

2005 Child Well-Being Survey

Project Report for



Submitted by

Eric W. Rademacher, PhD
Institute for Policy Research
May 2006



TABLE OF CONTENTS

Executive Summary	1
I. Introduction	7
II. Health Status	10
Overall Health	10
Common Childhood Conditions	11
Behavioral/Emotional Health Status	13
Perceptions of Child Weight Status	14
Injury	15
III. Health Care Coverage	17
Type of Health Insurance Coverage	17
Episode of no Health Care Coverage	17
IV. Access to Care	19
Personal Doctor or Nurse	19
Usual Source of Care	20
Emergency Room Utilization	20
V. Food Security	21
VI. Substance Use	23
VII. Parent/Child Interaction	24
VIII. Use of Child Care Arrangements	26
IX. Middle Childhood and Adolescence	30
X. Primary Caregiver Internet Use	35
XI. Additional Primary Caregiver Questions	36
Appendices	
A: 2005 Child Well-Being Survey Questionnaire	
B: Report Charts	
C: Detailed Tabular Results	
D: Technical Report	

2005 CHILD WELL-BEING SURVEY

Executive Summary

The 2005 Child Well-Being Survey is a collaborative survey funded by The Health Foundation of Greater Cincinnati, The Child Policy Research Center at Cincinnati Children's Hospital Medical Center and United Way of Greater Cincinnati. The survey provides an in-depth description of the well-being of children living in the Greater Cincinnati area. Through comparisons to national survey results, the survey also documents how child well-being in the community compares to the nation. The results of the survey provide useful population-based information to area health-related organizations and agencies that focus on child health, as well as policy makers and residents, as they work towards improving the overall health of children living in the Greater Cincinnati area.

The 2005 study included telephone interviews with a total of one thousand five hundred fifty-nine (1,559) randomly selected primary caregivers of children in the 22 county Greater Cincinnati area. The 22 county Greater Cincinnati area included eight Ohio counties (Adams, Brown, Butler, Clermont, Clinton, Hamilton, Highland and Warren), nine Kentucky counties (Boone, Bracken, Campbell, Carroll, Gallatin, Grant, Kenton, Owen and Pendelton) and five Indiana counties (Dearborn, Franklin, Ohio, Ripley and Switzerland). Interviews were conducted in October through December 2005. The results, along with national comparative data, are presented in ten major sections that represent a broad spectrum of child well-being issues.

The wealth of information generated by this study is far too extensive to be summarized briefly. However, some of the major findings from this study are presented below to reflect the richness of the data and its portrayal of the well-being of Greater Cincinnati area children.



HEALTH STATUS

- Eighty-seven percent (87%) of Greater Cincinnati area primary caregivers perceive their child's health status to be "excellent" or "very good." Children in the following demographic subgroups are perceived to have lower (less than "excellent" or "very good") health status more frequently than other members of their subgroup: uninsured children; children whose health insurance is provided through CHIP or Medicaid; children whose primary caregiver is divorced, separated, or widowed; and children living in households below 100% federal poverty level (FPL).
- Fewer children under the age of 18 had "excellent" or "very good" health (82%) nationally when compared with the Greater Cincinnati area (87%).
- Fourteen percent (14%) of area primary caregivers report that a doctor or other health care professional has told them their child has asthma. Children in the following demographic subgroups have been diagnosed with asthma more frequently than other children in their subgroup: African-American children; male children; children 6 years of age and older; uninsured children; and children whose health insurance is provided through CHIP or Medicaid.
- Nine percent (9%) of area primary caregivers report that a doctor or other health care professional has told them their child has attention deficit disorder, and seven percent (7%) of area primary caregivers report that a doctor or other health care professional has told them their child has a learning disability.
- Twelve percent (12%) of Greater Cincinnati area children age 6 to 17 are classified as having behavioral/emotional health problems that are classified as reaching a high problem level.
- Eight percent (8%) of primary caregivers say their child is "overweight," seven percent (7%) say "underweight," and 84 percent say their child is "about the right weight".
- Nineteen percent (19%) of area children were injured and required medical attention during the past year. In 2003, fewer children 5 years of age and younger nationally were reported to have been injured and required medical attention the past 12 months (9%) than was the case in the Greater Cincinnati area (16%).



HEALTH CARE COVERAGE

- Ninety-six percent (96%) of caregivers report their child has some type of health care coverage, while four percent (4%) of children in the Greater Cincinnati area are uninsured. In 2004, nine percent (9%) of children were reported to be uninsured nationally.
- Eight percent (8%) of Greater Cincinnati area adults report their child did not have health insurance at some time during the past 12 months. Children in the following demographic subgroups were uninsured at some point in the past 12 months more frequently than other children in their subgroup: African-American children; children whose health insurance is provided through CHIP or Medicaid; children whose primary caregiver is divorced, separated, widowed or has never been married; and children living in households at or below 200% FPL.
- Children whose primary caregiver has been uninsured at some point in the past year were also uninsured more frequently than children whose primary caregiver has not been uninsured.

ACCESS TO CARE

- A large majority of children (86%) were reported to have a personal doctor or nurse.
- Area children (86%) go to a private doctor's office far more frequently than other places as their usual source of care when they are sick or need advice about their health.
- Seventy-five percent (75%) of primary caregivers say their child has not visited a hospital emergency room in the past year, 16 percent say their child has visited once, and nine percent (9%) say their child has visited an emergency room more than once in the past year.

FOOD SECURITY

- Five percent (5%) of primary caregivers say the statement, "The food that I bought just didn't last, and I didn't have money to get more" was "often true" for their household during the past 12 months," 12 percent say "sometimes true" and 82 percent say the statement was "never true."



- Four percent (4%) of primary caregivers say the statement, “I couldn’t afford to eat balanced meals” was “often true” for their household during the previous 12 months, 11 percent say “sometimes true” and 85 percent say the statement was “never true.”
- Ten percent (10%) of primary caregivers say they cut the size of meals or skipped meals in the past 12 months.

SUBSTANCE USE

- Seventy-seven (77%) of primary caregivers of children age 6 to 17 say they talked to their child about alcohol and other drugs “in the past month,” 14 percent say “in the past three months,” six percent (6%) say “in the past year,” less than one percent “over one year,” and three percent (3%) say they have “never” talked with their child about alcohol and other drugs.
- Less than one percent of primary caregivers of children age 6 to 17 say their child has used alcohol in the past 30 days, two percent (2%) say their child has used tobacco products, and five percent (5%) say their child has used other non-prescription drugs.

