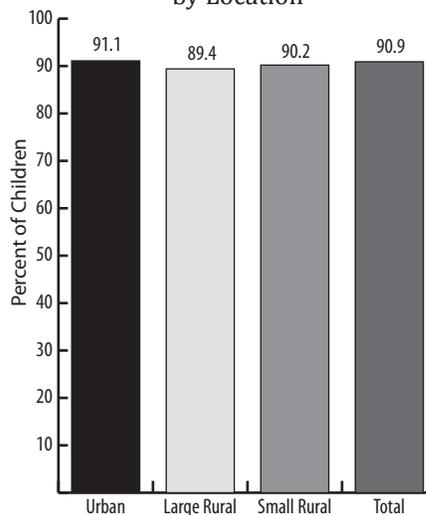




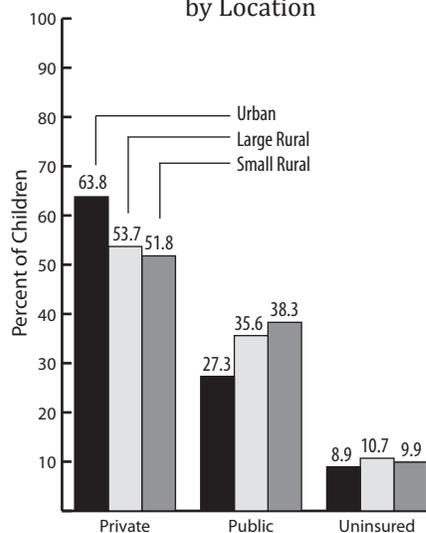
## Current Health Insurance

The survey asked parents if their children currently had coverage through any kind of health insurance, including private plans or government plans such as Medicaid. Overall, 90.9 percent of children had health insurance coverage: 61.8 percent had private health insurance coverage, 29.1 percent had public coverage, and 9.2 percent were uninsured. The percentage of children with some type of insurance did not vary significantly by location. However, children in rural areas were more likely than urban children to have insurance through public programs, such as Medicaid or the Children's Health Insurance Program. More than one-third of children in both large and small rural areas had public insurance, compared to 27.3 percent of urban children.

Percent of Children with Current Health Insurance, by Location



Type of Current Health Insurance, by Location

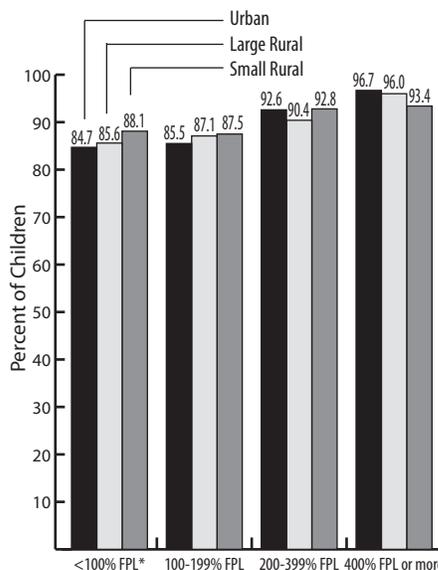




In all locations, children with the lowest household incomes were the least likely to have health insurance. However, within each income category, the percentage of children with insurance did not vary significantly by location.

