



The Child

The National Survey of Children's Health took several approaches to monitoring the health and well-being of children. This section presents information on children's health status, their health care, and their activities in and outside of school. Taken together, these measures present a snapshot of children's health and well-being that reflects a wide range of aspects of their lives.

Children's health status was measured through parents' reports of their children's overall health status, as well as whether they currently have specific conditions, such as asthma, learning disabilities, and attention deficit/hyperactivity disorder. In addition, parents were asked about their concerns regarding their children's development and behavior, whether their child was screened for such problems, and about the child's social skills and ability to get along with others.

Children's access to health care and parents' satisfaction with the health care their children receive were measured through questions about children's health insurance coverage, their use of preventive medical and dental services, their access to needed mental health services, and the communication skills and cultural sensitivity of their children's health care providers. Several survey questions were also combined to assess whether children had a "medical home," a source of primary care that is accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective.

Children's participation in activities in school and in the community represents another important aspect of their well-being. The survey addressed whether young children often played with children their own age, and whether school-aged children were engaged in school and had ever repeated a grade. In addition, parents were asked about their children's participation in activities such as reading for pleasure, volunteering and working for pay, as well as other activities outside of school.

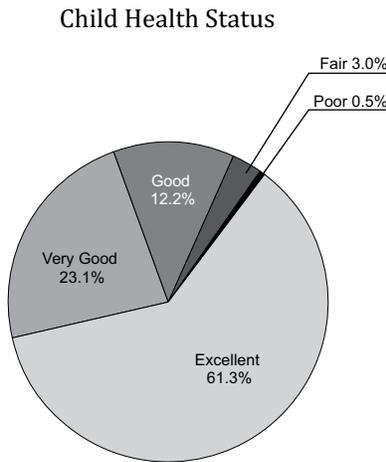


Child Health Status

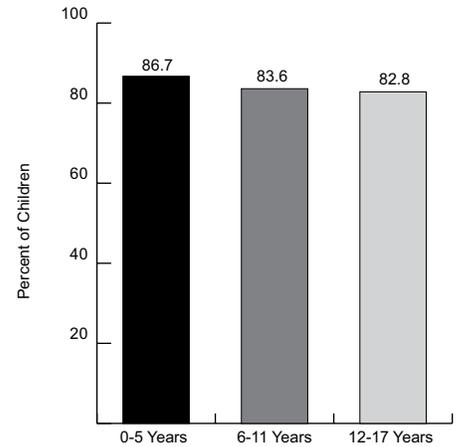
The general state of a child's health, as perceived by his or her parents, is a useful measure of the child's overall health and ability to function. This is, however, only a general measure of a child's health, as parents may have a positive view of their child's health even in the presence of significant health issues. Parents were asked to rate their child's health status as excellent, very good, good, fair, or poor. Overall, the parents of 84.4 percent of children reported that their child's health was excellent or very good. This proportion did not vary by the sex of the child.

Younger children are slightly more likely to be reported to be in excellent or very good health than are school-aged children or adolescents. Of children aged 5 years and under, 86.7 percent were reported to be in excellent or very good health, compared to 83.6 percent of children aged 6-11 years and 82.8 percent of children aged 12-17 years.

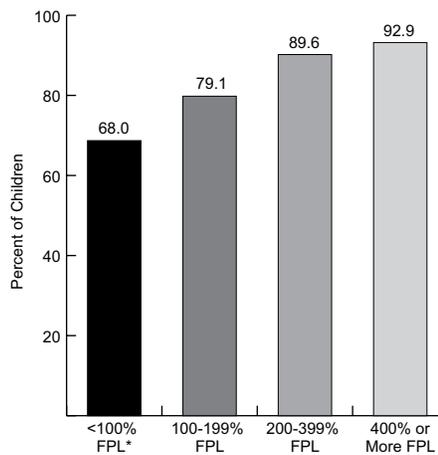
Children in low-income households are much more likely to have poorer reported health status than children with higher levels of income. Only 68.0 percent of children with household incomes below the Federal poverty level (FPL; \$20,650 for a family of four in 2007) were reported to be in excellent or very good health, compared to 79.1 percent of children with household incomes between 100 and 199 percent of the FPL. Among



Children in Excellent or Very Good Health, by Age

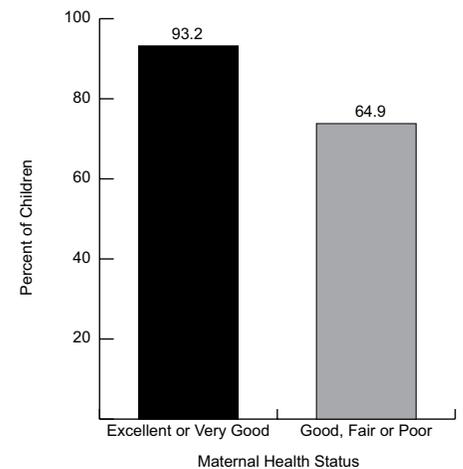


Children in Excellent or Very Good Health, by Poverty Status



*Federal poverty level was \$20,650 for a family of four in 2007.

Children in Excellent or Very Good Health, by Maternal Health Status



children with household incomes between 200 and 399 percent of the FPL, 89.6 percent were in excellent or very good health, as were 92.9 percent of children with household incomes of 400 percent or more of the FPL.

A child whose mother is herself in excellent or very good health appears to be more likely to be reported to be in excellent or very good health.

Of children whose mothers were reported to be in excellent or very good mental, emotional, and physical health, 93.2 percent were themselves reported to be in excellent or very good health; among children of mothers whose health was good, fair, or poor, only 64.9 percent were themselves in excellent or very good health.



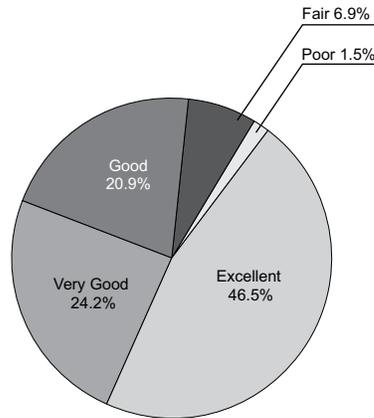
Oral Health Status

Parents were asked to rate the condition of their children's teeth as excellent, very good, good, fair, or poor (excluding children under age 1 or who had no teeth). Overall, the parents of 70.7 percent of children reported that their children's teeth were in excellent or very good condition, while 20.9 percent reported the child's teeth to be in good condition and the remaining 8.4 percent reported them to be in fair or poor condition.

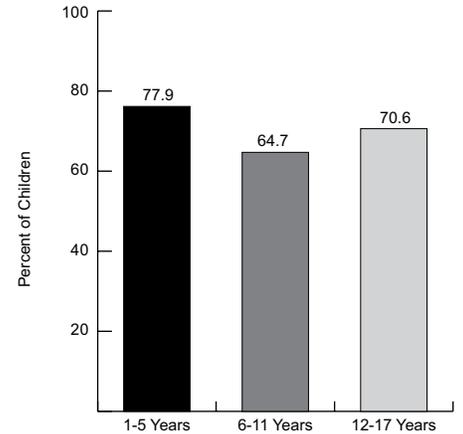
This proportion varied, however, by the child's age group. The parents of 77.9 percent of 1- to 5-year-olds rated the condition of their children's teeth as excellent or very good, compared to 64.7 percent of children aged 6-11 years and 70.6 percent of adolescents aged 12-17 years.

The condition of children's teeth also varied with household income. Of children with household incomes below the Federal poverty level (FPL), about half were reported to have teeth that were in excellent or very good condition (49.8 percent), compared to 61.3 percent of children with household incomes between 100 and 199 percent of the FPL, 76.0 percent of children with household incomes between 200 and 399 percent of the FPL, and 84.8 percent of children with household incomes of 400 percent or more of the FPL.

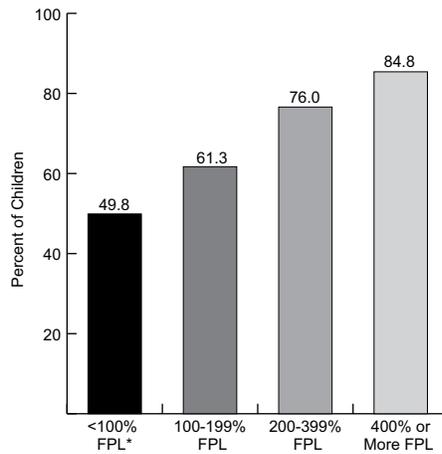
Child Oral Health Status



Children in Excellent or Very Good Oral Health, by Age

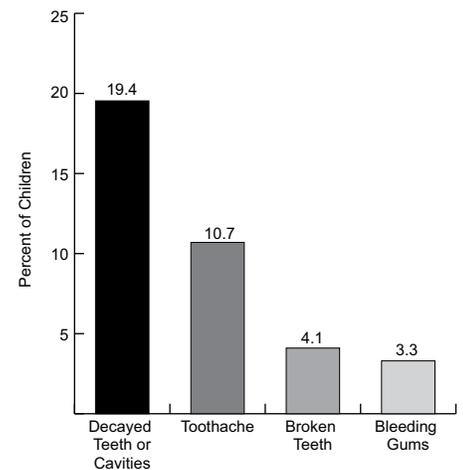


Children in Excellent or Very Good Oral Health, by Poverty Status



*Federal poverty level was \$20,650 for a family of four in 2007.

Prevalence of Oral Health Problems in the Past 6 Months



Parents also reported on 4 individual oral health problems that may have occurred in the previous 6 months. Parents of 19.4 percent of children reported that their children had decayed teeth or cavities within the past 6 months, while 10.7 percent of children had a toothache during that time.

Less common were broken teeth and bleeding gums, occurring in 4.1 and 3.3 percent of children, respectively. In total, 26.7 percent of children were reported to have at least one of these oral health problems (data not shown).

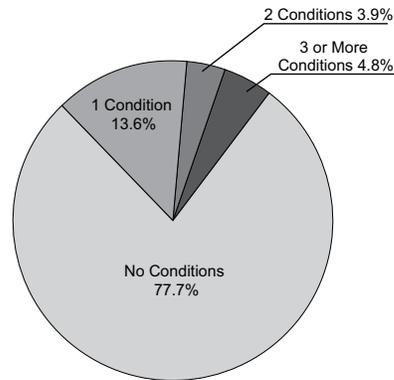


Prevalence of Conditions

Children may have chronic physical or mental health problems, such as asthma or anxiety, which may have an impact on the child. Overall, parents of 22.3 percent of children reported they had at least one of a list of 16 chronic health conditions. Nearly half of those with at least one condition had two or more conditions. Of children with at least one of the 16 current health conditions, 47.8 percent were reported to have one or more moderate or severe conditions (data not shown).

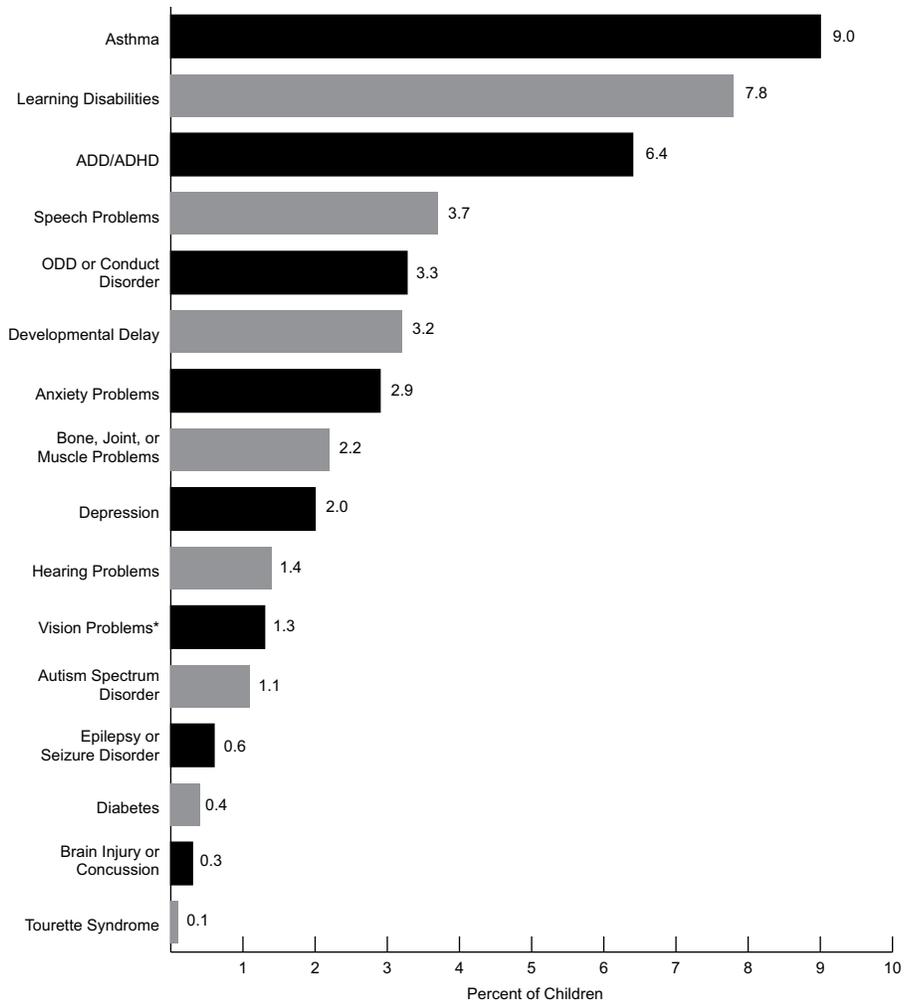
Asthma was the most often reported condition, occurring among 9.0 percent of children, followed closely by learning disabilities (7.8 percent). Also relatively common was attention deficit disorder/attention deficit hyperactivity disorder, or ADD/ADHD, reported among 6.4 percent of children, and speech problems (3.7 percent). Oppositional defiant disorder (ODD) or conduct disorder were reported among 3.3 percent of children, while developmental delay occurred among 3.2 percent. The least commonly reported conditions addressed in the survey were brain injury or concussion and Tourette syndrome, occurring among 0.3 and 0.1 percent of children, respectively.

