

2011 Greater Cincinnati/Northern Kentucky Child Well-Being Survey Project Report



Report Prepared by:

Rachel A. Sebastian, MA

Research Scientist

James M. Anderson Center for Health Systems Excellence

Cincinnati Children's Hospital Medical Center

Cincinnati, OH

Gerry Fairbrother, PhD

Senior Fellow

AcademyHealth

Washington, DC

The **2011 Child Well-Being Survey** was conducted with support from the following community partners:

The United Way of Greater Cincinnati

The Health Foundation of Greater Cincinnati

The Center for Clinical and Translational Science and Training at the University of Cincinnati

Vision 2015 of Northern Kentucky

For more findings from the 2011 Child Well-Being Survey and past surveys, visit: www.cchmc.org/service/j/anderson-center/health-policy/well-being/.

Data from the 2000, 2005, and 2011 Child Well-Being Surveys is available to the public through the *Health Foundation of Greater Cincinnati's* OASIS data system and can be accessed at www.healthfoundation.org.

For more information, please contact Rachel Sebastian, MA at (513) 803-2396 or Rachel.Sebastian@cchmc.org.

Contents

EXECUTIVE SUMMARY	4
METHODOLOGY	5
RESULTS BY SURVEY TOPIC	6
DESCRIPTION OF THE SAMPLE	6
HEALTH STATUS	7
<i>General Health Status</i>	7
<i>Condition of Child's Teeth</i>	7
<i>Children with Special Health Care Needs</i>	7
<i>Chronic Conditions/Health Problems</i>	8
HEALTH CARE ACCESS AND UTILIZATION	9
<i>Usual Source of Care</i>	9
<i>Receipt of Preventive Care</i>	9
<i>Behavioral Health Care</i>	9
<i>Emergency Care</i>	10
<i>Delayed/Foregone Medical Care</i>	10
<i>Health Insurance</i>	10
HEALTHY DEVELOPMENT	11
<i>Child Care</i>	11
<i>Activities & Time Use</i>	11
<i>Parenting</i>	12
RESOURCES AND ENVIRONMENT	13
<i>Food Security</i>	13
<i>Neighborhood Characteristics</i>	13
<i>Neighborhood Social Support</i>	14
<i>Community and School Safety</i>	14
APPENDIX A: 2011 CWBS TECHNICAL REPORT	15
APPENDIX B: 2011 CWBS QUESTIONNAIRE	35
APPENDIX C: TABLES	67



Executive Summary

Many health care decisions are made at the local level. Most data, however, are available only at the state or federal level. This is especially true for data on children's health and well-being. To address this gap, Cincinnati Children's has partnered with several community organizations or conduct the 2011 Greater Cincinnati/Northern Kentucky Child Well-Being Survey (CWBS). The CWBS is a random-digit-dial (RDD) telephone survey of caregivers in the Greater Cincinnati/Northern Kentucky region that has been conducted twice before in 2000 and 2005. Primary caregivers, usually parents, are asked questions about one randomly selected child in their household. The survey addresses topics such as child health status and chronic conditions, access to health care, insurance status, child care use, after-school activities, physical activity and screen time, family meals, food security, and neighborhood characteristics and safety. Through comparisons with past iterations of the Child Well-Being Survey as well as national and state-level child health data, the results of this survey will provide useful, population-based information for health-related organizations and agencies in the Greater Cincinnati/Northern Kentucky region, as well as policy makers and residents, as they work towards improving the overall health and well-being of children living in the Greater Cincinnati/Northern Kentucky region.

The 2011 CWBS included telephone interviews with 2,083 primary caregivers in the 22-county region. The region was sub-divided into five sub-regions to ensure a representative sample (see Technical Report, Appendix A). Unlike past versions of the survey, the 2011 CWBS included oversamples in Avondale, Covington, and Price Hill, providing additional information on these areas of high need. In addition, the 2011 survey included a cell phone sample in addition to the traditional land-line sample.

The CWBS is a rich source of data for our region that is intended to be utilized by all who find it useful. This report provides a summary of the findings from the 2011 CWBS by survey topic area. The appendix includes the full technical report, survey questionnaire, and detailed tabular results. Additional information about the CWBS can be obtained from the Anderson Center for Health Systems Excellence at Cincinnati Children's Hospital Medical Center (<http://www.cincinnatichildrens.org/service/i/anderson-center/health-policy/well-being/>).

Methodology

The **Child Well-Being Survey (CWBS)** is a random digit dial (RDD) telephone survey of primary caregivers of children in the Greater Cincinnati/Northern Kentucky region conducted by the Anderson Center for Health Systems Excellence and supported by Cincinnati Children's Hospital Medical Center, the Health Foundation of Greater Cincinnati, the United Way of Greater Cincinnati, the Center for Clinical and Translational Science and Training, and Vision 2015. The CWBS has been conducted three times, in 2000, 2005, and most recently in 2011. Primary caregivers, usually parents, are asked questions about one randomly selected child in their household. The 2011 CWBS includes questions about health status, chronic conditions, access to care, insurance status, child care, time use, food security, and neighborhood attributes. The CWBS relies mainly on validated questions that have been used by other national surveys about child health, making the data comparable to data collected at the national and state level.

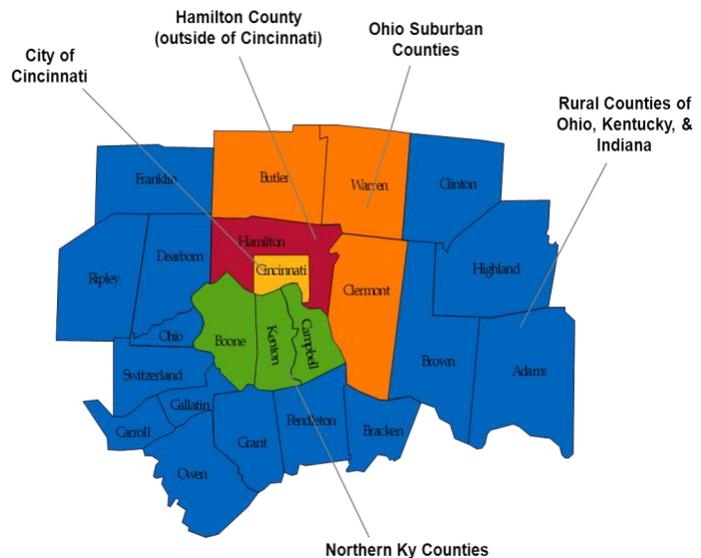


A total of **2,083** primary caregivers (mostly parents) of children under the age of 18 living in the Greater Cincinnati/Northern Kentucky region were interviewed by telephone between October 2011 and February 2012. Of the 2,083 completed surveys, **16% were cell phone interviews** and the rest conducted on landlines. For sampling purposes, the region was sub-divided into five sub-regions (see box).

The 2011 CWBS also included oversamples of Avondale, Price Hill, and the City of Covington.

The CWBS data are weighted to best reflect the population. Sample weights were developed to account for households with more than one telephone number, households with 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 of the 22-county region. The sampling error for the survey is $\pm 2.1\%$. This sampling error is based on a sample size of 2,083 and assumes a 95% confidence interval. When analyzing data for any sub-groups of the sample, the margin of error will be higher.



Results by Survey Topic

This section includes selected results from each section and sub-section of the survey. Additional results can be found in the appendix or obtained by contacting the Anderson Center at Cincinnati Children's (<http://www.cincinnatichildrens.org/service/i/anderson-center/health-policy/well-being/>).



Description of the Sample

- The 2011 CWBS includes 2,083 completed telephone interviews with caregivers across the 22-county region. The region was stratified into five sub-regions to ensure representativeness. The completed surveys include 692 from the City of Cincinnati, 279 from Hamilton County (outside of the city of Cincinnati), 267 from the Ohio Suburban Counties (Butler, Clermont, and Warren), 559 from Northern Kentucky (Boone, Kenton, and Campbell counties), and 286 from the rural counties of Ohio, Kentucky, and Indiana that are included in the Greater Cincinnati/Northern Kentucky region.¹ The sub-region samples include oversamples conducted in Avondale (123), Covington (182), and Price Hill (214).
- The CWBS targets “primary caregivers,” defined as the adult in the household who has the most knowledge of the target child’s health and health care. About 92% of the caregivers interviewed in the 2011 CWBS were birth, step, or adoptive parents of the target child.
- The survey included children ages 0 – 17 years, fairly evenly divided among 0 – 5 year olds (32.7%), 6 – 12 year olds (37.9%), and 13 – 17 year olds (29.5%). Most of the questions were asked of children of all ages, but some were intended only for specific age groups.
- The racial and ethnic composition of the sample is comparable to that of the region; 78.0% of the children are white, non-Hispanic, 11.4% are Black, non-Hispanic, 3.2% are Hispanic, and 8.0% are some other race (including Asian, Hawaiian or Pacific Islander, or ‘some other race’).
- Overall, 21.1% of the households included in the sample were below 100% of the FPL for 2011; an additional 19.4% were living between 100 – 200% of the FPL. This varied by sub-region, with some sub-regions experiencing significantly higher poverty rates than others.

¹See Technical Report in Appendix A for full listing of counties by sub-region.

Health Status

General Health Status

- Most parents report that their child's health is "excellent" or "very good" (84.0%) and this percentage has changed little since 2000. In 2000, 85.8% of parents described their child's health as excellent or very good; in 2005, 86.8% described their child's health as excellent or very good.
- The percentage of parents who describe their child's health as excellent or very good is similar to the national estimate of 84% and estimates for Ohio (86%) and Kentucky (86%) (*2007 National Survey of Children's Health*).
- Despite these similarities, variation exists within the region based on geography and certain demographic characteristics. Only 79.6% of parents in the city of Cincinnati rated their child's health as excellent or very good. In addition, only 29.0% of parents of Black, non-Hispanic children rated their child's health as excellent, compared to 60.0% of parents of White, non-Hispanic children.



Condition of Child's Teeth

- Approximately 72% of parents rated the condition of their child's teeth as "excellent" or "very good," which is comparable to the national estimate of 71% and Ohio and Kentucky estimates of 75% and 74%, respectively, but this also varied by geography and demographic characteristics (*2007 National Survey of Children's Health*).
- Parents of white, non-Hispanic children were more likely than parents of Black, non-Hispanic children to rate their child's teeth as "excellent" or "very good" (75.2% compared to 61.6%).
- In the City of Cincinnati, only 67.0% of parents described their child's teeth as "excellent" or "very good," compared to almost 75.0% of parents in Hamilton County (outside of the City of Cincinnati) and the Ohio Suburban Counties of Butler, Clermont, and Warren.
- Less than 60% of parents in households under 100% FPL described their child's teeth as "excellent" or "very good" compared to over 80% of parents in households above 300% FPL.

Children with Special Health Care Needs

- Based on responses to five items (comprising the *Children with Special Health Care Needs Screener, NSCH*), 25.8% of parents report that their child has a special health care need. This is slightly higher than the national average of 19.2% but similar to the estimates for Ohio (23.1%) and Kentucky (24.4%) (*2007 National Survey of Children's Health*).

- Some groups of children are more likely than others to have special health care needs. Slightly more boys than girls have special health care needs (28.9% compared to 22.6%). Children living in households below 100% FPL were more likely than others to have special health care needs, 34.2%, compared to 21.2% of children in households between 100-200% FPL, 23.4% of children in households between 200-300% FPL, and 24.5% of children in households above 300% FPL. Children living in the Ohio suburban counties of Clermont, Warren, and Butler were more likely to have special health care needs than children living in any other area – 35.3% – compared to 29.4% in the City of Cincinnati, 28.1% in Northern Kentucky, 22.2% in the rural counties of Ohio, Kentucky, and Indiana, and only 9.5% in Hamilton County (outside of the City of Cincinnati).

Chronic Conditions/Health Problems

- Approximately 13.4% of parents report that they were “ever told” that their child has asthma, and 7.9% report that their child “currently” has asthma. An additional 3.8% report that their child has asthma-like symptoms, even though they have never been told that their child has asthma.
- The percentage of parents who say that they have ever been told that their child has asthma varies greatly by sub-region, race/ethnicity, and household income/poverty status. In the city of Cincinnati, 2% of parents say that they have ever been told that their child has asthma, compared to 9.7% in the Ohio Suburban counties and 9.2% in the Rural Counties of Ohio, Kentucky, and Indiana; 31.5% of parents of Black, non-Hispanic children have ever been told that their child has asthma, compared to 11.3% of parents of white, non-Hispanic children; and 17.8% of parents in households under 100% FPL have been told that their child has asthma compared to 11.1% of those in households above 300% FPL.
- Overall, 10.6% of parents said that they have “ever” been told that their child has ADHD; 10.2% of all parents said that their child “currently” has ADHD. Of those who currently have ADHD, over half (53.3%) are currently taking medication for ADHD.
- Based on parent-reported height and weight, 40.5% of children ages 2 through 17 years are “overweight” or “obese,” and this percentage is higher for children who are Black, non-Hispanic (62.0%) and those living in households below 100% FPL (50.8%).
- About 20.0% of parents reported that their child has experienced at least one of the following oral health problems within the past 6 months: toothaches, cavities, broken teeth, and bleeding gums. Children living in households below 100% FPL were nearly twice as likely as children living in households above 300% FPL to have experienced one or more of these problems.
- Teenagers (13 – 17 years of age) were more likely than younger children to have experienced an injury in past 12 months; 28.2% of children ages 13 – 17 had an injury in the past 12 months compared to 15.3% of 6 – 12 year olds and 11.6% of 0 – 5 year olds.

Health Care Access and Utilization

Usual Source of Care

- Most parents report that their child has a “usual” source of care (including doctor’s offices, community clinics, and hospital outpatient clinics), but about 5% say that their child usually goes to a hospital emergency department or urgent care for their medical care.
- Nearly 30% of those who usually rely on the ER/Urgent Care live in Hamilton County, outside of the city of Cincinnati; 25.4% live in Butler, Warren, and Clermont counties; and 26.0% live in the city of Cincinnati.



Receipt of Preventive Care

- About 85.4% of parents said that their child had received a check up or physical within the past year. However, just over half of children who rely on the ER/Urgent Care as their usual source of care have had a check-up or physical within the past year.
- Most parents report that their child has had at least one preventive dental care visit within the past year, but just over 50% have had the recommended two preventive dental care visits.

Behavioral Health Care

- About 7.5% of parents say that their child has received some kind of mental or behavioral health services in the past 12 months.
- Only 7.0% of parents of white, non-Hispanic children say that their child has received some kind of mental or behavioral health services in the past 12 months compared to 10.2% of parents of Black, non-Hispanic children.
- The percentage of parents in households below 100% FPL who say that their child has received some kind of mental or behavioral health services in the past 12 months is about twice that of parents in households above 300% FPL (10.6% compared to 5.5%).
- The percentage of children who have received some kind of mental or behavioral health services in the past 12 months is highest for children living in the city of Cincinnati and in Northern Kentucky (12.9% and 13.2%, respectively), compared to only 1.5% in Hamilton County (outside of the city of Cincinnati).
- About 4.6% of all parents say that their child is currently taking medication for some kind of mental or behavioral health problem (which represents about 45.5% of those identified as having some kind of emotional or behavioral health problem).

- About 7.8% of parents in the city of Cincinnati and 7.7% of parents in Northern Kentucky say that their child is currently taking medication for a behavioral or mental health problem, compared to only 1.2% in Hamilton County (outside of the city of Cincinnati).
- The percentage of children currently taking medication for a behavioral or mental health problem is highest for children in households below 100% FPL and those in households above 300% (6.5% and 4.9% respectively) compared to only 2.6% and 2.0% in households between 100-200% and 200-300% FPL, respectively.

Emergency Care

- Overall, 22.0% of parents reported that their child had visited the ER at least once in the past year, including visits that resulted in a hospital admission.
- Children with some type of public health insurance were much more likely than those with private health insurance to have visited the ER in the past 12 months, 33.7% compared to 17.8%.
- Most children who did visit the ER in the past year only did so once (58.1%) or twice (26.6%). Only 3.8% of those who visited the ER at all in the past year said that they had five or more visits.

Delayed/Foregone Medical Care

- Overall, 6.9% of parents say that their child has delayed or not received some kind of health care in the past 12 months. Usually, the delayed or forgone care was some kind of medical care (56.1%), but 25.6% say that the delayed or forgone care was dental care. In addition, 4.4% of all parents said that their child had delayed or not received health care in the past 12 months because they needed to use the money to pay for other things, like rent/mortgage or food.
- Parents of children who are Black, non-Hispanic were more likely to report delayed or forgone care than were parents of white, non-Hispanic children: 13.6% compared to 8.5%.
- Parents in households between 100-200% FPL were more likely than parents in households below 100% FPL to say that their child had delayed or not received health care when they needed it: 18.1% compared to 12.2%. Only 4.4% of parents in households above 300% FPL reported that their child had delayed or not received care.

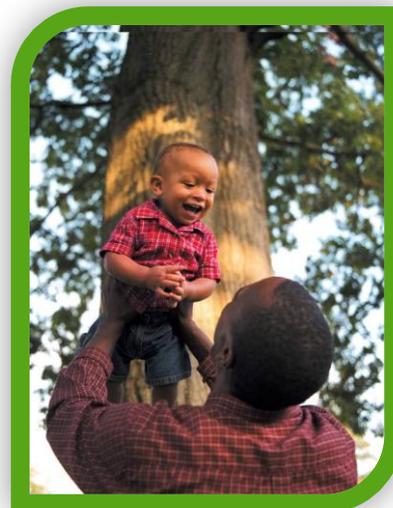
Health Insurance

- Only 3.8% of parents report that their child is uninsured. About a quarter (27%) of parents report that their child is covered by Medicaid or another type of public insurance.
- Of those who are uninsured, the largest percentage - 35.9% - live in the rural counties of Ohio, Kentucky, and Indiana; 13.0% live in the city of Cincinnati.

Healthy Development

Child Care

- About a quarter of parents report using some kind of non-parental child care arrangement for their child (26.3%). Of those, almost half (46.7%) rely on a relative or friend to provide this care and roughly a quarter (25.7%) rely on some kind of child care center.
- Use of any type of child care only varied slightly by race/ethnicity but types of child care varied significantly by race/ethnicity: 26.0% of parents of white, non-Hispanic children say that they use any kind of child care for their child compared to 29.0% of parents of Black, non-Hispanic children.
- Parents of children who are white, non-Hispanic are more likely to rely on relatives or friends for child care than any other type of child care.
- Parents of children who are Black, non-Hispanic are more likely to rely on some type of child care center for their child care than any other type of child care arrangement.
- Children who are Black, non-Hispanic were also more likely to attend Head Start or another type of public preschool program whereas children who are white, non-Hispanic are more likely to attend a non-public preschool.



Activities & Time Use

- Most parents report that their child was read to by someone in the household within the past week.
- The majority of parents report that their child gets at least 20 minutes of physical activity at least one day per week; about a quarter (26.7%) say that their child gets at least 20 minutes of physical activity seven days per week.
- Parents estimate that their child gets an average of 2.33 hours of screen time per day. Children living in Hamilton County (outside of the city of Cincinnati) get slightly more, with an average of 2.74 hours of screen time per day, and children living in the city of Cincinnati the least, with an average of 1.81 hours of screen time per day.
- Fewer hours per day of screen time is associated with more days per week of physical activity. Parents who reported only one hour of screen time per day, on average, were the most likely to report that their child spends at least 20 minutes per day every day of the week engaged in physical activity.

- Almost all parents report that their household has a meal together on at least one day every week; nearly half (45.8%) say that their household has at least one meal together every day of the week.
- About half of parents of children ages 6 through 17 years reported that their child had participated in some kind of sports, sports lessons, clubs, or organizations within the past 12 months.
- Of those who reported that their child had participated in some kind of sports or clubs within the past 12 months, about 80% reported that their child had spent at least one day engaged in one of these types of activities in the past week and most reported that their child spent one to three days engaged in one of these types of activities within the past week.
- Boys and girls were equally likely to have participated in some kind of sports or clubs in the past 12 months (49.7% of boys and 52.1% of girls) but parents of children who are white, non-Hispanic were more likely to report that their child had participated in some kind of sports or clubs within the past 12 months than were parents of children who are Black, non-Hispanic: 53.5% compared to 28.9%.

Parenting

- Only 10.8% of parents say that they have never talked to their child about drugs and alcohol; 61.3% have talked to their child about drugs and alcohol within the past month and 19.4% within the past 3 months.
- Parents of older children (13 – 17 years) were more likely than parents of younger children to have talked to their children about drugs and alcohol and almost a quarter of parents of teenagers have talked to their child about drugs and alcohol within the past month.
- The percentage of parents who reported having talked to their child about drugs and alcohol also differed slightly by the child's gender: 12.0% of parents of girls said that they have never talked to their child about drugs and alcohol compared to only 9.6% of parents of boys.
- Parents of children who are white, non-Hispanic are more likely than parents of children who are Black, non-Hispanic to have talked to their child about drugs and alcohol at some point, as were parents in the city of Cincinnati.
- The majority (65.7%) of parents reported that the first place they go when they need information about their child's health is a doctor or other medical provider. However, 16.9% said that they turn to a parent, grandparent, other family member, or friend as their first source of information about their child's health and 15.5% said that the internet is the first place they go to for information about their child's health.

