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Health Status of Children Entering Kindergarten: Results of the 2009-2010 (Year Two) Nevada Kindergarten Health Survey

Nevada Institute for Children's Research and Policy

Clark County School District

Nevada School District Superintendents

Nevada Head Start State Collaboration

Early Childhood Comprehensive Services Office

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January 2010

This project was completed in collaboration with the following:
Clark County School District
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Nevada Head Start State Collaboration and
Early Childhood Comprehensive Services Office
Nevada State Health Division

Nevada Institute For Children's Research & Policy
NICRP

UNLV UNIVERSITY OF NEVADA LAS VEGAS HEALTH SCIENCES
School of Community Health Sciences

The Nevada Institute for Children's Research and Policy (NICRP) is a not-for-profit, non-partisan organization dedicated to advancing children's issues in Nevada.

As a research center within the UNLV School of Community Health Sciences, NICRP is dedicated to improving the lives of children through research, advocacy, and other specialized services.

NICRP's History: NICRP started in 1998 based on a vision of First Lady Sandy Miller. She wanted an organization that could bring credible research and rigorous policy analysis to problems that confront Nevada's children. But she didn't want to stop there; she wanted to transform that research into meaningful legislation that would make a real difference in the lives of our children.

NICRP's Mission: The Nevada Institute for Children's Research and Policy (NICRP) looks out for Nevada's children. Our mission is to conduct community-based research that will guide the development of programs and services for Nevada's children. For more information regarding NICRP research and services, please visit our website at: http://www.nic.unlv.edu

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INTRODUCTION

Academic achievement for children is vital to their success in life. Those that do well in school have greater opportunities for post-secondary education, and later have better prospects for employment. One of the major factors that can affect a child's academic achievement is his or her health status. Academic outcomes and health conditions are consistently linked in the literature (Taras & Potts-Datema, 2005). Children with poor health status, and especially those with common chronic health conditions, have increased numbers of school absences and more academic deficiencies (Taras & Potts-Datema, 2005). In a study concerning excused versus unexcused absences, children with greater absenteeism had lower academic performance, and those with excused absences performed better than those with unexcused absences (Gottfried, 2009). Therefore, to increase the likelihood for academic success in children, we need address their health concerns. Preventative care is crucial to a child's ability to succeed in school.

According to data from the KIDS COUNT Data Center at the Annie E. Casey Foundation (2009), 11 percent of Nevada's teens are high school dropouts, compared to 7 percent nationally. The national dropout prevention center lists poor attendance and low achievement as two of the significant risk factors for school dropout (Hammond et al., 2007). Additionally studies examining school dropout rates indicate that early intervention is necessary to prevent students from dropping out of school. Middle and high school students that drop out likely stopped being engaged in school much earlier in their academic career. Therefore, early prevention and intervention is crucial to improving graduation rates. Ensuring that children have their basic needs met, including receiving adequate health care, can directly impact a child's academic achievement as well as increase their likelihood for high school graduation.

To gain baseline information on the health status of children entering the school system and better track student health status, the Nevada Institute for Children's Research and Policy (NICRP), in partnership with the state's 17 school districts, the Southern Nevada Health District (SNHD), and the Nevada State Health Division (NSHD), conducted a health survey examining the health status as well health insurance status of Nevada's children entering kindergarten. This study was conducted with the goal of quantifying the health status of children as they enter school to be able to identify specific areas for improvement to eventually increase academic success among Nevada's students.

METHODOLOGY

In 2008, NICRP partnered with the Clark County School District (CCSD) and the SNHD to create a health survey designed for parents of children entering kindergarten. The survey was intended to provide a general understanding of the overall health status of children when they enter school. The short questionnaire was developed in both English and Spanish and contained 22 questions. During the development of the project, the NSHD presented the opportunity to participate in the survey to officials in other school districts within Nevada. The superintendents of all 17 school districts in the state agreed to participate in the first year of the study.

In the fall of 2009, NICRP revised the health survey, based on analyses of the first year's survey responses, to obtain a second year of data on the state's kindergarteners. Questionnaires were

distributed to kindergarten teachers in all public elementary schools in the state, with the exception of schools in Esmeralda and Clark counties. Esmeralda County, a rural county with 5 kindergarteners enrolled in the 2009-2010 school year, chose not to participate in the survey, while the Clark County School District requested that only a sample of their schools be included in the survey to reduce burden on school staff.

Therefore, in Clark County, surveys were sent to a randomly selected sample of schools (n = 140) in the district to obtain a 5 percent margin of error in survey results. Schools were chosen based on their Title I status, as provided by the Clark County School District, to ensure that a representative sample was achieved. It was determined that 71 of the 213 elementary schools in the district (33.3%) were Title I schools. Forty-five schools (32.1 percent of the target 140 schools in the sample) were randomly selected using SPSS (a statistical analysis software) from a list of all Title I schools. The remaining 95 schools (67.1 percent of the needed sample of 140) were randomly selected from a list of non-Title I schools using SPSS.

For all districts, teachers distributed the surveys to parents during the first part of the school year. Parents who chose to participate then turned in the survey to either the school office or their child's teacher. The surveys were then returned to NICRP via mail.

Each survey was assigned a unique identification number by NICRP staff to aid in tracking of survey responses. All survey responses received as of January 1, 2010 were entered into the statistical analysis software PASW Statistics 17.0. The surveys completed in Spanish were entered into the English database by a bilingual staff member at NICRP. No identifying information was included on any of the surveys.

Please note that, due to an oversight when translating the survey from English to Spanish, two questions on the Spanish version of the survey differed from their English counterparts. In a question asking respondents about barriers to accessing health care, the choice "lack of money" was not available to Spanish-speaking respondents to select. Likewise, in a question asking respondents about the type of pre-school setting their child had attended in the past year, the choice "home-base" (care) was not available to Spanish-speaking respondents. However, both of these questions also included an "other" option to select, with a blank space to fill in any additional detail.

LIMITATIONS TO THE STUDY

As in all research studies, there are limitations to the data collected. First, all information contained in this report was self-reported by each parent or guardian. The information provided relies on the memory and honesty of the participants in the survey. Additionally, several of the questions were left blank on the surveys received. NICRP kept all surveys in the database used for analysis, but it is important to note when reading percentages presented in the figures below that not all respondents answered all questions. Some figures may have a total of 9,504 (indicating all participants responded to the question), while others may have a smaller number of total cases because of respondents leaving that particular question blank. All percentages calculated for this report are based on the total number of people answering the question, rather than the total number of people who completed a survey.

SURVEY RESULTS

Presented in the figures below are the basic frequencies (counts and percentages) for all questions asked in the survey. Cross tabulations were also calculated for selected variables to provide additional information on specific topics. A chi-square statistic was also calculated to test for the statistical significance of the differences provided in the cross tabulation tables. Percentage calculations as well as statistical significance are presented with figures, as appropriate. The data collected for the 2009-2010 school year supplements baseline data of school-aged children in Nevada that was collected during the 2008-2009 school year.

RESPONSE RATES

Each school district involved in this study provided the total number of kindergarten students enrolled for the 2009-2010 school year. Using this information, 24,261 surveys were sent out to participating schools. At the end of the data collection period (December 2010), 9,504 surveys were received and entered, resulting in a 39.2 percent response rate for the 15 districts in the state and the schools selected to participate in Clark County. Response rates were also calculated for each of the school districts individually. These rates ranged from 18.2 percent in Mineral County to 80.1 percent in Humboldt County, and are detailed in Table 1.1 below. In Clark County, the response rate for the schools sampled to participate was 34.7 percent.

Table 1.1: Survey Response Rate by School District

School District	Number of Surveys Sent Out	Number of Surveys Received	Survey Response Rate
Carson City	568	432	76.1
Churchill County	326	110	33.7
Clark County	16,161	5,610	34.7
Douglas County	419	302	72.1
Elko County	763	529	69.3
Eureka County	16	11	68.8
Humboldt County	271	217	80.1
Lander County	76	47	61.8
Lincoln County	68	49	72.1
Lyon County	647	283	43.7
Mineral County	44	8	18.2
Nye County	420	157	37.4
Pershing County	46	15	32.6
Storey County	21	12	57.1
Washoe County	4,321	1,670	38.6
White Pine County	94	52	55.3
All Districts	24,261	9,504	39.2

Note: Esmeralda County, with 5 kindergarteners enrolled in the 2009-2010 school year, did not participate in the survey.

Figures 1.1 and 1.2 detail parent participation by school district for all returned surveys. The pie chart illustrates the divisions between Washoe, Clark and all other counties. Because Clark County is the largest school district in the state, it was expected that Clark County parents would comprise the vast majority (59.0 percent) of the respondents for this survey. Washoe County comprised 17.6 percent of all survey responses, while responses from parents in the remaining counties accounted for 23.4 percent. These rates vary from response rates seen in the 2008-2009 survey, where Clark County's rate was 78.9 percent, Washoe County's rate was 8.8 percent, and the rate for rural counties was 12.4 percent. These differences could be attributable to the change in methodology for surveying Clark County parents (using a sample), and an increased willingness to participate by other school districts.

Figure 1.1: Survey Participation by School District
(*n* = 9,504)

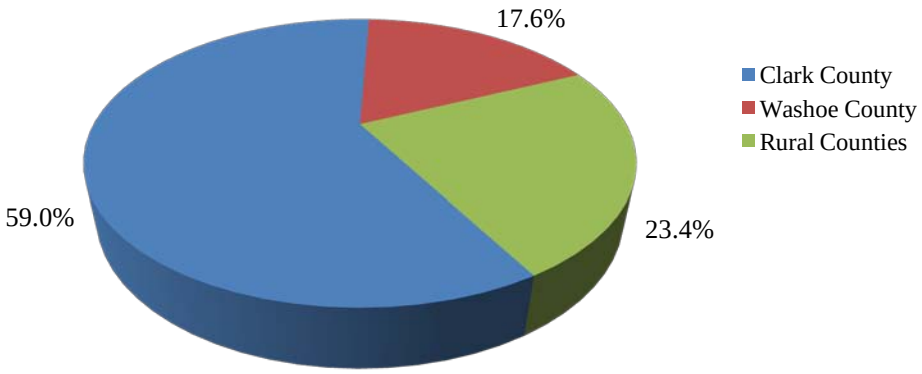
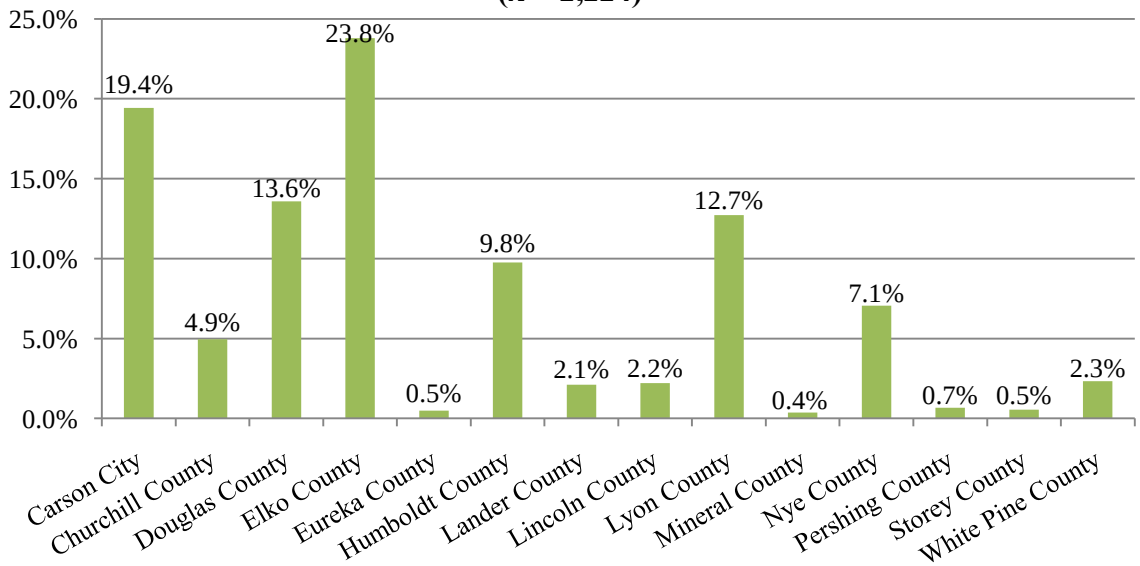


Figure 1.2 illustrates county-specific participation for all rural counties, which represent 23.4 percent of the total respondents.

