

OCTOBER 2009

# Covering Kids & Families<sup>®</sup> Evaluation

*Health Care for the Uninsured: Low-Income  
Parents' Perceptions of Access and Quality*

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## Acknowledgments

The authors would like to thank Peter Cunningham, Ian Hill, and Judith Wooldridge for their helpful comments on an earlier draft and David Rousseau and the Kaiser Family Foundation for providing access to the data. The views expressed are those of the authors and should not be attributed to the individuals listed above, to the Robert Wood Johnson Foundation, or to the Urban Institute, its sponsors, staff, or trustees.



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This report was written by the Urban Institute. Support for this publication was provided by the Robert Wood Johnson Foundation in Princeton, New Jersey.

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## About the *Covering Kids & Families*® Evaluation

Between August 2002 and November 2008, Mathematica Policy Research, Inc., and its partners, the Urban Institute and Health Management Associates, have undertaken an evaluation to determine the impact of RWJF's investment in the *Covering Kids & Families* (CKF) program, as well as to study factors that may have contributed to, or impaired, its efforts.

The evaluation focuses on these key issues:

- Documenting and assessing the strategies and actions of CKF grantees and their coalitions aimed at increasing enrollment of children and families and the barriers to their implementation.
- Assessing the effectiveness of CKF grantees and their coalitions in conducting outreach; simplifying the application and renewal process; and coordinating efforts by existing health insurance programs to expand coverage measuring progress on CKF's central goal—expanding enrollment and retention of all eligible individuals into Medicaid and the Children's Health Insurance Program (CHIP).
- Assessing the sustainability of CKF after RWJF funding ends.

Findings from the evaluation, presented in a series of short highlight memos and issue briefs and in more detailed case study and synthesis reports, can be found at <http://www.rwjf.org/pr/product.jsp?id=20929>.

## Background

The *Covering Kids & Families*® (CKF) initiative of the Robert Wood Johnson Foundation (RWJF) has two goals: to reduce the number of children and adults eligible for Medicaid or the Children's Health Insurance Program (CHIP) who remain uninsured, and to build the knowledge, experience and capacity necessary to sustain the enrollment and retention of children and adults in those programs after the CKF program ends. RWJF issued four-year CKF grants to 46 states beginning in 2002. CKF expanded on its predecessor, the RWJF *Covering Kids Initiative* (CKI), which operated from 1999 to 2002. CKF works through state and local coalitions to maximize enrollment in public health insurance programs for uninsured, low-income children and adults. CKF grantees employed three strategies to increase enrollment and retention of eligible uninsured children and families:

- **Outreach** to encourage enrollment in CHIP and Medicaid;
- **Simplification** of CHIP and Medicaid policies and procedures to make it easier for families to enroll their children and keep them covered; and
- **Coordination** between CHIP and Medicaid to ensure the easy transition of families between programs if they apply for the wrong program or their eligibility changes subsequently.

This study examines parents' perceptions of access and quality of care for the uninsured using the 2005 Kaiser Low-Income Coverage and Access Survey. We examine whether low-income parents perceive that affordable care is available for the uninsured; whether they believe quality of care depends on one's insurance status; and whether they are aware of Medicaid and how they perceive the program.

## Introduction

An estimated 7.8 million uninsured people are children under age 19 and another 11 million are parents, most from low-income families (Dubay et al., 2009). Under the current system, a number of barriers prevent families from obtaining health insurance coverage. Among the most common reasons reported for lacking insurance coverage are high costs and lack of access to employer-sponsored insurance (Graves and Long, 2006). However, an estimated 64 percent of uninsured children and 30 percent of uninsured parents are eligible for either Medicaid or CHIP but are not yet enrolled.<sup>1</sup>

Available research evidence suggests that knowledge and administrative barriers keep many eligible children from being enrolled in public coverage and that the parents' eligibility status may affect whether the child participates in public coverage (Kenney et al., 2002; Kenney et al., 2001; Kenney and Haley, 2001; Dubay and Kenney, 2003). In addition, around 40 percent of uninsured, eligible children appear to have been enrolled in Medicaid or CHIP at some point during the previous year, which indicates that program retention is also an issue (Sommers, 2007). While it appears that the parents of almost all low-income uninsured children are familiar with Medicaid or CHIP and are interested in enrolling their children, only about half of those who know of the programs believe their children are eligible, and many say the application processes are not easy (Kenney et al., 2004).

