Survey Process

Each household with a child enrolled in the ***hawk-i*** program was asked to participate in this study. To avoid duplication, MAXIMUS (the third party administrator utilized for the survey process) randomly selected one child per household to be included in the survey process. The parent or guardian of the selected child completed survey as it related to the selected child's health and dental care.

The survey process utilized by MAXIMUS was as follows:

- a pre-notification postcard was sent, addressed to the parent or guardian of one randomly chosen child per household which described the survey process,
- approximately one week later, a cover letter, survey, and prepaid reply envelop was sent to each household,
- one week after the survey was sent, a reminder postcard was sent to each household,
- three weeks after the reminder postcard, a second letter, survey, and prepaid reply envelop was sent to non-respondents.

Telephone surveys were conducted with those families that did not respond to the mailed surveys. Telephone calls were made until a survey was completed (telephonically) or multiple failed contact attempts were documented.

Surveys

The initial enrollment survey asked questions based on the 12-month period prior to joining the ***hawk-i*** program, including questions on the child's health status, presence of chronic conditions, physical and behavioral/emotional limitations, and access to healthcare (medical, dental, mental health, prescriptions, and vision). The follow-up survey asked the same questions as the initial survey, with additional questions regarding the specific plan in which respondents were enrolled. Additional questions regarding access to chiropractic and substance abuse care were added to the follow-up survey. Both surveys utilized for the study period are located as attachments to this report.

Data

In order to assess the effect of the ***hawk-i*** program, only households that completed and submitted both a baseline and follow-up survey were used in this analysis. The inclusion criteria utilized for this report included:
1) children who were initially enrolled in the program between July 1, 2004, and June 30, 2005; 2) households from the initially enrolled children who completed an initial survey; and 3) those same households who also completed and submitted a follow-up survey received between July 1, 2005, and August 31, 2006. There were a total of 1,579 children included in this analysis with plan-identifiable data for both the baseline and follow-up survey (620 from John Deere Health Plan, and 959 from Wellmark Classic Blue).

Analysis of the Surveys

The analysis of the surveys utilized for the ***hawk-i*** program was designed to answer two primary questions:

1. Did the ***hawk-i*** program improve the access to care, health status, and family environment of the enrolled children?

2. Was there a difference in the impact of the program based on the plan in which the children were enrolled?

A tested study design was utilized to evaluate the effect of the ***hawk-i*** program on access to care and the health status of members after one year in the program. A data collection process was used, beginning with a mailed survey and continuing with a telephone data collection process for non-respondents to the follow-up survey.

Summary of Results

A summary of the results of surveys from this analysis is displayed on the following pages. The results estimate the effect that the ***hawk-i*** program had on children who were previously uninsured who were included in this study. Using Chi-square statistical tests to evaluate the differences in responses before and after enrollment in the ***hawk-i*** program, the positive results on the following pages were determined:

Medical Care

*After being in the **hawk-i** program for one year:*

- children were less likely to need health care than when they joined; however,
- children were less likely to be stopped from getting needed care (14.6 percent before vs. 5.5 percent after),
- children were less likely to be delayed in getting needed care (24.7 percent before vs. 6.6 percent after),
- children were more likely to have 'always' received needed care for an illness or injury (57.2 percent before vs. 72.3 percent after).

Specialty Care

*After being in the **hawk-i** program for one year:*

- children needed to see a specialist at rates similar to when they joined, however,
- children were less likely to be stopped from getting specialty care (18.2 percent before vs. 11.2 percent after),
- children were less likely to be delayed in getting specialty care (26.8 percent before vs. 12.3 percent after).

Dental Care

*After being in the **hawk-i** program for one year:*

- children needed dental care at the same rate as when they joined, however,
- children were more likely to have a regular source of dental care (82.0 percent before vs. 88.1 percent after),
- children were less likely to be stopped from getting dental care (17.8 percent before vs. 7.1 percent after),
- children were less likely to be delayed in getting dental care (18.6 percent before vs. 7.6 percent after),
- children were more likely to have had a dental visit in the past year (56.3 percent before vs. 71.1 percent after).

Preventive Care

*After being in the **hawk-i** program for one year:*

- children were more likely to have 'always' received needed routine preventive care (e.g., physical exams or vaccinations) (67.8 percent before vs. 85.1 percent after).

Other Care

*After being in the **hawk-i** program for one year:*

- children had a similar need for vision care, however,
- children who needed vision care were less likely to have been stopped from receiving such care (21.5 percent before vs. 11.0 percent after),
- children who needed vision care were more likely to have had an eye exam within the last 12 months (70.2 percent before vs. 78.2 percent after),
- children had a similar need for behavioral or emotional care, however,
- children who needed behavioral or emotional care were less likely to be stopped from receiving such care (24.9 percent before vs. 16.0 percent after),
- children had a similar need for prescription medicine (69.8 percent before vs. 71.5 percent after), however,
- children were less likely to have been stopped from receiving prescription medicines (13.6 percent before vs. 10.6 percent after).

Health Status

*After being in the **hawk-i** program for one year:*

- children were more likely to have been able to perform their normal activities without illness (80.1 percent before vs. 82.8 percent after),
- children's overall health was similar to when they joined (46.0 percent were reported to be in excellent health before vs. 48.3 percent after).

Impact on Families

*After being in the **hawk-i** program for one year:*

- family worries about the ability to pay for health care was reduced significantly (49.8 percent worried 'a great deal' before vs. 20.4 percent after),
- family activities of significantly fewer children were limited because of concerns about health care costs (19.3 percent limited before vs. 12.0 percent limited after),
- significantly more parents had health insurance (54.2 percent before vs. 61.6 percent after).