SAFER • HEALTHIER • PEOPLE™

Summary Statistics From the National Survey of Early Childhood Health, 2000

Vital and Health Statistics
Series 15, Number 3
June 2002

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention • National Center for Health Statistics

---

Suggested Citation

Halfon N, Olson L, Inkelas M, et al. Summary statistics from the National Survey of Early Childhood Health, 2000. National Center for Health Statistics. Vital Health Stat 15(3). 2002.

Library of Congress Cataloging-in-Publication Data

Summary statistics from the National Survey of Early Childhood Health, 2000.

p. cm.— (Vital and health statistics. Ser. 15, Data from special surveys ; no. 003)
(DHHS publication ; no. (PHS) 2002-1164)
Includes bibliographical references.

ISBN 0-8406-0581-1

1. Children—Health and hygiene—United States—Statistics. 2. Medical care surveys—United States—Statistics. I. National Center for Health Statistics (U.S.) II. Series. III. Series: DHHS publication ; no. (PHS) 2002-1164
RA407.3 .S85 2000
613'.0432'0973021—dc21 2002023508

For sale by the U.S. Government Printing Office
Superintendent of Documents
Mail Stop: SSOP
Washington, DC 20402-9328
Printed on acid-free paper.

Vital and Health Statistics

Series 15, Number 3

Summary Statistics From the National Survey of Early Childhood Health, 2000

Data From Special Surveys

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
National Center for Health Statistics

Hyattsville, Maryland
June 2002
DHHS Publication No. (PHS) 2002-1164

Acknowledgments

The National Survey of Early Childhood Health (NSECH) was made possible with funding from The Gerber Foundation. Additional funding was provided by the American Academy of Pediatrics (AAP) Friends of Children Fund, and by the Federal Maternal and Child Health Bureau (MCHB), the Health Resources and Services Administration (HRSA). Principal investigators are Lynn Olson, Ph.D., and Neal Halfon, M.D., M.P.H.

The survey was conducted by the National Center for Health Statistics (NCHS), the Centers for Disease Control and Prevention (CDC). The project director was Marcie Cynamon.

The survey was designed by the UCLA Center for Healthier Children, Families, and Communities; the National Center for Infancy and Early Childhood Health Policy at UCLA; AAP; the Foundation for Accountability (FACCT), and NCHS.

This project would not be possible without the substantial contributions of many people. We especially thank our collaborators: Christina Bethell (FACCT), Stephen Blumberg (NCHS, CDC), Michael Kogan (MCHB), Jeanne Santoli (National Immunization Program, CDC), and Phyllis Stubbs (MCHB).

This report was prepared in the Division of Health Interview Statistics. Stephen Blumberg served as content reviewer. This report was edited by Gail V. Johnson and typeset by Annette F. Holman of the Publications Branch, Division of Data Services.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN™

The Gerber Foundation

U.S. Department of Health and Human Services

HRSA

Health Resources and Services Administration

Maternal and Child Health Bureau

Contents

Detailed Tables

Demographic and Household Information

Health Care Providers and Utilization

Parental Perceptions of Pediatric Care

Interaction With Health Care Providers

Family Interactions and Home Safety

Parental and Child Health

Financial Welfare and Barriers to Care

Abstract

Objectives

This report presents statistics from the 2000 National Survey of Early Childhood Health (NSECH) on selected measures for children 4–35 months of age. The topics covered include usual source of care, parental perceptions of pediatric care, interactions with health care providers, family activities, home safety, parental and child health, financial welfare, and barriers to care.

Source of Data

The NSECH is a random-digit-dial telephone survey of a national sample of young children 4–35 months of age. One age-eligible child per household was the subject of the interview, and the parent or guardian who is primarily responsible for the child's medical care was the survey respondent. The NSECH was a survey module of the State and Local Area Integrated Telephone Survey and was conducted by the National Center for Health Statistics (NCHS). The questionnaire was designed by the UCLA Center for Healthier Children, Families, and Communities in collaboration with the American Academy of Pediatrics, the Foundation for Accountability, and NCHS.

Highlights

Parents of most young children 4–35 months of age believe well-child visits are very important. Most young children have a usual source of well-child care, although not all have a regular clinician. Parents of most young children believe that health care providers should discuss less traditional topics with them, such as alcohol or drug abuse, and social support for parents. However, many children are not receiving important anticipatory guidance and developmental services. There are disparities in the content of health care by race/ethnicity, health insurance coverage, and maternal education level. There are also differences by maternal education and socioeconomic characteristics in the proportion of young children who experience positive developmental environments, as indicated by consistent routines, regular reading, and participation in regular family activities.

Summary Statistics From the National Survey of Early Childhood Health, 2000

by Neal Halfon, M.D., M.P.H., University of California, Los Angeles (UCLA); Lynn Olson, Ph.D., American Academy of Pediatrics; Moira Inkelas, Ph.D., Ritesh Mistry, M.P.H., Harvinder Sareen, M.P.H., Linda Lange, Dr.P.H., Miles Hochstein, Ph.D., and Janel Wright, University of California, Los Angeles (UCLA)

Introduction

Through preventive health counseling and education about child development, child health care providers play an important role in helping parents promote children's healthy development. Recent research on the impact of familial context and routines on the cognitive, emotional, and social development of children has strongly influenced pediatricians' recommendations addressing child development (1–5). These have progressed from a narrow focus on developmental monitoring and the provision of basic information to parents to a broader focus that includes psychosocial issues of the family (5).

The research literature suggests that children's optimal development is facilitated in a family context, and characterized by predictability and consistency (6,7), warmth and support (8–10), encouragement of mastery (11), and physical safety (12). Warmth and support refer to the emotional context of the family, such as the emotional availability of parents, and their responsiveness and attunement to the emotional state of their young child.

Keywords: child health • health provider contacts • anticipatory guidance • quality of care • child development • early childhood • access to care

Predictability and consistency highlight the importance of routines in a young child's life and how routines affect the child's daily life in organizing a child's attention, sleep, eating, and other behaviors. Encouragement and mastery highlight a range of behaviors that include emotional regulation, the ability to communicate effectively and establish relationships, and various cognitive abilities.

Research on pediatric provider-patient interactions indicates that most of the concerns that parents bring to their pediatric provider are psychosocial in nature. This has been demonstrated by two recent national surveys. A recent survey of parents by Zero to Three (What Grown-Ups Understand About Child Development) (13) shows high levels of parental knowledge regarding their important role in their infants' and toddlers' development. However, these very same parents are unsure about their specific role in their child's emotional, social, and intellectual development. A vast majority reported that they would like to improve their parenting skills regardless of their confidence in their skills.

In the Commonwealth Survey of Parents of Young Children (14), many parents reported not receiving anticipatory guidance from their provider on psychosocial topics such as how to discipline a child, how to encourage a child to learn, and how to deal with a child's sleeping and eating patterns. From a list of different

anticipatory guidance topics, fewer than 50% of parents reported receiving information on most topics. For some items, fewer than 25% of parents reported receiving guidance on these topics from their child's physician. In contrast, 54% of parents reported that they could use more information about how to help and encourage their child to learn, 52% wanted more information about how to discipline their child, and 20–40% indicated a desire for other anticipatory guidance. This survey indicates the great need and demand for information, guidance, and interventions for families to help ensure the optimal development of children.

Parents can get this information from a variety of sources such as relatives, friends, and community information sources. However, how parents process and learn from this information may depend on whether or not information is provided in a consistent and effective manner that facilitates learning and positive change in familial context.

A recent survey of pediatricians conducted by the American Academy of Pediatrics (AAP) (1) found that pediatricians agree it is important to assess children's development and improve parents' understanding of development issues. Pediatricians report that they routinely assess children's developmental milestones and parental concerns regarding development, and that they do conduct clinical assessments of development. However, pediatricians raise significant concern about the economic feasibility of providing such developmental services in the context of their pediatric practices. This suggests there may be disparities in the developmental content of care for young children.

Before they reach age 3, most children in the United States will have seen a doctor numerous times for routine and sick visits. Thus, child health care providers are in a critical position to identify developmental issues and to disseminate information to parents. Yet, to date, there is a paucity of information on the content of pediatric care as perceived by parents of young children. This leaves us without baseline performance and quality information upon which improvement efforts could be launched.

The National Survey of Early Childhood Health

The National Survey of Early Childhood Health (NSECH) addresses this information gap. It is designed to improve understanding of household experiences with preventive pediatric care and the ways in which families promote their children's health in the home. It is a telephone survey of a national random sample of 2,068 young children (4–35 months of age).

The major research questions addressed by the survey are:

- What are the concerns of parents and what are the health care needs of young children?
- Are these health care needs and these parental concerns being addressed when children visit health care providers?
- What is the quality of developmental and psychosocial care that young children receive?
- What factors are associated with the receipt of better quality, more comprehensive pediatric care?
- What is the prevalence of selected home health behaviors in early childhood?
- What is the relationship between parental/home health behaviors and experiences with pediatric health care delivery?

