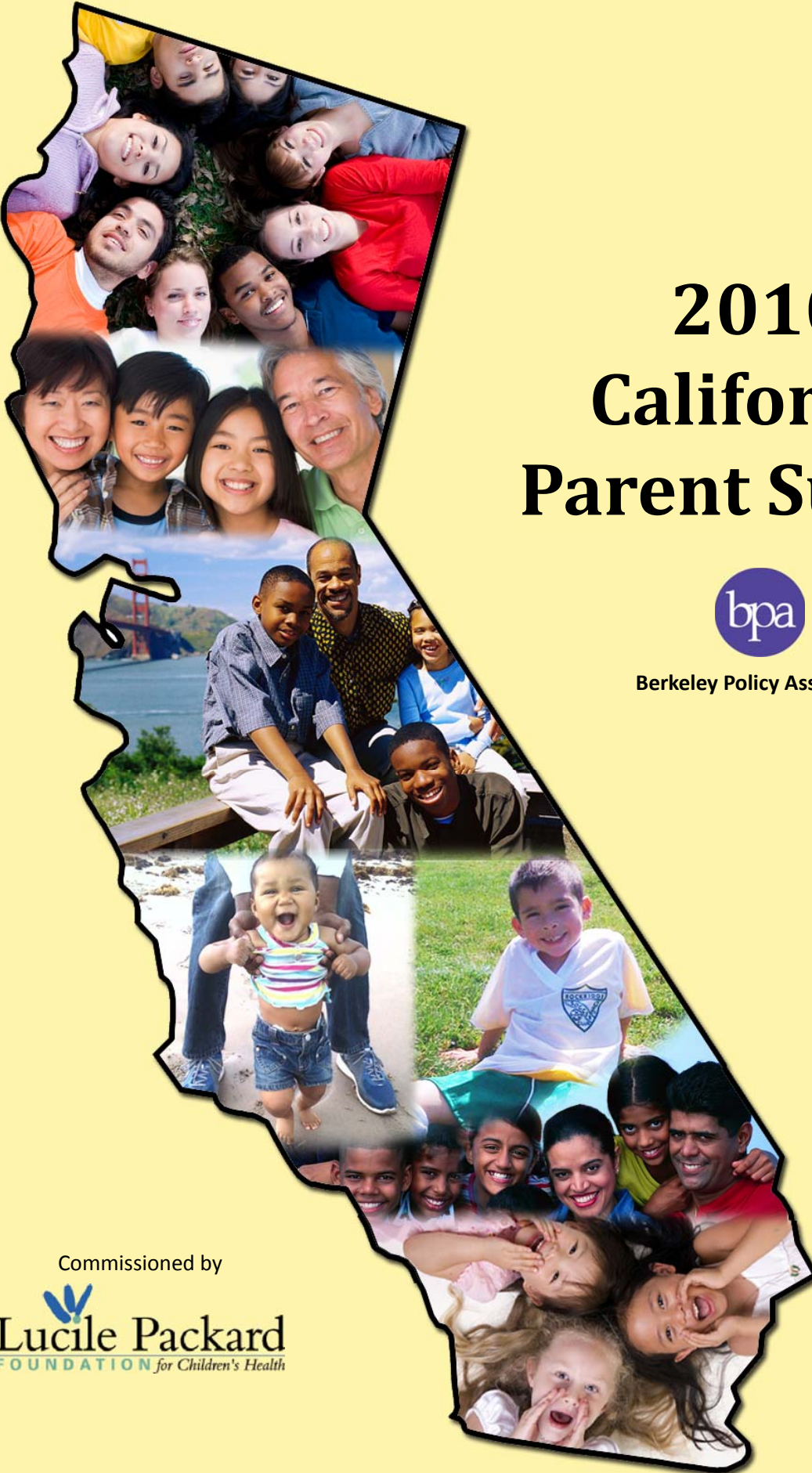


# 2010 California Parent Survey



Berkeley Policy Associates

Commissioned by  
  
**Lucile Packard**  
FOUNDATION *for Children's Health*



# 2010 California Parent Survey

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# Executive Summary

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California is home to 9.9 million children, the largest child population of any state. To policymakers, this presents both challenges and opportunities. Among them is the opportunity to set standards for the health and well-being of children, and to maintain those standards during periods of economic decline.

Over the past few years, the well-being of many children in California has been at risk due in large part to the state's protracted economic downturn. In fact, the proportion of California's children living in families with incomes below the federal poverty threshold—about \$22,000 for a family of four—rose from 17.3<sup>1</sup> percent in 2007 to 19.9<sup>2</sup> percent in 2009. Due to long-term effects of the Great Recession, child poverty is projected to remain high for at least the next several years.<sup>3</sup>

In addition, the state's budget crisis has placed enormous pressure on programs that protect and promote the well-being of children and families. The condition of California's children has long-term consequences not only for the overall health of the state's population, but also for its long-term productivity and prosperity.

The Lucile Packard Foundation for Children's Health commissioned the 2010 California Parent Survey to assess the current status of the state's child population from parents' perspectives. The survey is designed to provide timely information about how children are faring, and to bring attention to, and compel action on, key issues related to the well-being of California children.

The survey gathered information on the demographic characteristics of California children and their families including, among others, race/ethnicity, income, parental age and marital status, and the primary language spoken at home. It also asked parents about a wide range of issues, including children's physical and emotional health, medical and dental coverage, education, special health care needs, family time, and child care. For example, questions were asked about children's stress, risk-taking behaviors, child and parental depression, the quality and safety of children's schools, the level of parental involvement in school, the adequacy of household income, how children spend their free time, whether families eat and read together, access and barriers to child care, neighborhood safety, experiences with racism, and the effects of the media.

Based on a random-digit-dial phone survey (including cell phones),<sup>i</sup> with a sample size of 1,685 children, the survey is representative of the state's child population. It was conducted in five languages depending on respondent's preference.<sup>ii</sup> Results include representative samples for Los Angeles County and the San Francisco Bay Area—home to more than 40 percent of the state's children.<sup>4,iii</sup> All differences cited in the report are statistically significant at the  $p \leq 0.05$  level, unless otherwise noted.

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<sup>i</sup> The survey used list-assisted random-digit-dialing (RDD) methods and wireless RDD.

<sup>ii</sup> Languages included English, Spanish, Mandarin, Cantonese, or Vietnamese.

<sup>iii</sup> For the purposes of this report, the San Francisco Bay Area includes the following counties: Alameda, Contra Costa, Marin, San Francisco, San Mateo, and Santa Clara.

## Key Findings

### *Persistent Disparities*

Overall, parents indicate that the majority of children are doing relatively well on most measures of health and well-being. However, the survey findings show that certain groups of children repeatedly fare worse than their peers across multiple measures. These groups include children of color, and children of families with the following characteristics: low-income, single parents, foreign-born parents, parents who did not go to college, and those with a primary language other than English. Some examples of what parents reported:

- About 42 percent of the state’s children live in households with annual incomes of less than \$50,000, and these children are more likely to be in very poor, poor, or fair health (9-13 percent), compared to children from households with incomes higher than \$75,000 (2-4 percent).
- Children from single-parent families are almost twice as likely to be in very poor, poor or fair emotional health (15 percent) as children in two-parent families (8 percent).
- Approximately 12 percent of children are unsafe in their neighborhood or surroundings, according to their parents; among these, Latino/Hispanic children, those with household incomes below \$25,000, and children of foreign-born parents are most likely to have parents who are concerned about their safety.
- Children with annual household incomes under \$25,000 are less likely to have had a routine health check-up (69 percent) than children from higher income groups (78-86 percent).

Parents responded to questions about their children in four broad areas: physical health; emotional and behavioral health; social, educational, and home environments; and special health care needs, where applicable.

### *Physical Health*

According to parents, most children in California are in good or excellent health (93 percent). The majority have annual medical and dental visits (79 and 83 percent, respectively), health insurance (95 percent), and good or excellent health care (90 percent). However, results show inequities for some groups. For example:

- Children of native-born parents are more likely to have visited the doctor in the past year (85 percent) than children of foreign-born parents (72 percent), according to the survey.
- Children whose primary home language is English are more likely to receive good or excellent health care (95 percent), according to parents, than children with primary home languages other than English (72-86 percent).

- Parent ratings of children’s dental care quality are higher for White children (94 percent rated as good or excellent) than for Black (88 percent), Latino/Hispanic (84 percent), and Asian/Pacific Islander (75 percent) children.

Disparities also were found when looking at a variety of other health measures, such as rates of asthma, breastfeeding, and receipt of prenatal care.

### *Emotional and Behavioral Health*

About 86 percent of California children are in good or excellent overall emotional health, according to their parents. However, a significant minority of children experience emotional difficulties. For example:

- As children enter their preteen and teen years, they are more likely to be in very poor, poor, or fair emotional health (13 percent for both age groups 9-13 and 14-17) and experience very high or high levels of stress (16 percent for both ages 9-13 and 14-17) than younger children (in the 5-7 percent range for both).
- According to parents, about 6 percent of all children suffer from depression or are likely depressed.
- About one in four children (24 percent) have parents who are concerned about their child’s stress level.
- Children from single-parent families are almost twice as likely to experience very high or high levels of stress (17 percent) compared to children from two-parent families (9 percent), according to the survey.

The survey also asked parents whether they think their children are engaging in risk-taking behaviors, such as substance use and sexual activity. According to results, the vast majority believe that their children are not engaging in high-risk behavior. Among youth ages 9-17, 4 percent are consuming alcohol, 3 percent are smoking cigarettes, and 3 percent are using marijuana, according to their parents.

Parents are less likely to discuss sexual activity (43 percent) with their children than they are to discuss smoking cigarettes (67 percent), alcohol (64 percent), marijuana (54 percent), and other drug use (56 percent). These conversations are more likely to occur with adolescents ages 14-17 than younger children, and among single-parent families than two-parent families, according to the survey.

Given research showing that children with depressed parents are at a higher risk of substance abuse, depression, and aggression, the survey examined parental depression.<sup>5,6,7</sup> About a quarter (26 percent) of children in California have a parent who believes that he or she has needed help for depression since becoming a parent, and 16 percent have parents who have been clinically diagnosed with depression. Children whose parents have needed help with depression are more likely to be in very poor, poor, or fair overall emotional health and have high stress levels compared to children whose parents don’t suffer from depression.



## *Social, Educational, and Home Environments*

### **Out-of-School Time Programs and Extracurricular Activities**

Research on after-school programs has shown that participation in quality programs can benefit all youth, not just those with working parents, and that participation in quality after-school programs is associated with improvements in academic performance and emotional and behavioral health.<sup>8,9,10</sup> The survey found that California children are fairly active outside of school; 59 percent of children participate in out-of-school time programs and/or individual extracurricular activities at least three days per week.

Despite the fact that many children are regularly involved in out-of-school activities, a relatively small percentage of parents are concerned that their children are overscheduled. Across California, 15 percent of children have parents who are concerned that their children do not have enough unscheduled time, while 23 percent believe their children have more than enough free time. Roughly half of children have the right amount of free time, according to parents.

### **Child Care**

According to the survey, family members are the most widely used providers of child care for children ages 0-12 (38 percent), followed by licensed child care centers (12 percent).

Approximately 16 percent of children have parents who say they do not have affordable child care options available to them. Those most likely to lack affordable options include children with Spanish as a primary language (28 percent), with parents without a high school diploma (27 percent), and with annual household incomes under \$25,000 (24 percent). Children whose parents don't have a high school diploma and with annual household incomes below \$25,000 also were among those least likely to have parents who are satisfied with the quality of their child care arrangements.

In addition, the survey asked parents what types of problems, if any, they had enrolling their children in child care. About half of children were enrolled in child care without any reported problems. Among those who did have challenges, the cost of care was the most common problem cited.

Also, among children whose parents reported difficulties finding high-quality and affordable child care, 36 percent had parents who reported these challenges have made it hard for them to find and retain employment.

### **School**

Most children in California have good or excellent schools (82 percent) and teachers (84 percent), according to parents. Relatively few children have schools that are considered unsafe by their parents (3 percent). However, parents of Black children and those with household incomes below \$50,000 are most likely to be concerned about school safety.



On average, children spend about eight hours per week doing homework, with Asian/Pacific Islander children spending the most time (10 hours). Parents indicate that the majority of children have “about the right amount” of homework (71 percent), while 14 percent have too much homework.

Overall, parents are fairly involved in their children’s schools. Parents of 91 percent of children have talked with teachers about their child’s academic progress at least once in the last six months, and 58 percent of children have parents who volunteered at school in the last six months.

## Home and Community Experiences

The survey asked a wide range of questions about children’s home environments, including how families spend time together; smoking in the household; adequacy of income to meet basic needs; effects of media on children; and neighborhood safety and experiences with racism. Key findings include:

- About a quarter of children (26 percent) have parents who say their household income is inadequate to meet their child’s basic needs, such as food, clothing, and shelter.
- According to parents, roughly one-quarter of children in California have experienced racism at least once in their lives. Black children, youth ages 14-17, and children in single-parent families were the most likely to experience racism.
- About one out of four children have parents who think that media (television, movies, music) has a negative impact on their children, while 57 percent have parents who believe media has a positive influence.
- The vast majority of children (85 percent) in California live in smoke-free homes, according to parents. White children, higher-income children, and children whose parents have at least a college diploma are most likely to live in smoke-free households.
- In terms of family time together, the survey found that 76 percent of children eat dinner with their families at least five times per week, and most children have parents who are satisfied with the amount of family time they have together (71 percent). However, 18 percent of children have parents who believe they do not have enough family time.
- More than two-thirds (69 percent) of children ages 0-5 read or look at books with family members at least 5-6 times per week, according to parents; among all children ages 0-17, nearly half (46 percent) read books with family this frequently.
- As noted previously, approximately 12 percent of children are unsafe in their neighborhood or surroundings, according to their parents, and among these, Latino/Hispanic children, those with household incomes below \$25,000, and children of foreign-born parents are most likely to have parents who are concerned about their safety.

