin Worldwide personnel from telephone banks in Orem, UT and Grand Rapids, MI. Interviews were administered using a Computer Assisted Telephone Interviewing system that allows responses to be entered directly into personal computers as the interviews are conducted. Additionally, Wirthlin Worldwide's Quality Assurance Staff monitored the interviews.

Reasons for not having coverage

Respondents from working households were asked if their employer or the employer of the other adult in the household offers health insurance coverage for either them or their children. Those who were offered healthcare coverage in the workplace, but were not personally covered by the health plan were asked why they decided not to get the coverage. Overall, six out of ten Latino respondents (63%) said the coverage was too expensive, while 3% said they did not think it was important. The remaining 34% gave other responses. Of the other reasons given,

14% of the respondents said they were still on “probation” and had not been working at their job long enough to qualify for coverage.

When program enrollment and eligibility are factored in, some differences emerge. Unenrolled parents who are eligible for SCHIP (82%) are more likely than Medicaid enrolled (64%), SCHIP enrolled (48%) and Medicaid eligible (62%) parents to give cost as the reason for not selecting the healthcare coverage offered through their employer (see table below).

Reason for not Having Coverage	Enrollment/Eligibility			
	Medicaid enrolled	SCHIP enrolled	Medicaid eligible	SCHIP eligible
Too expensive	64%	48%	62%	82%
Other reasons	36%	52%	39%	18%

Information sources

Latino parents who are aware of the Medicaid or the SCHIP programs were then asked where they had first heard about the programs. For parents who are currently enrolled in Medicaid or SCHIP but whose children had been uninsured at some time during the previous two years, the primary sources of information about the Medicaid program were:

- Welfare office/Government office (28%),
- Doctor/Nurse (20%),
- Friends (20%), and
- Family (17%).

The primary sources of information about the SCHIP program were:

- Television (31%),
- Doctor/Nurse (20%), and
- Welfare office/Government office (15%).

Looking at parents who are currently unenrolled, the results are similar in terms of where they first heard about the Medicaid program--

- Welfare office/Government office (27%),
- Doctor/Nurse (20%),
- Friends (18%), and
- Family (16%).

However, the story is different concerning the SCHIP program. The primary sources of information about the SCHIP program for unenrolled parents were:

- Television (17%),
- Doctor/Nurse (17%),
- Welfare office/Government office (12%), and
- Friends (10%).

For parents who are currently enrolled in one of the programs, television appears to be a significant information source about the SCHIP programs. There appears to be very little word of mouth recommendations from family or friends concerning SCHIP. Although some enrolled parents have received information about the SCHIP program through the welfare office, information from this source seems to deal primarily with the Medicaid program. Specifically, one in three (28%) parents who have heard of Medicaid said their knowledge is from the welfare office. These results are very similar for eligible-unenrolled parents. Conversely, one in three (31%) enrolled parents who have heard of the SCHIP program said their information came from the television. Interestingly, for eligible-unenrolled parents who have heard of the SCHIP program, their sources of information seem to be more evenly distributed.

When the information source data is examined based on the number of months their child has been without healthcare coverage, the story changes. The table below shows the primary source of information for unenrolled parents who have heard of either Medicaid or SCHIP by the number of months without coverage.

Information Source	Number of Months without Coverage									
	1 to 3 months		3 to 6 months		6 to 9 months		9 months to 1 year		More than 1 year	
	Medicaid	SCHIP	Medicaid	SCHIP	Medicaid	SCHIP	Medicaid	SCHIP	Medicaid	SCHIP
Television	--	22%	11%	6%	7%	13%	4%	11%	6%	22%
Welfare office/ Government office	36%	22%	30%	6%	27%	25%	38%	33%	24%	3%
Doctor/Nurse	--	33%	19%	35%	33%	13%	17%	17%	20%	11%
Friends	29%	11%	11%	6%	7%	13%	17%	11%	16%	8%
Family	29%	--	15%	--	20%	--	29%	--	18%	6%

*Very small cell sizes

Parents who have been without coverage for six months or less are more likely to hear about the SCHIP program from a medical professional and to hear about the Medicaid program from the welfare office. The longer they have been without coverage, the more likely they are to hear both Medicaid and SCHIP through the welfare office.

