Child Well-Being
A Telephone Survey of Primary Caregivers

Volume I

November 2000

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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.
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

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

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 Appalachian. 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

- High School Graduate: 37%
- Some College: 32%
- College Graduate: 22%
- Less than High School: 9%

Chart 4

Primary Caregiver’s Marital Status

- Married: 74%
- Divorced, Separated, Widowed: 16%
- Never Married: 10%
Chart 5

Type of Insurance

- Private: 78%
- SCHIP, Medicaid, Medicare: 15%
- No Insurance: 7%

Chart 6

Appalachian Status

- Non-Appalachian: 75%
- First Generation Appalachian: 13%
- Second Generation Appalachian: 12%
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.
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

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Children</td>
<td>60.2%</td>
<td>25.6%</td>
<td>10.7%</td>
<td>3.2%</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

**Type of Insurance**

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCHIP, Medicaid, Medicare</td>
<td>51.5</td>
<td>24.6</td>
<td>13.7%</td>
<td>9.0</td>
<td>1.2</td>
</tr>
<tr>
<td>Private</td>
<td>63.2</td>
<td>24.8</td>
<td>10.2%</td>
<td>1.7</td>
<td>0.1</td>
</tr>
<tr>
<td>No Insurance</td>
<td>44.5</td>
<td>37.7</td>
<td>10.6%</td>
<td>7.1</td>
<td>0.0</td>
</tr>
</tbody>
</table>

**Caregiver Marital Status**

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Married</td>
<td>63.1</td>
<td>24.5</td>
<td>10.1%</td>
<td>2.0</td>
<td>0.3</td>
</tr>
<tr>
<td>Divorced, Widowed, Separated</td>
<td>50.4</td>
<td>29.1</td>
<td>11.4%</td>
<td>9.0</td>
<td>0.1</td>
</tr>
<tr>
<td>Never Married</td>
<td>54.8</td>
<td>28.2</td>
<td>13.7%</td>
<td>3.2</td>
<td>0.2</td>
</tr>
</tbody>
</table>

**Caregiver Education**

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than High School</td>
<td>46.9</td>
<td>23.2</td>
<td>17.6%</td>
<td>10.8</td>
<td>1.6</td>
</tr>
<tr>
<td>High School Graduate</td>
<td>57.3</td>
<td>26.3</td>
<td>12.3%</td>
<td>3.9</td>
<td>0.2</td>
</tr>
<tr>
<td>Some College</td>
<td>59.3</td>
<td>28.6</td>
<td>10.2%</td>
<td>1.8</td>
<td>0.0</td>
</tr>
<tr>
<td>College Graduate</td>
<td>71.7</td>
<td>21.3</td>
<td>5.9</td>
<td>1.1</td>
<td>0.1</td>
</tr>
</tbody>
</table>

**Household Income**

<table>
<thead>
<tr>
<th></th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than $15,000</td>
<td>46.0</td>
<td>25.0</td>
<td>17.7%</td>
<td>10.5</td>
<td>0.9</td>
</tr>
<tr>
<td>$15,000 to $29,999</td>
<td>47.3</td>
<td>31.0</td>
<td>16.5%</td>
<td>5.2</td>
<td>0.0</td>
</tr>
<tr>
<td>$30,000 to $44,999</td>
<td>61.2</td>
<td>27.6</td>
<td>9.1</td>
<td>2.1</td>
<td>0.1</td>
</tr>
<tr>
<td>$45,000 to $59,999</td>
<td>63.8</td>
<td>24.4</td>
<td>9.2</td>
<td>2.6</td>
<td>0.0</td>
</tr>
<tr>
<td>$60,000 or More</td>
<td>67.7</td>
<td>23.6</td>
<td>7.3</td>
<td>1.3</td>
<td>0.1</td>
</tr>
</tbody>
</table>

