

The Santa Clara County Children's Health Initiative (CHI) is an innovative effort to expand health insurance coverage of children in the county. CHI has two parts; the first is a new insurance product, Healthy Kids, which covers children in households with income up to 300 percent of the federal poverty level who are ineligible for the two major state insurance programs, Medi-Cal and Healthy Families. The second part of CHI is a comprehensive outreach campaign that finds uninsured children and enrolls them in the appropriate program. This evaluation of the Santa Clara CHI is funded by the David and Lucile Packard Foundation and is conducted by Mathematica® and its subcontractors, the Urban Institute and the University of California at San Francisco.

Santa Clara County Children's Health Initiative Improves Children's Health

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This brief presents findings from a survey of families with children who are enrolled in the Healthy Kids program in Santa Clara County, California. Launched in January 2001 by the Santa Clara County Children's Health Initiative (CHI), Healthy Kids provides health insurance coverage to children in the county with household incomes up to 300 percent of the federal poverty level (\$62,000 for a family of four) who are ineligible for the two major state insurance programs, Medi-Cal and Healthy Families. The vast majority of Healthy Kids children have household incomes below 250 percent of the federal poverty level, low enough to qualify them for one of the state programs, but they are ineligible for these programs because of their immigration status. This brief describes the impact of Healthy Kids on children's health status, including perceived health, functional limitations, and school days missed because of health problems. (For more information on the study, see the article at www.blackwell-synergy.com/action/showOpenAccess?journalCode=hesr.)

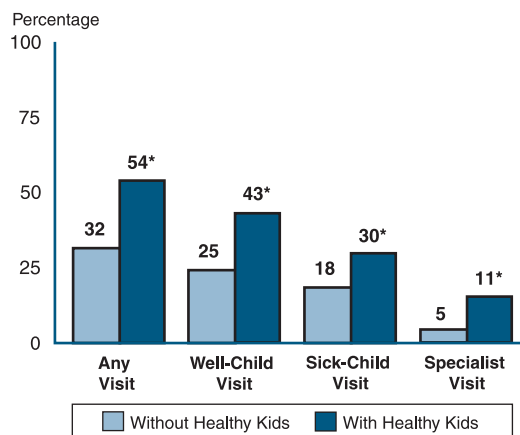
How Insurance Coverage Can Benefit Children's Health

The overall purpose of providing health insurance to children is to improve and maintain their health. However, few studies have directly addressed the relationship between children's health insurance and health status. One reason is that children are generally healthy, and much of their health care is oriented toward preventing future illness. Still, by ensuring that children receive needed medical and dental care on a timely basis, health insurance coverage can provide some immediate benefits to their health.

An earlier brief in this series¹ showed that the Healthy Kids program dramatically increased children's access to and use of medical and dental care (Figure 1). Overall, the proportion of children receiving a medical visit in the past six months rose from 32 percent without Healthy Kids to 54 percent with Healthy Kids. This increase reflects a near doubling in the proportion of children who received a preventive visit (from 25 percent to 43 percent) and who received a sick visit (from 18 percent to 30 percent), and a doubling in those who received a specialist visit (from 5 percent to 11 percent). The brief also found that Healthy Kids significantly improved children's access and use of dental care, reduced their unmet needs, and raised parents' confidence that their children could receive needed care (data not shown).

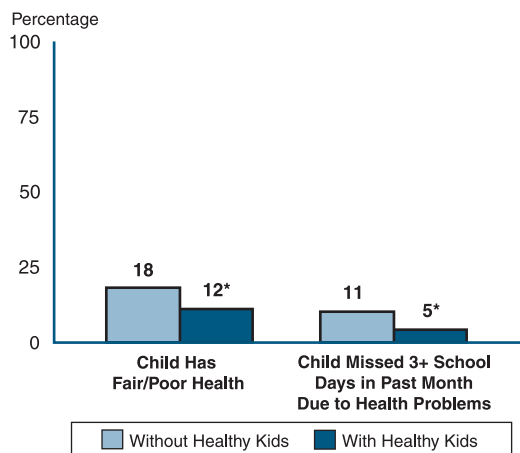
¹ See Issue Brief #2: *Santa Clara Healthy Kids Program Reduces Gaps in Children's Access to Medical and Dental Care*. Available at: www.mathematica-mpr.com/health/chi.asp.

Figure 1: Impact of Healthy Kids on Use of Medical Care in Past Six Months



* Difference is statistically significant at p-value < .01.

Figure 2: Impact of Healthy Kids on Child's Reported Health Status



* Difference is statistically significant at p-value < .01.

