

Research Report: Findings from Statewide Focus Groups and Survey of Parents about the Oklahoma SoonerCare Program

FINAL REPORT * December 2011



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Report & Research Funded by
The Oklahoma Health Care Authority



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Acknowledgments

Thanks to all of the sites and partners who supported our efforts with this project, Rachel Read, Scott Tohlen, Julie Moreno-Reed (Graduate Assistants), the Oklahoma Health Care Authority's Community Outreach Associates for their assistance with distributing surveys, and Edward Long, Ryan Blanton, Dana Miller, Chello Rogers, and Denise Coldwater. Your contributions are appreciated.

Research has documented that the loss of health insurance has a detrimental impact on the health of children, often due to fewer well-child visits and preventative medicine. Even temporary gaps in health insurance coverage have a negative effect on children's health; therefore retention of children in Medicaid programs is vital to maintaining their health and wellness. Re-enrollment and retention of children already enrolled in Medicaid programs is a significant challenge for states, but is an important factor in reducing the number of uninsured children.

Oklahoma is a state with significant health challenges, ranking 50th in the overall health of its citizens (Commonwealth Fund, 2009). Minority groups experience higher rates of poverty, and are more likely to be without health insurance; Hispanic children in Oklahoma are four times more likely to be uninsured than African American children, and Native American children also have a high rate of being uninsured. Teenagers are at a higher risk of being uninsured in Oklahoma than younger children.

Oklahoma's Medicaid program seeks to provide comprehensive health coverage to all eligible children in the state and to reduce gaps in coverage. The Oklahoma Health Care Authority has adopted a 12-month eligibility cycle, where enrolled children are provided with continuous eligibility for a year, without any re-enrollment requirements for the family during that time period. When utilizing the Oklahoma Health Care Authority's website to apply for Medicaid, families are able to update their member information (such as address, phone numbers, or income levels) online; each time a member updates their information, the 12 month eligibility resets from that

date.

This report discusses findings of a statewide survey of parents with children currently enrolled in, eligible for but not enrolled, or previously enrolled but had not re-enrolled in Oklahoma's SoonerCare program. The study consisted of two major components: regional focus groups and a statewide survey of parents. Mixing both quantitative and qualitative methods to get rich, detailed and statewide responses, researchers examined a range of questions regarding SoonerCare enrollee's thoughts on re-enrollment practices, program benefits and deficits, and feelings of security in their coverage.

This research seeks to understand the major barriers and challenges that SoonerCare participants face in retaining consistent coverage for their children. The final section of the report offers conclusions and implications of this research.

Introduction

It is well documented that the loss of health insurance has a detrimental impact on the health of children due to fewer well-child visits, vaccinations, and preventative medicine received by uninsured children. Research further shows that even temporary gaps in coverage have a negative effect on children's health, and that these children often lack a primary source of care. Children who lose Medicaid coverage will suffer from inconsistent care and worse health outcomes, and if they do eventually re-enroll in Medicaid, it will come at a greater cost than if they had remained steadily enrolled (Ku and Ross, 2002). In addition, research suggests that state SCHIP programs may still fall short in reaching and enrolling qualified children (Dorn & Kenney, 2006). To this end, it is imperative that states begin to assess the rates of retention and enrollment of children in Medicaid programs, and devise methods of strengthening re-enrollment and retention strategies. Retention of the children already enrolled in the program is a crucial step towards reducing the high number of Medicaid-eligible, yet uninsured children in the United States.

Providing continuous and high quality preventative and specialty medical care to children is a goal of the Oklahoma's SoonerCare program. Oklahoma's Medicaid program seeks to provide comprehensive health coverage to all eligible children in the state, without gaps in coverage or churning. To this effect, the Oklahoma Health Care Authority has adopted a 12-month eligibility cycle, where enrolled children are provided with continuous eligibility for a year, without any re-enrollment requirements for the family during that time period. When utilizing the Oklahoma Health Care Authority's website to apply for Medicaid, families are able to update their member information (such as address, phone numbers, or income levels) online; each time a member updates their information, the 12 month eligibility resets from that date. This lengthened eligibility cycle may not be sufficient to encourage retention as research has shown that attempts to improve retention using 12 month continuous eligibility fell short of retaining those who remained eligible but dropped out for various other reasons (Shulman, Rosenbach, & Kuo, 2006). Reform that has been proposed for consideration: keeping children enrolled as long as families do not report status changes, and recognizing providers as key in the re-enrollment equation.

Oklahoma faces many challenges in the health of its citizens. The Commonwealth Fund's State Scorecard on Health System Performance, which measures access to care, quality, health equity, and healthy lives, ranked Oklahoma 50th in the nation (Commonwealth Fund, 2009). Poverty is a problem in Oklahoma, with 26% of children, 14% of the elderly, and 35% of the rural population living below the federal poverty line (Oklahoma Institute for Child Advocacy, 2010); 19% of the state's population, or more than 600,000 people, also lack health insurance coverage. Oklahoma further lacks sufficient primary care physicians, ranking 46th in the number of primary care physicians per capita and 49th in the number of specialists (Oklahoma State Department of Health, 2010).

Background

As of 2008, an estimated 7.3 million children in the U.S. were uninsured, of whom 4.7 million, or 65%, were eligible for Medicaid but were not enrolled (Kenney, Lynch, Cook, & Phong, 2010), often because parents incorrectly assume that they are not financially eligible, as they are not aware of recent increases in eligibility guidelines (Sebelius, 2010). A further problem among Medicaid populations is the issue of churning. Cycling on and off of Medicaid coverage, or churning, is a significant barrier to children receiving consistent preventative

care (Sebelius, 2010). Findings show one in eight children dropping out of coverage despite remaining eligible (Sommers, 2005). States must be aware of their rates of churning, and establish methods of reducing those numbers, as these issues related to retention and reenrollment in state Medicaid programs are important for understanding policy design and program improvement.

Research has indicated a host of factors that impact retention or churning: parental factors, lack of assistance with paperwork, etc. Personal responsibility of parents is one key factor in timely reenrollment and retention in Medicaid programs; remembering when the enrollment forms are due, comprehending these forms, and not allowing gaps in coverage or just waiting for a crisis to occur before reapplying are all examples of factors within parents' control. For parents, it may seem to be less effort for their children to remain uninsured and depend on applying for help only in crisis or emergency situations.

States are becoming committed to finding new methods of reducing churning within their Medicaid programs. Research has documented that having a parent (primarily a mother) enrolled in the same state Medicaid program as their children significantly reduced the risk of the family dropping out of the program, and further notes that state insurance programs would be far more effective at retention if they insured children and parents under the same program (Sommers, 2006). A 2003 study showed that children participate in Medicaid programs at a 20% higher rate when living in states that have extended Medicaid coverage to their parents (Dubay & Kenney, 2003). States therefore must be aware of the strong association between child and parent coverage in terms of rates of enrollment and retention if they are to reach their goals in providing all eligible un-enrolled children in Medicaid programs. While fiscal restraints do not always allow for states to extend coverage to parents, policy makers must be aware of the effect that decision has on children's coverage (DeVoe, Krois, Edlund, Smith & Carlson, 2007). Children with siblings in either program were also less likely to drop out, perhaps due to additional outreach to parents with multiple children possibly triggering the reminders (Sommers, 2006). Girls and children without siblings in public insurance were more likely to leave the program. Parents with higher education tend to acquire new health insurance, and parents with less than a high school education were less likely to lose eligibility. Infants are also less likely to lose eligibility (Sommers, 2005).

Special Concern: Immigration Policies and Retention

The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996 placed restrictions on states using federal Medicaid or CHIP funds for legal immigrants who had been in the United States for less than five years, and in response, some states created public health programs to cover immigrants with state funds (Lessard & Ku, 2003). CHIPRA recently provided a number of financial and programmatic changes to CHIP, and one of these changes is commonly referred to as ICHIA. ICHIA allows states to provide coverage to legal immigrants in the United States, regardless of their date of entry. States are given the choice of whether or not to adopt the new option, and under CHIPRA will receive matching federal funds for providing CHIP to immigrant children and pregnant women who are in the U.S. lawfully. States may further choose to extend CHIP coverage to children, pregnant women, or both.

The Deficit Reduction Act (DRA) of 2005 became effective on July 1, 2006 and required that all U.S. citizens or nationals applying or re-applying for Medicaid must provide documentation proving citizenship. This act does not change states' Medicaid eligibility criteria, but it does place an additional requirement on the citizens

applying for coverage (KFF, 2000). In a paper written by the Center on Budget and Policy Priorities, it is noted that the DRA drastically reduced the rate of enrollment of children in Medicaid programs while increasing states' administration costs. The paper further poses that the decrease in enrollment is not only due to undocumented aliens leaving the program, but also because U.S. citizens and nationals were unable to provide the documentation needed to apply for Medicaid benefits (Ross, 2007; Flores, et al., 2005). States continue to be prohibited from using federal funding to provide health services (with the exception of emergency Medicaid services) to undocumented immigrants.

THE STUDY

The study was conducted in two phases: phase one, which was comprised of 16 focus groups held throughout Oklahoma, and phase two, which consisted of a large-scale survey of parents and legal guardians of children under the age of 18.

Human Subjects/Institutional Review Board

The University of Oklahoma Institutional Review Board (IRB) reviews research applications and protocols in an effort to safeguard the rights of human subjects, as well as provide guidance to researchers and the university in complying with federal, state, and university research regulations and policies. All research involving human subjects or use of data regarding human subjects which may result in publication or presentation must be reviewed by the IRB prior to initiation. IRB approval for this study was obtained on April 27, 2010.

Informed consent of the human research subjects is a core concern of the IRB. Research subjects who participated in the focus groups signed informed consent documents after researchers carefully reviewed the information with them. For participants completing both the online and paper surveys, an information sheet regarding informed consent was provided.

Incentives for Participation

All participants who chose to participate in Phase One of the study (focus groups) were compensated for their time with a \$10.00 Wal-Mart gift card provided by the Oklahoma Health Care Authority. The University of Oklahoma Anne and Henry Zarrow School of Social Work also provided light snacks and refreshments for participants at each focus group. Respondents to Phase Two of the study (the survey) were not offered compensation for their time or participation.

Phase One: Focus Groups

Focus groups were used to explore parent perceptions, experiences and knowledge of the enrollment and re-enrollment process for SoonerCare. This methodology was chosen because it allows for the acquisition of first person knowledge from individuals about their experiences (Flores et al, 2005 Kitizinger 1995) first person knowledge from parents.

Data Collection

Data was collected during 16 focus groups that were held at 14 different sites. These focus groups were comprised of parents or legal guardians of children under the age of 18. At the beginning of each group,

participants were welcomed and introductions were made, and the purpose of the focus group was described. The informed consent form was carefully reviewed, and a record of consent was obtained for each focus group participant. All focus groups were audio recorded, and then transcribed for analysis.

Data Analysis

Focus groups were conducted by at least two individuals: a master's level social worker and a social work student. Three focus groups were conducted in Spanish using a translator. All focus groups were audio recorded and transcribed for analysis. Each interview was coded by three researchers and checked for reliability and validity. A systematic process of coding was used and identification of patterns in the data and developing themes (Boyd & Biklen, 2003). As common themes in the focus group emerged, discussion of the coding elements and themes were established.

Focus Group Sites

With the partnership of the Oklahoma Health Care Authority, the focus groups were scheduled and held throughout the state of Oklahoma. The following describes each of the focus group sites.

Table 1 Agency Location, Description of Focus Group Sites

Agency & Location	Agency Description	# Focus Groups	# Participants
Kids Connection 186 S. College St. Tahlequah, OK 74464 http://www.kidconnectionsinc.com/	Offering services to the great community of Tahlequah, OK since 1998, Kid Connections seeks to create resilient families through advocacy, education, and opportunity. Kid Connection provides a variety of services, including GED classes for parents, early childhood education programs, child development classes, and child sponsorship. The services are provided at no cost to families.	1	4
Providence of Oklahoma - Durant 134 N 12 th Avenue Durant, OK 74701 http://www.provcorp.com/Locations/Oklahoma.asp	Providence of Oklahoma provides a comprehensive array of services including individual, family, and group counseling for adults and children. Providence seeks to collaborate with community agencies in order to reduce out-of-home placements and strengthen family systems. They provide group and individual rehabilitation services, social skills training, and parenting classes, primarily to Medicaid members.	1	8
Urban League 3900 North Martin Luther King Avenue	The Urban League of Greater Oklahoma City is an affiliate of the National Urban League and a United Way agency partner, serving over 15,000 clients annually. The Urban League of	1	16

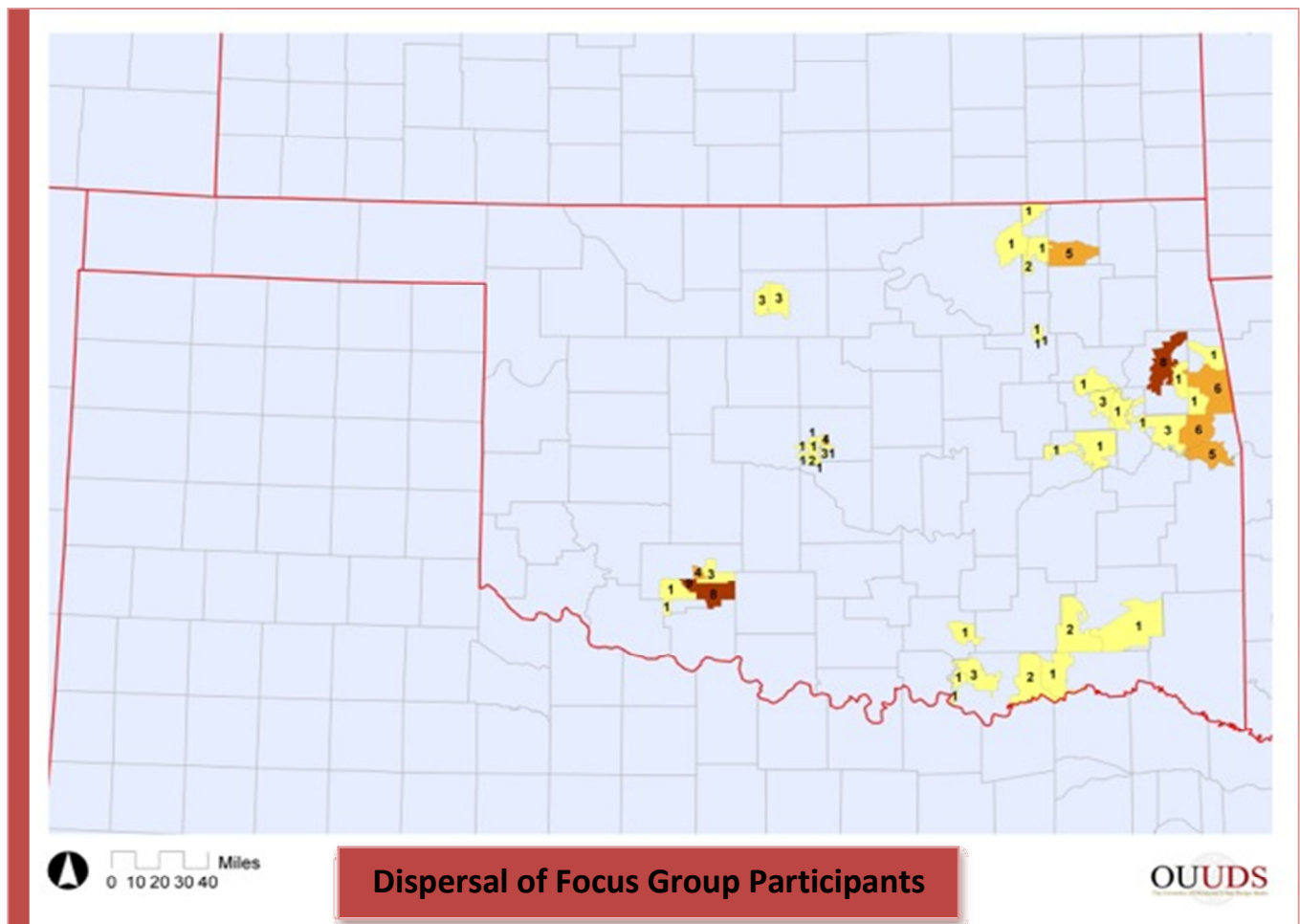
<p>Oklahoma City, Ok 73111</p> <p>http://www.urbanleagueok.org/index.htm</p>	<p>Greater Oklahoma City's mission is to assist African Americans, other minorities, and the poor achieve social and economic equality. We work to accomplish this mission through advocacy, bridge-building, research and program services in five major areas: children and families; employment and training; affordable housing; minority entrepreneurship; and urban health.</p>		
<p>Antlers Choctaw Nation Health</p> <p>Southwest O Street Antlers, OK 74523</p> <p>http://www.choctawnation.com/services/departments/social-services/</p>	<p>Choctaw Nation Outreach Services works with pregnant and parenting teens and women 21 years of age and under, their infants, male partners and families who reside in the county service area of the Choctaw Nation. The project provides comprehensive and integrated services to improve health outcomes for mother and infant, increase healthy parenting skills, provide opportunities for assessing each client's individual needs by resources available, and increase healthy parent and child interaction skills.</p>	1	7
<p>Smart Start (Enid)</p> <p>2615 E. Randolph Enid, Oklahoma</p> <p>http://www.smartstartnwoklahoma.org/</p>	<p>Smart Start, a program of CDSA, is a coalition of community leaders who recognize the critical link between quality early education and family success to long-term economic growth for our community. Smart Start believes that our children are our most valuable resource and works to build innovative partnerships to bring a broad range of business and community leaders together for young children. From sponsoring training for parents and professionals to implementing innovative strategies for community development around early childhood issues, Smart Start is dedicated to raising public awareness about the critical importance of the early years.</p>	1	6
<p>Tulsa YWCA</p> <p>1910 S Lewis Ave Suite 200 Tulsa, OK 74104-5708</p> <p>http://www.ywca.org/site/pp.asp?c=ejlRK6OWG&b=67551</p>	<p>For more than 90 years, YWCA Tulsa has empowered women of all ages through programs that create self-sufficiency, enrich families and promote racial justice. The YWCA is committed to providing opportunities to help the young, old, and physically disadvantaged reach their full potential. In 2010, the YWCA Tulsa will serve more than 25,000 Tulsans through programs that include early childhood education, career and counseling services, and immigration services.</p>	1	3

