

National Survey of Children's Health

Rural Children's Health and Health Care, 2019-2020

Data Brief | February 2022

RURAL/URBAN RESIDENCY

- HRSA's Federal Office of Rural Health Policy (FORHP) defines rural areas using a combination of counties and census tracts.
- Counties designated rural include those with large towns (micropolitan areas) with populations of 10,000-49,999 and surrounding areas; small rural towns with 2,500-9,999 individuals and their surrounding areas; and isolated areas. Urban counties include metropolitan and surrounding areas from which commuters flow to an urban core.
- Some counties are geographically large so FORHP also identifies rural census tracts within metropolitan counties using the 2010 Rural-Urban Commuting Area codes (RUCAs) developed by FORHP and the United States Department of Agriculture.
- Census tracts are the building blocks for RUCA codes on a scale representing urbanization, population density, and daily commuting flow.

ABOUT

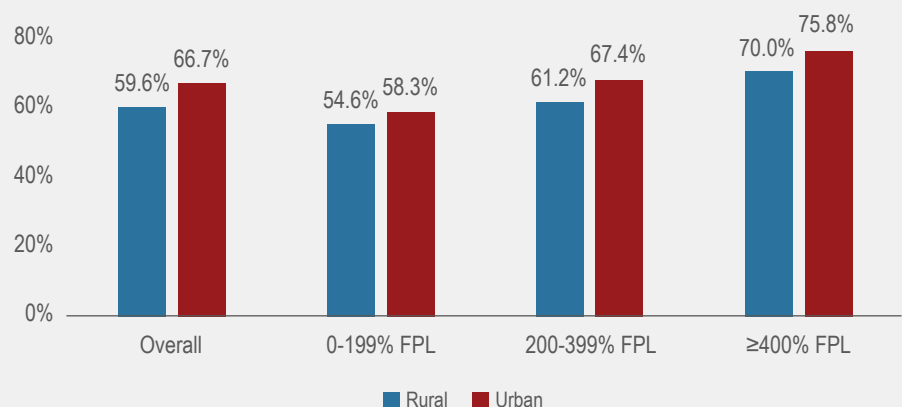
The Health Resources and Services Administration's (HRSA) Maternal and Child Health Bureau (MCHB) funds and directs the National Survey of Children's Health (NSCH). The NSCH is the **largest national- and state-level survey on the health and health care needs of children ages 0-17, their families, and their communities**. Approximately 12% (n=13,957) of the 2019-2020 NSCH sample were children residing in rural locations.

KEY FINDINGS

Receipt of Preventive Medical and Dental Visits in 2019-2020

- Overall, rural children were less likely to have one or more preventive medical and dental visits in the past 12 months (59.6%) than urban children (66.7%).
- Additionally, rural children were less likely than urban children to have past year medical and dental preventive care at every level of household income: 0-199% of the Federal Poverty Level (FPL) (rural=54.6%, urban=58.3%), 200-399% FPL (rural=61.2%, urban=67.4%), and ≥400% FPL (rural=70.0%, urban=75.8%).
- Preventive care increased with increasing household income levels for both rural and urban children.

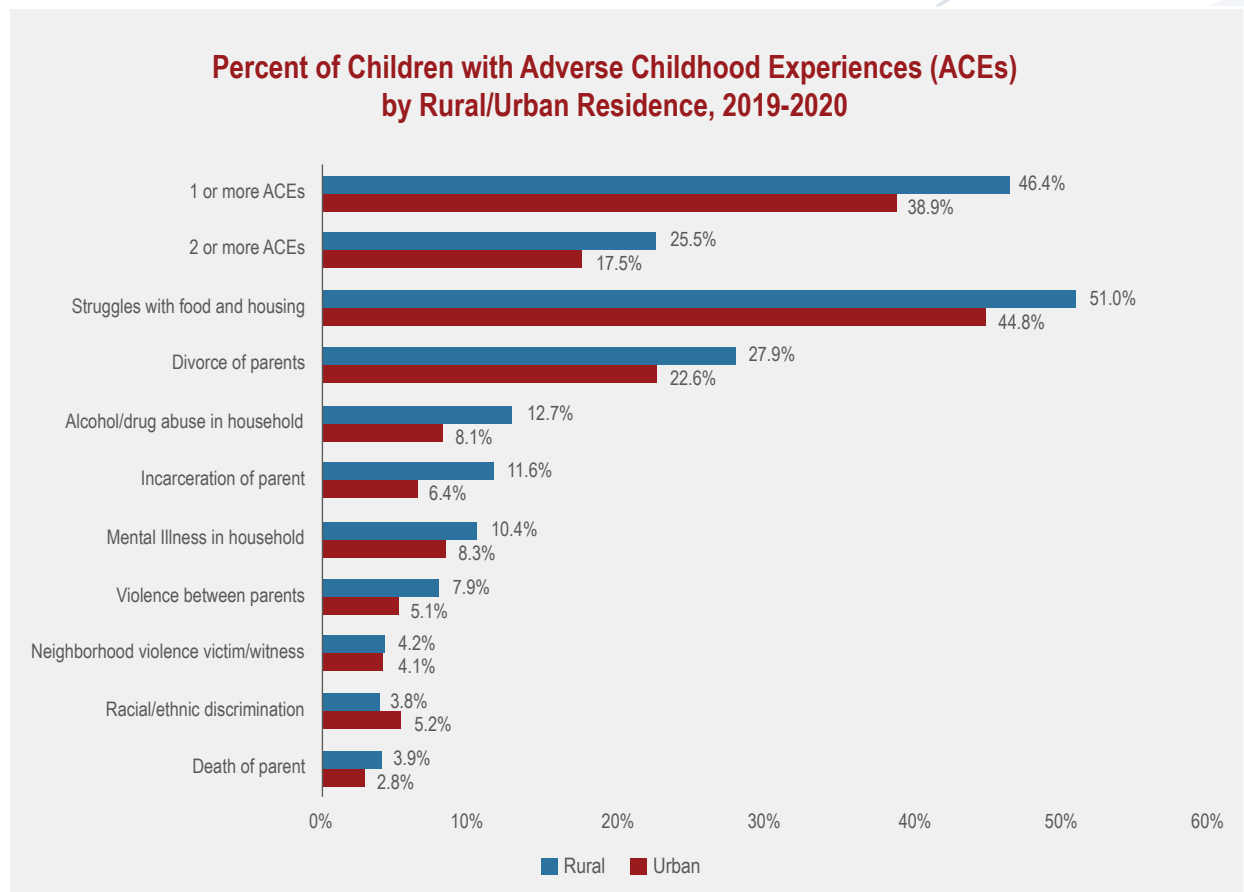
Percent of Children with Preventive Medical and Dental Visits by Federal Poverty Level* (%FPL) and Rural/Urban Residence, 2019-2020



