The Health and Well-Being of American Indian and Alaska Native Children:

Parental Report from the National Survey of Children's Health, 2007

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U.S. Department of Health and Human Services
Health Resources and Services Administration
Indian Health Service

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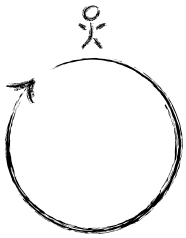

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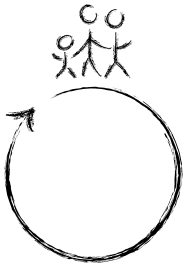

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Introduction

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) is a telephone survey of parents that addresses multiple aspects of the health and well-being of all the nation's children—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. Both national and state level estimates for all US children are available in the volume titled "The Health and Well-Being of Children: A Portrait of the States and the Nation, 2007." 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.

As a collaborative effort of the Indian Health Service and the Maternal and Child Health Bureau, the present volume focuses on NSCH data pertaining to parental perceptions of the health of American Indian/Alaska Native (AI/AN) children, a subpopulation in the United States with unique family and community cultural traditions and environments. Like the previous volume, the present chartbook provides national level estimates for many parent-perceived health indicators. While the characteristics of the NSCH 2007 sample as a whole accurately reflect those of the national population at that time, only 7 states can be said to have had AI/AN samples of sufficient size and representativeness from which to derive state level estimates for AI/AN children. Specifically for this chartbook, however, regional-level indicator estimates are also included, based on the geographical classification schema borrowed from the Indian Health Service (IHS) National Patient Information Reporting System (NPIRS). Though the AI/AN sample in this survey is relatively small (1,465 children out of a total NSCH sample of 91,642) it constitutes a nationally representative sample of AI/AN children including 7 state-level samples that are representative of AI/AN children in those states. This is accomplished through the application of sampling weights. Sampling weights correct for imperfections in the sample that might lead to bias and other departures from a truly representative sample. In other words, weighting compensates for unequal probabilities of selection and for nonresponse. It's purpose is also to adjust the weighted sample distribution for key variables of interest (e.g., age, race, and sex) to make it conform to a known population distribution.

Unless otherwise noted, all differences shown are statistically significant. The relatively small sample does, however, diminish the ability to detect statistically significant differences between subgroups of AI/AN children as well as between national level and AI/AN estimates. This is addressed in more detail in the Technical Appendix at the end of the chartbook.

Respondents for the NSCH may be either a parent or a primary caregiver familiar with the health of the survey child. Because responses have not been independently verified, the indicators presented in this volume represent the views of the parent or caregiver. For convenience sake the respondent will be referred to as the parent, although in some cases the respondent may have actually been a primary caregiver who was not a parent of the survey child. For further detail, refer to the Technical Appendix.

Because the NSCH is a telephone survey, it must also be noted that households without a telephone were unable to participate in the survey. In 2007, NSCH data were collected only from households with landline telephones. Non-Hispanic AI/AN children are more likely than children of other races to be living in households without landlines. Selection bias related to coverage is possible. However, sampling weights were adjusted to reduce the magnitude of this bias.

This chartbook presents indicators of the health and well-being of AI/AN children based on the perceptions of their parents or primary caregivers. It includes factors in the family environment and aspects of the neighborhood that may support or threaten families and children. These indicators highlight parents' perceptions of the health status and risk and protective factors experienced by AI/AN children on the national level, and show the sub-populations who may be at particular risk. Several indicators are accompanied by information regarding the most current guidelines of the American Academy of Pediatrics' Bright Future Guidelines.[1] Also, where space allows some AI/AN child, family, and neighborhood parent-reported indicators are compared to other race/ethnicities to provide greater context for the AI/AN data.

The information presented here can guide the Nation in improving the health and health care of AI/AN children. For example, although 73.9 percent of AI/AN parents reported that their adolescent children exercised three or more days per week, they also reported that 35.2 percent of AI/AN children were overweight or obese (for description, please refer to the charts in the Technical Appendix). There were many areas in which parent reported data indicated that AI/AN children lagged the rest of the nation's children (See National Comparison Data on page 6). Only 38.9 percent of AI/AN parents reported that their children received 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 (nationally 57.5 percent). Also, fewer AI/AN parents reported that their children received family-centered, coordinated health care than did US children overall.

Health insurance is another area in need of systemic improvement. According to parents, fewer AI/AN children had health insurance than US children overall (85.0 percent for AI/AN children and 90.9 percent for children nationally). When AI/AN children were insured at least some part of the previous year, parents reported they were more likely to lack consistent coverage throughout the year (24.8 percent for AI/AN children

compared to 15.1 percent nationally) and the coverage was more likely to have been inadequate for their needs (32.9 percent for AI/AN children compared to 23.5 percent nationally).

According to parents, approximately 33% of AI/AN children received health care services from an IHS hospital or clinic. The estimates from 7 states with representative AI/AN data show a wide range of access to IHS facilities, from Oklahoma with 46.8 percent of the AI/AN population to New Mexico with 67.1 percent.

Some aspects of children's home and family environment support their health and development. Almost 80 percent (78.9 percent) of AI/AN parents reported that their school-aged children read for pleasure on a typical day, a habit that can improve their school performance and support their intellectual development, and 60.8 percent of AI/AN children reportedly ate at least one meal with the family every day during the previous week, more than was done nationally (45.8 percent). However, less than half of AI/AN parents reported reading to their children aged 0-5 years every day (41 percent) and fewer fathers of AI/AN children were perceived to be in excellent or very good emotional and physical health compared to the fathers of children nationally (49.5 for AI/AN children and 62.7 nationally). One major, preventable environmental threat to children is tobacco smoke in the household. Compared to US children overall, more AI/AN parents reported that their children lived in households where someone smoked (33.8 percent for AI/AN children and 26.2 percent nationally).

Fewer parents of AI/AN children expressed confidence in the communities in which their children were growing and developing than was done by parents nationally. According to parents, 24 percent of AI/AN children lived in neighborhoods with poorly kept or dilapidated housing (14.6 nationally) and 72.8 percent perceived their neighborhoods as supportive (83.2 percent nationally). There were also differences in AI/AN perceptions of neighborhood and school safety. About 78 percent (78.4) of AI/AN parents felt their children were safe in their neighborhoods (86.1 nationally) and approximately the same percentage (78.2) felt their children were safe at school (89.6 percent nationally).

In addition to measures of physical and mental health, the survey measures parents' perceptions of their children's social and educational development that lay the groundwork for their ability to function in the adult world. Overall, 46.3 percent of AI/AN children aged 1-5 years were reported to have played with same-age children every day in the previous week, and 50.1 percent of AI/AN 10- to 17-year-olds participated on sports teams or took sports lessons in the previous year. According to parents, 86.8 percent of 6- to 17-year-old AI/AN children consistently exhibited positive social skills. However, compared to children nationally, fewer AI/AN parents thought their school-aged children were engaged in school, meaning that they did all their homework and cared about doing well in school (63.1 percent for AI/AN children and 80.5 percent for children nationally).

Some groups of AI/AN children were at higher risk of health and social problems. AI/AN children at or below the federal poverty level were more likely than some AI/AN children living above the poverty level to be overweight or obese, to repeat a grade in school, and live in neighborhoods that their parents felt were not safe. These circumstances may combine to put AI/AN children in low-income households at a health, developmental, and educational disadvantage.

Another population of AI/AN 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.[2] According to their parents, AI/AN CSHCN were more likely to miss 11 or more days of school during the previous year than were AI/AN children without special health care needs.

The final pages of this volume include analyses of key parent-reported indicators on the State level for each of the 7 States (Alaska, Arizona, Montana, New Mexico, North Dakota, Oklahoma, South Dakota) with adequate data and for 5 Regions: Alaska, East, Northern Plains, Pacific Coast, and Southwest.[3] The Technical Appendix at the end of this volume includes the schema employed by the Indian Health Service area and regional classification system.

It must be noted that the findings in this report may contain sources of unintended bias in at least two areas that may affect interpretation of the results. The first pertains to self-identification of race/ethnicity. A self-identified American Indian/Alaska Native person may not satisfy the legal requirements which define a Native American according to the United States government or a single tribe. The second source pertains to the cultural relevance of some survey items. For example, participation in sports may not be a culturally appropriate proxy for social and educational development for AI/AN children. Similarly, AI/AN families may engage in Native cultural, spiritual, or other traditional practices, but not respond affirmatively when asked if their children attend"religious" services. Also, Native-speaking families are not likely to have books for young children in their Native language and communities with parks, sidewalks, and libraries may not be considered the ideal neighborhood setting in a Native culture.

The Technical Appendix also presents information about the survey methodology and sample in summary form. For more in-depth information about the survey and its findings for the full national sample, 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 public domain 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/slaits/nsch.htm.

National Comparison Data

All statistics are based on parental reports.

Parent-Reported Indicator	Explanation	National %†	AI/AN Region %‡
HEALTH STATUS			
Child Health Status	Percent of children in excellent or very good health	84.4	82.1
***Health Conditions**	Percent of children with 1 or more chronic physical or mental health problems	22.3	23.4
Asthma	Percent of children with asthma	9.0	9.9
ADD & ADHD	Percent of children with ADD or ADHD	6.4	5.9
Injury	Percent of children aged 0-5 with injuries requiring medical attention in the previous year	10.4	7.8
Breastfeeding	Percent of children aged 0-5 years who were ever breastfed	75.5	74.7
Risk of Developmental Delay	Percent of children aged 4 months to 5 years determined to be at moderate or high risk based on parents' specific concerns	26.4	38.5
Social Skills	Percent of children aged 6-17 who exhibit 2 or more positive social behaviors	93.7	86.8
Problem Social Behaviors	Percent of children aged 6-17 who exhibit 2 or more problem social behaviors	8.9	12.6
Missed School	Percent of children aged 6-17 who missed 11 or more days of school in the previous year	5.8	7.3
***Obesity/Overweight**	Percent of children aged 10-17 who are overweight or obese	31.6	35.2
Physical Activity	Percent of children aged 10-17 who exercised or participated in physical activity for at least 20 minutes on 3 or more days during the previous week	73.9	73.9
HEALTH CARE			
Current Health Insurance	Percent of children currently insured	**90.9**	**87.2**
Insurance Coverage Consistency	Percent of children lacking consistent insurance coverage in previous year	**15.1**	**18.5**
***Adequacy of Insurance**	Percent of children lacking adequate insurance coverage in the previous year	**88.5**	**85.1**
Preventive Health Care	Percent of children with a preventive medical visit in the previous year	88.5	85.7
***Indian Health Service**	Percent of children who received services at an IHS hospital or clinic	NA	32.8
***Developmental Surveillance**	Percent of children aged 10 months to 5 years receiving surveillance for developmental or behavioral problems	48.0	46.7
Mental Health Care	Percent of children aged 6-17 with problems requiring counseling who received mental health care	62.1	65.6
***Medical Home**	Percent of children who received care within a medical home	**57.5**	**38.9**
Family-Centered Care	Percent of children who received family-centered care	**67.4**	**49.6**
Access & Coordination	Percent of children who received coordinated, ongoing, comprehensive care	**75.9**	**62.4**
SCHOOL AND ACTIVITIES			
***Playing with Same-Age Children**	Percent of children aged 1-5 who played with same-age children every day during the previous week	31.4	46.3
***School Engagement**	Percent of children aged 6-17 who are adequately engaged in school	**80.5**	**63.1**
Repeating a Grade	Percent of children aged 6-17 who have ever repeated a grade	10.6	12.8
***Participation in Sports Teams**	Percent of children aged 10-17 who participated on sports teams or took sports lessons during the previous year	59.5	50.1
***Activities Outside of School**	Percent of children aged 6-17 who participated in activities outside of school during the previous year	**76.5**	**57.2**

Significant differences between national level and AI/AN estimates are bolded.

**New, rephrased, or revised indicator for this analysis or for the 2007 survey. Indicator cannot or should not be compared to 2003 findings.*

†National estimates are for the full survey including all races and ethnicities.

‡AI/AN estimates are for the American Indian/Alaska Native population only.

NA=Not Applicable – question is not applicable to non-AI/AN children.

Parent-Reported Indicator	Explanation	National %†	AI/AN Region %‡
SCHOOL AND ACTIVITIES *(continued)*			
***Screen Time**	Percent of children aged 1-5 who watched more than one hour of TV or video during a weekday	54.4	61.1
Reading for Pleasure	Percent of children aged 6-17 who read for pleasure	84.2	78.9
Working for Pay	Percent of children aged 12-17 who worked for pay outside the home during the previous week	64.0	66.3
Volunteering	Percent of children aged 12-17 who participated in community service activities a few times a month or more during the previous year	37.1	30.7
CHILD'S FAMILY			
Reading to Young Children	Percent of children aged 0-5 whose families read to them every day	47.8	49.3
***Singing and Telling Stories to Young Children**	Percent of children aged 0-5 whose families sing or tell stories to them every day	**59.1**	**61.8**
Sharing Meals	Percent of children whose families ate meals together every day during the previous week	**45.8**	**60.8**
Religious Services	Percent of children who attend religious services at least weekly	53.7	48.1
Mother's Health	Of children who live with their mothers, the percentage whose mothers are in excellent or very good physical and emotional health	56.9	49.8
Father's Health	Of children who live with their fathers, the percentage whose fathers are in excellent or very good physical and emotional health	**62.7**	**49.5**
Parental Physical Activity	Percent of children with at least one parent who exercises regularly	67.0	69.6
Smoking in the Household	Percent of children who live in households where someone smokes	**26.2**	**33.8**
***Parenting Stress**	Percent of children whose parents usually or always felt at least one form of stress during the previous month	10.2	18.4
Child Care	Percent of children aged 0-5 whose parents made emergency child care arrangements last month and/or job change for child care reasons last year	30.7	23.5
CHILD AND FAMILY'S NEIGHBORHOOD			
***Neighborhood Amenities**	Percent of children who live in neighborhoods with a park, sidewalks, a library, and a community center	48.2	44.1
***Neighborhood Conditions**	Percent of children living in neighborhoods with poorly kept or dilapidated housing	**14.6**	**24.0**
Supportive Neighborhoods	Percent of children living in neighborhoods that are supportive	**83.2**	**72.9**
Safety of Child in Neighborhood	Percent of children living in neighborhoods that are usually or always safe	**86.1**	**78.4**
Safety of the Child at School	Percent of children that are usually or always safe in school	**89.6**	**78.2**

Significant differences between national level and AI/AN estimates are bolded.

**New, rephrased, or revised indicator for this analysis or for the 2007 survey. Indicator cannot or should not be compared to 2003 findings.*

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‡AI/AN estimates are for the American Indian/Alaska Native population only.

NA=Not Applicable – question is not applicable to non-AI/AN children.

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 American Indian and Alaska Native (AI/AN) children's health status, their health care, and their activities in and outside of school as viewed by their parents. Taken together, these measures present a snapshot of the parent-perceived health and well-being of AI/AN children, reflecting wide-ranging 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. Body Mass Index was calculated from the parents' reports of height and weight for age and gender to determine weight category, and parents reported on their children's frequency and level of physical activity. In addition, parents were asked about their concerns regarding their children's development and behavior, about their children's social skills, and about their ability to get along with others.

Children's access to health care and parents' satisfaction with the health care their children received were measured through questions about children's health insurance coverage, their use of preventive medical services and Indian Health Service facilities, 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

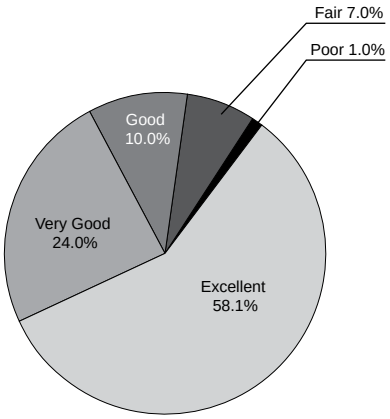
A useful measure of a child's general health is a parent's perception of the child's overall health and ability to function. Even for a child with significant health concerns, a parent may have a positive view of his or her overall health. Parents were asked to rate their children's health as excellent, very good, good, fair, or poor. The parents of 82.1 percent of AI/AN children rated their children's health as excellent or very good.

Child Health Status and Age. According to parents of AI/AN children aged 5 years and under, 76.9 percent had excellent or very good health. For AI/AN children aged 6-11, 87.5 percent were reportedly in excellent or very good health as were 82.9 percent of children aged 12-17 years. These were not statistically significant differences.#

Child Health Status and Parent Health Status. A mother's perceived health was associated with the perceived health of her child in a positive way. Of AI/AN children whose mothers were perceived to be in excellent or very good mental, emotional, and physical health, 83.4 percent were themselves in excellent or very good health; among children of mothers whose health was good, fair, or poor, only 73.2 percent were themselves in excellent or very good health according to parent report.

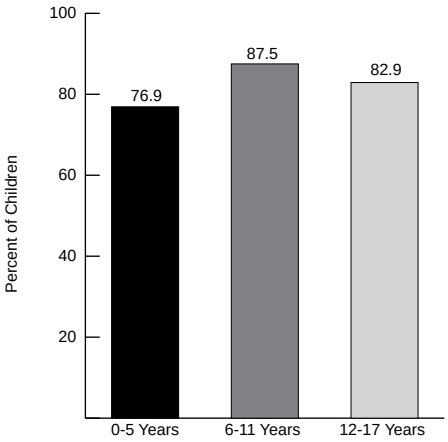
#See Data Analysis in Technical Appendix for explanation regarding statistical significance.

AI/AN Child Reported Health Status

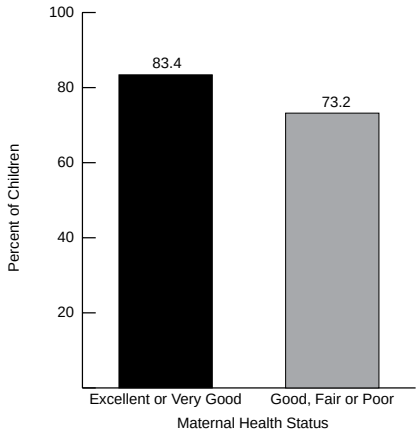


**Percentages may not add up to 100 due to rounding*

AI/AN Children in Excellent or Very Good Reported Health, by Age



AI/AN Children in Excellent or Very Good Reported Health, by Maternal Health Status

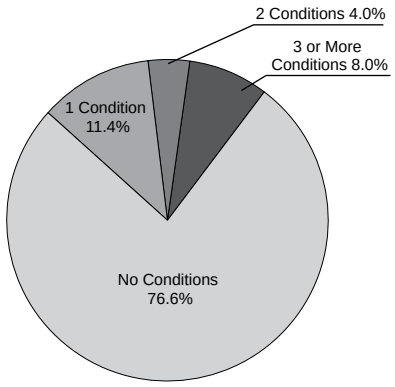


Prevalence of Conditions

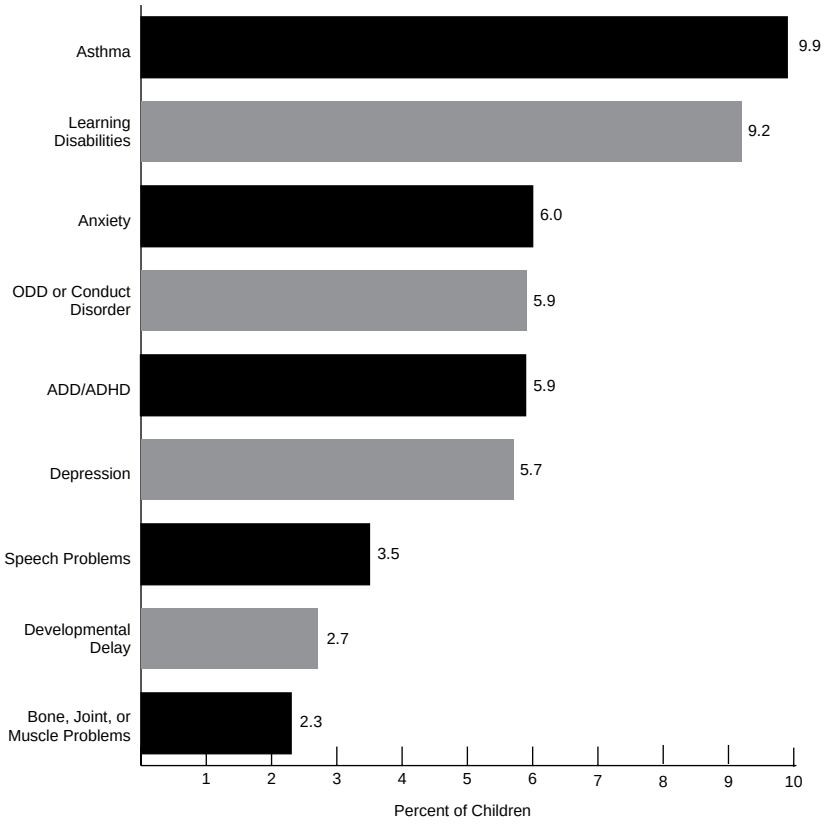
The lives of some children may be impacted by chronic physical or mental health problems, such as asthma, attention deficit disorder/attention deficit hyperactivity disorder (ADD/ADHD), or anxiety. According to parents, 23.4 percent of AI/AN children had at least one of a list of 16 chronic health conditions. Over 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, 51.5 percent had one or more moderate or severe condition(s) (data not shown).

Asthma parent-reported prevalence was 9.9 percent among AI/AN children, followed by learning disabilities (9.2 percent), anxiety disorder (6.0 percent), oppositional defiant (ODD) or conduct disorder (5.9 percent), ADD/ADHD (5.9 percent), depression (5.7 percent), speech problems (3.5 percent), developmental delay (2.7 percent), and bone, joint and muscle problems (2.3 percent). Reliable report-based estimates could not be obtained for autism, epilepsy, vision and hearing problems, brain injury, diabetes, and Tourette syndrome due to low prevalence.

Number of Chronic Conditions Reported Among AI/AN Children



AI/AN Children with Reported Chronic Conditions*



**Stable estimates could not be obtained for autism, epilepsy, vision and hearing problems, brain injury, diabetes, and Tourette syndrome.*

Asthma

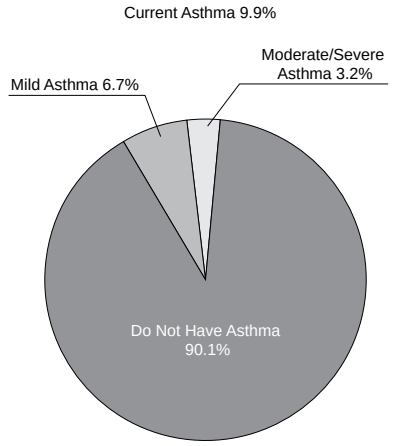
Asthma is one of the most common chronic diseases among children. It is a chronic inflammatory disorder of the airways and can cause chest tightness, wheezing, and coughing, especially at nighttime or following exercise. More severe asthma attacks can result in breathlessness, agitation, and respiratory failure. According to parents, about 10 percent of AI/AN children had asthma at the time of the survey.

Asthma Severity. Among AI/AN children with reported asthma, 68.1 percent had mild asthma compared to 31.9 percent who had asthma that was moderate to severe (data not shown).

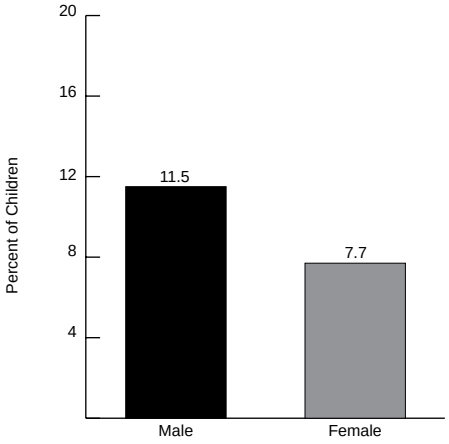
Asthma and Gender. The proportion of boys versus girls with parent-reported asthma was not significantly different (11.5 and 7.7 percent , respectively).#

Asthma and Poverty Status. The prevalence of parent-reported asthma among AI/AN children tended to be higher among the lower income children, but differences among AI/AN children based on poverty status were not statistically significant.# Of children from poor households, 11.2 percent had parent-reported asthma. For children in near poor households and in households that were not poor, 10.7 percent and 8.5 percent had asthma, respectively, according to parents.

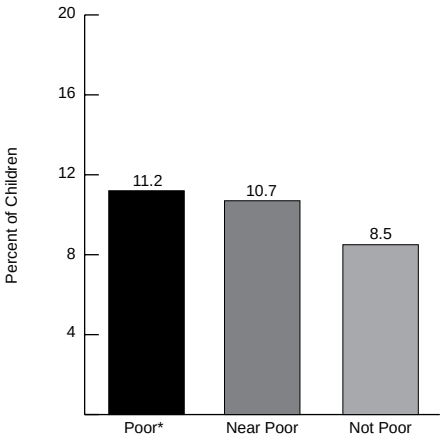
AI/AN Children With Reported Asthma



AI/AN Children with Reported Asthma, by Gender

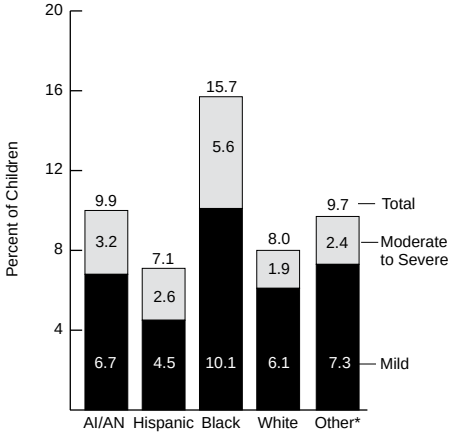


AI/AN Children with Reported Asthma, by Poverty Status



Poor is defined as <100% of the federal poverty level (FPL). Near Poor is 100-199% FPL, and Not Poor is 200% or more FPL. Federal poverty level was $20,650 for a family of four in 2007

All U.S. Children with Reported Asthma, by Race and Ethnicity and Severity



*Includes those of Asian descent, Pacific Islanders, and Mixed Races

Asthma and Race/Ethnicity. The proportion of children with parent-reported asthma varied by race and ethnicity. The reported asthma prevalence rate among AI/AN children was less than the prevalence for Black children, but was not different statistically from any of the other race/ethnicities.#

Asthma Severity and Race/Ethnicity. Among children with parent-reported asthma, there were no significant differences between the proportion of AI/AN children's asthma rated as moderate-severe and the proportion for any other race/ethnicities.#

#See Data Analysis in Technical Appendix for explanation regarding statistical significance.