These research questions address two major areas of interest—those concerning the delivery of preventive pediatric care to households with young children and those concerning the promotion of early childhood health by families in their homes. The primary purpose of this survey, as indicated by the research questions, is to characterize the content of care and the parent's (and child's) experiences with pediatric preventive health care. This preventive health care can be provided by any pediatric health care providers (broadly defined), and is not limited to care provided by pediatricians, pediatric specialists, or medical doctors. The second purpose of this survey is to understand the relationship between health promotion in the pediatric office and health promotion in the home.

Methods

Details concerning the questionnaire and survey methods are available in a companion report entitled *Design and Operation of the National Survey of Early Childhood Health, 2000* (15). This section simply provides an overview of these topics.

Sample Design

The target population for the study consisted of households with children 4–35 months of age. Telephone households from all 50 States were identified via random-digit-dialing. These households were screened for children within the eligible age range.

The sponsors of this survey were also interested in African-American and Hispanic children's experiences with child health care providers. To get more precise estimates for these populations, households with African-American or Hispanic children were oversampled. To obtain the oversample, after identifying households with age-eligible children from all 50 States, interviewers further screened households for an African-American or Hispanic child. If more than one eligible child resided in a sampled household, one child was randomly selected for interview using a programmed random sampling algorithm.

Two samples of children were therefore selected for the survey. Details on sample allocation are available in the Design and Operation report (15). For the present report, data from both samples have been combined for all analyses.

Sample Size and Response Rate

Interviews were completed with the parents and guardians of 2,068 children 4–35 months of age. Of these

interviews, 1,208 were from the main sample and 860 were from the minority oversample. The majority of respondents were mothers of the sample children (87%); the remaining respondents were fathers (11%), grandparents (2%), or other guardians (less than 1%). The Council of American Survey Research Organizations (CASRO) response rate, derived from the product of the interview completion rate, the screener completion rate, and the telephone number resolution rate, was 65.6%.

Survey Content

The NSECH includes questions that are also present in a variety of other studies, such as the National Health Interview Survey (NHIS); the National Survey of Children with Special Health Care Needs; the Medical Expenditure Panel Survey; the Consumer Assessment of Health Plans Survey; the Commonwealth Survey of Families with Young Children (14); the Commonwealth Pediatric Developmental Services Survey; and the FACCT Promoting Healthy Development (PHD) Survey (16) (which was expanded and adapted into the Promoting Healthy Development Survey PLUS [PHDS PLUS] as NSECH was being developed).

The seven sections of the NSECH questionnaire included:

- Demographic and household information
- Health care utilization
- Parental perception of pediatric care
- Interactions with health care providers
- Family interactions and home safety
- Parental and child health
- Financial welfare and health insurance

The survey respondent was the parent or guardian primarily responsible for the sampled child's medical care.

The questionnaire was translated into Spanish by one translator and then back-translated into English by another translator. The use of two contractors assured that each translation was done independently of the other. Discrepancies were resolved in consultation with the two translators. In addition, a team of experienced Spanish-language telephone interviewers and supervisors reviewed the Spanish instrument for accuracy and cultural appropriateness.

NSECH was conducted as a module of the State and Local Area Integrated Telephone Survey (SLAITS). Therefore, the questionnaire was designed to immediately follow a completed National Immunization Survey (NIS) interview or screener. The NIS was established to monitor the vaccination levels of very young children both within 78 State and local areas and across the United States (17). This survey is conducted by the National Immunization Program and by the National Center for Health Statistics (NCHS). NIS screens an extremely large number of households in order to find its relatively rare target population of households with children 19–35 months of age; nearly a million households are screened by telephone each year to obtain 34,000 completed household interviews. The large initial sample of telephone numbers in NIS provides a cost-effective opportunity to survey other populations in addition to the rare population that eventually screens into NIS. The survey mechanism that uses the NIS sample frame for collecting data about these other populations is known as SLAITS and is administered by NCHS.

Weighting and Estimation

For producing population-based estimates, each child for whom complete data were available was assigned a sampling weight. This weight combined the base weight, which reflects the probability of selection of a respondent's telephone number, with an adjustment for households that have multiple telephone numbers, and with adjustments that compensate for nonresponse. Finally, weights were adjusted to match known population control estimates and to adjust for the noncoverage of nontelephone households.

Reporting

In this report, data tables show the percentages weighted to represent children 4–35 months of age nationally (not to represent households with young children). The reported percentages thus are an accurate reflection of U.S. children 4–35 months of age.

Standard errors are shown for all percents in tables. Percents with relative standard errors greater than 30% are considered unreliable and are indicated with an asterisk(*). The relative standard errors are calculated as follows:

Relative standard error = (SE/EST)100 where SE is the standard error of the estimate and EST is the estimate.

The next sections of this report highlight key estimates from the tables. Statistical tests of differences among point estimates were not used in this report. However, key results are highlighted in the text when large differences in point estimates were observed. For ease of presentation, the text refers to children's parents, but the estimates include other guardians when the parent was not the respondent to the survey.

Demographic and Household Information

Weighted to U.S. population estimates, children 4–9 months of age comprise 19% of children 4–35 months of age. Twenty-eight percent of children within this age range are 10–18 months of age, and 53% are 19–35 months of age. (See tables 1–3.)

- Most children 4–35 months of age (71%) have mothers who are 25 years of age or older. Twenty-one percent of these young children have mothers who are 35 years of age or older and 7% have mothers who are younger than 20 years of age.
- Most children 4–35 months of age (69%) have mothers who are

married. Twenty-two percent of these young children have mothers who have never been married while about 9% have mothers who are divorced or separated.
- Most children 4–35 months of age have mothers who are white non-Hispanic (63%). Fourteen percent of these young children have mothers who are black non-Hispanic and 18% have mothers who are of Hispanic origin.
- Forty-six percent of children 4–35 months of age have mothers who received post high school education. Thirty-four percent of these young children have mothers who are high school graduates only and 21% have mothers with less than a high school education.
- Approximately 55% of children 4–35 months of age have mothers who are employed either part-time or full-time.
- Thirty-five percent of children 4–35 months of age live in households with income of up to $25,000. About 14% of these young children are in households with income of greater than $75,000. Ten percent of these young children have parents who either did not know their household income or refused to report it.
- Ten percent of children 4–35 months of age are in households with only one adult. Most young children (75%) are in households with two adults, and about 30% are in households with no other children under 18 years of age.

Health Care Providers and Utilization

Having a regular provider has been associated with access to services and continuity of care, which are important for the receipt of quality pediatric preventive health care. (See table 4.)

- Nearly all children 4–35 months of age have a particular place for well-child care. However, fewer than one-half of children 4–35 months of age (46%) see a particular person for well-child care. Of the young children who see a particular person, about 76% see a pediatrician.
- About 74% of children 4–35 months of age usually go to a private or group practice for care. More than 80% of children in households where the mother is white non-Hispanic go to a private or group practice for care, whereas only 54% of children in households where the mother is Hispanic go to a private or group practice for care.
- About 32% of children in households where the mother is Hispanic go to community health centers or public clinics for care, compared with about 12% of children in households where the mother is white non-Hispanic.

Parental Preferences for Pediatric Care

Parents were asked whether their child's health care providers had asked about parents' well-being, economic problems, substance use, and community violence. (See table 5.)

- Parents of about 77% of children 4–35 months of age have been asked by their child's health care providers about smoking in the household. Health care providers asked about smoking for 86% of children 4–35 months of age where the mother was black non-Hispanic, 85% where the mother was Hispanic, and 72% where the mother was white non-Hispanic.
- Parents of most children 4–35 months of age (89%) believe that health care providers should ask parents about alcohol or drug use in the home even though parents of fewer children (44%) have been asked. The proportion of children whose parents have been asked ranges from 35% of young children where the mother is white non-Hispanic, to 59% where the mother is black non-Hispanic, and 67% where the mother is Hispanic.
- On the topic of parenting support, parents of most children 4–35 months of age (85%) believe that a child's health care providers should ask whether a parent has someone to turn to for emotional support, with parents of many children (79%) believing that the provider should ask whether the spouse or partner was supportive of parenting efforts. However, parents of fewer than one-half of the children 4–35 months of age have been asked about these issues, with few differences among children based on the race/ethnicity of the mother.
- Parents of children 4–35 months of age report the following issues as having been discussed least frequently by the child's health care providers: whether the family was having trouble paying for basic needs (parents of 12% of these young children) and violence in the community (parents of 10% of these young children).
- The proportion of children 4–35 months of age whose health care providers asked about violence in their community ranges from 22% of children where the mother is Hispanic, to 15% where the mother is black non-Hispanic, to 6% where the mother is white non-Hispanic.
- Overall, although parents of relatively few children 4–35 months of age have been asked about family or community issues, parents of at least one-half of these young children believe that providers should ask about these issues. For example, parents of 56% of these young children believe that providers should ask about violence in the community. This ranges from 52% of children where the mother is white non-Hispanic, and 55% of children where the mother is black non-Hispanic, to 66% of children whose mothers are Hispanic. Parents of approximately 75% of children 4–35 months of age believe that providers should ask whether the family was having trouble paying for basic needs.

Importance of Well-Child Care

Parents were asked for their opinion of the importance of well-child care visits, which were described as "visits that are made to a doctor or health care provider who takes care of your child when he/she is not sick, but needs a checkup or a shot." Families who believe that well-child care is very important may be more receptive to the health care providers' recommendations. There may be differences in the importance parents place on well-child care based on the health care needs of the child. (See table 6.)