Unenrolled parents who had healthcare coverage in the past were asked who provided that past coverage. The table below shows the primary source of information for parents who have heard of either Medicaid or SCHIP by the provider of their past healthcare coverage.

Information Source	Last Source of Healthcare Coverage									
	Medicaid		Employer		State Program		Other		Do Not Remember	
	Medicaid	SCHIP	Medicaid	SCHIP	Medicaid	SCHIP	Medicaid	SCHIP	Medicaid	SCHIP
Television	6%	15%	10%	22%	--	--	9%	23%	--	19%
Welfare office/ Government office	36%	14%	21%	4%	17%	33%	33%	14%	4%	6%
Doctor/Nurse	16%	10%	13%	30%	50%	33%	21%	14%	25%	19%
Friends	12%	12%	23%	4%	--	17%	12%	9%	25%	6%
Family	20%	3%	33%	4%	17%	--	6%	5%	13%	--

*Very small cell sizes

Word of mouth through friends and family appears to be where parents, who have had healthcare coverage in the past through their employer or who do not remember who provided the past coverage, heard about the Medicaid program. Whereas, parents who have had coverage through government programs or other sources said they first heard about Medicaid either through the welfare office or from a doctor or nurse.

As seen previously, television appears to be a primary source of information for the SCHIP program. Parents who have had healthcare coverage from all other sources except state programs gave television as one of the top sources of information. However, parents who had previously been covered through a state program said the welfare office or a medical professional is where they first heard about the SCHIP program.

Quantitative Message Testing

Parents were asked to what extent they agree with various statements concerning their child's healthcare coverage. At least 8 out of 10 Latino parents agree with each of the statements. These results are consistent with results for Caucasian parents and the overall sample. Each statement was rated on a 5-point scale where 1 means strongly disagree and 5 means strongly agree. The results for Latino parents are listed below (percent who responded 4 or 5, followed by the mean score).

- My kids get the help they need to stay healthy when I have health insurance coverage for them (93%, 4.7).
- I am less worried about my kids when I know they have health insurance coverage (91%, 4.6).
- When I have health insurance coverage for my kids I can take them to a regular doctor I am familiar with and who knows my child's needs (88%, 4.6).
- I am less stressed about how I am going to make ends meet when my children have health insurance coverage (88%, 4.5).
- When I have health insurance coverage for my kids I do not have to worry about huge doctor bills that I cannot afford (86%, 4.5).
- My kids can get quality health care from a good doctor when I have health insurance coverage for them (84%, 4.4).

Almost all Latino parents (96%) agreed with the statement, I feel like part of being a good parent is making sure my kids have health insurance coverage, compared to 89% of Caucasian parents.

These findings demonstrate that messages focused on reducing parental stress associated with finances and keeping their children healthy resonate with Latino audiences. In addition, these parents feel that part of being a good parent is providing this coverage for their children—what they need is a low-cost or free alternative.

We also tested specific attributes, or rational message elements on this issue. Specifically, parents who are unenrolled but eligible for coverage were asked whether they would be more or less likely to enroll in Medicaid or SCHIP if they knew:

- You could apply for the coverage over the telephone without having to go to an office (Telephone);
- These programs are paid for by the federal government (Federal);
- These programs cover prescription drugs and immunizations for your children (Prescriptions);
- These programs are designed to help low-income families get the health coverage they need, including children with working parents (Low-income);
- These are state government programs (State); and
- These programs provide you with an insurance card that you use to see the doctor just like insurance plans provided by employers (Card).

The percent of Latino and Caucasian parents who said they would be much more likely to enroll are shown in the table below. Statistically significant differences (indicated with an asterisk) show prescriptions, insurance card, low-income families, and government programs all resonate at much higher levels among Latinos than among Caucasian parents.

