# Health Status of Children Entering Kindergarten



# **Results of the 2010-2011 (Year Three)** Nevada Kindergarten Health Survey

# May 2011

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All Nevada County School Districts Nevada School District Superintendents Nevada State Health Division Head Start Collaboration & Early Childhood Systems Office

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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.

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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 (Eide, Showalter, & Goldhaber, 2010; 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 addition, children that have health insurance have fewer absences from school (Yeung, Gunton, Kalbacher, Seltzer, & Wesolowski, 2010). 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 (2010), 10 percent of Nevada's teens (ages 16-19) are not in school and not high school graduates compared to 6 percent nationally. The national dropout prevention center lists poor attendance and low achievement as two of the significant risk factors for school dropout (Hammond, Linton, Smink, & Drew, 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 information on the health status of children entering the school system and better track student health status, in 2008, the Nevada Institute for Children's Research and Policy (NICRP) partnered with the state's 17 school districts, the Southern Nevada Health District, and the Nevada State Health Division (NSHD) to conduct an annual health survey examining the health status as well health insurance status of Nevada's children entering kindergarten.

The goal of this study is to longitudinally quantify 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. This report reflects the results of the third year of the Annual Kindergarten Health Survey.

# METHODOLOGY

The original survey was created in 2008 in partnership with the Clark County School District (CCSD) and the Southern Nevada Health District (SNHD). The survey was intended to provide a general understanding of the overall health status of children when they enter school. The original short questionnaire was developed in both English and Spanish and contained 22 questions. Small revisions to the survey have occurred each year, therefore, data for all items

presented in this report may not be available for all three years. The current version of the survey is still available in both English and Spanish and contains 27 questions (10 demographic questions and 17 health related questions).

In the Fall of 2010, questionnaires were distributed to kindergarten teachers in all public elementary schools in the state, with the exception of schools in the Clark County School District. 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, surveys were sent to a randomly selected sample of schools (n = 139). This sample size was obtained based on a 5 percent margin of error in survey results. In addition, schools were divided by Title 1 status, and a representative random sample of both Title 1 and non-Title 1 schools were selected. Schools qualify as Title I when they serve large populations of children from low income families (typically a minimum of 40%) and receive supplemental federal funding from the Department of Education. Title I status was provided by the Clark County School District. It was determined that 74 of the 214 elementary schools in the district (35%) were Title I schools. Forty-eight schools (35 percent of the target 139 schools in the sample) were randomly selected using SPSS (a statistical analysis software) from a list of all Title I schools. The remaining 91 schools (65 percent of the needed sample of 139) were randomly selected from a list of non-Title I schools.

For all districts, surveys were distributed 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 February 1, 2011 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.

# 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 respondents 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 10,487 (indicating all who 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. In addition, the 2010-2011data was compared across counties for the current data collection period (Clark, Washoe, Rural), and with the 2008-2009 and the 2009-2010 data.

# **RESPONSE RATES**

Each school district involved in this study provided the total number of kindergarten students enrolled for the 2010-2011 school year. A total of 24,032 surveys were sent out to participating schools. At the end of the data collection period (February 2011), 10,487 surveys were received for a **response rate of 43.6 percent.** The response rate has steadily improved each year (2008-2009 = 36%; 2009-2010 = 39.2%) and since 2008-2009, the response rate has increased by 21 percent, indicating that more parents are willing to participate in the survey and provide this information.

Response rates were also calculated for each of the school districts individually. These rates ranged from 18.8 percent in Lincoln County to 100 percent in Storey County, and are detailed in Table 1.1 below.

School District	# Surveys Sent Out	# Surveys Returned	<b>Response Rate</b>
Carson City	570	350	61.4
Churchill County	310	185	59.7
Clark County	15,745	6,825	43.3
Douglas County	425	268	63.1
Elko County	579	309	53.4
Esmerelda County	20	5	25.0
Eureka County	15	9	60.0
Humboldt County	260	156	60.0
Lander County	105	51	48.6
Lincoln County	80	15	18.8
Lyon County	900	379	42.1
Mineral County	35	22	62.9
Nye County	500	299	59.8
Pershing County	55	38	69.1
Storey County	33	33	100.0
Washoe County	4,345	1,479	34.0
White Pine County	90	64	71.1
All Districts	24,067	10,487	43.6

#### Table 1.1: Survey Response Rate by School District

# **RESPONSE RATES**

Figure 1.1 illustrates the participation of Washoe, Clark and all other counties. These rates are consistent with the data received from the 2009-2010 school year (Clark County = 59.0 percent; Washoe County = 17.6 percent; Rural = 23.4 percent).

Because Clark County is the largest school district in the state, it was expected that Clark County parents would comprise the vast majority (65.1 percent) of the respondents for this survey.



Figure 1.2 illustrates county-specific participation for all rural counties, which represent 20.8 percent of the total respondents.



## **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 10,487 completed surveys, **82.8 percent completed the survey in English**, while 17.2 percent completed it in Spanish.

Parents were asked to respond to questions regarding their annual household income, and their child's gender, race/ethnicity, and pre-school setting prior to kindergarten. Data for each of these questions are presented in Figures 2.1 through 2.3 below, with all percentages calculated using the total number of completed responses rather than the total number of returned surveys.

#### Gender

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 (49.0 percent) and females (49.3 percent). These results are consistent compared to 2008-2009 and 2009-2010 results.

#### Annual Household Income

According to the U.S. Census Bureau, Small Area Income and Poverty Estimates, the 2009 estimated median household income in Nevada was \$53,310. 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. Compared to the median income listed for Nevada, parents who responded to this survey reported lower annual household incomes, with 57.1 percent of all respondents reporting annual income below \$45,000.

Compared to previous survey years:

- The number of families with annual income levels below \$25,000 has steadily increased. Approximately 5 percentage points from 2009-2010, and 8 percentage points from 2008-2009 school year data.
- The number of families with an annual income at \$25,000 and above has steadily decreased over the past three years. About 42.9 percent of respondents reported incomes of \$45,000 or more, a decrease of about 4.5 percentage points from the 2009-2010 school year, and a decrease of about 6.5 percentage points from data in 2008-2009.
- These results indicate that more families are earning less compared to the previous two years of the survey.



