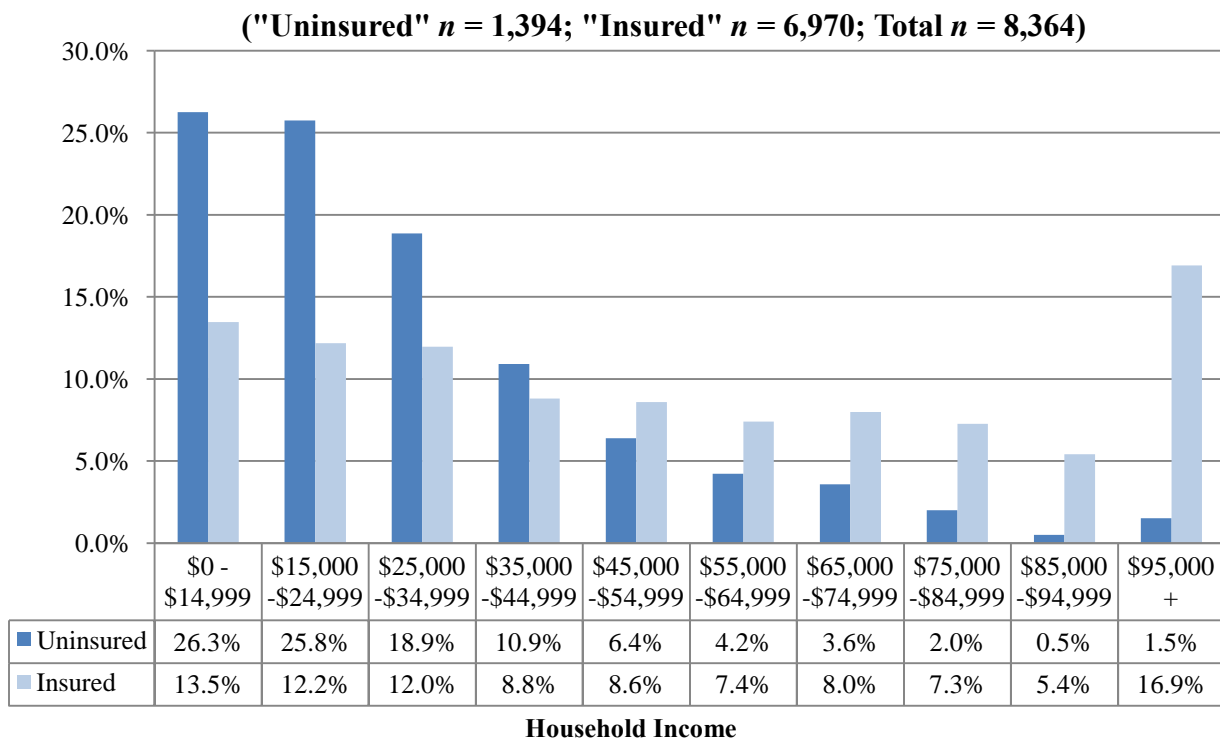


income of less than \$25,000 have no health insurance, similar to baseline data, while 2.0 percent or less of children in households with income of \$75,000 or more have no health insurance. This correlation between income and insurance status reflects the lack of both access to and affordability of private health insurance options for lower- and middle-income families. The same Kaiser Family Foundation (2009) study found that of those lower- and middle-income families that had access to private health insurance coverage, only 19 percent could afford the premiums.

Figure 3.2: Annual Household Income by Child's Insurance Status



* These findings are significant at $p=.000$.

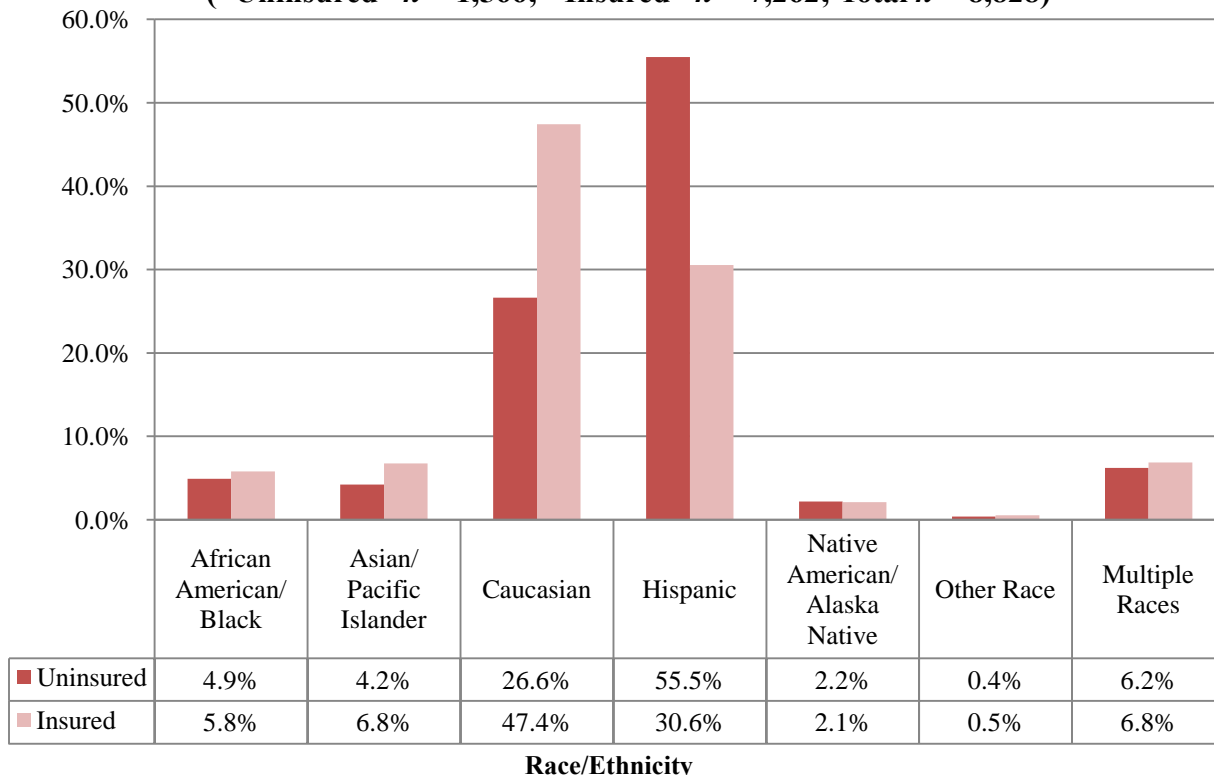
** Percentages are calculated out of the number within each insurance category.

Figure 3.2, detailing the relationship between race/ethnicity and insurance status, shows that the majority of children who are uninsured are Hispanic (55.5 percent), followed by Caucasian children (26.6 percent). Compared to baseline data, the percentage of Hispanic respondents with no insurance has decreased about 3 percentage points, while the percentage of uninsured Caucasian respondents has increased about 4 percentage points. Research indicates that in Nevada and across the United States, Hispanic populations are much more likely to be uninsured than Caucasian populations (Robert Wood Johnson Foundation, 2005). In Nevada and other states with a relatively large percentage of Hispanic immigrants, the rates of uninsured children are typically even higher. For instance, U.S. Census Bureau data estimate that approximately 30.7 percent of Hispanics across the country are uninsured (DeNavas-Walt et al., 2008). Although many uninsured Hispanic children that are part of immigrant families are eligible for

public health insurance, barriers to enrollment continue to impede these children from obtaining insurance coverage.

Figure 3.3: Child's Race/Ethnicity by Child's Insurance Status

("Uninsured" *n* = 1,566; "Insured" *n* = 7,262; Total *n* = 8,828)



* These findings are significant at $p=0.000$.

** Percentages are calculated out of the number within each insurance category.

ACCESS TO HEALTHCARE AND COMPLIANCE

Barriers to accessing health care are those structural, procedural, or situational mechanisms that hamper children's ability to receive health care services. When asked about accessing health care for their child, 79.6 percent of survey respondents indicated that they had not experienced barriers. However, 20.4 percent of participating parents had experienced at least one barrier. The majority of these respondents had difficulty due to either a lack of insurance or a lack of funds for health care services.

Most parents of uninsured children cannot afford to pay the high out-of-pocket costs charged for medical services. A recent report examining uninsured families found that financial barriers were less likely to be an issue for lower-income families with an insured child or children (Kaiser Family Foundation 2009). Even if children are covered by health insurance, other financial barriers such as high co-pays or premiums are likely to impede children's access to health care.

A combination of these financial barriers may result in many parents foregoing necessary medical care for their children.

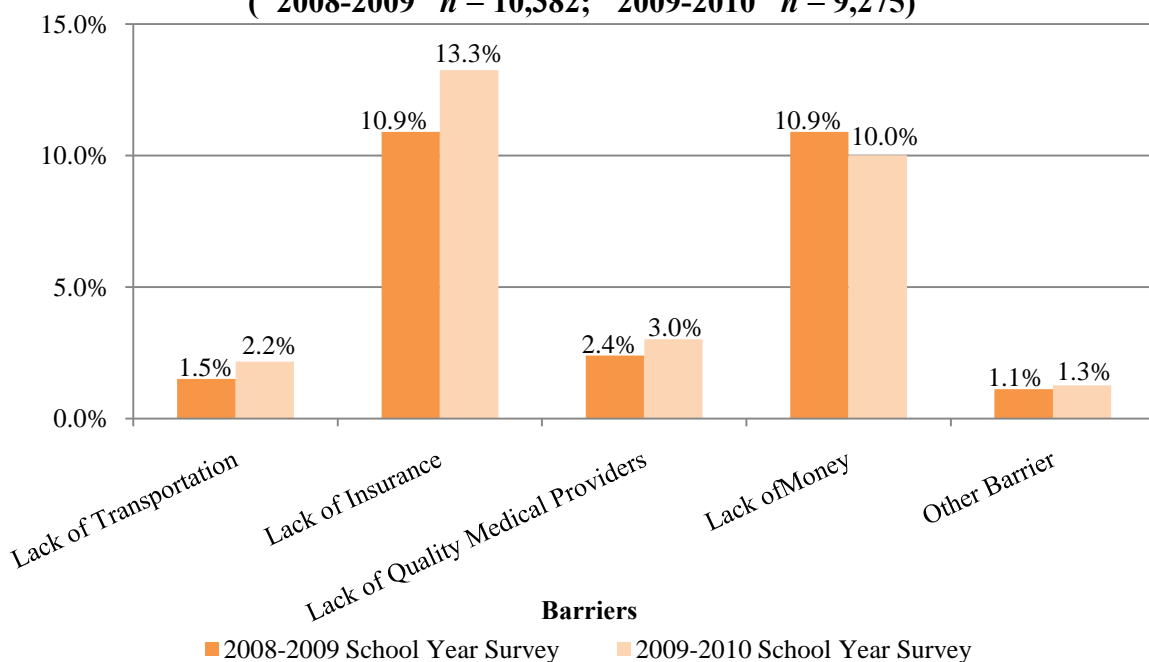
Responses in the “other” category for this question included: not having adequate insurance coverage, wait times for medical appointments, and language barrier problems. This category was not mutually exclusive, meaning that respondents could indicate multiple barriers.

