A BASELINE AND FOLLOW-UP SURVEY OF THE DELAWARE HEALTHY CHILDREN PROGRAM (DHCP)

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PREFACE

This report is a comparison of various health care dimensions before and after eligibility in the Delaware Healthy Children Program (DHCP), which has been implemented under U.S. Title XXI of the Social Security Act. More formally, the study entails a baseline analysis that is compared with a follow-up analysis of eligible DHCP children and their parent(s) and/or guardian(s). It has been conducted by members of the Health Services Policy Research Group (HSPRG) of the University of Delaware under a contract with the Division of Social Services. The contract was initiated on July 1, 2001 and was completed on June 30, 2003. The contract encompassed a series of surveys of parents(s) or guardian(s) to first establish a baseline of their children's health care prior to DHCP enrollment and then complete a follow-up analysis, which focused on health care issues after a period of enrollment by the eligible children.

We extend our gratitude to the following people. They are: Paula Hibbert, Alfred Tambe, Beth Laucius, Frank O'Connor, Phil Soulé, Kay Holmes, and Dave Michalik of the Division of Social Services, Department of Health and Social Services, of the State of Delaware. Special thanks go to Paula Hibbert who oversaw the contract. Finally, we thank Pat Powell for her contribution for manuscript preparation, format design, and table and chart design and their compilation.

EXECUTIVE SUMMARY

This executive summary is a report on the major findings of a comparison of the baseline and follow-up perspectives of participation in the Delaware Healthy Children Program (DHCP). The baseline pertains to inquiries about various health care dimensions before the enrollment of eligible children. The follow-up study is concerned with health care dimensions after one year of enrollment by eligible children in the DHCP. The major health care dimensions of interest are (a) access to the DHCP, (b) access to health care, (c) health care utilization, and (d) financial valuation and willingness to pay for children and adult health insurance coverage. Some of the summaries are not based on the text but rather are drawn from data in tabular form found in the appendices. The comparison entails the before and after experiences and views of three cohorts in the program: 1999, 2000, and 2001 enrollees. The surveys which were employed were conducted in 1999, and 2002-2003 through mailed questionnaires to parents/guardians of eligible children.

A. The Surveys

The findings are based on separate random surveys of each enrolled cohort that, when combined, had less then 5% error margin. The social, demographic, and economic characteristics of the sample of respondents (eligible children and parents) correspond directly and closely to the DHCP population.

B. Access to the DHCP

1. No one source was a predominant basis for obtaining knowledge of the DHCP.

2. The single most important source of information for parents (at 31% of all responses) was social workers.

3. Friend/relatives were responsible for informing 19% of all parents. It appears that friends were a communication bridge to parents who have little knowledge of government benefit programs, but little is known of how the friends of parents found out about the DHCP.

4. It appears that school outreach is an effective approach with 11% of all parents citing schools as conveying information about the DHCP.

5. Media outlets individually were limited in their impact, but as a group, they informed 20% of all parents about the DHCP.

6. Parents rated all steps in the application process as very similar in difficulty. Very few parents considered any of the processing steps as “hard” or “very hard”. All steps received a determination of “easy” and “very easy” by at least 80% of all parents.

7. Surprisingly, “affording the premium” was not considered the most difficult step encountered by the DHCP parents.

C. Obstacles to Medical Care and Prescription Medicine

1. The access by families for medical care and prescription medicine through the DHCP is rather easy.

2. Approximately 36% of all eligible children did not have difficulty in obtaining medical care prior to enrolling in the DHCP. Conversely, for 94% of all eligibles, their parents did not encounter difficulties in obtaining these health services after enrolling in the DHCP.

3. Likewise, approximately 24% of all eligible children did not have difficulty in obtaining prescription medicine prior to enrolling in the DHCP. After DHCP enrollment, parents did not encounter difficulties in obtaining these health services for 94% of all eligible children.

4. Only a small proportion of eligible children received treatment or counseling for behavioral health problems before (11%) and after (13%) enrollment.

5. While a large proportion of eligibles did not find obtainment of behavioral health care a "problem" before and after enrollment, 68% and 75% respectively, the DCHP has facilitated access to behavioral health care, as evidenced by a decrease from 24% to 6% of all eligibles for which access was a big problem.

D. Parent View of Child Health Status

1. The health status of eligible children before and after enrollment has been high, with 95% and 97% respectively classified by their parent as having "good" or higher health status.

2. However, this aggregate obscures some meaningful improvements in the health of DHCP children after enrollment. In fact, 14% of all children experience improvement in their health with the greatest improvement (7%) to the level of excellent health status.

E. Chronic Illness

1. After DHCP enrollment, the proportion of eligibles determined by their parents to have a chronic illness rose from 21.2% to 59.6%.

2. This rise in chronic illness among eligible children may reflect the increase in the prevalence of allergies among children from 7% before enrollment to 19% after DHCP enrollment.

3. Allergies, asthma, and ear infections account for the most prevalent chronic illnesses.

4. After their enrollment, 88% of all children without any chronic illness were viewed by their parents as having a "very good" or "excellent" health status, -- a rise from 83% prior to DHCP enrollment.

5. The perceived health status of chronically ill children by their parents was considerably higher in the DHCP enrollment period, -- the proportion of these children in the "very good" or "excellent" health status rose from 55% to 79%.

F. Health Care Utilization

1. For several services, the health care utilization of enrollees improved substantially after their DHCP enrollment. The proportion of DHCP eligibles with hospital stays declined from 17% to 6%, the proportion of DHCP eligibles receiving doctor visits rose from 79% to 92%, and the proportion of DHCP eligibles obtaining prescriptions increased from 60% to 75%.

2. In contrast, the proportion of eligible children making emergency department (ED) visits before and after enrollment increased slightly from 24% to 28%. This aggregate figure misconstrues the ED utilization behavior.

3. A match of eligibles in the surveys for before and after DHCP enrollment reveals that there was a virtual decrease of multiple ED visits, and the increase in ED visits was mainly confined to individuals having a one-time use in the enrollment period but having no prior use before enrollment.

4. ED use by chronically ill eligibles decreased after enrollment, but no change occurred in ED usage by those children who do not have a chronic illness.

5. The increase in ED utilization after DHCP enrollment cannot be attributed to differences in the Medicaid history of eligibles.

6. The following factors explain the greater likelihood of ED utilization by DHCP eligibles: chronically ill children, children in families with the lowest premium category, families with less children, and New Castle County residents.

7. The proportion of eligible children receiving well-care visits was relatively high before and after DHCP enrollment, respectively at 81% and 80%.

8. The proportion of children obtaining well-care visits, both before and after enrollment, decreases by age groups, declining from 90% for 1 to 4 years of age to 61% for 15 years and older.

9. An interstate comparison of Delaware with 14 states shows that Delaware has had a high level and a superior performance of delivering well-care visits.

10. The proportion of eligible children with a Medicaid history who received well-care visits did not change after DHCP enrollment, but they did have a very high rate of visits at 80% of all such enrollees.

11. There was a slight decline in the proportion of children who had well-care visits and no prior Medicaid connection, but the decreased level is still very high, -- a drop from 80% before enrollment to 70% after enrollment.

12. The following factors explain the greater likelihood of well-care visits by DHCP eligibles: younger children, the more months one is enrolled in the DHCP.

13. An extremely high proportion of eligibles, 98% and 97% before and after DHCP enrollment, had their immunizations up-to-date.

14. A very large proportion of eligible children did not receive dental care either before or after enrollment, respectively 61% and 70%.

G. Financial Dimensions of Health Insurance

1. On a scale of 0 to 10, after their children's enrollment an overwhelming 78% of households assigned a value of 10 to the DHCP coverage for their children, and 85.9% valued the program at 9 or higher, irrespective of their premium level.

2. A very large proportion of households in each premium category are willing to pay more than their current monthly premium for DHCP enrollment of their children. Specifically, within the $10.00, $15.00 and $25.00 premium categories, 88%, 84% and 69% are willing to pay more than the currently required premium levels.

3. Parents with higher income, Caucasian dependents, children with longer DHCP enrollment, part-time employment, college education, children with prior Medicaid enrollment, and residences in Kent County are willing to pay a higher DHCP premium.

4. On a scale of 0 to10, a very large majority, 62.2%, of parents assigned a value of 10 to the potential provision of their own health insurance, equivalent in coverage to the DHCP, and 85.3% valued the program at 9 or higher, irrespective of their premium level.

5. A very large proportion of households with FPL incomes corresponding to the DHCP premium categories are willing to pay more than the current monthly premium of the DHCP for their own enrollment in a health insurance program with the same coverage as the DHCP. Specifically, within the $10.00, $15.00 and $25.00 premium categories, 83%, 85% and 63% are willing to pay more than the currently required premium levels.

I. PURPOSE OF REPORT

A. Objective of Baseline Analysis

The Delaware Healthy Children Program (DHCP) is a joint federal government and State of Delaware program and it was put into operation on January 1, 1999. The objective of DHCP is to provide health care coverage for children without comprehensive health insurance in households with income from 101% to 200% of the Federal Poverty Level (FPL).

This report is to present an evaluation of health care dimensions before and after enrollment in DHCP. This effort entails a comparison of a baseline analysis with a follow-up analysis of enrolled children (eligibles) and their parents. A baseline analysis encompasses a determination of a baseline or benchmarks of the health care experiences of eligible children and their parents prior to their enrollment in the DHCP. Its purpose is to establish an empirical profile of children and parents, and their medical activities so that a "before and after" evaluation of the DHCP can be conducted. The "after" evaluation is the follow-up analysis of the health care experiences of enrollees and their parents while enrolled in the DHCP. These objectives are consistent with federal requirements and provide the foundation for subsequent and continuous assessment of DHCP performance.[1] The twofold evaluation has encompassed:

1. A baseline survey of parents to ascertain their child's health care behavior and situation in the year prior to their enrollment, specifically with respect to access to the DHCP, medical care, health status, health service utilization, and financial aspects of health care provision;
2. A follow-up survey of parents for these same issues while their child has been enrolled in DHCP; and
3. A before-after comparison of the responses obtained respectively from the baseline and follow-up surveys.

Most of the analysis is comprised of data tables and graphs of the various before and after responses gathered from the surveys. However, various statistical methodologies have been employed to evaluate a few issues. To conduct the surveys and analysis, data has been compiled from DHCP applications (Delaware Client Information System II), the Medicaid program, and surveys.

B. Overview of Report

The remainder of this report encompasses the following sections. The second section briefly describes the scope of the DHCP. In the third section, the survey process and the characteristics of the respondents are described. The fourth section presents the analysis of the research issues investigated through the baseline and follow-up surveys of parents of eligibles. Finally in the fifth section, a brief conclusion is given.

II. DELAWARE HEALTHY CHILDREN PROGRAM (DHCP)

The DHCP has been authorized and implemented through federal legislation known more commonly as SCHIP, the name given for the State Children's Health Insurance Program. The Delaware Healthy Children Program (DHCP) was initiated on January 1, 1999 by the Department of Health and Social Services, which also administers Delaware's Medicaid program. The DHCP is an independent (separate from Medicaid) child health insurance program. The required federal matching of state funds for SCHIP exceeds that of matching funds for State Medicaid programs. For Delaware, there is a 65% matching rate for SCHIP and a 50% matching rate for Medicaid. Therefore, the state obtains $1.30 for every $2.00 spent on the program. The objective of DHCP is the provision of health insurance coverage for children between 1 and 19 years of age whose family income falls within 101% to 200% of the Federal Poverty Level (FPL).

The health care coverage under the DHCP is comprehensive, including inpatient and outpatient hospital services, physician services, x-ray and laboratory services, well-child care, and many other health services. DHCP is a managed care program which has provided services through managed care organizations (MCOs) and, as of July 2002, a primary care case management (PCCM) plan known as Diamond State Partners. The health services in the managed care package include:

- Physician services including routine checkups and immunizations,
- Inpatient and outpatient care in both hospital and community care settings,
- X-ray diagnostics and laboratory services,
- Routine eye-care,
- Other services (such as home health, durable medical equipment, various types of therapy and other additional services).

In addition, DHCP eligibles receive pharmacy and some behavioral health services from the fee-for-service sector.

To receive health services covered by DHCP a child must be deemed eligible for the program. Children become eligible by transferring from Medicaid via an automated eligibility system or applying from the outside. Formal eligibility begins in the first month of enrollment in a Managed Care organization or the Diamond State Partners (DSP) plan. Eligibility entails meeting the following qualifications:

- A child must be living in Delaware.
- The family income must be less than or equal to 200% of the FPL.
- Families must meet certain conditions regarding private insurance coverage.
- The family must choose an MCO or DSP and pay a monthly premium.

The monthly premium (per family per month, PFPM) varies according to the family's FPL income categories. The premiums are: (a) $10.00 for 101% to133% FPL; (b) $15.00 for 134%-166% FPL; and (c) $25.00 for 167%-200% FPL. These same premiums have remained in effect since the start of the program except for a six-month moratorium for clients entering the program in July-December 2000. The premium has two functions: (a) in part it could inhibit crowding out, and (b) it allows parents/guardians to participate as a purchaser of health care coverage like a consumer of private insurance would.

All children seeking enrollment in DHCP must comply with one of three conditions pertaining to coverage provided by private health insurers.

- The child was uninsured in the six months prior to the date of the DHCP application.
- The child had private insurance in the six months prior to the date of application, but the insurance was not comprehensive. Comprehensive insurance is defined as coverage that includes all of the following: hospital care, physician services, laboratory services, and X-ray services.
- The child had comprehensive private insurance in the six months prior to the time of DHCP application but lost the insurance for good cause, such as death of a parent.

This "six-month" restriction is an effort to limit the crowding out of private insurance, i.e., prevents families from dropping more costly private health insurance simply to participate in a less expensive DHCP. The DHCP provides continuous eligibility: twelve months of managed care enrollment for a child even if family income increases above 200% of the FPL, provided the premiums are paid. Families must continue to meet all other requirements that are not income-related in order to take advantage of this policy. In addition, families who report lower income or other changes qualifying them for Medicaid are transferred to this program, as required by Federal regulations.

Initial access to the DHCP has been provided through advertisements and information dissemination in various media outlets--e.g. TV, radio-along with community organizations, schools, and governmental agencies. A person who wishes to apply to DHCP can call a designated "800" telephone number or visit various sites. By doing so, the applicant can obtain an information packet that includes: (a) a benefit comparison sheet, showing the covered health services and (b) an enrollment form/application form. Once DSS receives a signed application and determines that the family meets the income, insurance, and residency requirements, the children are approved for DHCP. The family then receives information on managed care plans, including lists of doctors, and a bill for the premium.

Applicants are advised to review the provided information to assist them in the choice of a plan and a primary care physician in that plan. Upon making a decision, applicants can call a Health Benefits Manager (HBM) representative through an "800" telephone number, or visit a representative at any State Services Center to advise them of their choices. Coverage does not begin until after a plan is selected and the premium is paid.

III. RESEARCH ISSUES

This section outlines the three dimensions of the present analysis. First, the issues that have been examined through baseline and follow-up surveys are stated. Second, the format of the presentation of the research results is described. Third, the process and characteristics of the baseline and follow-up surveys are discussed.

A. Issues

The present evaluation examines several issues about the initial/first year of participation in the DHCP. The following issues are examined:[2]

1. Access to DHCP enrollment,
2. Access to health care prior to DHCP application and after enrollment,
3. Health care utilization by eligible children prior to DHCP application and after enrollment,
4. Health status of eligible children prior to DHCP application and after enrollment,
5. Impact of the required premium payment on enrollment decisions, and
6. Parents' willingness to pay for their own comprehensive health care identical to the DHCP.

These research issues are appraised with data acquired from the baseline and follow-up surveys of parents of eligible DHCP children. Some dimensions that were included in the surveys are not addressed in the analysis. The responses omitted from the text are presented in tabular form in an appendix. The surveys were purposely designed to conduct the before and after enrollment analysis. Some corresponding data on a limited number of family characteristics was obtained from the Division of Social Services computer systems.

Some general principles and guidelines for the baseline and follow-up analysis have been drawn from State Children's Health Insurance Program Evaluation Tool (SCHIPS) developed by the American Academy of Pediatrics,[3] and the Consumer Assessment of Health Plans (CAHPS) tool produced by the Agency for Healthcare Research and Quality.[4] Many of the dimensions employed in the baseline surveys have been adapted from concepts and measures included in these approaches which are applicable mostly for evaluation of the DHCP after the program has been in operation for at least one year.

B. Format

For most issues the analysis follows a basic format. First, a brief statement is made regarding the characteristics and the importance of the issue for policy/managerial reasons. Second, the question (or questions) asked on the surveys that measures the issue is described. Third, the responses on the surveys that measure the issue are shown on a graph and/or a table. The tables present both frequencies (i.e., absolute numbers) and percentages. Both the "before and after" responses are provided on the tables to evaluate the behavior of DHCP children and their parents. The issues of access to DHCP only involve a baseline analysis. Fourth, the results are described briefly and interpreted.

(The totals in some tables may not add up to 100% due to rounding, and also the totals do not include unknown data). Finally, statistical analysis is undertaken for some dimensions of health care utilization (well visits, emergency department use), and the willingness to pay for children's and adult's premiums.

C. The Surveys

The surveys were designed jointly by the researchers of the Health Services Policy Research Group (HSPRG) of the University of Delaware and the staff of Division of Social Services (DSS). The surveys were sent to the parents or guardians of children who were or had been enrolled in the DHCP between 1999 and 2001. (Hereinafter, parents and guardians will be referred to as parents). Two types of surveys were conducted. The baseline survey solicited information about children and parents' health care experience before the children's enrollment in the DHCP. The follow-up survey sought data from the respondents regarding the health care experiences of their children and themselves after their children's enrollment in the DHCP. Both types of surveys are presented in the appendix.

The eligible children of surveyed respondents had the following enrollment characteristics. Some children,--45% of those surveyed and 69% of total program enrollees--, had been enrolled in the Medicaid program prior to their DHCP enrollment. (For purpose of analysis, this group has been designated children with prior Medicaid enrollment or history). A significant proportion of these previous Medicaid enrollees were transferred from Medicaid to DHCP. Some of the surveys encompassed children who were enrolled for less than a full year in the DHCP when their parents were surveyed. Some children had less than a full year in DHCP because they switched to Medicaid when their income dropped or other circumstances changed.

The surveys were directed at three cohorts of enrollees according to the year of their enrollment: 1999, 2000, and 2001. The baseline survey was applied to the 1999 and 2001 cohorts, but not to the 2000 cohort. The follow-up survey was administered to all three cohorts. The baseline surveys for the 2001 cohort, and the follow-up survey for all the cohorts were undertaken in 2002; the 1999 baseline survey was conducted from January 1999--the beginning month of the program operation--through October 1999.

The 1999 baseline surveys were initially answered by the parent through a telephone questionnaire. Most of the surveys were subsequently completed as a mail questionnaire. The other baseline and follow-up surveys were solely mail questionnaires. A Spanish language questionnaire was used for Spanish-speaking respondents. The HSPRG printed the survey, addressed the envelopes and "stuffed" the surveys into envelopes. DSS mailed the surveys and received the replies. The HSPRG compiled the survey data. The DHCP parents receiving the mail survey were offered an inducement of a waiver of one monthly premium for each completed survey.

The number of surveys was sufficient to produce a total sample size and mix of respondents to make valid and reliable estimates about the population of DHCP participants and to test hypotheses about respondents' characteristics (variables) and their

responses to survey questions. The DHCP surveys yielded a large stratified simple random sample of 1,160 baseline surveys and 753 follow-up surveys with a small or minimal sampling error. See Appendix A for the sampling formula and the basis for its calculation.

As shown in Exhibit 1, if a sampling error of .05 or 5% were applied to the DHCP sample, reflecting a 95% confidence interval, then only a sample size of 373 respondents would be required separately for the baseline and for the follow-up survey. The DHCP sample of 1,160 baseline respondents and 753 follow-up respondents far exceeds the required sample size at the 5% sampling error, and both samples result in a smaller sampling error of .03 or 3%. The sampling results were consistent across the separate samples for each cohort in which case the sampling error ranges from 5% and 7%. See the Appendix.

Several strata (groups) of DHCP participants were chosen by administrators as important dimensions for policy making. Therefore, to ensure the validity and reliability of the strata estimates of the responses to the survey questions, the required sample size for each category of the separate strata was determined on the basis of the total size of the stratified simple random DHCP sample.[5] In all cases, the various strata of county residence, age, race, gender, and FPL income/premium class resulted in adequate sample sizes. See the Appendix for the supporting exhibits.

EXHIBIT 1
SAMPLE SIZE AND SAMPLING ERROR FOR DHCP SURVEY

Sampling Characteristics	Sampling Error	Sample Size Required For 0.05 Sampling Error
DHCP Population (the eligibles)	12,956	12,956
DHCP Sample Size – Baseline	1,160	--
DHCP Sample Size – Follow-up	753	--
Minimum Sample Size	--	373
Estimated Sample Proportion	0.50	0.50
Sampling Error – Baseline	0.028	0.05
Sampling Error – Follow-up	0.035	0.05

Health Services Policy Research Group, University of Delaware, 2003

IV. RESEARCH FINDINGS

A. Access to DHCP

Access to the DCHP was a consideration of only the baseline surveys. An assessment of access to DHCP should contribute to a better understanding of mechanisms that could be effective in facilitating the enrollment of eligible children. Access entails two dimensions. One is the sources of information about the DHCP that were used by parents. Specifically, the investigation focuses on how the parents were informed about the existence of the DHCP so that they could apply for their child's enrollment. A

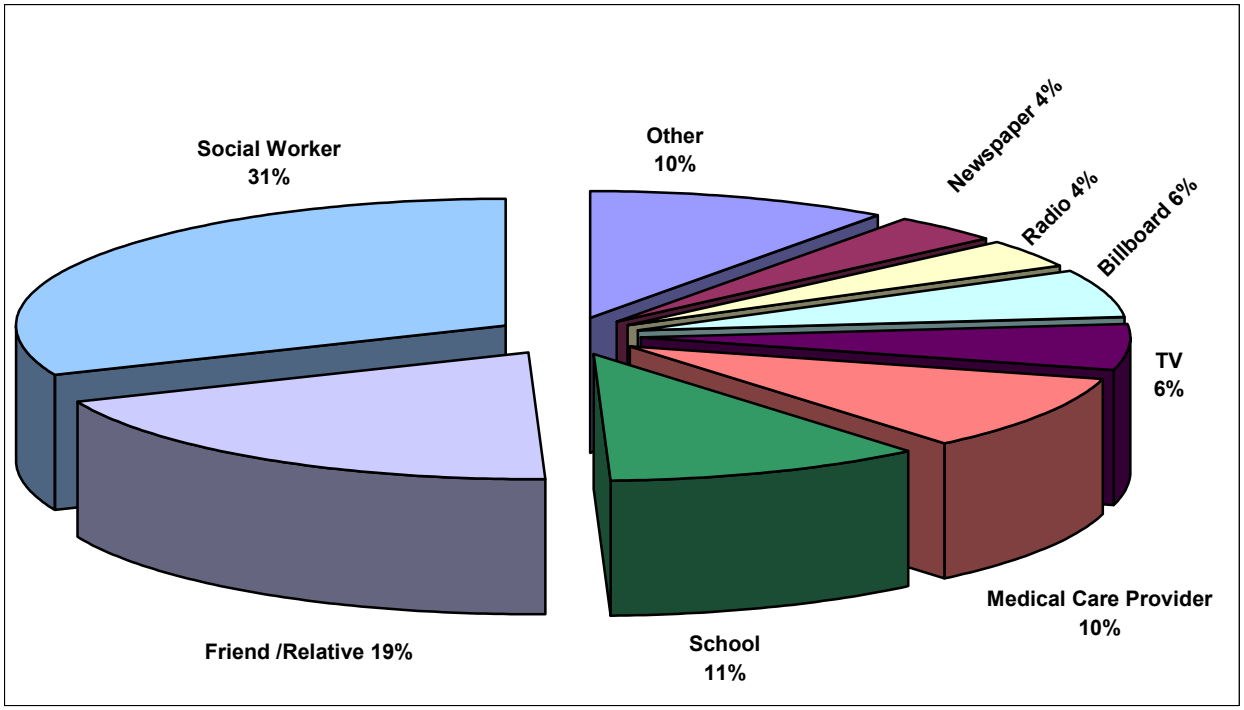
second dimension is the application process. Here, the concern is whether, and to what extent, several administrative processes, procedures and requirements could be impediments to DHCP enrollment.

A.1 Information Source About DHCP

The State through the Department of Health and Social Services (DHSS) conducts an outreach program to enroll the targeted uninsured children. This effort included traditional information distribution points: media outlets such as newspapers, advertisement on buses, public service announcements on radio and TV directed at diverse populations, social organizations and governmental agencies. Information on the availability of DHCP was also conveyed to primary and secondary schools within the state. Children known to be eligible because of their participation in the food stamps program, WIC, and subsidized childcare were invited to join DHCP.

To determine the impact of the state's outreach effort, parents were asked to name the main source that provided them with information about the DHCP. These sources included 12 distinct categories encompassing media outlets, social organizations and governmental agencies. The respondents' rating of the main sources of information is depicted in Exhibit 2.

EXHIBIT 2
PARENTS' MAIN INFORMATION SOURCES ABOUT DHCP, 2001



Health Services Policy Research Group, University of Delaware, 2003

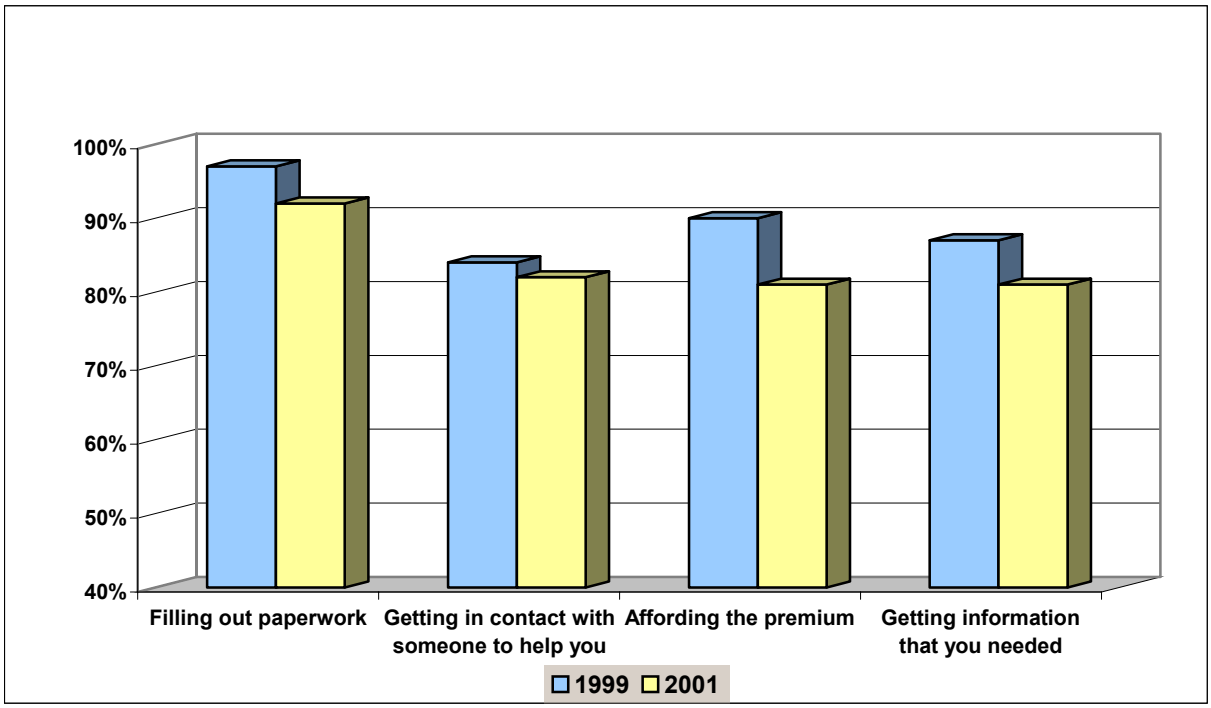
- The most frequent single source of information for parents (at 31% of all responses) was social workers. This importance may be related to the Medicaid history of parents and their children.
- A perplexing finding is that friends/relatives are mainly responsible for informing 19% of all parents. Unfortunately from the standpoint of outreach direction, these responses beg the question of how friends or relatives found out about the DHCP.
- With 11% of all responses, schools played a substantial role in conveying information of the DHCP to parents.
- Medical providers contributed significantly to knowledge of the DHCP by being the primary source of information of 10% of all parents.
- While individual media outlets were limited in their impact, as a group, they were the primary source of information from which 20% of all parents heard about the DHCP.

