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# MAINE CENTER FOR DISEASE CONTROL AND PREVENTION (FORMERLY BUREAU OF HEALTH) DIVISION OF CHRONIC DISEASE

## MAINE CHILD HEALTH SURVEY, 2003/2004 KINDERGARTEN AND THIRD GRADE REPORT



December 2005

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#### TABLE OF CONTENTS

	Page
Acknowledgements	_
Table of Contents	. ii
List of Detailed Tables	, iii
List of Detailed Figures	, iv
List of Questions and Dental Screening Responses	. vi
Executive Summary	. 1
Background	. 2
Methodology	. 2
Design Exclusion Criteria Sampling Regional Designation by Maine County Survey Response Rates Calculated Variables Data Analysis and Discussion	. 3 . 3 . 3 . 4 . 4
Appendix A: Maine Child Health Survey Consent Form, Questionnaire and Dental Screening Form	
Appendix B: Kindergarten and Third Grade Data Processing Document	. 17
Appendix C: Questionnaire and Dental Screen Responses Unweighted Frequency Tables	. 22
Appendix D: Detailed Tables and Figures	. 49

### LIST OF DETAILED TABLES

	Page
1. School, student, and overall response rates according to region	4
2. Demographic data according to region	50
3. Prevalence of current asthma, lifetime asthma, and current wheeze by grade according to region	
4. Prevalence of current asthma, lifetime asthma, and current wheezing leaves according to region	
5. Prevalence of current asthma, lifetime asthma, and current wheeze by insurance coverage and race	
6. Prevalence of children with special health care needs by grade and sex according to region	
7. Prevalence of children with special health care needs by insurance coverage and race according to grade level	62
8. Prevalence of at-risk for overweight and overweight by sex according to region	
9. Prevalence of at-risk for overweight and overweight by sex according to grade level	
10. Prevalence of at-risk for overweight and overweight by insurance coverage and race	68
11. Prevalence of at-risk for overweight and overweight by television viewing and soda consumption	71
12. Prevalence of environmental tobacco smoke exposure (ETS) by sex, ra and insurance coverage according to region	
13. Prevalence of environmental tobacco smoke exposure (ETS) by race, and insurance coverage according to grade	76
14. Prevalence of food insecurity and family hunger by sex and grade according to region	78
15. Prevalence of food insecurity and family hunger by insurance coverag	

## LIST OF DETAILED FIGURES

1. Prevalence of current asthma, lifetime asthma, and current wheezing
by grade51
2. Prevalence of current asthma, lifetime asthma, and current wheezing by sex
3.Prevalence of current asthma, lifetime asthma, and current wheezing by race
4. Prevalence of current asthma, lifetime asthma, and current wheezing by insurance coverage
5. Prevalence of children with special health care needs (CSHCN) by grade and sex
6. Prevalence of children with special health care needs (CSHCN) by race and grade
7. Prevalence of children with special health care needs (CSHCN) by insurance coverage
8. Prevalence of at-risk for overweight and overweight by sex
9. Prevalence of at-risk for overweight and overweight by race
10. Prevalence of at-risk for overweight and overweight by insurance coverage
11. Prevalence of children at-risk for overweight and overweight by television viewing
12. Prevalence of children at-risk for overweight and overweight by soda consumption
13. Prevalence of environmental tobacco smoke (ETS) exposure by region and grade
14. Prevalence of environmental tobacco smoke (ETS) exposure by race according to grade level
15. Prevalence of environmental tobacco smoke (ETS) exposure by insurance coverage according to grade level

16. Prevalence of food insecurity and family hunger by region	Page . 77
17. Prevalence of food insecurity and family hunger by race	. 79
18. Prevalence of food insecurity and family hunger by insurance coverage	. 80

.

•

## LIST OF QUESTIONS AND DENTAL SCREENING RESPONSES Page Child ever had wheezing or whistling in chest......23 Past 12 months: How often child's sleep disturbed by wheezing......24 Past 12 months: Wheezing severe enough to limit child's speech ......24 Child ever had asthma ......24 Place child is usually taken for medical assistance for asthma......27 During average month: How often child smelled/breathed tobacco smoke......28

At least once a month last winter: Heat-source: Wood stove	Page 30
At least once a month last winter: Heat-source: Wood fireplace	30
Past 12 months: Wall to wall carpet in house	30
Past 12 months: Wall to wall carpet where child sleeps	31
Protective plastic covering on child's bed	31
Child has dog allergies	31
Child has cat allergies	32
Child has dust allergies	32
Child has grass or pollen allergies	32
Past 4 weeks: Work delay missed by parent or other adult due to child's asthma	
Biological mother ever told by doctor she has asthma	33
Biological father ever told by doctor he has asthma	33
Time since child's last dental visit	34
Main reason for child's last dental visit	34
Past 12 months: Child needed but was unable to get dental care	35
Reason last time child needed but couldn't get dental care	35
Child covered under dental insurance	36
Child ever had dental sealants	36
Past 4 weeks: Number of school days missed due to dental problems	36
How often child uses booster car seat	37
If rides in booster: In front seat or in back seat	37

If no booster: Rides in front seat or in back seat
Child currently needs/uses medication prescribed by doctor
Need for prescription due to medical, behavioral or other condition
Condition requiring prescription has lasted/expected to last ≥12 months 38
Child needs more medical, mental health, educational services then usual 39
Need for more services due to medical, behavioral or other condition39
Condition requiring more services has lasted/expected to last ≥12 months 39
Child limited in ability to do things others same age do
Limitation due to medical, behavioral or other condition40
Limiting condition has lasted/expected to last $\geq 12$ months40
Child needs/gets physical, occupational or speech therapy41
Need for special therapy due to medical, behavioral or other condition41
Special need has lasted/expected to last $\geq 12$ months
Child needs/gets treatment for emotional, developmental behavioral problems
Problem has lasted/expected to last $\geq 12$ months
Past 12 months: I/other adult reduced/skipped own meal: No money
How often I/other adult reduced/skipped meal43
Past 12 months: I (adult) ate less: No money
Past 12 months: At time I (adult) didn't eat: No money
Food I/we bought didn't last: No money to buy more44
Past 12 months: I/we couldn't afford balanced meals

On average: Number of hours child watches TV per day	Page 44
Amount of soda child drinks	45
Type of insurance child covered by	45
Past 12 months: At times child did not have health insurance/Medicaid	45
Child eligible for free/reduced lunches at school	46
Child has signs of stress, behavior changes, moodiness	46
Signs have lasted/expected to last $\geq 12$ months	46
Willing to take/already taken child to be treated for stress	46
Hispanic	47
Dental referral	47
Caries experience	47
Rampant caries	47
Sealants of permanent molars	48
Treatment urgency	48
Untreated cavities	48
Need for sealants	48

#### EXECUTIVE SUMMARY

The Maine Child Health Survey was initiated in 2001 in an effort to obtain credible, useful, and appropriate childhood health information. The survey (MCHS) provides an opportunity to gain critical information about the health of Maine's children at various points in their development. This information can be used to monitor the health status of Maine's children and to compare the health of Maine children with that of children in other states or regions. More importantly, this information will help us focus our efforts to improve the health of the children of Maine. Since 2001, the MCHS has been piloted, administered, and continuously improved.

The MCHS is a cross-sectional survey of kindergarten, third grade and fifth grade students attending public schools in Maine. Only questions that are validated or previously used in national surveys are used within this data collection tool. The survey is conducted during the school year and participation in the MCHS is voluntary at the school level and individual level. Its use of one tool to obtain multiple measures of health is an effort to obtain the needed information while reducing, as much as possible, any inconvenience for participating schools.

This survey was developed and administered primarily by the Maine Asthma Prevention and Control Program and the Maine Oral Health Program, both part of the Maine Center for Disease Control and Prevention (MCDC) within the Maine Department of Health and Human Services. Other participating programs included the Maine Injury Prevention Program, the Partnership for a Tobacco Free Maine, the Physical Activity and Nutrition Program, and the Children with Special Health Needs Program, all units within the MCDC. The participation of and support by the Maine Department of Education was a key factor in coordinating the survey's implementation.

This document reports data obtained from the 2003-2004 Kindergarten/Third Grade MCHS. Results are presented in the tables and figures included in Appendices C and D. The presentation of information is patterned after the Youth Risk Behavioral Survey, a national survey of middle school and high school students conducted at the state level and coordinated by CDC. The 2003-2004 MCHS was limited by a low overall response rate (the school response rate multiplied by the student response rate). As such, the results of this survey are indicative only of the children who participated in the survey and are not considered generalizable to Maine's child population. These results do provide us with useful information on current asthma, lifetime asthma, and current wheezing; demographic characteristics, percentage of children with special healthcare needs; characteristics of children related to their Body Mass Index (BMI) percentages and related risk factors; several variables describing oral health status and access to dental care; environmental tobacco smoke exposure among children; family concerns regarding food insecurity and family hunger; and how many of these variables may differ by race.

This report does not include interpretations of data or discussion of survey results. Such discussions may be developed by the participating programs, and questions regarding particular health issues should be directed to them.

#### **BACKGROUND**

The Maine Child Health Survey (MCHS) provides an opportunity to gain critical information about indicators relating to the health and well-being of Maine's children. While the MCHS was initiated through The Centers for Disease Control and Prevention (CDC) cooperative agreement with the Maine Asthma Prevention and Control Program, efforts were made to collaborate with multiple partners across the state to collect representative data at the kindergarten, third and fifth grade level to measure a variety of health indicators.

The MCHS provides state and local level health data that, historically, are difficult to collect. Multiple measures of health are assessed through the use of this one tool.

The kindergarten/third grade MCHS is comprised of two components: 1) a questionnaire completed by the parent/primary caregiver 2) a dental screen, at which time height and weight measurements of the child were also obtained. A unique quality of the MCHS is the combination of formal questionnaire responses and actual physical measurements.

The first statewide MCHS of kindergartners was conducted in 2002. The results of the 2002 MCHS can be found at <a href="www.mainepublichealth.com">www.mainepublichealth.com</a>. This report is based on the second statewide MCHS of kindergartners and third graders conducted during the 2003/2004 school year.

#### METHODOLOGY

#### Design

The MCHS protocol was approved by the Institutional Review Board (IRB) for the protection of human subjects at the Maine Health and Human Services.

The MCHS is a cross-sectional survey of kindergarten and third grade students attending public schools in Maine. The MCHS was conducted during the school year. Participation in the MCHS was voluntary at the school level and individual level.

The parent or primary caregiver of the kindergarten or third grade child enrolled in public school was sent a consent form to sign and a questionnaire to complete (see appendix A). Parents were instructed to return both the signed consent form and completed questionnaire to the Maine Asthma Prevention and Control Program in a postage paid return envelope. The consent form and questionnaire were mailed twice to non-respondent parents in two-week

intervals following the prior mailing. Only children whose parent or primary caregiver had either signed the consent or completed the questionnaire received the dental screen and had their height and weight measured during school. The children were also given an opportunity to decline the dental exam and/or the height and weight measurements. A trained dental hygienist conducted the dental screen and obtained the height and weight measurements.

#### **Exclusion Criteria**

All children enrolled in kindergarten or third grade at selected school sites were invited to participate in the MCHS. Exclusion from the MCHS was indicated by a refusal of the parent or primary caregiver to return either a signed consent form or a completed questionnaire. Exclusion could also occur with a verbal or physical refusal from the child after parental permission.

#### Sampling

The sampling plan for the MCHS was a stratified one-stage cluster. Stratification is based on six previously determined regions. The six regions are chosen based on multiple criteria; geographic location, population density, income, and age structure. The following table denotes the counties included in each region.

Regional designation by Maine County

Region	County
Southern	Cumberland, York
Coastal	Knox, Lincoln, Sagadahoc
East Central	Hancock, Penobscot, Waldo
West Central	Androscoggin, Kennebec
Western	Franklin, Oxford, Piscataquis, Somerset
North Eastern	Aroostook, Washington

Sample sizes per region were selected based on the ability to detect a sample mean within 3% of the true population with a 95% confidence interval using Epi-info software<sup>1</sup>. The 9.0% prevalence used in the sample size estimation is based on asthma prevalence from the previous statewide MCHS in 2002.

Within each region individual schools were chosen using PC Sample software<sup>2</sup>. Schools were chosen based on a probability proportionate to their kindergarten or third grade class size.

<sup>&</sup>lt;sup>1</sup> Centers for Disease Control and Prevention (2001). Epi info 2000 version 1.1.1. Atlanta, GA.

<sup>&</sup>lt;sup>2</sup> Westat (1996). PCSample: description and operation. Rockville, MD.

#### Survey Response Rates

The statewide overall response rate was 17.6% and ranged from 10.0% in the Southern region to 27.1% in the West Central region. School response rates ranged from 22.0% in the Southern region to 64.3% in the Coastal region. Student response rates ranged from 40.3% in the Coastal region to 58.8% in the North Eastern region.

Table 1. School, student, and overall response rates according to region

Region	School response rate	Student response	Overall response
		rate	rate
West Central	58.6%	46.3%	27.1%
N=517			1800 1900 1900 1900
Western   N=500	45.1%	41.5%	18.7%
Southern	22.0%	45.4%	10.0%
N=724			
East Central	36.0%	48.3%	17.4%
N=418			
Coastal	64.3%	40.3%	25.9%
N=340			
North Eastern	27.4%	58.8%	16.1%
N=334			
Total	38.4%	45.7%	17.6%
N=2833			

It is generally accepted that a 60.0% overall response rate is needed to generalize results to a population<sup>3</sup>. The response rate for the MCHS 2003/2004 is below the 60.0% level. Therefore, results of the MCHS 2003/2004 are indicative of the children surveyed and are not considered generalizeable to the population.

#### Calculated Variables

Coding for calculated variables is located in appendix B. Calculated variables include; current asthma, lifetime asthma, current wheezing, children with special health care needs (CSHCN), BMI percent, environmental tobacco smoke exposure, food insecurity, family hunger, and race.

<sup>&</sup>lt;sup>3</sup> Centers for Disease Control and Prevention. Methodology of the Youth Risk Behavior Surveillance System. MMWR 2004;53 (no. RR-12): [Inclusive page numbers].

#### **Data Analysis and Discussion**

Readers are encouraged to review Appendix C and Appendix D for results of this survey. Individual question response frequencies are located in appendix C. Brief narrative discussion and analysis of the results, as well as detailed tables with prevalence estimates of the various health outcomes stratified by demographic variables and their accompanying 95% confidence intervals are provided in appendix D. Differences noted in graphs and tables met the criteria for statistical significance. The criteria for statistically significant differences between prevalence estimates are based on  $\chi^2$  tests with a p-value  $\leq 0.05$ .

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## Appendix A

Maine Child Health Survey Consent Form, Questionnaire and Dental Screening Form

<u>.</u>		·	

#### MAINE CHILD HEALTH SURVEY CONSENT FORM

We<sup>1</sup> want to ask you some questions about your child enrolled in kindergarten or third grade. The survey is **not** a part of your child's registration or screening. This survey is voluntary. The school did not develop the survey. The school is helping by letting us ask you these questions now.

Both you and your child are asked to participate. You will answer the questions on the survey. Then your child will get their height and weight measured and have their teeth checked.

Your permission is required for your child to take part in the survey. Signing this consent form will allow us to do the survey. Your child can refuse to be measured. Your child can also refuse to get their teeth checked. They can refuse by telling or showing us.

We will ask about your child's health. The survey asks about your child's breathing, dental health, and other health topics. It does not cover all health problems. Answers are confidential. Names will be recorded only so we can identify which children can get measured during school. If we are concerned about your child's health we will tell you. The information from all surveys combined will allow us to better develop programs for your community and the state.