Another possible reason for lack of enrollment in public programs may be perceived access problems in Medicaid/CHIP; however, recent evidence suggests this is not a widespread reason for nonparticipation (Hill et al., 2005; Hill et al., 2006; Duchon et al., 2009). Though little research has been conducted to uncover the reasons eligible parents do not enroll, studies have shown that when parents are eligible for public coverage, children's enrollment in such programs increases, and vice-versa, demonstrating that decision-making about health insurance often occurs at the family level (Dubay and Kenney, 2003; Aizer and Grogger, 2003; Davidoff et al., 2005).

Some parents may believe adequate care can be obtained without insurance at public hospitals, community health centers (CHCs), clinics, and other facilities in the so-called health care safety net—that is, that access may be available even without insurance coverage (Blumberg et al., 2005; Cunningham et al., 2007; Herring, 2005). In addition, the literature on insurance coverage choices has pointed to differences in preferences for coverage, showing that some people value insurance more than others, and that these preferences seem to influence coverage status to an extent (Monheit and Vistnes, 2008; Remler et al., 2001). If uninsured people, in fact, believe that care for the uninsured is adequate, while insured people do not, this could be important information explaining why some people seek out insurance coverage while others do not.

This paper provides new findings on how low-income parents perceive the quality and affordability of care available to the uninsured. This analysis is based on a set of new questions fielded in a 2005 survey of low-income adults that addressed perceptions of the extent to which the uninsured have access to affordable care and obtain the same quality of care as the insured, as well as perceptions of the Medicaid program. Understanding perceptions of low-income parents may provide new insights about why some low-income children and parents remain uninsured. It also yields insights about the potential impacts of policy changes, such as Medicaid expansions, changes to enrollment systems, and a possible mandate of coverage, that are being considered under health care reform. The next section presents information on the data and methods used in the analysis. Subsequent sections present findings and discuss their implications.

## Methods

Our analysis uses data from the 2005 Kaiser Low-Income Coverage and Access Survey (Kaiser Family Foundation, 2008). To approximate the population making enrollment decisions for low-income children and families, the sample includes parents who have a child under age 18 living with them and whose family incomes are at or below 200 percent of the federal poverty level (FPL). Our total sample size is 2,748.

The survey is a random digit dial telephone survey of low-income adults ages 19 to 64 that focuses on health care experiences, access, and financial burdens. While the sample is nationally representative, the survey over-sampled low-income respondents in five states (California, Florida, Missouri, New York, and Texas). To increase sampling efficiency, the survey sampled the low-income population in the highest poverty census tracts, which together account for one-fifth of the low-income population. Weighting adjustments were made to make the sample more closely represent the entire low-income population in these tracts.<sup>2</sup> The survey's response rate was 31 percent.<sup>3</sup> Because of concern that the low response rate could result in biased point estimates, a non-response follow-up study was conducted in which selected subsamples of non-respondents were contacted and offered incentives to participate in the survey. The follow-up study achieved a higher response rate, and the comparison of the new sample in the non-response study to the original sample showed little potential for non-response bias (Kaiser Family Foundation, 2008). While the possibility of bias in our estimates cannot be ruled out, where we can benchmark to external estimates (for example, examining how access and utilization vary with respect to coverage status)<sup>4</sup> we find patterns that are consistent with what has been found using other data sources.

Insurance status was defined as the type of coverage held by the respondent at the time of the survey, using the following hierarchy for respondents reporting more than

one type of coverage: publicly insured (including Medicaid, CHIP, military coverage, or other government coverage); privately insured (including employer-sponsored coverage and non-group coverage); or uninsured. Among our sample of low-income parents, 32 percent reported having Medicaid/public coverage, 29 percent reported private coverage, and 39 percent reported being currently uninsured.<sup>5</sup>

The survey provides two sets of measures that capture perceptions of care for the uninsured. The first set of measures reflects whether respondents believe there are places the uninsured can get low-cost care in their communities, indicating whether or not they believe the uninsured have access to affordable providers. The following questions were asked:

- 1) “Thinking of the area where you live, is there a place nearby that offers affordable medical care for people without health insurance?” If there is an affirmative response, they are asked what type of place that is (in an open-ended question).
- 2) “Thinking of the area where you live, is there a place nearby that offers affordable dental care for people without dental health insurance?” If there is an affirmative response, they are asked what type of place that is (in an open-ended question).

