The Child at School and in the Community

Children's well-being, and their ability to grow into happy and productive adults, goes well beyond their physical health. This section presents indicators of success in school, engagement in the community, and aspects of children's physical environments that reflect children's ability to grow, learn, and participate in activities in and outside of school.
School Engagement and Attendance

School achievement and involvement in school activities are important predictors of long-term child and adolescent health outcomes. Parents of school-aged children (aged 6-17 years) were asked two questions to assess their child’s engagement in school: whether the child cares about doing well in school and whether the child does all required homework. Among CSHCN, 69.5 percent were reported to usually or always be engaged in school, compared to 83.7 percent of children without special health care needs. This difference remained significant even after statistical adjustment for other differences between CSHCN and non-CSHCN. The percentage of CSHCN who are usually or always engaged in school ranged across States from 58.4 percent to 77.3 percent.

Among CSHCN, a lower percentage of boys than girls was reported to usually or always be engaged in school (62.4 percent versus 79.7 percent, data not shown). School engagement was also lower among children in low-income households. There was also considerable variation in school engagement by race/ethnicity and language, with the lowest rate found among Black CSHCN (59.6 percent) and the highest found among English-speaking Hispanic CSHCN (over 72 percent). Of CSHCN with emotional,
behavioral, or developmental conditions, only 54.4 percent were reported to be engaged in school, compared to 82.6 percent of CSHCN without these conditions (data not shown).

One factor that may be either a cause or a consequence of school engagement is regular school attendance. On average, CSHCN miss at least 2 more weeks of school (11+ days in the last year, assuming a 5-day school week) due to illness when compared to non-CSHCN. Likewise, 31.0 percent of CSHCN missed more than 1 week of school (6+ days), compared to 14.3 percent of children without special health care needs. CSHCN with emotional, behavioral, or developmental conditions were particularly likely to miss 11 or more days of school: 16.9 percent did so, compared to 10.7 percent of CSHCN without these conditions (data not shown). Among CSHCN, the percentage who missed 2 or more weeks of school in the past year (11 or more days) due to illness ranged across states from 6.0 percent to 26.5 percent.
School Problems and Repeating a Grade

CSHCN are more likely than other children to have problems in school that require a call home. Of school-aged CSHCN, more than half (51.4 percent) of CSHCN had no calls home, compared to nearly three-quarters (74.8 percent) of children without special health care needs. 20.5 percent of CSHCN had 4 or more such calls in the past year, compared to 4.8 percent of non-CSHCN. Of CSHCN with emotional, behavioral, or developmental conditions, more than one-third (34.7 percent) had four or more calls home, compared to 8.5 percent of CSHCN without these conditions. The percentage of CSHCN with 4 or more calls home ranged across states from 13.7 percent to 33.1 percent.

When children consistently have problems in school and are not engaged in their schoolwork, they may be required to repeat a grade. Repeating a grade is also more likely among CSHCN: 18.5 percent of school-aged CSHCN have repeated at least one grade since starting kindergarten, compared to 8.2 percent of non-CSHCN. CSHCN are more likely than non-CSHCN to have repeated a grade, even after statistical adjustment for other differences between CSHCN and non-CSHCN.
Among non-CSHCN, repeating a grade has decreased since 2003, when 9.6 percent had repeated a grade; however, rates did not change significantly for CSHCN. On the state level, the proportion of CSHCN who have repeated a grade ranged from 2.5 percent to 39.9 percent.

Among CSHCN, a greater proportion of boys have repeated a grade than girls (22.1 percent versus 13.4 percent), and children in low-income households are much more likely than higher-income children to have repeated a grade. Nearly one-third (32.3 percent) of CSHCN with household incomes below the Federal poverty level (FPL) have repeated a grade, compared to 8.9 percent of CSHCN with household incomes of 400 percent or more of the FPL. Among CSHCN with emotional, behavioral, or developmental conditions, 27.7 percent have repeated a grade, compared to 10.5 percent of CSHCN without these conditions.
Making Friends

Children’s relationships with their peers are an important aspect of their daily lives, and their ability to maintain these relationships is critical to their social and emotional development. For some children with special health care needs, health conditions can impede social relationships. Among CSHCN age 6-17, 15.9 percent of parents reported that their children’s conditions interfered with their ability to make friends. Making and keeping friends was most difficult among children with more complex service needs, of whom 24.7 percent had difficulty making friends due to health conditions. Among those with less complex service needs, only 2.2 percent had difficulty making friends because of their health conditions. Among CSHCN with emotional, behavioral, or developmental conditions, 29.6 percent had trouble making friends, compared to 3.9 percent of CSHCN without these conditions. The proportion of all CSHCN who had trouble making friends ranged across states from 9.5 percent to 31.2 percent.
School and Community

Activities Outside of School

For school-aged children, participation in activities—such as sports teams, lessons, clubs, or religious groups—after school or on the weekends can be an important part of overall development, can provide enrichment, and can contribute to the development of social skills. Parents of children aged 6-17 years were asked if their children had participated in any of these types of activities in the past year. Participation in extracurricular activities is less common among CSHCN (77.2 percent) compared to non-CSHCN (81.7 percent). This difference remained significant even after statistical adjustment for other differences between CSHCN and non-CSHCN.

