IDENTIFYING PATTERNS OF UTILIZATION OF PRIMARY CARE

Maternal, Child and Family Health Access Coalition
CATCH Planning Funds Grantee:

Dr. Anna Fitz-James
Northwest Pediatrics Inc.

Coalition Members who participated in the study:

Cristy Bilhorn
Medical Transportation Management

Aurita Prince Caldwell, M.Ed.
Missouri Department of Health & Senior Services

Anne Carpenter, BSW, MSW
CATCH Grant Coordinator, March of Dimes

Pamela Fox, MA
St. Louis City Division of Children Services

Mary E. Hayes, MSW
St. Louis Maternal Child and Family Health Coalition

Betty Jefferson, RN, MSN
St. Louis City Department of Health

Mary Ann Klie, M.S., R.D.
Missouri Department of Health And Senior Services

Terry Krena
Riverview Garden School District

Nico Leone
Vision for Children at Risk and The St. Louis Children’s Agenda

Lesley Levin
Behavioral Health Response

Julie J. Schlepp, M.M.
YWCA St. Louis Head Start Program

Jill S. Thompson
Vision for Children at Risk and the St. Louis Children’s Agenda

Research Consultant:

Claudia Campbell, Ph.D.
Tulane University School of Public Health and Tropical Medicine
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Introduction
The Community Access to Child Health (CATCH) Grant was awarded to Dr. Anna Fitz-James, a local Pediatrician, and implemented by the Maternal Child and Family Health Coalition through its Health Care Access Workgroup. The purpose of the grant was to identify health care access barriers facing children who have been enrolled in Missouri’s State Children’s Health Insurance Program (SCHIP) through Managed Care Plus (MC+). Specific goals included identifying patterns of utilization of primary care, access to a medical home, and receipt of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services.

Methodology
The CATCH grant study consisted of two focus areas which encompassed written surveys and focus groups. The survey focused on three specific areas surrounding accessing health care: 1) identification of patterns of utilization of primary care, 2) access to a medical home and a receipt of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services.

Results
In response to questions on accessing a health care provider, the survey revealed all parents were able to recall the last visit to the doctor. The average number of visits per child in the last two years was 2.44 visits. Parents were asked the reason for the doctor visits. The leading responses, in order of importance were checkup, illness and immunizations. The findings showed 50 of the 58 parents had taken their child to a health care provider, thus accessing a medical home. The data suggests health care providers saw most, if not all of these, children within the past two years; regardless of their MC+ enrollment status. However, an opportunity exists to shorten the time between MC+ enrollment and taking the child to the physician for the first time.

Responses to question about the receipt of EPSDT services indicated rates varied between recent MC+ enrollees and children who had been enrolled for over a two-year period. The survey suggested parents are accessing the EPSDT services through alternative care sources as well as through the primary doctor’s office. Additional findings indicated that children enrolled in MC+ coverage need to receive better and more timely, preventative dental care. The focus group initiatives revealed no significant barriers to accessing EPSDT screens. Parents recognized the importance of receiving services before and after a child enrolls in school; but further expressed concern regarding the importance of screens after a child was enrolled. The parents felt that lead screenings, dental checkups and blood tests were not as important once the child was in school or if the child was healthy. Parents ranked immunizations, vision screenings and hearing tests as the most important preventive services; and lead screens, dental check ups and blood tests as least important. The overall findings of the surveys indicate that ESPDT service rates are relatively high among the survey respondents although there remains considerable opportunity to increase these rates among this population.

Conclusion
The primary conclusions from the survey and focus group meetings indicate the parents in this study group do not face significant access barriers to available services. The study participants as a group appreciate and understand the importance of well child health care and EPSDT services. A high percentage of the parents reported their health care provider initiated and offered preventive services to their children. Immunization rates are reported to be over 80 percent. Many EPSDT services appear to be available from alternate providers. There are clearly opportunities for improvement in other EPSDT services especially such as vision and hearing tests and the availability of dental care. Accelerating time between MC+ enrollment and the first visit to a health care provider is also a desired outcome. This survey, although limited in scope, indicates that parents from the Riverview Gardens School district whose children are enrolled in the MC+ program do not encounter significant barriers to accessing preventive health services as measured by completion of EPSDT screenings. It indicates a need for further education concerning the necessity of preventive dental care, lead and vision screenings, and anticipatory guidance around issues of good nutrition and exercise.
CATCH Planning Funds Grantee:

Dr. Anna Fitz-James, Pediatrician
Northwest Pediatrics, Inc.

Coalition Members who Participated in the study:

Cristy Bilhorn
Medical Transportation Management

Aurita Prince Caldwell, M.Ed.
Missouri Department of Health & Senior Services

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Vision for Children at Risk and the St. Louis Children's Agenda

Research Consultant:

Claudia Campbell, Ph.D.
Tulane University School of Public Health and Tropical Medicine

Funding Sources:
Identifying Patterns of Utilization of Primary Care

The following report describes the activities associated with the fulfillment of the goals and objectives of a Community Access to Child Health (CATCH) Planning Funds grant awarded to Dr. Anna Fitz-James and implemented with the support of the Maternal, Child and Family Health Coalition in St. Louis Missouri through the Health Care Access Workgroup.

PURPOSE OF THE STUDY

The purpose of the grant was to identify access barriers facing children who have been enrolled in the Missouri’s state children’s health insurance program (SCHIP) through Managed Care Plus (MC+). Specific goals included identifying patterns of utilization of primary care, access to a medical home, and receipt of Early and Periodic Screening, Diagnosis and Treatment (EPSDT) services. Recent research by the Centers for Medicare and Medicaid Services (CMS) which administers SCHIP indicates poor or incomplete data about the receipt of EPSDT services by children enrolled in SCHIP programs (“States, Feds Don’t Know if Children Are Receiving EPSDT”, Health and Health Care in Schools, Vol. 2, #7, Sept. 2001). Appropriate interventions to improve insured children’s access to health services including EPSDT will be designed based on the findings of the study and the receipt of a follow-up implementation grant from CATCH.

STUDY QUESTIONS

1. What barriers do low income families face that may result in significant health care access problems even when their children are enrolled in a comprehensive health plan like MC+?
2. What are parents’ perceptions of the importance of routine well child health care?
3. Do MC+ health professionals assure that routine well child health care services like EPSDT are provided to enrolled children?
4. Do parents have trouble obtaining needed services for their children because of lack of transportation, inability to obtain an appointment at appropriate times, and issues of cultural competence of providers?
5. What is the rate of utilization of EPSDT services by participants?
STUDY DESIGN

In order to understand health services access barriers facing children enrolled in MC+, 250 parents with at least one child enrolled in MC+ were selected from all parents in the Riverview Garden School District in St. Louis, Missouri. Surveys were mailed to parents from the school nurse’s office. As part of the survey, respondents were asked to volunteer to participate in a focus group interview. The survey results and a summary of the focus group discussions are described below.