Resources and Environment

Food Security

- Over a quarter (27.8%) of families reported at least some difficulty obtaining food or affording the food that their household needed in the past 12 months.
- Food insecurity was the most pronounced for children living in very low-income households (< 100% FPL), children who are Black, non-Hispanic, and children living in either the city of Cincinnati or the rural counties of Ohio, Kentucky, and Indiana.
- Over half (54.0%) parents in households below 100% FPL reported food insecurity; 44.6% and 31.2% of parents in households between 100-200% FPL and 200-300% FPL also reported food insecurity, and this percentage only significantly changes for households above 300% FPL, where only 8.3% of parents reported food insecurity. It should be noted that the Supplemental Nutrition Assistance Program (“food stamps”) only covers households at around 100-130% FPL or below.
- Parents of children living in the rural counties and the city of Cincinnati reported higher levels of difficulty obtaining or affording food than parents in other sub-regions: 39.5% if the rural counties and 36.6% in the city of Cincinnati compared to between 22-25% if other areas.
- Nearly half (45.1%) of parents of Black, non-Hispanic children reported food insecurity compared to about a quarter (26.0%) of parents of white, non-Hispanic children.
- Parents of children in food insecure households tended to rate their child’s overall health status lower than other parents: 74.9% of parents in food insecure homes rated their child’s health as “excellent” or “very good” compared to 87.5% of parents in food secure homes and 7.3% of parents in food insecure homes rated their child’s health as “fair” or “poor” compared to 1.5% of parents in food secure homes.



Neighborhood Characteristics

- Most parents report that their neighborhoods have sidewalks or walking paths (79.3%), parks or playground areas (83.7%), and libraries or bookmobiles (85.8%); over half (56.4%) report that their neighborhood has a recreation or community center.
- Parents in the city of Cincinnati and Hamilton County (outside of the city of Cincinnati) were the most likely to report having these resources in their neighborhoods and parents living in the rural counties of Ohio, Kentucky, and Indiana the least likely.

- Nearly a fifth of parents report that there is litter or garbage on the streets or sidewalks or rundown or poorly kept housing in their neighborhoods (18.7% and 18.2%, respectively); 8.8% of parents report that there is vandalism in their neighborhoods.
- Parents in the city of Cincinnati were more likely than parents living in other areas to report that these things are present in their neighborhoods.

Neighborhood Social Support

- Most parents reported that there are people in their neighborhoods that they can count on and that people watch out for each other's children in their neighborhoods.
- Parents of children who are white, non-Hispanic, who live in households with an income above 300% of the federal poverty line, and living in areas outside of the city of Cincinnati reported higher levels of social support, on average.

Community and School Safety

- The majority, 87.1%, of parents said that they feel that their child is "usually" or "always" safe in their neighborhood or community.
- Fewer parents of children who are Black, non-Hispanic report feeling that their child is "usually" or "always" safe in their neighborhood or community: 73.0% compared to 90.2% of parents of white, non-Hispanic children.
- Only 46.8% of parents in the city of Cincinnati said that they "always" feel that their child is safe in their neighborhood or community, compared to at least 60.5% of parents in all other areas of the region.
- Parents who reported more neighborhood resources were also more likely to report that their child is "usually" or "always" safe in their community.
- 93.6% of parents said that they feel that their child is "usually" or "always" safe at school, and this varied little across the region but varied significantly by race/ethnicity and household poverty.
- 86.7% of parents of Black, non-Hispanic children reported that they "usually" or "always" feel that their child is safe at school, compared to 95.7% of parents of white, non-Hispanic children.
- 86.2% of parents in households below 100% FPL said that their child is "usually" or "always" safe at school, compared to over 93.8% for all other categories of households.

Appendix A: 2011 CWBS Technical Report

The technical report was prepared by ICF Macro based on the protocols they used to conduct data collection for the 2011 CWBS. Procedures for sampling, interviewing, and weighting are included in the technical report.



Contents

INTRODUCTION	16
SURVEY DESIGN	16
<i>Survey Content</i>	16
<i>Population</i>	17
<i>Sample Frame</i>	17
<i>Sample Design</i>	18
DATA COLLECTION	20
PROCEDURES	20
<i>Use of CATI</i>	20
<i>Implementation Protocol</i>	21
<i>Household Selection</i>	23
<i>Respondent Selection</i>	23
<i>Refusal Conversion</i>	23
QUALITY ASSURANCE PROCEDURES	24
ISSUES WITH SURVEY IMPLEMENTATION	28
LIMITATIONS OF SURVEY METHOD	30
<i>Interviewing in English Only</i>	30
<i>Protocol</i>	30
<i>Using a Telephone-Only Methodology</i>	30
<i>Sample Design</i>	31
<i>Non-response Bias</i>	31
<i>Response Bias</i>	31
DATA PROCESSING PROCEDURES AND QUALITY ASSURANCE	32
<i>Converting the Data</i>	32
<i>Quality Review</i>	33
<i>Data Formatting</i>	33
WEIGHTING METHOD	33
<i>Base weights</i>	33
<i>Adjusting for Geographic Subsampling</i>	33
<i>Within Household Subsampling</i>	33
<i>Combine Landline and Cell Phone Samples</i>	33
<i>Population Weighting</i>	34

Introduction

Survey Design

Primary caregivers, usually parents, are asked questions about one randomly selected child in the household. Questions include measures of overall health status, chronic conditions, insurance status, health care utilization, injury, healthy development, child care, food security, and neighborhood amenities and risks. The Child Well-Being Survey also includes an indicator of Appalachian heritage, which is of particular interest in this region. Most of the questions are drawn from national and state surveys of child health to enable state and national comparisons.

The survey itself is broken into roughly 9 sections. Each of these sections corresponds to one of the key elements of children's well-being.

Survey Content

The following is a summary of each of the nine primary questionnaire sections:

Section	Description
Introduction	Determine household eligibility, quota group, introduce the survey to respondents, obtain informed consent, and randomly select child.
Health Status	Determine child's overall health status.
Special Health Care Needs	Use of medicine prescribed by a doctor; use of special therapies or other care for medical, behavioral, or other health conditions; and limits on child's daily activities.
Chronic Conditions	Asthma diagnosis; ADD/ADHD diagnosis; dental problems; parent's perception, and doctor's assessment, of child's weight.
Access and Utilization	Primary source of care/advice regarding child's health; if child has a personal doctor; preventative medical and dental care in the past year; use of mental health services; ER admissions; child injuries; and difficulties obtaining care for child.
Health Insurance	Type of insurance and if child experienced a lapse in coverage in the past year.
Healthy Development	Type of child care used; reading to younger child; participation of older child in sports, clubs, or organizations; participation in active or sedentary activities; eating meals together; parental sources of information regarding discipline, medical issues, school issues, and child care.
Resources and Environment	Food security; neighborhood environment—such as access to a park, community center, or library and the presence of graffiti and rundown housing; safety of neighborhood.
Demographics	Determine household characteristics (e.g., number of children and adults, income); respondent characteristics (e.g., relationship to child, marital status, age, race/ethnicity, level of education, employment); and child characteristics (e.g., race/ethnicity, height, weight)

Population

The CWBS population included the total, non-institutionalized, child population residing in residential households in the 22 county Greater Cincinnati Metro Area. This population excluded adults and children:

- In penal, mental, or other institutions;
- Living in other group quarters such as dormitories, barracks, convents, or boarding houses;
- Contacted at their second residence during a stay of less than 30 days;
- Living in Ohio less than a month;
- Who did not speak English well enough to be interviewed; and/or
- With physical or mental impairments that prevented them from completing an interview (as identified by the interviewer or by another member of the household), if a knowledgeable proxy was not available.

Sample Frame

The sample frame came from the 22 county Greater Cincinnati Metro area, and was designed to collect completes from the following 5 primary and 3 oversample regions as defined.

Primary Sample				Over Sample			
Region	N	LL	Cell	Region	N	LL	Cell
City of Cincinnati	330	264	66	Avondale (Cincinnati)	180	144	36
Hamilton County (excluding Cincinnati)	330	264	66	Price Hill (Cincinnati)	180	144	36
Ohio Suburban Counties*	330	264	66	Covington, KY (Kenton County)	180	144	36
Kentucky Suburban Counties*	300	240	60		540	432	108
Rural Counties*	270	216	54				
	1560	1248	312				

Groups of counties were defined as follows:

Ohio Suburban Counties

Butler
Clermont
Warren

Kentucky Suburban Counties

Boone
Campbell
Kenton

Rural Counties

Adams, OH
Brown, OH
Clinton, OH
Highland, OH
Bracken, KY
Carroll, KY
Gallatin, KY
Grant, KY
Owen, KY
Pendleton, KY
Dearborn, IN
Franklin, IN
Ohio, IN
Ripley, IN
Switzerland, IN

Sample Design

To reach households with children in the Greater Cincinnati/Northern Kentucky Region, the Child Well-Being Survey was based on a dual-frame sampling design including:

- A two-stage stratified, list-assisted, random digit dialing (RDD) sample of adult proxies in telephone equipped households; and
- A sample of cell phone users selected from a RDD sample of cell phone numbers.

Landline Sample Design

The landline sample involves two stages. The first stage is creating a list-assisted, stratified RDD sample of telephone-equipped households in the Greater Cincinnati/Northern Kentucky Region. The list-assisted sample assures that households with listed and unlisted telephone numbers are eligible to be selected for the survey.

- List-assisted RDD samples are generated by first preparing, and then maintaining, an up-to-date list of all current operating telephone exchanges (three-digit prefixes) serving the counties to be sampled. These telephone exchanges, when combined with all four-digit numbers from 0000 to

9999, constitute the set of all possible working telephone numbers, both residential and non-residential.

- This set of all possible telephone numbers is then arranged in ascending order by exchange and suffix, and divided into blocks of 100 numbers each. Cross-reference directories are utilized to determine which of these blocks contain at least one listed residential number (“one-plus blocks”). These one-plus blocks are then combined to create the sampling frame from which the numbers were systematically sampled. This procedure assures that both listed and unlisted numbers are sampled. The landline sample is drawn using an in-house RDD sampling system, called the Genesys system from MSG, Inc.²
- Telephone numbers were assigned to geographic strata according to the county or zip code distribution of listed households within each exchange. Telephone exchanges where more than 20% of listed households were located outside the interviewing area were removed. The remaining exchanges were assigned to strata according to the following criteria:
 - **Oversamples:**
 - *Avondale Oversample:* at least 17 percent of listed households in the exchange were located in zip code 45229.
 - *Price Hill Oversample:* at least 50 percent of listed households in the exchange were located in zip codes 45205, 425238, or 45204.
 - *Covington Oversample:* at least 25 percent of listed households in the exchange were located in zip codes 41011, 41014, or 41016.
 - **City of Cincinnati**
 - Cincinnati: at least 70 percent of listed households in the exchange were located in a Cincinnati zip code, unless the exchange was already assigned to either the Avondale or Price Hill oversample.
 - **Balance of Hamilton County**
 - Hamilton County, Ohio: more listed households in the exchange were located in Hamilton County than any other county in the interviewing population, unless the exchange was already assigned to Cincinnati city or the Avondale or Price Hill Oversample.
 - **Ohio Suburban Counties**
 - The four suburban counties in Ohio did not overlap with Cincinnati or the oversamples. Exchanges were assigned to the county which contained the highest percentage of listed households.
 - **Kentucky Suburban Counties**

² ICF Macro has an unlimited license for using the Genesys system. The Genesys frame is updated quarterly using the Bell Communications Research (BELLCORE) valid area code-exchange database and keyed residential and business listings from major providers.

- Boone County, Kentucky: more listed households in the exchange were located in Boone County than any other county in the interviewing population.
- Campbell County, Kentucky: more listed households in the exchange were located in Campbell County than any other county in the interviewing population.
- Kenton County, Kentucky: more listed households in the exchange were located in Kenton County than any other county in the interviewing population, unless the exchange was already assigned to the Covington Oversample.
- **Rural Counties**
 - The fifteen rural counties in the interviewing population had no overlap with any of the oversamples. Exchanges were assigned to the county which contained the highest percentage of listed households.

Cell Phone Sample Design

The cell phone frame was created by selecting telephone numbers from switches that the cell phone was assigned to at the time of purchase. Since the mobility of cell phones makes it difficult to target small areas, ICF grouped the target counties into four strata: Hamilton County, Ohio Suburban Counties, Kentucky Suburban Counties and Rural Counties. Marketing Systems Group (MSG) provided a list of switches within 15 miles of the selected areas. There were no switches available in the Kentucky Suburban Counties, so the number of strata was reduced to three.

Development Process

The development of the CMBS instrument took a basic outline from the 2000 and 2005 surveys and adjusted them to the current analytical needs of participating agencies. These needs were incorporated into sections consisting of health system access and use, health demographics, poverty and economic stressors, health status, and neighborhood issues for children. Primary questionnaire development was done by the researchers at CCHMC with input from ICF on methodological considerations including survey length, question clarity, and data validity.

Data Collection

This section describes the procedures used by ICF to collect the CWBS data. This includes the CATI system used, as well as the final response rates of the survey, issues during survey implementation, and any known limitations of the survey effort.

Procedures

Use of CATI

ICF Macro used the Computers for Marketing Corporation (CfMC) Computer-Assisted Telephone Interviewing (CATI) package to program and field the CWBS. CfMC is a powerful CATI software system used by many of the largest survey research centers in the United States. The CfMC questionnaire programming language provided call management and quota controls, inbound calling capabilities, multilingual interviewing capabilities, data back-up and monitoring, and incidence tracking. The software automatically controlled skip and fill logic, as well as range checking for numeric data.

The programming logic directed the questionnaire's flow and prevented an interviewer from entering data in the wrong field. On any given screen of the questionnaire, the program only accepted a predetermined range or type of response.

Implementation Protocol

The CWBS followed a shortened version 2009 CDC's BRFSS calling protocols. The instrument maintains counters to manage protocol. For some counters, the PM can specify a "target" value. The "target" simply means how many of this type of disposition must occur in order for the instrument to assign a terminal disposition value. For example, if the Language Barrier target is 2, this means that the *second* time an interviewer indicates a language barrier, the instrument will assign a terminal disposition.

CWBS used a 10 attempt protocol for landlines and a 6 attempt protocol for cell phones. The following outcomes also had dictated counts:

Counters	Target
Language Barrier	2
Impairment	2
Non-Residential	1
Household But Unavailable	0
No Adults in Household	1
Bad Audio Connection	<i>Inf.</i>
Hang-up	2
Protocols	
Refusal Protocol	Landline – 2 Cell phone – 1
Answering Machine Protocol	Leave messages on 4 th and 8 th attempts
Privacy Manager Protocol	Leave messages on 4 th and 8 th attempts
Fax Protocol	3 Attempts then permanent fax

Call Scheduling

The majority of interviewing session hours were scheduled for weekday evenings, Saturday days, and Sunday evenings. The target time interviewing period was between 5 p.m. and 9 p.m. respondent time on weekdays, between 10 a.m. and 9 p.m. on Saturday, and between 1 p.m. and 9 p.m. on Sundays. All interviewing occurred between the hours of 9 a.m. and 9 p.m. respondent time on weekdays, 9 a.m. to 9 p.m. on Saturday, and between 10 a.m. and 9 p.m. on Sundays.

ICF also scheduled shifts between 9 a.m. and 5 p.m. weekdays for up to a maximum of 20% of total session hours.

Number of Attempts

Interviewers made a minimum of 10 attempts to reach an eligible household and interview an eligible adult for each telephone number in the sample frame. Each call attempt was given a minimum of five rings. The attempts were rotated through weekday day, weekday evening, Saturday day, and Sunday evening shifts to maximize coverage of the residential population.

Persistent “ring no-answers” were attempted a minimum of four times at different times and days of the week. Each number was called a minimum of 10 times over the data collection period. If a respondent was contacted on the last call, and an interview could not be completed, another attempt was made.

Lines that were busy were called back a minimum of five times at 20-minute intervals. If the line was still busy after the fifth attempt, the number was attempted again on different calling occasions until the record was resolved.

Callbacks

The CATI system allowed two types of callbacks, depending on whether or not the respondent could offer a specific time and date to be contacted again. A system-scheduled callback was assigned to a record that could not be given a specific date and time, and a scheduled callback was for respondents who indicated a definite appointment for re-contact.

For a definite appointment, the record waited until the designated time to be released. At this time, the system found the next available station and delivered the record as the next call. The call history screen that accompanied each record informed the interviewer that the call was a definite appointment and described the circumstances of the original contact.

ICF’s system also accommodated the restarting of interrupted interviews using a definite callback strategy. If a cooperative respondent had to terminate an interview, but wanted to finish at a later time, it was possible to set a definite callback for that exact time and restart the interview where it left off. If the interviewer who began the survey was available at the prescribed time, the system sent the call back to that station.

ICF’s CATI system automatically handled callbacks for “no answer,” “busy,” and “answering machine” outcomes. Repeated no answers were retried at different times of day and days of the week as follows: If a call between 5 p.m. and 6 p.m. resulted in a no answer, the record was put in the queue to be retried between 8 p.m. and 9 p.m. of the same shift. Then, if the number was not retried during the shift, it was automatically cycled to the next shift according to the logic defined for the calling schedule.

Calls resulting in a busy signal were automatically recycled within the same shift according to a preset schedule. As with no answers, if a shift closed before an automatically rescheduled busy was attempted, the number was cycled to the next available calling time.

Callbacks to specific respondents were entered into the computer by interviewers and handled automatically by the CATI program. ICF’s system accommodated both “casual” and “definite” callbacks. Casual callbacks, where respondents requested that we try to reach them at a generally specified time of day (“I usually get home around six o’clock”) were sorted and allotted automatically by the system. They were held out of the sample until the appointed hour, when they were sent to a station with an open slot for that call. They had a higher system priority than returning no answer and busy records, but lower priority than definite callbacks.

Household Selection

The CWBS applied the following definition for determining eligible households:

- Adult in HH over age 18
- Child in HH under age 18
- HH Located in the survey region (described previously)

Any household that met these criteria was eligible to be interviewed. Eligibility was determined before termination due to being over quota.

Respondent Selection

After a household was determined to be eligible, a child was chosen for the proxy interview. The CWBS used the “most recent birthday method” to randomly select a child. Interviewers asked, “As we continue, I will be asking questions about one particular child in your household. I would now like to identify the child in your family, age 17 or younger, who had the most recent birthday.”

Due to the length and complexity of the CWBS, the “most recent birthday method” was most appropriate in order to effectively select a child while minimizing respondent burden. Unfortunately, even when implemented properly by an interviewer, respondent error (either intentional or non-intentional) may affect results. For example, a respondent could potentially confuse the child with the most recent birthday (to the calling date) with the child with the next upcoming birthday.

While no significant effects were found on key demographic measures in their study (including age and gender), the unmeasured potential effects on this survey should be acknowledged.

Proxy Interviews

Proxy interviews were conducted for all interviews in the CWBS. In these interviews, the screener randomly selected the child with the most recent birthday. Then the interviewer asked to speak to the adult who was the primary caregiver to children in the household.

Refusal Conversion

All interviewers calling on the CWBS were trained to avoid refusals. When respondents refused to participate, ICF’s senior refusal conversion interviewers made at least one more contact, with a few exceptions. The vast majority of initial refusals were handled by staff on an individual basis, with customized procedures for each case. Whenever a respondent refused to be interviewed or terminated an interview in progress, the interviewer recorded information as to why the respondent refused or terminated the interview, and entered this information into the CATI system. This information was reviewed by staff just before calling the telephone number again. During weekly non-response workshops, the staff compiled these cases and reviewed effective strategies for non-response avoidance and conversion.

While a high response rate was important, the role of the interviewers was not to harass respondents into participating in either the selection process or the interview. Interviewers were trained to inform their supervisor about the following situations:

- If the respondent was verbally abusive, or threatened litigation.
- If the respondent requested to be placed on a “do not call” list.
- The household refused to transfer the call to the selected respondent and stated that they would never allow the call to be passed to the selected respondent.

These numbers were removed from active calling.

Interviewer Training

Prior to data collection, interviewers underwent extensive training specific to the CWBS. The training was conducted by ICF’s project management team. The training—in conjunction with ICF’s quality control measures—assured consistent, high quality interviewing throughout data collection.

The quality of data collection depends largely on the performance of the interviewing staff. Interviewers on this study were specifically recruited for health care research.

