

**Focus Group Research on Californians  
Between 200 % - 275% of the Federal Poverty Level:  
Health Insurance Issues  
Report**

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## **Introduction**

On behalf of the Universal Coverage for California's Children Coalition, Kaiser Permanente Cares for Kids (KPCK) asked the UCLA Center for Health Policy Research (the Center) to study the attitudes, perceptions, and opinions of Californians with incomes between 200% – 275% of the federal poverty level about the value of health insurance for their children.

Focus groups (FGs) were conducted with Latino and non-Latino white (white) adults living in Los Angeles who were married, with at least one parent working full-time for the year, and who were fluent in English. These populations were selected because they are the most likely to have uninsured children.

KPCK staff and the Center collaborated on planning the design of the study. Recruitment was telephone-based and conducted by an outside market research firm.

The FG analysis was transcription-based, with assistant moderator notes and post-FG debriefing transcriptions used for verification. The data was axial coded for themes, which were tested for internal reliability.

Discussion, recommendations, and conclusions are presented.

## **Objectives of the Study**

The study was designed:

- ◆ to learn about perceptions of affordability of health care coverage;
- ◆ to learn how to tailor messages for a public awareness campaign to families who have not purchased insurance;
- ◆ to understand the motivation of families to purchase coverage;
- ◆ to learn the families' perceptions of "what the dollar buys";
- ◆ to understand families' understanding, knowledge and actions regarding opportunity costs;
- ◆ to learn about the decision-making process families go through when choosing to purchase insurance or remain uninsured; and
- ◆ to learn what the participants have heard about available coverage programs (i.e., quality, process for enrollment, cost, etc.).

## **Conclusion**

Focus groups were conducted to study the attitudes, perceptions, and opinions of Latinos and whites toward enrolling their children in health insurance programs. Participants had incomes between 200% – 275% of the federal poverty level, were married, English-fluent, and at least one parent was employed full-time for the year.

The Latino average age of 35 was two years younger than the white's average age of 37. The Latino participants had lower average educational attainment, compared to whites. Both groups had the same average number of children, and their incomes ranged from \$33,000 to \$46,000 (the preset 200 to 275% of the Federal Poverty Level-see Appendix A). The participants lived throughout Los Angeles and the surrounding area (see Appendix B).

Both groups felt health insurance was important but not affordable. Many felt that they were saving money in the long run by not purchasing health insurance, but feared a major illness or injury. Both Latinos and whites overwhelmingly stated that they would be very interested in their employers paying a portion of health insurance coverage for their children.

Both groups had experienced great emotional and financial stress the last time their child was sick. They usually delayed treatment but would seek medical attention immediately if their children were insured.

Both groups said that the amount they could pay for health insurance for their children would depend on the coverage the plan would provide. Both groups shared creative ideas and solutions for finding money to purchase health insurance. However, the Latinos seemed to have stronger skills with money management, and did have room in their budgets for a plan like KPCK.

A key finding regarding Latinos was the need for more general information on health insurance. The whites who previously had health insurance for the family, found themselves getting poorer, whereas the Latinos were “moving-up” economically. A key finding for whites was that they individually negotiate with doctors for care and they believed having health insurance would be a way to avoid discrimination.

Advertising of health insurance programs was discussed in detail. The major suggestions of both groups were: for the actors to be racially diverse, either male or female, and mature in age (30-45 years old). They both recommended different celebrities and famous people to be in the ad. Overall the Latinos' favorite was Edward James Olmos, while the whites' favorite was Whoopi Goldberg. The participants also provided an extensive list of other strategies for reaching their communities, such as, schools, markets, newspapers billboards, and mailers.

## **Suggestions/Recommendations**

### **General**

- ◆ Raise awareness about health insurance in general to Latinos.
- ◆ Healthy Families and Medi-Cal are poorly understood. These programs need to be better known by the public, especially Healthy Families as its eligibility will now include most people in these focus groups.
- ◆ Advertise private low-cost health insurance plans (i.e. KPCK).
- ◆ Provide materials in English and Spanish.
- ◆ Follow participants' suggestions for marketing; pay particular attention to quotes and use key words and phrases in the ads.
- ◆ Provide well-trained, well-staffed customer service departments to respond to inquiries.