	Latino	Caucasian	Difference
<i>Prescriptions</i>	67%	49%	18%*
<i>Telephone</i>	51%	44%	7%
<i>Card</i>	49%	30%	19%*
<i>Low-income</i>	38%	24%	14%*
<i>Federal</i>	35%	11%	24%*
<i>State</i>	29%	9%	20%*

As evident above, being able to apply over the telephone is a motivator for both Latinos and Caucasians. These elements (prescriptions, phone application, insurance card, and government program for low-income families) will greatly enhance the effectiveness of any messages targeted at Latino parents.

VISTA™ Study Findings to Guide Communication Strategy

VISTA™ is a research methodology that employs a laddering question process via a two-hour, one-on-one, in-person interview designed to elicit emotions associated with particular stimuli. From these ladders, Wirthlin Worldwide created maps that plot the way people think about the issues. For the CKI project, Wirthlin conducted 32 VISTA™ interviews among Latino parents of children eligible for the SCHIP or Medicaid programs.

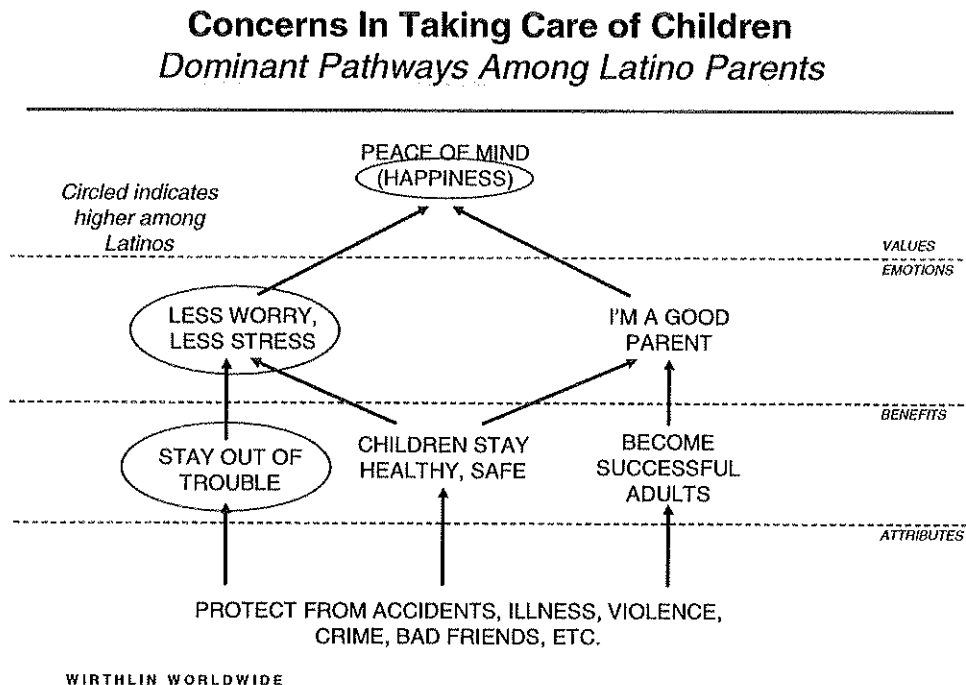
Using the maps derived from these interviews, Wirthlin Worldwide seeks to identify the strategic hinge that might be used to link perceptions and concerns about government health care coverage programs for children to the emotional motivations of the parent. Thus, the purpose of the research is to identify the best means of activating this hinge. With such information, this research serves as the framework of how to craft communications about SCHIP and Medicaid that persuade by reason and motivate through emotion.

The CKI Vista interviews probed parental attitudes up to values on four levels, on points of entry with respect to providing children with health care coverage via Medicaid or SCHIP:

1. Concerns about raising a child.
2. Caring for the health needs of a child.
3. Obtaining health care coverage.
4. Stigma associated with government health care coverage programs.

The following reviews the findings for Latino parents at each level of entry explored.

