

HUSKY PART A HARTFORD ENROLLMENT STUDY

Conducted for
The Children's Health Council

December 2000

by



341 Mansfield Road, U-32
Storrs, CT 06269
860-486-6666

EXECUTIVE SUMMARY

The Children's Health Council commissioned the University of Connecticut Center for Survey Research and Analysis (CSRA) to conduct a survey of Hartford families whose children are no longer enrolled in Connecticut's Healthcare for Uninsured Kids and Youth (HUSKY) Plan. The HUSKY program provides free or low-cost insurance for Connecticut children under 19, with eligibility based on income. HUSKY Part A is a Medicaid managed care program for low income children and pregnant women. HUSKY Part B is a managed care program for uninsured children in families with income that exceeds the threshold for HUSKY Part A. Since enrollment outreach efforts intensified in July 1998, HUSKY Part A has experienced net enrollment increases during most months. However, in some months, the number of children who lost coverage under HUSKY Part A exceeded the number of new enrollees. This trend has been especially evident in Hartford. The purpose of this survey was to determine the insurance status of Hartford children who are no longer enrolled in HUSKY Part A and to identify factors that contribute to children not being re-enrolled in Hartford.

Telephone interviews were conducted by trained CSRA staff with parents of children who are no longer enrolled in HUSKY Part A and parents of children who are currently enrolled. A total of 703 interviews were conducted between October 11, 2000 and November 14, 2000, with 225 parents of children who are no longer enrolled and 478 parents of children who are currently enrolled in HUSKY Part A. Overall, the margin of error based on this sample size is $\pm 4\%$ and larger in comparisons between subgroups.

The survey was funded by a grant to the Children's Health Council from the Hartford Foundation for Public Giving.

Significant Findings:

- **Most children (67%) who are no longer enrolled in HUSKY Part A are insured.** Most of these insured children (89%) have employer-sponsored coverage. Most of the parents of both formerly enrolled and currently enrolled children are currently insured themselves.
- **Families of children who are no longer enrolled in HUSKY Part A were different from those of children who are currently enrolled.** Their children were covered for shorter periods of time and were less likely to have been on cash assistance when enrolled. They currently have higher incomes. Compared to currently enrolled children, the parents are better educated and less likely to have been enrolled in HUSKY themselves.
- **Many parents did not know what determines eligibility for HUSKY Part A.** When asked to name eligibility criteria, just 66% of parents whose children are no longer enrolled said family income; just 10% said age of the child, and 5% said Connecticut residence.
- **Many parents did not know how long coverage would last and were not aware of the need to re-enroll children every year.** Just 41% of families whose children are no longer enrolled and 31% of families whose children are still enrolled were aware that they needed to re-enroll their children every year. While most families reportedly received notice before coverage ended, less than half with formerly enrolled children said that the notice was very clear about the need to re-enroll or how to re-enroll. In contrast, nearly two-thirds of parents with children who are still enrolled reported that the notice was very clear.

- **The main reasons children are no longer enrolled in HUSKY Part A had to do with obtaining employer-sponsored coverage (42%) and the child's age (11%).** A few parents reported their children became ineligible when family income increased (5%); however, less than one percent reported that their children went to HUSKY Part B. Other parents did not re-enroll their children for reasons that relate to the structure of the program and how eligibility is determined. They reported that they did not know how to re-enroll, thought there was too much paperwork, did not like DSS, did not know eligibility ended, or felt discouraged. These structural and personal barriers to re-enrollment can be addressed by DSS and its enrollment outreach partners.
- **The potential stigma regarding participation in government programs was not a major issue for parents with children who are no longer enrolled in HUSKY Part A.** Among parents of both formerly enrolled and currently enrolled children, about half said that they generally trust government. Parents were also asked how they feel they are treated in government programs. Over 90% of parents of both formerly enrolled and currently enrolled children reported feeling well-treated by healthcare providers in a government program such as HUSKY. However, just 65% of parents of formerly enrolled children reported that DSS staff treated them well, compared to 81% of parents of currently enrolled children.
- **Three out of four families with formerly enrolled and currently enrolled children were very satisfied with the quality of health care they received in the HUSKY program.** About two-thirds reported being very satisfied with health plan services and administrative services provided by the Department of Social Services (DSS). Most parents who had had other coverage thought the HUSKY program was better or about the same as other insurance plans. More than 90% would recommend the HUSKY plan to families with children who need healthcare coverage. Responses from parents whose children were formerly enrolled were not different from those whose children are still enrolled.
- **Many of the formerly enrolled children who are now insured live in families with incomes that would still qualify for coverage under HUSKY Part A.** Continuing coverage could help them cover co-pays and deductibles while helping them prevent gaps in coverage due to changes in employment.
- **Most parents could not think of a specific reason that Hartford might experience problems with re-enrollment.**

For a copy of the full report, contact:

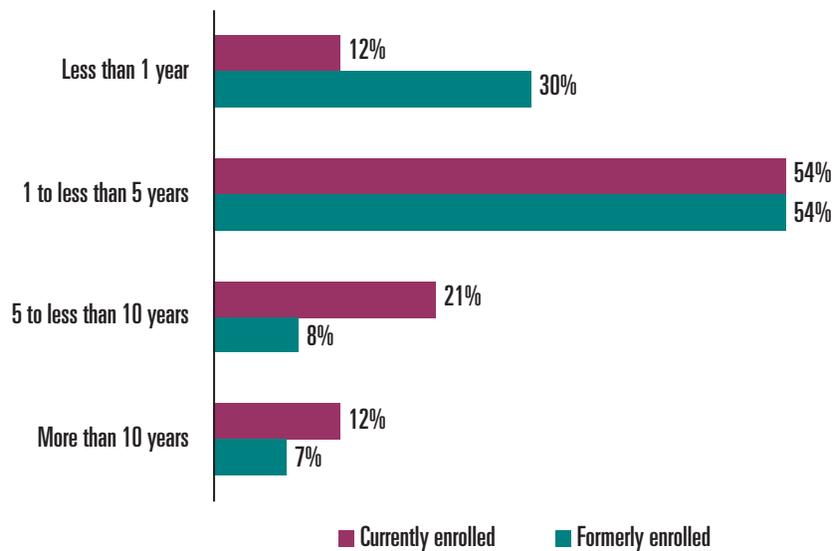
Children's Health Council
 60 Gillett Street, Suite 204
 Hartford, CT 06105
 860-548-1661
 860-548-1783 fax

RESULTS

Enrollment Patterns

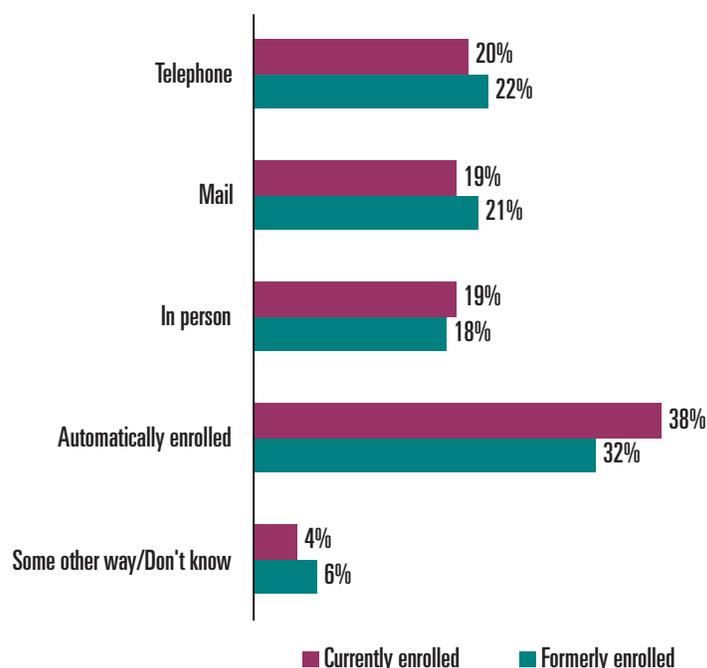
Not surprisingly, the length of enrollment for children who are currently in the HUSKY plan is longer than the length of enrollment for children who are no longer in the plan. In both groups of children, a majority (54%) has been covered under HUSKY for one to less than five years. On the other hand, while only 15% of children who are no longer enrolled were in HUSKY for five or more years, 33% of children who are currently enrolled have been in the plan for five or more years. Similarly, while 30% of children who are not enrolled were covered under the plan for less than a year, only 12% of those who are still covered by HUSKY have been enrolled for such a short amount of time.

Length of HUSKY coverage



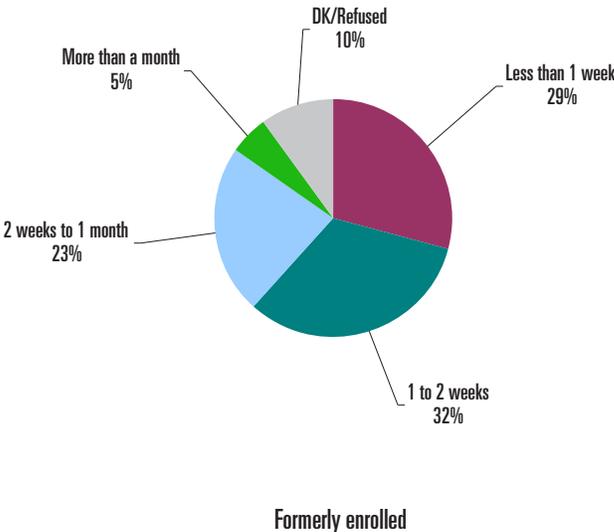
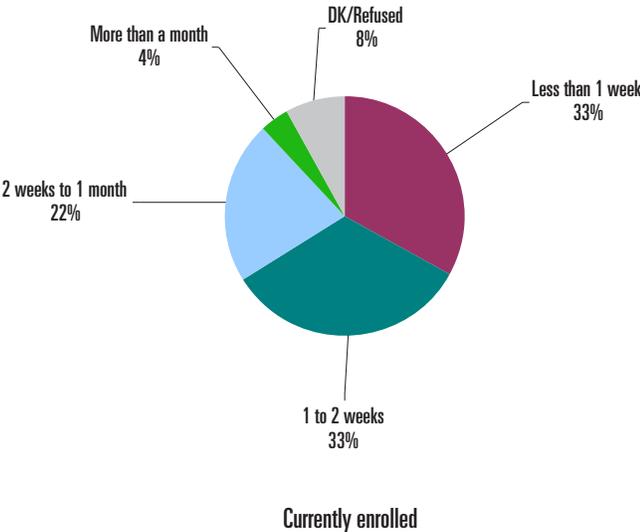
A significant number of respondents in each of the two groups say their child was automatically enrolled in the HUSKY plan. Thirty-eight percent of those who are currently enrolled and 32% of those who are no longer enrolled say that when their child was first enrolled in HUSKY it was an automatic enrollment. After automatic enrollment, the most common method of application to the HUSKY plan is by telephone (20% for current enrollees and 22% for former enrollees). For the children who are currently enrolled in the plan, 19% of parents say they first applied by mail and another 19% say they first applied in person, 4% applied some other way or didn't remember how they applied. For the children who are no longer enrolled in the plan, 21% of parents say they first applied by mail and another 18% say they first applied in person, 6% applied some other way or didn't remember how they applied. These numbers show similar methods of application and initial enrollment in the HUSKY plan for both the children who are now and the children who were formerly enrolled in the plan.

When your child was first enrolled in the HUSKY plan, how did you apply for the program?



Most parents say it took two weeks or less to find out that their child had been approved. Of the parents of children who are currently enrolled in HUSKY, 33% say the approval process took less than one week and an additional 33% say it took one to two weeks. The responses for the parents of children who are no longer enrolled were similar, with 29% saying the approval process took less than a week and another 32% saying the process took one to two weeks. Only 22% of the current enrollees' parents and 23% of the former enrollees' parents say the process took 2 weeks to one month, and many fewer (4% and 5%, respectively) say the approval process took more than a month.

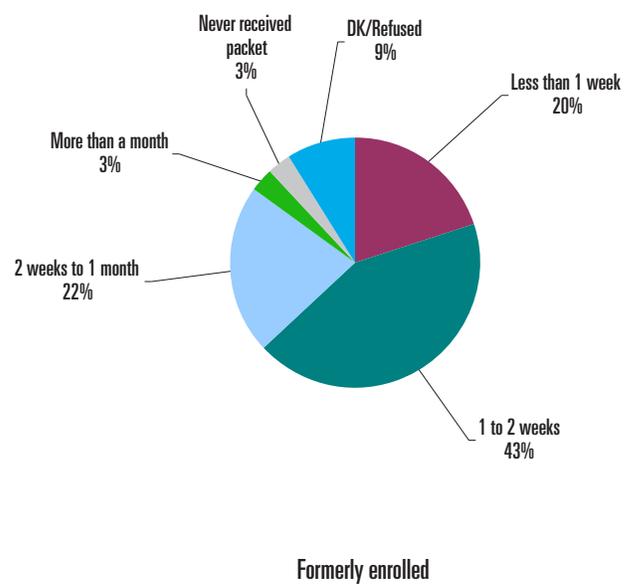
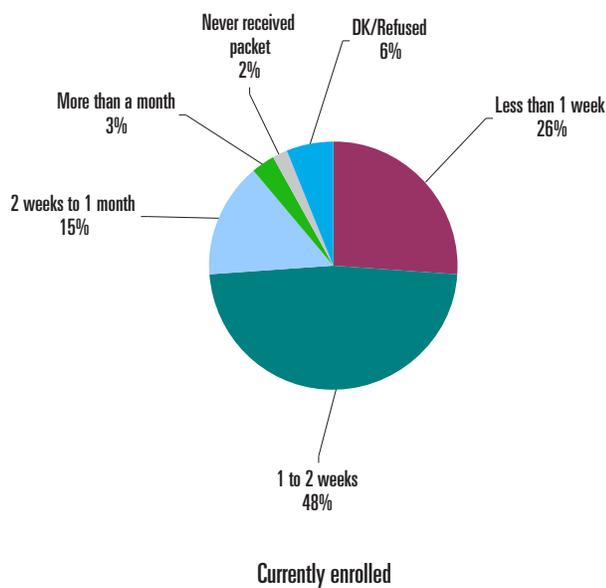
Once you applied for the HUSKY plan, about how long did it take for you to find out that your child had been approved?