The survey will take about 10 minutes to finish. It will take 5 minutes to check your child's teeth and measure their height and weight. A dental professional using a light, a disposable tongue blade, and gloves will check your child's teeth. Information on sealants, the number of decayed, missing and filled teeth, and treatment needs will be recorded.

We will keep the surveys in a locked file cabinet. The Maternal Child Health (MCH) Epidemiologist will keep all results. We will not be able to tell who you are from any of the results.

If you have any questions about this survey please call:

Dwight Littlefield, Asthma Program Manager, Maine Bureau of Health at 207-287-7302 or Judith Feinstein, Oral Health Program Manager, Maine Bureau of Health at 207-3267 or Kathy Tippy, MCH Epidemiologist, Maine Bureau of Health at 207-287-4102.

If you have any questions regarding you or your childs' rights in participating in the child health survey, please contact Paul Kuehnert, Chairperson, Institutional Review Board (IRB), Maine Bureau of Health at 207-287-5179.

By signing this form, I understand that:

- This is voluntary
- My answers will be kept confidential
- I understand this may take about 5-10 minutes.
- I or my child can quit at any time.
- My child's dental exam does not take the place of an exam done by a dentist. I will be given the results of my child's dental exam upon completion.
- The questions included in the survey about my child's breathing are not to be considered an exam. If I have any questions about my child's breathing, it is recommended I see my child's physician.

I agree to let my child	have his/her teeth ch	ecked, heigh	t and weight i	neasured and	l agree	to	
answer the questions	<ul> <li>See Section 1. Control of the control</li></ul>	el levelo de la le		proposition of the second seco	S. 43 (1962)		
	on the survey.				NT.		
Yes					No		See State of Section 1
PARENT OR GUARI	DIAN:						
Print name	9	Sign		D	ate	/	/
		<i></i>					
Child's Name (Please p	vint).						
` *	•	_	-				
First	Middle		Last				
Child's Date of Birth:	Month	Day	Year				

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<sup>&</sup>lt;sup>1</sup> Maine Bureau of Health (MBOH), Division of Community Health.

## MAINE CHILD HEALTH SURVEY MAINE BUREAU OF HEALTH



Instructions: Please complete the following questionnaire by either writing your answer on the blank lines or marking the box next to the correct answer(s)  $\lceil \chi \rceil$ 

	C	X
1.	What is today's date? (mon	th, day, year)
Ż.	What is your child's name?(Please print)  First:MI:	Last:
3.	What town/city does your child live in?	
4.	What is the name of your child's school?	
6.	5. Has your child ever had wheezing or whistling in the chest at any time in the past?  Yes  No	6c. In the last 12 months, has wheezing ever been severe enough to limit your child's speech to only one or two words at a time between breaths?  Yes  No  My child does not have wheezing  7. Has your child ever had asthma?  Yes
	6a. In the last 12 months, how many attacks of wheezing or whistling has your child had?  None  1-3  4-12  More than 12  6b. In the last 12 months, how often, on average, has your child's sleep been disturbed due to wheezing?  Never woken with wheezing  Less than one night per week  One or more nights per week	8. In the last 12 months, has your child's chest sounded wheezy during or after exercise?  Yes  No  In the last 12 months, has your child's sleep been disturbed due to a dry cough at night, APART from a cough associated with a cold or a chest infection?  Yes  No  10. In the last 12 months, how often has your child's activities been limited due to wheezing, dry cough, and/or breathing difficulties?  My child does not have these symptoms  Never  Less than one time per week  One or more times per week  Almost daily

11. <u>In the last 12 months</u> , how often did you take your child to the doctor due to	17. How many people living in the same household as your child smoke cigarettes, cigars, or pipes inside
wheezing, dry cough and/or breathing difficulties?	the house?
0 (No visits) 3-4 visits	0 (None)
1-2 visits 5 + visits	1 person
12. In the last 12 months, how many times did	2 persons
you take your child to an emergency room or urgent care due to wheezing, dry cough,	3 or more persons
and/or breathing difficulties?	18. During an average month, about how often is your
0 (No visits) 3-4 visits	child near enough to smell or breathe in the smoke from other people's cigarettes/cigars/pipes?
1-2 visits 5 + visits	Nearly every day
13. In the last 12 months, how many times was	2-4 times per week
your child admitted overnight to a hospital due to wheezing, dry cough, and/or breathing	Once a week
difficulties?	Less than once a week
0 (No visits) 3-4 visits	Never
1-2 visits 5 + visits	19. During the past 12 months, how often was
14. Have you ever been told by a doctor or nurse	your child around the following animals?  Less than 1-3 About Almost
that your child has asthma?  Yes	once per times once every  Never month per month per week day
□ No	Dogs
15. Where do you usually take your child for medical	Cats
assistance for asthma? Mark only ONE answer.	20. In the household where your child lives, is the kitchen stove fueled by either natural gas or propane?
My child does not have asthma	Yes
Emergency Room (ER) or Urgent Care	No No
Hospital Based Clinic	Don't know
Rural Health Center	
Private Doctor's Office	21. In the household where your child lived last winter, were the following heating sources used at least once
No usual source of care for these conditions	per month on average? Mark ONE answer for each line. Yes No
Do not know	Kerosene heater?
Other	Wood burning stove?
16. <u>In the last 12 months</u> , has your doctor given	Woodburning fireplace?
you a written plan for taking care of your child's asthma?	22. During the past 12 months, was there 'wall to
Yes	wall' carpeting (that is carpeting that covers the entire floor) in your house?
□ No	Yes, in most of the house No
My child does not have asthma	Yes, in some of the house Don't know

23. <b>During the past 12 months,</b> was there 'wall to wall' carpeting in the room your child normally slept?	27. <b>During the past 4 weeks,</b> how many days of work have you or another adult in your household missed because of your child's wheezing and/or asthma?
Yes	None
No	Less than 1 day
Don't know	3-4 days
24. Do you have protective plastic coverings on	5 + days
the bed where your child normally sleeps?	The next two questions are about the child's biological
Yes	parents.
☐ No ☐ Don't know	28. Has the biological mother of the child <b>ever</b> been told by a doctor or nurse that she has asthma?
25. Does your child have any of the following	Yes
allergies?	No
Yes No Don't know  Dog allergies	Don't know
Cat allergies	29. Has the biological father of the child <b>ever</b> been told by a doctor or nurse that he has asthma?
Dust allergies	Yes
Grass or Pollen allergies	No No
Answer the next two questions only if your	Don't know
child has had wheezing or whistling in the	
	The next cover questions are about your child's dental
chest in the last 12 months.	The next seven questions are about your child's dental health.
chest in the last 12 months.  26. Indicate the importance of EACH in triggering your child's wheezing in the last 12 months. Mark ONE on each line.  Very Somewhat Important Not	health.  30. About how long has it been since your child last visited a dentist? Include dental hygienists as well as all types of dentists, such as orthodontists, oral
chest in the last 12 months.  26. Indicate the importance of EACH in triggering your child's wheezing in the last 12 months. Mark ONE on each line.  Very Somewhat Important Not Important Not at all Exposed Pets	health.  30. About how long has it been since your child last visited a dentist? Include dental hygienists as well as
chest in the last 12 months.  26. Indicate the importance of EACH in triggering your child's wheezing in the last 12 months. Mark ONE on each line.  Very Somewhat Important Not Important Important Not at all Exposed Pets (cats, dogs, etc.)	health.  30. About how long has it been since your child last visited a dentist? Include dental hygienists as well as all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists.  6 months or less
chest in the last 12 months.  26. Indicate the importance of EACH in triggering your child's wheezing in the last 12 months. Mark ONE on each line.  Very Somewhat Important Not Important Not at all Exposed  Pets (cats, dogs, etc.)  Head colds	health.  30. About how long has it been since your child last visited a dentist? Include dental hygienists as well as all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists.  6 months or less  More than 6 months, but not more than 1 year
chest in the last 12 months.  26. Indicate the importance of EACH in triggering your child's wheezing in the last 12 months. Mark ONE on each line.  Very Somewhat Important Not Important Not at all Exposed  Pets (cats, dogs, etc.)  Head colds  Exercise	health.  30. About how long has it been since your child last visited a dentist? Include dental hygienists as well as all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists.  6 months or less
chest in the last 12 months.  26. Indicate the importance of EACH in triggering your child's wheezing in the last 12 months. Mark ONE on each line.  Very Somewhat Important Not Important Not at all Exposed  Pets (cats, dogs, etc.)  Head colds  Exercise  Dust, mold  Dust, mold	health.  30. About how long has it been since your child last visited a dentist? Include dental hygienists as well as all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists.  6 months or less  More than 6 months, but not more than 1 year  More than 1 year, but not more than 3 years
chest in the last 12 months.  26. Indicate the importance of EACH in triggering your child's wheezing in the last 12 months. Mark ONE on each line.  Very Somewhat Important Not Important Not at all Exposed  Pets (cats, dogs, etc.)  Head colds  Exercise  Dust, mold  Other allergens	health.  30. About how long has it been since your child last visited a dentist? Include dental hygienists as well as all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists.  6 months or less  More than 6 months, but not more than 1 year  More than 1 year, but not more than 3 years  More than 3 years ago
chest in the last 12 months.  26. Indicate the importance of EACH in triggering your child's wheezing in the last 12 months. Mark ONE on each line.  Very Somewhat Important Not Important Not at all Exposed  Pets (cats, dogs, etc.)  Head colds  Exercise  Dust, mold  Dust, mold	health.  30. About how long has it been since your child last visited a dentist? Include dental hygienists as well as all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists.  6 months or less  More than 6 months, but not more than 1 year  More than 1 year, but not more than 3 years  More than 3 years ago  My child has never been to a dentist
chest in the last 12 months.  26. Indicate the importance of EACH in triggering your child's wheezing in the last 12 months. Mark ONE on each line.  Very Somewhat Important Not Important Not at all Exposed  Pets (cats, dogs, etc.)  Head colds  Exercise  Dust, mold  Other allergens	health.  30. About how long has it been since your child last visited a dentist? Include dental hygienists as well as all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists.  6 months or less  More than 6 months, but not more than 1 year  More than 1 year, but not more than 3 years  More than 3 years ago  My child has never been to a dentist
chest in the last 12 months.  26. Indicate the importance of EACH in triggering your child's wheezing in the last 12 months. Mark ONE on each line.  Very Somewhat Important Not Important Not at all Exposed  Pets (cats, dogs, etc.)  Head colds  Exercise  Dust, mold  Other allergens	health.  30. About how long has it been since your child last visited a dentist? Include dental hygienists as well as all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists.  6 months or less  More than 6 months, but not more than 1 year  More than 1 year, but not more than 3 years  More than 3 years ago  My child has never been to a dentist
chest in the last 12 months.  26. Indicate the importance of EACH in triggering your child's wheezing in the last 12 months. Mark ONE on each line.  Very Somewhat Important Not Important Not at all Exposed  Pets (cats, dogs, etc.)  Head colds  Exercise  Dust, mold  Other allergens	health.  30. About how long has it been since your child last visited a dentist? Include dental hygienists as well as all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists.  6 months or less  More than 6 months, but not more than 1 year  More than 1 year, but not more than 3 years  More than 3 years ago  My child has never been to a dentist
chest in the last 12 months.  26. Indicate the importance of EACH in triggering your child's wheezing in the last 12 months. Mark ONE on each line.  Very Somewhat Important Not Important Not at all Exposed  Pets (cats, dogs, etc.)  Head colds  Exercise  Dust, mold  Other allergens	health.  30. About how long has it been since your child last visited a dentist? Include dental hygienists as well as all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists.  6 months or less  More than 6 months, but not more than 1 year  More than 1 year, but not more than 3 years  More than 3 years ago  My child has never been to a dentist
chest in the last 12 months.  26. Indicate the importance of EACH in triggering your child's wheezing in the last 12 months. Mark ONE on each line.  Very Somewhat Important Not Important Not at all Exposed  Pets (cats, dogs, etc.)  Head colds  Exercise  Dust, mold  Other allergens	health.  30. About how long has it been since your child last visited a dentist? Include dental hygienists as well as all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists.  6 months or less  More than 6 months, but not more than 1 year  More than 1 year, but not more than 3 years  More than 3 years ago  My child has never been to a dentist

31. What was the main reason that your child	34. Do you have any kind of insurance that pays for some
last visited a dentist? (Please check one)	or all of your child's <b>DENTAL CARE</b> ? Include
Was called in by the dentist for check-up, examination or cleaning	health insurance obtained through work or purchased directly as well as government programs like MaineCare (formerly known as Medicaid, Cub-care
Went in for check-up, examination or cleaning, but was not called	or PrimeCare).  Yes
Something was wrong, bothering or hurting	□ No
Went for treatment for something the dentist found at an earlier check-up or examination  Other  My child has never been to a dentist	Don't know  35. Has your child ever had dental sealants placed on his/her teeth at either your dental office or through a school program? Sealants are a clear or white material placed on the chewing surface of teeth to prevent cavities.
Don't know/don't remember	Yes – at a dental office
32. During the past 12 months, was there a time when your child needed dental care but could not get it at that time? (Please check one)	Yes – at a school program  No  Don't know
└─ Yes	
No → Go to question 34	36. <u>During the past 4 weeks</u> , how many days of school has your child missed because of dental problems?
☐ Don't know — Go to question 34	(Do not include routine dental/orthodontist visits)
<ul> <li>33. The last time your child could not get the dental care he/she needed, what was the main reason he/she couldn't get care? (Please check one) Could not afford it No insurance</li> </ul>	None Less than 1 day ( part of a single school day)  1-2 days 3-4 days 5+ days
Dentist did not accept Medicaid/insurance	
Not serious enough	The next three questions are about your child's safety.
Wait too long in clinic/office	37. How often does your child ride in a booster car seat?
Difficulty in getting appointments	Always
Don't like/trust/believe in dentists	Almost always
No dentist available	Sometimes
Didn't know where to go	Rarely
No way to get there	Never
Hours not convenient	38. If your child rides in a booster car seat, is he or
Speak a different language	she usually in the front or back seat of the car, truck, or van?
Health of another family member	Front seat
Other reason	Back seat
Don't know/don't remember	My child doesn't ride in a booster care seat

car seat, is he/she usually in the front or back	42. Is your child <b>limited or prevented</b> in any way in his or her ability to do the things most children of the
of the car, truck, or van?	same age can do?
Front seat	Yes → Go to question 42a
Back seat	No → Go to question 43
My child always rides in a booster car seat	42a. Is this because of ANY medical,
The next questions ask about all conditions	behavioral or other health condition?
that might affect your child's overall health and well-being.	Yes → Go to question 42b
Ü	No → Go to question 43
40. Does your child curently need or use medicine prescribed by a doctor (other than vitamins)?	42b. Is this a condition that has lasted or is expected to go on for at least twelve months?
Yes→ Go to question 40a	Yes
No → Go to question 41	No
40a. Is this because of <b>ANY</b> medical, behavioral or other health condition?	43. Does your child need or get special therapy, such as physical, occupational or speech therapy?
Yes → Go to question 40b	Yes → Go to question 43a
No → Go to question 41	No → Go to question 44
40b. Is this a condition that has lasted or is expected to go on for at least twelve months?	43a. Is this because of <b>ANY</b> medical, behavioral or other health condition?
Yes	Yes → Go to question 43b
No No	No → Go to question 44
41. Does your child need or use more medical care, mental health or educational services than is usual for most children of the same	43b. Is this a condition that has lasted or is expected to go on for at least twelve months?
age?	Yes
Yes → Go to question 41a	No No
No →Go to question 42	44. Does your child have any kind of emotional,
41a. Is this because of <b>ANY</b> medical, behavioral or other health condition?	developmental or behavioral problem for which he or she needs or gets <b>treatment or counseling?</b>
Yes → Go to question 41b	Yes → Go to question 44a
No → Go to question 42	No → Go to question 45
41b. Is this a condition that has lasted or is expected to go on for at least twelve	44a. Has this problem lasted or is it expected to last for at least twelve months?
months?	Yes
Yes	No No
No	

The next questions are about the food eaten in your family and whether your family has enough food to eat.	49. I/we couldn't afford to eat balanced meals."  In the last 12 months, was that:
your family and whether your family has enough food to eat.  45. In the last 12 months, did you (or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?  Yes  No → Go to question 46  Don't know/not sure → Go to question 46  45a. How often did this happen?  Almost every month  In only 1 or 2 months  46. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?  Yes  No  Don't know/not sure  47. In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?  Yes  No  Don't know/not sure  For the next two statements, please check the box that indicates whether the statement was often, sometimes, or never true for you (or the other members of your household) in the last 12 months.  48. "The food that I/we bought just didn't last, and I/we didn't have enough money to get more."  Often true  Sometimes true  Never true	In the last 12 months, was that:  Often true Sometimes true Never true  The next two questions are about your child's physical activity and nutrition.  50. On an average day, how many hours does your child watch TV?  My child does not watch TV on an average school day Less than 1 hour per day  1 hour per day  2 hours per day  3 hours per day  4 hours per day  5 or more hours per day  1 can per day  1 can per day  1 can per week  1 can per week  1 -3 cans per month None  52. What type of insurance is your child covered by at this time (select the best answer)?  No Insurance Private Insurance/HMO/CHAMPUS MaineCare (formerly known as Medicaid, Cub-care, or Primecare) Other  53. In the past 12 months, was there a time that your child did not have any health insurance coverage, including Medicaid?  Yes Go to question 53a No Go to question 54
	53a. How many months out of the past 12 months?

