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Awareness and Perceptions of Medicaid and SCHIP Among Low-Income Families with Uninsured Children: Findings from 2001

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Genevieve Kenney
Jennifer Haley
Alexandra Tebay
The Urban Institute

Submitted to:
Department of Health and Human Services
Office of the Secretary, Assistant Secretary
for Planning and Evaluation
Hubert Humphrey Building, Room 443E.1
200 Independence Avenue
Washington, DC 20201

Project Officer:
Robert Stewart

Submitted by:
Mathematica Policy Research, Inc.
P.O. Box 2393
Princeton, NJ 08543-2393
(609) 799-3535

and

The Urban Institute
2100 M Street, NW
Washington, DC 20037

Project Director:
Judith Wooldridge

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EXECUTIVE SUMMARY

In August 1997, the State Children's Health Insurance Program (SCHIP) was created as Title XXI of the Social Security act. Under SCHIP, states could use Medicaid, a separate program or some combination of the two to expand public coverage to children with family incomes too high to qualify for Medicaid. With SCHIP came a focus on raising participation in both Medicaid and SCHIP among uninsured children who are eligible for public coverage; states invested heavily in outreach and enrollment simplification.

This report examines program awareness levels and perceptions among the families of low-income uninsured children using data from the National Survey of Children with Special Health Care Needs (CSHCN), a module of the State and Local Area Integrated Telephone Survey (SLAITS), which was fielded between October 2000 and April 2002. These data provide an opportunity to understand why low-income children who are eligible for Medicaid or SCHIP remain uninsured. These new data are from the largest national survey of low-income uninsured children ever fielded (over 9,000 children) that collects information on knowledge about and potential barriers to enrolling in public health insurance programs. This report focuses on several different areas: the characteristics of low-income children by insurance status, access, use and financial hardships among low-income children with special health care needs, prior insurance experiences of low-income uninsured children and reasons for being uninsured, awareness and perceptions of Medicaid and SCIHP, beliefs about children's eligibility for the programs, willingness to enroll children in the programs, and perceptions of the Medicaid and SCHIP application processes.

Characteristics of Low-Income Insured and Uninsured Children

- **Low-income uninsured children differ from low-income insured children in terms of race/ethnicity, age, health status, parental education, and region.** Relative to their insured counterparts, low-income uninsured children are more likely to be Hispanic; they tend to be older; they are less likely to be identified as having special health care needs; they tend to have parents who are less well-educated; and they are more likely to live in the South or the West.

Access, Use, and Financial Hardships Among Low-Income Children with Special Health Care Needs

- **Low-income uninsured children with special health care needs are less likely than their insured counterparts to have a usual source of care; and they are reported to have greater unmet health needs for a number of different services.** Low-income children with special health care needs who are uninsured are 1.4 times less likely to have both a usual source of care and a usual provider and over six times as likely to have unmet needs for routine medical care and 2.8 times as likely to have unmet dental care compared to their counterparts who have insurance coverage.

- **Among low-income uninsured children, those with special health care needs have significantly higher unmet needs and out-of-pocket spending on health care relative to those without special health care needs.** Low-income uninsured children with special health care needs are 2.5 times as likely as those without special health care needs to have some type of unmet need and over three times as likely to have out-or-pocket spending for the child's medical care that exceeded $500 in the prior year. Likewise, three times as many low-income uninsured children with special health care needs as those without special health care needs had families that reported that meeting the child's health care needs caused financial difficulties for the child. At the same time however, low-income uninsured children with special health care needs were more likely than those without special health care needs to have a usual source of care and to have received an ambulatory care visit in the prior year.

Prior Insurance Coverage Experiences and Reasons for Being Uninsured

- **Seven out of ten low-income uninsured children had been uninsured for 12 months or longer but about half had been covered by Medicaid or SCHIP at some point in their lives.** Over one quarter (26 percent) had been uninsured since they were born and 17 percent had been uninsured for three years or more. While 50 percent had been previously enrolled in Medicaid or SCHIP (or both), another 9 percent had applied for coverage but had not successfully enrolled their child in Medicaid or SCHIP.

- **While parents reported many different main reasons why their child was uninsured, over half were related to not being able to afford or qualify for coverage.** Cost was cited as the main reason the child was uninsured for 29 percent of the cases; employment-related issues were reported for 17 percent of the sample; and ineligibility for coverage was given as the main reason for 13 percent of the sample. Believing the coverage was not needed was cited as the main reason by five percent of sample and fewer than one percent said they did not want to accept government assistance of that they did not like the choices available to them.

Knowledge and Perceptions of Medicaid/SCHIP for Low-Income Uninsured Children

- **Awareness of SCHIP among families of low-income uninsured children is higher for more mature SCHIP programs than for newer programs but still lags behind awareness of Medicaid.** By 2001, 57 percent of low-income uninsured children had parents who had heard of their state's separate SCHIP program, and 86 percent had parents who had heard of their state's Medicaid program. For more mature SCHIP programs, awareness was 20 percentage points higher than for the newer programs. Awareness of SCHIP and Medicaid vary across subgroups of low-income uninsured children, however, with the lowest levels for Hispanic children whose parents were interviewed in Spanish; for children in the lowest income group and those whose parents were less well-educated; and for children who had been uninsured for more than a year.

- **Interest in enrolling their children in Medicaid/SCHIP is widespread among families with low-income uninsured children.** Fully 84 percent of the low-income uninsured children whose parents have heard of at least one of the two programs said they would enroll their child if told their child was eligible. While interest in enrolling in both programs is high, it is higher for SCHIP than for Medicaid. Almost all parents whose uninsured children have previously been enrolled in either Medicaid or SCHIP have positive views toward enrolling their children in these programs again, and interest in enrolling children is as high for families whose children had previously been enrolled in Medicaid as for those who had previously been enrolled in SCHIP. Interest varies across subgroups, with greater interest expressed for black and Hispanic children, for lower-income children and for children with special health care needs, relative to other children. Even among the groups of children whose parental interest is lower, however, over three-quarters have parents who say they would enroll their children. The 10 percent who said they would not enroll their child indicated a variety of reasons, such as viewing insurance as unnecessary; not wanting to accept welfare or participate in public programs; and problems associated with the application process.

- **In spite of broad awareness of Medicaid and SCHIP, many parents of low-income uninsured children do not believe their child is eligible for coverage.** Fewer than half of low-income uninsured children have parents who believe their children are eligible for Medicaid or SCHIP, for example, although over four-fifths (84 percent) of those children appear to be eligible for one of the programs. Confusion about eligibility among parents with low-income uninsured children is more pronounced for Hispanic children whose parents were interviewed in Spanish, for white children, for older children, and for higher-income children, relative to other children.

- **Less than half of all parents with low-income uninsured children believe the Medicaid and SCHIP application processes are easy.** Only 45 percent of all low-income uninsured children whose parents have heard of at least one of the two programs have parents who see the application processes for programs in their state as easy. That leaves the majority (57 percent) of families as not knowing enough to have an opinion or seeing one or both of the two processes as difficult. While positive perceptions are about equally prevalent for both the Medicaid and SCHIP application processes, perceptions about the Medicaid process seem to be both more negative overall and more intensely negative.

  Parents of children who have prior experiences with Medicaid and SCHIP programs have significantly more positive views about the application processes compared with parents of children who have no prior program exposure. However, about a third of both groups have parents with negative perceptions of the process. In addition, some subgroups of low-income uninsured children — such as those whose parents were interviewed in Spanish or have less than a high school degree — are more likely to have parents who believe the processes are difficult.

- **Although interest in enrolling children in Medicaid and SCHIP is high, knowledge and enrollment system barriers are reported for most low-income children who are still uninsured.** Fully two-thirds of low-income uninsured children have parents who indicated a knowledge barrier, an enrollment system barrier, or both. Only 16 percent have parents who say either that they would not enroll their child or that they are not sure if they would enroll their child if told their child was eligible.

I. INTRODUCTION

In August 1997, the State Children's Health Insurance Program (SCHIP) was created as Title XXI of the Social Security Act. Under SCHIP, states could use Medicaid, a separate program or some combination of the two to expand public coverage to children with family incomes too high to qualify for Medicaid. With SCHIP came a focus on raising participation in both Medicaid and SCHIP among uninsured children who are eligible for public coverage; states invested heavily in outreach and enrollment simplification (Cohen Ross and Hill 2003).

By 1999, Medicaid and SCHIP programs were enrolling about two-thirds or more of the children eligible to participate who would otherwise be uninsured (Dubay, Kenney, and Haley 2002). Thus, programs are reaching the majority of the children they are targeting. The other side of the same coin, however, is that about one-third of eligible children do not participate for reasons that are not yet fully understood.[1] Gaining their participation is crucial to reducing child uninsurance rates. Recent data suggest that over four million children are uninsured despite being eligible for Medicaid or SCHIP (Kenney et al. 2003).

This report examines program awareness levels and perceptions among the families of low-income uninsured children using data from the National Survey of Children with Special Health Care Needs (CSHCN), a module of the State and Local Area Integrated Telephone Survey (SLAITS), which was fielded between October 2000 and April 2002. These data provide an opportunity to understand why low-income children who are eligible for Medicaid or SCHIP remain uninsured. These new data come from the largest national survey of low-income

[1] This estimate may be an upper bound because participation in both Medicaid and SCHIP is likely to be higher now. Since 1999, SCHIP programs have become more established, and many states have tried to reverse the losses of Medicaid coverage related to the implementation of federal welfare reform. Moreover, states have streamlined their enrollment and redetermination processes and have made efforts to reach more uninsured children through extensive outreach, which may have increased enrollment and retention.

uninsured children ever fielded (over 9,000 children) that collects information on knowledge about and potential barriers to enrolling in public health insurance programs.

This report expands upon a previous analysis (Kenney et al. 2002) that used preliminary data from the National Survey of CSHCN. The preliminary analysis of these data used a smaller sample and examined a more limited subset of indicators than this report. In general, the findings based on the complete dataset are very similar to those based on the preliminary data. There was one minor exception, and in that instance the two analyses produced findings that were consistent with one another.[2]

The current report focuses on several different areas: the characteristics of children by insurance status, access, use and financial hardships among children with special health care needs, prior insurance experiences and reason for being uninsured, awareness and perceptions of Medicaid and SCHIP, beliefs about children's eligibility for the programs, willingness to enroll children in the programs, and perceptions of the Medicaid and SCHIP application processes. These are explored for all low-income uninsured children and separately for selected subgroups of children. Both descriptive tabulations and multivariate analysis are presented. The next section of the report provides background information on previous research in this area. Subsequent sections present the data and methods and the findings.

[2] In both analyses, black children and Hispanic children in English interviews were more likely to have parents who believed they were eligible for Mediciaid/SCHIP than white children and Hispanic children in Spanish interviews. However, the differences between black children and Hispanic children in English interviews were larger in the final analysis than was suggested by the preliminary analysis (59 percent and 61 percent, respectively, in the preliminary analysis, versus 57 percent and 63 percent in the final analysis).

II. BACKGROUND

By 1999, all states had received federal approval to expand public coverage to children under SCHIP (Kenney et al. 2000). As of August 2003, 36 states had chosen to implement separate programs as part or all of their expansion. The other 19 states and the District of Columbia relied exclusively on their existing Medicaid program in developing their SCHIP expansion (Centers for Medicare and Medicaid Services 2003). Forty-one states (including the District of Columbia) have SCHIP eligibility levels for children at or above 200 percent of the federal poverty level. In addition to expanding eligibility to more children, the last several years have seen concerted efforts to simplify Medicaid and SCHIP enrollment and to publicize the availability of public health insurance coverage for low-income children (Cohen Ross and Cox 2000, Hill, Harrington, and Hawkes 2002, Perry 2003).

A growing literature has examined reasons why families targeted by the programs do not enroll in Medicaid/SCHIP. These reasons include lack of awareness, confusion about eligibility rules, and issues related to the enrollment process (Bellamy et al. 2003, Feinberg et al. 2002, Feld and Power 2000, Kenney et al. 2001, Kenney et al. 2003, Kenney and Haley 2001, Perry et al. 2000, Stuber et al. 2000). Findings from the 1999 National Survey of America's Families (NSAF), a national survey including over 2,500 low-income uninsured children, for example, show that awareness of Medicaid programs in 1999 was high, but that many fewer families were aware of separate SCHIP programs. Almost 90 percent of low-income uninsured children had parents who had heard of the Medicaid program in their state, in contrast to just half who had heard of the separate SCHIP program (Kenney et al. 2001). Analysis of the 2002 NSAF indicated that SCHIP awareness among low-income families with uninsured children had increased from 47 to 71 percent since 1999, yet families remained more aware of Medicaid than

the newer SCHIP programs (Kenney et al. 2003). Focus group studies (Perry 2001, Bellamy et al. 2002) confirm that knowledge of separate SCHIP programs is less widespread than knowledge of Medicaid, and that families are confused about the difference between the two programs.

Many families are also not aware that Medicaid/SCHIP eligibility is not connected to welfare participation. According to the 1999 NSAF, the parents of 44 percent of low-income uninsured children had heard of either Medicaid or SCHIP, but did not understand that families did not need to participate in welfare for their children to be eligible (Kenney et al. 2001). While confusion decreased between 1999 and 2002, in 2002 just over half (57 percent) of low-income uninsured children whose parents were aware of Medicaid/SCHIP had parents who understood that welfare was not a prerequisite for Medicaid/SCHIP enrollment (Kenney et al. 2003). Focus groups also confirmed that families do not understand the delinking of Medicaid from welfare, and that their knowledge of Medicaid is based on past experiences that may not reflect more recent policy changes (Bellamy et al. 2002, Perry 2001, Feld and Power 2000). Confusion about Medicaid eligibility was also found in a nationwide study, fielded from late 1998 to early 1999, of 419 parents with uninsured children who appeared eligible for Medicaid. Many parents expressed confusion about time limits, eligibility levels, and work requirements. Not thinking the child would qualify or not knowing where or how to apply were also identified by some parents as barriers that prevented them from trying to enroll in Medicaid (Perry et al. 2000). Likewise, focus groups conducted in nine states in 2001 indicated that many families remained confused about eligibility rules under both Medicaid and SCHIP and reported having experienced difficulties applying for coverage (Bellamy et al. 2002).

Concerns about the Medicaid application process were also raised in a multi-state survey of over 1,000 clients at community health centers, particularly when it involved enrolling through a welfare office (Stuber et al. 2000). Raised issues included hassles with the application process and confusion about work requirements, time limits, and the connection between welfare and Medicaid. In addition, respondents reported negative perceptions about the way they were treated during the Medicaid application process – including having to answer personal questions, being treated poorly, and finding the process humiliating (Stuber et al. 2000). Moreover, many families in a nationwide survey of 419 parents with uninsured children indicate that the enrollment process itself creates barriers to enrollment because of documentation requirements, the complexity of the process, and the perceived need to apply in person at an office with inconvenient hours or locations (Perry et al. 2000).

Studies of immigrant families indicate that they worry that enrolling their children in Medicaid could threaten the immigration status of other family members (Lake Snell Perry & Associates 1998). This is the so-called "public charge" issue, which may dissuade immigrant families from seeking coverage for their children even if they are eligible. In addition, studies from the late 1990s showed that families with limited English skills appear to face a number of barriers to enrolling in Medicaid (Feld and Power 2000, Perry et al. 2000). These families are more likely to lack information about Medicaid and to be confused about eligibility rules and enrollment procedures (Feinberg et al. 2002).

Findings from the 1999 NSAF (Kenney and Haley 2001) confirm that the parents of low-income uninsured children give a wide range of reasons for not enrolling their children in Medicaid or SCHIP, despite their being eligible for coverage. Knowledge gaps (including not

having heard of the programs, thinking their child was ineligible, or not inquiring about or applying for coverage because they did not know enough about the programs) constituted the primary barrier to enrolling a third of low-income uninsured children in 1999. Administrative issues related to the enrollment process, such as requirements for documentation or in-person interviews, were the primary barriers to enrolling another 10 percent. About one in five (22 percent) had parents who indicated that public health insurance coverage was not wanted or needed. These parents said they did not want help from the government, for example, or believed their children did not need coverage – consistent with the fact that these children tended to be in better health and have fewer unmet needs relative to other low-income uninsured children. Finally, 18 percent of low-income uninsured children were uninsured at the time of the survey but had been enrolled in Medicaid/SCHIP at some point during the past year. It is not known why these children left Medicaid, but given their recent association with the programs, it is plausible that they could be relatively easily targeted for re-enrollment (Kenney and Haley 2001).

III. DATA AND METHODS

The analysis presented in this report uses data from one component of the National Survey of Children with Special Health Care Needs (CSHCN) (van Dyck, et al. 2002, Blumberg et al. 2003). The survey was conducted as a module of the State and Local Area Integrated Telephone Survey (SLAITS), a new survey mechanism developed by the National Center for Health Statistics (NCHS) of the Centers for Disease Control and Prevention. The National Survey of CSHCN was sponsored by the Maternal and Child Health Bureau of the Health Resources and Services Administration (HRSA). In this section, we describe the component of the National Survey of CSHCN that is used in this analysis, the benchmarking exercises we conducted to assess the reliability of estimates obtained from the sample, and the types of analysis carried out.

A. Sample Design

Interviewing began for the National Survey of CSHCN in October 2000 based on a random digit dial sample frame in all 50 states and the District of Columbia. Households with children under age 18 with special health care needs (SHCN) were identified, and detailed interviews about the child's health care were conducted for one randomly selected CSHCN in the household. In addition, children without SHCN were identified (both in households without CSHCN and in households that also contain CSHCN) and brief interviews were conducted for one randomly selected child without SHCN per household. Interviews were conducted using a computer-assisted telephone interview (CATI) system, and they were conducted with the parent or guardian living in the household who knew the most about the health and health care of the children under 18. For 94 percent of the cases analyzed in this report, the respondent was the parent of the child (82 percent are mothers). Thus, we refer to the respondent as the "parent."

Parents with children who were identified as residing in low-income households (defined as having household incomes below 200 percent of the federal poverty level [FPL]) and as uninsured at the time of the survey (including children with and without SHCN) were administered a set of questions addressing parents' familiarity with, perceptions of, and experiences with public health insurance programs, the reasons for their child's uninsurance, and their interest in enrolling in these programs. Information on the health care experiences of the child were collected on all of the children identified as having special health care needs and on the children without special health care needs who were both uninsured and low-income, as measured on the survey. Thus, statistics contrasting the health care experiences of uninsured and insured children are limited to children with special health care needs living in low-income households.

The file used in this analysis is based on 19 months of interviewing (conducted from October 2000 through April 2002) and contains information on 215,162 children. While a previous report (Kenney et al. 2002) was based on data from a preliminary file at which point about a third of all the interviews had been conducted, this report draws on the full sample of children from low-income uninsured households.

Although the survey was designed to obtain an equal number of SHCN interviews per state, the number of interviews with *low-income uninsured* children varies widely by state. As a consequence, in only a limited number of states are there are large enough samples to support state-specific estimates of Medicaid/SCHIP knowledge and experiences among low-income uninsured children. The largest sample, of over 500 cases, is in Texas; there are over 400 cases in three states (Arizona, California, Nevada); and there are at least 300 cases in three states

(Florida, Idaho, Montana). In contrast, 11 states (Connecticut, Delaware, Massachusetts, Maryland, Michigan, Missouri, Rhode Island, Tennessee, Vermont, Washington, Wisconsin) have fewer than 100 cases. Thus, we have not conducted state-specific analyses in this report.

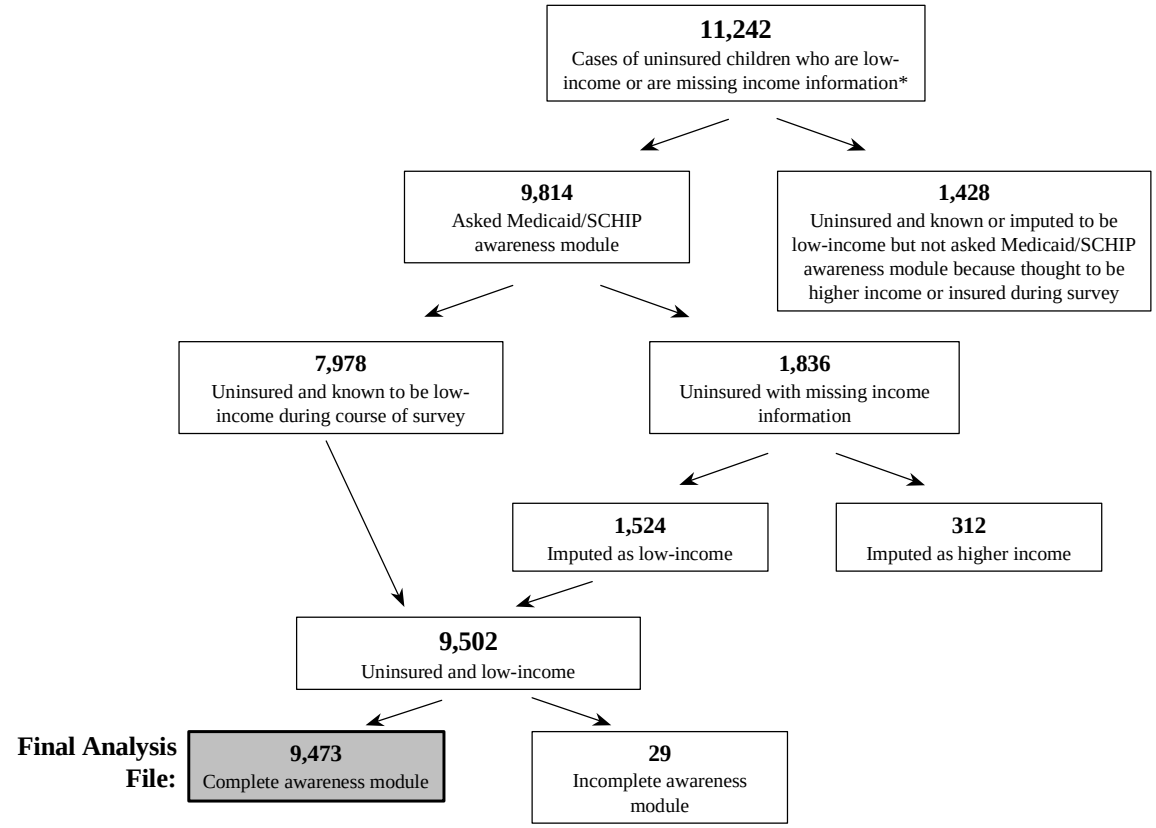
B. Estimation Methods

Child-specific weights were developed for each record, regardless of the child's special needs status. These weights account for the probability of selection of households and children into the sample, and they include adjustments for multiple household telephone numbers, unit nonresponse, and noncoverage of nontelephone households. Post-stratification adjustments were made to population totals by race/ethnicity, age, gender, household income, mother's education, and number of children in the household. Estimates based on weighted data represent the U.S. non-institutionalized population of children under 18 years of age. The standard errors used in this report take into account the complex sample design of the survey (Blumberg, Olson, Frankel et al. 2003).

