CHAPTER 10

Early and Middle Childhood (EMC)

Lead Agencies
Administration for Children and Families
Centers for Disease Control and Prevention
Health Resources and Services Administration

Contents
Goal 10–2
Status of Objectives 10–2
Figure 10–1. Midcourse Status of the Early and Middle Childhood Objectives 10–2
Selected Findings 10–2
More Information 10–3
Footnotes 10–3
Suggested Citation 10–4
Table 10–1. Early and Middle Childhood Objectives 10–5
Table 10–2. Midcourse Progress for Measurable Early and Middle Childhood Objectives 10–8
Table 10–3. Midcourse Health Disparities for Population-based Early and Middle Childhood Objectives 10–10
**Goal:** Document and track population-based measures of health and well-being for early and middle childhood populations over time in the United States.

This chapter includes objectives that monitor positive parenting and school health education standards. The Reader’s Guide provides a step-by-step explanation of the content of this chapter, including criteria for highlighting objectives in the Selected Findings.

**Status of Objectives**

**Figure 10–1. Midcourse Status of the Early and Middle Childhood Objectives**

Of the 19 objectives in the Early and Middle Childhood Topic Area, 2 objectives were archived, 4 were developmental, and 13 were measurable (Figure 10–1, Table 10–1). The midcourse status of the measurable objectives (Table 10–2) was as follows:

- 1 objective was improving,
- 9 objectives had demonstrated little or no detectable change, and
- 3 objectives had gotten worse.

**Selected Findings**

**Positive Parenting**

Two of the three objectives monitoring positive parenting activities demonstrated little or no detectable change, and one objective had improved at midcourse.

- There was little or no detectable change in the proportion of children aged 6–17 who could share ideas with their parents and talk with them about things that mattered (Table 10–2, EMC-2.2: 69.8% in 2007; 70.4% in 2011–2012).

  » In 2011–2012, there were statistically significant disparities by sex, family income, and special healthcare needs status in the proportion of children aged 6–17 who could share ideas with their parents and talk with them about things that mattered (EMC-2.2). Disparities by race and ethnicity, geographic location, and health insurance status were not statistically significant (Table 10–3).

- There was little or no detectable change in the proportion of children aged 0–5 whose family read to them every day (Table 10–2, EMC-2.3: 47.8% in 2007; 47.9% in 2011–2012).

  » The proportion of children aged 0–5 whose family read to them daily varied by state (Map 10–1, EMC-2.3). In 2011–2012, 22 states and the District of Columbia had achieved the national target.
In 2011–2012, there were statistically significant disparities by race and ethnicity, family income, health insurance status, and special healthcare needs status in the proportion of children aged 0–5 whose family read to them daily (EMC-2.3). Disparities by sex and geographic location were not statistically significant (Table 10–3).

The proportion of children aged 0–5 whose doctor had asked their parents about concerns regarding the child’s development (EMC-2.4) increased from 48.0% in 2007 to 51.8% in 2011–2012, moving toward its 2020 target (Table 10–2).

The proportion of children aged 0–5 whose doctor had asked their parents about concerns regarding the child’s development varied by state (Map 10–2, EMC-2.4). Twenty-seven states had achieved the national target in 2011–2012.

In 2011–2012, there were statistically significant disparities by race and ethnicity, family income, health insurance status, and special healthcare needs status in the proportion of children aged 0–5 whose doctor asked their parents about concerns regarding the child’s development (EMC-2.4). Disparities by sex and geographic location were not statistically significant (Table 10–3).

School Health Education Standards

Seven of the 10 objectives monitoring school health education standards demonstrated little or no detectable change, while 3 objectives had worsened at midcourse.

Between 2006 and 2014, the proportion of elementary schools requiring that cumulative health education instruction meet the U.S. National Health Education Standards (EMC-4.3.1) decreased from 7.5% to 1.7%; and the proportion of middle schools requiring that cumulative health education instruction meet the U.S. National Health Education Standards (EMC-4.3.2) declined from 10.3% to 4.2%, moving away from their respective baselines and 2020 targets (Table 10–2).

