Survey Findings: Children Served by MaineCare, 2006

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Table of Contents

Executive Summary **5**

Purpose **6**
- Target Population and Respondent Characteristics 7
- Survey Instrument and Administration 8
- File Construction and Data Analysis 9
- Study Limitations 9
- Analysis and Presentation 10

Children's Health and Services **11**
- Children's Health Status 11
- Usual Source of Care 12
- Type of Provider 12
- Unmet needs 12
- Limiting Conditions 13
- Weight 14
- Parents' Perception of Children's Weight 15
- Well-child Visit Topics 16
  - Nutrition and Diet 16
  - Exercise 17
  - Weight 17
  - Selected Well-child Visit Topics by Weight Status 17
  - Tobacco, Drug, and Alcohol Use 20
  - Risks of Second-Hand Smoke 21
  - Reproductive Health 22
  - Social and Emotional Development 22
  - Mental Health 23
  - Dental Health 23
- Information needed by Parents about their Children's Health 24
- Sources of Health Information and Internet Access 25

Satisfaction **26**

Healthy Behaviors **28**

Disenrollee Results **33**
- Reasons for Disenrolling from MaineCare 33
- Current Health Insurance Status 34
- Separate Child Health Program Premiums 35

Parents' Status **36**
- Employment Status 36
- Access to Employer Sponsored Insurance (ESI) 37
- Parents' Education 42

Conclusion **42**

Appendix A: MaineCare Coverage for Children **43**

Appendix B: MaineCare Child Health Survey Instrument 2006 ..... **44**

Tables & Figures

Table 1: Characteristics of Survey Respondents 7
Figure 1. Health Status of Children Enrolled in MaineCare 11
Figure 2. Distribution of Limiting Conditions for Children Reported to Have a Limiting Condition 13
Figure 3. Weight Variation of New and Current Enrollees 14
Figure 4. Parents' Perception of Children's Weight Status 15
Figure 5. How often does the PCP talk to you or your child about Nutrition or Diet? 16
Figure 6. How often does the PCP talk to you or your child about Exercise? 17
Figure 7. How often does the PCP talk to you or your child about Weight? 17
Figure 5a. How often does the PCP talk about Nutrition or Diet? -- by Weight Status 18
Figure 6a. How often does the PCP talk about Exercise? -- by Weight Status 19
Figure 7a. How often does the PCP talk about Weight? -- by Weight Status 19
Figure 8. How often does the PCP talk to you or your child about Tobacco, Drugs or Alcohol? 20
Figure 9. How often does the PCP talk to you or your child about Risks of second hand smoke? 21
Figure 10. How often does the PCP talk to you or your child about Reproductive Health? 22
Figure 11. How often does the PCP talk to you or your child about Social & Emotional Development? 22
Figure 11. How often does the PCP talk to you or your child about Dental & Oral Health? 23
Figure 12. Would you like more information from your PCP on this topic? 24
Figure 13. Where do you usually get information about health issues? 25
Figure 14. Satisfaction of MaineCare and MaineCare Providers 26
Figure 15. Paying Separate Child Health Program Premiums 27
Figure 16. Percentage of Households with at Least One Smoker 28
Figure 17. Frequency of Physical Education Classes of Children 29
Figure 18. Frequency of Exercise 30
Figure 19. Frequency of Soda Consumption 31
Figure 20. Frequency of Vegetable Consumption 32
Figure 21. Reasons for Disenrolling from MaineCare 33
Figure 22. Current Insurance Status of Children Disenrolled from MaineCare 34
Figure 23. Separate Child Health Program Disenrollees Difficulty Paying Premiums 35
Figure 24. Employment Status of Main Wage Earner in Household 36
Figure 25. Distribution of Employed Main Wage Earner's ESI Status 37
Figure 26. Percentage of Employers Offering Health Insurance by Size of Firm 38
Figure 27. MaineCare Members' Access to Employer-Sponsored Health Insurance 39
Figure 28. Eligibility for Health Insurance in Firms Offering Health Insurance: Full & Part-time 40
Figure 29. Eligibility for Health Insurance in Firms Offering Health Insurance by MaineCare Category 41
Figure 30. Education Status of Respondents 42

Executive Summary

This report presents findings from a random telephone survey of children currently enrolled in or recently disenrolled from MaineCare, the State's Medicaid and State Children's Health Insurance Program (SCHIP). The sample was stratified to include children enrolled in MaineCare through the Medicaid eligibility category, and through two SCHIP eligibility categories, Medicaid Expansion and the Separate Child Health Program (CHP). [1] These three eligibility categories include children ages 18 or under living in households with income up to 200% of the Federal Poverty Level. Income eligibility limits are lowest for the Medicaid eligibility category, followed by the Medicaid Expansion and the Separate Child Health Program categories.[2] Between April and July 2006 telephone interviews were completed with 1,846 parents of enrolled children and parents of disenrolled children.

This annual survey was commissioned by Maine's Department of Health and 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 2006 survey interviews include:

- MaineCare continues to perform extremely well on measures of quality and access. 99 percent of parents of current and new enrollees reported that their child has a regular source of care; 89 percent see a PCP for well-child visits or annual exams; and only six percent reported having had any difficulty finding a health care service.
- 26% of new enrollees and 30% of current enrollees were reported to have a limiting condition. These figures are significantly higher than in the 2005, when only 19% of new enrollees and 26% of current enrollees had a limiting condition.
- Eighteen percent of teens in the survey are estimated to be overweight and 19% are estimated to be obese. These are significantly higher rates than the general population of high school students in Maine. Of particular concern is the fact that the percentage of teens on MaineCare classified as obese is increasing; in 2005, only 13% of teens were obese, versus 19% found in this year's survey.
- Demand for information about health topics appears to be growing among parents of children on MaineCare. Between 17 and 27 percent of respondents reported wanting to receive more information from their PCP about <u>every</u> topic included in the survey. In 2005, the most common request was dental health, at only 15 percent.
- More than two-thirds of respondents look to their PCPs for health information. The internet is the next most common source of health information – at 30% of parents in the survey.
- The internet may be a viable health information outreach tool for parents of children on MaineCare. 80 percent of current and new enrollees reported having internet access and two-thirds reported using the internet at least once per week.

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[1] Both the Medicaid Expansion and the separate child health program categories are funded by the federal SCHIP program (Title XXI).

[2] Income eligibility limits for the Medicaid and Medicaid Expansion categories vary according to the age of the child. For children younger than 6, the Medicaid category includes children with family income up to 133% FPL, and Medicaid Expansion is 134% through 150% FPL. For children ages 6 through 18, the Medicaid category includes children with family income up to 125% FPL, and Medicaid Expansion is 126% through 150% FPL. For both age groups, the Separate Child Health Program category includes children in households with income between 151% and 200% FPL. See Appendix A for more details.

Purpose

The purpose of this study is to examine the experiences of parents of children enrolled in MaineCare, the State's Medicaid and SCHIP 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 age and 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:

1. **Medicaid**, which covers children under age 6 with household income up to 133% of the Federal Poverty Level (FPL), and children ages 6 through 18 up to 125% of the FPL;
2. **Medicaid Expansion**, which covers children under 6 years of age with household income between 134% and 150% of the FPL, and children ages 6 through 18 with income between 126% and 150% of the FPL; and
3. **Separate Child Health Program (CHP)**. This category covers children up to 18 years of age who live in households with income from 151% to 200% of the FPL.

Note that both the Separate Child Health Program and Medicaid Expansion eligibility categories are part of the federal SCHIP program. A key distinction between these two categories is that parents of CHP enrollees pay monthly premiums of $8 to $64, depending on their family income, whereas there are no premiums charged for Medicaid Expansion enrollees. Appendix A summarizes the income eligibility guidelines, premium payments, and funding source for all three eligibility categories included in this report.

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 (Medicaid, Medicaid Expansion and CHP) were selected for the '*current enrollee'* group so that the survey would reflect the perspective of families with substantial experience under a particular category. 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 eligibility category of the identified child. We over-sampled children receiving benefits through the CHP category to ensure a large enough sample size for this group of MaineCare enrollees.

Overall, a total of 1,846 responses were collected. This number includes 1,238 interviews with parents of children currently enrolled in MaineCare, 313 interviews of new enrollees and 295 parents of children who were recently disenrolled.[3] Table 1 displays a summary of the numbers of completed interviews by age, gender, and eligibility category.

Table 1: Characteristics of Survey Respondents

Characteristic	Number and Percent of Respondents		New Enrollee	Current Enrollee	Disenrollee
Total	1846		313	1238	295
Age of Children					
0-5	473	25.6%	100	315	58
6-12	686	37.1%	123	468	95
13-18	687	37.2%	90	455	142
Gender					
Female	900	48.8%	153	598	149
Male	946	51.2%	160	640	146
MaineCare Eligibility					
Medicaid	866	46.9%	152	602	112
Expansion	494	26.8%	75	336	83
CHP	486	26.3%	86	300	100

[3] Note: An additional 132 individuals were interviewed whose child/dependent was identified as having been enrolled in the MaineCare eligibility file, but when contacted said their child was never enrolled. These interviews were discontinued and the cases dropped from the analysis.