Latino Community Center (Oklahoma City) 420 S.W. 10 St. Oklahoma City, OK 73109 http://lcdaok.org	Mission: Working to enhance the quality of life in the Latino Community through education, leadership, services and advocacy. Core Values: We are a family centered and community driven agency. We value and respect: cultural diversity, community collaboration, services with integrity, excellence in all we do.	2	12
Lawton (Health Department) 1010 South Sheridan Lawton, OK 73501 http://www.ok.gov/health/County_Health_Departments/Comanche_County_Health_Department/index.html	Comanche County Health Department is provides services across the life span. The health department sees women who are pregnant in WIC and Children First programs, elderly clients in Adult Health Service and Immunization clinics, and infants and children in WIC and Immunization clinics. They offer services equally to men, women, and children, including a WIC (Women’ Infants, and Children) program.	2	25
Cherokee Nation Health Services 101 S Muskogee Ave Tahlequah, OK 74464 Stilwell, Muskogee, Sallisaw, Tahlequah, Nowata, and Bartlesville www.cherokee.org/Services/Health	The Cherokee Nation operates a network of eight (8) health centers and one (1) hospital in the tribe’s jurisdictional boundaries, serving more than 130,000 eligible patients. From 2002 to 2008, Cherokee Nation Health Services has performed more than 2 million outpatient visits, including more than 325,000 in 2008. We are dedicated to working with our communities, families and individuals to promote and improve their health and have a vision that the Cherokee people will achieve an optimal level of health resulting in healthy communities for this and future generations.	6	34

Disbursement of Focus Group Participants

One focus group was conducted in Northwestern Oklahoma, three in Central Oklahoma, two in both Southwestern and Southeastern Oklahoma, and eight in Northeastern Oklahoma. A higher number of focus groups were held in Northeastern Oklahoma due to an overwhelmingly positive response and interest in involvement from Cherokee Nation Health Services. Below is a map detailing the number of focus group participants by zip code, and a table of participants by region.

Figure 1 Dispersal of Focus Group Participants



As noted in Figure 2 and in Table 2 below, the concentration of focus groups were conducted in central and northeastern Oklahoma, due mostly due to the urban centers of Tulsa and Oklahoma City. However, the researchers purposely located sites and conducted focus groups at sites with Spanish speaking individuals and American Indians.

Seven focus groups were conducted with American Indian participants; six through Cherokee Nation Health Services, and one with Choctaw Nation Outreach Services. These groups were important for learning more about how participants utilize their SoonerCare benefits in conjunction with their Indian Health Service benefits.

Table 2 Focus Groups by Region

Focus Groups by Region				
Northwest OK (N=6)	Central OK (N=28)	Northeast OK (N=46)	Southwest OK (N=26)	Southeast OK (N=14)
Enid Smart Start	OKC Urban League			
	OKC Latino Community Center	Tahlequah Kids Connection	Lawton Health Department	Durant Providence Mental Health

Tulsa YWCA	Antlers Choctaw Nation Outreach
Stilwell Cherokee Nation Health Services	
Muskogee Cherokee Nation Health Services	
Nowata Cherokee Nation Health Services	
Sallisaw Cherokee Nation Health Services	
Tahlequah Cherokee Nation Health Services	
Bartlesville Cherokee Nation Health Services	

Focus Group Participants

Each focus group participant was asked to complete a brief questionnaire that focused on demographics (age, ethnicity, household size, employment, marital status, education, income), child(ren)'s health, and perceptions of security with health care coverage. A total of 120 focus group participants completed the survey.

Overall the focus group sample is female with an average age of 34.70. A little over half of the participants are not working currently, with about 47% working full-time or part-time. The focus group participants represented a diverse number of ethnic groups; 40% were American Indian, 26% white, 18% Hispanic, 13% African American, and under 3% Asian and Native Hawaiian.

The following tables detail the demographics of the focus groups, including gender, employment, education, marital status, and ethnicity.

Table 3 Characteristics of Focus Group Sample

Characteristics of Focus Group Sample (N =120)					
Variable	N	%	Variable	N	%
Gender			Employment Status		
Male	14	11.7%	Employed	57	47.5%
Female	106	88.3%	Unemployed	63	52.5%
Marital Status			Education		
Married	58	48.3%	8th Grade or Less	8	6.7%
Single	36	30%	Some High School	20	16.8%
Divorced	16	13.3%	HS Grad or GED	31	26.1%
Widowed	7	5.8%	Some College	50	42.0%
Separated	3	2.5%	Four-Year Degree	7	5.9%
Ethnicity			Some Post Grad	2	1.7%
Nt.	2	1.7%	Post-Grad Degree	1	0.8%
Hawaiian/Pac.Islander					

African American	15	12.5%	Insurance Status		
Hispanic/Latino	22	18.3%	Insured	79	33.6%
Caucasian	31	25.8%	Uninsured	40	66.4%
Asian	2	1.7%			
American Indian	48	40.0%			

**totals may not equal 120 due to missing data*

Focus Group Results

Results from the focus groups revealed several themes, including coverage interruption (or churning), issues of security in coverage, chronic health issues and concerns, and some difference in perceptions of the SoonerCare program by ethnicity.

Many Medicaid participants experience churning, or gaps in coverage, even while still eligible for benefits. Some participants had gaps in coverage due to family or personal factors such as mobility (moving frequently), job loss or gain, a raise in income or change in finances, or not meeting a paperwork deadline. Other participants spoke of churning due to DHS factors such as caseworker turnover, suspension of benefits without explanation, or poor communication and access to their DHS caseworker.

Focus group participants also often spoke of feelings of security, or lack thereof, in their SoonerCare coverage. Results show that focus group participants frequently felt insecure in their coverage, and were concerned about not being able to maintain consistent coverage for their children. Feelings of security in coverage varied regionally, as seen in the table below:

Table 4: Differences in Security in Health Care Coverage by Region

Region	Secure in HC Coverage	Not secure in HC Coverage
Northeast (n=46)	75.6%*	24.4%
Northwest (n=6)	66.7%	33.3%
Central (n=28)	48.1%	51.9%
Southeast (n=14)	57.1%	42.9%
Southwest (n=26)	84.6%**	15.4%

**Higher rate of feelings of security are likely due to the extensive health outreach services provided by Cherokee Nation in Northeastern Oklahoma.*

*** Higher rates of security are seen in Southwest Oklahoma are likely due TriCare health insurance coverage, which is provided by the military in Lawton. All focus group participants in this region were insured by TriCare.*

Children's Health and Health Care Coverage

On average respondents in the focus groups reported that they had 1.88 (almost two) children, and that they rated their children's overall health as very good. Further, in order to examine differences in coverage by

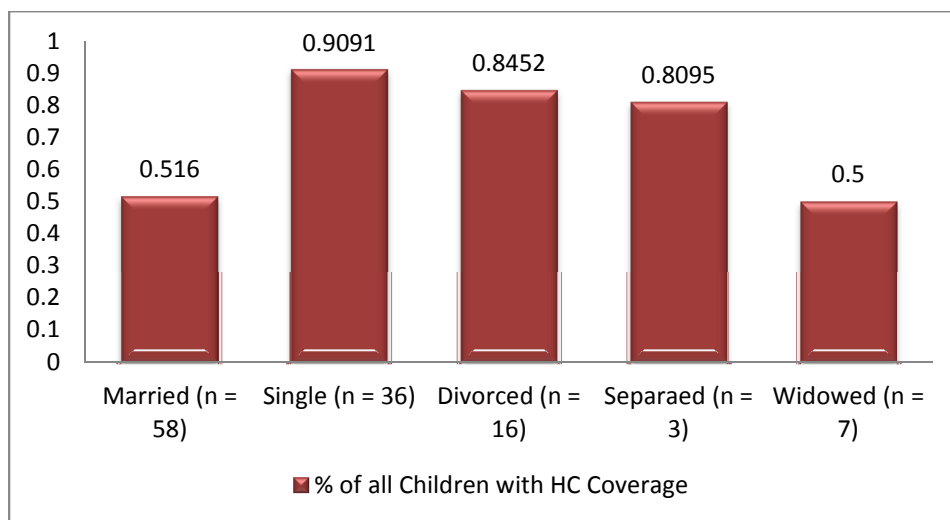
ethnicity and family status, a new variable called “percent of all kids covered” was constructed. This variable measured the percent of all of the parents’ children under 18 who had health care coverage. The families surveyed in the focus groups reported that, on average, 70% of their children have health care coverage. Table 5 below highlights these findings.

Table 5 Children’s Health and Health Coverage by Family Variables

Variable	Mean (SD)	Range
Total # of kids	1.88 (1.16)	0-5
Average Health of kids	4.60 (.61)	2.50-5.00
Average health care coverage	4.07 (3.70)	0-5
% of kids w/ health care coverage	.69 (.429)	0-1

There are some differences based on family status among the focus group participants. Not surprisingly, those unmarried, divorced, and separated respondents had higher percentages of their children covered by SoonerCare, though married women had significantly more children than unmarried (2.17 versus 1.60). However, on average the married women had only one of their children covered by SoonerCare. Married women were not working more than unmarried women and did not have more education than unmarried women. This may imply that further outreach is needed towards married women with children as those children may be eligible for SoonerCare benefits.

Figure 2 Percent of All Children in Family with HC Coverage by Family Status



There were some themes that emerged among different ethnic groups in the focus groups. American Indian participants reported strong and helpful relationships with outreach and caseworkers and benefited from combining their SoonerCare and Indian Health Services benefits. For example, American Indian respondents who participated through Cherokee Nation and Choctaw Nation Health Services often stated that they used the Indian Health Services outreach workers as their main contact person for questions, and that they appreciated knowing that they could contact that worker easily. Also, by combining Medicaid and Indian Health Service benefits for exceptional health insurance coverage, many parents were able to provide optimal

health insurance coverage for their children. As noted in the example below, some participants reporting using SoonerCare coverage to pick up medications that were not carried by Choctaw Nation. While tracking some of these coverage differences might have been difficult on occasion, the yield in terms of coverage for their children was great.

“There are some medicines that the Choctaw Nation doesn’t carry also, and SoonerCare is there to pick it up.”

Conversely, results from the focus groups held with Hispanic participants noted a lack of knowledge of SoonerCare benefits and enrollment or re-enrollment requirements. Focus group participants in the Hispanic groups frequently stated that their benefits had been interrupted, but they weren't sure why or who they could ask about re-enrollment or could not access help in Spanish. Several Hispanic participants stated that they were scared to ask too many questions due to immigration concerns, and that their benefits often lapsed because of this. Some respondents note that they were not aware that renewal was required and they experienced gaps as a result. Lack of knowledge among parents about the enrollment and eligibility process has been found in previous research (Flores, et al., 2005) where high levels of confusion and misinformation created barriers for individuals attempting to apply for state health insurance programs for children.

“When I lived Florida, and the child was little, I came here. I filled out and received SoonerCare. I did not know and was not told that I have to renew the SoonerCare in one year. So I did not renew it. I thought they took the insurance away from me and I could not apply again. A friend was going to renew her Medicaid and I found out that I could renew too. So I put in the application about a year later.”

Hispanic focus group participants also spoke of being treated poorly by those who were supposed to assist with the SoonerCare enrollment process. Many Hispanic participants shared experiences where they had been treated poorly or not received adequate help with the enrollment process. During one of the focus groups at the Oklahoma City Latino Community Development Center, a participant said,

“There is a problem I have with the Social Workers who are also Hispanic. I have been treated very bad before with the ones who speak Spanish maybe because they know we are undocumented or not here legally, but it feels like a rejection. I am not saying something about the Caucasian American, but the Hispanics who are American who treat us badly. It is our own people. “

Another common theme found in the focus groups held with Hispanic participants was disparities in coverage among their own children. One woman noted that she had two younger children who were born in the United States who had coverage, but her oldest daughter was born in Mexico, had chronic tonsillitis, and did not have health insurance coverage. As a result, her family in Mexico sent antibiotics to treat the chronically ill child, as she did not have enough money for the recommended surgery to have her tonsils and adenoids removed.

“For surgery that’s another thing. There is no help here for her with that. I cannot afford it. I went to Catholic Charities they do help out too. So if there is something I need I can go there too. I also try home remedies because I cannot give her the medicine, Amoxicillin, all the time.”

During the focus groups, researchers noted a vast disparity between Native American and Hispanic focus group members' experiences with the SoonerCare program. Hispanic focus group participants often stated that they felt ignored or treated badly by program representatives, while the Native American participants tended to have a more positive experience, perhaps due to the outreach workers available to them in the Indian Health Clinics.

Focus Group Themes

As noted previously, focus groups were audio recorded and transcribed for analysis. Each interview was coded by three researchers and checked for reliability and validity. As themes in the focus group surfaced, discussions of the emerging themes were validated. The following discussion reveals these themes with accompanying relevant quotes that further explicate the themes.

Health Concerns

Focus group participants were asked about the health care concerns that they had for their children. Allergies were one of the most frequently reported concerns. Many participants mentioned difficulties in managing the allergies in both the short term and long term, and worry about the chronicity of these health concerns. Oklahoma is ranked as one of the most challenging places to live with allergies, with Tulsa and Oklahoma City rank in the top 15 worst cities for people with allergies (Asthma and Allergy Foundation of America, 2011). Mold, dust mites, and ragweed are among the most prevalent allergens. Several focus group members spoke of their children having chronic sinus infections or needing to have their tonsils removed due to severe allergies. One participant stated, "I have a daughter who has chronic asthma and allergies that she is getting allergy injections for. She just had her tonsils and all that stuff removed this past year, because she was having chronic sinus infections".

"My kids weren't diagnosed with asthma, but all of them, when they were smaller had allergies so bad that they had the breathing machine. My oldest one had a RSV, so he was in and out of the hospital a lot."

It is not surprising then, that asthma was another commonly reported health concern for the parents participating in the focus groups. Allergy-induced asthma is the most common form of asthma in both children and adults, and is the leading cause of children missing school. One in six children in Oklahoma is diagnosed with asthma, making it is one of the most common causes for hospitalization in children under the age of 15 (Oklahoma State Department of Health, 2010). Focus group participants frequently noted their relief that SoonerCare provided nebulizers and asthma medications, including preventative medications to their children.

"I have two sons that are asthmatic. That's always a concern. It's gotten better since they've gotten older. They have both been in ICU, so it is a concern."

One focus group member stated, "Every one of my kids has asthma" while another said, "Yeah, well, he had ear infections and stuff and he had surgery for all that, but his breathing is more important right now, which I usually do need SoonerCare insurance to keep up on that". Treatment of

and hospitalizations for asthma were one of the SoonerCare benefits mentioned most frequently in the focus groups. Eczema and ear infections were also mentioned as health concerns that parents had for their children, though less frequently than those noted above.

Parents also reported that many of their children had significant behavioral or mental health concerns. Several stories reflect some difficulty in access mental health services, resultant debt because of access issues, and difficulty obtaining necessary drugs for mental health or behavioral health concerns.