Children with more complex service needs are less likely than other CSHCN to participate in activities outside of school (73.2 percent). The proportion of CSHCN who participated in extracurricular activities ranged across states from 68.0 percent to 89.7 percent.

Among CSHCN, participation in extracurricular activities is more common among children in higher-income households. Among CSHCN with household incomes below the Federal poverty level (FPL), just over half (55.8 percent) participated in activities outside of school; among CSHCN with household incomes of 400 percent or more of FPL, nearly all (91.4 percent) did so.

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The Child At School and in The Community > Activities Outside of School
Children’s participation in activities may be influenced by the availability of amenities in their neighborhoods such as sidewalks, playgrounds, community centers, and libraries, which provide children with opportunities for recreation, education, and socializing without going far from home. Whether or not they have special health care needs, just under half (about 48 percent) of children have access to all four of these amenities in their neighborhoods.

While access to neighborhood amenities does not vary significantly by household income, CSHCN in some racial and ethnic groups are more likely to live in neighborhoods with these amenities. More than half of Hispanic CSHCN in English-speaking households and Black CSHCN (57.7 and 52.9 percent, respectively) have access to all four neighborhood amenities. Some of these differences may be attributable to racial/ethnic differences among CSHCN living in urban versus suburban/rural areas.
Neighborhood and School Safety

Families are more likely to feel comfortable in a neighborhood if they feel that their children are safe. Parents were asked how often they felt that their child was safe in their community or neighborhood—never, sometimes, usually, or always. Parents of school-aged children (aged 6-17) were asked the same question about their child’s safety at school.

Children with special health care needs were slightly less likely than other children to be reported to always be safe in their neighborhoods or at school. CSHCN in higher-income families are more likely than those in poverty to be safe in their neighborhoods and 58.8 percent are always safe at school, compared to 46.2 percent and 53.0 percent of CSHCN with household incomes of 100 percent of FPL or less. White CSHCN are also more likely than CSHCN of other racial and ethnic groups to be reported to always be safe in their neighborhoods or at school (data not shown).

The percentage of CSHCN who are always safe in their neighborhoods and schools was higher in 2007 than in 2003, when 45.2 percent were reported to be safe in their neighborhoods and 51.6 percent were always safe at school.
The Whole Child: Synthesis Across Topics

Protective factors such as good access to care, smoke-free homes, and strong family connections have been shown to correlate with fewer risks and better health outcomes among CSHCN and children generally. However, such health-promoting factors, or lack of them, rarely exist in isolation. In fact, the major factors promoting children’s health may not be the existence of individual assets, but rather the combined influence of multiple factors. Additionally, the timing of protective or risk factors in childhood may correlate with their long-term health risks and the development of health across the life span.

This section explores how protective and risk factors combine through the use of summary indicators in each of three areas: (1) health care quality; (2) the home environment and (3) the neighborhood and school environment. Each summary measure represents a minimum standard for children. In many cases, the minimum standard for achieving these summary measures is far less than is recommended by organizations such as the American Academy of Pediatrics, and children who meet criteria for these indicators may still be at risk for poor outcomes. However, these standards represent basic health care, family, environmental, and community factors that all children should receive in order to promote positive health, development and well being.

Health Care Quality Summary Measure

All children should have access to basic health services that allow them to get better, stay healthy, and develop to their full potential. Minimum features of this kind of care include access to a medical home, adequate health insurance, and preventive care. Children who have access to these types of services are more likely to be up-to-date on their immunizations, avoid preventable hospitalizations, and have families that are more satisfied with their child’s medical care. Access to basic care is particularly important for CSHCN, whose medical needs are greater than children in the general population.

The health care system performance summary measure describes a basic level of health care services provided to children. To meet measure criteria for the health care system performance summary measure, children must:

- Have access to a medical home (defined as care that is accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally effective),
- Have health insurance that is adequate to meet their medical needs,
- Have had at least one preventive visit in the previous 12 months.

