



**2008 PRC
CHILD HEALTH
ASSESSMENT**

Children's Medical Center Service Area

Sponsored By



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INTRODUCTION

Project Overview

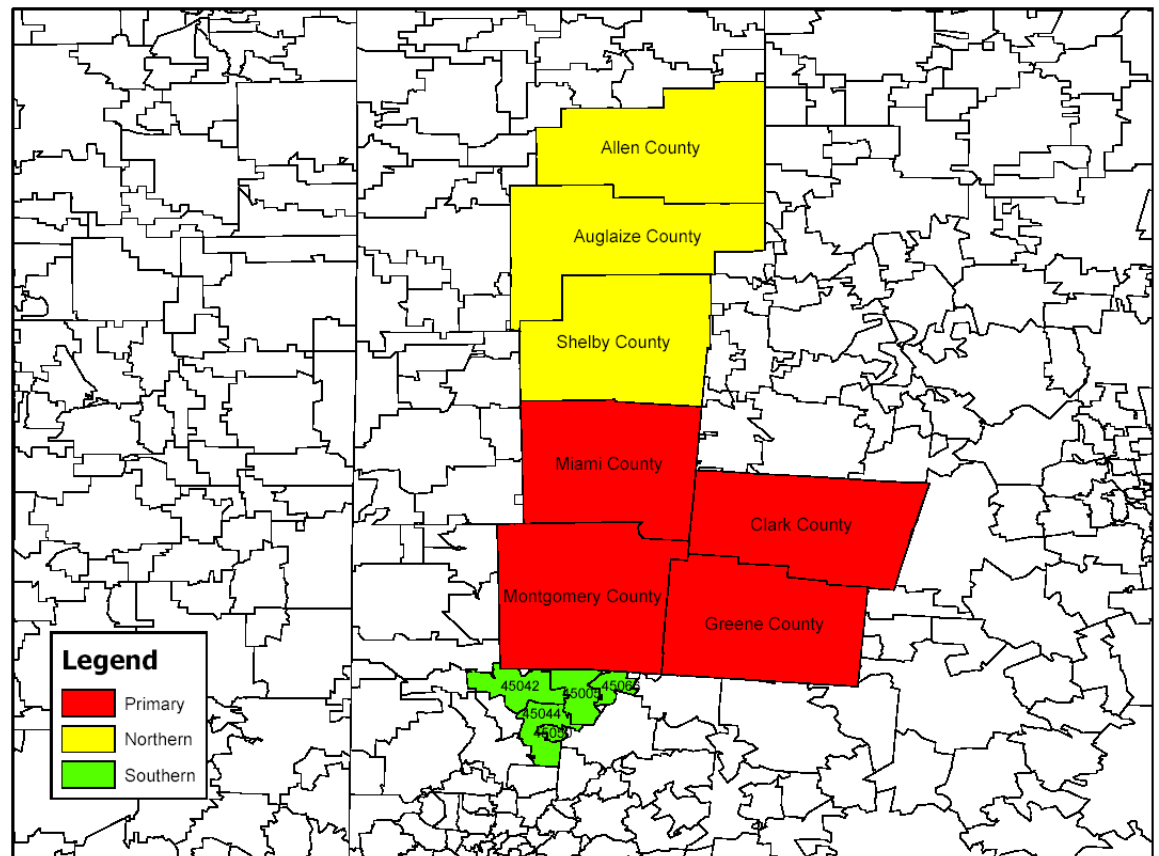
Project Goals

The goal of this 2008 PRC Child Health Assessment is to gather needs assessment data to assist in determining the health status, behaviors and needs of children under age 15 in the Children's Medical Center service area in and around Dayton, Ohio. This effort is a follow up to similar research conducted in 2002 and 2004.

Community Defined for This Assessment

The "community" defined for this assessment is the service area for Children's Medical Center, broken down for purposes of this assessment into three geographical areas: the **Primary Service Area** (comprised of Clark, Greene, Miami, and Montgomery counties); the **Northern Service Area** (Allen, Auglaize, and Shelby counties); and the **Southern Service Area** (ZIP Codes 45005, 45042, 45044, 45050 and 45066).

The following map describes this geographical definition.



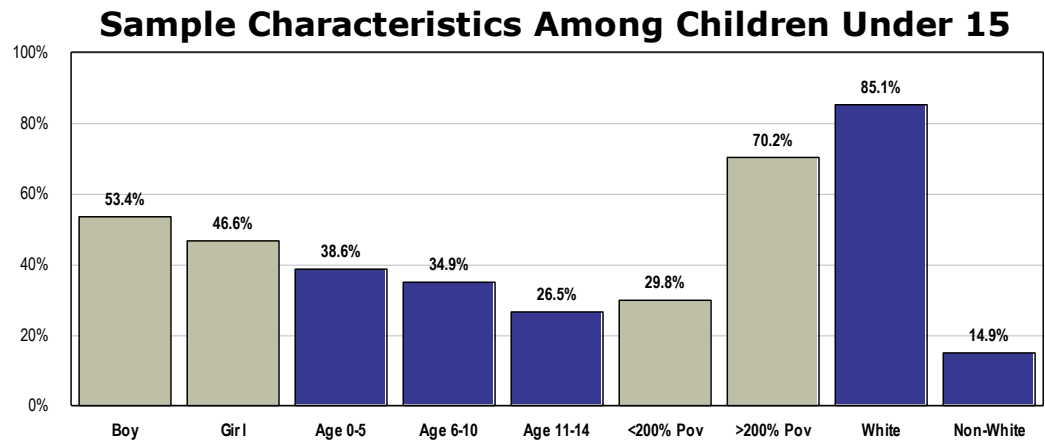
Note that ZIP Code 45374 was not included in the Southern Service Area in 2008 as it was in 2004; this can impact the comparability of findings in this area, although the expected impact is minimal.

Methodology

To collect the primary data for this assessment, a telephone survey was employed. This approach is identical to methods used for the 2002 and 2004 assessments. The primary advantages of using a telephone interviewing methodology are timeliness, efficiency and random selection capabilities. The sample design utilized for this effort consists of a random sample of 600 parents of children aged 0 through 14 in the Children's Medical Center service area.

Sample Characteristics

The following chart outlines the characteristics of the sample for key demographic variables. [Note again that the sample consisted solely of area parents of children aged 0 through 14.]

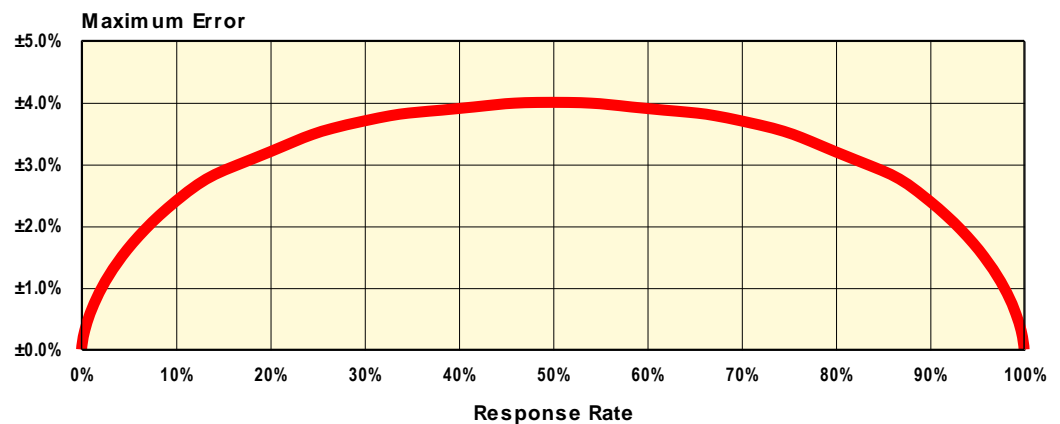


Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants
Notes: • Reflects the responses of the parent of a child under 15.

Sampling Error

For statistical purposes, the maximum rate of error associated with a sample size of 600 respondents is $\pm 3.8\%$ at the 95 percent level of confidence.

Expected Error Ranges for a Sample of 600 Respondents at the 95 Percent Level of Confidence



Note: The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Example 1: For example, if 10% of the sample of 600 respondents answered a certain question with a "yes," it can be asserted that between 7.6% and 12.4% ($10\% \pm 2.4\%$) of the total population would offer this response.

Example 2: If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 46.0% and 54.0% ($50\% \pm 4.0\%$) of the total population would respond "yes" if asked this question.

Poverty Descriptions

Further note that the poverty descriptions and segmentation used in this report are based on 2008 administrative poverty thresholds determined by the U.S. Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2008 guidelines place the poverty threshold for a family of four at \$21,200 annual household income or lower). In sample segmentation: “<200 % Poverty” refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice the poverty threshold; and “>200% Poverty” refers to households with incomes more than twice the poverty threshold defined for their household size.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of area children under 15 and their parents in the Children’s Medical Center service area with a high degree of confidence.

Key Findings

The following section of the assessment provides a summary of highlights from the 2008 PRC Child Health Survey conducted among parents of children under 15 years of age in the Children's Medical Center service area.

Daily Life

- ☐ Most children (85.4%) are reported to spend most of their time with one or both parents, and most (92.7%) are said to have an “excellent” or “very good” relationship with their parents.
- ☐ A total of 9.5% of children are viewed by parents as going against the rules set by adults “more often” than their friends, and this percentage has increased.
- ☐ In the past year, over 90% of parents have attended a school/class event for their child (e.g., a play, sports event or science fair) or attended an open house or back-to-school evening event.
- ☐ A total of 17.4% of area children age 6 to 14 do not participate in any activities after school, mostly because of lack of interest or lack of available programs.

General Health Status

- ☐ A majority (84.7%) of area parents perceive their child's health to be “excellent” or “very good,” an overall improvement since 2004.

Mental Health Status

- ☐ A very high percentage of respondents (96.7%) report that their child's mental health was good “most of the time” in the past month.
- ☐ Most parents (91.1%) report that their children have not needed mental health services; however, for those who have, over 90% say they were able to get the needed services.
- ☐ One out of five area parents (20.4%) reports that their child worries “a lot,” and 17.7% report that their child has difficulty sleeping
- ☐ A total of 2.5% of children are reported to have had a period of two weeks or more in the past year during which they felt so sad or hopeless almost every day that they stopped doing some usual activities.

Special Health Needs

- ☐ Of the medical conditions tested in the survey, the following represent the most prevalent among area children: allergies to airborne substances (13.9%), asthma (11.6%), and developmental delays/learning disabilities (11.1%, a significant increase over 2004 findings).
- ☐ Twenty-five percent of children with asthma and 14.4% of children with airborne allergies missed school in the past year because of their condition.

Injury

- ☐ A total of 17.7% of area children have been injured severely enough in the past two years to require treatment.
- ☐ Injury control measures include:
 - 94.8% of children “always” use a car seat or safety belt when riding in a car (all children age 0-14).
 - 86.2% of parents have discussed a fire escape plan with their child (among those age 5-14)
 - 64.2% have received swimming or water safety instruction, and 35.2% are reported to have “excellent” or “very good” swimming skills (all children age 0-14).
 - 42.8% “always” wear a bicycle helmet (among those age 5-14 who ride bicycles).
 - 31.5% live in households with a firearm; of these, most parents (82.7%) report that their firearms are kept locked.

Violence

- ☐ A total of 92.8% of area parents report that their child did not participate in any physical fights in the past year. Only 2.3% said that their child avoided going to school at some time in the past month because he/she felt unsafe on the way to or from school or at school.
- ☐ However, 3.4% report that their child has witnessed a physical fight involving a family member in the past year.
- ☐ Nearly nine out of 10 area children (88.5%) live in neighborhoods which their parents view as “extremely” or “quite” safe.

Environmental Health

- ☐ Locally, 11.6% of parents state that a household member smokes in the home.
- ☐ More than one out of five area parents live in homes which they say were built in or before 1950, putting their children at higher risk of exposure to lead-based paints. In all, 30.7% of area children under the age of 7 have been tested for lead poisoning.

Nutrition & Weight

- ☐ Just over one-fourth of area children (27.7%) are reported to eat an average of five or more servings of fruits and/or vegetables per day.
- ☐ Nearly one-fourth (24.1%) of children aged 2 through 14 are overweight (a decrease since 2004).
- ☐ Nearly one-fourth (23.5%) of respondents identified obesity, nutrition or exercise as the “number-one” community health issue facing area children under age 15. Of these, one-half feel that existing community resources for this issue are insufficient or non-existent.

Physical Activity

- ☐ Physical activity indicators among children aged 6 to 14 include show that:
 - Nearly three-fourths currently participate in at least one organized sports activity, such as a school or community sports team.

- 70.6% engage in **vigorous** physical activity three or more times per week (9.1% engage in none).
- 34.0% engage in **moderate** physical activity five or more times per week (17.6% engage in none).
- 39.6% perform exercises designed to **tone and strengthen** at least once per week.
- ☉ For children aged 6 through 14, sedentary behaviors on a typical weekday include:
 - 26.7% who spend three or more hours **watching television**.
 - 9.0% who spend three or more hours **playing computer games or using the computer**.
 - Each of these has improved slightly since 2004.
- ☉ Two-thirds (66.4%) of area parents of children aged 6 to 14 report that their child has physical education (PE) class only one or two times per week.

Medical & Dental Care

- ☉ Nearly all (97.1%) of area parents indicate that their child has a physician's office or clinic that they visit when in need of regular medical care; 86.0% report that their child has had a routine check-up by a physician in the past year.
- ☉ Nine out of 10 area parents (90.4%) report that their child aged 6 through 14 has visited a dentist in the past year. Among those needing dental care for their child in the past year, 93.0% of area parents indicate that they were able to receive such care.
- ☉ Two-thirds of area children (age 6 to 14) brush their teeth at least twice daily.
- ☉ A total of 46.1% of area children aged 6 through 14 have never had an eye exam in which the pupils were dilated.

Health Care Access

- ☉ A total of 5.2% of area parents of children under age 15 indicate that they have no insurance coverage (neither private insurance nor government-sponsored plans) to pay for their child's health care expenses.
- ☉ Barriers to accessing health care services for children include:
 - 6.1% of parents reported that **cost of office visits** prevented them from taking their child for medical care at some point in the past year.
 - 5.3% reported that **cost of prescriptions** prevented them from obtaining a needed medicine for their child in the past year.
 - 4.8% of parents reported that **difficulty finding a physician** prevented a medical visit for their child in the past year.
 - 4.7% reported that lack of transportation made it difficult or prevented them from taking their child for medical care at some point in the past year.

Health Care Information Sources

- ☉ A majority of parents rely on their family physician for information about their child's health care. However, an increasing number of parents rely on the Internet for health care information

- Just over one-half (56.1%) of area parents say they would be (“very” or “somewhat”) likely to attend workshops or seminars about children’s health topics sponsored by a local hospital.

GENERAL FINDINGS

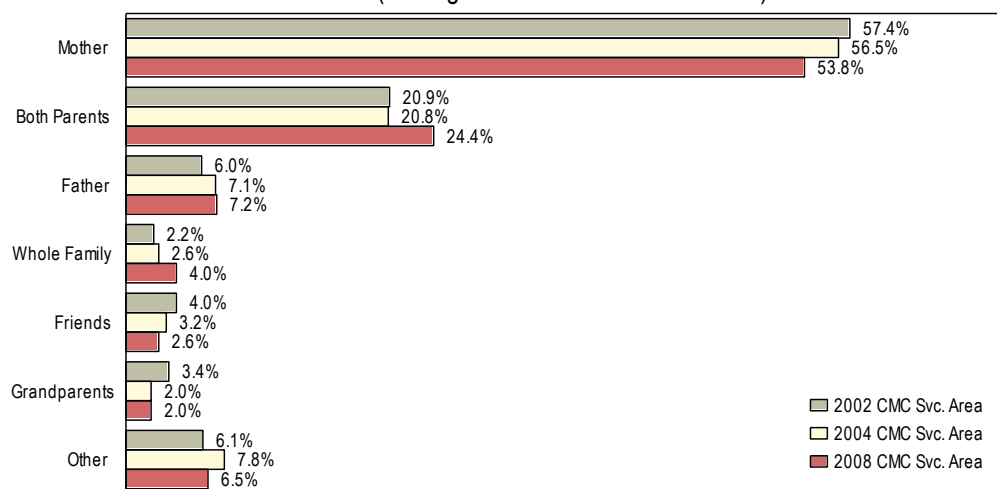
Daily Life

The following section outlines general evaluations concerning daily life for area children; issues covered include relationships with parents, disobedience, after-school activities, and parental involvement at school.

Child/Parent Relationships

Most children aged 0 to 14 are reported to spend the most time with their mother (53.8%), their father (7.2%) or both parents (24.4%).

Person With Whom Child Spends Most Time
(Among Parents of a Child Under 15)

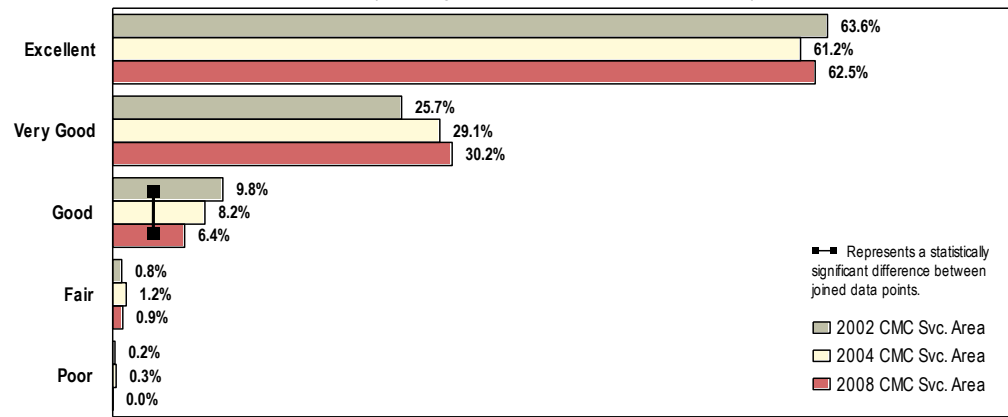


Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 107]
Notes: • Asked of parents of a child under 15

Overall, 92.7% of area children are described as having an “excellent” or “very good” relationship with their parents.

- Less than 1% describe the parent-child relationship as “fair” or “poor.”

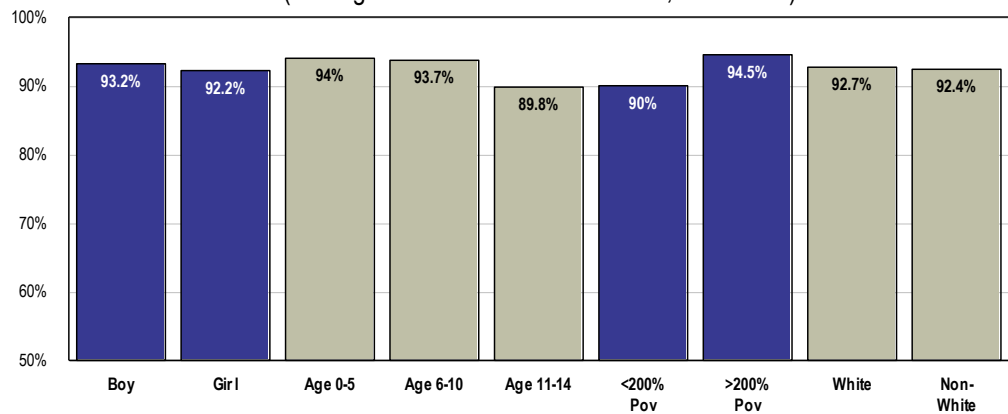
Relationship Between Child and Respondent (Among Parents of a Child under 15)



Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 108]
 Notes: • Asked of parents of a child under 15.

While perceptions of the parent-child relationship appear to be lower among parents of older children, as well as among households with lower incomes, none of the differences shown in the following chart represent statistically significant findings.

Child's Relationship With Respondent is "Excellent/Very Good" (Among Parents of a Child Under 15; 2008 Data)



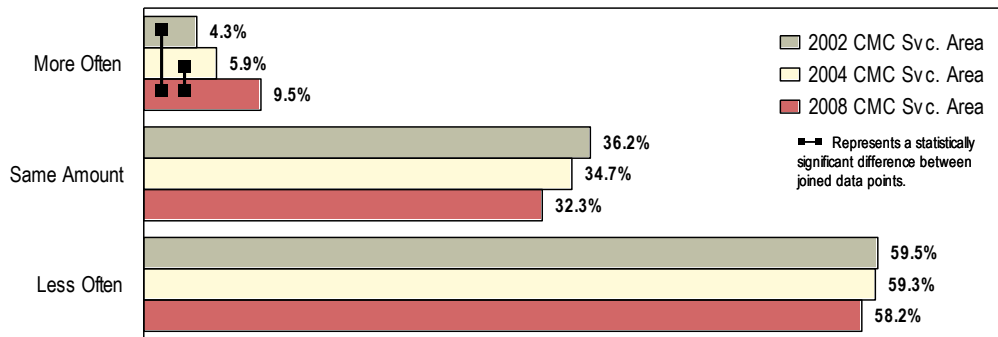
Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 108]
 Notes: • Reflects the responses of the parent of a child under 15.
 • Percentages represent combined "excellent" and "very good" responses.

Disobedience

Most area children (58.2%) are viewed as going against the rules set by adults “less often” than their friends.

- However, 9.5% are seen as disobedient “more often.”
- This represents a statistically significant increase in “more often” responses compared with 2002 and 2004 findings.

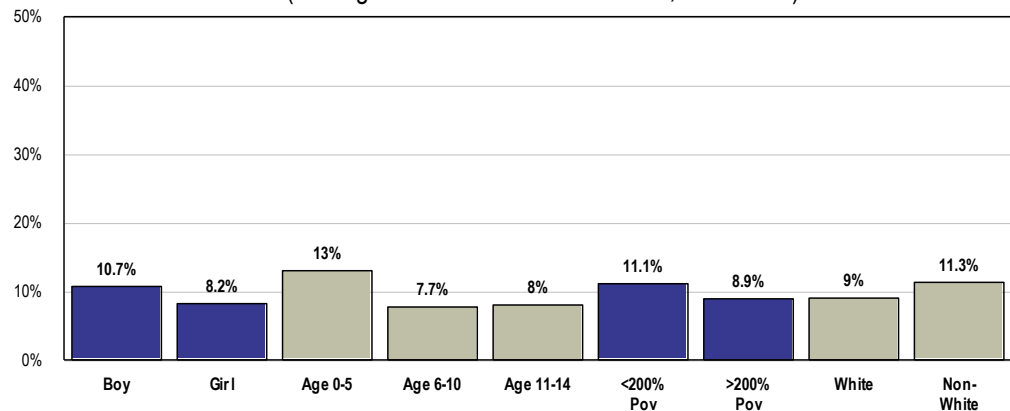
Frequency of Child's Disobedience Compared With Friends (Among Parents of a Child under 15)



Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 109]
 Notes: • Asked of parents of a child under 15.

■ Little difference is found in responses by key demographics.

Child is "More Often" Disobedient When Compared With Friends (Among Parents of a Child Under 15; 2008 Data)



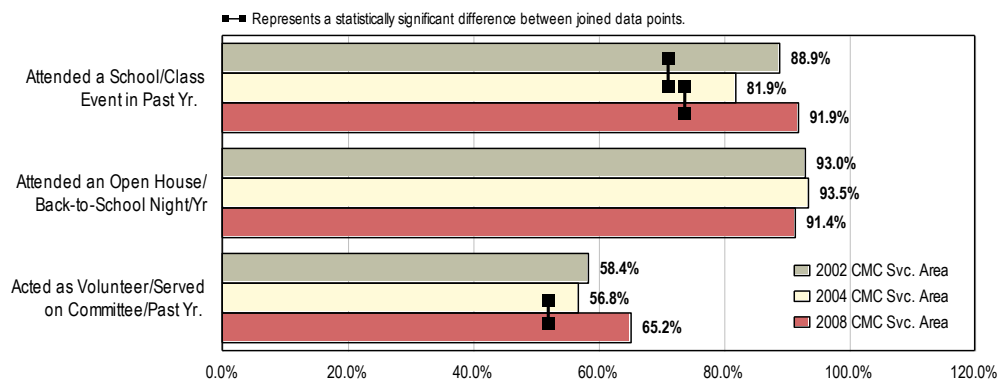
Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 109]
 Notes: • Reflects the responses of the parent of a child under 15.
 • Percentages represent "more often" responses.

Parental Involvement at School

Most parents report involvement with their child's school.

- Nine out of 10 area parents (91.9%) report attending a school or class event for their child in the past year (e.g., a play, sports event or science fair).
- Nine out of 10 (91.4%) have also attended an open house or back-to-school evening event at school in the past year.
- About two-thirds (65.2%) have acted as a volunteer or served on a committee at their child's school in the past year.
- In comparison to 2004 findings, this marks statistically significant increases in responses for **attending school events** and **volunteering** at children's schools.

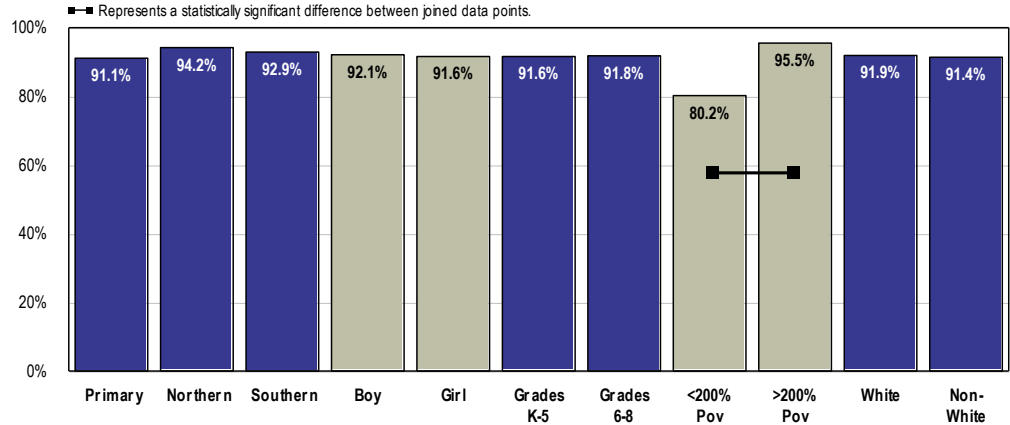
Parent's or Member of Household's Involvement at School (Among Parents of a Child Aged Six to 14)



Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Items 117-119]
 Notes: • Asked of parents of a child aged six to 14.

👤 Note that children living in higher income households are much more likely to have a parent attend a school or class event.

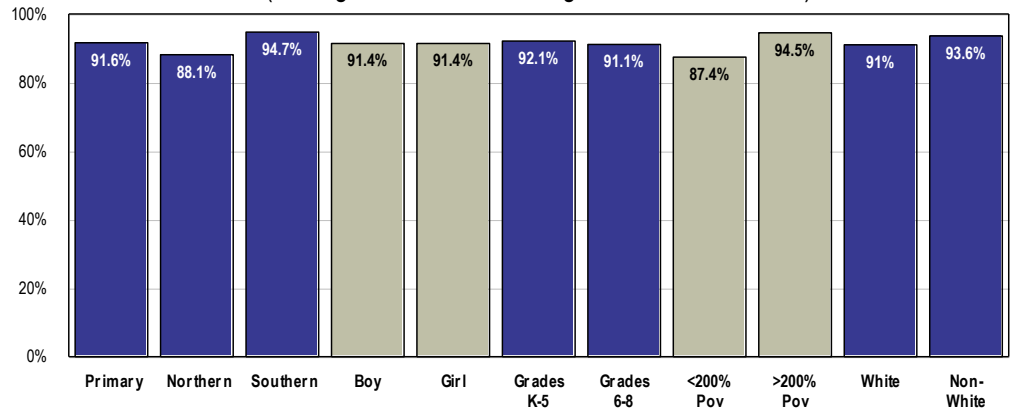
Member of Household Attended a School or Class Event in Past Year (Among Parents of a Child Aged 6 to 14; 2008 Data)



Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 118]
 Notes: • Reflects the responses of the parent of a child aged 6 through 14.
 • Percentages represent "yes" responses.

👤 Regarding attendance at open house or back-to-school events, no statistically significant differences are found by service area or by key demographic characteristics.

Member of Household Attended an Open House or Back-to-School Night at Child's School in Past Year (Among Parents of a Child Aged 6 to 14; 2008 Data)

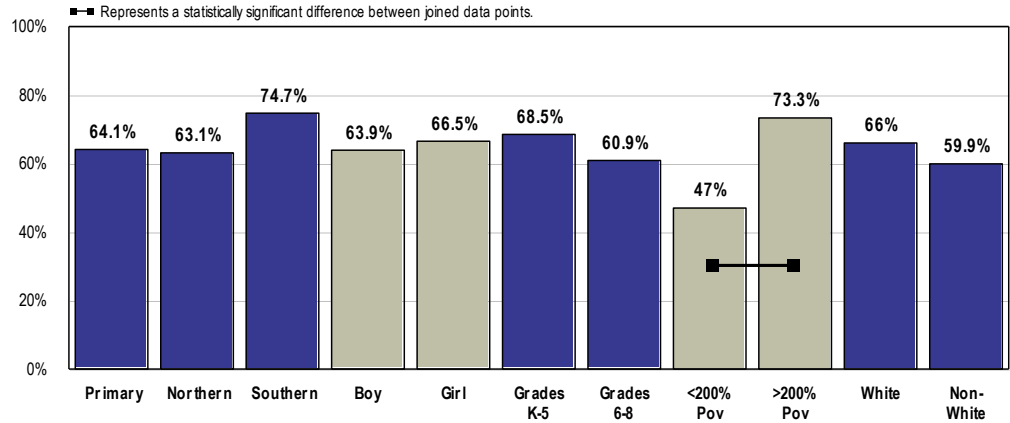


Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 117]
 Notes: • Reflects the responses of the parent of a child aged 6 to 14.
 • Percentages represent "yes" responses.

Children living in higher income households are much more likely to have a parent who has volunteered or served on a committee at school in the past year.

Member of Household Has Volunteered or Served on a Committee at Child's School in Past Year

(Among Parents of a Child Aged 6 to 14)



Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 119]
 Notes: • Reflects the responses of the parent of a child aged 6 through 14.
 • Percentages represent "yes" responses.

After-School Activities

In order to evaluate how area school-aged children are spending their time when not in school, survey respondents were next asked to indicate their participation in after-school activities.

51.7% of children age 6 through 14 are involved in sports after school.

65.6% for boys; 36.7% for girls.

