HUSKY FOCUS GROUPS

WHAT PARENTS ARE SAYING

PREPARED FOR:
THE CONNECTICUT MEDICAID MANAGED CARE COUNCIL
AND THE
CONNECTICUT DEPARTMENT OF SOCIAL SERVICES

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EXECUTIVE SUMMARY

Uninsured children live with serious health risks because they are less likely to receive preventive and other medical care, and their families are at risk of financial ruin for even moderate illnesses or injuries. In July 1998, Connecticut took an historic step to improve the lives of thousands of children and teenagers by opening the HUSKY Plan (Healthcare for UninSured Kids and Youth). HUSKY offers free or affordable, comprehensive health care coverage to Connecticut children under age 19 who do not have health insurance, regardless of family income level. The HUSKY Plan combines the pre-existing Medicaid program with the new federal Children's Health Insurance Program.

Unfortunately, HUSKY enrollment numbers have not reached expectations. To expand enrollment and encourage more parents to take advantage of the opportunities HUSKY offers, the legislative Medicaid Managed Care Council's Consumer Access Subcommittee and the Department of Social Services (DSS) have joined to fund and sponsor several focus groups with parents of uninsured children. The focus group project asked parents of uninsured children for their attitudes about HUSKY and for their suggestions to improve outreach. While parents of uninsured children were recruited for the groups, a few of the focus group participants were current HUSKY customers. While focus groups are, by their nature, rich sources of intensive information, they also represent the attitudes of a narrow sample of the population. The focus groups proved to be very valuable in identifying problems and solutions for HUSKY enrollment.

> "Your kid gets a 101-degree fever and the first thing you have to think about is can I afford to take him to the doctor. What a horrible thing to have to worry about."

> "We were living on an insurance plan called God. You pray that you don't get sick."

The success of the project was due in no small part to the cooperation and commitment of administrators, advocates, legislators, community members, providers, and the parents who participated.

The findings were not surprising. Enrolling children in health coverage is not as simple as sending out brochures and waiting for clients to apply. In many cases, enrollment is a complex process involving information, advocacy, application assistance, follow-up and sometimes persuasion. While Connecticut has initiated a multi-level outreach program, including $500,000 in grass-roots outreach contracting and a significant media campaign, the focus group results indicate that many parents still need to know a lot more about HUSKY.

Many participants knew little or nothing about the program. Others had heard something about HUSKY but did not understand it well enough to see how it could help their family. Once parents learned about the program, they were universally enthusiastic about participating, and several offered to talk to people in their communities about the program. Despite steps to market it as a commercial product rather than a government program, HUSKY suffers from a general stigma and suspicion of public programs. Some parents are baffled by the health care landscape in general, and may confuse HUSKY with news and advertising 'noise' about commercial products. Some may need to hear about it from a trusted member of the community, and some may need to hear from several sources before they take action.

> "We will finally have peace of mind when the children get into HUSKY."

Since HUSKY includes an expansion of eligibility to thousands of new children, outreach must include new mechanisms to reach a new audience with little contact with DSS in the past. This is a significant challenge and requires the concerted efforts of new sectors of the state. These new 'HUSKY cheerleaders' must include many that are not now involved in children's health or outreach and do not consider that their role. Motivating these segments is only one of the challenges facing HUSKY.

BACKGROUND

It is estimated that 60,000 Connecticut children are living without health care coverage[i]. These children are more likely to live in low to moderate income working families with two parents. As health care costs increase and employers shift more of those costs onto families, we can expect the number of children without insurance to rise.

Uninsured children face uncertain futures. Children without health insurance are less healthy than children with coverage. Thirty seven percent have no doctor visits throughout a year, more than twice the rate for children with insurance.[ii] Lack of insurance often forces families to delay treatment when a child is sick, hoping that the problem goes away. Consequently, when uninsured children do access care, the problem has often become more serious and harder to treat. Uninsured children are more likely to be hospitalized for conditions that could have been treated as outpatients.[iii]

Parents of uninsured children share the worries of all parents about their children's health, but they face the added burden that they may not be able to afford to make their children whole if tragedy strikes. Even routine medical expenses can strain a middle income budget. An illness or injury can wipe out a life's savings. The fourth most common reason for bankruptcy is unpaid medical bills.[iv]

HUSKY offers these families relief. HUSKY provides affordable, comprehensive health insurance to uninsured children at any income level. HUSKY's benefit package is generous including physician visits, hospitalization, prescriptions, outpatient surgical services, behavioral health treatment, diagnostic tests and X-rays, emergency care, eye care, hearing exams and dental care. Costs to families are reasonable and vary by income level; many families pay nothing.

