

# Memorandum

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**TO:** ALL CHILDREN ACHIEVE  
COMMITTEE

**FROM:** Sara L. Hensley

**SUBJECT:** REPORT ON CHILDREN'S  
HEALTH INITIATIVE

**DATE:** 01-30-06

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Approved

Date

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## **PURPOSE**

The purpose of this memorandum is to provide a report to the All Children Achieve Committee on the Children's Health Initiative Program.

## **BACKGROUND**

The Children's Health Initiative is a project that has received funding annually from the City of San Jose's Healthy Neighborhoods Venture Fund since fiscal year 2000-2001. On December 8, 2005, a presentation regarding the Children's Health Initiative was made by Santa Clara Family Health Plan to the All Children Achieve Committee. At that time, Councilmember Judy Chirco requested that a presentation by the research company, Mathematica, be made. Mathematica conducted a one-year phone survey of parents or guardians of children enrolled in Healthy Kids during late 2003 and early 2004.

## **ANALYSIS**

A presentation by Mathematica will be made at the February 9, 2006, All Children Achieve Committee meeting. The presentation will focus on:

- Highlights from the Enrollment Analysis
- Profile of Healthy Kids Participants from the survey
- Findings on Medical Care for Healthy Kids
- Findings on Dental and Vision Care for Healthy Kids

**COST IMPLICATIONS**

The Children's Health Initiative project was awarded the following funding from the Healthy Neighborhoods Venture Fund:

Year	Funding
2000-2001	758,700
2001-2002	1,500,000
2002-2003	2,100,000
2003-2004	2,100,000
2004-2005	2,100,000
2005-2006	<u>2,100,000</u>
Total Funding	10,658,700

**COORDINATION**

This report was coordinated with the City Attorney's Office.

SARA L. HENSLEY  
Director of Parks, Recreation  
and Neighborhood Services

Attachment

# Santa Clara CHI Evaluation: Impact of Healthy Kids

## CHI Community Oversight Board

April 26, 2005



# **Presentation Will Focus on:**

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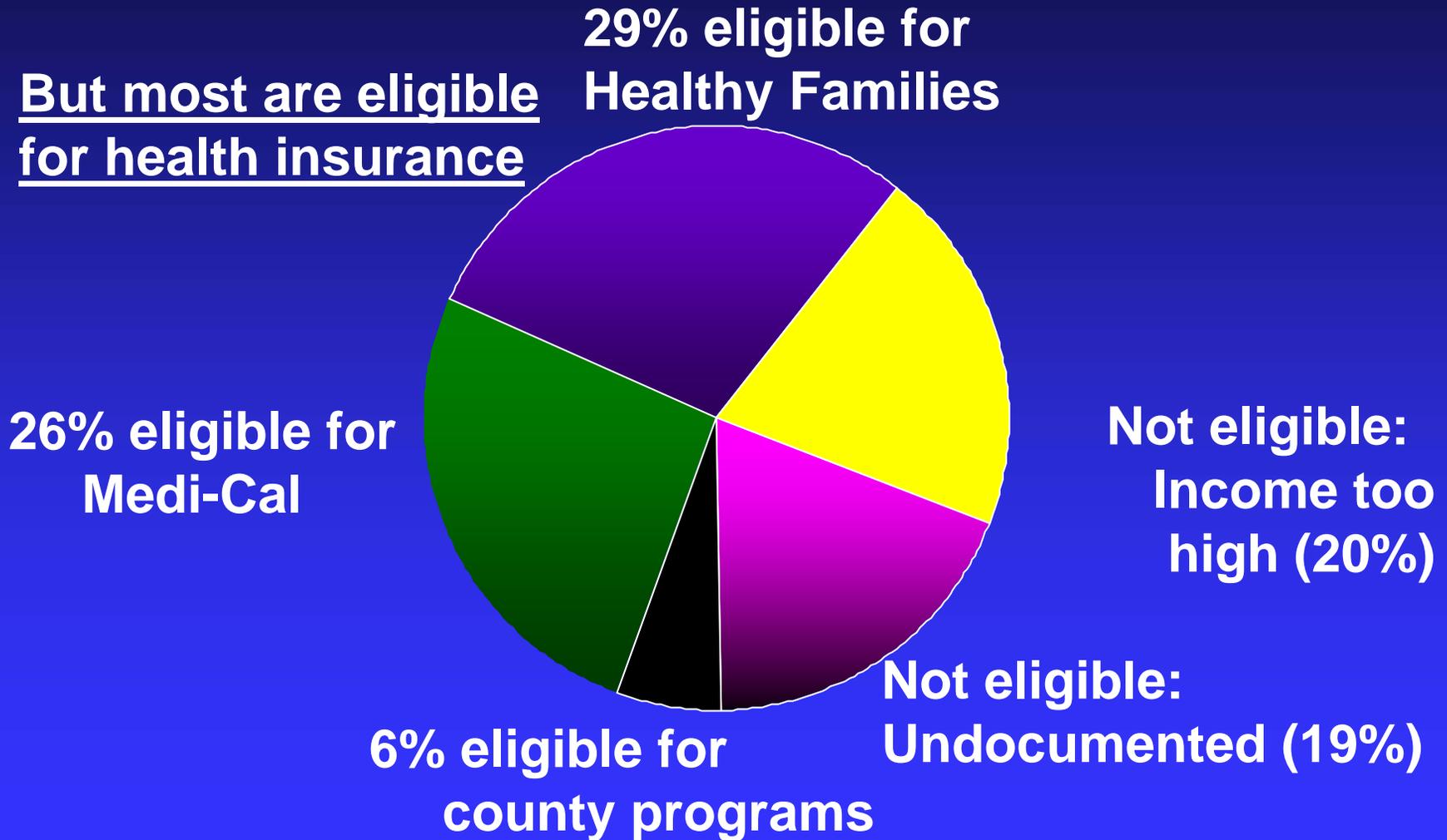
- **Highlights from the Enrollment Analysis**
- **Profile of Healthy Kids Participants from the survey**
- **Findings on Medical Care for Healthy Kids**
- **Findings on Dental and Vision Care for Healthy Kids**

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# Enrollment Analysis

# Nearly 780,000 Uninsured Children in California

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# Evaluation Design: Overview

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- **Quasi-Experiment That Compares Enrollment Before and After CHI Between:**
  - **Santa Clara County (“treatment sample”)**
  - **External comparison area (“comparison sample”)**