Figure 1.2: Survey Participation Among All Rural Counties
(*n* = 2,224)



DEMOGRAPHICS

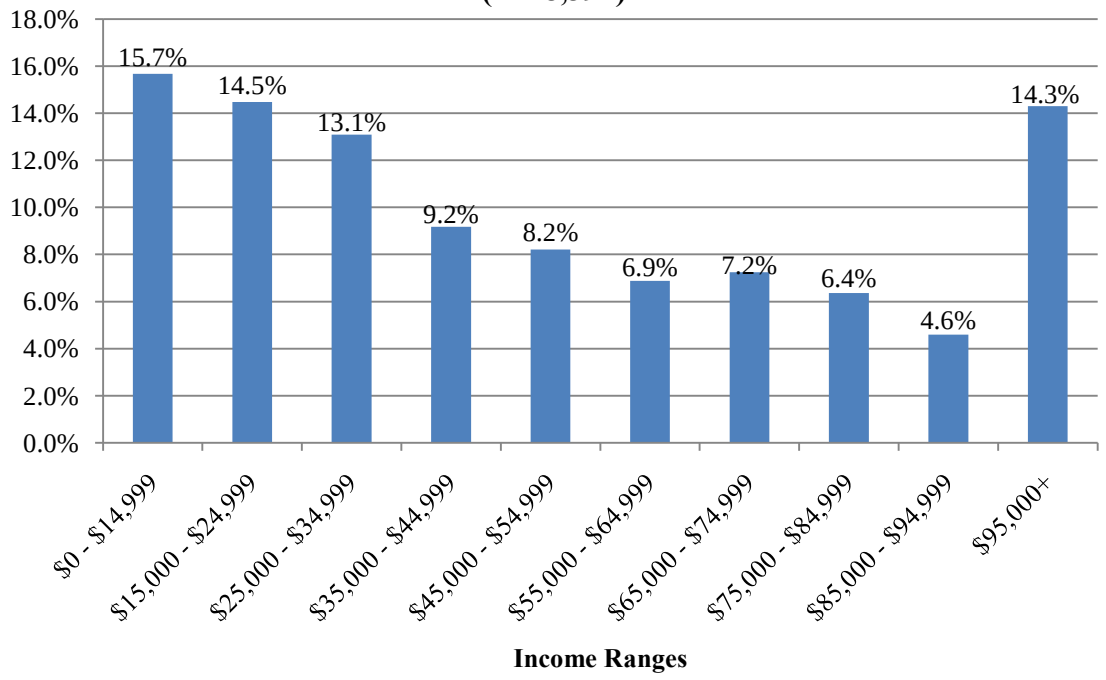
The survey was created to be one page in length, with one side written in English and the reverse side written in Spanish. Of the 9,504 completed surveys, the majority of parents (82.9 percent) completed the survey in English, while 17.1 percent completed it in Spanish.

Additionally, information on the gender of the kindergarten student was collected. Among the respondents that answered this question, the distribution was split nearly equally between males (49.8 percent) and females (50.2 percent). Approximately 4.9 percent of the sample (465 respondents) left this question blank.

Parents were also asked to respond to questions regarding their annual household income, the child's race/ethnicity, and the child's pre-school setting prior to kindergarten. Data for each of these questions are presented in Figures 1.3 through 1.5 below, with all percentages calculated using the total number of completed responses rather than the total number of returned surveys.

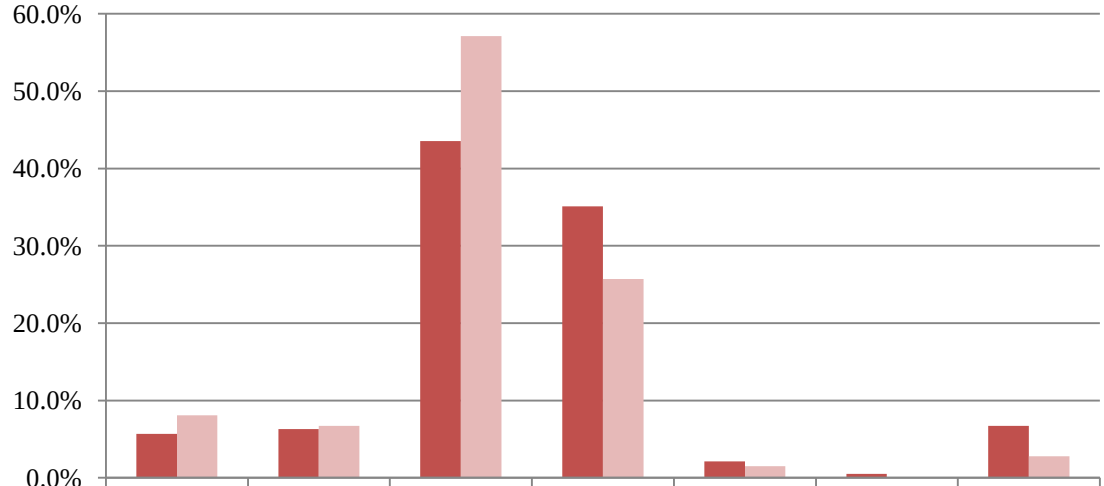
Figure 1.3 illustrates the income distribution among parents participating in the survey. According to the U.S. Census Bureau Small Area Income and Poverty Estimates, the 2008 estimated median household income in Nevada was $56,432. This median income represents the middle value of a distribution, and is the best measure of central tendency to reduce the impact of outliers (very high or very low incomes) in the distribution. In this survey, parents reported lower annual household incomes, with 52.5 percent of all respondents reporting income below $45,000. This represents an increase of nearly 2 percentage points from 2008-2009 school year baseline data, indicating that more families are earning less than in the previous year of the survey. Approximately 47.6 percent of respondents reported incomes of $45,000 or more, a decrease of about 2 percentage points from baseline data.

Figure 2.1: Annual Household Income
(*n* = 8,394)



Responses indicating the race/ethnicity of the kindergartener are roughly similar in distribution to the race/ethnicity percentages most recently estimated by the U.S. Census Bureau for the entire population in Nevada. However, there were proportionally fewer Caucasians and more people of Hispanic origin responding to this survey than seen in Nevada's Census estimates. Figure 1.4, below, provides more detail.

Figure 2.2: Child's Race/Ethnicity
(*n* = 8,873)



	African American/ Black	Asian/ Pacific Islander	Caucasian	Hispanic	Native American/ Alaska Native	Other Race	Multiple Races
Survey Sample	5.7%	6.3%	43.5%	35.1%	2.1%	0.5%	6.7%
Nevada	8.1%	6.7%	57.1%	25.7%	1.5%		2.8%

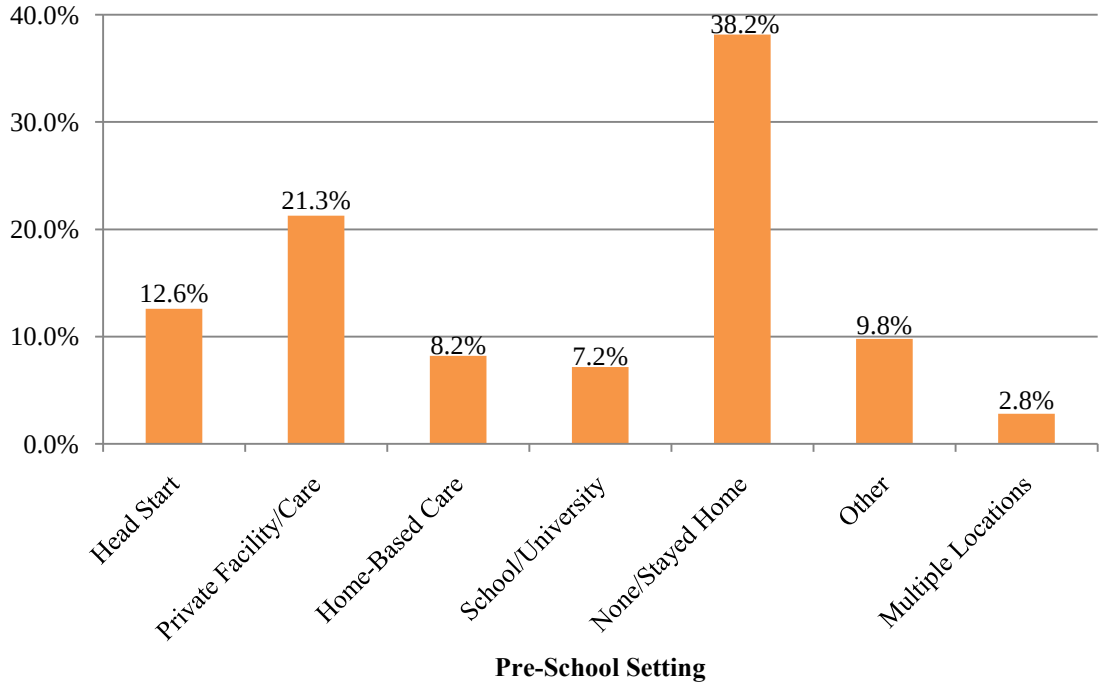
Race/Ethnicity

* Nevada state data from 2008 Census QuickFacts (http://quickfacts.census.gov)

The survey also asked the type of pre-school setting, if any, participants' kindergarteners had attended in the twelve months prior to kindergarten. Over one-third (38.2 percent) of respondents indicated that their kindergartener had stayed at home in the prior year, not attending pre-school. Approximately 21.3 percent of respondents stated that the kindergartener had attended a private facility for pre-school care, while 12.6 percent of kindergarteners attended a Head Start program.

Please note that this question was one of two questions that varied between the English and Spanish versions of the survey. The response choice "home-based care" was not available on the Spanish survey, but was available on the English version. Therefore, the overall distribution of pre-school settings shown in Figure 2.3 may be slightly skewed.

Figure 2.3: Child's Type of Pre-School Setting During Past Twelve Months
(*n* = 9,258)



* Please note that the choice "Home-Based Care" was not available on the Spanish version of the survey.