To reduce the stigma of publicly funded health care and to improve outreach and marketing, policymakers merged the current Medicaid program for children with the expansion program under the new name, HUSKY. The two programs have a single four-page application that can be mailed or completed over the phone by calling a toll-free phone number, 1-877-CTHUSKY. The original Medicaid program covering children living in families below 185% of the Federal Poverty Level (FPL) is designated HUSKY Part A, and the new program for children living in families with higher incomes is called HUSKY Part B. However, this distinction was intended to be invisible to families.

To increase HUSKY enrollment, the Department of Social Services and the Consumer Access Subcommittee of the legislative Medicaid Managed Care Council undertook a joint project to conduct focus group interviews with parents of eligible children to assess their attitudes about HUSKY and collect their suggestions. DSS has also conducted a survey of current HUSKY families to obtain quantitative information on the experiences of enrolled HUSKY customers[v].

The Department of Social Services is the state agency responsible for administering HUSKY. The Medicaid Managed Care Council is a legislative oversight council consisting of legislators, advocates, consumers, health care providers, managed care companies and state agencies. The Council works collaboratively to review progress, identify problems and find solutions to continuously improve Connecticut's Medicaid Managed Care and HUSKY programs. The Consumer Access Subcommittee of the Council is a working group devoted to ensuring that every Connecticut resident eligible for services under the programs has access to that care.

FINDINGS

Enhancing HUSKY enrollment is a complex undertaking. Enrollment barriers identified in the focus groups fall into four general areas -- lack of information, suspicion and stigma of public programs, cultural barriers, and enrollment problems. Parents universally appreciated the importance of health care coverage for their children. Families who had enrolled in HUSKY were generally very pleased with the services, the benefit package and the cost. All felt that coverage for uninsured children is badly needed, and "about time" as one parent put it. Many of these findings are similar to results of focus groups held in other states. [vi]

Parents generally liked the brochure and application. The brochure was informative and distinct from most public programs. The application was seen as reasonable. Parents had many suggestions for improving HUSKY outreach and public education. Participants also noted their preferred media outlets (Appendix A).

HEALTH COVERAGE FOR CHILDREN IS A MAJOR CONCERN

It has been suggested that parents are not signing children up for HUSKY because they do not recognize the importance of health care in a child's growth and development. This was not true among the focus group parents. On the contrary, health care coverage for their children was extremely important. "Your insurance card is gold."

Several families are paying very large premiums and copays for minimal coverage. A few stated that one parent's entire income goes to pay for health care; "I feel like I am only working for the insurance." For many, going without coverage is not an option; whatever it costs they will pay. One family stated that they spend over $600 per month for coverage; their total income is just over $26,000 per year. Another family with five children talked about only being able to cover some of them.

Other families who were not able to afford coverage talked about constant anxiety over their children's health. Some are forced to do without health care services that their children need, particularly dental care. Many restricted their children's activities because they are not insured – no swimming, no bike riding, no football. Others worry about getting the required physicals for school attendance.

Families are facing significant financial distress because of relatively moderate medical bills. One woman has a child who needs dental work; her insurance pays part of the bill but her cost will be $3869. Because she has delayed, the problem is getting worse. The same mother has another child who was born with a hand deformity. He received surgery at birth, which was paid for by insurance,

but he needs another surgery and the company will not pay for it. The mother in this family is still paying a $5000 bill for her own surgery for gallstones, but she is behind in the payments.

A parent who runs a small business with her husband had a child with chronic ear infections who needed tubes costing $1500. "I had to go around to 20 doctors, literally crying and begging for my son. Because I didn't have insurance – they wanted the money up front. I didn't have it."