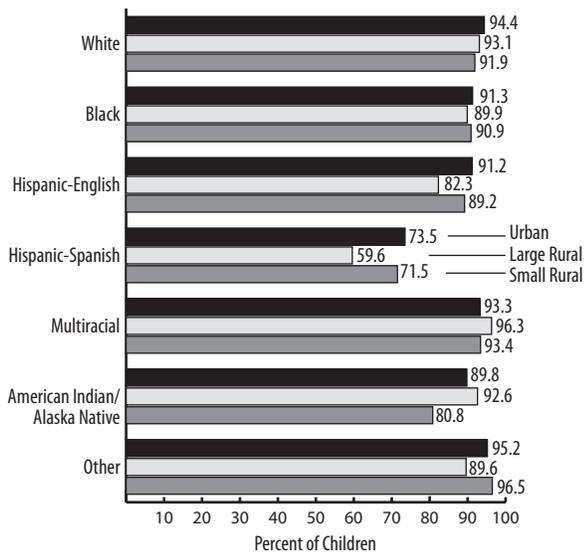
Within most racial and ethnic groups, and regardless of location, approximately 90 percent of children had insurance. However, this proportion was much lower for Hispanic children (as low as 59.6 percent of Hispanic children whose families' primary language is Spanish) and 82.3 percent of Hispanic children whose families primarily speak English, in large rural areas.

### Percent of Children with Current Health Insurance, by Location and Poverty Status



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

### Percent of Children with Current Health Insurance, by Location and Race/Ethnicity/Language



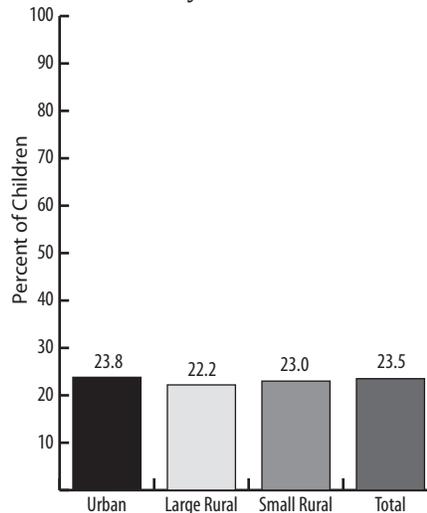


## Adequacy of Health Insurance

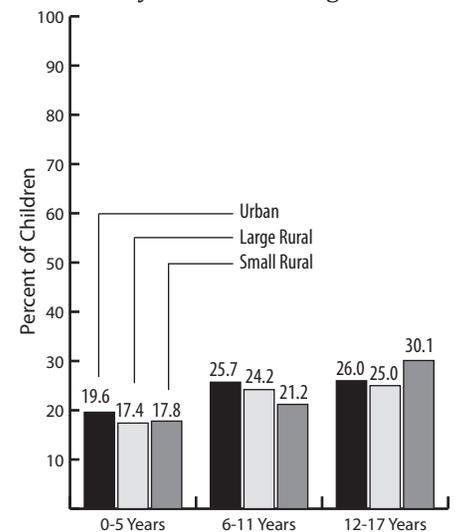
While most children had current health insurance coverage at the time of the survey, insurance coverage may not always be adequate to meet their needs. Parents whose children were currently insured were asked three questions regarding the services and costs associated with their child's health insurance: whether the out-of-pocket costs were reasonable, whether the plan offers benefits or covers services that meet their child's needs, and whether the plan allowed them to see the health care providers they need. Children were considered to have inadequate health insurance coverage if their parents did not answer "usually" or "always" to all of the three questions. Overall, 23.5 percent of children had inadequate insurance; this percentage did not vary significantly by location.

Across locations, older children were more likely to have inadequate insurance. At least one-quarter of children aged 12-17 had insurance that did not usually or always meet their needs, and this proportion was as high as 30.1 percent in small rural areas. Fewer than 20 percent of children aged 0-5 had inadequate insurance in all locations, with the highest percentage (19.6 percent) found among urban children.

