FINAL REPORT Survey of Recipients of the Alberta Child Health Benefit



Prepared for:

Alberta Human Resources and Employment

by

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EXECUTIVE SUMMARY

- The Alberta Child Health Benefit (ACHB) is administered by Alberta Human Resources and Employment (AHRE) and provides premium-free dental, optical, emergency ambulance, diabetic and prescription drug coverage for children in lowincome families in the province. The program pays 100% of the costs of eligible services and products.
- A comprehensive evaluation of the program conducted in January, 2001 found that clients were quite satisfied with the program and that it was making it possible for some breadwinners to become more attached to the work force.
- In order to monitor the extent to which the program is continuing to meet the needs of its clients, the department commissioned a follow-up survey of ACHB clients that was conducted over a three-week period ending in early March, 2003.
- 4. Single parent families dominate the Alberta Child Health Benefit client group. Many of these families, therefore, already confront a barrier of sorts in developing a full attachment to the work force by virtue of being lone parents. The ACHB is intended to remove one further barrier -- the health care costs associated with meeting the health needs of some children -- which can sometimes encourage families to remain on or seek social assistance in order to access the health benefits that are available to social assistance clients.
- 5. Clients learn about the program from a variety of sources but the most important ones are word-of-mouth and pamphlets and posters. Family and friends and to a lesser extent government workers and medical practitioners are the source of the word-ofmouth exposure to the program. Posters and pamphlets available in government and medical offices and on transit vehicles provide another key source of program awareness.
- Respondents attached the same levels of importance to key program features as were found in the 2001 survey. Dental exams and cleanings and prescribed drugs are the two services that are valued most by clients.
- 7. While there were numerous suggestions as to how to enhance the program, the vast majority (97%) of program clients feel that

- the program meets their most critical needs. This is an increase from 93% in 2001.
- 8. A total of 86% of clients indicate that they had experienced no other barriers to accessing health services for their children.
- 9. Satisfaction levels with various aspects of the program -- the application form, enrolment process, assistance provided, etc. -- are unchanged from 2001 and are at a very high level (94% "somewhat satisfied" or "very satisfied"). At the same time, satisfaction with having to make a cash outlay to a medical service provider and then seek reimbursement through the program is low (49% dissatisfied) but consistent with 2001 findings. There are indications that satisfaction with the information that is available about the program has waned from 84% satisfied in 2001 to 75% satisfied in 2003.
- 10. Regardless of these expressions of modest concern with the ACHB, when viewed in aggregate, the program is well accepted by its clients. Virtually all clients (99.5%) are either "somewhat satisfied" or "very satisfied" with the program. They particularly value the prescription drug and the dental services available through the program.
- 11. Survey results demonstrate that the program is making a difference to many Alberta families. A total of 26% of respondents indicated that the assurances that the program provides with regard to health care for children has allowed adults in the family to either seek employment, stay at their current job or move to a full-time job. All of these activities reduce the social assistance caseload and result in a greater attachment to the work force for the adults in the household and arguably for the children in the household as well.
- 12. High satisfaction ratings combined with the success that the program is demonstrating in creating greater attachment to the work force suggest that the program initiative is a valuable part of the services available to Albertans with low incomes.

1. INTRODUCTION

1.1 PROGRAM BACKGROUND

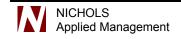
The Alberta Child Health Benefit (ACHB) is a program administered by Alberta Human Resources and Employment (AHRE) that provides premium-free dental, optical, emergency ambulance, diabetic and prescription drug coverage for children under the age of 18 in low-income families in the province. The program pays 100% of the costs of covered services and products, according to approved schedules.

The ACHB is Alberta's key provincial reinvestment under the National Child Benefit (NCB), a joint initiative of the federal, provincial, and territorial governments to assist low-income families with children. The NCB has reformed the way governments respond to the needs of low-income families with children in Canada by increasing the benefits available for families outside of social assistance. It is intended that the NCB will lead to fewer families having to rely on social assistance by helping parents to provide for their children. The NCB is aimed at reducing the depth of child poverty in Canada and supporting parents as they move into the labour market.

Under the NCB, the federal government has assumed a larger role in providing basic income support for children. The ACHB program is funded by the Government of Alberta out of social assistance savings resulting from the National Child Benefit Supplement (NCBS) provided by the federal government to low-income families. Other Alberta reinvestment initiatives under the NCB include the provision of increased funding and eligibility for child care subsidies under Alberta's Child Care Subsidy Program, an initiative to help children involved in prostitution, and shelter benefits for families on social assistance.

The ACHB was launched in response to the need for a health benefit program for children in low-income families identified by Albertans before the NCB was introduced. The ACHB supports the following key goals of the Government of Alberta:

- Our children will be well cared for, safe, successful at learning, and healthy.
- Albertans will be independent.



- Albertans unable to provide for their basic needs will receive help.
- Alberta's workforce will be skilled and productive.

1.2 STUDY BACKGROUND

The ACHB program underwent a comprehensive evaluation in January 2001. As part of that evaluation both current and former clients of the program were surveyed in order to determine:

- their satisfaction with the ACHB; and
- the extent to which the support provided by the program may have contributed to improved attachment to the labour market.

That evaluation found that clients were quite satisfied with the program and that it was making it possible for some breadwinners to become more attached to the work force.

In order to monitor the extent to which the program is continuing to meet the needs of its clients, the department commissioned a survey of ACHB clients in the winter of 2003. The following pages present the results of that survey.

2. METHODOLOGY

This survey was developed and administered by Nichols Applied Management over a three-week period ending in early March, 2003.

In cooperation with the department, the consultants were involved in the development of a questionnaire that incorporated elements from the survey conducted during the winter of 2001 but also included refinements to reflect changes to the way the program is being promoted. Specifically this involved revising questions that probe how clients of the program first became aware of the ACHB.

Once the questionnaire was developed and pretested, it was administered by telephone to a total of 397 households of clients of the program. These households were selected at random from a listing of all households served by the ACHB. A sample of this size produces results that are accurate to within \pm 4.9 percentage points, 19 times out of 20.