Another participant spoke of an injury her daughter had last year. The bill was $700; it is a great struggle to make the payments. She gets no benefits with her part-time job.

One woman said that she was rushed out of the hospital after giving birth because she was uninsured. During her stay, she was asked numerous times about how she would pay her bill and one person suggested that she sell her car.

Another participant's son fell off his bike three years ago. She delayed as long as possible, but finally took him to the emergency room for treatment. He needed three stitches, it cost the family $500, and they still have not paid off that bill.

One family was a "victim of the Suburban disaster". While their employer switched them to another health plan, many bills are not being paid. "People are suing us left and right. The doctor doesn't want to see us walk in the door."

Participants noted significant health bills including $2500, $6000 and a serious car accident that totaled $80,000. Many talked about small bills that added up – X-rays, dental services, asthma attacks, prescriptions, hearing aids and glasses were commonly cited.

Many parents felt that privately insured children get more attention and faster care from providers. "The first question they ask is if you have insurance. If you say no – they look at you different and you have to wait. That time is precious when your child is sick." "They laugh at you on the phone" if you are uninsured, "they want to hang up." One felt that when you are uninsured, doctors are more likely to say "let's wait and see what happens." One father changed where he took his family for care because of this issue.

While it was not a question, at every focus group issues arose concerning health coverage for adults. While no parents indicated any intention not to enroll children in HUSKY because parents were not included, it was a clear need for virtually every participant. At one group, a seventeen-year-old girl came looking for coverage for herself. She was excited when she learned that she was eligible but seemed disheartened when she learned that the coverage would only last until she turned 19. Some of the financial pressures on these families are the result of parents' health care bills. These pressures affect the entire family and require sacrifices that are shared by all.

PARENTS ARE VERY POSITIVE ABOUT THE HUSKY PROGRAM

Participants became very enthusiastic about the program as they learned about it. One stated that it's something that's "time has come for kids in this state – a lot go without [because] they can't afford it." They were pleasantly surprised at the low costs and the comprehensive benefit package. The costs were lower and the benefits much better than they have been offered through employers. One parent characterized the maximum $50 per month premium as "awesome." Most felt that this program will have a major impact on their lives.

Parents were so enthusiastic about the program by the end of two groups that several offered to go back to their communities and talk about HUSKY. One father asked for a card from DSS to schedule speakers for several community groups that he belongs to. At the end of another group, we were asked to send everyone who attended a stack of brochures to give to family and friends. During one group, there was great anticipation to get the application after seeing the brochure. In all groups, there was an appreciation of being asked for their opinion; this seems to be a new experience for them.

LACK OF INFORMATION ABOUT HUSKY

According to focus group participants, by far the most common answer to the question of why families are not signing up their children for HUSKY was that people are still learning about it. The word is not out to everyone. Many participants didn't know anything about the program until the focus group. Several others gave answers so vague about what they had heard, that it is likely they were being polite or were embarrassed to say that they had heard nothing. Some were very straightforward in saying that the state and its outreach partners are not doing enough to publicize the program. "Where have the brochures been? I've been trying to find out about HUSKY."

Several had heard about the program from diverse media sources, but either didn't pay attention or didn't understand that the program could help their families. Many parents who did know about HUSKY learned about it from a neighbor, friend, health care or child care provider. A few had heard of it at a presentation.

Misinformation is common, especially the myth that HUSKY is not available for working families. Many assumed that only families on cash assistance are eligible for HUSKY. Virtually no participants knew what services are covered, including many who are enrolled in HUSKY.

Another source of confusion and misinformation became apparent at the Stratford group. Some participants thought that HUSKY was a health plan or an HMO. There was pleasant surprise when they learned that, once enrolled in HUSKY, they would have a choice of health plans; this was a new experience for most.

This phenomenon is not unique to Connecticut.[vii]

THE STIGMA AND SUSPICION OF PUBLIC COVERAGE IS A BARRIER FOR SOME FAMILIES

While only one parent admitted that she had declined coverage for her children when she learned that (for her family) HUSKY was Medicaid, it was clearly a source of discomfort for other parents who did sign up or said that they would.

