

Final Report

Policy Options in Transitional Health Insurance Coverage

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TABLE OF CONTENTS

ACKNOWLEDGMENTS	2
TABLE OF CONTENTS	3
LIST OF TABLES	4
EXECUTIVE SUMMARY	5
POLICY RECOMMENDATIONS	6
INTRODUCTION	7
STUDY DESIGN	10
Defining the Study	10
Field Research	11
Respondent Universe	12
Data Gathering Methodology	13
Development of the TMC Survey Questionnaire	14
Identifying Respondents	15
Cognitive Interviewing	16
Field Testing the Questionnaire and Evaluating Findings	18
BIBLIOGRAPHY	20
ATTACHMENT A: Transitional Medi-Cal Focus Group Interview	21
ATTACHMENT B: Summary of Focus Group Interviews	25
ATTACHMENT C: Transitional Medi-Cal Questionnaire: English Language Version	46
ATTACHMENT D: Transitional Medi-Cal Questionnaire: Spanish Language Version	47

TABLES

Table Number

- 1 Demographic Profile of Field Test Respondents
- 2 Self reported Health Status
- 3 Length of Time as AFDC Recipient
- 4 Current Medi-Cal consumer
- 5 Respondents leaving Cash Assistance but Retaining Medi-Cal
- 6 Dropped from Medi-Cal After Leaving Cash Assistance
- 7 Best Ways to Help Eligible Persons Retain Medi-Cal after Cash Assistance

EXECUTIVE SUMMARY

Medi-Cal is a crucial component of the CalWORKs safety net for eligible parents and children. The data nationally and in California suggest that parents, the vast majority of whom are single head of household and women, generally fail to apply for or continue Medi-Cal coverage when they leave cash assistance for work. A number of variables impact this behavior. Out-of-pocket charges during the first half of the CalWORKs Medi-Cal transitional insurance period may be a limiting factor. However cost alone cannot explain the relative low enrollment rates in the Medi-Cal program following an end to cash assistance or the low continuation rates as these former beneficiaries encounter a work place in which many employers do not make arrangements for or subsidize group health insurance. This report describes an initial study of factors that CalWORKs eligible persons felt may impede persons such as themselves from enrolling in Transitional Medi-Cal (TMC) coverage.

The project had dual aims. The first aim was to develop information about health insurance and TMC held by persons formally or currently receiving cash assistance. The second aim was to involve respondents representative of the cash assistance population in development of a questionnaire that assesses respondent (1) knowledge of the TMC entitlement, (2) interest in obtaining TMC, and (3) the extent to which they have or value other health insurance.

We developed baseline information about TMC and health insurance held by respondents demographically representative of the CalWORKs participant universe. Working collaboratively with community-based family and child welfare agencies in Los Angeles county we assembled four focus groups of former cash assistance recipients. Focus groups were conducted at host agency sites convenient to respondents in Pacoima in the northeast San Fernando Valley of Los Angeles county, East Los Angeles, and Long Beach. A total of 50 persons participated. The aim of the focus groups was to gather information about respondent (1) knowledge of TMC, (2) barriers to accessing TMC, (3) verbalized satisfaction with prior and current experiences as a Medi-Cal consumer, (4) knowledge of health insurance and perceived valuing of health insurance, and (5) suggestions for improving communication with Medi-Cal consumers.

Drawing on the results of the four focus groups, we constructed a *draft* survey questionnaire with items intended to assess respondent knowledge, attitudes and practices related to TMC. We exposed 32 individuals as a group to a “cognitive interview” to determine how respondents interpret the items. With their feedback we revised the questionnaire and field tested it with 24 individual respondents. The participants in both the cognitive interviews and the field test with individuals were Spanish-speaking Medi-Cal insured and medically indigent women. This cohort was selected because Spanish-speaking persons are the cultural and linguistic population least benefiting from TMC. Results of the field test were used to develop a recommended future survey process and methodology, and to construct a *recommended* TMC Survey Questionnaire.

POLICY RECOMMENDATIONS

We make seven policy recommendations. They are to:

- Validate and test the reliability of the TMC Survey Questionnaire across CalWORKs sub-populations statewide (See Attachments C and D).
- Assess the use of church-based outreach for its potential in recruiting and motivating eligible persons to enroll in TMC, Healthy Families, and other entitlements.
- Evaluate various interventions in current practice used to recruit and motivate eligible persons to enroll in TMC, Healthy Families, and other entitlements.
- Evaluate the use of non-traditional outreach methods that reduce applicant fear of authority, the INS, legal sanction, and disclosure of status and need, particularly among immigrant populations.
- Use clear, straightforward messages delivered in writing and interpersonally to communicate with eligible persons about TMC.
- Communicate with clients individually, in non-group settings, with sensitivity to time, culture, language, and support factors such as transportation and child respite care.
- Examine institutional requirements that may impede eligible persons from accessing and enrolling in TMC or Healthy Families programs.

INTRODUCTION

Medi-Cal is a crucial component of the CalWORKs safety net for eligible parents and children. The data nationally and in California suggest that parents, the vast majority of whom are single head of household and women, generally fail to apply for or continue Medi-Cal coverage when they leave cash assistance for work. A number of variables impact this behavior. Out-of-pocket charges during the first half of the CalWORKs Medi-Cal transitional insurance period may be a limiting factor. However cost alone cannot explain the relative low enrollment rates in the Medi-Cal program following an end to cash assistance or the low continuation rates as these former beneficiaries encounter a work place in which many employers do not make arrangements for or subsidize group health insurance. This report describes an initial study of factors that CalWORKs eligible persons felt may impede persons such as themselves from enrolling in Transitional Medi-Cal (TMC) coverage.

The clear majority of women entering the workforce from the CalWORKs entitlement have very low literacy levels and marketable skills. The point-of-entry, or re-entry for most of these workers is into service sector jobs or assembly jobs not requiring much prior know-how. Also, the majority come to the work place with relatively skewed perceptions of work accountability, employer expectations, norms of behavior, hygiene, dress, and lack of sensitivity to time and collaboration expectations. Job-success failure rates are high, especially for first-time workers although the reality is that all of these persons face considerable barriers which seem to proscribe their long term success.

The California GAIN Employment and Training programs found that only 25 percent of persons entering employment had health insurance or prepaid health care after 2 or 3 years on the job. But these data do not account for the many unable to obtain or keep their jobs for a variety of inter-related reasons including inadequate child care, care demands in their home, inability to adjust to the culture of the workplace, loss of Medi-Cal coverage, and other reasons. It would seem that Medicaid/Medi-Cal transitional coverage would lessen work failure due to loss of insurance but the fact that relatively few transitioning workers avail themselves of this resource may be because they may give more importance to insurance coverage for their children than for themselves. With Medi-Cal expansion and California's new Healthy Families program now operational coverage for children in these families probably will become less of an issue although the consistently large number of uninsured children statewide is an issue policy makers must ponder.