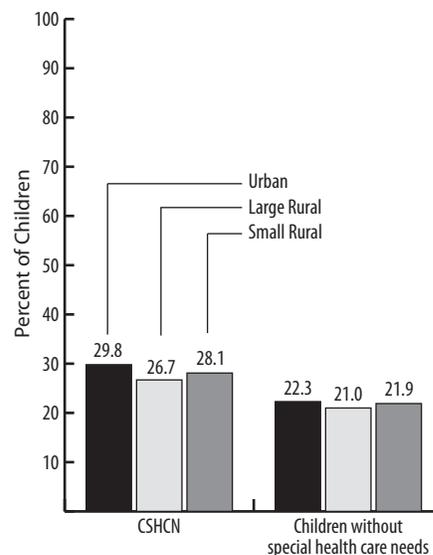
Percent of Children with Inadequate Health Insurance, by Location



Percent of Children with Inadequate Health Insurance, by Location and Age

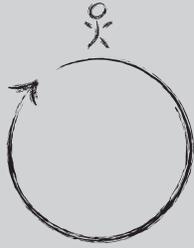


Percent of Children with Inadequate Health Insurance, by Location and CSHCN Status



Children with special health care needs were more likely to have inadequate insurance in all locations as well. Among children with special health care needs, the percentage whose insurance was not adequate to meet their needs ranged from

26.7 percent in large rural areas to 29.8 percent in urban areas, a higher percentage than that found in children without special care needs (21.0 percent in large rural areas to 22.3 percent in urban areas).

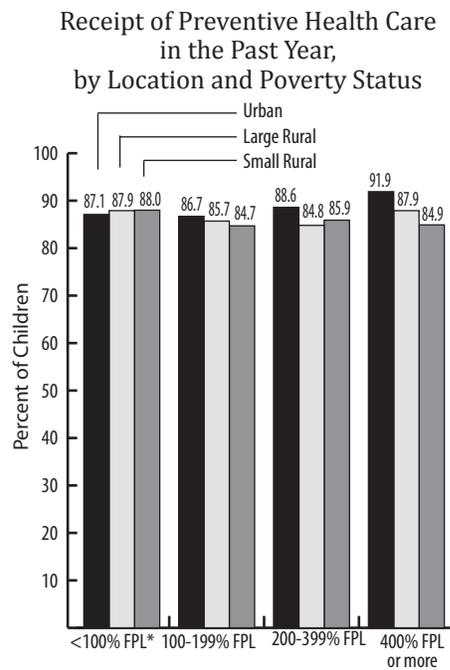
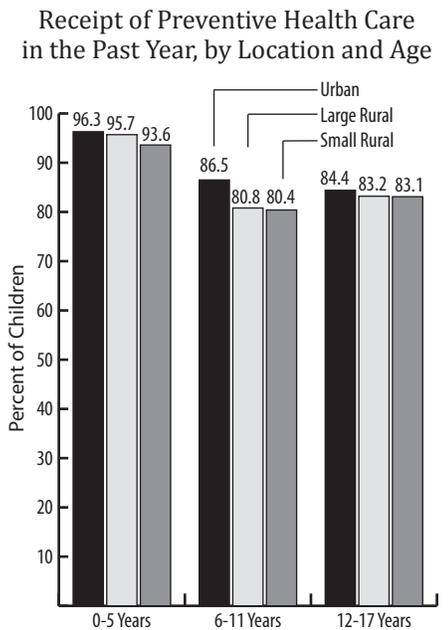
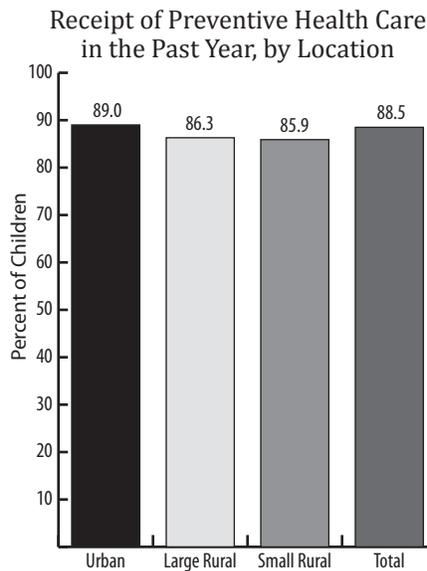


## Preventive Health Care

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.<sup>8</sup> 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. This percentage was slightly higher in urban areas (89.0 percent) than in rural areas (86.3 percent of children in large rural areas and 85.9 percent of those in small rural areas).

