



## **Reaching Uninsured Parents:**

### **Insights about Enrolling Uninsured, Low-Income Parents in Medicaid and SCHIP**

**A Focus Group Study Sponsored by:**

covering kids<sup>™</sup>  
& families

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# Introduction

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*Covering Kids & Families*, a national program of The Robert Wood Johnson Foundation, sponsored this focus group study of low-income, uninsured parents to understand their views about health coverage and enrolling in Medicaid and the State Children's Health Insurance Program (SCHIP). Lake Snell Perry & Associates (LSPA), a research firm in Washington, D.C., conducted the focus groups and wrote this report. While much has been learned in recent years about reaching out to parents to encourage them to enroll their uninsured children in SCHIP or Medicaid, there has been less emphasis on understanding what would motivate uninsured parents to enroll *themselves* in these programs. In this regard, this study covers new ground.

The context of this study is that some states have expanded their SCHIP and Medicaid programs to include uninsured parents with incomes higher than previous Medicaid standards.<sup>1</sup> This would mean that parents could now qualify for a program that was previously only for children. However, because of current state budget constraints, few states have implemented these expansions. Nevertheless, all states can still enroll parents through their Medicaid program.

## Study Purposes

This study was undertaken to learn about the factors that influence the decision of uninsured, low-income parents to enroll themselves in SCHIP or Medicaid. While most other studies tend to only look at children's enrollment, this study focuses on uninsured adults. It specifically addresses some of the barriers these parents face to enrolling in SCHIP or Medicaid and explores the kinds of messages and information that might motivate them to enroll.

This study is meant to add to the knowledge that already exists about how to reach low-income, uninsured families and motivate them to enroll in SCHIP or Medicaid. The findings from this particular study should not be generalized to other populations of potential enrollees. In addition, this study does not answer all questions about why some families do or do not enroll in SCHIP or Medicaid. Further research is needed to better understand these issues.

## Testing Messages for Adults

GMMB, a communications firm in Washington, D.C., developed nine different messages to be tested in focus groups. The messages are statements designed to

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<sup>1</sup> Some states expanded coverage using Medicaid prior to HIFA waivers being available.

inform uninsured, low-income parents about SCHIP and Medicaid and motivate them to enroll in these programs.

Focus group participants read each message, rated it on a scale of 1 to 10, and then discussed what they liked and disliked about each one. The purpose of the testing was to learn which messages are most compelling and to gain insights into how to make these messages stronger. Because of time constraints, not all messages were tested in every focus group. Instead, four messages were usually tested in each group. Based on reactions in the first three focus groups, some of the messages were dropped because they failed to motivate parents. One purpose of this research process was to identify images and language that uninsured, low-income parents find to be convincing and appealing. Findings from the message testing are included in this report.

## **Background**

### **Most market research has focused on enrolling children in SCHIP.**

The creation of SCHIP in 1997 spurred new interest and activity in enrolling uninsured children in health care coverage programs. A substantial amount of market research was conducted to learn how to raise awareness about these programs and to develop messages that motivate parents to enroll their children. This market research and these messages were the basis for ad campaigns to promote SCHIP and Medicaid through television, print and radio ads, as well as billboards, posters and other communications materials. The same messages used in these ads also informed much of the grassroots communications efforts by local SCHIP and Medicaid offices, community-based organizations, schools, pediatricians and others. The focus of this market research and communications activity was overwhelmingly on *enrolling children*.

Many of the messages and ads developed during this period specifically addressed parents' hopes and fears in relation to their children. For example, many ads stressed the "peace of mind" parents experience when they have health coverage for their children ("one less worry"). Often these ads included messages about children being accident prone and in need of health services. There were also ads that emphasized the importance of good health in helping children achieve in school and in their daily lives, and described the kinds of health services children could benefit from if enrolled in the program. While market research showed that these kinds of messages work to motivate parents to consider health coverage for their children, it was less clear if these messages prompt parents to think about health coverage for themselves.

## **We know less about how to motivate adults to enroll in public health insurance.**

Most experts agree that there has not been enough market research to determine what messages work specifically with parents with regard to enrolling themselves in SCHIP or Medicaid. One reason is that most of the market research conducted to date has been in direct response to the creation of SCHIP, which is almost exclusively a health program for children. Medicaid, the primary health coverage program for uninsured, low-income adults, has not promoted itself separately from SCHIP. Historically, most of the parents who qualified for Medicaid qualified through participation in cash assistance (AFDC). According to some, this automatic eligibility forestalled any communications campaign since parents did not really need to seek out the program in order to enroll. However, the delinking of Medicaid and other public assistance programs as part of welfare reform has meant that families that are eligible for Medicaid must be aware of the program and actively seek to enroll.

## **This study is unique in that it focuses on uninsured parents at or below the Federal Poverty Level.**

Prior market research conducted about SCHIP tended to focus on newly eligible families. In some states, that meant families earning up to 250 percent of the Federal Poverty Level that might now qualify for SCHIP or Medicaid. Families that had always been eligible for coverage through Medicaid—typically those with household incomes of 100 percent of the Federal Poverty Level or less—were not usually the focus of these studies.<sup>2</sup>

This study purposely focuses on parents with incomes at or below the Federal Poverty Level because these parents are likely to be eligible for SCHIP or Medicaid but are not currently enrolled. Less is known about how these very low-income parents think about health coverage and enrolling in SCHIP or Medicaid. In addition, these parents may be distinct from those with incomes above the poverty level because they are likely to have more experience with public assistance programs and with Medicaid specifically, which may influence their willingness to enroll in the program.

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<sup>2</sup> The Federal Poverty Guidelines are used to determine eligibility for many public assistance programs. Based on the 2003 Federal Poverty Guidelines, a family of four would be considered “at the Federal Poverty Level” and potentially eligible for public assistance if they earned \$18,400 annually.

# Methodology

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Lake Snell Perry & Associates (LSPA) conducted eight focus groups with low-income, uninsured parents in February 2003 in three cities—Los Angeles, New York and Phoenix. In each focus group, approximately half of the parents had uninsured children, while the other half had children enrolled in either SCHIP or Medicaid. We included both types of parents in each group to learn if having a child enrolled in one of these programs makes a difference in terms of parents' willingness to enroll themselves. Another important feature of these focus groups is that most of the parents who participated appear to be eligible for Medicaid and possibly for SCHIP in that particular state—that is, their family income is below the Federal Poverty Level.