As former welfare recipients meet with success in employment and their earnings move them above means-test thresholds for Medi-Cal or Healthy Families we are likely to see an increase in job turnover as workers seek employment that has affordable health insurance benefits for dependents. In the absence of reasonable employer-arranged insurance and dependent coverage many may consider returning to the "safety net" of cash assistance.

Former recipients do not access the TMC coverage for many reasons. Lack of knowledge contributes as does perceived stigma associating Medi-Cal with "welfare" social ascription. The failure during the first weeks of eligibility to follow required registration and other procedures probably keeps many from the program. Lack of

understanding of health insurance and health insurance products is also a likely reason many do not register. We know that younger persons, particularly those new to the workforce, have little understanding of the market price of health insurance, employer sentiment about and willingness to make health insurance and other benefits available to employees, or about potential cost of health insurance or dependent health insurance coverage.

TMC enables families to segue into employment while retaining full Medi-Cal coverage for all eligible family members. This resource is potentially quite valuable to the many taking entry level jobs that do not include an affordable health insurance benefit. Premium costs and out-of-pocket charges for commercial insurance or managed care products are beyond the reach of most whose net earnings hover above poverty levels. It is problematic too whether these entry level workers have sufficient discretionary income to purchase Healthy Families coverage. As health needs require professional care services persons without TMC or other forms of insurance will be forced to leave the workforce and return to cash assistance for the health insurance protection it provides.

Analogues to addressing barriers to transition are available from current state efforts, including California's SB 485 program that moves eligible families from fee-for-service Medicaid to managed care arrangements. Findings from experiences in five states suggest strategies for facilitating transition experiences for cash assistance recipients (Gold, et al, 1996). Albeit related to transitions within the cash assistance-Medicaid program, the findings have implications for persons transitioning from the CalWORKs system. Relatively successful strategies assume that barriers start with

consumer confusion at the start of the transition. Interventions designed to mitigate confusion include distribution of easily understood materials in various languages, toll-free telephone numbers with the capacity for responding to a large calling volume, a means for providing individual counseling, and aggressive outreach immediately prior and after beginning of the transition period. While not a panacea for overcoming knowledge, experience, world-view, and value barriers these activities appear to be helpful in reducing compliance failure rates.

STUDY DESIGN

The project had dual aims. The first aim was to develop information about health insurance and TMC held by persons formally or currently receiving cash assistance. The second aim was to involve respondents representative of the cash assistance population in development of a questionnaire that assesses respondent (1) knowledge of the TMC entitlement, (2) interest in obtaining TMC, and (3) the extent to which they have or value other health insurance. This product, the TMC Questionnaire, is appended as Attachment C (English version) and Attachment D (Spanish version).

Research was conducted in three phases during the period, November, 1997 -- July, 1998. The activities associated with each phase are briefly described below.

Defining the Study (November 1997-January 1998)

Activities during this phase involved (1) definition of the study universe and (2) development of survey methodology. The investigators, the Senate Office of Research, and the cognizant State agencies, the Department of Health Services - Medi-Cal Eligibility Branch, and the Department of Social Services agreed to the limited scope of

the research and to a methodology for identifying respondents for Phase II and III activities.

As a result of conversations during this period we agreed to recruit respondents for both the field work and testing of the draft TMC questionnaire through community-based organizations in Los Angeles county. Doing so expedited the research process, and considerably reduced costs.

Field Research (February - April 1998)

In this phase we developed baseline information about TMC and health insurance held by respondents demographically representative of the CalWORKs participant universe. Working collaboratively with community-based family and child welfare agencies in Los Angeles county we assembled four focus groups of former cash assistance recipients. The focus group respondents were involved in a 2-hour structured group brainstorming and Delphi-priority setting experience. Focus groups were conducted at host agency sites convenient to respondents in Pacoima in the northeast San Fernando Valley of Los Angeles county, East Los Angeles, and Long Beach. A total of 50 persons participated. Instructions and dialogue were in Spanish and English for the two groups in which Spanish speakers predominated. A by-lingual group facilitator conducted the sessions offering interpreting to individuals as needed as well as group facilitation in Spanish. The aim of the focus groups was to gather information about respondent (1) knowledge of TMC, (2) barriers to accessing TMC, (3) verbalized satisfaction with prior and current experiences as a Medi-Cal consumer, (4) knowledge of health insurance and perceived valuing of health insurance, and (5) suggestions for improving communication with Medi-Cal consumers.

The focus group facilitator used a five-part set of questions distributed to focus group members and prepared in both English and Spanish versions. Questionnaire items were also posted on large sheets of newsprint. The facilitator read each item aloud as she brainstormed the group for responses. She posted responses on the newsprint as well. The purpose in using this procedure was to minimize embarrassment to those respondents unable to read or comprehend written instructions in either English or Spanish. We wanted to keep respondents positive and focused on the issues under discussion. The technique was designed to encourage respondents and probe for underlying issues. The findings of the process and a demographic profile of the respondents are included in the outcomes statements below.

A copy of the Focus Group Interview Schedule/Questionnaire is appended as Attachment A

Respondent Universe

The 50 participants in the focus groups were predominately Latina and African Americans. All were female. The groups, the primary ethnicity of respondents, and the hosting community based organization were:

Group #1 (Latina) -- 14 respondents
Pacoima Urban Village, Pacoima, CA

Group #2 (Latina) -- 13 respondents
Plaza Community Center, East Los Angeles

Group #3 (African American) -- 7 respondents
St. Mary's Hospital Medical Center, Long Beach

Group #4 (African American) -- 16 respondents
Flossie Miller Center, Long Beach

Data Gathering Methodology

Focus Groups were used in this phase because they offer a relatively efficient and inexpensive means of collecting qualitative data. Our intent was to identify the broad range of CalWORKs stakeholder sentiment about TMC and health insurance generally. We used a standardized protocol for each administration of the four focus groups. Respondents met in one large room and were introduced to the purpose of the meeting simultaneously. The facilitator, fluent in Spanish, moved from Spanish to English as frequently as necessary to stimulate brainstorming and priority setting. The methodology involved the facilitator asking the respondents as a group to respond to a series of questions. The facilitator lead the group in English or Spanish as needed and assisted individuals to complete their responses. As respondents brainstormed their ideas in response to a question the facilitator simultaneously posted the findings on easel chart for everyone to see. The facilitator then brainstormed the group a second time to identify reasons behind the score distribution and to identify “solutions.” As each newsprint sheet was filled she posted them on the walls of the room so that everyone could see the product of the group’s work and that “their” ideas were respected. Next she asked the group to rank-order their responses from most important or most urgent to least. This prioritizing method enabled the group to achieve some consensus without polarizing opinions or overwhelming minority opinion sentiment. The latter was particularly important because the group facilitator intervened in the process as often as needed to assure that ideas and recommendations were not overlooked or ignored. The protocol minimized “group think” while assuring that all voices were heard.