C. Definition of Low-Income Uninsured and Insured Samples

The key analytic sample consists of children who were *uninsured*, who resided in households with *low incomes*, and for whom we had *complete information* on Medicaid/SCHIP knowledge and experiences (Chart 1).

Chart 1: Construction of Low-Income Uninsured Sample



* This number does not include the 90 cases of uninsured children with missing income information that did not enter into the awareness module who were later imputed to be higher income.

Uninsurance was defined as having no health insurance coverage at the time of the survey. Insurance coverage was identified through a series of questions inquiring about potential sources of insurance coverage, including coverage provided through an employer, union or directly from an insurance company, Medicaid, SCHIP, military health care, Title V, or any other kind of health insurance. If a child was indicated as not having any of these types of coverage, a confirmation question was asked ("It appears that [name] does not have any health insurance coverage to pay for both hospitals and doctors and other health professionals. Is that

correct?"). The follow-up questions on awareness and perceptions of Medicaid and SCHIP were asked only when children were confirmed as having no insurance.

Low-income was defined as having a household income of 200 percent of the FPL or lower. Income was measured in the survey using a single income question that asks for the total combined income of the household in the prior calendar year before taxes. The amount provided was compared to the Department of Health and Human Services (HHS) poverty guidelines for the appropriate year and for the given household size to determine the household's poverty level. Respondents who did not answer this question were asked a series of income questions to determine whether their income fell within certain income ranges that represent multiples of the poverty level for the specified household size.[3] There were 7,978 respondents with uninsured children who indicated they were low-income during the interview and were asked questions regarding familiarity with, perceptions of, and experiences with public health insurance programs. An additional 1,836 respondents with uninsured children did not provide their household's income but were still asked the sequence of questions regarding Medicaid and SCHIP. For these cases, we used an income imputation created by NCHS to identify which of these cases were likely to be from low-income households.[4] We included in our analysis only

[3] The guidelines used for the calculation of poverty level are based on family income and size, as opposed to household income and size. These two approaches differ only in households that include more than one family.
[4] NCHS analysts created imputed data when selected variables used in the development of sample weights (which are described in more detail below) were missing. For households with uninsured children that did not report income, NCHS analysts used a regression model to predict whether or not the household's income was below 200 percent of poverty; this model included 34 variables describing characteristics of the household and community of residence (determined by telephone exchange). The household characteristics included: total number of children in the household, total number of adults in the household, presence of more that one voice line, presence of a college-educated mother, whether an interviewed child in household was insured, whether an interviewed child in household was privately insured, whether any children were Hispanic, whether any children were non-Hispanic black, whether the interview was conducted in Spanish, whether the household had a recent interruption in telephone service, whether the household had a phone line used exclusively for fax or modem, whether the phone number is listed in a directory, age of the youngest child, age of the oldest child, number of children who use more medical care, mental health/educational services than most children of same age, and the number of children with each of the following five types of special needs which have lasted for 12 months: need or use prescription medications, are limited or

those cases which were imputed to have lower incomes (1,524 cases), and we excluded the 312 cases that were imputed to have higher incomes. Notably, the imputation only designates whether a household is below or above 200 percent of poverty; more detailed information (such as whether the household is above or below poverty) is unavailable.

In addition, we excluded a total of 1,457 cases because we lacked information on Medicaid and SCHIP knowledge and experience. Of these, 29 cases entered into the sequence of Medicaid and SCHIP questions but lacked *complete data* for the sequence.[5] The remaining 1,428 cases appeared to be insured or higher income at the time of the survey and did not receive the Medicaid and SCHIP questions. Thus, these cases were not included in our analysis, despite their ultimately being defined as low-income uninsured cases, since no information was collected on Medicaid and SCHIP knowledge and awareness.[6,7]

To assess the validity of the findings based on the SLAITS National Survey of CSHCN sample of low-income uninsured children, we used a preliminary data file to compare the composition of this sample of low-income uninsured children with the composition of low-

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prevented in ability to do things compared to children of same age, need or receive specialized therapy such as physical occupational or speech therapy, have a emotional/developmental/behavioral problem that requires treatment or counseling. The telephone exchange characteristics used include: whether in a rural area, percent of households renting, percent who are college-educated, percent black, percent Hispanic, number of persons in telephone exchange, percent ages 18-24, percent ages (25-34), percent ages (35-44), percent with household income between $10,000 and $14,999, percent with household income between $15,000 and $24,999, percent with household income between $25,000 and $34,999, percent with household income between $35,000 and $49,999 (Bramlett forthcoming).

[5] Ten of these cases ended the interview prior to completing this section of the survey, and 19 were intended to have received these questions but were inadvertently excluded from the sequence.

[6] Of these1,428 cases, 787 cases were known to be low-income at the time of the survey, while the remaining 641 cases had missing income information and were later determined to be low-income.

[7] While the excluded cases are different in terms of their demographic and socioeconomic characteristics from the cases included in our analysis, the distribution with respect to these characteristics does not change substantially with their inclusion or exclusion of these cases. For example, the share of the excluded cases in the Hispanic category was 30 percent while the share for the included cases was 50 percent; however, excluding the cases from the analytic samples increases the share in the Hispanic category by just 2 percentage points. Therefore, it is unlikely that the estimates presented in this report, which are based on the analytic sample for which we had information on the awareness and perceptions of Medicaid and SCHIP programs would be affected in a substantive way by the exclusion of these cases for which we lack data.

income uninsured children in other national surveys. We also examined the robustness of the estimates on awareness and perceptions of Medicaid and SCHIP programs using alternative estimation procedures. We found that while there were some important differences in the composition of children in the low-income uninsured group found in the National Survey of CSHCN and on other surveys, with regard to awareness and perceptions of Medicaid and SCHIP programs, both the national estimates and the differences we found across subgroups were extremely robust with respect to alternative estimation approaches. Because the final estimates were so close to those estimated with the preliminary file, we did not repeat these analyses of sample composition with the final data file. These analyses are described in detail in Kenney et al. 2002 and Blumberg, Osborn, Luke, et al. forthcoming.[8]

In our analysis of the socioeconomic and demographic composition of the low-income uninsured, we compare our analytic sample to their insured counterparts. Our sample of low-income insured children, which is defined using the income and insurance status standards described above, includes 64,863 cases (13,309 of whom are CSHCN).

D. Analytic Variables

The analytic variables used in the analyses presented in this report are described in Appendix A, beginning with the variables that reflect awareness and perceptions of Medicaid and SCHIP programs and followed by descriptions of the indicators of prior insurance coverage,

[8] Attempts to benchmark key survey outcomes such as awareness of Medicaid and SCHIP programs were more of a challenge because few existing surveys attempt to measure these indicators of awareness. While the National Survey of America's Families does ask about awareness of Medicaid and SCHIP among parents of uninsured children below 200 percent of the FPL, the data are from 1999 and 2002 and thus would not be expected to line up with estimates from early 2001. Another study (Perry et al. 2000) examined attitudes about Medicaid and SCHIP in late 1998/early 1999 among a small sample (413) of parents of "eligible but uninsured children," but it defined this population as those whose family incomes were below 133 percent of the FPL and whose youngest child was under age 6, or whose family incomes were below 100 percent of the FPL and whose youngest child was under age 15. Thus, the sample from this earlier research does not correspond with the sample examined in this report and reports on an earlier period.

children's health care access and utilization, and the variables used to form subgroups or used as demographic/socioeconomic controls in multivariate analysis. Table 1 presents means for explanatory variables.

Table 1: Socioeconomic and Demographic Characteristics of Uninsured Children in Low-Income Families, 2001

Child Characteristics	Percentage of Low-Income Uninsured Children
Race/Ethnicity/Language of Interview	
Non-Hispanic	50.1%
White	30.1
Black	14.5
Other	5.5
Hispanic	49.9
English Interview	10.0
Spanish Interview	39.9
Age of Child	
0-5	28.4
6-12	41.2
13-17	30.4
Length of Uninsurance	
<1 year	29.1
1-3 Years	25.2
>3 Years	15.7
Always	24.2
Unknown	5.9
Prior Experience with Medicaid/SCHIP	
Ever Enrolled in Medicaid and/or SCHIP	50.4
Never Enrolled, but Applied to Medicaid and/or SCHIP	8.9
Neither Enrolled nor Applied (or Has Not Heard of Either)	40.7
Education Level of Mother	
No High School/GED	53.0
High School or GED	29.4
Some College	13.2
BA+	4.5
Household Poverty Level	
≤50% FPL	14.3
51-100% FPL	25.6
101-150% FPL	26.3
151-200% FPL	16.9
Unknown	16.8
Region	
Northeast	9.6
Midwest	13.5
South	47.6
West	29.3
Number of Children in Household	
1 Child	16.8
2 Children	31.2
3 Children	27.8
4 Children or More	24.2
Number of Adults in Household	
1 Adult	14.1
2 Adults	55.7
3 Adults or More	30.3
Cash Assistance Receipt in Prior Year	
Yes	5.8
No	94.2
Total	100%
N	9,473

Source: Urban Institute tabulations of SLAITS National Survey of CSHCN, 2001.

Notes: 1. Defined for those in states with separate SCHIP programs with different names than Medicaid programs.

E. Types of Analysis Conducted for This Report

We conducted both bivariate and multivariate analyses for this report on seven principal variables:

1) Awareness of Medicaid
2) Awareness of SCHIP
3) Beliefs about child's eligibility
4) Willingness to enroll child if told child was eligible
5) Perceptions of the Medicaid application process
6) Perceptions of the SCHIP application process
7) A combined measure of the perceived difficulty of the Medicaid and SCHIP application processes

Figures and tables presented in the text represent results from descriptive analysis, with the uninsured child from a low-income household as the unit of analysis, using the child-specific weight developed for the survey, and calculating standard errors that account appropriately for the complex survey design. We also present descriptive tabulations for the seven main dependent variables for key subgroups in Appendix B Table B.1. In addition, multivariate models were estimated using ordinary least squares, adjusting for the complex survey design and controlling for the poverty level, residential location, and regional location of the household; race/ethnicity, age group, and insurance history of the child; whether the interview was conducted in a language other than English (for Hispanic children); education of the mother; number of children, number of adults, and cash assistance receipt in the household; and relationship of the respondent to the

child. Key regression results are presented in Appendix B Tables B.2-B.6.[9] Unless otherwise indicated, the subgroup differentials highlighted in the text are those that are consistently found in both bivariate and multivariate comparisons.

[9] Regression results presented in the appendix tables are ordinary least squares (OLS) models that allow for easier interpretation of the coefficients. Logit results showed similar patterns and are available on request from the authors. For all regressions, if a variable has less than one percent of cases with missing values, the 'missing' group was excluded from the models. Variables with more than one percent of cases in the 'missing' group were categorized to include the missing values as a separate group in the models.

IV. FINDINGS

This section presents findings in six areas:

1) First, we compare the characteristics of low-income insured and uninsured children;
2) Second, we present estimates on access, use, and financial hardships among different subgroups of low-income children;
3) Third, we present information on the prior insurance coverage of the low-income uninsured children in the sample and the reasons given for their being uninsured;
4) Fourth, we present findings on the knowledge and perceptions of Medicaid and SCHIP programs among low-income families with uninsured children;
5) Fifth, we present findings on the knowledge and perceptions of Medicaid and SCHIP programs for different subgroups of low-income uninsured children;
6) And sixth, we present multivariate analyses of knowledge and perceptions of Medicaid and SCHIP programs.

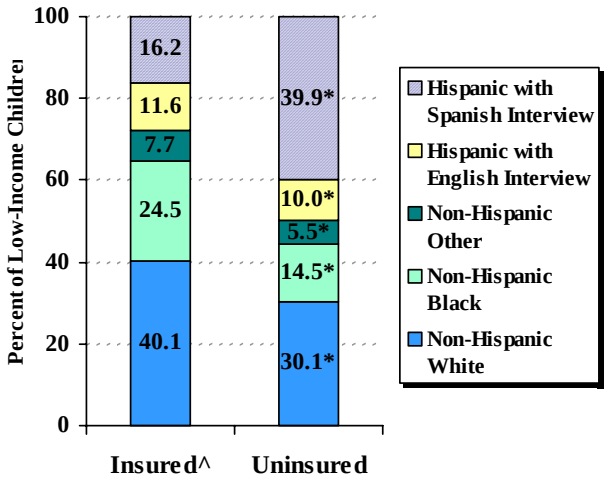
A. Characteristics of Low-Income Insured and Uninsured Children

We found several significant differences between low-income uninsured children and those who are insured in terms of the race/ethnicity of the child and language in which the interview was conducted, the age and health status of the child, the education of the mother, and region. Many of these patterns have been identified in previous studies that have relied on other data sources (Holahan et al. 2003, Czajka 1999, Weinek et al. 1998).

Race. While the overwhelming majority of low-income insured children are non-Hispanic (72 percent), uninsured children are split evenly between the non-Hispanic and Hispanic groups (Figure 1). Although Hispanics represent a significantly larger portion of the uninsured, Hispanics with an English interview actually comprise a slightly larger portion of the

insured than the uninsured (12 percent of the insured compared to 10 percent of the uninsured). In contrast, Hispanics with a Spanish interview account for 40 percent of the uninsured compared to 16 percent of the insured.[10] Thus, it is the segment of Hispanics with a Spanish interview that is the driving force behind the substantial overrepresentation of Hispanics among the uninsured. Differences in the racial and ethnic composition between insured and uninsured children are consistent with the very different uninsurance rates of children in different racial/ethnic groups and other data showing that Hispanic children are over-represented among the uninsured (Holahan et al. 2003).

Figure 1: Race/Ethnicity and Interview Language, by Insurance Status, Low-Income Children, 2001
(n=72,179)

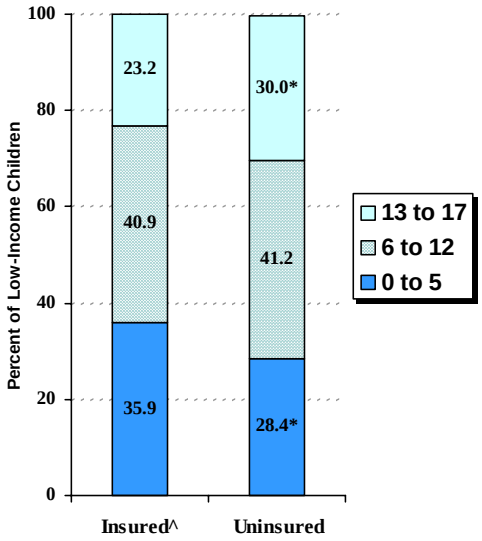


Source: Urban Institute tabulations of Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs, 2001.
Notes: ^ Low-income insured children serve as reference group for significance tests.
* Indicates estimate is significantly different from estimate for low-income insured children at the 0.05 level.

[10] We only have data on whether or not a respondent was interviewed in English. We assume a non-English interview implies a Spanish interview among Hispanics. Analysis of our preliminary data file where we had more detailed data for the language of the interview suggests that this assumption is correct.

Age. The uninsured are slightly older than their insured counterparts with a mean age of 9 years among the uninsured and 8 years among the insured. While the middle age group (6 to 12 years old) is essentially equal for the two groups, the share of the uninsured in the 0 to 5 age group is 8 percentage points lower, and the share in the 13 to 17 age group is 7 percentage points higher in comparison to the insured (Figure 2). This is consistent with other research showing that adolescents have higher uninsurance rates than younger children (Holahan et al. 2003). In the past, Medicaid thresholds for adolescents were lower than those for younger children (Brindis et al. 2003). Eligibility expansions under both Medicaid and SCHIP have made more adolescents eligible for public health insurance coverage which could reduce the coverage differential across age groups over time.

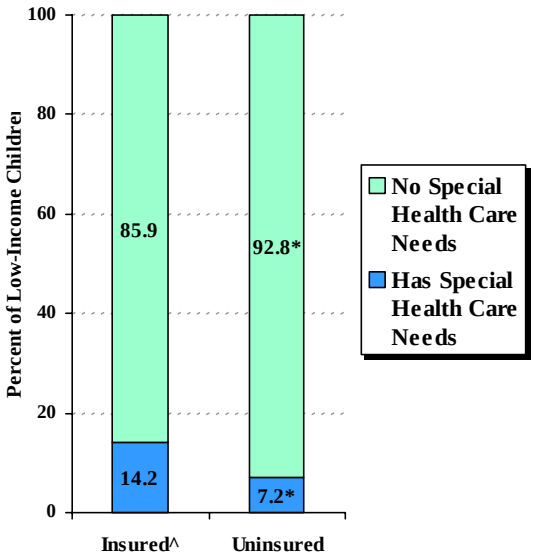
Figure 2: Age, by Insurance Status, Low-Income Children, 2001 (n=72,457)



Source: Urban Institute tabulations of Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs, 2001.

Health Status. The prevalence of special health care needs is nearly 50 percent lower among the low-income uninsured than low-income insured children (7 percent compared to 14 percent) (Figure 3). Among the low-income, the rate of public insurance is 11 percentage points higher among children with special health care needs (51 percent compared to 40 percent among non-SHCN children) (data not shown), which is consistent with other data that show that those with health problems are more inclined to participate in Medicaid and/or SCHIP (Dubay, Kenney, and Haley 2002). These results are also consistent with other findings that children with SHCN have greater enrollment in public programs and lower uninsurance than children without SHCN (Davidoff 2003).

Figure 3: Health Status, by Insurance Status, Low-Income Children, 2001 (n=72,497)

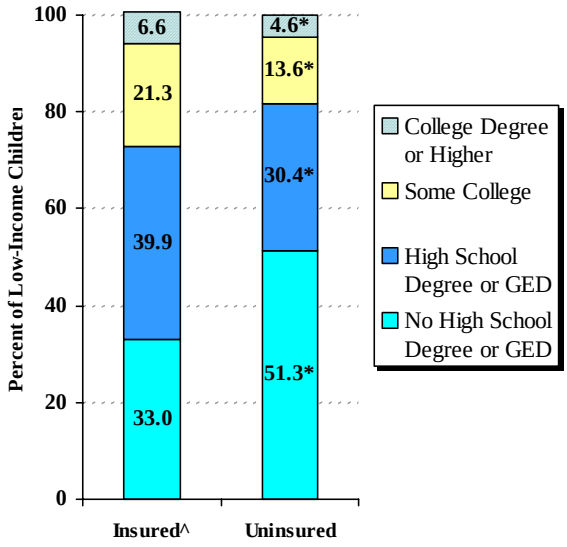


Source: Urban Institute tabulations of Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs, 2001.

Notes: ^ Low-income insured children serve as reference group for significance tests.
* Indicates estimate is significantly different from estimate for low-income insured children at the 0.05 level.

Education of Mother. Mothers of low-income uninsured children are significantly less educated than mothers of low-income insured children (Figure 4). Over half (51 percent) of uninsured children have mothers who have not completed high school nor received their General Equivalency Diploma (GED) compared to 33 percent among mothers of insured children. Moreover, 28 percent of mothers for the insured have completed some college or received a 4-year degree compared to only 18 percent among the uninsured. Other effects of low levels of education become evident when we present findings on Medicaid and SCHIP knowledge and perceptions among the uninsured.

Figure 4: Education Level of Mother, by Insurance Status, Low-Income Children, 2001 (n=71,431)

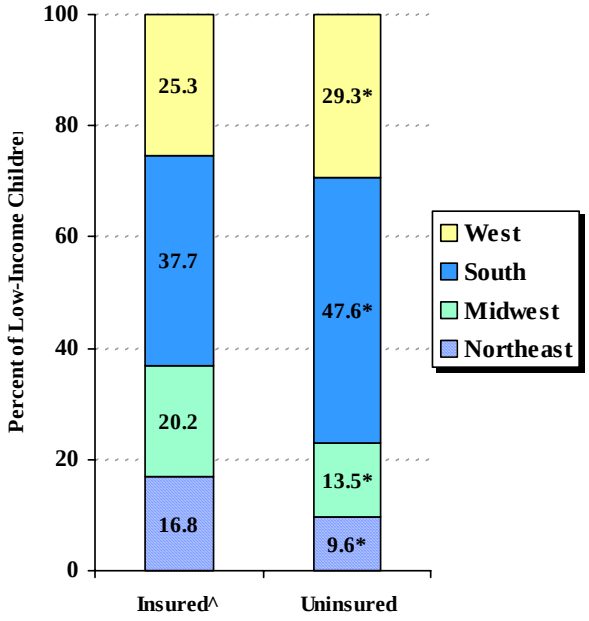


Source: Urban Institute tabulations of Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs, 2001.

Notes: ^ Low-income insured children serve as reference group for significance tests.
* Indicates estimate is significantly different from estimate for low-income insured children at the 0.05 level.

Geographic Location. Consistent with other findings that children in the South and West are over-represented among the uninsured (Holahan et al. 2003), we find just under half (48 percent) of the low-income uninsured live in the South and another 29 percent in the West (Figure 5). In contrast, 38 percent of the low-income insured live in the South and 25 percent in the West. Moreover, the uninsured are roughly 7 percentage points less likely than insured children to live in both the Northeast and the Midwest.

Figure 5: Region of Residence, by Insurance Status, Low-Income Children, 2001 (n=72,497)



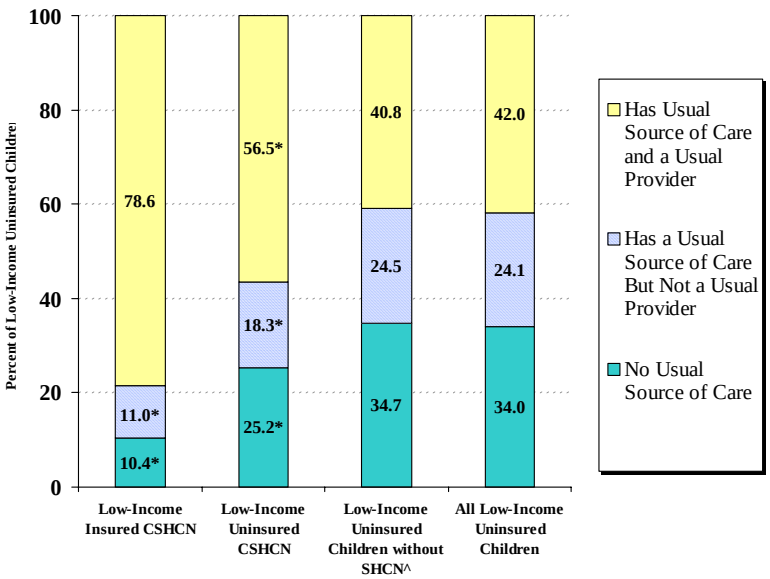
Source: Urban Institute tabulations of Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs, 2001.

Notes: ^ Low-income insured children serve as reference group for significance tests.
* Indicates estimate is significantly different from estimate for low-income insured children at the 0.05 level.