PARENT/CHILD INTERACTION

- Fifty-nine percent (59%) of primary caregivers of children 5 years of age and younger say they read to their child “almost every day,” 23 percent say “several times a week,” six percent (6%) say “about once a week,” four percent (4%) say “several times a month,” four percent (4%) say “once a month or less,” and three percent (3%) say they “rarely or never” read to their child.
- Seventy-one percent (71%) of primary caregivers of children between the ages 6 to 17 say they set clear rules “a lot,” 25 percent say “often,” four percent (4%) say “sometimes,” and less than one percent say “seldom” or “never.”
- Thirty-one percent (31%) of primary caregivers of children age 6 to 17 say their children are punished when they break the rules “a lot,” 30 percent say “often,” 29 percent say “sometimes,” eight percent (8%) say “seldom,” and two percent (2%) say “never.”



USE OF CHILD CARE ARRANGEMENTS

- Twenty-nine percent (29%) of area primary caregivers report they have child care arrangements for their child such as during the day while they work outside the home or before or after school care.
 - Forty-eight percent (48%) of primary caregivers with childcare arrangements say their child is cared for by a relative or friend, 16 percent say their child is cared for at a child care center, and 12 percent say their child is cared for through family-based child care outside the home.
 - Forty-eight percent (48%) of primary caregivers with child care arrangements say they chose their provider because they “trust” or “wanted” their relatives or friends to care for their children, while 10 percent chose their provider based on its location, nine percent (9%) chose their provider based on cost, and six percent (6%) chose their provider based on reputation.
 - Primary caregivers with child care arrangements were asked how often in the past month they needed to make different arrangements for child care at the last minute because their usual plans changed due to circumstances beyond their control. Fifty-five percent (55%) say they never needed to make different arrangements, 17 percent needed to make different arrangements once, 14 percent needed to change arrangements twice, and 13 percent needed to change arrangements three or more times.
 - Primary caregivers with child care arrangements were asked if they, or anyone in their family, had to quit a job, not take a job, or greatly change their job because of problems with child care. Twelve percent (12%) say they had to quit, turn down, or change a job because of problems with child care.



MIDDLE CHILDHOOD AND ADOLESCENCE

- Primary caregivers of children between the ages of 6 and 17 were asked a series of questions about the activities of their children:
 - Eight percent (8%) of children age 6 to 17 did not exercise or participate in physical activity for at least 20 minutes that made them sweat and breathe hard in the week prior to the survey, while 18 percent exercised on one or two days, 27 percent exercised on three or four days, and 46 percent exercised on five or more days.
 - Forty-two percent (42%) of children were reported to have spent time caring for themselves in the week prior to the survey.
 - Fifty-six percent (56%) of children were reported to have engaged in community service or volunteer work during the past year.
 - Sixty-seven percent (67%) of children were reported to have participated in clubs or organizations in the past year.
- Primary caregivers of children 6 to 17 years of age were also asked a series of questions about child interaction with others:
 - Seventy-two percent (72%) say their child “always” shows respect for teachers and neighbors, 22 percent say “usually,” five percent (5%) say “sometimes” and less than one percent say “never.”
 - Forty-one percent (41%) say their child “always” tries to understand other people’s feelings, 38 percent say “usually,” 19 percent say “sometimes” and two percent (2%) say “never.”
 - Thirty-three percent (33%) say their child “always” tries to resolve conflicts with classmates, family or friends, 39 percent say “usually,” 24 percent say “sometimes” and four percent (4%) say “never.”



I. Introduction

The 2005 Child Well-Being Survey (CWBS) is a collaborative survey funded by The Health Foundation of Greater Cincinnati (The Health Foundation), The Child Policy Research Center at Cincinnati Children's Hospital Medical Center (CPRC) and United Way of Greater Cincinnati (UWGC).¹ The survey is designed to collect information about child well-being within the 22 county Greater Cincinnati area that can be used in community-wide efforts to improve the overall health of children living in the Greater Cincinnati area. A copy of the 2005 CWBS questionnaire is included in Appendix A.

The survey was administered by the University of Cincinnati Institute for Policy Research (UC IPR) at its centrally supervised telephone interviewing laboratory between October 10 and December 22, 2005.

Results

This report provides a descriptive summary of the major findings of the survey. In addition to presenting overall survey results, selected demographic differences are noted in the text.

Appendix B contains charts referenced in the descriptive text. Detailed tabular survey results can be found in Appendix C. These tables include overall and subgroup results for each question, including additional geographic and demographic comparisons not discussed in the report text. Caution must be exercised when interpreting the tabular results found in Appendix C. Interpretations of geographic and demographic subgroup results must take into consideration the sampling error associated with each subgroup's sample size; in some cases this error is extremely large (see Technical Report, Appendix D).

¹ The first area CWBS was conducted in 2000. The 2000 survey interviewed primary caregivers living in a 29 county Greater Cincinnati area. Research design changes led to a change in population definition for the 2005 survey; in 2005 primary caregivers from 22 counties were interviewed. Due to this change, results for 2000 are not presented in this report. Results from the 2000 survey can be found at <http://www.cincinnatichildrens.org/research/cores/cprc/research/publications/child-well-being.htm>.



Methodology

A description of the survey methodology for the 2005 CWBS is presented in Appendix D.

A total of one thousand five hundred fifty-nine (1,559) randomly selected primary caregivers of children living in eight Ohio counties (Adams, Brown, Butler, Clermont, Clinton, Hamilton, Highland and Warren), nine Kentucky counties (Boone, Bracken, Campbell, Carroll, Gallatin, Grant, Kenton, Owen and Pendleton) and five Indiana counties (Dearborn, Franklin, Ohio, Ripley and Switzerland) were interviewed by telephone between October 10 and December 22, 2005. The potential sampling error for the overall survey results included in this report is $\pm 2.5\%$.

The survey design includes a target number of approximately 300 interviews for each of five defined geographic areas: City of Cincinnati, Hamilton County outside of city, Ohio counties (Butler/Clermont/Warren Counties in Ohio), Northern Kentucky counties (Boone/Campbell/Kenton Counties in Kentucky) and rural counties (Adams/Brown/Clinton/Highland Counties in Ohio; Bracken/Carroll/Gallatin/Grant/Owen/Pendleton Counties in Kentucky; and Dearborn/Franklin/Ohio/Ripley/Switzerland Counties in Indiana).² This design limits the ability to draw conclusions about the individual counties included in the study.

Caution should be used when interpreting subgroup results because the margin of error for any subgroup is likely to be higher than the margin of error for the overall survey (see Technical Report, Appendix D).

