

## Technical Appendices

# Expanding Medi-Cal Profiles of Potential New Users

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# Appendix A: Demographic and Health Profiles of Poor Californians

This appendix describes our analysis of the available population survey data used in the first section of the report to provide profiles of poor adults in California. We present results from three different data sources in this section—the Current Population Survey (CPS), the Annual Economic and Social Supplement; American Community Survey (ACS) Public Use Microdata Sample; and the California Health Interview Survey (CHIS). Although none offers an ideal source to profile the potential new Medi-Cal population, we examine these three sources—two national in scope and one state-specific—to offer some broad insights into this diverse group.

## Data Sources

The CPS is the most commonly used data source to measure the size and characteristics of the uninsured population at the national and state level and is most often the underlying data source used for microsimulation models. Designed to track employment, the CPS has asked about health insurance coverage for more than thirty years and thus is a well-established source for insurance coverage estimates for different age and racial/ethnic groups and has historically served as the survey of record for the distribution of public program funds. (Blewett and Davern, 2007). Despite its extensive use, there are known weaknesses to the coverage estimates produced by the CPS. The main weakness is the lengthy recall period, sometimes as long as 16 months, over which the CPS asks respondents to recall the insurance coverage they had in the previous calendar year, which results in the under-reporting of Medicaid coverage and an over-count of the uninsured population. (Klerman et al., 2009; Boudreux et al., 2010).

The California Health Interview Survey contains a large sample of California adults and is designed to gather information specific to the health coverage, access, and needs of the California population. As such, it provides the most detailed information on health status and health conditions that is available for the state. The CHIS has been conducted every other year since 2001 and has been used extensively by state and local health policymakers. The main drawbacks of the CHIS are the relatively low response rate compared to the CPS and ACS and its sole reliance on telephone (both cell phones and landlines) as the interview mode, although weighting procedures are used to make the results more representative of the California population. (Schur et al., 2004; Call et al., 2007)

The American Community Survey, conducted by the Census bureau each year, boasts the largest sample sizes (more than 30 times that of the CPS) and highest response rate, but has only asked about health insurance coverage for the past two years. A potential drawback of the ACS is that about half of the responses are completed as write-ins, rather than phone or in-person interviews, so there is no way to provide prompts or clarifications for the coverage responses. One advantage of the ACS is that the insurance coverage questions ask only about coverage at the time of the interview (point-in-time) thus avoiding the recall bias of the CPS. Although the ACS has only included health insurance coverage for two years and elicits information from a single question, the uninsurance rates generated from the ACS are generally consistent with the CPS and National Health Interview Survey, which suggests they can provide another valuable source of information on insurance coverage (State Health Access Data Assistance Center, 2010a).

The data from the CPS and the ACS were downloaded from the Integrated Public Use Microdata Series (IPUMS) websites at the University of Minnesota. The IPUMS project has been operating for years with the goal of integrating and disseminating data from the CPS and ACS that is cleaned and compatible over time (Ruggles et al., 2010; King et al., 2010). For the CPS data, we also took advantage of enhanced health insurance variables and weights that were constructed by the State Health Access Data Assistance Center (SHADAC) also housed at the University of Minnesota.<sup>1</sup> The enhanced health insurance variables make adjustments that result in more accurate measures of trends in insurance coverage and minimize some of the biases (State Health Access Data Assistance Center, 2010b). The CHIS public use data files were downloaded from the CHIS website at the UCLA Center for Health Policy Studies.

We report results based on the most recently available versions of each of these data sources, which cover roughly similar time periods. For the CPS, we combine the three most recent years of data available, 2008 through 2010, as is recommended by the Census bureau to increase sample size when conducting state-level analyses. Because the CPS collects information for the previous calendar year, the CPS data reflects the time period of 2007 to 2009. For the ACS and CHIS, we use the 2009 data files, which gather information for the current year (or previous twelve-month period, in the case of income for example), and therefore the 2009 data represent 2009 information. All results are weighted using survey-based weights that account for the complex sampling frames used in all of the surveys. The method used for weighting the CPS and standard error calculations for the three-year averages is based on information provided by SHADAC (State Health Access Data Assistance Center, 2010). We also performed the same analysis using replicate weights provided in the CPS for the 2010 data, and the results were similar.<sup>2</sup> For the ACS and CHIS analyses, we used replicate weights to produce the standard errors and significance testing. (UCLA Center for Health Policy Research, 2009; U.S. Census Bureau, 2009).

## Sample and Variable Construction

The sample for all analyses includes adults ages 19 to 64 who live in households with family incomes below 139 percent of the federal poverty level.<sup>3</sup> We present two sets of estimates for each data source; one includes only citizens, which is the estimate we use in the report, and the other includes citizens and noncitizens who have been in the United States at least five years and thus would be eligible for the Medi-Cal program, providing they have legal status.

We first construct five mutually exclusive insurance coverage categories in each data source, including (1) private insurance through an employer or individual market plan; (2) Medicaid, disabled (includes dual

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<sup>1</sup> The SHADAC is funded by the Robert Wood Johnson Foundation to provide analysis and technical assistance to states and federal agencies to understand and utilize data from national surveys to inform health policy.

<sup>2</sup> The SHADAC weighting method and variance estimation produced slightly larger standard errors than the replicate-weights method suggesting that the standard errors and significance testing that we report should be relatively conservative.

<sup>3</sup> For the ACS and CPS, we construct family income by summing the total income of all persons in the family unit and then apply federal poverty level cut-offs based on family income and family size to calculate the poverty level. We do not attempt to construct modified adjusted gross income, which is a tax-based construction of family income and the technical definition of income used by the ACA to determine eligibility. We also do not use the construction of "Health Insurance Eligibility" units to designate families, which is used in other research to designate those family members and dependents that would qualify for family coverage on most insurance plans. While both of those constructs are useful and used in another research on these topics, they would require some assumptions and also could not be created identically across data sources. It should also be noted that the ACS income totals are not given in exact dollars, but rather are rounded intervals. For income amounts under \$1000, income totals are rounded to the nearest \$10, and for income amounts between \$1000 and \$49,999 rounded to the nearest \$100, so family income levels are more approximate in the ACS income construction than in the CPS, which provides exact dollar amounts for total income. For the CHIS, we use a constructed variable provided in the public use data file that gives a continuous measure of family poverty level that is used for determining eligibility for public programs.

eligibles with Medicare and/or SSI income; (3) Medicaid, non-disabled (no Medicare or SSI); (4) uninsured; and (5) other. Because we are only profiling the adult population ages 19 to 64, we do not include a separate category for Medicare, since only a small proportion of non-elderly adults have only Medicare coverage, most likely due to disability. Those people with only Medicare coverage are included in the other category, which also includes coverage through CHAMPUS/Tricare or other VA/military health care. Respondents can indicate multiple sources of coverage for a single person, but we categorize people into only one insurance category based on the following hierarchy—Medicaid, non-disabled (no Medicare/no SSI); Medicaid, disabled (Medicare and/or SSI recipient); Private Insurance; Other Source. For example, if a person responded that they had both Medicaid and Medicare coverage, then they would be coded as Medicaid, disabled; and if a person responded that they had Medicaid coverage and private insurance, then they would be coded as Medicaid, non-disabled, providing they did not also report income from SSI or Medicare coverage.

