



# Yamhill Community Care

CAHPS® 5.0

## Child Medicaid with Chronic Condition Summary Report

June 2018



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### Summary Report

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**Introduction.** Results from fielding the CAHPS® 5.0 Survey for Yamhill Community Care (YCCO) provide a comprehensive tool for assessing consumers' experiences with the Coordinated Care Organization (CCO). This report is designed to allow the CCO to look at summaries of members' experiences, using two types of presentation. First, this executive summary presents a brief description of the survey methodology, a graphic presentation of key results for rating questions and composites, and a sample disposition. Second, member responses are presented by question, including information about the response options used for scoring achievements. Appendices at the end of the report include a copy of the questionnaire and member responses to custom questions.

Assessing consumers' experience in this report is accomplished with the use of achievement scores and composite scores. Member responses to survey questions are summarized as achievement scores. Responses indicating a positive experience are labeled as achievements, and an achievement score is computed equal to the proportion of responses qualifying as achievements. The lower the achievement score, the greater the need for the CCO to improve. Composite scores are built from achievements for groups of survey items that make up broad domains of members' experience: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, Shared Decision Making, Access to Specialized Services, Family-Centered Care: Personal Doctor Who Knows Child, and Coordination of Care.

**Results.** This report summarizes the findings of the child Medicaid with chronic conditions 5.0 CAHPS survey conducted for YCCO. The survey instrument was comprised of the standard child Medicaid questions, with the addition of the Children with Chronic Conditions (CCC) measurement set and custom questions. Attempts were made to survey 450 member households from a population likely to have a child with a chronic condition. Member households were contacted by mail and telephone during the period January 9, 2018 through April 9, 2018, using a mixed-mode procedure. The survey procedure and standard questionnaire were developed jointly by the Agency for Healthcare Research and Quality and the National Committee for Quality Assurance (NCQA).

The survey drew as potential respondents the parents or caretakers of children under the age of 18 who were continuously enrolled in YCCO for at least 6 months as of November 30, 2017, with no more than one enrollment gap of 45 days or less. From this sample frame, a random sample of 450 was drawn of children likely to have a chronic condition, based on claims or care encounters that met specific diagnostic or service criteria. The survey was offered in English and Spanish.

Questionnaires were considered complete if respondents did not answer "No" to Q1 and provided valid responses to at least three out of five key questions throughout the questionnaire, as per NCQA's completeness requirements. The questions required for completeness are Q3, Q30, Q45, Q49, and Q54. Complete interviews were obtained from 132 YCCO members, and the response rate was 29.7%.

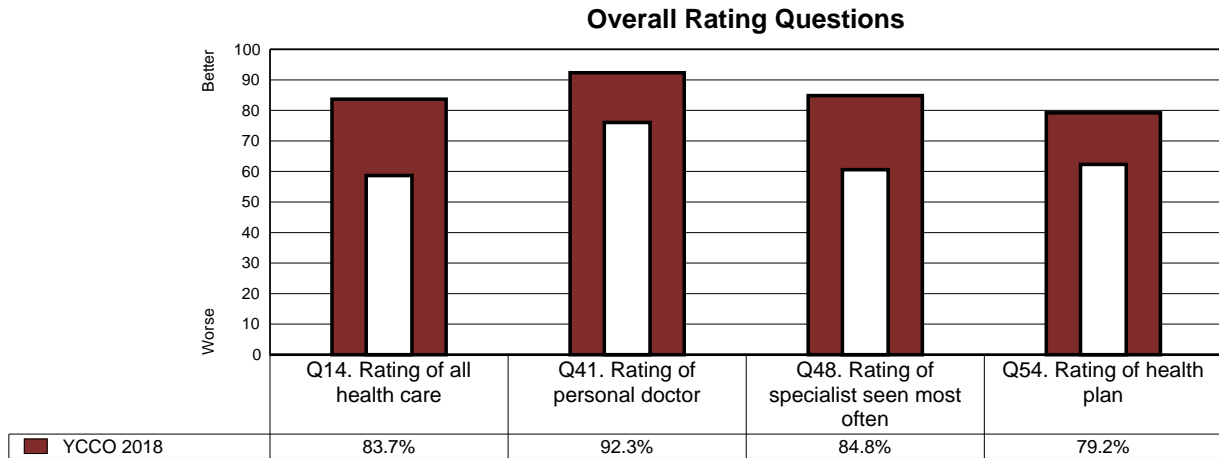
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**SUMMARY OF OVERALL RATING QUESTIONS**

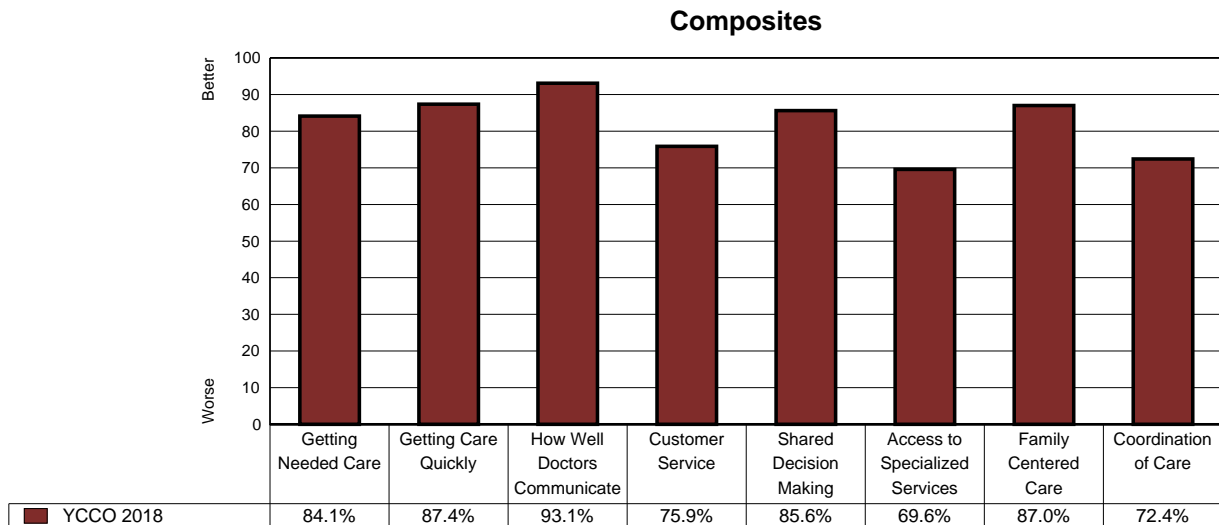
Four rating questions assess overall consumer satisfaction with health care, personal doctor, specialist seen most often, and health plan. Response options for overall rating questions range from 0 (worst) to 10 (best). In the table below, ratings of "8," "9," or "10" are considered achievements, and the achievement score is presented as the proportion of members whose response was an achievement. Alternate achievement scores are presented as hollow bars, showing only the response options "9" and "10" as achievements.



Note: Hollow portion of bar represents proportions giving a response of 9 or 10.

**SUMMARY OF COMPOSITES**

A composite score is calculated for each of eight domains of member experience: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, Shared Decision Making, Access to Specialized Services, Family-Centered Care: Personal Doctor Who Knows Child, and Coordination of Care. The composite scores provide a summary assessment of how the CCO performed across the domain. In the table below, proportions of positive responses are reported as achievement scores. A response of "Yes" is considered an achievement for the Shared Decision Making, Family-Centered Care: Personal Doctor Who Knows Child, and Coordination of Care composites. For all other composites, responses of "Usually" or "Always" are considered achievements.