## *Key Findings on Children with Special Health Care Needs*

Children with special health care needs (CSHCN) comprise approximately 14 percent of U.S. children,<sup>11</sup> and account for an estimated 80 percent of annual medical expenditures on children.<sup>12</sup> Their requirements for health services make them particularly vulnerable to access, cost, and quality weaknesses in the health care system.<sup>13</sup> Caring for a child with a chronic health condition can place a significant strain on families, financially, physically, and mentally.<sup>14, 15</sup>

This survey asked a variety of questions about CSHCN, in an effort to gather current information and augment other sources of data for this population. In terms of overall physical health, not surprisingly, parents of CSHCN are much more likely to report that their children are in very poor, poor, or fair health (nearly one-third) than children without special needs (5 percent). Consistent with other studies,<sup>16, 17</sup> the survey shows that children with special health care needs are more likely to be overweight, and more likely to have asthma, than children without special needs.

Among CSHCN in California, results indicate that roughly one-third are in very poor, poor, or fair overall emotional health compared to 7 percent of other children; similarly, about one in three CSHCN need or receive psychological services compared to 3 percent of other children. Almost one in five CSHCN are struggling with depression, according to their parents, compared to 5 percent for children without special needs.

## **Conclusion**

On the whole, the survey's findings are encouraging, with the majority of California's children experiencing positive health and well-being within nurturing family environments. Yet it is clear that a significant percentage of the state's children are affected by persistent disparities that research has shown can have long-lasting effects on their futures<sup>18</sup> and, consequently, on the future of California. The causes of these disparities are longstanding and complex, and in some cases they are worsening. The 2010 California Parent Survey is intended to document the most pressing issues and inspire further attention to them. Progress in resolving these issues can be made only through a long-term commitment by a broad spectrum of stakeholders and decision-makers.

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# Introduction

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California is home to 9.9 million children, the largest child population of any state. To policymakers, this presents both challenges and opportunities. Among them is the opportunity to set standards for the health and well-being of children, and to maintain those standards during periods of economic decline.

Over the past few years, the well-being of many children in California has been at risk, due in large part to the state's protracted economic downturn. In fact, the proportion of California's children living in families with incomes below the federal poverty level rose from 17.3<sup>1</sup> percent in 2007 to 19.9<sup>2</sup> percent in 2009. Due to long-term effects of the Great Recession, child poverty is projected to remain high for at least the next several years.<sup>3</sup> In addition, current estimates place the state's unemployment at roughly 12 percent.<sup>4</sup> This is important because nearly two-thirds of insured Californians receive their health insurance coverage through employer-sponsored plans, making such plans the primary source of child health insurance coverage.<sup>5</sup> Moreover, the state's protracted budget process placed enormous pressures on Medi-Cal and the State Children's Health Insurance Program (S-CHIP), as well as on other child health-related programs. The suspension or elimination of several children's health care programs,<sup>iv</sup> a direct result of the state's fiscal problems, creates a further risk of a reduction in the overall well-being of children in the state. The status of children's health has long-term consequences not only for the overall health of the state's population, but also for its long-term productivity.

Realizing the importance of the issues at hand, the Lucile Packard Foundation for Children's Health (LPFCH) commissioned the 2010 California Parent Survey (the "survey"). Parents of California children under the age of 18 were surveyed throughout the state, with particular emphasis on Los Angeles County and the San Francisco Bay Area.<sup>v</sup> The survey encompassed a wide range of issues, including household demographics, child physical and emotional health, health behavior, special health care needs, education, family time, and child care.

This report presents findings from the 2010 California Parent Survey. With a sample size of 1,685 children, the survey sample is representative (when weighted) of the state's 9.9 million children. In addition, the survey includes representative subsamples of children in Los Angeles County and the San Francisco Bay Area—home to 2.7 million and 1.4 million children, respectively.<sup>6</sup> Households were sampled using list-assisted random-digit-dialing (RDD) methods and wireless RDD. Interviews were conducted using computer-assisted telephone interviewing (CATI) technology. The survey was conducted predominantly in English, but, if the household was not proficient in English, the interview was conducted in Spanish, Mandarin, Cantonese, or Vietnamese, depending on the preference of the qualified respondent. Independent Review Consulting, Inc. served as the Institutional Review Board and approved the data collection and reporting procedures for the survey. Estimates presented in this report are based on data

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<sup>iv</sup> State programs suspended or eliminated include: the Black Infant Health Program, the Children's Dental Disease Prevention Program, the Immunization Program, the Adolescent Family Life Program, county Maternal and Child Health grants, county Early and Periodic Screening, Diagnosis and Treatment programs developed with Mental Health Services Act (Proposition 63) funds, and Community Clinic programs.

<sup>v</sup> For the purposes of this report, the San Francisco Bay Area includes the following counties: Alameda, Contra Costa, Marin, San Francisco, San Mateo, and Santa Clara.

that were weighted to produce unbiased and consistent population estimates. All differences cited are statistically significant at the  $p \leq 0.05$  level, unless otherwise noted.

Although data were collected from parents, the data were not weighted to be representative of *parents* in California. As previously mentioned, the survey data are weighted so that they are representative of all *children* in California. In addition, interviews were conducted with the person in the household who self-identified as the primary caregiver or the person who spends the most time with the child. The majority of respondents to the survey were biological mothers (74 percent) or biological fathers (20 percent). Only 6 percent of respondents were non-biological parents. The sample is therefore not representative of all parents (e.g., both mother and father) in California. However, for ease of reading, the terms “parent” or “parents” are used throughout this report to refer to the person in the household who self-identified as the primary caregiver or the person who spends the most time with the child.

For a summary of the survey methodology and technical documentation for the findings presented in this report, see Appendix A. For detailed data tables, see Appendix B.

# Overview of California Child Health and Well-Being

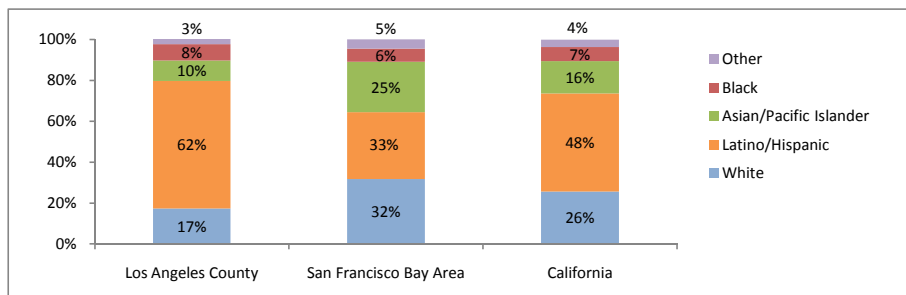
This section of the report presents findings from the 2010 California Parent Survey in four categories: (1) demographic characteristics of children and their families in California; (2) children’s physical health; (3) children’s emotional health; and (4) children’s social, educational, and home environments.

As noted, findings are based on a sample of 1,685 children. These data were weighted to provide representative population estimates of the characteristics of the 9.9 million children in California.<sup>vi</sup> The following section describes the characteristics of these children and their families according to estimates from this survey. Table 1, beginning on page 6, presents estimates of the demographic characteristics of children in California based on this survey, including margins of error.

## Characteristics of Children and Their Families

Consistent with other sources of demographic data,<sup>7, 8</sup> the 2010 California Parent Survey shows that Latino/Hispanic children represent the largest racial/ethnic group in California. As shown in Figure 1, children’s race/ethnicity varies by region, with a greater proportion of Latino/Hispanic children in Los Angeles County than in the San Francisco Bay Area or the state as a whole.

**Figure 1. Children’s Race/Ethnicity by Region**



*NOTE: Percentages may not total to 100 due to rounding or missing data.*

According to the survey, approximately 6 percent of California children were born outside of the United States. For these children, survey data showed that the most common birthplaces were Mexico, China, and Vietnam. A child in the San Francisco Bay Area is more likely to have been born outside of the United States (9 percent) than a child in Los Angeles County (4 percent). In terms of English fluency, results indicate that a relatively small proportion of California children are not fluent in English (3 percent).

<sup>vi</sup> The weight compensates for under- or over-representation of certain subgroups in the sample and adjusts the sample distribution for race/ethnicity within each county to make it conform to the population distribution of children in California. For more information on weighting, see Appendix A.



The survey also found that 9 percent of children statewide are identified as having special health care needs,<sup>vii</sup> which is similar to the 10 percent found for California in the 2005-2006 National Survey of Children with Special Health Care Needs. The proportion of children identified as having special health care needs does not vary significantly by region.

Table 1 on page 6 provides details of the population estimates for the following key family and household characteristics: family structure, household income, and primary home language, as well as parent age, race/ethnicity, country of birth, education level, and marital status.

Select findings on the characteristics of California's children and families, according to parents:

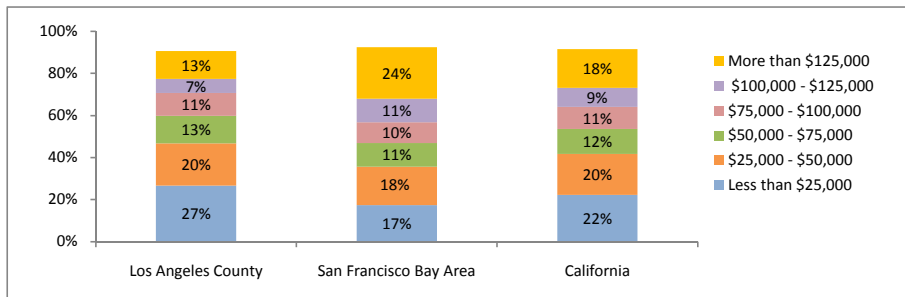
- The majority of parents (approximately 68 percent) are 31 to 50 years old.
- Roughly half of parents in California were born in the U.S. Most parents born outside of the U.S. were born in Mexico (22 percent), followed by Central America (6 percent), and China (5 percent).
- Children in California are more likely to live in two-parent households (81 percent) than single-parent households (18 percent).
- Parents are more likely to be married (73 percent) than they are to be single (20 percent) or cohabiting (6 percent).
- The majority of children in California (60 percent) live in homes where English is the primary language spoken. Approximately 28 percent of children live in households where Spanish is the primary language spoken. The remaining 12 percent have Chinese (7 percent), Vietnamese (2 percent), or another language<sup>viii</sup> (4 percent) as their primary household language.
- As shown in Figure 2, a much larger percentage of children in California live in households with incomes under \$50,000 (42 percent) than over \$100,000 (27 percent).

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<sup>vii</sup> More information on the population of children with special health care needs in California is provided in a later section of this report.

<sup>viii</sup> Includes Arabic, Armenian, Cambodian, Dutch, Farsi, Filipino, French, Georgian, Greek, Gujarati, Hebrew, Hindu Indian, Italian, Japanese, Korean, Laotian, Malay, Russian, Tamil, Thai, Turkish, and Urdu.

**Figure 2. Children’s Household Income by Region**



*NOTE: Percentages may not total to 100 due to rounding or missing data.*

In terms of regional variation in family characteristics, children in the San Francisco Bay Area are more likely to live in households with higher incomes, married parents, and parents with higher education levels than children in Los Angeles, according to parents. For example:

- As shown in Figure 2, while 24 percent of children in the San Francisco Bay Area live in households with incomes above \$125,000, only 13 percent of children in Los Angeles County and 18 percent statewide had this level of income.<sup>ix</sup>
- Nearly half (46 percent) of parents in the San Francisco Bay Area have completed a Bachelor’s degree or more education, compared to 35 percent of parents in Los Angeles County and 40 percent statewide.
- Parents in Los Angeles County are less likely to be married (69 percent) than those in the San Francisco Bay Area (77 percent), according to the survey.

<sup>ix</sup> When examining regional variations in household income, it is important to keep in mind regional variations in the cost of living, or relative costs of basic needs like housing, health care, and child care. For more information, see [www.kidsdata.org](http://www.kidsdata.org) or the [California Family Economic Self-Sufficiency Standard](#).