These questions expand upon questions that were included in the 2003 Community Tracking Study (CTS) (Cunningham et al., 2007) by including both medical and dental care. The questions measure perceptions of the availability of affordable care. Differences across groups in responses to these questions could indicate either differences in the availability of such providers nearby, or their knowledge of such providers. But either way they reflect differences in whether or not respondents believe the uninsured have access to affordable care. Understanding parents’ perceived availability of these types of providers is important because it may affect their decisions about whether to obtain health insurance coverage, regardless of whether or not these providers are actually available.

The second set of measures reflects perceptions of differences in the quality of care provided to the uninsured, as indicated by responses to three statements:

- 1) “Generally speaking, people without health insurance get the same quality of health care from doctors, hospitals, and other medical facilities as people with health insurance.”
- 2) “Having health insurance improves the care someone receives when they go to the hospital after being in a serious car accident.”
- 3) “An uninsured person with diabetes or asthma would be just as likely as an insured person with diabetes or asthma to get specialized medical care.”

For each question, respondents indicated whether they strongly agreed, agreed, disagreed, or strongly disagreed. We transposed the responses to questions (1) and (3) so that “agree” responses to all three questions could be interpreted as agreeing that quality is lower for the uninsured. Responses were analyzed individually for each question and together using an index of perceptions of quality, which combines the information from all three statements and classifies respondents as believing quality is lower for the uninsured in (1) all three situations, (2) one or two situations only, or (3) none of these situations. We also combined categories (1) and (2), indicating the respondent believes quality is lower in at least one situation, for some analyses. For the index, strongly agree/agree and strongly disagree/disagree responses were combined, and those who responded that they “don’t know” to at least one of the situations were excluded.<sup>6</sup> To our knowledge, these indicators have not been included in any prior surveys.

Finally, the survey contains a number of indicators of respondents’ awareness and perceptions of Medicaid. First, respondents were asked if they had heard of “a program that pays for health coverage for persons in need called Medicaid.” Further, those who were familiar with Medicaid were asked whether they believe Medicaid is a very good, somewhat good, somewhat bad, or very bad program and whether completing an application for the program is very easy, somewhat easy, somewhat difficult, or very difficult “based on what you know about Medicaid.” Those who did not report currently being enrolled in Medicaid were asked if they had ever been enrolled. Finally, respondents who were uninsured at the time of the survey were asked, “Based on what you know about Medicaid, do you think you are eligible now?” and “If you were told you were eligible for Medicaid, would you want to enroll?” In all questions, Medicaid was referred to by both “Medicaid” and the name for the Medicaid program in the respondent’s state. Those who were not familiar with the program were not asked the subsequent questions about perceptions of the program.<sup>7</sup>

In the results section, we present means for the main outcomes for all low-income parents and according to their coverage status (i.e., uninsured, privately insured, and Medicaid/publicly insured). Although any differences by insurance status may suggest that coverage choices determine attitudes about insurance coverage or that insurance coverage determines attitudes about coverage choices, such an analysis is beyond the reach of this paper. All analyses used sample weights and Taylor-linearized variance estimation to take into account the complex sampling method used in the survey and were conducted using SAS 9.1 and Stata 10.