Between 2006 and 2014, the proportion of health education classes taught by an instructor who had received professional development within the past 2 years related to teaching skills for behavioral development (EMC-4.4) declined from 52.5% to 41.2%, moving away from the baseline and 2020 target (Table 10–2).

More Information

Readers interested in more detailed information about the objectives in this topic area are invited to visit the HealthyPeople.gov website, where extensive substantive and technical information is available:

- For the background and importance of the topic area, see: http://www.healthypeople.gov/2020/topics-objectives/topic/early-and-middle-childhood

- For data details for each objective, including definitions, numerators, denominators, calculations, and data limitations, see: http://www.healthypeople.gov/2020/topics-objectives/topic/early-and-middle-childhood/objectives

Select an objective, then click on the “Data Details” icon.

- For objective data by population group (e.g., sex, race and ethnicity, or family income), including rates, percentages, or counts for multiple years, see: http://www.healthypeople.gov/2020/topics-objectives/topic/early-and-middle-childhood/objectives

Select an objective, then click on the “Data2020” icon.

- Many other Healthy People objectives are related to the Early and Middle Childhood objectives. For a list, please see the Early and Middle Childhood objectives page: http://www.healthypeople.gov/2020/topics-objectives/topic/early-and-middle-childhood/objectives

Scroll down to view related objectives.

Data for the measurable objectives in this chapter were from the following data sources:

- National Survey of Children’s Health: http://childhealthdata.org/learn/NSCH


Footnotes

1 The Technical Notes provide more information on Healthy People 2020 statistical methods and issues.

2 Archived objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

3 Developmental objectives did not have a national baseline value.

4 Measurable objectives had a national baseline value.
Improving—One of the following, as specified in the Midcourse Progress Table:

» Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was statistically significant.

» Movement was toward the target, standard errors were not available, and the objective had achieved 10% or more of the targeted change.

Little or no detectable change—One of the following, as specified in the Midcourse Progress Table:

» Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was not statistically significant.

» Movement was toward the target, standard errors were not available, and the objective had achieved less than 10% of the targeted change.

» Movement was away from the baseline and target, standard errors were available, and the percentage change relative to the baseline was not statistically significant.

» Movement was away from the baseline and target, standard errors were not available, and the objective had moved less than 10% relative to the baseline.

» There was no change between the baseline and the midcourse data point.

Getting worse—One of the following, as specified in the Midcourse Progress Table:

» Movement was away from the baseline and target, standard errors were available, and the percentage change relative to the baseline was statistically significant.

» Movement was away from the baseline and target, standard errors were not available, and the objective had moved 10% or more relative to the baseline.