## Sample Disposition

	YCCO 2018
First mailing - sent	450
*First mailing - usable survey returned	51
Second mailing - sent	392
*Second mailing - usable survey returned	23
*Phone - usable surveys	58
Total - usable surveys	132
†Ineligible: According to population criteria‡	6
†Ineligible: Language barrier	0
†Ineligible: Deceased	0
Bad address and bad phone number	8
Refusal	18
Incomplete survey - mail or phone	8
Nonresponse - Unavailable by mail AND phone	278
<b>Adjusted Response Rate</b>	<b>29.7%</b>

\*Included in response rate numerator

†Excluded from adjusted response rate denominator

‡Population criteria: The designated respondent must be enrolled in the health plan and meet the age requirements of the survey methodology.

Note: *Adjusted Response Rate = Total Usable Surveys / Total Eligible Cases*

# Responses by Question

**Q1. Our records show that your child is now in the Oregon Health Plan. Is that right?**

	YCCO 2018	
	N	%
Yes	127	100.0%
No	0	0.0%
<b>Total</b>	127	100.0%
Not Answered	5	

## Your Child's Health Care in the Last 6 Months

**Q3. In the last 6 months, did your child have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?**

	YCCO 2018	
	N	%
Yes	57	43.5%
No	74	56.5%
<b>Total</b>	131	100.0%
Not Answered	1	

**Q4. In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?**

	YCCO 2018	
	N	%
<input checked="" type="radio"/> Never	0	0.0%
<input checked="" type="radio"/> Sometimes	3	5.6%
<input checked="" type="radio"/> Usually	12	22.2%
<input checked="" type="radio"/> Always	39	72.2%
<b>Total</b>	54	100.0%
Not Answered	3	
<b>Reporting Category</b>	Getting Care Quickly	
Achievement Score	94.4%	

**Q5. In the last 6 months, did you make any appointments for a check-up or routine care for your child at a doctor's office or clinic?**

	YCCO 2018	
	N	%
Yes	100	76.9%
No	30	23.1%
<b>Total</b>	130	100.0%
Not Answered	2	

Response scored as:  Achievement  Room for improvement

## Responses by Question

### Your Child's Health Care in the Last 6 Months (continued)

**Q6.** In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?

	YCCO 2018	
	N	%
<input type="radio"/> Never	1	1.0%
<input type="radio"/> Sometimes	13	13.5%
<input checked="" type="radio"/> Usually	34	35.4%
<input checked="" type="radio"/> Always	48	50.0%
<b>Total</b>	96	100.0%
Not Answered	4	
<b>Reporting Category</b>	Getting Care Quickly	
Achievement Score	85.4%	

**Q7.** In the last 6 months, not counting the times your child went to an emergency room, how many times did he or she go to a doctor's office or clinic to get health care?

	YCCO 2018	
	N	%
None	25	19.1%
1 time	31	23.7%
2	27	20.6%
3	18	13.7%
4	6	4.6%
5 to 9	14	10.7%
10 or more times	10	7.6%
<b>Total</b>	131	100.0%
Not Answered	1	

**Q8.** In the last 6 months, did you and your child's doctor or other health provider talk about specific things you could do to prevent illness in your child?

	YCCO 2018	
	N	%
<input checked="" type="radio"/> Yes	76	71.7%
<input type="radio"/> No	30	28.3%
<b>Total</b>	106	100.0%
Not Answered	0	
<b>Reporting Category</b>	Single Items	
Achievement Score	71.7%	

Response scored as:  Achievement  Room for improvement

## Responses by Question

### Your Child's Health Care in the Last 6 Months (continued)

**Q9.** In the last 6 months, how often did you have your questions answered by your child's doctor or other health providers?

	YCCO 2018	
	N	%
● Never	0	0.0%
● Sometimes	7	6.6%
● Usually	28	26.4%
● Always	71	67.0%
<b>Total</b>	106	100.0%
Not Answered	0	
<b>Reporting Category</b>	Single Items	
Achievement Score	93.4%	

**Q10.** In the last 6 months, did you and your child's doctor or other health provider talk about starting or stopping a prescription medicine for your child?

	YCCO 2018	
	N	%
Yes	38	35.8%
No	68	64.2%
<b>Total</b>	106	100.0%
Not Answered	0	

**Q11.** Did you and a doctor or other health provider talk about the reasons you might want your child to take a medicine?

	YCCO 2018	
	N	%
● Yes	35	94.6%
● No	2	5.4%
<b>Total</b>	37	100.0%
Not Answered	1	
<b>Reporting Category</b>	Shared Decision Making	
Achievement Score	94.6%	

○ Response scored as: ● Achievement ● Room for improvement

## Responses by Question

### Your Child's Health Care in the Last 6 Months (continued)

**Q12. Did you and a doctor or other health provider talk about the reasons you might not want your child to take a medicine?**

	YCCO 2018	
	N	%
<input checked="" type="radio"/> Yes	27	75.0%
<input type="radio"/> No	9	25.0%
<b>Total</b>	36	100.0%
Not Answered	2	
<b>Reporting Category</b>	Shared Decision Making	
Achievement Score	75.0%	

**Q13. When you talked about your child starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for your child?**

	YCCO 2018	
	N	%
<input checked="" type="radio"/> Yes	32	86.5%
<input type="radio"/> No	5	13.5%
<b>Total</b>	37	100.0%
Not Answered	1	
<b>Reporting Category</b>	Shared Decision Making	
Achievement Score	86.5%	

**Q14. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?**

	YCCO 2018	
	N	%
<input type="radio"/> Worst health care possible	0	0.0%
<input type="radio"/> 1	0	0.0%
<input type="radio"/> 2	0	0.0%
<input type="radio"/> 3	1	1.0%
<input type="radio"/> 4	1	1.0%
<input type="radio"/> 5	1	1.0%
<input type="radio"/> 6	7	6.7%
<input type="radio"/> 7	7	6.7%
<input checked="" type="radio"/> 8	26	25.0%
<input checked="" type="radio"/> 9	17	16.3%
<input checked="" type="radio"/> Best health care possible	44	42.3%
<b>Total</b>	104	100.0%
Not Answered	2	
<b>Reporting Category</b>	Ratings	
Rating (8, 9 and 10)	83.7%	

Response scored as:  Achievement  Room for improvement



## Responses by Question

### Your Child's Health Care in the Last 6 Months (continued)

**Q15. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?**

	YCCO 2018	
	N	%
<input type="radio"/> Never	0	0.0%
<input type="radio"/> Sometimes	13	12.3%
<input type="radio"/> Usually	37	34.9%
<input type="radio"/> Always	56	52.8%
<b>Total</b>	106	100.0%
Not Answered	0	
<b>Reporting Category</b>	Getting Needed Care	
Achievement Score	87.7%	

**Q16. Is your child now enrolled in any kind of school or daycare?**

	YCCO 2018	
	N	%
Yes	101	76.5%
No	31	23.5%
<b>Total</b>	132	100.0%
Not Answered	0	

**Q17. In the last 6 months, did you need your child's doctor or other health provider to contact a school or daycare center about your child's health or health care?**

	YCCO 2018	
	N	%
Yes	15	15.3%
No	83	84.7%
<b>Total</b>	98	100.0%
Not Answered	3	

**Q18. In the last 6 months, did you get the help you needed from your child's doctor or other health provider in contacting your child's school or daycare?**

	YCCO 2018	
	N	%
<input type="radio"/> Yes	13	86.7%
<input type="radio"/> No	2	13.3%
<b>Total</b>	15	100.0%
Not Answered	0	
<b>Reporting Category</b>	Coordination of Care	
Achievement Score	86.7%	