LSPA conducted separate focus groups with African-American, Hispanic and non-Hispanic white parents. Two of the focus groups included a mix of these parents. The Hispanic focus groups were conducted in Spanish. The reason for separating these groups was to gain insight into issues of race, culture and language in relation to enrolling in SCHIP and Medicaid. The schedule of the focus groups was as follows:

#	City	Date	Race/Ethnicity
1	Los Angeles	Wednesday, February 5	Mixed
2	Los Angeles	Wednesday, February 5	African-American
3	Los Angeles	Wednesday, February 5	Hispanic (in Spanish)
4	New York	Tuesday, February 11	White
5	New York	Tuesday, February 11	Hispanic (in Spanish)
6	New York	Wednesday, February 12	African-American
7	Phoenix	Thursday, February 20	White
8	Phoenix	Thursday, February 20	Mixed

## Summary of Findings

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Following are some highlights from the focus groups with uninsured, low-income parents about enrolling in SCHIP and Medicaid:

- **Many parents seem “hardened” by past experiences with public assistance programs.** They are suspicious of messages that present the SCHIP or Medicaid enrollment process as “easy” or “simple” because, based on their past experiences, they perceive this process as burdensome and requiring too much documentation.
- **Most parents feel they know a lot about Medicaid, even though most of their information is old and outdated. They know much less about SCHIP.** A number of parents have been enrolled in Medicaid in the past and this experience shapes their current opinions. Their comments revealed, however, that their knowledge of Medicaid is old and perhaps outdated. Some still associate the program with welfare. They know much less about SCHIP, with some parents only knowing the program’s name and very little about the program’s details.
- **Most of these parents face significant barriers to enrolling in Medicaid.** The primary barrier is their perception that they earn too much to qualify for Medicaid, although they admitted they do not know the actual income eligibility level. Indeed, some have been told in the past that they do not qualify, and they think this still applies. Many do not seem to understand that a change in family circumstances could affect their eligibility.
- **Many have a negative perception of the Medicaid enrollment process.** Most parents have either personally experienced this process or have friends or family members who have. They cited long waits, poor treatment by eligibility workers, intrusive questions, and too much paperwork as reasons why enrolling is unpleasant.
- **Despite this, most parents still express interest in enrolling in Medicaid.** They appreciate that the program is free and enables them to gain access to many different health services.
- **Some parents are still unfamiliar with SCHIP, even though their children are potentially eligible.** While many said that they have seen ads for SCHIP on trains and elsewhere, many of these parents have not contacted the program to learn more about it. When asked why, they said they need more information about the program before they would call.

- **Parents lack a sense of urgency about acquiring coverage for themselves and perceive coverage as unaffordable.** Parents are much more concerned about their children’s health coverage than they are about going without it themselves. Their emphasis on getting their kids enrolled may increase the likelihood that they may miss opportunities to sign up for coverage for themselves. While these adults know they need coverage—they discussed preventive care as an important reason—they also assume it is financially out of reach.
- **Language barriers stop some Hispanic parents from enrolling.** Many Spanish-speaking adults said that they avoid calling the program for information because they do not speak English.
- **There are numerous challenges to communicating with low-income parents about enrolling in SCHIP and Medicaid.** Because many parents do not think they qualify for coverage, they do not pay attention to messages urging them to enroll. Also, many parents are wary of Medicaid and do not believe messages that say the enrollment process for Medicaid has been “simplified” or that it is now “easy to enroll.” Furthermore, parents may be paying attention to information about coverage for their children but not for themselves, since they are not focused on coverage for themselves. Finally, in the context of all of their financial concerns, they just do not place a high priority on health coverage for themselves. While they may understand the importance of health care coverage and want it, they believe it is out of reach.

## **Insights gained from testing messages**

As part of this project, we tested messages that the research team thought would encourage parents to enroll in SCHIP or Medicaid. Insights from this process include the following:

- **Some messages do appear to break through.** Messages about “low-cost or free” health coverage for “working families” that covers doctor visits, medicines and emergency room care seem to work well with these parents. The idea that “parents need coverage for themselves to better care for their own children” was appealing as well as the statement that health coverage should be available to “everybody” (not just the wealthy). It seems that messages that combine factual information and an emotional pull score the best.
- **Income eligibility information is key to crafting effective messages.** Because most parents believe they earn too much to qualify for Medicaid, they may need to see actual income eligibility figures before they pursue enrollment. In the focus groups, parents responded best to annual income figures for SCHIP and Medicaid. They did not seem bothered that these figures were only estimates. Rather, the main reaction was one of relief because the figures were higher than



expected—even the \$18,000 annual income figure cited for Medicaid. Other ways to discuss income eligibility were not as effective, including hourly wage amounts, such as \$11, \$12 or \$13 an hour, or descriptions such as “even families earning over minimum wage can qualify.” Messages for adults would be most effective if they included a specific, credible, annual income figure to help eligible parents understand that these programs apply to them.

- **Since most parents think of their uninsured children first, messages urging parents to enroll should still include information about enrolling children.** Most parents in this study said they find “whole family coverage” to be appealing. For this reason, messages about adult coverage should not just target parents but should talk about coverage for the entire family.
- **Low-income parents see themselves as “working families” and like to be referred to as such in messages.** In a similar finding, many parents in the focus groups responded positively to the statement, “You are working as hard as you can...” indicating that they like this fact to be acknowledged.
- **Learning about “low-cost or free health coverage” is important to parents. Participants cited cost as the number one barrier to obtaining health care coverage.** Leading with the words “low-cost” as opposed to “free” coverage would be most effective, since participants suggested that many parents perceive *low-cost* coverage to be better quality than *free* health coverage.
- **Many parents believe that health coverage for themselves is important because they need to remain healthy for their children.** Participants responded strongly to messages that acknowledged that it is hard to fulfill parental responsibilities, especially if parents are often sick and cannot see a doctor or obtain medication.
- **Many parents do not believe messages that say, “Enrolling in SCHIP and Medicaid is easier than ever.”** These parents have had negative experiences in the past trying to enroll in government programs and have not heard of any recent improvements to the Medicaid enrollment process. Their negative perceptions about the enrollment process are so strong that they may not even believe it when states cite specific examples of how they have simplified the process.
- **Most parents want to hear about the specific health services that SCHIP and Medicaid will cover.** Parents are particularly interested in hearing about coverage for doctor visits, medication and emergencies.

- **Some parents in this study feel that they have “nothing to lose” financially, and so messages that talk about financial ruin and bankruptcy because of unpaid medical bills do not work as well as they might with families with more income and assets.** A number of parents revealed they currently have large medical bills or have already ruined their credit by not paying bills. Thus, messages about how health insurance can protect their financial security do not resonate.
- **Many parents said they do not like direct references to other government programs, particularly welfare/TANF and food stamps.** Because many of these parents have negative associations with government programs, they may ignore messages that mention them. This makes it challenging to inform families who no longer qualify for TANF that they can still qualify for Medicaid.

For more information about these and other findings from these focus groups, please refer to the full report.

# Findings

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## I. Their Lives

### Parents at or below the Poverty Level Are Distinct

Most of the parents in the focus groups have household incomes below the Federal Poverty Level. For a family of four this would amount to an annual income of less than \$18,400. By their own admission, they are struggling to make ends meet. Some parents described themselves as “barely surviving.” The economic status of these parents makes them distinct from the higher income families that were the focus of much of the previous market research on SCHIP and Medicaid.

These lower-income parents feel they know a lot about Medicaid and the public assistance system in general. Many of them have been enrolled in Medicaid or received other kinds of assistance at some time in their life. Although almost all are working, most appear to be in low-wage jobs or temporary jobs that do not offer benefits like health coverage. Many of these parents seem hardened by their past experiences, and are wary of participating in a public assistance program again. Some are suspicious of programs that “sound too good to be true,” and many have a “wait and see” attitude before committing to enrolling in a program.

