2013 PRC
Child & Adolescent Community Health Needs Assessment

TOTAL SERVICE AREA

Sponsored by

University of Chicago Medicine Comer Children's Hospital

PRC Experience Excellence

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INTRODUCTION

Project Overview

Project Goals

The goal of this 2013 PRC Child & Adolescent Health Needs Assessment is to gather data to assist in determining the health status, behaviors and needs of children and adolescents in the service area of University of Chicago Medicine Comer Children's Hospital. This assessment was conducted on behalf of the hospital by Professional Research Consultants, Inc. (PRC). PRC is a nationally-recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from quantitative sources, including primary research (the 2013 PRC Child & Adolescent Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for trending and comparison to benchmark data at the state and national levels.

PRC Community Health Survey

Community Defined for This Assessment

The study area for the survey effort (referred to as the "Total Service Area" in this report) includes each of the residential ZIP Codes comprising the hospital's service area (60609, 60615, 60617, 60619, 60620, 60621, 60628, 60636, 60637, 60643, 60649, and 60653); this community definition was determined by the sponsor of this study. A geographic description is illustrated in the following map.
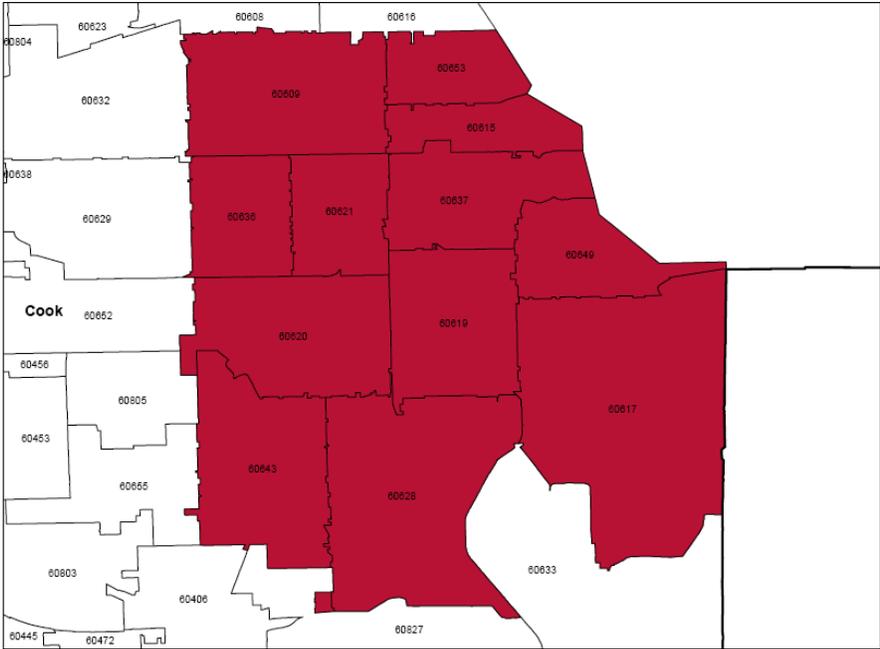
Survey Instrument

The final survey instrument used for this study was developed by University of Chicago Medicine Comer Children's Hospital in conjunction with PRC.

Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Child & Adolescent Health Survey. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency and random-selection capabilities. In addition, these telephone interviews were supplemented with surveys among families in the Total Service Area requested to participate in the study via an online questionnaire.

The sample design used for this effort consisted of a random sample of 400 parents with children under 18 in the Total Service Area. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

Sampling Error

For statistical purposes, the maximum rate of error associated with a sample size of 400 respondents is ±4.9% at the 95 percent level of confidence.
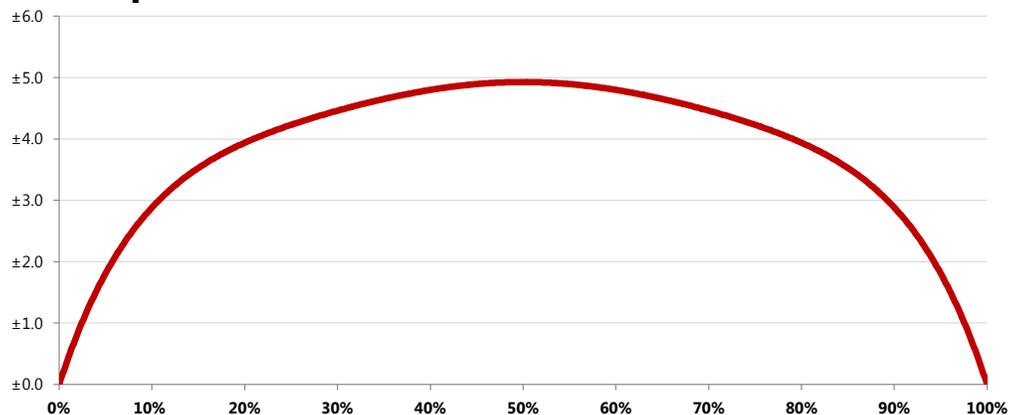
Expected Error Ranges for a Sample of 400 Respondents at the 95 Percent Level of Confidence

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.

Examples: ● If 10% of the sample of 400 respondents answered a certain question with a "yes," it can be asserted that between 7.1% and 12.9% (10% ± 2.9%) of the total population would offer this response.
● If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 45.1% and 54.9% (50% ± 4.9%) of the total population would respond "yes" if asked this question.

Respondent Selection

Survey respondents were adults age 18 and older who have children residing in the household for whom they are a healthcare decision-maker. For households with more than one child under the age of 18, most questions were asked about a randomly selected child in the household, determined by which child has had the most recent birthday. This random selection process allows for the best representation of children by age and gender.

To accurately represent the population studied (Total Service Area children and adolescents), PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. And, while this random sampling of the population produces a highly representative sample of Total Service Area children and adolescents, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely the child's gender, age, race/ethnicity, and household poverty status) and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the Total Service Area sample for key child/adolescent demographics, compared to actual population characteristics revealed in census data.

Population & Sample Characteristics
(Total Service Area, 2013)
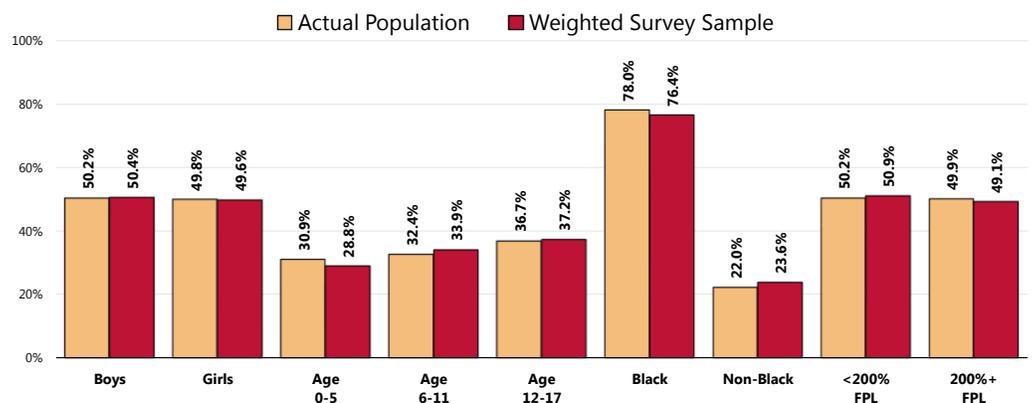
Sources: ● Census 2000, Summary File 3 (SF 3). U.S. Census Bureau.
● 2009 Geolytics
● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household *(e.g., the 2012 guidelines place the poverty threshold for a family of four at $23,050 annual household income or lower)*. In sample segmentation: "**low income**" 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; "**mid/high income**" refers to those households living on incomes which are twice or more the federal poverty level.

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 Total Service Area children and adolescents with a high degree of confidence.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for the Total Service Area (City of Chicago data where available, Cook County data otherwise) were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Illinois Department of Public Health
- Illinois State Police
- Centers for Disease Control & Prevention
- GeoLytics Demographic Estimates & Projections
- National Center for Health Statistics
- US Census Bureau
- US Department of Health and Human Services

Note that secondary data are compared to state and national data where available.

Benchmark Data

National Data

National survey data, which are also provided in comparison charts, are taken from the *2012 PRC National Child & Adolescent Health Survey*; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the population of American children and youth with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

Certain indicators in this assessment relate to national disease prevention and health promotion goals established by Healthy People 2020. Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across sectors.
- Guide individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of child/adolescent health in the community, nor can it represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's child health needs.

For example, certain population groups — such as the homeless, institutionalized children, or children of parents who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, undocumented residents, and children of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of children and adolescents in the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.

Summary of Areas of Opportunity for Children's Health Improvement

Areas of Opportunity

The following "health priorities" represent recommended areas of intervention, based on the information gathered through this Child & Adolescent Community Health Needs Assessment. From these data, opportunities for children's health improvement exist in the region with regard to the following health areas (see also the summary tables presented in the following section). These areas of concern are subject to the discretion of area providers, the steering committee, or other local organizations and community leaders as to actionability and priority.

Areas of Opportunity Identified Through This Assessment	
Access to Health Services	• Difficulty Accessing Healthcare (Getting Appointments, Inconvenient Office Hours, & Cost as a Barrier to Prescriptions) • "Major/Moderate" Problem Getting Specialty Care • Usual Source for Care • Over-Use of the ER
Allergies	• Eczema/Skin Allergies
Asthma	• Asthma • Asthma-Related ER/Urgent Care Visits
Health Education	• Awareness of Local Parenting Programs
Injury & Safety	• Use of Seat Belts/Safety Restraints • Use of Protective Helmets (Bicycle, Skateboard, etc.) • Perceptions of Neighborhood Safety • Schooldays Missed Due to Feeling Unsafe
Mental & Emotional Health	• Awareness of Local Resources
Mortality	• Teen Mortality Rate (Age 15-19)
Nutrition, Physical Activity & Weight	• Fast Food Consumption • Physical Activity (Vigorous and Moderate Levels) • Television & Computers in the Bedroom • Overweight/Obesity
Oral Health	• Dental Sealants
Prenatal & Infant Health	• Low Birthweight • Infant Mortality
Sexual Activity	• Chlamydia Incidence • Teen Births
Tobacco	• Exposure to Smoke Inside the Home
Vision, Hearing & Speech	• Uncorrectable Vision Problems

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of child and adolescent health indicators in the Total Service Area of University of Chicago Medicine Comer Children's Hospital.

■ In the following charts, Total Service Area results are shown in the larger, blue column.

■ The columns to the right of the Total Service Area column provide comparisons between the service area and any available national data or Healthy People 2020 targets. Symbols indicate whether the Total Service Area compares favorably (☀), unfavorably (🐙), or comparably (☁) to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

Overall Health

Overall Health	Total Service Area	Total Service Area vs. Benchmarks	
		vs. US	vs. HP2020
% [Age 0-17] Child's Overall Health Is "Fair/Poor"	6.9	☁️ 4.9	
% [Age 0-17] Child's Activities/Abilities Limited Due to Health Condition	9.9	☁️ 8.9	
% [Age 0-17] Child Has Special Health Needs	60.3	☁️ 64.5	
% [Age 0-17] Child Needs Rx for a Chronic Condition	24.1	☁️ 20.9	
% [Age 0-17] Child Needs Special Therapy for a Chronic Condition	6.5	☁️ 7.0	
% [Age 0-17] Child Needs Rx OR Special Therapy for a Chronic Condition	27.6	☁️ 24.3	

☀️	☁️	🌧️
better	similar	worse

Access to Health Services

Access to Health Services	Total Service Area	Total Service Area vs. Benchmarks	
		vs. US	vs. HP2020
% [Age 0-17] Child Is Uninsured	4.2	☁️ 6.8	🌧️ 0.0
% [Insured Child] Child Went Without Insurance in Past Year	9.9	☁️ 6.7	
% [Age 0-17] Difficulties Accessing Child's Healthcare (Composite)	37.8	🌧️ 30.3	

Access to Health Services (continued)	Total Service Area	Total Service Area vs. Benchmarks	
		vs. US	vs. HP2020
% [Age 0-17] Difficulty Finding Physician for Child in Past Year	8.1	⛅ 7.1	
% [Age 0-17] Difficulty Getting Appointment for Child in Past Year	16.6	🌧️ 11.6	
% [Age 0-17] Cost Prevented Child's Dr Visit in Past Year	6.8	⛅ 8.5	
% [Age 0-17] Transportation Hindered Child's Dr Visit in Past Year	8.8	⛅ 6.8	
% [Age 0-17] Inconvenient Hrs Prevented Child's Dr Visit in Past Year	23.0	🌧️ 15.7	
% [Age 0-17] Cost Prevented Getting Child's Prescription in Past Year	10.9	🌧️ 6.7	
% [Child Needing Care] "Major/Moderate" Problem Getting Specialty Care	38.7	🌧️ 22.2	
% [Age 0-17] Child Has a Usual Source of Care	85.2	🌧️ 89.6	🌧️ 100.0
% [Age 0-17] Child Has Had Routine Checkup in Past Year	91.5	☀️ 82.0	
% [Age 0-17] Child Has Had Hearing Tested in the Past 5 Years	87.7	⛅ 85.0	
% [Age 2-17] Child Has Had a Dental Visit in Past Year	84.6	⛅ 85.9	☀️ 49.0
% [Age 6-17] Child Has Had Dental Sealants	35.1	🌧️ 48.8	
% [Age 0-17] Child Has Had 2+ ER Visits in Past Year	14.6	🌧️ 8.8	

Alcohol, Tobacco & Drugs

	Total Service Area	Total Service Area vs. Benchmarks	
		vs. US	vs. HP2020
% [Age 0-17] Household Member Smokes Inside the Home	14.7	🌧️ 4.8	
% [Age 0-17] Household Member Smokes Outside the Home	27.4	☁️ 23.5	

	☀️ better	☁️ similar	🌧️ worse

Allergies

	Total Service Area	Total Service Area vs. Benchmarks	
		vs. US	vs. HP2020
% [Age 0-17] Child Has Respiratory Allergies	12.9	☀️ 17.7	
% [Age 0-17] Child Has Food/Digestive Allergies	8.9	☁️ 11.1	
% [Age 0-17] Child Has Eczema/Skin Allergies	26.7	🌧️ 21.0	

	☀️ better	☁️ similar	🌧️ worse

14

Asthma

	Total Service Area	Total Service Area vs. Benchmarks	
		vs. US	**vs. HP2020**
% [Age 0-17] Child Currently Has Asthma	**17.3**	🌧️ 12.0	
% [Age 0-17 With Asthma] ER/Urgent Care for Child's Asthma in Past Year	**58.7**	🌧️ 42.1	
% [Age 0-17 With Asthma] Child Hospitalized for Asthma in Past Year	**16.0**	☁️ 10.6	
% [Age 5-17 With Asthma] Child Missed School Due to Asthma in Past Year	**57.7**	☁️ 54.9	
% [Age 0-17 With Asthma] Parent Missed Work Due to Child's Asthma in Past Year	**49.0**	☁️ 41.0	

🌞 better	☁️ similar	🌧️ worse

Bone, Joint & Muscle Disorders

	Total Service Area	Total Service Area vs. Benchmarks	
		vs. US	**vs. HP2020**
% [Age 0-17] Child Has Bone/Joint/Muscle Problems	**3.0**	☁️ 4.9	

🌞 better	☁️ similar	🌧️ worse

Cognitive & Behavioral Disorders	Total Service Area	Total Service Area vs. Benchmarks	
		vs. US	vs. HP2020
% [Age 5-17] Child Has Autism	3.7	☁ 4.1	
% [Age 0-17] Child Has Learning Disability	7.3	☀ 12.1	
% [Age 0-17] Child Has Developmental Delays	5.7	☀ 9.5	
% [Age 0-17] Child Has ADD/ADHD	5.1	☀ 10.1	
% [Age 5-17] Child Has Behavioral/Conduct Problems	3.4	☁ 4.9	

☀	☁	🌧
better	similar	worse

Diabetes	Total Service Area	Total Service Area vs. Benchmarks	
		vs. US	vs. HP2020
% [Age 0-17] Child Has Diabetes/High Blood Sugar	1.2	☁ 0.9	

☁	🌧
similar	worse

Health Education	Total Service Area	Total Service Area vs. Benchmarks	
		vs. US	vs. HP2020
% [Age 0-17] Parent Aware of Local Parenting Education Programs	37.1	🌧️ 50.3	
% [Age 0-17] Parent Has Used a Local Parenting Education Program	14.2	☁️ 18.5	

	🌞 better	☁️ similar	🌧️ worse

Injury & Safety	Total Service Area	Total Service Area vs. Benchmarks	
		vs. US	vs. HP2020
% [Age 0-17] Child Has Sustained Injury Requiring Treatment in Past Year	8.0	☁️ 11.3	
% [Age 0-17] Child "Always" Uses Seat Belt/Car Seat	92.9	🌧️ 96.6	
% [Age 5-17] Child "Always" Wear a Bike Helmet	29.3	🌧️ 44.1	
% [Age 5-17] Child "Always" Wear a Skateboard/Scooter/Rollerblade Helmet	18.7	🌧️ 37.5	
% [Age 0-17] Neighborhood Is "Slightly" or "Not At All" Safe	62.9	🌧️ 9.1	
% [Age 5-17] Child Missed School in Past Year Because Felt Unsafe	11.5	🌧️ 3.3	
Child Abuse Offenses per 1,000 Children	21.9		

	🌞 better	☁️ similar	🌧️ worse

Mental & Emotional Health	Total Service Area	Total Service Area vs. Benchmarks	
		vs. US	vs. HP2020
% [Age 5-17] Child's Mental Health Is "Fair/Poor"	9.7	☁ 10.2	
% [Age 5-17] Parent Aware of Community Mental Health Resources	46.4	🌧 68.8	
% [Age 5-17] Child Has Needed but not Received Mental Health Svcs in Past Year	11.3	☁ 16.4	☀ 24.2
% [Age 5-17] Child Has Ever Taken Rx for Mental Health	4.4	☀ 8.0	
% [Age 5-17] Child Worries A Lot	19.1	☀ 25.4	
% [Age 5-17] Child Has Anxiety	4.3	☀ 9.5	
% [Age 5-17] Child Has Difficulty Sleeping	11.8	☁ 13.5	
% [Age 5-17] Child Had 2+ Weeks Feeling Sad/Hopeless in Past Year	6.0	☁ 6.0	
% [Age 5-17] Child Has Depression	4.4	☁ 4.6	

☀	☁	🌧
better	similar	worse

Mortality

Mortality	Total Service Area	Total Service Area vs. Benchmarks	
		vs. US	vs. HP2020
[Age 1-4] Mortality Rate per 100,000	27.7	☁ 27.7	🌧 25.7
[Age 5-9] Mortality Rate per 100,000	13.4	☁ 12.8	🌧 12.3
[Age 10-14] Mortality Rate per 100,000	14.6	☀ 16.1	☁ 15.2
[Age 15-19] Mortality Rate per 100,000	62.7	🌧 57.7	🌧 55.7

☀	☁	🌧
better	similar	worse

Neurological Disorders

Neurological Disorders	Total Service Area	Total Service Area vs. Benchmarks	
		vs. US	vs. HP2020
% [Age 0-17] Child Has Migraines/Severe Headaches	4.0	☁ 5.2	
% [Age 0-17] Child Has Brain Injury/Concussion	1.6	☀ 4.0	
% [Age 0-17] Child Has Epilepsy/Seizure Disorder	0.8	☁ 1.4	

☀	☁	🌧
better	similar	worse

Nutrition, Physical Activity & Weight	Total Service Area	Total Service Area vs. Benchmarks	
		vs. US	vs. HP2020
% [Age 2-17] Child Has 5+ Servings of Fruits/Vegetables per Day	42.0	☁ 46.4	
% [Age 2-17] Child Ate 3+ Fast Food Meals in Past Week	27.9	🌧 21.5	
% [Age 0-17] Child Was Ever Breastfed	64.8	☁ 69.8	🌧 81.9
% [Age 2-17] Child Was Physically Active One Hour/Day in Past Week	37.1	🌧 57.3	
% [Age 2-17] Child Had 60+ Minutes of Vigorous Physical Activity in Past Week	56.4	🌧 72.2	
% [Age 2-17] Child had 150+ Minutes of Moderate Physical Activity in Past Week	34.5	🌧 56.0	
% [Age 5-17] Child Watches 3+ Hours of TV per Day	36.9	☁ 39.3	
% [Age 5-17] Child Has a TV in Bedroom	58.1	🌧 45.9	
% [Age 5-17] Child Has 3+ Hours of Computer Use per Day	19.0	☁ 15.0	
% [Age 5-17] Child Has a Computer in Bedroom	39.0	🌧 25.6	
% [Age 5-17] Child Has 3+ Hours of Total Screen Time per Day	54.3	☁ 54.7	
% [Age 5-17] Child Is Overweight or Obese	40.1	🌧 30.7	
% [Age 5-17] Child Is Obese	23.8	☁ 18.0	🌧 14.6

Prenatal & Infant Health

	Total Service Area	Total Service Area vs. Benchmarks	
		vs. US	vs. HP2020
% No Prenatal Care in First Trimester	23.6		🌧️ 22.1
% of Low Birthweight Births	9.7	🌧️ 8.2	🌧️ 7.8
Infant Death Rate	7.4	🌧️ 6.5	🌧️ 6.0

☀️	☁️	🌧️
better	similar	worse

Sexual Activity

	Total Service Area	Total Service Area vs. Benchmarks	
		vs. US	vs. HP2020
[All Ages] Chlamydia Incidence per 100,000	884.8	🌧️ 409.8	
% Births to Teenagers	12.8	🌧️ 10.3	

☀️	☁️	🌧️
better	similar	worse

Vision, Hearing & Speech	Total Service Area	Total Service Area vs. Benchmarks	
		vs. US	vs. HP2020
% [Age 0-17] Child Has Vision Problems	4.7	🌧️ 1.9	
% [Age 0-17] Child Has Hearing Problems	5.3	☁️ 4.9	
% [Age 0-17] Child Has Speech/Language Problems	8.8	☀️ 13.7	
% [Age 0-17] Child Has Had 3+ Ear Infections (Ever)	13.5	☀️ 25.6	
% [Age 0-17] Child Has Had an Eye Exam in the Past 3 Years	89.3	☀️ 79.3	

☀️	☁️	🌧️
better	similar	worse

PERCEPTIONS OF HEALTH ISSUES
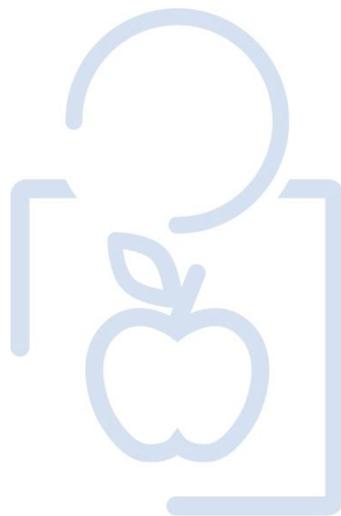
Child Health Issues

Obesity received the largest share of responses (32.2%) as the perceived number-one health issue for children under the age of 12.

- Respondents also frequently identified **asthma** (16.5%) as the number-one health issue affecting children, followed by **nutrition** (11.7%), **colds/flu** (10.8%), and **diabetes** (3.8%).

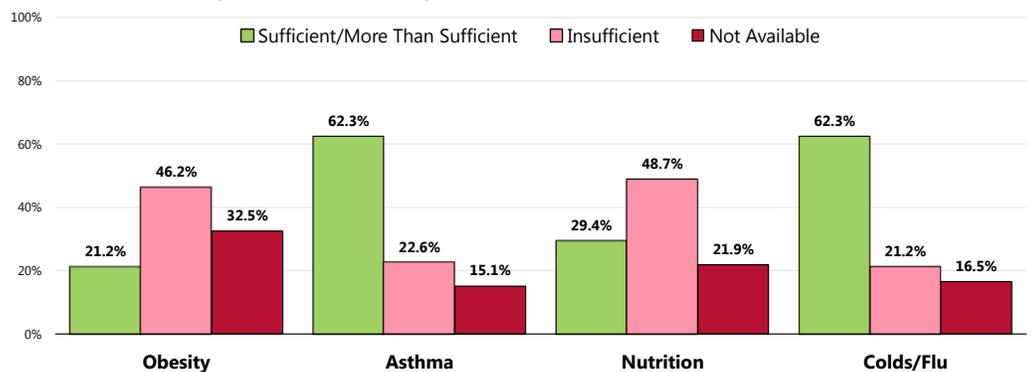- Note that 30 parents were uncertain or could not identify a children's health issue and are not included in the following chart.

Perceived Number-One Health Issue Affecting Children Under 12 in the Community
(Total Service Area, 2013)
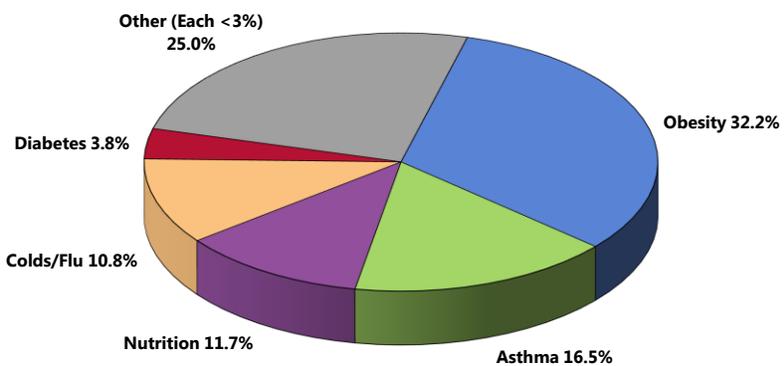
Other (Each <3%) 25.0%
Diabetes 3.8%
Colds/Flu 10.8%
Nutrition 11.7%
Asthma 16.5%
Obesity 32.2%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 4]
Notes: ● Asked of all respondents. Excludes respondents who were uncertain or could not give an answer.

Respondents who mention obesity or nutrition as the top children's health issue largely see community resources as <u>insufficient</u> (or non-existent) to address these problems.

Perception of Existing Community Resources or Services for Number-One Health Issue Affecting Children Under 12
(By Perceived Primary Health Issue; Total Service Area, 2013)

Legend: ■ Sufficient/More Than Sufficient ■ Insufficient ■ Not Available

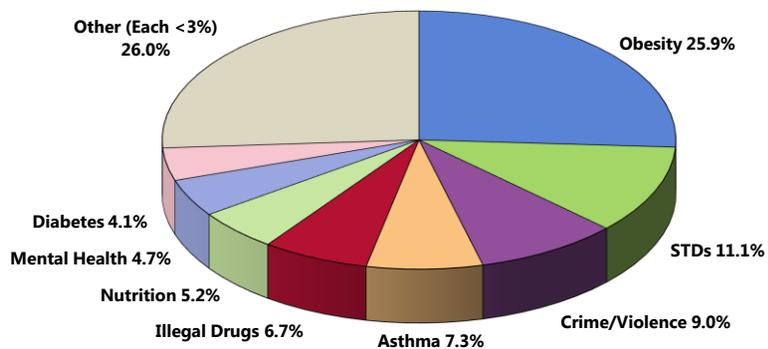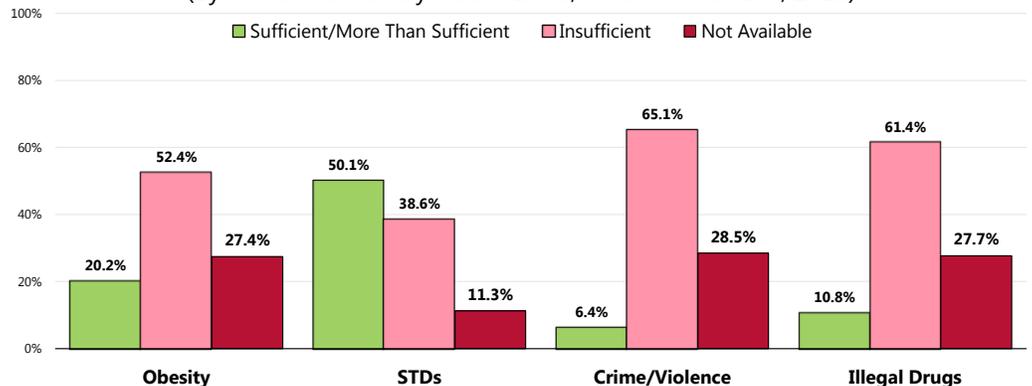|	Sufficient/More Than Sufficient	Insufficient	Not Available
Obesity	21.2%	46.2%	32.5%
Asthma	62.3%	22.6%	15.1%
Nutrition	29.4%	48.7%	21.9%
Colds/Flu	62.3%	21.2%	16.5%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: ● Asked of all respondents who named a primary health issue among children under 12.

Adolescent Health Issues

Similarly, <u>obesity</u> received the largest share of responses (25.9%) when respondents were asked to name the number-one health issue for <u>adolescents.</u>

- Respondents also frequently identified **STDs** (mentioned by 11.1%), followed by **crime and violence** (9.0%), **asthma** (7.3%), **illegal drugs** (6.7%), **nutrition** (5.2%), **mental health** (4.7%) and **diabetes** (4.1%).

- Note that 50 parents were uncertain or could not identify a health issue and are not included in the following chart.

Perceived Number-One Health Issue Affecting Teens (12-17) in the Community
(Total Service Area, 2013)

Obesity 25.9%
STDs 11.1%
Crime/Violence 9.0%
Asthma 7.3%
Illegal Drugs 6.7%
Nutrition 5.2%
Mental Health 4.7%
Diabetes 4.1%
Other (Each <3%) 26.0%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc.   [Item 6]
Notes: ● Asked of all respondents. Does not include respondents who were uncertain or could not give an answer.
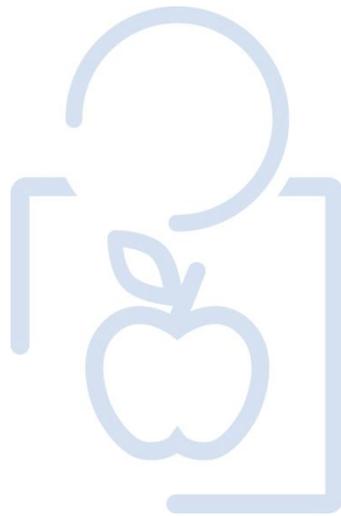
A majority of respondents view community resources as <u>insufficient</u> (or nonexistent) to address the top health issues affecting teens in the community (49.9% for STDs).

Perception of Existing Community Resources or Services for Number-One Health Issue Affecting Teens
(By Perceived Primary Health Issue; Total Service Area, 2013)

Legend: ■ Sufficient/More Than Sufficient   ■ Insufficient   ■ Not Available

	Sufficient/More Than Sufficient	Insufficient	Not Available
Obesity	20.2%	52.4%	27.4%
STDs	50.1%	38.6%	11.3%
Crime/Violence	6.4%	65.1%	28.5%
Illegal Drugs	10.8%	61.4%	27.7%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc.   [Item 7]
Notes: ● Asked of all respondents who named a primary health issue among teens.

HEALTH STATUS

Overall Health

Evaluations of Child's Overall Health Status

Most Total Service Area parents rate their child's overall health as "excellent" (44.4%) or "very good" (28.2%).

- Another 20.6% gave "good" ratings of their child's overall health.
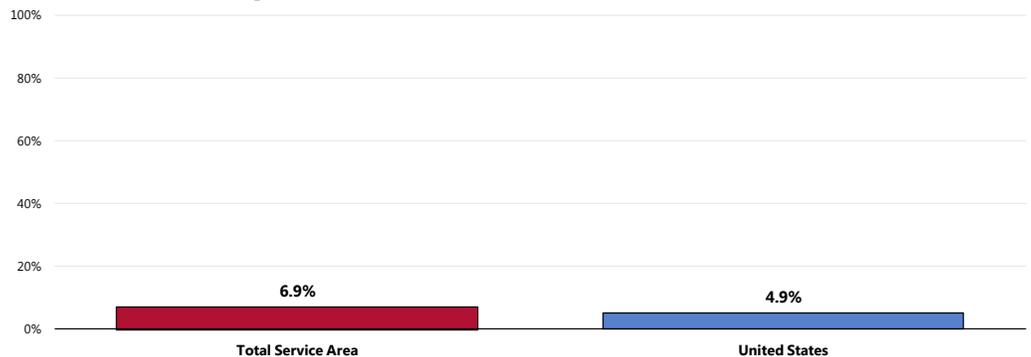
Child's Health Status
(Total Service Area, 2013)
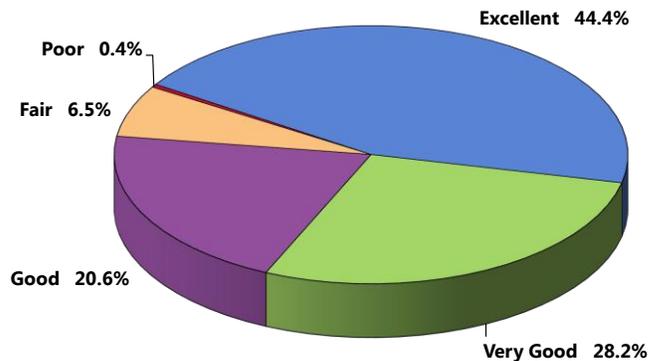
- Excellent 44.4%
- Poor 0.4%
- Fair 6.5%
- Good 20.6%
- Very Good 28.2%

Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc.   [Item 12]
Notes: • Asked of all respondents.

However, 6.9% of Total Service Area parents believe that their child's overall health is "fair" or "poor."

- Similar to national findings.

Child Experiences "Fair" or "Poor" Overall Health

	Total Service Area	United States
	6.9%	4.9%

Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 12]
           • 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

When viewed by children's demographic characteristics, note that the following segments of children are <u>more</u> likely to be reported as having "fair/poor" health status:
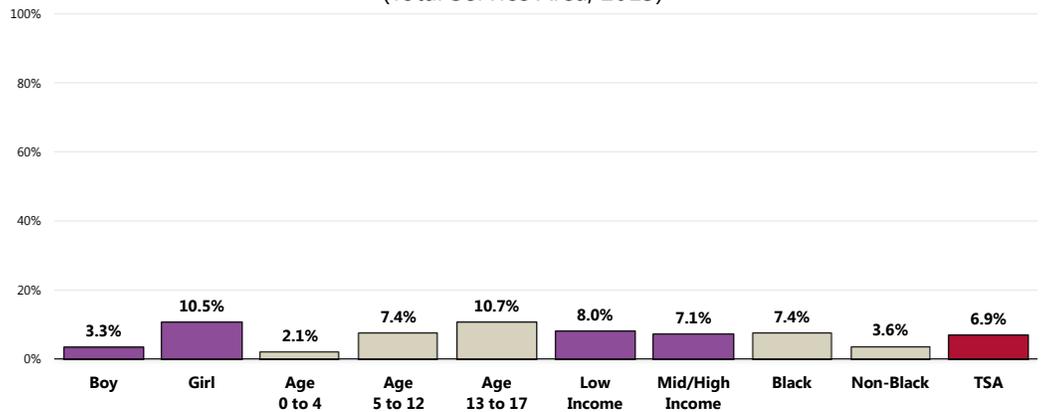
- 👪 Girls.
- 👪 Children age 5 and older.
- 👪 Other differences by demographic characteristics, as shown below, are not statistically significant.

Child Experiences "Fair" or "Poor" Overall Health
(Total Service Area, 2013)

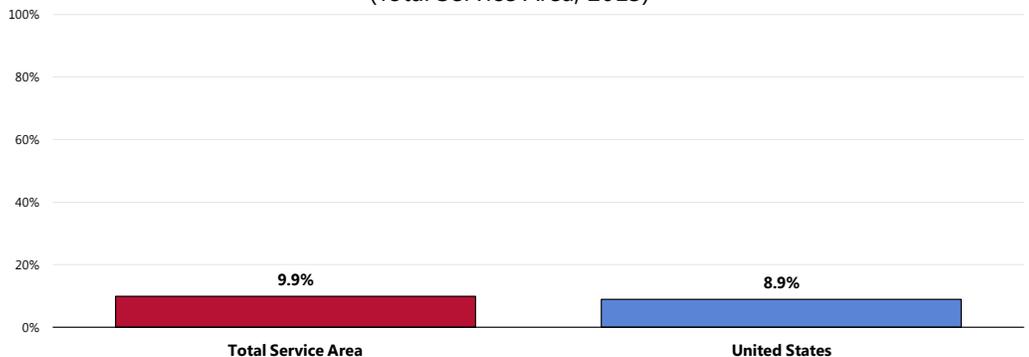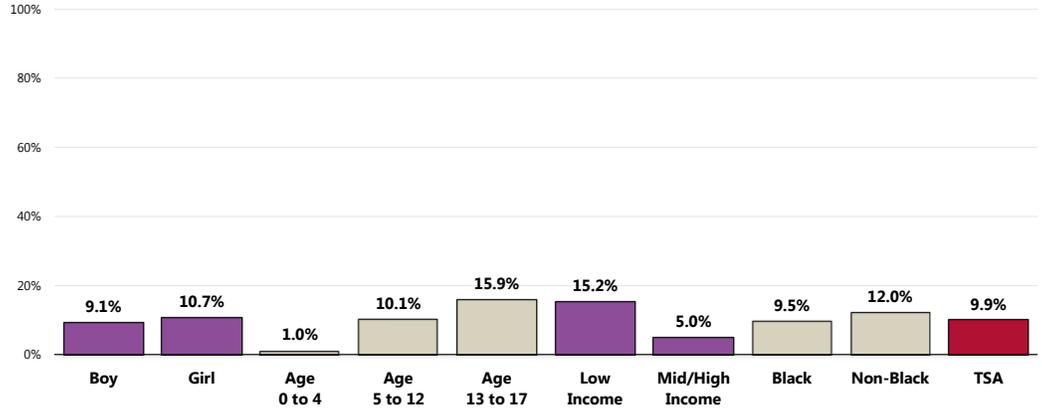| Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Low Income	Mid/High Income	Black	Non-Black	TSA
3.3%	10.5%	2.1%	7.4%	10.7%	8.0%	7.1%	7.4%	3.6%	6.9%

Activity Limitations

According to Total Service Area parents, 9.9% of children in the community are limited or prevented in some way in their ability to do things most children of the same age can do because of a medical, behavioral, or other health condition.