The focus group method is commonly used in field work and formative evaluation. It generates qualitative information. Outcomes from homogeneous groups following similar protocols provide an unusual opportunity for contrasting values and perceptions within and between distinct stakeholder populations. Holding the focus group sessions in familiar and “non-government” community-based organizations seemed to help people feel more at ease.

The focus group process yielded three types of data: (1) individual responses to objective and perception items, (2) group unanimity or lack thereof regarding the items individually and as a whole, and, (3) small group recommendations. Data from the four focus groups, presented in summary form in Attachment B, were used in constructing the survey instrument.

Outcomes brainstormed in the focus groups are reported in Attachment B, below. We used the focus group generated information as our source for qualitative information about CalWORKS participant sentiment in developing the Draft TMC Questionnaire. That instrument was further refined by field testing in Phase III.

Development of the TMC Survey Questionnaire (May-July 1998)

Drawing on the results of the four focus groups, we constructed a *draft* survey questionnaire with items intended to assess respondent knowledge, attitudes and practices related to TMC. We exposed 32 individuals as a group to a “cognitive interview” to determine how respondents interpret the items. With their feedback we revised the questionnaire and field tested it with 24 individual respondents. The participants in both the cognitive interviews and the field test with individuals were Spanish-speaking Medi-Cal insured and medically indigent women. This cohort was selected because Spanish-

speaking persons are the cultural and linguistic population least benefiting from TMC. Results of the field test were used to develop a recommended future survey process and methodology, and to construct a *recommended* TMC Survey Questionnaire. The questionnaires refined in this activity, in English and Spanish versions, are included as Attachments C and D.

The research process undertaken in this phase involved three steps:

- 1 Identifying respondents,
- 2 Cognitive interviewing,
- 3 Field Testing the Questionnaire and Evaluating Findings.

Identifying Respondents

In identifying respondents for this research segment we selected Spanish speaking and bi-lingual English and Spanish speaking respondents. Far fewer of this TMC eligible population enrolls in TMC than do other eligible populations. An intended and important byproduct of this activity, therefore, was to develop a procedure for more easily and effectively delivering outreach to this population frequently “overlooked” by traditional health and social services safety net providers. According to Castro et al, 1995, “from a systems perspective, churches serve as miniature, dynamic communities that present an opportunity for developing and implementing a program of health promotion.”

We initiated a church-based outreach process. Respondents for the cognitive interviews were recruited from the Hispanic Congregation of the Temple Baptist Church, an 800-member congregation near Downtown Los Angeles serving Latino citizens and immigrants. We selected a Protestant congregation for this outreach project because Latino members of Protestant churches tend to be poorer and have a lower level of

acculturation than their Catholic counterparts, suggesting greater resource deficits and a relatively higher need for outreach services for women of the smaller Protestant congregations (Castro et al, 1995) .

This church-based process proved very successful because we were able to readily recruit a sufficient respondent sample. An invitation from the Pastor was made from the pulpit, requesting those who had received or were receiving Medi-Cal to attend a meeting after church. Following the Pastor's remarks a Spanish speaking member of the congregation, acting as facilitator for the project, asked church members to join with him in testing the project's survey instrument. He used the criterion of current or former cash assistance in requesting volunteers. The questionnaire was administered to one large group of respondents. Respondents readily agreed to participate because the church setting (1) was a "safe" place to disclose feelings about welfare and associated feelings of stigma and (2) because the church is valued as a trusted place outside of the reach of the INS.

Cognitive Interviewing

Cognitive interviewing is a technique used to determine the response process of individuals completing questionnaires. The information gathered about the cognitive processes in reading and answering questions is used to construct questions that minimize response error and maximize the accuracy of information giving.

The cognitive group interview session at the church averaged ninety minutes in length. Thirty-two respondents, all women, attended the scheduled session. An experienced bi-lingual, culturally representative group facilitator conducted the interviews. The purpose of the session and study were explained. Copies of the Spanish

language questionnaire were distributed. The participants were told about the purpose of the study. They were asked to listen to the instructions for each question and then to choose/circle their personal answers. The facilitator read the items aloud and gave respondents time to complete the Likert-scaled questionnaire items.

The reactions of respondents were used to identify those questionnaire items which were unclear, needed rewording, or were difficult for respondents to comprehend. During the implementation, approximately fifteen participants asked for help to write their answers. It was very difficult to provide assistance to all the participants simultaneously. Though they understood the questions, they did not have the competence to choose among the answers. Four participants completed the questionnaire in a few minutes and left before the end of the meeting.

At the end of the session, ten respondents had not completed the entire 26-item questionnaire. In a debriefing at the end of the session most of the participants expressed difficulty in interpreting the ranking scale for certain of the questions. None of the participants had any familiarity with the term “CalWORKs,” and many were uncertain about the meaning of “welfare reform.” During the debriefing phase of the group participants made general comments about the Medi-Cal program and their experience in it. Those remarks were captured on newsprint and a few are reproduced here for more insight into the way this cohort experiences the health and welfare system:

- “There should be more bilingual staff.”
- “They treat us as ‘dogs’ when they realize that we do not speak English.”

- “I am afraid to be admitted to a hospital; they may kill me; The government thinks we are a burden.”
- “The medicine I need is not covered, they asked me to pay \$7.00. Sometimes I do not have that kind of money.”

The outcomes of the group administration of the Survey Questionnaire were disappointing. Only about one in ten respondents seemed to be able to fully comprehend the questions and the formatting of the questions. Cultural and linguistic issues and lack of prior experience with "opinion" questions no doubt posed barriers to the task, however an equally daunting barrier was inadequate reading, writing, or written comprehension skills. Fewer than one in eight respondents were able to handle the group method used in cognitive interviews.

Field Testing the Questionnaire and Evaluating Findings

Following the cognitive interviews we revised the questionnaire and then field tested it with a sample of 24 individuals from the same congregation. Because of the significant impediments associated with administering the cognitive interviews in a group session, we arranged for the bilingual facilitator to meet individually and privately with respondents. We report responses to selected items contained in the TMC Survey Questionnaire.

Descriptive information about the respondents and how they answered the Questionnaire items are summed and reported in Attachment E. The profile of respondents is depicted in Table 1.

(insert Table 1 approximately here)

Most respondents regarded their personal health as good or excellent at the time of interview. See Table 2.