Ten percent of the state's youth have a mental health disorder and an additional ten percent have substance abuse issues (Oklahoma Department of Mental Health and Substance Abuse Services, n.d.), so it is imperative that Oklahoma provide comprehensive mental health services for prevention, intervention, and treatment to

"Well my daughter is 14, and she has pretty serious mental illness, and has to be in the hospital a lot. And last time she was in the hospital she actually lost her medical in between. There was this big thing where I told the hospital they were, she wasn't going to be qualified. So I ended up owing the hospital three thousand dollars, because they wouldn't release her I guess."

children and adolescents. Various programs are offered throughout the state of Oklahoma, and children may access mental health services through elementary and middle schools, free health clinics, and other agencies serving children and their families. Many of these services are provided through SoonerCare benefits,

and several focus group participants stated that they enrolled their child in the program specifically so they could begin receiving mental health treatment. One thankful focus group member noted, "My daughter is on bipolar medicine and Medicaid pays for it". Assessing and coordinating mental and behavioral health for children on Medicaid is important (Howell, 2004).

Security and Financial Concerns

Focus group participants were asked how secure they feel about maintaining their child(ren)'s SoonerCare coverage. While a number of participants stated that they did not feel secure in the coverage, some felt very comfortable with the stability and level of coverage provided. A few noted that they had obtained and maintained coverage for their children since their birth, in one case for 12 years, "My older son who is 14, I think he has been on it like 11 years, and I have a 12 year old and he's been on it since birth. My 11 year old has been on it since birth." However, in difficult economic times, particularly families who hover close to the eligibility cut off requirements, tracking eligibility and finances is challenging. Focus group participants are clearly aware of the benefits of health insurance coverage and are appreciative of the security the SoonerCare program provides.

"Really good, because if something happened to them, I know they would be covered under that project if they get a really bad sickness."

Of those participants who did not feel secure in maintaining SoonerCare coverage for their children, the most common concern was financial eligibility. Participants often spoke of what is commonly referred to as a 'notch effect' – a situation where a seemingly positive event actually worsened their economic conditions. For example, receiving a very minor raise at work could push an individual over the eligibility guidelines for SoonerCare, and with no affordable health insurance options, some focus group participants stated that they intentionally remained unemployed or underemployed in order to retain SoonerCare benefits for their children. Families often live on the fine line between earning a bit more income and staying eligible for SoonerCare. One participant noted that she anticipated a raise at her place of employment the following month. However, the news was bittersweet as she also noted that she would lose her daughter's SoonerCare coverage as the raise would place her over the income limit. The net gain from a slight increase in income does not offset the loss of SoonerCare benefits. Many focus group participants spoke of feeling like they were "between a rock and a hard place" in terms of financial eligibility, and stated that they found that it made more economic sense for their family for them to stay at home and not work so that their children would remain eligible for SoonerCare benefits.

"...I'm almost to the point where I'm going to have to quit, even working part time. That's how much, when we are on SoonerCare, that's how much it helps us out. I can't afford to have any kind of insurance and it's almost better for me not to work, than it is for me to work and not get SoonerCare."

"Mine have been covered since they were born, and I've never had any problems."

Coverage Interruption

Expressed in the focus groups were interruptions in coverage and the various reasons for why this interruption occurs. Some expressed confusion and clearly did not know why coverage had been suspended or denied for

"No, mine has been cut off and I have had to reapply and cut off and reapply and cut off and reapply. It's a hassle."

example, one participant noted, "Well, that's actually happened a few times. I never received any kind of warning. I try to take them to the doctor and they are like well your insurance has been dropped for

whatever reason, you will have to call your caseworker. That was a problem. That actually happened to me while I was on SoonerCare while I was pregnant. I drove to Tulsa for my appointment and they told me it has been dropped for some reason. I still, they never really gave me a reason why it was dropped, but they did get me back on in a decent amount of time, so I was ok, but it was kind of an inconvenience."

When interruptions were noted, respondents also noted some hassles and inconveniences in the process of becoming enrolled. Many respondents spoke of errors or communication problems with their DHS caseworker

as their primary cause of coverage interruption, while others admitted that they were responsible for the interruption due to late or incomplete re-enrollment paperwork.

Another question posed to participants focused on maintaining and retaining health care coverage for their children. Repeated interruptions in coverage, or churning, is one of the primary reasons that children do not receive consistent preventative care, and is a concern that many focus group participants experienced.

Barriers and Challenges

Focus group participants often responded that the customer service received through DHS caseworkers as their main barrier or challenge to maintaining or utilizing SoonerCare benefits, as members were still applying through DHS since focus groups were held prior to the online application system. Another common theme noted to be a barrier or challenge was a lack of member knowledge about the SoonerCare application requirements or benefits provided. Focus group participants also stated that the stigma of using their benefits often made it difficult for them to get the services needed for their children. One focus group attendee noted, “Sometimes I’m embarrassed to say that’s the kind of insurance I have”, while another noted that she was thankful for the coverage, but was thankful that it was supplemental and that she didn’t need to rely on it solely, as she felt that it would take longer to get in to see doctors.

“Once you say SoonerCare they put you in a lower class bracket all the way around.”

Benefit Literacy

Participants were asked several questions about benefit literacy, ranging from how they learned about the SoonerCare program to what they understood the benefits of the program to entail. Some parents

appeared to have a good understanding of the benefits that SoonerCare provides, while other parents were uncertain of how their benefits worked. Benefit literacy varied among focus group members.

The respondents who had a firm understanding of their benefits also often had enrolled in the SoonerCare program for a specific reason, such as specialty care through a pulmonologist or neurologist, or mental health care. One focus group participant stated that her son was having trouble in school, and that he wanted to speak to a counselor. “So that’s why we got him on there, so we could get into counseling before it gets worse”.

Several focus group participants were unaware of the benefits that SoonerCare provides for their children, including a lack of knowledge about preventative dental cleanings, well-child visits, or vision checkups. Those participants with lower benefit literacy repeatedly admitted to not using their benefits often.

Indian Health Services

Six of the focus groups were conducted through Cherokee National Health Services, and one with Choctaw Nation. Overall respondents felt their children received excellent care with the benefits through Indian Health Services coupled with SoonerCare coverage. The participants also spoke of the outreach services provided through Indian Health Services, as the outreach workers played a large part in helping parents maintain consistent SoonerCare coverage for their children.

Indian Health services were an important component of coverage for the American Indian focus group participants, and many enjoyed the strength of combining their Indian Health Service benefits with SoonerCare's. Participants spoke of the comfort that came from the knowledge that their child would be able to receive comprehensive treatment from a variety of sources. Participants stated that they often used their SoonerCare benefits at the Indian Health Service clinics, and that the clinics' outreach workers were very helpful in encouraging enrollment and retention in SoonerCare's program. All of the American Indian focus

"But that's what's good about having SoonerCare too; the dual benefits."

group participants noted that they turned to their Indian Health Services clinics' outreach worker for any questions about the SoonerCare program, and for assistance with enrollment questions. Many of the participants stated that they counted on these outreach workers to remind them when it was time to re-enroll in the program.

SoonerCare Coverage versus Private Insurance

When asked their opinion on the quality of services their children receive when insured by SoonerCare as compared when privately insured, the response was extremely positive, with almost all respondents stating that they believe their children get the same quality, if not better, care when using SoonerCare. One focus group member stated, "I think my son gets better care, to be honest", while another said, "Everything my kids have ever had, SoonerCare has paid for. I've never had problems with them not paying for anything". Several focus group members expressed relief that SoonerCare provides transportation to medical services, as they otherwise would not have access to health care.

View of Good Coverage

Participants were asked what they felt that good health insurance coverage should include. Overall, respondents stated that they viewed good coverage as meeting all of the needs of their children, i.e., medical, hospital, primary care, dental, vision, and prescription coverage. Many participants stated that they feel that SoonerCare provides excellent, comprehensive coverage for their children, with one focus group member saying, "I had a friend that had a daughter premature and when she had her baby, I want to say she was 2 or 3 months premature, they had her at the OU medical center and they put her and her husband up at the Ronald McDonald house you know provided them transportation back and forth to Enid for about 4 or 5 days to check up with family. They put them up, fed them, and all that until the baby was good enough to go home. That's good too."

"I think it's great. What else could it cover? I think it covers everything that it could."

Online Application

The Oklahoma Health Care Authority was in the process of switching over to an online application process during the time that the focus groups were being conducted. To this end, we asked participants what they thought of an online application process, and if they would be comfortable using it. Respondents had mixed feelings about it, though the majority did not have experience

"When my son was little and we had to use SoonerCare, they would come to our house for physical therapy and it was awesome. I mean, I couldn't have asked for better care of help when he was born."

with the new application process.

Several focus group members were outspoken in their dislike of the idea of an online application system, saying, “in this area, a lot of the patients doesn’t have access to the Internet, but the online application is going to be a nightmare for those” and “usually people on SoonerCare cannot afford computers. I was so irate, I wanted to scream”. Several focus group participants were grandparents with custody of their grandchildren, and one stated, “that’s one drawback, because a lot of the kids are living with grandparents. A lot of them are older than I am, and we don’t have access to the Internet”. A lack of Internet access and computer literacy concerned some of the focus group members about whether or not they would be able to navigate the new system and keep their SoonerCare benefits active.

Phase Two: Survey

Data Collection

The survey consisted of a large-scale survey that was distributed throughout the state of Oklahoma. OUSSW once again partnered with the Oklahoma Health Care Authority to assist with the distribution of the surveys. The Oklahoma Health Care Authority utilized their Regional Coordinators to identify partner organizations to recruit participants to complete the survey. Partner organizations included a variety of nonprofit, social service, and government agencies, as well as health care providers throughout the state of Oklahoma and are illustrated in Table 6 below. Surveys were distributed at locations in the following communities across the state: Northeastern, Southeastern, Southwestern, Central and Northwestern.

“Also, the computer is difficult to understand because like me I do not comprehend how to use the computer very well. It is hard for me.”

Table 6: Partner Organizations by Region

Region	Partner Organizations
Northeastern	Community Health Center – Tulsa Haskell County Health Fair Indian Health Care Resource Center Morton Comprehensive Health Services OU Pediatrics (Tulsa) OU Women’s Health (Tulsa) Tonkawa Kay County
Southeastern	Eufaula Health and Wellness Clinic Pittsburg County Health Department Sallisaw Health and Wellness Clinic Stigler Health and Wellness Clinic Internet
Southwestern	Kiowa Tribe Head Start - Anadarko
Central	Shawnee Tribe Little Axe Clinic Latino Community Development Agency Ministries of Jesus

Survey and Description of Measures

The survey included several sets of variables designed to capture respondents' perceptions about the enrollment and re-enrollment process of SoonerCare, facilitators and barriers to accessing the SoonerCare program, and satisfaction with the SoonerCare program. Health issues were explored also, including children and parents' health, health care coverage, and gaps in coverage. Demographic characteristics were also examined. The following describes the measures in greater detail.

→Demographic Characteristics

A set of variables designed to examine the characteristics of parents were included in the analysis: age, gender, relationship to child, education, employment, income, insurance status, medical and dental history, health literacy, ethnicity, health literacy, and marital status.

Another set of variables examine household characteristics: household size, number of children, average health of children in the household, percentage of children covered by health insurance in household, and zip code.

A detailed matrix of questions examining each respondent's children was designed to elicit information regarding each child's age, SoonerCare status, length of time on SoonerCare, age, health problems (respiratory, behavioral, diabetes, disability, skin), the chronicity of these problems, and general health status.

→Current Health Care Coverage

Current coverage in the SoonerCare program, gaps in coverage, length of the gap, and explanations for the gap were explored. Parents were also asked about routine dental care for their children, and if lack of coverage prevented their children receiving medical care. If parents responded that their children continued to receive health care without insurance coverage, they were asked where these health services were obtained.

→SoonerCare Program

Several items on the questionnaire were designed to explore respondent perceptions of the SoonerCare program such as barriers to access, satisfaction, and knowledge of program benefits.

→Mechanisms of Obtaining Awareness and Assistance

A set of variables explored the ways in which respondents acquired information about the SoonerCare program (e.g. SoonerCare representative, friend or relative, hospital staff, etc.) while another set of items explored how respondents obtained help with questions about the SoonerCare program or their benefits (e.g. the SoonerCare Helpline or website, their doctor or clinic staff, etc.).

→SoonerCare Program and Benefit Knowledge

There were two sets of items that measured general knowledge and benefit knowledge of SoonerCare. The items consisted of a mix of knowledge (e.g. ‘I understand the written materials that I receive about SoonerCare’) and efficacy items (e.g. “I can apply for SoonerCare online’). Below (Table 7) are selected items from these domains. These items were also scaled with a mean score calculated for both SoonerCare program knowledge and benefit knowledge. Two scales were also constructed for SoonerCare knowledge and SoonerCare benefit knowledge. The first, measuring SoonerCare knowledge was constructed using eight items (range 0 to 4 with lower scores representing higher levels of knowledge). The second, measuring SoonerCare benefit knowledge was constructed using five (range 0 to 4) with higher scores representing higher levels of knowledge).

Table 7: Selected Items: Sooner Care Benefit and Program Knowledge

SoonerCare Program Knowledge	SoonerCare Benefit Knowledge
<ul style="list-style-type: none"> •I know how to reach a SoonerCare representative •I understand how to qualify for SoonerCare. •I know how to update my personal information on the SoonerCare website. •I understand the written materials that I receive about SoonerCare. •I know which documents I need to provide in order to reapply for SoonerCare. 	<ul style="list-style-type: none"> •I can apply for SoonerCare online. •I know how to find out which doctors and hospitals accept SoonerCare benefits. •I know that SoonerCare covers dental care for children and pregnant women. •I know that SoonerCare provides vision care. •I know that SoonerCare provides behavioral health care.

→SoonerCare Enrollment

Five items explored aspects SoonerCare enrollment and reenrollment process (e.g. ‘contacting an agency representative, getting help with the SoonerCare application). Respondents were asked to rate each item on a scale that ranged from 0 (not a problem) to 5 (serious problem). A scale measuring access to SoonerCare enrollment was constructed using the five items (range 0 to 5 with lower scores representing fewer problems with access).

→SoonerCare Satisfaction

A set of six items measured satisfaction with the SoonerCare program (Table 8) below highlights the six satisfaction items. A scale measuring satisfaction with the SoonerCare program was constructed using the six items (range 0 to 4 with higher scores representing higher levels of satisfaction with the SoonerCare program).

Table 8: SoonerCare Satisfaction Items

SoonerCare Satisfaction

- How satisfied are you with the way that you are treated by SoonerCare’s representatives?
- How satisfied are you with your doctor, nurse, or clinic’s attitude towards people who are enrolled in SoonerCare?
- How satisfied have you been overall with your child’s doctor, nurse, or clinic?
- How satisfied have you been overall with your child’s dentist?
- How easy is it to get the prescriptions your child needs?
- How satisfied have you been overall with the SoonerCare program?

→Progra

m Benefits and Improvement

Finally, respondents were asked several open-ended questions about the SoonerCare program regarding whether or not the program meets their child’s needs, the best things about the SoonerCare program, aspects of the SoonerCare program that need to be improved, and how SoonerCare has impacted their family.

Data Analysis

Descriptive statistics were used to examine responses to the items that explored the constructs of interest. Analysis began with an exploration of the data including univariate and bivariate analysis and descriptive statistics. The demographic characteristics of the sample were examined and descriptive statistics on the demographic variables were conducted. Bivariate statistics were conducted to determine if there were differences in perceptions of the SoonerCare program, SoonerCare program and benefit knowledge, access to SoonerCare, sources of information about SoonerCare program, and mechanisms of support for help with the SoonerCare program by key demographic variables such as health literacy, medical history, income, ethnicity, and marital status. Similarly, bivariate statistics were also conducted to determine if there were differences in children’s health, health insurance coverage by key demographic characteristics. Qualitative comments collected in the survey were organized by theme and are presented in tables within this report.

Survey Results

Sample

The survey participants were required to be at least 18 years of age, and be the legal guardian of children under the age of 18. The survey was available in English and in Spanish, and participants could complete the paper version or use the Internet to complete the online version. The survey took approximately 10-15 minutes to complete.

Table 9 Respondents by Region of Oklahoma & Primary Language of Respondents

Region	N	%	Primary Language	N	%
Central	21	7.4	English	241	87.6%
Northeastern	135	47.7	Spanish	34	12.4%
Northwestern	31	11.0			
Southeastern	90	31.8			

Southwestern	5	1.8
Missing	1	0.4

The majority of the respondents spoke English as a primary language, while just slightly over 10 percent indicated that Spanish was their primary language.