- ● Similar to what is found nationally.

Prevalence of Activity Limitations
(Total Service Area, 2013)

Total Service Area	United States
9.9%	8.9%

Note that the following groups of children report a significantly higher prevalence of activity limitations:

- 👪 Children age 5 and older (note the positive correlation with age).
- 👪 Children in low-income households.

Prevalence of Activity Limitations
(Total Service Area, 2013)

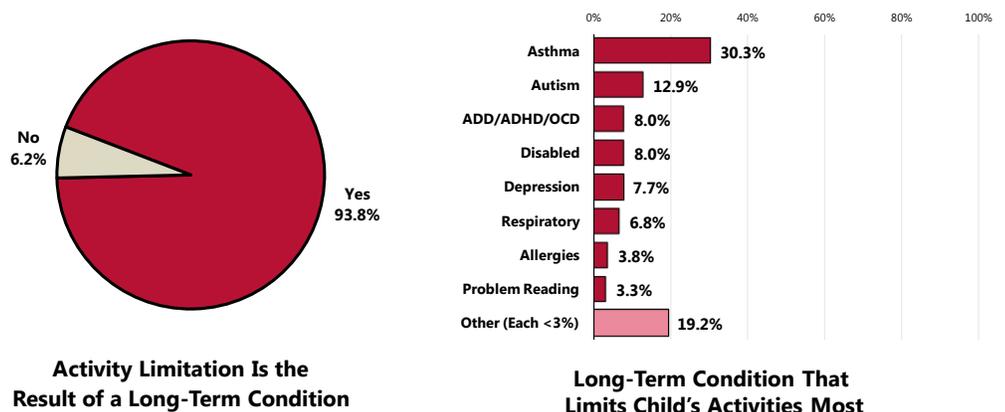| Category	Value
Boy	9.1%
Girl	10.7%
Age 0 to 4	1.0%
Age 5 to 12	10.1%
Age 13 to 17	15.9%
Low Income	15.2%
Mid/High Income	5.0%
Black	9.5%
Non-Black	12.0%
TSA	9.9%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 68]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "Black" reflects non-Hispanic Black respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
● Child is limited in his/her ability to do things most children of the same age can do because of any medical, behavioral, or other health condition.

For those reporting activity limitations, the vast majority is due to a condition that has lasted, or is expected to last, for a year or longer. Activity limitations are most often attributed to **asthma** (30.3%), **autism** (12.9%), **ADD/ADHD/OCD** (8.0%), **disabilities** (8.0%), **depression** (7.7%) and **respiratory** problems (6.8%).

Description of Activity Limitations
(Among Children With Activity Limitations; Total Service Area, 2013)

No 6.2%
Yes 93.8%

Activity Limitation Is the Result of a Long-Term Condition

Condition	Value
Asthma	30.3%
Autism	12.9%
ADD/ADHD/OCD	8.0%
Disabled	8.0%
Depression	7.7%
Respiratory	6.8%
Allergies	3.8%
Problem Reading	3.3%
Other (Each <3%)	19.2%

Long-Term Condition That Limits Child's Activities Most

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 69-70]
Notes: ● Asked of all respondents for whom the randomly selected child in the household has some type of activity limitation.

Mental Health

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: **risk factors**, which predispose individuals to mental illness; and **protective factors**, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The understanding of how the brain functions under normal conditions and in response to stressors, combined with knowledge of how the brain develops over time, has been essential to that progress. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.

- The greatest opportunity for prevention is among young people.

- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.

- The incidence of depression among pregnant women and adolescents can be reduced.

- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.

- There are potential indicated preventive interventions for schizophrenia.

- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.

- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.

- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression among children and increasing effective parenting.

- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.

- Implementation is complex, and it is important that interventions be relevant to the target audiences.

In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

– Healthy People 2020 (www.healthypeople.gov)

Evaluation of Child's Mental Health Status

"Now thinking about this child's mental health, which includes stress, depression, and problems with emotions, would you say that this child's mental health is: excellent, very good, good, fair or poor?"

Most Total Service Area parents rate their (age 5-17) **child's mental health — which includes stress, depression, and problems with emotions — as "excellent" (48.3%) or "very good" (27.4%).**

- Another 14.6% gave "good" ratings of their child's overall health.

Child's Mental Health Status

(Among Parents of Children Age 5-17; Total Service Area, 2013)
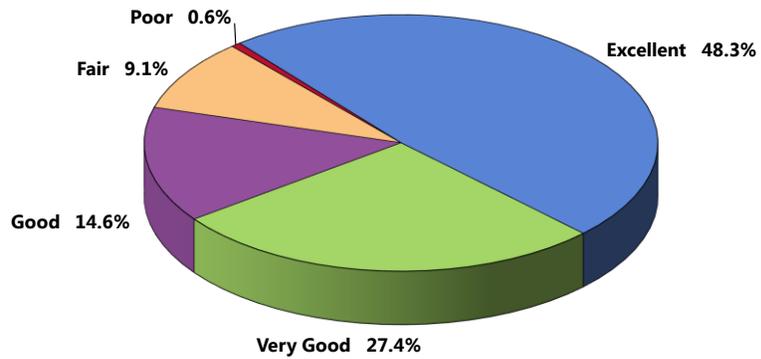
Poor 0.6%

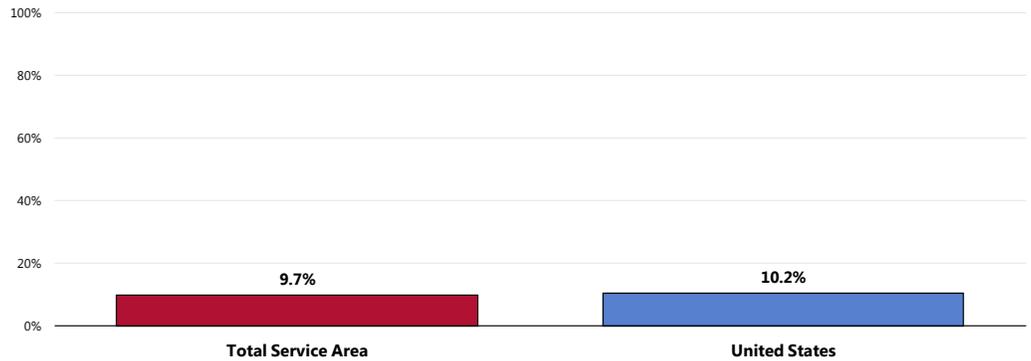Fair 9.1%

Excellent 48.3%

Good 14.6%

Very Good 27.4%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 82]
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

However, 9.7% of Total Service Area parents believe that their (age 5-17) **child's mental health is "fair" or "poor."**

● Statistically comparable to national findings.

Child Experiences "Fair" or "Poor" Mental Health

(Among Parents of Children Age 5-17)

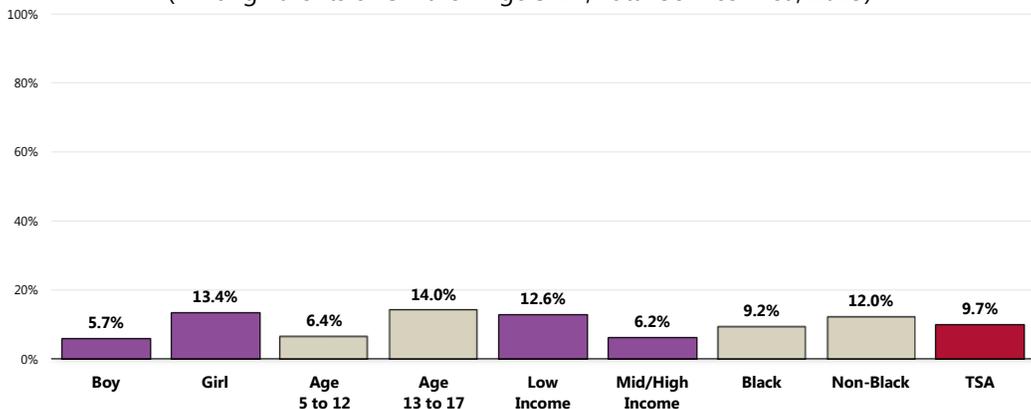|	
9.7%	10.2%
Total Service Area	United States

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 82]
● 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

"Fair/poor" mental health status is more often noted for:

👪 Girls.

👪 Teens.

👪 Children in low-income households.

Child Experiences "Fair" or "Poor" Mental Health
(Among Parents of Children Age 5-17; Total Service Area, 2013)

Category	Value
Boy	5.7%
Girl	13.4%
Age 5 to 12	6.4%
Age 13 to 17	14.0%
Low Income	12.6%
Mid/High Income	6.2%
Black	9.2%
Non-Black	12.0%
TSA	9.7%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 82]
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "Black" reflects non-Hispanic Black respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
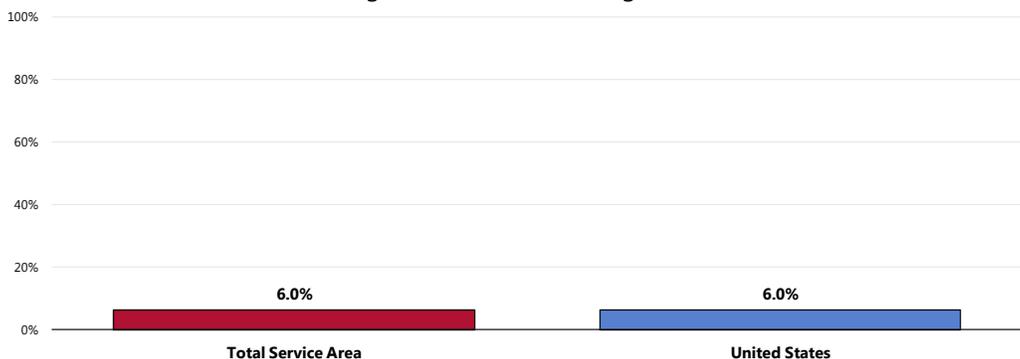
Signs of Depression

"During the past 12 months, did this child ever feel so sad or hopeless almost every day for two weeks or more in a row that he/she stopped doing some usual activities?"

A total of 6.0% of Total Service Area parents indicate that their school-age child felt so sad or hopeless almost every day for two weeks or more in the past year that he/she stopped doing some usual activities.

- Identical to the national figure.

Child Felt Sad or Hopeless for Two or More Weeks
in the Past Year and Stopped Performing Usual Activities
(Among Parents of Children Ages 5-17)

Category	Value
Total Service Area	6.0%
United States	6.0%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 89]
● 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
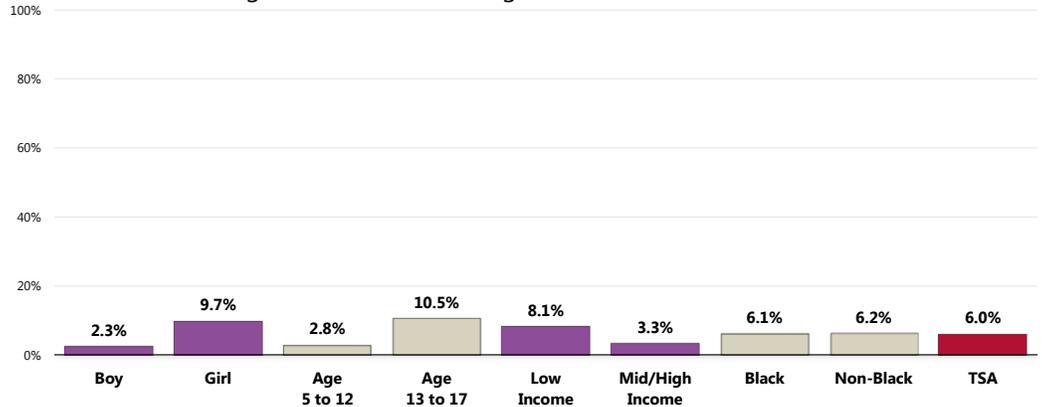
Such signs of depression are notably higher among:

- Girls.
- Teens.
- Children in lower-income households.

**Child Felt Sad or Hopeless for Two or More Weeks
in the Past Year and Stopped Performing Usual Activities**
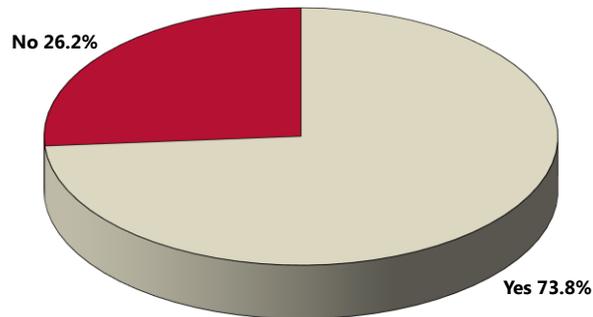(Among Parents of Children Age 5-17; Total Service Area, 2013)

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 89]
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "Black" reflects non-Hispanic Black respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Further note that, of the 15 surveyed parents reporting signs of depression in their child, most (nearly 74%) report that they sought treatment for their child's feelings of sadness or hopelessness.

Sought Treatment for Child's Feelings of Sadness/Hopelessness
(Among Parents of Children Ages 5-17 Who Had Feelings of Sadness/Hopelessness;
Total Service Area, 2013)

No 26.2%

Yes 73.8%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 90]
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17 and who experienced 2+ weeks of feelings of sadness/hopelessness in the past year and ceased performing their usual activities.

Diagnosed Mental & Emotional Conditions

A total of 4.3% of Total Service Area parents report that they have been told by a doctor or other health care provider that their school-age child had anxiety.

- More favorable than national findings.

- 10.5% of these respondents characterized their child's anxiety as "severe."
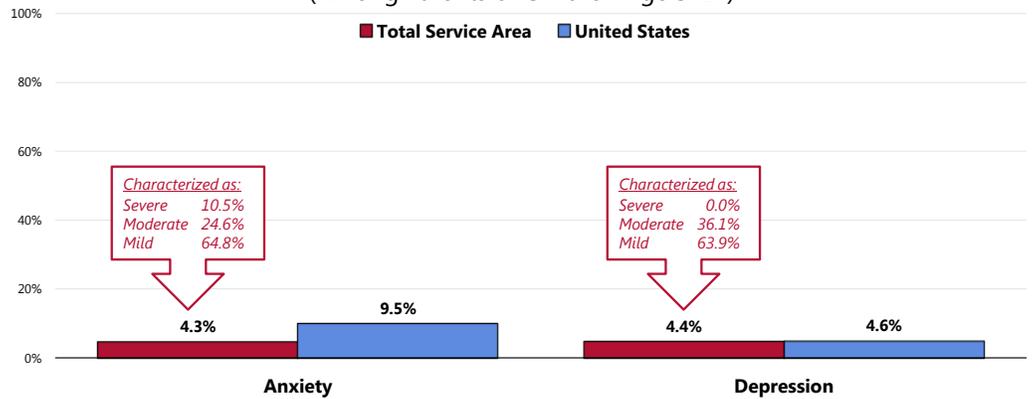
A total of 4.4% have been told by a doctor or other health care provider that their school-age child had <u>depression</u>.

- Similar to national findings.

- None of these respondents characterized their child's depression as "severe."

Child Has Various Mental/Emotional Conditions
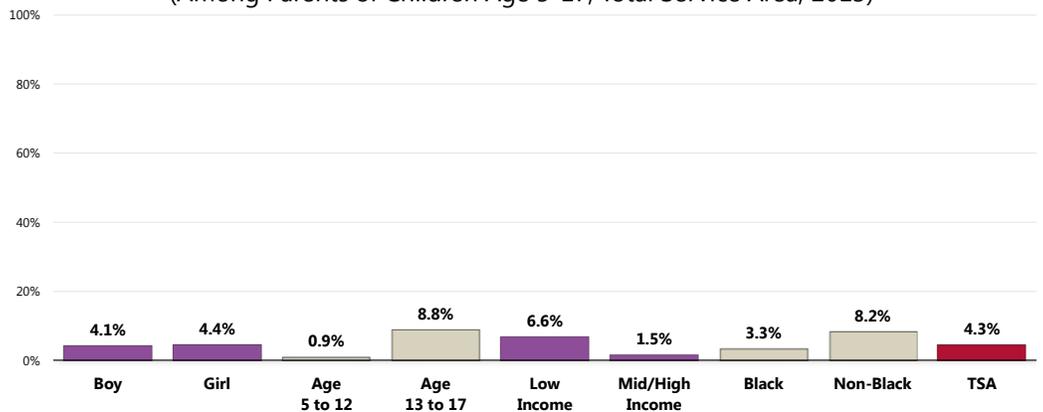### (Among Parents of Children Age 5-17)

■ Total Service Area   ■ United States

Anxiety — Characterized as:
Severe   10.5%
Moderate 24.6%
Mild   64.8%

Depression — Characterized as:
Severe   0.0%
Moderate 36.1%
Mild   63.9%

Anxiety: 4.3% (Total Service Area), 9.5% (United States)
Depression: 4.4% (Total Service Area), 4.6% (United States)

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 91-92, 97-98]
         ● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-4.1]
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.

- Service Area teens and low-income children are statistically more likely to have **anxiety**.

Child Has Anxiety
(Among Parents of Children Age 5-17; Total Service Area, 2013)

Boy	Girl	Age 5 to 12	Age 13 to 17	Low Income	Mid/High Income	Black	Non-Black	TSA
4.1%	4.4%	0.9%	8.8%	6.6%	1.5%	3.3%	8.2%	4.3%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 97]
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
         ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "Black" reflects non-Hispanic Black respondents).
         ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
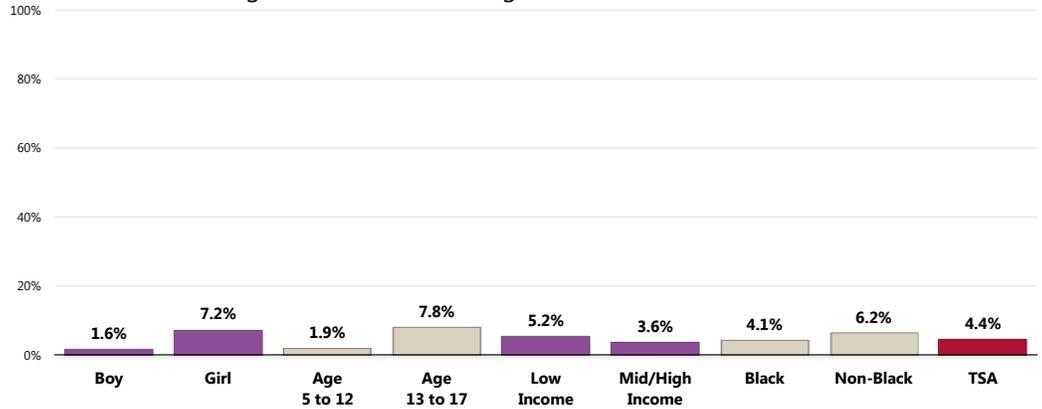
Children more likely to have **depression** include:

- Girls.

- Teens.

Child Has Depression

(Among Parents of Children Age 5-17; Total Service Area, 2013)

Category	Percentage
Boy	1.6%
Girl	7.2%
Age 5 to 12	1.9%
Age 13 to 17	7.8%
Low Income	5.2%
Mid/High Income	3.6%
Black	4.1%
Non-Black	6.2%
TSA	4.4%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 91]
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "Black" reflects non-Hispanic Black respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Prescriptions for Mental Health

A total of 4.4% of Total Service Area report that their child has ever taken prescribed medication for their mental health.

● Lower than the national figure.

● Note the positive correlation with age among Total Service Area children.

Child Has Taken Prescribed Medications for Mental Health
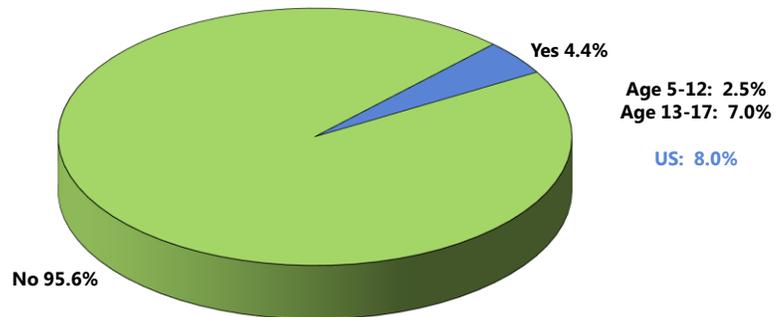
(Among Parents of Children Age 5-17)

Yes 4.4%

Age 5-12: 2.5%
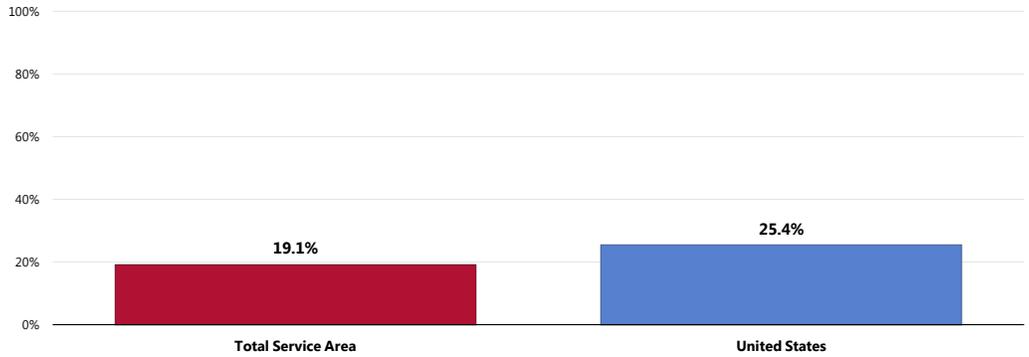Age 13-17: 7.0%

US: 8.0%

No 95.6%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 86]
● 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents about a randomly-selected child aged 5-17 in the household.

Worry

Nearly one in five (19.1%) area children age 5-17 reportedly worries a lot.
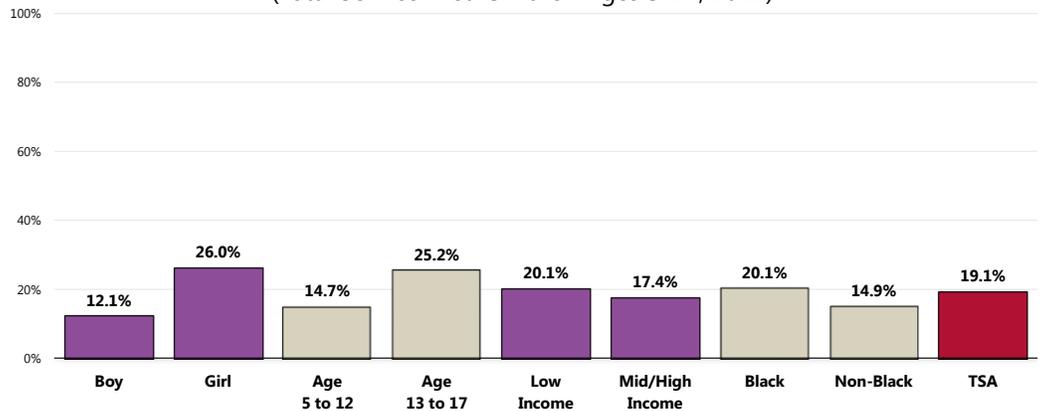
● Lower than the US percentage.

Child Worries a Lot
(Total Service Area Children Ages 5-17, 2012)

	Total Service Area	United States
	19.1%	25.4%

👪 Service Area girls and teens are statistically more likely to worry a lot.

Child Worries a Lot
(Total Service Area Children Ages 5-17, 2012)

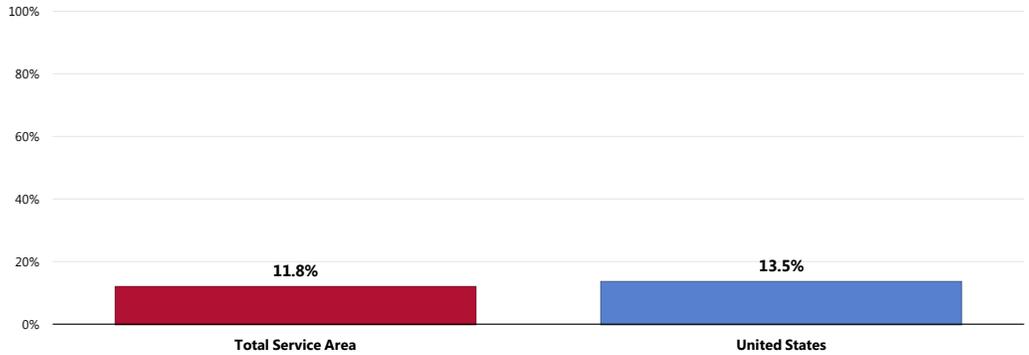| Boy	Girl	Age 5 to 12	Age 13 to 17	Low Income	Mid/High Income	Black	Non-Black	TSA
12.1%	26.0%	14.7%	25.2%	20.1%	17.4%	20.1%	14.9%	19.1%

Sleep

According to parents of children age 5-17, 11.8% have trouble falling asleep or sleeping through the night.

● This is comparable to the US prevalence.

Child Has Difficulties Falling
Asleep and/or Sleeping Through the Night
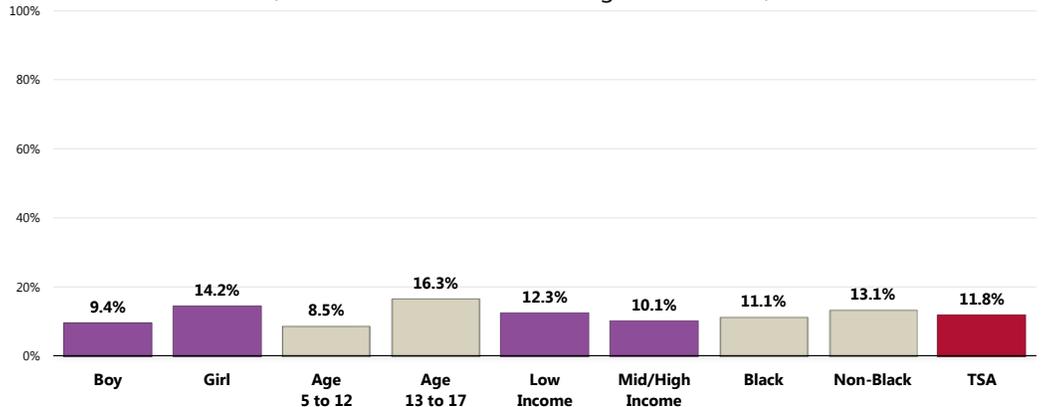(Total Service Area Children Ages 5-17, 2012)

	Total Service Area	United States
	11.8%	13.5%

👫 Area teens are statistically more likely to have sleep difficulties.

Child Has Difficulties Falling
Asleep and/or Sleeping Through the Night
(Total Service Area Children Ages 5-17, 2012)

Boy	Girl	Age 5 to 12	Age 13 to 17	Low Income	Mid/High Income	Black	Non-Black	TSA
9.4%	14.2%	8.5%	16.3%	12.3%	10.1%	11.1%	13.1%	11.8%

Diagnosed Cognitive & Behavioral Disorders

A total of 7.3% of Total Service Area parents report that they have been told by a doctor or other health care provider that their child (age 0-17) **had a learning disability.**

● More favorable than national findings.

👫 15.5% of these respondents characterized their child's learning disability as "severe."

A total of 5.1% have been told by a doctor or other health care provider that their child (age 0-17) **had <u>ADD or ADHD</u>** (attention-deficit disorder or attention-deficit hyperactivity disorder)**.**

- ● More favorable than the national figure.

- ♛ 30.3% of these respondents characterized their child's ADD/ADHD as "severe."

A total of 5.7% have been told by a doctor or other health care provider that their child (age 0-17) **had a <u>developmental delay</u> that affects his/her ability to learn.**

- ● Lower than the national prevalence.

- ♛ 20.9% of these respondents characterized their child's developmental delay as "severe."

A total of 3.4% have been told by a doctor or other health care provider that their school-age child (age 5-17) **had <u>behavioral or conduct problems</u>, such as oppositional defiant disorder or conduct disorder.**
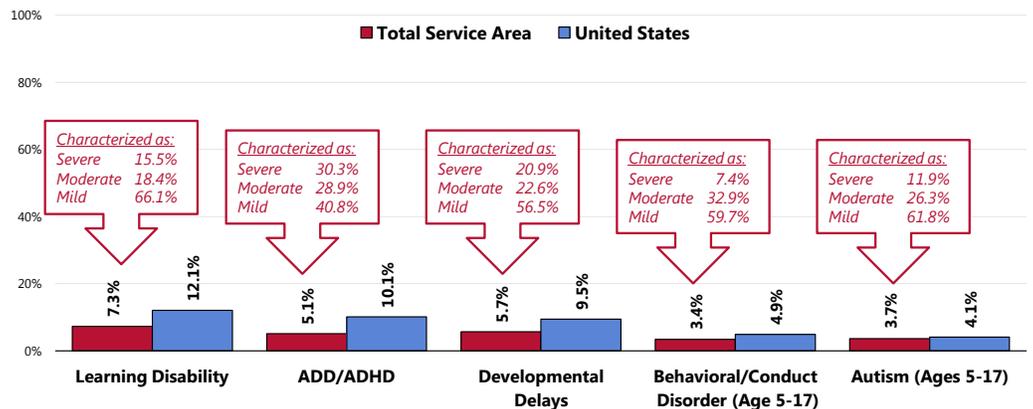
- ● Similar to national findings.

- ♛ 7.4% of these respondents characterized their child's disorder as "severe."

A total of 3.7% have been told by a doctor or other health care provider that their school-age child (age 5-17) **had <u>autism.</u>**

- ● Similar to national findings.

- ♛ 11.9% of these respondents characterized their child's autism as "severe."

Child Has Various Cognitive and Behavioral Disorders
(Among Children Age 0-17)

Legend: ■ Total Service Area ■ United States

Category	Characterized as: Severe / Moderate / Mild	Total Service Area	United States
Learning Disability	Severe 15.5% / Moderate 18.4% / Mild 66.1%	7.3%	12.1%
ADD/ADHD	Severe 30.3% / Moderate 28.9% / Mild 40.8%	5.1%	10.1%
Developmental Delays	Severe 20.9% / Moderate 22.6% / Mild 56.5%	5.7%	9.5%
Behavioral/Conduct Disorder (Age 5-17)	Severe 7.4% / Moderate 32.9% / Mild 59.7%	3.4%	4.9%
Autism (Ages 5-17)	Severe 11.9% / Moderate 26.3% / Mild 61.8%	3.7%	4.1%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 58-61, 64-65, 93-96]
Notes: ● Learning Disability, ADD/ADHD & Developmental Delays: asked of all respondents (children age 0-17);
Behavioral/Conduct Disorder & Autism: asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
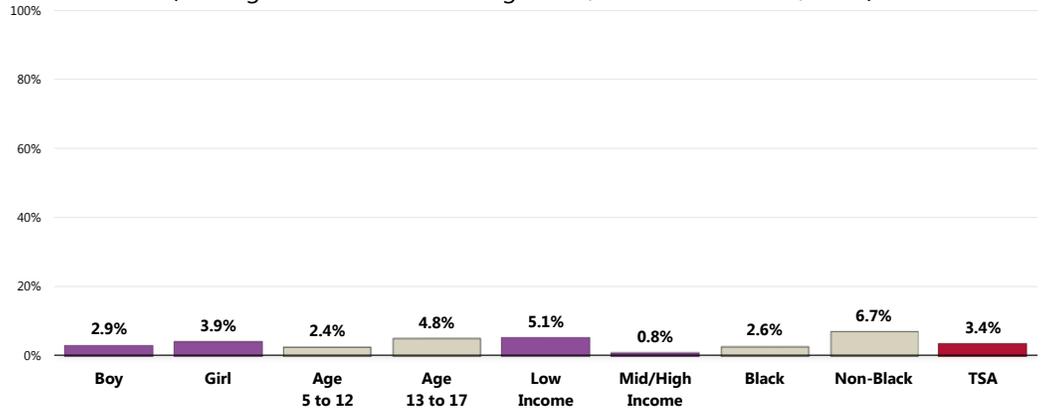
Behavioral/Conduct Problems

Children more likely to have behavioral or conduct problems include:

- ♛ Those in low-income households.

Child Has Behavioral/Conduct Problems
(Among Parents of Children Age 5-17; Total Service Area, 2013)

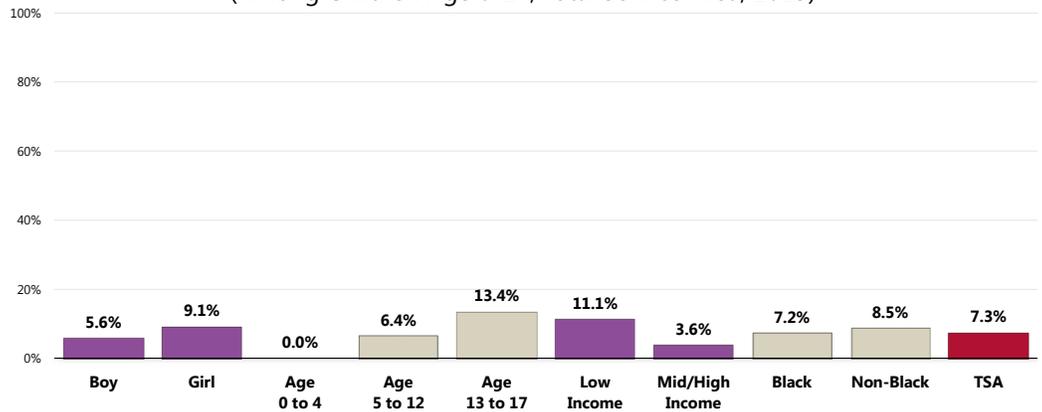|	Boy	Girl	Age 5 to 12	Age 13 to 17	Low Income	Mid/High Income	Black	Non-Black	TSA
	2.9%	3.9%	2.4%	4.8%	5.1%	0.8%	2.6%	6.7%	3.4%

Learning Disabilities

Children more likely to have some type of learning disability include:

👪 Teens (note the positive correlation with age).

👪 Those in lower-income households.

Child Has a Learning Disability
(Among Children Age 0-17; Total Service Area, 2013)

	Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Low Income	Mid/High Income	Black	Non-Black	TSA
	5.6%	9.1%	0.0%	6.4%	13.4%	11.1%	3.6%	7.2%	8.5%	7.3%

ADD/ADHD

👪 The prevalence of ADD/ADHD in service area children is notably higher in boys and those age 5-12.

Child Has ADD/ADHD
(Among Children Age 0-17; Total Service Area, 2013)

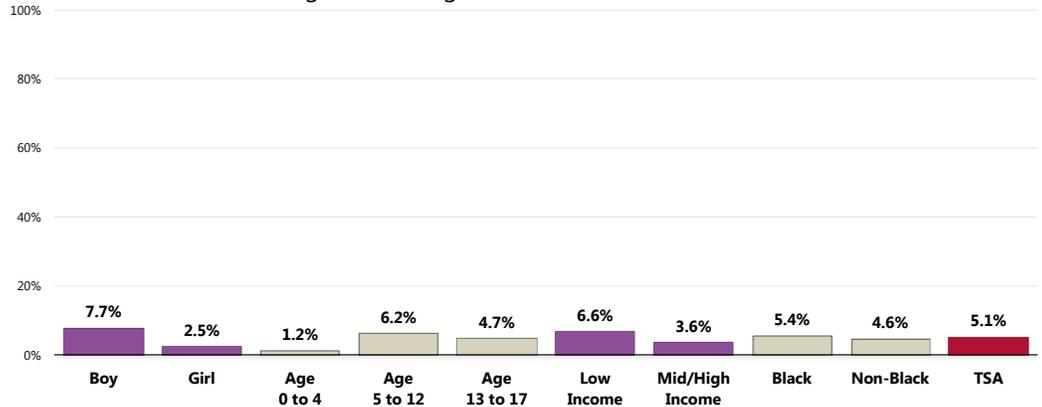| Category	Percentage
Boy	7.7%
Girl	2.5%
Age 0 to 4	1.2%
Age 5 to 12	6.2%
Age 13 to 17	4.7%
Low Income	6.6%
Mid/High Income	3.6%
Black	5.4%
Non-Black	4.6%
TSA	5.1%

Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 64]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "Black" reflects non-Hispanic Black respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Developmental Delays

Children more likely to have developmental delays include:

- Teens.

- Children in low-income households.