SURVEY RESULTS

Overview of survey process

A five-page survey containing 28 items was mailed to 250 parents in the Riverview Garden School District in May and June of 2002. See Attachment A for a copy of the survey. The surveys were mailed to the family addresses obtained from the Riverview Garden School District office. To increase the response rate, a follow up reminder and copy of the survey were mailed three weeks later to the entire sample. See cover letter in Attachment B. After both mailings, 59 parents returned completed surveys for a 24 percent response rate.

In the survey, parents were told that their responses would be valuable in helping to improve access to health services for children in their community. The survey also indicated that their participation was strictly voluntary and they could return the completed survey without providing their names and addresses, so anonymity could be maintained if the parent so desired. Only if they wished to participate in a follow up focus group would they have to provide their name and address.

In responding to the survey, parents were asked to refer to the experience of only one child even if more than one was enrolled in MC+. Attachment C provides descriptive statistics for all 28 items in the survey. The information obtained from individual survey items is discussed below.

Access to a health care provider

Parents were asked whether their child had seen a health care provider since being enrolled in MC+. The survey found that 50, or eighty eight percent, of the 57 parents who responded to this question reported their child had seen a health care provider since enrolling in MC+.

Although 2 parents were not clear about whether their last visit to a health care provider was before or after MC+ enrollment, all 59 parents were able to recall when their child’s last visit to a health care provider occurred. Eighty six percent of the respondents’ children made their latest visit to a health care provider in the past year. Fourteen percent had last seen a doctor between one and two years ago. None of the 59 respondents indicated their last visit to a health care provider occurred more than two years ago. The data suggest health care providers saw most, if not all, children in the study within the past two years, regardless of their MC+ enrollment status.
**EPSDT Rates Prior to Enrollment in MC+**

Respondents were asked about specific EPSDT services their child had received prior to being enrolled in MC+. Since children in the study were enrolled at different times, parents were also asked when their child was enrolled in MC+. Among the 59 respondents, 26 parents, or 44 percent, reported their child had been enrolled in MC+ for more than two years. Two parents did not respond to this question and 31 parents, or 52 percent of the sample respondents, indicated their child had been enrolled in MC+ for two years or less. Of these more recent enrollees, twenty-two children had been enrolled for one year or less, and nine for two years or less. See Figure 1.

**Figure 1: Number of Study Children Enrolled in MC+ each year**

![Bar chart showing number of study children enrolled in MC+ for different time periods](image)

Among the nine parents who indicated that they had not taken their child to see a health care provider since their child was enrolled in MC+, five said they had enrolled in the past 12 months while four indicated that their child had been enrolled in MC+ for more than two years. This suggests the four parents of children who had been enrolled for more than two years had some difficulty in recalling the exact timing of MC+ enrollment relative to their last visit to a health care provider. These parents indicated that their most recent provider visit was within the past two years. Yet they reported not seeing a provider since MC+ enrollment which had been more than two years before.
Parents were asked to recall the services their child had received prior to enrolling in MC+. Table 1 shows numbers and percentages receiving screening and preventive services based on parents’ answers to this question.

Table 1: EPSDT and Other Services Received Prior to MC+ Enrollment

<table>
<thead>
<tr>
<th>EPSDT Services Received</th>
<th>Number receiving services</th>
<th>Number responding to question</th>
<th>Percent based on # responding to the question</th>
<th>Percent based on 59 sample surveys</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunizations</td>
<td>47</td>
<td>56</td>
<td>84%</td>
<td>80%</td>
</tr>
<tr>
<td>Vision test</td>
<td>36</td>
<td>56</td>
<td>64%</td>
<td>61%</td>
</tr>
<tr>
<td>Hearing test</td>
<td>39</td>
<td>56</td>
<td>70%</td>
<td>66%</td>
</tr>
<tr>
<td>Lead level test</td>
<td>31</td>
<td>50</td>
<td>62%</td>
<td>53%</td>
</tr>
<tr>
<td>Blood test</td>
<td>18</td>
<td>47</td>
<td>38%</td>
<td>31%</td>
</tr>
<tr>
<td>Diet Exercise advice</td>
<td>13</td>
<td>43</td>
<td>30%</td>
<td>22%</td>
</tr>
</tbody>
</table>

Forty-seven, or 80 percent of parents in the sample, indicated that their child had received immunizations prior to enrolling in MC+, while fewer reported receiving other preventive and screening services before MC+. Reported rates for other prevention and screening services ranged from 22 percent for diet and exercise advice to 61 percent and 66 percent for vision and hearing tests respectively.

Parents were later asked about recent visits to see a health care provider and whether their child received EPSDT and other preventive services during those visits. Table 2 compares recent service experience to services reported prior to MC+ enrollment. The number of parents who responded to the question is reported in the table. The percentages are based on the number of positive responses divided by the total number of surveys (59).

Table 2: Services Received Prior to MC+ and During Recent Visits

<table>
<thead>
<tr>
<th>Prior to MC+ Enrollment (N=59)</th>
<th>Receive in Recent Visits (N=59)</th>
<th>Difference in Service Rates (N=59)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immunizations</td>
<td>80%</td>
<td>81%</td>
</tr>
<tr>
<td>(Number responding)</td>
<td>56</td>
<td>57</td>
</tr>
<tr>
<td>Vision Screening</td>
<td>61%</td>
<td>69%</td>
</tr>
<tr>
<td>(Number responding)</td>
<td>56</td>
<td>55</td>
</tr>
<tr>
<td>Hearing Test</td>
<td>66%</td>
<td>63%</td>
</tr>
<tr>
<td>(Number responding)</td>
<td>56</td>
<td>54</td>
</tr>
<tr>
<td>Lead level screening</td>
<td>53%</td>
<td>36%</td>
</tr>
<tr>
<td>(Number responding)</td>
<td>50</td>
<td>45</td>
</tr>
<tr>
<td>Blood test</td>
<td>31%</td>
<td>27%</td>
</tr>
<tr>
<td>(Number responding)</td>
<td>47</td>
<td>49</td>
</tr>
<tr>
<td>Exercise and diet advice</td>
<td>22%</td>
<td>36%</td>
</tr>
<tr>
<td>(Number responding)</td>
<td>43</td>
<td>48</td>
</tr>
</tbody>
</table>
The data in Table 2 indicate that immunizations, hearing and blood tests were delivered at approximately the same rate regardless of the child’s insurance status. Differences are observed, however, in vision tests, lead level screenings, and diet and exercise advice prior to MC+ enrollment. MC+ enrollment increased the likelihood of a vision screening by 8 percent while lead level screenings declined 17 percent after MC+ enrollment. Notable also is the 14 percent increase in diet and exercise advice given during recent health care visits as compared with advice given prior to MC+ enrollment.

Because of the possibility of systemic changes occurring over time in the delivery of EPSDT services, the EPSDT service rates reported by early and more recent MC+ enrollees were also compared. These results are seen in Table 3.