We attempt to make the insurance coverage variable as consistent as possible across each of the three data sources; however, each survey collects information on insurance coverage slightly differently (with differing question structures and wording), which can affect how respondents answer (Boudreaux et al., 2010). The CPS elicits information on insurance coverage based on a series of questions asked at the household level that cycles through all types of possible insurance coverage sources. The respondent is asked to recall insurance status for the prior calendar year (estimates are intended to represent a full-year measure of insurance status), but previous studies suggest that CPS estimates are closer to point-in-time or current insurance status rather than a full year (Boudreaux et al., 2010). The question wording asks whether anyone in the household has a certain type of coverage (i.e., an insurance plan through an employer), and if “yes,” asks which persons in the household are covered under the plan. In this way, the respondent is asked about various sources of coverage and provides information on insurance status for everyone in the household roster. Two things of note: When asking about Medicaid and State Children’s Health Insurance Program (SCHIP) coverage, the CPS includes the state-specific names of those programs, hopefully making it easier for respondents to correctly identify these coverage types. Also, beginning in 2002, the CPS added a question to clarify whether a person in the household was uninsured after negative responses to the previous series asking about possible insurance sources (Turner and Boudreaux, 2010).

The ACS gathers information on insurance coverage from a single question that asks about the current insurance coverage of each person in the household. The respondent is instructed to indicate “yes” or “no” for each of eight insurance coverage sources. The phrasing of the question asks, “Is this person CURRENTLY covered by any of the following types of insurance or health coverage plans?” The ACS does not include state-specific names of Medicaid or SCHIP programs as does the CPS, but it is unclear whether the lack of state-specific program names biases ACS estimates (Turner and Boudreaux, 2010).

Unlike the ACS and CPS, the CHIS only collects insurance coverage information for the respondent rather than asking the respondent to provide information for all family members. Similar to the CPS, the CHIS asks a series of questions about whether the respondent is covered by several different sources. The CHIS also asks about coverage sources and lack of coverage over the previous year period, but we use the current or point-in-time measure to construct our insurance status variable so that it is most consistent with the ACS, despite the differences in question wording and data collection.

We examine the same set of demographic characteristics for all three data sources, using the same definitions and constructs to the extent possible. In most cases, we are able to create nearly identical variables across all three data sources with a few exceptions. In most cases, the ACS and CPS provide consistent measures for

most information, with income being the one exception (see footnote 3 for more details.) All other demographic variables and the disability and food stamp participation variables constructed from the CPS and ACS are consistent. With the CHIS, we are not able to create the same employment status or detailed family composition variables due to lack of available information, but the other available demographic measures are consistent with the ACS and CPS constructs.<sup>4</sup>

TABLE A1  
Demographic and health profiles of poor adults by insurance coverage, citizens only,  
Current Population Survey, 2008–2010

	All poor adults	Uninsured	Medi-Cal, non-disabled	Private insurance
<b>Insurance coverage</b>				
Private	30.9%	—	—	—
Medi-Cal, disabled	8.4%	—	—	—
Medi-Cal, non-disabled	19.3%	—	—	—
Uninsured	37.9%	—	—	—
Other	3.4%	—	—	—
<b>Demographics</b>				
Age				
19–25	27.6%	28.2%	31.6%	32.0%
26–39	29.1%	32.6%	35.0%	26.0%*
40–54	28.1%	25.7%	25.7%	27.9%
55–64	15.2%	13.5%	7.7%*	14.1%
Sex				
Male	45.7%	53.4%	32.8%*	43.1%*
Female	54.3%	46.6%	67.2%*	56.9%*
Race/ethnicity				
NH White	41.3%	36.1%	29.6%*	54.3%*
Hispanic	36.0%	43.0%	42.6%	27.5%*
NH Black	11.9%	10.5%	14.5%	8.5%
NH API	8.9%	8.6%	11.2%	8.3%
Other	1.9%	1.7%	2.1%	1.5%
Citizenship				
U.S.-born	79.7%	77.7%	75.6%	82.7%*
Naturalized	20.3%	22.3%	24.4%	17.3%*
Noncitizen	—	—	—	—
Poverty level				
0–49%	28.6%	32.2%	32.0%	25.9%*
50–99%	36.2%	34.6%	38.4%	29.6%*
100–138%	35.2%	33.2%	29.6%	44.5%*

<sup>4</sup> The employment status variable indicates whether there is at least one full-time worker in the family, only part-time workers in the family, or no workers in the family. For the CPS and ACS, we define full-time workers using the CPS definition of full-time, year-round worker as a person who worked 35 hours or more per week and 50 or more weeks during the previous calendar year. We are unable to create a similar measure from the CHIS, relying instead on a constructed variable that simply provides a flag of full-time, part-time, or not-employed work status for the respondent and spouse, where the hour cut-off for full-time is at least 20 hours per week with no information on weeks worked.

	All poor adults	Uninsured	Medi-Cal, non-disabled	Private insurance
<b>Employment status</b>				
Full-time worker	31.7%	34.2%	31.6%	38.1%
Part-time worker	34.8%	36.6%	37.1%	38.1%
No worker	33.5%	29.2%	31.3%	23.8%*
<b>Education level</b>				
Less than HS	20.5%	23.1%	28.6%*	10.9%*
HS degree	30.7%	34.1%	33.5%	23.9%*
Some college	35.0%	30.0%	31.9%	43.6%*
College degree	13.9%	12.8%	6.1%*	21.5%*
<b>Family structure</b>				
Single, no minor children	53.0%	62.6%	33.5%*	50.5%*
Married, no minor children	13.9%	14.3%	8.5%*	14.6%
Married, with minor children	21.9%	15.2%	34.8%*	26.3%*
Single, with minor children	11.2%	7.9%	23.2%*	8.6%
<b>Public program participation</b>				
Food stamps	15.0%	10.1%	43.3%*	2.7%*
<b>Health status</b>				
Fair/poor health	21.2%	16.4%	23.4%*	10.4%*
Any difficulties	9.5%	5.4%	9.1%*	3.7%
<b>Unweighted N</b>	<b>5158</b>	<b>1991</b>	<b>1065</b>	<b>1537</b>

SOURCE: Current Population Survey, 2008–2010.

NOTE: Sample includes adults age 19–64 who live in households with family incomes below 139% of the federal poverty level and are U.S. citizens, including naturalized citizens.

\* Indicates difference from the uninsured group at the  $p < 0.05$  significance level.

