2005 CHILD WELL BEING SURVEY FACT SHEETS

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2005 CHILD WELL BEING SURVEY

Child Policy Research Center, The Health Foundation of Greater Cincinnati, United Way of Greater Cincinnati

The Child Policy Research Center (CPRC)

has developed brief reports from the 2005 Child Well Being Survey (CWB) on the following topics:

- · General health status
- Selected chronic conditions
- Medical home
- Injury requiring medical attention
- · Health insurance status
- Food security of household
- Child care arrangements
- Child's behavioral/emotional health
- Middle childhood activity
- Parent perception of substance use

Summary data from the 2005 Child Well Being Survey is available in PDF format at the CPRC's web site http://www.cincinnati childrens.org/cprc or at the University of Cincinnati web based online statistical tool http://www.oasis.uc.edu.

Many questions used in the 2005 CWB survey come from the National Survey of American Families, the National Children's Health Survey, and the National Health Interview Survey. US estimates can be compared to some measures of child health in the CWB 2005. When appropriate, these data are indicated in the brief reports.

The brief reports of CWB 2005 data present selected findings on particular measures. For more information about all CWB survey items and other child health issues, please contact the CPRC at (513) 636-0180.

The *Child Well Being Survey (CWB) 2005* is a joint project of the Child Policy Research Center at Cincinnati Children's Hospital Medical Center, The Health Foundation of Greater Cincinnati, and United Way of Greater Cincinnati. The survey was administered by the Institute for Policy Research at the University of Cincinnati during the months of October through December of 2005.

The survey provides data on the well-being of children who live in the tri-state area. The survey compares to popular national surveys to provide a depiction of how children in the area measure up to children in the nation. The CWB survey was also administered in 2000. Many of the questions are similar and thus data on the well-being of children can be compared between 2000 and 2005.

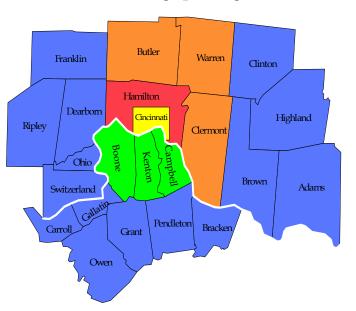
The results of this survey provide policy makers, decision makers, public agencies, and academicians with population-based information to describe and monitor the health and well-being of children in the area. Data from the CWB survey can be used to guide and implement change in policy to improve the outcomes of our children.

Methods

A total of 1,559 randomly selected caregivers (primarily parents) of children under the age of 18 residing in 5 geographic regions in the tri-state were interviewed by telephone. The 5 geographic regions include: the city of Cincinnati, Hamilton County (outside of the city of Cincinnati); Ohio counties (Butler, Warren, Clermont); Northern Kentucky counties (Boone, Kenton, Campbell), and 15 rural counties in Indiana, Ohio, and Kentucky (see blue area of map).

The CWB data are weighted to best reflect the population. Sample weights were developed to account for households with more than one telephone number, households with

Five Geographic Regions



For more information on the methods, please see the CWB Technical Report at the CPRC's web site http://www.cincinnatichildrens.org/cprc.

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multiple children, under or over- representation of various demographic groups in the population due to sampling variability and non-response, and finally, to account for the stratification and disproportionate sampling of the population in the 22-county area.

Thanks to The Health Foundation of Greater Cincinnati, United Way of Greater Cincinnati, and the Institute for Policy Research for providing support for the development and conduct of this research.





Child Health Status

Results from the 2005 *Child Well Being Survey (CWB)*Child Policy Research Center, The Health Foundation of Greater Cincinnati, and United Way of Greater Cincinnati

The Child Well Being Survey

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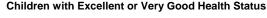
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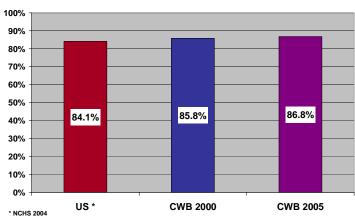
Five Geographic Regions



Selected Findings

Parents and primary caregivers reported the health status of their children. Overall in 2005. 86.8% of CWB caregivers report that their children have either excellent or very good overall health. CWB 2000 and national estimates show similar rates of favorable health status among children.