### **Research Recommendations**

- ◆ Study money management and why whites with the same income as Latinos appear to less flexibility in their budgets.
- ◆ Study the discrimination uninsured whites experience in the health care arena.
- ◆ Study the stress families experience during episodes of illness.
- ◆ Study the health promotion activities of the participants.
- ◆ Study the role of women and men in health and health insurance decisions for the family.
- ◆ Study families' understanding of and support for universal coverage (this could be done by ethnic group).

## **Findings and Discussion<sup>1</sup>**

### **General**

As predicted, recruitment for the focus groups was not hindered by the English fluency requirement. English fluency was evaluated by self-identification during recruitment. In the Latino FGs two of participants had a moderate level of English fluency. However, they were able to express themselves. In the white FGs all participants were fluent in English; however, not all were U.S. born.

Latino participants were provided transportation. This was highly utilized and important for them to be able to participate. Childcare was provided to all FG participants. However, this was rarely utilized.

It was learned that the recruiters had not offered childcare to all Latino participants in the first four focus groups. The recruiters believed that it was not culturally appropriate to offer this to the Latino participants. Because of this break from the research protocol, two additional Latino FGs were held where Latino participants were offered childcare for validation purposes. No differences were found between the first four Latino, and the last two Latino FGs.

The Latino participation rate was 1/8 (13%), compared to whites at 1/14 (7%). The Latino average age of 35 was two years younger than the whites average age of 37. The Latino participants had lower average educational attainment, compared to whites. Both groups had the same average number of children (2), and their incomes ranged from \$33,000 to \$46,000 (the preset 200% to 275% of the Federal Poverty Level-see Appendix A, and Table 1). The participants lived in a wide area of Los Angeles and the surrounding area (see Appendix B). The participants held a wide variety of occupations (see Table 2).

Four of the Latino participants had health insurance coverage for their children at the time of the FG. This can be explained by either misunderstanding the recruitment questions, obtaining health insurance for their children in the period between recruitment and the actual FG, or checking the wrong response on the Personal Information Form.

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<sup>1</sup> For a copy of the full report, including the results section and other memorable quotes from the participants, please contact:

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**Table 1. Demographics.**

	<b>Latinos (n=44)</b>	<b>Whites (n=23)</b>
# of FGs	6	3
Telephone recruitment participation rate	1/8 (13%)	1/14 (7%)
Average age	35	37
Ratio of female:male	22:22	13:10
Avg. # of children	2	2
Avg. # in the household	4	4
Avg. Educ. attainment	Highschool graduate/G.E.D.	some college
Avg. Income	\$33,000 - 46,000	\$33,000 - 46,000
The participants lived throughout Los Angeles (see Appendix B).		

**Table 2. Participant's occupations.**

<b>Latinos</b>	<b>Whites</b>
♦ account collector	♦ apartment manager
♦ antique retailer	♦ bookkeeper
♦ bank teller	♦ computer repair
♦ bookkeeper	♦ construction (3)
♦ cashier	♦ cosmetic sales
♦ clothing sales	♦ employment consultant
♦ driver (2)	♦ graphic arts
♦ electronic's technician	♦ homemaker/housewife
♦ family services advocate	♦ hotel manager
♦ food service	♦ lab technician
♦ forklift driver	♦ office manager
♦ homemaker/ housewife (6)	♦ photo store manager
♦ housekeeper	♦ real estate agent
♦ machine operator	♦ sales - lighting fixtures
♦ maintenance	♦ secretary
♦ mechanic	♦ self-employed, computer programmer
♦ medical assistant	♦ waitress
♦ merchandise inspector	♦ wholesale clothing
♦ market cashier	

## **The Cost and Affordability of Health Insurance**

*“...I don’t know. I never had insurance, but I know they [are] always high. They are always changing.” – Latino participant*

*“...For me it’s hard because, ... in my work... I have insurance for myself. But my boss says, if I want to pay [for my families’] insurance, I gotta take [it] out of my pocket. For me it’s hard because they charge at least a hundred and seventy dollars for every kid...” - Latino participant*

Both groups felt the cost of health insurance was far too expensive. They could not afford insurance for their children. They spoke of the quality and coverage of health insurance plans, and whether overall they were beneficial to the family’s health care costs. Both groups discussed the cost-savings of paying for treatment out of pocket compared to the cost of health insurance plans for their family and children. Many felt that they were saving money in the long run, but feared a major illness or injury.