Response scored as:  Achievement  Room for improvement

# Responses by Question

## Specialized Services

**Q19. Special medical equipment or devices include a walker, wheelchair, nebulizer, feeding tubes, or oxygen equipment. In the last 6 months, did you get or try to get any special medical equipment or devices for your child?**

	YCCO 2018	
	N	%
Yes	11	8.3%
No	121	91.7%
<b>Total</b>	132	100.0%
Not Answered	0	

**Q20. In the last 6 months, how often was it easy to get special medical equipment or devices for your child?**

	YCCO 2018	
	N	%
<input type="radio"/> Never	0	0.0%
<input type="radio"/> Sometimes	2	18.2%
<input checked="" type="radio"/> Usually	3	27.3%
<input checked="" type="radio"/> Always	6	54.5%
<b>Total</b>	11	100.0%
Not Answered	0	
<b>Reporting Category</b>	Access to Specialized Services	
Achievement Score	81.8%	

**Q21. Did anyone from your child's health plan, doctor's office, or clinic help you get special medical equipment or devices for your child?**

	YCCO 2018	
	N	%
<input checked="" type="radio"/> Yes	9	81.8%
<input type="radio"/> No	2	18.2%
<b>Total</b>	11	100.0%
Not Answered	0	
<b>Reporting Category</b>	Single Items	
Achievement Score	81.8%	

**Q22. In the last 6 months, did you get or try to get special therapy such as physical, occupational, or speech therapy for your child?**

	YCCO 2018	
	N	%
Yes	28	21.2%
No	104	78.8%
<b>Total</b>	132	100.0%
Not Answered	0	

Response scored as:  Achievement  Room for improvement

## Responses by Question

### *Specialized Services (continued)*

**Q23.** In the last 6 months, how often was it easy to get this therapy for your child?

	YCCO 2018	
	N	%
<input type="radio"/> Never	3	10.7%
<input type="radio"/> Sometimes	7	25.0%
<input type="radio"/> Usually	7	25.0%
<input type="radio"/> Always	11	39.3%
<b>Total</b>	28	100.0%
Not Answered	0	
<b>Reporting Category</b>	Access to Specialized Services	
Achievement Score	64.3%	

**Q24.** Did anyone from your child's health plan, doctor's office, or clinic help you get this therapy for your child?

	YCCO 2018	
	N	%
<input type="radio"/> Yes	24	85.7%
<input type="radio"/> No	4	14.3%
<b>Total</b>	28	100.0%
Not Answered	0	
<b>Reporting Category</b>	Single Items	
Achievement Score	85.7%	

**Q25.** In the last 6 months, did you get or try to get treatment or counseling for your child for an emotional, developmental, or behavioral problem?

	YCCO 2018	
	N	%
Yes	38	29.0%
No	93	71.0%
<b>Total</b>	131	100.0%
Not Answered	1	

**Response scored as:**  Achievement  Room for improvement

## Responses by Question

### *Specialized Services (continued)*

**Q26.** In the last 6 months, how often was it easy to get this treatment or counseling for your child?

	YCCO 2018	
	N	%
<input type="radio"/> Never	2	5.3%
<input type="radio"/> Sometimes	8	21.1%
<input type="radio"/> Usually	13	34.2%
<input type="radio"/> Always	15	39.5%
<b>Total</b>	38	100.0%
Not Answered	0	
<b>Reporting Category</b>	Access to Specialized Services	
Achievement Score	73.7%	

**Q27.** Did anyone from your child's health plan, doctor's office, or clinic help you get this treatment or counseling for your child?

	YCCO 2018	
	N	%
<input type="radio"/> Yes	26	70.3%
<input type="radio"/> No	11	29.7%
<b>Total</b>	37	100.0%
Not Answered	1	
<b>Reporting Category</b>	Single Items	
Achievement Score	70.3%	

**Q28.** In the last 6 months, did your child get care from more than one kind of health care provider or use more than one kind of health care service?

	YCCO 2018	
	N	%
Yes	51	38.6%
No	81	61.4%
<b>Total</b>	132	100.0%
Not Answered	0	

**Q29.** In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these different providers or services?

	YCCO 2018	
	N	%
<input type="radio"/> Yes	36	70.6%
<input type="radio"/> No	15	29.4%
<b>Total</b>	51	100.0%
Not Answered	0	
<b>Reporting Category</b>	Coordination of Care	
Achievement Score	70.6%	

Response scored as:  Achievement  Room for improvement

## Responses by Question

### Your Child's Personal Doctor

**Q30.** A personal doctor is the one your child would see if he or she needs a checkup, has a health problem or gets sick or hurt. Does your child have a personal doctor?

	YCCO 2018	
	N	%
Yes	118	90.1%
No	13	9.9%
<b>Total</b>	131	100.0%
Not Answered	1	

**Q31.** In the last 6 months, how many times did your child visit his or her personal doctor for care?

	YCCO 2018	
	N	%
None	15	12.9%
1 time	36	31.0%
2	26	22.4%
3	19	16.4%
4	9	7.8%
5 to 9	6	5.2%
10 or more times	5	4.3%
<b>Total</b>	116	100.0%
Not Answered	2	

**Q32.** In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?

	YCCO 2018	
	N	%
● Never	3	3.0%
● Sometimes	5	5.0%
● Usually	14	13.9%
● Always	79	78.2%
<b>Total</b>	101	100.0%
Not Answered	0	
<b>Reporting Category</b>	Communication	
Achievement Score	92.1%	

○ **Response scored as:** ● Achievement ● Room for improvement

# Responses by Question

## Your Child's Personal Doctor (continued)

**Q33. In the last 6 months, how often did your child's personal doctor listen carefully to you?**

	YCCO 2018	
	N	%
<input type="radio"/> Never	1	1.0%
<input type="radio"/> Sometimes	5	5.0%
<input type="radio"/> Usually	15	15.0%
<input type="radio"/> Always	79	79.0%
<b>Total</b>	100	100.0%
Not Answered	1	
<b>Reporting Category</b>	Communication	
Achievement Score	94.0%	

**Q34. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?**

	YCCO 2018	
	N	%
<input type="radio"/> Never	1	1.0%
<input type="radio"/> Sometimes	2	2.0%
<input type="radio"/> Usually	11	10.9%
<input type="radio"/> Always	87	86.1%
<b>Total</b>	101	100.0%
Not Answered	0	
<b>Reporting Category</b>	Communication	
Achievement Score	97.0%	

**Q35. Is your child able to talk with doctors about his or her health care?**

	YCCO 2018	
	N	%
Yes	67	66.3%
No	34	33.7%
<b>Total</b>	101	100.0%
Not Answered	0	

**Response scored as:**  Achievement  Room for improvement

# Responses by Question

## Your Child's Personal Doctor (continued)

**Q36. In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for your child to understand?**

	YCCO 2018	
	N	%
<input type="radio"/> Never	0	0.0%
<input type="radio"/> Sometimes	6	9.0%
<input type="radio"/> Usually	12	17.9%
<input type="radio"/> Always	49	73.1%
<b>Total</b>	67	100.0%
Not Answered	0	
<b>Reporting Category</b>	Single Items	
Achievement Score	91.0%	

**Q37. In the last 6 months, how often did your child's personal doctor spend enough time with your child?**

	YCCO 2018	
	N	%
<input type="radio"/> Never	3	3.0%
<input type="radio"/> Sometimes	8	7.9%
<input type="radio"/> Usually	23	22.8%
<input type="radio"/> Always	67	66.3%
<b>Total</b>	101	100.0%
Not Answered	0	
<b>Reporting Category</b>	Communication	
Achievement Score	89.1%	