Number of Chronic Conditions Reported*



*Of 16 specific health conditions

Children with Reported Chronic Conditions



*Includes only vision problems that cannot be corrected with glasses or contact lenses.

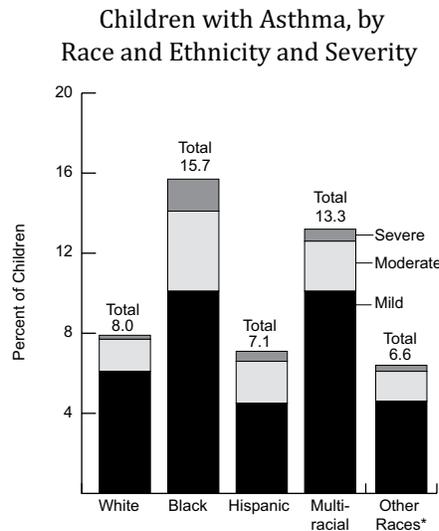
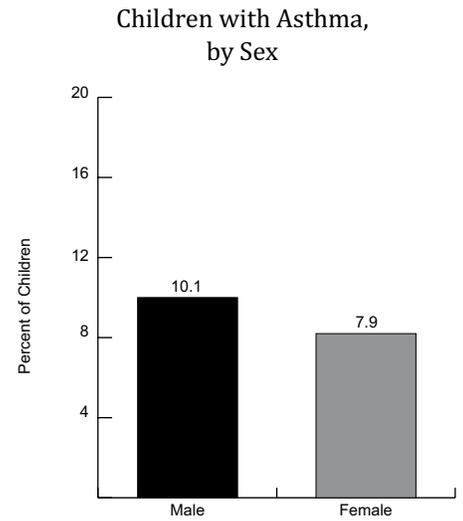
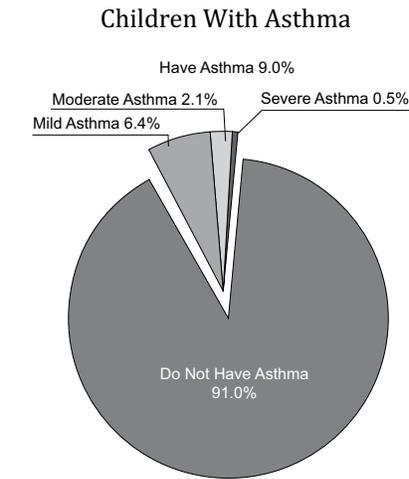


Asthma

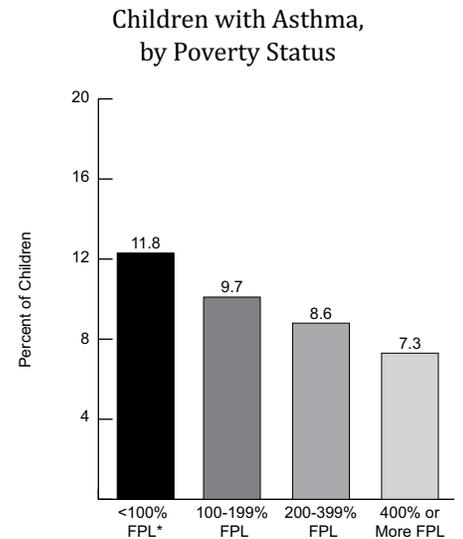
Asthma, a chronic inflammatory disorder of the airways, is one of the most common chronic diseases affecting children. It can cause wheezing, chest tightness, and coughing, particularly at night or after exercise. More severe asthma attacks can result in breathlessness, agitation, and respiratory failure.

Overall, parents of 9.0 percent of children reported that their child had asthma at the time of the survey. For most children with asthma (71.4 percent) the condition was reported as mild but for the remaining 23.0 and 5.6 percent, asthma was reported as moderate and severe, respectively. The proportion of children with asthma varied slightly with regard to the child's sex. Boys were more likely than girls to have asthma (10.1 versus 7.9 percent, respectively).

The proportion of children with asthma varied by race and ethnicity, as did the severity of the condition. The parents of 15.7 percent of Black children reported that their child had asthma, as did the parents of 13.3 percent of multiracial children, 8.0 percent of White children, and 7.1 percent of Hispanic children. Among children with asthma, parents of Black children were also most likely to report the condition as severe (10.3 percent), compared to 6.5 percent of Hispanic, 4.7 percent of multiracial, and 3.0 percent of White children. Hispanic children had the lowest reported rate of asthma. Research has



*Includes Asian/Pacific Islander and American Indian/Alaska Native children.



*Federal poverty level was \$20,650 for a family of four in 2007.

consistently found that while parents of Hispanic children are less likely than non-Hispanic parents to report health conditions such as asthma in their children, Hispanic children's conditions are often more severe.³

The prevalence of asthma among children is higher among children in lower-income households. Of children with household incomes below the poverty level, 11.8 percent were

reported to have asthma, compared to 9.7 percent of children with household incomes between 100 and 199 percent of poverty, 8.6 percent of children with household incomes between 200 and 399 percent of the Federal poverty level (FPL), and 7.3 percent of children with household incomes of 400 percent or more of the FPL.



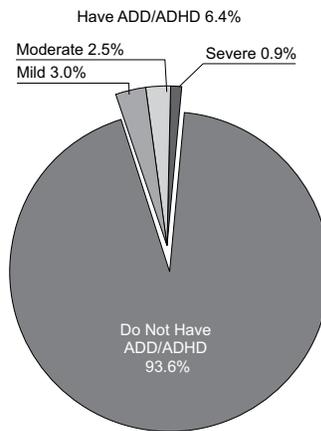
ADD/ADHD

Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD) is a neurobehavioral, or psychiatric, disorder that is characterized by chronic inattention and/or impulsive hyperactivity severe enough to interfere with daily functioning.

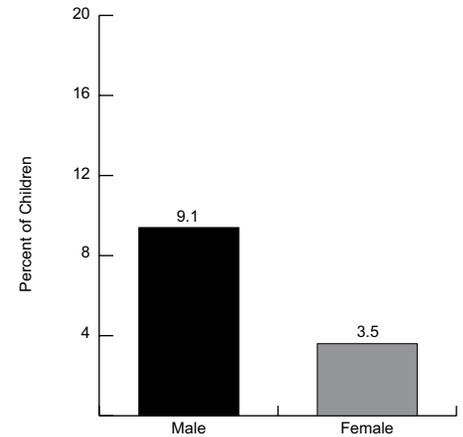
Parents of 6.4 percent of children reported that their child had ADD/ADHD at the time of the survey. For nearly half of children with ADD/ADHD, the condition was reported as mild (46.9 percent); however, for 39.1 percent of children with ADD/ADHD the severity of the condition was reported to be moderate, and for the remaining 14.1 percent, the condition was considered severe by the parent. The proportion of children with ADD/ADHD varied with regard to the child's sex. Boys were significantly more likely than girls to have been diagnosed with ADD/ADHD (9.1 versus 3.5 percent, respectively).

The proportion of children with ADD/ADHD varied by race and ethnicity. Parents of multiracial children were most likely to have reported that their child currently had ADD/ADHD (9.3 percent), followed by parents of Black and White children (7.4 and 7.2 percent, respectively). Parents of 3.7 percent of Hispanic children reported that their child had ADD/ADHD, as did the parents of 2.8 percent of children of other races. The low reported rate

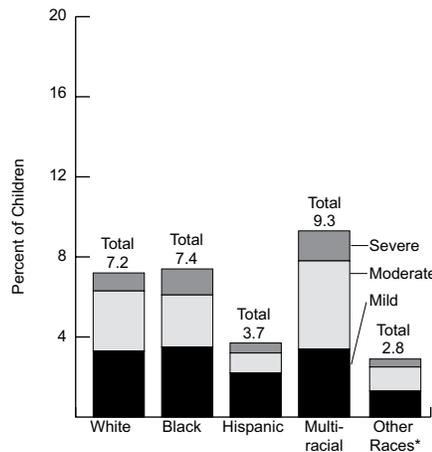
Children with ADD/ADHD



Children with ADD/ADHD, by Sex

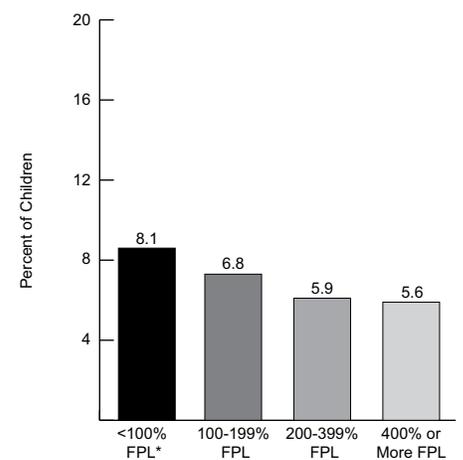


Children with ADD/ADHD, by Race and Ethnicity and Severity



*Includes Asian/Pacific Islander and American Indian/Alaska Native children.

Children with ADD/ADHD, by Poverty Status



*Federal poverty level was \$20,650 for a family of four in 2007.

of ADHD among Hispanic children is consistent with other national studies.⁴

The prevalence of ADD/ADHD varied with poverty status. Of children with household incomes below the poverty level, 8.1 percent were reported to have ADD/ADHD, compared to 6.8 percent of children with household incomes

between 100 and 199 percent of poverty, 5.9 percent of children with household incomes between 200 and 399 percent of the Federal poverty level (FPL), and 5.6 percent of children with household incomes of 400 percent or more of the FPL.



Health Status

Injury

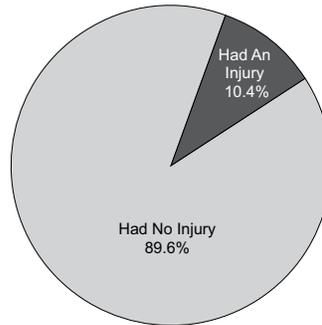
Unintentional injury, including motor vehicle crashes, falls, and cuts, is a major risk to children's health and the leading cause of death for children over age 1. Parents of children aged 5 years and younger were asked if their child had required medical attention for an accidental injury over the past year. Overall, 10.4 percent of young children had had an injury that required medical attention.

Boys may be more likely to experience serious injury than girls: 11.8 percent of boys aged 0-5 years had an injury requiring medical attention, compared to 8.9 percent of girls in this age group.

Children with special health care needs (CSHCN) may be especially likely to experience injuries requiring medical care. Of CSHCN aged 0-5 years, 18.3 percent had an injury requiring medical attention, compared to 9.4 percent of children without special health care needs.

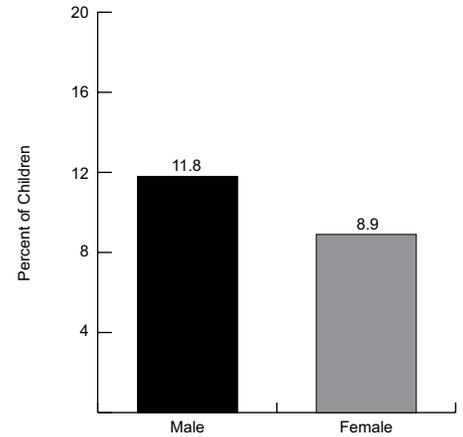
Parents were also asked in which physical location the child was injured; parents could select more than one location if the child was injured multiple times. The most common location cited by parents was in the home (64.2 percent). Child care was identified by 10.6 percent of parents whose children were injured and 27.2 percent indicated that the injury occurred at another place.

Children Aged 0-5 Years with Injuries* in the Past Year

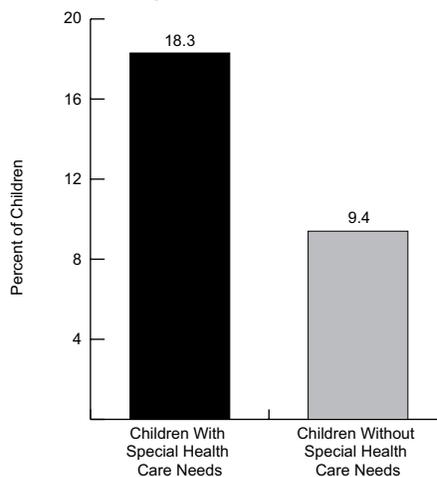


*Requiring medical attention, not including poisoning.

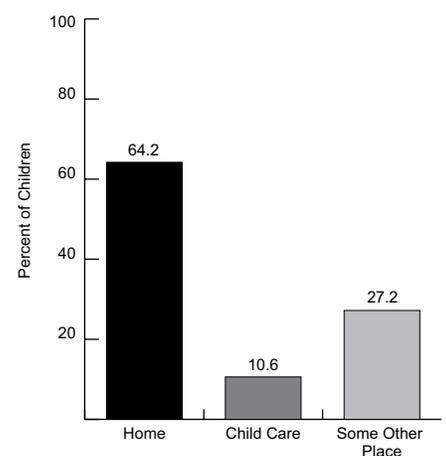
Children Aged 0-5 Years with Injuries in the Past Year, by Sex



Children Aged 0-5 Years with Injuries in the Past Year, by CSHCN Status



Children Aged 0-5 Years with Injuries in the Past Year, by Physical Location* of Injury



*Items are not mutually exclusive; parents could select more than one location.