The regional distribution of the completed interviews is as follows:

23.5 %	Region I: York and Cumberland counties,
45.4%	Region II: Androscoggin, Franklin, Kennebec, Knox, Lincoln, Oxford, Sagadahoc, Somerset and Waldo counties
31.0%	Region III: Aroostook, Hancock, Penobscot, Piscataquis, and Washington counties.

Survey Instrument and Administration

The telephone survey instrument and administration methods were adapted from three separate surveys that had been conducted for this population in 2002 through 2004. In consultation with DHHS staff, the instrument was revised in 2005 to add questions regarding health behaviors such as tobacco use and exercise and experiences with providers pertaining to those behaviors.[4] The current (2006) survey is essentially unchanged from the 2005 version; the only exceptions are a small change in the sampling design[5] and the addition of questions about where respondents get health information and whether they have internet access. The complete 2006 questionnaire is included below as Appendix B.

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

[4] For more information about the development of the 2005 survey instrument and changes from prior years see: Ormond, Catherine and Thayer, Deborah. *Survey Findings: Children Served by MaineCare 2005*. Muskie School of Public Service, Institute for Health Policy.

[5] In 2005, respondents identified as disenrollees in the MaineCare eligibility data who self-reported that they had re-enrolled were routed through the survey and asked questions targeted to current and new enrollees. In 2006, disenrollees who reported they had re-enrolled were discontinued from the survey because they were ineligible.

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 2,522 households yielded 1,978 respondents 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. 132 respondents were found to be not eligible because when contacted, they said their child/dependent had never enrolled in MaineCare, yielding a final sample of 1,846 respondents. The interview took an average of 20 minutes; it was in the field from April through July 2006. Overall, the effective response rate[6] for the survey was 78% for new enrollees, 79% for current enrollees, and 78% for disenrollees.

File Construction and Data Analysis

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 or eligibility category 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.

[6] Effective Response Rate = Total Completed Interviews / Total Possible Contacts. Note that total possible contacts excludes sampled households that could not be contacted because the phone number was not in service, there was a wrong number, or no number listed.

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 CHP). We included in the report the analysis of the measure that offers the most variation. Most frequently this was the eligibility category distribution. In addition, when there were identical questions included in the 2005 survey[7], we compared the results with those from 2006 and note where we found substantive changes in survey responses between 2005 and 2006.

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.

[7] Ormond, Catherine and Thayer, Deborah. *Survey Findings: Children Served by MaineCare 2005*. Muskie School of Public Service, Institute for Health Policy.

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 (88%), compared to parents of older children (83%).

There is also variation by program type (not shown). Only 84% of parents of children enrolled in Medicaid and Medicaid Expansion reported their children were in excellent or very good health, compared to parents of children enrolled through the higher income eligibility category of CHP, who reported excellent or very good health at a rate of 88%.

Figure 1. Health Status of Children Enrolled in MaineCare
N=1,550

Usual Source of Care

Ninety-nine percent of parents of current and new enrollee (n=1,533) reported that their child has a regular source of health care. The fifteen remaining respondents without a regular source of health care mentioned a variety of different reasons why they did not have a usual source of care, including difficulty finding a provider who would accept MaineCare (n=2), that they don't go to a healthcare provider unless they are sick or have an accident (n=3), or that they recently moved and were looking for a new PCP (n=2).

Type of Provider

Eighty-nine percent (n=1,371) 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. Five percent (n=61) of current enrollees and 7% of new enrollees (n=22) stated that they had difficulty finding a health care service. The most common unmet need was for dental care (n=25). The remainder reported a number of specialty services including mental health services; 19 respondents stated they had difficulty receiving routine primary care (n=4) or urgent care (n=15) 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.[8] In 2005 and 2006, interviewers 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'. In 2006, 26% of new enrollees and 30% of current enrollees were reported to have a limiting condition. Reports of limiting conditions are higher than in 2005, when only 19% of new enrollees and 26% of current enrollees had a limiting condition.

The vast majority (92%) of parents of children with a limiting condition reported that they *always* or *usually* received the care and services needed to treat the condition. Five percent reported that they *sometimes* receive all the care and services for the condition and only 2% (n=11) 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. Mental or behavioral conditions are the most prevalent, followed by ADD/Learning disorders and medical conditions.

Figure 2. Distribution of Limiting Conditions for Children Reported to Have a Limiting Condition (N=451)

Reports of 'medical condition' include heart, blood, pulmonary, and kidney diseases, among others. Over 21% reported having more than one condition that limited the child's activities. The age distribution of children with limiting conditions is as follows: 18% of children age five or younger, 33% of children aged six through twelve, and 34% of children 13 or older.

[8] Ziller, E., Loux, S. *Satisfaction with Children's Health Care: Families Evaluation of Medicaid and the State Children's Health Insurance Program (SCHIP).* December 2005. Edmund S. Muskie School of Public Service.

Respondents also reported 'overweight' and obesity as limiting (medical) conditions. Six of the nine children reported to have diabetes have Type I and three have Type II[9], the type of diabetes often associated with obesity.

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-nine percent of the new and current enrollees under six years old (n=280) are calculated to have a normal weight. Normal weight is reduced to 83% for six to twelve year olds (n=447) and reduced further to 63% for children age 13 and older (n=341).

Eighteen percent of teens in the survey are estimated to be overweight and 19% are estimated to be obese. The combined total, 37%, is higher than estimates from 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.[10] Of particular concern is the fact that the percentage of teens classified as obese has grown in the past year. In 2005, only 13% of teens were obese, versus 19% found in this year's survey. This adverse trend bears close monitoring in coming years.

Figure 3. Weight Variation of New and Current Enrollees
N= 1,391

[9] The presence of Type II diabetes was identified using the question: "Does he/she use insulin?"
[10] CDC webpage, Overweight and Obesity: State-based programs: Maine. Youth Risk Behavioral Surveillance Survey 2003. Accessed 10/29/05. http://www.cdc.gov/nccdphp/dnpa/obesity/state_programs/maine.htm

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 154 children whose reported height and weight were used to calculate their body mass index (BMI) and were determined to be obese, 80% of their parents indicated that they believed their child was *overweight*. However, 20% of these parents of obese children indicated that they believed their child's weight was *normal*. These figures are essentially unchanged from 2005.

Similarly, 58% of parents of children whose height and weight were calculated to be *overweight*, described their children as *overweight or slightly overweight* and 42% 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 II diabetes in this population.

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

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 11% 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 18% 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= 1,469

Exercise

Reports of PCPs discussing exercise have risen in the past year, particularly among parents of infants and toddlers. In 2005, only 51% of PCPs were reported to discuss exercise *always* or *usually*, whereas in 2006 three quarters of PCPs were reported to do so. About one in five parents of children age six through eighteen report that this subject is *rarely or never* discussed during the annual well-child visit; this is lower than the one in four result found in 2005.

Figure 6. How often does the PCP talk to you or your child about Exercise during the annual well-child visit? N= 1,303

Weight

Seventy-four 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? N= 1,463

Selected Well-child Visit Topics by Weight Status

We also looked at the well-child visit topics of nutrition & diet, exercise, and weight by the weight status of the child – expecting to find that the frequency with which providers speak about these topics increases if the child is overweight or obese. The results showed that this was not always true, and suggests a potential opportunity for improvement in provider practice.

Parents of obese children were only slightly more likely to report that their PCP *always or usually* talk with them about nutrition or diet than parents of normal weight children, 69% versus 63% (Figure 5a). And parents of children with a BMI classified as overweight were actually less likely to report that their PCP *always or usually* discussed nutrition or diet with them, at only 58%. Also notable is the fact that about 12 percent of respondents whose children are overweight or obese said their PCP *rarely or never* discussed this topic.

Figure 5a. How often does the PCP talk to you or your child about Nutrition or Diet during the annual well-child visit — by Weight Status

The topic of exercise fits the expected pattern, with reports of PCPs discussing exercise with parents of obese children occurring most often, followed by parents of overweight children, and parents of normal weight children (Figure 6a). But again, PCPs of a significant minority of overweight (14%) and obese children (17%) in MaineCare *rarely or never* discuss exercise with the child or their parent.

Figure 6a. How often does the PCP talk to you or your child about Exercise during the annual well-child visit – by Weight Status

In terms of the more general topic of the child's weight, 75 percent of parents of obese children report speaking about weight with PCPs *always or usually*, versus only 54 percent of overweight children and 56 percent of normal weight children. The fact that the distribution of responses of overweight children is similar to those of normal weight suggests that some PCPs, like many parents, may not be accurately distinguishing between normal and overweight children, or may not deem the overweight condition as presenting enough of a health risk to their patients to merit a discussion during well-child visits.