Because they feel they know so much about public assistance programs and Medicaid in particular, the challenge with these parents is trying to provide new program information or describing changes and improvements to Medicaid. Indeed, many are skeptical and may not believe this information. Some of these parents have outdated perceptions of Medicaid from when it was connected to welfare and cash assistance. They seem unaware of recent program changes and efforts to streamline the application process.

Of note, some of these parents (particularly African-American and non-Hispanic white parents) are frustrated that they are uninsured. They feel it is unfair to be working as hard as they do and still be unable to have health coverage. They feel caught in the middle—not poor enough for Medicaid (although some may, in fact, qualify) but still unable to afford to pay for health coverage through their job or on their own. Many feel that health coverage has become something only the wealthy have and is simply out of reach for low-income families.

## Financial Concerns Drive Family Decisions

Financial worries dominate the lives of the families in the focus groups and drive their decision making. Their concerns emerged not only when discussing health coverage issues, but also at the beginning of the focus groups, when parents were asked to generally comment on their lives. “I’m just so poor,” said a mother from Los Angeles, while another mother in Phoenix explained, “We just live day by day.”<sup>3</sup>

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“I have been out of work for four months now and I just have part-time work. My wife stays at home so it has been tough just hanging on. Plus we don’t have insurance and we [have] two asthmatics. I fear getting hit with doctor visits here pretty soon.”

*Non-Hispanic White  
Father from Phoenix*

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This insight is important because it helps to explain why health coverage for themselves is not a top priority for parents. Many parents are more focused on affording some of the basics of life—food, rent, clothing and transportation—and their own health coverage comes lower down on their list of priorities.

Parents also discussed finances in terms of the costs of health coverage. Most believe they cannot afford health insurance. Many said they are not offered coverage through their jobs, and cannot afford to purchase it on their own. Even when it is offered at their job, some parents said they turned it down because the deductions from their paychecks would be too high. “My job offers it [health insurance] but it would take a third of my weekly salary. So I don’t get it,” explained an African-American mother from New York. Cost is the number one reason they give for why they are uninsured. As a mother from Los Angeles explained:

It’s too expensive. Basically, in general, my kids are in good health, other than being scared that they might have an accident and you have to take them to the emergency room and you have no insurance. But for the most part you spend \$3,000 a year on insurance and go to the doctor’s office once. It’s just not worth it to me. If I balance things out, do we eat, or do we have insurance?

Many parents also talked about the financial burden of paying out of pocket for medicine and doctor visits. Since they do not have health coverage, they must pay each time they receive health services. For some, this means a lot of out-of-pocket money. “If you go to the doctor, then you can’t afford the medication,” said an African-American mother from New York. Some parents revealed that they have chronic illness—sickle cell and diabetes were mentioned—while others need regular medication to maintain good health. These frequent doctor visits and trips to the pharmacy add up quickly for families with very low incomes, who sometimes cannot pay the bills or skip treatment and appointments to avoid costs.

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<sup>3</sup> Throughout this report, the race of the parent making the quote is provided only when it is known. In the two focus groups in which parents of different races participated (one in Los Angeles and one in Phoenix), it is not possible to identify the race of the parent making the comment.

In addition, many parents said they have incurred large medical bills because they are uninsured. They explained that when they are sick and cannot solve the problem on their own, they go to the emergency room, even though they cannot afford it. “[Not having health insurance] doesn’t stop me from going to the doctor, I go right into the emergency room,” explained an African-American mother from New York. The result is that some parents in the focus groups are now facing large bills from hospital emergency rooms. While some parents said they are making installment payments to reduce this bill, others admitted that the bill is too large and their incomes too low to even pay monthly installments. They say they have no choice but to ruin their credit and leave the bill unpaid.

If they could afford it, the overwhelming majority of parents said they would sign up for health insurance coverage. Cost is cited as the number one barrier to health coverage in every focus group. “[My reason for not having health coverage] is purely financial. Since my husband is the only one who’s working, we don’t have enough money to pay extra,” said a mother from Los Angeles.

## II. Health Coverage

### Health Coverage for Their Children Is the Priority

Almost all of the parents in the focus group said that having health coverage for their children is a priority. They attach much higher importance to their children’s health coverage than to their own. Many said that while they can do without health coverage, they want to make sure their children are covered. “We don’t have insurance, but my son does. That was my priority, that he would have it,” said a non-Hispanic white mother from New York. Another non-Hispanic white mother from Phoenix said, “I just could never afford it for myself. It was more important to insure my kids.”

Parents in the focus groups who already have health coverage for their children expressed relief that they were able to obtain this coverage. They said being a parent of an uninsured child is frightening. They always worried their child would become ill or injured and that they would not be able to obtain the medical care they need. Since enrolling their children in SCHIP or Medicaid, these parents said they have one less thing to worry about. “I mean, I was so glad when I found out my daughter can have insurance. . . . Whenever I get sick, or whatever, I’ll deal with it. I’ll go [without], but for a child that’s sick, going to a county hospital [because you lack health insurance] is not what you want for your child,” explained an African-American mother from Los Angeles.

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“They are klutzy. They’re kids. I’m more worried about them playing and falling down and breaking something than I am about myself. I think it’s a mother’s instinct to want to protect them and make sure they’re safe.”

*Mother from Los Angeles*

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In contrast, parents of uninsured children still worry about the health and well-being of their children. They want health coverage for their children and said it is a priority. They feel vulnerable without it. Even though they obtain health services at clinics, doctor's offices and emergency rooms when their children are ill, they know their children would be receiving better and regular care if they had health coverage.

## Health Coverage for Parents Is Secondary

As mentioned above, parents place a high priority on their children's health coverage. When it comes to their own health coverage, however, most parents admitted there is less urgency. "[Having health coverage is] equally important [for me], but if you're in a desperate situation, if it's for me or my kids? It's my kids," explained an African-American mother from New York. Many other parents feel they must make a choice when it comes to health coverage—my children or myself—and place a much higher priority on their children's coverage than their own. Of note, most of these parents do not see coverage for the entire family as an option. While they said this is the ideal situation, they do not believe it is realistic because of the cost.

In addition, many parents said they are willing to take risks with their own health and put off medical care, but they will not consider doing that for their children. According to one African-American mother from Los Angeles: "You can stomach it, you can deal with it, but not your child."

## Parents Know They Need Health Coverage Too

While parents see coverage for themselves as a lesser priority than coverage for their children, they still value health insurance for themselves and connect it to their family's overall well-being. Of note, many parents in the focus groups pointed out that they need to be healthy to take care of their children. For this reason, they argued that health coverage for parents is very important. "If you get sick, and you're the only person that's around to take care of them, you need the best attention you can get to get back on your feet," said a mother from Los Angeles. An African-American mother from Los Angeles made a similar argument:

I couldn't understand how they would cover my son but they wouldn't cover me...I understand they are looking out for the children if it comes down to the nuts and bolts of it. But just like you see on a plane, put the mask on yourself first. You got to breathe. You can't help anybody unless you keep a clear head.

Parents in the focus groups also gave other reasons why they need health coverage. Many pointed to preventive health services and admitted they currently are not receiving regular checkups. Most only seem to be receiving medical care when they

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"I think [health coverage] is really important for my grandkids and my children and the rest of my family to have, and of course I want insurance for myself in case something goes wrong. I mean I have full coverage on my car. I can't afford full coverage on myself."