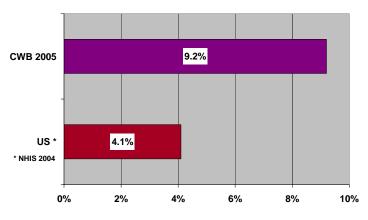




Children living in poverty in greater Cincinnati are twice as likely to have fair or poor health compared to children in the US (9.2% vs. 4.1%).

Only 75.3% of poor children have excellent or very good health in 2005, compared to 86.8% of all children.

Children with Fair or Poor Health Status Living in Families Below 100% FDL





Child's Health Insurance

Results from the 2005 *Child Well Being Survey (CWB)*Child Policy Research Center, The Health Foundation of Greater Cincinnati, and United Way of Greater Cincinnati

The Child Well Being Survey (CWB) is a project of the Child

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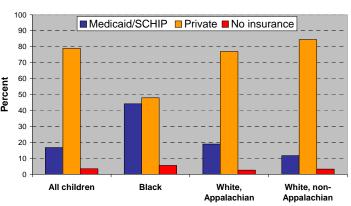
Five Geographic Regions



Selected Findings

Insurance Type by Child's Race/Ethnicity

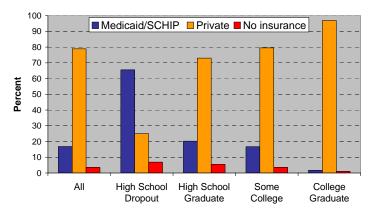
Survey respondents were asked to describe the type of health insurance coverage for their child. Almost 80% of children in Greater Cincinnati were covered by private insurance, but only 48% of African American children had similar coverage. Another 44% of African American children in the area had some form of



publicly financed health insurance, either through Medicaid or CHIP, the state-based Children's Health Insurance Program. White children of Appalachian heritage were more likely than non-Appalachian white children to be covered under Medicaid or CHIP. The share of African American children with no health insurance was 6%, substantially higher than the comparable share for white Appalachian and non-Appalachian children. In 2005, 3.5% of all children in the 22-county survey area had no health insurance, a substantial improvement from 6.6% in 2000.

Insurance type is highly correlated with the caregiver's educational attainment. Adults with higher levels of education are less likely to rely on Medicaid/CHIP, and more likely to have private insurance. A high school dropout is 33 times more likely than a college graduate to rely on Medicaid or CHIP for a child's health insurance.

Insurance Type by Caregiver's Education





Do Children Have a Medical Home?

Results from the 2005 *Child Well Being Survey (CWB)*Child Policy Research Center, The Health Foundation of Greater Cincinnati, and United Way of Greater Cincinnati

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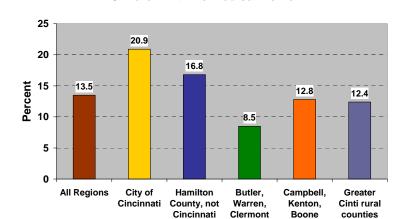
Five Geographic Regions



Selected Findings

According to the American Academy of Pediatrics, a medical home includes a mutually respectful partnership between the family and the child's primary provider that provides usual care and after-hours access to consultation and care coordination. A medical home is not a building, house, or hospital, but rather an approach to providing comprehensive primary care. A medical home is defined as primary care that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective.

Among greater Cincinnati children. 13.5% do not have a medical home in contrast to CDC estimates for U.S. children in 2004 in which only 5% do not have a "usual source of care". For U.S. adults in 1999, overall, 22% reported that they do not have a "usual primary care provider".



Children with No Medical Home

Children are most likely to go to a private physician office. Nearly 10% of caregivers report using community-based health centers for their children. African Americans and caregivers with no insurance or Medicaid are most likely to use community-based health centers for care. Overall, 9% of greater Cincinnati children have used an ER more than

All children City of Cincinnati Hamilton Co., not Cinti.