Of all respondents experiencing one or more barriers to accessing health care, a disproportionate percentage were Hispanic, at 40.3 percent compared to 35.1 percent of Hispanics in the overall survey sample. Conversely, 38.9 percent of Caucasians experienced a barrier, compared to 43.5 percent of Caucasians in the overall sample.

Interestingly, more respondents with health insurance reported a barrier than did respondents without health insurance (51 percent versus 49 percent). This may be because, while having health insurance may improve one’s ability to obtain health care, it also can contribute to unique access barriers, such as identifying medical providers that accept a particular insurance plan, or submitting necessary paperwork for coverage. In addition, 44.7 percent of respondents reporting a barrier had an annual household income of less than \$25,000, and 62.2 percent of such respondents had a household income of less than \$35,000.

Please note that this question was the second of the two questions that varied between the English and Spanish versions of the survey. The response choice “lack of money” was not available on the Spanish survey, but was available on the English version. Therefore, the overall distribution of types of barriers shown in Figure 4.1 may be slightly skewed.

Figure 4.1: Survey Responses Concerning Types of Barriers When Accessing Health Care for Child
 (“2008-2009” n = 10,382; “2009-2010” n = 9,275)

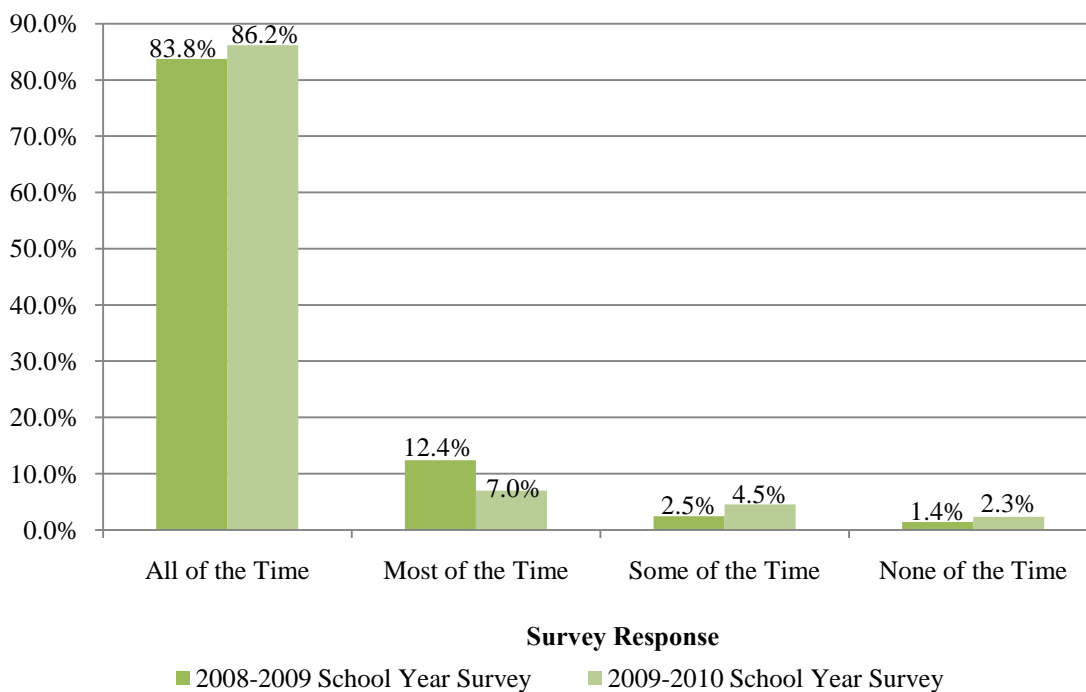


* Please note that the choice “Lack of Money” was not available on the Spanish version of the 2009-2010 survey.

Parents were also asked if they were generally able to follow the recommendations provided by their child’s doctor. The majority (86.2 percent) of respondents indicated that they followed their child’s doctor’s recommendations all of the time. Only 2.3 percent of respondents reported that they followed their child’s doctor’s orders ‘none of the time’. Compared to baseline data, the percentage of respondents following doctor’s recommendations all of the time increased by about 2 percentage points, but the percentage never following recommendations also increased by 1 percentage point.

If parents indicated anything other than “all of the time” in response to this question, they were asked to list any reasons for their inability to comply with the doctor’s recommendations. The most frequently listed reasons concerned financial barriers, such as not being able to afford the prescribed care plans because of lack of insurance or inadequate income. Other reasons included various accessibility issues, including inconvenient scheduling of appointments and treatments or a lack of adequate transportation. The remaining responses indicated a lack of trust in medical providers, forgetting to administer medications, a feeling that the parent knew best for caring for the child, or the belief that the child no longer needed the care plan because he or she was feeling better.

Figure 4.2: Survey Responses Concerning Ability to Follow Doctor's Recommendations for Child's Care
 ("2008-2009" n = 10,674; "2009-2010" n = 9,263)



ROUTINE CARE

Access to routine medical care services is a major factor contributing to a child’s health status. Routine care includes basic health care services such as immunizations, vision screening, and child well visits. Having access to routine medical check-ups is one key indicator that contributes

to a child's health and well-being. Children without health insurance are more likely to miss out on routine care than insured children. Children without a regular source of care are nine times more likely to be hospitalized for a preventable problem (Shi, et al., 1999).

Having access to regular primary care services, or a medical home, is another key indicator of children's overall health status. Primary care providers, which include physicians, physician's assistants, and nurses in general practice, offer routine personalized medical care to children. They provide a medical home where children can get basic care services, such as annual check-ups. Children that have access to a regular primary care provider who is in charge of coordinating and organizing their care tend to have a better health status than children without access to a primary care provider (Starfield, Shi & Macinko, 2005).

Survey results indicate 83.7 percent of kindergarteners had at least one routine check-up in the twelve months prior to the date of the survey. Similarly, 80.5 percent of kindergarteners have a primary care provider for their health care needs. Both of these percentages are similar to the percentages found in baseline data.

Figure 5.1: Child's Routine Check-Ups and Presence of Primary Care Provider
 ("Check-Up" *n* = 9,411; "Primary Care Provider" *n* = 9,398)

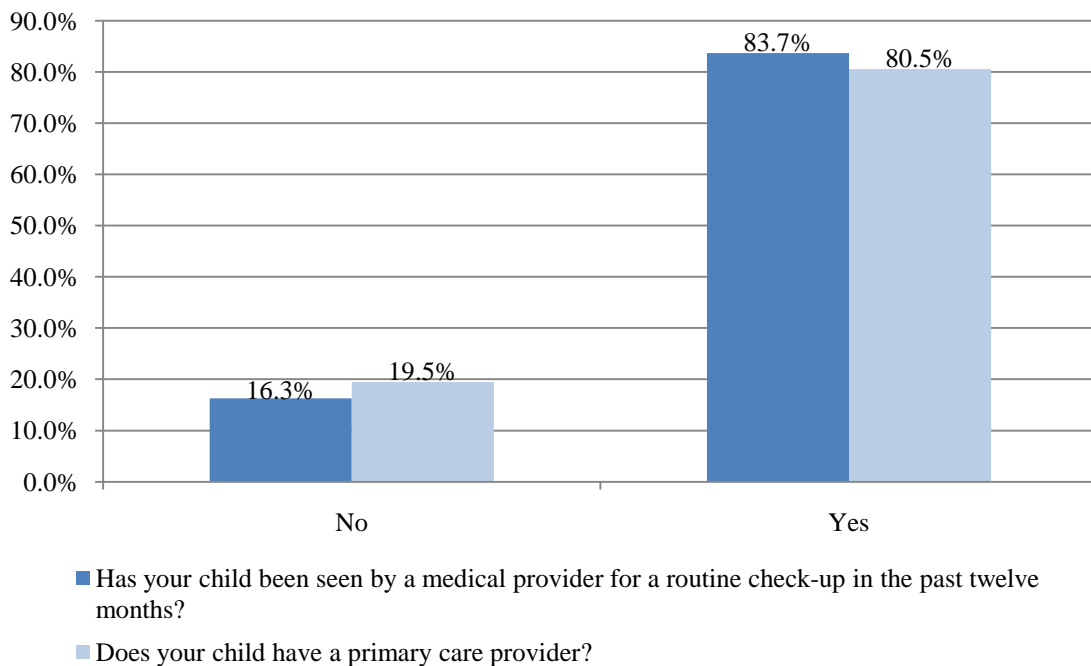
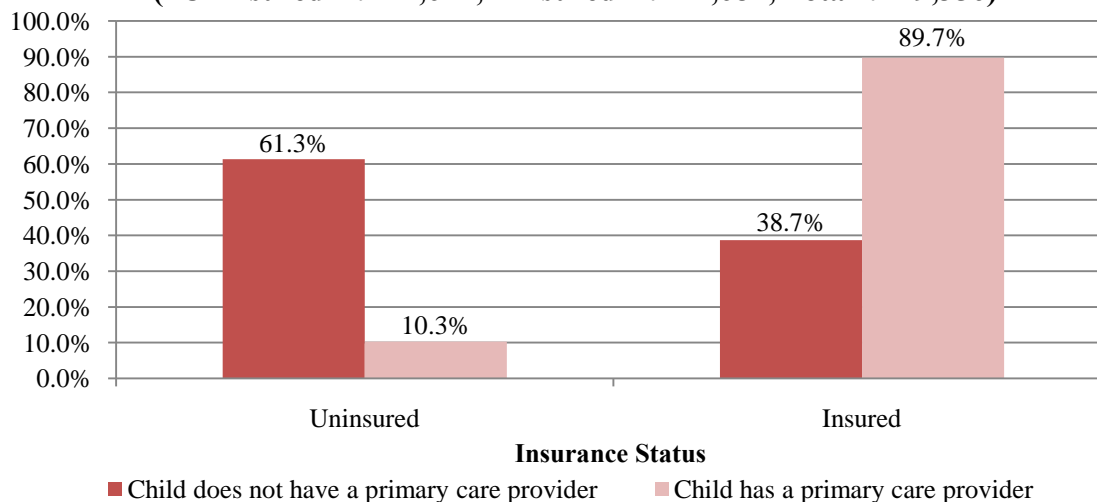


Figure 4.2 provides detail on insurance status and primary care providers. Approximately 89.7 percent of children with health care insurance also have a primary care provider, while only 10.3 percent of children without insurance have a primary care provider.