(insert Table 2 approximately here)

Tables 3 and 4 depict prior cash assistance experience and current Medi-Cal involvement. About 1/3 of respondents report having received AFDC for three or more years and 1/3 reported one or two years. Fully 80% of respondents are also current Medi-Cal recipients.

(insert Tables 3 and 4 approximately here)

Only four of the 24 respondents reported retaining Medi-Cal after the cash assistance period and all reported being dropped from coverage thereafter. See Tables 5 and 6.

(insert Tables 5 and 6 approximately here)

A majority of respondents felt that notices or notice of termination and periodic follow-up notices were the best way for persons such as themselves to learn about and respond effectively to TMC. Only 16% of respondents felt personal contact with their (former) worker would be helpful in obtaining TMC and 12% said classes would helpful and 12% wanted easy-to-read printed information.

(insert Table 7 approximately here)

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ATTACHMENT A

Transitional Medi-Cal Focus Group Interview

Respondents are assembled in a conference type room and assured of no outside distractions such as telephone noise or persons unrelated to the Focus Group walking through the meeting room. The Focus Group experience will take about 1.5 hours to administer. The following are the activity steps to the process:

Step 1 Facilitator makes name tags ("hello my name is") in advance of the meeting distributes them to respondents as they enter the room.

Step 2 Facilitator introduces herself and any observers; she explains the purpose behind the activity:

- (1) Get some ideas about what it is like trying to obtain or keep health insurance;
- (2) Determine whether they still have Medi-Cal;
- (3) Get a sense of whether they will have any problems in getting Medi-Cal after leaving AFDC/TANF;
- (4) Determine whether their employer, if they are working yet, offers health insurance;
- (5) Conclude by stating that findings will be used to develop a questionnaire to be used with other people later in the spring and that the findings of the Focus Group and later meetings will be given to the State Legislature to consider whether new laws are needed to help people get Medi-Cal or other insurance.

Step 3 Facilitator puts newsprint on wall and begins to brainstorm the audience --- one question at a time --- when each question is complete she tapes it on the opposite wall for later reference

Step 4 Facilitator begins the questioning phase of the Focus Group:

First Set of Questions (and newsprint)

- (1) How many people have health insurance today? (show of hands; record on newsprint)
- (2) How many people have insurance through their job or through someone else? (show of hands; record on newsprint);

(3) How many have Medi-Cal today? (show of hands; record on newsprint);

(4) To those with Medi-Cal -- How come you still have it? What happened? (brainstorm; answers on newsprint)

(5) To those without Medi-Cal -- What happened? (brainstorm; answers on newsprint)

Second Set of Questions (and newsprint)

(1) What kind of insurance is most important to you?

(a) coverage for only yourself

(b) coverage for your children

(c) coverage for your husband or significant other

(d) coverage for your other family members

(2) How many of you have health insurance through your job? (show hands)

(a) For those of you who do, do any of you pay any part of the insurance premium? (show hands; brainstorm amount paid and put on newsprint)

Third Set of Questions (and newsprint)

(1) For those who do not have any insurance today, i.e. Medi-Cal or insurance through your job, why don't you have it? (brainstorm answers on newsprint)

(2) Of the reasons we just came up with (pointing to the newsprint), which of these was the biggest reason that kept you from obtaining health insurance? (put an * next to "biggest reasons")

Fourth Set of Questions (and newsprint)

Prepare the newsprint with these words on it in a column just like this:

My Department of Social Services Worker
The Eligibility Worker at Department of Social Services
My child's Children's Services Worker
My doctor
Someone who works in the doctor's office
My boss at work
Someone else at work
Friends

Family members
Other

(1) When you think of why you no longer have Medi-Cal, which of these persons were involved in your decision? (Place checkmarks next to items as they are brainstormed)

For example, did you rely on any of these people for information about health insurance?

(2) What did they do to discourage you? (Brainstorm items without comment)

(3) Did you know that you could (can) keep receiving Medi-Cal after you leave AFDC or TANF? (Show of hands...put # of persons responding on newsprint)

(4) What kind of information would help people to know that they can keep Medi-Cal...any ideas? (Brainstorm responses without comment).

(5) How important is health insurance to you and your family?...point to newsprint as you write 5 numbers on the newsprint:

1 2 3 4 5

Say: number one means not very important and number five means very important; ask for show of hands for 1 and 5....put number of respondents for each below #1 and #5.

Say: those of you who did not say one or five...how do you feel... How does having health insurance rank with other necessities that are important to you? (Brainstorm answers and put answers on newsprint without comment)

Fifth Set of Questions (newsprint)

(1) Imagine the governor and the legislature were here now, what would you like to tell them about what Medi-Cal or other types of health insurance mean to you today?

Post two pieces of newsprint. one labeled "Medi-Cal" and one labeled "other health insurance."

Brainstorm comments re: Medi-Cal and other health insurance without comment.

Ask respondents to complete a questionnaire with five questions. Read each question slowly out loud so as not to embarrass anyone who cannot read:

Questionnaire items:

1. How long have you been an AFDC/TANF recipient? _____months
2. How many children do you have? _____
3. How old are your children? _____, _____, _____, _____, _____
4. Do you have Medi-Cal today? yes/no (circle)
Do you belong to a health plan? yes/no (circle)
5. How often have you used Medi-Cal? often /not very often? (circle)
6. Do you have health insurance through your job today? yes/no (circle)
7. What is your age? _____

Thank the people, collect the questionnaires, distribute \$15 respondent fee, **GET SIGNED, DATED RECEIPT FOR THE \$15 FROM EACH PARTICIPANT.**

End of session.

ATTACHMENT B

Summary of Focus Group Interviews

Focus Group #1

Location: Pacoima Urban Village

March 19, 1998

Respondent N = 14

Brainstormed Questions and outcomes:

- (1) How many people have health insurance today?
10
- (2) How many people have insurance through their job?
1
- (3) How many have Medi-Cal today?
10 (Two have regular Medi-Cal and eight are in a Medi-Cal managed care plan.)
- (4) To those with Medi-Cal--How come you still have it? What happened?
Seven said because they have low incomes. One said she cannot work because of health problems.
- (5) To those without Medi-Cal--What happened?
*Three have no Medi-Cal nor other insurance.
All three said the Social Worker (sic) (Eligibility Worker) at DPSS told them they did not qualify.
"I applied for myself but never received my card."
"I lost Medi-Cal because I'm not participating in the GAIN program because I'm caring for my elderly, ill mother."
Two said they did not qualify because they are non-residents.*

Second Set of Questions

- (1) What kind of insurance is most important to you?
 - (a) coverage for only yourself
 - (b) coverage for your children
 - (c) coverage for your husband or significant other
 - (d) coverage for your other family members

All 14 said (b) coverage for their children is most important. Their second choice was coverage for themselves, and their third choice was coverage for older adults/parents.