Table 3: Comparison of EPSDT rates of early and recent MC+ enrollees

<table>
<thead>
<tr>
<th>Service</th>
<th>Enrolled &gt;2 Year Ago (N=26)</th>
<th>Enrolled in Past 2 years (N=31)</th>
<th>Difference in early and recent enrollees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recent Immunizations</td>
<td>76%</td>
<td>90%</td>
<td>14%</td>
</tr>
<tr>
<td>Recent Vision Screening</td>
<td>76%</td>
<td>72%</td>
<td>-4%</td>
</tr>
<tr>
<td>Recent Hearing Test</td>
<td>72%</td>
<td>64%</td>
<td>-8%</td>
</tr>
<tr>
<td>Recent Lead Screening</td>
<td>57%</td>
<td>39%</td>
<td>-18%</td>
</tr>
<tr>
<td>Recent Blood Test</td>
<td>35%</td>
<td>32%</td>
<td>-3%</td>
</tr>
<tr>
<td>Recent exercise/diet advice</td>
<td>54%</td>
<td>35%</td>
<td>-19%</td>
</tr>
</tbody>
</table>

Ninety percent of the parents of more recent enrollees reported that their child was immunized in their more recent visits to the health care provider as compared with parents of children who had been enrolled more than two years or longer. All other preventive services were less likely to be reported by parents of more recent enrollees. The delivery of some preventive services other than immunizations over a given period of time may be expected to be less frequent and this might account for some differences. Lead level screening, for example, may only be needed once, if the family does not move. The reason for the lower reported rates of diet and exercise advice and hearing tests among more recent enrollees, however, is not clear.

Utilization of Health Services

Parents were asked about the timing, number and reason for their child’s visits to a health care provider. All 59 parents were able to recall when their child’s last visit occurred. The average number of visits reported among the 86 percent whose child had seen a doctor in the past year was 2.44 visits. For the children who had not seen a health care provider since being enrolled in MC+ but who had been enrolled in the past 12 months, it is likely that some of these most recent visits may have been to a non-MC+ health care provider.
The survey queried parents about whether their child needed to see a health care provider often due to frequent illness. Then parents were asked about the nature of their child’s frequent illness. Ten, or 17 percent, of the 58 parents responding indicated that their child needed to see a health care provider frequently. Parents’ specific reasons for frequent visits are presented in Table 4.

Table 4: Reasons for frequent visits to a health care provider

<table>
<thead>
<tr>
<th>Reasons for frequent provider visits</th>
<th>Number</th>
<th>% of sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asthma or allergies</td>
<td>13</td>
<td>22%</td>
</tr>
<tr>
<td>Colds and flu</td>
<td>7</td>
<td>12%</td>
</tr>
<tr>
<td>Headaches</td>
<td>6</td>
<td>10%</td>
</tr>
<tr>
<td>Ear infections</td>
<td>3</td>
<td>5%</td>
</tr>
<tr>
<td>Other illness</td>
<td>6</td>
<td>10%</td>
</tr>
</tbody>
</table>

Thirteen, or 22 percent, of the 59 parents sampled reported their child was a frequent user of health services because of asthma or allergies. Note that three parents who responded “NO” to the previous question (that their child needed to see a provider frequently because of illness) nonetheless indicated that asthma or allergies were the reason for frequent doctor visits. Other complaints resulting in frequent visits included colds and flu (12%), headaches (10%) and ear infections (5%).

Parents were asked about the reason for their last visit to a health care provider. The purpose of the last visit to the doctor included illness (32%), checkups (62%), immunizations (24%), and other problems (11%). Other problems included asthma (2 children), a broken hand, mental problems, and poison ivy. These are reported in Table 5. Note that a visit may have involved more than one service—a checkup and immunizations, for example—so the percentages do not add to 100 percent.

Table 5: Purpose of child’s last visit to a health care provider

<table>
<thead>
<tr>
<th>Reason</th>
<th>Number</th>
<th>% of 55 giving reason for recent visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Illness</td>
<td>17</td>
<td>31%</td>
</tr>
<tr>
<td>Checkup</td>
<td>32</td>
<td>58%</td>
</tr>
<tr>
<td>Immunization</td>
<td>12</td>
<td>22%</td>
</tr>
<tr>
<td>Asthma</td>
<td>2</td>
<td>4%</td>
</tr>
<tr>
<td>Broken hand</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>Mental Problems</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>Poison Ivy</td>
<td>1</td>
<td>2%</td>
</tr>
</tbody>
</table>

Parents were asked whether their child needed eyeglasses or hearing aids. Out of 58 who responded to this question, 15, or 26 percent, indicated their child needed glasses and only one said his child needed hearing aids. Fifteen, or 26 percent, of these respondents also said their child had other special health care needs. Many parents reported chronic conditions or illnesses as special needs. Listed among their child’s special needs were services related to:
• Attention Deficit Hyperactivity Disorder (three children)
• Asthma (three children)
• Seizures when younger
• "Mental problems"
• Annual bad colds
• Nosebleeds caused by extreme heat
• Speech services
• Rapid heartbeat, dental problems, acne problems, headaches, dizziness (one child)

Provider initiated services

Parents were queried about how pro-active their health care providers were in the delivery of primary prevention services and whether the provider had recommended the parent seek additional preventive services for an identified or potential problem.

Forty-eight, or 84 percent, of the 57 parents who replied to this question said their health care provider asked about when their child had last received immunizations. In addition, twenty-four, or 41 percent, of parents had been told that their child needed one of the following:

- eyeglasses (20)
- hearing aids (1)
- a check of their homes for high lead levels (3)

Thirty-seven parents reported they were able to get their recommended needs met. This was more than those indicating their child had special needs. None of them commented on any difficulties in obtaining needed services.

Parents were also asked whether their health care providers talked about diet and exercise and whether they recommended changes in the child’s diet or level of exercise. While 33 percent of parents said providers talked about diet and exercise, only 24 percent of providers recommended changes in food consumed and amount of exercise needed.
**Services received at other locations**

Parents were asked about other locations where they had received EPSDT services for their child besides the office or clinic of their health care provider. These results are shown in Table 6.

**Table 6: Alternative EPSDT Service Locations**

<table>
<thead>
<tr>
<th>Alternative Health Services Locations</th>
<th>Number of Respondents</th>
<th>Percent of 59 Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic</td>
<td>13</td>
<td>22%</td>
</tr>
<tr>
<td>School nurse</td>
<td>6</td>
<td>10%</td>
</tr>
<tr>
<td>Health fair</td>
<td>2</td>
<td>3%</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>2</td>
<td>3%</td>
</tr>
<tr>
<td>Health Department</td>
<td>2</td>
<td>3%</td>
</tr>
<tr>
<td>Other location</td>
<td>11</td>
<td>18%</td>
</tr>
<tr>
<td>Children’s hospital</td>
<td>2</td>
<td>3%</td>
</tr>
<tr>
<td>Mental hospital</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Eye doctor</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Out of town</td>
<td>2</td>
<td>3%</td>
</tr>
<tr>
<td>School</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>“Private MD office”</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Not indicated</td>
<td>3</td>
<td>5%</td>
</tr>
</tbody>
</table>

Although a majority of parents in the study reported their health care provider made EPSDT services available for their child, it is evident that many of these parents also went to other locations, especially clinics (22%) and the schools (10%), to obtain preventive screening and treatment services. Table 7 illustrates the services most frequently received at alternate locations. Among the services most likely to be received at alternate locations were vision and hearing tests and immunizations. Parents reported no difficulty in obtaining needed services.