Figure 5.2: Presence of Primary Care Provider by Child's Insurance Status
 ("Uninsured" $n = 1,672$; "Insured" $n = 7,684$; Total $n = 9,356$)

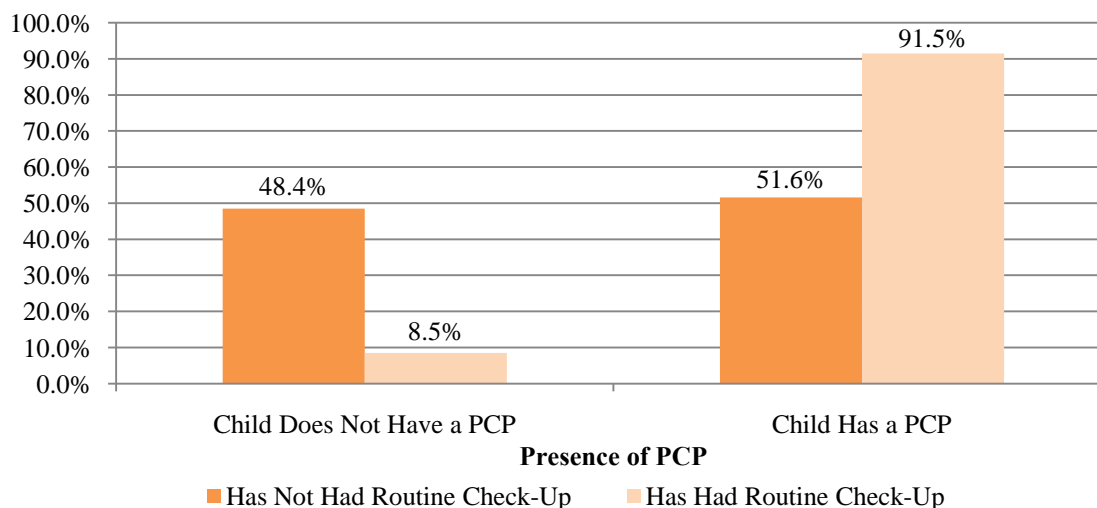


*These findings are statistically significant at $p=.000$.

**Percentages are calculated out of the number within each insurance category.

Survey results also indicate disparities in health status between insured and uninsured children. For example, Figure 4.3 shows the proportion of children with or without a primary care provider by whether they have received a routine check-up in the past twelve months. Of the children that have a primary care provider, 91.5 percent had a routine check-up in the last year. Of the children without a primary care provider, nearly half (48.4 percent) have not had a routine check-up in the last year. These percentages are similar to percentages found in baseline data.

Figure 5.3: Child's Routine Check-Up Status by Presence of Primary Care Provider (PCP)
 ("No PCP" $n = 1,798$; "Has PCP" $n = 7,527$; Total $n = 9,325$)



*These findings are statistically significant at $p=.000$.

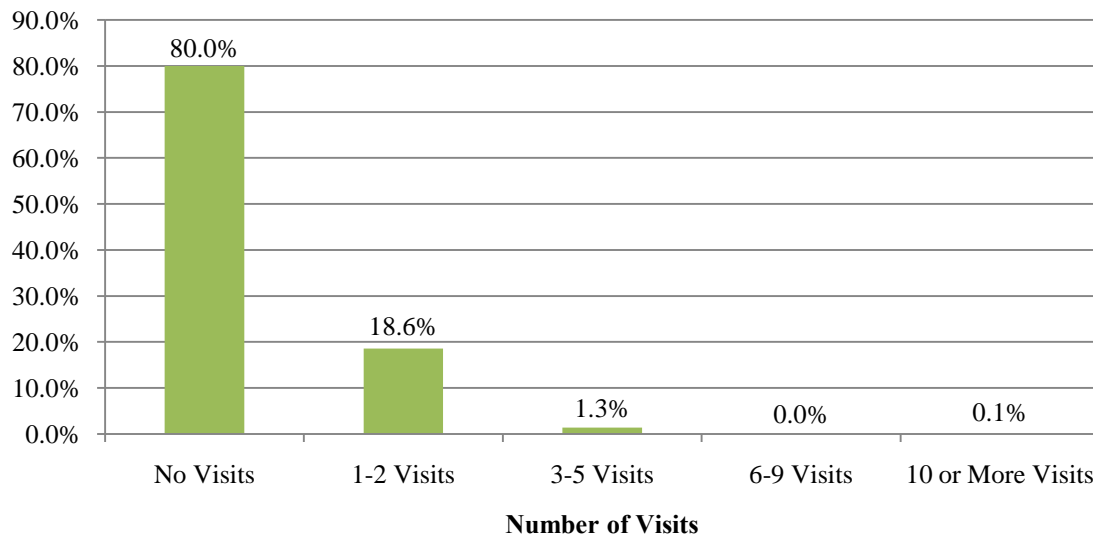
**Percentages are calculated out of the number within each PCP category.

CARE FOR ILLNESS OR INJURY

In recent years, a growing number of uninsured children with minor, non-life-threatening conditions have accessed health care services in emergency care facilities. This upward trend is likely related to an expanding uninsured population and higher costs for health care. Most uninsured children come from lower-income families that cannot afford to pay the high costs for medical care. These families are often forced to use hospital emergency rooms (ERs) or other urgent care facilities for non-life-threatening conditions.

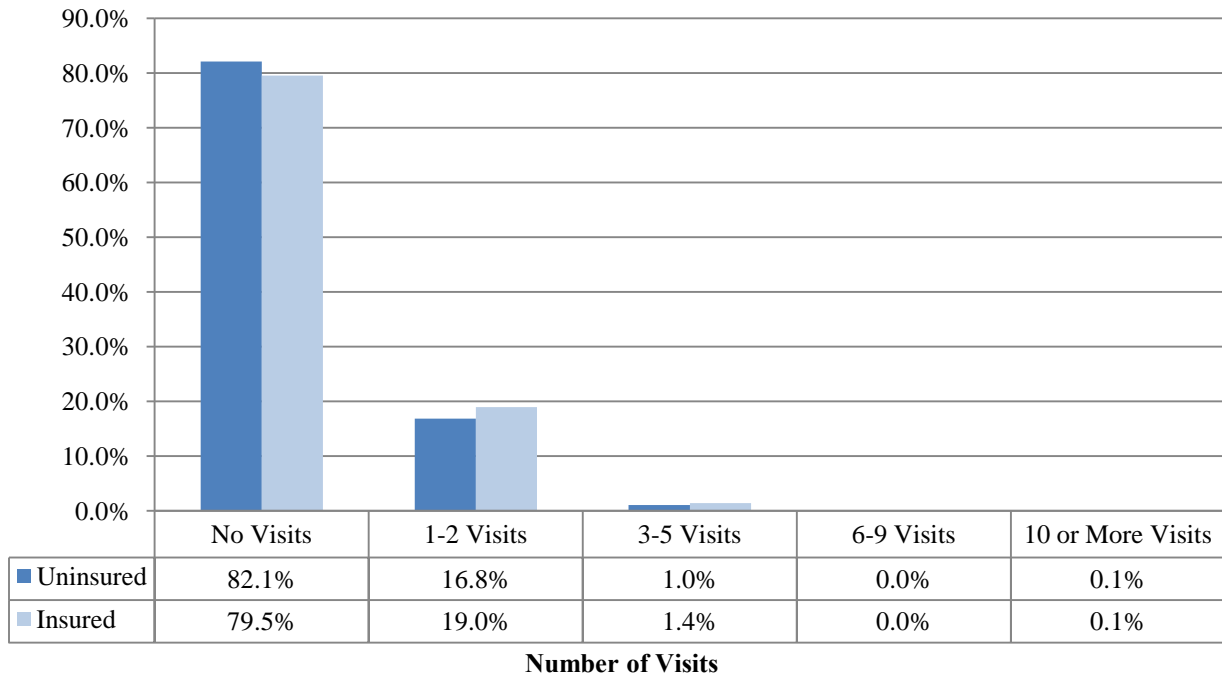
Parents were asked about the frequency in the past twelve months of ER visits for non-emergency care for their child. Approximately 20.0 percent of respondents indicated they had visited an ER for a non-life threatening illness or injury at least once in the past year, a nearly 5 percentage point decrease from baseline data (see Figure 5.1). While 18.6 percent of respondents had used the ER one or two times in the past year, approximately 1.3 percent of respondents had used the ER between three and five times. However, insurance status was not a significant indicator of usage of an ER. Figure 5.2 shows the percentage of children that had been to an ER by whether or not they have health insurance. For both insured and uninsured groups, the majority of children had not been to an ER for non-emergencies in the past 12 months.

Figure 6.1: Number of Emergency Room Visits for Non-Life-Threatening Care
(n = 9,428)



*Percentages are calculated out of the number within each insurance category.

Figure 6.2: Number of Emergency Room Visits for Non-Life-Threatening Care by Child's Insurance Status
 ("Uninsured" $n = 1,678$; "Insured" $n = 7,701$; Total $n = 9,379$)



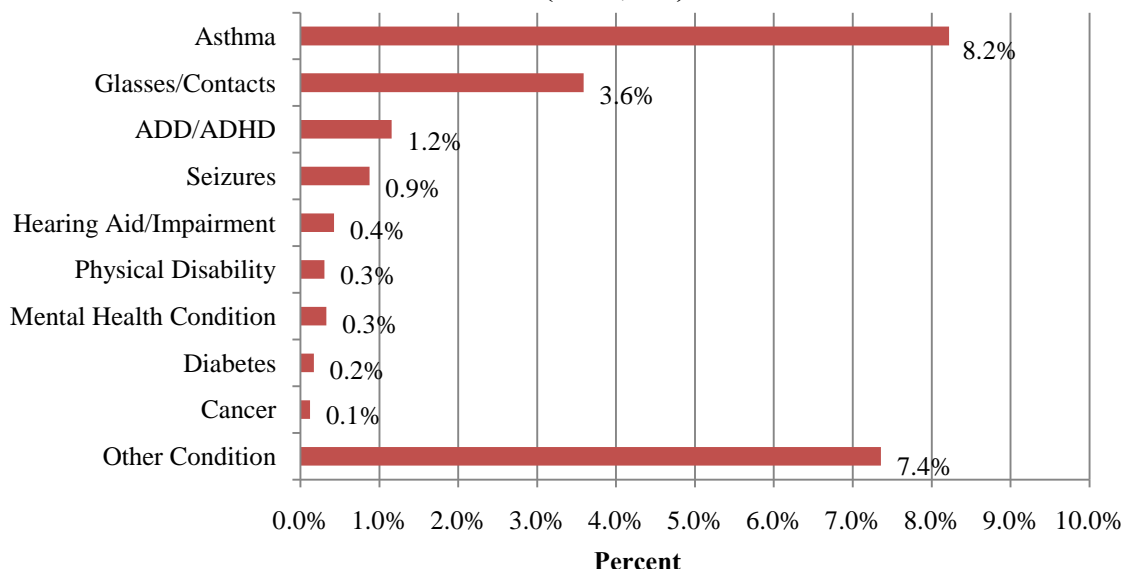
MEDICAL CONDITIONS

Many of Nevada's children have special medical conditions. Treatment for such children is often expensive and requires a team of medical care providers, led by a primary care physician, devoted to the treatment and maintenance of such conditions. Thus, health insurance coverage is vital for children with special health conditions, as it ensures that these children have access to ongoing care and treatment. Generally, health insurance serves as a safeguard for parents and families against the higher costs necessary for the treatment and maintenance of special medical conditions. According to this year's survey results, 19.6 percent of parents indicated that their child had a medical condition requiring special treatment.