**Table 1. Percentage distributions and margins of error<sup>1</sup> for children in California, the San Francisco Bay Area, and Los Angeles County, by selected child and family characteristics**

	Region					
	San Francisco					
	Overall/California		Bay Area		Los Angeles County	
	Percent	Margin of error	Percent	Margin of error	Percent	Margin of error
<b>CHILD CHARACTERISTICS</b>						
<b>Children's age</b>						
0-5 years old	25.5	+/-2.60	25.1	+/-3.78	27.1	+/-4.14
6-8 years old	15.6	+/-2.06	13.4	+/-2.59	17.3	+/-3.45
9-13 years old	28.6	+/-2.62	31.6	+/-4.09	26.1	+/-3.80
14-17 years old	21.5	+/-2.24	22.0	+/-3.21	20.4	+/-3.48
Missing	8.8	+/-1.83	7.9	+/-2.94	9.1	+/-2.60
<b>Children's race/ethnicity</b>						
White, non-Hispanic	25.7	+/-2.17	31.7	+/-3.75	17.4	+/-2.39
Black, non-Hispanic	6.9	+/-0.96	6.4	+/-1.23	8.0	+/-1.43
Latino/Hispanic	47.9	+/-2.93	32.9	+/-3.96	62.3	+/-3.89
Asian/Pacific Islander	15.8	+/-1.85	24.5	+/-3.53	9.6	+/-1.77
Other <sup>2</sup>	3.7	+/-1.98	4.6	+/-3.84	2.6	+/-2.26
<b>Special Health Care Need</b>						
Has special health care needs	9.2	+/-1.52	9.8	+/-2.21	8.3	+/-2.24
Does not have special health care needs	90.8	+/-1.52	90.2	+/-2.21	91.7	+/-2.24
<b>Country of birth</b>						
United States	93.6	+/-1.60	90.8	+/-3.00	95.6	+/-1.81
Outside the United States	6.3	+/-1.58	9.2	+/-3.00	4.1	+/-1.74
Missing	†	†	-	-	†	†
<b>Fluent in English</b>						
Yes	86.2	+/-2.12	86.6	+/-2.96	85.3	+/-3.47
No	2.6	+/-0.84	4.0	+/-1.48	1.7	+/-1.12
Too young to answer	†	†	†	†	†	†
Missing	10.8	+/-1.98	9.1	+/-2.63	12.6	+/-3.32
<b>FAMILY AND HOUSEHOLD CHARACTERISTICS</b>						
<b>Family structure</b>						
Two parents	80.5	+/-2.34	82.9	+/-3.15	77.6	+/-3.83
Single parent	17.7	+/-2.27	15.3	+/-3.06	20.6	+/-3.74
Other <sup>3</sup>	1.7	+/-0.68	1.5	+/-0.79	1.8	+/-1.14
Missing	†	†	†	†	-	-

Table continued on next page

	Region					
	Overall/California		San Francisco Bay Area		Los Angeles County	
	Percent	Margin of error	Percent	Margin of error	Percent	Margin of error
<b>Primary home language</b>						
English	59.7	+/-2.86	61.0	+/-4.01	56.0	+/-4.51
Chinese	6.5	+/-1.01	9.3	+/-1.93	4.8	+/-1.04
Spanish	27.6	+/-2.77	20.5	+/-3.38	35.2	+/-4.57
Vietnamese	2.0	+/-0.58	3.6	+/-1.22	†	†
Other <sup>4</sup>	4.2	+/-1.02	5.4	+/-1.60	3.3	+/-1.49
Missing	†	†	†	†	-	-
<b>Household income</b>						
Less than \$25,000	22.3	+/-2.46	17.5	+/-2.96	26.7	+/-4.13
\$25,000-\$50,000	19.6	+/-2.46	18.2	+/-3.75	20.2	+/-3.70
\$50,001-\$75,000	11.8	+/-1.89	11.4	+/-2.79	13.1	+/-2.99
\$75,001-\$100,000	10.6	+/-1.77	9.8	+/-2.69	10.8	+/-2.63
\$100,001-\$125,000	9.0	+/-1.69	11.1	+/-3.13	6.7	+/-1.92
More than \$125,000	18.4	+/-2.00	24.4	+/-3.33	13.3	+/-2.71
Missing	8.5	+/-1.60	7.6	+/-1.96	9.4	+/-2.75
<b>Parent respondent age</b>						
Less than 25 years old	3.8	+/-1.20	2.2	+/-1.13	5.9	+/-2.36
26 to 30 years old	7.7	+/-1.59	5.6	+/-1.78	9.2	+/-2.76
31 to 35 years old	13.6	+/-2.08	12.5	+/-2.94	14.3	+/-3.29
36 to 40 years old	17.5	+/-2.28	17.9	+/-3.50	17.6	+/-3.43
41 to 45 years old	20.0	+/-2.31	20.3	+/-3.35	20.0	+/-3.67
46 to 50 years old	16.9	+/-2.14	19.0	+/-3.52	15.0	+/-2.95
51 to 55 years old	9.8	+/-1.65	12.2	+/-2.84	7.2	+/-2.05
56 to 60 years old	4.0	+/-1.07	3.1	+/-1.28	4.4	+/-1.77
61 years old and older	1.9	+/-0.67	1.9	+/-0.94	1.8	+/-1.05
Missing	5.0	+/-1.09	5.3	+/-1.57	4.6	+/-1.59
<b>Parent respondent race/ethnicity</b>						
White, non-Hispanic	29.6	+/-2.49	35.3	+/-4.09	21.2	+/-3.16
Black, non-Hispanic	7.2	+/-1.05	6.5	+/-1.31	8.3	+/-1.64
Latino/Hispanic	43.1	+/-2.95	29.7	+/-3.84	56.7	+/-4.24
Asian/Pacific Islander	16.4	+/-2.07	25.2	+/-3.93	9.5	+/-1.76
Other <sup>5</sup>	3.0	+/-1.26	2.9	+/-2.02	3.3	+/-1.90
Missing	†	†	†	†	1.0	+/-1.18
<b>Parent respondent country of birth</b>						
United States	51.9	+/-2.91	49.8	+/-4.29	51.0	+/-4.48
Mexico	22.2	+/-2.59	17.5	+/-3.17	27.1	+/-4.34
Vietnam	3.3	+/-0.75	5.0	+/-1.43	2.0	+/-0.81
Philippines	1.2	+/-0.86	2.5	+/-1.94	†	†
China	5.3	+/-0.92	8.5	+/-1.86	3.1	+/-0.83
India	1.3	+/-0.47	2.1	+/-0.93	0.4	+/-0.30
Taiwan	1.2	+/-0.44	1.1	+/-0.66	1.0	+/-0.46
<i>Table continued on next page</i>						
Central America	5.7	+/-1.49	3.0	+/-1.42	8.8	+/-2.81

	Region					
	Overall/California		San Francisco Bay Area		Los Angeles County	
	Percent	Margin of error	Percent	Margin of error	Percent	Margin of error
Europe (not including Russia, Turkey)	1.1	+/-0.50	1.3	+/-0.82	0.8	+/-0.65
Other Country <sup>6</sup>	6.2	+/-1.66	8.5	+/-3.33	4.8	+/-1.56
Missing	†	†	†	†	†	†
<b>Parent respondent education level</b>						
Less than high school diploma	24.0	+/-2.60	18.3	+/-3.10	30.0	+/-4.37
High school diploma	13.3	+/-2.00	13.7	+/-2.96	12.8	+/-3.01
Some college or vocational/technical school	22.8	+/-2.41	22.3	+/-3.64	21.8	+/-3.56
Bachelor's degree or more	39.9	+/-2.81	45.7	+/-4.29	35.4	+/-4.13
<b>Parent respondent marital status</b>						
Single - never married	9.3	+/-1.67	8.1	+/-2.02	11.6	+/-2.95
Single - divorced, separated or widowed	11.0	+/-1.90	9.8	+/-2.67	12.0	+/-3.01
Married	73.1	+/-2.65	77.2	+/-3.49	68.5	+/-4.34
Co-habiting couple	6.4	+/-1.58	4.6	+/-1.67	7.8	+/-2.84
Missing	†	†	†	†	†	†
<b>Respondent relationship to child</b>						
Biological mother	73.9	+/-2.49	73.2	+/-3.80	75.6	+/-3.66
Biological father	19.8	+/-2.21	20.4	+/-3.35	19.1	+/-3.30
Non-biological parent	6.2	+/-1.46	6.4	+/-2.33	5.3	+/-1.93

<sup>1</sup> The margin of error provides an estimate of how much the results of this sample may differ when compared to what would have been found if the entire population had been interviewed. The margin of error also indicates the upper and lower bounds of the results. The size of the sample is the primary factor affecting the size of the margin of error, though not the only factor.

<sup>2</sup> Children categorized as "other" for race/ethnicity include non-Hispanic: Middle Eastern/Arabic, American Indian or Alaska Native, and multiracial children.

<sup>3</sup> Children categorized as "other" for family structure include children who live with families comprising members other than the child's parents (e.g., aunt, uncle, grandparents).

<sup>4</sup> Children whose primary home language is categorized as "other" include languages such as: Hindi, Japanese, Korean, Greek, Arabic, Tagalog, French, Polish, Persian (Farsi), Dutch, Hebrew, Armenian, Gujarati, and multilingual children.

<sup>5</sup> Parents categorized as "other" for race/ethnicity include non-Hispanic: Middle Eastern/Arabic, American Indian or Alaska Native, and those who report multiple races/ethnicities.

<sup>6</sup> Parents whose home country is categorized as "other" include countries such as: South Korea, Cambodia, Canada, and Japan.

- Not applicable, cell count is zero.

† Less than one percent or sample size too small to report (n<30).

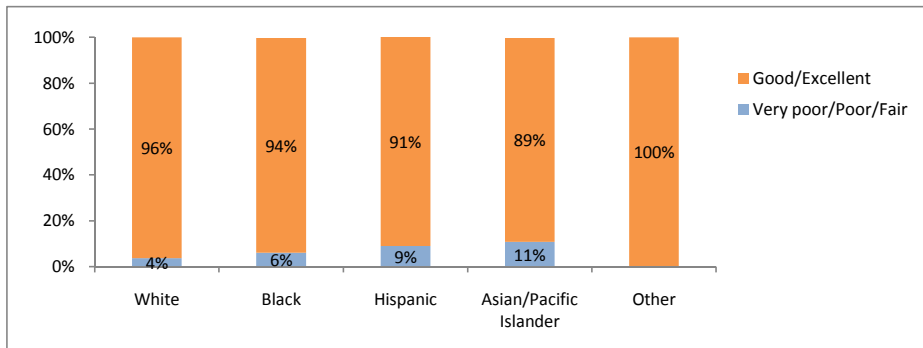
NOTE: Estimates were weighted using the California Child Population Weight created from California population projections for 2010 from the California Department of Finance. The unweighted sample sizes for each region are: California=1,685; San Francisco Bay Area=731; Los Angeles County=770. The weighted population estimates for each region are: California=9,989,397; San Francisco Bay Area=1,399,515; Los Angeles County=2,718,551.

## Physical Health of Children in California

According to parents, most children in California are physically healthy, although significant disparities persist among subgroups. The survey found that approximately 93 percent of children ages 0-17 are in good or excellent health, while 7 percent are in very poor, poor, or fair health, and about 16 percent of children need or use some type of prescription medication.

Among racial/ethnic groups, White children are more likely to be in good or excellent health (96 percent) than Latino/Hispanic (91 percent) and Asian/Pacific Islander children (89 percent), according to parents. Approximately 94 percent of Black children are in good or excellent physical health, which is not a statistically significant difference from White children.

**Figure 3. Children’s Overall Health Status by Race/Ethnicity**



*NOTE: Percentages may not total to 100 due to rounding or missing data.*

According to parents, children’s overall physical health status also varies by other demographic characteristics, such as primary home language, household income, and parents’ educational attainment (see Appendix B for more demographic breakdowns):

- Children whose primary home language is English are more likely to be in good or excellent health (97 percent) than children with primary home languages of Chinese (84 percent) or Spanish (87 percent).
- Children whose parents are more educated are in better health, according to the survey. For example, children whose parents have a Bachelor’s degree or more education are more likely to be in good or excellent health (97 percent) than children whose parents have less than a high school education (86 percent), a high school diploma (91 percent), and some college but no degree (93 percent).
- Results also show that children who live in households with annual incomes less than \$50,000 are more likely to be in very poor, poor, or fair health (9-13 percent), compared to children from households with incomes higher than \$75,000 (2-4 percent).

Other studies have documented similar disparities. For example, research shows that disadvantaged children, such as children of color and children with low-income households and parents without a high school diploma, are more likely to have poorer health status than children from more advantaged backgrounds.<sup>9</sup> The racial/ethnic disparities, in particular, are pervasive and persistent and occur across the spectrum of health and health care.<sup>10</sup>

## Well-Child Doctor Visits

The American Academy of Pediatrics recommends that, once a year, children ages 3-17 have routine well-child examinations (physical exam or check-up when not sick). These visits may include taking physical measurements, providing sensory screenings, conducting behavioral assessments, and administering planned procedures (immunizations and other tests).<sup>11</sup> The recommendations for children ages 0-3 include more frequent well-child visits.<sup>12</sup>

The survey found that approximately 79 percent of children (ages 0-17) had a well-child visit in the past year. Out of all age groups, preteens (ages 9-13) were the least likely (70 percent) to have had a routine health check-up in the past year. Children ages 0-5 are more likely to have had a well-child visit (93 percent) in the past year than any other age group, according to parents.

Similar to what has been documented in other studies,<sup>13</sup> this survey found that children from disadvantaged backgrounds are less likely to have had routine doctor visits during the past year. For example, parent reports showed that:

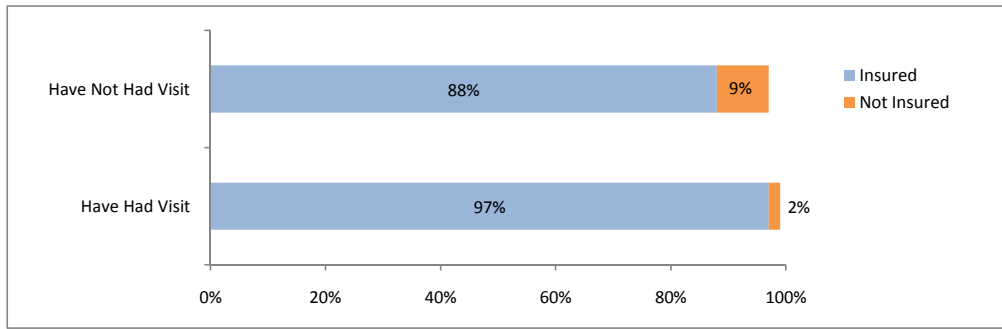
- Children of native-born parents are more likely to have visited the doctor in the past year (85 percent) than children of foreign-born parents (72 percent).
- Children whose primary home language is English are more likely to have had a well-child visit in the past year (83 percent) than children with a primary language other than English (66-75 percent).
- Children who live in households with annual incomes less than \$25,000 are less likely to have had a routine check-up (69 percent) than children from higher income groups (78-86 percent).
- Children whose parents did not graduate from high school are less likely to have had a well-child visit in the past year (69 percent) compared to children whose parents have more education (78-82 percent).

