

**The Health
and Well-Being
of Children:**
A Portrait
of States and
the Nation
2007



July 2009

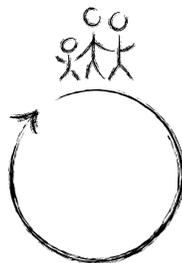
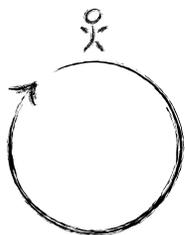
**U.S. Department of Health and Human Services
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Introduction

While data sources exist to measure and monitor the health of children in the United States, few take into account the many contexts in which children grow and develop, including their family and community environments. The National Survey of Children's Health (NSCH), conducted in 2007, addresses multiple aspects of children's health and well-being—including physical and mental health, health care, and social well-being—as well as aspects of the family and the neighborhood that can affect children's health, on both the national and State levels. The survey was supported and developed by the Health Resources and Services Administration's Maternal and Child Health Bureau and conducted by the Centers for Disease Control and Prevention's National Center for Health Statistics.

This represents the second round of the NSCH, which was conducted for the first time in 2003. While many of the indicators reported here were reported in the 2003 survey, some of the survey questions have been revised to improve the quality of the data obtained. Those changes, however, may influence parents' responses. Therefore, we note where current findings cannot be compared with those reported in 2003.

The survey contains many encouraging findings about the state of children's health in the United States. Overall, 84.4 percent of children in the United States are in excellent or very good health, and 88.5 percent receive an annual preventive health care checkup. Most children have access to a regular source of care when they are sick (93.1 percent), and have a per-

sonal doctor or nurse (92.2 percent), according to their parents.

The survey also presents information that can guide the Nation in improving children's health and health care. Of children aged 1-17 years, only 78.4 percent receive an annual preventive dental visit, and 70.7 percent of children are reported to have excellent or very good oral health. Of children with family incomes below the Federal poverty level (FPL), fewer than half are in excellent or very good oral health. In addition, many children with developmental, behavioral or emotional conditions need mental health services, but only 60.0 percent of these children receive any mental health services, according to their parents. Only 57.5 percent receive their care through a "medical home," a regular source of medical care that meets the criteria of accessibility, continuity, comprehensiveness, coordination, compassion, and cultural sensitivity. This proportion varies 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.

Health insurance is another area in need of systemic improvement. Nearly 10 percent of children lacked health insurance, and a total of 15.1 percent had at least one period in which they were uninsured during the year before the survey; both of these findings represent increases since the 2003 survey. Children in low-income households are more likely than chil-

dren in higher-income households to have experienced a gap in health insurance in the past year: more than 24 percent of children in households whose income is less than 200 percent of the Federal poverty level lacked consistent health insurance coverage. The survey also makes clear the risks associated with lack of health insurance for children. Uninsured children are more likely than those with insurance to go without preventive health and dental care and are less likely to receive needed mental health services than those with coverage.

Many aspects of children's home and family environment support their health and development. Eighty-four percent of school-aged children read for pleasure on a typical day, a habit that can improve their school performance and support their intellectual development, and three-quarters of children eat meals with their families at least 4 days a week. The parents of 89.8 percent of children do not report usually or always feeling stress from their parenting roles. However, one major, preventable environmental threat to children is tobacco smoke in the household. Overall, 26.2 percent of children live in households where someone smokes, and this rate is higher for lower-income children. Of children with family incomes below the poverty level, 36.9 percent lived in a household with a smoker, as did 33.9 percent of children with household incomes between 100 and 199 percent of the poverty level.

Most parents express confidence in their communities: 83.2 percent



of children live in neighborhoods that their parents find to be supportive of them, 86.0 percent are safe in their neighborhood, and 89.6 percent are safe at school. Over 80 percent of children live in neighborhoods with parks or playgrounds, and 86.0 percent have libraries or bookmobiles in their neighborhoods. These statistics represent good news about children's prospects for healthy development.

In addition to measures of physical and mental health, the survey measures aspects of children's social and educational development that lay the groundwork for their ability to function in the adult world. Overall, 90.7 percent of 1- to 5-year-old children had played with others their own age at least once in the week before the survey, and 80.7 percent of 6- to 17-year-olds participated in activities outside of school in the past year. The parents of 93.7 percent of 6- to 17-year-old children report that they consistently exhibit positive social skills, and 80.5 percent of school-aged children are reported to be engaged in school, meaning that they do all their homework and care about doing well in school.

Some groups of children are at higher risk of health problems and experience barriers to access to health care as well. Children in low-income households are less likely to be in excellent or very good physical or oral health, more likely to be diagnosed with asthma, more likely to display problem social behaviors, miss more

days of school due to illness, and are more likely to have gaps in health care coverage than children in higher-income households. Low-income children are less likely to participate in activities outside of school, more likely to watch more than one hour of television a day in their early years, more likely to live in households where someone smokes, and more likely to live in neighborhoods that do not feel safe or supportive to their parents, and their parents are more likely to report parenting stress. These circumstances may combine to put children in low-income households at a health, developmental, and educational disadvantage.

Another population of children who may be especially vulnerable is children with special health care needs (CSHCN), defined as those who have a chronic physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.¹ Compared to other children, CSHCN are more likely to have injuries that require medical care, are less likely to receive their care from a medical home, are less likely to be fully engaged in school, and miss more days of school each year. However, CSHCN are also more likely to have health insurance and less likely to have a gap in coverage over the course of a year than are children without special health care needs.

This chartbook presents indicators of the health and well-being of children, as well as the factors in the family envi-

ronment and aspects of the neighborhood that may support or threaten families and children. These indicators present basic information on the health status and risk and protective factors experienced by children on the national level, and show the subpopulations who are at particular risk in each area. Children's use of preventive health care services was compared to the standards presented in the Bright Futures guidelines for children's health care.² This is followed by analyses of key indicators on the State level for each of the 50 States and the District of Columbia.

The Technical Appendix at the end of this book presents information about the survey methodology and sample in summary form. For more in-depth information about the survey and its findings, other resources are available. For easy access to online analyses of the survey's findings, the Data Resource Center on Child and Adolescent Health (DRC) web site, sponsored by the Maternal and Child Health Bureau, provides online access to the survey data at www.childhealthdata.org. More complex analyses can be conducted using the public use data set available from the National Center for Health Statistics at: <http://www.cdc.gov/nchs/about/major/slits/nsch.htm>

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