B. Access, Use and Financial Hardships among Low-Income Children
Differences Among Low-Income CSHCN by Insurance Status.

We present findings on differences in access, use and financial hardships (Figures 6 – 10) by insurance status for CSHCN (as indicated earlier, data on access and use is not available for insured low-income children without SHCN). Low-income insured CSHCN are more likely to have a usual source of care and a usual provider than their uninsured counterparts (Figure 6). Among the insured, 79 percent have a usual source of care and a regular provider, 11 percent have a usual source of care but do not have a usual provider, and the remaining 10 percent have no usual source of care or use an ER as a usual source. In contrast, 57 percent of low-income uninsured CSHCN have a usual source of care and a regular provider, 18 percent have a usual source of care but do not have a usual provider, and the remaining 25 percent have no usual source of care or rely on an ER as a usual source.

Figure 6: Usual Source of Care and Usual Health Care Provider, by Health Status and Insurance Status, Low-Income Uninsured Children, 2001 (n=22,530)

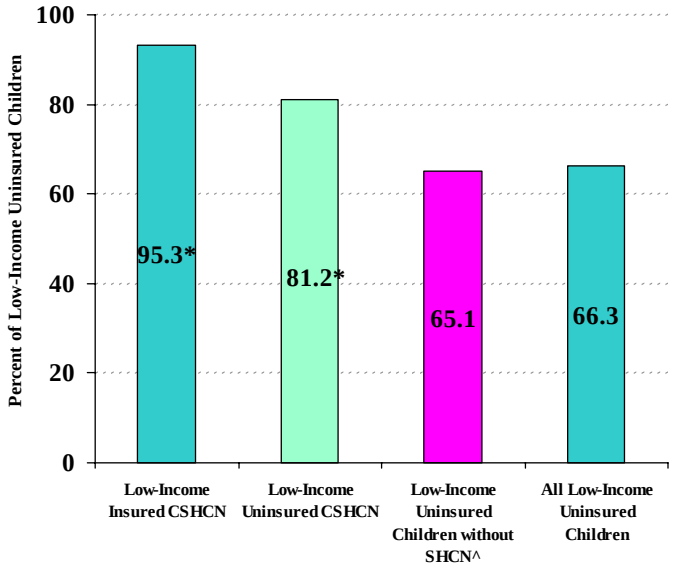


Source: Urban Institute tabulations of Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs, 2001.

Notes: ^ Low-income uninsured children without SHCN serve as reference group for significance tests.
* Indicates estimate is significantly different from estimate for low-income uninsured children without SHCN at the 0.05 level.

The vast majority of both low-income insured and uninsured CSHCN had used medical care in the prior year, but many did not receive needed care (Figures 7 and 8). Ninety-three percent of low-income insured CSHCN saw a doctor or other health professional in the prior 12 months compared to 81 percent of low-income uninsured CSHCN. Low-income uninsured children with special health care needs were twice as likely to have an unmet need compared to their insured counterparts. Low-income uninsured children with special health care needs were over five times as likely to have unmet needs for both drugs and routine care, 3.6 times as likely to have unmet needs for specialty care and 2.8 times as likely to have unmet needs for dental care.

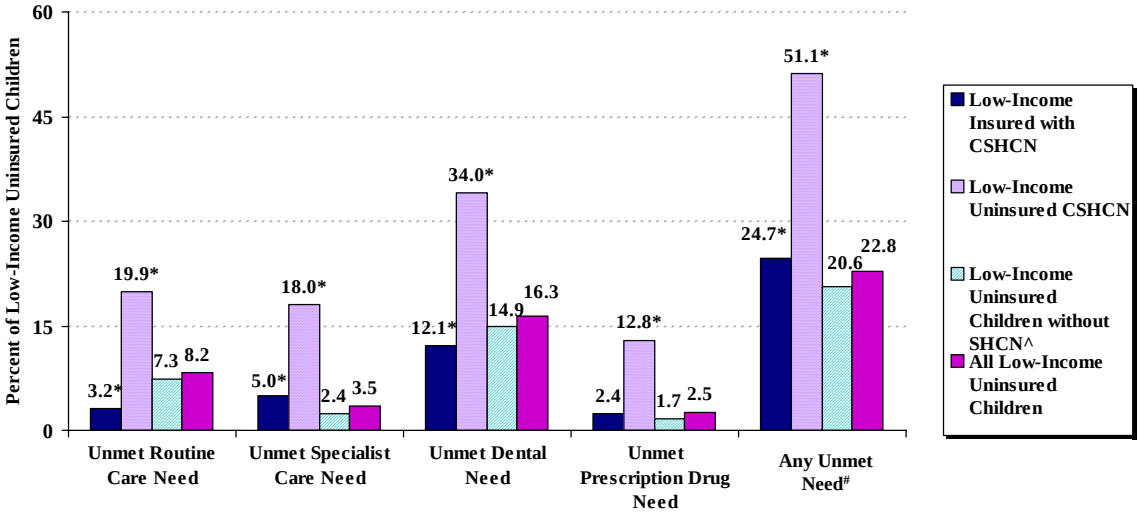
Figure 7: Share with At Least One Doctor or Other Health Care Professional Visit in Past 12 Months, by Health Status and Insurance Status, Low-Income Uninsured Children, 2001 (n=22,759)



Source: Urban Institute tabulations of Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs, 2001.

Notes: ^ Low-income uninsured children without SHCN serve as reference group for significance tests.
* Indicates estimate is significantly different from estimate for low-income uninsured children without SHCN at the 0.05 level.

Figure 8: Unmet Medical Needs, by Health Status and Insurance Status, Low-Income Uninsured Children, 2001 (n=22,773)

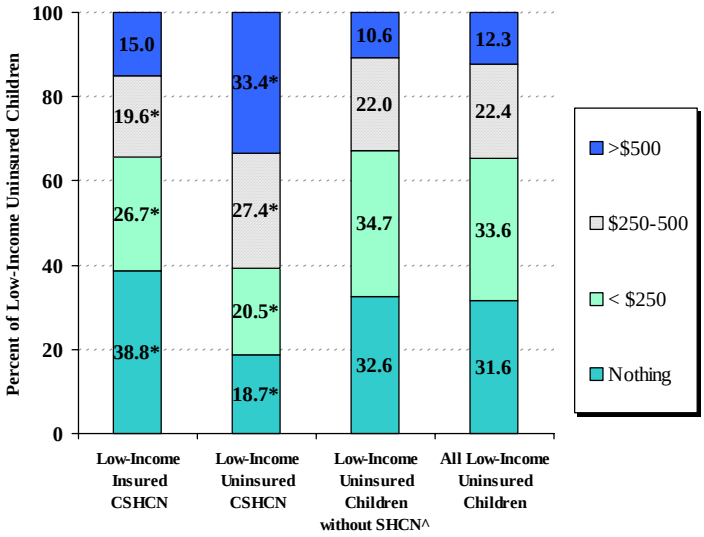


Source: Urban Institute tabulations of Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs, 2001.

Notes: ^ Low-income uninsured children without SHCN serve as reference group for significance tests.
* Indicates estimate is significantly different from estimate for children without SHCN at the 0.05 level.
# Any unmet need is defined as needing and not receiving routine care, care from a specialist, dental care, prescription medicines, physical/occupational/speech therapy, mental health care, substance abuse treatment, eyeglasses/vision care, or hearing aids during the 12 months prior to the survey.

Low-income uninsured children with special health care needs were reported to have higher levels of out-of-pocket spending paid for their health care relative to those who were insured (Figure 9). In the 12 months prior to the survey, 39 percent of all low-income insured CSHCN had families who paid nothing out-of-pocket for their child's health care compared to 19 percent among the uninsured, 27 percent of the insured and 20 percent of the uninsured paid less than $250, another 20 percent of the insured and 27 percent of the uninsured paid $250 to $500, and 15 percent of the insured paid over $500 compared to 33 percent of the uninsured (Figure 9). In addition, low-income uninsured CSHCN were far more likely to have respondents say that the cost of the child's health care caused financial hardship for the family (43 vs. 26 percent) (Figure 10).

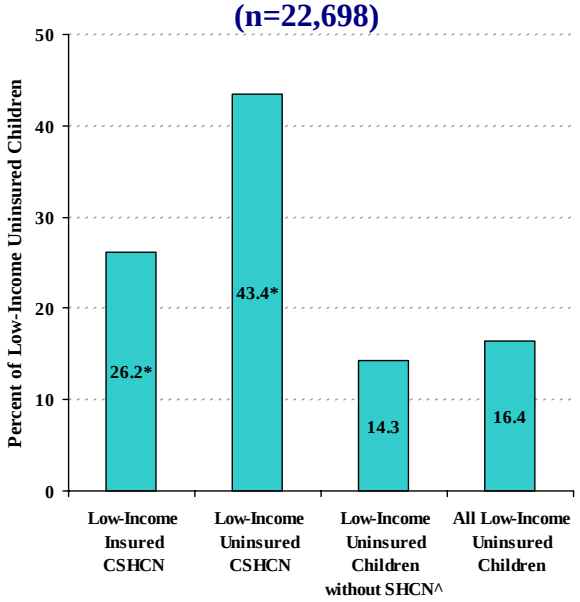
Figure 9: Out-of-Pocket Payments for Child's Medical Care,# by Health Status and Insurance Status, Low-Income Uninsured Children, 2001 (n=22,154)



Source: Urban Institute tabulations of Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs, 2001.

Notes: ^ Low-income uninsured children without SHCN serve as reference group for significance tests.
* Indicates estimate is significantly different from estimate for children without SHCN at the 0.05 level.
# We excluded the 2.9% of low-income uninsured children (2.1% among those with SHCN and 2.9% among those without SHCN) and 1.6% of the low-income insured CSHCN who replied "don't know" to this question.

Figure 10: Financial Problems for Family Caused by Child's Health Care, by Health Status, Low-Income Uninsured Children, 2001 (n=22,698)



Source: Urban Institute tabulations of Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs, 2001.

Notes: ^ Low-income uninsured children without SHCN serve as reference group for significance tests.
* Indicates estimate is significantly different from estimate for children without SHCN at the 0.05 level.

Differences Among Low-Income Uninsured Children by Health Status. Among low-income uninsured children access and use vary systematically with the health status of the child. As shown in Figure 6, among low-income uninsured children, those with SHCN are more likely to have a usual source of care and a regular provider than children without SHCN (57 percent versus 41 percent). While more uninsured children with special health care needs have a usual source of care and a regular provider than those without such needs, over forty percent of the low-income uninsured children with special health care needs did not have both a usual source of care and a regular provider. Additional information about the role of usual source of care and usual providers among CSHCN is available in Szilagyi 2003.

Among the low-income uninsured, receipt of ambulatory care was higher for children with SHCN (81 percent) than for those without SHCN (65 percent), but unmet needs were also higher for CSHCN (Figures 7 and 8). For all the types of services we examined, children with SHCN were much more likely to have unmet needs than children without SHCN – ranging from being 2 times as likely to have unmet dental needs (34 percent of children with SHCN vs. 15 percent of children without SHCN) to being 8 times as likely to have unmet prescription drug needs (13 percent for children with SHCN vs. 2 percent of children without SHCN). Overall, a fifth (21 percent) of children without SHCN had some type of unmet need, compared with over half (51 percent) of children with SHCN. Other research (Davidoff 2003) suggests that unmet needs are also more common among *insured* CSHCN than for insured children without special health care needs.

Families of low-income uninsured children with SHCN paid more out-of-pocket, on average, than their counterparts without SHCN – 61 percent paid at least $250 compared to 33

percent among those without SHCN (Figure 9). These results are consistent with previous research indicating that out-of-pocket spending is higher for families of CSHCN than other children (Davidoff 2003). Low-income uninsured children with SHCN were also substantially more likely to have had financial problems caused by financing the child's health care (44 percent) than children without SHCN (14 percent) (Figure 10).

C. Prior Insurance Coverage Experiences and Reasons for Being Uninsured

Prior Insurance Coverage. For the majority of uninsured children in the sample, being without coverage was a long-term phenomenon—more than two-thirds were reported to be without coverage for a year or longer (Figure 11). Under a third (31 percent) had been uninsured for a year or less, 27 percent had been uninsured for one to three years, 17 percent had been uninsured for more than three years but less than their lifetime, and a quarter (26 percent) had been uninsured since birth. Thus 74 percent were reported to have had insurance coverage at some point over the course of their lives.[11, 12]

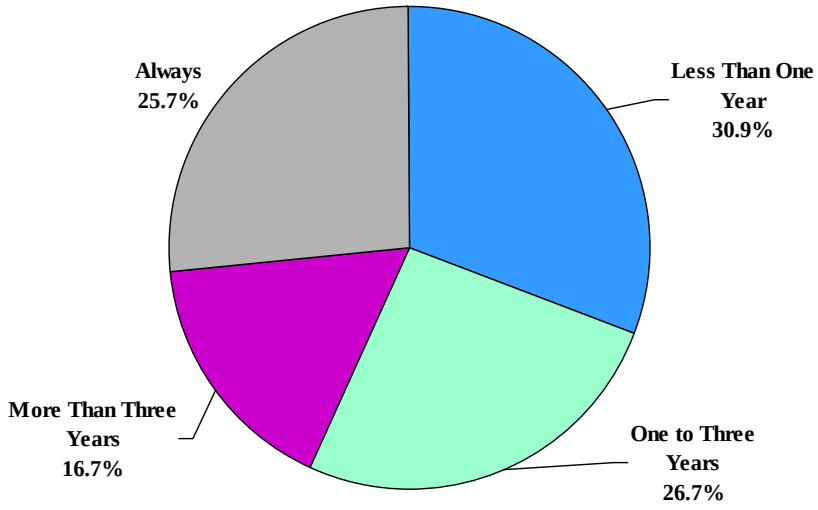
One half of low-income uninsured children were reported to have been enrolled in Medicaid and/or SCHIP at some point in their lives (Figure 12).[13] Another 9 percent reported

[11] Because of measurement problems with this variable for children less than 4 years old (see Appendix A), we also examined this distribution for children 4 and older. Overall, the same patterns were evident: the majority were insured at some point in their lives (74 percent), with about equal shares experiencing short, moderate and long spells without coverage (27 percent, 27 percent and 20 percent). However, children 4 and older were roughly 4 percentage points less likely to be uninsured for a year or less and 3 percentage points more likely to be uninsured for three years or longer compared to children of all ages.

[12] Among the 9,363 respondents who were asked how long their child had been uninsured, 425 (5 percent) indicated they did not know and 14 (1 percent) refused to answer.

[13] Among low-income uninsured children, 50 percent of whom had been enrolled in Medicaid or SCHIP at some point, 44 percent had been enrolled in Medicaid only, 3 percent in SCHIP only, and 3 percent in both. As described in Appendix A, 19 percent of low-income uninsured children were indicated to have always been without coverage and to have been covered by Medicaid or SCHIP at some point in their lives. This contradictory information indicates that the extent of prior Medicaid/SCHIP coverage is overstated, that the extent of never having coverage is overstated, or some combination of the two.

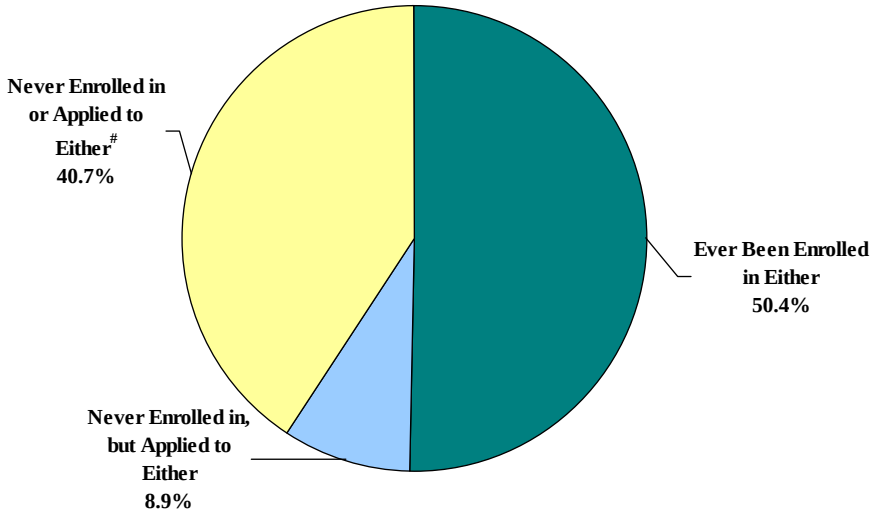
Figure 11: Length of Uninsurance, Low-Income Uninsured Children, 2001[a] (n=8,924)



Source: Urban Institute tabulations of Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs, 2001.

Note: # This category includes children respondents who have not heard of either Medicaid or SCHIP.
[a]Among the 9,363 respondents who were asked how long their child had been uninsured , 425 (4.5%) indicated they did not know and 14 (0.1%) refused to answer.

Figure 12: Prior Experience with Medicaid/SCHIP, Low-Income Uninsured Children, 2001 (n=9,472)



Source: Urban Institute tabulations of Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs, 2001.

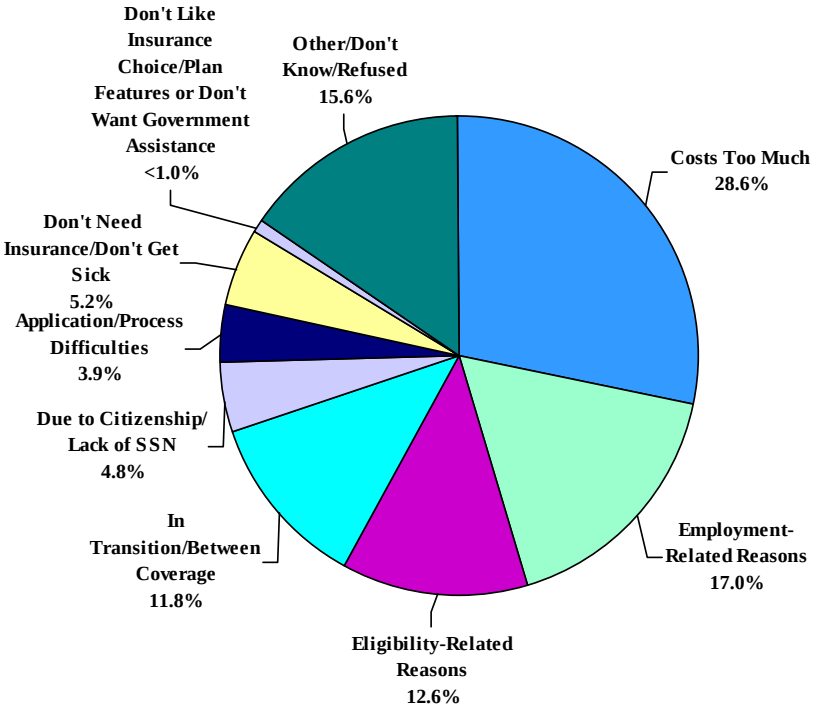
Note: # This category includes children respondents who have not heard of either Medicaid or SCHIP

that they had applied for coverage but had never been enrolled in Medicaid or SCHIP.[14] Of the 41 percent who had never been enrolled in nor applied for Medicaid/SCHIP coverage, 10 percent had not heard of either Medicaid or SCHIP and 31 percent had heard of at least one of the programs but had never applied for coverage (data not shown).

Main Reason Child is Uninsured. As shown in Figure 13, low-income parents gave many different reasons for their child being without insurance coverage, but over half of low-income uninsured children (58 percent) were uninsured for reasons related to not being able to afford or qualify for coverage. Cost was the single largest main reason children were reported to be without coverage, at 29 percent. Employment-related issues, such as no one in the family currently working or the family being unable to get insurance through the employer, were reported for 17 percent of the sample, and eligibility-related problems were the main reason given for 13 percent of the children. Over one in ten (12 percent) indicated that the child was in transition or between different types of coverage, and 9 percent cited citizenship concerns (5 percent) or issues with application processes (4 percent). Just 5 percent were not insured because the respondent said that coverage was not needed, and less than one percent said they did not like the choices available to them or that they did not want to accept government assistance. Just over one in ten (11 percent) provided another reason (such as not knowing if they would stay in the state or never having felt they had the chance to get health insurance), 4 percent said they did not know why the child was uninsured, and less than 1 percent refused to answer the question.

[14] The 9 percent who had never been enrolled, but had applied, was comprised of 1 percent who had applied to both Medicaid and SCHIP, 6 percent who had only applied to Medicaid, and 3 percent who had only applied to SCHIP.

Figure 13: Main Reason Child Has No Insurance, Low-Income Uninsured Children, 2001 (n=9,475)



Source: Urban Institute tabulations of Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs, 2001.

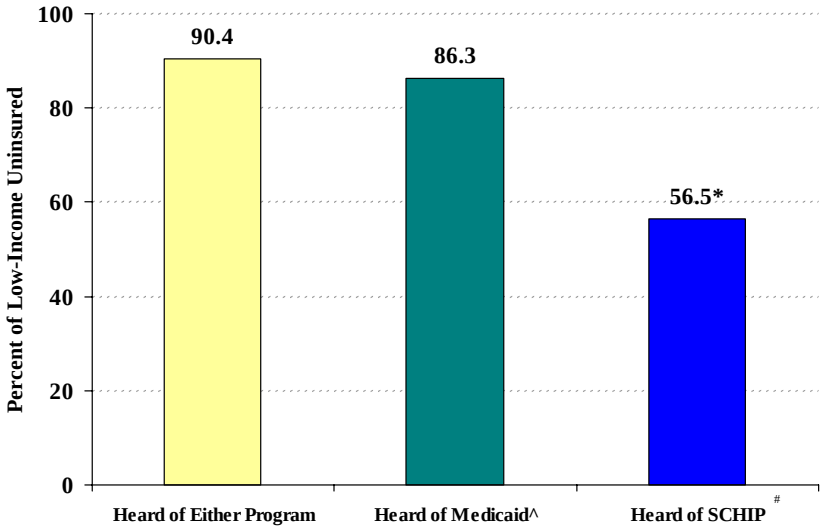
D. Knowledge and Perceptions of Medicaid/SCHIP for Low-Income Uninsured Children

Program Awareness.

In 2001, almost all (90 percent) low-income uninsured children had parents who had heard of either Medicaid or the separate SCHIP program in their state. Awareness of Medicaid, at 86 percent, is more common than of SCHIP, at 57 percent (Figure 14).[15] As SCHIP programs have been maturing, awareness of them has been growing (Figure 15): SCHIP programs launched at least 18 months prior to the fielding of the SLAITS survey were more likely to be recognized by respondents compared to more recently launched SCHIP programs (62 versus 42 percent).

[15] As described in Appendix A, knowledge of SCHIP programs was analyzed for the states with separate SCHIP programs in 2000/2001, with different names than Medicaid programs.

