



GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH

# Georgia Medicaid Program

## CAHPS® 5.0 Child Medicaid Summary Report

July 2014



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#### Introduction

Results from fielding the CAHPS® 5.0 Survey of the parent/caretaker members of Georgia Medicaid Program (GA-CHMD) provide a comprehensive tool for assessing consumers' experiences with the Medicaid program. This report is designed to allow the Medicaid program 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. A copy of the questionnaire is found as an appendix.

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 Medicaid program 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, and Shared Decision Making.

#### Results

This report summarizes the findings of the child Medicaid 5.0 CAHPS survey conducted for GA-CHMD. Attempts were made to survey 1650 member households by mail and telephone during the period March 17, 2014 through May 27, 2014, using a mixed-mode procedure and standard questionnaire. The survey procedure and questionnaire were developed jointly by the Agency for Healthcare Research and Quality (AHRQ) and the National Committee for Quality Assurance (NCQA).

The survey drew as potential respondents the parents or caretakers of child members of GA-CHMD who were continuously enrolled in the plan for at least 6 months as of December 31, 2013, with no more than one enrollment gap of 45 days or less. From this sample frame, a random sample of 1650 cases was drawn. The survey was offered in English. Questionnaires were considered complete if respondents did not answer 'No' to Q1 and provided a valid response to at least one item in the questionnaire. Complete interviews were obtained from 499 GA-CHMD members, and the response rate was 30.8%.

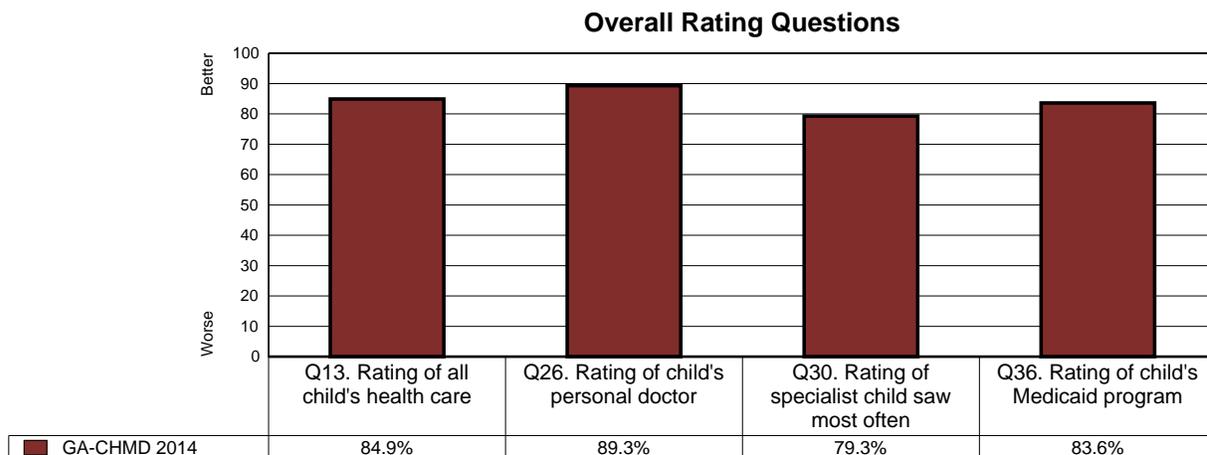
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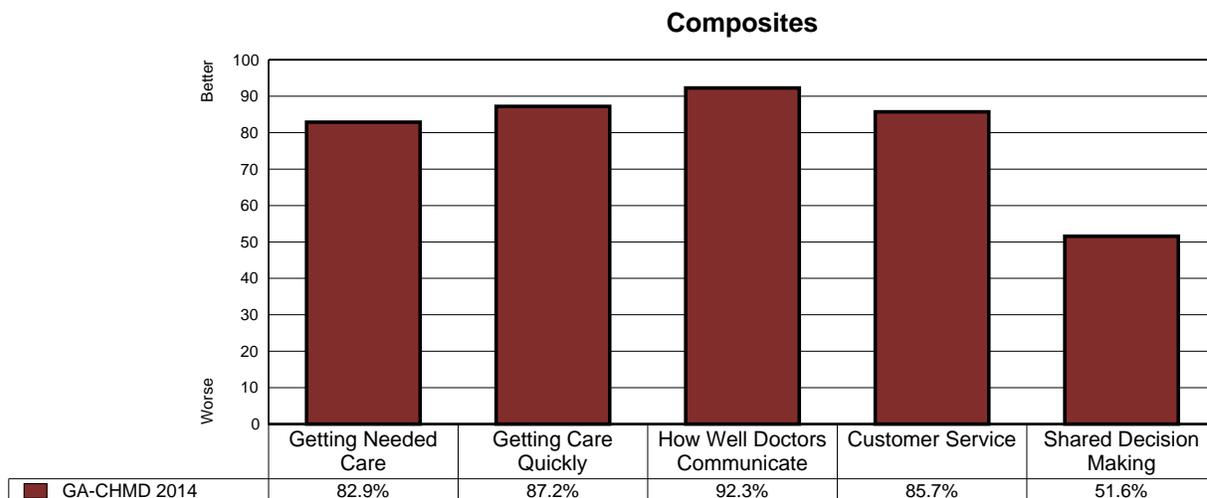
### SUMMARY OF OVERALL RATING QUESTIONS

