Survey Findings:
Children Served by MaineCare, 2005

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We would like to thank the parents who participated in survey interviews; this report would not be meaningful without their time and their candid responses. We are grateful to Patty Dushuttle and Linda Schumacher, of the Maine Department of Health and Human Services, who directed the project. Al Leighton and the dedicated interviewers of the Muskie Survey Research Center tested and administered the survey and Tina Gressani was instrumental in the preparation of the survey sample.

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Executive Summary

This report presents findings from a random telephone survey of children currently enrolled in or recently disenrolled from MaineCare, Maine’s Medicaid program. The sample was stratified to include children enrolled in MaineCare through three eligibility categories. It includes children in households with income up to 100% of FPL (Medicaid), children in households with income between 100% and 150% FPL (Medicaid Expansion) and children enrolled through the Federal State Children’s Health Insurance Program (SCHIP) with income between 150% and 200% FPL. Between May and August 2005 telephone interviews were completed with 1,529 parents of enrolled children and 336 parents of disenrolled children.

This survey was commissioned by Maine’s Department of Human Services. Findings from this report will be used to improve understanding of the needs of this population, to develop quality improvement initiatives to better serve these children, and to satisfy reporting requirements of the Federal SCHIP program.

Key findings of the survey interviews include:

26% of the current enrollee respondents reported a limiting condition - an emotional, developmental, physical, or behavioral condition that limits the child’s ability to do what other children his/her age can do.

Parents report satisfaction with the MaineCare benefit, MaineCare primary care providers, and their office staff at the rates of 90%, 92%, and 90%, respectively.

According to parents’ reports of their children’s height and weight, 32% of teens are either overweight or obese, per their calculated body mass index (BMI). This rate is 5% higher than a recent Centers for Disease Control report for teens in the State of Maine. Parents’ perceptions of their children’s weight differed from BMI calculation results.

62% of school-age children enrolled in MaineCare have physical education classes once or twice per week during the school year.

The frequency of exercise and vegetable consumption decrease with age. Soda consumption increases with age.

45% of children enrolled in MaineCare live in households with at least one smoker.

65% of the primary wage earners in households with incomes over 150% FPL have full time employment. However, 40% of their employers do not offer health insurance.

39% of disenrollees leave MaineCare due to an increase in household income; however, 34% of disenrolled children have no health insurance five months after disenrolling.
Purpose

The purpose of this study is to examine the experiences of parents of children enrolled in MaineCare, the State’s Medicaid program. From this review we hope to understand the unmet needs, satisfaction levels, health behaviors of this population, and access to employer-sponsored insurance. Though all children enrolled in MaineCare receive the same benefits, children are enrolled through different eligibility categories, depending upon their household income. We included children in three eligibility categories for this survey to understand any differences that may occur among them. The three categories are:

- State Children’s Health Insurance Program (SCHIP), which covers children who live in households with income up to 200% of the federal poverty level (FPL),
- Medicaid expansion covers children who live in households with income up to 150% of FPL,
- Medicaid (sometimes referred to as TANF, Temporary Assistance to Needy Families) This benefit category covers children up to 100% of FPL.

Data on service use, expenditures, and service providers are available from MaineCare claims data for this population; however, staff at the Department of Health and Human Services (DHHS) requested this survey to understand this information within the context of the experience, concerns, and satisfaction from the family’s point of view. Survey respondents were also selected to include recently enrolled and recently disenrolled children. The survey includes questions on satisfaction with MaineCare and with providers, parental employment status, health status, healthy behaviors, and access to health services.

The goals of the study are to:

- Learn about concerns specific to parents of new MaineCare enrollees,
- Clarify any differences in satisfaction or unmet needs among the three benefit categories,
- Learn about health behaviors of this population,
- Examine access to employer-sponsored insurance,
- Understand reasons parents disenrolled their children from MaineCare.

Methodology

Target Population and Respondent Characteristics

Children who were enrolled at least nine months in any of the three MaineCare eligibility categories (SCHIP, Medicaid Extension, Medicaid) were selected for the ‘current enrollee’ group so that the survey would reflect the perspective of families with substantial experience under a particular benefit. In addition, children who were enrolled within the past three to five months of survey administration were selected for the ‘new enrollee’ group. Children who had
disenrolled from any eligibility category within the past five months were selected and reported as the ‘disenrollee’ group. One child per household was randomly selected so that no family would be interviewed about the experience of more than one child. Only children living in households with a parent (birth, foster or adoptive) or guardian were included. A screening question confirmed the status and benefit category of the identified child. We over-sampled children receiving benefits through the SCHIP category to ensure a large enough sample size for this category.

Overall, a total of 1,865 responses were collected. This number includes 1,215 interviews with parents of children currently enrolled in MaineCare, 314 interviews of new enrollees and 336 parents of children who were recently disenrolled. Table 1 displays a summary of the numbers of completed interviews by age, gender, and benefit category.

Table 1: Characteristics of Survey Respondents

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Number and Percent of Respondents</th>
<th>New Enrollee</th>
<th>Current Enrollee</th>
<th>Disenrollee</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>1,865</td>
<td>314</td>
<td>1,215</td>
<td>336</td>
</tr>
<tr>
<td><strong>Age of Children</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-5</td>
<td>396</td>
<td>21.2%</td>
<td>83</td>
<td>263</td>
</tr>
<tr>
<td>6-12</td>
<td>751</td>
<td>40.3%</td>
<td>132</td>
<td>466</td>
</tr>
<tr>
<td>13-18</td>
<td>718</td>
<td>38.5%</td>
<td>99</td>
<td>486</td>
</tr>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>913</td>
<td>48.9%</td>
<td>140</td>
<td>598</td>
</tr>
<tr>
<td>Male</td>
<td>952</td>
<td>51.1%</td>
<td>174</td>
<td>617</td>
</tr>
<tr>
<td><strong>MaineCare Benefit</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MaineCare</td>
<td>917</td>
<td>49.2%</td>
<td>157</td>
<td>607</td>
</tr>
<tr>
<td>Expansion</td>
<td>432</td>
<td>23.2%</td>
<td>81</td>
<td>302</td>
</tr>
<tr>
<td>SCHIP</td>
<td>516</td>
<td>27.6%</td>
<td>76</td>
<td>306</td>
</tr>
</tbody>
</table>

The regional distribution of the completed interviews is as follows:

25.4% Region I: York and Cumberland counties,

44.1% Region II Androscoggin, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Somerset and Waldo counties, and

30.5% Region III: Aroostook, Hancock, Penobscot, Piscataquis, and Washington counties.
Children in the survey population are primarily white (98%), 0.6% are American Indians and the remaining 1.4% are of African American, Hispanic, or Asian descent. Ninety-five percent of respondents were the child’s parent or guardian, 3% were grandparents and the remainder were other relatives. Fifty-one percent of respondents were male.

**Survey Instrument and Administration**

The telephone survey instrument and administration methods were adapted from three separate surveys that had been conducted for this population for the past three years. In consultation with DHHS staff, we revised the instrument to add questions regarding health behaviors such as tobacco use and exercise and experiences with providers pertaining to those behaviors. We eliminated questions for which there has not been any variation in the findings in the previous three administrations of the survey. For example, responses to questions about telephone access to health providers and the amount of time providers spend with enrollees have been consistent for the past several years and, therefore, were deleted in order to add new questions of interest.

The instrument was designed to be administered to all respondents. The complete instrument was administered to current and newly enrolled respondents; however, skip patterns were used to ask disenrollees only questions pertaining to employment and insurance status and reasons for disenrolling. The instrument, protocols, and confidentiality procedures were reviewed by the University of Southern Maine’s Institutional Review Board (IRB) for human subject research. Professional interviewers at the Survey Research Center at the Muskie School of Public Service in Portland, Maine administered the survey. All project staff are trained in HIPAA compliance and confidentiality protocols.

Survey Research Center interviewers were thoroughly trained prior to call administration. In addition to 15 hours of general interviewing techniques training, all staff also completed four hours of training for this survey instrument. Survey training included an explanation of the intent and objectives of all questions, practice interviewing with the instrument, and a final review of all survey questions on this instrument.

The survey was administered using a computer-assisted telephone interviewing instrument (CATI) developed by Muskie School staff to collect and enter data directly from respondents. Upon reaching one of the randomly selected households, the interviewers explained the purpose of the survey and offered to give the respondents the name and telephone number of a Department of Health and Human Services contact to verify the validity of the survey. The interviewer then asked to speak to the parent most knowledgeable about the child’s needs and explained that they could skip any question they did not want to answer.