Weighting: Results presented in this report are based on data weighted to represent all children in the Greater Cincinnati area, not just those included in the survey sample.

See Appendix D for a more detailed description of the weighting process. Appendix D also presents a demographic profile of the survey respondents that reflects both the actual number and percentage of interviews conducted and the final weighted number and percentage of interviews.

² The total number of interviews may differ in the detailed tables due to weighting that adjusts each area to its proportion of the regional population.



Comparisons

Where appropriate, comparisons are made to the most recent national data drawn from The National Survey of American Families, the National Health Interview Survey, and the National Survey of Children's Health.



II. HEALTH STATUS

The 2005 CWBS asked Greater Cincinnati area primary caregivers about the overall health of their child, whether their child has experienced three common childhood health conditions, and about their child's behavioral/emotional health status.

Overall Health

Primary caregivers were first asked, "In general, would you say [your child's] health is excellent, very good, good, fair or poor?" (Question 3, Appendix A).

The 2005 CWBS finds that almost nine of ten (87%) Greater Cincinnati area primary caregivers perceive their child's health status to be "excellent" or "very good" (Chart 1a). An additional ten percent rate their child's health as "good" and three percent (3%) rate their child's health as "fair" or "poor."

- Children in the following demographic subgroups are perceived to have lower (less than "excellent" or "very good") health status more frequently than other members of their subgroup: uninsured children; children whose health insurance is provided through CHIP or Medicaid; children whose primary caregiver is divorced, separated, or widowed; and children living in households below 100% federal poverty level (FPL).³
- Children whose primary caregiver rates their own health as "excellent" or "very good" have higher health status ratings than children whose primary caregiver rates their own health as "good," "fair" or "poor" (Chart 1b).
- Children in the Greater Cincinnati area are reported to have "excellent" or "very good" health (87%) more frequently than children nationally (82%).⁴

³ Poverty level is calculated using questions about household size and annual household income. The calculations used to determine whether a respondent lives in a household below 100% federal poverty level, in a household between 100% and 200% federal poverty level, or a household more than 200% above federal poverty level are based on 2004 HHS Poverty Guidelines found at <http://aspe.hhs.gov/poverty/05poverty.shtml>.

⁴ Source: *Summary of Health Statistics for U.S. Children: National Health Interview Survey, 2004* (http://www.cdc.gov/nchs/data/series/sr_10/sr10_227.pdf).



Common Childhood Conditions

The 2005 CWBS asked primary caregivers if their child has been diagnosed with any of three common childhood conditions: asthma (Question 4, Appendix A); attention deficit disorder (Question 6, Appendix A); and a learning disability (Question 7, Appendix A).

Fourteen percent (14%) of area primary caregivers report that a doctor or other health care professional has told them their child has asthma (Chart 2a).

- Children in the following demographic subgroups have been diagnosed with asthma more frequently than other children in their subgroup: African-American children; male children; children 6 years of age and older; uninsured children; and children whose health insurance is provided through CHIP or Medicaid.
- There are only small differences in reported child asthma diagnosis and whether the child's primary caregiver is a current smoker (16% reported child asthma diagnosis), previous smoker (12%) or has never smoked (14%) (Chart 2b).
- Similar percentages of children in the Greater Cincinnati area (14%) and nationally (12%) have been diagnosed with asthma.⁵

Those primary caregivers who reported their child has not been diagnosed with asthma were asked if the child has experienced a recurrent cough, wheezing or shortness of breath (Question 5, Appendix A). Six percent (6%) of those children who have not been diagnosed with asthma have experienced a recurrent cough, wheezing or shortness of breath (Chart 3).

Next, primary caregivers were asked if their child has been diagnosed with attention deficit disorder (Question 6, Appendix A). Nine percent (9%) of area primary caregivers report that a doctor or other health care professional has told them their child has attention deficit disorder (Chart 4).

⁵ Ibid.

- Children in the following demographic subgroups have been diagnosed with attention deficit disorder more frequently than other children in their subgroup: male children; children 6 years of age and older; children whose health insurance is provided through CHIP or Medicaid; and children whose primary caregiver is divorced, separated or widowed.
- The 2004 NHIS found that fewer children between the ages of 3 and 17 had ever been diagnosed with attention deficit disorder (7%) nationally than was the case in the Greater Cincinnati area (10%).^{6,7}

Finally, primary caregivers were asked if their child has been diagnosed with a learning disability (Question 7, Appendix A). Seven percent (7%) of area primary caregivers report that a doctor or other health care professional has told them their child has a learning disability (Chart 5).

- Children in the following demographic subgroups have been diagnosed with a learning disability more frequently than other children in their subgroup: male children; children 6 years of age and older; uninsured children; children whose health insurance is provided through CHIP or Medicaid; and children whose primary caregiver is divorced, separated or widowed.
- The same percentage (8%) of children between the ages of 3 and 17 nationally and in the Greater Cincinnati area have been diagnosed with a learning disability.^{8,9}

⁶ Note: For the purpose of this comparison, the percentage of children diagnosed with attention deficit disorder was recalculated for the Greater Cincinnati area to reflect all Greater Cincinnati area children age 3 to 17.

⁷ Source: *Summary of Health Statistics for U.S. Children: National Health Interview Survey, 2004* (http://www.cdc.gov/nchs/data/series/sr_10/sr10_227.pdf).

⁸ Note: For the purpose of this comparison, the percentage of children diagnosed with a learning disorder was recalculated for the Greater Cincinnati area to reflect all Greater Cincinnati area children age 3 to 17.

⁹ Source: *Summary of Health Statistics for U.S. Children: National Health Interview Survey, 2004* (http://www.cdc.gov/nchs/data/series/sr_10/sr10_227.pdf).



Behavioral/Emotional Health Status

The 2005 CWBS included several questions of Greater Cincinnati area primary caregivers that can be combined to evaluate child behavioral/emotional health status. In this study, child behavioral/emotional health status is determined using scales developed as part of the National Survey of American Families (NSAF).¹⁰

Child behavioral/emotional health status was reported by primary caregivers for children 6 through 17 years of age. For each scale item below, primary caregivers were asked how often, during the past month, the statement was true for their child . . . often, sometimes or never true.

