



Summary of Focus Group Research on Children's Health Insurance Programs

In October 2009, CMS conducted 12 focus groups that tested message concepts around children's health insurance coverage issues. The purpose of this research was to elicit feedback on message concepts to see what issues families are most concerned about when it comes to their children's health. These refined messages were incorporated into print public service announcements (PSA) that featured photographs of families. The focus groups were comprised of parents with at least one currently uninsured child who appeared to be income eligible for either Medicaid or CHIP. The focus groups were conducted among four audience segments:

- Lower income parents (defined as 150% of the Federal Poverty Level (FPL) or less);
- Higher income parents (defined as families with incomes above 150% of FPL but within the income eligibility range for the CHIP program in their State);
- African American parents with incomes within the income range for the CHIP program in their State; and,
- Hispanic parents with incomes within the income range for the CHIP program in their State. These groups were conducted in Spanish.

The following highlights from the research are presented to help guide outreach efforts.

Consistently mentioned barriers:

- The majority of participants were not familiar with how to apply for or determine if they qualified for their State's children's health insurance programs.
- Many assumed that they made too much money to qualify, and if they had participated in their State's program(s) in the past, they were unsure if they were currently eligible due to life changes (loss of job, etc.).
- Perception among some that these programs are difficult and perhaps humiliating to apply for. Specifically, they assumed that applicants would have to wait for long periods on the phone or in person and that they may be treated in a disrespectful/humiliating/bureaucratic fashion. (However, online applications were noted as an exception to this issue.)
- Perception that the likelihood of having their application rejected is high.
- Fear that, as a "government program," access to health care providers and health care resources might be limited, and that those resources might not be high quality.
- Concern that they might have to give up a valued family physician/pediatrician if they enrolled in Medicaid or CHIP.



Messaging Observations:

- Specific messages are most preferred especially those that highlight the benefits that would be available, such as regular check-ups, immunizations, prescription medications and particularly, dental care.
- Parents indicated it is important to include details about income eligibility levels for the program(s), including specific dollar amounts.
- Parents who were members of working families liked specific references to working families being able to apply and get coverage. It communicated that children's health insurance programs are not just for families dealing with chronic unemployment.
- Parents responded positively to references to the emotional benefit, or "peace of mind," that parents will have once their kids are enrolled.
- Participants liked the concept that they would have more control over their children's health care (e.g., no longer having to wait in emergency rooms, lack of restrictions on where to go for care).
- Parent's responded positively to the ability to have a consistent primary care physician for their kids, and to be able to choose that physician or keep the physician with whom they currently have a relationship.
- The low cost of the programs was appealing to parents.
- Ease of application – particularly online applications.
- Most participants who had negative impressions of their State's program were interested in applying after a description of the program was read.

Visual preferences:

- Most participants indicated that they liked the visuals in the PSAs that used bright colors and happy-looking people.
- Racial and ethnic diversity was received positively.
- Participants preferred photos that included men, women and children together in photos.
- Parents reacted negatively to any photo that suggested the program serves families that are chronically unemployed.
- The PSAs resonated most when the messages highlighted children's health insurance coverage.

Coping with being uninsured:

When questioned about how they accessed health care for their uninsured children, parents had common responses:

- They went to community health clinics, emergency rooms and health fairs;
- They postponed routine care for most of the family except the youngest children;



- They paid cash for their kid's care;
- They postponed expenses for their own health care to pay for their children's.
- Parents and guardians did note they worried about sudden illnesses and accidents.

Potential opportunities to further tailor messages:

The focus group discussions indicated that there may be two segments of parents with different communication needs:

- *Parents for whom having uninsured children is an ongoing problem.* These individuals seemed willing to try government programs but were suspicious of them. They expected some kind of limitations on services and/or choice of providers and assumed that applying would be difficult and time consuming. In many cases, these parents expressed that they have found ways to cope with their children's lack of insurance and need to be convinced they will find something better in a new program.
- *Parents for whom having an uninsured child is a new or infrequent experience.* These individuals may have recently lost their job or lost insurance coverage and are less aware of children's health insurance programs. They have an understanding of how much individual private insurance costs (some had had recent COBRA experience) and were not aware that an affordable program is available.

DISCLAIMER:

The value of focus groups is in their ability to provide observers with comments from a segment of a particular target population and for the observers to gain insight into the beliefs, attitudes and perceptions of the target audience. This research must be considered in a qualitative frame of reference. This summary is intended to equip the reader with increased knowledge of what outreach methods have been effective and provide a point of direction for future outreach activities. This document does not provide a quantitative evaluation of effective strategies.