Note: The data on school days missed in the last month are only for children ages 5+.

children with a functional limitation caused by health (data not shown). However, this population was small, including just 3 percent of children who enrolled in Healthy Kids for a nonmedical reason.

² Findings for children who *did* enroll for a medical reason show positive impacts on reported health status, as well as reported functional limitations. They show no significant impacts on school days missed.

Does Healthy Kids Improve Health?

To assess whether these gains in children's medical care translated into improvements in their health status, we examined the effect of Healthy Kids on three measures of children's health as reported by parents: (1) children's health status, ranging from poor or fair to good or excellent; (2) whether children had health problems that limited their ability to function normally; and (3) the number of school days that children missed in the past month (for children ages five and over). Naturally, some of the children who enrolled in Healthy Kids might have been enrolled during a bout of short-term illness or other temporary health problem that would have improved even without the program. Therefore, to have the most confidence that any gains we might observe in children's health were due to the program, we limited the findings presented here to children who did not enroll in Healthy Kids because of an illness or some other type of immediate medical need.²

Even among those children who enrolled for a nonmedical reason, Healthy Kids led to significant improvements in health (Figure 2). After participating in Healthy Kids for one year, the proportion of these children reported to be in fair or poor health fell by one-third, from 18 percent to 12 percent. Further, Healthy Kids significantly reduced the number of missed school days. For example, the proportion of children missing three or more school days in the past month fell from 11 percent without Healthy Kids to just 5 percent with Healthy Kids. Healthy Kids did not reduce the proportion of these

What Do These Findings Mean?

This study shows that providing health insurance to very disadvantaged children has improved the health status of these children in Santa Clara County in a short period of time, according to their parents' reports. Many of these children had never had coverage prior to enrolling. As a result of providing comprehensive coverage, the program has improved the current health status and school attendance of some of California's most vulnerable children. The study adds to a small but growing body of evidence concerning the potential short-term benefits of health insurance coverage for children's health.

Since the time that Santa Clara County implemented Healthy Kids in early 2001, 21 other counties have adopted similar programs. Together, these programs insure more than 80,000 children across the state. In early 2007, the governor and legislative leaders in California proposed broader health care reform packages that include expansion of coverage to children in families with household incomes up to 300 percent of the federal poverty level. The proposed statewide expansion builds on the success of local children's coverage expansions which began in Santa Clara County in 2001.

Next Stage of the Santa Clara County CHI Evaluation

A follow-up survey with Healthy Kids families is currently under way to examine whether these measures—children's health care access, use of health care, and health status—continue to change as children remain enrolled in the program. Among the possible changes are further increases in the use of preventive medical and dental care, as more parents understand the value of these services, and further gains in children's reported health status, as children continue to accrue the benefits of improved medical and dental care that result from Healthy Kids coverage.

The follow-up survey also examines the experiences of children who have since left the Healthy Kids program, along with their reasons for leaving. Among the key questions are: (1) How often do children who leave Healthy Kids become uninsured? (2) Do children who leave Healthy Kids experience subsequent changes in their health care use or in their reported health status?

Findings from this survey will be summarized in a fifth issue brief from the evaluation expected to be available in spring 2007.

STUDY METHODS

The data for the study are drawn from a survey of 1,250 Healthy Kids families conducted over a one-year period, August 2003 to July 2004. The survey was administered by phone to the parent or guardian of children enrolled in the Healthy Kids program. The overall survey response rate was 89 percent.

The sample for this brief includes children in the survey sample who had reported household income below 250 percent of the federal poverty level and who enrolled in Healthy Kids for a nonmedical reason (such as they were told to enroll by a family member or friend). The resulting sample size for the analysis presented in the brief is 610.

To measure the impacts of Healthy Kids, the survey focused on two groups of children: (1) established enrollee children, who have been enrolled in Healthy Kids for roughly one year and who successfully renewed their coverage at the time they were selected for the sample; and (2) recent enrollee children, who were made eligible for Healthy Kids at the time they were selected for the sample. The established enrollee sample serves as the treatment or intervention group for the study by providing a measure of reported health status among children *with Healthy Kids coverage*. The recent enrollee sample serves as the comparison group for the study, providing a measure of what the reported health status of established enrollee children would have been in the absence of Healthy Kids (that is, *without Healthy Kids coverage*).

For more information on the study, see the article at www.blackwell-synergy.com/action/showOpenAccess?journalCode=hesr, or contact Embry Howell at EHowell@ui.urban.org. Related publications from the evaluation of the Santa Clara County CHI are available at www.mathematica-mpr.com/health/chi.asp. We are grateful for the assistance of the CHI partner organizations in conducting this evaluation. For more information on the Santa Clara County CHI, see www.chikids.org.

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