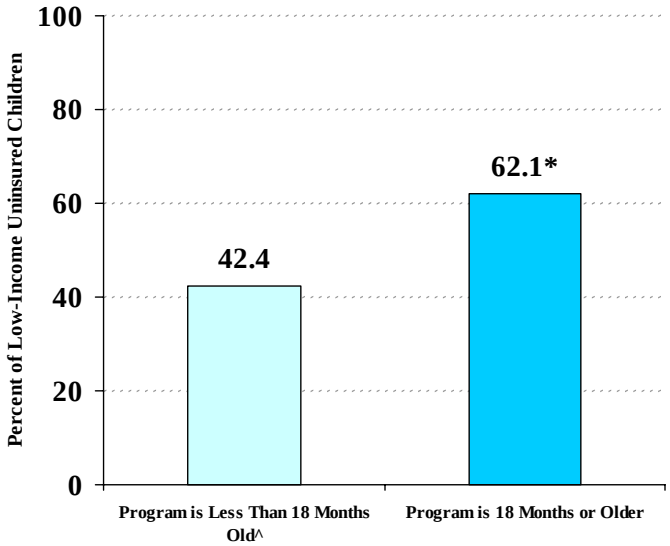
Figure 14: Awareness of Medicaid and Separate SCHIP Programs Low-Income Uninsured Children, 2001 (n=9,473)



Source: Urban Institute tabulations of Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs, 2001.

Notes: ^ Group serves as reference group for significance tests.
* Indicates estimate is significantly different from estimate for reference group at the 0.05 level.
# "Heard of SCHIP" is defined for the 29 states which had a separate SCHIP program with a different name from their Medicaid programs at the time of the survey. This includes: AL, AZ, CA, CO, DE, FL, GA, IA, IL, KS, KY, ME, MI, MS, MT, NC, ND, NH, NJ, NV, NY, OR, PA, TX, UT, VA, WA, WV, and WY. As a result, the sample size for this question is 6,167 children. 23 of the 29 states had SCHIP programs that were at least 18 months old as of the beginning of the survey period (October 17, 2000).

Figure 15: Awareness of Separate SCHIP Programs,# by Age of Program, Low-Income Uninsured Children, 2001 (n=9,473)



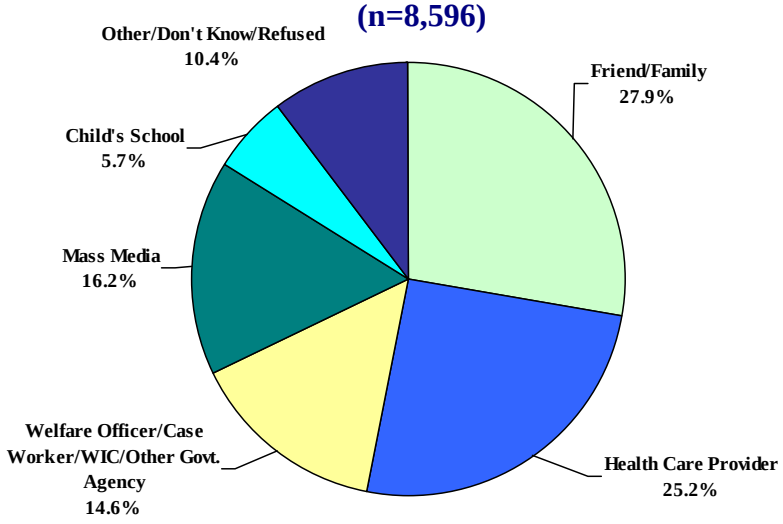
Source: Urban Institute tabulations of Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs, 2001.

Notes: ^ Group serves as reference group for significance tests.
* Indicates estimate is significantly different from estimate for reference group at the 0.05 level.
# "Heard of SCHIP" is defined for the 29 states which had a separate SCHIP program with a different name from their Medicaid programs at the time of the survey. This includes: AL, AZ, CA, CO, DE, FL, GA, IA, IL, KS, KY, ME, MI, MS, MT, NC, ND, NH, NJ, NV, NY, OR, PA, TX, UT, VA, WA, WV, and WY. As a result, the sample size for this question is 6,167 children. 23 of the 29 states had SCHIP programs that were at least 18 months old as of the beginning of the survey period (October 17, 2000).

More recent data from the 2002 National Survey of America's Families suggests that awareness of separate SCHIP programs has continued to grow since this period (Kenney et al. 2003).[16]

Where Families First Learned of Medicaid/SCHIP. Families first learned of Medicaid/SCHIP programs through a variety of different sources (Figure 16). The largest group of low-income uninsured children (28 percent) had parents who first learned of the program(s) through friends or family members. The second largest group (25 percent) had parents who first heard about the program(s) through a health care provider. Another 16 percent of low-income uninsured children had parents who first learned of the program(s) through the mass media (mostly radio and television); for 15 percent, it was a government employee such as a welfare caseworker or staff at a Supplemental Food Program for Women, Infants, and Children (WIC) agency, and for 6 percent, it was through a child's school.

Figure 16: Place Family First Heard of Medicaid and/or SCHIP[#]
Low-Income Uninsured Children, 2001
(n=8,596)



Source: Urban Institute tabulations of Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs, 2001.

Note: # This question was asked only of respondents who had already indicated that they have heard of Medicaid and/or the separate SCHIP program in their state.

[16] Evidence from the 2002 NSAF indicates that knowledge of SCHIP increased substantially among low-income uninsured children from 1999 to 2002 – from 47 percent to 71 percent (Kenney et al. 2003).

These patterns suggest that families receive information about these programs from many different types of sources. However, for a number of reasons, these data do not tell us which types of outreach strategies are most effective at reaching and enrolling uninsured children. First, the single largest category is family and friends—over one in four reported first hearing about the program from family or friends—but we do not know from what source the family member or friends had heard of the program. Second, this information does not necessarily indicate from what source parents are most frequently receiving information about Medicaid and SCHIP programs because respondents are indicating where they first heard of the program(s), nor where they most recently or most often had heard of the programs. Finally, this information does not indicate what sources best deliver information about Medicaid and SCHIP nor which sources are most cost-effective, since it only pertains to parents with uninsured children and not to children who are enrolled in the programs and it ignores the costs associated with alternative outreach strategies.[17]

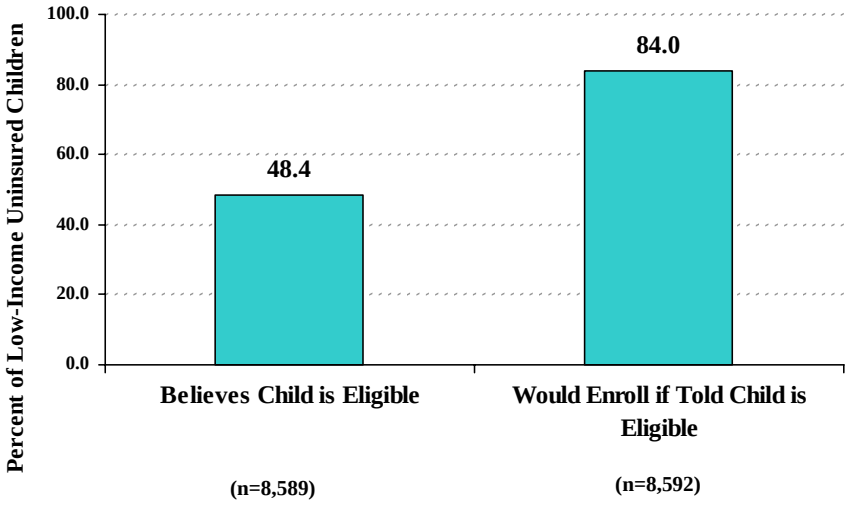
Interest in Enrolling in Medicaid/SCHIP. The vast majority of respondents with uninsured children say they would enroll their children if told they were eligible for such coverage. For example, among low-income uninsured children whose parents know of at least one of the programs, more than four out of five (84 percent) have parents who say they would enroll their child if told that the child was eligible (Figure 17).[18] Ten percent have parents who say they

[17] Forthcoming research will indicate where the families who enroll their children in SCHIP have heard of the programs.

[18] Like all survey data, these data are subject to potential bias. In particular, there is a possibility that parents' actual willingness to enroll their child in Medicaid/SCHIP is lower than reported during the survey due to respondents' wishes to give a "socially desirable" response – that is, to indicate that they would want Medicaid or SCHIP coverage for their uninsured child if they felt they would seem negligent if they did not do so. However, overall, only 5 percent of the sample said that not needing insurance coverage was the main reason their child was not insured, and fewer than 4 percent of those who said they would enroll their child in Medicaid or SCHIP said that not needing insurance coverage was the main reason their child was not insured. Thus, even when respondents had another opportunity to indicate lack of willingness to enroll, they did not do so – suggesting that interest in enrolling is not being greatly overstated. Moreover, these data are very consistent with responses on the National Survey of America's Families that asked respondents about their interest in enrolling their uninsured children in Medicaid or SCHIP (Kenney et al. 2003).

would not enroll their child in Medicaid or SCHIP if told they were eligible for such coverage and 6 percent said that they did not know if they would enroll their child.

Figure 17: Perceptions of Medicaid/SCHIP Programs[#]
Low-Income Uninsured Children, 2001



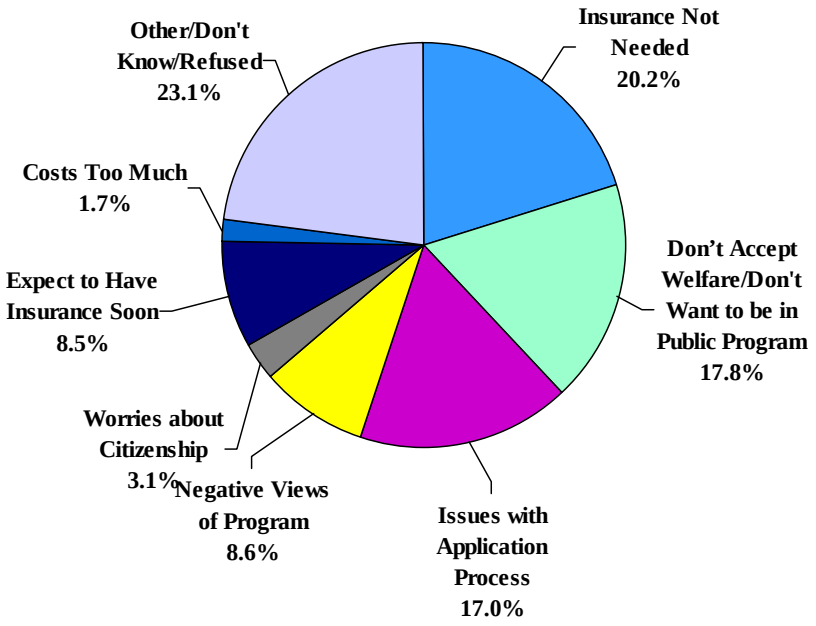
Source: Urban Institute tabulations of Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs, 2001.

Note: [#]These questions were asked only of respondents who had already indicated that they have heard of Medicaid and/or the separate SCHIP program in their state.

The stated interest in enrolling children in both programs is high, at over 80 percent; but it appears somewhat higher for SCHIP than for Medicaid. Among low-income uninsured children whose parents had heard only of Medicaid, 82 percent had parents who said they would enroll their child if told they were eligible; among those who had heard of both programs, 86 percent had parents who said they would enroll their children; and among the small number whose parents had heard only of SCHIP, 90 percent had parents who said they would enroll their child.

Reasons for Not Wanting to Enroll Child. The 10 percent of low-income uninsured children whose parents had heard of Medicaid/SCHIP and said they would not enroll their child if told their child was eligible gave a variety of reasons for not wanting to enroll their child (Figure 18).

Figure 18: Main Reason For Not Wanting to Enroll in Medicaid/SCHIP[#]
Low-Income Uninsured Children, 2001
(n=872)



Source: Urban Institute tabulations of Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs, 2001.

Note: [#] This question was asked for the 872 children with respondents who had heard of Medicaid and/or SCHIP and responded "No" to the question "If you were told your child was eligible for Medicaid or SCHIP would you want to enroll him/her?"

For one in five (20 percent), the main reason was that the child did not need insurance, 18 percent had parents who said they did not accept welfare or that they did not want their child to be in a public program, and 17 percent had parents who reported issues with the application process (related to the time and difficulty associated with applying). Almost one in ten (9 percent) had parents who reported having negative views of the program (related to not liking the doctors in the plan or hearing bad things about the program) as the main reason for not wanting

to enroll their child, and the parents of 8 percent said they expected the child to gain insurance soon. Another 3 percent had parents who cited worries about citizenship, and, for 2 percent,the programs cost too much. One in five (19 percent) had another reason (such as not having the necessary information or that the other parent was responsible for the child's insurance), 3 percent had parents who said they did not know why they would not enroll their child, and the respondents for fewer than 1 percent refused to answer the question.

Beliefs about Child's Eligibility. In spite of widespread program awareness and expressed willingness to enroll, the majority of parents with low-income uninsured children still do not understand that their children are eligible for coverage. According to estimates from 1999 (Dubay, Haley, and Kenney 2002), 84 percent of all low-income, uninsured children actually qualify for coverage under Medicaid or SCHIP. But the parents of just under half (48 percent) of the low-income uninsured children whose parents have heard of either Medicaid or SCHIP believe that their child is eligible (Figure 17). The rest of the parents either believe their child is not eligible (22 percent of children) or do not know (29 percent).[19]

Reason Child Not Enrolled in Medicaid/SCHIP. In a seeming paradox, 43 percent of low-income uninsured children in the sample had parents who indicated both that they believe their child is eligible and that they would enroll their child if told the child was eligible. Based on a

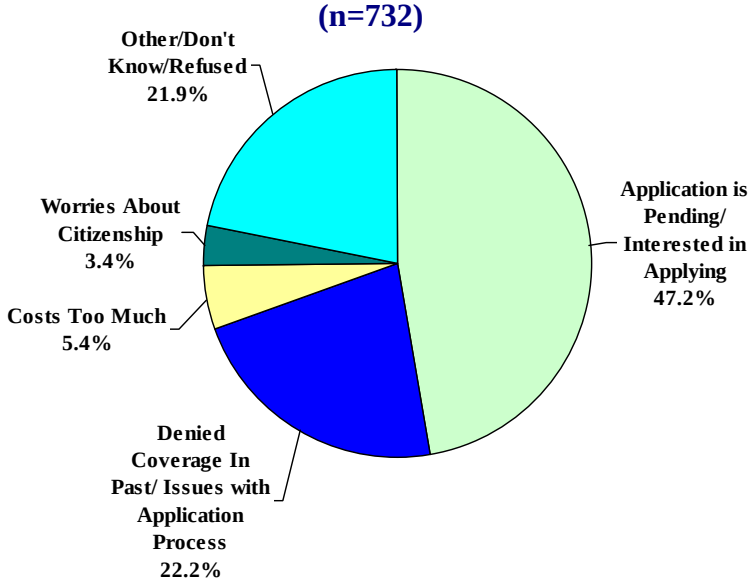
[19] Interestingly, beliefs about eligibility are linked to the expansiveness of the state's eligibility thresholds: low-income uninsured children in states with Medicaid/SCHIP thresholds at or above 200 percent of the Federal Poverty Level (FPL) are 10 percentage points more likely to have parents who think that they are eligible compared to low-income uninsured children in states where the thresholds are lower than 200 percent of the FPL (50 percent in states with thresholds of 200 percent of the FPL or higher versus 40 percent in states with thresholds below 200 percent of the FPL). However, even in states where eligibility thresholds are at or above 200 percent of the FPL, only half of those who have heard of at least one program believe their child is eligible. For this analysis, states were classified by their maximum Medicaid/SCHIP eligibility thresholds in January 2001: Colorado, Idaho, Illinois, Louisiana, Montana, Nebraska, North Dakota, Oklahoma, Oregon, South Carolina, Wisconsin, and Wyoming had thresholds below 200 percent of the FPL in January 2001; all other states had thresholds at 200 percent or higher (Cohen Ross and Cox 2000, American Academy of Pediatrics 2001).

follow-up question administered to a sample of these cases, it appears that many respondents who say both that they want to enroll their child and that they believe their child is eligible for coverage indicate that they have already applied for coverage, that they intend to apply or have been denied coverage in the past, or that they lack information about or have issues with the application process. Fully 47 percent had parents who reported that they had a pending Medicaid/SCHIP application for their child or expressed interest in applying (including 24 percent with an application pending, 15 percent whose parents indicated that they intended to apply but that they just had not done so, 5 percent with parents who indicated that they either did not know when or how to apply, and 3 percent whose parents indicated that they lacked necessary documents; see Appendix B Table B.9) and 22 percent had either had an application denied in the past or had parents with issues with the application process (Figure 19). Cost and citizenship concerns were the reasons cited for not enrolling their child for 5 percent and 3 percent, respectively; 15 percent had another reason; and 7 percent had parents who said that they did not know why the child was not yet enrolled.

Perceptions of Ease of Medicaid and SCHIP Application Processes.[20] While many low-income parents with uninsured children who have heard of Medicaid and SCHIP programs have fairly positive views about the Medicaid and SCHIP application processes, the application processes themselves appear to constitute a barrier to enrollment for some families (Figure 20). A substantial minority view the processes as difficult and a sizable group has no view at all.

[20] For clearer presentation of the data, we classified perceptions of the application process into three groups (easy, difficult, doesn't know) from the original five groups into which the survey classified responses (very easy, somewhat easy, somewhat difficult, very difficult, and doesn't know). Responses in the "easy" category were equally likely to be "very" or "somewhat" easy (25 percent "very easy" and 25 percent "somewhat easy" for Medicaid, and 27 percent "very easy" and 27 percent "somewhat easy" for SCHIP). However, the "difficult" group reflects responses of "somewhat difficult" more than it does responses of "very difficult" (22 percent "somewhat difficult" and 14 percent "very difficult" for Medicaid, and 15 percent "somewhat difficult" and 7 percent "very difficult" for SCHIP).

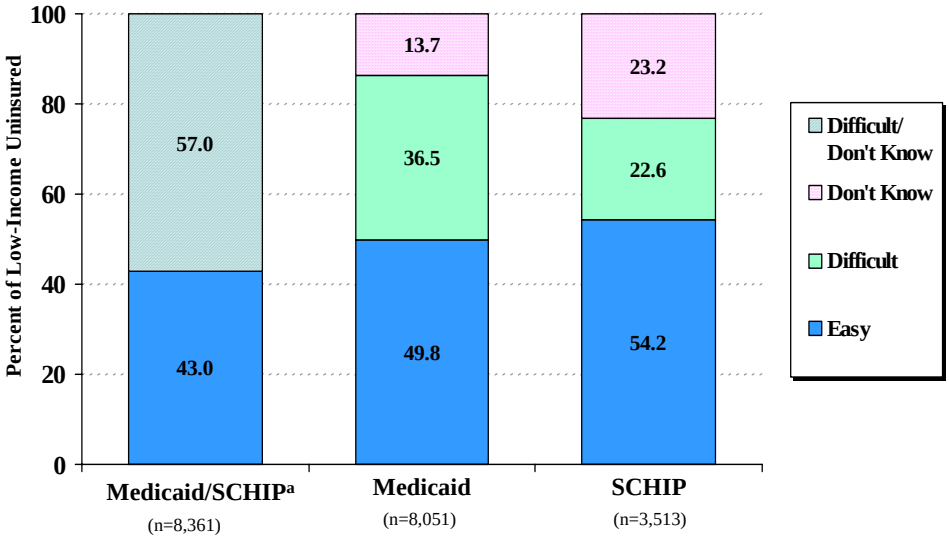
Figure 19: Reason Child is Not Enrolled in Medicaid/SCHIP Despite Interest in Enrolling and Belief of Child's Eligibility[#] Low-Income Uninsured Children, 2001 (n=732)



Source: Urban Institute tabulations of Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs, 2001.

Note: [#] This question was asked of respondents who had heard of Medicaid and/or SCHIP, believe their child is eligible, and responded "yes" to the question "If you were told your child was eligible for Medicaid or SCHIP would you want to enroll him/her?" This question was added later in the survey period, therefore, only 769 of the 3,385 respondents who qualified for this question were actually asked the question. Of these 769 cases, 29 cases where the respondent answered "Insurance not needed" and 8 cases with the response "Don't accept welfare/Don't want to be in Public Program" were excluded from this sample and their responses to the prior question "Would you enroll if told eligible?" were recoded from "yes" to "no."

Figure 20: Perceptions of Medicaid/SCHIP Application Processes[#] Low-Income Uninsured Children, 2001



Source: Urban Institute tabulations of Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs, 2001.

Notes: [#] These questions were asked only of respondents who had already indicated that they have heard of Medicaid and/or the separate SCHIP program in their state.
[a] If a respondent had only heard of one program, their response for that program was applied to the combined measure for application difficulty. If, however, the respondent had heard of both programs and thought either one was difficult or didn't know, they were placed in the difficult/don't know category; those in the remaining group who did not reply difficult or don't know for either Medicaid and/or SCHIP but said that at least one was easy were coded as believing the Medicaid/SCHIP processes are easy.

In addition, beliefs about the Medicaid application process seem to be both more negative, and more intensely negative, than beliefs about the SCHIP application process. For example, more parents say that applying for Medicaid is difficult and fewer say that it is easy than do so for SCHIP; in addition, parents are more likely to say that applying for Medicaid is *very* difficult as opposed to *somewhat* difficult.[21] Among low-income uninsured children whose parents have heard of Medicaid, half (50 percent) have parents who believe it is very or somewhat easy to apply for Medicaid, 36 percent have parents who believe it is somewhat or very difficult, and 14 percent have parents who do not know. In comparison, among the low-income, uninsured children whose parents have heard of the SCHIP program in their state, 54 percent have parents who believe it is very or somewhat easy to apply for SCHIP, 23 percent have parents who believe it is very or somewhat difficult, and 23 percent have parents who do not know.[22]

Perceptions about the Medicaid and SCHIP application processes were combined into a single indicator to characterize overall perceptions of the application processes (data not shown). As measured by this indicator, 43 percent of all low-income uninsured children whose parents have heard of at least one of the two programs have parents who see the application processes as

[21] Among low-income uninsured children with parents who had heard of Medicaid, 14 percent had parents who said that the application process for Medicaid is *very* difficult, compared with only 7 percent of children whose parents had heard of SCHIP that the application process for SCHIP is *very* difficult. There were also differences in the shares saying the application processes for the two programs are *somewhat* difficult (22 percent for Medicaid versus 15 percent for SCHIP).

[22] We see similar distributions in the group of low-income uninsured children whose parents have heard of both Medicaid and SCHIP (we used this subsample of 3,274 cases to directly compare the views about both programs among parents who are familiar with both). Roughly equal shares believe the application processes for Medicaid and SCHIP are easy (52 percent believe the Medicaid process is easy, while 55 percent believe the SCHIP application process is easy). More believe the Medicaid process is somewhat or very difficult (37 percent for Medicaid, compared with 21 percent for SCHIP), and more also believe the Medicaid process is *very* difficult (14 percent for Medicaid, compared with just 7 percent for SCHIP). And fewer do not know how easy or difficult they think it would be to apply for Medicaid than for SCHIP (10 percent do not know how easy or difficult it would be to apply for Medicaid, compared with 24 percent for SCHIP).

easy,[23] leaving more than half (57 percent) with parents who either think the process is difficult or have too little information to form a view.