One exchange illustrates the power of the stigma. A couple arrived early for one group and was given the questionnaire to fill out while other parents arrived. An animated conversation developed between them and the facilitator approached to see if they had questions. The mother clearly wanted to stay for the group and hear more about HUSKY. She stated that they were paying "a lot" to cover their children and she hoped that HUSKY might offer some relief. The father however, was very anxious to leave; he said over and over to the woman "Come on . . . this is not for us." At one point she offered to stay and he could leave; he told her she would have to walk home. She left.

Participants who knew about HUSKY associated it with Medicaid, in a negative association. Some learned that HUSKY was Medicaid from providers who refused to accept HUSKY/Medicaid/Title XIX patients.

Several participants felt that the association with "welfare" creates the impression that the same rules of eligibility apply (e.g. income, assets) and that keeps people from applying. It was suggested in two groups that the marketing materials should emphasize that HUSKY is available to higher income families. One participant suggested that the income chart be on the cover of the brochure.

It is important to note, that none of these families identified themselves as low-income (although virtually all are) and would not respond to marketing with that phrase. They seemed to prefer "working families".

There were generally low expectations of public programs across groups and HUSKY suffers from this perception. In one group, a woman was asked how long it had taken to enroll in HUSKY. She stated that it took "only about a month," and the general consensus of the group was that that was good. When an observer noted that it shouldn't have taken that long, several stories of difficulty enrolling in HUSKY rolled into stories of difficulty enrolling in other public programs.

In every group there were questions about the difference between HUSKY Part A and B. Several participants knew that Part A was Medicaid. The attempt to make the differences between the two programs invisible to clients was not successful and perhaps never could be. However, a common point of entry, a common application and a common name are valuable in reducing confusion and facilitating the application process (see later).

Suspicion of HUSKY as a public program crossed groups and cultural lines. One Spanish-speaking group related suspicion that immigration may get involved if a family applies. (It is important to note that this group occurred before the recent public charge policy clarification. While they were not aware of that specific problem, it was clear that there was a more general suspicion of public programs.) In another group, a question was raised about whether participation in HUSKY could affect child custody proceedings.

CULTURAL BARRIERS WERE IMPORTANT FOR SOME POPULATIONS

The need for information in Spanish that is sensitive to Spanish-speaking clients was made clear in the two groups with Hispanic clients. In the Hartford group, none had seen the Spanish brochure, but they liked it very much. They emphasized the importance of being able to speak to someone who spoke their language, both on the phone and in person. A bi-lingual woman who spoke English well, accessed a Spanish speaking person on the HUSKY toll free line when she applied. She had a very positive experience in enrolling and credited that with the ability to talk to workers in Spanish. Several participants emphasized the importance of having bilingual HUSKY presenters for community groups. One Willimantic mother had attended a HUSKY presentation at her job, but because the presenter spoke only English, she did not understand the program and did not sign up.

Cultural sensitivity was also an undercurrent, though not explicitly stated, in the largely African-American group in Bridgeport. There were many comments that implied or explicitly stated that the reason people have not signed up for HUSKY is because the state has not "come to the community". Some at the group were very critical of the brochure, saying that it looked like "you are

trying to sell me something." It was suggested that HUSKY use grassroots flyers that are more common in their community. An example of one for a local food pantry was offered as a model.

SOME CLIENTS ENCOUNTERED ENROLLMENT PROBLEMS

Enrollment experiences varied among those who had already applied for HUSKY. Some had no problem and were very positive about the process. In fact, several seemed to have been surprised that the process was so smooth. Several of those with positive stories emphasized that they had someone to ask questions in person. One noted that she didn't need help in applying, but was grateful that it was available if she needed it. Again, expectations were very low for a public program.

However, other participants encountered problems in enrolling that created a barrier. Most involved not getting enough information rather than incorrect information. One woman had applied five months before the group and had heard nothing. She had not followed up until a caseworker helped her; without that help she would not have enrolled. Another participant noted that she had to talk to several workers over several phone calls and give each the same information; again, without the help of an advocate she would not have completed her application. One stated that her income was miscalculated assuming continuous employment at a job she only held for two weeks. One application appears to have been delayed in moving between HUSKY Parts A and B, causing confusion for the client. Another was told that her child was covered by HUSKY, but later was told that she was not covered. After more calling, she was told that the second notice was an error, but she is unsure and worried.