- Parents of most children 4–35 months of age (86%) believe well-child checkups are very important for the child's health and development.
- There are no notable differences in the reported value of well-child care for children based on the race/ethnicity of the child's mother.

Parent Satisfaction With Child's Health Care

The NSECH includes several different measures of parent satisfaction with the child's health care. Pediatricians often report that they do not have enough time with parents to talk about development and psychosocial and other nonmedical issues (1). Thus parents were asked whether they felt their child's health care provider (which may or may not be a pediatrician) had spent enough time with them during their last well-child visit. Parents were also asked about their overall satisfaction with their child's health care providers, and whether they had been able to ask all of their questions at the last well-child visit. (See tables 7 and 8.)

- Parents of about 1 out of 10 children 4–35 months of age (12%) believe that they did not have enough time with their child's health care provider during the last well-child visit.
- Parents of about 22% of the children 4–35 months of age who are uninsured believe that they did not have enough time with the provider in the last well-child visit. Parents of about 11% of the children 4–35 months of age who have private insurance, and parents of about 11% of these young children who have public insurance, believe that the visit was not long enough.
- While satisfaction was generally high, parents of children 4–35 months of age who are uninsured tend to have lower levels of satisfaction. For example, parents of 16% of these young children were not able to ask all their questions at the last well-child visit.
- Parents of about 48% of uninsured children 4–35 months of age rated the checkups highly (10 on a scale of 1–10), while parents of about 40% of privately insured young children and 44% of publicly insured young children give this rating.
- About one-half of the children 4–35 months of age have a particular person for well-child care. Parents of most of these young children with a particular person say that they would be "very likely" to recommend the provider. Parents of most children 4–35 months of age who are privately insured say that they would be very likely to recommend the provider (85%), while parents of 73% of the publicly insured children, and parents of 71% of the children with "other" insurance, are very likely to recommend the provider.

Family-Centered Care

Family-centered care is an approach to health care that emphasizes the development of collaborative relationships between parents and health care providers that empower parents to make educated decisions about their child's care.

Families who perceive that their child's health care providers respect them and take time with them may be more receptive to messages about how to improve the health of the children and their environment. This may be especially true for psychosocial health care content. Parental perceptions of family centeredness also have been used to measure quality. Variations in family centeredness may reflect disparities in health care quality, or may imply differences in how receptive parents with different circumstances may be to health messages. (See tables 9 and 10.)

- Parents of most children 4–35 months of age (66%) believe that their child's health care providers always take time with them, and parents of 55% of these children believe that the providers always respect their expertise as a parent. Parents of fewer children 4–35 months of age (40%) believe that the providers always understand their parenting preferences.
- In general, parents of children 4–35 months of age who are currently uninsured have lower levels of family-centered care. Parents of only 42% of such children believe that their child's health care providers always take time with them.
- While parents of most children 4–35 months of age (66%) believe that their child's health care providers always take time with them, parents of 50% of children whose mother is Hispanic state that this is always the case.

Content of Early Childhood Health Care

Pediatric health care providers are in a critical position to identify child developmental issues and to disseminate information on parenting. There has been growing interest in the child health care providers' role in promoting early literacy, for example.

NSECH asked parents whether respondents had discussed these and other topics with their child's health care providers. (See tables 11 and 12.)

- Parents of about 64% of children 4–9 months of age discussed the importance of reading to children with the child's health care providers at some point since the child's birth. Rates of discussion during the past 12 months were similar for children 10–18 months of age and for children 19–35 months of age.
- Parents of about 79% of children 4–9 months of age discussed the child's communication with the child's health care providers at some point since the child's birth. Of the children 4–9 months of age whose parents did not discuss communication issues, parents of 52% of these children believed that this discussion would have been helpful.
- Parents of about 54% of children 10–18 months of age discussed bottle weaning with their child's health care providers in the past 12 months. Of the children 10–18 months of age whose parents did not discuss bottle weaning, parents of 35% of these children believed that this discussion would have been helpful.
- Parents of most children 4–9 months of age (91%) discussed breastfeeding with their child's health care providers since the child's birth.

Discussions About Immunization and Parent Safety Concerns

While most U.S. children do receive all recommended immunizations, some children do not receive their immunizations on time due to a number of reasons. A combination of provider practices and family behaviors contribute to delayed or low rates of immunizations. NSECH examined whether or not parents discuss immunizations with their child's health care providers, and whether or not parents delay or skip immunizations for the child due to safety concerns. (See table 13.)

- Parents of nearly all children 4–35 months of age discussed immunizations with their child's health care providers.
- Parents of 8% of children 4–35 months of age delayed or skipped a child's immunization within the past 12 months due to safety concerns.

Parental Home Injury Prevention Measures

Many childhood injuries occur in the home environment and are preventable. NSECH asked whether parents had taken specific age-appropriate injury prevention measures at home. (See table 14.)

- Parents of most children 4–35 months of age put stoppers or plugs in electrical outlets as an injury prevention measure.
- Parents of most children 4–35 months of age (78%) put locks/latches on cabinets that contain cleaners or medicines, and parents of most young children (73%) put up baby gates, window guards or other barriers.
- Parents of about one-half of children 4–35 months of age (53%) turned down the hot water thermostat setting as an injury prevention measure.
- Parents of about one-half of the children 4–35 months of age (48%) put padding around hard surfaces or sharp edges. Parents of a similar proportion of young children (47%) have Syrup of Ipecac in the home.

Hours Spent in Child Care

The number of hours a child spends in child care is influenced by several factors, such as parental (usually maternal) employment status, household income, and the availability of child-care resources for parents. (See table 15.)

- About 61% of children 4–35 months of age spend time in child care.
- In general, children 4–35 months of age in households where the mother is employed full time spend more hours in child care per week than children in households where the mother is employed part time or not employed at all.
- About 38% of children 4–35 months of age whose mothers are employed full time spend 21–40 hours in child care. Children whose mothers are not employed often spend no time in child care (59%).
- In general, children 4–35 months of age in households with higher incomes and where the mother is employed full time spend more hours in child care.
- About 44% of children 4–35 months of age in households with income under $17,500 and where the mother is employed full time spend at least 21 hours in child care per week, compared with 58% of young children in households with incomes of $35,001–$60,000, and 61% of children in households with incomes greater than $60,000.

Family Routines

Child routines, such as bedtimes and mealtimes, may influence several child health outcomes associated with school readiness. NSECH asked parents to report on bedtime, mealtime, and naptime routines

of the child—specifically, whether these routines stayed the same or changed on a daily basis. (See table 16.)

- Most children 4–35 months of age have consistent routines for naptime, mealtime, and bedtime.

Family Activities and Interactions

Shared family activities are known to influence several child health outcomes. The positive influence of these activities is magnified by their frequency and consistency. NSECH asked parents about the frequency of specific family activities. (See table 17.)

- Parents of 52% of children 4–35 months of age read stories to the child every day.
- Parents of a larger proportion of these young children (75%) play music or sing songs with the child every day.
- Over one-half of the children 4–35 months of age (57%) eat the midday or evening meal with the family everyday, whereas fewer children 4–35 months of age (25%) eat breakfast with the family every day.

Breastfeeding

The NSECH asked parents about breastfeeding: whether it was ever initiated for the child, what the duration was, and what role the child's health care providers played in encouraging breastfeeding. (See table 18.)

- About 67% of children have ever been breastfed.
- The proportion of children 4–35 months of age for whom breastfeeding was ever initiated is higher (79%) among those children whose mothers had greater than a high school education than among those children whose mothers were high school graduates (60% of these young children) or had less than a high school education (52%).
- Breastfeeding rates were higher among children 4–35 months of age whose parents have never received Women, Infants, and Children (WIC) Program benefits (80%) than among those children whose parents have received WIC benefits (56%).

Child Health Status

Different measures have been used to capture the health status of children, such as limitations of activity and global health status measures. These different measures can produce varying estimates. NSECH permits the comparison of selected health status measures with parent concerns, with health care services received by the child, and with health care services desired by the parent. (See table 19.)

- Most children 4–35 months of age (85%) are believed to be in excellent or very good health. Only 4% of these young children are believed to be in fair or in poor health.
- Few differences in overall health status were found between child age groups. Children in the youngest age group are more frequently believed to be in excellent health.
- Most children 4–35 months of age who are privately insured are believed to be in excellent or very good health (90%). Somewhat fewer publicly insured children are believed to be in excellent or very good health (77%).

Parent Concerns

The NSECH asked parents what concerns they have about their child, using 11 items drawn from or derived from the Parent's Evaluation of Developmental Status (PEDS) (18). The PEDS is a tool to identify children at risk for developmental, behavioral, or social delays. Therefore, it is meant to be used as a risk assessment tool that will identify children who either have or are more likely to have problems in the future. Researchers interested in using the PEDS as a risk assessment tool should consult the PEDS documentation for scoring instructions (19). Health care providers wishing to use PEDS in practice to assess risk status, or to make decisions about developmental status for individual children, must use the clinical version of the test, which can be obtained from Ellsworth & Vandermeer Press, LLC. In this report, the PEDS is used simply as a list of concerns parents may have about their child. (See tables 20 and 21.)