A.2 Assessment of the DHCP Application Processes

The DHSS has simplified the application process for DHCP enrollment. The Medicaid enrollment process has been replicated for DHCP, and families are allowed to apply and be screened for both programs using a single application by mail without face to face interviews. Parents can also call the Health Benefits Manager (HBM) to obtain an application and afterwards to finalize their eligibility by selecting a MCO and a physician. The DHCP/Medicaid application is processed by the same staff and thereby ensures coordination with the Medicaid program.

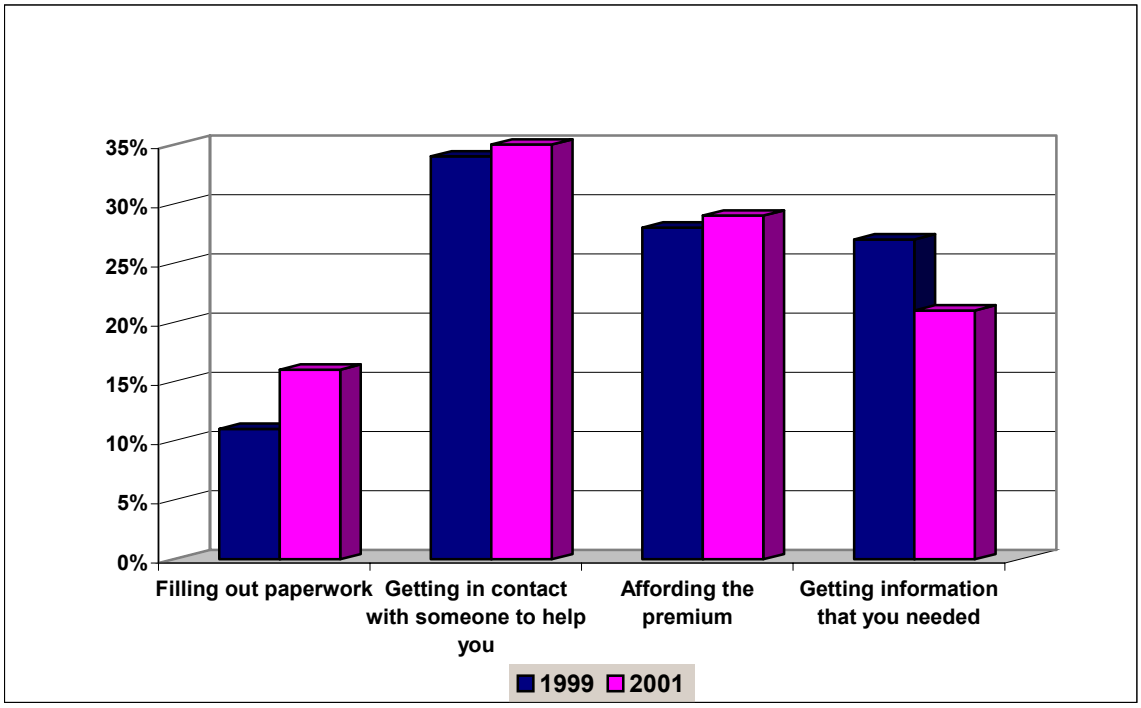
Four steps in the DHCP process are evaluated. Parents were asked to appraise the extent to which they encountered difficulties in (1) filling out paperwork, (2) making contact with program personnel, (3) affording the premium, and (4) obtaining needed information. The scale to rate these potential problems was “very easy”, “easy”, “hard” and “very hard”. In addition, parents were requested to denote the application step that they considered the most difficult of all steps. The responses were taken from the 1999 and 2001 baseline surveys.

EXHIBIT 3
PARENTS' ASSESSMENT OF DHCP APPLICATION PROCESS: % "EASY" OR "VERY EASY"



Health Services Policy Research Group, University of Delaware, 2003

EXHIBIT 4
PARENTS' ASSESSMENT OF THE MOST DIFFICULT STEP IN THE APPLICATION PROCESS



Health Services Policy Research Group, University of Delaware, 2003

Parents rated all steps in the application process as being very similar, with very little difficulty encountered.

- For both the 1999 and 2001 surveys, very few parents considered any of the steps as "**hard"** or "**very hard**".
- All steps received a determination of "**easy**" and "**very easy**" by at least 80% of all parents.
- The highest rating for "easiness" was for "filling out paperwork," in which, at least 90% of all respondents in both surveys found the step to be "**easy**" and **"very easy"**.
- While all steps were highly rated as **"easy"** to **"very easy," "getting in contact with someone to help you"** was rated the most difficult step in the application process.
- A major conclusion is that the application process is not an obstacle to enrollment.

B. Access to Health Care

B.1 Medical Care and Prescription Medicine

In the baseline surveys, the respondents were asked separate questions of whether they had any problems getting medical care and prescription medicine before their children were enrolled in DHCP. The same separate questions were asked in the follow-up

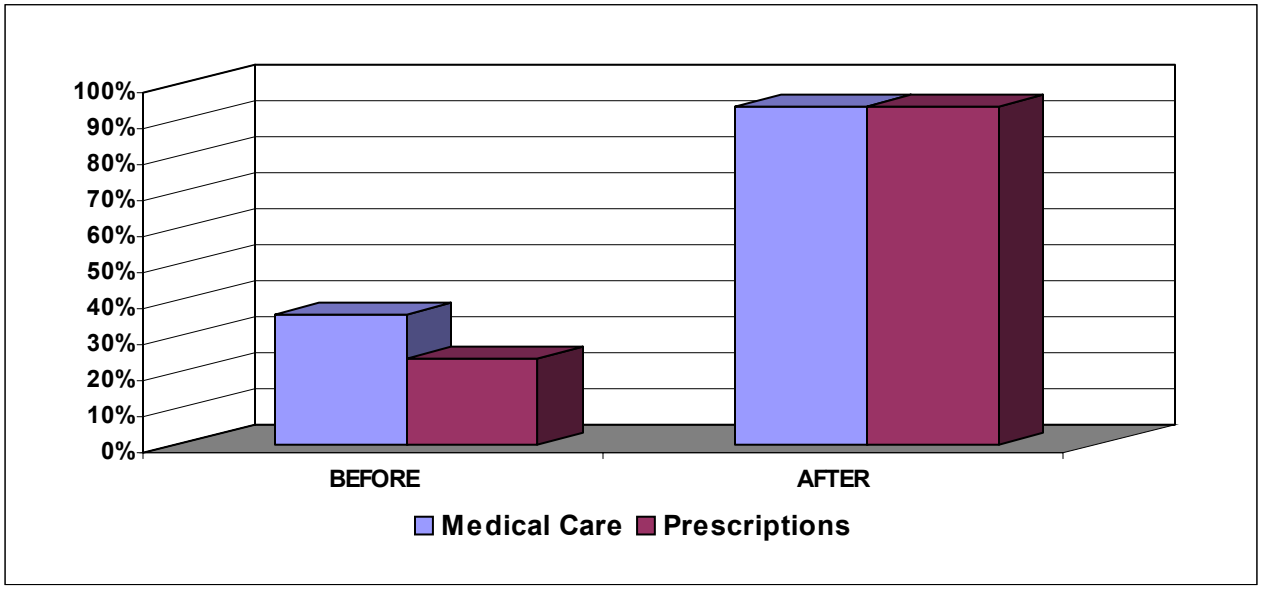
surveys to determine the problems encountered while enrolled in DHCP. The responses requested were "yes" or "no". The survey results are given in the form of the percentage of children having no difficulties, as presented in Exhibits 5 and 6.

EXHIBIT 5
NO DIFFICULTY IN OBTAINING MEDICAL CARE OR PRESCRIPTION MEDICINE

	BEFORE		AFTER	
Type of Care	**#**	**%**	**#**	**%**
Medical Care	335	36%	699	94%
Prescriptions	250	24%	499	94%

Health Services Policy Research Group, University of Delaware, 2003

EXHIBIT 6
NO DIFFICULTY IN OBTAINING MEDICAL OR PRESCRIPTION SERVICES



Health Services Policy Research Group, University of Delaware, 2003

- Exhibit 5 clearly demonstrates that the DHCP has provided its children with substantial access to health care.
- Before entering DHCP, only 36% of the children had no difficulty in obtaining medical care. Conversely, 64% of the children encountered difficulty in accessing medical care. However, after their enrollment, 94% of all enrollees did not encounter any difficulty.
- Access to prescription medicine was significantly problematic for children before their DHCP enrollment. Only 24% of the children encountered no difficulties with respect to prescriptions. With enrollment, 94% of all children did not have any difficulties in obtaining prescription medicine.

B.2 Behavioral Health Care

Several survey questions were directed at the provision of behavioral health care services. One question sought to determine whether treatment/counseling had been utilized. A second question addressed whether there was difficulty in obtaining treatment or counseling. The responses for DHCP children are shown in Exhibit 7 and 8 for before and after DHCP enrollment.

EXHIBIT 7
OBTAINMENT OF BEHAVIORAL HEALTH CARE

RECEIVED TREATMENT/COUNSELING FOR EMOTIONAL/DEVELOPMENTAL/BEHAVIOR DIFFICULTY				
	BEFORE*		AFTER	
STATUS	#	%	#	%
Yes	31	11%	91	13%
No	251	89%	630	87%
Total	282	100%	721	100%

EXHIBIT 8
DIFFICULTY IN OBTAINING BEHAVIORAL HEALTH CARE

WAS OBTAINING TREATMENT/COUNSELING FOR EMOTIONAL/DEVELOPMENTAL/BEHAVIOR DIFFICULTY				
	BEFORE*		AFTER	
STATUS	#	%	#	%
A big problem	10	24%	9	6%
A small problem	3	7%	28	19%
Not a problem	28	68%	113	75%
Sub-Total	41	100%	150	100%
Did not receive any treatment	240	-	473	-
Total	281	-	623	-

- Only a very small proportion of DHCP eligibles had received treatment or counseling before (11%) or after (13%) enrollment, with the proportions virtually identical in the two periods.
- Obtaining treatment or counseling for a behavioral problem was not a problem for a large proportion DHCP eligibles before (68%) and after (75%) enrollment.
- Access to behavioral health care has been facilitated by the DHCP. The percentage of eligibles for which access was a big problem decreased from 24% to 6%.
- This 18% decline was transformed into “a small problem” or “not a problem”.

C. Health Status of Eligible Children

C.1 Parent Perceived Health Status of Their Children

Parents of eligibles were requested to appraise their children's health status before and after entering the program. Five categories were provided ranging from low to high quality of health. The five-point scale is shown on the Exhibits 9 and 10.

EXHIBIT 9
PERCEIVED HEALTH STATUS OF CHILDREN

STATUS	BEFORE		AFTER	
	#	%	#	%
Excellent	462	41%	353	48%
Very Good	415	36%	259	35%
Good	210	18%	106	14%
Fair	52	5%	18	3%
Poor	1	0%	3	0%
Total	1,140	100%	739	100%

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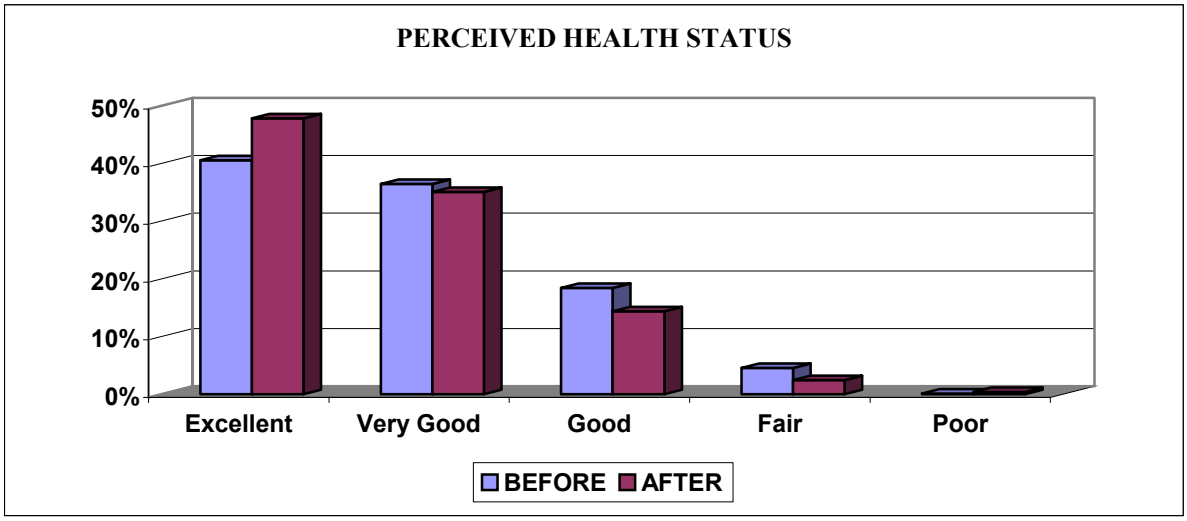
EXHIBIT 10
PERCEIVED HEALTH STATUS BEFORE AND AFTER ENROLLMENT



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- The determination of the improvement of the health status of eligibles before and after DHCP enrollment depends upon the level of health status that is considered.
- If health status is evaluated from the level of good to excellent, then only a slight improvement of health status has occurred—a change from 95% of all children before enrollment to 97% of all children after enrollment having a health status of "good" or higher.

C.2 Chronic Illnesses Among Children

Chronic illness of a child is the primary indicator of his/her health status (i.e., the state of quality of one's health). Chronic illnesses are ongoing poor physical conditions and persistent maladies that require continuous or intermittent medical care over time. Children with chronic illness are at increased risk for developmental, behavioral or emotional problems and typically require more health and related services than other children.[6] Children with multiple chronic illnesses have more mental and physical problems and use substantially more services than children with one chronic illness.

Parents were to indicate whether or not their eligible child/children had a chronic illness, and if so, to select all those illnesses from the list of the eight separate responses shown in Exhibit 11. Parents were also requested to indicate under the choice of "other" those illnesses they considered to be chronic. The "other" illnesses were deemed not to be chronic. Including the category of no illness, the survey resulted in single and multiple responses, i.e., some parents identified their children who had one chronic illness, and others identified their children as having two or more ongoing illnesses. No more than three chronic illnesses were designated for an eligible child by a parent. Exhibit 11 presents the extent of chronic illness with each separate response counted as one parent-reported illness.

EXHIBIT 11
PREVALENCE OF CHRONIC ILLNESS

CHRONIC ILLNESSES				
# OF INCIDENCES	**BEFORE**		**AFTER**	
	#	**%**	**#**	**%**
A. Children With Chronic Illness	243	21.7%	433	58.8%
B. Children Without Chronic Illness	877	78.3%	303	41.2%
Total Eligibles (A + B)	1,120	100.0%	736	100.0%
CHILDREN WITH CHRONIC ILLNESS				
Diabetes[1]	11	1%	5	1%
Asthma[1]	127	11%	94	13%
Ear Infections[1]	124	11%	101	14%
Lead Poisoning[1]	4	0%	5	1%
Attention Deficit Disorder[1]	67	6%	49	7%
Pneumonia[1]	14	1%	8	1%
Allergies[2]	79	7%	141	19%
Depression[3]	9	3%	30	4%

The survey questions about chronic illness were "check all that apply". The above individual categories will not, therefore, sum to 100%.

[1]Cateogry in both baseline surveys, N=1160 for "before" and N=736 for "after".

[2]Not asked in the 1999 cohort survey. An "allergy" variable was coded, however, for 1999 from an open-ended question where parents listed other chronic illnesses. N=1160 for "before" and 736 for "after".

[3]Not asked in the 1999 cohort survey. N=304 for "before" and 736 for "after".

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- Before enrollment, a large majority, 78%, of DHCP eligible children did not have any chronic illness, as reported by their parent. One-fifth of all eligibles, 22%, suffered from one or more chronic illnesses.
- After enrollment, the proportion of eligible children who were reported to have chronic illness was higher than pre-enrollment. A majority of 59.6% of all eligibles were considered to have a chronic illness, with 40.4% not having such illnesses.
- This increase in chronic illness prevalence appears to be due to the increased recognition of allergies, which rose from 7% to 19% of all chronic illnesses.
- The other seven illnesses remained rather stable in relevance before and after DHCP enrollment.
- After allergies, ear infections and asthma are the most prevalent chronic illnesses with similar incidence among eligibles in both pre and post enrollment periods.

C.3 Health Status and Chronic Illness of Children

Exhibits 11 and 12 provide a twofold evaluation of the health status of enrolled children. Chronically ill children are compared with children without such maladies before and after their enrollment.

EXHIBIT 12
HEALTH STATUS OF CHRONICALLY ILL CHILDREN

HEALTH STATUS	BEFORE						AFTER					
	NO CHRONIC ILLNESS		CHRONIC-ALLY ILL		Total		NO CHRONIC ILLNESS		CHRONIC-ALLY ILL		Total	
	#	%	#	%	#	%	#	%	#	%	#	%
Excellent	400	46%	48	21%	448	41%	181	60%	172	39%	353	48%
Very Good	321	37%	81	35%	402	36%	85	28%	174	40%	259	35%
Fair	131	15%	70	30%	201	18%	34	11%	72	16%	106	14%
Poor	17	2%	35	15%	52	5%	2	1%	16	4%	18	2%
Very Poor	1	0%	0	0%	1	0%	0	0%	3	1%	3	0%
Total	870	100%	234	100%	1104	100%	302	100%	437	100%	739	100%

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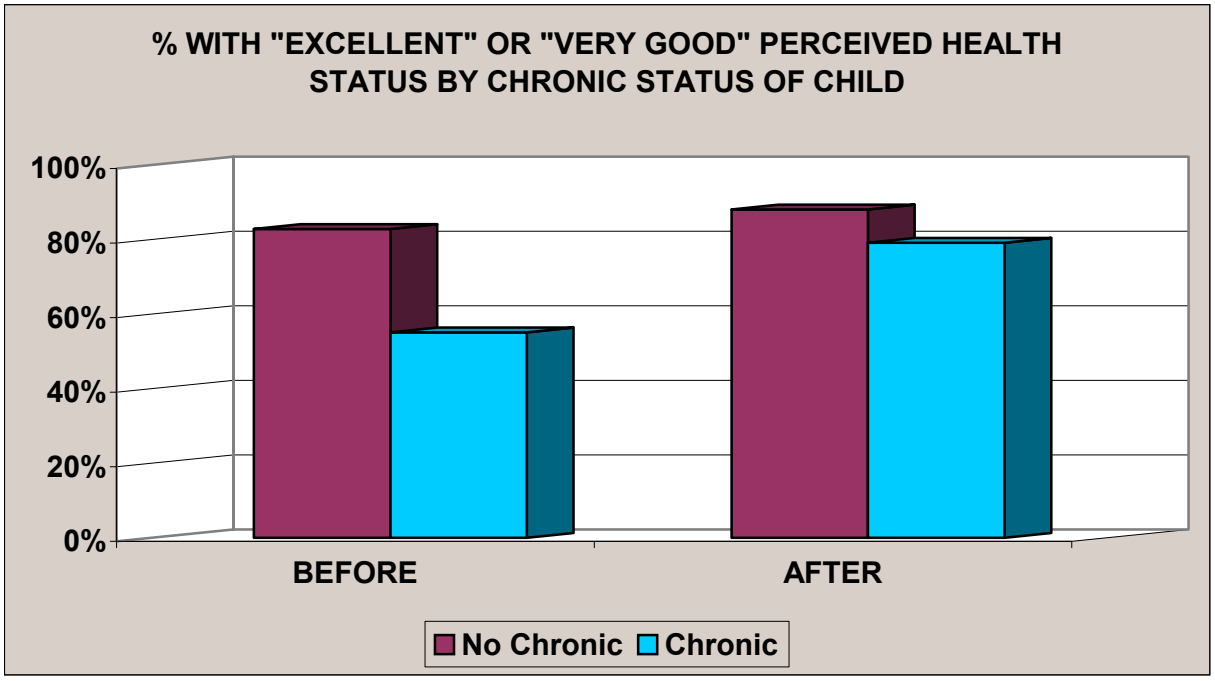
EXHIBIT 13
"EXCELLENT" AND "VERY GOOD" HEALTH STATUS BY CHRONIC ILLNESS



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- Before their DCHCP enrollment, the perceived health status of chronically ill children was lower than that of non-chronically ill children, —respectively 56% compared to 83% in the very good and excellent categories.
- The perceived health status of both chronically ill and non-chronically ill has improved substantially after enrollment in DHCP.
- The proportion of non-chronically ill children with very good and excellent health increased from 83% to 88%.
- However, gains in health status of chronically ill children have been greater following their DHCP enrollment. Before enrollment, 58% of chronically ill children were reported by parents as having a health status of "very good" or "excellent". After enrollment, many parents indicated a health status improvement of their chronically ill children, so that the 79% of all chronically ill children were classified as having "very good" or "excellent" health.

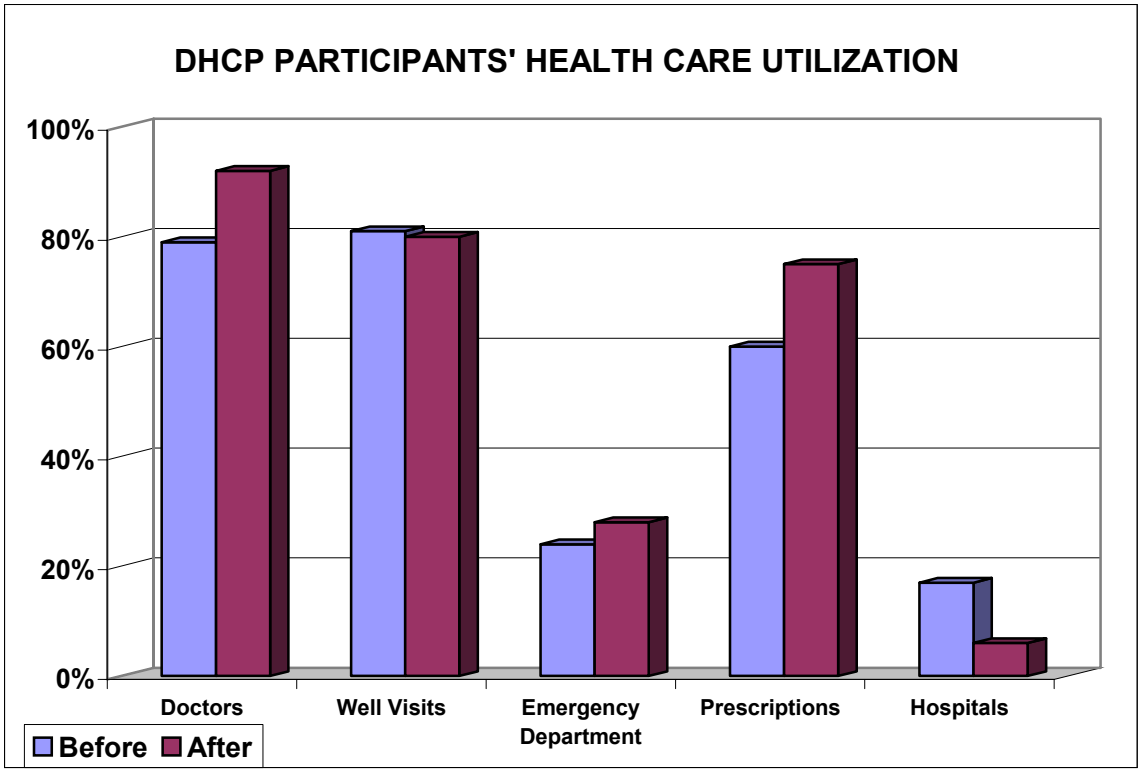
D. Health Care Utilization

In this section, the health care utilization of DHCP eligibles received in the year prior to their enrollment is compared with the types and quantity of health care that was received within the first year of the DHCP. First, an overview of five different types of health care is presented.[7] Second, emergency department (ED) utilization by DHCP eligibles is examined. Third, well-care visits are investigated.

D.1 Types of Health Care Received

Exhibit 14 shows five types of health care utilization by DHCP eligibles before and after enrollment. Parents were to indicate the number of: (a) physician or clinic visits; (b) well (or well-care) visits, (c) prescriptions, (d) emergency room visits for emergencies and routine care, and (e) hospital stays. The responses are the proportion of children who have utilized the services.

EXHIBIT 14
TYPES OF HEALTH CARE UTILIZATION



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- HOSPITAL STAYS: Hospitalizations among eligibles declined substantially after DHCP enrollment. Hospital stays dropped from 17% to 6%.
- DOCTOR VISITS: Enrollees visits to a physician or clinic, (including well visits), increased moderately after DHCP enrollment. The proportion of children who utilized physician or clinic services rose from 79% to 92%.
- PRESCRIPTIONS: The proportion of DHCP eligibles obtaining prescriptions was higher after enrollment, rising from 60% to 75%.
- WELL VISITS: Well visits were relatively high at nearly 80% of all enrollees, before and after enrollment. However, the proportion of children who made well visits in fact declined slightly after their enrollment.
- EMERGENCY ROOM VISITS: The proportion of DHCP eligibles making emergency department visits, in fact, increased from 24% to 28% after they were enrolled.

Both well visits and emergency department visits are explored in more detail immediately below.

D.2 Emergency Department Visits

Emergency department (ED) visits (including those for true emergencies) are investigated from several perspectives. First, ED use is assessed before and after enrollment by comparing utilization among a matched sample of survey respondents in both the baseline and follow-up surveys. Second, ED utilization is considered for differences in chronic illness. Third, ED use is evaluated for eligibles' past Medicaid participation, i.e., enrollment in Medicaid prior to DHCP eligibility. Finally, statistical analysis is employed to determine the social and economic characteristics that influence ED utilization.

