

ERRATUM

Flores G and Tomany-Korman SC. The Language Spoken at Home and Disparities in Medical and Dental Health, Access to Care, and Use of Services in US Children. *Pediatrics*. 2008;121(6):e1703–e1714

Errors appeared in this article by Flores and Tomany-Korman (doi: 10.1542/peds.2007-2906). The publicly available 2003 National Survey of Children's Health (NSCH) dataset was analyzed for this paper. Although publicly available NSCH data provide nationally representative estimates for most racial/ethnic groups, they do not do so for Asian/Pacific Islander and Native American children, as Asian/Pacific Islander race was not reported for children living in 46 states, and Native American race was not reported for 44 states.

To rectify these errors, analyses for Asian/Pacific Islander and Native American children were re-run using the non-public NSCH dataset, which does provide nationally representative estimates for both groups. These revised analyses did not alter any of the major study conclusions; a brief textual summary of changes is provided below for each table. The revised tables (listing only those changes from the original tables) are available from the authors upon request.

Table 1: Estimates changed by 0–3.0, and only one, non-significant *P*-value changed (for gender), from 0.11 to 0.14.

Table 2: Estimates changed by 0–9.5, 10 significant *P*-values changed but remained significant, and six non-significant *P*-values changed but remained non-significant.

Table 3: Estimates changed by 0–10.0, except for when interpreter needed, able to get someone other than family member to interpret, which changed by 2.8–73.9. The *P*-values for behavior problems, any problems getting specialty care, and received mental health care in last 12 months changed from significant to non-significant. Four *P*-values changed from non-significant to significant (for needs/gets special therapy, bone/joint/muscle problems, digestive allergies, and insured sporadically in last 12 months). Twenty-four significant *P*-values changed but remained significant, and five non-significant *P*-values changed but remained non-significant. Errors also were identified in the original values for all three racial/ethnic groups for behavior problems, bone/joint/muscle problems, and diabetes, and for whites in private health insurance coverage, and these have been corrected.

Table 4: The estimates changed by 0–0.77, and two odds ratios (ORs) were no longer statistically significant (for unmet dental care needs due to dentist not knowing how to treat or provide care, and no preventive care medical visit in last 12 months).

Table 5: ORs changed by 0–5.97, except for no mental health care in the last 12 months, which changed by 71.28. For Asians/Pacific Islanders, one OR (teeth condition not excellent/very good) changed from non-significant to significant, and six changed from significant to non-significant (developmental delay, usual source of care never/only sometimes explains things in way you can understand, no preventive care medical visit in last 12 months, no preventive care medical visit with usual source of care in last 12 months, no preventive care medical visit with usual source of care in last 24 months, and no mental health care in last 12 months).

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