Child Has Developmental Delays
(Among Children Age 0-17; Total Service Area, 2013)

Category	Percentage
Boy	4.6%
Girl	6.9%
Age 0 to 4	1.8%
Age 5 to 12	3.8%
Age 13 to 17	10.7%
Low Income	8.6%
Mid/High Income	2.4%
Black	4.7%
Non-Black	9.5%
TSA	5.7%

Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 60]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "Black" reflects non-Hispanic Black respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
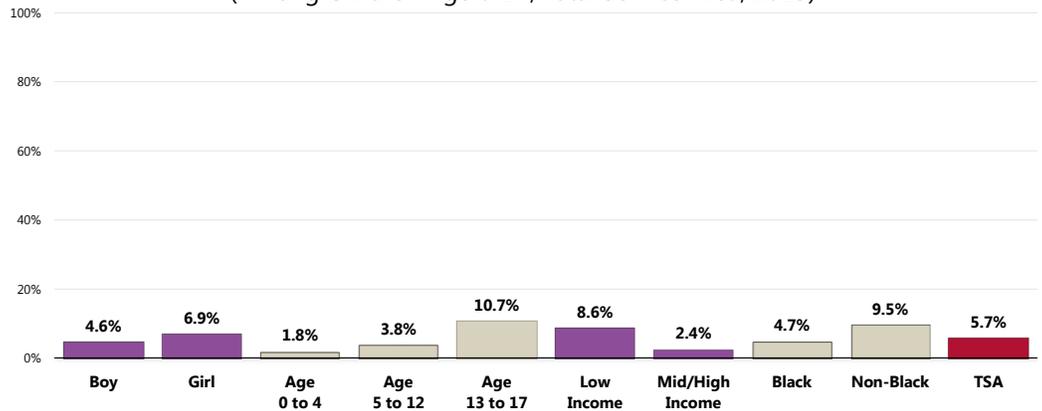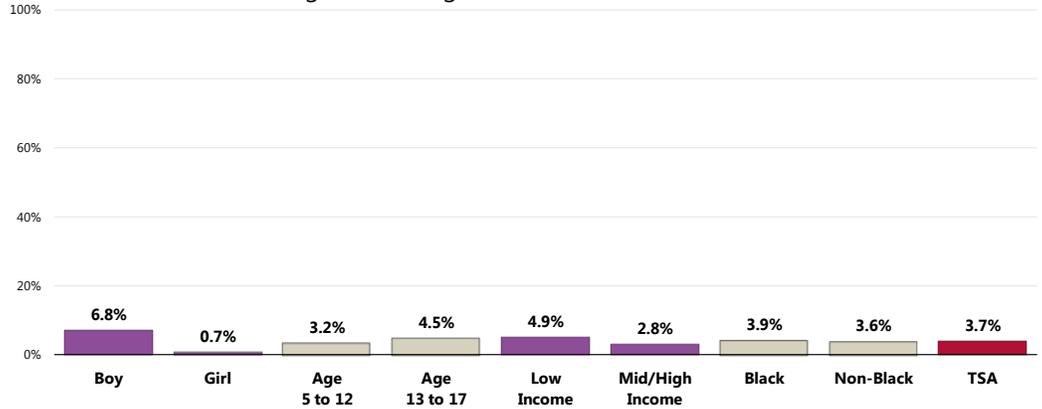
Autism

- The prevalence of autism is statistically high among boys age 5-17 in the Total Service Area.

Child Has Autism
(Among Children Age 5-17; Total Service Area, 2013)

| Category	Value
Boy	6.8%
Girl	0.7%
Age 5 to 12	3.2%
Age 13 to 17	4.5%
Low Income	4.9%
Mid/High Income	2.8%
Black	3.9%
Non-Black	3.6%
TSA	3.7%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 95]
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "Black" reflects non-Hispanic Black respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Awareness & Availability of Mental Health Services

A total of 46.4% of Total Service Area parents are aware of local community resources for mental health.

● Awareness is much lower locally than it is across the US.

Aware of Mental Health Resources in the Community
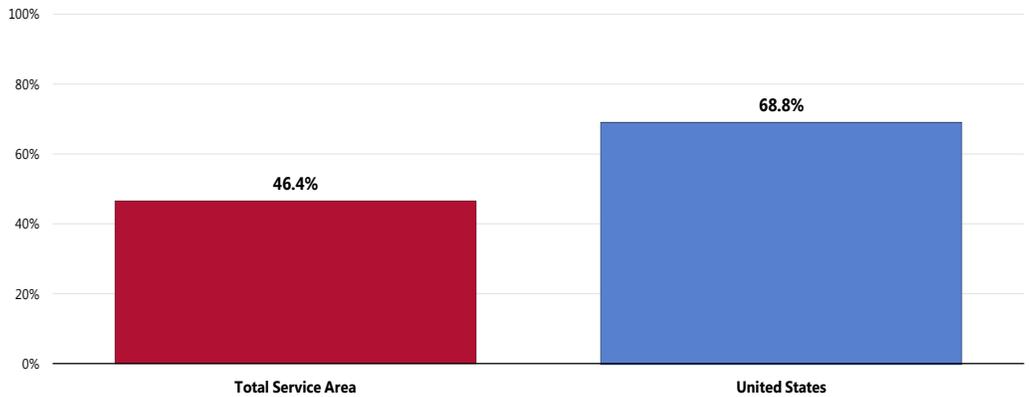
Category	Value
Total Service Area	46.4%
United States	68.8%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 99]
● 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Access to Mental Health Services

A total of 11.3% of Total Service Area children are reported to have needed mental health services, but did not receive them.

● Similar to national findings.

● Satisfies the Healthy People 2020 objective of 24.2% or lower.

Professional Research Consultants, Inc.

Child Needed Mental Health Services
But Did Not Receive Them in the Past Year
(Among Parents of Children 5-17 Needing Mental Health Services; Total Service Area, 2013)
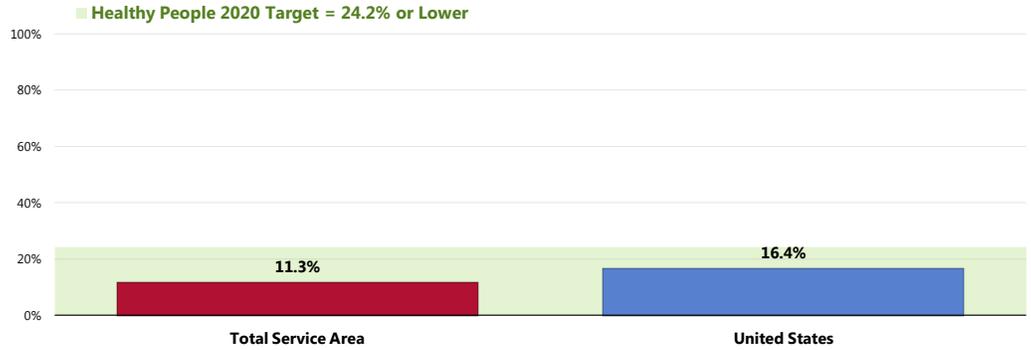
Healthy People 2020 Target = 24.2% or Lower

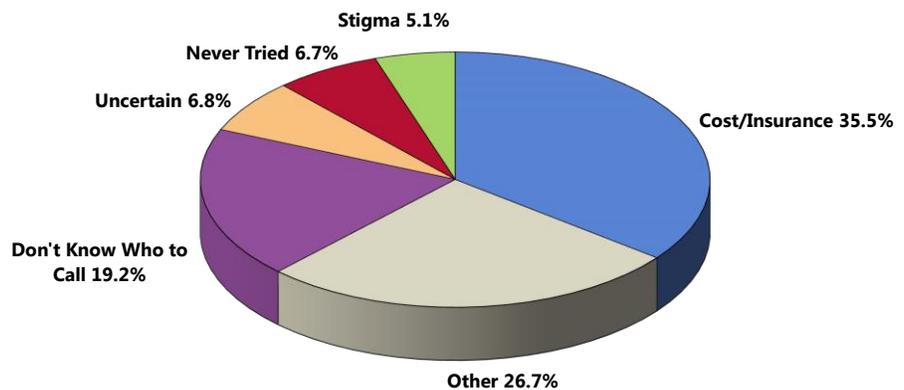| Total Service Area	United States
11.3%	16.4%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 84]
　　　　 ● 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
　　　　 ● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-6]
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17 and has needed mental health services.

Among respondents reporting that their child did not receive the needed mental health services, reasons most often related to **cost or insurance**, **not knowing where to go**, and **stigma** (6.7% of these parents <u>did not try</u> to get services for their child).

Reason Child Did Not Receive the Needed Mental Health Services
(Parents Whose Child Did Not Receive the Needed Mental Health Services;
Total Service Area, 2012)

Stigma 5.1%
Never Tried 6.7%
Uncertain 6.8%
Cost/Insurance 35.5%
Don't Know Who to Call 19.2%
Other 26.7%

Sources: ● 2012 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 85]
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17 and whose child did not receive mental health services for their child when needed.

SPECIAL HEALTH NEEDS
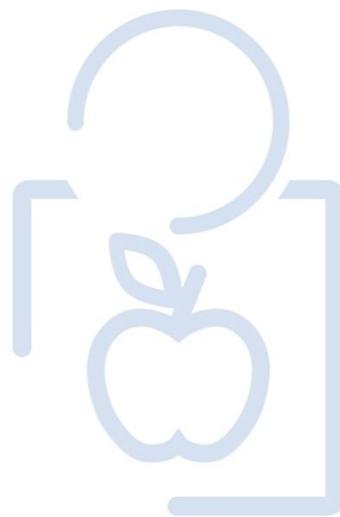
Prevalence of Selected Medical Conditions

Speech & Language Problems

A total of 13.5% of Total Service Area parents report that their child has suffered from or been diagnosed with <u>three or more ear infections</u> in his/her lifetime.

- Much lower than national findings.

A total of 8.8% of area parents report that their child has suffered from or been diagnosed with <u>speech or language problems.</u>

- Lower than the national response.

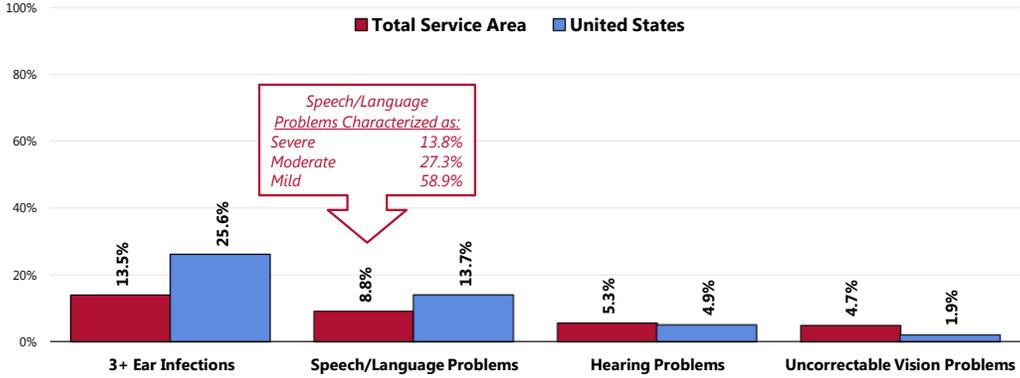- 13.8% of these respondents characterized their child's problem as "severe."

A total of 5.3% of Total Service Area parents report that their child has suffered from or been diagnosed with <u>hearing problems</u>.

- Similar to the nationwide prevalence.

A total of 4.7% of Total Service Area parents report that their child has suffered from or been diagnosed with <u>vision problems</u> that cannot be corrected with glasses or contact lenses.

- Higher than the national prevalence.

Child Has Vision, Hearing or Speech/Language Problems
(Total Service Area, 2013)

Legend: ■ Total Service Area ■ United States

Speech/Language Problems Characterized as:
Severe   13.8%
Moderate 27.3%
Mild   58.9%

	3+ Ear Infections	Speech/Language Problems	Hearing Problems	Uncorrectable Vision Problems
Total Service Area	13.5%	8.8%	5.3%	4.7%
United States	25.6%	13.7%	4.9%	1.9%

Sources:
- 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 30, 32, 54, 62-63]
- 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
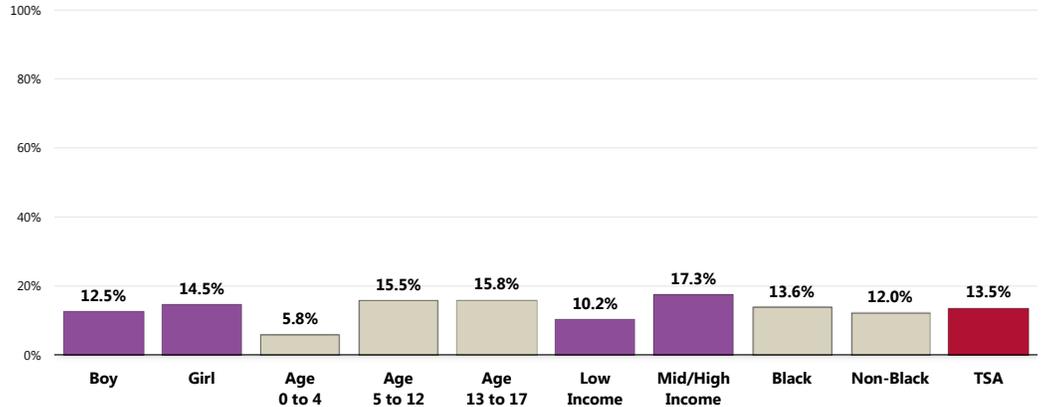
Note:
- Asked of all respondents.

Ear Infections

Children more likely to have had three or more ear infections include:

- Those age 5 and older.

- Those living in middle/high-income households.

Child Has Had 3+ Ear Infections (Ever)
(Total Service Area, 2013)

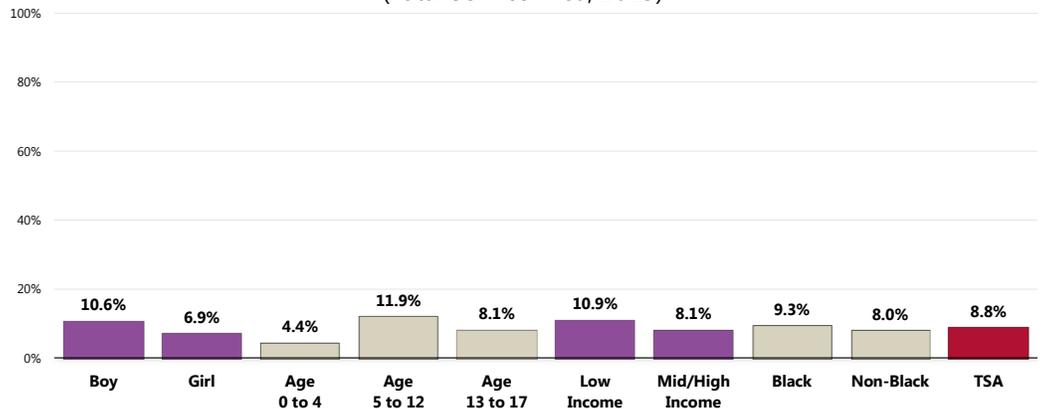| Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Low Income	Mid/High Income	Black	Non-Black	TSA
12.5%	14.5%	5.8%	15.5%	15.8%	10.2%	17.3%	13.6%	12.0%	13.5%

Speech/Language Problems

Children more likely to have speech/language problems include:

👪 Those between the ages of 5 and 12.

Child Has Speech/Language Problems
(Total Service Area, 2013)

Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Low Income	Mid/High Income	Black	Non-Black	TSA
10.6%	6.9%	4.4%	11.9%	8.1%	10.9%	8.1%	9.3%	8.0%	8.8%

Hearing Problems

👪 The prevalence of hearing problems in area children does not vary significantly by demographic characteristics.

Child Has Hearing Problems
(Total Service Area, 2013)

Boy	**Girl**	**Age 0 to 4**	**Age 5 to 12**	**Age 13 to 17**	**Low Income**	**Mid/High Income**	**Black**	**Non-Black**	**TSA**
6.8%	3.8%	5.4%	7.1%	3.7%	6.2%	4.5%	5.6%	4.4%	5.3%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 32]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "Black" reflects non-Hispanic Black respondents).
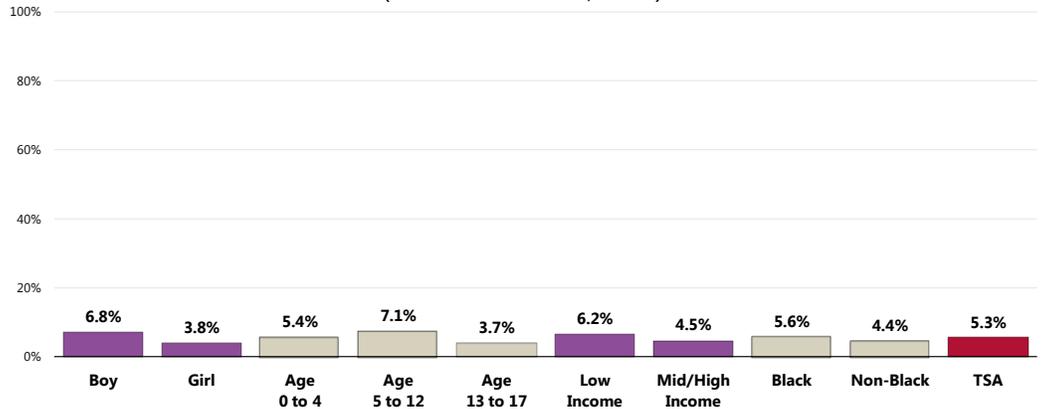● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Vision Problems

👪 Uncorrectable vision problems do not vary significantly by demographics among Total Service Area children.

Child Has Uncorrectable Vision Problems
(Total Service Area, 2013)

Boy	**Girl**	**Age 0 to 4**	**Age 5 to 12**	**Age 13 to 17**	**Low Income**	**Mid/High Income**	**Black**	**Non-Black**	**TSA**
5.5%	3.8%	1.6%	4.8%	6.2%	5.6%	3.9%	3.2%	8.8%	4.7%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 30]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "Black" reflects non-Hispanic Black respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
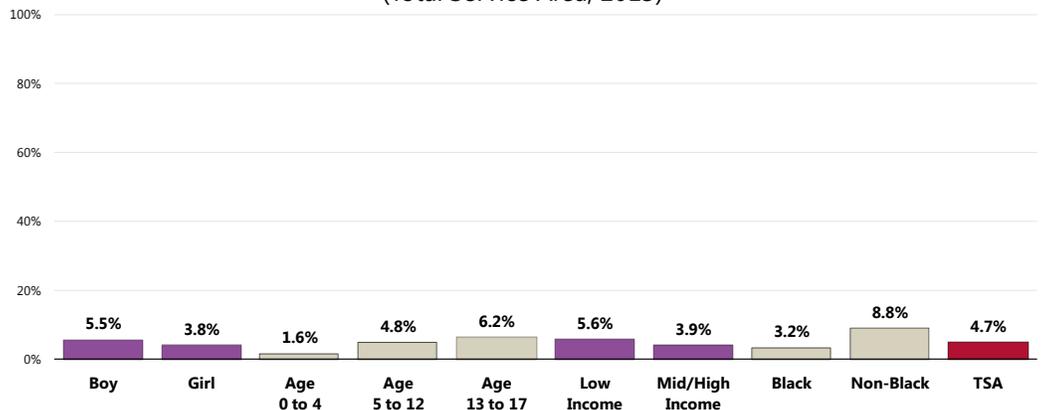
Allergies

A total of 12.9% of Total Service Area parents report that their child has suffered from or been diagnosed with <u>respiratory allergies.</u>

● More favorable than national findings.

A total of 26.7% of Total Service Area parents report that their child has suffered from or been diagnosed with <u>eczema or any kind of skin allergy</u>.
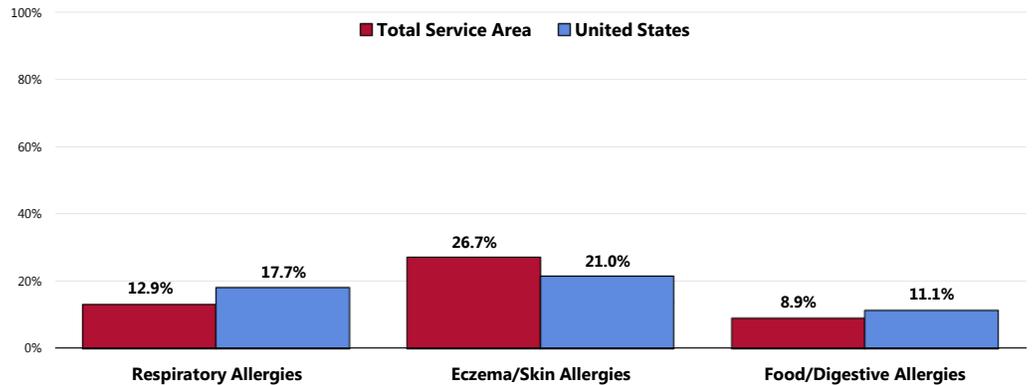
- Less favorable than national findings.

A total of 8.9% of Total Service Area parents report that their child has suffered from or been diagnosed with a <u>food or digestive allergy</u>.

- Similar to the national prevalence.

Child Has Allergies
(Total Service Area, 2013)

■ Total Service Area   ■ United States

	Respiratory Allergies	Eczema/Skin Allergies	Food/Digestive Allergies
Total Service Area	12.9%	26.7%	8.9%
United States	17.7%	21.0%	11.1%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 47-49]
● 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
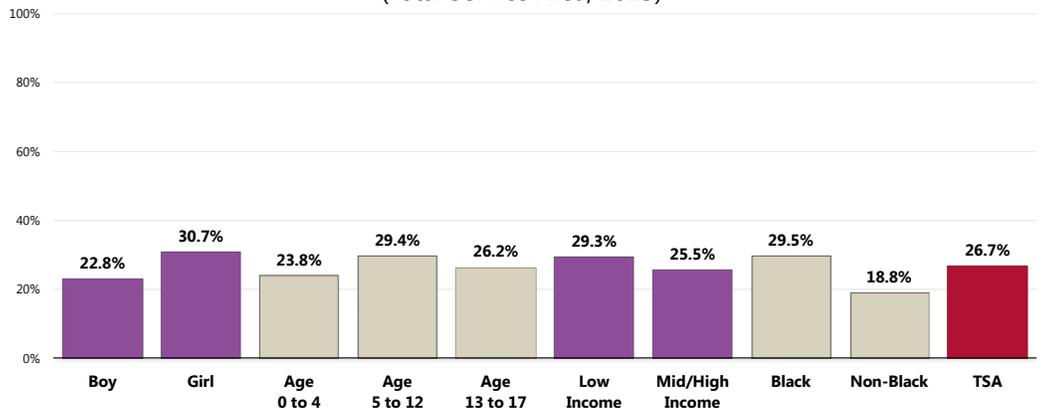Note: ● Asked of all respondents.

Eczema & Skin Allergies

👪 Eczema/skin allergies are statistically more common among area Black children.

Child Has Eczema/Skin Allergies
(Total Service Area, 2013)

Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Low Income	Mid/High Income	Black	Non-Black	TSA
22.8%	30.7%	23.8%	29.4%	26.2%	29.3%	25.5%	29.5%	18.8%	26.7%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 49]
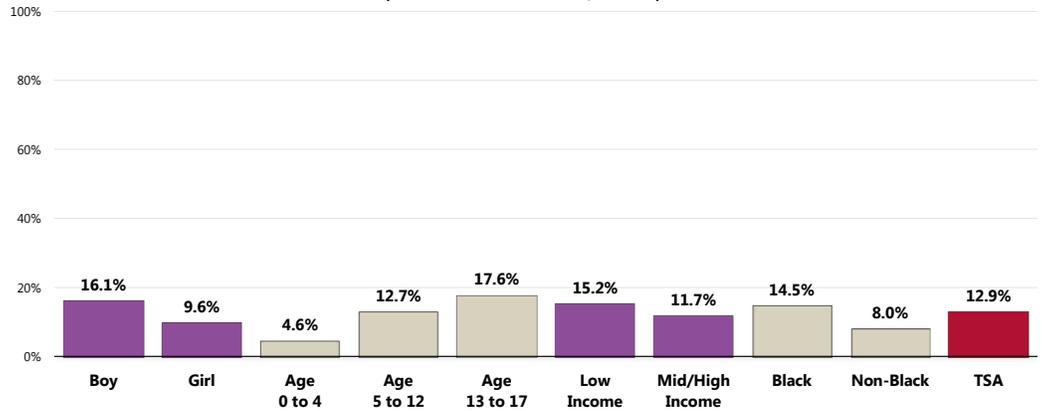Notes: ● Asked of respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "Black" reflects non-Hispanic Black respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Respiratory Allergies

Children more likely to have respiratory allergies include:

👪 Those age 5 and older (note the positive correlation with age).

Child Has Respiratory Allergies
(Total Service Area, 2013)

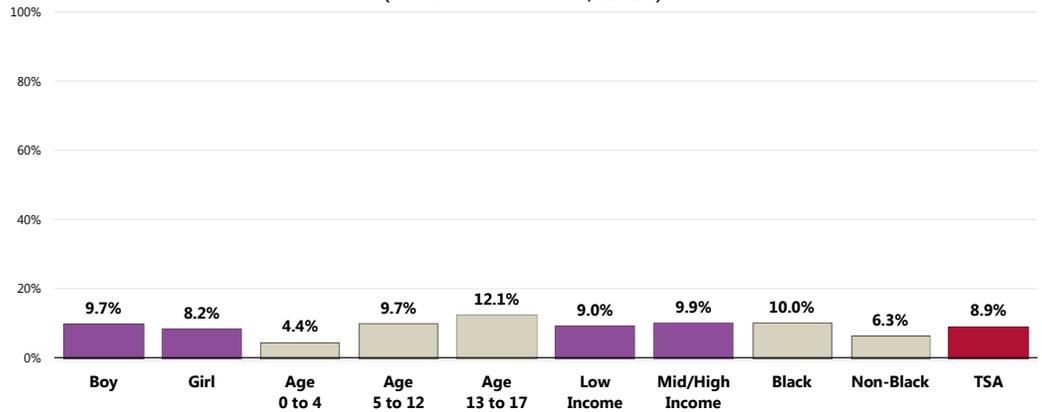| Category	Value
Boy	16.1%
Girl	9.6%
Age 0 to 4	4.6%
Age 5 to 12	12.7%
Age 13 to 17	17.6%
Low Income	15.2%
Mid/High Income	11.7%
Black	14.5%
Non-Black	8.0%
TSA	12.9%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 47]
Notes: ● Asked of respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "Black" reflects non-Hispanic Black respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Food or Digestive Allergies

Note also the positive correlation between age and food/digestive allergies among Total Service Area children.

Child Has Food/Digestive Allergies
(Total Service Area, 2013)

Category	Value
Boy	9.7%
Girl	8.2%
Age 0 to 4	4.4%
Age 5 to 12	9.7%
Age 13 to 17	12.1%
Low Income	9.0%
Mid/High Income	9.9%
Black	10.0%
Non-Black	6.3%
TSA	8.9%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 48]
Notes: ● Asked of respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "Black" reflects non-Hispanic Black respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Neurological Conditions

A total of 4.0% of Total Service Area parents report that their child has suffered from or been diagnosed with migraines or severe headaches.

● Similar to national findings.

A total of 1.6% of Total Service Area parents report that their child has suffered from or been diagnosed with a brain injury or concussion.
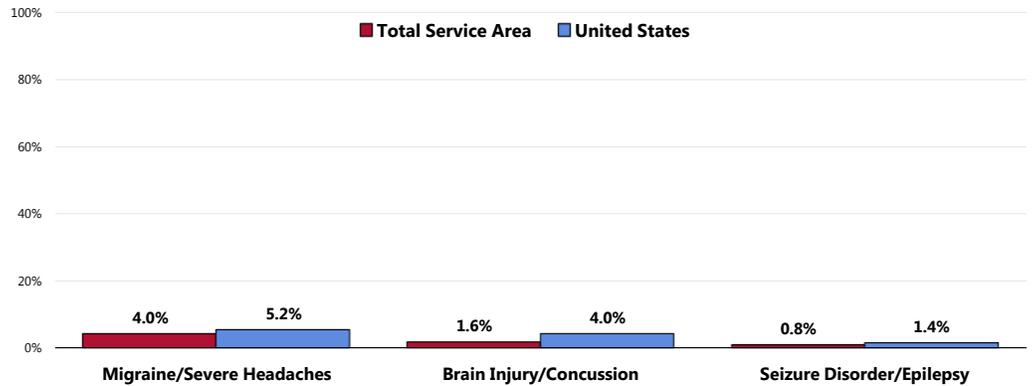
● Favorably low in comparison with national findings.

Less than one percent (0.8%) reports that their child has suffered from or been diagnosed with a <u>seizure disorder</u>, such as epilepsy.

- Similar to national findings.

Child Has Neurological Conditions
(Total Service Area, 2013)

■ Total Service Area ■ United States

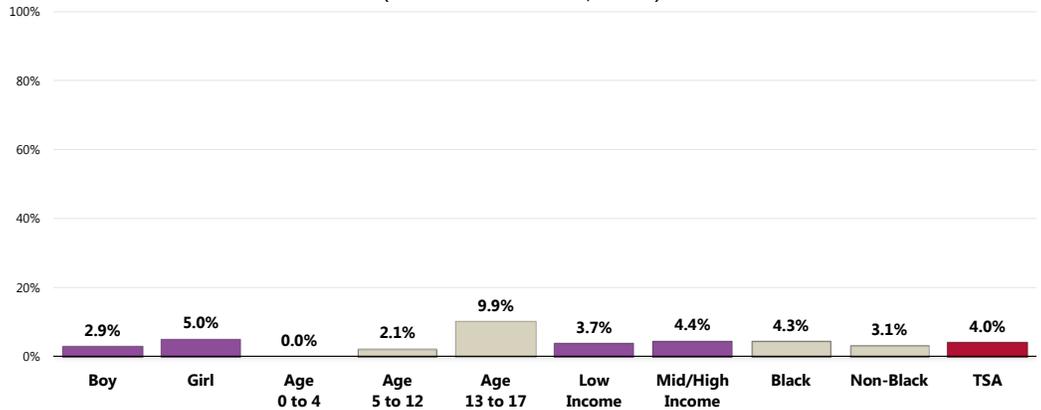|	Migraine/Severe Headaches	Brain Injury/Concussion	Seizure Disorder/Epilepsy
Total Service Area	4.0%	1.6%	0.8%
United States	5.2%	4.0%	1.4%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 50, 52-53]
● 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Note: ● Asked of all respondents.

Migraines/Severe Headaches

👪 Teens are more likely to suffer from migraines/severe headaches.

Child Has Migraines/Severe Headaches
(Total Service Area, 2013)

Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Low Income	Mid/High Income	Black	Non-Black	TSA
2.9%	5.0%	0.0%	2.1%	9.9%	3.7%	4.4%	4.3%	3.1%	4.0%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 53]
Notes: ● Asked of respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "Black" reflects non-Hispanic Black respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
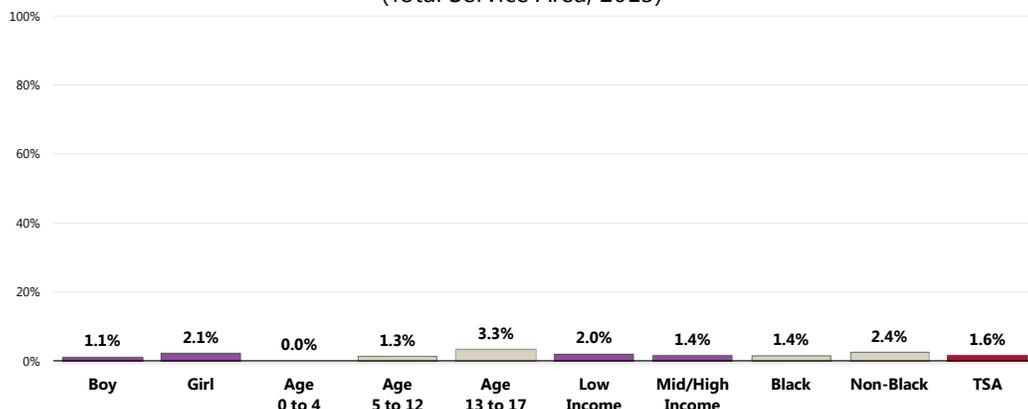
Brain Injuries/Concussions

Children more likely to have had a brain injury or concussion include:

👪 Teens (note the positive correlation with age).

Child Has Brain Injury/Concussion
(Total Service Area, 2013)

	Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Low Income	Mid/High Income	Black	Non-Black	TSA
	1.1%	2.1%	0.0%	1.3%	3.3%	2.0%	1.4%	1.4%	2.4%	1.6%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 52]
Notes: ● Asked of respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "Black" reflects non-Hispanic Black respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
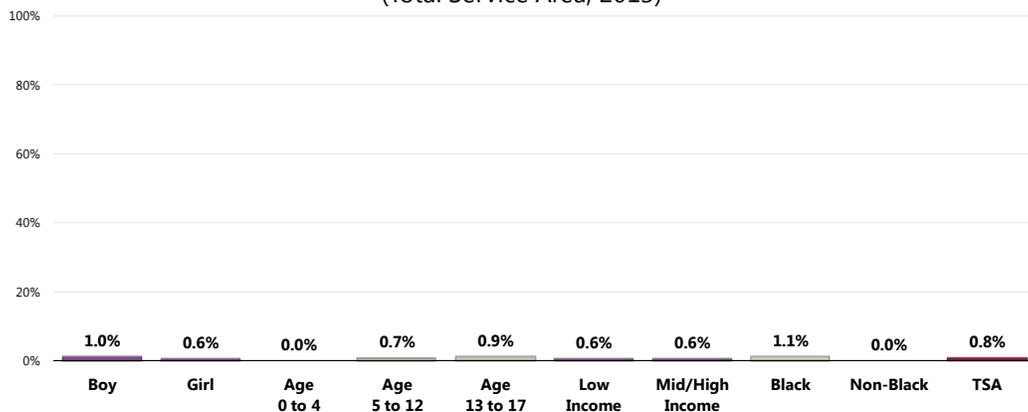
Seizure Disorders

♦♦♦ No difference by children's key demographic characteristics.

Child Has Epilepsy/Seizure Disorder
(Total Service Area, 2013)

	Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Low Income	Mid/High Income	Black	Non-Black	TSA
	1.0%	0.6%	0.0%	0.7%	0.9%	0.6%	0.6%	1.1%	0.0%	0.8%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 50]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "Black" reflects non-Hispanic Black respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
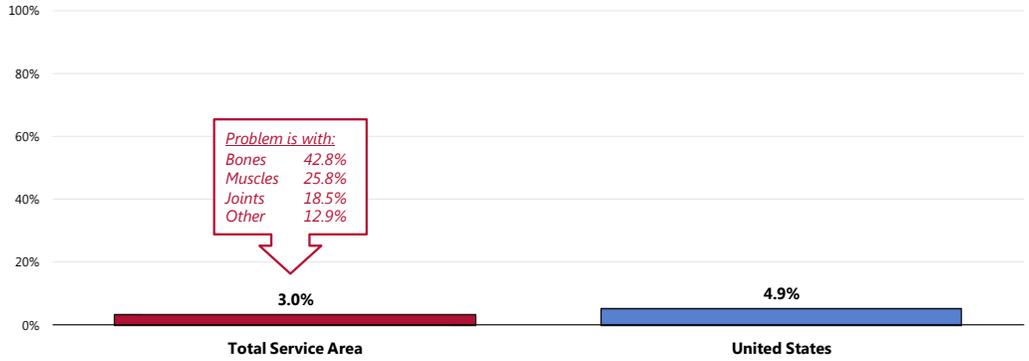
Bone, Joint & Muscle Problems

A total of 3.0% of Total Service Area parents report that their child has suffered from or been diagnosed with bone, joint or muscle problems.

● Comparable to national findings.

Among these respondents, most (42.8%) identified this as a problem with their child's **bones**, while 25.8% reported a problem with **muscles**, and 18.5% reported a problem with **joints**.
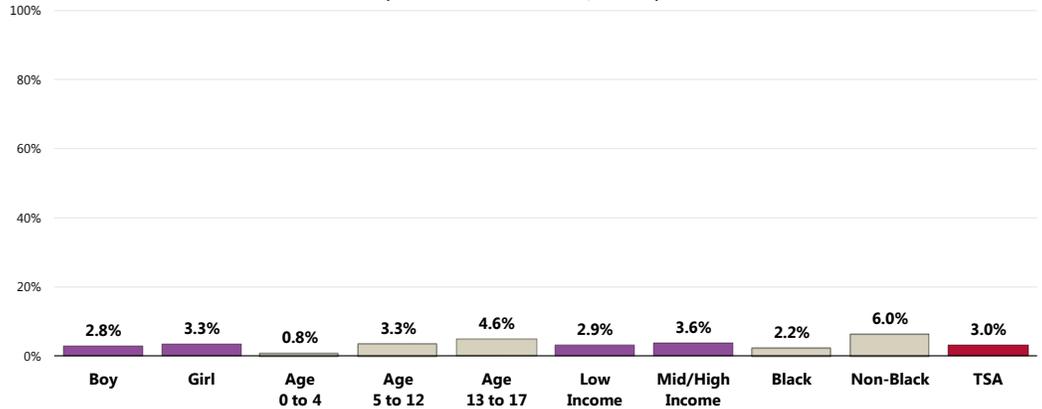
Child Has Bone, Joint or Muscle Problems
(Total Service Area, 2013)

Problem is with:
Bones   42.8%
Muscles   25.8%
Joints   18.5%
Other   12.9%

Total Service Area	United States
3.0%	4.9%

👪 No statistical difference when viewed by demographic characteristics.