*“Why are you going to pay every month for insurance if you’re not going to use it? And besides its too expensive.” – Latino participant*

*“I wish there was a program out there that was affordable. There isn’t anything out there I can afford to pay...” – White participant*

Both groups discussed alternatives to obtaining care, for example, traveling to Tijuana, Mexico for the Latinos, and traveling to remote subsidized clinics, or home-states for the whites. Both groups also wanted dental coverage included in their health insurance plan.

*“The problem is that with what they are charging, you still can’t get what you want.” – White participant*

## **How Much Can a Family Afford to Pay for Health Insurance?**

*“I’ll answer right now. Zero. Pretty easy. I don’t see how you can do it.” – White participant*

Both groups discussed the coverage and price issues. They would pay more for a higher quality plan. At first both groups stated that they could not afford to pay anything for health insurance for their children. However, the Latinos, after further discussions, said they could afford around \$50.00 a month for a good health insurance plan and more for a very comprehensive plan.

The whites became very frustrated and angry while responding to this question and thought health insurance should be “free.” The conversation quickly turned toward discussing the need for “national health” during this discussion. Some whites were so upset by this question, and reflecting on the question, they became non-compliant in their participation for this question. In the end many whites said they could pay some amount for health insurance for their children.

## Why Would a Family Buy Health Insurance?

For the Latinos the key reasons to purchase health insurance was affordability. They believed that having health insurance lowers costs and provides a family with financial and health protection. They would like a plan where they are able to choose their doctor, and have emergency room coverage. Having health insurance means that they will not have to delay treatment for their children, due to financial barriers.

A key finding among Latinos is that they need more general information about how to obtain health insurance. Some participants weren't aware that insurance could be purchased any way other than through their employer. Others weren't aware of the variety of plans available. They are open to learning more about health insurance.

The whites responded to this question differently. The primary discussion concerned reasons not to purchase health insurance, specifically cost, coverage and affordability. Most were familiar with health insurance in general, but found it unaffordable or not worth purchasing. They also discussed individually negotiating with doctors for health care.

Another key finding among whites, strikingly different from the Latinos, and their first positive response to the question, was that purchasing health insurance would be a way to avoid discrimination. This was supported by rich discussions of the forms of discrimination they had experienced while accessing health care for their uninsured children.

Like the Latinos they also stated that purchasing health insurance would provide "protection," "security" and "peace of mind." They also felt that it would lead to improved quality of care and would provide for prevention and regular check-ups.

*"If you buy insurance, you know, you're covered ... if you pay \$50 a month even though you're not sick, you save when you're sick." – Latino participant*

*"...you see a lot [of] advertisement about car insurance." ... "you don't see [health insurance advertised in many] places or where you can get it." ... "Sometimes the people do not even know that you can buy your own health insurance." – Latino participant*

*"I heard something from a friend...they say the best medicine is preventive medicine. And I think to have insurance can be preventive medicine for everybody." – Latino participant*

*"The insurance business is trying to make money, not to lose money. And anytime they pay out money they're losing money." – White participant*

## Family Discussions of Health Insurance

For both groups, the last time the husband and wife discussed health insurance the discussion centered around its high costs and affordability, and job-based coverage issues.

*“...If I would have known how expensive it would have been to have so many children. The cost! Think before having so many children.” - Latino participant*

For the Latinos there seemed to be many families in which health insurance decisions were considered the responsibility of the wife, including suggesting that the husband change to a job that provided insurance for the whole family. They also said these conversations resulted in the family taking action to stay healthy.