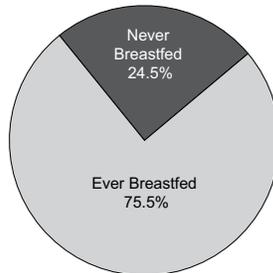
Breastfeeding

Breast milk is widely recognized to be the ideal form of nutrition for infants. Breastfed infants are less susceptible to infectious diseases, and children who were breastfed are less likely to suffer from diabetes; overweight and obesity; asthma; and lymphoma, leukemia, and Hodgkin's disease, compared to children who were not breastfed. In addition, rates of postneonatal mortality (death between the first month and the end of the first year of life) are lower among breastfed infants.⁵ Therefore, the American Academy of Pediatrics recommends that, with few exceptions, all infants be fed with breast milk exclusively for the first 6 months of life.

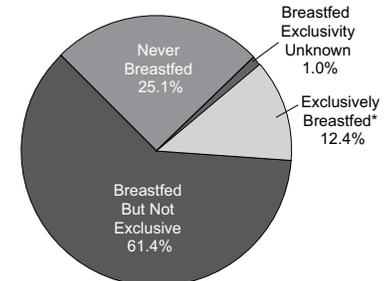
Overall, 75.5 percent of children aged 0-5 years were ever fed breast milk, while the remaining 24.5 percent of children were never breastfed. More than 12 percent of children aged 6 months to 5 years were exclusively breastfed—receiving no formula, solid food, or water—for their first 6 months.

The proportion of children ever and exclusively breastfed varies by race and ethnicity. Among children aged 0 to 5 years, Hispanic children and children of other races were most likely to have ever been breastfed (82.4 and 82.2 percent, respectively). Nearly 77 percent of White children and 55.5 percent of Black children were ever breastfed.

Breastfeeding Among Children Aged 0-5 Years

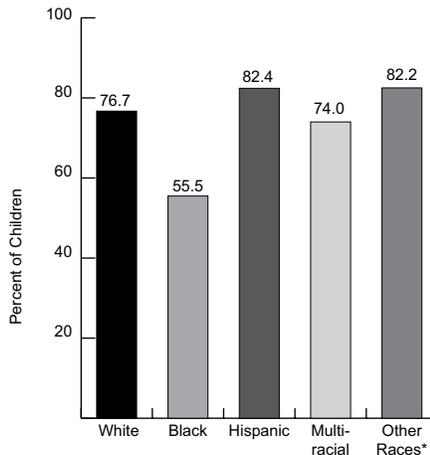


Exclusive Breastfeeding for the First 6 Months of Life, Among Children Aged 6 Months to 5 Years



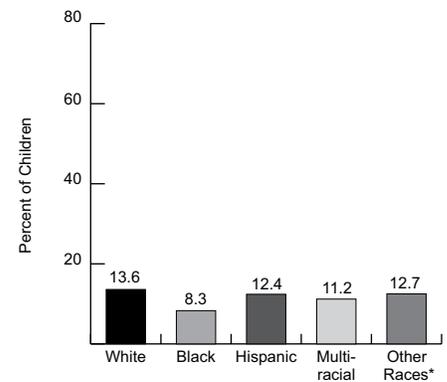
*Fed breast milk exclusively for at least the first 6 months of life. Percentages may not add to 100 due to rounding.

Breastfeeding Among Children Aged 0-5 Years, by Race and Ethnicity



*Includes Asian/Pacific Islander and American Indian/Alaska Native children.

Exclusive Breastfeeding Among Children Aged 6 Months to 5 Years, by Race and Ethnicity



*Includes Asian/Pacific Islander and American Indian/Alaska Native children.

Among children aged 6 months to 5 years, White children were most likely to have been exclusively breastfed for 6 months (13.6 percent), followed by Hispanic children and children of other races (12.4 and 12.7 percent, respectively). More than 11 percent of multiracial and 8.3 percent of Black children were exclusively breastfed for the first 6 months of life.



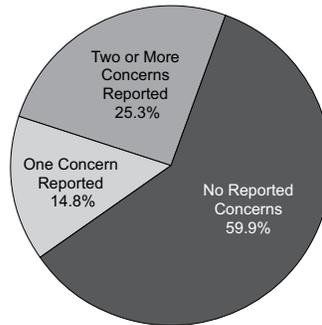
Parents' Concerns and Risk of Developmental Delay

Parental concerns and observations about their child's development and behavior are an important indication of a child's potential risk for developmental, behavioral, and/or social delays. Parents were asked about eight specific concerns they may have about their child's learning, development, or behavior that can predict risk of developmental issues. These items were based on the Parent's Evaluation of Developmental Status (PEDS®).⁶ The parents of 40.1 percent of children aged 0-5 years reported at least one concern from this list.

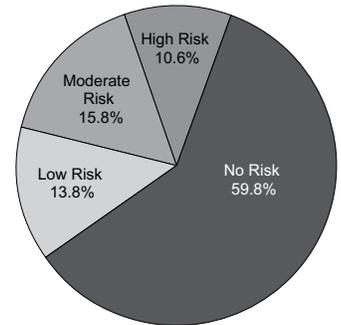
The percentage of children whose parents had one or more concerns varied by the child's sex and race/ethnicity. The parents of more than 44 percent of boys aged 0-5 years reported at least one concern, compared to the parents of 36.0 percent of girls (data not shown). White children were least likely to have their parents report one of more concerns (34.9 percent), while children of other races and Hispanic children were most likely (50.6 and 48.1 percent, respectively). The parents of 45.2 percent of Black children also had one or more concerns.

Some of the eight concerns listed in the survey were considered to be "predictive" of developmental delay based on the age of the child. A child

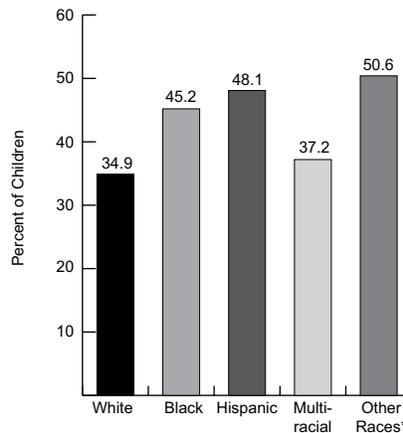
Children Whose Parents Reported Concerns About Child Development, Aged 0 to 5 Years



Children at Risk for Developmental or Behavioral Delays, Aged 4 Months to 5 Years

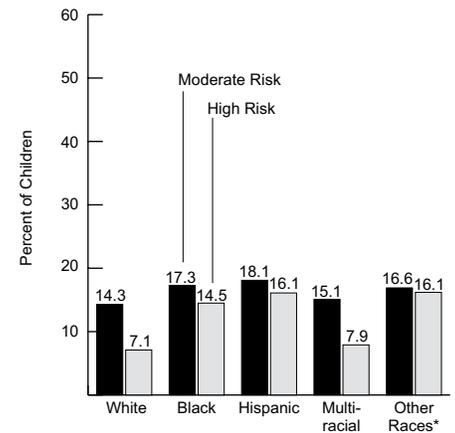


Children Aged 0 to 5 Years Whose Parents Reported One or More Concerns, by Race and Ethnicity



*Includes Asian/Pacific Islanders and American Indian/Alaska Natives.

Children Aged 4 Months to 5 Years Who Are at Moderate or High Risk for Developmental or Behavioral Delays, by Race and Ethnicity



*Includes Asian/Pacific Islanders and American Indian/Alaska Natives.

whose parents reported having one of these predictive concerns was classified as being at moderate risk of delay and a child with two or more predictive concerns was considered to be at high risk. The parents of 26.4 percent of children aged 4 months to 5 years indicated that they were at moderate or high risk for delay. The percentage of children at moderate or high risk of developmental or behavioral delays

also varied by sex and race/ethnicity. Overall, boys were slightly more likely to be at moderate or high risk for delay than girls (29.2 versus 23.4 percent, respectively; data not shown). Approximately one-third of Hispanic children and children of other races were at moderate or high risk for delays, compared to 21.4 percent of White and 23.0 percent of multiracial children.



Social Skills

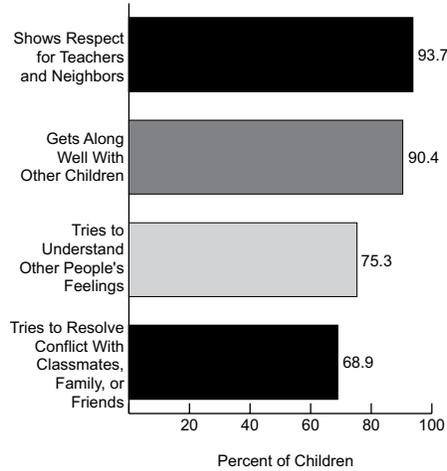
Children begin developing positive social skills at an early age, a process that will influence their relationships with others throughout their lives. Parents of children aged 6-17 years were asked if their children had never, rarely, sometimes, usually, or always exhibited each of the following behaviors in the past month: showed respect for teachers and neighbors; got along well with other children; tried to understand other people's feelings; and tried to resolve conflict with classmates, family, or friends.

The prevalence of individual social skills varied greatly. Parents of 93.7 percent of children reported that they usually or always showed respect for teachers and neighbors, and 90.4 percent get along well with other children, while 75.3 percent of children were reported to have tried to understand other people's feelings, and 68.9 percent tried to resolve conflict with classmates, family, or friends.

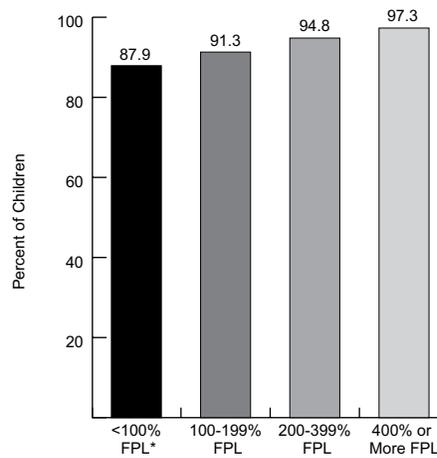
While most children displayed positive social skills to some degree, children were considered to consistently display social skills if parents responded "usually" or "always" to two or more of these questions. Overall, 93.6 percent of children were reported to consistently exhibit positive social skills (data not shown).

The display of social skills varied by household income. Children with higher household incomes were more

Children Aged 6-17 Years Usually or Always Exhibiting Social Skills



Children Aged 6-17 Years with Social Skills, by Poverty Status



*Federal poverty level was \$20,650 for a family of four in 2007.

likely than those with lower incomes to do so. Among children aged 6-17 years with household incomes below the poverty level, 87.9 percent conveyed social skills, compared to 97.3 percent of children whose family incomes were 400 percent or more of poverty.



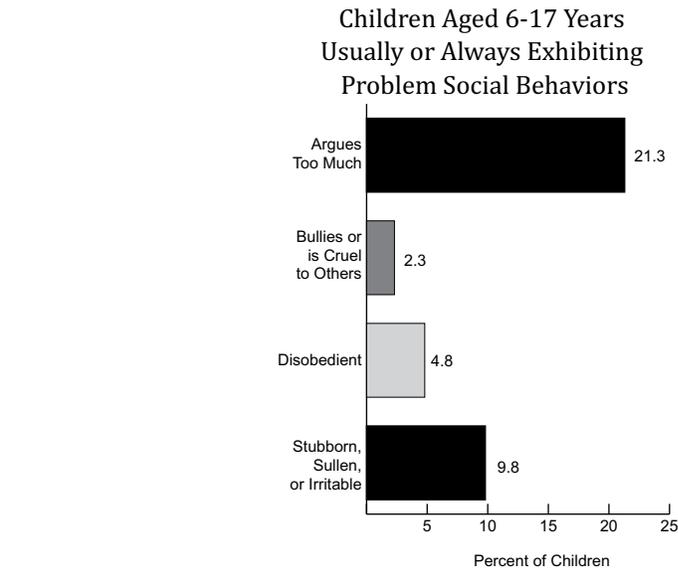
Problem Social Behaviors

Some children have trouble getting along with others. Parents of 6- to 17-year-olds were asked if their children had never, rarely, sometimes, usually, or always exhibited each of the following behaviors in the past month: arguing too much; bullying or being cruel or mean to others; being disobedient; and being stubborn, sullen, or irritable.

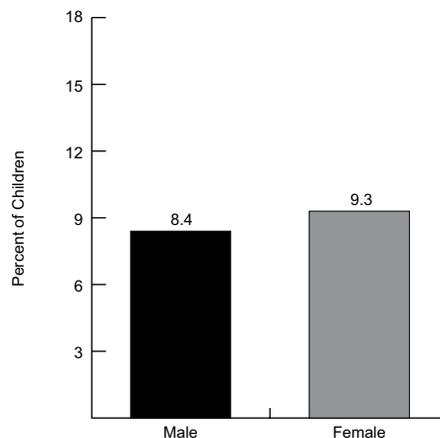
The prevalence of specific problem behaviors varied greatly. Parents of 21.3 percent of children reported that they usually or always argued too much in the past month, while only 2.3 percent bullied or were cruel to others during that time. Parents reported that 4.8 percent of children were reported to usually or always be disobedient and 9.8 percent of children were stubborn, sullen, or irritable.

