

**Child Well-Being
A Telephone Survey of Primary Caregivers**

Volume I

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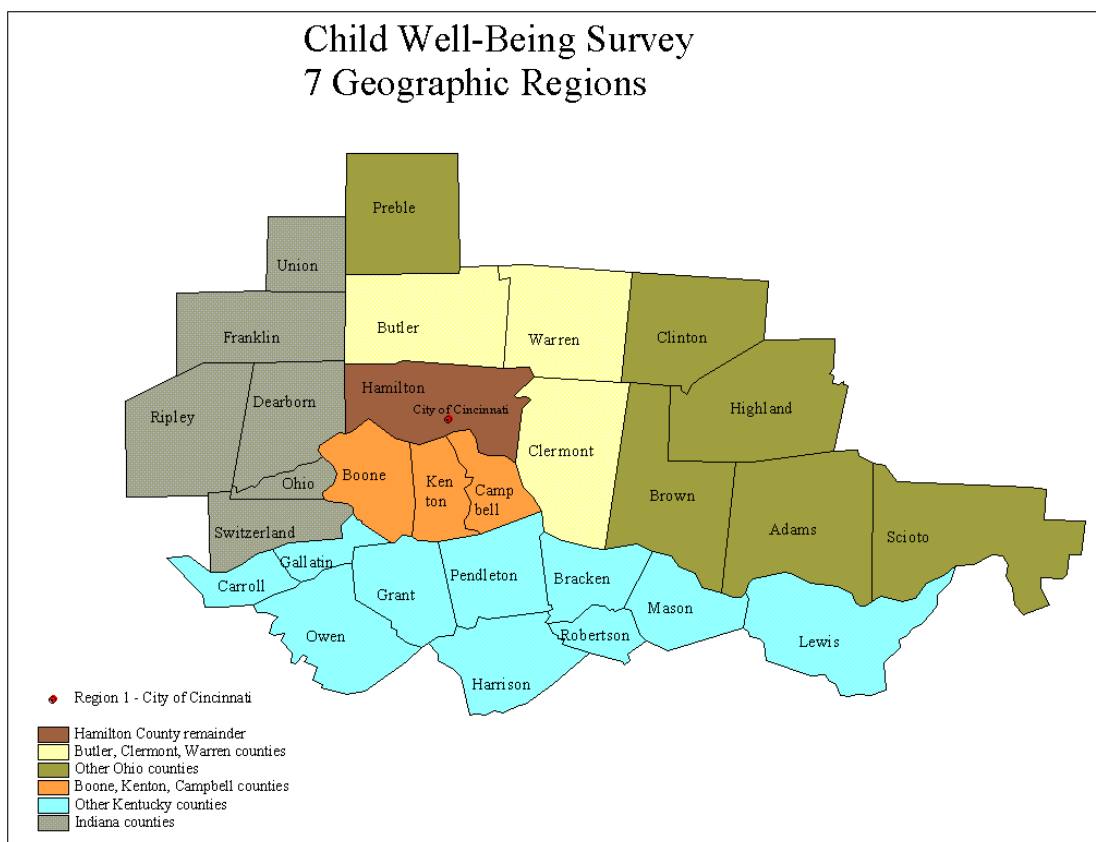
1 INTRODUCTION

This report summarizes the well-being of children who live in the tri-state area. The results presented were developed from a survey, conducted in November 2000, of 2,287 randomly selected primary caregivers of children in a 29-county area (see Figure 1). The purpose of this report is to provide policy-makers, decision-makers, public agencies, and academicians with population-based information to describe and monitor the well-being of children in the tri-state area. It is hoped that these results will be used to guide and develop policy aimed at improving child well-being.

This survey covered a variety of topics:

- *Health status* including the presence of selected chronic conditions, child and parent mental health, and perceived overall health.
- *Access to health care* including the types of organizations tri-state children use for health care, and financial barriers to receiving health care.
- *Insurance and aid* including the type of insurance, if any, and whether or not the family receives aid such as Temporary Assistance for Needy Families (TANF) and food stamps.
- *Child care arrangements* including the type of child care arrangement, if any, and reasons for choosing the child care provider.
- *Parent and adult involvement* in children's schools.
- *Parent/child interaction* including the frequency with which parents engage in selected activities with their children.
- *Child mobility* including how often the child has moved in one and five years.
- *Car seat usage* including whether or not the child has a car seat, and how often they are restrained when in a car.

Figure 1



Demographic data were also collected:

- Race of primary caregiver and child,
- Age and gender of child,
- Appalachian status (first and second generation),
- Primary caregiver's relationship to child,
- Number of children living in the household,
- Number of adults living in the household,
- Primary caregiver's marital status,
- Primary caregiver's age,
- Primary caregiver's education,
- Primary caregiver's employment status, and
- Household income.

This report is organized into two volumes. Volume I highlights the results from the following selected topics:

- Selected demographics,
- Health status,
- Access to health care,
- Child care arrangements,
- Parent involvement in child's school, and
- Parent/child interaction.

The data are summarized in Volume I using both tables and charts that highlight demographic differences when appropriate. In addition, margins of error (95% confidence intervals) for estimated proportions in the charts are exhibited. A detailed discussion about how to interpret these errors appears in the technical report in Volume II.

Volume II, under separate cover, summarizes all the questions in the survey in more detail. It contains the following appendices:

- *Appendix A: Results Tables* This section contains tables for all the questions asked in the survey. These tables list the results according to a variety of demographic characteristics. It also contains information concerning the margins of error of the estimates.
- *Appendix B: Technical Report* This section describes the methods used to develop the information presented in this report. It includes a description of the survey design, data collection, and the weighting methodologies used to develop the estimates. It also includes a discussion of the survey's limitations.

- *Appendix C: Questionnaire* This section contains the questionnaire used to collect the data.
- *Appendix D: Results by Child's Race/Ethnicity* This section presents the results by child race/ethnicity. The results are listed by the following categories: 1) African-American, 2) White, First Generation Appalachian, 3) White, Second Generation Appalachian, and 4) White, Non-Appalachian.
- *Appendix E: Survey Region* This section contains a map of the geographic region included in the survey.

2 A SUMMARY OF SELECTED DEMOGRAPHIC CHARACTERISTICS

Interviewers screened respondents to ensure that they were speaking to a knowledgeable adult, by asking to speak with the parent or guardian who is the primary caregiver of the children in the household. Ninety-two percent of the respondents interviewed indicated that they were the child's birth parent. The remaining eight percent comprised a variety of different relationships with the child (see Table 1).

Table 1 Respondents' Relationship to Child

<u>Relationship to Child</u>	<u>Number</u>	<u>Percent</u>
Birth parent	2113	92.4%
Grandparent	62	2.7
Step-parent	42	1.8
Adoptive parent	40	1.7
Guardian	12	0.5
Aunt/Uncle	9	0.4
Foster parent	4	0.2
Other	5	0.2
Total	2287	100.0%

Information was gathered on a variety of demographic characteristics that could influence child well-being in the tri-state area. This demographic information is highlighted below:

- 56 percent of children have primary caregivers who are employed full-time and 15 percent are employed part-time. Another 26 percent are keeping house, going to school or are retired (Chart 1).
- 14 percent of children live in households with only one adult (Chart 2).
- 9 percent of children have primary caregivers with less than a high school education, 37 percent with a high school diploma, and 22 percent graduated college (Chart 3).
- 16 percent of children are living with primary caregivers who are divorced, widowed or separated, and 10 percent have primary caregivers who were never married (Chart 4).

- 7 percent of children have no insurance, and 15 percent of children are covered by the Ohio, Kentucky or Indiana State Child Health Insurance Programs (SCHIP), Medicaid or Medicare (Chart 5).
- 13 percent of children are first generation Appalachian¹. Another 12 percent are second generation Appalachian (Chart 6).

Chart 1

Primary Caregiver's Employment Status

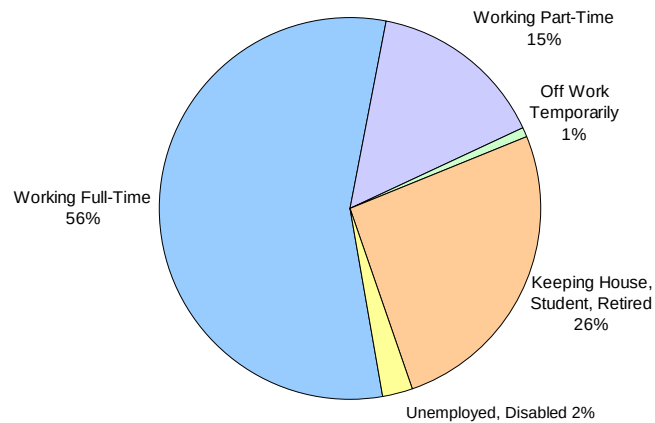
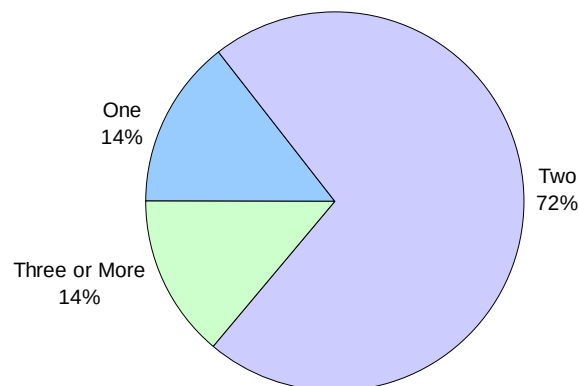


Chart 2

Number of Adults in Household



¹ A formal definition of federally recognized Appalachian counties can be found at the web site www.arc.gov

Chart 3

Primary Caregiver's Education

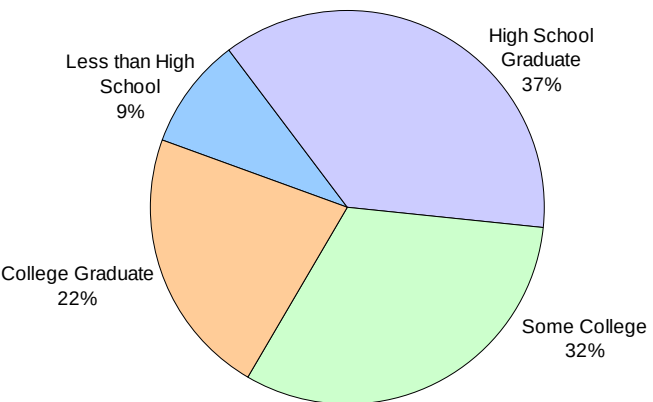


Chart 4

Primary Caregiver's Marital Status

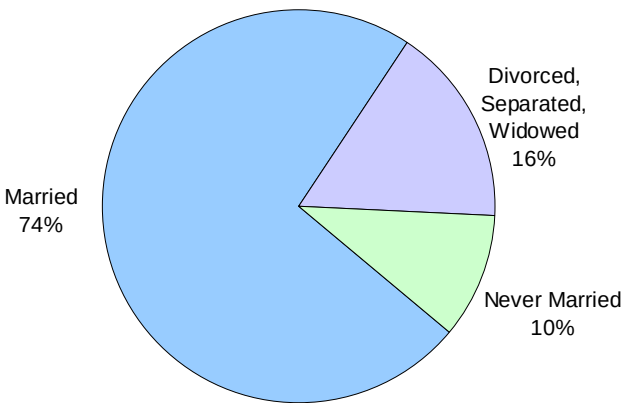


Chart 5

Type of Insurance

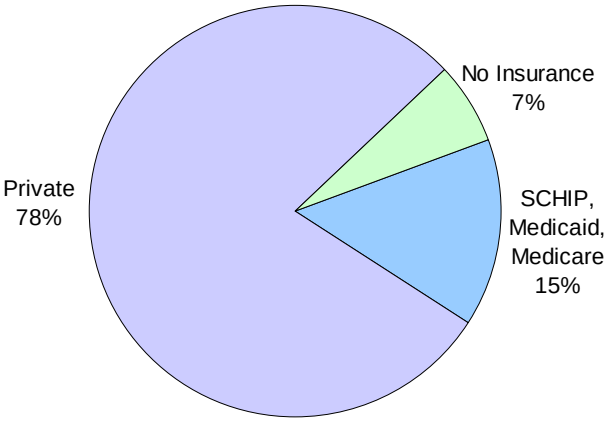
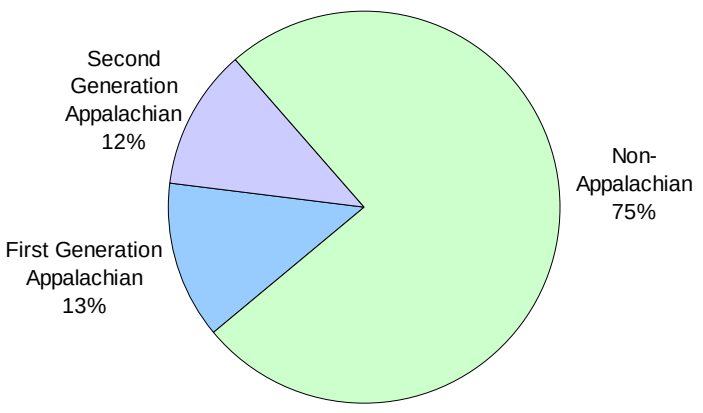


Chart 6

Appalachian Status



3 HEALTH STATUS

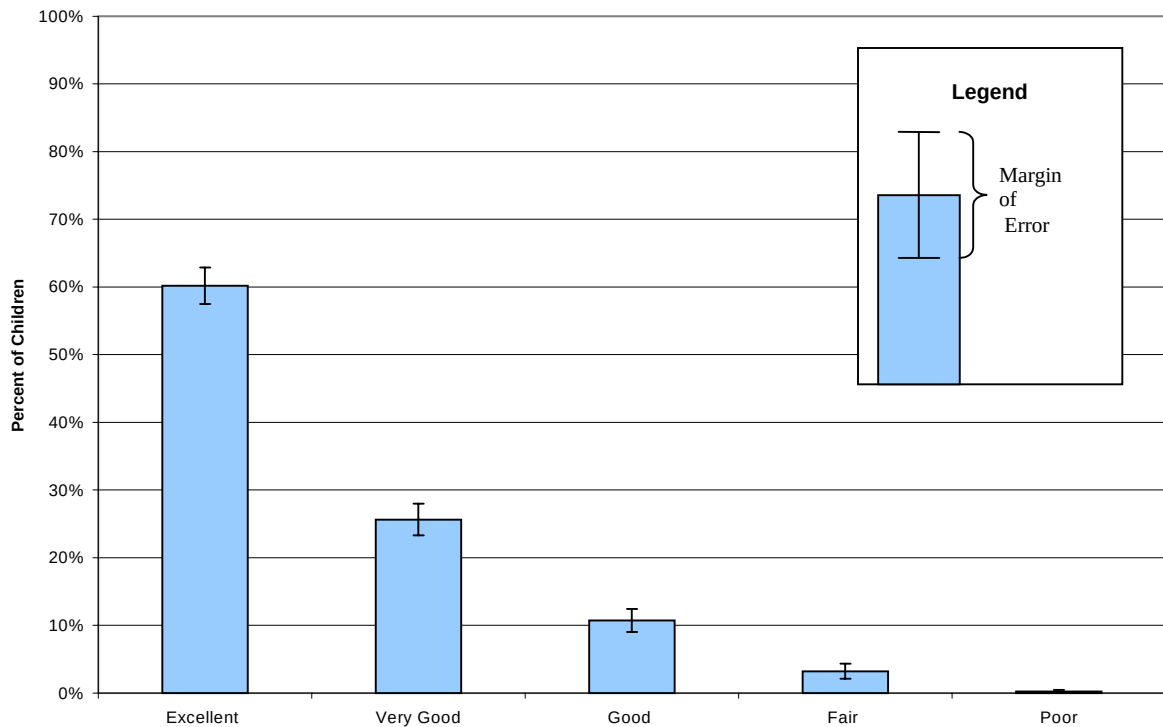
This section summarizes how parents perceive the overall health of their children, the prevalence of the four most common childhood conditions and a measure of emotional health for both children and primary caregivers.