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

Tobacco, Drug, and Alcohol Use

The percentage of PCP's who are reported to discuss alcohol, drug, or tobacco use increases dramatically with age. Twenty-nine percent of parents of 10 to 12 year olds report that PCPs *always* or *usually* discuss tobacco use with their children at the annual exam; however, this percentage jumps to 49% among parents of teens. The percentage who are reported to *sometimes* discuss this topic increases slightly with age from 11% to 16% for teens.

Discussions of alcohol and substance abuse (SA) are reported at lower rates with only 41% of PCPs discussing this topic with teens, according to their parents.

While reports of discussions of alcohol, tobacco and substance abuse were very similar among parents of teens in the 2005 and 2006 survey results, reports of these discussions have declined among parents of pre-teens (not shown). Whereas 40% of parents of 10 – 12 year olds reported their PCPs *always* or *usually* discussed tobacco use in 2005, only 29% of parents said the same in 2006. Similarly, 31% of parents of pre-teens in 2005 said their child's PCP *always or usually* discussed alcohol or substance abuse; the corresponding figure in 2006 was only 18%.

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= 730

Risks of Second-Hand Smoke

A new item was added in 2006 where the interviewers asked respondents how often their child's PCP discussed the risks of second hand smoke. Overall, 62% of parents of infants and toddlers said that PCPs talk to them about second hand smoke *always or usually*. Fewer than half of respondents with children age 6 or older said their child's PCP discusses second hand smoke. There was also a difference in reports of PCPs discussing second hand smoke according to whether or not there were any smokers living in the household (not shown). In households with an adult smoker present, 55% of respondents reported that their child's PCP *always or usually* speaks with them about the risks of second hand smoke, versus only 44% in households with no smokers.

Figure 9. How often does the PCP talk to you or your child about Risks of second hand smoke? N= 1,422

Reproductive Health

We asked parents of pre-teens and teens about discussion of reproductive health. Only 11 percent of PCPs were reported to discuss this topic *always or usually* with pre-teens at the annual visit. This figure has dropped substantially from the 27% of parents who said their child's PCP talked about reproductive health in the 2005 survey. Over one-third of teenagers' PCPs in both 2005 and 2006 *always* or *usually* discussed reproductive health.

Figure 10. How often does the PCP talk to you or your child about Reproductive Health during the annual well-child visit? N= 689

Social and Emotional Development

Parents of infants and toddlers report that PCPs always or usually discuss social and emotional development at the rate of 71%. This percentage decreases with age to 58% for 6-12 year old and 51% for teens.

Figure 11. How often does the PCP talk to you or your child about Social and Emotional Development during the annual well-child visit? N= 1,434

Mental Health

In 2006, interviewers asked respondents how often their PCP talks with them or their child about mental health (not shown). There was little variability across age categories in the responses. Among all new and current enrollees, 43% reported that their PCP *always or usually* discussed mental health during office visits, 17% *sometimes* discussed it, and 40% *rarely or never* discussed mental health.

Dental Health

While more than half (56%) 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; only 39% of PCPs of teens discuss 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= 1,433

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 common topics mentioned were social & emotional development, at 26% of respondents, and reproductive health, at 25%. In general, demand for information about health topics appears to be growing among parents of children on MaineCare. In 2005, the most prevalent request was for dental health information, at 15%. In 2006, more than 15 percent of parents reported wanting more information on every topic noted in the survey.

Figure 12. Would you like more information from your PCP on this topic?

Sources of Health Information and Internet Access

We added questions in 2006 about where respondents usually get information about health issues and about internet access. When asked about sources of health information, respondents mentioned their healthcare provider most often, at 72%. Almost a third of respondents said they get health information from the internet. (Respondents could mention more than one item.)

[Note: Because of the placement of the health information question in the survey instrument, some of the respondents may have interpreted this question as asking specifically about where they get information about reproductive health issues. This was evident from some open-ended responses, which referred to abstinence-only education programs and reproductive health centers. The results should therefore be interpreted with caution.]

Figure 13. Where do you usually get information about health issues?

Interviewers also asked respondents if they have internet access at home or at work (not shown). Overall, 80 percent of current and new enrollees reported having internet access. Not surprisingly, access is more prevalent among families with higher income; 88% of CHP enrollees reported having internet access, followed by 82% of Medicaid Expansion enrollees, and 74% of Medicaid enrollees. In addition, 46% of all respondents said that they use the internet on a daily basis, and two-thirds use the internet at least once a week.

Satisfaction

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 of respondents reported being dissatisfied or very dissatisfied with their child's PCP, 2% reported they were unhappy with the PCP's office staff, and 10% 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, to difficulty finding a provider, and hassles with billing and eligibility paperwork . 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 14. Satisfaction of MaineCare and MaineCare Providers
N=1,532

* Note: when asked about satisfaction with MaineCare in 2006, respondents did not have an option for a neutral response.

There were many more reports of respondents who were satisfied or very satisfied with MaineCare services (89%). When asked about the reasons for this satisfaction, most respondents mentioned the coverage or benefits that MaineCare offers their child (58%), and about one quarter said the affordability of the program is the reason they are satisfied.

Parents also 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.

We also asked respondents to tell us the two most important reasons for having enrolled their child in MaineCare. Parents overwhelmingly said they could not afford insurance without it (n=1,040). Access to preventive care (n=444) and 'peace of mind' (n=373) were also frequently cited as important reasons for enrolling their child.

Separate Child Health Program Premiums

Parents whose children are enrolled in MaineCare through the CHP eligibility category pay monthly premiums between $8 and $64, depending upon family income and number of children. State policy makers wanted to know the extent to which this premium was burdensome to the parents. In 2006, about 44% stated that it was *easy* or *somewhat easy* to pay the premium for their children. Another 15% responded that it was neither easy nor 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. The percent of CHP parents who found it easy to pay the premium has dropped from 2005 to 2006, from 57% down to 44%.

Figure 15. Paying CHP Premiums
N= 386

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 8 or older (n=971) were asked whether their child used tobacco products. Five percent (n=46) 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-one 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%)[11], however this rate has declined from the 45% of households with smokers found in the 2005 survey. This year, of the respondents' homes with smokers, 67% have one smoker and 33% have more than one smoker living in the home.

Figure 16. Percentage of Households with at Least One Smoker
N= 1,549

[11] Center for Tobacco Cessation website: http://ctcinfo.org/policy/fs/me-ctcfacts.PDF. Accessed November 12, 2005.

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. Three quarters (74%) have physical education classes at least once per week for the entire school year. Approximately 4% of the schools do not offer these classes and 6% elect not to take physical education.

Figure 17. Frequency of Physical Education Classes of Children Enrolled in Maine Schools
N= 1,068

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, 64% report that their children exercise for at least an hour or more at a time. Another 27% of parents 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' (44%), extra-curricular team sports (14%), walking (13%), bicycling (12%), running (5%), swimming (2%), work-related exercise (1%), 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-six percent of children five years old and younger participate in some sort of exercise *every day*; that percentage decreases to 53% 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 18. Frequency of Exercise
N= 1,549

Nutrition

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 34% of teens aged 15 to 18 years drinking one or more cans of soda per day. Conversely, the percentage of children reported to never drink soda decreases from 60% for those under five years to 9% by the time children reach fifteen years.

Comparison to the 2005 results suggests that there has been a small decline in soda consumption among 15 to 18 year olds (not shown). 41% of children in this age group consumed at least one can per day in 2005, versus only 34% in 2006.

Figure 19. Frequency of Soda Consumption
N= 1,549

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 49% in children five years or younger to 25% for fifteen to eighteen year olds.

Figure 20. Frequency of Vegetable Consumption
N= 1,549

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; 45% 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; 29% reported that their child had other coverage and no longer needed MaineCare.

Six percent were over the age of 18 and therefore no longer eligible and another 6% did not fill out a renewal application. In the 'other' responses, three parents stated that CHP premiums were too difficult to pay and twelve said the child moved. The remainder stated a variety of reasons including that they thought the child would no longer qualify due to increased income or age.

Figure 21. Reasons for Disenrolling from MaineCare
N= 295

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, 33% of the disenrolled children did not have any health coverage at the time of the interview.

Figure 22. Current Insurance Status of Children Disenrolled from MaineCare
N= 293

Separate Child Health Program Premiums

Thirty-four percent of the disenrollees were formerly enrolled in MaineCare through the CHP eligibility category. 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 (60%) of the CHP disenrollees did not have any difficulty; however 19% stated that it was somewhat or very difficult to pay the monthly premiums.