ICF Macro’s training sessions for the CWBS focused on these important aspects of the survey research process:

1. Introduction to the Survey. ICF’s training introduced the interviewers to the purpose and scope of the survey. This part of the training included explanation of the importance of a high response rate, the effect that a high number of refusals has on the study, the importance of confidentiality, and the purpose of this study.
2. Probing Techniques: A discussion on probing techniques was held, which focused on keeping question non-response to a minimum and avoiding respondent refusals. Some probing techniques taught included the clarification of respondent responses, open-end verification, and re-reading of response categories.
3. Uncooperative Respondents: The training also focused on how to handle uncooperative respondents, focusing on respondent refusal conversion. This part of the training introduced interviewers to many of the refusal statements that they might hear from potential respondents.
4. Review of the Questionnaire. The questionnaire was reviewed, done interactively with the Computer Assisted Telephone Interviewing (CATI) program. Many different scenarios, such as respondent reactions, skip pattern scenarios (such as health insurance status and the variations between the adult and child versions of the survey), and dispositioning protocols, were used to give the interviewer a better understanding of the CATI program and the questionnaire.

Additional information about the training can be found in Appendix C: Training Materials.

Quality Assurance Procedures

Data Collection Quality Control

CATI

The CATI script contained range limits that would only permit interviewers to enter a response in a predetermined, allowable range. For example, when recording the number of days the family ate dinner together, allowable responses ranged from one to seven.

Interviewer Monitoring

ICF monitors interviewer performance through supervisors and QA assistants, as well as with formal and informal performance evaluations.

The quality control team for this survey included the survey manager, data collection manager, supervisors, and QA assistants and the OFHS Research Team. Monitoring was primarily conducted by ICF's special quality control staff, called QA assistants. QA assistants monitored at least 10% of the interviews by tapping into interviewers' telephone lines and using the CATI system's monitoring module to follow the course of the interview on a computer screen. Interviewers were scored on several measures of interview performance designed to reinforce proper interviewer protocol:

- Knowing the mechanics of CfMC and the CWBS instrument;
- Verbatim response entry;
- Pace of reading the survey;
- Clarity and/or tone of voice while interviewing;
- Probing and/or clarifying responses that are unclear;
- Converting refusals on specific questions (reducing item non-response);
- Remaining neutral while interviewing and not leading respondent;
- Dispositioning calls, leaving messages, and scheduling callbacks;
- Reading scales properly;
- Reading and probing on open-ended questions;
- Reading multiple response lists;
- Reading the introduction and persuading respondents to complete interviews;
- Keeping control of the interview;
- Overall professionalism; and
- Overall dialing habits.

QA staff also assured that interviewers:

- Coded incomplete interviews properly;
- Left useful messages for the next interviewer; and
- Made every attempt to complete an interview on every contact.

CWBS interviews were monitored by ICF project staff at least weekly throughout the entire fielding period. ICF employed a remote monitoring system that allows clients and off-site staff to remotely listen to interviews in-progress with the assistance of a QA Assistant. The telephone-based system is password-protected, and allows for simultaneous audio and visual monitoring of the interviewer's computer screen. The monitoring system also allows the listener to switch among various interviews and to communicate with the project manager and a QA Assistant during the monitoring session without interrupting the dialogue between the interviewer and respondent.



Response Rates

A total of 273,776 landline telephone numbers and 39,472 cell phone numbers were attempted during fielding. Interviews for the survey took place between October 13th, 2011 and February 6th, 2012. While attempts were made until March 8th, 2012, the final complete came on 2/6.

To affirm the representation of a study's target population, researchers look to response rates as indicators of performance. There is no agreed upon standard response rate formula since each project lends itself to different measures of performance. Several of these performance measures are discussed below.

All response rates will be affected by the procedure of assigning final status dispositions. The results of each call attempt were assigned a disposition according to guidelines published by The American Association for Public Opinion Research. These final dispositions can be summarized as:

Eligible

- Completes and partial interviews (if applicable)
- Refusals and non-contacts (after confirming eligible household)

Ineligible

- Survey Ineligible = No eligible respondents in household
- Non-residential = Not a residential phone number

Unknown

- Unknown Eligible (known HH) = Confirmed household but did not establish survey eligibility
- Unknown HH = Cannot confirm whether the number is residential or not

Each telephone record's history of attempts is analyzed to determine the record's final status.

Crude/Lower-Bound Response Rate

As the name implies, the Lower-bound response rate provides the lowest possible response rate figure. Also known as AAPOR Response Rate #1, it is obtained by dividing the number of completed interviews by the maximum number of potentially qualified households:

$$RR1 = \frac{\text{Completes}}{\text{Eligible} + \text{Unknown}}$$

For this survey, the Lower-bound response rate was 2.3%

CASRO and AAPOR Response Rates

Some response rates take into account the ability of the interviewing staff to establish contact with potentially eligible households, and to resolve all numbers that do not ring into potentially eligible households. In cases where resolution is not achieved—that is, telephone numbers cannot be assigned dispositions that definitely reflect eligibility—these response rates generally use an estimate of the rate at which telephone numbers ring into eligible households to classify a fraction of these numbers of

unknown disposition as eligible. Compared to the Lower-bound, these response rates increase the response rate calculation by not assuming that all unscreened numbers belong to qualifying households. In addition, some “adjusted” response rates assign cases to the denominator where the respondent is eligible but unable to complete the interview due to impairment or language difficulties. One adjusted response rate, defined by Council of American Survey Research Organizations (CASRO) and equivalent to AAPOR’s Response Rate #3 calculates the eligible households by taking a proportion of the unresolved numbers and classifying them as eligible.

$$RR3 = \frac{\text{Completes}}{\text{Eligible} + e_u \times \text{Unknown}}, \text{ where } e_u = \left(\frac{\text{Eligible}}{\text{Eligible} + \text{Ineligible}} \right)$$

For this study, this calculation produced a response rate of 24.2%

Upper-Bound / Cooperation Response Rate

In contrast to the Lower-bound response rate, the Upper-bound response rate provides the most optimistic percentage of generally recognized response rates. The Upper-bound, also known as AAPOR’s Cooperation Rate #1, is a measure of staff performance and does not take into account sample quality (e.g. numbers that ring but are never answered), nor household behavior that prevents contact (e.g. privacy manager technology, screening calls using an answering machine, etc.).

$$CRI = \frac{\text{Completes}}{\text{Eligible}}$$

The Upper-bound response rate for this study was 72.7%.

Calculation of Response Rates

The following table shows major groups of general level outcomes, along with frequency of occurrence.

AAPOR Group	Label	Count, Landline	Count, Cell phone	Count, All Records
1.1	Completes (full interviews only)	1,809	361	2,170
2.1	Refusals and Break-offs	478	143	621
2.2	Answering Machine – Residential	3,015	394	3,409
2.3	Other non-refusals (including language barrier, physical or mental impairment)	140	52	192
3.1	Unknown eligibility (including no answer, busy, call blocked)	45,155	14,050	59,205
3.2	Housing Unit, Unknown if Eligible Respondent (Screener Not Completed)	19,736	10,717	30,453
4.1	Not in survey region	35	26	61
4.2	Fax/Data Line	5,945	12	5,957
4.3	Non-Working, Disconnected Number	168,650	10,439	179,089

4.5	Non-Residence (incl. Businesses, Dorms)	11,079	62	11,141
4.7	No Eligible Respondent (incl. No Adults, Not Qualified for Oversample)	17,392	3,062	20,454
4.8	Over quota	342	154	496

It is commonly recognized that response rates for survey research have been dropping over the past decade. While response rates continue to be used as a performance measure for surveys, they are not the only measure of survey quality. When evaluating the relationship between (non)response rates and non-response bias, Groves (2006)³ states that “non-response biases in estimates are only indirectly related to non-response rates.” If the propensity for an individual to respond is correlated with a characteristic measured by the survey, the estimate will be biased. For example, insurance status is correlated with age (younger adults are less likely to have coverage). Since age is correlated with survey response (younger adults are less likely to respond), the survey underestimates insurance status. Consequently, survey weighting accounts for non-response with geographic, demographic, and socioeconomic adjustments to reduce bias to the extent that the non-respondents and respondents with similar geographic, demographic, and socioeconomic characteristics are also similar with respect to the survey statistics of interest.

A recent meta-analysis⁴ suggests that non-response rate is only weakly associated with actual measure-level non-response bias. Further, it found that responses to attitudinal questions are substantially more subject to non-response bias than are responses to behavioral and demographic questions and that non-response bias varies by several survey-level features such as survey sponsor. The authors conclude that “The search for mechanisms that link non-response rates and non-response bias should focus on the level of individual measures and not on the level of the survey.”

Issues with Survey Implementation

This section contains any issues and their ultimate solutions that occurred during fielding of the survey. These included the following major items:

- Sampling difficulties in Northern Kentucky
- Challenges reaching respondents in oversample regions
- Other difficulties encountered during data collection.

³ Groves, R.M (2006). Non-response Rates and Non-response Bias in Household Surveys

Public Opin Q 2006 70: 646-675.

⁴ Groves, R.M & Peytcheva, E. (2008). The impact of non-response rates on non-response bias: A meta-analysis Public Opinion Quarterly, Vol. 72, No. 2, Summer 2008, pp. 167–189.

Sampling in Northern Kentucky

Early in the sampling process, it was discovered that the standard method for sampling cellphones was not available for Northern Kentucky. Generally, cellphone sample is drawn by selecting numbers that have appeared multiple times in a local region of cellphone towers. This minimizes the number of phone numbers selected that are:

- 1.) Not cellphones
- 2.) People who do not leave in the region despite having a local phone number

It also maximizes the number of people who are included in the sample who live in the region but have non-local phone numbers.

Unfortunately, Northern Kentucky has a series of local ordinances that deny the construction of cell-phone towers and relays. That means that ICF was not able to select cell-phone sample that was specific to Northern Kentucky. To compensate, we selected additional sample from the southern-most towers in Ohio, on the assumption that these towers would have the highest incidence of Northern Kentucky residents. Based on easily meeting the cell-phone targets for the Kentucky Suburban Counties, we believe this method successfully compensated for the lack of cell towers.

Oversample Regions

One of the largest complications during the survey fielding process was collecting the desired number of completes in the three oversample regions. There were the neighborhoods of Price Hill and Avondale in Cincinnati and the city of Covington in Kentucky. A number of factors contributed to the difficulty in getting completes in these regions. One of them, covered previously, was the lack of cell phone sample in Kentucky. This affected the collection of data from Covington, but not the two neighborhoods in Cincinnati.

Ultimately an acceptable number of completes was collected from Price Hill and Covington, although these completes required a great deal more effort than expected. The planned number of completes was never reached in Avondale, prompting a more in-depth exploration of why. It was ultimately discovered that the 2010 Census shows 1558 households with children under 18 in Avondale. Of these we would expect 30-40% to be cell phone only households, limiting the focused land line calling in Avondale to approximately 1000 households that have children in them. We completed surveys with 123 households in Avondale. This is more than a 10% raw response rate. Because no telephone exchange had more than 25% coverage of Avondale, this was made even more difficult. The exchanges dialed in association with Avondale were:

- 513824
- 513751
- 513482
- 513569
- 513475
- 513221
- 513961
- 513281

- 513861
- 513559
- 513584

Additional exchanges covered Avondale at a rate of less than 5%.

Future survey efforts in Avondale or other neighborhoods should consider using some sort of address based recruitment process. This will maximize coverage, and minimize the effort involved in geographically pinpointing survey respondents.

Other Issues

Throughout the survey, small changes were made to account for ongoing problems filling the oversample regions. These included changing the screening to automatically survey people in the 45229 zip code (Avondale), and to screen anyone not in this zip code by the end of the survey period. This is discussed separately from the oversample region issues described above since it involved changes to the survey instrument.

Limitations of Survey Method

There are several inherent sources of error commonly recognized in telephone-based research.

Interviewing in English Only

The greater Cincinnati Metro Area includes a diverse citizenry, and the study design of the CWBS took some of this into account by oversampling specific neighborhoods of interest. However, this excluded participation from non-English speakers who likely have a distinct set of challenges relating to their children's health. Based on the 2006-2010 ACS five year estimates, approximately 2% of the Cincinnati MSA's population speak a language other than English at home and speak English less than very well.

Protocol

There is also a practical limitation regarding the limited number of attempts made to contact each respondent. A CATI system was utilized to ensure a proper number of attempts distributed across an acceptable amount of time at varied times during the day and week. Numbers were rarely re-attempted by the CATI system more than once during a 24-hour period. Despite this dialing protocol, cases undoubtedly existed where actual attempts did not correspond with respondent availability for screening.

Using a Telephone-Only Methodology

As discussed in prior sections of this Methodology Report, declining response rates for telephone-based projects have been of concern over the past decade. Much of the decrease has been attributed to the public's aversion to increasing telemarketing. However, technologies that function as automated gatekeepers, such as answering machines and call managing services offered by telephone companies, make it easier for respondents to avoid research calls passively, not giving interviewers a chance for conversion. While weighting data minimizes many distortions, the adoption of technologies tends to be correlated to demographics, introducing some level of inaccuracy to the final data of most projects.

The adoption of a multi-mode collection protocol (e.g., adding a mail or Internet component, or adding a mailing to promote call-in interviews) should be considered for future iterations of the survey. These added modes will help represent portions of the population which would not be represented through telephone efforts alone.

Inability to Reach Respondents without a Telephone

Like most large-scale studies, people residing in group-quarters such as prisons, hospitals, and dormitories were excluded from this study. This introduces a level of bias because corresponding demographic traits are not always consistent with population figures. For example, nursing homes are not used by all age groups proportionally, and the racial composition of the incarcerated population does not match that of the overall population.

While it is assumed that most households have telephones, approximately 3% of households do not. The demographic profile across this segment reveals that roughly 5% of householders under the age of 35 do not have telephone service, compared to approximately one quarter of that percentage for the 65+ age group (fn: Census 2000). In theory, proper weighting factors should restore much of the balance of representation.

Sample Design

Respondents were selected randomly from each household, not because of their level of knowledge about their health needs and insurance coverage. Weaknesses are introduced to the data by documenting the inaccuracies of the respondent's responses.

Respondents also influenced the accuracy of the data based on the level of consideration, seriousness, and accuracy to which they answered the questions. Interviewers were trained to guide the respondent as much as possible, prompting for thorough answers that addressed the posed questions. Although this helped support the quality of the data, ultimately the respondent is the one who controls how accurate his or her responses are.

Non-response Bias

In addition to bias related to coverage, gaps were created in the data file when a respondent did not know, or refused to answer, any specific question during a survey. While an effort was made to minimize this non-response, refusal categories were required for each question on this survey because it was conducted in accordance with the Privacy Act of 1974.

Response Bias

In sampling situations, any deviation from population figures signifies some level of bias in the data. Robust methodologies, such as the ones used for the CWBS, will usually reduce these inaccuracies to statistically acceptable levels. Actions such as weighting data eliminate the appearance of bias in some variables, but do not generally guarantee improved accuracy for remaining data points. This is why levels of error incorporating design effects must be considered during analysis before conclusions are formed.

Data Processing Procedures and Quality Assurance

Converting the Data

The SAS procedures for post-processing performed the following tasks in order to convert the data for analysis:

- Imported the raw interview data from ASCII into a SAS dataset.
- Imported the ASCII phone file into a SAS dataset.
- Recoded both unresolved and resolved CATI dispositions into a final set of dispositions, so that a final AAPOR value could be determined and final disposition frequencies generated.
- Created a special text file to facilitate recoding open-ended data; this procedure automatically uppercased and left-justified all open-ends, and sorted them according to the name of the question; this file was then loaded into our OPEN coding system for coders to work with.
- Merged any necessary phone file information onto the interview data.
- Merged the recoded open-end values and cleaned open-end text for a report showing all open-ended text and recodes.
- Computed any additional variables.
- Merged any imputed variables from the stats team.
- Performed final cleaning and/or recoding of data values.
- Outputted final ASCII deliverable file.
- Read ASCII deliverable back into SAS to run frequency checks.
- Produced SAS dataset; this procedure kept only the final variables in the dataset, dropping any intermediate variables. Variables were then renamed and labeled according to specifications.
- Generated final frequency checks from the SAS file.
- Generated tabular deliverables from final SAS file.
- Converted SAS to SPSS for delivery.

Cleaning the Data

Outliers—Out-of-range Responses

The CATI program developed for the CWBS was designed to minimize inconsistent responses throughout the questionnaire, and range checks were set to appropriate limits on responses. For example, if a question asked “How many days in the last week did you eat together as a family?” the answer should fall between zero and seven. All range checks were “hard” in the sense that the computer would not allow an out-of-range response to be entered. Consistency checks verify that responses matched one another across questions.

Missing Values

Both “don’t know” and “refused” were consistently coded throughout the questionnaire as 98 and 99, or 998 and 999.

Coding Open-ended Responses

The only two open-ended responses in the survey were the name of the usual source of care and the street address. ICF made every effort to spellcheck both open-ends, but did not do anything to code them.

Quality Review

ICF had several programs to check the consistency of data. SAS programs were utilized for data checking and cleaning because the programs contained a history of steps that were performed. In addition, frequencies were checked for a correct count.

Additionally, ICF's Deliverable Management system was used throughout the process to assure that procedures for data accuracy were correctly applied to the final data file.

Data Formatting

Formatting data involved labeling each variable. Upon producing each deliverable dataset, only the final variables in the dataset were kept.

Weighting Method

ICF calculated a single set of weights for the data during the two-step process described below. The weights should be applied for the calculation of overall estimates and for comparisons within and between geographic areas.

Base weights

For each stratum, the probability that a landline telephone number is selected from the RDD frame is the number of selected telephone numbers (n_l) from the RDD frame divided by the number of possible numbers on the frame (N_l). The base weight is the inverse of the selection probability, $w_1 = N_l/n_l$.

Similarly, the probability that a cell phone number is selected from the RDD frame is the number of selected cell phone numbers (n_c) divided by the total number of cell phone numbers on the frame (N_c). The base weight is the inverse of the selection probability, $w_1 = N_c/n_c$.

Adjusting for Geographic Subsampling

Targets for larger geographic areas were met before smaller targets were met. After a target was met, interviews in that geographic area were not continued. In each stratum we ratio adjusted the completed interviews (C) to match the combined total of the completed interviews and the terminated interviews (T), $w_2 = w_1 \times C/(C+T)$.

Within Household Subsampling

One child from each household was selected for the interview. Each child had an equal probability of being selected. To adjust for this subsampling we multiply by the number of children in the household.

Combine Landline and Cell Phone Samples

The cell phone data was combined with the landline data by identifying the cell phone respondents who don't have a landline, "cell-only". These cases were weighted to reflect the percentage of cell-only population in Franklin County, OH, 30.6%. The cell phone respondents who did have a cell phone were averaged with the landline survey respondents such that their combined total represented 69.4% of the

total sample. The NHIS estimates of phone status were based on state level modeling of data collected from January 2007-December 2010⁵.

Population Weighting

ICF then post-stratified the combined sample and calibrated the weighted data to reflect population distributions based on data from the 2010 Census. The weighting was a raking adjustment with these dimensions: region by sex, age by sex, and region by race by Hispanic origin. Raking iteratively matches the sample to the population along each of the listed dimensions. After several iterations, each dimension will match the population totals within tolerance. The populations used for this procedure can be found in Appendix E: Populations Used for Weighting

⁵ Blumberg SJ, Luke JV, Ganesh N, et al. Wireless substitution: State-level estimates from the National Health Interview Survey, January 2007–June 2010. National health statistics reports; no 39. Hyattsville, MD: National Center for Health Statistics. 2011.



Appendix B: 2011 CWBS Questionnaire

This version of the questionnaire includes all of the questions asked in the 2011 CWBS in the order that they were asked, with branching logic where applicable. This version does not include the entire script used by callers to screen for eligible households. The methods for screening for eligible households are described in the technical report in Appendix A.



Contents

INTRODUCTION	36
HEALTH STATUS AND CHRONIC CONDITIONS	37
OVERALL HEALTH	37
CHILD WITH SPECIAL HEALTH CARE NEEDS SCREENER.....	37
CHRONIC CONDITIONS	40
ACCESS & UTILIZATION	44
HEALTH INSURANCE	48
HEALTHY DEVELOPMENT	49
CHILD CARE	49
EARLY CHILDHOOD [< 6 YEARS]	50
MIDDLE CHILDHOOD/ADOLESCENCE [> 6 YEARS]	51
TIME USE & FAMILY FUNCTIONING	52
PARENTING.....	53
RESOURCES AND ENVIRONMENT	53
FOOD SECURITY	53
NEIGHBORHOOD RESOURCES.....	54
DEMOGRAPHIC INFORMATION.....	57

INTRODUCTION

Q1. What is the age of [CHILD]?

- 00 LESS THAN ONE YEAR (0-11 MONTHS)
- 01 ONE YEAR TO LESS THAN TWO YEARS (12-23 MONTHS)
- 02 TWO YEARS TO LESS THAN 3 YEARS (24-35 MONTHS)
- 03 THREE YEARS TO LESS THAN 4 YEARS (36-47 MONTHS)
- 04 4 YEARS
- 05 5 YEARS
- 06 6 YEARS
- 07 7 YEARS
- 08 8 YEARS
- 09 9 YEARS
- 10 10 YEARS
- 11 11 YEARS
- 12 12 YEARS
- 13 13 YEARS
- 14 14 YEARS
- 15 15 YEARS
- 16 16 YEARS
- 17 17 YEARS
- 98 DK
- 99 REFUSED

Q2. Is [CHILD] a boy or girl?