# Outcome Measure

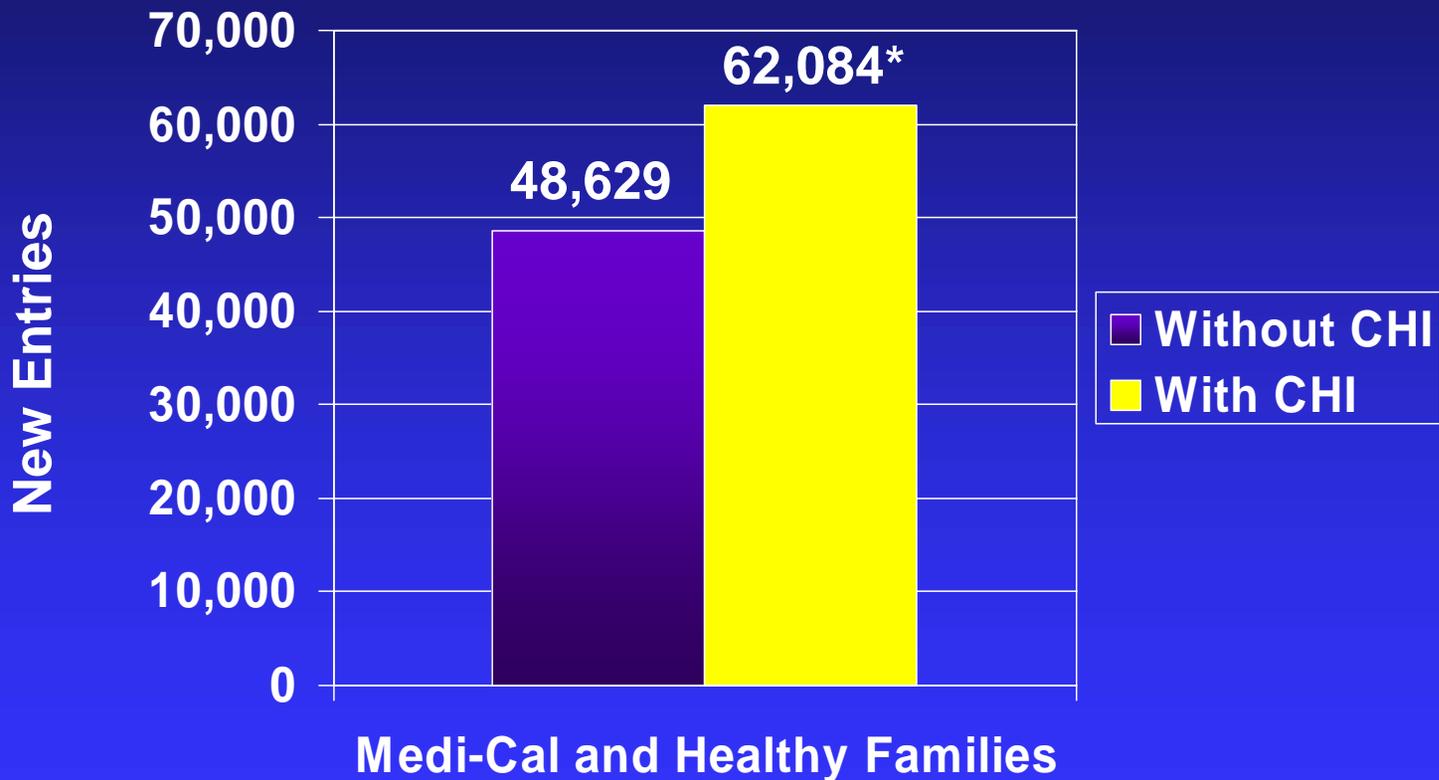
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- **New Entries to Medi-Cal and Healthy Families from 2001-2002:**

**“All children enrolling in Medi-Cal or Healthy Families who have not had coverage through one of these programs in the prior 11 months”**

# CHI Has Had a Significant Impact

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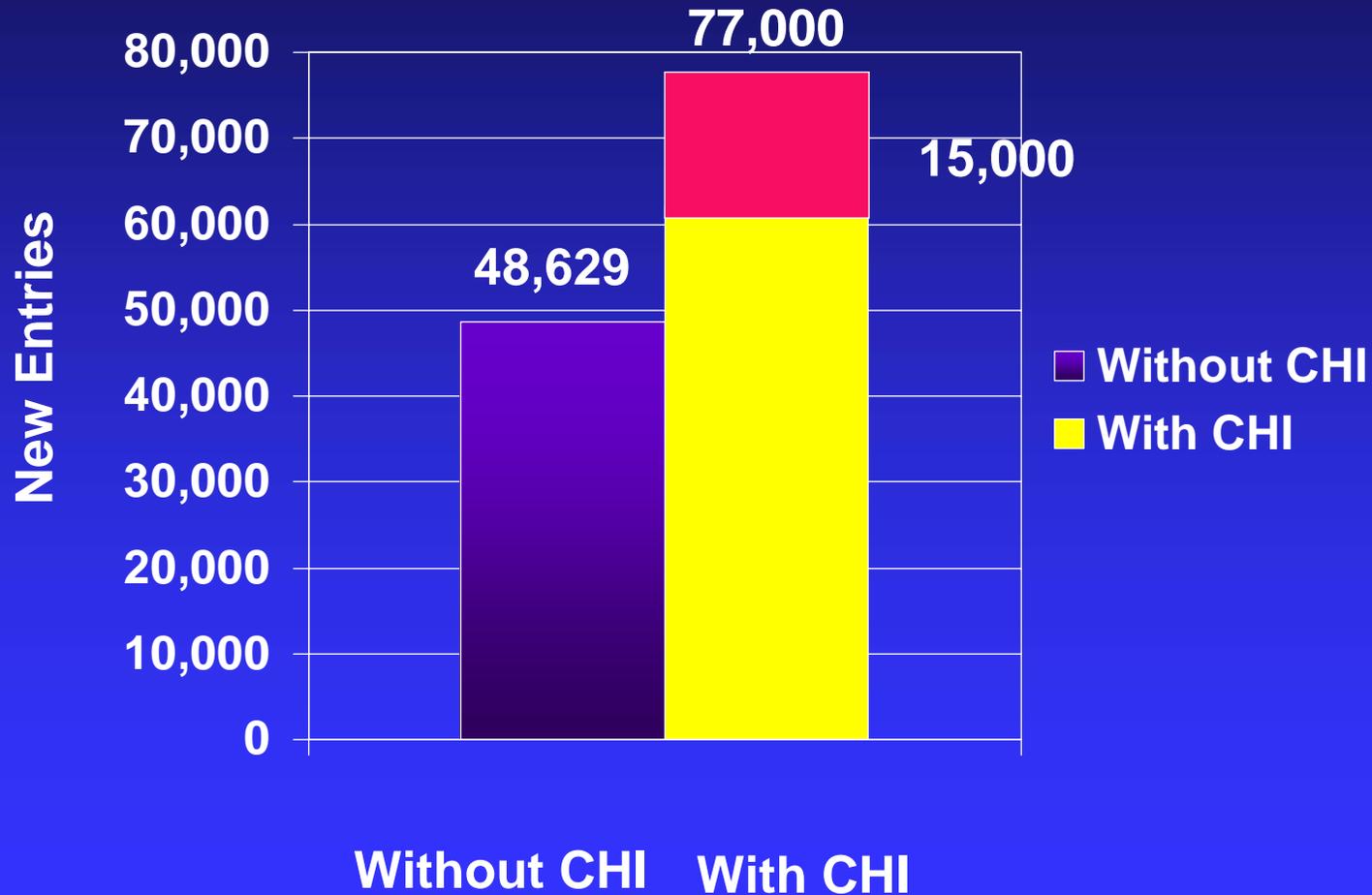


Source: Enrollment Files for the Medi-Cal and Healthy Families Programs.