Figure 23. CHP Disenrollees Difficulty Paying Premiums
N= 100

Parents' Status

Employment Status

Respondents from the lowest income households in our sample—those with a child enrolled in MaineCare under the Medicaid eligibility category—were 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 CHP (150-200% FPL) and Medicaid Expansion (125-150% or 133-150% FPL) enrollees compared to that of the Medicaid enrollees. While 5% and 8% of CHP and Medicaid Expansion households, respectively, identify the primary wage earner as disabled, 11% of Medicaid households report that the principal wage earner is disabled. Similarly, the unemployment rate among the Medicaid group (14%) is more than triple the unemployment rate in CHP households, (4%) and nearly double that in the Medicaid Expansion households (8%).

It is interesting to note the difference in employment status of recent disenrollees as compared to current enrollees. Recent disenrollees were far more likely to be engaged in full time employment and less likely to have a disability. This group is comprised of former CHP enrollees (34%), former Expansion enrollees (28%), and former Medicaid enrollees (38%).

Figure 24. Employment Status of Main Wage Earner in Household

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 81% of this population that was employed, we found that 39% were employed by companies that did not offer any kind of health insurance. This proportion is similar to findings from the past several surveys.[12] 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 and in 2005, 40% were employed by companies that did not offer health insurance to employees.

Results from 2006 show that 32% of employed respondents were offered and enrolled in their employer's insurance plan. Similar to last year's results, 16% are employed in firms that offer insurance, they are eligible for that insurance, but are not enrolled. The primary reason for not enrolling in available insurance is the high cost of premiums.

In 2006, 9% of the employed, primary wage earners were employed in firms that offer insurance but they are not eligible--most likely because they are employed part time. Finally, 4% of the employed primary wage earners will be eligible for insurance after a waiting period.

Figure 25. Distribution of Employed Main Wage Earner's ESI Status

[12] Ormond, Catherine and Thayer, Deborah. *Survey Findings: Children Served by MaineCare 2005*. Muskie School of Public Service, Institute for Health Policy.

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 12% of the children were not eligible, 17% were eligible and, in fact, were covered by that insurance, and 68% were eligible, but did not participate. Reasons for non-participation were primarily due to high deductible and premium cost.

Size of Employer

Our results confirm past work showing that large firms are more likely than smaller ones to offer health coverage. Companies with 50 or more employees, were very likely (93%) to offer health insurance to employees. Medium sized companies, those with 25-50 employees, offered health insurance at the rate of 83%. However, of the small firms, fewer than one third offer health insurance according to survey respondents.

Figure 26. Percentage of Employers Offering Health Insurance by Size of Firm

ESI Access by Eligibility Category

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 CHP or Medicaid Expansion categories are more likely (72% and 67%) to have access to employer-sponsored health insurance, than are members enrolled through Medicaid (52%).

Figure 27. MaineCare Members' Access to Employer-Sponsored Health Insurance N= 1,213

ESI 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, 86% of the respondents are eligible for employer-sponsored insurance. Another 6% are in a waiting period to become eligible and 9% are in positions for which insurance is not available. Only 37% of part-time, employed respondents are eligible for insurance in firms that offer insurance. The majority, 55%, are ineligible.

Figure 28. Eligibility for Health Insurance in Firms Offering Health Insurance: Full and Part-time

ESI Eligibility by MaineCare Eligibility Category

Similar to previous findings, respondents who are enrolled through Medicaid in households with less than 133% (125% for ages 6-18) of FPL, are more likely to be ineligible for employer-sponsored insurance (22%), compared with both CHP (10%) and Expansion populations (12%).

Figure 29. Eligibility for Health Insurance in Firms Offering Health Insurance by MaineCare Eligibility Category

Parents' Education

Eight percent of respondents had less than a high school education; 42 percent completed their education with a high school diploma, and 36% had taken some college courses. Fifteen percent had a baccalaureate degree or higher. These percentages are consistent with the education status of the disenrolled population interviewed for this survey.

Figure 30. Education Status of Respondents
N= 1,545

Conclusion

Parents of children enrolled in MaineCare through all three eligibility categories continue to be overwhelmingly satisfied with the MaineCare benefit, with their children's providers, and with the quality of care.

Reports of children's health behaviors, particularly diet and exercise, when coupled with weight status reports, continue to be of concern. In particular, the growth of obesity among older teens on MaineCare bears mention. 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. Outreach through providers holds the most promise for reaching children on MaineCare with health and nutrition information; however, the internet may be an effective supplementary tool for this purpose.

Appendix A: MaineCare Coverage for Children

Eligibility Group	**Family Income Eligibility Limits**		**Premium Payments**	**Funding Source**
	Children Ages Birth through 5	*Children Ages 6 through 18*		
Medicaid	• Family income up to 133% FPL	• Family income up to 125% FPL	No monthly premiums	Medicaid (Title XIX)
Medicaid Expansion	• Family income between 134% and 150% FPL	• Family income between 126% and 150% FPL	No monthly premiums	SCHIP (Title XXI)
SCHIP	• Family income between 151% and 200% FPL		Monthly premiums of $8 to $64, on sliding scale	SCHIP (Title XXI)

Appendix B: MaineCare Child Health Survey Instrument 2006

Q1 **DISENROLLEES ONLY** 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 \G2 MaineCare health insurance.

Q1	1 YES, \0 IS NO LONGER ENROLLED	Q5
Q1	2 YES, AFTER PROBE	Q5
Q1	3 NO, STILL ENROLLED/RE-ENROLLED	NEXT
Q1	8 DK/UNSURE	END
Q1	9 NA	END

Q2 **DISENROLLEES ONLY** Option

Was there a period in the past year when \0 was NOT enrolled in MaineCare?
(IWER NOTE: COUNT ANY PERIOD OF DISENROLLMENT AS A BREAK IN ENROLLMENT, EVEN IF IT IS LESS THAN ONE MONTH)

Q2	1 YES, \0 HAD A BREAK IN \G2 MAINECARE ENROLLMENT	NEXT
Q2	2 NO, \0 HAS BEEN CONTINUOUSLY ENROLLED IN MAINECARE	END
Q2	8 DK/UNSURE	END
Q2	9 NA	END

Q3 **DISENROLLEES ONLY** Multiple Check

Why was \0 disenrolled from MaineCare for a time?

Q3	5 DHHS PAPERWORK PROCESSING DELAY	NEXT
Q3	1 CHILD WAS NOT ELIGIBLE DUE TO FAMILY INCOME LEVEL	END
Q3	2 CHILD WAS ENROLLED IN another HEALTH INSURANCE PLAN	END
Q3	3 I DID NOT SUBMIT A RENEWAL APPLICATION	END
Q3	6 OTHER (SPECIFY)	END
Q3	7 Other	END
Q3	9 NA	END
Q3	8 DK	END
Q3	4 THE RENEWAL APPLICATION WAS DENIED	END

Q4 **NEW & CURRENT ENROLLEES** 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.

Q4	1 YES	Q10
Q4	2 YES, AFTER PROBE	Q10
Q4	3 NO	NEXT
Q4	8 DK/UNSURE	END
Q4	9 NA	END

Q5 Option

Why is \0 NO LONGER on MaineCare?

Q5	1 \0 WAS NO LONGER ELIGIBLE DUE TO AGE	Q9
Q5	2 \0 WAS NO LONGER ELIGIBLE DUE TO FAMILY INCOME LEVEL	Q9
Q5	3 \0 WAS ENROLLED IN ANOTHER HEALTH INSURANCE PLAN	Q9
Q5	4 I DID NOT SUBMIT RENEWAL APPLICATION	Q7
Q5	5 OTHER	NEXT
Q5	8 DK	Q9
Q5	9 NA	Q9

Q6 Text Entry

What is that other reason?

Q6	0 REASON (98=DK, 99=NA)	Q9

Q7 Option

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

Q7	1	DID NOT RECEIVE APPLICATION	Q9
Q7	2	APPLICATION TOO DIFFICULT TO FILL OUT	Q9
Q7	3	PREMIUMS TOO HIGH	Q9
Q7	4	HEALTH CARE AVAILABLE FOR FREE AT SCHOOL	Q9
Q7	5	MAINECARE WAS TOO MUCH OF A HASSLE	Q9
Q7	6	DISSATISFIED WITH THE PROGRAM	Q9
Q7	7	DIDN'T KNOW I NEEDED TO REAPPLY	Q9
Q7	8	DIDN"T THINK CHILD WOULD QUALIFY	Q9
Q7	9	GOT OTHER INSURANCE	Q9
Q7	11	OTHER	NEXT
Q7	98	DK	Q9
Q7	99	NA	Q9
Q7	10	JUST DIDN'T GET AROUND TO IT	Q9

Q8 Text Entry

What is that other reason?

Q8	0	REASON (98=DK, 99=NA)	NEXT

Q9 Multiple Check

What kind of health insurance, if any, does \0 have now?