**Table 7: Services Received at Alternative Locations**

<table>
<thead>
<tr>
<th>Types of Services at Alternate Locations</th>
<th>Number of Respondents</th>
<th>Percent of 59 Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision test</td>
<td>19</td>
<td>32%</td>
</tr>
<tr>
<td>Hearing test</td>
<td>11</td>
<td>18%</td>
</tr>
<tr>
<td>Lead poison test</td>
<td>5</td>
<td>8%</td>
</tr>
<tr>
<td>Immunizations</td>
<td>13</td>
<td>22%</td>
</tr>
<tr>
<td>Blood tests</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Diet, exercise</td>
<td>3</td>
<td>5%</td>
</tr>
</tbody>
</table>

These data do not indicate why alternate sources of care were used for obtaining these ser-
vices. Nonetheless, opportunities appear to exist for parents to receive EPSDT services for their children outside of their primary source of care.
**Access to and Use of Dental Care Services**

Parents were asked about the timing, number and reason for their child’s visits to the dentist. Thirty-nine out of 57 responses, or 68 percent, reported seeing a dentist for their child since enrolling in MC+. Thirty-seven parents reported an average of 2.62 visits to the dentist since enrollment. Only two children in the study were receiving orthodontic services.

When parents were asked about when they initiated dental care services after enrolling in MC+, 50 provided responses. This was 11 more than the 37 who said their child had seen a dentist since MC+ enrollment. This suggests some confusion about the wording of the question. See Table 8.

**Table 8: Dental visits after MC+ enrollment and for most recent visit**

<table>
<thead>
<tr>
<th>Time when child first saw dentist after MC+ enrollment</th>
<th>Number of responses (N=59)</th>
<th>% of sample</th>
<th>Time of last visit to current dentist after MC+ enrollment</th>
<th>Number of responses (N=59)</th>
<th>% of sample</th>
</tr>
</thead>
<tbody>
<tr>
<td>Past year</td>
<td>20</td>
<td>34%</td>
<td>Past year</td>
<td>32</td>
<td>54%</td>
</tr>
<tr>
<td>Past 2 years</td>
<td>11</td>
<td>19%</td>
<td>Past 2 years</td>
<td>12</td>
<td>20%</td>
</tr>
<tr>
<td>More than 2 years</td>
<td>19</td>
<td>32%</td>
<td>More than 2 years</td>
<td>11</td>
<td>19%</td>
</tr>
</tbody>
</table>

When parents were later asked when they last saw their child’s current dentist, 55 provided responses. Fifty four percent (32) of all parents in the study reported that their child’s last visit to the dentist occurred within the past year. These responses are not consistent with their response about when their child’s first visit occurred after MC+ enrollment. This anomaly might be explained by the fact that recent MC+ enrollees may have seen non-MC+ dentists during part of the year prior to enrollment. Nonetheless, eleven children in the study, or 19%, had not seen a dentist for more than two years.

Parents were also queried about the reasons they sought dental care for their child. These responses are found in Table 9.

**Table 9: Reasons for last visit to dentist**

<table>
<thead>
<tr>
<th>Reasons for last dental visit for child</th>
<th>Number</th>
<th>Percent of sample (N=59)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checkup, teeth cleaning</td>
<td>45</td>
<td>76%</td>
</tr>
<tr>
<td>Toothache, loose tooth, or broken tooth</td>
<td>11</td>
<td>19%</td>
</tr>
<tr>
<td>Adjustment of braces</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>Other dental problem</td>
<td>6</td>
<td>10%</td>
</tr>
</tbody>
</table>

Forty-five parents, or 76 percent, reported that the purpose of their last visit to the dentist for their child was for a dental check up. Seventeen reported problems with their teeth as the reason for the visit. Six parents indicated they saw the dentist for other reasons. Two of the
six said it was for a required school check-up and one said it was to determine whether their child needed braces.

**SUMMARY OF MAIL SURVEY FINDINGS**

The overall findings of the surveys indicate that ESPDT service rates are relatively high among the survey respondents although there remains considerable opportunity to increase these rates among this population. First, immunizations were provided to over 80 percent of children regardless of insurance status and these rates appear to be improving over time with 90 percent of children enrolled in MC+ in the past two years receiving immunizations. Hearing tests are given to approximately two thirds of children regardless of insurance status but vision testing appears to increase from 61 percent to 69 percent of children after enrollment in MC+. In addition, MC+ enrollment appeared to increase advice given to parents about their child’s diet and exercise from 22 percent to 36 percent among the Riverview Garden parents responding. Most parents reported that their health care provider asked about whether their child had received immunizations and also other recommended needed services.

Nine parents reported that they had not yet seen a health care provider since enrollment in MC+ and eight indicated that their child had not seen a health care provider for more than a year. Differences in reported rates of services were observed between recently enrolled children and children who had been enrolled in MC+ for two years or more. Opportunities exist to shorten the time between MC+ enrollment and receiving a provider visit. This would likely improve access to and receipt of EPSDT services among these children.

Encouragingly, most parents who went to the doctor took their child to a health care provider for a checkup or immunization. Only a third sought services because of illness. Many parents also used alternate sources of care for EPSDT services. It is unclear whether these alternatives were substitutes for poor access to EPSDT services through their regular providers or appropriate complements to provider care. Nonetheless parents are able to access some EPSDT services for their children outside of their primary source of care.

Only two thirds of parents in the study had taken their child to the dentist in the past two years and the same percentage reported seeing a dentist for their child since enrollment in MC+. While most parents took their child to the dentist for a check-up, seventeen parents reported seeking treatment for dental problems as the reason for their last visit. The survey reveals a need for children enrolled in MC+ to receive better, and more timely, preventive dental care services.

The mail survey provided answers to questions about access to and delivery of EPSDT services by MC+ and other health care providers. Focus group meetings were expected to provide insight into parental attitudes toward prevention and screening services and to identify specific access and utilization barriers that parents face in seeking these services for their children. The next section reports the results of the focus groups.
FOCUS GROUP INTERVIEWS

Overview

Survey respondents were asked whether they would be willing to participate in a focus group as part of the mail survey that was sent out to 250 parents in the Riverview Garden School District during May and June of 2002. As an incentive, parents were informed that focus group participants would be enrolled in a drawing to win a DVD player. Thirty of the survey respondents expressed interest in a focus group meeting on their returned survey, which required that they provide their name, address and phone number. When these volunteers were contacted late in July, fifteen parents agreed to participate. Of these, seven women and two men arrived at the focus group meetings in early August. Participants were each compensated for their time ($40.00). Food and babysitting were provided. The focus group meetings were held at the Danforth Elementary School, which is part of the Riverview Garden School District. The focus groups lasted 1.5-2 hours. A general set of questions was prepared beforehand to guide the focus group discussion. See Attachment D.