Table 10 Parent Characteristics (N=263)

Respondents indicated that they resided in households with an average of approximately four people. On average, parents agreed they had received medical and dental care when they were children, however, a little under a third did not visit a doctor or dentist regular as a child. Finally, a little under half (46%) of the parents surveyed indicated that they did not currently have health insurance coverage.

The total survey sample was 283 respondents. However, some of the respondents to the survey were not parents or guardians of children. For analytical purposes, we are including only responders who have children (N= 263) in this report.

	N (%)		N (%)
Employment		Gender	
Current work	109 (43.8%)	Female	233 (92.8)
Not working	140 (56.2%)	Male	18 (7.2)
Income		Education Level	
<20k	160 (67.8%)	<8th grade	19 (7.6)
21-41k	64 (24.3%)	Some HS	53 (21.1)
>41k	12 (4.6%)	HS/GED	79 (31.5)
Marital Status		Some college	77 (30.7)
Married	93 (37.7%)	BS/BA	19 (7.6)
Single	110 (44.5%)	Some post grad	2 (.8)
Divorced	31 (12.6%)	Post grad	2 (.8)
Separated	7 (2.8%)	Health Literacy	
Widowed	6 (2.4%)	Low	85 (34.0)
Ethnicity		Good/High	165 (66.0)
African American	25 (9.9)	Caregiver Insured	
American Indian	52 (20.6)	No	85 (46.0)
White	114 (45.2)	Yes	165 (54.0)
Hispanic	42 (16.7)	Relationship to Child	
Asian/Native Hawain	4(1.6)	Parent	227 (90.8)
Multiracial	15 (6.0)	Grandparent	14 (5.6)
		Foster Parent	3 (1.2)
		Guardian	6 (2.4)

Table 10 indicates the responder (or parent characteristics) of those with children. Overall the sample is young, with a mean age of 31, unmarried, and with lower levels of education. Over half report that they are not working and two thirds report incomes of below \$21,000. The majority of respondents are single or divorced, while just over a third of respondents

indicate they are married. Further, just under half of the sample identified as white, twenty percent as American Indian, sixteen percent as Hispanic, ten percent as African American, six percent as multiracial, and a little under two percent as Asian. A little under a third indicate that they had not graduated from high school, a third had graduated from high school or obtained a GED, and another third had some college education. Just over a third of participants report low levels of health literacy on the self-report health literacy item. The majority of the caregivers were parents of the children, while fewer than ten percent were grandparents, guardians, or foster parents.

Table 11: Percent of Parents who received regular medical and dental care as children (n=263)

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
Regular Medical Care	34.7	20.4	16.3	15.5	13.1
Regular Dental Care	37.0	22.8	13.8	14.6	11.18

Children's Health

On average, almost ninety percent of all children in households were covered by health insurance and the average time of coverage was just under four months. Within households, there was an average of two children with an average age of six and half years. Only 12% of those survey responded that they had some children covered by private insurance and 15% report that they have no insurance at all for at least one child. When asked if a lack of insurance coverage had prevented them from obtaining preventative care for their children, almost a third of those surveyed said yes. Some participants also stated that they were able to continue receiving medical care while uninsured, typically from free clinics such as Indian Health Services, the emergency room, or doctors' offices such as community health clinics.

Table 12: Number of Children, Children's Health, and Insurance Coverage by Household (n=263)

	\bar{X} (SD)	Range
Average Number of Children	2.09 (1.178)	1-6
Average Age of Children	6.55 (5.23)	.01-21.00
Average health, all children	4.38 (.933)	0-5.00
% of Total Children insured	.893 (.268)	.00-1.00
Average Length of HI Coverage	3.989 (3.917)	.01-19.00

As noted in the Table 12, overall most respondents rated their children's overall health as good. However, as previously noted, respondents were asked detailed information about each child's health in the survey. This included questions about whether the child experienced respiratory, behavior, or skin problems. They were also asked whether each child had diabetes, a disability, or if they would consider any of these problems chronic. Analysis of these items reveal that well over a third reported that they had one or more children with respiratory problems, a third reported one or more children with behavior problems, and just under a third

reported one or more children with skin problems. Only a small percentage (3%) reported that one or more child children had diabetes. Of those who reported any of the above mentioned health problems, a quarter reported that these problems were chronic in nature.

Table 13: Percent of Children with Specific Health Problems

HEALTH PROBLEM	Percent of Children with Health Problems			
	None	1 child	2 or more	Total % Any Children
Respiratory	62.1	24.6	13.3	37.9
Behavior	69.0	22.1	8.9	31.0
Skin	72.3	22.8	4.9	27.7
Chronic Problems	52.9	16.0	8.7	24.7
Disability	84.4	12.4	3.1	15.5
Diabetes	96.9	2.7	.4	3.10

Survey findings parallel findings in focus groups where respiratory, skin, and behavioral problems were the most commonly reported health problems.

Dental Care

Respondents were also asked how often their children had been to the dentist in the past year. Almost three-fourths of all respondents reported that their children had been to the dentist at least once in the past year. However, just under a third reported that their children had not been to the dentist in the last year.

Table 14: Number and Percentage of Dentist Visits in Last Year (n=263)

	N	%
Never	69	27.9
Once	57	23.1
Twice	86	34.8
Three or more	35	14.2

Sources of Information about SoonerCare Program

Respondents were asked how they obtained information about the SoonerCare program. Table 15 provides a ranked list of most popular sources of information for learning about the SoonerCare program. In reviewing the ranking by which SoonerCare participants learn of the program, it is clear that most people receive information from informal sources such as friends or family, rather than through formal mechanisms such as SoonerCare representatives or advertising. Many American Indian focus group participants spoke of the strong outreach efforts in their clinics and communities, and this is reflected in the American Indian survey respondents' rankings below. Hospitals are also a strong source of information about SoonerCare; many

survey participants stated that they first learned of the program while in the hospital after giving birth. Community organizations and advertisement are the least frequently reported means of learning about the SoonerCare program on the survey, and many focus group participants stated that they could not remember ever seeing advertisements for SoonerCare.

Table 15: Rank Order of Mechanisms for Obtaining Information about SoonerCare, Total Sample & By Ethnicity

Total Sample	Other	African Am.	Am. Indian	Caucasian	Hispanic
Friend/relative	Friend/relative	Friend/relative	Clinic staff	Friend/relative	Hospital
Hospital	Hospital	Hospital	Hospital	Hospital	Friend/relative
Clinic staff	SC rep	SC rep	Friend/relative	Clinic staff	SC rep
SC rep	Clinic staff	Clinic staff	SC rep	Comm. orgs	Clinic staff
Comm. orgs	Advertisement	Advertisement	Comm. Orgs	SC rep	Comm. orgs
Advertisement	Comm. orgs	Comm. orgs	Advertisement	Advertisement	Advertisement

Implications of this data are that informal or word of mouth advertising through friends and family who are knowledgeable about the program is an important and effective method of gaining new enrollees. While hospitals also serve as a strong method of sharing information about the program, it is somewhat troublesome when noted that these mothers did not learn about SoonerCare until after they gave birth; ideally these mothers would have received prenatal care through SoonerCare's program during their pregnancies. There is clearly room for improvement in regards to formal advertisement and outreach through SoonerCare representatives, clinics, and community organizations, and the importance of social networks to health information dissemination indicates a need on the part of SoonerCare to access those networks through new programs such as community health workers (program participants who are trained to share information about the program).

Gaps in SoonerCare Coverage

Only 75 survey respondents reported a gap in coverage, with the most common reasons chosen were that they were unable to reach their SoonerCare representative or that they did not know why there was a gap in coverage. Seventy percent of participants who noted a gap stated that the gap was three months or less in duration, while almost fifteen percent stated that the gap in coverage lasted for more than six months.

Table 16: Other Reasons for Gaps in Coverage, Fill in Responses (n=206)

Communication Barriers

"because I wasn't sent out a letter and found out my child's doctor that he was dropped"

"didn't know it was time"

"didn't know re-enroll wasn't through DHS anymore"

"DHS said they "accidently over-looked"

"I would become eligible and then a week later get a letter that I wasn't. I would call and reapply and then the same thing would happen again. We avoided going to the doctor for 3 mo. because of this continuously

happening.”

“Never received re-enrollment papers”

I don’t know, I have no idea (x3)”

“they cancelled saying they need birth certificate and I got cancellation notice 2 weeks before B-certificate notice”

“The worker couldn't find paperwork”

“They didn't let me know until after it was cancelled, then I got paper work in the mail”

“Told not eligible but now enrolled”

“The dentist office said it was not good or ended”

Requirements Not Met

“did not meet requirements”

“copy of birth certificate (x3)”

“proof of citizenship”

“Over income (x3)”

“Need to send in Social security card (x2)”

“Incomplete paperwork”

“Reapply was late”

“wasn’t done on time paperwork”

Internet/Computer Barriers

“I couldn't get through on the internet”

“I didn't have access to a computer”

“I didn't understand how to do it on the internet”

“Online enrollment was done wrong”

“was unable to get online and complete-it would kick me off after 2nd pg. finally able to complete”

Survey respondents’ write in responses to the question regarding other reasons for gaps in coverage fell into three main categories: communication barriers with SoonerCare or DHS representatives, respondents not meeting deadline or application criteria, and respondents not having access to or understanding the Internet enrollment process. Communication barriers with program representatives were a common theme mentioned during the focus groups, and this is reflected in the survey. Survey respondents noted that their benefits were cut off without their knowledge, or that there was often confusion of whether or not their benefits were currently available. Survey participants also noted they experienced gaps in benefits due to their own errors, either missing deadlines or turning in incomplete applications. Several respondents stated that there were gaps in coverage when they were over the income criteria and did not meet eligibility requirements. Finally, survey participants also stated that they had gaps in SoonerCare coverage due to not having access to the Internet to complete the application, or not having enough Internet literacy to be able to complete the application online, a theme also reflected in focus groups.

Sources of Assistance with SoonerCare Program

When asked who they turn to with questions about their children’s SoonerCare benefits, respondents reported the following ranking: The SoonerCare helpline was used the most, with over half of respondents

indicating they used the helpline when they had questions. A much smaller percentage of respondents indicated they looked to their doctor or clinic staff when they had questions, or went to the website.

Table 17: Sources of Assistance with SoonerCare (n=263)

Sources of Assistance with SoonerCare	YES N (%)	NO N (%)
SC helpline	147 (57.4)	109 (42.6)
Doctor/Staff	57 (22.2)	200 (77.8)
SC website	36 (14)	221 (86.6)
Don't Know	24 (9.8)	233 (88.6)

The SoonerCare Helpline ranked high with African American, American Indian, and Caucasian participants, however it was the least favored choice for Hispanic respondents who most frequently turned to their doctor's office or clinic staff for questions about their children's benefits. Few respondents stated that they did not know who to ask about their SoonerCare benefits.

Table 18: Rank of Sources of Assistance with SoonerCare by Ethnicity

African Am.	Am. Indian	Caucasian	Hispanic	Other
Helpline	Helpline/Website	Helpline	Doctor/staff	Doctor/staff
Doctor/staff	Doctor/staff	Website	Website	Helpline
Website	Don't know	Don't know	Don't know	Website
Don't know		Doctor/staff	Helpline	Don't know

Additionally, those respondents with a high health literacy understanding frequently sought information about their children's benefits from the Helpline, the SoonerCare website, or from their doctor or clinic staff, while many of those who had low health literacy understanding stated that they did not know where to gain additional information.

Access to SoonerCare Program

Respondents were asked a series of five items about any potential barriers they might experience when enrolling or reenrolling in the SoonerCare program. Overall, respondents do not report serious problems with barriers to enrollment. Of the five items asked, the issues that were ranked as 1 or above on the scale of 0 to 4 were 'contacting an agency representative', getting help with the application from an agency representative, and assuming that they did not qualify for SoonerCare. These survey findings were also reflected in focus groups, with participants citing communication problems or accessibility of agency staff as a barrier for accessing the program.

Table 19: Mean Scores on Barriers to SoonerCare Access Items (n=252)

Access Items	\bar{X}	SD
Filling out the SoonerCare application.	.868	1.46

Contacting an agency representative.	1.35	1.69
Getting help with SoonerCare application from an agency representative.	1.18	1.68
Completing the application process in a timely manner.	.878	1.46
Assuming that I don't qualify.	1.17	1.68
Barriers to Access Scale	1.10	1.26

* Scale is 0 = not a problem for me, 4 = a serious problem for me

SOONER CARE KNOWLEDGE

Overall respondents indicate agree that they have good knowledge of the SC program. The three lowest rated items all related to online SoonerCare options. These items are 'I know how to apply to SoonerCare online', 'I have looked at SoonerCare information online' and 'I know how to update my personal information on the SoonerCare website' had higher percentages of respondents indicating that they 'strongly disagreed' with those statements.

Table 20: Mean Scores on SoonerCare Program Knowledge Items (n=252)

Items	\bar{X}	SD
I know how to reach a SoonerCare representative	.932	1.16
I understand how to qualify for SoonerCare	.843	1.02
I know how to apply for SoonerCare online	1.36	1.40
I have looked at SoonerCare information online	1.53	1.48
I know how to update my personal information on the SoonerCare website	1.72	1.45
I understand the written materials that I receive about SoonerCare	.90	1.03
I know what kinds of services are covered by SoonerCare	1.16	1.20
I know which documents I need to provide in order to reapply for SoonerCare	.854	1.04
SoonerCare Knowledge Scale	1.16	1.16

* Scale is 0 = strongly agree, 4 = strongly disagree

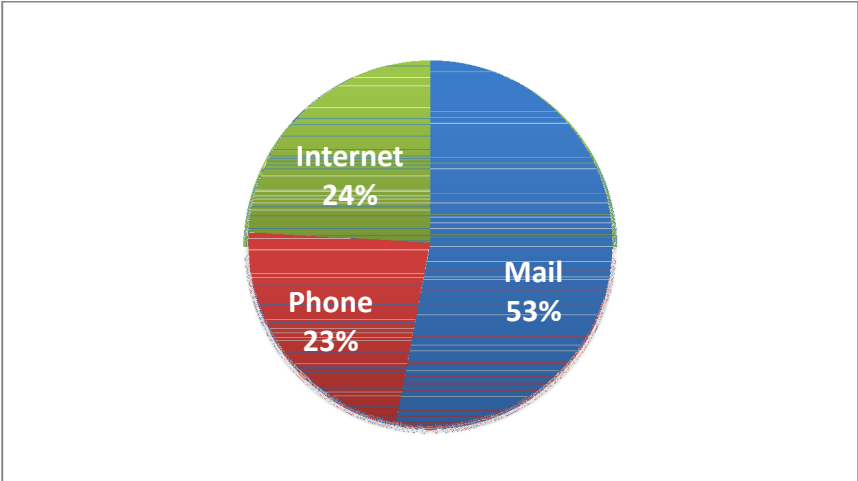
Half of the respondents indicate that the preferred mechanism for obtaining re-enrollment information from SoonerCare was through the mail. A little over twenty percent indicated that they would prefer to receive information by phone, and another twenty percent indicated that they would prefer to receive the information via the Internet.