**Q38. In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?**

	YCCO 2018	
	N	%
<input type="radio"/> Yes	87	86.1%
<input type="radio"/> No	14	13.9%
<b>Total</b>	101	100.0%
Not Answered	0	
<b>Reporting Category</b>	Family Centered Care	
Achievement Score	86.1%	

**Q39. In the last 6 months, did your child get care from a doctor or other health provider besides his or her personal doctor?**

	YCCO 2018	
	N	%
Yes	48	47.5%
No	53	52.5%
<b>Total</b>	101	100.0%
Not Answered	0	

Response scored as:  Achievement  Room for improvement

# Responses by Question

## Your Child's Personal Doctor (continued)

**Q40.** In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?

	YCCO 2018	
	N	%
● Never	1	2.1%
● Sometimes	7	14.6%
● Usually	14	29.2%
● Always	26	54.2%
<b>Total</b>	48	100.0%
Not Answered	0	
<b>Reporting Category</b>	Single Items	
Achievement Score	83.3%	

**Q41.** Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child's personal doctor?

	YCCO 2018	
	N	%
● Worst personal doctor possible	0	0.0%
● 1	0	0.0%
● 2	0	0.0%
● 3	0	0.0%
● 4	0	0.0%
● 5	3	2.6%
● 6	2	1.7%
● 7	4	3.4%
● 8	19	16.2%
● 9	26	22.2%
● Best personal doctor possible	63	53.8%
<b>Total</b>	117	100.0%
Not Answered	1	
<b>Reporting Category</b>	Ratings	
Rating (8, 9 and 10)	92.3%	

**Q42.** Does your child have any medical, behavioral, or other health conditions that have lasted for more than 3 months?

	YCCO 2018	
	N	%
Yes	48	41.0%
No	69	59.0%
<b>Total</b>	117	100.0%
Not Answered	1	

○ Response scored as: ● Achievement ● Room for improvement



## Responses by Question

### *Your Child's Personal Doctor (continued)*

**Q43. Does your child's personal doctor understand how these medical, behavioral, or other health conditions affect your child's day-to-day life?**

	YCCO 2018	
	N	%
<input checked="" type="radio"/> Yes	45	93.8%
<input type="radio"/> No	3	6.3%
<b>Total</b>	48	100.0%
Not Answered	0	
<b>Reporting Category</b>	Family Centered Care	
Achievement Score	93.8%	

**Q44. Does your child's personal doctor understand how your child's medical, behavioral, or other health conditions affect your family's day-to-day life?**

	YCCO 2018	
	N	%
<input checked="" type="radio"/> Yes	43	89.6%
<input type="radio"/> No	5	10.4%
<b>Total</b>	48	100.0%
Not Answered	0	
<b>Reporting Category</b>	Family Centered Care	
Achievement Score	89.6%	

### *Getting Health Care From Specialists*

**Q45. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care. In the last 6 months, did you make any appointments for your child to see a specialist?**

	YCCO 2018	
	N	%
Yes	36	27.7%
No	94	72.3%
<b>Total</b>	130	100.0%
Not Answered	2	

**Response scored as:**  Achievement  Room for improvement

# Responses by Question

## Getting Health Care From Specialists (continued)

**Q46. In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?**

	YCCO 2018	
	N	%
<input type="radio"/> Never	1	2.9%
<input type="radio"/> Sometimes	11	31.4%
<input type="radio"/> Usually	10	28.6%
<input type="radio"/> Always	13	37.1%
<b>Total</b>	35	100.0%
Not Answered	1	
<b>Reporting Category</b>	Getting Needed Care	
Achievement Score	65.7%	

**Q47. How many specialists has your child seen in the last 6 months?**

	YCCO 2018	
	N	%
None	2	5.7%
1 specialist	20	57.1%
2	5	14.3%
3	3	8.6%
4	1	2.9%
5 or more specialists	4	11.4%
<b>Total</b>	35	100.0%
Not Answered	1	

**Q48. We want to know your rating of the specialist your child saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?**

	YCCO 2018	
	N	%
<input type="radio"/> Worst specialist possible	0	0.0%
<input type="radio"/> 1	0	0.0%
<input type="radio"/> 2	0	0.0%
<input type="radio"/> 3	1	3.0%
<input type="radio"/> 4	0	0.0%
<input type="radio"/> 5	2	6.1%
<input type="radio"/> 6	2	6.1%
<input type="radio"/> 7	0	0.0%
<input type="radio"/> 8	8	24.2%
<input type="radio"/> 9	5	15.2%
<input type="radio"/> Best specialist possible	15	45.5%
<b>Total</b>	33	100.0%
Not Answered	0	
<b>Reporting Category</b>	Ratings	
Rating (8, 9 and 10)	84.8%	

Response scored as:  Achievement  Room for improvement

## Responses by Question

### Your Child's Health Plan

**Q49. In the last 6 months, did you get information or help from customer service at your child's health plan?**

	YCCO 2018	
	N	%
Yes	29	22.0%
No	103	78.0%
<b>Total</b>	132	100.0%
Not Answered	0	

**Q50. In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?**

	YCCO 2018	
	N	%
<input type="radio"/> Never	2	6.9%
<input type="radio"/> Sometimes	7	24.1%
<input checked="" type="radio"/> Usually	7	24.1%
<input checked="" type="radio"/> Always	13	44.8%
<b>Total</b>	29	100.0%
Not Answered	0	
<b>Reporting Category</b>	Customer Service	
Achievement Score	69.0%	

**Q51. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?**

	YCCO 2018	
	N	%
<input type="radio"/> Never	0	0.0%
<input type="radio"/> Sometimes	4	14.3%
<input checked="" type="radio"/> Usually	5	17.9%
<input checked="" type="radio"/> Always	19	67.9%
<b>Total</b>	28	100.0%
Not Answered	1	
<b>Reporting Category</b>	Customer Service	
Achievement Score	85.7%	

**Q52. In the last 6 months, did your child's health plan give you any forms to fill out?**

	YCCO 2018	
	N	%
Yes	46	35.7%
No	83	64.3%
<b>Total</b>	129	100.0%
Not Answered	3	

**Response scored as:**  Achievement  Room for improvement

# Responses by Question

## Your Child's Health Plan (continued)

**PQ53.** In the last 6 months, how often were the forms from your child's health plan easy to fill out? [NOTE: Response of 'Always' padded with Q52 = 'No', based on NCQA scoring guidelines.]

	YCCO 2018	
	N	%
● Never	1	0.8%
● Sometimes	13	10.2%
● Usually	14	10.9%
● Always	100	78.1%
<b>Total</b>	128	100.0%
Not Answered	1	
<b>Reporting Category</b>	Single Items	
Achievement Score	89.1%	

**Q54.** Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?

	YCCO 2018	
	N	%
● Worst health plan possible	0	0.0%
● 1	0	0.0%
● 2	0	0.0%
● 3	0	0.0%
● 4	1	0.8%
● 5	9	6.9%
● 6	7	5.4%
● 7	10	7.7%
● 8	22	16.9%
● 9	22	16.9%
● Best health plan possible	59	45.4%
<b>Total</b>	130	100.0%
Not Answered	2	
<b>Reporting Category</b>	Ratings	
Rating (8, 9 and 10)	79.2%	

## Prescription Medicines

**Q55.** In the last 6 months, did you get or refill any prescription medicines for your child?

	YCCO 2018	
	N	%
Yes	66	50.4%
No	65	49.6%
<b>Total</b>	131	100.0%
Not Answered	1	

○ Response scored as: ● Achievement ● Room for improvement

## Responses by Question

### Prescription Medicines (continued)

**Q56.** In the last 6 months, how often was it easy to get prescription medicines for your child through his or her health plan?