- 01 BOY
- 02 GIRL
- 98 DK
- 99 REFUSED



HEALTH STATUS AND CHRONIC CONDITIONS

Overall Health

Q3. In general, would you say [CHILD]'s health is excellent, very good, good, fair, or poor?

- 01 EXCELLENT
- 02 VERY GOOD
- 03 GOOD
- 04 FAIR
- 05 POOR
- 98 DK
- 99 REFUSED

Q4. How would you describe the condition of [CHILD]'s teeth? Would you say excellent, very good, good, fair, or poor?

- 01 EXCELLENT
- 02 VERY GOOD
- 03 GOOD
- 04 FAIR
- 05 POOR
- 97 CHILD HAS NO TEETH
- 98 DK
- 99 REFUSED

Q4a. About how tall is [CHILD] in feet and inches without shoes?

- 01 GAVE RESPONSE
- 98 DK
- 99 REFUSED

Q4b. And about how much does [CHILD] weigh in pounds without shoes?

- 01 GAVE RESPONSE
- 98 DK
- 99 REFUSED

Child with Special Health Care Needs Screener

Q5. Does [CHILD] currently need or use medicine prescribed by a doctor, other than vitamins?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

/ **ASK IF Q5=01**

Q5a. Is this because of a medical, behavioral, or other health condition?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

/ **ASK IF Q5A=01**

Q5b. Has this condition lasted or is it expected to last more than 12 months?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

Q6. Does [CHILD] need or use more medical care, mental health, or educational services than is usual for most children of the same age?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

/ **ASK IF Q6=01**

Q6a. Is this because of a medical, behavioral, or other health condition?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

/ **ASK IF Q6A=01**

Q6b. Has this condition lasted or is it expected to last more than 12 months?

- 01 YES
- 02 NO
- 98 DK



99 REFUSED

Q7. Is [CHILD] limited or prevented in any way in [HIS/HER] ability to do things most children of the same age can do?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

/ **ASK IF Q7=01**

Q7a. Is this because of a medical, behavioral, or other health condition?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

/ **ASK IF Q7A=01**

Q7b. Has this condition lasted or is it expected to last more than 12 months?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

Q8. Does [CHILD] need or get special therapy, such as physical, occupational, or speech therapy?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

/ **ASK IF Q8=01**

Q8a. Is this because of a medical, behavioral, or other health condition?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

/ **ASK IF Q8A=01**

Q8b. Has this condition lasted or is it expected to last more than 12 months?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

Q9. Does [CHILD] have any kind of emotional, developmental, or behavioral problem for which [HE/SHE] needs treatment or counseling?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

/ **ASK IS Q9=01**

Q9a. Is this because of a medical, behavioral, or other health condition?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

/ **ASK IF Q9A=01**

Q9b. Has this condition lasted or is it expected to last more than 12 months?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

Chronic Conditions

Q10. Has a doctor or other healthcare professional ever told you that [child] has asthma?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

/ **ASK IF Q10=01**

Q10a. Does [CHILD] currently have asthma?

- 01 YES
- 02 NO

/ **ASK IF Q10A=01**

Q10b. Would you describe [HIS/HER] asthma as mild, moderate, or severe?

- 01 MILD
- 02 MODERATE
- 03 SEVERE
- 98 DK
- 99 REFUSED

/ **ASK IF Q10A=01**

Q10c. Has [CHILD] needed to visit an emergency department or urgent care in the past 12 months because of [HIS/HER] asthma?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

/ **ASK IF Q10 = 02**

Q11. Does [child] have a recurrent cough, wheezing, or shortness of breath?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

Q12. How would you describe [CHILD]'s weight? Would you say that [CHILD] is overweight, underweight, or just the right weight?

- 01 OVERWEIGHT
- 02 UNDERWEIGHT
- 03 JUST THE RIGHT WEIGHT
- 98 DK
- 99 REFUSED

Q13. Has a doctor or other healthcare professional ever expressed concern about [CHILD]'s weight?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

/ **ASK IF Q13=01**

Q13a. What did that doctor or healthcare professional say about [CHILD]'s weight?

[INTERVIEWER NOTE: DO NOT READ RESPONSE LIST UNLESS RESPONDENT IS UNSURE OR HESITATES]

- 01 UNDERWEIGHT
- 02 NORMAL
- 03 OVERWEIGHT
- 04 OBESE
- 98 DK
- 99 REFUSED

/ **ASK IF Q13=01 AND (Q13A = 01 OR Q13A = 03 OR Q13A = 04 OR Q13A = 98,99)**

Q13b. Were you and your child referred to a nutritionist or asked to come back for a follow-up visit to talk about [CHILD]'s weight?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

/ **ASK IF Q1>01**

Q14a. To the best of your knowledge, has [HE/SHE] had any of the following conditions within the past 6 months? A toothache?

- 01 YES
- 02 NO
- 97 CHILD HAS NO TEETH
- 98 DK
- 99 REFUSED

/ **ASK IF Q1>01 AND Q14A<>97**

Q14b. Decayed teeth or cavities?

- 01 YES
- 02 NO
- 97 CHILD HAS NO TEETH
- 98 DK
- 99 REFUSED

/ **ASK IF Q1>01 AND Q14A<>97**

Q14c. Broken teeth?

- 01 YES
- 02 NO
- 97 CHILD HAS NO TEETH
- 98 DK
- 99 REFUSED

/ **ASK IF Q1>01 AND Q14A<>97**

Q14d. Bleeding gums?

- 01 YES
- 02 NO
- 97 CHILD HAS NO TEETH
- 98 DK
- 99 REFUSED

Q15. Has a doctor or health care provider ever told you that [CHILD] has Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder, that is, ADD or ADHD?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

/ **ASK IF Q15=01**

Q15a. Does [CHILD] currently have Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

/ **ASK IF Q15A=01**

Q15b. Would you describe [HIS/HER] condition as mild, moderate, or severe?

- 01 MILD
- 02 MODERATE
- 03 SEVERE
- 98 DK
- 99 REFUSED

/ **ASK IF Q15A=01**

Q15c. Is [CHILD] currently taking medication for ADD or ADHD?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

Q15x. Has [CHILD] ever participated in a health-related research study of any kind?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

ACCESS & UTILIZATION

Q16. Is there a place you usually take [CHILD] when [HE/SHE] is sick or you need advice about [HIS/HER] health?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

/ **ASK IF Q16=01**

Q16a. [IF 'YES' TO Q16] Is that place a doctor's office, emergency room, hospital outpatient department, clinic, retail clinic, urgent care, or some other place?

- 01 DOCTOR'S OFFICE
- 02 EMERGENCY ROOM
- 03 HOSPITAL OUTPATIENT DEPARTMENT
- 04 CLINIC
- 05 RETAIL CLINIC (FOR EXAMPLE, A CLINIC THAT'S PART OF A STORE LIKE WALMART OR A PHARMACY) [→ Q17]
- 06 URGENT CARE [→ Q17]

- 07 SOME OTHER PLACE
- 98 DK
- 99 REFUSED

/ ASK IF Q16A IN (01,02,03,04,07,98,99)

Q16b. What is the name of the place where you usually take [CHILD] when [HE/SHE] is sick or you need advice about [HIS/HER] health?

[ENTER VERBATIM RESPONSE]

/ ASK IF Q16A IN (01,02,03,04,07,98,99)

Q16c. Is this [Q16a response OR “place” //IF Q16B = 07, 98, 99//] part of Cincinnati Children’s Hospital Medical Center, either the main hospital or one of its other locations?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

Q17. A personal doctor or nurse is a health care professional who knows your child well and is familiar with your child’s health history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or physician’s assistant. Do you have one or more persons you think of as [child’s] personal doctor or nurse?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

Q18. Preventive care visits include things like a well-child check-up, a routine physical exam, immunizations, or health screening tests. During the past 12 months, did [child] see a doctor, nurse or other health care professional for any kind of preventive care?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

/ //ASK IF Q18=1//

Q19. During the past 12 months, how many times did [CHILD] see a dentist for preventive dental care, such as check-ups or dental cleanings?

- 01 1
- 02 2
- 03 3
- 04 4
- 05 MORE THAN 4
- 98 DK
- 99 REFUSED

Q20. Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers. During the past 12 months, has [CHILD] received any treatment or counseling from a mental health professional?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

/ **ASK IF Q9 = 01**

Q21. During the past 12 months, has [CHILD] taken any medication because of difficulties with [HIS/HER] emotions, concentration, or behavior?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

Q22. During the past 12 months, how many times has [CHILD] gone to the hospital emergency room about [HIS/HER] health, including emergency room visits that resulted in a hospital admission?

RECORD # _____ //RANGE = 0 – 365//

- 998 DK
- 999 REFUSED

Q23. During the past 12 months, has [CHILD] been injured and required medical attention?

[INTERVIEWER NOTE: MEDICAL ATTENTION HERE IS NOT LIMITED TO EMERGENCY ROOM VISITS OR ATTENTION THAT REQUIRES THE CHILD TO SEE A DOCTOR OR OTHER HEALTH CARE PROVIDER. THIS INCLUDES SITUATIONS WHERE THE PARENT IS ABLE TO ADMINISTER THE MEDICAL ATTENTION THEMSELVES OR WHERE A CALL IS PLACED TO A DOCTOR OR

OTHER HEALTH PROFESSIONAL BUT THE CARE IS ADMINISTERED BY THE PARENT OR OTHER CAREGIVER.]

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

/ **ASK IF Q23=01**

Q23a. Did the most recent injury occur at home, at child care, in a car, motor cycle or other vehicle, at school, at a school-related event, at a sporting event or while playing a sport, or some other place?

- 01 AT HOME
- 02 AT CHILD CARE, SCHOOL, OR A SCHOOL-RELATED EVENT
- 03 IN A CAR, MOTOR CYCLE, OR OTHER MOTOR VEHICLE
- 04 AT A SPORTING EVENT OR WHILE PLAYING A SPORT
- 05 SOME OTHER PLACE
- 98 DK
- 99 REFUSED

Q24. Sometimes people have trouble getting health care when they need it. By health care, I mean medical care as well as other kinds of care like dental care and mental health services. During the past 12 months, was there any time when [CHILD] needed health care but it was delayed or not received?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

/ **ASK IF Q24=01**

Q24a. What type of care was delayed or not received? Was it medical care, dental care, mental health services, or something else?

[INTERVIEWER: Mark all that apply]

/MUL=4/

- 01 MEDICAL CARE
- 02 DENTAL CARE
- 03 MENTAL OR BEHAVIORAL HEALTH SERVICES
- 04 SOME OTHER SERVICE
- 98 DK
- 99 REFUSED

Q24c. During the last year, was there ever a time when [CHILD] did not receive a doctor's care or prescription medications because the household needed the money to buy food, clothing, or pay for housing?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

HEALTH INSURANCE

Q25a1. Considering all your insurance coverages, which one of the following best describes the type of health insurance you currently have for [CHILD]?

- 01 INSURANCE THROUGH YOUR OR A FAMILY MEMBER'S EMPLOYMENT
- 02 MEDICAID OR CHIP (FOR EXAMPLE, CARESOURCE, MOLINA, OR AMERIGROUP)
- 03 PRIVATE COVERAGE THAT YOU PAY FOR YOURSELF
- 04 OTHER GOVERNMENT INSURANCE
- 05 SOME OTHER TYPE OF INSURANCE
- 06 NO TYPE OF INSURANCE/UNINSURED
- 98 DK
- 99 REFUSED

/ ASK IF (G1 = 01 AND FULLSTAT = KY) OR G2 = 02

Q25a2. Which one of the following best describes the type of health insurance you currently have for [CHILD]?

- 01 INSURANCE THROUGH YOUR OR A FAMILY MEMBER'S EMPLOYMENT
- 02 MEDICAID OR CHIP (INCLUDING PASSPORT HEALTH PLAN)
- 03 PRIVATE COVERAGE THAT YOU PAY FOR YOURSELF
- 04 OTHER GOVERNMENT INSURANCE
- 05 SOME OTHER TYPE OF INSURANCE
- 06 NO TYPE OF INSURANCE/UNINSURED
- 98 DK
- 99 REFUSED

/ ASK IF (G1 = 01 AND FULLSTAT = IN) OR G2 = 03

Q25a3. Which one of the following best describes the type of health insurance you currently have for [CHILD]?

- 01 INSURANCE THROUGH YOUR OR A FAMILY MEMBER'S EMPLOYMENT
- 02 MEDICAID OR CHIP (ALSO CALLED "HOOSIER HEALTH WISE," ANTHEM, MANAGED HEALTH SERVICES, OR MDWISE)
- 03 PRIVATE COVERAGE THAT YOU PAY FOR YOURSELF
- 04 OTHER GOVERNMENT INSURANCE
- 05 SOME OTHER TYPE OF INSURANCE
- 06 NO TYPE OF INSURANCE/UNINSURED
- 98 DK
- 99 REFUSED

/ ***ASK IF Q25A1 IN (01,02,03,04,05,98,99) OR Q25A2 IN (01,02,03,05,98,99) OR Q25A3 IN (01,02,03,05,98,99)***

Q25b1. During the past 12 months, was there any time when [HE/SHE] was not covered by ANY insurance?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

/ ***ASK IF Q25A1 =06 OR Q25A2=06 OR Q25A3=06***

Q25b2. During the past 12 months, was there any time when [HE/SHE] had health care insurance?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

HEALTHY DEVELOPMENT

Child Care

Q26. Do you currently have any child care arrangements for [CHILD], such as care during the day while you work outside of the home or before or after school care?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

/ **ASK IF Q26=01**

Q26a. Please tell me to stop when I read the category that best describes the primary child care arrangement you have for [CHILD].

[INTERVIEWER NOTE: PLEASE READ LIST]

- 01 Relative or friend
- 02 Family-based child care outside of your home
- 03 Child care center
- 04 Nursery school/preschool/kindergarten not affiliated with local school public
- 05 Nursery school/preschool/kindergarten affiliated with local school public
- 06 Head Start or Early Head Start program
- 07 Child care in your home provided by a nanny or relative other than parent or guardian a
- 08 Some other type of arrangement
- 98 DK
- 99 REFUSED

Early Childhood [< 6 years]

Q27. During the past week, on how many days did you or other family members read to [CHILD'S NAME]?

- 00 0
- 01 1
- 02 2
- 03 3
- 04 4
- 05 5
- 06 6
- 07 7
- 98 DK
- 99 REFUSED

Middle Childhood/Adolescence [> 6 years]

Q28. During the past 12 months, was [CHILD] on a sports team or did [HE/SHE] take sports lessons after school or on weekends?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

Q29. During the past 12 months, did [HE/SHE] participate in any **clubs or organizations** after school or on the weekends, such as Scouts, a religious group, or [Boy's/Girl's] club?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

Q30. During the past week, on **how many days** did [CHILD] participate in clubs, organizations, or sports teams?

- 00 0
- 01 1
- 02 2
- 03 3
- 04 4
- 05 5
- 06 6
- 07 7
- 98 DK
- 99 REFUSED

Q30A. When was the last time you talked to your children about alcohol and other drugs? Would you say . . .

- 01 IN THE PAST MONTH,
- 02 IN THE PAST 3 MONTHS,
- 03 IN THE PAST YEAR,
- 04 MORE THAN ONE YEAR AGO, OR
- 05 NEVER
- 98 DK
- 99 REFUSED



Time Use & Family Functioning

Q31. During the past week, on how many days did your child exercise or participate in **physical activity** for at least 20 minutes that made [HIM/HER] sweat and breath hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?

- 00 0
- 01 1
- 02 2
- 03 3
- 04 4
- 05 5
- 06 6
- 07 7
- 98 DK
- 99 REFUSED

Q32. On an average weekday, about how many hours does [CHILD] usually spend watching TV or videos or playing video games?

NOTE: 25 = 25 OR MORE

- RECORD # _____ [WHOLE NUMBER 0 - 25]
- 98 DK
 - 99 REFUSED

Q33. In the past week, on how many days did all of the members who live in your household eat a meal together?

- 00 0
- 01 1
- 02 2
- 03 3
- 04 4
- 05 5
- 06 6
- 07 7
- 98 DK
- 99 REFUSED

Parenting

Q34a. What is the first place you would go if needed information about [CHILD]'s health? [INTERVIEWER: IF NECESSARY, PROMPT WITH: "for example, questions about when to take your child to the doctor or questions about their development"]

- 01 PARENT, GRANDPARENT, FRIEND, OTHER FAMILY MEMBER, OR FRIEND
- 02 INTERNET
- 03 BOOKS OR MAGAZINES
- 04 DOCTOR OR OTHER MEDICAL PROVIDER
- 05 CHILD'S SCHOOL OR CHILD CARE STAFF PROVIDER
- 06 SOME OTHER SOURCE
- 98 DK
- 99 REFUSED

RESOURCES AND ENVIRONMENT

Food Security

Q35a. "The food that I bought just didn't last, and I didn't have money to get more." Was this statement often, sometimes, or never true for you or other people in your household in the last 12 months?

- 01 OFTEN TRUE
- 02 SOMETIMES TRUE
- 03 NEVER TRUE
- 98 DK
- 99 REFUSED

Q35b. The second statement is, "(I/we) couldn't afford to eat balanced meals." Was this statement often, sometimes, or never true for you or other people in your household in the last 12 months?

- 01 OFTEN TRUE
- 02 SOMETIMES TRUE
- 03 NEVER TRUE
- 98 DK
- 99 REFUSED



Q35c. In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

/ **ASK IF Q35C=01**

Q35c1. How often did this happen - almost every month, some months but not every month, or in only 1 or 2 months?

- 01 ALMOST EVERY MONTH
- 02 SOME MONTHS BUT NOT EVERY MONTH
- 03 ONLY 1 OR 2 MONTHS
- 98 DK
- 99 REFUSED

Q36. To what degree would you agree with the statement, "It is easy to purchase healthy foods in my neighborhood, such as whole grain foods, low fat foods, and fresh fruits and vegetables?" Would you...

- 01 Strongly agree
- 02 Agree
- 03 Disagree
- 04 Strongly disagree
- 98 DK
- 99 REFUSED

Neighborhood Resources

Q37. Please tell me if the following places and things are available to children in your neighborhood, even if [CHILD] does not actually use them:

Q37a. Sidewalks or walking paths?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED



Q37b. Parks or playground areas?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

Q37c. A recreation center, community center, or boys' or girls' club?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

Q37d. A library or bookmobile?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

Q38. In your neighborhood is there...**Q38a. Litter or garbage on the street or sidewalk?**

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

Q38b. How about poorly kept or rundown housing?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

Q38c. How about vandalism such as broken windows or graffiti?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED



Q39. Now, for the next four questions, I'm going to ask you if you definitely agree, somewhat agree, somewhat disagree, or definitely disagree with each of these statements about your neighborhood or community:

Q39a. "People in this neighborhood help each other out."

- 01 Definitely agree
- 02 Somewhat agree
- 03 Somewhat disagree
- 04 Definitely disagree
- 98 DK
- 99 REFUSED

Q39b. "We watch out for each other's children in this neighborhood."

- 01 Definitely agree
- 02 Somewhat agree
- 03 Somewhat disagree
- 04 Definitely disagree
- 98 DK
- 99 REFUSED

Q39c. "There are people I can count on in this neighborhood."

- 01 Definitely agree
- 02 Somewhat agree
- 03 Somewhat disagree
- 04 Definitely disagree
- 98 DK
- 99 REFUSED

Q39d. "If my child were outside playing and got hurt or scared, there are adults nearby who I trust to help my child."

- 01 Definitely agree
- 02 Somewhat agree
- 03 Somewhat disagree
- 04 Definitely disagree
- 98 DK
- 99 REFUSED



Q40. How often do you feel [CHILD] is safe in your community or neighborhood?

[INTERVIEWER NOTE: PLEASE READ LIST IF NECESSARY]

- 01 Never safe
- 02 Sometimes safe
- 03 Usually safe
- 04 Always safe
- 98 DK
- 99 REFUSED

Q41. How often do you feel that [HE/SHE] is safe at school?

- 01 Never safe
- 02 Sometimes safe
- 03 Usually safe
- 04 Always safe
- 98 DK
- 99 REFUSED

DEMOGRAPHIC INFORMATION

Q42. First, which category best describes your relationship to [CHILD]? Are you [CHILD]'s...

- 01 Birth parent
- 02 Step-parent
- 03 Foster parent
- 04 Adoptive parent
- 05 Grandparent
- 06 Aunt/Uncle
- 07 Guardian
- 08 Sibling
- 09 Partner of [CHILD]'s parent
- 10 Some other relationship
- 98 DK
- 99 REFUSED

Q43. Including [CHILD], babies, and any small children, how many of the persons who currently live in your household are under 18 years of age?



RECORD # _____ //RANGE = 0 – 16//

NOTE: 16 = 16 OR MORE

- 98 DK
- 99 REFUSED

Q44. Including yourself, how many people aged 18 or older currently live in your household?