It is important to note that despite the positive stories, the negative stories carried more weight in the conversations at the two groups with any problems. While this may be human nature, a negative reputation for HUSKY enrollment may create a barrier for some parents considering applying, particularly if it confirms a more generalized poor reputation of public programs.

PROVIDER ACCESS IS A SERIOUS PROBLEM IN SOME CASES

While not barriers to enrollment, limited access to providers in two areas were mentioned often and very strongly in the groups as barriers to accessing care. These issues were offered voluntarily by participants, and were not part of the study questions.

Difficulty accessing dental care was a common theme in all groups. This was true both for families without insurance and those on HUSKY. Several uninsured families identified dental costs as the highest medical bills they face. Many families had difficulty in finding a dental provider who would accept HUSKY. One father stated that a dentist told him that his children could be treated if he would agree to pay for the services himself. One uninsured family began dental treatment for a child, ran out of money, stopped treatment and the child's condition has deteriorated.

In Willimantic, access to all providers in HUSKY was cited as a serious problem. Several families in the group were new enrollees, and had to make many phone calls to find a provider. Waiting lists for appointments are long for the few providers who participate. Health plan freezes in that area are confusing and have exacerbated the problem of provider access. Participants stated that provider lists sent by health plans are sometimes inaccurate.

PARENTS GENERALLY LIKED THE BROCHURE AND APPLICATION

Most parents liked the brochure and application. The brochure was informative and answered all their questions. It was clearly different than those the participants are used to from public programs. In general, this was seen as positive, although in one group a subset of parents preferred a more "grassroots" flyer.

The four-page application was more difficult for Spanish speaking participants, but most parents felt the current form is reasonable. Most stated that they could fill it out by themselves, but would appreciate having someone in-person to ask questions. It was remarkable how low were parents' expectations of information and paperwork from public programs. The HUSKY program far exceeded these expectations.

CLIENTS HAD MANY IDEAS FOR OUTREACH AND MARKETING HUSKY

In answer to requests for suggestions in both the questionnaires and during the focus groups, participants were generous in sharing their ideas. Proposals in bold were mentioned numerous times over more than one group. It should be noted that some of these ideas are being implemented.

Radio	**Hospitals**
TV	**Talking to community groups**
Newspaper ads	Preschool TV programs
Community notices	Target the self-employed
Churches – bulletins, speakers	Door to door, outreach workers
Community organizations	**Community events and fairs**
Bulletins, newsletters	Food pantries, soup kitchens
School flyers, bulletins, PTAs	Post on street corners
School-based health centers	Shelters
Employers	Train signs
Shopping centers, malls	**Bus signs**
Store windows	**Child care**
Libraries	Unemployment office
Town halls	**Grocery Stores**

Doctor's offices	**Direct mail**
Word of mouth	Phoning

Word of mouth was the most often emphasized vehicle for getting information and, in fact, that is how most participants learned about the program.

METHODOLOGY

Four focus groups were conducted at different locations around Connecticut. Fifty-four adults participated in total, representing 104 children. Ages of the participants ranged from 17 to 59 years. Nineteen each were African American and Hispanic, 15 Caucasian and 1 Asian. Forty-four were women and ten were men. Six participants required translation. Family incomes varied from zero to 346% of the federal poverty level, averaging just below the poverty level (94.5%).

In all but two cases, participants were parents or caretakers of children who were either uninsured or had recently applied or enrolled in HUSKY. The other two participants were 17 years old and applying for themselves. Participants were recruited through the generous assistance of local community-based organizations – a child care center, a child advocacy organization, a school resource center and a community health center.

Groups varied from two to three hours. Parents were asked to complete a questionnaire (Appendix B) upon arriving at the site. The questionnaire was available in English and Spanish. Two groups required Spanish translators. Child care, transportation and food were provided at each group. Participants were compensated for their time. The questions asked at each group are listed in Appendix C.