Contact with 2,452 households yielded 1,865 respondents who were eligible and who agreed to participate in the interview. Interviewers confirmed eligibility by asking a screening question explaining that the survey was about children recently disenrolled from or currently enrolled in MaineCare. The interview took an average of 20 minutes; it was in the field from April 20th through July 2005.
Overall, the response rate for the survey was 75% for new and current enrollees and 81% for disenrollees. The final question on the survey asked new and current enrollee respondents if they would agree to be interviewed again on the same subject at a later date should the survey be repeated; 98.9% agreed.

**File Construction, Data Analysis, Weighting**

Staff at the Muskie School reviewed the survey for response validity, coded open-ended questions, and imported the data into SAS for analysis. This report presents primarily descriptive data, although some questions have been analyzed for differences based on the characteristics of the respondents. For the most part, subgroup comparisons are presented only when there was a significant difference between the groups.

**Study Limitations**

Because the percentages and counts contained in this report are based on samples of the population, rather than direct responses from every parent of every child enrolled in MaineCare, they are estimates only. It should also be noted that the survey was administered to the adult in the household who reported on the health care use, needs, and services of the child. Therefore, the reliability of the responses is dependent upon the parents’, guardians’, or other family members’ familiarity with all the child’s behaviors, needs, and health care use.

For example, parents’ reports of whether children use tobacco may be suspect; parents may not know if their children have begun to use tobacco or they may be reluctant to confirm it. Reports of smoking in the home may be underreported as a result of social bias. Reports of parents’ perception of the frequency of providers’ advice on topics such as weight, nutrition, or emotional development are limited by the length of the recall period. Parents were asked to report on their children’s last check up; the recall period was, therefore, different for each respondent.

**Analysis and Presentation**

We analyzed survey results by age groupings, enrollment status (newly enrolled or current), and by MaineCare benefit eligibility category (Medicaid, Medicaid expansion, or SCHIP). We included in the report the analysis of the measure that offers the most variation. Most frequently this was the benefit category distribution.

Often, there was little variation between the current enrollees (enrolled for nine months or more) and the newly enrolled (enrolled within the past three to five months). We combined these groups for analysis unless there was sufficient variation between the two groups. Reports of disenrollees are limited to reasons for disenrolling, current insurance, and employment status.
Children’s Health Status

We asked each parent to describe their child’s health status. Parents of younger children were more likely to report that their children’s health was excellent or very good (91%), compared to parents of older children (82%).

There is also variation by program type (not shown). Only 83% of parents of children enrolled in Medicaid (TANF) reported their children were in excellent or very good health, compared to parents of children enrolled through higher income eligibility categories (both SCHIP and Medicaid expansion), who reported excellent or very good health at the rate of 88%.

Figure 1. Health Status of Children Enrolled in MaineCare

N=1,526

Survey Findings: Children Served by MaineCare 2005
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Usual Source of Care

Ninety-eight percent of current and new enrollees (N=1,504) reported that they have a regular source of health care. The seventeen remaining respondents without a regular source of health care reported that they had recently moved to the area and were looking for a new PCP.

Type of Provider

Eighty-seven percent (N=1,295) of current and new enrollees see a primary care physician for well-child visit or annual exams. Nine percent obtain these services from a nurse practitioner or physician assistant and the remaining 4% go to specialists for their primary care.

Unmet needs

Interviewers asked respondents if they had difficulty obtaining care within the past six months. Four percent (N=48) of current enrollees and 6% of new enrollees (N=19) stated that they had difficulty finding a health care service. Over half of the respondents with an unmet need stated they were not able to find dental care for their children. The remainder reported a number of specialty services including mental health services; 18 respondents stated they had difficulty receiving routine primary care and urgent care when needed.
Limiting Conditions

In 2003 and 2004 when similar surveys were administered to current enrollees, 20% of those respondents stated that their children had a limiting condition. In this year’s survey, staff asked respondents whether or not the child in their care had ‘an emotional, developmental, physical or behavioral condition that limits his or her ability to do what other children his/her age can do’. This year, 19% of new enrollees were reported to have a limiting condition and 26% of current enrollees were reported to have a limiting condition. This may indicate that new enrollees have not yet benefited from the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program of MaineCare and that conditions may not yet be diagnosed.

The vast majority, 87% of parents of children with a limiting condition, reported that they always or usually received the care and services needed to treat the condition. Eight percent reported that they sometimes receive all the care and services for the condition and 5% (N=17) reported that they rarely or never received services. The graph below shows the types of conditions that both new and current enrollees are reported to have.

![Figure 2. Distribution of Limiting Conditions for Children Reported to Have a Limiting Condition (N=372)](image)

Reports of ‘medical condition’ include heart, blood, pulmonary, and kidney diseases, among others. Over 16% reported having more than one condition that limited the child’s activities.

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The age distribution of children with limiting conditions is as follows: 13% of children age five or younger, 27% of children aged six through twelve, and 29% of children 13 or older.

Respondents also reported ‘overweight’ and obesity as limiting (medical) conditions. Four of the seven children with diabetes have Type 1 and three have Type 2, the type of diabetes often associated with obesity. In addition to the children currently diagnosed with diabetes, 109 respondents, 7.2% of the combined current and newly enrolled groups, stated that a health care provider told them that their child is at risk for Type 2 diabetes.

Weight

To determine the weight status of this population, we asked respondents to report the height and weight of their children; we then used CDC guidelines to calculate their body mass index (BMI). Figure 3 shows the progression, by age, of the trend toward overweight and obesity. Eighty-eight percent of the new and current enrollees under six years old (N=275) are calculated to have a normal weight. Normal weight is reduced to 81% for six to twelve year olds (N=541) and reduced further to 67% for children age 13 and older (N=577).

Nineteen percent of teens in the survey are estimated to be overweight and 13% are estimated to be obese. The combined total, 32%, is higher than estimates in the most recent Centers for Disease Control (CDC) report for Maine that indicates 27% of high school students in the State of Maine are overweight or at risk for being overweight.2

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Parents’ Perception of Children’s Weight

We also asked parents to describe their children’s weight in order to understand the parents’ perception of their children’s weight status. Interviewers asked parents to describe their children’s weight using the following descriptors: underweight, slightly underweight, about right, slightly overweight or overweight. Of the 131 children whose reported height and weight were used to calculate their body mass index (BMI) and were determined to be obese, 78% of their parents indicated that they believed their child was overweight. However, 21% of these parents of obese children indicated that they believed their child’s weight was normal.

Similarly, 52% of parents of children whose height and weight were calculated to be overweight, described their children as overweight or slightly overweight and 48% described them as normal weight. This indicates a need for greater education directed toward both children and parents, particularly in light of increasing risk for Type two diabetes in this population.

Figure 4. Parents’ Perception of Children’s Weight Status

![Graph showing parents' perception of children's weight status](image-url)

Survey Findings: Children Served by MaineCare 2005
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Well Child Visit Topics

We asked parents the frequency with which their children’s primary care provider (PCP) talks with them or their children about selected health care issues during the annual well-child visit. We also asked if they needed more information on these topics, and finally, how they ranked their providers and their providers’ office staff. Due to little variation in responses, we combined reports from members enrolled within the past three to five months and members enrolled for nine months or more. Parents of newly enrolled children may have recently had a well-child visit and may be reporting on that visit; whereas parents of longer term enrollees may be recalling multiple, past well child visits.

Nutrition and Diet

The percentage of PCPs who rarely or never discuss nutrition and diet issues with parents and/or children at the well child annual examination increases with age, according to reports of parents. Only 9% of parents of infants and toddlers report that the PCP rarely or never discussed nutrition. The graph below shows that 17% of respondents of children 6-12 years old and 21% of teens report that this topic is rarely or not discussed at the annual exam. The percentage of reports of sometimes, also increases with the age of the child; parents of teens report that 42% of PCPs sometimes, rarely or never discuss this topic.

![Figure 5. How often does the PCP talk to you or your child about Nutrition or Diet during the annual well-child visit? N= 1,460](image-url)
Exercise

As might be expected, 34% of PCPs are reported to rarely or never discuss exercise with parents of infants and toddlers. However it is surprising that almost a quarter of parents of children age six through eighteen report that this subject is rarely or never discussed during the annual well-child visit.

Figure 6. How often does the PCP talk to you or your child about Exercise during the annual well-child visit?