Four rating questions assess overall consumer satisfaction with health care, personal doctor, specialist seen most often, and program. 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.



### SUMMARY OF COMPOSITES

A composite score is calculated for each of five domains of member experience: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Customer Service, and Shared Decision Making. The composite scores provide a summary assessment of how the plan performed across the domain. In the table below, proportions of positive responses are reported as achievement scores. Responses of "Yes" and "A lot" are considered achievements for the Shared Decision Making composite. For all other composites, responses of "Usually" or "Always" are considered achievements.



## Sample Disposition

	GA-CHMD 2014
First mailing - sent	1650
*First mailing - usable survey returned	178
Second mailing - sent	1463
*Second mailing - usable survey returned	81
*Phone - usable surveys	240
Total - usable surveys	499
†Ineligible: According to population criteria‡	22
†Ineligible: Language barrier	7
†Ineligible: Deceased	0
†Ineligible: Mentally or physically unable to complete survey	0
Bad phone number OR bad address	145
Refusal	36
Nonresponse - Unavailable by mail AND phone	941
<b>Adjusted Response Rate</b>	<b>30.8%</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 Georgia Medicaid. Is that right?**

	GA-CHMD 2014	
	N	%
Yes	492	100.0%
No	0	0.0%
<b>Total</b>	492	100.0%
Not Answered	7	

### *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?**

	GA-CHMD 2014	
	N	%
Yes	156	32.3%
No	327	67.7%
<b>Total</b>	483	100.0%
Not Answered	16	

**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?**

	GA-CHMD 2014	
	N	%
<input type="radio"/> Never	0	0.0%
<input type="radio"/> Sometimes	8	5.6%
<input checked="" type="radio"/> Usually	13	9.2%
<input checked="" type="radio"/> Always	121	85.2%
<b>Total</b>	142	100.0%
Not Answered	14	
<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?**

	GA-CHMD 2014	
	N	%
Yes	358	75.2%
No	118	24.8%
<b>Total</b>	476	100.0%
Not Answered	23	

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?

	GA-CHMD 2014	
	N	%
<input type="radio"/> Never	5	1.5%
<input type="radio"/> Sometimes	41	12.4%
<input type="radio"/> Usually	51	15.4%
<input type="radio"/> Always	234	70.7%
<b>Total</b>	331	100.0%
Not Answered	27	
<b>Reporting Category</b>	Getting Care Quickly	
Achievement Score	86.1%	

- 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 for yourself?

	GA-CHMD 2014	
	N	%
None	119	25.6%
1 time	108	23.3%
2	110	23.7%
3	51	11.0%
4	32	6.9%
5 to 9	32	6.9%
10 or more times	12	2.6%
<b>Total</b>	464	100.0%
Not Answered	35	

- 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?

	GA-CHMD 2014	
	N	%
<input type="radio"/> Yes	231	69.4%
<input type="radio"/> No	102	30.6%
<b>Total</b>	333	100.0%
Not Answered	12	
<b>Reporting Category</b>	Single Items	
Achievement Score	69.4%	

**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, did you and your child's doctor or other health provider talk about starting or stopping a prescription medicine for your child?