D.2.1 Matched Sample Comparison

As stated above, Exhibit 15 presents a comparison of only eligibles who responded to both the baseline and follow-up surveys. (The column locations are indicated by the parentheses in the upper part of the exhibit). Column A shows the frequency of ED visits that are based on the actual numbers of visits made by the children of respondents in the baseline period. Column B is the number of children who made ED visits according to the frequency of their visits. Columns C and D show respectively the number and percent of baseline visits that were made by eligibles before DHCP enrollment according to the frequency of visits. Columns E through L present the number of children who made ED visits according to the frequency of their visits that were made after DHCP enrollment, i.e., the follow-up. The total number of visits in the follow-up period is given in column M. Columns N through T provide the differences in the number of children as well as the number of visits between the baseline and the follow-up periods according to the frequency of visits.

EXHIBIT 15
EMERGENCY DEPARTMENT USE: CHILDREN ANSWERING BOTH BASELINE AND FOLLOW UP SURVEYS

Baseline				Follow-Up								Summary							
				Children by Frequency of Visits									# of Children				# of Visits		
				Visits															
(A) Frequency of Visits	(B) # of children	(C) Total # of Visits	(D) % of Visits	(E) 0	(F) 1	(G) 2	(H) 3	(I) 4	(J) 5	(K) 9	(L) 20	(M) Total Visits	(N) Same	(O) Inc	(P) Dec	(Q) Net	(R) Inc	(S) Dec	(T) Net
0	199	0		157	31	7	2	0	0	2	0	69	157	42	0	42	69	0	69
1	34	34	29%	21	11	2	0	0	0	0	0	15	11	2	21	-19	2	21	-19
2	12	24	21%	5	3	3	0	1	0	0	0	13	3	1	8	-7	2	13	-11
3	3	9	7%	2	1	0	0	0	0	0	0	1	0	0	3	-3	0	8	-8
4	3	12	11%	0	1	0	1	0	0	0	1	24	0	1	2	-1	16	4	12
6	1	6	5%	0	1	0	0	0	0	0	0	1	0	0	1	-1	0	5	-5
7	1	7	6%	1	0	0	0	0	0	0	0	0	0	0	1	-1	0	7	-7
10	1	10	8%	0	0	0	1	0	0	0	0	3	0	0	1	-1	0	7	-7
15	1	15	13%	1	0	0	0	0	0	0	0	0	0	0	1	-1	0	15	-15
TOTAL	255	117		187	48	12	4	1	0	2	1	126	171	46	38	8	89	80	9
Total no. Visits				0	48	24	12	4	0	18	20								
% no. Visits					38%	19%	10%	3%	0%	14%	16%								
% no. Visits[a]					45%	23%	11%	4%	0%	17%	--								

[a]% based on 106 visits that excludes 20 visits by one child.

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- Overall there has been a net increase in the total number of ED visits after enrollment, [(9) = 117 – 126, column T = column C minus column M].
- This net increase is attributable primarily to (a) an increased number of visits (12) by children who had four visits in the baseline period, and (b) significantly, an **increased number of 69 visits in the follow-up period by eligibles who had no (or zero) visits in the baseline period.**
- For all other frequencies, the number of visits has declined or remained the same relative to the frequencies that occurred in the baseline time frame.
- The proportion of visits by frequency of visits has changed considerably after enrollment.
  1. As shown in column C, in the before enrollment period, the number of visits varied considerably over the range/frequency of visits, with only 29% of all ED visits for one visit, 50% of all visits confined to 2 visits, and 32% of the visits greater than, or equal to, 6 visits.
  2. In contrast, if the outlier of 20 visits by one child in the follow-up period is excluded, 45% of all visits after enrollment was limited to one visit, 68% of all visits was limited to two visits, and 17% of the visits was greater than 5 visits.
- This finding indicates a slight shift to fewer visits by DHCP eligibles and demonstrates that the DHCP may be constraining ED use of those children that had been frequent users of the ED.

D.2.2 ED Use by Chronic Illness

EXHIBIT 16
EMERGENCY DEPARTMENT USE BY CHRONIC ILLNESS

HEALTH STATUS	BEFORE						AFTER					
	NO CHRONIC ILLNESS		CHRONIC-ALLY ILL		Total		NO CHRONIC ILLNESS		CHRONIC-ALLY ILL		Total	
	#	%	#	%	#	%	#	%	#	%	#	%
No ED Use	669	79%	142	63%	811	76%	194	78%	273	69%	467	72%
ED Use	180	21%	82	37%	262	24%	55	22%	129	31%	184	28%
Total	849	100%	224	100%	1073	100%	249	100%	402	100%	651	100%

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- Emergency department utilization differs distinctly between eligibles who are not chronically ill and the chronically ill, with the latter having substantially higher rates of use before and after DHCP enrollment.
- The ED utilization by eligibles without chronic illness remained stable before and after enrollment.
- In contrast, chronically ill children have manifested a slight decline in their ED use after enrollment in the DHCP.

D.2.3 ED Use by Medicaid Participation

EXHIBIT 17
EMERGENCY DEPARTMENT USE BY PRIOR MEDICAID PARTICIPATION

HEALTH STATUS	BEFORE						AFTER					
	NO MEDICAID		MEDICAID		TOTAL		NO MEDICAID		MEDICAID		TOTAL	
	#	%	#	%	#	%	#	%	#	%	#	%
No ED Use	385	78%	426	73%	811	76%	217	76%	250	68%	467	72%
ED Use	107	22%	155	27%	262	24%	67	24%	117	32%	184	28%
Total	492	100%	581	100%	1073	100%	284	100%	367	100%	651	100%

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- Emergency department utilization differs distinctly between eligibles who have been enrolled in Medicaid prior to their DHCP eligibility and those who have not, with the former Medicaid enrollees having slightly higher rates of ED use both before and after DHCP enrollment.
- The ED utilization by eligibles with and without Medicaid background has been stable before and after enrollment. Thus it appears that a child's prior Medicaid history (with and without prior Medicaid enrollment) does not affect ED usage when the child is enrolled in DHCP.

D.2.4 Statistical Analysis of ED Use

A statistical analysis (in the form of an OLS equation) was undertaken to further explain the volume of ED utilization. The equation was to determine which characteristics of eligibles and parents account for differences in the number of ED visits per child after enrollment. The results could provide insights for formulating policy that could mitigate excess ED utilization. The estimated equation is presented in the appendix. What is presented here is a non-technical statement of the findings that permit inferences about ED behavior in the future.

- ED visits per child do not differ according to the gender, ethnicity (Hispanic or not) and age of eligibles.
- Eligibles residing in New Castle County have more ED visits per child than eligibles residing in Kent and Sussex counties.
- Children with higher health status have fewer ED visits.
- Chronically ill eligibles have more ED visits than eligibles who do not have a chronic illness.
- Eligibles in families of the lowest premium category have more ED visits than all other premium categories, which have the same amount of ED utilization.
- Eligibles who have been enrolled previously in Medicaid make more ED visits than eligibles who have not been Medicaid enrollees.
- Eligibles in families with more children enrolled in the DHCP have fewer ED visits.

D.3 Well-Care/Well-Child Visits

The American Academy of Pediatrics has made recommendations with respect to State Children's Health Insurance Program, (which are also identical to their general guidelines),[8] several of which apply to well-care visits. First, performance is to be evaluated on the basis of the percent of eligibles who turn 15 months old during the reporting year and receive four or more visits with a primary care provider during the reporting year. In Delaware, a child who is 0-12 months old and under the DHCP income limit of 200% of the FPL is assigned to the Medicaid program. Second, performance should be assessed by the percent of enrolled children from age 3 through 18 years old during the reporting year who had at least one comprehensive well-child visit with a primary care provider.

As indicated above, well-care use was relatively high at nearly 80% of all enrollees, before and after enrollment, but the proportion of children who made well visits in fact declined slightly after their enrollment. This aggregate perspective however, obscures two things. Well-care utilization is higher in Delaware than in some other states. Moreover, the aggregate figure obscures the role that time enrolled in the DHCP has on the determination of well-care visits and thus understates the achievement in the provision of such visits.

D.3.1 Well-Care Visits by Age Groups

EXHIBIT 18
WELL VISITS BY AGE GROUPS

BEFORE DHCP ENROLLMENT*										
	1-4		5-9		10-14		15 and over		Total	
Utilization	#	%	#	%	#	%	#	%	#	%
No Well Visits	5	10%	13	14%	15	20%	14	39%	47	19%
Well Visits	45	90%	77	86%	61	80%	22	61%	205	81%
Total	50	100%	90	100%	76	100%	36	100%	252	100%
AFTER DHCP ENROLLMENT										
	1-4		5-9		10-14		15 and over		Total	
Utilization	#	%	#	%	#	%	#	%	#	%
No Well Visits	10	7%	56	22%	47	22%	28	34%	141	20%
Well Visits	135	93%	196	78%	165	78%	55	66%	551	80%
Total	145	100%	252	100%	212	100%	83	100%	692	100%

***Well-Visit question not included on 1999 survey. These numbers reflect 2001 baseline survey.**
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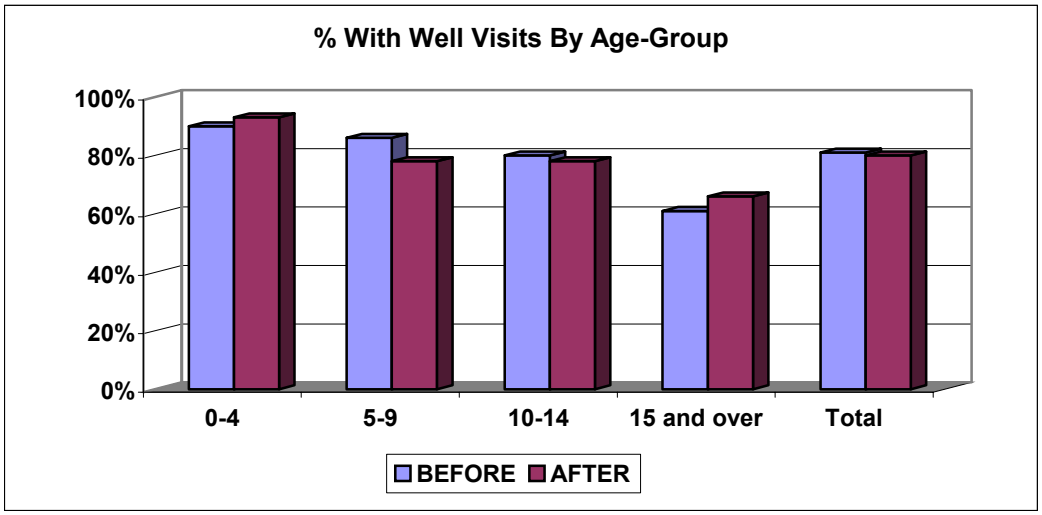
EXHIBIT 19
PERCENTAGE OF WELL-CARE VISITS BY AGE GROUPS



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- The proportion of eligibles receiving at least one well-care visit decreases by age group in both the before and after enrollment periods.
- The decrease by age is substantial, dropping from 90% for the 0-4 years of age to 61% for enrollees 15 years and older.
- The change in the aggregate figures before and after enrollment is mixed. Slight improvement has occurred for the 0-4 years of age group and eligibles 15 years of age and older, while a slight drop in obtaining annual well-care visits has occurred with ages 5-9 and the 10-14.

- While there has not been great improvement, it must be recognized that there is a very high proportion of eligibles who receive an annual well-care visit through the DHCP, a situation that is discussed below.

D.3.2 Interstate Comparisons of Well-Care Visits

Exhibit 20 displays a comparison of states regarding their performance measures and progress on providing well-care visits for their eligible children. Information on the performance of other states is taken from the Annual Reports and Evaluations for States (for the SCHIP) submitted to Center for Medicare and Medicaid Service (CMS). The data are for the fiscal years or the calendar years of 2000 except Ohio data of 1999. The results are not baseline figures; they pertain to participation in SCHIP programs. They measure either children enrolled in the program for that year, or children who have been enrolled continuously for an entire year. Rates for age groups measure the proportion of enrollees with at least one well-care visit compared to the number of children within the age group. "ALL" measures the proportion of total enrolled.

EXHIBIT 20
WELL-CARE VISITS: INTERSTATE COMPARISON

	AGE GROUPS									
STATES	3,4,5,6	6-9	3-11	3-20	Adolescents 10-14	Adolescents 15-19	Adolescents 12-18	Adolescents 13-18	10-20	ALL
Arkansas	40%[a]	14%							10%	
Arizona	45%			44%						
California	57%						29			
Connecticut										52%[b] 61%[c]
Florida										76%
Kansas	59%							39%		
Kentucky					31%	16%				
Michigan	37%						19%			
Mississippi	14%									
Ohio				31%						
New Jersey			63%				57%			
North Dakota	13%									
Tennessee										45%
West Virginia										45%
Delaware	**93%[d]**	**78%**			**78%**	**66%**				**80%**

All percentages are rounded up or down; [a]2-5 years; [b]Husky A; [c]Husky B; [d]2 - 4 years.

- The interstate comparison indicates quite clearly that, compared to the 14 other states, Delaware has had a high, if not superior, level of performance for providing well-care visits.
- Within different age categories, the level of well-care provided by the DHCP considerably exceeds, the achievement in other states reporting age specific data.

- The overall performance of Delaware,--at 80% of all children receiving a well-care visit in the past year (shown in the ALL category),-- is the highest of all states for which data is available.

D.3.3 Well-Care Visits by Medicaid Participation

EXHIBIT 21
WELL-CARE VISITS BY MEDICAID PARTICIPATION

DHCP CHILD WHO HAD AT LEAST ONE WELL VISIT BY MEDICAID PARTICIPATION												
WELL CARE VISIT	BEFORE						AFTER					
	NO MEDICAID		MEDICAID		TOTAL		NO MEDICAID		MEDICAID		TOTAL	
	#	%	#	%	#	%	#	%	#	%	#	%
No	25	20%	22	21%	47	19%	72	30%	70	22%	142	22%
Yes	101	80%	105	79%	206	81%	238	70%	323	78%	507	78%
Total	126	100%	127	100%	253	100%	310	100%	393	100%	649	100%

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- Former participation in Medicaid does not appear to influence a change in the obtainment of well-care visits.
- Eligibles with Medicaid participation (79% of them) and those children without prior Medicaid history (80% of them) had very similar, if not identical, well-care utilization before the program.
- After enrollment, a slight decline in well-care visits has occurred for children who had no Medicaid history (from 80% to 70% of all the eligibles without a Medicaid background).

D.3.4 Well-Care Visits by Time of DHCP Enrollment

Exhibit 22 presents the proportion of children in 2001 who had at least one well-care visit according to the time frame (months) of their eligibility in the first year of their DHCP enrollment. More specifically, Exhibit 22 shows the proportion of eligible children who were enrolled for specific months within the first year of their enrollment and had at least one well-care visit in that period.

EXHIBIT 22
CHILDREN WITH AT LEAST ONE WELL-CARE VISIT IN THE FIRST YEAR OF THEIR ENROLLMENT BY TIME OF DHCP ELIGIBILTY*

Time in DHCP - months	Eligibles With No Visit		Eligibles With One or More Visits	
	#	%	#	%
1	2	17%	10	83%
2-6	10	13%	67	87%
7-12	52	30%	119	70%
Total	64	25%	196	75%

*Children in program one year or less.
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- In general, of the children enrolled in the DHCP for 1 month to a first year, 75% had received at least one well-care visit, while 25% of them did not.
- Of all the children who were enrolled in the DHCP for only one month, 83% had at least one well-care visit, while 17% did not.
- For those children enrolled between 2 and 6 months, 87% made one or more well-care visits, and 13% did not obtain a visit.
- Of the children who were enrolled in the DHCP for 7 to 12 months; 70% had one or more visits, but 30% did not.

D.3.5 Statistical Analysis of Well-Care Visits

A statistical analysis with an OLS regression was conducted for explaining the differences in the number of well-care visits by 2001 enrollees. That is, the model seeks to confirm what social and economic characteristics determine the amount of well-care visits while a child is enrolled in the DHCP. The estimated equation is in the appendix. The following presents the estimated results in non-technical terms.

- The number of well-care visits declines with the age of the eligible child.
- Eligibles who have a chronic illness receive more well-care visits than children who do not have a chronic illness.
- Children will receive more well-care visits, the longer that they are enrolled in the DHCP.
- When the impact of all other variables is considered, more well-care visits are obtained by a child after their DHCP enrollment.

D.4 Immunization Status

EXHIBIT 23
IMMUNIZATION STATUS

IMMUNIZATION				
STATUS	**BEFORE**		**AFTER**	
	#	%	#	%
Yes	883	98%	651	97%
No	14	2%	17	3%
Don't know	0	0%	6	1%
Total	897	100%	674	100%
Missing	197	-	79	

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- An equal proportion of eligibles had their immunization up-to-date before and after enrollment.
- The immunization status is very high prior to and following DHCP enrollment.

D.5 Dental Care

Exhibit 24 displays the number of dental visits made by eligible children one year before and one year after DHCP enrollment. The DHCP does not provide insurance coverage for dental service.

EXHIBIT 24
UTILZATION OF DENTAL SERVICES

UTILIZATION OF DENTISTS				
NUMBER OF VISITS	BEFORE		AFTER	
	#	%	#	%
0	657	61%	442	70%
1	175	16%	63	10%
2	159	15%	86	14%
3	35	3%	27	4%
4	18	2%	7	1%
5	4	0%	4	1%
Over 5	22	2%	5	1%
Total	1070	100%	634	100%
Missing	90		119	

Health Services Policy Research Group, 2003

- A very large proportion of eligible children did not receive dental care either before or after enrollment.
- The access to dental services, in fact, declined from 61% to 70% of all eligible children who did not obtain any dental visits.

Parents were requested to give an estimate of the dental care costs they incurred for each of their eligible children in the first year of DHCP enrollment. The responses are shown in Exhibit 25.

EXHIBIT 25
DENTAL CARE COSTS

	BEFORE[1]		AFTER	
RESPONSE	#	%	#	%
No money spent	101	37%	412	57%
A. AVERAGE COSTS PER CHILD				
	#	%	#	%
Dental Care	63	$330	124	$290
B. COSTS BY SIZE OF SPENDING				
	#	%	#	%
Less than $200	40	63%	77	62%
$201 - $500	20	32%	33	27%
$501 - $1000	0	0%	8	6%
Greater than $1000	3	5%	6	5%
Total	63	100%	124	100%
[1]Not asked in 1999 survey.				

- Although the average cost per child for dental care was lower after enrollment, the amount of this average cost is sizeable given the low income levels of the families of enrollees.
- However, the proportion of parents paying dental bills over $200.00 annually was slightly higher after DHCP enrollment.

E. Various Financial Dimensions of the DHCP

Three financial dimensions of the DHCP are examined.[9] First, several facets of the health insurance of eligibles before their enrollment are analyzed. Second, potential crowding out of private coverage is evaluated. Third, the financial valuation of the DHCP by the parents of eligibles is assessed.

E.1 Health Insurance Coverage

Exhibits 26, 27, and 28 present various dimensions of the private insurance coverage of eligible children. Exhibit 26 provides an overall perspective on the private insurance status of eligibles before enrollment. The length of time since eligibles had private insurance is shown in Exhibit 27. The reasons for termination or loss of private health insurance are given by Exhibit 28. The insurance history of DHCP eligibles and the reasons for not having such coverage reveal some important insights into the present and future beneficiaries of the program. **The following comments should be viewed as approximations since 37% of the respondents did not answer the pertinent insurance questions.**

EXHIBIT 26
HEALTH INSURANCE STATUS OF SURVEYED ELIGIBLES

Insurance Category	Children	
	#	%
I. PRIVATE HEALTH INSURANCE COVERAGE		
A. Never Been Covered By Private Insurance	686	60
B. Had Private Insurance in the Past	457	40
B1. Private health insurance through parent's employer	(383)	(34)
B2. Private health insurance paid totally by parent	(74)	(6)
Total (A + B)	1,143	100
II. INSURANCE COVERAGE WITHIN YEAR PRIOR TO DHCP		
Insured Eligibles		
A. Medicaid Enrollees Only	305	64.4
B. Private Insurance and No Prior Medicaid Enrollment	121	25.6
C. Private Insurance and Prior Medicaid Enrollment	47	10.0
D. Total Insured in Prior Year (A+B+C)	473	100.0
E. Medicaid Only and Both Private Insurance and Medicaid (A+C) [% = (A+C)/D]	352	74.4
F. Private Insurance With or Without Medicaid (B+C) [% =(B+C)/D]	168	35.6
G. Children Not Insured Within Past Year (% = G/H)	670	58.8
H. Total (A+B+C +G)	1,143	100.0
III. PRIVATE HEALTH INSURANCE THROUGH PARENT'S EMPLOYER		
Children Covered:	383	34[b]
Average # months since last covered:	1.7 years	
Average premium:	$144/month	
Average length of time covered:[a]	33 months	
IIIa. HEALTH INSURANCE PREMIUM PORTION PAID BY EMPLOYER		
All (as % of valid answers, N = 130)	24	18.5
Some (as % of valid answers, N = 130)	82	63.0
None (as % of valid answers, N = 130)	24	18.5
Sub-total	130	-
Missing	253	51
Total	383	100.0
IIIb. SERVICES INCLUDED IN CHILD'S PRIVATE HEALTH INSURANCE[1] PROVIDED THROUGH PARENT EMPLOYER		
	#	**%**
Hospital Care (as % of valid answers, N = 130)	119	92
Doctor Services (as % of valid answers, N = 130)	116	89
Labs and X-Ray (as % of valid answers, N = 130)	116	89
Drugs/Medicine (as % of valid answers, N = 130)	120	92
IV. PRIVATE HEALTH INSURANCE PAID TOTALLY BY PARENT		
Children Covered:	74	6[b]
Average # months since last covered:	1.2 years	
Average premium:	$294/month	
Average length of time covered:[a]	40 months	

[a] *Only asked in 2001 baseline survey.*

[b] *34% + 6% + = 40%, the proportion of eligibles who had private health insurance in the past*

- Only 15% (168/1143) of all eligibles had private insurance coverage in the year before their DHCP enrollment.
- For 84% of those eligibles who had private insurance (383/457), coverage was provided by/through parents' employer.
- Conversely, for 16% of those eligibles who had private insurance, coverage was paid totally by their parents.
- The financial burden of the private insurance premium is substantially higher than the DHCP premium.
  1. On average, the employer-based premium is at least 5 times as large as the highest DHCP premium ($144/$25).
  2. On average, the premium paid totally by parents is at least 11 times as large as the highest DHCP premium ($294/$25).
- Virtually all eligibles protected under employer–based private insurance had comprehensive coverage like the DHCP.
- Both the private and public sectors were equally important as health insurance providers for the low-income DHCP eligibles in the year prior to DHCP enrollment (Part II).
  1. Of the insured eligibles, 74.4% (352/473) had coverage through the Medicaid program, and "moved" into the DHCP because of their increased FPL income or other family changes. Many of these children would not have had health insurance if the DHCP had not been implemented.
  2. 35.6 % (168/473) of the eligibles were recipients of insurance through private policies during some period in the last 12 months preceding their enrollment date.

EXHIBIT 27
LENGTH OF TIME SINCE PRIVATE INSURANCE COVERAGE

Time Insured Before Application	Insurance Category					
	Total		Private Insurance Through Parent and Employer		Private Insurance Paid Totally by Parent	
	No.	%	No.	%	No.	%
0 to 6 Months	104	33.4	89	33.1	15	35.7
7 to 12 Months	64	21.0	58	21.6	6	14.3
> Than 1 to 2 Years	70	23.0	55	20.4	15	36.7
> Than 2 to 5 Years	54	17.4	48	17.8	6	14.3
> Than 5 Years	19	6.1	19	7.1	--	--
Total	311	100.0	269	100.0	42	100.0
Missing	146		114		32	
Grand Total	457		383		74	

- Many eligibles who had private coverage as their last insurance have been without such health protection for a considerable amount of time in the past ten years.

1. As indicated by the column entitled "Total", 46.5% of the children who had private health insurance have been without such coverage for more than a year before their DHCP enrollment.
2. Some children, 17.4% of those formerly insured privately, have not had such health insurance for 2 to 5 years, and 6.1% have been without it for more than 5 years.

EXHIBIT 28
REASONS FOR TERMINATION OR LOSS OF HEALTH INSURANCE

PRIVATE INSURANCE BEFORE DHCP – BASELINE		
RESPONSE[1]	**#**	**%**
1. It didn't stop	43	9%
2. Employer canceled insurance for you as employee	37	8%
3. Employer canceled family coverage for children	18	4%
4. Employer decreased type of coverage for this child	12	3%
5. Costs you paid for your employer insurance increased	42	9%
6. Parent dropped insurance they paid totally from own income	41	9%
7. Parent became unemployed	121	27%
8. New job with no employer insurance	109	24%
9. New job with insurance but no coverage for children	87	19%
10. Change in family situation	91	20%

[1]Respondents were asked to check all that apply. Very few respondents provided multiple answers, they are included under the single responses. Thus totals will not add up to 100%. Percentages based on the eligible children who had private insurance

- The predominant responses #7 (unemployed), #8 (new job without insurance), and #9 (new job with insurance, but no coverage for children) suggest that parents have problems in obtaining access to health insurance through their employment. In these circumstances, however, affordability may be the underlying reason for not having coverage for their children, given that, in principle, they could purchase, albeit costly, insurance directly from their household income.
- Responses #5 and #6 (cost of insurance increased and parent dropped insurance) demonstrate lack of affordability of health insurance.
- It is unclear that there may be more ephemeral participation in DHCP due to changes in family status, as given on response #10. Divorce, marital separation, or death could produce a temporary need for insurance of the household's children until the family member(s) obtain income that could exceed the income limit of the DHCP.
- In general, parents' responses point to their households' social and economic status and changes that constrain them from providing health insurance for their children on a continuous basis.

E.2 Crowding Out Issue

A major policy concern is whether DHCP enrollment entails any crowding out, i.e., was DHCP coverage of eligibles substituted for their private coverage? Crowding out would occur when public health insurance coverage is substituted for private sector health

insurance coverage. With respect to the DHCP, crowding out is examined by the focus upon whether parents have deliberately dropped private coverage in favor of DHCP insurance.[10] Delaware has chosen three fiscal mechanisms to avert crowding out prompted by employees dropping their private sector coverage.[11] One, a family income limit has been established at 200% of the FPL. Two, parents must pay premiums based on a sliding scale comprising three premium levels. Three, a restriction stipulates that children must have been uninsured in the private sector or underinsured (without comprehensive private coverage) for at least six months prior to DHCP application with some exceptions. The exceptions are for those who had comprehensive private insurance during the prior six months but lost it due to:

1. Death of a parent,
2. Disability of a parent,
3. Termination of employment,
4. Change to a new employer who does not cover dependents,
5. Change of address so that no employer-sponsored coverage is available,
6. Expiration of the coverage periods established by COBRA,
7. Employer terminating health coverage as a benefit for all employees.

The enforcement of this provision is a simple declaration at the time of application and during each re-determination.