Among younger children, urban children were the most likely to receive an annual preventive health visit. This discrepancy was greatest among children aged 6-11; within this age group, 86.5 percent of urban children received an annual visit, compared to less than 81 percent of rural children. Among adolescents, the proportion who received an an-

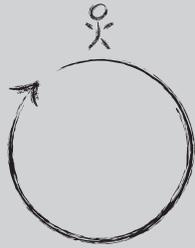


\*Federal poverty level was \$20,650 for a family of four in 2007.

nual preventive visit did not vary by location.

Among children in low-income households, the likelihood of having an annual preventive health visit did not vary substantially across locations. Among children with higher household incomes, however, urban children were more likely than those

in rural areas to receive an annual visit. For example, among children with household incomes of 400 percent of the Federal poverty level or more, 91.9 percent of those in urban areas had an annual visit, compared to 84.9 percent of those in small rural areas.



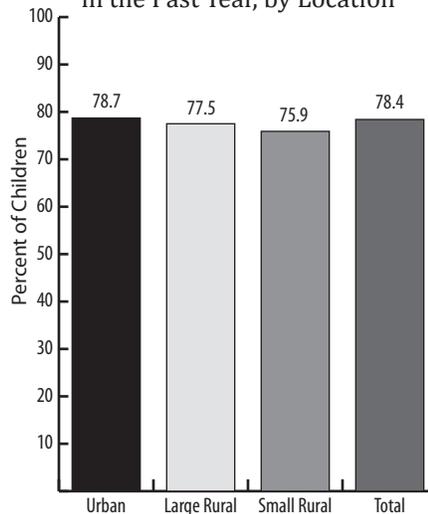
## Preventive Dental Care

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.<sup>9</sup> The majority of children aged 1-17 years (78.4 percent) received at least one preventive dental visit in the past year. This percentage is higher among urban children (78.7 percent) than among those in small rural areas (75.9 percent).

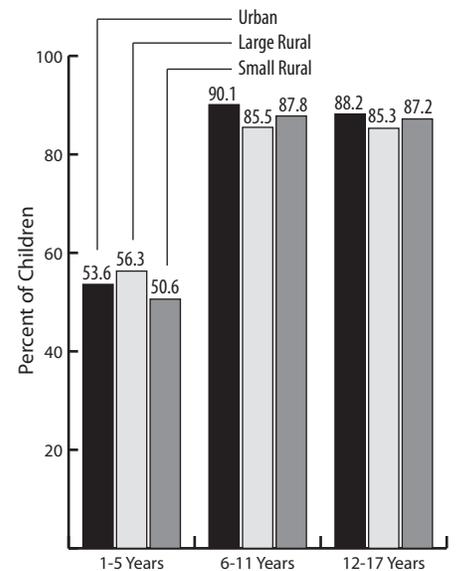
Rural children aged 1-5 years, like their urban counterparts, were less likely than older children to have made a preventive dental visit, with only about half doing so. Among children aged 6-11, those in large rural areas were less likely to have an annual dental checkup than those in urban areas (85.5 percent versus 90.1 percent).

Children in households with higher incomes, regardless of geography, were more likely to receive preventive dental care. At least 85 percent of children with household incomes of 400 percent of the Federal poverty level (FPL) or more received an annual visit, compared to as few as 67.5 percent of those with household incomes below the FPL.