RECORD # _____ //RANGE = 0 – 16//

NOTE: 16 = 16 OR MORE

- 98 DK
- 99 REFUSED

/ **IF SAMPTYPE=02**

Q45a. Does your household have a landline telephone?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

Q45b. Not counting business lines, extension phones, or cellular phones...on how many different telephone numbers can your household be reached?

RECORD # _____ //RANGE = 0 – 10//

NOTE: 10 = 10 OR MORE

- 98 DK
- 99 REFUSED

/ **ASK IF Q45B=1-10**

Q45c. How many of those [INSERT # FROM Q45] telephone numbers are used ONLY for electronic equipment—such as computers and fax machines—and never answered for personal calls?

RECORD # _____ //RANGE = 0 – 10//

NOTE: 10 = 10 OR MORE

- 98 DK
- 99 REFUSED

/ **ASK IF Q45B=1-10**

Q46. During the past 12 months, how many times, if any, has your telephone service been interrupted for a period of seven days in a row or more?

RECORD # _____ //RANGE = 0 – 52//

- 98 DK

99 REFUSED

/ **ASK IF Q46=1-52**

Q46a. Thinking about those [=Q46] times when service was interrupted for seven or more days, what was the total number of days that your telephone service was interrupted?

RECORD # _____ //RANGE 7 – 365//

998 DK

999 REFUSED

Q47. Are you currently married, living with a partner but not married, widowed, divorced, separated, or have you never been married?

01 MARRIED

02 LIVING WITH A PARTNER BUT NOT MARRIED

03 WIDOWED

04 DIVORCED

05 SEPARATED

06 NEVER MARRIED (INCLUDING ANNULMENTS)

98 DK

99 REFUSED

Q48. What is your age?

RECORD # _____ //RANGE = 18 – 125//

998 DK

999 REFUSED

Q48a. [INTERVIEWER RECORD GENDER]

01 MALE

02 FEMALE

98 DK

99 REFUSED

Q49. What is the last grade or class you completed in school? [INTERVIEWER: DO NOT READ RESPONSES UNLESS NECESSARY]

01 GRADE 8 OR LOWER

02 SOME HIGH SCHOOL, HIGH SCHOOL, OR DID NOT COMPLETE

03 HIGH SCHOOL DIPLOMA, GED, OR EQUIVALENT

04 BUSINESS, TECHNICAL, OR VOCATIONAL SCHOOL AFTER HIGH SCHOOL

05 SOME COLLEGE, NO DEGREE

- 06 TWO-YEAR OR ASSOCIATE'S COLLEGE DEGREE
- 07 FOUR-YEAR COLLEGE DEGREE
- 08 GRADUATE OR PROFESSIONAL SCHOOL AFTER COLLEGE, NO DEGREE
- 09 GRADUATE OR PROFESSIONAL DEGREE
- 98 DK
- 99 REFUSED

Q51. Are you of Hispanic or Latino origin?

- 01 YES
- 02 NO
- 98 DK
- 99 REFUSED

Q50. Which one of the following would you say best represents your race?

- 01 White
- 02 Black or African-American
- 03 Asian
- 04 Native Hawaiian or Other Pacific Islander
- 05 American Indian or Alaska Native
- 06 SOME OTHER RACE
- 98 DK
- 99 REFUSED

Q52. Which one of the following would you say best represents [CHILD]'s race?

- 01 White
- 02 Black or African-American
- 03 Asian
- 04 Native Hawaiian or Other Pacific Islander
- 05 American Indian or Alaska Native
- 06 Some other race
- 98 DK
- 99 REFUSED

Q53. Do you consider [CHILD] to be Hispanic or Latino?

- 01 YES
- 02 NO
- 98 DK



99 REFUSED

Q54. Last week...were you working full-time, working part-time, going to school, keeping house, or something else?

[MUL = 08]

- 01 WORKING FULL-TIME
- 02 WORKING PART-TIME
- 03 GOING TO SCHOOL
- 04 KEEPING HOUSE
- 05 NOT AT WORK BECAUSE OF ILLNESS, VACATION, OR STRIKE
- 06 UNEMPLOYED
- 07 DISABLED, TOO ILL TO WORK (PERMANENT)
- 08 RETIRED
- 98 DK
- 99 REFUSED

Q55. Please tell me your family's total gross income during the calendar year 2010. This includes money from jobs, net income from business, farm or rent, pensions, dividends, interest, social security payments and other money income received.

[IF NECESSARY, read: "Gross income includes all income before taxes or other deductions."]

[INTERVIEWER NOTE: If the respondent does not know the income of all family members code as "DON'T KNOW"]

[IF NECESSARY read: Gross income includes all income before taxes and other deductions."]

[INTERVIEWER NOTE: If the respondent does not know the income of all family members code as "DON'T KNOW"]

- 01 ENTER YEARLY INCOME
- 02 ENTER MONTHLY INCOME
- 98 DK
- 99 REFUSED

/ **ASK IF Q55=01**

H85y. ENTER YEARLY INCOME

// 000,000-999,996// (CODE ACTUAL VALUE)
999,997 \$1 MILLION/YEAR OR MORE

/ **ASK IF Q55=02**

H85m. ENTER MONTHLY INCOME

// 000,000-999,996// (CODE ACTUAL VALUE)

999,997 \$1 MILLION/MONTH OR MORE

/ **ASK IF Q55=98,99**

Q55x. “I just want to assure you that your responses will be kept strictly confidential. The survey asks about income since this information helps researchers understand how income groups differ. Could you at least tell me which of the following three categories your family’s 2010 income fell into?”

- 01 \$40,750 OR LESS]
- 02 BETWEEN \$40,751 AND \$81,500
- 03 MORE THAN \$81,500
- 98 DK [PROBE: “APPROXIMATELY...]
- 99 REFUSED

[IF NECESSARY: INCOME SOURCES TO BE INCLUDED:

- 1. Wages & Salaries
- 2. Interest on Savings
- 3. Dividends
- 4. Social Security
- 5. Pensions
- 6. Welfare
- 7. Unemployment Compensation
- 8. Alimony
- 9. Child Support

/ **ASK IF Q55X=01**

Q55a. More specifically, please stop me when I get to the category that best represents your family’s 2010 income...

- 01 \$10,830 or less
- 02 \$10,831 to \$14,570
- 03 \$14,571 to \$18,310
- 04 \$18,311 to \$22,050
- 05 \$22,051 to \$25,790
- 06 \$25,791 to \$29,530
- 07 \$29,531 to \$33,270
- 08 \$33,271 to \$37,010
- 09 \$37,011 to \$40,750?
- 98 DK [PROBE: “APPROXIMATELY...”]

99 REFUSED

/ **ASK IF Q55X=02**

Q55b. More specifically, please stop me when I get to the category that best represents your family's 2010 income. . .

- 01 \$40,751 to \$44,100
- 02 \$44,101 to \$51,580
- 03 \$51,581 to \$59,060
- 04 \$59,061 to \$66,540
- 05 \$66,541 to \$74,020
- 06 \$74,021 to \$81,500?
- 98 DK [PROBE: "APPROXIMATELY..."]
- 99 REFUSED [→ Q56]

/ **ASK IF Q55X=03**

Q55c. More specifically, please stop me when I get to the category that best represents your family's 2010 income. . .

- 01 \$81,501 to \$89,999,
- 02 \$90,000 to \$99,999, or
- 03 \$100,000 or more?"
- 98 DK [PROBE: "APPROXIMATELY..."]
- 99 REFUSED

PREQ58. What is your street address?

[IF NECESSARY: "Okay, can I have your street name and the nearest cross street?"]

[INTERVIEWER: PLEASE MAKE SURE TO CONFIRM SPELLING OF ADDRESS.]

- 01 GAVE RESPONSE
- 98 DK
- 99 REFUSED

/ **ASK IF PREQ58=01**

Q58. ENTER STREET ADDRESS:

[RECORD HOUSE # AND STREET]

Q58b. Does [CHILD] live here with you all of the time, most of the time, half of the time, or less than half of the time?

- 01 ALL OF THE TIME

- 02 MOST OF THE TIME
- 03 HALF OF THE TIME
- 04 LESS THAN HALF OF THE TIME
- 98 DK
- 99 REFUSED

Q58c. And how many times has [CHILD] moved in the past 12 months?

- [RECORD #] //RANGE = 0 – 12//
- NOTE: 12 = 12 OR MORE
- 98 DK [PROBE: "YOUR BEST GUESS WILL BE FINE."]
- 99 REFUSED

/ **ASK IF Q1 => 05**

Q58d. How many times has [CHILD] moved in the past 5 years?

[IF NECESSARY: Your best guess will be fine]

- [RECORD #] //RANGE 0 – 60//
- NOTE: 60 = 60 OR MORE
- 98 DK
- 99 REFUSED

/ **ASK IF Q1<5**

Q58e. How many times has [CHILD] moved in their lifetime?

- [RECORD #] //RANGE 0 – 60//
- 98 DK
- 99 REFUSED

Q61a. In what state was [CHILD] born?

- 01 ALABAMA
- 02 GEORGIA
- 03 KENTUCKY
- 04 MARYLAND
- 05 MISSISSIPPI
- 06 NEW YORK
- 07 NORTH CAROLINA
- 08 OHIO
- 09 PENNSYLVANIA

- 10 SOUTH CAROLINA
- 11 TENNESSEE
- 12 VIRGINIA
- 13 WEST VIRGINIA
- 94 SOME OTHER STATE
- 98 DK
- 99 REFUSED

/ **ASK IF Q61A=1-12**

Q61b. In what county was [HE/SHE] born?

load list from state in appendix a

- 94 SOME OTHER COUNTY
- 98 DK
- 99 REFUSED

Q62a. In what state was [CHILD]'s birth mother born?

- 01 ALABAMA
- 02 GEORGIA
- 03 KENTUCKY
- 04 MARYLAND
- 05 MISSISSIPPI
- 06 NEW YORK
- 07 NORTH CAROLINA
- 08 OHIO
- 09 PENNSYLVANIA
- 10 SOUTH CAROLINA
- 11 TENNESSEE
- 12 VIRGINIA
- 13 WEST VIRGINIA
- 94 SOME OTHER STATE
- 98 DK
- 99 REFUSED

/ **ASK IF Q62A=1-12**

Q62b. In what county was [CHILD]'s birth mother born?

/ **LOAD LIST FROM STATE IN APPENDIX A**

- 94 SOME OTHER COUNTY
- 98 DK
- 99 REFUSED

Q63a. In what state was [CHILD]'s birth father born?

- 01 ALABAMA
- 02 GEORGIA
- 03 KENTUCKY
- 04 MARYLAND
- 05 MISSISSIPPI
- 06 NEW YORK
- 07 NORTH CAROLINA
- 08 OHIO
- 09 PENNSYLVANIA
- 10 SOUTH CAROLINA
- 11 TENNESSEE
- 12 VIRGINIA
- 13 WEST VIRGINIA
- 94 SOME OTHER STATE
- 98 DK
- 99 REFUSED

/ ***ASK IF Q63A=1-12***

Q63b. In what county was [CHILD]'s birth father born?

- / ***LOAD LIST FROM STATE IN APPENDIX A***
- 94 SOME OTHER COUNTY
 - 98 DK
 - 99 REFUSED

Appendix C: Tables

- Table 1: General Health Status
- Table 2: Condition of Child's Teeth
- Table 3: Oral Health Problems
- Table 4: Children with Special Health Care Needs Screener Items
- Table 5: Percentage of Children with Special Health Care Needs
- Table 6: Asthma Prevalence
- Table 7: Asthma Severity
- Table 8: ADHD Prevalence
- Table 9: ADHD Severity
- Table 10: BMI Percentile/Weight Categories
- Table 11: Parent's/Caregiver's Perception of Child's Weight
- Table 12: Provider Expressed Concern with Child's Weight
- Table 13: Percentage of Children with an Injury in the Past Year
- Table 14: Location of Injuries
- Table 15: Health Insurance Coverage
- Table 16: Percentage of Insured Children with a Gap in Coverage during the Past Year
- Table 17: Percentage of Children with a Usual Source of Care
- Table 18: Type of Usual Source of Care
- Table 19: Percentage of Children with a Personal Provider
- Table 20: Receipt of Preventive Care Services
- Table 21: Receipt of Preventive Dental Care Services
- Table 22: Emergency Department Utilization
- Table 23: Receipt of Behavioral Health Services or Medication for Emotional/Behavioral Problem
- Table 24: Delayed or Forgone Health Care
- Table 25: Child Care Use
- Table 26: Days per Week Child was Read to Last Week
- Table 27: Days per Week Child got at Least 20 Minutes of Physical Activity
- Table 28: Typical Hours per Day of Screen Time
- Table 29: Days per Week Family had a Meal Together Last Week
- Table 30: Participation in Extracurricular Activities
- Table 31: Last Time Parent Talked to Child about Drugs and Alcohol
- Table 32: Parent's/Caregiver's Primary Source of Information about Child's Health
- Table 33: Food Security – Food Did Not Last
- Table 34: Food Security – Could Not Afford to Eat Balanced Meals
- Table 35: Food Security – Cut the Size of Meals or Skipped Meals
- Table 36: Easy to Obtain Healthy Foods
- Table 37: Presence of Neighborhood Resources/Amenities
- Table 38: Presence of Neighborhood Detracting Elements
- Table 39: People in Neighborhood Help Each Other Out
- Table 40: People in Neighborhood Watch Out for Each Other's Children
- Table 41: Can Count on People in Neighborhood
- Table 42: Adults Nearby to Help Child
- Table 43: How Often Parent Feels Child is Safe in Community or Neighborhood
- Table 44: How Often Parent Feels Child is Safe at School



Table 1: General Health Status

Q3. In general, would you say [CHILD]'s health is excellent, very good, good, fair, or poor?

	Excellent	Very Good	Good	Fair	Poor
Overall	57.3%	26.7%	12.9%	2.4%	0.7%
<i>By Gender</i>					
Girls	56.0%	26.6%	14.6%	2.6%	0.1%
Boys	58.5%	26.9%	11.3%	2.2%	1.1%
<i>By Age Group</i>					
0 - 5 years	59.7%	28.5%	8.5%	1.8%	1.5%
6 - 12 years	53.4%	28.8%	16.3%	1.3%	0.1%
13 - 17 years	59.4%	22.1%	13.4%	4.6%	0.5%
<i>By Race/Ethnicity</i>					
White, non-Hispanic	60.2%	24.6%	12.4%	2.5%	0.3%
Black, non-Hispanic	29.3%	53.6%	12.0%	1.3%	3.7%
Hispanic	70.0%	14.9%	10.3%	4.5%	0.4%
Other	61.6%	13.6%	21.2%	3.1%	0.4%
<i>By Household Percentage of FPL</i>					
< 100% FPL	45.7%	35.9%	12.1%	5.4%	1.0%
100 - 200% FPL	50.3%	31.6%	11.8%	4.2%	2.1%
200 - 300% FPL	50.7%	28.0%	20.2%	1.1%	0.0%
> 300% FPL	69.4%	19.5%	10.3%	0.6%	0.2%
<i>By Insurance Status</i>					
Uninsured	70.6%	19.3%	6.1%	0.9%	3.1%
Insured	57.2%	26.7%	13.1%	2.5%	0.6%
<i>By Insurance Type</i>					
Public	39.4%	38.8%	14.0%	6.1%	1.6%
Private	61.2%	21.9%	12.7%	1.0%	0.1%
<i>By Sub-Region</i>					
City of Cincinnati	42.3%	37.3%	14.3%	3.2%	2.9%
Hamilton County	64.0%	25.2%	10.0%	0.2%	0.7%
Ohio Suburban Counties	58.0%	25.0%	14.8%	2.0%	0.3%
N.Ky. Counties	57.8%	25.5%	12.1%	4.1%	0.4%
Rural Counties	56.6%	26.4%	12.7%	4.3%	0.0%

Table 2: Condition of Child's Teeth

Q4. How would you describe the Condition of [CHILD]'s teeth? Would you say excellent, very good, good, fair, or poor?

	Excellent	Very Good	Good	Fair	Poor
Overall	44.0%	28.8%	19.8%	6.5%	0.9%
<i>By Gender</i>					
Girls	47.5%	24.6%	21.2%	6.3%	0.4%
Boys	40.7%	32.7%	18.5%	6.7%	1.4%
<i>By Age Group</i>					
0 - 5 years	53.8%	31.2%	10.8%	3.1%	1.1%
6 - 12 years	34.0%	32.8%	21.0%	11.3%	0.8%
13 - 17 years	47.2%	21.1%	27.3%	3.7%	0.7%
<i>By Race/Ethnicity</i>					
White, non-Hispanic	48.6%	26.6%	17.5%	6.3%	1.0%
Black, non-Hispanic	29.2%	32.4%	33.6%	4.4%	0.4%
Hispanic	23.5%	49.7%	19.2%	5.2%	2.4%
Other	27.1%	37.4%	22.7%	12.6%	0.3%
<i>By Household Percentage of FPL</i>					
< 100% FPL	28.8%	29.3%	25.3%	15.0%	1.5%
100 - 200% FPL	33.7%	32.9%	21.9%	9.5%	2.0%
200 - 300% FPL	44.8%	25.9%	24.0%	4.9%	0.3%
> 300% FPL	53.9%	28.0%	14.5%	3.2%	0.3%
<i>By Insurance Status</i>					
Uninsured	20.4%	59.6%	17.1%	2.1%	0.7%
Insured	45.3%	27.1%	19.9%	6.7%	0.9%
<i>By Insurance Type</i>					
Public	34.1%	25.4%	27.4%	11.4%	1.7%
Private	49.4%	27.8%	17.3%	5.0%	0.6%
<i>By Sub-Region</i>					
City of Cincinnati	37.9%	29.1%	22.1%	10.1%	0.8%
Hamilton County	39.4%	35.4%	22.3%	2.3%	0.6%
Ohio Suburban Counties	49.5%	24.9%	16.5%	8.7%	0.4%
N.Ky. Counties	48.7%	24.0%	20.5%	5.1%	1.7%
Rural Counties	37.8%	32.6%	21.6%	6.4%	1.6%

Table 3: Presence of Oral Health Problems within the Past Six Months

Q14a-d. To the best of your knowledge, has [HE/SHE] had any of the following conditions within the past 6 months? A toothache? Decayed teeth or cavities? Broken teeth? Bleeding gums?

	Toothache	Cavities	Broken Teeth	Bleeding Gums
Overall	8.0%	17.0%	1.7%	1.9%
<i>By Gender</i>				
Girls	7.3%	17.0%	1.5%	2.5%
Boys	8.7%	17.1%	1.9%	1.2%
<i>By Age Group</i>				
1 - 5 years	5.9%	10.1%	3.9%	0.3%
6 - 12 years	10.9%	22.0%	0.6%	3.1%
13 - 17 years	5.9%	15.9%	1.3%	1.6%
<i>By Race/Ethnicity</i>				
White, non-Hispanic	7.6%	16.8%	1.6%	2.1%
Black, non-Hispanic	11.1%	14.7%	2.4%	0.7%
Hispanic	9.6%	12.9%	2.3%	2.3%
Other	7.8%	20.6%	1.0%	0.6%
<i>By Household Percentage of FPL</i>				
< 100% FPL	15.1%	24.1%	3.7%	4.8%
100 - 200% FPL	9.6%	23.3%	2.3%	1.8%
200 - 300% FPL	7.2%	12.1%	1.3%	3.0%
> 300% FPL	4.9%	14.0%	0.7%	0.5%
<i>By Insurance Status</i>				
Uninsured	2.2%	35.0%	12.5%	0.0%
Insured	8.3%	16.4%	1.2%	2.0%
<i>By Insurance Type</i>				
Public	14.9%	18.3%	2.0%	4.7%
Private	6.0%	15.8%	0.9%	1.0%
<i>By Sub-Region</i>				
City of Cincinnati	17.2%	23.0%	2.5%	2.6%
Hamilton County	1.1%	10.9%	2.3%	0.0%
Ohio Suburban Counties	9.6%	17.1%	1.2%	2.5%
N.Ky. Counties	7.3%	13.0%	1.1%	2.8%
Rural Counties	8.5%	25.0%	1.6%	1.8%

Table 4: Responses to Individual CSHCN Screener Items

Yes' responses to Q5 through Q9 were followed-up with: (a) "Is this because of a medical, behavioral, or other health condition?" and (b) "Has this condition lasted or is it expected to last more than 12 months?" Table 2 percentages are based on a 'yes' response to all three questions.