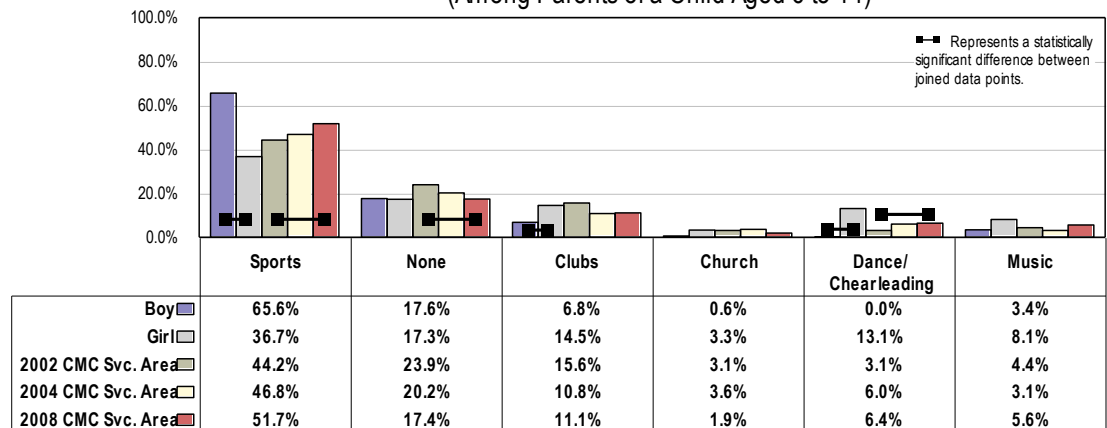
11.1% of children age 6 through 14 are involved in various clubs.

6.8% for boys; 14.5% for girls.

Other types of activities include church, dance, cheerleading and music activities.

Child's Participation in After-School Activities

(Among Parents of a Child Aged 6 to 14)

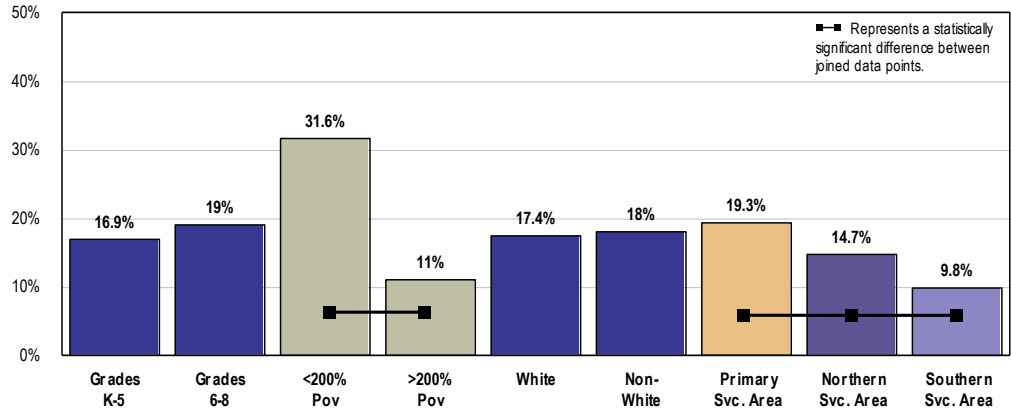


Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 122]
 Notes: • Asked of parents of a child aged 6 through 14.

However, note that **17.4% of area children age 6 to 14 do not participate in any activities after school.**

- 👤 Similar between boys and girls.
- 👤 Lower-income children are much less likely to participate in after-school activities.
- ✦ Note that children in the Southern Service Area are most likely to participate in after-school activities, while children in the Primary Service Area are least likely.

Child Does Not Participate in Any After-School Activities (Among Parents of a Child Aged 6 to 14; 2008 Data)

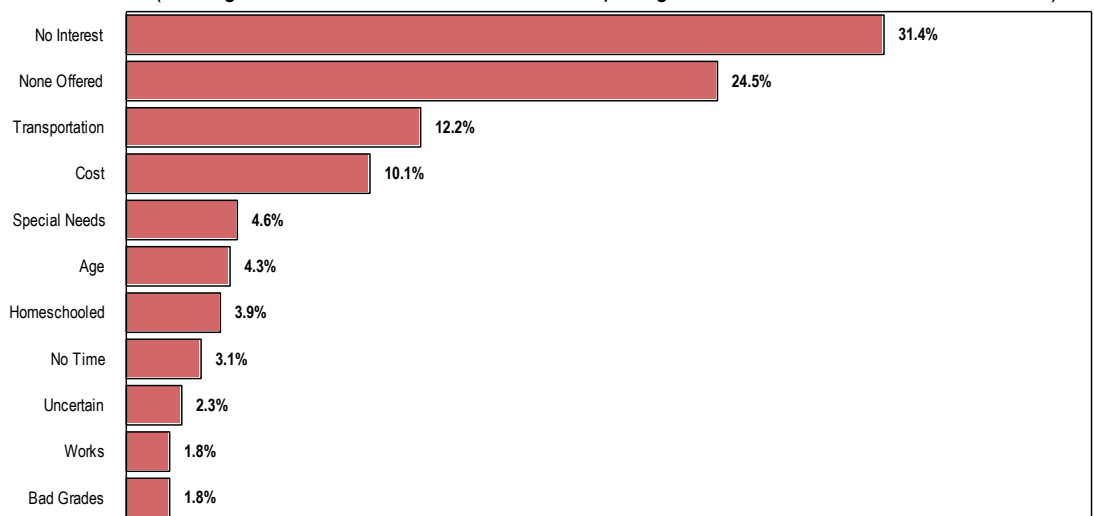


Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 122]
 Notes: • Asked of parents of a child aged 6 through 14.
 • Percentages represent "none" responses.

Of those not participating in after-school activities, 31.4% are reported to have **“no interest.”** Another 24.5% said there are **none offered.** **Transportation** and **cost** were other frequently mentioned reasons.

Reason for Child's Lack of Participation in After-School Activities

(Among Parents of a Child 6-14 Not Participating in After-School Activities; 2008 Data)



Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 123]
 Notes: • Asked of parents of a child aged 6 to 14 who does not participate in an after-school activity.

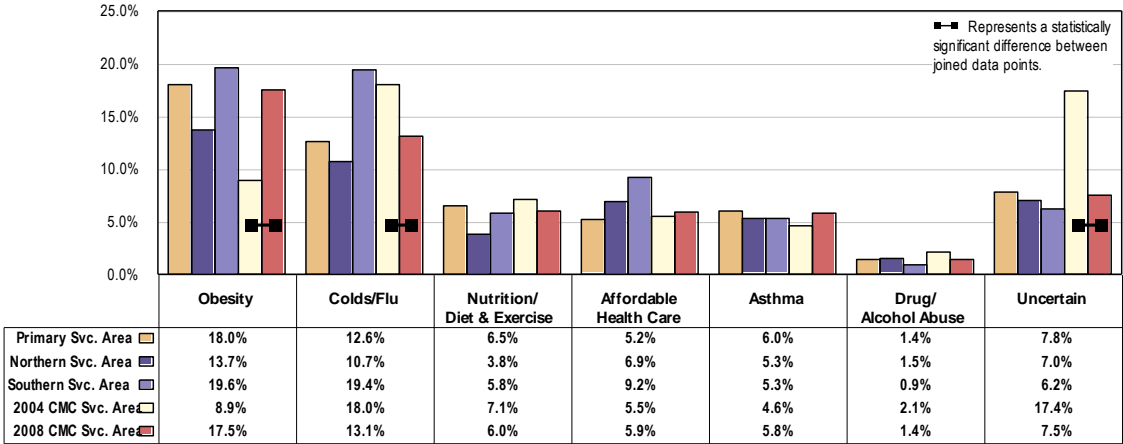
Perceived “Number-One” Health Issue Facing Children

Survey respondents were next asked to indicate what they perceive to be the number-one health issue facing their children in their community.

Nearly one-fourth (23.5%) of respondents identified obesity, nutrition or exercise as the “number-one” community health issue facing area children under age 15.

- Other frequently mentioned issues include colds/flu (13.1%), affordable health care (5.9%), asthma (5.8%) and drug/alcohol abuse (1.4%).
- Note that 7.5% of area parents were uncertain about the number-one health issue for children in the community.
- In comparison with 2004 findings, this marks a significant *increase* in mention of **obesity** as the number-one health issue (with subsequent decreases in uncertainty and in mention of colds/flu).

**Perceived Number-One Health Issue
For Children Under 15 in the Community Today**
(Among Parents of a Child Under 15; 2008 Data)



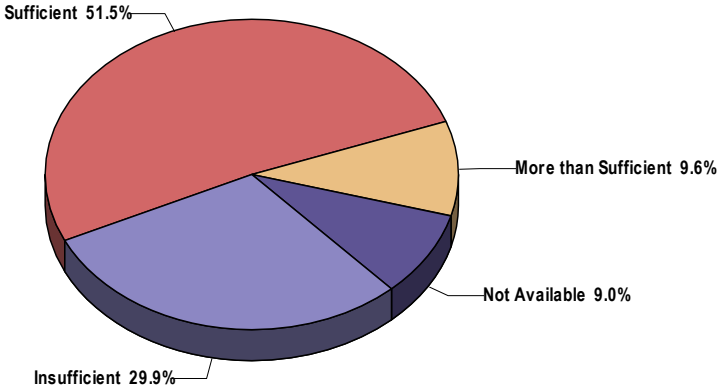
Sources: • 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 6]
 Notes: • Asked of parents of a child under 15.

Respondents were next asked if they feel area resources are sufficient to address the health issue they identified (above).

Most adults (61.1%) feel resources in the area are sufficient or more than sufficient to address what they identified as the top health issue for children. Still, a significant share (38.9%) feel the needed resources are insufficient or not available.

☐ See also the “Weight” section of this report for a description of perceived resources to address the issues of obesity, nutrition and exercise.

Existing Community Resources for Number-One Health Issues For Children Under 15 (Among Parents of a Child Under 15; 2008 Data)



Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 7]
Notes: • Asked of parents of a child under 15.

General Health Status

This section describes various assessments of the general physical health of area children, including such elements as perceived health status and average days of poor physical health.

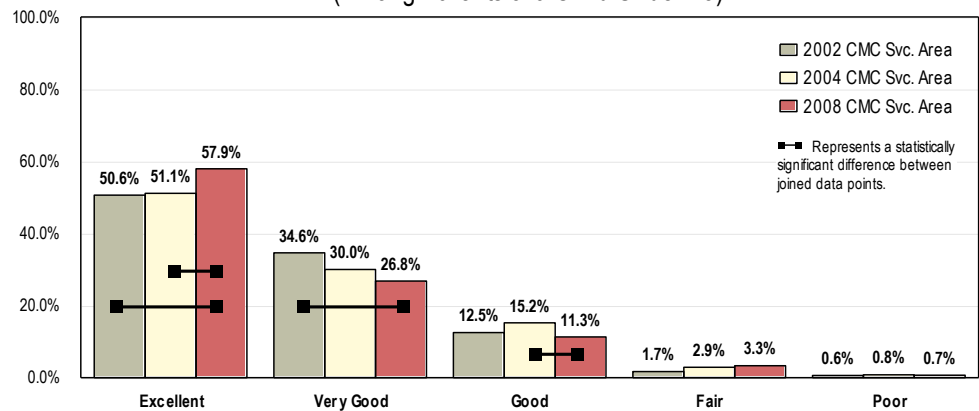
Child's Overall Health Status

A majority (84.7%) of area parents perceive their child's health to be "excellent" or "very good."

- 11.3% of area parents view their child's health as "good."
- Just 4.0% of area parents consider their child's health to be "fair" or "poor."
- ☒ Significantly better than 2004 findings.

Child's Overall Health Status

(Among Parents of a Child Under 15)



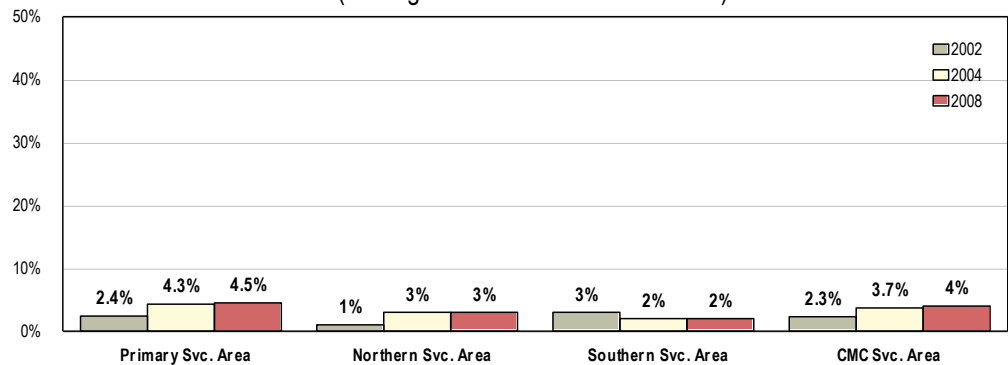
Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 11]

Notes: • Asked of parents of a child under 15.

✦ Little difference is noted for children's reported "fair/poor" health by service area.

Child's Physical Health Is "Fair" or "Poor"

(Among Parents of a Child Under 15)



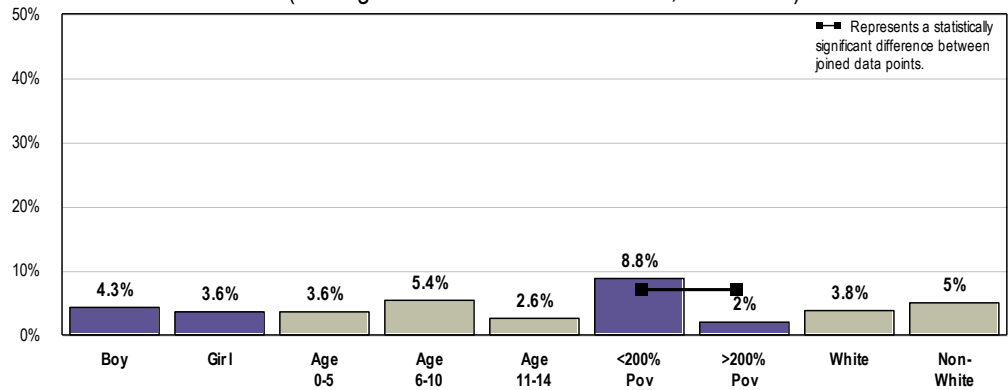
Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 11]

Notes: • Asked of parents of a child under 15.

👥 Note that children living at lower incomes are much more often reported to experience “fair” or “poor” overall health.

Child’s Physical Health Is “Fair” or “Poor”

(Among Parents of a Child Under 15; 2008 Data)



Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 11]
 Notes: • Reflects the responses of the parent of a child under 15.
 • Percentages represent combined “fair” and “poor” responses.

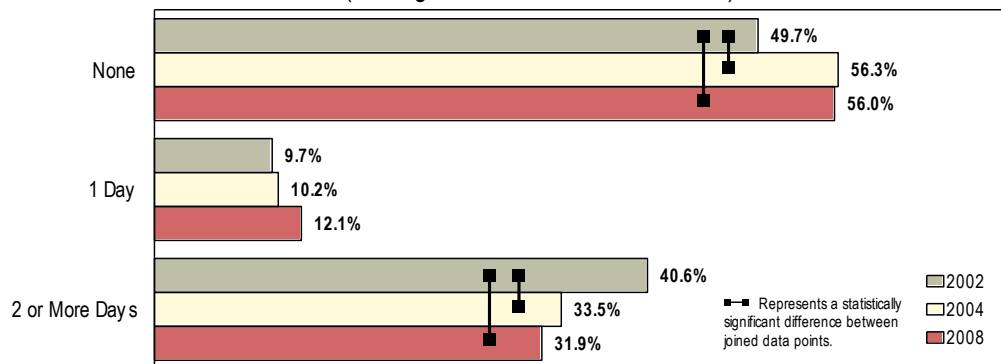
Average Number of Days of Poor Physical Health

When asked to indicate the number of days on which their child experienced poor physical health in the past month, over one-half (56.0%) of area parents reported “none.”

- 📊 Further, 12.1% indicated that their child experienced **one** day of poor physical health last month, while 31.9% reported **two or more** days.
- 📊 These findings are statistically similar to 2004 findings, but have improved since 2002.

Days of Child’s Poor Physical Health in the Past Month

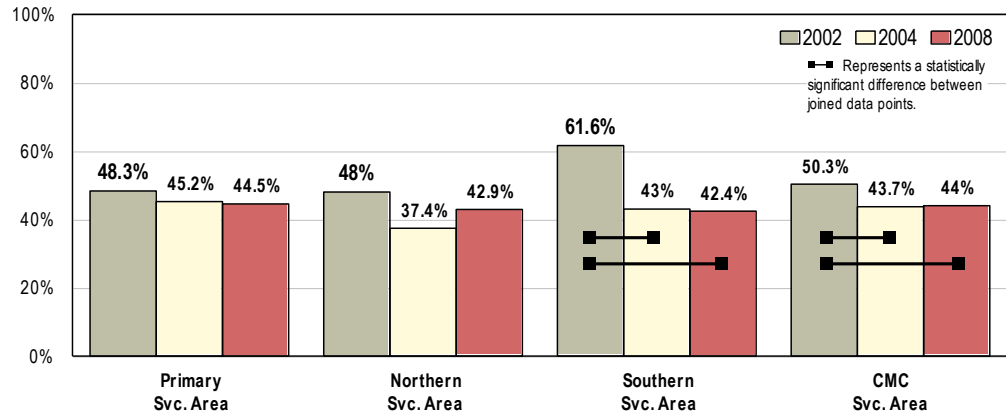
(Among Parents of a Child Under 15)



Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 12]
 Notes: • Asked of parents of a child under 15.

✦ Viewed geographically, little difference is noted this year.

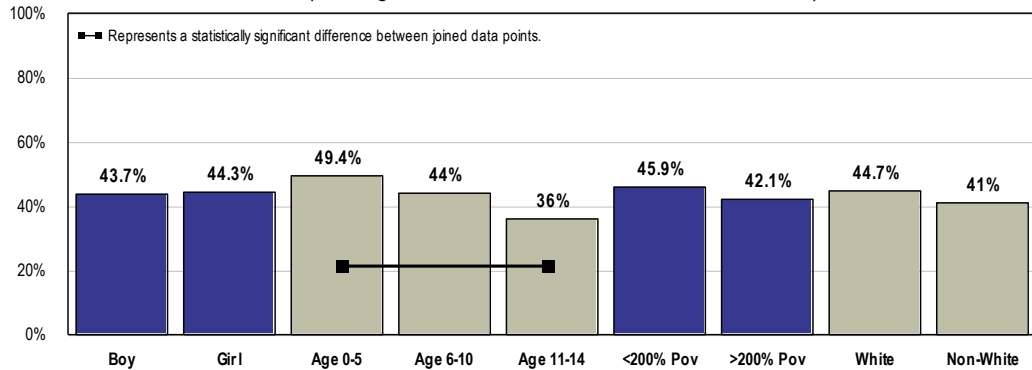
One or More Days of Child's Poor Physical Health Last Month (Among Parents of a Child Under 15)



Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 12]
Notes: • Asked of parents of a child under 15.

👨👩👧 Note that days of poor physical health *decrease* with children's ages.

One or More Days of Child's Poor Physical Health Last Month (Among Parents of a Child Under 15; 2008 Data)



Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 11]
Notes: • Reflects the responses of the parent of a child under 15.

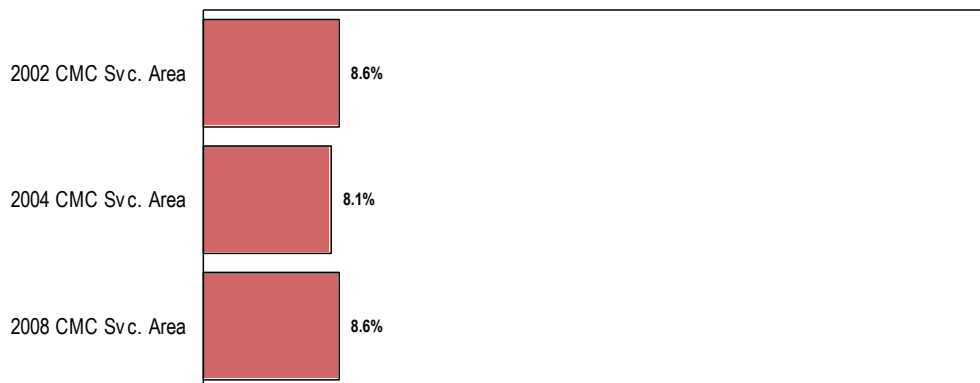
Parent's Evaluations of Their Own General Health

Parents were also asked to report their own overall health status; in response, only **8.6%** reported that their own health is “fair” or “poor.”

☒ Similar to previous findings.

“Fair/Poor” General Health Status Among Parent Respondents

(Among Parents of a Child Under 15)



Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Items 85-88]
Notes: • Asked among parents of a child under 15 about their own health.

Mental Health Status

The following section outlines general assessments of the mental health status of area children, including anxiety and depression, as well as such issues as sleep difficulties and the availability of mental health services.

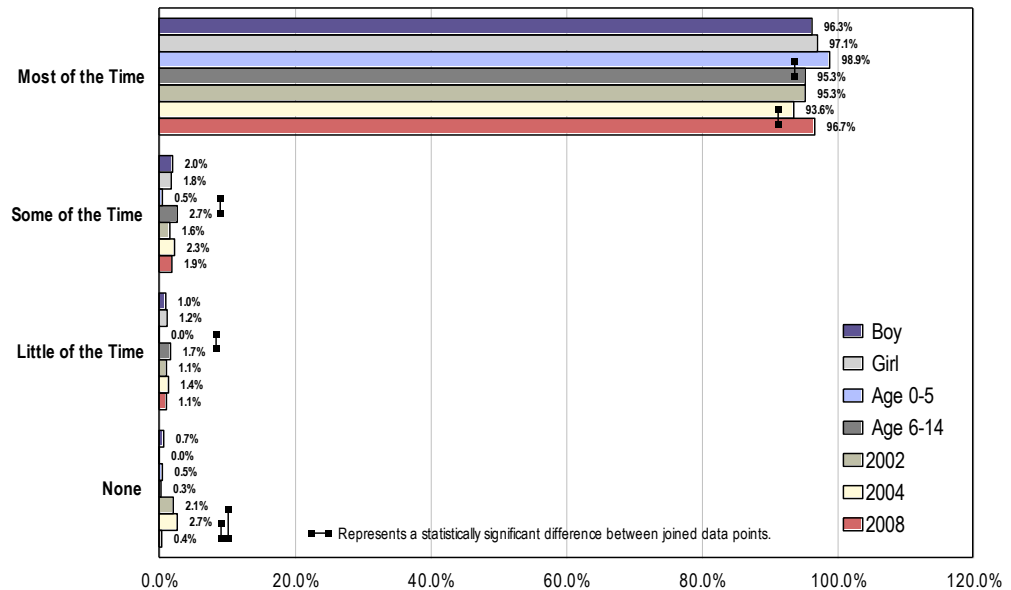
Children's Mental Health

Children's Mental Health Status

A very high percentage of respondents (96.7%) report that their child's mental health was good "most of the time" in the past month.

- Higher than reported in 2004.
- Additionally, overall mental health status is more favorable among younger children (age 0-5) than among older children (6-14).

Frequency of Child's Good Mental Health in Past Month
(Among Parents of a Child Under 15)



Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 113]
Notes: • Asked of parents of a child under 15.

Availability of Mental Health Services

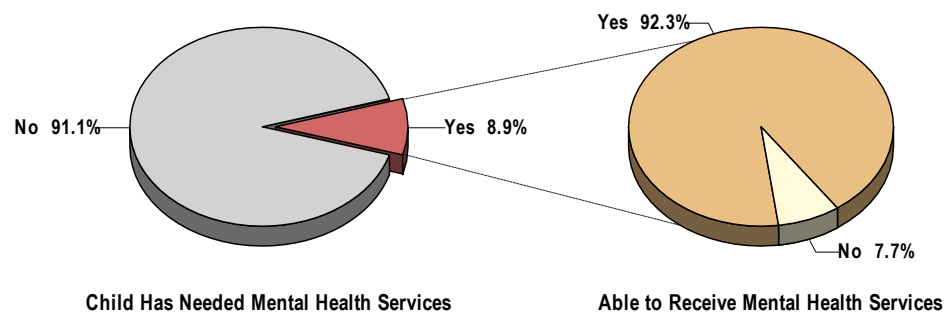
Approximately nine in 10 (91.1%) area parents report that their child has not needed mental health services.

Of those children needing mental health services, 92.3% of area parents report that their child was able to receive the needed services.

- On the other hand, 7.7% of parents who needed services for their children were not able to receive them.

Mental Health Services

(Among Parents of a Child Under 15)



Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Items 114-115]

Notes: • Reflects parents of a child under 15 needing mental health services.

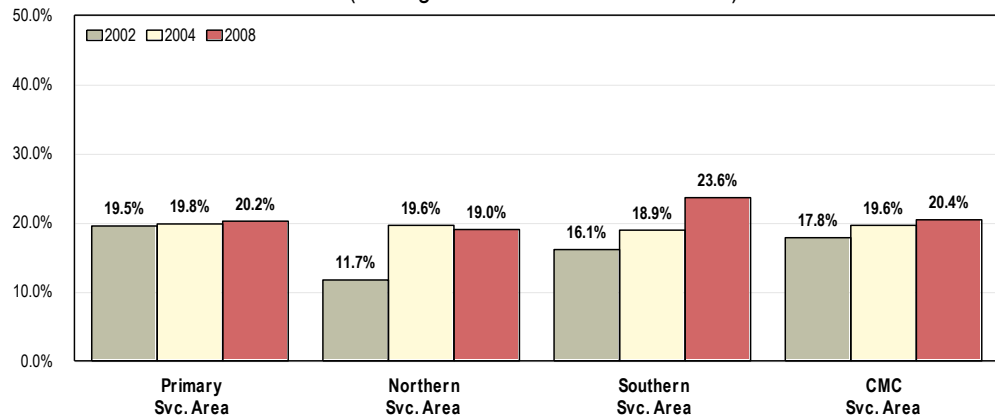
The small number of respondents (four) who report that their child was unable to receive the needed mental health services was asked to give their reasons for the difficulty. Responses included “**never tried**” (mentioned by three of these parents) and “**don’t know**” (one parent).

Anxiety

One out of five area parents (20.4%) reports that their child worries “a lot.”

- ✦ No significance differences are noted by area.
- ☒ Current findings are statistically similar to 2004 and 2002 findings.

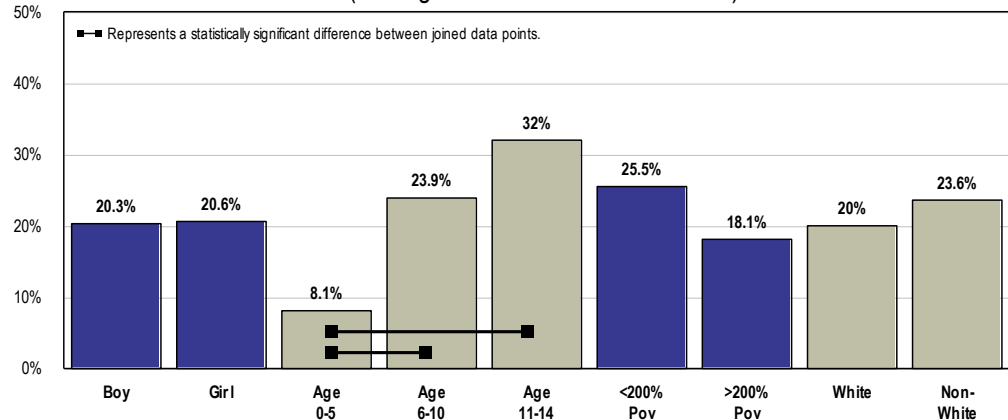
Child Worries a Lot (Among Parents of a Child Under 15)



Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 110]
Notes: • Asked of parents of a child under 15.

- 👤 Older children are much more likely than younger children to worry.
- 👤 No significant differences are found by gender, income or race.

Child Worries a Lot (Among Parents of a Child Under 15)



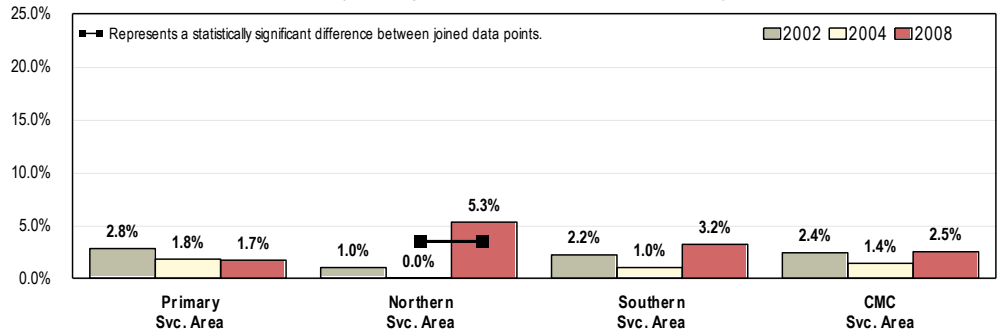
Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 110]
Notes: • Reflects the responses of the parent of a child under 15.

Periods of Depression

A total of 2.5% of children are reported to have had a period of two weeks or more in the past year during which they felt so sad or hopeless almost every day that they stopped doing some usual activities.

- ☒ This represents an increase since 2004 in the Northern Service Area.

Child Was Depressed for Two or More Weeks in Past Year (Among Parents of a Child Under 15)

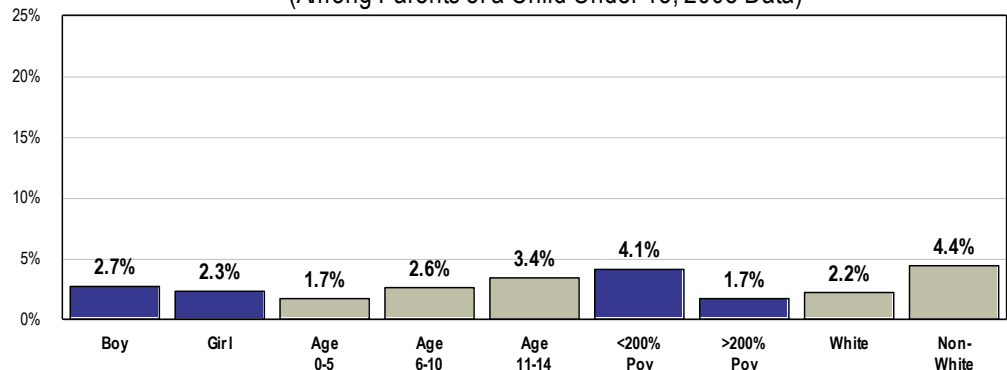


Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 112]

Notes: • Asked of parents of a child under 15.

- ☑ By demographics, no statistically significant variation is found for this indicator by gender, age, income or race.