EXHIBIT 29
REASONS FOR INSURANCE TERMINATION 6 MONTHS BEFORE DHCP APPLICATION

REASONS		
Single answers	**#**	**%**
1. Change in family situation (separation, divorce, death)	3	3.4%
2. Parent became unemployed	17	19.1%
3. New job with no employer insurance	11	12.4%
4. Employer cancelled insurance for you as employee	3	3.4%
5. New job with no child insurance	7	7.9%
6. Employer decreased insurance	1	1.1%
7. Cost increased	1	1.1%
8. Parent dropped insurance that they paid totally from own income	8	9.0%
9. Parent dropped employer insurance for this child	8	9.0%
10. It didn't stop	1	1.1%
Sub-total	**60**	**67.5%**
Multiple answers	#	%
11. Parent dropped child's private insurance, change in family situation	1	1.1%
12. Parent dropped child's private insurance, new job/no child insurance	3	3.4%
13. Parent dropped child's private insurance, unemployed	3	3.4%
14. Parent dropped child's employer insurance, change in family situation	1	1.1%
15. Cost increased, change in family situation	2	2.2%
16. Cost increased, new job/no insurance	2	2.2%
17. Employer cancelled, new job/no child insurance	3	3.4%
18. Employer cancelled, new job/no insurance, unemployed	1	1.1%
19. Employer cancelled, cost increased, unemployed, change in family situation	1	1.1%
20. Employer cancelled, Employer decreased insurance, change in family situation	1	1.1%
21. New job/no child insurance, change in family situation	2	2.2%
22. New job/no insurance, unemployed	1	1.1%
23. New job/no insurance, new job/no child insurance	1	1.1%
24. New job/no insurance, new job/no child insurance, parent dropped child's private insurance	2	2.2%
25. Employer decreased insurance, new job/no insurance, parent dropped child's private insurance, unemployed	1	1.1%
26. Cost increased, dropped child's employer insurance	4	4.5%
Total	**89**	**100.0%**
no answer	14	
Multiple responses resulting from "answer all that apply"		

- As a first approximation, Exhibit 27 (shown above) reveals that **crowding out is not potentially a very large problem**.
  1. Only 33.4% of all eligibles who had private insurance had such coverage within the six months of their DHCP enrollment.
  2. This conclusion is further supported by the fact that the 33.4% translates into 9.1% of all children of survey respondents (104 from Exhibit 27 divided by 1,143 from Exhibit 26) had private insurance within six months of DHCP enrollment.
- Crowding out would not have occurred within the DHCP if eligible children who had comprehensive private insurance, but lost it within six months of their application date complied with at least one of the exceptions to the six-month waiting period restriction. This compliance can be determined by an examination of the responses by parents to the question of why the private health insurance for eligible children did stop, as shown on Exhibit 29.

- **Most responses indicate that the "loss" of insurance is strictly consistent with the stipulated exceptions for <u>most</u> parents**.
    1. Single responses 1 through 6 and multiple responses 11 through 25 are congruent with the allowed exceptions to the six-month restriction (75.1% of parents who had private insurance within six months).
    2. Single responses 7, 8, 9, and 10 and the multiple response 26 seemingly violate the rule (24.9% of parents who had private insurance within six months). **Again, although it produces a rough approximation , this result indicates that crowding out is a minimal problem, given that the 24.9% of once privately insured children accounts for only 1.9% of all children in the surveys (22 from Exhibit 28 divided by 1,143 from Exhibit 26**).
    3. However, the crowding out may be even smaller than the 1.9% figure. Because of the lack of corroborating data, it is unclear:
        - whether the parents who dropped insurance did so because of the affordability of the coverage or were underinsured, i.e., their child's insurance <u>was not comprehensive</u> as defined by DHCP rules, and
        - whether where children's private insurance didn't stop, their private coverage was not comprehensive which would permit them to be qualified for DHCP enrollment.

E.3 Valuation of and Willingness to Pay for Insurance Coverage

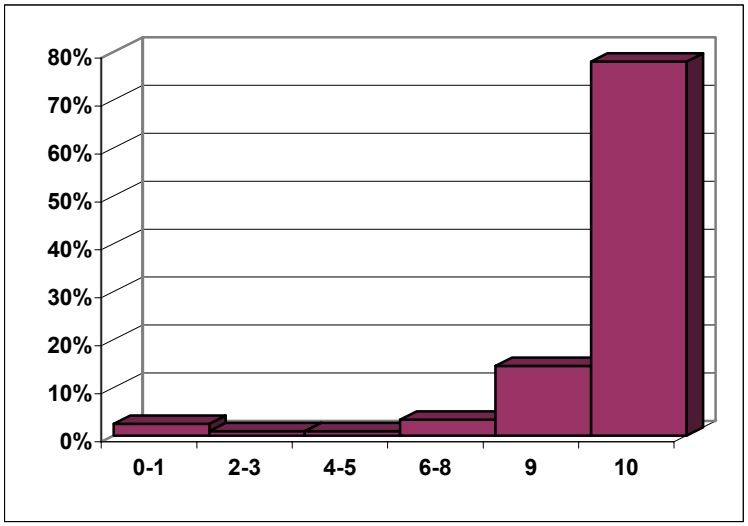
Two financial dimensions of the DHCP are examined. First, the financial valuation of the DHCP insurance coverage by parents of eligibles is assessed. Second, a determination is made of the financial valuation of an insurance program with the same coverage as the DHCP that would apply to the households only, i.e., their own coverage. Both analyses should produce a result of how much parents are <u>willing to pay</u> (WTP) for their children's DHCP coverage and for their own adult insurance coverage.

The WTP analysis is based upon two survey questions asked in sequence.[12] The first question was to prompt a respondent's (who are either the parent or guardian of eligibles in the eligibles' household) thinking about the benefits of the program so as to provide an "immediate context" for their consideration of the monetary value of the DHCP. Respondents were informed of the health care advantages gained from the DHCP and the coverage provided by the DHCP for the premium that is paid. Then the parents were requested to assign a value to the DHCP according to a rating scale that ranged from 0 to 10 with 10 as the highest value. The question to capture the willingness to pay respondents was phrased in the negative.[13] It asked the parents to designate the monthly premium that would cause them to leave the program (or not to enroll for the adult coverage). The scale stipulated responses that ranged from $0.00 to $100.00 per month with $5.00 increments. Finally, a statistical analysis produces estimates of the social and economic reasons for household differences in the amounts they would pay for the DHCP.

E.3.1 The Valuation of and the Willingness to Pay for Children's Coverage

The responses by respondents regarding the valuation of their children's coverage are shown in Exhibits 30 and 31.

EXHIBIT 30
HOUSEHOLDS' VALUATION OF CHILDREN'S DHCP COVERAGE AFTER ENROLLMENT



- An overwhelming proportion of respondents (parents/guardians) assigned a value of 10 for the DHCP: 83.3% and 78.0% respectively before and after enrollment. In addition, before and after enrollment respectively, 90.0% and 85.9% of households valued the program at 9 or higher.
- As shown below, this consensus on the DHCP value among parents does not match or translate to a similarity among respondents in a monthly premium they are willing to pay.

Two items are presented in Exhibit 31. One is the survey responses about the premium amount parents are willing to pay for their children's enrollment in the DHCP. The second is a demonstration of the impact that several hypothetical premium changes,-- $5.00, $10.00, and $15.00 increments, -- could have on enrollment. The responses and the impact of hypothetical premium changes are broken down according to the three DHCP premium categories.

EXHIBIT 31
PREMIUMS HOUSEHOLDS ARE WILLING TO PAY FOR DHCP COVERAGE, FOLLOW-UP SURVEYS

Monthly Dollar Value of Premium	Household Survey Responses		FPL Category = 100-133% Current Premium = $10			FPL Category = 134-165% Current Premium = $15			FPL Category = 166-200% Current Premium = $25		
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
Value	#	%	#	%	Cum.	#	%	Cum.	#	%	Cum.
0	11	2%	5	4%	4%	3	1%	1%	3	3%	3%
5	4	1%	1	1%	5%	3	1%	3%	0	0%	3%
10	18	4%	10	8%	12%	5	2%	5%	2	2%	5%
15	30	7%	7	5%	18%	21	10%	16%	2	2%	6%
20	34	8%	16	12%	30%	15	7%	23%	3	3%	9%
25	72	16%	12	9%	39%	36	18%	41%	24	22%	31%
30	59	13%	16	12%	51%	25	12%	54%	18	16%	47%
35	23	5%	3	2%	53%	13	6%	60%	7	6%	54%
40	33	7%	9	7%	60%	12	6%	66%	12	11%	65%
45	10	2%	4	3%	63%	6	3%	69%	0	0%	65%
50	81	18%	23	18%	81%	38	19%	88%	18	16%	81%
55	4	1%	0	0%	81%	2	1%	89%	2	2%	83%
60	8	2%	5	4%	85%	1	0%	90%	2	2%	85%
65	3	1%	2	2%	86%	0	0%	90%	1	1%	85%
70	8	2%	2	2%	88%	4	2%	92%	2	2%	87%
75	12	3%	3	2%	90%	6	3%	95%	3	3%	90%
80	1	0%	0	0%	90%	0	0%	95%	1	1%	91%
85	0	0%	0	0%	90%	0	0%	95%	0	0%	91%
90	1	0%	0	0%	90%	1	0%	95%	0	0%	91%
95	0	0%	0	0%	90%	0	0%	95%	0	0%	91%
100	34	8%	13	10%	100%	10	5%	100%	10	9%	100%
	446	100%	131	100%	-	201	100%	-	110	100%	
				$5 Premium Increment			$10 Premium Increment			$15 Premium Increment	

- Overall Perspective:
- In the aggregate, as shown in Column C, 62% of all respondents (100.0% - 38%) put a willingness to pay value on the DHCP above the maximum premium of $25.00 per month.
  1. Only 8% of all respondents were willing to pay a maximum of $100.00 monthly to continue in the program.
- WTP by current premium category (Columns D through L):
  1. An anomaly is that some respondents are not willing to pay the premium required to participate in the program. Specifically, 5%, 5%, and 9% of all respondents included respectively in the premium categories of $5.00, $10.00, and $ 25.00 state they would not pay their current premium to have their children remain in the DHCP.
  2. For all premium levels, however, a considerable proportion of households in each premium level-- respectively 88%, 84%, and 69% in the premium

categories of $10.00, $ 15.00, and $25.00-- are willing to pay more than the current premiums of the program

- Impact of Premium Increases (Columns F through L):
  1. With a $10.00 increase in premium from $10.00 to $20.00, 18% of all households in the premium category of $10.00 (Column F) would have their children leave the DHCP.
  2. If the premium were raised an additional $10.00 from $15.00 to $25.00, then 23% of all households in the premium category of $15.00 (Column I) would remove their children from the DHCP.
  3. A $10.00 increase from $25.00 to $35.00 for parents in the premium category $25.00 would produce a decline of 47% of households (Column L) in that premium class.
  4. The proportional reductions in household participation in the various premium categories can be estimated and used as approximations of expected decline in total DHCP enrollment. The estimated departure or drop in participation in a premium category due to a rise in premium is likely to produce an equivalent proportional drop in DHCP eligibles within that premium category. This statement is based on the fact that there is little difference/variation in the number of eligible children per household. The survey and the actual enrollment figures indicate an average number of children equal to 1.5 children per household, with very few families having more than three children (87% of the families have two or fewer children).

STATISTICAL ANALYSIS

A (OLS) regression equation was estimated to determine which factors influence household willingness to pay lower or higher premium levels for DHCP coverage. The following are hypotheses about expected relationships between the independent variables and the households' premium scale value for their children's insurance coverage.[14]

Family Size. Families with more children have greater potential need for medical services (since the likelihood of illness is greater). Therefore they should have greater demand for health insurance. Moreover, given that the DHCP charges a uniform premium for a household, according to its FPL income, the cost per child declines for each additional child enrolled. Consequently, there is a greater incentive for larger families to be willing to pay higher premiums for DHCP coverage.

Child's Age. Families with older children should have less incentive to pay higher premiums for the DHCP, since younger children are in need of more medical care.

Health Status. If a child has one or more chronic illnesses, he/she will have greater need for medical care. Consequently, his parents would be more impelled to support higher premiums.

Financial Capability. More financial resources of a family provide them with a greater capability to pay for health care. Thus, families with higher incomes should be willing to spend more for their children's medical care coverage. Family income is measured

separately by the midpoint values of the family income reported for the three FPL premium categories of the DHCP.

Race/Ethnicity. Caucasian families are expected to have larger demand for health care, and therefore be willing to spend more for the DHCP coverage.

Length of DHCP Enrollment. Families with longer participation in DHCP should have more appreciation of the benefits of the program, and thus would be expected to be more supportive of the DHCP.

Medicaid Participation. Parents whose children have been enrolled in the Medicaid program are expected to have more appreciation of the value of health care, given that their children have already received the benefits of such services. Thus parents of children with a Medicaid history would be more willing to pay for the DHCP than those parents whose children have never been enrolled in Medicaid.

Geographical Areas. People living in more urban areas, as in New Castle County, are more likely to have access to medical services, and have a greater appreciation of the benefits of health care. Therefore, families residing in New Castle County should be willing to pay higher DHCP premiums than Kent and Sussex counties.

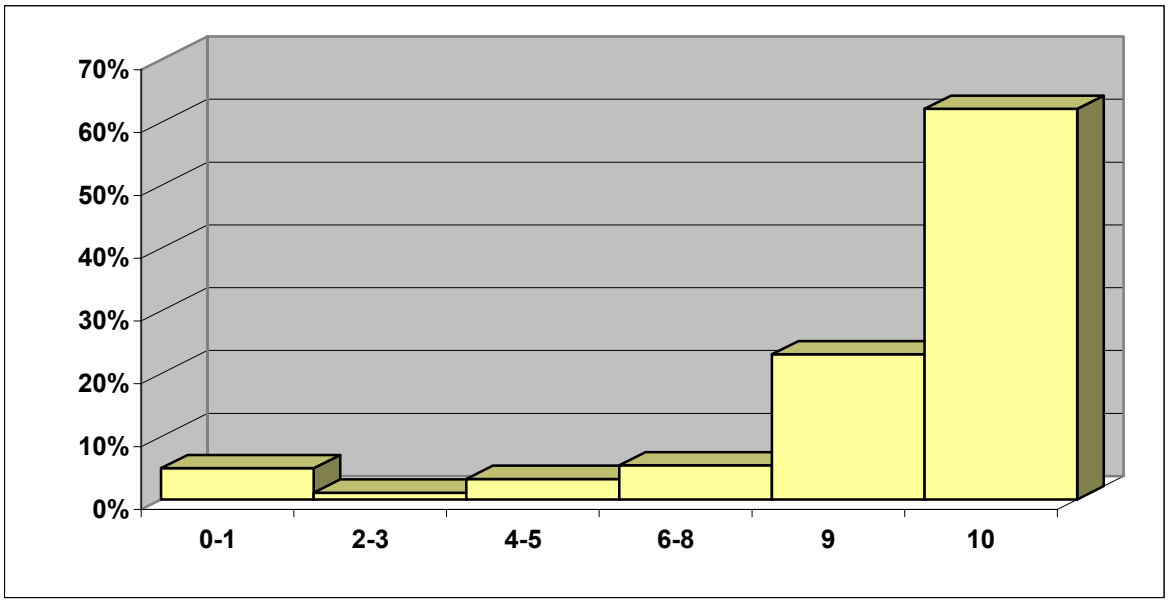
The estimated equations produced the following statistically significant relationships.

1. Families with higher income are willing to pay larger amounts in premiums for DHCP coverage for their children. The parents in the highest FPL premium category are willing to pay $0.43 per month more for each $1,000 of family income.
2. Households in Kent County are willing to pay $8.00 more in premiums than their counterparts in New Castle and Sussex Counties.
3. Households of Caucasian children are willing to pay $3.72 more a month than parents of minority children.
4. It appears that participation in the DHCP enhances household support of the program. The longer their child is enrolled in the DHCP, there is a greater willingness to pay for DHCP coverage.
5. Families in which the parent is employed part-time are more willing to pay higher DHCP premiums than families who are employed full-time or unemployed.
6. There is a greater willingness to pay higher premiums among college educated households than households with some college education, and this latter group manifests a higher willingness to pay than those with lower education levels.
7. Households with children with a prior enrollment in Medicaid are willing to pay $3.00 more for DHCP than parents whose children were not previously enrolled in Medicaid.

E.3.2 The Valuation of and the Willingness to Pay for Adult Coverage

The responses by households about the valuation of their own (adult) health insurance coverage are shown in Exhibits 32 and 33.

EXHIBIT 32
HOUSEHOLD VALUATION OF ADULT INSURANCE COVERAGE



- A sizeable 62% assigned the DHCP a value of 10 and 85.3% valued the program at 9 or higher. This result indicates that virtually all DHCP households place great and similar value on the provision of health insurance coverage for adult coverage irrespective of their FPL income, which is reflected by premium level.
- The valuation by parents/guardians for their own health insurance coverage is similar to the valuation they place on their children's DHCP coverage for a value of 9 or higher on the ten-point scale.
- As shown below, this consensus on the DHCP value among parents does not match or translate to a similarity among parents in a monthly premium they are willing to pay.

As with Exhibit 31, two items are provided in Exhibit 33. One is the survey responses about the premium amount parents are willing to pay for their own enrollment in the DHCP. The second is a demonstration of the impact that several hypothetical premium changes could have on enrollment. The responses and the impact of hypothetical premium changes are broken down according to the three DHCP premium categories that are based on the federal poverty level (FPL).

EXHIBIT 33
PREMIUMS HOUSEHOLDS ARE WILLING TO PAY FOR THEIR OWN INSURANCE, FOLLOW-UP SURVEYS

Monthly Dollar Value of Premium	Household Survey Responses		FPL Category = 100-133% Current Premium = $10			FPL Category = 134-166% Current Premium = $15			FPL Category = 167-200% Current Premium = $25		
(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)	(L)
Value	#	%	#	%	Cum.	#	%	Cum.	#	%	Cum.
0	15	4%	5	5%	5%	4	3%	3%	6	7%	7%
5	5	1%	1	1%	6%	4	3%	6%	0	0%	7%
10	16	5%	12	11%	17%	2	1%	7%	2	2%	10%
15	18	5%	4	4%	20%	12	8%	15%	2	2%	12%
20	44	13%	16	15%	35%	19	13%	29%	8	10%	22%
25	49	15%	14	13%	48%	23	16%	45%	12	15%	37%
30	27	8%	4	4%	52%	13	9%	54%	9	11%	48%
35	17	5%	6	6%	57%	9	6%	61%	2	2%	51%
40	22	7%	4	4%	61%	9	6%	67%	9	11%	62%
45	8	2%	3	3%	64%	4	3%	70%	1	1%	63%
50	59	18%	20	19%	82%	24	17%	87%	13	16%	79%
55	3	1%	1	1%	83%	1	1%	87%	1	1%	80%
60	5	1%	4	4%	87%	1	1%	88%	0	0%	80%
65	1	0%	0	0%	87%	0	0%	88%	1	1%	81%
70	4	1%	0	0%	87%	3	2%	90%	1	1%	83%
75	11	3%	2	2%	89%	4	3%	93%	5	6%	89%
80	2	1%	1	1%	90%	1	1%	94%	0	0%	89%
85	1	0%	0	0%	90%	1	1%	94%	0	0%	89%
90	2	1%	0	0%	90%	1	1%	95%	1	1%	90%
95	1	0%	0	0%	90%	0	0%	95%	1	1%	91%
100	25	7%	11	10%	100%	7	5%	100%	7	9%	100%
	335	100%	108	100%	-	142	100%	-	81	100%	

$5 Premium Increment $10 Premium Increment $15 Premium Increment

- Overall Perspective (See Column C):
  1. In the aggregate, 57% of all households (100.0% - 43%) put a willingness to pay value on adult coverage above the maximum premium of $25.00 per month.
  2. Only 7% of all households were willing to pay a maximum of $100.00 monthly to obtain coverage.
- WTP consistent with current premium category paid for their children's DHCP coverage (Columns D through L):
  1. For all premium levels, a considerable proportion of households in each premium level--respectively 83%, 85%, and 63% in the premium categories of $10.00, $15.00 and $25.00-- are willing to pay more than the current maximum premium for their adult coverage.
  2. A considerable proportion of households indicated that they would support a larger monthly DHCP premium: 18%, 13% and 21% of all households

respectively in the $10.00, $15.00 and $25.00 premium categories were willing to pay more than $50.00 a month for their coverage.

- Impact of Premium Increases (Columns F through L)
  The same simple method as used with children coverage could be employed for determining the likely impact of only one category, or for differential premium increments for all three premium categories. In any case, the proportional reductions in parent participation in the various premium categories can be estimated and used as approximations of expected decline in enrollment.

V. RECOMMENDATIONS

1. Premiums. The premiums required for each FPL category should be maintained for the DHCP. For each FPL category, between 69% and 88% of all surveyed respondents were willing to pay a premium equal to or above their current premium. The premium offsets some of the program's costs and provides a mitigation of the stigma of participation in a public program. Moreover, parents did not cite the premium as being an obstacle to the access to DHCP. Given the strong support of the premiums by parents, the weight of available evidence indicates that the premium is not a barrier to enrollment into Delaware's children's insurance program.

2. Access to the DHCP: Friends. The findings indicate that friends of parents are an effective source of information about DHCP enrollment. However, there is no evidence about how friends became informed about the DHCP. Further research should be directed at determining the ways friends have heard about the Delaware children's program.

3. Dental Services. At minimum, preventive dental services should be evaluated for addition to the DHCP benefit package. A very large proportion of eligible children (61% before and 70% after enrollment) did not have any dental services in the past year, and therefore they have forgone preventive care. Such services could likely mitigate long-run illness, with the consequence that larger medical care costs may be avoided in the future.

4. Emergency Department Visits. In-depth research should be conducted on emergency department (ED) utilization by DHCP eligibles. A twofold direction is warranted. First, analysis should focus on explaining why eligible children with chronic illness have higher ED utilization than children with no chronic illness. Second, a long run evaluation of ED utilization should be undertaken to assess the extent to which ED use changes over the time period of DHCP enrollment, given that multiple visits by individuals appear to have declined in the first year of enrollment. Both foci should entail consideration of the availability of doctors' office hours, the nature of ED visits, and the role of support services such as transportation

5. Well-Care Visits. Research on the well care visits of eligible children should be undertaken, even though a very high proportion of enrollees (80%) obtained well care visits within a year. Two orientations are needed. First, the analysis should consider explanations of why a small proportion (20%) of eligibles fails to get their annual well-care visit. Second, inquiry is required into why well-care visits decline with the age of the eligibles. Both these investigations should evaluate the impact that counseling

efforts, transportation, physician office hours, working conditions and other access factors have on the willingness and ability of eligibles to receive well-care. Moreover, the analysis should be longer term, since well-care participation could increase over time since program "acculturation" could occur as appears with former Medicaid enrollees who have greater occurrences of well-care visits.

6. Disease Management and Case Management Approaches. Given the 13% asthma prevalence rate and the presence of other chronic conditions in the DHCP population, the Division of Social Services should evaluate the potential of disease management programs for the DHCP, perhaps operated in conjunction with programs for the Medicaid population. A disease management approach could help to reinforce appropriate medication use, promote healthy lifestyle changes, and ensure ongoing education to manage chronic illnesses. Programs of this nature vary in the level and type of services, costs of implementation, and capacity to achieve savings. Therefore, the Division should carefully consider the costs and benefits of the various options for disease management. In addition, consideration should be given to strategies for more aggressive case management of DHCP enrollees, including enhancing the intake instrument now used to obtain a health profile of DHCP children.

7. Education of Beneficiary and Their Parents. The managed care of beneficiaries could be strengthened through a systematic approach to the education of beneficiaries and their parents about the preventive care. This more aggressive managed care approach could result in financial cost savings by the avoidance and mitigation of enrollee illness, which would limit the need for medical treatment in the future.

8. Expansion of the DHCP to Parents. Consideration should be given to the expansion of DHCP coverage to the parents of eligible children. While fiscal conditions may be viewed as a constraint to such an approach, the inclusion of household members into the DHCP may have a twofold benefit. One, it may contribute to reduction of health care costs in the long run because parents could receive both preventive and primary care that would help mitigate and avoid illness that requires costly medical care. Second, parental enrollment could facilitate longer and continued enrollment of their children since family problems and conditions, --one of which is health insurance access- could well affect a parent's decision to allow their children's participation in the DHCP. There is strong indication in the present evaluation that parents substantially value the comprehensive insurance coverage of the DHCP, and they have a considerable willingness to pay premiums for such coverage, which would offset the additional costs of the expanded program.

9. Crowding Out. Crowding out, whereby public insurance of the DHCP is substituted for private coverage, has been investigated from the perspective of beneficiaries to determine whether parents had dropped their children's health insurance to obtain less expensive DHCP coverage. The finding of the present evaluation is that such crowding out is a very minute, if any, problem. In this case, employers could play an important role as a source of recruitment of children who would be potentially eligible for the DHCP. Employers could aggressively inform their adult employees about the availability of the DHCP for their children. However, crowding out has not been examined from the standpoint of the behavior of firms. Since the DHCP has been operating for more than

four years, firms and employers could now be more aware of the program's existence, and this awareness could intensify their incentive to drop health insurance coverage for their employees' dependents. Such activities are more likely to occur among small businesses, which are employers of labor with low–income. An analysis of the insurance status and actions of firms before and after the initiation of DHCP would reveal whether dropping insurance coverage (crowding out) has been a response adopted by businesses.

10. Enrollment/Disenrollment Analysis. An analysis should be undertaken to determine the reasons for disenrollment from and re-enrollment into the DHCP. Such an analysis would lead to understanding how and the extent to which income, occupational and social changes in households affect DHCP participation. This approach would require, at minimum, a survey of those who have disenrolled and re-enrolled. An additional focus would be to track and analyze the enrollment and disenrollment patterns of DHCP eligibles over several years to weigh the impact of variables representing the economy as well as household characteristics of DHCP eligibles. Such an evaluation could aid decisions for two policy dimensions. First, the data could help answer the question whether DHCP enrollment is comprised of children in families that are economically vulnerable on a continuous basis over a period time. Two, a predictive model could be developed so that the volume of the DHCP could be forecasted.

11. Determination of the Universe of the Uninsured in Delaware. The existing data sources employed to derive the number of children in Delaware who would be qualified for the DHCP may not generate reliable and valid estimates of the targeted population consistent with the scope and objectives of the DHCP, i e., the population less than 19 years of age residing in households with income between 100% and 200% of the federal poverty level (FPL). The available data on Delaware uninsured does not provide (a) very precise estimates of individuals without health insurance, (b) accurate information on the length of time that a person is uninsured, (c) accurate information on the underinsurance of low-income children (the lack of comprehensive insurance). Consequently, it is difficult to accurately assess DHCP outreach efforts, and the issue of how many children could be covered by the DHCP.