Telephone interviews were conducted over a two-week period ending on March 4, 2003. Interviews were conducted between 4:00 p.m. and 9:00 p.m. Mondays to Fridays. Efforts were made to minimize non-response bias by:

- making up to five calls to each household at different hours and on different days over the survey period before that household was considered to be a nonrespondent;
- when telephone numbers were encountered that were not-in-service, the consultants would endeavour to find a new listing;
- if answering machines were encountered, messages were left explaining the purpose and nature of the survey, the expected duration of the interview (five minutes) and providing a toll-free telephone number to which callers could reply;
- if potential respondents were unable to complete the survey at the time they were contacted, they were encouraged to arrange a time for an interview; and

 interviewers were on-hand at our office to receive incoming calls and to call-back households to complete scheduled interviews between 8:00 a.m. and 9:00 p.m. Monday to Friday.

A copy of the final survey instrument is presented in this report as Appendix A. The survey was focused on answering several research questions including:

- the promotional activities that are leading to awareness of the ACHB;
- the importance of the services that are provided under the program and any perceived gaps in those services that clients feel need to be addressed;
- difficulties encountered by clients in accessing the benefits of the program that may serve to reduce the value of the program;
- satisfaction with various aspects of the program; and
- the program's impacts in terms of increasing the attachment to the work force of parents by allowing for public provision of typically private health care services without the requirement to be on social assistance.

This report has been organized according to these key questions to simplify the communication of the consultants' analyses and findings.

3. FINDINGS

The achieved sample had the following characteristics:

- most households surveyed contained only one adult (95%);
- the number of children in the households ranged from one to 13 and averaged 2.2 children per household;
- as indicated in Figure 1, almost 72% of households contacted had been participating in the program for over one year; and
- as shown in Figure 2, the vast majority self-enrolled in the program.

FIGURE 1
Length of Time Registered in the Program

71.9%

70%
60%
50%
40%
30%
21.8%
20%
10%

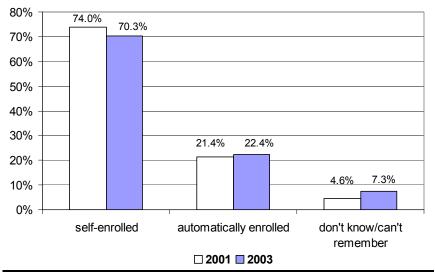
3 months to one year

0%

less than 3 months

more than 1 year





3.1 DEVELOPING AWARENESS OF THE ACHB

Participants who enrolled themselves in the program were found to have heard about the program from a variety of sources. Table 1 presents the sources of initial information about the ACHB. It is clear that word of mouth and pamphlets are the primary sources of initial information about the existence of the program.

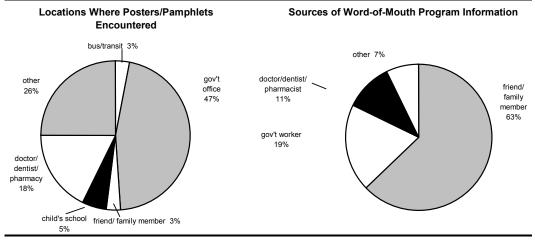
TABLE 1
Sources of Information about the ACHB

Source	Percentage
word of mouth	55.2%
pamphlets/poster	37.8%
television	4.2%
newspapers/magazines	1.5%
display advertising/transit	<u>1.2%</u>
TOTAL	100.0%

A more detailed examination of each of the two key sources of information defines family and friends as the primary sources of word-of-mouth information and pamphlets and posters in government offices as the primary exposure location to print material. These results are shown in Figure 3.

FIGURE 3

Detailed Review of Key Sources of Program Information



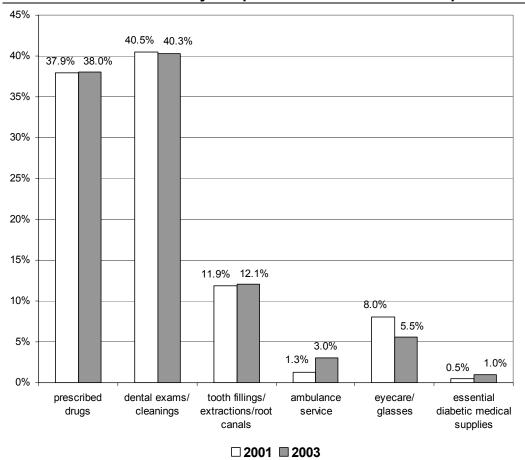
3.2 IMPORTANCE OF ACHB SERVICES

The features perceived by respondents as being most important are virtually identical to the features considered to be most important in 2001. Dental exams and cleanings and prescribed drugs are the two services that are valued most by clients.

Other services indicated by respondents as being important but not available under the program include the following:

- more extensive dental coverage (indicated by 64 respondents);
- orthodontics (55 respondents);
- prescription coverage that extends beyond generic medications (34 respondents);
- more extensive eye care (25 respondents);
- psychological counselling (4 respondents);
- hearing/speech therapy (3 respondents); and
- other (25 respondents).

FIGURE 4
Services Considered by Respondents to be the Most Important



While there were numerous suggestions as to how to enhance the program, the vast majority of program clients feel that the program meets their most critical needs. A total of 97% of respondents indicated that the program provided their children with the services that they needed the most. This is an increase from the 93% in 2001 who had indicated that the program provided the services their children needed the most.

3.3 DIFFICULTIES ENCOUNTERED BY CLIENTS

Only 9% of respondents indicated that they had experienced any difficulties with regard to the program. The nature of these difficulties varied widely but typically involved issues that resulted in them having to pay for services themselves. They included:

doctors/dentists not accepting their cards;

- misunderstandings as to what was covered;
- dentists charging more than the amounts covered by the program;
- clerical issues surrounding obtaining a card, accuracy of the data on the card, and getting replacement cards; and
- breaking new glasses and being ineligible for replacements under the program.