TABLE A2

Demographic and health profiles of poor adults by insurance coverage, citizens and noncitizens in the United States at least five years, Current Population Survey, 2008–2010

	All poor adults	Uninsured	Medi-Cal, non-disabled	Private insurance
<b>Insurance coverage</b>				
Private	24.4%	—	—	—
Medi-Cal, disabled	6.3%	—	—	—
Medi-Cal, non-disabled	20.6%	—	—	—
Uninsured	46.2%	—	—	—
Other	2.6%	—	—	—
<b>Demographics</b>				
Age				
19–25	22.1%	21.2%	23.2%	28.4%*
26–39	34.9%	39.3%	39.8%	28.8%*
40–54	30.5%	29.4%	29.9%	29.7%
55–64	12.5%	10.1%	7.1%*	12.9%*
Sex				
Male	47.1%	53.9%	34.9%*	44.2%*
Female	52.9%	46.1%	65.1%*	55.8%*
Race/ethnicity				
NH White	28.6%	20.5%	20.5%	46.8%*
Hispanic	53.8%	65.1%	60.1%	35.5%*
NH Black	8.0%	5.8%	9.1%*	7.2%
NH API	8.3%	7.6%	9.0%	9.2%
Other	1.3%	1.0%	1.3%	1.3%
Citizenship				
U.S. born	52.9%	42.5%	47.2%*	69.7%*
Naturalized	13.5%	12.1%	15.3%*	14.6%
Noncitizen	33.6%	45.4%	37.5%*	15.7%*
Poverty level				
0–49%	26.5%	27.9%	29.8%	23.7%*
50–99%	38.4%	38.2%	41.3%	30.2%*
100–138%	35.2%	33.9%	28.9%*	46.1%*
Employment status				
Full-time worker	39.4%	44.0%	37.5%*	43.2%
Part-time worker	34.2%	35.7%	37.4%	35.5%
No worker	26.4%	20.1%	25.1%*	21.3%
Education level				
Less than HS	35.5%	42.7%	43.3%	17.0%*
HS degree	27.8%	28.6%	28.8%	24.5%*
Some college	25.9%	19.6%	22.8%	38.9%*
College degree	10.8%	9.1%	5.2%*	19.5%*
Family structure				
Single, no minor children	44.2%	49.3%	25.1%*	46.1%

	All poor adults	Uninsured	Medi-Cal, non-disabled	Private insurance
Married, no minor children	13.6%	13.8%	8.8%*	14.7%
Married, with minor children	32.1%	29.6%	47.4%*	30.5%
Single, with minor children	10.1%	7.3%	18.7%*	8.6%
<b>Public program participation</b>				
Food stamps	17.1%	12.2%	43.8%*	3.3%*
<b>Health status</b>				
Fair/poor health	19.3%	14.3%	22.2%*	10.6%*
Any difficulties	7.5%	4.0%	7.1%*	3.4%
Unweighted N	8198	3,824	1,774	1,929

SOURCE: Current Population Survey, 2008–2010.

NOTE: Sample includes adults age 19–64 who live in households with family incomes below 139% of the federal poverty level and are U.S. citizens and noncitizens who have resided in the United States at least 5 years.

\* Indicates difference from the uninsured group at the  $p < 0.05$  significance level.

TABLE A3  
Demographic and health profiles of poor adults by insurance coverage, citizens only,  
California Health Interview Survey, 2009

	All poor adults	Uninsured	Medi-Cal, non-disabled	Private insurance
<b>Insurance coverage</b>				
Private	34.6%	—	—	—
Medi-Cal, disabled	8.9%	—	—	—
Medi-Cal, non-disabled	18.2%	—	—	—
Uninsured	33.6%	—	—	—
Other	4.6%	—	—	—
<b>Demographics</b>				
Age				
19–25	32.5%	35.6%	36.5%	34.3%
26–39	26.0%	24.4%	37.8%*	25.7%
40–54	26.6%	27.9%	18.1%*	24.0%
55–64	14.9%	12.1%	7.6%	16.0%*
Sex				
Male	45.8%	55.4%	34.7%*	41.7%*
Female	54.2%	44.6%	65.3%*	58.3%*
Race/ethnicity				
NH White	38.1%	37.4%	19.8%*	46.5%*
Hispanic	37.1%	43.2%	51.6%	29.0%*
NH Black	9.4%	8.0%	12.3%	4.9%
NH API	11.8%	8.0%	11.5%	16.5%*
Other	3.5%	3.4%	4.8%	3.1%
Citizenship				
U.S. born	75.2%	78.6%	71.8%	71.7%
Naturalized	24.8%	21.4%	28.2%	28.3%
Noncitizen				
Poverty level				
0–49%	34.3%	33.5%	33.1%	39.4%
50–99%	35.4%	39.4%	36.9%	27.1%*
100–138%	30.3%	27.0%	29.9%	33.5%
Employment status				
Full-time worker	28.9%	23.6%	26.0%	43.1%*
Part-time worker	30.8%	34.3%	28.5%	32.9%
No worker	40.3%	42.1%	45.5%	24.0%*
Education level				
Less than HS	17.9%	22.0%	19.8%	10.7%*
HS degree	32.2%	33.0%	41.8%	26.8%*
Some college	33.9%	32.8%	34.8%	34.8%
College degree	16.0%	12.1%	3.6%*	27.8%*
Family structure				
Childless adults	65.6%	76.2%	32.2%*	67.0%*

	All poor adults	Uninsured	Medi-Cal, non-disabled	Private insurance
Parents	34.4%	23.8%	67.8%*	33.0%*
Language				
English speaking	89.8%	88.9%	88.5%	90.3%
Non-English speaking	10.2%	11.1%	11.5%	9.7%
<b>Public program participation</b>				
Food stamps	14.1%	9.8%	44.1%*	2.9%*
<b>Health status</b>				
Fair/poor health	23.6%	22.8%	25.7%	15.9%
Chronic conditions				
At least one	29.8%	26.3%	26.3%	25.4%
One	20.8%	19.3%	19.6%	18.9%
Two or more	9.0%	7.1%	6.7%	6.4%
Asthma	9.4%	8.2%	8.7%	8.8%
Hypertension	21.3%	18.4%	16.5%	18.2%
Diabetes	7.3%	5.6%	6.9%	4.1%
Psychological distress, past year	11.9%	8.3%	13.8%*	12.1%
<b>Health access/utilization</b>				
Emergency room visit, past year	23.4%	18.6%	29.9%*	20.5%
Delayed care, past year	21.3%	28.9%	18.9%*	14.8%*
<b>Health behaviors</b>				
Obese	26.6%	25.6%	30.4%	21.9%
Smoking, current	21.2%	21.7%	26.3%	11.4%*
Binge drinking	18.8%	27.1%	10.0%*	19.9%*
Unweighted N	5377	1463	886	1784

SOURCE: California Health Interview Survey, 2009.

NOTE: Sample includes adults age 19–64 who live in households with family incomes below 139% of the federal poverty level and are U.S. citizens, including naturalized citizens.

\* Indicates difference from the uninsured group at the  $p < 0.05$  significance level.

