Quality of Early Childhood Health Care in the Los Angeles Healthy Kids Program

Prepared for:

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July 2007

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Abstract

The Los Angeles Healthy Kids program was created in 2003 to provide health insurance to uninsured children ages 0–5 years in families with household income below 300 percent of the federal poverty level (FPL) who are ineligible for SCHIP or Medicaid. A quality of care survey sampled parents of 538 children ages 12–72 months enrolled in the program for at least one year, with a response rate of 91 percent. Parents reported whether they discussed their young child's development and received recommended content of preventive care. Results show that quality of preventive care for children in Healthy Kids has similar patterns as care for children in low-income households, both in California and nationally, based on the 2003 National Survey of Children's Health. Among children with a recent preventive care visit, parents of only 31 percent of children in the Healthy Kids survey were asked about their concerns, and only a quarter received information about their specific concerns. Content of preventive care is well below American Academy of Pediatrics (AAP) recommendations, although it is consistent with statewide and national levels of care. Given that parental concerns about health and development are predictive of later learning and developmental problems, more systematic elicitation and discussion of concerns is an important area for strengthening care quality.

Acknowledgments

This report presents data from the Healthy Kids parent survey developed by the Urban Institute and Mathematica Policy Research. The authors thank Ian Hill of the Urban Institute for content review and Louise Palmer of the Urban Institute for analysis of the Healthy Kids survey. The authors are grateful for the direction and support provided by Will Nicholas, our project officer at First 5 LA.

Introduction

The Los Angeles Healthy Kids program was created in 2003 to provide health insurance to uninsured children ages 0–5 years. A year later, the program was expanded to cover older children, ages 6 through 18, as well. The program covers children in families with household income below 300 percent of the federal poverty level (FPL) who are ineligible for Healthy Families and Medi-Cal. First 5 LA funded Healthy Kids to improve health and well-being for young children. While insurance coverage should improve access to medical care for acute illnesses as well as chronic care, First 5 LA hoped to improve access to and the quality of preventive care as well. Because primary care for children ages 0–5 years provides important opportunities for preventive health care as well as early identification of problems with health, learning, and development, there is value in understanding the extent to which health care priorities of prevention and health promotion for young children are being met.

Background

In addition to medical check-ups and immunization, preventive care for young children focuses on identifying developmental concerns and providing parents with information on an array of topics,[1] including anticipatory guidance about what behaviors to expect in young children and parental education to emphasize the importance of positive, development-promoting activities, such as reading to their child regularly. Developmental monitoring, which includes routinely asking parents during well-child visits about any concerns they have regarding the child's growth, learning, and development, helps clinicians to prioritize guidance and counseling to meet the parents' needs. Discussing parental concerns is also important for identifying issues within the family or about the child as early as possible.

The Healthy Kids parent survey provides the first information in Los Angeles County on the quality of health care for young children, including developmental monitoring and screening and the content of anticipatory guidance. This survey creates an opportunity to compare the experience of Healthy Kids enrollees with other subgroups of young children using recent state and national surveys.

Data and Methods

The Healthy Kids parent survey was developed by the Urban Institute and Mathematica Policy Research, Inc. The survey is part of a multiyear evaluation of the Healthy Kids program in LA County and aimed to demonstrate the impact of Healthy Kids on a range of child health measures. The survey was fielded at two points in time: Wave One data collection occurred from April through December 2005, and Wave Two data collection occurred from May 2006 to January 2007. This analysis focuses on established enrollees from Wave 1 of the survey.

The sample for Wave 1 included children ages 12–72 months who either were enrolled in Healthy Kids during the months of March through July 2005 (new enrollees) or who were enrolled from March through July 2004 and had been in the program for one year (established enrollees). Approximately 1,000 interviews were completed during Wave 1, including 538 interviews with parents of established enrollees. The response rate for the parents of established enrollees was 91 percent.

Other data sources used are the National Survey of Children's Health 2003, the California Health Interview Survey 2003, and the National Survey of Early Childhood Health 2000, each of which is summarized briefly below. Each of these surveys includes early childhood quality of care items developed for the Promoting Healthy Development Survey.[2]

National Survey of Children's Health

The recent National Survey of Children's Health provides information on parental concerns and provision of health promotion information to parents in California.[3] Funded by the federal Maternal and Child Health Bureau and conducted by the National Center for Health Statistics (NCHS) and the Centers for Disease Control and Prevention (CDC) in 2003, the National Survey provides national and state-specific prevalence estimates. The national sample size is about 100,000 with 2,000 children in each state. The survey includes 27,479 children ages 1–5 nationally and 678 in California. A random-digit-dial sample of households with children younger than 18 years of age was selected from each of the 50 states and the District of Columbia. Interviews were conducted in English or in Spanish. The National Survey does not distinguish between children enrolled in Medicaid and SCHIP.