Child Was Depressed for Two or More Weeks in Past Year (Among Parents of a Child Under 15; 2008 Data)



Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 112]

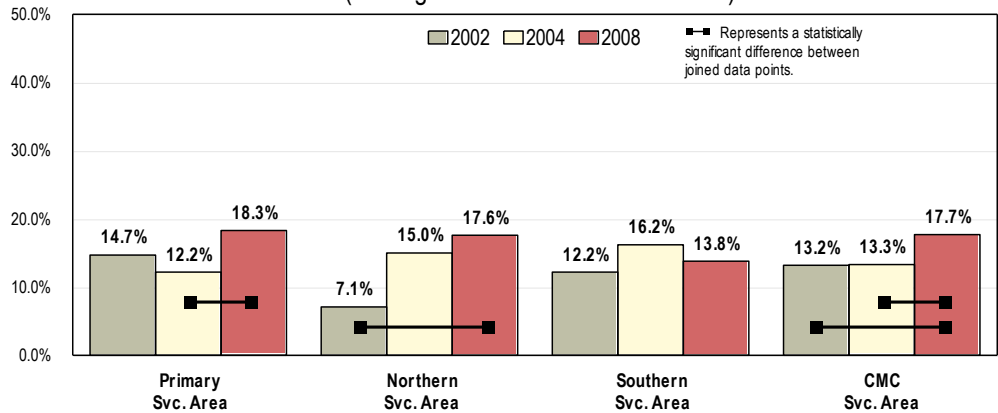
Notes: • Reflects the responses of the parent of a child under 15.

Sleep Difficulties

A total of 17.7% of area children are reported to have difficulty sleeping.

- ✦ No significance differences are noted by area.
- ☒ However, percentages are significantly higher in the Primary Service Area and in the CMC Service Area overall in comparison to 2004 findings.

Child Has Sleep Difficulties (Among Parents of a Child Under 15)

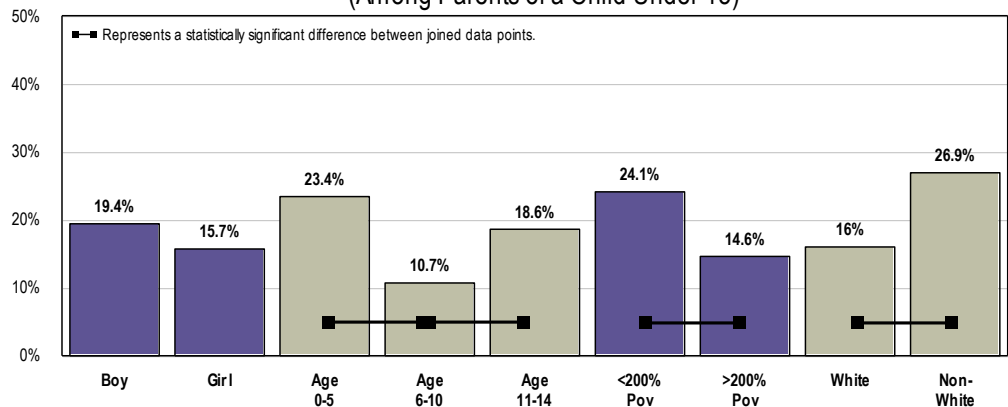


Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 111]
Notes: • Asked of parents of a child under 15.

Sleep difficulties are more often noted among:

- 👨👩👧 Children age 0 to 5, or age 11 to 14.
- 👨👩👧 Lower-income children.
- 👨👩👧 Non-white children, in comparison with Whites.

Child Has Sleep Difficulties (Among Parents of a Child Under 15)



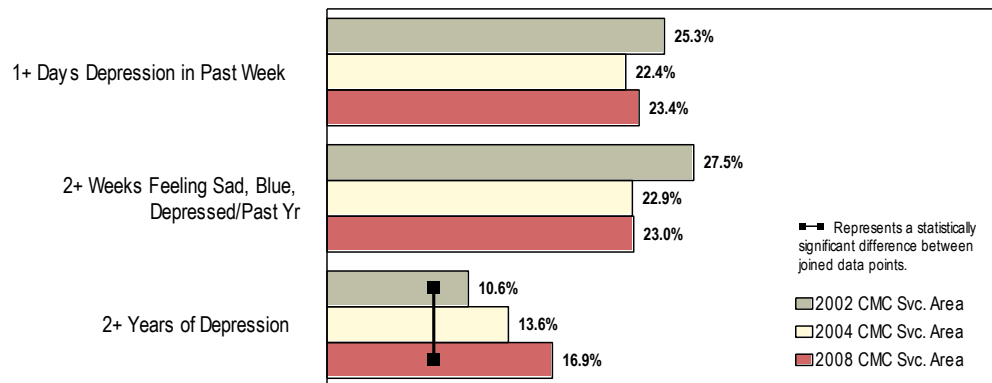
Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 111]
Notes: • Reflects the responses of the parent of a child under 15.

Self-Reported Health Status Among Parents

Area parents were also asked about their own mental health status.

- ☑ Nearly one-fourth of respondents reported having one or more days of depression in the past week (23.4%), or experiencing two or more weeks of feeling sad, blue, or depressed in the past year (23.0%).
- ☑ Further, 16.9% have experienced two or more years of depression in their lifetimes.

General Health Status Among Parent Respondents (Among Parents of a Child Under 15)



Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Items 85-88]
Notes: • Asked among parents of a child under 15 about their own health.

Special Health Needs

Reported Medical Conditions

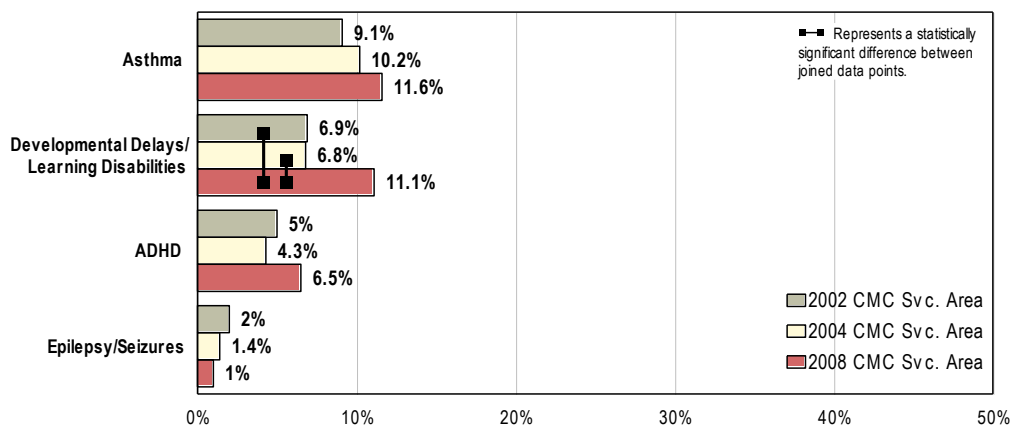
A total of 11.6% of area children currently suffer from or have been diagnosed with asthma. A total of 11.1% currently suffer from or have been diagnosed with developmental delays/learning disabilities.

- ☒ This marks a significant *increase* in the proportion of children age 0-14 who suffer from or have been diagnosed with developmental delays or learning disabilities.

Additionally:

- ☑ 6.5% of area children have Attention Deficit Hyperactive Disorder (ADHD).
- ☑ 1.0% of area children have epilepsy or seizures.

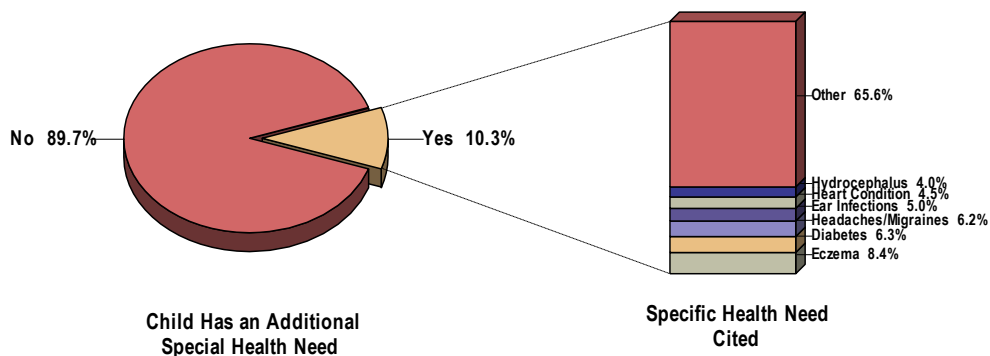
Prevalence of Medical Conditions (Among Parents of a Child Under 15)



Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Items 50-53]
Notes: • Asked of parents of a child under 15.

A total of 10.3% of parents reported special health needs other than those specifically asked (above), such as *eczema, diabetes, headaches/migraines* and *ear infections*.

Additional Special Health Needs (Among Parents of a Child Under 15; 2008 Data)



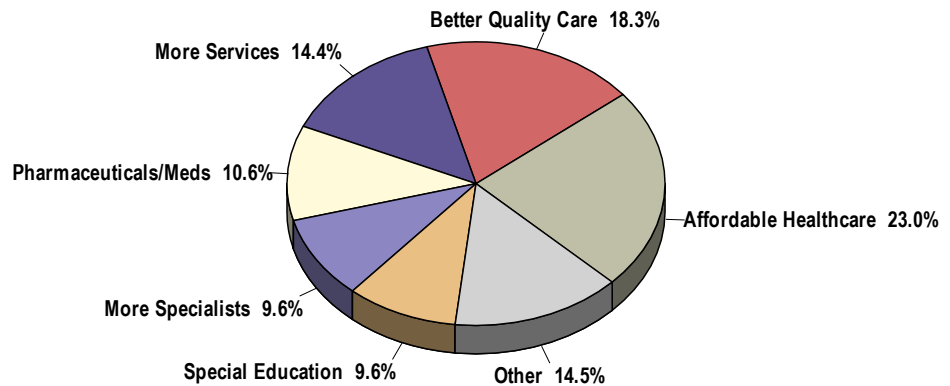
Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Items 54-55]
Notes: • Asked of parents of a child under 15.

Greatest Needs for Children With Special Health Requirements

When parents of children with special health needs were asked about their child's greatest need, 26.9% couldn't provide an answer and 10.7% said "nothing."

Among those parents able to provide a response, top responses included **affordable health care** (mentioned by 23.0%), **better quality of care** (18.3%), **more services** (14.4%), assistance with **pharmaceuticals/medications** (10.6%), **more specialists** (9.6%) and **special education** (9.6%).

Greatest Needs for Child With Special Health Needs
(Among Parents of a Child Under 15 With Special Needs; 2008 Data)

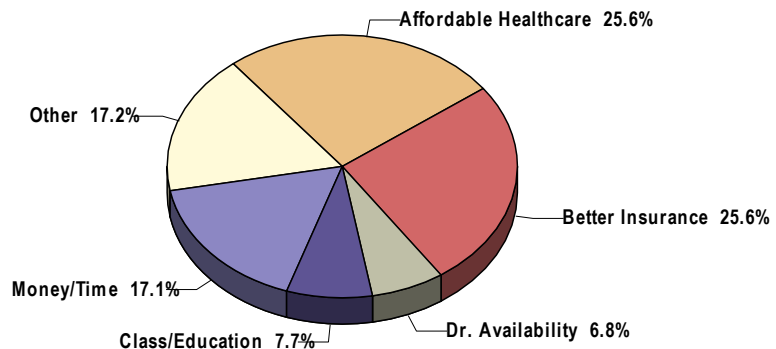


Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 56]
Notes: • Asked of parents of a child under 15 with special needs.
• Percentages do not include respondents who were uncertain (26.9%) or who said "none" (10.7%)

Greatest Needs for Parents of Special Needs Children

In regard to the *parents'* greatest need, 32.0% were uncertain. However, one-half of the remaining adults mentioned either **affordable health care** or **better insurance**; another 17.1% said they need more **money or time**.

Greatest Needs for Parents of Children With Special Health Needs
(Among Parents of a Child Under 15 With Special Needs; 2008 Data)



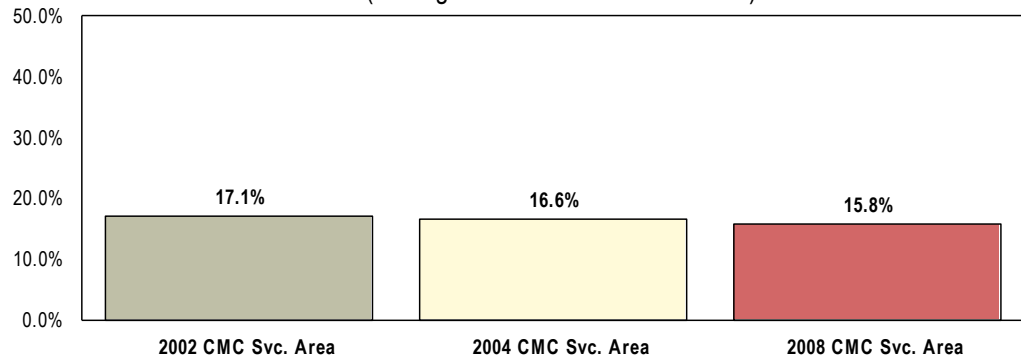
Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 57]
Notes: • Asked of parents of a child under 15 with special needs.
• Percentages do not include respondents who were uncertain (32.0%)

Asthma

A total of 15.8% of area parents report that their child has had a recurrent cough, wheezing, or shortness of breath in the past.

☒ Similar to 2004 and 2002 findings.

Child Has Had Recurrent Cough, Wheezing, or Shortness of Breath (Among Parents of a Child Under 15)



Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 38]
Notes: • Asked of parents of a child under 15.

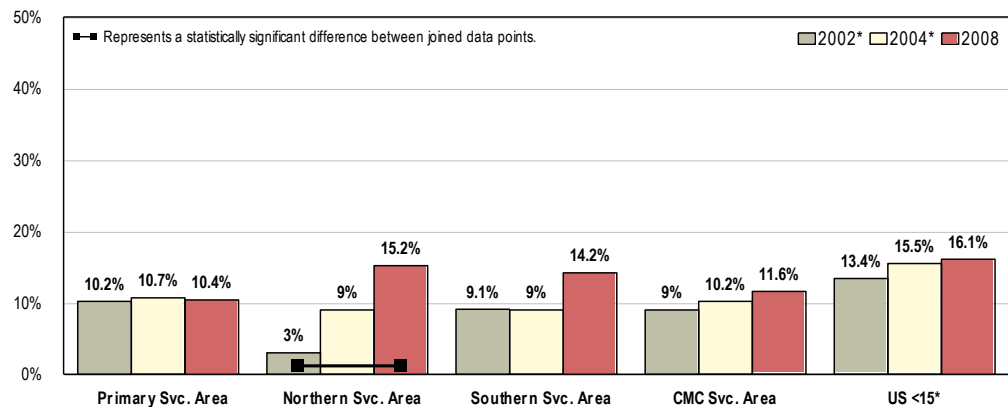
A total of 11.6% of area children are reported to suffer from or to have been diagnosed with asthma.

☑ Statistically similar to national findings.

✦ Statistically similar by service area.

☒ No statistically significant change since 2004.

Child Has Been Diagnosed With Asthma (Among Parents of a Child Under 15)

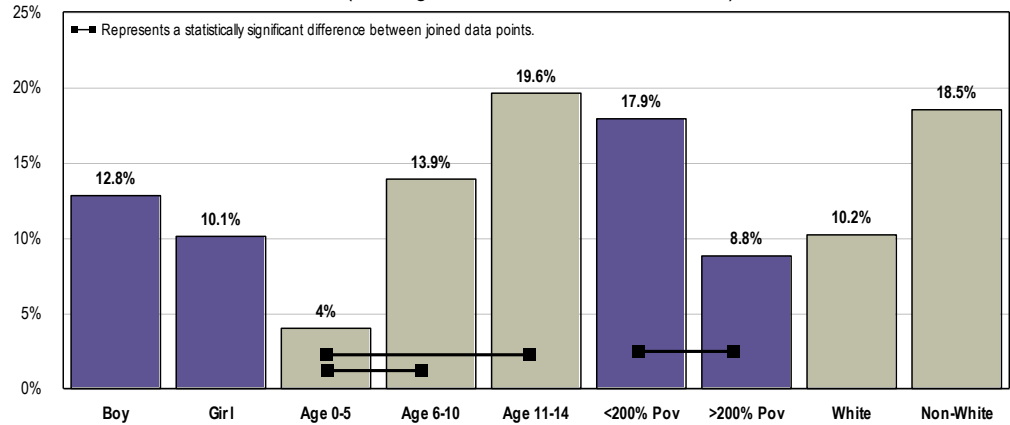


Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 39]
• 2008 PRC National Survey, Professional Research Consultants
Notes: • Asked of parents of a child under 15.
* US data are 2003, 2005 and 2008 data.

Those more likely to report being diagnosed with asthma include:

- ☑ Older children (positive correlation with age).
- ☑ Those in lower-income households.

Child Has Been Diagnosed With Asthma (Among Parents of a Child Under 15)



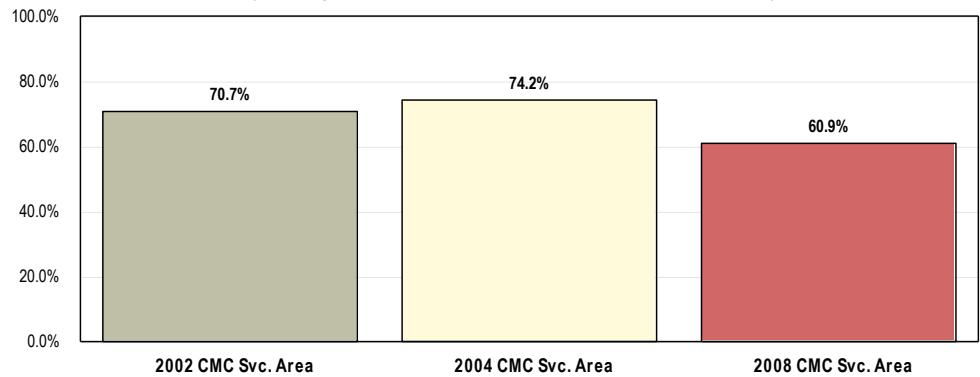
Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 39]
 Notes: • Reflects the responses of the parent of a child under 15.

Asthma Medication

A total of 60.9% of the parents whose children are asthmatic report that their child currently takes medication for asthma.

- ☒ Statistically similar to previous findings.

Asthmatic Child is Taking Medications for Asthma (Among Parents of a Child Under 15 With Asthma)

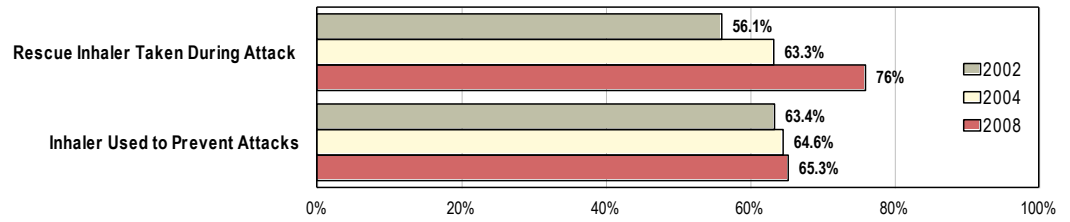


Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 40]
 Notes: • Asked of parents of an asthmatic child under 15.

Three-fourths of area asthmatic children have a rescue inhaler they use during an attack, and roughly two-thirds use an inhaler to prevent attacks.

Types of Asthma Medications Taken

(Among Parents of a Child Under 15 With Asthma Who Takes Asthma Medication)



Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Items 41-42]
 Notes: • Asked of parents of an asthmatic child under 15 who takes asthma medication.

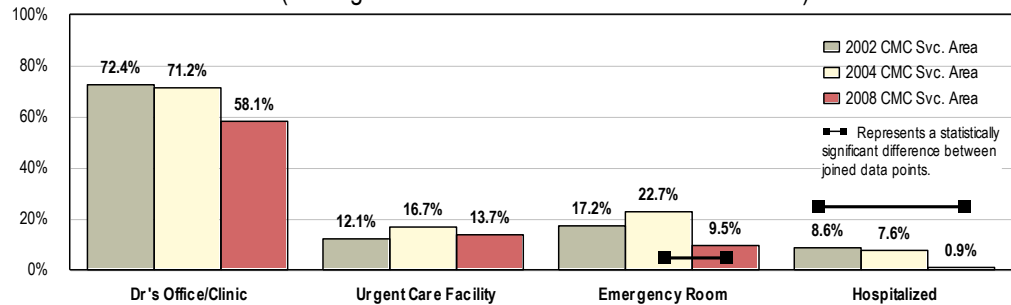
Use of Asthma-Related Medical Services

Most asthmatic children (58.1%) have had a physician or clinic visit related to their asthma in the past year.

- A total of 13.7% used an **urgent care facility** for their asthma in the past year, while 9.5% used a **hospital emergency room** (down significantly from 2004 findings), and less than 1% were **hospitalized** (down significantly from 2002 findings).

Use of Medical Services for Asthma in Past Year

(Among Parents of a Child Under 15 With Asthma)



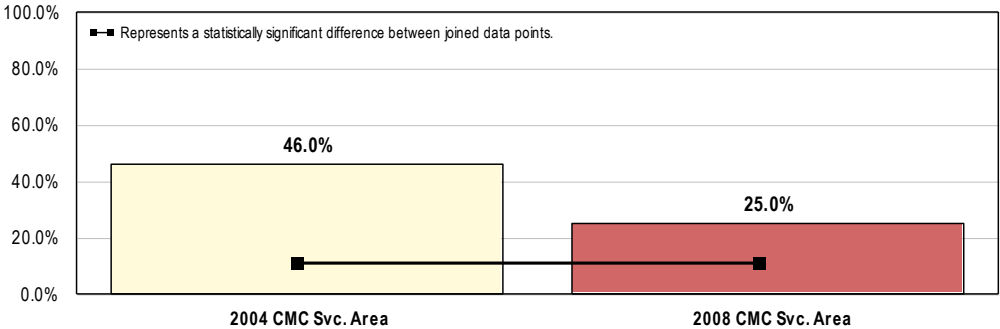
Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Items 43-46]
 Notes: • Asked of parents of an asthmatic child under 15.

Schooldays Missed Due to Asthma

25.0% of area parents report that their child had missed school due to asthma problems in the past year.

 This is a significant decrease from 2004 findings.

Child Has Missed School for Asthma Symptoms (Among Parents of a Child Under 15 With Asthma; 2008 Data)



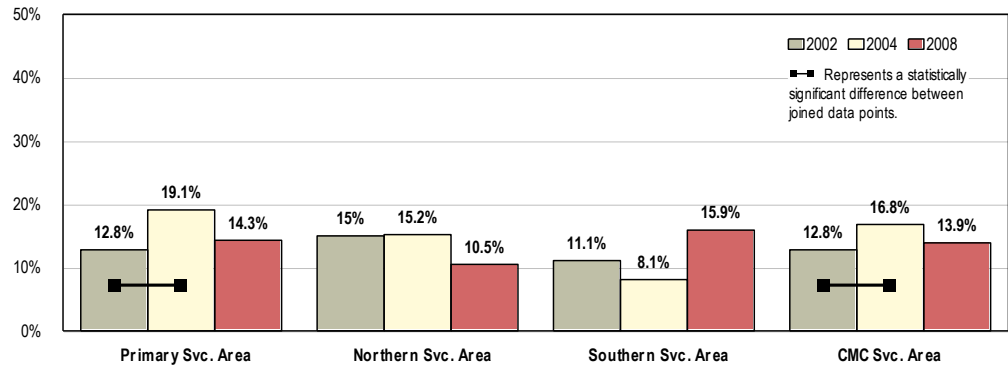
Sources: • 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item47]
Notes: • Asked of parents of a child under 15.

Allergies

13.9% of area children have been diagnosed with an allergy to an airborne substance (such as cat or dog dander, dust mites, pollen, etc.).

- Does not vary significantly by service area.
- No significant change from 2004 findings.

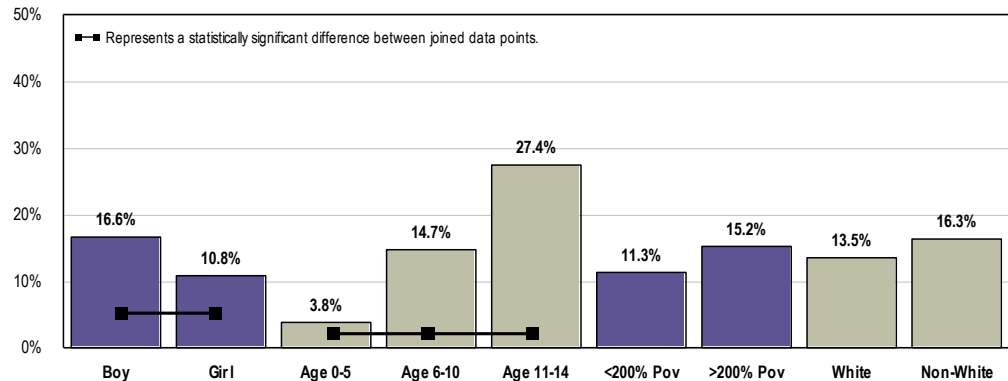
Child Has Been Diagnosed With Allergies to Airborne Substances (Among Parents of a Child Under 15)



Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 48]
Notes: • Asked of parents of a child under 15.

- Viewed demographically, boys and older children are more likely to have been diagnosed with an allergy.

Child Has Been Diagnosed With Allergies to Airborne Substances (Among Parents of a Child Under 15)



Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 48]
Notes: • Reflects the responses of the parent of a child under 15.

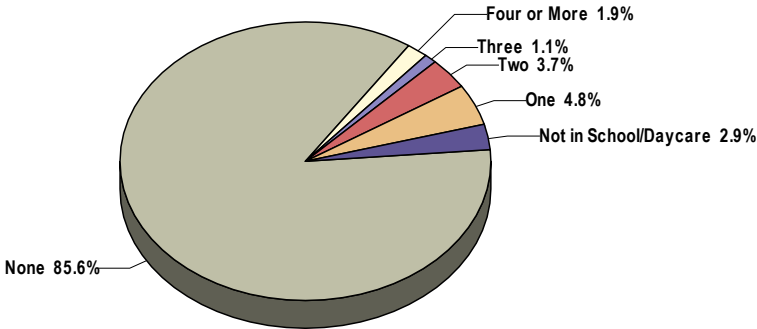
Schooldays Missed Due to Allergies

In a follow-up inquiry, parents of children under 15 who have been diagnosed with an airborne allergy were further asked to indicate the number of schooldays which their child missed in the past year due to allergic nasal or eye symptoms.

Among parents of children under 15 who have been diagnosed with an airborne allergy, 85.6% report that their child with allergies did not miss any schooldays in the past year due to allergies.

- 3.0% of parents reported that their child with allergies missed three or more schooldays due to allergies.

Number of Schooldays Missed Due to Allergic Nasal/Eye Symptoms in the Past Year
(Among Parents of Children Under 15 With Allergies)



Sources: • 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 49]
Notes: • Asked of parents of a child under 15 with allergies.

Injury

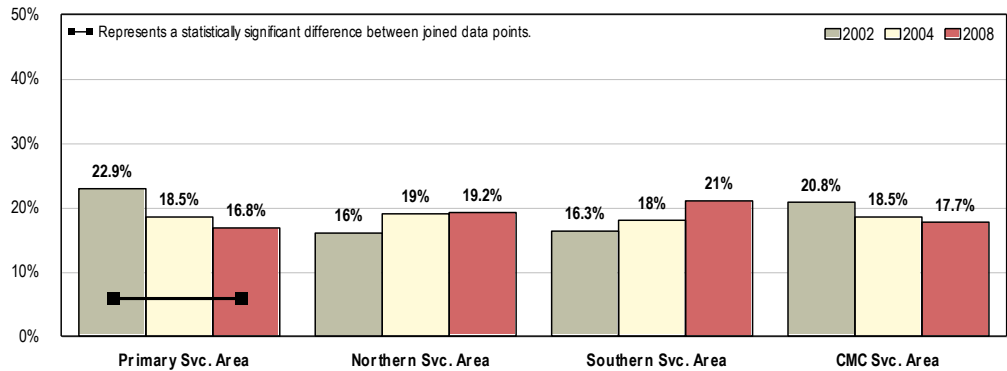
The following section outlines general assessments of the injuries among area children, including such issues as type and treatment of injuries, as well as motor vehicle safety and protective helmet usage.

Child Injury

A total of 17.7% of area children have been injured severely enough in the past two years to require treatment.

- ✦ Similar by service area.
- 📊 Similar to the previous study's findings (although responses in the Primary Service Area have decreased since 2002).

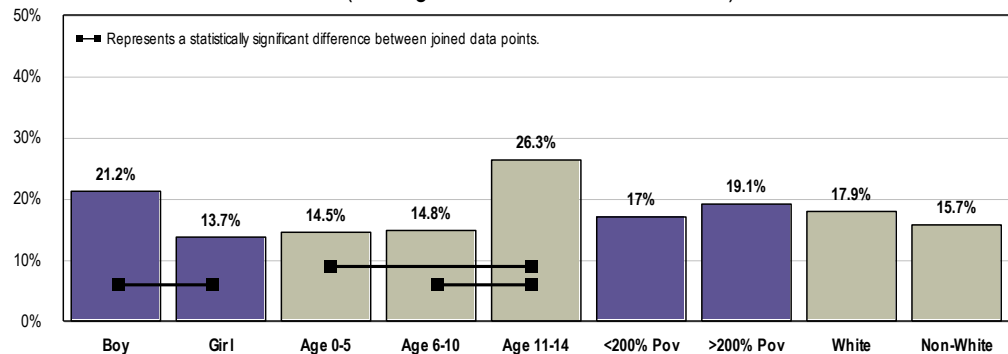
Child Had Injury Requiring Treatment in Past Two Years (Among Parents of a Child Under 15)



Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 58]
Notes: • Asked of parents of a child under 15.

- 👤 Viewed demographically, parents of boys or older children (aged 11 to 14) are more likely to report their child sustaining an injury requiring treatment.

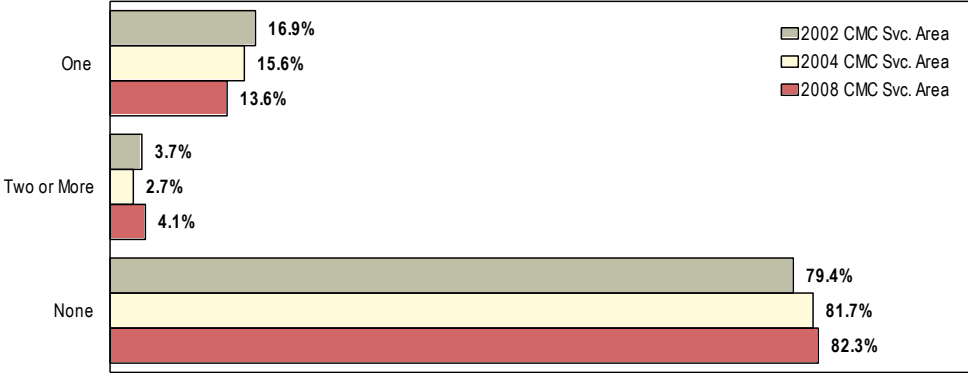
Child Had Injury Requiring Treatment in Past Two Years (Among Parents of a Child Under 15)



Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 58]
Notes: • Reflects the responses of the parent of a child under 15.