Child Behavioral/Emotional Problems Scale (6 to 11 year olds):

- Doesn't get along with other kids (Question 38a, Appendix A)
- Can't concentrate or pay attention for long (Question 38b, Appendix A)
- Has been unhappy, sad or depressed (Question 38c, Appendix A)
- Feels worthless or inferior (Question 40a, Appendix A)
- Has been nervous, high strung or tense (Question 40b, Appendix A)
- Acts too young for his/her age (Question 40c, Appendix A)

Child Behavioral/Emotional Problems Scale (12 to 17 year olds):

- Doesn't get along with other kids (Question 38a, Appendix A)
- Can't concentrate or pay attention for long (Question 38b, Appendix A)
- Has been unhappy, sad or depressed (Question 38c, Appendix A)
- Has trouble sleeping (Question 42a, Appendix A)
- Lies or cheats (Question 42b, Appendix A)
- Does poorly at school work (Question 42c, Appendix A)

A child behavioral/emotional health status score was calculated following the NSAF protocol. Each scale point was assigned the following values:

- Often true (1)
- Sometimes true (2)
- Never true (3)

¹⁰ These scales have been tested for validity and reliability. For a discussion of the psychometric properties of these scales see *1997 NSAF Benchmarking Measures of Child and Family Well-Being, Report No. 6* (http://www.urban.org/UploadedPDF/Methodology_6.pdf).



These points were added across the six scale items resulting in a score that ranged from 3 to 18. A score of 12 or less indicates high levels of behavioral/emotional problems.

Using the NSAF protocol to determine the level of behavioral/emotional health, the 2005 CWBS estimates that 12 percent of children between the ages of 6 and 17 living in the Greater Cincinnati area have a high problem level (Chart 6).

- Children between the ages of 6 and 17 in the following demographic subgroups have a high level of behavioral/emotional problems more frequently than other children in their subgroup: white Appalachian children; male children; uninsured children; children whose primary caregiver is divorced, separated or widowed; and children living in households at or below 200% FPL.
- The 2002 NSAF found seven percent (7%) of children between the ages of 6 and 11 have a high level of behavioral/emotional problems, while eight percent (8%) of children age 12 through 17 have a high level of emotional problems. This compares to 12 percent of children between the ages of 6 and 11 and 13 percent of children age 12 through 17 in the Greater Cincinnati area.^{11,12}

Perceptions of Child Weight Status

The 2005 CWBS asked Greater Cincinnati area primary caregivers whether they felt their child was overweight, underweight or about the right weight (Question BMICCHK, Appendix A).

Eight percent (8%) of primary caregivers say their child is “overweight,” seven percent (7%) say “underweight,” and 84 percent say their child is “about the right weight” (Chart 7).

- Approximately eight of ten primary caregivers of children in most demographic groups rate their child’s weight as “about right.”

¹¹ Note: For the purpose of this comparison, the percentage of children with behavioral and emotional problems were recalculated for the Greater Cincinnati area to reflect Greater Cincinnati area children between the age of 6 and 11 and between the age of 12 and 17.

¹² Source: *Changes in Children’s Well-Being and Family Environments* (http://www.urban.org/UploadedPDF/310912_snapshots3_no18.pdf).



Injury

Primary caregivers were also asked two questions regarding child injury during the last 12 months (Questions 10-11, Appendix A).

Nineteen percent (19%) of area children were injured and required medical attention during the past 12 months (Question 10, Appendix A) (Chart 8).

- Children in the following demographic subgroups were reported to have experienced an injury more frequently than other children in their subgroup: white children; children 13 to 17 years of age; and children whose primary caregiver is either currently married or is divorced, separated or widowed.
- The 2003 NSCH found that fewer children 5 years of age and younger had been injured and required medical attention in the past 12 months (9%) nationally than was the case in the Greater Cincinnati area (16%).^{13,14}

Those primary caregivers reporting a child injury were asked where the most recent injury occurred (Question 11, Appendix A). Caregivers most frequently report injuries occurring at home (39%), while participating in sports (18%), or at school or a school related event that is not associated with sports (16%) (Table 2.1).

¹³ Note: For the purpose of this comparison, the percentage of children with an injury was recalculated for the Greater Cincinnati area to reflect Greater Cincinnati area children 5 years of age or younger.

¹⁴ Source: *National Survey of Children's Health, 2003* (<http://nschdata.org/>).



Table 2.1
Site of Child Injury

<u>Site</u>	<u>Percent</u>
At home	38.9
At a sporting event/playing a sport	18.0
At school/school related event (not sports)	15.8
In an automobile accident/motorcycle accident	4.4
At a family member's home	3.3
At child care	2.6
At a friend/neighbor's home	2.2
At park/camp/campground	1.6
On vacation/at vacation location	0.9
Outside/playing outside	0.9
At amusement park	0.7
In street/neighborhood (not specific)	0.7
With a church group	0.6
Hospital	0.4
Recreation area/playground	0.4
At an apartment/building/house (not specific)	0.4
Workplace/job site	0.2
Other	3.2
Don't know	4.7

(N=296)



III. HEALTH CARE COVERAGE

The 2005 CWBS asked area primary caregivers a series of questions to assess their health insurance coverage, with a focus on lack of health insurance coverage.

Type of Health Insurance Coverage

Greater Cincinnati area primary caregivers were asked to describe the health insurance coverage they currently have for their child and whether or not their child had been without insurance at any time in the past 12 months (Questions 17 and Insur1, Appendix A).

Ninety-six percent (96%) of caregivers report their child has some type of health care coverage: 79 percent have private insurance coverage, 14 percent are covered by Medicaid, three percent (3%) are covered by CHIP, and just under one percent have some other kind of coverage or combination of coverage (Chart 9). An additional four percent (4%) of children do not have health insurance at the present time.

- The 2004 NHIS found that nine percent (9%) of children nationally do not have health insurance coverage, compared with four percent (4%) in the Greater Cincinnati area.¹⁵

Episode of no Health Care Coverage

Caregivers who report their child has health insurance at the present time were asked whether their child had gone without health insurance at any time during the past 12 months (Question Insur1, Appendix A).

The results of this question can be combined with results from the previous health insurance question to calculate the percentage of children without insurance at any time during the previous year. Overall, eight percent (8%) of Greater Cincinnati area adults report their child did not have health insurance at some time during the past 12 months (Chart 10a).

¹⁵ Source: *Summary of Health Statistics for U.S. Children: National Health Interview Survey, 2004* (http://www.cdc.gov/nchs/data/series/sr_10/sr10_227.pdf).



- Children in the following demographic subgroups were uninsured at some point in the past 12 months more frequently than other children in their subgroup: African-American children; children whose health insurance is provided through CHIP or Medicaid; children whose primary caregiver is divorced, separated, widowed or has never been married; and children living in households at or below 200% FPL.
- Children whose primary caregiver has been uninsured at some point in the past year were also uninsured far more frequently than children whose primary caregiver has not been uninsured (Chart 10b).