Type of medical facility children go to most often

counties

counties

(OH, KY, IN)

60.0 40.0 20.0 0.0 **Public** Private Hospital Hospital Urgent Office health outpatient ER care clinic dept center

once in the last 12 months. As seen in the 2000 and 2005 CWB, African American children are much more likely to use an ER for care.



Hospital Emergency Room as Usual Source of Care

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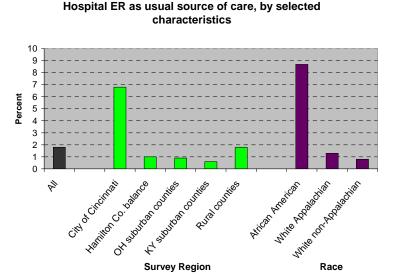
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Five Geographic Regions



Selected Findings

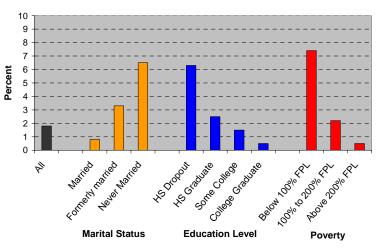
Although fewer than 2% of caregivers reported that they use a hospital emergency room as their child's usual source of medical care, there is considerable variation across regions, race/ethnic groups, and socioeconomic classifications. Use of a hospital emergency room (ER) as the usual source of pediatric care is highest in Cincinnati, in part because of proximity but also due



to the city's demographic composition. Almost 9% of African American children in the 22-county survey area are brought to an ER when they're sick or their caregiver needs advice regarding the child's health. This usage rate is 10 times higher than the comparable rate for white non-Appalachian children, and almost seven times higher than the rate for white Appalachian kids.

Use of a hospital ER is more common among caregivers with income below the federal poverty level, as well as never-married caregivers and those who failed to complete high school. A high school dropout is 12 times more likely than a college graduate to bring her child to the ER for non-emergency care. Similarly, use of the ER is eight times higher for children with never-married

Hospital ER as usual source of care, by selected caregiver characterics



caregivers than it is among kids with a married caregiver, and two times higher than among children of caregivers who are separated, divorced, or widowed. Children in households below the poverty level come to the ER for routine care at a rate almost 15 times higher than children in higher-income households, above 200% of poverty level.



Chronic Conditions- Asthma, ADHD, Learning Disability

Results from the 2005 Child Well Being Survey (CWB)
Child Policy Research Center, The Health Foundation of Greater Cincinnati, and United Way of Greater Cincinnati

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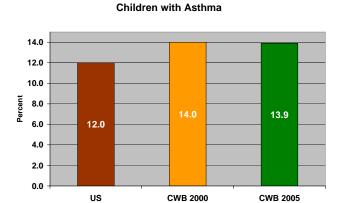


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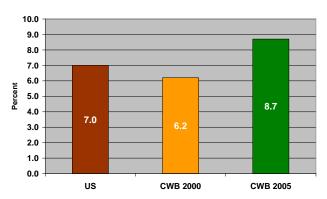
Common childhood conditions include asthma, attention deficit hyperactivity disorder (ADHD), and learning disabilities. In the 2005 CWB, primary caregivers were asked to report if a physician or other health professional had told them that their child had one of these conditions. The charts below compare national estimates from the 2004 National Health Interview Survey to CWB 2000 and CWB 2005 results.

Children in greater Cincinnati have not experienced an increase in physiciandiagnosed asthma since 2000. In the first CWB survey of 2000, 14% of all children had asthma compared to 13.9% in 2005. Nationally, 12% of all children in theUS had asthma in 2004. Prevalence rates are notably high in African American children- 21.8% in 2005 CWB and 22.5% in 2000.

Nationally, 7% of children suffer from ADHD. In 2005, 8.7% of children in the CWB 22-couinty region had ADHD compared to 6.2% in 2000.