Suggested Citation

Table 10–1. Early and Middle Childhood Objectives

<table>
<thead>
<tr>
<th>Objective Number</th>
<th>Objective Statement</th>
<th>Data Sources</th>
<th>Midcourse Data Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMC-1</td>
<td><strong>(Developmental)</strong> Increase the proportion of children who are ready for school in all five domains of healthy development: physical development, social-emotional development, approaches to learning, language, and cognitive development</td>
<td><em>(Potential)</em> National Survey of Children’s Health (NSCH), HRSA/MCHB and CDC/NCHS</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>EMC-2.1</td>
<td><em>(Archived)</em> Increase the proportion of parents who report a close relationship with their child</td>
<td><em>(Potential)</em> National Survey of Adoptive Parents (NSAP), ASPE; National Survey of Children’s Health (NSCH), HRSA/MCHB and CDC/NCHS</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>EMC-2.2</td>
<td>Increase the proportion of parents who use positive communication with their child</td>
<td>National Survey of Children’s Health (NSCH), HRSA/MCHB and CDC/NCHS</td>
<td><img src="---" alt="Green" /> <img src="---" alt="Blue" /></td>
</tr>
<tr>
<td>EMC-2.3</td>
<td>Increase the proportion of parents who read to their young child</td>
<td>National Survey of Children’s Health (NSCH), HRSA/MCHB and CDC/NCHS</td>
<td><img src="---" alt="Green" /> <img src="---" alt="Red" /></td>
</tr>
<tr>
<td>EMC-2.4</td>
<td>Increase the proportion of parents who receive information from their doctors or other health care professionals when they have a concern about their children’s learning, development, or behavior</td>
<td>National Survey of Children’s Health (NSCH), HRSA/MCHB and CDC/NCHS</td>
<td><img src="---" alt="Green" /> <img src="---" alt="Red" /></td>
</tr>
<tr>
<td>EMC-2.5</td>
<td><em>(Archived)</em> Increase the proportion of parents with children under the age of 3 years whose doctors or other health care professionals talk with them about positive parenting practices</td>
<td></td>
<td>Not Applicable</td>
</tr>
<tr>
<td>EMC-3</td>
<td><em>(Developmental)</em> Reduce the proportion of children who have poor quality of sleep</td>
<td><em>(Potential)</em> National Survey of Children’s Health (NSCH), HRSA/MCHB and CDC/NCHS</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>EMC-4.1.1</td>
<td>Increase the proportion of elementary schools that require newly hired staff who teach required health education to have undergraduate or graduate training in health education</td>
<td>School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP</td>
<td><img src="---" alt="Green" /></td>
</tr>
<tr>
<td>EMC-4.1.2</td>
<td>Increase the proportion of middle schools that require newly hired staff who teach required health education to have undergraduate or graduate training in health education</td>
<td>School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP</td>
<td><img src="---" alt="Red" /></td>
</tr>
</tbody>
</table>
### Table 10–1. Early and Middle Childhood Objectives—Continued

**LEGEND**

- ![Light Green Icon](light_green_icon.png): Data for this objective are available in this chapter's Midcourse Progress Table.
- ![Yellow Icon](yellow_icon.png): Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.
- ![Green Icon](green_icon.png): A state or county level map for this objective is available at the end of the chapter.
- ![Red Icon](red_icon.png): Midcourse data availability is not applicable for developmental and archived objectives. Developmental objectives did not have a national baseline value. Archived objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

<table>
<thead>
<tr>
<th>Objective Number</th>
<th>Objective Statement</th>
<th>Data Sources</th>
<th>Midcourse Data Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMC-4.1.3</td>
<td>Increase the proportion of high schools that require newly hired staff who teach required health education to have undergraduate or graduate training in health education</td>
<td>School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP</td>
<td><img src="red_icon.png" alt="Red Icon" /></td>
</tr>
<tr>
<td>EMC-4.2.1</td>
<td>Increase the proportion of elementary schools that require newly hired staff who teach required health instruction to be certified, licensed, or endorsed by the State in health education</td>
<td>School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP</td>
<td><img src="red_icon.png" alt="Red Icon" /></td>
</tr>
<tr>
<td>EMC-4.2.2</td>
<td>Increase the proportion of middle schools that require newly hired staff who teach required health instruction to be certified, licensed, or endorsed by the State in health education</td>
<td>School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP</td>
<td><img src="red_icon.png" alt="Red Icon" /></td>
</tr>
<tr>
<td>EMC-4.2.3</td>
<td>Increase the proportion of high schools that require newly hired staff who teach required health instruction to be certified, licensed, or endorsed by the State in health education</td>
<td>School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP</td>
<td><img src="red_icon.png" alt="Red Icon" /></td>
</tr>
<tr>
<td>EMC-4.3.1</td>
<td>Increase the proportion of elementary schools that require cumulative instruction in health education that meet the US National Health Education Standards for elementary, middle, and senior high schools</td>
<td>School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP</td>
<td><img src="green_icon.png" alt="Green Icon" /></td>
</tr>
<tr>
<td>EMC-4.3.2</td>
<td>Increase the proportion of middle schools that require cumulative instruction in health education that meet the US National Health Education Standards for elementary, middle, and senior high schools</td>
<td>School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP</td>
<td><img src="green_icon.png" alt="Green Icon" /></td>
</tr>
<tr>
<td>EMC-4.3.3</td>
<td>Increase the proportion of high schools that require cumulative instruction in health education that meet the US National Health Education Standards for elementary, middle, and senior high schools</td>
<td>School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP</td>
<td><img src="green_icon.png" alt="Green Icon" /></td>
</tr>
<tr>
<td>EMC-4.4</td>
<td>Increase the proportion of required health education classes or courses with a teacher who has had professional development related to teaching personal and social skills for behavior change within the past 2 years</td>
<td>School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP</td>
<td><img src="green_icon.png" alt="Green Icon" /></td>
</tr>
</tbody>
</table>
### Table 10–1. Early and Middle Childhood Objectives—Continued