## Findings

### Perceptions of Availability of Affordable Providers

**Medical Providers.** Table 1 indicates that many low-income uninsured parents do not perceive that there are affordable places for the uninsured to get health and dental care in their community. Overall, just half (49.0%) say they know of a place for affordable medical care for the uninsured, while a third (35.9%) do not believe that such a place is available, and 15.1 percent are not sure. These patterns are consistent with those for low-income parents with insurance, indicating that low-income uninsured parents are no more likely than their insured counterparts to perceive that affordable medical care is available for the uninsured in their area. This is comparable to findings from the 2003 CTS showing that less than half of the uninsured population either used or were aware of affordable medical providers (Cunningham et al., 2007).<sup>8</sup>

For the vast majority of low-income uninsured parents aware of an affordable provider in their area, that place is a clinic or health center (85.3%, data not shown). The second most common response (8.5%) is a hospital—a hospital emergency room was identified by 6.1 percent, and a hospital outpatient department was identified by 2.4 percent (data not shown).<sup>9</sup>

**Dental Providers.** Low-income uninsured parents are much less likely to report that there are nearby locations for affordable dental care than for affordable medical care, with just 22.0 percent reporting that there is a place offering low-cost care for those without dental insurance (53.7% said there is not such a place and 24.4% are not sure). This is consistent with a prior research finding that a dental safety net does not exist in many areas of the country (Mertz and O'Neil, 2002; U.S. General Accounting Office, 2000). Again, the uninsured are not significantly more likely to perceive such places to exist than those with insurance.

The most common type of place identified by these uninsured low-income parents is a dental clinic (71.3%), followed by a private dentist's office (16.7%, data not shown). The uninsured are more likely than the publicly insured to identify a dental school as a place where the uninsured could get affordable dental care in their community (6.2% compared to 0.3% for the publicly insured), but no other statistically significant differences were found between the places identified by the uninsured and the insured (data not shown).

TABLE 1

## Low-Income Parents' Perceptions of Availability of Affordable Providers by Insurance Status

	Uninsured (%)	Privately Insured (%)	Medicaid/ Publicly Insured (%)	Total (%)
<b>Is there a place nearby that offers affordable medical care for people without health insurance?</b>				
Yes	49.0	45.5	54.9	<b>49.9</b>
No	35.9	33.8	28.2	<b>32.8</b>
Don't Know	15.1	20.7	16.8	<b>17.3</b>
<b>Is there a place nearby that offers affordable dental care for people without dental health insurance?</b>				
Yes	22.0	17.0	27.3	<b>22.2</b>
No	53.7	50.1	44.5	<b>49.7</b>
Don't Know	24.4	32.9	28.2	<b>28.1</b>
<b>Composite Index of Perceptions of Affordable Medical/Dental Providers for the Uninsured<sup>1</sup></b>				
Perceives Availability of Both Medical and Dental Providers	17.8	14.0	24.3	<b>19.0</b>
Perceives Availability of Medical Provider Only	31.2	31.5	30.6	<b>31.0</b>
Perceives Availability of Dental Provider Only	4.2	3.0	2.9	<b>3.4</b>
Does Not Perceive Availability of Either Provider	46.8	51.5	42.1	<b>46.5</b>
Number of Observations	1194	665	873	<b>2732</b>

Source: 2005 Kaiser Low-Income Coverage and Access Survey

<sup>1</sup>For this index, "don't know" responses are included with "no" responses for awareness of each type of provider.

### **Perceptions of Quality of Care for the Uninsured**

Most low-income uninsured parents believe that the uninsured do not get the same quality of care as the insured, in general and in the specific cases of a car accident or of having asthma or diabetes (Table 2). Overall, a majority of low-income uninsured parents (58.1%) believe that the uninsured get lower quality care from doctors and hospitals than the insured (of those, 14.9% strongly agree and 43.2% agree that the quality of care is lower). Among the remaining low-income uninsured parents, 35.4 percent believe that quality generally does not vary by insurance status (5.7% strongly disagree and 29.8% disagree), and 6.5 percent said that they did not know.

While a majority of all three insurance groups believe that the uninsured get lower quality care in general, those with insurance coverage report this belief at higher rates. In particular, those with public coverage are more likely than the uninsured to agree (65.5% versus 58.1%) that the uninsured generally get lower quality care than the insured (a similar pattern is found for the privately insured, but the difference is not statistically different from the rate for the uninsured).

In response to the statement about the care someone receives in an emergency, such as a serious car accident, almost three-quarters—73.7 percent—of low-income uninsured parents believe that the uninsured get lower quality care and, of those, 14.6 percent strongly agree. Of the remaining, 17.7 percent disagree, just 2.9 percent strongly disagree, and 5.7 percent said they do not know. In contrast to perceptions of quality differences in general, the insured, particularly those with public coverage, are less likely than the uninsured to agree that the uninsured receive a lower quality of care in emergency situations. About two-thirds of publicly covered parents compared to 73.7 percent of the uninsured agree that quality is lower for the uninsured in emergency situations.