The California Health Interview Survey (CHIS)

CHIS is the nation's largest state health survey.[4] It is a collaborative project of the UCLA Center for Health Policy Research, the California Department of Health Services, and the Public Health Institute. CHIS 2003 includes 8,526 children ages 0–11 years. In each selected household, an adult (18 years or above) was randomly chosen for interview. In households with children in multiple age groups, one child age 0–11 years and one adolescent age 12–17 years were selected. The adult who was most knowledgeable about the selected child completed the child questionnaire. The questionnaires were translated and administered in five languages in addition to English: Spanish, Korean, Vietnamese, Khmer, and Mandarin and Cantonese dialects of Chinese. Survey content was adapted for linguistic, comprehension, and cultural appropriateness.

National Survey of Early Childhood Health

The National Survey of Early Childhood Health (NSECH) was fielded by the NCHS in 2000.[5] The survey used a stratified random-digit-dial sampling design to achieve a nationally representative sample of 2,068 children ages 4 to 35 months. The survey over-sampled African American and Hispanic children to permit estimates for these subgroups. The response rate was 65.6 percent. Weighting adjusts for unit nonresponse, estimated nonresponse for households with no telephones or multiple telephones, multiple eligible children in a household, over-sampling, and post-stratification to match population control estimates from Census data. The NSECH from 2000 provides national comparisons for several measures included in the Healthy Kids Survey that are not in the National Survey of Children's Health.

Comparisons of Healthy Kids with National Surveys

We use several groups of children from national surveys to compare with children in Healthy Kids. We identified children from the national surveys who are ages 1–5 years and (like Healthy Kids members) are in households with income below 300 percent of FPL. Comparison groups are (1) children in low-income households, (2) uninsured children, and (3) children in Medi-Cal/Medicaid or Healthy Families/SCHIP. In addition to comparing Healthy Kids members with children nationally, we compare Healthy Kids members with Latino children

nationally. This is because Latino children make up over 90 percent of enrollees in Healthy Kids and because some prior studies suggest that concerns may differ between Latino parents and parents of other backgrounds.

Findings

Specific measures include rates of parental concerns about children's health and development, the extent to which parents report being asked by their child's clinician about their concerns, and the extent to which parents are receiving information to address their specific questions.

Parental concerns about development

Parental concerns are often related not only to developmental issues but to parenting styles and parental informational needs. Just over half of parents of children in Healthy Kids (55 percent) have at least one concern about their young child's development (Exhibit 1). Comparisons within California show no differences between Healthy Kids and other subgroups. By contrast, more concerns are reported for children in Healthy Kids than for children nationally in low-income households (48 percent) and lacking insurance (45 percent). Among Latino children, rates of parental concerns are higher in Healthy Kids than in each of the other national comparison groups (Exhibit 2).

Parents most frequently have concerns about their young child's feelings and moods (28 percent), behavior (26 percent), and speech and communication (23 percent). Rates of concerns about speech and language, behavior, and getting along with others are similar for parents in Healthy Kids and parents both statewide and nationally in low-income households (< 300 percent FPL), including uninsured children and those covered by Medi-Cal or Healthy Families. By contrast, among parents of Latino children, comparisons suggest higher rates of behavioral concerns among parents of children in Healthy Kids than parents of children nationally in low-income households with Medicaid/SCHIP coverage (Exhibit 2). Parent reports are similar in Healthy Kids and among children who are uninsured. While concerns about speech also appear higher in Healthy Kids, the differences are not significant.