## Figure 2.1: Annual Household Income

(2008-2009 n = 9,600; 2009-2010 n = 8,394; 2010-2011 n = 9,350)

\* Data received from the 2008-2009 school year only includes income data through \$64,000. In 2009, the survey was revised to include a breakdown of additional income levels.

# DEMOGRAPHICS

#### Race/Ethnicity

Responses indicating the race/ethnicity of the kindergarteners 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 (see Figure 2.2).

However, there were proportionally fewer Caucasians and more people of Hispanic origin as well as people identifying with multiple races responding to this survey than seen in Nevada's Census estimates.

Compared to previous results, race/ethnicity distributions are similar among 2008-2009 and 2009-2010 results. There have been fluctuations across survey years in both Native American/Alaskan Native and Multiple Races categories. When comparing results across counties for the 2010-2011 school year (refer to Table 13.1 in Appendix A), there are significantly more African American/Black and Asian/Pacific Islander individuals in Clark County compared to both Washoe and Rural counties.



Figure 2.2: Child's Race/Ethnicity

#### **Race/Ethnicity**

\* Nevada state data from 2009 Census QuickFacts (http://quickfacts.census.gov)

\* These rates are fairly consistent with the data received from the 2009-2010 school year

#### **Pre-school Setting**

The survey also asked about the type of pre-school setting, if any, respondents' kindergarteners had attended in the twelve months prior to kindergarten. Figure 2.3 illustrates answers to these questions.

- 37.7 percent of respondents indicated that their kindergartener had stayed at home in the prior year, not attending pre-school, which is consistent with results received in 2009-2010.
- There has been a slight decrease (approximately 2-3 percentage points) in reported attendance in Head Start, Private Facility/Care, Home-Based Care, School/University, and Other care compared with results received in 2009-2010.



## Figure 2.3: Child's Type of Pre-School Setting During Past Twelve Months

## **INSURANCE STATUS**

#### Background

Nevada has consistently placed near the bottom of nationwide rankings with regard to the number of children covered by health insurance. According to the U.S. Census Bureau Current Population Survey (2009), approximately 10 percent of children under the age of 18 in the United States are uninsured compared to 13 percent of children under the age of 18 in Nevada.

A correlation exists between children's health insurance status and 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 when compared to 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 state in the country for uninsured children not receiving any care**, at 43.4 percent of children (Robert Wood Johnson Foundation, 2005). In addition, Nevada was ranked last when compared nationally across four dimensions: access and affordability, prevention and treatment, potential to lead healthy lives, and performance of overall health systems (Securing a Healthy Future, 2011).

#### Status of Health Insurance of Kindergarten Students

In this study, respondents were asked whether or not their child had health insurance. Approximately 83 percent of parents surveyed indicated that their child had some type of health insurance coverage. **16.6 percent of respondents stated their child had no coverage.** Since 2008-2009, the percent of children without health insurance has decreased by 2.5 percentage points. This indicates that **slightly more children are insured compared to the last two years**.



#### Figure 3.1: Types of Health Insurance Covering Children

 $(2008-2009 \ n = 10,626; \ 2009-2010 \ n = 9,110; \ 2010-2011 \ n = 10,183)$ 

2008-2009 School Year Survey 2009-2010 School Year Survey 2010-2011 School Year Survey

#### Of the health insurance options:

- Most parents indicated that their child had private health insurance (39.4 percent).
- 28.6 percent of children had public health insurance (either Medicaid or Nevada Check Up).

Although the statistics found in this study are similar to national trends in children's health insurance coverage (Kaiser Family Foundation in 2009), these percentages are considerably different from previous years of the Kindergarten Health Survey. For example, 58.6 percent of respondents indicated their child had private health insurance in 2008-2009 and 47.6 percent in 2009-2010; while 19.3 percent indicated their child had public health insurance in 2008-2009 and 22.8 percent in 2009-2010. This indicates that compared to previous years, rates of private insurance are decreasing while enrollment in public insurance is increasing.

Approximately 13.6 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, 1.7 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 respondents specified that their child had both Medicaid and a private form of health insurance, or Medicaid and Nevada Check Up.

#### Annual Household Income and Insurance Status

Not surprisingly, **children from families with a lower household income are more likely to be uninsured** (see Figure 3.2).

- 55.3 percent of children living in households with an annual income of less than \$25,000 have no health insurance, similar to the data obtained in school years 2008-2009 and 2009-2010
- The Kaiser Family Foundation study (2009) found that of those lower- and middleincome 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

Household Income

\* These findings are significant at p<.001.

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

#### **Race/Ethnicity and Insurance Status**

Figure 3.3, detailing the relationship between race/ethnicity and insurance status, shows that the majority of children who are uninsured are Hispanic (54.1 percent), followed by Caucasian children (25.6 percent).

Compared to baseline data in the 2008-2009 and 2009-2010 school years,

- the percentage of uninsured Caucasian respondents has increased 3 percentage points since 2008-2009;
- the percentage of Hispanic respondents with no insurance has decreased about 4.5 percentage points since 2008-2009, Hispanic individuals are still more likely to be uninsured compared to other racial/ethnic groups.

Research indicates that in Nevada and across the United States, Hispanic populations are much more likely to be uninsured than Caucasian populations (Newport & Mendes, 2009; Robert Wood Johnson Foundation, 2005). The rates of uninsured children are typically even higher in states with relatively large percentages of Hispanic immigrants such as Nevada. For instance, U.S. Census Bureau data estimate that approximately 32.4 percent of Hispanics across the country are uninsured (DeNavas-Walt, Proctor, & Smith, 2010). Although many of the children are eligible for public health insurance, barriers to enrollment continue to impede these children from obtaining insurance coverage. Examples of barriers include language, past negative experiences, and perceptions that insurance is not needed (Perry, Kannel, & Castillo, 2000).



**Figure 3.3: Child's Race/Ethnicity by Child's Insurance Status** (2010-2011: Uninsured *n* = 1,636; Insured *n* = 8,440; Total *n* = 10,076)

#### Race/Ethnicity

\* These findings are significant at p<.001.

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

# HEALTHCARE AND COMPLIANCE

#### Barriers to Accessing Healthcare

When asked about accessing health care for their child, **80.2 percent of survey respondents indicated that they had NOT experienced barriers**. However, 19.8 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 money" for health care services.