*“I told him ... I think it’s time for you to look for another job even though they pay you [a good] wage, but we [don’t] have health insurance. I think it will be better because -- it’s better for us to have health insurance than for you to earn a couple of hundred dollars more. If something happen[s] to one of the kids, you’re going to spend more. What are we going to do? And, [he said] ‘No, because if I start at another job they’re not gonna pay me the same’...” – Latino participant*

The whites described that a strategy had been for the husband to take a job with a higher wage, while the wife took a job that had good health insurance benefits for the family, regardless of the wage. Most families took no action following the discussions, but “put it off” for the future.

## Do Families Want Their Employer to Contribute to the Cost of Health Care?

Overwhelmingly, both Latinos and whites stated that they would like their employers to pay a portion of health insurance coverage for their children.

[Yes, we all want our employer to cover part of our children’s health insurance.] *“But they won’t do it. This is just pretending, right? [Laughter among participants.]” – Latino participant*

*“I worked for a company...and I paid a whopping six bucks a month to cover everything. It was an awesome plan. I didn’t want to leave. But, you know, you can only go so far, but that was the best anyone could pay. Six bucks out of my check. Couldn’t beat it. If you find the right company that’s willing to do that, you got it made.” – White participant*

## What Would a Family Give Up or Change in Order to Purchase Health Insurance?

Both groups shared creative ideas and solutions for finding money to pay for health insurance for their children. However, the Latinos came up with a longer list of ways to save or come up with the money. They described specific examples of how they found money in the family “budget” to meet various financial needs. This discussion was fun and light-hearted, with many participants joking around.

*“... [We needed to find money in the budget. We ate at home] ... instead of going out to restaurants, so we ended up saving like \$250 a month. And everybody seems to be aware ... and everybody needs to cooperate and try to sacrifice....” – Latino participant*

The whites provided ways to come up with money, but only after most of the participants initially said they just couldn’t find extra money. They then began to discuss the hidden costs in health insurance. After the initial reaction the most common response was that they would just come up with the money, with no specific examples of budgeting. The whites rarely mentioned a family budget. With further prompting they provided specifics, for example, cutting the cable bill.

*“... The other day I told my kids, ‘For this month we’re gonna write it down all these things that’s unnecessary [each] week, ... we don’t have to always waste this money.’ And we came out like \$150 in things that we don’t even need it...” – Latino participant*

An interesting comparison was that while both groups said they would eat fast-food less often, their subsequent conversations were quite different. Latinos described being able to provide better quality food for their children at home, even if they purchased lower cost foods, for example, beans and rice. This was considered a benefit to the child’s health. The whites spoke of the burden cooking at home would add to the parents. They also discussed concern that decreasing the grocery bill would put their children at risk nutritionally.

*“Yeah. I think I spend a lot of money ... [on] movies.” – White participant*

## The Parent's Experiences the Last Time Their Child Was Sick

*"It's scary. It's scary because I believe people they have the children because they love them. Otherwise they wouldn't have them. When you see somebody you love turn to you, you know, they're sick and you cannot do anything for them because of the insurance or the cost of the insurance or situation. You know, it's hard, it's really hard. I believe in God. I leave it to God's hand, but I don't like that situation. I don't like to see my kids sick and I cannot help them. That's not right." - White participant*

The participants were asked to describe their feelings and experiences the last time their child was sick, and how that would have been different if they had health insurance. The Latino participants said they were very "sad" and "regretful" because they didn't have insurance. They experienced great emotional and financial stress. And they usually delayed treatment and tried to think of home remedies for the illness. If they had had insurance they would seek medical attention immediately. Also, they would not have the financial stress, and they would feel "better," "relaxed" and "relieved."

Like the Latinos, the whites said that with insurance they would also feel "less stress, anxiety, pressure and guilt," and they would not delay seeking medical attention. They felt they would have experienced less humiliation, and would not have to switch doctors due to unpaid bills.