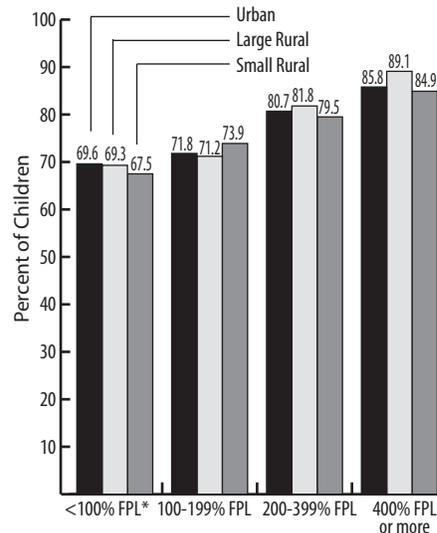
Receipt of Preventive Dental Care among Children Aged 1-17 in the Past Year, by Location



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



Receipt of Preventive Dental Care among Children Aged 1-17 in the Past Year, by Location and Poverty Status



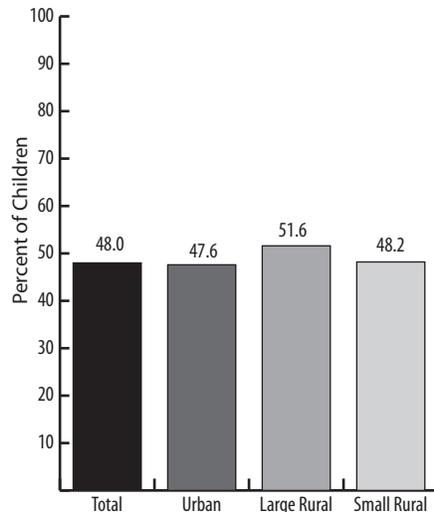
\*Federal poverty level was \$20,650 for a family of four in 2007.



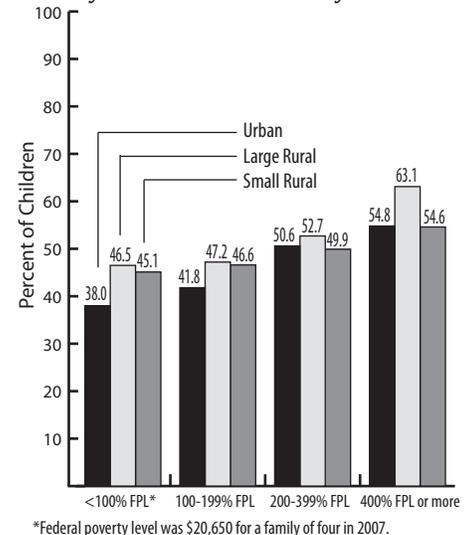
## Developmental Surveillance and Screening

Asking about and addressing parents' concerns is one of the most important aspects of well-child care. A key component of the American Academy of Pediatrics (AAP) recommendations for developmental surveillance is asking 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.<sup>10</sup> The survey assessed whether children received basic developmental surveillance and 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.<sup>11</sup>

Percent of Children Aged 0-5 whose Parents Were Asked by Health Care Providers about Developmental Concerns, by Location



Percent of Children Aged 0-5 whose Parents Were Asked by Health Care Providers about Developmental Concerns, by Location and Poverty Status