Table 21: Frequency and Percent of Respondents Comfortable with Online Resources & Preferred Mechanism for Obtaining SoonerCare Information

Comfortable Using Online Resources for Sooner Care? (n=250)	
	N (%)
No	84 (33.6)
Yes	166 (66.4)

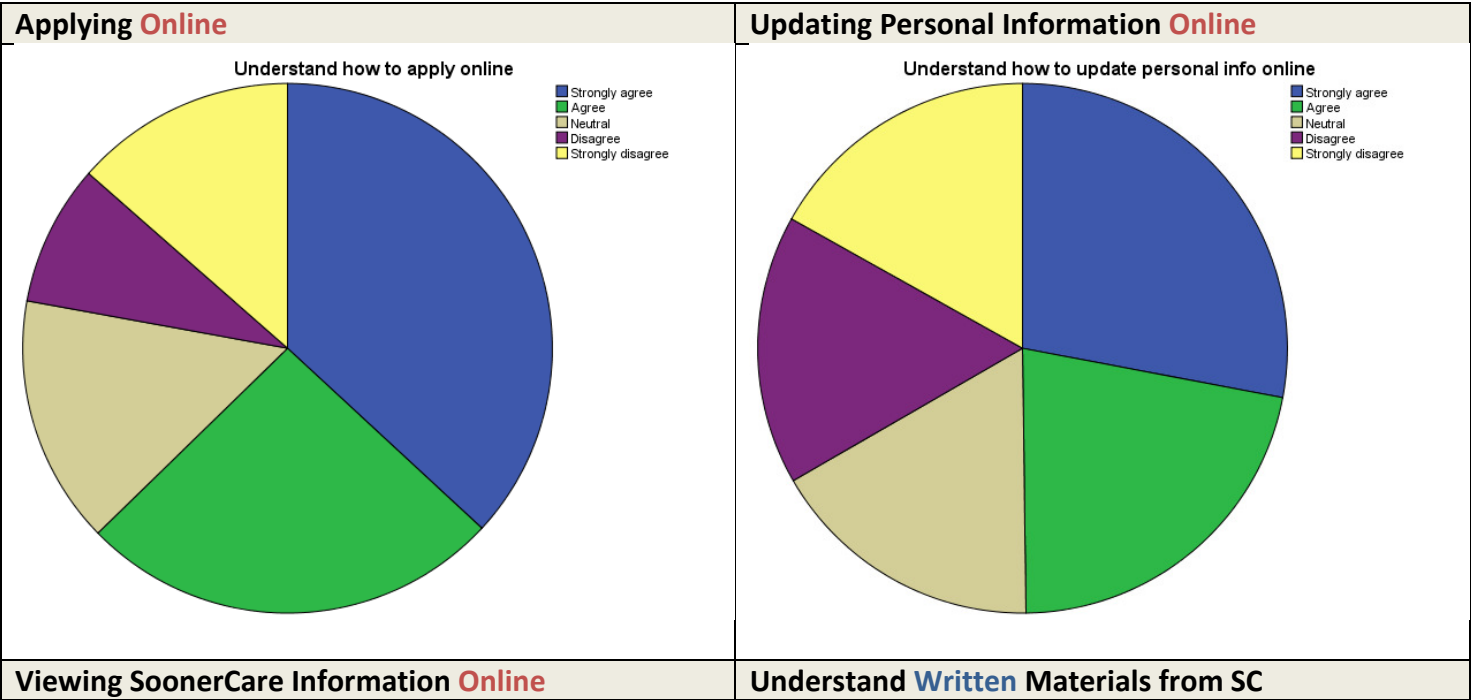
Overall a little over a third indicate that they are not comfortable using the online system for enrollment or re-enrollment.

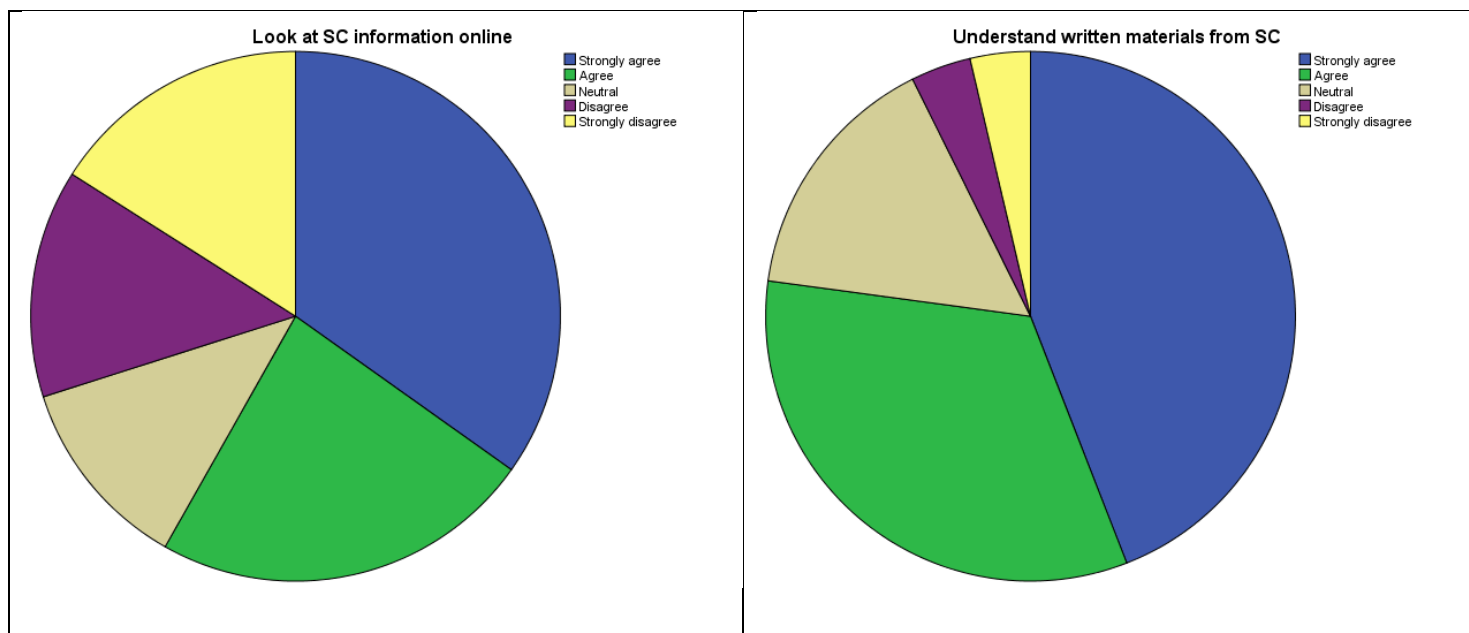
Figure 3: Responses to Preferred Mechanism for Obtaining Re-Enrollment Information



The pie graphs in Figure 3 represent the percentages of respondents’ agreement with the three items that relate to online issues. While most respondents do agree or strongly agree that they understand how to apply online, look at information online, and update their information online – there are still several respondents who are neutral or disagree or strong disagree with these items. Contrasting the knowledge of online versus written materials can be seen clearly in these pie graphs.

Figure 4: Pie Graphs Representing Agreement with SoonerCare Knowledge Items (n=263)





SOONER CARE BENEFIT KNOWLEDGE

As mentioned previously, five items measured specific SoonerCare benefit knowledge. Overall respondents indicate that they had heard of many of the SoonerCare benefits, such as the fact that SC covers dental care for children and pregnant women. These findings were parallel with the benefit knowledge of the focus group participants.

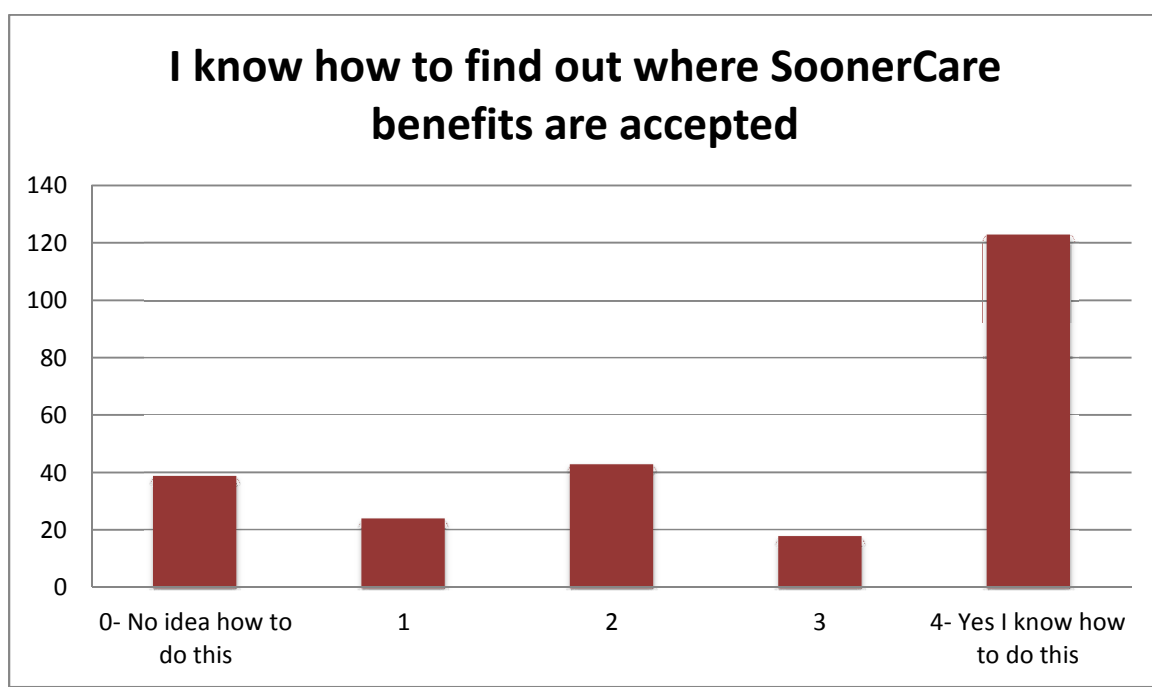
Table 22: Mean Scores on SoonerCare Benefit Specific Knowledge (n=252)

Items	X	SD
I know how to find out which doctors and hospitals accept SoonerCare benefits.	2.66	1.54
I know that SoonerCare covers dental care for children and pregnant women.	3.22	1.32
I know that SoonerCare provides vision care.	2.89	1.59
I know that SoonerCare provides behavioral health care.	2.83	1.58
Specific Knowledge Scale	2.84	1.25

* Scale is 0 = I had no idea, 4 = yes, I was aware of this

Respondents indicated that they had the least amount of knowledge about how to find out what doctors or hospitals accepted SoonerCare benefits.

Figure 5: Responses to Preferred Mechanism for Obtaining Re-Enrollment Information



SoonerCare Satisfaction

Overall respondents indicate satisfaction with SoonerCare programs. Over seventy percent of respondents report that they agree or strongly agree that SoonerCare representatives are trying to assist them with questions about the SoonerCare program. The lowest ranked item, at 2.82 (scale is 0 = very dissatisfied, 4 = very satisfied), was treatment by SoonerCare representatives, which was also seen in focus group participants' responses.

Table 23: Mean Scores on SoonerCare Satisfaction Items (n=252)

Satisfaction Items	\bar{X}	SD
How satisfied are you with the way that you are treated by SoonerCare's representatives?	2.82	1.12
How satisfied are you with your doctor, nurse, or clinic's attitude towards people who are enrolled in SoonerCare?	3.04	1.08
How satisfied have you been overall with your child's doctor, nurse, or clinic?	3.08	1.09
How satisfied have you been overall with your child's dentist?	2.99	1.06
How easy is it to get the prescriptions your child needs?	3.04	1.08
How satisfied have you been overall with the SoonerCare program?	3.08	1.04
SoonerCare Satisfaction Scale	3.00	.917

* Scale is 0 = very dissatisfied, 4 = very satisfied

Table 24: Representative is trying to help me (n=247)

	N	%
Strongly agree	107	43.3
Agree	79	32.0
Neutral	49	19.8
Disagree	5	2.0
Strongly disagree	7	2.8

SoonerCare Satisfaction, Access, and Knowledge by Ethnicity

Further analysis was conducted to determine if satisfaction, access and knowledge of SoonerCare program and benefits varied by ethnicity. Results reveal that there are some significant differences. American Indian and white respondents report significantly higher levels of satisfaction with SoonerCare than Hispanics. African American, American Indian and White respondents all report significantly higher knowledge of SoonerCare benefits than Hispanic respondents.

Table 25: SoonerCare satisfaction, access, and knowledge by ethnicity

	African American	American Indian	White	Hispanic	Other
	\bar{X} (SD)	\bar{X} (SD)	\bar{X} (SD)	\bar{X} (SD)	\bar{X} (SD)
Satisfaction	2.89 (.83)	3.17 (.79) ^d	3.07 (.88) ^d	2.55 (1.15) ^{bc}	3.14 (.55)
Access barriers	1.29 (1.41)	.95 (1.26)	1.09 (1.26)	1.35 (1.38)	.97 (.93)
Benefits	3.30 (1.19) ^d	2.96 (1.17) ^d	3.00 (1.13) ^d	2.14 (1.40) ^{abc}	2.35 (1.33)
knowledge					
SC general	.96 (.83)	1.18 (1.06)	1.12 (.90)	1.35 (.94)	1.45 (1.14)
knowledge					

a: significantly different than African Americans, b: significantly different than American Indians, c: significantly different than whites, d: significantly different than Hispanics, e: significant different than other

Respondents were also asked several open ended questions related to their satisfaction with the SoonerCare program. These questions are listed below and the discussion that follows reports on the responses to those questions:

- How does SoonerCare meet your child's needs?
- How does SoonerCare not meet your children's needs?
- What are the best things about the SoonerCare Program?
- What are the positive impacts that SoonerCare has had on your family?

The following discusses responses to these questions.

Does SoonerCare meet your child's needs?

When asked how SoonerCare meets their child's needs, there was an overwhelmingly positive response. Many respondents reflected that SoonerCare met their children's need completely and that many of the services

were free. There were many comments about the doctors and nurses that care for their children, citing that they received help with their questions when they needed it, and their children have access to physicians. They also appreciated being notified when routine care was due and appointment reminders. The following summarizes the themes that were developed by coding the qualitative comments to the above questions. While this section provides brief excerpts, Appendices A through E provide most of the comments organized around analytical themes.

Survey respondents stated that SoonerCare is very helpful with providing medical care; especially for those whose children require specialty medical care. One grateful respondent stated, “SoonerCare pays for my grandson’s entire medical – he has a Broviak central line and G-Tube”. Respondents were also appreciative of the dental and vision care that their children are able to receive through the program. For example, one respondent stated, “SoonerCare pays for all my children’s doctors or dentists appointments that I would never be able to afford on my own.”

A common theme from survey respondents focused on the financial assistance or security that the SoonerCare program provides for them. Related to the financial security, several respondents spoke of the peace of mind that the program provides them: “It is great to have Sooner Care. It takes the worry away on doctor appointment payments.” Another survey respondent spoke for many when stating: “SoonerCare has always been there for my kids and I.” Survey respondents’ appreciation for SoonerCare extended further that just financial security and peace of mind; many respondents were also very satisfied with the customer service provided by SoonerCare. One respondent acknowledged their appreciation by stating, “Offer me the information that answers all my questions give me confidence in what they say. I am very satisfied and happy with your service.”

“I am very relaxed having SoonerCare for my girl. I see the importance of having medical care and SoonerCare gives me the peace to know that she has it.”

Survey participants were also asked about the ways in which SoonerCare does not meet their child’s needs. The most frequent negative responses were customer care complaints, such as “Hard to get a hold of a rep when I need one.” Other respondents provided negative responses regarding paperwork: “But at times there is much paperwork they send by

mail and there are many confusing papers one does not know what is covered for some hospitals or clinics. They have to make the information more direct.” Another respondent found it most frustrating to learn that their SoonerCare benefits were shut off without notice, “It met my child’s needs, but they turn it off for reasons I am not aware of.” The negative responses focused mainly on lack of customer service assistance, specifically not being able to access help when needed, having benefits shut off unexpectedly and without explanation, and being confused by the paperwork are valid concerns.

Respondents also noted concerns about the dental and vision programs, citing differential coverage for children within the same family, or not understanding why some services were covered and others were not. One respondent spoke of one child receiving full benefits for braces, while the other did not, while another

respondent questioned why contacts aren't covered under benefits since it would be cheaper to replace their child's new prescription in contacts rather than new glasses.

Frustration with prescription benefits through SoonerCare was another common response about the program not meeting their child's needs. This was also a complaint often heard during the focus groups. The most frequent complaints were that SoonerCare did not cover the allergy or mental health medications that their children need, or that it was often very difficult to get these prescriptions filled.

Access to care issues was also a common response to the question. Survey respondents stated that they have problems locating primary care, specialists, and dental or vision care. Transportation was another barrier to care for some respondents; when asked about benefit literacy during the focus groups, few participants knew about the transportation benefits offered through SoonerCare. Respondents in rural areas had the most difficulty in accessing care. One respondent stated, "Too few doctors and dentists subscribe to SoonerCare and so it is difficult to find one close to my home", while another said, "I wish there was an orthodontist in Enid so I would not have to drive to Oklahoma City".

What are the best things about the SoonerCare Program?

There were many positive comments in response to a question about the best things about the SoonerCare program, especially regarding the doctors and nurses that care for their children, and access of care. Many respondents spoke of the peace of mind they gained from knowing that they were able to take their children to the doctor whenever they were sick. One respondent stated, "Being able to take the kids to the doctor when they truly need to go. Not just because they have a sniffle, but if they are truly sick or hurt", while other respondents spoke of the relief of knowing that emergencies are covered. Respondents were overall also very pleased by the quality of care received from SoonerCare doctors and nurses, with one participant noting, "I like it very well. Doctors are great with my kids, and take very, very great care of them". Several respondents spoke of the ease of booking appointments, with one stating, "Even if it's a specialist, it's easy to get a timely appointment".

Respondents also noted that they liked being notified of appointment reminders for routine well-child visits, and that customer service has provided good care and information. Respondents wrote things such as, "Service prompt" and "...they notify you when your child needs to see the doctor again". Several participants noted that SoonerCare's customer service is good at assisting when you have questions or need help, while others wrote that they appreciated that the website was able to answer so many of their questions.