TABLE A4

Demographic and health profiles of poor adults by insurance coverage, citizens and noncitizens in the United States at least five years, California Health Interview Survey, 2009

	All poor adults	Uninsured	Medi-Cal, non-disabled	Private insurance
<b>Insurance coverage</b>				
Private	28.9%	—	—	—
Medi-Cal, disabled	6.9%	—	—	—
Medi-Cal, non-disabled	22.4%	—	—	—
Uninsured	38.0%	—	—	—
Other	3.8%	—	—	—
<b>Demographics</b>				
Age				
19–25	24.5%	23.9%	23.7%	29.9%
26–39	34.6%	35.7%	47.5%*	29.7%
40–54	28.7%	30.5%	23.6%*	25.3%
55–64	12.2%	9.9%	5.2%*	15.1%*
Sex				
Male	45.7%	53.0%	34.9%*	44.5%*
Female	54.3%	47.0%	65.1%*	55.5%*
Race/ethnicity				
NH White	26.3%	22.8%	11.1%*	38.8%*
Hispanic	54.4%	62.3%	71.6%*	38.8%*
NH Black	6.4%	4.8%	6.9%	4.0%
NH API	10.3%	7.9%	7.7%	15.5%*
Other	2.5%	2.1%	2.6%	2.7%
Citizenship				
U.S. born	51.3%	47.5%	39.8%*	58.6%*
Naturalized	16.9%	12.9%	15.6%	23.2%*
Noncitizen	31.8%	39.6%	44.6%	18.3%*
Poverty level				
0–49%	33.9%	34.0%	34.0%	36.7%
50–99%	37.8%	39.6%	43.6%	28.8%*
100–138%	28.3%	26.4%	22.4%	34.5%*
Employment status				
Full-time worker	35.8%	34.5%	33.8%	47.8%*
Part-time worker	26.2%	26.6%	22.9%	30.8%
No worker	38.0%	38.9%	43.3%	21.5%*
Education level				
Less than HS	32.9%	38.1%	44.0%	18.9%*
HS degree	29.6%	30.4%	31.8%	26.8%
Some college	25.4%	22.9%	21.5%	30.1%*
College degree	12.1%	8.6%	2.7%*	24.3%*
Family structure				
Childless adults	52.1%	58.1%	20.1%*	60.9%

	All poor adults	Uninsured	Medi-Cal, non-disabled	Private insurance
Parents	47.9%	41.9%	79.9%*	39.1%
Language				
English speaking	67.5%	61.4%	55.3%	79.5%*
Non-English speaking	32.5%	38.6%	44.7%	20.5%*
<b>Public program participation</b>				
Food stamps	17.1%	10.5%	47.2%*	2.8%*
<b>Health status</b>				
Fair/poor health	27.7%	28.7%	29.2%	19.3%*
Chronic conditions				
At least one	29.1%	26.3%	24.7%	27.4%
One	20.2%	18.3%	19.4%	20.1%
Two or more	8.9%	8.0%	5.4%	7.4%
Asthma	7.5%	6.0%	6.2%	8.1%
Hypertension	20.3%	19.1%	14.0%*	19.3%
Diabetes	8.5%	7.5%	7.0%	6.1%
Psychological distress, past year	10.0%	6.9%	10.2%*	11.4%
<b>Health access/utilization</b>				
Emergency room visit, past year	20.6%	14.8%	26.1%*	19.8%
Delayed care, past year	17.3%	20.9%	14.6%*	13.1%*
<b>Health behaviors</b>				
Obese	27.8%	26.9%	29.8%	24.6%
Smoking, current	18.1%	17.8%	19.1%	11.6%*
Binge drinking	15.3%	19.1%	10.5%*	17.1%
Unweighted N	7151	2,244	1,469	2,062

SOURCE: California Health Interview Survey, 2009.

NOTE: Sample includes adults age 19–64 who live in households with family incomes below 139% of the federal poverty level and are U.S. citizens and noncitizens who have resided in the United States at least 5 years.

\* Indicates difference from the uninsured group at the  $p < 0.05$  significance level.

TABLE A5  
Demographic and health profiles of poor adults by insurance coverage, citizens only,  
American Community Survey, 2009

	All poor adults	Uninsured	Medi-Cal, non-disabled	Private insurance
<b>Insurance Coverage</b>				
Private	32.9%	—	—	—
Medi-Cal, disabled	8.6%	—	—	—
Medi-Cal, non-disabled	21.2%	—	—	—
Uninsured	34.6%	—	—	—
Other	2.7%	—	—	—
<b>Demographics</b>				
Age				
19–25	26.8%	28.6%	25.5%*	33.3%*
26–39	28.1%	28.6%	37.5%*	25.5%
40–54	29.0%	30.2%	27.0%*	25.3%*
55–64	16.1%	12.6%	9.9%*	15.8%*
Sex				
Male	45.2%	52.4%	34.2%*	43.4%*
Female	54.8%	47.6%	65.8%*	56.6%*
Race/ethnicity				
NH White	42.8%	38.8%	32.4%*	51.6%*
Hispanic	33.2%	39.0%	39.3%	26.7%*
NH Black	11.0%	9.9%	16.0%*	7.1%*
NH API	9.4%	8.6%	8.3%	11.6%*
Other	3.7%	3.7%	4.0%	2.9%*
Citizenship				
U.S. born	81.8%	80.0%	82.1%*	82.2%*
Naturalized	18.2%	20.0%	17.8%*	17.7%*
Noncitizen	—	—	—	—
Poverty level				
0–49%	29.1%	30.6%	34.3%*	28.9%
50–99%	37.2%	34.6%	41.0%*	31.3%*
100–138%	33.7%	34.8%	24.7%*	39.7%*
Employment status				
Full-time worker	26.3%	27.5%	23.1%*	34.1%*
Part-time worker	43.9%	48.2%	45.2%*	45.7%*
No worker	29.8%	24.3%	31.7%*	20.2%*
Education level				
Less than HS	21.0%	23.0%	29.4%*	10.5%*
HS degree	27.0%	29.4%	31.5%*	21.2%*
Some college	38.9%	36.1%	34.9%	46.2%*
College degree	13.0%	11.5%	4.2%*	22.1%*
Family structure				
Single, no minor children	55.5%	63.9%	35.5%*	57.1%*

	All poor adults	Uninsured	Medi-Cal, non-disabled	Private insurance
Married, no minor children	12.4%	12.3%	7.6%*	13.6%
Married, with minor children	19.2%	14.4%	30.9%*	20.2%*
Single, with minor children	12.8%	9.4%	26.0%*	9.0%
Language				
English speaking	92.9%	92.4%	91.1%*	95.4%*
Non-English speaking	7.1%	7.6%	8.9%*	4.6%*
<b>Public program participation</b>				
Food stamps	21.4%	15.1%	56.0%*	5.6%*
<b>Health status</b>				
Any difficulties	12.7%	5.7%	11.1%*	4.6%*
Unweighted N	28,476	9,443	6,012	9,589

SOURCE: American Community Survey, 2009.

NOTE: Sample includes adults age 19–64 who live in households with family incomes below 139% of the federal poverty level and are U.S. citizens, including naturalized citizens.

\* Indicates difference from the uninsured group at the  $p < 0.05$  significance level.