A total of 86% of respondents indicated that they had experienced no other barriers to accessing health services for their children. Those who did indicate that they had experienced some problems in this regard provided the responses summarized in Table 2.

TABLE 2

Other Problems Experienced in Accessing Health Services for Children

(multiple responses permitted)

	Percentage of Respondents
Issue	Reporting the Issue
Transportation	5.0%
Getting time off work	4.3%
Difficulties with English	2.5%
Childcare costs	1.8%
Adult medical problems	1.3%
Taking time away from school	0.8%
Service providers won't take the child as a patient	0.5%
Other	2.5%

3.4 SATISFACTION LEVELS

Respondents were asked to indicate their overall satisfaction levels with the ACHB. Virtually all respondents indicated that they were either "somewhat satisfied" or "very satisfied" with the ACHB. Only two respondents indicated any level of dissatisfaction. These results are presented in Table 3.

TABLE 3 Overall Satisfaction with the ACHB

Rating	Percentage of Respondents
Very satisfied	73.6%
Somewhat satisfied	25.9%
Somewhat dissatisfied	<u>0.5%</u>
Total	100.0%

Respondents were also asked to comment on their satisfaction with various aspects of the program. The same questions had also been asked in 2001. Results presented in Table 4 show that with all but one of the program attributes satisfaction levels have remained about the same as they were in 2001.

The one exception is that clients were less satisfied with the information available about the program in 2003 than they had been in 2001 (75% versus 84%).

3.5 PROGRAM IMPACTS

The program is intended to make it easier for the families of clients to decide to enter or remain in the workforce. This is because the health services provided by the program replicate those available to social assistance clients. There is therefore no need for clients to consider social assistance as an option to allow them to address the health issues of their children. Respondents were asked if the availability of the program had helped them or their spouse to decide to accept a job, stay in a job, or move to a full-time job -- all indicators of reduced reliance on social assistance. A total of 26% indicated that the program had provided that incentive. Direct comparisons to the results of the 2001 survey are not possible because the earlier survey had asked a somewhat different series of questions, none of which are directly comparable to the question asked in 2003.

TABLE 4
2001/2003 Comparisons of Satisfaction Levels (ACHB)

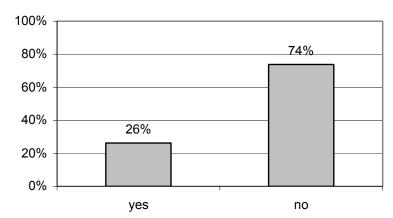
Q#	Question ³	Proportion satisfied in 2003 ¹	n (2003)	Proportion satisfied in 2001 ²	n (2001)	interpretation @.05 level of confidence
8a	satisfaction with the application form	99%	318	97%	283	no change
8b	satisfaction with the overall enrolment process	94%	343	96%	320	no change
8c	satisfaction with the assistance provided by the program's service centre or help desk	97%	200	93%	152	no change
8d	satisfaction with getting service providers to provide services to your children	96%	376	98%	350	no change
8e	satisfaction with getting prescriptions filled	97%	351	96%	331	no change
8f	satisfaction with getting providers to accept your benefits card	96%	374	98%	369	no change
8g	satisfaction with the types of health services for your children that are covered by the program	96%	391	97%	383	no change
8h	satisfaction with some service providers, having to pay for services and then filing for reimbursement	51%	154	64%	44	no change
8i	available information about the program	75%	382	84%	382	significant decrease

^{1.} Includes those responding "somewhat satisfied" and "very satisfied" to the 2003 survey

^{2.} Includes those responding "satisfied" and "very satisfied" to the 2001 survey.

^{3.} Includes only questions asked in both 2001 and 2003.

FIGURE 5 Increased Attachment to the Workforce



percentage who indicated that the availability of the ACHB helped them (or their spouse) to decide to accept a job, stay in a job or move to a full-time job

4. CONCLUSIONS

Single parent families dominate the Alberta Child Health Benefit client group. Many of these families, therefore, already confront a barrier of sorts in developing a full attachment to the work force by virtue of being lone parents. The ACHB is intended to remove one further barrier -- the health care costs associated with meeting the health needs of some children -- which can sometimes encourage families to remain on or seek social assistance in order to access the health benefits that are available to social assistance clients.

Survey results demonstrate that the program is making a difference to many Alberta families. A total of 26% of respondents indicated that the assurances that the program provides with regard to health care for children has allowed adults in the family to either seek employment, stay at their current job or move to a full-time job. All of these activities reduce the social assistance caseload and result in a greater attachment to the work force for the adults in the household and arguably for the children in the household as well.

Clients learn about the program from a variety of sources but the most important ones are word-of-mouth and pamphlets and posters. Family and friends and to a lesser extent government workers and medical practitioners are the source of the word-of-mouth exposure to the program. Posters and pamphlets available in government offices as well as in medical offices and on transit vehicles provide another important source of program awareness.

Satisfaction levels with various aspects of the program -- the application form, enrolment process, assistance provided, etc. -- are unchanged from 2001 and are at a very high level (94% satisfied or higher). While satisfaction with having to pay a service provider and then seek reimbursement through the program are consistent with 2001 findings, it would appear that the requirement for a cash outlay at the time a medical service is provided causes some frustration for clients of the program (49% dissatisfied). There are indications that satisfaction with the information that is available about the program has waned from 84% satisfied in 2001 to 75% satisfied in 2003.

Regardless of these expressions of modest concern with the ACHB, when viewed in aggregate, the program is well accepted by its clients. Virtually all clients (99.5%) are either "somewhat satisfied" or "very satisfied" with the program. They particularly value the prescription drug and the dental services available through the program. These high ratings combined with the success that the program is demonstrating in creating greater attachment to the work force suggest that the program initiative is a valuable part of the services available to Albertans with low incomes.

APPENDIX A Questionnaire

Page: 2

Hello, my name is {Q1007}. We are doing a study on behalf of Alberta Human Resources and Employment about the Child Health Benefit Program to see how well the program is meeting your childrens needs. Participation is voluntary and responses are anonymous. The survey takes about 5 minutes to complete. Would you be able to help out by completing the survey at this time?