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. According to parents, 5.9 percent of AI/AN children had ADD/ADHD at the time of the survey.

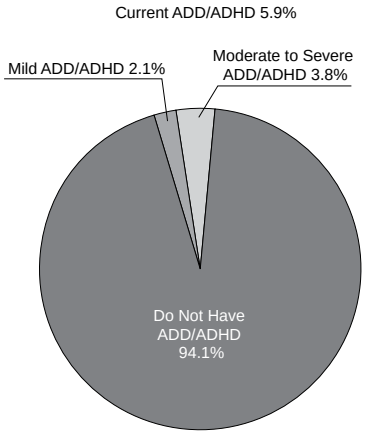
ADD/ADHD Severity. For AI/AN children with parent-reported ADD/ADHD, more parents rated their children's condition as moderate-severe (63.3 percent) than rated it as mild (36.7 percent).

ADD/ADHD and Gender. The parent-reported prevalence of ADD/ADHD among AI/AN boys was 6.4 percent and for girls it was 5.2 percent. This was not a statistically significant difference.#

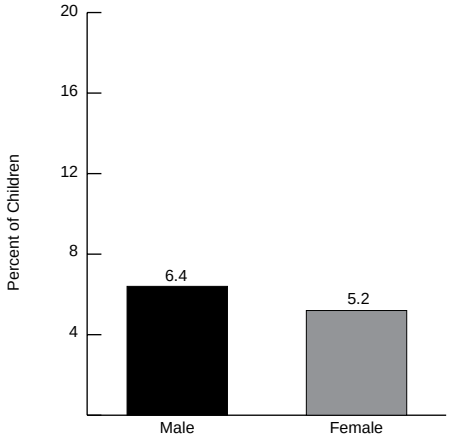
ADD/ADHD and Poverty Status. Among AI/AN children from poor households, 7.3 percent had reported ADD/ADHD. For children in near poor households and in households that were not poor, 4.5 percent and 5.9 percent , respectively, had ADD/ADHD according to parents. These differences were not statistically different.#

ADD/ADHD and Race/Ethnicity. Though the proportion of children with reported ADD/ADHD varied by race/ethnicity for some groups, the reported prevalence among AI/AN children did not statistically differ from any of the other race/ethnicities.#

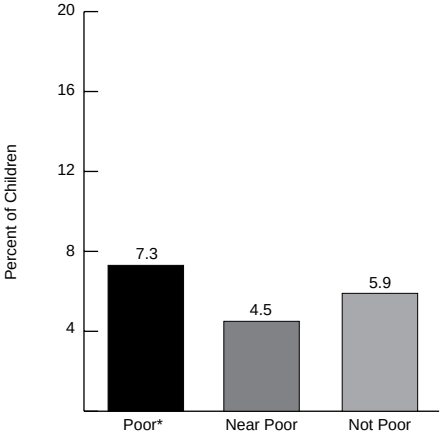
AI/AN Children with Reported ADD/ADHD



AI/AN Children with Reported ADD/ADHD, by Gender

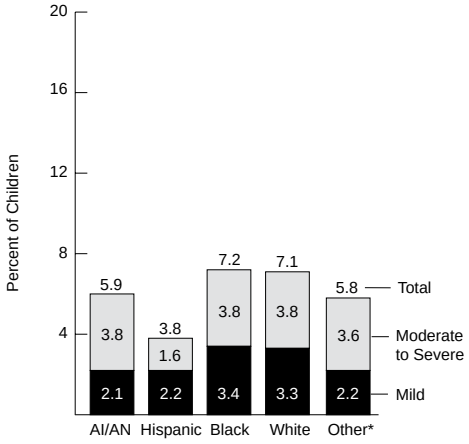


AI/AN Children with Reported ADD/ADHD, by Poverty Status



Poor is defined as <100% of the federal poverty level (FPL). Near Poor is 100-199% FPL, and Not Poor is 200% or more FPL. Federal poverty level was $20,650 for a family of four in 2007

All U.S. Children with Reported ADD/ADHD, by Race/Ethnicity and Severity



*Includes those of Asian descent, Pacific Islanders, and Mixed Races

#See Data Analysis in Technical Appendix for explanation regarding statistical significance.

Injury

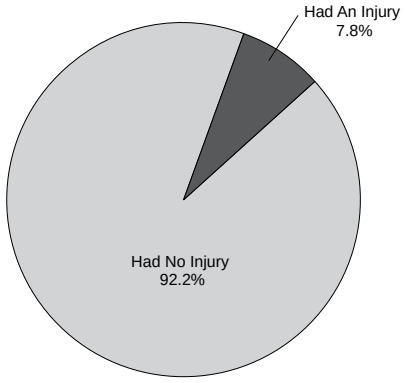
Unintentional injury, including motor vehicle crashes, falls, and cuts, is a major risk to children's health and the leading cause of death for children over age 1. Parents of children aged 5 years and younger were asked if their children had required medical attention for an accidental injury over the previous year. Overall, 7.8 percent of young AI/AN children reportedly had at least one non-lethal injury that required medical attention.

Location of Injury. Parents were also asked whether the site of the injury was at home, at child care, or at some other place. Parents could select more than one location if the child was injured multiple times. Approximately 56 percent of the time, the injury occurred in the home. The categories for child care and some other place were combined in order to obtain a reliable parent-reported estimate of injuries outside the home. This combined category was labeled as "some other place" which was identified as the location of injury 45.3 percent of the time. There was no significant difference in the rates of parent-reported injury in the home versus some other location.#

Injury and Race/Ethnicity. The percentage of children with reported non-lethal injuries varied by race and ethnicity. AI/AN children were less likely to have received medical attention for an injury than White children, but were not statistically different from children of any other race/ethnicities according to parent report.#

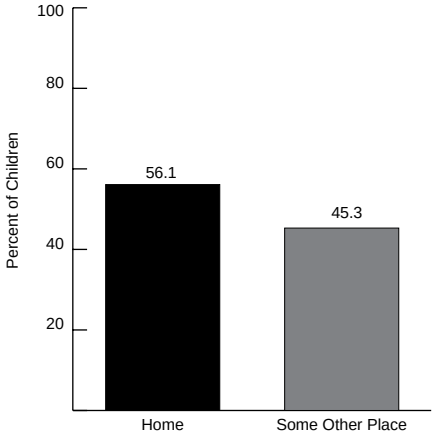
#See Data Analysis in Technical Appendix for explanation regarding statistical significance.

AI/AN Children Aged 0-5 Years with Reported Non-lethal Injuries* in the Previous Year



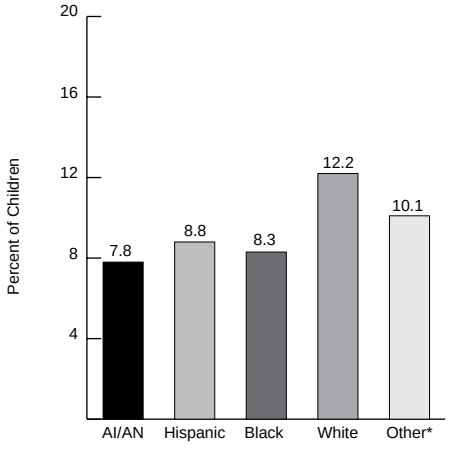
**Requiring medical attention, not including poisoning.*

AI/AN Children Aged 0-5 Years with Reported Non-lethal Injuries in the Previous Year, by Physical Location* of Injury



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

All U.U.S. Children Aged 0-5 Years with Reported Non-lethal Injuries in the Previous Year, by Race and Ethnicity



**Includes those of Asian descent, Pacific Islanders, and Mixed Races*

Breastfeeding

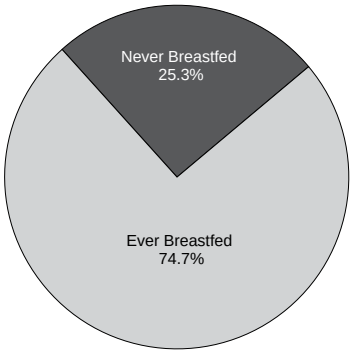
Breastfeeding is widely acknowledged as the ideal form of infant nutrition. Breast milk helps to guard against infectious diseases and provides future protection against diabetes; overweight and obesity; asthma; and lymphoma, leukemia, and Hodgkin's disease. In addition, rates of post-neonatal mortality (death between the first month and the end of the first year of life) are lower among breastfed infants.[4] Therefore, the American Academy of Pediatrics' Bright Future Guidelines recommend that, with few exceptions, all infants be fed with breast milk exclusively for the first 6 months of life.[1]

Overall, 74.7 percent of AI/AN children aged 0-5 years were ever breastfed or fed breast milk, while the remaining 25.3 percent of children were never breastfed according to parents. Reliable estimates could not be obtained for exclusive breastfeeding among AI/AN children in the first 6 months.

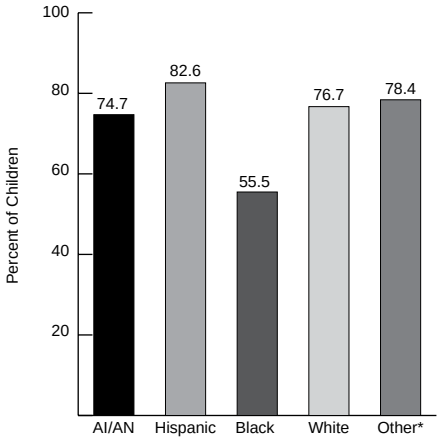
Breastfeeding and Race/Ethnicity. AI/AN children aged 0-5 years were reportedly more likely to have ever been breastfed than Black children of that age, but were equally likely (statistically) to have ever been breastfed as children of all other race/ethnicities.[#]

#See Data Analysis in Technical Appendix for explanation regarding statistical significance.

Breastfeeding Among AI/AN Children Aged 0-5 Years



Breastfeeding Among All U.S. Children Aged 0-5 Years, by Race and Ethnicity



**Includes those of Asian descent, Pacific Islanders, and Mixed Races*

Parents' Concerns and Risk of Developmental Delay

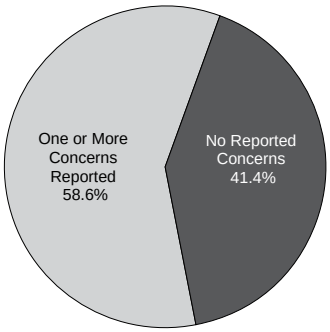
Parental concerns about a child's development and behavior can often signal that a child is at risk for developmental, behavioral, and/or social delays. Parents were asked about eight specific concerns they may have about their children's learning, development, or behavior that could be potential risk factors. These items were based on the Parent's Evaluation of Developmental Status (PEDS©).[5] 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 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 58.6 percent of AI/AN children aged 0-5 years had at least one concern. The parents of 38.5 percent of AI/AN children aged 4 months to 5 years indicated that their children were at moderate or high risk for delay.

Parent Concerns and Race/Ethnicity. The parents of AI/AN children aged 0-5 years were more likely to have at least one concern about their children's development than parents of White children and children of Other* race/ethnicities, but were not statistically different from parents of Black and Hispanic children.#

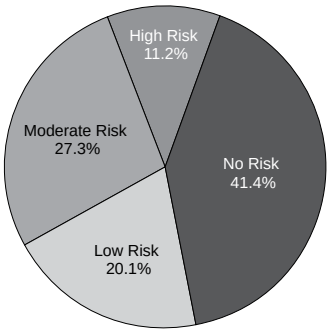
Severity of Risk and Race/Ethnicity. The percentage of children who were at moderate to high risk of developmental or behavioral delays also varied by race and ethnicity. Parents of AI/AN children were more likely than parents of White children to rate their children's risk of developmental delay as moderate to high, but were not statistically different from parents of any other race/ethnicities.#

#See Data Analysis in Technical Appendix for explanation regarding statistical significance.

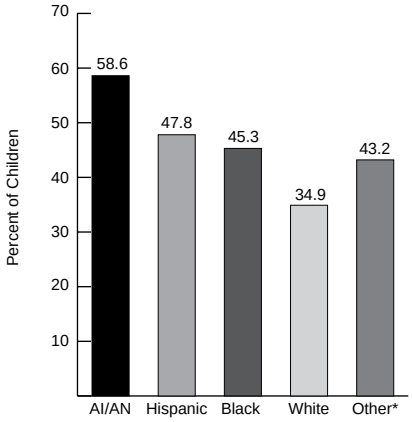
AI/AN Children Whose Parents Reported Concerns About Child Development, Aged 0 to 5 Years



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

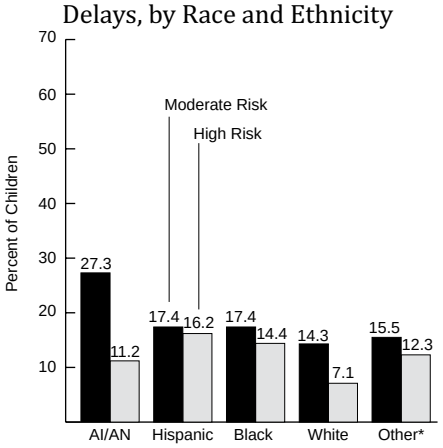


All U.S. Children Aged 0 to 5 Years Whose Parents Reported One or More Concerns, by Race and Ethnicity



**Includes those of Asian descent, Pacific Islanders, and Mixed Races*

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



**Includes those of Asian descent, Pacific Islanders, and Mixed Races*

Social Skills

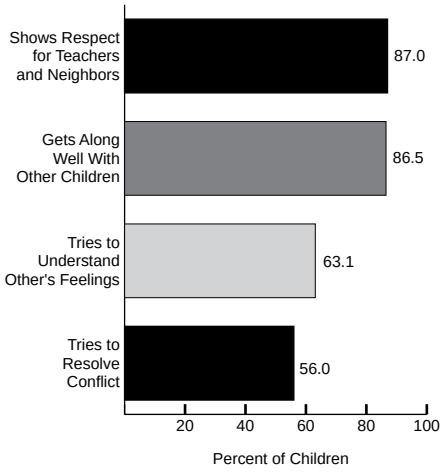
The development of positive social skills begins very early in a child's life and influences his/her relationships throughout. Parents of children aged 6-17 years were asked if their children had never, rarely, sometimes, usually, or always exhibited each of the following behaviors in the previous month: 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 parent-reported prevalence of individual social skills varied greatly. According to parents, 87.0 percent of AI/AN children usually or always showed respect for teachers and neighbors, 86.5 percent got along well with other children, 63.1 percent tried to understand other people's feelings, and 56.0 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, 86.8 percent of AI/AN children consistently exhibited positive social skills according to parent report.

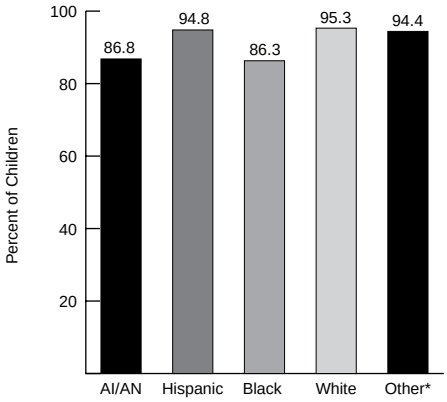
Social Skills and Race/Ethnicity. Parents' views of their children's social skills varied by race and ethnicity. Parents of AI/AN children were less likely to feel their children usually or always exhibited 2 or more positive socal skills than parents of White and Hispanic children and children of Other* race/ethnicities, but were equally as likely to do so as parents of Black children.#

#See Data Analysis in Technical Appendix for explanation regarding statistical significance.

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



All U.S. Children Aged 6-17 Years with Social Skills, by Race and Ethnicity



**Includes those of Asian descent, Pacific Islanders, and Mixed Races*

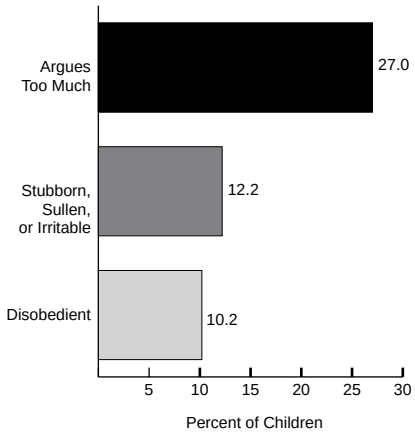
Problem Social Behaviors

Some children have difficulty in their relationships 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 previous month: arguing too much; bullying or being cruel or mean to others; being disobedient; and being stubborn, sullen, or irritable. According to parents, during the previous month 27.0 percent of AI/AN children usually or always argued too much, 10.2 percent were usually or always disobedient, and 12.2 percent of children were stubborn, sullen, or irritable. A reliable estimate could not be obtained for AI/AN bullying.

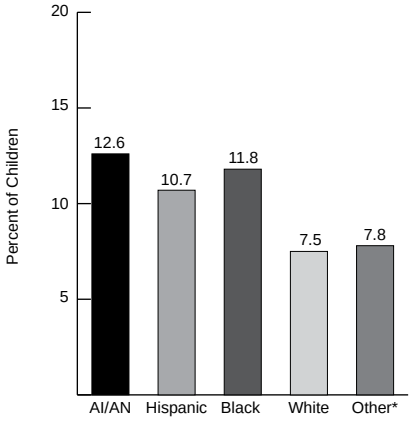
While many children may occasionally misbehave, children were considered to have problem social behaviors if their parents responded "usually" or "always" to two or more of these problem behavior questions. Overall, 12.6 percent of AI/AN children consistently displayed problem social behaviors, according to parents.

Problem Social Behaviors and Race/Ethnicity. The parent-reported prevalence of children usually or always exhibiting 2 or more problem social behaviors varied by race/ethnicity. Parents of AI/AN children were more likely to feel their children displayed problem behaviors than White parents, but were just as likely to do so as parents of all other children.[#]

AI/AN Children Aged 6-17 Years
Usually or Always Exhibiting
Problem Social Behaviors



All U.S. Children Aged 6-17 Years
Usually or Always Exhibiting Problem
Social Behaviors, by Race and Ethnicity



**Includes those of Asian descent, Pacific Islanders, and Mixed Races*

#See Data Analysis in Technical Appendix for explanation regarding statistical significance.

Missed School Days

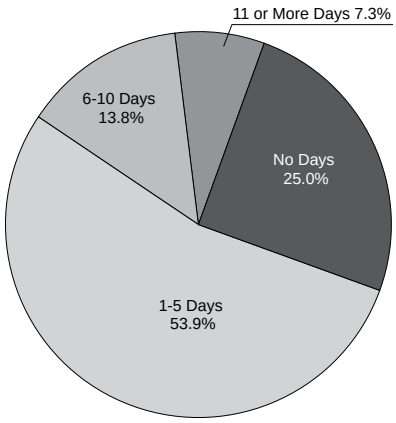
Parents of children aged 6-17 years who were enrolled in school were asked how many days of school their children had missed because of illness or injury during the previous year. According to parents, 7.3 percent of AI/AN children missed 11 or more days of school.

Missed School Days and Children with Special Health Care Needs. The parent-reported prevalence of children with special health care needs (CSHCN) among AI/AN children was 19.3 percent. AI/AN CSHCN were many times more likely to miss 11 or more school days than AI/AN children without special health care needs according to parents. Of school-aged CSHCN, 17.4 percent reportedly missed 11 or more days of school, compared to 3.8 percent of children without special health care needs.

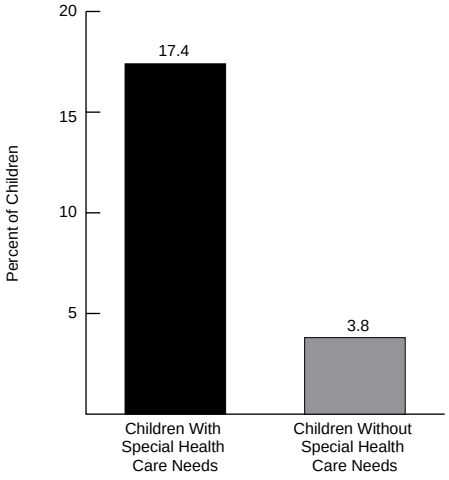
Missed School Days and Race/Ethnicity. AI/AN children were more likely to miss 11 or more school days than Black children, but the parent-reported prevalence of missing 11 or more school days was not significantly different from children of any other race/ethnicities.#

#See Data Analysis in Technical Appendix for explanation regarding statistical significance.

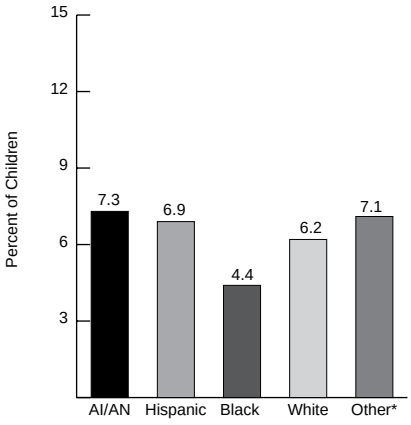
Number of School Days Missed in the Previous Year Among AI/AN Children Aged 6-17 Years



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



All U.S. Children Aged 6-17 Years Missing 11 or More Days of School in the Previous Year, by Race and Ethnicity



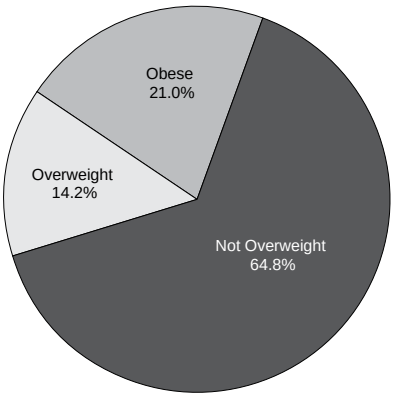
**Includes those of Asian descent, Pacific Islanders, and Mixed Races*

Prevalence of Overweight and Obese Children

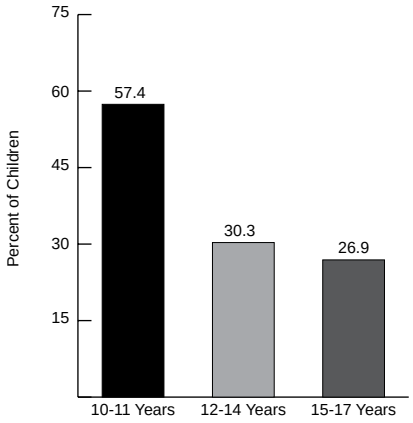
Healthy body weight is critically important to overall health and well-being during childhood and throughout the life span. A pattern of overweight or obesity in childhood increases the chances of continued problems with weight and other associated health problems in adulthood. These rates have doubled for younger children and tripled for older children and adolescents in the last several decades.[6] Parents were asked to give the height and weight of their children which were used to calculate Body Mass Index (BMI). Those children whose BMIs were at or above the 95th percentile for their age were considered to be obese and those between the 85th and the 95th percentile were considered overweight (See section titled Calculating Body Mass Index in the Technical Appendix, page 71, for explanation). Overall, 14.2 percent of AI/AN children aged 10 to 17 years were classified as overweight and 21 percent as obese based on parent report.

Overweight/Obesity and Age. The parent-reported prevalence of overweight/obesity varied by the age of the AI/AN child. Children aged 10 to 11 years were more likely to be overweight or obese (57.4 percent) than 12 to 14 year-olds (30.3 percent) and 15 to 17 year-olds (26.9 percent).

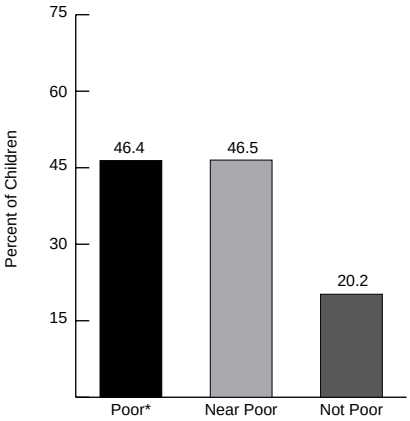
Prevalence of Parent-Reported Overweight and Obesity in AI/AN Children Aged 10-17 Years



Parent-Reported Overweight or Obesity Among AI/AN Children, by Age

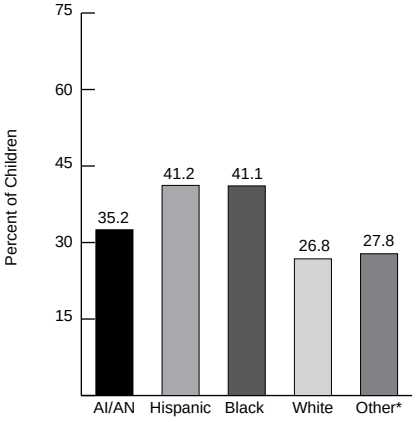


Parent-Reported Overweight or Obesity Among AI/AN Children Aged 10-17, by Poverty Status



**Poor is defined as <100% of the federal poverty level (FPL). Near Poor is 100-199% FPL, and Not Poor is 200% or more FPL. Federal poverty level was $20,650 for a family of four in 2007*

Parent-Reported Overweight or Obesity Among All U.S. Children Aged 10-17, by Race and Ethnicity



**Includes those of Asian descent, Pacific Islanders, and Mixed Races*

Overweight/Obesity and Poverty Status. The parent-reported prevalence of overweight or obesity among AI/AN children from poor (46.4 percent) and near poor (46.5 percent) households was greater than among children from households that were not poor (20.2 percent).