In looking at the findings by region, children in the San Francisco Bay Area are less likely to have had a routine doctor visit in the past year (77 percent) compared to children in Los Angeles County (81 percent), according to parents, even after controlling for key demographic factors.

As shown in Figure 4, the survey found that children without health coverage are less likely to have had a well-child visit in the past year compared to children with private, public, or a combination of private and public health insurance, after controlling for key demographic factors.



**Figure 4. Well-Child Visits to the Doctor in the Past Year, by Health Insurance Status**



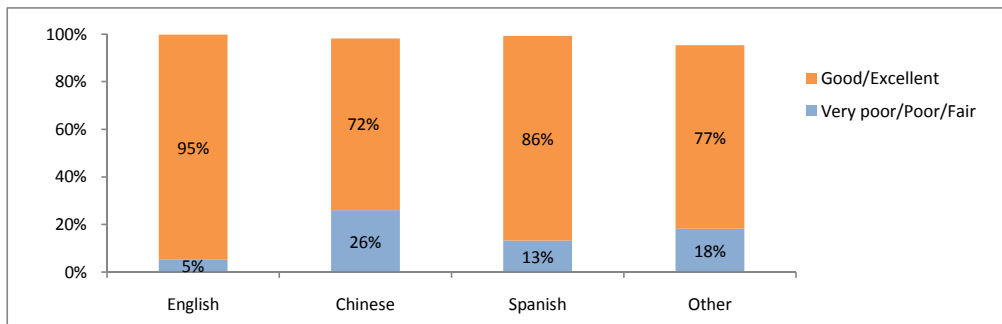
NOTE: Percentages may not total to 100 due to rounding or missing data.

### Parents’ Perceptions of Child’s Health Care Quality

The majority of parents rate the quality of their child’s health care as good or excellent (90 percent), although ratings vary widely among subgroups. Consistent with previous research,<sup>14</sup> results indicate that children from disadvantaged backgrounds tend to receive lower quality care than other children, according to parents. The survey showed that children with the following demographic or family characteristics were the least likely to have good or excellent health care<sup>x</sup>:

- Household incomes below \$25,000 (81 percent)
- Parents with a high school diploma (86 percent) or less education (84 percent)
- Asian/Pacific Islander (83 percent) and Latino/Hispanic children (87 percent)
- Single-parent families (84 percent)
- Foreign born parents (86 percent)
- Primary language other than English (72-86 percent), as shown in Figure 5

**Figure 5. Parents’ Perceptions of Child’s Health Care Quality, by Primary Home Language**



NOTE: Percentages may not total to 100 due to rounding or missing data.

<sup>x</sup> See Appendix B for additional data.

## Child Health Care Coverage

Although the number of uninsured children in California declined between 2001 and 2007,<sup>15</sup> the current economic downturn and state and federal budget deficits threaten to undo recent gains precisely when demand for public health care programs is increasing.

Results show that about 94 percent of children are currently insured, according to parents. Approximately 59 percent were reported to have private health insurance coverage, while 34 percent have some type of public insurance (e.g., Medi-Cal, or S-CHIP), and 4 percent have no medical insurance.

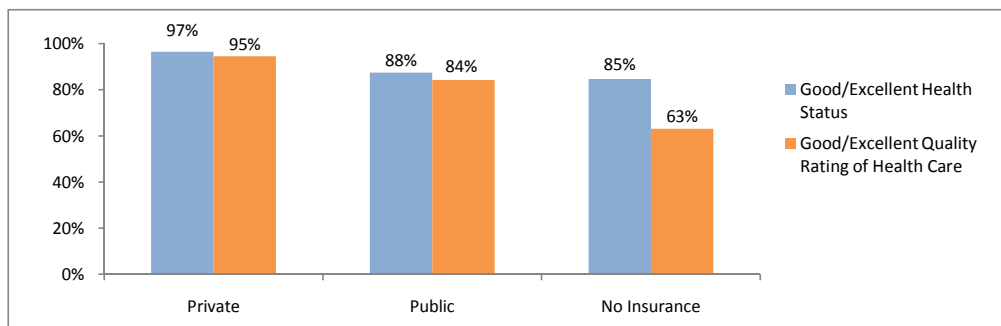
Of children who have public health insurance, 65 percent have Medi-Cal, 27 percent have S-CHIP, and 8 percent have another type of public health insurance (e.g., military health care, Indian Health Service, and other government health insurance programs not already mentioned), according to parents.

The survey also found that, in addition to low-income children, those who are most likely to have some form of public insurance include: those with single parents, Latino/Hispanic children, and those with foreign-born parents (see Appendix B for percentages).

When comparing geographic regions, children in the San Francisco Bay Area are more likely to be reported as having private health insurance (65 percent) than children in Los Angeles County (54 percent).

Private insurance is associated with better child health status and higher ratings of health care quality. For example, the survey found that approximately 97 percent of children with private insurance are in good or excellent health, compared to 88 percent of children with public insurance and 85 percent of children without insurance. In addition, 95 percent of children with private insurance receive good or excellent health care, according to their parents, compared to 84 percent for children with public insurance, and 63 percent for children with no coverage.

**Figure 6. Children's Type of Health Insurance, by Health Status and Quality Rating of Health Care**



*NOTE: Percentages may not total to 100 due to rounding or missing data.*

## Dental Care and Coverage

While children’s oral health in the United States has improved over recent decades, research documents profound disparities. Children of color and low-income children are more likely to experience dental disease than those from more advantaged families.<sup>16</sup>

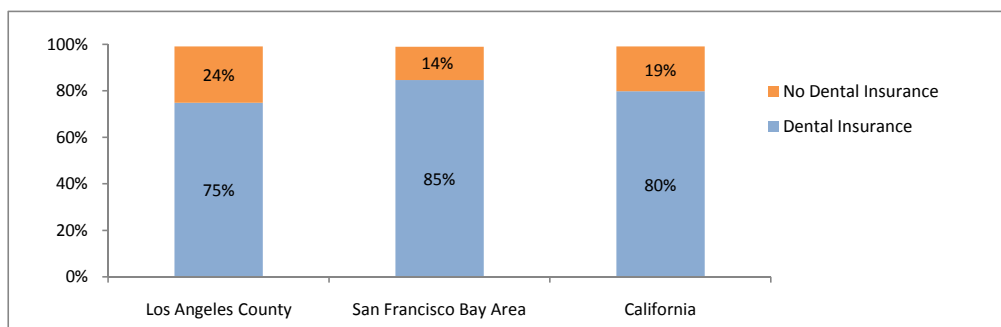
According to the survey, approximately 11 percent of California children ages 1-17 have never visited the dentist.<sup>xi</sup> However, most children have visited the dentist in the past year (83 percent). Of those who have ever visited the dentist, approximately 80 percent had dental insurance, and 86 percent received good or excellent dental care, according to parents.

Children’s dental insurance coverage, dental visits, and dental care quality vary by race/ethnicity. For example, a smaller proportion of Latino/Hispanic children have dental insurance (70 percent) than Asian/Pacific Islander (91 percent), Black (86 percent), and White children (87 percent), according to parents. In addition, the survey found that White children are more likely to have visited the dentist in the past year (90 percent) compared to Asian/Pacific Islander (83 percent), Latino/Hispanic, and Black children (both 81 percent). Parent ratings of children’s dental care quality were higher for White children (94 percent rated as good or excellent) than for Black (88 percent), Latino/Hispanic (84 percent), and Asian/Pacific Islander (75 percent) children.

Other groups that are less likely to have dental coverage, according to parents, include children with Spanish as their primary home language, annual household incomes below \$50,000, parents who did not finish high school, single parents, and foreign-born parents.

Differences are also apparent by region. The survey found that children ages 1-17 in the San Francisco Bay Area are more likely to have dental insurance (85 percent) than children in Los Angeles County (75 percent), as shown below. However, parent reports indicate that Bay Area children are not more likely to have visited the dentist in the past year (84 percent) than children in Los Angeles County (83 percent).

**Figure 7. Children’s Dental Insurance Status by Region**



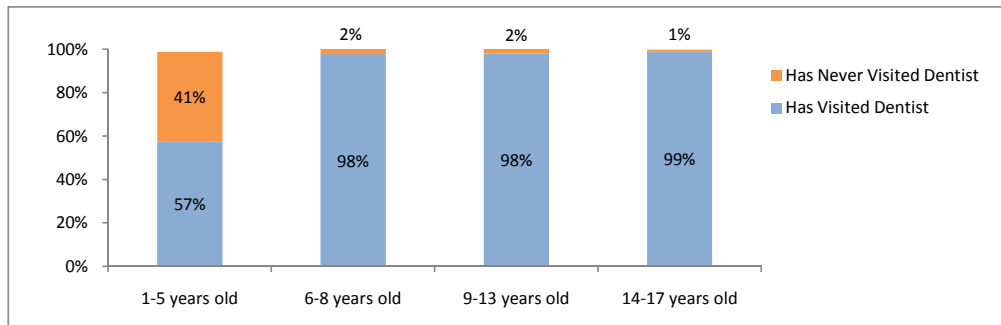
*NOTE: Percentages may not total to 100 due to rounding or missing data.*

<sup>xi</sup> The American Academy of Pediatric Dentistry recommends that children visit the dentist for preventive care every six months beginning at the age 1.

In terms of dental visits, children whose parents have a Bachelor’s degree or more education are more likely to have seen a dentist in the past year (87 percent) than children whose parents have less education (74-83 percent).

As shown in Figure 8, the survey found that children ages 1-5 are much less likely than older children to visit the dentist, with 41 percent having never seen a dentist, although the American Academy of Pediatric Dentistry recommends that children visit the dentist beginning at age 1.<sup>17</sup> There are no statistically significant differences by age group for whether or not children have dental insurance coverage.

**Figure 8. Whether or Not Children Have Ever Visited the Dentist, by Age Group**



*NOTE: Percentages may not total to 100 due to rounding or missing data.*

## Prenatal Care

Prenatal care, or health care provided during pregnancy, can enhance newborn and maternal health by assessing risk, providing health care advice, and managing chronic and pregnancy-related health conditions. It is particularly important to receive prenatal care in the first trimester of pregnancy.<sup>18</sup> Prenatal care utilization rose fairly steadily in the U.S. during the 1990s and through 2003; however, since that time, timely receipt of prenatal care has not improved.<sup>19, xii</sup> Disparities are prevalent in the timing and use of prenatal care in the U.S., with Latino/Hispanic and Black women more likely to receive late prenatal care (in the second or third trimester) than White women.<sup>20</sup>

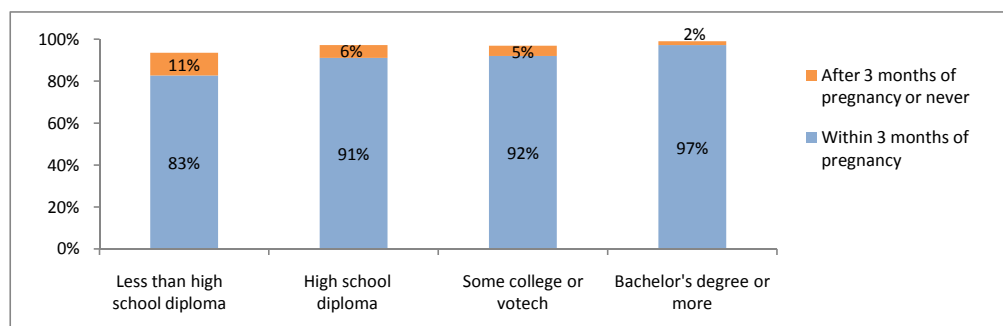
The survey found that most birth mothers received prenatal care within the first trimester (92 percent). Of those mothers who did not receive timely prenatal care, the most common reasons were: they did not realize they were pregnant; they felt they did not need to receive prenatal care in the first trimester; and/or they did not have health insurance.

Consistent with other studies,<sup>21</sup> the survey showed that some demographic groups are less likely to receive prenatal care than others. For example, the percentage of children whose mothers received prenatal care within the first three months of pregnancy was 97 percent for White children, compared to Latino/Hispanic (89 percent), Asian/Pacific Islander (90 percent), and Black children (88 percent), according to parents. In addition, results show that a smaller proportion of children from households with

<sup>xii</sup> For more information on trends in prenatal care in California, see <http://www.kidsdata.org/data/topic/dashboard.aspx?cat=59>

annual incomes less than \$25,000 have birth mothers who received prenatal care during the first trimester (85 percent) compared to children in households with incomes above \$75,000 (97 percent or higher). Also, the survey found that children with parents who did not complete high school are less likely to have mothers who received prenatal care during the first trimester than children whose parents have more education.

**Figure 9. Timing of First Receipt of Prenatal Care by Parent Educational Attainment**



NOTE: Percentages may not total to 100 due to rounding or missing data.

## Substance Use During Pregnancy

According to the survey, roughly 3 percent of children’s birth mothers smoked during their pregnancy.<sup>xiii</sup> Other studies have documented California’s lower maternal smoking rates compared with other states.<sup>22</sup> The survey found that Black children are more likely to have birth mothers who smoked during pregnancy (9 percent) than children of other racial/ethnic groups. Children of foreign-born parents are more likely to have birth mothers who abstained from smoking during pregnancy (98 percent) than children of native-born parents (91 percent), according to parents. Differences between other demographic groups were not statistically significant.