	%
Q5. <i>Does [CHILD] currently need or use medicine prescribed by a doctor, other than vitamins?</i>	18.0%
Q6. <i>Does [CHILD] need or use more medical care, mental health, or educational services than is usual for most children of the same age?</i>	14.0%
Q7. <i>Is [CHILD] limited or prevented in any way in [HIS/HER] ability to do things most children of the same age can do?</i>	6.1%
Q8. <i>Does [CHILD] need or get special therapy, such as physical, occupational, or speech therapy?</i>	8.0%
Q9. <i>Does [CHILD] have any kind of emotional, developmental, or behavioral problem for which [HE/SHE] needs treatment or counseling?</i>	9.1%

Table 5: Percent of Children Identified as Having a Special Health Care Need by Selected Demographic Characteristics

Q5, Q5a, Q5b, Q6, Q6a, Q6b, Q7, Q7a, Q7b, Q8, Q8a, Q8b, Q9, Q9a, Q9b

	%
Overall	25.8%
<i>By Gender</i>	
Girls	22.6%
Boys	28.9%
<i>By Age Group</i>	
0 - 5 years	18.2%
6 - 12 years	32.2%
13 - 17 years	26.0%
<i>By Race/Ethnicity</i>	
White, non-Hispanic	26.1%
Black, non-Hispanic	24.0%
Hispanic	26.3%
Other	26.7%
<i>By Household Percentage of FPL</i>	
< 100% FPL	34.2%
100 - 200% FPL	21.2%
200 - 300% FPL	23.4%
> 300% FPL	24.5%
<i>By Insurance Status</i>	
Uninsured	15.5%
Insured	26.1%
<i>By Insurance Type</i>	
Public	31.0%
Private	24.1%
<i>By Sub-Region</i>	
City of Cincinnati	29.4%
Hamilton County	9.5%
Ohio Suburban Counties	35.3%
N.Ky. Counties	28.1%
Rural Counties	22.2%

Table 6: Asthma Prevalence*Q10, Q10a, and Q11*

	Ever told	Currently have asthma*	Symptoms, no diagnosis
Overall	13.4%	7.9%	5.9%
<i>By Gender</i>			
Girls	9.5%	4.4%	7.2%
Boys	17.1%	11.2%	4.5%
<i>By Age Group</i>			
0 - 5 years	8.8%	5.3%	9.2%
6 - 12 years	12.6%	8.9%	3.2%
13 - 17 years	19.4%	9.4%	5.3%
<i>By Race/Ethnicity</i>			
White, non-Hispanic	11.3%	5.7%	4.3%
Black, non-Hispanic	31.5%	23.5%	19.6%
Hispanic	13.6%	12.1%	0.6%
Other	8.2%	5.7%	8.8%
<i>By Household Percentage of FPL</i>			
< 100% FPL	17.8%	14.0%	11.7%
100 - 200% FPL	14.4%	6.5%	9.4%
200 - 300% FPL	10.6%	4.4%	2.4%
> 300% FPL	11.1%	5.4%	3.8%
<i>By Insurance Status</i>			
Uninsured	1.2%	1.0%	0.3%
Insured	13.6%	7.9%	6.2%
<i>By Insurance Type</i>			
Public	17.1%	12.7%	10.8%
Private	12.2%	6.0%	4.4%
<i>By Sub-Region</i>			
City of Cincinnati	21.9%	16.8%	12.2%
Hamilton County	15.3%	7.3%	10.5%
Ohio Suburban Counties	9.7%	6.7%	4.5%
N.Ky. Counties	16.9%	8.7%	1.6%
Rural Counties	9.2%	4.0%	3.1%

	Mild	Moderate	Severe	Visited ER/Urgent Care
Overall	62.6%	26.5%	10.9%	21.1%
<i>By Gender</i>				
Girls	52.9%	42.9%	4.1%	31.5%
Boys	66.3%	20.2%	13.5%	17.2%
<i>By Age Group</i>				
0 - 5 years	53.3%	26.3%	20.5%	29.3%
6 - 12 years	63.8%	22.7%	13.5%	16.9%
13 - 17 years	67.0%	31.2%	1.8%	21.1%
<i>By Race/Ethnicity</i>				
White, non-Hispanic	61.3%	29.5%	9.2%	21.2%
Black, non-Hispanic	72.8%	23.8%	3.4%	20.1%
Hispanic	72.4%	27.6%	0.0%	23.9%
Other	12.9%	6.7%	80.4%	16.3%
<i>By Household Percentage of FPL</i>				
< 100% FPL	70.4%	19.6%	10.0%	18.9%
100 - 200% FPL	84.4%	11.7%	3.9%	13.4%
200 - 300% FPL	50.6%	46.3%	3.0%	12.7%
> 300% FPL	57.7%	25.1%	17.2%	15.0%
<i>By Insurance Type</i>				
Public	65.4%	27.4%	7.2%	26.0%
Private	59.0%	26.8%	14.2%	17.9%
<i>By Sub-Region</i>				
City of Cincinnati	63.8%	30.3%	5.9%	34.0%
Hamilton County	84.3%	12.4%	3.4%	6.5%
Ohio Suburban Counties	45.0%	35.2%	19.8%	20.4%
N.Ky. Counties	58.8%	31.2%	10.0%	22.3%
Rural Counties	76.3%	9.2%	14.5%	19.5%

Table 8: ADHD Prevalence*Q15 and Q15a*

	% Ever Told	% Current ADHD
Overall	10.6%	10.2%
<i>By Gender</i>		
Girls	7.6%	7.5%
Boys	13.5%	12.7%
<i>By Age Group</i>		
0 - 5 years	2.6%	2.5%
6 - 12 years	13.8%	12.8%
13 - 17 years	15.3%	15.2%
<i>By Race/Ethnicity</i>		
White, non-Hispanic	8.7%	8.5%
Black, non-Hispanic	10.2%	7.3%
Hispanic	13.7%	13.7%
Other	28.7%	28.6%
<i>By Household Percentage of FPL</i>		
< 100% FPL	18.1%	16.4%
100 - 200% FPL	7.4%	7.3%
200 - 300% FPL	6.2%	6.1%
> 300% FPL	9.9%	9.7%
<i>By Insurance Type</i>		
Public	16.1%	14.9%
Private	8.7%	8.6%
<i>By Sub-Region</i>		
City of Cincinnati	12.1%	8.9%
Hamilton County	8.5%	8.5%
Ohio Suburban Counties	10.8%	10.7%
N.Ky. Counties	14.3%	14.1%
Rural Counties	8.1%	8.0%

**Note: Percentage of uninsured too small to show.*

Table 9: ADHD Severity*Q15b and Q15c*

	Mild	Moderate	Severe	% Taking Medication for ADHD
Overall	44.9%	37.8%	17.3%	53.3%
<i>By Gender</i>				
Girls	45.7%	40.3%	14.0%	52.2%
Boys	44.5%	36.4%	19.2%	53.9%
<i>By Age Group</i>				
0 - 5 years	8.5%	13.8%	77.7%	39.5%
6 - 12 years	37.7%	44.6%	17.8%	56.1%
13 - 17 years	57.5%	33.6%	8.9%	52.7%
<i>By Race/Ethnicity</i>				
White, non-Hispanic	44.3%	44.7%	11.0%	64.9%
Black, non-Hispanic	18.4%	62.5%	19.1%	85.8%
Hispanic	0.6%	1.7%	97.7%	66.9%
Other	63.6%	20.6%	15.8%	3.2%
<i>By Household Percentage of FPL</i>				
< 100% FPL	39.1%	39.3%	21.6%	68.4%
100 - 200% FPL	51.3%	17.9%	30.8%	40.3%
200 - 300% FPL	45.3%	52.9%	1.8%	63.4%
> 300% FPL	49.8%	41.1%	9.1%	40.3%
<i>By Insurance Type</i>				
Public	39.1%	38.4%	22.6%	57.8%
Private	49.0%	37.4%	13.6%	48.1%
<i>By Sub-Region</i>				
City of Cincinnati	26.8%	38.0%	35.3%	78.5%
Hamilton County	75.4%	17.1%	7.5%	26.0%
Ohio Suburban Counties	38.2%	51.0%	10.8%	41.0%
N.Ky. Counties	36.1%	38.8%	25.2%	74.3%
Rural Counties	47.2%	26.7%	26.1%	71.6%

Table 10: BMI Percentile/Weight Categories*Actual weight categories calculated using Q1, Q2, Q4a-b for children ages 2 and up only.*

	Underweight	Healthy Weight	Overweight	Obese	% Overweight/Obese
Overall	10.6%	48.8%	15.5%	25.0%	40.5%
<i>By Gender</i>					
Girls	11.6%	47.3%	19.6%	21.5%	41.1%
Boys	9.6%	50.4%	11.6%	28.4%	40.0%
<i>By Age Group</i>					
2 - 5 years	20.7%	15.7%	17.6%	46.0%	63.6%
6 - 12 years	11.5%	43.9%	17.1%	27.5%	44.6%
13 - 17 years	4.2%	72.5%	12.5%	10.8%	23.3%
<i>By Race/Ethnicity</i>					
White, non-Hispanic	11.4%	49.7%	16.6%	22.2%	38.9%
Black, non-Hispanic	6.1%	31.9%	7.9%	54.1%	62.0%
Hispanic	6.2%	47.1%	14.4%	32.3%	46.7%
Other	9.4%	66.5%	10.9%	13.2%	24.1%
<i>By Household Percentage of FPL</i>					
<100% FPL	7.0%	42.2%	12.4%	38.5%	50.8%
100-200% FPL	9.2%	46.0%	15.1%	29.7%	44.9%
200-300% FPL	12.7%	37.2%	25.5%	24.5%	50.1%
>300% FPL	12.0%	56.3%	14.7%	17.0%	31.7%
<i>By Sub-Region</i>					
City of Cincinnati	8.5%	33.9%	24.3%	33.3%	57.6%
Hamilton County	5.4%	55.7%	13.4%	25.5%	38.9%
Ohio Suburban Counties	12.7%	50.9%	16.3%	20.1%	36.4%
N.Ky. Counties	16.3%	49.9%	10.1%	23.6%	33.7%
Rural Counties	9.0%	41.9%	17.3%	31.8%	49.0%

Table 11: Parent Perception of Child's Weight

Q12. How would you describe [CHILD]'s weight? Would you say that [CHILD] is overweight, underweight, or just the right weight?

	Underweight	Healthy Weight	Overweight
Overall	11.1%	76.1%	12.8%
<i>By Gender</i>			
Girls	5.4%	82.5%	12.0%
Boys	16.5%	70.0%	13.5%
<i>By Age Group</i>			
0 - 5 years	6.2%	84.1%	9.7%
6 - 12 years	9.2%	78.2%	12.6%
13 - 17 years	19.0%	64.7%	16.3%
<i>By Race/Ethnicity</i>			
White, non-Hispanic	10.4%	80.0%	9.6%
Black, non-Hispanic	4.5%	55.8%	39.7%
Hispanic	11.8%	79.9%	8.3%
Other	28.7%	69.6%	1.7%
<i>By Household Percentage of FPL</i>			
<100% FPL	3.8%	73.3%	22.8%
100-200% FPL	9.3%	77.4%	13.3%
200-300% FPL	10.6%	82.1%	7.3%
>300% FPL	16.6%	73.8%	9.6%
<i>By Sub-Region</i>			
City of Cincinnati	10.1%	66.5%	23.4%
Hamilton County	17.7%	67.8%	14.6%
Ohio Suburban Counties	7.3%	80.6%	12.2%
N.Ky. Counties	13.4%	77.2%	9.3%
Rural Counties	8.8%	83.5%	7.7%

Table 12: Percent of Caregivers Who Said that a Healthcare Provider Had Expressed Concern about Child's Weight

Q13. Has a doctor or other healthcare professional ever expressed concern about [CHILD]'s weight?

	%
Overall	11.2%
<i>By Gender</i>	
Girls	13.7%
Boys	8.7%
<i>By Age Group</i>	
0 - 5 years	11.1%
6 - 12 years	11.4%
13 - 17 years	10.8%
<i>By Race/Ethnicity</i>	
White, non-Hispanic	10.8%
Black, non-Hispanic	12.2%
Hispanic	17.6%
Other	9.8%
<i>By Household Percentage of FPL</i>	
<100% FPL	13.9%
100-200% FPL	10.2%
200-300% FPL	10.5%
>300% FPL	11.0%
<i>By Insurance Status</i>	
Uninsured	0.6%
Insured	11.7%
<i>By Insurance Type</i>	
Public	16.4%
Private	9.8%
<i>By Usual Source of Care</i>	
Doctor's Office*	10.1%
ER/Urgent Care	12.8%
Clinic, Other	23.7%
No usual source of care	25.5%
<i>By Sub-Region</i>	
City of Cincinnati	15.1%
Hamilton County	9.8%
Ohio Suburban Counties	12.4%
N.Ky. Counties	11.6%
Rural Counties	6.9%

**Note: "Hospital Outpatient Clinic" included with Doctor's Office; "Clinic, Other" includes Community Clinics and Retail Clinics, in addition to other types of care sources.*

Table 13: Percent of respondents who said their child experienced an injury that required medical attention within the past 12 months.

Q23. During the past 12 months, has [CHILD] been injured and required medical attention?

	%
Overall	17.9%
<i>By Gender</i>	
Girls	18.1%
Boys	17.7%
<i>By Age Group</i>	
0 - 5 years	11.6%
6 - 12 years	15.3%
13 - 17 years	28.2%
<i>By Race/Ethnicity</i>	
White, non-Hispanic	16.8%
Black, non-Hispanic	15.1%
Hispanic	24.9%
Other	30.3%
<i>By Household Percentage of FPL</i>	
< 100% FPL	19.8%
100 - 200% FPL	11.1%
200 - 300% FPL	10.8%
> 300% FPL	22.2%
<i>By Sub-Region</i>	
City of Cincinnati	10.1%
Hamilton County	19.3%
Ohio Suburban Counties	20.6%
N.Ky. Counties	17.7%
Rural Counties	15.6%

Table 7: Location of Injury for Children Who Had Experienced an Injury Requiring Medical Attention within the Past 12 Months

Q23a. Did the most recent injury occur at home, at child care, in a car, motor cycle, or other vehicle, at school, at a school-related event, at a sporting event or while playing a sport, or some other place?

	At home	Child Care or School	Motor Vehicle	Sports	Other
Overall	31.3%	11.7%	1.7%	39.0%	16.2%
<i>By Gender</i>					
Girls	27.0%	15.3%	2.0%	34.9%	20.6%
Boys	35.5%	8.2%	1.3%	43.1%	11.9%
<i>By Age Group</i>					
0 - 5 years	60.4%	19.1%	0.9%	0.4%	19.1%
6 - 12 years	37.8%	16.5%	3.6%	21.5%	20.5%
13 - 17 years	13.8%	5.1%	0.7%	68.3%	12.0%
<i>By Race/Ethnicity</i>					
White, non-Hispanic	33.6%	10.2%	2.3%	37.8%	16.0%
Black, non-Hispanic	6.3%	33.8%	0.0%	48.6%	11.3%
Hispanic	77.5%	0.3%	0.0%	0.0%	22.2%
Other	22.1%	9.3%	0.0%	53.4%	15.2%
<i>By Household Percentage of FPL</i>					
< 100% FPL	37.4%	17.4%	0.7%	24.7%	19.8%
100 - 200% FPL	71.5%	5.9%	8.7%	9.6%	4.3%
200 - 300% FPL	45.5%	13.6%	1.5%	18.9%	20.5%
> 300% FPL	17.4%	7.2%	1.0%	55.8%	18.7%
<i>By Sub-Region</i>					
City of Cincinnati	37.0%	8.5%	0.6%	9.9%	43.9%
Hamilton County	12.8%	3.5%	0.5%	78.4%	4.8%
Ohio Suburban Counties	31.6%	14.1%	0.8%	34.4%	19.1%
N.Ky. Counties	46.7%	16.2%	2.7%	16.0%	18.5%
Rural Counties	39.9%	14.4%	5.6%	29.0%	11.2%

Table 15: Health Insurance Coverage

Q25a. Considering all of your insurance coverages, which one of the following best describes the type of health insurance you currently have for [CHILD]?

	Insurance from Parent's Employer	Medicaid	Other Private	Other Govt.	Other	Uninsured
Overall	62.7%	20.8%	4.9%	6.6%	1.3%	3.8%
<i>By Age Group</i>						
0 - 5 years	53.1%	28.2%	4.5%	9.1%	1.4%	3.7%
6 - 12 years	66.7%	18.5%	4.6%	4.2%	1.3%	4.6%
13 - 17 years	68.0%	15.5%	5.8%	6.8%	1.1%	2.8%
<i>By Race/Ethnicity</i>						
White, non-Hispanic	66.1%	16.9%	6.2%	6.0%	0.8%	4.0%
Black, non-Hispanic	38.7%	45.3%	0.3%	9.6%	0.8%	5.4%
Hispanic	67.5%	13.9%	2.5%	12.4%	0.4%	3.4%
Other	61.6%	25.6%	0.5%	5.0%	7.1%	0.1%
<i>By Household Percentage of FPL</i>						
< 100% FPL	15.4%	58.5%	0.8%	17.6%	1.9%	5.8%
100-200% FPL	48.0%	29.6%	1.5%	11.3%	0.6%	9.1%
200-300% FPL	73.8%	9.7%	8.5%	1.5%	0.1%	6.4%
> 300% FPL	89.8%	1.9%	6.5%	0.6%	0.8%	0.5%
<i>By Sub-Region</i>						
City of Cincinnati	44.4%	35.5%	1.3%	8.6%	5.7%	4.5%
Hamilton County	64.3%	20.7%	8.6%	2.2%	0.2%	4.0%
Ohio Suburban Counties	65.9%	17.2%	3.6%	10.7%	0.7%	1.8%
N.Ky. Counties	72.0%	15.3%	6.9%	2.2%	0.9%	2.6%
Rural Counties	56.4%	24.2%	3.2%	6.3%	1.1%	8.8%

Table 16: Percent of Covered Children Who Experienced a Gap in Insurance Coverage within the Past 12 Months

Q25b1. During the past 12 months, was there any time when [HE/SHE] was not covered by ANY insurance?

	%
Overall	6.5%
<i>By Gender</i>	
Girls	5.7%
Boys	7.3%
<i>By Age Group</i>	
0 - 5 years	5.6%
6 - 12 years	7.1%
13 - 17 years	6.8%
<i>By Race/Ethnicity</i>	
White, non-Hispanic	7.2%
Black, non-Hispanic	6.4%
Hispanic	5.3%
Other	1.2%
<i>By Household Percentage of FPL</i>	
< 100% FPL	10.9%
100 - 200% FPL	8.1%
200 - 300% FPL	10.8%
> 300% FPL	3.1%
<i>By Insurance Type</i>	
Public	12.1%
Private	4.3%
<i>By Sub-Region</i>	
City of Cincinnati	6.0%
Hamilton County	0.4%
Ohio Suburban Counties	7.6%
N.Ky. Counties	6.6%
Rural Counties	13.0%

Table 17: Percent with a Usual Source of Care

Q16. Is there a place you usually take [CHILD] when [HE/SHE] is sick or you need advice about [HIS/HER] health?

	%
Overall	98.9%
<i>By Age Group</i>	
0 - 5 years	99.2%
6 - 12 years	98.3%
13 - 17 years	99.4%
<i>By Race/Ethnicity</i>	
White, non-Hispanic	99.0%
Black, non-Hispanic	99.8%
Hispanic	100.0%
Other	96.0%
<i>By Household Percentage of FPL</i>	
< 100% FPL	99.4%
100 - 200% FPL	98.1%
200 - 300% FPL	98.0%
> 300% FPL	99.1%
<i>By Insurance Status</i>	
Uninsured	99.6%
Insured	98.9%
<i>By Insurance Type</i>	
Public	99.7%
Private	98.6%
<i>By Sub-Region</i>	
City of Cincinnati	99.4%
Hamilton County	99.9%
Ohio Suburban Counties	97.8%
N.Ky. Counties	99.7%
Rural Counties	98.9%

Table 18: Type of Usual Source of Care

If yes, Q16a. Is that place a doctor's office, emergency room, hospital outpatient department, clinic, retail clinic, urgent care, or some other place?

	Doctor's Office	Emergency Room	Hospital Outpatient Dept.	Clinic	Retail Clinic	Urgent Care	Some Other Place
Overall	86.3%	3.3%	2.5%	4.9%	0.3%	2.1%	0.6%
<i>By Age Groups</i>							
0 - 5 years	83.8%	3.8%	4.1%	6.4%	0.4%	1.2%	0.2%
6 - 12 years	89.6%	3.6%	1.7%	2.9%	0.3%	0.9%	0.9%
13 - 17 years	84.9%	2.3%	1.8%	5.9%	0.0%	4.5%	0.7%
<i>By Race/Ethnicity</i>							
White, non-Hispanic	91.5%	2.5%	1.4%	3.0%	0.2%	1.1%	0.3%
Black, non-Hispanic	49.3%	9.2%	11.7%	19.7%	0.0%	9.5%	0.7%
Hispanic	90.4%	2.4%	0.2%	3.6%	0.0%	3.2%	0.1%
Other	87.5%	3.9%	1.6%	1.4%	1.4%	0.0%	4.1%
<i>By Household Percentage of FPL</i>							
< 100% FPL	74.9%	4.2%	3.4%	9.1%	0.0%	7.6%	0.8%
100 - 200% FPL	81.8%	3.6%	2.5%	9.9%	0.9%	1.3%	0.0%
200 - 300% FPL	95.9%	2.1%	0.8%	0.7%	0.0%	0.1%	0.2%
> 300% FPL	93.2%	0.7%	2.2%	1.9%	0.2%	0.8%	0.9%
<i>By Insurance Status</i>							
Uninsured	81.4%	3.1%	0.3%	11.6%	0.0%	3.7%	0.0%
Insured	86.4%	3.3%	2.6%	4.7%	0.3%	2.0%	0.7%
<i>By Insurance Type</i>							
Public	70.0%	9.0%	3.3%	10.7%	0.5%	5.8%	0.7%
Private	93.0%	1.1%	2.4%	2.2%	0.2%	0.5%	0.7%
<i>By Sub-Region</i>							
City of Cincinnati	57.6%	11.6%	8.1%	21.7%	0.1%	0.8%	0.3%
Hamilton County	88.0%	1.8%	1.6%	3.2%	0.0%	5.2%	0.2%
Ohio Suburban Counties	90.9%	2.8%	2.6%	1.2%	0.3%	1.1%	1.1%
N.Ky. Counties	88.6%	1.9%	1.4%	5.5%	0.7%	1.3%	0.6%
Rural Counties	91.9%	2.0%	0.7%	2.8%	0.3%	1.5%	0.8%

Table 19: Percent with a Personal Provider

Q17. A personal doctor or nurse is a health care professional who knows your child well and is familiar with your child's family history. This can be a general doctor, a pediatrician, a specialist doctor, a nurse practitioner, or physician's assistant. Do you have one or more persons you think of as [CHILD]'s personal doctor or nurse?