In both groups of parents, the majority (83% of current and 81% of former enrollees) say they were sent a letter letting them know that their child had been approved for the HUSKY plan. Six percent in each group of parents were sent a letter, while 8% of current and 7% of former enrollees were both called and sent a letter. Very few, only 2% in each group, were neither called nor sent a letter letting them know their child had been approved.

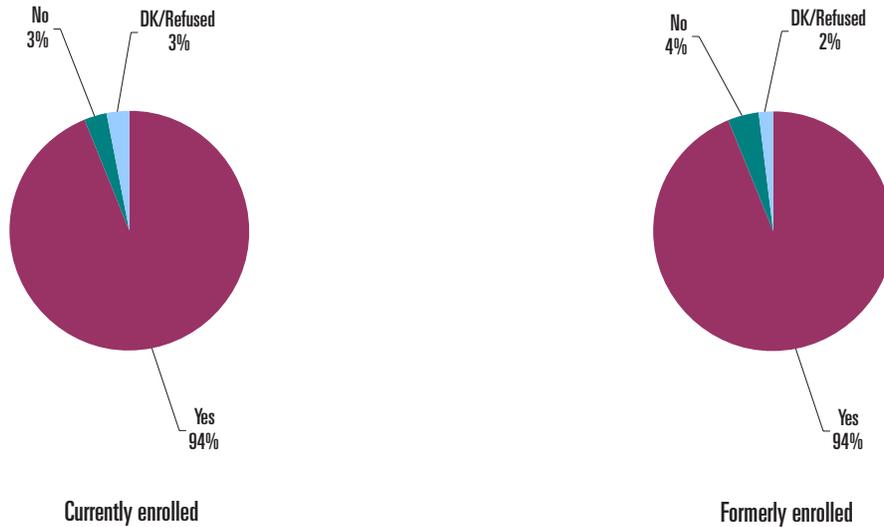
The parents of children who are currently enrolled in HUSKY report receiving the packet of information about their choice of health plans slightly quicker than the parents of children who are no longer enrolled. Nearly three-quarters (74%) of parents of current enrollees say they received the packet either less than a week (26%) or one to two weeks (48%) after their children were approved. Fewer parents of former enrollees (63%) say they received the information packet within less than one week (20%) or one to two weeks (43%) following the approval of their children. Fifteen percent of current enrollees' parents and 22% of former enrollees' parents received the packet within 2 weeks to 1 month of their approval and only 3% in each group say it took more than a month to receive the packet.

After your children were approved, about how long did it take for you to receive the packet of information about your choice of health plans?



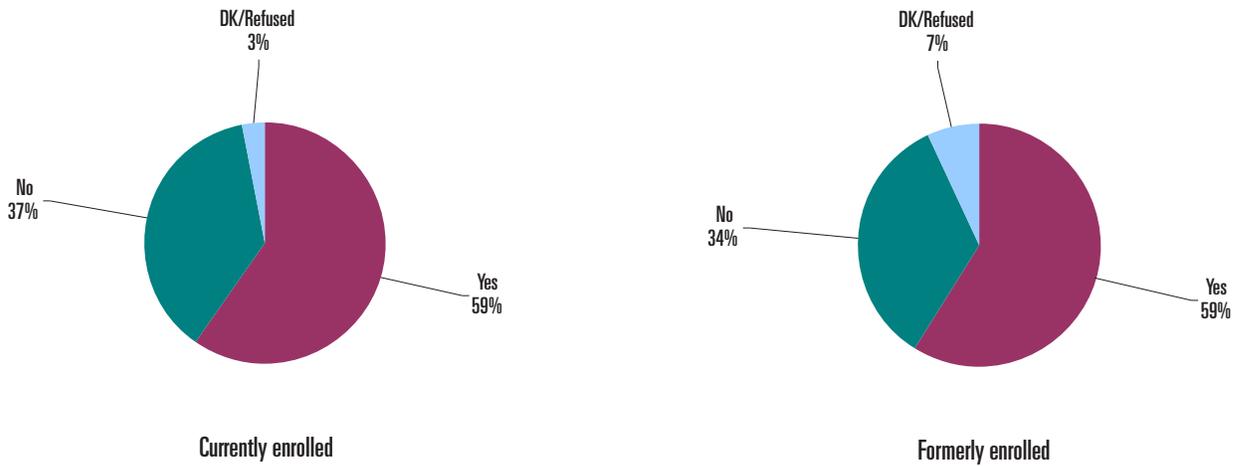
Most respondents, 94% in each group, say the instructions in the information packet explaining the next steps were clear. Only 3% of parents with children still in the program say the instructions weren't clear, and 4% of parents with children no longer enrolled answered the same way.

When you received the packed, were the instructions explaining the next steps clear?



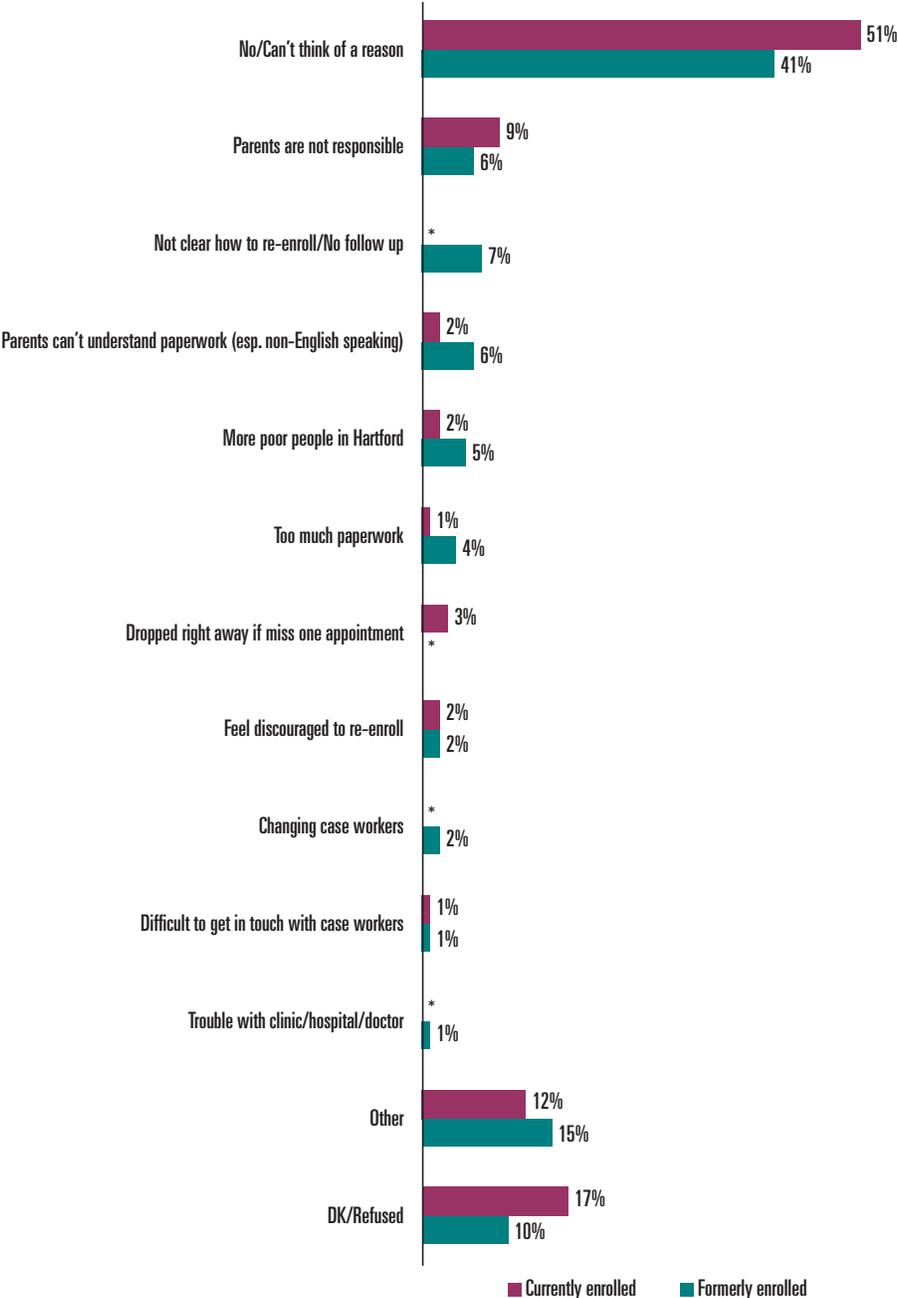
The majority of those interviewed, 59% of each group, report getting help figuring out which plan would include their child's doctor. Only slightly more than a third of each group say they received no help figuring out which plan included their child's doctor (37% of those still enrolled and 34% of those no longer enrolled).

When choosing a plan, did you get help figuring our which plan would include your child's doctor?



When respondents are asked if they can think of any reason why children who live in Hartford seem to be more likely to lose coverage than children in the rest of the state, the answers between the two groups are similar. In both groups a plurality of respondents, 51% of those still enrolled and 41% of those no longer enrolled, say they can't think of a reason. However, more parents with children no longer enrolled in the program (7%) say the reason is because it is not clear how to re-enroll a child or there is no follow up, compared those with children still enrolled (less than 1%). Another disparity is seen when looking at those who answered that the parents in general are not responsible enough. Slightly more parents (9%) with children still enrolled in the program say this is the reason for the increase in lost coverage in the Hartford area, compared to those no longer enrolled (6%). Finally, 6% of parents with children no longer enrolled in the program say the reason is because parents can't understand the paperwork (especially non-English speaking parents), versus only 2% of those with children still enrolled.

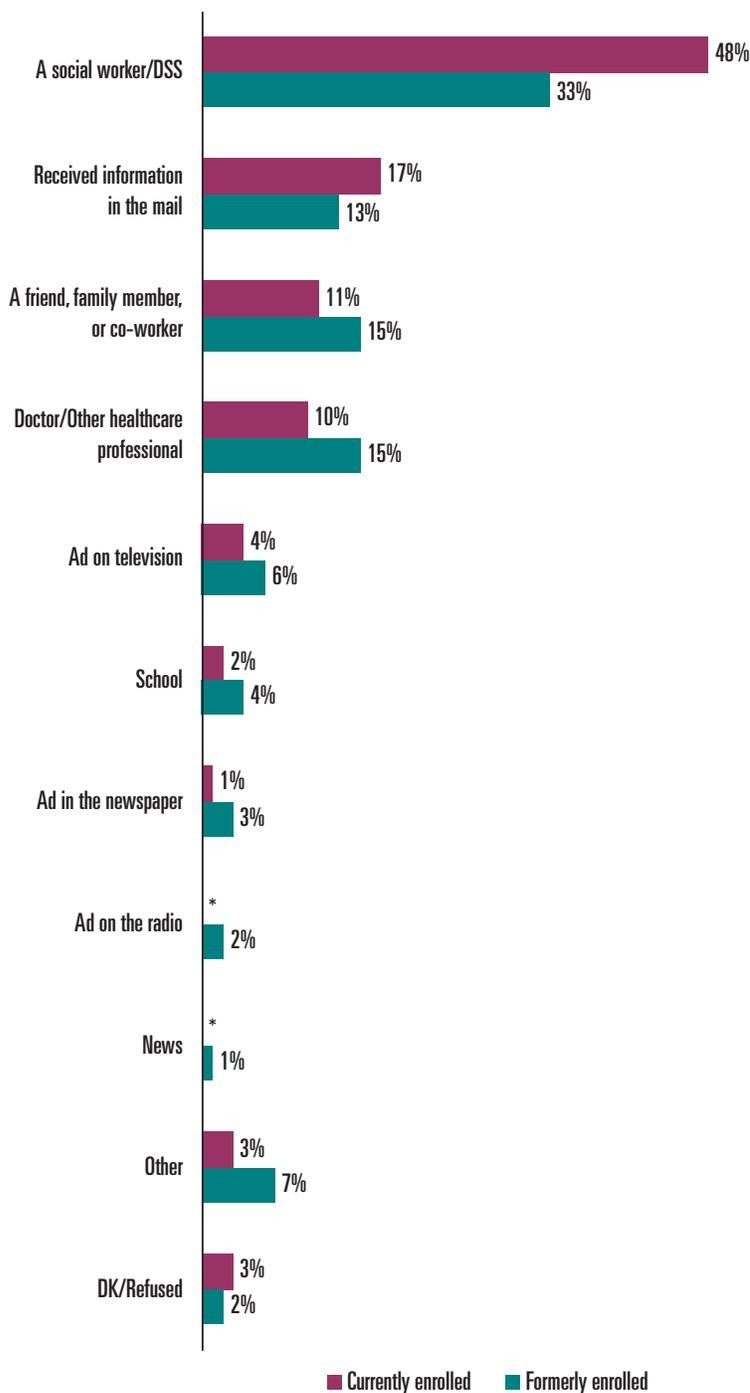
Can you think of any reason why children who live in Hartford seem to be more likely to lose coverage than children in the rest of the state? (*Less than 1%)



Understanding of the HUSKY Plan

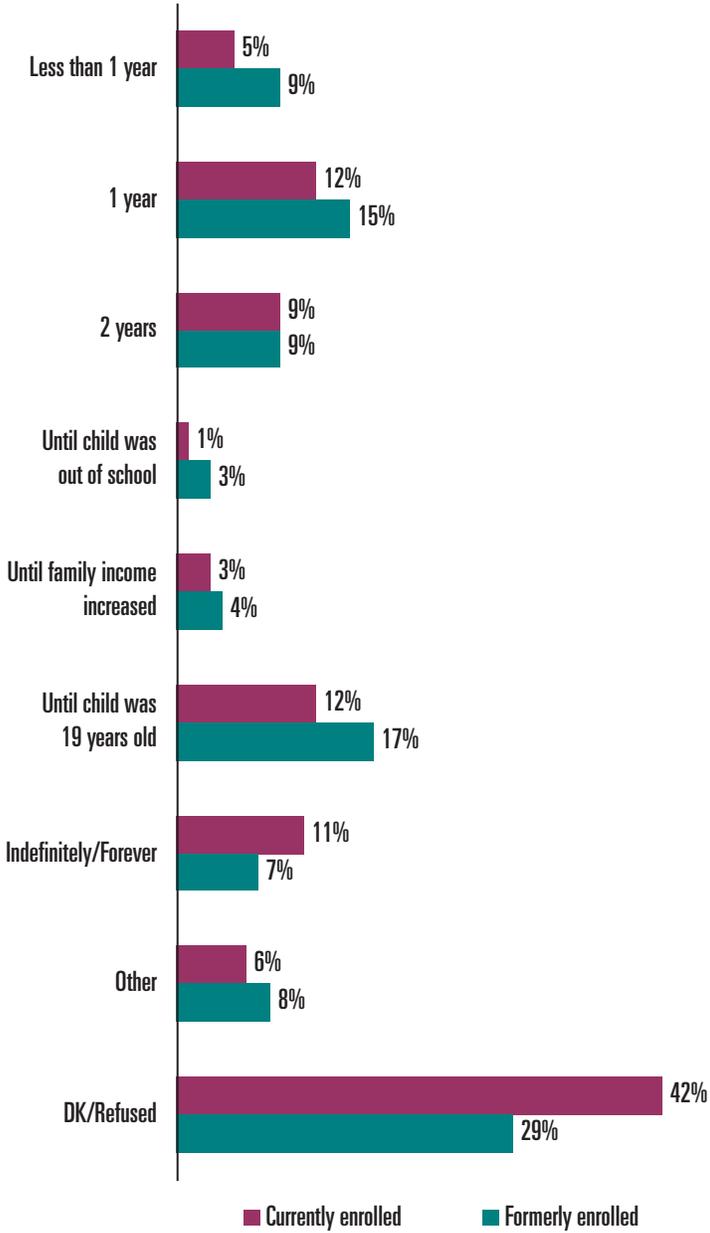
There are a number of ways parents of former enrollees first heard about the HUSKY plan. A third or more of both groups say they first heard about the HUSKY plan from a social worker or the Department of Social Services. Of the two groups, those with children still enrolled in the program are more likely (48%) to have first heard of the plan this way than those with children no longer enrolled (33%). A number of respondents also heard about the HUSKY plan through information sent in the mail (17% of current and 13% of former enrollees), a friend, family, member, or co-worker (11% of current and 15% of former enrollees), or through their doctor or other healthcare professional (10% of current and 15% of former enrollees).

