



The Child

The National Survey of Children's Health measures children's health status, their health care, and their activities in and outside of school. Taken together, these measures provide a snapshot of children's health and well-being that represents a range of aspects of their lives.

Children's health status was measured through parents' or caregivers' reports of their children's overall health, as well as whether they currently have specific conditions, such as asthma, autism spectrum disorders, learning disabilities, and attention deficit/hyperactivity disorder. In addition, parents were asked about their concerns regarding their children's development and behavior, whether their child was screened for problems in these areas, and whether those who needed mental health services received them.

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

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

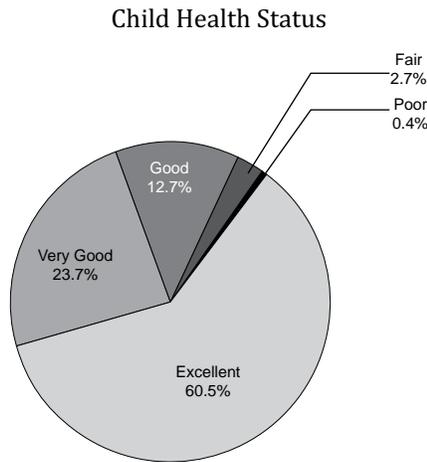


Child Health Status

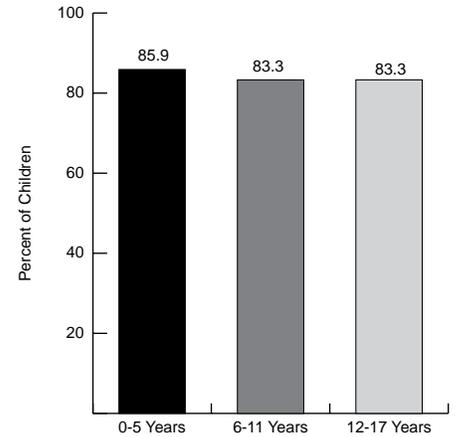
The general state of a child's health, as perceived by his or her parents, is a useful measure of the child's overall health and ability to function. This is, however, only a general measure of a child's health, as parents may have a positive view of their child's health even in the presence of significant health issues. Parents were asked to rate their child's health status as excellent, very good, good, fair, or poor. Overall, the parents of 84.2 percent of children reported that their child's health was excellent or very good. This proportion did not vary by the sex of the child.

Younger children are slightly more likely to be reported to be in excellent or very good health than are school-aged children or adolescents. Of children aged 5 years and under, 85.9 percent were reported to be in excellent or very good health, compared to 83.3 percent of older children.

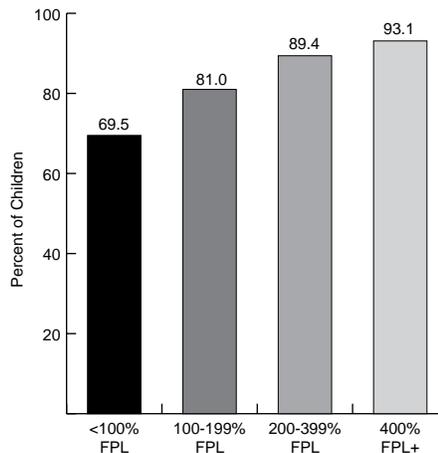
Children in low-income households are much more likely to have poorer reported health status than children with higher household incomes. Only 69.5 percent of children with household incomes below the Federal poverty level (FPL; \$22,350 for a family of 4 in 2011) were reported to be in excellent or very good health, compared to 81.0 percent of children with household incomes between 100 and 199 percent of the FPL. Among children with household incomes



Children in Excellent or Very Good Health, by Age

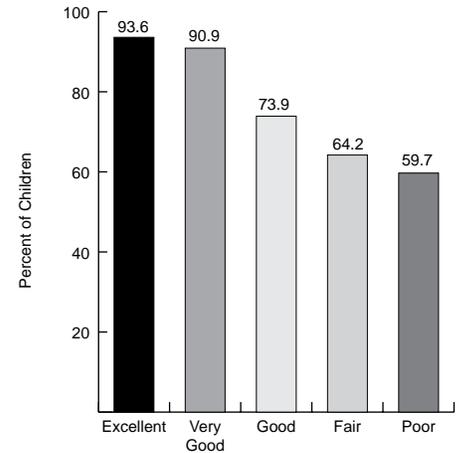


Children in Excellent or Very Good Health, by Poverty Level



The Federal Poverty Level (FPL) was \$22,350 for a family of 4 in 2011.

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



between 200 and 399 percent of the FPL, 89.4 percent were in excellent or very good health, as were 93.1 percent of children with household incomes of 400 percent of the FPL or more.

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

Of children whose mothers were reported to be in excellent mental, emotional, and physical health, 93.6 percent were themselves reported to be in excellent or very good health; of children whose mothers' health was poor, only 59.7 percent were in excellent or very good health.



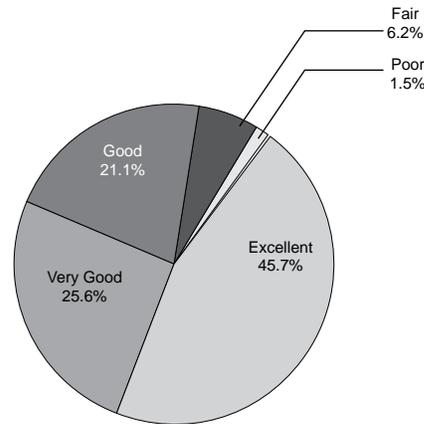
Oral Health Status

Parents of children aged 1 and older were asked to rate the condition of their children's teeth as excellent, very good, good, fair, or poor. Overall, a lower proportion of children were reported to have excellent or very good oral health than physical health. The parents of 71.3 percent of children reported that their children's teeth were in excellent or very good condition, while the parents of 21.1 percent reported their child's teeth to be in good condition. The parents of the remaining 7.7 percent reported their child's teeth to be in fair or poor condition.

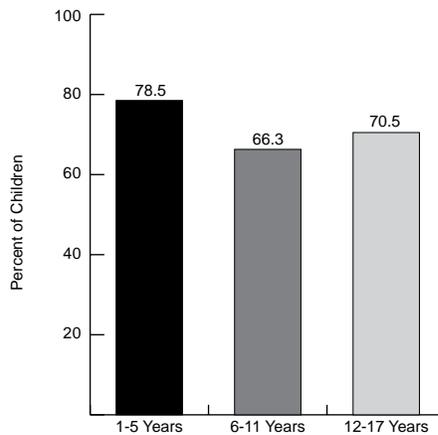
This proportion varied, however, by the child's age group. The parents of 78.5 percent of 1- to 5-year-olds rated the condition of their children's teeth as excellent or very good, compared to 66.3 percent of children aged 6-11 years and 70.5 percent of adolescents aged 12-17 years.

The condition of children's teeth also varied with household income. Of children with household incomes below the Federal poverty level (FPL), just over half were reported to have teeth that were in excellent or very good condition (52.5 percent), compared to 63.6 percent of children with household incomes between 100 and 199 percent of the FPL, 78.1 percent of children with household incomes between 200 and 399 percent of the FPL, and 85.3 percent of children with household incomes of 400 percent or more of the FPL.

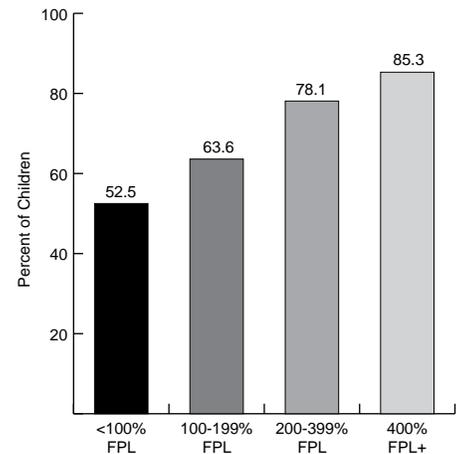
Child Oral Health Status



Children in Excellent or Very Good Oral Health, by Age



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



The Federal Poverty Level (FPL) was \$22,350 for a family of 4 in 2011.

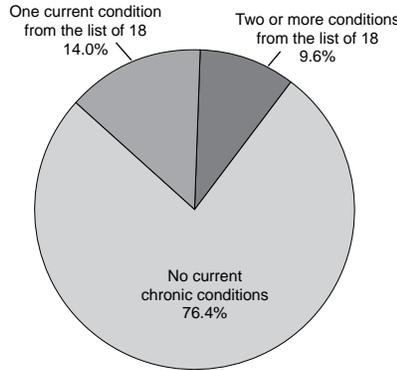


Prevalence of Conditions

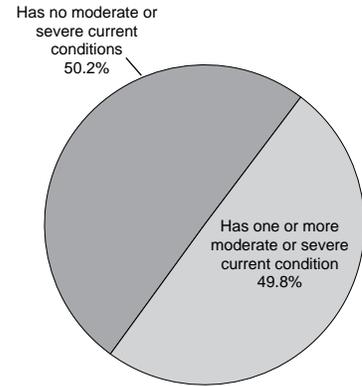
Children may have chronic physical or mental health problems, such as asthma or anxiety, which may have an impact on the child's well-being. Overall, parents of 23.6 percent of children reported that they had been told by a health care provider that their child had, and their child currently had, at least one of a list of 18 chronic health conditions, and of these children, 40.7 percent had more than one condition (data not shown). Of the children who currently have at least one condition from the list of 18, nearly half (49.8 percent) were reported to have at least one condition that was moderate or severe in its impact on the child. It is important to note that these are parents' reports of their children's conditions and were not confirmed with medical records.

Asthma was the most often reported condition, occurring among 1 out of every 11.4 children, followed closely by learning disabilities (1 in 12.5 children aged 3-17 years). Attention deficit disorder/attention deficit hyperactivity disorder, or ADD/ADHD, was also relatively common, reported among 1 in 12.7 children aged 2-17 years, as were speech problems (1 in 20.8 children). Autism spectrum disorders were reported in 1 in 55.6 children aged 2-17 years, while vision problems that cannot be corrected with glasses or contact lenses occurred in 1 in 76.9 children. The least commonly reported conditions addressed in the survey were Tourette syndrome (occurring in 1 in 500 children aged 2-17 years), cerebral palsy (also 1 in 500), and epilepsy or seizure disorder (occurring in 1 in 1,000 children of all ages).

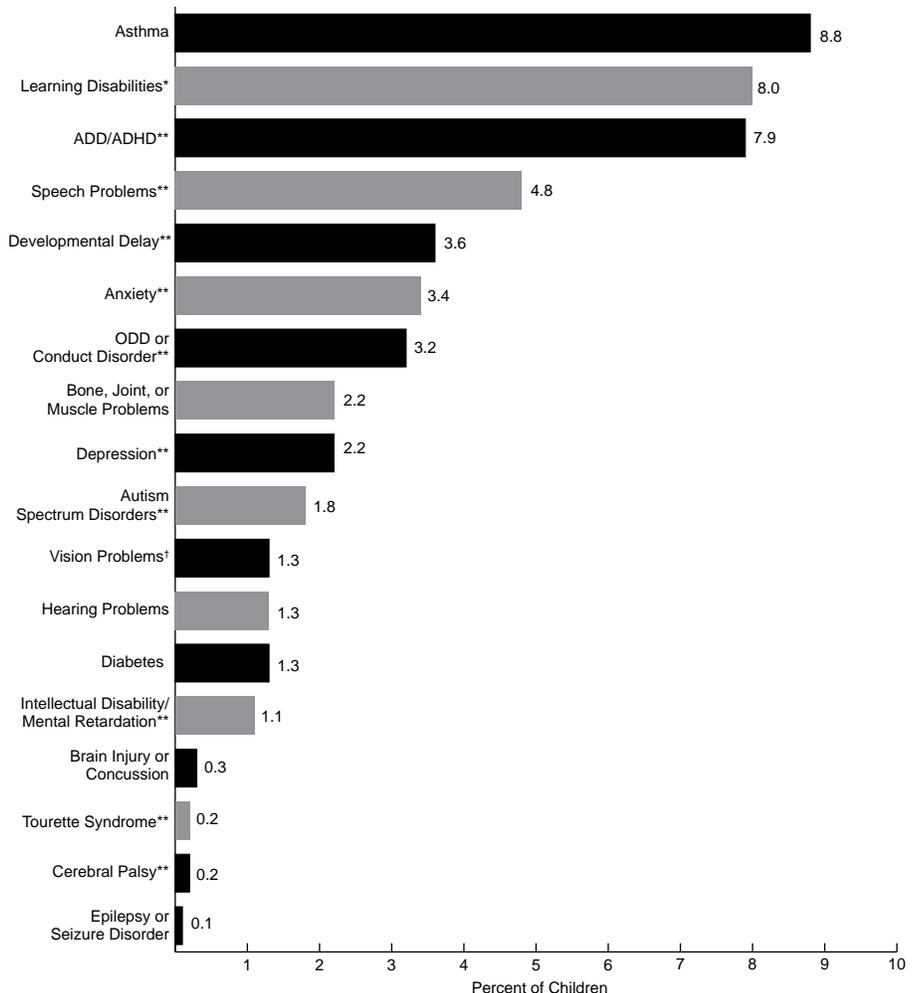
Children with One or More Chronic Conditions



Severity of Chronic Conditions Among Children with at Least One Condition



Children with Reported Chronic Conditions



*Children aged 3-17 years only **Children aged 2-17 years only
 †Includes only problems that cannot be corrected with glasses or contact lenses.