**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
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
Chart 13

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

Legend

Margin of Error
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

<table>
<thead>
<tr>
<th>Adult Level of Emotional Health</th>
<th>Child’s Behavioral/Emotional Health</th>
<th>Level</th>
<th>Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor Emotional Health</td>
<td>High Problem</td>
<td>46.5%</td>
<td>9.5%</td>
</tr>
<tr>
<td></td>
<td>Low Problem</td>
<td>53.5</td>
<td>90.5</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Clinics or Health Centers</th>
<th>Hospital Emergency Rooms</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Children</td>
<td>8.6%</td>
<td>2.5%</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African-American</td>
<td>27.0%</td>
<td>10.3%</td>
</tr>
<tr>
<td>White, Non-Appalachian</td>
<td>5.5</td>
<td>1.3</td>
</tr>
<tr>
<td>White, Appalachian</td>
<td>11.0</td>
<td>2.5</td>
</tr>
<tr>
<td><strong>Type of Insurance</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SCHIP, Medicaid, Medicare</td>
<td>26.7%</td>
<td>7.5%</td>
</tr>
<tr>
<td>Private</td>
<td>3.5</td>
<td>0.8</td>
</tr>
<tr>
<td>No Insurance</td>
<td>27.1</td>
<td>8.5</td>
</tr>
<tr>
<td><strong>Household Income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than $15,000</td>
<td>32.4%</td>
<td>7.8%</td>
</tr>
<tr>
<td>$15,000 to $29,999</td>
<td>11.8</td>
<td>3.7</td>
</tr>
<tr>
<td>$30,000 to $44,999</td>
<td>7.3</td>
<td>1.9</td>
</tr>
<tr>
<td>$45,000 to $59,999</td>
<td>2.6</td>
<td>0.2</td>
</tr>
<tr>
<td>$60,000 or More</td>
<td>1.7</td>
<td>0.2</td>
</tr>
</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>Reason</th>
<th>Percent of Children With Changed Health Care Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changed residence</td>
<td>30.7%</td>
</tr>
<tr>
<td>Insurance coverage changed</td>
<td>21.5</td>
</tr>
<tr>
<td>Health care facility moved</td>
<td>14.5</td>
</tr>
<tr>
<td>Dissatisfied with health care professionals</td>
<td>12.6</td>
</tr>
<tr>
<td>Medical needs changed</td>
<td>7.3</td>
</tr>
<tr>
<td>Closer location</td>
<td>3.5</td>
</tr>
<tr>
<td>Other reasons</td>
<td>9.9</td>
</tr>
</tbody>
</table>
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

- All Children
- Race/Ethnicity
- African-American
- White, Non-Appalachian
- White, Appalachian
- Child's Type of Insurance
- SCHIP, Medicaid, Medicare
- Private
- No Insurance
- Household Income
- Less than $15,000
- $15,000 to $29,999
- $30,000 to $44,999
- $45,000 to $59,999
- $60,000 or more

Legend: Margin of Error
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

Legend

Margin of Error
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

Legend

Marginal of Error
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>
<thead>
<tr>
<th>Type of Child Care Arrangement</th>
<th>Percent of Children With Child Care Arrangements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relative or friend</td>
<td>53.3%</td>
</tr>
<tr>
<td>Child care center</td>
<td>18.1</td>
</tr>
<tr>
<td>Private home day care</td>
<td>13.8</td>
</tr>
<tr>
<td>Child care program at child’s school</td>
<td>10.2</td>
</tr>
<tr>
<td>Caregiver or Nanny who comes to the child’s home</td>
<td>2.9</td>
</tr>
<tr>
<td>Some combination</td>
<td>0.4</td>
</tr>
<tr>
<td>Other</td>
<td>1.3</td>
</tr>
</tbody>
</table>

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 being:

- 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

- All Children
- Child's Age
  - 5 Years or Younger
  - 6 to 12 Years
  - 13 to 17 Years
- Caregiver's Marital Status
  - Married
  - Divorced, Separated, Widowed
  - Never Married
- Caregiver's Employment
  - Employed Full-Time
  - Employed Part-Time
  - Keeping House, Student, Retired
  - Unemployed, Disabled
- Adults in Household
  - One
  - Two
  - Three or More

Legend

Margin of Error
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 were:

- 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.

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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

Legend

Margin of Error
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

Legend

Margin of Error
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

- **All Children**
- **Child's Age**
  - 5 Years or Younger
  - 6 to 12 Years
  - 13 to 17 Years
- **Caregiver's Marital Status**
  - Married
  - Divorced, Separated, Widowed
  - Never Married
- **Household Income**
  - Less than $25,000
  - $25,000 to $39,999
  - $40,000 to $59,999
  - $60,000 or more

Percent of Children

Legend

Margin of Error
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

Legend

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

- All Children
- Child's Age
  - 5 Years or Younger
  - 6 to 12 Years
  - 13 to 17 Years
- Caregiver's Marital Status
  - Married
  - Divorced, Separated, Widowed
  - Never Married
- Household Income
  - Less than $25,000
  - $25,000 to $39,999
  - $40,000 to $59,999
  - $60,000 or more

Legend:

Margin of Error
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/her:

- 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.

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

Legend

Margin of Error
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 Appalachian
- White, 2nd Generation Appalachian
- 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.

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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 34

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

Legend

Margin of Error