Q9	1	PRIVATE INS. FROM AN EMPLOYER	Q80
Q9	2	DIRIGO CHOICE (THEY GIVE YOU A PLASTIC ID-SAYS DIRIGO/ANTHEM)	Q80
Q9	3	PRIVATE INS. YOU BUY DIRECTLY FROM INSUR. CO	Q80
Q9	4	OTHER PUBLIC HEALTH INSUR. (SUCH AS SSI/MEDICARE)-SPECIFY	Q80
Q9	8	DK	Q80
Q9	9	NA	Q80
Q9	6	NONE	Q80
Q9	5	Other Public Health Insurance	Q80

Q10 Option

Is this the only health insurance \0 has?

Q10	1 YES	Q12
Q10	2 NO	NEXT
Q10	8 DK	Q12
Q10	9 NA	Q12

Q11 Multiple Check

What other type of health insurance does \0 have?
(IWER NOTE: IF R MENTIONS A PRIVATE INSURANCE COMPANY, PROBE TO SEE IF IT IS FROM AN EMPLOYER OR IF THEY BOUGHT IT DIRECTLY FROM THE INSURANCE COMPANY.)

Q11	1 PRIVATE INSURANCE FROM AN EMPLOYER	NEXT
Q11	2 DIRIGO CHOICE (PROBE: THEY GIVE YOU A PLASTIC ID CARD THAT SAYS DIRIGO/ANTHEM)	NEXT
Q11	3 PRIVATE INSURANCE YOU BUY DIRECTLY FROM INSUR CO	NEXT
Q11	4 OTHER PUBLIC HEALTH INSURANCE (SUCH AS SSI OR MEDICARE)-SPECIFY	NEXT
Q11	5 Other Public Health Insurance	NEXT
Q11	8 DK	NEXT
Q11	9 NA	NEXT

Q12 Option

NEW ENROLLEES ONLY:

During the year before \0 enrolled in MaineCare, was \G0 covered by any other health care plan?

Q12	1 YES	NEXT
Q12	2 NO	Q14
Q12	8 DK	Q14
Q12	9 NA	Q14

Q13 **NEW ENROLLEES ONLY**: Multiple Check

What plan was that?

Q13	1 PRIVATE INSURANCE FROM AN EMPLOYER	NEXT
Q13	2 DIRIGO CHOICE (PROBE: THEY GIVE YOU A PLASTIC CARD THAT SAYS DIRIGO/ANTHEM)	NEXT
Q13	3 PRIVATE INSURANCE YOU BUY DIRECTLY FROM THE INSUR CO.	NEXT
Q13	4 OTHER PUBLIC HEALTH INSURANCE (SUCH AS SSI OR MEDICARE)-SPECIFY	NEXT
Q13	5 Other Public Health Insurance	NEXT
Q13	8 DK	NEXT
Q13	9 NA	NEXT

Q14	Option	

Now I'm going to ask some questions about the health care \0 receives through MaineCare.
Does \0 have a regular place to go to get health care?

Q14	1	YES	NEXT
Q14	2	NO	Q17
Q14	8	DK	Q17
Q14	9	NA	Q17

Q15	Option	

How long has \0 gone to the same place for regular health care?
(PROBE: The same clinic or doctor's office or health center?)

Q15	1	LESS THAN 6 MONTHS	NEXT
Q15	2	6 MONTHS TO 1 YEAR	Q19
Q15	3	1-3 YEARS	Q19
Q15	4	3-5 YEARS	Q19
Q15	5	OVER 5 YEARS	Q19
Q15	6	DOESN'T GO TO THE SAME PLACE	Q17
Q15	8	DK	Q19
Q15	9	NA	Q19

Q16	Option	

Where did \0 go before that?

Q16	1	EMERGENCY ROOM AT HOSPITAL	Q19
Q16	2	URGENT CARE CENTER AT HOSPITAL	Q19
Q16	3	A DIFFERENT HEALTH CENTER OR DOCTOR'S OFFICE	Q19
Q16	4	SCHOOL	Q19
Q16	5	DIDN'T GET HEALTH CARE	Q19
Q16	8	DK	Q19
Q16	9	NA	Q19
Q16	6	NEWBORN/ WASN'T BORN YET	Q19

Q17 Option

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

Q17	1 DIFFICULT TO FIND A HEALTH CARE PROVIDER WHO WILL TAKE NEW PATIENTS	Q41
Q17	2 DIFFICULT TO FIND A HEALTH CARE PROVIDER WHO WILL TAKE MAINECARE PATIENTS	Q41
Q17	3 DON'T GO TO THE HEALTH CARE PROVIDER UNLESS SICK OR HAVE AN ACCIDENT	Q41
Q17	4 PREFER TO GO TO THE EMERGENCY ROOM	Q41
Q17	5 CHILD IS BASICALLY HEALTHY/DOESN'T NEED A REGULAR HEALTH CARE PROVIDER	Q41
Q17	6 TRANSPORTATION	Q41
Q17	7 OTHER	NEXT
Q17	8 DK	Q41
Q17	9 NA	Q41

Q18 Text Entry

What is the other reason?

Q18	0 REASON (98=DK, 99=NA)	Q41

Q19 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.)

Q19	1 PCP (PRIMARY CARE PROVIDER/REGULAR DOCTOR)	Q21
Q19	2 NURSE PRACTITIONER	Q21
Q19	3 SPECIALIST	Q21
Q19	5 OTHER	NEXT
Q19	8 DK	Q21
Q19	9 NA	Q21
Q19	4 PHYSICIAN'S ASSISTANT (PA)	Q21

Q20 Text Entry

OTHER PROVIDER:

Q20	0 PROVIDER (98=DK, 99=NA)	NEXT

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

Q22	**AGE 3 +**	Option	
(How often does \0's provider talk about . . .)			
Exercise- would you say . . .			
Q22	1	always	NEXT
Q22	2	usually	NEXT
Q22	8	DK	NEXT
Q22	9	NA	NEXT
Q22	3	sometimes	NEXT
Q22	4	rarely, or	NEXT
Q22	5	never	NEXT

Q23	**AGE 8 +**	Option	
(How often does \0's provider talk about . . .)			
Drug or alcohol use- would you say . . .			
Q23	1	always	NEXT
Q23	2	usually	NEXT
Q23	8	DK	NEXT
Q23	9	NA	NEXT
Q23	3	sometimes	NEXT
Q23	4	rarely, or	NEXT
Q23	5	never	NEXT

Q24		Option	
(How often does \0's provider talk about . . .)			
Weight - would you say . . .			
Q24	1	always	NEXT
Q24	2	usually	NEXT
Q24	8	DK	NEXT
Q24	9	NA	NEXT
Q24	3	sometimes	NEXT
Q24	4	rarely, or	NEXT
Q24	5	never	NEXT

Q25 **AGE 8 +** Option

(How often does \0's provider talk about . . .)

Use of tobacco products- would you say . . .

Q25	1	always	NEXT
Q25	2	usually	NEXT
Q25	8	DK	NEXT
Q25	9	NA	NEXT
Q25	3	sometimes	NEXT
Q25	4	rarely, or	NEXT
Q25	5	never	NEXT

Q26 Option

(How often does \0's provider talk about . . .)

Risks of second hand smoke- would you say . . .

Q26	1	always	NEXT
Q26	2	usually	NEXT
Q26	3	sometimes	NEXT
Q26	4	rarely, or	NEXT
Q26	5	never	NEXT
Q26	8	DK	NEXT
Q26	9	NA	NEXT

Q27 Option

(How often does \0's provider talk about . . .)

Dental health- would you say . . .

Q27	1	always	NEXT
Q27	2	usually	NEXT
Q27	8	DK	NEXT
Q27	9	NA	NEXT
Q27	3	sometimes	NEXT
Q27	4	rarely, or	NEXT
Q27	5	never	NEXT

Q28 Option

(How often does \0's provider talk about . . .)

Social and emotional development- would you say . . .

Q28	1	always	NEXT
Q28	2	usually	NEXT
Q28	8	DK	NEXT
Q28	9	NA	NEXT
Q28	3	sometimes	NEXT
Q28	4	rarely, or	NEXT
Q28	5	never	NEXT

Q29		Option	
(How often does \0's provider talk about . . .)			
Mental health- would you say . . .			
Q29	1	always	NEXT
Q29	2	usually	NEXT
Q29	3	sometimes	NEXT
Q29	4	rarely, or	NEXT
Q29	5	never	NEXT
Q29	8	DK	NEXT
Q29	9	NA	NEXT

Q30 **AGE 8 +**		Option	
(How often does \0's provider talk about . . .)			
Reproductive health- would you say . . .			
Q30	1	always	NEXT
Q30	2	usually	NEXT
Q30	8	DK	NEXT
Q30	9	NA	NEXT
Q30	3	sometimes	NEXT
Q30	4	rarely, or	NEXT
Q30	5	never	NEXT

Q31		Option	
Would it be helpful if \0's provider gave you more information about nutrition and diet for \0?			
Q31	1	YES	NEXT
Q31	2	NO	NEXT
Q31	8	DK	NEXT
Q31	9	NA	NEXT

Q32 **AGE 3 +**		Option	
(Would it be helpful if \0's provider gave you more information about. . .)			
exercise for \0 . . .			
Q32	1	YES	NEXT
Q32	2	NO	NEXT
Q32	8	DK	NEXT
Q32	9	NA	NEXT

Q33 **AGE 8 +** Option

(Would it be helpful if \0's provider gave you more information about. . .)
drug or alcohol use . . .