INSURANCE STATUS

Many children in Nevada and across the country are uninsured. According to the U.S. Census Bureau Current Population Survey, approximately 9.9 percent of children under the age of 18 in the United States are uninsured, while 19.1 percent of children under the age of 18 in Nevada are uninsured. Nevada has consistently ranked near the bottom of nationwide rankings with regard to the number of children covered by health insurance.

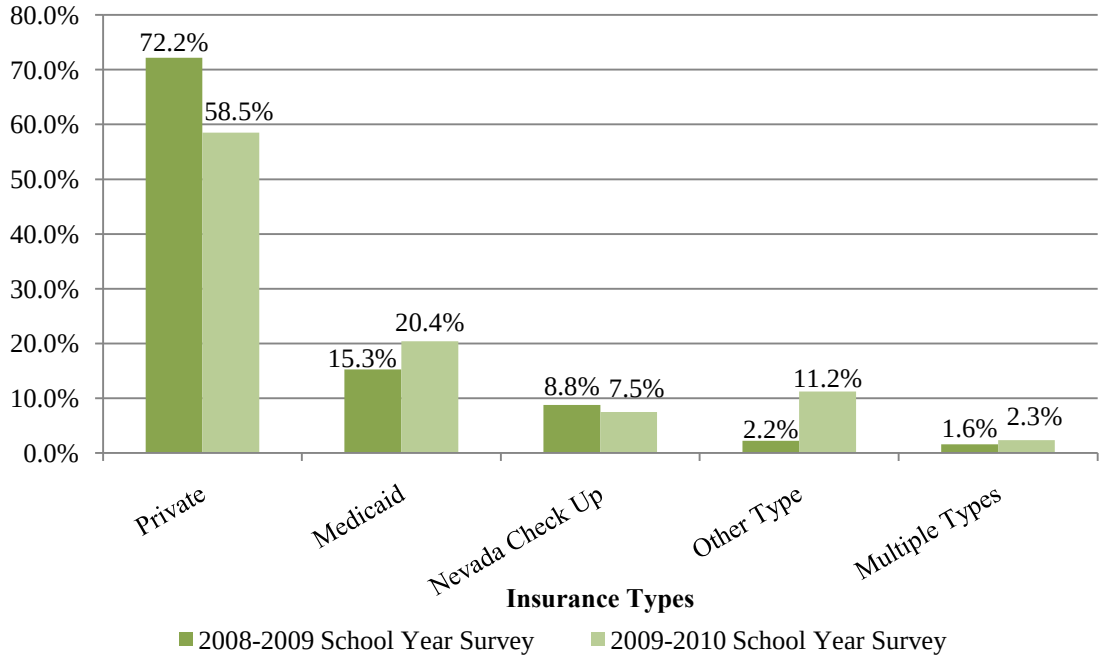
A correlation exists between children's health insurance status access to health care services. Research indicates that uninsured children are less likely to have access to the care they need and are more likely to have poorer health outcomes than insured children. For example, uninsured children were nearly ten times as likely as insured children to have an unmet health need (Robert Wood Johnson Foundation, 2005). Nevada has been ranked the second highest in the country among uninsured children not receiving any care, at 43.4 percent of children (Robert Wood Johnson Foundation, 2005).

In this study, participants were asked whether or not their child had health insurance. Approximately 81.6 percent of parents surveyed indicated that their child had some type of health insurance coverage, while 17.8 percent of participants stated their child had no coverage. These percentages are nearly identical to percentages found in baseline data. Of the children who had health insurance, a majority of parents indicated that their child (58.5 percent) had private health insurance coverage, while 27.9 percent of children had public health insurance (either

Medicaid or Nevada Check Up). These percentages are considerably different from baseline data percentages, where 72.2 percent of respondents indicated their child had private health insurance and 24.1 percent had public health insurance.

Approximately 11.2 percent of respondents indicated that their child had some "other" type of health insurance not listed on the survey questionnaire. These "other" types of insurance ranged from coverage provided through the military or a Native American reservation, or were unclear responses that were difficult to recode into one of the survey categories. It is possible that some of these "other" types of insurance could indeed be added to the private or public survey categories. In addition, 2.3 percent of respondents selected multiple types of health insurance for their children, which are categorized as "multiple" in Figure 3.1. The majority of these responses specified that their child had both Medicaid and a private form of health insurance, or Medicaid and Nevada Check Up.

Figure 3.1: Survey Responses Concerning Types of Health Insurance Covering Children
("2008-2009" *n* = 8,668; "2009-2010" *n* = 7,459)



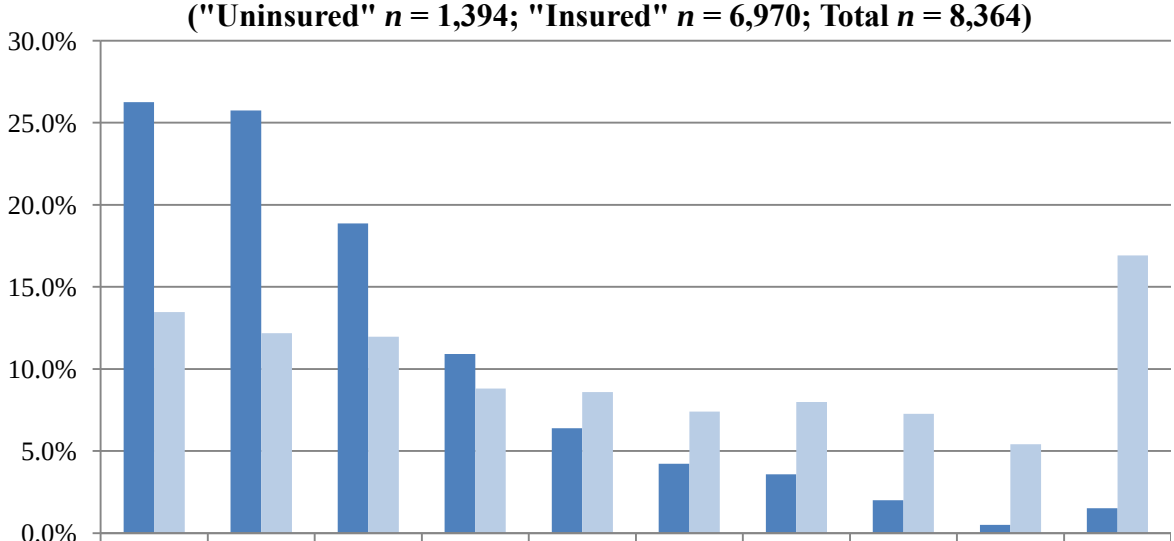
The above statistics are similar to national trends in children's health insurance coverage, although there are some differences in the percentage of children insured by public programs. A recent study by the Kaiser Family Foundation (2008) found that more than 31.2 percent of children in the United States are covered by public health insurance, while this study indicates that 27.9 percent of children entering kindergarten are covered by public health insurance. The survey sample percentage may be reflective of greater barriers to enrollment in Nevada's public health insurance programs.

Not surprisingly, children from families with a lower household income are more likely to be uninsured (see Figure 2.2). Over 25.0 percent of children living in households with an annual

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

("Uninsured" *n* = 1,394; "Insured" *n* = 6,970; Total *n* = 8,364)



	$0 - $14,999	$15,000 -$24,999	$25,000 -$34,999	$35,000 -$44,999	$45,000 -$54,999	$55,000 -$64,999	$65,000 -$74,999	$75,000 -$84,999	$85,000 -$94,999	$95,000 +
Uninsured	26.3%	25.8%	18.9%	10.9%	6.4%	4.2%	3.6%	2.0%	0.5%	1.5%
Insured	13.5%	12.2%	12.0%	8.8%	8.6%	7.4%	8.0%	7.3%	5.4%	16.9%

Household Income

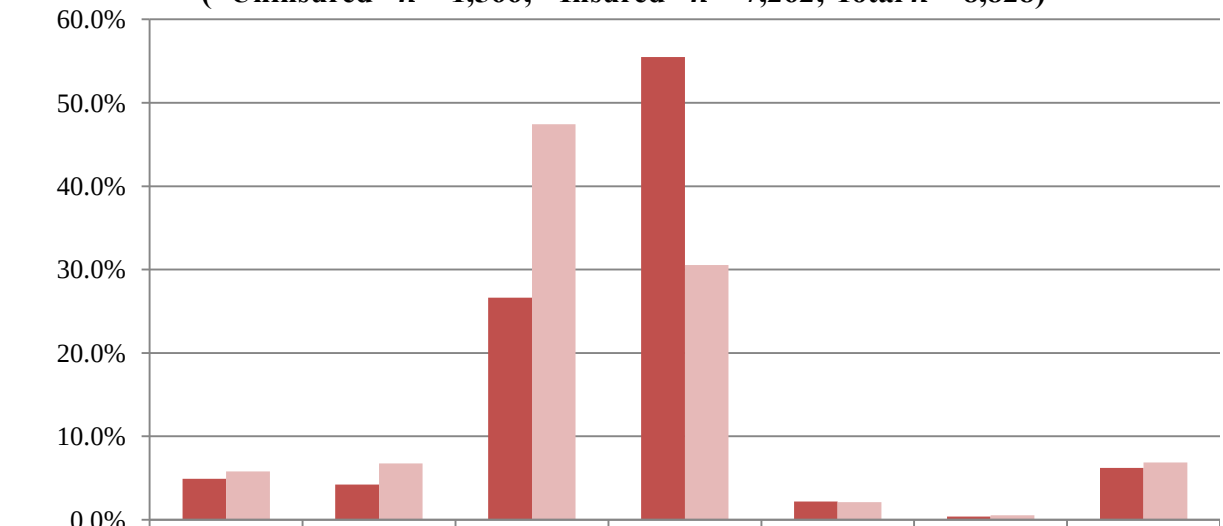
* These findings are significant at p=.000.

** 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)



	African American/ Black	Asian/ Pacific Islander	Caucasian	Hispanic	Native American/ Alaska Native	Other Race	Multiple Races
Uninsured	4.9%	4.2%	26.6%	55.5%	2.2%	0.4%	6.2%
Insured	5.8%	6.8%	47.4%	30.6%	2.1%	0.5%	6.8%

Race/Ethnicity

* These findings are significant at p=.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.