3.1 OVERALL HEALTH

Chart 7 shows that 60 percent of children are perceived by their caregivers to have excellent health and 26 percent have very good health. Three percent are perceived to have overall health that is fair or poor.

Chart 7

Caregiver Perceptions of Child's Health



Groups of children who are less likely to be perceived by their caregivers to have excellent health are (Table 2):

- children with no insurance,
- children whose caregivers are divorced, widowed, or separated,
- children whose caregivers have lower levels of education, and
- children who live in low income households.

Table 2 Perceived Overall Health, by Selected Demographic Characteristics

	Excellent	Very Good	Good	Fair	Poor
All Children	60.2%	25.6%	10.7%	3.2%	0.2%
Type of Insurance					
SCHIP, Medicaid, Medicare	51.5	24.6	13.7	9.0	1.2
Private	63.2	24.8	10.2	1.7	0.1
No Insurance	44.5	37.7	10.6	7.1	0.0
Caregiver Marital Status					
Married	63.1	24.5	10.1	2.0	0.3
Divorced, Widowed, Separated	50.4	29.1	11.4	9.0	0.1
Never Married	54.8	28.2	13.7	3.2	0.2
Caregiver Education					
Less than High School	46.9	23.2	17.6	10.8	1.6
High School Graduate	57.3	26.3	12.3	3.9	0.2
Some College	59.3	28.6	10.2	1.8	0.0
College Graduate	71.7	21.3	5.9	1.1	0.1
Household Income					
Less than \$15,000	46.0	25.0	17.7	10.5	0.9
\$15,000 to \$29,999	47.3	31.0	16.5	5.2	0.0
\$30,000 to \$44,999	61.2	27.6	9.1	2.1	0.1
\$45,000 to \$59,999	63.8	24.4	9.2	2.6	0.0
\$60,000 or More	67.7	23.6	7.3	1.3	0.1
Note: These demographic characteristics exhibited a statistically significant association with overall health ratings (p-value < .05).					

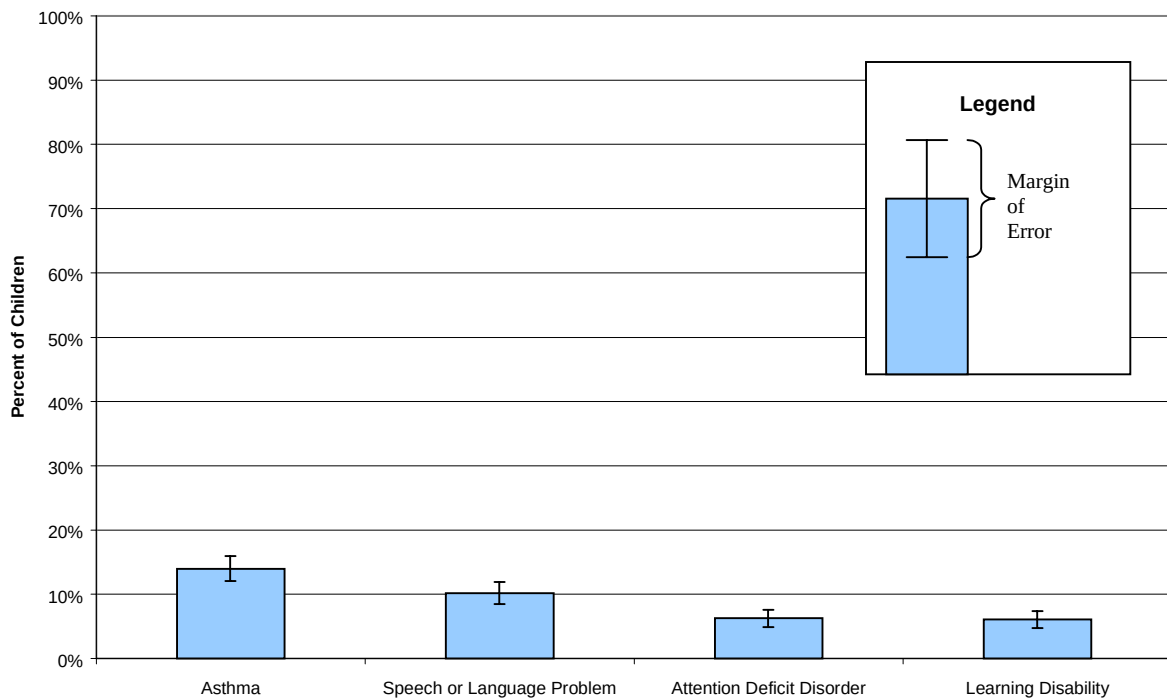
3.2 COMMON CHILDHOOD CONDITIONS

Asthma, speech and language problems, attention deficit disorder and learning disabilities are four common childhood conditions that can have a negative impact on child well-being. The data from this survey indicate that the percentage of children *who have been diagnosed by a doctor or other health care professional* to have these conditions are (Chart 8):

- Asthma—14%
- Speech/language problems—10%
- Attention deficit disorder—6%
- Learning disability—6%

Chart 8

Percentage of Children With Selected Chronic Conditions

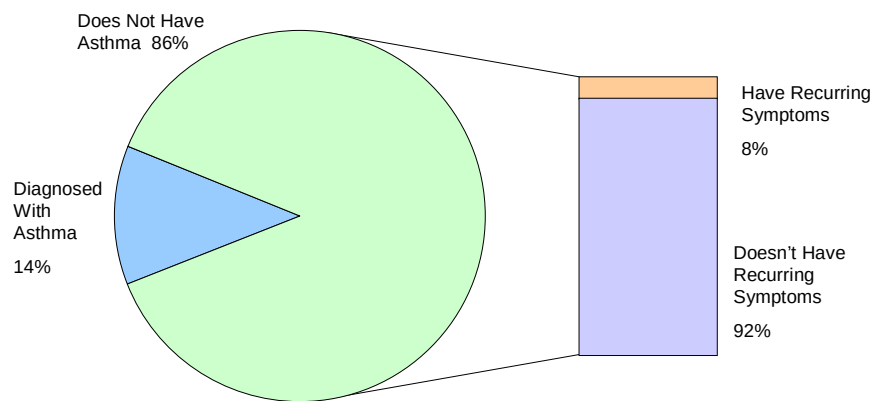


These percentages include only children who have been diagnosed by a doctor or other health care professional and not children who exhibit symptoms, but have not been

diagnosed with the condition. Chart 9 shows that of those children who have not been diagnosed with asthma, 8 percent have exhibited symptoms such as recurrent cough, wheezing or shortness of breath.

Chart 9

Children With Asthma and Symptoms of Asthma



The percentage of children with each of the four conditions is summarized by age of child and race/ethnicity in

Chart 10 and Chart 11. Children six years of age or older are more likely to have been diagnosed with attention deficit disorder or learning disabilities. On the other hand, there are no significant differences between the groups of children defined by race/ethnicity.

Chart 10

**Percentage of Children with Selected Childhood Conditions by
Child's Age**

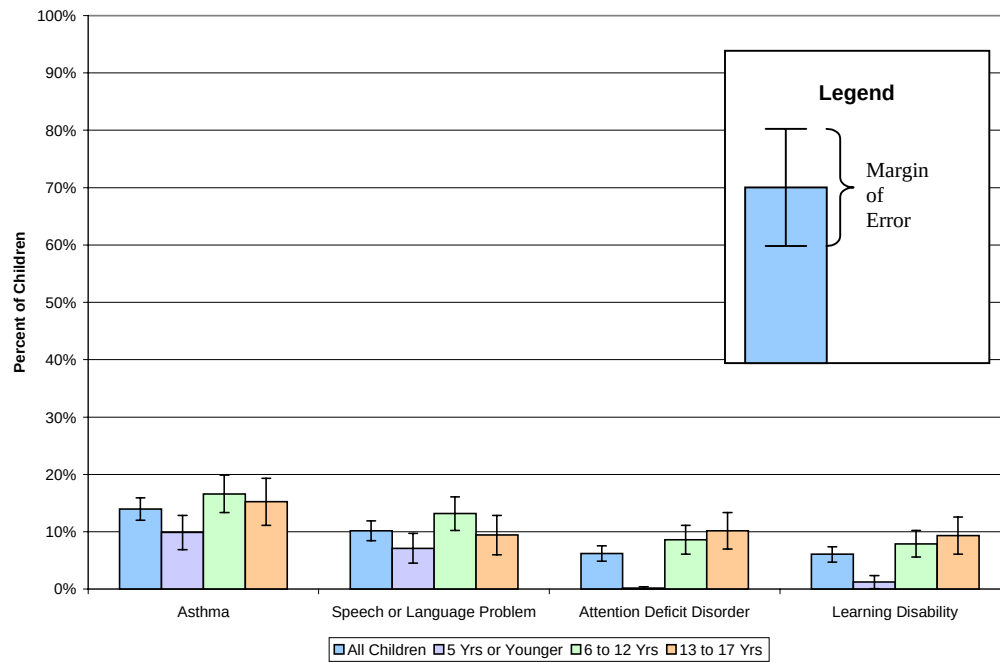
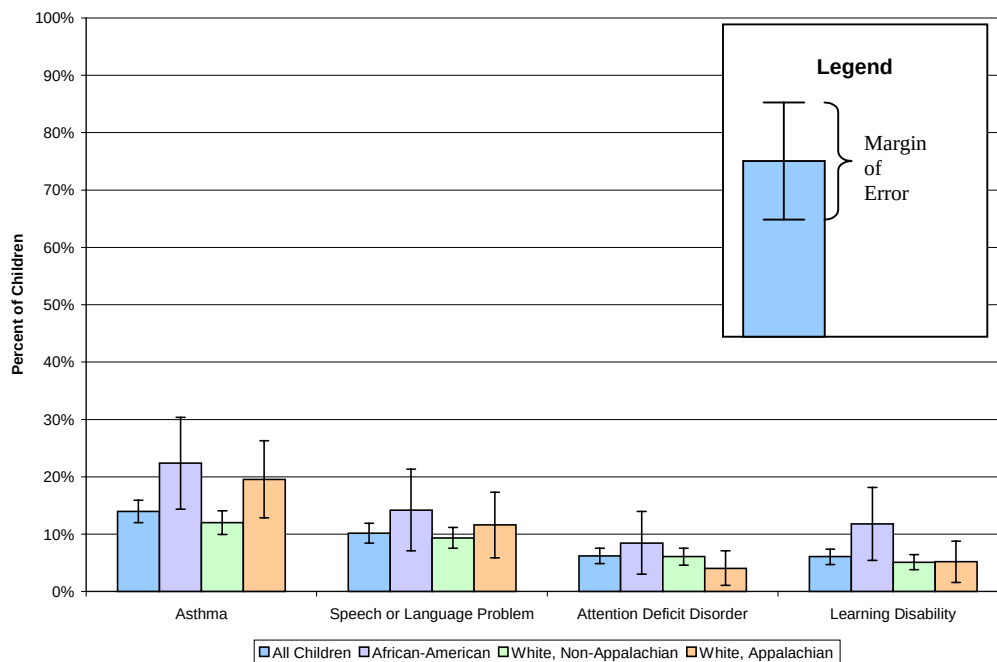


Chart 11

Percentage of Children with Selected Childhood Conditions by Child's Race/Ethnicity



3.3 BEHAVIORAL/EMOTIONAL HEALTH STATUS

Child and parent behavioral/emotional health status were ascertained using scales from the National Survey of American Families (NSAF), which have been tested for validity and reliability.²

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

Child Emotional and Behavior Problems Scale (6 to 11 year olds):

- Doesn't get along with other kids
- Can't concentrate or pay attention for long
- Has been unhappy, sad or depressed
- Feels worthless or inferior
- Has been nervous, high strung or tense
- Acts too young for his/her age

² For a discussion of the psychometric properties of these scales see 1997 NSAF Benchmarking Measures of Child and Family Well-Being, Report No. 6.

Child Emotional and Behavior Problems Scale (12 to 17 year olds):

- Doesn't get along with other kids
- Can't concentrate or pay attention for long
- Has been unhappy, sad or depressed
- Has trouble sleeping
- Lies or cheats
- Does poorly at school work

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

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

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

Parent emotional health status was measured using the scale items below. They were asked how often, during the past month they had felt as described in the statement . . . all of the time, most of the time, some of the time, or none of the time.