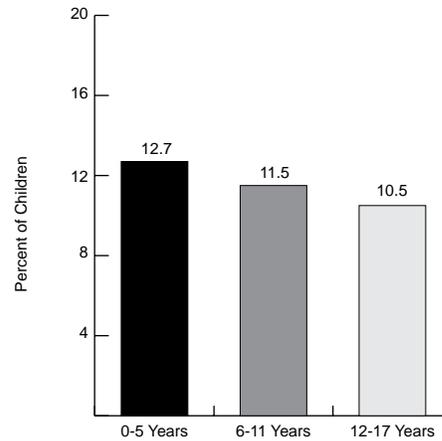
Premature Birth

Premature birth is defined as delivery before 37 completed weeks of gestation. Babies born prematurely are at greater risk of immediate health problems, such as respiratory distress, jaundice, and anemia, as well as long-term issues such as learning and behavioral problems, cerebral palsy, lung problems, and vision and hearing loss.

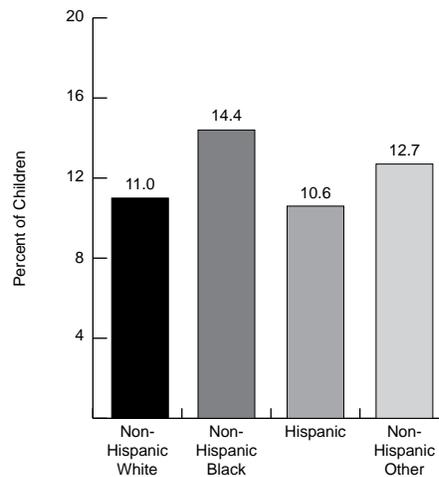
Parents were asked whether their children were born prematurely; of children under six years of age, 12.7 percent were premature, as were 11.5 percent of those aged 6 to 11 years and 10.5 percent of those aged 12 through 17 years. The rate reported for children aged 0-5 years is comparable to the average rate reported on birth certificates between 2007 and 2011 of 12.2 percent.² The lower rates of prematurity among older children reflect the lower rates of premature birth seen in the general population between 1995 and 2006.

Some racial and ethnic groups have higher rates of premature birth. The highest rate was seen among non-Hispanic Black children, of whom 14.4 percent were premature. The lowest rates were reported among Hispanics, of whom 10.6 percent were premature, and non-Hispanic Whites, who had a rate of 11.0 percent.

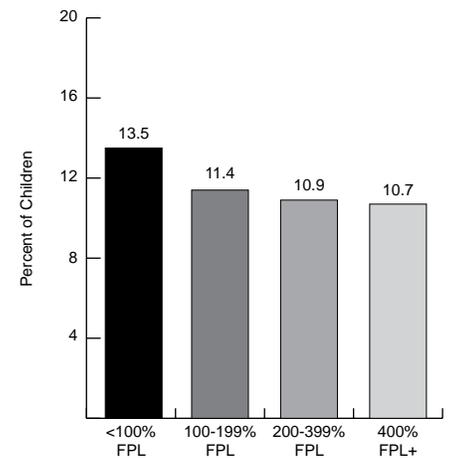
Children Who Were Born Premature, by Age



Children Who Were Born Premature, by Race/Ethnicity



Children Who Were Born Premature, by Poverty Level



The Federal Poverty Level (FPL) was \$22,350 for a family of 4 in 2011.

Children with lower household incomes are also more likely to be born early. Of children with incomes below the Federal poverty level (FPL), 13.5

percent were premature, compared to 10.7 percent of children with incomes of 400 percent of the FPL or more.



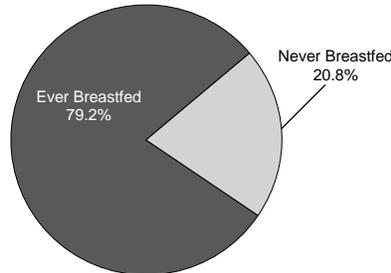
Breastfeeding

Breast milk is widely recognized to be the ideal form of nutrition for infants. Breastfed infants are less susceptible to infectious diseases and children who were breastfed are less likely to suffer from diabetes; overweight and obesity; asthma; and lymphoma, leukemia, and Hodgkin's disease compared to children who were not breastfed. In addition, rates of postneonatal mortality (death between the first month and the end of the first year of life) are lower among breastfed infants.³ Therefore, the American Academy of Pediatrics recommends that, with few exceptions, all infants be fed with breast milk exclusively for the first 6 months of life.

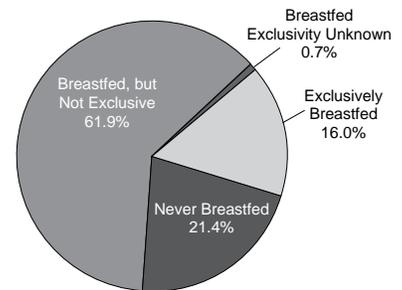
Overall, 79.2 percent of children aged 0-5 years were ever fed breast milk, while the remaining 20.8 percent of children were never breastfed. Sixteen percent of children aged 6 months to 5 years were exclusively breastfed—receiving no formula, solid food, or water—for their first 6 months.

The proportion of children ever and exclusively breastfed varies by race and ethnicity. Among children aged 0 to 5 years, Hispanic and non-Hispanic White children were most likely to have ever been breastfed (83.0 and 81.0 percent, respectively). Seventy-eight percent of non-Hispanic children

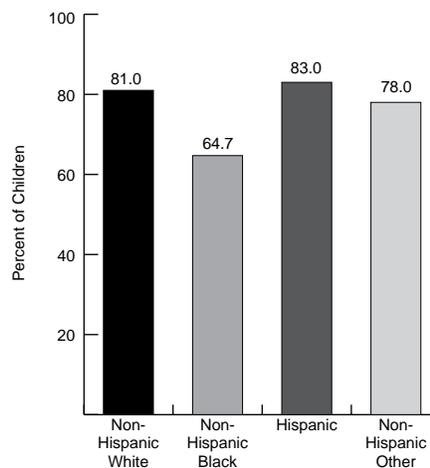
Breastfeeding Among Children Aged 0-5 Years



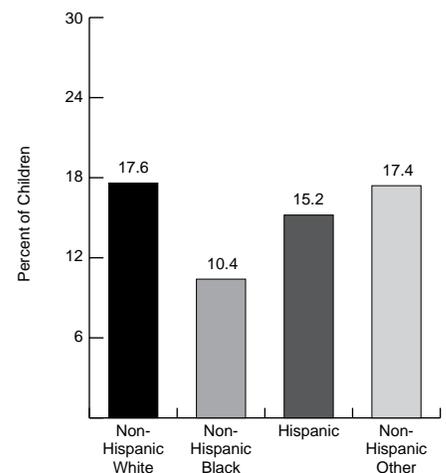
Exclusive Breastfeeding for the First 6 Months of Life, Among Children Aged 6 Months-5 Years



Children Aged 0-5 Years Who Were Ever Breastfed, by Race/Ethnicity



Children Aged 6 Months-5 Years Who Were Exclusively Breastfed, by Race/Ethnicity



of other races and 64.7 percent of non-Hispanic Black children were ever breastfed.

Among children aged 6 months to 5 years, non-Hispanic White children were most likely to have been exclusively breastfed (17.6 percent),

followed by non-Hispanic children of other races and Hispanic children (17.4 and 15.2 percent, respectively). Of non-Hispanic Black children, 10.4 percent were exclusively breastfed for the first 6 months of life.

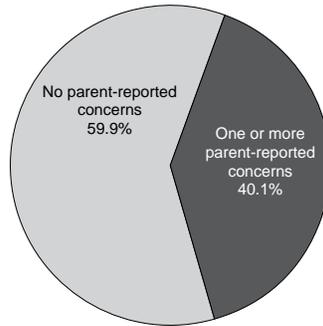


Parental Concerns About Child Development

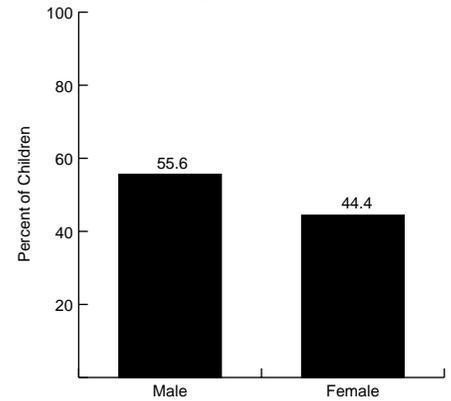
Parental concerns and observations about their child's development and behavior are an important indication of a child's potential risk for developmental, behavioral, and/or social delays. Parents were asked about eight specific concerns they may have about their child's learning, development, or behavior that can predict risk of developmental issues. These items were based on the Parent's Evaluation of Developmental Status (PEDS)[®].⁴ The parents of 40.1 percent of children aged 4 months-5 years reported at least one concern from this list.

The percentage of children whose parents had one or more concerns varied by the child's sex and race/ethnicity. The parents of 55.6 percent of boys aged 4 months-5 years reported at least one concern, compared to the parents of 44.4 percent of girls. Hispanic children were most likely to have their parents report one or more concerns (47.0 percent), while non-Hispanic White children were least likely (34.7 percent) to report concerns.

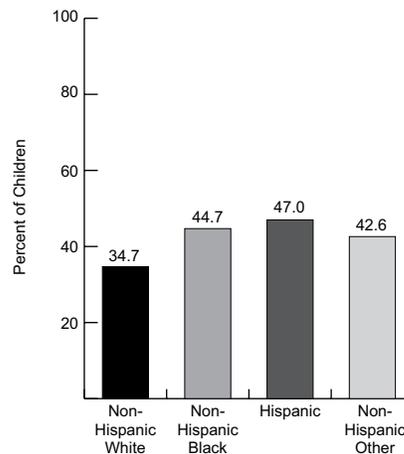
Parental Concerns About Child Development Among Children Aged 4 Months-5 Years



Children Aged 4 Months-5 Years Whose Parents Reported One or More Concerns About Their Development, by Sex



Children Aged 4 Months-5 Years Whose Parents Reported One or More Concerns About Their Development, by Race/Ethnicity



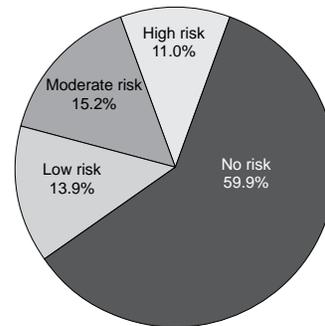


Risk of Developmental Delay

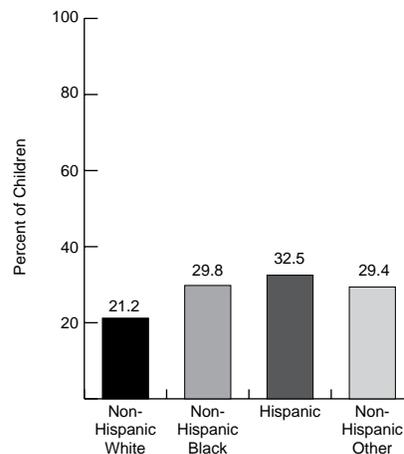
Parents' responses to questions about the eight specific concerns described on the preceding page were used to assess the child's risk for behavioral, developmental, or social delays. Depending on the child's age, parents' concerns in specific areas that are the most likely to predict delays are used to determine a child's level of risk for future delays. Children whose parents have concerns in one area that is predictive of a delay are considered to be at moderate risk, and children whose parents have concerns in two or more areas are considered to be at high risk. Children whose parents have concerns, but those concerns are not predictive of delays, are classified as low risk. The concerns of the parents of 26.2 percent of children were significant enough to indicate that their child is at moderate or high risk for delay.