TABLE A6

Demographic and health profiles of poor adults by insurance coverage, citizens and noncitizens in the United States at least five years, American Community Survey, 2009

	All poor adults	Uninsured	Medi-Cal, non-disabled	Private insurance
<b>Insurance coverage</b>				
Private	27.3%	—	—	—
Medi-Cal, disabled	6.4%	—	—	—
Medi-Cal, non-disabled	20.7%	—	—	—
Uninsured	43.5%	—	—	—
Other	2.1%	—	—	—
<b>Demographics</b>				
Age				
19–25	22.3%	21.7%	21.5%	29.2%*
26–39	34.0%	37.7%	40.2%*	28.9%*
40–54	30.1%	30.5%	29.1%	27.5%
55–64	13.6%	10.0%	9.2%	14.5%*
Sex				
Male	46.2%	52.3%	34.5%*	44.9%*
Female	53.8%	47.7%	65.5%*	55.1%*
Race/ethnicity				
NH White	30.5%	22.3%	24.2%*	43.6%*
Hispanic	50.2%	62.7%	52.6%*	35.9%*
NH Black	7.7%	5.6%	11.4%*	6.0%
NH API	8.9%	7.2%	8.8%*	11.9%*
Other	2.7%	2.2%	3.0%	2.6%
Citizenship				
U.S. born	56.1%	43.6%	57.9%*	67.8%*
Naturalized	12.5%	10.9%	12.6%*	14.7%*
Noncitizen	31.4%	45.5%	29.5%*	17.5%*
Poverty level				
0–49%	27.2%	27.0%	33.4%*	26.4%
50–99%	38.6%	37.5%	42.5%*	32.2%*
100–138%	34.2%	35.5%	24.1%*	41.4%*
Employment status				
Full-time worker	33.5%	37.2%	28.6%*	39.2%*
Part-time worker	42.2%	44.6%	44.0%	42.6%*
No worker	24.4%	18.2%	27.4%*	18.1%
Education level				
Less than HS	34.4%	42.1%	40.6%	17.8%*
HS degree	25.1%	25.8%	27.8%*	21.2%*
Some college	30.2%	24.2%	27.7%*	41.1%*
College degree	10.3%	8.0%	3.9%*	19.9%*
Family structure				
Single, no minor children	47.5%	50.2%	30.6%*	51.8%*

	All poor adults	Uninsured	Medi-Cal, non-disabled	Private insurance
Married, no minor children	12.5%	13.0%	7.6%*	13.6%
Married, with minor children	27.2%	26.4%	38.2%*	25.2%
Single, with minor children	12.8%	10.4%	23.6%*	9.4%
Language				
English speaking	75.0%	65.4%	74.3%*	87.5%*
Non-English speaking	25.0%	34.6%	25.7%	12.5%
<b>Public program participation</b>				
Food stamps	22.5%	17.8%	53.3%*	6.7%*
<b>Health status</b>				
Any difficulties	10.1%	4.2%	9.7%*	4.2%
Unweighted N	40,666	16,798	8,545	11,564

SOURCE: American Community Survey, 2009.

NOTE: Sample includes adults age 19–64 who live in households with family incomes below 139% of the federal poverty level and are U.S. citizens and noncitizens who have resided in the United States at least 5 years.

\* Indicates difference from the uninsured group at the  $p < 0.05$  significance level.

TABLE A7  
 Characteristics of the uninsured low-income population (below 200% FPL) by county,  
 American Community Survey, 2009

County	Alameda	Fresno	Kern	Los Angeles	Orange	Riverside	Sacramento	San Bernardino	San Diego	Santa Clara
% Uninsured	33.7%	40.6%	40.7%	47.3%	45.5%	45.3%	33.9%	42.0%	42.1%	36.6%
<b>Characteristics of uninsured</b>										
% Under 139% FPL	65.5%	71.4%	74.8%	66.9%	66.7%	67.3%	68.1%	71.0%	68.4%	59.0%
	(0.028)	(0.024)	(0.023)	(0.007)	(0.020)	(0.021)	(0.023)	(0.019)	(0.017)	(0.029)
% Male	52.6%	57.0%	54.4%	52.9%	54.2%	51.9%	59.0%	53.7%	52.4%	56.4%
	(0.016)	(0.018)	(0.017)	(0.004)	(0.010)	(0.012)	(0.016)	(0.014)	(0.011)	(0.022)
% Under 40	55.8%	63.7%	57.8%	58.3%	59.9%	57.9%	60.8%	59.0%	60.0%	60.2%
	(0.021)	(0.020)	(0.019)	(0.006)	(0.012)	(0.015)	(0.020)	(0.015)	(0.011)	(0.020)
% Noncitizens	34.8%	39.2%	44.8%	52.4%	54.9%	42.1%	28.4%	38.6%	39.3%	41.0%
	(0.025)	(0.017)	(0.026)	(0.008)	(0.019)	(0.018)	(0.021)	(0.017)	(0.015)	(0.028)
% Parents	28.7%	35.6%	42.4%	37.5%	39.6%	42.9%	25.8%	40.6%	36.7%	33.0%
	(0.027)	(0.024)	(0.025)	(0.007)	(0.016)	(0.018)	(0.022)	(0.016)	(0.015)	(0.025)
% English-speaking	78.2%	68.9%	66.9%	60.7%	59.9%	68.7%	79.3%	72.3%	72.6%	71.0%
	(0.017)	(0.018)	(0.022)	(0.008)	(0.019)	(0.015)	(0.020)	(0.016)	(0.014)	(0.027)
% Any difficulty	4.3%	4.0%	5.0%	3.4%	2.4%	4.6%	4.7%	4.4%	3.1%	2.1%
	(0.009)	(0.007)	(0.009)	(0.003)	(0.004)	(0.007)	(0.010)	(0.007)	(0.006)	(0.005)
N	604	812	658	8539	1800	1609	809	1410	1732	647

SOURCE: American Community Survey, 2009.

NOTES: Sample includes uninsured adults, ages 19–64 who live in households with family income below 200% of the federal poverty level and are either citizens or noncitizens who have resided in the U.S. at least 5 years. Standard errors are provided in parentheses below each estimate.

## Appendix B: Focus Group Protocols

This appendix describes the methods for the focus groups, which provide the information for the qualitative analysis included in the report. The focus group methodology and protocols were reviewed and approved by the PPIC Institutional Review Board (IRB) for the protection of Human Subjects to ensure the privacy and protection of all participants.

To develop the focus group protocol, we conducted a thorough literature review of health care use and concerns (e.g., unmet need) of the publicly insured and the uninsured. Through this review, we identified issues related to value of coverage, access to care, and barriers to care. We also developed a set of questions to assess health care reform knowledge. These guides were drafted and revised over the summer of 2010.

To assist with recruitment and facilitation, we contracted with Nichols Research, Inc., an independent research group in California that specializes in data collection methodologies including qualitative recruiting and focus group hosting. We provided Nichols with study population parameters, including income level, insurance status, family structure, and language preference. Nichols conducted all recruiting and screening for the focus groups, in consultation with us. We also contracted with independent focus group facilitators who had extensive experience working with low-income populations. The same facilitator conducted all of the English speaking groups, while another bilingual facilitator conducted the Spanish-speaking ones.