How did you first hear about the HUSKY plan?



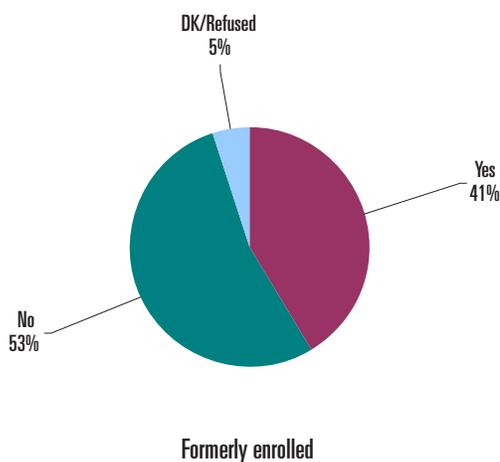
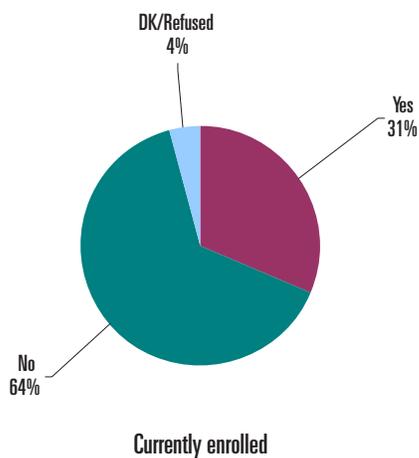
Surprisingly, a large number of respondents in both groups say they “don’t know” when asked how long they thought the HUSKY plan coverage would last when their child was first enrolled. Forty-two percent of current enrollees and 29% of former enrollees give this response. Some respondents did give an accurate answer, with 12% of current and 17% of former enrollees’ parents saying the coverage would last until the child was 19 years of age. Twelve percent of respondents who have children currently enrolled and 15% of respondents whose children were formerly enrolled say they thought the coverage would last for a year. An interesting note is that a number of respondents in each group (11% of current and 7% of former enrollees) say they thought the coverage would last indefinitely.

When your child was first enrolled, how long did you think the HUSKY plan coverage would last?



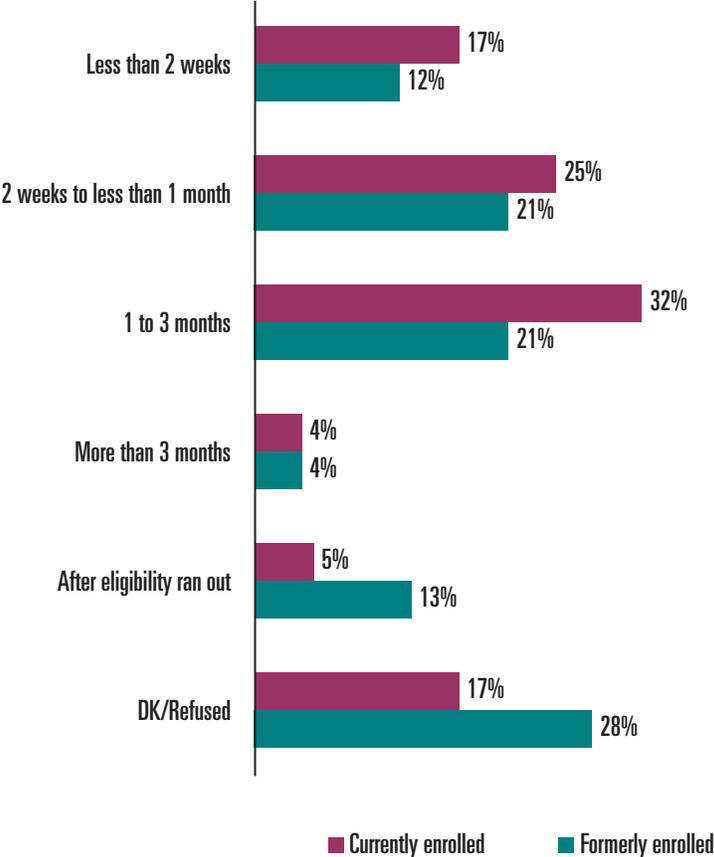
Somewhat surprisingly, more former enrollees (41%) than current enrollees (31%) say it was clear they had to re-enroll their child in the HUSKY plan every year when the child was first enrolled. This could be due in part to the fact that three-quarters (75%) of parents with children still enrolled in the program have not had to re-enroll their child in the HUSKY plan since they were first enrolled. Still, the majority of both groups, 64% of those with children currently enrolled and 53% of those with children no longer enrolled, say it was not clear they had to re-enroll their child every year.

When your child was first enrolled, was it clear to you that you would have to re-enroll him or her in the HUSKY plan every year?



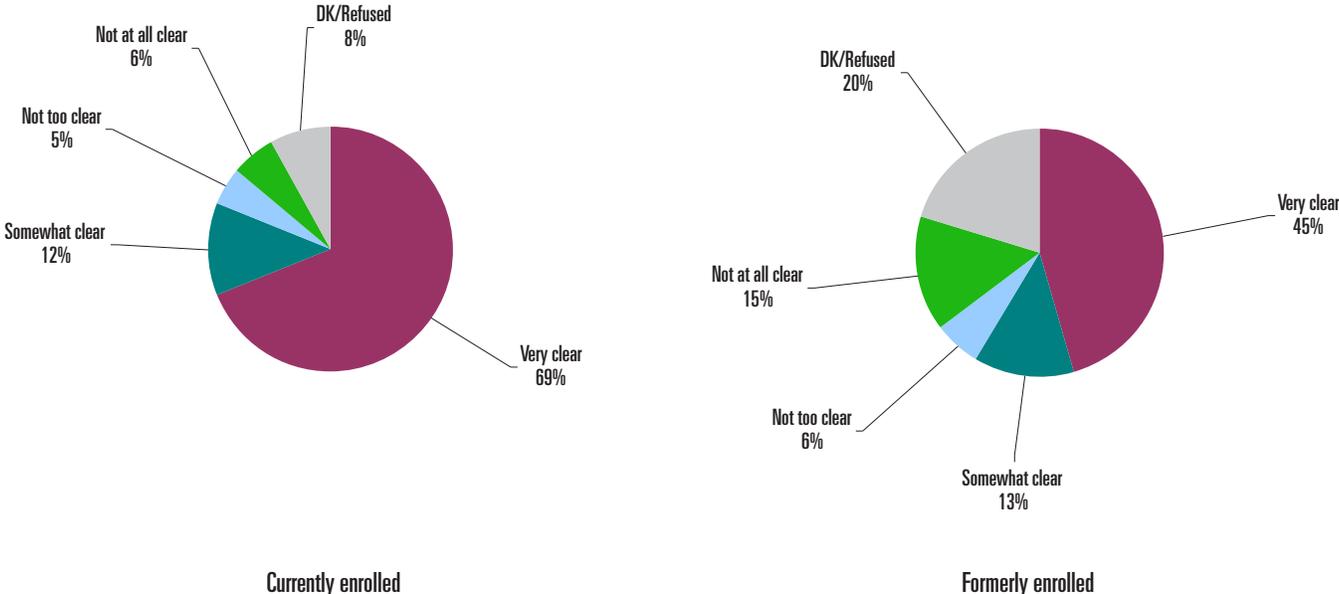
Most respondents received notification less than three months prior to their child’s coverage running out. Seventy-four percent of current enrollees received notice in this time frame and 42% of them received notification either less than two weeks prior (17%) or two weeks to less than a month prior (25%). Of those with children no longer enrolled, 54% received notification less than three months prior and 33% received notification either less than two weeks prior (12%) or two weeks to less than one month prior (21%) to the coverage expiring.

How soon before your child’s coverage ran out did you receive notification?



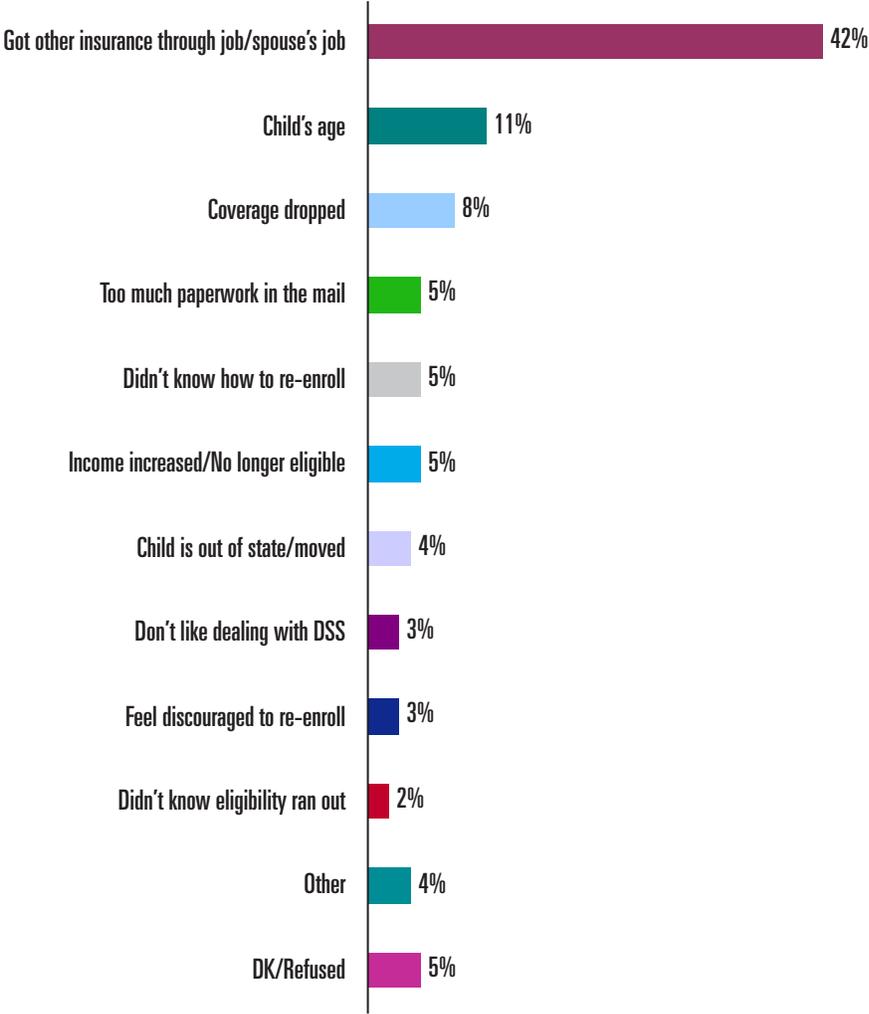
When the notice did arrive, the majority of both groups thought it was very clear or somewhat clear that they had to re-enroll their child if they wanted the HUSKY coverage to continue; a smaller majority of former enrollees' parents say the notice was very or somewhat clear. Eighty-one percent of current enrollees thought the notice was either very clear (69%) or somewhat clear (12%), and 58% of former enrollees thought the notice was either very clear (45%) or somewhat clear (13%).

Did that notice make it clear that you had to re-enroll your child if you wanted the HUSKY coverage to continue?



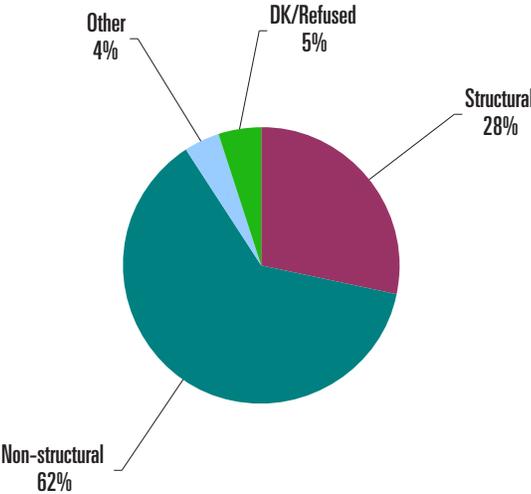
Of those with children no longer enrolled in the HUSKY plan, 42% say they did not re-enroll their child because they received other insurance through their job or their spouse’s job. Eleven percent say they did not re-enroll their child due to the child’s age, and 8% say their coverage was dropped. Other reasons given for not re-enrolling their children include: receiving too much paperwork in the mail, not knowing how to re-enroll, or their income increasing, making them ineligible (each reason was given by 5% of respondents).

