

**The Health
and Well-Being
of Children:**
A Portrait
of States and
the Nation
2011-2012

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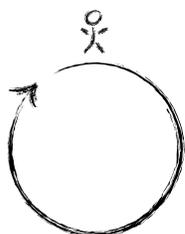
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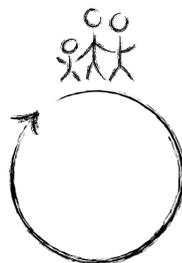


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Executive Summary

Since 2003, the National Survey of Children's Health (NSCH) has presented in-depth National and State-level data on the health and well-being of children in their families and communities. The latest round of the survey, conducted in 2011-2012, provides a snapshot of children's physical, mental, and developmental health status; access to health care; activities at school, outside of school, and at home; and their safety and security in their neighborhoods and at school. The NSCH, supported and developed by the U.S. Department of Health and Human Services, Health Resources and Services Administration's Maternal and Child Health Bureau and conducted by the National Center for Health Statistics of the Centers for Disease Control and Prevention, is the only nationally-representative survey that considers children's health and well-being within the contexts of the family and community.

This survey represents the third round of the NSCH, which was previously conducted in 2003 and 2007. While many indicators were measured consistently over the three rounds of the survey, many of the survey's questions were revised or reordered, some of the composite indicators have been redefined, and the sample design was changed to incorporate cell-phone-only households in 2011-2012. Consequently, the indicators described here cannot be compared directly with the findings of the previous surveys without more detailed statistical analysis.

The NSCH provides data for Healthy People 2020, the nation's health objectives for the decade. Healthy People 2020 has clear objectives

with attainable targets to support the well-being of children by the year 2020. While many of the objectives in Healthy People 2020 can be viewed by age groups, including children, there are two topic areas that have a specific focus on health outcomes for children – Early and Middle Childhood and Maternal, Infant, and Child Health.

The NSCH surveyed the parents of a total of 95,677 children, or approximately 2,000 per State. Of the children included in the sample, 32.7 percent were aged 0-5 years, 33.2 percent were aged 6-11 years, and 34.1 percent were 12-17 years old. Just over half (51.2 percent) were boys, and the remaining 48.8 percent were girls. White, non-Hispanic children represented 57.5 percent of the sample, while 23.7 percent were Hispanic, 13.5 percent were non-Hispanic Black, and 10.3 percent were non-Hispanic of other races.

This chartbook presents indicators of the health and well-being of children, the supportive and risk factors in the family environment, and aspects of the neighborhood that may support or threaten families and children. These indicators present basic information on the health status and risk and protective factors experienced by children on the national level, and show the subpopulations who are at particular risk in each area, highlighting those differences that are statistically significant. This is followed by a presentation of key indicators on the State level for each of the 50 States and the District of Columbia.

The survey found that, in general, children are healthy and receive regular health care. Overall, 84.2 percent of children are reported to be in excel-

lent or very good health, 94.5 percent had health insurance at the time of the survey, and 84.4 percent receive an annual preventive health care checkup. Most young children (79.2 percent of children aged 0-5 years) were reported to have ever been breastfed, and 81.6 percent of school-aged children miss a week of school or less each year due to illness.

Many aspects of children's home and family environment support their health and development. Eighty-four percent of school-aged children read for pleasure on a typical day, a habit that can improve their school performance and support their intellectual development, and more than three quarters (78.4 percent) share meals with their families most days of the week. A new indicator in this round of the survey measures whether children are flourishing, based on their ability to interact positively with their families and communities. Overall, 73.2 percent of young children (aged 6 months-5 years) met all of the survey's criteria for flourishing, as did 47.7 percent of older children (aged 6-17 years).

Most parents express confidence in their communities as well: 82.1 percent of children live in neighborhoods that their parents find to be supportive of them, the parents of 86.6 percent report that their children are safe in their neighborhood, and 92.6 percent were reported to be safe at school. These statistics represent good news about children's prospects for healthy development.

Just as a child's family environments influence their health, so too can a child's health affect the well-being of the family. The needs of children who have asthma or other



special health care needs, including emotional and behavioral problems, can place demands on their families due to the time and expense required for their care. Nearly one-quarter of children (23.6 percent) are reported to have at least one of a list of 18 chronic conditions, and of these children, 49.8 percent have a condition that is moderate or severe in its impact, in the view of their parents.

The survey also shows areas of children's health and health care services where room remains for improvement. While a large majority of children receive annual preventive health care visits, fewer receive annual preventive dental care; only 77.2 percent of children received a preventive dental visit in the previous year. In addition, many children with developmental, behavioral or emotional conditions need mental health services, but only 61.0 percent of these children receive any such services, according to their parents.

Another measure of children's access to appropriate health care is whether or not they have a "medical home," a regular source of medical care that meets the standards of accessibility, continuousness, comprehensiveness, coordination, compassion, and cultural sensitivity. The parents of just over half of children (54.4 percent) report that their children's care meets this standard. Among children with special health care needs, defined as those who have a chronic physical, developmental, behavioral or emotional condition and who also require health and related services of a type or amount beyond that required by children generally,¹ fewer than half (46.8 percent) re-

ceived care from a medical home.

While children's family environments appear to support their development, some parents may not be able to provide a healthy, stimulating environment for young children. For example, nearly one quarter (24.1 percent) of children live in a household with a smoker. Added to this round of the survey is a series of questions about adverse experiences that a child may have faced, such as experiencing poverty or divorce, witnessing domestic violence, or living with someone with a mental illness or problems with alcohol or drugs. Overall, 47.9 percent of children have had at least one of these adverse experiences in their lifetimes.

Some groups of children are at higher risk of health problems and barriers to health care as well. Children in low-income households are less likely to be in excellent or very good health, miss more days of school due to illness, and are more likely to be overweight or obese than children in higher-income households. Low-income children are less likely to be read to daily, more likely to live in households where someone smokes, more likely to repeat a grade in school, and more likely to live in neighborhoods that do not feel safe or supportive, and their parents are more likely to report parenting stress. These circumstances may combine to put children in low-income households at a health, developmental, and educational disadvantage.

Children from low-income households are less likely than children from higher-income households to do volunteer work or community service, to work for pay, to read for pleasure on a typical weekday, or to participate in activities outside of school like sports teams, Scouts, and religious groups.

These activities, among others, can enrich the lives of children, their families, and communities.

Having adequate and continuous health insurance can help to assure access to needed health care. Children without health insurance are less likely to receive preventive medical and dental care, receive all of the mental health services they need, and to have a medical home. Another population of children who may be especially vulnerable is children with special health care needs; compared to other children, children with special health care needs are more likely to have conditions that have a moderate or severe impact on their families, and more likely to have injuries that require medical care, and miss more days of school each year. However, these children are also more likely to have health insurance and less likely to have a gap in coverage over the course of a year than are children without special health care needs.

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