While many children may occasionally misbehave, children were considered to have problem social behaviors if their parents responded "usually" or "always" to two or more of these problem behavior questions. Overall, 8.9 percent of children were reported to consistently convey problem social behaviors (data not shown).

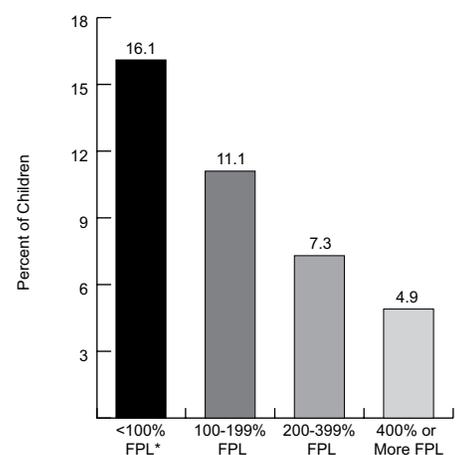
The proportion of parents reporting that their children consistently display problem social behaviors varied only slightly by sex: 8.4 percent



Children Aged 6-17 Years Who Consistently Exhibit Problem Social Behaviors, by Sex



Children Aged 6-17 Years Who Consistently Exhibit Problem Social Behaviors, by Poverty Status



*Federal poverty level was \$20,650 for a family of four in 2007.

of boys and 9.3 percent of girls aged 6-17 years were reported to do so. The prevalence of these behaviors, however, is lower in higher-income households. Among children aged 6-17 years with household incomes below the poverty level, 16.1 percent were reported to consistently display problem social

behaviors, compared to 7.3 percent of children with household incomes between 200 and 399 percent of poverty and 4.9 percent of children with household incomes of 400 percent or more of poverty.



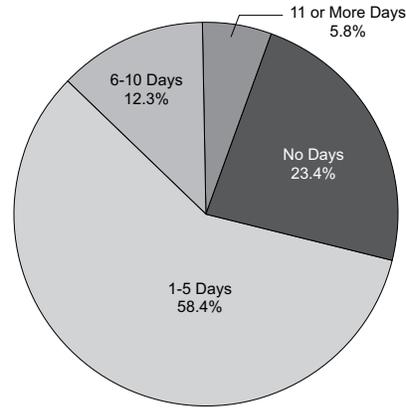
Missed School Days

Parents of school-aged children (aged 6-17 years) were asked how many days of school their children had missed because of illness or injury during the past year. Overall, 5.8 percent of children were reported by parents to have missed 11 or more days of school.

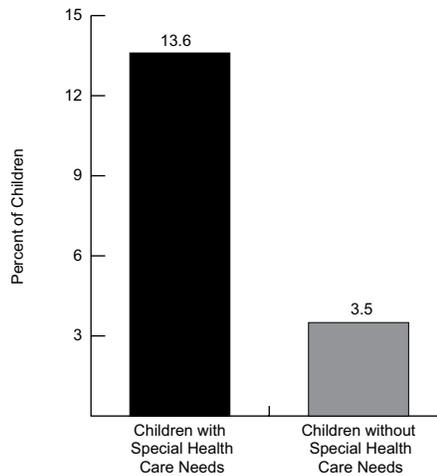
Children with special health care needs (CSHCN), whose conditions may cause complications that require them to miss school, were more likely to miss large numbers of school days than children without special health care needs. Of school-aged CSHCN, 13.6 percent missed 11 or more days of school, compared to 3.5 percent of children without special health care needs in this age group.

Lower-income children miss more days of school than children from higher-income households. Among school-aged children with household incomes below the poverty level, 8.2 percent missed 11 or more days of school, compared to 6.8 percent of children with household incomes between 100 and 199 percent of poverty and 5.4 percent of children with household incomes between 200 and 399 percent of poverty. Children with household incomes of 400 percent or more of poverty were least likely to have missed 11 or more days of school (4.2 percent).

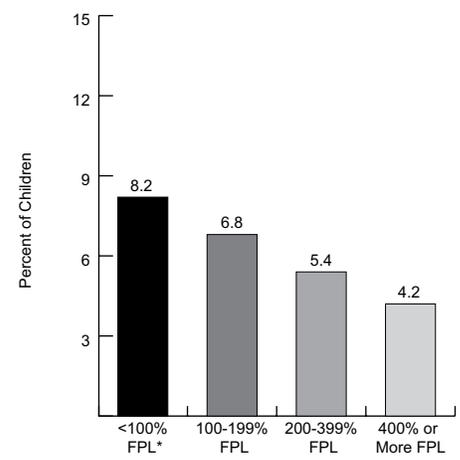
Number of School Days Missed in the Past Year Among Children Aged 6-17 Years



Children Aged 6-17 Years Missing 11 or More Days of School in the Past Year, by CSHCN Status



Children Aged 6-17 Years Missing 11 or More Days of School in the Past Year, by Poverty Status



*Federal poverty level was \$20,650 for a family of four in 2007.





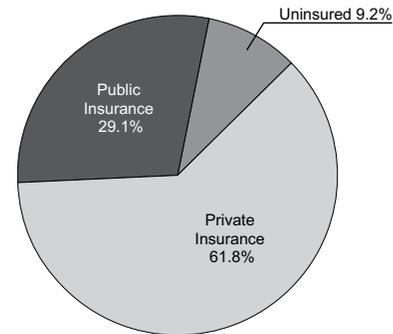
Current Health Insurance

Parents were asked if their child currently had any kind of health insurance, including HMOs or government plans such as Medicaid. Overall, 90.9 percent of children had health insurance coverage: 61.8 percent of children had private health insurance coverage, 29.1 percent had public coverage, and 9.2 percent were uninsured. The proportion of children reported to have current health insurance varies substantially, however, by race and ethnicity and family income.

Nearly 94 percent of White, multiracial, and children of other races had current health insurance. More than 91 percent of Black children also had current coverage, while Hispanic children were least likely to have had insurance (81.1 percent).

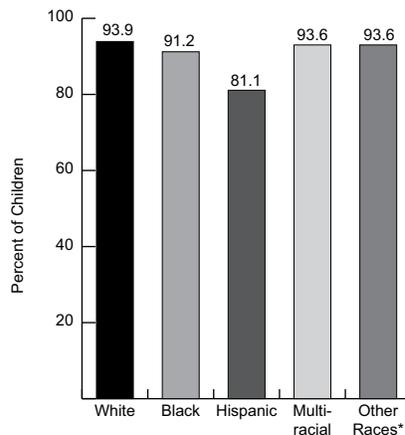
Children in low-income households were less likely to have current health insurance than children in households with higher incomes. About 85 percent of children with household incomes below 200 percent of the Federal poverty level (FPL) had current health insurance, compared to 92.4 percent of children with household incomes between 200 and 399 percent of FPL, and 96.5 percent of children with household incomes of 400 percent or more of the FPL.

Current Health Insurance Coverage Among Children, by Type of Coverage



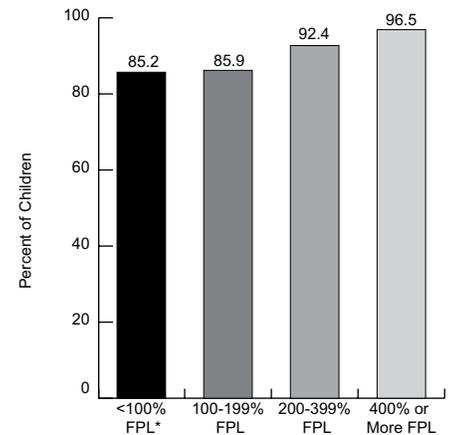
Percentages may not add to 100 due to rounding.

Children with Current Health Insurance, by Race and Ethnicity



*Includes Asian/Pacific Islanders and American Indian/Alaska Natives.

Children with Current Health Insurance, by Poverty Status



*Federal poverty level was \$20,650 for a family of four in 2007.





Insurance Coverage Consistency

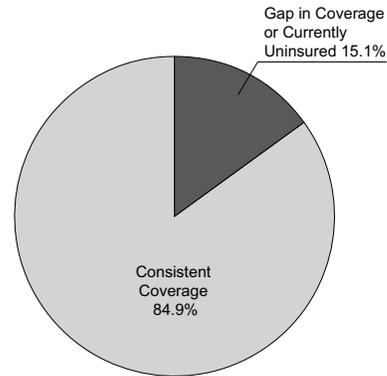
Although most children have health insurance, many experience a time when they are not covered over the course of a year. Overall, 15.1 percent of children had a gap in their coverage in the past year or were uninsured at the time of the survey. This proportion varies substantially, however, by family income.

Children in low-income households are more likely than children in higher-income households to have experienced a gap in health insurance in the past year. About 24 percent of children in households with incomes less than 200 percent of the Federal poverty level (FPL) lacked consistent health insurance coverage. Among children in households with incomes between 200 and 399 percent of FPL, 12.4 percent experienced a gap in coverage, as did only 5.7 percent of children with household incomes of 400 percent or more of the FPL.

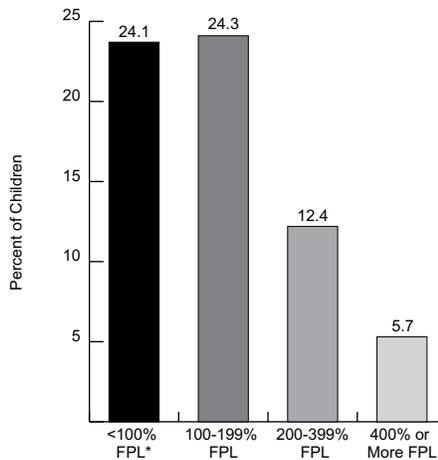
Children with special health care needs (CSHCN) were more likely than other children to have consistent health insurance coverage. Among CSHCN, 12.3 percent experienced a gap in coverage in the past year, compared to 15.8 percent of children without special health care needs.

Children who live in two-parent families were also more likely to have consistent coverage. Of children in two-parent families, 13.7 percent had

Consistency of Health Insurance Coverage Among Children in the Past Year

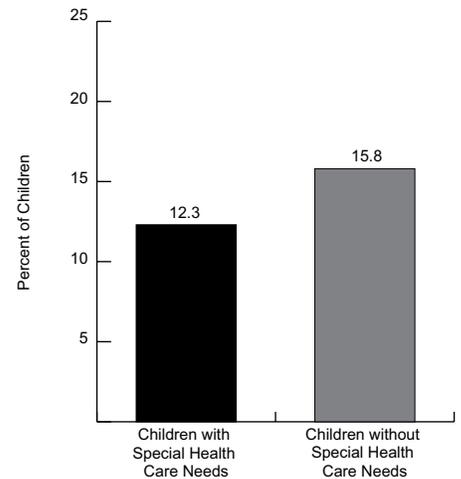


Children Lacking Consistent Health Insurance Coverage in the Past Year, by Poverty Status



*Federal poverty level was \$20,650 for a family of four in 2007.

Children Lacking Consistent Health Insurance Coverage in the Past Year, by CSHCN Status



a gap in coverage in the past year, as did 16.6 percent of children in two-parent step-families. In contrast, 18.5 percent of children who live with a single mother, and 18.7 percent of children with other family structures, had a gap in coverage (data not shown).

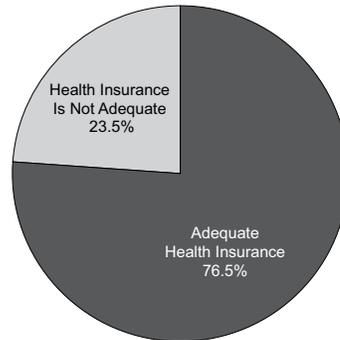


Adequacy of Insurance

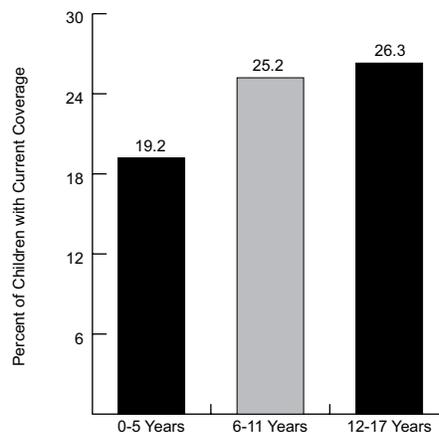
While most children had current health insurance coverage at the time of the survey, insurance coverage may not always be adequate to meet their needs. Parents whose children were currently insured were asked three questions regarding the services and costs associated with their child's health insurance. Parents' responses to each of the three questions varied significantly. Parents of 18.3 percent of currently insured children reported that the out-of-pocket costs were never or only sometimes reasonable. In addition, 7.2 percent of children were reported to have health insurance that never or only sometimes offers benefits or covers services that meet their needs and 5.1 percent were reported to have health insurance that never or only sometimes allows them to see the health care providers they need.

Children were considered to have adequate health insurance coverage if their parent answered "usually" or "always" to each of the three questions. Overall, 23.5 percent of children lacked adequate insurance. Older children were more likely than younger children to lack adequate coverage: 26.3 percent of children aged 12-17 and 25.2 percent of those aged 6-11 years were reported to lack adequate insurance, compared to 19.2 percent of children aged 0-5 years.