Demographics of focus group participants

The nine focus group parents who participated had a total of 24 children ranging from 3 to 18 years in age. Among the 24 children, four were under 7 years of age—specifically ages 6, 5, 4, and 3. Eight children in these families were teenagers. Two parents reported having only one child each. One child was a grandchild. Only one parent indicated that an eligible child in the household had no MC+ coverage. The age of this uncovered child is unknown.

Parental Awareness of Need for EPSDT Services

The participants were asked if they had heard about Early and Periodic Screening, Diagnosis and Treatment services and what kinds of services these included. After obtaining responses from the group, the facilitator explained that these services typically involved immunizations, lead level screenings, vision and hearing tests, and dental checkups. Of the nine participants in the focus group, two knew what EPSDT services were before having them explained. When asked why getting EPSDT screenings and preventive services is important, four indicated this was important for prevention of health problems and four said it helped determine whether a health problem exists, and one said it was to make sure a child has access to everything needed.

All nine parents indicated they had obtained EPSDT services before their children started school and the reason why they decided to seek services for their children. Only two of the nine parents said their child was found to have a health problem before starting school. One of these was a dental problem and another reported a hearing problem. When asked for the reasons they obtained EPSDT services for their children before they started school, four of the nine parents said they needed to get them.

Parents suggested additional services currently not offered that should be available to children before school starts, including hearing, epilepsy and asthma screening. Parents also talked about the need for more information about available services and further education on the
disease process and the warning signs of disease. They asked that educational materials be available at their place of work or at school. One pointed out that MC+ sends out a lot of good materials. Two of the parents believed there was a tendency among parents to think children don’t get sick so parents don’t seek health services for them. Four parents said parents aren’t aware of free services for their children. One participant also thought parents have “time” problems in getting their child to a doctor. The nature of these “time” problems was not clarified, however.

**Delay of EPSDT services until after school starts**

Eight parents felt their child needed all of these screening services before school started although one thought dental check-ups could be put off until after the child starts school. One parent commented on the difficulty in having the time to seek health care for her child.

**Screenings that have less value when child is healthy**

Parents were asked which screens are less important when their child is healthy. The screenings reported to have less value to parents before schools starts if the child has no apparent health problem were:

- lead level screenings
- dental check-ups
- vision tests

One parent countered you can’t just assume they are in good health. When asked which service or services the parents would not have gotten for their children before school started if they had not been told to do so by a health care professional, one parent said lead level screening and testing.

**Additional services needed prior to beginning school**

Three parents indicated a need for additional screening services for their children prior to their beginning school. These included:

- a psychiatric evaluation
- screenings for epilepsy and asthma
- screening for attention deficit hyperactivity disorder

**Value of specific EPSDT services for children starting school**

Five parents thought all of the EPSDT screenings were necessary for children prior to starting school and four parents felt some could be done after school starts. All parents believed immunizations were needed before school starts. Most agreed hearing and vision screens were important. Those screens that were not considered as important for starting school were:

- lead level screenings
- dental care
- blood testing
One parent indicated other parents would not get these services for their school age children if the school did not require them. One parent suggested that assuring the medical needs of a child was not the role or responsibility of the school.

**Parental motivation for seeking EPSDT services after school begins**

Five parents thought seeking health services for their school age child was their responsibility as parents and that these services were needed as a preventive measure. Among the other four parents, two said they would not have gotten all of these screens after school started if the doctor had not told them to do so. One parent would not have gotten dental and lead screening. Another parent would not have gotten any EPSDT services except immunizations had the provider not recommended them.

In conclusion, parents in the study clearly value EPSDT services, especially before their school-age children start school. However, there appears to be less conviction about the continued need for these services once the child enters school.

**Access to needed services**

Two thirds (6 out of 9) of parents in the focus group were content with access to services. One of these parents said MC+ provided great service with access to specialists. The three dissenting parents in the focus groups voiced the following concerns about access to needed care.

- It takes too long to get served with MC+. Providers need to be held to a maximum turn around time like commercial insurance companies.
- Providers are more responsive to patients with commercial insurance. (One parent disagreed and said commercial coverage wasn't as good.)
- There is a stigma with MC+. One parent told how when they went from commercial insurance to MC+ the only reason her pediatrician was willing to continue to see the child was because they were established patients.
- The MC+ provider directory is out dated.
- MC+ reimbursement rates are too low so providers have to see a lot of patients to make money.
- As a result of high volumes of patients being seen, you only get to see the doctor for 5 minutes because they have to take a lot of patients to make money.

**Recommendations for improved access**

Five parents commented on how to improve access. Suggestions included:

- later appointment hours.
- greater choice among physicians.
- raising reimbursement rates.
- better coordination and communication between school nurse and pediatrician about scheduling and getting immunizations.
Experience with service delivery

Parents had generally favorable comments about services received from their child’s health care provider. Their satisfaction was related to:

- good customer service from staff.
- lack of long waits.
- speed with which they were able to see the doctor or be worked into the doctor’s schedule.

There were no comments about satisfaction with health services received.

Effectiveness of Staff Communication

When prompted to talk about staff communication pertaining to EPSDT services, parents had differing responses. Several participants said that the doctor or nurse or staff member:

- gave them reminders about their next visit.
- gave them information about the services they would need.
- told them about the importance of screening and preventive services.
- are doing a better job of asking questions.
- (doctors) do more to show they care.

One parent could not remember what the doctor said during the visit.

Scheduling and Planning for Future Visits

As for scheduling and keeping patient records, all parents in the focus group indicated:

- their provider asked whether they had already received services.
- their providers retained records of past services.
- their providers helped to schedule their next appointment.
- none of the parents were charged for any services.

Provider information to parents about diet and exercise

Eight out of nine parents indicated their provider had said something about diet and exercise and that the information was generally helpful. Recommendations included decreasing starches and heavy food and one parent was told about the importance of milk and iron. One parent specifically asked for dietary information from her doctor. The WIC clinics were noted for providing a nutrition class.

None of the parents reported specific recommendations from providers about exercise for their children and two said that no information was provided about exercise. One parent increased her son’s exercise because of concerns about his weight.
**Effect of provider information on behavior**

Six parents discussed actions they took to alter their child’s diet. Some recommendations came from the dentist and not the doctor. Specific recommendations they implemented for their children included reduced consumption of candy, increased consumption of fruits and vegetables, and reduced access to junk food.

**Importance of information from other sources**

Parents also learned about the need for dietary changes from other sources including other family members, Schnucks (a local grocery chain), WIC, another focus group, dietitian, and nutritionist. Specific recommendations given to one participant were to increase vegetables and bake instead of frying food. Parents reported other sources helped reinforce what they learned from their child’s doctors. In some cases, they said, other sources gave more information about diet than the doctor.
SUMMARY OF FOCUS GROUP INTERVIEW FINDINGS

Based on the response from this sample, it does not appear there are significant barriers to accessing EPSDT services for school age children enrolled in MC+. Parents recognized the importance of receiving services before and after the child begins school although less so after the child enters school. Services that were perceived to be relatively less important than others were lead screenings, dental checkups, and blood tests. This was especially true if the child was perceived as healthy or once the child had begun school. Immunizations, vision screenings, and hearing tests were considered more important than other screenings. Immunizations were thought to be the most important preventive service. Most parents had been given suggestions about dietary changes for their children, and many had acted on this advice, but they were offered little or no information about their child’s need for exercise.