Parent Emotional Health Scale:

- Been a very nervous person
- Felt calm or peaceful
- Felt downhearted and blue
- Been a happy person
- Felt so down in the dumps that nothing could cheer you up

A parent emotional health status score was calculated following the prescribed NSAF protocol. Each of the negatively worded scale items were scored the following values:

- All of the time (5)
- Most of the time (10)
- Some of the time (15)
- None of the time (20)

The positively worded statements were scored in reverse order. These points were added across the five scale items resulting in a score that ranged from 25 to 100. A score of 67 or less indicates poor emotional health.

Using the prescribed protocol to determine the level of behavioral/emotional health, this survey estimates that 8 percent of children in the tri-state area have a high problem level (Chart 12) and 12 percent of children have primary caregivers with poor emotional health (Chart 13).

Chart 12

Percentage of Children with a High Level of Behavioral/Emotional Problems, by Selected Demographics

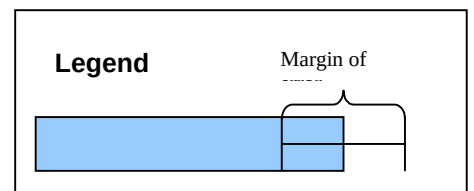
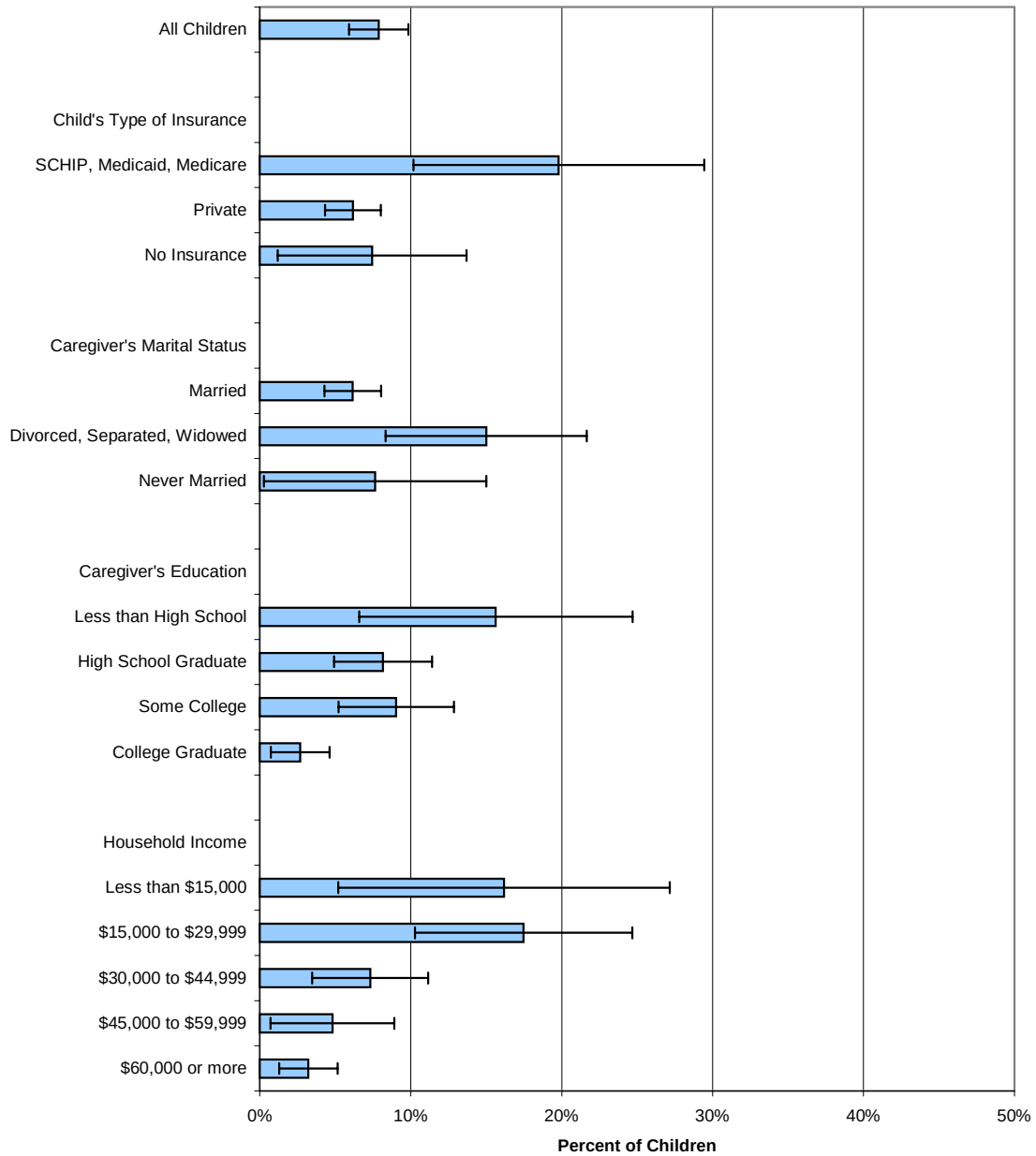
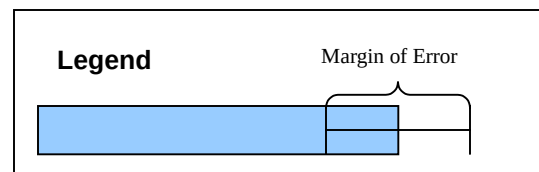
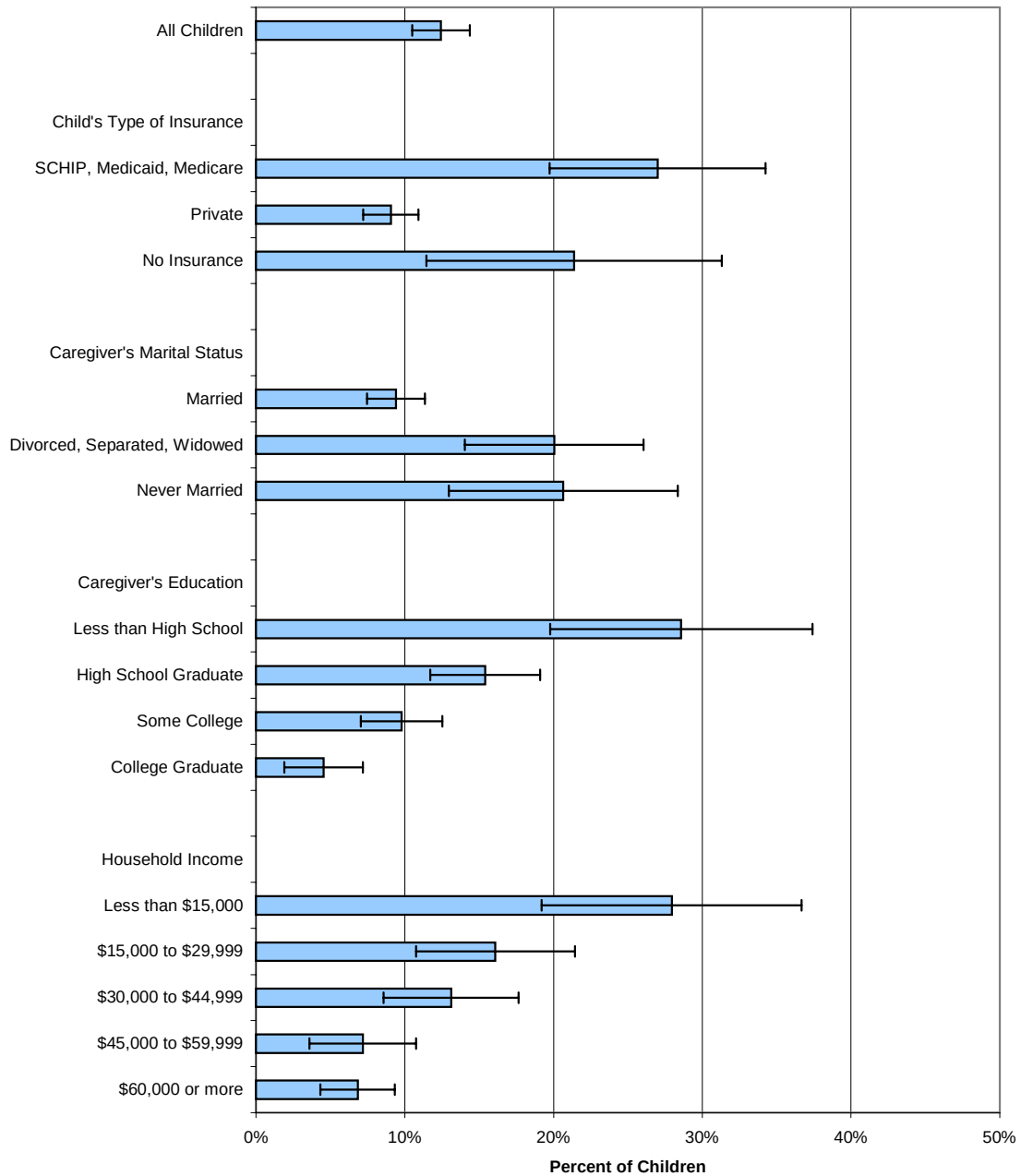


Chart 13

Percentage of Children Who's Primary Caregiver has Poor Emotional Health, by Selected Demographics



The following demographic groups are more likely to have primary caregivers with poor emotional health (Chart 13):

- Children with no insurance, or children covered by SCHIP, Medicaid or Medicare.
- Children whose primary caregivers are divorced, separated or widowed or who have never been married.
- Primary caregivers with relatively low levels of education, and
- Children in low income households.

This pattern generally holds for children's behavioral/emotional health, but Chart 12 shows that it is slightly less pronounced.

The results from this survey also show that there is a significant association between child and adult emotional health. Of the children with high problem levels, 47 percent of primary caregivers have poor emotional health, compared to only 10 percent for children with low problem levels (Table 3).

Table 3 Adult Emotional Health by Child's Behavioral/Emotional Health

<u>Adult Level of Emotional Health</u>	<u>Child's Behavioral/Emotional Health</u>	
	<u>High Problem</u>	<u>Low Problem</u>
Poor Emotional Health	<u>Level</u> 46.5%	<u>Level</u> 9.5%
Good Emotional Health	53.5	90.5

Note: Adult level of emotional health exhibited a statistically significant association with child behavioral/emotional health (p-value < .05).

4 ACCESS TO CARE

4.1 TYPE OF FACILITIES WHERE CHILDREN RECEIVE HEALTH CARE

The large majority of children (87%) in the tri-state area receive most of their health care from a doctor's office or HMO (**Error! Reference source not found.**). Nine percent receive health care from a clinic or health center and 3 percent receive health care from a hospital emergency room.

Some notable demographic differences are summarized in Table 4, showing that African-Americans, children with SCHIP, Medicaid or Medicare, children with no insurance, and children from low income households are more likely than other groups to receive health care from clinics/health centers or from emergency rooms.

Chart 14

Where Children Receive Health Care

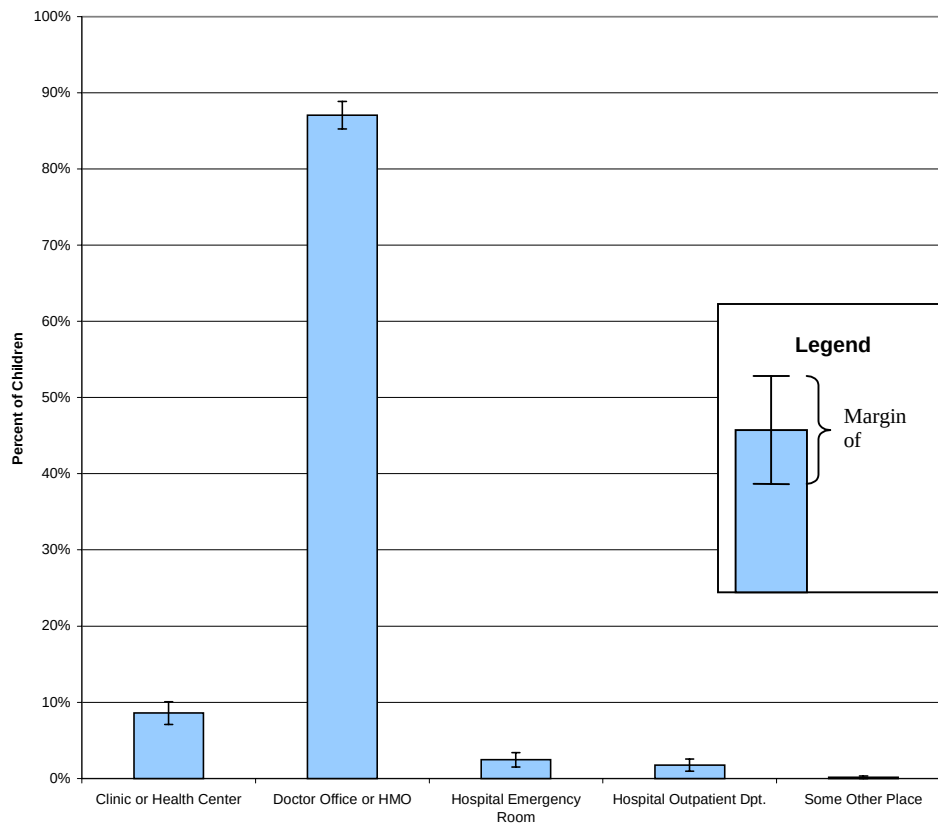


Table 4 Percentage of Children who Receive Health Care From Clinics/Health Centers or Hospital Emergency Rooms, by Selected Demographics

	Clinics or Health Centers	Hospital Emergency Rooms
All Children	8.6%	2.5%
Race/Ethnicity		
African-American	27.0%	10.3%
White, Non-Appalachian	5.5	1.3
White, Appalachian	11.0	2.5
Type of Insurance		
SCHIP, Medicaid, Medicare	26.7%	7.5%
Private	3.5	0.8
No Insurance	27.1	8.5
Household Income		
Less than \$15,000	32.4%	7.8%
\$15,000 to \$29,999	11.8	3.7
\$30,000 to \$44,999	7.3	1.9
\$45,000 to \$59,999	2.6	0.2
\$60,000 or More	1.7	0.2
Note: These demographic characteristics exhibited a statistically significant association with where children receive health care (p-value < .05).		