	GA-CHMD 2014	
	N	%
Yes	97	29.1%
No	236	70.9%
<b>Total</b>	333	100.0%
Not Answered	12	

- Q10.** When you talked about your child starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might want your child to take a medicine?

	GA-CHMD 2014	
	N	%
<input type="radio"/> Not at all	5	5.3%
<input type="radio"/> A little	13	13.8%
<input type="radio"/> Some	27	28.7%
<input checked="" type="radio"/> A lot	49	52.1%
<b>Total</b>	94	100.0%
Not Answered	3	
<b>Reporting Category</b>	Shared Decision Making	
Achievement Score	52.1%	

- Q11.** When you talked about your child starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might not want your child to take a medicine?

	GA-CHMD 2014	
	N	%
<input type="radio"/> Not at all	34	35.4%
<input type="radio"/> A little	15	15.6%
<input type="radio"/> Some	16	16.7%
<input checked="" type="radio"/> A lot	31	32.3%
<b>Total</b>	96	100.0%
Not Answered	1	
<b>Reporting Category</b>	Shared Decision Making	
Achievement Score	32.3%	

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

## Responses by Question

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

- Q12.** 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?

	GA-CHMD 2014	
	N	%
<input checked="" type="radio"/> Yes	68	71.6%
<input type="radio"/> No	27	28.4%
<b>Total</b>	95	100.0%
Not Answered	2	
<b>Reporting Category</b>	Shared Decision Making	
Achievement Score	71.6%	

- Q13.** 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?

	GA-CHMD 2014	
	N	%
<input type="radio"/> Worst health care possible	2	0.6%
<input type="radio"/> 1	1	0.3%
<input type="radio"/> 2	2	0.6%
<input type="radio"/> 3	1	0.3%
<input type="radio"/> 4	2	0.6%
<input type="radio"/> 5	7	2.1%
<input type="radio"/> 6	15	4.5%
<input type="radio"/> 7	20	6.0%
<input checked="" type="radio"/> 8	55	16.6%
<input checked="" type="radio"/> 9	62	18.7%
<input checked="" type="radio"/> Best health care possible	164	49.5%
<b>Total</b>	331	100.0%
Not Answered	14	
<b>Reporting Category</b>	Ratings	
Rating (8, 9 and 10)	84.9%	

- Q14.** In the last 6 months, how often was it easy to get the care, tests, or treatment your child needed?

	GA-CHMD 2014	
	N	%
<input type="radio"/> Never	8	2.4%
<input type="radio"/> Sometimes	42	12.7%
<input checked="" type="radio"/> Usually	59	17.8%
<input checked="" type="radio"/> Always	223	67.2%
<b>Total</b>	332	100.0%
Not Answered	13	
<b>Reporting Category</b>	Getting Needed Care	
Achievement Score	84.9%	

Response scored as:  Achievement  Room for improvement

## Responses by Question

### Your Child's Personal Doctor

- Q15.** A personal doctor is the one your child would see if he or she needs a check-up, has a health problem, or gets sick or hurt. Does your child have a personal doctor?

	GA-CHMD 2014	
	N	%
Yes	421	89.4%
No	50	10.6%
<b>Total</b>	471	100.0%
Not Answered	28	

- Q16.** In the last 6 months, how many times did your child visit his or her personal doctor for care?

	GA-CHMD 2014	
	N	%
None	77	19.3%
1 time	125	31.3%
2	97	24.3%
3	47	11.8%
4	23	5.8%
5 to 9	23	5.8%
10 or more times	8	2.0%
<b>Total</b>	400	100.0%
Not Answered	21	

- Q17.** 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?