[IF YES, che	ck "WILL COMPL	ETE" below]			
[IF NO, Ask:	When would b	oe a good time	to complete it?	check approp	riate response below]
Call 1	will complete	Call 2	will complete	Call 3	will complete
	machine		machine		ons. machine
	O busy		O busy		Obusy
	Call back		Call back		Call back
	no answer		ono answer		ono answer
	○ NIS		○ NIS		NIS
	○ refused		refused		refused
1. Are y	our children c	urrently regist	ered with the C	hild Health Ben	efit Program?
Оу		○no	[If no, don't know	v or n/a explain that you	u want to talk to people
		O don't know	don't know or n/a	a will automatically take	the program. Clicking no, you to the Record Status nildren are not currently in
		○ n/a	program .j		
	d you enroll yo	ourself or were	you automatic	ally enrolled in	
ui	o program:	O self	-enrolled		
		O auto	omatically enrolled		
		O don	't know/can't recal	ı	

Page: 3

Was it from:	
[READ]	O newpapers/magazines
	Oradio
	○ television
	○ pamphlet
	○ word of mouth
	O display advertising on transit vehicles
	○ poster
	○ can't recall / no answer
2 b) Where did you g	et the pamphlet / see the poster?
[Do NOT Read]	O child's school
	Odaycare
	O adult's school
	O student finance
	○ a government office
	a doctor's, dentist's or pharmacist's office
	○ a friend or family member
	○ read about it but unsure where
	○ bus / transit
	○ other _{specify}

2. How did you first become aware of the Child Health Benefit Program?

2 c) Who told you abo	ut the program?	Page: 4
[Do NOT Read]	O someone at your child's school	
	O someone at Student Finance	
	O an adult student that you know	
	○ a government worker	
	\bigcirc a friend or family member	
	\bigcirc a doctor, dentist or pharmacist	
	○ can't recall who told me about it	
	Other specify:	
3. What was the major rea	son that made you enroll in the program when you did?	
[DO NOT READ]		
O thought it was a good	l idea	
O wanted to be register	ed in case of future need for benefits	
omy child needed imm	ediate services that were eligible under the program	
O wanted to begin regu	lar dental exams and cleaning for my children	
\bigcirc thought my child mig	ht need glasses soon	
Oother Specify		

Pag	-	

4.	In your opi Program is	nion, what service provided by the Child Health Benefit the most important for your children's health?
	[READ]	O prescribed drugs [DO NOT READ: incl. prescribed over-the counter drugs]
		O dental exams or cleanings
		O tooth fillings, extractions, or root canals
		○ ambulance service
		○ eyecare or glasses
		O essential diabetic medical supplies
5.	What convi	ces are not covered that you think should be covered?
٥.		EAD] [Check all that apply]
	☐ psycho	ological counselling
	hearing	g/speech therapy
	☐ more e	xtensive dental coverage
	orthod	
	cover	more than generic brands of medications
	☐ more e	extensive eye care
	other	specify
	☐ don't k	now / can't think of anything

○ yes	○ no	O don't know	○ n/a		
		o don't know	O III a		
Specifically, v	what kinds of p	problems have y	ou encountere	ed?	
ard is	not accepted by	all dentists			
☐ I end up	having to pay				
☐ out-of-p	province coverage	e hard to get			
☐ can't aff	ford it so I don't ι	use it (think it's a c	o-pay program)		
other	Specify				
I am going to r	ead you a list	of different asp	ects of the pro	gram. Please tell me i	if you ar
"very dissatisf	fied", "somewh	of different asp nat dissatisfied"	ects of the pro	gram. Please tell me i atisfied", or "very sati	if you ar isfied"
"very dissatisf with each of th	fied", "somewh nem.	of different asp nat dissatisfied"	ects of the pro , "somewhat s	gram. Please tell me i atisfied", or "very sati	if you ar isfied"
"very dissatisf with each of th	fied", "somewh nem.	of different asp nat dissatisfied"	ects of the pro , "somewhat s Overy Satisfied	gram. Please tell me i atisfied", or "very sati Ona /	if you ar sfied"
"very dissatisf with each of th he application for Overy Dissatisfied	fied", "somewhem. m Somewhat Dissatisfied	nat dissatisfied" O Somewhat	, "somewhat s ⊜ _{Very}	atisfied", or "very sati	if you ar isfied"
"very dissatisf with each of th he application for Overy Dissatisfied	fied", "somewhem. m Somewhat Dissatisfied	nat dissatisfied" O Somewhat	Very Satisfied	atisfied", or "very sati na / dk na /	if you ar isfied"
"very dissatisf with each of th he application for Very Dissatisfied ne overall enrolme Very Dissatisfied	ied", "somewhem. Somewhat Dissatisfied ent process Somewhat Dissatisfied	Somewhat Somewhat Somewhat Satisfied	Very Satisfied Very Satisfied	atisfied", or "very sati Ona / dk	if you ar sfied"
"very dissatisf with each of th he application for Very Dissatisfied he overall enrolme Very Dissatisfied he assistance pro Very	ied", "somewhat Dissatisfied ent process Somewhat Dissatisfied ent process Somewhat Dissatisfied evided by the process	Somewhat Satisfied Somewhat Satisfied Somewhat Satisfied gram's service cen	Very Satisfied Very Satisfied Very Very Very Very	atisfied", or "very sati	if you ar isfied"
"very dissatisf with each of th he application for Very Dissatisfied he overall enrolme Very Dissatisfied he assistance pro Very Dissatisfied	ied", "somewhat Dissatisfied ovided by the process Somewhat Dissatisfied ovided by the Dissatisfied ovided by t	Somewhat Satisfied Somewhat Satisfied Somewhat Satisfied Gram's service cen Somewhat Satisfied	Very Satisfied Very Satisfied Very Satisfied tre or help desk Very Satisfied	atisfied", or "very sati	if you ar sfied"
"very dissatisf with each of the he application for Very Dissatisfied he overall enrolme Very Dissatisfied he assistance pro Very Dissatisfied getting service pro	ied", "somewhat Dissatisfied ovided by the process Somewhat Dissatisfied ovided by the Dissatisfied ovided by t	Somewhat Satisfied Somewhat Satisfied Somewhat Satisfied Gram's service cen Somewhat Satisfied	Very Satisfied Very Satisfied Very Satisfied tre or help desk Very Satisfied	atisfied", or "very sati	if you ar sfied"
wery dissatisf with each of th he application for Very Dissatisfied he overall enrolme Very Dissatisfied he assistance pro Very Dissatisfied	ied", "somewhat Dissatisfied ovided by the process Somewhat Dissatisfied ovided by the Dissatisfied ovided by t	Somewhat Satisfied Somewhat Satisfied Somewhat Satisfied Gram's service cen Somewhat Satisfied	Very Satisfied Very Satisfied Very Satisfied tre or help desk Very Satisfied	atisfied", or "very sati	if you ar isfied"
"very dissatisf with each of th the application for Very Dissatisfied he overall enrolme Very Dissatisfied the assistance pro Very Dissatisfied getting service pro	ied", "somewhat Dissatisfied ovided by the process Somewhat Dissatisfied ovided by the process Somewhat Dissatisfied oviders (doctors/	Somewhat Satisfied Somewhat Satisfied Somewhat Satisfied Gram's service cen Somewhat Satisfied dentists) to provid	Very Satisfied Very Satisfied tre or help desk Very Satisfied very Satisfied	atisfied", or "very sati	if you ar sfied"