Data were also collected about parents changing the place their child receives health care. Location of health care was changed, during the past year, for an estimated 8 percent of children. The most common reasons were that their residence or their insurance coverage changed (Table 5).

Table 5 Reasons for Changing Where Child Goes for Health Care

Reason	Percent of Children With Changed Health Care Facilities
Changed residence	30.7%
Insurance coverage changed	21.5
Health care facility moved	14.5
Dissatisfied with health care professionals	12.6
Medical needs changed	7.3
Closer location	3.5
Other reasons	9.9

4.2 BARRIERS TO HEALTH CARE

A lack of transportation and having to allocate funds to pay for food, clothing or housing are both barriers to children receiving adequate health care. Results concerning these issues are highlighted below.

- Two percent of children did not receive a doctor's care, during the past 12 months because the child did not have transportation (Chart 14).
- Three percent of children did not receive a doctor's care, during the past 12 months because the household needed money to buy food, clothing or pay for housing (Chart 15).
- Two percent of children did not receive prescription medications, during the past 12 months because the household needed money to buy food, clothing or pay for housing (Chart 16).
- These barriers to health care were slightly more prevalent among low-income households, children with SCHIP/ Medicaid/ Medicare, uninsured children and African-Americans.

Chart 14

Percentage of Children Not Receiving a Doctor's Care Due to a Lack of Transportation, by Selected Demographics

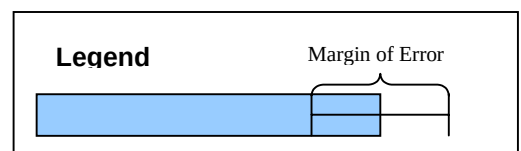
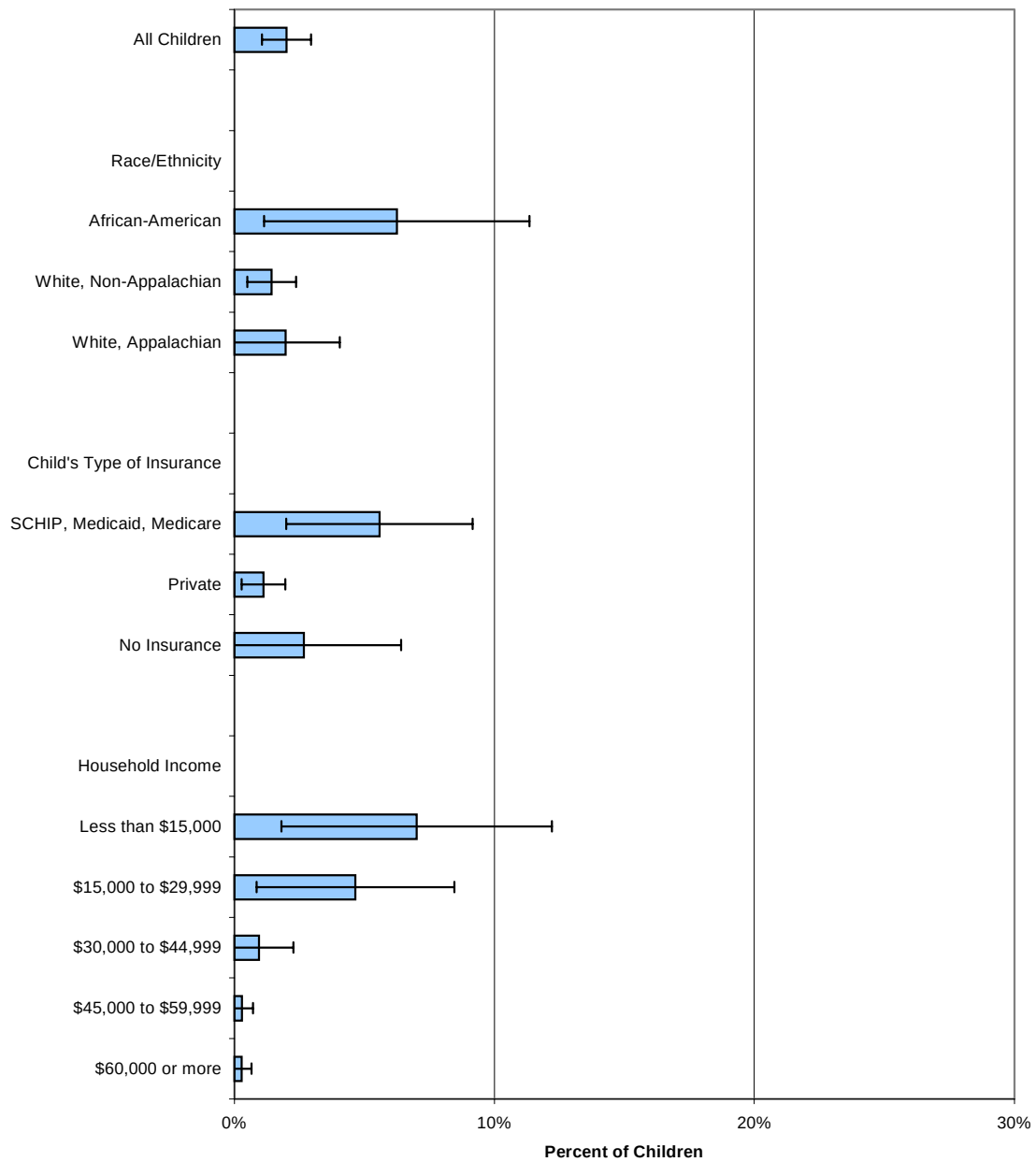


Chart 15

**Percentage of Children Not Receiving a Doctor's Care
Because the Household Needed Money to Buy Food,
Clothing, or Pay for Housing, by Selected Demographics**

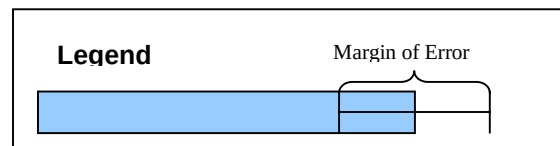
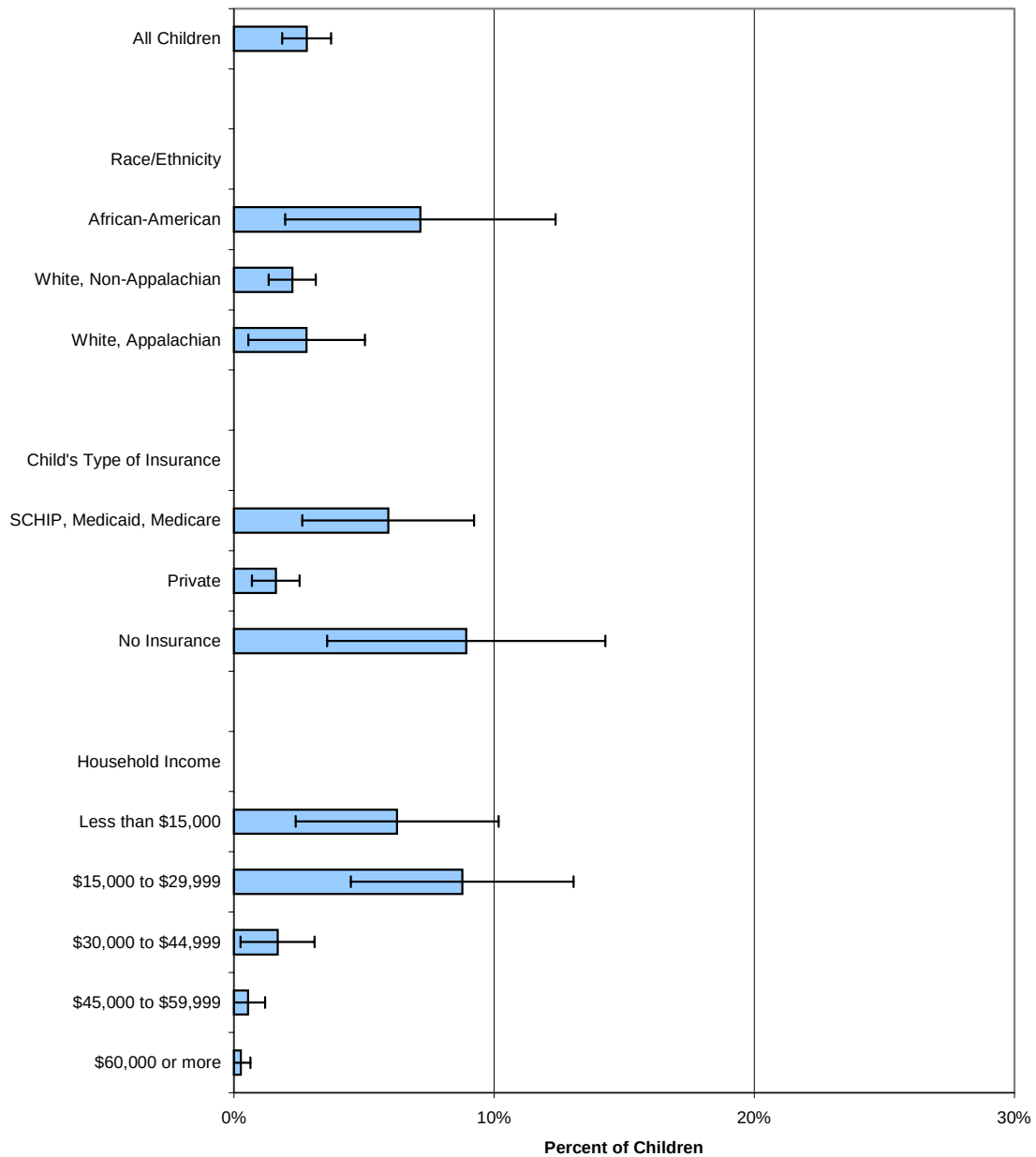
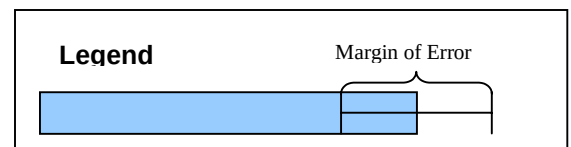
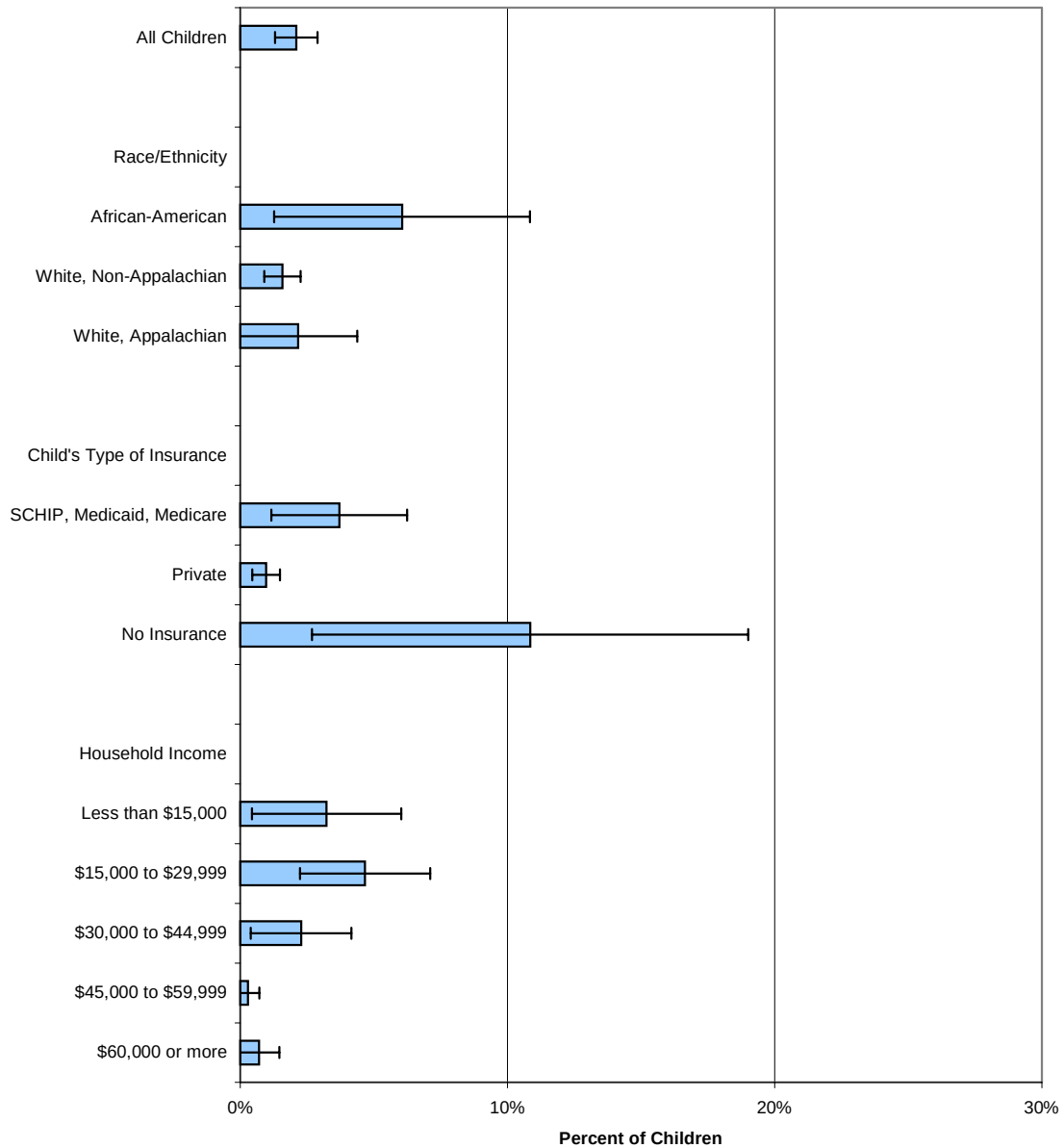


Chart 16

Percentage of Children Not Receiving a Prescription Medications Because the Household Needed Money to Buy Food, Clothing, or Pay for Housing, by Selected Demographics



5 USE OF CHILD CARE ARRANGEMENTS

Almost one-third of children (31%) have child care arrangements, such as care during the day because their caregivers work outside the home, or before and after school care. Not surprisingly, Chart 17 shows that child care arrangements are more prevalent among younger children, children whose primary caregivers are employed, and children living in single adult households. The most common types of child care arrangements are friends and relatives (53%), followed by child care centers (18%) (Table 6).