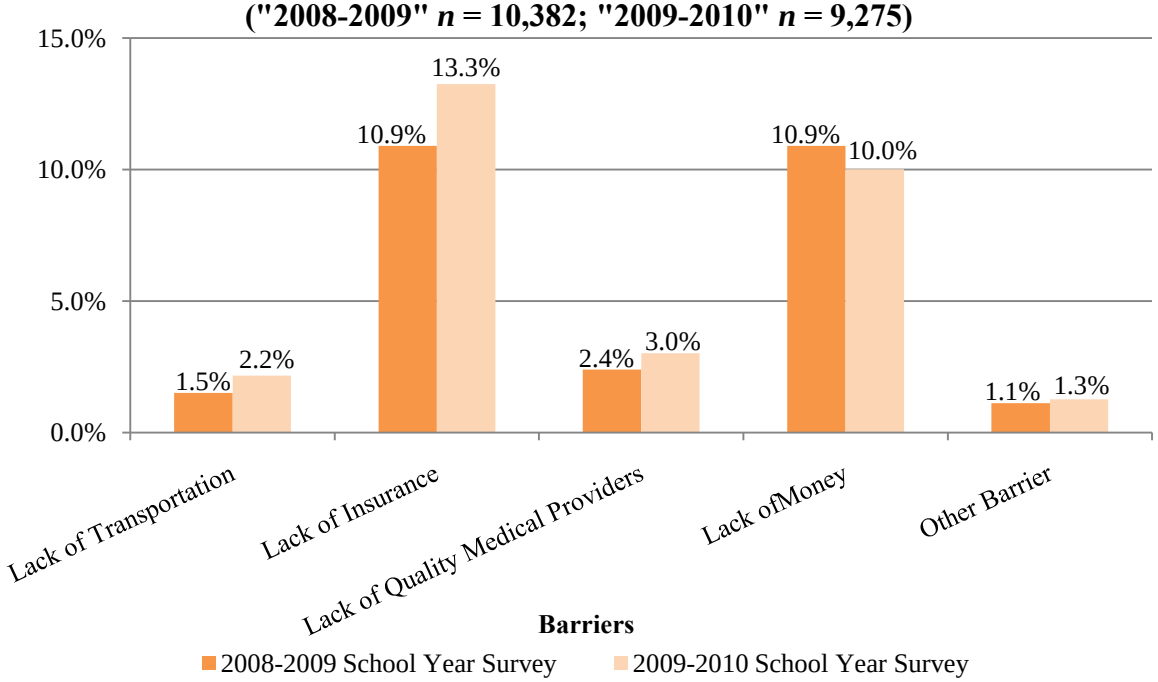
Responses in the "other" category for this question included: not having adequate insurance coverage, wait times for medical appointments, and language barrier problems. This category was not mutually exclusive, meaning that respondents could indicate multiple barriers.

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)

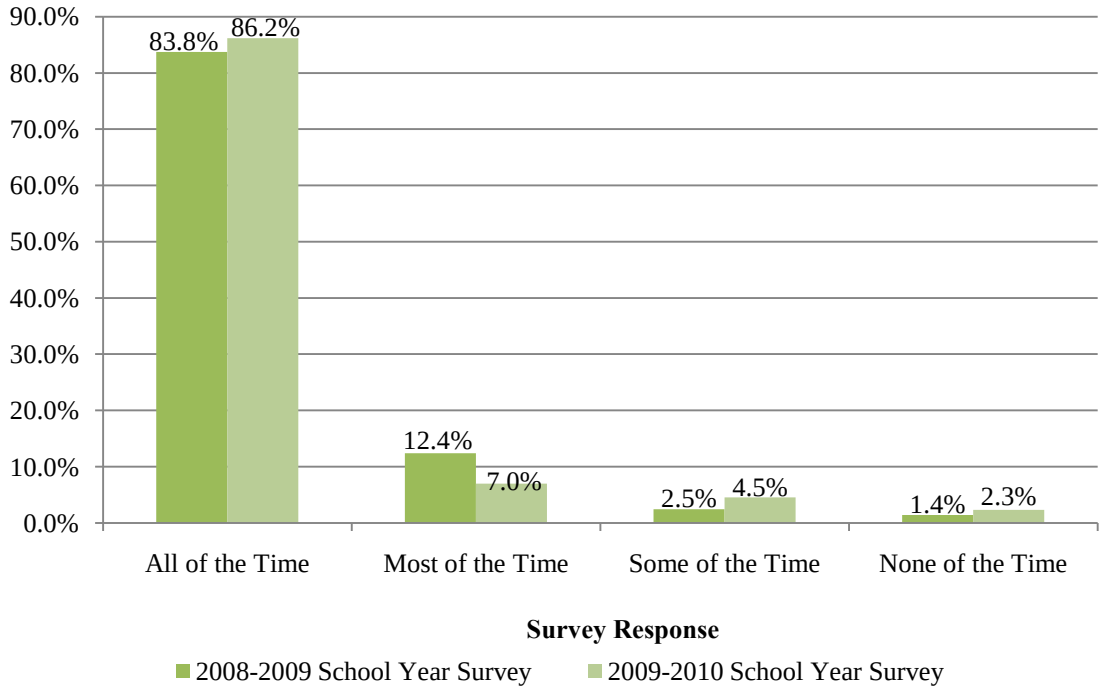


* Please note that the choice "Lack of Money" was not available on the Spanish version of the 2009-2010 survey.

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)

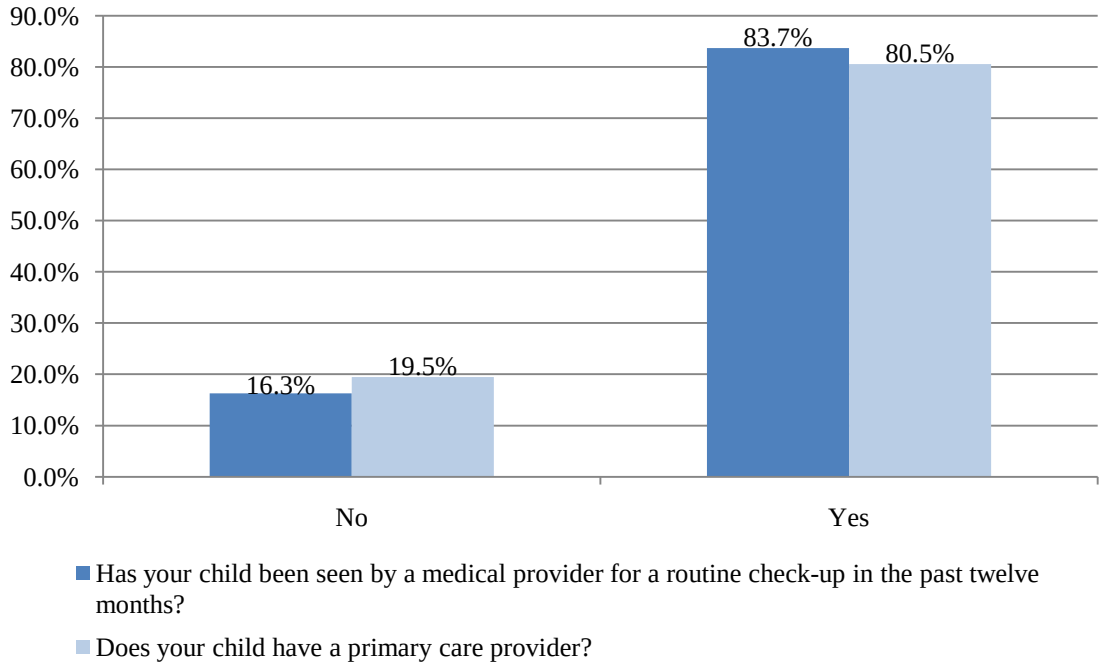
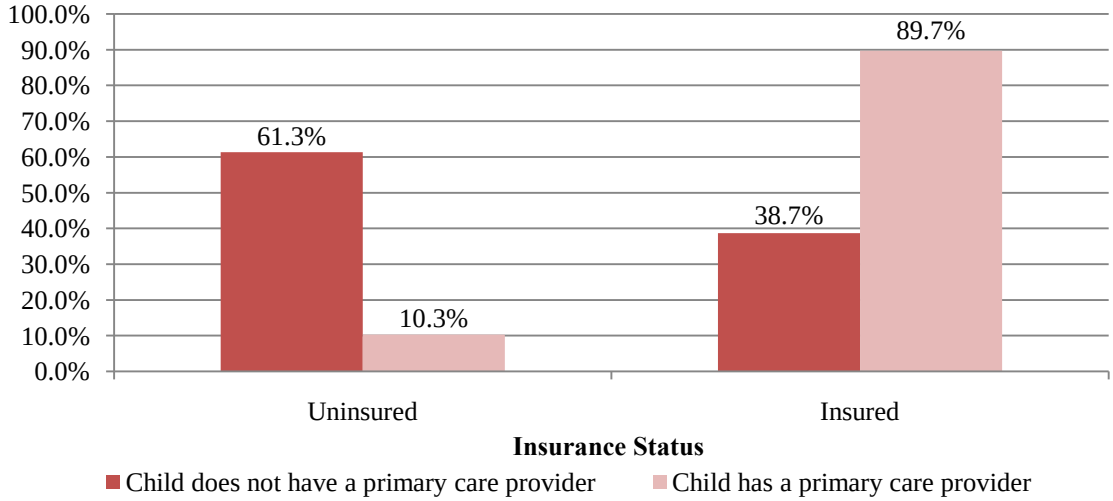


Figure 4.2 provides detail on insurance status and primary care providers. Approximately 89.7 percent of children with health care insurance also have a primary care provider, while only 10.3 percent of children without insurance have a primary care provider.

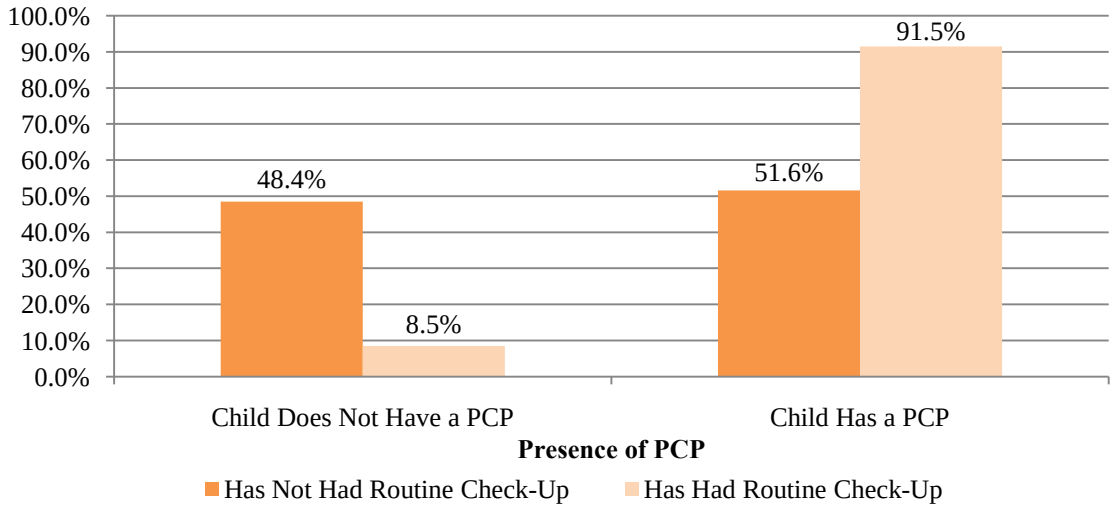
Figure 5.2: Presence of Primary Care Provider by Child's Insurance Status
("Uninsured" *n* = 1,672; "Insured" *n* = 7,684; Total *n* = 9,356)



*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)



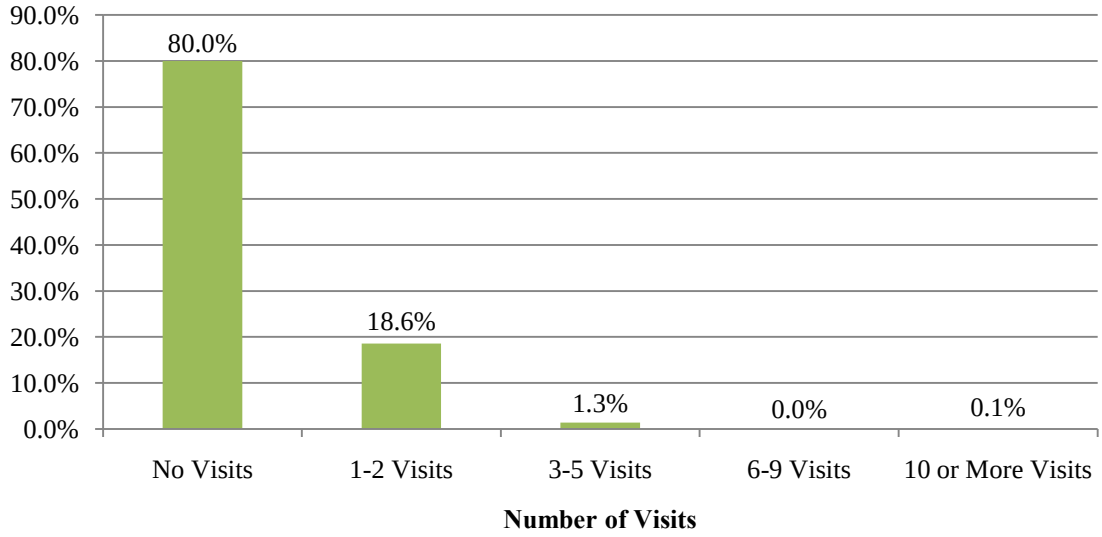
*These findings are statistically significant at p=.000.
**Percentages are calculated out of the number within each PCP category.