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Always/usually</th>
<th>Sometimes</th>
<th>Rarely/Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5 yrs</td>
<td>51%</td>
<td>17%</td>
<td>34%</td>
</tr>
<tr>
<td>6-12 yrs</td>
<td>59%</td>
<td>19%</td>
<td>22%</td>
</tr>
<tr>
<td>13-18 yrs</td>
<td>59%</td>
<td>18%</td>
<td>23%</td>
</tr>
</tbody>
</table>

Weight

Seventy-two percent of PCPs are reported to always or usually discuss the child’s weight during the annual physical examination; however, that percentage also decreases with age. Approximately half of PCPs of teens discuss weight during the annual well-child visit.

Figure 7. How often does the PCP talk to you or your child about Weight during the annual well-child visit?

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Always/usually</th>
<th>Sometimes</th>
<th>Rarely/Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-5 yrs</td>
<td>72%</td>
<td>12%</td>
<td>16%</td>
</tr>
<tr>
<td>6-12 yrs</td>
<td>54%</td>
<td>16%</td>
<td>30%</td>
</tr>
<tr>
<td>13-18 yrs</td>
<td>51%</td>
<td>17%</td>
<td>31%</td>
</tr>
</tbody>
</table>
Tobacco, Drug, and Alcohol Use

The percentage of PCPs who are reported to discuss alcohol, drug, or tobacco use increases with age; however, less than half of PCPs are reported to discuss this at the well-child visit always or usually. For example, parents of 10 to 12 year olds report that 40% of the time PCPs always or usually discuss tobacco use with their children at the annual exam; however, this percentage increases to only 48% with teens. Similarly, the percentage who are reported to sometimes discuss this topic increases slightly with age from 9% to 14% for teens.

Discussions of alcohol and substance abuse (SA) are reported at lower rates with only 43% of PCPs discussing this topic with teens, according to their parents.

Figure 8. How often does the PCP talk to you or your child about Tobacco, Drug or Alcohol during the annual well-child visit?
N= 617

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Reproductive Health

We asked parents of pre-teens and teens about discussion of reproductive health. Slightly more than a quarter of PCPs were reported to discuss this topic *always* or *usually* with pre-teens at the annual visit. This percentage increased to 38% for teenagers.

**Figure 9. How often does the PCP talk to you or your child about Reproductive Health during the annual well-child visit?**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Always/usually</th>
<th>Sometimes</th>
<th>Rarely/Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>13-18 yrs</td>
<td>38%</td>
<td>19%</td>
<td>43%</td>
</tr>
<tr>
<td>10-12 yrs</td>
<td>27%</td>
<td>22%</td>
<td>51%</td>
</tr>
</tbody>
</table>

Social and Emotional Development

Parents of infants and toddlers report that PCPs always or usually discuss social and emotional development at the rate of 69%. This percentage decreases with age to 54% for 6-12 year old and 51% for teens.

**Figure 10. How often does the PCP talk to you or your child about Social and Emotional Development during the annual well-child visit?**

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Always/usually</th>
<th>Sometimes</th>
<th>Rarely/Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>13-18 yrs</td>
<td>51%</td>
<td>21%</td>
<td>28%</td>
</tr>
<tr>
<td>6-12 yrs</td>
<td>54%</td>
<td>18%</td>
<td>28%</td>
</tr>
<tr>
<td>0-5 yrs</td>
<td>69%</td>
<td>14%</td>
<td>16%</td>
</tr>
</tbody>
</table>
Dental Health

While almost half (47%) of PCPs of children five years old or younger always or usually discuss dental or oral health with parents, this percentage also decreases with age with only 39% of PCPs of teens discussing the importance of dental care at the annual visit.

Figure 11. How often does the PCP talk to you or your child about Dental and Oral Health during the annual well-child visit?

N= 1431

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Always/usually</th>
<th>Sometimes</th>
<th>Rarely/Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>13-18 yrs</td>
<td>39%</td>
<td>12%</td>
<td>49%</td>
</tr>
<tr>
<td>6-12 yrs</td>
<td>44%</td>
<td>17%</td>
<td>39%</td>
</tr>
<tr>
<td>0-5 yrs</td>
<td>47%</td>
<td>19%</td>
<td>34%</td>
</tr>
</tbody>
</table>

Information needed by Parents about their Children’s Health

Interviewers asked respondents if they would like more information from their children’s PCPs on various topics. The most reported topic was dental health with 13% of parents of current enrollees and 21% of parents of newly enrolled children reporting that they would like more information on this topic. Social and emotional development information was the second most requested topic at 13% for both new and current enrollees.

Figure 12. Would you like more information from your PCP on this topic?
**Satisfaction with Providers and with Benefits**

Interviewers asked respondents about their level of satisfaction or dissatisfaction with their children’s primary providers, with the office staff at their primary providers’ offices, and with MaineCare benefits. The results are presented below. Only one percent was dissatisfied or very dissatisfied with their child’s PCP, 2% were unhappy with the PCP’s office staff, and 6% were dissatisfied or very dissatisfied with the MaineCare benefit.

Reasons for dissatisfaction varied from concerns about prior authorization requirements for certain medications or services, to the limited number of providers who participate in MaineCare, and the difficulty finding a provider. However, the largest number of reasons for dissatisfaction with MaineCare centered on dental services – both the lack of dental providers who accept MaineCare and the attitude of dental providers.

![Figure 13. Satisfaction of MaineCare and MaineCare Providers](chart)

<table>
<thead>
<tr>
<th>Service</th>
<th>Satisfied/Highly Satisfied</th>
<th>Neutral</th>
<th>Dissatisfied/Very Dissatisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>MaineCare Benefit</td>
<td>90%</td>
<td>90%</td>
<td>3%</td>
</tr>
<tr>
<td>PCP Office staff</td>
<td>90%</td>
<td>7%</td>
<td>2%</td>
</tr>
<tr>
<td>Child’s PCP</td>
<td>92%</td>
<td>1%</td>
<td>1%</td>
</tr>
</tbody>
</table>

There were many more reports of respondents who were satisfied or very satisfied with MaineCare services (90%). We also asked the reasons for this level of satisfaction. The overarching reasons given for satisfaction were ‘peace of mind’ knowing that the child was covered in case of accident, access to affordable preventive and specialty care, and not having to
use the ER for routine health care. There was general consistency between the two enrolled groups (newly enrolled and those enrolled for more than nine months) with the exception of ER use; 51% of parents of newly enrolled children stated that they were happy they did not have to use the ER for routine health care, compared to 32% of parents of children who had been enrolled more than nine months. Parents included the following when asked about aspects of the program with which they were particularly satisfied:

- Reminders about check ups
- Ability to keep the same provider
- Good quality care
- Health and financial information provided by MaineCare.

**SCHIP Premiums**

Parents whose children are enrolled in SCHIP pay monthly premiums between $5 and $20 depending upon family income. State policy makers wanted to know whether this premium was burdensome to the parents. The majority, 57% stated that it was easy or somewhat easy to pay the premium for their children. Another 14% responded that it was neither easy or hard to pay the premium. However, more than a quarter of respondents said that it was hard or very hard to pay the premium each month.

![Figure 14. Paying SCHIP Premiums](chart)

*Figure 14. Paying SCHIP Premiums
N= 355*
Healthy Behaviors

Health Behavior Reports

Department of Health and Human Services staff were interested in learning more about the level of exercise children are receiving in order to better focus information to this population. We asked respondents about exercise their children participate in at school and at home. We also asked about tobacco use, both by the children and in the home by others. Due to space limitations we asked only two questions about diet.

Tobacco Use

Parents of children aged 12 or older (N=887) were asked whether their child used tobacco products. Six percent (n=52 children) reported that their child used tobacco. One percent of respondents reported that they did not know whether their children used tobacco. We also asked how many people smoke or use tobacco products in the home (other than the child, if the child smokes). Forty-five percent of respondents’ homes have at least one smoker. This rate is almost double the tobacco use rate for the State of Maine (23.6%). Of the respondents’ homes with smokers, 63% have one smoker and 37% have more than one smoker living in the home.

Table 15. Percentage of Households with at Least One Smoker
N= 1,522

<table>
<thead>
<tr>
<th></th>
<th>No Smokers in Home</th>
<th>At least 1 Smoker in Home</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>45.2%</td>
<td>54.8%</td>
</tr>
</tbody>
</table>

---

Exercise

Department of Health and Human Services staff wanted to know how often school children receiving MaineCare participated in organized physical education classes. There is great variation in the frequency and availability of physical education classes among the school districts in the State of Maine. Some schools offer classes once per week throughout the school year, others offer it once per week for a third or one half of the school year. The figure below shows the frequency with which surveyed children participate in school-sponsored physical education. More than half (62.4%) have physical education classes once or twice per week during the entire school year. Approximately 3% of the schools do not offer these classes and almost 5% elect not to take physical education.