Table 6 Types of Child Care Arrangements

Type of Child Care Arrangement	Percent of Children With Child Care Arrangements
Relative or friend	53.3%
Child care center	18.1
Private home day care	13.8
Child care program at child's school	10.2
Caregiver or Nanny who comes to the child's home	2.9
Some combination	0.4
Other	1.3

Parents were asked the reasons for selecting the child care provider they have for their child. They were asked to provide up to two reasons, with the most common being³:

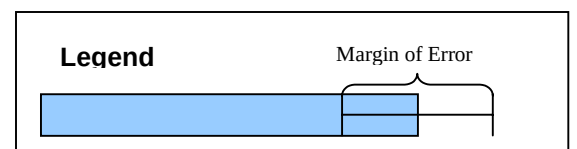
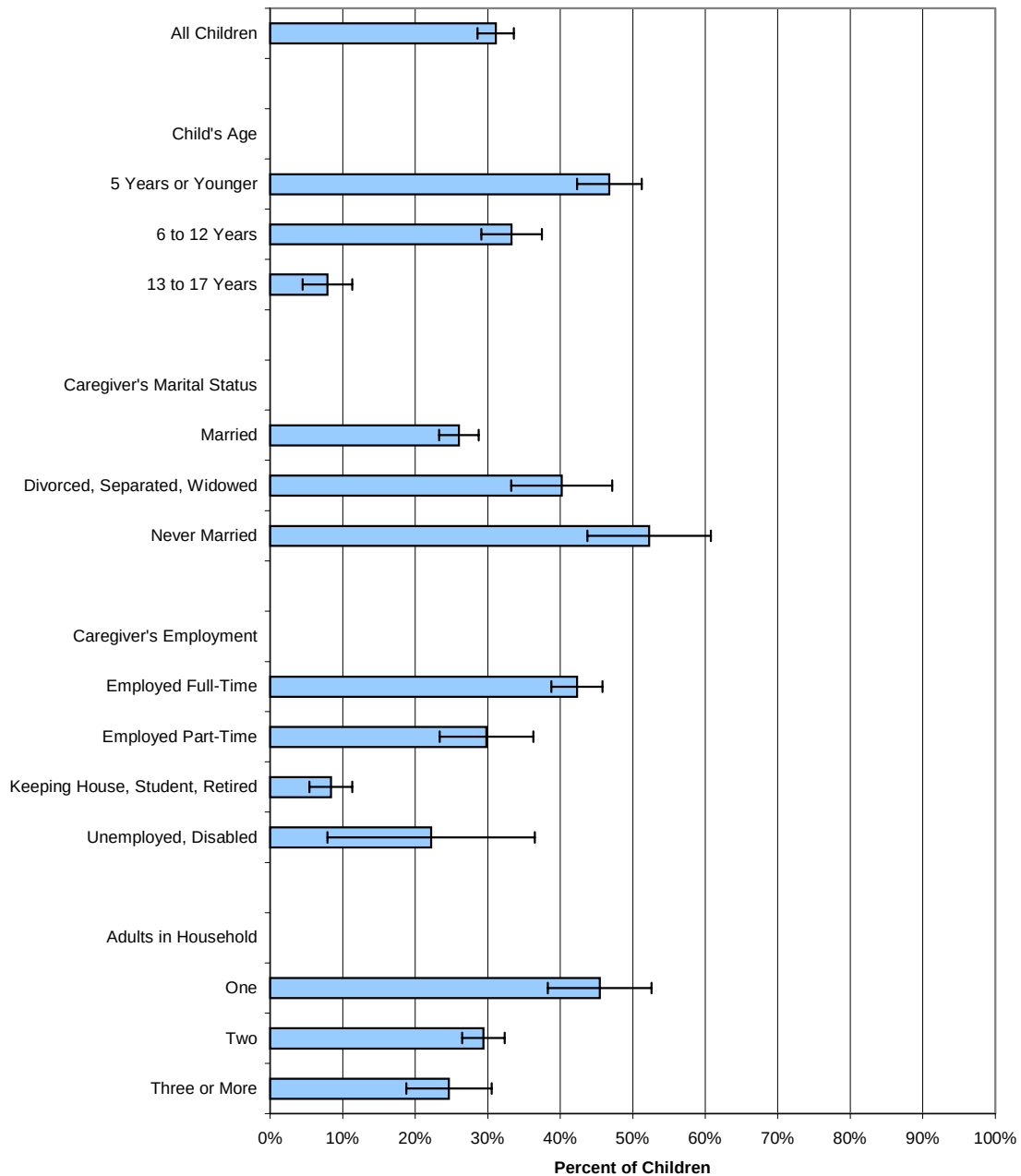
- Trust friends or relatives (59%)
- Location (36%)
- Cost (20%)
- Reputation (11%)
- Quality of teachers (10%)
- Quality of curriculum (6%)
- Affiliated with work or church (4%)
- Availability of care in the evenings (3%)
- Time of day care is needed (3%)

Finally, during the past 12 months, child care arrangements were changed for 11 percent of all children in the tri-state area. The most common reasons for changing child care arrangements were: 1) work hours changed, 2) parent was dissatisfied with the quality, 3) program was no longer available, and 4) child was too old for the current program, or went to school.

³ The value in parentheses is the percentage of children with that type of child care arrangement.

Chart 17

**Percentage of Children with Child Care Arrangements, by
Selected Demographics**



6 PARENT INVOLVEMENT IN CHILD'S SCHOOL

To measure adult involvement in children's schools, respondents were asked if, since the beginning of the current school year, an adult in their household had attended each of six school events or activities. These events and activities were⁴:

- Attended an open house, or a back-to-school night,
- Attended a meeting of a PTA, PTO, or Parent-Teacher-Student Organization,
- Gone to a meeting of a parent advisory group or policy council,
- Gone to a regularly scheduled parent-teacher conference,
- Attended school or class events, such as a plays, sports events or science fairs, and
- Acted as a volunteer at the school or served on a committee.

The results from these questions are summarized in Chart 18 through Chart 23 which support the following:

- Most children (80%) have an adult in the household who has attended an open house or back-to-school night.
- The second most common school events in which adults participate are parent-teacher conferences (67%) and school events such as plays, sports events, and science fairs (67%).
- The least attended type of event was parent advisory groups or policy councils (24%).
- These charts show that, in general, adult involvement in schools is inversely related to child's age and directly related to household income. That is, adult participation is more prevalent among younger children and higher income groups.

⁴ These questions are from the National Household Education Survey (1996) conducted by the National Center for Education Statistics, Office of Education Research and Improvement, US Department of Education.

Chart 18

Percentage of Children in School for Whom an Adult Attended an Open-House or Back-to-School Night, During the Current School Year, by Selected Demographics

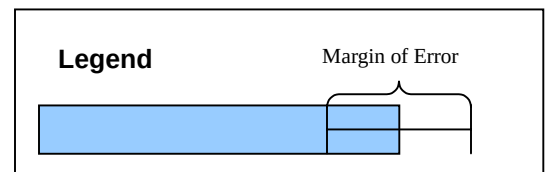
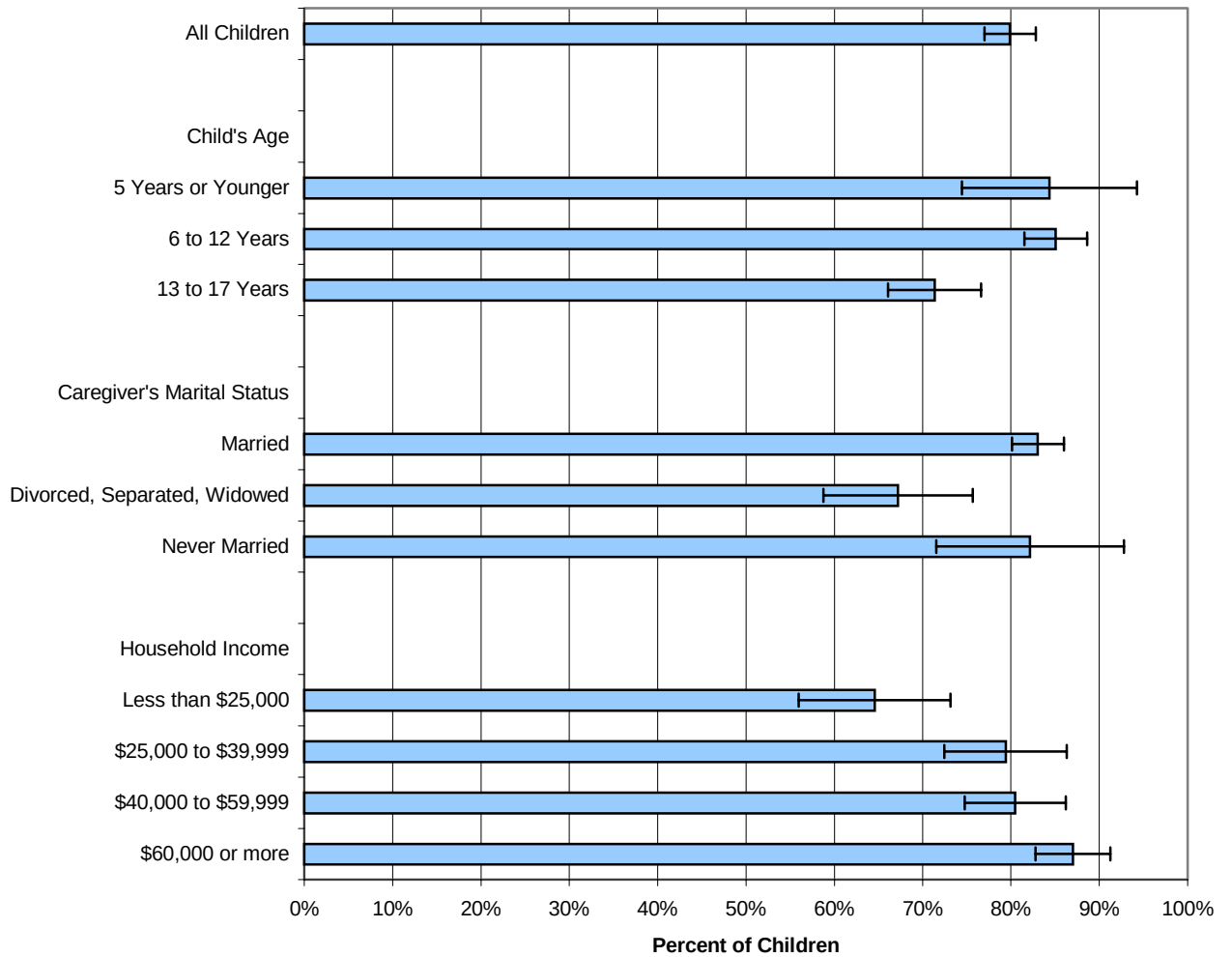


Chart 19

**Percentage of Children in School for Whom an Adult
Attended a PTA, PTO or Parent-Teacher-Student
Organization, During the Current School Year, by Selected
Demographics**

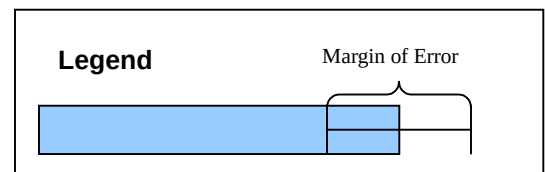
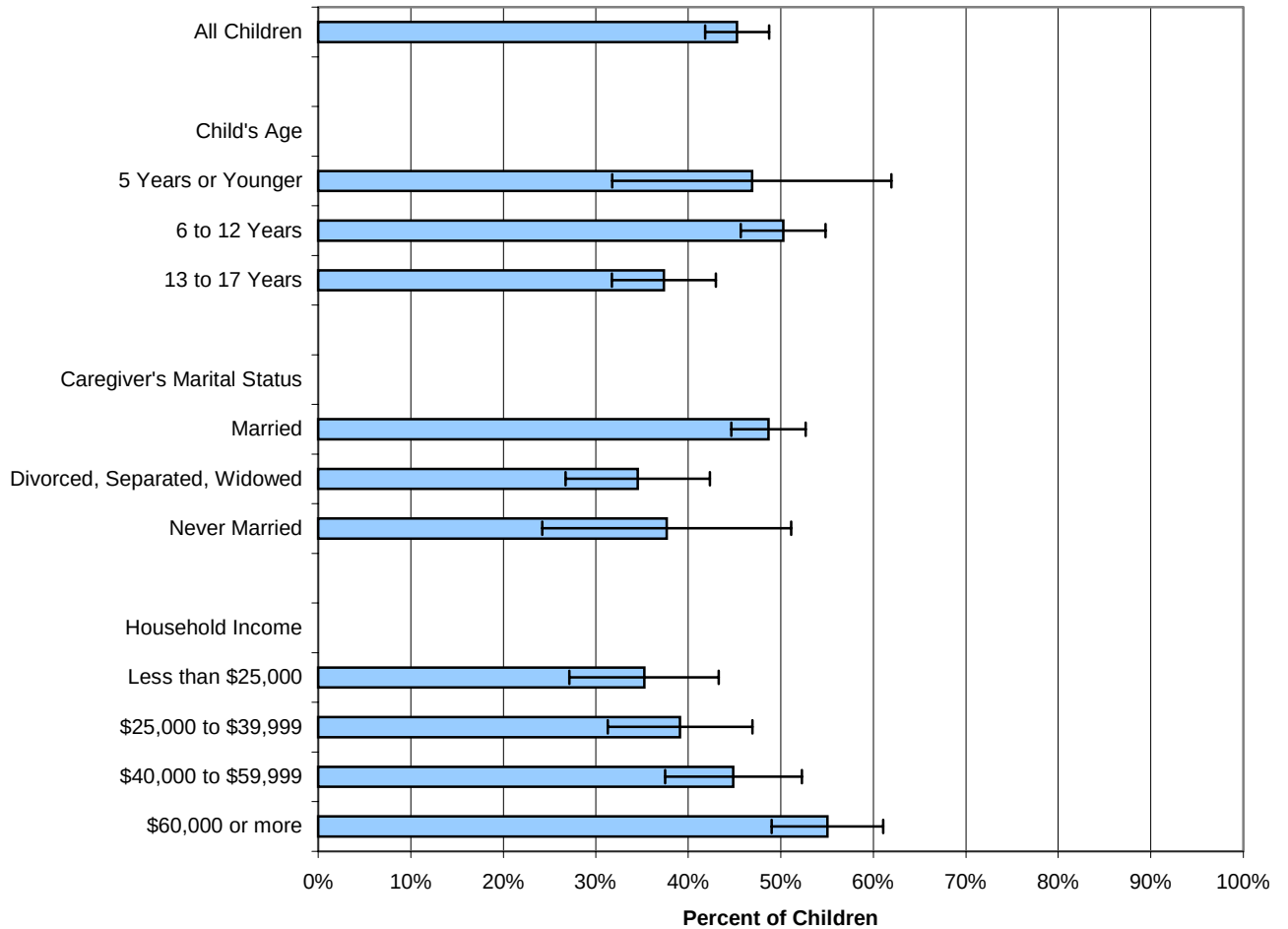