*African-American  
Grandmother from Los  
Angeles*

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are already ill. “Prevention is better than curing it. [If you] catch something in the early stages, whatever ailment, then you save yourself a whole lot of emotional distress, financial distress,” said an African-American mother from Los Angeles. Hispanic parents in the focus groups were particularly concerned about having access to preventive services; they worry they could already have an illness and not know it.

A few parents also said that health coverage can save them money in the long run. These tended to be parents paying large emergency room bills or regularly paying out of pocket for medications or doctor visits. However, there were just as many parents who gave the opposite argument—that paying monthly premiums for health coverage wastes money because they rarely use health services.

## Uninsured Parents Feel Vulnerable

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“I have to have cysts removed from my uterus and I don’t have Medi-Cal [Medicaid] and that is affecting me because I don’t have the money to pay for the operation. They want about five or six thousand dollars and I don’t have the money to pay.”

*Hispanic Mother from Los Angeles*

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Many of the parents in the focus groups revealed that they feel vulnerable without health coverage. While most feel they do not have a choice in the matter, they are nonetheless nervous without coverage and worry about becoming very ill and not being able to obtain medical care. A number of parents said they have been putting off seeing a doctor even though they have been sick. As a mother from Los Angeles put it, “I broke out in some kind of allergy reaction and I’ve just been drinking a lot of water and deal[ing] with it on my own.” Another mother from Los Angeles added, “I get migraines. Mine just went away today after two days straight, and I couldn’t do anything about it. My boyfriend was willing to give me the money [to go to the doctor] but it went away today. But we don’t have insurance so I can’t just go.”

Based on the comments from the focus groups, being uninsured means having to deal with mysterious illnesses and physical conditions without the benefit of seeing a doctor or medical professional. These individuals miss the reassurance as well as the expertise of doctors and worry that they could be seriously ill and not know it.

## A Few Parents Feel Health Coverage Is Just Too Costly

There were a few parents in the focus groups who felt that health coverage is just too costly given how little they have used their health coverage in the past. Many said that since they are healthy, they do not expect to use health services very much. Also, they point out that they have many other expenses that they need to pay first. One mother in the Los Angeles focus group explained why health coverage was a lower priority compared to things like rent, transportation, food, and even cable and cell phone bills:

I think that’s because those things have to be paid. You have to have those things in order to survive, in order to live and take care of your family and you can go months without needing health insurance. You can go a couple

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months without any of the kids being sick, without you getting sick, so it becomes not as important a necessity as keeping a roof over your head.

"[I] cannot afford it. I had insurance when I had full time work and in order to have the insurance it is over \$900 a month. I would rather take the chance of not having to go to the doctor than pay \$900 a month and not know if you are going to use it or not."

*Non-Hispanic White  
Father from Phoenix*

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It should be noted that a handful of parents appear to put items such as cable and cell phone bills ahead of paying for health insurance. This does not necessarily mean they do not value health coverage or that they place these "luxury" items above their health. Rather, it may mean that given their good health and infrequent use of health services, they feel they can trade-off health insurance with other things (like cable and cell phones) they will use frequently. It should also be mentioned that these very same parents are likely to place a much higher priority on health insurance for their children—that is, while they are willing to do without coverage for themselves, they do not want to take similar risks with their children's health.

### **III. SCHIP and Medicaid**

#### **Free Coverage vs. Low-Cost Coverage**

Parents in the focus groups were asked their opinions about participating in a state-sponsored health program that offers free health coverage (i.e., Medicaid) as opposed to a low-cost coverage program that requires parents to pay a minimal premium and copayments (i.e., SCHIP). The purpose of this discussion was to learn if parents have an immediate impression of a *free health coverage program* as opposed to one in which they must *pay premiums*.

Many of the parents initially said they would prefer a low-cost program over one that is free. Many thought that a low-cost program would offer more choices and better care than one that is free. "I'd rather pay a little to get better service," explained a mother from Los Angeles. Hispanic parents, in particular, said they prefer a low-cost program in order to receive better health care. Others believe there must be a catch if the program is free—such as hidden costs. "[I prefer] the low-cost program... I think with the no cost you are going to end up paying for something and a lot more than you are going to pay with low cost," said a father from Phoenix. A non-Hispanic white mother from Phoenix commented, "There has to be a catch because nothing is free," while another mother in that same focus group said, "Who is going to give you something for nothing?"

A mother from Los Angeles who has been enrolled in Medicaid before said she preferred to pay for her care now because of her negative experience with that program: "If I hadn't previously experienced problems at doctors' offices in trying to get things done then I would probably have gone for the no cost [coverage]. But to know the hassle that I have gone through at times trying to get things done, if I knew that I could prevent that by paying a little bit, than I would pay a little bit."



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"If it's *no cost* then you're not going to get the service. It would be better to have *low cost* and you would be taken care of than to have no cost and you're not taken care of."

*African-American Mother from New York*

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A smaller number of parents initially said they prefer the free health coverage. They pointed out that they are uninsured now and are struggling financially, and that having health coverage is important. "Since I don't have any [insurance] right now, then I would go for the one that was free then research the [low-cost] one later just to get some insurance," said a mother from the Los Angeles focus group.

However, the more typical response of parents was to say that they need more information before deciding between free and low-cost coverage, in order to compare the quality of the programs. If they look the same and they have the same choices in doctors, then a number of parents said they would sign up for the free program. As an African-American mother from New York said:

I would say the no cost [coverage] as long as it combines the same quality health care that the low cost would. I would have no problem signing up for no cost insurance, but it just has to be the same quality. I would try it out and see how it is. If I didn't like it then I would change from there. I would try it out to see if I would get the good care.

A mother from Los Angeles made a similar point: "If it's exactly the same coverage then yes [I'd choose the free plan], but if there's a difference in coverage like you can pick your own doctor [with the low-cost plan], then I'd rather pay to choose my own doctor than be sent to a doctor that's on their plan."

Finally, with regard to free versus low-cost coverage, having choice about what doctor to go to emerged as an important decision point for parents. Their fear is that the free coverage program will not give them as much choice in doctors and that a low-cost program will include many more doctors. Based on their comments, many parents seem to connect choosing their own doctor with receiving quality health care—that is, with greater choice, they will be able to find a doctor who is best for them as opposed to having very limited choice in doctor or simply being assigned a doctor in a free health program.<sup>4</sup>

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<sup>4</sup> It should be noted that in some cases there may be very little difference in terms of physician participation between SCHIP and Medicaid. For example, health plans may use similar physician panels for both programs, and physicians who decline to participate in Medicaid may similarly choose not to see SCHIP clients. Thus, while having choice in doctor is an important issue for parents, in reality there may be little difference between SCHIP and Medicaid in some areas.

**Even Though They Are Uninsured,  
Most Parents Will Not Accept Just Any Health Coverage**

An important insight from the focus groups is that many of these parents seem unwilling to settle for poor quality health coverage—even though they are currently uninsured. They have quality standards that they expect their health coverage to meet, even if it is free. For example, having choice in doctors and hospitals is important to most parents. Many said they would not accept just any health coverage, which is why they initially had doubts about a “free” health coverage program—they assumed it would be lower quality and offer no choices.