\*Difference is significantly different at the .01 level.

# Total Impact: Medi-Cal, Healthy Families and Healthy Kids

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# Healthy Kids Survey

# Survey Design for Estimating Healthy Kids' Impacts

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## Compare the Experiences of Recent and Established Enrollees:

- **Recent Enrollees**
  - Children who recently became eligible for Healthy Kids
  - Measure experiences during six months before enrolling
- **Established Enrollees**
  - Children who recently renewed eligibility at one year
  - Measure experiences during the prior six months on Healthy Kids

# Survey Was a Major Success

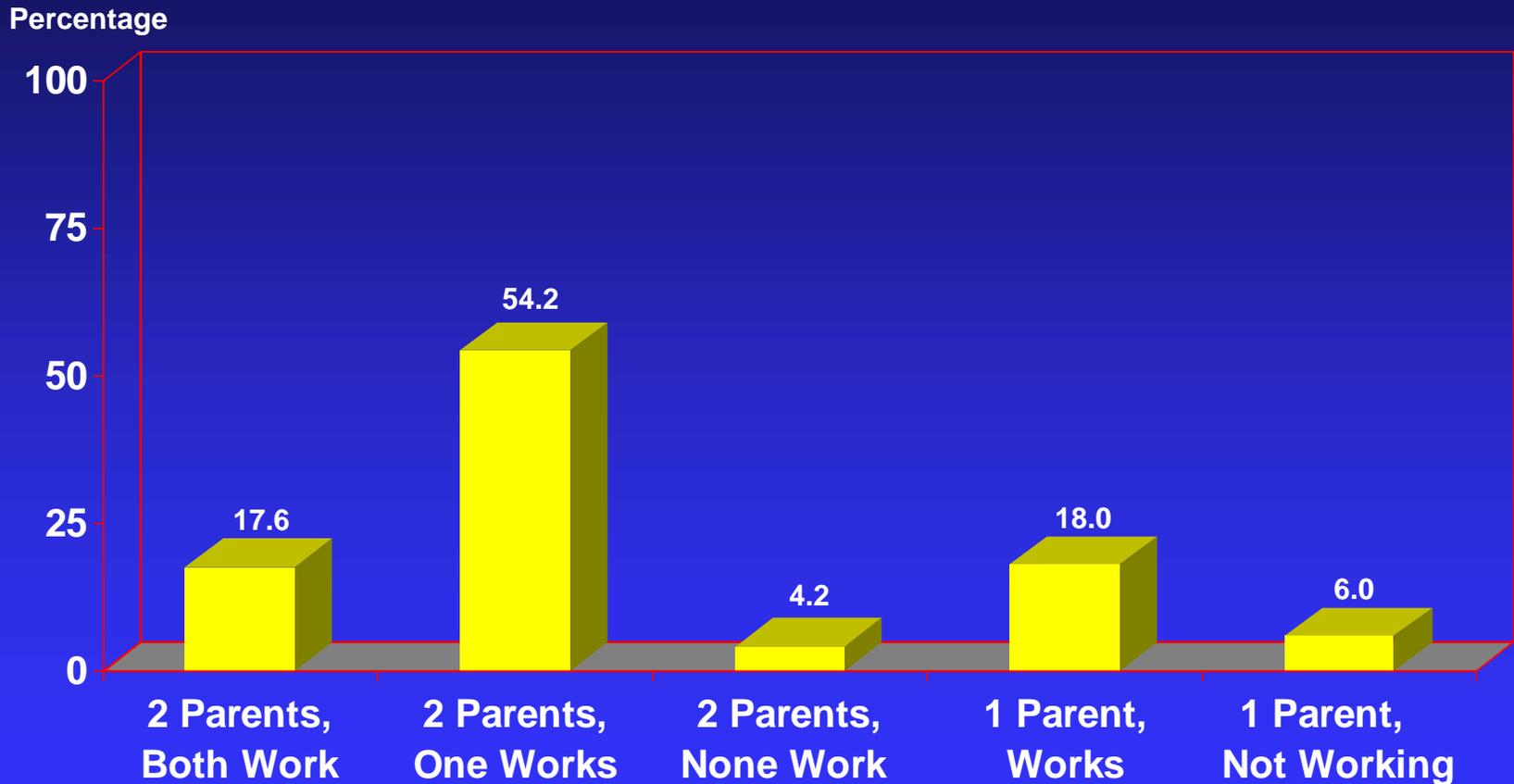
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	<u>Target</u>	<u>Outcome</u>
<b>Schedule:</b>	Conduct interviews from Aug 03 – July 04	Survey completed on schedule
<b>Sample size:</b>	1,050 interviews	1,322 interviews
<b>Response rate:</b>	70 percent	89 percent