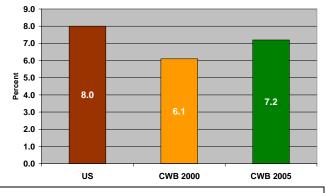






Children with a Learning Disability

In the US, parents report that 8% of children had a learning disability in 2004. In 2000, 6.1% of children in our region were diagnosed with a learning disability. Five years later, 7.2% of children suffer from this common condition.





Injuries Requiring Medical Attention

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Five Geographic Regions

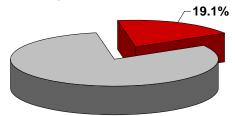


Selected Findings

The CWB survey asked caregivers, "During the past 12 months, has your child been injured and required medical attention?" Respondents were then asked where the most recent injury occurred.

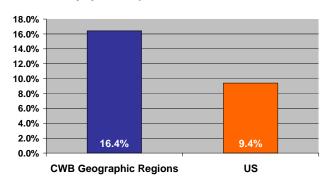
Overall, almost 20% of all children experienced an injury that required medical attention in 2005. White children (Appalachian and non-Appalachian) were more likely than African American children to suffer an injury that required medical attention. Injuries occurred more often to children of caregivers with the highest income levels (23% vs. 18% vs. 16%). It is possible that some groups of caregivers are more likely to seek medical attention for injury.

% of children who experienced an injury that required medical attention



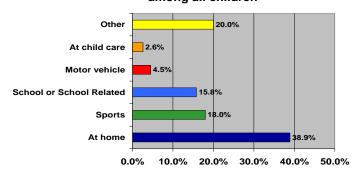
In comparison to the US, children younger than 5 years were almost twice as likely to experience an injury that required medical attention in the CWB 5 geographic regions (16.4% in the CWB area vs. 9.4% in US) (National Survey of Children's Health 2004).

% of children (0-5 yrs) who experienced an injury that required medical attention



The majority of injuries that occurred to children ages 0 to17 years in 2005 happened in the home (39%) or some "other" place (20%).

Place where most recent injury occured among all children





Child Behavioral and Emotional Health

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The Child Well Being Survey

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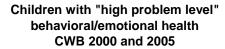
Five Geographic Regions

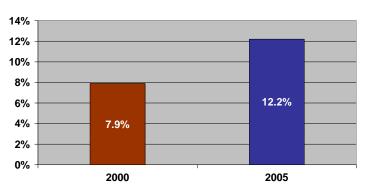


Selected Findings

Child behavioral and emotional health status was ascertained using scales from the National Survey of American Families (NSAF). Some measures include 'child does not get along with other kids,' 'child can not concentrate,' 'child is unhappy' etc. Child behavioral and emotional health was reported by caregivers for children ages 6-17 years.

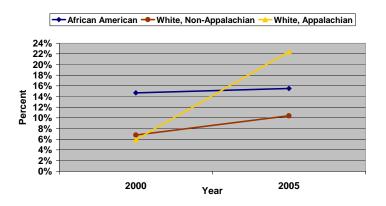
The CWB 2005 survey estimates that 12.2% of Greater Cincinnati children have a high problem level of behavioral and emotional health. This estimate is 4% higher than in 2000. In the CWB 2000 survey, it was estimated that 7.9% of children had high problem level emotional health.





Racial and ethnic differences in the rise of high problem level behavioral/emotional health among children exist. White Appalachian children experienced the most dramatic increase in emotional health problems. In 2000, 5.9% of white Appalachian children had high problem level emotional health. In 2005, this percentage rose to

Racial differences in rise of "high problem level" behavioral/emotional health



22.4%. More white, non Appalachian children and African American children experience emotional health problems in 2005 compared to CWB 2000 estimates.