Why Low-Income Uninsured Children Are Not Enrolled in Medicaid/SCHIP

The findings presented thus far have identified a number of different reasons that low-income uninsured children may not be enrolled in Medicaid or SCHIP. Table 2 pulls this information together and categorizes children into five groups based upon the information provided on awareness of public programs and eligibility for them, interest in enrolling, and perceptions of the application process: (1) no reported reason, (2) lack of interest, (3) lack of knowledge about the programs only, (4) enrollment not considered easy only, and (5) both lack of knowledge and enrollment not considered easy.

One in five (19 percent) low-income uninsured children have no identifiable barrier related to enrolling in Medicaid or SCHIP. As indicated above in Figure 19, many families in this group have applied for coverage or say they intend to apply, have been denied coverage in the past, or lack information about or have issues with the application process.[24] In addition, they are more likely to have prior experience with Medicaid or SCHIP coverage and to have applied

[23] This measure of "easy" combines (a) the children whose parents have heard of both programs and believe that the application process for both programs is "somewhat easy" or "very easy" with (b) the children whose parents have heard of just one program (or lived in a state in which they were only asked about one program) and believe the application process is "somewhat easy" or "very easy."

[24] The 19 percent (1,684 cases) for whom we could not identify any type of barrier differ in several respects from their counterparts for whom we identified a barrier to enrollment. Almost one-fifth (19 percent) have parents who had applied for Medicaid or SCHIP coverage on their behalf in the prior 30 days, more than three times the rate for other low-income uninsured children (5 percent). Additionally, this group of children were more likely to have parents who say their application is pending or that they are interested in enrolling when asked why not enrolled compared to those who had an identifiable reason (54 percent compared to 42 percent) and they were less likely to indicate they were denied in the past or had issues with the application process (18 percent compared to 25 percent). It appears that these children are more integrated into health insurance systems than other low-income uninsured children: 43 percent have been uninsured for a year or less, compared with 31 percent for the entire sample; and fewer of these children have been uninsured for their entire lives (18 percent compared with 26 percent for all low-income uninsured children). Moreover, these children have more prior experience with public programs – 69 percent had been previously enrolled in Medicaid or SCHIP, and another 13 percent had not been enrolled but had parents who applied for coverage for them (compared with 50 and 9 percent for the entire sample).

for Medicaid or SCHIP in the thirty days prior to the survey, which indicates that these uninsured children have a high likelihood of gaining Medicaid or SCHIP coverage.

Only 14 percent of low-income uninsured children had parents who indicate a lack of interest in enrolling. Data provided in Figure 18 indicated that there were a variety of reasons given for not wanting to enroll children in these programs, including believing the child did not need insurance, not wanting the child to be in a public program, and perceived issues with the application process. Other data indicate that the children of parents who report not needing or wanting insurance tend to be in better health and have fewer unmet needs than other low-income uninsured children (Kenney and Haley 2001).[25]

Slightly over two-thirds (68 percent) of low-income uninsured children have parents who indicate either lack of knowledge (24 percent), enrollment not considered easy (21 percent) or both (23 percent). Thus, a large group of uninsured children appear not to be enrolled because their families lack information about the existence of the programs, their eligibility rules, and/or their enrollment processes; or because they have negative perceptions of those processes.

[25] Analysis from the 1999 National Survey of America's Families (NSAF) indicates that 22 percent of all low-income uninsured children had parents who did not inquire about or apply for Medicaid/SCHIP coverage because they did not want public health insurance coverage for their child or felt it was not needed (Kenney and Haley 2001).

Table 2: Why Low-Income Uninsured Children Are Not Enrolled in Medicaid/SCHIP (Summary Table), 2001 (n=9,473)

Child Characteristics	Percentage of Low-Income Uninsured Children
No Reason Identified	**18.6%**
Heard of at least one program, would enroll child, not confused about eligibility, and see application process as easy	18.6
Lack of Interest	**14.2**
Heard of at least one program, would not enroll child	8.9
Heard of at least one program, do not know if would enroll child	5.3
Lack of Knowledge	**23.9**
Haven't heard of either program	9.6
Heard of at least one program, would enroll child, see application process as easy, but confused about eligibility	14.3
Enrollment not Considered Easy	**20.4**
Heard of at least one program, would enroll child, not confused about eligibility, but do not see application process as easy	20.4
Both Lack Knowledge and Enrollment not Considered Easy	**22.9**
Heard of at least one program, would enroll child, confused about eligibility, and do not see application process as easy	22.9
Total	**100%**

Source: Urban Institute tabulations of Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs, 2001.

E. Knowledge and Perceptions of Medicaid/SCHIP, For Subgroups of Low-Income Uninsured Children

Differences by Race/Ethnicity/Language.[26] Awareness and perceptions of Medicaid and SCHIP programs vary widely by race, ethnicity, and language group (Appendix B Table B.1). Low-income uninsured Hispanic children whose parents were interviewed in Spanish are the least likely to have parents who have heard of Medicaid and/or SCHIP and believe the application processes are easy. Specifically, the parents of these children are about 19 percentage points less likely to have heard of SCHIP,[27] and 17 to 20 percentage points more likely to believe that the Medicaid/SCHIP application processes are difficult or say they do not know how difficult the processes are.[28]

At least three-quarters of the low-income uninsured children in every race and ethnicity group have parents who say they would enroll their uninsured child in Medicaid or SCHIP if they were told that their child was eligible. However, interest in enrolling children in Medicaid and SCHIP is about 10 to 15 percentage points lower for white children (at 77 percent), compared to Hispanic children (at 87 percent) and black children (at 92 percent).[29] In addition, white children and Hispanic children whose parents were interviewed in Spanish are the least likely to have parents who believe they are eligible for coverage (at 43 and 46 percent,

[26] As described above, we examined four subgroups of children categorized by their race/ethnicity and the language in which the interview was conducted. The four mutually exclusive groups are: non-Hispanic white (referred to as "white"), non-Hispanic black (referred to as "black"), Hispanic/Spanish language interview, and Hispanic/English language interview. No separate estimates are presented for children of other races because of concerns about sample size and representativeness of that group.

[27] Preliminary analysis of the 1999 and 2002 National Survey of America's Families did not confirm the wide knowledge differentials of separate SCHIP programs found for this sample between the Spanish-speaking and English-speaking Hispanic groups (Urban Institute tabulations). This could be attributable to differences in the time period being examined, to the mix of SCHIP programs being analyzed, or to differences in the underlying composition of the subgroups being studied.

[28] These differences are somewhat smaller, but they remain statistically significant in the multivariate models (Urban Institute tabulations).

[29] Similar variations by race/ethnicity are found for interest in enrolling among low-income uninsured children in the 2002 NSAF (data not shown; Urban Institute tabulations).

respectively) and non-Hispanic black children were the most likely to have parents who thought that their child was eligible for coverage (at 63 percent).[30] Hispanic children whose parents were interviewed in English were in the middle as 57 percent had parents who believed that their child is eligible for coverage under Medicaid or SCHIP.

That the lowest levels of basic awareness, and the most negative perceptions of the application processes, were found among parents who were interviewed in Spanish suggests that additional strategies targeted to the Hispanic community may be needed, particularly in states with large numbers of uninsured children in this ethnic group. However, more progress may have occurred since this time period since findings from the 1999 to 2002 period suggest that Medicaid/SCHIP coverage increased among low-income citizen children whose families were interviewed in Spanish (Capps et al. 2003).

Differences by Age of Child.[31] Overall, awareness of Medicaid and SCHIP programs was quite similar among the parents with sampled children of different ages (Appendix B Table B.1). However, older children are more likely than younger children to have parents who do not believe they are eligible and, to a lesser extent, less likely to have parents who say they would enroll the child if told the child was eligible. Specifically, school-age children (ages 6-12, and 13-17) are between 11 and 14 percentage points less likely to have parents who think their child

[30] Low-income uninsured white children are 20 and 14 percentage points less likely than black children and Hispanic children whose parents were interviewed in English, respectively, to have parents who believe their children are eligible. This difference was reduced when other differences between white, black and Hispanic children in English-speaking families were controlled. Hispanic children with Spanish interviews were about 10 percentage points less likely than white children to have parents who think they are eligible when other differences are controlled. In the multivariate analysis, both Hispanic with English interviews and black children were more likely than white children to have parents who believe they are eligible for public coverage. Although family incomes are higher on average among white low-income families than among families in the other race-ethnic groups, an estimated 86 percent of white non-Hispanic low-income uninsured children are Medicaid/SCHIP eligible (Urban Institute tabulations of the 1999 NSAF).

[31] Overall, children in each age group living in households with two or more children were more likely to have parents who had heard of both Medicaid or SCHIP than children in the same age group who were the only child in the household (data not shown; Urban Institute tabulations).

is eligible for coverage than are preschool children (under age 6) – even though all children below a state's income eligibility threshold are eligible for coverage regardless of age (Ullman et al. 1999). These findings strongly suggest that many parents of uninsured children are confused about Medicaid and SCHIP eligibility policies, and are unaware that eligibility is not a function of age. It appears that the willingness to enroll a child in Medicaid/SCHIP declines slightly with the age of the child—children in the youngest age group are 4 percentage points more likely to have parents who want to enroll their child compared to children in the oldest age group.[32]

Differences by Health Status of Child. Children with special health care needs are more likely than other children to have parents who have heard of Medicaid or SCHIP, to believe their child is eligible, and to want to enroll their child. The parents of 92 percent of children with SHCN had heard of Medicaid, and 64 percent had heard of SCHIP (Appendix B Table B.1). This is compared with 86 percent and 56 percent, respectively, for children without SHCN.[33] Over half – 54 percent – of children with SHCN have parents who believe their child is eligible for Medicaid/SCHIP, versus 48 percent of those without SHCN. Similarly, willingness to enroll in Medicaid/SCHIP is nearly 7 percentage points higher for SHCN than those without special needs. This is consistent with evidence from the 1999 NSAF suggesting that children with activity limitations participate in public health insurance programs at a higher rate than those without such limitations (Dubay et al. 2002).

Differences by Education of Respondent.[34] Awareness of Medicaid and SCHIP programs is higher for children whose parents have a high school degree/GED or more education than for

[32] This difference is smaller in magnitude and not statistically significant in the multivariate models.
[33] The difference in awareness of SCHIP found for children with and without special health care needs does not remain statistically significant in the multivariate model.
[34] Awareness of both Medicaid and SCHIP programs appears to increase with income, but most differences by income group are smaller in the multivariate models and are not statistically significant at conventional levels. For

those whose parents do not have a high school degree or GED. Awareness of Medicaid is 7 percentage points higher, and awareness of SCHIP is 16 percentage points higher, for parents with a high school degree/GED or more than for parents with less education.[35] Parents' education also seems to affect how the application processes are perceived. Less educated parents are more likely to perceive the application processes as difficult and less likely to view them as easy. These patterns are not surprising, considering that low levels of education are associated with illiteracy and numerous related problems, but they suggest that some parents may require more assistance than is currently available. There were no significant differences between these two groups in interest in enrolling in the programs.[36]

Differences by Duration of Uninsurance of Child. Children who have been uninsured for longer periods of time are less likely than children with short durations of uninsurance to have parents who have heard of Medicaid or SCHIP, to have parents who believe the child is eligible for either Medicaid of SCHIP, and to want to enroll their child if told they were eligible

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uninsured children in the very poorest income group – at or below 50 percent of the federal poverty level (FPL) – 18 percent had parents who had not heard of Medicaid, while 52 percent had parents who had not heard of the SCHIP program in their state. At the same time, interest in enrolling appears highest (at 90 percent) among these poorest families. Considerable levels of misperception about eligibility were found across the income spectrum, with misconceptions more common among higher-income families. Some higher-income parents may be correct in thinking their children are not eligible since some states set their eligibility levels below 200 percent of the federal poverty level. According to simulations using the 1999 NSAF, for example, 17 percent of uninsured children with family incomes between 150 and 200 percent of the FPL did not appear to be eligible for Medicaid or SCHIP in 2000 (Urban Institute tabulations). But the fact that many more than 17 percent of the uninsured children in this income group have parents who believe the child is ineligible or do not know whether the child is eligible or not indicates ignorance both of how generous the income thresholds are and of the income amounts that can be disregarded in determining Medicaid/SCHIP eligibility.

[35] These differences in Medicaid and SCHIP awareness are slightly smaller in the multivariate analysis, but remain statistically significant.

[36] Willingness to enroll children in Medicaid/SCHIP decreases steadily with education, with willingness at 85 percent for those with less than a high school degree or GED, 84 percent for those with a high school degree or GED but no college, 83 percent for those with some college, and 75 percent for those with a college degree or higher. However, the difference in willingness to enroll between those with less than a high school degree/GED and those with a high school degree/GED or higher is not significant at the 0.05 level, and, with one exception noted below, the differences across the education groups in willingness to enroll children in Medicaid/SCHIP diminish and are no longer statistically significant when controlling for income and other characteristics. In the multivariate analysis, children with parents with a college degree, however, are 9 percentage points less likely to enroll than children whose parents have no degree.

(Appendix B Table B.1). The largest gaps were found between children who had been uninsured for less than a year and those who were reported always to have been uninsured. For example, children who have been uninsured for less than a year were 22 percentage points more likely to have parents who have heard of SCHIP and 7 percentage points more likely to have heard of Medicaid than children who have always been uninsured. They were also 19 percentage points more likely to have parents who believe they are eligible for Medicaid/SCHIP. In addition, although over three-quarters of every group had parents who were willing to enroll them in the programs, children with the shortest time uninsured were 12 percentage points more likely to have parents who are willing to enroll them than children who have never had coverage.[37]

Differences by Child's Prior Experience with Medicaid and SCHIP. Almost all children who have been enrolled in either Medicaid or SCHIP previously have parents with positive views about enrolling their children again.[38] Nearly 9 out of 10 low-income uninsured children (88 percent), for example, have parents who say they would enroll or reenroll their child if told the child was eligible. And interest in enrolling children is similar among families whose child has previously been enrolled in Medicaid and families whose child has previously been enrolled in SCHIP. Eighty-eight percent of low-income uninsured children previously enrolled in Medicaid have parents who say they would enroll their child in Medicaid/SCHIP if told they were eligible, compared with 90 percent for previous SCHIP enrollees. The interest in enrollment is consistent with high levels of satisfaction with Medicaid and SCHIP reported by parents in focus groups who had experiences with the programs (Bellamy et al. 2002).

[37] These differences in SCHIP awareness were reduced in magnitude and differences in Medicaid awareness were no longer statistically significant when other factors were controlled for in the multivariate analyses.

[38] Parents' willingness to enroll is higher for previous enrollees than for those without previous enrollment in the programs, and this difference holds up even in the multivariate analysis.

It is noteworthy that families who are the most familiar with the processes (that is, those whose children have had prior experiences with Medicaid and SCHIP) have significantly more positive views about the application processes and are much less likely to say they do not know how difficult or easy the processes are, compared to those with no prior experience.[39,40,41] For example, almost 60 percent of low-income uninsured children previously enrolled in Medicaid had parents who thought the Medicaid application process was easy, while just 35 percent of those with no prior Medicaid experience believed this.[42] Five percent of those with prior Medicaid experience had parents who did not know how easy/difficult the Medicaid process was, compared with 29 percent of those with no prior experience. At the same time, however, those with prior experience are just as likely as those with no prior experience to have negative perceptions of the process – for example, just over a third of each group believed the Medicaid application process was difficult. The same patterns held with respect to the SCHIP application process. Fully three-quarters of those previously enrolled in SCHIP reported perceiving the application process as easy, compared with just 47 percent of those with no prior SCHIP experience;[43] meanwhile, just 5 percent of those with prior enrollment did not know how

[39] These differences remain even when controlling for other differences between children with and without previous program experience.

[40] Among low-income uninsured children whose parents have heard of Medicaid, 55 percent had been previously enrolled in Medicaid, and 8 percent had had an application made on their behalf but had not been enrolled. For low-income uninsured children whose parents have heard of SCHIP in states with separate SCHIP programs that have a different name than the Medicaid program, 13 percent had been previously enrolled in SCHIP, and 18 percent had had an application made on their behalf but had not been enrolled.

[41] The prior experience patterns for SCHIP are similar to those for Medicaid, except that the families with prior program experiences appear to be even more positive about the SCHIP application processes than their counterparts are about Medicaid's. Of those with previous experience with SCHIP, 74 percent have parents who believe the application process is easy, compared to only 46 percent of those without previous SCHIP experience. The share of children with parents who do not know how they perceive the SCHIP application process is 4 percent for those with previous SCHIP experience and 32 percent of those without such experience. Twenty-two percent of both groups have parents who say the application process for SCHIP is difficult.

[42] This difference was reduced to 20 percentage points in multivariate analysis (Urban Institute tabulations).

[43] This difference was larger – 28 percentage points – in the multivariate analysis.

easy/difficult the process was, versus 32 percent of those with no prior experience. About a fifth of both groups reported perceiving the application process as difficult.

F. Multivariate Analysis of Medicaid/SCHIP Knowledge and Perceptions

Appendix B Tables B.2-B.5 present multivariate results for awareness of Medicaid and SCHIP, willingness to enroll, and beliefs about the child's eligibility. Most of the subgroup patterns that were identified in the bivariate comparisons presented in the prior section remain when we include controls for additional variables.

Consistent with the bivariate findings, awareness of Medicaid does not differ substantially across most subgroups in the multivariate models (Appendix B Table B.2). Awareness of Medicaid appears higher among parents with more education and for those whose children have a special health care need. In addition, knowledge of Medicaid appears to differ by region (it is higher in the West than in the South).

Many of the differences in awareness of SCHIP highlighted in the previous section are sustained in the multivariate analysis (Appendix B Table B.3). Consistent with the descriptive analysis, awareness is much lower among Spanish-speaking Hispanics than among whites and among children who have been uninsured since they were born than among children who have had coverage in the past. Likewise, awareness was higher for children with parents with a high school degree, GED, or more education than for those whose parents had not finished high school. In addition, higher levels of SCHIP awareness were found among households located in MSAs, and for those outside of the South.

Most of the subgroup differences found in parents' willingness to enroll their children in Medicaid or SCHIP that were identified in the previous section remained in the multivariate

model. In particular, greater willingness was found among parents of black children and Hispanic children with English interviews relative to those with white children; for children uninsured for shorter versus longer periods of time; and for children with special health care needs relative to those without special health care needs (Appendix B Table B.4). The multivariate analysis also suggests that interest in enrolling children is higher for parents who lack a high school degree/GED relative to those with a college degree or higher.

Consistent with the descriptive analyses, the multivariate analyses indicate that the belief that the child is eligible for Medicaid or SCHIP is higher if the child is black or Hispanic with an English interview than if the child is white (Appendix B Table B.5). Interestingly, believing the child is eligible is significantly lower for Hispanic children in Spanish interviews than for white children when other factors are held constant (although this difference was not significant in the descriptive analysis). The multivariate model indicates that parents are more likely to believe their child is eligible if: their child is in the preschool age group than if their child is school age; their child has been uninsured less than three years than if their child has been uninsured since birth; the household has income less than 50 percent of the federal poverty line relative to those with income between 150 and 199 percent of the federal poverty level; the household did not receive cash assistance in the 12 months prior to the survey; or the household is located in an MSA.

V. SUMMARY OF FINDINGS

Characteristics of Low-Income Insured and Uninsured Children

- **Low-income uninsured children differ from low-income insured children in terms of race/ethnicity, age, health status, parental education, and region.** Relative to their insured counterparts, low-income uninsured children are more likely to be Hispanic; they tend to be older; they are less likely to be identified as having special health care needs; they tend to have parents who are less well-educated; and they are more likely to live in the South or the West.

Access, Use, and Financial Hardships Among Low-Income Children

- **Low-income uninsured children with special health care needs are less likely than their insured counterparts to have a usual source of care; and they are reported to have greater unmet health needs for a number of different services.** Low-income children with special health care needs who are uninsured are 1.4 times less likely to have both a usual source of care and a usual provider and over six times as likely to have unmet needs for routine medical care and 2.8 times as likely to have unmet dental care compared to their counterparts who have insurance coverage.

- **Among low-income uninsured children, those with special health care needs have significantly higher unmet needs and out-of-pocket spending on health care relative to those without special health care needs.** Low-income uninsured children with special health care needs are 2.5 times as likely as those without special health care needs to have some type of unmet need and over three times as likely to have out-or-pocket spending for the child's medical care that exceeded $500 in the prior year. Likewise, three times as many low-income uninsured children with special health care needs as those without special health care needs had families that reported that meeting the child's health care needs caused financial difficulties for the child. At the same time however, low-income uninsured children with special health care needs were more likely than those without special health care needs to have a usual source of care and to have received an ambulatory care visit in the prior year.

Prior Insurance Coverage Experiences and Reasons for Being Uninsured

- **Seven out of ten low-income uninsured children had been uninsured for 12 months or longer but about half had been covered by Medicaid or SCHIP at some point in their lives.** Over one quarter (26 percent) had been uninsured since they were born and 17 percent had been uninsured for three years or more. While 50 percent had been previously enrolled in Medicaid or SCHIP (or both), another 9 percent had applied for coverage but had not successfully enrolled their child in Medicaid or SCHIP.

- **While parents reported many different main reasons why their child was uninsured, over half were related to not being able to afford or qualify for coverage.** Cost was cited as the main reason the child was uninsured for 29 percent of the cases; employment-related issues were reported for 17 percent of the sample; and ineligibility for coverage

was given as the main reason for 13 percent of the sample. Believing the coverage was not needed was cited as the main reason by five percent of sample and fewer than one percent said they did not want to accept government assistance or that they did not like the choices available to them.

Knowledge and Perceptions of Medicaid/SCHIP for Low-Income Uninsured Children

- **Awareness of SCHIP among families of low-income uninsured children is higher for more mature SCHIP programs than for newer programs but still lags behind awareness of Medicaid.** By 2001, 57 percent of low-income uninsured children had parents who had heard of their state's separate SCHIP program, and 86 percent had parents who had heard of their state's Medicaid program. For more mature SCHIP programs, awareness was 20 percentage points higher than for the newer programs. Awareness of SCHIP and Medicaid vary across subgroups of low-income uninsured children, however, with the lowest levels for Hispanic children whose parents were interviewed in Spanish; for children in the lowest income group and those whose parents were less well-educated; and for children who had been uninsured for more than a year.