What is needed is a periodic survey for issues relating to the DHCP, comprised of a large sample of Delaware respondents with a wide range of income levels. Survey questions should elicit information at least on health insurance status: length of time, coverage, type of insurance financing, as well as education, employment inclusive of occupation type, income, company/firm and type, family size, and income earners in households to name a few. At minimum, an annual survey is necessary, but more accuracy could be obtained if semi-annual or even quarterly surveys were conducted, since changes in the economy during the year could affect employment that in turn determines the insurance "take up" by workers. Given that surveys have considerable fixed costs, efficiency may be enhanced by "piggy backing" the DHCP concerns with other health considerations. If so, with additional effort, the survey could be formulated into a periodic Health Risk Appraisal of the State of Delaware. Putting aside the expansion of its scope, the DHCP survey, if conducted over time, could provide an analytical basis for comparison of changes, and reasons for them, in the insurance status of the targeted population of the DHCP and other public health programs.

VI. APPENDIX

Appendix A: Sampling Formula and Inputs Required To Calculate Sample Size

This conclusion is based on the following (which are required inputs of the formula to calculate sample size):[15]

1. The population for which inferences are to be made, i.e., the 12,956 children who enrolled between January 1999 to December 2001;
2. An acceptable level of precision established by a choice of confidence intervals that would result in reliable (consistent) estimates.
    - By way of example, a very common standard is the application of a 95% confidence interval and thus the setting of a 5% sampling error. A 95% confidence interval indicates that in 95 out of 100 samples, the parameter (or true value) of a selected variable of population (means, and/or proportion) lies within the range of sample values established by the interval.[16]
    - Conversely, only 5 out of 100 times the population parameter will not be within the estimate range of sample interval values—a 5% error.
3. A very conservative estimated sample proportion was assumed for the selected variable(s) (responses/questions) of interest in the survey;
    - Most DHCP survey questions (variables of interest) entailed multiple response categories to which various proportions of respondents could answer.
    - The proportions for each question were unknown before the survey was undertaken, and the proportions are likely to differ according to each question.
    - Thus a very conservative position was to choose the largest proportion of response to a question since it would produce the largest sample needed.

The proportion of .5 does so, given the formula for sample size determination.

Appendix B: Baseline Survey Questionnaire

BASELINE SURVEY

DATE:_____

DELAWARE HEALTHY CHILDREN PROGRAM (DHCP)
MAIL SURVEY

DCIS HH#_____

Name, ID#, and First month of enrollment for DHCP child:

Name	Child ID#	First Month of Enrollment
Child #1:		
Child #2:		
Child #3:		
Child #4:		

This form asks about your child's health care **before** he or she was ever enrolled in the Delaware Healthy Children Program (DHCP). If you applied and enrolled your child more than one time, please tell us about the year before each child's very first DHCP enrollment. The very first month of DHCP enrollment for each child in DHCP is shown above.

Even if your child is not now enrolled in DHCP, please fill out the form. Your information will help us improve the program. All answers will be kept confidential, and you will not be identified by your answers. Your answers will **not** affect your child's enrollment, premium, or benefits. Families who fill out and return the survey will **get one month for free** in the DHCP.
If you do not answer this survey, this will **not** affect your child' enrollment, premium, or benefits.

1. How did you hear about the Delaware Healthy Children Program? ***(Check all that apply.)***

Billboard	School	Daycare	Community Organization
Child Support Office	Unemployment Office	Medical Care Provider	Radio
Newspaper	Social Worker	Friend/Relative	TV
Employer	Other:		

2. Please check the <u>main</u> <u>way</u> you heard about the Delaware Healthy Children Program.

Billboard	School	Daycare	Community Organization
Child Support Office	Unemployment Office	Medical Care Provider	Radio
Newspaper	Social Worker	Friend/Relative	TV
Employer	Other:		

3. Please rate <u>each</u> step of the DHCP application process listed below.

1. Filling out paperwork	__Very Hard	__Hard	__Easy	__Very Easy
2. Getting in contact with someone to help you	__Very Hard	__Hard	__Easy	__Very Easy
3. Affording the premium	__Very Hard	__Hard	__Easy	__Very Easy
4. Getting information that you needed	__Very Hard	__Hard	__Easy	__Very Easy

4. Please check the step that caused the most problems for you.

1. Filling out paperwork	
2. Getting in contact with someone to help you	
3. Affording the premium	
4. Getting information that you needed	

5. Please check the <u>main</u> type of transportation you used to obtain medical care in the year before enrolling in the DHCP.

Types of Transportation	**<u>Answer (✔)</u>**
1. Your own automobile/car	
2. Someone else drove you	
3. Taxi	
4. Bus	
5. Walk	
6. Train	
7. Ambulance	

YOUR CHILD'S HEALTH CARE BEFORE DHCP ENROLLMENT

For Each Child Enrolled in the DHCP:

6. Did you have problems getting medical care for your child in the year before he or she enrolled in the DHCP? ____Yes ____No. *If no, go to question 7.*
If yes, please check*, in Section A below***, the main problem you had for each child. Then,** *in Section B***, check** *any other problems that you had getting medical care for each child.*

	A: Main Problem (✓ one)				B: All Other Problems (✓all that apply)			
	Child #1	**Child #2**	**Child #3**	**Child #4**	**Child #1**	**Child #2**	**Child #3**	**Child #4**
Too far away								
Difficulties with speaking English								
Provider's hours weren't convenient								
Didn't know where to find								
No available child care for other children								
Cost								
Difficulty in getting insurance to pay for it								
Too sick myself								
No transportation to get medical care								
Other (list):								

7. Did you have problems getting prescription medicine for your child in the year before he or she enrolled in the DHCP? ____Yes ____No. *If no, go to question 8.*
If yes, please check*, in Section A below***, the main problem you had for each child. Then,** *in Section B***, check** *any other problems that you had getting prescription medicine for each child.*

	A: Main Problem (✓ one)				B: All Other Problems (✓all that apply)			
	Child #1	**Child #2**	**Child #3**	**Child #4**	**Child #1**	**Child #2**	**Child #3**	**Child #4**
Too far away								
Difficulties with speaking English								
Provider's hours weren't convenient								
Didn't know where to find								
No available child care for other children								
Cost								
Difficulty in getting insurance to pay for it								
Too sick myself								
No transportation to get medicine								
Other (list):								

8. If this child had ever been covered by <u>private</u> health insurance before DHCP enrollment, please tell us the most recent type of insurance, when the child was <u>last covered</u> (month & year), how long (length of time) he/she was covered, and the dollar amount of monthly premium paid by <u>you</u> or the financially responsible adult:

(If you do not know the exact dollar amount of monthly premium, then please estimate. Please make sure you indicate whether the health insurance was through an employer or purchased by the parent/guardian directly. Please put DK if you don't know.)

Type of Private Insurance Before DHCP Enrollment		**Child #1**	**Child #2**	**Child #3**	**Child #4**	**<u>Family</u> Premium for all children if applicable**
1. Never covered by private health insurance before DHCP enrollment:						
2. Private health insurance <u>through parent/guardian's employer</u>	-Premium: Paid by parent or guardian:					
	-Date last covered (mo. & yr.):					
	-Length of time Covered (months):					
3. Private health insurance <u>paid totally by parent/guardian</u>**:**	-Premium:					
	-Date last covered (mo. & yr.):					
	-Length of time Covered (months):					

9. If the private health insurance described above was through the parent's employer, what part of this insurance was paid by the employer?

	Child #1	**Child #2**	**Child #3**	**Child #4**
All				
Some				
None				
Not applicable- no insurance through employer				

10. What services were included in the private health insurance for your child described in Question 8 above?

	Child #1	**Child #2**	**Child #3**	**Child #4**
Hospital Care				
Doctor Services				
Lab and X-Ray				
Drugs/Medicine				
Other (list):				
Not applicable - no private insurance				

11. If this child had been covered by <u>private</u> health insurance before enrollment in DHCP, why did his/her health insurance stop? ***(Check all that apply.)***

Reason	Child #1	Child #2	Child #3	Child #4
1. It didn't stop				
2. Employer cancelled insurance for you as employee				
3. Employer cancelled family coverage for children				
4. Employer decreased type of coverage for this child. If so, which ones? (doctor, hospital, x-rays, lab tests): _____				
5. The costs you paid for your employer insurance increased				
6. Parent/guardian dropped employer insurance for this child				
7. Parent/guardian dropped insurance they paid totally from own income				
8. Parent/guardian became unemployed				
9. New job with no employer insurance				
10. New job with insurance but no coverage for children				
11. Change in family situation (separation, divorce, death)				
12. Other: (write in your answer)				

12. Please check the <u>main</u> reason that <u>private</u> health insurance stopped for each child.

Reason	Child #1	Child #2	Child #3	Child #4
1. It didn't stop				
2. Employer cancelled insurance for you as employee				
3. Employer cancelled family coverage for children				
4. Employer decreased type of coverage for this child. If so, which ones (doctor, hospital, x-rays, lab tests): _____				
5. The costs you paid for your employer insurance increased				
6. Parent/guardian dropped employer insurance for this child				
7. Parent/guardian dropped insurance they paid totally from own income				
8. Parent/guardian became unemployed				
9. New job with no employer insurance				
10. New job with insurance but no coverage for children				
11. Change in family situation (separation, divorce, death)				
12. Other (list):				

13. Before enrollment in the DHCP, what was the longest length of time your child was NOT covered by <u>private</u> <u>health</u> <u>insurance</u> or <u>Medicaid</u>? (In months.)

	Child #1	Child #2	Child #3	Child #4
Months without private insurance or Medicaid				

14. Please tell us about your child's medical care in the year before he or she enrolled in the DHCP. ***(Please estimate if you do not know the exact numbers.)***

	Child #1	Child #2	Child #3	Child #4
1. This child did not receive any medical care at all				
2. Number of visits to doctor/clinic				
3. Number of dentist visits				
4. Number of prescriptions filled				
5. Number of emergency room visits (outpatient)				
6. Number of hospital stays (inpatient)				
7. This child received medical care, but none of the services listed in #2 to #6				
8. Is your DHCP child up-to-date on his/her immunization shots? (Yes, no, or don't know)				

15. In the year before enrolling in the DHCP, how many times did this child go to a doctor or other health provider for check-ups or for immunization shots (well-child visits)? ***(Please estimate if you do not know the exact number.)***

	Child #1	Child #2	Child #3	Child #4
Number of Visits For Check-ups/Shots				

16. In the year before your child's DHCP enrollment, did you have one person or group you thought of as your child's personal doctor or nurse*? (Check yes or no for each child.)*

	Child #1	Child #2	Child #3	Child #4
Yes, this child had one person or group who was their personal doctor or nurse.				
No, this child did not have one person or group who was their personal doctor or nurse.				

17. Please tell us about the number of nights for each hospital stay that this child had in the year before he or she enrolled in the DHCP. Then tell us about the illnesses, conditions or injuries that led to each hospital stay.

A. Number of nights in the hospital (Length of each hospital stay)	**Child #1**	**Child #2**	**Child #3**	**Child #4**
1. First time in the hospital				
2. Second time in the hospital				
3. Third time in the hospital				
4. Other time in the hospital				
5. Never in hospital				
B. Illness, Condition, or Injury for hospital stay	**Child #1**	**Child #2**	**Child #3**	**Child #4**
1. First time in the hospital				
2. Second time in the hospital				
3. Third time in the hospital				
4. Other time in the hospital				

18. Please tell us about the place you usually got health care for your child in the year before he or she enrolled in the DHCP.

	Child #1	Child #2	Child #3	Child #4
1. Doctor's office				
2. Alfred I. Dupont Institute (Nemours) Clinics				
3. Public health clinic				
4. Other clinics				
5. Emergency Room				
6. No usual place				

YOUR CHILD'S HEALTH STATUS

19. Please tell us about your child's illness in the year before he or she enrolled in the DHCP.

	Child #1	Child #2	Child #3	Child #4
Was this child ill or sick? (Please check.)	___Yes ___No	___Yes ___No	___Yes ___No	___Yes ___No
How many different illnesses did the child have?				
What were the illnesses?				
Did your child have a doctor visit for the illnesses?	__All __Some __None	__All __Some __None	__All __Some __None	__All __Some __None

20. Did this child have any ongoing (chronic) illnesses in the year before he or she enrolled in the DHCP? ***(Please check all that apply. Please check "Not applicable" if the child(ren) do not have any ongoing illnesses.)***

	Child #1	Child #2	Child #3	Child #4
1. Diabetes				
2. Asthma				
3. Ear Infections				
4. Lead Poisoning				
5. Attention Deficit Disorder				
6. Pneumonia				
7. Allergies				
8. Depression				
9. Other (list):				
10. Not Applicable				

Questions 21 to 22 ask about treatment and counseling for your child for an emotional, developmental, or behavior difficulty. Please tell us only about <u>treatment and counseling received from counselors, psychologists, and other providers who specialize in these types of difficulties.</u> Do <u>NOT</u> include care that your child got from his or her personal doctor (primary care doctor).

21. In the year before enrolling in the DHCP, did your child have any treatment or counseling for an emotional, developmental, or behavior difficulty? ***(Check Yes or No for each child.)***

	Child #1	Child #2	Child #3	Child #4
Received treatment or counseling	___Yes ___No	___Yes ___No	___Yes ___No	___Yes ___No

22. In the year before your child enrolled in the DHCP, how much of a problem, if any, was it for you to get treatment or counseling for your child's emotional, developmental, or behavior difficulty?

	Child #1	Child #2	Child #3	Child #4
1. A big problem				
2. A small problem				
3. Not a problem				
4. My child did not receive treatment or counseling in the year before enrollment in the DHCP				

23. How would you describe this child's health? ***(Check the one that applies.)***

	Child #1	Child #2	Child #3	Child #4
1. Excellent				
2. Very Good				
3. Good				
4. Fair				
5. Poor				

OTHER INFORMATION

24. The DHCP provided medical care to keep your child healthy. You were charged a small monthly premium for the DHCP that was based on your income, but it gave your child comprehensive coverage for doctor, hospital, medicine, and other services. Please *circle* the number below that shows what the value of the DHCP was to you and your child.

No Value										Highest Value
0	1	2	3	4	5	6	7	8	9	10

25. The Delaware Healthy Children Program wants to know if the premium or fee charged to families makes the program hard to afford. What is the amount of premium per month that would cause you to drop out of the DHCP, or not enroll again if your child became eligible in the future? (*Circle below.)*

Your answer to this question will not impact your medical insurance or fee.

Monthly Premium In Dollars

$0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	$100

26. Please estimate the medical costs that you or your family paid for this child in the year before he or she enrolled in the DHCP.

Type of Medical care	Amount of Money Spent For			
Amount of Money Spent For:	**Child #1**	**Child #2**	**Child #3**	**Child #4**
1. None				
2. Doctor visits				
3. Prescriptions				
4. Emergency room visits				
5. Hospital care				
6. Dental care				
7. Other (list):				

27. What was your <u>yearly</u> household income in the year before enrollment in the DHCP? ***Please check (✔) one income amount.***

Income	Answer (✔)	Income	Answer (✔)
$0—$5,000		$30,001--$35,000	
$5,001—$10,000		$35,001--$40,000	
$10,001—$15,000		$40,001--$45,000	
$15,001—$20,000		$45,001--$50,000	
$20,001—$25,000		$50,001--$55,000	
$25,001—$30,000		More than $55,000	

ADULTS IN DHCP FAMILIES

28. If the DHCP were to expand to include uninsured adults in the household of the DHCP children, would the adults in your household enroll for a reasonable monthly fee?

_____Yes _____No _____Unsure

29. The DHCP does not now cover uninsured adults in DHCP families. We would like to know if including these adults would be helpful to your family. If the DHCP included these adults, it would provide medical care to keep them healthy. Each adult would be charged a small monthly premium based on income, but it would give them comprehensive coverage for doctor, hospital, medicine, and other services. Please *circle* the number below that shows what the value of DHCP services for adults would be to you.

No Value										**Highest Value**
0	1	2	3	4	5	6	7	8	9	10

30. The DHCP does not now cover uninsured adults in DHCP families. If these adults were included, we would want to have monthly premiums or fees that each adult could afford at the income levels now allowed by DHCP. What is the monthly premium amount for each adult that would keep them from enrolling in the DHCP? (*Circle below.)* Your answer to this question will not impact your child's medical insurance or fee.

Monthly Premium In Dollars

$0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	$100

31. Please tell us below, how often adults in the household go to the doctor for regular check-ups.

	Two or more times a year	Once a year	Every other year	Every 3 years or more	NEVER
Checkups					

32. Please answer the following questions about each parent or guardian of the DHCP child.

	First Parent/Guardian	Second Parent/Guardian
1. What is the sex of the parent/guardian?	_____Female _____Male	_____Female _____Male
2. What is the occupation of the parent or guardian?		
3. If working, what is the name of the parent's or guardian's employer/company?		
4. What is the employment of the parent or guardian?	_____full time _____part time _____unemployed	_____full time _____part time _____unemployed
5. Does the parent presently have private health insurance?	____Yes ____No	____Yes ____No
6. If yes to #5, what services are in the insurance plan? (Check all that apply.)	___doctor, __hospital, ___x-rays, __lab tests, ___drugs/medicines, ___other	___doctor, __hospital, ___x-rays, __lab tests, ___drugs/medicines, ___other
7. What is the education of the parent or guardian of the DHCP child?	____8th grade or less, ____some high school, ____high school graduate, ____some college, ____college graduate	____8th grade or less, ____some high school, ____high school graduate, ____some college, ____college graduate
8. Do you own or rent your home?	____Own ____Rent	____Own ____Rent

33. <u>For the person filling out the survey</u>: Are you _____a parent _____the child _____other?

34. Comments: (Please provide any comments about the Delaware Healthy Children Program that you would like to share with us.)

_____

_____

_____

_____

_____

_____

Thank you for answering the survey. If you would like a copy of the results, please check below.

_____Yes, I would like a copy of the results.

Appendix C: Follow-Up Survey Questionnaire

FOLLOW-UP SURVEY

DEPARTMENT OF HEALTH & SOCIAL SERVICES

DELAWARE HEALTHY CHILDREN PROGRAM (DHCP)

SURVEY OF FIRST YEAR ELIGIBLES

DATE:_____

LISTING OF DHCP CHILDREN

This survey asks for information on your child's health care after his or her enrollment in the Delaware Healthy Children Program (DHCP). The survey is about children who started in the DHCP in 1999, including children in the DHCP for just a short time. The very first month of DHCP enrollment for each child is shown above on this page. Please answer the following questions about your child's health care for the year starting with that month, whether or not your child was enrolled for a full year. In the survey, this time period will be called "First Year of DHCP Enrollment".

Even if your child is not now enrolled in DHCP, please fill out the form. Your information will help us improve the program. All answers will be kept confidential, and you will not be identified by your answers. Your answers will **not** affect your child's enrollment, premium, or benefits. Families who fill out and return the survey will **get one month for free** in the DHCP.

If you do not answer this survey, this will **not** affect your child's enrollment, premium, or benefits.

YOUR CHILD'S HEALTH CARE

For each DHCP child enrolled in the household:

1. Is your child still enrolled in DHCP? (*Please check (✔) yes or no*).

	Child #1	Child #2	Child #3	Child #4
Still in DHCP	___Yes ___ No	___Yes ___ No	___Yes ___ No	___Yes ___ No

2. Did you have problems getting medical care for your child in the first year of DHCP enrollment?
____Yes ____No. *If no, go to question 3.*

If yes, please check*, in Section A below***, the main problem you had for each child. Then,** *in Section B***, check** *any other problems that you had getting medical care for each child.*

	A: Main Problem (✓ one)				B: All Other Problems (✓all that apply)			
	Child #1	Child #2	Child #3	Child #4	Child #1	Child #2	Child #3	Child #4
Too far away								
Difficulties with speaking English								
Provider's hours weren't convenient								
Didn't know where to find								
No available child care for other children								
Cost								
Difficulty in getting insurance to pay for it								
Too sick myself								
No transportation to get medical care								
Other (write in your answer):								

3. Did you have problems getting prescription medicine for your child in the first year of DHCP enrollment? ____Yes ____No.

If no, go to question 4.

If yes, please check*, in Section A below***, the main problem you had for each child. Then,** *in Section B***, check** *any other problems that you had getting prescription medicine for each child.*

	A: Main Problem (✓ one)				B: All Other Problems (✓all that apply)			
	Child #1	Child #2	Child #3	Child #4	Child #1	Child #2	Child #3	Child #4
Too far away								
Difficulties with speaking English								
Provider's hours weren't convenient								
Didn't know where to find								
No available child care for other children								
Cost								
Difficulty in getting insurance to pay for it								
Too sick myself								
No transportation to get medicine								
Other (write in your answer):								

4. Please tell us about your child's medical care received in the first year of DHCP enrollment. ***(Please estimate if you do not know the exact numbers.)***

	Child #1	Child #2	Child #3	Child #4
1 This child did not receive any medical care at all				
2. Number of visits to doctor/clinic				
3. Number of dentist visits				
4. Number of prescriptions filled				
5. Number of emergency room visits (outpatient)				
6. Number of hospital stays (inpatient)				
7 This child received medical care, but none of the services listed in #2 to #6				
8. Is your DHCP child up-to-date on his/her immunization shots (Yes, no, or don't know)				

5. In the first year of DHCP enrollment, how many times did this child go to a doctor or other health provider for check-ups or for immunization shots (well-child visits)? (*Please estimate if you do not know the exact number*.)

	Child #1	Child #2	Child #3	Child #4
Number of Visits For Check-ups/Shots				

6. In your child's first year of DHCP enrollment, did you have one person or group you thought of as your child's personal doctor or nurse? (*Check yes or no for each child.)*

	Child #1	Child #2	Child #3	Child #4
Yes, this child had one person or group who was their personal doctor or nurse.				
No, this child did not have one person or group who was their personal doctor or nurse.				

7. Please tell us about the number of nights for each hospital stay that this child had in the first year of DHCP enrollment. Then tell us about the illnesses, conditions or injuries that led to each hospital stay.

A. Number of nights in the hospital (Length of each hospital stay)	**Child #1**	**Child #2**	**Child #3**	**Child #4**
1. First time in the hospital				
2. Second time in the hospital				
3. Third time in the hospital				
4. Other time in the hospital				
5. Never in hospital				
B. Illness, Condition, or Injury	**Child #1**	**Child #2**	**Child #3**	**Child #4**
1. First time in the hospital				
2. Second time in the hospital				
3. Third time in the hospital				
4. Other time in the hospital				

8. Please tell us about your child's illness in the first year of DHCP enrollment.

	Child #1	Child #2	Child #3	Child #4
Was this child ill or sick? (Please check.)	___Yes ___ No	___Yes ___ No	___Yes ___ No	___Yes ___ No
How many different illnesses did the child have?				
What were the illnesses?				
Did your child have a doctor visit for the illnesses?	__all __some __none	__all __some __none	__all __some __none	__all __some __none

9. Did this child have any ongoing (chronic) illnesses in the first year of DHCP enrollment? ***(Please check all that apply. Please check "Not applicable" if the child(ren) do not have any ongoing illnesses.)***

	Child #1	Child #2	Child #3	Child #4
1. Diabetes				
2. Asthma				
3. Ear Infections				
4. Lead Poisoning				
5. Attention Deficit disorder				
6. Pneumonia				
7. Allergies				
8. Depression				
9. Other (list):				
10. Not Applicable				

10. How would you describe this child's health? (*Check (✔) the one that applies*.)

	Child #1	Child #2	Child #3	Child #4
1. Excellent				
2. Very Good				
3. Good				
4. Fair				
5. Poor				

Questions 11 to 12 ask about treatment and counseling for your child for an emotional, developmental, or behavior difficulty. Please tell us only about <u>treatment and counseling from your child's health plan: AmeriHealth First, Delaware Care, and First State Health Plan.</u> Do <u>not</u> include care that your child got from the primary care doctor (personal doctor).

11. In the first year of DHCP enrollment, did your child have any treatment or counseling for an emotional, developmental, or behavior difficulty? (*Please check (✔) Yes or No for each child*.)

	Child #1	Child #2	Child #3	Child #4
Received treatment or counseling	___Yes ___ No	___Yes ___ No	___Yes ___ No	___Yes ___ No

12. In the first year of DHCP enrollment, how much of a problem, if any, was it for you to get treatment or counseling for your child's emotional, developmental, or behavior difficulty?

	Child #1	Child #2	Child #3	Child #4
1. A big problem				
2. A small problem				
3. Not a problem				
4. My child did not receive treatment or counseling in the first year of DHCP enrollment				

13. Please <u>estimate</u> the medical costs that you or your family paid for this child in the first year of DHCP enrollment.

Type of Medical Care	Amount of Money Spent For			
Amount of Money Spent For:	Child #1	Child #2	Child #3	Child #4
1. None				
2. Doctor visits				
3. Prescriptions				
4. Emergency room visits				
5. Hospital care				
6. Dental care				
7. Other (list here):				

14. Who paid for your child's health care in the first year of DHCP enrollment, <u>if not covered by DHCP?</u> (*Check all that apply.)*

	Child #1	Child #2	Child #3	Child #4
1. The household paid				
2. Medicaid				
3. The health care provider paid				
4. Health Insurance				
5. Other				
6. Not applicable				

15. The DHCP provided medical care to keep your child healthy. You were charged a small monthly premium for the DHCP that was based on your income, but it gave your child comprehensive coverage for doctor, hospital, medicine, and other services. Please *circle* the number below that shows what the value of the DHCP was to you and your child.

No Value										Highest Value
0	1	2	3	4	5	6	7	8	9	10

16. The DHCP wants to know if the premium or fee charged to families makes the program hard to afford. What is the amount of premium per month that would cause you to drop out of the DHCP, or not enroll again if your child became eligible in the future? (*Circle below.*) Your answer to this question will not impact your medical insurance or fee.

Monthly Premium In Dollars

$0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	$100

17. What was your <u>yearly</u> household income in 1999 and 2000? ***Please check (✔) one income amount for each year.***

Income	1999	2000	Income	1999	2000
$0—$5,000			$30,001--$35,000		
$5,001—$10,000			$35,001--$40,000		
$10,001—$15,000			$40,001--$45,000		
$15,001—$20,000			$45,001--$50,000		
$20,001—$25,000			$50,001--$55,000		
$25,001—$30,000			More than $55,000		

18. Please check the <u>main</u> type of transportation you used to get medical care in the first year of DHCP enrollment.

Types of Transportation	<u>Answer (*Check (✔) one*.</u>
1. Your own automobile/car	
2. Someone else drove you	
3. Taxi	
4. Bus	
5. Walk	
6. Train	
7. Ambulance	

ADULTS IN DHCP FAMILIES

19. Please tell us about the employers that the parents or guardians worked for when the child was enrolled in DHCP. (*Please be sure to tell us about both parents/guardians if applicable.*)

	First Parent/Guardian	Second Parent/Guardian
1. What is the sex of the parent/guardian?	_____Female _____Male	_____Female _____Male
2. Did your employers offer private health insurance to employees/workers?	___Yes ___No	___Yes ___No
3. If yes, who was supposed to pay for the health insurance? (Check one.)	__employer only __employer & parent __paid totally by parent/guardian	__employer only __employer & parent __paid totally by parent/guardian
4. If yes, what types of health insurance plan? (Check one.)	____For Employee Only ____For Family	____For Employee Only ____For Family
5. If yes, what services were in the insurance plan? (Check all that apply.)	__doctor, __hospital, __x-rays, __lab tests, __drugs/medicines __other	__doctor, __hospital, __x-rays, __lab tests, __drugs/medicines __other
6. Did your employers drop any insurance coverage after your DHCP enrollment? (N/A = not applicable)	__Yes __No __N/A	__Yes __No __N/A
7. Did your employers decrease the services in their insurance plan after your DHCP enrollment? (N/A = not applicable)	__Yes __No __N/A	__Yes __No __N/A
8. How long have the parents or guardians worked for these employers?	_____Years	_____Years

20. If the DHCP were to expand to include uninsured adults in the household of the DHCP children, would the adults in your household enroll for a reasonable monthly fee?