54. Is your child eligible for the free or reduced lunch program at school?	
Yes	Male
No	Female
Don't know	
<ul> <li>55. Does your child have any signs of stress, changes in behavior, moodiness, or difficulty in getting along with other children?</li> <li>Yes</li> <li>No</li> <li>55a. Have these signs lasted or are they expected to last for at least 12 months?</li> <li>Yes</li> </ul>	Please send the completed questionnaire in the self-addressed envelope to:  Maine Asthma Program Division of Community Health Department of Human Services 286 Water Street, Key Plaza, 4 <sup>th</sup> Floor 11 State House Station Augusta, Maine 04333-0011
L No	
<ul> <li>56. Would you be willing or have you already taken your child to a person who has experience in helping children deal with stress?</li> <li>Yes</li> <li>No</li> </ul>	Thank you for your participation!
57. Is your child Hispanic?	
Yes	
No	
58. What is your child's date of birth? (Please include month, day, and year)	
59. Which one or more of the following would you say is(are) your child's race(s)?  (Mark all that apply)	
White	
Asian	
Native Hawaiian/Other Pacific Islander	
Black or African American	
American Indian/Alaskan Native	
Other	

Name of School:				
Child's Name:           First:				
Child's Date of Birth:	Child's Date of Birth:(MM/DD/YYYY)			
Child verbally and/or physica	ally agrees to be measured and	d have their teeth checked.		
Yes No				
Body Mass Measurements:				
Child's Height inc	hes	·		
Child's Weightlb	s			
	25.	D 416 1 D		
	Maine	Dental Screening Fo	rm	
Untreated Cavities:	0=No untreated cavities	Caries Experience:		s experience xperience – primary only
(UC)	1=Untreated cavities	(CE)	2=Caries e	xperience – permanent only xperience – both dentitions
Rampant Caries: (RC)	0=No rampant 1=Rampant ≥ 7 teeth	Sealants on Permanent M (Seal)	Iolars:	0=No sealants present 1=Sealants present
Treatment Urgency: (TU)	0=No obvious problem 1=Early dental care 2=Urgent care	Need for Dental Sealants (Needseal)	:	0=No need for sealants 1=Needs dental sealants
Comments:				
<ul> <li>All boxes must contain a valid code</li> <li>Use 4-digit codes for year (i.e. 1989, 1999, 2000)</li> <li>If no permanent molars, "Sealants on Permanent Molars"=0</li> <li>If no permanent molars, "Need for Dental Sealants"=0</li> </ul>				
Referred: Yes No				
If yes, reason for referral: Dental (Dental)				
Respiratory				

## Appendix B

Maine Child Health Survey – Kindergarten and Third Grade Data Processing Document

#### Maine Child Health Survey (MCHS) - Kindergarten and Third Grade 2003/04 Data Processing Document

#### I. Calculated Variables

The following table shows how calculated variables are derived and the SAS coding for the individual variables.

mu	1Vidual variables.  Vindengenten & Thind	Crode Coloulated Variables
Var		Grade Calculated Variables
Q14	Description  Have you ever been told by a doctor or nurse that	
	your child has asthma?	CASTHMA = 2;   if $Q14 = 1$ and $(Q6 = 1$ or $Q8 = 1$ or $Q9 = 1$ )
	1. yes	then CASTHMA = 1;
	2. no	if $Q14 = .M$ then $CASTHMA = .M$ ;
Q6	In the last 12 months, has your child had wheezing or whistling in the chest?	Lifetime asthma 1=yes 2=no
	wheezing or whisting in the chest?	IF $Q14 = 1$ THEN CLIFE = 1;
	1. yes	IF Q14 = 2 THEN CLIFE = 2;
	2. no	IF Q14 = .M THEN CLIFE = .M;
Q8	In the last 12 months, has your child's chest	Current wheezing (no asthma) 1=yes 2=no Cwheeze = 2;
фo	sounded wheezy during or after exercise?	if (Q6 = 1  or  (Q6 = 2  and  Q8 = 1)  or
	1. yes	(Q6 = 2  and  Q9 = 1)  OR  (Q6  EQ .L and)
	2. no	Q9 = 1))and casthma eq 2 then Cwheeze = 1;
		IF Q6 EQ .L AND Q8 = 1 AND CASTHMA EQ 2
0.0	In the last 12 months, has your child's sleep been disturbed due to a dry cough at night, apart,	THEN CWHEEZE = 1;
Q9	from a cough associated with a cold or chest	IF Q6 EQ .L AND Q9 = 1 AND CASTHMA EQ 2 THEN CWHEEZE = 1;
	infection?	IF Q6 EQ .M AND Q8 = .M AND Q9 EQ .M
		THEN CWHEEZE = .M;
	1. yes 2. no	
	Weight status computed from height and weight	Weight status
	measurements. Body Mass Index % for age and	1 = underweight $2 = $ normal weight
	sex computations used to define weight status categories.	3 = at risk for overweight 4 = overweight
		IF BMIPCT EQ .M THEN WGT = .M;
		IF BMIPCT LT 5.0 AND BMIPCT NE .M THEN WGT = 1;
		IF BMIPCT GE 5.0 AND BMIPCT LT 85.0 THEN WGT = 2; IF BMIPCT GE 85.0 AND BMIPCT LT 95.0 THEN WGT = 3;
	!	IF BMIPCT GE 95.0 THEN WGT = 4;
Q17	How many people living in the same household	Environmental tobacco smoke exposure (ETS)
	as your child smoke cigarettes, cigars, or pipes inside the house?	1 = yes  2 = no
		IF Q17 EQ 1 OR Q18 GE 4 THEN ETS = $2$ ;
	1. 0 (none)	IF Q17 GT 2 OR Q18 LE 3 THEN ETS = 1;
	2. 1 person 3. 2 persons	IF Q17 EQ .M OR Q18 EQ .M THEN ETS = .M;
	4. 3 or more persons	
010	During an average month, about how often is	
Q18	your child near enough to smell or breathe in the	
	smoke from other people's	
	cigarettes/cigars/pipes?	
	1. Nearly every day	
	2. 2-4 times per week	
	3. Once a week 4. Less than once a week	
	4. Less than once a week 5. Never	

Var	Description	SAS Code
Q40	Does your child currently need or use medicine	Categorical responses used to calculate children w/special
	prescribed by a doctor (other than vitamins)?	health needs (CSHCN) 1=yes 2=no
	1. Yes	if $(Q40 = 1 \text{ and } Q40a = 1 \text{ and } Q40b = 1)$ THEN PMEDS = 1;
	2. No	IF $(Q40 = 1 \text{ AND } Q40A = .M)$ THEN PMEDS = 2;
	2. 110	IF $(Q40 = 1 \text{ AND } Q40B = .M)$ THEN PMEDS = 2;
Q41	Does your child need or use more medical care,	$\begin{array}{c} \text{IF } (Q40 = 1 \text{ AND } Q40A = .\text{L}) \text{ THEN PMEDS} = 2; \\ \text{IF } (Q40 = 1 \text{ AND } Q40A = .\text{L}) \text{ THEN PMEDS} = 2; \end{array}$
Q11	mental health or educational services than is	IF $(Q40 = 1 \text{ AND } Q40A = 2) \text{ THEN PMEDS} = 2;$
	usual for most children of the same age?	IF (Q40 = 1  AND  Q40B = 2)  THEN  PMEDS = 2;
	distant for most chiraren of the same age.	IF Q40 = 2 THEN PMEDS = 2;
	1. Yes	IF Q40 = .M THEN PMEDS = .M;
	2. No	
	2. 110	if (Q41 = 1 and Q41a = 1 and Q41b = 1) THEN USE = 1;
Q42	Is your child limited or prevented in any way in	IF $(Q41 = 1 \text{ AND } Q41A = .M)$ THEN USE = 2;
4,12	his or her ability to do the things most children	IF $(Q41 = 1 \text{ AND } Q41B = .M)$ THEN USE = 2;
	of the same age can do?	IF $(Q41 = 1 \text{ AND } Q41A = .L)$ THEN USE = 2;
	or the barne age can us.	IF $(Q41 = 1 \text{ AND } Q41A = 2)$ THEN USE = 2;
	1. Yes	IF $(Q41 = 1 \text{ AND } Q41B = 2) \text{ THEN } USE = 2;$
	2. No	IF $Q41 = 2$ THEN $USE = 2$ ;
		IF $Q41 = .M$ THEN USE $= .M$ ;
Q43	Does your child need or get special therapy, such	
	as physical, occupational or speech therapy?	
		if $(Q42 = 1 \text{ and } Q42a = 1 \text{ and } Q42b = 1)$ THEN LIMIT = 1;
	1. Yes	IF $(Q42 = 1 \text{ AND } Q42A = .M)$ THEN LIMIT = 2;
	2. No	IF $(Q42 = 1 \text{ AND } Q42B = .M) \text{ THEN LIMIT} = 2;$
		IF $(Q42 = 1 \text{ AND } Q42A = .L) \text{ THEN LIMIT} = 2;$
Q44	Does your child have any kind of emotional,	IF $(Q42 = 1 \text{ AND } Q42A = 2) \text{ THEN LIMIT} = 2;$
	developmental or behavioral problem for which	IF (Q42 = 1  AND  Q42B = 2)  THEN LIMIT = 2;
	he or she needs or gets treatment or counseling?	IF Q42 = 2 THEN LIMIT = 2;
	1 W	IF Q42 = .M THEN LIMIT = .M;
	1. Yes	if (Q43 = 1 and Q43a = 1 and Q43b = 1) THEN THERAPY = 1;
	2. No	IF $(Q43 = 1 \text{ AND } Q43A = .M)$ THEN THERAPY = 2;
Q40a,	Is this because of any medical, behavioral, or	IF $(Q43 = 1 \text{ AND } Q43B = .M)$ THEN THERAPY = 2;
Q40a, Q41a,	other health condition?	IF $(Q43 = 1 \text{ AND } Q43A = .L)$ THEN THERAPY = 2;
Q41a, Q42a,	Other hearth condition:	IF $(Q43 = 1 \text{ AND } Q43A = 2)$ THEN THERAPY = 2;
Q43a,	1. Yes	IF $(Q43 = 1 \text{ AND } Q43B = 2)$ THEN THERAPY = 2;
Q45a, Q44a	2. No	IF Q43 = 2 THEN THERAPY = 2;
QTTA	2. 140	IF $Q43 = .M$ THEN THERAPY = .M;
Q40b,	Is this a condition that has lasted or is expected	• • • • • • • • • • • • • • • • • • • •
Q41b,	to go on for at least twelve months?	if $(Q44 = 1 \text{ and } Q44a = 1)$ THEN TREAT = 1;
Q42b,		IF $(Q44 = 1 \text{ AND } Q44A = M)$ THEN TREAT = 2;
Q43b	1. Yes	IF $(Q44 = 1 \text{ AND } Q44A = .L)$ THEN TREAT = 2;
·	2. <i>No</i>	IF $(Q44 = 1 \text{ AND } Q44A = 2)$ THEN TREAT = 2;
		IF $Q44 = 2$ THEN TREAT = 2;
		IF $Q44 = .M$ THEN TREAT = .M;
		CHILDREN WITH SPECIAL HEALTH CARE NEEDS
		(CSHCN) 1= YES 2= NO
		CSHCN = 2;
		IF PMEDS = 1 OR USE = 1 OR LIMIT = 1 OR THERAPY = 1
		OR TREAT = 1 THEN CSHCN = 1;
		IF PMEDS = .M AND USE = .M AND LIMIT = .M AND
		THERAPY = .M AND TREAT = .M THEN CSHCN = .M;

Var	Description	SAS Code
Q45	In the last 12 months, did you (or other adults in	Calculating variables for food insecurity
OFP		
1	your household) ever cut the size of your meals	1=yes 2=no
	or skip meals because there wasn't enough	IF Q45 EQ 1 THEN SEC1 = 1;
ļ		
ļ	money for food?	IF Q45 EQ 2 THEN SEC1 = 2;
		IF Q45 EQ 3 THEN SEC1 = $2$ ;
1	1. Yes	IF Q45 EQ .M THEN SEC1 = .M;
1		IF Q45 EQ. MITTER SECTW.
ř	2. No	
	3. Don't know/not sure	IF Q45a LE 2 THEN SEC2 = 1;
0.171	o. Don't know/hot safe	
Q45A		IF Q45a EQ 3 THEN SEC2 = $2$ ;
	How often did this happen?	IF Q45a EQ .M THEN SEC2 = .M;
	210 // CIVOII did tillo IIdpp	1 · · · · · · · · · · · · · · · · · · ·
		$\mid$ IF Q45a EQ .L THEN SEC2 = .L;
	1. Almost every month	
	2. Some months but not every month	IF Q46 EQ 1 THEN SEC3 = 1;
	<b>.</b> •	
	3. In only 1 or 2 months	IF Q46 EQ 2 THEN SEC $3 = 2$ ;
Q46		IF Q46 EQ 3 THEN SEC3 = $2$ ;
4,10	T that the did not the	
i	In the last 12 months, did you ever eat less than	IF Q46 EQ .M THEN SEC3 = .M;
	you felt you should because there wasn't enough	
	money to buy food?	IF Q47 EQ 1 THEN SEC4 = 1;
	money to buy toou:	
		IF Q47 EQ 2 THEN SEC4 = $2$ ;
	1. Yes	IF Q47 EQ 3 THEN SEC4 = $2$ ;
	2. No	IF Q47 EQ .M THEN SEC4 = .M;
	3. Don't know/not sure	
Q47		IF Q48 LE 2 THEN SEC5 = 1;
Q41		
	In the last 12 months, were you ever hungry but	IF Q48 EQ 3 THEN SEC5 = $2$ ;
	didn't eat because you couldn't afford enough	IF Q48 EQ .M THEN SEC5 = .M;
1		ii dio nd im iinni shoo iin
	food?	
		IF Q49 LE 2 THEN SEC $6 = 1$ ;
	1. Yes	IF Q49 EQ 3 THEN SEC $6 = 2$ ;
1		
	2. No	IF Q49 EQ .M THEN SEC6 = .M;
Q48	3. Don't know/not sure	
4.10	o. Don't miowinot bail	C. J. O. ARRIDMANINE - BOOD INCROLIDIUM
		Code 2+ AFFIRMATIVE = FOOD INSECURITY
	The food that I/we bought just didn't last, and	5+ AFFIRMATIVE = HUNGER;
	I/we didn't have enough money to get more.	
1	I/we than t have enough money to get more.	
		counter = 0;
	1. Often true	retain counter;
]	§	
	2. Sometimes true	if $sec1 = 1$ then counter = counter +1;
Q49	3. Never true	if sec  2 = 1  then counter = counter + 1;
		if $sec3 = 1$ then counter = counter + 1;
1	T/ 11 2 CC 1 1 1 1	
1	I/we couldn't afford to eat balanced meals.	if $\sec 4 = 1$ then counter = counter + 1;
		if $\sec 5 = 1$ then counter = counter +1;
	1. Often true	if sec6 = 1 then counter = counter + 1;
	I	n seco – 1 men counter – counter + 1;
	2. Sometimes true	
1	3. Never true	Food Insecurity (foodinsec) 1= yes 2=no
		Family Hunger (hungry)1=yes 2=no
		if counter ge 2 then foodinsec = 1;
		if counter lt 2 and counter ne . then foodinsec = 2;
		if counter ge 5 then hungry = 1;
1		if counter lt 5 and counter ne . then hungry = $2$ ;
		if $sec1 eq .m $ and $sec2 eq .m $ and $sec3 = .m $ and $sec4 = .m $
l		and $\sec 5 = .m$ and $\sec 6 = .m$ then foodinsec = .m;
1		if $sec1 eq .m $ and $sec2 eq .m $ and $sec3 = .m $ and $sec4 = .m$
		and $\sec 5 = .m$ and $\sec 6 = .m$ then hungry = .m;
1		
1		
1		
1		,
1		
1		
1		
1		
1	1	