	YCCO 2018	
	N	%
● Never	0	0.0%
● Sometimes	10	15.4%
● Usually	19	29.2%
● Always	36	55.4%
<b>Total</b>	65	100.0%
Not Answered	1	
<b>Reporting Category</b>	Single Items	
Achievement Score	84.6%	

**Q57.** Did anyone from your child's health plan, doctor's office, or clinic help you get your child's prescription medicines?

	YCCO 2018	
	N	%
● Yes	48	75.0%
● No	16	25.0%
<b>Total</b>	64	100.0%
Not Answered	2	
<b>Reporting Category</b>	Single Items	
Achievement Score	75.0%	

### About Your Child and You

**Q58.** In general, how would you rate your child's overall health?

	YCCO 2018	
	N	%
● Excellent	33	25.6%
● Very good	42	32.6%
● Good	45	34.9%
● Fair	7	5.4%
● Poor	2	1.6%
<b>Total</b>	129	100.0%
Not Answered	3	
<b>Reporting Category</b>	Single Items	
Achievement Score	58.1%	

○ **Response scored as:** ● Achievement ● Room for improvement

## Responses by Question

### *About Your Child and You (continued)*

**Q59.** In general, how would you rate your child's overall mental or emotional health?

	YCCO 2018	
	N	%
● Excellent	29	22.7%
● Very good	31	24.2%
● Good	40	31.3%
● Fair	23	18.0%
● Poor	5	3.9%
<b>Total</b>	128	100.0%
Not Answered	4	
<b>Reporting Category</b>	Single Items	
Achievement Score	46.9%	

**Q60.** Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?

	YCCO 2018	
	N	%
Yes	42	32.6%
No	87	67.4%
<b>Total</b>	129	100.0%
Not Answered	3	

**Q61.** Is this because of any medical, behavioral, or other health condition?

	YCCO 2018	
	N	%
Yes	33	80.5%
No	8	19.5%
<b>Total</b>	41	100.0%
Not Answered	1	

**Q62.** Is this a condition that has lasted or is expected to last for at least 12 months?

	YCCO 2018	
	N	%
Yes	27	84.4%
No	5	15.6%
<b>Total</b>	32	100.0%
Not Answered	1	

○ **Response scored as:** ● Achievement ● Room for improvement

## Responses by Question

### *About Your Child and You (continued)*

- Q63.** Does your child need or use more medical care, more mental health services, or more educational services than is usual for most children of the same age?

	YCCO 2018	
	N	%
Yes	42	32.6%
No	87	67.4%
<b>Total</b>	129	100.0%
Not Answered	3	

- Q64.** Is this because of any medical, behavioral, or other health condition?

	YCCO 2018	
	N	%
Yes	37	90.2%
No	4	9.8%
<b>Total</b>	41	100.0%
Not Answered	1	

- Q65.** Is this a condition that has lasted or is expected to last for at least 12 months?

	YCCO 2018	
	N	%
Yes	35	97.2%
No	1	2.8%
<b>Total</b>	36	100.0%
Not Answered	1	

- Q66.** Is your child limited or prevented in any way in his or her ability to do the things most children of the same age can do?

	YCCO 2018	
	N	%
Yes	32	25.0%
No	96	75.0%
<b>Total</b>	128	100.0%
Not Answered	4	

- Q67.** Is this because of any medical, behavioral, or other health condition?

	YCCO 2018	
	N	%
Yes	28	87.5%
No	4	12.5%
<b>Total</b>	32	100.0%
Not Answered	0	

## Responses by Question

### *About Your Child and You* (continued)

**Q68. Is this a condition that has lasted or is expected to last for at least 12 months?**

	YCCO 2018	
	N	%
Yes	27	96.4%
No	1	3.6%
<b>Total</b>	28	100.0%
Not Answered	0	

**Q69. Does your child need or get special therapy such as physical, occupational, or speech therapy?**

	YCCO 2018	
	N	%
Yes	24	18.6%
No	105	81.4%
<b>Total</b>	129	100.0%
Not Answered	3	

**Q70. Is this because of any medical, behavioral, or other health condition?**

	YCCO 2018	
	N	%
Yes	19	82.6%
No	4	17.4%
<b>Total</b>	23	100.0%
Not Answered	1	

**Q71. Is this a condition that has lasted or is expected to last for at least 12 months?**

	YCCO 2018	
	N	%
Yes	17	94.4%
No	1	5.6%
<b>Total</b>	18	100.0%
Not Answered	1	

**Q72. Does your child have any kind of emotional, developmental, or behavioral problem for which he or she needs or gets treatment or counseling?**

	YCCO 2018	
	N	%
Yes	41	31.5%
No	89	68.5%
<b>Total</b>	130	100.0%
Not Answered	2	



## Responses by Question

### *About Your Child and You* (continued)

**Q73.** Has this problem lasted or is it expected to last for at least 12 months?

	YCCO 2018	
	N	%
Yes	39	95.1%
No	2	4.9%
<b>Total</b>	41	100.0%
Not Answered	0	

**NQ74.** What is your child's age?

	YCCO 2018	
	N	%
Less than 1 year old	0	0.0%
1 to 2 years old	14	10.9%
3 to 4 years old	10	7.8%
5 to 7 years old	19	14.8%
8 to 10 years old	21	16.4%
11 to 13 years old	25	19.5%
14 to 18 years old	39	30.5%
<b>Total</b>	128	100.0%
Not Answered	4	

**Q75.** Is your child male or female?

	YCCO 2018	
	N	%
Male	72	55.8%
Female	57	44.2%
<b>Total</b>	129	100.0%
Not Answered	3	

**Q76.** Is your child of Hispanic or Latino origin or descent?

	YCCO 2018	
	N	%
Yes, Hispanic or Latino	63	48.5%
No, Not Hispanic or Latino	67	51.5%
<b>Total</b>	130	100.0%
Not Answered	2	

## Responses by Question

### ***About Your Child and You*** (continued)

**Q77.1. What is your child's race? Response: White.**

	YCCO 2018	
	N	%
Yes	91	100.0%
<b>Total</b>	91	100.0%
Not Answered	41	

**Q77.2. What is your child's race? Response: Black or African-American.**

	YCCO 2018	
	N	%
Yes	2	100.0%
<b>Total</b>	2	100.0%
Not Answered	130	

**Q77.3. What is your child's race? Response: Asian.**

	YCCO 2018	
	N	%
Yes	4	100.0%
<b>Total</b>	4	100.0%
Not Answered	128	

**Q77.4. What is your child's race? Response: Native Hawaiian or other Pacific Islander.**

	YCCO 2018	
	N	%
Yes	0	0.0%
<b>Total</b>	0	100.0%
Not Answered	132	

**Q77.5. What is your child's race? Response: American Indian or Alaska Native.**

	YCCO 2018	
	N	%
Yes	6	100.0%
<b>Total</b>	6	100.0%
Not Answered	126	

## Responses by Question

### *About Your Child and You (continued)*

**Q77.6.** What is your child's race? Response: Other.

	YCCO 2018	
	N	%
Yes	15	100.0%
<b>Total</b>	15	100.0%
Not Answered	117	

**Q78.** What is your age?

	YCCO 2018	
	N	%
Under 18	4	3.1%
18 to 24	7	5.5%
25 to 34	36	28.1%
35 to 44	51	39.8%
45 to 54	20	15.6%
55 to 64	7	5.5%
65 to 74	3	2.3%
75 or older	0	0.0%
<b>Total</b>	128	100.0%
Not Answered	4	