Overall, 13.6% of area children sustained **one** serious injury in the past two years, while 4.1% sustained **two or more** serious injuries.

Number of Serious Injuries in Past Two Years (Among Parents of a Child Under 15)

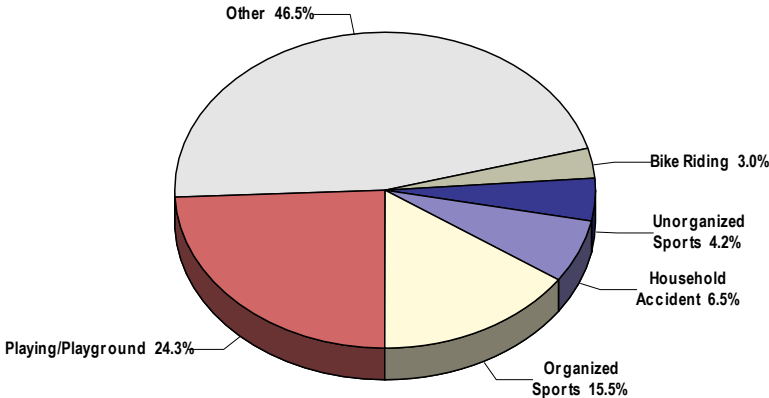


Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 59]
 Notes: • Asked of parents of a child under 15.

Circumstances of Recent Injury

When asked to describe the circumstances of their child's recent serious injury, the largest share of responses given related to **general play and playground accidents (24.3%)**, followed **organized sports activities (15.5%)**, **household accidents (6.5%)**, **unorganized sports (4.2%)** and **bike riding (3.0%)**.

Circumstances of Recent Injury (Among Parents of Children Who Were Injured Seriously Enough to Require Treatment; 2008 Data)

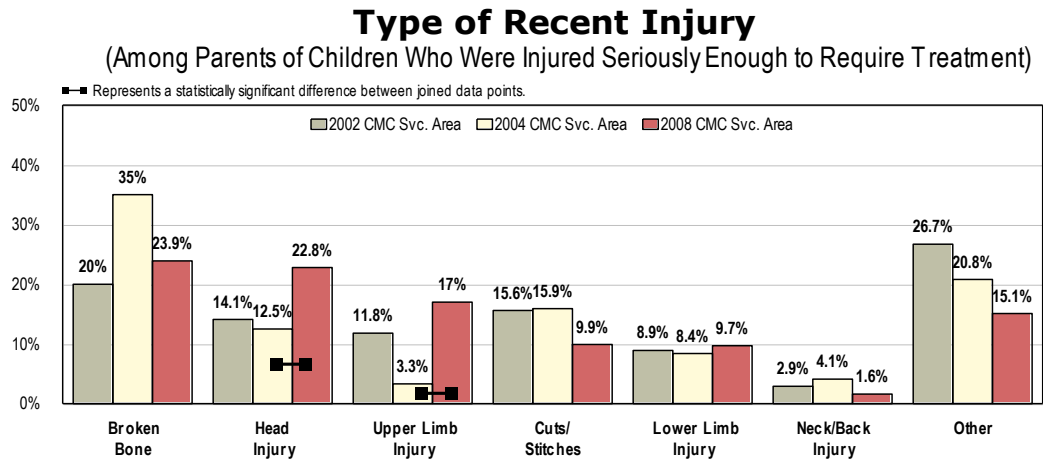


Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 60]
 Notes: • Asked of parents regarding a recent injury in which their child was hurt seriously enough to require treatment.

Types and Treatments of Injuries

Broken bones (23.9%) and **head injuries** (22.8%) were the most commonly cited injuries, followed by **upper limb injuries** (17.0%).

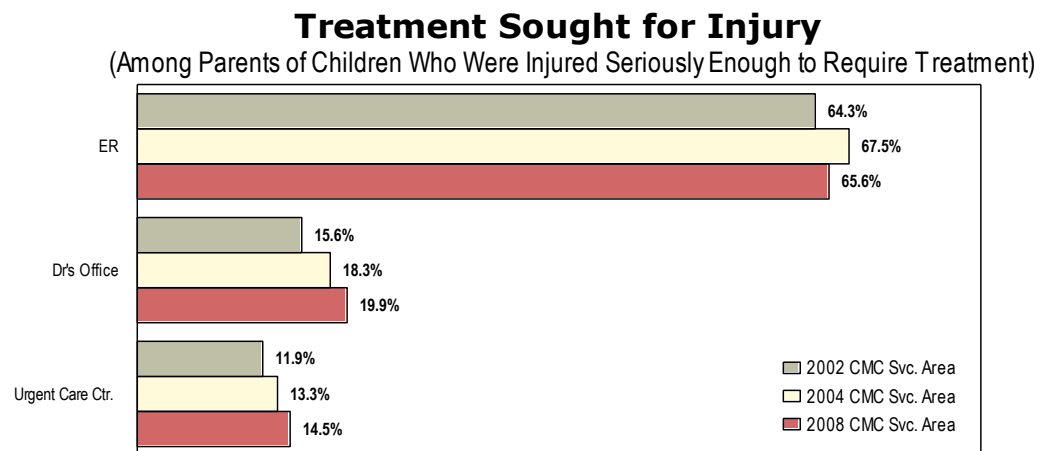
- Note that the distribution has shifted somewhat since 2004, with higher percentages of head and upper limb injuries represented.



Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 61]
Notes: • Asked of parents of children under 15 about recent injuries.

As to the type of treatment sought for this injury, 65.6% took their child to the **emergency room/hospital**, 19.9% were seen at their **doctor's office**, and 14.5% went to an **urgent care center**.

- This is similar to the 2002 and 2004 distributions.



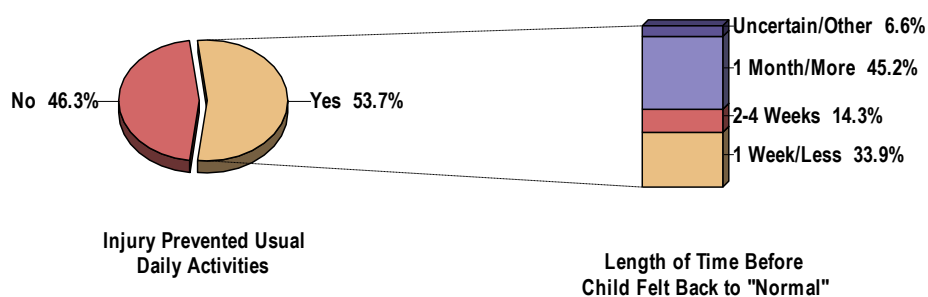
Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 62]
Notes: • Asked of parents about a child's recent injury in which they were seriously enough to require treatment.

Over one-half of parents whose child was injured seriously enough in the past two years to require treatment indicated that the child's injury prevented their usual daily activities.

- ☐ 33.9% indicated that the child was back to normal within one week or less.
- ☐ 14.3% indicated that the child took two to four weeks before being able to do normal activities.
- ☐ 45.2% reported more than one month of healing time for the child.

Result of Injury

(Among Parents of Children Who Were Injured Seriously Enough to Require Treatment; 2008)



Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Items 63-64]

Notes: • Asked of parents about a child's recent injury in which they were hurt seriously enough to require treatment.

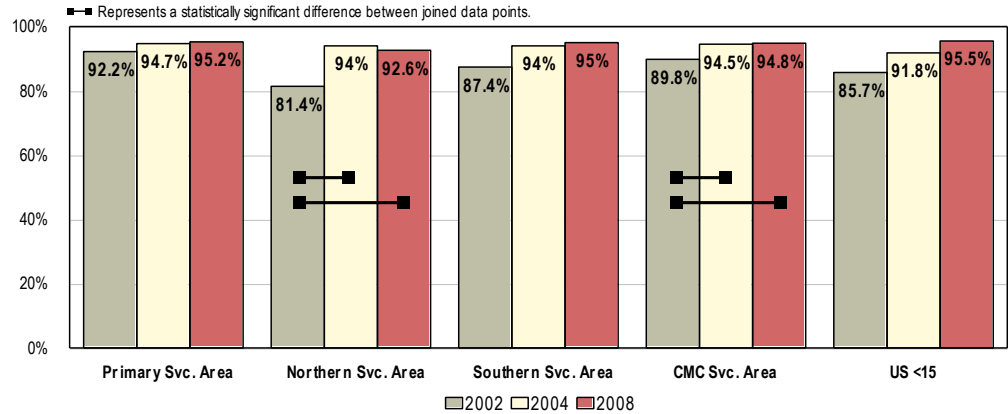
Automobile Safety Seat/Seat Belt Usage

Over nine in 10 area parents (94.8%) indicate that their child “always” uses a car seat or safety belt when riding in a car.

✦ Does not vary significantly by service area.

☒ Similar to 2004 findings.

Child "Always" Uses Car Seat or Safety Belt (Among Parents of a Child Under 15)



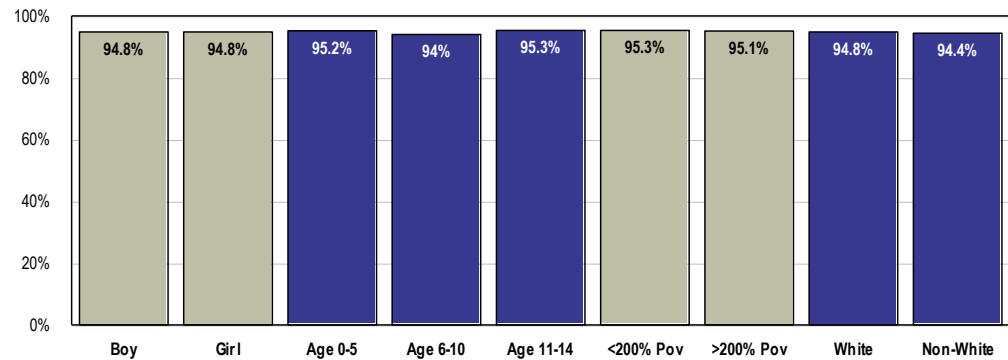
Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 71]

• 2008 PRC National Survey, Professional Research Consultants

Notes: • Asked of parents of a child under 15.

☺ Little variation is reported by key demographic characteristics.

"Always" Use a Safety Belt or Car Seat When Riding in a Vehicle (Among Parents of a Child Under 15)



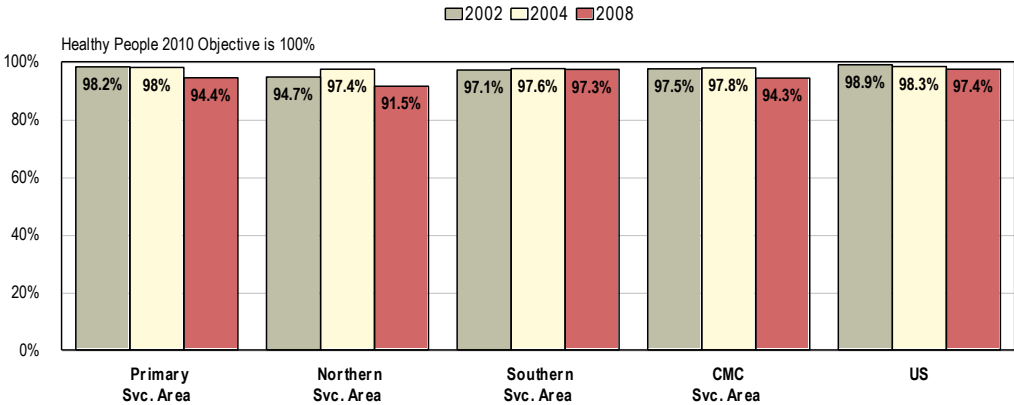
Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 71]

Notes: • Reflects the responses of the parent of a child under 15.

By the year 2010, *Healthy People 2010* hopes that all children under the age of five will use a car seat or safety belt when riding in a vehicle. Locally:

- 👤 94.3% of parents report their child under the age of 5 uses a car seat or a safety belt when riding in a vehicle.
- 📍 Close to but fails to satisfy the Healthy People 2010 goal.

Child <5 "Always" Uses Car Seat or Safety Belt (Among Parents of a Child Under Five)



Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item71]
 • 2008 PRC National Survey, Professional Research Consultants.
 • *Healthy People 2010: National Health Promotion and Disease Prevention Objectives for the United States*, Public Health Services.

Notes: • Reflects the answers of parents of a child under five.

Protective Helmet Usage

Area parents of children aged five through 14 were next asked a series of questions about bike riding and helmet usage when riding bicycles.

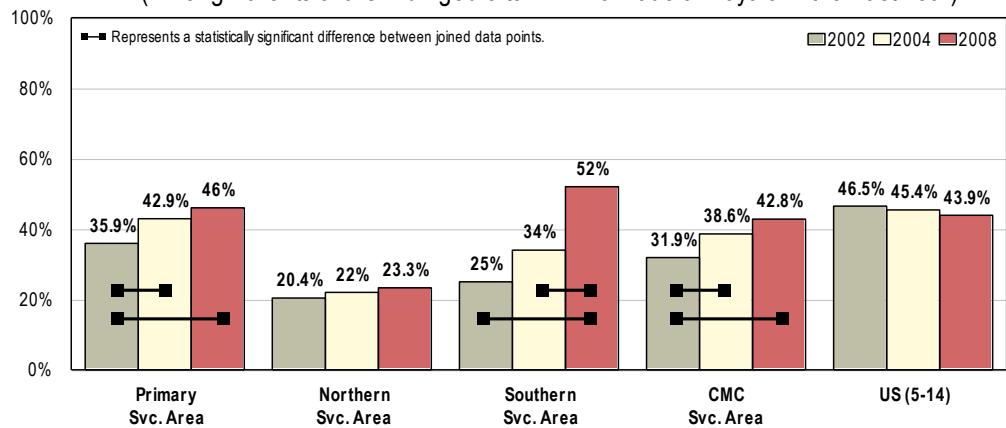
Bicycle Helmet Use

Of the children aged 5 through 14 who have ridden a bicycle in the past 12 months, 42.8% are reported to have “always” worn a bicycle helmet.

- Ranges from 23.3% in the Northern Service Area to 52.0% in the Southern Service Area.
- Compared to 2004 findings, a significant improvement was realized in the Southern Service Area.

Child "Always" Used a Helmet While Riding a Bicycle in the Past Year

(Among Parents of a Child Aged 5 to 14 Who Rode a Bicycle in the Past Year)



Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 66]
 • 2008 PRC National Health Survey, Professional Research Consultants

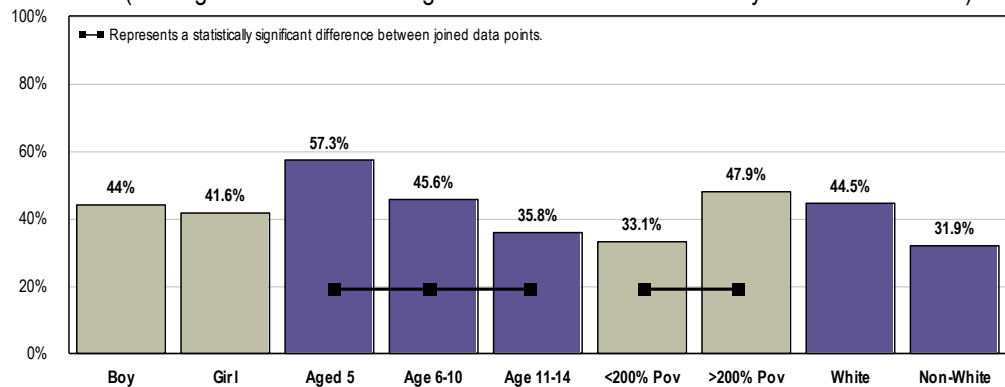
Notes: • Percentages reflect "always" responses given by parents of children aged 5 through 14 who rode a bicycle within the past year.

Children most likely to “always” wear a safety helmet when riding a bicycle:

- 👤 Those aged 5 years and younger.
- 👤 Those living at higher income levels.

Child "Always" Used a Helmet While Riding a Bicycle in the Past Year

(Among Parents of a Child Aged Five to 14 Who Rode a Bicycle in the Past Year)



Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 66]

Notes: • Percentages reflect "always" responses given by the parent of a child aged five through 14 who rode a bicycle within the past year.

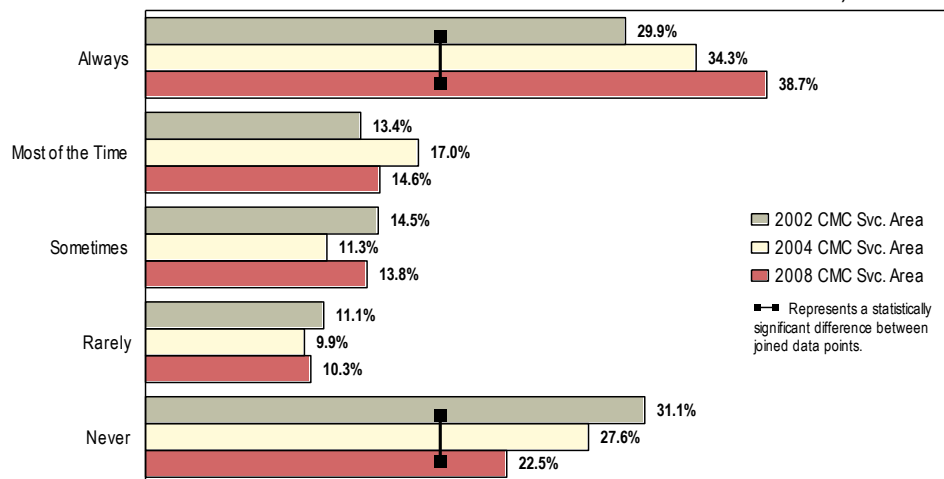
Helmet Use for Scooters, Skateboards or Rollerblades

62.9% of parents of children age 5 to 14 report that their child has ridden a scooter, skateboard, or rollerblades in the past year. Among these parents:

- ☑ 38.7% report that their child "always" wore a helmet when riding the scooter, skateboard, or rollerblades.
- ☑ On the other hand, 32.8% report that their child "rarely" or "never" wore a protective helmet.
- 📊 "Always" responses are significantly higher than found in 2002 (and "never" responses are significantly lower).

Child's Helmet Safety While on Scooters, Skateboards, or Rollerblades

(Among Parents of a Child Aged 5 to 14 Who Used
Scooters, Skateboards or Rollerblades in the Past Year)



Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 67-68]

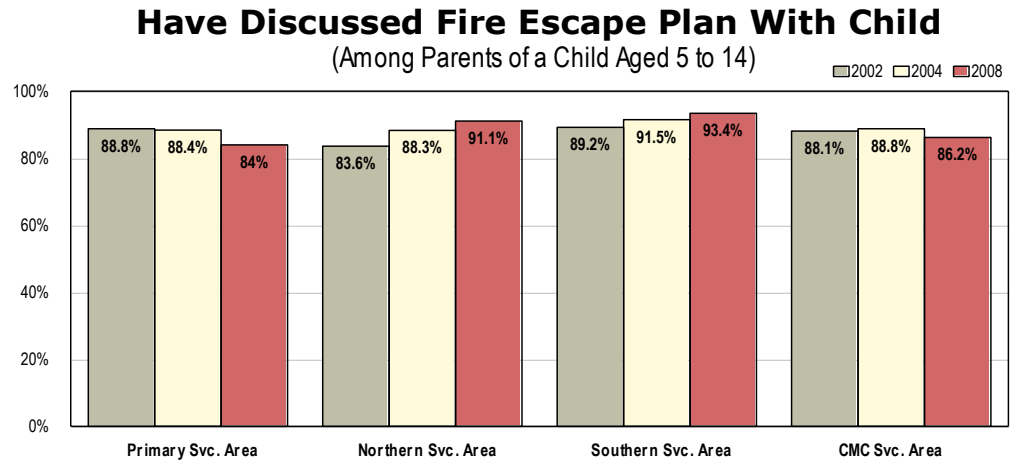
Notes: • Asked of parents with children aged 5 to 14.

Fire Safety

86.2% of area parents of children aged 5 through 14 have discussed a fire escape plan with their child.

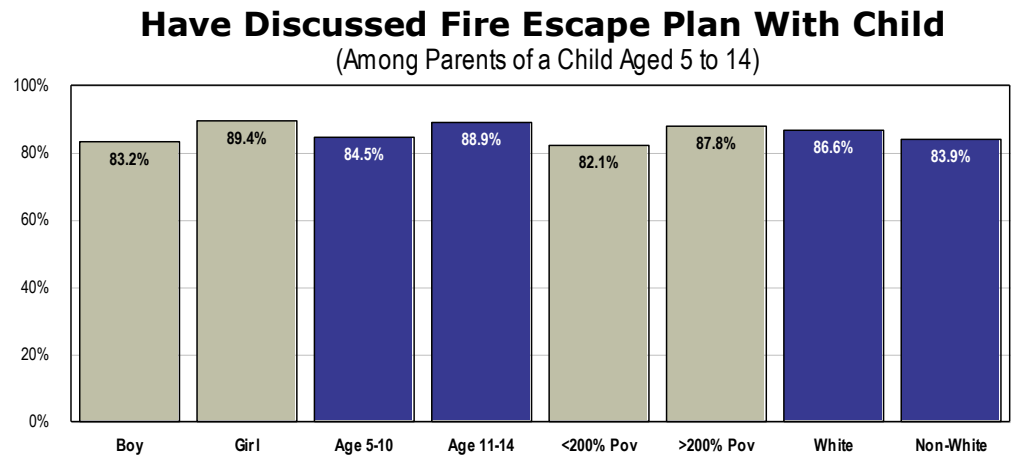
✦ Similar among the service areas.

📊 Statistically similar to previous findings.



Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 72]
Notes: • Asked of parents of a child aged 5 through 14.

👤 Little difference is noted by key demographic characteristics.



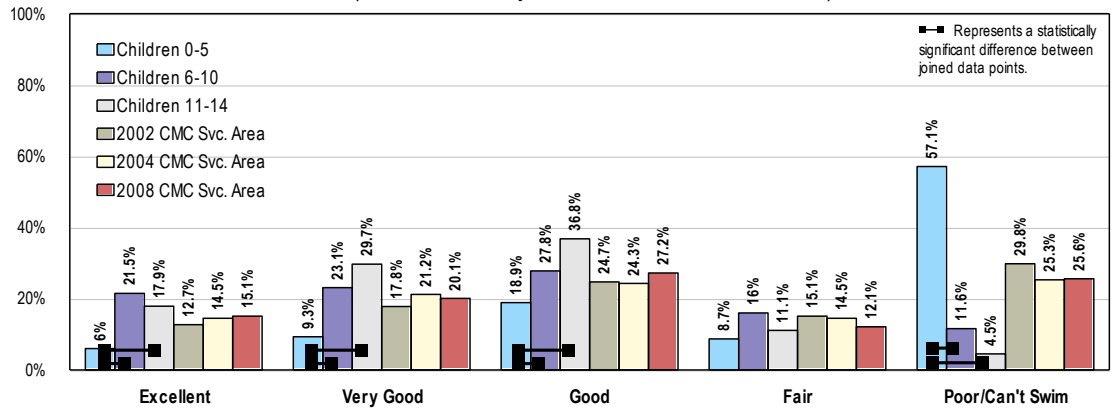
Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 72]
Notes: • Reflects the responses of the parent of a child aged 5 through 14.

Water Safety

Among all area children under age 15, 35.2% are reported to have “excellent” or “very good” swimming skills.

👥 “Poor/can’t swim” responses are highest among parents of young children (57.1%), as might be expected.

Child's Swimming Ability (As Perceived by Parents of a Child Under 15)



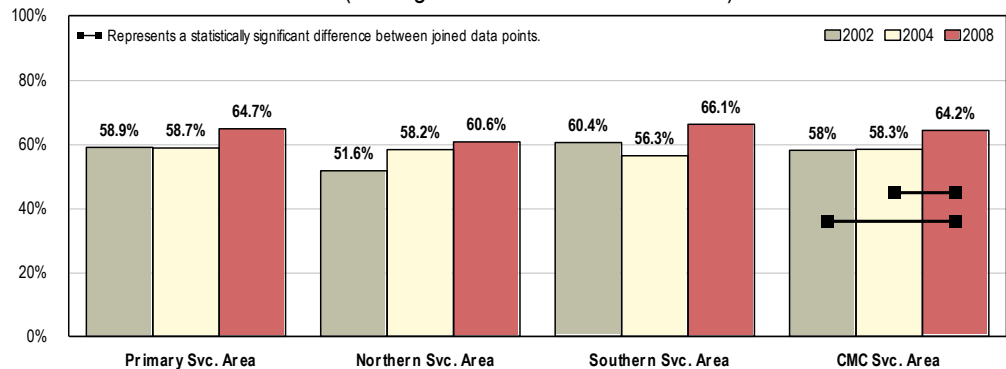
Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 130]
Notes: • Asked of parents of a child under 15.

Nearly two-thirds (64.2%) of parents indicate that their child has received swimming or water safety instruction.

✦ Similar by service area.

📊 A significant increase since 2004 in the CMC Service Area.

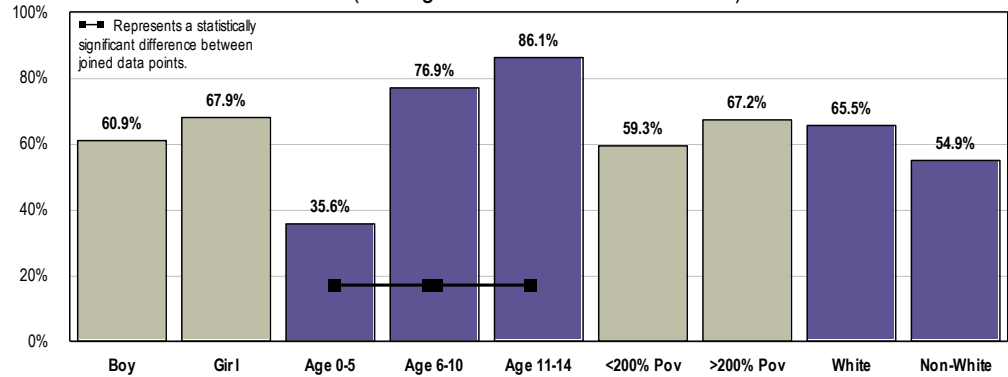
Child Has Received Swimming or Water Safety Instruction (Among Parents of a Child Under 15)



Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 131]
Notes: • Asked of parents of a child under 15.

👨👩👧 Water safety skills and instruction are higher among older children, especially children aged 11 through 14 (86.1%).

Child Has Received Swimming or Water Safety Instruction (Among Parents of a Child Under 15)



Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 131]
Notes: • Reflects the responses of the parent of a child under 15.

Firearms

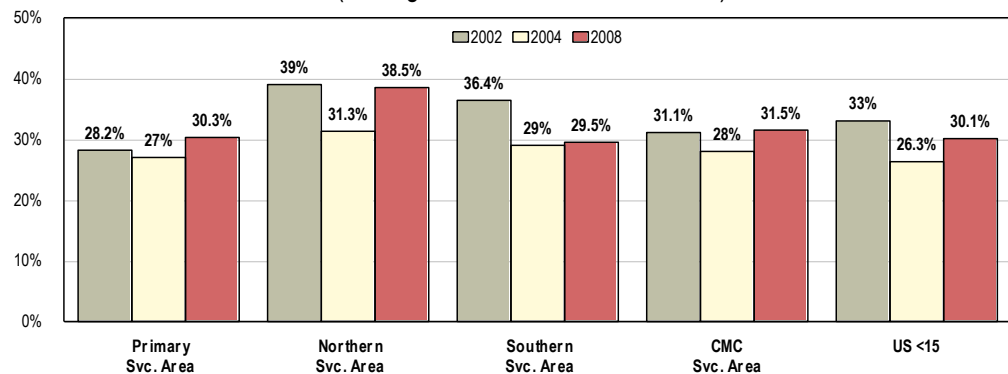
Presence of Firearms in or Around the Home

31.5% of area parents indicate that there is a firearm kept in or around the home (including pistols, shotguns, rifles, etc., but not including starter pistols, BB guns, or guns that cannot fire).

✦ Statistically similar by service area.

📦 No significant change since 2004.

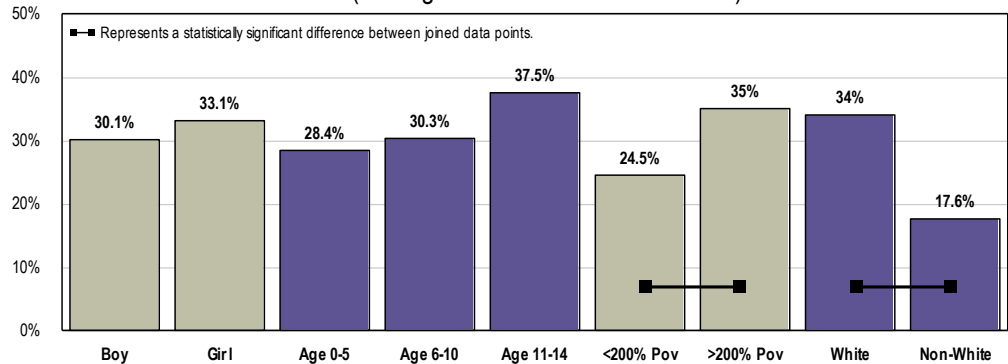
Presence of Firearms in or Around the House (Among Parents of a Child Under 15)



Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 73]
• 2008 PRC National Health Survey, Professional Research Consultants
Notes: • Asked of parents of a child under 15.
• In this case the term "firearm" includes pistols, shotguns, rifles, and other types of guns, not including starter pistols, BB guns, or guns that cannot fire.

- 👤 White children and those living in higher income households are more likely to be in homes with firearms.

Presence of Firearms in or Around the House (Among Parents of a Child Under 15)



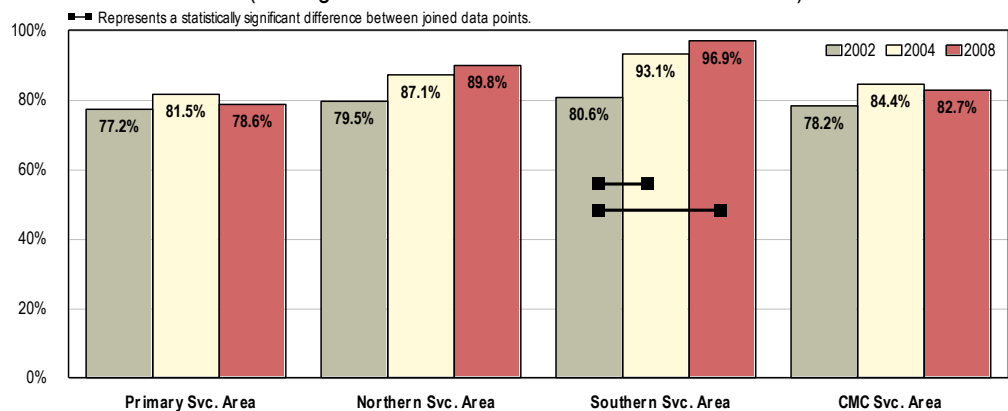
Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 73]
 Notes: • Reflects the responses of the parent of a child under 15.