- Parents of children 4–35 months of age most frequently have concerns about how the child behaves (48% of these young children); how the child talks and makes speech sounds (45%); the child's emotional well-being (42%); and how the child gets along with others (41%).
- Concerns about motor skills are least frequently reported for these children. Parents of 28% of children 4–35 months of age have concerns about how the child uses his or her arms and legs. Parents of a similar proportion of these children have concerns about the child's use of his or her hands and fingers to do things.
- Concerns about how the child behaves tend to increase with the child's age. Parents of about 56% of children 19–35 months of age have "a lot" or "a little" concern, compared with 35% of children 4–9 months of age, and 44% of children 10–18 months of age.
- The proportion of children 4–35 months of age whose parents have concerns about motor skills differed somewhat by age group. Parents of about 34% of children 4–9 months of age have concerns about how the child uses his or her arms and legs, compared with 34% of children 10–18 months and 23% of children 19–35 months of age.
- Few differences are apparent between children 4–9 months, 10–18 months, and 19–35 months of age in parental concerns such as whether the child can do what other children his or her age can do.

Provision of Developmental Assessment

In surveys conducted by AAP, pediatricians reported that they routinely assess children's developmental milestones and parental concerns regarding development (1). Pediatricians also reported that they conduct clinical assessments of children's development. Some studies suggest that many parents do not understand what is meant by "development" (16).

Parents may recall an assessment being done, however. NSECH examined the extent to which parents report evidence that such an assessment was ever done. (See table 22.)

- Parents of about 45% of children 4–35 months of age recall that a developmental assessment was being done.
- About one-third (35%) of young children have been asked by their health care providers to pick up small objects or do related tasks, suggesting that a developmental assessment was being carried out.

Parental Coping

The age of the child places different kinds of care-giving demands on parents who are raising young children. Thus, there may be differences in how well parents report they are coping with the demands of parenting, by the age of the child. (See tables 23–25.)

- Parents of most children 4–35 months of age believe that they are coping with parenting very well or somewhat well.
- Parents of the youngest children tend to report higher levels of coping. Parents of about 69% of children 4–9 months of age believe they are coping very well, compared with 67% of children 10–18 months of age, and 57% of children 19–35 months of age.
- Parents of the youngest children who have white non-Hispanic or Hispanic mothers are more likely to believe they are coping very well than are the parents of children closer to 35 months of age. There is little difference in maternal coping reported for children with black non-Hispanic mothers across child age groups.
- Parental coping is somewhat lower for children 4–35 months of age with Hispanic mothers than for children with white non-Hispanic or with black non-Hispanic mothers.

Missed or Delayed Care

Barriers to the receipt of health care are difficult to measure and usually are based on parent perception of unmet need. Parents were asked if their child needed health care but did not receive it. Parents were also asked if their child received care for a problem or concern but received that care later than they would have wanted. (See table 26.)

- Only 5% of children 4–35 months of age ever missed needed care. About 11% of children received medical care for a problem or concern that was provided later than the parent would have wanted.
- A higher percentage of uninsured than insured children 4–35 months of age had care delayed or did not get needed care.

Trouble Paying for Health Services

Health insurance is an important predictor of children's access to health care. Even when children are insured, however, the family may face financial difficulties in paying for health-related expenses. In the NSECH, parents were asked about their child's insurance status, whether the child had experienced gaps in coverage, and whether the family had experienced trouble paying for medical expenses. (See tables 1 and 27.)

- About 93% of children 4–35 months of age have health insurance.
- About one-half (51%) of children 4–35 months of age have private health insurance while 28% are covered by public health insurance. Fourteen percent of these young children are insured through other sources or through a combination of public and private insurance, and 7% are uninsured.
- For 92% of children 4–35 months of age, parents had no trouble paying for prenatal care. However, compared with privately insured children (6%) and publicly insured children (8%), a greater percentage of currently uninsured children have parents who had trouble paying for prenatal care (20%).
- For about 88% of children 4–35 months of age, parents had no trouble paying for medical expenses for the child's birth. However, compared with privately insured children (13%) and publicly insured children (8%), a greater percentage of currently uninsured children have parents who had trouble paying for medical expenses for the child's birth (24%).
- Parents of 13% of children 4–35 months of age have trouble paying for the child's health and medical expenses.
- Parents of a greater percentage of uninsured children (39%) have trouble paying for health and medical expenses than parents of insured children (about 11%).

Trouble Paying for Nonhealth Services

Families also may face financial difficulties in paying for other expenses not directly related to health. (See table 28.)

- Parents of more than three-quarters of children 4–35 months of age had no trouble paying for formula, diapers, or clothing. However, parents of about one-fifth of these young children had some trouble paying for these items. Parents of about 34% of children 4–35 months of age living in households with annual income up to $17,500 and parents of 29% of young children living in households with annual income of $17,501–$35,000 had at least some trouble paying for these items.
- Parents of 84% of children 4–35 months of age had no trouble paying for child care. More young children in the lowest income households have parents who say they had trouble paying for child care (20%) than children in the highest income households (11%).

References

1. American Academy of Pediatrics. Periodic survey of fellows no 46. 2001.
2. American Academy of Pediatrics. Guidelines for health supervision III. 1997.
3. American Academy of Pediatrics. Recommendations for preventive pediatric health care. Pediatrics. 96(2):373–374. 1995.
4. Green M (ed.). Bright futures: Guidelines for health supervision of infants, children, and adolescents. Alexandria, VA: National Center for Education Materials and Child Health. 1994.
5. National Research Council and Institute of Medicine. From neurons to neighborhoods: The science of early childhood development. Committee on integrating the science of early childhood development. JP Shonkoff & DA Phillips, eds. Board on children, youth, and families, Commission on behavioral and social sciences and education. Washington, DC: National Academy Press. 2000.
6. Ainsworth MDS, Blehar MC, Waters E, Wall S. Patterns of attachment. Hillsdale, NJ: Erlbaum. 1978.
7. Martin B. Parent-child relations. In FD Horowitz (ed.), Review of child development research (Vol. 4). Chicago: University of Chicago Press. 1975.
8. Boyce WT. Social support, family relations and children. In S Cohen, L Syme (eds.), Social support and health. Reading, MA: Academic Press. 1985.
9. Cohen S, Wills TA. Stress, social support, and the buffering hypothesis. Psychol Bull 98:310–57. 1985.
10. Parry G, Shapiro DA. Social support and life events in working class women: Stress buffering or independent effects? Arch Gen Psychiatry, 43:315–23. 1986.
11. Bandura A. Self-efficacy in changing societies. New York: Cambridge University Press. 1995.
12. Garbarino J, Kostelny K. Children's response to war: What do we know? In A Leavitt, NA Fox (eds.), The psychological effects of war and violence on children. Hillsdale, NJ: Erlbaum. 1993.
13. Zero to Three. What grown-ups understand about child development. Alexandria, VA: Zero to Three. 1997.
14. Young KT, Davis K, Schoen C, Parker S. Listening to parents: A national survey of parents with young children. Arch Pediatr and Adolesc Med 152:255–62. 1998.
15. Blumberg SJ, Olson L, Osborn L, et al. Design and operation of the National Survey of Early Childhood Health, 2000. National Center for Health Statistics. Vital Health Stat 1(40). 2002.
16. Bethell C, Peck C, Schor E. Assessing health system provision of well-child care: The promoting healthy development survey. Pediatrics 107:1084–94. 2001.
17. Zell ER, Ezzati-Rice TM, Battaglia MP, Wright RA. National immunization survey: the methodology of a vaccination surveillance system. Public Health Rep 115:65–77. 2000.
18. Glascoe FP. Parents' evaluation of developmental status: A method for detecting and addressing developmental and behavioral problems in children. Nashville, TN: Ellsworth & Vandermeer Press Ltd. 1997.
19. Glascoe FP. Collaborating with parents: Using parent's evaluation of developmental status to detect and address developmental and behavioral problems. Nashville, TN: Ellsworth & Vandermeer Press, LLC. 1998.

Table 1. Percent of young children (4–35 months of age) with selected characteristics: United States, 2000

Selected characteristic of the child	Percent of young children (weighted)	Standard error of percent	Unweighted sample size
Age in months			
4–9 months	19	1.2	432
10–18 months	28	1.3	674
19–35 months	53	1.5	962
Sex			
Male	52	1.6	1,078
Female	48	1.6	990
Race and ethnicity			
White non-Hispanic	61	1.3	718
Black non-Hispanic	15	0.9	477
Other non-Hispanic	4	0.6	56
Hispanic	19	0.8	817
Child's type of health insurance			
Private only	51	1.5	935
Public only	28	1.4	630
Other insured[1]	14	1.0	324
Uninsured	7	0.8	178

[1]Includes both public and private or other type of insurance.