Four percent of children’s birth mothers reported drinking alcohol during pregnancy. White children are more likely to have mothers who drank during pregnancy (9 percent) than Latino/Hispanic (3 percent) or Asian/Pacific Islander children (2 percent), according to the survey; differences were not statistically significant for Black children (6 percent). Other notable differences by demographic subgroups include:

- Children of native-born parents are more likely to have birth mothers who drank during pregnancy (7 percent) than children of foreign-born parents (2 percent), according to parents.
- The survey found that children with parents who have completed a Bachelor’s degree or more education are more likely to have birth mothers who drank during pregnancy (6 percent) than children with parents who have a high school diploma or less education (2-4 percent).

<sup>xiii</sup> Parents self-reported on these behaviors. Efforts were made to minimize social desirability bias by using validated and widely accepted best practices for question wording. However, this type of bias is expected in survey research and is common when asking questions about risky behavior or questions of a personal nature, even when efforts are made to use question wording that minimizes the risk of social desirability bias.

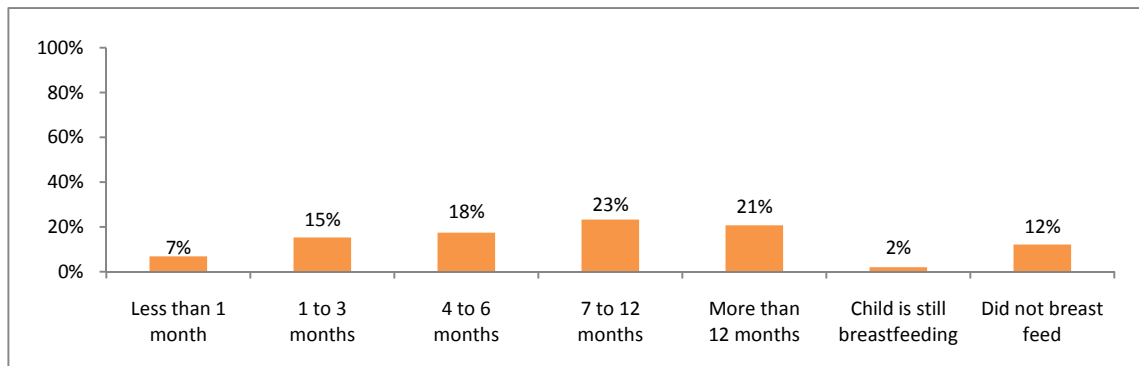
- The percentage of children whose mothers drank during pregnancy was higher in the San Francisco Bay Area (6 percent) than in Los Angeles County (3 percent), according to parents.

## Breastfeeding

Breast milk is widely acknowledged as the most complete form of nutrition for infants, and has a range of benefits for infant health, growth, and development. For example, infants who breastfeed are protected from serious health conditions, including respiratory infections, allergies, asthma, and obesity. Increasing the percentage of children who are breastfed during the first year of life—and during the first three to six months, in particular—are important public health goals.<sup>xiv, 23</sup>

Figure 10 shows breastfeeding duration for California children, according to parents, with 62 percent breastfeeding for more than three months. Twelve percent of children were not breastfed.

**Figure 10. Length of Time California Children Were Breastfed or Fed Pumped Breast Milk**



*NOTE: Percentages may not total to 100 due to rounding or missing data.*

According to the survey, breastfeeding varies by demographic characteristics such as race/ethnicity, parent education level, and family structure (see Appendix B for breakdowns):

- White children are the most likely to breastfeed at all, and to do so for longer than a year, compared to children from any other racial/ethnic group. In contrast, Black children are the least likely (30 percent do not breastfeed) to breastfeed when compared to children in any other racial/ethnic group (7-15 percent do not breastfeed).
- Children whose parents have a Bachelor’s degree or more education are more likely to breastfeed (8 percent do not breastfeed) than children whose parents have less education (14-21 percent do not breastfeed).
- Children in single-parent families are less likely to breastfeed (19 percent do not breastfeed) than children in two-parent families (10 percent do not breastfeed).

<sup>xiv</sup> For more data on breastfeeding, see [www.kidsdata.org](http://www.kidsdata.org)

## Children Who Are Overweight

Obesity is on the rise in the U.S.<sup>24</sup> Overweight children are at increased risk for a number of serious chronic medical conditions, as well as social and emotional difficulties.<sup>25</sup> There is evidence that children of color and children in low socioeconomic status families tend to have higher rates of obesity than the rest of the population.<sup>26</sup>

Public health research indicates that more than 3 million children in California are overweight, which is close to 30 percent of the population.<sup>27</sup> This survey, while not designed to measure childhood obesity *per se*, did ask parents to report whether their child was overweight or obese. Findings illustrate patterns in childhood obesity similar to those found in other studies. For example, Black and Latino/Hispanic children are more likely to be overweight than White and Asian/Pacific Islander children, according to the survey; and children living in higher income households (more than \$100,000) and two-parent families are less likely to be overweight.<sup>xv</sup>

According to parents, children who are overweight are more likely to be in poorer overall physical and emotional health than children who are not overweight. For example, the survey found that approximately 22 percent of overweight children are in very poor, poor, or fair overall physical health compared to 5 percent of children who are not overweight. In addition, results show that overweight children are more likely to be in very poor, poor, or fair emotional health (17 percent) compared to children who are not overweight (9 percent).

Consistent with other studies,<sup>28</sup> the survey found that overweight children are less likely to regularly (at least three days per week) participate in extracurricular sports activities (18 percent) than children who are not overweight (27 percent), even after controlling for key demographic factors.

Additionally, according to parents, children who have special health care needs are more likely to be overweight compared to children without special health care needs, even after controlling for key demographic factors; this difference approaches statistical significance ( $p=0.06$ ). Children with a parent who has depression also are more likely to be overweight compared to children with parents who are not depressed, according to results, even after controlling for key demographic factors; this difference also approaches significance ( $p=0.057$ ).

## Asthma

Asthma is a leading chronic childhood illness in the U.S.<sup>29</sup> Racial and ethnic disparities are well documented among children diagnosed with asthma.<sup>30, 31</sup> Some research indicates that the distribution of asthma according to race and socioeconomic status is created by larger inequalities in society, of which residential segregation is one determinant.<sup>32</sup>

Approximately 15 percent of children in California have been diagnosed with asthma, and among these children, approximately 39 percent have had an asthma attack or episode during the past 12 months, according to the survey. Asthma diagnoses, as well as whether children have had recent attacks, vary by

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<sup>xv</sup> See Appendix B for additional data.



race/ethnicity, household income, family structure, parents' birthplace, and age. For example, the survey found that Black children are more likely to have asthma (27 percent) than children from other racial/ethnic groups (9-15 percent). Of children who have asthma, Asian/Pacific Islander children are more likely to have had an attack (54 percent) in the past 12 months than White (36 percent), Latino/Hispanic (34 percent), and Black children (37 percent), according to parents.

In addition, the survey found that children in the lowest income group (less than \$25,000) are more likely to have asthma than children in the highest income group (more than \$125,000), and children in single-parent families are more likely to have asthma than children in two-parent families. Although they are not more likely to be diagnosed with asthma, children of native-born parents are more likely to have had an asthma attack in the past year (43 percent) than children of foreign-born parents (34 percent), according to parents. In terms of age, while not more likely to be diagnosed with asthma, results show that children ages 5 and younger are more likely to have had an asthma attack in the past 12 months than youth ages 14-17.

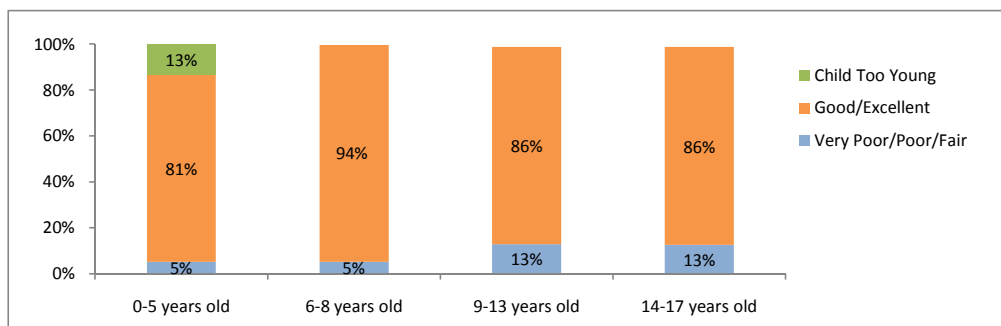
## Emotional and Behavioral Health of Children in California

Emotional and behavioral health are key aspects of overall child health. Emotional and behavioral problems can hinder a child's ability to function at home, at school, and in the community; mental health disorders in pre-adolescence and adolescence can lead to considerable impairment in adulthood.<sup>33,34</sup> Symptoms of almost half of mental health disorders appear by age 14, and symptoms of nearly 75 percent of diagnosable mental health disorders appear before the age of 24.<sup>35</sup>

### Overall Emotional Health

The majority of California children are in good or excellent overall emotional health (86 percent), according to parent reports. However, the survey found that 9 percent of children in California are in very poor, poor, or fair overall emotional health. As shown in Figure 11, preteens ages 9-13 and teens ages 14-17 are more likely to be in very poor, poor, or fair emotional health than younger children, according to the survey. Results also indicate that children ages 6-8 are more likely to be in good or excellent overall emotional health (94 percent) than any other age group.

**Figure 11. Children's Overall Emotional Health Status, by Age Group**



NOTE: Percentages may not total to 100 due to rounding or missing data.

In addition to age, children’s emotional health varies by other key demographic characteristics, such as race/ethnicity, family structure, income, parent education level, and parent birth place, according to parents. For example:

- Children from single-parent families are more likely to be in very poor, poor, or fair emotional health (15 percent) than children in two-parent families (8 percent).
- Asian/Pacific Islander and Black children are more likely to be in very poor, poor, or fair emotional health (18 percent and 14 percent, respectively) than Latino/Hispanic (8 percent) or White (7 percent) children.

The survey also found that very poor, poor, or fair emotional health is more common among children from low-income households, children of foreign-born parents, and children of parents who did not attend college (see Appendix B for more detailed findings).

## Stress and Depression Among Children in California

Stress is strongly associated with poor physical, psychological, and emotional outcomes among children and teens.<sup>36, 37, 38, 39</sup> Research has shown that among preteens and teens, stress can stem from a variety of factors, including conflict with parents and family, self-image, peer group relationships, intimacy, academics, and geographic mobility.<sup>40, 41, 42</sup> Depression also is a major emotional health concern among children and adolescents due to a higher likelihood of suicide, substance abuse, early pregnancy, and poor academic performance.<sup>43, 44, 45</sup>

### Child Stress

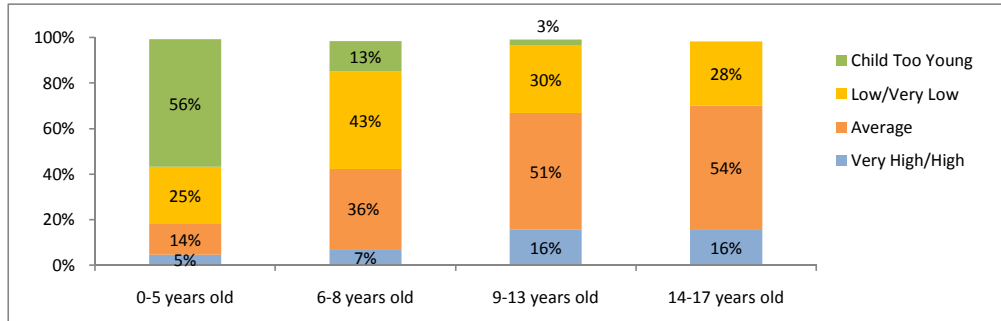
The survey found that roughly 39 percent of children in California experience an average level of stress, while 30 percent experience low or very low levels of stress, and 11 percent experience very high or high levels of stress. Children who have very high or high levels of stress are more likely to be in very poor, poor, or fair overall emotional health than in good or excellent overall emotional health, according to the survey.

Parent reports indicate that the likelihood of a child experiencing stress varies according to racial/ethnic group, income, parents’ education level, family structure, and age. For example:

- Children from single-parent families are more likely to experience a very high or high level of stress (17 percent) compared to children from two-parent families (9 percent).
- Latino/Hispanic children are less likely (7 percent) to experience very high or high levels of stress compared to White (17 percent), Black (15 percent), Asian/Pacific Islander (12 percent) children.
- Children of U.S.-born parents are more likely to have very high/high levels of stress (14 percent) than children of foreign-born parents (8 percent).
- Children whose parents did not complete high school are more likely to experience average levels of stress (48 percent) than children of parents who have a high school diploma or more education (35-37 percent).

- As shown in Figure 12, youth ages 9-13 and 14-17 are more likely to experience very high/high levels of stress (both at 16 percent) compared to younger age groups (5-7 percent). Children ages 6-8 are most likely to experience very low/low levels of stress.

**Figure 12. Children’s Stress Levels, by Age Group**



*NOTE: Percentages may not total to 100 due to rounding or missing data.*

Parents also were asked if they are worried or concerned about their child’s level of stress. Nearly one in four (24 percent) parents reported being concerned about the level of stress experienced by their children. Concern is greatest for preteens and teens and among single parents. (See Appendix B for more demographic breakdowns.)