Chart 20

Percentage of Children in School for Whom an Adult Attended a Parent Advisory Group or Policy Council, During the Current School Year, by Selected Demographics

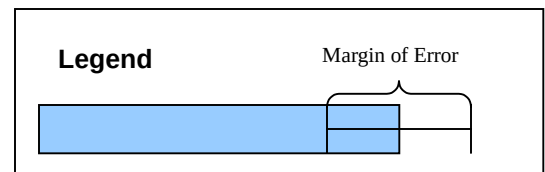
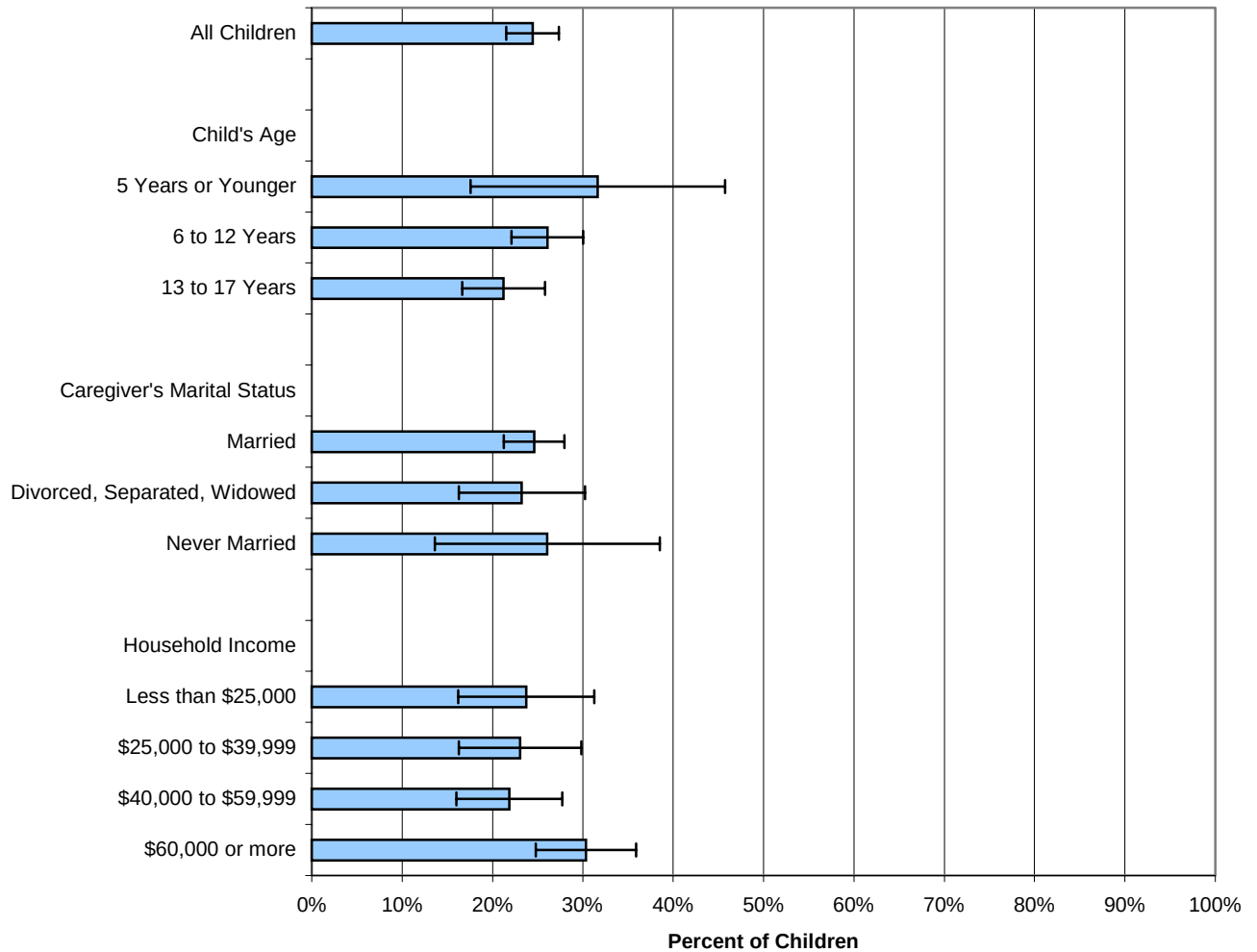


Chart 21

**Percentage of Children in School for Whom an Adult has
Attended a Regularly Scheduled Parent-Teacher Conference,
During the Current School Year, by Selected Demographics**

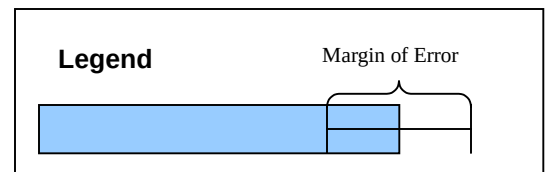
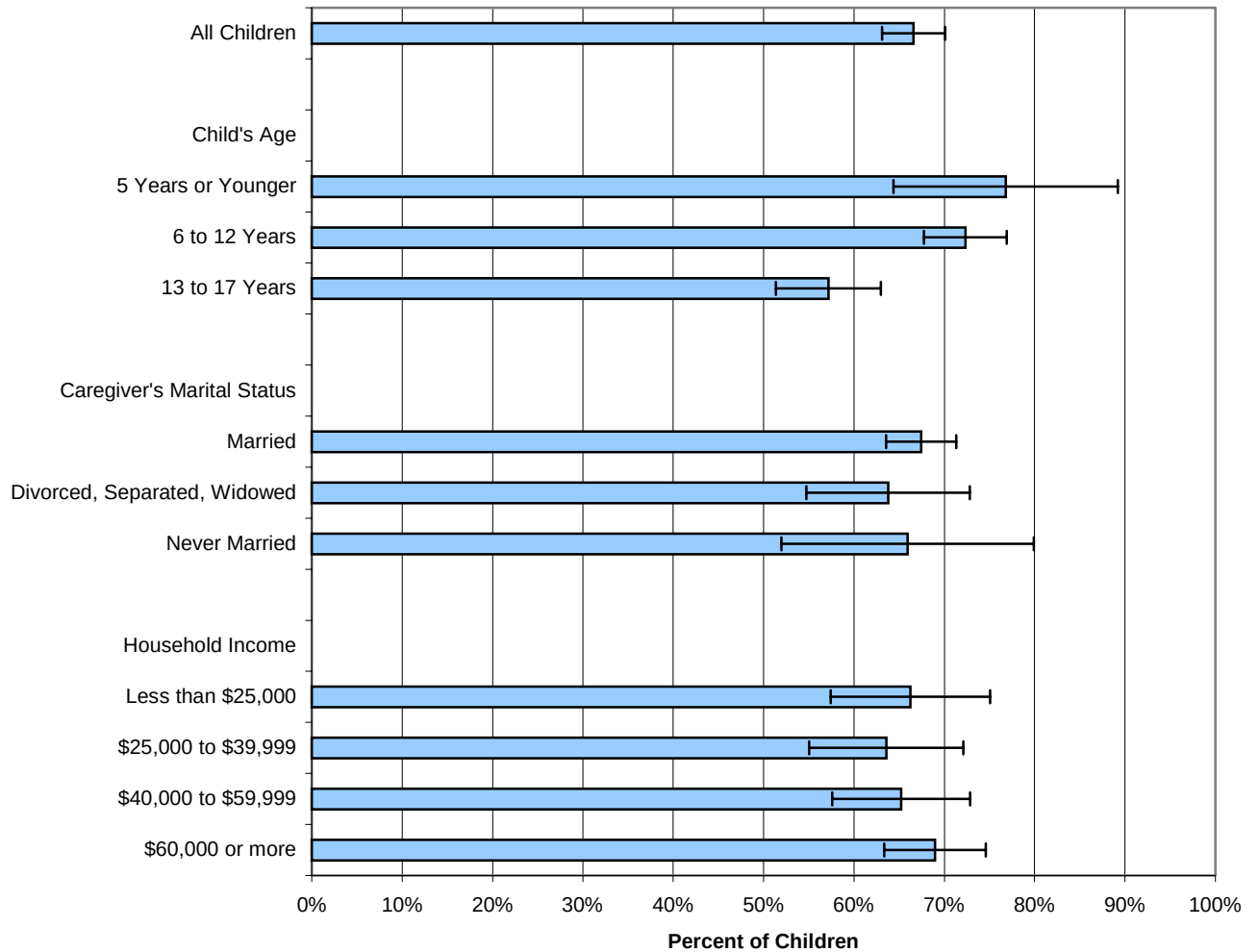


Chart 22

**Percentage of Children in School for Whom an Adult has
Attended a School or Class Event, During the Current
School Year, by Selected Demographics**

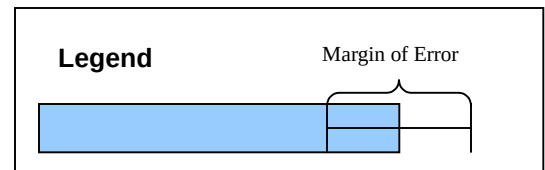
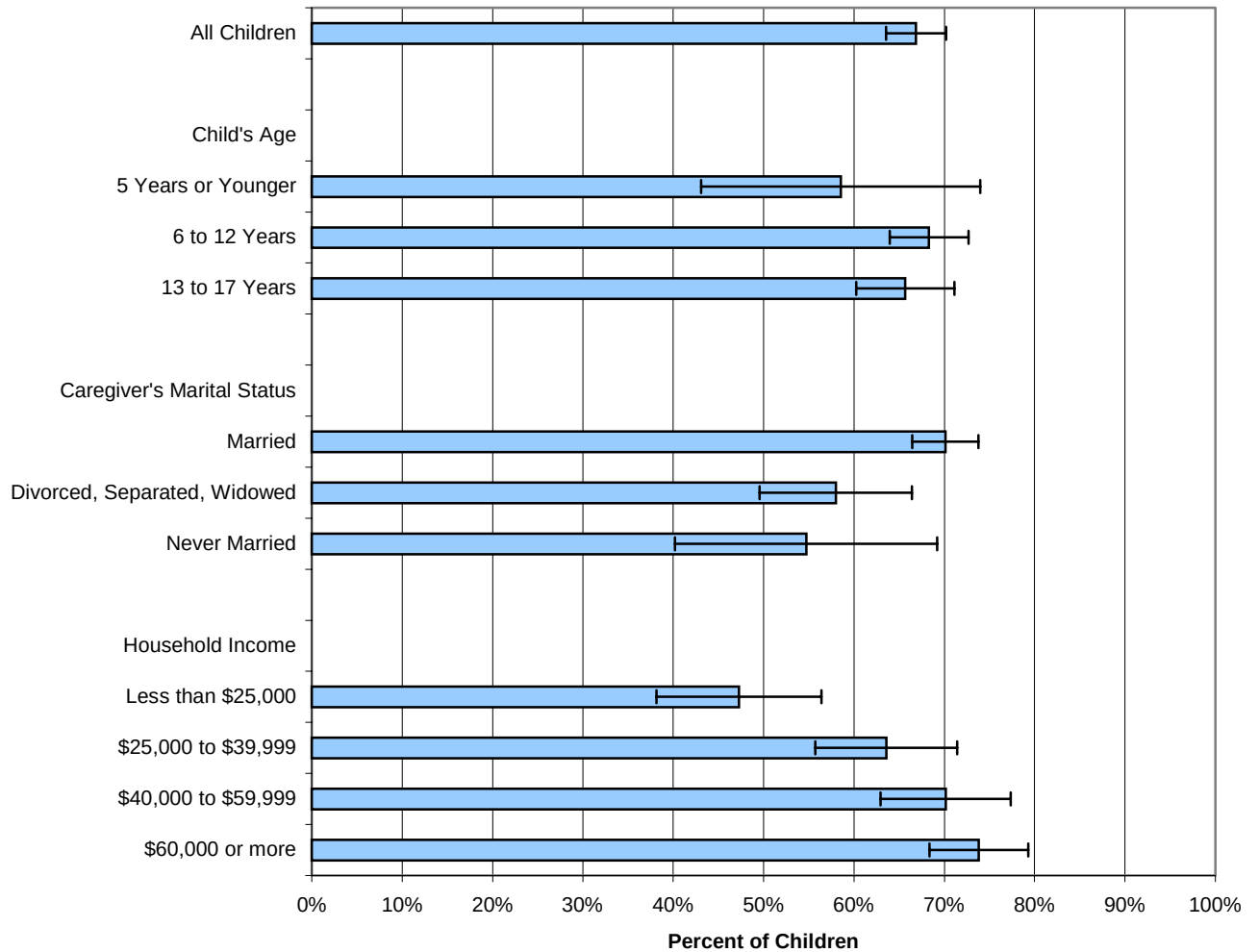
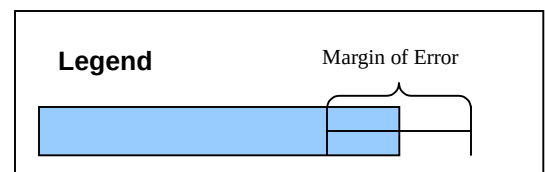
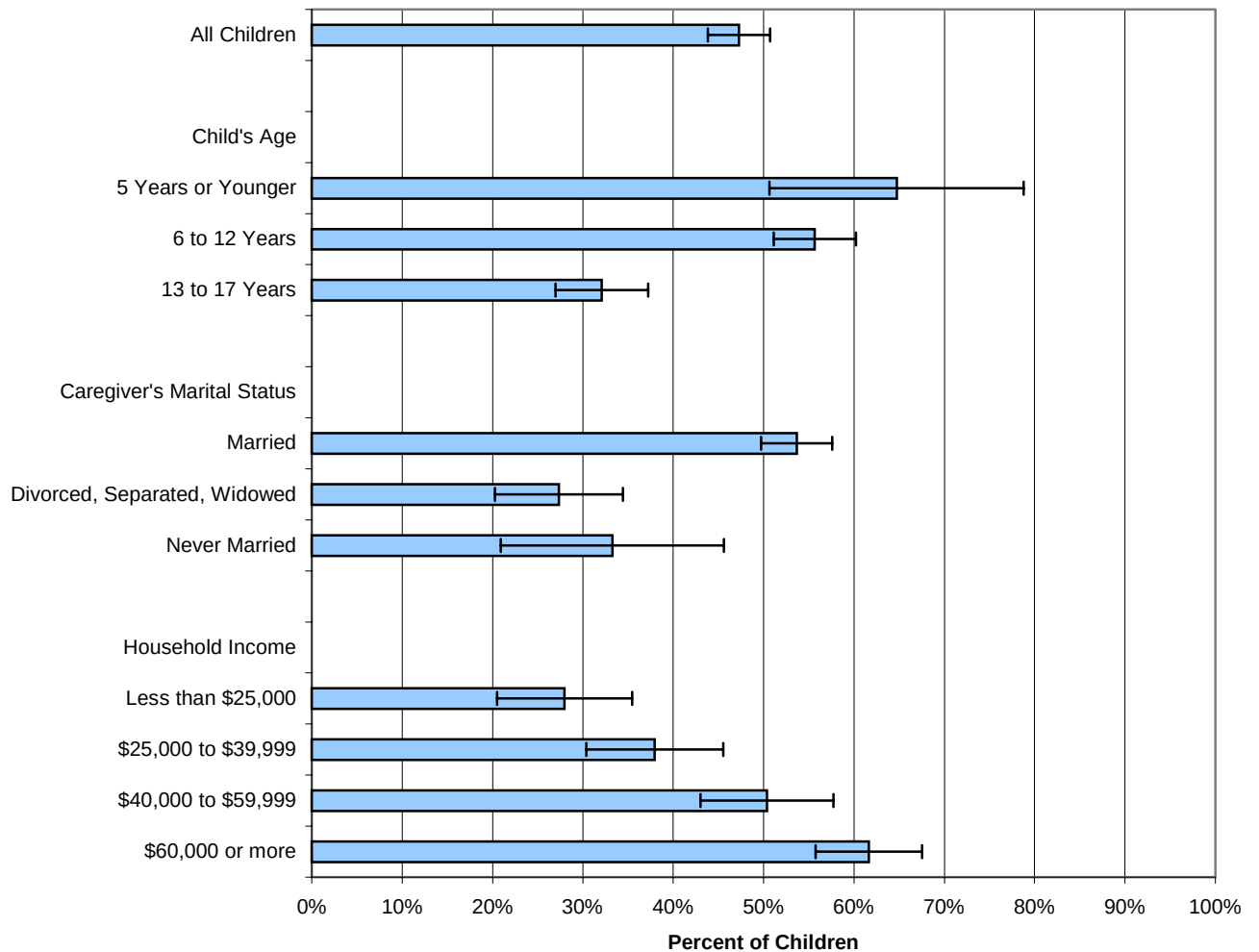