When considering the care the uninsured receive for treatment of chronic conditions such as diabetes or asthma, half (50.1%) of low-income uninsured parents believe that the uninsured are less likely to get specialized medical care than those with insurance. Of the remaining half, 33.1 percent disagree and 7.1 percent strongly disagree that insurance determines quality of care in this instance, and 9.7 percent said that they do not know. Perceptions do not vary significantly by insurance status for this indicator. Despite the fact that emergency departments are required to treat emergent patients regardless of insurance status,<sup>10</sup> more low-income parents believe that insurance affects quality for emergency situations than for chronic conditions, overall and within each coverage group. Concerns about the quality of care provided in emergency settings are consistent with findings from recent studies (Hadley, 2007; Doyle, 2005) showing that uninsured patients receive less treatment than the insured in the case of auto accidents or after the onset of an injury, even when controlling for other differences between the insured and uninsured.

TABLE 2

## Low-Income Parents' Perceptions of Quality of Care for the Uninsured by Insurance Status

<b>Believes Quality of Care Lower for Uninsured:</b>	<b>Uninsured<sup>^</sup> (%)</b>	<b>Privately Insured (%)</b>	<b>Medicaid/ Publicly Insured (%)</b>	<b>Total (%)</b>
<b>In General</b>				
Strongly Agree/Agree	58.1	63.8	65.5*	<b>62.0</b>
Strongly Agree	14.9	15.1	14.6	<b>14.8</b>
Agree	43.2	48.7	50.9*	<b>47.2</b>
Strongly Disagree/Disagree	35.4	29.5	29.9	<b>32.0</b>
Disagree	29.8	24.6	22.9*	<b>26.1</b>
Strongly Disagree	5.7	4.9	7.0	<b>5.9</b>
Don't Know	6.5	6.7	4.7	<b>5.9</b>
<b>In Emergency Situations</b>				
Strongly Agree/Agree	73.7	67.9	65.6*	<b>69.4</b>
Strongly Agree	14.6	12.1	13.2	<b>13.5</b>
Agree	59.2	55.8	52.4	<b>55.9</b>
Strongly Disagree/Disagree	20.6	20.0	26.9	<b>22.5</b>
Disagree	17.7	18.6	24.1	<b>20.1</b>
Strongly Disagree	2.9	1.4	2.8	<b>2.4</b>
Don't Know	5.7	12.1*	7.5	<b>8.1</b>
<b>With a Chronic Condition</b>				
Strongly Agree/Agree	50.1	51.7	48.0	<b>49.5</b>
Strongly Agree	7.5	5.4	5.1	<b>6.1</b>
Agree	42.6	46.3	42.9	<b>43.4</b>
Strongly Disagree/Disagree	40.2	37.3	43.2	<b>40.3</b>
Disagree	33.1	32.7	37.6	<b>34.4</b>
Strongly Disagree	7.1	4.6	5.6	<b>5.9</b>
Don't Know	9.7	11.0	8.8	<b>9.8</b>
<b>Index of Quality of Care in Emergency and Chronic Situations<sup>1</sup></b>				
Believes Quality Lower in All Three Situations	36.3	42.0	40.8	<b>39.4</b>
Believes Quality Lower in One or Two Situations Only	56.4	52.4	50.2	<b>53.2</b>
Believes Quality Lower in None of the Situations	7.3	5.6	9.0	<b>7.4</b>
<b>Believes Quality Lower in at Least One Situation</b>	<b>92.7</b>	<b>94.4</b>	<b>91.0</b>	<b>92.6</b>
Number of Observations	1194	665	873	<b>2732</b>

Source: 2005 Kaiser Low-Income Coverage and Access Survey

<sup>^</sup>Reference category

<sup>1</sup>The 3 situations are 1) in general, 2) in emergency situations, and 3) in treatment of chronic conditions. Strongly agree/agree and Strongly disagree/disagree responses were combined for each indicator and those who responded "don't know" to any of the 3 indicators were excluded (533 parents, or 15% of the sample).