### Sources of Stress for California’s Children

By far, the most common source of stress for California children (23 percent) is the amount of schoolwork a child receives, with variations across key demographic characteristics, according to parents. The survey found that the amount of schoolwork children receive is more likely to be a source of stress for:

- White children (31 percent), compared to Asian/Pacific Islander and Black children (both 23 percent), and Latino/Hispanic children (17 percent)
- Children of native-born parents (26 percent) compared to children of foreign-born parents (18 percent)
- Children whose parents’ have a Bachelor’s degree or more education
- Preteens (33 percent) and teens (36 percent)

In addition to the amount of schoolwork, parents report that other sources of stress for children in California include pressure to excel in school (8 percent), peer relationships (7 percent), extracurricular activities (4 percent), divorce or separation issues (3 percent), difficulties with family members (2 percent), family financial pressures (2 percent), illness or death of a loved one (2 percent), and news about world or local events (2 percent).

## Ability to Handle Difficult Situations

According to parents, 70 percent of children in California are good or excellent at handling difficult situations, whereas about 19 percent struggle with such situations. A difficult situation for a young child may include taking turns, sharing, waiting for extended periods of time, learning a new skill, and following directions. For an older child or teen, it may include trouble handling peer pressure, or testing or competitive situations.

Results vary across key demographic characteristics. For example, the following groups of children were more likely to be reported as good or excellent at handling difficult situations:

- Children with household income over \$75,000
- White children
- Children of U.S.-born parents
- Children of parents with higher levels of education (at least some college)

## Depression Among Children

Among children in California, 6 percent suffer from depression or likely are depressed, according to parents. Not surprisingly, results show that children who are in very poor, poor, or fair overall emotional health are much more likely than those who are in good or excellent overall emotional health to be afflicted with depression (31 percent and 3 percent, respectively).<sup>xvi</sup> Whether or not children are depressed varies by demographic characteristics, including race/ethnicity, family structure, income, and parents' level of education. For example, the survey found:

- Children in households with incomes less than \$25,000 are more likely to be depressed (12 percent) than children who live in households with incomes over \$75,000 (2-3 percent).
- Children from single-parent families more likely to suffer from depression (14 percent) than children from two-parent families (4 percent).
- White children are less likely than children from other racial/ethnic groups to be afflicted with depression (86 percent of White children are not depressed, compared to 69-71 percent for other groups).
- Children with parents who did not graduate high school are more likely to be depressed (10 percent) than children with parents who have a Bachelor's degree or more education (4 percent).

Results also show that about one in ten youth ages 14-17 are depressed (11 percent), compared to 7 percent of preteens ages 9-13 and 4 percent of children ages 6-8, though the difference between teens and preteens is not statistically significant.

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<sup>xvi</sup> For the purposes of this analysis, parents that indicated their child might be depressed were combined with those who are depressed.

## Utilization of Psychological Services Among Children

Among all children, 6 percent need or receive therapy, such as psychological/emotional services or counseling, according to the survey. Parent reports indicate that those most likely to need or receive psychological services include:

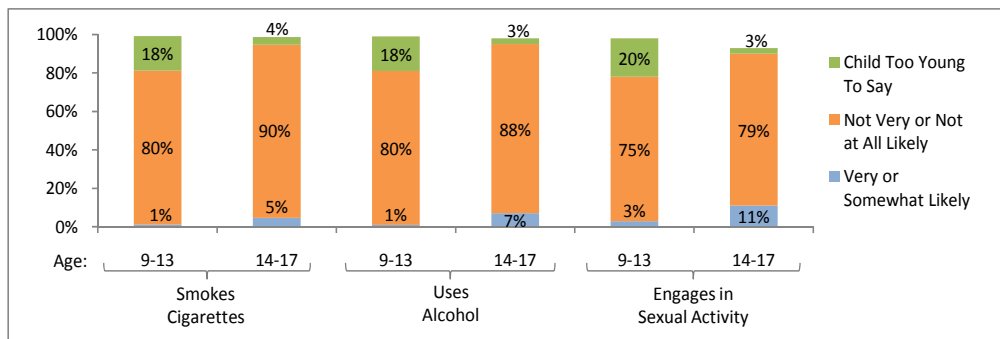
- Children in single-parent families (12 percent)
- Black children (13 percent)
- Preteens and teens (8 and 9 percent, respectively)
- Children with special health care needs (32 percent)<sup>xvii</sup>

## Risk-Taking Behavior Among Children

In this survey, parents were asked about the likelihood that their children were engaging in risk-taking behaviors, including: smoking cigarettes, consuming alcohol, using marijuana or other drugs, engaging in sexual activity, and involvement in gang activity. Biological, psychological, and social predisposing factors may increase the likelihood of a youth engaging in high-risk behavior. These may include gender, hormonal influences, sensation-seeking, risk perception, depression, low self-esteem, parental modeling of risk behaviors, peer behavior and pressure, mass media and community norms, and socioeconomic status.<sup>46</sup>

According to parents, the vast majority of children (ages 9-17) are not engaging in risk-taking behaviors, as shown in Figure 13. Results show that among youth ages 9-17, 4 percent are likely to be consuming alcohol, 3 percent smoking cigarettes, 3 percent using marijuana, and 7 percent engaging in sexual activity. Parent reports of engaging in risky behavior tend to be higher for teens ages 14-17 than preteens ages 9-13. For example, the survey found that 3 percent of preteens and 11 percent of teens are engaging in sexual activity, and 1 percent of preteens are consuming alcohol compared to 7 percent of teens.

**Figure 13. Parent Reports of Children Engaging in Select Risk-Taking Behaviors, by Child Age**



NOTE: Percentages may not total to 100 due to rounding or missing data.

<sup>xvii</sup> The 6 percent of children who need or receive therapy, such as psychological/emotional services or counseling includes children with special health care needs. Among all children without special health care needs, 3 percent need or receive psychological services or counseling.

Parents’ beliefs about risk-taking behavior vary by children’s race/ethnicity. Parents of Black preteens and teens are more likely to think their children (ages 9-17) are engaging in sexual activity (15 percent) than parents of White youth (5 percent).<sup>xviii</sup> Parents of Latino/Hispanic and Asian/Pacific Islander preteens and teens are more likely than parents of Black or White youth to report that their children are too young for them to say whether they are engaging in risk-taking behavior (see Appendix B for detailed breakdowns).

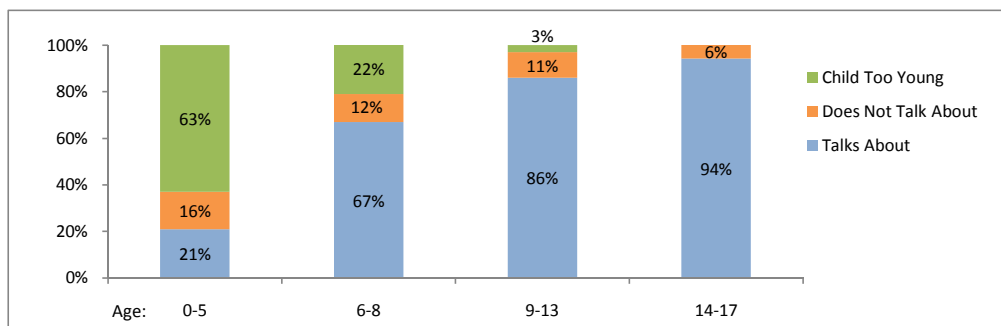
In addition, the survey found that children (ages 9-17) whose parents have less than a high school education are more likely to engage in sexual activity (10 percent) than children whose parents have a Bachelor’s degree or more education (3 percent).

### Parent-Child Communication About Risky Behaviors

Parent direction and communication about the expectations surrounding risk-taking behavior can be influential in reducing such behavior.<sup>47,48,49</sup> The survey found that parents are less likely to discuss sexual activity (43 percent) and gang involvement (41 percent) with their children than they are to discuss smoking cigarettes (67 percent), alcohol consumption (64 percent), marijuana (54 percent), and other drug use (56 percent).

According to parents, conversations with children about risk-taking behaviors are more likely to occur with preteens and teens (ages 9-17) than with younger children, as shown in Figure 14. Results show that discussion of risk-taking behaviors is most common among teens (ages 14-17). Additionally, the survey found that conversations about all risky behaviors are more likely to occur within single-parent families than two-parent families.

**Figure 14. Children Who Have Discussed Cigarette Smoking with Parents, by Child Age**



*NOTE: Percentages may not total to 100 due to rounding or missing data.*

Results also show that parents of White and Black children are more likely to discuss smoking cigarettes and consuming alcohol than parents of Latino/Hispanic and Asian/Pacific Islander children.

<sup>xviii</sup> The percentage of Latino/Hispanic youth thought to be engaging in sexual activity (9 percent) is not statistically different from the percentage of Black youth. The percentage of Asian/Pacific Islander youth thought to be engaging in sexual activity is less than one percent or the sample size is too small to report (n<30).

As noted, findings suggest that parents are less likely to discuss sexual activity and gang involvement than other risky behaviors with their children. Whether or not parents discuss sexual activity and gang involvement varies by demographic group. For example, the survey found:

- Asian/Pacific Islander children are significantly less likely (28 percent) to have parents who talk with them about sexual activity compared to Black (56 percent), White (51 percent), and Latino/Hispanic (42 percent) children.
- Children of native-born parents (47 percent) are more likely to have parents who talk with them about sexual activity than children of foreign-born parents (39 percent).
- Black (52 percent) and Latino/Hispanic (48 percent) children are the most likely to have parents who talk about gang involvement.

### **Parents' Knowledge of Child's Friends**

Thirty-eight percent of children have parents who report knowing all of their friends, and only 4 percent have parents who do not know their children's friends at all. Not surprisingly, parents of children ages 0-5 are most likely to report knowing all of their children's friends (54 percent); and parents of teens ages 14-17 are least likely to know all of their children's friends (20 percent). U.S.-born parents are more likely to report knowing all of their children's friends (43 percent) than foreign-born parents (33 percent).

### **Parental Depression and the Emotional Health of Children**

Research has shown that children with depressed parents are at a higher risk of substance abuse, depression, and anxiety disorders, as well as displaying aggression.<sup>50,51,52</sup> About one in four children (26 percent) in California has a parent who believes that he or she has needed help for depression since becoming a parent, and 16 percent have parents who report being diagnosed with depression by a medical professional, according to the survey.

Results show that native-born parents are more likely to be diagnosed with depression than foreign-born parents, and single parents are more likely to be diagnosed than those in two-parent households.

The survey found that, compared to children whose parents have not dealt with depression, children whose parents have needed help with depression are more likely to:

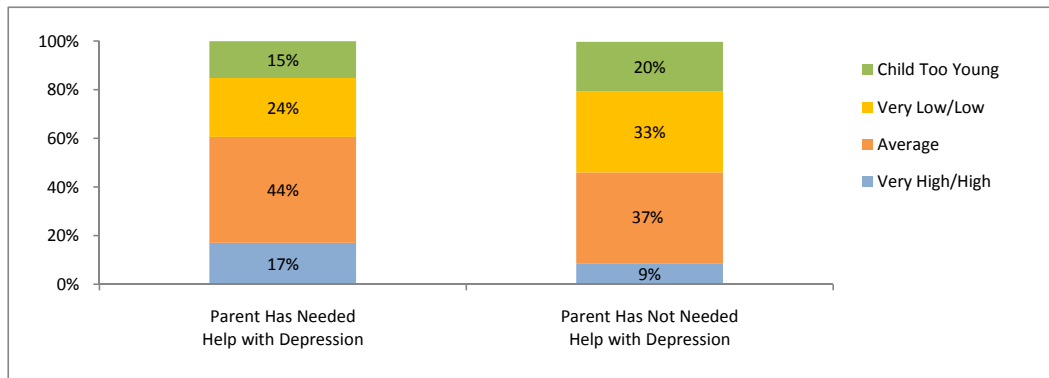
- Be in very poor, poor, or fair overall emotional health
- Be Black or White
- Have native-born parents
- Live in single-parent families
- Have a parent who feels that their income is "not quite enough" or "not nearly enough" to provide for basic needs



- Be overweight
- Have special health care needs

As shown in Figure 15, children whose parents have needed help with depression are more likely to have a very high or high level of stress compared to children whose parents have not needed help with depression, according to the survey.

**Figure 15. Percentage of Children with Parents Who Need Help With Depression, by Child Stress Level**



*NOTE: Percentages may not total to 100 due to rounding or missing data.*

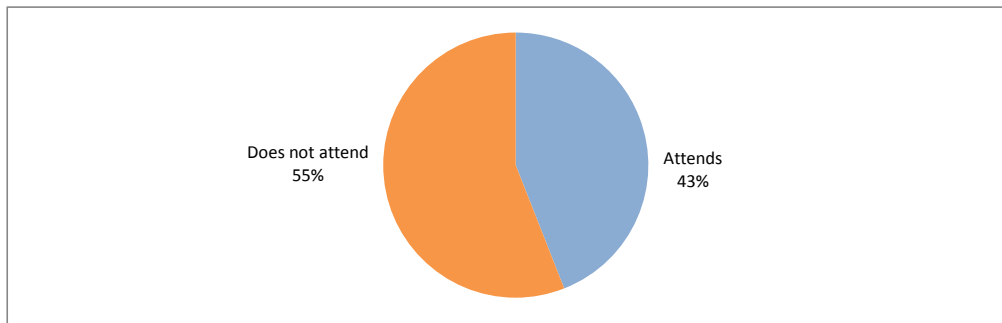
# Children’s Social, Educational, and Home Environments

## Out-of-School Time Programs and Extracurricular Activities

Research on after-school programs has shown that participation in quality programs can benefit all youth, not just those with working parents, and that participation in quality after-school programs is associated with improvements in emotional health and academic performance.<sup>53,54</sup> Research also has shown that after-school program participation can reduce the chances that youth will engage in high-risk behaviors such as drinking, smoking, or committing crimes.<sup>55</sup>

For this survey, out-of-school time programs (or before- or after-school programs) refer to those held in schools or centers that provide regular supervision and organized activities, as opposed to individual extracurricular activities like sports or special lessons. Out-of-school time programs often also provide academic enrichment activities like homework help and tutoring, and non-academic enrichment activities like sports. The survey data about out-of-school time programs and extracurricular activity participation are limited to school-age<sup>xix</sup> children. For this survey, parents were asked about the children’s participation in out-of-school time programs and extracurricular activities. It is important to note that the survey did not assess the *quality* of these programs.