IV. ACCESS TO CARE

The 2005 CWBS asked Greater Cincinnati area primary caregivers a series of questions about their child's access to care, including questions about 1) whether their child has a personal doctor or nurse, 2) their usual source of care, and 3) emergency room utilization.

Personal Doctor or Nurse

Primary caregivers were asked if their child has a personal doctor or nurse who knows their child well and is familiar with their child's health history (Question 8, Appendix A).

A large majority of children (86%) were reported to have a personal doctor or nurse (Chart 11a).

- At least 60 percent of children in all demographic groups have a personal doctor or nurse. However, children in the following demographic subgroups have a personal doctor or nurse less frequently than other children in their subgroup: African-American children; uninsured children; children whose primary caregiver has never been married; and children living in households at or below 200% FPL.
- Children whose primary caregiver has a usual source of care are reported to have a personal doctor or nurse more frequently than children whose primary caregiver does not have a usual source of care (Chart 11b).
- Slightly more children in the Greater Cincinnati area (86%) have a personal than is the case among children nationally (83%).¹⁶

Primary caregivers whose child has a personal doctor or nurse were asked if the child had visited that health care provider in the past 12 months for preventive care (Question 9, Appendix A). Most (89%) of those children who have a personal doctor or nurse have visited their personal doctor or nurse for preventive care in the past 12 months (Chart 12).

- More children in the Greater Cincinnati area had a preventive care visit during the past 12 months (77%) than was the case nationally (64%).^{17,18}

¹⁶ Source: *National Survey of Children's Health, 2003* (<http://nschdata.org/>).

¹⁷ Note: For the purpose of this comparison, the percentage of children with a primary care visit was recalculated for the Greater Cincinnati area to reflect all Greater Cincinnati area children.

¹⁸ Source: *National Survey of Children's Health, 2003* (<http://nschdata.org/>).



Usual Source of Care

Greater Cincinnati primary caregivers were asked to describe the place their child goes most often when their child is sick or needs advice about his or her health (Question 15, Appendix A).

Area children (86%) go to a private doctor's office far more frequently than other places as their usual source of care when they are sick or need advice about their health (Chart 13). An additional seven percent (7%) use a public health clinic or community-based health center, seven percent (7%) go somewhere else and less than one percent do not have a usual place they go to when they are sick or need advice about their health.

- Children in the following demographic subgroups report using a facility other than a private doctor's office more frequently than other children in their subgroup: African-American children; uninsured children; children whose health insurance is provided through CHIP or Medicaid; children whose primary caregiver has never been married; and children living in households below 100% FPL.

Emergency Room Utilization

Next, primary caregivers were asked how many times their child has gone to a hospital emergency room because of their health during the previous year (Question 16, Appendix A). Seventy-five percent (75%) say their child has not visited a hospital emergency room in the past year, 16 percent say their child has visited once, and nine percent (9%) say their child has visited more than once (Chart 14).

- Children in the following demographic subgroups report using a hospital emergency room more frequently (more than once per year) than other children in their subgroup: African-American children; children whose health insurance is provided through CHIP or Medicaid; children whose primary caregiver has never been married; and children living in households below 100% FPL.
- The 2004 NHIS found that eight percent (8%) of children nationally visited an emergency room at least twice in the past 12 months, compared with nine percent (9%) in the Greater Cincinnati area.¹⁹

¹⁹ Source: *Summary of Health Statistics for U.S. Children: National Health Interview Survey, 2004* (http://www.cdc.gov/nchs/data/series/sr_10/sr10_227.pdf).



V. FOOD SECURITY

The 2005 CWBS asked primary caregivers a series of questions regarding food security (Questions 20-23, Appendix A).

Primary caregivers were first asked how often the statement, “The food that I bought just didn’t last, and I didn’t have money to get more” was true during the past 12 months (Question 20, Appendix A). Five percent (5%) of primary caregivers say it was “often true,” 12 percent say “sometimes true” and 82 percent say the statement was “never true” for their household during the previous 12 months (Chart 15).

- Children in the following demographic subgroups live in a household where this statement was true (either “often” or “sometimes”) more frequently than other children in their subgroup: African-American children; children whose health insurance is provided through CHIP or Medicaid; children whose primary caregiver is divorced, separated or widowed; and children living in households below 100% FPL.

Primary caregivers were next asked how often the statement, “I couldn’t afford to eat balanced meals” was true during the past 12 months (Question 21, Appendix A). Four percent (4%) of primary caregivers say it was “often true,” 11 percent say “sometimes true” and 85 percent say the statement was “never true” for their household during the previous 12 months (Chart 16).

- Children in the following demographic subgroups live in a household where this statement was true (either “often” or “sometimes”) more frequently than other children in their subgroup: African-American children; children whose health insurance is provided through CHIP or Medicaid; children whose primary caregiver has never been married; and children living in households below 100% FPL.

Finally, primary caregivers were asked if, during the last 12 months, they cut the size of meals or skipped meals because there wasn’t enough money for food (Question 22, Appendix A). Ten percent (10%) of primary caregivers say they cut the size of meals or skipped meals in the past 12 months (Chart 17).



- At least 70 percent of children in all demographic subgroups do not live in households where meals were cut or skipped for financial reasons. However, children in the following demographic subgroups live in a household where meals were cut or skipped more frequently than other children in their subgroup: African-American children; children whose health insurance is provided through CHIP or Medicaid; children whose primary caregiver is divorced, separated, widowed or has never been married; and children living in households below 100% FPL.

Those respondents who reported cutting the size of meals or skipping meals due to financial reasons were asked how often that happened in the previous year (Question 23, Appendix A). Thirty-three percent (33%) of those who limited their meals for financial reasons report doing so “almost every month” in the previous year, while 25 percent say “some months but not every month,” and 42 percent say they limited their meals in “only one or two months” during the previous year (Chart 18).



VI. SUBSTANCE USE

The 2005 CWBS asked primary caregivers of 6 to 17 year old children a series of questions regarding substance use including 1) how recently they talked to their child about alcohol and other drugs and 2) their perceptions of substance use by their child (Questions 45; 48a-48c, Appendix A).

Primary caregivers of children between the ages of 6 and 17 were first asked to specify the last time they talked to their children about alcohol and other drugs (Question 45, Appendix A). Seventy-seven (77%) of primary caregivers say they talked to their child about alcohol and other drugs “in the past month,” 14 percent say “in the past three months,” six percent (6%) say “in the past year,” less than one percent “over one year,” and three percent (3%) say they have “never” talked with their child about alcohol and other drugs (Chart 19).