Survey participants were thankful for the specialized care received through SoonerCare, such as prenatal, dental, and occupational therapy. One respondent wrote that she was so relieved that, "They pay all expenses medical on all hospitalizations and operations for my son". Several of the focus group participants and survey respondents have children with special health needs, and these participants were grateful for the fact that SoonerCare often provides their children with benefits and services that private insurance has denied.

*"I know if any emergencies arise,
SoonerCare is very dependable"*

One mother stated, “To qualify for care of autism and special needs! Dental services!! Speech and occupational therapy”.

The program’s coverage and financial benefits were a frequently noted draw of SoonerCare. Many also commented that they found the program to be flexible and that it allowed them to focus on paying for other family expenses such as food. Others noted that without SoonerCare coverage they would be unable to care for their children’s health needs. One respondent stated, “Truthfully, if it was not for SoonerCare I would not have been able to take care of my family’s health needs”. Other stated, “It helps keep my children healthy while I pay bills and pay food”, “Great that my children have coverage that I cannot afford”, and SoonerCare makes sure that children are taken care of when parents can’t pay for insurance”.

What are the positive impacts that SoonerCare has had on your family?

Finally, participants were asked about the positive aspects of participation in the SoonerCare program. Survey participants had many wonderful things to say about the ways that SoonerCare had significantly impacted their family. The financial impact and the peace of mind that it brings was the most common theme found in their responses. Several respondents spoke of enjoying the benefits of preventative care for their children: “My kids are healthy and well because I can keep them well through doctor and dentist visits” and “It has relieved stress on how my child would be able to go to the dentist. It helps greatly to know that he has coverage anytime he needs to go to a doctor”. Other respondents spoke of how SoonerCare provided their family with needed benefits for children with special medical needs: “Without SoonerCare both of my children with special needs would not get therapy as I could not afford it” and “My daughter has asthma and I could not afford to take her to a doctor or get her meds if not for SoonerCare”.

“I am a single mother who happens to be in college finishing up my degree. This gives me peace of mind knowing that I don’t need to worry about paying for a doctor or medicine at the time they are ill.”

Several respondents noted that the peace of mind provided by having SoonerCare benefits has helped their family significantly. One grandmother said, “It helps take away the worry about taking care of our grandchild”.

Specialty care was again noted as being an important benefit of the SoonerCare program. Several noted that the SoonerCare coverage allowed access to necessary surgery, consistent treatment, assistance with a difficult medical diagnosis, travel allowances to another state for care, and assistance to children with special needs. One mother stated, “My son is being diagnosed with MS. We’ve been given excellent care and received tons of information to help”. Other respondents stated, “My special needs kids get the care they need” and “They have helped when my daughter had to have a ride to the clinic in Oklahoma City to treat her Lupus”.

Participants were also impacted positively by the consumer care and coverage provided by the SoonerCare program. Many respondents spoke of the exceptional doctors and nurses involved with the program and of being able to get their child care as soon as they needed it. When speaking of her children, one mother said, “They have no medical needs that haven’t been met”, while another said, “I’m a single mom. Without

SoonerCare two of my kids would be dead instead of alive and well”. Finally, another respondent echoed what several others wrote by noting, “Getting what your children needs means a lot”.

Program Improvement

Respondents were also asked about needed improvements to the SoonerCare program. Many spoke of easier enrollment and more caring representatives as important areas for improvement. Respondents also reported that more doctors that accept SoonerCare coverage would improve the program and access to care. Several respondents indicated that the program could be improved with additional translators and information provided in Spanish, and this suggestion was also noted in various focus groups.

When asked about the things that SoonerCare needs to improve in the program, an overwhelming response spoke of the customer service. Many participants in both the focus groups and survey felt that they were underserved and sometimes mistreated by the SoonerCare customer service representatives. To this end, one respondent noted, “Instead of telling someone to look up info in your booklet, they should go the extra mile to help with your needs”. Survey respondents also noted a lack of access to the SoonerCare representatives, especially ones who speak Spanish. Several respondents stated, “To have more staff speak Spanish. They leave many waiting in line” and “To have Spanish interpreter”. Survey participants also spoke of a general lack of access, saying, “More customer connection to representatives” and “Easier to reach people on the Helpline – weekends and nights”.

Respondents also spoke of issues with enrollment, including the new online system. Many survey participants noted that they were not comfortable with the online application, some because of lack of access to a computer, and others because they would prefer to have someone assisting them with a paper application. Many respondents echoed feelings such as, “Not everyone has computers” and “Not everyone has a computer or time to go to the library”, while others felt that, “People need to be there to help you fill out the paperwork”.

One interesting theme to emerge from the surveys is reflected in current literature – the need for parents to have coverage alongside their children. Sommers, 2006 and Dubay & Kenney, 2003 document that having the parents enrolled in the same health insurance program as their children significantly reduced churning, or gaps in un-enrollment. When asked about program improvement, “Adult coverage” was repeated numerous times as something that program participants felt was important to improving SoonerCare. One survey participant said, “I think that adults who are either working or attending school should qualify for insurance if they cannot afford it”. Parent coverage under the same program as their children has been shown to raise the percentage of children who stay continuously covered under their Medicaid program.

“It would be nice if SoonerCare covered the parents of the children on SoonerCare also. It’s important for the parents to be in good health too.”

Finally, survey respondents stated that improvements should be made to the prescription benefits. Several respondents felt that the prescription benefits through SoonerCare need to be revised, as it is sometimes

difficult to obtain certain tiers of medications prescribed by doctors. Most frequently noted as medications that were had to access were certain drugs used to treat allergies, and other medications used to treat mental illnesses.

Parent Medical History: Relationship to Health of Children and SoonerCare Knowledge

Because parents were asked about their own medical history, parent medical history in relation to SoonerCare knowledge, barriers, and children's health were examined. Results reveal that, overall parents who report a consistent medical history are significantly more likely to have higher levels of knowledge of the SoonerCare program.

Table 26: Parent Medical Care History and SoonerCare Program Knowledge

	Inconsistent medical care	Consistent medical care
(SD)	X (SD)	X
How to reach SoonerCare representative	.79 (.10)	1.30 (1.30)
Representative is trying to help	.81 (.96)	1.11 (1.04)
Understand how to qualify for SoonerCare	.69 (.92)	1.22 (1.16)
Understand how to apply online	1.19 (1.29)	1.63 (1.55)
Look at SoonerCare info online	1.33 (1.40)	1.90 (1.59)
Understand how to update personal info online	1.50 (1.39)	2.23 (1.52)
Understand written materials from SoonerCare	.74 (.88)	1.19 (1.22)
Understand services covered by SoonerCare	.94 (1.05)	1.73 (1.37)
Knowledge of documents required for SoonerCare application	.68 (.84)	1.25 (1.27)

Bold = statistically significant Lower score = higher knowledge
disagree Range = .69 - 2.23

Scale 0=strongly agree/4=strongly

Table 26 shows the mean scores on SoonerCare knowledge items for parents who had consistent medical histories versus those who did not. Findings indicated that parents with consistent medical care as children reported significantly higher levels of SoonerCare knowledge than those with inconsistent medical care as children. For example, those with inconsistent medical care were less likely to know how to reach a SoonerCare representative or how to qualify for the program. They were also less likely to figure out the application process and what was required to qualify for SoonerCare. Further, Table 27 reveals that parents with inconsistent medical care as children were significantly less likely to report they knew how to find out where SoonerCare benefits are accepted or that they were unaware that the SoonerCare program covered vision.

Table 27: Parent Medical Care History and SoonerCare benefit knowledge

	Consistent medical care	Inconsistent medical care
(SD)	X (SD)	X
Can apply online for SoonerCare	2.82 (1.58)	2.72 (1.59)

How to find out where SoonerCare benefits are accepted	2.83 (1.52)	2.20 (1.52)
SoonerCare dental coverage for children and pregnant women	3.20 (1.34)	3.30 (1.28)
SoonerCare vision care	3.09 (1.49)	2.47 (1.75)
SoonerCare behavioral health	2.93 (1.55)	2.59 (1.65)

Bold = statistically significant Higher score = more knowledge Scale 0=I had no idea/4=yes, I was aware of this
Range = 2.20 - 3.30

HEALTH LITERACY

Increasingly, national attention has focused on the importance of health literacy in all aspects of health care and is defined as “the degree to which individuals have the capacity to obtain, process and understand basic health information needed to make appropriate health decisions and services needed to prevent or treat illness” (HRSA, n.d). Individuals with lower levels of health literacy often struggle with understanding how to use benefits, communicate health concerns or medical history, filling out medical forms, finding providers or services, understanding or managing health conditions or medication (HRSA, n.d.).

In order to explore the relevance of health literacy in relation to retention and reenrollment in the SoonerCare program, parents were divided into two groups: those with good versus those with low health literacy (Table 28). The mean score on SoonerCare program and benefit knowledge were compared across these two groups. Results reveal that those parents with lower levels of health literacy had lower levels of SoonerCare program and benefit knowledge than those parents with good literacy.

Given the move to an online enrollment and reenrollment system by SoonerCare, the knowledge and program items related to online access were examined by health literacy levels. As the charts in Figure 5 show, those parents with lower levels of health literacy indicate more struggle with the online application.

Table 28: Health Literacy and SoonerCare program knowledge (N=263)

	Good health literacy		Low
	health literacy		
(SD)	X	(SD)	X
How to reach SoonerCare representative	.77 (1.08)		1.29 (1.13)
Representative is trying to help	.74 (.99)		1.19 (.90)
Understand how to qualify for SoonerCare	.64 (.91)		1.26 (1.10)
Understand how to apply online	1.01 (1.22)		2.05 (1.46)
Look at SoonerCare info online	1.23 (1.40)		2.14 (1.46)
Understand how to update personal info online	1.44 (1.40)		2.30 (1.39)
Understand written materials from SoonerCare	.66 (.91)		1.39 (1.11)
Understand services covered by SoonerCare	.95 (1.15)		1.62 (1.18)

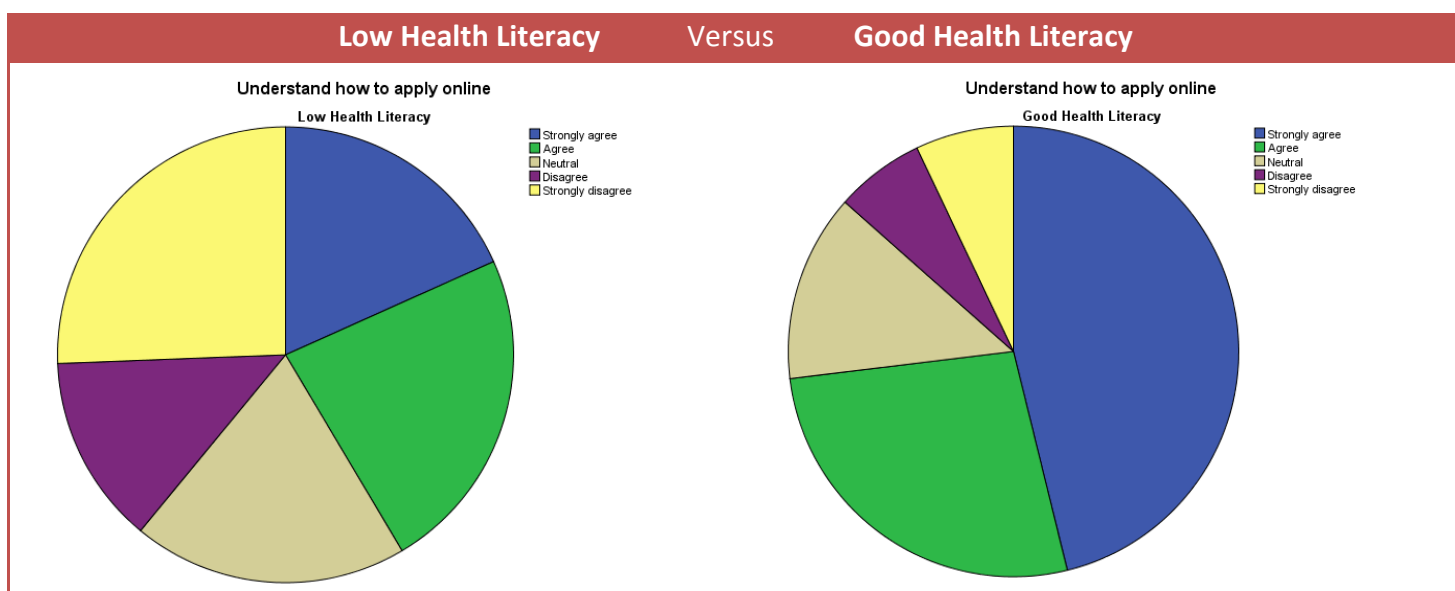
Knowledge of documents required for SoonerCare application	.65 (.94)	1.29 (1.11)
Bold = statistically significant	Lower score = higher health literacy	Range = .64 - 2.30

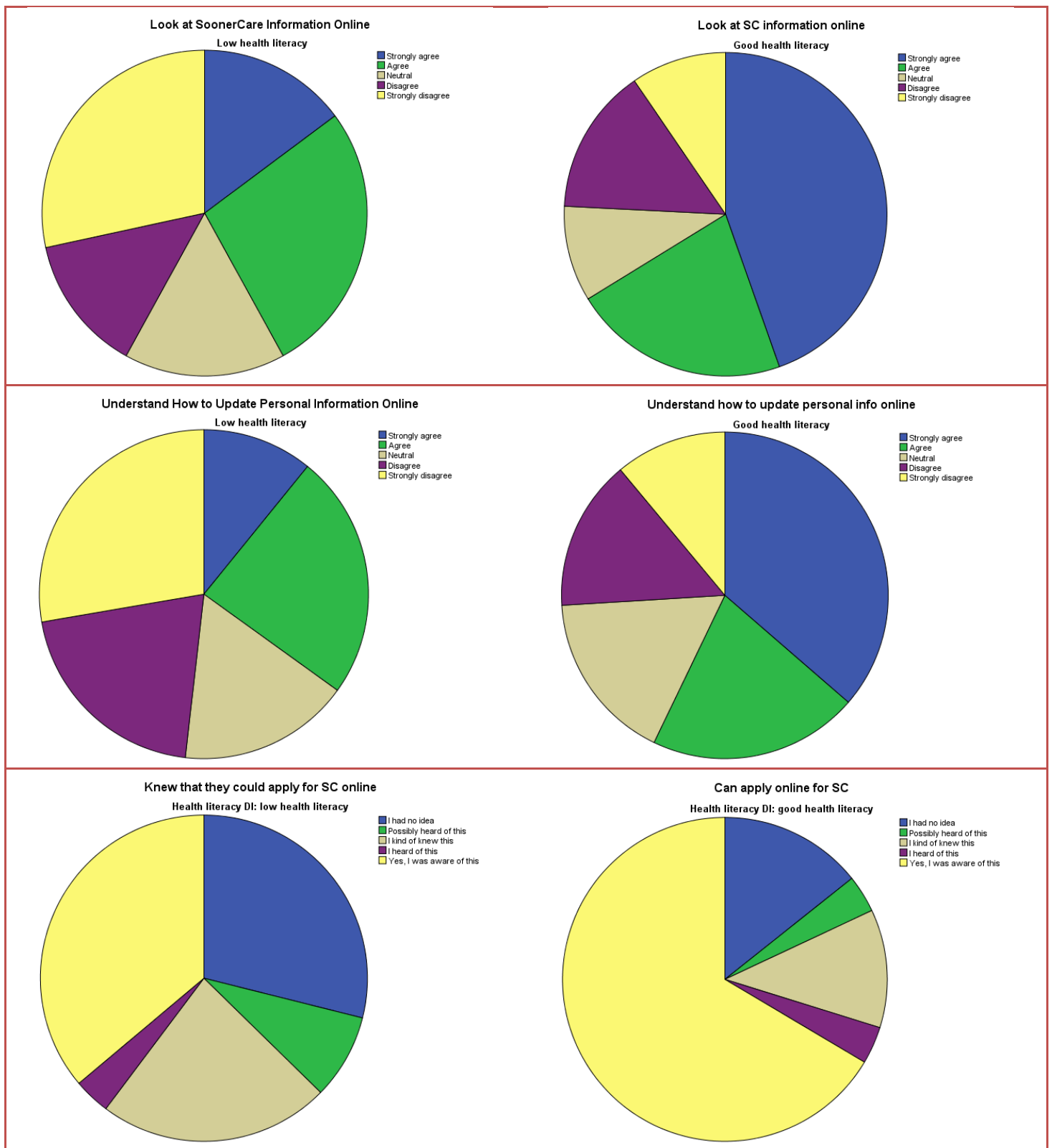
Table 29: Health Literacy and SoonerCare Benefit Knowledge (N=263)

	Good health literacy	Low health literacy
	X (SD)	X (SD)
Can apply online for SoonerCare	3.04 (1.49)	2.10 (1.66)
How to find out where SoonerCare benefits are accepted	3.00 (1.41)	2.02 (1.58)
SoonerCare dental coverage for children and pregnant women	3.39 (1.23)	2.90 (1.43)
SoonerCare vision care	3.12 (1.50)	2.49 (1.68)
SoonerCare behavioral health	3.17 (1.41)	2.17 (1.72)

Bold = statistically significant Higher score = lower health literacy Range = 2.02 - 3.39

Figure 5: Online Enrollment Knowledge and Health Literacy





In conclusion, it is likely that health literacy and consistent health care are related. Adults who grow up using medical care regularly are likely to not only receive and use medical care, but also develop positive health habits associated with regular care. This may include preventive care and health knowledge (such as diet and dental health) or the management of complex or chronic disease. Without such knowledge parents, who did not receive care as children, may be less able to help their children access and use health care services.