Figure 16. Frequency of Physical Education Classes of Children Enrolled in Maine Schools
N= 1046

State policy makers also wanted to learn about exercise outside of school. We asked parents to tell us the kind of exercise in which their children participate, the frequency, and duration of the exercise. Two percent report that their children never exercise, of those who did exercise, 60% report that their children exercise for at least an hour or more at a time. Another 25% report that their children exercise 30-45 minutes in duration. Below is a graph showing the frequency of exercise the respondents reported including ‘active play’ (22%), extra-curricular team sports (15%), walking (15%), bicycling (14%), running (13%), swimming (5%), work-related exercise (2%), and a range of other activities including martial arts, dance, horseback riding, etc. We
specifically asked the type of exercise to distinguish passive exercises, such as fishing or snowmobiling, from active exercises that include cardiovascular activity.

The graph below shows that exercise decreases with age in this population. Ninety-five percent of children five years old and younger participate in some sort of exercise every day; that percentage decreases to 51% by the time children reach 15 years old. Similarly, 6% of teens aged 15-18 are reported to never exercise, while only 2% of 13-14 year olds never exercise and only 1% of 6-12 year olds are reported to never exercise.

![Figure 17. Frequency of Exercise](image-url)
Soda consumption has been linked to weight gain and poor nutrition. The chart below shows the increase in soda consumption by age with 2% of children under five years drinking one can of soda per day to 41% of teens aged 15 to 18 years drinking one or more cans of soda per day. Likewise, the percentage of children reported to never drink soda decreases from 61% for those under five years to 11% by the time children reach fifteen years. It is worth noting that children aged five and below are reported to drink soda at higher rates than expected. Respondents report that 11% drink one can per week and 6% drink 2-6 cans per week; 10 of the 339 children in this age group drink one or more cans of soda per day.

\[\text{Figure 18. Frequency of Soda Consumption} \]
\[N= 1,506\]
We also asked parents about the frequency of vegetable consumption and asked that they not include French fries when answering. The results from that question are presented below. A similar trend is seen with twice daily vegetable consumption reducing from 46% in children five years or younger to 27% for fifteen to eighteen year olds.

Figure 19. Frequency of Vegetable Consumption
N= 1,518
Reasons for Disenrolling from MaineCare

We identified children from all eligibility categories who had been disenrolled from MaineCare five months before the survey was administered. This was to ensure selection of children who were not in the process of re-enrolling for MaineCare or other health services. Interviewers asked parents the reasons they had disenrolled their children from MaineCare in order to learn if parents were dissatisfied with MaineCare services. We found that increase in household income was the primary reason for disenrolling; 39% reported that their income had increased and they were no longer eligible. Obtaining other health insurance for their children was the second most reported reason; 35% reported that their child had other coverage and no longer needed MaineCare.

Four percent were over the age of 18 and therefore no longer eligible, another 4% had moved out of the State of Maine, 3% were denied, though there was no further explanation, and another 3% did not know why the child was disenrolled. In the ‘other’ response, three parents stated that SCHIP premiums were too difficult to pay. Of the 10% who reported they did not re-apply for benefits, three individuals stated that they were self-employed and that providing evidence of their income was too difficult. The remainder stated a variety of reasons including that they thought the child would no longer qualify due to increased income or age and that they were ‘too proud’ to be in a state-sponsored program. No one expressed dissatisfaction with the program or its providers.

Figure 20. Reasons for Disenrolling from MaineCare
N= 334
Current Health Insurance Status

We asked whether the children disenrolled from MaineCare currently had health coverage and inquired about the type of coverage. The graph below shows that more than half currently had employer-sponsored health insurance; however, 35% of the disenrolled children did not have any health coverage at the time of the interview.

Figure 21. Current Insurance Status of Children Disenrolled from MaineCare

N= 334

- No Insurance, 34%
- Private-Employer, 55%
- Other Public, 2%
- DirigoChoice, 1%
- Private-Individual, 3%
- Don't Know, 2%
SCHIP Premiums

Forty percent of the disenrollees were former SCHIP enrollees. Interviewers asked whether they had experienced any difficulty paying the premiums when their children had been enrolled. The results of that question are presented below. The majority (66%) of the SCHIP disenrollees did not have any difficulty; however 21% stated that it was somewhat or very difficult to pay the monthly premiums.

Figure 22. SCHIP Disenrollees Difficulty Paying Premiums
N= 134
Parents' Status

Employment Status

Households with incomes up to 100% FPL (Medicaid benefit) are more likely to identify the principal wage earner in the household as unemployed, disabled, or engaged in part-time or seasonal employment. The graph below illustrates similarities in the employment status between the SCHIP (150%-200% FPL) and the Expansion (100%-150% FPL) populations compared to that of the Medicaid population. While 5% and 8% of SCHIP and Expansion households identify the primary wage earner as disabled, 18% of Medicaid households report that the principal wage earner is disabled (and unable to work). Similarly, the rate of unemployment in the Medicaid population (14%) is more than double the unemployment rate in SCHIP (6%) and Medicaid Expansion households (5%).

It is interesting to note the difference in employment status of recent disenrollees as compared to current enrollees. This group is far more likely to be engaged in full time employment and less likely to be disabled. This group is comprised of former SCHIP enrollees (40%), former Expansion enrollees (15%), and Medicaid (TANF) enrollees (45%).

Figure 23. Employment Status of Main Wage Earner in Household
N= 1,527

Survey Findings: Children Served by MaineCare 2005
Institute for Health Policy, Muskie School of Public Service
Access to Employer Sponsored Insurance (ESI)

We analyzed responses regarding employment, insurance eligibility, and insurance status in various ways to understand all aspects of this issue. Of the 77% of this population that was employed, we found that 40% were employed by companies that did not offer any kind of health insurance. This proportion is higher than findings of a similar survey conducted last year.\(^4\) The graph below shows that in 2004, 34% of main wage earners who were employed, were employed by firms that did not offer any health insurance.

This year’s results show that 31% of the employed respondents are employed in firms that offer health insurance; they are eligible for that insurance and they are also enrolled in it. Similar to last year’s results, 17% are employed in firms that offer insurance, they are eligible for that insurance; however, they are not enrolled in the employer-sponsored insurance. The primary reason for not enrolling in available insurance is the high cost of premiums.

This year, 9% of the employed, primary wage earners are employed in firms that offer insurance; however, those respondents are not eligible for the insurance, most likely because they are employed part time. Finally, 3% of the employed primary wage earners will be eligible for insurance after a waiting period.

\(^4\) Ibid.
The graph above shows ESI eligibility of the employed, primary wage earner of each respondent’s household. We also asked whether the child (the subject of the survey) was eligible for that insurance coverage and whether s/he had coverage. We found that 21% of the children were not eligible, 12% were eligible and, in fact, were covered by that insurance, and 66% were eligible, but did not participate. Reasons for non-participation were primarily due to high deductible and premium cost.

Size of Employer

Not surprisingly, we discovered that large firms, with 50 or more employees, were very likely (92%) to offer health insurance to its employees. Medium sized companies, those with 25-50 employees, offered health insurance at the rate of 82%. However, of the small firms, those with fewer than 25 employees, less than a third offer health insurance according to survey respondents.
ESI Access by Type of Benefit

We then looked at the same information as above (firms offering employer-sponsored health insurance) and analyzed it by MaineCare members’ eligibility categories. The graph below shows that members enrolled in MaineCare through the SCHIP or Medicaid Expansion benefits are more likely (63% and 67%) to have access to employer-sponsored health insurance, than are members enrolled through Medicaid (TANF) (55%).

Figure 26. MaineCare Members’ Access to Employer-Sponsored Health Insurance
N= 1,170
Eligibility by Full or Part-time Status

Members who are engaged in full time employment are more likely to be eligible for employer-sponsored health insurance. The graph below shows that of the employed respondents who work in firms that offer health coverage, 87% of the respondents are eligible for employer-sponsored insurance. Another 4% are in a waiting period to become eligible and 9% are in positions for which insurance is not available. Only 35% of part-time, employed respondents are eligible for insurance in firms that offer insurance. The vast majority, 58%, are ineligible.

Figure 27. Eligibility for Health Insurance in Firms Offering Health Insurance: Full and Part-time
N= 682
Eligibility by Benefit Type

Similar to previous findings, respondents who are enrolled through Medicaid (TANF) in households with less than 100% of FPL, are more likely to be ineligible for employer-sponsored insurance (21%), compared with both SCHIP and Expansion populations (12%).