**Figure 16. Children’s Participation in Out-of-School Time Programs**



*NOTE: Percentages may not total to 100 due to rounding or missing data.*

As shown above, the survey found that 43 percent of children in California attend a before- or after-school program at least one day in a typical school week. About one-quarter (27 percent) of children participate in such programs at least three days per week, according to parents.

Variation in regular participation (at least three days per week) in out-of-school time programs according to family structure and household income are not statistically significant; however, according to the

<sup>xix</sup> Only parents who identified their 0-17 year old children as school-age were asked questions about their children’s participation in out-of-school time programs and extracurricular activities. Some parents of 0-3 year old children indicated that their children were school-age.

survey, regular participation varies significantly by age, race/ethnicity, and parent's birthplace (see Appendix B, Table B36-b):

- 21 percent of children ages 14-17 regularly participate in out-of-school programs, compared to 30 percent for ages 9-13 and 31 percent for ages 6-8.
- 40 percent of Black children regularly attend out-of-school programs, compared to 17 percent of White children, 27 percent of Latino/Hispanic children, and 32 percent of Asian/Pacific Islander children.<sup>xx</sup>
- Black children attend out-of-school programs most frequently, (4.0 days per week) as compared to Latino/Hispanic (3.3 days per week), Asian/Pacific Islander (3.2 days), or White children (3.0 days).
- Children of foreign-born parents are more likely to regularly attend out-of-school programs (31 percent) compared to children of native-born parents (23 percent).

As noted, individual extracurricular activities like sports or special lessons are different from out-of-school time programs that provide regular supervision and organized activities. According to the survey, the five most common types of extracurricular activities in California, from most to least common are: sports, academic, arts activities, clubs, and other activities (e.g., scouts, community service, and church activities). On average, parents report that children participate in these activities as follows:

- Sports activities, 2.9 days per week
- Academic activities, 2.4 days per week
- Arts programs, 2.3 days per week
- Clubs, 2.0 days per week
- Other activities (including church activities and community service), 1.7 days per week

When out-of-school time program and extracurricular activity participation are combined, regular participation in these activities is fairly widespread among children, with 59 percent participating in such activities at least three days each week, according to parents. However, rates of regular participation vary across race/ethnicity, household income, family structure, and age. For example, the survey found:

- A larger proportion of Black children (71 percent) regularly engage in out-of-school and/or extracurricular activities than Asian/Pacific Islander (57 percent), Latino/Hispanic (56 percent), or White children (62 percent).
- Participation rates among children with household incomes under \$25,000 are significantly lower (46 percent) than children in families with incomes above \$125,000 (64 percent).

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<sup>xx</sup> The difference between regular participation in out-of-school time programs for Black and Asian/Pacific Islander children is not statistically significant.

- Children in single-parent families are more likely to regularly attend out-of-school programs and/or extracurricular activities (67 percent) than children from two-parent households (57 percent).
- Regular participation in out-of-school programs and/or extracurricular activities is more common among children ages 14-17 (66 percent) than for younger children (48-61 percent), though the difference between children ages 14-17 and 9-13 is not statistically significant.

## Parent Perception of Child's Free Time

Roughly half of children in California have "the right amount" of free time (55 percent), while another 23 percent have "more than enough" free time, according to their parents. Fewer children (15 percent) do not have "quite enough" or "nearly enough" unscheduled time. When considering differences by demographic group, the survey found that overscheduled children were more common in the following groups:

- Families with household incomes above \$125,000 (21 percent with not enough unscheduled time), compared to household incomes less than \$25,000 (10 percent).
- Two-parent families (16 percent) compared to single-parent families (8 percent).
- Children ages 9-13 (21 percent) compared to children ages 0-5 (8 percent), 6-8 (14 percent), and 14-17 (14 percent).

## Child Care

For parents, having affordable and high-quality child care arrangements when they cannot supervise their children is a necessity. In addition, research has shown that quality child care and after-school care can benefit all children.<sup>56, 57, 58, 59</sup> Quality preschool can increase children's preparedness for school and have a positive impact on the cognitive development of young children.<sup>60</sup>

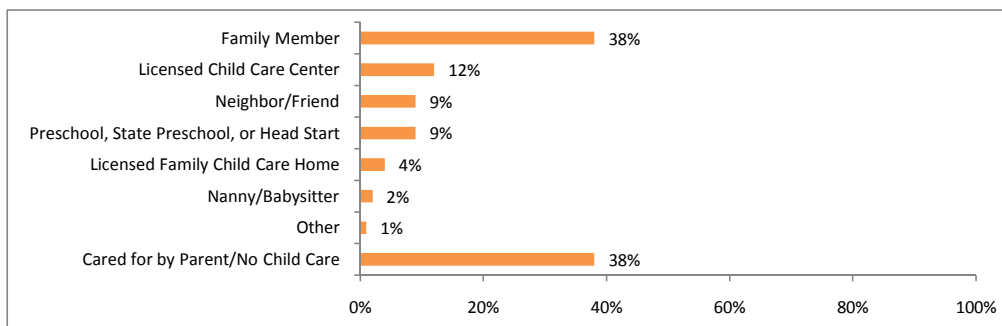
According to the survey, 16 percent of children in California have parents who believe they do not have affordable child care options available. The reported lack of affordable care was most common for children whose parents do not have a high school diploma (27 percent), are foreign-born (20 percent), and have annual incomes under \$25,000 (24 percent) compared to those with incomes above \$75,000 (7-8 percent).

The next figure shows the types of child care that children ages 0-12<sup>xxi</sup> currently receive, according to parents. Results show that family members are the most widely used providers of child care (38 percent), followed by licensed child care centers (12 percent); nearly 40 percent of children are cared for only by their parents.

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<sup>xxi</sup> This section discusses results for children age 0-12 because federal tax law recognizes children in this age group as being of child care age.

**Figure 17. Percentage of Children Ages 0-12 Receiving Different Types of Child Care**



*NOTE: Percentages may exceed 100, as some children receive more than one type of care.*

Approximately 84 percent of children have parents who are satisfied with the quality of their current child care arrangements. Children whose parents are least likely to report being satisfied are children ages 0-5 (76 percent), children of foreign-born parents (79 percent), and those with annual incomes under \$25,000 (77 percent) compared to those with incomes above \$75,000 (90-91 percent).

The survey also asked parents whether they had any problems enrolling their children in child care. About half (49 percent) of children have parents who said they had no problems. Of those who experienced problems, the most common challenges were that it was too expensive (9 percent), the location was inconvenient (2 percent), or they were unsure about the quality (2 percent).

Among children who have parents who report difficulties finding high-quality and affordable child care, 36 percent have parents who said these challenges have made it hard for them to find and retain employment.

## School

### Perception of Quality of the Child's School and Teachers

According to the survey, California parents of school-age<sup>xxii</sup> children are generally satisfied with the quality of their children's schools or preschools, with 82 percent of children having good or excellent schools. In contrast, school quality is rated as very poor, poor, or fair for approximately 15 percent of children.

When examined across race/ethnicity and household income, the following children are most likely to have good or excellent schools, according to parents:

- White children (87 percent), compared to Black (77 percent), Asian/Pacific Islander (78 percent), and Latino/Hispanic children (82 percent)<sup>xxiii</sup>

<sup>xxii</sup> Only parents who identified their children as school-age were asked questions related to their children's schooling.

<sup>xxiii</sup> The difference is not statistically significant between parents of White and Latino/Hispanic children.

- Those with household incomes above \$125,000 (93 percent) compared to household incomes less than \$25,000 (77 percent)

Many California parents also think highly of their children’s teachers, with 84 percent of children’s teachers rated as good or excellent. Similar to school quality, the highest ratings of teacher quality are found among White children<sup>xxiv</sup> and those with household incomes above \$125,000.

### Perception of Child Safety at Preschool or School

A relatively small percentage of children in California are considered somewhat unsafe at preschool or school (3 percent), according to survey results. While differences between most demographic groups are not statistically significant, two differences by race/ethnicity and household income are significant:

- Less than 1 percent of White children are somewhat unsafe in school, compared with 5 percent of Black children, according to their parents.
- Children with household incomes over \$50,000 are less likely than those with household incomes below \$50,000 to have parents who feel that their school is unsafe.

### Children’s Attitudes About Going to School

Roughly 84 percent of children in California have positive feelings about going to school, and only 3 percent feel negative about school, according to parents. The survey also found that high school-age youth are less likely to feel positive about school (77 percent) than younger children (87-89 percent for ages 6-13). Differences in children’s attitudes about going to school are not statistically significant by race/ethnicity, primary home language, and household income.

### Time Spent on Homework

California children spend an average of 7.7 hours per week doing homework, according to the survey. Asian/Pacific Islander children were reported to spend more time each week on homework (9.9 hours) than White (7.5 hours), Latino/Hispanic (6.9 hours) and Black (7.0 hours) children. Differences by other demographic factors are not statistically significant.

Parents indicate that the majority of children have “about the right amount” of homework (71 percent), while 14 percent have too much homework, and 12 percent do not have enough. Parents of Latino/Hispanic children are most likely to be satisfied with the amount of homework their child receives (77 percent), and parents of White children are most likely to believe their child has too much homework (23 percent).

### Parent Involvement in School

Active parent involvement in school is a critical factor in a child’s academic success.<sup>61</sup> Most California children have parents who report being fairly involved in their children’s schools, based on questions

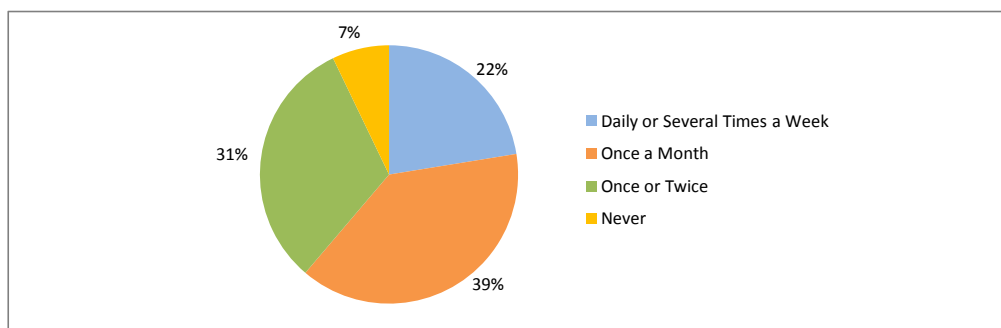
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<sup>xxiv</sup> The difference is not statistically significant between parents of White and Latino/Hispanic children.

about contact with their children’s teachers, participation in school meetings, events, workshops, and volunteer activities, and discussions with their children about school. For example, the survey found that:

- Parents of 91 percent of children have talked with teachers about their children’s academic progress at least once in the last six months, as shown in Figure 18.
- 58 percent of children have parents who volunteered at their school at least once in the last six months.
- Parents of 76 percent of children have talked with them about school activities/events daily or several times a week in the last six months.
- Parents of 77 percent of children have attended a school event, and 68 percent have attended a school meeting, at least once in the past six months.

**Figure 18. Frequency of Parents Speaking with Teachers About Child’s Progress in the Past Six Months**



*NOTE: Percentages may not total to 100 due to rounding or missing data.*

Parental school involvement does not vary significantly by family structure, but some variations by other demographic factors are listed below (for more breakdowns, see Appendix B).

- Parents of White children are most likely to report volunteering at least once a month in the last six months (49 percent), compared to other racial/ethnic groups. Parents of Asian/Pacific Islander children are least likely (22 percent) to report volunteering at least once a month in the last six months.
- Native-born parents tend to be more active in their children’s schools than foreign-born parents, according to survey results. Approximately 68 percent of native-born parents reported talking with their children’s teachers at least once a month in the last six months, compared to 52 percent of foreign-born parents. Similarly, native-born parents are more likely (43 percent) than foreign-born parents (32 percent) to report volunteering at least once a month in the last six months at their children’s school.

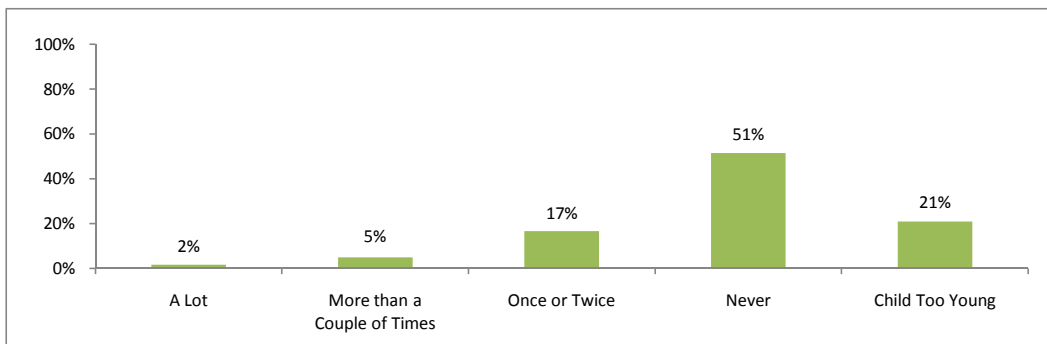
- While the frequency of parents volunteering at least once a month drops off with the children’s age (26 percent for ages 14-17, compared to 45 percent for ages 6-8 and 41 percent for ages 9-13), other parent activities do not: older children are just as likely as younger children to have parents who attend parent school meetings and parent workshops or training sessions at least once a month, according to the survey.