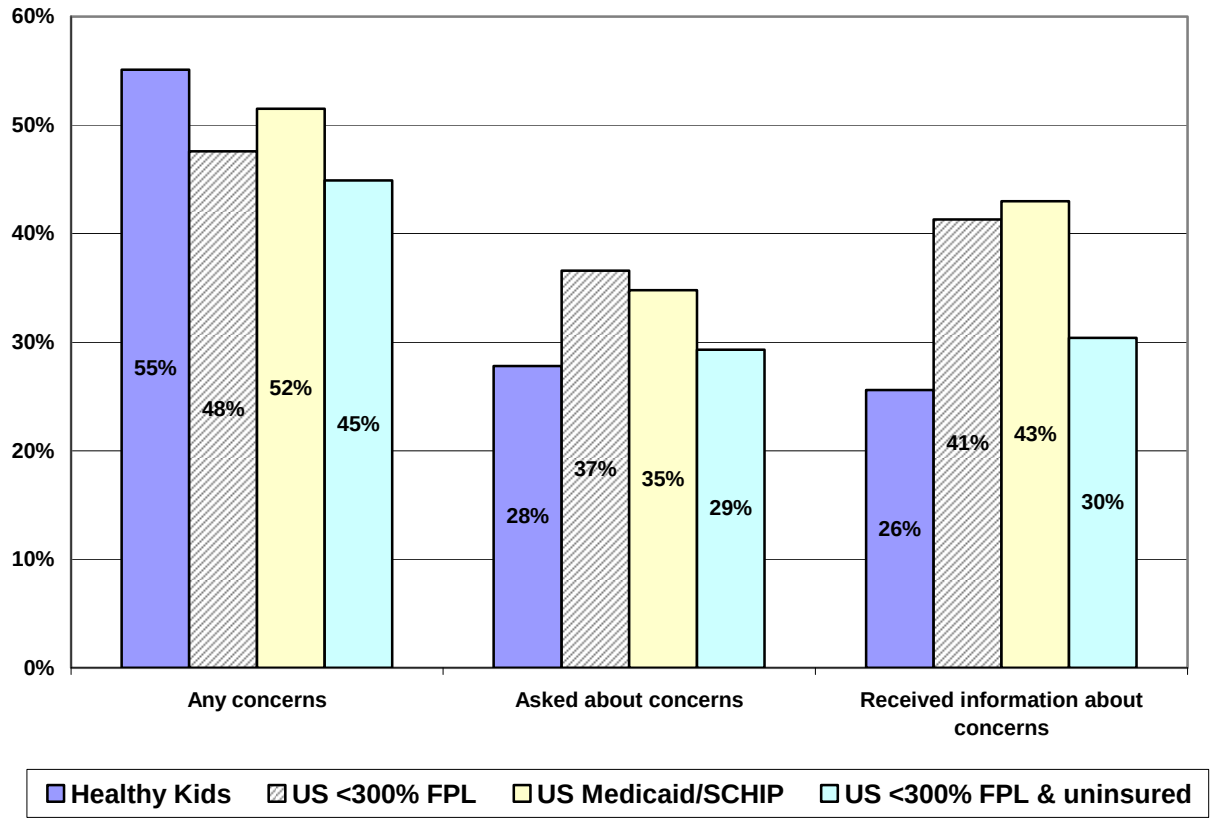
Discussing and receiving information about concerns

Recent recommendations from the American Academy of Pediatrics (AAP) call for developmental monitoring in well-child visits.[6] Querying parents about their concerns is one way to monitor young children's development. This process helps clinicians focus the limited time within well-child visits on priority areas for the family. Knowing parental concerns enables clinicians to prioritize the anticipatory guidance topics that are discussed as well as to identify potential developmental or behavioral problems.

About a quarter (28 percent) of parents in Healthy Kids report being asked about their concerns during the past 6 months (Exhibit 1). This rate is low in light of the AAP recommendations but consistent with national patterns of care. Reports of being asked about concerns are similar for parents in Healthy Kids and for parents of uninsured children nationally. Rates within Healthy Kids actually appear more favorable when children in the program are compared with other children within California rather than with children nationally. For example, about 28 percent of parents in Healthy Kids have been asked about concerns (reporting on the past 6 months), compared to 31 percent of California parents and 37 percent of U.S. parents of children in low-income households (reporting on the past 12 months). Parents in

Healthy Kids are reporting about the same quality of care, if not better, as other California parents. This holds true when compared to children in households with incomes of less than 300 percent of FPL, uninsured children in low-income households, and children in Medi-Cal or Healthy Families.