This measure represents a low-level standard that is far more basic than other standards, such as the proportion of CSHCN who meet each of HRSA’s Maternal and Child Health Bureau Core Outcomes for children with special health care needs.

Overall, 41.3 percent of children meet criteria for this minimum level of care (data not shown). States range substantially in the percent of children meeting this measure, with the lowest-performing State having only...
30.3 percent of children meeting measure criteria and the highest-performing State having 55.5 percent of children meeting measure criteria. This still means that, even in the best performing State, more than 2 in 5 children do not meet measure criteria.

Despite that fact that CSHCN have greater need for health services than non-CSHCN, CSHCN are less likely to meet criteria for the health care system performance summary measure than non-CSHCN (35.9 percent versus 42.6 percent). CSHCN with more complex service needs are less likely to meet this standard of care than CSHCN with less complex service needs (30.3 percent versus 44.5 percent). In addition, children with emotional, behavioral, or developmental problems are less likely to meet measure criteria than CSHCN with other types of health problems. There are no differences in percent of CSHCN meeting the health care system performance summary measure according to insurance type, gender, or age. However, CSHCN with lower household incomes are less likely to meet measure criteria than are CSHCN with higher household incomes.

**Home Environment Summary Measure**

The Home Environment Summary Measure describes the environmental elements that a family can provide to promote optimal health in their child, and that are not highly dependent on household income or other resources. The components of the Home Environment Summary Measure depend on a child’s age.

Children age 0-5 meet all criteria for the Home Environment Summary Measure if they:
- Were ever breastfed,
- Watch 2 hours of television per day or less (for children 1 year or older),
- Experience no household tobacco smoke exposure.

Children age 6-17 meet all criteria for the Home Environment Summary Measure if they:
- Have 4 or more family meals per week,
- Have no television in their bedroom AND watch 2 hours of television per day or less,
- Parents have met all or most of their friends,
- Usually or always do all required homework,
- Experience no household tobacco smoke exposure.

Overall, 28.7 percent of children meet the basic criteria for this summary measure. The most common reason for not meeting the measure criteria is watching 2 or more hours of television per day. There are significant State-level differences in the number of children who meet criteria for the Home Environment Summary Measure: the poorest-performing State had only 16.3 percent of children meeting the measure criteria, whereas the best-performing State had 46.9 percent of children meeting measure criteria—still fewer than half of all the children.

Fewer CSHCN meet measure criteria than non-CSHCN (22.7 percent versus 30.1 percent), even after statistical adjustment for differences between CSHCN and non-CSHCN (such as differences in income and race).

Among CSHCN, those children with more complex service needs, as well as those children with emotional, behavioral, or developmental problems, are less likely than other CSHCN to meet all criteria for the Home Environment Summary Measure.
age children, the Neighborhood and School Environment Summary Measure is only calculated among children aged 6-17 years. Children meet all criteria for this Summary Measure if they:

- Are usually or always safe in their community or neighborhood
- Live in a supportive neighborhood, defined as responding “usually/always” to all of the following:
  - “People in my neighborhood help each other out.”
  - “We watch out for each other’s children in this neighborhood.”
  - “There are people I can count on in this neighborhood.”
  - “If my child were outside playing and got hurt or scared, there are adults nearby who I trust to help my child.”
- Parent feels child is usually/always safe at school.

Overall, 51.1 percent of children meet criteria for the Neighborhood and School Environment Summary Measure. There was substantial variation across States, from a low of 32.6 percent to a high of 75.3 percent. CSHCN are only slightly less likely to meet measure criteria than non-CSHCN (48.6 percent versus 51.8 percent).

Among CSHCN, children with lower household incomes are less likely to meet measure criteria than non-CSHCN (48.6 percent versus 51.8 percent).

Race, ethnicity, and language also are related to whether CSHCN meet criteria for the Neighborhood and School Environment Summary Measure: Hispanic and Black children are less likely to meet measure criteria than are White and Other/Multiracial children. However, after statistical adjustment for other differences between racial groups, only Black children are less likely than White children to meet criteria for Neighborhood Safety and Support.

The Whole Child Perspective: Meeting Multiple Summary Measures

All children need quality health care, a protective home environment, and safe schools and neighborhoods. Seventy percent of CSHCN meet at least one of the summary indices described above. Roughly one third of children (31.5 percent of CSHCN and 37.7 percent of non-CSHCN) meet two or more of the three summary indices. Of CSHCN, 13.5 percent met the standards for both the home environment and the neighborhood and school environment measures. Among children without special health care needs, this percentage was 17.3.