_____Yes _____No _____Unsure

21. The DHCP does not now cover uninsured adults in DHCP families. We would like to know if including these adults would be helpful to your family. If the DHCP included these adults, it would provide medical care to keep them healthy. Each adult would be charged a small monthly premium based on income, but it would give them comprehensive coverage for doctor, hospital, medicine, and other services. Please *circle* the number below that shows what the value of DHCP services for adults would be to you.

No Value										**Highest Value**
0	1	2	3	4	5	6	7	8	9	10

22. The DHCP does not now cover uninsured adults in DHCP families. If these adults were included, we would want to have monthly premiums or fees that each adult could afford at the income levels now allowed by DHCP. What is the monthly premium amount for each adult that would keep them from enrolling in the DHCP? (*Circle below.*) Your answer to this question will not impact your child's medical insurance or fee.

Monthly Premium In Dollars

$0	5	10	15	20	25	30	35	40	45	50	55	60	65	70	75	80	85	90	95	$100

23. Please answer the following questions about each parent or guardian of the DHCP child.

	First Parent/Guardian	**Second Parent/Guardian**
1. What is the sex of the parent/guardian?	_____Female _____Male	_____Female _____Male
2. What is the occupation of the parent or guardian?		
3. If working, what is the name of the parent's or guardian's employer/company?		
4. What is the employment of the parent or guardian?	_____ full time _____ part time _____ unemployed	____ full time ____ part time ____ unemployed
5. Does the parent presently have private health insurance?	_____Yes _____No	_____Yes _____No
6. If yes to #5, what services are in the insurance plan? (Check all that apply.)	__doctor, __hospital, __x-rays, __lab tests, __ drugs/medicines __other	__doctor, __hospital, __x-rays, __lab tests, __ drugs/medicines __other
7. What is the education of the parent or guardian of the DHCP child?	___ 8th grade or less ___ Some high school ___ High school graduate ___ Some college ___ College graduate	___ 8th grade or less ___ Some high school ___ High school graduate ___ Some college ___ College graduate
8. Do you own or rent your home?	_____own _____rent	_____own _____rent

24. For the person filling out the survey:
Are you _____a parent _____the child _____other?

25. Comments: (Please provide any comments about the Delaware Healthy Children's Program that you would like to share with us.)

_____

_____

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_____

Thank you for answering the survey. If you would like a copy of the results, please check below.

_____Yes, I would like a copy of the results.

Appendix D: Tabular Display of Survey Questions and Responses

The survey questions are divided into three sections: 1) questions asked only in the baseline survey; 2) questions asked only in the follow-up survey; and 3) questions asked both in the baseline and follow-up survey.

I. BASELINE ONLY

- **HOW DID YOU HEAR ABOUT THE DELAWARE HEALTHY CHILDREN PROGRAM? *(CHECK ALL THAT APPLY.)***
- **PLEASE CHECK THE MAIN WAY YOU HEARD ABOUT THE DELAWARE HEALTHY CHILDREN PROGRAM.**

APPLICANTS INFORMATION SOURCES OF THE DHCP						
	2001 COHORT				1999 COHORT	
	MAIN WAY[1]		CHECK ALL THAT APPLY		CHECK ALL THAT APPLY	
SOURCE	#	%	#	%	#	%
Billboard	12	6%	30	15%	30	6%
Newspaper	7	4%	5	3%	5	1%
Radio	7	4%	21	11%	21	4%
TV	12	6%	29	15%	29	5%
School	21	11%	38	19%	38	7%
Friend/Relative	38	19%	76	38%	76	14%
Social Worker	62	31%	11	6%	11	2%
Child Support Office	4	2%	30	15%	30	6%
Unemployment Office	1	1%	8	4%	8	2%
Daycare	3	2%	7	4%	7	1%
Medical Care Provider	19	10%	69	35%	69	13%
Community Organization	2	1%	3	2%	3	1%
Employer[2]	6	3%	10	5%	10	2%
Other	4	2%	12	6%	12	2%
Total Households	198	100%	198	-	528	-

[1]Respondents were asked in the survey to the eligibles that started in 2001 what was the main way that they had heard about the program. This question had not been included in the survey of 1999 eligibles, rather respondents were asked to "check all categories that applied.

[2]The category of "employer" was not included in the survey of 1999 eligibles.

- **PLEASE RATE <u>EACH</u> STEP OF THE DHCP APPLICATION PROCESS.**

APPLICANT ASSESSMENT OF DHCP APPLICATION PROCESS								
RATING	FILLING OUT PAPERWORK				GETTING IN CONTACT WITH SOMEONE TO HELP			
	1999		2001		1999		2001	
	#	%	#	%	#	%	#	%
Very Hard	3	1%	6	3%	15	3%	14	7%
Hard	13	3%	10	5%	64	13%	23	11%
Easy	338	67%	127	63%	295	58%	124	62%
Very Easy	149	30%	59	29%	132	26%	40	20%
Total Responses	503	100%	202	100%	506	100%	201	100%
Missing	25	-	3	-	22	-	4	-
RATING	AFFORDING THE PREMIUM				GETTING INFORMATION THAT YOU NEEDED			
	1999		2001		1999		2001	
	#	%	#	%	#	%	#	%
Very Hard	7	1%	8	4%	9	2%	11	6%
Hard	45	9%	28	14%	54	11%	27	14%
Easy	319	64%	119	60%	315	63%	123	62%
Very Easy	130	26%	42	21%	121	24%	38	19%
Total	501	100%	197	100%	499	100%	199	100%
Missing	27	-	8	-	27	-	6	-

- **PLEASE CHECK THE STEP THAT CAUSED THE MOST PROBLEMS FOR YOU.**

MOST DIFFICULT STEP IN APPLICATION PROCESS				
	1999		2001	
APPLICATION STEP[1]	#	%	#	%
Filling Out Paperwork	15	11%	33	16%
Getting in Contact with Someone to Help You	46	34%	73	35%
Affording Premium	37	28%	61	29%
Getting Information that You Needed	36	27%	44	21%
Total	134	100%	211	100%

[1]In 1999, Applicants were given a category "no difference", this category was not included in 2001. Totals only reflect, therefore, the respondents choosing one of the steps as "most difficult".

- **PLEASE CHECK THE <u>MAIN</u> TYPE OF TRANSPORTATION YOU USED TO OBTAIN MEDICAL CARE IN THE YEAR BEFORE ENROLLING IN THE DHCP.**

MAIN FORM OF TRANSPORTATION TO OBTAIN MEDICAL CARE PRIOR TO DHCP – 2001 Cohort[1]		
TYPE OF TRANSPORTATION	**#**	**%**
Your own automobile	176	89%
Someone else drove you	15	8%
Taxi	1	1%
Bus	5	3%
Walk	1	1%
Train	0	0%
Ambulance	0	0%
Total	198	100%
Missing	7	-
[1]This question was not asked in the 1999 survey.		

- **IF THIS CHILD HAD EVER BEEN COVERED BY <u>PRIVATE</u> HEALTH INSURANCE BEFORE DHCP ENROLLMENT, PLEASE TELL US THE MOST RECENT TYPE OF INSURANCE, WHEN THE CHILD WAS <u>LAST COVERED</u> (MONTH & YEAR), HOW LONG (LENGTH OF TIME) HE/SHE WAS COVERED, AND THE DOLLAR AMOUNT OF MONTHLY PREMIUM PAID BY <u>YOU</u> OR THE FINANCIALLY RESPONSIBLE ADULT:**

PRIVATE INSURANCE BEFORE DHCP – BASELINE		
RESPONSE[1]	**#**	**%**
Never covered by private health insurance	256	23%
PRIVATE HEALTH INSURANCE THROUGH PARENT/GUARDIAN'S EMPLOYER		
Children Covered:	383	34%
Average # months since last covered:	1.7 years	
Average premium:	$144/month	
Average length of time covered[1]:	33 months	
PRIVATE HEALTH INSURANCE PAID TOTALLY BY PARENT/GUARDIAN		
Children Covered:	74	6%
Average # months since last covered:	1.2 years	
Average premium:	$294/month	
Average length of time covered[1]:	40 months	
[1]*Only asked in 200a baseline survey. Although only 23% reported "never covered", only 40% reported details about past insurance coverage.*		

- **IF THE PRIVATE HEALTH INSURANCE DESCRIBED ABOVE WAS THROUGH THE PARENT'S EMPLOYER, WHAT PART OF THIS INSURANCE WAS PAID BY THE EMPLOYER?**

HEALTH INSURANCE PREMIUM PORTION PAID BY EMPLOYER		
RESPONSE	**#**	**%**
All	24	9%
Some	82	31%
None	24	9%
Not applicable	133	51%
Total	263	100%

- **WHAT SERVICES WERE INCLUDED IN THE PRIVATE HEALTH INSURANCE FOR YOUR CHILD DESCRIBED IN QUESTION 8 ABOVE?**

SERVICES INCLUDED IN CHILD'S PRIVATE HEALTH INSURANCE[1]		
SERVICES	**#**	**%**
Hospital Care	119	94%
Doctor Services	116	94%
Labs and X-Ray	116	94%
Drugs/Medicine	120	95%
[1]*Only asked in 2001 baseline survey.*		

- **IF THIS CHILD HAD BEEN COVERED BY <u>PRIVATE</u> HEALTH INSURANCE BEFORE ENROLLMENT IN DHCP, WHY DID HIS/HER HEALTH INSURANCE STOP?** ***(CHECK ALL THAT APPLY.)***

PRIVATE INSURANCE BEFORE DHCP – BASELINE		
RESPONSE[1]	**#**	**%**
It didn't stop	43	9%
Employer canceled insurance for you as employee	37	8%
Employer canceled family coverage for children	18	4%
Employer decreased type of coverage for this child	12	3%
Costs you paid for your employer insurance increased	42	9%
Parent dropped insurance they paid totally from own income	41	9%
Parent/guardian became unemployed	121	27%
New job with no employer insurance	109	24%
New job with insurance but no coverage for children	87	19%
Change in family situation	91	20%
[1]Respondents were asked to check all that apply. Totals will not add up to 100%		

- **BEFORE ENROLLMENT IN THE DHCP, WHAT WAS THE LONGEST LENGTH OF TIME YOUR CHILD WAS NOT COVERED BY <u>PRIVATE</u> <u>HEALTH</u> <u>INSURANCE</u> OR <u>MEDICAID</u>? (IN MONTHS)**

Number of responses too low to be significant.

- **PLEASE TELL US ABOUT THE PLACE YOU USUALLY GOT HEALTH CARE FOR YOUR CHILD IN THE YEAR BEFORE HE OR SHE ENROLLED IN THE DHCP.**

PLACE OF USUAL HEALTH CARE BEFORE DHCP[1]		
RESPONSE	**#**	**%**
Doctor's office	172	60%
Alfred I DuPont Institute (Nemours) Clinics	38	13%
Public health clinic	16	6%
Other clinics	10	3%
Emergency Room	5	2%
No usual place	22	8%
Doctor & Alfred I DuPont	6	2%
Doctor & Public health clinic	3	1%
Doctor & Emergency Room	4	1%
Alfred I DuPont & Public clinic	1	0%
Alfred I DuPont & Emergency	5	2%
Public health clinic & Emergency Room	3	1%
Doctor, A I DuPont & Emergency Room	3	1%
Doctor, Public clinic & Emergency Room	1	0%
Total	289	100%
[1]This question only asked to the 2001 cohort.		

- **WHAT WAS YOUR <u>YEARLY</u> HOUSEHOLD INCOME IN THE YEAR BEFORE ENROLLMENT IN THE DHCP?**

YEARLY HOUSEHOLD INCOME IN THE YEAR PRIOR TO DHCP ENROLLMENT[1]		
INCOME	**#**	%
$0-$5,000	11	6%
$5,001-$10,000	14	7%
$10,001-$15,000	39	20%
$15,001-$20,000	44	22%
$20,001-$25,000	44	22%
$25,001-$30,000	20	10%
$30,001-$35,000	13	7%
$35,001-$40,000	3	2%
$40,001-$45,000	4	2%
$45,001-$50,000	3	2%
$40,001-$55,000	1	1%
More than $55,000	1	1%
Total	197	100%
Missing	8	-
[1]This question was <u>only</u> asked in the Cohort 2001 baseline survey.		

- **PLEASE TELL US BELOW, HOW OFTEN ADULTS IN THE HOUSEHOLD GO TO THE DOCTOR FOR REGULAR CHECK-UPS.**

ADULT CHECK-UPS[1]		
# OF INCIDENCES	**#**	**%**
Two or more times a year	58	30%
Once a year	62	32%
Every other year	18	9%
Every 3 years or more	19	10%
Never	38	19%
Total	195	100%
Missing	10	-

[1]The survey question about check-ups for adults was only asked in the 2001 baseline survey.

II. FOLLOWUP SURVEYS ONLY

- **IS YOUR CHILD STILL ENROLLED IN DHCP?**

CHILD'S STATUS IN DHCP AT TIME OF SURVEY - FOLLOW UP SURVEY		
RESPONSE	**#**	**%**
Still in DHCP	543	74%
No longer in DHCP	187	26%
Total	730	100%
Missing	23	-

- **WHO PAID FOR YOUR CHILD'S HEALTH CARE IN THE FIRST YEAR OF DHCP ENROLLMENT, <u>IF NOT COVERED BY DHCP</u>? (*Check all that apply.)***

WHO PAID FOR CHILD'S HEALTH CARE IN FIRST YEAR OF DHCP IF NOT COVERED BY DHCP?[1]		
RESPONSE	**#**	**%**
The Household paid	290	44%
Medicaid	134	20%
The Health care provider paid	27	4%
Health Insurance	27	4%
Other	20	3%
Not applicable	184	28%
Total	655	100%
Missing	98	-

[1]Categories will add up to greater than total; respondents were asked to "check all that apply". This question asked in follow-up surveys only.

- **WHAT WAS YOUR <u>YEARLY</u> HOUSEHOLD INCOME IN 1999 AND 2000?**

YEARLY HOUSEHOLD INCOME -1999 FOLLOWUPS				
INCOME	1999		2000	
	#	%	#	%
$0-$5,000	3	2%	1	1%
$5,001-$10,000	13	11%	11	9%
$10,001-$15,000	18	15%	14	12%
$15,001-$20,000	28	23%	22	18%
$20,001-$25,000	26	21%	29	24%
$25,001-$30,000	14	11%	18	15%
$30,001-$35,000	11	9%	15	13%
$35,001-$40,000	5	4%	6	5%
$40,001-$45,000	3	2%	2	2%
$45,001-$50,000	0	0%	0	0%
$40,001-$55,000	1	1%	1	1%
More than $55,000	0	0%	0	0%
Total	122	100%	119	100%
Missing	6	-	9	-

YEARLY HOUSEHOLD INCOME - 2000 FOLLOWUPS				
INCOME	1999		2000	
	#	%	#	%
$0-$5,000	15	7%	11	5%
$5,001-$10,000	16	7%	15	7%
$10,001-$15,000	37	17%	27	13%
$15,001-$20,000	59	27%	54	26%
$20,001-$25,000	43	20%	45	21%
$25,001-$30,000	24	11%	30	14%
$30,001-$35,000	13	6%	17	8%
$35,001-$40,000	7	3%	6	3%
$40,001-$45,000	4	2%	5	2%
$45,001-$50,000	0	0%	0	0%
$40,001-$55,000	0	0%	0	0%
More than $55,000	0	0%	0	0%
Total	218	100%	210	100%
Missing	18	-	26	-

YEARLY HOUSEHOLD INCOME - 2001 FOLLOWUPS				
INCOME	2001		2002	
	#	%	#	%
$0-$5,000	4	4%	6	6%
$5,001-$10,000	9	8%	5	5%
$10,001-$15,000	22	20%	15	14%
$15,001-$20,000	32	29%	33	31%
$20,001-$25,000	20	18%	26	24%
$25,001-$30,000	12	11%	11	10%
$30,001-$35,000	5	5%	9	8%
$35,001-$40,000	3	3%	1	1%
$40,001-$45,000	1	1%	0	0%
$45,001-$50,000	0	0%	0	0%
$40,001-$55,000	0	0%	0	0%
More than $55,000	1	1%	1	1%
Total	109	100%	107	100%
Missing	13	-	15	-

- **PLEASE TELL US ABOUT THE EMPLOYERS THAT THE PARENTS OR GUARDIANS WORKED FOR WHEN THE CHILD WAS ENROLLED IN DHCP. (*Please be sure to tell us about both parents/guardians If Applicable*.)**

1. Did your employers offer private health insurance to employees/workers?

EMPLOYER OFFERS PRIVATE HEALTH INSURANCE				
RESPONSE	PARENT 1		PARENT 2	
	#	%	#	%
Yes	266	41%	68	22%
No	379	59%	247	78%
Total	645	100%	315	100%

2. If yes, who was supposed to pay for the health insurance? (Check one.)

EMPLOYER INSURANCE PAID FOR:				
RESPONSE	PARENT1		PARENT2	
	#	%	#	%
By employer only	122	41%	10	10%
By employer and parent	172	58%	25	24%
Paid totally by parent/guardian	3	1%	69	66%
Total	297	100%	104	100%

3. If yes, what types of health insurance plan? (Check one.)

TYPE OF HEALTH INSURANCE				
RESPONSE	PARENT1		PARENT2	
	#	%	#	%
For Employee Only	122	41%	27	32%
For Family	172	59%	58	68%
Total	294	100%	85	100%

4. If yes, what services were in the insurance plan? (Check all that apply.)

SERVICES OFFERED				
RESPONSE	PARENT1		PARENT2	
	#	%	#	%
Doctor	263	89%	68	80%
Hospital	250	85%	68	80%
X-rays	209	71%	56	66%
Lab Tests	170	58%	45	53%
Drugs/Medicines	189	64%	47	55%

5. Did your employers drop any insurance coverage after your DHCP enrollment?

EMPLOYERS DROP INSURANCE?				
RESPONSE	PARENT1		PARENT2	
	#	%	#	%
Yes	17	3%	4	2%
No	191	34%	52	22%
N/A	360	63%	184	77%
Total	568	100%	240	100%

6. Did your employers decrease the services in their insurance plan after your DHCP enrollment?

EMPLOYERS DECREASE INSURANCE?				
RESPONSE	PARENT 1		PARENT 2	
	#	%	#	%
Yes	15	3%	4	2%
No	175	32%	46	20%
N/A	362	66%	183	79%
Total	552	100%	233	100%

7. How long have the parents or guardians worked for these employers?

TIME WORKED AT EMPLOYER				
YEARS	PARENT 1		PARENT 2	
	#	%	#	%
1	97	19%	47	18%
2	85	17%	28	11%
3-5	196	39%	67	26%
More than 5	130	26%	120	46%
Total	508	100%	262	100%

III. BEFORE AND AFTER (BOTH BASELINE AND FOLLOW-UP SURVEYS)

- **DID YOU HAVE PROBLEMS GETTING MEDICAL CARE FOR YOUR CHILD?**

DIFFICULTIES IN GETTING MEDICAL CARE				
	BEFORE		AFTER	
CATEGORY	#	%	#	%
Had no difficulties	335	36%	699	94%
TYPE OF DIFFICULTY:[1]				
Too far away	12	1%	2	4%
Difficulties with speaking English	6	1%	3	6%
Provider's hours weren't convenient	22	3%	2	4%
Didn't know where to find	27	3%	0	0%
No available childcare for other children	13	2%	1	2%
Cost	313	38%	4	7%
Difficulty in getting insurance to pay for it	118	14%	6	11%
Too sick myself	9	1%	4	7%
No transport to get medical care	13	2%	1	2%
[1]Respondents checked all that applied. Total will add up to more than 100%				

MAIN DIFFICULTY IN GETTING MEDICAL CARE[1]				
	BEFORE		AFTER	
TYPE OF DIFFICULTY:	#	%	#	%
Too far away	1	2%	2	12%
Difficulties with speaking English	1	2%	5	29%
Provider's hours weren't convenient	1	2%	1	6%
Didn't know where to find	1	2%	0	0%
No available childcare for other children	0	0%	0	0%
Cost	40	82%	4	24%
Difficulty in getting insurance to pay for it	3	6%	5	29%
Too sick myself	2	4%	0	0%
No transport to get medical care	0	0%	0	0%
Total	49	100%	17	100%
[1]This questions were not included in the survey of the 1999 eligibles.				

- **DID YOU HAVE PROBLEMS GETTING PRESCRIPTION MEDICINE FOR YOUR CHILD IN THE FIRST YEAR OF DHCP ENROLLMENT?**

DIFFICULTIES IN GETTING PRESCRIPTIONS				
	BEFORE		AFTER	
CATEGORY	#	%	#	%
Had no difficulties	250	24%	499	94%
TYPE OF DIFFICULTY:[1]				
Too far away	4	0%	2	6%
Difficulties with speaking English	0	0%	3	10%
Provider's hours weren't convenient	5	1%	0	0%
Didn't know where to find	5	1%	2	6%
No available childcare for other children	5	1%	4	13%
Cost	216	24%	10	32%
Difficulty in getting insurance to pay for it	60	7%	6	19%
Too sick myself	6	1%	6	19%
No transport to get medicine	5	1%	2	6%
[1]Respondents checked all that applied. Total will add up to more than 100%				

MAIN DIFFICULTY IN GETTING PRESCRIPTION CARE[1]				
	BEFORE		AFTER	
TYPE OF DIFFICULTY:	#	%	#	%
Too far away	1	2%	2	18%
Difficulties with speaking English	0	0%	3	27%
Provider's hours weren't convenient	0	0%	0	0%
Didn't know where to find	0	0%	0	0%
No available childcare for other children	0	0%	0	0%
Cost	52	87%	1	9%
Difficulty in getting insurance to pay for it	6	10%	5	45%
Too sick myself	1	2%	0	0%
No transport to get medicine	0	0%	0	0%
TOTAL	60	100%	11	100%
[1]This question was not included in the survey of the 1999 eligibles.				

- **PLEASE TELL US ABOUT YOUR CHILD'S MEDICAL CARE RECEIVED IN THE FIRST YEAR OF DHCP ENROLLMENT.** ***(PLEASE ESTIMATE IF YOU DO NOT KNOW THE EXACT NUMBERS.)***

1. <u>This child did not receive any medical care at all.</u>

RECEIVED NO MEDICAL CARE IN YEAR				
RESPONSE	BEFORE		AFTER	
	#	%	#	%
No medical care received	133	11%	43	7%

2. Number of visits to doctor/clinic.

UTILIZATION OF DOCTORS				
	BEFORE		AFTER	
# OF INCIDENCES	#	%	#	%
0	219	21%	51	8%
1	180	17%	108	16%
2	231	22%	141	21%
3	112	11%	122	18%
4	89	8%	76	12%
5	44	4%	48	7%
Over 5	187	18%	114	17%
Total	1062	100%	660	100%
Missing	98		93	

3. Number of dentist visits.

UTILIZATION OF DENTISTS				
	BEFORE		AFTER	
# OF INCIDENCES	#	%	#	%
0	657	61%	442	70%
1	175	16%	63	10%
2	159	15%	86	14%
3	35	3%	27	4%
4	18	2%	7	1%
5	4	0%	4	1%
Over 5	22	2%	5	1%
Total	1070	100%	634	100%
Missing	90		119	

4. Number of prescriptions filled.

UTILIZATION OF PRESCRIPTIONS				
	BEFORE		AFTER	
# OF INCIDENCES	#	%	#	%
0	423	40%	161	25%
1	118	11%	95	15%
2	167	16%	91	14%
3	73	7%	71	11%
4	69	7%	61	9%
5	40	4%	32	5%
Over 5	156	15%	136	21%
Total	1046	100%	647	100%
Missing	114		106	

5. Number of Emergency Room Visits (Outpatient).

UTILIZATION OF EMERGENCY DEPARTMENT				
	BEFORE		AFTER	
# OF INCIDENCES	#	%	#	%
0	811	76%	467	72%
1	158	15%	115	18%
2	60	6%	43	7%
3	20	2%	11	2%
4	12	1%	4	1%
5	5	0%	4	1%
Over 5	7	1%	7	1%
Total	1073	100%	651	100%
Missing	98		102	

6. Number of Hospital Stays (Inpatient).

UTILIZATION OF HOSPITALS				
	BEFORE		AFTER	
# OF INCIDENCES	#	%	#	%
0	915	83%	608	94%
1	169	15%	26	4%
2	9	1%	10	2%
3	1	0%	0	0%
4	1	0%	1	0%
5	1	0%	0	0%
Over 5	0	0%	0	0%
Total	1096	100%	645	100%
Missing	64		108	

7. Is Your DHCP Child Up-To-Date on His/Her Immunization Shots?

IMMUNIZATION				
	BEFORE		AFTER	
STATUS	#	%	#	%
Yes	883	98%	651	97%
No	14	2%	17	3%
Don't know	0	0%	6	1%
Total	897	100%	674	100%
Missing	197	-	79	

- **HOW MANY TIMES DID THIS CHILD GO TO A DOCTOR OR OTHER HEALTH PROVIDER FOR CHECK-UPS OR FOR IMMUNIZATION SHOTS (WELL-CHILD VISITS)?**

WELL-VISITS[1]				
# OF INCIDENCES	BEFORE		AFTER	
	#	%	#	%
0	47	19%	142	20%
1	83	33%	297	42%
2	64	25%	131	19%
3	18	7%	64	9%
4	12	5%	28	4%
5	8	3%	14	2%
Over 5	21	8%	27	4%
Total	253	100%	703	100%
Missing	51	-	50	

[1]The survey question about well-visits was not asked to the 1999 respondents. The "before" numbers, therefore, are only reflective of the 2001 survey respondents.

- **IN YOUR CHILD'S FIRST YEAR OF DHCP ENROLLMENT, DID YOU HAVE ONE PERSON OR GROUP YOU THOUGHT OF AS YOUR CHILD'S PERSONAL DOCTOR OR NURSE?**

CHILD'S HEALTH CARE PROVIDER				
RESPONSE	BEFORE[1]		AFTER	
	#	%	#	%
Child had one person/group as personal doctor/nurse	242	88%	674	94%
Child did not have one person/group as personal doctor nurse	32	12%	42	6%
Total	274	100%	716	100%
Missing	30	-	37	-

[1]Not asked in 1999 survey.