# Figure 4.1: Types of Barriers When Accessing Health Care for Child



(2008-2009 n = 10,382; 2009-2010 n = 9,275; 2010-2011 n = 10,271)

2008-2009 School Year Survey 2009-2010 School Year Survey 2010-2011 School Year Survey

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.

Of all respondents experiencing one or more barriers to accessing health care:

- a disproportionate percentage were Hispanic at 39.5 percent,
- more respondents without health insurance reported a barrier than did respondents with health insurance (56 percent versus 12.4 percent),
- 45.5 percent of respondents reporting a barrier had an annual household income of less than \$25,000, and
- 60.0 percent of respondents reporting a barrier had an annual household income of less than \$35,000.

#### Healthcare Compliance

Parents were also asked if they were generally able to follow the recommendations provided by their child's doctor.

- The majority (84.3 percent) of respondents indicated that they followed their child's doctor's recommendations all of the time.
- Only 2.6 percent of respondents reported that they never followed their child's doctor's recommendations.
- Compared to the prior year, the percentage of respondents following doctor's recommendations all of the time decreased by about 2 percentage points.
- Even though the percentage of those never following recommendations in 2010-2011 was almost identical to the 2009-2010 data (2.6 vs. 2.3 percent), compared to 2008-2009 data, the percentage of respondents never following recommendations almost doubled (1.4 vs 2.6).

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, not going to recommended follow-up visits due to money for the co-pay or the parent feels the child does not need it, or the belief that the child no longer needed the care plan because he or she was feeling better.

#### Figure 4.2: Ability to Follow Doctor's Recommendations for Child's Care



 $(2008-2009 \ n = 10,674; 2009-2010 \ n = 9,263; 2010-2011 \ n = 10,237)$ 

2008-2009 School Year Survey 2009-2010 School Year Survey 2010-2011 School Year Survey

## **ROUTINE CARE**

#### Background

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. Children without health insurance are more likely to miss out on routine care than insured children. Hoilette, Clark, Gebremariam, and Davis (2009) found that 23.3% of uninsured children in the United States reported that they did not have a regular source of care.

Having access to regular primary care services, or a medical home, is another key indicator of children's overall health status. Children without a regular source of care are nine times more likely to be hospitalized for a preventable problem (Shi, et al., 1999). Primary care providers, (e.g. physicians, physician's assistants, nurses) offer a medical home where children can get basic care services, such as annual check-ups and immunizations. Children that have access to a regular primary care provider 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).

#### Routine Care of Kindergarten Students

Current survey results indicate 84.2 percent of kindergarteners had at least one routine check-up in the twelve months prior to the date of the survey. Similarly, 81.1 percent of parents reported that their child had a primary care provider. **Compared to 2008-2009 data, both of these percentages have increased by two points.** 



#### Figure 5.1: Child's Routine Check-Ups and Presence of Primary Care Provider

Has your child been seen by a medical provider for a routine check-up in the past twelve months?

Does your child have a primary care provider?

Approximately 89.0 percent of children with health insurance also have a primary care provider, while only 39.9 percent of children without insurance have a primary care provider. **These results clearly indicate that a child's insurance status is related to having a primary care provider** (see Figure 5.2).

## Figure 5.2: Presence of Primary Care Provider by Child's Insurance Status



(2010-2011: Uninsured n = 1,670; Insured n = 8,674; Total n = 10,344)

\*These findings are statistically significant at p < .001.

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

Having a primary care provider also influences whether or not children have had a routine checkup in the past 12 months (see Figure 5.3).

- Of the children that have a primary care provider, 92.0 percent had a routine check-up in the last year.
- Of the children without a primary care provider, nearly half (49.2 percent) have not had a routine check-up in the last year.
- These percentages are similar to percentages found in 2008-2009 and 2009-2010 data.

## Figure 5.3: Child's Routine Check-Ups by Presence of Primary Care Provider (PCP)

(2010-2011: No PCP n = 1,941; Has PCP n = 8,364; Total n = 10,305)



Routine Check-Up - No Routine Check-Up - Yes

\*These findings are statistically significant at p<.001.

\*\*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 nonemergency care for their child.

• Approximately 18.1 percent of respondents indicated they had visited an ER for a non-life threatening illness or injury once or twice in the past year, which was fairly consistent with data from 2009-2010 (see Figure 6.1).

## Figure 6.1: Number of Emergency Room Visits for Non-Life-Threatening Care



 $(2008-2009 \ n = ; 2009-2010 \ n = 10,970; 2010-2011 \ n = 10,380)$ 

2008-2009 School Year Survey 2009-2010 School Year Survey 2010-2011 School Year Survey

**Insurance status was NOT a significant indicator of usage of an ER.** Figure 6.2 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 6.2: Number of Emergency Room Visits for Non-Life-Threatening Care by Child's Insurance Status

Number of Visits

\*These findings are not statistically significant; p = .14.

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

# **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, **22.7 percent of parents indicated that their child had a medical condition requiring special treatment** (see Figure 7.1). More specifically:

- 8.1 percent of respondents reported that their child had asthma.
  - Asthmatic children without insurance were more likely than insured children to be at risk for severe complications and unnecessary hospitalizations (Halterman et al., 2008). Halterman et al., 2008 found that 13 percent of children with asthma (759,000 nationwide) were uninsured at some time during the year. More recently Diedhiou, Probst, Harding, Martin, and Xirasagar (2010), found that approximately 9% of 14,916 children with special health care needs that live in the United States and have asthma lacked consistent health care coverage; children aged 0 to 5 years of age represented 23.7% (approximately 800 children) of that sample.
- The use of glasses or contacts has increased by 2 percentage points over the past three years (4.2 percent).
- Approximately 7.4 percent indicated an "other" health condition not listed on the survey. Such "other" conditions included allergies, skin ailments such as eczema, rare diseases or disorders, speech problems, and autism.



Figure 7.1: Types of Medical Conditions in Children

\*Respondents can select multiple categories therefore the Total percent may exceed 100%.

- 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 3.3 percent of • uninsured or 1.4 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, 31.6 percent of the parents were uninsured, which is a decrease of 5 percent from 2009-2010.



# Figure 7.2: Medical Problems that May Require a

No Medical Problem May Have Medical Problem, Has NOT seen doctor

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

## **DENTAL CARE**

#### Background

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). More specifically, Edlestien and Chinn (2009) found that, nationally, 58% of children with private coverage had a dental visit in 2004 compared to 34% of children with Medicaid and the State Children's Health Insurance Program (SCHIP), and only 28% of children without dental coverage.