## **Medicaid Is Well-Known but Has a Negative Image for Some**

Almost all parents in the focus groups are familiar with Medicaid, and some have previously been enrolled in the program. They said that most of what they know about Medicaid has been gained through personal experience—either being enrolled in the past or applying and being turned down—or based on what they have heard from friends and family. Much of this knowledge and experience is old and outdated—in some cases, three or four years old—and few parents said they have had recent interaction with Medicaid. The more recent changes to Medicaid (i.e., its continued delinking from public assistance programs like food stamps and TANF and, in some states, a more streamlined and user-friendly enrollment process) are not well-known by parents in these focus groups.

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“I have actually had people look down on me and make me feel like a low life because I can’t make enough money for my family to pay for health insurance.”

*Father from Phoenix*

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Many of the comments that parents in the focus groups made about Medicaid were negative. Almost all of these comments focused on the enrollment process and how eligibility workers treat Medicaid applicants, not about the program benefits or the services covered. “It’s a bureaucracy. You go in the morning, and you’re there for hours,” said an African-American mother in New York. “[All I know is] that you have to spend a whole lot of wasted time there just sitting and waiting on people to shuffle paper back and forth. Then, they probably let you know that you don’t qualify for it,” said another African-American mother from the same focus group. Some parents focused their negative remarks on the amount of paperwork they must provide for the enrollment process and the intrusive questions they must answer. “I’ve never applied for it, but I did call them one time and they asked for a whole bunch of stuff and then I was always temp working, so it was going to be too much to go through to bring the pay stubs. They asked who the child’s father was, and all kinds of craziness,” explained an African-American mother in New York.

Many parents also believe that Medicaid eligibility workers look down on applicants and enrollees. “I think it’s a good program if the government workers

that are running [it] would do their job and stop looking at everybody and judging them for being there,” said a mother from Phoenix. A father from Phoenix made this comment: “You go into the office and do the application for [Medicaid] and a lot of times I have been treated like, why aren’t you working? Why aren’t you out getting a job and doing better than what you are doing?”

Some parents also still seem to associate Medicaid with welfare. As an African-American mother from New York said, “I thought it was just for welfare people or older people. I didn’t know I could get it.”

A bigger problem for parents in terms of Medicaid—one that will be discussed more fully later in this report—is that many believe they earn too much to qualify, despite having very low incomes. Indeed, some parents have been told this by a Medicaid eligibility worker in the past and believe it is still true, even though they say their income has fluctuated since that time. “I make too much money for Medi-Cal [Medicaid] but I don’t make enough to get my own insurance,” said a mother from Los Angeles. An African-American mother from New York said, “I didn’t qualify for food stamps, so that was a pretty good indication that I wasn’t qualified for Medicaid. I think I missed it by \$5 or something like that.” Another mother in that focus group added, “Right now, it’s the income. I didn’t think I could get it [Medicaid] because of the income.”<sup>5</sup>

However, there were a number of positive comments about Medicaid in the focus groups too. It seems that once they make it past the enrollment process, many parents who have been enrolled before say that Medicaid covers a lot of important health services. “I think it’s great I guess, if you can get it,” said an African-American mother from New York. Another mother in that group said simply, “[It’s] the best.” These parents appreciate that the program is free and that they were able to obtain quality health care services and prescription medications. Indeed, most of the negative comments in this discussion focused specifically on the enrollment process, eligibility workers (how they treat parents), and the income eligibility limits (many parents think they are too low). For the most part, the program itself—the services covered, the doctors, the fact that it is free—received praise.

It is noteworthy that the majority of these uninsured parents said at the end of this discussion that they would enroll in Medicaid—despite their negative impressions of the enrollment process—if they learned they were eligible.

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<sup>5</sup> Based on the income information provided by participants to qualify for the focus groups, this participant may in fact be currently eligible for Medicaid. All participants had to have household incomes at or below the Federal Poverty Level, which would make them eligible for Medicaid.

## Parents Know Less about SCHIP, but What They Know Is Positive

A number of parents in focus groups in all three cities knew little about SCHIP. When the program was described, they replied that they had not heard of it before or only knew the name but nothing else about the program. “I have heard the name [*KidsCare*] but I really don’t know anything else about it,” said a non-Hispanic white mother from Phoenix. A number of Hispanic parents in New York recalled seeing an ad for *Child Health Plus* (SCHIP) on a train, while others mentioned TV ads and posters in hospitals. One parent mentioned someone on a street corner trying to sign up families. However, none of the Hispanic parents knew anything about the program.

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“I think it [*Healthy Families*] is very good because you can choose your doctor for your child, dentist and eye care. They help you. You call and make the appointment and [can get care] in an emergency any time in any hospital.”

Hispanic Mother from Los Angeles

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Before she would sign up her child in *Child Health Plus*, one African-American mother in New York said, “I’d want to know more about it.” Another mother in that focus group is currently considering enrolling her child in that program, but still has some questions. She said, “I’d have to know if it cost anything. I have the packet at home and I didn’t sign up. Just because someone said, ‘Here, this is for your kid, sign up.’ What am I signing my kid into?” Even some of the parents who enrolled their children in the program revealed they knew nothing about the program beforehand. “I didn’t know anything. I signed up because it [*Child Health Plus*] was offered and available to me,” said an African-American mother from New York. These insights suggest that states still need to promote SCHIP and answer the questions that many parents still have about that program.

Most of those parents who do know about SCHIP said it is a good program. Even those parents who know little more than the name said they have a positive image of SCHIP. Of note, the kinds of negative comments about the enrollment process, bureaucracy and poor treatment by eligibility workers, that we heard in regard to Medicaid were missing from the discussion about SCHIP. There were almost no criticisms of the administrative aspects of the program or about poor treatment; rather, their focus was on the good care their children receive through the program. “I think it [SCHIP] is very good because you can choose your doctor for your child, dentist and eye care. They help you. You call and make the appointment and [can get care] in an emergency any time in any hospital,” commented a Hispanic mother from Los Angeles. Many parents also like the affordability of SCHIP. As one Hispanic mother from Los Angeles said, “It is good because it is cheap.”

Parents who know about SCHIP said they heard about it from many different sources. Schools in particular seem to be where most parents first heard about the program. One African-American mother from New York explained, “Yes, she goes to a public school and [on the emergency contact form] they want[ed] to know what my insurance was and I put ‘none.’ The office called me and asked me if I would like *Health Plus*. I said, ‘Yes absolutely’ and I filled out the applications and got copies of all the paperwork and it was done.” A Hispanic mother from Los Angeles

explained, “[I applied] through the school. I was helped [enrolling in SCHIP] at the school.” Parents also mentioned hearing about SCHIP in hospitals, their church and the unemployment office.

## IV. Barriers to Enrolling

### Most Parents Do Not Think They Qualify for Coverage

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“What kept me from signing up was the reality that I was going to be turned down. Knowing ahead of time, why go through all of that and sit down there for hours on end and bring them all the information they need and everything and then six months later you find out that you did not qualify?”