The criteria for inclusion for the uninsured focus groups was that the participant currently be uninsured, between the ages of 26 and 54, under 138 percent of the 2010 federal poverty level (\$14,400 for one person), and preferably without dependent children.<sup>5</sup> The criteria for inclusion in the parent group was that the participant have current or recent experience with either the Medi-Cal program or the Healthy Families program for their children (recent experience was defined as the past twelve months), and have family incomes below 250 percent of the 2010 federal poverty level (the threshold for Healthy Families eligibility). Most of the participants had children currently enrolled in one of the programs; but in each parent group, there were at least two parents whose children were not currently enrolled. Also, among the parent group, some of the parents were themselves also enrolled in the Medi-Cal program, while other parents were either uninsured or privately insured.

We conducted six focus groups (total N = 50) in three different regions of the state, including Los Angeles County, the San Francisco Bay Area, and Fresno County. In each region, we held two focus groups—one with parents of publicly insured children and the other with uninsured adults, most of whom did not have dependent children in the household. In Los Angeles, the parent group was conducted in Spanish and the uninsured group in English. In Fresno, the uninsured group was conducted in Spanish and the parent group in English. In the Bay Area, both groups were conducted in English. For the Spanish-speaking uninsured group in Fresno, we included uninsured adults with children because we were unable to recruit enough uninsured adults without children—so while

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<sup>5</sup> As noted, in the Fresno Spanish-speaking group we had to relax our criteria to include those with dependent children, and as a result the majority of the participants in the Fresno uninsured group did have children.

everyone was uninsured in this group, several of the participants did in fact have dependent children at home.

In the uninsured groups, we recruited an even mix of men and women, most of whom were single or separated/divorced. Both the Bay Area and Los Angeles groups were conducted in English (with most respondents self-identifying as non-Hispanic white), and the Fresno group was conducted with individuals who identified as Hispanic and spoke Spanish as their primary language. We focused recruitment on people with incomes below the 138 percent FPL cut-off. Thus, based on their reported household incomes, nearly all of the participants would be income-eligible for Medi-Cal under the expansions. Four respondents reported having applied for and received Medi-Cal in the past, and two participants in Fresno stated that they had “Emergency Medi-Cal,” which is not the same as full Medi-Cal coverage and probably indicates ineligibility for comprehensive coverage through the program. In addition, while most focus group respondents reported being uninsured anywhere from one to four years, one-quarter of our participants had been uninsured for more than ten years or for their whole adult life.

Most of the participants in our parent groups were mothers who were intimately familiar with public insurance programs, largely because their children (and sometimes themselves) had coverage through them. The majority of our parents had a child in Medi-Cal (N=14 out of 24), although we also recruited some parents who had children in Healthy Families (California’s SCHIP) to get a sense of their concerns. Respondents were low-income, with incomes below 250 percent FPL, which is the current Healthy Families eligibility limit. The Bay Area and Fresno groups were conducted in English, with racially/ethnically diverse sets of participants. The Los Angeles group was conducted with Hispanic, Spanish-speaking parents.

All focus group respondents were assured of their anonymity and were told the purpose of the study, both during recruitment and at the introduction of the group, per our IRB protocols. Each of the focus groups was recorded (audio and visual) at Nichols’ facilities and transcribed by a professional transcription service based on audio recordings. We then reviewed the transcripts through video recordings to ensure transcription quality. We coded the transcribed focus groups using Atlas TI software, working with an independent coder experienced with qualitative coding methods. Coding schemes were developed around the focus group protocols, and more specific themes were inductively generated from the respondents’ narratives. After full coding of the first two transcripts by an independent coder, we examined the code books to ensure similar interpretation and thoroughness. Once we agreed upon the appropriate codes, the independent coder and the authors used this schema to code the remaining transcripts.

For each focus group, we collected a brief survey that included basic questions on insurance coverage, past and present, and health status that was linked (using first names only) to the focus group transcripts. Below are the surveys for the parent and uninsured groups. The surveys were optional for participants to complete. All but three participants completed surveys.

### **Health Insurance Focus Groups: Parent Survey**

This survey is optional. You do not have to complete it and can skip any questions you do not want to answer. We will be asking about all of these topics in the focus groups, so you will be able to tell us more about your experiences. We are just hoping to gather some basic information from everyone before we start.

#### **This first set of questions is about you.**

1. Do you currently have health insurance?

Yes

No

If yes, what type of health insurance do you have?

Medi-Cal

Private insurance through my employer or my spouse's employer

Private insurance that I bought myself

Medicare

Other (please specify) \_\_\_\_\_

2. How would you rate your current health status

Excellent

Very Good

Good

Fair

Poor

3. Has a doctor ever told you that you had any of the following medical conditions? Please check all that apply.

Diabetes

High blood pressure

Hypertension

Heart disease

Other (please specify) \_\_\_\_\_

**The next set of questions is about your children's health. We realize you may have more than one child. If you do have more than one child, when answering these questions please answer for your child who sees the doctor the most or has the most health needs.**

4. What type of insurance does your child have?

Medi-Cal

Healthy Families

Other (please specify) \_\_\_\_\_

5. What kind of place do you usually take your child when they need health care?

Doctor's Office

Kaiser

Clinic/Health Center

Emergency Room

Don't have a usual place

Other (please specify) \_\_\_\_\_

6. During the past 12 months, about how many times has your child seen any kind of medical doctor?

\_\_\_\_\_

7. During the past 12 months, was there ever a time when your child needed medical care but was not able to receive care?

Yes

No

8. Has a doctor ever told you that your child has asthma?

Yes

No

### **Health Insurance Focus Groups–Uninsured Survey**

This survey is optional. You do not have to complete it and can skip any questions you do not want to answer. We will be asking about all of these topics in the focus groups so you will be able to tell us more about your experiences. We are just hoping to gather some basic information from everyone before we start.

1. How long has it been since you last had health insurance? \_\_\_\_\_Years \_\_\_\_\_Months

2. Have you ever had insurance coverage?

Yes

No

If yes, what type of health insurance did you have?

Private insurance through your employer or your spouse's/parent's employer

Private insurance that you bought yourself

Medi-Cal

Medicare

Other (please specify) \_\_\_\_\_

3. What is the main reason you do not have health insurance today?

You lost your job and your health insurance coverage.

Your employer does not offer health insurance.

You don't work enough hours to qualify for your employer's health insurance plan.

It's too expensive.

You don't need health insurance.