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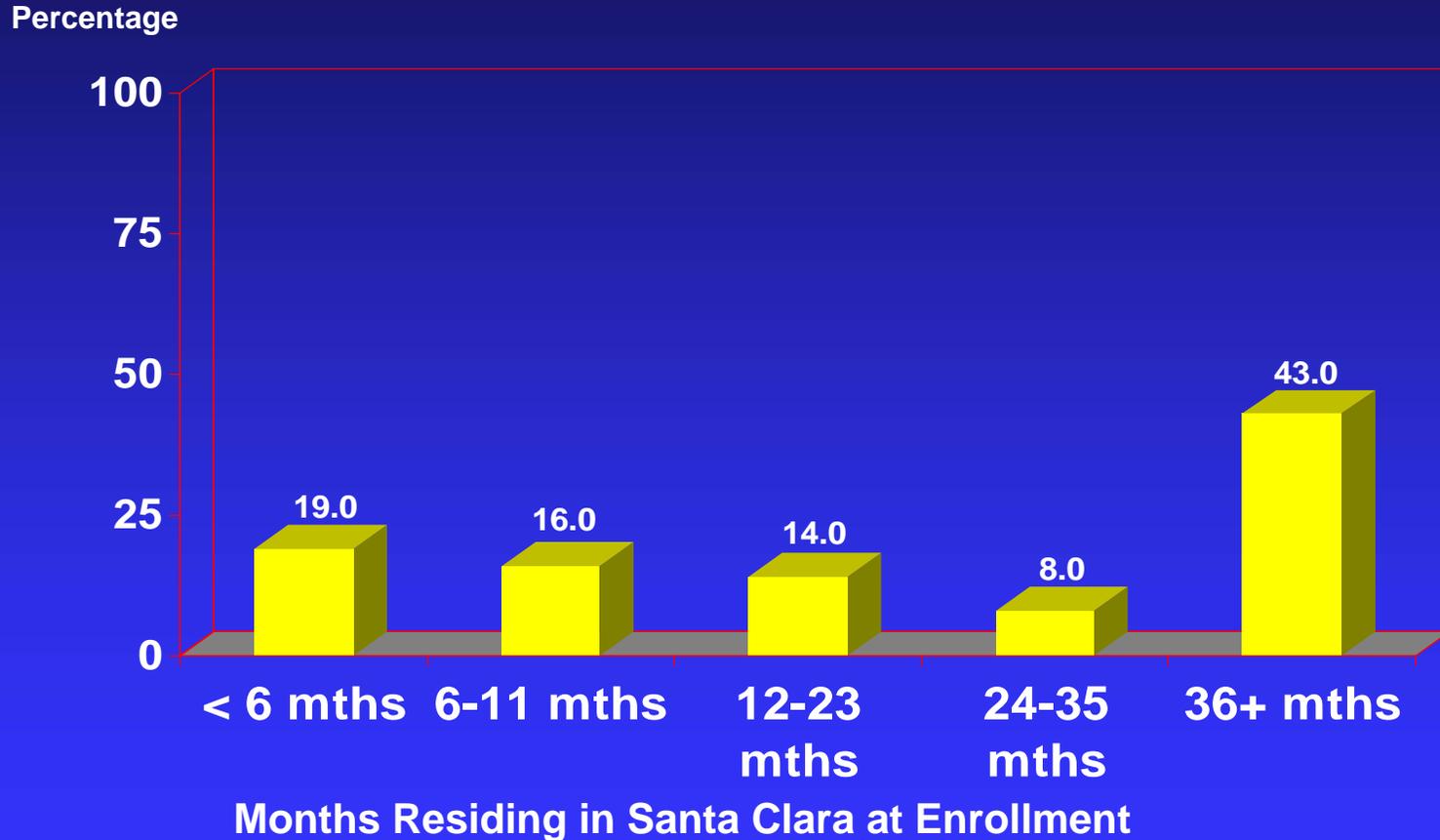
# **Profile of Healthy Kids**