*Non-Hispanic White Mother from Phoenix*

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The majority of parents in the focus groups think they earn too much—despite having very low-incomes—to qualify for public health programs (Medicaid specifically). Some parents have been told in the past that they do not qualify for Medicaid, and they assume that still applies. Other parents have an image of Medicaid as a program for the “very poor,” which does not fit the image they have of themselves. (Although they have low incomes, they do not necessarily consider themselves poor.) It is noteworthy that parents admitted they do not know the actual income limits for Medicaid—they just assume that their income is too high without really knowing for sure.

“[I didn’t apply] because I knew I probably would not qualify because I was making enough money. You have to be very low-income,” explained a non-Hispanic white mother from Phoenix. A Hispanic mother from New York made a similar comment: “I never really tried [to apply] because a friend of mine told me that because her husband was earning ‘X’ amount of money they did not qualify so that is why I never tried. But I don’t know what the amount is that you would have to earn or not earn.” A mother from Los Angeles commented, “You have to make no money at all or make a lot of money [to have health insurance]. There’s nothing for the people in between, and I fall in that in-between category. I don’t make a lot of money, but I make too much to qualify.”

It seems that for many parents, their past experience trying to enroll in Medicaid and the hearsay from friends and family shape their impressions about the income limits for Medicaid. They do not seem to be receiving any current information about income limits directly from the Medicaid program. Based on their own impressions, many are “self-determining” that they do not qualify. However, the income information these parents provided to participate in the focus groups suggests that some of them do, in fact, qualify for Medicaid or are at least close enough to the limits that they should pursue enrollment.

## Many Have Negative Perceptions of the Medicaid Enrollment Process

As already mentioned, many parents have negative perceptions of the Medicaid enrollment process, and this may discourage them from applying in the future. They pointed to long waits, poor treatment by eligibility workers, invasive questions and too much paperwork. A number of parents have gone through this process before and they do not want to do it again. Parents who do not have direct experiences with the process nonetheless have heard horror stories from friends and family and want to avoid it if possible.

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"I mean, I'm poor but I don't want to go and wait in a line and fill out 550 papers. I'm just staying prayerful that I don't have to do that."

*Mother from Los Angeles*

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Comments in the focus groups revealed that many parents have strong feelings about this topic. In terms of how Medicaid workers treat people, a non-Hispanic white mother from Phoenix had this to say: "You feel like you are nobody, you are nothing and you are begging. They make you feel like you have to go down there and beg." An African-American mother from New York commented on the long waits: "It's [Medicaid] a bureaucracy. You go in the morning and you're there for hours." And an African-American mother from New York said, "[Medicaid] gets knee deep up into your business. They want to know everything about you."

These negative perceptions mean that many parents are not anxious to endure the enrollment process unless they believe they have a high likelihood of being approved. Indeed, more than a few parents commented that they would feel "angry" if they went through the entire process only to be turned down for the coverage.

## Many Uninsured Parents Use the Safety Net Instead

For some parents, the health care safety net—free clinics, emergency rooms, and doctors who see uninsured patients and allow them to pay lower fees or pay in installments—removes the urgent need to enroll in Medicaid. The reason is that parents know that if they are ill and need medical care, they will be able to receive it whether they can afford it or not. Indeed, a number of participants admitted to not paying hospital bills they have received and say their inability to pay would not keep them from getting health care. As one parent from New York said, "If you have nothing, they can't take anything away from you." A Hispanic parent from New York said:

My problem is that I don't like to open the mailbox because every time I open the mail box there is an immense amount of bills in there because of the times I have gone to the emergency rooms and have not paid the bills. Now I am in fear of going to the mailbox because that is what I know I am going to find.

Many parents in the focus groups pointed out that just because they are uninsured, it does not mean they are not receiving medical care. Rather, they tend to postpone

care as long as possible, treat their illness at home with over-the-counter medicines, and just hope that it goes away. Only when an illness persists or if they fear it could be serious do they go to the emergency room, a clinic or a doctor. For the most part, parents said they receive no preventive services and most know that is not ideal. As mentioned earlier, these parents understand the benefits of preventive care and said that is a reason they want health coverage. However, knowing they have a fallback plan—the health care safety net—when they need medical care may take away some of the urgency of signing up for health coverage.

### **Some Parents View Being Uninsured as Temporary**

Some parents talked about being uninsured as a temporary situation that is likely to change soon. They were surprisingly hopeful for the future and discussed finding a better job, getting more hours at work, or being offered insurance, and said this is the reason they have not enrolled in Medicaid, which seems “permanent” and long-term. “I’m poor, I’m really poor, but I think I still just believe that I’m not going to be this poor much longer because I don’t want to just take anything. I don’t have anything now, but I just don’t want to put myself in that predicament,” explained an African-American mother from Los Angeles. She was not uncommon in her firm belief that “things will get better soon” and that she is only “experiencing a temporary set back.” With this mindset, enduring the Medicaid enrollment process and then waiting a month to learn if they qualify for coverage may not seem worthwhile. One or two parents also admitted they are in denial about their tough economic situation. Perhaps enrolling in Medicaid would imply that they are going to remain low-income and uninsured longer than they expect and so they resist taking this step.

### **Lack of Awareness about Program Details and Eligibility Criteria**

For some parents, a barrier to enrolling in SCHIP is that they do not know much about the program other than the name. They may have seen ads about it but they are unsure how the program works or who qualifies. In the case of Medicaid, many parents think they know a lot about the program but their information is old. Based on focus group comments, many parents say they hold off contacting the program until they know more of the details. In fact, most say they want to know income eligibility information to be sure that they will qualify before making the effort to enroll. This insight underscores the need to continue to promote SCHIP and Medicaid and to give program details because the word has not reached some parents.

## **Hispanic Parents Say They Face Language Barriers and Worry about Immigration Questions**

Many Hispanic parents explained that they have faced language barriers when interacting with SCHIP and Medicaid. Some said they resist going to the program offices or calling for information because they believe they will need to speak English. As one Hispanic parent in New York said, “I have not gone to these offices because of the language since I don’t know English. At times I want to go and I don’t understand the language so I say, ‘No I am just going to go home.’” These barriers also apply to written materials and completing application forms.

A few Hispanic parents also revealed that if they tried to enroll, they would worry about requests for their immigration papers and questions about their residency status. All of these parents seem to know they need their Green Card to qualify for Medicaid, but one or two parents explained that they still find the discussion nerve wracking. For example, one parent said they had lost their immigration documentation and so worried they would be denied health coverage or worse, be deported.

## **V. Differences among Racial and Ethnic Groups**

These focus groups indicate that there are not big differences among parents of different ethnic and racial backgrounds in terms of enrolling in SCHIP or Medicaid. The main challenges in their lives, their attitudes about SCHIP and Medicaid, their level of knowledge, and the barriers to enrolling they face seem, for the most part, to be similar. The differences that did emerge tended to be subtle. It should be noted that focus groups are not the best way to show differences among racial and ethnic groups on these issues. It is only through large quantitative studies that researchers can compare different subgroups with some degree of certainty. However, some subtle differences did emerge in the focus groups and are described below.