Page: 6

	○ Very	Somewhat	 Somewhat 	○ Very	O na /	
	Dissatisfied	Dissatisfied	Satisfied	Satisfied	dk	
g)	the types of	health services	for your childr	en that are co	vered by the progran	n
	O Very Dissatisfied	Osomewhat Dissatisfied	Somewhat Satisfied	○ Very Satisfied	O na / dk	
	with some some some some some some some some	ervice provider,	having to pay	for services a	nd then filing for	
	O Very Dissatisfied	 Somewhat Dissatisfied 	SomewhatSatisfied	○ Very Satisfied	O na / dk	
)	available info	rmation about t	he program			
	Very Dissatisfied	Somewhat Dissatisfied	 Somewhat Satisfied 	○ Very Satisfied	O na /	
Δι	a thara things	other than the	costs of the se	rvices that ma	ske it difficult for	
yo	u to provide tl	he health servic	es your childre	en require?	ske it difficult for	
yo	u to provide tl		es your childre	en require?	ske it difficult for	
yo	u to provide tl	he health servic Check all that apply transportation	es your childre	en require?	ike it difficult for	
yo	u to provide tl	he health service theck all that apply transportation	es your childre	en require? re any others?]		
yo	u to provide tl	he health servic Check all that apply transportation	es your childre r. Probe: Are the work ars unwilling to tal	en require? re any others?]		
yo	u to provide tl	he health service check all that apply transportation getting time off service provide	es your childre r. Probe: Are the work ers unwilling to tal ts	en require? re any others?] ke us as patients		
yo	u to provide tl	he health service check all that apply transportation getting time off service provide babysitting cos	es your childre Probe: Are the work srs unwilling to tal ts ay from school wo	en require? re any others?] ke us as patients ork to take childre	en for services	
yo	u to provide tl	he health service heck all that apply transportation getting time off service provide babysitting costaking time aware.	es your childre Probe: Are the work Its ay from school wo	en require? re any others?] ke us as patients ork to take childre	en for services	
yo	u to provide tl	he health service heck all that apply transportation getting time off service provide babysitting cos taking time award adult medical p	es your childre Probe: Are the work Its ay from school wo	en require? re any others?] ke us as patients ork to take childre	en for services	
yo	u to provide tl	he health service check all that apply transportation getting time off service provide babysitting cos taking time awa adult medical p	es your childre Probe: Are the work Its ay from school wo	en require? re any others?] ke us as patients ork to take childre	en for services	

10.	When you first I programs that p	neard of the program did you ever confuse it with rovide similar services?	Page: 8
	○ yes	○ no ○ don't know ○ n/a	
11.	What program d	id you confuse the Child Health Benefit with?	
	[DO NOT READ]	O Blue Cross	
		○ Social Assistance	
		○ Alberta Health Care	
		Other specify	
		on, is the Alberta Child Health Benefit Program dren with the services they need the most?	
	○ yes	○ no ○ don't know ○ n/a	
		atisfied are you with the benefits available for or the Child Health Benefit Program? Are you:	
	overy dissatisfied	○ somewhat ○ somewhat ○ very dissatisfied satisfied satisfied	na / dk
			Page: 9
14 yo	. Has the availa	bility of the Alberta Child Health Benefit helped cide to accept a job, stay in a job or move to a fu	you (or
jo	b?	○ yes ○ no ○ don't know ○ n/a	
1:	5. How long hav	e your children been enrolled in the program?	
		less than 3 months	
		○ 3 months to 1 year	
		○ more than 1 year	

Those are all the questions. Thank you for participating in the survey.

APPENDIX B Tabulations of Survey Results

Appendix B Frequency Tabulations

Number of adults in the household (from file data):

				Cumulative
	Frequency	Percent	Valid Percent	Percent
Valid 1	377	95.0	95.0	95.0
2	20	5.0	5.0	100.0
Total	397	100.0	100.0	

CHILDREN

					Cumulative
		Frequency	Percent	Valid Percent	Percent
Valid	1 one	132	33.2	33.3	33.3
	2 two	143	36.0	36.1	69.4
	3 three or four	100	25.2	25.3	94.7
	5 five or more	21	5.3	5.3	100.0
	Total	396	99.7	100.0	
Missing	System	1	.3		
Total		397	100.0		

Q1 Are your children currently registered with the CHB Program?

					Cumulative
		Frequency	Percent	Valid Percent	Percent
Valid	1 yes	397	100.0	100.0	100.0

Q1a Did you enroll yourself or were you automatically enrolled in this program?