Latino Parent Mind Map for Level 1: Concerns About Raising a Child

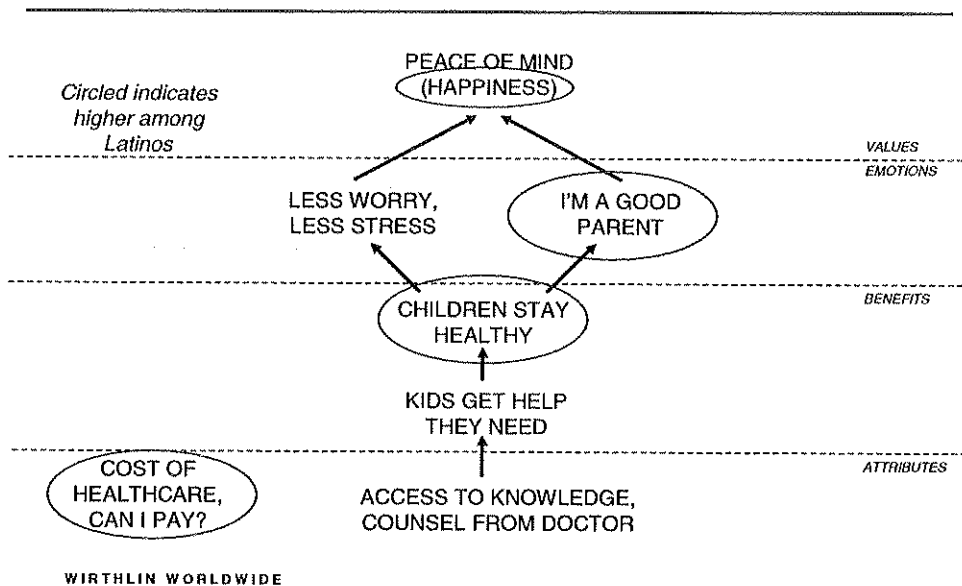


The above map presents how Latino parents think from the rational to emotional when it comes to raising and caring for their children. The most important and most frequently mentioned concern is that of “protecting” their children from a number of different perspectives. Following the arrows up the map, as one’s children are protected they stay out of trouble, stay healthy, and/or become successful adults. This is important to the parent for two primary emotional reasons: 1) it makes me feel like I’m being a good parent, and/or 2) it reduces the worry or stress I have in my life. Finally, these emotions are only important to a parent to the extent that they deliver a sense of peace of mind. This is how these maps are interpreted, showing the dominant pathways of thought from rational attributes or issues through derived benefits and, ultimately, leading to the underpinning values motivating behavior.

As shown above, like most parents, Latinos want their children to stay healthy and safe because this makes them feel like they are being a good parent, which leads to peace of mind. However, Latinos differ from other groups in that they are more likely mention it is important for them to help their child stay out of trouble which makes them have less worry and stress. In addition, for Latino parents, happiness and peace of mind are nearly synonymous in terms of how they express that value.