Overall, African-American and non-Hispanic white parents seemed most experienced with Medicaid and the public assistance system and were more cynical about the system. Hispanic parents seemed more open to messages about SCHIP and Medicaid and less likely to be cynical. However, Hispanic parents were just as negative as the other parents when it came to the Medicaid enrollment process and how eligibility workers treat applicants and enrollees. A number of Hispanic parents seemed to have experienced prejudice and poor treatment when trying to obtain public assistance.

Also, it appears that Hispanic parents, more so than African-American and non-Hispanic white parents, prefer face-to-face interaction with Medicaid, despite some



past negative experiences. Because of language difficulties, they avoid making telephone calls or written materials about the program and instead learn about it through a Spanish-speaking eligibility worker. As mentioned, Hispanic parents also are the only group likely to have immigration concerns when applying for coverage.

The African-American parents in the focus groups tended to sound very much like the non-Hispanic white parents. Their main point of departure was their concern about “being experimented on,” which makes them wary about new programs or aggressive efforts to enroll them in public programs. This emerged in all focus groups with African-American parents; they do not want to feel like they are “guinea pigs” for SCHIP or Medicaid.

Finally, the non-Hispanic white parents seemed the most angry that they are uninsured and were more likely to say this is unfair. (Although all groups share these sentiments, the white parents seemed to express it more.) As noted, the non-Hispanic white group in Phoenix felt the most stigmatized by enrolling in Medicaid and had the strongest negative images of Medicaid beneficiaries. These viewpoints were not shared by the non-Hispanic white parents in the other focus groups in Los Angeles and New York.

## **VI. Communicating with Low-Income Parents**

As part of the focus groups, messages that could be used in communications efforts to reach low-income parents about enrolling in SCHIP and Medicaid were developed and tested. The purpose was to learn about the kinds of themes and concepts that appeal to low-income parents and encourage them to enroll themselves in coverage programs. It should be noted, however, that these messages were not developed for a media campaign. Rather, they were created for research purposes to try to sort out the different kinds of information, facts and arguments that can motivate uninsured parents to seek health coverage. This meant that we could experiment with messages that might never appear in an ad for SCHIP or Medicaid, but which nonetheless provide insights into parents’ attitudes. Following are insights from this discussion.

### **Addressing the Barriers**

In developing messages targeting parents at or below the poverty level, it is important to consider their past experiences as well as their daily financial struggles. Enrolling themselves in SCHIP or Medicaid is not a priority, although obtaining coverage for their children is considered important. Many parents seemed hardened against hearing information about Medicaid specifically. These parents often have

prior experience with Medicaid and many have older, negative images of the enrollment process and bureaucracy of the program.

In addition, most of these parents seemed convinced they earn too much to qualify for Medicaid, despite having very low incomes and not knowing the actual income eligibility level. Because they feel they do not qualify, they do not appear to be listening to messages about Medicaid for themselves, although they do seem to be listening for information about health coverage for their uninsured children. Even those parents who are more open to messages about SCHIP and Medicaid tend to put health coverage for themselves on the back burner and so may be missing opportunities for coverage.

## **Effective Ways to Talk about Coverage**

Given the attitudes and experiences of these parents, it seems important that messages that inform them about SCHIP and Medicaid and that encourage them to enroll should be factually true and applicable to specific states. For example, general messages about an easier and simplified enrollment process may not actually be true in some states where there have been little or no improvements made to this process. Messages might also need to remind parents why it is important for adults to have health coverage and stress that the coverage is affordable or even free. The preventive aspects of having health coverage should also be emphasized, since a number of uninsured parents in the focus groups revealed that they worry they could be ill and not know it. Messages may be more successful if they stay away from references to other public programs—which some of these parents view negatively—and present this as coverage for “working families” which is how these parents view themselves. Perhaps most importantly, messages should show parents that they may actually be eligible for coverage even though they do not think they are.

Of note, one concept tested in the focus groups scored surprisingly well with parents, namely, that *everyone* should be able to obtain health coverage—not just the wealthy. This theme apparently taps into some of the frustration that these parents feel about being uninsured. It is not clear that this theme would motivate someone to enroll in SCHIP or Medicaid, but it nonetheless taps into a core emotion that many of these low-income parents feel.

As part of the message testing process, parents were asked to identify particularly effective statements or phrases in the messages. The phrases they marked offer a good start in developing effective messages for low-income parents about enrolling themselves in SCHIP and Medicaid. Following are some of the phrases that most parents marked in the focus groups:

**Phrases That Tested Well  
with Most Low-Income Parents**

“Parents are working hard/trying to give their kids a better life”

“You shouldn’t have to be rich or make a lot of money to get good health insurance”

“Low-cost or free health coverage”

“What if you got sick and couldn’t care for your children?”

“Doctor visits, emergencies, medicines, and more are covered”

“Health care for yourself and your family”

There were also a number of phrases that tested fairly well with many parents, although for other parents they were not as compelling:

**Phrases That Tested Fairly Well  
with Many Low-Income Parents**

“If your job doesn’t give you health insurance...”

“You may think you earn too much to qualify”

“Millions of working families can’t afford health coverage”

“Small problems can become big health problems if unchecked”

“Medical bills are a reason some families can’t make ends meet”

## Phrases That Are Not as Effective

Finally, there were some phrases that did not test well with many parents for a variety of reasons. In some cases, these messages seemed unbelievable, in other cases, they brought to mind stigma associated with welfare, and in still other cases they did not seem applicable. Following are the phrases that did not work as well with parents.

### Themes and Phrases That Did Not Test Well

“Are you tired of waiting in line at the emergency room?”

“With less paperwork and red tape, it is simpler than ever for eligible families to sign up”

“For some families, it can mean losing everything they have... that’s why not having health insurance is a risk you can’t afford to take”

“Even if you can’t get welfare cash benefits or food stamps, you may still qualify”

## Message Ratings

The table on the following page shows the actual messages tested in the focus groups along with the ratings that parents gave to them. Generally, all the messages developed for this project tested well. The messages are arranged in order of how they tested, with the strongest messages first. Note that many of the messages repeat certain themes and information. The results of the message testing process follow.