Overweight/Obesity and Race/Ethnicity. The reported prevalence of overweight/obesity among children varied by race and ethnicity. Based on parent report, the proportion of AI/AN children who were overweight or obese was higher than the proportion of White children classified as overweight or obese, but did not differ statistically from any other race/ethnicities.#

#See Data Analysis in Technical Appendix for explanation regarding statistical significance.

Child Physical Activity

Physical activity produces overall physical, psychological and social benefits. As with weight, patterns of physical activity established in childhood can carry over into adulthood and lead to greater health across the life span. Parents were asked to report how many days in the week before the survey their children participated in physical activity that lasted at least 20 minutes and caused sweating and hard breathing. According to parents, 73.9 percent of AI/AN 10- to 17-year-olds exercised 3 or more days per week.

Physical Activity and Age. Parent-reported physical activity varied with age. AI/AN children aged 10-11 years were more likely to be physically active 3 or more days per week than both 12-14 and 15-17 year-olds according to parents report. The 2 older age groups were not significantly different from each other.#

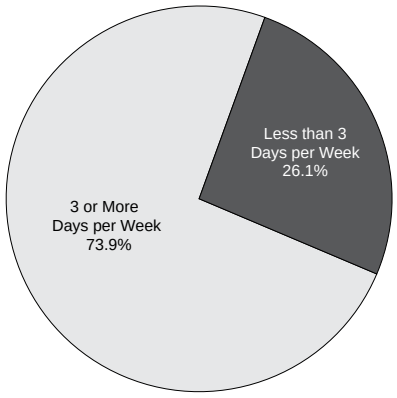
Physical Activity and Poverty Status. The proportion of AI/AN children from poor households that were reported to exercise regularly was 68.7 percent. For children from near poor households and children from not poor households, 75.2 percent and 76.5 percent, respectively, exercised regularly, according to parents. These were not statistically significant differences.#

Physical Activity and Race/ Ethnicity. Race and ethnicity were related to reported participation in physical activity among 10- to 17-year-olds for some groups; however, the proportion of AI/AN children who reportedly exercised vigorously for 3 or more days per week was not statistically different from any other race/ ethnicities.#

Mean Days of Physical Activity. Overall, AI/AN children aged 10 to 17 years reportedly participated in physical activity that lasted at least 20 minutes and caused sweating and hard breathing for an average of 4.8 days per week. AI/AN children aged 10-11 years exercised more often (5.3 days per week) than children 15-17 years (4.3 days per week), but not more than 12-14 year-old (4.9 days per week) children according to parents (data not shown).#

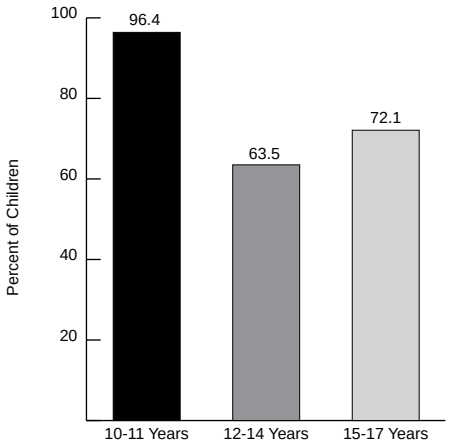
#See Data Analysis in Technical Appendix for explanation regarding statistical significance.

Parent-reported Physical Activity* Among AI/AN Children Aged 10 to 17 Years

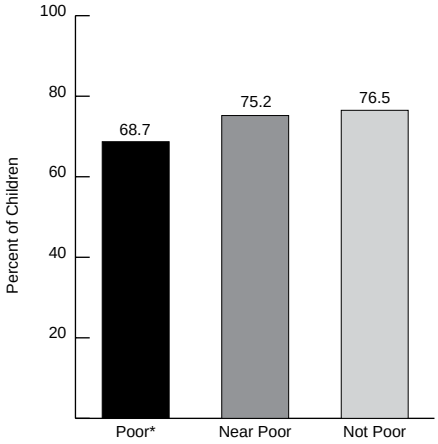


**Activity that lasted at least 20 minutes and caused sweating and hard breathing.*

AI/AN Children Who Participated in Physical Activity on 3 or More Days per Week, by Age

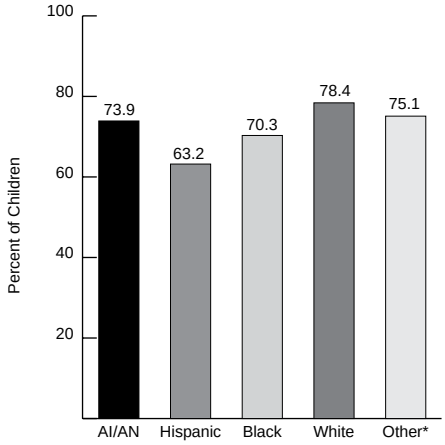


AI/AN Children Aged 10-17 Years Who Participated in Physical Activity on 3 or More Days per Week, by Poverty Status



**Poor is defined as <100% of the federal poverty level (FPL). Near Poor is 100-199% FPL, and Not Poor is 200% or more FPL. Federal poverty level was $20,650 for a family of four in 2007*

All U.S. Children Aged 10-17 Years Who Participated in Physical Activity on 3 or More Days per Week, by Race and Ethnicity



**Includes those of Asian descent, Pacific Islanders, and Mixed Races*

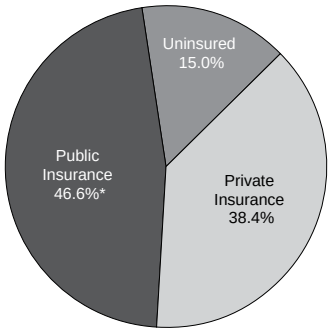
Current Health Insurance

Parents were asked if their children currently had any kind of health insurance, including HMOs or government plans such as Medicaid. Overall, 85.0 percent of AI/AN children had health insurance coverage: 46.6 percent had public coverage, 38.4 percent had private health insurance coverage, and 15.0 percent were uninsured according to parent report. AI/AN children were less likely to be insured at the time of the survey than children were nationally (90.9 percent).

Current Health Insurance and Poverty Status. Although poorer AI/AN children tended to be less likely to have current health insurance coverage, there were no statistically significant differences based on poverty status.[#] About 82 percent of AI/AN children from poor households and 85.3 percent from near poor households had current health insurance. For AI/AN children in households that were not poor 87.2 percent were insured at the time of the survey.

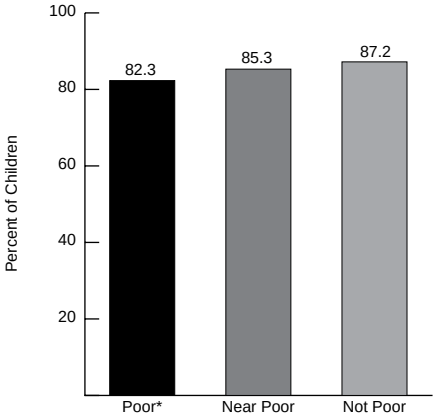
Current Health Insurance and Race/Ethnicity. The proportion of children reported to have current health insurance varied by race and ethnicity. AI/AN children were less likely to have current health insurance than children of Black, White and Other* race/ethnicities, but were equally as likely to be currently insured as Hispanic children according to parent report.

Current Health Insurance Coverage Reported Among AI/AN Children, by Type of Coverage



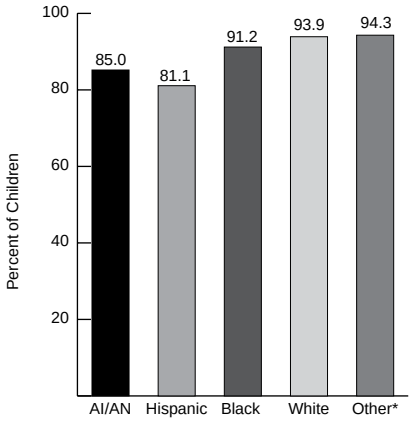
**Includes those who may have private insurance in addition to public insurance.*

AI/AN Children with Current Health Insurance, by Poverty Status



**Poor is defined as <100% of the federal poverty level (FPL). Near Poor is 100-199% FPL, and Not Poor is 200% or more FPL. Federal poverty level was $20,650 for a family of four in 2007.*

All U.S. Children with Current Health Insurance, by Race and Ethnicity



**Includes those of Asian descent, Pacific Islanders, and Mixed Races*

#See Data Analysis in Technical Appendix for explanation regarding statistical significance.

Insurance Coverage Consistency

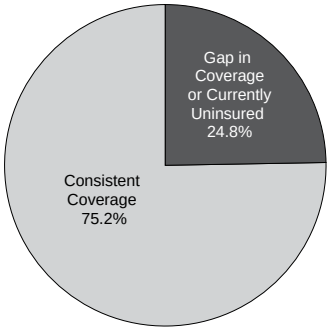
Many children experience gaps in health insurance coverage, or times when they have no coverage, over the course of a year. Overall, 24.8 percent of AI/AN children had a gap in their coverage in the previous year or were uninsured at the time of the survey. According to parent report, it was determined that AI/AN children were more likely to have been inconsistently insured during the previous year than was the case for children nationally (15.1 percent).

Insurance Coverage Consistency and Children with Special Health Care Needs (CSHCN). Among AI/AN CSHCN, 20.4 percent reportedly experienced a gap in coverage in the previous year. For AI/AN children without special health care needs 25.9 percent lacked consistent coverage during the previous year. This was not a statistically significant difference.#

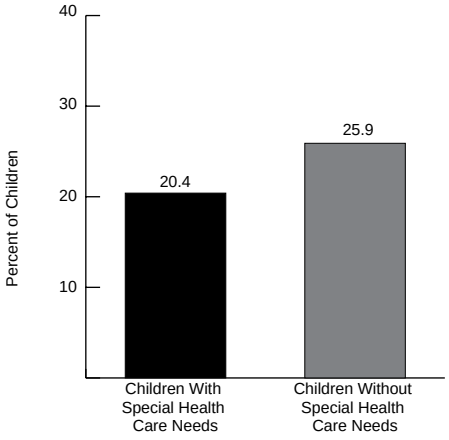
Insurance Coverage Consistency and Race/Ethnicity. Insurance coverage consistency varied by race and ethnicity. AI/AN children were less likely to have been insured consistently throughout the previous year than White children and children of Other* race/ethnicities, but were equally as likely to have been inconsistently insured as Black and Hispanic children.#

#See Data Analysis in Technical Appendix for explanation regarding statistical significance.

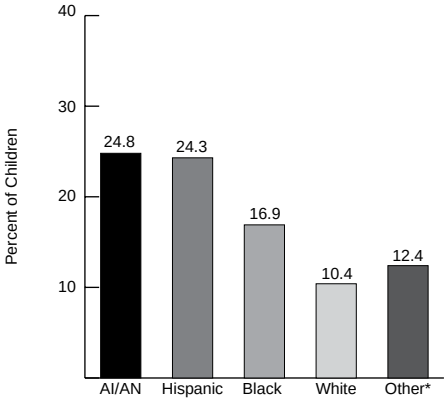
Consistency of Reported Health Insurance Coverage Among AI/AN Children in the Previous Year



AI/AN Children Lacking Consistent Health Insurance Coverage in the Previous Year, by CSHCN Status



All U.S. Children Lacking Consistent Health Insurance Coverage in the Previous Year, by Race and Ethnicity



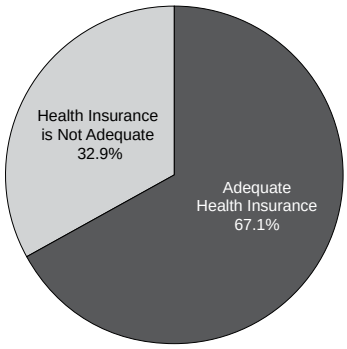
**Includes those of Asian descent, Pacific Islanders, and Mixed Races*

Adequacy of Insurance

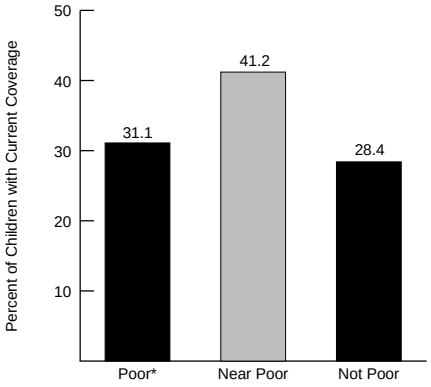
While a child may have health insurance, their coverage may not always be adequate to meet their needs. Parents whose children were currently insured were asked three questions regarding the services and costs associated with their children's health insurance. Parents of 15.0 percent of currently insured AI/AN children reported that the out-of-pocket costs were never or only sometimes reasonable (data not shown). In addition, 19.0 percent of children were reported to have health insurance that never or only sometimes offered benefits or covered services that met their needs and 14.4 percent were reported to have health insurance that never or only sometimes allowed them to see the health care providers they needed. Children were considered to have adequate health insurance coverage if their parent answered "usually" or "always" to each of the three questions. Overall, 32.9 percent of AI/AN children lacked adequate insurance. AI/AN children were more likely to have inadequate insurance than children nationally (23.5 percent).

Adequacy of Insurance and Poverty Status. The reported lack of adequate coverage was not significantly different for AI/AN children from poor (31.1 percent), near poor (41.2 percent) and not poor (28.4 percent) households.[#]

Reported Adequacy of Health Insurance Coverage Among Currently Insured AI/AN Children

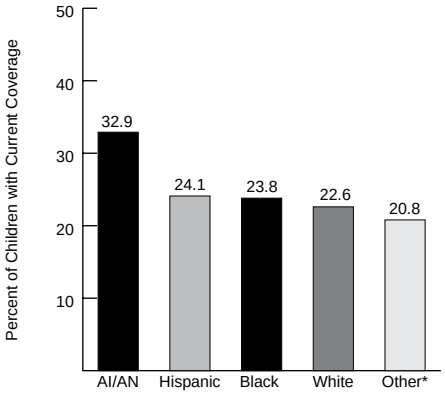


AI/AN Children Lacking Adequate Health Insurance Coverage, by Poverty Status



**Poor is defined as <100% of the federal poverty level (FPL). Near Poor is 100-199% FPL, and Not Poor is 200% or more FPL. Federal poverty level was $20,650 for a family of four in 2007.*

All U.S. Children Lacking Adequate Health Insurance Coverage, by Race and Ethnicity



**Includes those of Asian descent, Pacific Islanders, and Mixed Races*

Adequacy of Insurance and Race/Ethnicity. Though AI/AN children tended to lack adequate coverage more often than children of other races and ethnicities, the differences between AI/AN children and children of other race/ethnicities were not statistically significant.[#]

#See Data Analysis in Technical Appendix for explanation regarding statistical significance.

Preventive Health Care Visits

The American Academy of Pediatrics' 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.[1] The goals of an annual preventive health care visit are to monitor a child's growth and development, assess behavior, provide appropriate immunizations, discuss important issues regarding nutrition and prevention of injury and violence, and answer parents' questions about their children's health and care. According to parents, 85.7 percent of AI/AN children received a preventive care visit in the previous year.

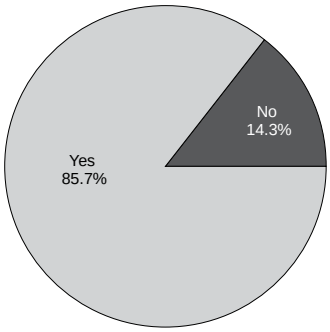
Preventive Health Care Visits and Age. The receipt of preventive health care varied by the age of the child. According to their parents, AI/AN children aged 0-5 years were more likely (94.2 percent) than children 6-11 years (85.9 percent) and 12-17 years (76.4 percent) to have preventive health care visits during the previous year, but differences between 6-11 year-olds and 12-17 year-olds were not significant.#

Preventive Health Care Visits and Health Insurance Status. Rates of reported preventive health care visits did not differ significantly by health insurance status.# The proportion of AI/AN children with public insurance that had preventive health care visits was 89.2 percent and for those with private insurance it was 85.5 percent. About three quarters of AI/AN children who were uninsured received preventive health care visits.

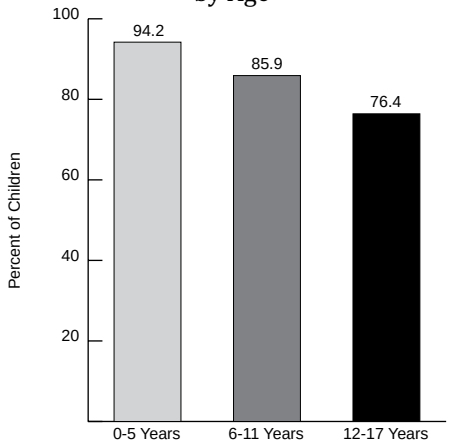
Preventive Health Care Visits and Race/Ethnicity. The reported receipt of preventive health care visits also varied by a child's race/ethnicity. AI/AN children were less likely than Black children to have received a reported preventive health care visit in the previous year, but were equally as likely to have received one compared to children of all other race/ethnicities.#

#See Data Analysis in Technical Appendix for explanation regarding statistical significance.

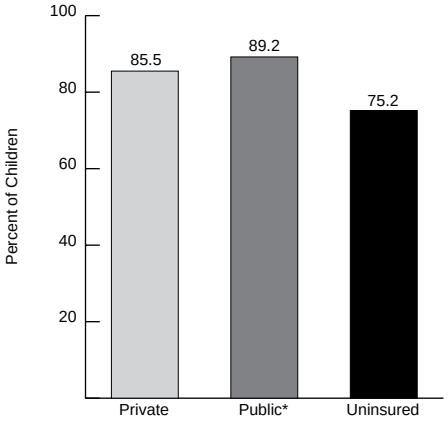
AI/AN Children's Receipt of Preventive Health Care in the Previous Year



AI/AN Children's Receipt of Preventive Health Care in the Previous Year, by Age

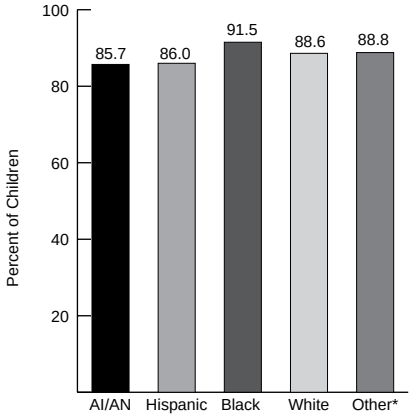


AI/AN Children's Receipt of Preventive Health Care in the Previous Year, by Insurance Status



**Includes those who may have private insurance in addition to public insurance*

All U.S. Children's Receipt of Preventive Health Care in the Previous Year, by Race and Ethnicity



**Includes those of Asian descent, Pacific Islanders, and Mixed Races*

Indian Health Services

The Indian Health Service (IHS), an agency within the Department of Health and Human Services, is responsible for providing federal health services to American Indians and Alaska Natives. The IHS provides a comprehensive health service delivery system for approximately 1.9 million American Indians and Alaska Natives who belong to 566 federally recognized Tribes in 35 states. The IHS provides contracts and grants to 34 community-based, nonprofit urban Indian programs providing health care services at 41 sites with comprehensive ambulatory urban programs at 29 sites. According to parents, approximately 33 percent of children 0-17 years of age received health care services at an IHS hospital or clinic during the previous 12 months.

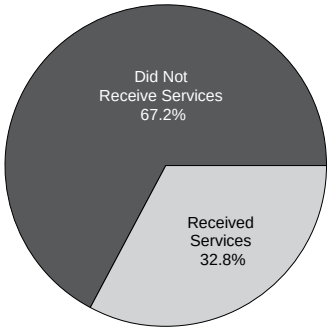
Receipt of Services at an IHS Hospital or Clinic and Children With Special Health Care Needs (CSHCN). Reported receipt of IHS health care services varied by CSHCN status. CSHCN were less likely to be reported as receiving services at an IHS hospital or clinic than children without special health care needs. About 22 percent of AI/AN CSHCN reportedly received services at an IHS hospital or clinic. In comparison, 35.7 percent of children without special care needs received services at IHS facilities.

Receipt of Services at an IHS Hospital or Clinic and Age. About 36 percent of AI/AN children 0-5 years of age reportedly received services at an IHS hospital or clinic. For AI/AN children 6-11 years and 12-17 years, 31.3 percent and 31.0 percent, respectively, received services at an IHS hospital or clinic. These differences were not statistically significant.#

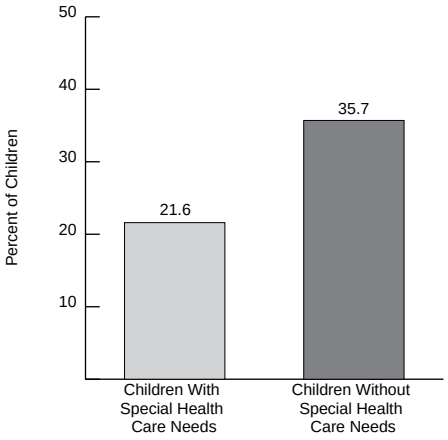
Receipt of Services at an IHS Hospital or Clinic and Poverty Status. Reported rates of receiving services at an IHS facility were not statistically different based on poverty status.# Of AI/AN children from poor households, 33.9 percent reportedly received health care services at an IHS hospital or clinic, as did 35.2 percent of children from near poor households. Of children who were from not poor households, 30.5 percent received health care services at an IHS facility in the previous year.

#See Data Analysis in Technical Appendix for explanation regarding statistical significance.

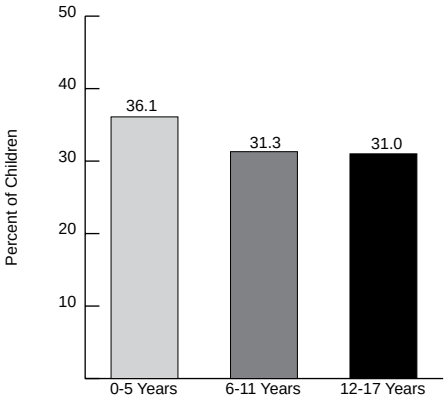
AI/AN Children's Receipt of Services at an IHS Hospital or Clinic



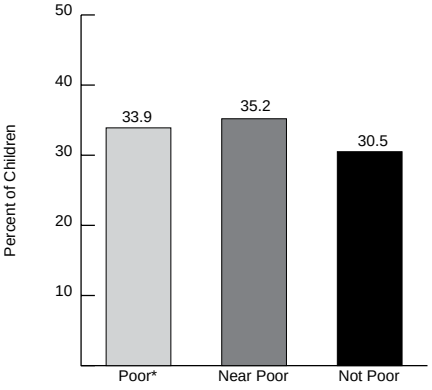
AI/AN Children Who Received Services at an IHS Hospital or Clinic, by CSHCN Status



AI/AN Children Who Received Services at an IHS Hospital or Clinic, by Age



AI/AN Children Who Received Services at an IHS Hospital or Clinic, by Poverty Status



**Poor is defined as <100% of the federal poverty level (FPL). Near Poor is 100-199% FPL, and Not Poor is 200% or more FPL. Federal poverty level was $20,650 for a family of four in 2007.*

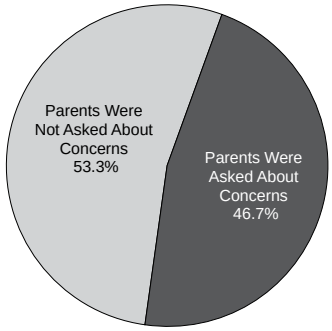
Developmental Surveillance

The American Academy of Pediatrics' Bright Futures guidelines recommend that pediatricians ask all parents if they have concerns about their children's learning, development, or behaviors (referred to as developmental surveillance).[1] In addition, the guidelines call for routine screening by pediatric health care providers for developmental and behavioral problems and delays using standardized developmental screening tools. Parents of less than half (46.7 percent) of AI/AN children were asked about developmental concerns by their children's health professional. Reliable estimates could not be obtained for the proportion of AI/AN children whose health care professional used a screening tool to measure developmental milestones.

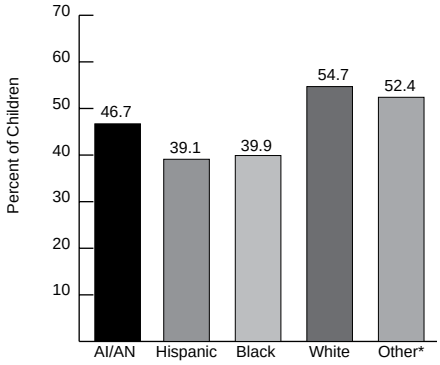
Developmental Surveillance and Race/Ethnicity. Race/ethnicity was a significant factor in receiving developmental surveillance for some race/ethnicity groups; however, AI/AN children were not statistically more or less likely than children of any other races/ethnicities to receive developmental surveillance. #

#See Data Analysis in Technical Appendix for explanation regarding statistical significance.

Reported Developmental Surveillance for AI/AN Children Aged 0 to 5 Years



All U.S. Children Aged 0 to 5 Years Receiving Minimum Developmental Surveillance, by Race and Ethnicity



**Includes those of Asian descent, Pacific Islanders, and Mixed Races*

Mental Health Care

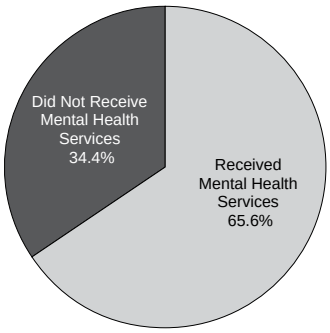
Some children may need mental health services, such as counseling, medications, or specialized therapies, for treatment of behavioral or emotional problems. However, these services may not be readily available to all children who need them. Among AI/AN children aged 6-17 years who had an ongoing emotional, developmental, or behavioral problem that required treatment or counseling, parents reported that 65.6 percent received mental health care or counseling in the previous year.