DATE	SITE	DEMOGRAPHICS
April 28	Institute for the Hispanic Family Hartford child care center	Hispanic, urban
June 8	Bridgeport Child Advocacy Coalition Bridgeport community group	Predominantly African-American, urban
June 15	Stratford Parents' Place Stratford school resource center	predominantly white, suburban
August 5	Health First Willimantic community health clinic	Hispanic and white, rural

CONCLUSIONS

Parents in the focus groups identified several barriers to HUSKY enrollment, generally falling into four categories -- lack of information, suspicion and stigma of public programs, cultural barriers, and enrollment problems.

What is equally important is what we did not find. We found no evidence that parents do not appreciate or value health insurance for their children. Parents universally understand the importance of health care in the growth and development of their children. They also believe that their children receive better care if they have insurance, and there is some evidence to support that perception.[viii] Some parents are paying excessive sums for health care coverage on very limited incomes, sacrificing other vital needs, to provide their children with health insurance. Parents of uninsured children prevented injury as much as possible, delayed care as long as possible and worried constantly. Parents of uninsured children also suffer from the stigma of trying to access care without a means to pay for it.

> "You get a sense of relief with insurance."

Parents are very pleased with the HUSKY program when they hear about it. They feel that the benefits are generous and the costs are reasonable. While the stigma of a public program is real, most parents willingly overcome that reluctance to ensure their children's health.

> "When people hear that HUSKY is a good thing, word will get around."

The greatest barrier to enrollment is lack of information. Parents need an on-going source of accurate, user-friendly information and support during the application process and beyond. This source of information must be a trusted part of their community, as they will need more information after enrollment to help in choosing a health plan, choosing a primary care provider and appropriately accessing care in a confusing and quickly changing managed care environment.

RECCOMENDATIONS

The results of the focus groups lead to several recommendations for improving HUSKY enrollment and children's access to health care.[ix] The most important recommendation is to listen to parents in all aspects of the program – including outreach, marketing, program design, enrollment, and program evaluation. This focus group project and DSS' customer survey are good examples of this openness to consumers.

- Evaluation and Research
  - Evaluation of outreach methods is critical.[x] As community-based outreach programs and partnerships continue to develop, meaningful methods to track program performance and outcomes need to be developed to ensure that outreach improves and tax dollars are spent effectively.
  - Continued surveys of parents – both uninsured and HUSKY customers – is important to measure enrollment experiences, access to services, the need for insurance, and financial stresses on families.

- Base policy changes and resource allocation on research and best practices rather than anecdotal evidence and complaints.

- Expand on the HUSKY message
  - While current materials point out that HUSKY is open to working families of all income levels, this fact should be continually emphasized to attract families and lessen the stigma of public programs. This is particularly important to attract HUSKY Part B eligible families, without previous experience in accessing public programs.
  - The reasonable costs and comprehensive benefits of the program should be emphasized.
  - Relief from the worry and waiting for care are critical messages.
  - Use multiple media formats, including various brochure formats.
  - Test messages and outreach ideas with families to maximize effectiveness and understandability.

- Create new approaches for outreach
  - Continue to explore new vehicles such as schools, employers, grocery stores, colleges, consumer's groups, labor unions, political groups, religious institutions, seniors groups, law enforcement officials, sports coaches, small food stores, adult learning centers, Head Start programs, beauty salons, fast food restaurants, laundromats, medical billing services, tenant organizations, tax preparers and utility companies.
  - Improve communication with clients - before and after enrollment. Word of mouth was cited as the most effective way to deliver the HUSKY message. Parents are generally very willing to share information about a program that they support, and unresolved poor experiences and misinformation spread more quickly than the positive message.
  - Continue to enlist the support of community networks. Understand that HUSKY may not be their first priority. Ensure that information makes it from the top of an organization to the grassroots. Seek the help of those with experience in community organizing -- political, advocacy and grassroots organizations.
  - Continue to include community health and safety net health care providers in outreach planning.
  - Improve outreach to minority and second language communities. Reach out to community leaders for support and guidance. Enlist the efforts of organizations that serve minorities.