What was the main reason why you did not re-enroll your child in the HUSKY plan? (asked only of those with children who are no longer enrolled in HUSKY)



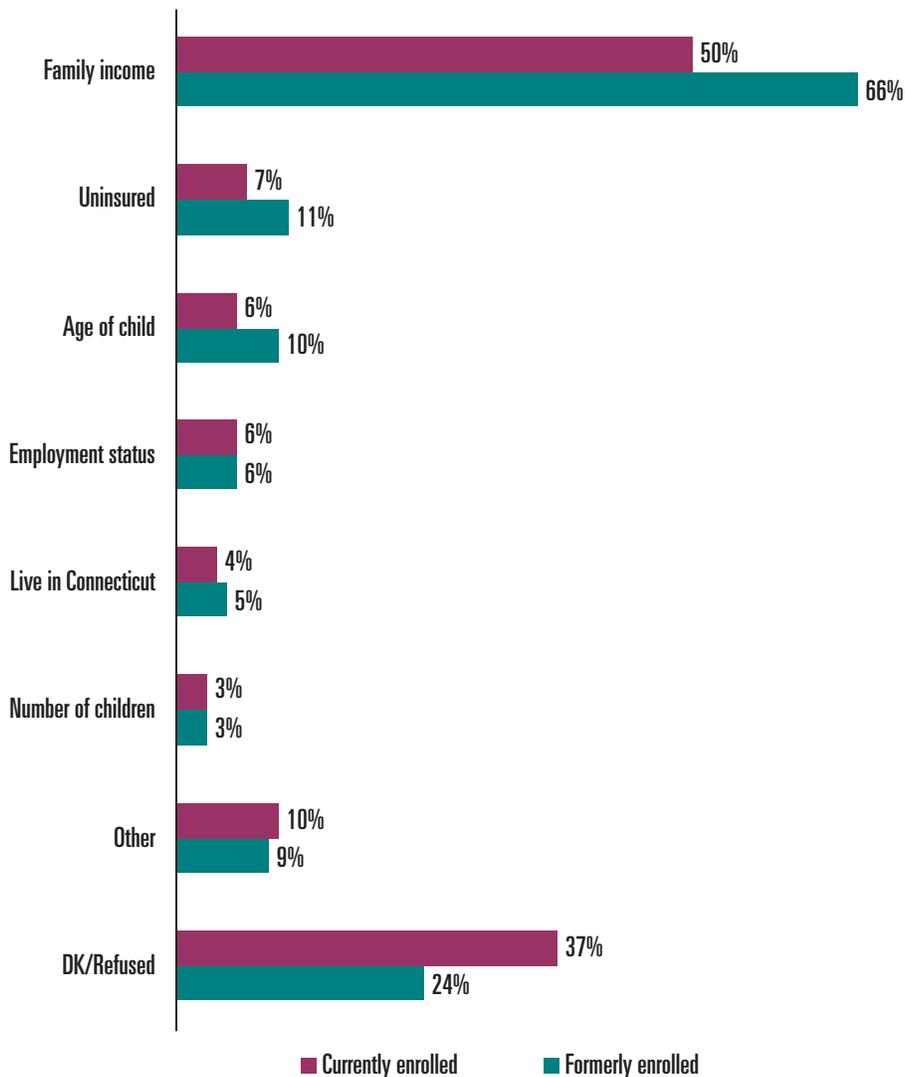
The reasons for not re-enrolling can be divided into two categories, structural (or programmatic) and non-structural (or unique to each individual's circumstance). The structural reasons are those that can be improved or changed by those running the HUSKY program, they include: don't like dealing with DSS, too much paperwork, coverage dropped, didn't know how to re-enroll, feel discouraged to re-enroll, didn't know eligibility ran out, and trying to re-enroll. Only 28% of those who did not re-enroll their children in the HUSKY plan cite one of these structural problems as the main reason for not re-enrolling. The majority of respondents (62%) give reasons that fall into the other category of non-structural reasons. Non-structural reasons for not re-enrolling include: obtained insurance through job/spouse's job, child's age, moved to HUSKY B, child now out of state/moved, and income increased/no longer eligible. Clearly, these non-structural explanations are for the most part unchangeable problems within the structure of the program, but rather they are unique to the situations of the parents who chose, for one reason or another, not to re-enroll their children in HUSKY.

Structural versus Non-structural reasons



While a significant percentage of each group did not know what factors determined eligibility for the HUSKY plan (37% of current enrollees and 24% of former enrollees), half or more of each group (50% of current enrollees and 66% of former enrollees) name family income.

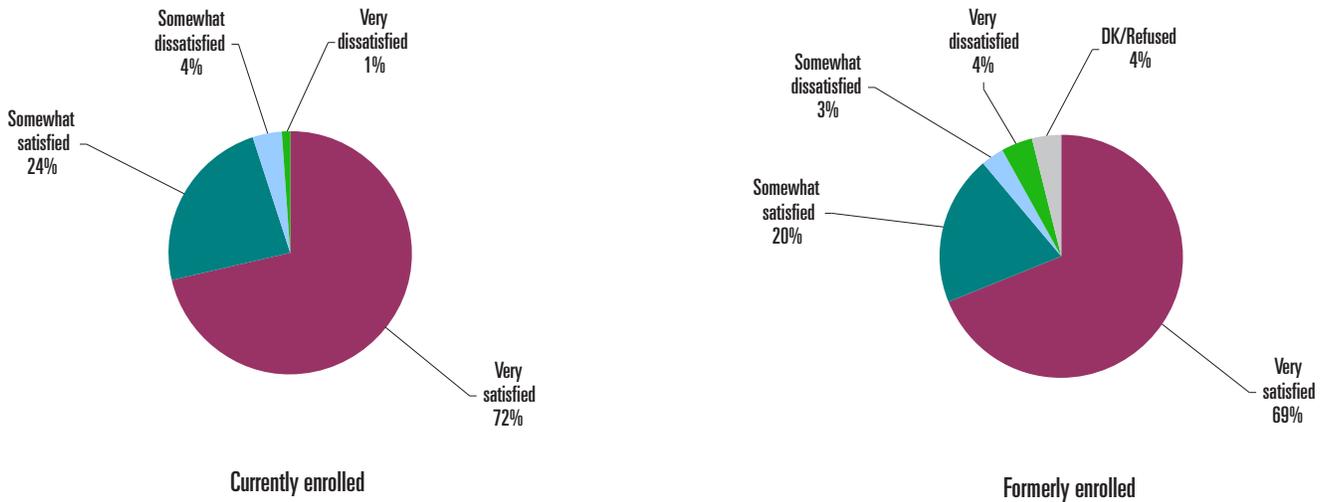
As far as you know, what do you think determines eligibility for the HUSKY plan? (*Please note: Percentages total over 100% due to multiple response.)



Satisfaction with HUSKY

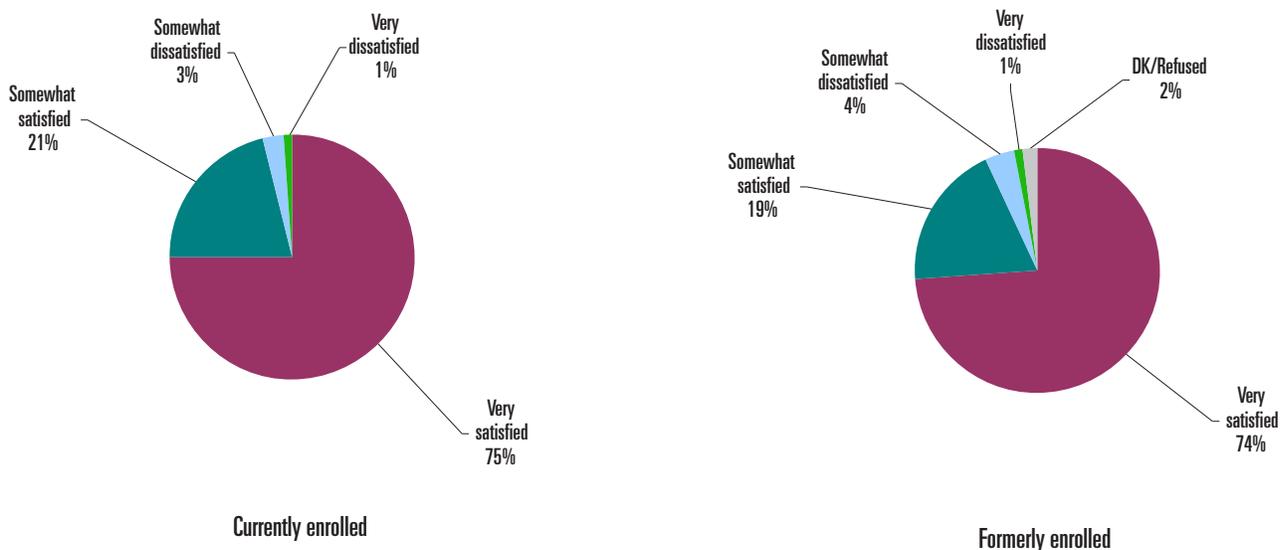
Overall, parents are very satisfied with the HUSKY plan. In fact, nearly three-quarters of both current and former enrollees say they are very satisfied with the HUSKY plan. Ninety-six percent of current enrollees are very satisfied (72%) or somewhat satisfied (24%) with the HUSKY plan. This is a very high level of satisfaction for a program of this type. In addition, 89% of former enrollees are either very satisfied (69%) or somewhat satisfied (20%).

Overall satisfaction with the HUSKY plan



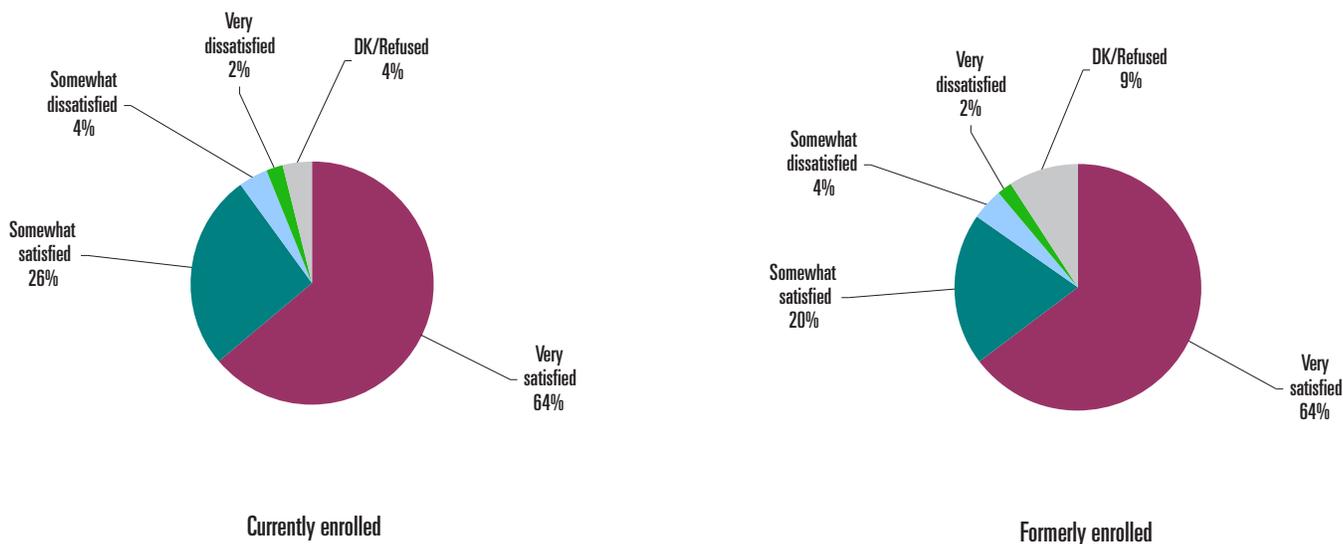
Both groups are also very satisfied with the healthcare their children receive or received under the HUSKY plan. Again, 96% of current enrollees are either very satisfied (75%) or somewhat satisfied (21%) with the level of healthcare. Slightly fewer, although still a substantial majority (93%) of former enrollees were either very (74%) or somewhat (19%) satisfied with HUSKY while their children were enrolled.

Overall satisfaction with the quality of healthcare in the HUSKY plan



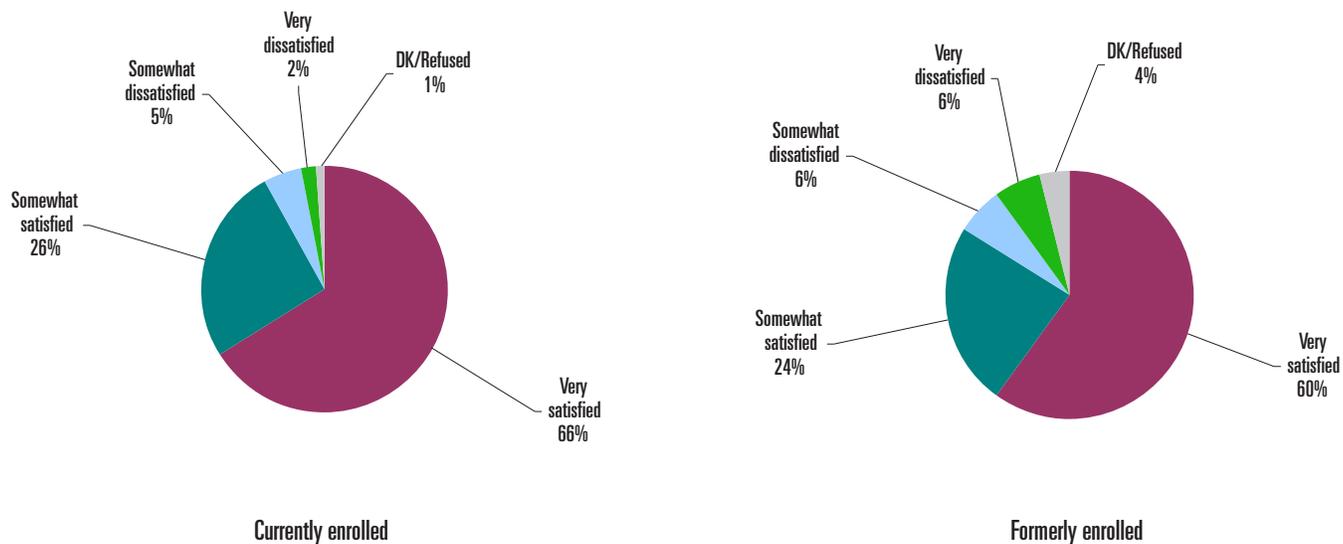
A somewhat smaller majority, 64%, of both groups say they are very satisfied with the healthcare services, such as appointment scheduling, transportation, and referrals to doctors. Additionally, 26% of current enrollees and 20% of former enrollees are somewhat satisfied with these services. Only 6% in each group say they are dissatisfied with the healthcare services in HUSKY.