Other (please specify) \_\_\_\_\_

4. How would you rate your current health status?

Excellent

Very Good

Good

Fair

Poor

5. Has a doctor ever told you that you had any of the following medical conditions? Please check all that apply.

Diabetes

High blood pressure

Hypertension

Heart disease

Other (please specify) \_\_\_\_\_

6. Approximately when was the last time you had a visit to any kind of medical doctor?  
\_\_\_\_\_ Years \_\_\_\_\_ Months

7. What kind of place do you usually go when you need health care?

Don't have a usual place

Doctor's Office

Clinic/Health Center

Emergency Room

Other (please specify) \_\_\_\_\_

8. During the past 12 months, was there ever a time when you needed medical care but were not able to receive care?

Yes

No

### Parents Guideline Protocol

**Welcome/Ground Rules (No right or wrong answers/everyone's opinion/various points of view/speak one at a time/bio breaks/taping for reporting purposes)**

Before we begin our discussion, I'd just like to say that most of the questions I will be asking you today are about your children's and your experience with Medi-Cal or Healthy Families. There are some questions though about other topics related to health care. Later, we will also discuss the new health care reforms. Let's begin.

## Introductions

[5–10 minutes]

1. First name, occupation, hobbies, something about your children, etc.?

## Experience with Medi-Cal and Healthy Families

[30–35 minutes]

1. What has your experience been like, overall, with Medi-Cal or Healthy Families?
  - (a) Have you generally been satisfied or not satisfied with the coverage this insurance provides? Can you explain?
  - (b) Is the coverage you have valuable to you?
  - (c) What, in your opinion, is the best part of coverage?
2. How did you first find out about Medi-Cal or Healthy Families? (*Worksheet*)
  - (a) How long are/were your children enrolled in Medi-Cal or Healthy Families?
    - (i) [If cannot estimate] Was it all their lives, since they've been in grade school, just recently, etc.?
  - (b) For those of you whose children are on Medi-Cal, are you also covered under this program?
  - (c) For those of you who are also covered, how was the experience different when you got Medi-Cal for yourself and your child(ren)? \*\*\*
3. What was the process of enrolling your children in Medi-Cal or Healthy Families like for you?
  - (a) For example, did you find the process of enrolling your children to be generally easy or difficult?
  - (b) What was the hardest part of enrollment?
  - (c) What was the easiest part of enrollment?
  - (d) Did you have anyone to help you through the enrollment process?
4. If you have ever had to renew your children's participation in Medi-Cal or Healthy Families, what was that process like?
  - (a) Did you find this process to be generally easy or difficult?
5. If your children have ever been taken off of Medi-Cal or Healthy Families, what were the reasons why?
  - (a) Did you ever try re-enrolling your child? What was that like?
6. If you could improve the enrollment or reenrollment process, what would those improvements be?

- (a) What kinds of advertising strategies (i.e., TV ads, billboards, direct outreach) do think would be most helpful in letting people know about public insurance programs like Medi-Cal and Healthy Families? \*\*\*\*\*

7. Who has ever had an experience with other kinds of health insurance plans, such as private insurance, either for yourself or your family? Show of hands.

- (a) If yes, how would you compare those other types of insurance plans with Medi-Cal or Healthy Families?
  - (i) Do you think they were better or worse than Medi-Cal or Healthy Families? In what ways?

### **Experience with the Health Care System**

**[20–30 minutes]**

1. Overall, how would you describe your experience in accessing/receiving care (i.e., medical attention) for your children under Medi-Cal and Healthy Families? \*\*\*\*
  - (a) Has it been generally easy or difficult? \*\*\*
  - (b) What were some of the difficulties you've had, if any, in accessing/receiving care or with the health care system in general?
    - (i) For example, have you had any difficulties with locating a provider, making appointments, long wait times, difficult staff, office hours, long distance travel, etc.?
2. Overall, how would you describe the quality of care you or children have received under Medi-Cal or Healthy Families?

[Please probe on examples of quality of care received under these programs]  
**GET RESPONSES FROM ALL RESPONDENTS.**
3. Where do your children go most often for care, (i.e., a community clinic, a private physician office, the emergency room, health fairs, etc.)?
  - (a) Why does your child go to that location most often?
  - (b) How about for yourselves, where do you go for care most often and why?
  - (c) [For Spanish-speaking parents] Have you ever travelled outside the U.S., such as to Mexico, to obtain care for yourself or your child?
    - (i) If yes, what kinds of services did you obtain there?
    - (ii) What are the benefits of obtaining services outside the country?
4. Do your children have a regular doctor?
  - (a) What was it like finding a primary care doctor, how difficult or easy?
    - (i) [If no mention in earlier question] Did you have any trouble finding a provider who would see your child?
    - (ii) How often have your children seen a doctor i.e., once a year, 2–3 times a year, monthly, more often? Is it for regular visits or urgent conditions.
  - (b) How about for yourselves, do you have a regular doctor?

- (i) How did you find this doctor?
  - (ii) How often would you see the doctor and for what types of visits?
5. What other services or comprehensive benefits have you or your children accessed through Medi-Cal or Healthy Families, such as dental, vision, or specialty care?
- (a) How often would you say you or your children use these services and for what types of visits?
    - (i) [If mention of specialty care but no discussion of specifics] What kind of specialty care have you or your children accessed through Medi-Cal or Healthy Families?
    - (ii) What was your experience like in seeking specialty care?
6. Are you generally able to obtain prescription drugs when needed?
7. Thinking back, was there ever a time when you or your child could not access care or you had difficulty accessing care when it was needed? Can you please tell us more about that situation?
- (a) During that time, what was the main reason you could not access care?
  - (b) If you or your child cannot see a doctor, what do you usually do when you or your child are sick?\*\*\*
    - (i) How do you deal with the symptoms or conditions?
8. Thinking back, have you ever felt a time when you or your child were treated unfairly or with disrespect by doctors or medical staff because you had public insurance?
- (a) Can you describe that time to us?
9. In general, what obstacles, if any, get in the way of accessing the **best** care for you and your family?\*\*\*
- (a) [If no detailed response] Would you say that obstacles such as cost, transportation, time, difficulty accessing specialty services, etc., get in the way of accessing the **best** care for you and your family?
10. What do you think would make it easier for you and your children to access health care when needed?

**Impressions of Reform (General and Specific Impacts)**

**[30–35 minutes]**

1. Recently, President Obama signed a new law that made major changes to health insurance coverage. How many of you have heard or read about these proposed changes? Overall, how much would you say you know about the new health care reform law (i.e., Patient Protection and Affordable Care Act)?
- (a) What details stick out to you?

2. Thinking about your own family's situation, do you think reform will affect you and your family at all?
  - (a) If you believe reform will make a difference in your lives, in what ways do you think it will impact you and your families? (i.e., in terms of your general health status, overall cost, quality of care, access to care, etc.)
  - (b) [If no mention] If you or some of your family members do not have health insurance now, do you think you or your family will gain coverage as a result of the new law?\*\*\*\*
  - (c) If you don't believe reform will make a difference in your lives, why not?
  
3. Do you think the new reform law will improve or worsen the Medi-Cal and Health Families programs?
  - (a) Do you think reform will make enrollment easier?
  - (b) Do you think it will make access to care and comprehensive benefits easier?
  - (c) For those of you who have Healthy Families, what do you think about being enrolled in Medi-Cal instead?
  