Chart 23

**Percentage of Children in School for Whom an Adult
Volunteered or Served on a Committee, During the Current
School Year, by Selected Demographics**



7 PARENT/CHILD INTERACTION

Parents spending time with children and engaging them in activities may be an important determinant of the overall well-being of children. For this survey, data were collected on how often an adult in the child's household spends time with him/her⁵:

- Playing at home together,
- Reading to him/her,
- Involved in leisure activities or outings away from home,
- At home working on projects together,
- Having private talks together, and
- Helping with schoolwork.

Chart 24 through Chart 29 summarize these results by child's age clearly showing that time spent with children is inversely related to age. That is, the older the child, the less time adults spend with them engaging in these types of activities.

In addition, data were collected on how often adults ate breakfast and dinner with their child during the week prior to the survey. Seventy-seven percent of children had an adult in their household eat dinner with them every day (Chart 31). Forty-five percent had an adult eat breakfast with them every day (Chart 30). Again, these data show an inverse relationship with child's age. The older the child, the fewer times adults ate breakfast and/or dinner with them.

⁵ These questions were part of the National Survey of Families and Households (NSFH), Wave 2 1995.

Chart 24

How Often Adults Spend Time with Child at Home Playing Together, by Child's Age

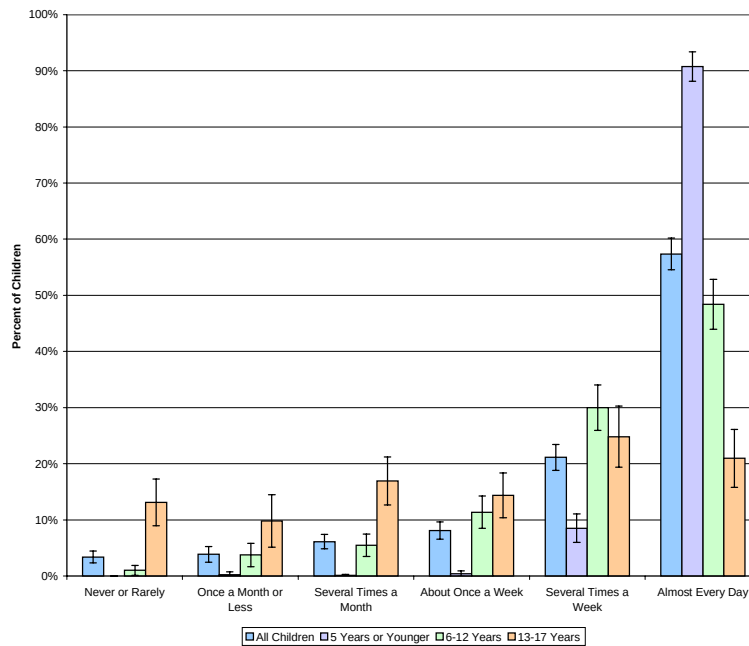


Chart 25

How Often Adults Spend Time Reading to Child, by Child's Age

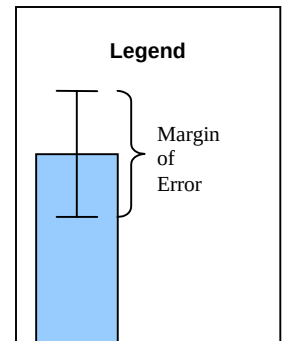
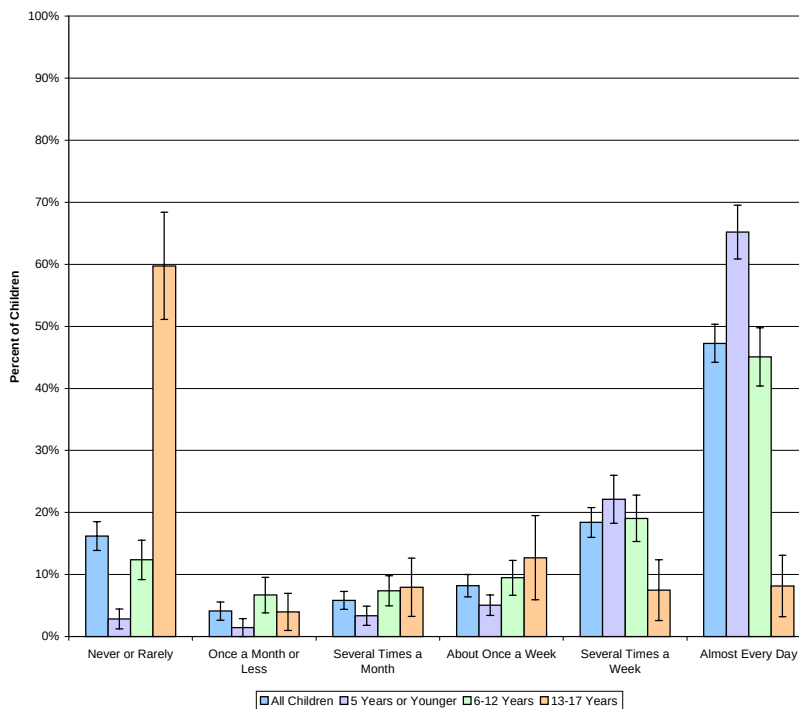


Chart 26

How Often Adults Spend Time with Child in Leisure Activities or Outings Away from Home, by Child's Age

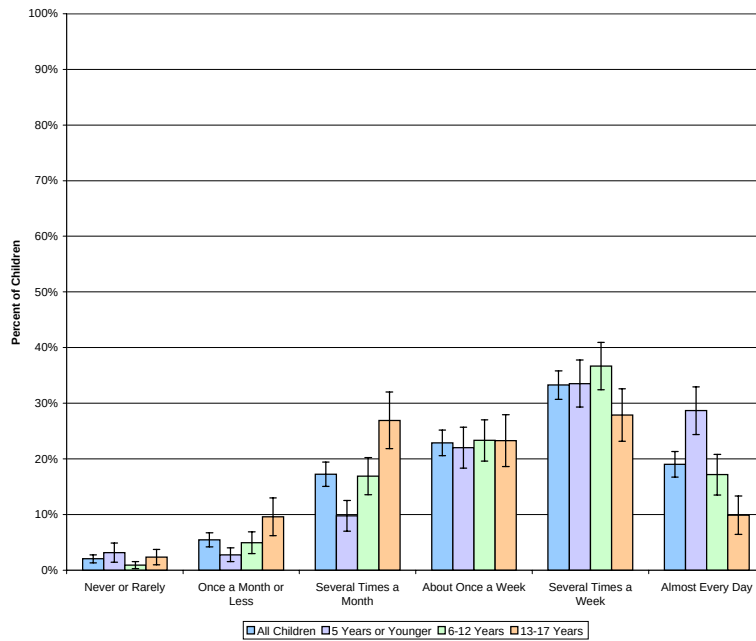


Chart 27

How Often Adults Spend Time with Child at Home Working on Projects, by Child's Age

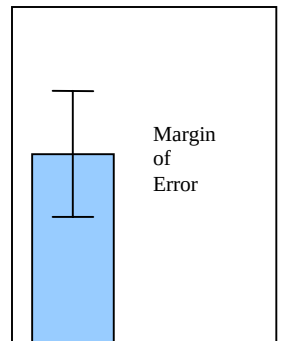
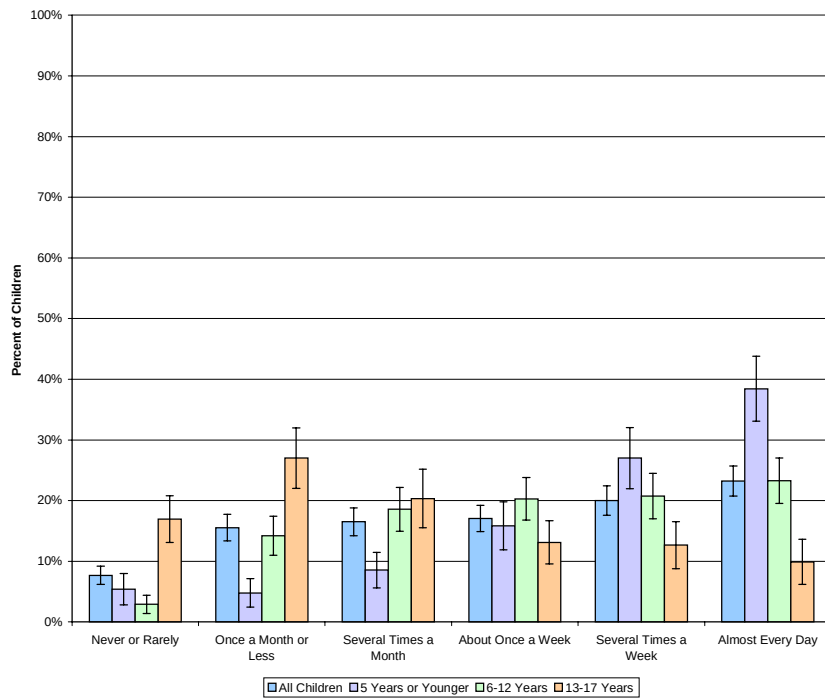