	GA-CHMD 2014	
	N	%
<input type="radio"/> Never	5	1.6%
<input type="radio"/> Sometimes	19	5.9%
<input checked="" type="radio"/> Usually	42	13.0%
<input checked="" type="radio"/> Always	256	79.5%
<b>Total</b>	322	100.0%
Not Answered	1	
<b>Reporting Category</b>	Communication	
Achievement Score	92.5%	

Response scored as:  Achievement  Room for improvement

## Responses by Question

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

**Q18.** In the last 6 months, how often did your child's personal doctor listen carefully to you?

	GA-CHMD 2014	
	N	%
<input type="radio"/> Never	4	1.3%
<input type="radio"/> Sometimes	19	5.9%
<input type="radio"/> Usually	42	13.1%
<input type="radio"/> Always	255	79.7%
<b>Total</b>	320	100.0%
Not Answered	3	
<b>Reporting Category</b>	Communication	
Achievement Score	92.8%	

**Q19.** In the last 6 months, how often did your child's personal doctor show respect for what you had to say?

	GA-CHMD 2014	
	N	%
<input type="radio"/> Never	4	1.3%
<input type="radio"/> Sometimes	8	2.5%
<input type="radio"/> Usually	38	11.9%
<input type="radio"/> Always	270	84.4%
<b>Total</b>	320	100.0%
Not Answered	3	
<b>Reporting Category</b>	Communication	
Achievement Score	96.3%	

**Q20.** Is your child able to talk with doctors about his or her health care?

	GA-CHMD 2014	
	N	%
Yes	203	64.2%
No	113	35.8%
<b>Total</b>	316	100.0%
Not Answered	7	

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

## Responses by Question

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

**Q21.** 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?

	GA-CHMD 2014	
	N	%
● Never	3	1.5%
● Sometimes	17	8.5%
● Usually	33	16.5%
● Always	147	73.5%
<b>Total</b>	200	100.0%
Not Answered	3	
<b>Reporting Category</b>	Single Items	
Achievement Score	90.0%	

**Q22.** In the last 6 months, how often did your child's personal doctor spend enough time with your child?

	GA-CHMD 2014	
	N	%
● Never	10	3.2%
● Sometimes	30	9.5%
● Usually	58	18.3%
● Always	219	69.1%
<b>Total</b>	317	100.0%
Not Answered	6	
<b>Reporting Category</b>	Communication	
Achievement Score	87.4%	

**Q23.** In the last 6 months, did your child's personal doctor talk with you about how your child is feeling, growing, or behaving?

	GA-CHMD 2014	
	N	%
Yes	279	89.1%
No	34	10.9%
<b>Total</b>	313	100.0%
Not Answered	10	

**Q24.** In the last 6 months, did your child get care from a doctor or other health provider besides his or her personal doctor?

	GA-CHMD 2014	
	N	%
Yes	118	37.3%
No	198	62.7%
<b>Total</b>	316	100.0%
Not Answered	7	

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

## Responses by Question

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

- Q25.** 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?

	GA-CHMD 2014	
	N	%
<input type="radio"/> Never	7	6.1%
<input type="radio"/> Sometimes	11	9.6%
<input type="radio"/> Usually	25	21.7%
<input type="radio"/> Always	72	62.6%
<b>Total</b>	115	100.0%
Not Answered	3	
<b>Reporting Category</b>	Single Items	
Achievement Score	84.3%	

- Q26.** 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?

	GA-CHMD 2014	
	N	%
<input type="radio"/> Worst personal doctor possible	1	0.3%
<input type="radio"/> 1	0	0.0%
<input type="radio"/> 2	2	0.5%
<input type="radio"/> 3	2	0.5%
<input type="radio"/> 4	2	0.5%
<input type="radio"/> 5	8	2.0%
<input type="radio"/> 6	12	3.1%
<input type="radio"/> 7	15	3.8%
<input type="radio"/> 8	46	11.7%
<input type="radio"/> 9	74	18.8%
<input type="radio"/> Best personal doctor possible	231	58.8%
<b>Total</b>	393	100.0%
Not Answered	28	
<b>Reporting Category</b>	Ratings	
Rating (8, 9 and 10)	89.3%	

### *Getting Health Care From Specialists*

- Q27.** 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?

	GA-CHMD 2014	
	N	%
Yes	97	21.5%
No	355	78.5%
<b>Total</b>	452	100.0%
Not Answered	47	

Response scored as:  Achievement  Room for improvement

## Responses by Question

### Getting Health Care From Specialists (continued)

**Q28.** In the last 6 months, how often did you get an appointment for your child to see a specialist as soon as you needed?