Q33	1 YES	NEXT
Q33	2 NO	NEXT
Q33	8 DK	NEXT
Q33	9 NA	NEXT

Q34 Option

(Would it be helpful if \0's provider gave you more information about. . .)
weight . . .

Q34	1 YES	NEXT
Q34	2 NO	NEXT
Q34	8 DK	NEXT
Q34	9 NA	NEXT

Q35 **AGE 8 +** Option

(Would it be helpful if \0's provider gave you more information about. . .)
use of tobacco products . . .

Q35	1 YES	NEXT
Q35	2 NO	NEXT
Q35	8 DK	NEXT
Q35	9 NA	NEXT

Q36 Option

(Would it be helpful if \0's provider gave you more information about. . .)
risks of second hand smoke . . .

Q36	1 YES	NEXT
Q36	2 NO	NEXT
Q36	8 DK	NEXT
Q36	9 NA	NEXT

Q37 Option

(Would it be helpful if \0's provider gave you more information about. . .)
dental health . . .

Q37	1 YES	NEXT
Q37	2 NO	NEXT
Q37	8 DK	NEXT
Q37	9 NA	NEXT

Q38 Option

(Would it be helpful if \0's provider gave you more information about. . .)
social and emotional development . . .

Q38	1	YES	NEXT
Q38	2	NO	NEXT
Q38	8	DK	NEXT
Q38	9	NA	NEXT

Q39 Option

(Would it be helpful if \0's provider gave you more information about. . .)
mental health . . .

Q39	1	YES	NEXT
Q39	2	NO	NEXT
Q39	8	DK	NEXT
Q39	9	NA	NEXT

Q40 **AGE 8 +** Option

(Would it be helpful if \0's provider gave you more information about. . .)
reproductive health . . .

Q40	1	YES	NEXT
Q40	2	NO	NEXT
Q40	8	DK	NEXT
Q40	9	NA	NEXT

Q41 Multiple Check

Where do you usually get information about health issues?
(CHECK ALL THAT APPLY)

Q41	1	HEALTHCARE PROVIDER	NEXT
Q41	2	MAGAZINES/NEWSPAPERS	NEXT
Q41	3	TV	NEXT
Q41	5	FAMILY MEMBER	NEXT
Q41	6	FRIENDS	NEXT
Q41	7	SCHOOL	NEXT
Q41	9	OTHER (SPECIFY)	NEXT
Q41	10	Other	NEXT
Q41	98	DK	NEXT
Q41	99	NA	NEXT
Q41	4	INTERNET	NEXT
Q41	8	WIC PROGRAM (WOMEN/INFANTS/CHILDREN)	NEXT

Q42		Option	

Do you have internet access either at home or at work?

Q42	1	YES	NEXT
Q42	2	NO	NEXT
Q42	8	DK	NEXT
Q42	9	NA	NEXT

Q43		Option	

How often do you use the internet? Would you say . . .

Q43	1	every day	NEXT
Q43	2	1-3 times a week	NEXT
Q43	3	1-3 times a month	NEXT
Q43	4	less than once a month, or	NEXT
Q43	5	never	NEXT
Q43	8	DK	NEXT
Q43	9	NA	NEXT

Q44		Option	

In the last 6 months, was there a time \0 needed health care but did NOT get it?

Q44	1	YES	Q46
Q44	2	NO	NEXT
Q44	8	DK	Q49
Q44	9	NA	Q49

Q45		Option	

Do you mean \G0 didn't need any care (CHECK 1), or \G0 needed care and got it? (CHECK 2)

Q45	1	DID NOT NEED CARE	Q49
Q45	2	NEEDED CARE AND GOT IT	Q49
Q45	8	DK	Q49
Q45	9	NA	Q49

Q46 Multiple Check

What type of care did \0 need but did not receive? Please tell me all the types of care you can think of.
(DO NOT READ; CHECK ALL THAT APPLY)

Q46	1	ROUTINE DENTAL CARE	NEXT
Q46	4	MENTAL HEALTH SERVICES OR COUNSELING	NEXT
Q46	5	EYE CARE/GLASSES	NEXT
Q46	7	SICK CHILD/ URGENT CARE (NON-LIFE THREATNG-EVEN IF SEEN IN E.R.)	NEXT
Q46	8	WELL CHILD/ REGULAR CHECK UP	NEXT
Q46	6	SPEECH THERAPY	NEXT
Q46	3	PRESCRIPTION MEDICINE	NEXT
Q46	9	SPECIALIST CARE	NEXT
Q46	2	BRACES OR SPECIAL DENTAL SERVICES	NEXT
Q46	10	OTHER TYPE	NEXT
Q46	11	Other	NEXT
Q46	98	DK	NEXT
Q46	99	NA	NEXT

Q47 Option

Please tell me the main reason you could not get the care for \0 that \G0 needed. Was it because . . .
(READ OPTIONS, CHOOSE ONLY ONE)

Q47	2	you couldn't find a provider	Q49
Q47	3	you couldn't find a provider who would take MaineCare	Q49
Q47	4	you couldn't find a provider who would make an appointment soon enough	Q49
Q47	6	some other reason	NEXT
Q47	8	DK	Q49
Q47	9	NA	Q49
Q47	5	you thought \G0 would get better anyway, or	Q49
Q47	1	\0 was not covered by MaineCare at that time	Q49

Q48 Text Entry

What was that other reason?

Q48	0	REASON (98=DK, 99=NA)	NEXT

Q49 **SKIP IF Q14 >1- NO REGULAR PROVIDER** Text Entry

We want to know your rating of \0'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?

Q49	0	RATING (98=DK, 99=NA)	NEXT

Q50 **SKIP IF Q14 >1- NO REGULAR PROVIDER** Text Entry

We also want to know your rating of the office staff at \0's usual health care provider's office. 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

Q50	0	RATING (98=DK, 99=NA)	NEXT

Q51 Multiple Check

Now I have a few questions about MaineCare.

Overall, what are the two most important reasons for having \0 enrolled in MaineCare?
(DO NOT READ; ONLY RECORD FIRST 2 RESPONSES)

Q51	1	PEACE OF MIND/SECURITY/NO WORRY	NEXT
Q51	5	COVERS SPECIALISTS	NEXT
Q51	2	NOT HAVING TO GO TO EMERGENCY ROOM FOR ROUTINE CARE	NEXT
Q51	3	COULDN'T AFFORD/WOULDN'T HAVE HEALTH CARE W/O IT	NEXT
Q51	7	PRESCRIPTIONS PROVIDED	NEXT
Q51	6	DENTAL COVERAGE	NEXT
Q51	4	COVERS PREVENTIVE CARE (CHECKUPS & ROUTINE CARE FROM PCP)	NEXT
Q51	8	COVERS other SERVICES WE NEED	NEXT
Q51	9	OTHER REASON	NEXT
Q51	98	DK/NA	NEXT
Q51	10	Other	NEXT

Q52 Option

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

Q52	1	very satisfied	NEXT
Q52	2	somewhat satisfied	NEXT
Q52	3	somewhat dissatisfied, or	Q54
Q52	4	very dissatisfied	Q54
Q52	8	DK	Q55
Q52	9	NA	Q55

Q53 Multiple Check

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

Q53	1	AFFORDABILITY/COST/PRICE	Q55
Q53	2	COVERAGE/BENEFITS	Q55
Q53	3	EFFICIENT	Q55
Q53	4	OTHER REASON	Q55
Q53	5	Other	Q55
Q53	8	DK	Q55
Q53	9	NA	Q55
Q53	6	NO PROBLEMS, NO HASSLES	Q55

Q54 Multiple Check

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

Q54	4	PRIOR AUTHORIZATION REQUIRED FOR EVERYTHING	NEXT
Q54	3	GENERAL HASSLE	NEXT
Q54	8	THE WAY WE'RE TREATED BY PROVIDERS OFFICES	NEXT
Q54	6	THE WAY WE'RE TREATED BY MAINECARE	NEXT
Q54	2	COVERAGE LIMITATION	NEXT
Q54	7	LIMITED PCPs AVAILABLE (MAINECARE NETWORK PCP ONLY)	NEXT
Q54	9	DISTANCE TO MAINECARE PCP	NEXT
Q54	5	CAN'T FIND PROVIDER WHO WILL TAKE MAINECARE	NEXT
Q54	10	OTHER REASON	NEXT
Q54	11	Other	NEXT
Q54	98	DK	NEXT
Q54	99	NA	NEXT
Q54	1	LACK OF DENTAL PROVIDERS/NONE TAKE MAINECARE PATIENTS	NEXT

Q55 Option

Now I'm going to ask you about your child's health.