Overall satisfaction with the healthcare services of the HUSKY plan



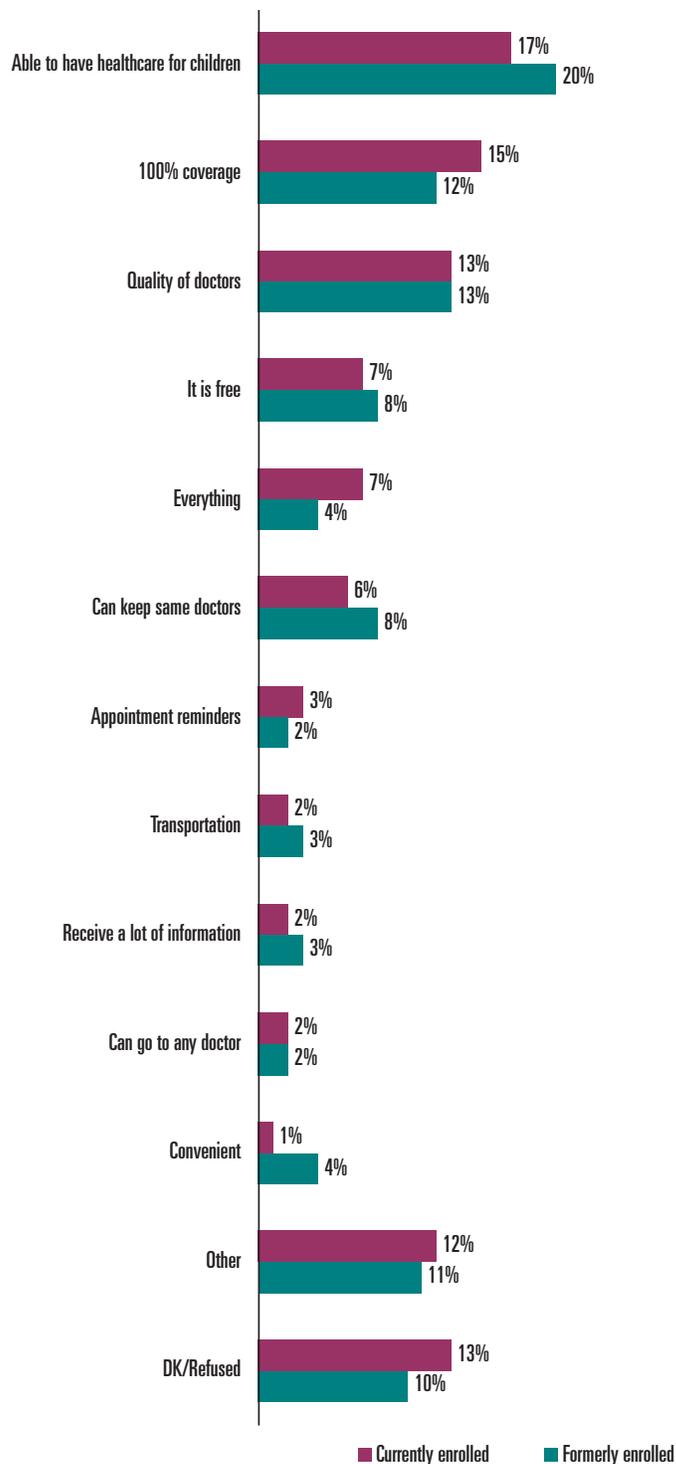
More than three-quarters of both groups say they are either very satisfied or somewhat satisfied with the administrative aspects of the HUSKY plan, such as paperwork, information about health insurance, and communication with the Department of Social Services and the caseworkers. Ninety-two percent of current enrollees are either very (66%) or somewhat (26%) satisfied, and 84% of former enrollees are either very (60%) or somewhat (24%) satisfied with the administrative aspects of the HUSKY plan. Again, these are very strong levels of satisfaction.

Overall satisfaction with the administrative aspects of the HUSKY plan



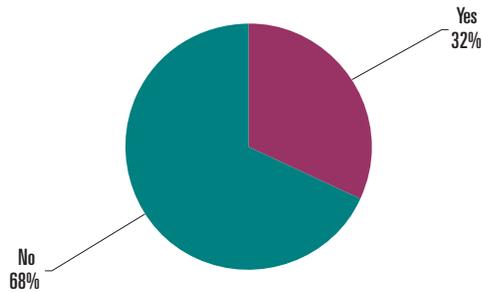
When asked what they liked the most about the HUSKY plan, the top response in both groups was simply “being able to have healthcare for their children” (17% of current enrollees and 20% of former enrollees). The next two most common answers were having 100% coverage/not having to get each service approved (15% of current enrollees and 12% of former enrollees), and the quality of the doctors and other healthcare professionals (13% of both current and former enrollees). A variety of other responses such as that HUSKY is free, children can stay with the same doctor, appointment reminders and transportation were also named as what parents like the most about HUSKY.

What would you say you like/liked the most about the HUSKY plan?

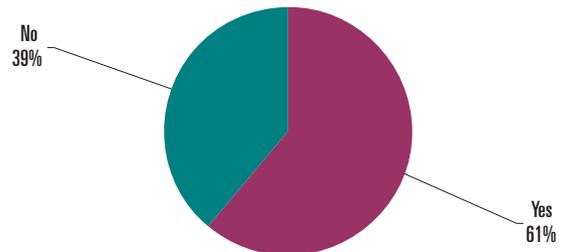


Not surprisingly, most respondents whose children are no longer enrolled in HUSKY have had experience with other insurance plans, while the opposite is true for those respondents who currently have children enrolled in HUSKY. While more than two-thirds (68%) of those with children currently enrolled in the HUSKY plan *have not* had experience with other insurance plans, an almost equal amount (61%) of those with children no longer enrolled *have* had experience with other plans.

Have you had experience with insurance plans other than the HUSKY plan?



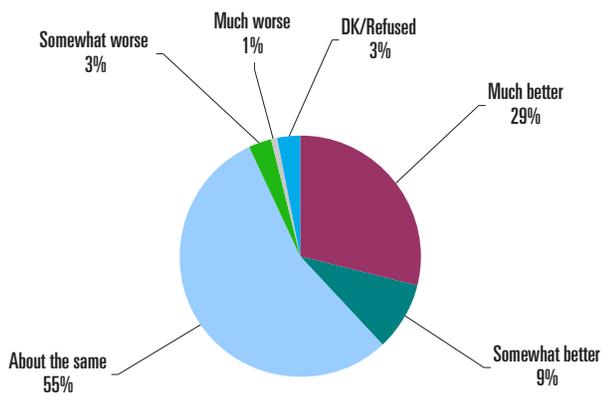
Currently enrolled



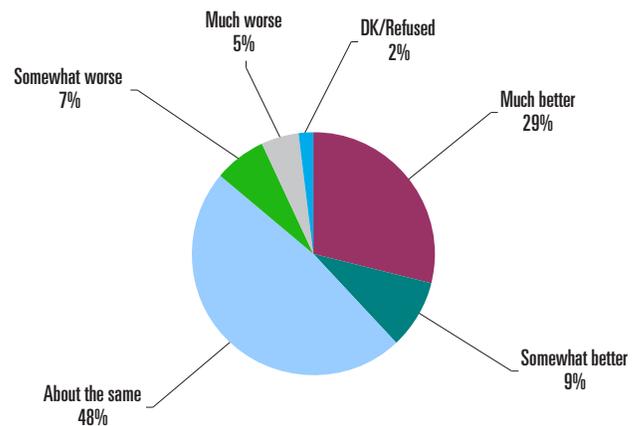
Formerly enrolled

Of those who have had experience with other insurance plans, about half of each group says the HUSKY plan is about the same as these other plans (55% of current enrollees and 48% of former enrollees). Of the remaining portion of respondents, 29% of each group say the HUSKY plan is much better and 9% say the HUSKY plan is somewhat better. Additionally, only 4% of current enrollees' parents and 12% of former enrollees' parents say HUSKY is worse than other insurance plans.

Compared to other health insurance plans you have had experience with, was the HUSKY plan better, worse, or about the same?



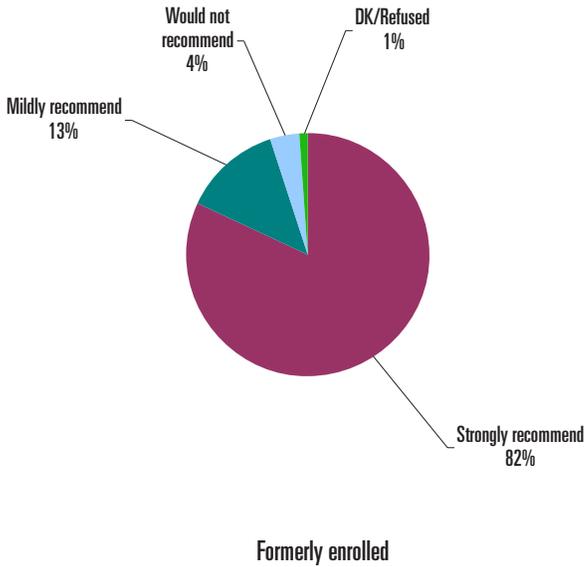
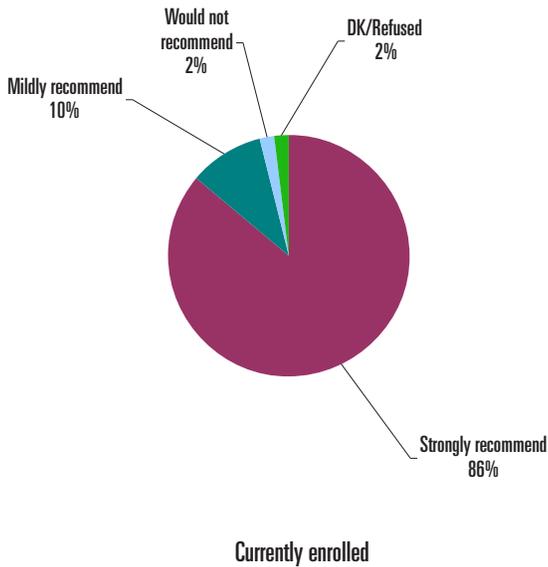
Currently enrolled



Formerly enrolled

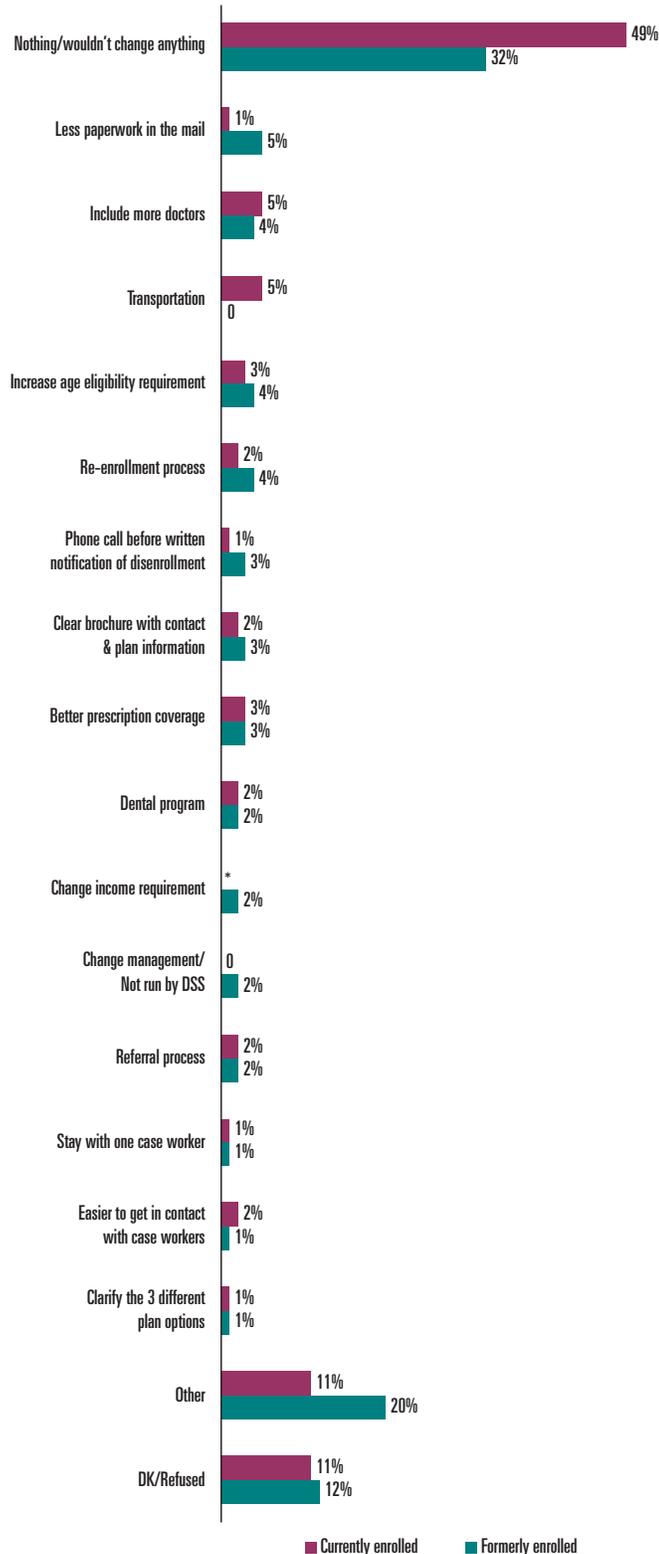
More than nine-in-ten respondents would recommend the HUSKY plan to other families with children who need healthcare. Ninety-six percent of current enrollees would either strongly (86%) or mildly (10%) recommend the plan, and 95% of former enrollees would either strongly (82%) or mildly (13%) recommend the plan.