As Figure 6.1 illustrates below, 8.2 percent of respondents reported that their child had asthma. A study released by the University of Rochester Medical Center (Halterman et al., 2008) examining the health insurance status of American children with asthma found that 13 percent of children with asthma (759,000) were uninsured at some time during the year. These children were more likely than insured children to be at risk for severe complications and unnecessary hospitalizations.

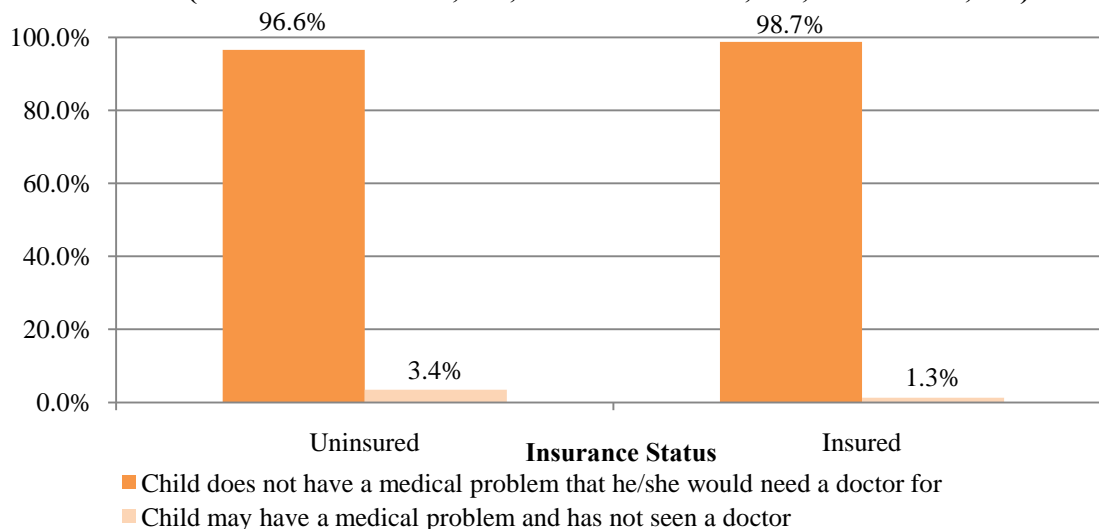
Approximately 7.4 percent indicated an "other" health condition not listed on the survey. Such "other" conditions included allergies, skin ailments such as eczema, heart murmurs, speech problems, and autism. Other common health conditions included use of glasses or contacts (3.6 percent of respondents) and ADD or ADHD (1.2 percent of respondents).

Figure 7.1: Types of Medical Conditions in Children
(n = 8,222)



Respondents were also asked if they thought their child had a medical condition that he or she has not seen a doctor for. The majority of parents reported that this was not an issue, with only 3.4 percent of uninsured or 1.3 percent of insured respondents indicating that their child may have a medical problem that could require a doctor's care. When considering only those respondents who indicated their child may have an untreated medical condition, 36.8 percent of the parents were uninsured, a figure comparable to baseline data.

Figure 7.2: Other Medical Problems that May Require a Doctor by Child's Insurance Status
("Uninsured" n = 1,658; "Insured" n = 7,702; Total n = 9,360)



*These findings are statistically significant at p=.000.

**Percentages are calculated out of the number within each insurance category.

DENTAL CARE

Routine dental care is also important to children's health and daily functioning. Children without access to regular dental care are more likely to experience dental problems, such as dental cavities and tooth abscesses. These children also miss more days of school than children without dental problems. Research also indicates that uninsured children are much more likely to have unmet dental needs. One study found that 2 percent of insured children had an unmet dental need whereas 8 percent of uninsured children had an unmet dental need (Child Trends, 2004). Additionally, uninsured children are 1.5 times more likely to not have received preventative care in the last year and 3 times more likely to have an unmet dental need than insured children (Liu et al., 2007).

To prevent oral health problems, it is generally recommended that children receive regular dental check-ups every six months to a year. In this survey, 29.7 percent of survey respondents indicated that their kindergartener had not seen a dentist in the past twelve months, a decrease of nearly 3 percentage points from baseline data. Nearly 44 percent of kindergarteners in this sample have already had a cavity, while 56 percent of kindergarteners have not. Interestingly, more children that have visited a dentist in the past year have had a cavity (52.2 percent), and more children that have not visited a dentist have not had a cavity (76.9 percent). This is likely because visiting a dentist alerts parents of any cavities a child may have, and so the children who have not visited a dentist may actually have undiagnosed cavities.

Figure 8.1: Child's Dental Visit and Presence of Cavities
("Dentist" $n = 9,449$; "Cavity" $n = 9,238$)

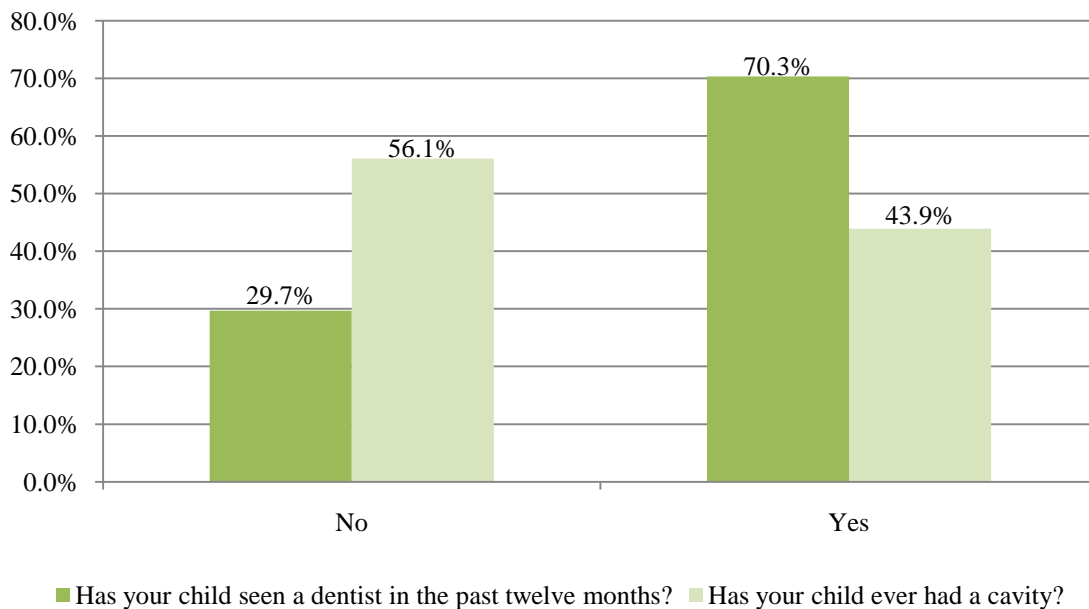
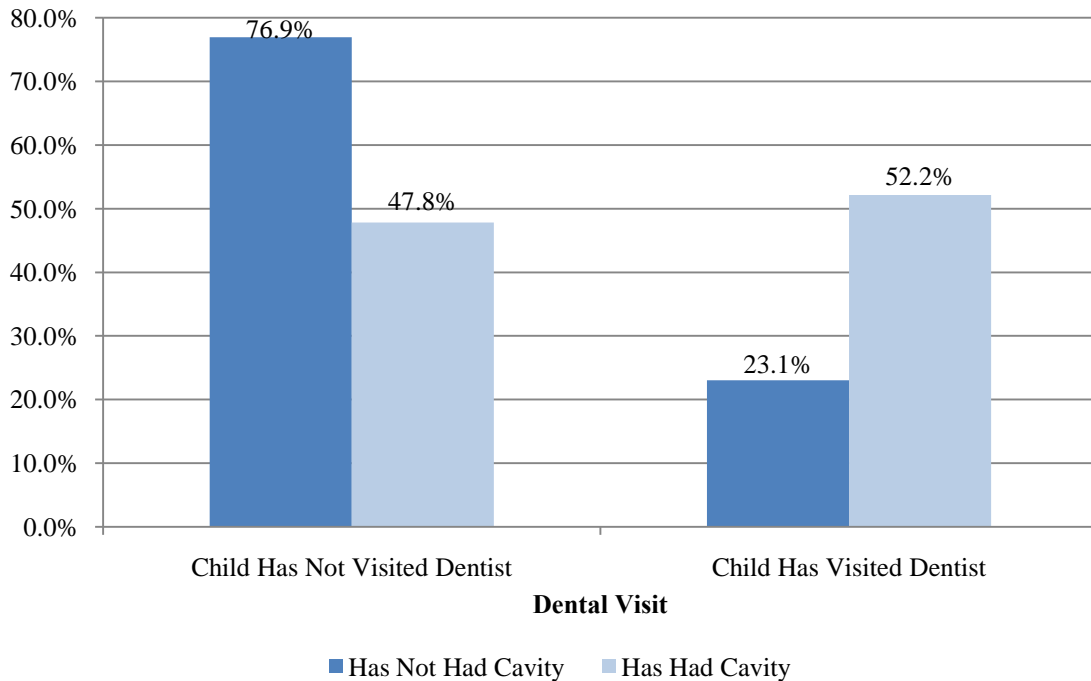


Figure 8.2: Presence of Cavities by Child's Dental Visit
 ("No Dentist" *n* = 2,607; "Dentist" *n* = 6,600; Total *n* = 9,207)



MENTAL HEALTH

Many of Nevada's children have mental health conditions that require specialized treatment from mental health providers. It is important that these children have regular access to mental health services. This is particularly true for young children entering the elementary school system. Without access to mental health care providers to manage and treat their conditions, children with mental health conditions are more likely to experience learning difficulties and developmental delays (Child Trends, 2004).

The survey results indicated only 3.9 percent of respondents have tried to access mental health services for their children, a percentage similar to baseline data. Of the respondents who have tried to access these services for their child, nearly one third (32.2 percent) reported having trouble obtaining the services. In addition, of those who have tried to access services, nearly all (89.3 percent) had health insurance, while only 10.7 percent of respondents without health insurance had ever tried to obtain mental health services. A disproportionate share of respondents at the lowest household income range (\$0-\$14,999) tended to have tried to access services (21.3 percent versus 15.7 percent of respondents in this income range in the overall sample), though these figures are not statistically significant. Other income ranges were generally comparable to the overall sample. The race/ethnicity distribution of respondents trying to access mental health services was comparable to the overall distribution in the sample.