Firearm & Ammunition Storage

Most homes with firearms (82.7%) report that their firearms are kept locked.

- ✦ Similar by service area.
- 📅 No significant change in responses between 2004 and 2008.

Firearms Are Kept Locked (Among Parents With Firearms In or Near the Home)



Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 74]
 Notes: • Asked of respondents with firearms kept in or around the home.
 • In this case the term "locked" includes guns which are trigger-locked or kept in locked places such as locked drawers, cabinets, or closets.

Additionally, the 29 respondents with unlocked firearms were further asked to indicate whether any of their firearms are kept unlocked *and* loaded, and asked where ammunition is kept:

- 🗳 17.1% say that their unlocked firearms are also kept loaded.
- 🗳 33.5% store ammunition with or near their firearms.

Violence

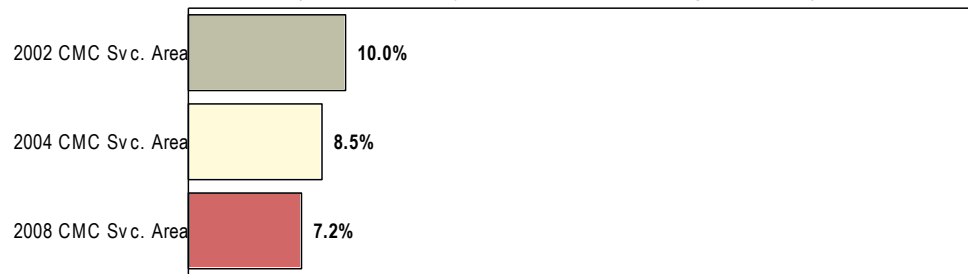
This section details area children's feelings of safety both in their neighborhoods and at school, as well as their participation in physical fights.

Physical Fights

Nine out of 10 area parents (92.8%) report that their child did not participate in any physical fights in the past year.

7.2% of area children were involved in at least one fight last year, similar to 2004 findings.

Child Was in One or More Physical Fights in the Past Year (As Reported by Parents of Children Aged 6 to 14)

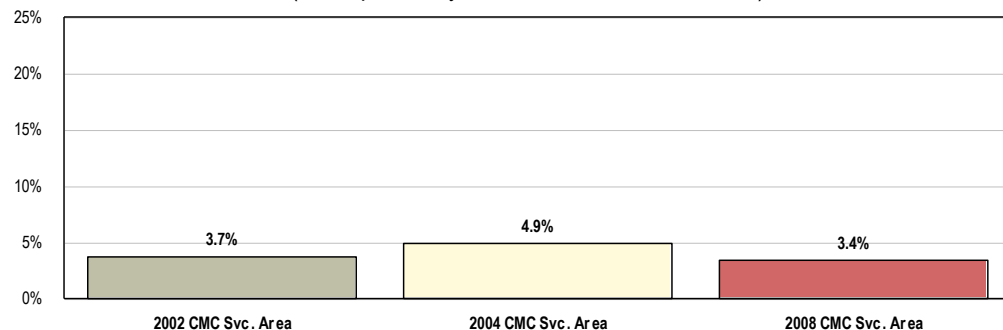


Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 105]
Notes: • Asked of parents of a child aged 6 through 14.

3.4% of area parents report that their child has witnessed a physical fight involving a family member in the past year.

Similar to that reported in 2004.

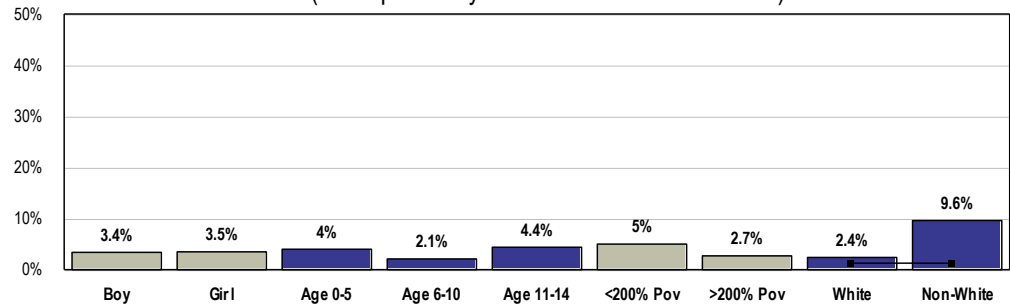
Child Witnessed a Physical Fight Involving a Family Member in the Past Year (As Reported by Parents of a Child Under 15)



Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 106]
Notes: • Asked of parents of a child under 15.

👥 Non-White children are more likely to witness physical fights involving family members.

Child Witnessed a Physical Fight Involving a Family Member in the Past Year (As Reported by Parents of a Child Under 15)



Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 106]
Notes: • Reflects the responses of the parent of a child under 15.

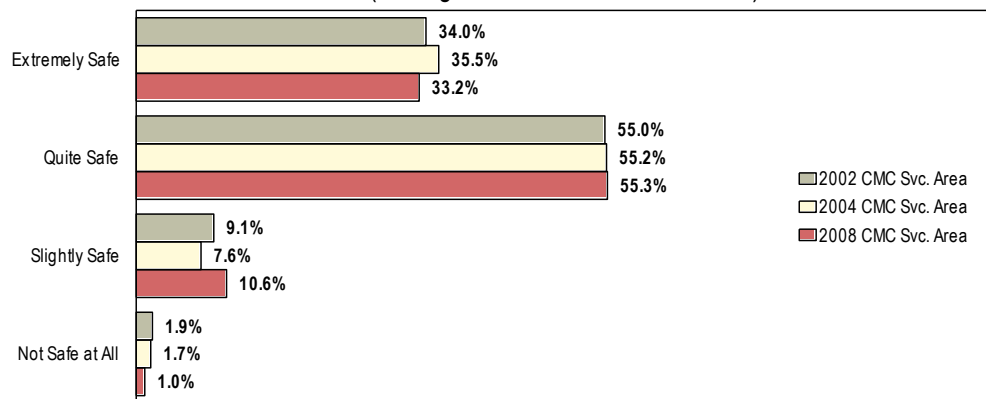
Perceived Safety

Perceived Safety in Neighborhoods

Nearly nine out of 10 area children (88.5%) live in neighborhoods which their parents view as “extremely” or “quite” safe.

- 📊 10.6% live in neighborhoods that are seen as “slightly safe.”
- 📊 Just 1.0% of parents view their neighborhood as “not safe at all.”
- ✦ There is no significant variation among the three service areas (not shown).
- 📅 This distribution is similar to that reported in 2004.

Perceived Safety of Neighborhood (Among Parents of a Child Under 15)



Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 70]
Notes: • Asked of parents of a child under 15.

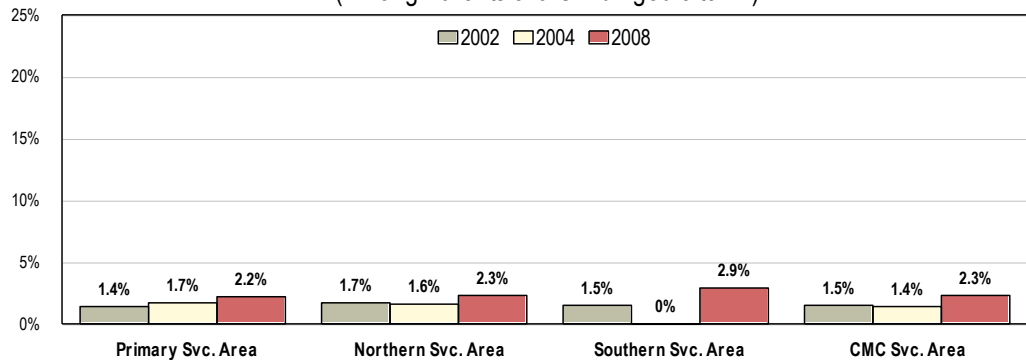
Perceived Safety at School

A total of 2.3% of respondents report that their child avoided going to school at some time in the past month because he/she felt unsafe on the way to or from school or at school.

✦ Similar by service area.

☒ No significant change since 2004.

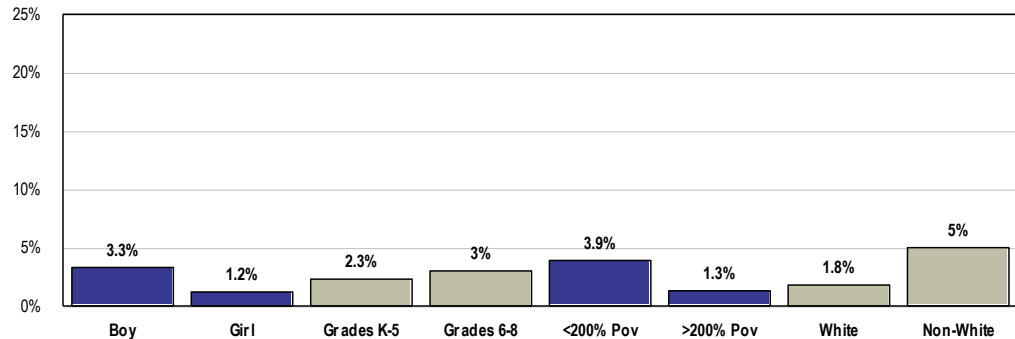
Child Avoided School One or More Times in the Past Month Because He/She Felt Unsafe (Among Parents of a Child Aged 5 to 14)



Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 69]
Notes: • Asked of parents of a child aged 5 through 14.

☒ No statistically significant differences are noted by key demographics.

Child Avoided School One or More Times in the Past Month Because He/She Felt Unsafe (Among Parents of a Child Aged 5 to 14)



Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 69]
Notes: • Reflects the responses of the parent of a child aged 5 through 14.

Environmental Health

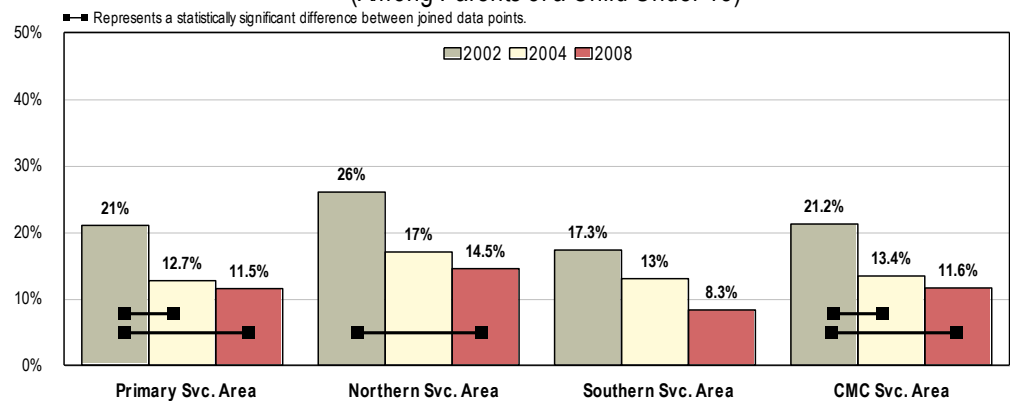
This section covers two issues relating to environmental health, including children’s exposure to secondhand smoke, and risk of lead poisoning.

Smoking in the Home

Locally, 11.6% of parents state that a household member smokes in the home.

- ✦ Ranges from 8.3% in the Southern Service Area to 14.5% in the Northern Service Area.
- 📊 Similar to 2004 findings, but significantly better than found in 2002.

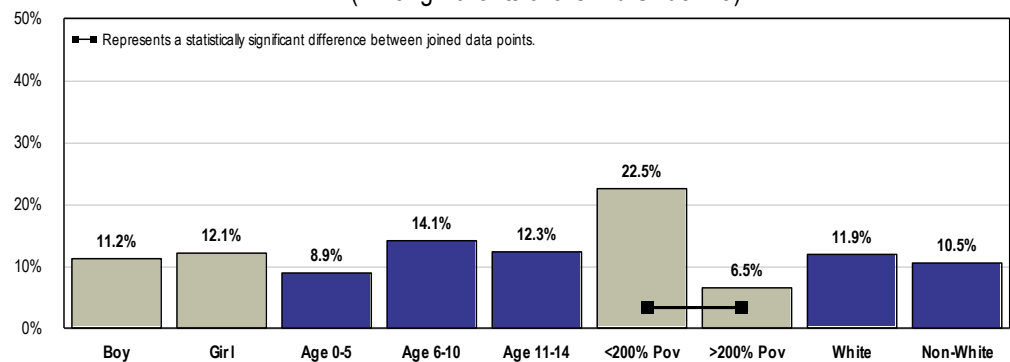
Household Member Smokes in the House (Among Parents of a Child Under 15)



Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 96]
Notes: • Asked of parents of a child under 15.

- 👤 Viewed demographically, children living at lower income levels are much more likely to have someone in the household who smokes at home.

Household Member Smokes in the House (Among Parents of a Child Under 15)



Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 96]
Notes: • Reflects the responses of the parent of a child under 15.

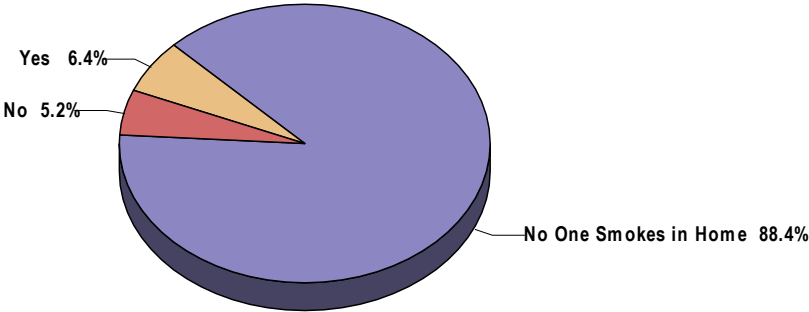
In relation to second-hand smoke, the following goal is set forth in *Healthy People 2010*:

Healthy People 2010 Objective 27-9: Reduce the proportion of children who are regularly exposed to tobacco smoke at home to 10%. [Note that Healthy People 2010 baseline data for this objective reports children aged 6 and under.]

Households with smokers (11.6%) include:

- 6.4% of area parents who acknowledge that their child is routinely exposed to the smoke.
- 5.2% who state that their child is not exposed.

Child is Exposed to Smoke in the Home (Among Parents of a Child Under 15; 2008 Data)



Sources: • 2008 PRC Child Health Surveys, Professional Research Consultants. [Items 96-97]
Notes: • Asked of parents of a child under 15.

Lead Poisoning

Age of Housing

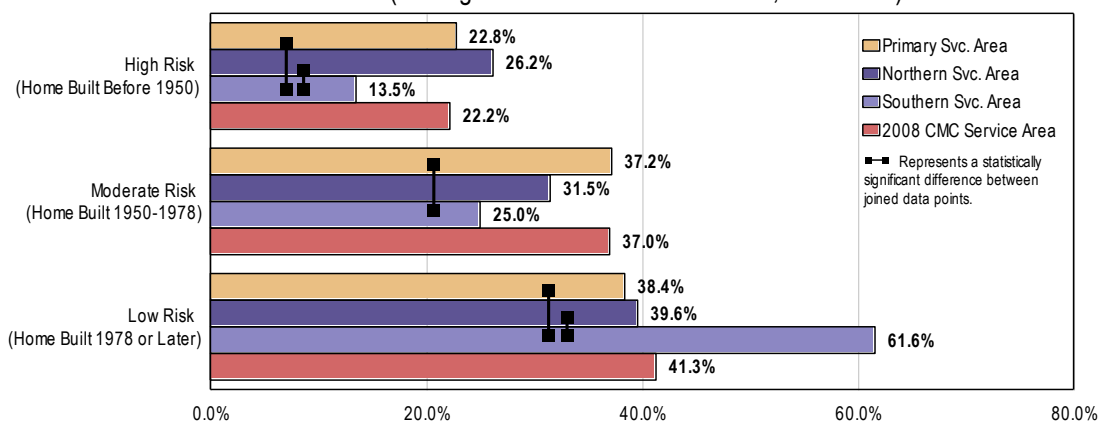
Lead-based paint is a primary risk factor for lead poisoning in children. In order to assess the lead exposure risk, survey respondents were asked to indicate the year in which their homes were built (lead-based paints were not manufactured after 1978; homes built before 1950 have the greatest likelihood for the presence of lead-based paint).

More than one out of five area parents live in homes which they say were built in or before 1950, putting their children at higher risk of exposure to lead-based paints.

- ☉ 41.3% of survey respondents report that their homes were built in 1978 or later, translating to a “low” lead exposure risk.
- ☉ Note that that this distribution excludes those who were uncertain as to the age of their home (roughly 9% of respondents).
- ✦ Viewed by service area, children in the Southern Service Area appear to be at lowest risk for lead exposure, based upon the year of home construction; in contrast, Northern Service Area children appear to be at higher risk for lead exposure.

Home Lead Exposure Risk Based on Age of Housing Stock

(Among Parents of a Child Under 15; 2008 Data)



Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Items 93-94]

Notes: • Asked of parents of a child under 15.

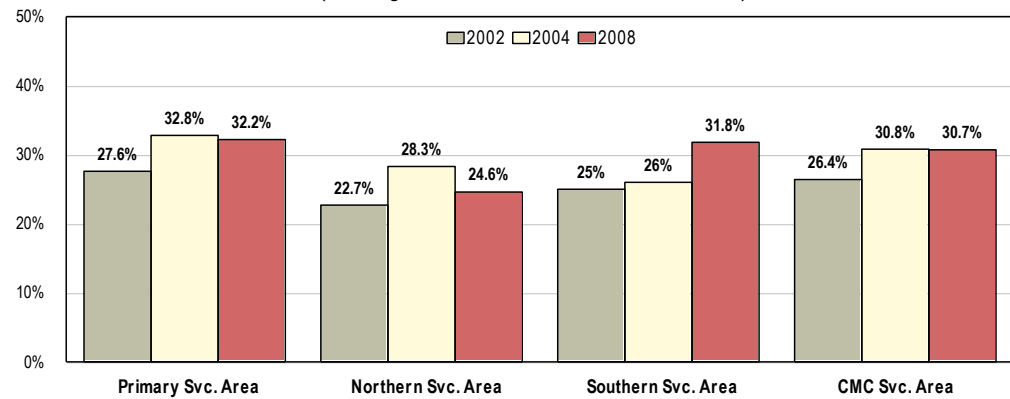
Testing for Lead Poisoning

In all, **30.7%** of area children under the age of 7 have been tested for lead poisoning.

✦ No significance differences are noted by area.

☒ Responses are similar to 2004 findings.

Child Has Had Blood Tested for Lead Poisoning (Among Parents of a Child Under Seven)



Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 36]

Notes: • Asked of parents of a child under seven.

Among those children tested, 1.9% are reported to have results which showed elevated blood lead levels (positive results).

Nutrition

Dietary Habits

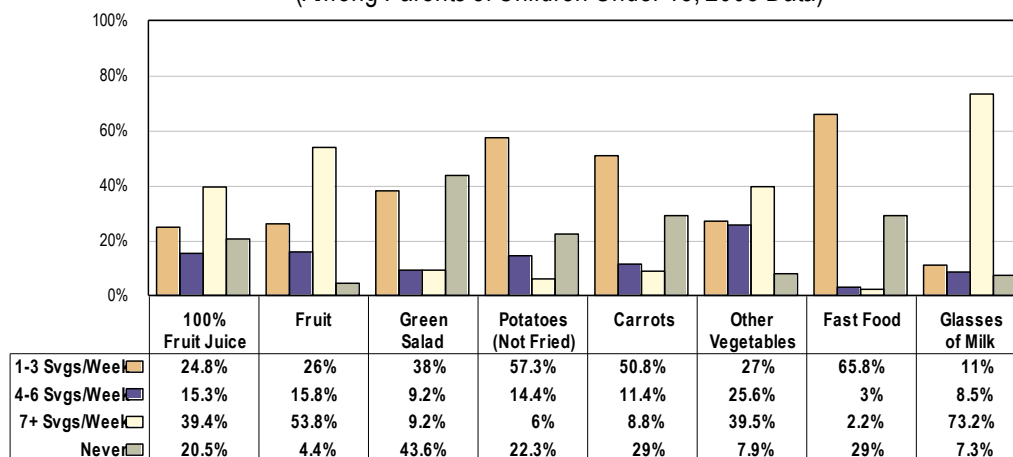
Weekly Servings

Survey respondents were asked to indicate how many servings of specific foods (including 100% fruit juice, fruit, green salad, potatoes [not fried], carrots, other vegetables, fast food, and glasses of milk) their child had consumed in the past week.

As shown in the following chart, a plurality of responses show:

- ☑ Seven or more servings per week of **milk**.
- ☑ Seven or more servings per week of **“other” vegetables** (other than green salad, carrots or unfried potatoes).
- ☑ Seven or more servings per week of **100% fruit juice**.
- ☑ Seven or more servings per week of **fruit**.
- ☑ One to three servings per week of **carrots** or **potatoes** (not including fried potatoes).
- ☑ One to three servings per week of **fast food**.
- ☑ Zero servings of **green salad**.

Servings of Certain Foods Eaten in the Past Week
(Among Parents of Children Under 15; 2008 Data)



Sources: • 2002, 2004 and 2008 PRC Child Health Surveys, Professional Research Consultants. [Items 132-139]

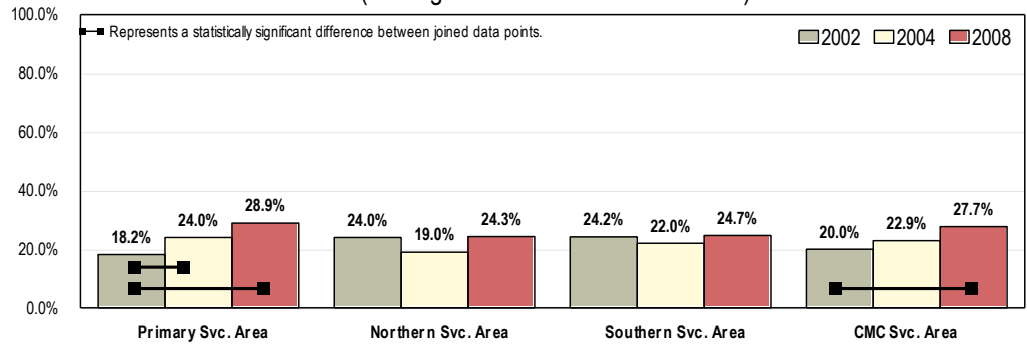
Notes: • Asked of parents of a child under 15.

Adequate Consumption of Fruits & Vegetables

Just over one-fourth of area children (27.7%) are reported to eat an average of five or more servings of fruits and/or vegetables per day.

- ✦ Statistically similar among the three service areas.
- ☒ Statistically similar to 2004 findings (but an improvement since 2002, specifically in the Primary Service Area).

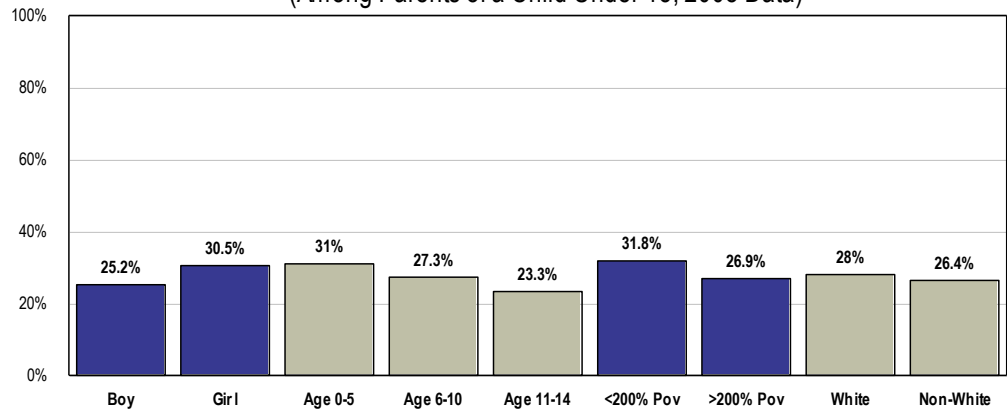
Eats 5+ Servings of Fruits and Vegetables Daily (Among Parents of a Child Under 15)



Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 144]
Notes: • Asked of parents of a child under 15.

👥 No statistically significant differences are found in responses by key demographic characteristics.

Eats 5+ Servings of Fruits and Vegetables Daily (Among Parents of a Child Under 15; 2008 Data)



Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 144]
Notes: • Reflects the responses of the parent of a child under 15.

Note the related *Healthy People 2010* goal for vegetable consumption:

Healthy People 2010 Objective 19-6: Increase the proportion of persons aged 2 years and older who consume at least three daily servings of vegetables, at least one-third being dark green or deep yellow vegetables, to 50%.

In addition, *Healthy People 2010* establishes the following goal for fruit consumption:

Healthy People 2010 Objective 19-5: Increase the proportion of persons aged 2 and older who consume at least two daily servings of fruit to 75%.

Physical Activity

Exercise

Vigorous Physical Activity

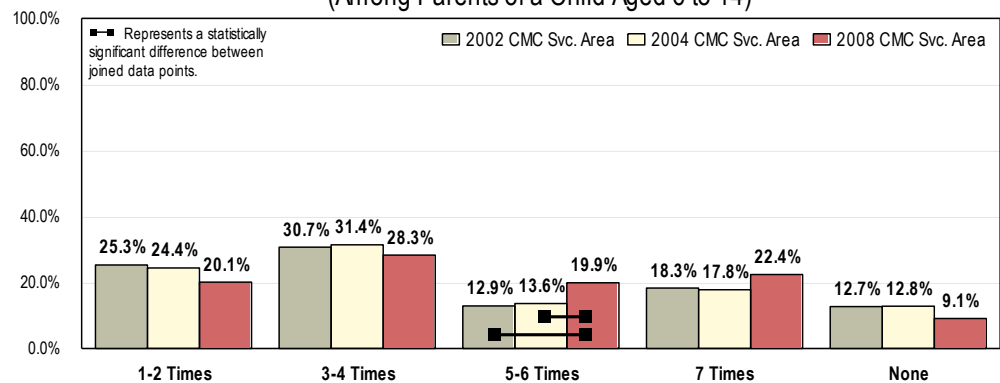
A total of 70.6% of area children are reported to engage in vigorous physical activity three or more times in the past week (defined in this case as exercise which lasts for at least 20 minutes and causes the child to sweat and/or breathe hard).

- Another 20.1% exercised vigorously one or two times in the past week.

However, 9.1% of children did not get any vigorous physical activity in the past week.

Frequency of Vigorous Physical Activity For At Least 20 Minutes in Past Week

(Among Parents of a Child Aged 6 to 14)



Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 124]

Notes: • Asked of parents of a child aged 6 through 14.

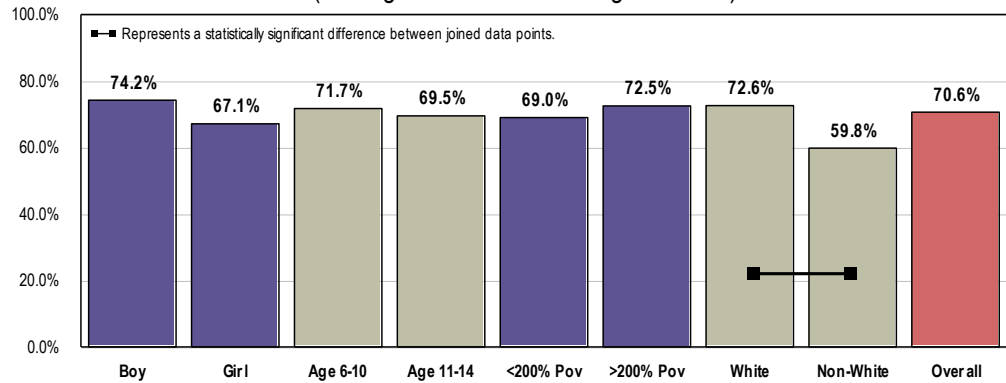
- In this case, the term "vigorous physical activity" refers to the child participating in activity that makes him/her sweat or breathe hard.

Furthermore, *Healthy People 2010* sets forth the following goal for frequency of vigorous activity:

Healthy People 2010 Objective 22-7: Increase the proportion of children who engage in vigorous physical activity that promotes cardiorespiratory fitness 3 or more days a week for 20 minutes or more per occasion to 85%.

👤 Vigorous activity is more prevalent among White children than among Non-White children.

Child Participated in Vigorous Physical Activity For At Least 20 Minutes Three or More Times in Past Week (Among Parents of a Child Aged 6 to 14)



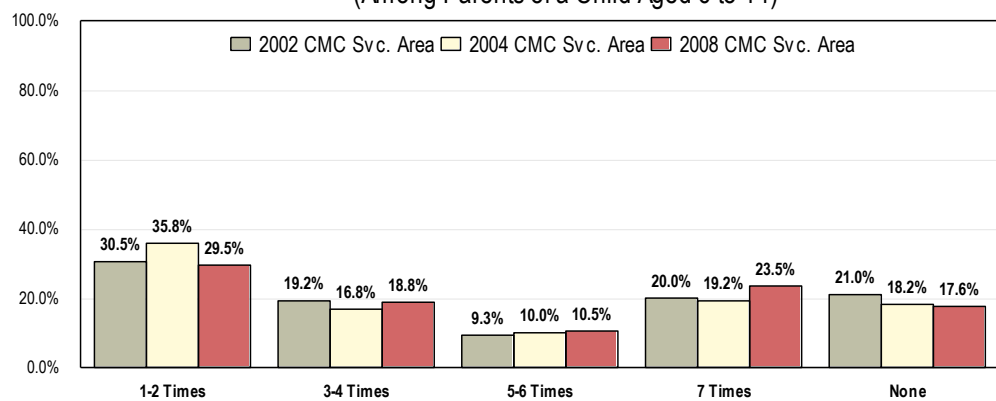
Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 124]
 Notes: • Reflects the responses of the parent of a child aged 6 to 14.
 • In this case, the term "vigorous physical activity" refers to the child participating in activity that makes him or her sweat or breathe hard.

Moderate Physical Activity

A total of 34.0% of area children are reported to engage in moderate physical activity five or more times in the past week (defined in this case as exercise which lasts for at least 30 minutes but does not cause the child to sweat and/or breathe hard).

📍 48.3% report some moderate physical activity, from between one and four times in the past week.

Frequency of Moderate Physical Activity For At Least 30 Minutes in Past Week (Among Parents of a Child Aged 6 to 14)



Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 125]
 Notes: • Asked of parents of a child aged 6 through 14.
 • In this case, the term "moderate physical activity" refers to activity which does not make the child sweat or breathe hard, such as fast walking, raking leaves, etc.