**Parents’ Ratings of Messages**

<p style="text-align: center;"><b><u>Messages</u></b></p>	<p style="text-align: center;"><b>Parents’ “Pick up the Phone” Rating</b> (Average rating across focus groups on a scale of 0-10)</p>
<p>You shouldn’t have to be rich or make a lot of money to get good health insurance. If your job doesn’t give you health insurance, you and your kids might be able to get low-cost or free health care coverage. SCHIP and Medicaid cover doctor visits, medicine, emergencies, and more. Call toll-free 1-800-XXX-XXXX—today.</p>	<p style="text-align: center;"><b>8.1 out of 10</b></p>
<p>Without good health care, even a manageable medical problem like diabetes can turn into a serious illness. With health insurance, you can get small problems taken care of, before they become emergencies. If you don’t have insurance, your family may be able to get low-cost or free health care coverage from SCHIP or Medicaid. Call toll-free 1-800-XXX-XXXX—today.</p>	<p style="text-align: center;"><b>8.0 out of 10</b></p>
<p>You’re working hard to give your kids a better life. But what if you got sick and couldn’t get good health care? Who will be there for them? With health insurance, you can get good health care for yourself <i>and</i> your family. If you don’t have health insurance, you and your kids may be able to get low-cost or free health care coverage from SCHIP or Medicaid. Call toll-free 1-800-XXX-XXXX—today.</p>	<p style="text-align: center;"><b>7.8 out of 10</b></p>
<p>You may think you make too much money to qualify for help paying for health insurance. But now, you could be eligible for low-cost or free health care coverage from SCHIP or Medicaid, even if you work. So don’t miss out. The program covers doctor visits, medicine, emergencies and more. Thousands of families get good health care because they signed up. Why pass it up? Call toll-free 1-800-XXX-XXXX—today.</p>	<p style="text-align: center;"><b>7.8 out of 10</b></p>
<p>You’re working hard to give your kids a better life. It’s not easy—especially if your job doesn’t give you health insurance. Now there’s help. Even if you can’t get welfare cash benefits or food stamps, your family may be able to get low-cost or free health care coverage from SCHIP or Medicaid. If you don’t have health insurance, call toll-free 1-800-XXX-XXXX—today.</p>	<p style="text-align: center;"><b>7.6 out of 10</b></p>
<p>You work hard to take care of your family. Now there’s help. Thousands of families can get low-cost or free health care coverage. Your family could be one of them, even if you work. Many working families can get a SCHIP or Medicaid card. It covers doctor visits, medicine, and more. If your family doesn’t have health insurance, call toll-free 1-800-XXX-XXXX.</p>	<p style="text-align: center;"><b>7.5 out of 10</b></p>
<p>Medical bills are a big reason a lot of families can’t make ends meet. If you don’t have health insurance, one serious illness or injury can ruin your credit and put you in the hole for years to come. It’s a risk you can’t afford to take. Now you don’t have to. You and your kids may be able to get low-cost or free health care coverage from SCHIP or Medicaid, so if something happens, you’re covered. That’s why you’ve got to call toll-free 1-800-XXX-XXXX today.</p>	<p style="text-align: center;"><b>7.4 out of 10</b></p>
<p>Are you tired of waiting in line at the emergency room? Have you ever been turned away at the clinic? You deserve better. And with a health care card from SCHIP or Medicaid, you can get it. If your family does not have health insurance, you might be able to get low-cost or free health care coverage. Call toll-free 1-800-XXX-XXXX.</p>	<p style="text-align: center;"><b>7.1 out of 10<sup>6</sup></b></p>
<p>There are millions of working families who can’t afford to get health insurance. If you’re one of them, now your family may be able to get low-cost or free health care coverage from SCHIP or Medicaid. They cover doctor visits, medicine, emergencies and more. Call today.</p>	<p style="text-align: center;"><b>7.0 out of 10<sup>7</sup></b></p>

<sup>6</sup> This message was only tested in two focus groups.

<sup>7</sup> This message was only tested in one focus group.

## Insights about Income Eligibility

Because so many parents in the focus groups think they earn too much to qualify for Medicaid, we tested different ways to explain the income eligibility limits for the program. There are inherent challenges in providing income eligibility figures in messages. For example,

- **Income limits for SCHIP and Medicaid vary by state, making it impossible to develop national ads using the same income eligibility figures.** Specifically, states are able to set their own eligibility levels for SCHIP and Medicaid. For example, a few states have set the allowable household income figure at 300 percent of the Federal Poverty Level (FPL) for children to qualify for SCHIP, whereas many other states have set the level at 250 percent FPL or lower.
- **Eligibility levels are based on family size.** There are different eligibility thresholds for different size families. Simply put, large families can have a higher income than small families. Because families come in all shapes and sizes, it is impossible to advertise just one family income amount because it may appear that it applies to all families regardless of size.
- **Some states consider assets when making eligibility determinations.** This means that in addition to family income, bank accounts, cars and other assets are also considered when determining if a family qualifies. In states that consider assets, income figures alone may be misleading and a family may assume they qualify because they have a low-income when in fact they may not qualify because of their assets.
- **Income eligibility levels are higher for children but much lower for adults.** If the purpose of promoting SCHIP and Medicaid is to encourage both parents and children to apply, then which figure should be given? The challenge is that by providing the higher income amount that applies to children's coverage, some parents may assume they qualify, when in fact they do not.

Finding effective yet factually accurate ways to discuss income eligibility levels that encourage parents to contact the program is a challenge and may not be possible. Nonetheless, most parents in the focus groups say they want to hear about income eligibility in advertisements for SCHIP and Medicaid. Indeed, for some parents, this is essential information for them to even consider applying. Following are some insights into this issue from the focus groups.

- **The majority of parents prefer to see an annual income figure.** We tested two different annual income figures that were estimates of the kinds of limits that states have for SCHIP and Medicaid—that is, \$18,000 for adults and \$30,000 for children. Messages that included these figures received the highest

ratings, and this information appeared to satisfy parents' questions about income limits for these programs. Of note, parents did not seem to think the \$18,000 figure for adults was too low. Keep in mind that their incomes are at or below the Federal Poverty Level and so this figure looks reasonable.

- **The two least appealing options tested did not include a dollar amount, which implies that parents want to see actual dollar amounts even if they are only ranges or estimates.** We tested other ways to discuss income eligibility (see below) and the two least favorite options did not include actual dollar amounts. Specifically, we tested the following phrases: “Even families earning more than the minimum wage can be eligible” and “Even working families who don’t qualify for welfare cash benefits can be eligible.” Parents in the focus groups gave these two statements the lowest ratings. In the case of the second statement, the direct reference to “welfare cash benefits” could explain the low rating. However, these insights suggest that parents want to see actual dollar amounts in messages about SCHIP and Medicaid—even if they are just estimates—to help them decide whether to apply or not.

Following are the different phrases tested in this discussion. The statements are divided into “highest rated” and “lower rated” to indicate the preferences of parents in the focus groups.

### **Different Ways to Discuss Income Eligibility**

#### ***Highest Rated***

“Many families earning \$18,000 a year can be eligible.  
So can kids in families earning even more.”

“Many families earning up to \$30,000 a year or more can sign-up their kids.  
Some adults may be eligible too.”

“Kids in families making up to \$30,000 a year or more may be eligible.  
Adults in families earning up to \$18,000 a year can be eligible.”

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#### ***Lower Rated***

“Even families earning \$11, \$12 or \$13 dollars an hour can be eligible.”

“Even families earning more than the minimum wage can be eligible.”

“Even working families who don’t qualify for welfare cash benefits can be eligible.”

The insight from this research on income eligibility is that parents want to see annual income numbers, even if they are just estimates, in messages and information about enrolling in SCHIP and Medicaid. Since so many parents are convinced they cannot qualify for these programs, these figures will grab their attention and perhaps prompt them to contact the programs to ask about enrolling.

However, this focus group study cannot speak to the very real challenges of providing income eligibility information in ad campaigns. While the focus groups clearly find that parents want to see this information, we do not know if providing this kind of information would lead to confusion or discouragement among parents who assume they qualify when in fact they do not. Given that some of these parents are already wary of misinformation and hold some negative impressions of Medicaid, inaccurate or vague income eligibility information may cause them to be even more skeptical than they already are.