STUDY LIMITATIONS

Because the survey response rate was relatively low at 24 percent, the study findings may not be representative of attitudes and experiences of all parents in the Riverview Garden School District whose children were enrolled in MC+. There is a possibility that survey responders were parents who are more aware of, interested in, and concerned about their child’s health and access to services. As a result, they would be more likely to respond to a mail survey and their responses reflect only those views and experiences of parents who are already doing a good job of obtaining appropriate preventive health care for their children. This might be especially true of the focus group volunteers who were a sub-set of this sample. Also of concern is the possibility that some parents who received surveys could not read or write. They might be less likely to complete and return a mail survey or participate in a focus group. Their difficulties in navigating the [health care] system for their child will not be reflected in the findings. If such non-response bias is present, then access barriers may be higher, and attitudes and knowledge about the importance of EPSDT services and actual EPSDT service rates lower for the population in this community than is indicated by this study.

A second limitation of the study is that only parents of school age children were sampled. Therefore the results cannot necessarily be generalized to parents of pre-school age children in this community. This problem is somewhat mitigated by the focus group questions that investigated parental attitudes and health seeking behavior before their child entered school. The focus group comments suggested that parents thought it was important that their child receive EPSDT services prior to starting school and all nine focus group participants said they obtained these services for their children. Nonetheless health seeking behavior, access barriers, and actual EPSDT service rates might be different (either higher or lower) among parents with pre-school children only. Further investigation of pre-school child access and utilization and parental attitudes in this community would reveal whether these problems are different for parents of younger children.

STUDY CONCLUSIONS
The study asked the following questions:

1. What barriers do low income families face that may result in significant health care access problems even when their children are enrolled in a comprehensive health plan like MC+?

2. What are parent’s perceptions of the importance of routine well child health care?

3. Do MC+ health professionals assure that routine well child health care services like EPSDT are provided to enrolled children?

4. Do parents have trouble obtaining needed services for their children because of lack of transportation, inability to obtain an appointment at appropriate times, and issues of cultural competence of providers?

5. What is the rate of utilization of EPSDT services by participants?

The primary conclusions from the survey and focus group meetings are that the parents in this study do not face significant access barriers to available services. The study participants as a group generally appreciate and understand the importance of well child health care and EPSDT services. High percentages of parents reported that their health care provider initiated and offered preventive services to their children. Immunization rates are reported to be over 80 percent in most cases. Moreover, many EPSDT services appear to be available from alternate providers.

However, there are clearly opportunities for improvement in other EPSDT services especially in vision and hearing tests and in dental care, by accelerating the first visit to a health care provider after enrollment. Because lead level screenings may depend on the age of the housing stock in the community and family mobility, it may be that higher lead level screenings in this population are not warranted.

In addition, opportunities exist for providers to deliver more health education and promotion services to parents. This can include reinforcing the importance of EPSDT services before and after school starts as well as providing nutrition and exercise advice. Emerging health concerns for parents that may warrant early detection and treatment services include asthma and allergy screening and identification of learning disabilities, such as ADHD. Clearly parents in the study were more concerned about services they were familiar with (immunizations) or that caused a visible health problem for their child (asthma, a tooth ache) than they were about something they did not experience or could not see (gum disease, the effects of lead levels on child development, the effects of visual or hearing difficulties on early childhood learning ability).

One third of the parents in the focus group reported specific barriers and frustrations with the health care delivery system including long waiting times, short face time with doctors, making arrangements to get to their children to their appointments, stigma of being covered by MC+, and inaccuracy of the MC+ provider directory.

Parents suggested that later appointment hours, greater provider choice, higher reimburse-
ment rates for MC+ providers, and better coordination and communication between school nurse and pediatrician about scheduling and getting immunizations would improve their access to services.
ATTACHMENT A

MAIL SURVEY QUESTIONS
Thank you for telling us about your child’s use of health care services. The survey will take about 10 minutes. If you have any questions, please call (XXX) XXX-XXXX for Nurse ———. With your help, we hope to teach Health Care Providers, such as nurses and doctors in our community, how to provide better care for your children. Remember your answers are totally confidential.

If you have more than one child enrolled in MC+, please think of just one of your children and fill out the survey for that child only. What is the age of your child? _____.

1. When did you enroll your child in MC+?

___ During the past 12 months.
___ More than a year ago
___ More than two years ago

2. Before enrolling in MC+, did your child ever have any of the following?

   Eye or vision test YES_____NO_____Don’t Know_____
   Ear or hearing test YES_____NO_____Don’t Know_____
   Lead poison test YES_____NO_____Don’t Know_____
   Shots (Immunizations) YES_____NO_____Don’t Know_____
   Asked about diet, exercise YES_____NO_____Don’t Know_____
   Blood tests, when not ill YES_____NO_____Don’t Know_____

3. Has your child seen a Health Care Provider since enrolling in MC+? YES_____NO _____

4. How often has your child seen a Health Care Provider in the past year? ____ Number of visits

   To help you remember how many visits your child may have had.
   One time a week is 52 visits   Every other week is 24 visits
   One time a month is 12 visits   Every other month is 6 visits

5. When did your child last see a Health Care Provider?

___ In the past 12 months
___ More than a year ago
___ More than 2 years ago

6. Does your child need to see a Health Care Provider often because of frequent illness? YES_____ NO_____

7. If YES, what kinds of illness does your child often have. (Check all that apply)

___ Breathing problems (Asthma or allergies)
___ Ear Infections
___ Headaches
___ Cold and Flu
___ Other illness, please specify ________________________________
8. Why did your child see the Health Care Provider the last time you visited?

- My child was sick or injured.
- To get a check up.
- To get shots or immunizations
- Other reason, please specify ________________________________

9. Does your child

<table>
<thead>
<tr>
<th>Wear eyeglasses or contact lenses?</th>
<th>YES ____</th>
<th>NO ____</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use a hearing aid?</td>
<td>YES ____</td>
<td>NO ____</td>
</tr>
<tr>
<td>Have any other special health care needs?</td>
<td>YES ____</td>
<td>NO ____</td>
</tr>
</tbody>
</table>

If YES, what are your child’s special health care needs?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

10. On any of your visits, has your child’s Health Care Provider or someone in the office or clinic provided any of the following for your child? (Check all that apply)

<table>
<thead>
<tr>
<th>Test or Service</th>
<th>YES ____</th>
<th>NO ____</th>
<th>Don’t Know____</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye or vision test</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ear or hearing test</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lead poison test</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shots (Immunizations)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asked about diet, exercise</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Blood tests, when not ill</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. Did your child’s Health Care Provider or someone in the office or clinic ask you about your child’s last shots or immunizations? \( \text{YES} _____ \text{NO} _____ \)

12. Were you ever told your child needed eyeglasses or contact lenses? \( \text{YES} _____ \text{NO} _____ \)

13. Were you ever told your child needed hearing aids? \( \text{YES} _____ \text{NO} _____ \)

14. Were you ever told you needed to have your home inspected for lead or for lead to be removed from your home? \( \text{YES} _____ \text{NO} _____ \)

15. Were you able to get these things done for your child? \( \text{YES} _____ \text{NO} _____ \)

16. IF NO, WHY were you unable to get eyeglasses, hearing aids, or lead removed from your home?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

17. Did anyone in the Health Care Provider’s office or clinic talk about your child’s diet or exercise? \( \text{YES} _____ \text{NO} _____ \)
18. Did someone talk with you about changing the foods your child eats or the exercise your child receives?  
YES _____ NO _____

19. Were any of the following services provided for your child at some place besides the office or clinic of your child’s Health Care Provider?