Figure 28. Eligibility for Health Insurance in Firms Offering Health Insurance by MaineCare Benefit Category

N= 682
Parents’ Education

Almost half (46%) of the respondents completed their education with a high school diploma, 8% had not completed high school and 35% had taken some college courses. Eleven percent had a baccalaureate degree or higher. These percentages are consistent with the education status of the disenrolled population interviewed for this survey.

![Figure 29. Education Status of Respondents](image)

Conclusion

Parents of children enrolled in MaineCare through all three eligibility categories are overwhelmingly satisfied with the MaineCare benefit, with their children’s providers, and with the quality of care. However, dental services unmet needs are a continuing problem for this population due in part to a shortage of providers. Though few parents report other health care unmet needs, they will be of concern to MaineCare staff.

Reports of children’s health behaviors, particularly diet and exercise, when coupled with weight status reports, are also of concern. These findings may provide insight to DHHS policy makers for developing targeted information and outreach to parents and providers. Findings indicate that this population could benefit from providers’ advice on exercise and healthy eating habits in light of increasing rate of obesity and its associated health risks.
Appendix A: MaineCare Child Health Survey Telephone Instrument 2005

Q1  Option

The Department of Health and Human Services records indicate that \0 is NO LONGER ENROLLED in MaineCare. Is this correct? IF "NO" OR "UNSURE", PROBE: MaineCare is a health insurance sponsored by the state. If \0 were enrolled, you would have a plastic ID card for MaineCare health insurance.

Q1  1 YES, \0 IS NO LONGER ENROLLED Q3
Q1  2 YES, AFTER PROBE Q3
Q1  3 NO, STILL ENROLLED/RE-ENROLLED Q9
Q1  8 DK/UNSURE LONGQ62
Q1  9 NA LONGQ62

Q2  Option

The Department of Health and Human Services records indicate that \0 IS ENROLLED in MaineCare. Is this correct? IF "NO" OR "UNSURE", PROBE: MaineCare is health insurance provided by DHHS. They give you a plastic ID card if you are eligible.

Q2  1 YES Q9
Q2  2 YES, AFTER PROBE Q9
Q2  3 NO END
Q2  8 DK/UNSURE END
Q2  9 NA END

Q3  Option

Why is \0 NO LONGER on MaineCare?

Q3  1 \0 WAS NO LONGER ELIGIBLE DUE TO AGE Q7
Q3  2 \0 WAS NO LONGER ELIGIBLE DUE TO FAMILY INCOME LEVEL Q7
Q3  3 \0 WAS ENROLLED IN ANOTHER HEALTH INSURANCE PLAN Q7
Q3  4 I DID NOT SUBMIT RENEWAL APPLICATION Q5
Q3  5 OTHER NEXT
Q3  8 DK Q7
Q3  9 NA Q7

Q4  Text Entry

What is that other reason?

Q4  0 REASON (98=DK, 99=NA) Q7

Tuesday, July 19, 2005

Q5  Option
What is the main reason you did not send in the renewal application? (DO NOT READ: SELECT FIRST REASON R MENTIONS.)

<table>
<thead>
<tr>
<th>Q5</th>
<th>1</th>
<th>DID NOT RECEIVE APPLICATION</th>
<th>Q7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q5</td>
<td>2</td>
<td>APPLICATION TOO DIFFICULT TO FILL OUT</td>
<td>Q7</td>
</tr>
<tr>
<td>Q5</td>
<td>3</td>
<td>PREMIUMS TOO HIGH</td>
<td>Q7</td>
</tr>
<tr>
<td>Q5</td>
<td>4</td>
<td>HEALTH CARE AVAILABLE FOR FREE AT SCHOOL</td>
<td>Q7</td>
</tr>
<tr>
<td>Q5</td>
<td>5</td>
<td>MAINECARE WAS TOO MUCH OF A HASSLE</td>
<td>Q7</td>
</tr>
<tr>
<td>Q5</td>
<td>6</td>
<td>DISSATISFIED WITH THE PROGRAM</td>
<td>Q7</td>
</tr>
<tr>
<td>Q5</td>
<td>7</td>
<td>DIDN'T KNOW I NEEDED TO REAPPLY</td>
<td>Q7</td>
</tr>
<tr>
<td>Q5</td>
<td>8</td>
<td>DIDN'T THINK CHILD WOULD QUALIFY</td>
<td>Q7</td>
</tr>
<tr>
<td>Q5</td>
<td>9</td>
<td>GOT OTHER INSURANCE</td>
<td>Q7</td>
</tr>
<tr>
<td>Q5</td>
<td>10</td>
<td>JUST DIDN'T GET AROUND TO IT</td>
<td>Q7</td>
</tr>
<tr>
<td>Q5</td>
<td>11</td>
<td>OTHER</td>
<td>NEXT</td>
</tr>
<tr>
<td>Q5</td>
<td>98</td>
<td>DK</td>
<td>Q7</td>
</tr>
<tr>
<td>Q5</td>
<td>99</td>
<td>NA</td>
<td>Q7</td>
</tr>
</tbody>
</table>

Q6  
Text Entry

What is that other reason?

| Q6 | 0 | REASON (98=DK, 99=NA) | NEXT |

Q7  
Option

What kind of health insurance does \( \text{\texttt{0}} \) have now?

<table>
<thead>
<tr>
<th>Q7</th>
<th>1</th>
<th>PRIVATE INSURANCE FROM AN EMPLOYER</th>
<th>LONGQ62</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q7</td>
<td>2</td>
<td>DIRIGO CHOICE (PROBE: THEY GIVE YOU A PLASTIC ID CARD THAT SAYS DIRIGO/ANTHEM)</td>
<td>LONGQ62</td>
</tr>
<tr>
<td>Q7</td>
<td>3</td>
<td>PRIVATE INSURANCE YOU BUY DIRECTLY FROM THE INSURANCE COMPANY</td>
<td>LONGQ62</td>
</tr>
<tr>
<td>Q7</td>
<td>4</td>
<td>OTHER PUBLIC HEALTH INSURANCE (SUCH AS SSI OR MEDICARE)</td>
<td>NEXT</td>
</tr>
<tr>
<td>Q7</td>
<td>5</td>
<td>NONE</td>
<td>LONGQ62</td>
</tr>
<tr>
<td>Q7</td>
<td>8</td>
<td>DK</td>
<td>LONGQ62</td>
</tr>
<tr>
<td>Q7</td>
<td>9</td>
<td>NA</td>
<td>LONGQ62</td>
</tr>
</tbody>
</table>

Q8  
Text Entry

What is the other type of public health insurance?

| Q8 | 0 | INSURANCE (98=DK, 99=NA) | LONGQ62 |
I'm going to ask some questions about the health care your child receives through MaineCare.

Does your child have a regular place to go to get health care?

Q9
1. YES  NEXT
2. NO  Q12
8. DK  Q12
9. NA  Q12

How long has your child gone to the same place for regular health care?

(QROBE: The same clinic or doctor's office or health center?)

Q10
1. LESS THAN 6 MONTHS  NEXT
2. 6 MONTHS TO 1 YEAR  Q14
3. 1-3 YEARS  Q14
4. 3-5 YEARS  Q14
5. OVER 5 YEARS  Q14
6. DOESN'T GO TO THE SAME PLACE  Q12
8. DK  Q14
9. NA  Q14

Where did your child go before that?

Q11
1. EMERGENCY ROOM AT HOSPITAL  Q14
2. URGENT CARE CENTER AT HOSPITAL  Q14
3. A DIFFERENT HEALTH CENTER OR DOCTOR'S OFFICE  Q14
4. SCHOOL  Q14
5. DIDN'T GET HEALTH CARE  Q14
8. DK  Q14
9. NA  Q14
Q12 Option

What is the main reason that \0 does not have a regular place to go to get health care?

(Q0 NOT READ)

Q12 1 DIFFICULT TO FIND A HEALTH CARE PROVIDER WHO WILL TAKE NEW PATIENTS Q16
Q12 2 DIFFICULT TO FIND A HEALTH CARE PROVIDER WHO WILL TAKE NEW MAINECARE PATIENTS Q16
Q12 3 DON'T GO TO THE HEALTH CARE PROVIDER UNLESS SICK OR HAVE AN ACCIDENT Q16
Q12 4 PREFER TO GO TO THE EMERGENCY ROOM Q16
Q12 5 CHILD IS BASICALLY HEALTHY/DOESN'T NEED A REGULAR HEALTH CARE PROVIDER Q16
Q12 6 TRANSPORTATION Q16
Q12 7 OTHER NEXT
Q12 8 DK Q16
Q12 9 NA Q16

Q13 Text Entry

What is the other reason?