In general, how would you rate \0'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 . . .

Q55	1	excellent	NEXT
Q55	2	very good	NEXT
Q55	3	good	NEXT
Q55	4	fair, or	NEXT
Q55	5	poor	NEXT
Q55	8	DK	NEXT
Q55	9	NA	NEXT

Q56 Option

Does \0 have any kind of condition that limits \G2 ability to do what other kids \G2 age can do? This condition might be emotional, developmental, physical or behavioral.

Q56	1	YES	NEXT
Q56	2	NO	Q59
Q56	8	DK	Q59
Q56	9	NA	Q59

Q57 Multiple Check

What is the condition?
(DO NOT READ LIST, CHECK ALL THAT APPLY)

Q57	1	LEARNING DISORDER LIKE ADD OR ADHD	NEXT
Q57	2	ASTHMA	NEXT
Q57	3	DEVELOPMNTL DELAY (INCL. SPEECH/MOTOR IMPAIRMNT)	NEXT
Q57	4	MENTAL/ BEHAVIORAL COND LIKE DEPRESSION/ANXIETY/BIPOLAR DIS.	NEXT
Q57	5	VISION /HEARING COND THAT CAN'T BE CORRECTED W/GLASSES/HEARING AID	NEXT
Q57	6	AUTISM OR ASPERGER SYNDROME	NEXT
Q57	7	DIABETES	NEXT
Q57	9	SOME OTHER CONDITION (SPECIFY)	NEXT
Q57	10	Other condition	NEXT
Q57	98	DK/NA	NEXT
Q57	8	MEDICAL COND LIKE A HEART/LUNG/KIDNEY PROBLEM	NEXT

Q58 Option

Does \0 get the care and services \G0 needs for this condition? Would you say \G0 . . .
(READ OPTIONS)

Q58	1	always gets the care and services \G0 needs	NEXT
Q58	2	usually	NEXT
Q58	3	sometimes	NEXT
Q58	4	rarely, or	NEXT
Q58	5	never gets the care and services \G0 needs	NEXT
Q58	8	DK	NEXT
Q58	9	NA	NEXT

Q59 Text Entry

What is your child's height?
(PROBE: Your best guess is fine.)
FEET:

Q59	0	HEIGHT/FEET (98=DK, 99=NA)	NEXT

Q60	Text Entry	

INCHES:

Q60	0 INCHES (98=DK, 99=NA)	NEXT

Q61	Text Entry	

What is your child's weight?
(IF ASKED; WEIGHT WITHOUT CLOTHES) (PROBE: Your best guess is fine.)
LBS:

Q61	0 WEIGHT (98=DK, 99=NA)	NEXT

Q62	Option	

How would you describe \0's weight . . . Would you say that \G0 is:
(READ OPTIONS, CHECK ONLY ONE)

Q62	1 underweight	NEXT
Q62	2 slightly underweight	NEXT
Q62	3 about the right weight	NEXT
Q62	4 slightly overweight, or	NEXT
Q62	5 overweight	NEXT
Q62	8 DK	NEXT
Q62	9 NA	NEXT

Q63	Option	

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

Q63	1 YES	NEXT
Q63	2 NO	NEXT
Q63	8 DK	NEXT
Q63	9 NA	NEXT
Q63	3 NOT SURE	NEXT

Q64	Option	

To the best of your knowledge, does \0 currently have diabetes?

Q64	1 YES	NEXT
Q64	2 NO	Q66
Q64	8 DK	Q66
Q64	9 NA	Q66

Q65		Option	

Does \0 use insulin?

Q65	1	YES	NEXT
Q65	2	NO	NEXT
Q65	8	DK	NEXT
Q65	9	NA	NEXT

Q66 **AGE 3+**		Option	

To the best of your knowledge, does \0 currently have depression or anxiety problems?

Q66	1	YES	NEXT
Q66	2	NO	NEXT
Q66	8	DK	NEXT
Q66	9	NA	NEXT

Q67		Option	

(To the best of your knowledge . . .)

Does \0 currently have a heart problem, including congenital heart disease?

Q67	1	YES	NEXT
Q67	2	NO	NEXT
Q67	8	DK	NEXT
Q67	9	NA	NEXT

Q68		Option	

(To the best of your knowledge . . .)

Does \0 currently have asthma?

Q68	1	YES	NEXT
Q68	2	NO	NEXT
Q68	8	DK	NEXT
Q68	9	NA	NEXT

Q69	Option	

{\5<4}{During the past month, how often did \0 exercise? Was it . . .
(IWER NOTE: ANY KIND OF EXERCISE COUNTS, FOR EX. ACTIVE PLAY, 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. ACTIVE PLAY, WALKING TO SCHOOL, AFTER SCHOOL SPORTS, GOING OUT TO PLAY, RUNNING AROUND, ETC.)}

Q69	1	everyday	NEXT
Q69	2	2-3 times a week	NEXT
Q69	3	once a week	NEXT
Q69	4	once a month, or	NEXT
Q69	5	never	Q73
Q69	8	DK	Q73
Q69	9	NA	Q73

Q70	Option	

How much exercise does \G0 do each time (usually)? Is it . . .

Q70	1	15 minutes	NEXT
Q70	2	30 minutes	NEXT
Q70	3	45 minutes, or	NEXT
Q70	4	1 hour or more	NEXT
Q70	8	DK	NEXT
Q70	9	NA	NEXT

Q71	Option	

What kind of exercise was it?
(DO NOT READ: IF MORE THAN ONE, CHOOSE THE ONE THAT \G0 DOES MOST OFTEN)

Q71	2	WALK	Q73
Q71	5	RUN	Q73
Q71	6	SWIM	Q73
Q71	4	BICYCLE	Q73
Q71	7	EXERCISE/ DANCE/ MARTIAL ARTS CLASS	Q73
Q71	9	HORSEBACK RIDING	Q73
Q71	3	TEAM SPORTS (SOCCER, BASEBALL, HOCKEY, ETC.)	Q73
Q71	10	PASSIVE EXERCISE (SNOWMOBILING, FISHING, HUNTING, ATV), ETC.	Q73
Q71	11	OTHER TYPE	NEXT
Q71	98	DK	Q73
Q71	99	NA	Q73
Q71	1	ACTIVE PLAY	Q73
Q71	8	WORK RELATED	Q73

Q72 Text Entry

OTHER TYPE OF EXERCISE:

Q72	0 EXERCISE (98=DK, 99=NA)	NEXT

Q73 **AGE 4+** Option

Does \0's school offer physical education classes?

Q73	3 DOESN'T GO TO SCHOOL	Q76
Q73	1 YES	NEXT
Q73	2 NO	Q76
Q73	8 DK	Q76
Q73	9 NA	Q76

Q74 **AGE 4+** Option

Are the physical education classes given throughout the school year, or just part of the year?

Q74	1 ALL SCHOOL YEAR	NEXT
Q74	2 PART OF YEAR	NEXT
Q74	8 DK	NEXT
Q74	9 NA	NEXT

Q75 **AGE 4+** Option

How many times a week does \0 have physical education at school?

Q75	1 ONCE A WEEK	NEXT
Q75	2 2 TIMES PER WEEK	NEXT
Q75	3 3 OR MORE TIMES PER WEEK	NEXT
Q75	8 DK	NEXT
Q75	9 NA	NEXT
Q75	4 CHILD DOESN'T TAKE IT	NEXT

Q76 Option

How often does \0 drink a can or a glass of soda?
(IWER: IF \G0 DRINKS ONE CAN OF SODA 2-3 TIMES PER WEEK, THEN THE ANSWER WOULD BE 2-6 CANS PER WEEK.)

Q76	1 NEVER	NEXT
Q76	2 1-3 CANS PER MONTH	NEXT
Q76	3 1 CAN PER WEEK	NEXT
Q76	4 2-6 CANS PER WEEK	NEXT
Q76	5 1 CAN A DAY	NEXT
Q76	6 2 OR MORE CANS A DAY	NEXT
Q76	8 DK	NEXT
Q76	9 NA	NEXT

Q77 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.")