- Continue to monitor and improve enrollment processes
  - Audit enrollment performance procedures to ensure that the process continues to improve. Even rare instances of misinformation or problems can snowball in public opinion. Ensure timely and reasonable responses to complaints.
  - Provide one-on-one assistance for applicants throughout the enrollment process. Enlist a trusted advisor, preferably a relationship that will continue after enrollment, so the advisor can continue to offer support and advocacy as the family navigates a confusing and quickly changing managed care environment.

- Develop a plan to improve public opinion of publicly funded health programs. While this is ambitious, it is critical to ensure that CT residents who could benefit from health care assistance actually access those programs and the state benefits from these investments in health.
- Monitor and address the number of providers in rural areas of the state.
- Improve access to dental services.

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APPENDIX A

MEDIA OUTLETS LISTED BY PARTICIPANTS

HARTFORD

All participants listen to the radio. Stations mentioned were: 1230 AM (by 6 participants), 840 AM, 96.5 FM, 96.7, JAMZ 910 and 89.9 FM.

All watch TV- most stated that they watch all stations, but Spanish television was mentioned several times (Univision).

Three do not read newspapers or bulletins, four do and two said sometimes. Papers mentioned were the Courant, Vocero, and Para Nova

Seven read notices posted in the community, two don't. Sources mentioned were bulletin boards, hospitals, stores, agencies, on the street, child care, family centers, and Catholic Services.

BRIDGEPORT

Fifteen listen to radio. Stations mentioned were 99.9 FM, 108.7 FM, 107.9 FM, 88.9FM, 97.1 FM, 98.7FM, 107.5 FM, 105 FM, 92.5 FM, 89.5FM, and 97.9 FM.

Sixteen watch TV. Stations mentioned were PBS, Ch. 12, 3, 8, CNN, ESPN, and Spanish television.

Fourteen read papers. Papers suggested were the CT Post, Stratford Bard, NY Times, Umoja News, Wall Street Journal, and Vocero.

Eleven read community notices. Community notice sites suggested were hospitals, churches, libraries, doctors' and dentists' offices, stores, community centers, and mosques.

STRATFORD

Eleven listen to radio. Stations mentioned were 108 FM, 101 FM, 97.1 FM, KC 101, WPLR 95.9 FM, and 99.9 FM.

All watch TV. Stations mentioned were 22, 12, 11, 8, 4, 25, 5, CNN, 7, FOX, Lifetime, 13, 10, and 5.

All read papers. Papers mentioned were the CT Post, Stratford Star, and the Bard.

Ten read community notices. Community notice sites mentioned were St. James Church, Stratford Parents' Place, school, work, shopping centers, store windows, library, and town hall.

WILLIMANTIC

Six listen to radio. Stations listed were 98, 100.5, and103.7.

Eleven watch TV. Stations listed were 27,44,45,48,53, PAX, major networks, CPTV, Univision, Disney, 27, 35, Discovery, TLC, Nickelodeon, and 4.

Five read newspapers. The Chronicle and the Broadcaster were listed

Seven read community bulletins. Sites listed were schools, WIC, HealthFirst, and the library.

APPENDIX B

QUESTIONAIRE FOR PARTICIPANTS

APPENDIX C

FOCUS GROUP INTERVIEW QUESTIONS

1. What have you heard about HUSKY?
   a. What is it?
   b. Where did you hear about it?
   c. What do you think of it?
   d. Is it something that could help your family?
   e. What is keeping people from signing up?

2. Where do you get information on health care?
   a. Who makes the health care decisions in your house?
   b. Who do you trust?
   c. Who do you ask for help to choose a doctor, health plan?
   d. What other sources are important (teachers, providers, TV, radio, newspapers, magazines, neighbors, community leaders/workers)?

3. How important is it for children to have health care coverage?
   a. What do you do if your child becomes sick?
   b. How do you pay for it?
   c. Do you change/limit your children's activities because they are uninsured?

4. Brochure
   a. What do you think of it?
   b. Would you pick it up?
   c. Is there anything wrong with it?
   d. Does it answer your questions?

5. Application
   a. What do you think of it? Would you fill it out?
   b. Is there anything wrong with it?

6. What do you think are good ways to get the HUSKY message out to your community?

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