- At least seven of ten primary caregivers of children 6 through 17 years of age in most geographic and demographic groups have talked with their children about alcohol and other drugs in the past month.

Primary caregivers of children between the ages of 6 and 17 were also asked if their child has used alcohol, tobacco products, or other non-prescribed drugs in the past 30 days (Question 48a-c, Appendix A). Less than one percent of primary caregivers say their child has used alcohol, two percent (2%) say their child has used tobacco products, and five percent (5%) say their child has used other non-prescription drugs (Chart 20).

- Primary caregivers of children between the ages of 13 and 17 (5%) report tobacco use by their child more frequently than primary caregivers of children age 6 to 12 (less than one percent).



VII. PARENT/CHILD INTERACTION

The 2005 CWBS asked primary caregivers a series of questions regarding child-caregiver interaction. All primary caregivers were asked how often they speak to their child (Question 24, Appendix A). In addition, primary caregivers of children 5 and under were asked how often they spend time reading to their child (Question 50, Appendix A); and primary caregivers of children between the ages of 6 and 17 were asked 1) how often they set clear rules for their children (Question 46, Appendix A); and 2) how often they punish their children when they break the rules (Question 47, Appendix A).

All primary caregivers were first asked how frequently they speak to their children. Ninety-eight percent (98%) of primary caregivers in the Greater Cincinnati area say they speak to their child “often,” while a total of just over one percent say either “sometimes,” “rarely” or “never” (Chart 21).

Primary caregivers of children 5 years of age and under were then asked how often they spend time reading to their child (Question 50, Appendix A). Fifty-nine percent (59%) say they read to their child “almost every day,” 23 percent say “several times a week,” six percent (6%) say “about once a week,” four percent (4%) say “several times a month,” four percent (4%) say “once a month or less,” and three percent (3%) say they “rarely or never” read to their child (Chart 22).

- Children 5 and under in the following demographic subgroups are read to less frequently (less than “several times a week”) than other children in their subgroup: African-American children; children whose health insurance is provided through CHIP or Medicaid; children whose primary caregiver has never been married; and children living in households below 100% FPL.

Primary caregivers of children between the ages of 6 and 17 were also asked how often they set clear rules for their children (Question 46, Appendix A). Seventy-one percent (71%) say they set clear rules “a lot,” 25 percent say “often,” four percent (4%) say “sometimes,” and less than one percent say “seldom” or “never” (Chart 23).

Primary caregivers of children between the ages of 6 and 17 were next asked how often they punish their children when they break the rules (Question 47, Appendix A). Thirty-one percent (31%) of primary caregivers say their children are punished when they break the rules “a lot,” 30 percent say “often,” 29 percent say “sometimes,” eight percent (8%) say “seldom,” and two percent (2%) say “never” (Chart 24).



- Children between the ages of 6 and 17 in the following demographic subgroups are punished when they break the rules less frequently (less than “often”) than other children in their subgroup: African-American children; children who do not have health insurance; children whose health insurance is provided through CHIP or Medicaid; children whose primary caregiver is divorced, separated, or widowed; and children living in households below 100% FPL.



VIII. USE OF CHILD CARE ARRANGEMENTS

The 2005 CWBS asked Greater Cincinnati area primary caregivers a series of questions about the care arrangements they have for their child (Questions 25-28, Appendix A).

Twenty-nine percent (29%) of area primary caregivers report they have child care arrangements for their child, such as during the day while they work outside the home or before or after school care (Question 25, Appendix A) (Chart 25).

- Children in the following demographic subgroups were reported to have child care arrangements more frequently than other children in their subgroup: African-American children; children 5 years of age or younger; children with private insurance; children whose health insurance is provided through CHIP or Medicaid; children whose primary caregiver has never been married; and children living in households between 100% and 200% FPL.

Primary caregivers who report their child has care arrangements were asked to describe their arrangement (Question 26, Appendix A). Forty-eight percent (48%) of these caregivers say their child is cared for by a relative or friend, 16 percent say their child is cared for at a child care center, and 12 percent say their child is cared for through family-based child care outside the home (Table 7.1).

Table 7.1
Description of Child Care Arrangements

<u>Child Care Provider</u>	<u>Percent</u>
Relative or friend	47.5
Child care center	15.8
Family-based child care outside of home	12.4
Nursery school/pre-school/kindergarten	8.5
Caregiver/nanny comes to child's home	5.2
(Before/After) school program	3.3
Babysitter/other non-center provider	1.8
Early Start/Head Start program	1.0
Other "latchkey" program	1.0
Some combination	2.5
Other arrangement	1.0

(N=456)



Primary caregivers who report their child has child care arrangements were also asked why they chose the child care arrangement they use (Question 27, Appendix A). Forty-eight percent (48%) of primary caregivers say they chose their provider because they “trust” or “wanted” their relatives or friends to care for their children, while 10 percent chose their provider based on its location, nine percent (9%) chose their provider based on cost, and six percent (6%) chose their provider based on reputation (Table 7.2).

**Table 7.2
Main Reason for Selecting Child Care Arrangements**

<u>Child Care Provider</u>	<u>Percent</u>
Trust/wanted relative or friend	48.0
Location	9.6
Cost	8.6
Reputation	5.9
Quality of teachers/staff	3.2
Affiliated with work/church	3.0
Provider affiliated with school/pre-school	2.4
Quality of curriculum	1.8
Convenience (not specific)	1.7
Availability of care in mornings/evenings	1.6
Positive character/personality of provider	1.4
Provider is “in home” caregiver	1.3
Offers care for sick children	0.9
Provides transportation	0.8
Provider is a family member/friend	0.6
A space was available	0.5
Flexible scheduling/flexibility of provider	0.4
Offers programs for speech problems/disabilities	0.3
Quality of grounds/buildings	0.3
Attractiveness of specific programs	0.2
Facility has accreditation/license	0.2
Other	7.4

(N=453)



Those primary caregivers with child care arrangements were next asked how often in the past month they needed to make different arrangements for child care at the last minute because their usual plans changed due to circumstances beyond their control (Question 28, Appendix A). Fifty-five percent (55%) say they never needed to make different arrangements, 17 percent needed to make different arrangements once, 14 percent needed to change arrangements twice, and 13 percent needed to change arrangements three or more times (Chart 26).