Chart 28

**How Often Adults Spend Time with Child Having Private Talks,
by Child's Age**

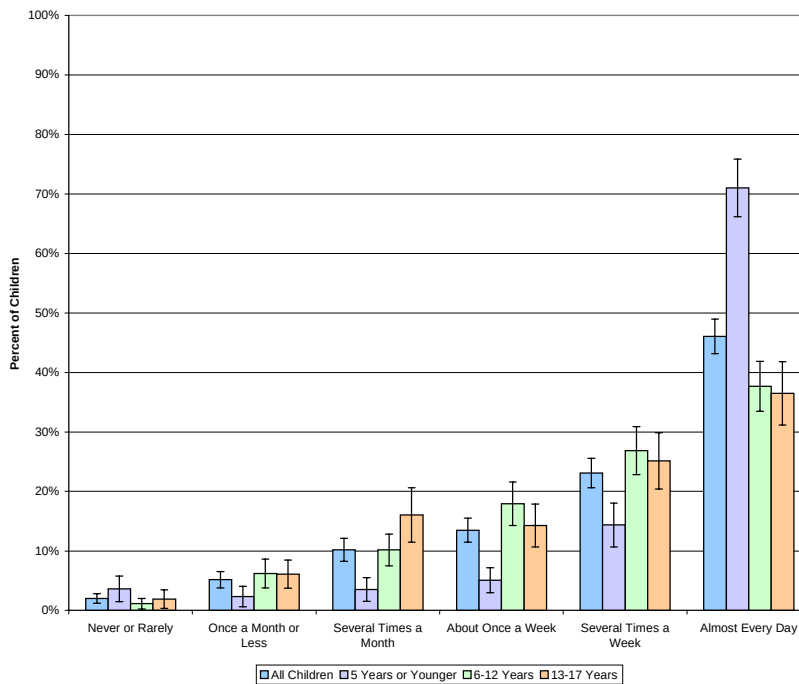


Chart 29

**How Often Adults Spend Time with Child Helping with School
Work, by Child's Age**

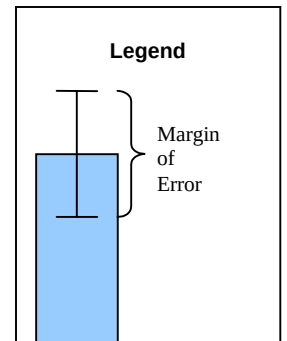
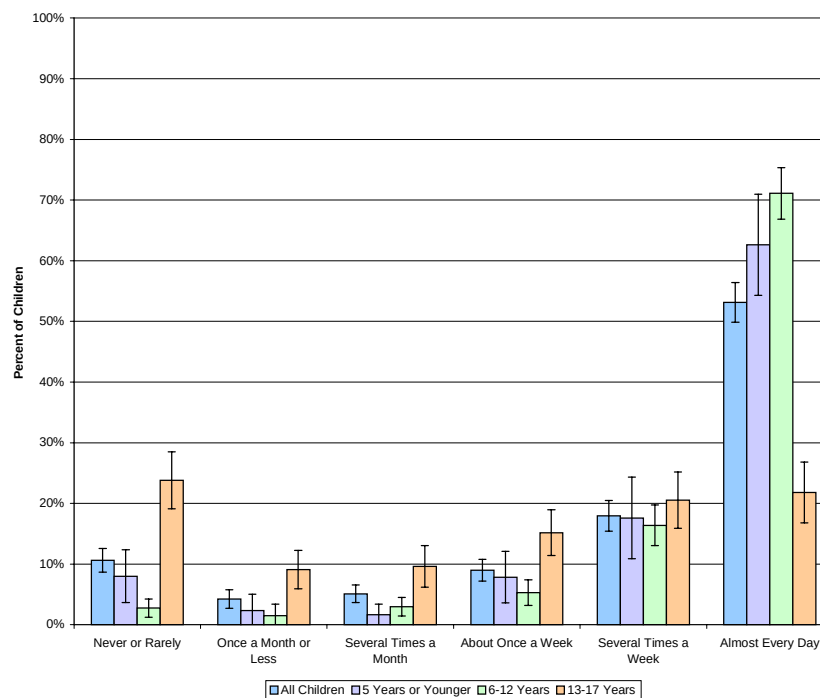


Chart 30

Number of Days per Week Adults Eat Breakfast with their Child, by Child's Age

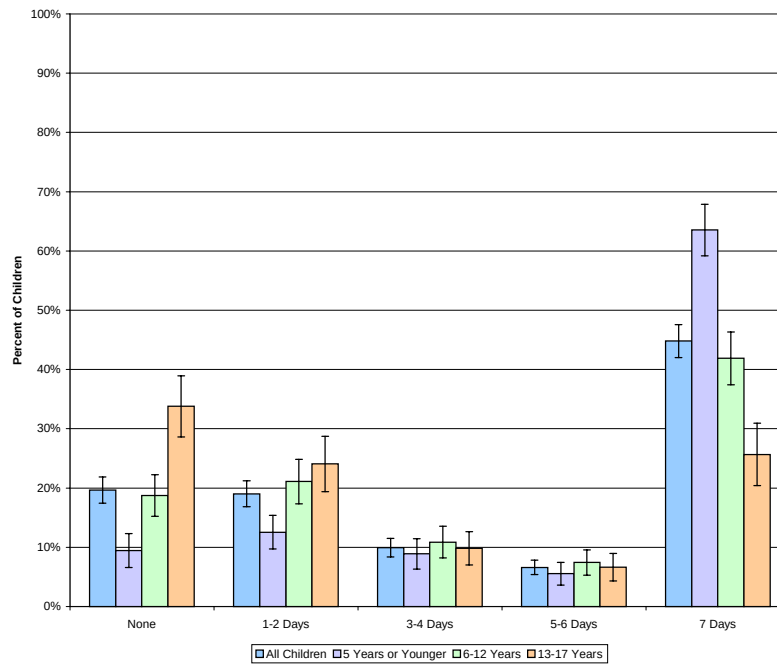
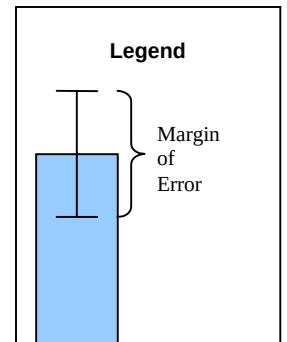
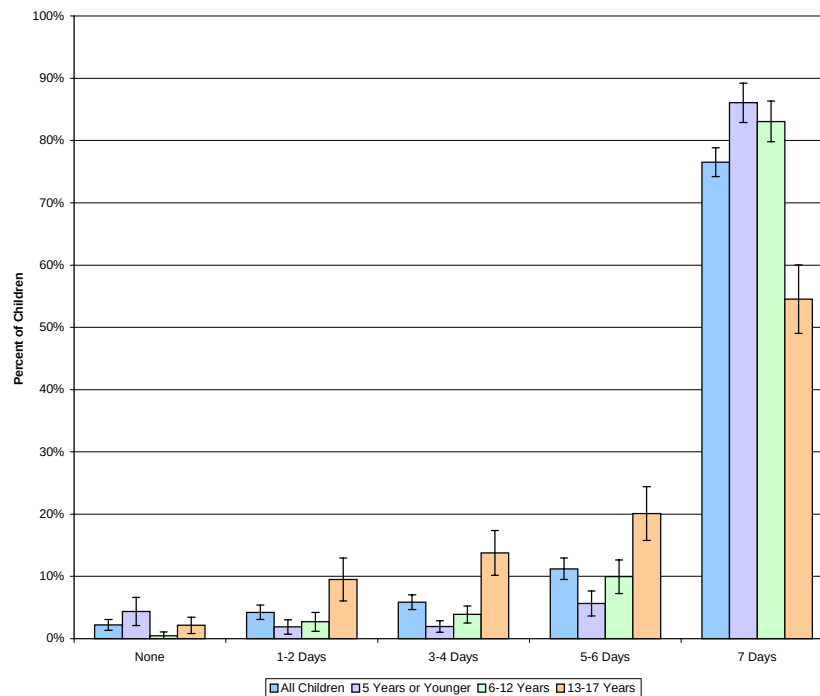


Chart 31

Number of Days per Week Adults Eat Dinner with their Child, by Child's Age



8 CHILD RACE/ETHNICITY

This section presents selected results concerning the race and ethnicity, specifically Appalachian status, of children in the tri-state area. Using the list of federally recognized Appalachian counties (see www.arc.gov), and responses to the survey questions concerning race and counties of birth for parents and the child, children were assigned to one of four categories:

- African-American
- White, 1st Generation Appalachian⁶
- White, 2nd Generation Appalachian⁷
- White, Non-Appalachian

Tables in Appendix D present the survey results for all questions by these race/ethnicity categories. In this section, we highlight results concerning perceived overall health status (Chart 32), incidence of selected chronic conditions (Chart 33), and parent participation in school activities (Chart 34). These charts show that when taking into account margins of error, there are few significant differences.

⁶ The child was born in one of the federally recognized Appalachian counties.

⁷ The child was born in a non-Appalachian county and at least one birth parent was born in one of the federally recognized Appalachian counties.

Chart 32

Caregiver Perceptions of Child's Health by Race/Ethnicity

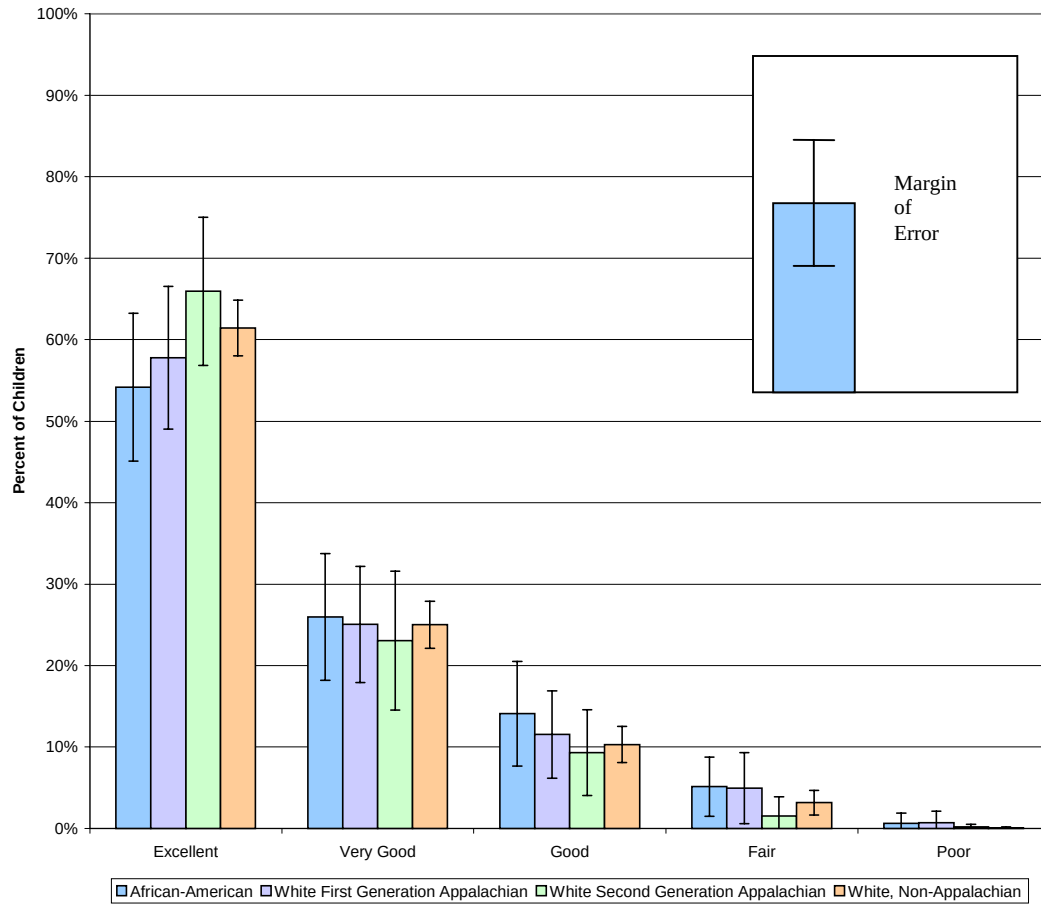


Chart 33

Percentage of Children with Selected Chronic Conditions by Race/Ethnicity

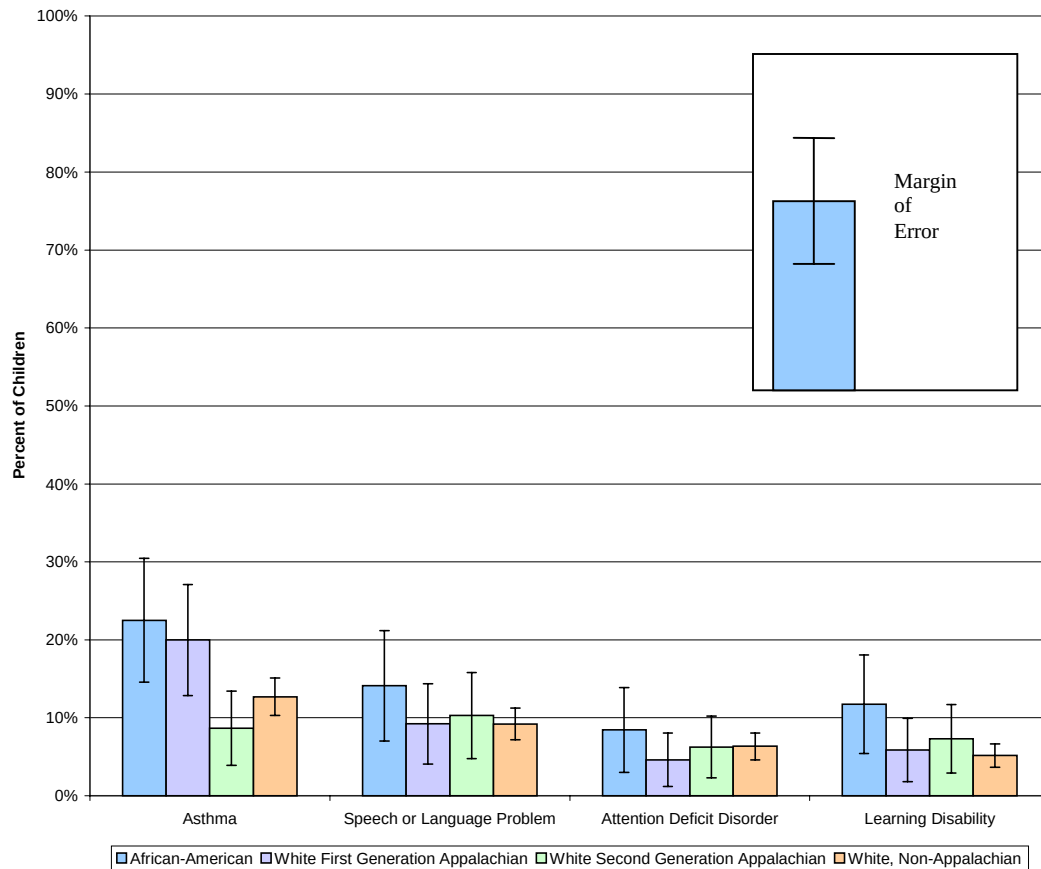


Chart 34

**Percentage of Children in School for whom an Adult has attended
selected School Activities or Events**