Mental Health Care and Age. According to parents, the proportion of AI/AN children 12-17 years of age with emotional, developmental, or behavioral problems that received needed mental health care was 66.5 percent. For AI/AN 6-11 year-olds, 63.9 percent received mental care for emotional, developmental, or behavioral problems. This difference was not statistically significant.#

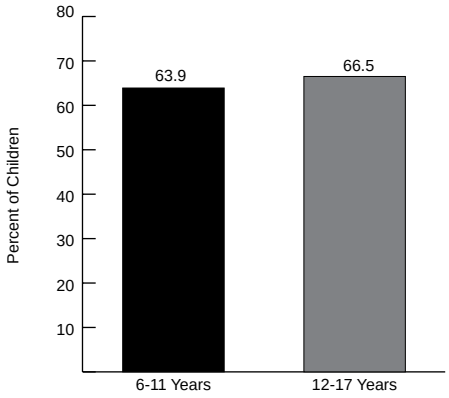
Mental Health Care and Race/Ethnicity. Receipt of reported mental health care services by children 6-17 years of age with emotional, developmental, and behavioral problems varied by race/ethnicity for some groups. However, AI/AN children did not differ statistically from children of any other race/ethnicities in receipt of these services.#

#See Data Analysis in Technical Appendix for explanation regarding statistical significance.

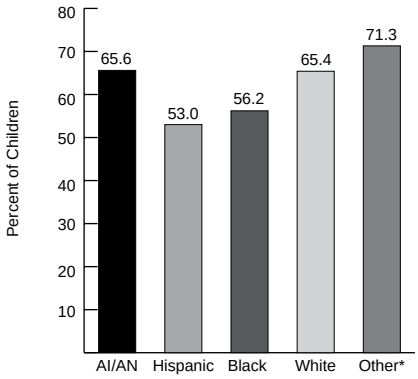
Receipt of Mental Health Services in the Previous Year Among AI/AN Children Aged 6-17 with Emotional, Developmental, or Behavioral Problems



Receipt of Mental Health Services in the Previous Year Among AI/AN Children Aged 6-17 with Emotional, Developmental, or Behavioral Problems, by Age



Receipt of Mental Health Services in the Previous Year Among All U.S. Children Aged 6-17 with Emotional, Developmental, or Behavioral Problems, by Race and Ethnicity



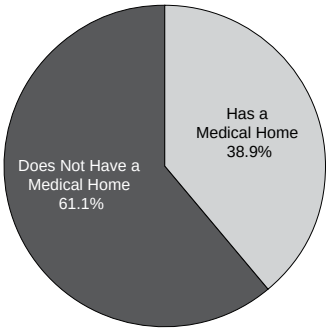
**Includes those of Asian descent, Pacific Islanders, and Mixed Races*

Medical Home

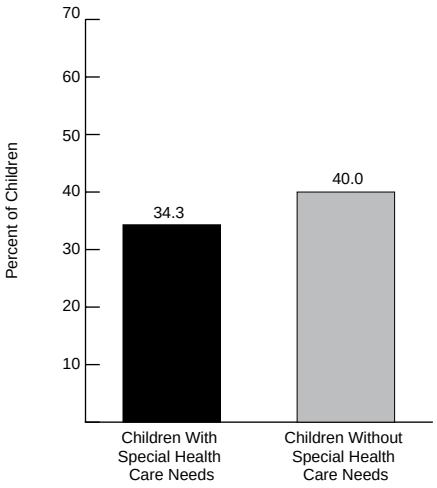
The standard for high-quality health care for children, as defined by the American Academy of Pediatrics, includes medical care that is accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective. These characteristics make up the concept of a medical home. The survey included several questions that sought to measure whether a child's health care met this standard:

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

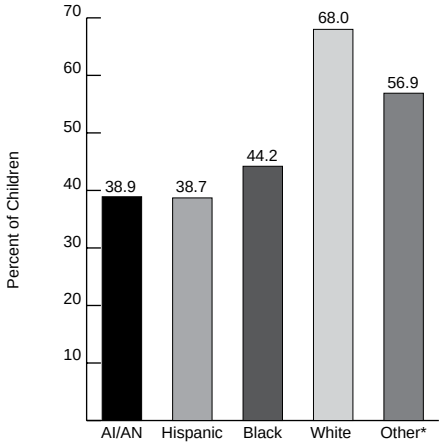
Presence of a Medical Home Among AI/AN Children



AI/AN Children with a Medical Home, by CSHCN Status



All U.S. Children with a Medical Home, by Race and Ethnicity



**Includes those of Asian descent, Pacific Islanders, and Mixed Races*

A child was defined as having a medical home if his or her care was reported to meet all of these criteria. Overall, the care of 38.9 percent of AI/AN children met this standard. AI/AN children were less likely than children nationally (57.5 percent) to have a medical home according to parent report.

Medical Home and Children with Special Health Care Needs (CSHCN). A medical home is particularly important for CSHCN, who are more likely to require specialized care and services, follow-up, and care coordination. Of AI/AN CSHCN, parents reported that 34.3 percent had a medical home as did 40.0 percent of AI/AN children without special health care needs. This difference was not statistically significant.#

Medical Home and Race/Ethnicity. There were significant differences in the proportions of children meeting the medical home standard based on race and ethnicity. Compared to the AI/AN rate of 38.9 percent, children of White and Other* race/ethnicities were more likely to have a medical home while children of Hispanic and Black race/ethnicities were equally likely to have a medical home according to parents.

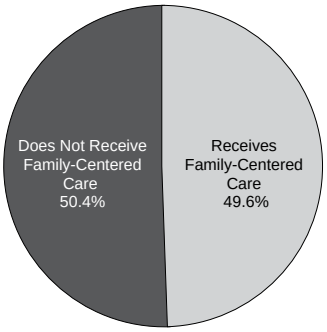
#See Data Analysis in Technical Appendix for explanation regarding statistical significance.

Medical Home: Family-Centered Care

Family-centered care assures the health and well-being of children and their families through a respectful family-professional partnership. It honors the strengths, cultures, traditions and expertise that everyone brings to this relationship. Family-centered care is an important aspect of the medical home and is based on whether or not a child's doctors spend enough time with the family, listen carefully to their concerns, are sensitive to their values and customs, provide needed information, make them feel like a partner in their child's care, and provide an interpreter when needed. Overall, of the AI/AN children who had at least one medical visit in the previous year, 49.6 percent received care that was family-centered.

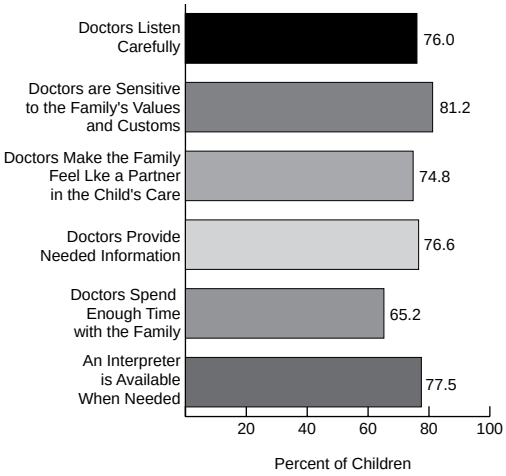
The individual criteria contributing to family-centered care were independently met by at least 65% of AI/AN children. Among parents of AI/AN children, 76.0 percent felt that their children's doctors usually or always listened carefully to their concerns, 81.2 percent felt that their doctors were usually or always sensitive to their values and customs, 74.8 percent felt that their doctors usually or always made the family feel like a partner in their children's care, 76.6 percent felt that their doctors usually or always provided the family with the information they needed, and 77.5 percent were provided with an interpreter when needed. The percentage of AI/AN children whose parents felt that their doctors usually or always spent enough time with them was 65.2 percent. AI/AN children were less likely than children nationally (67.4 percent) to receive family-centered care.

Perceived Receipt of Family-Centered Care* Among AI/AN Children



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

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

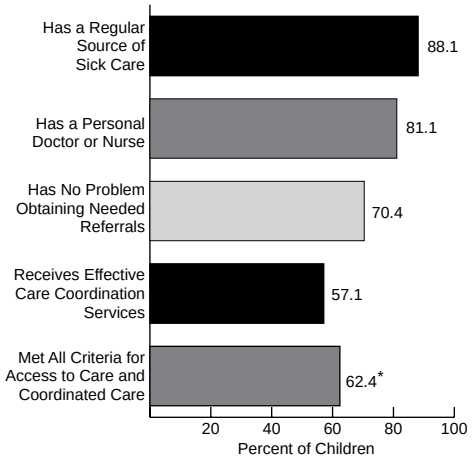


Medical Home: Access and Care Coordination

Another important aspect 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. According to parents, 88.1 percent of AI/AN children had a source of sick care, 81.1 percent had a personal doctor or nurse, and 70.4 percent had no problems obtaining referrals when needed. Criterion for receipt of effective care coordination services when needed, was met for 57.1 percent of children according to parent report. Overall, 62.4 percent of AI/AN children received care that met all four of these criteria. AI/AN children were less likely than children nationally (75.9 percent) to receive care coordination services when needed.

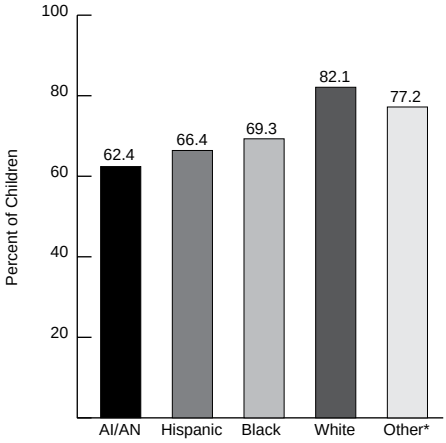
Access/Care Coordination and Race/Ethnicity. Health care access and care coordination varied by race and ethnicity. According to parents AI/AN children's care was less likely to have met all the medical home criteria for access and care coordination than White children and children of Other* race/ethnicities, but were equally as likely to have done so as Black and Hispanic children.#

AI/AN Children Who Received Each Component of Access to Care and Needed Care Coordination



**The percentage of those meeting all criteria may be higher than those meeting one or more of the individual criterion because those who did not need a service were considered to have met the criterion.*

All U.S. Children Whose Care Usually or Always Met All Criteria for Access and Coordination, by Race and Ethnicity



**Includes those of Asian descent, Pacific Islanders, and Mixed Races*

#See Data Analysis in Technical Appendix for explanation regarding statistical significance.

School and Activities

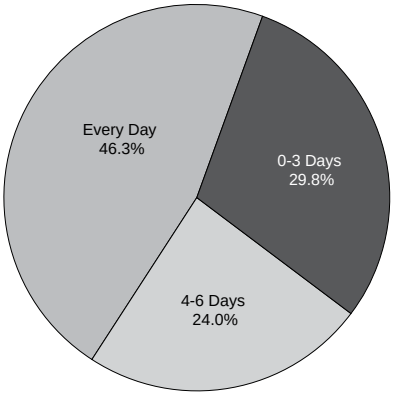
Playing with Children of the Same Age

Play interactions with same-age children (peers) are important for learning and developing social skills and behaviors as well as improving cognitive function. Parents of 1- to 5-year-olds were asked to report on how many days in the previous week their children played with other children their own age. In all, 46.3 percent of AI/AN children aged 1-5 years had played with other children their own age every day in the previous week, 24.0 percent of children did so on 4-6 days, and 29.8 percent played with other children on 0-3 days according to parent report. The frequency with which children played with others their own age varied by age and race/ethnicity.

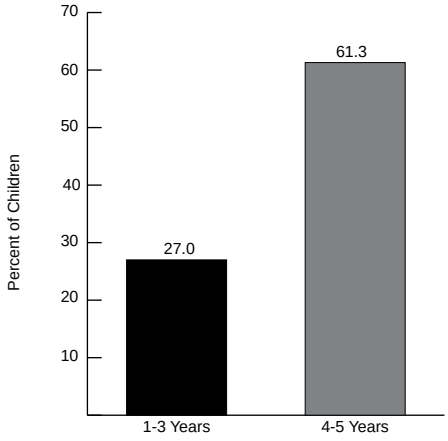
Playing with Peers and Age. AI/AN children aged 4-5 years were more likely than those aged 1-3 years to reportedly have played with others their own age every day during the previous week (61.3 versus 27.0 percent, respectively).

Playing with Peers and Race/Ethnicity. According to parents AI/AN children were more likely to have played with same-age children every day during the previous week than children who were White, but equally likely to have done so as children of all other race/ethnicities.

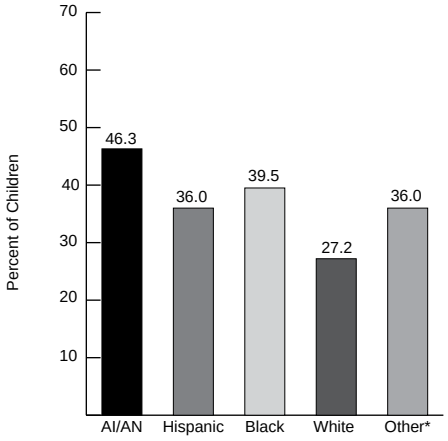
AI/AN Children Aged 1-5 Years Who Played With Others Their Own Age in the Previous Week



AI/AN Children Aged 1-5 Years Who Played With Others Their Own Age Every Day, by Age



All U.S. Children Aged 1-5 Years Who Played With Others Their Own Age Every Day, by Race Ethnicity



**Includes those of Asian descent, Pacific Islanders, and Mixed Races*

School and Activities

School Engagement

Students who are not engaged in school are at risk for poor academic achievement, skipping classes, and dropping out of school. Parents of children aged 6-17 years who were enrolled in school were asked two questions to assess school engagement: whether the child cared about doing well in school and whether the child did all required homework. Children were considered to be engaged in school if their parents responded "usually" or "always" to both of these items. Overall, 63.1 percent of AI/AN children aged 6-17 years were reportedly engaged in school. Parents of AI/AN children were less likely to consider their children engaged in school than parents nationally (80.5 percent). AI/AN reported school engagement varied by the child's gender and age, but not whether the child had special health care needs.#

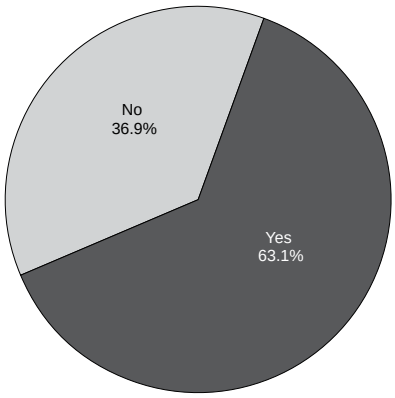
School Engagement and Gender. Female AI/AN children were considerably more likely than males to be engaged in school according to parents (81.2 versus 50.2 percent, respectively)

School Engagement and Age. AI/AN children aged 6-11 years were more likely than adolescents aged 12-17 years to be engaged (73.4 versus 53.8 percent, respectively).

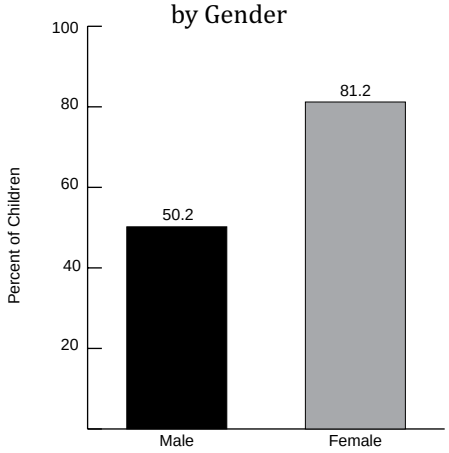
School Engagement and Children with Special Health Care Needs (CSHCN). Approximately 64.5 percent of AI/AN children with special health care needs were reportedly engaged in school as were 59.0 percent of children without special health care needs. This was not a statistically significant difference.#

#See Data Analysis in Technical Appendix for explanation regarding statistical significance.

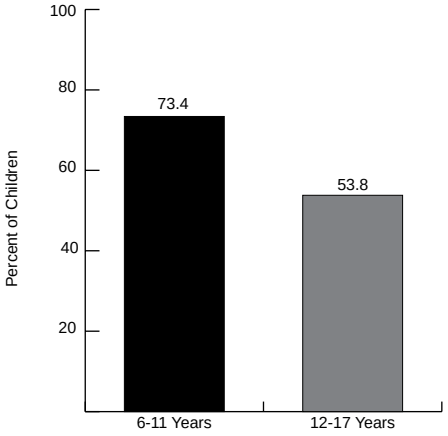
Reported School Engagement Among AI/AN Children Aged 6-17 Years



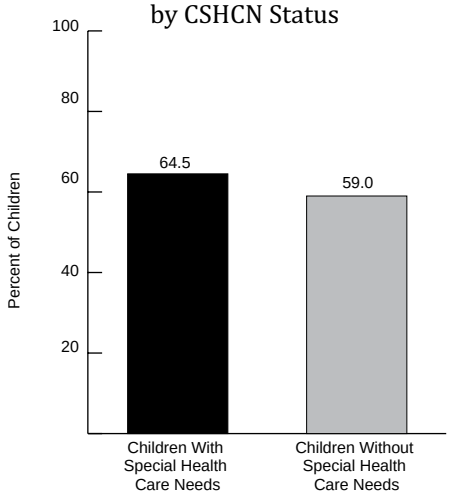
Reported School Engagement Among AI/AN Children Aged 6-17 Years, by Gender



Reported School Engagement Among AI/AN Children Aged 6-17 Years, by Age



Reported School Engagement Among AI/AN Children Aged 6-17 Years, by CSHCN Status



School and Activities

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, 12.8 percent of AI/AN children aged 6-17 years had repeated a grade.

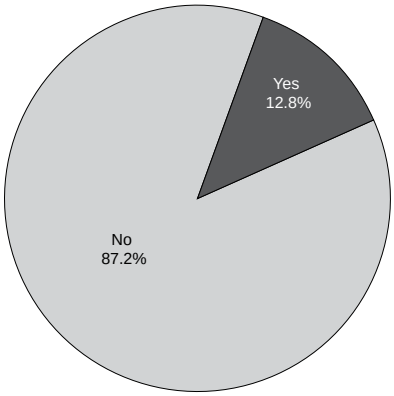
Repeating a Grade and Age. The likelihood of repeating a grade varied with age. According to parents of AI/AN children aged 6-11 years, 6.6 percent had repeated a grade, compared to 18.3 percent of 12- to 17-year-olds.

Repeating a Grade and Poverty Status. Repeating a grade also varied by poverty status. Among school-aged children from poor households, 18.3 percent had repeated at least one grade, and 16.5 percent of children from near poor households had done so according to parents. Children in households that were not poor were less likely (7.1 percent) to have repeated a grade than children from poor households. Children from near poor households were not significantly different from children in poor or not poor households.#

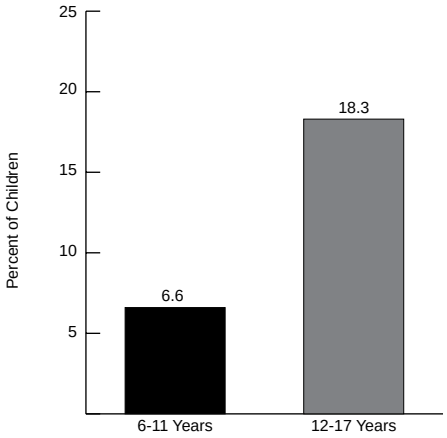
Repeating a Grade and Race/Ethnicity. The reported percentage of children who repeated a grade varied by race and ethnicity. AI/AN children were more likely to repeat a grade than White children, equally as likely as children of Hispanic and Other* race/ethnicities, and less likely than Black children.

#See Data Analysis in Technical Appendix for explanation regarding statistical significance.

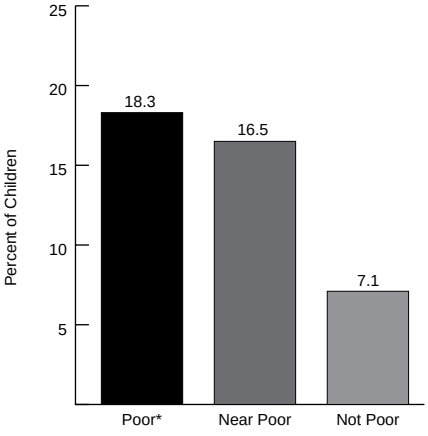
AI/AN Children Aged 6-17 Years Who Reportedly Repeated a Grade



AI/AN Children Aged 6-17 Years Who Reportedly Repeated a Grade, by Age

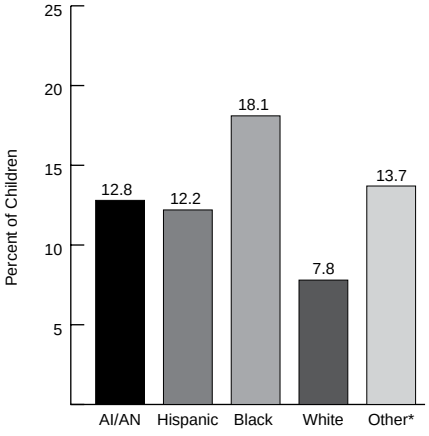


AI/AN Children Aged 6-17 Years Who Reportedly Repeated a Grade, by Poverty Status



**Poor is defined as <100% of the federal poverty level (FPL). Near Poor is 100-199% FPL, and Not Poor is 200% or more FPL. Federal poverty level was $20,650 for a family of four in 2007.*

All U.S. Children Aged 6-17 Years Who Reportedly Repeated a Grade, by Race and Ethnicity



**Includes those of Asian descent, Pacific Islanders, and Mixed Races*

School and Activities

Participation in Sports Teams

Participation in sports teams can contribute to a child's social, physical, and emotional development. In addition to engaging in physical activity, a child that participates on a sports team is required to get along and cooperate with others toward a common goal. According to parents, about half (50.1 percent) of AI/AN 10- to 17-year-olds participated in sports teams or took sports lessons during the previous year.

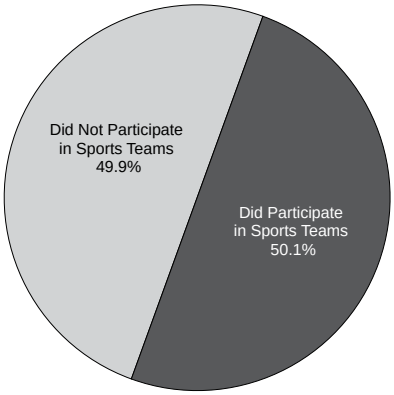
Participation in Sports Teams and Age. Children aged 10 to 11 years were more likely to participate in sports teams (69.5 percent) compared to both 12 to 14 year-olds (46.7 percent) and 15 to 17 year-olds (41.8 percent) according to parents, but the two older age groups were not statistically different from each other.#

Participation in Sports Teams and Gender. No statistically significant difference was found between males (45.3 percent) and females (57.2 percent) in sports team participation.#

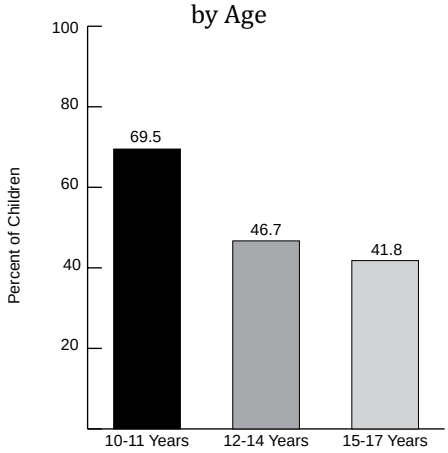
P**articipation in Sports Teams and Race/Ethnicity.** Participation in organized sports varied by race and ethnicity. AI/AN children were less likely to participate on sports teams or take sports lessons than White children and children of Other* race/ethnicities, but were equally as likely to do so as Black and Hispanic children.#

#See Data Analysis in Technical Appendix for explanation regarding statistical significance.

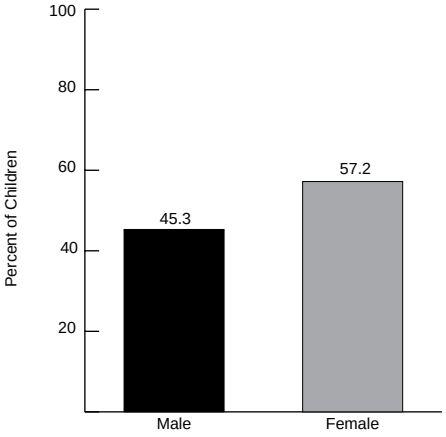
Reported Participation in Sports Teams Among AI/AN Children



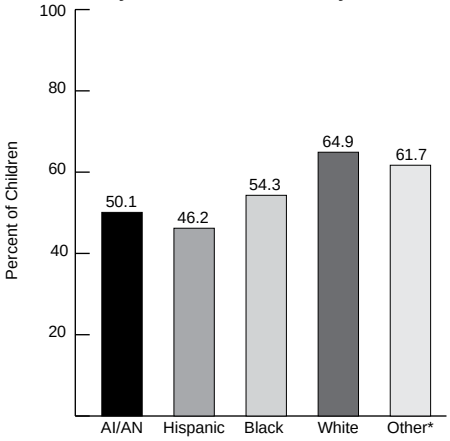
AI/AN Children Who Participated in Sports Teams or Sports Lessons, by Age



AI/AN Children Who Participated in Sports Teams or Sports Lessons, by Gender



All U.S. Children Who Participated in Sports Teams or Sports Lessons, by Race and Ethnicity



**Includes those of Asian descent, Pacific Islanders, and Mixed Races*

School and Activities

Activities Outside of School

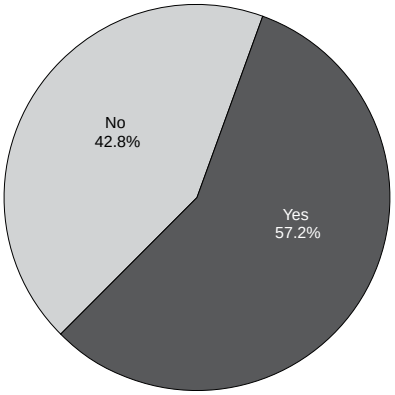
Participating in other activities such as clubs and religious groups after school and on weekends can also contribute to a child's cognitive and social development. Parents of children aged 6-17 years were asked if their children had participated in any of these types of activities in the previous year. According to parents, 57.2 percent of AI/AN school-aged children participated in at least one organized activity other than sports outside of school. AI/AN parents were less likely to report that their children participated in activities outside of school than parents nationally (76.5 percent).