\*Indicates statistically significant difference from Uninsured group at p<.10 level

According to the summary indicator combining the findings from all three questions, 36.3 percent of low-income uninsured parents believe insurance status determines quality of care generally *and* in the two specific situations that were probed; 56.4 percent believe it matters in one or two of the cases but not all, and just 7.3 percent believe it does not matter in any of these situations. These findings indicate that more than 90 percent of low-income uninsured parents who expressed an opinion perceive that the uninsured receive lower quality care than the insured in at least some settings, a finding that is also true of privately and publicly insured low-income parents. This shows the near universal perception among low-income parents, regardless of insurance status, that insurance coverage affects the quality of health care one receives in at least some circumstances, despite their varied responses to the individual scenarios.

### **Awareness and Perceptions of Medicaid**

Although low-income parents' perceptions about the availability of affordable, high quality care for the uninsured do not differ dramatically by insurance status, awareness and perceptions of Medicaid do (Table 3). Awareness of the program is high among all groups, but is lower among the uninsured, with only 79.1 percent reporting that they have heard of Medicaid.<sup>11</sup> Among those uninsured who know of Medicaid, many in this survey have direct experience with it: nearly half (47.3%) have been enrolled in the past (data not shown). Most uninsured parents who are familiar with the program—82.7 percent—believe it is a very or somewhat good program (of the remaining uninsured parents, 8.0 percent believe it is a very or somewhat bad program and 9.4 percent do not know),<sup>12</sup> and 61.0 percent believe the application process is very or somewhat easy. While many (72.5%) with private coverage believe that Medicaid is a good or very good program, they are less likely to have positive perceptions of Medicaid than the uninsured. This could be related to their lower rates of experience with it—only 33.1 percent of privately insured low-income parents have been enrolled in Medicaid in the past, compared to 47.3 percent for the uninsured (data not shown)—or their lower past experience with Medicaid may derive from their lower perceptions of the program.

In our sample, only 24.0 percent of low-income uninsured parents believe they are eligible for Medicaid, which lines up closely with external estimates for around the same time period that indicate that about one in five low-income uninsured parents are eligible for Medicaid or CHIP (Holahan et al., 2007). Despite limited eligibility, most low-income uninsured parents (83.0%) say they would enroll in Medicaid if told they were eligible, indicating a substantial willingness to obtain public coverage if it were available (of the remaining low-income uninsured parents, 6.8% said they would not enroll, 8.6% said “it depends”, and 1.5% said they didn’t know). In fact, among parents who are uninsured, believe they are eligible for Medicaid, and would enroll in Medicaid if told they were eligible, nearly half have applied for or intend to apply for coverage (data not shown).

TABLE 3

## Low-Income Parents' Awareness and Perceptions of Medicaid by Insurance Status

	Uninsured <sup>^</sup> (%)	Privately Insured (%)	Medicaid/ Publicly Insured (%)	Total (%)
Heard of Medicaid	79.1	86.1**	91.4**	<b>85.1</b>
Thinks Medicaid is a Very/Somewhat Good Program <sup>1</sup>	82.7	72.5*	89.0	<b>81.8</b>
Thinks Application Process is Very/Somewhat Easy	61.0	44.4**	67.4	<b>58.3</b>
Thinks Eligible for Medicaid Now	24.0	N/A	N/A	<b>N/A</b>
Would Enroll if Told Was Eligible	83.0	N/A	N/A	<b>N/A</b>
Number of Observations	1194	665	873	<b>2732</b>

Source: 2005 Kaiser Low-Income Coverage and Access Survey

<sup>^</sup>Reference category

<sup>1</sup>This and all following questions asked only to those who reported that they had heard of Medicaid.

\*Indicates statistically significant difference from Uninsured group at p<.10 level

\*\*Indicates statistically significant difference from Uninsured group at p<.05 level

## Discussion

This study builds on prior research by providing a more complete picture of the perceptions of low-income parents regarding the degree of access to affordable, high-quality care among the uninsured. We find that fewer than one in five low-income parents perceive that the uninsured have access to both medical and dental care that is affordable, and that the vast majority perceive that the uninsured receive lower quality care than the insured. Their perceptions appear grounded in reality.