Would you recommend the HUSKY plan to other families with children who need healthcare?



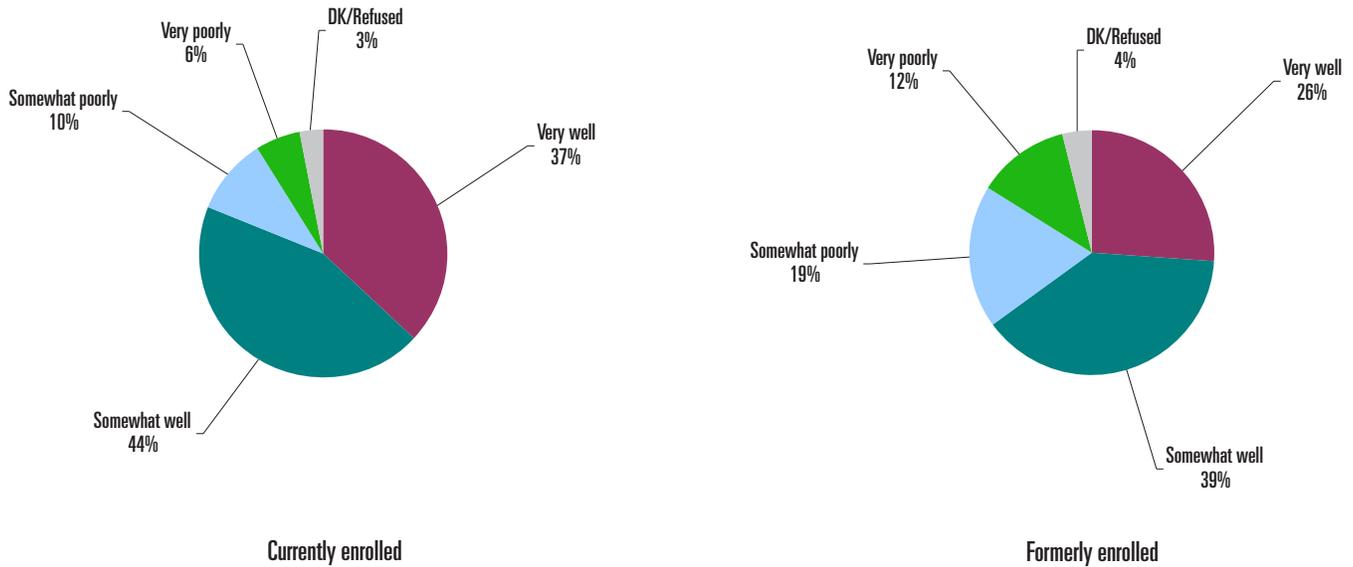
If given the chance to change one aspect of the HUSKY plan, a large number of respondents in each group would change nothing. In fact, forty-nine percent of current enrollees' parents and 32% of former enrollees' parents would not change anything about HUSKY if given the opportunity. The remaining percentages of each group give a wide variety of changes they would make if given the opportunity. Such responses as including more doctors, improving transportation, receiving less paperwork and increasing age and income requirements were among those given.

If you could change one part of the HUSKY plan, what would it be?



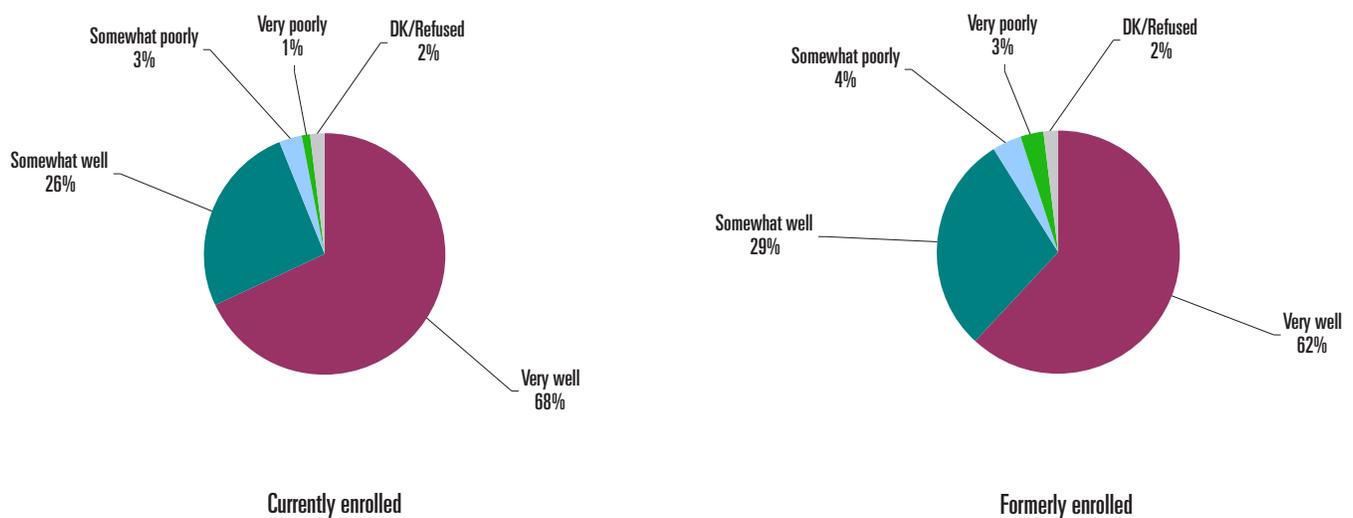
The majority, 81%, of current enrollees say they are treated very (37%) or somewhat (44%) well by DSS. Only 16% of the current enrollees feel that DSS treats them very (6%) or somewhat (10%) poorly. While the majority (65%) of former enrollees also feel they were treated very (26%) or somewhat (39%) well, a larger percentage of former enrollees, compared to current enrollees, feel they were treated very poorly (12%) or somewhat poorly (19%) by DSS while their children were enrolled in HUSKY.

When it comes to government programs, such as the HUSKY plan, do you feel that the DSS people you deal with treat you very well, somewhat well, somewhat poorly, or very poorly?



An even larger majority, more than nine-in-ten respondents in both groups feel they are treated very or somewhat well by the healthcare providers in the HUSKY plan. Ninety-four percent of those with children currently in the program feel they are treated very (68%) or somewhat (26%) well. Almost the same amount, 91%, of those with children no longer enrolled in the HUSKY plan feel the same way, with 62% saying they are treated very well, and 29% saying they are treated somewhat well.

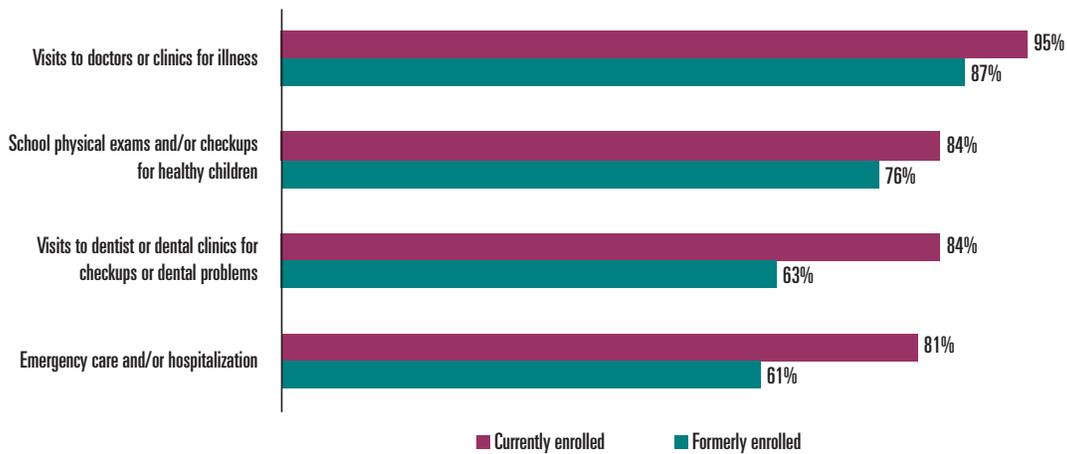
When it comes to government programs, such as the HUSKY plan, do you feel that the healthcare providers you deal with treat you very well, somewhat well, somewhat poorly, or very poorly?



HUSKY Services

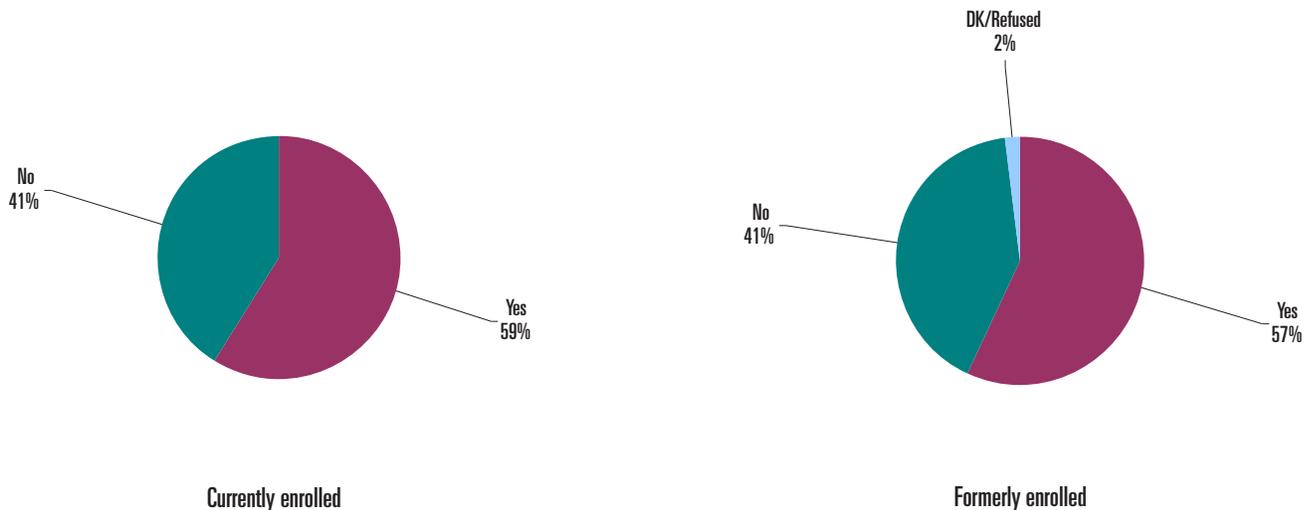
The most frequently used service by respondents is doctor or clinic visits for illnesses. Ninety-five percent of current enrollees, and 87% of former enrollees use or used this service the most. School physical exams and/or checkups for healthy children is the next most commonly used service (84% of current enrollees and 76% of former enrollees). The third most commonly used benefit is visits to the dentist or dental clinics, with 84% of current enrollees and 63% of former enrollees using this service. While emergency care and/or hospitalization was the least frequently used service, more than half of each group (81% of current enrollees and 61% of former enrollees) do make use of this option.

Use of HUSKY plan services (% who use each service)



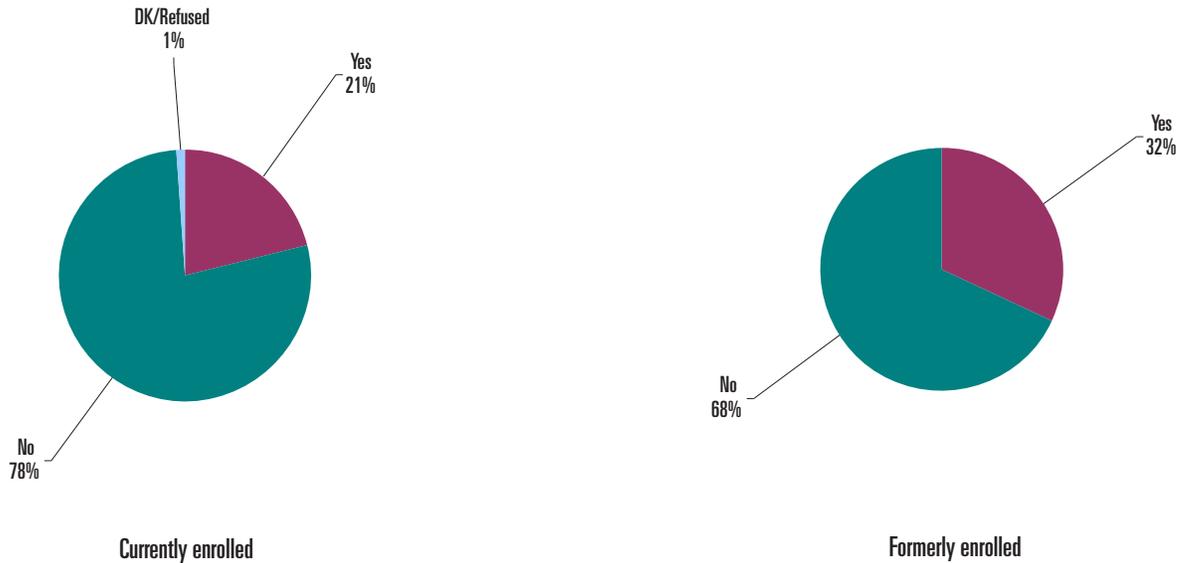
Many respondents are unaware of the existence of the HUSKY information line (1-877-CT-HUSKY). Slightly more current enrollees (59%) than former enrollees (57%) have heard of it, but 41% of each group has not heard of the HUSKY information line. Of those who have heard of the information line, the majority (68% of current enrollees and 47% of former enrollees) came to know of it through information sent to them in the mail.

Have you ever heard of the HUSKY information line, 1-877-CT-HUSKY?