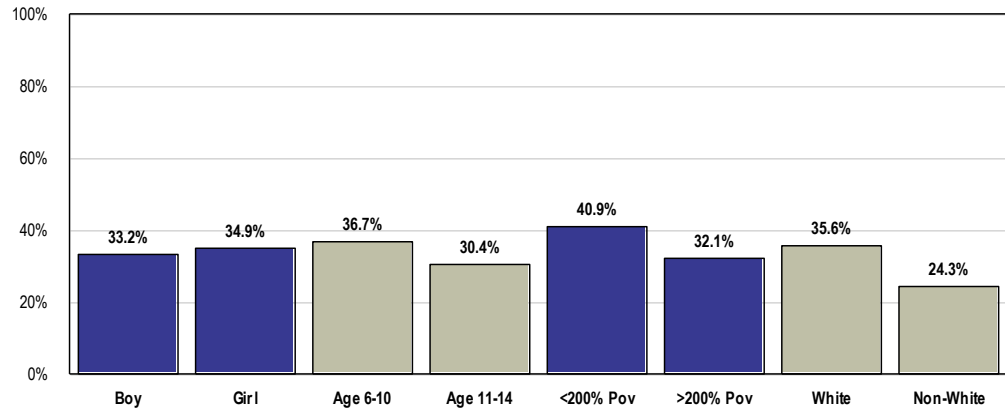
17.6% report no moderate physical activity in the past week.

As with vigorous physical activity, *Healthy People 2010* also sets forth a goal for child participation in moderate physical activity:

Healthy People 2010 Objective 22-6: Increase the proportion of children who engage in moderate physical activity for at least 30 minutes on 5 or more of the previous 7 days to 30% (CMC=34.0%).

⚖️ Differences found by demographics are not statistically significant.

Child Participated in Moderate Physical Activity For At Least 30 Minutes Five or More Times in Past Week
(Among Parents of a Child Aged 6 to 14)



Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 125]

Notes: • Reflects the responses of the parent of a child aged 6 to 14.

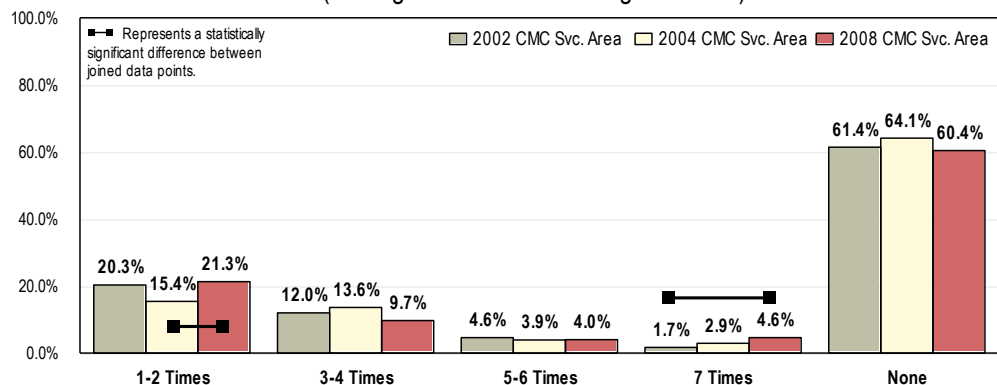
• In this case, the term "moderate physical activity" refers to activity which does not cause the child to breathe hard or sweat, such as fast walking, raking the leaves, etc.

Toning & Strengthening

A total of 39.6% of area children performed exercises designed to tone and strengthen (such as push-ups, sit-ups and weight lifting) at least once in the past week.

📈 Since 2002, the percentage reporting daily strengthening activity has increased.

Frequency of Strengthening Activity in Past Week
(Among Parents of a Child Aged 6 to 14)



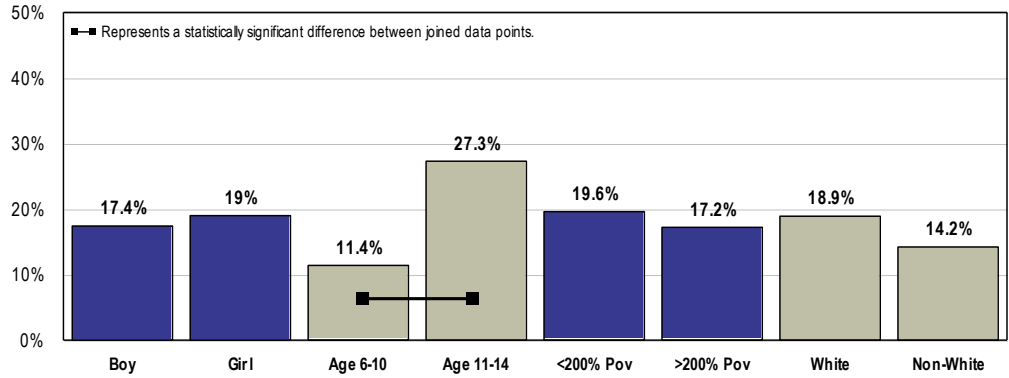
Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 126]

Notes: • Asked of parents of a child aged 6 through 14.

• In this case, the term "strengthening activity" refers to activity which strengthens or tones muscles, such as push-ups, sit-ups, or weight lifting

Viewed demographically, children aged 11 to 14 are more likely to participate in strengthening or toning exercises at least three times in the past week.

Child Participated in Strengthening Activity At Least Three Times in the Past Week (Among Parents of a Child Aged 6 to 14)



Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 126]

Notes: • Reflects the responses of the parent of a child aged 6 to 14.

• In this case, the term "strengthening activity" refers to activity which strengthens or tones muscles, such as push-ups, sit-ups, etc.

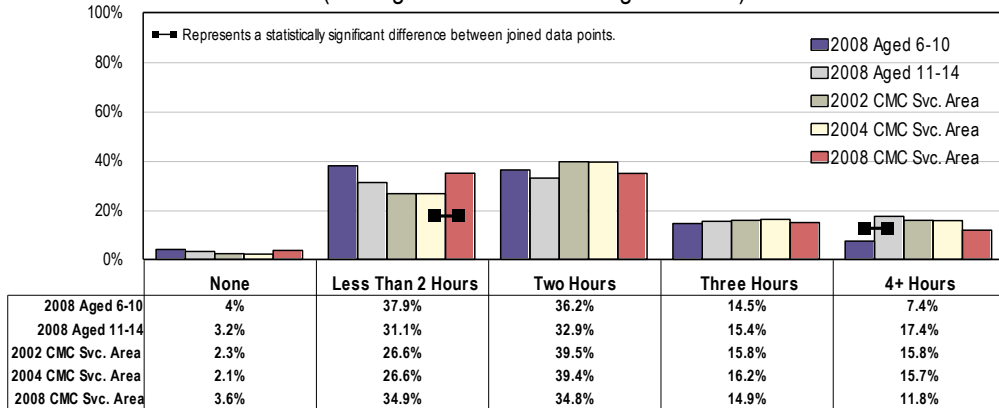
Sedentary Behaviors

Television Viewing

A total of 26.7% of area children aged 6 through 14 spend three or more hours watching television on a typical weekday.

- Note that 11.8% spend 4 hours or more.
- The median response was 2 hours of television per day.
- Note that the proportion of parents reporting "less than 2 hours" has increased since 2004.

Amount of Time Spent Watching Television on Weekdays (Among Parents of a Child Aged 6 to 14)



Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 120]

Notes: • Asked of parents of a child aged 6 to 14.

In addition, note the following *Health People 2010* goal:

Healthy People 2010 Objective 22-11: Increase the proportion of children who view the television two or fewer hours per day to 75% (CMC=73.3%).

Computer Screen Time

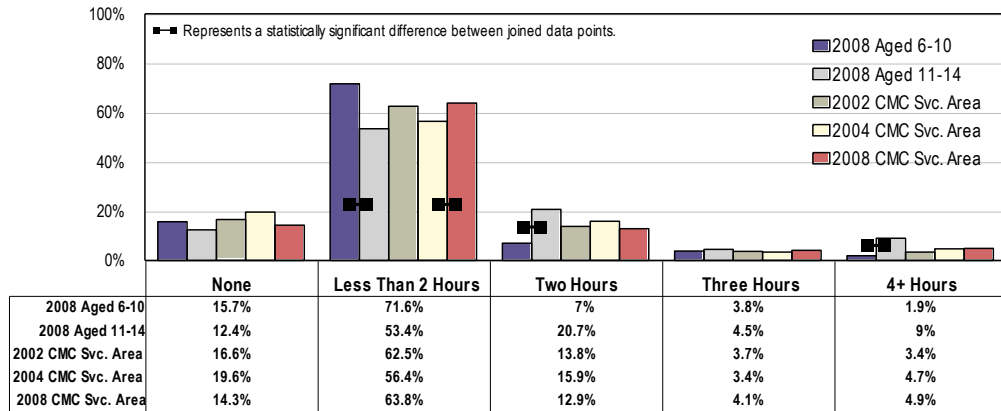
A total of 9.0% of area children aged 6 through 14 spend three or more hours on a typical weekday playing computer games or using the computer.

- Among children who use the computer, the median response was **2 hours of computer screen time per day**.

Higher among children aged 11 to 14, compared with those aged 6 to 10.

Note the increase in respondents reporting times of less than two hours per day.

Amount of Time Spent Playing Computer Games or Using the Computer on Weekdays
(Among Parents of a Child Aged 6 to 14)



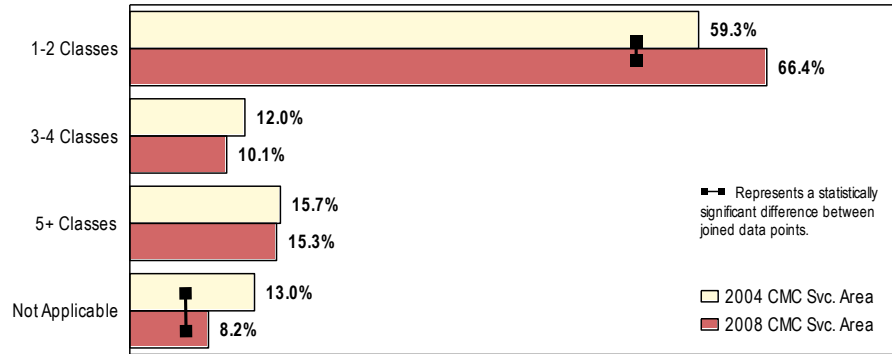
Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 121]
Notes: • Asked of parents of a child aged 6 through 14.

Physical Education (PE) Classes

Two-thirds (66.4%) of area parents of children aged 6 to 14 report that their child has physical education (PE) class only one or two times per week.

- ☑ Only 15.3% report daily PE class (5 or more times per week).
- ☒ This represents an increase in responses of “1 to 2 classes” since 2004.

Number of Weekly Physical Education Classes (Among Parents of a Child Aged 6 to 14)

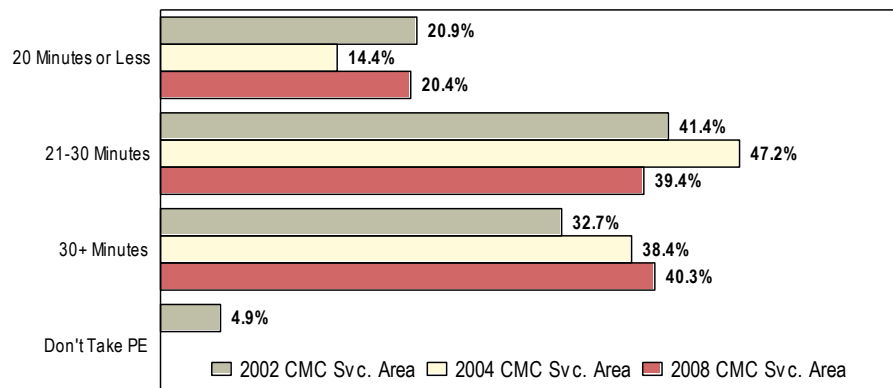


Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 127]
Notes: • Asked of parents of a child aged 6 through 14

Among parents with children in physical education class:

- ☑ 40.3% report that their child spends 30 minutes or more of each PE class actually exercising or playing sports.
- ☑ 39.4% report 21-30 minutes of physical activity during PE class.
- ☑ 20.4% say that their child is actually physically active for only 20 minutes or less during each PE class.

Minutes Spent Physically Active During PE Class (Among Parents of a Child Aged 6 to 14)



Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 128]
Notes: • Asked of parents of a child aged 6 through 14

In addition, *Healthy People 2010* sets the following goals for children participating in physical education classes at school:

Healthy People 2010 Objective 22-9: Increase the proportion of children who participate in daily school physical education to 50%.

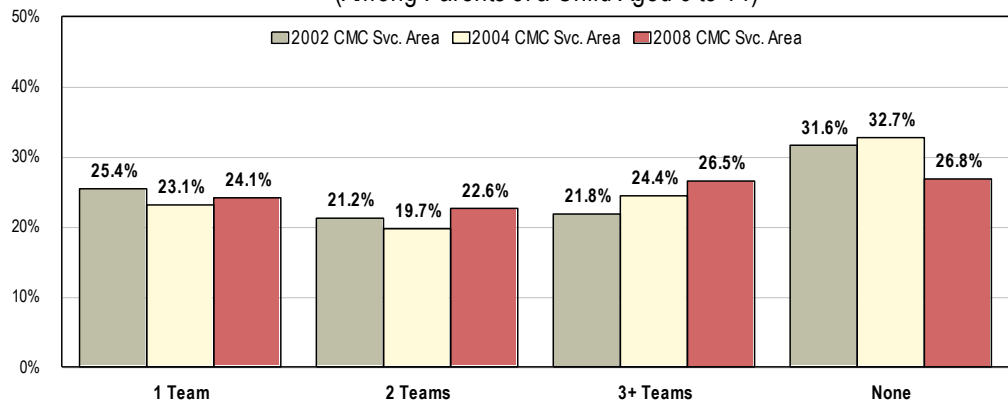
Healthy People 2010 Objective 22-10: Increase the proportion of children who spend at least 50% of school physical education class time being physically active to 50%.

Organized Sports Activities

Nearly three-fourths of area children aged 6 through 14 currently participate in at least one organized sports activity, such as a school or community sports team.

- 26.5% are involved in three or more organized sports teams.
- ☒ No significant difference in responses compared with 2004 findings.

Number of Organized Sports Activities in Which Child Was Involved in Past Year
(Among Parents of a Child Aged 6 to 14)



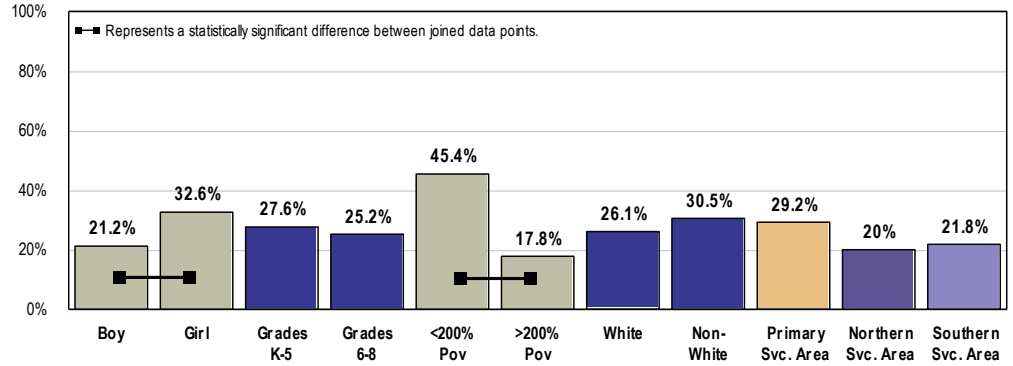
Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 129]
Notes: • Reflects the parent of a child aged 6 through 14.

Children less likely to be involved in organized sports activities include:

👧 Girls.

👨‍👩‍👧 Those living in lower-income households.

Not Involved in Organized Sports Activities in the Past Year (Among Parents of a Child Aged 6 to 14)



Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 129]

Notes: • Percentages reflect "none" responses given by the parents of a child aged 6 through 14.

Weight

Overweight Status

Risk factors for heart disease, such as high cholesterol and high blood pressure, occur with increased frequency in overweight children and adolescents compared to children with a healthy weight.

Type 2 diabetes, previously considered an adult disease, has increased dramatically in children and adolescents. Overweight and obesity are closely linked to type 2 diabetes.

Overweight adolescents have a 70% chance of becoming overweight or obese adults. This increases to 80% if one or more parent is overweight or obese. Overweight or obese adults are at risk for a number of health problems including heart disease, type 2 diabetes, high blood pressure, and some forms of cancer.

The most immediate consequence of overweight as perceived by the children themselves is social discrimination. This is associated with poor self-esteem and depression.

In 1999, 13% of children aged 6 to 11 years and 14% of adolescents aged 12 to 19 years in the United States were overweight. This prevalence has nearly tripled for adolescents in the past two decades.

The causes of overweight:

- Overweight in children and adolescents is generally caused by lack of physical activity, unhealthy eating patterns, or a combination of the two, with genetics and lifestyle both playing important roles in determining a child's weight.
- Our society has become very sedentary. Television, computer and video games contribute to children's inactive lifestyles. A total of 43% of adolescents nationwide watch more than 2 hours of television each day.

Children, especially girls, become less active as they move through adolescence.

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention.

In children and teens, body mass index is used to assess underweight, overweight, and risk for overweight. Children's body fatness changes over the years as they grow. Also, girls and boys differ in their body fatness as they mature. This is why BMI for children (also referred to as BMI-for-age) is gender and age specific. BMI-for-age is plotted on gender specific growth charts. These charts are used for children and teens 2 – 20 years of age. Healthcare professionals use the following established percentile cutoff points to identify underweight and overweight in children.

Underweight..... <5th percentile
At Risk of Overweight..... 85th to 95th percentile
Overweight..... ≥ 95th percentile

– National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention.

Healthy People 2010 sets forth the following goal:

Healthy People 2010 Objective 19-3b: Reduce overweight or obesity in those 12- to 19-years-old to 5%.

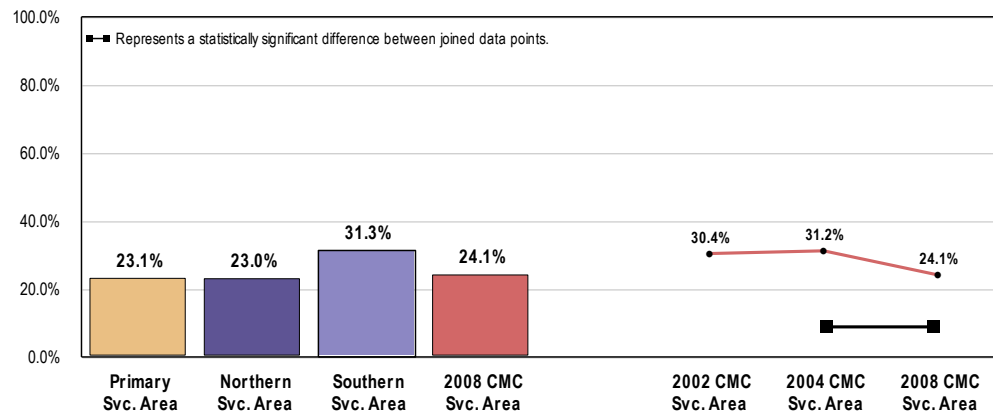
In the CMC Service area, nearly one-fourth (24.1%) of children aged 2 through 14 are at or above the 95th percentile BMI for their gender and age (thus considered overweight).

✦ Similar among the service areas.

☒ Represents a decrease from that recorded in 2004.

- Note that an improved method of calculating weight status was used in 2008, one that is slightly different from that used in 2002 and 2004; however, the effect on overweight prevalence appears to be marginal (the old calculation method would have produced an estimate of 25.7%).

Overweight (Age 2 to 14; By Region)



Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 143]

Notes: • In those aged 6 to 19 years, overweight or obesity is defined as at or above the gender- and age-specific 95th percentile of BMI based on analysis of data used to construct the year 2000 growth charts.

• Asked of parents a child aged 2 through 14.

* Note that an improved method of calculating weight status was used in 2008, one that is slightly different from that used in 2002 and 2004; however, the effect on overweight prevalence appears to be marginal.

Viewed by demographic characteristics, children more likely to be identified as overweight include:

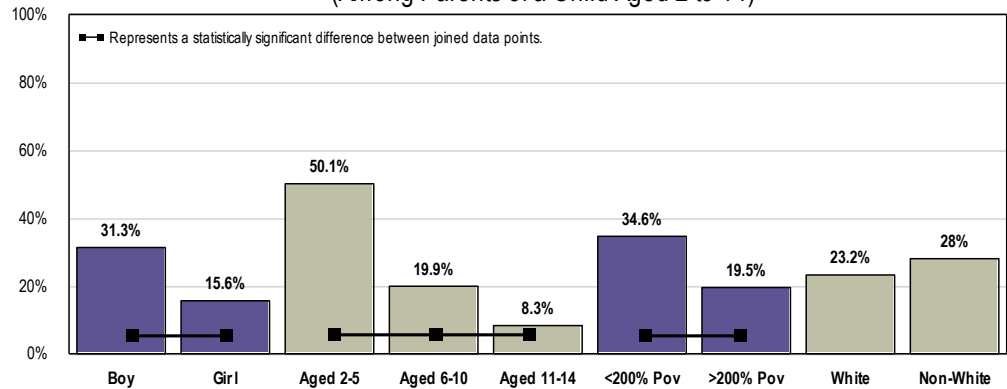
👤 Boys.

👤 Children aged 2 to 5 years.

👤 Those living in lower-income households.

Overweight

(Among Parents of a Child Aged 2 to 14)



Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 143]

Notes: • Reflects the responses of the parent of a child aged 2 to 14.

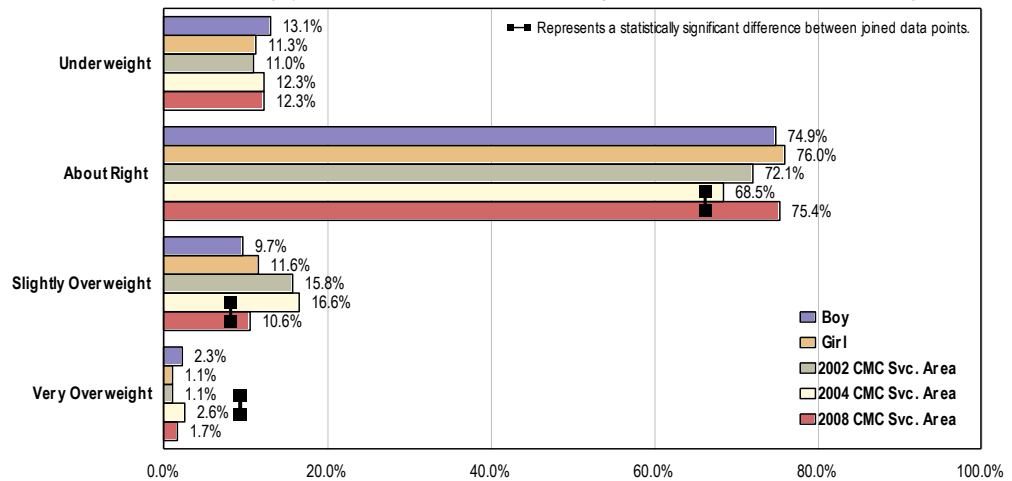
Parent's Perception of Child's Weight

Most parents (75.4%) believe their child's weight to be "about right." Another 12.3% believe their child is overweight.

- ☒ This represents an increase in "about right" responses compared with 2004 findings (and a corresponding decrease in "slightly overweight" responses).

Parent's Perception of Child's Body Weight

(By Gender; As Reported Among Parents of a Child Under 15)



Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 101]

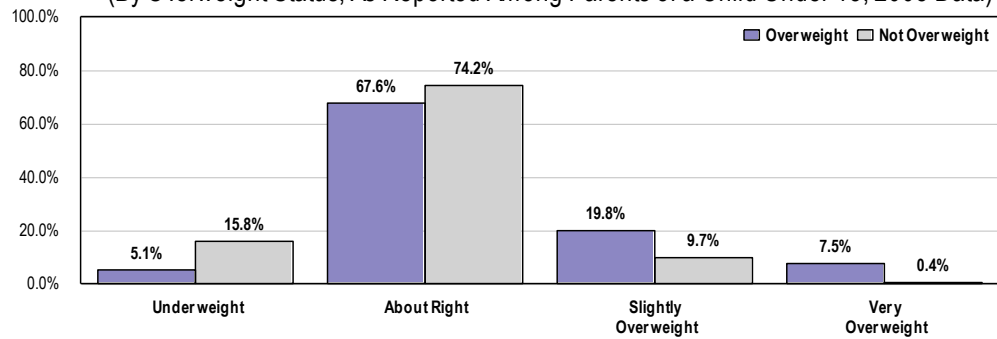
Notes: • Asked of parents of a child under 15.

- ☒ When segmented by actual overweight status, there is not a great amount of difference in responses between parents of children who are overweight, and those with children who are not overweight.

- ☒ Note that only 27.3% of parents with overweight children perceive their child as overweight.

Parent's Perception of Child's Body Weight

(By Overweight Status; As Reported Among Parents of a Child Under 15; 2008 Data)



Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 101]

Notes: • Asked of parents of a child under 15.

Weight Loss Methods Among Children

26.1% of area overweight children are currently trying to lose weight.

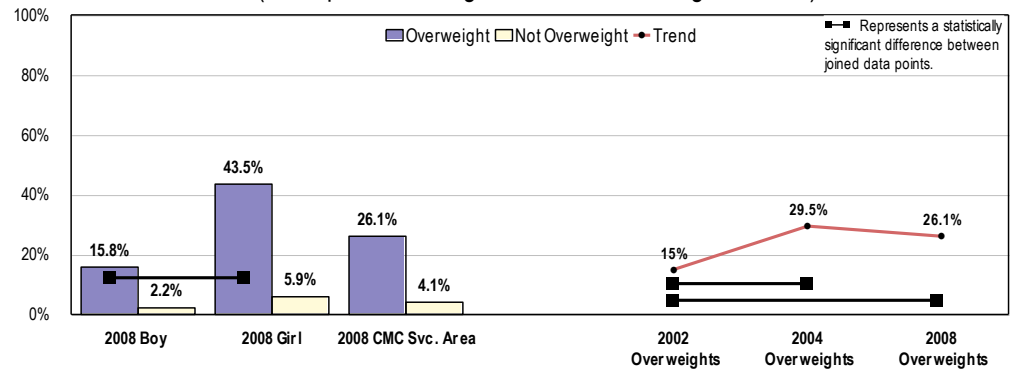
Similar to 2004 findings, but an increase since 2002.

Weight loss efforts are much more prevalent among overweight girls than among overweight boys.

Note also that 4.1% of children who are *not* overweight are also currently trying to lose weight.

Currently Trying to Lose Weight

(As Reported Among Parents of a Child Aged 6 to 14)



Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 102]

Notes: • Asked of parents of a child aged 6 to 14.

When asked to describe the specific weight loss or weight control methods which their children used in the past month:

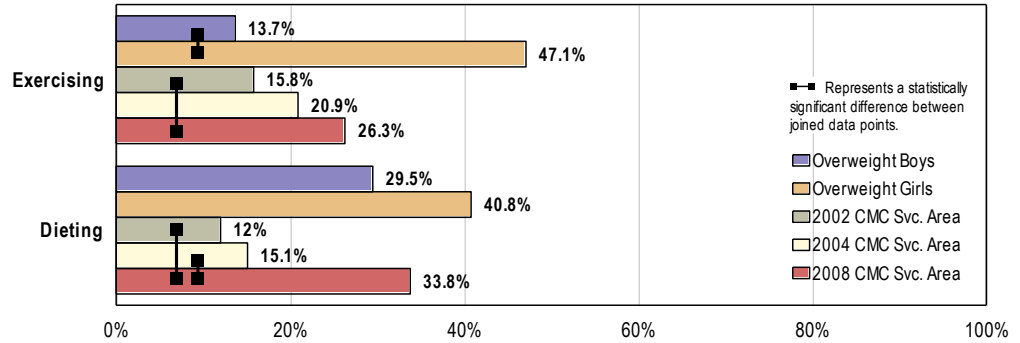
33.8% of parents mentioned **dieting**.

26.3% of parents mentioned **exercising** (girls more so than boys).

- Since 2002, this represents a significant increase in mention of using exercise and dieting as a means to control weight.

Weight Loss/Control Methods Used in Past Month by Those Trying to Lose Weight

(As Reported by Parents of a Child Aged 6 to 14)



Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Items 103-104]
 Notes: • Asked of parents of a child aged 6 to 14.

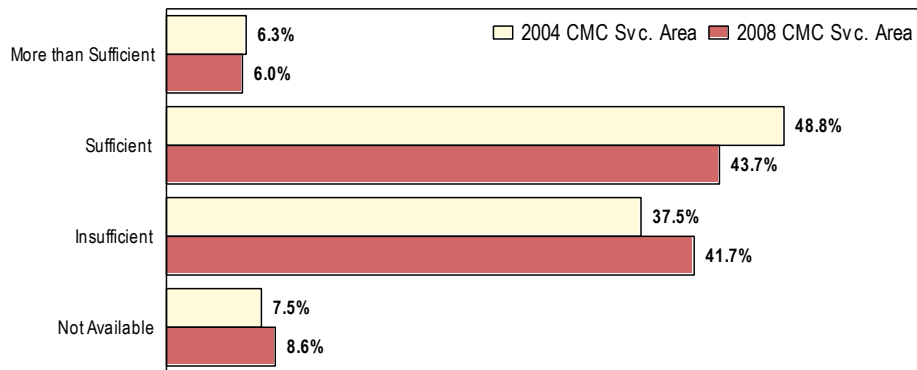
Community Resources

Of the 23.5% of area parents who believe either “obesity,” “nutrition,” “diet” or “exercise” is the number-one health issue for children under 15 in their area, one-half (50.3%) feel that existing community resources for this issue are insufficient or non-existent.

- Similar to 2004 findings.

Existing Community Resources for Nutrition and Overweight Issues

(Among Parents of a Child Under 15 Identifying This as the "Number-One" Problem)



Sources: • 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 7]
 Notes: • Reflects parents of a child under 15 who stated that nutrition, diet, exercise or obesity is the number-one health issue affecting children in their community.

Medical, Dental & Vision Care

Regular health care is a key component of preventive medicine. The following section examines community children's use of regular medical and dental care, along with vision screenings and use of emergency care.

Medical Care

Regular Use of Physician's Offices/Clinics

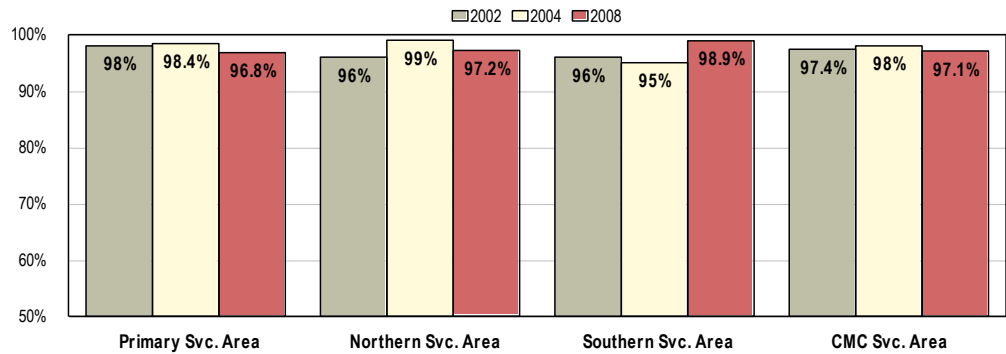
Nearly all (97.1%) of area parents indicate that their child has a physician's office or clinic that they visit when in need of regular medical care.