Figure 9.1: Obtaining Mental or Behavioral Health Services for Child and Trouble Related to Obtaining Services

("Obtaining Services" n = 9,444; "Trouble Obtaining" n = 324)

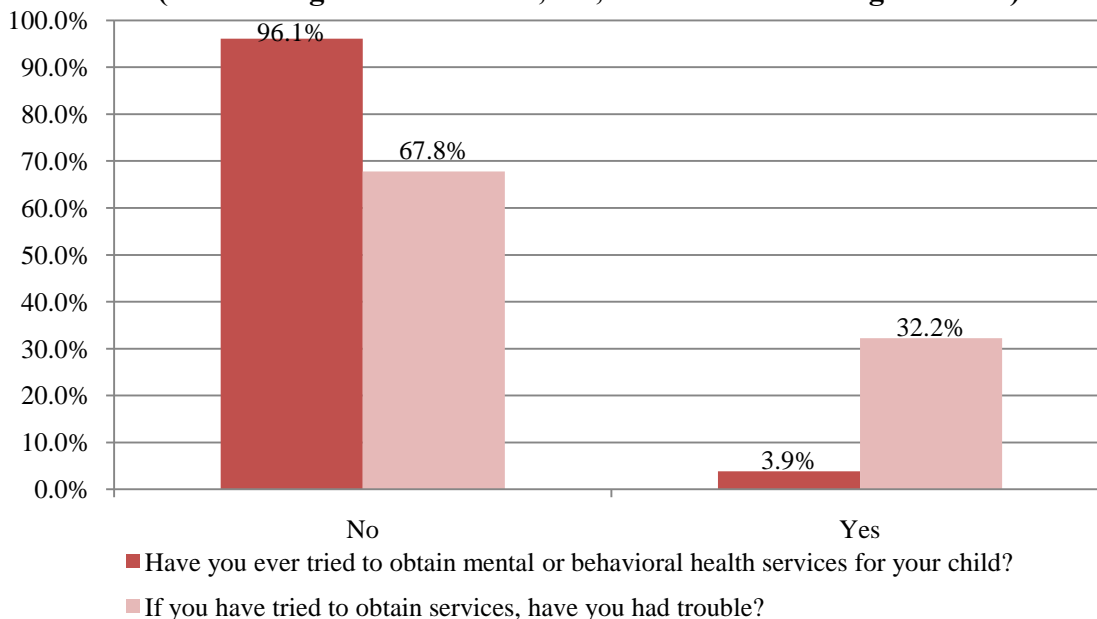
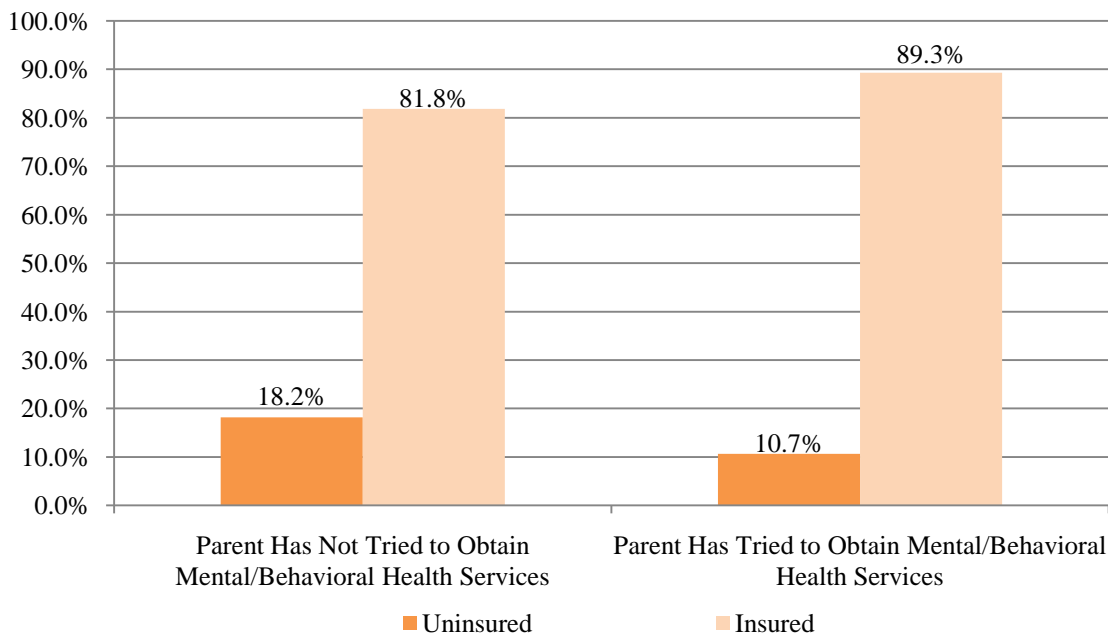


Figure 9.2: Obtaining Mental or Behavioral Health Services for Child by Child's Insurance Status

("Has Not Tried to Obtain" n = 9,030; "Has Tried to Obtain" n = 365; Total n = 9,395)

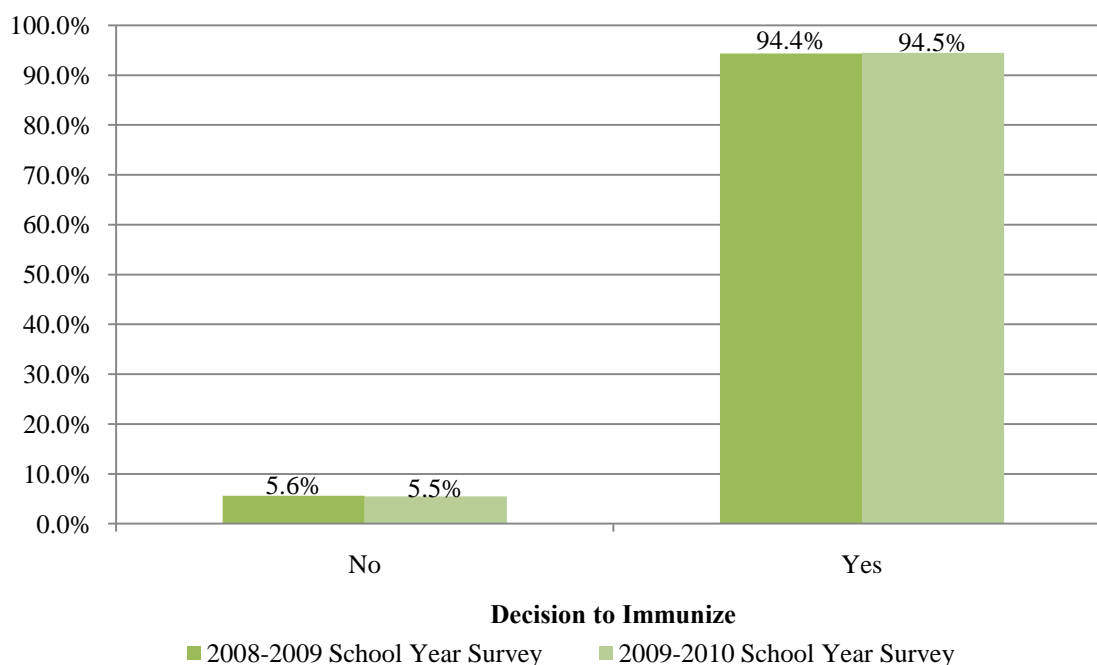


IMMUNIZATIONS

Immunizing children in Nevada is important to preventing the spread of certain childhood diseases and avoiding public health outbreaks. According to the Centers for Disease Control and Prevention (CDC) (2006), vaccinations are particularly important for children, as they have lower disease-fighting immunity than adults and may be more susceptible to complications. Getting children immunized also protects the community by preventing the spread of infectious diseases.

It seems that most of Nevada's parents understand the importance of immunizing their children against diseases. Approximately 94.5 percent of parents would still immunize their child even if immunizations were not required by law, a rate nearly identical to baseline data. However, 508 parents (5.5 percent) indicated that they would not have their child immunized if it were not required by law. The demographics for these respondents were very similar to the demographics for the entire sample. However, 54.9 percent of parents responding that they would not immunize their child were Caucasian, compared to 43.1 percent of Caucasian respondents who would immunize their child. In the survey sample overall, 43.5 percent of respondents were Caucasian.

Figure 10.1: Survey Responses Concerning Decision to Immunize if Immunizations Were Not Required
("2008-2009" $n = 10,706$; "2009-2010" $n = 9,231$)

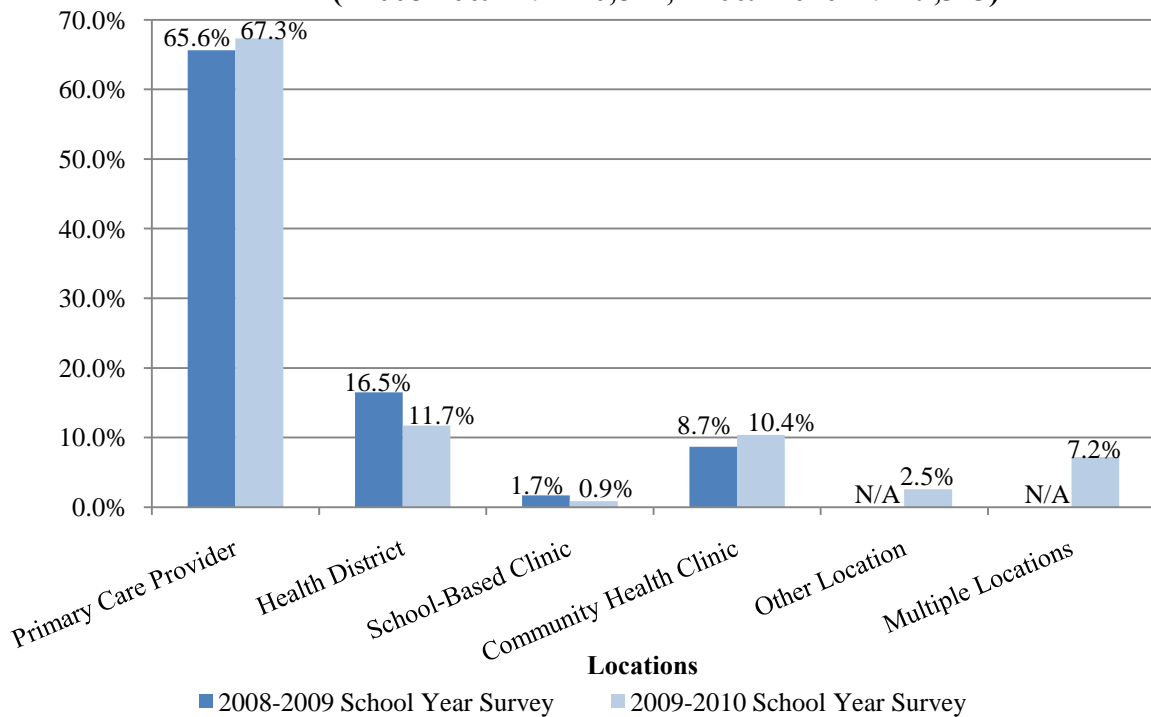


To ensure all children receive their immunizations on schedule, there is a broad array of organizations and clinics around Nevada that offer low-cost immunizations for children. Some common locations that offer immunizations for children include: primary care provider offices,

local health districts, school-based health clinics, and community health clinics. According to the results of this survey, a majority of children were immunized by a primary care provider (67.3 percent). Local health districts were the second most common place for children to get immunized (11.7 percent), followed by community health clinics (10.4 percent). Over 7 percent of respondents indicated multiple locations for immunizations, with the majority indicating their child had received immunizations from either a primary care provider and a local health district or a primary care provider and a community health clinic. In addition, 2.5 percent of respondents indicated that they go to some “other” location for immunizations. It is possible that some of these “other” types of locations could actually be one of the existing locations specified in Figure 9.2 below. Some respondents indicated that they chose not to immunize their child due to personal beliefs or based on doctor’s recommendations.