4. Is there anything about the new law that worries you personally?\*\*\*\*

**Closing**

[ 5–10 minutes]

1. I will check with my colleagues in the back room to see if there are any additional questions.
2. If no additional questions and time permits- If you had an opportunity to say anything, anything at all, to the people involved with the delivery of providing health care in California, what would it be?

**Total Time: [ 90–120 minutes]**

**Uninsured Adults Guideline Protocol**

**Welcome/Ground Rules (No right or wrong answers/everyone's opinion/various points of view/speak one at a time/bio breaks/taping for reporting purposes)**

**Introductions**

[5–10 minutes]

2. First name, occupation, hobbies, something about yourself, etc.?

**Impressions of Reform (General and Specific Impacts)**

[25–30 minutes]

1. Recently, President Obama signed a new law that made major changes to health insurance coverage. Overall, how much would you say you know about the new health care reform law (i.e., Patient Protection and Affordable Care Act)?
  - (a) What details stick out to you?
  - (b) [If no mention] What do you think about the individual mandate – the part of the law that requires everyone to have health insurance?
  
2. Thinking about your own situation, how do you think reform will affect you?
  - (a) If you believe reform will make a difference in your lives, in what ways do you think it will impact you personally? (i.e., in terms of cost and quality of care, access to care, receiving services that you might otherwise not get or put off, etc.)
  - (b) If you don't believe reform will make a difference in your lives, why not?
  
3. Is there anything about the new law that worries you personally? \*\*\*\*\*

**Experience with being Uninsured**

**[20–25 minutes]**

1. What is it like to be uninsured?
  - (a) Do you have concerns about not having health insurance? How does it make you feel?
  
2. What are the some of the main reasons you do not have insurance today? Probe and clarify, especially if they say “I don't need it”. \*\*\*\*\*
  
3. Have you ever had health insurance?
  - (a) If yes, what was your overall experience like with the coverage that you had?
    - (i) Were you satisfied with the type of coverage you received?
    - (ii) Did it help you to access health care when you needed it?
    - (iii) How would you describe the quality of care you received while being insured?
    - (iv) Where did you receive your health insurance from? (i.e. through an employer, public program, on your own)
  
4. Do you feel you need health insurance at this time? Please explain.
  - (a) Do you think that having health insurance is generally worthwhile?
    - (i) Do you see any benefits at all to having health insurance?
  
5. In the past, if you wanted or tried to obtain health insurance, what were some of the biggest barriers/obstacles that prevented you from obtaining health insurance?

## Experience with the Health Care System

[20–30 minutes]

1. Overall, how would you describe your experience in accessing care when you need it?\*\*\*\*
  - (a) Has it been generally easy or difficult?
  - (b) Are you at all able to access low-cost care when you need it?
    - (i) Using your best guess, how much do you usually spend out-of-pocket for medical care? This can be per visit or per year.
    - (ii) Have you ever made payment arrangements with providers for services or perhaps for medications?
  - (c) Under what circumstances or for what reasons do you decide to get medical care? How long do you wait, how sick do you have to be to seek care?
  
2. Overall, how would you describe the quality of care you have been able to receive while being uninsured?
  - (a) Have you generally been satisfied or unsatisfied with the quality of care you have been able to receive? [Please probe]
  
3. If you need care, where do you go most often, (i.e., a community clinic, a private physician office, the emergency room, health fairs, etc.)? \*\*\*\*
  - (a) Why do you go to that location most often for care?
  - (b) [For Spanish-speaking adults] Have you ever travelled outside the U.S., such as to Mexico, to obtain care for yourself?
    - (i) If yes, what kinds of services did you obtain there?
    - (ii) What are the benefits of obtaining services outside the country?
  
4. How many of you have a regular doctor?
  - (a) If yes, what was it like finding a primary care doctor who would see you?
  - (b) If no, when was the last time you saw a doctor and for what type of visit?
  - (c) If you can estimate, how much do doctor visits typically cost you out-of-pocket?
  
5. Have any of you ever tried seeing a dentist, optometrist, or specialty care provider while uninsured?
  - (a) If yes, what was that experience like?
    - (i) How did you locate the dentist, optometrist, or specialty care provider who would see you?
    - (ii) About how often have you seen a dentist, optometrist, or specialty care provider and for what types of visits?
    - (iii) Using your best estimate, how much did these types of visits cost you out-of-pocket?

6. Where do you typically receive your health care information? (i.e. friends, family, the internet, television, a pharmacist, etc.)\*\*\*\*\*
  - (a) Do you have any suggestions about where or how more health care information could be made available to you?
  
7. Thinking back, was there ever a time when you could not access or receive care, either for your physical or mental health needs, or you had difficulty accessing care when you needed it? (This is about respondent only, not other family members or friends)\*\*\*
  - (a) Can you please tell us more about that situation? For example, what were some of the reasons for why you did not get care?
  - (b) When you couldn't see a doctor or medical professional, what did you do?
  - (c) How did you deal with the issues you were experiencing at the time?- What alternatives did you have?
  
8. [If no mention earlier] Thinking back, have you ever felt a time when you were treated unfairly or with disrespect by doctors or medical staff because you did not have insurance?
  - (a) Can you describe that time to us?
  
9. In general, what obstacles, if any, get in the way of accessing the **best** care?
  - (a) What are some of the biggest challenges you face in trying to get appropriate medical care?
  - (b) [If no detailed response] Would you say that obstacles such as cost, transportation, time, difficulty accessing specialty services, etc., get in the way of accessing the **best** care?
  
10. *What do you think would make it easier for you to access health care when needed?\*\*\*\*\**

### **Insurance Needs and Impressions of Medi-Cal**

**[15–20 minutes]**

1. If you had insurance today, what difference, if any, would that make in your lives?
  - (a) Do you think it would improve your overall health?
    - (i) If yes, in what ways would coverage improve your health or life overall?
    - (ii) If no, why won't coverage improve your health or life?
  
2. If low-cost or no-cost health insurance were offered to you, how many of you would sign up for it?
  - (a) If wouldn't sign up for it, is there anything that would change your mind?
    - (i) For example, would a tax penalty or some kind of fee for Not enrolling push you to enroll in a health insurance plan?

3. How many of you are familiar with the Medi-Cal program (i.e., Medicaid)? Show of hands.\*\*\*\*
  - (a) [If no response] What are your general impressions of Medi-Cal?
  - (b) Do you think it is a good program – Why/Why Not?
  - (c) If you could sign up for Medi-Cal, would you?
  - (d) Have you ever received health care through a county program? Has the county ever helped pay for health care you have received at a clinic or hospital?
  
4. Have you ever had experience with any government programs or services, such as food stamps, unemployment benefits, etc.?
  - (a) If yes, what types?
    - (i) What was your experience like in using these programs or services?
    - (ii) Did you find them to be useful and worthwhile?
    - (iii) What difficulties, if any, did you have with accessing these government programs or services?
    - (iv) If you could make improvements to those government programs or services you have received, what would those improvements be?

### Closing

3. If no additional questions from back room and time permits- If you had an opportunity to say anything, anything at all, to the people involved with the delivery of providing health care in California, what would it be?

**Total Time: [90–120 minutes]**

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