



Focus Groups Suggest New Strategies Are Needed to Reach Uninsured Children in Low-Income Families

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More than ever before, uninsured children in low-income families are eligible for low-cost health care coverage. But enrollment is lagging in California in both private-sector programs and public programs such as Healthy Families and Medi-Cal. The reason may be that low-income families whose earnings place them above the poverty line often struggle with the cost of unsubsidized health care coverage, to the point where many choose not to obtain coverage.

That was the main conclusion drawn from focus groups designed to study the attitudes, perceptions, and opinions of low-income Californians about the value of health insurance for their children. On behalf of its Kaiser Permanente Cares for Kids initiative, Kaiser Permanente commissioned the study of Latino and non-Latino white parents with incomes between 200% and 275% of the federal income guidelines (family incomes ranging from \$27,000 to \$48,000 for a family of four in 1999). The goal of the study was to learn more about this population's beliefs and values regarding children's health care coverage, and to share those findings with policy makers, advocates and other interested parties.

The focus groups were conducted with 44 Latino and 23 non-Latino white (hereafter referred to as "white") adults. (These populations were selected because they account for the largest number of uninsured children.) All participants lived in Los Angeles, were married, were in a household in which at least one adult worked full-time for the year, were fluent in English, and had at least one uninsured child. The discussions took place in May 1999. (Shortly following this study, the

California Legislature increased the income eligibility for the Healthy Families program from 200% to 250% of the federal poverty level. Under these new eligibility criteria, some of the participants' children would have become eligible for this program.)

While the focus-group sampling technique does not generate a representative sample of Latinos and whites in this low-income group, the common themes that emerged and the comments that arose from the discussions suggest that affordability is a major concern among working families. In addition, these discussions illustrated that not having coverage can lead to delayed health care and tremendous emotional and financial stress.

Health Insurance Deemed Unaffordable

The families in these focus groups viewed the cost of health insurance as unaffordable. Many said that even the family coverage offered through their jobs was too expensive for them to purchase. One focus group participant reported:

"...my boss says, if I want to pay [for my family's] 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."

Another participant lamented:

"Why are you going to pay every month for insurance if you're not going to use it? And besides, it's too expensive."

Instead, many of these families believed they could save money by remaining uninsured and paying for health care out of pocket. Even when they considered this to be their best option, though, they feared the financial consequences of a major illness or injury. The

families had also contemplated less expensive health care alternatives. Latinos said they would travel to Tijuana, Mexico, while whites would journey to remote subsidized clinics or to their home states.

The consensus among the low-income families was that they would pay an amount they considered affordable for a health insurance plan for their children. Specifically, the low-income Latinos estimated that they could pay \$50 a month for a “good” health insurance plan for their children, and more for a comprehensive plan. Many whites also said they could pay some amount for health insurance for their children, though many also focused on the need for national health care coverage.

Parents Describe “Scary” Experiences When Children Are Sick

Low-income parents described the great emotional and financial stress they feel when their uninsured children become sick.

“It’s scary because I believe people have the children because they love them. When you see somebody you love turn to you [and] they’re sick and you cannot do anything for them because of the insurance or the cost of the insurance.”

Many Latinos reported delaying treatment and searching for home remedies for their children at times when they would have sought medical attention immediately had they been insured. Whites, too, said they would feel less “stress,” “anxiety,” “pressure,” and “guilt” and would not delay seeking medical attention if they had coverage. In addition, they reported health insurance would mean less humiliation, and not having to switch doctors due to unpaid bills.

Perceived Advantages of Coverage Vary

Low-income Latinos and low-income whites painted contrasting pictures regarding why a family would want to buy health insurance. For the Latinos, the key reason is that health insurance lowers costs and provides families with financial and health protection. Having health insurance means that they will not have to delay treatment for their children due to financial barriers.

The low-income whites, on the other hand, see reasons not to purchase health insur-

ance — specifically that it is unaffordable and not worth purchasing. However, many whites reported experiencing discrimination while seeking health care for their children because of a lack of insurance, and they see avoiding discrimination as a major benefit of coverage.

Both low-income groups agreed that health insurance would provide “protection,” “security” and “peace of mind.” They also felt that it would lead to improved quality of care and would facilitate preventive care and regular check-ups.

Families Strategize on Insurance Issues

Discussions about health insurance among husbands and wives in these low-income families most often focus on cost and job-based coverage issues.

Among the Latino participants, many families consider health insurance decisions to be the responsibility of the wife; some families reported that the wife suggested that the husband change to a job that provides insurance for the entire family. These conversations also tend to result in the family taking other actions to stay healthy.