#### Dental Care of Children Entering Kindergarten

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, **28.9 percent of survey respondents indicated that their kindergartener had NOT seen a dentist in the past twelve months**, which was almost identical to the 2009-2010 data, and a decrease of nearly 3 percentage points from 2008-2009 data.



## Figure 8.1: Child's Dental Visit

(2008-2009 n = 11,007; 2009-2010 n = 9,449; 2010-2011 n = 10,412)

2008-2009 School Year Survey 2009-2010 School Year Survey 2010-2011 School Year Survey

# DENTAL CARE

#### Approximately 44 percent of kindergarteners in this sample have already had a cavity.

Interestingly, more children that have visited a dentist in the past year have had a cavity (84.9 percent), and more children that have not visited a dentist have not had a cavity (15.1 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 8.2: Presence of Cavities** (2008-2009 Not Available; 2009-2010 n = 9,238; 2010-2011 n = 10,222)

## 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 **4.1 percent of respondents have tried to access mental health services for their children**, a percentage similar to both the 2008-2009 and 2009-2010 data. Of the respondents who have tried to access these services for their child:

- 92.1% of those who tried to access services had insurance. It is possible that not having insurance might be a barrier in attempting to access mental health services.
- Over one third (34.7 percent) reported having trouble obtaining the services.
  - When examining this variable across counties, it was found that a higher percentage of individuals in rural counties reported having difficulties accessing mental health services compared to both Clark and Washoe counties (see Figure 9.1).
  - When examining this variable by year, percentages are similar to both the 2008-2009 and 2009-2010 data.

## Figure 9.1: Trouble Obtaining Mental Health Services by County



(2010-2011 Tried to obtain Mental Health Services Clark n=193; Washoe n=53; Rural n = 125; Total n =425)

## **IMMUNIZATIONS**

Immunizing children in Nevada is important in preventing the spread of certain childhood diseases and avoiding public health outbreaks. According to the Centers for Disease Control and Prevention (CDC) (2009), vaccinations are particularly important for children, as they have lower disease-fighting immunity than adults and do not have maternal immunity against diseases that can be prevented via vaccine. In addition, children may be more susceptible to complications resulting from exposure. 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 93.5 percent of parents would still immunize their child even if immunizations were not required by law, a rate nearly identical to baseline data.



Figure 10.1: Decision to Immunize if Immunizations

**Decision to Immunize** 

■ 2008-2009 School Year Survey ■ 2009-2010 School Year Survey ■ 2010-2011 School Year Survey

# IMMUNIZATIONS

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 (68.1 percent). Local health districts were the second most common place for children to get immunized (12.0 percent), followed by community health clinics (9.8 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, 2.2 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 10.2 below.
- A small percentage of parents (.3%) indicated that their child had not been immunized. A few of those respondents provided additional information such as their child was exempt from immunizations, or that the respondent chose not to have their child immunized.

Over the past three years, slightly more parents seem to be utilizing primary care providers for immunizations and less parents are using school based clinics and "other location". All other data looks comparable to the data obtained in the previous school year.



## Figure 10.2: Immunization Locations

## 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 (20.1 percent) indicated their child had been tested for lead poisoning. However, **this has increased from the previous two years by 4 percentage points.** 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: Lead Poisoning Tests

 $(2008-2009 \ n = 10,667; 2009-2010 \ n = 9,282; 2010-2011 \ n = 10,250)$ 

2008-2009 School Year Survey 2009-2010 School Year Survey 2010-2011 School Year Survey

## 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:

 $BMI = [(Weight * 703) / Height^2]$ 

Many of the respondents left one or both of the height and weight questions blank, resulting in only 3,893 cases (37.1 percent of the entire sample) with a BMI value. Because some respondents child's height was outside of the 95% interval of average height of 4-7 year olds (based on the CDC, 2000) the number of cases with a valid BMI value dropped to 3,608 (34.4 percent of the entire sample).

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 12.1, below, outlines the BMI percentile ranges for each weight status category.

Weight Status Category	BMI Percentile Range
Underweight	BMI less than the 5 <sup>th</sup> percentile
Healthy Weight	BMI from the 5 <sup>th</sup> percentile to less than the 85 <sup>th</sup> percentile
Overweight	BMI from the 85 <sup>th</sup> percentile to less than the 95 <sup>th</sup> percentile
Obese	BMI equal to or greater than the 95 <sup>th</sup> percentile
Source: CDC About BMI for	Children and Teens.

Table 12.1: Weight Status Categories by BMI Percentile Ranges

http://www.cdc.gov/healthyweight/assessing/bmi/childrens\_bmi/about\_childrens\_bmi.html#What is BMI percentile

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 12.2 outlines the calculations used to determine weight status categories. Because respondents left blank the question for child's age, the number of cases with a weight status category dropped to 3,597 (34.3 percent of the entire sample).

Female	es						
	Weight Status Categ	gory					
Age	Underweight	Healthy Weight	Overweight	Obese			
4.0	0 < BMI < 13.725	13.725 <= BMI < 16.808	$16.808 \le BMI \le 18.028$	BMI >= 18.028			
4.5	0 < BMI < 13.614	13.614 <= BMI < 16.760	$16.760 \le BMI < 18.084$	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	$17.083 \le BMI \le 18.808$	BMI >= 18.808			
Males							
	Weight Status Categ	gory					
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			
Courses	Same CDC Date Marshar And Tables http://www.als.com/samthabarts/html.abarts/html						

Table 12.2: Weight Status	<b>Category Cal</b>	<b>lculations Based</b>	on BMI Values
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Source: CDC Body Mass for Age Tables. http://www.cdc.gov/growthcharts/html\_charts/bmiagerev.htm

Over half (50.3 percent) of children entering kindergarten whose parents participated in this survey were calculated to be at a healthy weight, a rate which has increased by almost 3 percentage points compared to the previous school year (see Figure 12.1). **However**,

- **15.4% of children are underweight;** Washoe County has higher rates of underweight children (18.3%), followed by Clark (15.6%) and Rural counties (13.3%)
- 13.2 % of children are overweight, and approximately one quarter (21.1 %) of children are considered obese given the reported data. Washoe County has higher rates of obese children (23.8%), followed by Clark (21.0%) and Rural counties (20.1%).