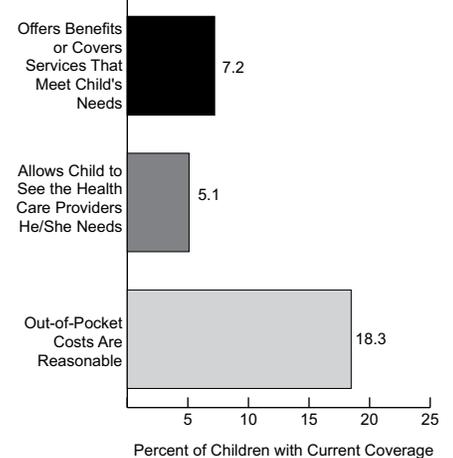
Adequacy of Health Insurance Coverage Among Currently Insured Children



Children Lacking Adequate Health Insurance Coverage, by Age



Children with Health Insurance Coverage Never or Sometimes Meeting Adequacy Criteria





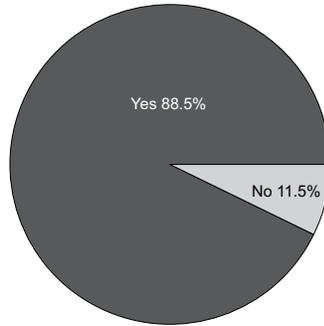
Preventive Health Care Visits

The *Bright Futures* guidelines for health supervision of infants, children, and adolescents recommend that children visit a physician six times during the first year, three times in the second year, and annually thereafter for preventive health care visits.² An annual preventive health care visit provides an opportunity to monitor a child's growth and development, to assess his or her behavior, to provide appropriate immunizations, to discuss important issues regarding nutrition and prevention of injury and violence, and to answer parents' questions about their children's health and care. Overall, 88.5 percent of children received a preventive care visit in the past year.

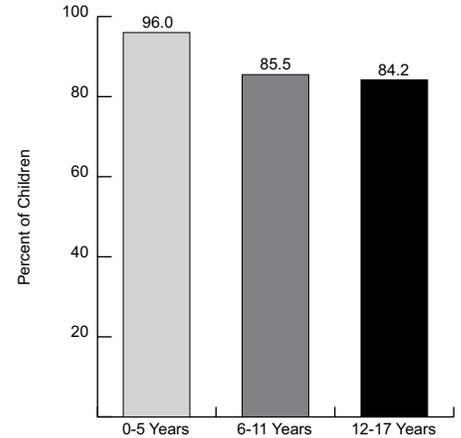
The receipt of preventive care visits varied by age, health insurance status, and race and ethnicity. Parents of 84.2 percent of children aged 12-17 years and of 85.5 percent of those aged 6-11 years reported that their children received a preventive care visit in the past year, compared to 96.0 percent of children from birth through age 5.

Children without health insurance were less likely to receive a preventive visit than those with either public or private health insurance. While 89.5 percent of children with private health insurance and 91.4 percent of children

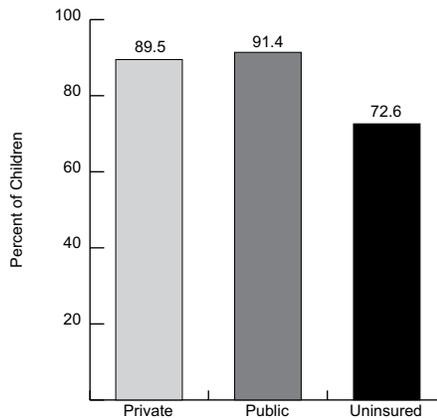
Receipt of Preventive Health Care in the Past Year



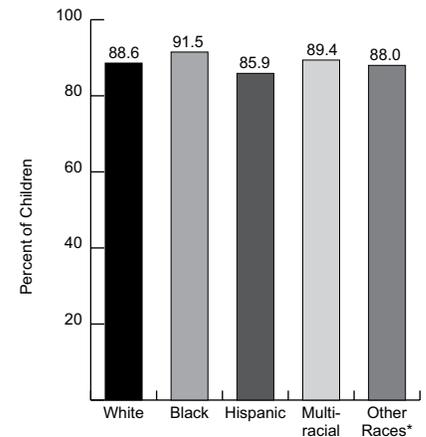
Receipt of Preventive Health Care in the Past Year, by Age



Receipt of Preventive Health Care in the Past Year, by Insurance Status



Receipt of Preventive Health Care in the Past Year, by Race and Ethnicity



*Includes Asian/Pacific Islanders and American Indian/Alaska Natives.

with public health insurance received a preventive visit, only 72.6 percent of uninsured children did so.

The use of preventive health care varied slightly by race and ethnicity as well. Black children were most likely to have received a preventive visit (91.5

percent), followed by multiracial and White children (89.4 and 88.6 percent, respectively). Hispanic children were least likely to have received a preventive care visit (85.9 percent).



Preventive Dental Care

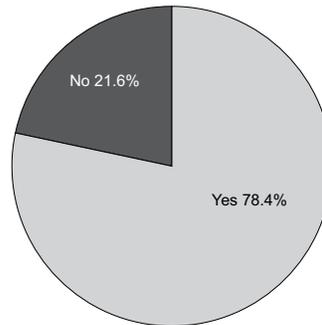
In addition to an annual preventive medical care visit, it is also recommended that children see a dentist every 6 months beginning by age 1.² The majority of children aged 1-17 years (78.4 percent) received at least one preventive dental visit in the past year.

The receipt of preventive dental care varied by age, health insurance status, and race and ethnicity. Of children aged 6-11 years, 89.5 percent received preventive dental care in the past year, as did 87.8 percent of those aged 12-17 years, compared to 53.5 percent of children aged 1-5 years.

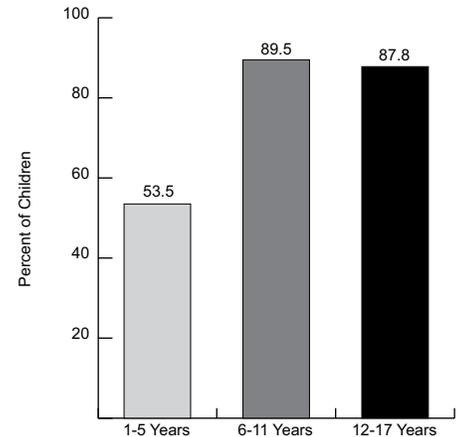
Children without health insurance were less likely to receive preventive dental care than those with either public or private health insurance. While 82.4 percent of children with private health insurance and 76.2 percent of those with public insurance received preventive dental care, only 58.5 percent of uninsured children did so.

White children were most likely to have received a preventive dental visit (80.9 percent), followed by children of other races and Black children (78.4 and 78.3 percent, respectively). Hispanic children were least likely to have received a preventive dental care (71.5 percent). Nearly 78 percent of multiracial children received preventive dental care.

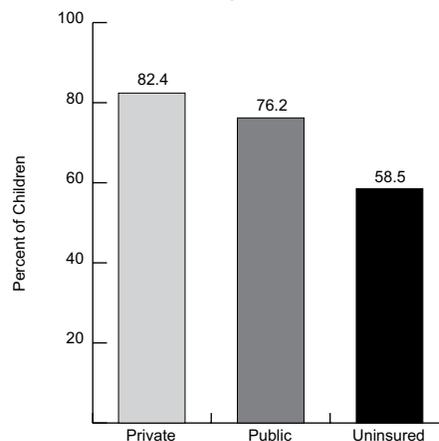
Receipt of Preventive Dental Care Among Children Aged 1-17 in the Past Year



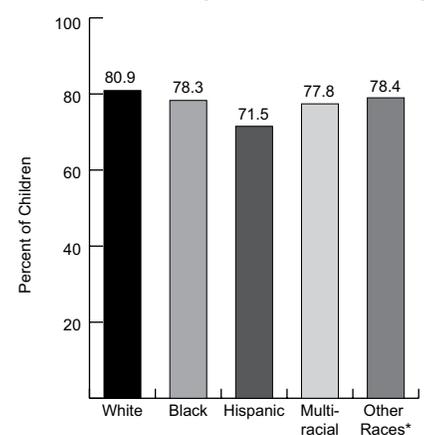
Receipt of Preventive Dental Care Among Children Aged 1-17 in the Past Year, by Age



Receipt of Preventive Dental Care Among Children Aged 1-17 in the Past Year, by Insurance Status



Receipt of Preventive Dental Care Among Children Aged 1-17 in the Past Year, by Race and Ethnicity



*Includes Asian/Pacific Islanders and American Indian/Alaska Natives.





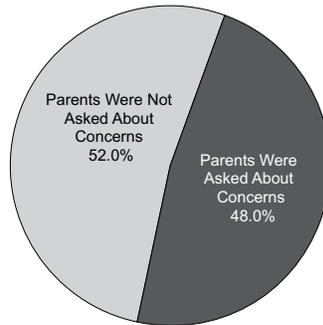
Developmental Surveillance and Screening

Asking about and addressing parents' concerns is one of the most important and valuable aspects of well-child care. The American Academy of Pediatrics (AAP) recommends that pediatricians ask all parents if they have concerns about their child's learning, development, or behaviors. In addition, the AAP and Bright Futures guidelines call for routine screening by pediatric health care providers for developmental and behavioral problems and delays using standardized developmental screening tools.²

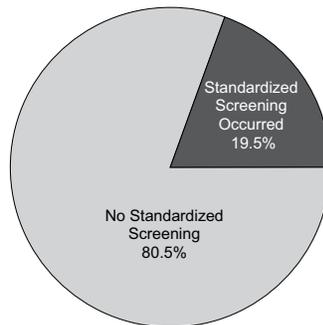
Parents were asked a series of questions to assess whether children received basic developmental surveillance and to measure whether a parent completed a developmental and behavioral screening tool. Specifically, parents were asked: (1) whether the child's doctors or other health care providers asked the parent if he or she had concerns about the child's learning, development or behavior; and (2) whether parents filled out a questionnaire about specific concerns and observations they had about their child's development, communication or social behavior. These items were based on the Promoting Healthy Development Survey.⁷

Parents of about half of children aged 0-5 years were asked by their children's doctors whether they had

Developmental Surveillance for Children Aged 0 to 5 Years



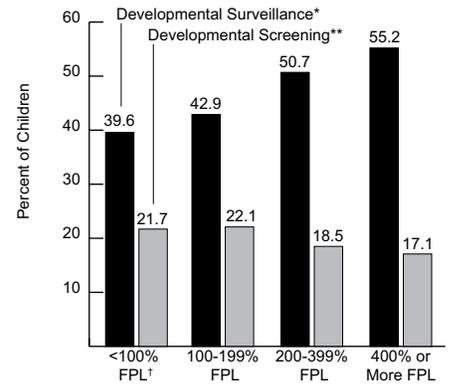
Standardized Developmental Screening for Children Aged 10 Months to 5 Years



concerns about their child's development or behavior; and fewer than 20 percent of children received a standardized developmental screen. The likelihood of being asked about concerns or receiving a standardized screen varied by family income, but did not vary by the child's level of risk for developmental or behavioral delays (data not shown).

Parents with higher household incomes were more likely to report having been asked about their concerns, while parents with lower household incomes were more likely to report having received a standardized devel-

Children Aged 0 to 5 Years Receiving Minimum Developmental Surveillance or Developmental Screening, by Poverty Status



*Of children whose parents were asked about their concerns about their children's development. **Screening assessed for children aged 10 months-5 years. †Federal poverty level was \$20,650 for a family of four in 2007.

opmental screen. Parents of 55.2 percent of children with household incomes of 400 percent or more of the Federal poverty level (FPL) were asked about their concerns, compared to parents of 39.6 percent of children with household incomes below the poverty level. In contrast, parents of 21.7 percent of children with household incomes below poverty reported receiving developmental screening, compared to parents of 17.1 percent of children with household incomes of 400 percent or more of FPL.



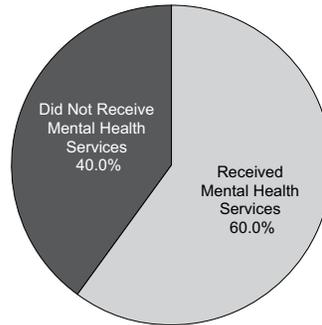
Mental Health Care

Mental health services, including counseling, medications, or specialized therapies, may be beneficial for children with behavioral or emotional problems. However, these services may not be readily available to all children who need them.

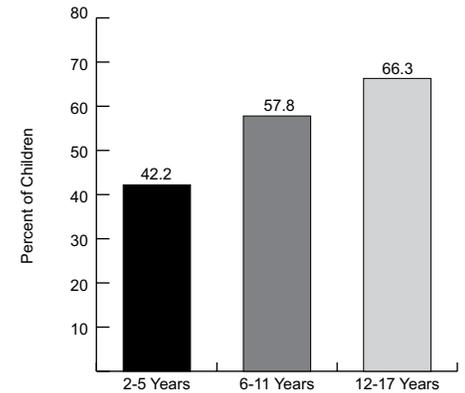
Among children who had an ongoing emotional, developmental, or behavioral problem that required treatment or counseling, 60.0 percent received mental health care or counseling in the past year. Older children were more likely to receive needed mental health care; 66.3 percent of children aged 12-17 years with emotional, developmental, or behavioral problems received mental health care in the past year, compared to 57.8 percent of 6- to 11-year-olds and 42.2 percent of those aged 2-5 years requiring treatment or counseling.