- (2) How many of you have health insurance through your jobs?

Four have jobs outside the home. Only one has insurance through her job. For those of you who do, do any of you pay any part of the insurance premium? Respondent says that she pays a portion of the premium, but she does not know how much they take out of her check.

Third Set of Questions

(1) For those of you who do not have any insurance today, i.e. Medi-Cal or insurance through your job, why don't you have it?
Two said they did not qualify because they are non-residents. One is caring for her elderly mother, so she could not participate in GAIN, so she lost her benefits.

- (2) Of the reasons we just came up with, which of these was the biggest reason that kept you from obtaining health insurance?

The DPSS eligibility worker told them that they did not qualify.

Fourth Set of Questions

- (1) When you think of why you no longer have Medi-Cal, which of these persons were involved in your decision?

My Department of Social Services Worker
The Eligibility Worker at DPSS
My child's Children's Services Worker
My doctor
Someone who works in the doctor's office
My boss at work
Someone else at work
Friends
Family members
Other

Most said the DPSS (eligibility) worker. They said they think it has to do with which worker one gets. One said she knows two families with similar situations and one got Medi-Cal and the other did not because they had two different workers.

One said her neighbors influenced her decision.

All three women without Medi-Cal said they go to Northeast Valley Health Center (NEVHC) when they get sick. One said she has a special "medical" card from NEVHC.

- (2) What did they do to discourage(influence) you?

Classes at DPSS (Health Options classes)

(3) Did you know that you could (can) keep receiving Medi-Cal after you leave AFDC or TANF? Yes: 5 No: 9

(4) What kind of information would help people to know that they can keep Medi-Cal...any ideas?

“Information by mail” (They said this has worked well and they did receive information in the correct language.)

“Welfare offices” “Churches” “Classes”

“Schools” “Groups where they live”

(5) How important is health insurance to you and your family on a scale of 1 (not very important) to 5 (very important)? For those who did not say one or five, how do you feel?

Everyone said “5.”

(6) Compared to other needs, how important is health insurance?

All agreed health is the most important thing so they can take care of their children.

Fifth Set of Questions

(1) Imagine the governor and legislature were here now; what would you like to tell them about what Medi-Cal and other types of health insurance mean to you today?

“Imagine what it would be like if there were no Medi-Cal. There would be more illnesses.”

“If some are sick it can affect everyone.”

“Why do we qualify for some medicines and not for others that we need?”

“Thank God it covers glasses.”

“Why do they keep lowering my food stamp amount?”

“The government chooses what medicines Medi-Cal pays for, but the doctor should be the one.”

“Why doesn’t the government pay for the medicines the doctor prescribes?”

“I know from my job that the government gives grants to many things that aren’t necessary; the money should go to medical needs.”

“Why is the government so racist against Latin people?”

“We need more help for the elderly people. Don’t take needs away from the elderly.”

(2) Brainstorm comments regarding Medi-Cal and other health insurance.

“Regular Medi-Cal is better because you can use it anywhere you go.”

“You can only use Health Plans in some clinics and hospitals.”

“It takes a long time to see a doctor when you’re in a Health Plan.”

“The Health Plans don’t have classes to teach you about your health.”

One woman expressed concern regarding she has not received Medi-Cal cards for her children - she's still waiting and has received bills from the hospital. This is very stressful to her.

Questionnaire Summary:

1. How long have you been an AFDC/TANF recipient?
Range: 0-18yrs. Median: 6.5yrs. Mean: 6.4yrs.
2. How many children do you have?
Range: 1-6 Median: 3 Mean: 2.9
3. How old are your children?
Range: 2 mos. - 21 yrs.
4. Do you have Medi-Cal today?
Yes: 8 No: 6

Do you belong to a health plan?
Yes: 10 No: 4
5. How often have you used Medi-Cal?
Often: 4 Not very often: 9 "Normal": 1
6. Do you have health insurance through your job today?
Yes: 0 No: 14
7. What is your age?
Range: 25-59 Median: 40 Mean: 41.4

Focus Group #2: Plaza Community Center
April 8, 1998
n = 13

First Set of Questions

- (1) How many people have health insurance today?
9
- (2) How many people have insurance through their job?
0 - No one works outside the home. Some women talked about how many employers hire people part time so they don't have to offer health insurance.
- (3) How many have Medi-Cal today?
8 (Three have regular Medi-Cal and five are in a Medi-Cal managed care plan.)
- (4) To those with Medi-Cal--How come you still have it? What happened?
*"If you have SSI, you stay on Medi-Cal."
"That's not true."
"I have a heart defect; I wrote Medi-Cal on my form and I got to stay."*
- (5) To those without Medi-Cal--What happened?
Five said they no longer have Medi-Cal because they had their children taken away from them and when they went from AFDC to General Relief (GR) they were no longer eligible for Medi-Cal.

Second Set of Questions

- (1) What kind of insurance is most important to you?
 - (a) coverage for only yourself
 - (b) coverage for your children
 - (c) coverage for your husband or significant other
 - (d) coverage for your other family members

All 13 said insurance for their children.
- (2) How many of you have health insurance through your jobs?
0. None is currently working. One woman had a job through GAIN and did have health insurance through the job.

For those of you who do, do any of you pay any part of the insurance premium?

The woman who previously had a job through GAIN had to pay a \$55 per month premium for coverage for her whole family.

Third Set of Questions

(1) For those of you who do not have any insurance today, i.e. Medi-Cal or insurance through your job, why don't you have it?

Four have no insurance today. One woman said she lost her health benefits and her GR because she was in a mandatory drug treatment program and she "messed up" her program. She is back in the program now, but still has no benefits.

"GR doesn't give Medi-Cal."

(2) Of the reasons we just came up with, which of these was the biggest reason that kept you from obtaining health insurance?

Fourth Set of Questions

(1) When you think of why you no longer have Medi-Cal, which of these persons were involved in your decision?

My Department of Social Services Worker
The Eligibility Worker at DPSS
My child's Children's Services Worker
My doctor
Someone who works in the doctor's office
My boss at work
Someone else at work
Friends
Family members
Other

12 said "eligibility worker;" one said DPSS worker; one said a nurse at her doctor's office; one said a receptionist at her doctor's office; three said they intentionally chose a specific Medi-Cal managed care plan to enable them to remain with their current doctor.

(2) What did they do to discourage you?

(3) Did you know that you could (can) keep receiving Medi-Cal after you leave AFDC or TANF?

A lot of confusion over this issue.

“You can’t.” “Yes, you can.” “You can’t get Medi-Cal if you have property.”