Activities Outside of School and Poverty Status. There were no statistically significant differences in the proportions of AI/AN children aged 6-17 years reported to have participated in activities outside of school based on poverty status.# Among AI/AN children from poor households, 48.1 percent reportedly participated in outside activities, as did 59.4 percent of those from not poor households and 62.2 percent of children from near poor households.

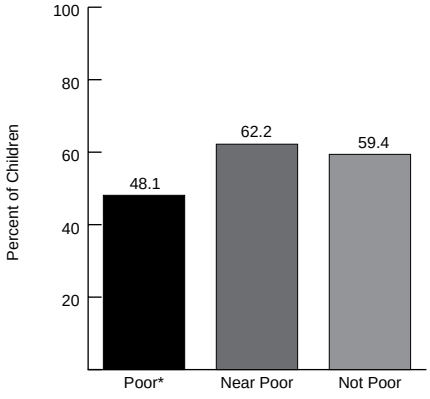
Activities Outside of School and Race/Ethnicity. Reported participation in activities outside of school varied by race and ethnicity. AI/AN 6-17 year-old children were less likely to participate in activities outside of school than all other 6-17 year-old children except those of Hispanic ethnicity according to parents.

#See Data Analysis in Technical Appendix for explanation regarding statistical significance.

Reported Participation in Activities Outside of School Among AI/AN Children Aged 6-17 Years



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



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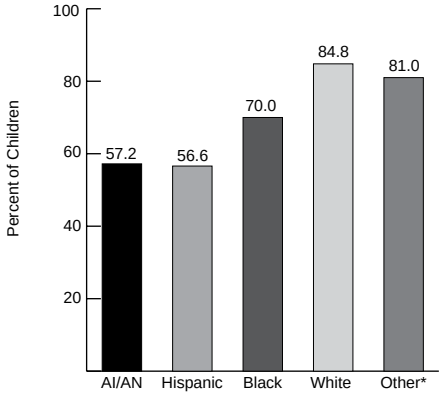
Reported Participation in Activities Outside of School Among All U.S. Children Aged 6-17 Years, by Race and Ethnicity



**Includes those of Asian descent, Pacific Islanders, and Mixed Races*

School and Activities

Screen Time

The American Academy of Pediatrics' Bright Future Guidelines recommend that parents limit screen time to 1-2 hours per day for children over 2 years of age.[1] Children under 2 years of age should be discouraged from watching any television. Parents of children aged 1-5 years were asked how many hours their children spent watching TV or videos on weekdays. Overall, 38.9 percent of AI/AN children aged 1-5 years reportedly watched 1 hour or less per weekday and 61.1 percent watched TV for more than 1 hour per weekday. The AAP guidelines also recommend that children of all ages not have a TV in their bedroom. Among AI/AN children aged 6-17 years, 55.3 percent were reported to have a TV in their bedroom.

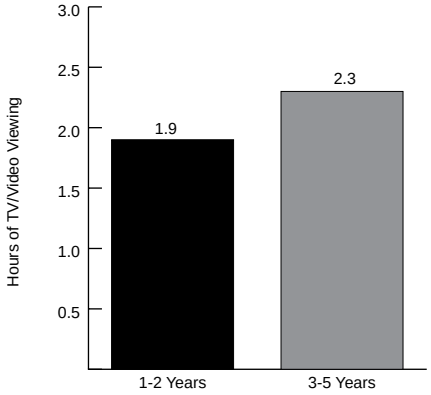
Screen Time and Age. AI/AN children 1-2 years of age averaged 1.9 hours per day of screen time and children 3-5 years of age averaged 2.3 hours per day according to parents. This was not a statistically significant difference.#

TV in the Bedroom and Poverty Status. There were no statistically significant differences in the proportion of AI/AN children with a TV in the bedroom based on poverty status.#

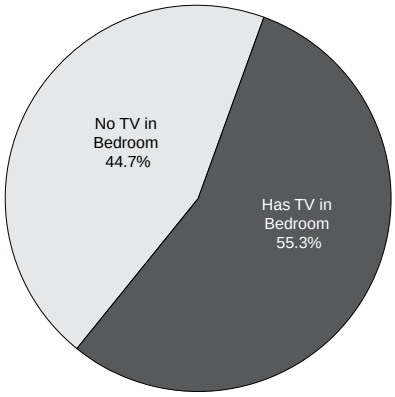
#See Data Analysis in Technical Appendix for explanation regarding statistical significance.

Reported Screen Time Among AI/AN Children Aged 1-5 Years

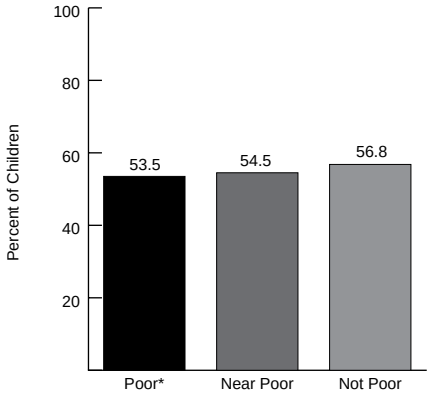
Average Hours of Reported Screen Time Among AI/AN Children Aged 1-5 Years



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



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



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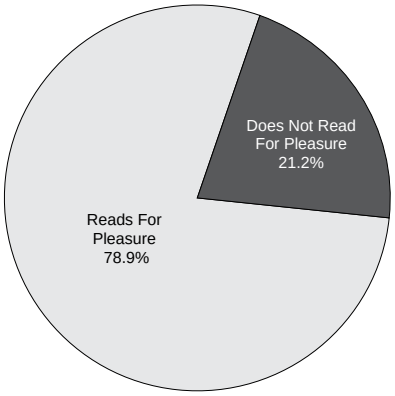
School and Activities

Reading for Pleasure

Reading for pleasure is a form of play that stimulates imagination, but can also contribute to educational success. Parents of school-aged children (aged 6-17 years) were asked how much time their children spent reading for pleasure on an average school day. Overall, 78.9 percent of AI/AN 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 about 70 minutes per school day reading for pleasure (data not shown). There were no significant differences in proportions of AI/AN children who read for pleasure based on the age or gender of the child according to parents.#

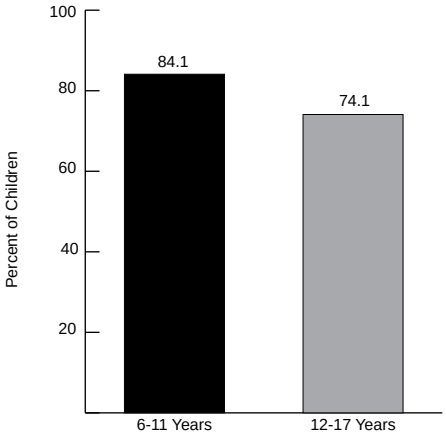
#See Data Analysis in Technical Appendix for explanation regarding statistical significance.

Parent-Reported Reading for Pleasure
Among AI/AN Children Aged 6-17 Years

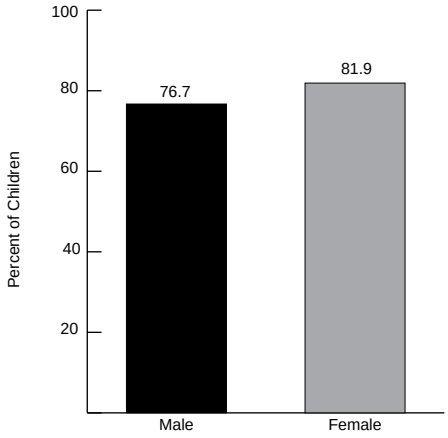


**Percentages may not add up to 100 due to rounding.*

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



AI/AN Children Aged 6-17 Years
Who Read for Pleasure, by Gender



School and Activities

Working for Pay

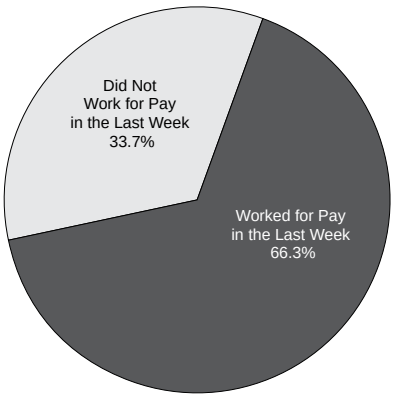
Parents of children aged 12-17 years were asked whether their children worked for pay outside the home in the previous week, and if so, how many hours their children had worked. Overall, 66.3 percent of AI/AN children aged 12-17 years had reportedly worked for pay outside the home. According to the parents of those who worked for pay their children worked an average of 9.1 hours per week (data not shown). The proportion of 12- to 17-year-olds that reportedly worked 10 hours or more per week was 9.5 percent.

Working for Pay and Age. Similar percentages of AI/AN children aged 12-13, 14-15, and 16-17 were reported to work for pay outside the home in the previous week. Among AI/AN children aged 12-13 years, 64.0 percent worked for pay as did 65.5 percent of 14-15 year-olds and 69.9 percent of 16-17 year-olds.#

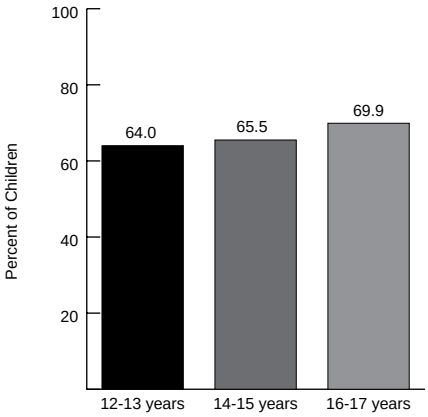
Working for Pay and Race/Ethnicity. The percentage of children reportedly working outside the home for pay for 10 or more hours in the previous week varied by race and ethnicity for some groups. However, according to parent report the proportion of AI/AN 12-17 year-olds who worked 10 or more hours in the previous week did not statistically differ from 12-17 year-old children of any other race/ethnicities.#

#See Data Analysis in Technical Appendix for explanation regarding statistical significance.

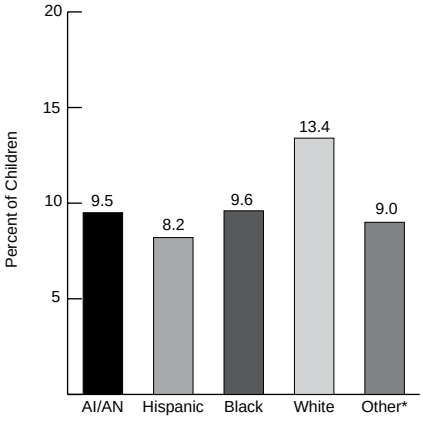
AI/AN Children Aged 12-17 Years Reported to Work Outside the Home for Pay in the Previous Week



AI/AN Children Aged 12-17 Years Reported to Work for Pay in the Previous Week, by Age



All U.S. Children Aged 12-17 Years Reported to Work 10 Hours or More for Pay in the Previous Week, by Race and Ethnicity



**Includes those of Asian descent, Pacific Islanders, and Mixed Races*

School and Activities

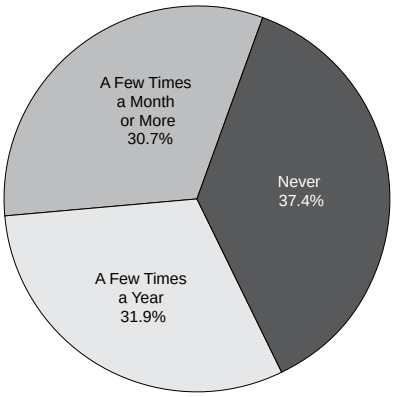
Volunteering

Parents of children aged 12-17 years were asked how often their children had participated in community service or volunteer activities during the previous year, including activities at school, church, and in the community. Among AI/AN children in this age group, 30.7 percent reportedly participated in these types of activities a few times a month or more during the previous year, 31.9 percent did so a few times that year, and 37.4 percent had not participated in any community service or volunteer activities in the previous year.

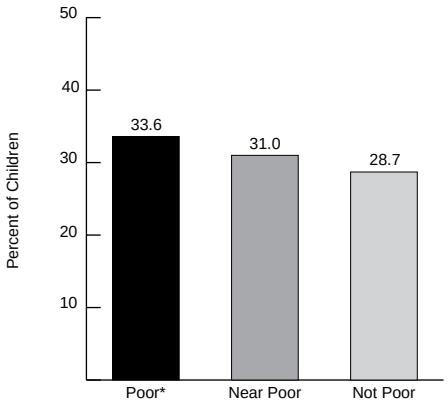
Volunteering and Poverty Status. Reported participation in community service or volunteer activities did not vary by household income.# Approximately 34 percent of AI/AN children from poor households reportedly participated in these types of activities at least a few times a month in the previous year, while 31.0 percent of children from near poor households and 28.7 percent of children in not poor households did so.

Volunteering and Race/Ethnicity. Participation in community service varied by race and ethnicity. AI/AN children were less likely to have volunteered at least a few times a month during the previous year than Black children and children of Other* race/ethnicities, but were equally as likely to do so as White and Hispanic children.#

Reported Volunteering Among AI/AN Children Aged 12-17 Years in the Previous Year



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



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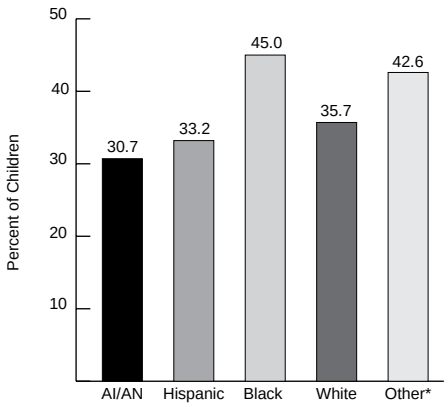
Volunteering at Least a Few Times a Month Among all U.S. Children Aged 12-17 Years, by Race and Ethnicity

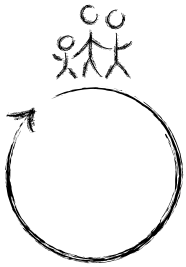


*Includes those of Asian descent, Pacific Islanders, and Mixed Races

#See Data Analysis in Technical Appendix for explanation regarding statistical significance.

The Child's Family

The family environment, including parents' physical and mental health and the activities that go on at home, provide the backdrop and context for American Indian and Alaska Native children's health and development. Therefore, the survey explored a number of aspects of the family, including shared activities (such as reading, singing, and telling stories to young children; shared meals; and attending religious services) as well as risk factors (such as smoking in the household, parenting stress, and the health status of the child's parents). These indicators provide a picture of some of the factors that can influence children's health and well-being.



Reading, Singing, and Telling Stories

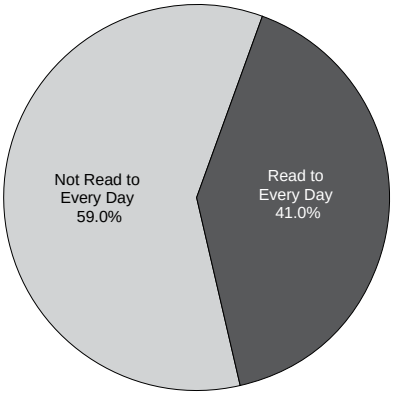
Reading, telling stories, and singing to young children can expose them to proper grammar and new vocabulary. When a parent or family member reads, sings and tell stories to a young child, they enhance the child's spoken language skills, literacy, and educational success. The American Academy of Pediatrics' Bright Future Guidelines recommend daily reading to children 2 to 5 years of age.[1] Parents of AI/AN children aged 0-5 years were asked how often their children were read to during the previous week. A total of 41.0 percent of children in this age group were read to by a parent or other family member every day. Parents were also asked how often they or other family members sang songs or told stories to their children in the previous week. Overall, 44.5 percent of AI/AN children aged 0-5 years were sung to or told stories every day, which was less than the rate for children nationally (59.1 percent).

Reading and Race/Ethnicity. The likelihood of children being read to every day differed by race and ethnicity. AI/AN children were less likely to be read to by a parent or family member than White children; however, they did not differ statistically from any other race/ethnicity.#

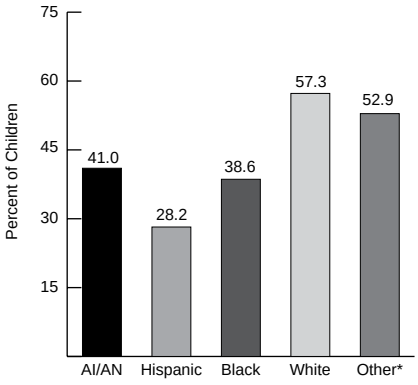
Singing or Telling Stories and Race/Ethnicity. Singing and storytelling also varied by race and ethnicity. AI/AN children were less likely to be sung to or told stories than White children and children of Other* race/ethnicities, but were equally as likely as Black and Hispanic children to be sung to/told stories every day.#

#See Data Analysis in Technical Appendix for explanation regarding statistical significance.

Reading to AI/AN Children Aged 0-5 Years

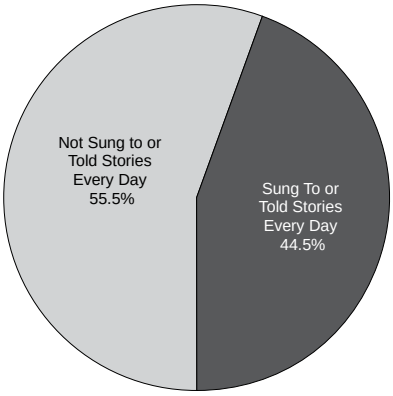


All U.S. Children Aged 0-5 Years Who Are Read to Every Day, by Race and Ethnicity

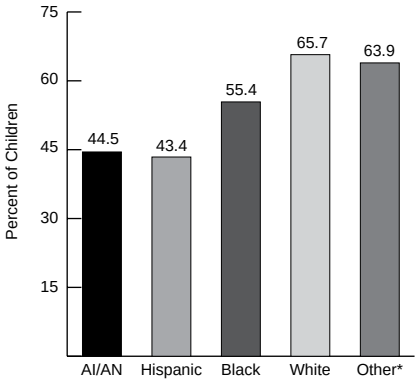


*Includes those of Asian descent, Pacific Islanders, and Mixed Races

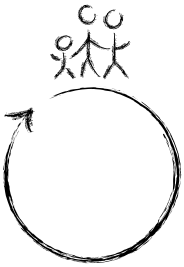
Singing and Telling Stories to AI/AN Children Aged 0-5 Years



All U.S. Children Aged 0-5 Years Who Are Sung to or Told Stories Every Day, by Race and Ethnicity



*Includes those of Asian descent, Pacific Islanders, and Mixed Races



Sharing Meals

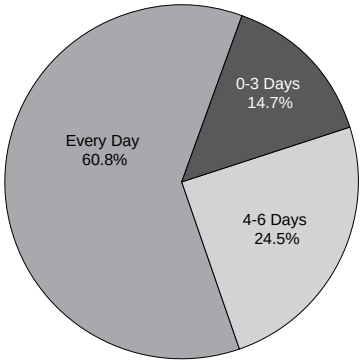
Mealtimes provide an opportunity for families to bond and for parents to share values about good nutrition and eating habits. According to parents, 60.8 percent of AI/AN children ate at least one meal together with the family every day during the previous week, more than was done so nationally (45.8 percent). More than 24 percent of families ate meals together on 4-6 days per week, while 14.7 percent ate meals together on only 0-3 days per week. On average, AI/AN children and families ate meals together 6 days during the previous week (data not shown).

Sharing Meals and Age. According to parents, fewer AI/AN 12-17 year-old children (45.4 percent) shared daily meals with the entire family than 6-11 year-old children (61.5 percent) and 0-5 year-old children (74.4 percent).

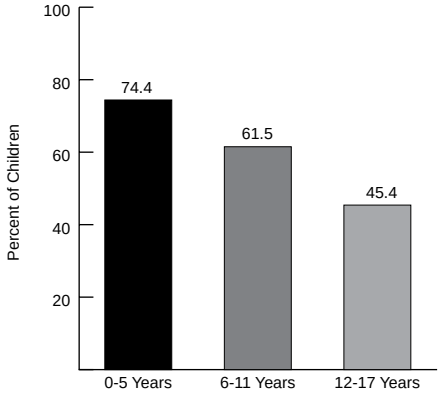
Sharing Meals and Race/Ethnicity. Eating meals together every day varied by race and ethnicity. AI/AN children were more likely than White and Black children to eat at least one meal together with their families every day, but were equally likely to do so as children of Hispanic and Other* race/ethnicities.#

#See Data Analysis in Technical Appendix for explanation regarding statistical significance.

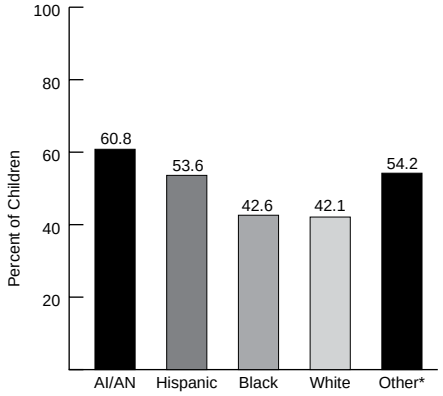
AI/AN Children Sharing at Least One Meal with Their Families



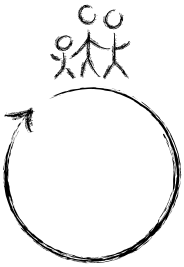
AI/AN Children Sharing Meals with Their Families Every Day, by Age



All U.S. Children Sharing Meals with Their Families Every Day, by Race and Ethnicity



**Includes those of Asian descent, Pacific Islanders, and Mixed Races*



Religious Services

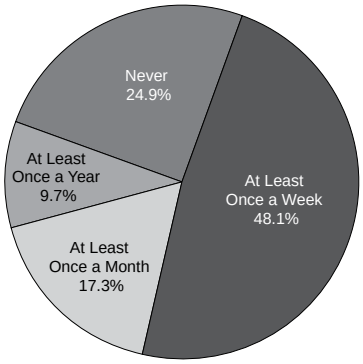
Attendance at religious services is an activity that families can do together that can involve children in the broader community. According to parents, 48.1 percent of AI/AN children attended religious services at least once a week, while 24.9 percent did not attend any religious services.

Religious Services and Age. About 56 percent of AI/AN children in middle childhood (aged 6-11 years) attended religious services at least once a week. Among children aged 0-5 years and those aged 12-17 years, 45.8 percent and 43.6 percent, respectively, attended religious services at least once per week. These differences were not statistically significant.#

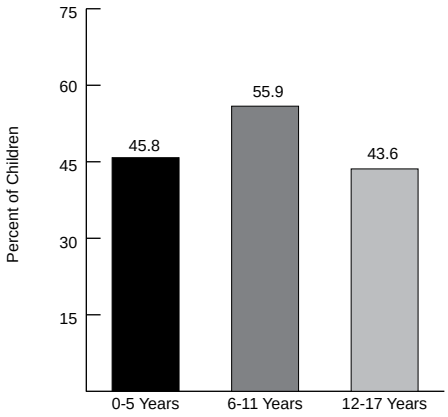
Religious Services and Race/Ethnicity. Attendance at religious services varied by race and ethnicity. AI/AN children were less likely to attend religious services at least weekly than Hispanic and Black children, but were just as likely to do so as children of White and Other* race/ethnicities.

#See Data Analysis in Technical Appendix for explanation regarding statistical significance.

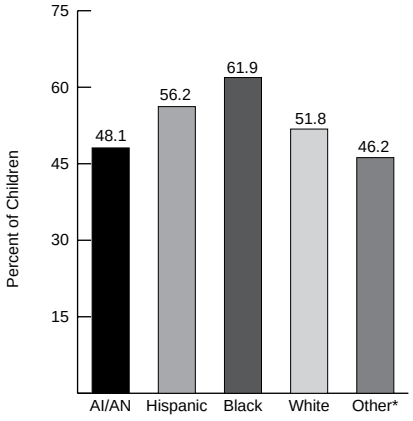
Attendance at Religious Services Among AI/AN Children



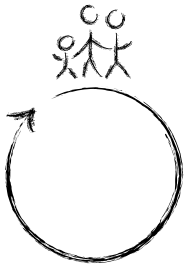
Weekly Attendance at Religious Services Among AI/AN Children, by Age



Weekly Attendance at Religious Services Among All U.S. Children, by Race and Ethnicity



**Includes those of Asian descent, Pacific Islanders, and Mixed Races*



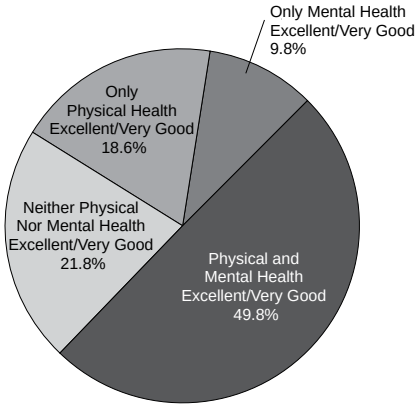
Parental Health Status

The physical and emotional health of parents can affect the health and well-being of their children and influence the family functioning as a whole. Among AI/AN children living with their mothers, 49.8 percent had mothers whose physical and mental/emotional health was reported to be "excellent" or "very good." Similarly, of AI/AN children living with their fathers, 49.5 percent of the fathers were in excellent or very good physical and mental/emotional health according to parent report. The fathers of AI/AN children were less likely to be in excellent or very good health than the fathers of children nationally (62.7 percent).