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.

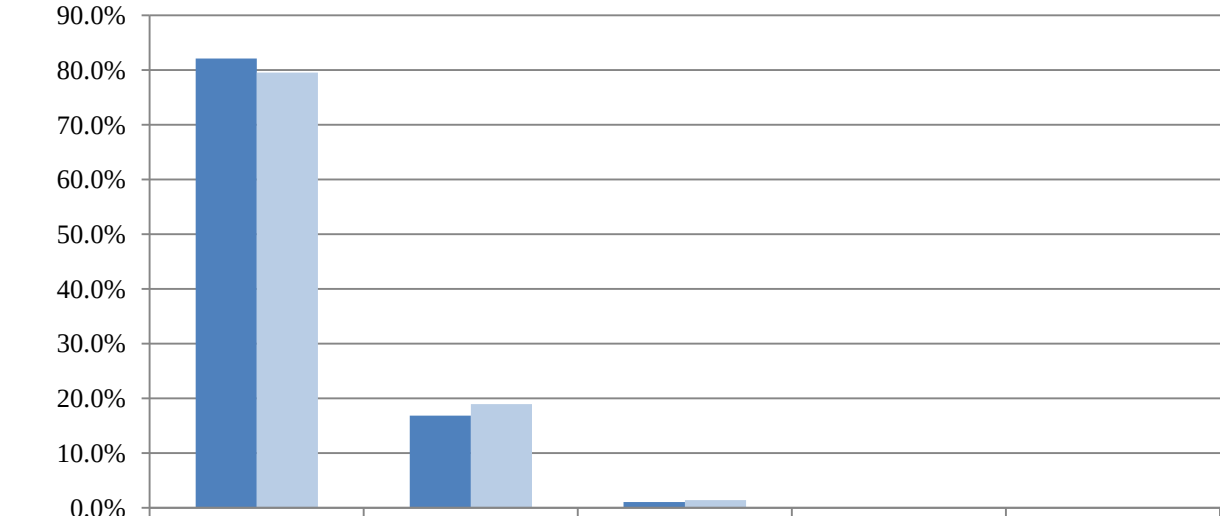
Parents were asked about the frequency in the past twelve months of ER visits for non-emergency care for their child. Approximately 20.0 percent of respondents indicated they had visited an ER for a non-life threatening illness or injury at least once in the past year, a nearly 5 percentage point decrease 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 Visists 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)



	No Visits	1-2 Visits	3-5 Visits	6-9 Visits	10 or More Visits
Uninsured	82.1%	16.8%	1.0%	0.0%	0.1%
Insured	79.5%	19.0%	1.4%	0.0%	0.1%

Number of Visits

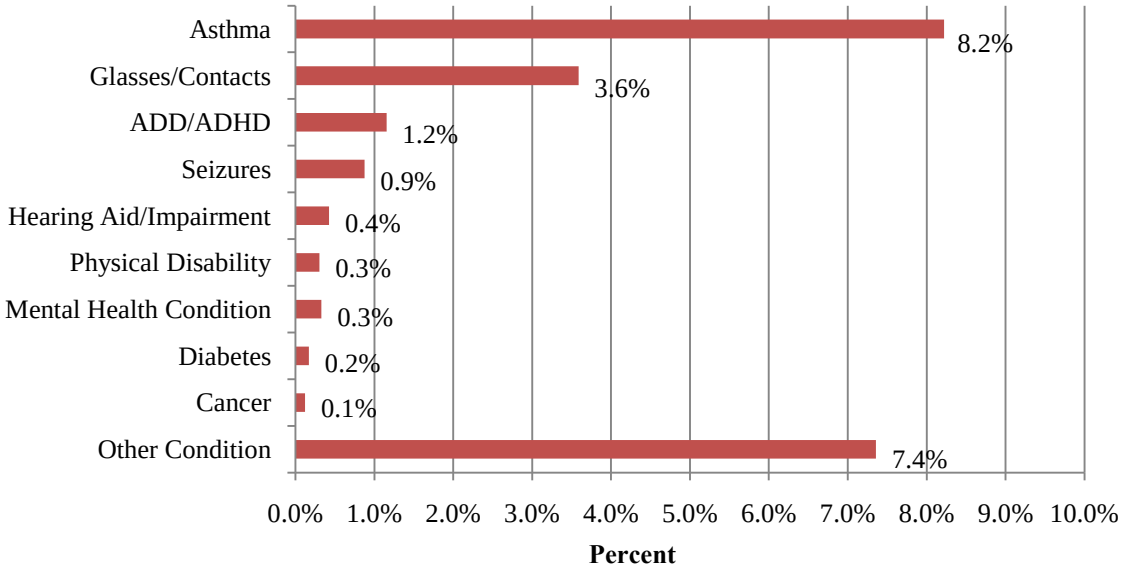
MEDICAL CONDITIONS

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.

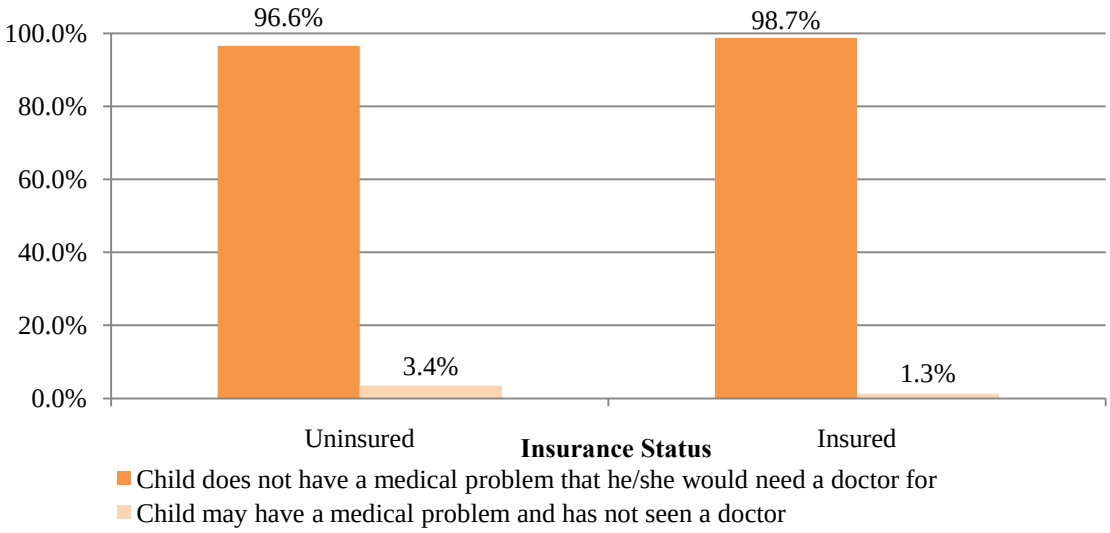
Approximately 7.4 percent indicated an "other" health condition not listed on the survey. Such "other" conditions included allergies, skin ailments such as eczema, heart murmurs, speech problems, and autism. Other common health conditions included use of glasses or contacts (3.6 percent of respondents)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

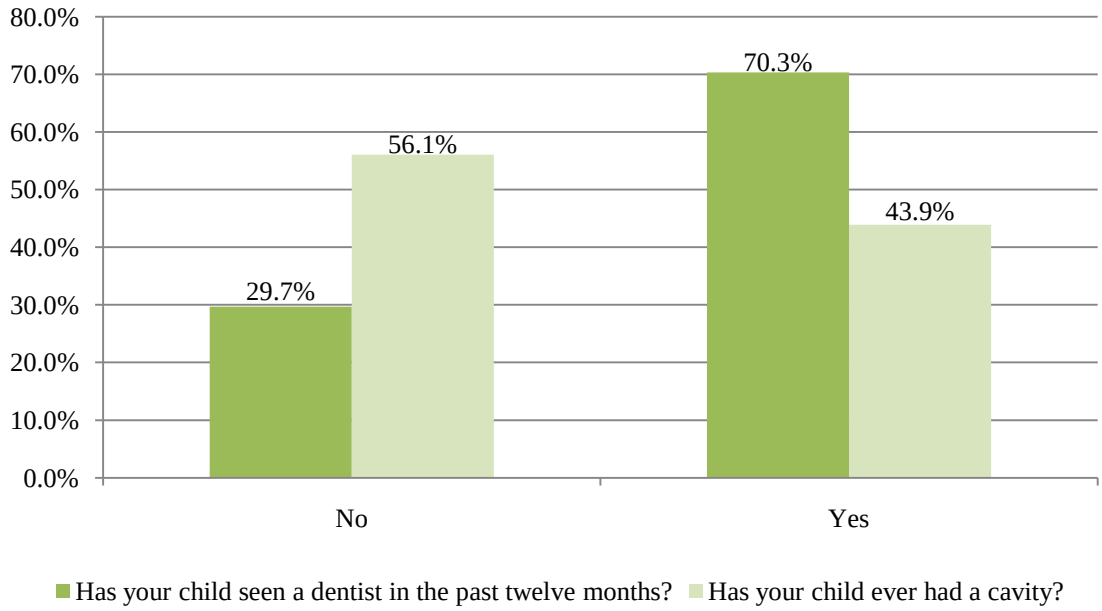
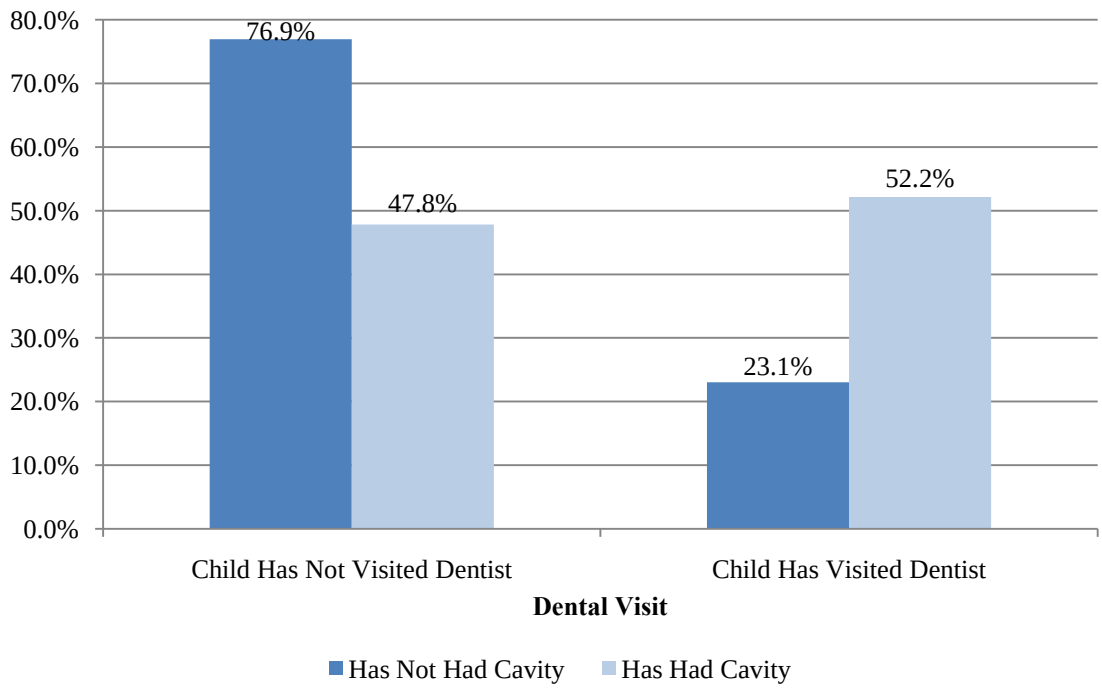