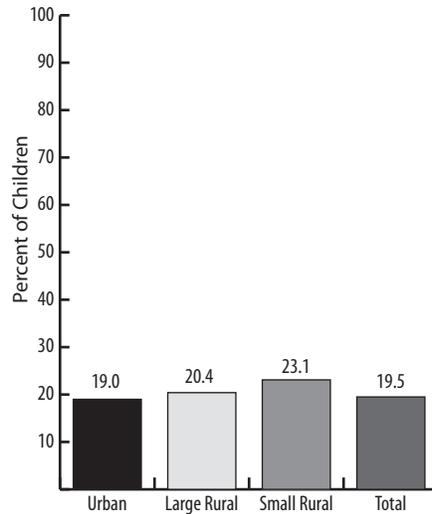




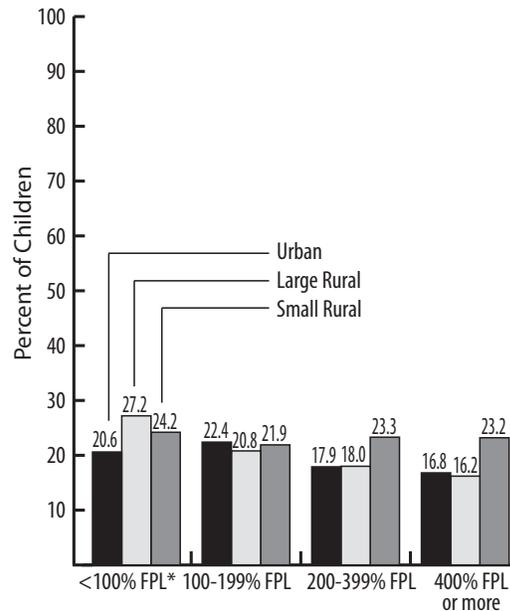
Parents of about half of children aged 0-5 years reported that their health care providers had asked them whether they had concerns about their child's development or behavior. This percentage did not vary significantly by location, ranging from 47.6 percent in urban areas to 51.6 percent in large rural areas. In all locations, the parents of children with higher household incomes were more likely to report having been asked about their developmental concerns. Within each income group, however, the percentage of children whose parents were asked about their concerns did not vary by location.

Overall, fewer than 20 percent of children between 10 months and 5 years of age receive a standardized developmental screen. This percentage did not vary by location, but did vary by household income; in all locations, children with lower household incomes were more likely to receive a standard screening.

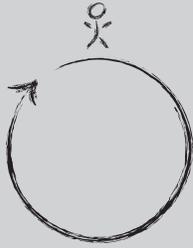
Percent of Children 10 Months-5 Years who Received Standardized Developmental Screening, by Location



Percent of Children 10 Months-5 Years who Received Standardized Developmental Screening, by Location and Poverty Status



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

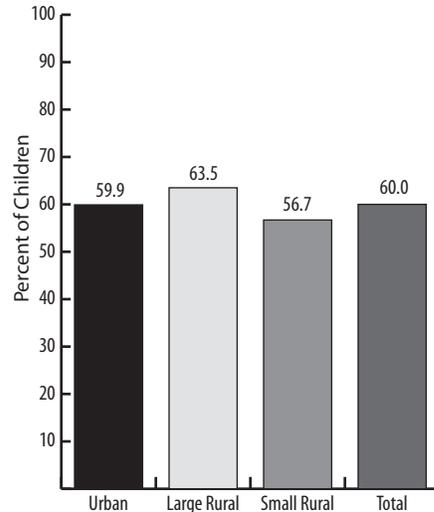


## Mental Health Care

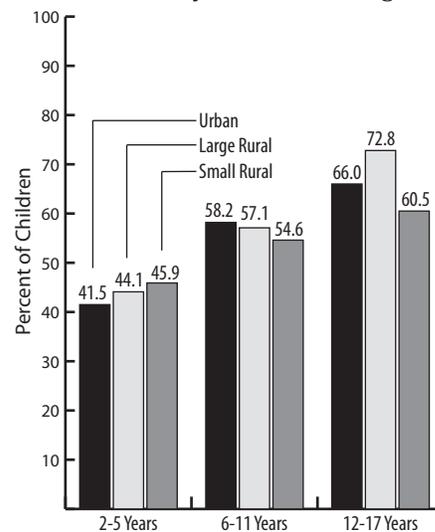
Mental health services, including counseling, medications, or specialized therapies, may be beneficial for children with behavioral or emotional problems. However, these services may not be readily available to all children who need them. Among children who had an ongoing emotional, developmental, or behavioral problem that required treatment or counseling, 60.0 percent received mental health care or counseling in the past year. This percentage was similar across locations, ranging from 56.7 percent in small rural areas to 63.5 percent in large rural areas.