Perceptions of low availability of safety-net providers that serve the uninsured likely reflect the short supply of low-cost providers: only 38 percent of the nonelderly population lives within five miles of a CHC (Cunningham and Hadley, 2004). The low level of awareness may also be due in part to a lack of knowledge of providers that are available, since awareness and use of CHCs is not always high even among the uninsured near them (Cunningham et al., 2007; May et al., 2004). Similarly, the lower perceived availability of affordable dental care for the uninsured is consistent with the fact that many CHCs do not offer dental care (U.S. General Accounting Office, 2000). In addition, perceptions of lower quality of care for the uninsured are supported by evidence of worse health outcomes and less comprehensive care for the uninsured than the insured (Hadley, 2007; Doyle, 2005; Institute of Medicine, 2009).

More than 80 percent of low-income uninsured parents in this study who are aware of Medicaid believe it is a good program, and 83 percent say they would enroll if told they were eligible. While the survey questions do not provide a complete picture of how Medicaid is perceived, the fact that many low-income parents expressed willingness to enroll suggests that concerns about stigma or about access problems in Medicaid may be overstated (Hill et al., 2006; Kenney et al., 2004). The positive views expressed about Medicaid, together with the quality of care and affordability concerns expressed about the uninsured, do not provide much support for the hypothesis that low-income families are opting not to enroll in Medicaid because they have a negative view of the program or believe access and quality are high for the uninsured.

These findings confirm those from other studies (Graves and Long, 2006; Sommers, 2007) indicating that the uninsured desire coverage and that their lack of insurance is driven mainly by factors other than not wanting it, such as cost, administrative barriers to coverage, or not being eligible for Medicaid. In fact, when low-income uninsured parents in this study were asked the main reason they do not have insurance, only 6.7 percent reported that they do not need it (data not shown). Even among the one-third of low-income uninsured parents who believe the uninsured receive the same quality of care as the insured in general, most cite high costs and not knowing how to obtain coverage as the reason they do not have insurance (data not shown). Thus, efforts to make affordable coverage more widely available and easier to access should reduce uninsurance among low-income families. At the same time, health care reform will likely still leave some groups—like undocumented immigrants—without insurance. It will be important to continue to assess whether such groups perceive that they have access to affordable safety-net providers.

While the dominant perceptions of low-income uninsured parents in this survey are that the uninsured lack access to affordable providers and receive lower quality care, just over one in six (17.8%) say they know of both affordable medical and dental providers for the uninsured in their community and 7.3 percent believe there are no quality differences by insurance status in general, in an emergency situation, or for chronic care. Although these are clearly minority views, these findings may explain why some uninsured families do not participate in public programs for which they are eligible. However, the lack of differences in perceptions by insurance status suggests that attitudes about coverage are not the major force driving who is uninsured and who is insured.

This study has many limitations. First, we rely on a single set of questions about the perceptions of availability of such providers in one's community to reflect whether respondents believe the uninsured have access to affordable care. More direct questions about whether respondents believe the uninsured have access to affordable providers

may better reflect respondents' attitudes. Interestingly, few respondents identified physicians' offices as places for the uninsured to obtain affordable care, although many of the uninsured who do obtain low-cost care identify physicians' offices as their source of care (Cunningham et al., 2007), illustrating a potential disconnect between where people believe the uninsured *can* get care and where they *do* get care. Second, the questions about perceptions of quality differences between the insured and uninsured do not specify which types of coverage respondents should consider in their responses; if some respondents only consider private coverage, but not Medicaid, as insurance, then this question may not accurately represent their attitudes about the potential benefits of enrolling in Medicaid. Third, the questions do not specify whether the respondent should consider care for adults or children. Finally, the sample was limited to low-income adults in high-poverty census tracts; to the extent that parents in such areas may have different perceptions of access and quality for the uninsured than parents in other areas, these results may not be representative of all low-income parents.