Figure 8.2: Presence of Cavities by Child's Dental Visit
("No Dentist" *n* = 2,607; "Dentist" *n* = 6,600; Total *n* = 9,207)



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)

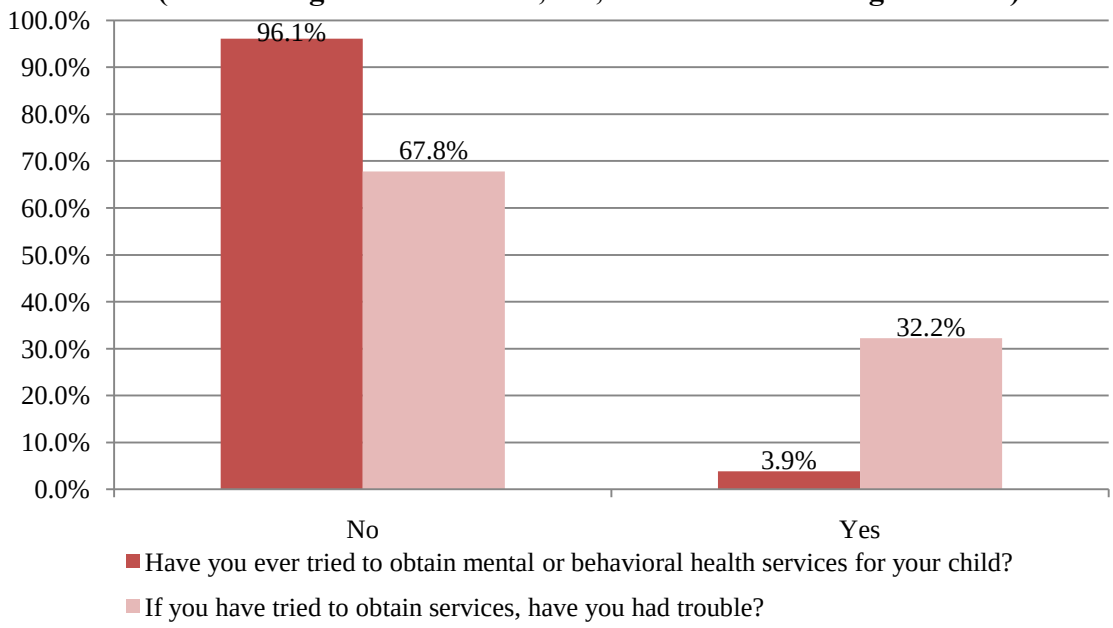
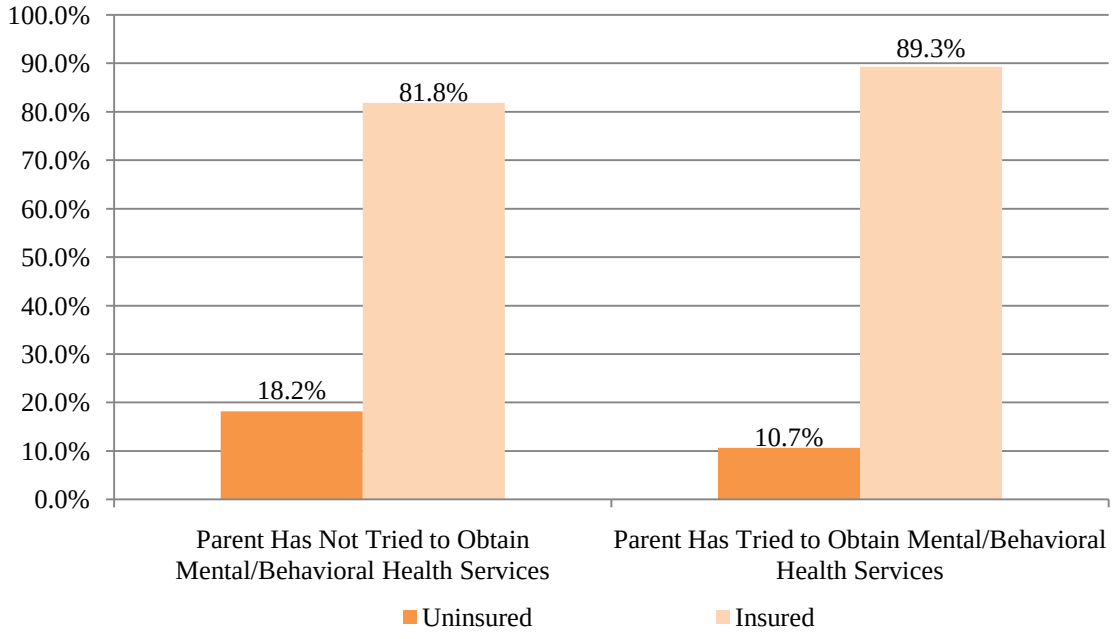


Figure 9.2: Obtaining Mental or Behavioral Health Services for Child by Child's Insurance Status

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

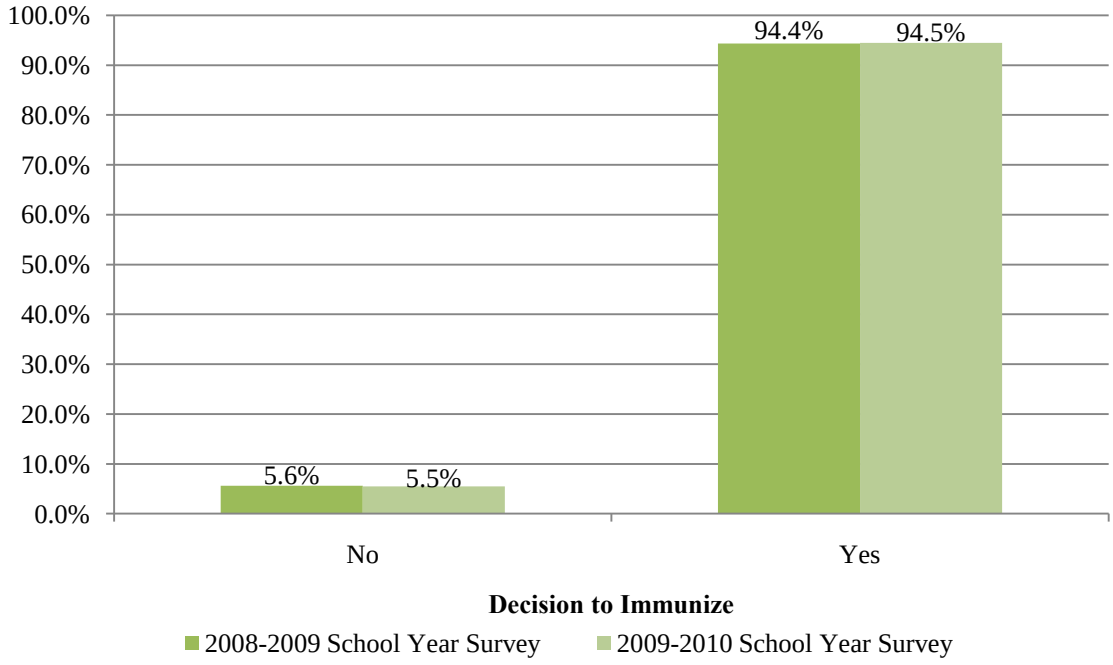


IMMUNIZATIONS

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)

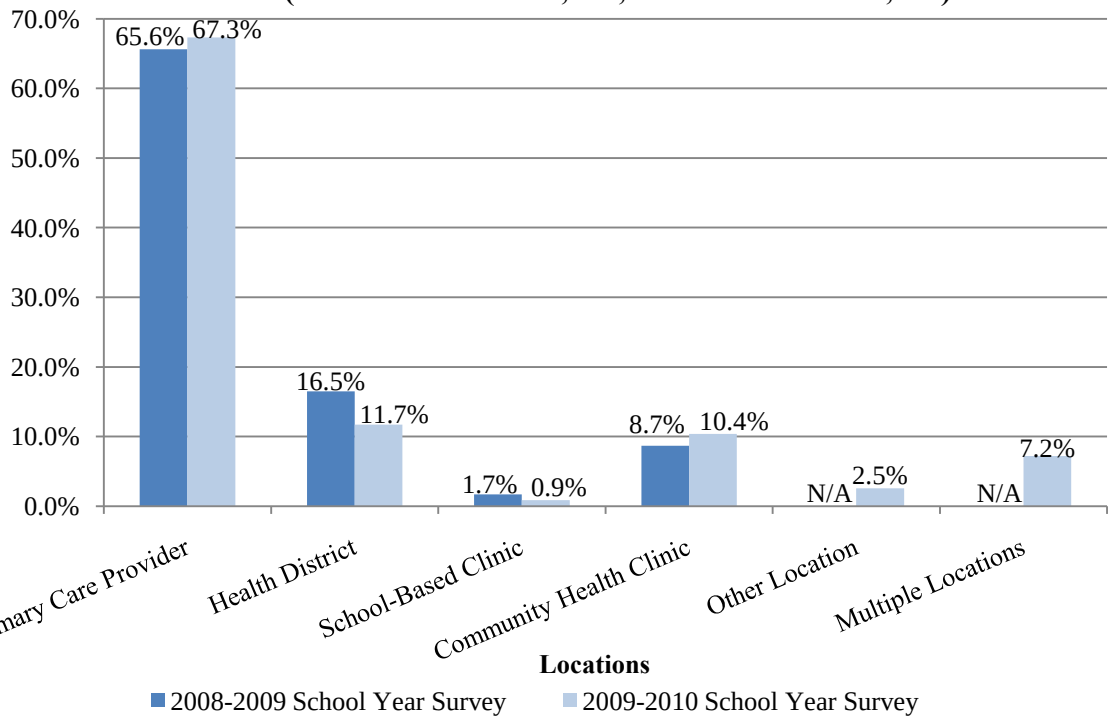


To ensure all children receive their immunizations on schedule, there is a broad array of organizations and clinics around Nevada that offer low-cost immunizations for children. Some common locations that offer immunizations for children include: primary care provider offices,