Var	Description	SAS Code
Q59	Which one or more of the following would you say is(are) your child's race(s)? (Mark all that apply)	Recoding Race categories
		RCOUNT = sum(Q59_WH, Q59_ASIAN, Q59_PACISL,
	White	Q59_BLACK, Q59_INDIAN);
	Asian	
	Native Hawaiian/Other Pacific Islander	if rcount gt 1 then race = 6;
	Black or African American	else if rcount = 1 and $q59$ _WH = 1 THEN RACE = 1;
	American Indian/Alaskan Native	ELSE IF RCOUNT = 1 AND $q59$ _asian = 1 THEN race = 2;
	Other	ELSE IF RCOUNT = 1 AND q59_pacisl = 1 THEN race = 3;
		ELSE IF RCOUNT = 1 AND q59_black = 1 THEN race = 4;
		ELSE IF RCOUNT = 1 AND q59_indian = 1 THEN race = 5;
		IF Q59_WH EQ .M AND Q59_ASIAN = .M AND Q59_PACISL
		= .M AND Q59_BLACK = .M AND Q59_INDIAN = .M THEN RACE = .M;
		Recoding race into 1 = white 2=minority 3=multiple race
		if race eq 1 then race_g = 1;
		if race gt 1 and race le 5 then race_g = 2;
		if race eq 6 then race_g = 3;
		if race eq .m then race_g = .m;
		Other notes:
		.M indicates missing data
	·	.L indicates legitimate skip

## Appendix C

## Questionnaire and Dental Screen Responses Unweighted Frequency Tables

·		
•		

The Frequency Procedure

#### Child ever had wheezing or whistling in chest

Q5	Freq	uency Percen	t Cumula	tive	Cumulative
			Freque		Percent
Missing	14	0.49	14	0.49	
Yes	708	24.99	722	25.49	
No	2111	74.51	2833	100.00	

#### Past 12 months: Child had wheezing or whistling in chest

Q6	Frequency	Percent	Cumulative Frequency		Cumulative Percent
Legitimate Skip	2111	74.51	2111	74.51	
Missing	25	0.88	2136	75.40	
Yes	405	14.30	2541	89.69	
No	292	10.31	2833	100.00	

TO . 10	<b>W</b> T 1 1 1		
Past 12 months:	Number of w	neezing a	Hacks child had

			The State of Linear States		
Q6a	Frequency	Percent	Cumulative Frequency		Cumulative Percent
Legitimate Skip	2403	84.82	2403	84.82	
Missing	28	0.99	2431	85.81	
No attacks	5	0.18	2436	85.99	
1-3 attacks	271	9.57	2707	95.55	
4-12 attacks	101	3.57	2808	99.12	
> 12 attacks	25	0.88	2833	100.00	

Past 12 months: How often child's sleep disturbed by wheezing

Q6b	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Legitimate Skip	2403	84.82	2403	84.82
Missing	30	1.06	2433	85.88
Never woken	195	6.88	2628	92.76
< 1 night/week	172	6.07	2800	98.84
≥1 night/week	33	1.16	2833	100.00

Past 12 months: Wheezing severe enough to limit child's speech

Q6c	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Legitimate Skip	2403	84.82	2403 8	4.82
Missing	29	1.02	2432 8	5.85
Yes	63	2.22	2495 8	8.07
No	334	11.79	2829 9	9.86
Does not wheeze	4	0.14	2833 1	00.00

## Child ever had asthma

<b>Q</b> 7	Frequency	Percent Cumu	lative	Cumulative
	전을 <del>현실을 기를 받을 구</del> 하는 것이다. 2014년 대한 전환하였다면	Frequ		Percent
Missing	29	1.02 29	1.02	
Yes	410	14.47 439	15.50	
No	2394	84.50 2833	100.00	

Past 12 months: Child's chest wheezy after exercise

Q8	Frequency Percent Cumulative	Cumulative
	Frequency	Percent
Missing	23 0.81 23 0.8	1
Yes	244 8.61 267 9.4	2
No	2566 90.58 2833 100	0.00

Past 12 months: Child's sleep disturbed due to dry cough

Q9	Frequency	Percent	Cumulative	Cumulative	
			Frequency	Percent	
Missing	20	0.71	20 0.7	71	
Yes	356	12.57	376 13	.27	
No	2457	86.73	2833 10	0.00	

Past 12 months: Ho	w often child's ac	ctivity limi	ted due to who	eezing
Q10	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Missing	182	6.42	182	6.42
Does not have symptoms	1202	42.43	1384	48.85
Never	1147	40.49	2531	89.34
< Once/week	246	8.68	2777	98.02
≥ Once/week	48	1.69	2825	99.72
Almost daily	8	0.28	2833	100.00

Past 12 months: How often visit doctor for wheezing

Q11	Frequenc	ey Percent	Cumulative Frequency		ulative rcent
Missing	<b>3</b> 6	1.27	36	1.27	
No visits	2262	79.84	2298	81.12	
1-2 visits	398	14.05	2696	95.16	
3-4 visits	110	3.88	2806	99.05	
5+ visits	27	0.95	2833	100.00	

Past 12 months: How often visit ED due to wheezing

Q12	Frequency	y Percent	Cumulativ Frequency		Cumulative Percent
Missing	29	1.02	29	1.02	
No visits	2661	93.93	2690	94.95	
1-2 visits	129	4.55	2819	99.51	
3-4 visits	13	0.46	2832	99.96	
5+ visits	1	0.04	2833	100.00	

Past 12 months: How often admitted as in-patient due to wheezing

Q13	Freque	ency Percen	t Cumulative		Cumulative
	하는 경험을 기계하는 것이 되었다. 		Frequency		Percent
Missing	24	0.85	24	0.85	
No visits	2787	98.38	2811	99.22	
1-2 visits	22	0.78	2833	100.00	

## Ever told by doctor that child has asthma

Q14 Frequency	Percent Cumulative	Cumulative
	Frequency	Percent
Missing 39	1.38 39	1.38
Yes 442	15.60 481	16.98
No 2352	83.02 2833	100.00

#### Place child is usually taken for medical assistance for asthma

Q15	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Missing	106	3.74	106	3.74
Does not have asthma	2218	78.29	2324	82.03
ER or Urgent Care	14	0.49	2338	82.53
Hospital Based Clinic	14	0.49	2352	83.02
Rural Health Center	<b>31</b>	1.09	2383	84.12
Private Doctor's Office	356	12.57	2739	96.68
No usual source of care	51	1.80	2790	98.48
Don't know	7	0.25	2797	98.73
Other	36	1.27	2833	100.00

Past 12 months: Doctor has given written plan for child's asthma

Q16		Fr	equency Percent	t Cumulative Frequency		Cumulative Percent
Missing		125	5 4.41	125	4.41	
Yes		200	5 7.27	331	11.68	
No		473	3 16.70	804	28.38	
Does not	have asthma	202	29 71.62	2833	100.00	

### Number in household who smoke cigarettes, cigars, pipes in house

Q17	Frequency	Percent	Cumulative Frequency		Cumulative Percent
Missing	37	1.31	37	1.31	
None	2305	81.36	2342	82.67	
1 person	294	10.38	2636	93.05	
2 persons	179	6.32	2815	99.36	
≥ 3 persons	18	0.64	2833	100.00	

#### During average month: How often child smelled/breathed tobacco smoke

Q18	Frequency	Percent	Cumulative Frequency		Cumulative Percent
Missing	44	1.55	44	1.55	
Nearly every day	306	10.80	350	12.35	
2-4 times/week	220	7.77	570	20.12	
Once/week	161	5.68	731	25.80	
< Once/week	549	19.38	1280	45.18	
Never	1553	54.82	2833	100.00	

Past 12 months: How often child around dogs

Q19_dogs	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Missing	241	8.51	241	8.51
Never	189	6.67	430	15.18
< Once/month	376	13.27	806	28.45
1-3 times/month	300	10.59	1106	39.04
About once/week	230	8.12	1336	47.16
Almost every day	1497	52.84	2833	100.00

	Past 12 mont	ns: How on	en chua ar	ouna cats	
Q19_cats	Frequenc	Frequency Percent		ive cy	Cumulative Percent
Missing	196	6.92	196	6.92	
Never	315	11.12	511	18.04	
< Once/month	340	12.00	851	30.04	
1-3 times/month	212	7.48	1063	37.52	

4.87

57.61

138

1632

About once/week

Almost every day

#### Kitchen stove: Natural gas or propane

1201

2833

42.39

100.00

Q20	Frequenc	y Percent	Cumulative Frequency	Cumulative Percent
Missing	40	1.41	40	1.41
Yes	673	23.76	713	25.17
No	2092	73.84	2805	99.01
Don't know	28	0.99	2833	100.00

#### At least once a month last winter: Heat-source: Kerosene

Q21_kero	Frequency	Percent	Cumulative Frequency		Cumulative Percent
Missing	243	8.58	243	8.58	
Yes	184	6.49	427	15.07	
No	2406	84.93	2833	100.00	

#### At least once a month last winter: Heat-source: Wood stove

Q21_wood	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Missing	119	4.20	119	4.20
Yes	711	25.10	830	29.30
No	2003	70.70	2833	100.00

#### At least once a month last winter: Heat-source: Wood fireplace

Q21_firep	Frequency	Percent	Cumulative Frequency		Cumulative Percent
Missing	240	8.47	240	8.47	
Yes	305	10.77	545	19.24	
No	2288	80.76	2833	100.00	

## Past 12 months: Wall to wall carpet in house

Q22	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Missing	33	1.16	33	1.16
Yes - most of house	1026	36.22	1059	37.38
Yes - some of house	1214	42.85	2273	80.23
No	558	19.70	2831	99.93
Don't know	2	0.07	2833	100.00

#### Past 12 months: Wall to wall carpet where child sleeps

Q23	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Missing	29	1.02	29	1.02
Yes	1996	70.46	2025	71.48
No	805	28.42	2830	99.89
Don't know	3	0.11	2833	100.00

## Protective plastic covering on child's bed

Q24	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Missing	29	1.02	29	1.02
Yes	677	23.90	706	24.92
No	2123	74.94	2829	99.86
Don't know	4	0.14	2833	100.00

Child has dog allergies								
Q25_dog	Frequency	Percent	Cumulative Frequency	Cumulative Percent				
Missing	96	3.39	96	3.39				
Yes	64	2.26	160	5.65				
No	2348	82.88	2508	88.53				
Don't know	325	11.47	2833	100.00				

## Child has cat allergies

Q25_cat	Frequency	Percent	Cumulative Frequency		Cumulative Percent
Missing	84	2.97	84	2.97	
Yes	126	4.45	210	7.41	
No	2295	81.01	2505	88.42	
Don't know	328	11.58	2833	100.00	

## Child has dust allergies

Q25_dust	Frequency	Percent	Cumulative Frequency		Cumulative Percent
Missing	65	2.29	. <b>65</b>	2.29	
Yes	246	8.68	311	10.98	
No	1999	70.56	2310	81.54	
Don't know	523	18.46	2833	100.00	

# Child has grass or pollen allergies

Q25_grass	Frequenc	y Percent	Cumu Frequ		Cumulative Percent
Missing	65	2.29	65	2.29	
Yes	329	11.61	394	13.91	
No	1874	66.15	2268	80.06	
Don't know	565	19.94	2833	100.00	

Past 4 weeks: Work days missed by parent or other adult due to child's asthma

Q27	Frequency	Percent	Cumulative Frequency		Cumulative Percent
Missing	1945	68.66	1945	68.66	
None	771	27.21	2716	95.87	
< 1 day	70	2.47	2786	98.34	
3-4 days	41	1.45	2827	99.79	
5+ days	6	0.21	2833	100.00	

## Biological mother ever told by doctor she has asthma

Q28	Frequen	cy Percent	Cumulative	Cumulative	
			Frequency	Percent	
Missing	37	1.31	37	1.31	
Yes	492	17.37	529	18.67	
No	2197	77.55	2726	96.22	
Don't know	107	3.78	2833	100.00	

#### Biological father ever told by doctor he has asthma

Q29	Freque	ncy Percent	Cumulati Frequen		Cumulative Percent
Missing	40	1.41	40	1.41	
Yes	260	9.18	300	10.59	
No	2292	80.90	2592	91.49	
Don't know	241	8.51	2833	100.00	

Time since child's last dental visit

Q30	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Missing	29	1.02	29	1.02
≤ 6 months	1993	70.35	2022	71.37
6 months $< x \le 1$ year	340	12.00	2362	83.37
1 year $< x \le 3$ years	206	7.27	2568	90.65
> 3 years	36	1.27	2604	91.92
Child never been to dentist	212	7.48	2816	99.40
Don't know/remember	17	0.60	2833	100.00

# Main reason for child's last dental visit

Q31	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Missing	57	2.01	57	2.01
Called in by dentist	447	15.78	504	17.79
Went, but was not called	1790	63.18	2294	80.97
Symptom visit	71	2.51	2365	83.48
Treatment visit	189	6.67	2554	90.15
Other	51	1.80	2605	91.95
Child never been to dentist	212	7.48	2817	99.44
Don't know/remember	16	0.56	2833	100.00

Past 12 months: Child needed but was unable to get dental care

Q32	Frequency	Percent		llative ( nency	Cumulative Percent
Missing	39	1.38	39	1.38	
Yes	357	12.60	396	13.98	
No	2418	85.35	2814	99.33	
Don't know	19	0.67	2833	100.00	

Reason last time child needed but could not get dental care							
Q33	Frequency	Percent	Cumulative Frequency	Cumulative Percent			
Legitimate skip	2418	85.35	2418	85.35			
Missing	124	4.38	2542	89.73			
Could not afford it	86	3.04	2628	92.76			
No insurance	28	0.99	2656	93.75			
Dentist did not accept Medicaid/insurance	86	3.04	2742	96.79			
Not serious enough	3	0.11	2745	96.89			
Wait too long in clinic/office	7	0.25	2752	97.14			
Difficulty getting appointment	47	1.66	2799	98.80			
Don't like/trust/believe in dentists	1	0.04	2800	98.84			
No dentist available	29	1.02	2829	99.86			
Didn't know where to go	4	0.14	2833	100.00			