Most white participants reported taking no action following the discussions; instead, they “put it off” for the future.

Both groups shared creative ideas and solutions for finding money to pay for health insurance for their children. Latinos, particularly, described a number of examples of how they found money in the family “budget” to meet various financial needs.

“[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.”

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

While the low-income whites were generally familiar with health insurance plans and how to obtain them, a key finding among low-income Latinos was that they need more general information about how to purchase health insurance. Some participants weren’t aware that insurance could be purchased any way

other than through their employer, and others weren't aware of the variety of plans available.

Affordability Ranks Highest Among Issues

For low-income Latinos and whites, cost and affordability are the major factors when it comes to buying health insurance. Latinos stated that after affordability, their next greatest need is for more information about health insurance, such as how to apply and how to evaluate one program compared with another. Local clinics are also important for them, since many have limited access to transportation. For the low-income whites, service and quality of coverage are issues that go hand-in-hand with cost.

Advertising Strategies Offered

When it comes to TV advertising for health care coverage programs, the focus group participants agreed that the ads should be truthful, sincere and credible; that they should feature an everyday family or person; and that people in the ads should be mature and older. Latinos also suggested that the ads include healthy, active children. Both Latinos and whites said they prefer diverse racial representation among the actors, and for the ads produced in the Spanish language, Latinos prefer the speaking actors to be Latino. The most popular celebrity among Latinos for a health insurance ad was Edward James Olmos; for whites, it was Whoopi Goldberg.

The focus group participants suggested other strategies for reaching their communities through advertising, including dissemination in newspapers, billboards, schools, markets, and city buses. But both groups also emphasized the need for insurance programs to have strong customer service support, noting that marketing is useless without it.

There were differences between Latinos and whites in the recommended advertising strategies. While both mentioned newspapers as a tool for reaching members of their group, newspapers were only the eighth most frequently recommended advertising venue among whites, but ranked third among Latinos. Moreover, the Latinos mentioned specific publications, including *La Opinion*, the *Los Angeles Times*, and *El Mundo* on the day that coupons are published. Latinos also included

door-to-door distribution of pamphlets as well as information given at churches, health fairs and in magazines such as *Seventeen* and *People* among their 10 most frequently mentioned suggestions; whites did not include these strategies. On the other hand, the white participants included several that Latinos did not mention, such as discussing health insurance on talk shows (third), infomercials (sixth), and events in parks (seventh).

Results Confirm, Extended Previous Studies

Other studies have addressed similar issues, though they have asked different questions and focused on different populations. When combined with ours, these studies begin to paint a clearer picture regarding health care coverage for children in low- and moderate-income families.

A 1998 Kaiser Family Foundation focus-group study by Perry, Stark and Valdez found that, like the parents in our study, parents of children potentially eligible for Medi-Cal lacked employment-based coverage, had cost concerns and experienced emotional distress over their children's uninsured status. In addition, the parents in that study offered outreach suggestions that were similar to those of the parents in the current study.

A 2000 Patterson study published by the Center on Budget and Policy Priorities described specific Medicaid and Children's Health Insurance Program recruitment and enrollment strategies for African American communities. Patterson concluded that "special efforts that are sensitive to the cultures and dynamics of communities are needed." Our study, too, highlights the need for marketing efforts tailored to specific cultures and communities.

A 1999 California HealthCare Foundation study, "To Buy or Not To Buy: A Profile of California's Non-Poor Uninsured," focuses on the adult population. Like our study, this one found that many people were worried about their lack of coverage — although, unlike our findings regarding children, one-third of the adult respondents of the California HealthCare Foundation study reported that they were not worried at all about being uninsured. Their study also found that cost was the most

common barrier to purchasing health insurance, and that health plan information was not reaching all potential consumers.

Implications for Policies and Outreach

The results of our focus groups suggest that, while both Latinos and whites consider health care coverage for their children to be important, they believe it is unaffordable. Many felt that in the long run, they were saving money by not purchasing health insurance. Nonetheless, they feared a major illness or injury. Both groups were willing to pay some amount for coverage, as long as it was an amount they could afford.

It is also clear from these discussions that health care coverage programs aimed at low-income families (such as Medi-Cal and Healthy Families) should adopt outreach efforts tailored to the specific populations they are trying to reach. Members of the Latino focus group were not adequately informed as to how to obtain health insurance. Group differences were particularly evident in the discussions on advertising strategies.

As public and private programs intensify their efforts to extend coverage to uninsured low-income children, it is important to recognize that current outreach efforts are not always connecting with the intended audience. Better coordination among these programs would be helpful, as would messages more specifically aimed at the groups that are not currently being reached.

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