**LEGEND**

- Data for this objective are available in this chapter’s Midcourse Progress Table.
- Disparities data for this objective are available, and this chapter includes a Midcourse Health Disparities Table.
- A state or county level map for this objective is available at the end of the chapter.
- Midcourse data availability is not applicable for developmental and archived objectives. **Developmental** objectives did not have a national baseline value. **Archived** objectives are no longer being monitored due to lack of data source, changes in science, or replacement with other objectives.

<table>
<thead>
<tr>
<th>Objective Number</th>
<th>Objective Statement</th>
<th>Data Sources</th>
<th>Midcourse Data Availability</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMC-5.1</td>
<td>(Developmental) Increase the proportion of children aged 4–5 years diagnosed with ADHD who receive recommended behavioral treatment</td>
<td>(Potential) National Survey of Children’s Health (NSCH), HRSA/MCHB and CDC/NCHS</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>EMC-5.2</td>
<td>(Developmental) Increase the proportion of children aged 6–17 years diagnosed with ADHD who receive recommended behavioral treatment, medication treatment, or both</td>
<td>(Potential) National Survey of Children’s Health (NSCH), HRSA/MCHB and CDC/NCHS</td>
<td>Not Applicable</td>
</tr>
<tr>
<td>Objective Description</td>
<td>Baseline Value (Year)</td>
<td>Midcourse Value (Year)</td>
<td>Target</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------------</td>
<td>-----------------------</td>
<td>------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>6 EMC-2.2 Children who talk and share ideas with parents (percent, 6–17 years)</td>
<td>69.8% (2007)</td>
<td>70.4% (2011–2012)</td>
<td>76.8%</td>
</tr>
<tr>
<td>6 EMC-2.3 Children whose family read to them every day (percent, 0–5 years)</td>
<td>47.8% (2007)</td>
<td>47.9% (2011–2012)</td>
<td>52.6%</td>
</tr>
<tr>
<td>6 EMC-2.4 Children whose doctor asked their parents about concerns regarding the child’s development (percent, 0–5 years)</td>
<td>48.0% (2007)</td>
<td>51.8% (2011–2012)</td>
<td>52.8%</td>
</tr>
<tr>
<td>6 EMC-4.1.1 Elementary schools requiring newly hired staff who teach health topics to have training in health education (percent)</td>
<td>35.2% (2006)</td>
<td>36.2% (2014)</td>
<td>38.7%</td>
</tr>
<tr>
<td>6 EMC-4.1.2 Middle schools requiring newly hired staff who teach health topics to have training in health education (percent)</td>
<td>56.9% (2006)</td>
<td>54.0% (2014)</td>
<td>62.6%</td>
</tr>
<tr>
<td>6 EMC-4.1.3 High schools requiring newly hired staff who teach health topics to have training in health education (percent)</td>
<td>76.8% (2006)</td>
<td>70.6% (2014)</td>
<td>84.5%</td>
</tr>
<tr>
<td>6 EMC-4.2.1 Elementary schools requiring newly hired staff who teach health topics to be certified in health education (percent)</td>
<td>32.5% (2006)</td>
<td>29.6% (2014)</td>
<td>35.8%</td>
</tr>
<tr>
<td>6 EMC-4.2.2 Middle schools requiring newly hired staff who teach health topics to be certified in health education (percent)</td>
<td>50.7% (2006)</td>
<td>47.4% (2014)</td>
<td>55.8%</td>
</tr>
<tr>
<td>6 EMC-4.2.3 High schools requiring newly hired staff who teach health topics to be certified in health education (percent)</td>
<td>72.8% (2006)</td>
<td>73.1% (2014)</td>
<td>80.1%</td>
</tr>
<tr>
<td>11 EMC-4.3.1 Elementary schools requiring health education instruction to meet national standards for cumulative time (percent)</td>
<td>7.5% (2006)</td>
<td>1.7% (2014)</td>
<td>11.5%</td>
</tr>
<tr>
<td>11 EMC-4.3.2 Middle schools requiring health education instruction to meet national standards for cumulative time (percent)</td>
<td>10.3% (2006)</td>
<td>4.2% (2014)</td>
<td>14.3%</td>
</tr>
<tr>
<td>6 EMC-4.3.3 High schools requiring health education instruction to meet national standards for cumulative time (percent)</td>
<td>6.5% (2006)</td>
<td>5.5% (2014)</td>
<td>10.5%</td>
</tr>
<tr>
<td>11 EMC-4.4 health education classes taught by a teacher who has had professional development related to teaching skills for behavior change in past 2 years (percent)</td>
<td>52.5% (2006)</td>
<td>41.2% (2014)</td>
<td>57.8%</td>
</tr>
</tbody>
</table>
### Table 10–2. Midcourse Progress for Measurable Early and Middle Childhood Objectives—Continued