	%
Overall	84.8%
<i>By Gender</i>	
Girls	86.4%
Boys	83.4%
<i>By Age Group</i>	
0 - 5 years	86.9%
6 - 12 years	82.6%
13 - 17 years	85.6%
<i>By Race/Ethnicity</i>	
White, non-Hispanic	85.5%
Black, non-Hispanic	83.2%
Hispanic	79.0%
Other	84.8%
<i>By Household Percentage of FPL</i>	
< 100% FPL	79.5%
100 - 200% FPL	83.2%
200 - 300% FPL	78.9%
> 300% FPL	91.4%
<i>By Insurance Status</i>	
Uninsured	62.3%
Insured	85.7%
<i>By Insurance Type</i>	
Public	81.8%
Private	87.3%
<i>By Usual Source of Care</i>	
Doctor's Office*	86.3%
ER/Urgent Care	70.5%
Clinic, Other	86.5%
No usual source of care	35.4%
<i>By Sub-Region</i>	
City of Cincinnati	80.8%
Hamilton County	80.5%
Ohio Suburban Counties	86.1%
N.Ky. Counties	88.4%
Rural Counties	87.1%

Table 20: Receipt of Preventive Care Services

Q18. Preventive care visits include things like a well-child check-up, a routine physical exam, immunizations, or health screening tests. During the past 12 months, did [CHILD] see a doctor, nurse, or other health care professional for any kind of preventive care?

	%
Overall	85.4%
<i>By Age Group</i>	
0 - 5 years	89.0%
6 - 12 years	85.0%
13 - 17 years	81.7%
<i>By Race/Ethnicity</i>	
White, non-Hispanic	86.9%
Black, non-Hispanic	71.3%
Hispanic	89.5%
Other	86.5%
<i>By Household Percentage of FPL</i>	
< 100% FPL	66.4%
100 - 200% FPL	86.5%
200 - 300% FPL	85.5%
> 300% FPL	92.9%
<i>By Insurance Status</i>	
Uninsured	63.3%
Insured	86.1%
<i>By Insurance Type</i>	
Public	74.1%
Private	90.9%
<i>By Usual Source of Care</i>	
Dr.'s Office	88.3%
ER/Urgent Care	54.3%
Clinic, Other	68.4%
No Usual Source of Care	89.6%
<i>By Sub-Region</i>	
City of Cincinnati	87.5%
Hamilton County	78.9%
Ohio Suburban Counties	87.6%
N.Ky. Counties	88.8%
Rural Counties	84.2%

Table 21: Receipt of Preventive Dental Care Services

Q19. During the past 12 months, how many times did [CHILD] see a dentist for preventive dental care, such as check-ups or dental cleanings?

	None	At least one	Two or more
Overall	17.0%	83.0%	54.4%
<i>By Age Group</i>			
0 - 5 years	46.8%	53.2%	26.2%
6 - 12 years	2.9%	97.1%	66.7%
13 - 17 years	2.6%	97.4%	69.3%
<i>By Race/Ethnicity</i>			
White, non-Hispanic	16.9%	83.1%	56.3%
Black, non-Hispanic	25.0%	75.0%	47.2%
Hispanic	3.2%	96.8%	60.5%
Other	13.7%	86.3%	39.8%
<i>By Household Percentage of FPL</i>			
< 100% FPL	24.8%	75.2%	41.7%
100 - 200% FPL	19.7%	80.3%	51.8%
200 - 300% FPL	23.9%	76.1%	45.1%
> 300% FPL	12.8%	87.2%	61.9%
<i>By Insurance Status</i>			
Uninsured	34.1%	65.9%	50.8%
Insured	16.6%	83.4%	54.2%
<i>By Insurance Type</i>			
Public Insurance	28.6%	71.4%	31.9%
Private Insurance	12.9%	87.1%	61.1%
<i>By Sub-Region</i>			
City of Cincinnati	26.7%	73.3%	48.1%
Hamilton County	12.3%	87.7%	54.7%
Ohio Suburban Counties	17.8%	82.2%	56.1%
N.Ky. Counties	16.3%	83.7%	53.5%
Rural Counties	14.7%	85.3%	55.9%

Table 22: Percent of Children who have been to the ER at least once and five or more times in the past 12 months.

Q22. During the past 12 months, how many times has [CHILD] gone to the hospital emergency room about [HIS/HER] health, including emergency room visits that resulted in a hospital admission?

	% At least once	% 5 or more times
Overall	22.0%	0.8%
<i>By Gender</i>		
Girls	21.4%	0.6%
Boys	22.5%	1.1%
<i>By Age Group</i>		
0 - 5 years	32.5%	1.3%
6 - 12 years	14.0%	0.5%
13 - 17 years	20.7%	0.7%
<i>By Race/Ethnicity</i>		
White, non-Hispanic	20.6%	0.8%
Black, non-Hispanic	28.8%	0.1%
Hispanic	19.7%	2.3%
Other	25.9%	0.2%
<i>By Household Percentage of FPL</i>		
< 100% FPL	29.9%	0.5%
100 - 200% FPL	20.8%	2.4%
200 - 300% FPL	23.2%	0.0%
> 300% FPL	17.1%	0.2%
<i>By Insurance Status</i>		
Uninsured	7.9%	0.0%
Insured	22.3%	0.7%
<i>By Insurance Type</i>		
Public	33.7%	1.9%
Private	17.8%	0.3%
<i>By Usual Source of Care</i>		
Dr.'s Office	20.6%	0.4%
ER/Urgent Care	36.8%	3.3%
Clinic, Other	31.8%	3.6%
No Usual Source of Care	7.7%	0.0%
<i>By Sub-Region</i>		
City of Cincinnati	33.4%	0.3%
Hamilton County	17.4%	0.7%
Ohio Suburban Counties	23.6%	0.5%
N.Ky. Counties	17.9%	1.1%
Rural Counties	20.9%	1.9%

Table 23: Receipt of Behavioral Health Services or Medication for Emotional/Behavioral Problem

Q20. *Mental health professionals include psychiatrists, psychologists, psychiatric nurses, and clinical social workers. During the past 12 months, has [CHILD] received any treatment or counseling from a mental health professional?*

Q21. *During the past 12 months, has [CHILD] taken any medication because of difficulties with [HIS/HER] emotions, concentration, or behavior?*

	Received Behavioral Health Services	Taking Medication for Behavioral Health Problem
Overall	7.5%	4.6%
<i>By Age Group</i>		
0 - 5 years	5.2%	1.2%
6 - 12 years	8.2%	7.2%
13 - 17 years	9.1%	5.0%
<i>By Race/Ethnicity</i>		
White, non-Hispanic	7.0%	4.3%
Black, non-Hispanic	10.2%	5.5%
Hispanic	19.1%	8.1%
Other	3.2%	5.1%
<i>By Household Percentage of FPL</i>		
< 100% FPL	10.6%	6.5%
100 - 200% FPL	6.6%	2.6%
200 - 300% FPL	9.0%	2.0%
> 300% FPL	5.5%	4.9%
<i>By Insurance Status</i>		
Uninsured	0.6%	0.2%
Insured	7.6%	4.5%
<i>By Type of Insurance</i>		
Public	11.8%	5.7%
Private	5.9%	4.1%
<i>By Sub-Region</i>		
City of Cincinnati	12.9%	7.8%
Hamilton County	1.5%	1.2%
Ohio Suburban Counties	8.0%	3.7%
N.Ky. Counties	13.2%	7.7%
Rural Counties	5.2%	5.7%

Table 24: Delayed or Foregone Health Care

Q24, Q24a, Q24c

	Delayed Care	Medical	Dental	Behavioral	Other
Overall	9.0%	56.1%	25.6%	12.1%	6.3%
<i>By Age Group</i>					
0 - 5 years	8.9%	86.0%	13.9%	0.0%	0.2%
6 - 12 years	9.4%	58.1%	17.9%	13.2%	10.8%
13 - 17 years	8.6%	32.5%	44.2%	18.8%	4.5%
<i>By Race/Ethnicity</i>					
White, non-Hispanic	8.5%	62.2%	20.9%	8.7%	8.2%
Black, non-Hispanic	13.6%	14.4%	49.1%	36.5%	0.0%
Hispanic	5.9%	31.0%	69.0%	0.0%	0.0%
Other	7.5%	59.9%	26.9%	13.2%	0.0%
<i>By Household Percentage of FPL</i>					
< 100% FPL	12.2%	69.7%	12.3%	14.0%	4.0%
100 - 200% FPL	18.1%	30.6%	57.5%	6.5%	5.4%
200 - 300% FPL	6.8%	60.1%	4.7%	10.4%	24.8%
> 300% FPL	4.4%	76.3%	0.3%	19.8%	3.6%
<i>By Insurance Status</i>					
Uninsured	16.9%	84.1%	10.9%	5.1%	0.0%
Insured	8.8%	53.9%	26.8%	12.5%	6.8%
<i>By Insurance Type</i>					
Public	15.8%	54.5%	26.7%	13.5%	5.3%
Private	6.0%	53.2%	26.9%	11.3%	8.6%
<i>By Sub-Region</i>					
City of Cincinnati	15.0%	37.8%	47.4%	14.5%	0.3%
Hamilton County	2.4%	28.2%	13.5%	58.3%	0.0%
Ohio Suburban Counties	8.8%	66.8%	22.3%	9.0%	1.9%
N.Ky. Counties	8.2%	49.1%	39.3%	11.7%	0.5%
Rural Counties	15.4%	60.1%	13.3%	7.5%	19.0%

Table 25: Child Care Use and Type

Q26. Do you currently have any child care arrangements for [CHILD], such as during the day while you work outside of the home or before or after school care?

If yes, Q26a. Please tell me to stop when I read the category that best describes the primary child care arrangement you have for [CHILD].

	Any	RF	FB	CB	PRPS	PUPS	HS	IH	OT
Overall	26.3%	46.7%	7.4%	35.7%	6.3%	2.7%	2.1%	2.2%	6.8%
<i>By Gender</i>									
Girls	25.9%	42.8%	9.3%	29.4%	7.7%	0.6%	3.4%	2.3%	4.5%
Boys	26.6%	50.4%	5.6%	22.3%	5.0%	4.8%	0.8%	2.1%	8.9%
<i>By Age Group</i>									
0 - 5 years	48.9%	40.6%	9.2%	31.6%	8.6%	1.0%	3.4%	1.8%	3.8%
6 - 12 years	24.8%	52.9%	4.9%	18.0%	2.9%	6.0%	0.0%	2.8%	12.4%
<i>By Race/Ethnicity</i>									
White, non-Hispanic	26.0%	55.1%	8.7%	19.4%	6.4%	1.3%	0.6%	2.0%	6.5%
Black, non-Hispanic	29.0%	25.6%	0.7%	42.7%	3.2%	2.5%	10.0%	1.5%	13.8%
Hispanic	10.7%	34.8%	37.7%	6.9%	0.0%	0.0%	0.0%	11.8%	8.9%
Other	32.2%	8.6%	0.8%	59.1%	10.7%	16.1%	0.0%	4.5%	0.1%
<i>By Household Percentage of FPL</i>									
< 100% FPL	15.0%	42.8%	3.7%	48.6%	0.0%	0.6%	0.4%	0.5%	3.4%
100 - 200% FPL	28.9%	51.7%	8.8%	14.1%	0.4%	0.1%	6.2%	4.6%	14.1%
200 - 300% FPL	18.7%	52.4%	25.9%	2.9%	18.2%	0.4%	0.0%	0.0%	0.3%
> 300% FPL	32.7%	41.5%	5.6%	31.5%	7.3%	4.6%	0.8%	2.2%	6.5%
<i>By Sub-Region</i>									
City of Cincinnati	31.5%	33.5%	11.1%	29.4%	1.1%	1.4%	9.5%	3.4%	10.6%
Hamilton County	14.8%	60.2%	0.3%	26.2%	6.1%	2.6%	0.0%	1.8%	2.8%
Ohio Suburban Counties	25.9%	40.3%	8.6%	26.8%	9.5%	5.0%	1.1%	2.0%	6.6%
N.Ky. Counties	35.7%	40.8%	2.3%	34.4%	6.6%	2.3%	0.1%	3.9%	9.7%
Rural Counties	29.4%	68.0%	13.1%	9.7%	3.8%	0.0%	2.2%	0.1%	3.1%

RF	Relative or Friend
FB	Family-Based Provider
CB	Center-Based Care
PRPS	Private Preschool
PUPS	Public Preschool
HS	Head Start
IH	In-Home Care/Nanny
OT	Other Type of Care

Table 26: Days Per Week Child was Read to Last Week

Q27. (IF AGE < 6) During the past week, on how many days did you or other family members read to [CHILD]?

	Mean Days/ Week	% At Least One Day/ Week
Overall	5.4	93.6%
<i>By Gender</i>		
Girls	5.6	95.1%
Boys	5.2	92.2%
<i>By Race/Ethnicity</i>		
White, non-Hispanic	5.5	93.8%
Black, non-Hispanic	4.3	90.0%
Hispanic	4.8	94.7%
Other	6.5	96.9%
<i>By Household Percentage of FPL</i>		
< 100% FPL	5.4	96.1%
100 - 200% FPL	4.6	87.5%
200 - 300% FPL	6.2	97.6%
> 300% FPL	5.5	94.4%
<i>By Sub-Region</i>		
City of Cincinnati	4.8	94.2%
Hamilton County	6.2	95.9%
Ohio Suburban Counties	5.2	94.1%
N.Ky. Counties	5.6	92.4%
Rural Counties	5.2	90.0%

Table 27: Days Per Week Child Gets at Least 20 Minutes of Physical Activity

Q31. During the past week, on how many days did your child exercise or participate in **physical activity** for at least 20 minutes that made [HIM/HER] sweat and breath hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities?

	Mean Days/Week	% At Least 1 Day/Week
Overall	4.1	86.9%
<i>By Gender</i>		
Girls	3.8	84.9%
Boys	4.3	88.8%
<i>By Age Group</i>		
0 - 5 years	4.1	78.8%
6 - 12 years	4.5	94.7%
13 - 17 years	3.6	85.7%
<i>By Race/Ethnicity</i>		
White, non-Hispanic	4.1	86.5%
Black, non-Hispanic	4.0	84.4%
Hispanic	4.1	91.7%
Other	4.5	94.0%
<i>By Household Percentage of FPL</i>		
< 100% FPL	4.2	83.1%
100 - 200% FPL	4.1	84.8%
200 - 300% FPL	3.5	83.8%
> 300% FPL	4.0	90.6%
<i>By Sub-Region</i>		
City of Cincinnati	3.9	85.5%
Hamilton County	4.4	92.3%
Ohio Suburban Counties	4.0	87.5%
N.Ky. Counties	3.5	79.2%
Rural Counties	4.5	87.0%

Table 28: Average Hours Per Day of Screen Time

Q32. On an average weekday, about how many hours does [CHILD] usually spend watching TV or videos or playing video games?

	Mean Hours/Day
Overall	2.3
<i>By Gender</i>	
Girls	2.3
Boys	2.4
<i>By Age Group</i>	
0 - 5 years	1.7
6 - 12 years	2.2
13 - 17 years	3.3
<i>By Race/Ethnicity</i>	
White, non-Hispanic	2.4
Black, non-Hispanic	2.8
Hispanic	2.2
Other	1.6
<i>By Household Percentage of FPL</i>	
< 100% FPL	3.4
100 - 200% FPL	2.2
200 - 300% FPL	1.9
> 300% FPL	2.1
<i>By Sub-Region</i>	
City of Cincinnati	1.9
Hamilton County	2.7
Ohio Suburban Counties	2.2
N.Ky. Counties	2.2
Rural Counties	2.5

Table 29: Days Per Week All Members of Household Ate a Meal Together Last Week

Q33. *In the past week, on how many days did all of the members who live in your household eat a meal together?*

	Mean Days/Week	% At Least One Day/Week
Overall	5.2	96.2%
<i>By Gender</i>		
Girls	5.2	96.7%
Boys	5.3	95.8%
<i>By Age Group</i>		
0 - 5 years	5.7	97.1%
6 - 12 years	5.4	98.8%
13 - 17 years	4.4	92.0%
<i>By Race/Ethnicity</i>		
White, non-Hispanic	5.3	97.5%
Black, non-Hispanic	4.1	85.0%
Hispanic	5.1	99.5%
Other	5.8	98.4%
<i>By Household Percentage of FPL</i>		
< 100% FPL	5.3	93.4%
100 - 200% FPL	5.1	94.2%
200 - 300% FPL	5.3	97.5%
> 300% FPL	5.1	97.3%
<i>By Sub-Region</i>		
City of Cincinnati	5.3	94.1%
Hamilton County	4.8	91.5%
Ohio Suburban Counties	5.4	99.2%
N.Ky. Counties	5.0	96.2%
Rural Counties	5.6	97.8%

Table 30: Participation in Extracurricular Activities

Q28. During the past 12 months, was [CHILD] on a sports team or did [HE/SHE] take sports lessons after school or on weekends? Q29. During the past 12 months, did [HE/SHE] participate in any clubs or organizations after school or on the weekends, such as Scouts, a religious group, or [Boy's/Girl's] club? Q30. During the past week, on how many days did [CHILD] participate in clubs, organizations, or sports teams?

	Sports in Past Year	Clubs in Past Year	Days/Week Participate in Sports or Clubs
Overall	63.3%	52.2%	2.3
<i>By Gender</i>			
Girls	60.3%	55.8%	2.0
Boys	66.2%	48.7%	2.6
<i>By Age Group</i>			
6 - 12 years	66.2%	47.2%	2.0
13 - 17 years	59.6%	58.3%	2.8
<i>By Race/Ethnicity</i>			
White, non-Hispanic	65.3%	52.3%	2.3
Black, non-Hispanic	35.1%	41.5%	1.9
Hispanic	72.2%	43.3%	2.9
Other	72.7%	62.2%	2.2
<i>By Household Percentage of FPL</i>			
< 100% FPL	37.4%	40.5%	2.1
100 - 200% FPL	44.7%	36.1%	2.1
200 - 300% FPL	64.3%	52.0%	1.9
> 300% FPL	80.6%	63.3%	2.6
<i>By Sub-Region</i>			
City of Cincinnati	60.9%	53.2%	2.3
Hamilton County	62.9%	48.8%	2.9
Ohio Suburban Counties	67.0%	56.8%	1.9
N.Ky. Counties	61.2%	54.1%	2.3
Rural Counties	59.9%	45.9%	2.4

Table 31: Last Time Parent Talked to Child about Drugs and Alcohol

Q30A. When was the last time you talked to your children about alcohol or other drugs?