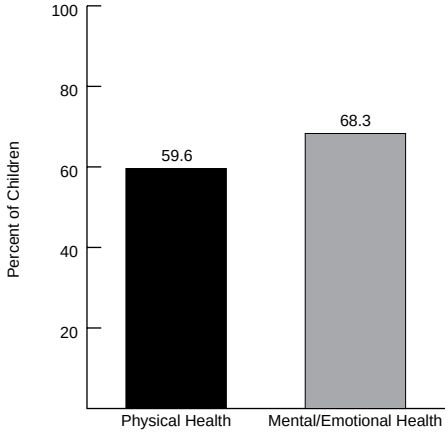
Approximately 60 percent of AI/AN children had mothers whose physical health was reported to be excellent or very good and 68.3 percent had mothers whose mental/emotional health was reported to be excellent or very good. For fathers, 63 percent had excellent or very good reported physical health and 66.6 percent had excellent or very good reported mental health. None of these estimates were significantly different from each other.#

#See Data Analysis in Technical Appendix for explanation regarding statistical significance.

AI/AN Mother's Reported Health Status

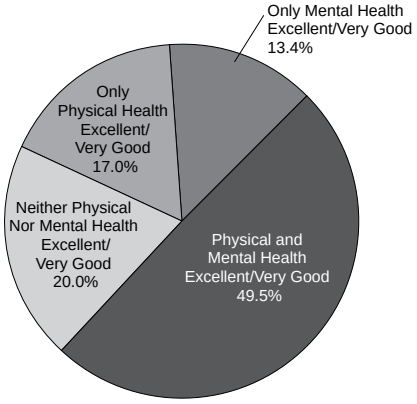


AI/AN Children With Mothers in Excellent/ Very Good Reported Health,* by Type

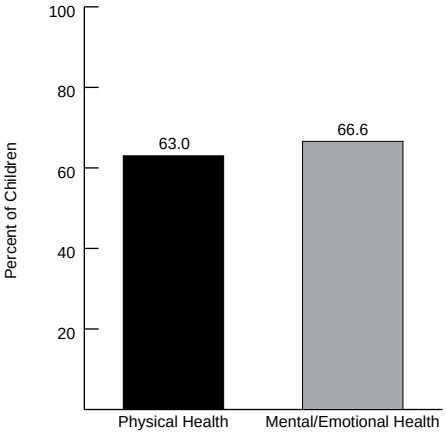


**Among children with a biological, step, foster, or adoptive mother in the household.*

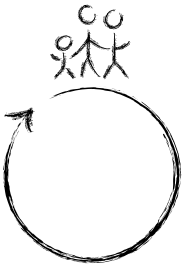
AI/AN Father's Reported Health Status



AI/AN Children With Fathers in Excellent/ Very Good Reported Health,* by Type



**Among children with a biological, step, foster, or adoptive father in the household.*



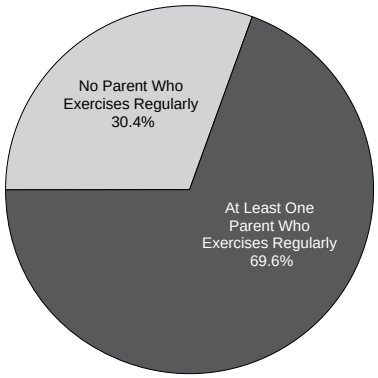
Parental Physical Activity

According to AI/AN parents, most 10- to 17- year-old children had at least one parent who was reported to exercise regularly. Overall, 69.6 percent of AI/AN children had at least one parent who regularly exercised or played sports hard enough to breathe hard, have a fast heart beat, or sweat for 20 minutes or more; the remaining 30.4 percent of children did not have a parent who regularly exercised or played sports at this level of intensity.

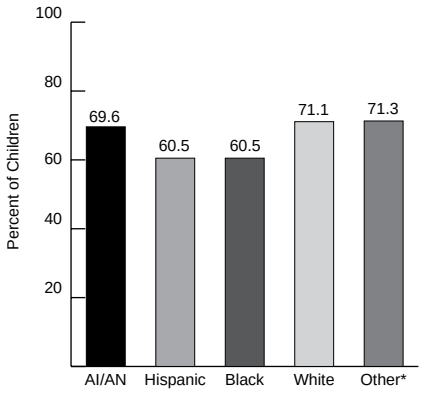
Parent's Physical Activity and Race/Ethnicity. Reported parental exercise varied by race/ethnicity for some groups; however, parents of AI/AN children did not differ statistically from parents of any other race/ethnicities regarding regular, vigorous exercise.#

#See Data Analysis in Technical Appendix for explanation regarding statistical significance.

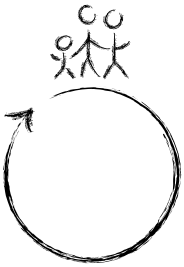
Regular AI/AN Reported Parental Exercise



Regular Exercise by All U.S. Parents, by Race and Ethnicity



**Includes those of Asian descent, Pacific Islanders, and Mixed Races*

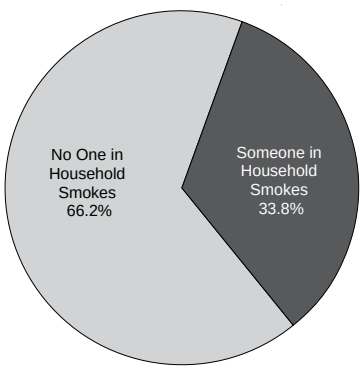


Smoking in the Household

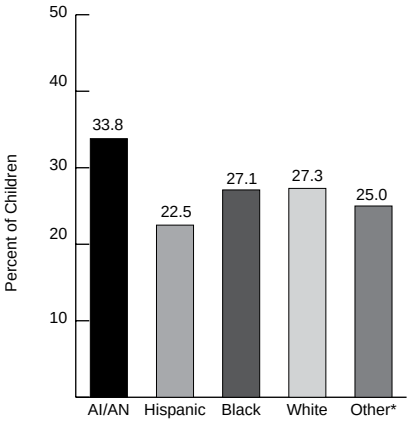
Environmental tobacco smoke from cigarettes, cigars, or pipes contaminates the air and constitutes a dangerous health hazard for children. According to the Centers for Disease Control and Prevention, exposure to secondhand smoke is associated with higher rates of sudden infant death syndrome (SIDS), more frequent and severe asthma, and acute respiratory infections in young children.[7] Parents were asked whether anyone in the household used cigarettes, cigars, or pipe tobacco. Overall, 33.8 percent of AI/AN children were reported to live in households where someone smoked and 9.6 percent were reportedly exposed to secondhand smoke inside their homes (data not shown). AI/AN children were more likely to live in a household with a smoker than children nationally (26.2 percent) according to parent report.

Smoking in the Household and Race/Ethnicity. AI/AN children were more likely to live with a smoker than children of Hispanic and Other* race/ethnicities, but did not differ statistically from children of Black or White races.

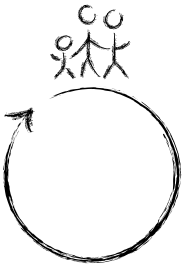
AI/AN Children Living in Households with a Smoker



All U.S. Children Living in Households with a Smoker, by Race and Ethnicity



**Includes those of Asian descent, Pacific Islanders, and Mixed Races*



Parental Stress

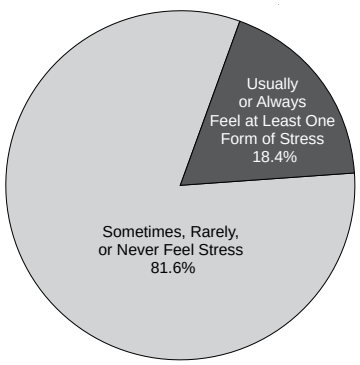
Parenting can bring many challenges and these challenges can take a toll, affecting both a parent's health and how they interact with their child. Parents were asked how often during the previous month they had felt that their children were much harder to care for than others of the same age; how often their children did things that really bothered them a lot; and how often they had felt angry with their children. Parents were considered to often feel stressed if they answered "usually" or "always" to at least one of these measures. Overall, parents of 18.4 percent of AI/AN children often felt stressed.

Parental Stress and Age. Among parents of AI/AN children, more parents of 12-17 year-old children reported feeling stress (24.9 percent) from parenting than parents of 6-11 year-old children (7.9 percent). Parents of 0-5 year-olds were equally as likely to report feeling stress (20.9 percent) as parents of 6-11 year-olds and 12-17 year-olds.#

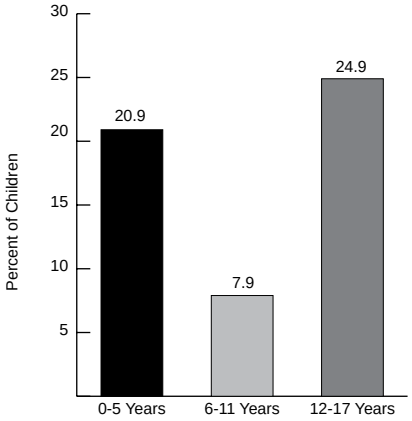
Parental Stress and Race/Ethnicity. Parents of AI/AN children were more likely to usually or always report feeling at least one form of stress than parents of White and Other* race children, but were equally as likely to report feeling stress as parents of Black and Hispanic children.

#See Data Analysis in Technical Appendix for explanation regarding statistical significance.

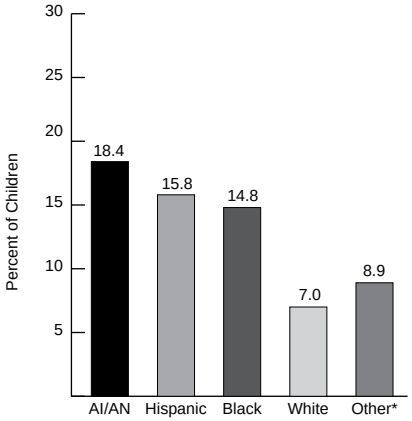
AI/AN Children Whose Parents Reported Usually or Always Feeling Stress



AI/AN Children Whose Parents Reported Usually or Always Feeling Stress, by Age



All U.S. Children Whose Parents Reported Usually or Always Feeling Stress, by Race and Ethnicity



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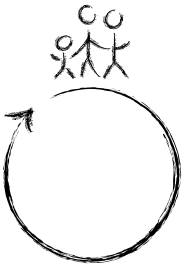


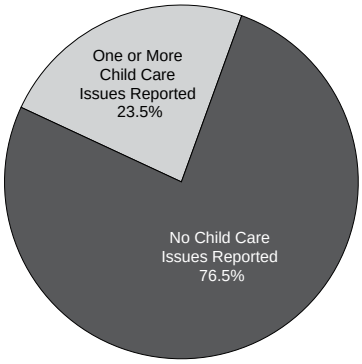
Child Care

Parents searching for child care typically want a secure place that will provide consistent quality care with learning opportunities that will benefit their children. For many parents the search for child care may be only one of several personal or family issues so that changes in arrangements may add additional stress on families. Parents of children aged 0-5 years who received care from someone other than a parent were asked whether they had to make different child care arrangements in the previous month due to circumstances beyond their control and whether anyone in the family had to quit a job, not take a job, or greatly change their job because of child care problems within the previous year. Among AI/AN parents with children receiving care, 23.5 percent reported at least one of these child care issues.

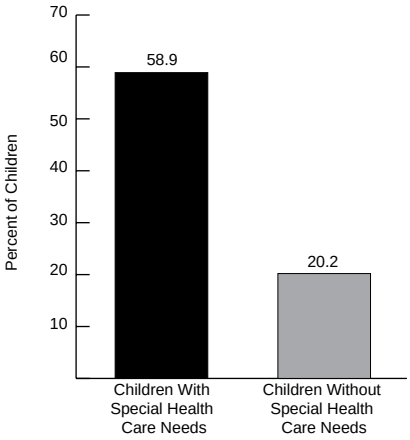
Child Care and Children with Special Health Care Needs (CSHCN). Parents of AI/AN CSHCN were more likely to report experiencing one or more child care problems in the previous month (58.9 percent) than parents of children without special health care needs (20.2 percent).

Child Care and Race/Ethnicity. Parents of AI/AN children were less likely than parents of Black children to report experiencing at least one child care problem in the previous year, but did not differ statistically from other parents.#

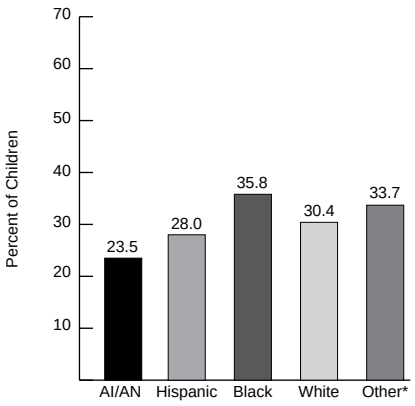
AI/AN Children Aged 0-5 Years Whose Families Reported Experiencing Child Care Problems



AI/AN Children Whose Families Reported Experiencing One or More Child Care Problems, by CSHCN Status



All U.S. Children Whose Families Reported Experiencing One or More Child Care Problems, by Race and Ethnicity



**Includes those of Asian descent, Pacific Islanders, and Mixed Races*

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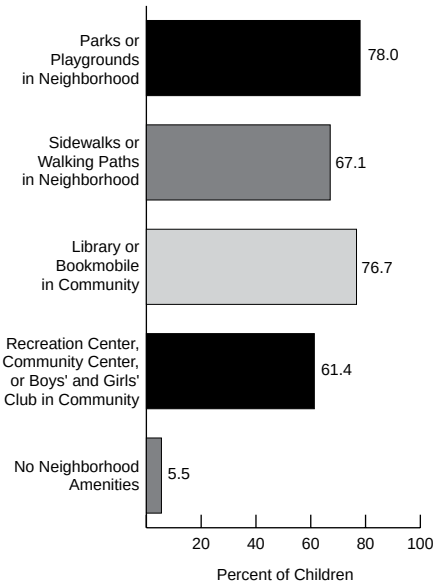
The Child and Family's Neighborhood

An American Indian and Alaska Native child's perceived safety in the neighborhood and at school, the amount of support families feel they receive from their neighbors, the amenities offered, and the physical condition of the neighborhood all affect a family's comfort in their community and in the child's freedom within the neighborhood. A number of questions within the survey were used to develop indicators that reflect the perceived family-friendliness of the child and family's neighborhood.

Neighborhood Amenities

The availability of neighborhood amenities, such as playgrounds, community centers, and libraries, provide children with opportunities for recreation, education, and socializing without going far from home. Overall, 78.0 percent of AI/AN children were reported to have a park or playground in their neighborhood; 76.7 percent had a library or bookmobile in the community; 67.1 percent lived in neighborhoods with sidewalks or walking paths; and 61.4 percent had a recreation center, community center, or Boys' and Girls' club. The proportion of AI/AN children who lived in neighborhoods with none of these amenities was 5.5 percent. About 44 percent of AI/AN children lived in neighborhoods with all of these amenities according to parent report (data not shown).

Parent-Reported Access to Neighborhood Amenities

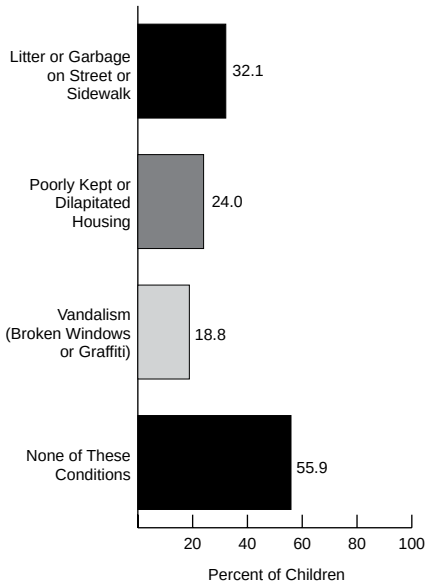


Neighborhood Conditions

Access to appropriate medical care is only one factor in promoting the health and development of a child. In addition, a child's physical environment can affect his or her physical health, safety, social opportunities, and development. Poor neighborhood conditions, such as dilapidated housing, evidence of vandalism, and litter or garbage on the street may contribute adversely, either directly or indirectly, to a child's overall well-being.

According to parents, 32.1 percent of AI/AN children lived in neighborhoods with litter or garbage on the street or sidewalk, 24 percent of children lived in neighborhoods with poorly kept or dilapidated housing (more than the national average of 14.6 percent), and 18.8 percent lived in neighborhoods with evidence of vandalism, such as broken windows or graffiti. Overall, 55.9 percent of AI/AN children lived in neighborhoods with none of these conditions, while the remaining 44.1 percent lived in neighborhoods with at least one of these conditions (data not shown).

Parent-Perceived Condition of AI/AN Children's Neighborhoods



Supportive Neighborhoods

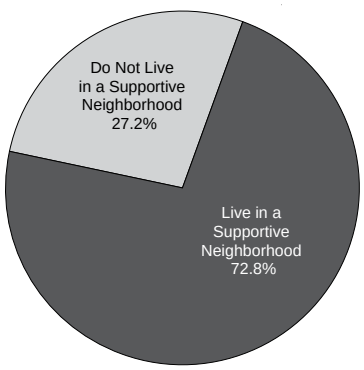
Living in a supportive neighborhood is important to the health and well-being of both parents and children. To assess whether or not families and children were supported in their neighborhoods, parents were asked whether they agreed with the following statements:

- People in the neighborhood help each other out.
- We watch out for each other's children.
- There are people I can count on in the neighborhood.
- If my child were outside playing and got hurt or scared, there are adults nearby whom I trust to help my child.

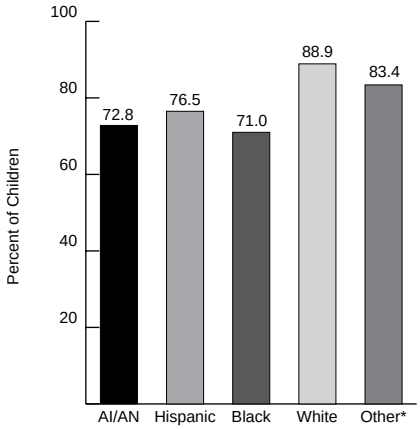
Families were considered to live in supportive neighborhoods if they answered "definitely agree" or "somewhat agree" to each of the four statements. According to parents, 72.8 percent of AI/AN children lived in supportive neighborhoods. AI/AN children were less likely to live in neighborhoods that their parents perceived as supportive than was the case for children nationally (83.2 percent).

Supportive Neighborhoods and Race/Ethnicity. The likelihood that children lived in neighborhoods that parents perceived as supportive varied by race and ethnicity. AI/AN children were less likely to live in supportive neighborhoods than children of White and Other* races.

AI/AN Children Living in Parent-Perceived Supportive Neighborhoods



All U.S. Children in Parent-Perceived Supportive Neighborhoods, by Race and Ethnicity



**Includes those of Asian descent, Pacific Islanders, and Mixed Races*

Safety of Child in the Neighborhood

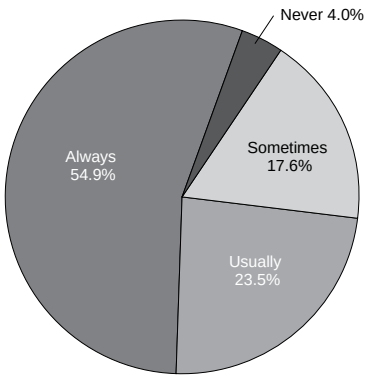
Families may be more likely to thrive in a neighborhood in which they feel safe. Parents were asked how often they felt that their children were safe in their community or neighborhood—never, sometimes, usually, or always. Overall, parents of 78.4 percent of AI/AN children felt that their children were usually or always safe in their neighborhood. AI/AN parents were less likely than parents of children nationally (86.1 percent) to perceive their neighborhoods as safe.

Safety of Child in the Neighborhood and Poverty Status. There were significant differences in parental perceptions of their children's neighborhood safety based on poverty status. AI/AN parents of children in poor households (68.0 percent) were less likely to feel their children were safe than parents of children from near poor households (87.3 percent), but their perceptions did not differ from parents of children in households that were not poor (80.0 percent).#

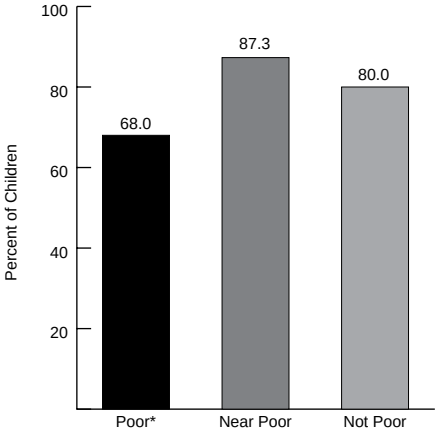
Safety of Child in the Neighborhood and Race/Ethnicity. Parents of AI/AN children were less likely to perceive their children as safe in their neighborhood environments as parents of White children, but were equally as likely to do so as all other parents.#

#See Data Analysis in Technical Appendix for explanation regarding statistical significance.

Parent-Perceived Neighborhood Safety Among AI/AN Children

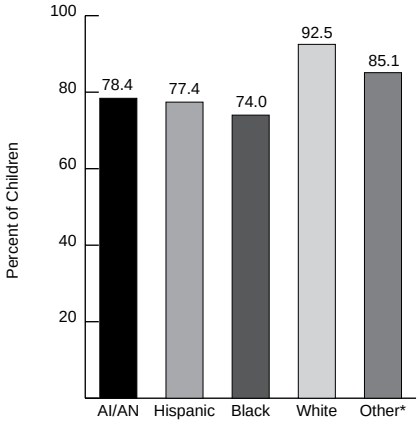


AI/AN Children Who Are Usually or Always Perceived as Safe in Their Neighborhood, by Poverty Status



**Poor is defined as <100% of the federal poverty level (FPL). Near Poor is 100-199% FPL, and Not Poor is 200% or more FPL. Federal poverty level was $20,650 for a family of four in 2007.*

All U.S. Children Who Are Usually or Always Perceived as Safe in Their Neighborhood, by Race and Ethnicity



**Includes those of Asian descent, Pacific Islanders, and Mixed Races*

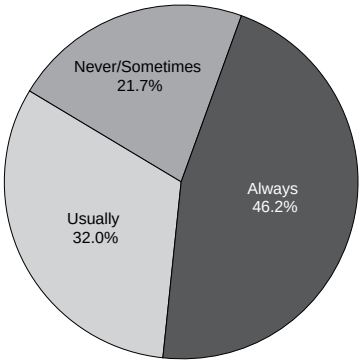
Safety of Child at School

Parents of school-aged children (aged 6-17 years) were also asked how often they felt that their children were safe in school. Overall, 78.2 percent of AI/AN children were usually or always safe in school according to their parents. Parents of AI/AN children were less likely to perceive that their children were usually or always safe at school than parents nationally (89.6 percent) There were no significant differences in the proportions of children who were usually or always safe at school based on the age of the child.#

Safety of Child at School and Race/Ethnicity. Parents of AI/AN children were less likely to perceive their children as safe at school than parents of White children and children of Other* race/ethnicities, but were similar to parents of Black and Hispanic children in their perceptions of school safety.#

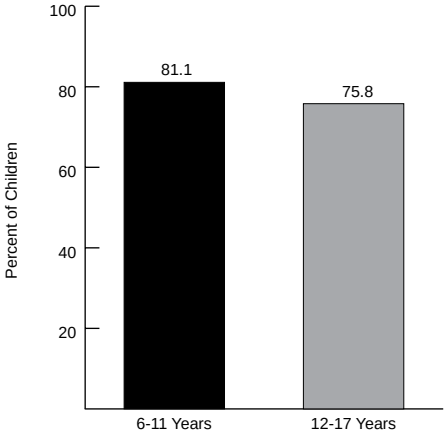
#See Data Analysis in Technical Appendix for explanation regarding statistical significance.

Parent-Perceived School Safety
Among AI/AN Children
Aged 6-17 Years

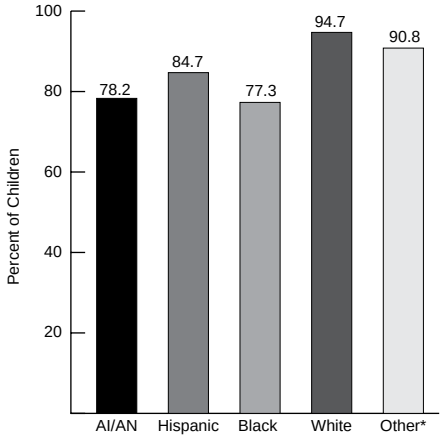


**Percentages may not add to 100 due to rounding.*

AI/AN Children Aged 6-17 Years
Who Are Usually or Always Perceived
as Safe in School, by Age



All U.S. Children Aged 6-17 Years Who
Are Usually or Always Perceived as
Safe in School, by Race and Ethnicity



**Includes those of Asian descent, Pacific Islanders, and Mixed Races*

State and Region Data

The National Survey of Children's Health provides information on parental reports of the health and well-being of American Indian and Alaska Native children across the United States. This section presents the survey's findings for each of the 7 States (Alaska, Arizona, Montana, New Mexico, North Dakota, Oklahoma, South Dakota) with representative data and for 5 Regions: Alaska, East, Northern Plains, Pacific Coast, and Southwest (see Technical Appendix for definitions of AI/AN regions). Indicators relate to the child's health, health care, and activities; the child's family; and the child's and family's neighborhood.

Key indicators of the parent-reported health and well-being of the AI/AN child, the AI/AN child's family, and the AI/AN child's neighborhood are presented in comparison with the National and State statistics representing children of all races and ethnicities nationally and at the state level.

Alaska

All statistics are based on parental reports.