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)



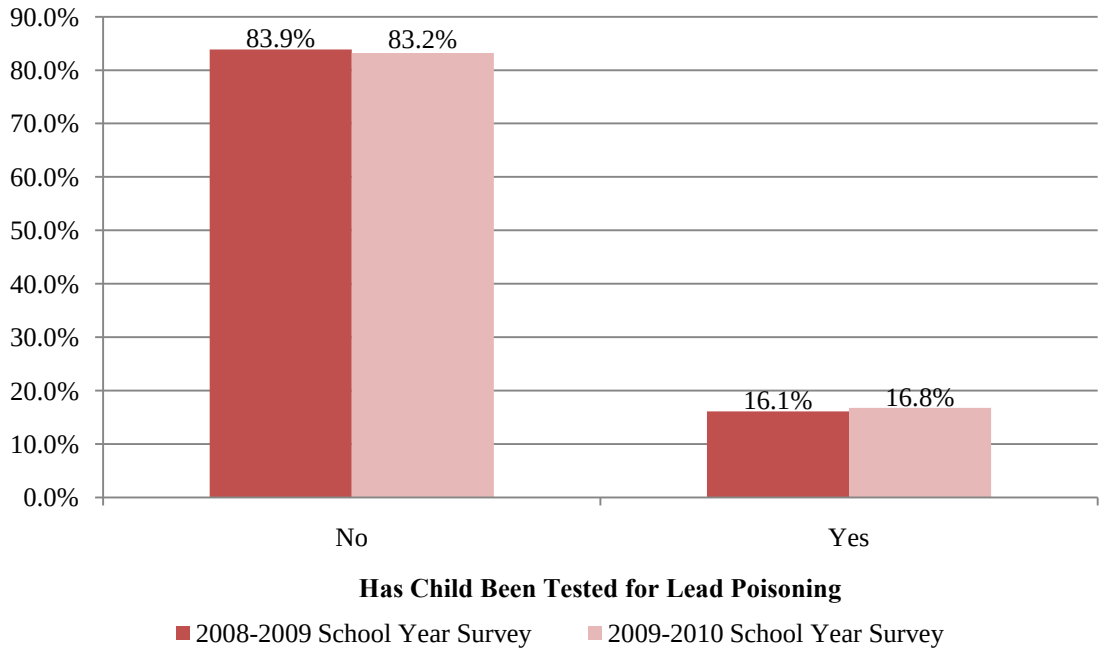
LEAD SCREENING

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: Survery 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 rages 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 5th percentile
Healthy Weight	BMI from the 5th percentile to less than the 85th percentile
Overweight	BMI from the 85th percentile to less than the 95th percentile
Obese	BMI equal to or greater than the 95th percentile

Table 12.2: Weight Status Category Calculations Based on BMI Values

Females

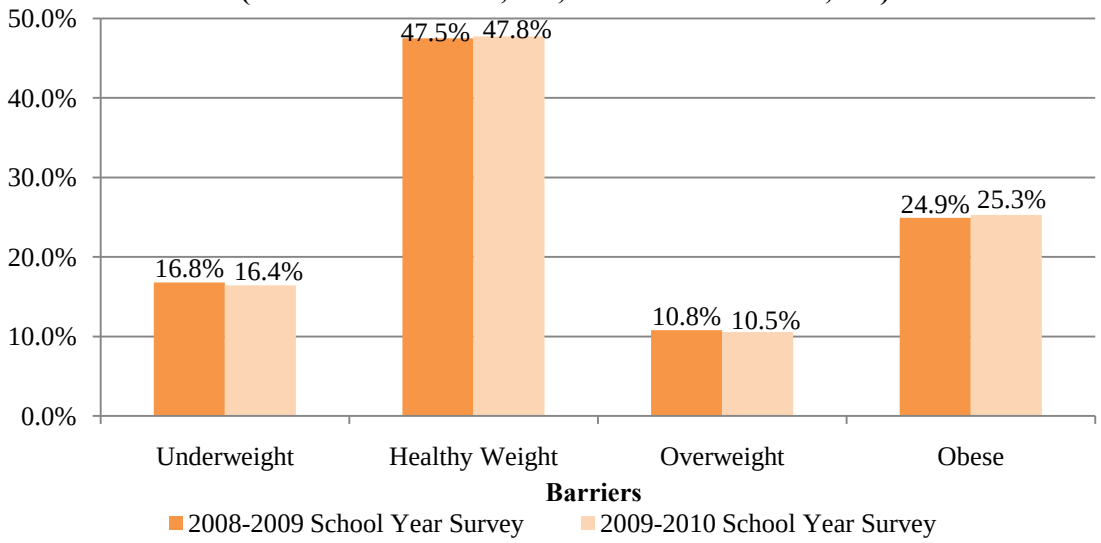
	Weight Status Category			
Age	Underweight	Healthy Weight	Overweight	Obese
4.0	0 < BMI < 13.725	13.725 <= BMI < 16.808	16.808 <= BMI < 18.028	BMI >= 18.028
4.5	0 < BMI < 13.614	13.614 <= BMI < 16.760	16.760 <= BMI < 18.084	BMI >= 18.084
5.0	0 < BMI < 13.527	13.527 <= BMI < 16.796	16.796 <= BMI < 18.240	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

	Weight Status Category			
Age	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

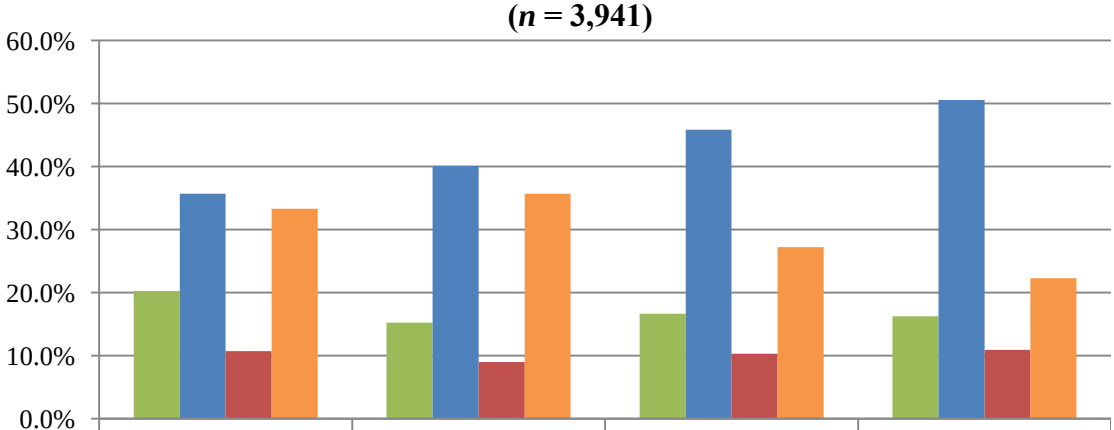
Nearly half (47.8 percent) of children entering kindergarten whose parents participated in this survey are of a healthy weight, a rate comparable to baseline data (see Figure 12.1). However, 10.5 percent of children are overweight, and over one quarter (25.3 percent) of children are considered obese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



	0-1 Times Per Week	2-3 Times Per Week	4-5 Times Per Week	6-7 Times Per Week
Underweight	20.2%	15.2%	16.6%	16.2%
Healthy Weight	35.7%	40.1%	45.8%	50.6%
Overweight	10.7%	9.0%	10.3%	10.9%
Obese	33.3%	35.7%	27.2%	22.3%

Number of Times of Physical Activity

* 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)

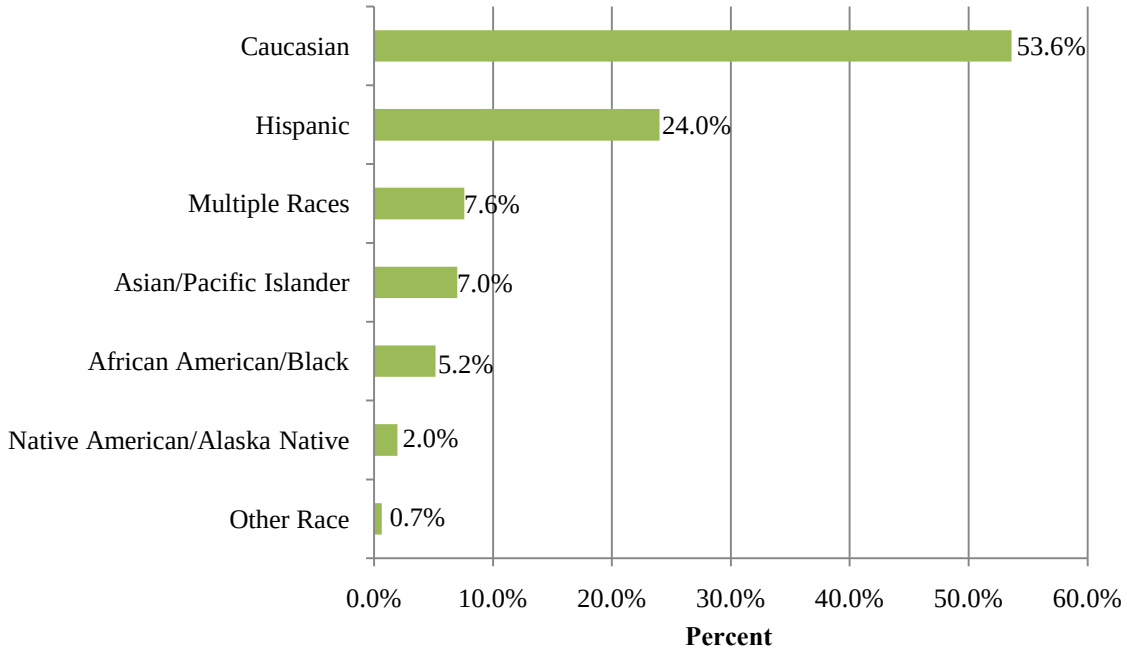
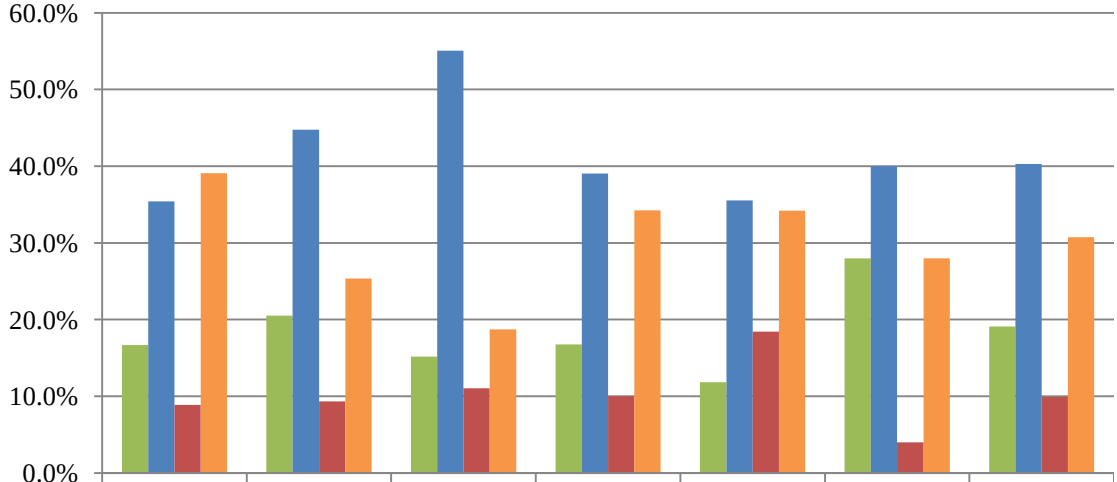