Q77	1 NEVER	NEXT
Q77	2 1-3 TIMES A MONTH	NEXT
Q77	3 ONCE A WEEK	NEXT
Q77	4 2-6 TIMES A WEEK	NEXT
Q77	5 ONCE A DAY	NEXT
Q77	6 2 OR MORE TIMES A DAY	NEXT
Q77	8 DK	NEXT
Q77	9 NA	NEXT

Q78 **AGE 8+** Option

Does \0 smoke or use tobacco products?

Q78	1 YES	NEXT
Q78	2 NO	NEXT
Q78	8 DK, NOT SURE	NEXT
Q78	9 NA	NEXT

Q79 Option

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

Q79	1	1	NEXT
Q79	2	2	NEXT
Q79	3	3 OR MORE	NEXT
Q79	4	NONE	NEXT
Q79	5	SOMEBODY SMOKES, UNKNOWN #	NEXT
Q79	8	DK	NEXT
Q79	9	NA	NEXT

Q80 **SKIP IF NOT CUB CARE** Option

The last few questions are about you.

{Q1=1 OR Q1=2}{MaineCare requires a premium to be paid every month. When \0 was enrolled, how easy or hard was it to afford to pay the premium? Was it . . .}{{MaineCare requires a premium to be paid every month. How easy or hard has it been to afford to pay the premium? Is it . . .}

Q80	1	very easy	NEXT
Q80	2	somewhat easy	NEXT
Q80	3	neither easy nor hard	NEXT
Q80	4	somewhat hard, or	NEXT
Q80	8	DK	NEXT
Q80	9	NA	NEXT
Q80	5	very hard	NEXT

Q81 Option

{Q80>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?}

Q81	1	8TH GRADE OR LESS	NEXT
Q81	2	SOME HIGH SCHOOL, BUT DID NOT GRADUATE	NEXT
Q81	3	HIGH SCHOOL GRADUATE OR GED	NEXT
Q81	4	SOME COLLEGE OR 2 YEAR DEGREE	NEXT
Q81	5	4 YEAR COLLEGE DEGREE	NEXT
Q81	6	MORE THAN 4 YEAR COLLEGE DEGREE	NEXT
Q81	8	DK	NEXT
Q81	9	NA	NEXT

Q82 Option

How are you related to \0?

Q82	1	PARENT/STEP PARENT	Q84
Q82	2	GRANDPARENT	Q84
Q82	3	LEGAL GUARDIAN	Q84
Q82	4	OTHER RELATIVE	NEXT
Q82	8	DK	Q84
Q82	9	NA	Q84
Q82	5	FOSTER PARENT	Q84
Q82	6	PARTNER/BOYFRIEND/GIRLFRIEND OF PARENT	Q84

Q83 Text Entry

How are you related?

Q83	0	RELATED (98=DK, 99=NA)	NEXT

Q84 Option

The last few questions are about the main wage earner in your household.

Who is the main wage earner?
(IWER NOTE: IF NECESSARY, EXPLAIN "The main wage earner is the adult living in your home who works and earns the most each week, or if no one is working, the adult who owns or rents your home.")
(PROBE IF NECESSARY: "How are you related to that person? So he/she's your . . .")

Q84	1	I AM/ SELF (THE RESPONDENT)	Q86
Q84	2	MY SPOUSE	Q86
Q84	4	MY CHILD (R IS MWE'S PARENT)	Q86
Q84	5	MY PARENT (R IS MWE'S CHILD)	Q86
Q84	6	MY OTHER RELATIVE	Q86
Q84	7	MY ROOMMATE	Q86
Q84	8	OTHER	NEXT
Q84	99	NA	Q86
Q84	98	DK	Q86
Q84	3	MY UNMARRIED PARTNER (BOYFRIEND/GIRLFRIEND)	Q86

Q85 Text Entry

R'S RELATIONSHIP TO MAIN WAGE EARNER:
(PROBE IF NECESSARY: "So he/she's your.. .")

Q85	0	MAIN WAGE EARNER (98=DK, 99=NA)	NEXT

Q86 Option

{Q84=1}{Which of the following best describes your current work status?}{Which of the following best describes the work status of the main wage earner in your household?}

Q86	1	works full-time	NEXT
Q86	2	works 1 part-time job	NEXT
Q86	3	works more than 1 part-time job	NEXT
Q86	4	works seasonally	NEXT
Q86	5	self-employed	NEXT
Q86	6	disabled, not working	NEXT
Q86	7	retired, not working	NEXT
Q86	8	unemployed, looking for work, or	NEXT
Q86	9	not working	NEXT
Q86	98	DK	NEXT
Q86	99	NA	NEXT

Q87 **SKIP IF Q86>5- MAIN WAGE EARNER NOT EMPLOYED** Option

{Q84=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?}

Q87	1	LESS THAN 25	NEXT
Q87	2	25 TO 50 EMPLOYEES	NEXT
Q87	3	MORE THAN 50 EMPLOYEES	NEXT
Q87	8	DK	NEXT
Q87	9	NA	NEXT

Q88 **SKIP IF Q86>5- MAIN WAGE EARNER NOT EMPLOYED** Option

Does the company or organization currently offer health insurance to any of its employees?

Q88	1	YES	NEXT
Q88	2	NO	Q95
Q88	8	DK	Q95
Q88	9	NA	Q95

Q89 **SKIP IF Q86>5- MAIN WAGE EARNER NOT EMPLOYED** Option

{Q84=1}{Are you eligible to receive that health insurance?}{Is he/she eligible to receive that health insurance?}

Q89	1	YES	NEXT
Q89	2	NO	Q95
Q89	8	DK	Q95
Q89	9	NA	Q95
Q89	3	NOT YET	Q95

Q90 **SKIP IF Q86>5- MAIN WAGE EARNER NOT EMPLOYED** Option

{Q84=1}{Are you enrolled in the employer's health insurance program?}{Is he/she enrolled in the employer's health insurance program?}

Q90	1	YES	Q92
Q90	2	NO	NEXT
Q90	8	DK	Q92
Q90	9	NA	Q92

Q91 **SKIP IF Q86>5- MAIN WAGE EARNER NOT EMPLOYED** Option

{Q84=1}{Now I'll read a list of possible reasons why you may not be enrolled in the insurance offered by that employer. Is it because . . .}{Now I'll read a list of possible reasons why he/she may not be enrolled in the insurance offered by that employer. Is it because . . .}

Q91	1	it is too expensive	NEXT
Q91	2	the coverage is too limited	NEXT
Q91	3	MaineCare offers better coverage	NEXT
Q91	4	MaineCare is less expensive, or	NEXT
Q91	5	SOME OTHER REASON	NEXT
Q91	6	Other	NEXT
Q91	8	DK	NEXT
Q91	9	NA	NEXT

Q92 **SKIP IF Q86>5- MAIN WAGE EARNER NOT EMPLOYED** Option

Can that insurance cover \0?

Q92	1	YES	NEXT
Q92	2	NO	Q95
Q92	8	DK	Q95
Q92	9	NA	Q95

Q93 **SKIP IF Q86>5- MAIN WAGE EARNER NOT EMPLOYED** Option

Is \0 enrolled in that insurance?

Q93	1	YES	Q95
Q93	2	NO	NEXT
Q93	8	DK	Q95
Q93	9	NA	Q95

Q94 **SKIP IF Q86>5- MAIN WAGE EARNER NOT EMPLOYED** Multiple Check

Now I'll read a list of possible reasons why \0 may not be enrolled in the insurance offered by that employer. Is it because . . .

Q94	1	it is too expensive	NEXT
Q94	2	the coverage is too limited	NEXT
Q94	3	MaineCare offers better coverage	NEXT
Q94	4	MaineCare is less expensive, or	NEXT
Q94	5	SOME OTHER REASON	NEXT
Q94	6	Other	NEXT
Q94	8	DK	NEXT
Q94	9	NA	NEXT

Q95 Multiple Check

{Q84=1}{Finally, I'm going to read a list of different types of health insurance. Please tell me which, if any, you have:}{Finally, I'm going to read a list of different types of health insurance. Please tell me which, if any, the main wage

Q95	2	Medicare	NEXT
Q95	7	Health insurance through the military (TriCare, CHAMPUS, Veteran's Services)	NEXT
Q95	4	Dirigo Choice (CARD FROM ANTHEM)	NEXT
Q95	5	Health insurance through someone else's work or union	NEXT
Q95	6	Health insurance bought directly from an insurance company	NEXT
Q95	1	MaineCare	NEXT
Q95	3	Health insurance through main wage earner's work or union	NEXT
Q95	8	Some OTHER health insurance, or	NEXT
Q95	98	DK	NEXT
Q95	99	NA	NEXT
Q95	9	No health insurance?	NEXT
Q95	10	Other	NEXT

Q96 Option

Those are all the questions I have for you today. Thank you very much for your time.
(IWER: ALWAYS CHECK 1 HERE)

Q96	1	END	END