- **Interest in enrolling their children in Medicaid/SCHIP is widespread among families with low-income uninsured children.** Fully 84 percent of the low-income uninsured children whose parents have heard of at least one of the two programs said they would enroll their child if told their child was eligible. While interest in enrolling in both programs is high, it is higher for SCHIP than for Medicaid. Almost all parents whose uninsured children have previously been enrolled in either Medicaid or SCHIP have positive views toward enrolling their children in these programs again, and interest in enrolling children is as high for families whose children had previously been enrolled in Medicaid as for those who had previously been enrolled in SCHIP. Interest varies across subgroups, with greater interest expressed for black and Hispanic children, for lower-income children and for children with special health care needs, relative to other children. Even among the groups of children whose parental interest is lower, however, over three-quarters have parents who say they would enroll their children. The 10 percent who said they would not enroll their child indicated a variety of reasons, such as viewing insurance as unnecessary; not wanting to accept welfare or participate in public programs; and problems associated with the application process.

- **In spite of broad awareness of Medicaid and SCHIP, many parents of low-income uninsured children do not believe their child is eligible for coverage.** Fewer than half of low-income uninsured children have parents who believe their children are eligible for Medicaid or SCHIP, for example, although over four-fifths (84 percent) of those children appear to be eligible for one of the programs. Confusion about eligibility among parents with low-income uninsured children is more pronounced for Hispanic children whose parents were interviewed in Spanish, for white children, for older children, and for higher-income children, relative to other children.

- **Less than half of all parents with low-income uninsured children believe the Medicaid and SCHIP application processes are easy.** Only 45 percent of all low-

income uninsured children whose parents have heard of at least one of the two programs have parents who see the application processes for programs in their state as easy. That leaves the majority (57 percent) of families as not knowing enough to have an opinion or seeing one or both of the two processes as difficult. While positive perceptions are about equally prevalent for both the Medicaid and SCHIP application processes, perceptions about the Medicaid process seem to be both more negative overall and more intensely negative.

Parents of children who have prior experiences with Medicaid and SCHIP programs have significantly more positive views about the application processes compared with parents of children who have no prior program exposure. However, about a third of both groups have parents with negative perceptions of the process. In addition, some subgroups of low-income uninsured children — such as those whose parents were interviewed in Spanish or have less than a high school degree — are more likely to have parents who believe the processes are difficult.

- **Although interest in enrolling children in Medicaid and SCHIP is high, knowledge and enrollment system barriers are reported for most low-income children who are still uninsured.** Fully two-thirds of low-income uninsured children have parents who indicated a knowledge barrier, an enrollment system barrier, or both. Only 16 percent have parents who say either that they would not enroll their child or that they are not sure if they would enroll their child if told their child was eligible

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APPENDIX A

DESCRIPTION OF ANALYTIC VARIABLES

1. Indicators of Awareness and Perceptions of Medicaid/SCHIP

Awareness of Medicaid. Parents with low-income uninsured children were asked, "Before today, had you ever heard of Medicaid (or state Medicaid name)?" The state-specific names for Medicaid are included in Appendix A Table A.1. In seven states and the District of Columbia, the Medicaid expansion under SCHIP has a name that differs from the original Medicaid program in that state. For these states, we characterized Medicaid knowledge by also taking into account the response they gave to a subsequent question that asked about awareness of the Medicaid expansion under SCHIP. In other words, in Alaska, Arkansas, Idaho, Louisiana, Nebraska, New Mexico, Wisconsin, and the District of Columbia, parents were asked separately about their awareness of the state's Medicaid program and the state's Medicaid expansion program under SCHIP. If a parent was aware of either of these programs, the child was coded as having a parent who had heard of Medicaid.[44] Response categories were "yes," "no," and "don't know." We included responses of "don't know" with responses of "no."

Awareness of Separate SCHIP Programs. Parents were asked, "Before today, had you ever heard of (state SCHIP name)?" When a state had an SCHIP program with the same name as its Medicaid program, this question was NOT asked. Knowledge of SCHIP programs was therefore analyzed for the 29 states with separate SCHIP programs when survey administration began that used different names for their SCHIP programs than for their Medicaid programs: Alabama, Arizona, California, Colorado, Delaware, Florida, Georgia, Illinois, Iowa, Kansas, Kentucky, Maine, Michigan, Mississippi, Montana, Nevada, New Hampshire, New Jersey, New York, North Carolina, North Dakota, Oregon, Pennsylvania, Texas, Utah, Virginia, Washington, West

[44] Only 67 cases out of 1,679 cases in Medicaid expansion states with an SCHIP program with a different name than Medicaid who were classified as having parents who had heard of Medicaid had parents who had heard of the Medicaid expansion program but not the Medicaid program.

Virginia, and Wyoming. The state-specific names for SCHIP are included in Appendix A Table A.1. For this question, the response categories were "yes," "no," and "don't know." We included responses of "don't know" with responses of "no."

Note About Medicaid/SCHIP Perception Variables. The indicators of experiences with and perceptions of Medicaid/SCHIP were asked of only those parents who had heard of either Medicaid or SCHIP (or both). The state names displayed for the interviewer in the question were only those names with which the respondent had indicated familiarity in the prior questions asking about awareness of the programs. Therefore, if the respondent had heard of Medicaid but not SCHIP, the Medicaid name was displayed, whereas if the respondent had heard of SCHIP but not Medicaid, the SCHIP name was displayed. Both program names were displayed for those who had heard of both programs. This structure allows for comparison of perceptions of Medicaid and SCHIP for questions that ask about both programs in a single question. That is, we can compare perceptions about both programs (for those who have heard of both Medicaid and SCHIP, in which case we do not know whether the stated perceptions reflect perceptions of Medicaid or SCHIP or both) to perceptions about Medicaid alone (for those who have heard of Medicaid but not SCHIP) or SCHIP alone (for those who have heard of SCHIP but not Medicaid).[45]

First Source of Information about Medicaid/SCHIP Programs. Parents who had heard of Medicaid, SCHIP, or both were asked, "Where did you first hear about Medicaid (or state Medicaid name) or (state SCHIP name)?" The question was open-ended: interviewers listened to the response and then coded it into specified categories. We classified these responses into several categories:

1. Friend or family member;
2. Health care provider/clinic/hospital/health department;
3. Welfare office/case worker/WIC/other government agency;
4. Mass media (including Radio/TV, Newspaper/magazine, or Flyer/poster);
5. Child's school; and
6. Other/don't know/refused (including the response categories Outreach worker, Job, Self/family member previously in program, From interviewer, Other specify responses (i.e. Phone book, Library, and When I was looking into the cost of insurance), Don't know, and Refused).

Appendix B Table B.7 provides the detailed distribution of responses to this question.

Willingness to Enroll Child in Medicaid/SCHIP. Parents were asked, "If you were told that [child/children] was/were eligible for Medicaid (or state Medicaid name) and (state SCHIP name), would you want to enroll [him/her/them]?" For this question, the response categories were "yes," "no," and "don't know." Those who said "no" or "don't know" when asked whether they would want to enroll their child were classified as having a lack of interest in enrollment. Some respondents who responded "yes" to this question subsequently responded "Don't need insurance" (32 cases) or "Don't accept welfare/don't want to be in a public program" (8 cases) when asked why child is not enrolled in Medicaid/SCHIP. To correct this contradiction, we recoded these responses from "yes" to "no" for willingness to enroll in Medicaid/SCHIP.

Main and Other Reasons Parent Did Not Want to Enroll Child in Medicaid/SCHIP. Parents who responded "no" when asked whether they would enroll their child in Medicaid/SCHIP were asked two follow-up questions, "What is the main reason you would NOT want to enroll [child/children] in Medicaid (or state Medicaid name) or (state SCHIP name)?" and "Any other reasons?" The questions were open-ended: interviewers listened to the responses

[45] While most questions in the survey assessing perceptions of the programs were asked about Medicaid and SCHIP in combination, perceptions of the Medicaid and SCHIP application processes were obtained in separate questions.

and then coded them into specified categories. We classified these subcategories into eight categories for analysis:

1. Insurance not needed;
2. Cost too much;
3. Issues with application process (including Takes too much time to apply, Does not want to meet application requirements, Don't like people at application office, and Application process too difficult);
4. Negative views of program (including Heard bad things about program and Don't like doctors/providers in health plan);
5. Don't accept welfare/don't want to be in public program;
6. Worries about citizenship;
7. Expect to have insurance soon; and
8. Other/don't know/refused (including Other specify responses (i.e. He will be 18 in a month and he can enroll himself then, Because I don't have the information they need, and Because her father is responsible for insurance), Don't know, and Refused).

We created two indicators of these reasons: First, we categorized children according to the main reason identified; then, we examined the number of children who had each type of reason as either their main reason for not wanting to enroll in Medicaid/SCHIP or an additional reason for not wanting to enroll. Appendix B Table B.8 provides the detailed distribution of main and other reasons parent would not enroll their child.

Beliefs about Child's Eligibility for Medicaid/SCHIP. Parents were asked, "Based on what you know about Medicaid (or state Medicaid name) and (state SCHIP name), do you think [child] is eligible now?" For this question, the response categories were "yes," "no," and "don't know." Those who said "no" or "don't know" to whether the child was eligible were classified as being confused or misunderstanding the eligibility rules and thus having a knowledge barrier.

Main Reason Child Not Enrolled in Medicaid/SCHIP, Among Interested/Informed Families. During the fielding period of the survey, it was noted that some parents indicated that

(a) they thought their child was eligible for Medicaid/SCHIP, and (b) they were willing to enroll their child if told the child was eligible were asked. Because of the seeming inconsistency of these responses with the fact that the child was not enrolled, NCHS decided to add a follow-up question for these respondents. This question was added October 15, 2001. Among our sample, we only have data on 785 out of a total of 3,442 potentially eligible cases (the remaining 2,657 eligible cases were interviewed before the question was added to the survey). Relevant respondents were asked, "What is the main reason [child] is not enrolled in Medicaid (or state Medicaid name) (or state SCHIP name)?" The question was open-ended: interviewers listened to the response and then coded it into specified categories. We classified these responses into several categories:

1. Costs too much;
2. Denied coverage in past/issues with application process (including Doesn't like people at application office, Takes too much time to apply, Don't want to meet application requirements, and Told child was ineligible/denied in past due to income);
3. Worries about citizenship;
4. Application is pending/interested in applying (including Application is pending, Just haven't done it/intend to apply, Don't know where/how to apply/lack of information, and Didn't have necessary documents); and
5. Other/don't know/refused (including Other specify responses (i.e. Personal accident prohibited enrollment, Grandmother just got custody of child, and Felt she had to be employed), Don't know, and Refused).

Appendix B Table B.9 provides the detailed distribution of responses to this question.

To understand whether an analysis of this question might be biased because only part of the relevant universe (those interviewed after the question was added) was given the opportunity to answer, we examined the characteristics of children whose parents were asked the question versus those whose parents were in the universe for the question but not asked because the question had not yet been added. While we did identify some potential sources of bias (e.g.,

children whose parents were asked the question were more likely to be white and less likely to be black, more likely to be in the youngest and oldest age groups but less likely to be ages 6-12, less likely to live in an MSA, and more likely to live in the South but less likely to live in the Midwest than relevant children whose parents were interviewed before the new question was added), the impact of these biases appeared small.

Perceptions of Medicaid/SCHIP Application Processes. Those who have heard of Medicaid were asked, "Based on what you know about Medicaid (or state Medicaid name), how easy or difficult do you think it is to complete an application for this program? Would you say very easy, somewhat easy, somewhat difficult, or very difficult?" Those who had heard of SCHIP were asked, "Based on what you know about (state SCHIP name), how easy or difficult do you think it is to complete an application for this program? Would you say very easy, somewhat easy, somewhat difficult, or very difficult?" In the eight states in which parents were asked separately about Medicaid and the state's Medicaid expansion program, perceptions about the application process for the Medicaid program were measured by parents' perceptions of the one program of the two with which they were familiar. If they were familiar with both Medicaid programs in their state, then their responses were averaged to indicate their attitudes about the Medicaid application process. The response categories were collapsed into three groups that were analyzed separately: "easy" (very or somewhat), "difficult" (very or somewhat), and "don't know."

We also combined perceptions of both programs into a single measure of overall perceptions of the Medicaid and SCHIP application process. This measure combines (1) the children whose parents have heard of both programs and believe that the application process for both programs is "somewhat easy" or "very easy" with (2) the children whose parents have heard of just one program (or lived in a state in which they were only asked about one program) and

believe the application process is "somewhat easy" or "very easy" into a group referred to as "easy." All other cases are classified as "difficult or don't know," which includes those who said that the application process for at least one program in their state was "somewhat difficult," "very difficult" or unknown – that is, they perceive the application process for at least one program in their state as not being "easy."

Summary Measure: Reasons Not Enrolled in Medicaid/SCHIP. To identify the size of the various potential barriers to enrollment in Medicaid/SCHIP, we classified all low-income uninsured children into one of five mutually exclusive categories according to the responses their parents provided: (1) *no reported reason*, including those whose parents have heard of at least one program, would enroll the child, are not confused about eligibility, and see the application process as easy; (2) *lack of interest*, including those whose parents have heard of at least one program but would not enroll the child or do not now whether they would want to enroll the child; (3) *lack of knowledge about the programs only*, including those whose parents have not heard of either program, and those who have heard of at least one program, would enroll the child, see the application process as easy, but are confused about eligibility; (4) *enrollment not considered easy only*, including those whose parents have heard of at least one program, would enroll the child, are not confused about eligibility, but do not see the application process as easy; (3) *both lack of knowledge and enrollment not considered easy*, including those whose parents have heard of at least one program, would enroll the child, are confused about eligibility, and do not see the application process as easy.[46]

[46] The measure of perceptions of the application process used in this indicator is the combined measure of perceptions of both programs discussed in the above section on "Perceptions of Medicaid/SCHIP Application Processes." Children whose parents have heard of both programs and think the application processes for both are easy, or who have heard of just one program and believe its application process is easy, were classified as "seeing the application process as easy." All others (who believe the application process for at least one of the programs is difficult or do not know about the application process for at least one program) are classified as "not seeing the application process as easy."

Reasons for Not Completing Medicaid/SCHIP Enrollment Processes. If a child had never been enrolled in Medicaid or SCHIP, the parent was asked if they had ever tried to enroll the child in either program but did not make it through the process, and, if so, which program and the reason for not finishing the process to apply. (Note that this question is different from the questions about prior experiences *enrolled* in the programs or *applied* to the programs that were used as indicators of prior experiences with the programs–see next section.) The question about reasons for not completing the application process was open-ended: interviewers listened to the response and then coded it into specified categories. We classified these responses into several categories:

1. Issues with application process (including Too confusing or complicated, Too time-consuming/forms too long, Language/comprehension/literacy problems, Couldn't get to application office when open, Transportation problems getting to office, Couldn't get through on telephone, Didn't have all the papers needed to enroll, People at application office not helpful, and Questions too personal);

2. Eligibility issues (including Told child ineligible because income too high, and Not sure if child was eligible);

3. Process is ongoing/waiting for a reply; and

4. Other/don't know/refused (including Don't like doctors/providers in plan, Got insurance some other way, Other specify responses (e.g., Didn't make enough income, Because they would have to take the parents to court, and Her husband lost his job and she missed the appointment), Don't know, and Refused).

Appendix B Table B.10 provides the detailed distribution of responses to this question.

2. Indicators of Experiences with Insurance Coverage

Experiences with Medicaid and SCHIP. Respondents who had heard of Medicaid were asked (1) whether the child had ever been enrolled in Medicaid, and (2) if the child had not been enrolled, whether the parent had ever applied for Medicaid for the child. Similarly, respondents who had heard of SCHIP were asked (1) whether the child had ever been enrolled in SCHIP, and (2) if the child had not been enrolled, whether the parents had ever applied for SCHIP for the

child. (Children who had never been enrolled but had applied were also asked when they last applied for Medicaid or SCHIP for the child.) Based on these questions, we created a three-level variable describing children's experiences with Medicaid and SCHIP: (1) enrolled in either program, (2) never enrolled in either program, but had applied to either program, and (3) never enrolled in or applied to either program. We used this combined measure of experiences with both programs to analyze variables that capture perceptions of both programs at once (such as whether parent believes either application process is easy), while we used the variables indicating experiences with Medicaid and SCHIP separately when analyzing variables that measure perceptions of the two programs separately. The Medicaid version categorizes children according to their Medicaid experiences: (1) enrolled in Medicaid, (2) never enrolled in Medicaid, but applied, and (3) neither enrolled in nor applied for Medicaid; and the SCHIP version categorizes children according to their SCHIP experiences: (1) enrolled in SCHIP, (2) never enrolled in SCHIP, but applied, and (3) neither enrolled in nor applied for SCHIP. We examined the distribution of this variable among the entire sample and also used Medicaid/SCHIP experiences as an explanatory variable, as described below.

Main Reason and Other Reasons Child Has No Insurance. All parents of low-income uninsured children were asked, "Earlier, you told me that [child] does not have health insurance. What is the main reason (child) does not have health insurance now?" Then they were asked, "Are there any other reasons?" These questions were open-ended: interviewers listened to the responses and then coded them into specified categories. We classified these responses into several categories:

1. Costs too much;
2. Don't need insurance/don't get sick;
3. Employment-related reasons (including No one in family currently employed, and Can't get insurance through employer);

4. Eligibility-related reasons (including Ineligible due to age/left school, rule violation, increase in income, child's health status, or other reason, Insurance ending after pregnancy, and Used up available benefits);

5. Application/process difficulties (including Application process too complicated, and Don't know how to get insurance);

6. In transition/between coverage (including Changing jobs or insurance policies, Have applied – waiting for paperwork to clear/waiting period to end, Just don't have/haven't applied/intend to apply but haven't done so, Moved between states or regions, and Problems with last plan – didn't recertify, paperwork problems, or plan expired);

7. Due to citizenship/lack of social security number;

8. Don't like insurance choices/plan features or don't want welfare/government assistance; and

9. Other/don't know/refused (including Have insurance but it is not comprehensive, Other parent's responsibility/lack of legal custody, Other specify responses (e.g., Because 17 year old was not living at home, They did not know they would stay in the state, and Never had the chance to get health insurance), Don't know, and Refused).

Appendix B Table B.11 provides the detailed distribution of responses to this question.

We created two indicators of reasons children are uninsured: First, we categorized children according to the main reason identified for their uninsurance; then, we examined the number of children who had each type of reason as either their main reason for being uninsured or an additional reason for being uninsured.

3. Health Care Access and Utilization Indicators

Usual Source of Care/Usual Provider. Respondents were asked, "Is there a place that [child] USUALLY goes when he/she is sick or you need advice about his/her health?" If the answer is yes, they are asked, "What kind of place is it…" or, if the person indicated there was more than one place, they are asked, "What kind of place does [child] go to most often… A doctor's office, emergency room, hospital outpatient department, clinic or some other place?" Respondents who identified that their children had a usual source of care were then asked, "A personal doctor or

nurse is the health provider who knows [child] nest. Do you have ONE person that you think of as [child's] personal doctor or nurse?" Children were classified into three usual source of care/usual provider categories based on answers to these questions: (1) Children with no usual source of care are those who either have no usual place to get care or who have a usual source of care that is a hospital emergency room; (2) Children with a usual source of care but not a usual provider are those with a usual source of care that is not a hospital emergency room but who do not have a personal doctor or nurse; and (3) Children with a usual source of care and a usual provider are those with a usual source of care that is not a hospital emergency room and a personal doctor or nurse.

Doctor/Health Professional Visits in Past 12 Months. Respondents were asked, "In the past 12 months/Since his/her birth, how many times did [child] visit a doctor or other health care provider? Do not count visits while staying overnight in a hospital." Children are categorized as having at least one visit or no visits.

Unmet Needs. Unmet needs for care were measured using a series of questions asking if the child needed a certain type of care in the past 12 months or since his/her birth and, if so, whether he/she received all the care needed. Types of care mentioned were: routine preventive care, such as a physical examination or well child check-up; care from a specialty doctor; dental care including check-ups; prescription medications, physical, occupational, or speech therapy; mental health care or counseling; substance abuse treatment or counseling (if child 8 years old or older); eyeglasses or vision care; and hearing aids or hearing care. The questions measured the need and the extent of unmet needs for each type of care separately. In this report, we examine unmet needs for routine care, specialist care, dental care, and prescription drugs. In addition, we created an indicator of unmet needs for any of the types of care mentioned in the survey ("any unmet need"). Parents of children with special health care needs (CSHCN) were asked

additional questions about care such as mobility aids and communication devices, but these types of unmet care are not included in this analysis.

Out-of-Pocket Payments for Child's Medical Care. Respondents were asked up to two questions about payment for children's medical care. First, they were asked: "The next question is about the amount of money paid during the past 12 months/since his/her birth for [child's] medical care. Please do not include health insurance premiums or costs that were or will be reimbursed by insurance or another source. But do include out-of-pocket payments for all types of health-related needs such as medications, special foods, adaptive clothing, durable equipment, home modifications, and any kind of therapy. During the past 12 months, would you say that the family paid more than $500, $250-$500, less than $250, or nothing for [child's] medical care?" (Families that paid more than $500 were then asked, "During the past 12 months, would you say the family paid $500-1000, $1000-$5000, or more than $5000 for [child's] medical care?" However, we did not use this level of detail in this report.) The categories of amount of out-of-pocket expenses we analyzed were: (1) nothing; (2) less than $250; (3) $250-500; and (4) more than $500.

Financial Problems Due to Child's Health Care. Respondents were asked, "Has [child's] health care caused financial problems for your family?" Response categories were "yes," "no," "don't know," and "refused." Responses of "yes" indicate the child's health care caused financial problems for the family.

4. Independent Variables: Child Characteristics

Race/Ethnicity of Child/Language of Interview. We categorized children into one of four race/ethnicity groups: (1) white non-Hispanic, (2) black non-Hispanic, (3) other non-Hispanic, and (4) Hispanic (including Hispanics of all races). Thirty-four children in our sample were known to be non-Hispanic; however, they lacked additional information on their race. These

cases were included in the other non-Hispanic category. Additionally, 48 cases were missing information on their ethnic classification that could not be assigned as Hispanic or non-Hispanic and are therefore coded as missing. Separate estimates are not presented for the cases with missing race/ethnicity information.

We classified Hispanic children into two groups according to the language of the interview, to create five mutually exclusive race/ethnicity/language groups: white non-Hispanic, black non-Hispanic, other non-Hispanic, Hispanic/English interview, and Hispanic/non-English interview. The survey was structured so that interviewing could be conducted in 12 languages in addition to English: Spanish, Vietnamese, Korean, Tagalog, Mandarin, Cantonese, Japanese, Portuguese, Polish, Italian, Russian, and French. Spanish interviews were conducted using a CATI instrument translated from English. Interviews in other languages were translated onto paper questionnaires for administration by bilingual interviewers. The data file contained information on whether an interview was conducted in English or some other language. We assumed that most interviews conducted with the respondents of Hispanic children that were not conducted in English were conducted in Spanish, and we analyzed these cases separately from interviews conducted about Hispanic children in English. There were only 105 non-Hispanic, non-English cases, not sufficient for separate analysis of this group.