The percentage of children at moderate or high risk of developmental or behavioral delays also varied by sex and race/ethnicity. Overall, boys were slightly more likely to be at moderate or high risk for delay than girls (29.1 versus 23.0 percent, respectively; data not shown). Nearly one-third of Hispanic children (32.5 percent) were at moderate or high risk of delay, as

Risk of Developmental Delay Among Children Aged 4 Months-5 Years



Children Aged 4 Months-5 Years at Moderate or High Risk of Developmental Delay, by Race/Ethnicity



were 29.8 percent of non-Hispanic Black children and 29.4 percent of non-Hispanic children of other races.

Of non-Hispanic White children, 21.2 percent were reported to be at moderate or high risk of delays.

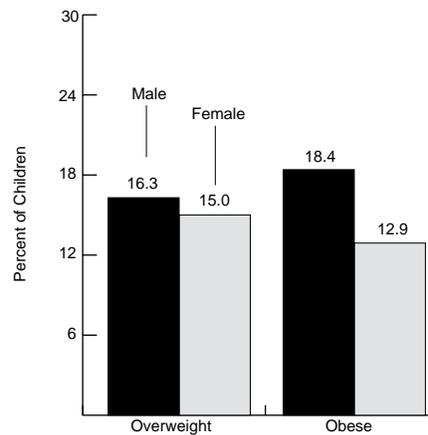


Overweight and Obesity

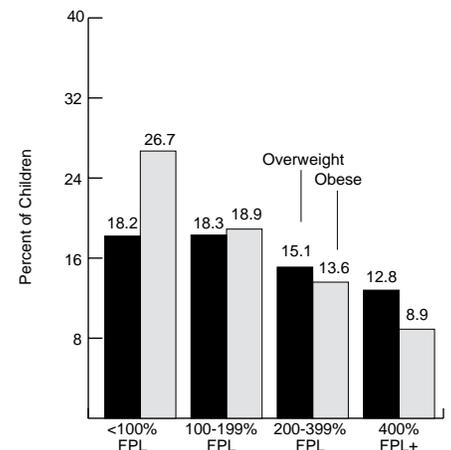
Overweight and obesity in children, as in adults, are assessed based on Body Mass Index (BMI), or the ratio of weight to height. For children, the standards for overweight and obesity are relative; that is, they are based on the child's percentile rank compared to others of the same age and sex. Children whose BMI falls between the 85th and 95th percentile on national growth charts for their age and sex are considered to be overweight, and those whose BMI falls at or above the 95th percentile are considered to be obese. The NSCH asked parents for the height and weight of their children, from which the BMI was calculated and the level of obesity assessed based on age and sex for children aged 10-17 years.

In 2011-12, 16.3 percent of boys and 15.0 percent of girls met the definition of overweight, and 18.4 percent of boys and 12.9 percent of girls met the standard for obesity. These proportions also varied by household income and race and ethnicity. The percentage of children who are overweight ranged from 12.8 percent of children with household incomes of 400 percent of the Federal poverty level (FPL) or more to approximately 18 percent of children with household incomes below 200 percent of the FPL. The range of obesity rates among children was wider, from 8.9 percent of children with household

Children Aged 10-17 Years Who Are Overweight or Obese, by Sex

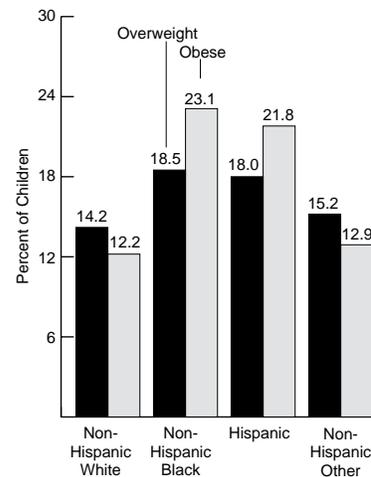


Children Aged 10-17 Years Who Are Overweight or Obese, by Poverty Level



The Federal Poverty Level (FPL) was \$22,350 for a family of 4 in 2011.

Children Aged 10-17 Years Who Are Overweight or Obese, by Race/Ethnicity



incomes of 400 percent of the FPL or more to 26.7 percent of those with household incomes below 100 percent of the FPL.

Among racial and ethnic groups, non-Hispanic White children were

the least likely to be overweight or obese (14.2 percent and 12.2 percent, respectively) and non-Hispanic Black children were the most likely (18.5 percent and 23.1 percent, respectively).



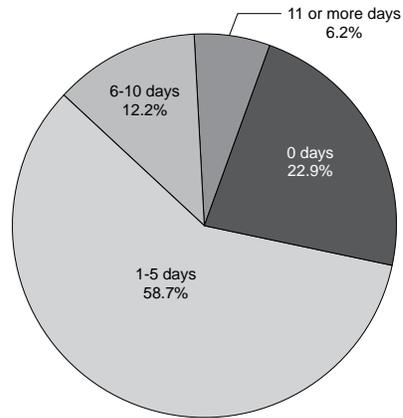
Missed School Days

Parents of school-aged children (aged 6-17 years) were asked how many days of school their children had missed because of illness or injury during the previous year. Overall, 6.2 percent of children were reported by parents to have missed 11 or more days of school.

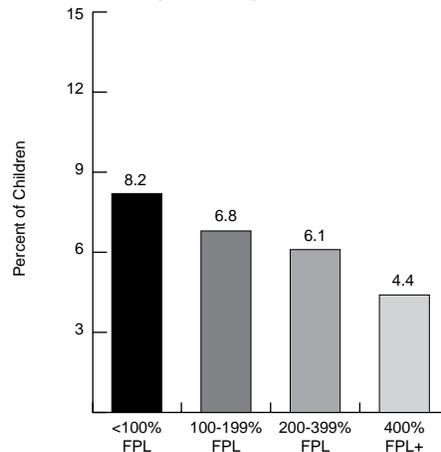
Children with special health care needs (CSHCN), whose conditions may cause complications that require them to miss school, were more likely to miss large numbers of school days than children without special health care needs. Of school-aged CSHCN, 14.9 percent missed 11 or more days of school, compared to 3.5 percent of children without special health care needs.

Children in lower-income households miss more days of school than children from higher-income households. Among school-aged children with household incomes below the Federal poverty level (FPL), 8.2 percent missed 11 or more days of school, compared to 6.8 percent of children with household incomes between 100 and 199 percent of poverty. Children with household incomes of 400 percent or more of poverty were least likely to have missed 11 or more days of school (4.4 percent).

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

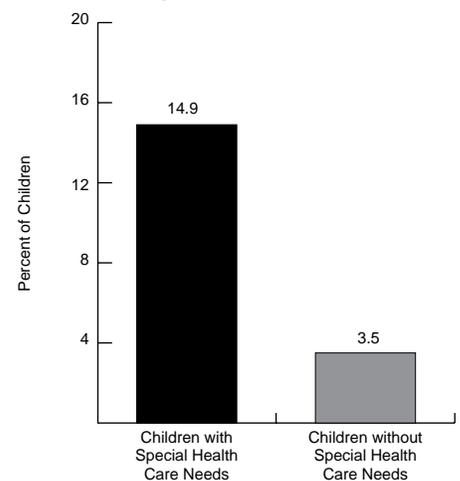


Children Aged 6-17 Years Missing 11 or More Days of School, by Poverty Level



The Federal Poverty Level (FPL) was \$22,350 for a family of 4 in 2011.

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





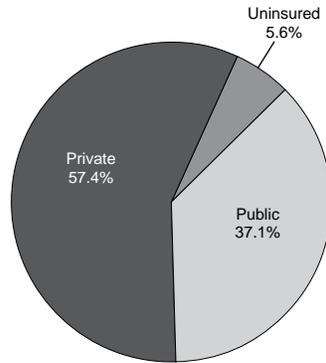
Current Health Insurance

Parents were asked if their child currently had any kind of health insurance, including private/employment-based insurance or government plans such as Medicaid or CHIP, at the time of the survey. Overall, 94.5 percent of children had health insurance coverage: 57.4 percent had private health insurance coverage and 37.1 percent had public coverage. If a child had public coverage at all, whether alone or in combination with private coverage, he or she was listed as publicly insured.

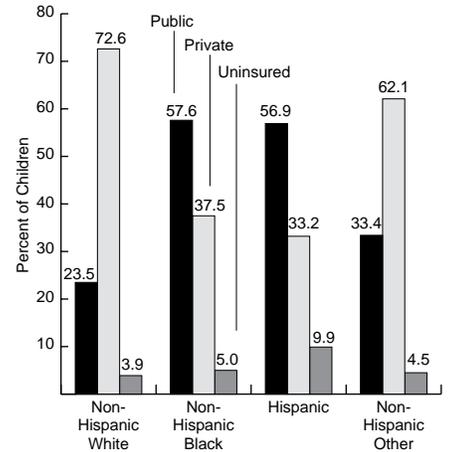
The proportion of children reported to have current health insurance varies substantially by race and ethnicity and household income. The percentage of children with current health insurance was highest among non-Hispanic Whites (96.1 percent) and non-Hispanic children of other races (95.5 percent). More than 95 percent of non-Hispanic Black children also had current coverage, while Hispanic children were least likely to have had insurance (90.1 percent).

Children in low-income households were less likely to have current health insurance than children in households with higher incomes. About 91 percent of children with household incomes below 200 percent of the Federal poverty level (FPL) had current health insurance, compared to 95.7 percent of children with house-

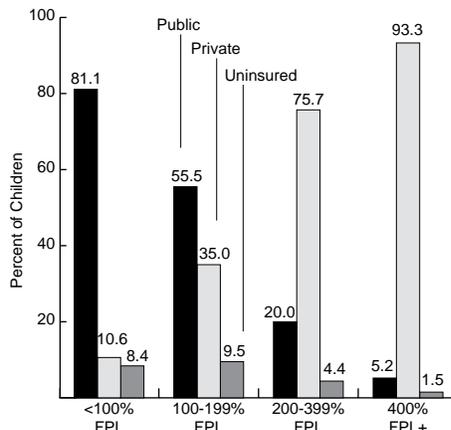
Type of Current Health Insurance Coverage Among Children



Type of Health Insurance Coverage Among Children, by Race/Ethnicity

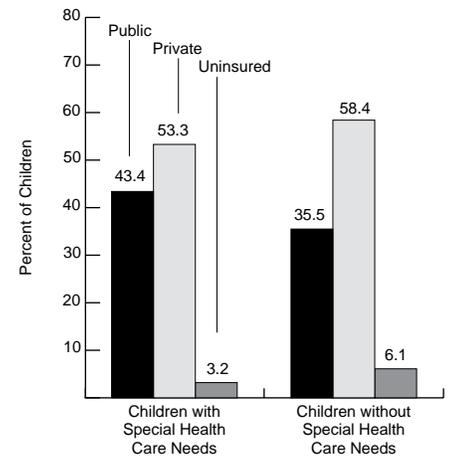


Type of Health Insurance Coverage Among Children, by Poverty Level



The Federal Poverty Level (FPL) was \$22,350 for a family of 4 in 2011.