#### NOTES

See HealthyPeople.gov for all Healthy People 2020 data. The Technical Notes provide more information on the measures of progress.

#### FOOTNOTES

- **1** Measurable objectives had a national baseline value.
- **2** Target met or exceeded:
  - At baseline the target was not met or exceeded and the midcourse value was equal to or exceeded the target. (The percentage of targeted change achieved was equal to or greater than 100%.)
  - The baseline and midcourse values were equal to or exceeded the target. (The percentage of targeted change achieved was not assessed.)
- **3** Improving:
  - Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was statistically significant.
  - Movement was toward the target, standard errors were not available, and the objective had achieved 10% or more of the targeted change.
- **4** Little or no detectable change:
  - Movement was toward the target, standard errors were available, and the percentage of targeted change achieved was not statistically significant.
  - Movement was toward the target, standard errors were not available, and the objective had achieved less than 10% relative to the baseline.
- **5** Getting worse:
  - Movement was away from the baseline and target, standard errors were available, and the percentage change relative to the baseline was statistically significant.
  - Movement was away from the baseline and target, standard errors were not available, and the objective had moved less than 10% relative to the baseline.
- **6** Baseline only: The objective only had one data point, so progress toward target attainment could not be assessed.
- **7** Informational: A target was not set for this objective, so progress toward target attainment could not be assessed.

#### DATA SOURCES

- EMC-2.2 National Survey of Children’s Health (NSCH), HRSA/MCHB and CDC/NCHS
- EMC-2.3 National Survey of Children’s Health (NSCH), HRSA/MCHB and CDC/NCHS
- EMC-2.4 National Survey of Children’s Health (NSCH), HRSA/MCHB and CDC/NCHS
- EMC-4.1.1 School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP
- EMC-4.1.2 School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP
- EMC-4.1.3 School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP
- EMC-4.2.1 School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP
- EMC-4.2.2 School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP
- EMC-4.2.3 School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP
- EMC-4.3.1 School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP
- EMC-4.3.2 School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP
- EMC-4.3.3 School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP
- EMC-4.4 School Health Policies and Practices Study (SHPPS), CDC/NCHHSTP

#### FORMULA

- **Percentage of targeted change achieved**

  \[ \frac{\text{Midcourse value} - \text{Baseline value}}{\text{HP2020 target} - \text{Baseline value}} \times 100 \]

- **Magnitude of percentage change from baseline**

  \[ \frac{|\text{Midcourse value} - \text{Baseline value}|}{\text{Baseline value}} \times 100 \]

- **Statistical significance** was tested when the objective had a target and at least two data points, standard errors of the data were available, and a normal distribution could be assumed. Statistical significance of the percentage of targeted change achieved or the magnitude of the percentage change from baseline was assessed at the 0.05 level using a normal one-sided test.
### Table 10–3. Midcourse Health Disparities for Population-based Early and Middle Childhood Objectives

Most favorable (least adverse) and least favorable (most adverse) group rates and summary disparity ratios for selected characteristics at the midcourse data point.