Table 2. Percent of young children (4–35 months of age) by selected characteristics of the mother: United States, 2000

Selected characteristic of the mother	Percent of young children (weighted)	Standard error of percent	Unweighted sample size
Age in years			
Under 20 years	7	0.8	151
20–24 years	22	1.3	444
25–29 years	26	1.3	563
30–34 years	25	1.4	495
35 years and over	21	1.2	405
Marital status			
Married	69	1.4	1,312
Divorced, widowed, or separated	9	1.0	177
Never married	22	1.2	571
Race and ethnicity			
White non-Hispanic	63	1.3	818
Black non-Hispanic	14	0.8	440
Other non-Hispanic	5	0.7	72
Hispanic	18	0.9	728
Education			
Less than high school	21	1.3	443
High school graduate	34	1.5	655
More than high school graduate	46	1.5	970
Employment			
Full-time employment	35	1.4	785
Part-time employment	20	1.2	368
Not employed	46	1.5	908

Table 3. Percent of young children (4–35 months of age) by selected characteristics of their household: United States, 2000

Selected characteristic of the household	Percent of young children (weighted)	Standard error of percent	Unweighted sample size
Annual income			
Up to $7,500	7	0.7	153
$7,501–$17,500	16	1.1	377
$17,501–$25,000	12	1.0	301
$25,001–$35,000	13	1.1	265
$35,001–$45,000	10	0.9	190
$45,001–$60,000	11	1.0	197
$60,001–$75,000	7	0.9	122
Over $75,000	14	1.0	242
Don't know/refused	10	0.9	221
Number of adults 18 years and over			
1	10	0.9	228
2	75	1.3	1,438
3 or more	14	1.0	399
Number of children under 18 years			
1	30	1.4	662
2	36	1.5	719
3	23	1.4	447
4 or more	11	1.0	240

Table 4. Percent of young children (4–35 months of age) with a usual source and provider of health care by maternal race and ethnicity: United States, 2000

Usual source and provider of health care	Maternal race and ethnicity			All races and ethnicities
	White non-Hispanic	Black non-Hispanic	Hispanic	
	Percent of young children			
Usual source of care				
Private/group practice	82	68	54	74
Urgent care/walk-in clinic	*2	4	3	2
Community health center/public clinic	12	19	32	17
Hospital clinic	4	9	10	6
Particular doctor or health care provider for well-child care				
Yes	49	39	34	46
No	51	61	66	54
Provider type, for children who see a particular health care provider				
Pediatrician	74	82	83	76
Family practitioner	19	*7	11	17
Other	6	*11	*6	7
	Standard error of percent			
Usual source of care				
Private/group practice	1.8	2.9	2.6	1.4
Urgent care/walk-in clinic	0.6	1.1	0.7	0.5
Community health center/public clinic	1.5	2.5	2.5	1.2
Hospital clinic	0.9	1.5	1.8	0.7
Particular doctor or health care provider for well-child care				
Yes	2.2	3.0	2.2	1.5
No	2.2	3.0	2.2	1.5
Provider type, for children who see a particular health care provider				
Pediatrician	2.7	4.4	2.8	2.0
Family practitioner	2.4	2.1	2.2	1.8
Other	1.5	4.2	1.9	1.2

*Figure does not meet standard of reliability or precision.

Table 5. Percent of young children (4–35 months of age) by parent or guardian's preferences for selected pediatric discussion topics and by maternal race and ethnicity: United States, 2000

Selected discussion topic	Maternal race and ethnicity			All races and ethnicities
	White non-Hispanic	Black non-Hispanic	Hispanic	
	Percent of young children			
Parent physical health				
Providers asked about topic in past 12 months	38	46	40	39
Providers should discuss topic	71	71	82	73
Parent emotional support				
Providers asked about topic in past 12 months	30	40	32	32
Providers should discuss topic	86	80	85	85
Spouse or partner supportive of parenting efforts				
Providers asked about topic in past 12 months	35	47	45	39
Providers should discuss topic	80	75	82	79
Violence in the community				
Providers asked about topic in past 12 months	6	15	22	10
Providers should discuss topic	52	55	66	56
Difficulty paying for children's needs				
Providers asked about topic in past 12 months	10	19	15	12
Providers should discuss topic	76	72	67	75
Smoker in the household				
Providers asked about topic in past 12 months	73	86	85	77
Providers should discuss topic	95	94	93	94
Drug or alcohol user in the household				
Providers asked about topic in past 12 months	35	59	67	44
Providers should discuss topic	88	85	92	89
	Standard error of percent			
Parent physical health				
Providers asked about topic in past 12 months	2.1	3.1	2.5	1.5
Providers should discuss topic	2.0	3.0	1.7	1.4
Parent emotional support				
Providers asked about topic in past 12 months	2.0	3.2	2.4	1.4
Providers should discuss topic	1.5	2.2	2.0	1.1
Spouse or partner supportive of parenting efforts				
Providers asked about topic in past 12 months	2.1	3.2	2.6	1.5
Providers should discuss topic	1.7	2.8	2.1	1.2
Violence in the community				
Providers asked about topic in past 12 months	1.2	2.4	2.1	0.9
Providers should discuss topic	2.3	3.2	2.6	1.6
Difficulty paying for children's needs				
Providers asked about topic in past 12 months	1.3	2.5	1.8	0.9
Providers should discuss topic	1.9	2.7	2.3	1.4
Smoker in the household				
Providers asked about topic in past 12 months	1.9	1.9	2.1	1.3
Providers should discuss topic	1.0	1.6	1.6	0.8
Drug or alcohol user in the household				
Providers asked about topic in past 12 months	2.1	3.0	2.5	1.5
Providers should discuss topic	1.4	2.3	1.3	1.0

Table 6. Percent of young children (4–35 months of age) by parent or guardian's perceptions of the importance of well-child care and by maternal race and ethnicity: United States, 2000

Importance of well-child care	Maternal race and ethnicity			All races and ethnicities
	White non-Hispanic	Black non-Hispanic	Hispanic	
	Percent of young children			
Very important	85	88	86	86
Important	10	10	12	11
Somewhat important	4	*2	*2	4
Not important	*0	–	–	*0
	Standard error of percent			
Very important	1.6	2.0	1.8	1.1
Important	1.3	1.8	1.7	0.9
Somewhat important	1.0	1.0	0.8	0.7
Not important	0.0	. . .	. . .	0.0

– Quantity zero.
0 Quantity more than zero but less than 0.5.
0.0 Quantity more than zero but less than 0.05.
* Figure does not meet standard of reliability or precision.
. . . Category not applicable.

Table 7. Percent of young children (4–35 months of age) by parent or guardian's satisfaction with the child's health care and by child's type of health insurance: United States, 2000

Selected characteristic	Child's type of health insurance				All young children
	Private only	Public only	Other insured	Uninsured	
	Percent of young children				
Satisfaction with length of visit					
Not enough time	11	11	11	22	12
About the right amount of time	89	87	88	78	88
Too much time	*0	*2	*1	–	*1
Did parent/guardian get to ask the questions he/she wanted?					
Yes	95	*96	*96	84	95
No	5	*4	*4	16	5
Rating of quality of child's check-ups					
10	40	44	36	48	41
9	21	16	17	*17	19
8	23	21	31	16	23
1–7	16	18	16	19	17
	Standard error of percent				
Satisfaction with length of visit					
Not enough time	1.4	1.7	2.1	4.7	1.0
About the right amount of time	1.4	1.9	2.1	4.7	1.0
Too much time	0.0	1.0	0.4	. . .	0.3
Did parent/guardian get to ask the questions he/she wanted?					
Yes	1.0	1.3	1.8	4.3	0.8
No	1.0	1.3	1.8	4.3	0.8
Rating of quality of child's check-ups					
10	2.2	3.0	3.8	5.9	1.6
9	1.7	2.0	3.0	5.0	1.2
8	1.8	2.3	3.8	3.5	1.3
1–7	1.7	2.3	2.6	4.3	1.2

– Quantity zero.
0 Quantity more than zero but less than 0.5.
0.0 Quantity more than zero but less than 0.05.
* Figure does not meet standard of reliability or precision.
. . . Category not applicable.

Table 8. Percent of young children (4–35 months of age) whose parent or guardian would recommend their health care provider by child's type of health insurance: United States, 2000

Parent or guardian recommend provider	Child's type of health insurance				All young children
	Private only	Public only	Other insured	Uninsured	
	Parent of young children who see a particular health care provider				
Would recommend provider					
Very likely	85	73	71	68	79
Somewhat likely	13	22	21	25	17
Somewhat unlikely or very unlikely	*2	*5	*8	*7	4
	Standard error of percent				
Would recommend provider					
Very likely	2.2	3.4	4.6	8.4	1.7
Somewhat likely	2.1	3.1	3.9	7.5	1.5
Somewhat unlikely or very unlikely	0.7	1.6	3.2	3.7	0.8

* Figure does not meet standard of reliability or precision.

NOTE: Only 46% of young children were reported to have a particular doctor or health care provider that they see for well-child care (see table 4). Children without a particular doctor or health care provider were excluded from the calculations for this table.