Type of Health Insurance Coverage Among Children, by CSHCN Status



hold incomes between 200 and 399 percent of FPL, and 98.5 percent of children with household incomes of 400 percent or more of the FPL.

Children with special health care needs (CSHCN), who have chronic conditions requiring ongoing attention and supports, are much less likely

to be uninsured and more likely to have public insurance than their peers without special health care needs. Of CSHCN, 3.2 percent are uninsured and 43.4 percent have public coverage, compared to 6.1 percent and 35.5 percent of children without special health care needs.



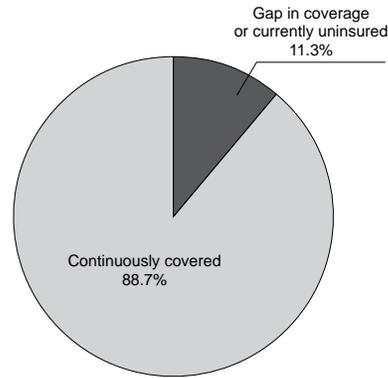
Insurance Coverage Continuity

Although most children have health insurance, many experience a time when they are not covered over the course of a year. Overall, 11.3 percent of children had a gap in their coverage in the previous year or were uninsured at the time of the survey. This proportion varies substantially, however, by household income.

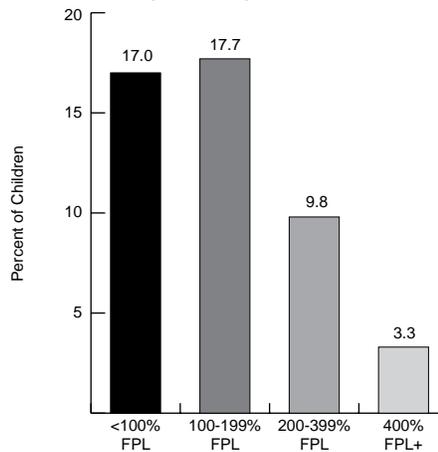
Children in low-income households are more likely than children in higher-income households to have experienced a gap in health insurance in the past year. Between 17 and 18 percent of children in households whose income is less than 200 percent of the Federal poverty level (FPL) lacked continuous health insurance coverage. Among children in households with incomes between 200 and 399 percent of FPL, 9.8 percent experienced a gap in coverage, as did only 3.3 percent of children with household incomes of 400 percent or more of the FPL.

Children with special health care needs (CSHCN) were more likely than other children to have continuous health insurance coverage. Among CSHCN, 9.3 percent experienced a gap in coverage in the previous year, compared to 11.8 percent of children without special health care needs.

Continuity of Health Insurance Among Children in the Previous Year

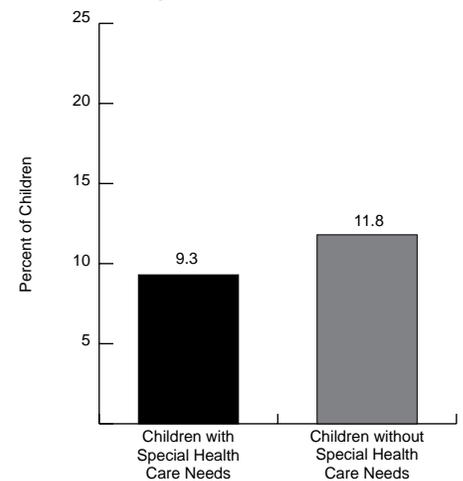


Children Lacking Continuous Coverage in the Previous Year, by Poverty Level



The Federal Poverty Level (FPL) was \$22,350 for a family of 4 in 2011.

Children Lacking Continuous Coverage in the Previous Year, by CSHCN Status



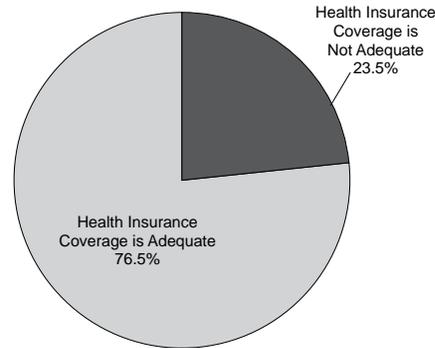


Adequacy of Insurance

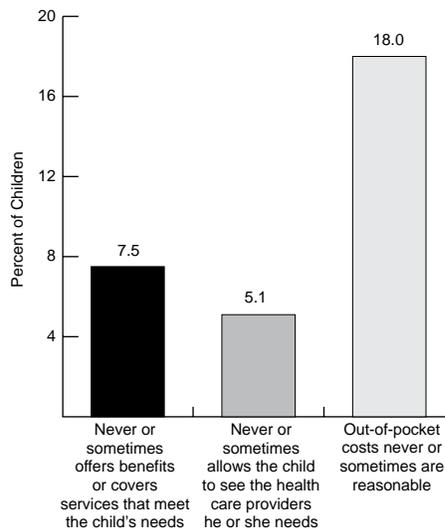
While most children had health insurance coverage at the time of the survey, insurance coverage may not always be adequate to meet their needs. Parents whose children were currently insured were asked three questions regarding the services and costs associated with their child's health insurance. Parents' responses to each of the three questions varied significantly. Parents of 18.0 percent of currently insured children reported that the out-of-pocket costs were never or sometimes reasonable. In contrast, 7.5 percent of children were reported to have health insurance that never or sometimes offers benefits or covers services that meet their needs and 5.1 percent were reported to have health insurance that never or sometimes allows them to see the health care providers they need.

Children were considered to have adequate health insurance coverage if their parent answered "usually" or "always" to each of the three questions. Overall, 23.5 percent of currently insured children lacked adequate insurance. Low-income children were less likely than children with higher household incomes to lack adequate coverage: 19.5 percent of children with household incomes below the Federal poverty level (FPL) were

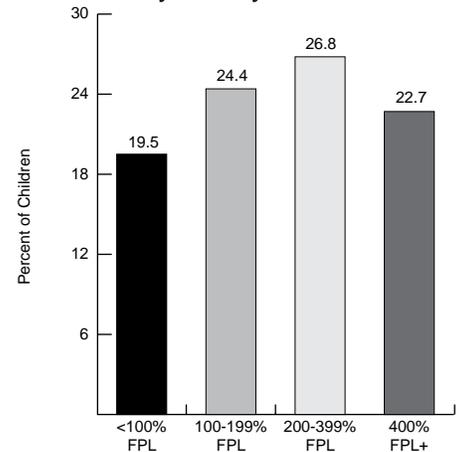
Adequacy of Health Insurance Coverage Among Currently-Insured Children



Children Whose Health Insurance Coverage Never or Sometimes Meets Adequacy Criteria



Children Lacking Adequate Health Insurance Coverage, by Poverty Level



The Federal Poverty Level (FPL) was \$22,350 for a family of 4 in 2011.

reported not to have coverage that meets all three criteria. The children most likely to lack adequate coverage were those with household incomes

between 200 and 399 percent of the FPL, of whom 26.8 percent had coverage that did not usually or always meet all of the criteria.



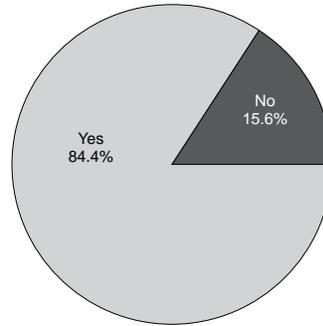
Preventive Medical Care Visits

The Bright Futures guidelines for health supervision of infants, children, and adolescents recommend that children visit a physician six times during the first year, three times in the second year, and annually thereafter for preventive health care visits.⁵ An annual preventive medical visit provides an opportunity to monitor a child's growth and development, to assess his or her behavior, to provide appropriate immunizations, to discuss important issues regarding nutrition and prevention of injury and violence, and to answer parents' questions about their children's health and health care. Overall, 84.4 percent of children received at least one preventive medical visit in the previous year.

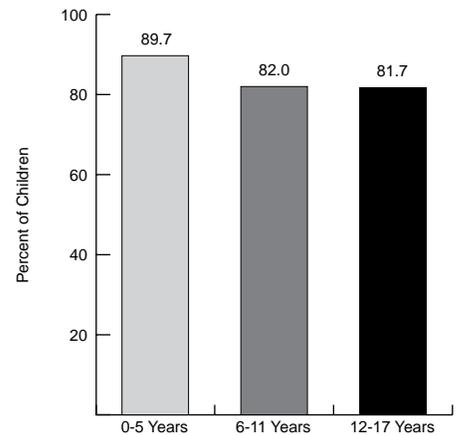
The receipt of preventive care visits varies by age, health insurance status, and race and ethnicity. Approximately 82 percent of children aged 6-17 years received at least one preventive care visit in the previous year, compared to 89.7 percent of children from birth through age 5.

Children without health insurance were less likely to receive a preventive visit than those with either public or private health insurance. While 87.8 percent of children with private health insurance and 84.1 percent of children with public health insurance received at least one preventive visit, only 53.7 percent of uninsured children did so.

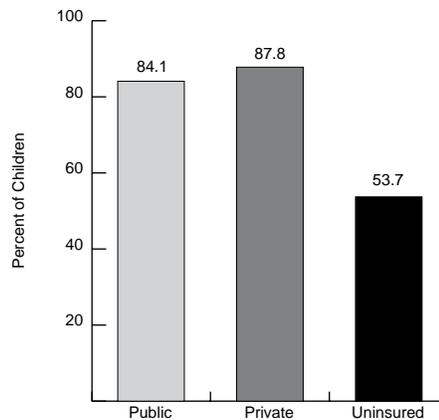
Receipt of Preventive Medical Care in the Previous Year



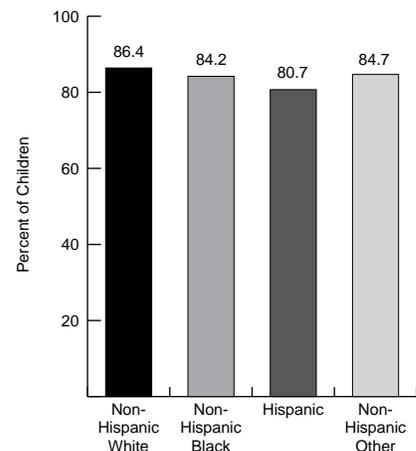
Children Receiving a Preventive Medical Care Visit in the Previous Year, by Age



Children Receiving a Preventive Medical Care Visit in the Previous Year, by Insurance Status



Children Receiving a Preventive Medical Care Visit in the Previous Year, by Race/Ethnicity



The use of preventive health care varies slightly by race and ethnicity as well. Non-Hispanic White children were most likely to have received a preventive visit (86.4 percent), followed by non-Hispanic children of

other races and non-Hispanic Black children (84.7 and 84.2 percent, respectively). Hispanic children were least likely to have received a preventive care visit (80.7 percent).



Preventive Dental Care Visits

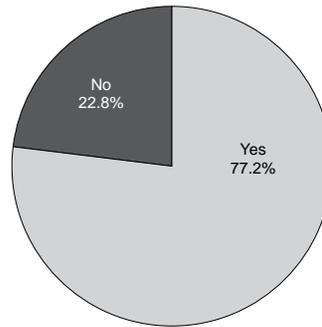
In addition to an annual preventive medical care visit, it is also recommended that children see a dentist every 6 months beginning by age 1.⁶ The majority of children aged 1-17 years who had teeth (77.2 percent) received at least one preventive dental visit in the previous year, a lower percentage than received a preventive medical visit.

The receipt of preventive dental care varied by age, health insurance status, and race and ethnicity. Of children aged 6-11 years, 87.6 percent received preventive dental care in the previous year, as did 85.1 percent of those aged 12-17 years, compared to 54.3 percent of children aged 1-5 years.