# Most Healthy Kids Children Are From Two Parent Working Families



SOURCE: Tabulations from 2003-04 Survey of Healthy Kids Enrollees

# Typical Enrollee Family Has Lived in Santa Clara For Years

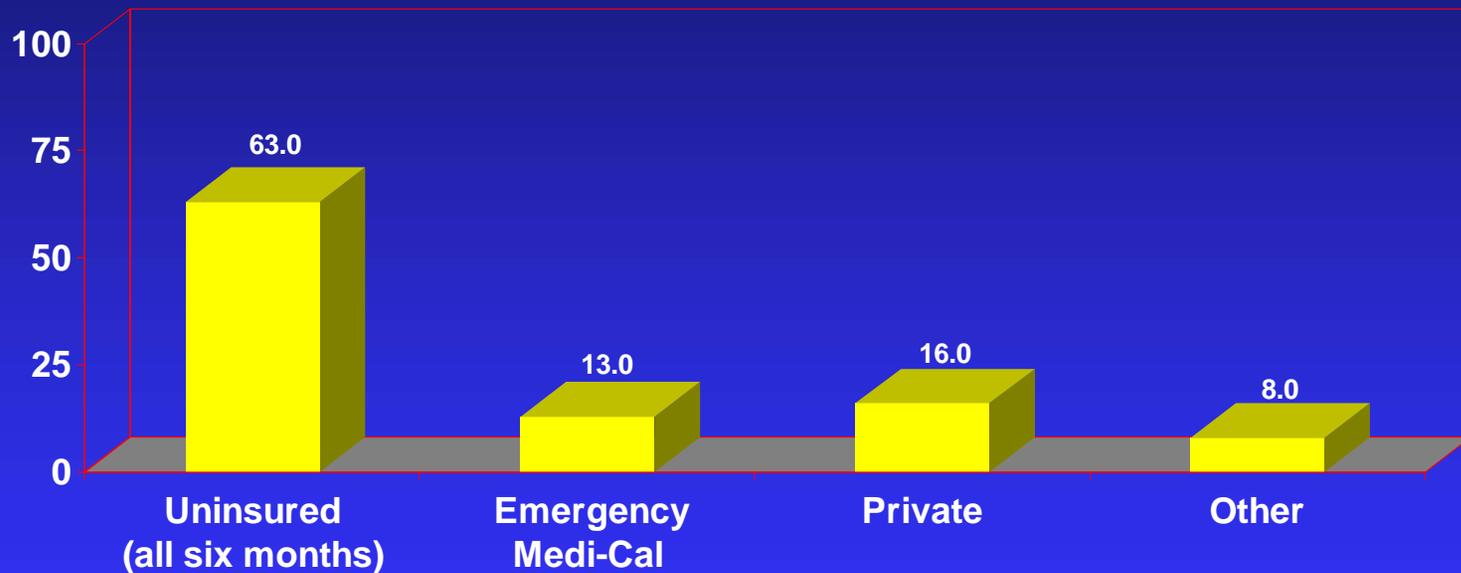


SOURCE: Tabulations from 2003-04 Survey of Healthy Kids Enrollees

# Most Children Were Uninsured For At Least Six Months Before Enrolling

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Percentage



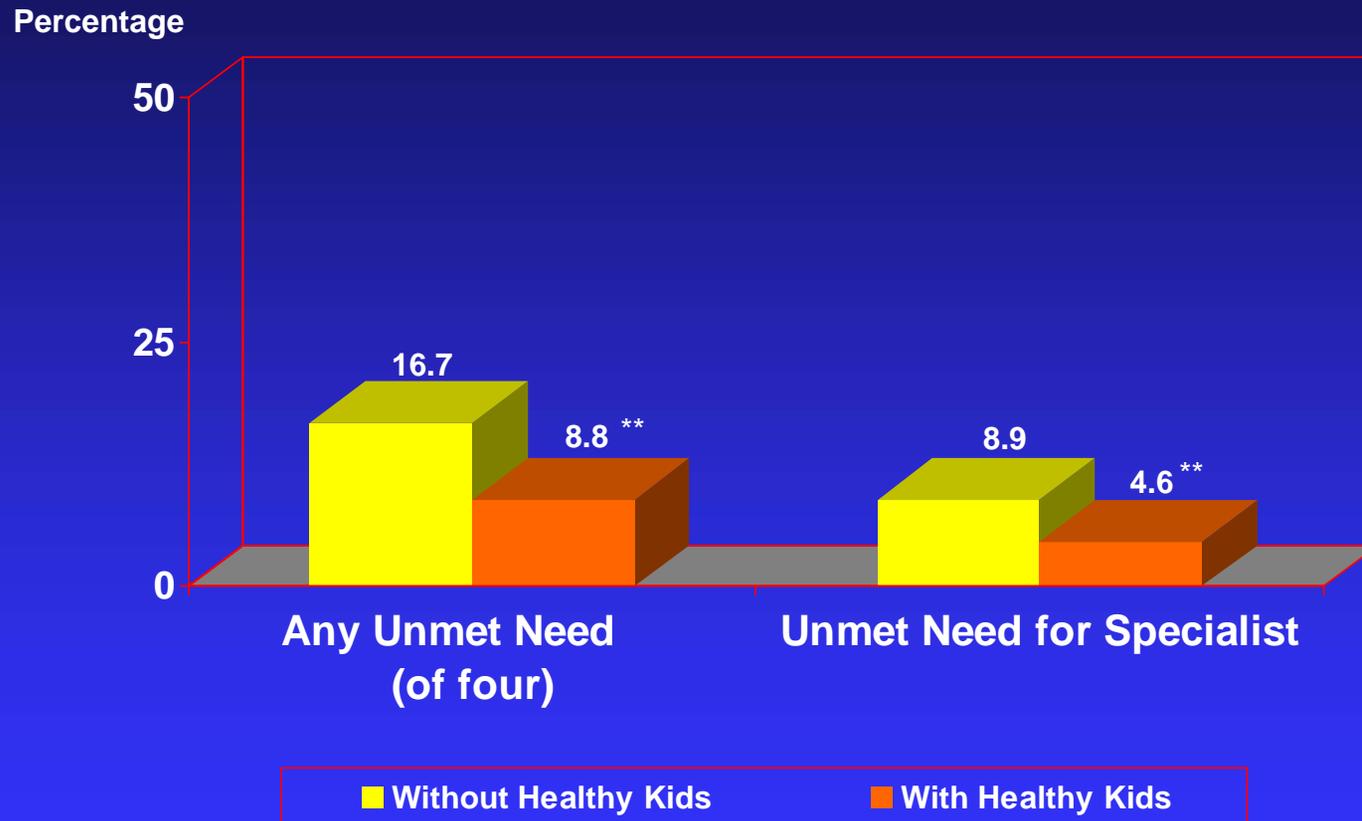
Coverage in (any) of the six months before enrolling

SOURCE: Tabulations from 2003-04 Survey of Healthy Kids Enrollees

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# Impacts on Primary Care

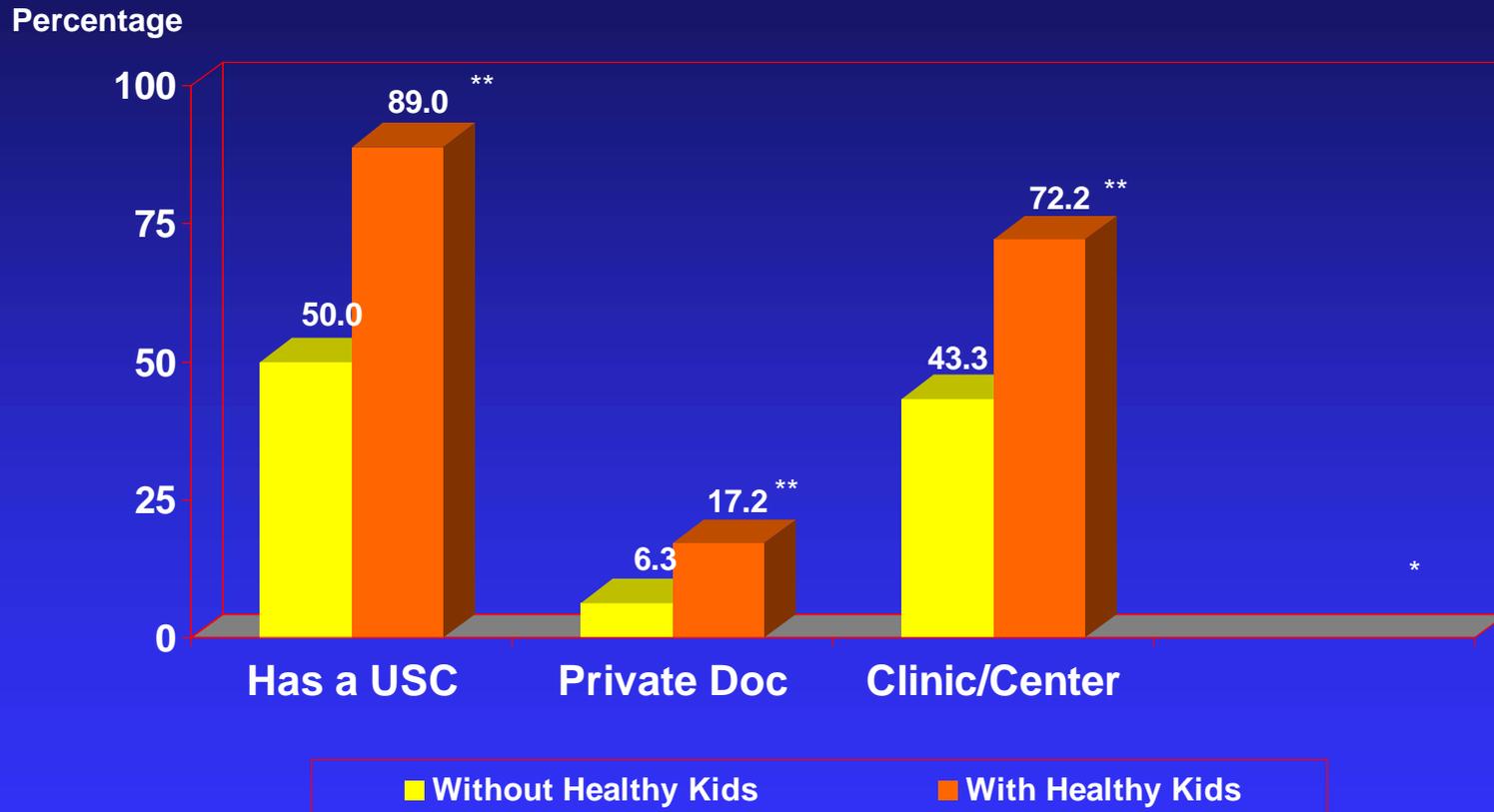
# Healthy Kids Reduced Levels of Unmet Need



\*\* difference is statistically significant at p-value < .01; \* significant at p-value <0.05