Children with any health insurance coverage were also more likely to receive needed mental health services than those without coverage. Of children with emotional, developmental, or behavioral problems who had private insurance, 63.4 percent received needed mental health services, as did 59.8 percent of publicly-insured children. Of uninsured children with emotional, developmental, or behavioral problems who needed mental health care, only 44.5 percent received

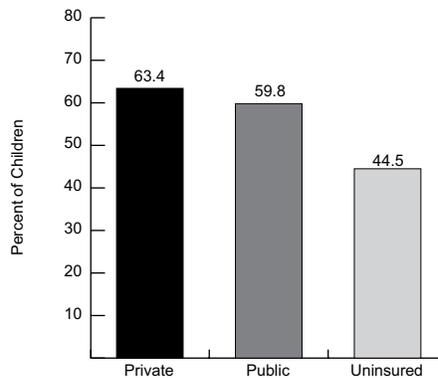
Receipt of Mental Health Services in the Past Year Among Children Aged 2-17 with Emotional, Developmental, or Behavioral Problems



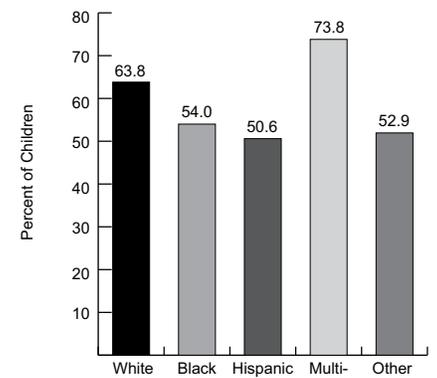
Receipt of Mental Health Services in the Past Year Among Children Aged 2-17 with Emotional, Developmental, or Behavioral Problems, by Age



Receipt of Mental Health Services in the Past Year Among Children Aged 2-17 with Emotional, Developmental, or Behavioral Problems, by Insurance Status



Receipt of Mental Health Services in the Past Year Among Children Aged 2-17 with Emotional, Developmental, or Behavioral Problems, by Race and Ethnicity



*Includes Asian/Pacific Islanders and American Indian/Alaska Natives.

any mental health care or counseling during the past year.

Among children aged 2-17 years with emotional, developmental, and behavioral problems requiring treatment, Hispanic children and children of other races were least likely to receive

mental health treatment or counseling (50.6 and 52.9 percent, respectively), compared to 73.8 percent of multiracial children and 63.8 percent of White children.

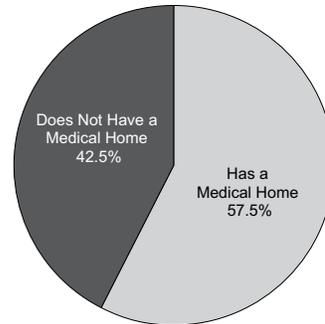


Medical Home

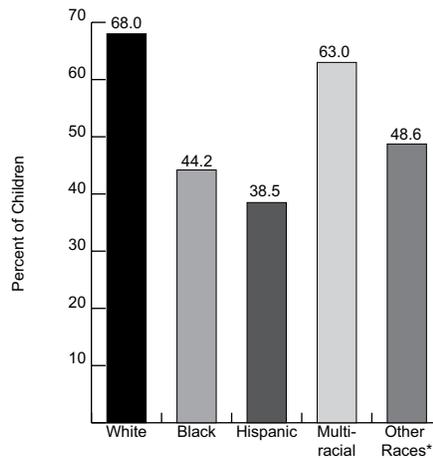
A number of characteristics of high-quality health care for children can be combined into the concept of the medical home. As defined by the American Academy of Pediatrics, children's medical care should be accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective. The survey included several questions that sought to measure whether a child's health care met this standard:

- Whether the child has at least one personal doctor or nurse who knows him or her well and a usual source of sick care
- Whether the child has no problems gaining referrals to specialty care and access to therapies or other services or equipment
- Whether the family is very satisfied with the level of communication among their child's doctors and other programs
- Whether the family usually or always gets sufficient help coordinating care when needed and receives effective care coordination
- Whether the child's doctors usually or always spend enough time with the family, listen carefully to their concerns, are sensitive to their values and customs, provide any information they need, and make the family feel like a partner in their child's care
- Whether an interpreter is usually or always available when needed.

Presence of a Medical Home

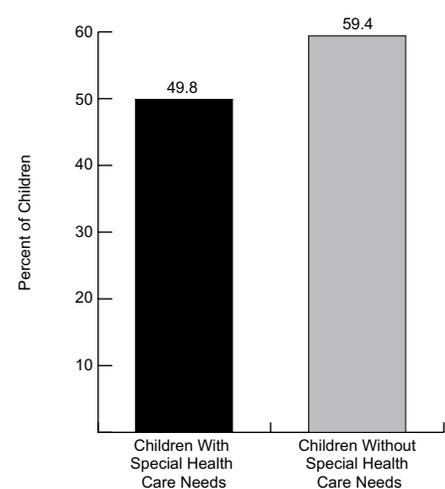


Children with a Medical Home, by Race and Ethnicity



*Includes Asian/Pacific Islanders and American Indian/Alaska Natives.

Children with a Medical Home, by CSHCN Status



A child was defined as having a medical home if his or her care is reported to meet all of these criteria. Note that the questions and requirements that make up the definition of a medical home have changed since the 2003 survey, so the findings presented here cannot be compared with the previous version.

Overall, the care of 57.5 percent of children met this standard. This proportion varied substantially by the race and ethnicity of the child: 68.0 percent of White children received care from a medical home, compared to 44.2 percent of Black children, 63.0 percent of

multiracial children, 38.5 percent of Hispanic children, and 48.6 percent of children of other races.

A medical home is particularly important for children with special health care needs (CSHCN), who are more likely to require specialized care and services, follow-up, and care coordination. Of CSHCN, 49.8 percent were reported to have a medical home, compared to 59.4 percent of children without special health care needs.



Medical Home: Family-Centered Care

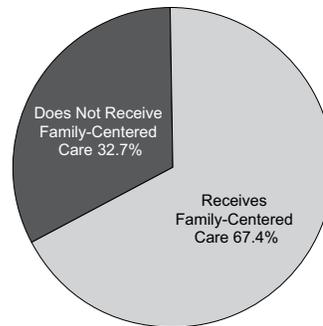
One important aspect of the medical home is whether or not children receive care that is “family-centered;” that is, whether parents report that their children’s doctors usually or always spend enough time with them, listen carefully to their concerns, are sensitive to their values and customs, provide needed information, make the family feel like a partner in their child’s care, and provide an interpreter when needed. Together, these measures of family-centered care provide an important picture of how comfortable families feel with their children’s medical care.

Overall, of the children who had at least one medical visit in the past year, two-thirds (67.4 percent) were reported to have received care that was family-centered. The care of more than 80 percent of children met four of the individual criteria that make up this measure: The parents of 89.4 percent of children report that their children’s doctors usually or always listen carefully to their concerns; the parents of 89.2 percent report that their doctors are usually or always sensitive to their values and customs; the parents of 87.6 percent report that their doctors usually or always make the family feel like a partner in their child’s care; and the parents of

84.8 percent report that their doctors usually or always provide the family with the information they need. The percentage of children whose parents reported that their doctors usually or always spend enough time with them was 79.3 percent.

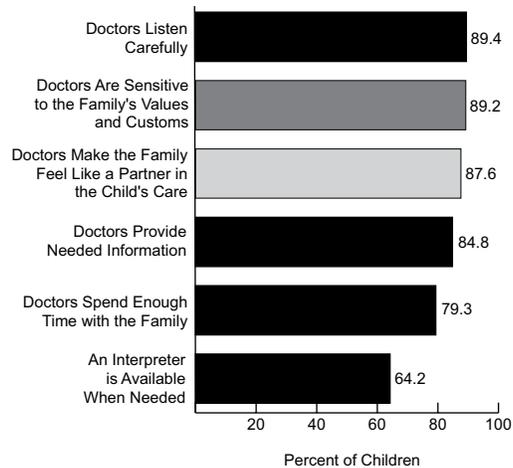
In addition, the parents of 64.2 percent of children who need an interpreter report that an interpreter is usually or always available when needed.

Receipt of Family-Centered Care*



*Among children who had at least one medical visit in the past year.

Children Who Usually or Always Received Each Component of Family-Centered Care





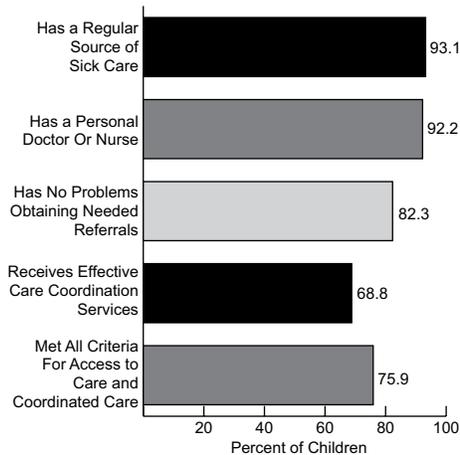
Medical Home: Access and Care Coordination

Also important to the concept of the medical home is children's access to primary and preventive care, consistent care when they are sick, access to referrals when they are needed, and support to help to assure that the various services they receive are coordinated.

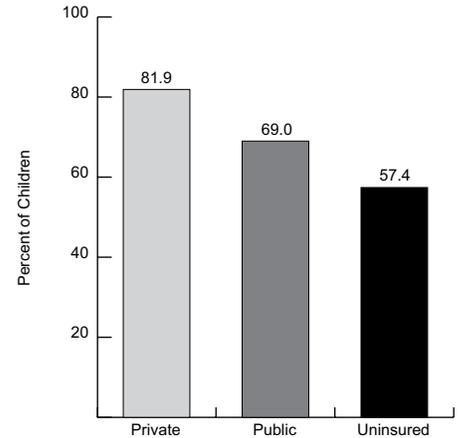
These criteria were met for the majority of children. Overall, 92.2 percent were reported to have a personal doctor or nurse, 93.1 percent had a source of sick care, and 82.3 percent had no problems obtaining referrals when needed. The criterion that was met for the lowest percentage of children was the receipt of effective care coordination services, which was met by 68.8 percent of children.

Overall, 75.9 percent of children received care that met all four of these criteria. Children with private health insurance were most likely to have care that met all of the criteria for access and coordination (81.9 percent). Of children with public insurance, 69.0 percent received care that met all four criteria, as did 57.4 percent of uninsured children.

Children Who Received Each Component of Access to Care and Coordinated Care



Children Whose Care Usually or Always Met All Criteria for Access and Coordination, by Insurance Status





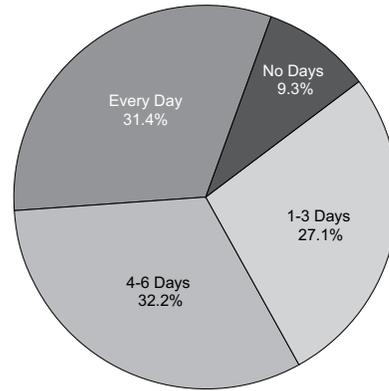
Playing with Children of the Same Age

Children learn and develop social skills and behaviors through interactions with other children their own age. Parents of 1- to 5-year-olds were asked to report on how many days in the past week their child played with other children their own age. In all, 31.4 percent of children aged 1-5 years had played with other children every day in the past week, while 32.2 percent of children did so on 4-6 days, 27.1 percent played with other children on 1-3 days, and 9.3 percent of children had not played with another child their own age on any day in the past week.

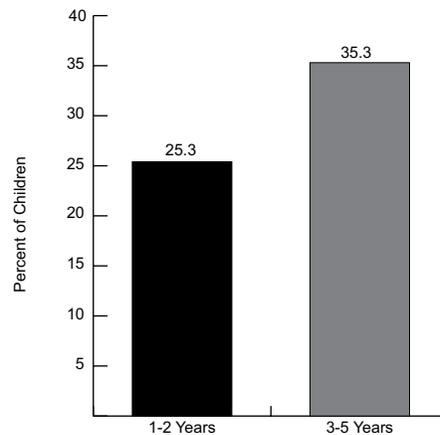
The frequency with which children played with others their own age varied by age and family income. Children aged 3-5 years were more likely than those aged 1-2 years to have played with others (35.3 versus 25.3 percent, respectively).

Children with lower household incomes were also more likely than those with higher incomes to have played with other children every day. Among children with household incomes below the Federal poverty level (FPL), 39.6 percent of 1- to 5-year-olds played with others their own age every day, while 34.2 percent of those with household incomes between 100

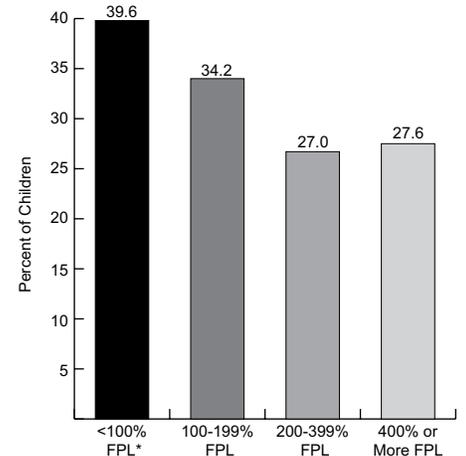
Children Aged 1-5 Years Who Played With Others Their Own Age in the Past Week



Children Aged 1-5 Years Who Play With Others Their Own Age Every Day, by Age



Children Aged 1-5 Years Who Play With Others Their Own Age Every Day, by Poverty Status



*Federal poverty level was \$20,650 for a family of four in 2007.

and 199 percent of FPL did so. Approximately 27 percent of 1- to 5-year-olds with household incomes of 200 percent or more of FPL played with others their own age every day in the past week.