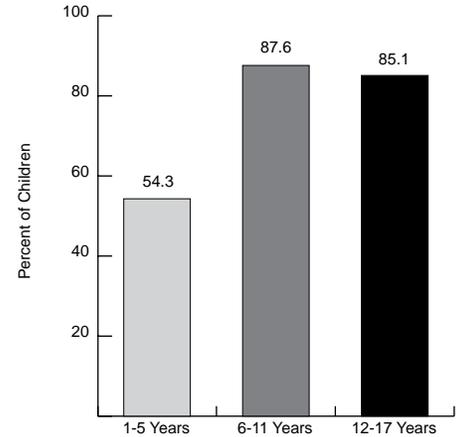
Children without health insurance were less likely to receive preventive dental care than those with either public or private health insurance. While 82.5 percent of children with private health insurance received preventive dental care, only 73.5 percent of those with public insurance and 47.7 percent of uninsured children received dental care in the previous year.

Non-Hispanic White children were most likely to have received a preventive dental visit (79.7 percent), followed by non-Hispanic Black children

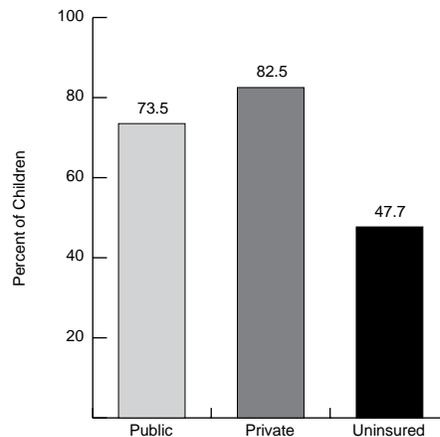
Receipt of Preventive Dental Care in the Previous Year Among Children Aged 1-17 Years



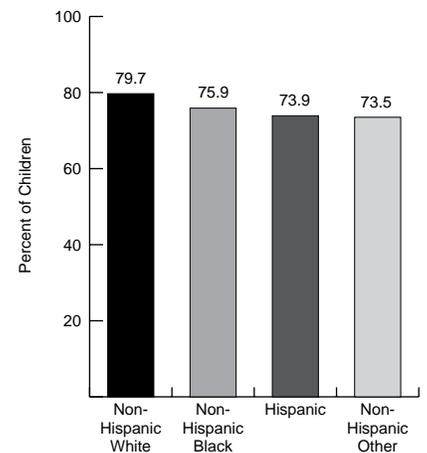
Children Receiving a Preventive Dental Visit in the Previous Year, by Age



Children Receiving a Preventive Dental Visit in the Previous Year, by Health Insurance Status



Children Receiving a Preventive Dental Visit in the Previous Year, by Race/Ethnicity



(75.9 percent). Hispanic children and non-Hispanic children of other races were least likely to have received preventive dental care (73.9 and 73.5 percent, respectively).

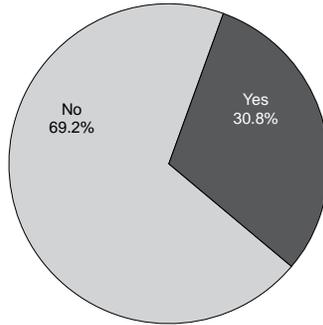


Developmental Screening

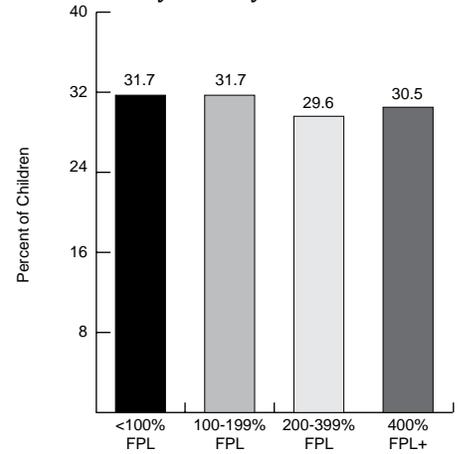
Assessing children's development is one of the most important and valuable aspects of well-child care. Both the American Academy of Pediatrics and Bright Futures guidelines call for routine screening by pediatric health care providers for developmental and behavioral problems and delays using standardized developmental screening tools.^{5,7} Parents were asked a series of questions to assess whether children received basic developmental assessments and to measure whether a parent completed a developmental and behavioral screening tool. Specifically, parents were asked: (1) whether the child's doctors or other health care providers asked the parent if he/she had concerns about the child's learning, development or behavior; and (2) whether parents filled out a questionnaire about specific concerns and observations they had about their child's development, communication or social behavior. These items were based on the Promoting Healthy Development Survey.⁸

Of children aged 10 months-5 years, the parents of 30.8 percent reported that they received a standardized developmental screening. The proportion of children who received a developmental screen did not vary substantially by income, but uninsured children were less likely than those with either public or private insurance to receive a screening.

Receipt of a Standardized Developmental Screening Among Children Aged 10 Months-5 Years

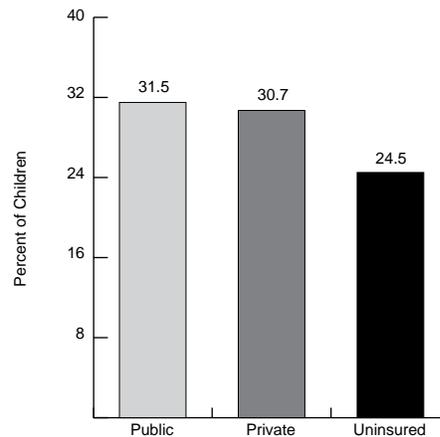


Children Aged 10 Months-5 Years Receiving a Standard Developmental Screening, by Poverty Level



The Federal Poverty Level (FPL) was \$22,350 for a family of 4 in 2011.

Children Aged 10 Months-5 Years Receiving a Standard Developmental Screening, by Insurance Status





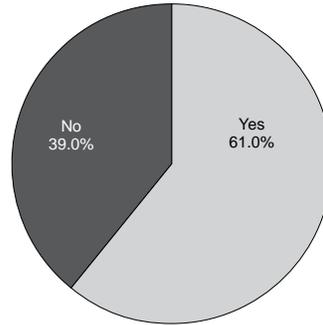
Mental Health Care

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

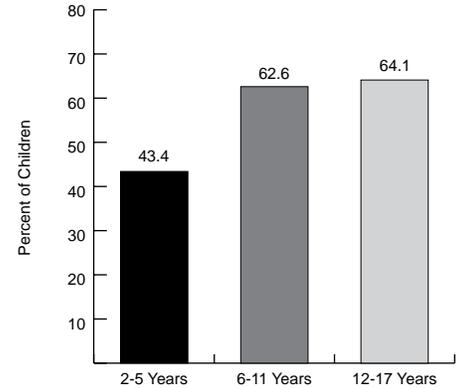
Among children aged 2-17 years who had an ongoing emotional, developmental, or behavioral problem that, in the view of their parents, required treatment or counseling, 61.0 percent received mental health care or counseling in the previous year. Older children were more likely to receive needed mental health care; 64.1 percent of children aged 12-17 years with emotional, developmental, or behavioral problems received mental health care in the previous year, compared to 62.6 percent of 6- to 11-year-olds and 43.4 percent of those aged 2-5 years requiring treatment or counseling.

Children with any health insurance coverage were also more likely to receive needed mental health services than those without coverage. Of children with emotional, developmental, or behavioral problems who have private insurance, 66.0 percent received needed mental health services, as did 59.2 percent of publicly-insured children. Of uninsured children with emotional, developmental, or behavioral problems who needed mental health care, only 41.9 percent received any mental health care or counseling

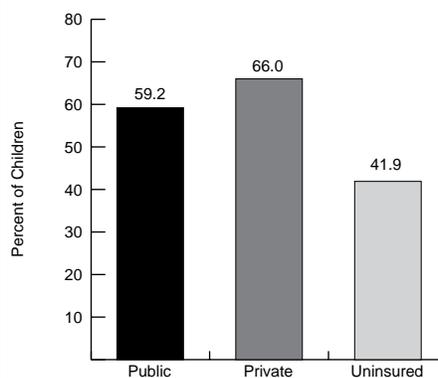
Receipt of Mental Health Services in the Previous Year Among Children Aged 2-17 Years with Emotional, Behavioral, or Developmental Problems



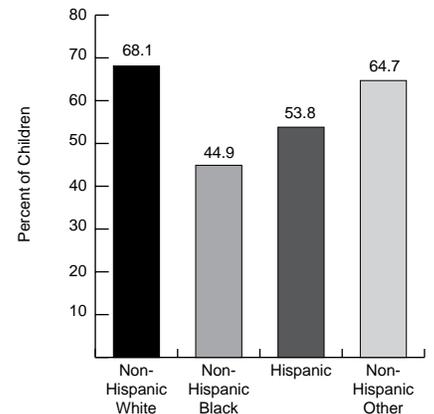
Children Aged 2-17 Years with Emotional, Behavioral, or Developmental Problems Receiving Mental Health Services in the Previous Year, by Age



Children Aged 2-17 Years with Emotional, Behavioral, or Developmental Problems Receiving Mental Health Services in the Previous Year, by Insurance Status



Children Aged 2-17 Years with Emotional, Behavioral, or Developmental Problems Receiving Mental Health Services in the Previous Year, by Race/Ethnicity



during the previous year.

Among children aged 2-17 years with emotional, developmental, and behavioral problems requiring treatment, Hispanic and non-Hispanic Black children were least likely to

receive mental health treatment or counseling (53.8 and 44.9 percent, respectively), compared to 68.1 percent of non-Hispanic White children and 64.7 percent of non-Hispanic children of other races.

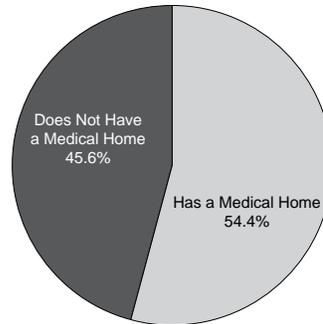


Medical Home

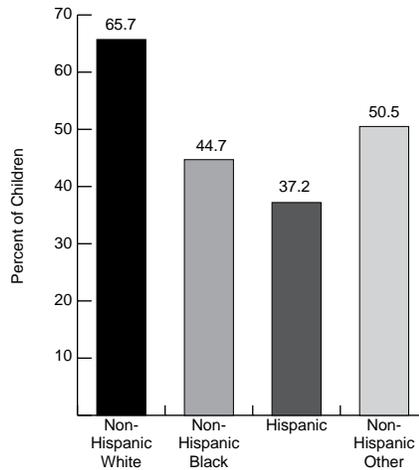
A number of characteristics of high-quality health care for children can be combined into the concept of the medical home. As defined by the American Academy of Pediatrics, children's medical care should be accessible, family-centered, continuous, comprehensive, coordinated, compassionate, and culturally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

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

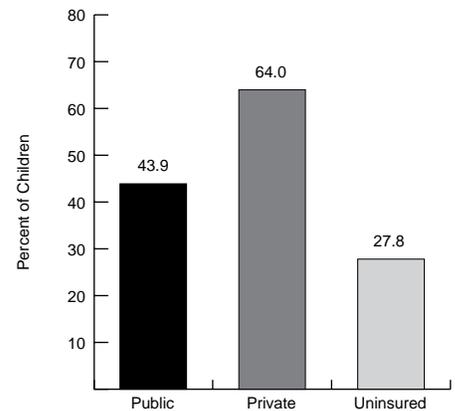
Presence of a Medical Home



Children with a Medical Home, by Race/Ethnicity



Children with a Medical Home, by Insurance Status



A child is defined as having a medical home if his or her care was reported to meet all of these criteria. Overall, the care of 54.4 percent of children met this standard. This proportion varies substantially by the race and ethnicity of the child: 65.7 percent of non-Hispanic White children received care from a medical home, compared

to 44.7 percent of non-Hispanic Black children, 50.5 percent of non-Hispanic children of other races, and 37.2 percent of Hispanic children. Children with private insurance are also the most likely to receive their care from a medical home: 64.0 percent of privately-insured children were reported to have a medical home, compared to

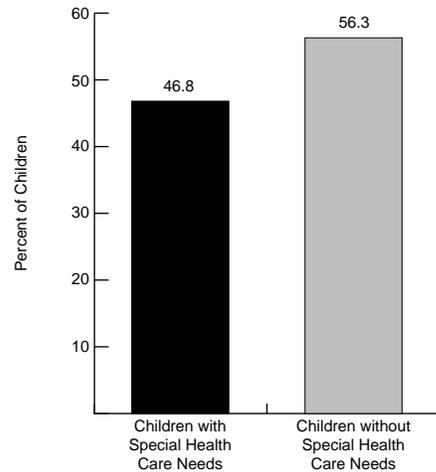


Medical Home (continued)

43.9 percent of children with public insurance and 27.8 percent of uninsured children.