#### Figure 12.1: Child's Weight Status Category

Parents were asked the number of times per week their child is physically active for at least thirty minutes. Figure 12.2 details the relationship between weight status category and amount 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 Amount of Physically Active Per Week

#### Number of Times of Physical Activity

\* These findings are significant at p<.001

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

# WEIGHT AND HEALTHY BEHAVIORS

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 respondents 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 respondents eligible for this analysis and a smaller concentration of Hispanic respondents eligible. Figure 12.3 illustrates the race/ethnicity data for children with a valid BMI.



# Figure 12.3: Race/Ethnicity of Participants with a Valid Body Mass Index

When examining difference in BMI across racial/ethnic groups:

- Native American/Alaska Native children had the highest percentage of children that were obese (55.3 percent).
- African American/Black children had a large distribution between having a healthy weight (32.1 percent) and being obese (37.2 percent).
- For Caucasian and Asian/Pacific Islander children, there were more children at a healthy weight than were overweight/obese.
- In addition, in comparing the overall percentages of the respondents that are overweight (13.2 percent) or obese (21.1 percent), African American/Black, Hispanic, Native American/Alaska Native, and children with multiple races have significantly higher rates of overweight/obesity compared to Asian/Pacific Islander children, Caucasian children, and children of other races. See Figure 12.4, below, for more detail.



Figure 12.4: Child's Weight Status Category by Child's Race/Ethnicity

#### Race/Ethnicity

\* These findings are significant at p < .001.

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

# APPEDIX A: SUMMARY OF 2010-2011 SURVEY RESULTS BY COUNTY

Table 13.1 below outlines the percentages of responses for 2010-2011 school year survey results by county. Even though a total of 10,487 surveys were received, not all respondents answered every question. All percentages calculated are based on the total number of people answering the question, rather than the total number of people who completed a survey. In addition, the percentages for Table 13.1 represent percentages by county; therefore for each response category, percentages will total 100% within each county and not across all counties.

Survey Indicator	State (Percent)	Clark County (Percent)	Washoe County (Percent)	Rural Counties (Percent)
Survey Participation		65.1	14.1	20.8
Demographic Information				
Gender of Kindergartener				
Male	49.8	49.3	51.6	50.3
Female	50.2	50.7	48.4	49.7
Race/Ethnicity of Kindergartener				
African American/Black	5.6	7.9	2.4	0.8
Asian/Pacific Islander	6.2	7.9	4.9	1.8
Caucasian	40.5	33.3	41.5	62.0
Hispanic	34.0	37.0	38.8	21.7
Native American/ Alaska Native	1.4	0.6	2.7	2.9
Other Race	0.9	1.1	0.8	0.5
Multiple Races	11.4	12.2	9.0	10.3
Annual Household Income of Survey	Respondents			
\$0-\$14,999	19.0	18.5	22.7	17.9
\$15,000-\$24,999	16.0	15.7	19.7	14.3
\$25,000-\$34,999	12.8	12.5	13.8	13.4
\$35,000-\$44,999	9.3	8.9	9.9	10.3
\$45,000-\$54,999	7.5	7.2	65.9	8.8
\$55,000-\$64,999	6.6	6.8	5.3	7.0
\$65,000-\$74,999	5.9	5.7	5.2	7.0
\$75,000-\$84,999	5.5	5.7	3.9	6.2
\$85,000-\$94,999	3.9	3.9	2.7	4.7
\$95,000+	13.4	15.1	10.1	10.5

#### Table 13.1 Comparison of 2010-2011 Data by County

# APENDIX A: SUMMARY OF 2010-2011 SURVEY RESULTS BY COUNTY

Survey Indicator	State	Clark County	Washoe	Rural	
	(Percent)	(Percent)	(Percent)	(Percent)	
Type of School Child Attended in the Past 12 Months					
Head Start	11.2	9.2	17.6	13.3	
Private	18.0	17.6	16.5	20.0	
Home-Based	10.5	10.4	9.7	11.2	
School/University/Campus	10.0	9.2	7.2	14.3	
None/Stayed at Home	37.7	40.6	37.1	29.1	
Other	10.7	10.7	10.1	10.9	
Multiple	1.9	2.2	1.7	1.2	
Health Insurance Status and Access	to Health Ca	ire			
Health Insurance Type					
Uninsured	16.6	16.5	18.2	16.1	
Private	39.4	39.4	36.3	41.4	
Medicaid	22.8	21.1	27.7	24.9	
Nevada Check-up	5.8	6.2	5.5	4.7	
Other	13.6	15.4	9.8	10.8	
Multiple Types	1.7	1.5	2.5	2.0	
Child Does NOT Have a Primary Care Provider	18.9	18.7	20.2	18.8	
Types of Barriers Experienced When T	Trying to Acc	cess Healthca	re		
Lack of Transportation	2.0	2.1	2.0	1.9	
Lack of Insurance	12.3	11.7	13.4	13.5	
Lack of Quality Medical Providers	2.8	2.0	1.9	5.8	
Lack of Money/Financial Resources	12.6	12.0	12.6	14.5	
Other Barriers	1.2	1.0	1.2	1.7	
Reports of Experiencing Difficulties When Attempting to Access Mental Health Services for Kindergartener					
Experienced Difficulties	34.7	30.5	20.4	47.0	
Did Not Experience Difficulties	65.0	69.5	79.6	53.0	