	GA-CHMD 2014	
	N	%
● Never	8	8.4%
● Sometimes	17	17.9%
● Usually	23	24.2%
● Always	47	49.5%
<b>Total</b>	95	100.0%
Not Answered	2	
<b>Reporting Category</b>	Getting Needed Care	
Achievement Score	73.7%	

**Q29.** How many specialists has your child seen in the last 6 months?

	GA-CHMD 2014	
	N	%
None	10	10.8%
1 specialist	62	66.7%
2	12	12.9%
3	6	6.5%
4	2	2.2%
5 or more specialists	1	1.1%
<b>Total</b>	93	100.0%
Not Answered	4	

**Q30.** 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?

	GA-CHMD 2014	
	N	%
● Worst specialist possible	0	0.0%
● 1	1	1.2%
● 2	0	0.0%
● 3	1	1.2%
● 4	0	0.0%
● 5	6	7.3%
● 6	3	3.7%
● 7	6	7.3%
● 8	7	8.5%
● 9	12	14.6%
● Best specialist possible	46	56.1%
<b>Total</b>	82	100.0%
Not Answered	1	
<b>Reporting Category</b>	Ratings	
Rating (8, 9 and 10)	79.3%	

○ Response scored as: ● Achievement ● Room for improvement

## Responses by Question

### Your Child's Health Plan

**Q31. In the last 6 months, did you get information or help from customer service at your child's health plan?**

	GA-CHMD 2014	
	N	%
Yes	148	32.5%
No	308	67.5%
<b>Total</b>	<b>456</b>	<b>100.0%</b>
Not Answered	43	

**Q32. In the last 6 months, how often did customer service at your child's health plan give you the information or help you needed?**

	GA-CHMD 2014	
	N	%
<input checked="" type="radio"/> Never	7	5.0%
<input checked="" type="radio"/> Sometimes	18	12.9%
<input checked="" type="radio"/> Usually	34	24.5%
<input checked="" type="radio"/> Always	80	57.6%
<b>Total</b>	<b>139</b>	<b>100.0%</b>
Not Answered	9	
<b>Reporting Category</b>	Customer Service	
Achievement Score	82.0%	

**Q33. In the last 6 months, how often did customer service staff at your child's health plan treat you with courtesy and respect?**

	GA-CHMD 2014	
	N	%
<input checked="" type="radio"/> Never	4	2.9%
<input checked="" type="radio"/> Sometimes	10	7.2%
<input checked="" type="radio"/> Usually	18	13.0%
<input checked="" type="radio"/> Always	106	76.8%
<b>Total</b>	<b>138</b>	<b>100.0%</b>
Not Answered	10	
<b>Reporting Category</b>	Customer Service	
Achievement Score	89.9%	

**Q34. In the last 6 months, did your child's health plan give you any forms to fill out?**

	GA-CHMD 2014	
	N	%
Yes	130	29.1%
No	317	70.9%
<b>Total</b>	<b>447</b>	<b>100.0%</b>
Not Answered	52	

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

## Responses by Question

### *Your Child's Health Plan (continued)*

**PQ35.** 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 Q34 = 'No', based on NCQA scoring guidelines.]

	GA-CHMD 2014	
	N	%
● Never	7	1.6%
● Sometimes	20	4.5%
● Usually	33	7.5%
● Always	381	86.4%
<b>Total</b>	441	100.0%
Not Answered	6	
<b>Reporting Category</b>	Single Items	
Achievement Score	93.9%	

**Q36.** 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?

	GA-CHMD 2014	
	N	%
● Worst health plan possible	3	0.7%
● 1	2	0.4%
● 2	4	0.9%
● 3	5	1.1%
● 4	3	0.7%
● 5	12	2.7%
● 6	18	4.0%
● 7	27	6.0%
● 8	71	15.7%
● 9	80	17.7%
● Best health plan possible	226	50.1%
<b>Total</b>	451	100.0%
Not Answered	48	
<b>Reporting Category</b>	Ratings	
Rating (8, 9 and 10)	83.6%	