Latino Parent Mind Map for Level 2: Caring for Child’s Health Needs

Reasons To Go / Not To Go To Doctor
Dominant Pathways Among Latino Parents

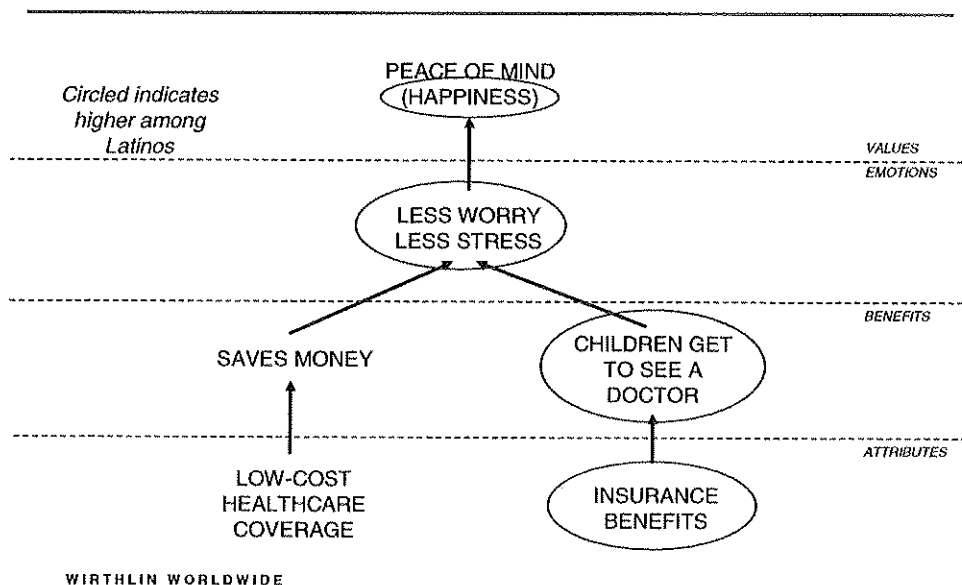


The second level on which parents were questioned for this study focuses specifically on how parents address their child(ren)’s health care needs. As evident above, whether it is a doctor’s office or a clinic, parents of eligible children value the access to a doctor because it helps them as parents to ensure that their children will get the help they need to remain healthy. Again, like most parents, Latino parents want to reduce the stress and worry they have about their children. As the child stays healthy and is able to see a doctor, the parent’s level of stress and worry is reduced.

However, Latinos are more likely than most to say having healthy children is a reflection on good parenting. This emotional benefit is only important to the degree to which it delivers a sense of peace of mind or happiness to them. Additionally, Latinos are even more likely than other parents to volunteer cost as a primary hurdle preventing them from taking their child to the doctor, thus demonstrating their sensitivity to financial stress when it comes to going to the doctor for their child.

Latino Mind Map for Level 3: Health Care Coverage for Kids

Medicaid / SCHIP Program For Coverage
Dominant Pathways Among Latino Parents

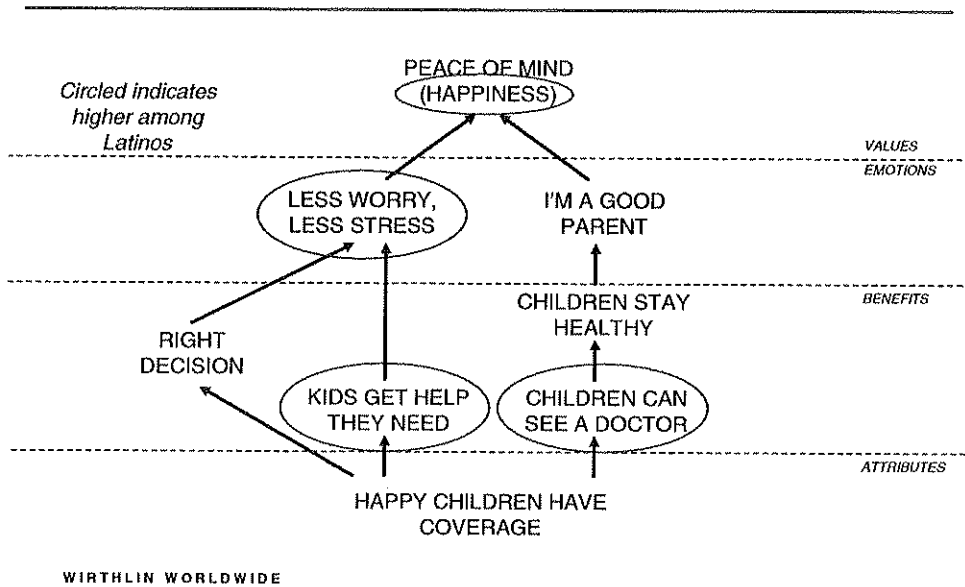


The third level at which parents were questioned is the issue of providing health care coverage for children. Parents may define health care coverage in a variety of ways, but in the context of paying for doctor's visits, parents view health care coverage in the following manner: specific medical care will be covered, which means my child can see a doctor, thereby reducing my stress and delivering a sense of peace of mind. In addition, this ladder shows the financial considerations parents have when it comes to providing health care coverage for their children, which presents another source of stress that is alleviated through low-cost or free Medicaid or SCHIP coverage.