Parent-Reported Indicator	Explanation	National %†	AI/AN State %‡	Overall State %§
HEALTH STATUS				
Child Health Status	percent of children in excellent or very good health	84.4	**83.8**	88.9
Health Conditions	Percent of children with 1 or more chronic physical or mental health problems	22.3	**16.8**	19.8
Breastfeeding	percent of children aged 0-5 who were ever breastfed	75.5	**84.3**	87.6
Risk of Developmental Delay	percent of children aged 4 months to 5 years determined to be at moderate or high risk based on parents' specific concerns	26.4	**30.8**	27.3
Social Skills	Percent of children aged 6-17 who exhibit 2 or more positive social behaviors	93.7	**92.0**	95.0
***Obesity/Overweight**	Percent of children aged 10-17 who are overweight or obese	31.6	**48.2**	33.9
Physical Activity	Percent of children aged 10-17 who exercised or participated in physical activity for at least 20 minutes on 3 or more days during the previous week	73.9	**89.9**	82.8
HEALTH CARE				
Current Health Insurance	percent of children currently insured	90.9	**75.1**	87.2
Insurance Coverage Consistency	percent of children lacking continuous insurance coverage in the previous year	15.1	**29.7**	18.5
Preventive Health Care	percent of children with a preventive medical visit in the past year	88.5	**85.9**	85.1
Indian Health Service	percent of children with a preventive dental visit in the previous year	NA	**62.2**	NA
Developmental Surveillance	percent of children aged 10 months to 5 years receiving surveillance for developmental or behavioral problems	48.0	**35.2**	50.1
Mental Health Care	percent of children aged 2-17 with problems requiring counseling who received mental health care	62.1	**—**	60.4
***Medical Home**	percent of children who received care within a medical home	57.5	**27.7**	52.3
SCHOOL AND ACTIVITIES				
***School Engagement**	percent of children aged 6-17 who are adequately engaged in school	80.5	**73.4**	75.2
***Activities Outside of School**	percent of children aged 6-17 who participated in activities outside of school during the previous year	76.5	**76.9**	83.3
***Screen Time**	percent of children aged 1-5 who watched more than one hour of TV or video during a weekday	54.4	**51.7**	48.2
CHILD'S FAMILY				
Reading to Young Children	percent of children aged 0-5 whose families read to them every day	47.8	**43.4**	49.3
***Singing and Telling Stories to Young Children**	percent of children aged 0-5 whose families sing or tell stories to them every day	59.1	**48.5**	61.8
Religious Services	percent of children who attend religious services at least weekly	53.7	**39.1**	43.5
Mother's Health	of children who live with their mothers, the percentage whose mothers are in excellent or very good physical and emotional health	56.9	**44.5**	57.1
Father's Health	of children who live with their fathers, the percentage whose fathers are in excellent or very good physical and emotional health	62.7	**55.0**	64.7
Parental Physical Activity	Percent of children with at least one parent who exercises regularly	67.0	**72.1**	74.4
Smoking in the Household	percent of children who live in households where someone smokes	26.2	**48.8**	30.9
CHILD AND FAMILY'S NEIGHBORHOOD				
***Neighborhood Amenities**	percent of children who live in neighborhoods with a park, sidewalks, a library, and a community center	48.2	**38.2**	49.4
Supportive Neighborhoods	percent of children living in neighborhoods that are supportive	83.2	**88.3**	85.5
Safety of Child in Neighborhood	percent of children living in neighborhoods that are usually or always safe	86.1	**90.0**	92.5

*†National estimates are for the full survey including all races and ethnicities. ‡AI/AN State estimates are for the American Indian/Alaska Native population only. §Overall State estimates are for all races and ethnicities. Dash (—) indicates a stable estimate could not be obtained. *New or revised indicator for this analysis or for the 2007 survey. Indicator cannot or should not be compared to 2003 findings. NA=Not Applicable – question is not applicable to non-AI/AN children.*

Arizona

All statistics are based on parental reports.

Parent-Reported Indicator	Explanation	National %†	AI/AN State %‡	Overall State %§
HEALTH STATUS				
Child Health Status	percent of children in excellent or very good health	84.4	**92.9**	80.7
Health Conditions	Percent of children with 1 or more chronic physical or mental health problems	22.3	—	20.6
Breastfeeding	percent of children aged 0-5 who were ever breastfed	75.5	**76.2**	82.7
Risk of Developmental Delay	percent of children aged 4 months to 5 years determined to be at moderate or high risk based on parents' specific concerns	26.4	—	27.7
Social Skills	Percent of children aged 6-17 who exhibit 2 or more positive social behaviors	93.7	**83.5**	94.8
***Obesity/Overweight**	Percent of children aged 10-17 who are overweight or obese	31.6	—	30.6
Physical Activity	Percent of children aged 10-17 who exercised or participated in physical activity for at least 20 minutes on 3 or more days during the previous week	73.9	**76.6**	69.8
HEALTH CARE				
Current Health Insurance	percent of children currently insured	90.9	**80.3**	83.8
Insurance Coverage Consistency	percent of children lacking continuous insurance coverage in the previous year	15.1	—	22.4
Preventive Health Care	percent of children with a preventive medical visit in the past year	88.5	**80.9**	83.9
Indian Health Service	percent of children with a preventive dental visit in the previous year	NA	**64.3**	NA
Developmental Surveillance	percent of children aged 10 months to 5 years receiving surveillance for developmental or behavioral problems	48.0	—	43.7
Mental Health Care	percent of children aged 2-17 with problems requiring counseling who received mental health care	62.1	—	61.8
***Medical Home**	percent of children who received care within a medical home	57.5	**55.0**	50.0
SCHOOL AND ACTIVITIES				
***School Engagement**	percent of children aged 6-17 who are adequately engaged in school	80.5	**77.3**	80.7
***Activities Outside of School**	percent of children aged 6-17 who participated in activities outside of school during the previous year	76.5	**62.2**	72.3
***Screen Time**	percent of children aged 1-5 who watched more than one hour of TV or video during a weekday	54.4	—	58.7
CHILD'S FAMILY				
Reading to Young Children	percent of children aged 0-5 whose families read to them every day	47.8	—	40.7
***Singing and Telling Stories to Young Children**	percent of children aged 0-5 whose families sing or tell stories to them every day	59.1	—	54.9
Religious Services	percent of children who attend religious services at least weekly	53.7	**54.3**	50.3
Mother's Health	of children who live with their mothers, the percentage whose mothers are in excellent or very good physical and emotional health	56.9	**54.9**	52.6
Father's Health	of children who live with their fathers, the percentage whose fathers are in excellent or very good physical and emotional health	62.7	**61.3**	59.8
Parental Physical Activity	Percent of children with at least one parent who exercises regularly	67.0	**82.7**	62.7
Smoking in the Household	percent of children who live in households where someone smokes	26.2	—	24.1
CHILD AND FAMILY'S NEIGHBORHOOD				
***Neighborhood Amenities**	percent of children who live in neighborhoods with a park, sidewalks, a library, and a community center	48.2	**27.4**	46.0
Supportive Neighborhoods	percent of children living in neighborhoods that are supportive	83.2	**84.1**	79.0
Safety of Child in Neighborhood	percent of children living in neighborhoods that are usually or always safe	86.1	**75.3**	82.7

*†National estimates are for the full survey including all races and ethnicities. ‡AI/AN State estimates are for the American Indian/Alaska Native population only. §Overall State estimates are for all races and ethnicities. Dash (—) indicates a stable estimate could not be obtained. *New or revised indicator for this analysis or for the 2007 survey. Indicator cannot or should not be compared to 2003 findings. NA=Not Applicable – question is not applicable to non-AI/AN children.*

Montana

All statistics are based on parental reports.

Parent-Reported Indicator	Explanation	National %†	AI/AN State %‡	Overall State %§
HEALTH STATUS				
Child Health Status	percent of children in excellent or very good health	84.4	**82.3**	88.3
Health Conditions	Percent of children with 1 or more chronic physical or mental health problems	22.3	**31.2**	22.3
Breastfeeding	percent of children aged 0-5 who were ever breastfed	75.5	**71.2**	85.5
Risk of Developmental Delay	percent of children aged 4 months to 5 years determined to be at moderate or high risk based on parents' specific concerns	26.4	**24.3**	22.1
Social Skills	Percent of children aged 6-17 who exhibit 2 or more positive social behaviors	93.7	**91.5**	94.1
***Obesity/Overweight**	Percent of children aged 10-17 who are overweight or obese	31.6	**54.2**	25.6
Physical Activity	Percent of children aged 10-17 who exercised or participated in physical activity for at least 20 minutes on 3 or more days during the previous week	73.9	**76.9**	78.8
HEALTH CARE				
Current Health Insurance	percent of children currently insured	90.9	**80.2**	86.8
Insurance Coverage Consistency	percent of children lacking continuous insurance coverage in the previous year	15.1	**32.8**	19.8
Preventive Health Care	percent of children with a preventive medical visit in the past year	88.5	**91.3**	80.5
Indian Health Service	percent of children with a preventive dental visit in the previous year	NA	**63.8**	NA
Developmental Surveillance	percent of children aged 10 months to 5 years receiving surveillance for developmental or behavioral problems	48.0	**35.4**	47.8
Mental Health Care	percent of children aged 2-17 with problems requiring counseling who received mental health care	62.1	**81.4**	70.2
***Medical Home**	percent of children who received care within a medical home	57.5	**37.6**	61.5
SCHOOL AND ACTIVITIES				
***School Engagement**	percent of children aged 6-17 who are adequately engaged in school	80.5	**78.1**	81.5
***Activities Outside of School**	percent of children aged 6-17 who participated in activities outside of school during the previous year	76.5	**85.8**	86.3
***Screen Time**	percent of children aged 1-5 who watched more than one hour of TV or video during a weekday	54.4	**54.0**	47.5
CHILD'S FAMILY				
Reading to Young Children	percent of children aged 0-5 whose families read to them every day	47.8	**23.6**	56.8
***Singing and Telling Stories to Young Children**	percent of children aged 0-5 whose families sing or tell stories to them every day	59.1	**63.1**	68.3
Religious Services	percent of children who attend religious services at least weekly	53.7	**45.2**	46.7
Mother's Health	of children who live with their mothers, the percentage whose mothers are in excellent or very good physical and emotional health	56.9	**40.2**	59.9
Father's Health	of children who live with their fathers, the percentage whose fathers are in excellent or very good physical and emotional health	62.7	**41.2**	66.1
Parental Physical Activity	Percent of children with at least one parent who exercises regularly	67.0	**68.4**	72.0
Smoking in the Household	percent of children who live in households where someone smokes	26.2	**54.2**	26.8
CHILD AND FAMILY'S NEIGHBORHOOD				
***Neighborhood Amenities**	percent of children who live in neighborhoods with a park, sidewalks, a library, and a community center	48.2	**34.7**	41.9
Supportive Neighborhoods	percent of children living in neighborhoods that are supportive	83.2	**80.9**	87.4
Safety of Child in Neighborhood	percent of children living in neighborhoods that are usually or always safe	86.1	**77.2**	92.1

*†National estimates are for the full survey including all races and ethnicities. ‡AI/AN State estimates are for the American Indian/Alaska Native population only. §Overall State estimates are for all races and ethnicities. Dash (—) indicates a stable estimate could not be obtained. *New or revised indicator for this analysis or for the 2007 survey. Indicator cannot or should not be compared to 2003 findings. NA=Not Applicable – question is not applicable to non-AI/AN children.*

New Mexico

All statistics are based on parental reports.

Parent-Reported Indicator	Explanation	National %†	AI/AN State %‡	Overall State %§
HEALTH STATUS				
Child Health Status	percent of children in excellent or very good health	84.4	**88.2**	85.1
Health Conditions	Percent of children with 1 or more chronic physical or mental health problems	22.3	**18.3**	19.4
Breastfeeding	percent of children aged 0-5 who were ever breastfed	75.5	**89.7**	80.0
Risk of Developmental Delay	percent of children aged 4 months to 5 years determined to be at moderate or high risk based on parents' specific concerns	26.4	—	22.7
Social Skills	Percent of children aged 6-17 who exhibit 2 or more positive social behaviors	93.7	**94.5**	95.0
***Obesity/Overweight**	Percent of children aged 10-17 who are overweight or obese	31.6	**66.0**	32.7
Physical Activity	Percent of children aged 10-17 who exercised or participated in physical activity for at least 20 minutes on 3 or more days during the previous week	73.9	**60.8**	70.8
HEALTH CARE				
Current Health Insurance	percent of children currently insured	90.9	**79.7**	88.1
Insurance Coverage Consistency	percent of children lacking continuous insurance coverage in the previous year	15.1	**27.0**	19.1
Preventive Health Care	percent of children with a preventive medical visit in the past year	88.5	**89.0**	87.2
Indian Health Service	percent of children with a preventive dental visit in the previous year	NA	**67.1**	NA
Developmental Surveillance	percent of children aged 10 months to 5 years receiving surveillance for developmental or behavioral problems	48.0	—	53.4
Mental Health Care	percent of children aged 2-17 with problems requiring counseling who received mental health care	62.1	**80.3**	57.4
***Medical Home**	percent of children who received care within a medical home	57.5	**24.7**	49.0
SCHOOL AND ACTIVITIES				
***School Engagement**	percent of children aged 6-17 who are adequately engaged in school	80.5	**77.5**	81.7
***Activities Outside of School**	percent of children aged 6-17 who participated in activities outside of school during the previous year	76.5	**58.0**	69.9
***Screen Time**	percent of children aged 1-5 who watched more than one hour of TV or video during a weekday	54.4	—	48.9
CHILD'S FAMILY				
Reading to Young Children	percent of children aged 0-5 whose families read to them every day	47.8	—	43.5
***Singing and Telling Stories to Young Children**	percent of children aged 0-5 whose families sing or tell stories to them every day	59.1	—	57.2
Religious Services	percent of children who attend religious services at least weekly	53.7	**56.0**	57.2
Mother's Health	of children who live with their mothers, the percentage whose mothers are in excellent or very good physical and emotional health	56.9	**37.9**	50.8
Father's Health	of children who live with their fathers, the percentage whose fathers are in excellent or very good physical and emotional health	62.7	**54.2**	60.0
Parental Physical Activity	Percent of children with at least one parent who exercises regularly	67.0	**56.4**	63.1
Smoking in the Household	percent of children who live in households where someone smokes	26.2	—	25.0
CHILD AND FAMILY'S NEIGHBORHOOD				
***Neighborhood Amenities**	percent of children who live in neighborhoods with a park, sidewalks, a library, and a community center	48.2	**44.5**	42.3
Supportive Neighborhoods	percent of children living in neighborhoods that are supportive	83.2	**76.2**	80.9
Safety of Child in Neighborhood	percent of children living in neighborhoods that are usually or always safe	86.1	**79.9**	82.7

*†National estimates are for the full survey including all races and ethnicities. ‡AI/AN State estimates are for the American Indian/Alaska Native population only. §Overall State estimates are for all races and ethnicities. Dash (—) indicates a stable estimate could not be obtained. *New or revised indicator for this analysis or for the 2007 survey. Indicator cannot or should not be compared to 2003 findings. NA=Not Applicable – question is not applicable to non-AI/AN children.*

North Dakota

All statistics are based on parental reports.

Parent-Reported Indicator	Explanation	National %†	AI/AN State %‡	Overall State %§
HEALTH STATUS				
Child Health Status	percent of children in excellent or very good health	84.4	**76.4**	90.6
Health Conditions	Percent of children with 1 or more chronic physical or mental health problems	22.3	**27.5**	20.5
Breastfeeding	percent of children aged 0-5 who were ever breastfed	75.5	**53.2**	73.6
Risk of Developmental Delay	percent of children aged 4 months to 5 years determined to be at moderate or high risk based on parents' specific concerns	26.4	**38.0**	22.7
Social Skills	Percent of children aged 6-17 who exhibit 2 or more positive social behaviors	93.7	**94.4**	95.6
***Obesity/Overweight**	Percent of children aged 10-17 who are overweight or obese	31.6	**33.2**	25.7
Physical Activity	Percent of children aged 10-17 who exercised or participated in physical activity for at least 20 minutes on 3 or more days during the previous week	73.9	**83.6**	80.3
HEALTH CARE				
Current Health Insurance	percent of children currently insured	90.9	**90.0**	91.6
Insurance Coverage Consistency	percent of children lacking continuous insurance coverage in the previous year	15.1	**23.1**	13.6
Preventive Health Care	percent of children with a preventive medical visit in the past year	88.5	**89.1**	78.9
Indian Health Service	percent of children with a preventive dental visit in the previous year	NA	**49.7**	NA
Developmental Surveillance	percent of children aged 10 months to 5 years receiving surveillance for developmental or behavioral problems	48.0	**33.9**	56.7
Mental Health Care	percent of children aged 2-17 with problems requiring counseling who received mental health care	62.1	**78.1**	74.0
***Medical Home**	percent of children who received care within a medical home	57.5	**41.4**	64.0
SCHOOL AND ACTIVITIES				
***School Engagement**	percent of children aged 6-17 who are adequately engaged in school	80.5	**70.7**	83.1
***Activities Outside of School**	percent of children aged 6-17 who participated in activities outside of school during the previous year	76.5	**76.8**	86.9
***Screen Time**	percent of children aged 1-5 who watched more than one hour of TV or video during a weekday	54.4	**73.7**	50.7
CHILD'S FAMILY				
Reading to Young Children	percent of children aged 0-5 whose families read to them every day	47.8	**52.4**	53.9
***Singing and Telling Stories to Young Children**	percent of children aged 0-5 whose families sing or tell stories to them every day	59.1	**60.8**	62.1
Religious Services	percent of children who attend religious services at least weekly	53.7	**36.8**	60.3
Mother's Health	of children who live with their mothers, the percentage whose mothers are in excellent or very good physical and emotional health	56.9	**46.6**	65.1
Father's Health	of children who live with their fathers, the percentage whose fathers are in excellent or very good physical and emotional health	62.7	**44.5**	69.8
Parental Physical Activity	Percent of children with at least one parent who exercises regularly	67.0	**71.9**	71.4
Smoking in the Household	percent of children who live in households where someone smokes	26.2	**46.6**	26.9
CHILD AND FAMILY'S NEIGHBORHOOD				
***Neighborhood Amenities**	percent of children who live in neighborhoods with a park, sidewalks, a library, and a community center	48.2	**53.0**	48.6
Supportive Neighborhoods	percent of children living in neighborhoods that are supportive	83.2	**75.2**	89.9
Safety of Child in Neighborhood	percent of children living in neighborhoods that are usually or always safe	86.1	**79.7**	94.0

*†National estimates are for the full survey including all races and ethnicities. ‡AI/AN State estimates are for the American Indian/Alaska Native population only. §Overall State estimates are for all races and ethnicities. Dash (—) indicates a stable estimate could not be obtained. *New or revised indicator for this analysis or for the 2007 survey. Indicator cannot or should not be compared to 2003 findings. NA=Not Applicable – question is not applicable to non-AI/AN children.*

Oklahoma

All statistics are based on parental reports.

Parent-Reported Indicator	Explanation	National %†	AI/AN State %‡	Overall State %§
HEALTH STATUS				
Child Health Status	percent of children in excellent or very good health	84.4	**82.3**	85.8
Health Conditions	Percent of children with 1 or more chronic physical or mental health problems	22.3	**38.2**	27.9
Breastfeeding	percent of children aged 0-5 who were ever breastfed	75.5	**64.8**	67.4
Risk of Developmental Delay	percent of children aged 4 months to 5 years determined to be at moderate or high risk based on parents' specific concerns	26.4	**41.9**	26.2
Social Skills	Percent of children aged 6-17 who exhibit 2 or more positive social behaviors	93.7	**96.9**	94.6
***Obesity/Overweight**	Percent of children aged 10-17 who are overweight or obese	31.6	**43.4**	29.6
Physical Activity	Percent of children aged 10-17 who exercised or participated in physical activity for at least 20 minutes on 3 or more days during the previous week	73.9	**80.0**	72.4
HEALTH CARE				
Current Health Insurance	percent of children currently insured	90.9	**90.2**	89.9
Insurance Coverage Consistency	percent of children lacking continuous insurance coverage in the previous year	15.1	**15.6**	16.8
Preventive Health Care	percent of children with a preventive medical visit in the past year	88.5	**86.9**	83.5
Indian Health Service	percent of children with a preventive dental visit in the previous year	NA	**46.8**	NA
Developmental Surveillance	percent of children aged 10 months to 5 years receiving surveillance for developmental or behavioral problems	48.0	**31.4**	44.7
Mental Health Care	percent of children aged 2-17 with problems requiring counseling who received mental health care	62.1	**—**	54.3
***Medical Home**	percent of children who received care within a medical home	57.5	**43.6**	55.7
SCHOOL AND ACTIVITIES				
***School Engagement**	percent of children aged 6-17 who are adequately engaged in school	80.5	**79.2**	78.6
***Activities Outside of School**	percent of children aged 6-17 who participated in activities outside of school during the previous year	76.5	**75.6**	76.2
***Screen Time**	percent of children aged 1-5 who watched more than one hour of TV or video during a weekday	54.4	**62.9**	58.8
CHILD'S FAMILY				
Reading to Young Children	percent of children aged 0-5 whose families read to them every day	47.8	**40.8**	47.2
***Singing and Telling Stories to Young Children**	percent of children aged 0-5 whose families sing or tell stories to them every day	59.1	**59.0**	58.5
Religious Services	percent of children who attend religious services at least weekly	53.7	**53.6**	62.6
Mother's Health	of children who live with their mothers, the percentage whose mothers are in excellent or very good physical and emotional health	56.9	**53.1**	53.3
Father's Health	of children who live with their fathers, the percentage whose fathers are in excellent or very good physical and emotional health	62.7	**53.4**	60.9
Parental Physical Activity	Percent of children with at least one parent who exercises regularly	67.0	**72.8**	69.2
Smoking in the Household	percent of children who live in households where someone smokes	26.2	**43.7**	36.5
CHILD AND FAMILY'S NEIGHBORHOOD				
***Neighborhood Amenities**	percent of children who live in neighborhoods with a park, sidewalks, a library, and a community center	48.2	**27.1**	33.5
Supportive Neighborhoods	percent of children living in neighborhoods that are supportive	83.2	**79.9**	83.4
Safety of Child in Neighborhood	percent of children living in neighborhoods that are usually or always safe	86.1	**81.9**	87.2

*†National estimates are for the full survey including all races and ethnicities. ‡AI/AN State estimates are for the American Indian/Alaska Native population only. §Overall State estimates are for all races and ethnicities. Dash (—) indicates a stable estimate could not be obtained. *New or revised indicator for this analysis or for the 2007 survey. Indicator cannot or should not be compared to 2003 findings. NA=Not Applicable – question is not applicable to non-AI/AN children.*

South Dakota

All statistics are based on parental reports.

Parent-Reported Indicator	Explanation	National %†	AI/AN State %‡	Overall State %§
HEALTH STATUS				
Child Health Status	percent of children in excellent or very good health	84.4	**80.2**	90.1
Health Conditions	Percent of children with 1 or more chronic physical or mental health problems	22.3	**31.0**	18.4
Breastfeeding	percent of children aged 0-5 who were ever breastfed	75.5	**65.2**	81.2
Risk of Developmental Delay	percent of children aged 4 months to 5 years determined to be at moderate or high risk based on parents' specific concerns	26.4	**55.6**	28.5
Social Skills	Percent of children aged 6-17 who exhibit 2 or more positive social behaviors	93.7	**92.6**	94.3
***Obesity/Overweight**	Percent of children aged 10-17 who are overweight or obese	31.6	**32.3**	28.4
Physical Activity	Percent of children aged 10-17 who exercised or participated in physical activity for at least 20 minutes on 3 or more days during the previous week	73.9	**74.2**	72.5
HEALTH CARE				
Current Health Insurance	percent of children currently insured	90.9	**86.1**	92.2
Insurance Coverage Consistency	percent of children lacking continuous insurance coverage in the previous year	15.1	**17.6**	10.2
Preventive Health Care	percent of children with a preventive medical visit in the past year	88.5	**87.0**	80.0
Indian Health Service	percent of children with a preventive dental visit in the previous year	NA	**57.7**	NA
Developmental Surveillance	percent of children aged 10 months to 5 years receiving surveillance for developmental or behavioral problems	48.0	**38.6**	50.2
Mental Health Care	percent of children aged 2-17 with problems requiring counseling who received mental health care	62.1	**69.3**	76.4
***Medical Home**	percent of children who received care within a medical home	57.5	**35.9**	63.3
SCHOOL AND ACTIVITIES				
***School Engagement**	percent of children aged 6-17 who are adequately engaged in school	80.5	**78.5**	83.8
***Activities Outside of School**	percent of children aged 6-17 who participated in activities outside of school during the previous year	76.5	**57.6**	82.9
***Screen Time**	percent of children aged 1-5 who watched more than one hour of TV or video during a weekday	54.4	**41.9**	47.0
CHILD'S FAMILY				
Reading to Young Children	percent of children aged 0-5 whose families read to them every day	47.8	**39.1**	49.1
***Singing and Telling Stories to Young Children**	percent of children aged 0-5 whose families sing or tell stories to them every day	59.1	**63.4**	60.0
Religious Services	percent of children who attend religious services at least weekly	53.7	**57.0**	62.4
Mother's Health	of children who live with their mothers, the percentage whose mothers are in excellent or very good physical and emotional health	56.9	**56.3**	67.9
Father's Health	of children who live with their fathers, the percentage whose fathers are in excellent or very good physical and emotional health	62.7	**62.0**	70.8
Parental Physical Activity	Percent of children with at least one parent who exercises regularly	67.0	**71.0**	66.3
Smoking in the Household	percent of children who live in households where someone smokes	26.2	**44.3**	25.0
CHILD AND FAMILY'S NEIGHBORHOOD				
***Neighborhood Amenities**	percent of children who live in neighborhoods with a park, sidewalks, a library, and a community center	48.2	**38.0**	49.4
Supportive Neighborhoods	percent of children living in neighborhoods that are supportive	83.2	**69.6**	88.2
Safety of Child in Neighborhood	percent of children living in neighborhoods that are usually or always safe	86.1	**73.6**	92.9

*†National estimates are for the full survey including all races and ethnicities. ‡AI/AN State estimates are for the American Indian/Alaska Native population only. §Overall State estimates are for all races and ethnicities. Dash (—) indicates a stable estimate could not be obtained. *New or revised indicator for this analysis or for the 2007 survey. Indicator cannot or should not be compared to 2003 findings. NA=Not Applicable – question is not applicable to non-AI/AN children.*

Alaskan Region

(See page 71 in Technical Appendix for states in this region) All statistics are based on parental reports.