A medical home is particularly important for children with special health care needs (CSHCN), who are more likely to require specialized care and services, follow-up, and care coordination. Of CSHCN, 46.8 percent were reported to have a medical home, compared to 56.3 percent of children without special health care needs.

Children with a Medical Home, by CSHCN Status





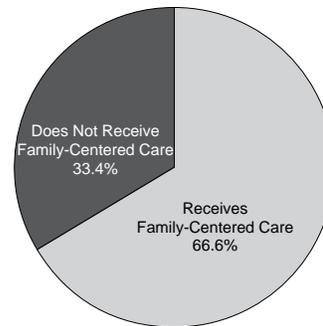
Medical Home: Family-Centered Care

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

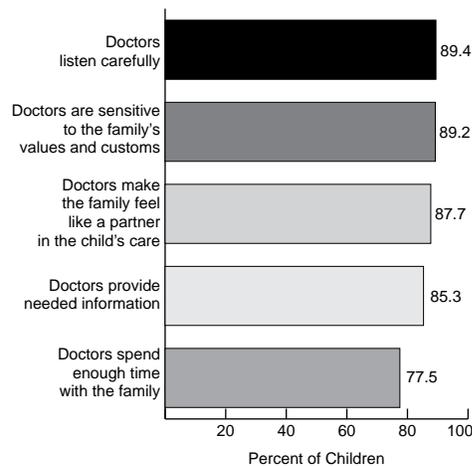
Overall, of the children who had at least one medical visit in the past year, two-thirds (66.6 percent) were reported to have received care that was family-centered. This proportion varied across the individual components that make up this measure, however. Overall, the parents of 89.4 percent of children report that their children’s doctors usually or always listen carefully to their concerns; the parents of 89.2 percent report that their doctors are usually or always sensitive to their values and customs; the parents of 87.7 percent report that their doctors usually or always make the family feel like a partner in their child’s care; the parents of 85.3 percent report that their doctors usually or always provide the family with the information they need. The

percentage of children whose parents reported that their doctors usually or always spend enough time with them was lower: 77.5 percent.

Receipt of Family-Centered Care



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



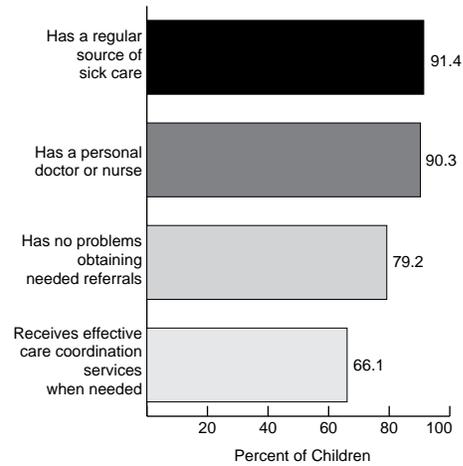


Medical Home: Access and Care Coordination

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

These criteria were met for the majority of children. Overall, 91.4 percent of children were reported to have a regular source of care when they are sick, 90.3 percent were reported to have a personal doctor or nurse, and 79.2 percent had no problems obtaining referrals when needed. The criterion that was met for the lowest percentage of children was the receipt of effective care coordination services when needed, which was reported for 66.1 percent of children.

Children Who Usually or Always Receive Each Component of Access to Care and Coordinated Care



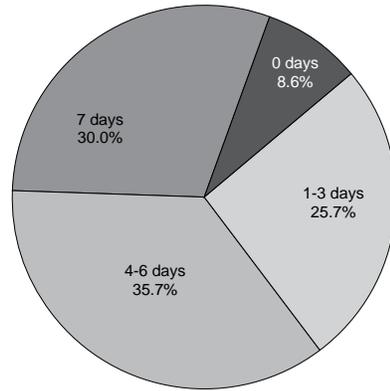


Playing with Children of the Same Age

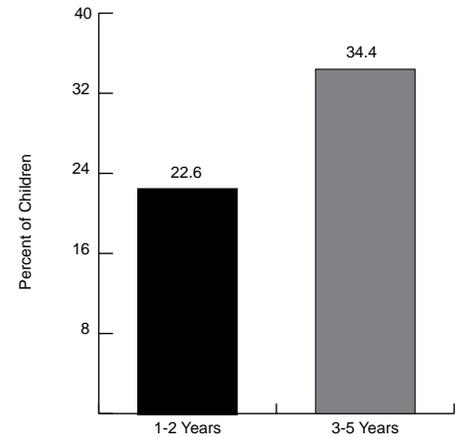
Children learn and develop social skills and behaviors through interactions with other children their own age. Parents of 1- to 5-year-olds were asked to report on how many days in the previous week their child played with other children their own age. In all, 30.0 percent of children aged 1-5 years had played with other children every day in the previous week, while 61.4 percent of children did so on some days. Fewer than 10 percent of children had not played with another child their own age on any day in the previous week.

Younger children (aged 1-2 years) were less likely than older preschoolers (aged 3-5 years) to play with their peers every day (22.6 percent versus 34.4 percent). The percentage of young children who play with children their own age every day also varies by race and ethnicity, with the highest rate found among non-Hispanic Black children (36.7 percent) and the lowest found among non-Hispanic Whites (28.4 percent). In addition, children aged 1-5 years with special health care needs appear to be more likely than children without special health care needs to play with their peers every day (33.1 versus 29.6 percent).

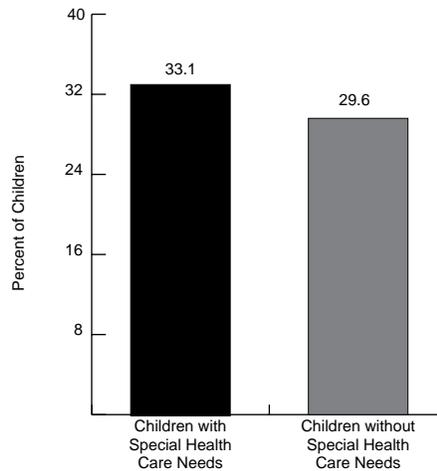
Playing with Others Their Own Age in the Previous Week Among Children Aged 1-5 Years



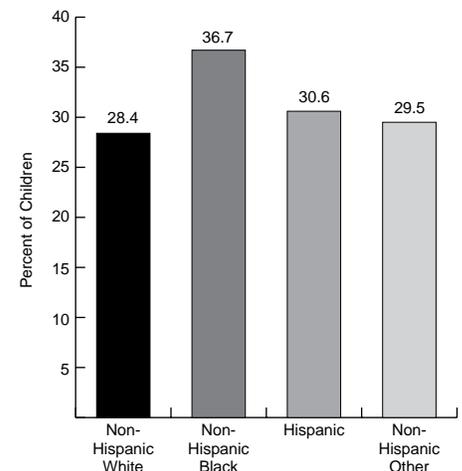
Children Aged 1-5 Years Who Play with Others Their Own Age Every Day, by Age



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



Children Aged 1-5 Years Who Play with Others Their Own Age Every Day, by Race/Ethnicity



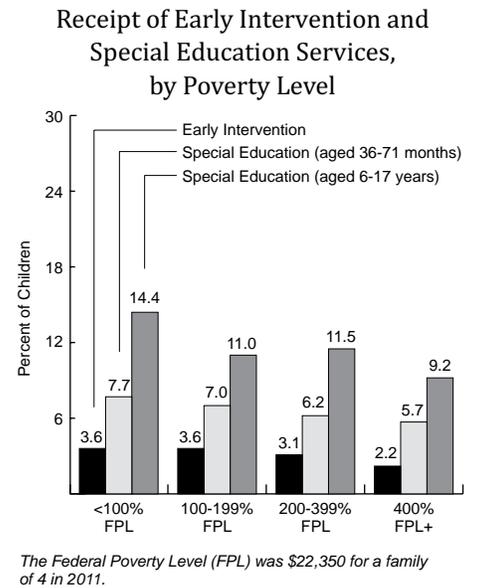
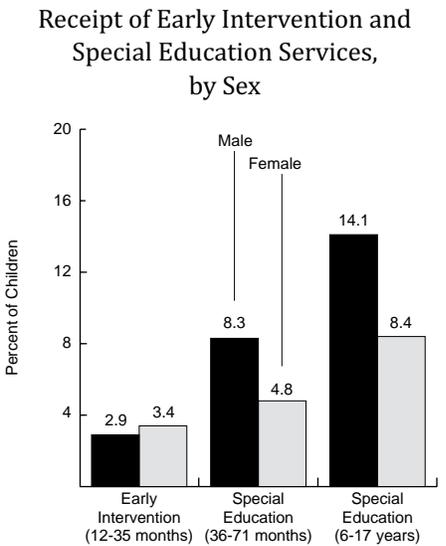
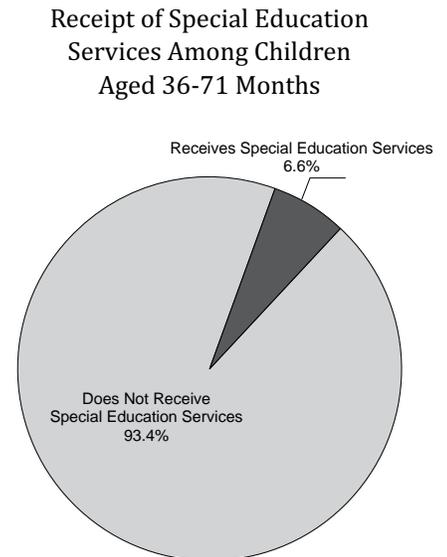
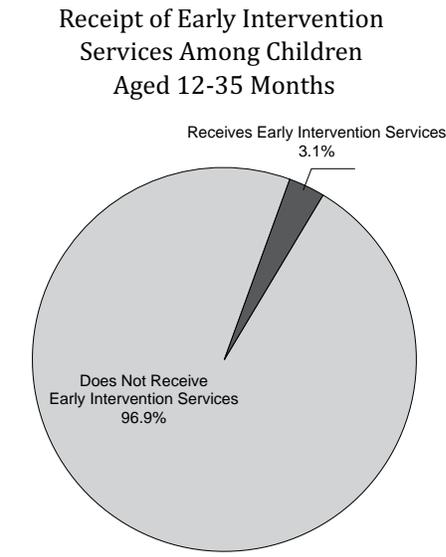


Early Intervention and Special Education

The Individuals with Disabilities Education Act (IDEA) provides for early intervention services for young children (from age 1 until age 3) and special education services for older children (ages 3 and older) to minimize the effects of developmental delays and learning disabilities that could otherwise limit children's developmental and educational prospects. Early intervention includes physical, occupational, and speech therapy for young children with developmental problems, and special education programs provide therapies and educational services. Overall, 3.1 percent of children from age 1 until their 3rd birthday received early intervention services, while 6.6 percent of children aged 3 to less than 6 years received special education services. Of school-aged children (aged 6-17 years), 11.3 percent receive special education services (data not shown).

Boys were more likely to receive special education services than girls (8.3 versus 4.8 percent for preschool-aged children and 14.1 versus 8.4 percent for school-aged children), but the difference for early intervention programs by sex was not statistically significant.

Among children aged 1 to less than 3 years, those with household incomes below 200 percent of the Federal poverty level (FPL) were most



likely to receive early intervention services (3.6 percent), followed by 3.1 percent of those with household incomes between 200 and 399 percent of FPL, and 2.2 percent of those with incomes of 400 percent of the FPL or more.