Q13 0 REASON (98=DK, 99=NA) NEXT

Q14 Option

What kind of provider does \0 see at the place \G0 regularly goes for well-child visits or annual exams?

(PROBE: Not for sick or urgent care.)

Q14 1 PCP (PRIMARY CARE PROVIDER/REGULAR DOCTOR) Q16
Q14 2 NURSE PRACTITIONER Q16
Q14 3 SPECIALIST Q16
Q14 4 PHYSICIAN'S ASSISTANT (PA) Q16
Q14 5 OTHER NEXT
Q14 8 DK Q16
Q14 9 NA Q16

Q15 Text Entry

OTHER PROVIDER:

Q15 0 PROVIDER (98=DK, 99=NA) NEXT
Q16  | Nutrition and diet - would you say . . .
|-----|----------------------------------------
| 1   | always                                | NEXT |
| 2   | usually                               | NEXT |
| 3   | sometimes                             | NEXT |
| 4   | rarely, or                             | NEXT |
| 5   | never                                 | NEXT |
| 8   | DK                                    | NEXT |
| 9   | NA                                    | NEXT |

Q17  | Exercise - would you say . . .
|-----|----------------------------------------
| 1   | always                                | NEXT |
| 2   | usually                               | NEXT |
| 3   | sometimes                             | NEXT |
| 4   | rarely, or                             | NEXT |
| 5   | never                                 | NEXT |
| 8   | DK                                    | NEXT |
| 9   | NA                                    | NEXT |

Q18  | Drug or alcohol use - would you say . . .
|-----|----------------------------------------
| 1   | always                                | NEXT |
| 2   | usually                               | NEXT |
| 3   | sometimes                             | NEXT |
| 4   | rarely, or                             | NEXT |
| 5   | never                                 | NEXT |
| 8   | DK                                    | NEXT |
| 9   | NA                                    | NEXT |

Q19  | Weight - would you say . . .
|-----|----------------------------------------
| 1   | always                                | NEXT |
| 2   | usually                               | NEXT |
| 3   | sometimes                             | NEXT |
| 4   | rarely, or                             | NEXT |
| 5   | never                                 | NEXT |
| 8   | DK                                    | NEXT |
| 9   | NA                                    | NEXT |
Q20  Option
(How often does \0's provider talk about any of the following to you or your child?)
Tobacco use- would you say . . .
Q20  1 always  NEXT
Q20  2 usually  NEXT
Q20  3 sometimes  NEXT
Q20  4 rarely, or  NEXT
Q20  5 never  NEXT
Q20  8 DK  NEXT
Q20  9 NA  NEXT

Q21  Option
(How often does \0's provider talk about any of the following to you or your child?)
Dental health- would you say . . .
Q21  1 always  NEXT
Q21  2 usually  NEXT
Q21  3 sometimes  NEXT
Q21  4 rarely, or  NEXT
Q21  5 never  NEXT
Q21  8 DK  NEXT
Q21  9 NA  NEXT

Q22  Option
(How often does \0's provider talk about any of the following to you or your child?)
Social and emotional development- would you say . . .
Q22  1 always  NEXT
Q22  2 usually  NEXT
Q22  3 sometimes  NEXT
Q22  4 rarely, or  NEXT
Q22  5 never  NEXT
Q22  8 DK  NEXT
Q22  9 NA  NEXT

Q23  Option
Reproductive health- would you say . . .
Q23  1 always  NEXT
Q23  2 usually  NEXT
Q23  3 sometimes  NEXT
Q23  4 rarely, or  NEXT
Q23  5 never  NEXT
Q23  8 DK  NEXT
Q23  9 NA  NEXT

*Tuesday, July 19, 2005*
Q24
Do you need more information on . . .
Nutrition and diet for 10?
Q24 1 YES NEXT
Q24 2 NO NEXT
Q24 8 DK NEXT
Q24 9 NA NEXT

Q25
(Do you need more information on . . .)
exercise for 10 . . .
Q25 1 YES NEXT
Q25 2 NO NEXT
Q25 8 DK NEXT
Q25 9 NA NEXT

Q26
(Do you need more information on . . .)
drug or alcohol use . . .
Q26 1 YES NEXT
Q26 2 NO NEXT
Q26 8 DK NEXT
Q26 9 NA NEXT

Q27
(Do you need more information on . . .)
weight . . .
Q27 1 YES NEXT
Q27 2 NO NEXT
Q27 8 DK NEXT
Q27 9 NA NEXT

Q28
(Do you need more information on . . .)
tobacco use . . .
Q28 1 YES NEXT
Q28 2 NO NEXT
Q28 8 DK NEXT
Q28 9 NA NEXT
Q29

(Do you need more information on . . .)

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<tr>
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Q30

(Do you need more information on . . .)

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<tr>
<td></td>
<td>2</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>DK</td>
</tr>
<tr>
<td></td>
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</table>

Q31

(Do you need more information on . . .)

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<thead>
<tr>
<th>Option</th>
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<td></td>
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<tr>
<td></td>
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<td>DK</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>NA</td>
</tr>
</tbody>
</table>

Q32

In the last 6 months, was there a time you needed health care but did NOT get it? (IF R ANSWERS "NO", ASK "Do you mean you didn't need any care (CHECK 3), or you needed care and got it?")

<table>
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<th></th>
<th>NEXT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>2</td>
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</tr>
<tr>
<td></td>
<td>8</td>
<td>DK</td>
</tr>
<tr>
<td></td>
<td>9</td>
<td>NA</td>
</tr>
</tbody>
</table>

Tuesday, July 19, 2005
What type of care did you need but didn't get? Please tell me all the types of care you can think of.

(Do not read; check all that apply)

Q33a  DENTAL CARE
Q33b  BRACES OR SPECIAL DENTAL SERVICES
Q33c  EYE CARE/GLASSES
Q33d  MEDICAL EQUIPMENT
Q33e  PHYSICAL/OCcupATIONAL THERAPY
Q33f  SPEECH THERAPY
Q33g  PRESCRIPTION MEDICINE
Q33h  HOME HEALTH SERVICES
Q33i  SUBSTANCE ABUSE SERVICES
Q33j  MENTAL HEALTH SERVICES OR COUNSELING
Q33k  OTHER TYPE
Q33l  Other
Q33m  DK
Q33n  NA

Q34  Please tell me the main reason you could not get the care for that you needed? Was it because you . . .

(Read options, choose only one)

Q34  couldn't find a provider
Q34  couldn't find a provider who would take MaineCare
Q34  couldn't find a provider who would make an appointment soon enough
Q34  thought it would get better anyway, or
Q34  some other reason
Q34  DK
Q34  NA

Q35  What was that other reason?

Q35  REASON (98=DK, 99=NA)

Q36  We want to know your rating of your child's usual health care provider. On a scale of 0 to 10 where 0 is the worst provider possible and 10 is the best provider possible, how would you rate your child's provider?

Q36  RATING (98=DK, 99=NA)
We also want to know your rating of the office staff at your usual health care provider's offices. On a scale of 0 to 10 where 0 is rude and unhelpful and 10 is professional and efficient, how would you rate your child's provider's office?

Q37: 0 RATING (98=DK, 99=NA) NEXT

Now I have a few questions about MaineCare.

Overall, what are the two most important reasons for having your child enrolled in MaineCare?

(Do not read; only record first 2 responses)

Q38a: COULDN'T AFFORD INS. W/O IT NEXT
Q38b: SPECIALISTS (ANYTHING RELATED TO) NEXT
Q38c: COVERAGE (ANYTHING RELATED TO) NEXT
Q38d: PREVENTIVE CARE (CHECKUPS + ROUTINE CARE FROM PCP) NEXT
Q38e: NOT HAVING TO GO TO THE EMERGENCY ROOM FOR ROUTINE NEXT
Q38f: PRESCRIPTIONS PROVIDED NEXT
Q38g: DENTAL COVERAGE NEXT
Q38h: OTHER REASON NEXT
Q38i: Other NEXT
Q38j: DK NEXT
Q38k: NA NEXT

In general, how satisfied are you with MaineCare as a health insurance plan? Are you...