*"It's intimidating, you go in there and you're literally begging somebody for health care. It's degrading." – White participant*

*"It makes you feel like [pause], makes you feel like poor white trash.[silence in the group]." – White participant*

*"I [would] feel secure. You know that she's covered. And I have only one thing to worry about which would be her... not worried about her not being able to go to the movies or have what she wants any more because we're going to have to cut down on the family going out so that we can pay for her hospital bill or equipment bill or whatever." – Latino participant*

## Advertising – Television

There were similarities across the groups' discussions about what would make a good TV ad:

- ◆ no sex preference for the actors (however, the Latinos often suggested males)
- ◆ the ad needed to be truthful, sincere, "honest," and "credible"
- ◆ an everyday family or person
- ◆ people in the ad to be mature and older
- ◆ the Latinos also suggested that there be healthy active children in the ad.

Neither Latinos and whites held a racial preference for the actors in the ad; most described that they would prefer diverse racial representation. One of the most poignant quotes from the focus group came from a young white female. She said, "[Race doesn't matter.] *When you're strugglin', you're strugglin'.*" Additionally, if the ads were produced in the Spanish language, the Latinos preferred the speaking actors to be Latino.

Both groups emphasized the need for strong customer service support for health insurance programs. They thought marketing would be useless without adequate customer service.

The lists below show the most popular celebrities and famous people for the TV ad:

Latinos

- ◆ Edward James Olmos
- ◆ Sobado Gigante, from Saturday television on Channel 34
- ◆ Ricardo Montalban
- ◆ Jose Campos, the goalie for the LA Galaxy
- ◆ Michael Jordan
- ◆ Oscar de la Hoya

Whites

- ◆ Whoopi Goldberg
- ◆ Meryl Streep
- ◆ Steve from “Blues Clues”

**Advertising - Other Strategies**

When asked for other ways to advertise to their communities, both the Latinos and whites shared a variety of ideas. The lists below show the ideas most frequently suggested (with the most frequent being at the top of each list); **bold** represents an advertising strategy shared by both groups:

Latinos

- ◆ **schools**
- ◆ **markets**
- ◆ **newspapers:**
  - La Opinion
  - LA Times
  - Spanish newspapers
  - La Dia
  - on the day coupons are printed in El Mundo (a free publication)
  - Pennysaver
  - school newspapers
  - “Remojado” (a cartoon handout)
- ◆ **billboards**
- ◆ pamphlets distributed door to door
- ◆ churches

- ◆ **pamphlets and mailers directly to the home**
- ◆ **advertising racks in hospitals, clinics and at WIC program clinics**
- ◆ health fairs
- ◆ magazines: Seventeen and People.
- ◆ **shopping centers and malls**
- ◆ **city buses**
- ◆ fast food restaurants
- ◆ bars
- ◆ by telephone
- ◆ on blimps
- ◆ **by sponsoring a school**
- ◆ bench ads
- ◆ on medicine bottles
- ◆ at work

Whites

- ◆ **mailers: to home or schools**
- ◆ **billboards**
- ◆ health insurance discussed on talk shows
- ◆ **advertising in doctors’ offices and hospitals**
- ◆ **supermarkets**
- ◆ infomercials
- ◆ events in parks
- ◆ **in newspapers**
- ◆ **city buses**
- ◆ **shopping malls**
- ◆ **to hold school events**
- ◆ to advertise at the libraries
- ◆ and to advertise on the internet

## Vocabulary and Key Words for an Ad Campaign

The participants were asked to write down the first word, thought, or image that came to mind while the researcher read aloud pre-selected key health terms (shown in *italics*). The abbreviated list below shows the varied responses that may be useful in a health insurance advertising campaign.