Similarly, among children old enough for special education, those with household incomes below 100

percent of the FPL were most likely to receive these services (7.7 percent of children aged 36-71 months and 14.4 percent of children aged 6-17 years); less than two-thirds as many children with incomes of 400 percent of the FPL or more received these services (5.7 percent of children aged 36-71 months and 9.2 percent of children aged 6-17 years).

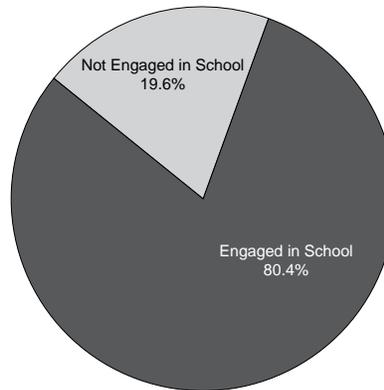


School Engagement

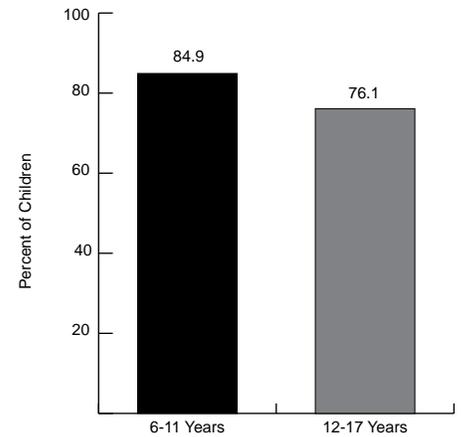
Parents of school-aged children (aged 6-17 years) were asked two questions to assess their child's engagement in school: whether the child cares about doing well in school and whether the child does all required homework. Children were considered to be engaged in school if their parent responded "usually" or "always" to both of these items. Overall, 80.4 percent of children aged 6-17 years were engaged in school.

This varied, however, by the child's sex, age, and household income. Girls were more likely than boys to be engaged in school (86.9 versus 74.0 percent, respectively), and children aged 6-11 were more likely than adolescents aged 12-17 years to be engaged (84.9 versus 76.1 percent, respectively). Children with lower household incomes were also less likely to be engaged in school; of children with household incomes below the Federal poverty level (FPL), 73.6 were engaged, compared to 85.3 percent of children with household incomes of 400 percent of the FPL or more.

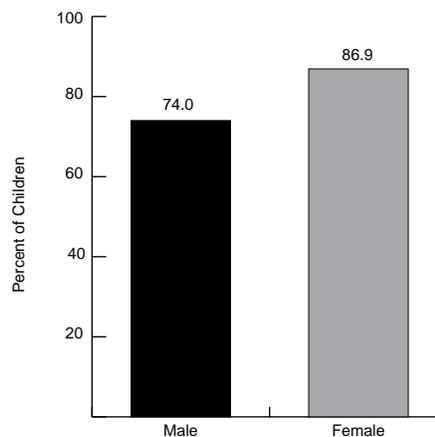
School Engagement Among Children Aged 6-17 Years



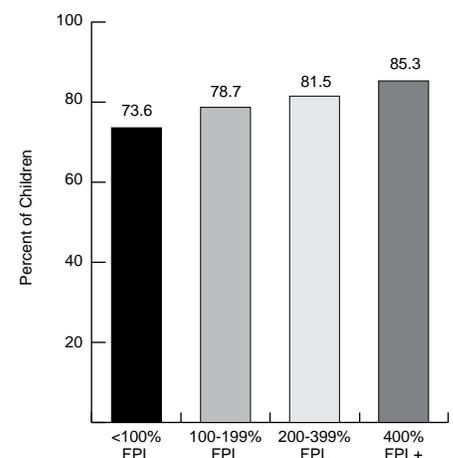
Children Aged 6-17 Years Engaged in School, by Age



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



Children Aged 6-17 Years Engaged in School, by Poverty Level



The Federal Poverty Level (FPL) was \$22,350 for a family of 4 in 2011.



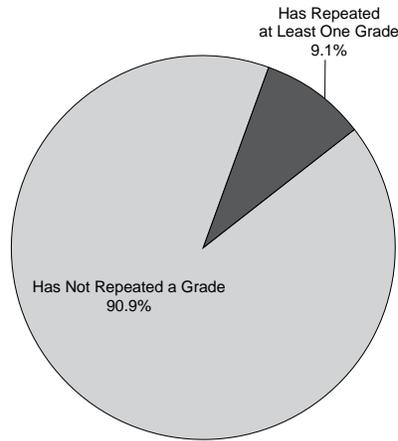
Repeating a Grade

Parents of school-aged children (aged 6 and older) were asked if their children had repeated one or more grades since starting school. Overall, 9.1 percent of children aged 6-17 years had repeated a grade.

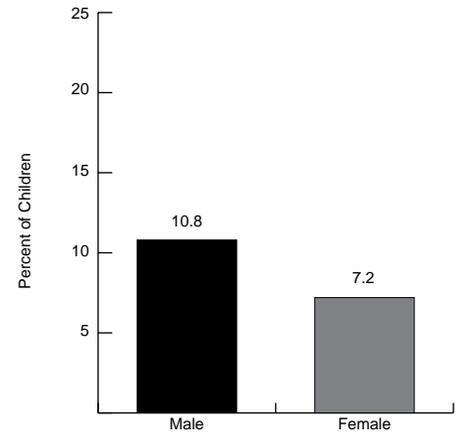
Boys were more likely to repeat a grade than girls. Of school-aged boys, 10.8 percent were reported to have repeated at least one grade, compared to 7.2 percent of girls. Older children were also more likely to have repeated a grade, because they have had more opportunities to do so. Of children aged 6-11 years, 6.8 percent were reported to have repeated a grade, compared to 11.3 percent of 12- to 17-year-olds.

Children in low-income households were also more likely than children with higher household incomes to repeat a grade. Among school-aged children with household incomes below the poverty level, 18.1 percent were reported to have repeated at least one grade, compared to 10.9 percent children with household incomes between 100 and 199 percent of the Federal poverty level (FPL). Among children with household incomes between 200 and 399 percent of FPL, 6.4 percent had repeated a grade, as had 4.0 percent of children with household incomes of 400 percent or more of FPL.

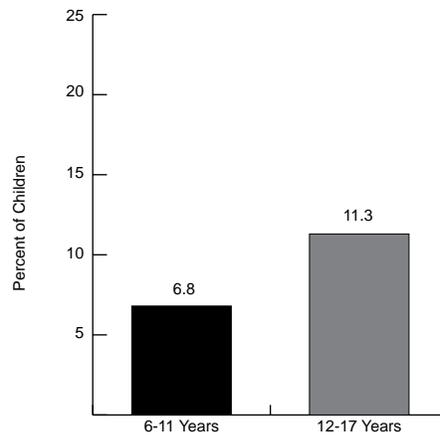
Repeating a Grade Among Children Aged 6-17 Years



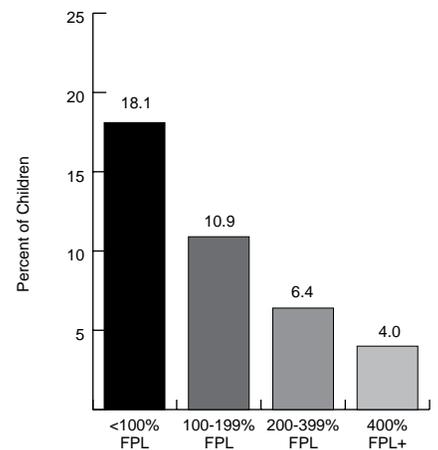
Children Aged 6-17 Years Who Have Repeated a Grade, by Sex



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



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



The Federal Poverty Level (FPL) was \$22,350 for a family of 4 in 2011.



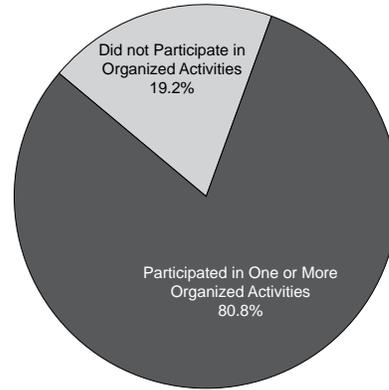
Activities Outside of School

For school-aged children, participation in activities—such as sports teams, lessons, Scouts, religious groups, or Boys' or Girls' Clubs—after school or on the weekends can be an important part of overall development and can provide enrichment and contribute to the development of social skills. Parents of children aged 6-17 years were asked if their children had participated in any of these types of activities in the previous year. Overall, 80.8 percent of school-aged children participated in at least one organized activity outside of school.

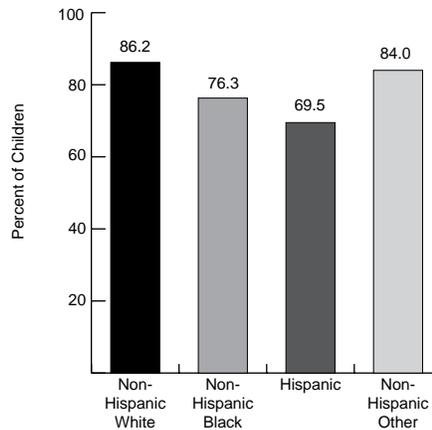
Participation in activities outside of school varies by race and ethnicity. Among children aged 6-17 years, non-Hispanic White children were most likely to have participated in activities outside of school (86.2 percent), followed by non-Hispanic children of other races (84.0 percent), and non-Hispanic Black children (76.3 percent). Only 69.5 percent of school-aged Hispanic children participated in activities outside of school.

Participation in activities outside of school increases with household income. While 61.1 percent of school-aged children with household incomes below the Federal poverty level (FPL) participated in at least one activity outside of school, 73.7 percent of children with household incomes

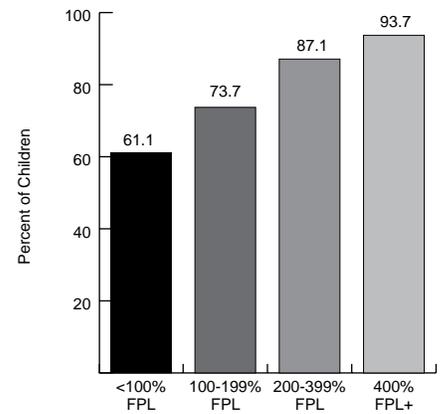
Participation in Activities Outside of School Among Children Aged 6-17 Years



Children Aged 6-17 Years Who Participate in Activities Outside of School, by Race/Ethnicity



Children Aged 6-17 Years Who Participate in Activities Outside of School, by Poverty Level



The Federal Poverty Level (FPL) was \$22,350 for a family of 4 in 2011.

between 100 and 199 percent of FPL did so. Among children aged 6-17 years, 87.1 percent of those with household incomes between 200 and 399 percent of FPL participated in outside activities, as did 93.7 percent of those with household incomes of 400 percent or more of FPL.

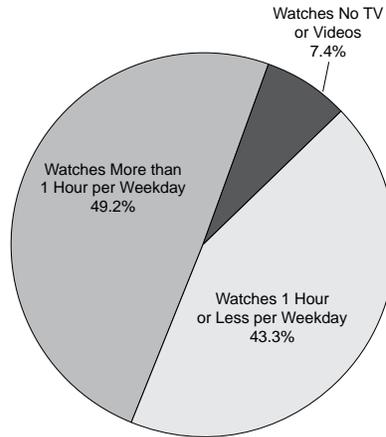


Screen Time

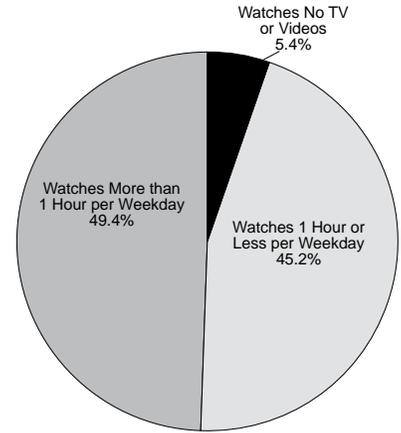
The *Bright Futures* guidelines for infants, children, and adolescents recommend that parents limit children's screen time to no more than 1-2 hours per day for children aged 1-5 years. Parents of children aged 1-5 years were asked how many hours children spent watching TV or videos on weekdays. Overall, only 7.4 percent of children aged 1-5 years did not watch any TV or videos, while 43.3 percent watched 1 hour or less per weekday, and 49.2 percent watched for more than 1 hour per weekday. Among school-aged children (aged 6-11 years), the proportions are similar, but among adolescents, more than half (56.4 percent) watched more than an hour of TV or videos per day.