#### Table 13.1 continued

# APENDIX A: SUMMARY OF 2010-2011 SURVEY RESULTS BY COUNTY

Table 15.1 commuted						
Survey Indicator	State (Percent)	Clark County (Percent)	Washoe County (Percent)	Rural Counties (Percent)		
Routine Care and Health Status of Kindergartener						
Has Not Had Routine Check-Up	15.8	15.1	16.4	17.7		
Has Not Visited a Dentist in the Last Year	28.9	30.2	24.6	27.5		
Has Had a Cavity in Lifetime	44.1	41.8	50.3	46.7		
Amount of Times the Kindergartener Illness or Injury in the Past 12 Month	Has Gone to s	the ER for a N	Non-Life-Thre	atening		
None $(0)$	80.6	82.1	81.8	75.2		
1 to 2	18.1	16.8	16.9	22.8		
3 to 5	1.1	0.9	1.2	1.7		
6 to 9	0.1	0.1	0.1	0.2		
10 or More	0.1	0.1	0.1	0.1		
Types of Medical Conditions Seen in L	Kindergarten	ers				
Asthma	8.2	8.3	8.5	7.4		
Glasses/Contacts	4.2	3.6	4.3	5.7		
ADD/ADHD	1.0	0.7	1.2	1.5		
Seizures	0.8	0.7	0.9	1.0		
Hearing Aid/Impairment	0.4	0.3	0.6	0.4		
Physical Disability	0.3	0.2	0.3	0.3		
Mental Health Condition	0.3	0.2	0.2	0.8		
Diabetes	0.4	0.1	0.1	0.2		
Cancer	0.2	0.2	0.1	0.1		
Other Condition	7.4	7.1	6.5	9.9		
Respondents Ability to Follow Doctor Follow-Up Visits	's Recommen	dations for M	ledications an	d/or		
All of the Time	84.3	84.1	85.4	83.9		
Most of the Time	10.3	10.0	9.1	12.1		
Some of the Time	2.8	2.9	2.8	2.3		
Never	2.6	2.9	2.8	1.7		
Has NOT Been Tested for Lead Poisoning	79.9	78.9	81.1	82.5		

#### Table 13.1 continued

# APENDIX A: SUMMARY OF 2010-2011 SURVEY RESULTS BY COUNTY

Survey Indicator	State (Percent)	Clark County (Percent)	Washoe County (Percent)	Rural Counties (Percent)
Immunization Information				
Would Not Immunize if it was Not Required	6.5	6.4	6.2	6.8
Immunization Locations Used by Resp	oondents			
Primary Care Provider	68.1	69.1	66.5	66.0
Health District	12.0	15.3	10.9	2.7
School-based Clinic	0.6	0.7	0.3	0.8
Community Health Clinic	9.8	5.5	13.9	20.3
Other Location	2.2	2.2	2.5	2.2
Multiple Locations	7.2	7.1	6.1	8.1
Kindergartener's Weight Status				
Underweight	15.4	15.6	18.3	13.3
Healthy Weight	50.3	50.5	44.3	52.6
Overweight	13.2	12.9	13.6	13.9
Obese	21.3	21.0	23.8	20.1
Amount of Times per Week that Child	Has at Least	t 30 Minutes d	of Physical Ac	tivity
0-1 Times	2.6	3.2	1.7	1.2
2-3 Times	16.3	19.1	14.1	8.7
4-5 Times	27.2	29.1	24.1	23.3
6 or More Times	54.0	48.6	60.1	66.7

#### Table 13.1 continued

Table 13.2 below outlines the percentages of responses for the 2008-2009, 2009-2010, and 2010-2011 school year survey results. Even though a total of 10,487 surveys were received, not all respondents answered every question. All percentages calculated are based on the total number of people answering the question, rather than the total number of people who completed a survey. In addition, the percentages for Table 13.2 represent percentages by year; therefore for each response category, percentages will total 100% within each year and not across all years.

	2008-2009 (Vear One)	2009-2010 (Vear Two)	2010-2011 (Vear Three)
Survey Indicator	(Percent)	(Percent)	(Percent)
Survey Participation by School District			
Clark County	78.9	59	65.1
Washoe County	8.8	17.6	14.1
Rural Counties	12.4	23.4	20.8
Demographic Information			
Gender of Kindergartener			
Male	50.2	49.8	49.8
Female	49.8	50.2	50.2
Race/Ethnicity of Kindergartener			
African American/Black	5.9	5.7	5.6
Asian/Pacific Islander	6	6.3	6.2
Caucasian	40.1	43.5	40.5
Hispanic	33.4	35.1	34
Native American/Alaska Native	0.9	2.1	1.4
Other Race	0.4	0.5	0.9
Multiple Races	13.4	6.7	11.4
Annual Household Income of Survey Responde	nt		
\$0-\$14,999	12.9	15.7	19
\$15,000-\$24,000	14.3	14.5	16
\$25,000-\$34,999	13.8	13.1	12.8
\$35,000-\$44,999	9.8	9.2	9.3
\$45,000-\$54,000	9.1	8.2	7.5
\$55,000-\$64,999	7.5	6.9	6.6
\$65,000-\$74,999	-	7.2	5.9
\$75,000-\$84,999	-	6.4	5.5
\$85,000-94,999	-	4.6	3.9
\$95,000 +	-	14.3	13.4

#### Table 13.2 Comparison of 2008-2009 through 2010-2011 Data

Note. - indicates data is not available.

Nevada Institute for Children's Research and Policy, UNLV Results of the 2010-2011 Nevada Kindergarten Health Survey

	2008-2009 (Year One)	2009-2010 (Year Two)	2010-2011 (Year Three)
Survey Indicator	(Percent)	(Percent)	(Percent)
Type of School Child Attended in the Past 12	Months		
Head Start	-	12.6	11.2
Private	-	21.3	18
Home-Based	-	8.2	10.5
School/University/Campus	-	7.2	10
None/Stayed at Home	-	38.2	37.7
Other	-	9.8	10.7
Multiple	-	2.8	1.9
Health Insurance Status and Access to Health	th Care		
Health Insurance Type			
Uninsured	19.1	18.6	16.6
Private	58.6	47.6	39.4
Medicaid	12.3	16.7	22.8
Nevada Check-Up	7.0	6.1	5.8
Other	1.7	9.1	13.6
Multiple Types	1.3	1.9	1.7
Kindergartener Does Not Have a Primary	21	19.5	18.9
Care Provider Types of Barriers Experienced When Trying t	o Access Health	ara	
Lack of Transportation	1 5	2018 20	2
Lack of Insurance	1.5	13.3	12.3
Lack of Quality Medical Providers	2 4	15.5	2.3
Lack of Money/Financial Resources	10.9	10	12.6
Other Barriers	1.1	1.3	1.2
Respondent Has Fyperienced Difficulties			
Attempting to Access Mental Health Services for Kindergartener	34.5	32.2	34.7

#### Table 13.2 continued

Note. - indicates data is not available.