SOURCE: Tabulations from 2003-04 Survey of Healthy Kids Enrollees

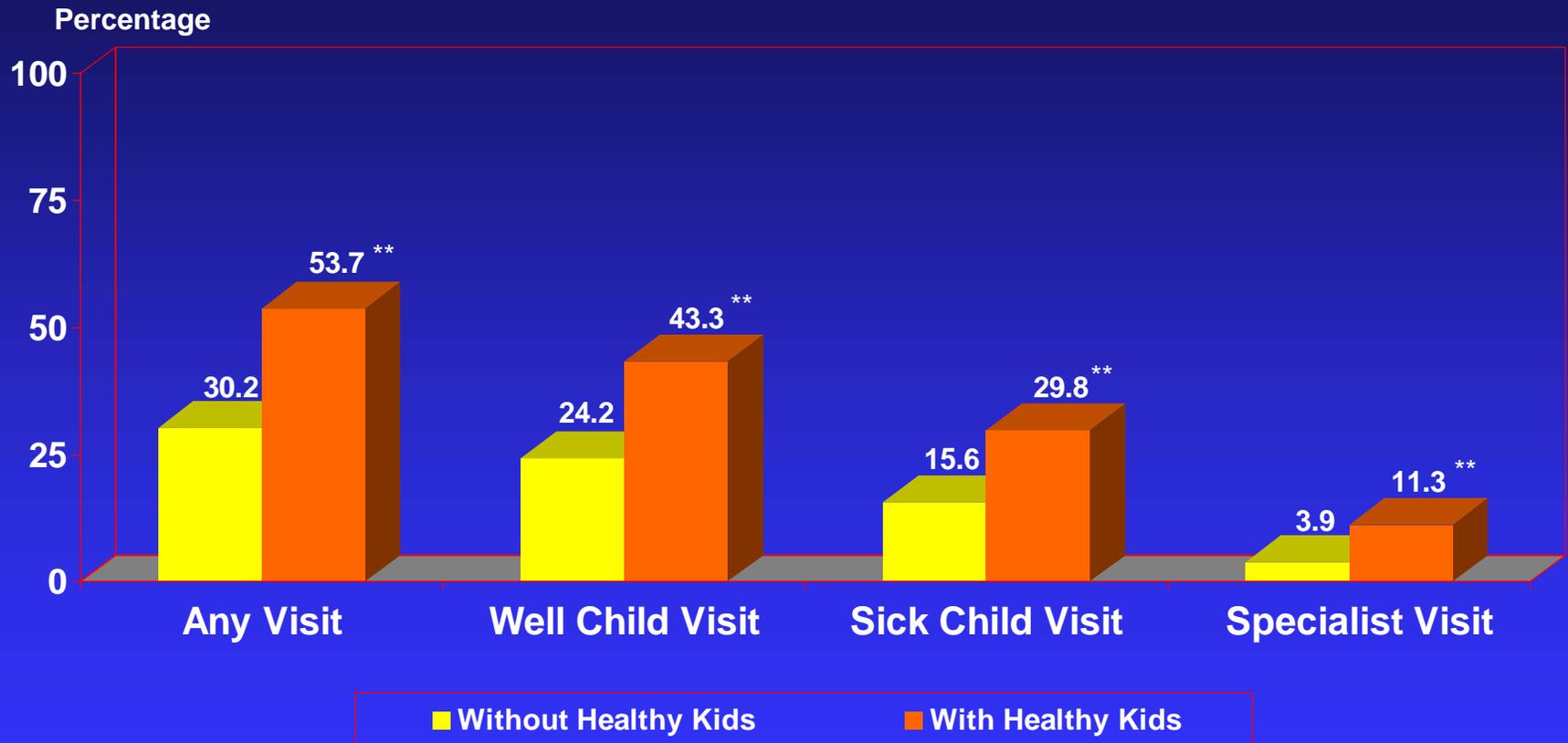
# Healthy Kids Sharply Increased Access to a Usual Source of Care



\*\* difference is statistically significant at p-value < .01; \* significant at p-value < 0.05

SOURCE: Tabulations from 2003-04 Survey of Healthy Kids Enrollees

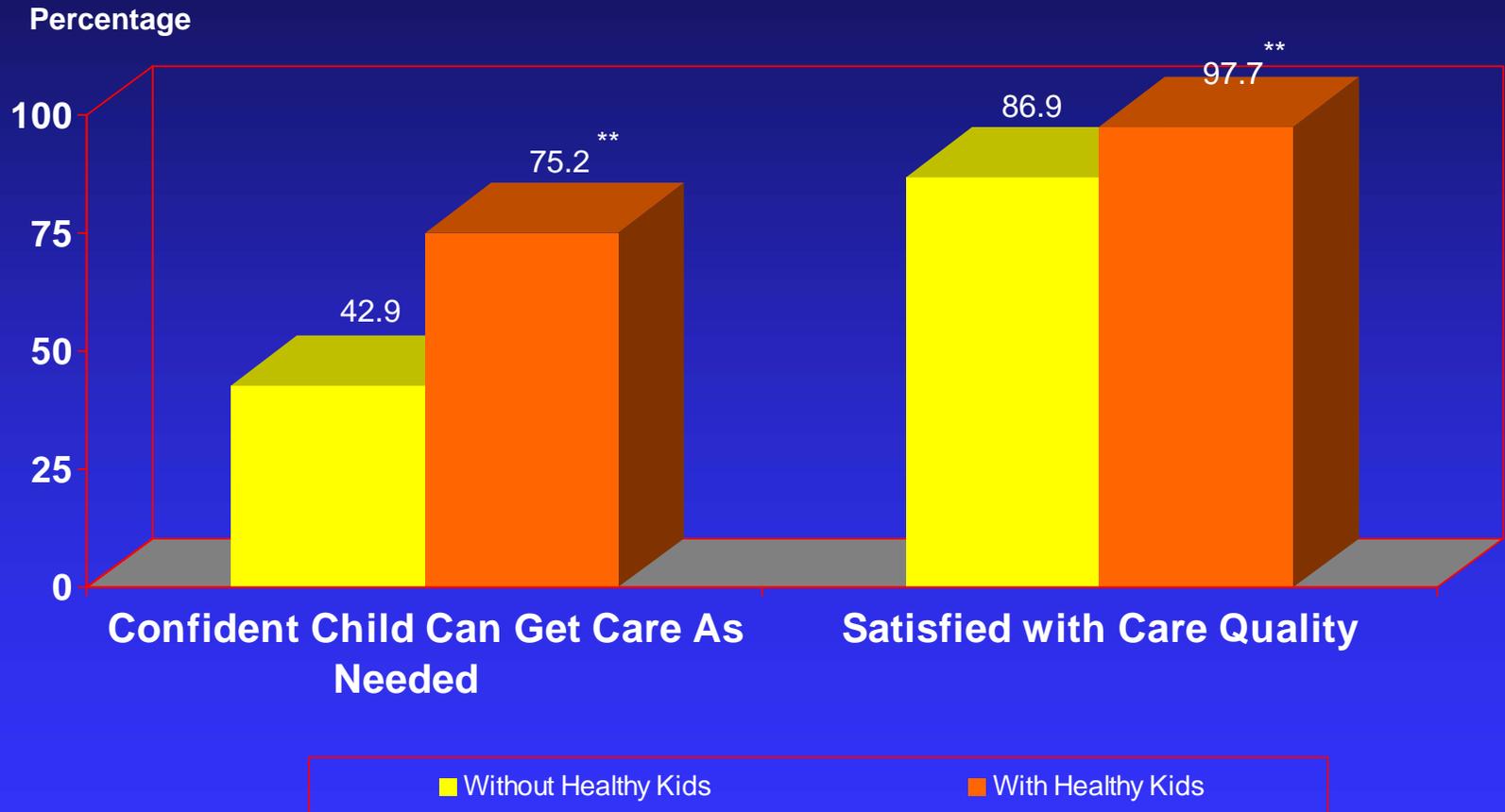
# Healthy Kids Significantly Raised Health Care Use