In all locations, adolescents aged 12-17 were the most likely to receive needed mental health services, with receipt of these services ranging from 60.5 percent of those in small rural areas to 72.8 percent of those in large rural areas. The differences in receipt of mental health services across locations in the other age groups did not vary significantly.

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



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



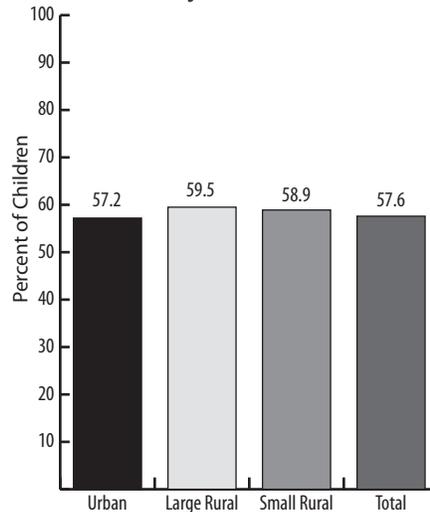


## Medical Home

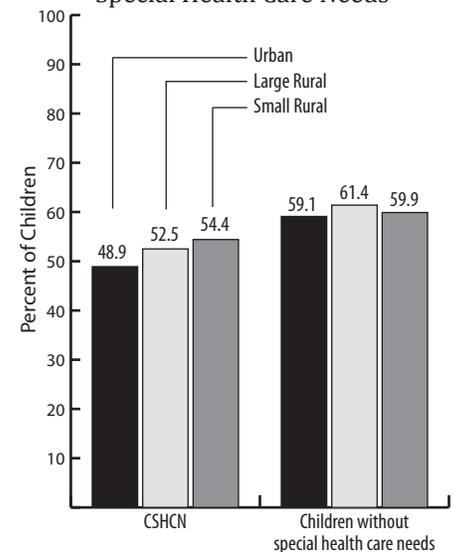
A number of characteristics of high-quality health care for children can be combined into the concept of the medical home. As defined by the American Academy of Pediatrics, children's medical care should be accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally 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, were sensitive to their values and customs, pro-

Percent of Children who Receive Care from a Medical Home, by Location



Percent of Children who Receive Care from a Medical Home, by Location and Presence of Special Health Care Needs



vide 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.

A child was defined as having a medical home if his or her care is reported to meet all of these criteria. Overall, the care of 57.6 percent of children met this standard. This percentage was similar in urban and rural locations.

A medical home is particularly important for children with special health care needs (CSHCN), who were more likely to require specialized care and services, follow-up, and care coordination. In all locations, CSHCN were less likely than other children to receive their care from a medical home. The percentage of CSHCN who had access to a medical home ranged from 48.9 percent of urban children to 54.4 percent of children in small rural areas.



## Components of the Medical Home: Access and Care Coordination

An important component 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.

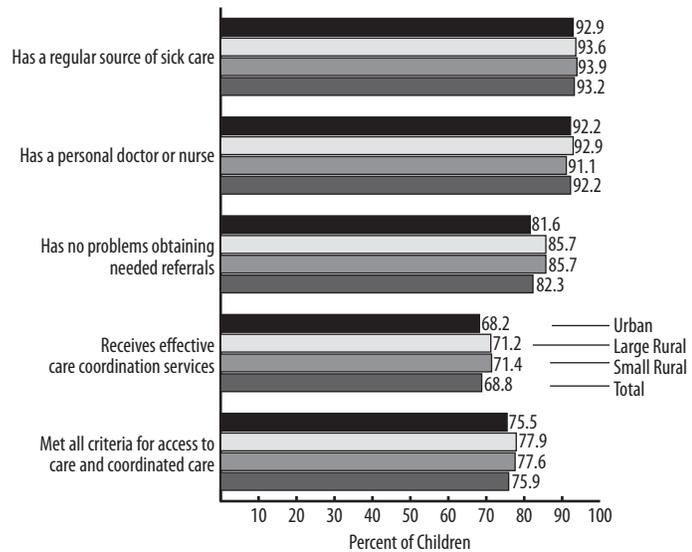
These criteria were met for the majority of children. Overall, 93.2 percent were reported to have a regular source of sick care, 92.2 percent had a personal doctor or nurse, and 82.3 percent had no problems obtaining referrals when needed. The criterion that was met for the lowest percentage of children was the receipt of effective care coordination services, when needed, which was reported for 68.8 percent of children. Overall, 75.9 percent of children received care that met all four of these criteria. These percentages did not vary substantially across locations, except that children in rural areas were slightly less likely to report problems obtaining needed referrals.