Overall, this paper finds that attitudes about access and quality of health care for the uninsured are mostly negative among low-income parents. Given the generally positive views expressed about Medicaid, it appears that greater efforts to boost enrollment in public programs—whether through eligibility expansions for parents, increased outreach efforts directed at their children, or improvements to enrollment and re-enrollment processes—would be successful at increasing coverage among low-income families. Current health care reform proposals include Medicaid eligibility expansions to parents and improvements to Medicaid enrollment systems. This analysis suggests that such policy changes, together with new outreach and enrollment investments resulting from the 2009 reauthorization of CHIP (PL 111-3), could be key to reducing uninsurance among low-income parents and children.

## Endnotes

1. Unpublished tabulations of the Urban Institute Health Policy Center Medicaid/CHIP Eligibility Model, based on 2008 Current Population Survey data.
2. Given that the sample is drawn exclusively from low-income areas, it includes a larger share of minorities and publicly insured low-income adults than surveys whose weighting adjustments align to the entire population, such as the Current Population Survey (CPS). Among the low-income population in each, the insurance distribution of low-income adult parents is 39 percent uninsured, 29 percent privately insured and 32 percent publicly insured on the Kaiser survey, compared to 36 percent, 37 percent and 27 percent, respectively, on the 2005 CPS. The Kaiser survey also has a larger share of Blacks (33% vs. 17%) and Hispanics (36% vs. 32%) than the CPS, and, consequently, a smaller share of Whites (24% vs. 44%).
3. This response rate is the number of completed interviews divided by the number of eligible sample members (American Association for Public Opinion Research RR2). The response rate, although low, reflects the general downward trend in response rates for telephone surveys occurring nationally in the United States. See, for example, Curtin et al., 2005. For instance, the 2005 California Health Interview Survey reported an adult sample member response rate of 27 percent (California Health Interview Survey, 2007). The median response rate for the 2006 Behavioral Risk Factor Surveillance System (BRFSS) was 35 percent, with nine states in the 20s (BRFSS, 2007). Response rate is just one element to consider in assessing the reliability of survey estimates. Lower response levels in surveys are not, in and of themselves, an indicator of survey quality. (See Groves, 2006.) A more detailed description of the sampling and weighting methodology used in the Kaiser survey can be found online at [www.kff.org/uninsured/7788.cfm](http://www.kff.org/uninsured/7788.cfm).
4. Consistent with other research (Kaiser Commission on Medicaid and the Uninsured, 2007; Dubay and Kenney, 2003; Dubay and Kenney, 2004), low-income uninsured parents on this survey report less use of care and more difficulties accessing needed care than low-income parents with insurance coverage. The uninsured report higher rates of delaying or forgoing needed care (23.9%) than both the privately and publicly insured (12.5% and 17.3%, respectively). They are also less likely than both the privately and publicly insured to report having seen a doctor in the past year (65.2% vs. 83.9% vs. 85.6%, respectively), and to have had a dental visit in the past year (18.7% vs. 46.9% vs. 40.5% respectively).
5. As indicated above, this sample has a larger proportion with public coverage and a smaller fraction with private coverage than would be found in a general low-income sample.
6. A total of 533 parents (15% of the overall sample) were excluded from this analysis.
7. For the Medicaid knowledge and perceptions questions, “don’t know” responses were included in the base for all calculations, and responses of “don’t know” are included with responses of “no” (Kenney, Haley and Tebay, 2004).

8. In Cunningham et al., 2007, estimates were not shown for the low-income population only, although regression analysis indicated that the low-income uninsured are less likely to be aware of an affordable provider.
9. Identification of specific places to get affordable care among low-income uninsured parents was not statistically different from those identified by insured low-income parents (data not shown).
10. The Emergency Medical Treatment and Active Labor Act (EMTALA) in Title 42 of the U.S. Code requires hospitals to stabilize any person who comes to the emergency department with a medical emergency, without regard to that individual's health insurance status or ability to pay. The text can be found at [www4.law.cornell.edu/uscode/42/1395dd.html](http://www4.law.cornell.edu/uscode/42/1395dd.html).
11. Kenney, Haley and Tebay (2004) found similar estimates for awareness of Medicaid among parents of low-income uninsured children (86%).
12. Does not sum to 100 due to rounding.

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This report is part of the *Covering Kids & Families* evaluation. For more information on this and other RWJF national program evaluations please visit [www.rwjf.org](http://www.rwjf.org).

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