#### Child covered under dental insurance

Q34	Frequency Percent	Cumulative Frequency	Cumulative Percent
Missing	35 1.24	35	1.24
Yes	2173 76.70	2208	77.94
No	618 21.81	2826	99.75
Don't know	7 0.25	2833	100.00

## Child ever had dental sealants

Q35	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Missing	79	2.79	79	2.79
Yes - dental office	885	31.24	964	34.03
Yes - school program	125	4.41	1089	38.44
No	1649	58.21	2738	96.65
Don't know	95	3.35	2833	100.00

#### Past 4 weeks: Number of school days missed due to dental problems

Q36	Frequency	Percent	Cumulative Frequency		Cumulative Percent
Missing	19	0.67	19	0.67	
None	2743	96.82	2762	97.49	
< 1 day	35	1.24	2797	98.73	
1-2 days	31	1.09	2828	99.82	
3-4 days	4	0.14	2832	99.96	
5+ days		0.04	2833	100.00	

How often	child	uses	boos	ter car	seat

Q37	Frequen	Frequency Percent Cumulative Frequency			Cumulative Percent
Missing	27	0.95	27	0.95	
Always	1436	50.69	1463	51.64	
Almost always	170	6.00	1633	57.64	
Sometimes	63	2.22	1696	59.87	
Rarely	61	2.15	1757	62.02	
Never	1076	37.98	2833	100.00	

## If rides in booster: In front seat or in back seat

Q38	Frequency	Percent	Cumulative Frequency		Cumulative Percent
Missing	100	3.53	100	3.53	
Front seat	19	0.67	119	4.20	
Back seat	1712	60.43	1831	64.63	
Doesn't ride in booster car seat	1002	35.37	2833	100.00	

## If no booster: Rides in front seat or in back seat

Q39	Frequency	Percent	Cumulative Frequency		Cumulative Percent
Missing	248	8.75	248	8.75	
Front seat	49	1.73	297	10.48	
Back seat	1379	48.68	1676	59.16	
Always rides in booster car seat	1157	40.84	2833	100.00	

#### Child currently needs/uses medication prescribed by doctor

Q40	Frequency		Cumulative Frequency		Cumulative Percent
Missing	20		20	0.71	
Yes	529	18.67	549	19.38	
No	2284	80.62	2833	100.00	

#### Need for prescription due to medical, behavioral, or other condition

Q40a	Frequen	cy Percent	Cumulative Frequency		Cumulative Percent
Legitimate Skip	2284	80.62	2284	80.62	
Missing	29	1.02	2313	81.64	
Yes	460	16.24	2773	97.88	
No	60	2.12	2833	100.00	

#### Condition requiring prescription has lasted/expected to last $\geq 12$ months

Q40b	Frequency	Percent	Cumulative Frequency	Cumulat Percen	
Legitimate Skip	2344	82.74	2344	82.74	[설명 : 10 ] - 10
Missing	31	1.09	2375	83.83	
Yes	414	14.61	2789	98.45	
No	44	1.55	2833	100.00	

#### Child needs more medical, mental health, educational services than usual

Q41	Frequency	Percent Cum	ulative	Cumulative
		Fred	luency	Percent
Missing	46	1.62 46	1.62	
Yes	363	12.81 409	14.44	
No	2424	85.56 2833	100.00	

#### Need for more services due to medical, behavioral or other condition

Q41a	Frequenc	cy Percent	Cumulative Frequency		Cumulative Percent	
Legitimate Skip	2424	85.56	2424	85.56		
Missing	50	1.76	2474	87.33		
Yes	303	10.70	2777	98.02		
No	56	1.98	2833	100.00		

#### Condition requiring more services has lasted/expected to last $\geq 12$ months

Q41b	Frequency	Percent	Cumulative Percent		
Legitimate Skip	2480	87.54	2480	87.54	
Missing	53	1.87	2533	89.41	
Yes	285	10.06	2818	99,47	
No	15	0.53	2833	100.00	

#### Child limited in ability to do things others same age do

Q42	Frequen	cy Percent	Cumula Freque		Cumulative Percent
Missing	45	1.59	45	1.59	
Yes	140	4.94	185	6.53	
No	2648	93.47	2833	100.00	

## Limitation due to medical, behavioral or other condition

Q42a	Frequency	Percent	Cumu Frequ		Cumulative Percent
Legitimate Skip	2648	93.47	2648	93.47	
Missing	46	1.62	2694	95.09	
Yes	123	4.34	2817	99.44	
No	16	0.56	2833	100.00	

# Limiting condition has lasted/expected to last ≥12 months

Q42b	Frequenc	y Percent	Cumulative Frequency		Cumulative Percent
Legitimate Skip	2664	94.03	2664	94.03	
Missing	49	1.73	2713	95.76	
Yes	116	4.09	2829	99.86	
No	4	0.14	2833	100.00	

#### Child needs/gets physical, occupational or speech therapy

Q43	Frequenc	y Percent Cumulative	Cumulative
		Frequency	Percent
Missing	24	0.85 24	0.85
Yes	361	12.74 385	13.59
No	2448	86.41 2833	100.00

#### Need for special therapy due to medical, behavioral or other condition

Q43a	Frequency	Percent	Cumulative Frequency		Cumulative Percent
Legitimate Skip	2448	86.41	2448	86.41	
Missing	30	1.06	2478	87.47	
Yes	156	5.51	2634	92.98	
No	199	7.02	2833	100.00	

#### Special need has lasted/expected to last ≥12 months Q43b Frequency Percent Cumulative Cumulative Percent Frequency Legitimate Skip 93.43 2647 93.43 2647 Missing 27 0.95 2674 94.39 Yes 149 5.26 2823 99.65 10 0.35 100.00 No 2833

#### Child needs/gets treatment for emotional, developmental or behavioral problems

Q44	Frequency	Percent	Cumu Frequ		ılative cent
Missing	29	1.02	29	1.02	
Yes	292	10.31	321	11.33	
No	2512	88.67	2833	100.00	

## Problem has lasted/expected to last $\geq 12$ months

Q44a	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Legitimate Skip	2512	88.67	2512	88.67
Missing	40	1.41	2552	90.08
Yes	257	9.07	2809	99.15
No	24	0.85	2833	100.00

#### Past 12 months: I/other adult reduced/skipped own meal: No money

Q45 Frequenc	y Percent	Cumulativ Frequence		Cumulative Percent
Missing 20	0.71	20	0.71	
<b>Yes</b> 154	5.44	174	6.14	
No 2650	93.54	2824	99.68	
Don't know/not sure 9	0.32	2833	100.00	

## How often I/other adult reduced/skipped meal

Q45a	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Legitimate Skip	2659	93.86	2659	93.86
Missing	29	1.02	2688	94.88
Almost every month	52	1.84	2740	96.72
Some months but not every	63	2.22	2803	98.94
In only 1 or 2 months	30	1.06	2833	100.00

Past 12 months: I (adult) ate less: No money

Q46	Frequency	Percent	Cumulative Frequency		Cumulative Percent
Missing	24	0.85	24	0.85	
Yes	194	6.85	218	7.70	
No	2600	91.78	2818	99.47	
Don't know/not sure	15	0.53	2833	100.00	

Past 12 months: At times I (adult) did not eat: No money

Q47 I	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Missing 3	81	1.09	31	1.09
Yes 1	16	4.09	147	5.19
No 2	2673	94.35	2820	99.54
Don't know/not sure 1	3	0.46	2833	100.00

Food I/we bought did not last: No money to buy more

Q48	de fer Espera	Frequency	Percent	Cumulative Frequency		Cumulative Percent
Missing		28	0.99	28	0.99	
Often true		53	1.87	81	2.86	
Sometimes true		309	10.91	<b>3</b> 90	13.77	
Never true		2443	86.23	2833	100.00	

Past 12 months: I/we could not afford balanced meals

Q49	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Missing	25	0.88	25	0.88
Often true	53	1.87	78	2.75
Sometimes true	276	9.74	354	12.50
Never true	2479	87.50	2833	100.00

### On average: Number of hours TV child watches per day

Q50	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Missing	61	2.15	61	2.15
Does not watch on school day	138	4.87	199	7.02
< 1 hours/day	385	13.59	584	20.61
1 hours/day	773	27.29	1357	47.90
2 hours/day	995	35.12	2352	83.02
3 hours/day	360	12.71	2712	95.73
4 hours/day	91	3.21	2803	98.94
≥ 5 hours/day	30	1.06	2833	100.00

	Amo	unt of sod	a child drinks		
Q51	Frequency	Percent Cumulative Frequency			Cumulative Percent
Missing	35	1.24	35	1.24	
≥2 cans/day	12	0.42	47	1.66	
1 can/day	97	3.42	144	5.08	
2-6 cans/week	256	9.04	400	14.12	
1 can/week	557	19.66	957	33.78	
1-3 cans/month	983	34.70	1940	68.48	
None	893	31.52	2833	100.00	

Type of insurance child covered by							
Q52	Frequency	Percent	Cumulative Frequency	Cumulative Percent			
Missing	94	3.32	94	3.32			
No insurance	132	4.66	226	7.98			
Private ins./HMO/CHAMPUS	1774	62.62	2000	70.60			
MaineCare	808	28.52	2808	99.12			
Other	25	0.88	2833	100.00			

Past 12 months: At times child did not have health insurance/Medicaid								
Q53	Frequency	Percent	Cumulative Frequency		Cumulative Percent			
Missing	24	0.85	24	0.85				
Yes	261	9.21	285	10.06				
No	2548	89.94	2833	100.00				

#### Child eligible for free/reduced lunches at school

Q54	Frequency	Percent	Cumulative Frequency		Cumulative Percent
Missing	14	0.49	14	0.49	
Yes	911	32.16	925	32.65	
No	1684	59.44	2609	92.09	
Don't know	224	7.91	2833	100.00	

#### Child has signs of stress, behavior changes or moodiness

Q55	Frequency	Percent	Cumulative Frequency		Cumulative Percent
Missing	22	0.78	22	0.78	
Yes	415	14.65	437	15.43	
No	2396	84.57	2833	100.00	

#### Signs have lasted/expected to last ≥12 months

Q55a	Frequency Percent	Cumulative Frequency	Cumulative Percent
Missing	1178 41.58	1178 41.58	
Yes	263 9.28	1441 50.86	
No	1392 49.14	2833 100.00	

#### Willing to take/already taken child to be treated for stress

Q56		Frequency	Percent	Cumulative		Cumulative
				Frequency		Percent
Missin	g	307	10.84	307	10.84	
Yes		1010	35.65	1317	46.49	
No		1516	53.51	2833	100.00	

#### Hispanic

Q57	Frequen	cy Percent	Cumulative	2	Cumulative
			Frequency		Percent
Missing	36	1.27	36	1.27	
Yes	41	1.45	77	2.72	
No	2756	97.28	2833	100.00	

#### Dental referral

Dental	Frequency	Percent Cumulative	Cur	nulative
		Frequency		ercent
Missing	318	11.22 318	11.22	
Not referred for dental	2130	75.19 2448	86.41	
Referred for dental	385	13.59 2833	100.00	

#### Caries experience

Caries experience	Frequency	Percent	Cumulative Frequency	Cumulative Percent
Missing	318	11.22	318	11.22
No caries experience	1683	59.41	2001	70.63
Caries experience- primary only	717	25.31	2718	95.94
Caries experience - permanent only	35	1.24	2753	97.18
Caries experience - both dentitions	80	2.82	2833	100.00

#### Rampant caries

Rampant caries	Frequency	Percent Cumulative	Cumulative
Missing	318	<b>Frequency</b> 11.22 318	Percent 11.22
No rampant caries	2501	88.28 2819	99.51
Rampant >= 7 teeth	14	0.49 2833	100.00

#### Sealants on permanent molars

Sealants on permanent molar	rs Frequ	iency Percent	Cumul	ative	Cumulative
			Frequ	ency	Percent
Missing	318	11.22	318	11.22	
No sealants present	1821	64.28	2139	75.50	
Sealants present	694	24.50	2833	100.00	

### Treatment urgency

Treatment urgency	Freque	ncy Percent	Cumula Freque		Cumulative Percent
Missing	318	11.22	318	. 11.22	
No obvious problem	2124	74.97	2442	86.20	
Early dental care	387	13.66	2829	99,86	
Urgent care	4	0.14	2833	100.00	

## Untreated cavities

Untreated cavities	Frequency	Percent	Cumulative	Cumulative
			Frequency	Percent
Missing	318	11.22	318 11.22	
No untreated cavities	2110	74.48	2428 85.70	
Untreated cavities	405	14.30	2833 100.00	

## Need for sealants

Need for sealants	Frequency	Percent	Cumulative		Cumulative
			Frequency		Percent
Missing	318	11.22	318	11.22	
No need for sealants	1531	54.04	1849	65.27	
Needs dental sealants	984	34.73	2833	100.00	

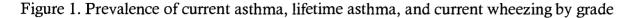
## Appendix D

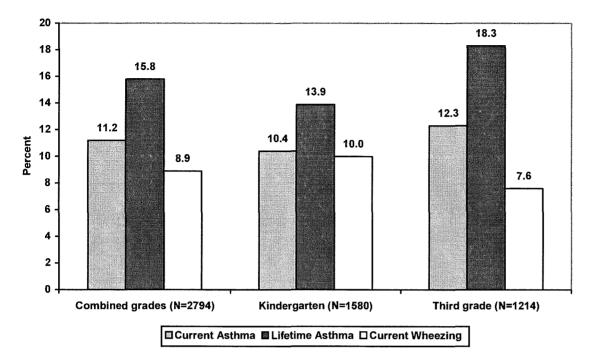
## **Detailed Tables and Figures**

Table 2. Demographic data according to region

Variable	% (N) MCHS Total	% (N) West Central	% (N) Western	% (N) Southern	% (N) East Central	% (N) Coastal	% (N) North Eastern
Grade K	56.4 (1599)	59.6 (308)	65.4 (327)	60.4 (437)	50.0 (209)	45.9 (156)	48.5 (162)
Grade 3	43.6 (1234)	40.4 (209)	34.6 (173)	39.6 (287)	50.0 (209)	54.1 (184)	51.5 (172)
Sex	49.0 (1295)	51.1 (264)	40.0 (245)	40.5 (258)	40.0 (205)	42.7 (145)	50.2 (168)
Boys	48.9 (1385)	51.1 (264)	49.0 (245)	49.5 (358)	49.0 (205)	42.7 (145)	50.3 (168)
Girls	51.1 (1448)	48.9 (253)	51.0 (255)	50.6 (366)	51.0 (213)	57.4 (195)	49.7 (166)
Race White Minority (Asian, Native Hawaiian/Pacific Islander, Black/African American, American Indian/Alaskan Native)	93.5 (2618) 2.3 (65)	91.8 (467) 3.3 (17)	92.3 (456) 2.6 (13)	94.8 (677) 2.2 (16	94.0 (389) 1.9 (8)	93.5 (314) 1.8 (6)	94.9 (315) 1.5 (5)
Multiple Race	4.1 (116)	4.9 (25)	5.1 (25)	2.9 (21)	4.8 (17)	4.8 (16)	3.6 (12)
Missing	34	8	6	10	4	4	2
Hispanic	1.5 (41)	2.4 (12)	1.4 (7)	1.7 (12)	1.0 (4)	0.9 (3)	0.9(3)
Missing	36	6	10	6	6	6	2
Insurance Private/HMO MaineCare None Other	64.8 (1774) 29.5 (808) 4.8 (132) 0.9 (25)	62.1 (309) 32.5 (162) 4.8 (24) 0.6 (3)	52.2 (247) 39.3 (186) 7.6 (36) 0.9 (4)	78.3 (551) 17.6 (124) 3.7 (26) 0.4 (3)	67.3 (276) 27.1 (111) 4.4 (18) 1.2 (5)	66.1 (218) 29.1 (96) 4.6 (15) 0.3 (1)	53.4 (173) 39.8 (129) 4.0 (13) 2.8 (9)
Missing	94	19	27	20	8	10	10
Free/reduced lunch Yes No Don't know	32.3 (911) 59.7 (1684) 8.0 (224)	38.4 (197) 55.0 (282) 6.6 (34)	44.2 (219) 49.2 (244) 6.7 (33)	15.5 (112) 71.3 (514) 13.2 (95)	30.7 (128) 66.2 (276) 3.1 (13)	31.3 (106) 59.0 (200) 9.7 (33)	44.7 (149) 50.5 (168) 4.8 (16)
Missing	14	4	4	3	1	1	1

N= number of children.