At this level, Latino parents are like most others in this study in that they mention the financial and child's health considerations leading to reduced stress due to the low-cost or free health care coverage. Latino parents, however, are even more likely than others to consider the specific benefits covered that allows the child to have that important access to a doctor.

Consistent across these three ladders among Latino parents are the themes of a desire to be a good parent and reduce the worry and stress so they can be happy and experience peace of mind. These are emotional messages that are effective in motivating this audience.

Good / Bad Others Would Say If I Had Coverage
Dominant Pathways Among Latino Parents



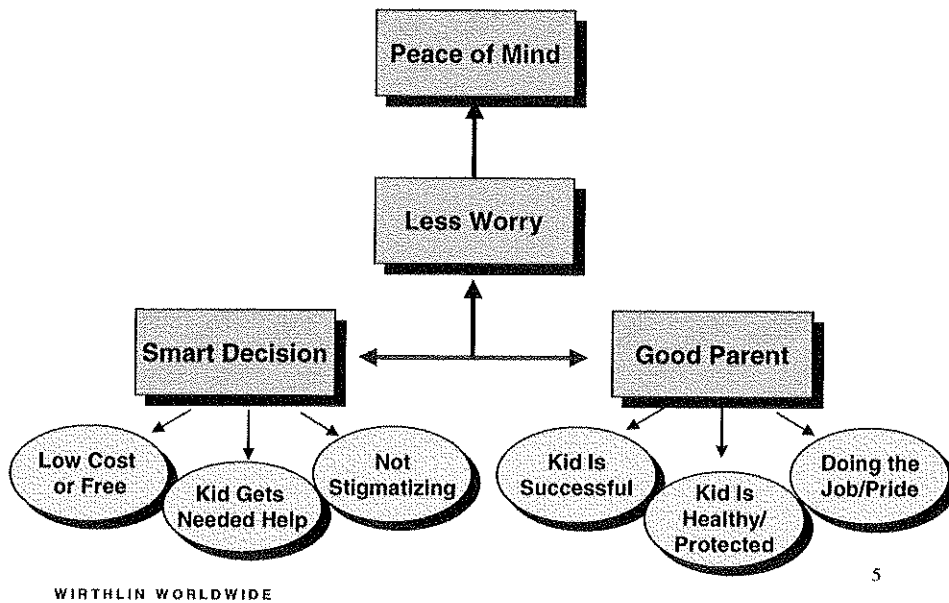
This stigma concern was an important area of inquiry for the VISTA™ research in terms of helping to craft effective communications that would motivate parents beyond the stigma concern. Because of that, the final level of probing dealt with what parents believe those closest to them would do or say knowing they had SCHIP or Medicaid coverage for their child. As seen above, the most important findings show that when considering this issue, most Latino parents recognize it as helping them reduce their stress as their children received the help they need by seeing a doctor. In addition, it makes them feel as if they are making the right decisions and being a good parent for their child, a key emotional benefit sought. Ultimately, the motivation is a desire for personal happiness and/or peace of mind.

Summary of Communication Framework Findings

For Latino parents, the primary perceptual pathways hold true. In fact, there are very few differences in how to motivate a Latino versus a Caucasian or African American parent. As shown in the following chart, the primary communication strategy is to craft messages that show how accessing Medicaid and/or SCHIP coverage is a low-cost or free option and smart decision to reduce parental stress about finances and healthy children. This is important as it leaves the parent with a greater sense of peace of mind.

One is led through the higher-order emotional gateway of being a *good parent*, while the other passed through a realm of considerations summarized as *less stress/worry*. These pathways are shown in the figure below.

Primary Communications Framework Holds True



To the degree that communications can effectively communicate to parents, including Latinos, on these emotional gateways, the barrier of social stigma becomes less of a factor in the decision whether or not to enroll their children in government health care.

However, there are some nuances that are specific to Latino parents, as shown in the figure below. Communications targeted at Latino parents should emphasize the low-cost or free, access to the doctor for their child, and the reduction of stress. In addition, the end value of peace of mind is also articulated at happiness.

But, there are a few nuances specific to Latinos