Conclusions

This report has detailed the findings of a statewide survey and focus groups of parents of children currently enrolled or eligible for the SoonerCare program. This section highlights some of the main findings of this study.

- ➔ **Many parents report high levels of satisfaction with the SoonerCare program.** Results from both the focus groups and survey reflect that SoonerCare offers financial security, peace of mind, and provides access to health care that children would not have access to without coverage. There were some ethnic group differences in satisfaction with the SoonerCare program, benefits, and knowledge. Hispanic respondents report less satisfaction with SoonerCare than American Indians and white respondents, and report significantly less knowledge regarding benefits than African American, American Indian, and white respondents.
- ➔ **SoonerCare provides important access to health care.** Many parents note that without SoonerCare coverage their children would have no access to important health care services such as primary and specialty care, dental or vision services, or prescription drugs.
- ➔ **Many American Indians successfully use their IHS and SoonerCare benefits together for optimal health insurance coverage.** American Indian parents noted strong relationships with their SoonerCare outreach workers and that they maximized the use of both their IHS and SoonerCare benefits to meet the medical needs of their children. American Indian focus group participants often noted that they utilized SoonerCare for services that IHS benefits did not cover, and vice versa.
- ➔ **Many American Indians report strong relationships with their SoonerCare outreach workers.** This relationship facilitated greater understanding of SoonerCare programs, benefits, and enrollment processes. Previous research also demonstrates that case managers are very helpful to parents in the enrollment process (Flores, et al., 2005). As another participant noted, “I feel like I’m pretty secure with it with it for as long as I’m not working. I also feel I hurt my family, because I need to work. You know, we have a brand new house; there are four kids to support. We don’t qualify for food stamps. I mean, it’s hard for us to buy food. You know, I have a teenager who just wants to spend money. I have a tween who is about to be 13, and I’ve got two young kids who want this and that, and they grow every year, so their clothes are being switched out seasonally. You know, I just have my husband working, but when I work then it puts us over income, but we don’t make enough to pay for everything and all our kids and all our food and we are still right there in the middle where I need the SoonerCare still, and I need to work also to help support the family. It just don’t work that way. We go over.”
- ➔ **Hispanic parents experience barriers to enrollment due to language barriers, documentation, and immigration status.** Consistent with previous research (Flores et al, 2005; Lessard & Gu, 2003; Kempe et al, 2001) the special circumstances of newly immigrated and non-English speaking parents make the enrollment and reenrollment process in SoonerCare more challenging. Overall Hispanics learn of the SoonerCare program later than other groups and are less likely to use the SoonerCare helpline. They report lower levels of satisfaction and knowledge of the SoonerCare program. Focusing on Hispanic enrollment and the reduction of barriers to SoonerCare for this population is warranted.

- ➔ **Many families are precariously balanced on the SoonerCare eligibility line.** While many parents note the importance of the SoonerCare coverage for their children, some express constant worry about remaining eligible for coverage. Some report that keeping coverage is so important that they may forgo raises that would place them over the eligibility requirement. The slight raise in income would not be sufficient to pay for health care. The anxiety of losing coverage was overwhelming for some parents.
- ➔ **Informal networks are an important mechanism for learning about SoonerCare.** The most common mechanism for learning about SoonerCare among parents was through informal sources, such as friends or family, rather than through formal mechanisms such as SoonerCare representatives or advertising. However, American Indians ranked clinic staff (outreach workers) as the most common source of information and this finding is consistent with focus group results that highlighted strong relationships between American Indian parents and outreach workers. Among Hispanic parents, the hospital was the most common source of information about SoonerCare. This may mean that for Hispanic parents, they learn of the SoonerCare program much later in their pregnancy, perhaps at the time of their child's birth.
- ➔ **Online enrollment may offer some challenges for parents, particularly those with lower levels of health literacy.** Overall respondents indicate that they are well informed and understand the SoonerCare program and the benefits offered. However, they report knowing the least about and having the most discomfort **using online sources** for SoonerCare enrollment. These results were found in both the focus groups and in the survey data. Simplification of application process offering application assistance might help such parents with the enrollment process (Kempe, et al., 2004).
- ➔ **Access to mental and behavioral services needs improvement.** Although in general parents responded positively about access to services, some did report problems with access to services for mental health. Some also noted that they experienced difficulties obtaining prescriptions for mental health or behavioral issues. This finding is consistent with previous that suggests that better coordination of mental and behavioral health services is warranted (Koyanagai, et al., 2005; West, et al., 2010; Howell, 2004). One focus group member stated, "My son has the bipolar and all that and he actually sees a neurologist and there's like certain medications his doctor has been trying since January for Medicaid to approve medication for him and he's gone through all the hoops, jumped the ropes and everything else, and he still can't get the medicine. My son has been off the medicine for the past three months because Medicaid won't approve it. And with him starting school next month if it goes the same way it did last year, the second day of school he will be suspended until October like he was last year".
- ➔ **The health literacy of parents impacts their ability to navigate the SoonerCare system, satisfaction with the SoonerCare program, and longer gaps without health care coverage.** Health literacy matters in terms of personal efficacy on the part of the parents, and is related to their ability to navigate the SoonerCare system. As previous research demonstrates, there is a relationship between education and health literacy

among the participants. Those with higher levels of education report higher levels of literacy. Those with lower health literacy are even more likely to struggle with online enrollment.

- ➔ **Parents identified areas for improvement of the SoonerCare program.** These recommendations include improving customer care, improving access to specialty care, improving coverage of prescription drugs, improving access to providers who accept SoonerCare, and transportation assistance to medical appointments.
- ➔ **Many parents did not have health insurance coverage for themselves.** A little under half (46%) of the parents surveyed were uninsured themselves. Many also reported that the Medicaid program could be improved by offering adult coverage. The principle findings from Dubay and Kenney's article titled Expanding Public Health Insurance to Parents: Effects on Children's Coverage under Medicaid were that "children who reside in states that expanded public health insurance programs to parents participate in Medicaid at a rate that is 20 percentage points higher than of those who live in states with no expansions. The Massachusetts expansion in coverage to parents led to a 14 percentage point increase in Medicaid coverage among children due principally to reductions in uninsurance among already eligible children" (Dubay & Kenney, 2003).
- ➔ **Early exposure to consistent health care as children was related to current children's health care access and outcomes.** Parents who experienced consistent medical care as children were more likely to know more about the SoonerCare program than parents who did not experience consistent medical care as children. They were also more likely to know how to find out where SoonerCare benefits were accepted and about vision benefits.

IMPLICATIONS

Implications of this study may inform future program development or improvement. This section reports those implications.

- ➔ **Reduce enrollment barriers for newly immigrated and non-English speaking parents.** Targeted outreach that includes bilingual information, translator services, clear explanation of benefits, and a safe environment to pursue questions and eligibility despite the immigration status of other family members may help Hispanic enrollment in SoonerCare.
- ➔ **Boost outreach efforts through informal systems of care.** Informal or word of mouth advertising through friends and family who are knowledgeable about the program is an important and effective method of gaining new enrollees. While hospitals also serve as a strong method of sharing information about the program, it is somewhat troublesome when that many Hispanic parents did not learn about SoonerCare until after they gave birth; ideally these they would have received prenatal care through SoonerCare's program during their pregnancies.
- ➔ **Enhance outreach by using community workers and lay health advisors.** Training community workers or lay health advisors, particularly within the Hispanic community could boost enrollment. American Indian

parents noted that the outreach worker plays a prominent role for parents in the enrollment process and are a reliable source of support and information. The importance of social networks to health information dissemination indicates a need on the part of SoonerCare to access those networks through new programs such as community health workers.

- **Develop marketing success strategies and family stories to boost enrollment, reduce stigma and increase access to the program.** Community organizations and advertisement are the least frequently reported means of learning about the SoonerCare program on the survey, and many focus group participants stated that they could not remember ever seeing advertisements for SoonerCare. Yet many families with young children use a variety of social service agencies that could serve as an important referral source to the SoonerCare program.
- **Provide training and assistance with online application processes and requirements.** Though increasingly more people are becoming familiar with and can use technology, there are some, due to a variety of barriers such as financial or educational – who cannot afford or who do not feel comfortable using computers for transactions such as enrollment. Where literacy is a problem, these barriers are more prominent.
- **Provide adult coverage.** As research has demonstrated, adults with health coverage are more likely to have children covered by health insurance. Early and consistent care is important to adult health and to the children of those adults. Earlier consistent care is best – and finding mechanisms to support such care is important to the current and future health of children (and their children).
- **Screen and assess for health literacy.** One of the programmatic implications of this research relates to the issue of health literacy. Parents with lower health literacy have significantly less knowledge about SoonerCare, more barriers to SoonerCare access, and less satisfaction with the Sooner Care program. Screen at intake for health literacy, targeting those parents with lower levels of health literacy, and addressing the readability of printed and online materials may help those parents that experience difficulty enrolling in, retaining and using their SoonerCare benefits.
- **Provide better information and access for clients to mental health services and medication.** Parents of children with mental or behavioral health problems need assistance in locating services for their children. Although Medicaid programs somewhat improve access of care to behavioral and mental health services for children, access to this care is still lower than it should be (Howell, 2004), and improvements can still be made in assessing and coordinating mental and behavioral health services.

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Appendices

Appendix A: Positive Responses to Does SoonerCare Meet your Child's Needs? (n=83)

Reproductive Health, Pregnancy, Prenatal Care

Being born (x2)

Infancy

"Help with formula, food, etc."

Contraceptive

Birth control for my 16 yr. old

Specialty Treatment

"SoonerCare pays for my grandson's entire medical- He has a Broviak central line and G-Tube."

"I'm VERY Glad that SoonerCare paid for the Implanon. Our providers find out what is covered for us by providing quality care"

"SoonerCare allows me to take my son to an ENT doctor out of state."

Mental Health, Prescriptions, Dental & Vision Care

"I have children w/serious mental health issues and they do help w/therapy."

"over the counter drugs"

"Medical and dental attention if it is needed"

"SoonerCare has helped my children greatly in receiving excellent dental care and eye care"

Facilitates Access to Care

"It does meet my child's needs by being seen quickly, makes appts. ASAP." (x2)

"He gets to see the doctors when he needs to and gets referrals when needed."

"If it wasn't for SoonerCare my children wouldn't be able to see a doctor."

"Sees doctor when needed."

Financial Assistance/Security

"Economical when one has no resources"

"Helps me be able to afford caring for her needs"

"SoonerCare pays for all my children's doctors or dentists appointments that I would never be able to afford on my own."

"They pay for all the expenses including dental, doctor, hospitalizations, operations, medicines." (x2)

"It great to have SoonerCare. It takes the worry away on doctor appointment payments."

Customer Service

"Offer me the information answers all my questions give me confidence in what they say. I am very satisfied and happy with your service." (x4)

"That it is a good service."

"They always seem to know what's going on with her and if they don't they try to figure it out. They are always helpful."

Meets All of My Needs/General Happiness with Program

"Has been great for my son."

"I am happy because it meets the needs of my child." (x12)

"It meets their needs completely thus far."

"Yes I am happy that my child has SoonerCare."

"I love SoonerCare."

"I have never had any problems with it."

"It helps with my grandchildren's medical and dental."

"They help my kids out so much."

Peace of Mind

"I am very relaxed having SoonerCare for my girl. I see the importance of having medical care and SoonerCare gives me the peace to know that she has it."

"My children are very well taken care of."

"SoonerCare has always been there for my kids and I."

Appendix B: Negative Responses to Does SoonerCare Meet your Child's Needs? (n=83)

Consumer Care

"Hard to get a hold of a rep when I need one."

"It met my child's needs, but they turn it off for reasons I am not aware of."

"But at times there is much paperwork they send by mail and there are many confusing papers one does not know what is covered for some hospitals or clinics. They have to make the information more direct."

Dental and Vision inconsistencies

"Dentist, one child received full acceptance for braces, the other did not."

"Will not pay for 4 false teeth (flipper) for my 3 year old."

"Glasses only once a year isn't good cause my child's prescription changed. Contacts- have you thought about paying for part of them?"

Prescriptions

"My child need's allergy meds that is not covered by SoonerCare. "

"Needs to pay for allergy meds like Singulair."

"Sometimes it is hard to get his medicines."

"Has issues with paying for some of my child's medications."

Medical Access with SoonerCare

"Too few doctors and dentists subscribe to SoonerCare and so it is difficult to find one close to my home. Too many to think of."

"I wish there was an orthodontist in Enid so I would not have to drive to OKC."

"It took over a year to get a referral."

"It takes too long to get a sick kid to see a doctor. Or to get hearing aids or medical treatment."

"Transportation and cost to doctor appointments when SooneRide Not available."

"Hard to find right doctor."

"My child has eczema and so far I have not received satisfactory help with that."

Appendix C: Responses to 'What are the Best Things about SoonerCare?' (n=172)

Consumer Care

"How they notify you when your child needs to see the doctor again."

"I like it very well doctors are great with my kids, and take very, very great care of them!!" (x6)

"Letting you know what all it pays for."

"Service prompt."

"That it is easy to get; they really help you out."

"They help out when you have questions or need help."

"When my children are sick or hurt they can have a doctor we both can trust."

Medical Care

➔ Reproductive Health/Prenatal Care

"That me and my baby are able to receive health care while pregnant."

"My child can go to the doctor when he needs to and birth control is fully covered."

➔ *Dental*

"I am able to take my child to the dentist, which I would not be able to do without Sooner Care."

"I can apply for dentist, health, anything my child needs."

"Paying for dental visits and health care check-ups."

➔ *Medical*

"Ability to get children's various medical needs met."

"Getting regular medical checkup and emergency checks when needed."

➔ *Prescriptions*

"Helps provide medicine for my children I cannot afford."

"It very helpful for my kids, especially when you have trouble getting meds for them when they are sick."

"They help out with the medication a person is taking."

➔ *Behavioral Health*

"Behavioral health and dentist."

➔ *Speciality Care*

"That they pay all expenses medical on all hospitalizations and operations of my son."

"To qualify of care for autism and special needs! Dental Services!! Speech and OT Therapy!"

"Behavioral health and dentist."

Accessibility

"At any moment that she feels sick that I have immediate medical attention." (x6)

"Being able to take the kids to the doctor when they truly need to go. Not just because they have a sniffle but if they are truly sick or hurt."

"Clinic choice."

"Easy access to doctors and health care providers." (x2)

"Easy access to the web for questions, etc."

"Even if it's a specialist it's easy to get a timely appointment."

"Helpline."

"I know that any emergencies arise SoonerCare is very dependable." (x3)

"More options on where/which providers I can go to."

Qualification

"Ability to qualify."

Coverage

"Accepted almost everywhere"

"All the things they cover Health Care, Dentist, and Eye Care." (x10)

"Better than nothing at all."

"I can get my children the care that they need." (x3)

"That they have different programs for different needs." (x2)

"The coverage you actually have choices."

"The flexibility and coverage all around."

Financial

"(Doctors) they always can see you and it helps a lot if you don't have money for prescriptions they help you a lot."

"Great that my children can have coverage that I cannot afford." (x12)

"Helps family with low income." (x4)

"Free" (x6)

"I don't have to worry about paying out of pocket for medical expenses" (x2)

"It covers everything no matter my financial situation." (x4)

"It helps keep my children healthy while I pay bills and buy food"

"It helps me out since I'm a single mom of 4 and can't afford doctors appt etc."
"It offers insurance for my child which I am unable to provide"
"SoonerCare make sure that children are taken care of, when parents can't pay for insurance."