Exhibit 1
Parental Concerns and Information Received
Ages 1–5, Los Angeles Healthy Kids (2005) and U.S. (2003)



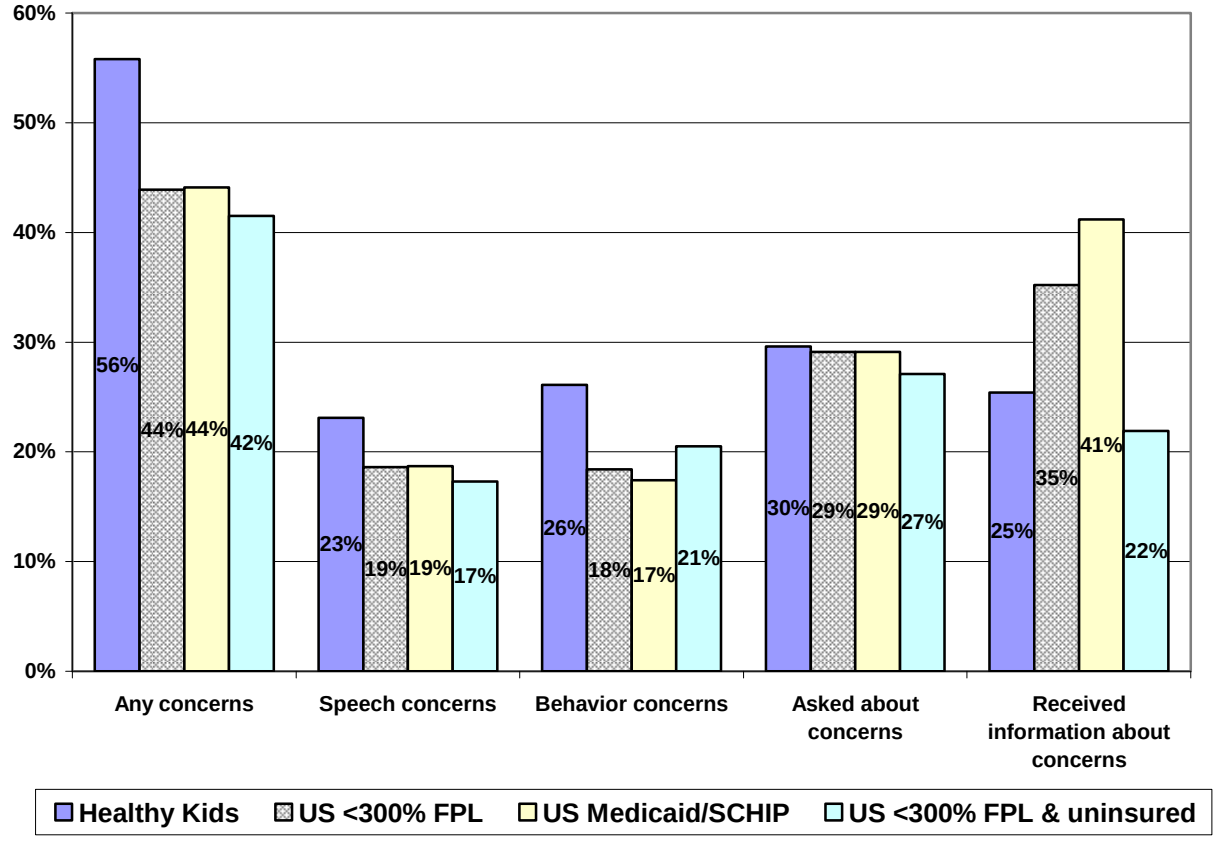
Sources: Wave 1 Healthy Kids Evaluation Enrollee Survey (2005), National Survey of Children's Health (2003).
Notes: Parent recall period for being asked about concerns, and receiving information about concerns, is 6 months for the Healthy Kids Survey and 12 months for the National Survey of Children's Health.

In Healthy Kids as well as among young children nationally, the low rate of eliciting parental concerns is not explained by poor access to primary care. Three-quarters (76 percent) of children in Healthy Kids had at least one primary care visit within the past 6 months with about 70 percent having a preventive visit. Nationally, about 96% had a preventive visit in the past 12 months.

Differences between local and national survey methods make direct comparison difficult. Since parents in Healthy Kids are reporting on the prior 6 months and parents in the national surveys are reporting on the prior 12 months, we would expect higher reported rates for parents nationally. Further analysis shows that results are similar when comparing survey results only among children with at least one preventive visit in the period of time that parents reported.

About 31 percent of parents of children in Healthy Kids with at least one preventive visit were asked about concerns. This rate is similar to that of children with a preventive visit in the past 12 months in low-income households in California (33 percent) and somewhat lower than children nationally (41 percent).