**Legend**
- **At the midcourse data point**
  - Blue: Group with the most favorable (least adverse) rate
  - Red: Group with the least favorable (most adverse) rate
  - Grey: Data are available, but this group did not have the highest or lowest rate.
  - White: Data are not available for this group because the data were statistically unreliable, not collected, or not analyzed.

**Characteristics and Groups**

<table>
<thead>
<tr>
<th>Population-based Objectives</th>
<th>Sex</th>
<th>Race and Ethnicity</th>
<th>Family Income</th>
<th>Location</th>
<th>Health Insurance</th>
<th>Special Healthcare Needs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>American Indian or Alaska Native</td>
<td>Asian</td>
<td>Native Hawaiian or other Pacific Islander</td>
<td>Hispanic or Latino</td>
</tr>
<tr>
<td><strong>EMC-2.2</strong> Children who talk and share ideas with parents (percent, 6–17 years) (2011–2012)</td>
<td>1.095*</td>
<td>a</td>
<td>a</td>
<td>a</td>
<td>a</td>
<td>1.120</td>
</tr>
<tr>
<td><strong>EMC-2.3</strong> Children whose family read to them every day (percent, 0–5 years) (2011–2012)</td>
<td>1.099</td>
<td>a</td>
<td>a</td>
<td>a</td>
<td>a</td>
<td>1.321*</td>
</tr>
<tr>
<td><strong>EMC-2.4</strong> Children whose doctor asked their parents about concerns regarding the child's development (percent, 0–5 years) (2011–2012)</td>
<td>1.016</td>
<td>a</td>
<td>a</td>
<td>a</td>
<td>a</td>
<td>1.001*</td>
</tr>
</tbody>
</table>

**Notes**
- See HealthyPeople.gov for all Healthy People 2020 data. The Technical Notes provide more information on the measures of disparities.

**Footnotes—Continued**
- Unless otherwise footnoted, the poor, near-poor, middle, near-high, and high income groups are for persons whose family incomes were less than 100%, 100%–199%, 200%–399%, 400%–599%, and at or above 600% of the poverty threshold, respectively.
- The summary disparity ratio was significantly greater than 1.00. Statistical significance was assessed at the 0.05 level using a normal one-sided test on the natural logarithm scale.
- Data do not include persons of Hispanic origin.
- Data are for persons whose family income was 400% or more of the poverty threshold.

**Data Sources**
- EMC-2.2 National Survey of Children’s Health (NSCH), HRSA/MCHB and CDC/NCHS
- EMC-2.3 National Survey of Children’s Health (NSCH), HRSA/MCHB and CDC/NCHS
- EMC-2.4 National Survey of Children’s Health (NSCH), HRSA/MCHB and CDC/NCHS

Healthy People 2020 Objective EMC-2.3 • National Target = 52.6% • National Rate = 47.9%

NOTES: Data are for children aged 5 years and under whose parents reported that someone in their family read to the child every day in the past week. Data are displayed by a modified Jenks classification for U.S. states which creates categories that minimize within-group variation and maximize between-group variation. The Technical Notes provide more information on the data and methods.

DATA SOURCE: National Survey of Children’s Health (NSCH), HRSA/MCHB and CDC/NCHS

Healthy People 2020 Objective EMC-2.4 ● National Target = 52.8% ● National Rate = 51.8%

NOTES: Data are for children aged 5 years and under who visited or used a health service in the past 12 months and whose parents reported that their child’s doctor or other health care professional gave them specific information to address their concerns about the child’s learning, development, or behavior. Data are displayed by a modified Jenks classification for U.S. states which creates categories that minimize within-group variation and maximize between-group variation. The Technical Notes provide more information on the data and methods.

DATA SOURCE: National Survey of Children’s Health (NSCH), HRSA/MCHB and CDC/NCHS