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

## Responses by Question

### About Your Child and You

**Q37.** In general, how would you rate your child's overall health?

	GA-CHMD 2014	
	N	%
● Excellent	195	42.8%
● Very Good	142	31.1%
● Good	96	21.1%
● Fair	23	5.0%
● Poor	0	0.0%
<b>Total</b>	456	100.0%
Not Answered	43	
<b>Reporting Category</b>	Single Items	
Achievement Score	73.9%	

**Q38.** In general, how would you rate your child's overall mental or emotional health?

	GA-CHMD 2014	
	N	%
● Excellent	227	49.7%
● Very Good	113	24.7%
● Good	78	17.1%
● Fair	38	8.3%
● Poor	1	0.2%
<b>Total</b>	457	100.0%
Not Answered	42	
<b>Reporting Category</b>	Single Items	
Achievement Score	74.4%	

**Q39.** What is your child's age?

	GA-CHMD 2014	
	N	%
Less than 1 year old	22	4.8%
1 to 2 years old	51	11.2%
3 to 4 years old	59	12.9%
5 to 7 years old	92	20.1%
8 to 10 years old	83	18.2%
11 to 13 years old	66	14.4%
14 to 19 years old	84	18.4%
<b>Total</b>	457	100.0%
Not Answered	42	

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

## Responses by Question

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

**Q40. Is your child male or female?**

	GA-CHMD 2014	
	N	%
Male	242	53.1%
Female	214	46.9%
<b>Total</b>	456	100.0%
Not Answered	43	

**Q41. Is your child of Hispanic or Latino origin or descent?**

	GA-CHMD 2014	
	N	%
Yes, Hispanic or Latino	114	25.8%
No, Not Hispanic or Latino	328	74.2%
<b>Total</b>	442	100.0%
Not Answered	57	

**Q42.1. What is your child's race? Response: White.**

	GA-CHMD 2014	
	N	%
Yes	192	44.5%
No	239	55.5%
<b>Total</b>	431	100.0%
Not Answered	68	

**Q42.2. What is your child's race? Response: Black or African-American.**

	GA-CHMD 2014	
	N	%
Yes	202	46.9%
No	229	53.1%
<b>Total</b>	431	100.0%
Not Answered	68	

**Q42.3. What is your child's race? Response: Asian.**

	GA-CHMD 2014	
	N	%
Yes	16	3.7%
No	415	96.3%
<b>Total</b>	431	100.0%
Not Answered	68	

## Responses by Question

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

**Q42.4.** What is your child's race? Response: Native Hawaiian or other Pacific Islander.

	GA-CHMD 2014	
	N	%
Yes	3	0.7%
No	428	99.3%
<b>Total</b>	431	100.0%
Not Answered	68	

**Q42.5.** What is your child's race? Response: American Indian or Alaskan Native.

	GA-CHMD 2014	
	N	%
Yes	16	3.7%
No	415	96.3%
<b>Total</b>	431	100.0%
Not Answered	68	

**Q42.6.** What is your child's race? Response: Other.

	GA-CHMD 2014	
	N	%
Yes	59	13.7%
No	372	86.3%
<b>Total</b>	431	100.0%
Not Answered	68	

**Q43.** What is your age?

	GA-CHMD 2014	
	N	%
Under 18	41	9.1%
18 to 24	34	7.6%
25 to 34	157	34.9%
35 to 44	140	31.1%
45 to 54	44	9.8%
55 to 64	18	4.0%
65 to 74	13	2.9%
75 or older	3	0.7%
<b>Total</b>	450	100.0%
Not Answered	49	

## Responses by Question

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

**Q44. Are you male or female?**

	GA-CHMD 2014	
	N	%
Male	42	9.2%
Female	414	90.8%
<b>Total</b>	456	100.0%
Not Answered	43	

**Q45. What is the highest grade or level of school that you have completed?**

	GA-CHMD 2014	
	N	%
8th grade or less	46	10.3%
Some high school but did not graduate	72	16.1%
High school graduate or GED	163	36.4%
Some college or 2-year degree	134	29.9%
4-year college graduate	23	5.1%
More than 4-year college degree	10	2.2%
<b>Total</b>	448	100.0%
Not Answered	51	