Nearly all children with special health care needs in all locations also had a regular source of sick care and a personal doctor or nurse. CSHCN

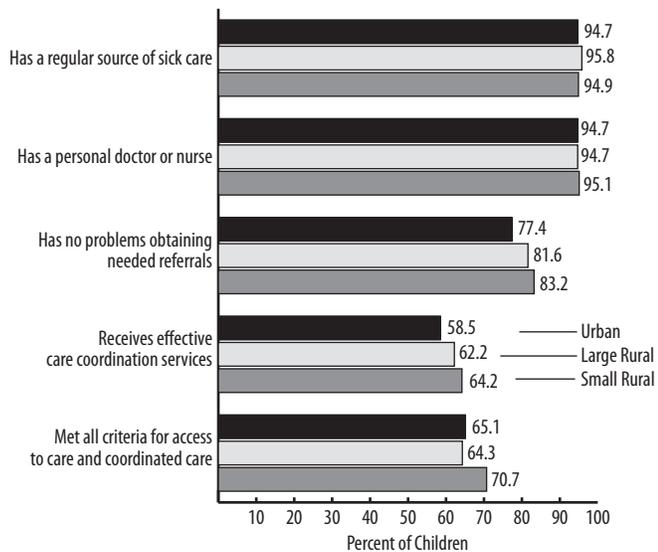
in urban areas were less likely than those in small rural areas to have no problems obtaining referrals: 77.4 percent were reported not to have referral problems, compared to 83.2 percent of CSHCN in small rural areas. Care coordination is a greater chal-

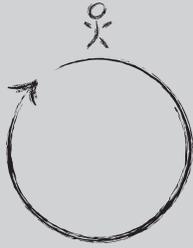
lenge for CSHCN in urban areas as well, with 58.5 percent reporting that they received effective care coordination services, compared to 64.2 percent of those in small rural areas.

Percent of Children Receiving Specific Components of Access to Care and Coordinated Care, by Location



Percent of CSHCN Receiving Specific Components of Access to Care and Coordinated Care, by Location



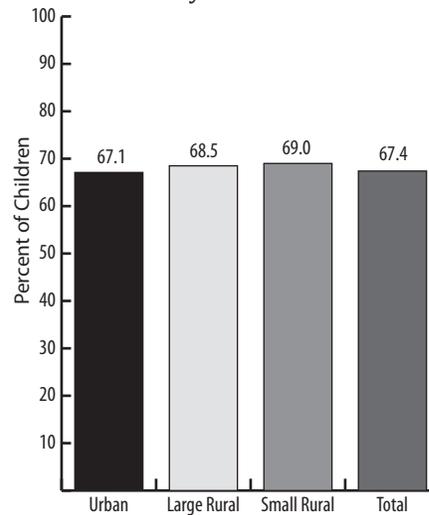


## Components of the Medical Home: Family-Centered Care

Another 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. This proportion did not vary significantly by location.

In urban and small rural areas, children with special health care needs (CSHCN) were less likely than children without special health care needs to receive family-centered care. Only in small rural areas were CSHCN more likely to receive family-centered care.

Percent of Children who Receive Family-Centered Care, by Location



Percent of Children who Receive Family-Centered Care, by Location and Presence of Special Health Care Needs