Child Has Bone, Joint or Muscle Problems
(Total Service Area, 2013)

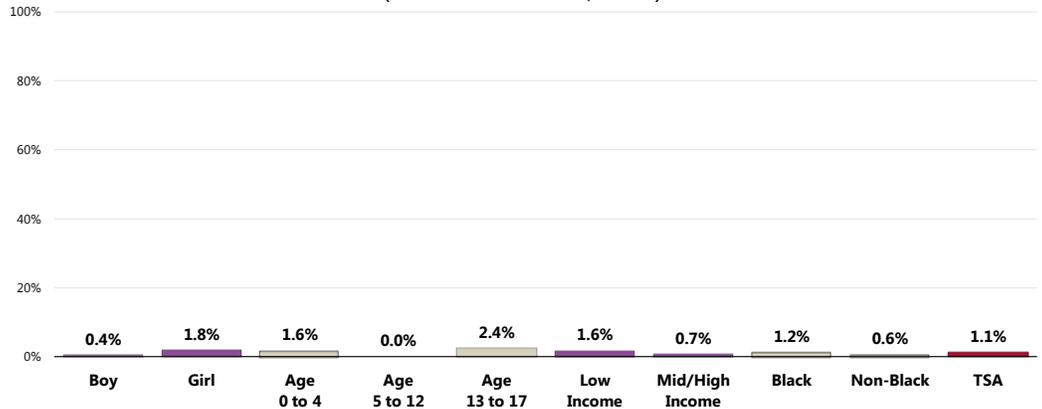| Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Low Income	Mid/High Income	Black	Non-Black	TSA
2.8%	3.3%	0.8%	3.3%	4.6%	2.9%	3.6%	2.2%	6.0%	3.0%

Sickle-Cell Anemia

A total of 1.1% of Total Service Area children age 0 to 17 currently have sickle-cell anemia.

👪 Statistically similar by demographics.

Child Has Sickle-Cell Anemia
(Total Service Area, 2013)

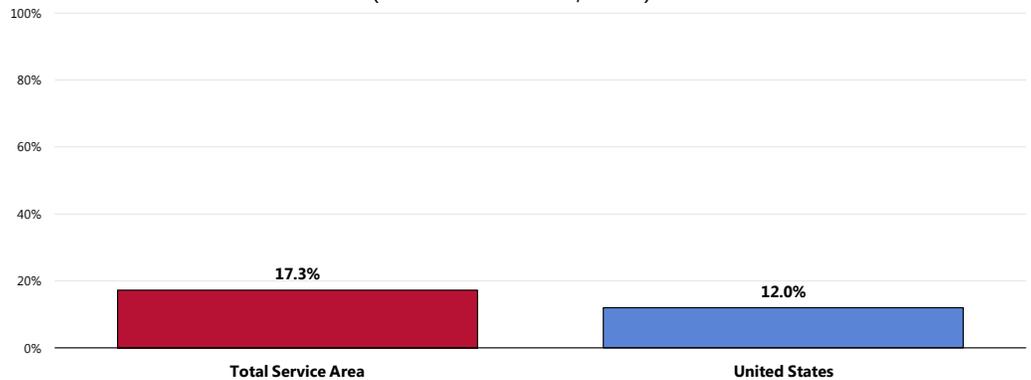|	Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Low Income	Mid/High Income	Black	Non-Black	TSA
%	0.4%	1.8%	1.6%	0.0%	2.4%	1.6%	0.7%	1.2%	0.6%	1.1%

Asthma

A total of 17.3% of Total Service Area children age 0 to 17 currently have asthma.

● Less favorable than national findings.

Child Currently Has Asthma
(Total Service Area, 2013)

Total Service Area	United States
17.3%	12.0%

Viewed by demographics, the asthma prevalence in area children is highest among:

● Boys.

● Children age 5 and older.

● Black children.

Child Currently Has Asthma
(Total Service Area, 2013)
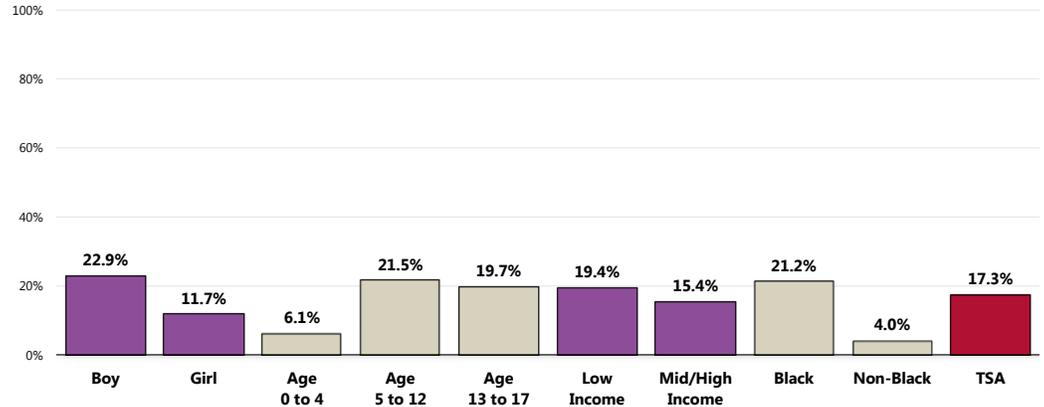
Category	Percentage
Boy	22.9%
Girl	11.7%
Age 0 to 4	6.1%
Age 5 to 12	21.5%
Age 13 to 17	19.7%
Low Income	19.4%
Mid/High Income	15.4%
Black	21.2%
Non-Black	4.0%
TSA	17.3%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 140]
Note: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "Black" reflects non-Hispanic Black respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Asthma-Related Issues

Among Total Service Area children with asthma, nearly 6 in 10 (58.7%) experienced an emergency or urgent care visit due to their asthma in the past year.

- Less favorable than the US prevalence.

- This includes 29.7% of asthmatic children in the Total Service Area with 3+ asthma-related emergency medical visits over the past year.

Among Total Service Area children with asthma, 16.0% were hospitalized overnight in the past year because of their asthma, including 2.3% who were hospitalized more than once.

- Similar to the US prevalence of asthma-related inpatient stays.

Among Total Service Area school-aged children with asthma, 57.7% missed school because of asthma-related problems in the past year.
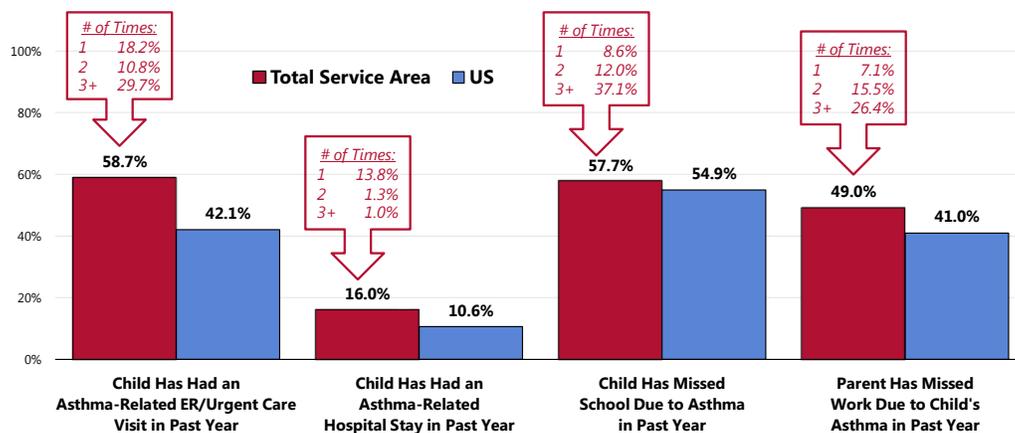
- Similar to the US prevalence.

- This includes 37.1% of school-aged asthmatic children in the Total Service Area who missed 3+ school days because of their asthma in the past year.

In a related issue, almost one-half (49.0%) of Total Service Area parents with asthmatic children missed at least one day of work in the last year because of their child's asthma.

- Statistically comparable to the US percentage.

- Includes 26.4% of parents who missed 3+ days of work for their child's asthma.

Asthma-Related Care
(Among Parents of Children With Asthma; Total Service Area, 2013)

# of Times:
1   18.2%
2   10.8%
3+   29.7%

# of Times:
1   13.8%
2   1.3%
3+   1.0%

# of Times:
1   8.6%
2   12.0%
3+   37.1%

# of Times:
1   7.1%
2   15.5%
3+   26.4%

■ Total Service Area   ■ US

58.7%   42.1%   16.0%   10.6%   57.7%   54.9%   49.0%   41.0%

Child Has Had an Asthma-Related ER/Urgent Care Visit in Past Year | Child Has Had an Asthma-Related Hospital Stay in Past Year | Child Has Missed School Due to Asthma in Past Year | Parent Has Missed Work Due to Child's Asthma in Past Year

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 43-46]
● 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of respondents with a child who currently has asthma.

Diabetes

Just over one percent (1.2%) of Total Service Area parents has been told by a doctor or other health care provider that their child (age 0-17) **had diabetes.**

● Similar to national findings.

Child Has Diabetes
(Total Service Area, 2013)

1.2%   0.9%
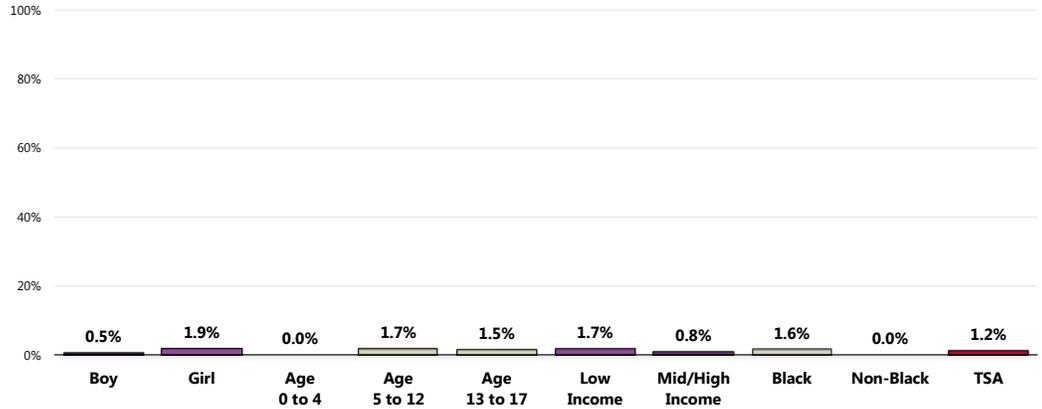
Total Service Area   United States

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 51]
● 2012 PRC National Child & Adolescent Survey, Professional Research Consultants, Inc.
Note: ● Asked of all respondents.

Childhood diabetes prevalence in the Total Service Area is highest among:

● Black children.

Child Has Diabetes
(Total Service Area, 2013)

	Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Low Income	Mid/High Income	Black	Non-Black	TSA
	0.5%	1.9%	0.0%	1.7%	1.5%	1.7%	0.8%	1.6%	0.0%	1.2%

Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 51]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "Black" reflects non-Hispanic Black respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

# Managing Children's Special Health Needs

Special Health Needs

Prevalence of Special Health Needs

In all, 60.3% of children (age 0-17) **in the service area are determined to have special health needs** (meaning that they are reported to have one or more of the chronic disease conditions tested in the survey or any another chronic condition not specifically tested).
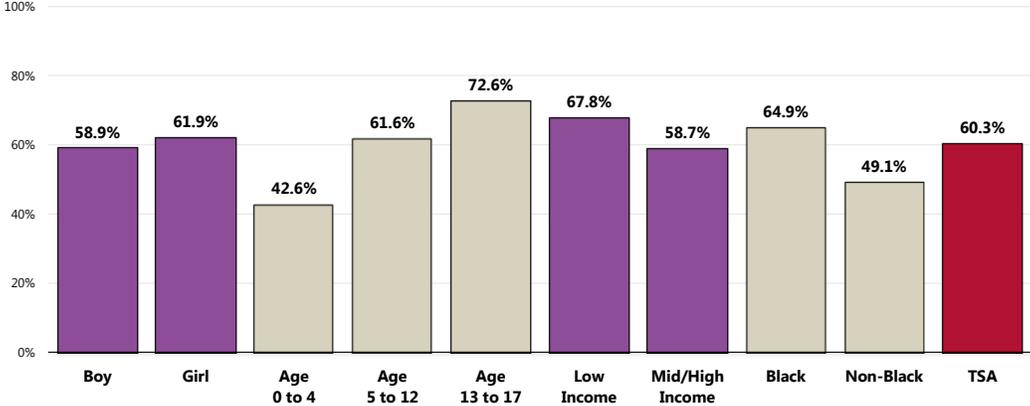
● Similar to national findings.

Child Has a Special Health Need
(Total Service Area, 2013)
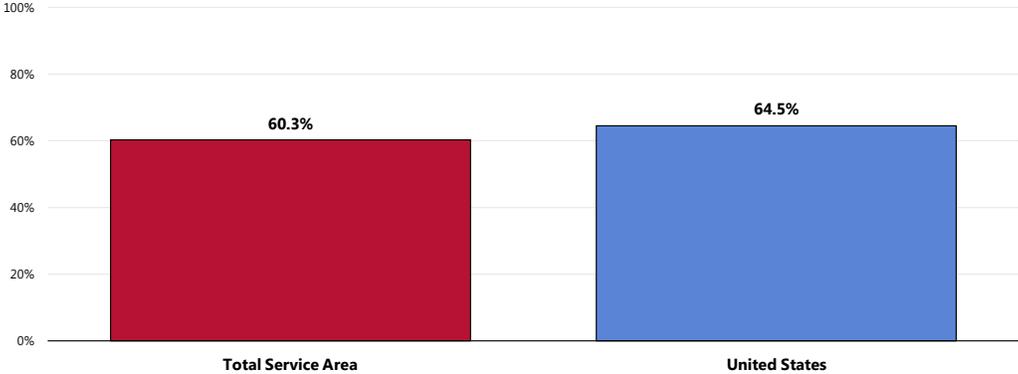
	Total Service Area	United States
	60.3%	64.5%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 161]
         ● 2012 PRC National Child & Adolescent Survey, Professional Research Consultants, Inc.
Note: ● Includes respondents reporting a child's diagnosis of any medical condition specifically measured in the survey, as well as any other not specifically addressed.

👪 Special health needs are more prevalent among Black children in the Total Service Area, and appear to increase with age, as shown below.

Child Has a Special Health Need
(Total Service Area, 2013)

Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Low Income	Mid/High Income	Black	Non-Black	TSA
58.9%	61.9%	42.6%	61.6%	72.6%	67.8%	58.7%	64.9%	49.1%	60.3%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 161]
Note: ● Includes respondents reporting a child's diagnosis of any medical condition specifically measured in the survey, as well as any other not specifically addressed.
         ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "Black" reflects non-Hispanic Black respondents).
         ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Prescriptions & Special Therapy

A total of 24.1% of area children have a chronic condition (one that has lasted or is expected to last one year or more) **that requires prescription medication(s), not counting vitamins.**
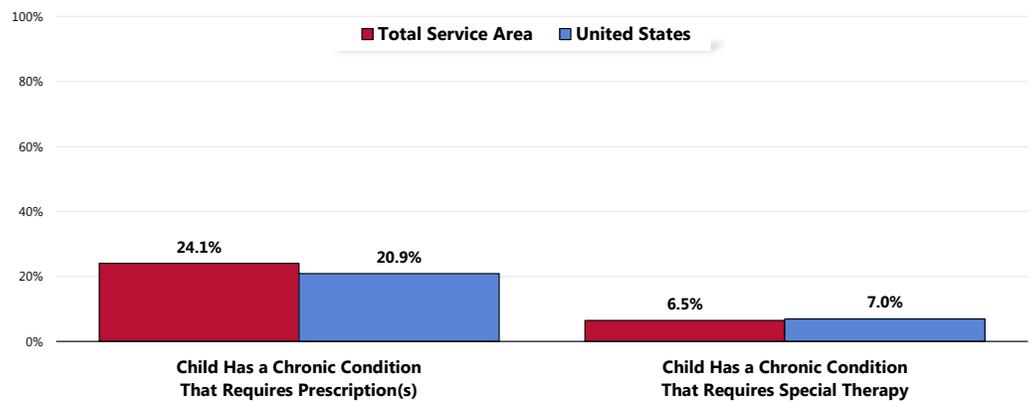
- Similar to national findings.

A total of 6.5% of Total Service Area children have a chronic condition (one that has lasted or is expected to last one year or more) **that requires special therapy, such as physical, occupational or speech therapy.**

- Similar to national findings.

Managing Children's Special Health Needs
(Total Service Area, 2013)

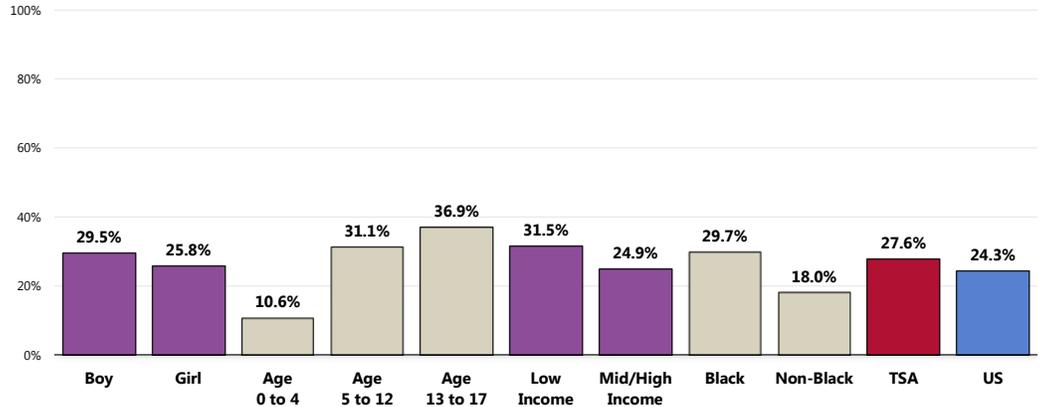|	Total Service Area	United States
Child Has a Chronic Condition That Requires Prescription(s)	24.1%	20.9%
Child Has a Chronic Condition That Requires Special Therapy	6.5%	7.0%

Sources:
- 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 156-157]
- 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Note:
- Asked of all respondents.
- In this case, "chronic conditions" are defined as conditions that have lasted, or are expected to last, 12 months or longer.

Chronic conditions that require either prescriptions or special therapies are more prevalent among:

- Children age 5 and older (note the positive correlation with age).
- Black children.
- The overall prevalence is comparable to the national figure.

Child Has a Chronic Condition That
Requires Either Prescription(s) <u>or</u> Special Therapy
(Total Service Area, 2013)

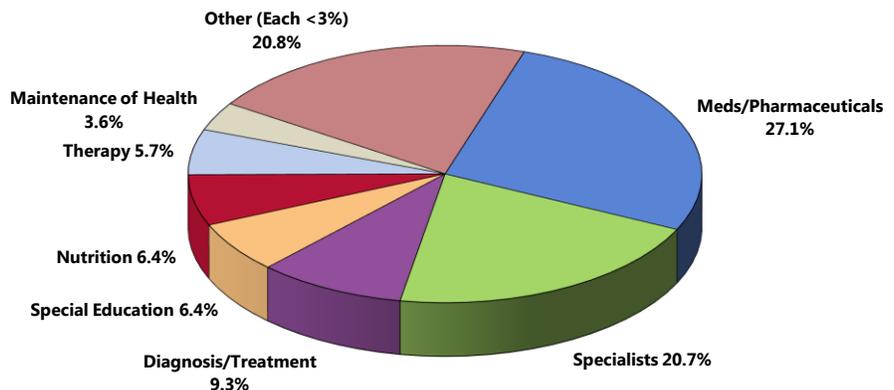| Category	Percentage
Boy	29.5%
Girl	25.8%
Age 0 to 4	10.6%
Age 5 to 12	31.1%
Age 13 to 17	36.9%
Low Income	31.5%
Mid/High Income	24.9%
Black	29.7%
Non-Black	18.0%
TSA	27.6%
US	24.3%

In addition to the conditions specifically surveyed, some parents noted the following other special health needs: *child needs speech therapy; autism; low birthweight; vision problems; asthma; chronic pain; and ADHD (to name a few).*

Child's & Parent's Needs

"What is your greatest need for your child with special needs?" [In this case, the term "special needs" includes children reported to have any of the chronic disease conditions tested in the survey.]

A total of 27.1% of Total Service Area parents of children with special health needs (as defined previously) **identified <u>medications/pharmaceutical supplies</u> as their greatest need for this child.**

- Other common needs mentioned by parents included specialists, diagnosis/treatment, special education, nutrition, therapy, and maintenance of health.

- Note that these data exclude the 36.9% of respondents who were uncertain or said "child does not currently have health concerns."

Respondents' Greatest Need for Child With Special Needs
(Among Parents of Children With Special Health Needs; Total Service Area, 2013)

Category	Percentage
Other (Each <3%)	20.8%
Maintenance of Health	3.6%
Therapy	5.7%
Nutrition	6.4%
Special Education	6.4%
Diagnosis/Treatment	9.3%
Specialists	20.7%
Meds/Pharmaceuticals	27.1%

With regard to the greatest needs of <u>parents themselves</u> in taking care of their child with special health needs, the largest share of responses was for <u>financial help</u> (25.7%, and including references to "insurance" and "affordable care").

- Other needs often mentioned by these parents of children with special needs included more help/resources/specialists; classes and education; maintenance of parent's own health; medications/equipment; and transportation.

- Note that these data exclude the 18.8% of respondents who were uncertain or said "*nothing*."

Respondents' Greatest Need for <u>Self</u> in Caring for Child With Special Health Needs
(Among Parents of Children With Special Health Needs; Total Service Area, 2013)
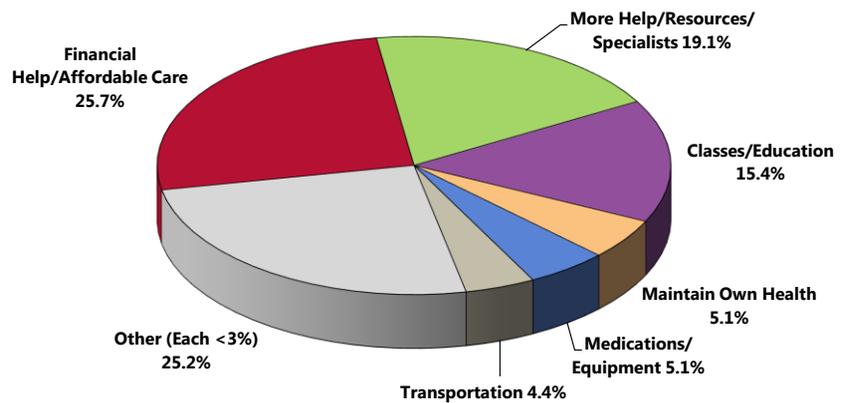
Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 67]
Notes: ● Asked of all respondents whose child has special health needs; <u>excludes</u> those who were uncertain or unable to provide a response.

PRENATAL & INFANT HEALTH
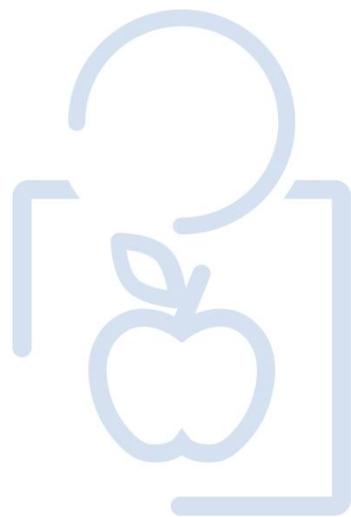
Prenatal Care

Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for Blacks. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).
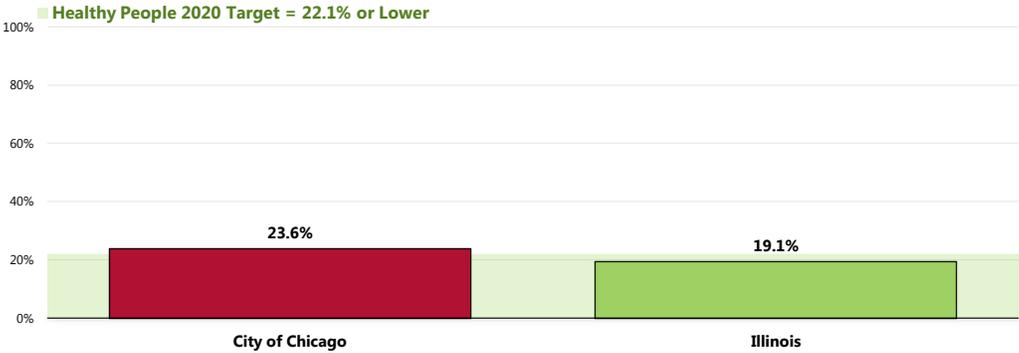
– Healthy People 2020 (www.healthypeople.gov)

Early and continuous prenatal care is the best assurance of infant health.

Between 2007 and 2009, 23.6% of all City of Chicago births did <u>not</u> receive prenatal care in the first trimester of pregnancy.

- Less favorable than the Illinois proportion.
- Fails to satisfy the Healthy People 2020 target (22.1% or lower).

Lack of Prenatal Care in the First Trimester
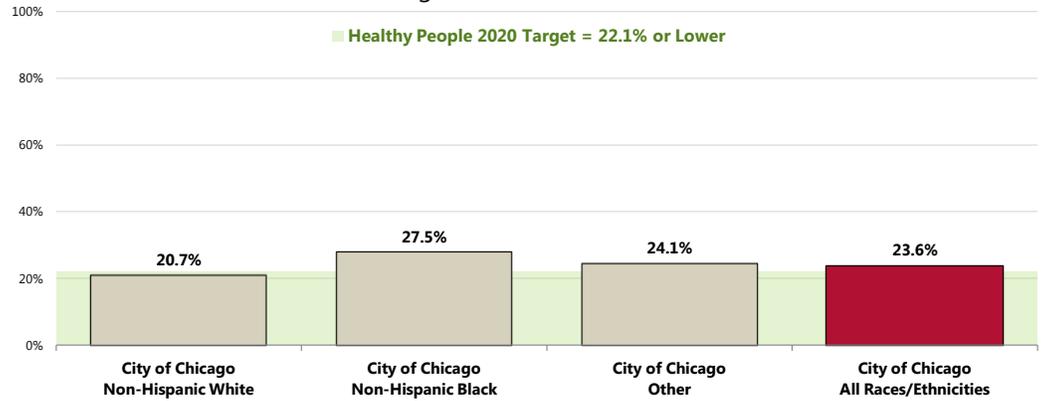### (Percentage of Live Births, 2007-2009)

Healthy People 2020 Target = 22.1% or Lower

	City of Chicago	Illinois
	23.6%	19.1%

Sources:
- Illinois Department of Public Health.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-10.1]

Note:
- Numbers are a percentage of all live births within each population.

Lack of prenatal care is highest in the Black population.

Lack of Prenatal Care in the First Trimester

(Percentage of Live Births, 2007-2009)

■ **Healthy People 2020 Target = 22.1% or Lower**

	City of Chicago Non-Hispanic White	City of Chicago Non-Hispanic Black	City of Chicago Other	City of Chicago All Races/Ethnicities
Percentage	20.7%	27.5%	24.1%	23.6%

Sources:
● Illinois Department of Public Health.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-10.1]

Note:
● Numbers are a percentage of all live births within each population.

Low-Weight Births

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

A total of 9.7% of 2007-2009 City of Chicago births were low-weight.

- Less favorable than the Illinois proportion.

- Less favorable than the national proportion.

- Fails to satisfy the Healthy People 2020 target (7.8% or lower).

Low-Weight Births
(Percentage of Live Births, 2007-2009)
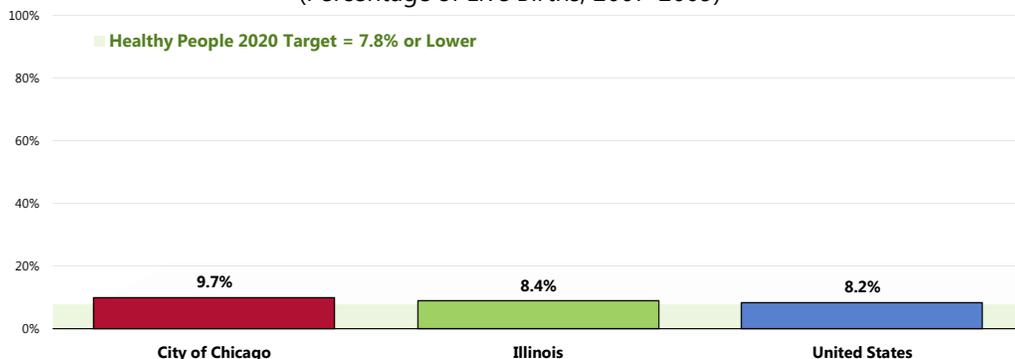
Healthy People 2020 Target = 7.8% or Lower

	City of Chicago	Illinois	United States
	9.7%	8.4%	8.2%

Sources:
- Illinois Department of Public Health.
- Centers for Disease Control and Prevention, National Vital Statistics System.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

Note:
- Numbers are a percentage of all live births within each population.
- Defined as an infant born weighing less than 5.5 pounds (2,500 grams) regardless of gestational age.

Highest among Blacks in the City of Chicago.

Low-Weight Births
(Percentage of Live Births, 2007-2009)

Healthy People 2020 Target = 7.8% or Lower

	City of Chicago Non-Hispanic White	City of Chicago Non-Hispanic Black	City of Chicago Other	City of Chicago All Races/Ethnicities
	7.0%	14.8%	8.7%	9.7%

Sources:
- Illinois Department of Public Health.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

Note:
- Numbers are a percentage of all live births within each population.

CHILD & ADOLESCENT MORTALITY
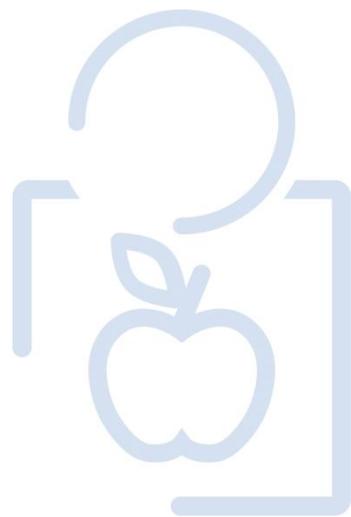
Mortality Rates

Infant Mortality

Between 2007 and 2009, there was an annual average of 7.4 infant deaths per 1,000 live births in Cook County (City of Chicago data unavailable).

- Less favorable than the Illinois rate.

- Less favorable than the national rate.

- Fail to satisfy the Healthy People 2020 target of 6.0 per 1,000 live births.

Infant Mortality Rate
(2007-2009 Annual Average Infant Deaths per 1,000 Live Births)

Healthy People 2020 Target = 6.0 or Lower

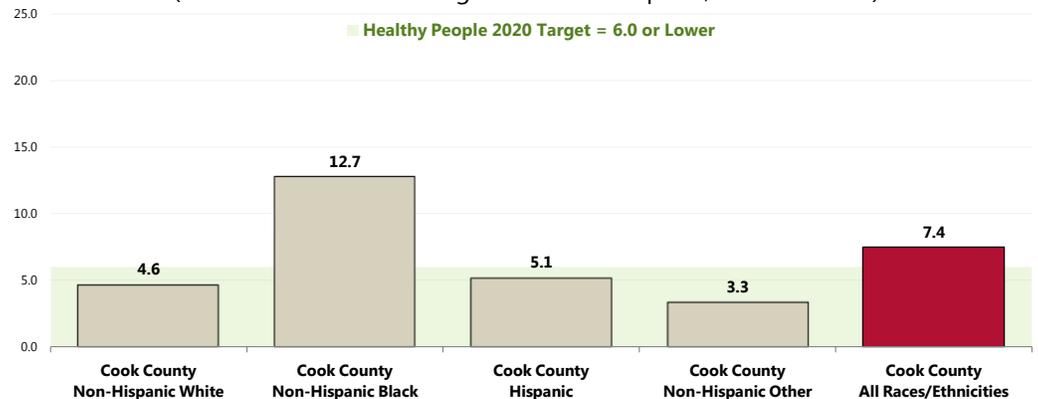| Cook County*	Illinois	United States
7.4	6.7	6.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2012.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.
- *Cook County data is used here; City of Chicago data is unavailable.

Infant mortality is particularly high among Cook County Black births.

Infant Mortality Rate
(2007-2009 Annual Average Infant Deaths per 1,000 Live Births)

Healthy People 2020 Target = 6.0 or Lower

Cook County Non-Hispanic White	Cook County Non-Hispanic Black	Cook County Hispanic	Cook County Non-Hispanic Other	Cook County All Races/Ethnicities
4.6	12.7	5.1	3.3	7.4

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted September 2012.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

Child & Adolescent Mortality

Between 2006 and 2008, Cook County reported an annual average of 27.7 child deaths (age 1 to 4) **per 100,000 population.**

- Higher than the Illinois rate.
- Identical to the national rate.
- Fails to satisfy the Healthy People 2020 target of 25.7 per 100,000 population.

With regard to children <u>age 5 to 9</u>, the county's crude death rate was 13.4 per 100,000 population (2006-2008 data)**.**

- Higher than the Illinois rate.
- Comparable to the national rate.
- Fails to satisfy the Healthy People 2020 goal of 12.3 deaths per 100,000 population.

Among Cook County youth <u>age 10 to 14</u>, the 2006-2008 crude death rate was 14.6 per 100,000 population.

- Above the Illinois rate.
- Below the national rate.
- Similar to the related Healthy People 2020 goal of 15.2 deaths per 100,000 population.

Among area teens (age 15 to 19)**, the 2006-2008 crude death rate was 62.7.**

- Much higher than the Illinois rate.
- Much higher than the national rate.
- Far from satisfying the related Healthy People 2020 goal of 55.7 deaths per 100,000 population.

Child & Adolescent Mortality Rates by Age Group
(Annual Average Child Mortality per 100,000 Population; 2006-2008)
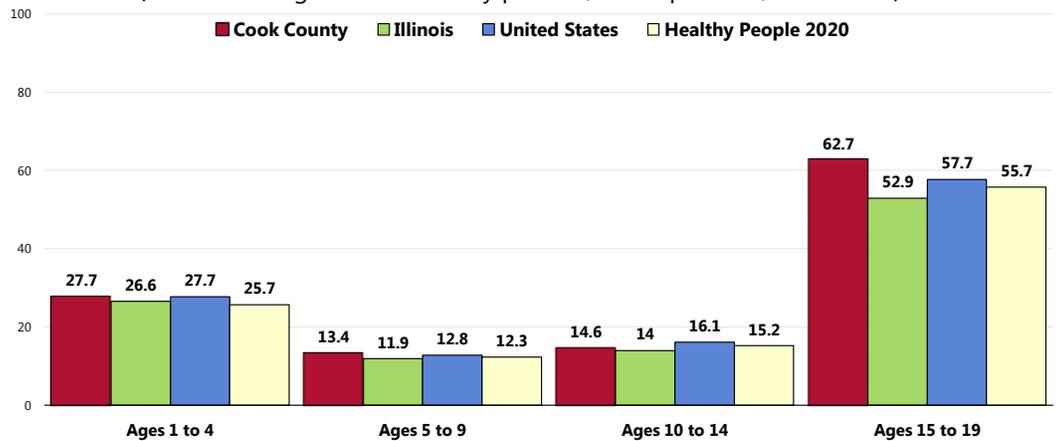
Legend: ■ Cook County ■ Illinois ■ United States □ Healthy People 2020

Age Group	Cook County	Illinois	United States	Healthy People 2020
Ages 1 to 4	27.7	26.6	27.7	25.7
Ages 5 to 9	13.4	11.9	12.8	12.3
Ages 10 to 14	14.6	14	16.1	15.2
Ages 15 to 19	62.7	52.9	57.7	55.7

Leading Causes of Child Deaths

The predominant cause of death between 2008-2010 for Cook County children under one year of age was perinatal conditions (certain conditions occurring in the perinatal period, usually low birthweight, preterm birth, and complications of pregnancy, labor and delivery)**.**

- Other leading causes of death for infants included **congenital conditions** (including congenital malformations, deformations and chromosomal abnormalities) and **accidents**.

Accidents were the number-one leading cause of death for Cook County children age 1 through 4 and 10 through 14.

- Among children age 1-4, **congenital conditions** and **homicide** followed accidents as the leading causes of death.

- For children age 5-9, **accidents** and **homicide** followed **cancer** as the leading cause of death.

- Among those age 10-14, **cancer** and **homicide** followed accidents as the leading cause of death.

Firearm-related deaths (mainly homicides) **top the list for teens age 15 to 19.**

- **Accidents (mainly motor vehicle)** and **suicide** followed firearm-related deaths as the leading causes of death for Cook County teens (15-19).

Leading Causes of Child Deaths by Age Group
(Cook County, 2008-2010)

Cook County	Under 1 Year	Ages 1 to 4	Ages 5 to 9	Ages 10 to 14	Ages 15 to 19
Number-One Leading Cause	**Perinatal Conditions***	**Accidents**	**Cancer**	**Accidents**	**Firearm-Related** (Mainly Homicide)
Number-Two Leading Cause	Congenital Conditions**	Congenital Conditions**	Accidents	Cancer	Accidents (Mainly Motor Vehicle)
Number-Three Leading Cause	Accidents	Homicide	Homicide	Homicide	Suicide

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted February 2013.
Notes: • *Perinatal conditions include certain conditions occurring in the perinatal period, usually low birthweight, preterm birth, and complications of pregnancy, labor and delivery.
• **Congenital conditions include congenital malformations, deformations and chromosomal abnormalities.