- Children who receive child care in the following demographic subgroups have a primary caregiver who had to make changes to child care arrangements more frequently (two or more times) than other children in their subgroup: children 6 to 12 years of age; children whose primary caregiver is divorced, separated, or widowed; and those living in households at or below 200% FPL.
- The 2003 NSCH found more caregivers of children 5 years of age and younger nationally (28%) had to change child care arrangements at least once in the past month as compared to Greater Cincinnati area primary caregivers of children 5 years of age and younger (21%).^{20,21}

Finally, primary caregivers with child care arrangements were asked if they, or anyone in their family, had to quit a job, not take a job, or greatly change their job because of problems with child care (Question 29, Appendix A). Twelve percent (12%) of primary caregivers with child care arrangements say they had to quit, turn down, or change a job because of problems with child care (Chart 27).

- Children who receive child care in the following demographic subgroups have a family member who had to quit, turn down, or change a job because of problems with child care more frequently than other children in their subgroup: white Appalachian children; children whose primary caregivers are divorced, separated, widowed, or never married; children whose insurance coverage is provided through CHIP or Medicaid; and those living in households below 100% FPL.

²⁰ Note: For the purpose of this comparison, the percentage of primary caregivers who had to change child care arrangements was recalculated to reflect Greater Cincinnati area children 5 years of age or younger.

²¹ Source: *National Survey of Children's Health, 2003* (<http://nschdata.org/>).



- The 2003 NSCH found more caregivers of children 5 years of age and younger nationally (11%) had to quit, turn down, or greatly change a job due to problems with child care as compared to six percent (6%) of Greater Cincinnati area primary caregivers of children 5 years of age and younger.^{22,23}

²² Note: For the purpose of this comparison, the percentage of primary caregivers who experienced problems with a job due to problems with child care was recalculated for reflect Greater Cincinnati area children 5 years of age or younger.

²³ Source: *National Survey of Children's Health, 2003* (<http://nschdata.org/>).



IX. MIDDLE CHILDHOOD AND ADOLESCENCE

The 2005 CWBS asked primary caregivers a series of questions regarding activity during middle childhood and adolescence (children age 6-17), including physical activity, time spent alone, involvement in community service or volunteerism, club or organization participation and interaction with others (Questions 31-36c, Appendix A).

Primary caregivers of children between the ages of 6 and 17 were first asked on how many days in the past week their child exercised or participated in physical activity for at least 20 minutes that made them sweat and breathe hard (Question 31, Appendix A). Eight percent (8%) of children age 6 to 17 did not exercise to this extent for at least 20 minutes in the past week, 18 percent exercised on one or two days, 27 percent exercised on three or four days, and 46 percent exercised on five or more days (Chart 28).

- Children between the ages of 6 and 17 in the following demographic subgroups were reported to exercise less frequently (one to two days or less) in the week prior to the survey more frequently than other children in their subgroup: African-American children; white Appalachian children; female children; children whose health insurance is provided through CHIP or Medicaid; children whose primary caregiver has never been married; and children living in households below 100% FPL.
- Similar percentages of children between the ages of 6 and 17 in the Greater Cincinnati area (91%) and nationally (89%) participated in physical activity for at least 20 minutes at a time that made them sweat and breathe hard at least one day a week or more.²⁴

Primary caregivers of children between the ages of 6 and 17 were also asked whether their child had spent time caring for themselves, even for a small amount of time in the week prior to the survey (Question 32, Appendix A). Forty-two percent (42%) of children were reported to have spent time caring for themselves in the week prior to the survey (Chart 29).

²⁴ Source: *National Survey of Children's Health, 2003* (<http://nschdata.org/>).



- Children between the ages of 6 and 17 in the following demographic subgroups were reported to spend time caring for themselves in the week prior to the survey more frequently than other children in their subgroup: male children; children 13 to 17 years of age; children with private health insurance; children whose primary caregiver is either currently married or is divorced, separated or widowed; and children living in households above 200% FPL.
- The same percentage (16%) of children between the ages of 6 and 11 in the Greater Cincinnati area and nationally spent time caring for themselves in the week prior to the survey.^{25,26}

Primary caregivers of children between the ages of 6 and 17 were next asked if their child has been involved in any type of community service or volunteer work at school, church, or in the community during the past year (Question 33, Appendix A). Fifty-six percent (56%) of children were reported to have engaged in community service or volunteer work during the past year (Chart 30).

- Children age 6 to 17 in the following demographic subgroups were reported to participate in community service or volunteer work less frequently than other children in their subgroup: African-American children; male children; children 6 to 12 years of age; children whose health insurance is provided through CHIP or Medicaid; children whose primary caregiver has never been married; and children living in households below 100% FPL.
- Similar percentages of children between the ages of 12 and 17 in the Greater Cincinnati area (62%) and nationally (60%) are involved with community service or volunteer work at school, church, or in the community.^{27,28}

Primary caregivers of children between the ages of 6 and 17 were then asked if their child participated in any clubs or organizations after school or on weekends, such as Scouts, a religious group, or a Boy's/Girl's Club during the past year (Question 34, Appendix A). Sixty-seven percent (67%) of children were reported to have participated in clubs or organizations in the past year (Chart 31).

²⁵ Note: For the purpose of this comparison, the percentage of children spending time caring for themselves for the Greater Cincinnati area was recalculated to reflect Greater Cincinnati area children between the ages of 6 and 11.

²⁶ Source: *National Survey of Children's Health, 2003* (<http://nschdata.org/>).

²⁷ Note: For the purpose of this comparison, the percentage of children involved with community service or volunteer work was recalculated to reflect Greater Cincinnati area children between the ages of 12 and 17.

²⁸ Source: *National Survey of Children's Health, 2003* (<http://nschdata.org/>).



- Children between the ages of 6 and 17 in the following demographic subgroups were reported to participate in clubs and organizations less frequently than other children in their subgroup: African-American children; white Appalachian children; male children; children whose health insurance is provided through CHIP or Medicaid; children whose primary caregiver has never been married; and children living in households below 100% FPL.
- More children between the ages of 6 and 17 in the Greater Cincinnati area (67%) participated in clubs or organizations after school or on weekends during the past year than was the case nationally (53%).²⁹

Primary caregivers with children between the ages of 6 and 17 were also asked how many days during the past week their child participated in clubs, organizations, or sports teams (Question 35, Appendix A). Twenty-seven percent (27%) of children were reported to have not participated in clubs, organizations or sports teams in the previous week, 35 percent did so on one to two days, 22 percent did so on three to four days, and 17 percent participated in clubs, organizations or sports teams for five or more days in the week prior to the survey (Chart 32).