Table 9. Percent of young children (4–35 months of age) by parent or guardian's perception of extent to which health care is family-centered and by child's type of health insurance: United States, 2000

Selected component of family-centered health care	Child's type of health insurance				All young children
	Private only	Public only	Other insured	Uninsured	
	Percent of young children				
Providers take time to understand child's needs					
Always	68	68	65	42	66
Usually/sometimes	30	30	33	45	32
Never	*1	2	*2	*13	2
Providers respect parent/guardian's expertise on child					
Always	57	56	53	42	55
Usually/sometimes	40	39	45	50	41
Never	3	5	*2	*8	4
Providers ask how parent is feeling as a parent					
Always	23	35	25	26	27
Usually/sometimes	47	36	37	26	41
Never	29	29	39	48	32
Providers understand parent/guardian's parenting preferences					
Always	40	43	33	34	40
Usually/sometimes	40	35	41	33	38
Never	20	22	26	33	22
	Standard error of percent				
Providers take time to understand child's needs					
Always	2.0	2.6	3.7	5.4	1.4
Usually/sometimes	2.0	2.5	3.7	5.6	1.4
Never	0.4	0.5	0.6	4.4	0.4
Providers respect parent/guardian's expertise on child					
Always	2.2	2.9	3.9	5.3	1.6
Usually/sometimes	2.2	2.9	3.9	5.6	1.5
Never	1.0	0.1	0.9	3.4	0.6
Providers ask how parent is feeling as a parent					
Always	1.8	3.0	3.4	5.6	1.4
Usually/sometimes	2.2	2.7	3.6	4.3	1.5
Never	2.0	2.6	3.9	5.6	1.4
Providers understand parent/guardian's parenting preferences					
Always	2.2	3.0	3.5	5.3	1.5
Usually/sometimes	2.2	2.7	3.9	5.3	1.5
Never	1.8	2.3	3.4	5.4	1.3

* Figure does not meet standard of reliability or precision.

Table 10. Percent of young children (4–35 months of age) by parent or guardian's perception of extent to which health care is family-centered and by maternal race and ethnicity: United States, 2000

Selected component of family-centered health care	Maternal race and ethnicity			All races and ethnicities
	White, non-Hispanic	Black, non-Hispanic	Hispanic	
		Percent of young children		
Providers take time to understand child's needs				
Always	70	73	50	66
Usually/sometimes	29	25	42	32
Never	*1	*2	8	2
Providers respect parent/guardian's expertise on child				
Always	55	58	55	55
Usually/sometimes	43	36	40	41
Never	*3	7	5	4
Providers ask how parent is feeling as a parent				
Always	25	35	28	27
Usually/sometimes	45	38	33	41
Never	30	27	39	32
Providers understand parent/guardian's parenting preferences				
Always	41	38	39	40
Usually/sometimes	39	34	34	38
Never	20	28	27	22
		Standard error of percent		
Providers take time to understand child's needs				
Always	1.9	2.7	2.6	1.4
Usually/sometimes	1.9	2.7	2.5	1.4
Never	0.3	0.7	1.9	0.4
Providers respect parent/guardian's expertise on child				
Always	2.2	3.1	2.6	1.5
Usually/sometimes	2.1	3.0	2.5	1.5
Never	0.8	1.5	1.2	0.6
Providers ask how parent is feeling as a parent				
Always	2.0	3.1	2.3	1.4
Usually/sometimes	2.1	3.0	2.4	1.5
Never	2.0	2.6	2.5	1.4
Providers understand parent/guardian's parenting preferences				
Always	2.1	3.2	2.5	1.5
Usually/sometimes	2.1	2.9	2.3	1.5
Never	1.7	2.7	2.4	1.3

* Figure does not meet standard of reliability or precision.

Table 11. Percent of young children (4–35 months of age) by provision of preventive health care for nutrition issues and by age of child: United States, 2000

Preventive heatlh care topic	Age of child		
	4–9 months	10–18 months	19–35 months
	Percent of young children		
Providers talked with parent/guardian about breastfeeding			
Yes	91	. . .	. . .
No, and would have been helpful	*3	. . .	. . .
No, and would not have been helpful	6	. . .	. . .
Providers talked with parent/guardian about weaning child from bottle			
Yes	. . .	54	. . .
No, and would have been helpful	. . .	16	. . .
No, and would not have been helpful	. . .	30	. . .
Providers talked with parent/guardian about food or feeding issues			
Yes	92	93	73
No, and would have been helpful	6	4	7
No, and would not have been helpful	*2	4	20
	Standard error of percent		
Providers talked with parent/guardian about breastfeeding			
Yes	1.9	. . .	. . .
No, and would have been helpful	1.3	. . .	. . .
No, and would not have been helpful	1.4	. . .	. . .
Providers talked with parent/guardian about weaning child from bottle			
Yes	. . .	2.7	. . .
No, and would have been helpful	. . .	1.8	. . .
No, and would not have been helpful	. . .	2.6	. . .
Providers talked with parent/guardian about food or feeding issues			
Yes	1.6	1.3	2.1
No, and would have been helpful	1.5	1.0	1.2
No, and would not have been helpful	0.7	0.9	1.9

* Figure does not meet standard of reliablity or precision.

. . . Category not applicable.

Table 12. Percent of young children (4–35 months of age) by provision of preventive health care for language development issues and by age of child: United States, 2000

Preventive health care topic	Age of child		
	4–9 months	10–18 months	19–35 months
	Percent of young children		
Providers talked with parent/guardian about how child communicates (his/her) needs?			
Yes	79	. . .	. . .
No, and would have been helpful	11	. . .	. . .
No, and would not have been helpful	10	. . .	. . .
Providers talked with parent/guardian about the words and phrases child uses and understands?			
Yes	. . .	68	72
No, and would have been helpful	. . .	16	13
No, and would not have been helpful	. . .	16	15
Providers talked with parent/guardian about the importance of reading to child?			
Yes	64	63	61
No, and would have been helpful	16	17	11
No, and would not have been helpful	20	20	28
	Standard error of percent		
Providers talked with parent/guardian about how child communicates (his/her) needs?			
Yes	2.8	. . .	. . .
No, and would have been helpful	1.8	. . .	. . .
No, and would not have been helpful	2.3	. . .	. . .
Providers talked with parent/guardian about the words and phrases child uses and understands?			
Yes	. . .	2.3	2.1
No, and would have been helpful	. . .	1.8	1.5
No, and would not have been helpful	. . .	1.8	1.7
Providers talked with parent/guardian about the importance of reading to child?			
Yes	3.2	2.6	2.2
No, and would have been helpful	2.4	1.8	1.3
No, and would not have been helpful	2.8	2.2	2.1

. . . Category not applicable.

Table 13. Percent of young children (4–35 months of age) by provision of preventive health care for immunization issues and by age of child: United States, 2000

Preventive health care for immunization issues	Age of child			All young children
	4–9 months	10–18 months	19–35 months	
	Percent of young children			
Providers talked with parent/guardian about immunizations	99	98	94	96
Parent/guardian delayed or missed immunizations due to safety concerns	8	9	7	8
	Standard error of percent			
Providers talked with parent/guardian about immunizations	0.3	0.5	1.1	0.6
Parent/guardian delayed or missed immunizations due to safety concerns	1.9	1.5	1.1	0.8

Table 14. Percent of young children (4–35 months of age) by selected home injury prevention measures and by age of child: United States, 2000

Selected home injury prevention measures	Age of child			All young children
	4–9 months	10–18 months	19–35 months	
	Percent of young children			
Put up baby gates, window guards, or other barriers				
Yes	58	77	77	73
No	35	22	22	24
Not applicable	7	*1	*1	2
Put locks/latches on cabinets that contain cleaners or medicine				
Yes	63	83	82	78
No	29	16	16	19
Not applicable	9	2	*2	3
Put padding around hard surfaces or sharp edges				
Yes	54	51	44	48
No	38	46	53	48
Not applicable	9	3	3	4
Put stoppers or plugs in electrical outlets				
Yes	86	94	94	92
No	12	5	6	7
Not applicable	*3	*1	0	1
Turned down the hot water thermostat setting				
Yes	57	43	57	53
No	38	54	41	44
Not applicable	5	3	3	3
Has Syrup of Ipecac at home				
Yes	44	47	48	47
No	56	53	52	53
	Standard error of percent			
Put up baby gates, window guards, or other barriers				
Yes	3.0	2.0	1.9	1.3
No	3.2	1.9	1.8	1.3
Not applicable	1.7	0.4	0.5	0.4
Put locks/latches on cabinets that contain cleaners or medicine				
Yes	3.2	1.8	1.7	1.2
No	2.9	1.8	1.6	1.2
Not applicable	2.1	0.5	0.6	0.5
Put padding around hard surfaces or sharp edges				
Yes	3.3	2.6	2.3	1.5
No	3.2	2.6	2.3	1.5
Not applicable	2.2	0.9	0.8	0.6
Put stoppers or plugs in electrical outlets				
Yes	2.1	1.1	1.2	0.8
No	1.9	1.0	1.2	0.8
Not applicable	1.0	0.4	0.1	0.2
Turned down the hot water thermostat setting				
Yes	3.2	2.6	2.2	1.5
No	3.2	2.6	2.2	1.5
Not applicable	1.2	0.6	0.6	0.4
Has Syrup of Ipecac at home				
Yes	3.3	2.6	2.3	1.5
No	3.3	2.6	2.3	1.5

* Figure does not meet standard of reliability or precision.