- Eye or vision test  YES _____ NO _____ Don’t Know _____
- Ear or hearing test  YES _____ NO _____ Don’t Know _____
- Lead poison test  YES _____ NO _____ Don’t Know _____
- Shots (Immunizations)  YES _____ NO _____ Don’t Know _____
- Asked about diet, exercise  YES _____ NO _____ Don’t Know _____
- Blood tests, when not ill  YES _____ NO _____ Don’t Know _____

20. If YES to any of these, where did your child get these services?

_____ Health care clinic
_____ School nurse
_____ Health fair or community center
_____ Hospital emergency room
_____ Local health department
_____ Other location _______________________________

21. After these tests were done, were you told to get eyeglasses or hearing aids for your child, or to have the lead removed from your home?  YES _____ NO _____

22. Were you able to get these thing done for your child?  YES _____ NO _____

23. IF NO, WHY were you unable to get eyeglasses, hearing aids, or lead removed from your home?
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

24. Did anyone talk with you about your child’s diet or exercise?  YES _____ NO _____

USE OF DENTIST

25. Does your child use braces or other appliances on his or her teeth?  YES _____ NO _____

26. Has your child seen a dentist since being enrolled in MC+  YES _____ NO _____

27. If YES, your child has seen a dentist, please answer the following questions.

A. How often has your child seen the dentist since enrolling in MC+?  ____ No. of visits

B. About when did your child start going to see the dentist?

____ 1 year or less
____ 1 year to 2 years
____ 2 years or more
C. When did your child last see his or her current dentist?

___ 1 year or less
___ 1 year to 2 years
___ 2 years or more

D. Why did your child see the dentist the last time?

___ My child needed a check up, to have teeth cleaned
___ My child had a toothache, a loose tooth, or a broken tooth
___ Adjust braces
___ Other problem ________________________________

28. Would you be willing to meet with a group of other parents to talk about how to improve the health care your children are receiving?

YES _____ NO _____ NOT SURE (please contact me) _____

Name: __________________________
Address: _________________________
Phone: __________________________

THANKS AGAIN FOR YOUR TIME
ATTACHMENT B

COVER LETTER
Dear Name:

I understand from my records at ———— School that you recently enrolled one or more of your children in MC+ or Medicaid.

I am writing to ask if you would be willing to fill out the attached survey about the health care services your child has received. The survey will take about 10 minutes and it has a stamped, self-addressed envelope so that all you have to do is put the completed survey into the envelope and drop the envelope in the mailbox. Along with a team of experts in child health care, I will use this information to teach doctors and nurses about how to provide better health care for the children in our community.

Your participation in the survey is totally voluntary and has no effect on your child’s enrollment in MC+ or Medicaid. Your answers will be kept strictly confidential. If you do return the survey, please include your name and phone number. This will make you eligible to win a new DVD player. We will draw names from all returned surveys.

I know that all of us, (both you and me), want better health care for our children. Therefore, we appreciate the information you provide. If you have any questions about the survey, please call me.

Sincerely yours,

Mrs. ————
School Nurse
——— School
ATTACHMENT C

DESCRIPTIVE STATISTICS
### Descriptive Statistics

#### Survey Responses

28 Questions

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Sum</th>
<th>Mean</th>
<th>Std. Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Enroll MC+ last year</td>
<td>57</td>
<td>22</td>
<td>0.39</td>
<td>0.491</td>
</tr>
<tr>
<td>Enroll MC+ last 2 yr</td>
<td>57</td>
<td>9</td>
<td>0.16</td>
<td>0.368</td>
</tr>
<tr>
<td>Enroll MC+ 2 yr or more</td>
<td>57</td>
<td>26</td>
<td>0.46</td>
<td>0.503</td>
</tr>
<tr>
<td>Prior MC+ eye test</td>
<td>56</td>
<td>36</td>
<td>0.64</td>
<td>0.483</td>
</tr>
<tr>
<td>Prior MC+ ear test</td>
<td>56</td>
<td>39</td>
<td>0.70</td>
<td>0.464</td>
</tr>
<tr>
<td>Prior MC+ lead test</td>
<td>50</td>
<td>31</td>
<td>0.62</td>
<td>0.490</td>
</tr>
<tr>
<td>Prior MC+ immunizations</td>
<td>56</td>
<td>47</td>
<td>0.84</td>
<td>0.371</td>
</tr>
<tr>
<td>Prior MC+ diet, exercise advice</td>
<td>43</td>
<td>13</td>
<td>0.30</td>
<td>0.465</td>
</tr>
<tr>
<td>Prior MC+ blood tests</td>
<td>47</td>
<td>18</td>
<td>0.38</td>
<td>0.491</td>
</tr>
<tr>
<td>Since MC+, child seen provider</td>
<td>57</td>
<td>50</td>
<td>0.88</td>
<td>0.331</td>
</tr>
<tr>
<td>Number of visits in past year</td>
<td>59</td>
<td>144</td>
<td>2.44</td>
<td>1.500</td>
</tr>
<tr>
<td>Last saw provider past year</td>
<td>59</td>
<td>51</td>
<td>0.86</td>
<td>0.345</td>
</tr>
<tr>
<td>Frequent visits due to illness</td>
<td>58</td>
<td>10</td>
<td>0.17</td>
<td>0.381</td>
</tr>
<tr>
<td>Asthma or allergies</td>
<td>15</td>
<td>13</td>
<td>0.87</td>
<td>0.352</td>
</tr>
<tr>
<td>Ear infections</td>
<td>8</td>
<td>3</td>
<td>0.38</td>
<td>0.518</td>
</tr>
<tr>
<td>Headaches</td>
<td>10</td>
<td>6</td>
<td>0.60</td>
<td>0.516</td>
</tr>
<tr>
<td>Cold and Flu</td>
<td>10</td>
<td>7</td>
<td>0.70</td>
<td>0.483</td>
</tr>
<tr>
<td>Other illness</td>
<td>59</td>
<td>6</td>
<td>0.10</td>
<td>0.305</td>
</tr>
<tr>
<td>Last visit for illness</td>
<td>53</td>
<td>17</td>
<td>0.32</td>
<td>0.471</td>
</tr>
<tr>
<td>Last visit for checkup</td>
<td>52</td>
<td>32</td>
<td>0.62</td>
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## Descriptive Statistics
### Survey Responses
#### 28 Questions

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ATTACHMENT D

FOCUS GROUP INSTRUMENT

Please note: the white space in the following document has been condensed for printing purposes. The original document allowed space for note taking.
Introduction of Participants:

**Group Facilitator** – *(who she is, her experience and background)*

Name of facilitator:

**Parents** – Facilitator should explain how each parent joined the focus group through the survey. Then ask for participants to introduce themselves and tell everyone how many children they have in the Medicaid or MC+ programs.