✦ Similar by service area.

☒ Similar to 2004 findings.

Have a Regular Physician or Office for Child's Health Care

(Among Parents of a Child Under 15)



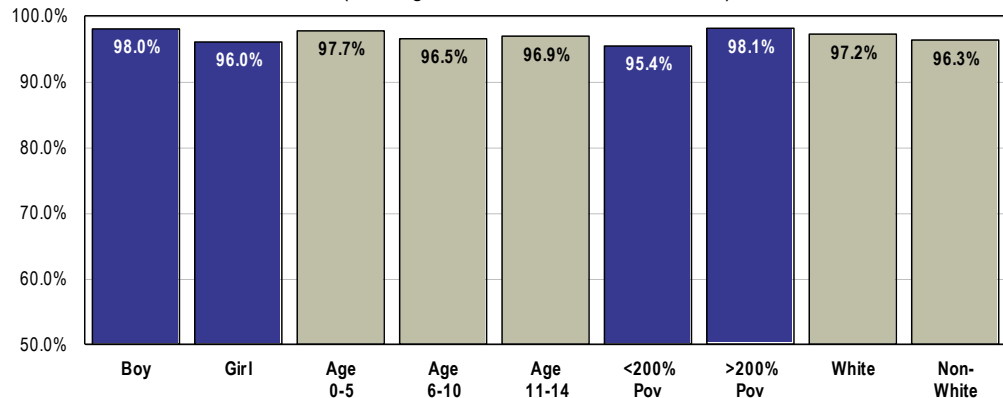
Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 19]

Notes: • Asked of parents of a child under 15.

☒ When segmented by demographics, little difference is noted, as shown below.

Have a Regular Physician or Office for Child's Health Care

(Among Parents of a Child Under 15)



Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 19]

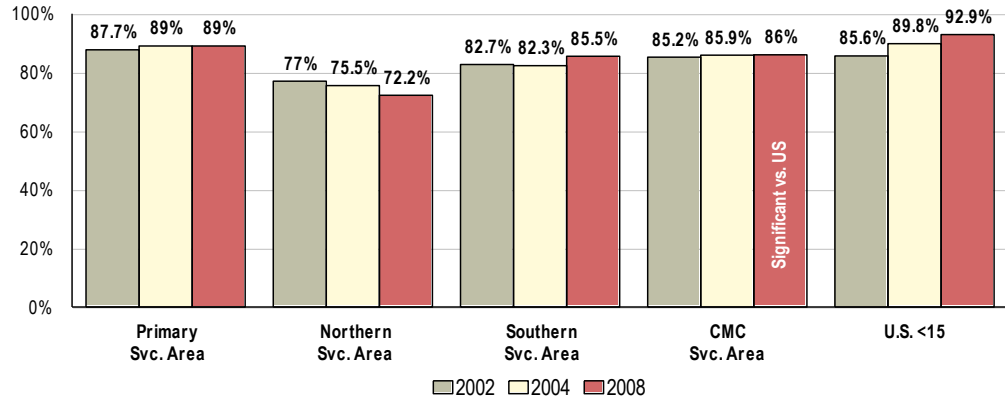
Notes: • Reflects the responses of the parent of a child under 15.

Routine Check-ups

86.0% of survey respondents indicate that their child has had a routine check-up by a physician in the past year.

- ✦ Ranges from 72.2% in the Northern Service Area to 89.0% in the Primary Service Area.
- 📍 Compares unfavorably to national findings (92.9%).
- 📅 Has not changed significantly since 2004.

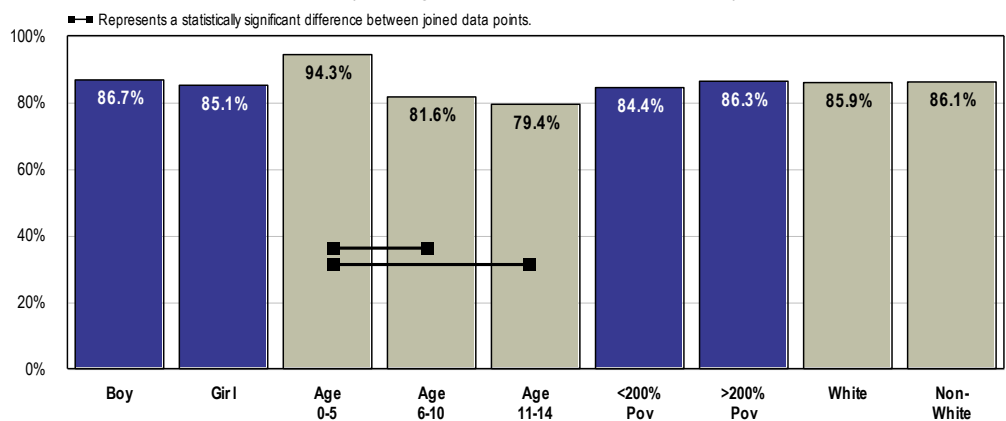
Child Had a Routine Check-up in the Past Year (Among Parents of a Child Under 15)



Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 20]
 • 2008 PRC National Health Survey, Professional Research Consultants.
 Notes: • Asked of parents of a child under 15.

👪 Children past the age of 5 years are less likely to have had a routine check-up in the past year.

Child Had a Routine Check-up in the Past Year (Among Parents of a Child Under 15)

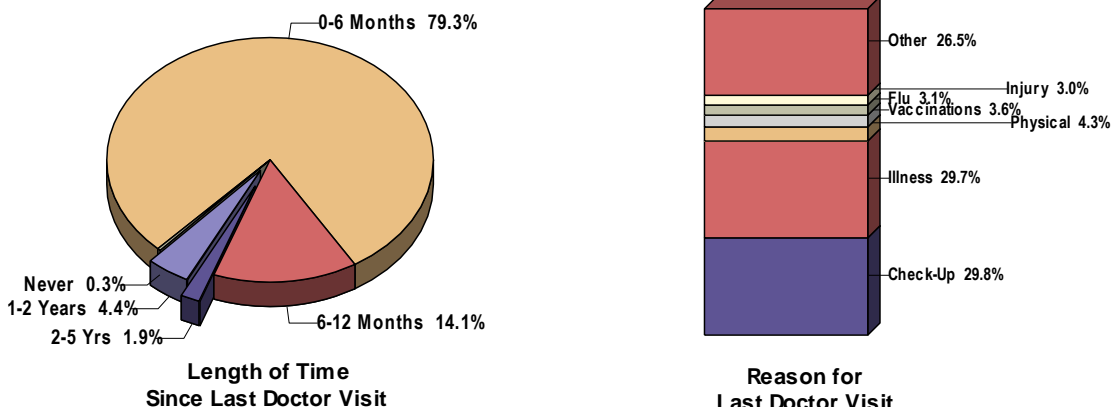


Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 20]
 Notes: • Reflects the responses of the parent of a child under 15.

In all, 93.4% of area children have visited a physician for any reason in the past year.

- ☐ These visits were primarily for routine checkups/physicals or episodic illness.

Characteristics of Child's Last Doctor Visit (Among Parents of a Child Under 15; 2008 Data)



Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Items 21-22]
Notes: • Asked of parents of a child under 15.

Emergency Room Utilization

23.0% of parents reported visiting a area emergency room in the past year to receive medical care for their child.

- ☐ Similar to 2004 findings.

- ☐ 3.5% mentioned going to the ER with their child **three or more times** in the past year.

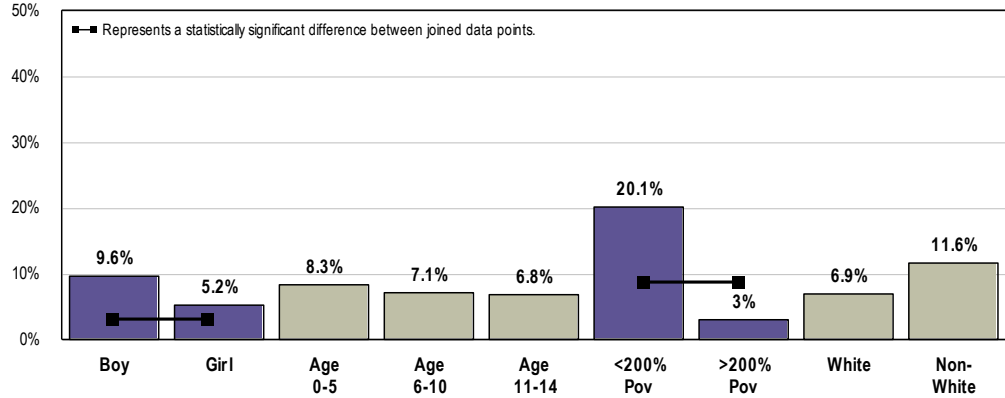
Frequency of Child's Care in ER Last Year (Among Parents of a Child Under 15)



Sources: • 2002, 2004 and 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 29]
Notes: • Asked of parents of a child under 15.

- Boys are more likely than girls to have had an ER visit in the past year.
- ER utilization is also much higher among children in lower-income households.

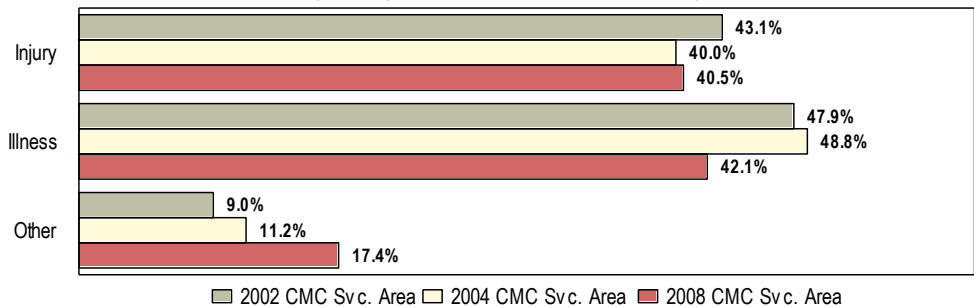
Child Used ER More Than Once in the Past Year (Among Parents of a Child Under 15)



Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 29]
Notes: • Reflects the responses of the parent of a child under 15.

In a follow-up inquiry, parents who have taken their child for care in an emergency room in the past year were asked to give the reason why the child needed care. Specific reasons given primarily include **illness** (mentioned by 42.1%) or **injury** (40.5%).

Reason for Child's Most Recent Visit to the ER Last Year (Among Parents of a Child Under 15)



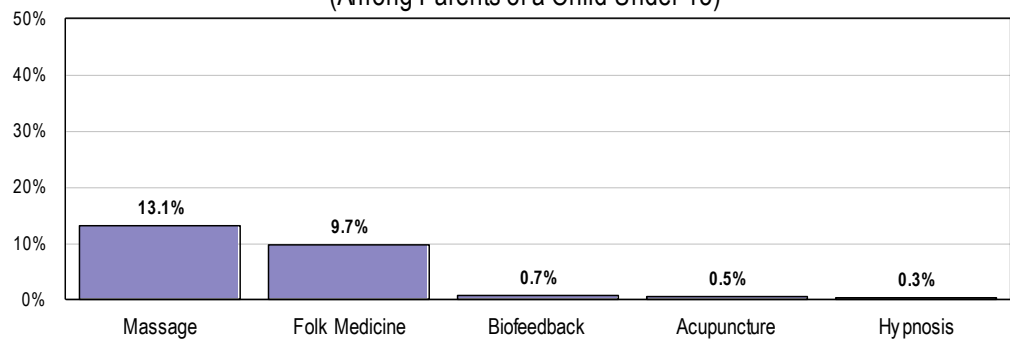
Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 30]
Notes: • Asked of parents of a child under 15.

Complementary/Alternative Health Care

Parents were asked whether they had used complementary or alternative medicines for their child, such as acupuncture, hypnosis, massage, biofeedback or folk medicine.

- ☐ 13.1% of parents stated that their child had received a **massage**.
- ☐ 9.7% stated that they have used “**folk medicine**” (including use of natural herbs, or high-dose megavitamin therapy).
- ☐ Less than one percent of parents have used **biofeedback, acupuncture** or **hypnosis**.

Use of Complementary or Alternative Medicine for Child (Among Parents of a Child Under 15)



Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Items 31-35]

Notes: • Asked of parents of a child under 15.

• Folk medicine includes the use of natural herbs, and high-dose megavitamin therapy.

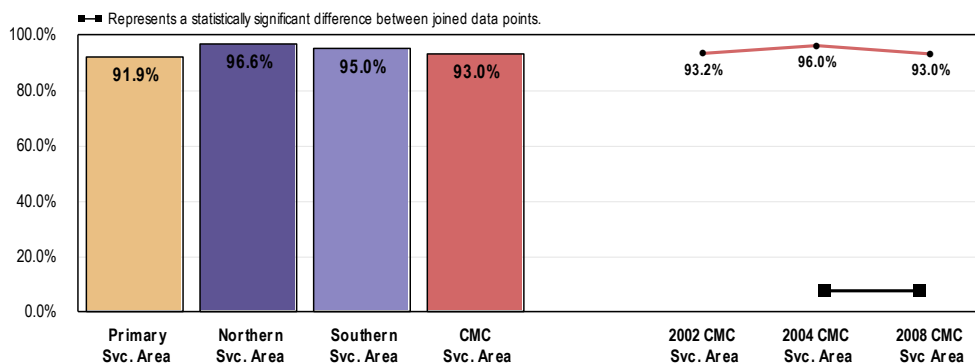
Dental Care

Ability to Obtain Needed Care

Among those needing dental care for their child in the past year, **93.0%** of area parents indicate that they were able to receive such care.

☒ Slightly less than 2004 findings.

Ability to Receive Needed Dental Care in Past Year (Among Parents of a Child Aged One to 14 Needing Dental Care)



Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Items 24-25]
Notes: • Reflects parents of a child aged one through 14 needing dental care.

NOTE: Two-thirds of area parents who were unable to receive dental care for their child cited **cost** or **insurance** as the barrier to receiving the needed dental care.

Recent Dental Care

Nine out of 10 area parents (90.4%) report that their child aged 6 through 14 has visited a dentist in the past year.

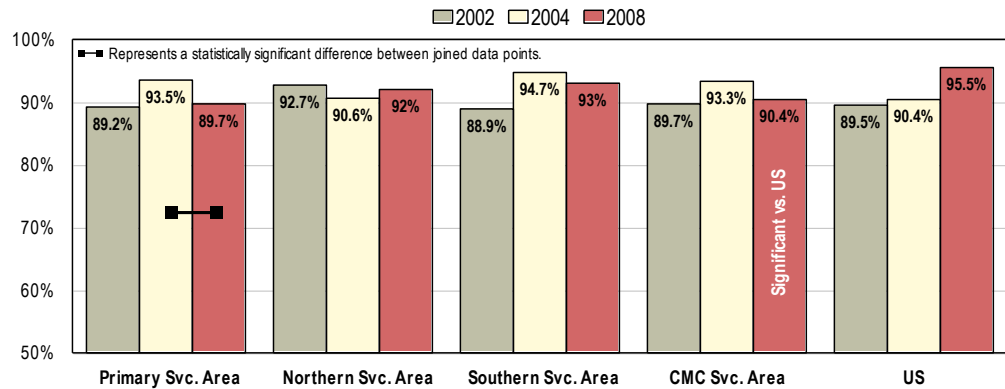
● Below national findings.

✦ Does not vary significantly by area.

☒ Similar to 2004 findings overall (with a slight decrease in the Primary Service Area).

Child Had a Dental Visit in the Past Year

(Among Parents of a Child Age 6 to 14)



Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 26]
 • 2008 PRC National Health Survey, Professional Research Consultants
 Notes: • Asked of parents of a child aged 6 through 14.

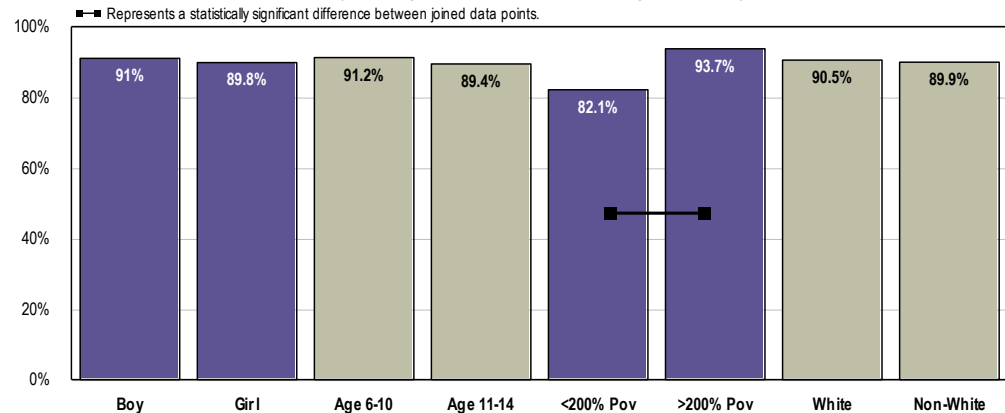
Furthermore, note the following *Healthy People 2010* goal:

Healthy People 2010 Objective 21-10: Increase the proportion of children and adults who use the oral health care system each year to 83% (CMC=90.4% among children age 6 to 14).

👤 Low-income children are less likely to have had a dentist visit in the past year.

Child Had a Dental Visit in the Past Year

(Among Parents of a Child Age 6 to 14)



Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 26]
 Notes: • Reflects the responses of the parent of a child age 6 through 14.

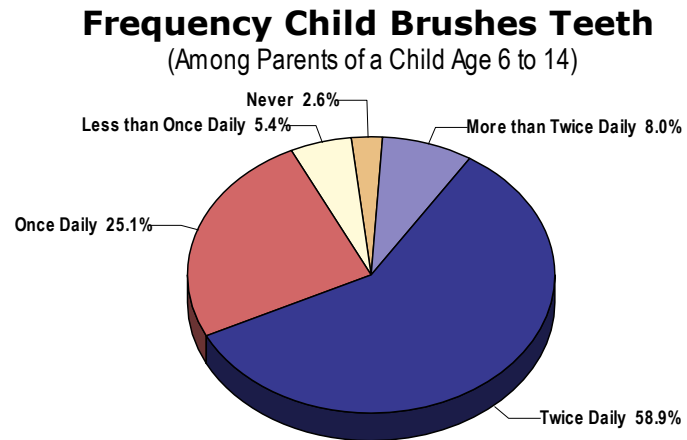
Note the following *Healthy People 2010* goal:

Healthy People 2010 Objective 21-12: Increase the proportion of children under the age of 19 at or below 200% of the federal poverty level who received any preventive dental service during the past year to 57% (CMC=82.1% for children age 6 to 14 below 200% of FPL).

Teeth Brushing

Two-thirds of area children (age 6 to 14) brush their teeth at least twice daily.

- 25.1% brush only once a day, and 8.0% brush less often or not at all.



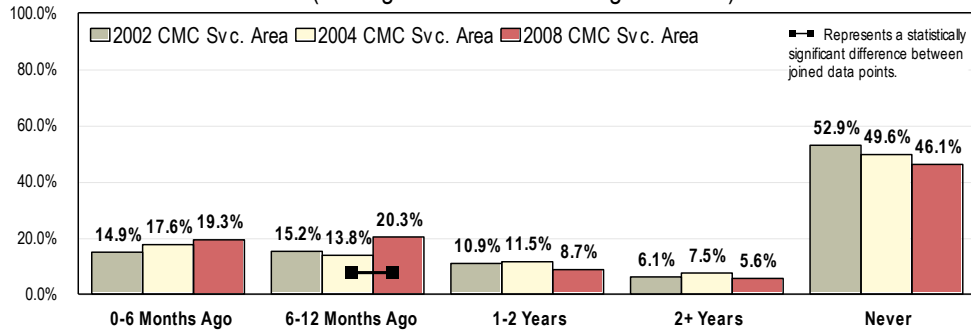
Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 23]
Notes: • Asked of parents of a child aged 6 to 14.

Vision Care

A total of 46.1% of area children aged 6 through 14 have never had an eye exam in which the pupils were dilated.

- 48.3% have had a dilated eye exam within the past two years.
- ☒ The only significant change since 2004 is in responses for “6 to 12 Months Ago.”

Child's Most Recent Eye Exam in Which the Pupils Were Dilated (Among Parents of a Child Aged 6 to 14)

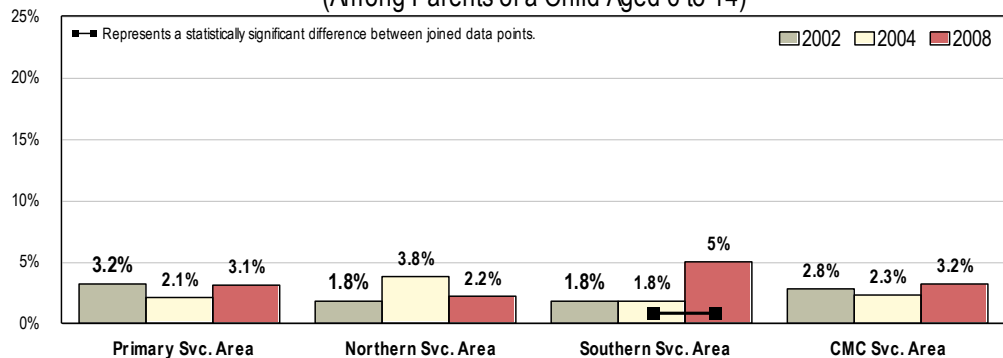


Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 27]
Notes: • Asked of parents of a child aged 6 through 14.

3.2% of parents reported that their child has needed corrective eye lenses, but they were unable to obtain them due to the cost.

- ☒ This percentage has increased in the Southern Service Area.

Child Has Needed Corrective Lenses But Has Not Received Them Because of the Cost (Among Parents of a Child Aged 6 to 14)



Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 28]
Notes: • Asked of parents of a child aged 6 through 14.

Health Insurance Coverage

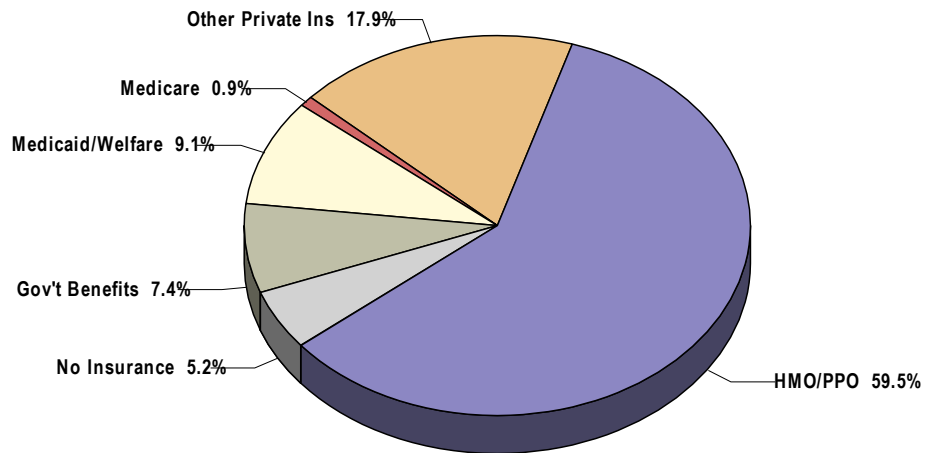
Along with enhancing quality and moderating costs, improving the accessibility of health care services is one of the principal hopes for the American health care system and a key element in any preventive approach to community health. Certainly one of the various barriers to access is a lack of insurance coverage for many Americans.

94.8% of parents of children under age 15 report that their child is currently covered under some form of health insurance.

- 77.4% of area parents report their child has health care coverage through private insurance.
- 17.4% of area parents report their child has coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Child's Health Care Insurance Coverage

(Among Parents of a Child Under 15)



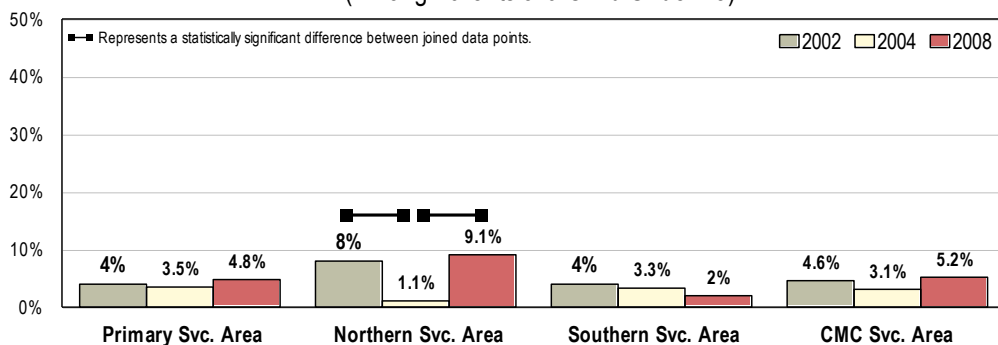
Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 150]

Notes: • Asked of parents of a child under 15.

However, 5.2% of area parents of children under age 15 indicate that they have no insurance coverage to pay for their child's health care expenses.

- ✦ Ranges from 2.0% in the Southern Service Area to 9.1% in the Northern Service Area.
- 📊 A significant increase was recorded in the Northern Service Area, although the current finding is similar to 2002 results.

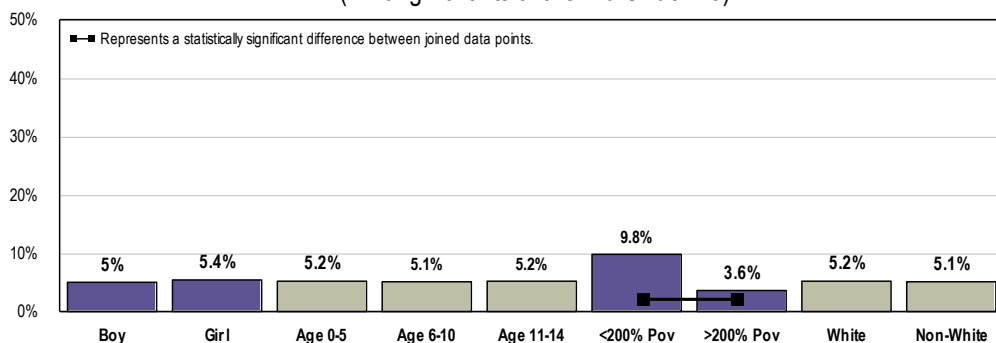
Child Lacks Health Insurance Coverage (Among Parents of a Child Under 15)



Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 150]
Notes: • Asked of parents of a child under 15.

- 👥 Not surprisingly, coverage is directly related to income, and, in fact, lack of insurance increases sharply among respondents living below 200% of the federal poverty level.

Child Lacks Health Insurance Coverage (Among Parents of a Child Under 15)



Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 150]
Notes: • Asked of parents of a child under 15.

Barriers to Primary Care

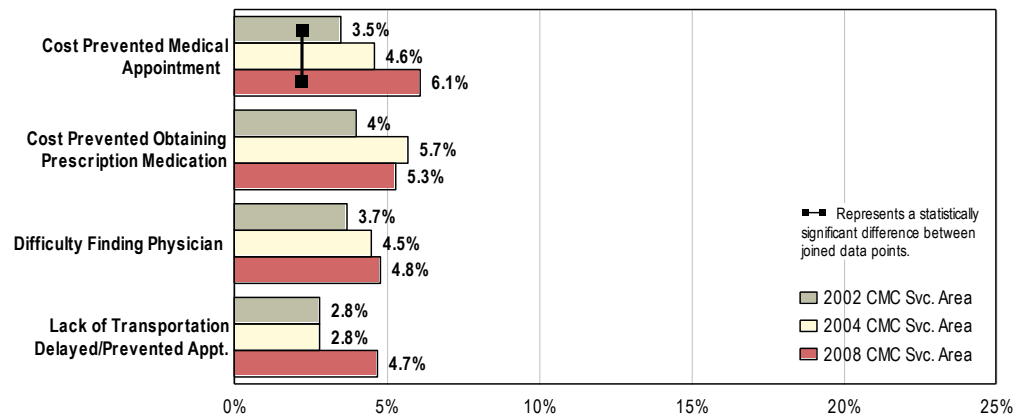
This section examines access to preventive care services among respondents with children under 15, including experience with the availability of physician services, cost or transportation, and inconvenient office hours as inhibitors to receiving care.

Overview of Preventive Barriers

To better understand health care access barriers, survey participants were asked whether any of four types of barriers to access prevented them from accessing health care for their child in the past year.

- ☐ 6.1% of parents reported **cost** also impeded their obtaining a **medical appointment** for their child at least once in the past year.
- ☐ 5.3% of parents report that they were unable to obtain a needed prescription for their child in the past year due to the **cost of the prescription**.
- ☐ 4.8% of area parents reported that **difficulty finding a physician** was a barrier to care for their child.
- ☐ **Lack of transportation** was a barrier for 4.7% of respondents.
- ☒ These findings are statistically similar to those reported in 2004.

Barriers to Child's Health Care Access (Among Parents of a Child Under 15)



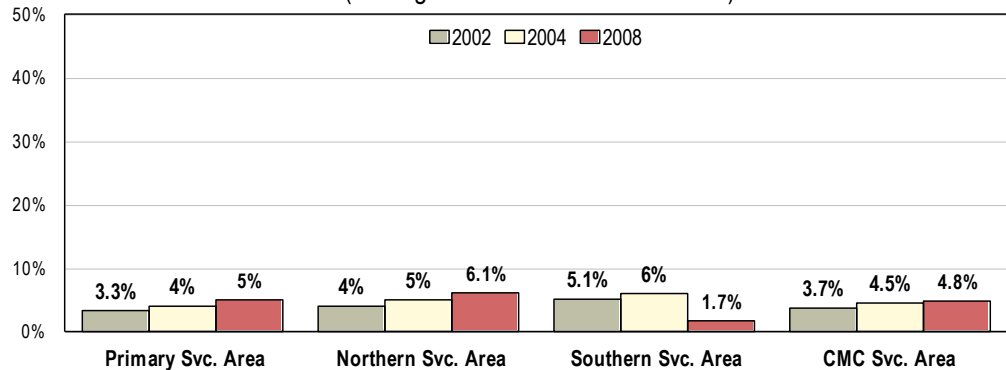
Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Items 13-16]
 Notes: • Asked of parents of a child under 15.
 • Percentages represent "yes" responses.

Lack of Physician Availability

4.8% of parents reported that difficulty finding a physician prevented a medical visit for their child in the past year.

- Viewed geographically, no statistically significant differences are found among the three service areas.
- Similar to 2004 findings.