\*\* difference is statistically significant at p-value < .01; \* significant at p-value <0.05

SOURCE: Tabulations from 2003-04 Survey of Healthy Kids Enrollees

# Healthy Kids Increased Confidence and Satisfaction



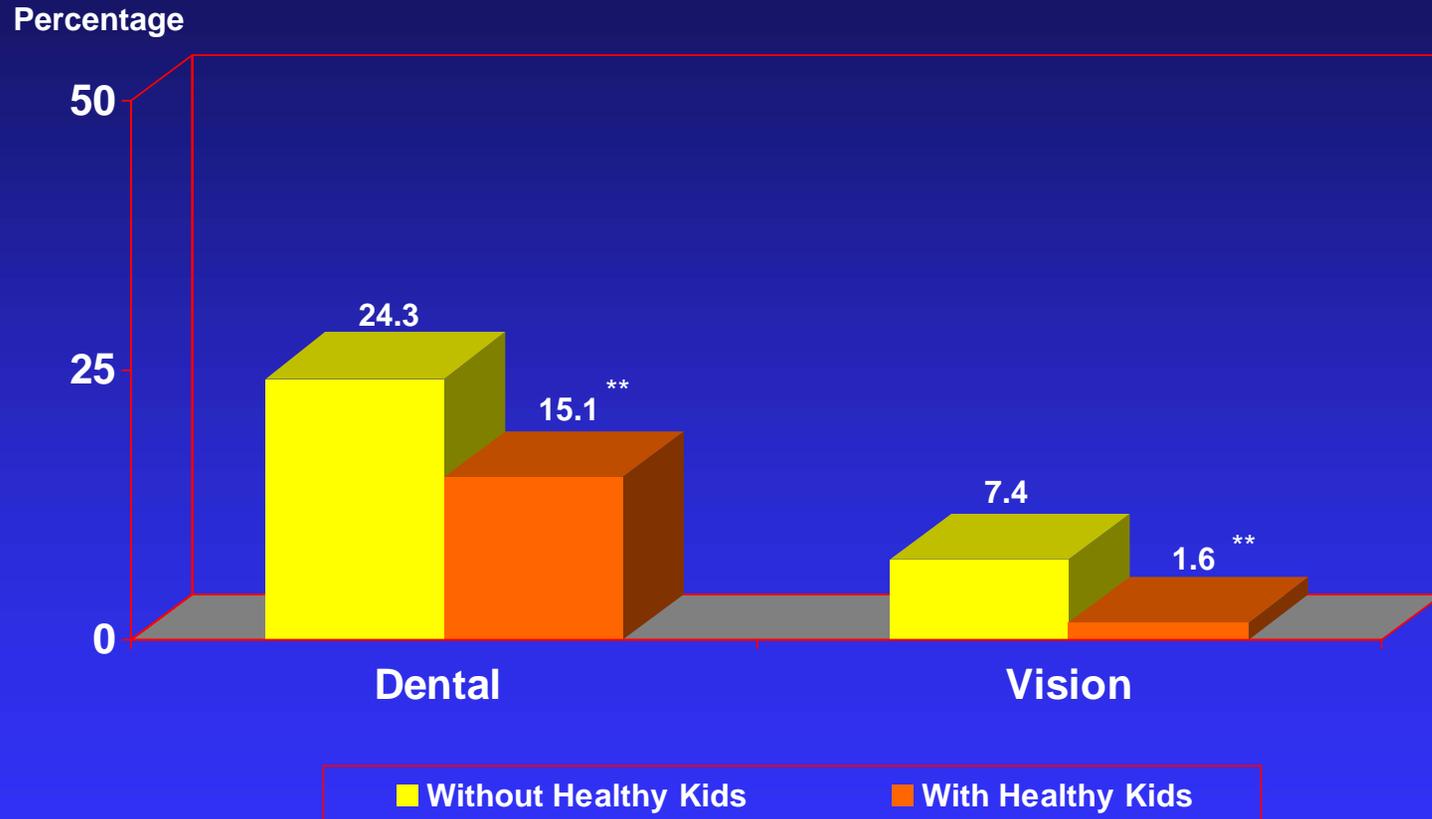
\*\* difference in statistically significant at p-value < .01; \* significant at p-value <0.05

SOURCE: Tabulations from 2003-04 Survey of Healthy Kids Enrollees

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# **Impacts on Dental and Vision Care**