MODIFIABLE HEALTH RISKS
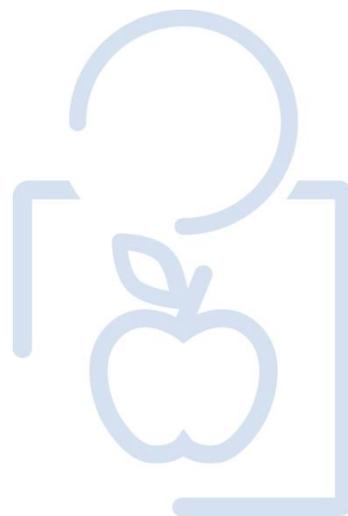
Nutrition

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

■ Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.

■ Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.

■ Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

■ Individuals have the knowledge and skills to make healthier choices.

■ Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

■ Knowledge and attitudes

■ Skills

■ Social support

■ Societal and cultural norms

■ Food and agricultural policies

■ Food assistance programs

■ Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

– Healthy People 2020 (www.healthypeople.gov)

Fruit & Vegetable Consumption

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods their child consumes on a typical day.

A total of 42.0% of Total Service Area respondents report that their child eats five or more servings of fruits and/or vegetables per day.

- Comparable to the US response.

Child Has Five or More Servings of Fruits/Vegetables per Day
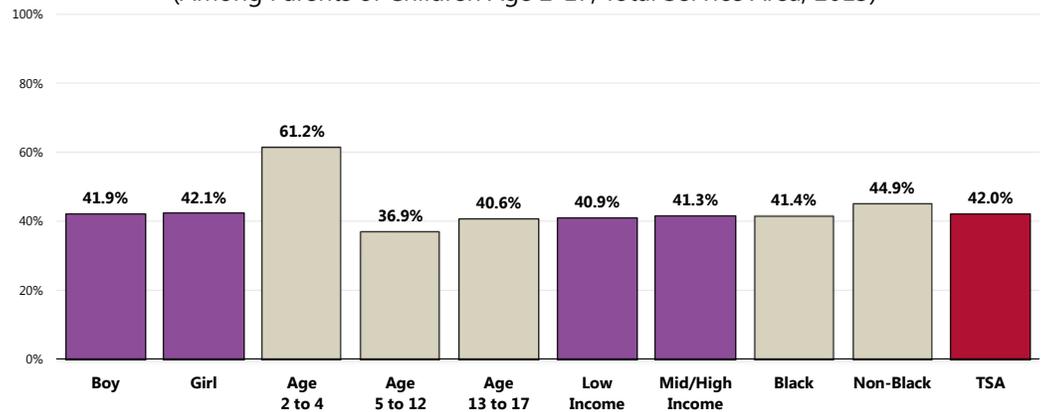(Among Parents of Children Age 2-17)

	Total Service Area	United States
	42.0%	46.4%
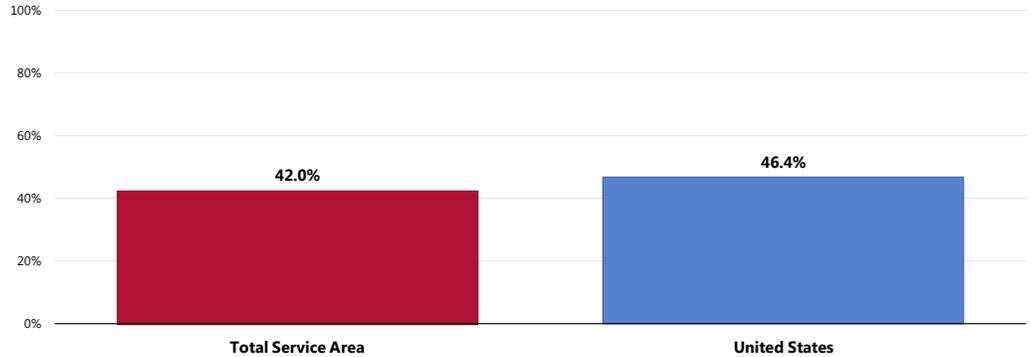
Sources:
- 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 158]
- 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents about a randomly-selected child in the household.

👪 Very young children are reported to be <u>more</u> likely to get the recommended daily servings of fruits and vegetables.

Child Has Five or More Servings of Fruits/Vegetables per Day
(Among Parents of Children Age 2-17; Total Service Area, 2013)

Boy	Girl	Age 2 to 4	Age 5 to 12	Age 13 to 17	Low Income	Mid/High Income	Black	Non-Black	TSA
41.9%	42.1%	61.2%	36.9%	40.6%	40.9%	41.3%	41.4%	44.9%	42.0%

Sources:
- 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 158]
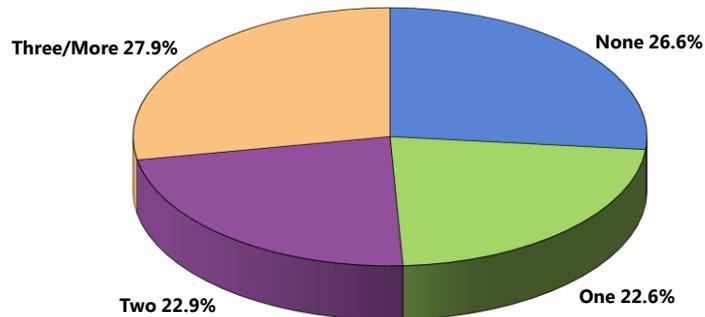
Notes:
- Asked of all respondents about a randomly-selected child in the household.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "Black" reflects non-Hispanic Black respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Fast Food

A total of 26.6% of survey respondents report that their child (age 2-17) **had no "fast food" meals in the past week.**

Number of Fast Food Meals for Child in the Past Week
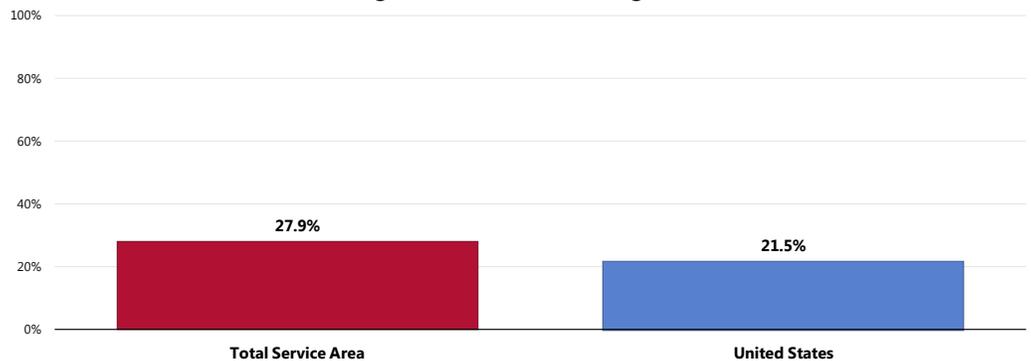### (Among Parents of Children Age 2-17; Total Service Area, 2013)

Three/More 27.9%

None 26.6%

Two 22.9%

One 22.6%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 120]
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

However, over one in four (27.9%) acknowledge that their child had three or more meals from "fast food" restaurants in the past week.

● Higher than national findings.

Child Had Three or More Fast Food Meals in the Past Week
(Among Parents of Children Age 2-17)

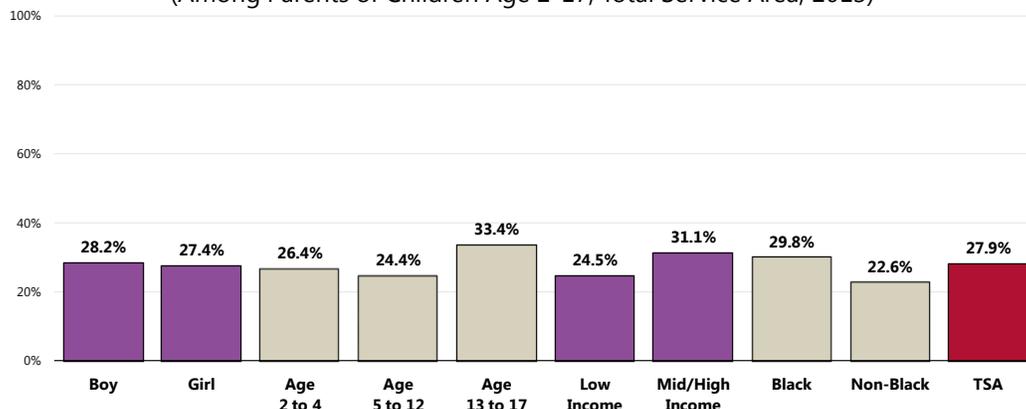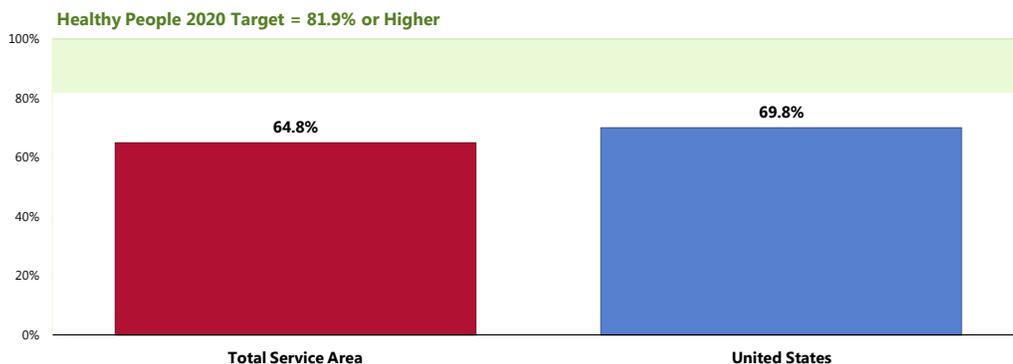|		
27.9%		21.5%
Total Service Area		United States

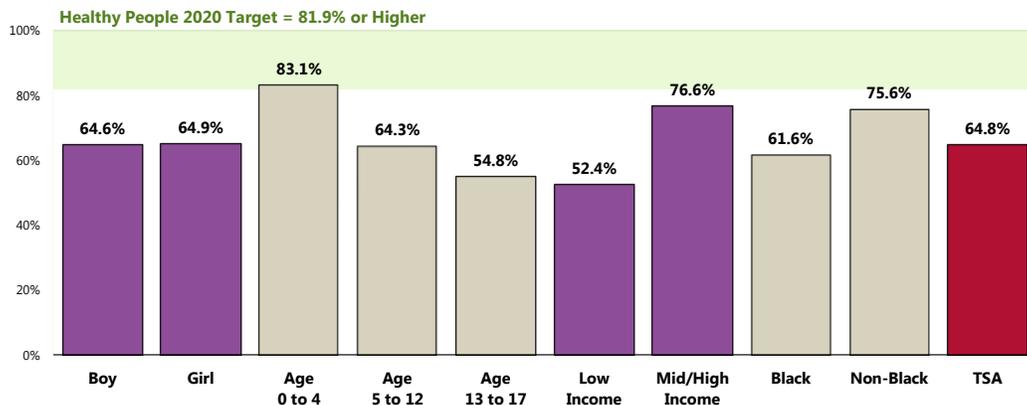Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 120]
● 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

👥 The prevalence does not vary significantly by demographics in the Total Service Area.

Child Had Three or More Fast Food Meals in the Past Week
(Among Parents of Children Age 2-17; Total Service Area, 2013)

Boy	Girl	Age 2 to 4	Age 5 to 12	Age 13 to 17	Low Income	Mid/High Income	Black	Non-Black	TSA
28.2%	27.4%	26.4%	24.4%	33.4%	24.5%	31.1%	29.8%	22.6%	27.9%

Breastfeeding & Breast Milk

"For the next question, I would like you to think back to when this child was an infant. As best you can recall, was this child ever breast-fed or fed using breast milk?"

A total of 64.8% of Total Service Area children (age 0 to 17) **were ever breastfed or fed using breast milk** (regardless of duration)**.**

- Similar to national findings.

- Fails to satisfy the Healthy People 2020 objective (81.9% or higher).

Child Was Ever Breastfed/Fed Breast Milk as an Infant
(Total Service Area, 2013)

Healthy People 2020 Target = 81.9% or Higher

Total Service Area	United States
64.8%	69.8%

👪 Breastfeeding is <u>more</u> common in the Total Service Area among upper-income households, Non-Blacks, and households with younger children.

Child Was Ever Breastfed/Fed Breast Milk as an Infant
(Total Service Area, 2013)

Healthy People 2020 Target = 81.9% or Higher

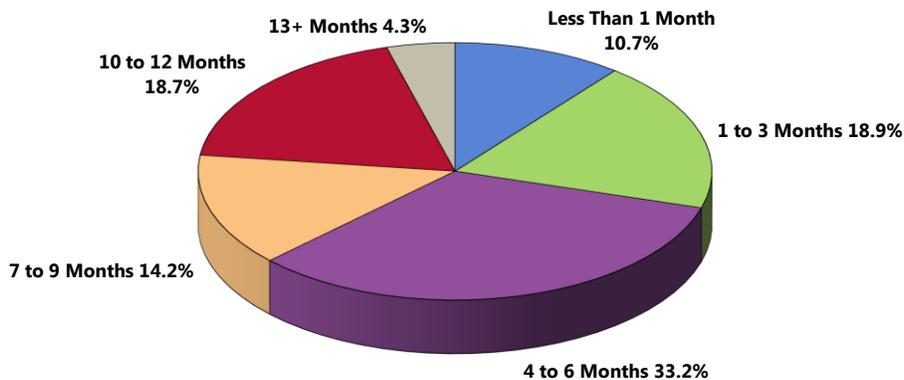| Category	Value
Boy	64.6%
Girl	64.9%
Age 0 to 4	83.1%
Age 5 to 12	64.3%
Age 13 to 17	54.8%
Low Income	52.4%
Mid/High Income	76.6%
Black	61.6%
Non-Black	75.6%
TSA	64.8%

Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 125]
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-2.1]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "Black" reflects non-Hispanic Black respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among parents with children under age six, 29.6% report that their child was first fed something other than breast milk or formula when they were three months of age or younger. In contrast, 4.3% of these parents waited until the child was 13 months or older.

Age At Which Child Was First Fed
Something Other Than Breast Milk or Formula
(Among Parents of Children Age 0-5; Total Service Area, 2013)

Category	Value
Less Than 1 Month	10.7%
1 to 3 Months	18.9%
4 to 6 Months	33.2%
7 to 9 Months	14.2%
10 to 12 Months	18.7%
13+ Months	4.3%

Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 120]
Notes: • Asked of respondents for whom the randomly selected child in the household is under 6.

Physical Activity

Recommended Physical Activity

Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

— Centers for Disease Control & Prevention (CDC)

Among children age 2-17 in the Total Service Area, 37.1% are reported to have had one hour of physical activity on each of the seven days preceding the interview.

Number of Days in the Past Week on Which Child Was Active for One Hour or Longer
(Among Parents of Children 2-17; Total Service Area, 2013)
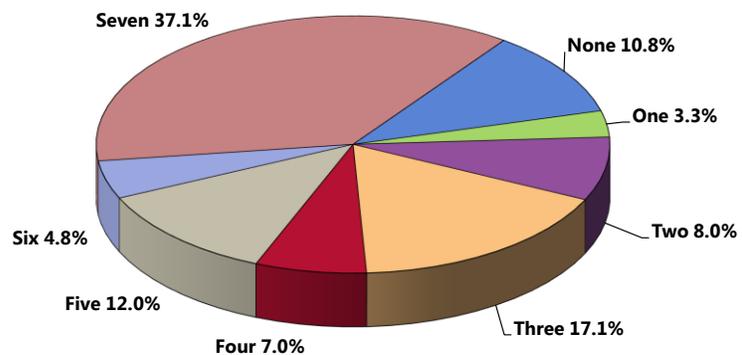
- Seven 37.1%
- None 10.8%
- One 3.3%
- Two 8.0%
- Three 17.1%
- Four 7.0%
- Five 12.0%
- Six 4.8%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc.   [Item 117]
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
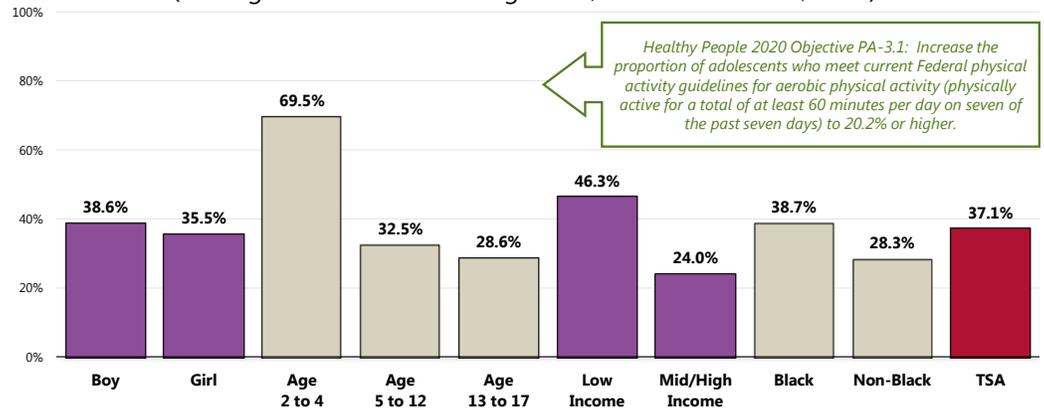
● Much lower than the national prevalence.

Child Was Physically Active for One Hour or Longer on Every Day of the Past Week
(Among Parents of Children Age 2-17; Total Service Area, 2013)

Total Service Area	United States
37.1%	57.3%
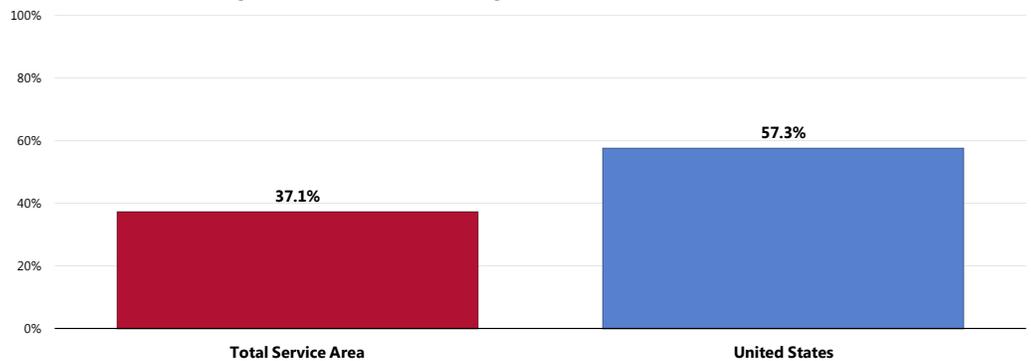
Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 117]
● 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

Professional Research Consultants, Inc.

👫 Lower levels of physical activity in the Total Service Area are found among children age 5 and older and those in upper-income households.

👫 Note that the Total Service Area proportion among adolescents age 13-17 currently satisfies the related Healthy People 2020 objective.

Child Was Physically Active for
One Hour or Longer on Every Day of the Past Week
(Among Parents of Children Age 2-17; Total Service Area, 2013)

> Healthy People 2020 Objective PA-3.1: Increase the proportion of adolescents who meet current Federal physical activity guidelines for aerobic physical activity (physically active for a total of at least 60 minutes per day on seven of the past seven days) to 20.2% or higher.

Category	Value
Boy	38.6%
Girl	35.5%
Age 2 to 4	69.5%
Age 5 to 12	32.5%
Age 13 to 17	28.6%
Low Income	46.3%
Mid/High Income	24.0%
Black	38.7%
Non-Black	28.3%
TSA	37.1%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 117]
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-3.1]
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "Black" reflects non-Hispanic Black respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Physical Activity Frequency & Duration

Note:

■ The term "moderate physical activity" includes 30 minutes of activity that does not make a child breathe hard, such as fast walking, slow bicycling, skating, or pushing a lawn mower.

■ The term "vigorous physical activity," includes exercise for 20 minutes that makes a child breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities).

A total of 34.5% of area children age 2-17 participated in "moderate activity" (for at least 30 minutes at a time) on **five or more of the preceding seven days.**

● Worse than the national figure.

A total of 56.4% of area children age 2-17 participated in "vigorous activity" (for at least 20 minutes at a time) **on three or more of the preceding seven days.**

● Worse than national findings.

Children's Physical Activity

(Among Parents of Children Age 2-17; Total Service Area, 2013)

Moderate-Intensity Physical Activity on Five or More Days in the Past Week for at Least 30 Minutes at a Time
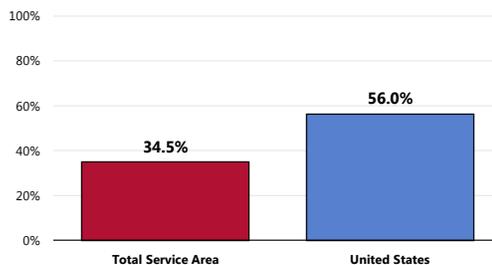
- Total Service Area: 34.5%
- United States: 56.0%

Vigorous-Intensity Physical Activity on Three or More Days in the Past Week for at Least 20 Minutes at a Time

- Total Service Area: 56.4%
- United States: 72.2%
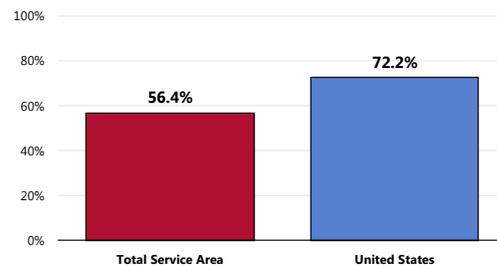
Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 164-165]
● 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
● Moderate-intensity physical activity includes exercise which does <u>not</u> make the child breathe hard, such as fast walking, slow bicycling, skating or pushing a lawnmower.
● Vigorous-intensity physical activity includes exercise which causes the child to breathe hard such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities.
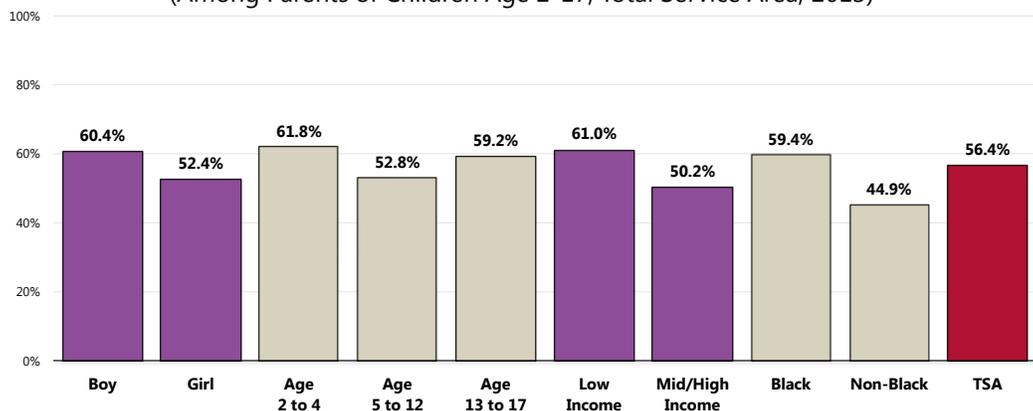
Those <u>less</u> likely to participate in regular, sustained **vigorous** physical activity include:

👪 Children in upper-income households.

👪 Non-Black children.

Child Engaged in Vigorous Physical Activity on Three or More Days in the Past Week for at Least 20 Minutes at a Time

(Among Parents of Children Age 2-17; Total Service Area, 2013)

Boy	Girl	Age 2 to 4	Age 5 to 12	Age 13 to 17	Low Income	Mid/High Income	Black	Non-Black	TSA
60.4%	52.4%	61.8%	52.8%	59.2%	61.0%	50.2%	59.4%	44.9%	56.4%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 165]
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
● Vigorous-intensity physical activity includes exercise which causes the child to breathe hard such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing, or similar aerobic activities.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "Black" reflects non-Hispanic Black respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Screen Time

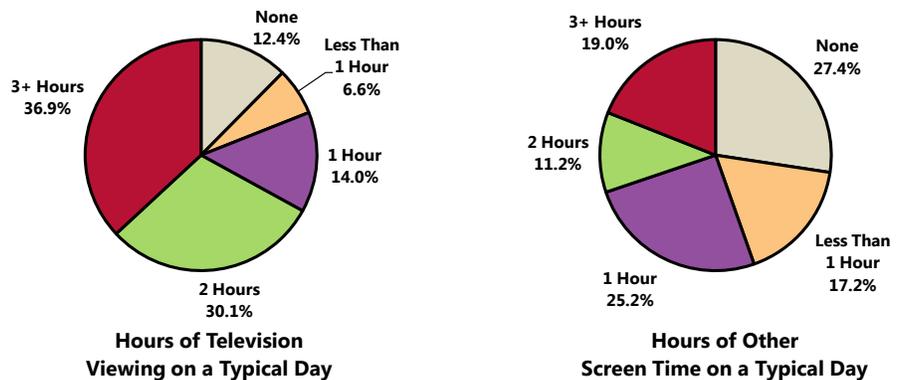## Television Watching & Other Screen Time

Among children aged 5 through 17, 36.9% are reported to watch three or more hours of <u>television</u> per day.

A total of 19.0% are reported to spend three or more hours on <u>other types of screen time</u> for entertainment (video games, Internet, etc.).

- Each is similar to the corresponding US prevalence.

Television and Other Screen Time
(Among Parents of Children Age 5-17; Total Service Area, 2013)

None 12.4%
Less Than 1 Hour 6.6%
3+ Hours 36.9%
1 Hour 14.0%
2 Hours 30.1%

Hours of Television Viewing on a Typical Day

3+ Hours 19.0%
None 27.4%
2 Hours 11.2%
Less Than 1 Hour 17.2%
1 Hour 25.2%

Hours of Other Screen Time on a Typical Day

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 113, 115, 141-142]
● 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents with children age 5-17.

Total Screen Time

Further, 54.3% of children aged 5 to 17 spend three or more hours on screen time (whether television or computer, Internet, video games, etc.) **per day.**

- Nearly identical to national findings.

Child Has Three or More Hours of Total Screen Time (TV, Computer, Video Games, Etc.) on a Typical Day
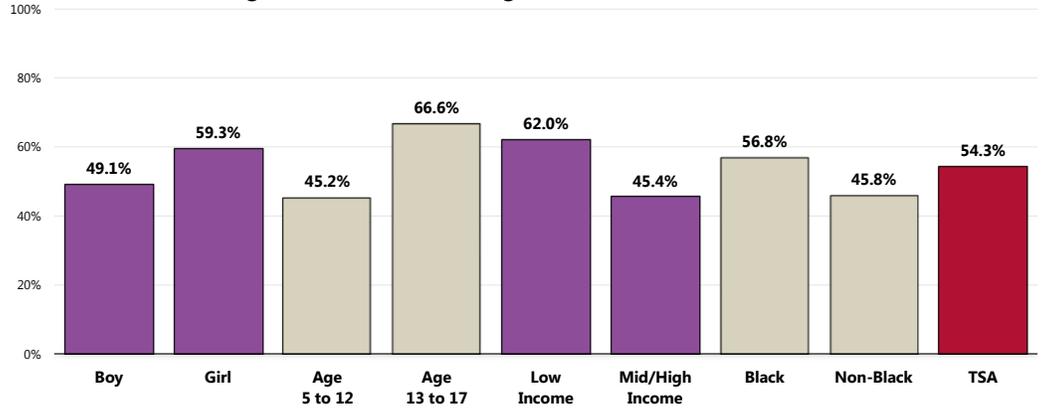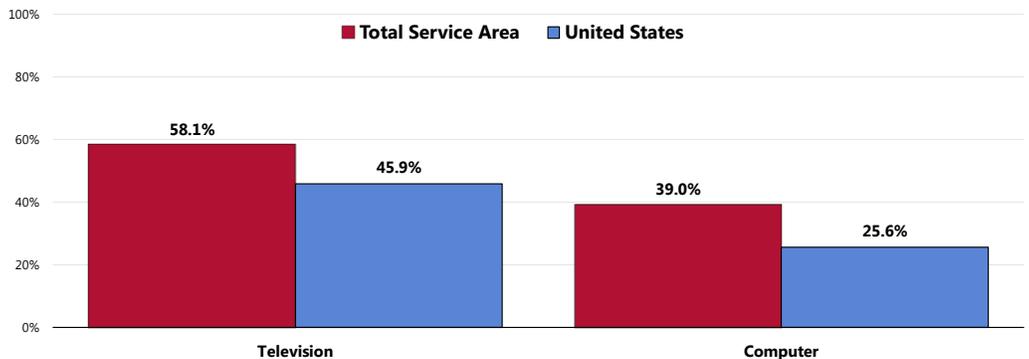(Among Parents of Children Age 5-17; Total Service Area, 2013)

54.3%	54.7%
Total Service Area	United States
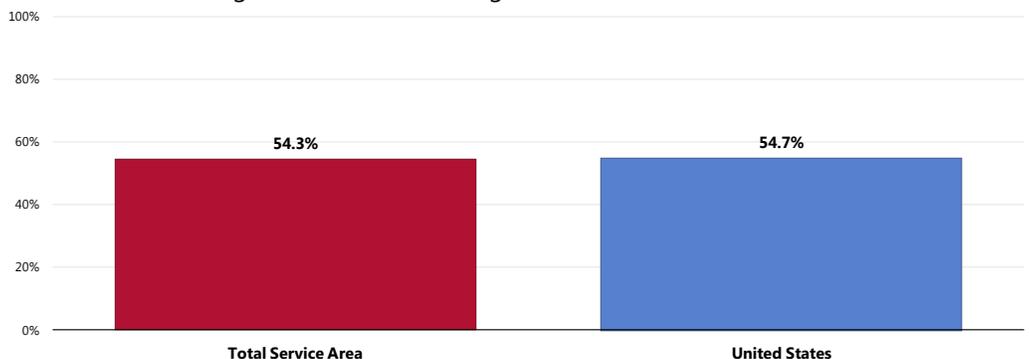
Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 143]
● 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents with children age 5-17.
● Include time spent watching TV, watching videos, playing video games on the TV, playing computer video games, visiting social media sites, and surfing the internet for entertainment.

These children (age 5-17) are more likely to spend three or more hours of total screen time on a typical day:

👪 Girls, teens, and low-income children.

Child Has Three or More Hours of Total Screen Time (TV, Computer, Video Games, Etc.) on a Typical Day
(Among Parents of Children Age 5-17; Total Service Area, 2013)

	Boy	Girl	Age 5 to 12	Age 13 to 17	Low Income	Mid/High Income	Black	Non-Black	TSA
	49.1%	59.3%	45.2%	66.6%	62.0%	45.4%	56.8%	45.8%	54.3%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 143]
Notes: ● Asked of all respondents with children age 5-17.
● Include time spent watching TV, watching videos, playing video games on the TV, playing computer video games, visiting social media sites, and surfing the internet for entertainment.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "Black" reflects non-Hispanic Black respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Media in Children's Bedrooms

A total of 58.1% of Total Service Area school-age children (5-17) currently have a television in their bedroom.

● Higher than national findings.

A total of 39.0% have a computer in their bedroom, including any laptops or tablets that the child may use there.

● Higher than national findings.

Child Has a Television or Computer in His/Her Bedroom
(Among Parents of Children Age 5-17; Total Service Area, 2013)

■ Total Service Area ■ United States

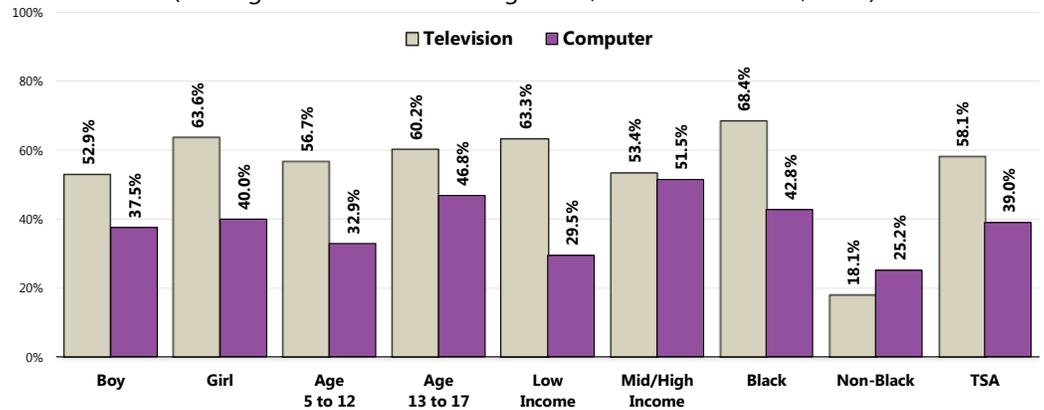|	Television	Computer
Total Service Area	58.1%	39.0%
United States	45.9%	25.6%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 114, 116]
● 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents with children age 5-17.
● Includes televisions, computers, as well as any laptops or tablets that the child may use in his/her bedroom.

👫 Children (age 5-17) more likely to have a television in the bedroom include girls and Black children in the Total Service Area.

👫 Teens, those from upper-income households, and Black children are more likely to have a computer in the bedroom.

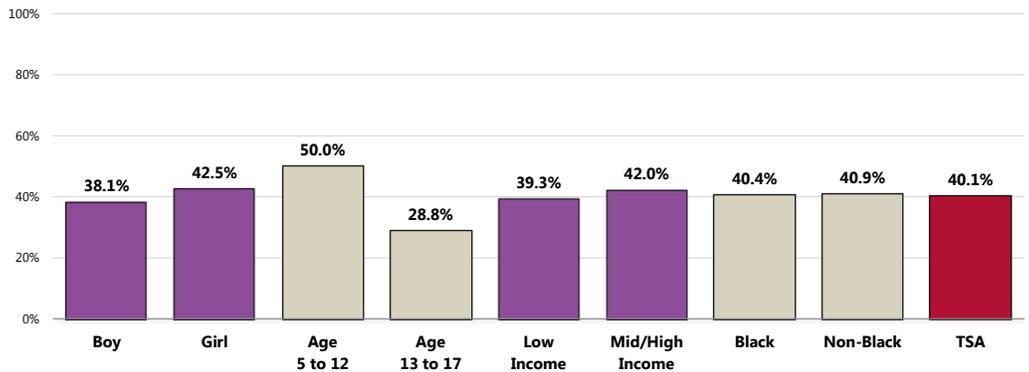## Child Has a Television or Computer in His/Her Bedroom
(Among Parents of Children Age 5-17; Total Service Area, 2013)

■ Television ■ Computer

Category	Television	Computer
Boy	52.9%	37.5%
Girl	63.6%	40.0%
Age 5 to 12	56.7%	32.9%
Age 13 to 17	60.2%	46.8%
Low Income	63.3%	29.5%
Mid/High Income	53.4%	51.5%
Black	68.4%	42.8%
Non-Black	18.1%	25.2%
TSA	58.1%	39.0%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 114, 116]
Notes: ● Asked of all respondents with children age 5-17.
● Includes televisions, computers, as well as any laptops or tablets that the child may use in his/her bedroom.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "Black" reflects non-Hispanic Black respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Body Weight

Childhood Overweight & Obesity

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- ■ Underweight   <5th percentile
- ■ Healthy Weight   ≥5th and <85th percentile
- ■ Overweight   ≥85th and <95th percentile
- ■ Obese   ≥95th percentile

   – Centers for Disease Control and Prevention

To determine children's weight status, respondents were asked the height and weight of the randomly selected child in the household. From these, PRC calculated a body mass index (BMI) value that could be compared to BMI-for-age growth charts.

Based on the heights/weights reported by surveyed parents, 40.1% of Total Service Area children age 5 to 17 are <u>overweight or obese</u> (≥85th percentile).

- ● Worse than national findings.

Percent of Children Who Are Overweight or Obese
(Ages 5-17 With a BMI in the 85th Percentile or Higher)

Total Service Area	40.1%
United States	30.7%

Note that weight status could not be determined for 35.8% of children age 5-17 because respondents were unable to provide their child's height and/or weight; these children are therefore not represented in these charts and data.

Overweight is notably higher among:

👫 Children age 5 to 12.

Percent of Children Who Are Overweight or Obese
(Ages 5-17 With a BMI in the 85th Percentile or Higher)

Category	Percent
Boy	38.1%
Girl	42.5%
Age 5 to 12	50.0%
Age 13 to 17	28.8%
Low Income	39.3%
Mid/High Income	42.0%
Black	40.4%
Non-Black	40.9%
TSA	40.1%
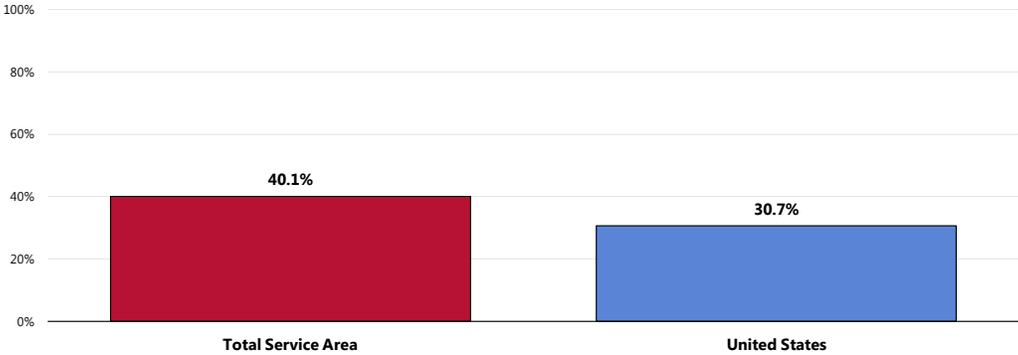
Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 145]
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
● Overweight among children is determined by child's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

A total of 23.8% of Total Service Area children age 5 to 17 are obese (≥95th percentile, also included in the overweight/obese findings reported previously).