<b>Latinos</b>	<b>Whites</b>	<b>Latinos</b>	<b>Whites</b>
<b><i>Children</i></b>		<b><i>Health</i></b>	
care for my kids	love	important	good
health	money	good insurance plan	important
happiness	fear	doctor	stay healthy
playing	family	happiness/well-being	
someone to care for		for family	
<b><i>Family</i></b>		<b><i>Emergency</i></b>	
kids	love	too expensive	hospital
want whole family to be healthy	priority	money	terror
problems		24 hours/day	
happiness		accident	
husband/wife			

## Comments on Health Insurance Programs

Most Latinos were unfamiliar with many of the health insurance programs discussed in the focus groups. For example, less than ten of the 44 participants had ever heard of Healthy Families. They were more likely to have heard of a health insurance program by name, but had no personal knowledge of the insurance programs. They also listed automobile insurance carriers in response to this question, indicating a lack of general knowledge regarding health insurance. The majority of whites in the focus groups were familiar with the health insurance programs discussed. Both groups confused Medi-Cal with the Healthy Families program.

Both Latinos and whites described a wide range of positive and negative experiences with various health insurance programs. For example, Latinos made the following comments about Kaiser Permanente: “good quality”; “a person has to call in advance for an appointment”; “it used to be affordable”; “the staff doesn’t care about the patient”; it had a “bad reputation”; the facilities were far; there were “long waits for appointments”; “there are good doctors and nurses”; and “the medication is inexpensive.”

Whites also offered a variety of impressions regarding Kaiser Permanente: a “low-level of care” (meaning basic medical needs, not comprehensive or extensive services); “good coverage”; they had “heard many complaints”; it was “difficult to get a referral”; and that the “doctors don’t care about the patient.”

Discussions about Medi-Cal also generated a wide range of responses. The Latinos described their experiences: “people are treated differently when they have Medi-Cal instead of another insurance”; it was “poor quality, which was why it was free”; others said “the quality was good”; it had “poor coverage”, while others said “it covers everything”; “the co-payments were fair”; “a person can go to any provider”; and there was “a lot of paperwork.”

The whites experiences were: it was “hard to be accepted into the program”; “people are treated differently when they have Medi-Cal instead of another insurance”; “it was difficult for doctors to accept Medi-Cal payments”; there were “long waits”; and the enrollment process was “ridiculous.”

### **The Most Important Part of the Discussion for the Participants**

*“Family security is one of the most important things in our life. And especially when you have kids. And if you can afford a better health insurance you will be a lot better.” - Latino participant*

For Latinos, the most important topic of discussion was that health insurance needed to be affordable, and secondly, they had a great need for more information about health insurance, such as how to apply, how to evaluate the value of one program over another, etc. Local clinics were important for them because they did not have transportation to far away clinics. They stated that the opportunity to help in the study because it supported their family and their community was also very important to them.

*“You have to have some form of subsidy arrangement like they have in Sweden, like they have in England. Almost every other country in the world has health insurance for their people that does not require it to be private, and it works. Why can’t we have it here?” - White participant*

As with the Latinos, the whites also said that the affordability and cost of health insurance, including service versus profits and quality of coverage, was most important to them. They also felt a need for “national health,” as found in other countries. The Latinos also mentioned this as important, but it was far more important to the whites. The whites also expressed a newfound strength after hearing from others in the group. Some had felt alone in their problem of not having coverage for their children before meeting and hearing from the other participants. Many participants felt that with so many people without health insurance, “There are enough of us to make a change.”

*“Well, basically I’m surprised. I never really thought about any of this until today. And I’m just surprised that there are so many people that are, you know, in the same boat. I mean I don’t think about those things. You just go in, and if the kids are sick, you take care of it and you don’t worry about it. You can’t. But it is a shame that we live in a country that can’t be like other countries.” - White participant*

## **Methods**

### **Targeted Subpopulations**

Based on the 1997 Current Population Survey (CPS) data the Center and Kaiser Permanente decided to conduct focus groups with Latino and white adults who were married, with at least one parent working full-time for the year (see Appendix A). The families were required to have one or more children who were uninsured. English fluency was a requirement for participation. Because the target population was 200% above the federal poverty level, we expected that all participants would be fluent in English. Restricting the participants to those who were English fluent also kept the cost of moderating and analysis to a minimum.