0 Quantity more than zero but less than 0.5.

Table 15. Percent of young children (4–35 months of age) by household income, by maternal employment, and by hours in child care: United States, 2000

Household income and maternal employment	Hours in child care			
	Zero hours	1–20 hours	21–40 hours	41 or more hours
	Percent of young children			
Up to $17,500				
Employed full time	20	35	30	*14
Employed part time	26	34	37	*2
Not employed	62	31	6	*1
$17,501–$35,000				
Employed full time	18	30	40	12
Employed part time	38	39	18	*4
Not employed	67	27	*4	*2
$35,001–$60,000				
Employed full time	16	26	40	18
Employed part time	21	44	34	0
Not employed	57	41	*2	–
More than $60,000				
Employed full time	*12	26	45	16
Employed part time	24	56	15	*4
Not employed	47	50	*2	*1
Total[1]				
Employed full time	19	28	38	15
Employed part time	27	45	25	*3
Not employed	59	36	4	*1
All young children	39	35	20	6
	Standard error of percent			
Up to $17,500				
Employed full time	4.8	5.0	4.9	4.4
Employed part time	7.0	7.5	7.8	1.6
Not employed	4.2	4.0	1.8	0.4
$17,501–$35,000				
Employed full time	3.8	4.8	4.7	2.8
Employed part time	7.8	7.6	4.9	2.8
Not employed	4.2	4.0	1.2	1.4
$35,001–$60,000				
Employed full time	3.4	4.1	4.8	3.6
Employed part time	5.7	7.3	7.4	0.3
Not employed	5.9	5.9	1.1	. . .
More than $60,000				
Employed full time	4.2	5.0	5.4	4.0
Employed part time	6.5	7.0	4.1	3.8
Not employed	5.7	5.8	1.5	0.6
Total[1]				
Employed full time	2.1	2.2	2.4	1.8
Employed part time	3.3	3.6	3.0	1.3
Not employed	2.3	2.3	0.7	0.4
All young children	1.5	1.5	1.2	0.7

– Quantity zero.

0 Quantity more than zero but less than 0.5.

* Figure does not meet standard of reliability or precision.

. . . Category not applicable.

[1]Children with missing information for household income are included in total.

Table 16. Percent of young children (4–35 months of age) who have consistent family routines by age of child: United States, 2000

Family routine	Age of child			All young children
	4–9 months	10–18 months	19–35 months	
	Percent of young children			
Child's bedtime is same everyday	79	78	68	73
Child's naptime is same everyday	56	71	67	66
Child's mealtimes are same everyday	68	76	77	75
	Standard error of percent			
Child's bedtime is same everyday	2.6	2.2	2.2	1.4
Child's naptime is same everyday	3.3	2.4	2.2	1.5
Child's mealtimes are same everyday	3.1	2.3	1.9	1.3

Table 17. Percent of young children (4–35 months of age) by frequency of selected family activities: United States, 2000

Family activity	Frequency of activity			
	Everyday	3–6 days per week	1–2 days per week	Never
	Percent of young children			
Read stories to child	52	27	15	6
Play music or sing songs with child	75	17	6	1
Take child on outing	37	46	16	*1
Family eats midday/evening meal together	57	28	12	3
Eat breakfast together	25	13	36	26
	Standard error of percent			
Read stories to child	1.5	1.4	1.1	0.6
Play music or sing songs with child	1.4	1.2	0.7	0.4
Take child on outing	1.5	1.5	1.1	0.3
Family eats midday/evening meal together	1.5	1.4	1.0	0.5
Eat breakfast together	1.3	1.1	1.5	1.4

* Figure does not meet standard of reliability or precision.

Table 18. Percent of young children (4–35 months of age) by maternal education, child's participation in WIC, and whether the child has ever been breastfed: United States, 2000

Selected characteristics	Ever breastfed	Never breastfed
	Percent of young children	
Mother's education		
Less than high school	52	48
High school graduate	60	40
More than high school	79	21
Child ever received WIC[1] program benefits		
Yes	56	44
No	80	20
All young children	67	33
	Standard error of percent	
Mother's education		
Less than high school	3.5	3.5
High school graduate	2.7	2.7
More than high school	1.8	1.8
Child ever received WIC[1] program benefits		
Yes	2.1	2.1
No	1.9	1.9
All young children	1.5	1.5

[1]WIC is Women, Infants, and Children.

Table 19. Percent of young children (4–35 months of age), by age, child's type of health insurance, and overall health status: United States, 2000

Child's age and type of health insurance	Overall health status of child			
	Excellent	Very good	Good	Fair/poor
	Percent of young children			
Child's age				
4–9 months	62	24	13	*2
10–18 months	53	31	12	4
19–35 months	51	33	12	4
Child's type of health insurance				
Private only	59	31	9	*1
Public only	45	32	17	6
Other insured	54	33	10	*2
Uninsured	48	18	24	*10
All young children	54	31	12	4
	Standard error of percent			
Child's age				
4–9 months	3.1	2.6	2.2	0.7
10–18 months	2.6	2.5	1.6	0.9
19–35 months	2.3	2.2	1.4	0.9
Child's type of health insurance				
Private only	2.2	2.1	1.2	0.4
Public only	2.9	2.8	2.0	1.6
Other insured	3.8	3.6	1.8	1.0
Uninsured	5.6	3.4	5.1	3.4
All young children	1.5	1.4	1.0	0.6

* Figure does not meet standard of reliability or precision.

Table 20. Percent of young children (4–35 months of age) by extent of parental concerns for selected developmental issues: United States, 2000

Selected developmental issue	Extent of concern	
	A lot or a little	Not at all
	Percent of young children	
How child talks and makes speech sounds	45	55
How child sees or hears[1]	32	68
How child understands what parent/guardian says	35	65
How child uses his or her hands and fingers to do things	28	72
How child uses his or her arms and legs	28	72
How child behaves	48	52
How child gets along with others	41	59
How child is learning to do things for himself/herself	33	67
How child is learning preschool or school skills	38	62
Whether child can do what other children can do	34	66
Child's emotional well-being[1]	42	58
	Standard error of percent	
How child talks and makes speech sounds	1.5	1.5
How child sees or hears[1]	1.4	1.4
How child understands what parent/guardian says	1.4	1.4
How child uses his or her hands and fingers to do things	1.3	1.3
How child uses his or her arms and legs	1.3	1.3
How child behaves	1.6	1.6
How child gets along with others	1.5	1.5
How child is learning to do things for himself/herself	1.4	1.4
How child is learning preschool or school skills	1.8	1.8
Whether child can do what other children can do	1.5	1.5
Child's emotional well-being[1]	1.5	1.5

[1]Item is not included in Parents' Evaluation of Developmental Status measures.

NOTE: The majority of these items were adapted from the Parents' Evaluation of Developmental Status (PEDS), © 1997. Scale adapted with permission. (Glascoe FP. Parents' evaluation of developmental status: A method for detecting and addressing developmental and behavioral problems in children. Nashville, TN: Ellsworth & Vandermeer Press Ltd.) The PEDS is a tool to identify children at risk for developmental, behavioral, or social delays. Therefore, it is meant to be used as a risk assessment tool that will identify children who either have or are more likely to have problems in the future. Researchers interested in using the PEDS as a risk assessment tool should consult the PEDS documentation for scoring instructions. (Glascoe FP. Collaborating with parents: Using parents' evaluation of developmental and behavioral problems. Nashville, TN: Ellsworth & Vandermeer Press, LLC. 1998.) Health care providers wishing to use PEDS in practice to assess risk status, or to make decisions about developmental status for individual children, must use the clinical version of the test, which can be obtained from Ellsworth & Vandermeer Press, LLC.

Table 21. Percent of young children (4–35 months of age) whose parents are "a lot" or "a little" concerned with selected developmental issues, by age of child: United States, 2000

Selected developmental issue	Age of child		
	4–9 months	10–18 months	19–35 months
	Percent of young children		
Parent is a lot or a little concerned with:			
How child talks and makes speech sounds	40	49	44
How child sees or hears[1]	33	36	30
How child understands what parent/guardian says	35	39	33
How child uses his or her hands and fingers to do things	31	34	23
How child uses his or her arms and legs	34	34	23
How child behaves	35	44	56
How child gets along with others	29	41	45
How child is learning to do things for himself/herself	34	36	32
How child is learning preschool or school skills	30	40	39
Whether child can do what other children can do	32	38	33
Child's emotional well-being[1]	40	41	44
	Standard error of percent		
Parent is a lot or a little concerned with:			
How child talks and makes speech sounds	3.2	2.6	2.2
How child sees or hears[1]	3.0	2.5	2.0
How child understands what parent/guardian says	3.0	2.6	2.1
How child uses his or her hands and fingers to do things	3.0	2.5	1.8
How child uses his or her arms and legs	3.1	2.5	1.8
How child behaves	3.1	2.6	1.8
How child gets along with others	2.9	2.6	2.3
How child is learning to do things for himself/herself	3.2	2.5	2.1
How child is learning preschool or school skills	4.3	3.3	2.5
Whether child can do what other children can do	3.0	2.6	2.1
Child's emotional well-being[1]	3.2	2.6	2.2

[1]Item is not included in Parents' Evaluation of Development Status measures.