Exhibit 2
Parental Concerns and Information Received, Latino Children Ages 1–5, Los Angeles Healthy Kids (2005) and U.S. (2003)



Sources: Wave 1 Healthy Kids Evaluation Enrollee Survey (2005), National Survey of Children's Health (2003).
Notes: Parent recall period for being asked about concerns, and receiving information about concerns, is 6 months for the Healthy Kids Survey and 12 months for the National Survey of Children's Health.

Another useful quality of care measure is the percentage of parents with a specific concern who received information about that concern. Among those with a preventive visit in the past 6 months, a quarter (26 percent) of parents in Healthy Kids say they received the information that they needed regarding their concerns (Exhibit 1). This is lower than reported rates among U.S. parents of children in low-income households (41 percent) and in Medicaid/SCHIP (43 percent). Most parents in Healthy Kids as well as nationally who did not receive information about their concerns felt that such information would have been helpful to

them. About 77 percent of parents in Healthy Kids who did not receive information about their concerns said that it would have been helpful to them.

Counseling on health promotion topics

The AAP recommends parent-provider discussions about a large number of health topics within well-child care for young children. The AAP and the national Reach Out and Read program recommend parent-provider discussion about reading in particular because reading together is important for early literacy and for the parent-child relationship.[1]

In Healthy Kids, about half of parents (50 percent) say they discussed the importance of reading with their child's clinician. Another 31 percent did not discuss this topic but felt that it would have been helpful. Nearly half did not discuss behavior and discipline (49 percent) or their child getting along with others (42 percent) but would have found discussion of each of these topics helpful. The rates are similar to national data but suggest even greater desire for information about these topics within Healthy Kids. The 2000 NSECH shows that about 60 percent of parents of children ages 19–35 months in households below 300 percent FPL had discussed reading while 12 percent had not but would have found it helpful. About 23 percent nationally had not discussed behavior and discipline but would have found it helpful, while 24 percent had not discussed how their child gets along with others but would have found it helpful.

Relationship with a particular clinician

A common measure of continuity and provider-parent relationship is a parent's report of having a particular clinician for the child's health care. To promote this goal, Healthy Kids requires that parents select both a usual source of care and a physician who will be the child's primary care provider. Yet, the enrollee survey suggests that not all parents strongly identify with a particular clinician. This may stem from children seeing multiple providers within a usual source of care. This pattern appears to be shared by other children in low-income California households but less so with children nationally.

Specifically, slightly fewer children ages 1–5 years in Healthy Kids (92 percent) than children of this age group in low-income California households generally (97 percent) or in Medi-Cal (96 percent) said that they have a usual source of care (CHIS 2003). Fewer children in Healthy Kids (67 percent) report having a personal provider than U.S. children in low-income households generally (79 percent) and children in Medicaid/SCHIP programs (77 percent). The rate for children in Healthy Kids is closer to that of uninsured children in low-income households (63 percent).

Lower reported rates of having a personal doctor within the Healthy Kids program likely reflects a transition from patterns of health care use for uninsured children—in which locations of well-child and sick care may differ for cost and other access considerations—as parents of newly insured children begin accessing care through Healthy Kids. As children spend more time in the health plan, there may be greater identification with a place and clinician that can improve parent-clinician communication about developmental topics.

Conclusion

Important aspects of care in early childhood include clinician-parent discussion of children's development and providing parents with the specific information that they need. In general, the quality of preventive care for children in Healthy Kids shows similar patterns as care for children in low-income households, both in California and nationally. While comparable,

these patterns are far from ideal and well below those the American Academy of Pediatrics recommends. For example, among children who have had a recent preventive visit, only 31 percent of parents of children in Healthy Kids reported being asked about concerns, compared to 33 percent in California and 41 percent in the United States in households below 300 percent of FPL. Only about a quarter of parents in Healthy Kids said they received information about their specific concerns. Developmental care is an important area for strengthening care quality since Healthy Kids parents have even more concerns than many other parents of similar income. Such concerns may not reflect higher risk for developmental problems but instead greater interest in information about development and available resources.

The Healthy Kids parent survey provides the first information in Los Angeles County on the quality of early childhood health care. Parental concerns about health and development can be predictive of later learning and developmental problems that can be costly and stigmatizing. These findings show the need for more systematic elicitation and discussion of concerns.

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