	2008-2009 (Year One)	2009-2010 (Year Two)	<b>2010-2011</b> (Year Three)			
Survey Indicator	(Percent)	(Percent)	(Percent)			
Annual Household Income of Uninsured Kindergarteners						
\$0-\$14,999	26.4	26.3	26.9			
\$15,000-\$24,999	26.1	25.8	28.4			
\$25,000-\$34,999	19.3	18.9	17.2			
\$35,000-\$44,999	11.5	10.9	10.7			
\$45,000-\$54,999	7.1	6.4	6.3			
\$55,000-\$64,999	3.8	4.2	3.8			
\$65,000-\$74,999	-	3.6	2.2			
\$75,000-\$84,999	-	2	1.7			
\$85,000-94,999	-	0.5	0.7			
\$95,000 +	-	1.5	2			
Race/Ethnicity of Uninsured Kindergartener	·s					
African American/Black	3.8	4.9	5.9			
Asian/Pacific Islander	3.9	4.2	6.4			
Caucasian	22.7	26.6	43.4			
Hispanic	58.6	55.5	30.1			
Native American/Alaska Native	1.2	2.2	1.3			
Other Race	0.5	0.4	1			
Multiple Races	9.3	6.2	11.9			
Routine Care and Health Status of Kinderga	rtener					
Kindergartener Has NOT Had Routine Check-Up In Past Year	17.1	16.3	15.8			
Kindergartener Has NOT Visited Dentist in Past Year	32.5	29.7	28.9			
HAS Had a Cavity in His/Her Lifetime		43.9	44.1			
Amount of Times the Kindergartener Has Gor Illness or Injury in the Past 12 Months	ne to the ER for a	a Non-Life-Thre	eatening			
None (0)	75.2	80	80.6			
1 to 2	22.6	18.6	18.1			
3 to 5	2.1	1.3	1.1			
6 to 9	0.2	0	0.1			
10 or More	0.1	0.1	0.1			

Table 13.2 continued

Note. - indicates data is not available.

	2008-2009 (Year One)	2009-2010 (Year Two)	2010-2011 (Year Three)			
Survey Indicator	(Percent)	(Percent)	(Percent)			
Types of Medical Conditions Seen in Kindergarteners						
Asthma	4.8	8.2	8.2			
Glasses/Contacts	2.1	3.6	4.2			
ADD/ADHD	0.7	1.2	1			
Seizures	0.2	0.9	0.8			
Hearing Aid/Impairment	0.5	0.4	0.4			
Physical Disability	0.2	0.3	0.3			
Mental Health Condition	0.2	0.3	0.3			
Diabetes	0.1	0.2	0.4			
Cancer	0.04	0.1	0.1			
Other Condition	5.1	7.4	7.4			
Kindergartener with No Insurance Has a Possible Undiagnosed Medical Condition	2.2	3.4	3.3			
Respondents Ability to Follow Doctor's Recommendations for Medications and/or Follow-Up Visits						
All of the time	83.7	86.2	84.3			
Most of the time	12.4	7	10.3			
Some of the time	2.5	4.5	2.8			
Never	1.4	2.3	2.6			
Kindergartener Has NOT Been Tested for						
Lead Poisoning	83.9	83.2	79.9			
Immunization Information Respondent Would Not Immunize						
Kindergartener if it Was Not Required	5.6	5.5	6.5			
Immunization Locations Used by Respondent						
Primary Care Provider	65.6	67.3	68.1			
Health District	16.5	11.7	12			
School-based Clinic	1.7	0.9	0.6			
Community Health Clinic	8.7	10.4	9.8			
Other Location	7.5	2.5	2.2			
Multiple Locations	-	7.2	7.2			

#### Table 13.2 continued

Note. – indicates data is not available.

	2008-2009 (Year One)	2009-2010 (Year Two)	2010-2011 (Year Three)
Survey Indicator	(Percent)	(Percent)	(Percent)
Kindergartener's Weight Status			
Underweight	16.8	16.4	15.4
Healthy Weight	47.5	47.8	50.3
Overweight	10.8	10.5	13.2
Obese	24.9	25.3	21.1
Times A Week Kindergartner Does at Last 3	Omin of Physical A	ctivity	
0-1 Times	-	2.5	2.6
2-3 Times	-	14.2	16.3
4-5 Times	-	25.5	27.2
6 or More Times	-	57.9	54

#### Table 13.2 continued

Note. – indicates data is not available.

## **APPENDIX C: 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 <u>never</u> be connected to your responses in any way or known by the researchers. All information in this survey is confidential.

Child's age:	Annual household income	Your HOME zip code:
Name of elementary school: Child's gender: Male Female Child's weight: Ibs.	(check one) ☐ \$0 -\$14,999 ☐ \$15,000 -\$24,999 ☐ \$25,000 -\$34,999 ☐ \$35,000 -\$34,999	Child's race / ethnicity: African American Asian / Pacific Islander
Child's height: ft in. (12in = 1ft) Total number of children in your household: (ages 0-17):	□ \$45,000 -\$54,999 □ \$55,000 -\$64,999 □ \$65,000 -\$74,999 □ \$75,000 -\$84,999	Caucasian  Hispano / Latino Native American / Alaska Native Other (please specify):
Total number of adults in your household: (ages 18+):	□ \$85,000 -\$94,999 □ \$95,000 +	