(Check to see if everyone who agreed to come is present.)

**Participant Names**

1. 
. 
. 
. 
10.

**Note taker:** Name:

Facilitator should introduce the note taker and explain the purpose of note taking.

*(It is better to use a tape recorder for back up if possible.)* If you do use a tape recorder, explain that you will only use it to verify your notes. Then make sure every participant is willing to participate using the tape recorder. If not, then you will have to rely on notes only. Also explain that their participation is totally voluntary, that their comments will be kept confidential (they will not be named in any reports) and that their participation has no effect on their ability to get health care services for their children. Finally, introduce anyone else who is present and give recognition to anyone who helped set up the session (contacted people, got food, babysitting, will provide payments, etc.) even if they are not present.

**Review and explain the Purpose of the Focus Group Meeting**

**Facilitator:** We are trying to learn how well our community doctors, nurses, clinics, schools and community groups are doing in helping children receive health care services that they need and their parents want for them. We want to know what kinds of barriers or problems existed for you and your family in obtaining health services and what our organization and the community can do to help solve these problems.

We have asked you to come here today to tell us about your children’s experience with the health care system, in particular the Medicaid or MC+ system and whether your children have received all the services you think they need. You all have at least one of your children enrolled in these health plans. Is that correct? *(Check to make sure everyone is a qualified participant.)*

**Facilitator:** Has anyone heard of Early and Periodic Screening, Diagnosis and Treatment services, or EPSDT? Does anyone know what kinds of services are included in EPSDT?

*(Note taker: Record how many participants know what EPSDT is.)*

**Facilitator:** Explain what these services are, if participants do not know, or summarize what the participants say they are and correct any misconceptions.

*Note responses, especially misconceptions.*
**Facilitator:** Do you know why these services might be important for your children? (*Summarize their comments.*)

**Facilitator:** How many of you think your children should be receiving EPSDT services before they start to school? Record number who say yes – and ask these participants to discuss their experiences as follow:

Did any of you learn that your pre-school child or toddler had a health problem such as poor eyesight or hearing, lead exposure, or tooth decay from a doctor or dentist or someone else? Tell us more about how the problem was detected.

What made you decide that your children needed to get these services before they started to school? (prompt – health problems child had, from your doctor or his nurse, community health center, you had another child who had received these services, your mother, a friend, a book, on TV)

Do you think your child could do without any of these EPSDT services (immunizations, hearing, vision, lead screening, dental checkups) before they start school? That is, could they wait until they are older to receive some of these services? Which EPSDT services aren’t as important for very young children especially if they are healthy?

Were there any of these services that you wouldn’t have gotten for your child if your doctor or nurse had not told you that your child needed them or they hadn’t had a problem? Which ones?

Were you able to get EPSDT services you think your children need before they started to regular, elementary school? Before they started pre-school?

If yes, were you satisfied that your doctor, nurse or the clinic provided good screening and preventive services for your pre-school children? What made you satisfied with their services?

Did someone in the doctor’s office or in the clinic talk about the importance of these services, ask you whether your child had already received them, have a record that your child or children had received them, help schedule your next appointment to get EPSDT services?

Did you have to pay for these EPSDT services – immunizations, hearing and vision test, lead screening, dental check-up?

Did you have Medicaid or MC+ or other health insurance for your children before they started to school?

If you had to pay for these services (immunizations, hearing and vision tests, lead screening, dental check-up) do you think you would get them for your child or children before they started school?
Did you have any problems making an appointment to see a doctor or dentist to get these services for your pre-
school children? If so, what were they?

(prompts – couldn’t get away from work, couldn’t get transportation, doctor appointments were filled, it would
take too long to get an appointment, no money, needed baby sitter for other children, anything else?) (Note taker
can circle the responses)

If you didn’t get these services for your pre-school children, what would have made it easier for you to get theses
services before they started to school?

TRANSITION:

Now I want to ask the same kinds of questions of those among you who didn’t think your children needed EPSDT
services in general before they started to school.

(We may find that everyone knows that their children need these services prior to school starting but may feel
embarrassed to say that they didn’t get these services. We need to find out why they didn’t get the services
earlier)

First, do children need some but not all of these EPSDT services (immunizations, hearing, vision, lead screening,
dental checkups) before they start school?

Which of these services might they need before they start into school and which ones might they need when they
start to school?

What made you decide that children need these particular services before they start to school? (prompt – child’s
health problem, from your doctor or his nurse, community health center, you had another child who had received
these services, your mother, a friend, a book, on TV)

Are there any of these EPSDT services that you think your child doesn’t really need – ever – if your child is
healthy and seems to have no problems?

Which services (immunizations, hearing, vision, lead screening, dental checkups) can your children do without, if
they are healthy?

Which EPSDT services (immunizations, hearing and vision screening, lead screening, dental checkup) do children
need to obtain when they start to school?

Were there any of these services that you wouldn’t have gotten for your child if your doctor or the school nurse
had not told you that your child needed them in order to start school? Which ones?

Were you able to get all the EPSDT services your children need before they started to school?

If yes, were you satisfied that your doctor, nurse or the clinic provided good screening and preventive services for
your pre-school children? What made you satisfied with their services?
Did someone in the doctor’s office or in the clinic talk about the importance of these services for your child’s health?

ask you whether your child had already received them,

have a record that your child or children had received them,

help schedule your next appointment to get EPSDT services your child needed?

Did you have to pay for any of these EPSDT services – immunizations, hearing and vision test, lead screening, dental check-up – when your children started to school?

If you had to pay for these services (immunizations, hearing and vision tests, lead screening, dental check-up) do you think you would get them for your child or children when they started school?

Did you have Medicaid or MC+ or other health insurance for your children when they enrolled in school?

Did you have any problems making an appointment to see a doctor or dentist to get these services for your school age children? If so, what were they?

(prompts – couldn’t get away from work, couldn’t get transportation, doctor appointments were filled, it would take too long to get an appointment, no money, needed baby sitter for other children, anything else?  (Note taker can circle the responses)

If you didn’t get these services for school-age children, what would have make it easier for you to get these services for them?

Finally I want to know whether your child’s doctor or another health care provider (a clinic or school nurse or a teacher) has talked with you and your children about the kinds of food your child eats and the amount of exercise he or she gets on a regular basis? For those of you whose doctor has talked to you about diet and exercise what did they say to you about this?

Was this information helpful? Explain.

Did you do anything to change what your child eats or the amount of exercise she receives after talking to your doctor or health care provider?  (Ask for examples)

Have you learned anything about diet and exercise from somewhere else besides a health care provider (television, school teacher) that has caused you to change what your child eats or the amount of exercise he gets.  (Ask for examples). In what way was it helpful?

Thanks very much for your help in this focus group. Your ideas and information about the services you have received will be very helpful to us.