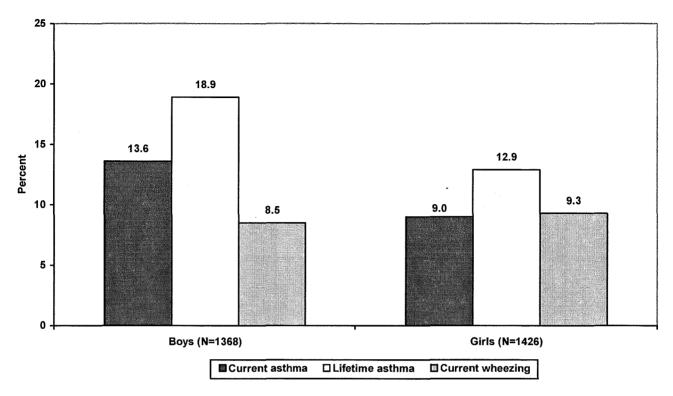
- Of the children surveyed, 11 percent have current asthma, almost 16 percent indicated that they had asthma at some time in their life, and 9 percent experienced wheezing without a diagnosis of asthma in the past 12 months.
- Third graders (18.3%) were more likely to have had asthma at some time in their life than kindergartners (13.9%).
- Kindergartners (10.0%) were more likely to have experienced wheezing in the past 12 months without a diagnosis of asthma than third graders (7.6%).
- Current and lifetime asthma did not vary regionally (see table 3).
- Current wheezing varied regionally from 6.6 percent (Southern) to 12 percent (North Eastern)(see table 3).

Table 3. Prevalence of current asthma, lifetime asthma, and current wheeze by grade according to region

	Combined Grade Levels			doubline, alla	Kindergarten	see by grade at	Third Grade		
	Current	Lifetime	Current	Current	Lifetime	Current	Current	Lifetime	Current
	Asthma	Asthma	Wheeze	Asthma	Asthma	Wheeze	Asthma	Asthma	Wheeze
	%	%	%	%	%	%	%	%	%
	(95% CI)	(95% CI)	(95%CI)	(95%CI)	(95%CI)	95%CI)	(95%CI)	(95%CI)	(95%CI)
	N	N	N	N	N	N	N	N	N
West	9.9	14.4	10.5	8.3	12.0	10.2	12.2	18.1	11.0
Central	(7.6-12.8)	(11.6-17.7)	(8.1-13.5)	(5.7-12.0)	(8.7-16.2)	(7.2-14.1)	(8.4-17.4)	(13.4-23.9)	(7.4-16.0)
	50	73	54	25	36	31	25	37	23
Missing	11	11	3	. 7	7	3	4	4	0
Western	12.8	12.9	10.1	11.7	14.5	12.0	14.7	18.2	6.4
	(10.1-16.0)	(15.8-19.2)	(7.7-13.0)	(8.7-15.6)	(11.1-18.7)	(8.9-15.9)	(10.1-21.0)	(13.1-24.8)	(3.6-11.2)
	63	78	50	` 38 ´	47	39	25	31	11
Missing	6	6	3	3	3	1	3	3	2
Southern	9.6	14.8	6.6	9.7	14.3	8.0	9.6	15.6	4.5
	(7.7-12.0)	(12.4-17.6)	(5.0-8.7)	(7.3-12.8)	(11.3-17.9)	(5.8-11.0)	(6.6-13.6)	(11.8-20.4)	(2.6-7.7)
	69	106	48	42	62	35	27	44	13
Missing	8	8	11	3	3	11	5	5	0
East	14.4	19.3	8.1	13.0	15.9	10.1	15.8	22.7	6.2
Central	(11.3-18.2)	(15.7-23.4)	(5.9-11.2)	(9.1-18.4)	(11.5-21.6)	(6.6-15.0)	(11.3-21.5)	(17.4-29.0)	(3.7-10.3)
	59	79	34	27	33	21	32	46	13
Missing	8	8	0	2	2	0	6	6	0
Coastal	9.1	13.6	7.7	10.3	12.9	5.2	8.2	14.1	9.8
Coustai	(6.5-12.7)	(10.3-17.6)	(5.3-11.0)	(6.4-16.2)	(8.5-19.1)	(2.6-10.0)	(5.0-13.1)	(9.8-20.0)	(6.3-15.0)
	31	46	26	16	20	8	15	26	18
							10		10
Missing	1	1	1	1	1	11	0	0	0
North	12.8	18.2	12.0	10.7	13.8	15.4	14.7	22.4	8.7
Eastern	(9.6-16.8)	(14.5-22.8)	(8.9-15.9)	(6.8-16.5)	(9.3-20.1)	(10.6-21.9)	(10.1-20.9)	(16.7-29.3)	(5.3-14.0)
	42	60	40	17	22	25	25	38	15
Missing	5	5	0	3	3	0	2	2	0
Total	11.2	15.8	8.9	10.4	13.9	10.0	12.3	18.3	7.6
MCHS	(10.1-12.5)	(14.5-17.2)	(7.9-10.0)	(9.0-12.3)	(12.3-15.7)	(8.6-11.6)	(10.5-14.3)	(16.2-20.6)	(6.2-9.2)
	314	442	252	165	220	159	149	222	93
Missing	39	39	8	19	19	6	20	20	2
	r of children		J 0	12	1 17				L

N= number of children.

Figure 2. Prevalence of current asthma, lifetime asthma, and current wheezing by sex

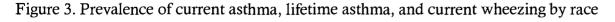


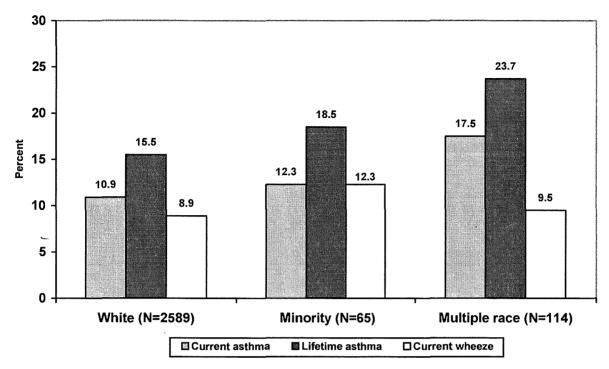
- Of the children surveyed, boys (13.6%, 18.9%) are more likely to have current and lifetime asthma than girls (9.0%, 12.9%).
- There are no differences among boys (8.5%) and girls (9.3%) experiencing wheezing in the past 12 months without a diagnosis of asthma.
- Current asthma, lifetime asthma, and current wheezing did not differ regionally by sex (see table 4).

Table 4. Prevalence of current asthma, lifetime asthma, and current wheezing by sex according to region

	Total MCHS	West Central	West	Southern	East Central	Coastal	North Eastern
	% (95% CI) N	% (95% CI) N	% (95% CI) N	% (95% CI) N	% (95% CI) N	% (95% CI) N	% (95% CI) N
Current							
Asthma							100
Boys	13.6 (11.9-15.5) 186	11.6 (8.2-16.1) 30	16.2 (12.1-21.4) 39	11.4 (8.5-15.1) 40	16.2 (11.7-21.9) 33	14.5 (9.6-21.3) 21	13.8 (9.3-19.9) 23
Girls	9.0 (7.6-10.6) 128	8.1 (5.3-12.3) 20	9.5 (6.4-13.8) 24	8.0 (5.6-11.2) 29	12.6 (8.7-17.9) 26	5.2 (2.8-9.3) 10	11.7 (7.7-17.5) 19
Missing	39	11	6	8	8	1	5
Lifetime Asthma							
Boys	18.9 (16.9-21.0) 258	17.0 (12.9-22.1) . 44	19.5 (15.0-25.0) 47	17.1 (13.5-21.3) 60	21.6 (16.5-27.7) 44	19.3 (13.7-26.6) 28	21.0 (15.4-27.8) 35
Girls	12.9 (11.3-14.7) 184	11.7 (8.3-16.4) 29	12.3 (8.7-16.9) 31	12.6 (9.6-16.4) 46	17.0 (12.4-22.9) 35	9.3 (5.9-14.2) 18	15.4 (10.7-21.8) 25
Missing	39	11	6	8	8	1	5
Current Wheezing							
Boys	8.5 (7.1-10.1) 117	9.9 (6.8-14.2) 26	9.5 (6.4-14.0) 23	5.0 (3.2-7.9) 18	8.8 (5.6-13.5) 18	10.3 (6.3-16.5) 15	10.1 (6.4-15.7) 17
Girls	9.3 (8.0-11.0) 135	11.2 (7.8-15.7) 28	10.6 (7.4-15.0) 27	8.2 (5.8-11.5) 30	7.5 (4.7-11.9) 16	5.7 (3.1-10.0) 11	13.9 (9.4-20.0) 23
Missing	8	3	3	1	0	1	0

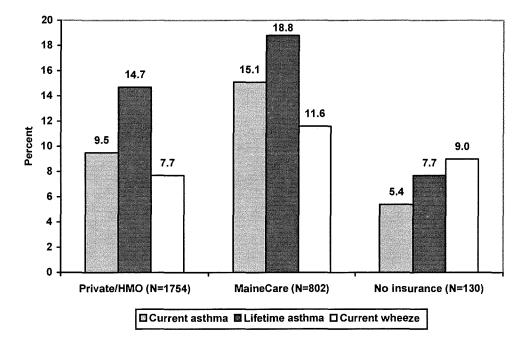
N=number of children.





- Of the children surveyed, the percentage who had asthma at some time in their life or currently had asthma did not differ according to race.
- Even though there are no real differences in the prevalence of asthma or current wheeze among racial categories, children reporting more than one race had the highest estimated prevalence of current asthma and lifetime asthma (17.5%, 23.7%) than children reporting white (10.9%, 15.5%) or minority race (12.3%, 18.5%).
- Almost 9 percent of white, 12 percent of minority, and 9.5 percent of children with multiple races reported wheezing symptoms with no diagnosis of asthma.
- Of the children surveyed, current wheezing did not vary by race.

Figure 4. Prevalence of current asthma, lifetime asthma, and current wheezing by insurance coverage

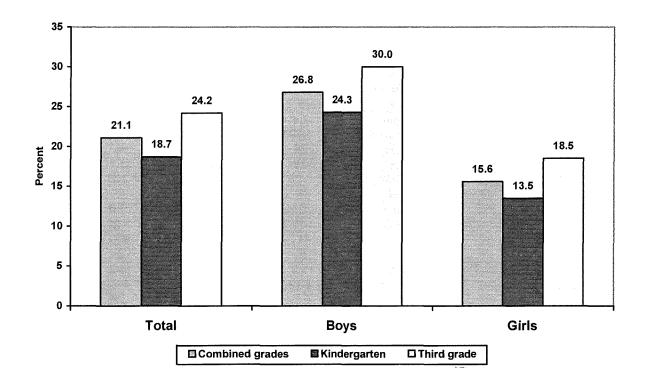


• Children covered by MaineCare (15.1%, 18.8%) are more likely at some time in their life or to currently have asthma than children with private/HMO insurance (9.5%, 14.7%) or even those with no insurance (5.4%, 7.7%)(see table 5).

Table 5. Prevalence of current asthma, lifetime asthma, and current wheeze by insurance coverage and race

	Current Asthma	Lifetime Asthma	Current Wheeze
	%	%	%
	(95% CI)	(95% CI)	(95% CI)
	N	N	N
Insurance Coverage			
Private/HMO	9.5	14.7	7.7
	(8.2-10.9)	(13.1-16.4)	(6.6-9.1)
	166	258	137
MaineCare	15.1	18.8	11.6
	(12.8-17.7)	(16.3-21.7)	(9.6-14.0)
	121	151	94
No insurance	5.4	7.7	9.0
	(2.6-10.9)	(4.2-13.7)	(8.0-10.1)
	7	10	244
Missing	114	114	85
Race			
White	10.9	15.5	8.9
	(9.8-12.2)	(14.1-16.9)	(7.8-10.0)
	283	400	232
Minority	12.3	18.5	12.3
	(6.3-22.7)	(10.8- 29.8)	(6.3-22.8)
	8	12	8
Multiple race	17.5	23.7	9.5
	(11.6-25.7)	(16.7-32.4)	(5.3-16.3)
	20	27	11
Missing	57	57	57

Figure 5. Prevalence of children with special health care needs (CSHCN) by grade and sex



- Of the children surveyed, 21.1 percent have a special health care need. Boys (26.8%) are more likely to have a special health care need than girls (15.6%).
- Of the children surveyed, a higher percentage of third graders (24.2%) were identified as having a special health care need than kindergartners (18.7%).
- The overall prevalence of CSHCN did not vary regionally (see table 6).

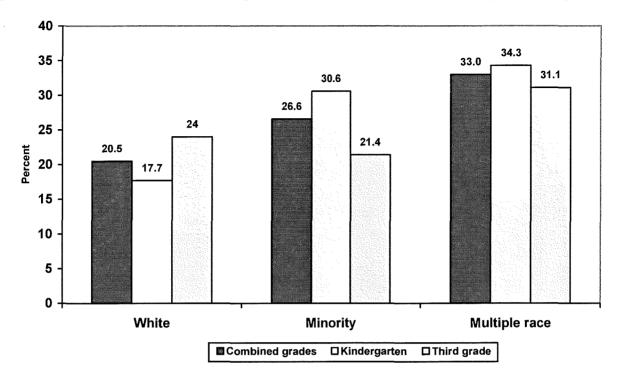
Combined grades: Total (N=2815); Boys (N=1376); Girls (N=1439). Kindergarten: Total (N=1590); Boys (N=763); Girls (N=827). Third grade: Total (N=1225); Boys (N=613); Girls (N=612).