Q39: 1 very satisfied NEXT
Q39: 2 somewhat satisfied NEXT
Q39: 3 neither satisfied nor dissatisfied Q42
Q39: 4 somewhat dissatisfied, or Q41
Q39: 5 very dissatisfied Q41
Q39: 8 DK Q42
Q39: 9 NA Q42
Q40

Could you tell me why you're satisfied?
(DO NOT READ; CHECK ALL THAT R MENTIONS)

Q40a 1 AFFORDABILITY/COST/PRICE
Q40b 2 COVERAGE/BENEFITS
Q40c 3 EFFICIENT
Q40d 4 OTHER REASON
Q40e 5 Other
Q40f 8 DK
Q40g 9 NA
Q40h 6 NO PROBLEMS, NO HASSLES

Q41

Could you tell me why you're dissatisfied?
(DO NOT READ; CHECK ALL THAT R MENTIONS)

Q41a 1 PRIOR AUTHORIZATION REQUIRED FOR EVERYTHING
Q41b 2 GENERAL HASSLE
Q41c 3 THE WAY WE'RE TREATED BY PROVIDERS OFFICES
Q41d 4 THE WAY WE'RE TREATED BY MAINECARE
Q41e 5 COVERAGE LIMITATION
Q41f 6 LIMITED PCPs AVAILABLE (MAINECARE NETWORK PCP ONLY)
Q41g 7 DISTANCE TO MAINECARE PCP
Q41h 8 CAN'T FIND PROVIDER WHO WILL TAKE MAINECARE
Q41i 9 LACK OF DENTAL PROVIDERS/NONE TAKE MAINECARE PATIENTS
Q41j 10 OTHER REASON
Q41k 11 Other
Q41l 98 DK
Q41m 99 NA

Q42

Option

Now I'm going to ask you about your child's health.
In general, how would you rate 's overall health now? This would be 'G2 overall, general health; not if 'G0 currently has a cold or other short term problem. Would you say it is . . .

Q42 1 excellent
Q42 2 very good
Q42 3 good
Q42 4 fair, or
Q42 5 poor
Q42 8 DK
Q42 9 NA
Q43

Does your child have any kind of condition that limits their ability to do what other kids their age can do? This condition might be emotional, developmental, physical or behavioral.

Q43  1  YES  NEXT
Q43  2  NO  Q46
Q43  8  DK  Q46
Q43  9  NA  Q46

Q44

What is the condition?

Q44a  1  ADD/ADHD  NEXT
Q44b  2  ASPERGERS/PDD  NEXT
Q44c  3  ASTHMA  NEXT
Q44d  4  DEVELOPMENTAL DELAYS/CONDITION  NEXT
Q44e  5  EMOTIONAL CONDITION  NEXT
Q44f  6  SPEECH/HEARING DIFFICULTIES  NEXT
Q44g  7  MEDICAL CONDITION (HEART, BLOOD, PULMONARY, RESPITORY, ETC)  NEXT
Q44h  8  BIPOLAR/MOOD DISORDER/DEPRESSION  NEXT
Q44i  9  OTHER REASON  NEXT
Q44j  10  Other  NEXT
Q44k  98  DK  NEXT
Q44l  99  NA  NEXT

Q45

Does your child get the care and services they need for this condition? Would you say...

(READ OPTIONS)

Q45  1  always gets the care and services they need  NEXT
Q45  2  usually gets the care and services they need  NEXT
Q45  3  sometimes gets the care and services they need  NEXT
Q45  4  rarely gets the care and services they need, or  NEXT
Q45  5  never gets the care and services they need  NEXT
Q45  8  DK  NEXT
Q45  9  NA  NEXT

Q46

What is your child's height?

(PROBE: Your best guess is fine.)

FEET:

Q46  0  HEIGHT/FEET (98=DK, 99=NA)  NEXT
Q47

INCHES:

Q47

0 INCHES (98=DK, 99=NA) NEXT

Q48

Text Entry

What is your child's weight?
(If asked; Weight without clothes) (Probe: Your best guess is fine.)
LBS:

Q48

0 WEIGHT (98=DK, 99=NA) NEXT

Q49

Option

How would you describe '0's weight . . . Would you say that '0' is:
(Read options, check only one)

Q49

1 underweight NEXT
Q49

2 slightly underweight NEXT
Q49

3 about the right weight NEXT
Q49

4 slightly overweight, or NEXT
Q49

5 overweight NEXT
Q49

8 DK NEXT
Q49

9 NA NEXT

Q50

Option

Does '0 need help with diet or exercise?
(IWER NOTE: THIS MEANS ANY KIND OF HELP AT ALL)

Q50

1 YES NEXT
Q50

2 NO NEXT
Q50

3 NOT SURE NEXT
Q50

8 DK NEXT
Q50

9 NA NEXT

Q51

Option

Has a health care provider ever told you that '0 has diabetes or is at risk for diabetes?

Q51

1 YES, CHILD HAS DIABETES NEXT
Q51

2 YES, WE'VE BEEN TOLD '0 IS AT RISK FOR DIABETES Q53
Q51

3 NO Q53
Q51

8 DK Q53
Q51

9 NA Q53
Q52  Option

What kind of diabetes does \0 have?
Q52  1  TYPE 1 (JUVENILE)  NEXT
Q52  2  TYPE 2  NEXT
Q52  8  DK  NEXT
Q52  9  NA  NEXT

Q53  Option

{\langle 4\rangle}[During the past month, how often did \0 exercise? Was it . . .  (IWER NOTE: ANY KIND OF EXERCISE
COUNTS, FOR EX. WALKING TO SCHOOL, AFTER SCHOOL SPORTS, GOING OUT TO PLAY, RUNNING AROUND,
ETC.).][During the past month, other than in gym class at school, how often did \0 exercise? Was it . . .  (IWER NOTE:
ANY KIND OF EXERCISE COUNTS, FOR EX. WALKING TO SCHOOL, AFTER SCHOOL SPORTS, GOING OUT TO
PLAY, RUNNING AROUND, ETC.).}
Q53  1  everyday  NEXT
Q53  2  2-3 times a week  NEXT
Q53  3  once a week  NEXT
Q53  4  once a month, or  NEXT
Q53  5  never  Q57
Q53  8  DK  Q57
Q53  9  NA  Q57

Q54  Option

How much exercise does \0 do each time (usually)? Is it . . .
Q54  1  15 minutes  NEXT
Q54  2  30 minutes  NEXT
Q54  3  45 minutes, or  NEXT
Q54  4  1 hour or more  NEXT
Q54  8  DK  NEXT
Q54  9  NA  NEXT
What kind of exercise was it?  
(DO NOT READ: IF MORE THAN ONE, CHOOSE THE ONE THAT \G0 DOES MOST OFTEN) 

Q55 1 WALK  
Q55 2 RUN  
Q55 3 SWIM  
Q55 4 BICYCLE  
Q55 5 EXERCISE/ DANCE/ MARTIAL ARTS CLASS  
Q55 6 HORSE BACK RIDING  
Q55 7 TEAM SPORTS (SOCCER, BASEBALL, HOCKEY, ETC.)  
Q55 8 PASSIVE EXERCISE (SNOMOBILING, FISHING, HUNTING, ATV), ETC.  
Q55 9 OTHER TYPE  
Q55 10 ACTIVE PLAY  
Q55 11 WORK RELATED  
Q55 98 DK  
Q55 99 NA  

Q56 OTHER TYPE OF EXERCISE:  
Q56 0 EXERCISE (98=DK, 99=NA)  

Q57 How often does \G0 have physical education at school?  
Q57 1 SCHOOL DOESN'T HAVE IT  
Q57 2 CHILD DOESN'T TAKE IT  
Q57 3 ONCE A WEEK, THROUGHOUT THE SCHOOL YEAR  
Q57 4 ONCE A WEEK, PART OF THE SCHOOL YEAR  
Q57 5 2 TIMES PER WEEK, THROUGHOUT THE SCHOOL YEAR  
Q57 6 2 TIMES PER WEEK, PART OF THE SCHOOL YEAR  
Q57 7 3 OR MORE TIMES PER WEEK, THROUGHOUT THE SCHOOL YEAR  
Q57 8 3 OR MORE TIMES PER WEEK, PART OF THE SCHOOL YEAR  
Q57 9 DOESN'T GO TO SCHOOL  
Q57 98 DK  
Q57 99 NA  

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Q58 Option

How often does \(0\) drink a can or a glass of soda?
(IWER: IF \(0\) DRINKS ONE CAN OF SODA 2-3 TIMES PER WEEK, THEN THE ANSWER WOULD BE 2-6 CANS PER WEEK.)