- **PLEASE TELL US ABOUT THE NUMBER OF NIGHTS FOR EACH HOSPITAL STAY THAT THIS CHILD HAD IN THE FIRST YEAR OF DHCP ENROLLMENT. THEN TELL US ABOUT THE ILLNESSES, CONDITIONS OR INJURIES THAT LED TO <u>EACH HOSPITAL</u> STAY.**

HOSPITAL STAYS				
AVERAGE # OF NIGHTS	BEFORE[1]		AFTER	
	#	Avg	#	Avg
First time in hospital	28	3.3	37	1.9
Second time in hospital	4	5	15	1.5
Third time in hospital	2	7.5	2	1
Total	34	-	54	-
RESPONSE	**#**	**%**	**#**	**%**
Never in hospital	229	83%	528	70%

[1]Not asked in 1999 survey.

- **PLEASE TELL US ABOUT YOUR CHILD'S ILLNESS IN THE FIRST YEAR OF DHCP ENROLLMENT.**

1. Was this child ill or sick?

WAS THIS CHILD SICK OR ILL?				
	BEFORE[1]		AFTER	
RESPONSE	#	%	#	%
Child was not sick	139	49%	265	38%
Child was sick	144	51%	441	62%
Total	283	100%	706	100%
Missing	21	-	47	-
[1]Not asked in 1999 survey.				

2. How many different illnesses did the child have?

NUMBER OF CHILD'S ILLNESSES				
	BEFORE[1]		AFTER	
NUMBER	#	%	#	%
1	59	49%	181	45%
2	40	33%	133	33%
3	16	13%	58	14%
4	3	2%	17	4%
5 or more	3	2%	16	4%
Total	121	100%	405	100%
Average	1.83	-	1.94	-
Missing	23	-	36	-
[1]Not asked in 1999 survey.				

3. What were the illnesses?

MOST FREQUENT TYPE OF ILLNESSES				
	BEFORE[1]		AFTER	
ILLNESS	#	%	#	%
Allergies	16	11%	45	10%
Asthma	17	12%	41	9%
Bronchitis	7	5%	20	5%
Cold	44	31%	100	23%
Ear Infection	27	19%	111	25%
Flu	16	11%	45	10%
Pink Eye	3	2%	12	3%
Sinus	5	3%	20	5%
Sore Throat	11	8%	26	6%
Strep Throat	6	4%	39	9%
Virus	3	2%	18	4%
[1]Individual categories add up to more than the number of respondents; the respondents were given an opportunity to list several illnesses. This question was not asked in the 1999 baseline survey.				

4. Did your child have a doctor visit for the illnesses?

DOCTOR VISITS FOR ILLNESSES				
	BEFORE[1]		AFTER	
Response	#	%	#	%
All	92	64%	290	68%
Some	42	29%	107	25%
None	9	6%	28	7%
Total	143	100%	425	100%
Missing	1	-	16	-

[1]Not asked in 1999 survey.

- **DID THIS CHILD HAVE ANY ONGOING (CHRONIC) ILLNESSES IN THE FIRST YEAR OF DHCP ENROLLMENT?**

CHRONIC ILLNESSES				
	BEFORE		AFTER	
# OF INCIDENCES	#	%	#	%
Diabetes[1]	11	1%	5	1%
Asthma[1]	127	11%	94	13%
Ear Infections[1]	124	11%	101	14%
Lead Poisoning[1]	4	0%	5	1%
Attention Deficit Disorder[1]	67	6%	49	7%
Peneumonia[1]	14	1%	8	1%
Allergies[2]	79	7%	141	19%
Depression[3]	9	3%	30	4%

The survey questions about chronic illness were "check all that apply". The above individual categories will not, therefore, sum to 100%.
[1]Category in both baseline surveys, N=1160 for "before" and N=736 for "after".
[2]Not asked in the 1999 cohort survey. An "allergy" variable was coded, however, for 1999 from an open-ended question where parents listed other chronic illnesses. N=1160 for "before" and 736 for "after".
[3]Not asked in the 1999 cohort survey. N=304 for "before" and 736 for "after".

- **HOW WOULD YOU DESCRIBE THIS CHILD'S HEALTH?**

PERCEIVED HEALTH STATUS OF CHILD				
	BEFORE		AFTER	
STATUS	#	%	#	%
Excellent	462	41%	353	48%
Very Good	415	36%	259	35%
Good	210	18%	106	14%
Fair	52	5%	18	2%
Poor	1	0%	3	0%
Total	1140	100%	739	100%
Missing	20	-	14	-

THE FOLLOWING TWO QUESTIONS ASK ABOUT TREATMENT AND COUNSELING FOR YOUR CHILD FOR AN EMOTIONAL, DEVELOPMENTAL, OR BEHAVIOR DIFFICULTY. PLEASE TELL US ONLY ABOUT TREATMENT AND COUNSELING FROM YOUR CHILD'S HEALTH PLAN: AMERIHEALTH FIRST, DELAWARECARE, AND FIRST STATE HEALTH PLAN. DO NOT INCLUDE CARE THAT YOUR CHILD GOT FROM THE PRIMARY CARE DOCTOR (PERSONAL DOCTOR).

- **IN THE FIRST YEAR OF DHCP ENROLLMENT, DID YOUR CHILD HAVE ANY TREATMENT OR COUNSELING FOR AN EMOTIONAL, DEVELOPMENTAL, OR BEHAVIOR DIFFICULTY?**

RECEIVED TREATMENT/COUNSELING FOR EMOTIONAL/DEVELOPMENTAL/BEAHVIOR DIFFICULTY				
	BEFORE[1]		AFTER	
RESPONSE	#	%	#	%
Yes	31	11%	91	13%
No	251	89%	630	87%
Total	282	100%	721	100%
Missing	22	-	32	-
[1]Not asked in 1999 survey.				

- **IN THE FIRST YEAR OF DHCP ENROLLMENT, HOW MUCH OF A PROBLEM, IF ANY, WAS IT FOR YOU TO GET TREATMENT OR COUNSELING FOR YOUR CHILD'S EMOTIONAL, DEVELOPMENTAL, OR BEHAVIOR DIFFICULTY?**

OBTAINING TREATMENT/COUNSELING FOR EMOTIONAL/DEVELOPMENTAL/BEHAVIOR DIFFICULTY				
	BEFORE[1]		AFTER	
RESPONSE	#	%	#	%
A big problem	10	24%	9	6%
A small problem	3	7%	28	19%
Not a problem	28	68%	113	75%
Did not receive any treatment	240	-%	473	-%
Total	41	100%	150	100%
Missing	23	-	130	-
[1]Not asked in 1999 survey.				

PLEASE ESTIMATE THE MEDICAL COSTS THAT YOU OR YOUR FAMILY PAID FOR THIS CHILD IN THE FIRST YEAR OF DHCP ENROLLMENT.

ESTIMATED MEDICAL COSTS – AVERAGE				
	BEFORE[1]		AFTER	
RESPONSE	#	%	#	%
No money spent	101	37%	412	57%
AVERAGE COSTS PER CHILD				
Type of Care	**#**	**Average**	**#**	**Average**
Doctor Visits	112	$224	32	$129
Prescriptions	91	$183	33	$107
Emergency room visits	24	$390	12	$279
Hospital care	8	$2,562	3	$240
Dental Care	63	$330	124	$290
Other	10	$625	69	$189
[1]Not asked in 1999 survey.				

ESTIMATED MEDICAL COSTS				
	BEFORE[1]		AFTER	
RESPONSE	#	%	#	%
DOCTORS				
Less than $200	90	80%	29	91%
$201 - $500	17	15%	1	3%
$501 - $1000	1	1%	2	6%
Great than $1000	4	4%	0	0%
Total	112	100%	32	100%
PRESCRIPTIONS				
Less than $200	79	87%	29	88%
$201 - $500	6	7%	3	9%
$501 - $1000	3	3%	0	0%
Great than $1000	3	3%	1	3%
Total	91	100%	33	100%
EMERGENCY ROOM				
Less than $200	11	39%	8	67%
$201 - $500	11	39%	3	25%
$501 - $1000	3	11%	0	0%
Great than $1000	3	11%	1	8%
Total	28	100%	12	100%
HOSPITALS				
Less than $200	3	38%	2	67%
$201 - $500	0	0%	0	0%
$501 - $1000	0	0%	1	33%
Great than $1000	5	63%	0	0%
Total	8	100%	3	100%
DENTISTS				
Less than $200	40	63%	77	62%
$201 - $500	20	32%	33	27%
$501 - $1000	0	0%	8	6%
Great than $1000	3	5%	6	5%
Total	63	100%	124	100%
OTHER				
Less than $200	6	60%	53	77%
$201 - $500	2	20%	15	22%
$501 - $1000	1	10%	0	0%
Great than $1000	1	10%	1	1%
Total	10	100%	69	100%
[1]Not asked in 1999 survey.				

- **THE DHCP PROVIDED MEDICAL CARE TO KEEP YOUR CHILD HEALTHY. YOU WERE CHARGED A SMALL MONTHLY PREMIUM FOR THE DHCP THAT WAS BASED ON YOUR INCOME, BUT IT GAVE YOUR CHILD COMPREHENSIVE COVERAGE FOR DOCTOR, HOSPITAL, MEDICINE, AND OTHER SERVICES. PLEASE *CIRCLE* THE NUMBER BELOW THAT SHOWS WHAT THE VALUE OF THE DHCP WAS TO YOU AND YOUR CHILD.**

VALUE SCALE FOR CHILDREN'S ENROLLMENT IN DHCP						
	BEFORE			AFTER		
VALUE	#	%	CUM %	#	%	CUM %
0	5	0.8%	0.8%	8	1.8%	1.8%
1	1	0.2%	1.0%	3	0.7%	2.4%
2	0	0.0%	1.0%	1	0.2%	2.6%
3	1	0.2%	1.1%	3	0.7%	3.3%
4	3	0.5%	1.6%	0	0.0%	3.3%
5	11	1.8%	3.4%	4	0.9%	4.2%
6	1	0.2%	3.5%	3	0.7%	4.8%
7	15	2.4%	5.9%	12	2.6%	7.5%
8	25	4.0%	10.0%	30	6.6%	14.1%
9	42	6.7%	16.7%	36	7.9%	22.0%
10	519	83.3%	100.0%	354	78.0%	100.0%
TOTAL	623	100.0%	-	454	100.0%	-
Missing	110	-	-	32	-	-

- **THE DHCP WANTS TO KNOW IF THE PREMIUM OR FEE CHARGED TO FAMILIES MAKES THE PROGRAM HARD TO AFFORD. WHAT IS THE AMOUNT OF PREMIUM PER MONTH THAT WOULD CAUSE YOU TO DROP OUT OF THE DHCP, OR NOT ENROLL AGAIN IF YOUR CHILD BECAME ELIGIBLE IN THE FUTURE? (*CIRCLE BELOW*.) YOUR ANSWER TO THIS QUESTION WILL NOT IMPACT YOUR MEDICAL INSURANCE OR FEE.**

PREMIUM SCALE FOR CHILDREN'S ENROLLMENT IN DHCP						
	BEFORE			AFTER		
VALUE	#	%	CUM %	#	%	CUM %
0	8	1.3%	1.3%	11	2.5%	2.5%
5	4	0.6%	1.9%	4	0.9%	3.4%
10	22	3.5%	5.5%	18	4.0%	7.4%
12	1	0.2%	5.6%	0	0.0%	7.4%
15	24	3.9%	9.5%	30	6.7%	14.1%
18	1	0.2%	9.7%	0	0.0%	14.1%
20	64	10.3%	20.0%	34	7.6%	21.7%
22	1	0.2%	20.2%	0	0.0%	21.7%
25	85	13.7%	33.9%	72	16.1%	37.9%
27	1	0.2%	34.0%	0	0.0%	37.9%
28	1	0.2%	34.2%	0	0.0%	37.9%
30	102	16.5%	50.6%	59	13.2%	51.1%
33	2	0.3%	51.0%	0	0.0%	51.1%
35	31	5.0%	56.0%	23	5.2%	56.3%
37	1	0.2%	56.1%	0	0.0%	56.3%
40	52	8.4%	64.5%	33	7.4%	3.7%
45	11	1.8%	66.3%	10	2.2%	65.9%
50	149	24.0%	90.3%	81	18.2%	84.1%
Over 50[1]	60	9.7%	100.0%	71	15.9%	100.0%
TOTAL	620	100.0%		446	100.0%	
Missing	113	-		40		

[1]In the survey of the 1999 eligibles, the premium scale categories went to 50. In following surveys, the premium scale was increased to 100. Some respondents in the 1999 group indicates "over 50" and were code as such. For comparison purposes, the following surveys' categories of 55, 60, 65, 70, 75, 80, 85, 90, 100 were collapsed into "over 50".

- **IF THE <u>DHCP</u> WERE TO EXPAND TO <u>INCLUDE</u> UNINSURED ADULTS IN THE HOUSEHOLD OF THE <u>DHCP</u> CHILDREN, WOULD THE ADULTS IN YOUR HOUSEHOLD ENROLL FOR A REASONABLE MONTHLY FEE?**

WOULD ADULTS ENROLL IF DHCP INCLUDED?[1]				
RESPONSE	BEFORE		AFTER	
	#	%	#	%
Yes	165	85%	301	86%
No	8	4%	14	4%
Unsure	20	10%	37	11%
Total	193	100%	352	100%
Missing	12	-	134	-

[1]This question was not asked in the 1999 survey baseline survey or the 2001 follow-up.

- **THE DHCP DOES NOT NOW COVER UNINSURED ADULTS IN DHCP FAMILIES. WE WOULD LIKE TO KNOW IF INCLUDING THESE ADULTS WOULD BE HELPFUL TO YOUR FAMILY. IF THE DHCP INCLUDED THESE ADULTS, IT WOULD PROVIDE MEDICAL CARE TO KEEP THEM HEALTHY. EACH ADULT WOULD BE CHARGED A SMALL MONTHLY PREMIUM BASED ON INCOME, BUT IT WOULD GIVE THEM COMPREHENSIVE COVERAGE FOR DOCTOR, HOSPITAL, MEDICINE, AND OTHER SERVICES. PLEASE *CIRCLE* THE NUMBER BELOW THAT SHOWS WHAT THE VALUE OF DHCP SERVICES FOR ADULTS WOULD BE TO YOU.**

VALUE SCALE FOR ADULT'S ENROLLMENT IN DHCP[1]									
	BEFORE			AFTER			COMBINED		
VALUE	#	%	CUM %	#	%	CUM %	#	%	CUM %
0	10	5.4%	5.4%	14	3.1%	3.1%	24	3.7%	3.7%
1	2	1.1%	6.5%	6	1.3%	4.4%	8	1.2%	5.0%
2	0	0.0%	6.5%	5	1.1%	5.4%	5	0.8%	5.7%
3	1	0.5%	7.0%	1	0.2%	5.7%	2	0.3%	6.0%
4	0	0.0%	7.0%	3	0.7%	6.3%	3	0.5%	6.5%
5	9	4.8%	11.8%	9	2.0%	8.3%	18	2.8%	9.3%
6	3	1.6%	13.4%	6	1.3%	9.6%	9	1.4%	10.7%
7	5	2.7%	16.1%	5	1.1%	10.7%	10	1.6%	12.2%
8	6	3.2%	19.4%	10	2.2%	12.9%	16	2.5%	14.7%
9	12	6.5%	25.8%	137	29.8%	42.7%	149	23.1%	37.8%
10	138	74.2%	100.0%	263	57.3%	100.0%	401	62.2%	100.0%
TOTAL	186	100.0%	-	459	100.0%	-	645	100.0%	-
Missing	19	-	-	27	-	-	46	-	-

[1]This question was only asked in the Cohort 2001 baseline survey and the follow-up surveys.

- **THE DHCP DOES NOT NOW COVER UNINSURED ADULTS IN DHCP FAMILIES. IF THESE ADULTS WERE INCLUDED, WE WOULD WANT TO HAVE MONTHLY PREMIUMS OR FEES THAT EACH ADULT COULD AFFORD AT THE INCOME LEVELS NOW ALLOWED BY DHCP. WHAT IS THE MONTHLY PREMIUM AMOUNT FOR EACH ADULT THAT WOULD KEEP THEM FROM ENROLLING IN THE DHCP? (*CIRCLE BELOW.*) YOUR ANSWER TO THIS QUESTION WILL NOT IMPACT YOUR CHILD'S MEDICAL INSURANCE OR FEE.**

PREMIUM SCALE FOR ADULT'S ENROLLMENT IN DHCP[1]									
	BEFORE			AFTER			COMBINED		
VALUE	#	%	CUM %	#	%	CUM %	#	%	CUM %
0	9	4.9%	4.9%	15	4.5%	4.5%	24	4.6%	4.6%
5	3	1.6%	6.6%	5	1.5%	6.0%	8	1.5%	6.2%
10	8	4.4%	10.9%	16	4.8%	10.7%	24	4.6%	10.8%
15	16	8.7%	19.7%	18	5.4%	16.1%	34	6.6%	17.4%
20	23	12.6%	32.2%	44	13.1%	29.3%	67	12.9%	30.3%
25	20	10.9%	43.2%	49	14.6%	43.9%	69	13.3%	43.6%
30	26	14.2%	57.4%	27	8.1%	51.9%	53	10.2%	53.9%
35	9	4.9%	62.3%	17	5.1%	57.0%	26	5.0%	58.9%
40	13	7.1%	69.4%	22	6.6%	63.6%	35	6.8%	65.6%
45	2	1.1%	70.5%	8	2.4%	66.0%	10	1.9%	67.6%
50	27	14.8%	85.2%	59	17.6%	83.6%	86	16.6%	84.2%
55	1	0.5%	85.8%	3	0.9%	84.5%	4	0.8%	84.9%
60	3	1.6%	87.4%	5	1.5%	86.0%	8	1.5%	86.5%
65	1	0.5%	88.0%	1	0.3%	86.3%	2	0.4%	86.9%
70	5	2.7%	90.7%	4	1.2%	87.5%	9	1.7%	88.6%
75	6	3.3%	94.0%	11	3.3%	90.7%	17	3.3%	91.9%
80	2	1.1%	95.1%	2	0.6%	91.3%	4	0.8%	92.7%
85	0	0.0%	95.1%	1	0.3%	91.6%	1	0.2%	92.9%
90	0	0.0%	95.1%	2	0.6%	92.2%	2	0.4%	93.2%
95	0	0.0%	95.1%	1	0.3%	92.5%	1	0.2%	93.4%
100	9	4.9%	100.0%	25	7.5%	100.0%	34	6.6%	100.0%
TOTAL	183	100.0%	-	335	100.0%	-	518	100.0%	-
Missing	22	-	-	151	-	-	173	-	-

[1]This question was only asked in the Cohort 2001 baseline survey and the follow-up surveys.

- **PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT EACH PARENT OR GUARDIAN OF THE DHCP CHILD.**
  The following questions were not asked of the 1999 baseline respondents.

1. What is the sex of the parent/guardian?

HOUSEHOLD COMPOSITION OF PARENTS[1]				
	BEFORE		AFTER	
RESPONSE	#	%	#	%
Female parent/guardian	101	54%	165	48%
Male parent/guardian	10	5%	17	5%
Two parents/guardians listed	75	40%	163	47%
Total	186	100%	345	100%

[1]The respondents were asked to list both first and second parent/guardian. From this data, however, marital status can not be inferred. In the baseline, the 1999 cohort was not asked this information.

GENDER OF PARENT/GUARDIAN								
GENDER	BEFORE[1]				AFTER			
	FIRST PARENT		SECOND PARENT		FIRST PARENT		SECOND PARENT	
	#	%	#	%	#	%	#	%
Female	156	78%	32	36%	261	73%	85	49%
Male	44	22%	58	64%	96	27%	87	51%
Total	200	100%	90	100%	357	100%	172	100%
[1]This question was not asked in 1999 survey.								

2. What is the occupation of the parent or guardian?

Many different occupations were listed. The following table lists some of the more frequent occupations held by the parent(s)/guardian(s).

OCCUPATION				
RESPONSE	BEFORE		AFTER	
Administrative/Secre.	20	7%	28	6%
Bus/Truck Driver	6	2%	33	7%
Childcare	7	2%	25	5%
Cleaning	3	1%	8	2%
Clerk	10	4%	9	2%
Construction	23	8%	47	10%
Customer Service	15	5%	28	6%
Laborer	6	2%	13	3%
Machine operator	9	3%	8	2%
Manager	15	5%	17	4%
Medical tech	6	2%	10	2%
Sales	24	9%	23	5%
Self-employed	15	5%	22	5%
Teacher	5	2%	9	2%

3. If working, what is the name of the parent's or guardian's employer/company?

Employer/Company names are not listed due to confidentiality.

4. What is the employment of the parent or guardian?

EMPLOYMENT STATUS OF PARENT/GUARDIAN								
STATUS	BEFORE[1]				AFTER			
	FEMALE		MALE		FEMALE		MALE	
	#	%	#	%	#	%	#	%
Full-time	79	43%	64	65%	166	54%	133	84%
Part-time	32	17%	9	9%	62	20%	9	6%
Unemployed	73	40%	25	26%	82	26%	17	11%
Total	184	100%	98	100%	310	100%	159	100%
[1]This question was not asked in 1999 baseline survey.								

EMPLOYMENT STATUS				
	BEFORE		AFTER	
CATEGORY	#	$	#	$
One parent-fulltime	92	32%	200	38%
One parent-part-time	21	7%	35	7%
One parent-unemployed	39	13%	33	6%
Two parents-both fulltime	23	8%	73	14%
Two parents-both part-time	0	0%	0	0%
Two parents-both unemployed	12	4%	9	2%
Two parents-one fulltime, one part-time	25	9%	59	11%
Two parents-one fulltime, one unemployed	75	26%	106	20%
Two parents-one part-time, one unemployed	5	2%	9	2%
TOTAL	292	100%	524	100%

5. Does the parent presently have private health insurance?

EMPLOYERS OFFER PRIVATE HEALTH INSURANCE?								
	BEFORE				AFTER			
	Parent 1		Parent 2		Parent 1		Parent 2	
RESPONSE	#	%	#	%	#	%	#	%
Yes	101	35%	40	28%	216	41%	100	37%
No	190	65%	103	72%	317	59%	169	63%
Total	291	100%	143	100%	533	100%	269	100%

6. If yes to #5, what services are in the insurance plan? (Check all that apply.)

EMPLOYERS OFFER PRIVATE HEALTH INSURANCE?								
	BEFORE				AFTER			
	Parent 1		Parent 2		Parent 1		Parent 2	
RESPONSE	#	%	#	%	#	%	#	%
Doctor	90	89%	35	88%	213	99%	100	100%
Hospital	90	89%	37	93%	195	90%	100	100%
X-rays	84	83%	30	75%	175	81%	76	76%
Lab tests	84	83%	35	88%	145	67%	87	87%
Drugs/Medicines	73	72%	0	0%	138	64%	28	28%

7. What is the education of the parent or guardian of the DHCP child?

PARENT EDUCATION								
	BEFORE				AFTER			
	Parent 1		Parent 2		Parent 1		Parent 2	
RESPONSE	#	%	#	%	#	%	#	%
8th grade or less	9	3%	5	4%	20	4%	10	3%
some high school	46	16%	18	14%	55	10%	52	18%
high school graduate	113	39%	75	57%	262	47%	147	50%
some college	72	25%	28	21%	146	26%	43	15%
college graduate	51	18%	5	4%	73	13%	42	14%
Total	291	100%	131	100%	556	100%	294	100%

8. Do you own or rent your home?

HOME OWNERSHIP								
	BEFORE				AFTER			
	Parent 1		Parent 2		Parent 1		Parent 2	
RESPONSE	#	%	#	%	#	%	#	%
Own	153	53%	84	58%	292	54%	183	66%
Rent	135	47%	61	42%	245	46%	94	34%
Total	288	100%	145	100%	537	100%	277	100%

Appendix E: Tabular Display of Survey Responses by Demographics Variables

Dentist Visits by Gender				
	BEFORE		AFTER	
Dentist visits	Male	Female	Male	Female
No Dentist visits	340	314	216	219
Dentist visits	203	209	85	103
Total	543	523	301	322
No Dentist visits	63%	60%	72%	68%
Dentist visits	37%	40%	28%	32%
Total	100%	100%	100%	100%

Dentist Visits by Race								
	BEFORE				AFTER			
	Caucasian	African American	Hispanic	Other	Caucasian	African American	Hispanic	Other
No Dentist visits	408	164	53	32	259	126	35	15
Dentist visits	285	93	23	12	130	49	7	2
Total	693	257	76	44	389	175	42	17
No Dentist visits	59%	64%	70%	73%	67%	72%	83%	88%
Dentist visits	41%	36%	30%	27%	33%	28%	17%	12%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Dentist Visits by County						
	BEFORE			AFTER		
	Kent	NCC	Sussex	Kent	NCC	Sussex
No Dentist visits	175	289	190	123	195	117
Dentist visits	94	196	119	52	92	44
Total	269	485	309	175	287	161
No Dentist visits	65%	60%	61%	70%	68%	73%
Dentist visits	35%	40%	39%	30%	32%	27%
Total	100%	100%	100%	100%	100%	100%

Dentist Visits by Age Group								
	BEFORE				AFTER			
	0-4	5-9	10-14	15 and over	0-4	5-9	10-14	15 and over
No Dentist visits	136	196	196	128	106	142	131	57
Dentist visits	21	171	150	70	24	86	63	16
Total	157	367	346	198	130	228	194	73
No Dentist visits	87%	53%	57%	65%	82%	62%	68%	78%
Dentist visits	13%	47%	43%	35%	18%	38%	32%	22%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Dentist Visits by Chronic Illness				
Dentist visits	BEFORE		AFTER	
	NO	YES	NO	YES
No Dentist visits	520	137	176	266
Dentist visits	324	189	73	120
Total	844	326	249	386
No Dentist visits	62%	42%	71%	69%
Dentist visits	38%	58%	29%	31%
Total	100%	100%	100%	100%

Dentist Visits by Income Group								
	BEFORE				AFTER			
	100-133%	134-150%	151-166%	167%-200%	100-133%	134-150%	151-166%	167%-200%
No Dentist visits	206	152	115	155	115	109	100	111
Dentist visits	168	86	63	83	78	48	24	38
Total	374	238	178	238	193	157	124	149
No Dentist visits	55%	64%	65%	65%	60%	69%	81%	74%
Dentist visits	45%	36%	35%	35%	40%	31%	19%	26%

Dentist Visits by Prior Medicaid Participation				
Dentist visits	BEFORE		AFTER	
	Prior	No-Prior	Prior	No-Prior
No Dentist visits	392 +3 +-	265	198	244
Dentist visits	189	224	81	112
Total	581	489	279	356
No Dentist visits	67%	54%	71%	69%
Dentist visits	33%	46%	29%	31%
Total	100%	100%	100%	100%

Hospital Stays by Gender				
Hospital Stays	BEFORE		AFTER	
	Male	Female	Male	Female
No Hospital Stays	449	463	285	312
Hospital Stays	112	87	19	17
Total	561	550	304	329
No Hospital Stays	80%	84%	94%	95%
Hospital Stays	20%	16%	6%	5%
Total	100%	100%	100%	100%