Table 6. Prevalence of children with special health care needs by grade and sex according to region

	Total MCHS	West Central	West	Southern	East Central	Coastal	North
							Eastern
	%	%	%	%	%	%	%
	(95% CI)	(95% CI)	(95% CI)	(95% CI)	(95% CI)	(95% CI)	(95% CI)
***************************************	N	N	N	N	N	N	N
Combined	21.1	22.2	21.0	17.9	23.3	19.5	25.2
grades	(19.6-22.6)	(18.8-25.9)	(17.7-24.8)	(15.3-20.9)	(19.5-27.7)	(15.7-24.1)	(20.8-30.2)
	594	114	104	129	97	66	84
Boys	26.8	27.8	26.5	24.8	27.3	25.7	30.5
	(24.5-29.2)	(22.7-33.4)	(21.3-32.4)	(20.6-29.5)	(21.6-33.9)	(19.2-33.5)	(24.0-38.0)
	369	73	64	88	56	37	51
Girls	15.6	16.3	15.8	11.3	19.4	15.0	19.9
	(13.9-17.6)	(12.3-21.4)	(11.8-20.8)	(8.4-14.9)	(14.6-25.4)	(10.6-20.6)	(14.4-26.7)
	225	41	40	41	41	29	33
Missing	18	3	5	5	2	2	1
Grade K	18.7	20.3	19.3	15.5	23.9	14.8	19.8
	(16.9-20.7)	(16.2-25.2)	(15.4-24.0)	(12.4-19.2)	(18.6-30.2)	(10.1-21.3)	(14.3-26.7)
	297	62	63	67	50	23	32
Boys	24.3	27.7	22.4	22.7	29.4	23.9	18.8
	(21.3-27.4)	(21.4-35.2)	(16.7-29.4)	(17.4-29.1)	(21.3-39.0)	(15.2-35.4)	(11.5-29.0)
	185	43	37	44	30	16	15
Girls	13.5	12.7	16.2	9.6	18.7	8.0	20.7
	(11.4-16.1)	(8.2-19.1)	(11.2-22.7)	(6.5-14.1)	(12.5-27.3)	(3.8-15.8)	(13.2-31.0)
	112	19	26	23	20	7	17
Missing	9	3	1	4	0	1	0
Grade 3	24.2	24.9	24.3	21.7	22.7	23.5	30.4
	(21.9-26.7)	(19.5-31.2)	(18.5-31.2)	(17.3-26.8)	(17.5-29.0)	(17.9-30.2)	(23.9-37.8)
	297	52	41	62	47	43	52
Boys	30.0	27.8	35.1	27.3	25.2	27.3	41.4
	(26.5-33.8)	(20.2-36.9)	(25.3-46.3)	(21.0-34.7)	(17.7-34.6)	(18.5-38.3)	(31.4-52.1)
	184	30	27	` 44 ´	26	21	36
Girls	18.5	21.8	15.2	14.4	20.2	20.8	19.1
	(15.6-21.7)	(14.8-30.9)	(9.2-24.1)	(9.3-21.7)	(13.5-29.0)	(14.1-29.4)	(12.0-29.0)
	113	22	14	` 18 ´	21	22	16
Missing	9	0	4	1	2	1	1

N = number of children.

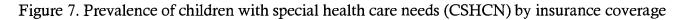
Figure 6. Prevalence of children with special health care needs (CSHCN) by race and grade

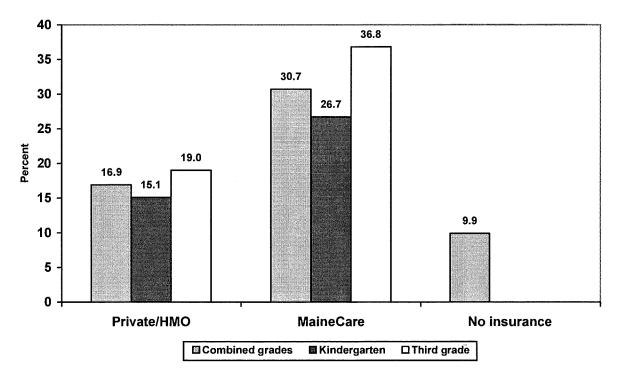


- Of the children surveyed, CSHCN differed according to race.
- Children with multiple race (33.0%) are more likely to have a special health care need than children reported as white race (20.5%).

Note

Combined grades: White (N=2610); Minority (N=64); Multiple race (N=115). Kindergarten: White (N=1470); Minority (N=36); Multiple race (N=70). Third grade: White (N=1140); Minority (N=28); Multiple race (N=45).





- Of the children surveyed, CSHCN differed according to insurance coverage.
- Children covered by MaineCare (30.7%) are more likely to have a special health care need than children with Private/HMO insurance (16.9%).
- A higher percentage of third graders covered by MaineCare (36.8%) have a special health care need than children in kindergarten covered by MaineCare (26.7%).

Data not presented due to confidentiality for kindergarten & third grade with no insurance coverage.

Combined grades: Private/HMO (N=1769); MaineCare (N=805); No insurance (N=131).

Kindergarten: Private/HMO (N984); MaineCare (N=484). Third grade: Private/HMO (N=785); MaineCare (N=321).

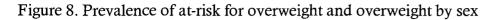
Table 7. Prevalence of children with special health care needs by insurance coverage and race according to

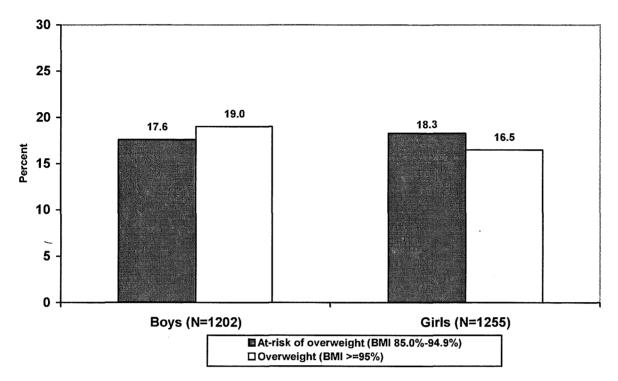
grade level

grade rever	Combined Grade Levels	Kindergarten	Third Grade
	%	%	%
	(95% CI)	(95% CI)	(95% CI)
	N	N	N
Insurance Coverage			
Private/HMO	16.9	15.1	19.0
	(15.2-18.7)	(13.1-17.5)	(16.4-21.9)
	298	149	149
MaineCare	30.7	26.7	36.8
	(27.6-34.0)	(22.9-30.8)	(31.6-42.2)
	247	129	118
No insurance	9.9	*	*
	(5.9-16.3)		
	13		
Missing	103	51	52
Race		, , , , , , , , , , , , , , , , , , , ,	
White	20.5	17.7	24.0
	(19.0-22.0)	(15.8-19.7)	(21.6-26.6)
	534	260	274
Minority	26.6	30.6	21.4
	(17.3-38.5)	(17.9-47.0)	(10.0-40.1)
	17	11	6
Multiple race	33.0	34.3	31.1
-	(25.1-42.1)	(24.2-46.0)	(19.3-46.0)
	38	24	14
Missing	44	23	21

<sup>\*</sup>Indicates 5 or fewer responses, therefore, data not presented due to confidentiality.

N= number of children.





- Of the children surveyed, 17.9% are at-risk for overweight and 17.7% are overweight. (See Table 8)
- Of the children surveyed, 36.6% of boys and 34.8% of girls have a body mass index (BMI)  $\geq$  85% for their age and sex (see table 8).
- There are no differences among children at risk for overweight or overweight according to sex.
- At-risk for overweight or overweight did not vary regionally by sex (see table 8).
- There are no differences among children at-risk for overweight or overweight by sex according to grade level.

Table 8. Prevalence of at-risk for overweight and overweight by sex according to region

	Total MCHS	West Central	West	Southern	East Central	Coastal	North
							Eastern
	%	%	%	%	%	%	%
	(95% CI)	(95% CI)	(95% CI)	(95% CI)	(95% CI)	(95% CI)	(95% CI)
	N	N	N	N	N	N	N
At-risk of	17.9	20.0	17.7	17.7	15.1	19.5	17.5
overweight	(16.4-19.5)	(16.6-24.0)	(14.3-21.6)	(14.9-20.8)	(11.9-19.1)	(15.4-24.5)	(13.5-22.4)
	440	89	75	114	56	57	49
Boys	17.6	21.8	18.7	15.4	15.7	17.6	16.0
	(15.5-19.8)	(17.0-27.6)	(13.9-24.7)	(11.8-19.8)	(11.1-21.8)	(11.9-25.3)	(10.8-22.9)
	211	51	38	49	28	22	23
Girls	18.3	18.0	16.7	19.9	14.6	21.0	19.1
	(16.2-20.5)	(13.4-23.8)	(12.3-22.2)	(15.9-24.6)	(10.3-20.3)	(15.4-27.9)	(13.4-26.5)
	229	38	37	65	28	35	26
Overweight	17.7	17.3	19.1	15.5	18.1	15.1	23.6
	(16.3-19.3)	(14.1-21.1)	(15.7-23.0)	(12.9-18.5)	(14.5-22.4)	(11.4-19.6)	(18.9-28.9)
	435	77	81	100	67	44	66
Boys	19.0	16.2	21.7	16.7	19.1	14.4	28.5
	(16.9-21.3)	(12.1-21.5)	(16.6-27.8)	(13.0-21.2)	(14.0-25.6)	(9.3-21.6)	(21.6-36.5)
	228	38	44	53	34	18	41
Girls	16.5	18.5	16.7	14.4	17.2	15.6	18.4
	(14.6-18.6)	(13.8-24.3)	(12.3-22.2)	(11.0-18.6)	(12.6-23.1)	(10.9-21.8)	(12.7-25.9)
	207	39	37	<b>4</b> 7	33	26	25
Missing	58	10	12	14	4	12	6

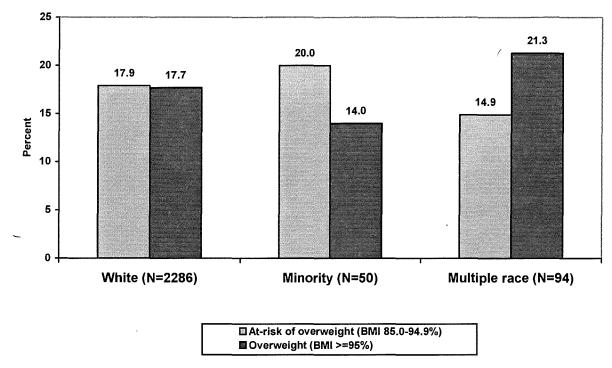
N= number of children.

Table 9. Prevalence of at-risk for overweight and overweight by sex according to grade level

,	Kindergarten	Third Grade
	%	%
	(95% CI)	(95% CI)
	N	N
At-risk of overweight	17.8	18.0
	(15.9-19.9)	(15.9-20.4)
	242	198
Boys	17.9	17.1
	(15.2-21.1)	(14.2-20.5)
	118	93
Girls	17.7	18.9
	(15.1-20.7)	(15.9-22.4)
	124	105
Overweight	15.4	20.6
	(13.6-17.4)	(18.3-23.0)
	209	226
Boys	16.0	22.6
	(13.4-19.0)	(19.3-26.3)
	105	123
Girls	14.9	18.6
	(12.4-17.7)	(15.5-22.0)
	104	103

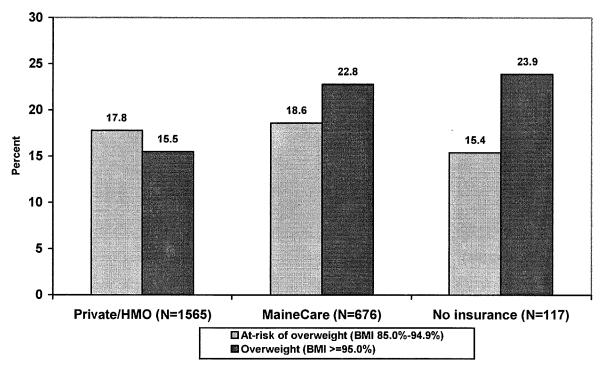
N=number of children.

Figure 9 Prevalence of at-risk for overweight and overweight by race



• Of all the children surveyed, at-risk for overweight and overweight did not differ by race.

Figure 10 Prevalence of at-risk for overweight and overweight by insurance coverage

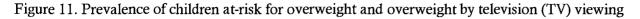


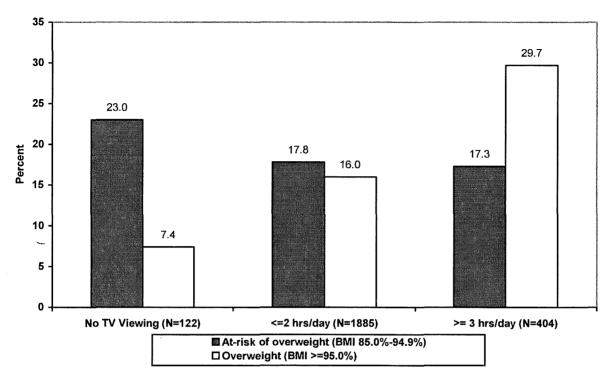
- Of the children surveyed, at-risk for overweight did not differ by insurance coverage.
- Of the children surveyed, overweight differed by insurance coverage.
- Children covered by MaineCare (22.8%) or having no insurance coverage (23.9%) are more likely to be overweight than children with Private/HMO insurance coverage (15.5%).

Table 10. Prevalence of at-risk for overweight and overweight by insurance coverage and race

	At-risk of Overweight	Overweight
	%	%
	(95% CI)	(95% CI)
	N	N
Insurance Coverage		
Private/HMO	17.8	15.5
	(16.0-19.7)	(13.8-17.3)
	278	242
MaineCare	18.6	22.8
	(15.9-21.7)	(19.8-26.1)
	126	154
No insurance	15.4	23.9
	(9.9-23.1)	(17.1-32.5)
	18	28
Race		
White	17.9	17.7
	(16.3-19.5)	(16.2-19.3)
	408	405
Minority	20.0	14.0
	(11.1-33.3)	(6.8-26.6)
	10	7
Multiple race	14.9	21.3
	(9.0-23.6)	(14.2-30.7)
	14	20

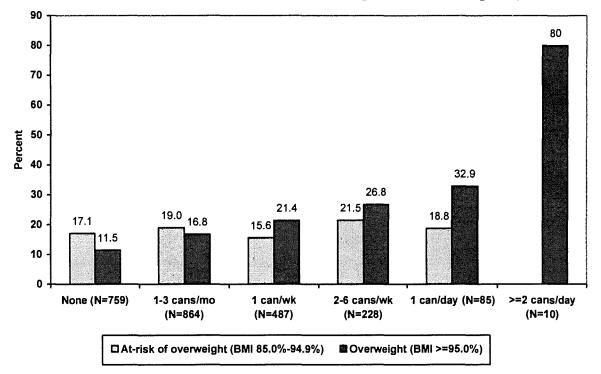
N=number of children.





- Overweight increased relative to TV viewing.
- Children viewing 3 hours or more of TV on average per day (29.7%) were more likely to be overweight than children who did not usually watch TV (7.4%).
- Of the children surveyed, at-risk of overweight did not differ according to TV viewing time.

Figure 12. Prevalence of children at-risk for overweight and overweight by soda consumption



- Of the children surveyed, at-risk of overweight did not vary according to soda consumption.
- Overweight increased relative to the amount of soda consumption.
- Children who consume soda daily are more likely to be overweight than children who consume soda on a monthly basis.
- Children consuming 2 or more cans of soda per day (80.0%) were more likely to be overweight than children who consumed 2-6 cans/week (26.8%) or less.

No data to present for at-risk of overweight by >=2 cans/day.

Table 11. Prevalence of at risk for overweight and overweight by television viewing and soda consumption

	At-Risk of Overweight	Overweight
	%	%
	(95% CI)	(95% CI)
	N	N
TV Viewing		
No TV Viewing	23.0	7.4
	(16.3-31.2)	(3.9-13.6)
	28	9
<= 2 hours/day	17.8	16.0
	(16.1-19.6)	(14.4-17.7)
	335	301
>= 3 hours/day	17.3	29.7
	(13.9-21.4)	(25.5 - 34.4)
	70	120
Missing	104	104
Soda consumption		
None	17.1	11.5
- /	(14.6-20.0)	(9.4-13.9)
	130	87
1-3 cans/month	19.0	16.8
	(16.5-21.7)	(14.4 - 19.4)
	164	145
1 can/week	15.6	21.4
	(12.7-19.1)	(17.9-25.2)
	76	104
2-6 cans/week	21.5	26.8
	(16.6-27.3)	(21.4-32.9)
	49	61
1 can/day	18.8	32.9
	(11.8-28.6)	(23.8-43.6)
	16	28
>= 2 cans/day	0	80.0
-		(46.0-95.0)
		8
Missing	82	82

\*N= number of events.