NOTE: The majority of these items were adapted from the Parents' Evaluation of Developmental Status (PEDS), © 1997. Scale adapted with permission. (Glascoe FP. Parents' evaluation of developmental status: A method for detecting and addressing developmental and behavioral problems in children. Nashville, TN: Ellsworth & Vandermeer Press Ltd.) The PEDS is a tool to identify children at risk for developmental, behavioral, or social delays. Therefore, it is meant to be used as a risk assessment tool that will identify children who either have or are more likely to have problems in the future. Researchers interested in using the PEDS as a risk assessment tool should consult the PEDS documentation for scoring instructions. (Glascoe FP. Collaborating with parents: Using parents' evaluation of developmental and behavioral problems. Nashville, TN: Ellsworth & Vandermeer Press, LLC. 1998.) Health care providers wishing to use PEDS in practice to assess risk status, or to make decisions about developmental status for individual children, must use the clinical version of the test, which can be obtained from Ellsworth & Vandermeer Press, LLC.

Table 22. Percent of young children (4–35 months of age) who have received a developmental risk assessment: United States, 2000

Developmental risk assessment	Percent of young children	Standard error of percent
Providers ever said they were doing a developmental asesssment	45	1.6
Providers ever had child pick up small objects or throw a ball or recognize different colors	35	1.5

Table 23. Percent of young children (4–35 months of age) by maternal race and ethnicity, by age of child and parent or guardian's perception of their success coping with the day-to-day demands of parenthood: United States, 2000

Maternal race and ethnicity and age of child	Perception of coping success		
	Very well	Somewhat well	Not very well or not well at all
	Percent of young children		
White non-Hispanic			
4–9 months	71	29	*0
10–18 months	69	31	–
19–35 months	59	39	*2
Black non-Hispanic			
4–9 months	78	21	*1
10–18 months	72	27	*1
19–35 months	69	30	*1
Hispanic			
4–9 months	58	36	*5
10–18 months	58	40	*1
19–35 months	44	52	*4
All races and ethnicities			
4–9 months	69	29	*1
10–18 months	67	32	*0
19–35 months	57	40	2
	Standard error of percent		
White non-Hispanic			
4–9 months	4.3	4.3	0.4
10–18 months	3.6	3.6	. . .
19–35 months	3.1	3.1	0.8
Black non-Hispanic			
4–9 months	5.3	5.2	0.9
10–18 months	4.5	4.5	0.6
19–35 months	4.1	4.1	0.6
Hispanic			
4–9 months	5.6	5.4	3.8
10–18 months	4.2	4.1	0.8
19–35 months	3.6	3.7	1.5
All races and ethnicities			
4–9 months	3.0	3.0	0.8
10–18 months	2.5	2.5	0.2
19–35 months	2.3	2.2	0.5

– Quantity zero.

0 Quantity more than zero but less than 0.5.

* Figure does not meet standard of reliability or precision.

. . . Category not applicable.

Table 24. Percent of young children (4–35 months of age) by extent of parent or guardian's self-reported well-being: United States, 2000

Emotional state	Extent of self-reported well-being during the past month					
	All of the time	Most of the time	A good bit of the time	Some of the time	Little of the time	None of the time
	Percent of young children					
Been a very nervous person?	2	4	4	17	35	38
Felt calm and peaceful?	9	39	18	20	11	2
Felt downhearted and blue?	2	4	3	20	35	36
Felt so down in the dumps that nothing could cheer parent up?	*1	*1	*0	4	11	82
Been a happy person?	21	53	11	10	3	*1
	Standard error of percent					
Been a very nervous person?	0.4	0.6	0.6	1.2	1.5	1.5
Felt calm and peaceful?	0.8	1.4	1.3	1.3	1.1	0.3
Felt downhearted and blue?	0.4	0.7	0.6	1.3	1.5	1.4
Felt so down in the dumps that nothing could cheer parent up?	0.2	0.3	0.2	0.6	1.0	1.2
Been a happy person?	1.2	1.6	1.0	1.0	0.6	0.3

* Figure does not meet standard of reliability or precision.

0 Quantity more than zero but less than 0.5.

NOTE: Mental Health Index (MHI-5) Short form © 1992 (Stewart AL, Ware JE Jr. Measuring functioning and well-being: The medical outcomes study approach, pp. 373–403 RAND Corporation, Durham, NC: Duke University Press). Used with permission. (Lorig K, Stewart A, Ritter P, et al. Outcome measures for health care interventions, pp. ix–x, 50–1. Thousand Oaks, CA: Sage Publications. 1996).

Table 25. Percent of young children (4–35 months of age) by availability of emotional support for parent or guardian, age of child, and maternal race and ethnicity: United States, 2000

Availability of emotional support and age of child	Maternal race and ethnicity			All races and ethnicities
	White non-Hispanic	Black non-Hispanic	Hispanic	
	Percent of young children			
There is someone that parent/guardian can turn to for emotional help while parenting				
4–9 months	*96	*84	71	89
10–18 months	94	90	69	88
19–35 months	90	89	60	84
There is someone that parent/guardian can count on to watch child if parent/guardian needs a break				
4–9 months	*96	*85	82	92
10–18 months	87	*94	85	88
19–35 months	90	89	79	87
	Standard error of percent			
There is someone that parent/guardian can turn to for emotional help while parenting				
4–9 months	2.0	6.3	5.1	1.9
10–18 months	1.8	3.0	3.8	1.5
19–35 months	2.0	2.5	3.6	1.6
There is someone that parent/guardian can count on to watch child if parent/guardian needs a break				
4–9 months	1.5	6.6	4.7	1.7
10–18 months	2.8	2.1	3.0	1.9
19–35 months	1.9	3.0	3.0	1.6

*Figure does not meet standard of reliability or precision.

Table 26. Percent of young children (4–35 months of age) who missed or delayed medical care by child's type of health insurance: United States, 2000

Missed or delayed medical care during the past 12 months	Child's type of health insurance				All young children
	Private only	Public only	Other insured	Uninsured	
	Percent of young children				
Child needed medical care and did not get it	4	4	6	14	5
Child got medical care later than parent/guardian would have liked	10	10	15	15	11
	Standard error of percent				
Child needed medical care and did not get it	0.9	0.8	1.7	3.5	0.6
Child got medical care later than parent/guardian would have liked	1.3	1.4	2.6	3.6	0.9

Table 27. Percent of young children (4–35 months of age) by extent of difficulty paying for selected health services for the child and by child's type of health insurance: United States, 2000

Extent of difficulty paying for selected services	Child's type of health insurance				All young children
	Private only	Public only	Other insured	Uninsured	
	Percent of young children				
Prenatal care during pregnancy?					
No trouble at all	94	92	92	80	92
Some trouble or a lot of trouble	6	8	8	20	8
Medical expenses for child's birth?					
No trouble at all	87	92	92	76	88
Some trouble or a lot of trouble	13	8	8	24	12
Child's health and medical expenses?					
No trouble at all	89	89	91	61	87
Some trouble or a lot of trouble	11	11	9	39	13
	Standard error of percent				
Prenatal care during pregnancy?					
No trouble at all	1.0	1.5	2.1	0.5	0.8
Some trouble or a lot of trouble	1.0	1.5	2.1	0.5	0.8
Medical expenses for child's birth?					
No trouble at all	1.6	1.7	1.8	4.8	1.1
Some trouble or a lot of trouble	1.6	1.7	1.8	4.8	1.1
Child's health and medical expenses?					
No trouble at all	1.5	1.8	2.1	5.6	1.1
Some trouble or a lot of trouble	1.5	1.8	2.1	5.6	1.1

Table 28. Percent of young children (4–35 months of age) by extent of difficulty paying for selected health and nonhealth services for the child and by household income: United States, 2000

Extent of difficulty paying for selected services	Household income				All incomes
	Up to $17,500	$17,501–$35,000	$35,001–$60,000	More than $60,000	
	Percent of young children				
Prenatal care during pregnancy?					
No trouble at all	90	92	91	*96	92
Some trouble or a lot of trouble	10	8	9	*4	8
Medical expenses for child's birth?					
No trouble at all	88	89	85	91	88
Some trouble or a lot of trouble	12	11	15	9	12
Child's health and medical expenses?					
No trouble at all	82	86	88	*96	87
Some trouble or a lot of trouble	18	14	12	*4	13
Supplies like formula, food, diapers, clothes, and shoes?					
No trouble at all	66	71	84	92	78
Some trouble or a lot of trouble	34	29	16	8	22
Child care?					
No trouble at all	80	83	82	89	84
Some trouble or a lot of trouble	20	17	18	11	16
	Standard error of percent				
Prenatal care during pregnancy?					
No trouble at all	1.7	1.4	2.1	1.7	0.8
Some trouble or a lot of trouble	1.7	1.4	2.1	1.7	0.8
Medical expenses for child's birth?					
No trouble at all	2.4	1.8	2.5	2.4	1.1
Some trouble or a lot of trouble	2.4	1.8	2.5	2.4	1.1
Child's health and medical expenses?					
No trouble at all	2.7	1.9	2.2	1.6	1.1
Some trouble or a lot of trouble	2.7	1.9	2.2	1.6	1.1
Supplies like formula, food, diapers, clothes, and shoes?					
No trouble at all	3.1	3.0	2.5	2.0	1.4
Some trouble or a lot of trouble	3.1	3.0	2.5	2.0	1.4
Child care?					
No trouble at all	2.9	2.5	2.9	2.2	1.2
Some trouble or a lot of trouble	2.9	2.5	2.9	2.2	1.2

* Figure does not meet standard of reliability or precision.