## Children’s Experiences with Racism

Studies have documented the negative effects of racism and discrimination on physical and emotional health.<sup>62</sup> Research has shown that even indirect exposure to racism, through parental experiences with racism and responses to it, can affect the well-being of young children.<sup>63</sup>

Roughly one-quarter of California children have experienced racism at least once in the past year, according to survey results. As shown in the figure below, according to parent reports, few children (2 percent) have experienced racism “a lot”; 5 percent have experienced racism “more than a couple of times”; and 17 percent “once or twice.” About half (51 percent) never experienced racism in the last year.

**Figure 19. Frequency with which Children Experience Racism in Past Year**



*NOTE: Percentages may not total to 100 due to rounding or missing data.*

The frequency with which children have experienced racism varies by demographic group. For example, the survey found that:

- Black children are by far the most likely to have experienced racism “more than a couple of times” or “a lot” (15 percent).
- Children in single-parent families are more likely to experience racism. Approximately 10 percent of children in single-parent families have experienced racism “more than a couple of times” or “a lot,” compared with 6 percent of children in two-parent families.
- Older children also are more likely to experience racism than younger children, with 38 percent of youth ages 14-17 experiencing racism at least once, compared to 30 percent of children ages 9-13 and 20 percent of children ages 6-8.



## Home Environment

The importance of a stable, developmentally enriching home environment for children has been well established in the child development, education, and economics literatures. From the frequency of family meals to the number of books in the household, experts agree that family home practices can have an enormous impact on children's health, emotional well-being, and academic achievement.<sup>64,65</sup>

The survey asked parents about their perceptions of family time, the influence of media on their children, the safety of their children's surroundings, and about home routines and practices such as the frequency of reading with their children and family mealtimes, as described in the following sections.

### Family Time

A majority of California children have parents who are satisfied with the amount of time spent with their family. Parents of 71 percent think that they have the right amount of time together; parents of 18 percent believe that they do not have enough; and parents of 11 percent think they have too much family time. Parents' perceptions about family time vary by demographic group:

- Parents of Black children are most likely to feel that they don't have enough family time (30 percent), whereas parents of Latino/Hispanic children are most likely to feel that they have too much family time (18 percent).
- Children with household incomes above \$100,000 are more likely to have parents who feel that they don't have enough family time (23-29 percent) than children with household incomes below \$25,000 (12 percent).
- Children in single-parent families are significantly more likely to have parents who report that their family does not have enough time together (25 percent) than other children (17 percent).

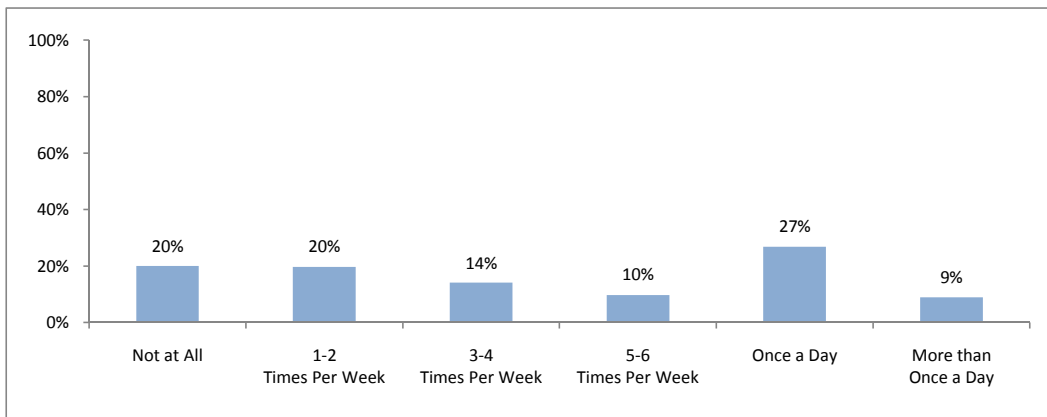
### Reading Books

Nearly half (46 percent) of children ages 0-17 in California read or look at books with family members at least five to six times per week, according to parents. As might be expected, parents and family members are most likely to report reading with young children: 69 percent of children ages 0-5 read or look at books with their families at least five to six times per week, and the same is true for 63 percent of ages 6-8, 36 percent of preteens ages 9-13, and 19 percent of youth ages 14-17.<sup>xxv</sup>

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<sup>xxv</sup> The difference between children ages 0-5 and 6-8 in terms of the percent who read with parents or other family members at least five to six times per week is not statistically significant.

**Figure 20. Frequency with Which Children (Ages 0-17) Read Books with Family Members**



*NOTE: Percentages may not total to 100 due to rounding or missing data.*

Children in families with household incomes below \$25,000 are less likely to be read to five to six times per week or more (39 percent) than children in families with household incomes of more than \$100,000 (51-52 percent), according to results. In addition, the survey found that children of foreign-born parents are less likely to be read to at least five to six times per week (39 percent) than children of native-born parents (52 percent).

### Family Meals

Research has shown that eating family meals together can enhance the emotional well-being of children and reduce the risk of obesity in adolescents.<sup>66, 67</sup> The frequency of family meals also has been shown to have a protective effect on preventing eating disorders and of reducing the likelihood of high-risk behaviors, such as substance abuse, violence, and sexual activity.<sup>68, 69</sup>

The survey asked about the number of days per week families eat breakfast and dinner together, and the number of days each week children eat breakfast and dinner at a regular time. Results show that, on average, California families eat breakfast together four days each week and eat dinner together six days each week. In addition, parent reports indicate that children eat breakfast and dinner at a regular time five days each week, on average.

According to the survey, about three-fourths (76 percent) of children eat dinner with their families at least five days a week, while 49 percent eat breakfast with their families at least five days a week. The frequency with which children eat dinner with their families does not vary significantly by demographic group. Looking at breakfast, however, results show that more children in primarily Spanish-speaking families (61 percent) eat breakfast together at least five days a week than children in primarily English-speaking families (44 percent). As might be expected, families with children ages 0-5 are more likely to report regularly eating breakfast together (56 percent) than families with children ages 14-17 (38 percent).

## Neighborhood Safety

Most California children are safe in their surroundings and neighborhood (84 percent), according to parents. However, 12 percent of children are considered unsafe in their surroundings. Reported levels of safety vary considerably by demographic group:

- Children of foreign-born parents are significantly more likely to be considered unsafe in their surroundings and neighborhood (16 percent) than children of native-born parents (9 percent).
- Very few children (2 percent) with household incomes more than \$125,000 have parents who think that their children are unsafe in their surroundings, compared to children with family incomes less than \$25,000 (20 percent).
- Latino/Hispanic children are more likely to be reported as unsafe in their surroundings (20 percent) than White (4 percent), Asian/Pacific Islander (6 percent), or Black (12 percent) children.

## Effects of Media

Although numerous studies have documented the association between media and negative social, emotional, and health outcomes for children,<sup>70, 71, 72</sup> parents of roughly half (57 percent) of children in California believe the media has had a positive impact on their children, according to the survey. By contrast, parents of 9 percent of children believe that media has no effect on their children, and parents of 24 percent of children believe the media has had a negative impact on their children. Differences across parent education, household income, and parent birthplace are not statistically significant. However, key differences were found in parent perceptions of media's effect on children by race/ethnicity and age:

- White (33 percent) and Black children (29 percent) are more likely than Latino/Hispanic (19 percent) or Asian/Pacific Islander children (19 percent) to have parents who think that media's impact on their children is negative.
- Older children (33 percent for ages 14-17) are more likely to have parents who think media has a negative effect than very young children (10 percent for ages 0-5).

## Smokers in Household

The dangers of second-hand smoke, especially for children, are well-documented. According to the U.S. Surgeon General, there is no safe level of second-hand smoke exposure, and second-hand smoke can cause premature death and disease in children and non-smoker adults. California has been at the forefront of efforts to increase awareness of the dangers of second-hand smoke and reduce smoking in public places.<sup>73</sup> According to the survey, most children in California (85 percent) live in smoke-free households. There are statistically significant differences in the number of smokers in children's households by children's race/ethnicity, parents' highest level of education, and household income. For example, the survey found that:

- White children are more likely to live in smoke-free households (89 percent) than Black (76 percent), Asian/Pacific Islander (82 percent), and Latino/Hispanic (84 percent) children.
- Children with more educated parents (Bachelor’s degree or higher) are more likely to live in smoke-free households (93 percent) than children whose parents have less education (74-81 percent).
- Children with household incomes less than \$50,000 are less likely to live in smoke-free homes compared to children in households with incomes above \$100,000. (See Appendix B for more detailed breakdowns.)

### Income Security

Approximately one out of four children (26 percent) in California has parents who believe their household income is “not quite enough” or “not nearly enough” to pay for their children’s basic needs, such as food, clothing, and shelter. Slightly more than half (52 percent) have parents who think their income is “adequate” to meet their children’s basic needs, and 21 percent have parents who say their income is “more than enough.” Parents of Black children are more likely (43 percent) to think their household income is “not quite enough” or “not nearly enough” to pay for their children’s basic needs than parents of Latino/Hispanic (32 percent), Asian/Pacific Islander (20 percent), and White (13 percent) children.

# California Children with Special Health Care Needs

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Children with special health care needs (CSHCN) comprise approximately 14 percent of U.S. children,<sup>74</sup> and account for an estimated 80 percent of annual medical expenditures on children.<sup>75</sup> Their requirements for health services make them particularly vulnerable to access, cost, and quality weaknesses in the health care system.<sup>76</sup> A recent study showed that California ranks poorly compared to other states on numerous measures of quality health care for CSHCN, including adequacy of insurance, provision of basic preventive care, and meeting minimal criteria for having a “medical home” (ongoing, comprehensive, coordinated, and family-centered care).<sup>77</sup> California also had the nation’s highest percentage of children whose parents reported stress from parenting their special needs child.<sup>78</sup> Caring for a child with a chronic health condition can place a significant strain on families financially, physically, and mentally.<sup>79, 80</sup>

The survey asked a variety of questions about CSHCN, in an effort to gather current information and augment other sources of data for this population. In particular, the survey explored aspects of these children’s lives outside of the health care system, related to their home environment, schools, and emotional well-being.

For this survey, a child with special health care needs is defined as one who has a chronic condition and (1) needs or uses more medical care, mental health, or education services than is typical for most children of the same age or (2) is limited or prevented in his or her ability to do the things most children of the same age can do due to his or her chronic condition(s).

The survey found that approximately one in 11 children has special health care needs. This estimate is comparable to the state prevalence estimated in the *2005-2006 National Survey of Children with Special Health Care Needs*, which reported a prevalence of about one in 10 children in California.<sup>xxvi</sup>

## Key Findings

In terms of overall physical health, CSHCN are much more likely to be in very poor, poor, or fair health (nearly one-third) than children without special needs (5 percent), according to survey results. Consistent with other studies,<sup>81, 82</sup> the survey shows that children with special health care needs are more likely to be overweight, and more likely to have asthma, than children without special needs. Additionally, the survey found that far more children with special health care needs take prescription medicine and require or receive physical, occupational, or speech therapy than children without special needs.

Emotional health also is a major concern for CSHCN. Studies have shown that CSHCN with emotional health problems are more likely to have functional limitations in their daily activities, unmet needs for specific health care services, inadequate health insurance, and other challenges, compared to CSHCN

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<sup>xxvi</sup> For in-depth analysis on the prevalence, population characteristics, and measures of health and health care for California’s CSHCN population, see the 2010 report, *Children with Special Health Care Needs: A Profile of Key Issues in California*. [www.lpfch.org/specialneeds](http://www.lpfch.org/specialneeds)

without emotional health problems.<sup>83, 84</sup> Among CSHCN in California, survey results indicate that roughly one-third are in very poor, poor, or fair overall emotional health compared to 7 percent of other children; similarly, about one in three CSHCN need or receive psychological services compared to 3 percent of other children.

According to the survey, children with special health care needs also are more likely to have high levels of stress (31 percent) than children without special needs (9 percent), and CSHCN are about twice as likely to have parents who are concerned about their child's stress. In addition, almost one in five CSHCN is struggling with depression, according to their parents, compared to 5 percent of children without special needs. In terms of parental emotional health, results show that children with special health care needs are more likely to have parents who have experienced depression than other children.

Beyond emotional health, results show many similarities between children with and without special needs in terms of their social, educational, and home environments. For example, findings on participation in after-school programs and extracurricular activities are fairly similar for both groups. Survey results show a difference in terms of parental involvement in their children's schools, with CSHCN more likely to have parents who frequently communicate with teachers about the child's progress; but parental involvement in other school activities, such as attending events and volunteering, does not differ significantly. Results also show that children with special needs spend more time reading with family members, with about 59 percent of CSHCN reading books with family members at least 5-6 times a week, compared to 42 percent of other children.

## Conclusion

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On the whole, the survey's findings are encouraging, with the majority of California's children experiencing positive health and well-being within nurturing family environments. Yet it is clear that a significant percentage of the state's children are affected by persistent disparities that research has shown can have long-lasting effects on their futures<sup>85</sup> and, consequently, on the future of California. The causes of these disparities are longstanding and complex, and in some cases they are worsening. The 2010 California Parent Survey is intended to document the most pressing issues, and inspire further attention to them. Progress in resolving these issues can be made only through a long-term commitment by a broad spectrum of stakeholders and decision-makers.

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