Miscellaneous

"Everything; I think it's a great beneficial program." (x8)
"How much they do for families." (x5)
"No medical billing to be filled out by me."
"Perfect"
"Reaching children who are otherwise uninsured."
"SoonerCare is a great program!"
"Too many to think of."
"Truthfully if it was not for SoonerCare I would not have been able to take care of my family's health needs - thank you."

Appendix D: Responses to "What are the Positive Impacts SoonerCare has had on family (n=152)

Financial

"Without SoonerCare both my children w/special needs would not get therapy as I could not afford it. Thank U!!"
"They help with all health expenses which is great when you don't make enough to pay for it. They make sure your children are healthy."
"Sooner has helped me and my kids' medical needs without them we would not be able to have good medical care." (x5)
"Provided medical care during financial hardship." (x4)
"My daughter has asthma and I could not afford to take her to doctor or get her meds if not for SoonerCare."
"It really helps when you barely even have enough money for bills."
"If not for SoonerCare there is no way my mother could have paid for health for my sister and I and there is no way I could afford medical care for my daughter."
"It has helped financially very much." (x8)
"I am a single mother who happens to be in college finishing up my degree. This gives me piece of mind knowing I don't need to worry about paying for to doctor or medicine at the time they are ill."
"With the economy it helps my family a lot."

Consumer Care

"Great experience"
"Helped my kids receive excellent care." (x3)
"I can get my child the correct care she/he needs with no problem."
"My child does get good treatment and check-ups at her doctor now."
"My child has always been served when he has needed it. I have not had bad experiences."
"SoonerCare doctor were more willing to help."
"There always helping when needed."
"When my daughter is sick, we can have her seen ASAP. She doesn't have to wait."
"They have helped us through trying times."

Quality of Life

"A great healthy family." (x4)
"Children's health is great, being able to go to the doctor and dentist when they need to, and not having to worry about how to pay."
"Help keep kids healthy." (x9)

"having overall good health"

"It has relieved stress of knowing my children get the medical care they need."

"It has relieved stress on how my child would be able to go to the dentist. It helps greatly to know that he has coverage anytime he needs to go to the doctor."

"It helps take away the worry about taking care of our grandchild"

"My kids are healthy and well because I can keep them well through doctor and dentist visits."

"SoonerCare has helped on SO many levels."

Coverage

"All my children have chance to have a doctor and dentist to go to."

"Children have health coverage even if my jobs didn't offer any."

"Getting what your children needs means a lot." (x3)

"Giving my children the healthcare they need!"

"Great help for us." (x5)

"having insurance" (x3)

"I'm a single mom. Without SoonerCare two of my kids would be dead instead of alive and well."

"If it wasn't for SoonerCare my children would have no benefits"

"It allows me to take my kids to the doctor when they are sick'." (x2)

"It is very good, help is very good."

"Helped throughout the years!"

"It has been a blessing on us."

"Just knowing that at any time my children can health care they need"

"My child can come to the doctor as soon as she needs to." (x4)

"They have no medical needs that haven't been meet"

Vision

"Sun glasses - they help getting them."

Dental

"I had a toothache and with SoonerCare I was able to get them pulled."

"My son's ability to get braces."

Pregnancy

"Helped during my pregnancy and after with my child's doctor expenses."

"Helping out on having my last baby. Helping me out by having a doctor that has manners for their patients."

"It has helped me be less stressed about my pregnancy with knowing I will have health care."

"We would not have been able to afford her birth or the hospital stay and the doctors' visits."

Specialty Care

"Allowed my son to have much needed surgery."

"Has allowed me to have my daughter treated consistently for her disorders."

"My daughter has chronic ear disease and without SoonerCare she wouldn't be able to see her specialist at all."

"My granddaughter was able to get the surgery she needed."

"My son is being diagnosed with MS. We've been given excellent care and received tons of info to help."

"My special needs kids get the care they need."

"They have helped when my daughter had to have a ride to the clinic in Oklahoma City to treat her Lupus."

"We would not have my son without SoonerCare because he had ALL when he was 13 and the medicine and treatment we could not have done it and the rides back and forth."

Prescriptions

"It covers all my kids' prescriptions that they need monthly that are costly."

Negative Impact

"No because one month they tell me that I had SoonerCare and my son is sick. When I take him to the hospital, the outcome is that I did not have SoonerCare. I even get a bill that is more than \$1,000.
"The prescription coverage isn't enough."
"I think that there is nothing that needs to be improved. It does wonders for me."

Appendix E: Responses to Needed Improvements to SoonerCare (n=140)

Consumer Care

"Awareness of what is covered by SoonerCare and what is not."
"When there's a problem you get to run back and forth between DHS and Health Care Authority w/both of them saying it's the other ones prob." (x4)
"Customer connection to representatives." (x4)
"Customer service and quality of service provided by doctors and nurses." (x4)
"How hospital staff treats SoonerCare patients"
"Information more easy to understand and shorter."
"Instead of telling someone to look up info in your booklet, they should go extra mile to help with your needs."
"Nicer representatives." (x2)
"Prior authorization time frame." (x2)

Accessibility

"Easier to get a hold of a rep."
"Easier to reach people on the helpline-weekends, nights." (x3)
"Listing of providers."
"More clinics in better locations." (x2)
"More doctors and offices." (x2)
"The transportation, that is at least 24 hours before any appt. not each one 3 day before or more."
"To have more staff speak Spanish. They leave many waiting in line."
"To have Spanish interpreter."

Financial

"Billing and payments-(prompt) to providers"
"Raise income guidelines." (x5)

Enrollment

"Approval time"
"Filling out everything online. Needs to be other ways to fill out paperwork." (x3)
"How to sign up. Not everyone has computers."
"Internet Enrollment." (x2)
"Letting clients know in time about renewing SoonerCare. Before the card expires." (x5)
"People to be there to help you fill out the paperwork."
"The reapplying paper work needs to be able to be turned in at DHS again."
"The way to apply for it. Not everyone has a computer or time to go to the library and there should be insurance for parents we need to stay healthy for our kids."

Coverage

"Adult coverage." (x5)
"Better coverage on contacts and on braces."
"Children should be able on it till they get out of school"
"I think that adults who are either working or attending school should qualify for insurance if they cannot afford it."

"It would be nice if SoonerCare covered the parents of the children on SoonerCare also. It's important for the parent's to be in good health also." (x2)

"Out of state coverage. If they have insurance under another parent, that does not double cover, I still cannot get him treated. Also we have a problem with contacts. Eye doctor says daughter needs them to improve her vision and decrease progression of eyes and not covered."

Disability

"Helping people get wheelchair help that they need."

Vision

"More vision help."

Dental

"Dentist (braces)." (x2)

"Letting parents at least get dental."

Prescriptions

"Certain medications not being covered by SoonerCare."

"Disable people should get more than 6 meds a month."

"The adult Sooner care program should help more with prescriptions"

"The medication program." (x3)

Specialty

"Easier to get to the specialty care when needed."

None

"All great"

"Everything is good." (x2)

"Everything is ok to me."

"For me, none. Covers everything needed."

"Haven't had any problems."

"I can't think of any." (x2)

"I do not have any inconvenience."

"None" (x8)

Appendix F: Focus Group Questionnaire

Oklahoma Health Care Authority Project Focus Group Questionnaire

Please complete the following questions before you participate in the Oklahoma Health Care Authority-sponsored focus group. Your group facilitator is available to answer any questions or concerns you may have about this questionnaire.

1. *Your age in years at last birthday:* _____ 2. *Gender:* Female _____ Male _____

3. *Are you currently working?*
Yes, part-time _____
Yes, full time _____
Not working at this time _____

4. *Please check one or more of the following to describe your race or ethnic group.*

- a. Asian _____
- b. African American _____
- c. Native Hawaiian/Pacific Islander _____
- d. American Indian/Alaskan Native _____
- e. Caucasian _____
- f. Hispanic _____
- g. _____

5. *What is your family status?*

- a. Married _____
- b. Single _____
- c. Divorced _____
- d. Separated _____
- e. Widowed _____

Children in the home	Age of child	Covered by Medicaid? Yes/No	How long has child been covered by Medicaid?	Rate child's health, 0-5. 5 = excellent, 0 = poor	Comments about health concerns.
Child one					
Child two					
Child three					
Child four					

7. *What is the highest grade or level of education that you have completed?*

- a. 8th grade or less. _____
- b. Some high school, but did not graduate. _____
- c. High school graduate with diploma or GED. _____
- d. Some college or two year college. _____
- e. Four-year college degree. _____
- f. Some post-graduate education. _____
- g. Post-graduate degree. _____

8. *Do you feel secure in your child's health care insurance?*

- a. Yes _____
- b. No _____
- c. Not applicable, they are not covered at this time _____

9. *Do the adults in the household have health care insurance?*

- a. Yes _____
- b. No _____

10. *What is your zip code?* _____

Thank you for completing this questionnaire!
We will start the focus group meeting shortly.

Appendix G: Focus Group Questions

Oklahoma Health Care Authority Project Focus Group Questions

Part I – Health Care Coverage and Security

1. What are the health concerns that you have for your child(ren) at this time?
2. How secure do you feel with maintaining your child's health coverage at this time?
3. Who is responsible for getting and maintaining health coverage for your child(ren)?
4. How much do you worry about dealing financially with health issues right now?
5. What is your view of good health care coverage for your child(ren)?
6. How important is health insurance coverage for your child(ren) to you at this time in your life?

Part II – Experiences with Getting and Retaining Health Care Coverage

7. If your child(ren) is enrolled in SoonerCare, how long have they had consistent coverage? (define consistent coverage)
8. If your child(ren) has had SoonerCare in the past, but is currently uninsured, how long have they been without coverage?
9. What is going on in your life that keeps you from getting and retaining health care coverage for your child(ren)?

Part III – Barriers & Access to Health Care Coverages

10. Have you experienced any challenges or barriers to qualifying for SoonerCare coverage for your child(ren)? (probe: such as citizenship or income requirements)?
11. What did you do to fix or address any challenges or barriers for qualifying for SoonerCare? Was it successful?
12. Do you receive your SoonerCare re-enrollment forms? Did you understand the re-enrollment forms? Do you understand how to complete them and where to return them? How often did you receive the re-enrollment documents?
13. Have you been unable to qualify for SoonerCare for your child(ren) in the past? If so, why were you ineligible?
14. In reviewing the SoonerCare enrollment form, is there anything that you would be unable to answer or provide (such as proof of income, citizenship documentation, etc.) that would prevent you from receiving SoonerCare for your child?

Part IV – Knowledge and Understanding of SoonerCare Program

15. How did you find out about the SoonerCare program?
16. What do you understand to be the benefits that SoonerCare provides your child(ren) upon enrollment?
17. Do you feel that your child(ren) receive the same quality of health care services when insured by SoonerCare as compared to when covered by private insurance?
18. How often do you utilize your child(ren)'s SoonerCare benefits?

Part V – Health Concerns

19. Do you have a child with a chronic health condition (such as asthma, allergies, diabetes, etc)? If yes, is this child currently covered by SoonerCare?
20. Have you avoided seeking medical treatment for a child due to lack of insurance or poor/inadequate insurance?

Appendix H: STATEWIDE SURVEY

Oklahoma Health Care Authority Survey

SECURITY

1. Have you enrolled or re-enrolled in SoonerCare since September, 2010?

Yes

No

2. Has there been any gap in your child's (children's) SoonerCare coverage in the past 12 months?

Yes

No

3. If yes, how long was the gap?

Less than one month

One to three months

Four to six months

Greater than six months

4. If yes, why? Please check all that apply.

I chose not to reapply for benefits

I was unable to reach a SoonerCare representative

Re-enrollment paperwork was not completed properly

Re-enrollment paperwork was not returned on time

I do not understand why it was terminated

Other _____

5. Has lack of insurance ever kept you or your children from going to the doctor or hospital?

Yes

No

6. LIST EACH CHILD IN HOME AND ANSWER EACH QUESTION FOR EACH CHILD.

Children in the home	Age of child	Covered by SoonerCare Yes/No	How long has child been covered by SoonerCare	Rate child's health 5 or worse, if worse	Respiratory concerns - asthma, allergies, breathing Yes/No	Relational concerns - ADHD, disruptive behavior problems Yes/No	Diabetes Yes/No	Disability-visually impaired, hearing, cerebral palsy, mental retardation Yes/No	Skin problems - eczema, rashes Yes/No	Would you consider this problem chronic (happening repeatedly over a long period of time)? Yes/No
Frequency	3 years	Yes	All covered	1	Yes, seldom	No	No	No	Yes, seldom	Yes
Child one										
Child two										
Child three										
Child four										
Child five										
Child six										

Additional Children added on back of sheet

7. How often has your child seen a dentist during the past 12 months?

Never

Once

Twice

Three or more times

KNOWLEDGE

11. Please rate your level of agreement with the statements below.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
• I know how to reach a SoonerCare representative					
• I trust that they are trying to help me					
• I understand how to qualify for SoonerCare					
• I know how to apply for SoonerCare online					
• I have looked at SoonerCare information online					
• I know how to update my personal information on the SoonerCare website					
• I understand the written materials that I receive about SoonerCare					
• I know what kinds of services are covered by SoonerCare					
• I know which documents I need to provide in order to apply for SoonerCare					

12. Please rank your level of knowledge on the following items.

	I had no idea		I kind of knew this		Yes, I was aware of this
	0	1	2	3	4
I can apply for SoonerCare online					
I know how to find out which doctors and hospitals accept SoonerCare benefits					
I know that SoonerCare covers dental care for children and pregnant women					
I know that SoonerCare provides vision care					
I know that SoonerCare provides behavioral health care					

13. How confident are you at filling out medical forms by yourself?

Not at all confident	Somewhat confident	Confident	Extremely confident

14. How did you learn about SoonerCare? Please check all that apply.

From a SoonerCare representative

From a friend or relative

From the hospital staff when my child was born

From my doctor, nurse, or clinic

From my employer/insurance

As a requirement in my community

Other (please write in) _____

15. Who do you ask if you have questions about your child's SoonerCare benefits?

SoonerCare Helpline

SoonerCare website

Doctor or doctor's staff

I don't know who to ask when I have questions

Other (please write in) _____

SATISFACTION

16. Please rate your level of satisfaction for each of the statements below.

	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
How satisfied are you with the way that you are treated by SoonerCare's representatives?					
How satisfied are you with your doctor, nurse, or clinic's attitude towards people who are enrolled in SoonerCare?					
How satisfied have you been overall with your child's dentist?					
How easy is it to get the prescriptions your child needs?					
How satisfied have you been overall with the SoonerCare program?					

17. Does SoonerCare offer benefits that meet your child's needs?

Yes

No

Comments on how SoonerCare does or does not meet your child's needs:

18. In your opinion, what are the best things about the SoonerCare program?

19. In your opinion, what are the things about the SoonerCare program that need to be improved?

20. Please share with us how SoonerCare has had a positive impact on your family.

PROGRAM IMPROVEMENT

21. What is the best way for you to receive the SoonerCare re-enrollment information?

Internet

By phone

Through the mail

22. Are you comfortable going online to complete the application for enrolling or re-enrolling in SoonerCare?

Yes

No

23. Do your children currently have health insurance (this may be SoonerCare or any other health insurance provider)?

Yes

No

How many children do you have under the age of 18? _____

How many of them have SoonerCare coverage? _____

How many of them have private insurance coverage? _____

How many are uninsured? _____

The following questions in this section are about you, not your child(ren).

24. Please rate your level of agreement with the statements below.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
When I was a child, I had a doctor that I would see regularly					
When I was a child, I had a dentist that I would see regularly					

25. Do you currently have health insurance, including SoonerCare?

Yes

No

DEMOGRAPHICS

26. Your age in years at last birthday: _____

27. Gender:

Male

Female

28. Are you currently working?

Yes, part-time

Yes, full-time

Not working at this time

29. How many people live in your household?

30. What is your current annual household income?

Less than 20,000

21,000 – 27,000

28,000 – 34,000

35,000 – 41,000

42,000 – 48,000

49,000 – 55,000

56,000 – 62,000

63,000 – 70,000

More than 70,000

31. Please choose one or more of the following to describe your race or ethnic group:

Asian

African American

American Indian / Alaska Native

Guatemalan

Hispanic

Native Hawaiian / Pacific Islander

32. What is your marital status?

Married

Single

Divorced

Separated

Widowed

33. What is your relationship to the child(ren) in your household?

Parent

Stepparent

Foster parent

Guardian

34. What is the highest level of education that you have completed?

Not grade 8 or less

Some high school, but did not graduate

High school graduate with diploma or GED

Some college or two year college

Four-year college degree

Some post-graduate education

Post-graduate degree

35. What is your zip code? _____

THANK YOU VERY MUCH!