- Children between the ages of 6 and 17 in the following demographic subgroups were reported to participate in club, organization, or sports activities in the past week less frequently (one to two days or less) than other children in their subgroup: children 6 to 12 years of age; children whose health insurance is provided through CHIP or Medicaid; children whose primary caregiver is divorced, separated, widowed; and children living in households below 100% FPL.
- More children in the Greater Cincinnati area between the ages of 6 and 17 (38%) participated in clubs, organizations or sports teams more than two days in the previous week than was the case nationally (31%).³⁰

Finally, primary caregivers of children 6 to 17 years of age were asked a series of questions about child interaction with others. Primary caregivers were first asked how often their child shows respect for teachers and neighbors (Question 36a, Appendix A). Seventy-two percent (72%) say their child “always” shows respect, 22 percent say “usually,” five percent (5%) say “sometimes” and less than one percent say “never” (Chart 33).

²⁹ Ibid.

³⁰ Ibid.

- The 2003 NSCH found that 92 percent of children between the ages of 6 and 17 nationally “always” or “usually” show respect for teachers and neighbors, compared to 94 percent of Greater Cincinnati area children 6 years of age and older.³¹

Primary caregivers of children age 6 to 17 were then asked how often their child tries to understand other people’s feelings (Question 36b, Appendix A). Forty-one percent (41%) say their child “always” tries to understand other people’s feelings, 38 percent say “usually,” 19 percent say “sometimes” and two percent (2%) say “never” (Chart 33).

- Children between the ages of 6 and 17 in the following demographic subgroups were reported to “always” or “usually” try to understand other people’s feelings less frequently than other children in their subgroup: African-American children; male children; children whose health insurance is provided through CHIP or Medicaid; children whose primary caregiver is divorced, separated, or widowed; and children living in households below 100% FPL.
- The 2003 NSCH found that 74 percent of children between the ages of 6 and 17 nationally “always” or “usually” try to understand other people’s feelings, compared to 79 percent of Greater Cincinnati area children 6 years of age and older.³²

Finally, primary caregivers of children 6 to 17 were asked how often their child tries to resolve conflicts with classmates, family or friends (Question 36c, Appendix A). Thirty-three percent (33%) say their child “always” tries to resolve conflicts with classmates, family or friends, 39 percent say “usually,” 24 percent say “sometimes” and four percent (4%) say “never” (Chart 33).

- Children between the ages of 6 and 17 in the following demographic subgroups were reported to “always” or “usually” try to resolve conflicts with classmates, family or friends less frequently than other children in their subgroup: African-American children; male children; children between the ages of 13 and 17; children with health insurance provided through CHIP or Medicaid; children whose primary caregiver has never been married; and children living in households below 100% FPL.

³¹ Ibid.

³² Ibid.

- The 2003 NSCH found that 67 percent of children between the ages of 6 and 17 nationally “always” or “usually” try to resolve conflicts with classmates, family or friends, compared to 71 percent of Greater Cincinnati area children 6 years of age and older.³³

³³ Ibid.



X. PRIMARY CAREGIVER INTERNET USE

The 2005 CWBS asked primary caregivers how often they use the Internet to find information about 1) recreation activities for children and 2) health information related to children (Questions 60 and 61, Appendix A).

Primary caregivers were first asked how often they use the Internet to find information about recreation activities for children (Question 60, Appendix A). Eighteen percent (18%) say they “frequently” use the Internet to find information about recreation activities for children, 39 percent say “occasionally,” 23 percent say “rarely,” and 20 percent say “never” (Chart 34).

- Children in the following demographic subgroups have primary caregivers who search the Internet for information about recreation activities for children less frequently (less than “occasionally”) than other children in their subgroup: African-American children; children between the ages of 13 and 17; children who are uninsured; children whose health insurance is provided through CHIP or Medicaid; children whose primary caregiver has never been married; and children living in households below 100% FPL.

Primary caregivers were next asked how often they use the Internet to find health information related to children (Question 61, Appendix A). Thirteen percent (13%) say they “frequently” use the Internet to find health information related to children, 37 percent say “occasionally,” 26 percent say “rarely,” and 24 percent say “never” (Chart 35).

- Children in the following demographic subgroups have primary caregivers who search the Internet for health information related to children less frequently (less than “occasionally”) than other children in their subgroup: African-American children; female children; children whose health insurance is provided through CHIP or Medicaid; children whose primary caregiver has never been married; and children living in households below 100% FPL.



XI. ADDITIONAL PRIMARY CAREGIVER QUESTIONS

The 2005 CWBS also asked primary caregivers additional questions related to their own health and health care. Results of selected additional questions asked of primary caregivers are summarized briefly below.

- Twenty-nine (29%) of primary caregivers interviewed as part of the 2005 CWBS rate their health status as “excellent,” 33 percent say “very good,” 27 percent say “good,” nine percent (9%) say “fair,” and two percent (2%) rate their health status as “poor” (Question 74; Appendix A; Chart 36).
- Eighty-four percent (84%) of primary caregivers have health insurance at the present time (Question 18; Appendix A; Chart 37). Twelve percent (12%) of insured primary caregivers receive their insurance through Medicaid (Question 19; Appendix A).
- Overall, 23 percent of primary caregivers have been uninsured at some point during the past 12 months (Questions 18 and Insur2; Appendix A; Chart 38).
- Eighty-nine percent (89%) of primary caregivers say they have one particular clinic, health center, doctor’s office, or other place they usually go to if they are sick or need advice about their health (Question 13; Appendix A; Chart 39). Ten percent of primary caregivers report they have used a community-based health center in the past year (Question 12; Appendix A).
- Most primary caregivers (87%) with a usual source of care say that source is a private doctor’s office (Question 14; Appendix A; Chart 40).
- Twenty-seven percent (27%) of primary caregivers currently smoke, 18 percent smoked at some point in the past, and 56 percent have never smoked (Questions 75 and 76; Appendix A; Chart 41).
- Ninety-two percent (92%) of primary caregivers interviewed identified themselves as birth parents (Question 51; Appendix A; Chart 42). An additional three percent (3%) are grandparents, two percent (2%) are step-parents, and two percent (2%) are adoptive parents. No other category included more than one percent (1%) of respondents.
- Fifteen percent (15%) of primary caregivers (and their children) live in households below 100% FPL, 19 percent live in households between 100% and 200% FPL, and 66 percent live in households above 200% FPL (Questions 52-53, 70-73; Appendix A; Chart 43).