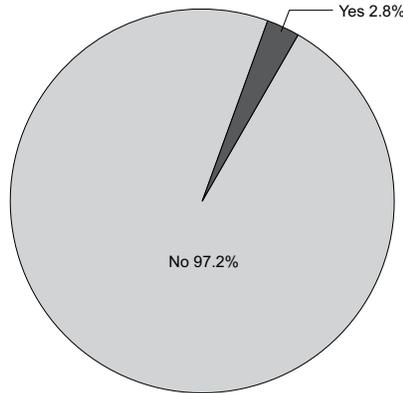
Early Intervention and Special Education

The Individuals with Disabilities Education Act (IDEA) provides for early intervention services for young children (from birth through age 2) and special education services for older children (ages 3 and older) to minimize the effects of developmental delays and learning disabilities that could otherwise limit children's developmental and educational prospects. Early intervention includes physical, occupational, and speech therapy for young children with developmental problems, and special education programs provide therapies and educational services. Overall, 2.8 percent of children from age 1 to less than 3 years received early intervention services, while 5.4 percent of children aged 3 to less than 6 years received special education services.

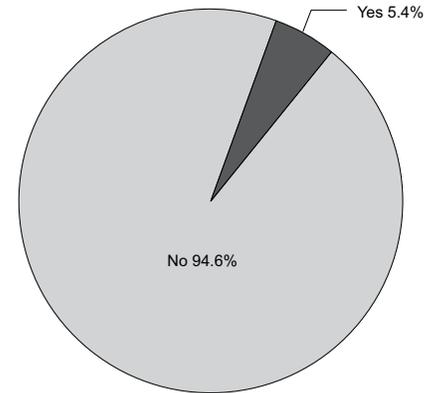
For both programs, receipt of services varied by sex and household income. Boys were more likely to receive early intervention and special education services (3.4 and 7.2 percent, respectively) compared to girls (2.2 and 3.5 percent, respectively).

Among children aged 1 to less than 3 years, those with household incomes between 100 and 199 percent of the Federal poverty level (FPL) were most likely to receive early intervention services (4.2 percent), followed by 3.2 percent of those with

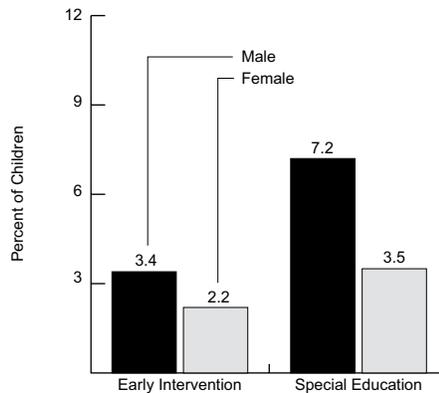
Receipt of Early Intervention Services by Children Aged 1 to Less Than 3 Years



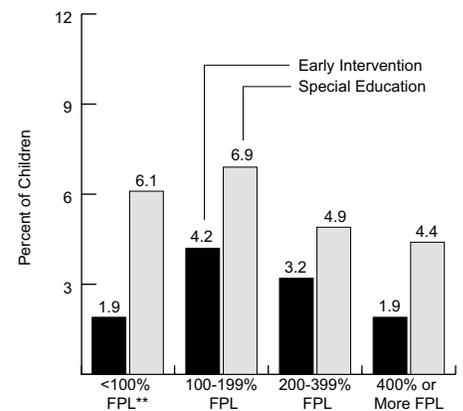
Receipt of Special Education Services by Children Aged 3 to Less Than 6 Years



Receipt of Early Intervention and Special Education* by Children, by Sex



Receipt of Early Intervention and Special Education* by Children, by Poverty Status



*Early intervention services received by children aged 1 to <3 years; special education received by children aged 3 to <6 years.

*Early intervention services received by children aged 1 to <3 years; special education received by children aged 3 to <6 years. **Federal poverty level was \$20,650 for a family of four in 2007.

household incomes between 200 and 399 percent of FPL, and 1.9 percent of those in the lowest and highest income categories.

Similarly, among children aged 3 to less than 6 years, those with household incomes between 100 and 199 percent of FPL were most likely to receive spe-

cial education services (6.9 percent), compared to 6.1 percent of children with household incomes below poverty, and 4.9 percent of those with household incomes between 200 and 399 percent of FPL.

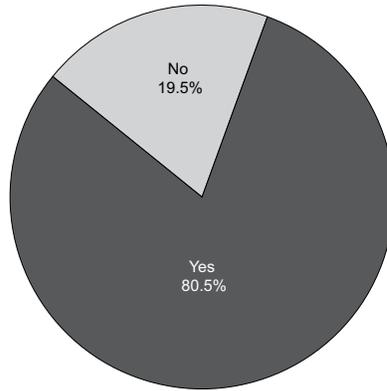


School Engagement

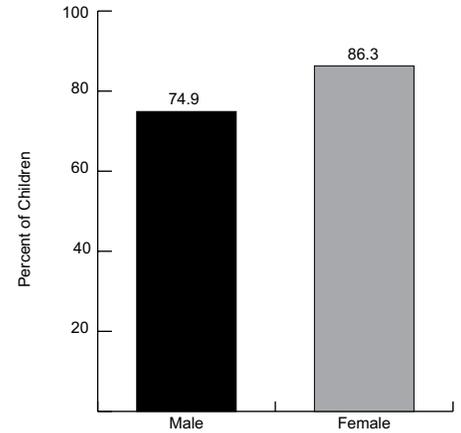
Parents of school-aged children (aged 6-17 years) were asked two questions to assess their child's engagement in school: whether the child cares about doing well in school and whether the child does all required homework. Children were considered to be engaged in school if their parent responded "usually" or "always" to both of these items. Overall, 80.5 percent of children aged 6-17 years were engaged in school.

This varied, however, by the child's sex and age, and whether or not the child had special health care needs. Female children were more likely than males to be engaged in school (86.3 versus 74.9 percent, respectively), and children aged 6-11 years were more likely than adolescents aged 12-17 years to be engaged (85.9 versus 75.4 percent, respectively). Only 69.5 percent of children with special health care needs were reported to be engaged in school, compared to 83.7 percent of children without special health care needs.

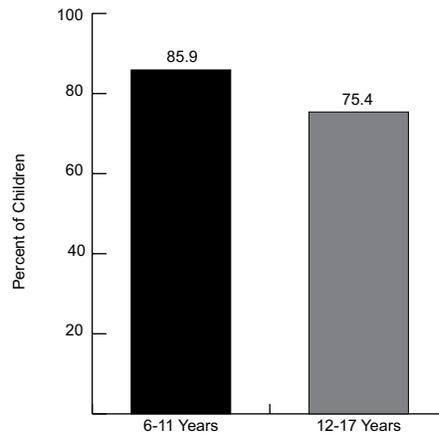
Children Aged 6-17 Years Engaged in School



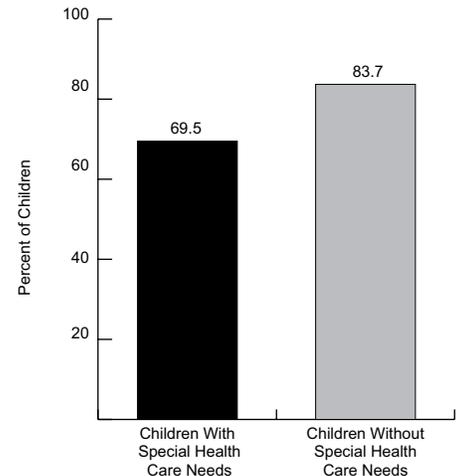
Children Aged 6-17 Years Engaged in School, by Sex



Children Aged 6-17 Years Engaged in School, by Age



Children Aged 6-17 Years Engaged in School, by CSHCN Status





Repeating a Grade

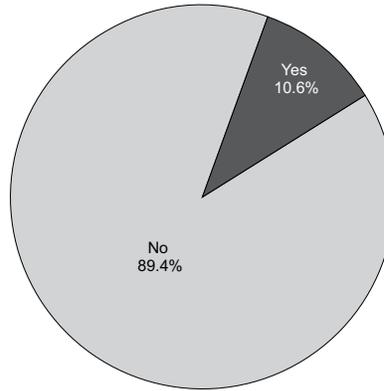
Parents of school-aged children (aged 6-17 years) were asked if their children had repeated one or more grades since starting school. Overall, 10.6 percent of children aged 6-17 years had repeated a grade.

Boys are more likely to repeat a grade than girls. Of school-aged boys, 12.7 percent were reported to have repeated at least one grade, compared to 8.4 percent of girls (data not shown).

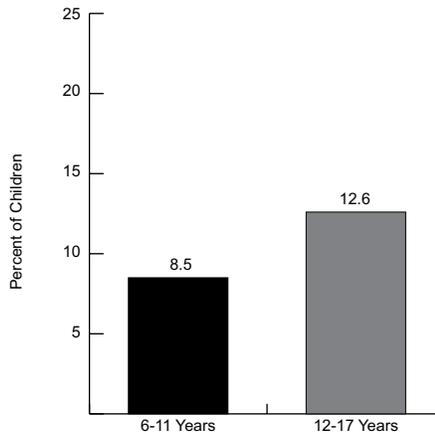
The likelihood of repeating a grade increases with age. Of children aged 6-11 years, 8.5 percent were reported to have repeated a grade, compared to 12.6 percent of 12- to 17-year-olds.

Children in low-income households are also more likely to repeat a grade than children with higher household incomes. Among school-aged children with household incomes below the poverty level, 21.7 percent were reported to have repeated at least one grade, compared to 13.8 percent children with household incomes between 100 and 199 percent of the Federal poverty level (FPL). Among children with household incomes between 200 and 399 percent of FPL, 8.2 percent had repeated a grade, as had 4.5 percent of children with household incomes of 400 percent or more of FPL.

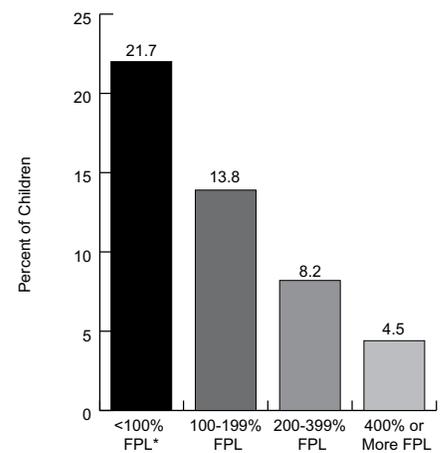
Children Aged 6-17 Years Who Have Repeated a Grade



Children Aged 6-17 Years Who Have Repeated a Grade, by Age



Children Aged 6-17 Years Who Have Repeated a Grade, by Poverty Status



*Federal poverty level was \$20,650 for a family of four in 2007.





Activities Outside of School

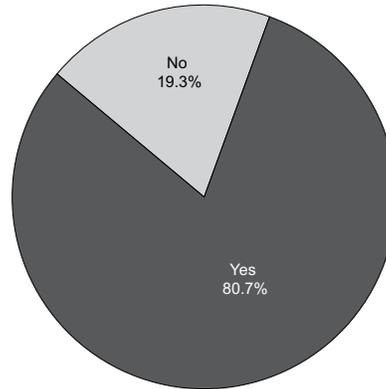
For school-aged children, participation in activities—such as sports teams, lessons, clubs, or religious groups—after school or on the weekends can be an important part of overall development and can provide enrichment and contribute to the development of social skills. Parents of children aged 6-17 years were asked if their children had participated in any of these types of activities in the past year. Overall, 80.7 percent of school-aged children participated in at least one organized activity outside of school.

Participation in activities outside of school varied by race and ethnicity. Among children aged 6-17 years, White children were most likely to have participated in activities outside of school (87.5 percent), followed by multiracial children (84.0 percent), children of other races (81.8 percent), and Black children (75.4 percent). Only 63.4 percent of school-aged Hispanic children participated in activities outside of school.

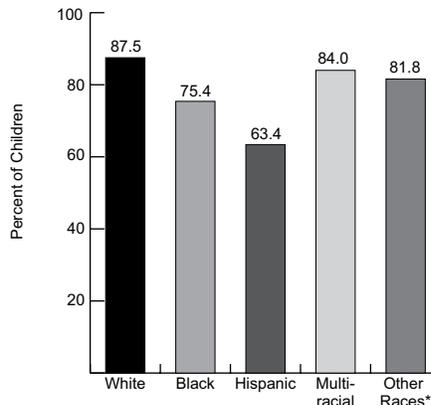
Participation in activities outside of school increases with household income. While 56.6 percent of school-aged children with household incomes below the Federal poverty level (FPL) participated in at least one activity outside of school, 74.0 percent of children with household incomes be-

tween 100 and 199 percent of FPL did so. Among children aged 6-17 years, 85.6 percent of those with household incomes between 200 and 399 percent of FPL participated in outside activities, as did 93.6 percent of those with household incomes of 400 percent or more of FPL.

Participation in Activities Outside of School Among Children Aged 6-17 Years

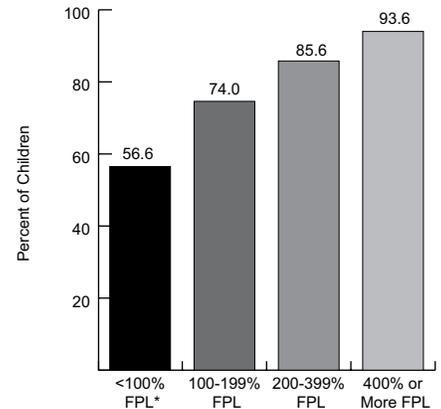


Participation in Activities Outside of School Among Children Aged 6-17 Years, by Race and Ethnicity



*Includes Asian/Pacific Islanders and American Indian/Alaska Natives.