Ideally, we would like to know more about the primary language spoken in the household, but because we do not have that information, we used language of the interview as a proxy indicator of the primary language spoken by the adult who was most knowledgeable about the child's health care. The non-English-language variable indicates that a non-English-language interviewer called the household, which, in most cases, indicates a non-English-language interview occurred. In a few cases, the non-English-language interviewer may have conducted the interview in English, but this appears to happen only infrequently. For example, only 2

percent of the cases called by a Spanish-language interviewer during the fourth quarter of 2001 were actually conducted in English.

Age of Child. We classified children into one of three age groups based on their age at the time of the survey: ages 0-5, ages 6-12, and ages 13-17. The parents of 5 children did not provide the age of their child; separate estimates are not presented for these cases.

Duration of Uninsurance. The survey asked respondents when the uninsured child last had health coverage. We categorized these responses into four groups based on the number of years the child had been uninsured: (1) Less than one year (including 6 months or less and more than 6 months but not more than 1 year); (2) 1 to 3 years (more than 1 year but less than 3 years); (3) 3 years or more; and (4) always (the child has never had health coverage).[47] Responses of "don't know" (425 cases) and "refused" (14 cases) were combined with the 110 missing cases and were not analyzed separately.

The categories for this question may be confusing to respondents for children under age 4. For example, a 3-year-old child who has been uninsured his/her entire life could be classified as uninsured either "1 to 3 years" or "always." This could mean that different respondents might classify children in identical circumstances in different ways. To ensure that potential classification differences did not affect our results, we reproduced analyses of length of uninsurance for the subset of children 4 and older only to see if the results would be dramatically different when excluding the cases for which the question categories could be open to possible

[47] Duration of uninsurance and previous enrollment in Medicaid and SCHIP were obtained at different points in the interview, and responses were sometimes inconsistent with one another. Of those children whose respondents had heard of either Medicaid or SCHIP and indicated that the child had "always" been uninsured, 19 percent had parents who said later in the interview that their child had at some point been enrolled in Medicaid, and an additional 3 percent had parents who said their child had been enrolled in SCHIP. It could be that these respondents did not think of Medicaid/SCHIP as insurance coverage earlier in the survey or that they had forgotten about their child's Medicaid/SCHIP enrollment until they were prompted later in the survey or that they are giving what they perceived as a socially desirable response about Medicaid/SCHIP enrollment.

misinterpretation. Alternative distributions (excluding children under 4) are presented as footnotes in relevant sections of the report.

Special Health Care Needs Status. Because one of the main objectives of the survey was to obtain information on the prevalence of CSHCN, a series of five sets of questions about the child's health needs, known as the CSHCN Screener, was asked to identify CSHCN (Bethell et al. 2002). As explained in Blumberg et al. 2003, the series consists of five stem questions each of which has two follow-up questions. The five stem questions were: (1) "Does your child need or use more medical care, mental health, or educational services than is usual for most children of the same age?"; (2) "Does your child currently need or use medicine prescribed by a doctor, other than vitamins?"; (3) "Is your child limited or prevented in any way in his or her ability to do the things most children of the same age can do?"; (4) "Does your child need or get special therapy, such as physical, occupational, or speech therapy?"; and (5) "Does your child have any kind of emotional, developmental, or behavioral problem for which he or she needs treatment or counseling?" If a respondent answers yes to any of these five questions, he/she is asked if the child's need for the type of care identified is "because of any medical, behavioral, or other health condition" and if the condition "has lasted or is expected to last 12 months or longer." If both of these conditions are true for any of the five situations described in the stem questions, then the child is identified as having SHCN.

5. Independent Variables: Household/Respondent Characteristics

Education of Mother.[48] Respondents were asked about the highest grade or level of school they have completed (or, if the respondent was not the child's mother, they were asked the education

[48] The education level of the child's mother was also collected if the mother was not the respondent, but we did not use this variable in analyses because the question was not asked of some relevant cases early in the data collection period.

level of the child's mother). For descriptive analyses presented in this report, we categorized responses into two groups: (1) No high school degree or GED (including eighth grade or less, and some high school, but did not graduate); and (2) High school degree/GED or greater (including high school graduate or GED, some college, and BA or greater). More detailed categories were used in regression analyses.[49] For some cases for whom the respondent was not the child's' mother, the education level of the mother was not collected because the question had not yet been added. For these cases, the education level of the mother is classified as missing. Overall, 391 cases were missing information for mother's education and were analyzed separately only in the multivariate analyses.

Residential Location. Based on Census data and the telephone exchange (i.e., area code and first three digits) for the household, the GENESYS database characterized each household's location based on Metropolitan Statistical Area (MSA) status: (1) In an MSA (including in the center city of an MSA; outside the center city of an MSA, but inside the county containing the center city; inside a suburban county of the MSA; and in an MSA that has no center city), and (2) Not in an MSA. We do not have information on MSA status for 2,563 cases (27 percent) residing in the following 16 states: Alaska, Connecticut, Delaware, Hawaii, Idaho, Massachusetts, Maryland, Maine, Montana, North Dakota, New Hampshire, Nevada, Rhode Island, South Dakota, Vermont, and Wyoming. For these cases, we imputed MSA status as advised by NCHS (since the majority of children in these states share the same MSA status). We imputed "In an MSA" status to all children in CT, DE, HI, MA, MD, NH, NV, and RI, and we imputed "Not in an MSA" status to all children in ID, ME, and MT. For those states for which NCHS did not provide an MSA classification (AK, ND, SD, VT, and WY), we imputed MSA

[49] These four categories were: (1) No high school degree or GED (including "eighth grade or less" and "some high school, but did not graduate"); (2) High school graduate or GED; (3) Some college ("some post-high school, but not

status as "Not in an MSA" based on Urban Institute estimates from the March 2003 Current Population Survey (MSA status was assigned based on the status of the majority of the population in the state). An interaction term indicating "imputed MSA status" was included in the regression models to determine whether effects of being inside or outside of an MSA varied according to whether MSA status was imputed. .

Region. We categorized the regional location of children's state of residence based on the four Census categories: (1) Northeast (Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, Vermont); (2) Midwest (Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, Wisconsin); (3) South (Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia); and (4) West (Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, New Mexico, Nevada, Oregon, Utah, Washington, Wyoming).

Household Poverty Level. Using the total household income in the past calendar year along with the size of the household and the federal poverty guidelines for that household size, we categorized children into one of five groups: (1) Less than or equal to 50 percent of poverty; (2) 51-100 percent of poverty; (3) 101-150 percent of poverty; (4) 151-200 percent of poverty; and (5) missing income information.[50] Missing income information indicates that the respondent

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bachelor's degree"), and (4) BA or greater ("college graduate – bachelor's degree or BA" and "some graduate or professional school (with and without degree)".

[50] Income in this survey may be subject to measurement error. First, the survey uses a single income screener to determine the household's income, rather than asking a series of questions about particular sources of income. This may cause some respondents to underestimate their incomes and other respondents to overestimate their incomes (Cantor and Wang 2000). On balance, the use of a single income question appears to lead to understatement of household income (Moeller and Mathiowetz 1994). Second, the questionnaire inquires about household income and size rather than family income and size, which may be more difficult to measure in multiple-family households. In addition, the poverty guidelines to which this income amount is compared to determine poverty level are based on family income and size. Thus, in households that contain more than one family, the household income may be

did not supply the household's income but that imputation suggested the household was below 200 percent of poverty. However, specific information about income categories within the low-income group is not available. Nineteen percent of the cases originally asked the Medicaid and SCHIP questions had missing income values, of which 69 percent were imputed as residing in low-income households.

Number of Children in Household. Children were classified according to the number of children aged 0 to 17 years (inclusive) reported to be living in the household.

Number of Adults in Household. The number of adults in the household was calculated as the total number of people of all ages living in the household minus the number of children aged 0 to 17 years living in the household. Children were classified as living in households with one adult, two adults, or more than two adults.[51]

Relationship of Respondent to Child. Respondents are classified by their relationship to the child as either a mother, father, or other relative/friend.

Cash Assistance Receipt. Respondents in households with incomes below 200 percent of FPL or with unknown income at the time of the survey were asked whether anyone in the household received cash assistance from a state or county welfare program during the past 12 months – even for one month – and were categorized as having received cash assistance if the answer was yes.

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misclassified. Third, the recall period in the survey is a potential source of error. Respondents are asked about their household income in the previous calendar year. This introduces complexities because the data collection period for this survey spans parts of multiple calendar years, so respondents are asked about 1999, 2000, or 2001 income. This introduces several issues: (1) households of some respondents may have received different amounts of income in the various years, so the year of the interview determines their child's inclusion in or exclusion from the sample; (2) the poverty guidelines in these years are slightly different; and (3) recall period varies by date of interview. If recall period length affects responses to the income question, this may cause more misclassification of households in certain phases of the data collection period than in others.

[51] The 6 cases with no adults reported to be living in the household were classified with those living with one adult.

6. Independent Variables: Program Characteristics

Maturity of Separate SCHIP Program. For each state with a separate SCHIP program that is analyzed here,[52] we determined the month and year that enrollment in the separate SCHIP program began (Smith et al. 2001). We then computed the number of months that had passed from that implementation date to the date that the survey began (17 October 2000). The maturity of the SCHIP program was then categorized as less than 18 months, or 18 months or more.

[52] As described earlier, knowledge of and experiences with SCHIP programs were analyzed for children in the 29 states with separate SCHIP programs in 2000/2001 with different names than the Medicaid program in the state.

Appendix Table A.1: Medicaid and SCHIP Names, by State, National Survey of Children with Special Health Care Needs

	Medicaid	Medicaid Alternative	SCHIP	Different Medicaid and SCHIP Names	Separate Medicaid Names	Same Medicaid and SCHIP names	Medicaid Name Only
Alabama	Patient 1st Program		ALL Kids	X			
Alaska		Denali KidCare			X		
Arizona	AHCCCS (pronounced "access")		KidsCare	X			
Arkansas	ConnectCare	ARKids First			X		
California	Medi-Cal		The Healthy Families Program	X			
Colorado	Medicaid's Baby Care / Kids Care Program, Colorado Access, or the Primary Care Physician Program		Child Health Plan Plus	X			
Connecticut	The HUSKY Plan		The HUSKY Plan (Medicaid is HUSKY A; SCHIP is HUSKY B)			X	
Delaware	Diamond State Health Plan		The Delaware Healthy Children Program	X			
District of Columbia	Medical Assistance Program	DC Healthy Families			X		
Florida			Florida KidCare, which includes Healthy Kids and Medi-Kids	X			
Georgia	Georgia Better Health Care Program		PeachCare for Kids	X			
Hawaii	Hawaii-QUEST						X
Idaho	Healthy Connections	Children's Health Insurance Program, or CHIP			X		
Illinois			KidCare	X			
Indiana	the Hoosier Healthwise program		the Hoosier Healthwise program			X	
Iowa	MediPASS		HAWK-I (Healthy and Well Kids in Iowa)	X			
Kansas	HealthConnect Kansas, or PrimeCare Kansas		HealthWave	X			
Kentucky	Passport, Kentucky Health Select, or KENPAC		Kentucky Children's Health Insurance Program (K-CHIP)	X			
Louisiana	CommunityCARE program	Louisiana Children's Health Insurance Program (La-CHIP)			X		
Maine	PrimeCare		Cub Care	X			
Maryland	Medical Assistance Program, or HealthChoice						X
Massachusetts	MassHealth		MassHealth			X	
Michigan	Medical Assistance Program		MI-Child	X			
Minnesota	Medical Assistance		(Proposal to include CHIP in MinnesotaCare was denied by HCFA)				X
Mississippi	HealthMACS		Mississippi Health Benefits Program, which includes CHIP, the Children's Health Insurance Program	X			
Missouri	MC-Plus For Kids						X
Montana	Passport to Health program		Montana Child Health Insurance Plan, or CHIP	X			
Nebraska	Medical Assistance Program, or the Nebraska Health Connection program	Kids Connection			X		
Nevada			Nevada Check Up	X			
New Hampshire	Healthy Kids Gold		Healthy Kids Silver	X			
New Jersey	New Jersey Care 2000		New Jersey KidCare	X			
New Mexico	SALUD!	New MexiKids			X		
New York			Child Health Plus, or CH Plus (not all kids enrolled in CH+ are covered by Title XXI)	X			
North Carolina	Carolina ACCESS, or Healthcare Connection		North Carolina Health Choice for Children	X			

Appendix Table A.1: (Continued) Medicaid and SCHIP Names, by State, National Survey of Children with Special Health Care Needs

North Dakota			Healthy Steps Children's Health Insurance Plan	X			
Ohio	Healthy Start						X
Oklahoma	SoonerCare or SoonerCare Choice						X
Oregon			the Oregon Health Plan, which includes the Oregon Children's Health Insurance Program	X			
Pennsylvania			Pennsylvania Children's Health Insurance Program (PaCHIP)	X			
Rhode Island	RIte Care						X
South Carolina	Partners for Healthy Children program						X
South Dakota	the PRIME program, or the Child Health Insurance Program						X
Tennessee	TennCare						X
Texas	State of Texas Access Reform program, or STAR program		TexCare Partnership, which includes the Texas Children's Health Insurance Program	X			
Utah			Utah Children's Health Insurance Program, or CHIP	X			
Vermont	Dr. Dynasaur	(In Feb, HCFA approved the elimination of VHAP)	Dr. Dynasaur			X	
Virginia	Medallion, or the Options program		Virginia Children's Medical Security Insurance Plan	X			
Washington	Healthy Options, or Basic Health Plus		Washington State's Children's Health Insurance Program	X			
West Virginia	West Virginia Physician Assured Access System, or the Mountain Health Trust program		West Virginia Children's Health Insurance Program	X			
Wisconsin		BadgerCare			X		
Wyoming			Wyoming KidCare	X			

Notes:
Different Medicaid and SCHIP Names: Used appropriate state program names for Medicaid and SCHIP questions.
Separate Medicaid Names: Used the Medicaid Alternative name in the SCHIP questions
Same Medicaid and SCHIP Names: Used the state program name for Medicaid, and skipped all SCHIP-related questions (as if it were a Medicaid-expansion state)
Medicaid Only: Used the state program name for Medicaid, and skipped all SCHIP-related questions. These are true Medicaid-expansion states.

APPENDIX B

Appendix B Table B.1: Medicaid and SCHIP Knowledge Among Families with Low-Income Uninsured Children, by Child and Family Characteristics

	Among All Low-Income Families with Uninsured Children	Race/Ethnicity/Language of Interview				Age of Child			SHCN Status		Mothers's Education Level	
		Non-Hispanic		Hispanic								
		White^	Black	English	Spanish	0-5^	6-12	13-17	Non-SHCN^	SHCN	No High School Degree/GED^	High School Degree, GED or More
Heard of Medicaid	86.3%	91.7%	86.5% *	87.9%	82.7% **	86.9%	86.6%	85.3%	85.9%	91.7% **	83.1%	89.9% **
	(0.7)	(0.8)	(1.9)	(2.4)	(1.4)	(1.3)	(1.1)	(1.3)	(0.8)	(1.4)	(1.2)	(0.8)
Heard of SCHIP[1]	56.5	66.2	62.5	66.1	46.8 **	58.5	57.3	53.6	56.0	64.1 *	49.4	65.2 **
	(1.2)	(1.9)	(3.1)	(3.5)	(2.1)	(2.2)	(2.0)	(2.2)	(1.3)	(3.2)	(2.0)	(1.5)
Heard of Either Medicaid or SCHIP	90.4	94.2	90.8	94.4	87.7 **	91.1	91.1	89.0	90.2	94.1 **	87.9	93.5 **
	(0.6)	(0.7)	(1.6)	(1.3)	(1.2)	(1.0)	(0.9)	(1.1)	(0.6)	(1.2)	(1.1)	(0.6)
Believes Child is Eligible for Medicaid/SCHIP	48.4	42.8	62.7 **	57.3 **	46.4	57.1	46.5 **	42.9 **	48.0	53.8 *	49.6	47.3
	(1.1)	(1.6)	(2.6)	(3.5)	(2.1)	(2.1)	(1.8)	(2.0)	(1.2)	(2.9)	(1.9)	(1.4)
Believes Medicaid Application Process Is:[2]												
Easy	50.1	56.3	62.1	56.8	39.3 **	52.5	51.9	45.4 *	49.7	55.2	45.6	54.7 **
	(1.2)	(1.6)	(2.6)	(3.6)	(2.2)	(2.1)	(1.9)	(2.0)	(1.2)	(3.0)	(1.9)	(1.4)
Difficult	36.0	26.5	26.9	33.3	48.6 **	36.8	34.9	36.8	36.1	34.1	42.9	29.7 **
	(1.1)	(1.5)	(2.3)	(3.5)	(2.2)	(2.1)	(1.8)	(1.9)	(1.2)	(2.9)	(1.9)	(1.3)
Doesn't Know	14.0	17.2	11.1 **	9.9 **	12.2 **	10.7	13.3	17.9 **	14.2	10.6 *	11.5	15.5 **
	(0.7)	(1.1)	(1.5)	(1.5)	(1.3)	(1.2)	(1.1)	(1.4)	(0.8)	(1.6)	(1.1)	(0.9)
Believes SCHIP Application Process Is:[3]												
Easy	54.2	58.1	59.2	62.7	45.9 **	56.6	53.4	52.8	54.0	55.8	49.1	58.7 **
	(1.7)	(2.4)	(4.1)	(4.3)	(3.3)	(3.0)	(2.6)	(2.9)	(1.7)	(4.3)	(2.9)	(2.0)
Difficult	22.4	17.1	19.1	19.7	29.4 **	22.0	22.5	22.9	22.2	25.8	26.8	18.4 **
	(1.4)	(2.0)	(3.2)	(3.3)	(2.8)	(2.5)	(2.2)	(2.4)	(1.4)	(3.5)	(2.4)	(1.6)
Doesn't know	23.4	24.8	21.7	17.7	24.7	21.5	24.1	24.3	23.8	18.4	24.1	22.9
	(1.4)	(2.0)	(3.6)	(3.3)	(2.6)	(2.1)	(2.3)	(2.4)	(1.4)	(3.2)	(2.4)	(1.5)
Believes Either Application Process Is:[4]												
Easy	43.1	49.2	52.9	51.1	32.9 **	45.2	44.3	39.6 *	42.7	48.0	38.8	47.4 **
	(1.1)	(1.6)	(2.7)	(3.5)	(2.0)	(2.0)	(1.8)	(2.0)	(1.2)	(2.9)	(1.8)	(1.4)
Difficult/Don't Know	56.9	50.8	47.1	48.9	67.1 **	54.8	55.7	60.4 *	57.3	52.0	61.2	52.6 **
	(1.1)	(1.6)	(2.7)	(3.5)	(2.0)	(2.0)	(1.8)	(2.0)	(1.2)	(2.9)	(1.8)	(1.4)
Would Enroll Child if Told Child Was Eligible[4]	84.0	77.1	92.3 **	87.0 **	86.5 **	85.6	84.4	82.0	83.5	90.5 **	85.1	82.9
	(0.8)	(1.4)	(1.2)	(2.3)	(1.6)	(1.5)	(1.3)	(1.6)	(0.9)	(1.6)	(1.5)	(0.9)

Data Source: Urban Institute tabulations of Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs, 2001.

Notes:

Standard errors are shown below each estimate.

** p < .01 * p<.05

^ Indicates group serves as reference group for significance tests.

1. Defined for children living in the 29 states which have a separate SCHIP program with a different name than their Medicaid programs. This includes: AL, AZ, CA, CO, DE, FL, GA, IA, IL, KS, KY, ME, MI, MS, MT, NC, ND, NH, NJ, NV, NY, OR, PA, TX, UT, VA, WA, WV, and WY.

2. Defined for those who have heard of Medicaid.

3. Defined for those who have heard of SCHIP.

4. Defined for those who have heard of Medicaid and/or SCHIP.

5. Prior experience refers to experience with Medicaid for Medicaid-specific questions (i.e. "Heard of Medicaid"), experience with SCHIP for SCHIP-specific questions, and experience with either for "Heard of either", "Believes eligible" and "Would enroll".