- Comparable to national findings.
- Fails to satisfy the Healthy People target (14.6% or lower).

Percent of Children Who Are Obese
(Ages 5-17 With a BMI in the 95th Percentile or Higher)
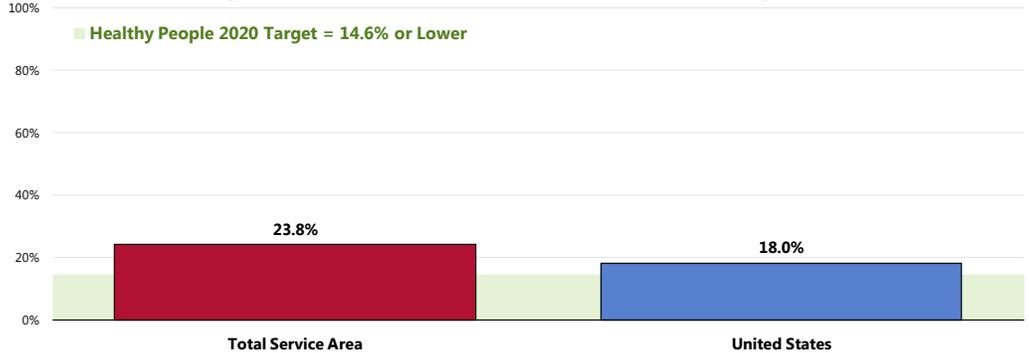
Healthy People 2020 Target = 14.6% or Lower

Category	Percent
Total Service Area	23.8%
United States	18.0%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 145]
● 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-10.4]
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
● Obesity among children is determined by child's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.
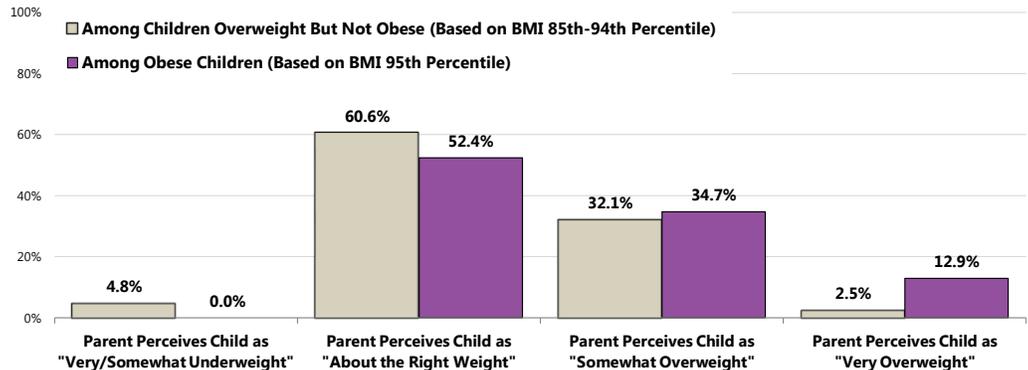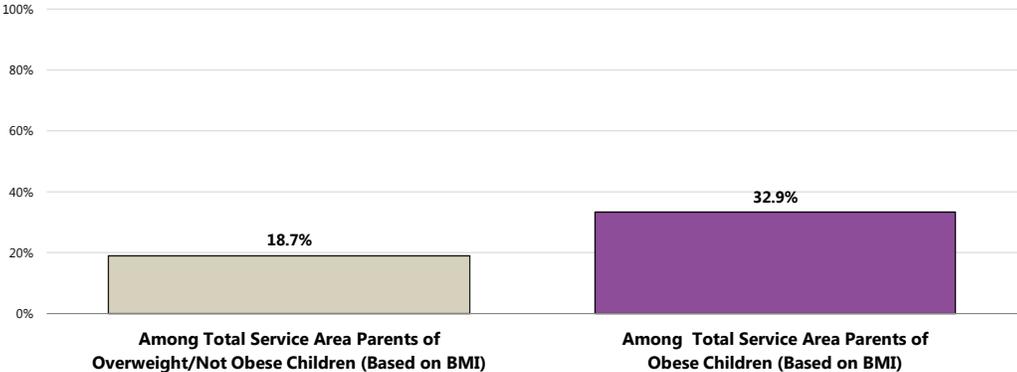
👫 Obesity is notably high among young children (age 5-12).

Percent of Children Who Are Obese
(Ages 5-17 With a BMI in the 95th Percentile or Higher)

Healthy People 2020 Target = 14.6% or Lower

Category	Percent
Boy	24.5%
Girl	23.3%
Age 5 to 12	29.8%
Age 13 to 17	17.0%
Low Income	23.5%
Mid/High Income	23.7%
Black	25.5%
Non-Black	18.0%
TSA	23.8%

Perceptions of Overweight

Respondents were further asked:

"Would you describe this child's weight as: very underweight, somewhat underweight, about the right weight, somewhat overweight, or very overweight?"

Parents of overweight/obese children are often inclined to see their child as being at "about the right weight."

- This includes 60.6% of parents with overweight (not obese) children and 52.4% of parents with obese children.

- Only 12.9% perceive their obese child to be "very overweight."

Children's Actual vs. Perceived Weight Status
(Overweight/Obese Children Age 5-17; Total Service Area, 2013)

□ Among Children Overweight But Not Obese (Based on BMI 85th-94th Percentile)
■ Among Obese Children (Based on BMI 95th Percentile)

Perception	Overweight Not Obese	Obese
Parent Perceives Child as "Very/Somewhat Underweight"	4.8%	0.0%
Parent Perceives Child as "About the Right Weight"	60.6%	52.4%
Parent Perceives Child as "Somewhat Overweight"	32.1%	34.7%
Parent Perceives Child as "Very Overweight"	2.5%	12.9%

"In the past 12 months, has a health professional or someone at your child's school told you that this child was overweight?"

- Note in following chart that only 18.7% of parents with an overweight/not obese school-age child have had a health professional or someone at their child's school tell them that their child is overweight.

- Among parents with obese children, this percentage is 32.9%.

Parent Has Been Told in the Past Year by a School or Health Professional That Their Child Is Overweight

(Overweight/Obese Children Age 5-17; Total Service Area, 2013)

18.7%
Among Total Service Area Parents of
Overweight/Not Obese Children (Based on BMI)

32.9%
Among Total Service Area Parents of
Obese Children (Based on BMI)

Sources: ● 2012 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17.
● Overweight in children is defined as a Body Mass Index (BMI) value at or above the 85th percentile of US growth charts by gender and age;
obesity in children is defined as a BMI value at or above the 95th percentile.

Tobacco

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

– Healthy People 2020 (www.healthypeople.gov)

Exposure to Environmental Tobacco Smoke

A total of 14.7% of Total Service Area parents report that a member of their household smokes <u>inside</u> the home.

- Three times the national figure.

Smoking inside the home is statistically higher among:

- Female respondents.
- Lower-income households.
- Blacks.

Someone Smokes Inside the House
(By Adult Demographics; Total Service Area, 2013)

Category	Value
Men	6.5%
Women	16.7%
18 to 34	17.8%
35 to 49	11.5%
50+	20.2%
Low Income	20.1%
Mid/High Income	10.6%
Black	16.5%
Non-Black	8.6%
TSA	14.7%
US	4.8%

Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 111]
• 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "Black" reflects non-Hispanic Black respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Further, 27.4% of Total Service Area parents report that a member of their household smokes <u>outside</u> the home.

- Similar to national findings.

Smoking outside the home is notably higher among:

- Young adult respondents (age 18 to 34).
- Adults age 50+.

👪 Lower-income households.

👪 Blacks.

Someone Smokes Outside the House
(By Adult Demographics; Total Service Area, 2013)

Category	Value
Men	29.8%
Women	26.8%
18 to 34	32.4%
35 to 49	22.1%
50+	35.8%
Low Income	38.2%
Mid/High Income	16.9%
Black	30.4%
Non-Black	19.4%
TSA	27.4%
US	23.5%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 111]
● 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "Black" reflects non-Hispanic Black respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Injury & Safety

Injuries

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as "accidents," "acts of fate," or as "part of life." However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

– Healthy People 2020 (www.healthypeople.gov)

A total of 8.0% of Total Service Area parents report that their child was injured seriously enough to need medical treatment at some point in the past year.

- Similar to national findings.

- Of these children, 11.8% sustained at least two injuries which were serious enough to require medical treatment in the past year.

Child Was Injured Seriously Enough to Need Medical Treatment in the Past Year
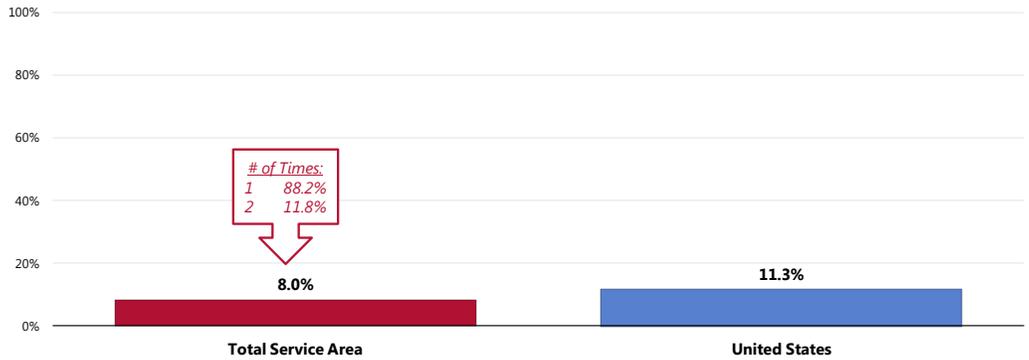
of Times:
1   88.2%
2   11.8%

Total Service Area: 8.0%
United States: 11.3%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 71-72]
● 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

The prevalence of serious injury among Total Service Area children is highest among:

- The Black population.

Child Was Injured Seriously Enough to Need Medical Treatment in the Past Year
(Total Service Area, 2013)

Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Low Income	Mid/High Income	Black	Non-Black	TSA
10.3%	5.7%	6.7%	6.9%	10.1%	10.6%	6.0%	9.4%	3.6%	8.0%
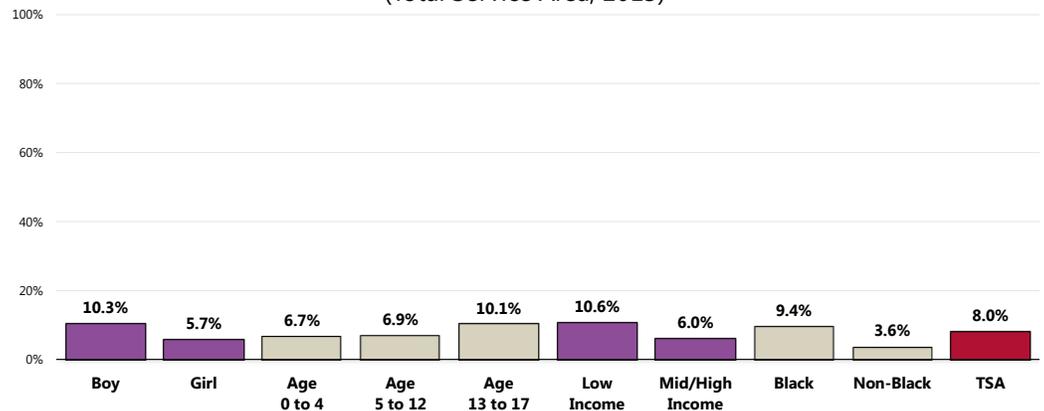
Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 71]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "Black" reflects non-Hispanic Black respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Of the area children who were seriously injured in the past year, 28.1% were **playing** when the injury occurred, while 19.0% were participating in **organized sports** and 11.5% were playing **unorganized sports**.

- Other activities mentioned less often include running and vehicle accidents.

Child's Activity When Most Seriously Injured in Past Year
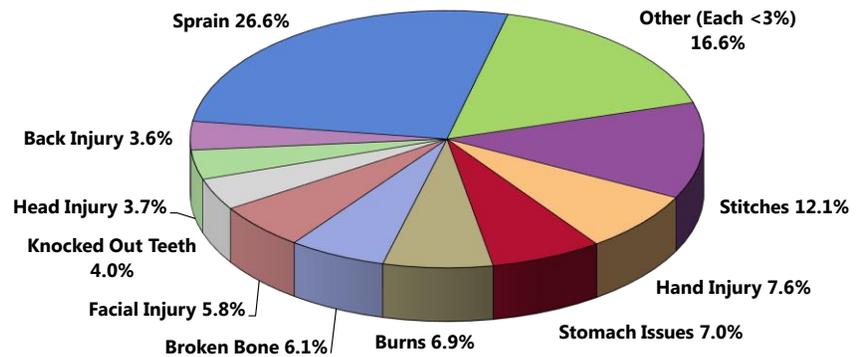(Parents of Children Who Were Seriously Injured in the Past Year; TSA, 2012)

Other (Each <3%) 28.4%

Playing 28.1%

Vehicle Accident 6.0%

Running 7.0%

Sports (Unorganized) 11.5%

Organized Sports 19.0%

With regard to the type of injury sustained, the largest share of responses was for **sprains** (mentioned by 26.6%), followed by **wounds needing stitches** (12.1%), **hand injuries** (7.6%) and **stomach issues** (7.0%).

- Other injuries mentioned less often include burns, broken bones, facial injuries, knocked out teeth, head injuries, and back injuries.

Type of Injury Sustained
(Children Who Were Seriously Injured in the Past Year; TSA, 2013)

Sprain 26.6%

Other (Each <3%) 16.6%

Back Injury 3.6%

Head Injury 3.7%

Knocked Out Teeth 4.0%

Facial Injury 5.8%

Broken Bone 6.1%

Burns 6.9%

Stitches 12.1%

Hand Injury 7.6%

Stomach Issues 7.0%

When asked where they sought help for their injured child, 58.3% mentioned a **hospital or emergency room**.

- Other sites for medical care included **family physicians** (mentioned by 20.1%), **urgent care centers** (11.3%) and **specialists** (3.7%).

Source for Help After the Injury
(Children Who Were Seriously Injured in the Past Year; TSA, 2013)
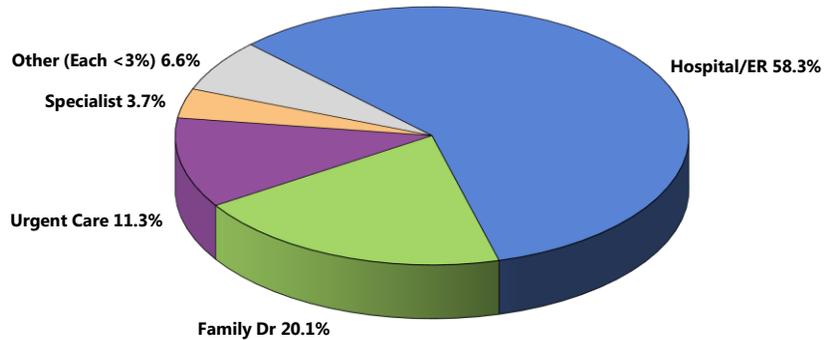
Other (Each <3%) 6.6%
Specialist 3.7%
Hospital/ER 58.3%
Urgent Care 11.3%
Family Dr 20.1%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 75]
Notes: ● Asked of respondents for whom the randomly selected child in the household was seriously injured in the past two years.

Safety

School Safety

In the past year, 11.5% of school-aged Total Service Area children missed school because they felt unsafe at school or on the way to/from school.

- On the other hand, the vast majority (88.5%) of school-aged children did not miss school in the past year because of safety concerns.

Number of School Days Missed in the Past Month Because Child Felt Unsafe
(Total Service Area School-Aged Children, 2013)
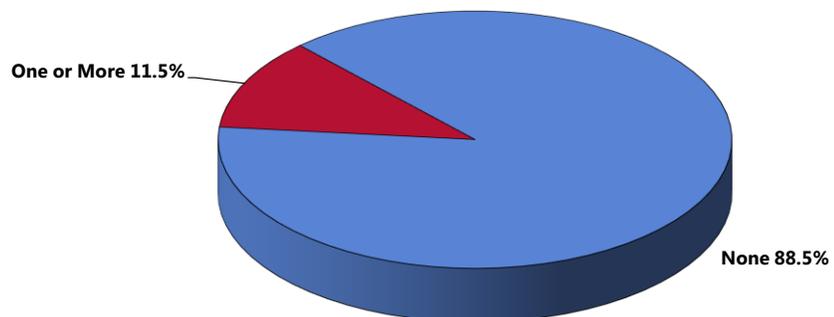
One or More 11.5%
None 88.5%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 77]
Notes: ● Asked of all respondents about a school-aged, randomly-selected child in the household.

- More than three times the national prevalence.

Child Missed at Least One School
Day in the Past Month Because He/She Felt Unsafe
(Total Service Area Children Age 5-17, 2012)
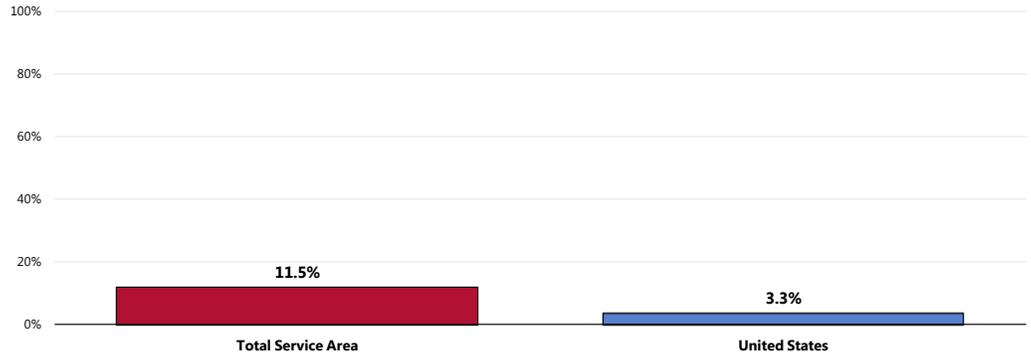
	Total Service Area	United States
Prevalence	11.5%	3.3%

- Viewed by the child's demographic characteristics, the prevalence is statistically high among Total Service Area girls, teens, and lower-income children.

Child Missed at Least One School
Day in the Past Month Because He/She Felt Unsafe
(Total Service Area Children 5-17, 2012)

Boy	Girl	Age 5 to 12	Age 13 to 17	Low Income	Mid/High Income	Black	Non-Black	TSA
8.8%	14.2%	6.9%	17.0%	18.2%	3.5%	11.4%	12.7%	11.5%

Reasons for feeling unsafe included references to violence, bullying, gangs, and peer pressure, to name a few.

Car Seats & Seat Belts

A full 92.9% of Total Service Area parents report that their child (age 0 to 17) **"always" wears a seat belt (or appropriate car seat for younger children) when riding in a vehicle.**
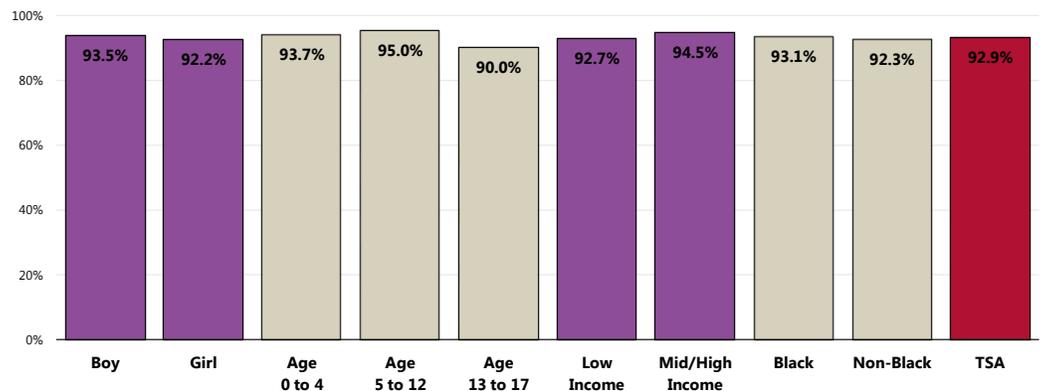
- Lower than national findings.

Child "Always" Wears a Seatbelt or Appropriate Restraint When Riding in a Vehicle
(Total Service Area, 2013)
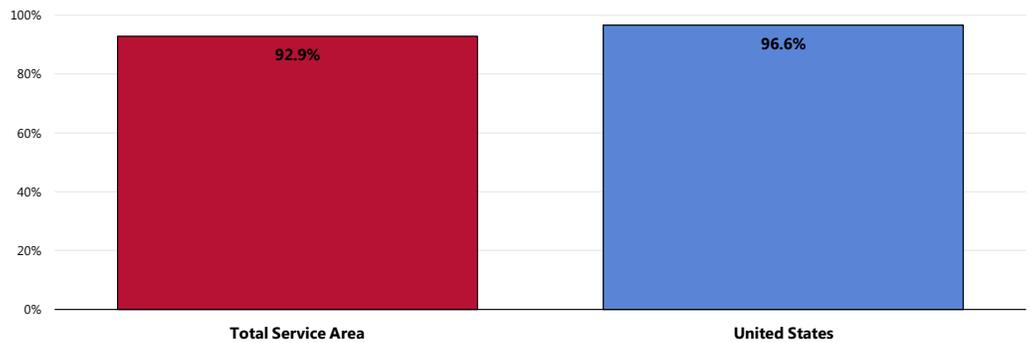
The prevalence does not vary significantly by child's demographic characteristics.

Child "Always" Wears a Seatbelt or Appropriate Restraint When Riding in a Vehicle
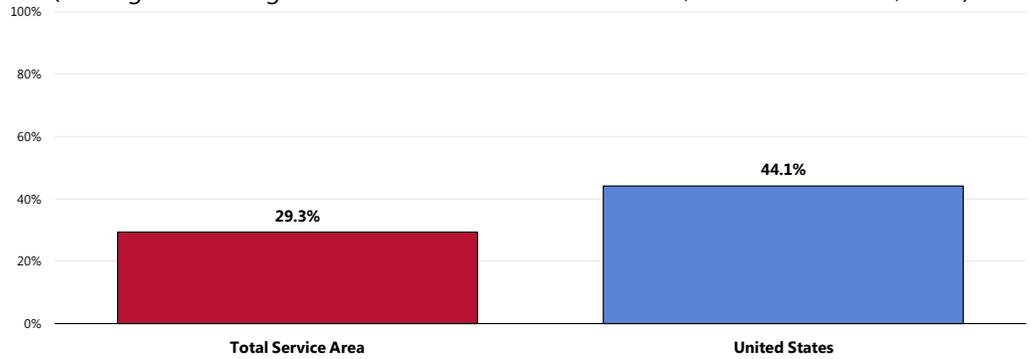### (Total Service Area, 2013)

Helmet Use

Bicycles

Among Total Service Area school-age children who rode a bicycle in the past year, 29.3% "always" wore a helmet.

● Much lower than the US prevalence.

Child "Always" Wore a Helmet
When Riding a Bicycle in the Past Year
(Among Children Age 5-17 Who Rode a Bike in Past Year; Total Service Area, 2013)

Total Service Area: 29.3%
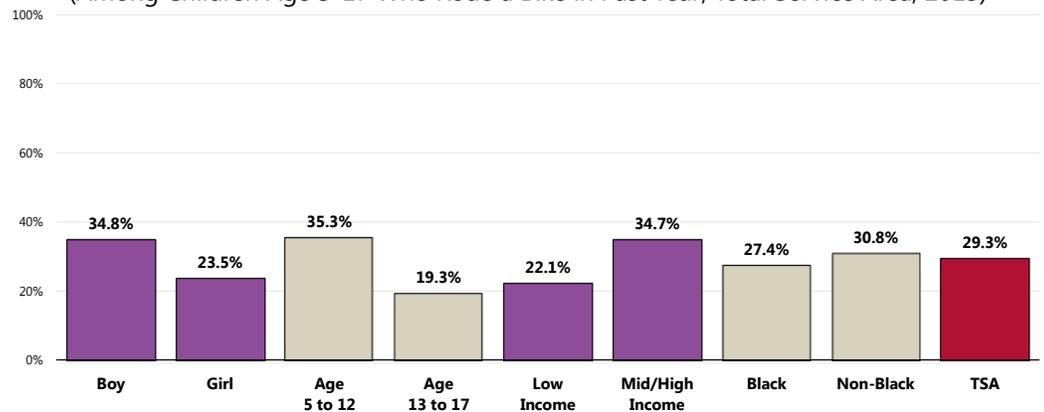United States: 44.1%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 80]
● 2011 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17 and who rode a bicycle in the past year; excludes the 40.7% of children who did not ride a bicycle in the past year.

Among children age 5-17, notably low among girls, teens, and those from low-income households.

Child "Always" Wore a Helmet
When Riding a Bicycle in the Past Year
(Among Children Age 5-17 Who Rode a Bike in Past Year; Total Service Area, 2013)

Boy	Girl	Age 5 to 12	Age 13 to 17	Low Income	Mid/High Income	Black	Non-Black	TSA
34.8%	23.5%	35.3%	19.3%	22.1%	34.7%	27.4%	30.8%	29.3%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 80]
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17 and who rode a bicycle in the past year.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "Black" reflects non-Hispanic Black respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
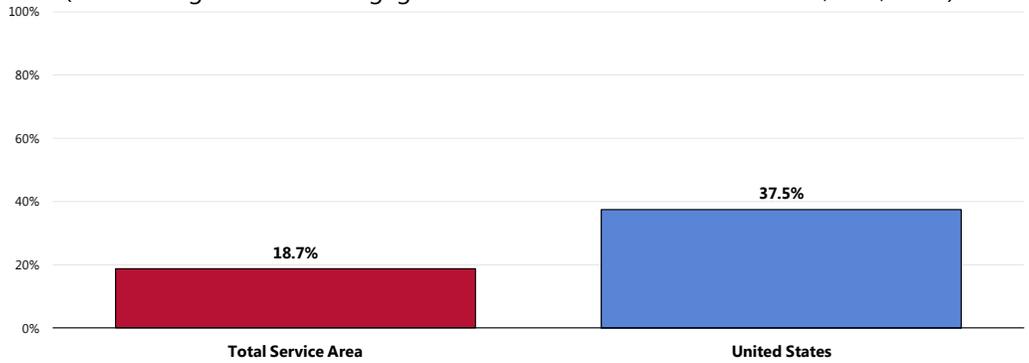
Skateboards, Scooters, Skates & Rollerblades

Among Total Service Area school-age children who rode a skateboard, scooter, skates or rollerblades in the past year, 18.7% "always" wore a helmet.

● Half the national percentage.

Child "Always" Wore a Helmet on
Skateboards, Scooters, Skates or Rollerblades in the Past Year
(Children Age 5-17 Who Engaged in These Activities in the Past Year; TSA, 2012)

Total Service Area: 18.7%
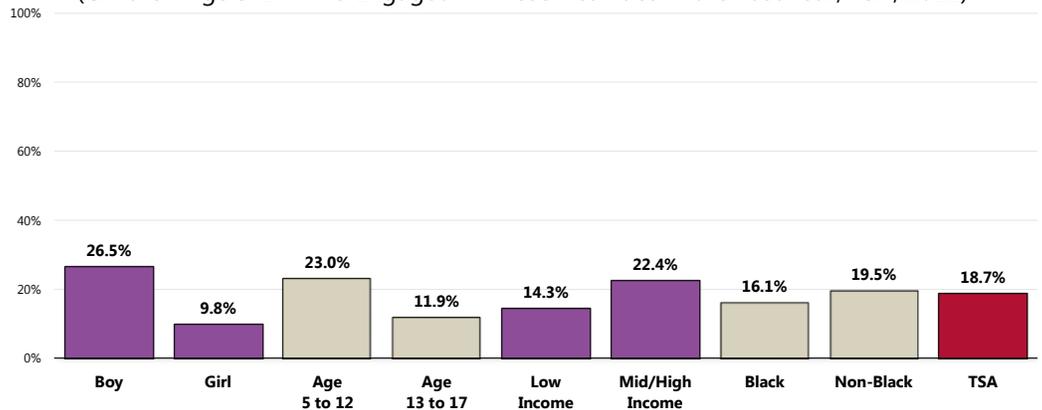United States: 37.5%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 81]
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17 and who rode a skateboard, scooter, skates or rollerblades in the past year; excludes the 52.6% of children who did not ride a skateboard, scooter, skates or rollerblades in the past year.

👪 Highest among boys, children age 5 to 12, and those from upper-income households.

Child "Always" Wore a Helmet on
Skateboards, Scooters, Skates or Rollerblades in the Past Year
(Children Age 5-17 Who Engaged in These Activities in the Past Year; TSA, 2012)

Boy	Girl	Age 5 to 12	Age 13 to 17	Low Income	Mid/High Income	Black	Non-Black	TSA
26.5%	9.8%	23.0%	11.9%	14.3%	22.4%	16.1%	19.5%	18.7%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 81]
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 5 and 17 and who rode a skateboard, scooter, skates or rollerblades in the past year.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "Black" reflects non-Hispanic Black respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Neighborhood Safety

Fewer than 4 in 10 Total Service Area survey respondents report that they feel "extremely" (6.1%) or "quite" (31.0%) safe from crime and violence in their neighborhood.

"How safe from crime do you consider your neighborhood to be — would you say extremely safe, quite safe, slightly safe, or not at all safe?"

Perceptions of Neighborhood
Being Safe From Crime and Violence
(Total Service Area, 2013)
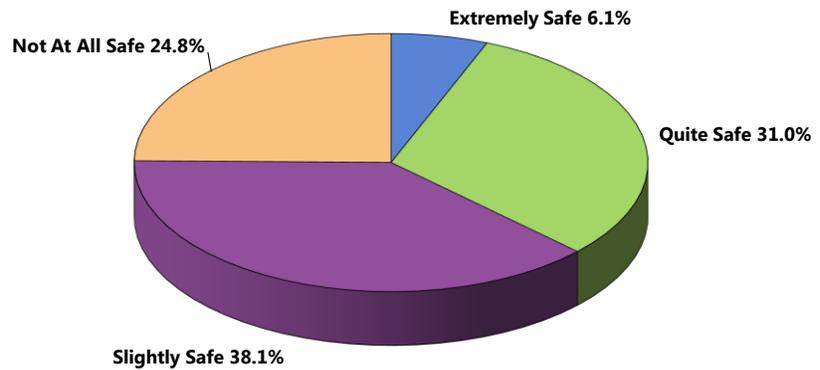
Extremely Safe 6.1%

Not At All Safe 24.8%

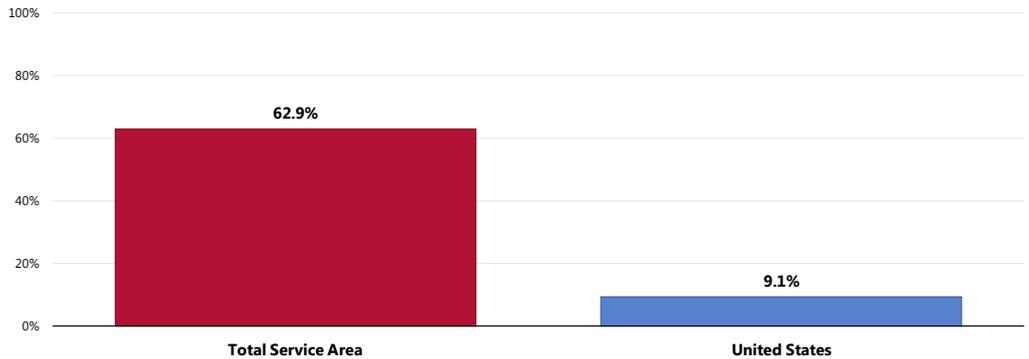**Quite Safe 31.0%**

Slightly Safe 38.1%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 79]
Notes: ● Asked of all respondents.

On the other hand, the majority of Total Service Area respondents (62.9%) feel "slightly" or "not at all" safe in their neighborhood.

- Dramatically higher than the national prevalence.

Perceive Neighborhood as
"Slightly" or "Not At All" Safe From Crime and Violence

62.9% — Total Service Area
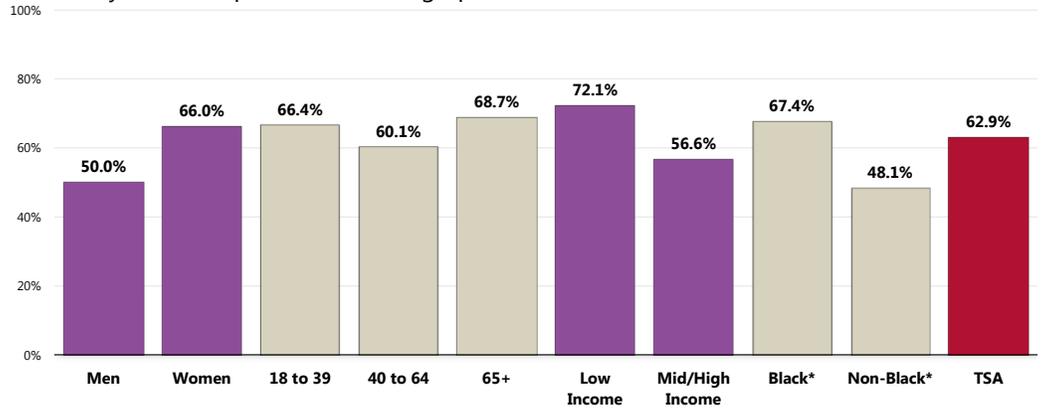
9.1% — United States

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 79]
 ● 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Perceptions of low neighborhood safety are more common among:

- Women.

- Respondents in low-income households.

- Parents of Black children.

Perceive Neighborhood as
"Slightly" or "Not At All" Safe From Crime and Violence
(By Adult Respondents' Demographic Characteristics; Total Service Area, 2013)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	Black*	Non-Black*	TSA
50.0%	66.0%	66.4%	60.1%	68.7%	72.1%	56.6%	67.4%	48.1%	62.9%

Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 79]
Notes: • Asked of all respondents.
• *Race represents that of the child, not the respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "Black" reflects non-Hispanic Black respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
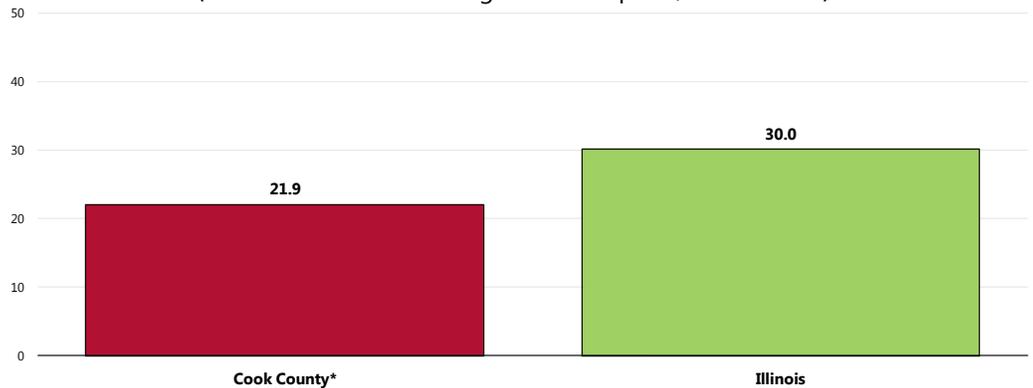
Child Abuse

Between 2008 and 2010, there was an annual average child abuse offense rate of 21.9 per 1,000 children in Cook County (City of Chicago data not available).

● Lower than the Illinois rate.

Reported Child Abuse Rates
(2008-2010 Annual Average Offenses per 1,000 Children)

Cook County*	Illinois
21.9	30.0

Sources: • Illinois State Police
Notes: • Rates are reports of child abuse per 1,000 children.
• *City of Chicago data unavailable; Cook County data is shown here.
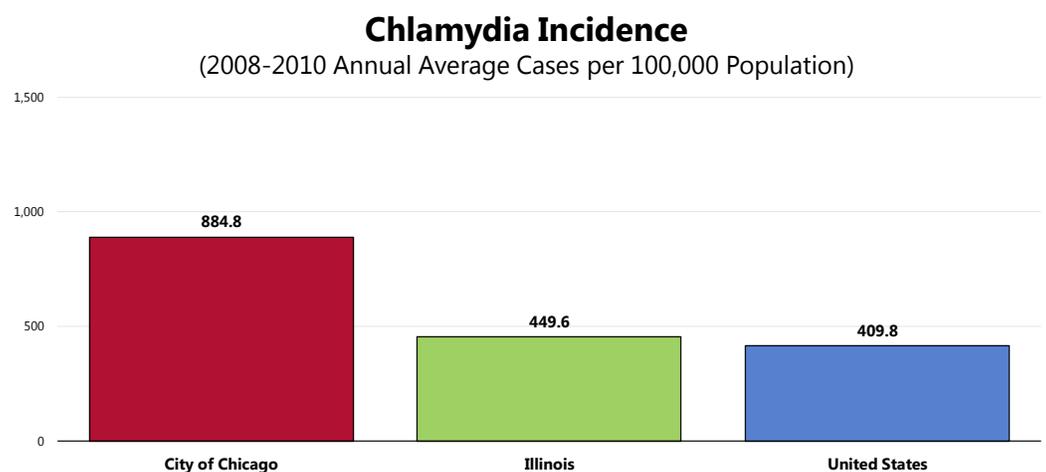
Sexual Activity

Chlamydia

Nationally, chlamydia incidence rates are highest in the 15-24 age group, particularly among young women.