*Federal poverty level (FPL) is a measure of income issued every year by the U.S. Department of Health and Human Services (HHS) and is used to determine eligibility for programs and benefits, including federal health insurance programs for children.

Adverse Childhood Experiences

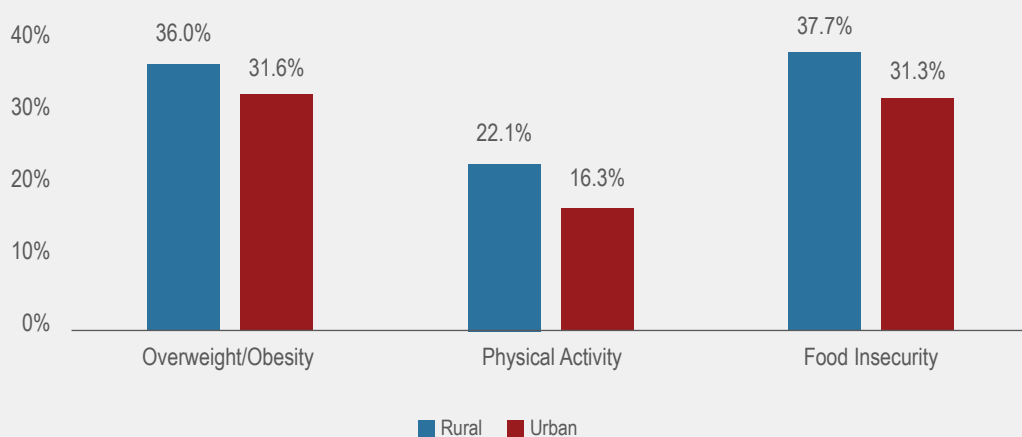
- Adverse childhood experiences (ACEs) are defined as stressful or traumatic events that occur during childhood and are strongly related to a wide range of health problems throughout a person's lifetime, with multiple ACEs increasing the risk of poor health. NSCH collects data on nine ACEs.
- Nearly half (46.4%) of rural children had at least one ACE compared to 38.9% of urban children.
- Seven out of nine ACEs were more common among rural children compared to urban children. These included: "had a hard time covering the basics, like food or housing, on the family's income" (rural=51.0%, urban=44.8%), "parent/guardian divorced or separated" (rural=27.9%, urban=22.6%), "lived with anyone with an alcohol/drug problem" (rural=12.7%, urban=8.1%), "parent/guardian served time in jail" (rural=11.6%, urban=6.4%), "lived with anyone who was mentally ill, suicidal, or severely depressed" (rural=10.4%, urban=8.3%), "saw or heard parents slap, hit, kick, punch one another in the home" (rural=7.9%, urban=5.1%) and had a "parent or guardian who died" (rural=3.9%, urban=2.8%).



Weight, Physical Activity, and Food Insecurity

- Based on parent report, overweight/obesity (≥ 85 percentile Body Mass Index for age) prevalence was higher among children ages 10-17 years in rural areas (36.0%) compared to urban areas (31.6%).
- However, rural children ages 10-17 were more likely than urban children to meet the recommended 60 minutes of daily physical activity (rural=22.1%, urban=16.3%).
- Food insecurity is associated with increased odds of obesity in children and adults. It is assessed in the survey as either “not always able to afford enough to eat” or “being able to afford enough to eat, but not always the right kinds of food.” Rural children ages 10-17 years had higher rates of food insecurity (37.7%) compared to same-age urban children (31.3%).

Percent of Children Ages 10-17 years with Overweight/Obesity, Recommended Physical Activity and Food Insecurity by Rural/Urban Residence, 2019-2020



NSCH DATA COLLECTION

HRSA MCHB works with the U.S. Census Bureau to conduct the survey, oversee sampling, and produce a final data set for public use. We conduct it annually as a household survey, and the respondent is a parent or guardian with knowledge of the sampled child. Respondents complete either web-based or self-administered paper-and-pencil questionnaires. The Census Bureau selects one child per household to be the subject of the detailed age-specific questionnaire.

Data Note: Parents completed questionnaires for 72,210 children in 2019/2020. Combining multiple years of data enables more reliable estimates, especially for smaller subpopulations. To protect confidentiality, certain information on rural/urban status is not available on the public use files. The estimates presented in this brief were produced with restricted access files. The U.S. Census Bureau reviewed this product for unauthorized disclosure of confidential information and approved the disclosure avoidance practices applied to this release: CBDRB-FY22POP001-0050.