Appendix B Table B.1 (Continued): Medicaid and SCHIP Knowledge Among Families with Low-Income Uninsured Children, by Child and Family Characteristics

	Household Income				Length of Uninsurance				Prior Experience with Medicaid and or SCHIP[5]			Region			
	Poor		Near-Poor												
	<50%^	50-100%	100-150%	150-200%	<1 Year^	1-3 Years	>3 Years	Always	Ever Enrolled ^	Never Enrolled, but	Neither Enrolled nor Applied	Northeast	Midwest	South	West
Heard of Medicaid	82.4%	87.2% *	87.8% *	88.4% *	88.9%	86.4%	86.7%	82.4% **	100.0%	100.0%	69.9% **	86.4%	87.8%	84.1%	89.1%
	(2.0)	(1.4)	(1.6)	(1.7)	(1.1)	(1.6)	(1.8)	(1.7)	(0.0)	(0.0)	(1.4)	(2.3)	(1.4)	(1.2)	(1.0)
Heard of SCHIP[1]	48.1	57.6 *	62.1 **	64.0 **	65.4	57.6 *	58.9	43.9 **	100.0	100.0	47.1 **	69.3	72.1	49.4 **	58.4 **
	(3.2)	(2.5)	(2.5)	(3.0)	(2.1)	(2.5)	(3.1)	(2.7)	(0.0)	(0.0)	(1.4)	(3.2)	(3.0)	(1.8)	(2.3)
Heard of Either Medicaid or SCHIP	86.6	91.7 *	92.6 **	92.4 **	93.1	90.1	91.2	86.9 **	100.0	100.0	76.5 **	89.9	91.2	89.2	92.4
	(1.8)	(1.0)	(1.2)	(1.3)	(0.9)	(1.4)	(1.5)	(1.4)	(0.0)	(0.0)	(1.4)	(2.2)	(1.1)	(1.0)	(0.9)
Believes Child is Eligible for Medicaid/SCHIP	60.6	54.9	51.3 *	33.0 **	58.5	49.8 **	39.9 **	39.8 **	55.1	53.5	36.1 **	52.4	45.2	48.4	48.6
	(2.9)	(2.3)	(2.3)	(2.2)	(1.9)	(2.3)	(2.6)	(2.6)	(1.6)	(3.1)	(1.7)	(3.1)	(2.6)	(1.7)	(2.3)
Believes Medicaid Application Process Is:[2]															
Easy	48.4	53.7	54.0	51.3	58.2	50.4 *	50.1 *	38.5 **	59.7	54.1	34.7 **	52.2	52.7	54.5	41.5 **
	(3.1)	(2.3)	(2.4)	(2.6)	(1.9)	(2.4)	(2.8)	(2.6)	(1.7)	(3.3)	(1.6)	(3.1)	(2.6)	(1.7)	(2.3)
Difficult	43.5	36.4	33.4 *	29.8 **	29.7	39.2 **	36.8 *	41.0 **	35.5	39.0	36.0	28.2	31.9	33.7	43.7 **
	(3.1)	(2.2)	(2.4)	(2.4)	(1.8)	(2.4)	(2.7)	(2.6)	(1.6)	(3.2)	(1.8)	(2.6)	(2.4)	(1.6)	(2.4)
Doesn't Know	8.1	9.9	12.6 *	18.9 **	12.1	10.4	13.1	20.5 **	4.7	6.9	29.4 **	19.6	15.4	11.8 **	14.8
	(1.3)	(1.3)	(1.3)	(2.0)	(1.3)	(1.0)	(1.5)	(2.0)	(0.5)	(1.7)	(1.6)	(2.4)	(1.9)	(0.8)	(1.7)
Believes SCHIP Application Process Is:[3]															
Easy	54.3	52.6	60.4	60.0	55.8	53.3	51.0	52.0	74.8	67.8	46.6 **	56.7	48.1	59.9	48.2
	(4.6)	(3.4)	(3.3)	(3.5)	(2.7)	(3.5)	(4.1)	(3.9)	(3.2)	(3.8)	(2.1)	(3.6)	(4.5)	(2.5)	(3.2)
Difficult	26.0	23.9	21.5	16.2 *	21.4	22.8	22.8	26.5	20.7	27.1	21.6	23.3	21.5	18.0	27.9
	(3.9)	(2.9)	(2.7)	(2.5)	(2.4)	(2.9)	(3.4)	(3.2)	(3.0)	(3.7)	(1.6)	(3.0)	(3.8)	(2.1)	(2.7)
Doesn't know	19.7	23.6	18.1	23.8	22.9	23.9	26.2	21.5	4.6	5.1	31.9 **	20.1	30.4 *	22.2	23.9
	(3.6)	(2.7)	(2.5)	(3.0)	(2.2)	(3.0)	(3.4)	(2.9)	(1.3)	(1.7)	(1.9)	(2.7)	(4.5)	(2.0)	(2.7)
Believes Either Application Process Is:[4]															
Easy	41.3	45.3	48.0	44.9	48.5	44.6	41.6 *	34.9 **	49.7	46.9	31.5 **	44.8	45.8	47.6	34.4 **
	(2.9)	(2.3)	(2.3)	(2.5)	(1.9)	(2.3)	(2.7)	(2.5)	(1.6)	(3.2)	(1.6)	(3.1)	(2.5)	(1.7)	(2.1)
Difficult/Don't Know	58.7	54.7	52.0	55.1	51.5	55.4	58.4 *	65.2 **	50.3	53.1	68.6 **	55.2	54.2	52.5	65.6 **
	(2.9)	(2.3)	(2.3)	(2.5)	(1.9)	(2.3)	(2.7)	(2.5)	(1.6)	(3.2)	(1.6)	(3.1)	(2.5)	(1.7)	(2.1)
Would Enroll Child if Told Child Was Eligible[4]	89.8	87.9	83.3 **	83.2 **	89.4	87.4	82.1 **	77.6 **	88.4	92.8 *	74.4 **	79.0	80.1	85.9 *	84.5
	(1.9)	(1.8)	(1.7)	(1.6)	(1.1)	(1.5)	(2.0)	(2.1)	(1.1)	(1.7)	(1.6)	(2.6)	(2.1)	(1.2)	(1.7)

Data Source: Urban Institute tabulations of Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs, 2001.

Notes:

Standard errors are shown below each estimate.

** p < .01 * p<.05

^ Indicates group serves as reference group for significance tests.

1. Defined for children living in the 29 states which have a separate SCHIP program with a different name than their Medicaid programs. This includes: AL, AZ, CA, CO, DE, FL, GA, IA, IL, KS, KY, ME, MI, MS, MT, NC, ND, NH, NJ, NV, NY, OR, PA, TX, UT, VA, WA, WV, and WY.

2. Defined for those who have heard of Medicaid.

3. Defined for those who have heard of SCHIP.

4. Defined for those who have heard of Medicaid and/or SCHIP.

5. Prior experience refers to experience with Medicaid for Medicaid-specific questions (i.e. "Heard of Medicaid"), experience with SCHIP for SCHIP-specific questions, and experience with either for "Heard of either", "Believes eligible" and "Would enroll".

Appendix B Table B.2: Ordinary Least Squares Regression Results for Awareness of Medicaid

	Coefficient	P-value
Non-Hispanic Black	-0.0332	0.0970
Non-Hispanic Other	-0.1217	0.0000
Hispanic, English Interview	-0.0284	0.2840
Hispanic, Spanish Interview	-0.0321	0.2680
Age 6 to 12	-0.0053	0.7570
Age 13 to 17	-0.0183	0.3090
Child has SHCN	0.0400	0.0070
Uninsured less than one year	0.0270	0.2320
Uninsured one to three years	0.0186	0.4340
Uninsured three years or more	0.0287	0.2700
Unknown length of uninsurance	0.0370	0.2030
High school degree or GED	0.0440	0.0060
Some college	0.0447	0.0430
College degree or more	0.0559	0.0190
Missing mother's education	-0.0066	0.8510
50 to 99% FPL	0.0433	0.0800
100 to 149% FPL	0.0294	0.2620
150 to 199% FPL	0.0261	0.3370
Unknown income	0.0230	0.3740
Received cash assistance in past 12 mo.	0.0182	0.5960
Number of children in household	0.0036	0.6360
One adult in household	0.0251	0.2450
Two adults in household	0.0242	0.1380
Respondent is child's father	-0.0353	0.1810
Respondent is a non-parent	0.0061	0.8140
Lives in MSA	-0.0135	0.3200
Interaction term (Imputed MSA * MSA Status)	0.0332	0.0500
Lives in West	0.0797	0.0000
Lives in Northeast	0.0096	0.7200
Lives in Midwest	0.0301	0.1030
Constant	0.7981	0.0000

Data Source: Urban Institute tabulations of Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs, 2001.

Appendix B Table B.3: Ordinary Least Squares Regression Results for Awareness of SCHIP

	Coefficient	P-value
Non-Hispanic Black	-0.0150	0.6830
Non-Hispanic Other	-0.1204	0.0670
Hispanic, English Interview	0.0127	0.7520
Hispanic, Spanish Interview	-0.1319	0.0020
Age 6 to 12	-0.0207	0.4650
Age 13 to 17	-0.0549	0.0730
Child has SHCN	0.0355	0.2560
Uninsured less than one year	0.1208	0.0000
Uninsured one to three years	0.0980	0.0060
Uninsured three years or more	0.1108	0.0060
Unknown length of uninsurance	0.1009	0.0960
High school degree or GED	0.0784	0.0080
Some college	0.1007	0.0050
College degree or more	0.0941	0.0180
Missing mother's education	-0.0175	0.7890
50 to 99% FPL	0.0675	0.0810
100 to 149% FPL	0.0831	0.0390
150 to 199% FPL	0.0590	0.1960
Unknown income	-0.0291	0.4830
Received cash assistance in past 12 mo.	-0.0166	0.8090
Number of children in household	0.0154	0.1710
One adult in household	0.0577	0.1250
Two adults in household	0.0611	0.0270
Respondent is child's father	-0.0900	0.0360
Respondent is a non-parent	0.0048	0.9270
Lives in MSA	0.0655	0.0180
Interaction term (Imputed MSA * MSA Status)	-0.1512	0.0000
Lives in West	0.1476	0.0000
Lives in Northeast	0.1777	0.0000
Lives in Midwest	0.2339	0.0000
Constant	0.2723	0.0000

Data Source: Urban Institute tabulations of Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs, 2001.

Appendix B Table B.4: Ordinary Least Squares Regression Results for Willingness to Enroll Child in Medicaid/SCHIP if Told Eligible, Among Those Who Have Heard of At Least One of the Programs

	Coefficient	P-value
Non-Hispanic Black	0.1274	0.0000
Non-Hispanic Other	0.0594	0.0560
Hispanic, English Interview	0.1018	0.0000
Hispanic, Spanish Interview	0.0215	0.4570
Age 6 to 12	0.0041	0.8340
Age 13 to 17	-0.0129	0.5620
Child has SHCN	0.0725	0.0000
Uninsured less than one year	0.1198	0.0000
Uninsured one to three years	0.0947	0.0000
Uninsured three years or more	0.0515	0.0770
Unknown length of uninsurance	-0.0359	0.5320
High school degree or GED	-0.0024	0.8980
Some college	-0.0155	0.5090
College degree or more	-0.0927	0.0040
Missing mother's education	0.0181	0.6730
50 to 99% FPL	-0.0113	0.6860
100 to 149% FPL	-0.0434	0.1010
150 to 199% FPL	-0.0269	0.3230
Unknown income	-0.1272	0.0000
Received cash assistance in past 12 mo.	0.0711	0.0730
Number of children in household	-0.0242	0.0020
One adult in household	0.0331	0.1590
Two adults in household	0.0467	0.0150
Respondent is child's father	-0.0731	0.0200
Respondent is a non-parent	0.0356	0.3930
Lives in MSA	0.0150	0.4400
Interaction term (Imputed MSA * MSA Status)	0.0492	0.0100
Lives in West	-0.0061	0.7780
Lives in Northeast	-0.0594	0.0150
Lives in Midwest	-0.0261	0.2240
Constant	0.7712	0.0000

Data Source: Urban Institute tabulations of Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs, 2001.

Appendix B Table B.5: Ordinary Least Squares Regression Results for Belief that Child is Eligible for Medicaid/SCHIP, Among Those Who Have Heard of At Least One of the Programs

	Coefficient	P-value
Non-Hispanic Black	0.1000	0.0010
Non-Hispanic Other	-0.0820	0.1100
Hispanic, English Interview	0.0846	0.0150
Hispanic, Spanish Interview	-0.1000	0.0080
Age 6 to 12	-0.0894	0.0010
Age 13 to 17	-0.1342	0.0000
Child has SHCN	0.0552	0.0620
Uninsured less than one year	0.1495	0.0000
Uninsured one to three years	0.0885	0.0090
Uninsured three years or more	0.0371	0.3030
Unknown length of uninsurance	0.0463	0.3620
High school degree or GED	-0.0177	0.5010
Some college	-0.0478	0.1430
College degree or more	-0.0430	0.2640
Missing mother's education	-0.1207	0.0240
50 to 99% FPL	-0.0537	0.1290
100 to 149% FPL	-0.0749	0.0500
150 to 199% FPL	-0.2538	0.0000
Unknown income	-0.1876	0.0000
Received cash assistance in past 12 mo.	0.1167	0.0290
Number of children in household	-0.0089	0.3580
One adult in household	0.0892	0.0090
Two adults in household	-0.0380	0.1460
Respondent is child's father	0.0331	0.3650
Respondent is a non-parent	0.1035	0.0240
Lives in MSA	0.0783	0.0010
Interaction term (Imputed MSA * MSA Status)	-0.0133	0.6780
Lives in West	0.0281	0.3240
Lives in Northeast	0.0263	0.4170
Lives in Midwest	-0.0052	0.8560
Constant	0.5379	0.0000

Data Source: Urban Institute tabulations of Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs, 2001.

Appendix B Table B.6: Ordinary Least Squares Regression Results for Belief that Believes Medicaid/SCHIP Application Process is Easy, Among Those Who Have Heard of At Least One of the Programs

	Coefficient	P-value
Non-Hispanic Black	0.0247	0.4570
Non-Hispanic Other	-0.0337	0.5240
Hispanic, English Interview	0.0448	0.2560
Hispanic, Spanish Interview	-0.1719	0.0000
Age 6 to 12	-0.0036	0.8910
Age 13 to 17	-0.0606	0.0310
Child has SHCN	0.0163	0.5720
Uninsured less than one year	0.0395	0.2280
Uninsured one to three years	0.0305	0.3580
Uninsured three years or more	0.0151	0.6790
Unknown length of uninsurance	0.0596	0.2560
High school degree or GED	0.0214	0.4400
Some college	0.0034	0.9230
College degree or more	0.0077	0.8400
Missing mother's education	0.0282	0.6200
50 to 99% FPL	0.0443	0.2250
100 to 149% FPL	0.0560	0.1490
150 to 199% FPL	0.0033	0.9360
Unknown income	-0.0820	0.0310
Received cash assistance in past 12 mo.	0.1081	0.0740
Number of children in household	0.0187	0.0670
One adult in household	-0.0048	0.8900
Two adults in household	0.0172	0.5130
Respondent is child's father	-0.0735	0.0570
Respondent is a non-parent	-0.0424	0.3620
Lives in MSA	-0.0116	0.6410
Interaction term (Imputed MSA * MSA Status)	0.0410	0.2070
Lives in West	-0.0936	0.0010
Lives in Northeast	-0.0519	0.1460
Lives in Midwest	-0.0203	0.5050
Constant	0.4336	0.0000

Data Source: Urban Institute tabulations of Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs, 2001.

Appendix Table B.7: Source of First Information about Medicaid or SCHIP, Low-Income Uninsured Children

	Percent of Low-Income Uninsured Children
Friend/Family	**27.9%**
	(1.0)
Health Care Provider	**25.2**
	(1.0)
Welfare Officer/Case Worker/WIC/Other Govt Agency	**14.6**
	(0.8)
Welfare office/case worker	11.1
	(0.8)
WIC	2.7
	(0.3)
Other government agency	0.8
	(0.2)
Mass Media	**16.2**
	(0.9)
Radio, tv	12.4
	(0.8)
Newspaper, magazine	1.4
	(0.2)
Flyer, poster	2.3
	(0.4)
Child's School	**5.7**
	(0.5)
Other/Don't Know/Refused	**10.4**
	(0.7)
Don't know	5.4
	(0.5)
Outreach worker	0.5
	(0.2)
Other	2.2
	(0.3)
Job	1.8
	(0.4)
Self/Family member previously in program	0.4
	(0.1)
Refused	0.0
	(0.0)
From CSHCN interviewer	0.2
	(0.1)

Data Source: Urban Institute tabulations of Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs, 2001; n=9,219. Standard errors are presented in parentheses.

Appendix Table B.8: Main and Other Reason Parent Would Not Enroll Child in Medicaid/SCHIP, Low-Income Uninsured Children

	Percent of Low-Income Uninsured Children	
	Main Reason Only	**With Other Reasons**
Insurance Not Needed	**20.0%**	**22.9**
	(3.1)	**(3.2)**
Cost Too Much	**1.7**	**2.0**
	(0.6)	**(0.7)**
Issues with Application Process	**17.0**	**20.9**
	(2.7)	**(3.2)**
Takes too much time to apply	6.9	11.2
	(1.9)	(2.7)
Does not want to meet application requirements	3.4	3.9
	(1.1)	(1.2)
Don’t like people at application office	2.5	4.0
	(1.0)	(1.2)
Application process is too difficult	4.2	4.2
	(1.5)	(1.5)
Negative Views of Program	**8.6**	**9.3**
	(2.4)	**(2.4)**
Heard bad things about the program	3.2	5.3
	(1.4)	(2.3)
Don't like doctors/providers in health plan	5.4	5.8
	(2.1)	(2.1)
Don’t Accept Welfare/Don't Want to be in Public Program	**17.8**	**22.0**
	(2.7)	**(3.1)**
Worries About Citizenship	**3.1**	**3.2**
	(1.0)	**(1.0)**
Expect to Have Insurance Soon	**8.5**	**8.6**
	(2.0)	**(2.0)**
Other/Don't Know/Refused	**23.1**	**22.0**
	(3.2)	**(3.1)**
Other	19.4	20.3
	(3.1)	(3.1)
Don’t know	3.4	3.4
	(1.2)	(1.2)
Refused	0.3	0.3
	(0.1)	(0.1)

Data Source: Urban Institute tabulations of Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs, 2001; n=831.

Note:

Respondents were asked for the main reason they would not enroll their child in Medicaid/SCHIP if told their child was eligible and then were asked if there were any other reasons. 87.9% (730) of respondents gave a main reason only; 11.4% (95) gave a main reason and one other reason; 0.5% (4) gave a main reason and two other reasons; and 0.2% (2) gave a main reason and three other reasons. Standard errors are presented in parentheses.

Appendix Table B.9: Reason Child Not Enrolled in Medicaid or SCHIP, Low-Income Uninsured Children

	Percent of Low-Income Uninsured Children
Cost Too Much	**5.4%**
	(1.6)
Denied Coverage in Past/Issues with Application Process	**22.1**
	(3.3)
Doesn't like people at application office	0.6
	(0.4)
Takes too much time to apply	5.3
	(1.2)
Don't want to meet application requirements	4.0
	(2.4)
Told child was ineligible/Denied in past due to income etc.	12.1
	(2.3)
Worries About Citizenship	**3.4**
	(1.3)
Application is Pending/Interested in Applying	**46.9**
	(4.0)
Application is pending	24.2
	(3.6)
Just haven't done it/Intend to apply	15.4
	(2.9)
Don't know where/how to apply/Lack of Information	4.2
	(1.0)
Didn't have necessary documents	3.2
	(1.0)
Other/Don't Know/Refused	**22.1**
	(3.5)
Other	15.3
	(3.0)
Don't know	6.6
	(2.2)
Refused	0.1
	(0.1)

Data Source: Urban Institute tabulations of Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs, 2001; n=732.

Note:

This question was asked of respondents who had heard of Medicaid and/or SCHIP, believe their child is eligible, and responded “yes” to the question “If you were told your child was eligible for Medicaid or SCHIP would you want to enroll him/her?” This question was added later in the survey period, therefore, only 769 of the 3,385 respondents who qualified for this question were actually asked the question. Of these 769 cases, 29 cases where the respondent answered "Insurance not needed" and 8 cases with the response "Don't accept welfare/Don't want to be in Public Program" were excluded from this sample and their responses to the prior question "Would you enroll if told eligible?" were recoded from “yes” to “no.” Standard errors are presented in parentheses.

Appendix Table B.10: Reason Did Not Complete Medicaid/SCHIP Application Process, Low-Income Uninsured Children

	Percent of Low-Income Uninsured Children
Proess too difficult/time consuming to complete, Paperwork/Comminucations/Transportation problems	**50.3%**
	(4.1)
Too confusing or complicated	5.7
	(1.4)
Too time consuming/Forms too long	9.5
	(3.1)
Language/Comprehension/Literacy Problems	0.7
	(0.3)
Couldn't get to application office when open	0.8
	(0.4)
Transportation problems getting to office	1.7
	(0.7)
Couldn't get through on telephone	1.8
	(1.3)
Didn't have all the papers needed to enroll	24.1
	(3.8)
People at application office not helpful	5.2
	(2.1)
Questions too personal	0.8
	(0.6)
Told child ineligible because income too high/Eligibility issues	**20.6**
	(3.2)
Told child ineligible b/c income too high	18.4
	(3.2)
Not sure if child was eligible	2.2
	(0.7)
Process is ongoing/ Waiting for reply	**6.7**
	(1.7)
Other/Don't Know/Refused	**22.4**
	(3.1)
Don't know	1.2
	(0.6)
Refused	0.9
	(0.5)
Don't like doctors/providers in plan	0.2
	(0.2)
Got insurance some other way	0.4
	(0.2)
Other	19.7
	(3.0)

Data Source: Urban Institute tabulations of Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs, 2001; n=578. Standard errors are presented in parentheses.

Appendix Table B.11: Reason Child Has No Insurance, Low-Income Uninsured Children

	Percent of Low-Income Uninsured Children	
	Main Reason Only	**With Other Reasons**
Costs Too Much	**28.6%**	**34.8%**
	(0.9)	**(1.0)**
Don't Need Insurance/Don't Get Sick	**5.2**	**6.4**
	(0.5)	**(0.5)**
Employment-Related Reasons	**17.0**	**20.9**
	(0.8)	**(0.9)**
No one in family currently employed	5.7	6.5
	(0.5)	(0.6)
Can't get insurance through employer	11.4	14.5
	(0.7)	(0.7)
Eligibility-Related Reasons	**12.6**	**16.4**
	(0.8)	**(0.8)**
Ineligible due to age / left school	0.5	0.5
	(0.2)	(0.2)
Ineligible due to rule violation	1.9	2.7
	(0.2)	(0.3)
Ineligible due to increase in income	6.4	8.2
	(0.6)	(0.7)
Ineligible due to child's health status	0.3	0.6
	(0.1)	(0.2)
Insurance ended after pregnancy	0.3	0.3
	(0.1)	(0.1)
Used up available benefits	1.4	1.6
	(0.3)	(0.3)
Ineligible - other reason or reason unknown	1.9	2.4
	(0.3)	(0.4)
Application/Process Difficulties	**3.9**	**5.6**
	(0.4)	**(0.5)**
Application process too complicated	0.8	1.5
	(0.2)	(0.3)
Don't know how to get insurance	3.1	4.4
	(0.4)	(0.4)
In Transition/Between Coverage	**11.8**	**12.9**
	(0.7)	**(0.7)**
Changing jobs or insurance policies	1.7	1.7
	(0.2)	(0.2)
Have applied - waiting for paperwork to clear/waiting period to end	3.1	3.3
	(0.3)	(0.3)
Just don't have/haven't applied/intend to apply but haven't done so	3.3	3.6
	(0.4)	(0.5)
Moved between states or regions	0.8	1.0
	(0.1)	(0.2)
Problems with last plan - didn't recertify paperwork problems, plan expired	2.9	3.3
	(0.4)	(0.4)

Appendix Table B.11 (Continued): Reason Child Has No Insurance, Low-Income Uninsured Children

	Percent of Low-Income Uninsured Children	
	Main Reason Only	**With Other Reasons**
Due to Citizenship/Lack of Social Security Number	**4.8**	**5.3**
	(0.5)	**(0.5)**
Don't Like Insurance Choices/Plan Features or Don't Want Welfare/Government Assistance	**0.5**	**0.6**
	(0.1)	**(0.2)**
Other/Don't Know/Refused	**15.6**	**17.3**
	(0.8)	**(0.8)**
Other	10.1	11.7
	(0.7)	(0.7)
Have insurance but it is not comprehensive	0.5	0.5
	(0.1)	(0.1)
Other parent's responsibility/lack of legal custody	0.8	0.9
	(0.1)	(0.1)
Don't know	3.7	3.7
	(0.4)	(0.4)
Refused	0.4	0.4
	(0.2)	(0.2)

Data Source: Urban Institute tabulations of Centers for Disease Control and Prevention, National Center for Health Statistics, State and Local Area Integrated Telephone Survey, National Survey of Children with Special Health Care Needs, 2001; n=9,219.

Note:

Respondents were asked for the main reason their child does not have insurance and then were asked if there were any other reasons. 78.9% (7,272) of respondents gave only a main reason (this includes those who refused and didn't know why); 19.9% (1,838) gave a main reason and one other reason; 1.1% (102) gave a main reason and two other reasons; and 0.1% (7) gave a main reason and three other reasons. Standard errors are presented in parentheses.