Child Care Arrangements and Reasons for Choosing Provider

Results from the 2005 Child Well Being Survey (CWB)

Child Policy Research Center, The Health Foundation of Greater Cincinnati, and United Way of Greater Cincinnati

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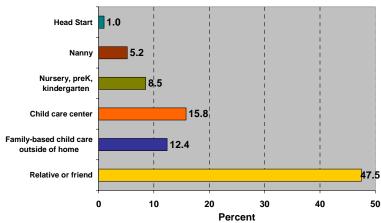
Five Geographic Regions



Selected Findings

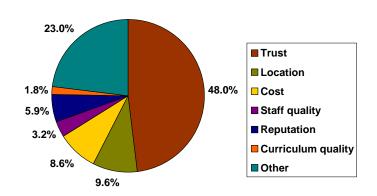
As in 2000, the current survey reveals that more than half of greater Cincinnati children less than 6 years old have some sort of child care arrangement. Of these, almost 47.5% are cared for by a relative or friend. Future improvements in the quality and affordability of child care should consider that number of children in less formal care.

Primary Child Care Arrangements



Although providers are especially concerned with the quality and affordability of care, from the parent perspective trust in the care provider is by far the most important factor in choosing a child care arrangement.

Main Reason for Choosing Child Care Provider



The day to day availability of child care may be problematic. More than 25% of greater Cincinnati families who use child care report that they have to make last minute arrangements 2 or 3 times per month. Perhaps related to this, 12% of greater Cincinnati parents have had to quit a job, not take a job, or greatly change their job in the last year because of problems with child care.



Food Security of Primary Caregiver/Household

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Five Geographic Regions

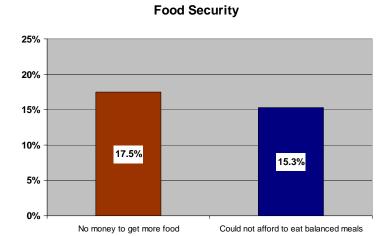


Selected Findings

Food security is a term that describes the ability of a person or household to obtain adequate, nutritious food. Food insecurity and hunger are often inextricably linked. Hungry children have a harder time learning, more disruptive behavior, school absences and lower achievement scores (Children's Hunger Alliance)

The 2005 CWB survey questions on food security were derived from the USDA food security subscale. Primary caregivers responded about food security in their households. According to the "Household Food Security in the US," in 2004,11.9% of American households reported food insecurity.

In the last 12 months, 17.5% of greater Cincinnati households felt that it was often or sometimes true that they did not have enough money to replenish their food supply. A similar percentage of households, 15.3%, believed it was often or sometimes true that they could not afford to eat balanced meals.



Compared to the greater Cincinnati region, overall, twice as many city of Cincinnati households cut the size of their meals or skipped meals altogether because there was not enough money for food in 2005 (22% vs. 10.2%). Among the 10.2% of households that cut or skipped meals in the entire

Cincinnati 22.0% CWB Geographic Regions

Caregivers who have cut sizes or skipped meals

because no money

CWB area, 33% had to do this almost every month during the past year. Onequarter of households that skipped meals did so during some months out of the year. A slightly larger percentage, 42%, did so only 1 or 2 months out of the year.

For more information about this health topic and other child health issues or for a custom analysis of the data, please contact the Child Policy Research Center at Cincinnati Children's Hospital Medical Center. Phone (513) 636-0180; fax (513) 636-0171; or Email at www.cincinnatchildrens.org/cprc.



20%

25%

Childhood (Middle Adolescent) Activity

Results from the 2005 Child Well Being Survey (CWB) Child Policy Research Center, The Health Foundation of Greater Cincinnati, and United Way of Greater Cincinnati

The Child Well Being Survey (CWB) is a project of the Child Policy Research Center, The Health Foundation of Greater Cincinnati and United Way of Greater Cincinnati. The University of Cincinnati's Institute for Policy Research administered the random telephone survey of caregivers of children in a 22-county area in Ohio, Kentucky, and Indiana from October through December 2005. The survey provides policy-makers, decision-makers, public agencies, and academicians with populationbased information to describe and monitor the well being of children in the tri-state area.