	In the past month	In the past 3 months	In the past year	More than 1 year ago	Never
Overall	61.3%	19.4%	7.4%	1.1%	10.8%
<i>By Gender</i>					
Girls	60.6%	17.8%	7.4%	2.3%	12.0%
Boys	62.0%	20.9%	7.4%	0.0%	9.6%
<i>By Age Group</i>					
6 - 12 yrs	51.1%	18.4%	10.2%	1.6%	18.8%
13 - 17 yrs	74.3%	20.6%	3.9%	0.6%	0.6%
<i>By Race/Ethnicity</i>					
White, non-Hispanic	60.9%	21.3%	7.7%	0.3%	9.8%
Black, non-Hispanic	62.3%	8.0%	4.3%	9.0%	16.3%
Hispanic	45.4%	22.1%	28.7%	0.0%	3.7%
Other	65.7%	15.5%	1.9%	0.2%	16.6%
<i>By Household Percentage of FPL</i>					
< 100% FPL	60.9%	10.4%	10.4%	0.0%	18.2%
100 - 200% FPL	60.4%	25.4%	6.4%	0.1%	7.7%
200 - 300% FPL	52.0%	24.8%	9.8%	7.2%	6.2%
> 300% FPL	62.0%	20.6%	6.6%	0.1%	10.7%
<i>By Sub-Region</i>					
City of Cincinnati	60.5%	22.9%	10.1%	0.6%	5.9%
Hamilton County	71.1%	12.4%	4.0%	3.3%	9.2%
Ohio Suburban Counties	55.7%	20.6%	8.5%	0.7%	14.6%
N.Ky. Counties	63.4%	17.9%	12.6%	0.0%	6.1%
Rural Counties	56.2%	27.1%	4.5%	0.0%	12.3%

Table 32: Primary Source of Child Health InformationQ34a. *What is the first place you would go if you needed information about [CHILD]'s health?*

	Parent or Other Family Member or Friend	Intern et	Books or Magazines	Doctor or Other Medical Provider	Child's School or Child Care Provider	Some Other Source
Overall	17.0%	15.6%	0.2%	66.0%	0.1%	1.2%
<i>By Gender</i>						
Girls	17.5%	15.0%	0.2%	65.5%	0.1%	1.7%
Boys	16.5%	16.1%	0.2%	66.5%	0.1%	0.7%
<i>By Age Group</i>						
0-5 years	24.2%	14.0%	0.5%	59.4%	0.0%	1.8%
6 - 12 years	15.2%	14.9%	0.1%	69.4%	0.1%	0.4%
13 - 17 years	11.4%	18.1%	0.1%	68.9%	0.1%	1.4%
<i>By Race/Ethnicity</i>						
White, non-Hispanic	18.6%	17.2%	0.2%	62.9%	0.0%	1.1%
Black, non-Hispanic	8.6%	12.4%	0.4%	75.4%	0.2%	3.0%
Hispanic	33.7%	13.0%	0.6%	52.4%	0.0%	0.3%
Other	6.2%	1.8%	0.0%	91.8%	0.2%	0.0%
<i>By Household Percentage of FPL</i>						
< 100% FPL	21.0%	11.8%	0.1%	66.5%	0.1%	0.4%
100 - 200% FPL	7.4%	14.2%	0.3%	76.1%	0.1%	1.9%
200 - 300% FPL	23.5%	17.4%	0.4%	58.7%	0.0%	0.1%
> 300% FPL	17.4%	18.1%	0.3%	62.9%	0.0%	1.4%
<i>By Sub-Region</i>						
City of Cincinnati	14.2%	10.4%	0.6%	71.3%	0.2%	3.3%
Hamilton County	11.1%	17.1%	0.0%	71.7%	0.1%	0.0%
Ohio Suburban Counties	17.8%	20.8%	0.3%	59.9%	0.0%	1.2%
N.Ky. Counties	20.6%	12.9%	0.0%	64.7%	0.1%	1.7%
Rural Counties	21.7%	8.2%	0.3%	69.2%	0.1%	0.5%

Table 33: Food Security – Food Did Not Last

Q35a. “The food that I bought just didn’t last, and I didn’t have money to get more.” Was this statement often, sometimes, or never true for you or other people in your household in the last 12 months?

	Often True	Sometimes True	Never True	Often or Sometimes True
Overall	5.7%	17.0%	77.3%	22.7%
<i>By Gender</i>				
Girls	6.9%	18.7%	74.4%	25.6%
Boys	4.6%	15.5%	80.0%	20.0%
<i>By Age Group</i>				
0 - 5 years	6.1%	17.7%	76.2%	23.8%
6 - 12 years	5.2%	18.2%	76.6%	23.4%
13 - 17 years	5.9%	14.8%	79.3%	20.7%
<i>By Race/Ethnicity</i>				
White, non-Hispanic	5.8%	15.9%	78.3%	21.7%
Black, non-Hispanic	5.9%	34.1%	60.0%	40.0%
Hispanic	5.9%	12.8%	81.4%	18.6%
Other	5.2%	6.1%	88.7%	11.3%
<i>By Household Percentage of FPL</i>				
< 100% FPL	21.5%	25.0%	53.5%	46.5%
100 - 200% FPL	3.8%	32.5%	63.6%	36.4%
200 - 300% FPL	3.0%	23.7%	73.3%	26.7%
> 300% FPL	0.3%	5.4%	94.3%	5.7%
<i>By Sub-Region</i>				
City of Cincinnati	8.6%	30.2%	61.3%	38.7%
Hamilton County	3.3%	17.6%	79.1%	20.9%
Ohio Suburban Counties	7.3%	10.9%	81.8%	18.2%
N.Ky. Counties	3.8%	10.4%	85.8%	14.2%
Rural Counties	5.2%	28.1%	66.7%	33.3%

Table 34: Food Security – Could Not Afford to Eat Balanced Meals

Q35b. The second statement is, “(I/we) couldn’t afford to eat balanced meals.” Was this statement often, sometimes, or never true for you or other people in your household in the last 12 months?

	Often True	Sometimes True	Never True	Often or Sometimes True
Overall	6.6%	12.1%	81.3%	18.7%
<i>By Gender</i>				
Girls	9.3%	12.9%	77.7%	22.3%
Boys	3.9%	11.3%	84.8%	15.2%
<i>By Age Group</i>				
0 - 5 years	6.9%	11.8%	81.3%	18.7%
6 - 12 years	6.3%	14.3%	79.3%	20.7%
13 - 17 years	6.6%	9.6%	83.8%	16.2%
<i>By Race/Ethnicity</i>				
White, non-Hispanic	6.1%	10.1%	83.8%	16.2%
Black, non-Hispanic	8.4%	29.4%	62.2%	37.8%
Hispanic	16.9%	8.5%	74.6%	25.4%
Other	4.8%	8.7%	86.6%	13.4%
<i>By Household Percentage of FPL</i>				
< 100% FPL	22.8%	19.1%	58.1%	41.9%
100 - 200% FPL	4.3%	22.8%	72.9%	27.1%
200 - 300% FPL	0.8%	17.3%	81.9%	18.1%
> 300% FPL	1.3%	4.1%	94.7%	5.3%
<i>By Sub-Region</i>				
City of Cincinnati	7.5%	20.5%	72.0%	28.0%
Hamilton County	3.0%	10.6%	86.5%	13.5%
Ohio Suburban Counties	8.5%	7.4%	84.1%	15.9%
N.Ky. Counties	6.2%	10.6%	83.2%	16.8%
Rural Counties	7.1%	20.5%	72.5%	27.5%

Table 35: Food Security – Cut the Size of Meals or Skipped Meals

Q35c. In the last 12 months, did you or other adults in your household ever cut the size of your meals or skip meals because there wasn't enough money for food?

If yes, Q35c1. How often did this happen – almost every month, some months but not every month, or in only 1 or 2 months?

	Yes	Almost Every Month	Some Months but Not Every Month	Only 1 or 2 Months
Overall	15.9%	30.8%	34.0%	35.3%
<i>By Gender</i>				
Girls	17.8%	40.4%	25.6%	34.1%
Boys	14.1%	19.4%	43.9%	36.7%
<i>By Age Group</i>				
0 - 5 years	13.3%	22.2%	38.6%	39.2%
6 - 12 years	17.9%	20.3%	41.9%	37.7%
13 - 17 years	16.2%	52.9%	18.8%	28.2%
<i>By Race/Ethnicity</i>				
White, non-Hispanic	15.0%	35.2%	35.4%	29.4%
Black, non-Hispanic	26.8%	13.1%	37.8%	49.1%
Hispanic	6.7%	83.8%	16.2%	0.0%
Other	10.3%	19.9%	18.0%	62.1%
<i>By Household Percentage of FPL</i>				
< 100% FPL	31.4%	31.9%	35.1%	33.0%
100 - 200% FPL	29.4%	23.5%	52.4%	24.1%
200 - 300% FPL	18.7%	28.1%	2.7%	69.3%
> 300% FPL	3.2%	52.9%	34.5%	12.6%
<i>By Sub-Region</i>				
City of Cincinnati	24.5%	21.4%	43.3%	35.2%
Hamilton County	17.8%	45.4%	23.8%	30.8%
Ohio Suburban Counties	9.9%	30.6%	31.0%	38.4%
N.Ky. Counties	12.7%	41.3%	18.7%	40.0%
Rural Counties	23.7%	16.0%	49.7%	34.3%

Table 36: Easy to Purchase Healthy Foods in My Neighborhood

Q36. To what degree would you agree with the statement, "It is easy to purchase healthy foods in my neighborhood, such as whole grain foods, low fat foods, and fresh fruits and vegetables? Would you...strongly agree, agree, disagree, or strongly disagree?"

	Strongly Agree	Agree	Disagree	Strongly Disagree
Overall	56.7%	35.1%	5.5%	2.7%
<i>By Gender</i>				
Girls	55.7%	36.5%	5.0%	2.8%
Boys	57.7%	33.8%	5.9%	2.6%
<i>By Age Group</i>				
0 - 5 years	57.9%	35.1%	5.6%	1.4%
6 - 12 years	58.2%	32.2%	5.4%	4.2%
13 - 17 years	53.5%	38.9%	5.4%	2.1%
<i>By Race/Ethnicity</i>				
White, non-Hispanic	61.9%	31.9%	4.7%	1.5%
Black, non-Hispanic	31.1%	48.5%	9.9%	10.4%
Hispanic	56.6%	39.3%	0.6%	3.6%
Other	42.1%	47.1%	8.4%	2.3%
<i>By Household Percentage of FPL</i>				
< 100% FPL	40.9%	46.0%	9.3%	3.8%
100 - 200% FPL	49.3%	41.6%	7.1%	2.0%
200 - 300% FPL	55.0%	34.6%	2.3%	8.1%
> 300% FPL	68.8%	26.6%	3.4%	1.1%
<i>By Sub-Region</i>				
City of Cincinnati	43.5%	38.2%	13.6%	4.7%
Hamilton County	58.5%	37.9%	0.2%	3.3%
Ohio Suburban Counties	64.6%	28.9%	5.0%	1.5%
N.Ky. Counties	70.9%	24.2%	3.9%	1.0%
Rural Counties	31.2%	54.4%	9.5%	4.9%

Table 37: Presence of Neighborhood Resources/Amenities

Q37a-d. Please tell me if the following places and things are available to children in your neighborhood, even if [CHILD] does not actually use them. Sidewalks or walking paths? Parks or playground areas? A recreation center, community center, or boys' and girls' club? A library or bookmobile?

	Sidewalks	Parks	Rec Centers	Library
Overall	79.3%	83.7%	56.4%	85.8%
<i>By Race/Ethnicity</i>				
White, non-Hispanic	77.5%	82.0%	54.7%	87.0%
Black, non-Hispanic	88.6%	90.4%	70.8%	78.9%
Hispanic	79.3%	89.6%	68.0%	92.0%
Other	86.1%	92.1%	51.1%	87.0%
<i>By Household Percentage of FPL</i>				
< 100% FPL	78.2%	83.9%	52.4%	78.8%
100 - 200% FPL	81.1%	88.1%	51.1%	91.6%
200 - 300% FPL	74.7%	75.0%	47.2%	87.9%
> 300% FPL	80.8%	83.6%	61.2%	85.2%
<i>By Sub-Region</i>				
City of Cincinnati	89.0%	92.3%	70.7%	87.9%
Hamilton County	91.3%	94.0%	61.9%	89.5%
Ohio Suburban Counties	79.5%	81.2%	58.4%	84.9%
N.Ky. Counties	85.8%	87.1%	58.1%	88.6%
Rural Counties	48.3%	65.3%	33.4%	78.1%

Table 38: Presence of Neighborhood Detracting Elements

Q38a-c. In your neighborhood is there...Litter or garbage on the street or sidewalk? How about poorly kept or rundown housing? How about vandalism such as broken windows or graffiti?

	Litter	Rundown Housing	Vandalism
Overall	18.7%	18.2%	8.8%
<i>By Race/Ethnicity</i>			
White, non-Hispanic	15.6%	16.3%	7.3%
Black, non-Hispanic	45.3%	36.1%	19.4%
Hispanic	11.0%	9.2%	2.6%
Other	15.7%	17.4%	9.6%
<i>By Household Percentage of FPL</i>			
< 100% FPL	35.2%	35.6%	17.7%
100 - 200% FPL	25.8%	21.6%	9.4%
200 - 300% FPL	18.2%	23.6%	10.2%
> 300% FPL	6.7%	7.7%	2.4%
<i>By Sub-Region</i>			
City of Cincinnati	46.1%	38.7%	32.7%
Hamilton County	15.7%	12.9%	1.2%
Ohio Suburban Counties	14.1%	13.6%	6.4%
N.Ky. Counties	13.0%	11.4%	5.3%
Rural Counties	19.1%	28.7%	11.3%

Table 39: People in Neighborhood Help Each Other Out*Q39a. People in this neighborhood help each other out.*

	Definitely Disagree	Somewhat Disagree	Somewhat Agree	Definitely Agree
Overall	5.5%	4.8%	37.7%	52.0%
<i>By Race/Ethnicity</i>				
White, non-Hispanic	4.2%	3.2%	36.2%	56.4%
Black, non-Hispanic	10.8%	17.8%	46.0%	25.5%
Hispanic	13.7%	0.7%	37.5%	48.1%
Other	8.1%	4.4%	38.3%	49.1%
<i>By Household Percentage of FPL</i>				
< 100% FPL	15.7%	6.8%	39.0%	38.5%
100 - 200% FPL	2.9%	10.7%	45.2%	41.2%
200 - 300% FPL	5.3%	1.4%	42.8%	50.5%
> 300% FPL	1.0%	2.2%	33.2%	63.7%
<i>By Sub-Region</i>				
City of Cincinnati	15.7%	15.9%	40.6%	27.9%
Hamilton County	2.2%	0.5%	31.6%	65.8%
Ohio Suburban Counties	5.3%	4.2%	34.4%	56.2%
N.Ky. Counties	1.8%	5.0%	40.8%	52.4%
Rural Counties	7.2%	4.5%	48.5%	39.8%

Table 40: Watch out for Each Other's Children in Neighborhood*Q39b. We watch out for each other's children in this neighborhood.*

	Definitely Disagree	Somewhat Disagree	Somewhat Agree	Definitely Agree
Overall	4.6%	4.8%	31.3%	59.3%
<i>By Race/Ethnicity</i>				
White, non-Hispanic	3.8%	4.3%	27.5%	64.4%
Black, non-Hispanic	10.4%	5.7%	45.7%	38.2%
Hispanic	2.8%	18.1%	31.7%	47.3%
Other	5.7%	3.4%	47.2%	43.6%
<i>By Household Percentage of FPL</i>				
< 100% FPL	9.0%	6.1%	34.7%	50.3%
100 - 200% FPL	3.6%	4.2%	35.5%	56.7%
200 - 300% FPL	5.9%	5.2%	26.5%	62.4%
> 300% FPL	1.7%	2.6%	31.0%	64.8%
<i>By Sub-Region</i>				
City of Cincinnati	13.4%	8.4%	41.5%	36.7%
Hamilton County	2.7%	3.1%	33.1%	61.2%
Ohio Suburban Counties	3.6%	4.7%	28.8%	63.0%
N.Ky. Counties	2.2%	5.6%	28.5%	63.7%
Rural Counties	6.1%	4.1%	30.1%	59.6%

Table 41: People I Can Count on in NeighborhoodQ39c. *There are people I can count on in this neighborhood.*

	Definitely Disagree	Somewhat Disagree	Somewhat Agree	Definitely Agree
Overall	5.8%	5.9%	26.4%	62.0%
<i>By Race/Ethnicity</i>				
White, non-Hispanic	4.2%	5.9%	22.8%	67.1%
Black, non-Hispanic	17.2%	5.0%	40.0%	37.8%
Hispanic	5.9%	12.5%	27.4%	54.2%
Other	5.8%	2.7%	41.1%	50.3%
<i>By Household Percentage of FPL</i>				
< 100% FPL	13.6%	8.4%	34.6%	43.5%
100 - 200% FPL	6.8%	8.5%	26.9%	57.8%
200 - 300% FPL	6.6%	4.6%	28.9%	59.9%
> 300% FPL	1.2%	3.5%	21.1%	74.2%
<i>By Sub-Region</i>				
City of Cincinnati	17.0%	9.7%	28.8%	44.5%
Hamilton County	2.6%	0.8%	31.5%	65.2%
Ohio Suburban Counties	5.7%	7.4%	20.9%	65.9%
N.Ky. Counties	2.7%	7.0%	23.6%	66.7%
Rural Counties	5.7%	5.5%	32.4%	56.4%

Table 42: Adults I Can Trust to Help my Child in my Neighborhood

Q39d. *In my child were outside playing and got hurt or scared, there are adults nearby who I trust to help my child.*

	Definitely Disagree	Somewhat Disagree	Somewhat Agree	Definitely Agree
Overall	5.8%	4.2%	22.2%	67.8%
<i>By Race/Ethnicity</i>				
White, non-Hispanic	4.8%	3.2%	18.0%	74.0%
Black, non-Hispanic	10.4%	8.7%	34.1%	46.9%
Hispanic	11.5%	11.4%	23.3%	53.7%
Other	5.4%	3.2%	46.5%	44.8%
<i>By Household Percentage of FPL</i>				
< 100% FPL	11.8%	2.7%	30.6%	54.9%
100 - 200% FPL	4.5%	7.8%	27.1%	60.6%
200 - 300% FPL	7.4%	1.3%	26.6%	64.7%
> 300% FPL	2.1%	3.6%	16.5%	77.8%
<i>By Sub-Region</i>				
City of Cincinnati	14.6%	5.2%	28.7%	51.5%
Hamilton County	2.8%	2.7%	21.2%	73.2%
Ohio Suburban Counties	5.9%	2.9%	19.3%	71.8%
N.Ky. Counties	4.3%	6.8%	19.4%	69.6%
Rural Counties	4.6%	5.6%	28.5%	61.2%

Table 43: How Often Parent Feels Child is Safe in Community or Neighborhood*Q40. How often do you feel [CHILD] is safe in your community or neighborhood?*

	Never	Sometimes	Usually	Always
Overall	1.9%	7.0%	31.6%	59.5%
<i>By Gender</i>				
Girls	2.5%	7.6%	35.6%	56.5%
Boys	1.3%	6.5%	29.9%	62.3%
<i>By Age</i>				
0 - 5 years	0.3%	8.9%	29.3%	61.5%
6 - 12 years	2.0%	7.4%	30.9%	59.7%
13 - 17 years	3.6%	4.4%	35.1%	56.9%
<i>By Race/Ethnicity</i>				
White, non-Hispanic	1.5%	5.5%	28.5%	64.4%
Black, non-Hispanic	0.6%	19.4%	36.8%	43.2%
Hispanic	0.7%	0.9%	48.8%	49.6%
Other	8.3%	5.2%	47.9%	38.6%
<i>By Household Percentage of FPL</i>				
< 100% FPL	6.2%	19.7%	26.0%	48.2%
100 - 200% FPL	1.4%	10.4%	31.6%	56.6%
200 - 300% FPL	0.9%	1.8%	34.1%	63.2%
> 300% FPL	0.1%	1.8%	34.6%	63.5%
<i>By Sub-Region</i>				
City of Cincinnati	6.6%	18.5%	34.6%	40.3%
Hamilton County	0.0%	3.5%	33.2%	63.3%
Ohio Suburban Counties	1.8%	8.0%	30.5%	59.7%
N.Ky. Counties	1.7%	5.3%	31.1%	61.9%
Rural Counties	1.5%	3.2%	30.4%	64.9%

Table 44: How Often Parent Feels Child is Safe at School*Q41. How often do you feel that [HE/SHE] is safe at school?*

	Never	Sometimes	Usually	Always
Overall	0.2%	3.5%	18.9%	77.4%
<i>By Gender</i>				
Girls	0.4%	4.7%	19.5%	75.3%
Boys	0.0%	2.3%	18.2%	79.4%
<i>By Age</i>				
0 - 5 years	0.1%	4.9%	19.7%	75.4%
6 - 12 years	0.4%	2.0%	17.1%	80.5%
13 - 17 years	0.0%	4.9%	20.8%	74.2%
<i>By Race/Ethnicity</i>				
White, non-Hispanic	0.2%	2.5%	17.6%	79.7%
Black, non-Hispanic	0.1%	7.4%	17.0%	75.5%
Hispanic	0.4%	6.4%	14.2%	79.0%
Other	0.0%	5.3%	33.8%	60.8%
<i>By Household Percentage of FPL</i>				
< 100% FPL	0.9%	8.6%	16.3%	74.1%
100 - 200% FPL	0.0%	3.2%	17.5%	79.3%
200 - 300% FPL	0.0%	2.6%	20.3%	77.0%
> 300% FPL	0.0%	0.8%	19.4%	79.7%
<i>By Sub-Region</i>				
City of Cincinnati	0.2%	12.3%	23.9%	63.6%
Hamilton County	0.1%	0.8%	10.1%	89.0%
Ohio Suburban Counties	0.0%	1.9%	23.0%	75.1%
N.Ky. Counties	0.0%	4.7%	19.0%	76.3%
Rural Counties	1.0%	4.5%	20.2%	74.4%