**Q79.** Are you male or female?

	YCCO 2018	
	N	%
Male	18	13.8%
Female	112	86.2%
<b>Total</b>	130	100.0%
Not Answered	2	

**Q80.** What is the highest grade or level of school that you have completed?

	YCCO 2018	
	N	%
8th grade or less	18	14.0%
Some high school but did not graduate	22	17.1%
High school graduate or GED	30	23.3%
Some college or 2-year degree	44	34.1%
4-year college graduate	8	6.2%
More than 4-year college degree	7	5.4%
<b>Total</b>	129	100.0%
Not Answered	3	

## Responses by Question

### *About Your Child and You* (continued)

**Q81. How are you related to the child?**

	YCCO 2018	
	N	%
Mother or father	122	96.1%
Grandparent	3	2.4%
Aunt or uncle	1	0.8%
Older brother or sister	0	0.0%
Other relative	0	0.0%
Legal guardian	1	0.8%
Someone else	0	0.0%
<b>Total</b>	127	100.0%
Not Answered	5	

**Q82. Did someone help you complete this survey? [NOTE: Asked in mail survey only.]**

	YCCO 2018	
	N	%
Yes	5	6.8%
No	69	93.2%
<b>Total</b>	74	100.0%
Not Answered	58	

**Q83.1. How did that person help you? Response: Read the questions to me.**

	YCCO 2018	
	N	%
Yes	3	100.0%
<b>Total</b>	3	100.0%
Not Answered	2	

**Q83.2. How did that person help you? Response: Wrote down the answers I gave.**

	YCCO 2018	
	N	%
Yes	0	0.0%
<b>Total</b>	0	100.0%
Not Answered	5	

**Q83.3. How did that person help you? Response: Answered the questions for me.**

	YCCO 2018	
	N	%
Yes	2	100.0%
<b>Total</b>	2	100.0%
Not Answered	3	

## Responses by Question

### *About Your Child and You (continued)*

**Q83.4.** How did that person help you? Response: Translated the questions into my language.

	YCCO 2018	
	N	%
Yes	1	100.0%
<b>Total</b>	1	100.0%
Not Answered	4	

**Q83.5.** How did that person help you? Response: Helped in some other way.

	YCCO 2018	
	N	%
Yes	0	0.0%
<b>Total</b>	0	100.0%
Not Answered	5	

## Custom Questions

**Q31a.** In the last 6 months, how often did you have a hard time speaking with or understanding your child's personal doctor because you spoke different languages?

	YCCO 2018	
	N	%
<input checked="" type="radio"/> Never	87	87.0%
<input checked="" type="radio"/> Sometimes	9	9.0%
<input checked="" type="radio"/> Usually	3	3.0%
<input checked="" type="radio"/> Always	1	1.0%
<b>Total</b>	100	100.0%
Not Answered	1	
<b>Reporting Category</b>	Supplemental Items	
Achievement Score	96.0%	

### Access to Dental Care

**Q57a.** A regular dentist is one your child would go to for check-ups and cleanings or when he or she has a cavity or tooth pain. Does your child have a regular dentist?

	YCCO 2018	
	N	%
Yes	101	77.1%
No	30	22.9%
<b>Total</b>	131	100.0%
Not Answered	1	

**Q57b.** In the last 6 months, did your child go to a dentist's office or clinic for care?

	YCCO 2018	
	N	%
Yes	70	54.3%
No	59	45.7%
<b>Total</b>	129	100.0%
Not Answered	3	

**Response scored as:**  Achievement  Room for improvement

## Custom Questions

### Access to Dental Care (continued)

**Q57c.** In the last 6 months, how often did the dentists or dental staff explain what they were doing while treating your child?

	YCCO 2018	
	N	%
<input type="radio"/> Never	3	4.3%
<input type="radio"/> Sometimes	4	5.7%
<input type="radio"/> Usually	16	22.9%
<input type="radio"/> Always	47	67.1%
<b>Total</b>	70	100.0%
Not Answered	0	
<b>Reporting Category</b>	Supplemental Items	
Achievement Score	90.0%	

**Q57d.** In the last 6 months, if your child needed to see a dentist right away because of a dental emergency, how often did he or she get to see a dentist as soon as you wanted?

	YCCO 2018	
	N	%
<input type="radio"/> Never	10	19.6%
<input type="radio"/> Sometimes	14	27.5%
<input type="radio"/> Usually	11	21.6%
<input type="radio"/> Always	16	31.4%
Did not have a dental emergency	73	
<b>Total</b>	51	100.0%
Not Answered	8	
<b>Reporting Category</b>	Supplemental Items	
Achievement Score	52.9%	

**Response scored as:**  Achievement  Room for improvement

## Custom Questions

### Access to Dental Care (continued)

**Q57e.** Using any number from 0 to 10, where 0 is extremely difficult and 10 is extremely easy, what number would you use to rate how easy it was for you to find a dentist for your child?

	YCCO 2018	
	N	%
● Extremely difficult	7	5.7%
● 1	6	4.9%
● 2	4	3.3%
● 3	4	3.3%
● 4	2	1.6%
● 5	11	8.9%
● 6	7	5.7%
● 7	14	11.4%
● 8	13	10.6%
● 9	10	8.1%
● Extremely easy	45	36.6%
<b>Total</b>	123	100.0%
Not Answered	9	
<b>Reporting Category</b>	Supplemental Items	
Achievement Score	55.3%	

### Kindergarten Readiness

**Q83a.** Is your child between the ages of 3 and 5 years old?

	YCCO 2018	
	N	%
Yes	15	11.9%
No	111	88.1%
<b>Total</b>	126	100.0%
Not Answered	6	

**Q83b.** When he or she is paying attention, how often can this child follow instructions to complete a simple task?

	YCCO 2018	
	N	%
All of the time	4	26.7%
Most of the time	7	46.7%
Some of the time	2	13.3%
None of the time	2	13.3%
<b>Total</b>	15	100.0%
Not Answered	0	

○ **Response scored as:** ● Achievement ● Room for improvement



## Custom Questions

### *Kindergarten Readiness (continued)*

**Q83c. How often does this child play well with others?**

	YCCO 2018	
	N	%
All of the time	7	46.7%
Most of the time	5	33.3%
Some of the time	1	6.7%
None of the time	2	13.3%
<b>Total</b>	15	100.0%
Not Answered	0	

**Q83d. How often can this child calm down when excited or all wound up?**

	YCCO 2018	
	N	%
All of the time	5	33.3%
Most of the time	8	53.3%
Some of the time	2	13.3%
None of the time	0	0.0%
<b>Total</b>	15	100.0%
Not Answered	0	

**Q83e. How often does this child lose control of his or her temper when things do not go his or her way?**

	YCCO 2018	
	N	%
All of the time	2	13.3%
Most of the time	1	6.7%
Some of the time	9	60.0%
None of the time	3	20.0%
<b>Total</b>	15	100.0%
Not Answered	0	

**Q83f. In the past 6 months, were you ever asked to keep your child home from any child care or preschool because of their behavior (things like hitting, kicking, biting, tantrums or disobeying)?**

	YCCO 2018	
	N	%
This child did not attend childcare or preschool	3	
No	12	100.0%
Yes - picked my child up early on one or more days	0	0.0%
Yes - kept my child home for one full day or more	0	0.0%
Yes - permanently was told my child could no longer attend	0	0.0%
<b>Total</b>	12	100.0%
Not Answered	0	

Your privacy is protected. All information that would let someone identify you or your family will be kept private. The research staff will not share your personal information with anyone without your OK.