“We have property; we have everything; we were working, but we couldn’t afford insurance, so we got Medi-Cal. But we had to pay a share of cost and every month it changes, depending on how much you made....it was \$88 per person and you have to pay the money first before you get the insurance and even if you don’t use it you have to pay it.”

“If you own a car, you have to sell it.”

“That’s why you have to lie.”

“My sister got a job at Wal-Mart for six months and they (DPSS) took everything away from her; they’re not helping her with nothing. She’s barely making minimum wage.”

“No one wants to stay on welfare, but, yeah, that’s minimum wage.”

“My sister, she’s 19, and she had GR and she got off it and two months after she applied for Medi-Cal and they gave it to her.”

- (4) What kind of information would help people to know that they can keep Medi-Cal...any ideas?

“Classes with real answers”

“Not keep on changing everything”

“Easy to read information”

“You get the run-around.”

“They give you a number and 10,000 people are using it at one time and you’re on hold for 15 minutes.”

Regarding the mailed packets: “It’s common sense, those packets, but the way they word it is confusing.”

- (5) How important is health insurance to you and your family on a scale of 1 (not very important) to 5 (very important)? For those who did not say one or five, how do you feel?

Everyone said “5.”

- (6) Compared to other needs, how important is health insurance?

This group’s hierarchy was: “food, shelter, medical insurance, utilities.”

Fifth Set of Questions

(1) Imagine the governor and legislature were here now; what would you like to tell them about what Medi-Cal and other types of health insurance mean to you today?

“What they’re doing is taking away from the poor and not providing enough care for us...if you’re on GR, I think you should still get Medi-Cal.”

One woman suggested a modified type of Medi-Cal for women on GR, so at least they’d have something if they really needed it.

“We’re still not getting the attention we need and we’re going to end up more sick and it’s going to wind up costing more money...we need to get to the problem before it explodes.”

*“I don’t think they should take Medi-Cal away, but I think they should take welfare away, because people like us are young enough to start working. We have to take responsibility....People like us should work. We’re getting too lazy....I could make it by myself if I had Medi-Cal.”
(There was a lot of resistance to this statement.)*

“I think whether you work or you don’t, no matter what your situation, you should have the opportunity to receive some kind of medical service. Even if it’s just a preliminary (exam) to know if there is something wrong. With me, if it weren’t for my last pregnancy, I wouldn’t have known how bad my heart condition is....There’s enough tax money; they take it out of everybody. When I was working, they were taking \$300 out of each check. That’s a lot of money.”

“I think when they go through elections they’re a bunch of B.S.’s, because they tell you they’re not going to take away this; they’re not going to take away Medi-Cal, but then when they become elected, that’s when they start taking away the Medi-Cal and the money.”

These women are in a drug rehab program, so they’re not eligible for GAIN at this time, but they say they will be eligible after six months if they’re doing well in their program.

“They (eligibility workers) need to educate themselves more on Medi-Cal, because they are cutting off a lot of eligible people...the more they take from us, they don’t realize that we’re going to have to do something to survive, and that’s going to lead to something wrong.”

“Some of us really do need it.”

“My father owns property and he moved off his property, so they said he’s not eligible for anything. He can’t get out of bed. My sister has to pay all his medical bills”

“We need to take better care of the elderly and the needy kids, the kids with special needs.”

“I know there are a lot of benefits available, but we don’t know about it. They need to let us know what’s available.”

Discussed hardships finding housing on very low incomes.

One woman said she wants her regular Medi-Cal back, instead of the health plan.

“Some people want to have a choice.”

“I got on it and they said if there’s an emergency, I should call the number on the back. My son cracked his head in the back. Now I’m supposed to get this card and my son’s bleeding and you’re looking for the card and you’re so nervous calling that number and you just want to get your son to the emergency (room)...and they said did you call the doctor and I said I didn’t have time to call the doctor; my son’s bleeding.”

“Let him live on what we live and how we live....we want to work....we want to go back in society, but how can we do that when employers don’t want to hire people like us because we did something wrong, but we paid our debt...”

The women said they felt lucky to be in this rehab program.

“But, who pays for the program? Not all of them are free. GR only pays \$212 per month.”

“Two people on GR cannot share the same household.”

Discussion ensued regarding the desire to be honest vs. giving honest answers penalizes them in terms of benefits. (e.g. one woman gets less money because she’s married than she would if she and her husband applied separately.)

“For the GAIN program, you have to have a daughter five years old and up.”

“No, not any more.”

(2) Brainstorm comments regarding Medi-Cal and other health insurance.

“Being parents, we’re not doctors and they expect us to know if it’s life threatening or not.”

“The only thing you get when you get GR is an open door to the free clinics, but there’s always a mob in there.”

“I went to Roybal clinic and I had to wait two months for a dental appointment, then when I finally got there, I had to wait five hours just for them to tell me they don’t do root canals, they don’t do extractions, only fillings. So what the hell did I wait two months for? I knew what I needed; my teeth were starting to break off.”

Questionnaire Summary:

1. How long have you been an AFDC/TANF recipient?
Range: 1-29yrs. Median: 7yrs. Mean: 10.5yrs.
2. How many children do you have?
Range: 2-10 Median: 5 Mean: 4.5
3. How old are your children?

Range: Unborn - 30 yrs.

4. Do you have Medi-Cal today?

Yes: 7 No: 6

Do you belong to a health plan?

Yes: 4 No: 9

5. How often have you used Medi-Cal?

Often: 6 Not very often: 7

6. Do you have health insurance through your job today?

Yes: 0 No: 13

7. What is your age?

Range: 19-45 Median: 32 Mean: 31.5

Focus Group #3: St. Mary Medical Center
April 15, 1998
n = 7

First Set of Questions

- (1) How many people have health insurance today?
7 total; 2 have regular Medi-Cal and 5 are in a Medi-Cal Managed Care Plan.
- (2) How many people have insurance through their job?
0
- (3) How many have Medi-Cal today?
7
- (4) To those with Medi-Cal--How come you still have it? What happened?
All 7 women said it's because they have children.
- (5) To those without Medi-Cal--What happened?
N/A - all have Medi-Cal.

Second Set of Questions

- (1) What kind of insurance is most important to you?
 - (a) coverage for only yourself
 - (b) coverage for your children
 - (c) coverage for your husband or significant other
 - (d) coverage for your other family members

Six answered (b) and one answered (d) and stated coverage for older people is very important. (This group wanted me to emphasize the need for insurance for older family members.)
- (2) How many of you have health insurance through your jobs?
N/A - none has a job.
 - (a) For those of you who do, do any of you pay any part of the insurance premium?
N/A

Third Set of Questions

(1) For those of you who do not have any insurance today, i.e. Medi-Cal or insurance through your job, why don't you have it?

N/A - all have Medi-Cal.