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

1. Is your child currently of Yes No	covered by medical insurance?	? 10. Where do you take your child for immunizations (shots)? If you have used more than one of these locations, please check			?lf eck		
If "Yes", what is the type	of insurance?	the last location:					
Private Medica	aid 🗌 Nevada Check-Up	Primary Care Provide	er	Healt	th Distric	t	
Other		(Child's regular docto	or)	Scho	ol-based	dinic	
		Community Health C	linic	Othe	r (specif	y):	
2. Has your child been se routine check-up (not an Yes No	en by a medical provider for a illness) in the <i>past 12 months</i> ?	11. Has your child ever t	been test	ed for lea	d poison	ing?	
3. Does your child have a	primary care provider (regular	12 House you experience	od any ba	rriorr to a	cooring	health c	-
doctor, nurse practitione	r, or physician's assistant)?	12. Have you experience	eu any ba II that an	mers to a	locessing	nearm	are
🗆 Yes 🗆 No		for your child? (check al	I that ap	piy)			
				or transpo	rtation		
4. Has your child seen a d	lentist in the past 12 months?			or good m	edical pr	oviders	
🗆 Yes 🗆 No		Lack of money	Other	r (specify):			
5. Has your child ever had	d a cavity? 🗌 Yes 📄 No	13. Have you ever tried services for your child?	to get m	ental or b	ehaviora	l health	
6. Within the last 12 mon	ths, how many times have you	🗆 Yes 🗆 No					
taken your child to the Er	mergency Room (not Urgent	If "Yes", have you had tr	rouble ge	tting servi	ices?		
Care) for an illness or inju	ry that was not life-threatening?	🗆 Yes (explain)				🗆	No
□ None (0) □ 1-2 [	3-5 🗆 6-9 🗆 10 or more						
		14. In general, are you a	able to fo	low your	doctor's		
7. Please check all medica	al conditions listed below that	recommendations for m	nedication	ns and/or	follow-u	p visits?	
your child has:		All of the time		🗆 Sor	me of th	e time	
Asthma	Glasses / Contacts	Most of the time		🗆 Ne	ver		
Diabetes	Hearing Aid / Impairment	If you did not say "All of	f the time	", please (	explain v	vhy not:	
Seizures	Physical Disability						
Mental Health Condit	ion ADD / ADHD						
Cancer	□ None	15. In general, how man	ny times a	week do	es your c	hild do a	it
Other (specify)		least 30 minutes of phys	sical activ	ity? (circle	e one)		
		0 1 2	3	4	5	6	7
8. Do you think your child	I may have a medical problem	16. What type of pre-sch	hool did y	our child	attend n	nost ofte	en in
that he/she has not seen	a doctor for?	the past 12 months? (ch	neck one)				
Li Yes Li No		Home-based	School	l / Univers	ity camp	ous	
If "Yes", what is it:		Head start [	🗆 Private	• 🗆	None /	Stayed I	nome
		Other					
9. If immunizations were	not required for school, would						
you still have your child immunized?		17. What is the name of	f the pre-	school tha	it your cl	hild most	t
🗆 Yes 🗆 No		recently attended (if he	/she atte	nded)?			

PLEASE RETURN THIS SURVEY TO YOUR CHILD'S TEACHER BY FRIDAY, SEPTEMBER 10, 2010

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):	Ingreso anual del hogar	Su código postal CASERO:
Nombre de la escuela primaria: Sexo del niño(a): Masculino Femenino Peso del niño(a): Ibs. Estatura del niño(a): ft. in (12in = 1ft)	(cheque uno) □ \$0 -\$14,999 □ \$15,000 -\$24,999 □ \$25,000 -\$34,999 □ \$35,000 -\$44,999 □ \$45,000 -\$54,999	Etnicidad del Niño(a) Afro Americano Asiático / Isleño Pacifico Caucásico
Total de niños(as) viviendo en casa: (edades 0-17): Total de adultos viviendo en casa: (edades 18+):	<ul> <li>\$55,000 -\$64,999</li> <li>\$65,000 -\$74,999</li> <li>\$75,000 -\$84,999</li> <li>\$85,000 -\$94,999</li> <li>\$85,000 +\$94,999</li> </ul>	<ul> <li>Hispano / Latino</li> <li>Nativo Americano / Nativo de Alaska</li> <li>Otro (especifique):</li></ul>

#### 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?	<ol> <li>¿Dónde lleva a su hijo para inmunizaciones (vacunas)? Si ha utilizado más de un tipo de local, por favor, indique la más escientes.</li> </ol>
<ul> <li>Si □ No</li> <li>¿Encaso de si? ¿que tipo de seguro?</li> <li>Privado □ Medicaid □ Nevada Check-Up</li> <li>Otro</li> </ul>	<ul> <li>Proveedor cuidado primario</li> <li>Centro de Salud</li> <li>(médico regular)</li> <li>Clínica de salud basada en la escuela</li> <li>Clínica de Salud Comunitaria</li> <li>Otro (especifique):</li> </ul>
<ul> <li>2. ¿Su niño(a) ha sido visto por un proveedor de servicio médico este año para un examen de rutina (no por enfermedad) en <i>los últimos 12 meses</i>?</li> <li>Si □ No</li> </ul>	11. ¿A sido su niño(a) examinado por contaminación de plomo?
3. ¿Tiene su niño(a) un medico familiar (médico, enfermera de práctica o asistente de médico )?	12. ¿Se ha enfrentado con obstáculos en el acceso de salud para su hijo? (cheque todo que apliqué) Ninguno Falta de transportacion
	Falta de aseguransa Li Falta de proveedores medicos de
4. ¿Ha visto su niño(a) a un dentista en <i>los últimos 12</i> meses?	Calidad  Falta de of dinero  Otro (especifique):
5. ¿Ha tenido su niño(a) caries? 🗌 Si 🗌 No	13. ¿Alguna vez ha tratado de obtener servicio de salud mental o de comportamiento para su niño(a)?
6. En los últimos 12 meses, ¿cuántas veces ha tenido que llevar a su niño(a) a la sala de emergencias por una enfer- medad o lesión <u>sin peligro la vida</u> ?	En caso que sí, ¿ha tenido problemas para obtener servicios?
□ Ninguna (0) □ 1-2 □ 3-5 □ 6-9 □ 10 o mas	14. En general, ¿Puede seguir recomendaciones del médico en
7. Por favor seleccione todas las condiciones medicas que tenga su niño(a):	Todo el tiempo     Algunas veces
Asma     Lentes/ de Contacto     Diabetes     Convulsiones     Discapacidad Auditiva	□ La mayor parte del tiempo □ Nunca Si no contesto "Todo el tiempo ", por favor especifique porque:
Condición de Salud Mental Cáncer Otra (especifique)	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
8. ¿Cree que su niño(a) tenga un problema médico pero usted no ha ido a ver a un médico? Si Do Si la respuesta es si, por favor especifique:	16. ¿Que tipo de escuela preescolar atendio su niño(a) mas en <i>los ultimos 12 meses</i> ? (cheque uno) Badado en Casa Campamento en Escuela/Universidad Head start Privada Ninguna/Permaneció en la Casa
9. Si las vacunas no fueran necesarias para la escuela, ¿Vacunaría (inmunizaciones) a su niño? □ Si □ No	Otra 17. ¿Qué es el nombre de la escuela preescolar que su hijo más recientemente atendió a (si atendió alguna)?
VUELVA POR FAVOR ESTA INSPECCION A MAEST	RO DE SU NIÑO POR EL VIERNES, SEPTIEMBRE 10. 2010

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:

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