You may choose to answer this survey or not. If you choose not to, this will not affect the benefits your child gets. You may notice a number on the cover of this survey. This number is ONLY used to let us know if you returned the survey so we don't have to send you reminders.

If you want to know more about this study, please call 1-888-506-5136 (or, for the hearing-impaired, call 1-888-631-2097).

**SURVEY INSTRUCTIONS**

- Please be sure to fill the response circle completely. Use only black or blue ink or dark pencil to complete the survey.

Correct  
Mark 

Incorrect  
Marks



- You are sometimes told to skip over some questions in the survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

Yes → *Go to Question 1*  
 No

↓ **START HERE** ↓

Please answer the questions for the child listed on the envelope. Please do not answer for any other children.

1. Our records show that your child is now in the Oregon Health Plan. Is that right?

Yes → *Go to Question 3*  
 No

2. What is the name of your child's health plan? (Please print)

\_\_\_\_\_

**YOUR CHILD'S HEALTH CARE  
IN THE LAST 6 MONTHS**

These questions ask about your child's health care. Do not include care your child got when he or she stayed overnight in a hospital. Do not include the times your child went for dental care visits.

- 3. In the last 6 months, did your child have an illness, injury, or condition that needed care right away in a clinic, emergency room, or doctor's office?  
 Yes  
 No → *Go to Question 5*
  
- 4. In the last 6 months, when your child needed care right away, how often did your child get care as soon as he or she needed?  
 Never  
 Sometimes  
 Usually  
 Always
  
- 5. In the last 6 months, did you make any appointments for a check-up or routine care for your child at a doctor's office or clinic?  
 Yes  
 No → *Go to Question 7*
  
- 6. In the last 6 months, when you made an appointment for a check-up or routine care for your child at a doctor's office or clinic, how often did you get an appointment as soon as your child needed?  
 Never  
 Sometimes  
 Usually  
 Always

- 7. In the last 6 months, not counting the times your child went to an emergency room, how many times did he or she go to a doctor's office or clinic to get health care?  
 None → *Go to Question 16*  
 1 time  
 2  
 3  
 4  
 5 to 9  
 10 or more times
  
- 8. In the last 6 months, did you and your child's doctor or other health provider talk about specific things you could do to prevent illness in your child?  
 Yes  
 No
  
- 9. In the last 6 months, how often did you have your questions answered by your child's doctor or other health providers?  
 Never  
 Sometimes  
 Usually  
 Always
  
- 10. In the last 6 months, did you and your child's doctor or other health provider talk about starting or stopping a prescription medicine for your child?  
 Yes  
 No → *Go to Question 14*
  
- 11. Did you and a doctor or other health provider talk about the reasons you might want your child to take a medicine?  
 Yes  
 No



12. Did you and a doctor or other health provider talk about the reasons you might not want your child to take a medicine?

- Yes
 No

13. When you talked about your child starting or stopping a prescription medicine, did a doctor or other health provider ask you what you thought was best for your child?

- Yes
 No

14. Using any number from 0 to 10, where 0 is the worst health care possible and 10 is the best health care possible, what number would you use to rate all your child's health care in the last 6 months?

- 0 1 2 3 4 5 6 7 8 9 10
Worst Health Care Possible Best Health Care Possible

15. In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?

- Never
 Sometimes
 Usually
 Always

16. Is your child now enrolled in any kind of school or daycare?

- Yes
 No -> Go to Question 19

17. In the last 6 months, did you need your child's doctor or other health provider to contact a school or daycare center about your child's health or health care?

- Yes
 No -> Go to Question 19

18. In the last 6 months, did you get the help you needed from your child's doctor or other health provider in contacting your child's school or daycare?

- Yes
 No

SPECIALIZED SERVICES

19. Special medical equipment or devices include a walker, wheelchair, nebulizer, feeding tubes, or oxygen equipment.

In the last 6 months, did you get or try to get any special medical equipment or devices for your child?

- Yes
 No -> Go to Question 22

20. In the last 6 months, how often was it easy to get special medical equipment or devices for your child?

- Never
 Sometimes
 Usually
 Always

21. Did anyone from your child's health plan, doctor's office, or clinic help you get special medical equipment or devices for your child?

- Yes
 No



22. In the last 6 months, did you get or try to get special therapy such as physical, occupational, or speech therapy for your child?

- Yes
- No → *Go to Question 25*

23. In the last 6 months, how often was it easy to get this therapy for your child?

- Never
- Sometimes
- Usually
- Always

24. Did anyone from your child's health plan, doctor's office, or clinic help you get this therapy for your child?

- Yes
- No

25. In the last 6 months, did you get or try to get treatment or counseling for your child for an emotional, developmental, or behavioral problem?

- Yes
- No → *Go to Question 28*

26. In the last 6 months, how often was it easy to get this treatment or counseling for your child?

- Never
- Sometimes
- Usually
- Always

27. Did anyone from your child's health plan, doctor's office, or clinic help you get this treatment or counseling for your child?

- Yes
- No

28. In the last 6 months, did your child get care from more than one kind of health care provider or use more than one kind of health care service?

- Yes
- No → *Go to Question 30*

29. In the last 6 months, did anyone from your child's health plan, doctor's office, or clinic help coordinate your child's care among these different providers or services?

- Yes
- No

### **YOUR CHILD'S PERSONAL DOCTOR**

30. A personal doctor is the one your child would see if he or she needs a checkup, has a health problem or gets sick or hurt. Does your child have a personal doctor?

- Yes
- No → *Go to Question 45*

31. In the last 6 months, how many times did your child visit his or her personal doctor for care?

- None → *Go to Question 41*
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

31a. In the last 6 months, how often did you have a hard time speaking with or understanding your child's personal doctor because you spoke different languages?

- Never
- Sometimes
- Usually
- Always

32. In the last 6 months, how often did your child's personal doctor explain things about your child's health in a way that was easy to understand?
- Never
  - Sometimes
  - Usually
  - Always
33. In the last 6 months, how often did your child's personal doctor listen carefully to you?
- Never
  - Sometimes
  - Usually
  - Always
34. In the last 6 months, how often did your child's personal doctor show respect for what you had to say?
- Never
  - Sometimes
  - Usually
  - Always
35. Is your child able to talk with doctors about his or her health care?
- Yes
  - No → **Go to Question 37**
36. In the last 6 months, how often did your child's personal doctor explain things in a way that was easy for your child to understand?
- Never
  - Sometimes
  - Usually
  - Always

37. In the last 6 months, how often did your child's personal doctor spend enough time with your child?
- Never
  - Sometimes
  - Usually
  - Always
38. In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?
- Yes
  - No
39. In the last 6 months, did your child get care from a doctor or other health provider besides his or her personal doctor?
- Yes
  - No → **Go to Question 41**
40. In the last 6 months, how often did your child's personal doctor seem informed and up-to-date about the care your child got from these doctors or other health providers?
- Never
  - Sometimes
  - Usually
  - Always
41. Using any number from 0 to 10, where 0 is the worst personal doctor possible and 10 is the best personal doctor possible, what number would you use to rate your child's personal doctor?
- 0 1 2 3 4 5 6 7 8 9 10  
 Worst Personal Best Personal  
 Doctor Possible Doctor Possible



42. Does your child have any medical, behavioral, or other health conditions that have lasted for more than 3 months?

- Yes
- No → **Go to Question 45**

43. Does your child's personal doctor understand how these medical, behavioral, or other health conditions affect your child's day-to-day life?

- Yes
- No

44. Does your child's personal doctor understand how your child's medical, behavioral, or other health conditions affect your family's day-to-day life?