Hospital Stays by Race								
	BEFORE				AFTER			
	Caucasian	African American	Hispanic	Other	Caucasian	African American	Hispanic	Other
No Hospital Stays	593	212	67	39	363	175	42	17
Hospital Stays	125	58	13	4	28	5	3	0
Total	718	270	80	43	391	180	45	17
No Hospital Stays	83%	79%	84%	91%	93%	97%	93%	100%
Hospital Stays	17%	21%	16%	9%	7%	3%	7%	0%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Hospital Stays by County						
	BEFORE			AFTER		
	Kent	NCC	Sussex	Kent	NCC	Sussex
No Hospital Stays	239	429	244	170	283	144
Hospital Stays	38	85	73	9	17	10
Total	277	514	317	179	300	154
No Hospital Stays	86%	83%	77%	95%	94%	94%
Hospital Stays	14%	17%	23%	5%	6%	6%
Total	100%	100%	100%	100%	100%	100%

Hospital Stays by Age Group								
	BEFORE				AFTER			
	0-4	5-9	10-14	15 and over	0-4	5-9	10-14	15 and over
No Hospital Stays	133	204	307	169	123	223	182	71
Hospital Stays	32	73	56	39	10	8	14	4
Total	165	277	363	208	133	231	196	75
No Hospital Stays	81%	74%	85%	81%	92%	97%	93%	95%
Hospital Stays	19%	26%	15%	19%	8%	3%	7%	5%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Hospital Stays by Chronic Illness				
Hospital Stays	BEFORE		AFTER	
	NO	YES	NO	YES
No Hospital Stays	731	184	237	371
Hospital Stays	143	57	13	24
Total	874	241	250	395
No Hospital Stays	84%	76%	95%	94%
Hospital Stays	16%	24%	5%	6%
Total	100%	100%	100%	100%

Hospital Stays by Income Group								
	BEFORE				AFTER			
	100-133%	134-150%	151-166%	167%-200%	100-133%	134-150%	151-166%	167%-200%
No Hospital Stays	328	191	151	207	149	111	150	187
Hospital Stays	64	51	33	46	7	11	11	7
Total	392	242	184	253	156	122	161	194
No Hospital Stays	84%	79%	82%	82%	96%	91%	93%	96%
Hospital Stays	16%	21%	18%	18%	4%	9%	7%	4%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Hospital Stays by Prior Medicaid Participation				
Hospital Stays	BEFORE		AFTER	
	Prior	No-Prior	Prior	No-Prior
No Hospital Stays	532	383	265	343
Hospital Stays	74	126	14	23
Total	606	509	279	366
No Hospital Stays	88%	75%	95%	94%
Hospital Stays	12%	25%	5%	6%
Total	100%	100%	100%	100%

Doctor Visits by Gender				
Doctor Visits	BEFORE		AFTER	
	Male	Female	Male	Female
No Doctor Visits	119	99	29	21
Doctor Visits	421	419	280	317
Total	540	518	309	338
No Doctor Visits	22%	19%	9%	6%
Doctor Visits	78%	81%	91%	94%
Total	100%	100%	100%	100%

Doctor Visits by Race								
	BEFORE				AFTER			
	Caucasian	African American	Hispanic	Other	Caucasian	African American	Hispanic	Other
No Doctor Visits	143	60	13	3	31	13	5	1
Doctor Visits	545	193	64	33	370	170	40	17
Total	688	253	77	36	401	183	45	18
No Doctor Visits	21%	24%	17%	8%	8%	7%	11%	6%
Doctor Visits	79%	76%	83%	92%	92%	93%	89%	94%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Doctor Visits by County						
	BEFORE			AFTER		
	Kent	NCC	Sussex	Kent	NCC	Sussex
No Doctor Visits	43	105	70	16	19	15
Doctor Visits	225	377	235	159	291	147
Total	268	482	305	175	310	162
No Doctor Visits	16%	22%	23%	9%	6%	9%
Doctor Visits	84%	78%	77%	91%	94%	91%
Total	100%	100%	100%	100%	100%	100%

Doctor Visits by Age Group								
	BEFORE				AFTER			
	0-4	5-9	10-14	15 and over	0-4	5-9	10-14	15 and over
No Doctor Visits	17	62	80	59	12	12	17	10
Doctor Visits	140	298	268	136	122	218	186	71
Total	157	360	348	195	134	230	203	81
No Doctor Visits	11%	17%	23%	30%	9%	5%	8%	12%
Doctor Visits	89%	83%	77%	70%	91%	95%	92%	88%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Doctor Visits by Chronic Illness				
Doctor Visits	BEFORE		AFTER	
	NO	YES	NO	YES
No Doctor Visits	194	25	17	34
Doctor Visits	646	197	239	370
Total	840	222	256	404
No Doctor Visits	23%	11%	7%	8%
Doctor Visits	77%	89%	93%	92%
Total	100%	100%	100%	100%

Doctor Visits by Income Group								
	BEFORE				AFTER			
	100-133%	134-150%	151-166%	167%-200%	100-133%	134-150%	151-166%	167%-200%
No Doctor Visits	106	38	23	38	17	11	12	10
Doctor Visits	267	195	156	198	181	155	113	148
Total	373	233	179	236	198	166	125	158
No Doctor Visits	28%	16%	13%	16%	9%	7%	10%	6%
Doctor Visits	72%	84%	87%	84%	91%	93%	90%	94%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Doctor Visits by Prior Medicaid Participation				
Doctor Visits	BEFORE		AFTER	
	Prior	No-Prior	Prior	No-Prior
No Doctor Visits	125	94	26	25
Doctor Visits	455	388	271	338
Total	580	482	297	363
No Doctor Visits	22%	20%	9%	7%
Doctor Visits	78%	80%	91%	93%
Total	100%	100%	100%	100%

Well Visits by Gender				
Well Visits	BEFORE		AFTER	
	Male	Female	Male	Female
No Well Visits	23	24	79	60
Well Visits	103	100	256	295
Total	126	124	335	355
No Well Visits	18%	19%	24%	17%
Well Visits	82%	81%	76%	83%
Total	100%	100%	100%	100%

Well Visits by Race								
	BEFORE				AFTER			
	Caucasian	African American	Hispanic	Other	Caucasian	African American	Hispanic	Other
No Well Visits	35	9	3	0	85	36	15	3
Well Visits	129	50	21	6	345	151	37	18
Total	164	59	24	6	430	187	52	21
No Well Visits	21%	15%	13%	0%	20%	19%	29%	14%
Well Visits	79%	85%	88%	100%	80%	81%	71%	86%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Well Visits by County						
	BEFORE			AFTER		
	Kent	NCC	Sussex	Kent	NCC	Sussex
No Well Visits	10	15	22	39	55	45
Well Visits	44	103	53	140	281	130
Total	54	118	75	179	336	175
No Well Visits	19%	13%	29%	22%	16%	26%
Well Visits	81%	87%	71%	78%	84%	74%
Total	100%	100%	100%	100%	100%	100%

Well Visits by Age Group								
	BEFORE				AFTER			
	0-4	5-9	10-14	15 and over	0-4	5-9	10-14	15 and over
No Well Visits	5	13	15	14	10	56	47	28
Well Visits	45	77	61	22	135	196	165	55
Total	50	90	76	36	145	252	212	83
No Well Visits	10%	14%	20%	39%	7%	22%	22%	34%
Well Visits	90%	86%	80%	61%	93%	78%	78%	66%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Well Visits by Chronic Illness				
Well Visits	BEFORE		AFTER	
	NO	YES	NO	YES
No Well Visits	36	11	59	83
Well Visits	149	57	232	329
Total	185	68	291	412
No Well Visits	19%	16%	20%	20%
Well Visits	81%	84%	80%	80%
Total	100%	100%	100%	100%

Well Visits by Income Group								
	BEFORE				AFTER			
	100-133%	134-150%	151-166%	167%-200%	100-133%	134-150%	151-166%	167%-200%
No Well Visits	17	12	7	11	32	32	19	32
Well Visits	51	56	65	62	138	138	114	137
Total	68	68	72	73	170	170	133	169
No Well Visits	25%	18%	10%	15%	19%	19%	14%	19%
Well Visits	75%	82%	90%	85%	81%	81%	86%	81%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Well Visits by Prior Medicaid Participation				
Well Visits	BEFORE		AFTER	
	Prior	No-Prior	Prior	No-Prior
No Well Visits	22	25	72	70
Well Visits	105	101	238	323
Total	127	126	310	393
No Well Visits	17%	20%	23%	18%
Well Visits	83%	80%	77%	82%
Total	100%	100%	100%	100%

ED Use by Gender				
ED Use	BEFORE		AFTER	
	Male	Female	Male	Female
No ED Use	407	400	214	244
ED Use	137	125	94	87
Total	544	525	308	331
No ED Use	75%	76%	69%	74%
ED Use	25%	24%	31%	26%
Total	100%	100%	100%	100%

ED Use by Race								
	BEFORE				AFTER			
	Caucasian	African American	Hispanic	Other	Caucasian	African American	Hispanic	Other
No ED Use	534	181	56	37	287	130	28	13
ED Use	162	73	19	8	107	53	15	6
Total	696	254	75	45	394	183	43	19
No ED Use	77%	71%	75%	82%	73%	71%	65%	68%
ED Use	23%	29%	25%	18%	27%	29%	35%	32%
Total	100%	100%	100%	100%	100%	100%	100%	100%

ED Use by County						
	BEFORE			AFTER		
	Kent	NCC	Sussex	Kent	NCC	Sussex
No ED Use	204	361	239	132	212	114
ED Use	65	128	69	47	93	41
Total	269	489	308	179	305	155
	76%	74%	78%	74%	70%	74%
	24%	26%	22%	26%	30%	26%
	100%	100%	100%	100%	100%	100%

ED Use by Age Group								
	BEFORE				AFTER			
	0-4	5-9	10-14	15 and over	0-4	5-9	10-14	15 and over
No ED Use	103	281	282	143	96	168	145	50
ED Use	53	85	71	53	37	63	54	28
Total	156	366	353	196	133	231	199	78
No ED Use	66%	77%	80%	73%	72%	73%	73%	64%
ED Use	34%	23%	20%	27%	28%	27%	27%	36%
Total	100%	100%	100%	100%	100%	100%	100%	100%

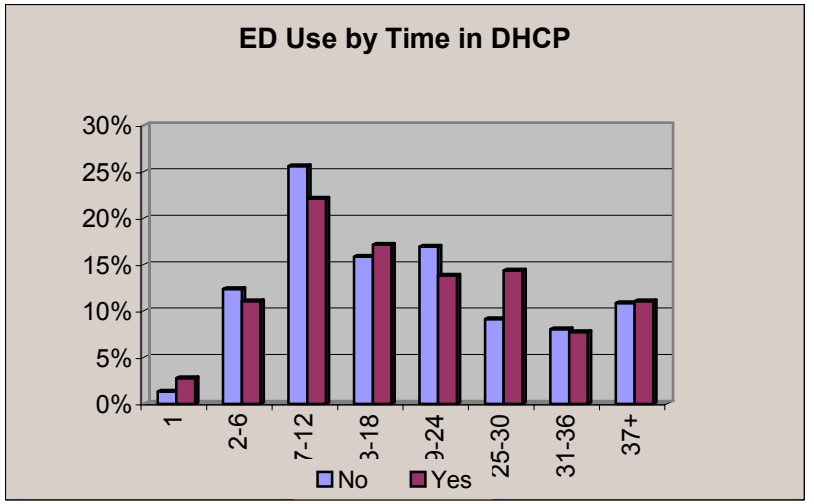
ED Use by Health Status								
	BEFORE				AFTER			
	Excellent	Very Good	Fair	Poor or Very Poor	Excellent	Very Good	Fair	Poor or Very Poor
No ED Use	351	302	127	18	226	165	54	12
ED Use	74	93	63	30	70	68	38	6
Total	425	395	190	48	296	233	92	18
No ED Use	83%	76%	67%	37%	76%	71%	59%	67%
ED Use	17%	24%	33%	63%	24%	29%	41%	33%
Total	100%	100%	100%	100%	100%	100%	100%	100%

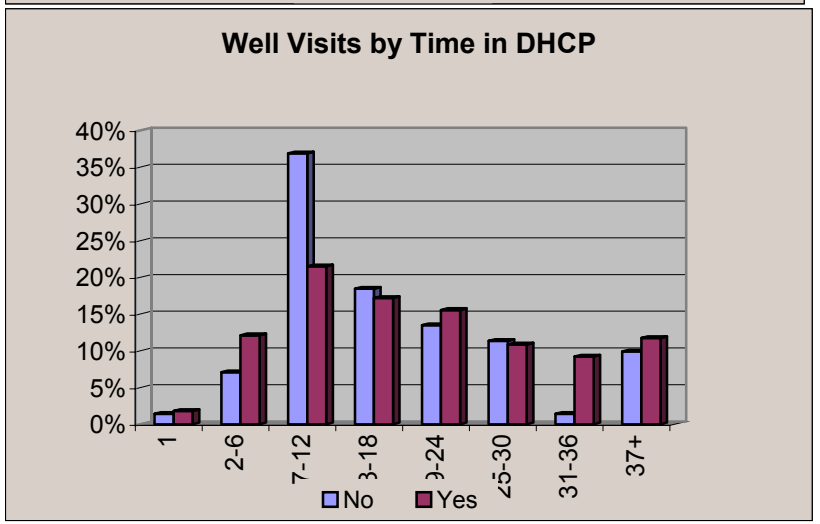
ED Use by Chronic Illness				
	BEFORE		AFTER	
ED Use	NO	YES	NO	YES
No ED Use	647	164	194	273
ED Use	169	93	55	129
Total	816	257	249	402
No ED Use	79%	64%	78%	68%
ED Use	21%	36%	22%	32%
Total	100%	100%	100%	100%

ED Use by Income Group								
	BEFORE				AFTER			
	100-133%	134-150%	151-166%	167%-200%	100-133%	134-150%	151-166%	167%-200%
No ED Use	301	162	136	177	136	116	85	121
ED Use	75	76	44	61	62	44	36	39
Total	376	238	180	238	198	160	121	160
No ED Use	80%	68%	76%	74%	69%	73%	70%	76%
ED Use	20%	32%	24%	26%	31%	27%	30%	24%
Total	100%	100%	100%	100%	100%	100%	100%	100%

Emergency Department Use By Time in DHCP - Follow-up Surveys Only				
Time in DHCP - months	NO		YES	
	#	%	#	%
1	6	1%	5	3%
2-6	57	12%	20	11%
7-12	118	26%	40	22%
13-18	73	16%	31	17%
19-24	78	17%	25	14%
25-30	42	9%	26	14%
31-36	37	8%	14	8%
37+	50	11%	20	11%
Total	461	100%	181	100%

DHCP Child had at Least One Well Visit in The First Year By Time in DHCP - Follow-up Surveys Only				
Time in DHCP - months	NO		YES	
	#	%	#	%
1	2	1%	10	2%
2-6	10	7%	67	12%
7-12	52	37%	119	22%
13-18	26	18%	95	17%
19-24	19	13%	86	16%
25-30	16	11%	60	11%
31-36	2	1%	51	9%
37 plus	14	10%	65	12%
Total	141	100%	553	100%





Appendix F: Equations

REGRESSION EQUATIONS

List of Variables

male	gender is male (reference=female)
ncc	New Castle County (reference=Sussex County)
kent	Kent County (reference=Kent County)
hispanic	Hispanic ethnicity (reference= Non-Hispanic
excel	child perceived as having excellent health by parent (reference=poor)
very good	child perceived as having very good health by parent (reference=poor)
fair	child perceived as having fair health by parent (reference=poor)
chronic	child has at least one chronic disease (reference=child has no chronic)
income	household income
monthsin	months participated in DHCP at time of survey
medpart	participated in Medicaid program sometime prior to DHCP
children	# of children in family participating in DHCP
firstsur	question asked in baseline (reference=follow-up)
highschl	parent had high school education (reference=less than H.S. graduate)
somecoll	parent had some college education (reference=less than H.S.
ftemp	parent full-time employee (reference=unemployed)
ptemp	parent part-time employee (reference=unemployed)

1. THE LIKELIHOOD OF EMERGENCY USE

The REG Procedure
Model: MODEL1
Dependent Variable: ***# of emergency room visits***

Analysis of Variance

Source	DF	Sum of Squares	Mean Square	F Value	Pr > F
Model	15	118.91753	7.92784	7.07	<.0001
Error	1588	1780.09245	1.12097		
Corrected Total	1603	1899.00998			

Root MSE	1.05876	R-Square	0.0626
Dependent Mean	0.45012	Adj R-Sq	0.0538
Coeff Var	235.21402		

Parameter Estimates

Variable	DF	Parameter Estimate	Standard Error	t Value	Pr > |t|
Intercept	1	1.02380	0.20735	4.94	<.0001
male	1	0.01077	0.05329	0.20	0.8398
ncc	**1**	***0.14900***	***0.06595***	***2.26***	***0.0240***
kent	1	0.08183	0.07260	1.13	0.2598
white	1	-0.10236	0.06174	-1.66	0.0975
hispanic	1	0.11807	0.11698	1.01	0.3130
age	1	-0.00945	0.00615	-1.54	0.1244
excel	**1**	***-0.72450***	***0.13903***	***-5.21***	***<.0001***
verygood	**1**	***-0.70182***	***0.13725***	***-5.11***	***<.0001***
fair	**1**	***-0.50844***	***0.14434***	***-3.52***	***0.0004***
chronic	**1**	***0.27972***	***0.06340***	***4.41***	***<.0001***
income	1	0.00000156	0.00000350	0.45	0.6552
monthsin	1	0.00080780	0.00394	0.20	0.8376
medpart	***1***	***0.11646***	***0.05630***	***2.07***	***0.0387***
children	***1***	***-0.09481***	***0.03416***	***-2.78***	***0.0056***
firstsur	1	0.12850	0.09504	1.35	0.1765

2. THE LIKELIHOOD OF WELL-CARE VISITS

The REG Procedure
Model: MODEL1
Dependent Variable: ***# of well visits***

Analysis of Variance

Source	DF	Sum of Squares	Mean Square	F Value	Pr > F
Model	15	228.03027	15.20202	4.98	<.0001
Error	846	2581.36765	3.05126		
Corrected Total	861	2809.39791			

Root MSE	1.74679	R-Square	0.0812
Dependent Mean	1.67401	Adj R-Sq	0.0649
Coeff Var	104.34717		

Parameter Estimates

Variable	DF	Parameter Estimate	Standard Error	t Value	Pr > |t|
Intercept	1	2.04996	0.48552	4.22	<.0001
male	1	-0.02061	0.12014	-0.17	0.8639
ncc	1	0.14359	0.14733	0.97	0.3300
kent	1	0.00449	0.16538	0.03	0.9784
white	1	-0.13536	0.14060	-0.96	0.3360
hispanic	1	-0.07508	0.25290	-0.30	0.7666
age	***1***	***-0.08322***	***0.01403***	***-5.93***	***<.0001***
excel	1	0.03437	0.34203	0.10	0.9200
verygood	1	-0.06959	0.34256	-0.20	0.8391
fair	1	0.01318	0.35869	0.04	0.9707
chronic	***1***	***0.36631***	***0.12874***	***2.85***	***0.0045***
income	1	-0.00000633	0.00000665	-0.95	0.3411
monthsin	***1***	***0.01180***	***0.00635***	***1.86***	***0.0634***
medpart	*1*	0.20800	0.13256	1.57	0.1170
children	*1*	-0.12242	0.08649	-1.42	0.1573
firstsur	***1***	***0.76195***	***0.18235***	***4.18***	***<.0001***

3. WILLINGNESS TO PAY OR CHILDREN'S DHCP COVERAGE

The REG Procedure
Model: MODEL1
Dependent Variable: ***children premium scale***

Analysis of Variance

Source	DF	Sum of Squares	Mean Square	F Value	Pr > F
Model	24	66052	2752.17050	5.51	<.0001
Error	675	337367	499.80320		
Corrected Total	699	403419			

Root MSE	22.35628	R-Square	0.1637
Dependent Mean	40.85000	Adj R-Sq	0.1340
Coeff Var	54.72773		

Parameter Estimates

Variable	DF	Parameter Estimate	Standard Error	t Value	Pr > |t|
Intercept	1	12.22224	3.27866	1.95	0.0520
male	1	0.53975	1.72073	0.31	0.7539
ncc	1	-0.07580	2.14068	-0.04	0.9718
kent	***1***	***7.98436***	***2.35314***	***3.39***	***0.0007***
white	***1***	***3.72080***	***2.01513***	***1.85***	***0.0653***
hispanic	1	-2.23780	3.78710	-0.59	0.5548
agecat1	1	-4.24819	3.35515	-1.27	0.2059
agecat2	1	-0.71768	2.98790	-0.24	0.8103
agecat3	1	0.20802	2.99501	0.07	0.9446
excel	1	2.85920	4.35757	0.66	0.5120
verygood	1	-1.33292	4.35063	-0.31	0.7594
fair	1	-5.81889	4.64937	-1.25	0.2112
chronic	1	-0.94987	1.85926	-0.51	0.6096
KI	1	2.83897	2.45274	1.16	0.2475
KJ	1	-3.84950	2.57171	-1.50	0.1349
KM	1	-1.06574	2.43049	-0.44	0.6612
monthsin	***1***	***0.17880***	***0.06786***	***2.64***	***0.0086***
medpart	***1***	***3.13403***	***1.89683***	***1.65***	***0.0989***
highschl	***1***	***6.42563***	***2.68269***	***2.40***	***0.0169***
somecolle	***1***	***7.11563***	***2.95356***	***2.41***	***0.0163***
college	***1***	***10.12013***	***3.32098***	***3.05***	***0.0024***
ftemp	1	3.14221	2.19840	1.43	0.1534
ptemp	***1***	***7.21145***	***3.06924***	***2.35***	***0.0191***
children	1	1.84110	1.20269	1.53	0.1263
income	***1***	***0.00043792***	***0.00009867***	***4.44***	***<.0001***

[1] A complete listing of the state requirements are in Section 2107: Strategic Objectives and Performance Goals; Plan Administration of Public Law 105-33. As part of the provisions of Public Law 105-33, each state with an approved Child Health Plan must submit a program evaluation to the HCFA secretary by March 31, 2000. As per provision 2, Section 2018 Annual Reports; Evaluations, the state must report on:

- The effectiveness in increasing the number with creditable coverage.
- The effectiveness of other element of the State's plan to include the characteristics of the children served, quality of services, amount of and level of assistance, service area, time limits coverage and other sources of non-Federal funding.
- The effectiveness of other public and private programs in increasing the availability of affordable quality healthcare coverage.
- The State's coordination between other public and private programs for children.
- An analysis of the changes and the trends that affect affordable, accessible coverage for children.
- The State's plans for improving the availability of children's coverage.
- Recommendations for improving the State's program.
- Other matters the State and Secretary deem appropriate.

[2]Differences and reasons for enrollment and non-enrollment among eligible children was another issue to be examined, but the follow-up survey yielded insufficient cases required for analysis.

[3]American Academy of Pediatrics, *State Children's Health Insurance Program Evaluation Tool*, October 1998

[4]Agency for Healthcare Research and Quality, (until 2000 formerly known as Agency for Health Care Policy and Research), *Consumer Assessment Of Health Plans CAHPS*, Rockville, MD, 1998.

[5] The Formula employed for the sample size of the strata was from Anderson, Sweeney and Williams, page 774.

$$n_h = n \frac{N_h S_h}{\left(\sum_{h=1}^{H} N_h S_h\right)}$$

[6] Newacheck, P. and Stoddard, J. 1994. The Journal of Pediatrics, January, 124(1) pp. 40-48.

[7] The findings should be considered within the context that both the Nemours and Public Health clinics have been providing health services to children of families with annual incomes under 200% of the FPL. These facilities could have affected the health care utilization of eligibles prior to their enrollment in DHCP.

[8] American Academy of Pediatrics, 1998, State Children's Health Insurance Program Evaluation Tool, October.

[9] The first two policy concerns are addressed with the responses to the following survey question. If this child has ever been covered by health insurance, please tell us the most recent type of insurance, when the child was last covered (month & year), and the $ amount of monthly premium paid by you or the financially responsible parent. (*If you do not know exactly $ amount of monthly premium, then please estimate. Please make sure you indicate whether the health insurance was through employer or paid totally by Parent. Please put DK if you don't know.)*

[10] Crowding out can be manifested in several ways. One, CHIP coverage could induce employers to intentionally drop their insurance benefits for employees' children who would then qualify for public coverage. Alternatively, if they determine that their employer-based or individually paid private sector coverage is more expensive, employees could elect to drop their children's insurance or refuse such coverage to obtain the less costly DHCP coverage. In so doing, they would save money on the premium differential of the two types of insurance. In addition, employers could also reduce their contribution to employees' insurance that covered their children and thereby would encourage employees to seek lower cost public DHCP insurance. If any of these actions result, employees and employers would escape or reduce their economic burden and shift the financial responsibility unnecessarily onto the public to pay for the DHCP, given that the DHCP premium does not cover the costs of the children's public insurance

program. The present baseline study does not investigate whether employers have deliberately dropped the insurance coverage of employees whose children have become DHCP eligibles.

[11] States as producers of the CHIP program could put fiscal mechanisms in place so as to avert or minimize crowding out initiated by employees. These options are cost sharing arrangements with children (in this case parent of eligible children). The mechanisms are premiums, copayments, coinsurance, and enrollment restrictions (most commonly, time period without private coverage and income limits). In all cases, cost sharing by families of eligibles can not exceed 5% of their income—known as the five- percent rule. The ability of a state to implement any of these instruments depends on whether its CHIP is a Medicaid expansion or a separate program.

[12] This research approach is referred to as a contingent valuation.

[13] The survey question for children coverage was as follows: The DHCP provided medical care to keep your child healthy. You were charged a small monthly premium for the DHCP that was based on your income, but it gave your child comprehensive coverage for doctor, hospital, medicine, and other services. Please *circle* the number below that shows what the value of the DHCP was to you and your child.
The survey question for adult coverage was as follow: The DHCP does not now cover uninsured adults in DHCP families. We would like to know if including these adults would be helpful to YOUR FAMILY. If the DHCP included these adults, it would provide medical care to keep them healthy. Each adult would be charged a small monthly premium based on income, but it would give them comprehensive coverage for doctor, hospital, medicine, and other services. Please *circle* the number below that shows what the value OF DHCP services for adults would be TO YOU**.**

[14] The type of survey measured by the variable "MAIL" was placed in the equation and was statistically significant with a positive sign. This finding means that parents who answered mail questionnaires were willing to pay a higher DHCP premium than parents who were surveyed on the telephone. The findings are indicative of a "sampling" or "self-selection" bias which could cause some or all of the regression coefficients to be biased. This potential bias was corrected or surveyed by undertaking on instrumental variable technique.

[15]The formula for sample size is from Anderson, Sweeney and Williams, page 775. This formula assumes no difference in the cost of data collection from various strata.

$$n = \frac{\left(\sum_{h=1}^{H} N_h \sqrt{P_h(1 - P_h)}\right)^2}{N^2(B^2/4) + \sum_{h=1}^{H} N_h P_h(1 - P_h)}$$

[16] A variable measuring a mail or telephone survey for the 1999 baseline cohort was included in several regression equations on survey responses. The variable was not found to be statistically significant, and thus the responses did not differ according to the type of survey.