More parents seem to be utilizing community health clinics for immunizations in this sample as compared to baseline data (8.7 percent in baseline data). Fewer parents are going to local health districts; over 16 percent of respondents indicated going to a health district in baseline data.

Figure 10.2: Survey Responses Concerning Immunization Locations
 (“2008-2009” *n* = 10,842; “2009-2010” *n* = 9,373)



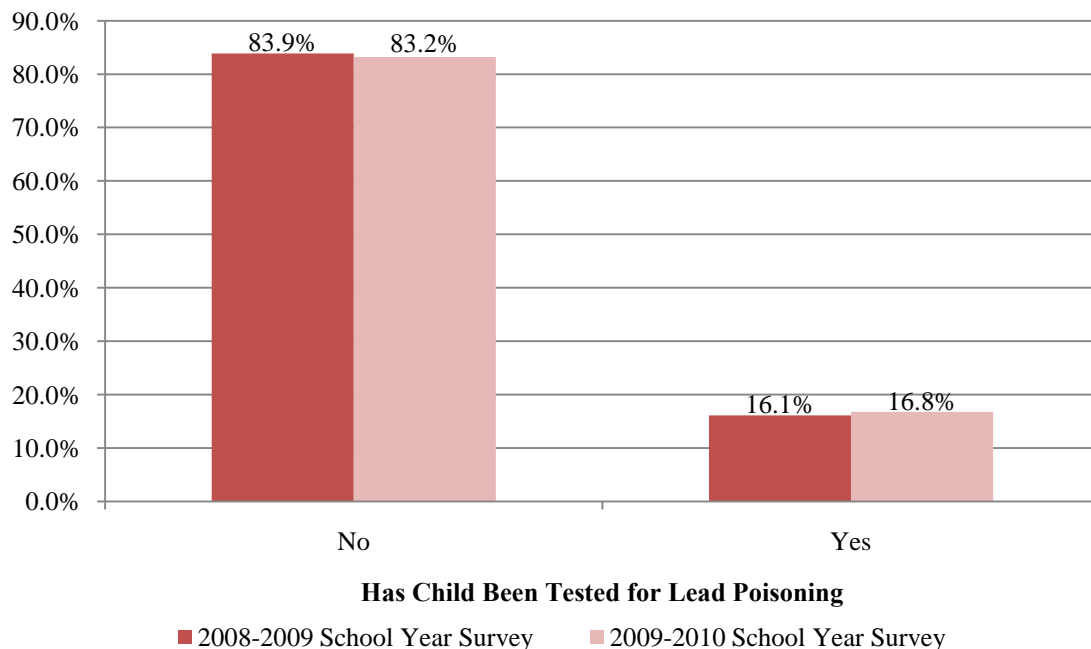
LEAD SCREENING

Screening for elevated blood lead levels is an important way to determine if Nevada’s children are exposed to lead, and to prevent or treat serious health complications caused by lead exposure. Testing for elevated blood lead levels enables health care practitioners and public health professionals both to treat exposed children and to track the source of the lead exposure. In an

effort to establish federal and state targets to control lead exposure, the Childhood Lead Poisoning Prevention Program (CLPPP) was established in Southern Nevada.

In the current study, parents were asked whether or not their child had been tested for lead poisoning. Only a small percentage of respondents (16.8 percent) indicated their child had been tested for lead poisoning. This percentage is only a slight increase from baseline data, where 16.1 percent of respondents indicated a lead screening had occurred. Continued efforts to encourage screening of children, particularly at 12 and 24 months of age, are needed to fully understand the level of lead exposure in Nevada.

Figure 11.1: Survey Responses Concerning Lead Poisoning Tests
 ("2008-2009" *n* = 10,667; "2009-2010" *n* = 9,282)



WEIGHT AND HEALTHY BEHAVIORS

Childhood obesity is a growing public health problem across the country. Epidemiologists have shown increases in children with Type II diabetes in recent years. Therefore, monitoring children's weight has become an important tool for analyzing potential health problems. This survey asked parents to write in their child's height and weight information. NICRP used this information to calculate a Body Mass Index (BMI) value for all children with valid height and weight responses. BMI values were calculated using the standard formula employed by the CDC and other health agencies:

$$BMI = [Weight / (Height * Height)] * 703$$

Many of the respondents left one or both of the height and weight questions blank, resulting in only 4,222 cases (44.4 percent of the entire sample) with a BMI value.

Once a BMI was calculated, it was assigned a weight status category based on CDC standards, which use a child’s age, gender, and BMI percentile to determine the child’s weight status. Table 11.1, below, outlines the BMI percentile ranges for each weight status category. Because some respondents left blank the questions for the child’s age or gender, the number of cases with a weight status category dropped to 4,026 (42.4 percent of the entire sample).

For the purpose of this study, NICRP used 10 different weight status formulas: one formula each for females age 4.0, 4.5, 5.0, 5.5, and 6.0; and one formula each for males age 4.0, 4.5, 5.0, 5.5, and 6.0. These age categories account for all but one of the cases in the sample that have a valid age, gender, height, and weight (the age for this case seems to be an outlier). Table 11.2 outlines the calculations used to determine weight status categories.

Table 12.1: Weight Status Categories by BMI Percentile Ranges

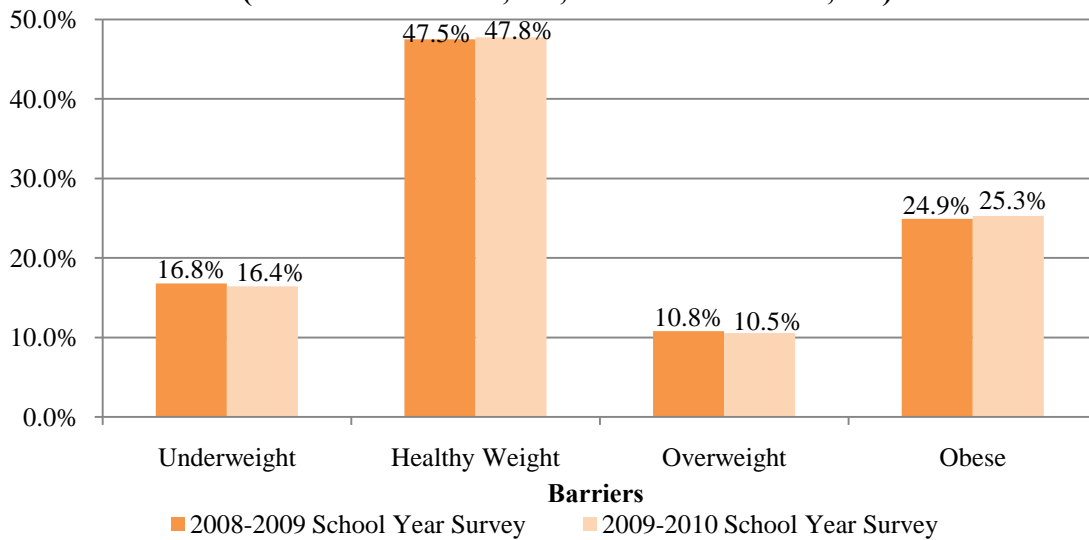
Weight Status Category	BMI Percentile Range
Underweight	BMI less than the 5 th percentile
Healthy Weight	BMI from the 5 th percentile to less than the 85 th percentile
Overweight	BMI from the 85 th percentile to less than the 95 th percentile
Obese	BMI equal to or greater than the 95 th percentile

Table 12.2: Weight Status Category Calculations Based on BMI Values

Females				
Age	Weight Status Category			
	Underweight	Healthy Weight	Overweight	Obese
4.0	0 < BMI < 13.725	13.725 <= BMI < 16.808	16.808 <= BMI < 18.028	BMI >= 18.028
4.5	0 < BMI < 13.614	13.614 <= BMI < 16.760	16.760 <= BMI < 18.084	BMI >= 18.084
5.0	0 < BMI < 13.527	13.527 <= BMI < 16.796	16.796 <= BMI < 18.240	BMI >= 18.240
5.5	0 < BMI < 13.465	13.465 <= BMI < 16.906	16.906 <= BMI < 18.486	BMI >= 18.486
6.0	0 < BMI < 13.428	13.428 <= BMI < 17.083	17.083 <= BMI < 18.808	BMI >= 18.808
Males				
Age	Weight Status Category			
	Underweight	Healthy Weight	Overweight	Obese
4.0	0 < BMI < 14.043	14.043 <= BMI < 16.935	16.935 <= BMI < 17.842	BMI >= 17.842
4.5	0 < BMI < 13.932	13.932 <= BMI < 16.852	16.852 <= BMI < 17.829	BMI >= 17.829
5.0	0 < BMI < 13.845	13.845 <= BMI < 16.839	16.839 <= BMI < 17.927	BMI >= 17.927
5.5	0 < BMI < 13.781	13.781 <= BMI < 16.891	16.891 <= BMI < 18.118	BMI >= 18.118
6.0	0 < BMI < 13.739	13.739 <= BMI < 17.003	17.003 <= BMI < 18.389	BMI >= 18.389