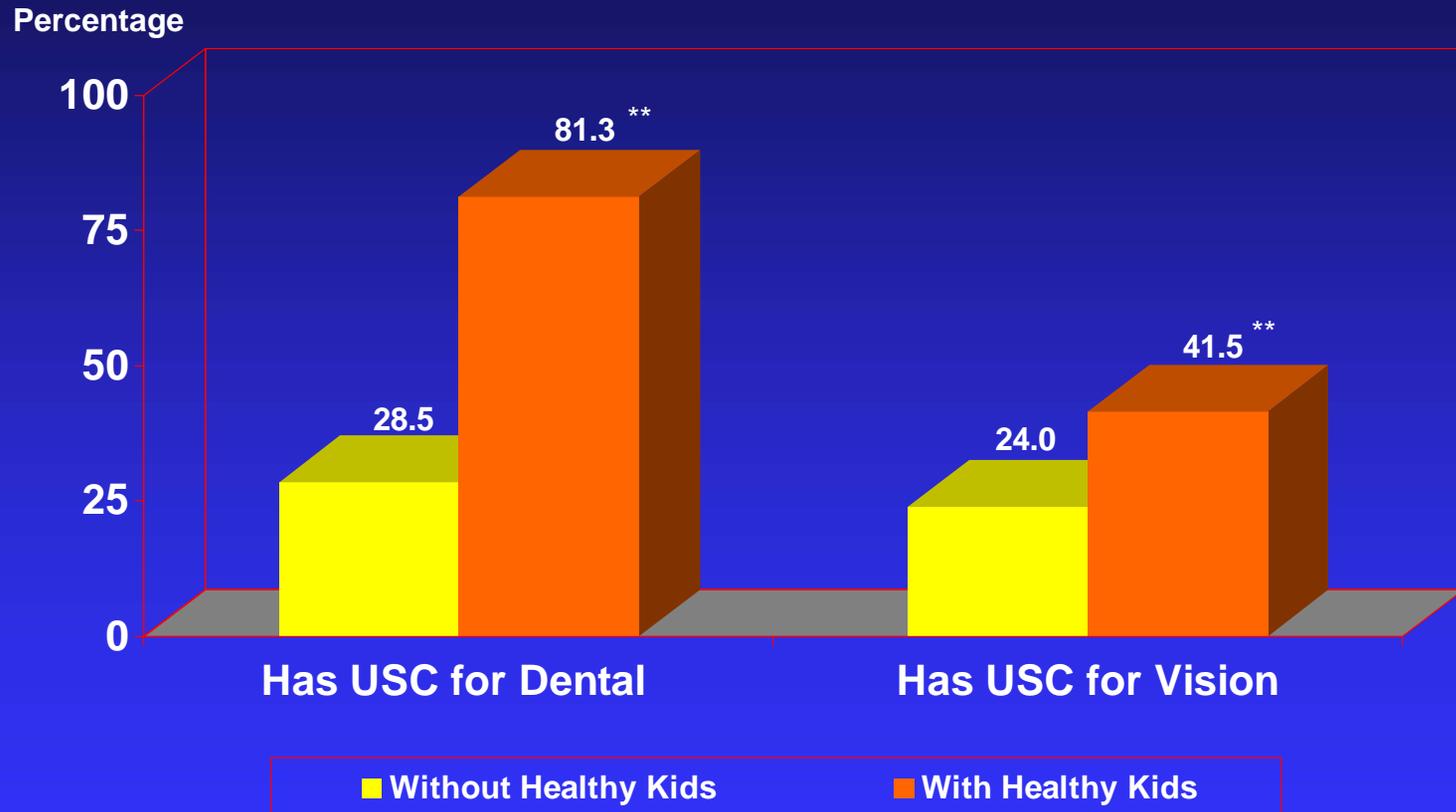
# Healthy Kids Reduced Unmet Need for Dental and Vision Care



\*\* difference is statistically significant at p-value < .01; \* significant at p-value <0.05

SOURCE: Tabulations from 2003-04 Survey of Healthy Kids Enrollees

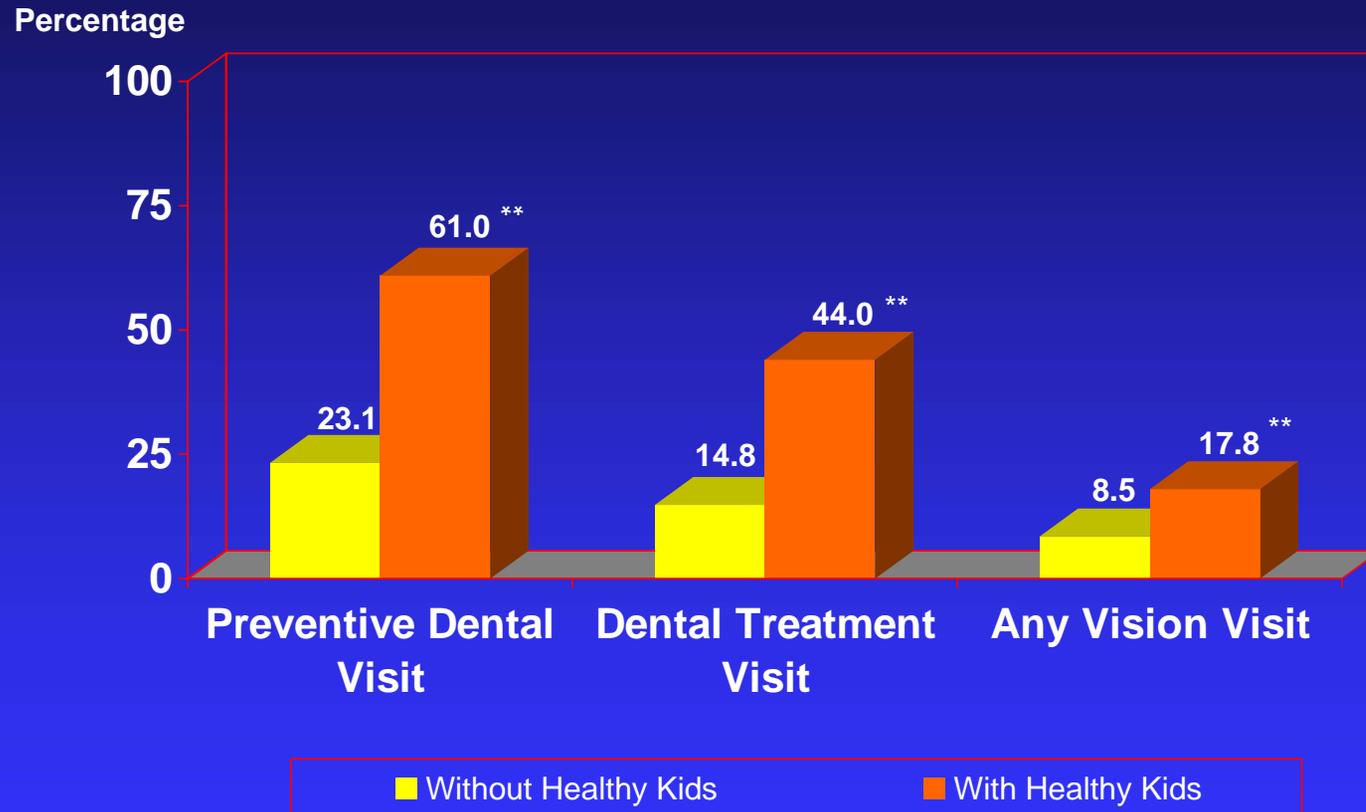
# Healthy Kids Had a Dramatic Impact on Access to Dental and Vision Care



\*\* difference is statistically significant at p-value < .01; \* significant at p-value <0.05

SOURCE: Tabulations from 2003-04 Survey of Healthy Kids Enrollees

# Healthy Kids Sharply Increased the Use of These Services



\*\* difference is statistically significant at p-value < .01; \* significant at p-value <0.05

SOURCE: Tabulations from 2003-04 Survey of Healthy Kids Enrollees

# Summary

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- **Nearly all families on Healthy Kids are working and most lived in Santa Clara for years**
- **Healthy Kids led to substantial reductions in unmet need for both primary and dental care**
- **Healthy Kids sharply increased the share of children with a usual provider and raised the use of both preventive and acute care services**