				Cumulative
	Frequency	Percent	Valid Percent	Percent
Valid 1 self-enrolled	279	70.3	70.3	70.3
2 automatically enrolled	89	22.4	22.4	92.7
3 don't know/can't recall	29	7.3	7.3	100.0
Total	397	100.0	100.0	

Q2 How did you first become aware of CHB Program?

Category label	Code	Count	Pct of Responses	Pct of Cases
newspapers/	1	4	1.4	1.4
magazines				
television	3	11	3.9	3.9
pamphlet	4	92	33.0	33.0
word of mouth	5	143	51. 3	51. 3
display advertising/	6	3	1.1	1.1
transit				
poster	7	6	2.2	2.2
can't recall/no answer	9	20	7.2	7.2
	Total responses	279	100.0	100.0

118 missing cases; 279 valid cases

If Q2=pamphlet or poster:

Q2b Where did you get/see pamphlet/poster?

					Cumulative
		Frequency	Percent	Valid Percent	Percent
Valid	1 child's school	5	5.1	5.1	5.1
	2 daycare	1	1.0	1.0	6.1
	3 adult's school	1	1.0	1.0	7.1
	4 student finance	2	2.0	2.0	9.2
	5 a government office	44	44.9	44.9	54.1
	6 doctor/dentist/pharmacist	17	17.3	17.3	71.4
	7 friend or family member	3	3.1	3.1	74.5
	8 can't recall / don't know /	2	2.0	2.0	70 F
	no answer	2	2.0	2.0	76.5
	9 other	20	20.4	20.4	96.9
	10 bus / transit	3	3.1	3.1	100.0
	Total	98	100.0	100.0	

If Q2=pamphlet or poster and Q2b=other:

Q2bb Other places where pamphlets/posters were seen:

				Cumulative
	Frequency	Percent	Valid Percent	Percent
Valid can't recall / no answer	3	15.0	15.0	15.0
family allowance	2	10.0	10.0	25.0
fire dept	1	5.0	5.0	30.0
healthcare statement	2	10.0	10.0	40.0
hospital	3	15.0	15.0	55.0
library	1	5.0	5.0	60.0
mail	5	25.0	25.0	85.0
non profit agency	1	5.0	5.0	90.0
tax return	1	5.0	5.0	95.0
Thrift store	1	5.0	5.0	100.0
Total	20	100.0	100.0	

If Q2=word of mouth:

Q2c Who told you about the program?

				Valid	Cumulative
		Frequency	Percent	Percent	Percent
Valid	1 someone at child's school	2	1.4	1.4	1.4
	2 someone at Student Finance	3	2.1	2.1	3.5
	3 an adult student	1	.7	.7	4.2
	4 government worker	26	18.2	18.2	22.4
	5 friend/ family member	88	61.5	61.5	83.9
	6 doctor/ dentist/ pharmacist	15	10.5	10.5	94.4
	7 can't recall / no answer/ don't know	3	2.1	2.1	96.5
	8 other	5	3.5	3.5	100.0
	Total	143	100.0	100.0	

If Q2=word of mouth and Q2c=other:

Q2cc Others who told respondent about the program:

					Cumulative
		Frequency	Percent	Valid Percent	Percent
Valid	colleague at work/someone at work	2	40.0	40.0	40.0
	public health nurse	1	20.0	20.0	60.0
	tax consultant/accountant	2	40.0	40.0	100.0
	Total	5	100.0	100.0	

Q3 What was the major reason that made you enroll in the program when you did?

				Valid	Cumulative
		Frequency	Percent	Percent	Percent
Valid	1 thought it a good idea	92	23.2	33.0	33.0
	2 in case of future need for benefits	106	26.7	38.0	71.0
	3 child needed immediate service	44	11.1	15.8	86.7
	4 to begin regular dental exams	27	6.8	9.7	96.4
	5 child might need glasses soon	3	.8	1.1	97.5
	6 other	7	1.8	2.5	100.0
	Total	279	70.3	100.0	
Missing	System	118	29.7		
Total		397	100.0		

If Q3=other:

Q3a Other reasons for enrolling in program:

					Cumulative
		Frequency	Percent	Valid Percent	Percent
Valid	had no benefits	1	14.3	14.3	14.3
	husband unemployed	1	14.3	14.3	28.6
	lacked money	1	14.3	14.3	42.9
	no idea	1	14.3	14.3	57.1
	no stable job/immigrant	1	14.3	14.3	71.4
	unemployed, financial reasons	2	28.6	28.6	100.0
	Total	7	100.0	100.0	

q4 In your opinion, what service provided by the CHB is the most important for your children's health?

			Valid	Cumulative
	Frequency	Percent	Percent	Percent
Valid 1 prescribed drugs	151	38.0	38.0	38.0
2 dental exams or cleanings	160	40.3	40.3	78.3
3 tooth fillings/ extractions/ root canals	48	12.1	12.1	90.4
4 ambulance service	12	3.0	3.0	93.5
5 eyecare or glasses	22	5.5	5.5	99.0
6 essential diabetic medical supplies	4	1.0	1.0	100.0
Total	397	100.0	100.0	

q5 What services are not covered that you think should be covered? (multiple responses permitted)

Category label	Code	Count	Pct of Responses	Pct of Cases
psychological	1	4	.9	1.0
counselling				
hearing/speech	2	3	.7	.8
therapy				
more extensive dental	3	64	14.1	16.1
coverage				
orthodontics	4	55	12.1	13.9
cover more than	5	34	7.5	8.6
generic medicines				
more extensive eye	6	25	5.5	6.3
care				
other	7	25	5.5	6.3
don't know/can't think	8	244	53.7	61. 5
of anything				
		<u></u>		
	Total responses	454	100.0	114.4

0 missing cases; 397 valid cases

If Q5=other: Q5a Other services that respondents think should be covered:

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	alternative therapies	rrequericy	1 ercent	1 ercent	1 ercent
Valid	(naturopathy/ acupuncture)	4	16.0	16.0	16.0
	assigned babysitters	1	4.0	4.0	20.0
	casts & other hospital expenses	1	4.0	4.0	24.0
	chiropractic care	4	16.0	16.0	40.0
	Ears	1	4.0	4.0	44.0
	extend coverage to 21 years	1	4.0	4.0	48.0
	hearing aids/batteries	1	4.0	4.0	52.0
	Insurance	1	4.0	4.0	56.0
	minor surgery	1	4.0	4.0	60.0
	non prescription drugs, eye & nose	1	4.0	4.0	64.0
	orthotics, i.e. leg braces	2	8.0	8.0	72.0
	parental coverage, i.e. dental	2	8.0	8.0	80.0
	Prescription eyewear	1	4.0	4.0	84.0
	prescription costs are high	1	4.0	4.0	88.0
	physiotherapy	1	4.0	4.0	92.0
	some medical procedures like	1	4.0	4.0	96.0
	phernectomy	'	4.0	4.0	90.0
	transplants	1	4.0	4.0	100.0
	Total	25	100.0	100.0	

q6 Have you encountered any problems with the program?

				Cumulative
	Frequency	Percent	Valid Percent	Percent
Valid 1 yes	37	9.3	9.3	9.3
2 no	359	90.4	90.4	99.7
3 don't know	1	.3	.3	100.0
Total	397	100.0	100.0	

If q6=yes:

q7 Specifically, what kinds of problems have you encountered?

				Valid	Cumulative
		Frequency	Percent	Percent	Percent
Valid	1 card not accepted by all dentists	4	10.8	10.8	10.8
	2 I end up having to pay	4	10.8	10.8	21.6
	3 out-of-province coverage hard to get	5	13.5	13.5	35.1
	5 other	24	64.9	64.9	100.0
	Total	37	100.0	100.0	

If Q6=yes and Q7=other: Q7a Other kinds of problems encountered:

				Valid	Cumulative
		Frequency	Percent	Percent	Percent
Valid	Application process was difficult	1	4.2	4.2	4.2
	Can't recall	1	4.2	4.2	8.3
	Card wasn't valid when purchasing prescription	1	4.2	4.2	12.5
	Cut off program because of income	1	4.2	4.2	16.7
	Didn't know cut-off was end of the month	1	4.2	4.2	20.8
	dentist want to charge more but program wouldn't cover	1	4.2	4.2	25.0
	everybody thinks we're on social assistance	1	4.2	4.2	29.2
	glasses broke had to buy new or lose allowance for a new pair	1	4.2	4.2	33.3
	information requested about program but not received	1	4.2	4.2	37.5
	late doing taxes, got taken off CHB	1	4.2	4.2	41.7
	limited coverage of dental work	1	4.2	4.2	45.8
	need to remind staff want to stay on CHB	1	4.2	4.2	50.0
	no coverage when not enrolled in school	1	4.2	4.2	54.2
	one type of medication not covered	1	4.2	4.2	58.3
	prescriptions don't cover everything	1	4.2	4.2	62.5
	sent wrong info on card/hassle	1	4.2	4.2	66.7
	some things not covered/hard to recontact DR to get something that is covered	1	4.2	4.2	70.8
	told number invalid, difficulty getting coverage	1	4.2	4.2	75.0
	took a long time to get in to see a Dr	1	4.2	4.2	79.2
	took too long to get coverage	1	4.2	4.2	83.3
	wait, no reimbursement, ventilators not covered	1	4.2	4.2	87.5
	was hard to find out about the program	1	4.2	4.2	91.7
	when income very low didn't qualify because of income levels in the previous year	1	4.2	4.2	95.8
	wrong birth date on card made it difficult to get services from some providers	1	4.2	4.2	100.0
	Total	24	100.0	100.0	

Qaa satisfaction with application form

					Cumulative
		Frequency	Percent	Valid Percent	Percent
Valid	2 somewhat dissatisfied	3	.8	.8	.8
	3 somewhat satisfied	135	34.0	34.0	34.8
	4 very satisfied	180	45.3	45.3	80.1
	5 don't know/n/a	79	19.9	19.9	100.0
	Total	397	100.0	100.0	

Q8b satisfaction with overall enrollment process

					Cumulative
		Frequency	Percent	Valid Percent	Percent
Valid	1 very dissatisfied	2	.5	.5	.5
	2 somewhat dissatisfied	17	4.3	4.3	4.8
	3 somewhat satisfied	132	33.2	33.2	38.0
	4 very satisfied	192	48.4	48.4	86.4
	5 don't know/n/a	54	13.6	13.6	100.0
	Total	397	100.0	100.0	

Q8c satisfaction with assistance provided by program staff

				Cumulative
	Frequency	Percent	Valid Percent	Percent
Valid 1 very dissatisfied	1	.3	.3	.3
2 somewhat dissatisfied	5	1.3	1.3	1.5
3 somewhat satisfied	78	19.6	19.6	21.2
4 very satisfied	116	29.2	29.2	50.4
5 don't know/n/a	197	49.6	49.6	100.0
Total	397	100.0	100.0	

Q8d satisfaction with getting service providers to extend service

				Cumulative
	Frequency	Percent	Valid Percent	Percent
Valid 1 very dissatisfied	3	.8	.8	.8
2 somewhat dissat	isfied 13	3.3	3.3	4.0
3 somewhat satisfic	ed 108	27.2	27.2	31.2
4 very satisfied	252	63.5	63.5	94.7
5 don't know/n/a	21	5.3	5.3	100.0
Total	397	100.0	100.0	

Q8e satisfaction with getting prescriptions filled

				Cumulative
	Frequency	Percent	Valid Percent	Percent
Valid 2 somewhat dissatisfied	12	3.0	3.0	3.0
3 somewhat satisfied	97	24.4	24.4	27.5
4 very satisfied	242	61.0	61.0	88.4
5 don't know/n/a	46	11.6	11.6	100.0
Total	397	100.0	100.0	