Figure 12.4: Child's Weight Status Category by Child's Race/Ethnicity
(*n* = 3,795)



	African American/ Black	Asian/ Pacific Islander	Caucasian	Hispanic	Native American/ Alaska Native	Other Race	Multiple Races
Underweight	16.7%	20.5%	15.2%	16.7%	11.8%	28.0%	19.1%
Healthy Weight	35.4%	44.8%	55.1%	39.0%	35.5%	40.0%	40.3%
Overweight	8.9%	9.3%	11.0%	10.0%	18.4%	4.0%	9.9%
Obese	39.1%	25.4%	18.7%	34.3%	34.2%	28.0%	30.7%

Race/Ethnicity

* 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
Survey Participation by School District			
Clark County	78.9	59.0	-19.9
Washoe County	8.8	17.6	8.8
Rural Counties	12.4	23.4	11.1
Demographic Information			
Gender of Kindergartener			
Male	50.2	49.8	-0.4
Female	49.8	50.2	0.4
Race/Ethnicity of Kindergartener			
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
Annual Household Income of Survey Respondent			
$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	-
Health Insurance Status and Access to Health Care			
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
Type of Insurance Covering Kindergartener			
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
Immunization Information			
Respondent Would Not Immunize Kindergartener if it Was Not Required	5.6	5.5	-0.1
Immunization Locations Used by Respondent			
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.***

Child's Age _____

Elementary School Name: _____

Child's Gender: Male Female

Weight of Child: _____lbs.

Child's Height: _____ft. _____in. (12in = 1ft)

Total number of **children** in your household: (ages 0-17) _____

Total number of **adults** in your household: (ages 18+)_____

Annual Household Income (check one)
- ☐ $0 -$14,999
- ☐ $15,000 -$24,999
- ☐ $25,000 -$34,999
- ☐ $35,000 -$44,999
- ☐ $45,000 -$54,999
- ☐ $55,000 -$64,999
- ☐ $65,000 -$74,999
- ☐ $75,000 -$84,999
- ☐ $85,000 -$94,999
- ☐ $95,000 +

Your HOME zip code: _____

Child's Race / Ethnicity (check one)
- ☐ African American
- ☐ Asian / Pacific Islander
- ☐ Caucasian
- ☐ Hispanic
- ☐ Native American
- ☐ Other (please specify)

_____

Please answer the following questions for the child that is enrolled in kindergarten this year.

1. Is your child currently covered by medical insurance?
☐ Yes ☐ No
If "Yes", what type of insurance? ☐ Private, ☐ Medicaid, ☐ Nevada Check Up, ☐ Other_____

2. Has your child been seen by a medical provider for a routine check-up (not an illness) in the *past 12 months*?
☐ Yes ☐ No

3. Does your child have a primary care provider (regular doctor, nurse practitioner or physician's assistant)?
☐ Yes ☐ No

4. Has your child seen a dentist in the past 12 months?
☐ Yes ☐ No

5. Has your child ever had a cavity?
☐ Yes ☐ No

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>?
☐ None (0) ☐ 1-2 ☐ 3-5 ☐ 6-9 ☐ 10 or more

7. Please check all medical conditions listed below that your child has
☐Asthma/Airway Disorder ☐ Glasses/Contacts
☐Diabetes ☐ Hearing Aid/Impairment
☐Seizures ☐ Physical Disability
☐Mental Health Condition ☐ ADD/ADHD
☐Cancer ☐ None
☐ Other (specify)_____

8. Do you think your child may have a medical problem that he/she has not seen a doctor for?
☐ Yes ☐ No
If yes, what is it? _____

9. If immunizations were not required for school, would you still have your child immunized?
☐ Yes ☐ No

10. Where do you take your child for immunization (shots)? If you have used more than one of these, please check the last one:
☐ Primary Care Provider ☐ Health District (Child's regular doctor) ☐ School-Based Clinic
☐ Community Health Clinic ☐ Other (specify):
_____

11. Has your child ever been tested for lead poisoning?
☐ Yes ☐ No

12. Have you experienced any barriers to accessing health care for your child? **(check all that apply)**
☐ None ☐ Lack of transportation
☐ Lack of insurance ☐ Lack of good medical providers
☐ Lack of money ☐ Other (please specify): _____

13. Have you ever tried to get mental or behavioral services for your child?
☐ Yes ☐ No
If "Yes", have you had trouble getting services?
☐ Yes (explain)_____ ☐ No

14. In general, are you able to follow your doctor's recommendations for medications and/or follow up visits?
☐All of the time ☐Some of the time
☐Most of the time ☐None of the time
If you did not say "All of the time", please explain why not:
_____

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

16. What type of pre-school did your child attend most often in the past 12 months? **(check one)**
☐Head start ☐ Private ☐ Home Based ☐ Home Based
☐School/University Campus ☐ None/Stayed Home
☐ Other_____

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**

Cuestionario de Salud de Kinder

ESTIMADOS PADRES DE FAMILIA O GUARDIAN**: La siguiente encuesta ha sido diseñada por Nevada Institute for Children's Research and Policy en la Universidad de Nevada Las Vegas, en colaboración con el Centro de Salud de Sur de Nevada y el Distrito Escolar del Condado. La información adquirida en este estudio se utilizará para ayudar a comprender la salud de los niños que comienzan la escuela preescolar este año. Le hemos pedido que participe porque usted tiene un niño en la escuela preescolar. Toda la información obtenida será utilizada para discutir y estudiar el nivel de salud colectiva del grupo. Nunca habrá conexión entre el nombre de su niño(a) y sus respuestas. **Todo información en este studio será confidencial.

Edad del niño(a): _____

Nombre de la escuela primaria: _____

Sexo del niño(a): Masculino Femenino

Peso del niño(a) : _____lbs.

Estatura del niño(a): ____ft. _____in. (12in = 1ft)

Total de **niños(as)** viviendo en casa (Edades 0-17): _____

Total de **adultos** viviendo en casa (Edades 18+): _____

Ingreso anual del hogar (cheque uno)

☐ $0 -$14,999
☐ $15,000 -$24,999
☐ $25,000 -$34,999
☐ $35,000 -$44,999
☐ $45,000 -$54,999
☐ $55,000 -$64,999
☐ $65,000 -$74,999
☐ $75,000 -$84,999
☐ $85,000 -$94,999
☐ $95,000 +

Su código postal CASERO:

_____

Etnicidad del Niño(a)

☐ Afro Americano
☐ Asiático / Isleño Pacifico
☐ Caucásico
☐ Hispano / Latino
☐ Nativo Americano
☐ Otro (especifique):

_____

Por favor conteste las siguentes preguntas sobre el niño(a) que se va a marticular en kinder este año.

1. ¿Su niño(a) en este momento cuenta con seguro medico?

☐ Si ☐ No

¿Encaso de si? ¿que tipo de seguro? ☐ Privado ☐ Medicaid ☐ Nevada Check-Up ☐ Otro_____

2. ¿Su niño(a) ha sido visto por un proveedor de servicio médico este año para un examen de rutina (no por enfermedad) en los últimos 12 meses?

☐ Si ☐ No

3. ¿Tiene su niño(a) un medico familiar (médico, enfermera de práctica o asistente de médico)?

☐ Si ☐ No

4. ¿Ha visto su niño(a) a un dentista en los últimos 12 meses?

☐ Si ☐ No

5. ¿Ha tenido su niño(a) caries? ☐ Si ☐ No

6. En los últimos 12 meses, ¿cuántas veces ha tenido que llevar a su niño(a) a la sala de emergencias por una enfermedad o lesión sin peligro la vida?

☐ Ninguna (0) ☐ 1-2 ☐ 3-5 ☐ 6-9 ☐ 10 o mas

7. Por favor seleccione todas las condiciones medicas que tenga su niño(a):

☐Asma ☐ Lentes/ de Contacto
☐Diabetes ☐ Oído/Discapacidad Auditiva
☐Convulsiones ☐ Discapacidad física
☐Condición de Salud Mental ☐ ADD/ADHD
☐Cáncer ☐ Ninguno
☐ Otra (especifique) _____

8. ¿Cree que su niño(a) tenga un problema médico pero usted no ha ido a ver a un médico?

☐ Si ☐ No

Si la respuesta es si, por favor especifique: _____

9. Si las vacunas no fueran necesarias para la escuela, ¿Vacunaría (inmunizaciones) a su niño?

☐ Si ☐ No

10. ¿Dónde lleva a su hijo para inmunizaciones (vacunas)? Si ha utilizado más de un tipo de local, por favor, indique la más reciente:

☐ Proveedor cuidado primario (médico regular)
☐ Centro de Salud ☐ Clínica de salud basada en la escuela
☐ Clínica de Salud Comunitaria
☐ Otro (especifique): _____

11. ¿A sido su niño(a) examinado por contaminación de plomo?

☐ Si ☐ No

12. ¿Se ha enfrentado con obstáculos en el acceso de salud para su hijo? **(cheque todo que apliqué)**

☐ Ninguno ☐ Falta de aseguransa
☐ Falta de proveedores médicos de calidad
☐ Falta de transportacion ☐ Otro (especifique):

_____

13. ¿Alguna vez ha tratado de obtener servicio de salud mental o de comportamiento para su niño(a)?

☐ Si ☐ No

En caso que sí, ¿ha tenido problemas para obtener servicios?

☐ No ☐ Si (espicifique) _____

_____

14. En general, ¿Puede seguir recomendaciones del médico en cuanto a medicamentos o seguimiento de las visitas?

☐Todo el tiempo ☐Algunas veces
☐La mayor parte del tiempo ☐Nunca

Si no contesto "Todo el tiempo ", por favor especifique porque:

_____

15. En general, cuantes veces a la semana hace su niño(a) por lo menos 30 minutos de actividad fisica? (circule uno)

0 1 2 3 4 5 6 7

16. Que tipo de escuela preescolar atendio su niño(a) mas en los ultimos 12 meses? **(cheque uno)**

☐Head start ☐ Privada ☐ Ninguna
☐Campamento en Escuela/Universidad ☐ Otra _____

VUELVA POR FAVOR ESTA INSPECCION A MAESTRO DE SU NIÑO POR EL MARTES, SEPTIEMBRE 8, 2009

Gracias por su participación. Si esta interesado en participar en investigaciones futuras por favor contacte al Nevada Institute for Children's Research and Policy al (702) 895-1040 o por email al 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**