(2) Of the reasons we just came up with, which of these was the biggest reason that kept you from obtaining health insurance?

N/A

Fourth Set of Questions

(1) When you think of why you no longer have Medi-Cal, which of these persons were involved in your decision?

My Department of Social Services Worker

The Eligibility Worker at DPSS

My child's Children's Services Worker

My doctor

Someone who works in the doctor's office

My boss at work

Someone else at work

Friends

Family members

Other

Three said the eligibility worker; three said their doctor; one said someone who works at the doctor's office; one said someone went to her house to enroll her in a plan. Three people said they chose the plan they ended up in (five were defaulted into a plan).

(2) What did they do to discourage you?

(3) Did you know that you could (can) keep receiving Medi-Cal after you leave AFDC or TANF?

Five said "yes."

(4) What kind of information would help people to know that they can keep Medi-Cal...any ideas?

"Easy to understand literature in the mail with a number to call for questions."

"It's hard to get through to existing (800) numbers."

"During their annual AFDC recertification, people check the box on Medi-Cal applications for information about health plans, but they don't get the information."

(5) How important is health insurance to you and your family on a scale of 1 (not very important) to 5 (very important)? For those who did not say one or five, how do you feel?

All seven women answered "5."

(6) Compared to other needs, how important is health insurance?

"Health is number one priority. If we didn't have health insurance, we'd have to spend money on that and couldn't afford a roof over our heads or food."

Fifth Set of Questions

(1) Imagine the governor and legislature were here now; what would you like to tell them about what Medi-Cal and other types of health insurance mean to you today?

"When I had regular Medi-Cal and I found a doctor to handle my situation, I could have just went to him; I didn't need a referral. But now that I'm in a health plan, I have to go to my regular doctor and then wait for a referral and for the health plan to approve it before I can go see a doctor."

"I had to get a referral to get cryosurgery and it could have been something serious."

"Doctors go to school to learn how to take care of people and I think everyone in the world has the right to get surgery that has to be done. They need to help someone and then worry about the money. If I were a doctor, I'd save your life whether you had money or not. Then later on, when you're well, whatever you've got, you can thank me."

"Last year, my son got the flu real bad and being on CalCare. But he got sick after the place was closed....He got sick at 6 p.m. and he couldn't breathe, so I immediately rushed him to St. Mary's (hospital) and people (at the health plan) got upset with me because I took him there and they were telling the doctors off and saying they wouldn't pay for him. He had a high fever. They wanted me to take him to them, but it was after hours and I'm going to take my son to the nearest emergency because my son was very ill and they got upset. Nobody got a car. We got to go to the nearest emergency room we see."

"You got to call the emergency, call for a doctor; the doctor has to evaluate and you're telling them what's wrong with your child (on the phone) and they might say bring him in in the morning. Well, I'm not bringing my baby in in the morning."

"They say if you're on a Medi-Cal health plan, the care is worse than if you're in the same health plan through private insurance."

"Every time I take my daughter to the hospital, the hospital bills me and I always have to take a copy of my Medi-Cal to the hospital and it doesn't make sense. It's just a waste of time."

“FHP was good, but my daughter had leukemia and we had to go all the way to Fountain Valley.”

“If they have a clean knife and a rusty knife, just because you don’t have the money, the doctor shouldn’t use the rusty knife on you. That’s what doctors around here do. They’ll just kill you off. That’s not fair.”

One woman said she got a job through GAIN and GAIN required that she have her boss sign something, so her boss knew she was on GAIN and it made her boss treat her badly so she had to quit her job.

Brainstorm comments regarding Medi-Cal and other health insurance.

“(On a health plan)If I had a problem that my family doctor does not cover and I had to go to an outside doctor, what kills me is when I have to wait for that referral....It takes almost a month.”

“When I had to go see a doctor, they sent me all the way to Orange County and I live in Long Beach. I had to take the bus way out to Orange County just for them to tell me I needed some medicine; she didn’t even want to touch me.”

“The time it takes to get a referral from a doctor who doesn’t handle that type of situation is ridiculous.”

“The only problem is the referrals. If I didn’t have to go through all that, then I think the plan is good for me because in case of emergency I want to hurry and take my baby to the hospital.”

“I’ll wash your car for 100 years to repay if you’ll just take care of me.”

“Everybody who are on welfare are taking a sacrifice. Can’t buy your children clothing. So why not sacrifice some more and go to school and make your life better?”

Then a discussion ensued regarding the need for day care. The women did not want to leave their children with a stranger.

“No one’s gonna take care of your children like you will.”

“We need job training with day care on-site.”

“(Regarding Welfare to Work) They want to snatch up every dime you make....and you’re back where you started.”

“And who’s getting these deadbeat dads? They go after the rich dads. They need to go after my kid’s daddy.”

Discussion ensued regarding Welfare to Work feels like targeting (picking on) women.

“If there’s a father in the house and we had steady jobs, to hell with welfare. But they want to put us in CalWorks and give us two years; that ain’t gonna bring the daddy back.”

There was a lot of concern about losing benefits after two years.

“You can cut myself off, but what about my kids?”

Questionnaire Summary:

1. How long have you been an AFDC/TANF recipient?
Range: 2-17yrs Median: 4yrs Mean: 6.25yrs.
2. How many children do you have?
Range: 1 - 7 Median: 3 Mean: 2.9
3. How old are your children?
Range: 2 months - 19 years
4. Do you have Medi-Cal today?
Yes: 6 No: 1

Do you belong to a health plan?
Yes: 6 No: 1
5. How often have you used Medi-Cal?
Often: 6 Not very often: 1
6. Do you have health insurance through your job today?
Yes: 0 No: 7
7. What is your age?
Range: 22-35 Median: 33 Mean: 30.9

Focus Group #4: Flossie Lewis Center
April 15, 1998
n = 16

First Set of Questions

- (1) How many people have health insurance today?
11
- (2) How many people have insurance through their job?
0 - No one has a job.
- (3) How many have Medi-Cal today?
9
- (4) To those with Medi-Cal--How come you still have it? What happened?
Two said because they're pregnant.
One said because she is disabled.
Eight said because they have children.
- (5) To those without Medi-Cal--What happened?
One said she got off AFDC.
One said she had her baby taken away and was not pregnant.
Some said because they went from AFDC to GR and they lost their Medi-Cal.
One had her newborn taken away because of drug use and had her other daughter taken away because her immunizations were not up to date because when she took her daughter to Harriman Jones for immunizations they turned her away for unpaid bills because her Medi-Cal never came through.

Second Set of Questions

- (1) What kind of insurance is most important to you?
 - (a) coverage for only yourself
 - (b) coverage for your children
 - (c) coverage for your husband or significant other
 - (d) coverage for your other family members*All 16 women said coverage for their children is most important.*

They voted that coverage for themselves is second in importance, because they are the ones who have to stay healthy to care for the children.