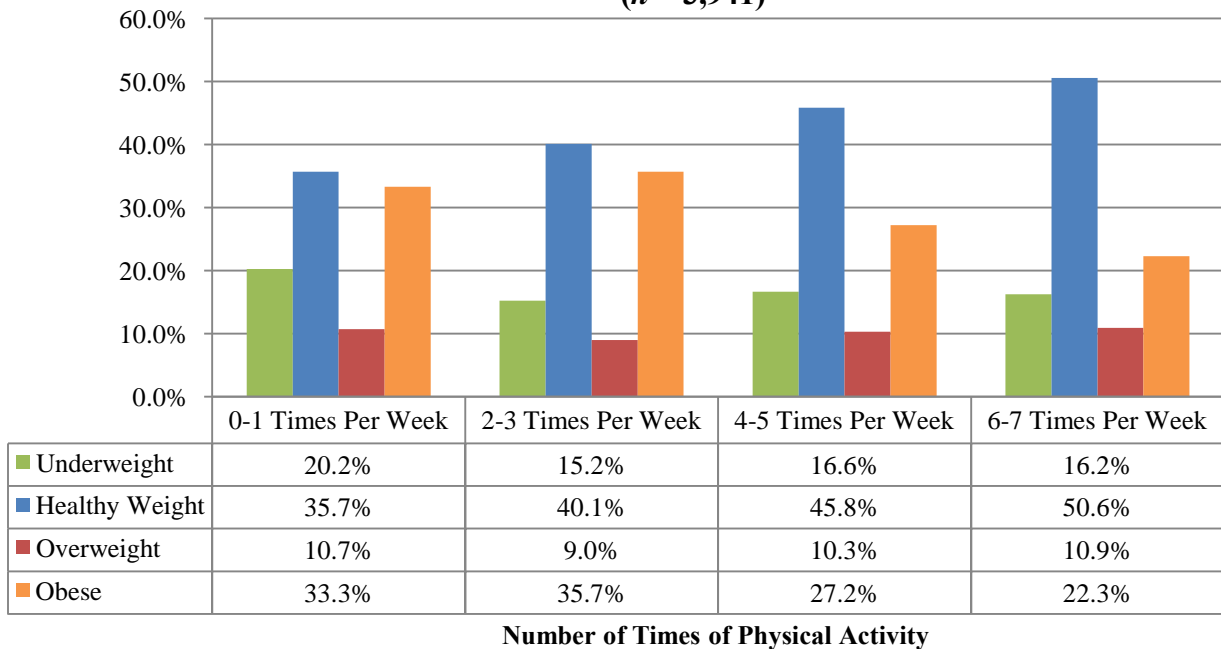
Nearly half (47.8 percent) of children entering kindergarten whose parents participated in this survey are of a healthy weight, a rate comparable to baseline data (see Figure 12.1). However, 10.5 percent of children are overweight, and over one quarter (25.3 percent) of children are considered obese given the reported data.

Figure 12.1: Survey Results Concerning Child's Weight Status Category
 ("2008-2009" *n* = 3,667; "2009-2010" *n* = 4,026)



Parents were asked the number of times per week their child is physically active for at least thirty minutes. Figure 11.2 details the relationship between weight status category and number of times of physical activity. Generally, children that were physically active less often (1-2 times per week) were more likely to be underweight or obese and were less likely to be a healthy weight, as compared to children that were physically active throughout the week (6-7 times per week).

Figure 12.2: Child's Weight Status Category by Number of Times Physically Active Per Week
 (*n* = 3,941)



* These findings are significant at $p=.000$

** Percentages are calculated out of the total number in each physical activity category.

There were no significant differences between kindergarteners with an “obese” weight status category and the overall sample with regard to insurance status or annual household income. More male kindergarteners tended to have an “obese” weight status category (56.1 percent) compared to the overall percentage of males in the survey sample (49.8 percent).

When comparing each child’s race/ethnicity with his or her BMI, we can see some differences in distributions across weight categories for each race/ethnicity group. It is important to note that the total number of participants included in this analysis is even fewer than those in the above statistics on valid BMI’s within the sample, because some respondents did not provide information on race/ethnicity. The distribution of race/ethnicity for children with valid BMIs varies slightly from the entire survey sample, with a greater concentration of Caucasian participants eligible for this analysis and a smaller concentration of Hispanic participants eligible. Figure 11.3 illustrates the race/ethnicity data for children with a valid BMI.

African American/Black children had a greater percentage of children that were overweight (39.1 percent) than other weight status categories, while Native American/Alaska Native children were generally equally distributed between having a healthy weight (35.5 percent) and being overweight (34.2 percent). For Caucasian and Asian/Pacific Islander children, there were more children at a healthy weight than overweight. In addition, in comparing the overall percentages of the respondents that are overweight (10.5 percent) or obese (25.3 percent), almost all non-Caucasian children (with the exception of Asian/Pacific Islander children) are disproportionately represented in these categories. See Figure 11.4, below, for more detail.

Figure 12.3: Race/Ethnicity of Participants with a Valid Body Mass Index (BMI)
(n = 3,990)

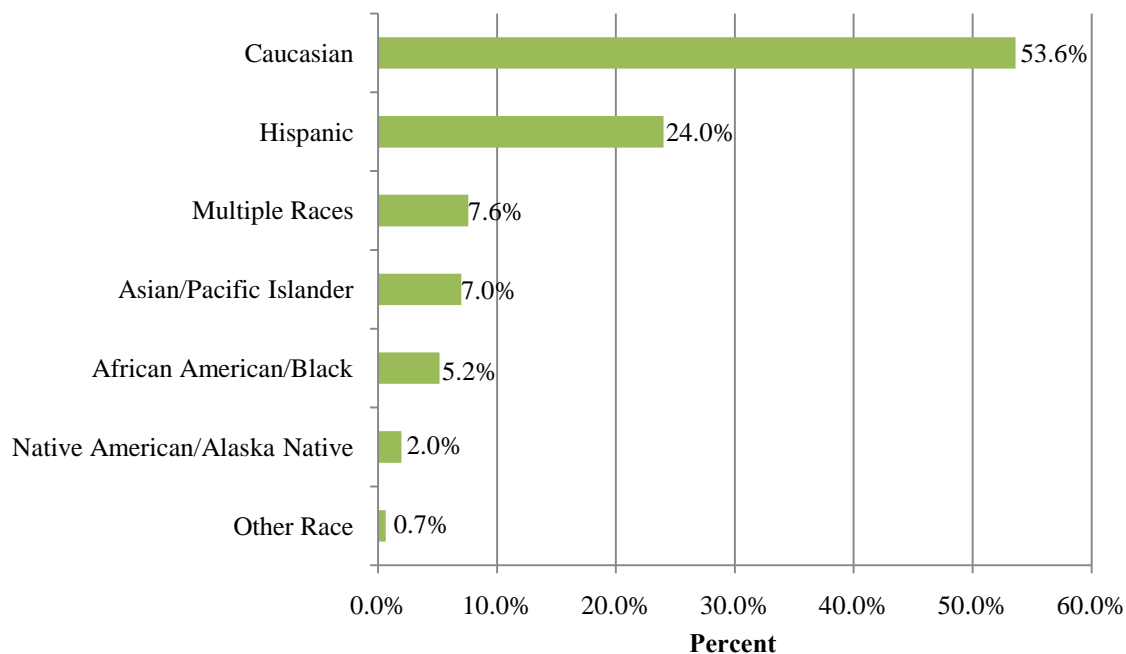
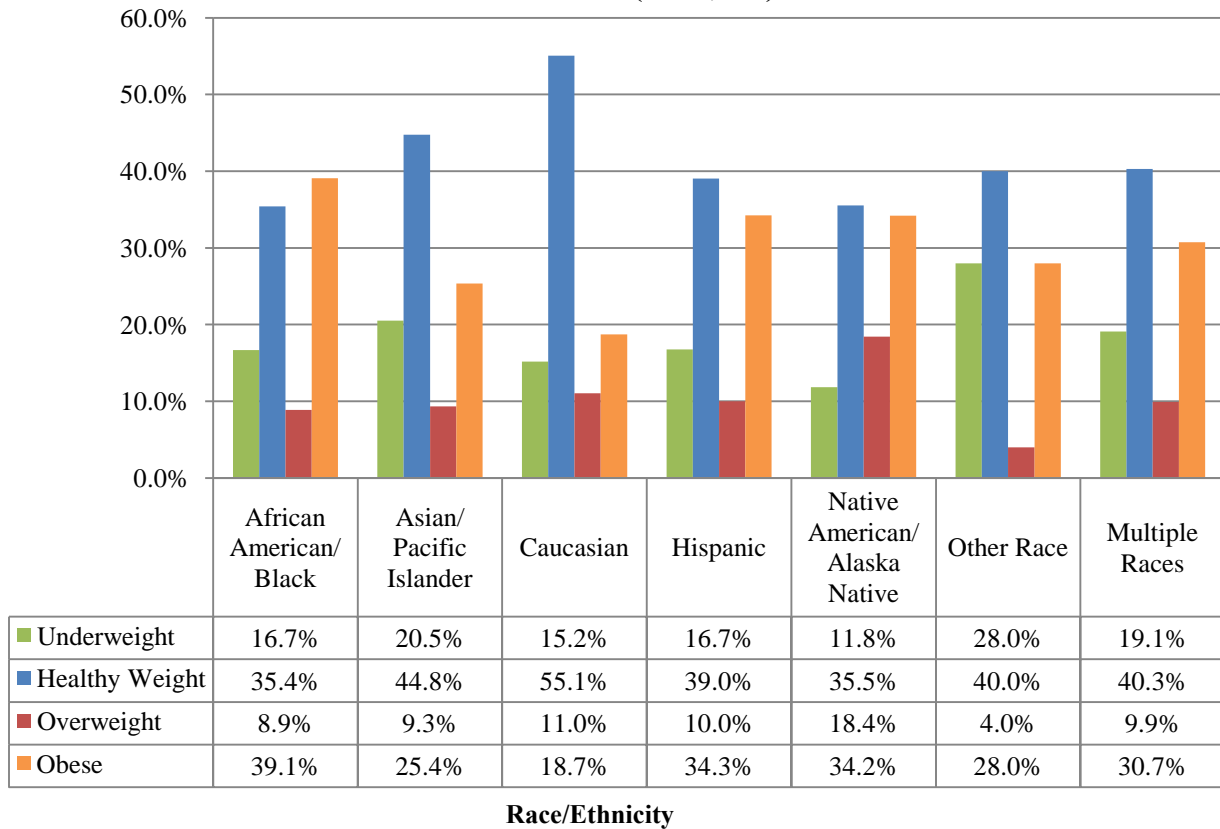


Figure 12.4: Child's Weight Status Category by Child's Race/Ethnicity
(n = 3,795)



* These findings are significant at p=.000.

** Percentages are calculated out of the total number in each race/ethnicity category.

SUMMARY OF SURVEY RESULTS BETWEEN SCHOOL YEAR SAMPLES

Table 13.1, below, outlines the percentage point differences between 2008-2009 school year survey responses and 2009-2010 school year survey responses for key indicators discussed in this report. Generally, the percentage of survey responses for key indicators remained consistent from the 2008-2009 school year to the 2009-2010 school year. Exceptions to this trend may include the percentage of respondents at the lowest income bracket (\$0-\$14,999), the percentage of kindergarteners covered by private health insurance, the percentage of respondents reporting that a lack of health insurance has been a barrier to accessing health care, and the percentage of kindergarteners with asthma.