Q58 1 NEVER  NEXT
Q58 2 1-3 CANS PER MONTH  NEXT
Q58 3 1 CAN PER WEEK  NEXT
Q58 4 2-6 CANS PER WEEK  NEXT
Q58 5 1 CAN A DAY  NEXT
Q58 6 2 OR MORE CANS A DAY  NEXT
Q58 8 DK  NEXT
Q58 9 NA  NEXT

Q59 Option

How often does \(0\) eat vegetables?
(PROBE: "Vegetables are all cooked and uncooked vegetables; salads; and boiled baked and mashed potatoes. Do not count french fries or chips.")

Q59 1 NEVER  NEXT
Q59 2 1-3 TIMES A MONTH  NEXT
Q59 3 ONCE A WEEK  NEXT
Q59 4 2-6 TIMES A WEEK  NEXT
Q59 5 ONCE A DAY  NEXT
Q59 6 2 OR MORE TIMES A DAY  NEXT
Q59 8 DK  NEXT
Q59 9 NA  NEXT

Q60 Option

Does \(0\) smoke or use tobacco products?

Q60 1 YES  NEXT
Q60 2 NO  NEXT
Q60 8 DK, NOT SURE  NEXT
Q60 9 NA  NEXT
Option

How many people in your household smoke or use tobacco products?
(PROBE: "Even if they go outside to smoke, please count them.")

Q61  1  NONE  NEXT
Q61  2  1  NEXT
Q61  3  2  NEXT
Q61  4  3  NEXT
Q61  5  4  NEXT
Q61  6  5  NEXT
Q61  7  6 OR MORE  NEXT
Q61  8  DK  NEXT
Q61  9  NA  NEXT
Q61  10  SOMEBODY SMOKES, UNKNOWN #  NEXT

Option

The last few questions are about you.

MaineCare requires a premium to be paid every month. How easy or hard has it been to afford to pay the premium? Was it . . .

Q62  1  very easy  NEXT
Q62  2  somewhat easy  NEXT
Q62  3  neither easy nor hard  NEXT
Q62  4  somewhat hard, or  NEXT
Q62  5  very hard  NEXT
Q62  8  DK  NEXT
Q62  9  NA  NEXT

Option

{Q62>0}{What is the highest grade or level of school that you have completed so far?}{The last few questions are about you. What is the highest grade or level of school that you have completed so far?}

Q63  1  8TH GRADE OR LESS  NEXT
Q63  2  SOME HIGH SCHOOL, BUT DID NOT GRADUATE  NEXT
Q63  3  HIGH SCHOOL GRADUATE OR GED  NEXT
Q63  4  SOME COLLEGE OR 2 YEAR DEGREE  NEXT
Q63  5  4 YEAR COLLEGE DEGREE  NEXT
Q63  6  MORE THAN 4 YEAR COLLEGE DEGREE  NEXT
Q63  8  DK  NEXT
Q63  9  NA  NEXT
Q64  Option

How are you related to 10?
Q64  1  PARENT/STEP PARENT
Q64  2  GRANDPARENT
Q64  3  LEGAL GUARDIAN
Q64  4  OTHER RELATIVE
Q64  5  FOSTER PARENT
Q64  8  DK
Q64  9  NA

Q65  Text Entry

How are you related?
Q65  0  RELATED (98=DK, 99=NA)

Q66  Option

Which of the following best describes the work status of the main wage earner in your household? (READ)
Q66  1  works full-time
Q66  2  works 1 part-time job
Q66  3  works seasonally
Q66  4  self-employed
Q66  5  disabled, not working
Q66  6  retired, not working
Q66  7  unemployed, looking for work, or
Q66  8  not working
Q66  9  works more than 1 part time job
Q66  98  DK
Q66  99  NA
Q67  How are you related to that person?
(PROBE IF NECESSARY: So you're his/her..."
Q67  1  SELF        Q69
Q67  2  SPOUSE     Q69
Q67  3  UNMARRIED PARTNER (BOYFRIEND/GIRLFRIEND) Q69
Q67  4  CHILD      Q69
Q67  5  PARENT     Q69
Q67  6  OTHER RELATIVE NEXT
Q67  7  ROOMMATE   Q69
Q67  8  OTHER      NEXT
Q67  9  DK/NA      Q69

Q68  Text Entry

R'S RELATIONSHIP TO MAIN WAGE EARNER:
(PROBE IF NECESSARY: So you're his/her..."
Q68  0  RELATED (98=DK, 99=NA) NEXT

Q69  Option

(Q67=1){Approximately how many employees are in the company or organization where you work?}{Approximately how many employees are in the company or organization where he/she works?}
Q69  1  LESS THAN 25    NEXT
Q69  2  25 TO 50 EMPLOYEES NEXT
Q69  3  MORE THAN 50 EMPLOYEES NEXT
Q69  8  DK              NEXT
Q69  9  NA              NEXT

Q70  Option

Does the company or organization currently offer health insurance to any of its employees?
Q70  1  YES          NEXT
Q70  2  NO           Q76
Q70  8  DK           Q76
Q70  9  NA           Q76
Q71  Option

{{Q67=1}}{Are you eligible to receive that health insurance?}{Is he/she eligible to receive that health insurance?}
Q71  1  YES  NEXT
Q71  2  NO  Q76
Q71  3  NOT YET  Q76
Q71  8  DK  Q76
Q71  9  NA  Q76

Q72  Option

{{Q67=1}}{Are you enrolled in the employer's health insurance program?}{Is he/she enrolled in the employer's health insurance program?}
Q72  1  YES  Q74
Q72  2  NO  NEXT
Q72  8  DK  Q74
Q72  9  NA  Q74

Q73  Multiple Check

Why not?
(I.E., WHY AREN'T YOU/OTHER HOUSEHOLDER ENROLLED IN INSURANCE OFFERED BY EMPLOYER?)
Q73a  1  TOO EXPENSIVE  NEXT
Q73b  2  LIMITED COVERAGE  NEXT
Q73c  3  MAINECARE OFFERS BETTER COVERAGE  NEXT
Q73d  4  MAINECARE IS LESS EXPENSIVE NEXT
Q73e  5  OTHER REASON  NEXT
Q73f  6  Other  NEXT
Q73g  8  DK  NEXT
Q73h  9  NA  NEXT

Q74  Option

Can that insurance cover \0?  IWER NOTE: IF NO, CHECK 2, NO.

IF YES, ASK: Is she covered on that insurance? IF R SAYS YES, CHECK 3, YES, CAN AND YES, COVERED. IF R SAYS NO, CHECK 4, YES, CAN BUT NO, NOT COVERED.
Q74  1  NEVER CHECK THIS RESPONSE!!  Q74
Q74  2  NO  Q76
Q74  3  YES, CAN AND YES, COVERED  Q76
Q74  4  YES, CAN BUT NO, NOT COVERED  NEXT
Q74  8  DK  Q76
Q74  9  NA  Q76

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Q75  Multiple Check

Why isn’t 0 enrolled in that insurance offered by the employer? Is it because . . .
(IWER: READ OPTIONS, CHECK ALL THAT APPLY)

Q75a  1 it is too expensive  NEXT
Q75b  2 the coverage is too limited  NEXT
Q75c  3 MaineCare offers better coverage  NEXT
Q75d  4 MaineCare is less expensive, or NEXT
Q75e  5 SOME OTHER REASON  NEXT
Q75f  6 Other  NEXT
Q75g  8 DK  NEXT
Q75h  9 NA  NEXT

Q76  Multiple Check

(IQ67=1){I'm going to read a list of different types of health insurance. Please tell me which, if any, you have:}{I'm going to read a list of different types of health insurance. Please tell me which, if any, the main wage earner has:}

Q76a  1 MaineCare (formerly known as Medicaid, NEXT CubCare or PrimeCare)
Q76b  2 Medicare  NEXT
Q76c  3 Health insurance through main wage earner's NEXT work or union
Q76d  4 Dirigo Choice/ MaineCare (CARDS FROM NEXT ANTHEM AND MAINECARE)
Q76e  5 Dirigo Choice (CARD FROM ANTHEM)  NEXT
Q76f  6 Health insurance through someone else's NEXT work or union
Q76g  7 Health insurance bought directly by main NEXT wage earner
Q76h  8 Health insurance through the military NEXT (TriCare, CHAMPUS, Veteran's Services)
Q76i  9 Some OTHER health insurance, or NEXT
Q76j  10 No health insurance?  NEXT
Q76k  11 Other  NEXT
Q76l  98 DK  NEXT
Q76m  99 NA  NEXT

Q77  Option

We might like to speak with you again on this subject in about a year. Is it o.k. if we give you a call again a year from now?

Q77  1 YES  END
Q77  2 NO  END
Q77  8 DK  END
Q77  9 NA  END