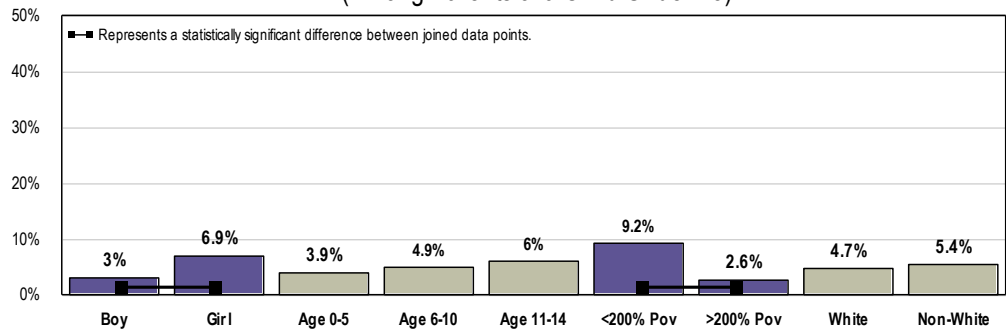
Had Difficulty Finding a Physician for Child At Some Point in the Past 12 Months (Among Parents of a Child Under 15)



Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 13]
Notes: • Asked of parents of a child under 15.

- Parents of girls and lower-income parents are more likely to have difficulty finding doctors for their child.

Had Difficulty Finding a Physician for Child At Some Point in the Past 12 Months (Among Parents of a Child Under 15)



Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 13]
Notes: • Reflects the responses of the parent of a child under 15.

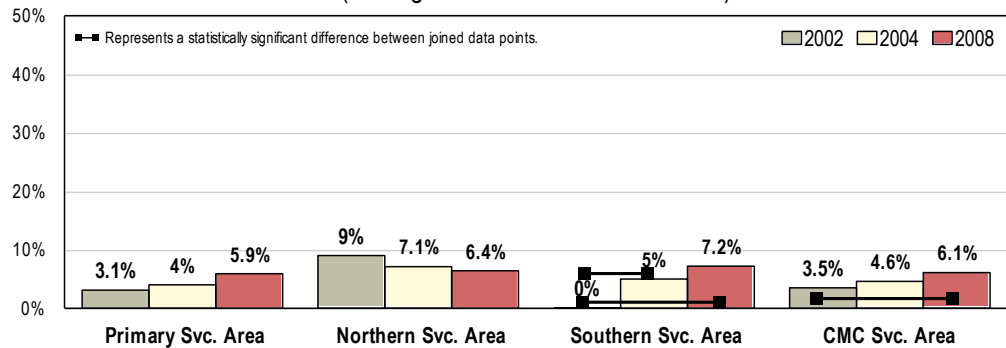
Cost of Health Services

Cost of Medical Care

In the past year, cost has prevented 6.1% of area parents from taking their child for medical care.

- ✦ Ranges narrowly among the service areas.
- 📊 A significant increase since 2002 (particularly in the Southern Service Area).

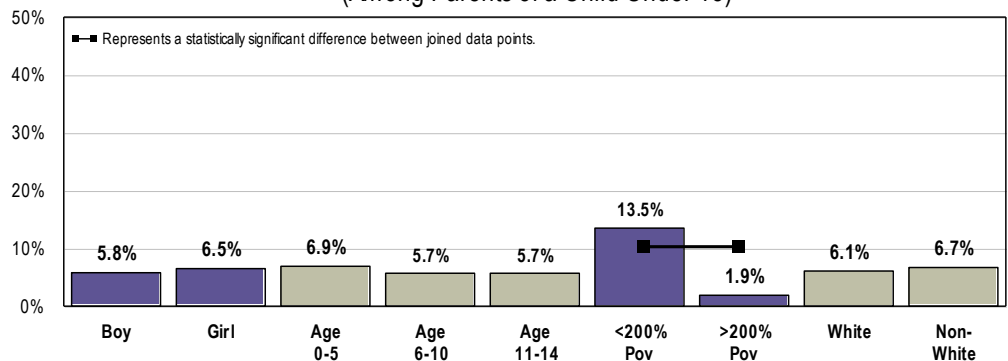
Cost Prevented Child's Medical Care At Some Point in the Past 12 Months (Among Parents of a Child Under 15)



Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 14]
Notes: • Asked of parents of a child under 15.

- 👥 Viewed demographically, respondents living in lower-income households are more likely to report that cost prevented them from obtaining a medical appointment for their child last year.

Cost Prevented Child's Medical Care At Some Point in the Past 12 Months (Among Parents of a Child Under 15)



Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 14]
Notes: • Reflects the responses of the parent of a child under 15.

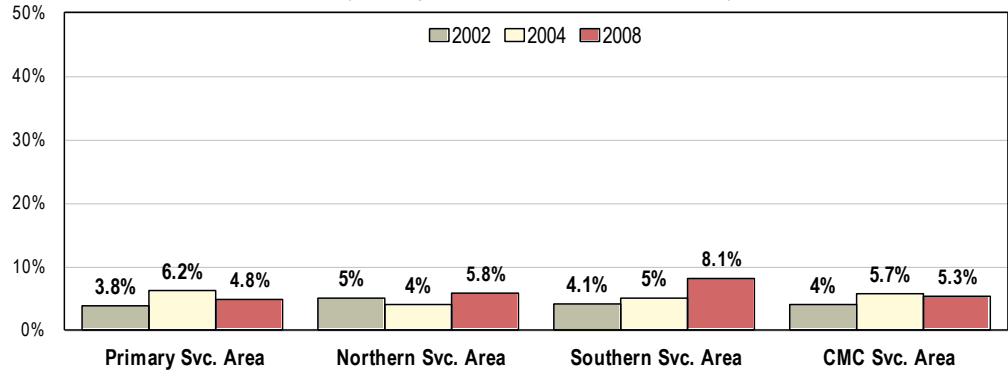
Cost of Prescription Medications

A total of 5.3% of area parents noted that cost prevented them from obtaining a needed prescription medicine for their child in the past year.

✦ Similar among the service areas.

📊 Similar to 2004 findings.

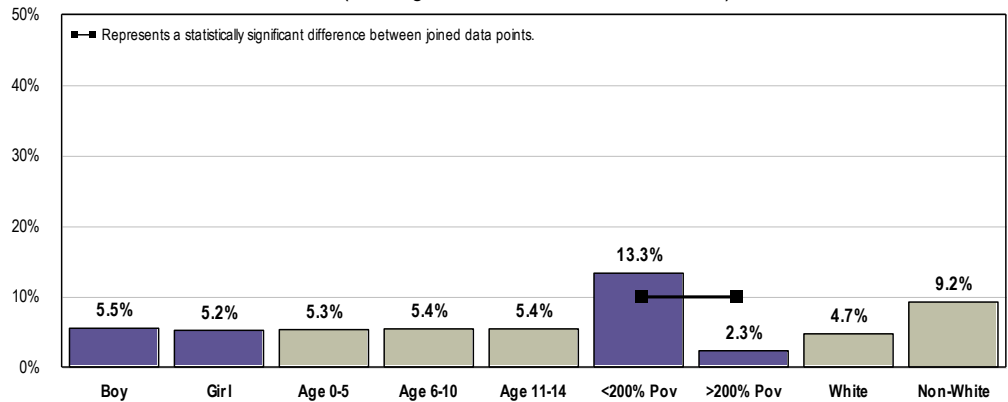
Cost Prevented Obtaining Child's Prescription Medication At Some Point in the Past Year (Among Parents of a Child Under 15)



Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 15]
Notes: • Asked of parents of a child under 15.

👥 Again, lower-income respondents are more likely to report that cost prevented them from obtaining a prescription medication for their child in the past year.

Cost Prevented Obtaining Child's Prescription Medication At Some Point in the Past Year (Among Parents of a Child Under 15)



Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 15]
Notes: • Reflects the responses of the parent of a child under 15.

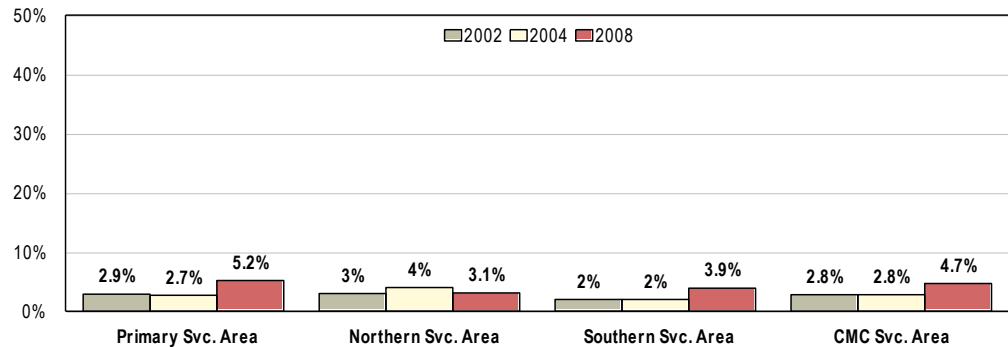
Lack of Transportation to Health Care Services

For 4.7% of area parents, there has been a time in the past year when a lack of transportation made it difficult or prevented them from taking their child for medical care.

✦ This does not vary significantly when viewed by service area.

📅 No significant change since 2004.

Lack of Transportation Prevented or Delayed Child's Medical Care At Some Point in the Past Year (Among Parents of a Child Under 15)

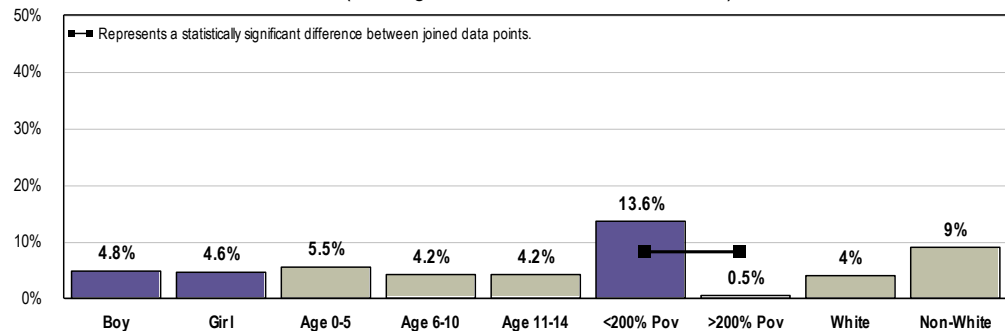


Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 16]

Notes: • Asked of parents of a child under 15.

👤 Parents living below 200% of poverty are more likely to report that a lack of transportation prevented them from seeking medical care for their child.

Lack of Transportation Prevented or Delayed Child's Medical Care At Some Point in the Past Year (Among Parents of a Child Under 15)



Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 16]

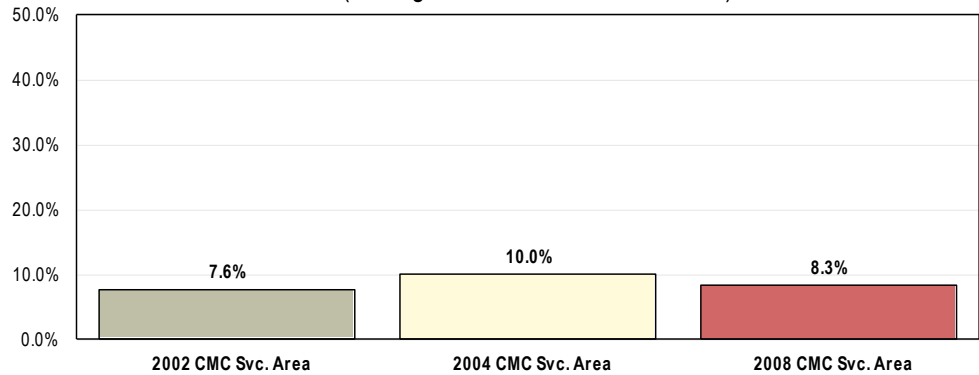
Notes: • Reflects the responses of the parent of a child under 15.

Delays in Receiving Health Care

Furthermore, **8.3%** of area parents report that they have experienced **other delays** (other than the aforementioned ones of cost, inconvenient office hours, lack of transportation, etc.) in receiving health care for their children in the past year

 Similar to 2004 findings.

Experienced Delays in Receiving Health Care for Child for Any Other Reason in the Past Year (Among Parents of a Child Under 15)

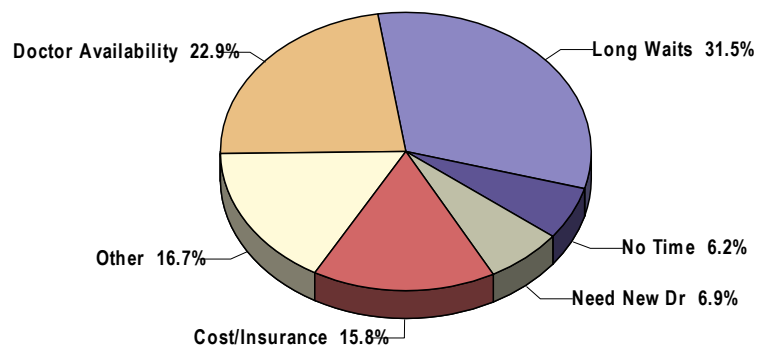


Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 17]

Notes: • Asked of parents of a child under 15.

Reasons given for delays include **long waits in the waiting room** (31.5%), followed by **physician availability** (22.9%), and **cost/insurance** (15.8%).

Cause of Delay in Receiving Health Care for Child in the Past Year (Among Parents of a Child Under 15 Experiencing a Difficulty or Delay in Receiving Needed Health Care for Their Child)



Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 18]

Notes: • Asked of parents of a child under 15 experiencing a difficulty or a delay in receiving needed health care for their child.

Health Care Information

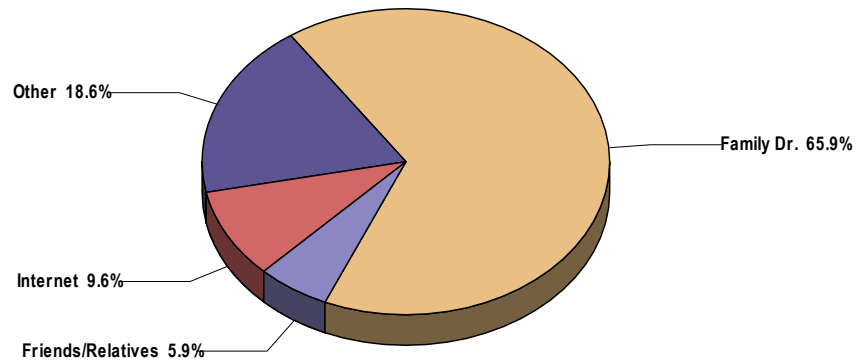
Sources of Health Care Information

Current Sources for Child's Health Care Information

A majority of parents rely on their family physician for information about their child's health care.

- Other frequently mentioned sources of information include the **Internet**, and **friends or relatives**.

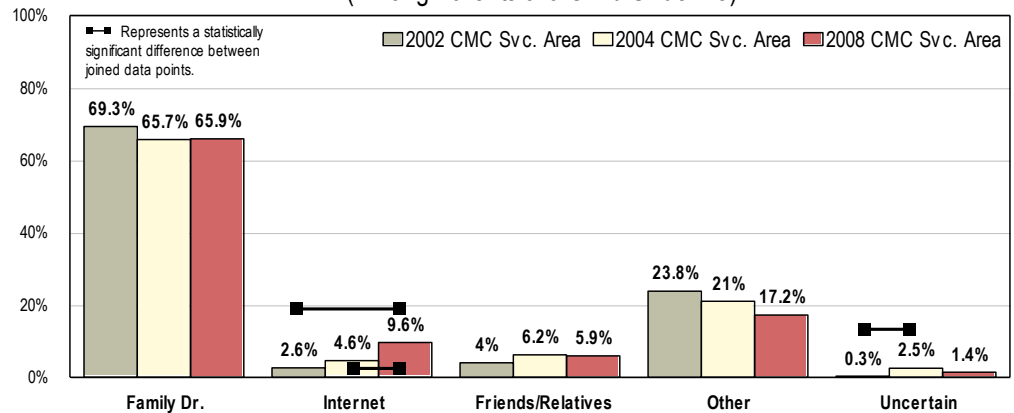
Main Source of Health Care Information for Child
(Among Parents of a Child Under 15)



Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 98]
Notes: • Asked of parents of a child under 15.

- Note that reliance on the Internet for health care information has increased significantly since 2004.

Source of Health Care Information
(Among Parents of a Child Under 15)



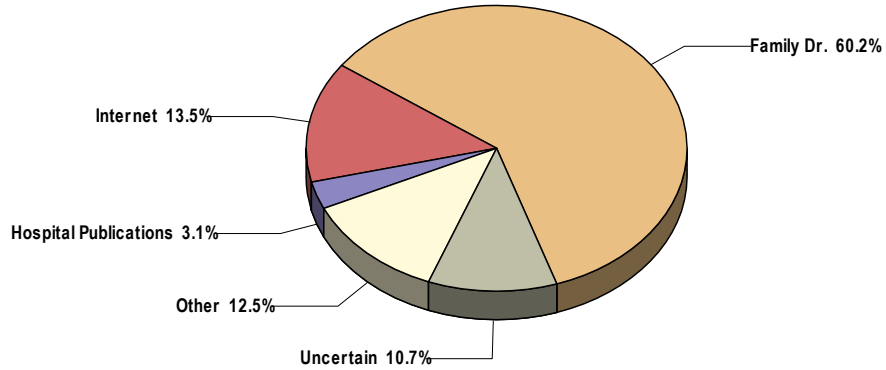
Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 98]
Notes: • Asked of parents of a child under 15.

Desired Sources for Child's Health Care Information

A total of **60.2%** of area parents would prefer to obtain health care information from their physician.

- ☑ 13.5% like to receive information from the **Internet**
- ☑ 3.1% would prefer to receive it in the form of **hospital publications**.

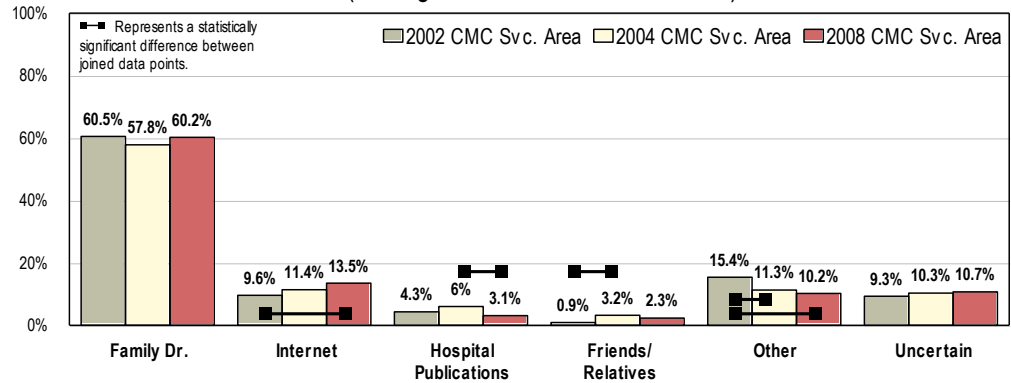
Desired Source of Health Care Information for Child (Among Parents of a Child Under 15; 2008 Data)



Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 99]
Notes: • Asked of parents of a child under 15.

- ☒ Since 2002, there has been an increase of mention for the Internet as a desired source of health information.

Desired Source of Health Care Information for Child (Among Parents of a Child Under 15)



Sources: • 2002, 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 99]
Notes: • Asked of parents of a child under 15.

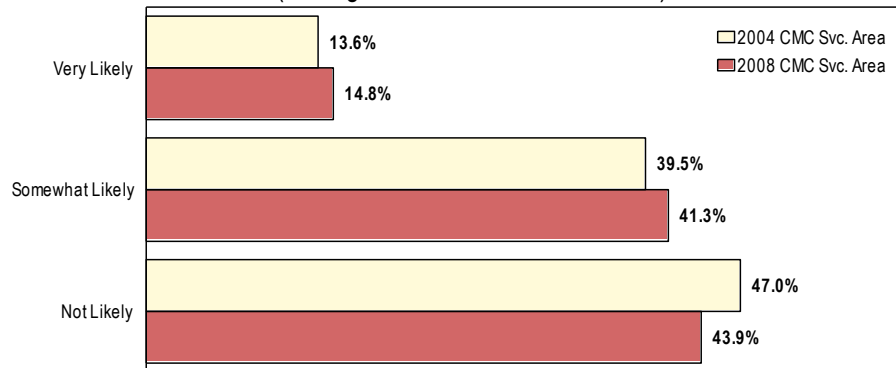
Potential for Child Health Workshops/Seminars

Just over one-half (56.1%) of area parents say they would be (“very” or “somewhat”) likely to attend workshops or seminars about children’s health topics sponsored by a local hospital.

☒ This response is similar to that recorded in 2004.

Attend Workshops or Seminars About Children’s Health Topics at Local Hospital

(Among Parents of a Child Under 15)



Sources: • 2004 & 2008 PRC Child Health Surveys, Professional Research Consultants. [Item 100]
Notes: • Asked of parents of a child under 15.

Perceptions of Children’s Health

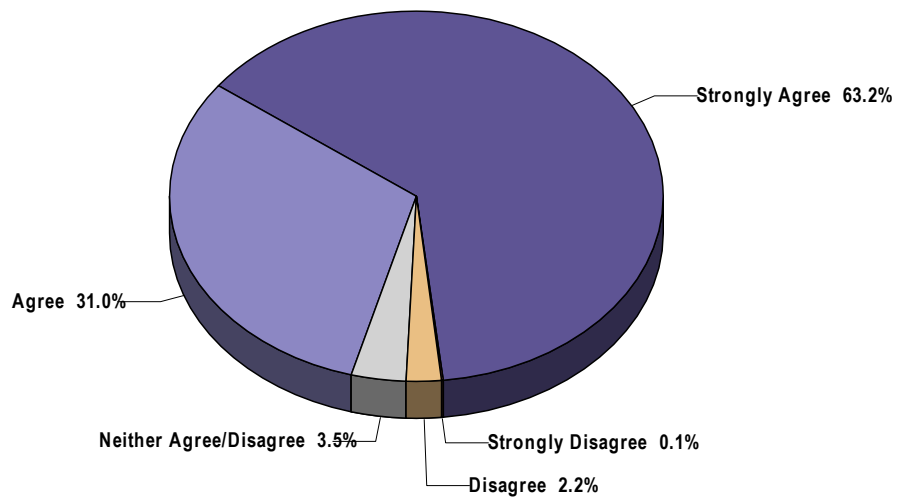
Perceived Importance of Children’s Health to the Community

Area parents were asked to state their level of agreement with the statement “*our children’s health is important to this community,*” using a scale of “strongly agree,” “agree,” neither agree nor disagree,” “disagree” or “strongly disagree.”

A clear majority (94.2%) of area parents voiced some level of agreement with this statement.

- 3.5% of area parents “neither agreed nor disagreed”.
- Just 2.3% of area parents voiced some level of disagreement with this statement.

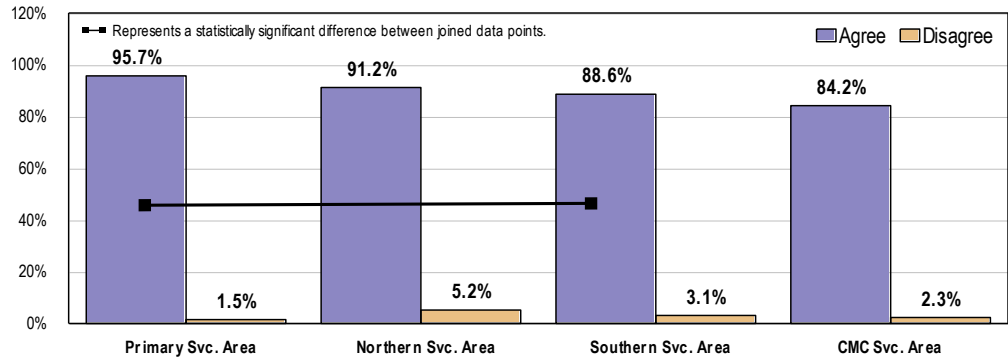
“Our Children’s Health Is Important to This Community”
(Among Parents of a Child Under 15)



Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 8]
Notes: • Asked of parents of a child under 15.

- Agreement that area children’s health is important to the community ranges from 88.6% in the Southern Service Area to 95.7% in the Primary Service Area.

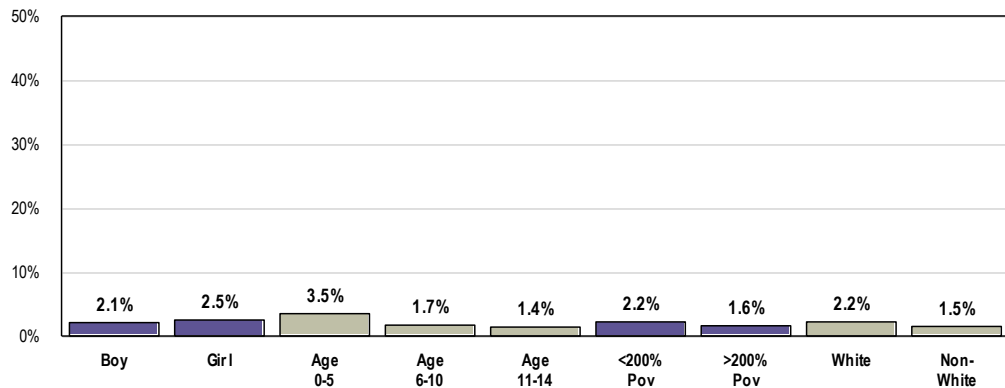
“Our Children’s Health Is Important to This Community” (Among Parents of a Child Under 15)



Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 8]
 Notes: • Asked of parents of a child under 15.
 • Agree represents parents who stated they “strongly agree” or “agree” with the statement.
 • Disagree represents parents who stated they “strongly disagree” or “disagree” with the statement.

Levels of *disagreement* do not vary significantly by key demographic characteristics.

Disagree That “Our Children’s Health Is Important to This Community” (Among Parents of a Child Under 15; 2008 Data)



Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 8]
 Notes: • Reflects the responses of the parent of a child under 15.
 • Percentages represent combined “disagree” and “strongly disagree” responses.

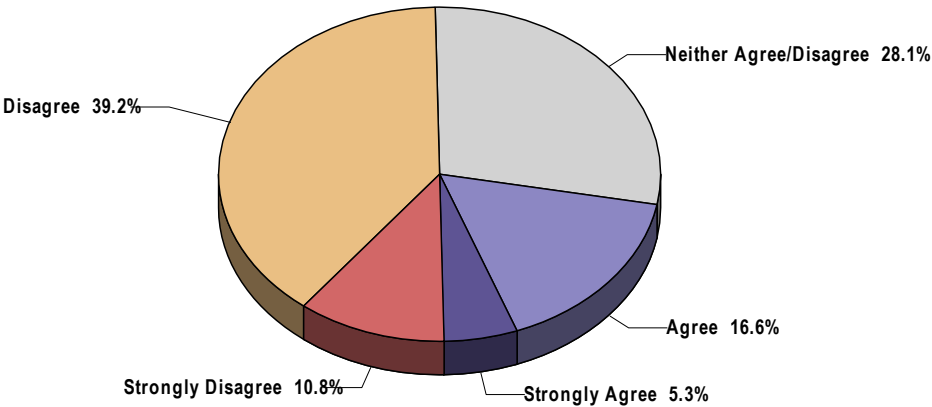
Perceptions of Children’s Visibility in the Health Care System

Area parents were also asked to state their level of agreement with a second statement: “Our children are basically invisible to the health care system because it is so big”.

More than one out of five area parents (21.9%) expressed some level of concern, agreeing with this statement (“agree” or “strongly agree”).

- ☐ 28.1% of area parents “neither agree nor disagree”.
- ☐ One-half (50.0%) of area parents disagree with this statement.

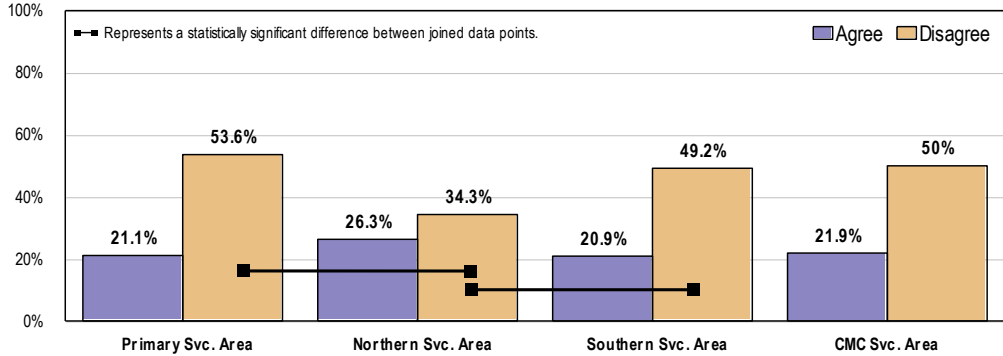
“Our Children Are Basically Invisible to the Health Care System Because It Is So Big” (Among Parents of a Child Under 15)



Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 141]
Notes: • Asked of parents of a child under 15.

- ☐ Agreement levels do not vary significantly by area. However, *disagreement* levels are less favorable (a relatively low 34.3%) in the Northern Service Area.

“Our Children Are Basically Invisible to the Health Care System Because It Is So Big” (Among Parents of a Child Under 15)



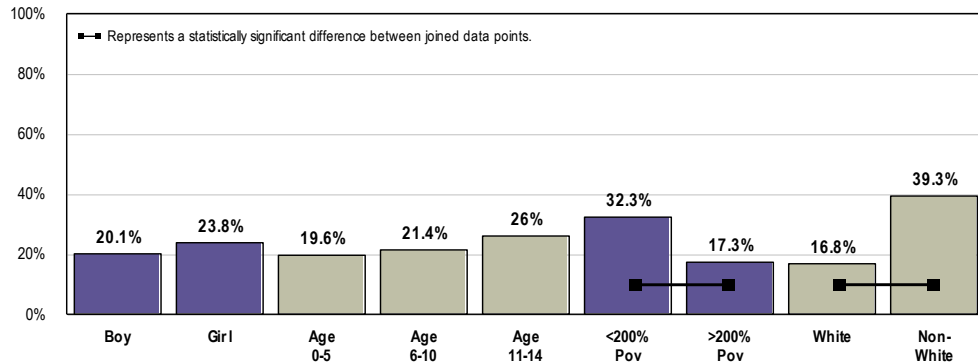
Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 141]
Notes: • Asked of parents of a child under 15.
• Agree represents parents who stated they “strongly agree” or “agree” with the statement.
• Disagree represents parents who stated they “strongly disagree” or “disagree” with the statement.

Those more likely to agree that children are invisible to the health care system include parents of:

👤 Lower-income children.

👤 Non-White children.

Agree that "Our Children Are Basically Invisible to the Health Care System Because It Is So Big" (Among Parents of a Child Under 15; 2008 Data)



Sources: • 2008 PRC Child Health Survey, Professional Research Consultants. [Item 141]

Notes: • Reflects the responses of the parent of a child under 15.

• Percentages represent combined "agree" and "strongly agree" responses.