— Centers for Disease Control & Prevention (CDC)

Between 2008 and 2010, there were 884.8 diagnosed chlamydia infections (all ages) **per 100,000 population in the City of Chicago.**

- Nearly twice the Illinois rate.

- More than twice the national rate.

Chlamydia Incidence
(2008-2010 Annual Average Cases per 100,000 Population)

	City of Chicago	Illinois	United States
	884.8	449.6	409.8

Sources:
- Illinois Department of Public Health.
- Centers for Disease Control and Prevention, National Center for Health Statistics.

Notes:
- Rates are annual average new cases per 100,000 population.

Births to Teen Mothers

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.

- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.

- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.
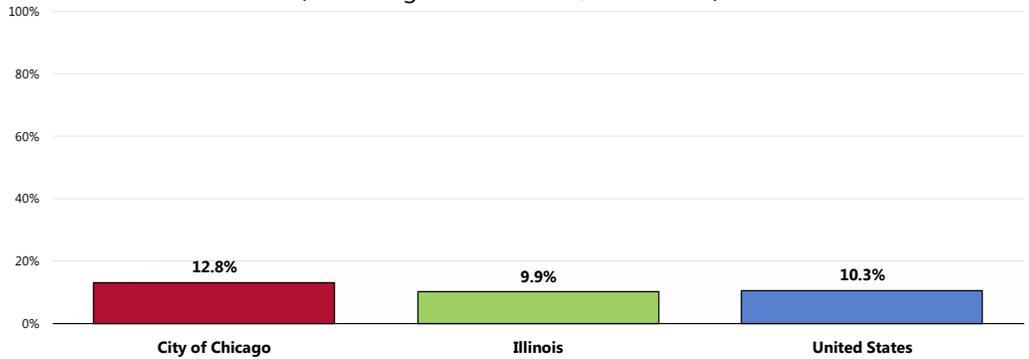
– Healthy People 2020 (www.healthypeople.gov)

A total of 12.8% of 2007-2009 Total Service Area births were to teenage mothers (under the age of 20).

- Worse than the Illinois rate.

- Worse than the national rate.

Births to Teen Mothers (Under Age 20)
(Percentage of Live Births, 2007-2009)

	City of Chicago	Illinois	United States
	12.8%	9.9%	10.3%

Sources: ● Illinois Department of Public Health.
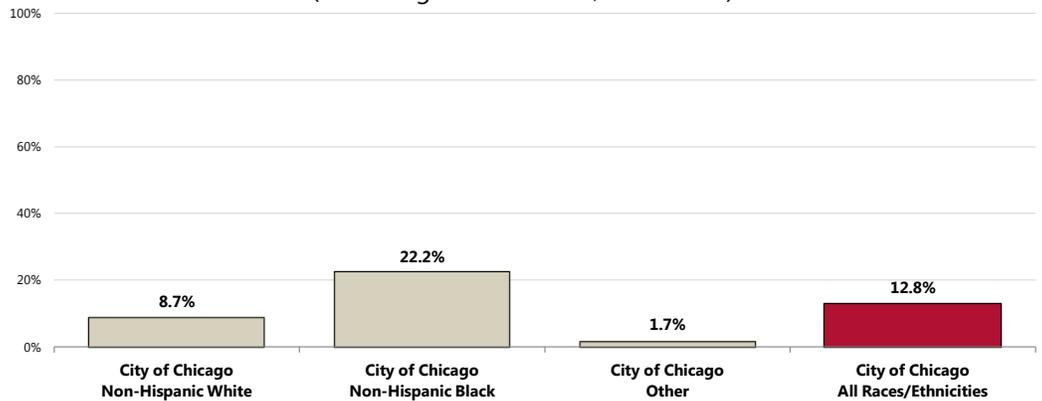　　　　 ● Centers for Disease Control and Prevention, National Vital Statistics System.
Note: ● Numbers are a percentage of all live births within each population.

Unfavorably high in the City of Chicago's Black population.

Births to Teen Mothers
(Percentage of Live Births, 2007-2009)

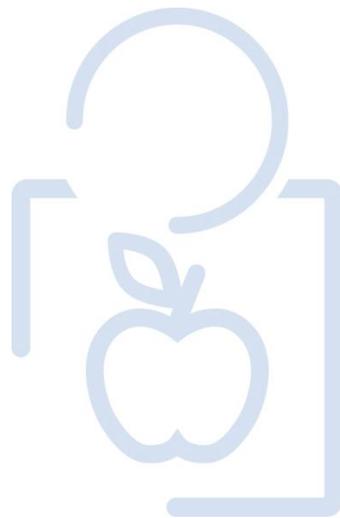| City of Chicago Non-Hispanic White	City of Chicago Non-Hispanic Black	City of Chicago Other	City of Chicago All Races/Ethnicities
8.7%	22.2%	1.7%	12.8%

Sources: ● Illinois Department of Public Health.
Note: ● Numbers are a percentage of all live births within each population.
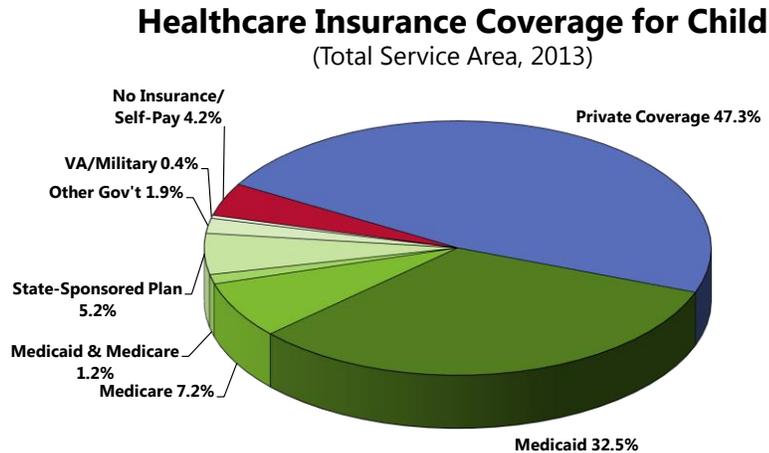
ACCESS TO HEALTHCARE SERVICES

Health Insurance Coverage

Type of Coverage

Survey respondents were asked a series of questions to determine their child's healthcare insurance coverage, if any, from either private or government-sponsored sources.

A total of 47.3% of Total Service Area parents report having private healthcare coverage for their child.

Another 48.4% report coverage through a government-sponsored program (e.g., state children's health insurance program, Medicaid, Medicare, military benefits).

Healthcare Insurance Coverage for Child
(Total Service Area, 2013)

- No Insurance/Self-Pay 4.2%
- VA/Military 0.4%
- Other Gov't 1.9%
- State-Sponsored Plan 5.2%
- Medicaid & Medicare 1.2%
- Medicare 7.2%
- Private Coverage 47.3%
- Medicaid 32.5%

Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc.   [Item 146]
Notes: • Asked of all respondents.

Lack of Coverage

However, 4.2% report having no coverage for their child's healthcare expenses.

- Similar to the national proportion.
- The Healthy People 2020 target is universal coverage (0% uninsured).
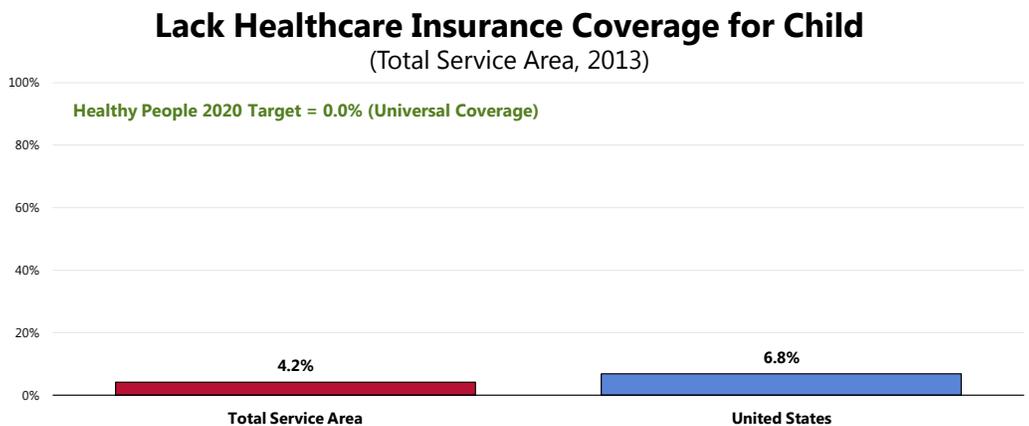
Lack Healthcare Insurance Coverage for Child
(Total Service Area, 2013)

Healthy People 2020 Target = 0.0% (Universal Coverage)

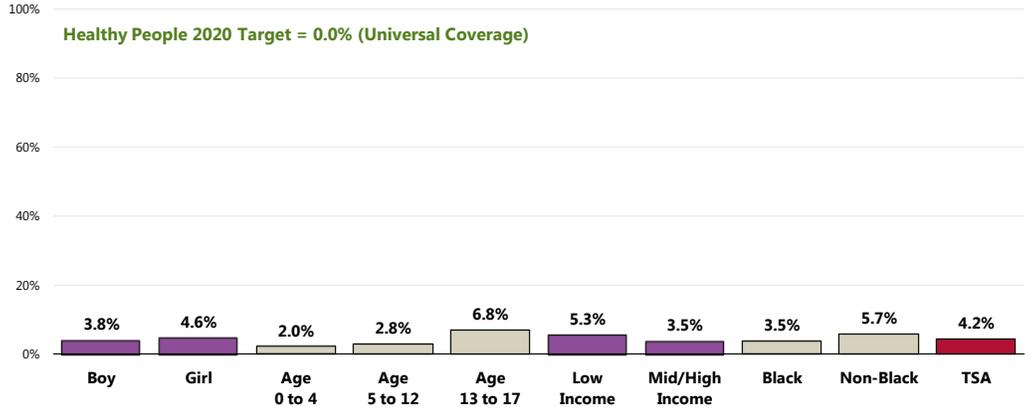|	
Total Service Area 4.2%	United States 6.8%

Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc.   [Item 146]
• 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]
Notes: • Asked of all respondents.

No significant differences in children's lack of insurance when viewed by demographic characteristics.

Lack of Healthcare Insurance Coverage for Child
(Total Service Area, 2013)

Healthy People 2020 Target = 0.0% (Universal Coverage)

Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Low Income	Mid/High Income	Black	Non-Black	TSA
3.8%	4.6%	2.0%	2.8%	6.8%	5.3%	3.5%	3.5%	5.7%	4.2%

Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 146]
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "Black" reflects non-Hispanic Black respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Insurance Instability

"During the past 12 months, was there any time when (he/she) was not covered by ANY health insurance?"

Among Total Service Area children who currently <u>have</u> health insurance coverage, 9.9% are reported to have been without coverage at some point in the past year.

• Comparable to the national figure.

Child Was Without Healthcare
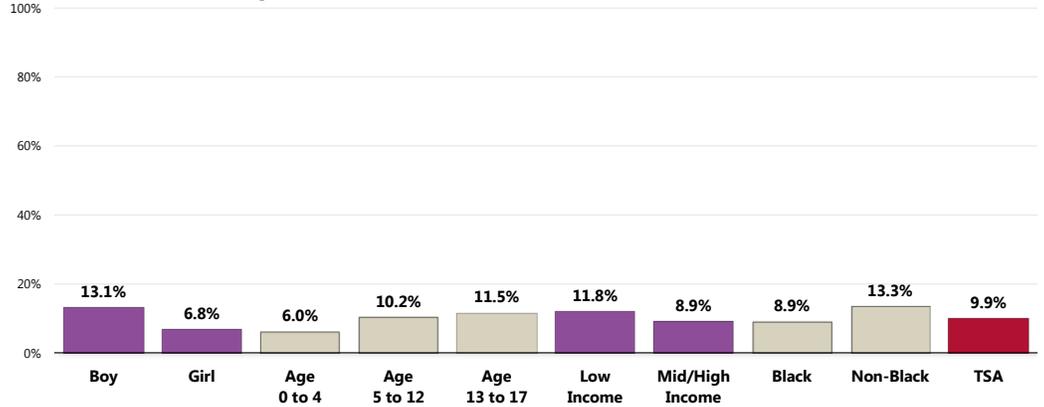## Insurance Coverage at Some Point in the Past Year
(Among Parents of Insured Children; Total Service Area, 2013)

Total Service Area	United States
9.9%	6.7%
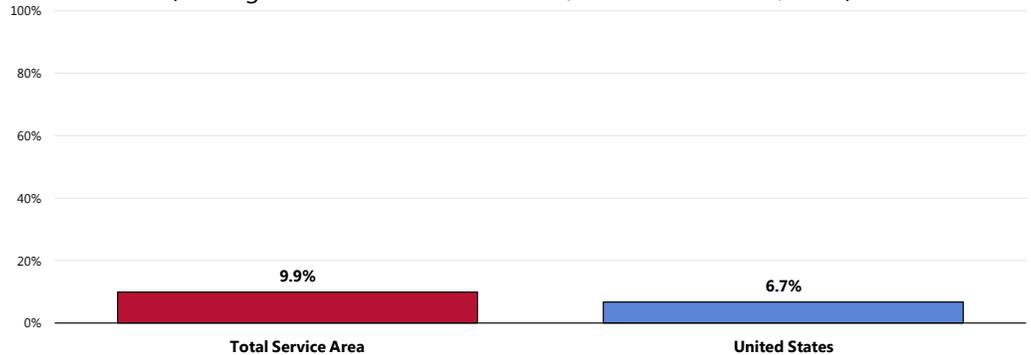
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 110]
• 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents for whom the randomly selected child in the household currently has some type of health insurance coverage.

Boys in the area are statistically more likely to have been without healthcare insurance coverage in the past year (even though covered now).

Child Was Without Healthcare
Insurance Coverage at Some Point in the Past Year

(Among Parents of Insured Children; Total Service Area, 2013)

Category	Value
Boy	13.1%
Girl	6.8%
Age 0 to 4	6.0%
Age 5 to 12	10.2%
Age 13 to 17	11.5%
Low Income	11.8%
Mid/High Income	8.9%
Black	8.9%
Non-Black	13.3%
TSA	9.9%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 110]
Notes: ● Asked of all respondents for whom the randomly selected child in the household currently has some type of health insurance coverage.
             ● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "Black" reflects non-Hispanic Black respondents).
             ● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households
               with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Difficulties Accessing Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.
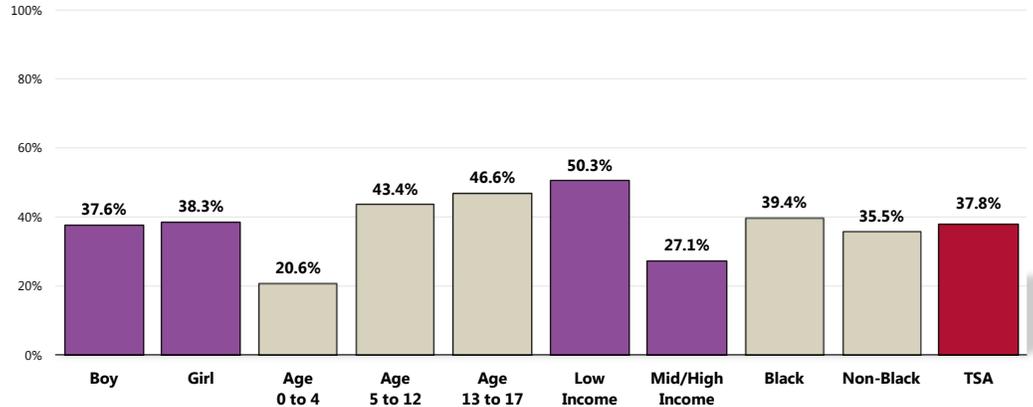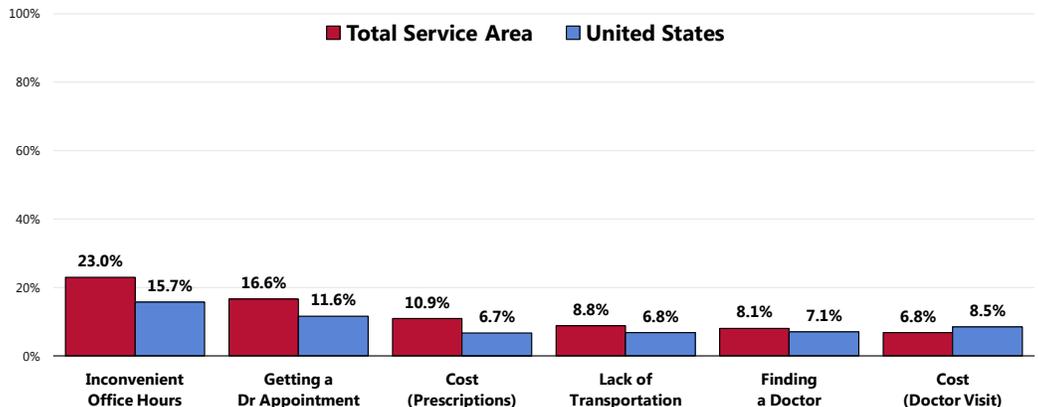
Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

– Healthy People 2020 (www.healthypeople.gov)

A total of 37.8% of Total Service Area parents report some type of difficulty or delay in obtaining healthcare services for their child in the past year.

- Worse than national findings.

Experienced Difficulties or Delays of Some Kind in Receiving Child's Needed Healthcare in the Past Year

	Total Service Area	United States
	37.8%	30.3%
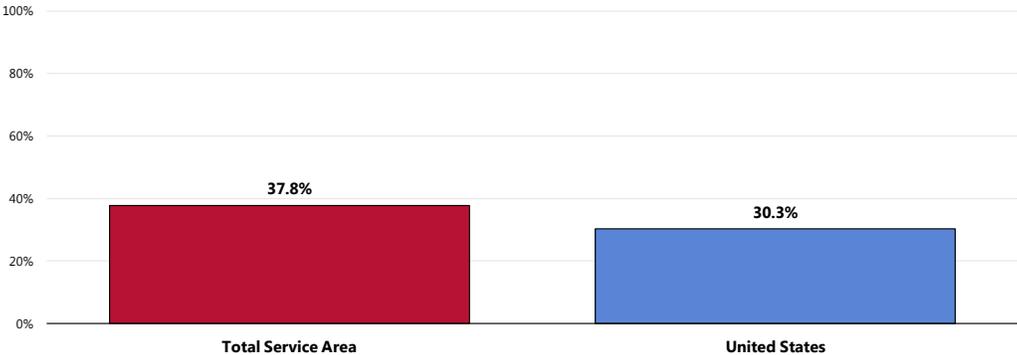
Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 162]
Notes: ● Asked of all respondents.
● Represents the percentage of respondents experiencing one or more barriers to accessing their child's healthcare in the past 12 months.

Note that the following demographic groups more often report difficulties accessing their child's healthcare services:

- Parents of children age 5 and older.
- Residents in low-income households.

Experienced Difficulties or Delays of Some Kind in Receiving Child's Needed Healthcare in the Past Year

(Total Service Area, 2013)

Category	Percentage
Boy	37.6%
Girl	38.3%
Age 0 to 4	20.6%
Age 5 to 12	43.4%
Age 13 to 17	46.6%
Low Income	50.3%
Mid/High Income	27.1%
Black	39.4%
Non-Black	35.5%
TSA	37.8%

Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 162]
Notes: • Asked of all respondents.
• Represents the percentage of respondents experiencing one or more barriers to accessing their child's healthcare in the past 12 months.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "Black" reflects non-Hispanic Black respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Barriers to Healthcare Access

To better understand healthcare access barriers, parents were asked whether any of six types of barriers to access prevented their child from seeing a physician or obtaining a needed prescription in the past year.

These percentages reflect the total population of children age 0-17, regardless of whether medical care was needed or sought.

Of the tested barriers, <u>inconvenient office hours</u> impacted the greatest share of Total Service Area families (23.0% of parents say that inconvenient office hours prevented them from taking a child for medical care in the past year).

- The proportion of Total Service Area families impacted was statistically worse than found nationally for difficulty getting an **appointment**, inconvenient office **hours**, and **cost** as a barrier to children's prescription medication.

Barriers to Access Have Prevented Medical Care in the Past Year

■ Total Service Area ■ United States

Barrier	Total Service Area	United States
Inconvenient Office Hours	23.0%	15.7%
Getting a Dr Appointment	16.6%	11.6%
Cost (Prescriptions)	10.9%	6.7%
Lack of Transportation	8.8%	6.8%
Finding a Doctor	8.1%	7.1%
Cost (Doctor Visit)	6.8%	8.5%

Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 13-18]
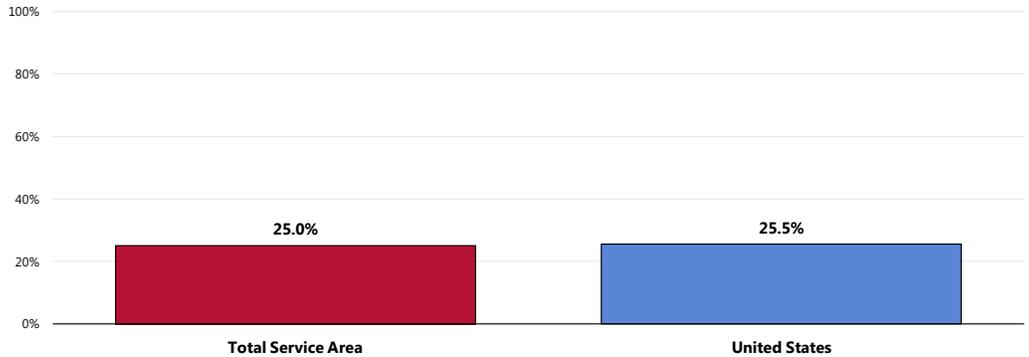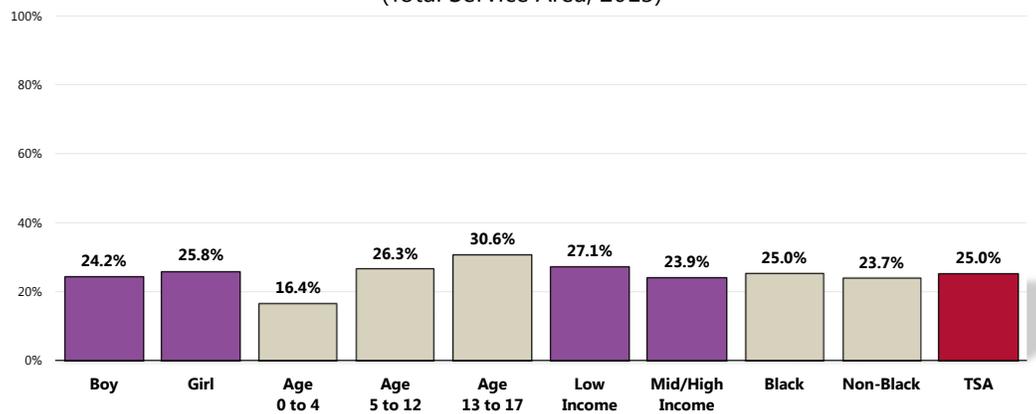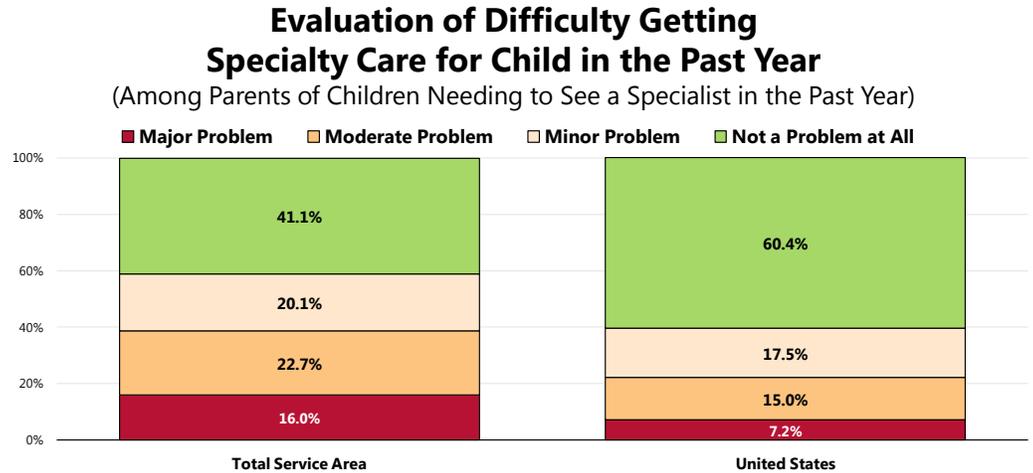• 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

Access to Specialty Care

A total of 25.0% of Total Service Area parents say that they or their child's physician felt at some point in the past year that their child needed to see a specialist.

● Similar to national findings.

Child Has Needed to See a Specialist in the Past Year

Total Service Area	United States
25.0%	25.5%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 23]
Notes: ● Asked of all respondents.
● Represents the percentage of respondents experiencing one or more barriers to accessing their child's healthcare in the past 12 months.

👫 Note that the prevalence of children needing to see specialists increases with age in the Total Service Area.

Child Has Needed to See a Specialist in the Past Year
(Total Service Area, 2013)

Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Low Income	Mid/High Income	Black	Non-Black	TSA
24.2%	25.8%	16.4%	26.3%	30.6%	27.1%	23.9%	25.0%	23.7%	25.0%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 23]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "Black" reflects non-Hispanic Black respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Just over 4 in 10 Total Service Area parents needing specialty care for their child in the past year (41.1%) report that it was "no problem at all" getting the care they needed.

However, 38.7% characterized their child's access to specialists as a "major" or "moderate" problem.

● Much higher than the US prevalence.

Evaluation of Difficulty Getting Specialty Care for Child in the Past Year
(Among Parents of Children Needing to See a Specialist in the Past Year)

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 24]
● 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of respondents for whom the randomly selected child in the household has needed to see a specialist in the past year.

Primary Care Services

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider

- Good patient-provider communication

- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

‒ Healthy People 2020 (www.healthypeople.gov)

Usual Source Care

Most Total Service Area children (85.2%) are determined to have a usual source of ongoing care, such as a specific doctor's office or clinic they regularly use.

- Lower than the national prevalence.

- Fails to satisfy the Healthy People 2010 objective of 100%.

Have a Usual Source for Child's Ongoing Medical Care
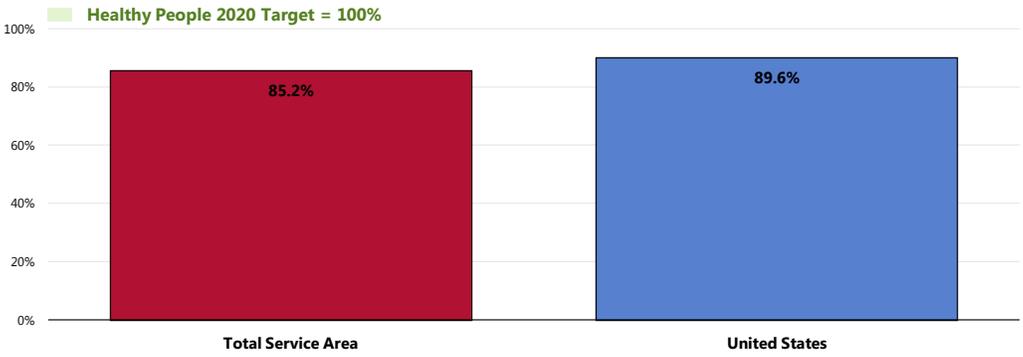
Healthy People 2020 Target = 100%

Total Service Area	85.2%
United States	89.6%

Sources:
- 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 155]
- 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.2]
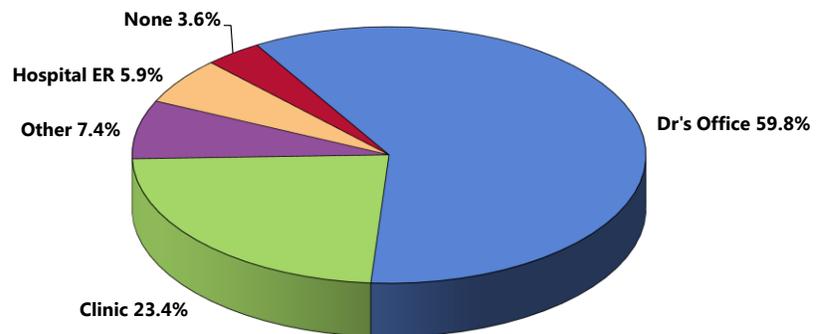
Notes:
- Asked of all respondents.

Note that the following children are <u>less</u> likely to have a usual source of care:

- Children age 5 and older.

- Children in low-income households.

Have a Usual Source for Child's Ongoing Medical Care
(Total Service Area, 2013)
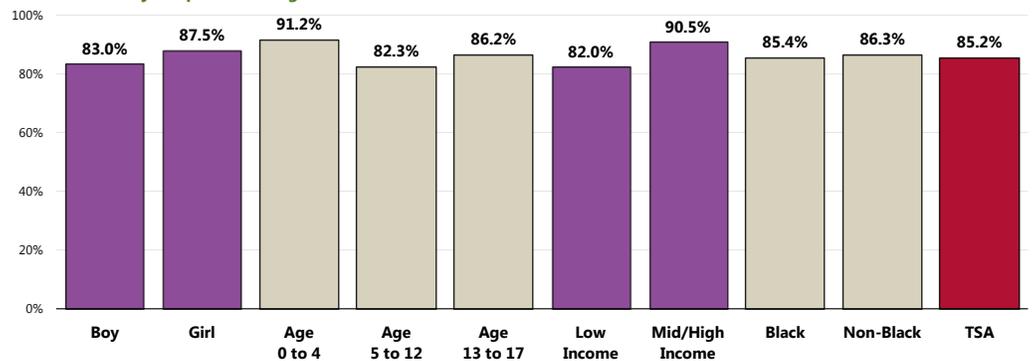
Healthy People 2020 Target = 100%

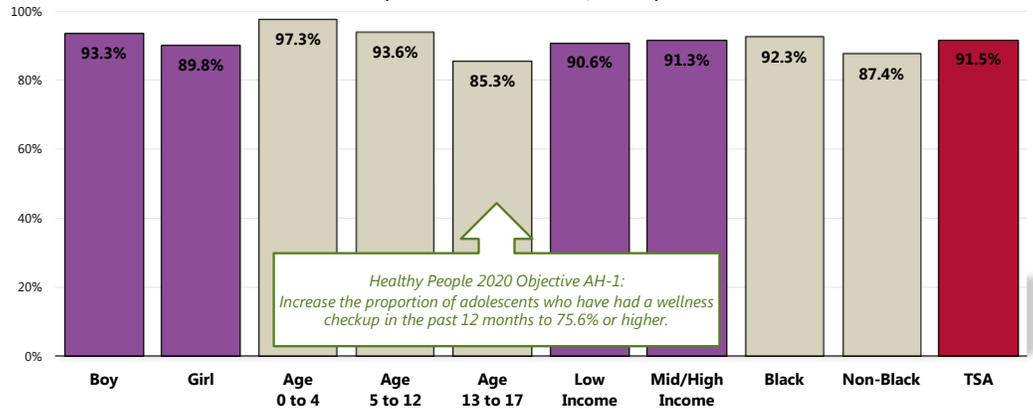| Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Low Income	Mid/High Income	Black	Non-Black	TSA
83.0%	87.5%	91.2%	82.3%	86.2%	82.0%	90.5%	85.4%	86.3%	85.2%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 155]
● 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.2]
Notes: ● Asked of all respondents.
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

When asked where they usually go if their child were sick or they needed advice about his/her health, the greatest share of respondents (59.8%) identified a particular **doctor's office**.

Particular Place Utilized for Child's Medical Care
(Total Service Area, 2013)

None 3.6%
Hospital ER 5.9%
Other 7.4%
Dr's Office 59.8%
Clinic 23.4%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 20-21]
Notes: ● Asked of all respondents.

Receipt of Routine Medical Care

Most Total Service Area children (91.5%) have seen a doctor for a routine checkup, well-child checkup, or general physical exam in the past year (not counting an exam for a sports physical or visits for a specific injury, illness, or condition).

● Better than national findings.

Child Has Visited a Physician
for a Routine Checkup in the Past Year
(Total Service Area, 2013)

Bar chart:
- Total Service Area: 91.5%
- United States: 82.0%

👪 Receipt of routine care decreases with age in the Total Service Area.

👪 However, it appears that the finding among area adolescents age 13-17 satisfies the related age-specific Healthy People 2020 objective.

Child Has Visited a Physician
for a Routine Checkup in the Past Year
(Total Service Area, 2013)

Bar chart:
- Boy: 93.3%
- Girl: 89.8%
- Age 0 to 4: 97.3%
- Age 5 to 12: 93.6%
- Age 13 to 17: 85.3%
- Low Income: 90.6%
- Mid/High Income: 91.3%
- Black: 92.3%
- Non-Black: 87.4%
- TSA: 91.5%

Healthy People 2020 Objective AH-1:
Increase the proportion of adolescents who have had a wellness checkup in the past 12 months to 75.6% or higher.

Dental Care

The health of the mouth and surrounding craniofacial (skull and face) structures is central to a person's overall health and well-being. Oral and craniofacial diseases and conditions include: dental caries (tooth decay); periodontal (gum) diseases; cleft lip and palate; oral and facial pain; and oral and pharyngeal (mouth and throat) cancers.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include:

- Tobacco use
- Excessive alcohol use
- Poor dietary choices

Barriers that can limit a person's use of preventive interventions and treatments include:

- Limited access to and availability of dental services
- Lack of awareness of the need for care
- Cost
- Fear of dental procedures

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Community water fluoridation and school-based dental sealant programs are 2 leading evidence-based interventions to prevent tooth decay.

Major improvements have occurred in the nation's oral health, but some challenges remain and new concerns have emerged. One important emerging oral health issue is the increase of tooth decay in preschool children. A recent CDC publication reported that, over the past decade, dental caries (tooth decay) in children ages 2 to 5 have increased.

Lack of access to dental care for all ages remains a public health challenge. This issue was highlighted in a 2008 Government Accountability Office (GAO) report that described difficulties in accessing dental care for low-income children. In addition, the Institute of Medicine (IOM) has convened an expert panel to evaluate factors that influence access to dental care.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.
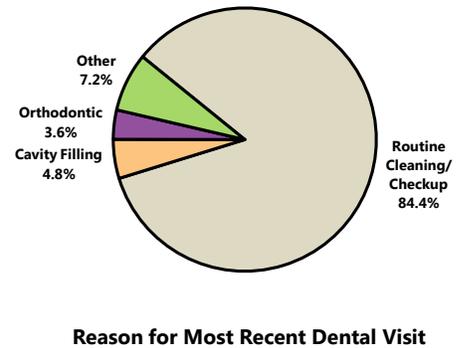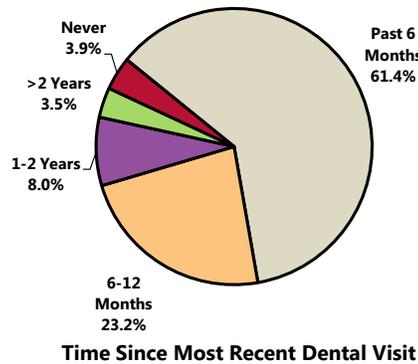
– Healthy People 2020 (www.healthypeople.gov)

Most Total Service Area children age 2-17 (61.4%) have received dental care (for any reason) **in the past 6 months.**

- Asked to specify the reason for their child's most recent dental visit, 84.4% of parents mentioned a **routine cleaning or checkup**, while 4.8% had a **cavity filled** and 3.6% specified an **orthodontic** appointment.

Characteristics of Child's Most Recent Dental Visit
(Total Service Area Children 2-17, 2013)

Never 3.9%
>2 Years 3.5%
1-2 Years 8.0%
6-12 Months 23.2%
Past 6 Months 61.4%

Time Since Most Recent Dental Visit

Other 7.2%
Orthodontic 3.6%
Cavity Filling 4.8%
Routine Cleaning/ Checkup 84.4%

Reason for Most Recent Dental Visit

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 38-39]
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

The vast majority (84.6%) of Total Service Area children (age 2-17) **visited a dentist or dental clinic at some point in the past year.**

- Similar to national findings.

- Easily satisfies the Healthy People 2020 target (49% or higher).