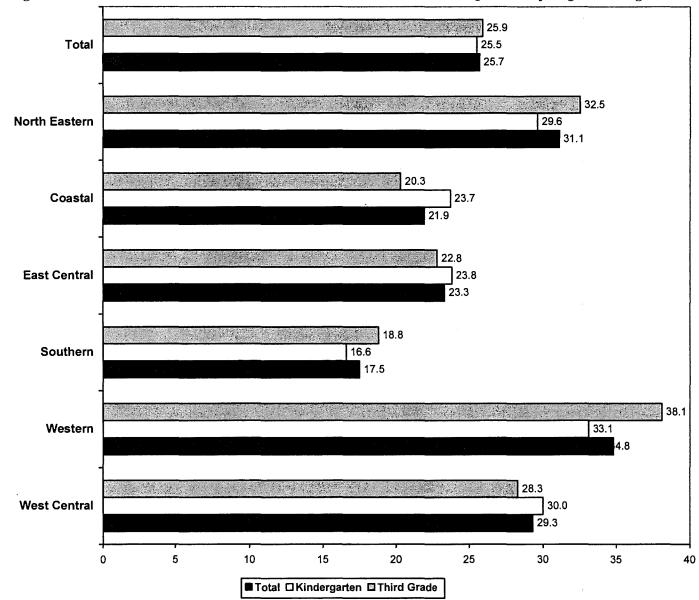
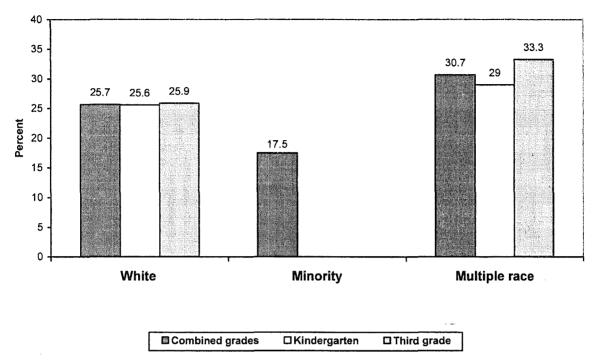


Figure 13. Prevalence of environmental tobacco smoke (ETS) exposure by region and grade

- Of all the children surveyed, ETS exposure varied regionally from 17.5% (Southern) to 34.8% (Western).
- ETS exposure varied regionally among kindergartners from 16.6% (Southern) to 33.1% (Western).
- ETS exposure varied regionally among third graders from 18.9% (Southern) to 38.1% (Western).

Total: West Central (N=502); Western (N=488); Southern (N=715); East Central (N=412); Coastal (N=334); North Eastern (N=328). Kindergarten: West Central (N=297); Western (N=320); Southern (N=433); East Central (N=206); Coastal (N=152); North Eastern (N=159). Third grade: West Central (N=205); Western (N=168); Southern (N=282); East Central (N=206); Coastal (N=182); North Eastern (N=169).

Figure 14. Prevalence of environmental tobacco smoke (ETS) exposure by race according to grade level

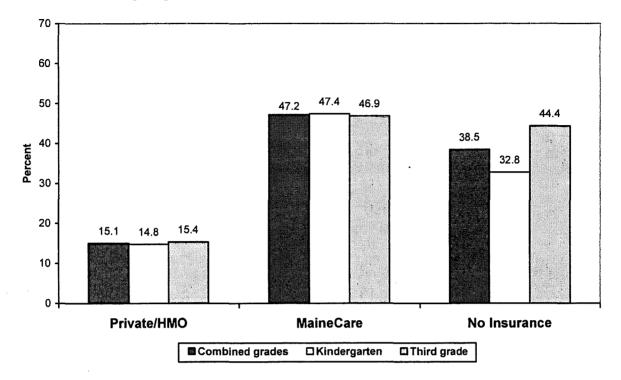


• Of the children surveyed, environmental tobacco smoke exposure did not vary according race or grade level.

Note: Data not presented due to confidentiality for kindergartners & third graders who are a racial minority.

Combined grades: White (N=2577); Minority (N=63); Multiple race (N=114). Kindergarten: White (N=1449); Minority (N=35); Multiple race (N=69). Third grade: White (N=1122); Minority (N=28); Multiple race (N=45).

Figure 15. Prevalence of environmental tobacco smoke (ETS) exposure by insurance coverage according to grade level



- Of the children surveyed, ETS exposure varied by insurance coverage from 15.1% (Private/HMO) to 47.2% (MaineCare).
- Of the children surveyed those who are covered by MaineCare and those with no insurance coverage were more likely to be exposed to tobacco smoke than children with Private/HMO insurance coverage (see table 12).
- ETS exposure varied by insurance coverage according to grade level (see table 13).

Table 12. Prevalence of environmental tobacco smoke exposure (ETS) by sex, race, and insurance coverage according to region

	Total MCHS	West Central	West	Southern	East Central	Coastal	North Eastern
	%	%	%	%	%	%	%
	(95% CI)	(95% CI)	(95% CI)	(95% CI)	(95% CI)	(95% CI)	(95% CI)
	N	N	N	N	$\mathbf{N}$	N	N
Combined	25.7	29.3	34.8	17.5	23.3	21.9	31.1
Grade Levels	(24.1-27.3)	(25.6-33.3)	(30.7-39.2)	(14.9-20.4)	(19.6-27.5)	(17.9-26.5)	(26.4-36.2)
	713	147	170	125	96	73	102
Boys	25.1	30.1	32.6	15.9	22.3	21.5	32.7
-	(22.9-27.5)	(24.8-35.9)	(26.9-38.9)	(12.5-20.1)	(17.1-28.6)	(15.6-29.0)	(26.0-40.3)
	340	` 77	77	56	45	31	54
Girls	26.2	28.5	36.9	19.0	24.3	22.1	29.5
	(24.0-28.5)	(23.2-34.3)	(31.2-43.0)	(15.3-23.3)	(19.0-30.5)	(16.8-28.5)	(23.2-36.6)
	373	70	93	69	51	42	48
Missing	54	15	2	9	6	6	6
Grade K	25.5	30.0	33.1	16.6	23.8	23.7	29.6
	(23.4-27.6)	(25.2-35.2)	(28.2-38.5)	(13.5-20.3)	(18.6-29.9)	(17.6-31.1)	(23.1-37.0)
	399	89	106	72	49	36	47
Grade 3	25.9	28.3	38.1	18.8	22.8	20.3	32.5
	(23.6-28.4)	(22.6-34.9)	(31.0-45.7)	(14.7-23.8)	(17.7-28.9)	(15.2-26.6)	(26.0-39.9)
	314	58	64	53	47	37	55

N= number of children.

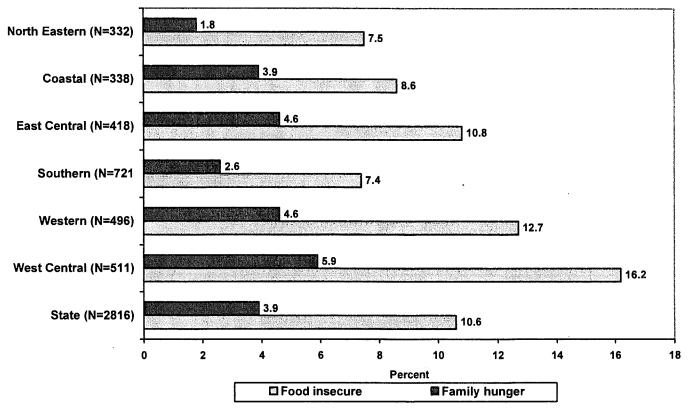
Table 13. Prevalence of environmental tobacco smoke exposure (ETS) by race, and insurance coverage according to grade

	Total MCHS	Kindergarten	Third Grade
	%	%	%
	(95% CI)	(95% CI)	(95% CI)
	N	N	N
Race			
White	25.7	25.6	25.9
	(24.1-27.4)	(23.5 - 27.9)	(23.5 - 28.5)
	663	<b>371</b> ·	292
Minority	17.5		
-	(10.1-28.6)	*	*
	11		
Multiple Race	30.7	29.0	33.3
-	(23.0-39.7)	(19.6-40.7)	(21.2-48.2)
	35	20	15
Missing	79	46	33
Insurance Coverage			
Private/HMO	15.1	14.8	15.4
	$(13.5 \cdot 16.8)$	$(12.7 \cdot 17.1)$	(13.1-18.2)
	264	144	120
MaineCare	47.2	47.4	46.9
	(43.7-50.6)	(42.9-51.9)	(41.5-52.3)
	373	223	150
None	38.5	32.8	44.4
	(30.5-47.1)	(22.7-44.9)	(32.7-56.8).
	50	22	28
Other	*	*	*
Missing	136	73	63

<sup>\*</sup>Indicates five or fewer events, therefore, suppressed due to confidentiality.

N=number of children.

Figure 16. Prevalence of food insecurity and family hunger by region



- Of the children surveyed, 10.6 percent come from families who are food insecure and 3.9 percent from families who are hungry.
- Food insecurity varied regionally from 7.4 percent (Southern) to 16.2 percent (West Central).
- Family hunger also varied regionally from 1.8 percent (North Eastern) to 5.9 percent (West Central).
- Food insecurity and family hunger did not vary according to sex or grade level (Table 14).

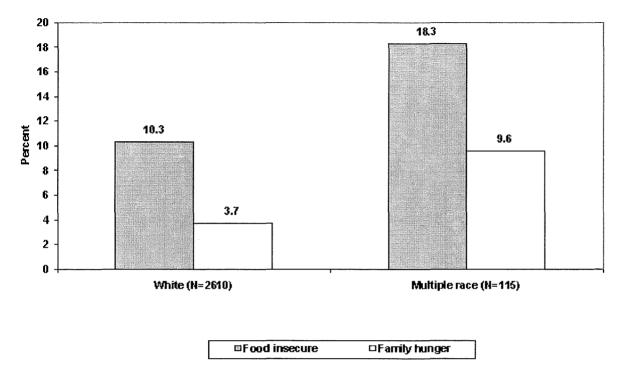
Table 14 Prevalence of food insecurity and family hunger by sex and grade according to region

		1	Food Insecure	, v	, <u> </u>			mily Hunger		
	Combined Grade Levels	Boys	Girls	Grade K	Grade 3	Combined Grade Levels	Boys	Girls	Grade K	Grade 3
	% (95% CI) N	% (95% CI) N	% (95%CI) N	% (95%CI) N	% (95%CI) N	% (95%CI) N	% (95%CI) N	% (95%CI) N	% (95%CI) N	% (95%CI) N
West	16.2	16.9	15.6	17.1	15.0	5.9	5.8	6.0	5.9	5.8
Central	(13.4-19.6) 83	(12.9-21.8) 44	(11.6-20.6) 39	(13.4-21.6) 52	(10.7-20.6) 31	(4.1-8.3) 30	(3.5-9.2) 15	(3.7-9.7) 15	(3.8-9.2) 18	(3.3-10.0) 12
Missing	6					6				
Western	12.7 (10.0-16.0) 63	11.6 (8.2-16.3) 28	13.7 (10.0-18.6) 35	12.9 (9.7-17.0) 42	12.3 (8.1-18.3) 21	4.6 (3.1-6.9) 23	4.2 (2.3-7.5) 10	5.1 (3.0-8.6) 13	*	*
Missing	4	5.4			0.0	4	0.4	1.0	1.0	
Southern	7.4 (5.7-9.5) 53	7.6 (5.3-10.8) 27	7.1 (4.9-10.2) 26	6.9 (4.9-9.7) 30	8.0 (5.4-11.8) 23	2.6 (1.7-4.1) 19	3.4 (1.9-5.8) 12	1.9 (0.9-4.0)	1.8 (0.9-3.6) 8	3.8 (2.1-6.8) 11
Missing	3	21	20	30	23	3	12	/	° .	11
East	10.8	11.2	10.3	11.5	10.1	4.6	3.9	5.2	4.3	4.8
Central	(8.2-14.1) 45	(7.6-16.2) 23	(6.9-15.2) 22	(7.8-16.6) 24	(6.7-14.8) 21	(2.9-7.0) 19	(2.0-7.6) 8	(2.9-9.1) 11	(2.3-8.1)	(2.6-8.7) 10
Missing	0					0				
Coastal	8.6 (6.1-12.0) 29	7.6 (4.3-13.1) 11	9.3 (6.0-14.2) 18	9.1 (5.5-14.8) 14	8.2 (5.0-13.0) 15	3.9 (2.3-6.5) 13	*	*	4.6 (2.2-9.2) 7	3.3 (1.5-7.1) 6
Missing	2					2				
North	7.5	6.6	8.5	5.6	9.4	1.8				
Eastern	(5.1-10.9) 25	(3.7-11.4) 11	(5.1-13.9) 14	(2.9-10.4)	(5.9-14.8) 16	(0.8-3.9)	*	*	*	*
Missing	2					1 2				
Total MCHS	10.6 (9.5-11.8) 298	10.5 (9.0-12.2) 144	10.7 (9.2-12.4) 154	10.8 (9.4-12.4) 171	10.3 (8.8-12.2) 127	3.9 (3.3-4.7) 110	3.9 (3.0-5.1) 54	3.9 (3.0-5.0) 56	4.0 (3.1-5.0) 63	3.8 (2.9-5.1) 47
Missing	17			11	6	17				

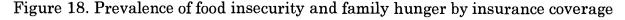
<sup>\*</sup>Indicates <= 5 events, therefore, suppressed due to confidentiality.

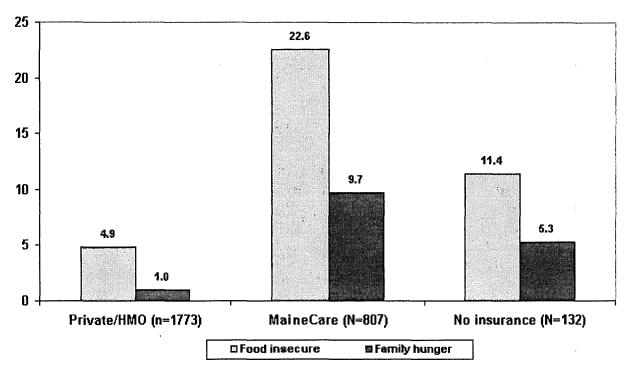
N= number of events.

Figure 17. Prevalence of food insecurity and family hunger by race



- Of the children surveyed, food insecurity and family hunger differed according to race.
- Children with multiple race (18.3%, 9.6%) are more likely to come from families who are food insecure and hungry than children reported as white race (10.3%, 3.7%).





- Of the children surveyed, food insecurity and family hunger differed according to insurance coverage.
- Children covered by MaineCare (22.6%, 9.7%) are more likely to have come from families who are food insecure and hungry than children covered by Private/HMO insurance (4.9%, 1.0%).
- Children who are not covered by any insurance (11.4%, 5.3%) are also more likely to come from families who are food insecure and hungry than those covered by Private/HMO insurance (see table 15).

Table 15. Prevalence of food insecurity and family hunger by insurance coverage and race

	Food Insecurity	Family Hunger
	%	%
	(95% CI)	(95% CI)
	N	N
Insurance Coverage		
Private/HMO	4.9	1.0
	(4.0-6.0)	(0.6-1.6)
	87	18
MaineCare	22.6	9.7
	(19.8-25.6)	(7.8-11.9)
	182	78
No insurance	11.4	5.3
	(7.0-18.0)	(2.6-10.7)
	15	. 7
Missing	96	96
Race		
White	10.3	3.7
	(9.2-11.5)	(3.0-4.5)
	268	96
Minority		
,	*	*
Multiple race	18.3	9.6
	(12.2-26.4)	(5.4-16.4)
	21	11
Missing	43	43

<sup>\*</sup>Indicates 5 or fewer responses, therefore, data not presented due to confidentiality.

N= Number of events.