Children aged 1-5 years in households with incomes below the Federal poverty level (FPL) were most likely to have watched more than 1 hour of TV or videos per day (56.1 percent). Among children with household incomes between 100 and 199 percent of the FPL, 53.2 percent watched more than 1 hour of TV per day, as did 50.2 percent of children in households with incomes between 200 and 399 percent of the FPL and 37.6 percent of those with household incomes of 400 percent or more of the FPL watched more than 1 hour per weekday.

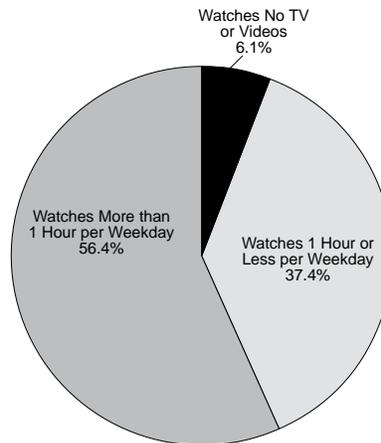
Screen Time Among Children Aged 1-5 Years



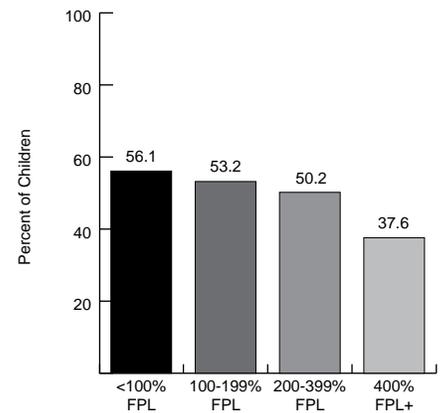
Screen Time Among Children Aged 6-11 Years



Screen Time Among Children Aged 12-17 Years



Children Aged 1-5 Years Who Watch More Than 1 Hour of TV or Videos per Weekday, by Poverty Level



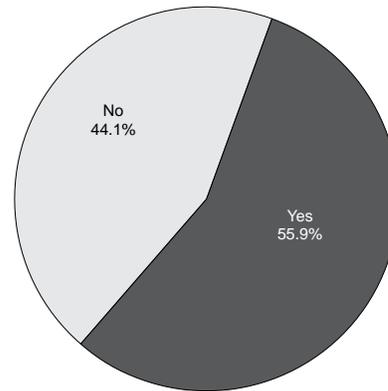
The Federal Poverty Level (FPL) was \$22,350 for a family of 4 in 2011.



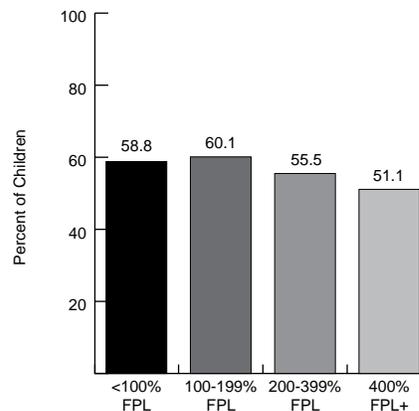
Screen Time (continued)

Bright Futures guidelines also recommend that children of all ages not have a TV in their bedroom. Among children aged 6-17 years, 55.9 percent were reported to have a TV in their bedroom. Children aged 6-17 years in lower-income households were more likely to have a TV in their room than those in higher-income households. Among children aged 6-17 years with household incomes below the FPL, 58.8 percent had a TV in their bedroom, while 60.1 percent of those with incomes between 100 and 199 percent of FPL and 55.5 percent of those with incomes between 200 and 399 percent of FPL had a TV in their bedroom. Children whose household incomes were 400 percent or more of FPL were least likely to have a TV in their bedroom (51.1 percent).

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



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



The Federal Poverty Level (FPL) was \$22,350 for a family of 4 in 2011.

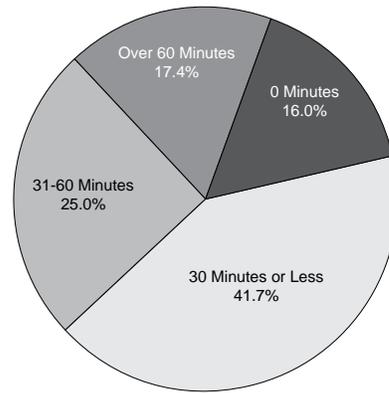


Reading for Pleasure

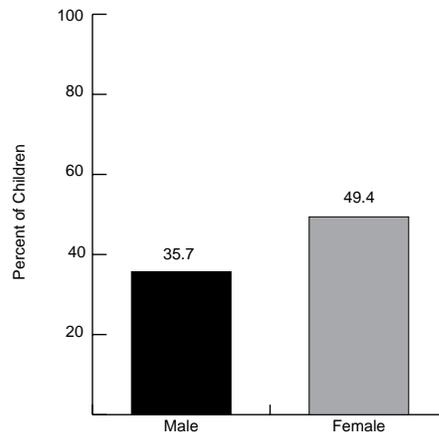
Parents of school-aged children (aged 6-17 years) were asked how much time their child spent reading for pleasure on an average school day. Overall, 84.0 percent of children in this age group read for pleasure for some amount of time, and those who did read were reported to spend an average of 64 minutes per school day reading.

Girls are more likely to read for pleasure than boys. Of girls aged 6-17 years, 49.4 percent were reported to read for pleasure for at least 30 minutes on an average school day, compared to 35.7 percent of boys in this age group.

Time Spent Reading for Pleasure Each Day Among Children Aged 6-17 Years



Children Aged 6-17 Years Who Read for Pleasure for More Than 30 Minutes Each Day, by Sex





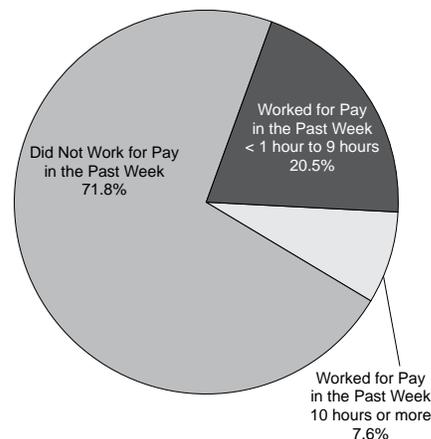
Working for Pay

Parents of children aged 12 and older were asked whether their children worked outside the home for pay in the previous week, and if so, how many hours their children had worked for pay in the previous week. Overall, 28.1 percent of children aged 12-17 years had worked for pay; the parents of those who did work outside the home reported that their children worked an average of 7.5 hours.

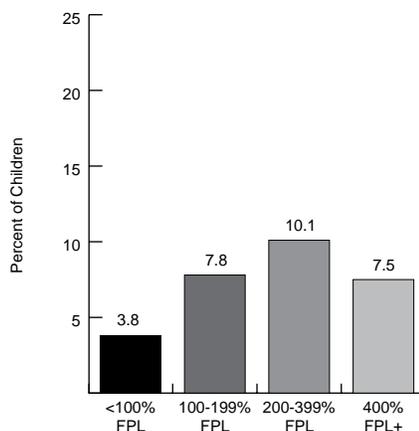
Children aged 12-17 years whose households had incomes below the Federal poverty level (FPL) were the least likely to have worked 10 or more hours for pay in the previous week (3.8 percent), compared to children with higher incomes. Children in households with incomes between 200 and 399 percent of FPL were most likely to have worked (10.1 percent), followed by 7.8 percent of those with household incomes between 100 and 199 percent of FPL and 7.5 percent of those with household incomes of 400 percent or more of FPL.

The percentage of children working outside the home for pay for 10 or more hours in the previous week also varied by race and ethnicity. Among children aged 12-17 years, non-Hispanic White children were the most likely to have worked for pay for at least 10 hours (10.3 percent), fol-

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

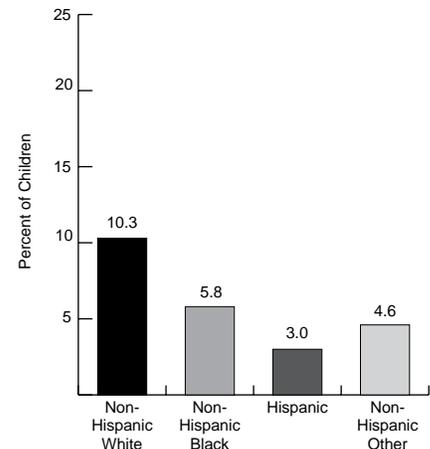


Children Aged 12-17 Years Who Worked for Pay at Least 10 Hours in the Previous Week, by Poverty Level



The Federal Poverty Level (FPL) was \$22,350 for a family of 4 in 2011.

Children Aged 12-17 Years Who Worked for Pay at Least 10 Hours in the Previous Week, by Race/Ethnicity



lowed by 5.8 percent of non-Hispanic Black children, and 4.6 percent of non-Hispanic children of other races.

Hispanic children were least likely to have worked 10 or more hours in the previous week (3.0 percent).



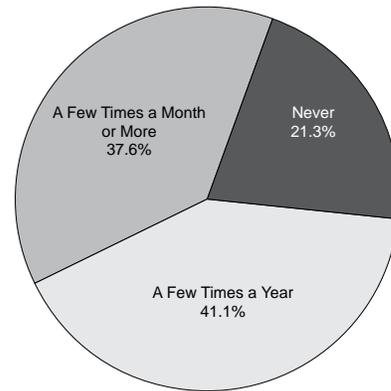
Volunteering

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 children in this age group, 37.6 percent of children participated in these types of activities once a month or more during the previous year, while 41.1 percent did so a few times that year and 21.3 percent had not participated in any community service or volunteer activities in the previous year.

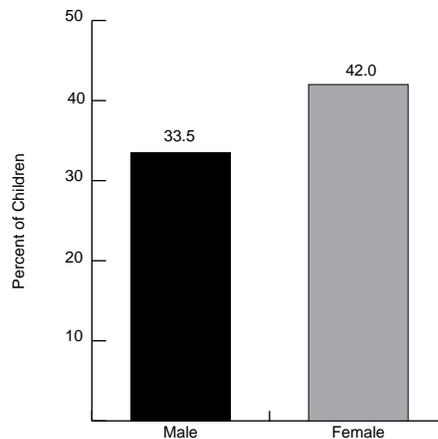
Girls aged 12-17 years were more likely to have volunteered a few times a month or more than boys of the same age group. Of girls aged 12-17, 42.0 percent had volunteered a few times a month or more, while 33.5 percent of boys did so.

Participation in community service or volunteer activities did not vary dramatically by household income. The proportion of children aged 12-17 years who volunteered at least a few times a month ranged from 34.4 percent of children with household incomes below the Federal poverty level (FPL) to 39.3 percent of those with incomes of 400 percent of the FPL or more.

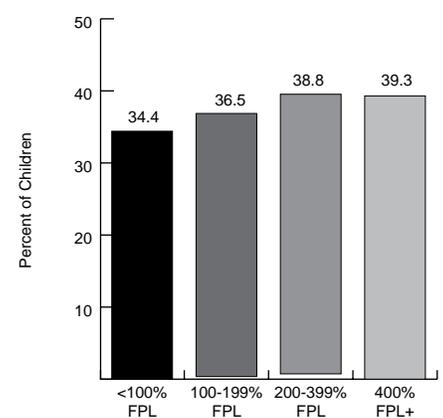
Volunteering in the Previous Year Among Children Aged 12-17 Years



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



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



The Federal Poverty Level (FPL) was \$22,350 for a family of 4 in 2011.