- (2) How many of you have health insurance through your jobs?

N/A - None has a job now. A few women were working before. One worked part-time and couldn't get insurance. One said her job did not offer insurance. One said many jobs only offer part-time hours so the employers don't have to give insurance. One worked part-time for a temporary agency and did not qualify for insurance.

- (a) For those of you who do, do any of you pay any part of the insurance premium?

N/A

Third Set of Questions

- (1) For those of you who do not have any insurance today, i.e. Medi-Cal or insurance through your job, why don't you have it?

Five report they have no insurance.

Two lost their AFDC and got GR and became ineligible for Medi-Cal.

One said because she is not on her husband's insurance because she's not legally married to him..

One got off AFDC and was taken off Medi-Cal and says she cannot afford to buy insurance.

- (2) Of the reasons we just came up with, which of these was the biggest reason that kept you from obtaining health insurance?

Getting off AFDC

Fourth Set of Questions

- (1) When you think of why you no longer have Medi-Cal, which of these persons were involved in your decision?

My Department of Social Services Worker

The Eligibility Worker at DPSS

My child's Children's Services Worker

My doctor

Someone who works in the doctor's office

My boss at work

Someone else at work

Friends

Family members

Other

One said WIC; one said Planned Parenthood; one said her mom; seven said themselves; one said her family; one said her eligibility worker; one said someone in her doctor's office; and two said their children's doctor.

(2) What did they do to discourage you?

*"WIC said Medi-Cal was no good and I should get on a plan."
Seven said they got the run-around and could get no answers.*

(3) Did you know that you could (can) keep receiving Medi-Cal after you leave AFDC or TANF?

*"You can for a certain period of time."
"They should just take you off and leave the kids on. Why not leave the kids on?"
"If you go to work, it's still not enough and you end up selling drugs or some other illegal activity."*

(4) What kind of information would help people to know that they can keep Medi-Cal...any ideas?

*"Classes where you apply for Medi-Cal"
"Classes should be required."
"Consistency in information"
"Educate the (eligibility) workers all together; one will tell you one thing and another says something different. You get the run-around - it's a vicious circle....if you call five different people, you get five different answers." (The whole group agreed with this.)*

(5) How important is health insurance to you and your family on a scale of 1 (not very important) to 5 (very important)? For those who did not say one or five, how do you feel?

All of the women said "5."

(6) Compared to other needs, how important is health insurance?

13 said health insurance is top priority. Two said shelter comes first and one said food and shelter come first.

*"(Insurance is) first. You can always go to a food bank."
"It's first, especially with a new baby."*

Fifth Set of Questions

(1) Imagine the governor and legislature were here now; what would you like to tell them about what Medi-Cal and other types of health insurance mean to you today?

“We should have it like Switzerland....See, our doctors are all about the money. There all the doctors get paid the same, so everyone has medical insurance. There be no poor and no rich; everyone gets the same kind of medical equality....I just think medical care should be provided to each and every person in the country, as long as they’re citizens or whatever. There should be no child who shouldn’t be able to go down and get immunizations.”

“The governor should for one day spend a day in our shoes. For him to sit in that friggin welfare office and filling out forms and waiting to be called and treated like shit all day long because we happen to be single parents or aren’t working at the time....The whole process is totally demoralizing.”

“Those welfare workers act like the money we’re getting is coming straight out of their pockets.”

“It should be O.K. for people with drug and alcohol problems to tell the truth and get help, because someday those people will be better for society.”

“Maybe if the politicians would stop being so greedy and making their own pockets fat, they wouldn’t cut out so many government aid, and I’m not just talking about a county check; I’m talking about the parks and the schools.”

“It’s really pathetic that the public schools don’t have enough books.”

“When enough home invasions start happening because there are no jobs, every year there’s less and less jobs, computers are taking over jobs....enough people coming up dead, then will they look at reinstating welfare. I think the Governor needs to resign and let someone who’s for the people take his place....”

“We need drug treatment programs in the prisons, because I’ve been there (so maybe people can come out and stay clean).”

“I did GAIN and I had a really good job, but before that I worked for my parents and learned new things and at the GAIN job I did the same thing always, so I went back to work for my parents. But GAIN was very beneficial for me.”

“I went through GAIN....it did have a lot of tools...taught us how to dress, how to interview, body language....I picked up on things I didn’t know.”

One woman said she applied for the GAIN program and was not accepted.

“I went through it (GAIN) once and I got off welfare and asked if I could do it (GAIN) again and the worker said I had done it once and I could not do it again.”

One woman said they need consistency in GAIN and welfare information. Her friend received a letter and was cut off because she missed her appointment, while this woman never received a letter, even though their situations are exactly the same. Her friend is very upset.”

They said some people get GAIN and some don't and they're frustrated."

- (2) Brainstorm comments regarding Medi-Cal and other health Insurance.
Six said they prefer a Medi-Cal health plan; seven said they prefer regular Medi-Cal.
"With regular Medi-Cal you can go anywhere."
"My experience is I was treated better when I was married with regular insurance than I am treated now as a single parent with Medi-Cal."
"When I first got on Medi-Cal, I signed up for Foundation Health Plan and it was real good...they provided (transportation)."
"The Medi-Cal covers everything; the health plans, sometimes you go to the pharmacy and they don't cover that medication."
"Some women...don't know how to pick a good health plan; that's what we need to be educated on, to know what each one is offering and how to pick."
"They send a package with booklets in there.... They got the health education class at the welfare office and...they explain to you about all the different health plans."
"I was on regular health insurance, then I was on an H.M.O. (not Medi-Cal) and it was great. Now I have a Medi-Cal H.M.O. and I'm treated just like everyone else on Medi-Cal; it really is different."
"They do know you're on Medi-Cal when you go in."

Questionnaire Summary:

1. How long have you been an AFDC/TANF recipient?
Range: 2mo.-16.5yrs Median: 3yrs Mean: 4.1yrs.
2. How many children do you have?
Range: 2-7 Median: 3 Mean: 3.1
3. How old are your children?
Range: Unborn - 24yrs.
4. Do you have Medi-Cal today?
Yes: 10 No: 6

Do you belong to a health plan?
Yes: 3 No: 13
5. How often have you used Medi-Cal?
Often: 9 Not very often: 5 No answer: 2
6. Do you have health insurance through your job today?

Yes: 0 No: 16

7. What is your age?
 Range: 21-46 Median: 35 Mean: 32.6

ATTACHMENT C

Transitional Medi-Cal Questionnaire

English Language Version

ATTACHMENT D

Transitional Medi-Cal Questionnaire

Spanish Language Version