### **The Study Planning**

This study was conducted as a collaborative effort between the Center and KPCK. This entailed ongoing communications with KPCK to clarify the concepts and research questions of the study. The Center utilized expert advisors made up of Kaiser Permanente staff and people from the target population throughout all aspects of the study.

The Center developed the focus group (FG) questions, including pilot testing the questions in consultation with the advisors for clarity and cultural sensitivity (see Appendix C). A basic demographic questionnaire was developed for participants to complete upon arrival at the focus group site.

The Center conducted one pilot focus group with Latinos, five additional focus groups with Latinos, and three focus groups with whites. The target number for participants for each focus group was 6-8. A preset minimum of three FGs per subpopulation was required for a greater degree of confidence that the data would be reliable and generalizable to the targeted subpopulation. Because the pilot focus group went well, it was included in the final analysis. A total of 44 Latinos and 23 whites participated (see Table 1).

The FGs were held at the UCLA, Child Care Services, University Village Center, in West Los Angeles. The focus groups were held on weekday evenings and Saturday mornings. To maximize funding as well as to obtain data which could be useful for outreach efforts conducted in other large urban environments, the Center and Kaiser Permanente chose to conduct all the FG series in Los Angeles.

Childcare was provided for FG participants' children by professional preschool teachers. Food was provided during the FGs. Each participant was paid \$50.00 cash for their participation. Transportation was offered to Latino FG participants. Transportation was not offered to whites as the recruitment firm advised that transportation would not to be a barrier to their participation.

This study design was reviewed and approved by the UCLA Institutional Review Board.

## **Recruitment**

Recruitment was conducted via telephone by a market research firm. The market research firm recruited participants from their databases and other sources. The Center developed and provided the telephone script and follow-up letter for recruitment. Follow-up letters were sent to participants. Telephone reminders were made two days prior to the FG.

## **Moderating**

Participants were checked-in by the assistant moderator. They were asked to fill out a personal information form. The moderator greeted the participants and read aloud the consent form and asked for questions regarding participation, followed by an introduction and overview of the topic, an explanation of the way a focus group works, and establishing the ground rules.

The tape recorders were then turned on and the FG began. The assistant moderator took comprehensive outline style notes. For some questions the moderator used a flip chart. At the end of the FGs each participant received a \$50.00 honorarium and a handout of health insurance resources for children provided by Kaiser Permanente. The moderator and assistant moderator held post FG tape-recorded debriefings.

## **Analysis**

The analysis was transcription-based. The analysis included the following stages: verbatim transcription of the tapes; proof-listening and editing; axial coding (identifying recurring themes in the participant's discussions); and internal reliability tests. The assistant moderator's notes and the post-focus group debriefings were used as additional checks. The goal of the analysis was to pay attention to the use of keywords, context, internal consistency, frequency, intensity, and specificity.

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## Appendices

### Appendix A - CPS 1998 Data for Uninsured Persons over 200% of the Federal Poverty Level

#### CPS 1998 data for uninsured persons over 200% of the federal poverty level

California Overall	Los Angeles MSA	Orange/San Diego MSA	San Francisco/Oakland
Ethnicity			
Latino	Latino	Latino	White
White	White	White	Asian
Asian	Asian	Asian	African American
African American	African American	—	Latino
Type of Work			
Full-time/ Full year	Full-time/ Full year	Full-time/ Full year	Full-time/ Full year
		Self-employed	Self-employed
Married	Married	Married	—

According to CPS 1998 data for uninsured persons over 200% of the federal poverty level:

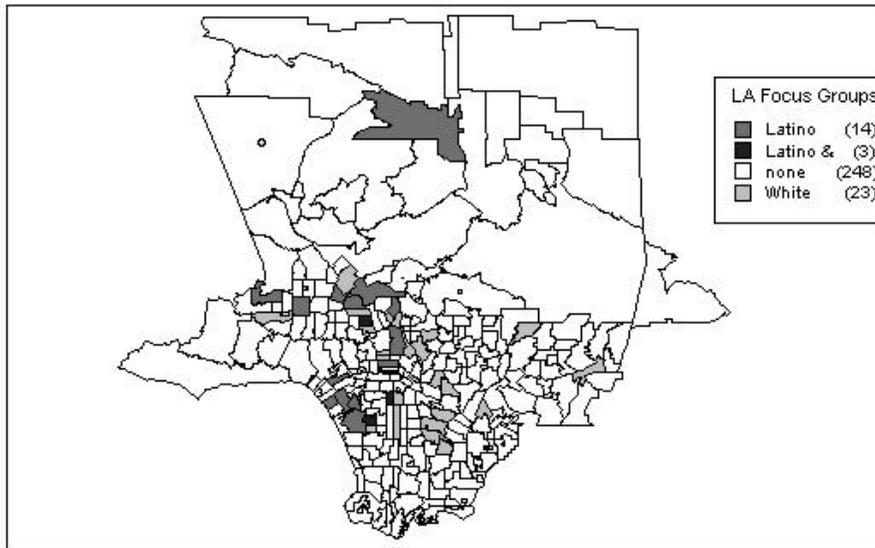
California overall and Los Angeles' ranked ethnic group populations are: Latino, White, Asian and African American. Orange/ San Diego had the same ranked ethnic groups however, there is insufficient data to describe the African American ethnic group. Oakland's ranked ethnic groups are: White, Asian, African American and Latino.

All four geographic areas show the majority of people work full-time year round. However, there were a greater number of self-employed persons in Orange/ San Diego and Oakland than in California overall and Los Angeles.

The majority of California overall, Los Angeles and Orange/ San Diego's were married. There is insufficient data to describe San Francisco/ Oakland.

## Appendix B – Focus Group Participant’s Home Address Zip Codes – Los Angeles

### Focus Group Participant's Zip Codes - LA



## **Appendix C - Small Group Discussion Questions**

1. What is your name, and where were you born?
2. What do people say about the cost and affordability of health insurance?  
Prompt: If your sister or cousin was talking to you about the cost of health insurance what would you talk about?
3. Pretend you are one of the parents in a family where either you or your spouse work full-time/full-year, you have 2 kids and your family income is \$40,000 per yer (or \$3,300 per month = \$2800 take home). How much could the family afford per month to pay for health insurance for the 2 children?
4. What are the top 3 most important items in a family's monthly budget?
5. What would or could your family have to give up, put aside, or change, in order to buy health insurance? (Provide an average cost of hc).
6. If your employer offered to pay part of the insurance for your children would you be more likely to buy insurance?
7. Please list the top 3 reasons that families would buy health insurance?  
Prompt: Have you ever seen a commercial or ad that made you consider or want to buy health insurance? What was it about the ad? What did they say? Who was speaking?  
Prompt: We are trying to learn the reasons why people would buy health insurance coverage, but what do you think would be the top 3 reasons people wouldn't buy it?
8. How does not having health insurance affect the family?
9. Please write down the first thing that comes to mind when I say: Children, Health Care, Disease, Health Insurance, Emergency, Illness, Family, Medical cost, Health, Sick
10. Think back to the last time your child was sick. Think about how that made you feel. How would having had health insurance made you feel differently?
11. What kind of person would you like to see (trust or believe) on TV or in a radio ad about health insurance? Sex, age, race/ethnicity, famous person? Does this matter? Who represents your kind of person?
12. Should the ad include lots of details (facts) or should it be an attention getter?
13. What are some other ways to advertise to families? Where are good places for people to hear about it and find out about it?  
Prompt: Where do you get your news and information in general?
14. The last time you and your spouse discussed buying health insurance for the family what issues did you talk about?  
Prompt: If you went home tonight and began to discuss health insurance with your spouse what issues would you talk about?  
Prompt: You may have talked about this when: you changed your job; someone in the family got sick; your parents were ill; you went to a clinic, etc.
15. What steps did you/would you take?
16. What are the names of health insurance programs you have heard of?
17. What have you heard about these health insurance programs? (quality, process for enrollment, friendliness of service, cost).
18. Think about the things we discussed. What was the most important to you?
19. Was there anything you thought we would discuss today but didn't?