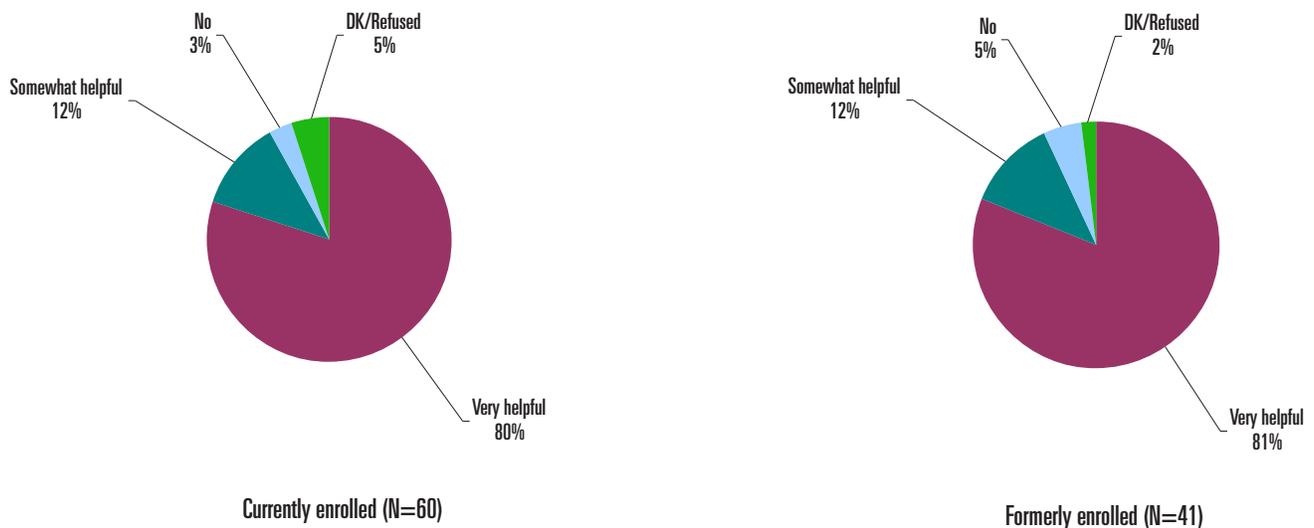
Even smaller percentages of respondents have ever made use of the information line. Of those who have heard of it, less than a third of each group (21% of current enrollees and 32% of former enrollees) say they have used the HUSKY information line. This leaves more than three-quarters (78%) of those whose children are currently enrolled and 68% of those whose children are no longer enrolled who have never called 1-877-CT-HUSKY.

Have you ever used the HUSKY information line, 1-877-CT-HUSKY?



However, of those who have used the information line, more than nine-in-ten found it helpful. Ninety-two percent of current enrollees found the information line either very (80%) or somewhat (12%) helpful and 93% of former enrollees found it very (81%) or somewhat (12%) helpful.

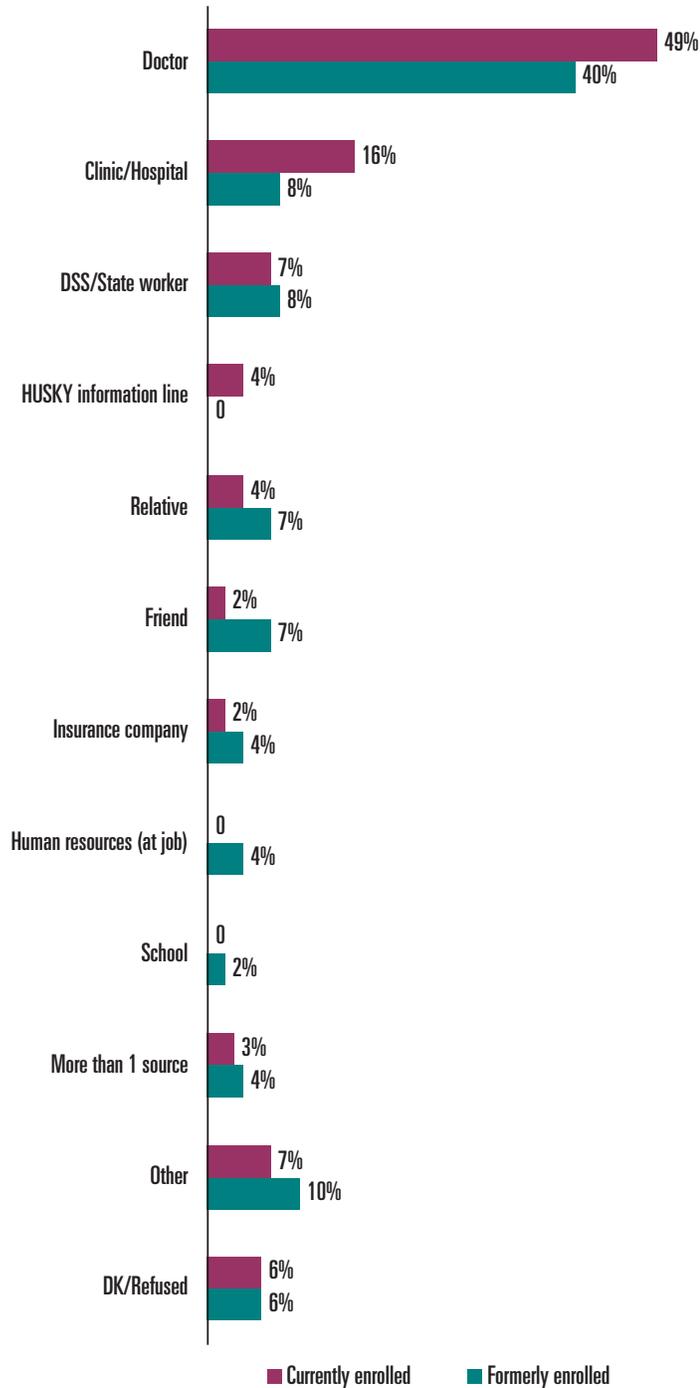
Did you get the information you needed form the HUSKY information line?



RESPONDENT PROFILE

Not surprisingly, a large number of respondents say they go to their doctor to get information about healthcare for their children. Just under half, 49%, of parents with children still enrolled in the HUSKY plan ask their doctor for information, and 40% of parents with children no longer enrolled in the plan do the same. The second most commonly used source for information is a clinic or hospital (16% of current enrollees and 8% of former enrollees). Parents also use a variety of other sources to gain information about healthcare for their children; these include DSS, relatives, friends, the HUSKY information line, and other sources.

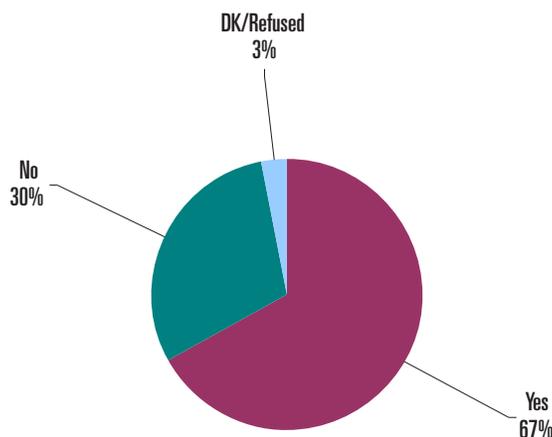
In general, who do you ask for information about healthcare for your children?



A majority (63%) of the children who are no longer enrolled in HUSKY lost coverage at the age of 11 or younger. More than a third (35%) of children no longer enrolled in the HUSKY plan lost coverage when they were 1 to 5 years old. Another 28% of these children lost coverage when they were 6 to 11 years old. The remaining third of children who are no longer enrolled lost coverage when they were either age twelve to seventeen (18%) or age eighteen to nineteen (14%).

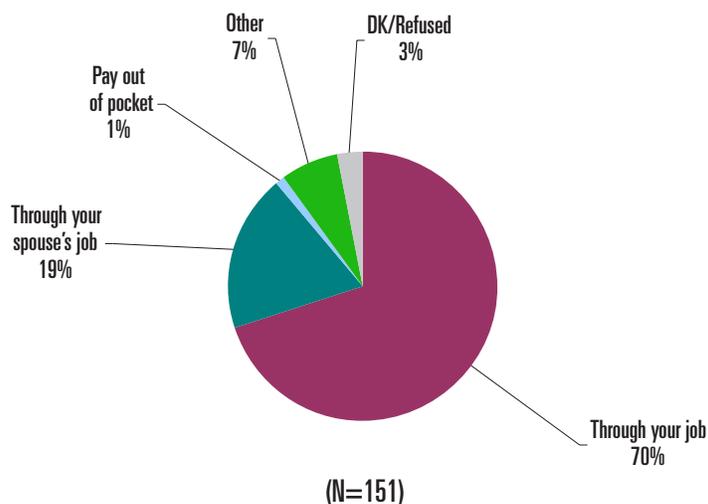
One of the most encouraging findings of the survey is that of those children who are no longer covered under the HUSKY plan, more than two-thirds, 67%, currently have health insurance. In spite of this, after accounting for those children who lost coverage due to the age requirement (or being over 19), many of these children appear to still be eligible for HUSKY A or HUSKY B. Thirty-nine percent of those who have insurance for their children have a family income of less than \$25,000 per year, which falls into the HUSKY A cut-off point of 185% of the poverty level (approximately \$25,000 to \$26,000 per year). In addition, the cut-off for HUSKY B is 300% of the poverty level, or about \$42,000 per year, and only 14% of those who have insurance have yearly incomes that exceed this cut-off.

Does your child who most recently lost their HUSKY coverage currently have health insurance? (asked only of those with children who are no longer enrolled in HUSKY)



The majority of the children who are no longer on HUSKY, but do have health insurance, obtained this coverage through the respondent's job (70%) or through the respondent's spouse's job (19%).

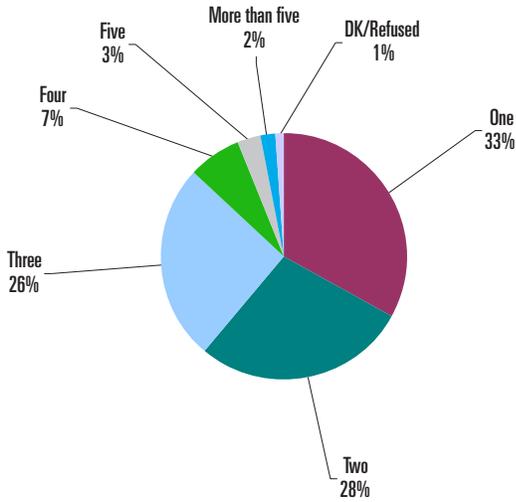
How did your child get health insurance? (asked only of those with children who are no longer enrolled in HUSKY)



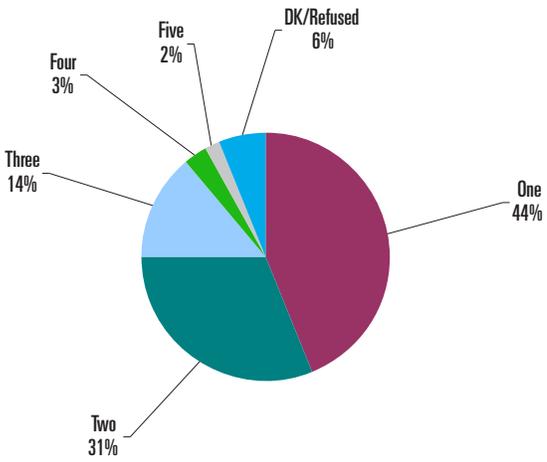
Respondents who currently have a child enrolled in HUSKY have slightly more children under age 19 now living at home than those who do not currently have a child enrolled. In both groups eight-in-ten respondents have 3 or fewer children under the age of 19 currently living at home. Of those currently in the program, 31% have one child under age 19, 30% have two, and 26% have three. Of those no longer enrolled in the program, 35% have one child under the age 19, 36% have two, and 16% have three. Fourteen percent of those with children currently enrolled in HUSKY have four or more children under 19 living at home, compared to only 5% of those who do not have children currently enrolled.

The numbers are almost the same when looking at the number of children, under the age of 19, who were ever enrolled in the HUSKY plan. Thirty-three percent of current enrollees have had one child enrolled, 28% have had two, and 26% have had three. Forty-four percent of former enrollees have had one child enrolled, 31% have had two, and 14% have had three.

How many children, under the age of 19 now living in your home were ever enrolled in the HUSKY plan?



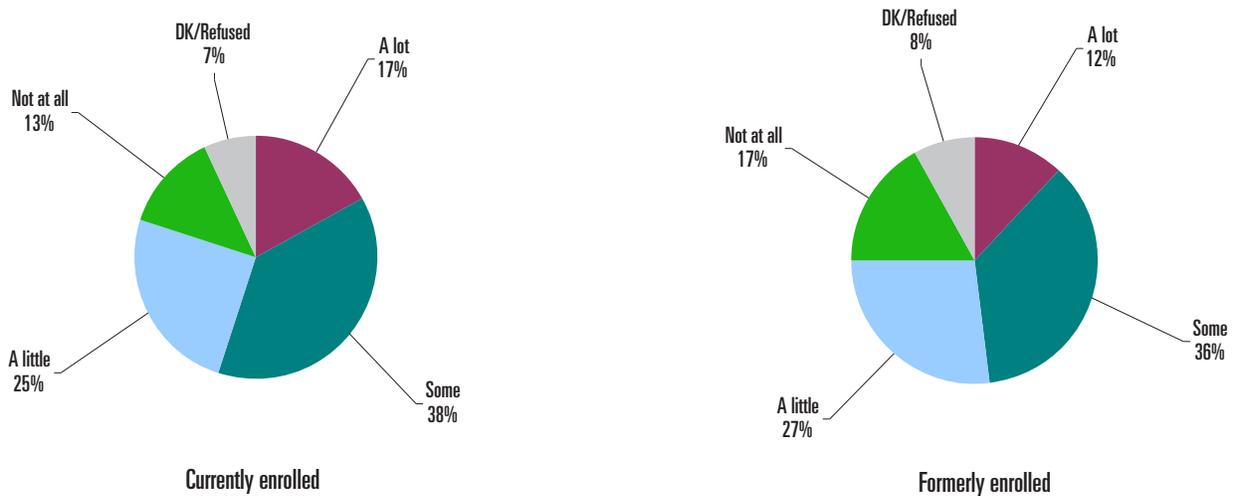
Currently enrolled



Formerly enrolled

About half of each group generally trusts the government. Fifty-five percent of current enrollees trust the government a lot (17%) or some (38%), and only 13% do not trust the government at all. Just slightly fewer, 48%, of former enrollees trust the government a lot (12%) or some (36%), and 17% don't trust the government at all.

In general how much do you trust the government?



The majority of current enrollees, 66%, were on cash assistance when their child enrolled in the HUSKY plan, while less than half, 40%, of former enrollees were. Furthermore, a larger percentage of current enrollees have total yearly household incomes under \$20,000. Nearly three-quarters, 73%, of current enrollees have total household incomes of less than \$10,000 (34%), \$10,000 to less than \$15,000 (24%), or \$15,000 to less than \$20,000 (15%) per year. Just under half as many (36%) former enrollees fall in the same categories, with 15% earning less than \$10,000, 12% earning \$10,000 to less than \$15,000, and 9% earning \$15,000 to less than \$20,000 per year.