Parent-Reported Indicator	Explanation	National %†	AI/AN Region % ‡
HEALTH STATUS			
Child Health Status	percent of children in excellent or very good health	84.4	83.8
Health Conditions	Percent of children with 1 or more chronic physical or mental health problems	22.3	16.8
Breastfeeding	percent of children aged 0-5 who were ever breastfed	75.5	84.3
Risk of Developmental Delay	percent of children aged 4 months to 5 years determined to be at moderate or high risk based on parents' specific concerns	26.4	30.8
Social Skills	Percent of children aged 6-17 who exhibit 2 or more positive social behaviors	93.7	92.0
***Obesity/Overweight**	Percent of children aged 10-17 who are overweight or obese	31.6	48.2
Physical Activity	Percent of children aged 10-17 who exercised or participated in physical activity for at least 20 minutes on 3 or more days during the previous week	73.9	89.9
HEALTH CARE			
Current Health Insurance	percent of children currently insured	90.9	75.1
Insurance Coverage Consistency	percent of children lacking continuous insurance coverage in the previous year	15.1	29.7
Preventive Health Care	percent of children with a preventive medical visit in the past year	88.5	85.9
Indian Health Service	percent of children with a preventive dental visit in the previous year	NA	62.2
Developmental Surveillance	percent of children aged 10 months to 5 years receiving surveillance for developmental or behavioral problems	48.0	35.2
Mental Health Care	percent of children aged 2-17 with problems requiring counseling who received mental health care	62.1	—
***Medical Home**	percent of children who received care within a medical home	57.5	27.7
SCHOOL AND ACTIVITIES			
***School Engagement**	percent of children aged 6-17 who are adequately engaged in school	80.5	73.4
***Activities Outside of School**	percent of children aged 6-17 who participated in activities outside of school during the previous year	76.5	76.9
***Screen Time**	percent of children aged 1-5 who watched more than one hour of TV or video during a weekday	54.4	51.7
CHILD'S FAMILY			
Reading to Young Children	percent of children aged 0-5 whose families read to them every day	47.8	43.4
***Singing and Telling Stories to Young Children**	percent of children aged 0-5 whose families sing or tell stories to them every day	59.1	48.5
Religious Services	percent of children who attend religious services at least weekly	53.7	39.1
Mother's Health	of children who live with their mothers, the percentage whose mothers are in excellent or very good physical and emotional health	56.9	44.5
Father's Health	of children who live with their fathers, the percentage whose fathers are in excellent or very good physical and emotional health	62.7	55.0
Parental Physical Activity	Percent of children with at least one parent who exercises regularly	67.0	72.1
Smoking in the Household	percent of children who live in households where someone smokes	26.2	48.8
CHILD AND FAMILY'S NEIGHBORHOOD			
***Neighborhood Amenities**	percent of children who live in neighborhoods with a park, sidewalks, a library, and a community center	48.2	38.2
Supportive Neighborhoods	percent of children living in neighborhoods that are supportive	83.2	88.3
Safety of Child in Neighborhood	percent of children living in neighborhoods that are usually or always safe	86.1	90.0

†National estimates are for the full survey including all races and ethnicities. NA=Not Applicable – question is not applicable to non-AI/AN children.
*‡Region estimates are for the American Indian/Alaska Native population only. *New or revised indicator for this analysis or for the 2007 survey. Indicator cannot or should not be compared to 2003 findings. Dash (—) indicates a stable estimate could not be obtained.*

Eastern Region

(See page 71 in Technical Appendix for states in this region) All statistics are based on parental reports.

Parent-Reported Indicator	Explanation	National %†	AI/AN Region % ‡
HEALTH STATUS			
Child Health Status	percent of children in excellent or very good health	84.4	81.4
Health Conditions	Percent of children with 1 or more chronic physical or mental health problems	22.3	28.8
Breastfeeding	percent of children aged 0-5 who were ever breastfed	75.5	64.8
Risk of Developmental Delay	percent of children aged 4 months to 5 years determined to be at moderate or high risk based on parents' specific concerns	26.4	38.1
Social Skills	Percent of children aged 6-17 who exhibit 2 or more positive social behaviors	93.7	87.9
***Obesity/Overweight**	Percent of children aged 10-17 who are overweight or obese	31.6	35.3
Physical Activity	Percent of children aged 10-17 who exercised or participated in physical activity for at least 20 minutes on 3 or more days during the previous week	73.9	69.6
HEALTH CARE			
Current Health Insurance	percent of children currently insured	90.9	84.5
Insurance Coverage Consistency	percent of children lacking continuous insurance coverage in the previous year	15.1	21.1
Preventive Health Care	percent of children with a preventive medical visit in the past year	88.5	89.3
Indian Health Service	percent of children with a preventive dental visit in the previous year	NA	13.2
Developmental Surveillance	percent of children aged 10 months to 5 years receiving surveillance for developmental or behavioral problems	48.0	30.1
Mental Health Care	percent of children aged 2-17 with problems requiring counseling who received mental health care	62.1	47.4
***Medical Home**	percent of children who received care within a medical home	57.5	38.1
SCHOOL AND ACTIVITIES			
***School Engagement**	percent of children aged 6-17 who are adequately engaged in school	80.5	64.6
***Activities Outside of School**	percent of children aged 6-17 who participated in activities outside of school during the previous year	76.5	59.4
***Screen Time**	percent of children aged 1-5 who watched more than one hour of TV or video during a weekday	54.4	76.8
CHILD'S FAMILY			
Reading to Young Children	percent of children aged 0-5 whose families read to them every day	47.8	50.7
***Singing and Telling Stories to Young Children**	percent of children aged 0-5 whose families sing or tell stories to them every day	59.1	54.3
Religious Services	percent of children who attend religious services at least weekly	53.7	53.7
Mother's Health	of children who live with their mothers, the percentage whose mothers are in excellent or very good physical and emotional health	56.9	41.3
Father's Health	of children who live with their fathers, the percentage whose fathers are in excellent or very good physical and emotional health	62.7	49.6
Parental Physical Activity	Percent of children with at least one parent who exercises regularly	67.0	77.2
Smoking in the Household	percent of children who live in households where someone smokes	26.2	37.8
CHILD AND FAMILY'S NEIGHBORHOOD			
***Neighborhood Amenities**	percent of children who live in neighborhoods with a park, sidewalks, a library, and a community center	48.2	36.6
Supportive Neighborhoods	percent of children living in neighborhoods that are supportive	83.2	75.8
Safety of Child in Neighborhood	percent of children living in neighborhoods that are usually or always safe	86.1	78.8

†National estimates are for the full survey including all races and ethnicities. NA=Not Applicable – question is not applicable to non-AI/AN children.
*‡Region estimates are for the American Indian/Alaska Native population only. *New or revised indicator for this analysis or for the 2007 survey. Indicator cannot or should not be compared to 2003 findings. Dash (—) indicates a stable estimate could not be obtained.*

Northern Plains Region

(See page 71 in Technical Appendix for states in this region) All statistics are based on parental reports.

Parent-Reported Indicator	Explanation	National %†	AI/AN Region %‡
HEALTH STATUS			
Child Health Status	percent of children in excellent or very good health	84.4	81.3
Health Conditions	Percent of children with 1 or more chronic physical or mental health problems	22.3	35.1
Breastfeeding	percent of children aged 0-5 who were ever breastfed	75.5	67.5
Risk of Developmental Delay	percent of children aged 4 months to 5 years determined to be at moderate or high risk based on parents' specific concerns	26.4	38.4
Social Skills	Percent of children aged 6-17 who exhibit 2 or more positive social behaviors	93.7	94.2
***Obesity/Overweight**	Percent of children aged 10-17 who are overweight or obese	31.6	34.3
Physical Activity	Percent of children aged 10-17 who exercised or participated in physical activity for at least 20 minutes on 3 or more days during the previous week	73.9	69.3
HEALTH CARE			
Current Health Insurance	percent of children currently insured	90.9	89.0
Insurance Coverage Consistency	percent of children lacking continuous insurance coverage in the previous year	15.1	25.3
Preventive Health Care	percent of children with a preventive medical visit in the past year	88.5	86.8
Indian Health Service	percent of children with a preventive dental visit in the previous year	NA	46.9
Developmental Surveillance	percent of children aged 10 months to 5 years receiving surveillance for developmental or behavioral problems	48.0	43.4
Mental Health Care	percent of children aged 2-17 with problems requiring counseling who received mental health care	62.1	75.3
***Medical Home**	percent of children who received care within a medical home	57.5	35.3
SCHOOL AND ACTIVITIES			
***School Engagement**	percent of children aged 6-17 who are adequately engaged in school	80.5	65.2
***Activities Outside of School**	percent of children aged 6-17 who participated in activities outside of school during the previous year	76.5	67.1
***Screen Time**	percent of children aged 1-5 who watched more than one hour of TV or video during a weekday	54.4	57.0
CHILD'S FAMILY			
Reading to Young Children	percent of children aged 0-5 whose families read to them every day	47.8	35.3
***Singing and Telling Stories to Young Children**	percent of children aged 0-5 whose families sing or tell stories to them every day	59.1	60.9
Religious Services	percent of children who attend religious services at least weekly	53.7	39.7
Mother's Health	of children who live with their mothers, the percentage whose mothers are in excellent or very good physical and emotional health	56.9	48.9
Father's Health	of children who live with their fathers, the percentage whose fathers are in excellent or very good physical and emotional health	62.7	51.3
Parental Physical Activity	Percent of children with at least one parent who exercises regularly	67.0	61.0
Smoking in the Household	percent of children who live in households where someone smokes	26.2	58.0
CHILD AND FAMILY'S NEIGHBORHOOD			
***Neighborhood Amenities**	percent of children who live in neighborhoods with a park, sidewalks, a library, and a community center	48.2	40.8
Supportive Neighborhoods	percent of children living in neighborhoods that are supportive	83.2	76.5
Safety of Child in Neighborhood	percent of children living in neighborhoods that are usually or always safe	86.1	69.5

†National estimates are for the full survey including all races and ethnicities. NA=Not Applicable – question is not applicable to non-AI/AN children.
*‡Region estimates are for the American Indian/Alaska Native population only. *New or revised indicator for this analysis or for the 2007 survey. Indicator cannot or should not be compared to 2003 findings. Dash (—) indicates a stable estimate could not be obtained.*

Pacific Coast Region

(See page 71 in Technical Appendix for states in this region) All statistics are based on parental reports.

Parent-Reported Indicator	Explanation	National %†	AI/AN Region %‡
HEALTH STATUS			
Child Health Status	percent of children in excellent or very good health	84.4	73.1
Health Conditions	Percent of children with 1 or more chronic physical or mental health problems	22.3	—
Breastfeeding	percent of children aged 0-5 who were ever breastfed	75.5	98.5
Risk of Developmental Delay	percent of children aged 4 months to 5 years determined to be at moderate or high risk based on parents' specific concerns	26.4	—
Social Skills	Percent of children aged 6-17 who exhibit 2 or more positive social behaviors	93.7	73.6
***Obesity/Overweight**	Percent of children aged 10-17 who are overweight or obese	31.6	—
Physical Activity	Percent of children aged 10-17 who exercised or participated in physical activity for at least 20 minutes on 3 or more days during the previous week	73.9	95.3
HEALTH CARE			
Current Health Insurance	percent of children currently insured	90.9	92.3
Insurance Coverage Consistency	percent of children lacking continuous insurance coverage in the previous year	15.1	—
Preventive Health Care	percent of children with a preventive medical visit in the past year	88.5	77.5
Indian Health Service	percent of children with a preventive dental visit in the previous year	NA	—
Developmental Surveillance	percent of children aged 10 months to 5 years receiving surveillance for developmental or behavioral problems	48.0	87.7
Mental Health Care	percent of children aged 2-17 with problems requiring counseling who received mental health care	62.1	85.0
***Medical Home**	percent of children who received care within a medical home	57.5	—
SCHOOL AND ACTIVITIES			
***School Engagement**	percent of children aged 6-17 who are adequately engaged in school	80.5	—
***Activities Outside of School**	percent of children aged 6-17 who participated in activities outside of school during the previous year	76.5	—
***Screen Time**	percent of children aged 1-5 who watched more than one hour of TV or video during a weekday	54.4	—
CHILD'S FAMILY			
Reading to Young Children	percent of children aged 0-5 whose families read to them every day	47.8	—
***Singing and Telling Stories to Young Children**	percent of children aged 0-5 whose families sing or tell stories to them every day	59.1	—
Religious Services	percent of children who attend religious services at least weekly	53.7	—
Mother's Health	of children who live with their mothers, the percentage whose mothers are in excellent or very good physical and emotional health	56.9	70.4
Father's Health	of children who live with their fathers, the percentage whose fathers are in excellent or very good physical and emotional health	62.7	—
Parental Physical Activity	Percent of children with at least one parent who exercises regularly	67.0	—
Smoking in the Household	percent of children who live in households where someone smokes	26.2	—
CHILD AND FAMILY'S NEIGHBORHOOD			
***Neighborhood Amenities**	percent of children who live in neighborhoods with a park, sidewalks, a library, and a community center	48.2	74.3
Supportive Neighborhoods	percent of children living in neighborhoods that are supportive	83.2	—
Safety of Child in Neighborhood	percent of children living in neighborhoods that are usually or always safe	86.1	82.4

†National estimates are for the full survey including all races and ethnicities. NA=Not Applicable – question is not applicable to non-AI/AN children.
*‡Region estimates are for the American Indian/Alaska Native population only. *New or revised indicator for this analysis or for the 2007 survey. Indicator cannot or should not be compared to 2003 findings. Dash (—) indicates a stable estimate could not be obtained.*

Southwestern Region

(See page 71 in Technical Appendix for states in this region) All statistics are based on parental reports.

Parent-Reported Indicator	Explanation	National %†	AI/AN Region % ‡
HEALTH STATUS			
Child Health Status	percent of children in excellent or very good health	84.4	91.0
Health Conditions	Percent of children with 1 or more chronic physical or mental health problems	22.3	18.3
Breastfeeding	percent of children aged 0-5 who were ever breastfed	75.5	75.3
Risk of Developmental Delay	percent of children aged 4 months to 5 years determined to be at moderate or high risk based on parents' specific concerns	26.4	—
Social Skills	Percent of children aged 6-17 who exhibit 2 or more positive social behaviors	93.7	88.6
***Obesity/Overweight**	Percent of children aged 10-17 who are overweight or obese	31.6	49.7
Physical Activity	Percent of children aged 10-17 who exercised or participated in physical activity for at least 20 minutes on 3 or more days during the previous week	73.9	70.7
HEALTH CARE			
Current Health Insurance	percent of children currently insured	90.9	80.1
Insurance Coverage Consistency	percent of children lacking continuous insurance coverage in the previous year	15.1	25.5
Preventive Health Care	percent of children with a preventive medical visit in the past year	88.5	84.2
Indian Health Service	percent of children with a preventive dental visit in the previous year	NA	58.8
Developmental Surveillance	percent of children aged 10 months to 5 years receiving surveillance for developmental or behavioral problems	48.0	46.0
Mental Health Care	percent of children aged 2-17 with problems requiring counseling who received mental health care	62.1	88.6
***Medical Home**	percent of children who received care within a medical home	57.5	44.0
SCHOOL AND ACTIVITIES			
***School Engagement**	percent of children aged 6-17 who are adequately engaged in school	80.5	78.2
***Activities Outside of School**	percent of children aged 6-17 who participated in activities outside of school during the previous year	76.5	62.9
***Screen Time**	percent of children aged 1-5 who watched more than one hour of TV or video during a weekday	54.4	30.0
CHILD'S FAMILY			
Reading to Young Children	percent of children aged 0-5 whose families read to them every day	47.8	32.5
***Singing and Telling Stories to Young Children**	percent of children aged 0-5 whose families sing or tell stories to them every day	59.1	43.6
Religious Services	percent of children who attend religious services at least weekly	53.7	55.0
Mother's Health	of children who live with their mothers, the percentage whose mothers are in excellent or very good physical and emotional health	56.9	51.8
Father's Health	of children who live with their fathers, the percentage whose fathers are in excellent or very good physical and emotional health	62.7	59.4
Parental Physical Activity	Percent of children with at least one parent who exercises regularly	67.0	72.1
Smoking in the Household	percent of children who live in households where someone smokes	26.2	19.1
CHILD AND FAMILY'S NEIGHBORHOOD			
***Neighborhood Amenities**	percent of children who live in neighborhoods with a park, sidewalks, a library, and a community center	48.2	38.0
Supportive Neighborhoods	percent of children living in neighborhoods that are supportive	83.2	81.2
Safety of Child in Neighborhood	percent of children living in neighborhoods that are usually or always safe	86.1	78.2

†National estimates are for the full survey including all races and ethnicities. NA=Not Applicable – question is not applicable to non-AI/AN children.
*‡Region estimates are for the American Indian/Alaska Native population only. *New or revised indicator for this analysis or for the 2007 survey. Indicator cannot or should not be compared to 2003 findings. Dash (—) indicates a stable estimate could not be obtained.*

Technical Appendix

About the Survey

The National Survey of Children's Health (NSCH) was fielded using the State and Local Area Integrated Telephone Survey (SLAITS) mechanism. SLAITS is conducted by the National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC). It uses the same large-scale random-digit-dial sampling frame as the CDC's National Immunization Survey.[8]

Approximately 2.8 million telephone numbers were randomly generated for inclusion in the NSCH. After eliminating numbers that were determined to be nonresidential or nonworking, the remaining numbers were called to identify households with children less than 18 years of age. From each household with children, one was randomly selected to be the focus of the interview.

The respondent was the parent or guardian in the household who was knowledgeable about the health and health care of the randomly selected child. For 73.5 percent of the children, the respondent was the mother. Respondents for the remaining children were fathers (20.5 percent), grandparents (4.2 percent), or other relatives or guardians (1.8 percent).

Surveys were conducted in English, Spanish, Mandarin, Cantonese, Vietnamese, and Korean. Overall, 5.3 percent of the interviews were completed in Spanish, and 0.2 percent of the interviews were conducted in one of the four Asian languages.

Data Collection

Data collection began on April 5, 2007 and ended on July 27, 2008, with interviews conducted from telephone centers in Chicago, Illinois and Las Vegas, Nevada. A computer-assisted telephone interviewing system was used to collect the data. A total of 91,642 interviews were fully or partially completed for the NSCH, with 79 percent of the interviews completed in 2007. The number of completed interviews varied by state, ranging from 1,725 in Vermont to 1,932 in Illinois.

The interview completion rate, which is the proportion of interviews completed after a household was determined to include a child under age 18, was 66.0 percent. The overall response rate, which is the product of the resolution rate (the proportion of telephone numbers identified as residential or nonresidential), the screener completion rate (the proportion of households successfully screened for children), and the interview completion rate, was 51.2 percent. This rate is based on the assumption that telephone numbers that were busy or rang with no answer on all attempts were nonresidential.

Overall response rates ranged from 39.4 percent in New Jersey to 61.9 percent in North Dakota. Several efforts were made to increase response rates, including sending letters to households in advance to introduce the survey, toll-free numbers left on potential respondents' answering machines to allow them to call back, and small monetary incentives for those households with children who initially declined to participate.

Data Analysis

The relatively small AI/AN sample size affects the determination of statistically significant differences between subgroups of AI/AN children (e.g., children at different levels of poverty such as poor, near poor, and not poor) and in comparison between national and AI/AN data. In some cases the reader will see relatively large differences in percentages that are labeled statistically non-significant. Given a larger sample size, some of the large, but non-significant, differences could possibly reach statistical significance. Comparisons among subgroups not found to be statistically significant are labeled as such.

For producing the population-based estimates in this report, the data records for each interview were assigned a sampling weight. These weights are based on the probability of selection of each household telephone number within each State, with adjustments that compensate for households that have multiple telephone numbers, for households without telephones, and for nonresponse.

With data from the U.S. Bureau of the Census, the weights were also adjusted by age, sex, race, ethnicity, household size, and educational attainment of the most educated household member to provide a dataset that was more representative of each State's population of noninstitutionalized children less than 18 years of age. Analyses were conducted using statistical software that accounts for the weights and the complex survey design.

Responses of "don't know" and "refuse to answer" were considered to be missing data. Records with missing data on the variables of interest were excluded from all analyses, with one exception. For households with missing data for income or household size, the household income relative to the federal poverty level was multiply imputed.

Racial and ethnic groups are mutually exclusive; that is, data reported for White, Black, American Indian/Alaska Native (AI/AN) and children of other races do not include Hispanics, who may be of any race.

Accuracy of the Results

The data from the NSCH are subject to the usual variability associated with sample surveys. Small differences between survey estimates may be due to random survey error and not to true differences among children or across States.

The precision of the survey estimates is based on the sample size and the measure of interest. Estimates at the national level will be more precise than estimates at the State level. Estimates for all children will be more precise than estimates for subgroups of children (for example, children 0-5 years of age or children with the same race). For national estimates of the health and health care for all children, the maximum margin of error is 0.8 percentage points. For the State-level indicators for all children, the maximum margin of error is 4.5 percentage points.

For the AI/AN national-level estimates of health and health care, the maximum

margin of error is 14.9 percentage points. For the State-level indicators for AI/AN children, the maximum margin of error is 15.6 percentage points. Any estimate with a coefficient of variation (Standard Error/Estimate) that exceeded 0.30 was considered unstable and was not included in the chartbook.

Availability of the Data

Except for data suppressed to protect the confidentiality of the survey subjects, all data collected in the NSCH are available to the public on the NCHS and MCHB websites. Data for the AI/AN population is considered protected and is therefore only available by arrangement with the NCHS. Data documentation and additional details on the methodology[9] are available from the National Center for Health Statistics (www.cdc.gov/nchs/slaits.htm).

Interactive data queries (of unprotected survey data) are possible through the Data Resource Center for the NSCH (www.childhealthdata.org). The Data Resource Center provides immediate access to the survey data, as well as resources and assistance for interpreting and reporting findings.

Calculating Body Mass Index

The Body Mass Index (BMI) is a number that shows body weight adjusted for height and can be calculated using the following formulas:

English BMI Formula: 703 x (Weight in pounds) / (Height in inches x Height in inches)

Metric BMI Formula: (Weight in kilograms) / (Height in meters x Height in meters)

BMI for children, also referred to as BMI-for-age, is gender and age specific. BMI correlates to body fatness. BMI-for-age is plotted on gender-specific growth charts (referenced to the year 2000 as a standard of comparison) and is available from the CDC's National Center for Health Statistics at www.cdc.gov/growthcharts/, which contain a series of percentile curves. The table below shows weight categories for children based on their BMI-for-age percentile.

Weight Categories for Children > 2 years

Underweight BMI less than the 5th percentile
Healthy weight BMI 5th percentile to less than the 85th percentile
Overweight BMI 85th percentile to less than the 95th percentile
Obese BMI greater than or equal to the 95th percentile

Determine Your Child's Weight Category

Calculate your child's BMI using one of the formulas shown above. BMI can also be determined by looking it up on the CDC Table for Calculated Body Mass Index Values for Selected Heights and Weights for Ages 2 to 20 in which BMI has been calculated.

Plot your child's BMI on the BMI-for-age chart to determine his or her percentile-range.

Boys (Ages 2 to 20 years)
http://www.cdc.gov/growthcharts/data/set1clinical/cj41c023.pdf

Girls (Ages 2 to 20 years)
http://www.cdc.gov/growthcharts/data/set1clinical/cj41c024.pdf

Use the table shown above to determine the weight category.

More information on BMI is available through the Centers for Disease Control and Prevention Web site: http://www.cdc.gov/healthyweight/assessing/bmi/index.html

IHS Regional Classification System

This classification system is State-based. Multiple States and IHS geographic areas are aggregated to define five broad geographic regions.

Geographic Region	IHS Administrative Area(s)	U.S. State(s)
Alaska	Alaska	Alaska
East	Nashville, Oklahoma	Alabama, Arkansas, Connecticut, Delaware, Florida, Georgia, Illinois, Indiana, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Mississippi, Missouri, New Hampshire, New Jersey, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, Rhode Island, South Carolina, Tennessee, Texas, Vermont, Virginia, West Virginia, Washington, D.C.
Northern Plains	Aberdeen, Bemidji, Billings	Iowa, Michigan, Minnesota, Montana, Nebraska, North Dakota, South Dakota, Wisconsin, Wyoming
Pacific Coast	California, Portland	California, Idaho, Oregon, Washington, Hawaii
Southwest	Albuquerque, Navajo, Phoenix, Tucson	Arizona, Colorado, Nevada, New Mexico, Utah

References

1. Hagan JF, Shaw JS, Duncan PM, eds. Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents. Third edition. Elk Grove Village, IL: American Academy of Pediatrics, 2008.

2. McPherson M, Arango P et al. A new definition of children with special health care needs. Pediatrics 1998; 102(1):137-140.

3. Indian Health Service. IHS Fact Sheets. IHS Regional Map. Available at: info.ihs.gov

4. American Academy of Pediatrics, Section on Breastfeeding. Breastfeeding and the Use of Human Milk. Pediatrics 2005; 115(2) 496-506.

5. Glascoe FP. Parents´ Evaluation of Developmental Status. Nashville, TN: Ellsworth & Vandermeer Press LLC, 2006.

6. Center for Disease Control and Prevention. NCHS Health E-Stat. Available at: http://www.cdc.gov/nchs/data/hestat/obesity_child_07_08/obesity_child_07_08.htm

7. Centers for Disease Control and Prevention, Tobacco Information and Prevention Source. Secondhand Smoke Fact Sheet. February 2004.

8. Zell ER, Ezzati-Rice TM, Battaglia MP, Wright RA. National Immunization Survey: The methodology of a vaccination surveillance system. Public Health Reports 115: 65-77. 2000.

9. Blumberg SJ, Foster EB, Frasier, AM et al. Design and Operation Of the National Survey of Children's Health, 2007. National Center for Health Statistics. Vital Health Stat 1. 2009.

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