Q8f getting service providers to accept benefits card

				Cumulative
	Frequency	Percent	Valid Percent	Percent
Valid 1 very dissatisfied	4	1.0	1.0	1.0
2 somewhat dissatisfied	12	3.0	3.0	4.0
3 somewhat satisfied	98	24.7	24.7	28.7
4 very satisfied	260	65.5	65.5	94.2
5 don't know/n/a	23	5.8	5.8	100.0
Total	397	100.0	100.0	

Q8g types of health services that are covered

				Cumulative
	Frequency	Percent	Valid Percent	Percent
Valid 1 very dissatisfied	2	.5	.5	.5
2 somewhat dissatisfied	12	3.0	3.0	3.5
3 somewhat satisfied	126	31.7	31.7	35.3
4 very satisfied	251	63.2	63.2	98.5
5 don't know/n/a	6	1.5	1.5	100.0
Total	397	100.0	100.0	

Q8h having to pay for some services and then filing for reimbursement

					Cumulative
		Frequency	Percent	Valid Percent	Percent
Valid	1 very dissatisfied	35	8.8	8.8	8.8
	2 somewhat dissatisfied	41	10.3	10.3	19.1
	3 somewhat satisfied	47	11.8	11.8	31.0
	4 very satisfied	31	7.8	7.8	38.8
	5 don't know/n/a	243	61.2	61.2	100.0
	Total	397	100.0	100.0	

Q8i available information about the program

					Cumulative
		Frequency	Percent	Valid Percent	Percent
Valid 1	I very dissatisfied	17	4.3	4.3	4.3
2	2 somewhat dissatisfied	77	19.4	19.4	23.7
3	3 somewhat satisfied	136	34.3	34.3	57.9
4	l very satisfied	152	38.3	38.3	96.2
5	5 don't know/n/a	15	3.8	3.8	100.0
Т	Гotal	397	100.0	100.0	

q9 Are there things other than costs of the services that make it difficult for you to provide the health services your children require? (multiple responses permitted)

Category label	Code	Count	Pct of Responses	Pct of Cases
transportation	1	20	4.8	5.0
getting time off work	2	17	4.1	4.3
service providers	3	2	.5	.5
won't take as patients				
babysitting costs	4	7	1.7	1.8
time away from	5	3	.7	.8
school				
adult medical	6	5	1.2	1.3
problems				
difficulties with	7	10	2.4	2.5
English				
none/no	8	343	82.3	86.4
other	9	10	2.4	2.5
	Total responses	417	100.0	105.0

0 missing cases; 397 valid cases

If q9=other: q9aa Other things that make it difficult for you to provide health services for your children:

				Valid	Cumulative
		Frequency	Percent	Percent	Percent
Valid	daughter is in a wheelchair	1	10.0	10.0	10.0
	difficult to find specialized help in small municipality	1	10.0	10.0	20.0
	getting services for middle class				
	families who have children with	1	10.0	10.0	30.0
	special needs				
	getting optometrist appointments in home area	1	10.0	10.0	40.0
	hard to get a regular family				
	doctor, wait too long for	1	10.0	10.0	50.0
	Medi-centre doctors				
	immunization	1	10.0	10.0	60.0
	live in isolated area	1	10.0	10.0	70.0
	not all services are covered	2	20.0	20.0	90.0
	parking problems	1	10.0	10.0	100.0
	Total	10	100.0	100.0	

q10 When you first heard of the program did you ever confuse it with other programs that provide similar services?

					Cumulative
		Frequency	Percent	Valid Percent	Percent
Valid	1 yes	54	13.6	13.6	13.6
	2 no	337	84.9	84.9	98.5
	3 don't know	5	1.3	1.3	99.7
	4 not applicable	1	.3	.3	100.0
	Total	397	100.0	100.0	

If q10=yes:

q11 What program did you confuse CHB with?

					Cumulative
		Frequency	Percent	Valid Percent	Percent
Valid	1 blue cross	20	37.0	37.0	37.0
	2 social assistance	7	13.0	13.0	50.0
	3 Alberta Health Care	14	25.9	25.9	75.9
	4 Child Tax Benefit/Credit	11	20.4	20.4	96.3
	5 other	2	3.7	3.7	100.0
	Total	54	100.0	100.0	

If q10=yes and q11 =other:

q11a Other programs confused CHB with:

				Cumulative
	Frequency	Percent	Valid Percent	Percent
Valid health coverage from work	1	50.0	50.0	50.0
not sure	1	50.0	50.0	100.0
Total	2	100.0	100.0	

q121n your opinion, is the CHB program providing your children with the services they need the most?

					Cumulative
		Frequency	Percent	Valid Percent	Percent
Valid	1 yes	380	95.7	95.7	95.7
	2 no	10	2.5	2.5	98.2
	3 don't know	6	1.5	1.5	99.7
	4 not applicable	1	.3	.3	100.0
	Total	397	100.0	100.0	

q13 Overall how satisfied are you with the benefits available for your children under the CHB program?

					Cumulative
		Frequency	Percent	Valid Percent	Percent
Valid	2 somewhat dissatisfied	2	.5	.5	.5
	3 somewhat satisfied	102	25.7	25.8	26.3
	4 very satisfied	290	73.0	73.2	99.5
	5 don't know	2	.5	.5	100.0
	Total	396	99.7	100.0	
Missing	System	1	.3		
Total		397	100.0		

q14 Has the availability of the Alberta CHB Program helped you (or your spouse) to accept a job, stay in a job or move to a full-time job?

					Cumulative
		Frequency	Percent	Valid Percent	Percent
Valid	1 yes	90	22.7	22.7	22.7
	2 no	253	63.7	63.7	86.4
	3 don't know	20	5.0	5.0	91.4
	4 not applicable	34	8.6	8.6	100.0
	Total	397	100.0	100.0	

q15 How long have your children been enrolled in the program?

					Cumulative
		Frequency	Percent	Valid Percent	Percent
Valid	1 less than 3 months	24	6.0	6.3	6.3
	2 3 months to one year	83	20.9	21.8	28.1
	3 more than 1 year	274	69.0	71.9	100.0
	Total	381	96.0	100.0	
Missing	System	16	4.0		
Total		397	100.0		