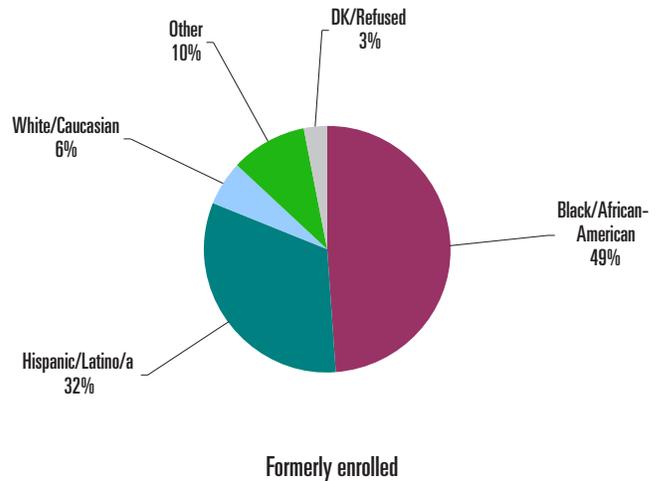
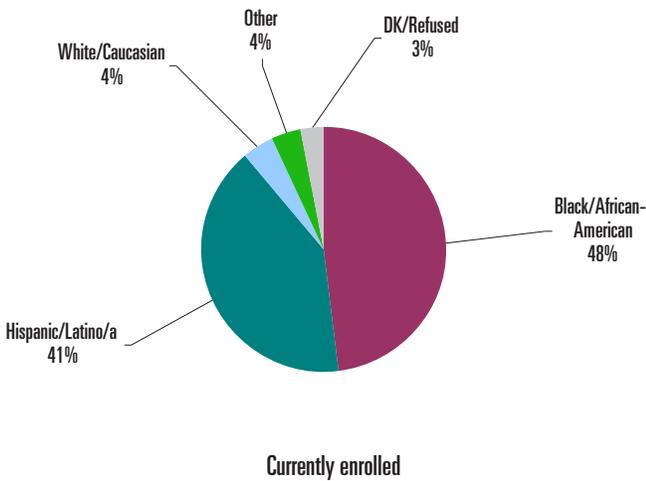
More than nine-in-ten of those with children who are or were enrolled in the HUSKY plan are the child's parent (92% of current enrollees and 95% of former enrollees). About a third of respondents in each group are 31 to 40 years old, with 33% of current enrollees and 36% of former enrollees falling into this category. Another 21% of current enrollees are under 25 years old, and 18% are 26 to 30 years old. Thirteen percent of former enrollees are under 25 years old, and 18% are 26 to 30 years old. Just over a quarter (26%) of current enrollees' parents and slightly more, 31%, of former enrollees' parents are age 41 or over.

Parents of children who are no longer enrolled in the HUSKY plan have slightly higher education levels than the parents of children who are currently enrolled. While 61% of those whose children are no longer enrolled in HUSKY have a high school education or less, 77% of those whose children are currently enrolled have the same education level. More than a quarter (28%) of those whose children are no longer enrolled have some college, another 8% are college graduates, and an additional 2% have done post-graduate studies. Fewer than two in ten (18%) of those whose children are currently enrolled in the HUSKY plan have some college and 4% are college graduates.

Nearly half (46%) of those whose children are currently enrolled in HUSKY are of Spanish/Hispanic origin. Ninety percent of those who are of Spanish/Hispanic origin are Puerto Rican, while 1% are Cuban and 7% are of some other Spanish/Hispanic origin. Slightly fewer, 35%, of those whose children are no longer enrolled are of Spanish/Hispanic origin. Of those who are of Spanish/Hispanic origin, 77% are Puerto Rican, 1% are Mexican, Mexican-American or Chicano, 1% are Cuban and 20% are of some other Spanish/Hispanic origin.

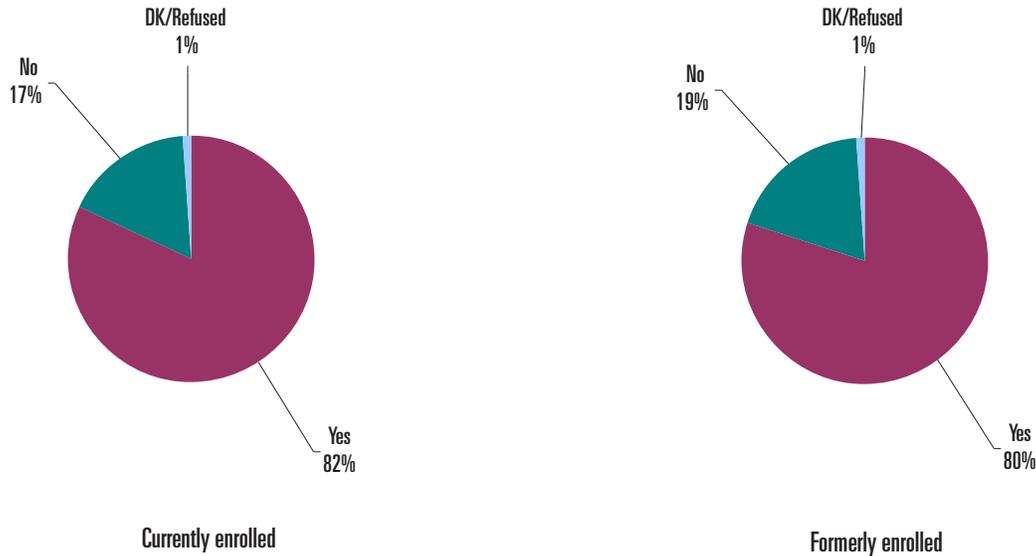
In both groups, nearly all respondents are Black/African-American or Hispanic/Latino/a. For those whose children are currently enrolled in HUSKY, 48% are Black or African-American, 41% are Hispanic/Latino, 4% are White/Caucasian, and 4% are some other race. For those whose children are no longer enrolled in HUSKY, 49% are Black or African-American, 32% are Hispanic/Latino, 6% are White/Caucasian, and 10% are some other race.

What is your race?



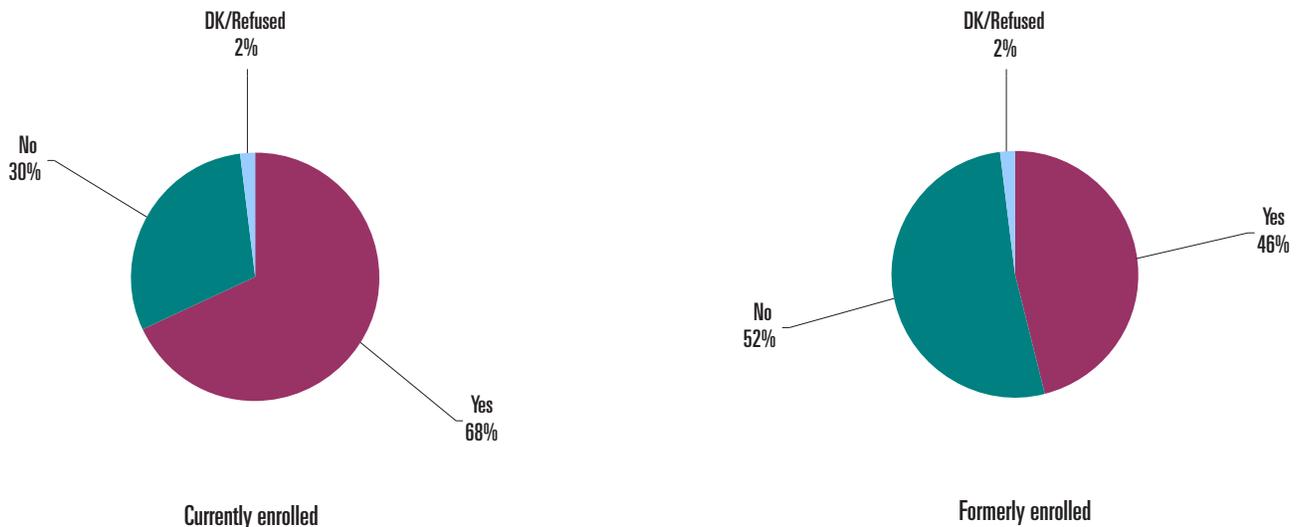
Most respondents, regardless of whether or not their children are currently enrolled in HUSKY, are currently insured themselves. Eighty-two percent of those whose children are currently enrolled and 80% of those whose children are not currently enrolled, have insurance at the present time for themselves. Only 17% of those whose children are enrolled and 19% of those whose children are not enrolled in HUSKY do not have insurance.

Are YOU currently insured?



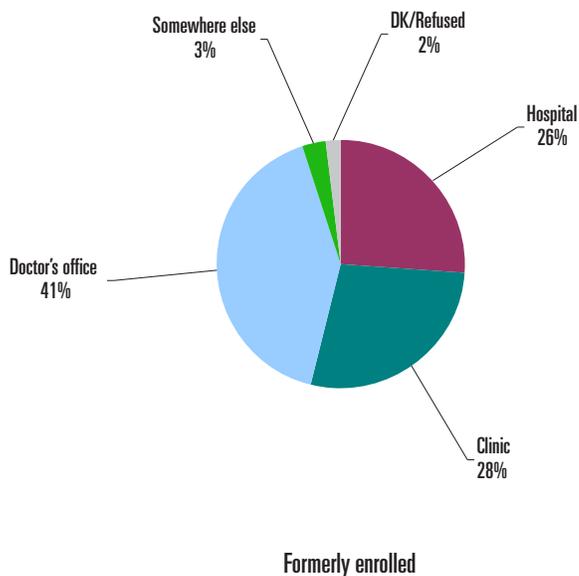
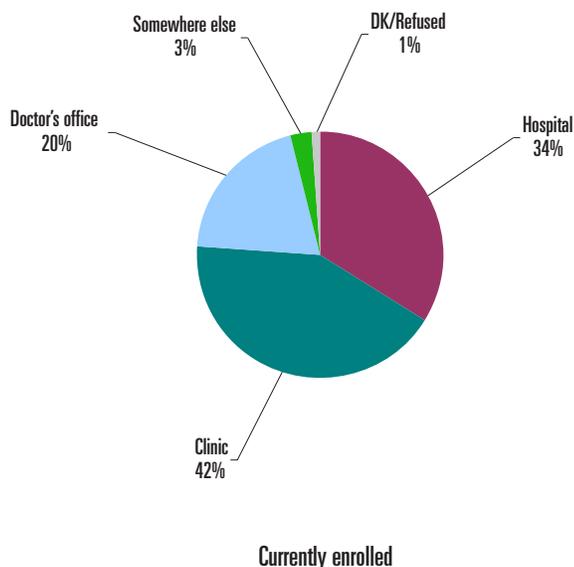
Many of the respondents were enrolled in the HUSKY plan themselves at some point. In fact, 68% of those whose children are currently enrolled in HUSKY were once enrolled themselves, while 30% were not. A similar situation, although to a lesser degree, is found with those whose children who are no longer enrolled in HUSKY, with 46% saying they were enrolled themselves at some point and 52% saying they were not.

Were YOU ever covered under the HUSKY plan?



When asked where they usually take their children when they need healthcare, 42% of respondents whose children are currently enrolled in HUSKY say they take them to a clinic. In addition, a third (34%) say they take their children to a hospital and 20% say they take their children to a doctor's office when they need healthcare. The responses were somewhat different for those whose children are no longer enrolled in the HUSKY plan. Forty-one percent of respondents whose children are no longer enrolled say they take their children to a doctor's office when they are in need of healthcare. Twenty-eight percent say they take their children to a clinic and another 26% say they take their children to a hospital when they need healthcare.

Where do you usually take your children when they need healthcare?



Most of the respondents for both of the surveys were female (96% for those currently enrolled and 95% for those formerly enrolled). This indicated that in most cases there is either a female head of household or that the woman in the household is more likely than the man in the household to be the one in charge of dealing with healthcare for the children.

METHODOLOGY

The Children's Health Council commissioned the Center for Survey Research and Analysis at the University of Connecticut (CSRA) to conduct a survey of people in the Hartford area whose children are or were enrolled in the HUSKY Part A healthcare plan. CSRA conducted two separate surveys, one with parents or guardians of children who are currently enrolled in the HUSKY plan and the other with parents or guardians of children who were formerly enrolled in the HUSKY plan. A total of 703 interviews were conducted, 478 with parents of children who are currently enrolled and 225 with parents of children who were formerly enrolled in the HUSKY plan. Names were randomly selected from enrollment lists of heads of household provided to CSRA by the Children's Health Council. When a Spanish-speaking household was reached, a Spanish-speaking interviewer called the household back and conducted an interview in Spanish. The sampling error for a survey of this size (703) is ± 4 percentage points at the 95% level of confidence; sampling error is larger for sub-groups.



CHILDREN'S HEALTH COUNCIL

HARTFORD ENROLLMENT SURVEY:

Recommendations for Improving Outreach and Keeping Children Enrolled

- **Outreach messages and materials should emphasize and reinforce that:**
 - Eligibility is based on family income, not employment status;
 - Families must reapply annually;
 - Once enrolled, families can continue to get information from 1-877-CT-HUSKY and HUSKY enrollment outreach projects.
- **Outreach should continue post-enrollment in order to ensure that families with children in HUSKY Part A maintain coverage.**
- **Families should be encouraged by staff of Department of Social Services, health plans, and enrollment outreach projects to keep their children enrolled in HUSKY Part A:**
 - If employer-sponsored coverage is too expensive,
 - If out-of-pocket costs for employer-sponsored coverage will be too expensive, or
 - If changes in employment could lead to gaps in coverage.
- **Employers should be aware that employees and their children may be eligible for HUSKY Part A, with comprehensive benefits at no cost to employees and without potential gaps in coverage due to employment changes**
- **DSS should improve renewal notices, renewal applications, and renewal processes as soon as possible to prevent currently enrolled children from losing coverage.**

Children's Health Council
60 Gillett Street, Suite 204
Hartford CT 06105
Phone: (860) 548-1661
Fax: (860) 548-1783
www.childrenshealthcouncil.org

Adopted by the Children's Health Council
January 8, 2001