**Q46. How are you related to the child?**

	GA-CHMD 2014	
	N	%
Mother or father	387	87.8%
Grandparent	35	7.9%
Aunt or uncle	4	0.9%
Older brother or sister	1	0.2%
Other relative	3	0.7%
Legal guardian	11	2.5%
Someone else	0	0.0%
<b>Total</b>	441	100.0%
Not Answered	58	

**Q47. Did someone help you complete this survey?**

	GA-CHMD 2014	
	N	%
Yes	16	6.3%
No	238	93.7%
<b>Total</b>	254	100.0%
Not Answered	5	

## Responses by Question

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

**Q48.1.** How did that person help you? Response: Read the questions to me.

	GA-CHMD 2014	
	N	%
Yes	8	53.3%
No	7	46.7%
<b>Total</b>	15	100.0%
Not Answered	6	

**Q48.2.** How did that person help you? Response: Wrote down the answers I gave.

	GA-CHMD 2014	
	N	%
Yes	2	13.3%
No	13	86.7%
<b>Total</b>	15	100.0%
Not Answered	6	

**Q48.3.** How did that person help you? Response: Answered the questions for me.

	GA-CHMD 2014	
	N	%
Yes	1	6.7%
No	14	93.3%
<b>Total</b>	15	100.0%
Not Answered	6	

**Q48.4.** How did that person help you? Response: Translated the questions into my language.

	GA-CHMD 2014	
	N	%
Yes	8	53.3%
No	7	46.7%
<b>Total</b>	15	100.0%
Not Answered	6	

**Q48.5.** How did that person help you? Response: Helped in some other way.

	GA-CHMD 2014	
	N	%
Yes	2	13.3%
No	13	86.7%
<b>Total</b>	15	100.0%
Not Answered	6	

# Custom Questions

## About You

**Q38a. Has your child had either a flu shot or flu spray in the nose since July 1, 2013?**

	GA-CHMD 2014	
	N	%
<input checked="" type="radio"/> Yes	238	52.2%
<input checked="" type="radio"/> No	202	44.3%
<input checked="" type="radio"/> Don't know	16	3.5%
<b>Total</b>	456	100.0%
Not Answered	43	
<b>Reporting Category</b>	Single Items	
Achievement Score	52.2%	

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



Your privacy is protected. All information that would let someone identify you or your family will be kept private. DataStat 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 you get. 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 1-877-455-7161.

SURVEY INSTRUCTIONS

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



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 [Georgia Medicaid/ PeachCare for Kids] Program. 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 15**
- 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, 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 13**

10. When you talked about your child starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might want your child to take a medicine?

- Not at all
- A little
- Some
- A lot

11. When you talked about your child starting or stopping a prescription medicine, how much did a doctor or other health provider talk about the reasons you might **not** want your child to take a medicine?

- Not at all
- A little
- Some
- A lot

12. 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

13. 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 Best Health  
 Care Possible Care Possible



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

- Never
- Sometimes
- Usually
- Always

### YOUR CHILD'S PERSONAL DOCTOR

15. 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 27*

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

- None → *Go to Question 26*
- 1 time
- 2
- 3
- 4
- 5 to 9
- 10 or more times

17. 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

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

- Never
- Sometimes
- Usually
- Always

19. 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

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

- Yes
- No → *Go to Question 22*

21. 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

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

- Never
- Sometimes
- Usually
- Always

23. 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

24. 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 26*

25. 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





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

- Never
- Sometimes
- Usually
- Always

36. 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

**ABOUT YOUR CHILD AND YOU**

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Excellent
- Very good
- Good
- Fair
- Poor

38a. Has your child had either a flu shot or flu spray in the nose since July 1, 2013?

- Yes
- No
- Don't know

39. What is your child's age?

- Less than 1 year old

YEARS OLD (write in)

40. Is your child male or female?

- Male
- Female

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

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

42. 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

43. 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

44. Are you male or female?

- Male
- Female

45. 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



46. How are you related to the child?

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

47. Did someone help you complete this survey?

- Yes → **Go to Question 48**
- No → **Thank you. Please return the completed survey in the postage-paid envelope.**

48. 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

**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**





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456-08



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