Topics include: child health status, selected chronic conditions, medical home, injury requiring medical attention, health insurance, middle childhood activity, food security, child care arrangements, child's behavioral and emotional health, parent perception of substance use, caregiver's health status and selected adult health measures. Many questions were taken from the National Survey of American Families, the National Children's Health Survey, and the National Health Interview Survey. These questions provide national estimates to compare to CWB estimates.

The sample includes 1,559 completed interviews. The sampling area was grouped into five geographic regions: city of Cincinnati; Hamilton County outside the city, Ohio suburban counties (Butler/Clermont/ Warren); Northern Kentucky suburban counties (Boone/ Campbell/Kenton); and 15 rural counties in Ohio, Kentucky, and Indiana. The 2005 sample data is weighted to provide accurate population estimates.

Five Geographic Regions



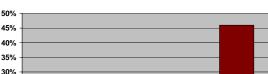
Selected Findings

The CWB 2005 survey included measures of childhood activity. The survey asked parents and caregivers how often their children participated in exercise, spent time alone, and took part in clubs, organizations, or sports teams in the past week. The American Heart Association recommends all children ages 2 and older should participate in at least 30 minutes of enjoyable, moderate-intensity activities every day. They should also perform at least 30 minutes of vigorous physical activities at least 3-4 days each week to achieve and maintain a good level of cardio respiratory (heart and lung) fitness.

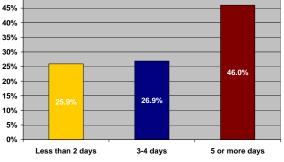
According to the CWB 2005 survey, 25.9% of greater Cincinnati children (ages 6-17 years) exercised or participated in physical activity for at least 20 minutes for only 2 days or less during the past week. Eight percent of these children did not exercise at all. In the city of Cincinnati, 38% of children exercised 2 days or less.

Older children, ages 13 to 17 years, are more likely than younger children, ages 6-12 years, to spend time caring for themselves, either at home or somewhere else without adult supervision (70% vs. 21%).

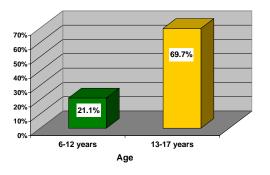
Twenty-eight percent of all children did not participate in a club, organization, or sports team. Children from the rural CWB counties and the city of Cincinnati were least likely to participate in organized activities. In addition, 51% of children living in poor households (below 100% FPL) did not partake in clubs or sports teams at the time their parents or caregivers were interviewed.



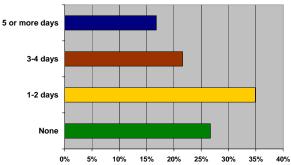
Amount of Exercise in the Previous Week



Child's Time Spent Alone Caring for Himself at Home or Somewhere Else



Participation in Clubs, Organizations, or Sports in the Previous Week





Substance Use among Teenagers

Results from the 2005 *Child Well Being Survey (CWB)*Child Policy Research Center, The Health Foundation of Greater Cincinnati, and United Way of Greater Cincinnati

The Child Well Being Survey

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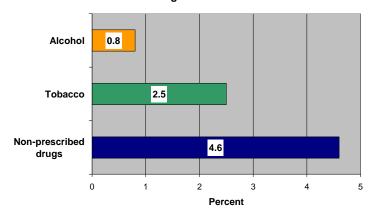
Five Geographic Regions



Selected Findings

Caregivers reported child substance abuse in the CWB 2005 survey. Caregivers were highly unlikely to report their child had used alcohol. tobacco, or other nonprescribed drugs in the last 30 days. In fact, estimates show among all caregivers, only 4.6% report that their child had used non-prescribed drugs, only 2.5% had used tobacco, and 0.8% had used alcohol in the last 30 days.

Caregiver Reported Substance Abuse among Children Ages 6-17



Caregivers were also asked to estimate the last time they spoke to their children about alcohol and other drugs. The majority of caregivers, 76.8%, reported they spoke to their children about substance use in the past month. Six percent of caregivers indicated they had spoken to their children about drugs and alcohol in the past year.

Elapsed Time Since Caregiver Spoke to Child about Sustance Abuse