- Yes
- No

**GETTING HEALTH CARE FROM SPECIALISTS**

When you answer the next questions, do not include dental visits or care your child got when he or she stayed overnight in a hospital.

45. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors, and other doctors who specialize in one area of health care.

In the last 6 months, did you make any appointments for your child to see a specialist?

- Yes
- No → **Go to Question 49**

46. In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?

- Never
- Sometimes
- Usually
- Always

47. How many specialists has your child seen in the last 6 months?

- None → **Go to Question 49**
- 1 specialist
- 2
- 3
- 4
- 5 or more specialists

48. We want to know your rating of the specialist your child saw most often in the last 6 months. Using any number from 0 to 10, where 0 is the worst specialist possible and 10 is the best specialist possible, what number would you use to rate that specialist?

- 0
  - 1
  - 2
  - 3
  - 4
  - 5
  - 6
  - 7
  - 8
  - 9
  - 10
- Worst Specialist Possible                      Best Specialist Possible

**YOUR CHILD'S HEALTH PLAN**

The next questions ask about your experience with your child's health plan.

49. In the last 6 months, did you get information or help from customer service at your child's health plan?

- Yes
- No → **Go to Question 52**

50. In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?

- Never
- Sometimes
- Usually
- Always

51. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

52. In the last 6 months, did your child's health plan give you any forms to fill out?

- Yes
- No → *Go to Question 54*

53. In the last 6 months, how often were the forms from your child's health plan easy to fill out?

- Never
- Sometimes
- Usually
- Always

54. Using any number from 0 to 10, where 0 is the worst health plan possible and 10 is the best health plan possible, what number would you use to rate your child's health plan?

- 
- 0 1 2 3 4 5 6 7 8 9 10
- Worst Health Plan Possible Best Health Plan Possible

### PRESCRIPTION MEDICINES

55. In the last 6 months, did you get or refill any prescription medicines for your child?

- Yes
- No → *Go to Question 57a*

56. In the last 6 months, how often was it easy to get prescription medicines for your child through his or her health plan?

- Never
- Sometimes
- Usually
- Always

57. Did anyone from your child's health plan, doctor's office, or clinic help you get your child's prescription medicines?

- Yes
- No

### ACCESS TO DENTAL CARE

57a. A regular dentist is one your child would go to for check-ups and cleanings or when he or she has a cavity or tooth pain. Does your child have a regular dentist?

- Yes
- No

57b. In the last 6 months, did your child go to a dentist's office or clinic for care?

- Yes
- No → *Go to Question 57d*



57c. In the last 6 months, how often did the dentists or dental staff explain what they were doing while treating your child?

- Never
- Sometimes
- Usually
- Always

57d. In the last 6 months, if your child needed to see a dentist right away because of a dental emergency, how often did he or she get to see a dentist as soon as you wanted?

- Never
- Sometimes
- Usually
- Always
- My child did not have a dental emergency in the last 6 months

57e. Using any number from 0 to 10, where 0 is extremely difficult and 10 is extremely easy, what number would you use to rate how easy it was for you to find a dentist for your child?

- |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |                       |
|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 0                     | 1                     | 2                     | 3                     | 4                     | 5                     | 6                     | 7                     | 8                     | 9                     | 10                    |
| Extremely Difficult   |                       |                       |                       |                       |                       | Extremely Easy        |                       |                       |                       |                       |

**ABOUT YOUR CHILD AND YOU**

58. In general, how would you rate your child's overall health?

- Excellent
- Very good
- Good
- Fair
- Poor

59. In general, how would you rate your child's overall mental or emotional health?

- Excellent
- Very good
- Good
- Fair
- Poor

60. Does your child currently need or use medicine prescribed by a doctor (other than vitamins)?

- Yes
- No → *Go to Question 63*

61. Is this because of any medical, behavioral, or other health condition?

- Yes
- No → *Go to Question 63*

62. Is this a condition that has lasted or is expected to last for at least 12 months?

- Yes
- No

63. Does your child need or use more medical care, more mental health services, or more educational services than is usual for most children of the same age?

- Yes
- No → *Go to Question 66*

64. Is this because of any medical, behavioral, or other health condition?

- Yes
- No → *Go to Question 66*

65. Is this a condition that has lasted or is expected to last for at least 12 months?

- Yes
- No



66. Is your child limited or prevented in any way in his or her ability to do the things most children of the same age can do?

- Yes
- No → *Go to Question 69*

67. Is this because of any medical, behavioral, or other health condition?

- Yes
- No → *Go to Question 69*

68. Is this a condition that has lasted or is expected to last for at least 12 months?

- Yes
- No

69. Does your child need or get special therapy such as physical, occupational, or speech therapy?

- Yes
- No → *Go to Question 72*

70. Is this because of any medical, behavioral, or other health condition?

- Yes
- No → *Go to Question 72*

71. Is this a condition that has lasted or is expected to last for at least 12 months?

- Yes
- No

72. Does your child have any kind of emotional, developmental, or behavioral problem for which he or she needs or gets treatment or counseling?

- Yes
- No → *Go to Question 74*

73. Has this problem lasted or is it expected to last for at least 12 months?

- Yes
- No

74. What is your child's age?

- Less than 1 year old
- YEARS OLD (write in)

75. Is your child male or female?

- Male
- Female

76. Is your child of Hispanic or Latino origin or descent?

- Yes, Hispanic or Latino
- No, Not Hispanic or Latino

77. What is your child's race? Mark one or more.

- White
  - Black or African-American
  - Asian
  - Native Hawaiian or other Pacific Islander
  - American Indian or Alaska Native
  - Other (Please print)
- 

78. What is your age?

- Under 18
- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

79. Are you male or female?

- Male
- Female

80. What is the highest grade or level of school that you have completed?

- 8th grade or less
- Some high school, but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

81. How are you related to the child?

- Mother or father
- Grandparent
- Aunt or uncle
- Older brother or sister
- Other relative
- Legal guardian
- Someone else

82. Did someone help you complete this survey?

- Yes → *Go to Question 83*
- No → *Go to Question 83a*

83. How did that person help you? Mark one or more.

- Read the questions to me
  - Wrote down the answers I gave
  - Answered the questions for me
  - Translated the questions into my language
  - Helped in some other way (Please print)
- \_\_\_\_\_

## KINDERGARTEN READINESS

83a. Is your child between the ages of 3 and 5 years old?

- Yes → *Go to Question 83b*
- No → *Thank you. Please return the completed survey in the postage-paid envelope.*

83b. When he or she is paying attention, how often can this child follow instructions to complete a simple task?

- All of the time
- Most of the time
- Some of the time
- None of the time

83c. How often does this child play well with others?

- All of the time
- Most of the time
- Some of the time
- None of the time

83d. How often can this child calm down when excited or all wound up?

- All of the time
- Most of the time
- Some of the time
- None of the time

83e. How often does this child lose control of his or her temper when things do not go his or her way?

- All of the time
- Most of the time
- Some of the time
- None of the time

83f. **In the past 6 months**, were you ever asked to keep your child home from any child care or preschool because of their behavior (things like hitting, kicking, biting, tantrums or disobeying)?

- This child did not attend childcare or preschool
- No
- Yes, I was told to pick up my child early on 1 or more days
- Yes, I had to keep my child home for 1 full day or more
- Yes permanently, I was told my child could no longer attend this childcare center or preschool

**THANK YOU**

**Thanks again for taking the time to complete this survey! Your answers are greatly appreciated.**

**When you are done, please use the enclosed prepaid envelope to mail the survey to:**

**DataStat, 3975 Research Park Drive, Ann Arbor, MI 48108**