Participation in Activities Outside of School Among Children Aged 6-17 Years, by Poverty Status



*Federal poverty level was \$20,650 for a family of four in 2007.



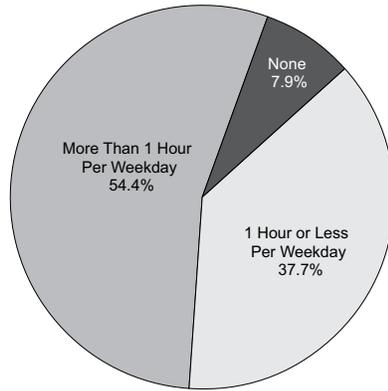
Screen Time

The *Bright Futures* guidelines for infants, children, and adolescents recommend that parents limit children's screen time to 1-2 hours per day for children aged 1-5 years.² Parents of children aged 1-5 years were asked how many hours children spent watching TV or videos on weekdays. Overall, only 7.9 percent of children aged 1-5 years did not watch any TV, while 37.7 percent watched 1 hour or less per weekday, and 54.4 percent watched TV for more than 1 hour per weekday.

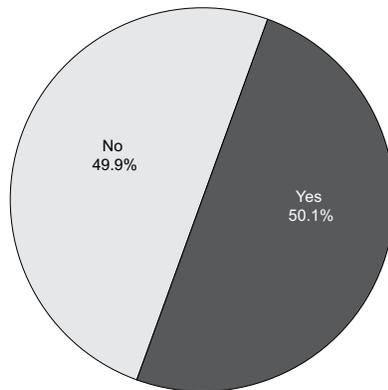
Children in households with incomes between 100 and 199 percent of the Federal poverty level (FPL) were most likely to have watched more than 1 hour of TV per day (60.0 percent). Among children with household incomes below 100 percent of the FPL, 57.7 percent watched more than 1 hour of TV per day, as did 55.4 percent of children in households with incomes between 200 and 399 percent of the FPL and 46.5 percent of those with household incomes of 400 percent or more of the FPL.

Bright Futures guidelines also recommend that children of all ages not have a TV in their bedroom. Among children aged 6-17 years, 50 percent were reported to have a TV in their bedroom. Children aged 6-17 years in lower-income households were more likely to have a TV in their room than

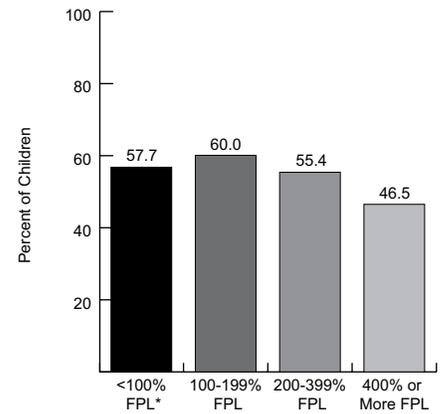
Screen Time Among Children Aged 1-5 Years



Children Aged 6-17 Years with a TV in Their Bedroom

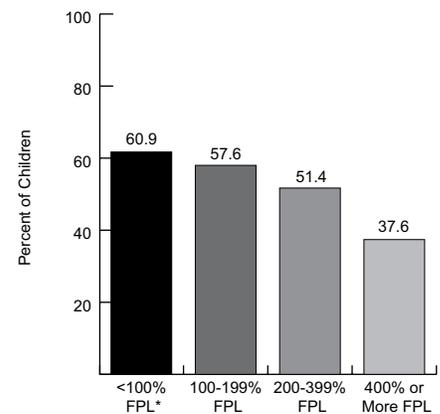


Greater Than 1 Hour Per Day of Screen Time Among Children Aged 1-5 Years, by Poverty Status



*Federal poverty level was \$20,650 for a family of four in 2007.

Children Aged 6-17 Years with a TV in Their Bedroom, by Poverty Status



*Federal poverty level was \$20,650 for a family of four in 2007.

those in higher-income households. Among children aged 6-17 years with household incomes below the FPL, 60.9 percent had a TV in their bedroom, compared to 57.6 percent of those with incomes between 100 and 199 percent of FPL and 51.4 percent of those with incomes between 200 and 399 percent

of FPL. Children with household incomes of 400 percent or more of FPL were least likely to have a TV in their bedroom (37.6 percent).



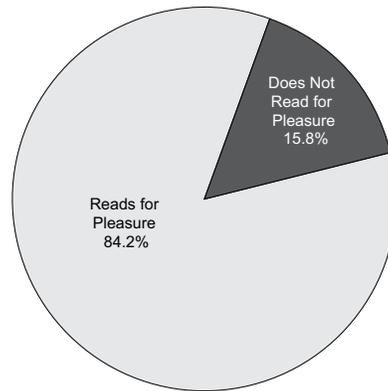
Reading for Pleasure

Parents of school-aged children (aged 6-17 years) were asked how much time their child spent reading for pleasure on an average school day. Overall, 84.2 percent of children in this age group read for pleasure for some amount of time, and those who did read were reported to spend an average of 61.1 minutes per school day reading.

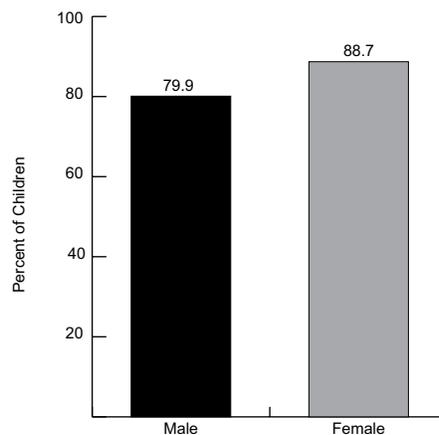
Girls are more likely to read for pleasure than boys. Of girls aged 6-17 years, 88.7 percent were reported to read for pleasure on an average school day, compared to 79.9 percent of boys in this age group.

Younger children are more apt to read for pleasure than older children. Of children aged 6-11 years, 89.9 percent read for pleasure, compared to 78.8 percent of adolescents aged 12-17 years.

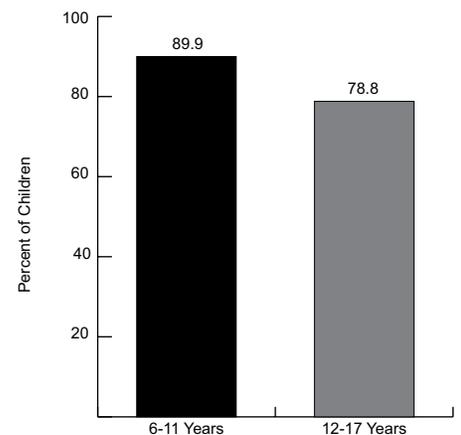
Reading for Pleasure Among Children Aged 6-17 Years



Children Aged 6-17 Years Who Read for Pleasure, by Sex



Children Aged 6-17 Years Who Read for Pleasure, by Age





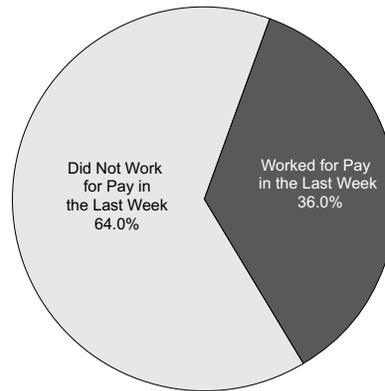
Working for Pay

Parents of children aged 12-17 years were asked whether their children worked for pay in the past week, and if so, how many hours their children had worked for pay in the past week.* Overall, 36.0 percent of children aged 12-17 years had worked for pay; the parents of those who did work for pay reported that their children worked an average of 8.8 hours.

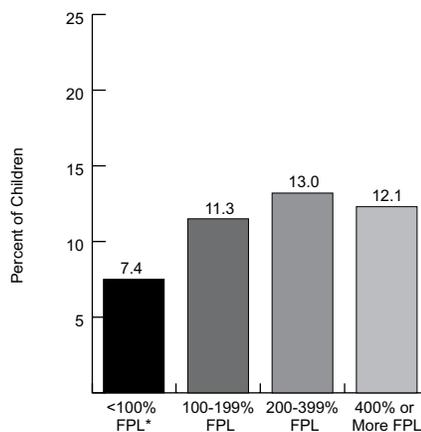
Overall, 11.5 percent of 12- to 17-year-olds worked for pay for at least 10 hours a week. Children aged 12-17 years whose households had incomes below the Federal poverty level (FPL) were least likely to have worked 10 or more hours for pay in the past week (7.4 percent), compared to children in higher-income households. Children in households with incomes between 200 and 399 percent of FPL were most likely to have worked (13.0 percent), followed by 12.1 percent of those with household incomes of 400 percent or more of FPL, and 11.3 percent of those with incomes between 100 and 199 percent of FPL.

The percentage of children working outside the home for pay for 10 or more hours in the past week also varied by race and ethnicity. Among children aged 12-17 years, White children were the most likely to have worked for pay for at least 10 hours (13.4 percent), followed by multiracial

Children Aged 12-17 Years Working Outside the Home for Pay in the Past Week

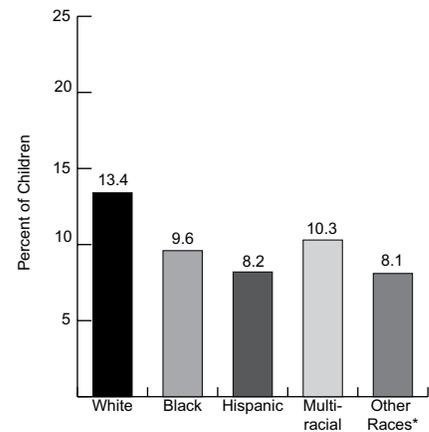


Children Aged 12-17 Years Working 10 Hours or More for Pay in the Past Week, by Poverty Status



*Federal poverty level was \$20,650 for a family of four in 2007.

Children Aged 12-17 Years Working 10 Hours or More for Pay in the Past Week, by Race and Ethnicity



*Includes Asian/Pacific Islanders and American Indian/Alaska Natives.

children (10.3 percent), and Black children (9.6 percent). Hispanic children and children of other races were least likely to have worked 10 or more hours in the past week (8.2 and 8.1 percent, respectively).

*The question asked in 2007 was rephrased since the 2003 National Survey of Children's Health, resulting in higher estimates. 2003 and 2007 estimates should not be compared.



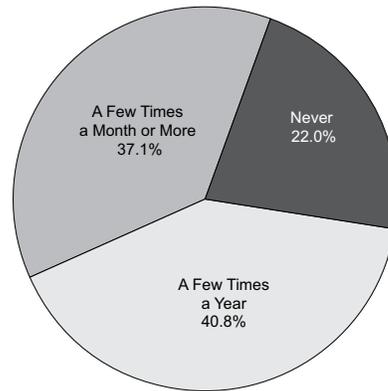
Volunteering

Parents of children aged 12-17 years were asked how often their children had participated in community service or volunteer activities during the past year, including activities at school, church, and in the community. Among children in this age group, 37.1 percent of children participated in these types of activities a few times a month or more during the past year, while 40.8 percent did so a few times that year and 22.0 percent had not participated in any community service or volunteer activities in the past year.

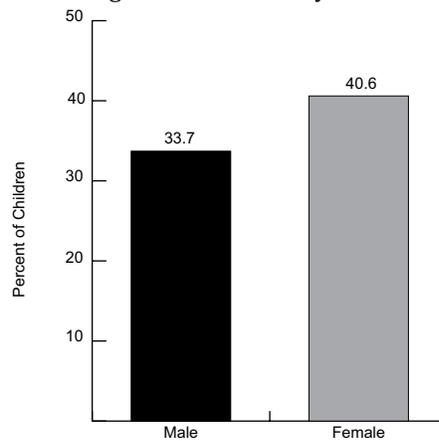
Girls aged 12-17 years appear to be more likely to have volunteered a few times a month or more than boys of the same age group. Of girls aged 12-17, 40.6 percent had volunteered a few times a month or more, while 33.7 percent of boys did so.

Participation in community service or volunteer activities did not vary dramatically by household income. Approximately 36 percent of children with household incomes below 400 percent of the Federal poverty level participated in these types of activities at least a few times a month in the past year, while 39.3 percent of children with household incomes of 400 percent or more of poverty did so.

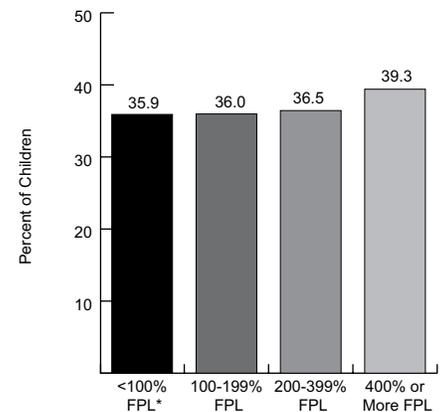
Volunteering Among Children Aged 12-17 Years in the Past Year



Volunteering at Least a Few Times a Month Among Children Aged 12-17 Years, by Sex



Volunteering at Least a Few Times a Month Among Children Aged 12-17 Years, by Poverty Status



*Federal poverty level was \$20,650 for a family of four in 2007.