Child Has Visited a Dentist or Dental Clinic Within the Past Year
(Among Parents of Children Age 2-17; Total Service Area, 2013)

Healthy People 2020 Target = 49.0% or Higher

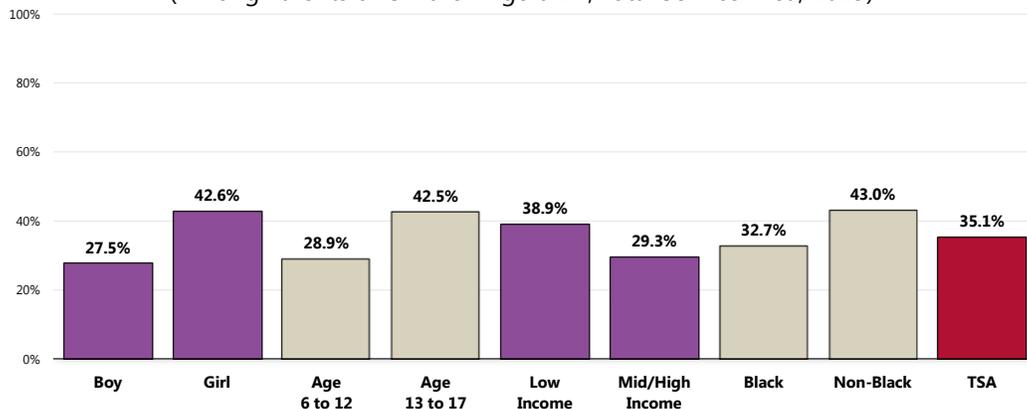| Total Service Area	United States
84.6%	85.9%
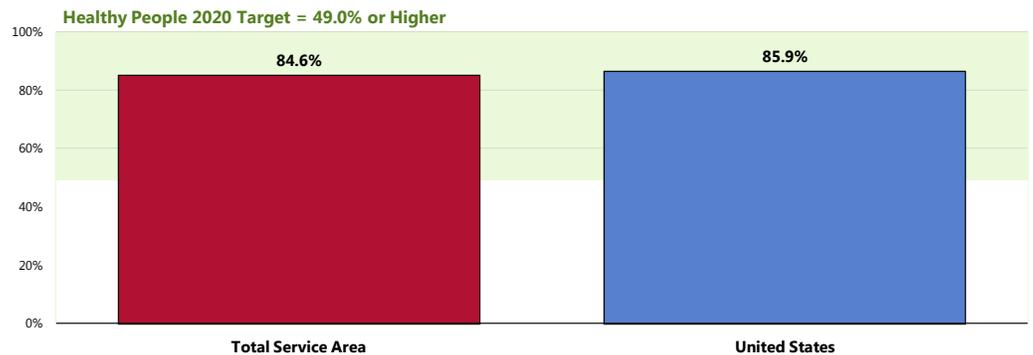
Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 38]
● 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]
Notes: ● Asked of respondents for whom the randomly selected child in the household is between the ages of 2 and 17.

👪 As may be expected, regular dental care is statistically low among very young children (those age 2 to 4).

Child Has Visited a Dentist or Dental Clinic Within the Past Year

(Among Parents of Children Age 2-17; Total Service Area, 2013)

Healthy People 2020 Target = 49.0% or Higher

Boy	Girl	Age 2 to 4	Age 5 to 12	Age 13 to 17	Low Income	Mid/High Income	Black	Non-Black	TSA
82.1%	86.9%	74.1%	87.4%	85.4%	81.6%	87.5%	84.3%	84.8%	84.6%
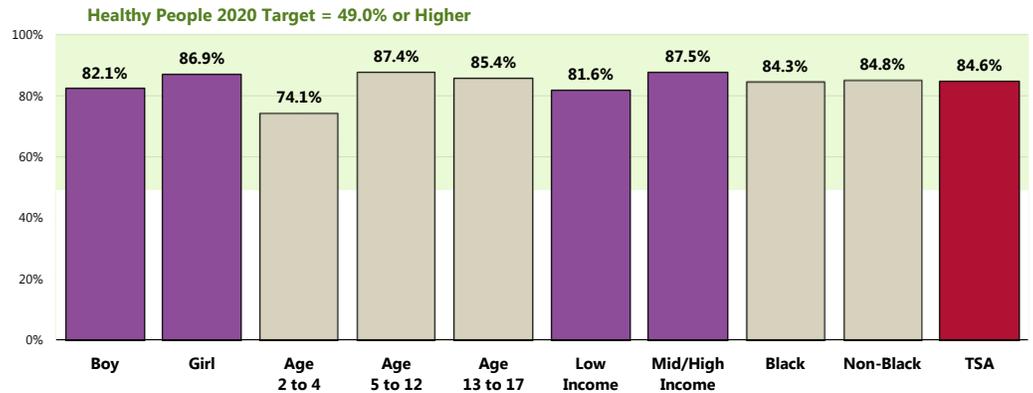
Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 38]
• US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]
Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 2 and 17.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "Black" reflects non-Hispanic Black respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Dental Sealants

More than one-third of Total Service Area parents (35.1%) indicate that their child (age 6-17) has received sealants on his or her permanent molars.

● Lower than the US prevalence.

Child Has Had Dental Sealants on Permanent Molars
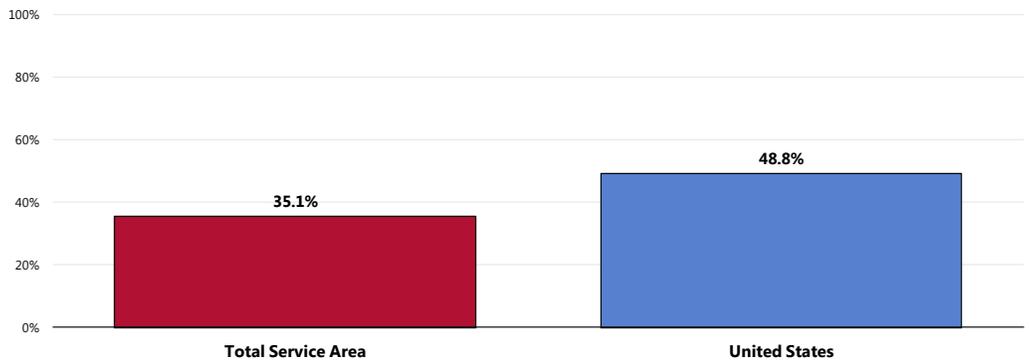
(Among Parents of Children Age 6-17)

Total Service Area	United States
35.1%	48.8%

Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 40]
• 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of respondents for whom the randomly selected child in the household is between the ages of 6 and 17.

👪 Sealants are less likely among boys, younger children, those in upper-income households, and Blacks.

Child Has Had Dental Sealants on Permanent Molars
(Among Parents of Children Age 6-17; Total Service Area, 2013)

Category	Percentage
Boy	27.5%
Girl	42.6%
Age 6 to 12	28.9%
Age 13 to 17	42.5%
Low Income	38.9%
Mid/High Income	29.3%
Black	32.7%
Non-Black	43.0%
TSA	35.1%

Vision & Hearing

Vision Care

RELATED ISSUE:
See also *Vision Problems* and *Hearing Problems* in the **Prevalence of Selected Medical Conditions** section of this report.

Note the following frequency of eye exams among Total Service Area children; as shown, 9.4% of Total Service Area children have never had an eye exam.

Child's Most Recent Eye Exam
(Total Service Area, 2013)
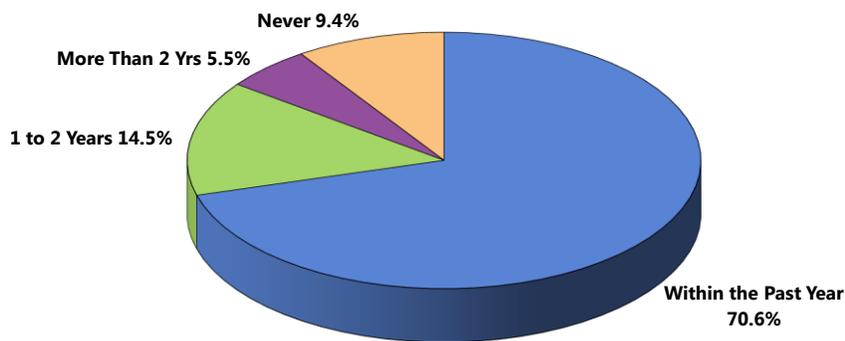
- Never 9.4%
- More Than 2 Yrs 5.5%
- 1 to 2 Years 14.5%
- Within the Past Year 70.6%

On the other hand, a total of 89.3% of Total Service Area parents indicate that their child has had an eye exam within the past three years.

- Higher than the national figure.

Child Has Had an Eye Exam in the Past Three Years
(Total Service Area, 2013)
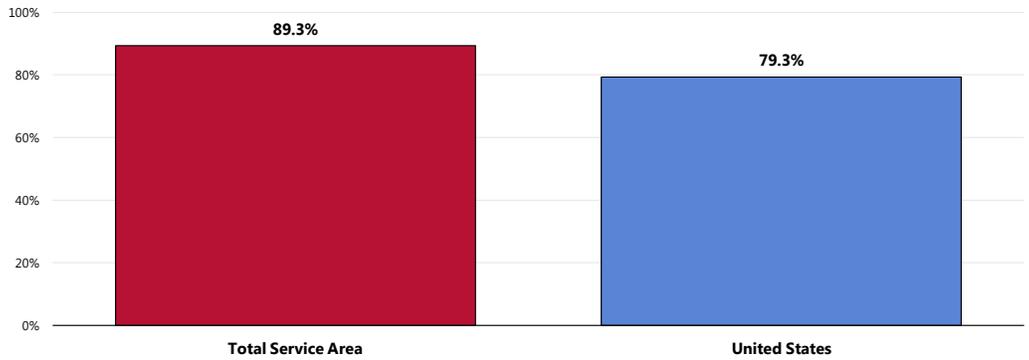
Total Service Area: 89.3%
United States: 79.3%

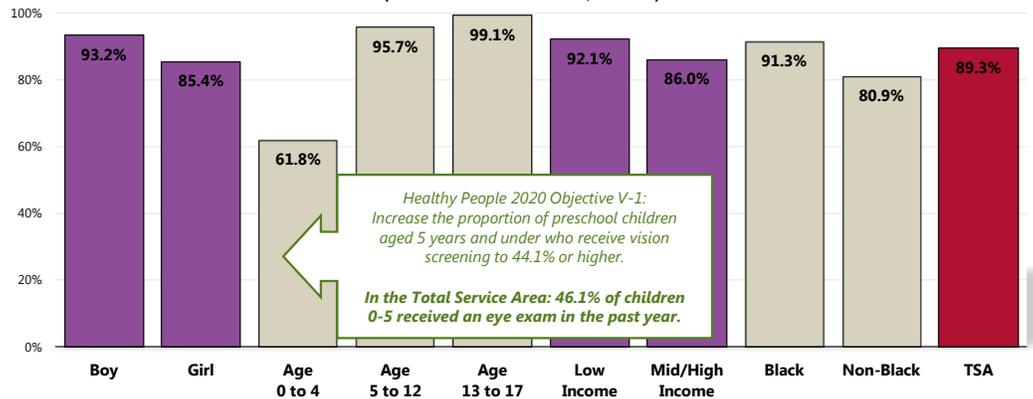Recent eye exams (within the past three years) are lower among:

👪 Girls.

👪 Children age 0 to 4.

👪 Non-Blacks.

👪 Note that Total Service Area young children (age 0-5) appear to satisfy the Healthy People 2020 objective established for preschool-age children.

Child Has Had an Eye Exam in the Past Three Years
(Total Service Area, 2013)

Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Low Income	Mid/High Income	Black	Non-Black	TSA
93.2%	85.4%	61.8%	95.7%	99.1%	92.1%	86.0%	91.3%	80.9%	89.3%

Healthy People 2020 Objective V-1: Increase the proportion of preschool children aged 5 years and under who receive vision screening to 44.1% or higher.

In the Total Service Area: 46.1% of children 0-5 received an eye exam in the past year.

Hearing Testing

Note that 4.9% of Total Service Area parents indicate that their child has never had a hearing test.

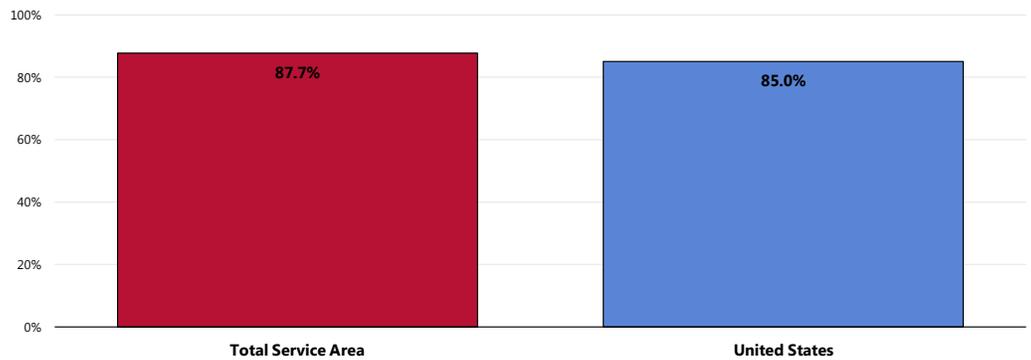# Child's Most Recent Hearing Test

(Total Service Area, 2013)
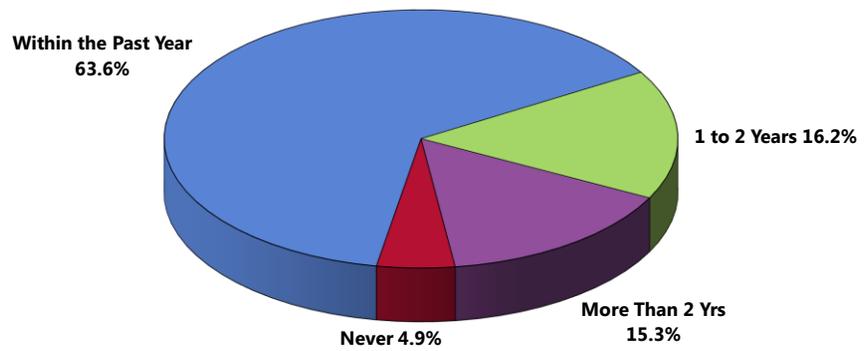
Within the Past Year
63.6%

1 to 2 Years 16.2%

More Than 2 Yrs
15.3%

Never 4.9%

On the other hand, 87.7% of Total Service Area children have had a hearing test within the past five years.

● Comparable to national findings.
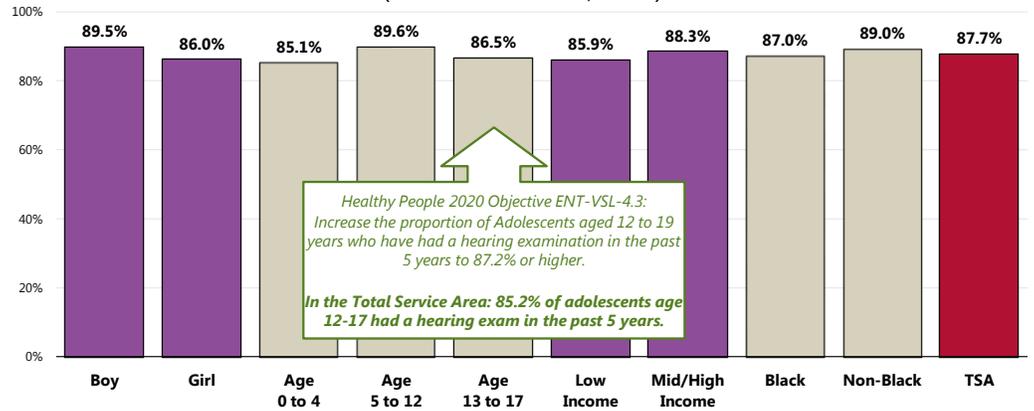
Child Has Had a Hearing Exam in the Past Five Years

(Total Service Area, 2013)

	Total Service Area	United States
	87.7%	85.0%

● No difference when viewed by demographic characteristics.

● Note that Total Service Area adolescents (age 12-17) appear to satisfy the age-specific Healthy People 2020 objective.

Child Has Had a Hearing Exam in the Past Five Years
## (Total Service Area, 2013)

89.5%	86.0%	85.1%	89.6%	86.5%	85.9%	88.3%	87.0%	89.0%	87.7%
Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Low Income	Mid/High Income	Black	Non-Black	TSA

Healthy People 2020 Objective ENT-VSL-4.3:
Increase the proportion of Adolescents aged 12 to 19 years who have had a hearing examination in the past 5 years to 87.2% or higher.

In the Total Service Area: 85.2% of adolescents age 12-17 had a hearing exam in the past 5 years.

Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 33]
  • US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective ENT-VSL-4.3]
Notes: • Asked of all respondents.
  • Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "Black" reflects non-Hispanic Black respondents).
  • Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Emergency Room Services

A total of 14.6% of Total Service Area children have gone to a hospital emergency room two or more times in the past year.

- Higher than national findings.

Child Has Used a Hospital Emergency Room Two or More Times in the Past Year
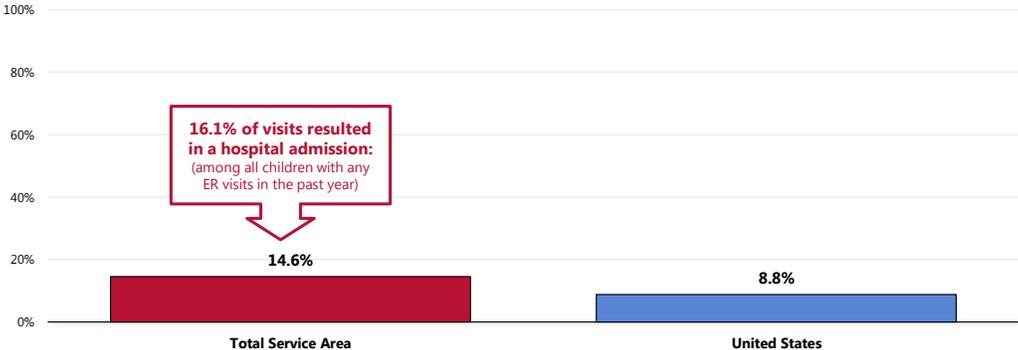
16.1% of visits resulted in a hospital admission: (among all children with any ER visits in the past year)

Total Service Area	14.6%
United States	8.8%

Among all children with an emergency room visit in the past year, 16.1% had an ER visit that resulted in a hospital admission.

Viewed by demographic characteristics, children more likely to have had multiple ER visits in the past year include:

- Children in low-income households.
- Black children.

Child Has Used a Hospital Emergency Room Two or More Times in the Past Year
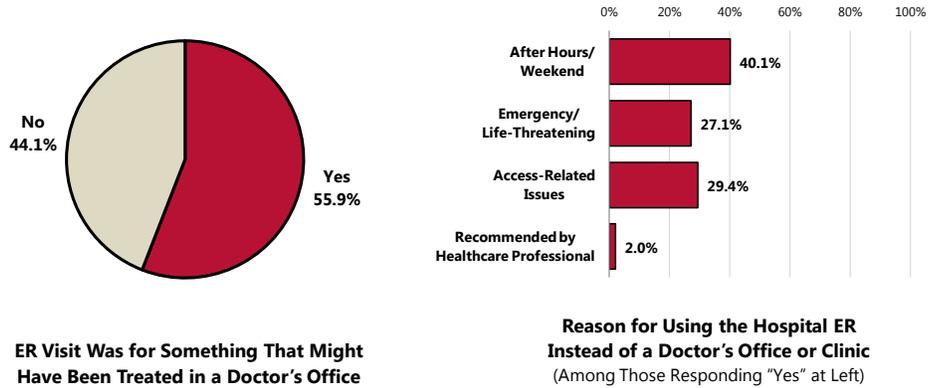### (Total Service Area, 2013)

Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Low Income	Mid/High Income	Black	Non-Black	TSA
17.4%	11.8%	19.2%	12.0%	15.0%	18.4%	7.7%	14.9%	6.8%	14.6%

Note that over one-half (55.9%) of parents whose child received emergency room care in the past year acknowledge that the injury or illness might have been treatable in a doctor's office or clinic. Most (40.1%) of these parents say, however, that they used the ER because the occasion was **after hours** (or on the weekend). Another 27.1% stated that it was a true **emergency/life-threatening** situation; however, 29.4% offered reasons suggesting **poor access** to regular primary care services.

Emergency Room Visits
(Among Parents of Children With Any ER Visits in Past Year; Total Service Area, 2013)

ER Visit Was for Something That Might Have Been Treated in a Doctor's Office

- No 44.1%
- Yes 55.9%

Reason for Using the Hospital ER Instead of a Doctor's Office or Clinic
(Among Those Responding "Yes" at Left)

Reason	Percent
After Hours/Weekend	40.1%
Emergency/Life-Threatening	27.1%
Access-Related Issues	29.4%
Recommended by Healthcare Professional	2.0%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 36-37]
Notes: ● Asked of respondents for whom the randomly selected child in the household has visited a hospital emergency room in the past year.

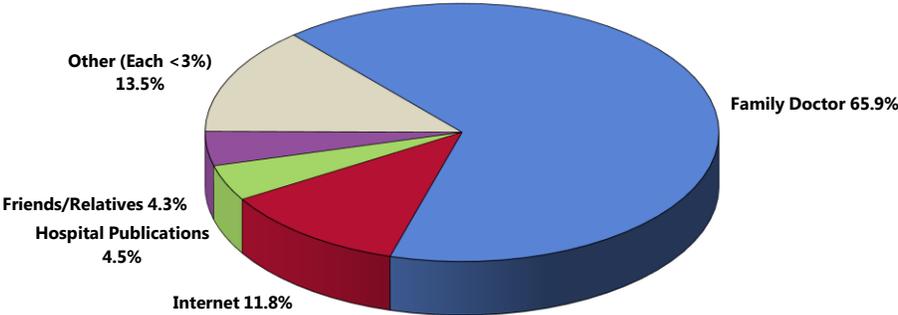# HEALTH EDUCATION & OUTREACH

Health Education
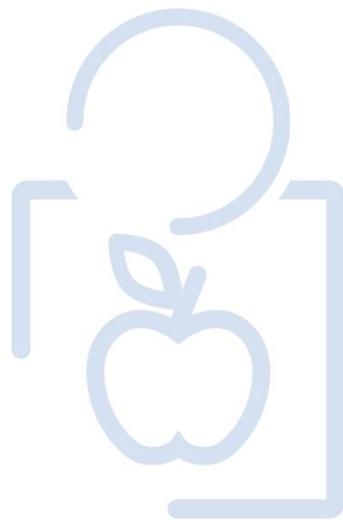
Healthcare Information Sources

"Where do you get most of your healthcare information for this child?"

Family physicians and the Internet are residents' primary sources of healthcare information for their child.

- Nearly two-thirds (65.9%) of Total Service Area respondents cited their **family physician** as their primary source of healthcare information for their child.

Primary Source of Healthcare Information for Child
(Total Service Area, 2013)

Other (Each <3%) 13.5%
Family Doctor 65.9%
Friends/Relatives 4.3%
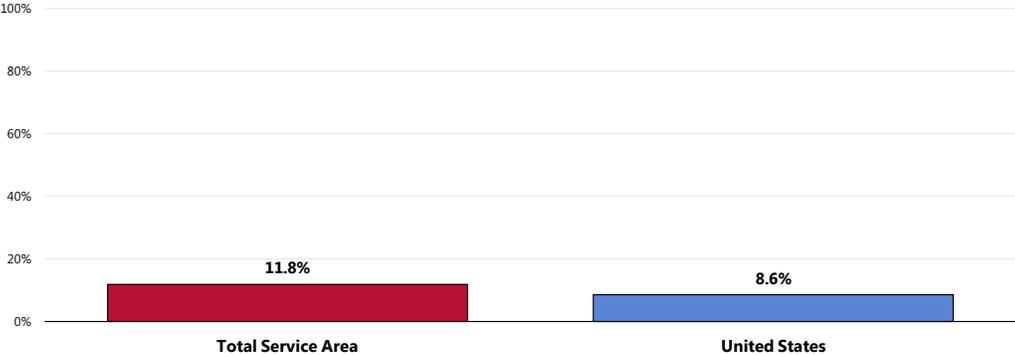Hospital Publications 4.5%
Internet 11.8%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 127]
Notes: ● Asked of all respondents.

Internet

Note that 11.8% of Total Service Area parents identified the Internet as their primary source of healthcare information for children (second-highest response).
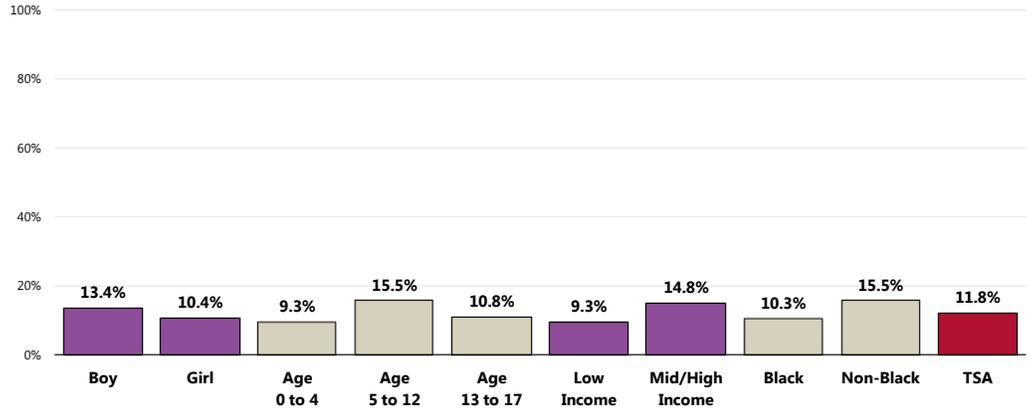
- Statistically similar to national findings.

Internet Is Primary Source of Healthcare Information

	Total Service Area	United States
	11.8%	8.6%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 127]
 ● 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

👪 Reliance on the Internet for children's healthcare information does not vary significantly by children's key demographic characteristics.

Internet Is Primary Source of Healthcare Information
(Total Service Area, 2013)

	Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Low Income	Mid/High Income	Black	Non-Black	TSA
Value	13.4%	10.4%	9.3%	15.5%	10.8%	9.3%	14.8%	10.3%	15.5%	11.8%

Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 127]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "Black" reflects non-Hispanic Black respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

In all, 96.7% of Total Service Area parents have access to the Internet.

● Higher than the national percentage.

Have Access to the Internet
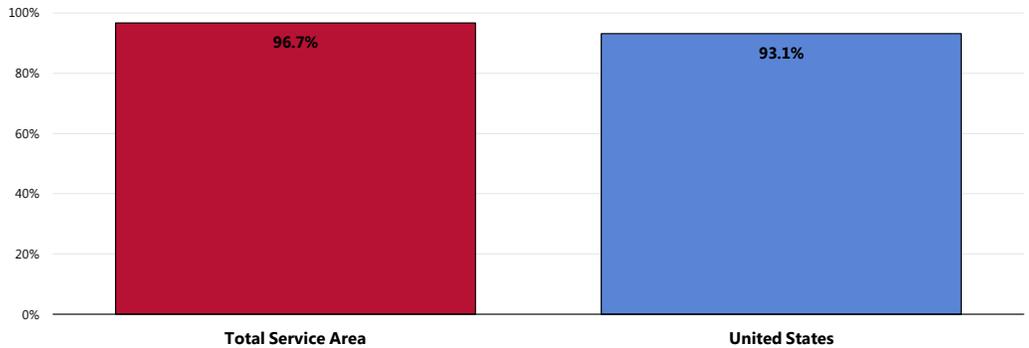
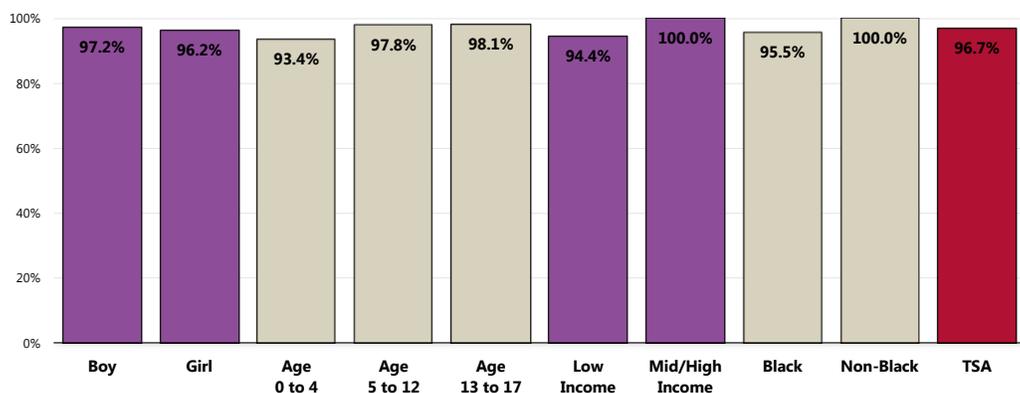| Total Service Area	United States
96.7%	93.1%

Sources: • 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Items 135]
• 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: • Asked of all respondents.

👪 Internet access is less prevalent in low-income households and among Black respondents.

Have Access to the Internet
(Total Service Area, 2013)

	Boy	Girl	Age 0 to 4	Age 5 to 12	Age 13 to 17	Low Income	Mid/High Income	Black	Non-Black	TSA
%	97.2%	96.2%	93.4%	97.8%	98.1%	94.4%	100.0%	95.5%	100.0%	96.7%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 135]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "Black" reflects non-Hispanic Black respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Smartphones

Note that 30.4% of Total Service Area <u>children</u> have a smartphone, or a phone that can access the internet.
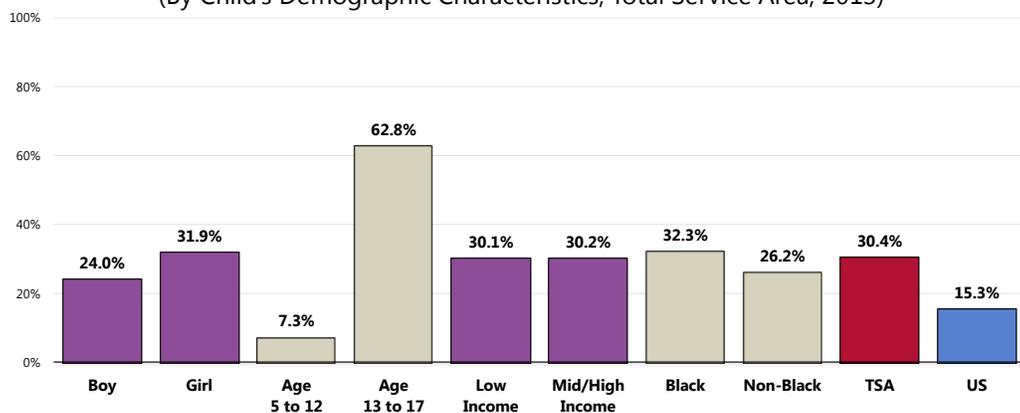
- Twice that reported nationally

Statistically high among:

- Teens.

Child Has a Smartphone
(By Child's Demographic Characteristics; Total Service Area, 2013)

	Boy	Girl	Age 5 to 12	Age 13 to 17	Low Income	Mid/High Income	Black	Non-Black	TSA	US
%	24.0%	31.9%	7.3%	62.8%	30.1%	30.2%	32.3%	26.2%	30.4%	15.3%

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 137-138]
● 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents about a randomly-selected child age 5-17.
● A "smartphone" is a phone that can access the Internet.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "Black" reflects non-Hispanic Black respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among Total Service Area survey respondents, 37.1% are aware of parenting education programs offered in the community.
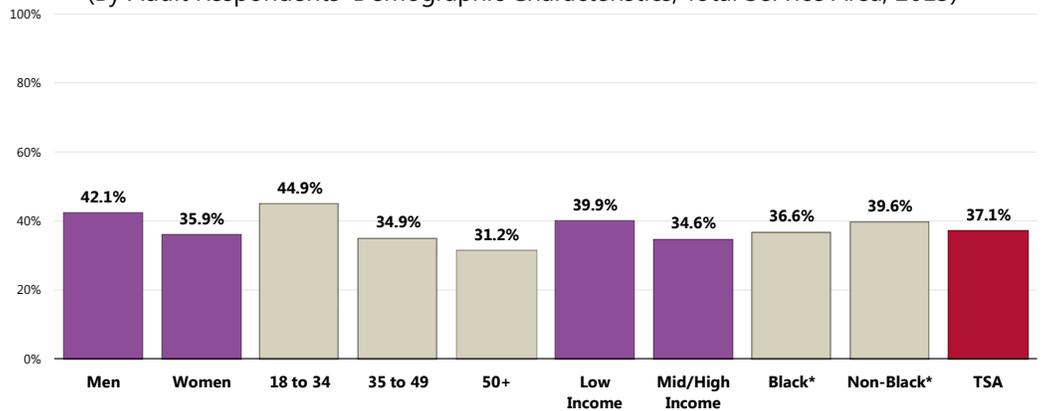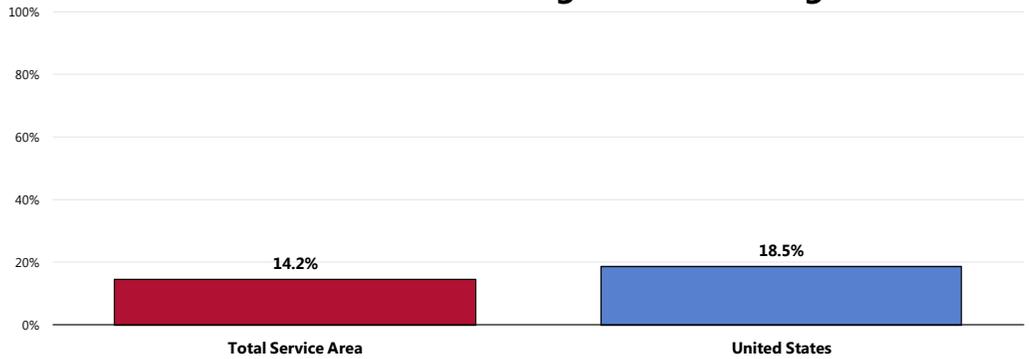
- Notably lower than found nationally.

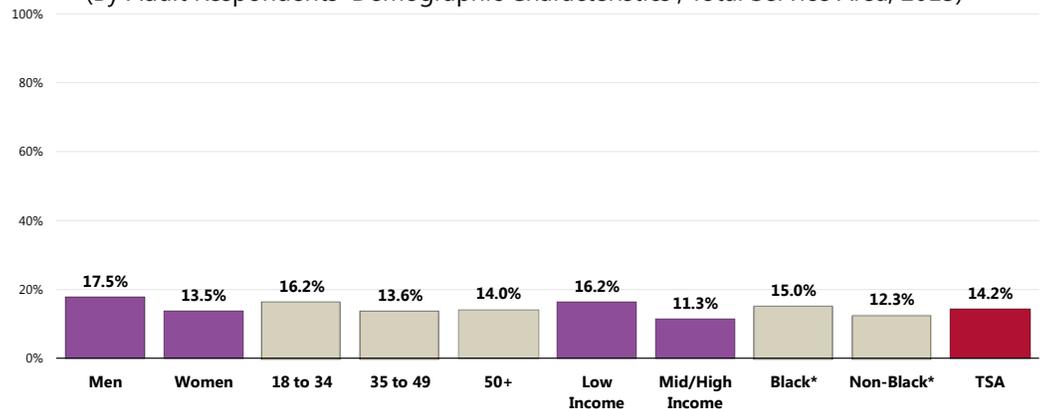### Aware of Local Parenting Education Programs
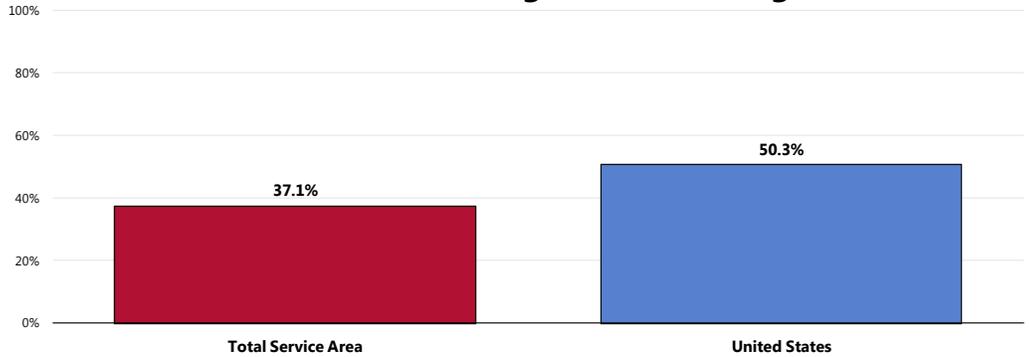
Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 128]
● 2012 PRC National Child & Adolescent Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

No statistical difference by demographic characteristics.

Aware of Local Parenting Education Programs
(By Adult Respondents' Demographic Characteristics; Total Service Area, 2013)

Sources: ● 2013 PRC Child & Adolescent Health Survey, Professional Research Consultants, Inc. [Item 128]
Notes: ● Asked of all respondents.
● *Race reflects that of the child, not the respondent. Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "Black" reflects non-Hispanic Black respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Further, 14.2% of all local parents have <u>used</u> a local parenting education program.

- Comparable to national findings.

Have Used a Local Parenting Education Program

	Total Service Area	United States
	14.2%	18.5%

👪 No difference by demographic breakout.

Have Used a Local Parenting Education Program
(By Adult Respondents' Demographic Characteristics ; Total Service Area, 2013)

Men	Women	18 to 34	35 to 49	50+	Low Income	Mid/High Income	Black*	Non-Black*	TSA
17.5%	13.5%	16.2%	13.6%	14.0%	16.2%	11.3%	15.0%	12.3%	14.2%