Table 13.1: Comparison of 2008-2009 and 2009-2010 Data for Select Survey Indicators

Survey Indicator	2008-2009 (Baseline) (Percent)	2009-2010 (Year Two) (Percent)	Difference in Percentage Points
<i>Survey Participation by School District</i>			
Clark County	78.9	59.0	-19.9
Washoe County	8.8	17.6	8.8
Rural Counties	12.4	23.4	11.1
<i>Demographic Information</i>			
<i>Gender of Kindergartener</i>			
Male	50.2	49.8	-0.4
Female	49.8	50.2	0.4
<i>Race/Ethnicity of Kindergartener</i>			
African American/Black	5.9	5.7	-0.2
Asian/Pacific Islander	6.0	6.3	0.3
Caucasian	40.1	43.5	3.5
Hispanic	33.4	35.1	1.7
Native American/Alaska Native	0.9	2.1	1.2
Other Race	0.4	0.5	0.1
Multiple Races	13.4	6.7	-6.7
<i>Annual Household Income of Survey Respondent</i>			
\$0-\$14,999	12.9	15.7	2.8
\$15,000-\$24,000	14.3	14.5	0.2
\$25,000-\$34,999	13.8	13.1	-0.7
\$35,000-\$44,999	9.8	9.2	-0.6
\$45,000-\$54,000	9.1	8.2	-0.9
\$55,000-\$64,999	7.5	6.9	-0.6
\$65,000-\$74,999	-	7.2	-
\$75,000-\$84,999	-	6.4	-
\$85,000-94,999	-	4.6	-
\$95,000 +	-	14.3	-
<i>Health Insurance Status and Access to Health Care</i>			
Kindergartener Does Not Have Health Insurance	18.4	17.8	-0.6
Kindergartener Does Not Have a Primary Care Provider	21.0	19.5	-1.5
<i>Type of Insurance Covering Kindergartener</i>			
Private	72.2	58.5	-13.7
Medicaid	15.3	20.4	5.1
Nevada Check-Up	8.8	7.5	-1.3
Other	2.2	11.2	9.0
Multiple Types	1.6	2.3	0.7

Table 13.1 continued

Survey Indicator	2008-2009 (Baseline) (Percent)	2009-2010 (Year Two) (Percent)	Difference in Percentage Points
Types of Barriers Experienced When Trying to Access Healthcare			
Lack of Transportation	1.5	2.2	0.7
Lack of Insurance	10.9	13.3	2.4
Lack of Quality Medical Providers	2.4	3.0	0.6
Lack of Money/Financial Resources	10.9	10.0	-0.9
Other Barriers	1.1	1.3	0.2
Respondent Has Experienced Difficulties When Attempting to Access Mental Health Services for Kindergartener			
	34.5	32.2	-2.3
Annual Household Income of Uninsured Kindergarteners			
\$0-\$14,999	26.4	26.3	-0.1
\$15,000-\$24,999	26.1	25.8	-0.3
\$25,000-\$34,999	19.3	18.9	-0.4
\$35,000-\$44,999	11.5	10.9	-0.6
\$45,000-\$54,999	7.1	6.4	-0.7
\$55,000-\$64,999	3.8	4.2	0.4
\$65,000-\$74,999	-	3.6	-
\$75,000-\$84,999	-	2.0	-
\$85,000-94,999	-	0.5	-
\$95,000 +	-	1.5	-
Race/Ethnicity of Uninsured Kindergarteners			
African American/Black	3.8	4.9	1.1
Asian/Pacific Islander	3.9	4.2	0.3
Caucasian	22.7	26.6	3.9
Hispanic	58.6	55.5	-3.1
Native American/Alaska Native	1.2	2.2	1.0
Other Race	0.5	0.4	-0.1
Multiple Races	9.3	6.2	-3.1
Routine Care and Health Status of Kindergartener			
Kindergartener Has Not Had Routine Check-Up In Past Year			
	17.1	16.3	-0.8
Kindergartener Has Not Visited Dentist in Past Year			
	32.5	29.7	-2.8
Types of Medical Conditions Seen in Kindergarteners			
Asthma	4.8	8.2	3.4
Glasses/Contacts	2.1	3.6	1.5
ADD/ADHD	0.7	1.2	0.5
Seizures	0.2	0.9	0.7
Hearing Aid/Impairment	0.5	0.4	-0.1
Physical Disability	0.2	0.3	0.1
Mental Health Condition	0.2	0.3	0.1
Diabetes	0.1	0.2	0.1
Cancer	0.04	0.1	0.1
Other Condition	5.1	7.4	2.3

Table 13.1 continued

Survey Indicator	2008-2009 (Baseline) (Percent)	2009-2010 (Year Two) (Percent)	Difference in Percentage Points
Kindergartener with No Insurance Has a Possible Undiagnosed Medical Condition	2.2	3.4	1.2
Kindergartener's Weight Status			
Underweight	16.8	16.4	-0.4
Healthy Weight	47.5	47.8	0.3
Overweight	10.8	10.5	-0.3
Obese	24.9	25.3	0.4
Kindergartener Has Not Been Tested for Lead Poisoning	83.9	83.2	-0.7
<i>Immunization Information</i>			
Respondent Would Not Immunize Kindergartener if it Was Not Required	5.6	5.5	-0.1
<i>Immunization Locations Used by Respondent</i>			
Primary Care Provider	65.6	67.3	1.7
Health District	16.5	11.7	-4.8
School-based Clinic	1.7	0.9	-0.8
Community Health Clinic	8.7	10.4	1.7
Other Location	7.5	2.5	-5.0
Multiple Locations	-	7.2	-

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APPENDIX A: SURVEY INSTRUMENT

Kindergarten Health Survey

DEAR PARENT OR GUARDIAN: *This survey has been designed by the Nevada Institute for Children’s Research and Policy at the University of Nevada Las Vegas, in partnership with the State of Nevada, Department of Health and Human Services and the local County School District. The information from this survey will be used to help understand the health of children entering kindergarten this year. You have been asked to participate because you will have a child in kindergarten. All information from this survey will be used to discuss children’s health on a group level. Your child’s name will **never** be connected to your responses in any way or known by the researchers. **All information in this survey is confidential.***

<p>Child’s Age _____</p> <p>Elementary School Name: _____</p> <p>Child’s Gender: Male Female</p> <p>Weight of Child: _____ lbs.</p> <p>Child’s Height: _____ ft. _____ in. (12in = 1ft)</p> <p>Total number of children in your household: (ages 0-17) _____</p> <p>Total number of adults in your household: (ages 18+) _____</p>	<p>Annual Household Income (check one)</p> <p><input type="checkbox"/> \$0 -\$14,999</p> <p><input type="checkbox"/> \$15,000 -\$24,999</p> <p><input type="checkbox"/> \$25,000 -\$34,999</p> <p><input type="checkbox"/> \$35,000 -\$44,999</p> <p><input type="checkbox"/> \$45,000 -\$54,999</p> <p><input type="checkbox"/> \$55,000 -\$64,999</p> <p><input type="checkbox"/> \$65,000 -\$74,999</p> <p><input type="checkbox"/> \$75,000 -\$84,999</p> <p><input type="checkbox"/> \$85,000 -\$94,999</p> <p><input type="checkbox"/> \$95,000 +</p>	<p>Your HOME zip code: _____</p> <p>Child’s Race / Ethnicity (check one)</p> <p><input type="checkbox"/> African American</p> <p><input type="checkbox"/> Asian / Pacific Islander</p> <p><input type="checkbox"/> Caucasian</p> <p><input type="checkbox"/> Hispanic</p> <p><input type="checkbox"/> Native American</p> <p><input type="checkbox"/> Other (please specify) _____</p>
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Please answer the following questions for the child that is enrolled in kindergarten this year.

<p>1. Is your child currently covered by medical insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If “Yes”, what type of insurance? <input type="checkbox"/> Private, <input type="checkbox"/> Medicaid, <input type="checkbox"/> Nevada Check Up, <input type="checkbox"/> Other _____</p> <p>2. Has your child been seen by a medical provider for a routine check-up (not an illness) in the <i>past 12 months</i>? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>3. Does your child have a primary care provider (regular doctor, nurse practitioner or physician’s assistant)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>4. Has your child seen a dentist in the past 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. Has your child ever had a cavity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. Within the last 12 months how many times have you taken your child to the Emergency Room (not Urgent Care) for an illness or injury that was <u>not life-threatening</u>? <input type="checkbox"/> None (0) <input type="checkbox"/> 1-2 <input type="checkbox"/> 3-5 <input type="checkbox"/> 6-9 <input type="checkbox"/> 10 or more</p> <p>7. Please check all medical conditions listed below that your child has <input type="checkbox"/> Asthma/Airway Disorder <input type="checkbox"/> Glasses/Contacts <input type="checkbox"/> Diabetes <input type="checkbox"/> Hearing Aid/Impairment <input type="checkbox"/> Seizures <input type="checkbox"/> Physical Disability <input type="checkbox"/> Mental Health Condition <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Cancer <input type="checkbox"/> None <input type="checkbox"/> Other (specify) _____</p> <p>8. Do you think your child may have a medical problem that he/she has not seen a doctor for? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is it? _____</p> <p>9. If immunizations were not required for school, would you still have your child immunized? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>10. Where do you take your child for immunization (shots)? If you have used more than one of these, please check the last one: <input type="checkbox"/> Primary Care Provider <input type="checkbox"/> Health District (Child’s regular doctor) <input type="checkbox"/> School-Based Clinic <input type="checkbox"/> Community Health Clinic <input type="checkbox"/> Other (specify): _____</p> <p>11. Has your child ever been tested for lead poisoning? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>12. Have you experienced any barriers to accessing health care for your child? (check all that apply) <input type="checkbox"/> None <input type="checkbox"/> Lack of transportation <input type="checkbox"/> Lack of insurance <input type="checkbox"/> Lack of good medical providers <input type="checkbox"/> Lack of money <input type="checkbox"/> Other (please specify): _____</p> <p>13. Have you ever tried to get mental or behavioral services for your child? <input type="checkbox"/> Yes <input type="checkbox"/> No If “Yes”, have you had trouble getting services? <input type="checkbox"/> Yes (explain) _____ <input type="checkbox"/> No</p> <p>14. In general, are you able to follow your doctor’s recommendations for medications and/or follow up visits? <input type="checkbox"/> All of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> None of the time If you did not say “All of the time”, please explain why not: _____</p> <p>15. In general, how many times a week does your child do at least 30 minutes of physical activity? (circle one) 0 1 2 3 4 5 6 7</p> <p>16. What type of pre-school did your child attend most often in the past 12 months? (check one) <input type="checkbox"/> Head start <input type="checkbox"/> Private <input type="checkbox"/> Home Based <input type="checkbox"/> Home Based <input type="checkbox"/> School/University Campus <input type="checkbox"/> None/Stayed Home <input type="checkbox"/> Other _____</p>
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PLEASE RETURN THIS SURVEY TO YOUR CHILD’S TEACHER BY TUESDAY SEPTEMBER 8, 2009

Thank you for your participation. If you are interested in participating in future research please contact the Nevada Institute for Children’s Research and Policy at (702) 895-1040 or via email at nicrp@unlv.nevada.edu.

TEACHERS: Please return the survey to your school’s front office or mail to **NICRP, Kindergarten Health Survey, 4505 Maryland Parkway, Box 453030, Las Vegas, NV 89154**

