



“Know where to find the information and how to use it—that’s the secret of success.”

— Albert Einstein

National Survey Of Children’s Health

Home Environment

Montana is providing its children with a home environment quality that exceeds that of the national average, if only by a small margin. More children in our state have mothers and fathers who are in good mental and physical health, and these parents have the time, ability, and willingness to take their children on outings, to read to their children every day, and to tell stories and sing to their children. Over half of Montana children have families that eat a meal together every day of the week. The vast majority of children in Montana live in neighborhoods that are considered safe and supportive and report feeling safe at school.

The newest data from the National Survey of Children’s Health (NSCH) were just released in spring of 2009, providing a wealth of information on children in Montana. The NSCH provides information on numerous facets of children’s lives, a few of which are presented in this essay and in the accompanying tables. It comes as little surprise that Montana fares very well in some areas, whereas other areas show more room for improvement.

Montana children are doing considerably better than their national counterparts in many areas. For example, only 26 percent of 10-17-year-olds are overweight or obese, compared to 32 percent nationally. Although the general trend in this area appears to be a continued increase, Montana children benefit from some protective factors: a larger portion of children in Montana were fed breast milk as infants; children ages 6-17 engage in physical activity at a higher rate; and both 0-5-year-olds and 6-17-year-olds spend less time in front of a television, video, or video game than the national average (Table 1).

Child Care Issues

Close to two-thirds of Montana children under age 8 (a total of 68,400 children) live in families where all adults work outside the home. One-half of children ages 0-5 regularly attend non-parental child care in Montana. Despite this extensive need for child care for this age group, Montana has only 1,200 registered and licensed early care and education programs, providing approximately 20,000 slots. Due to this limited availability of center-based quality care options during early childhood, many parents are forced to rely on help

from relatives and friends, in-home or other non-licensed providers, or adjust their work schedules in order to care for their children.

Those who rely on home-based or family-based care, where there is only one adult caregiver, are forced to scramble for alternate care if this one person falls ill or is for some other reason unable to provide care on a given day. The same holds true in the case of a child's illness, as sick children are excluded from most care settings. In Montana, 12 percent of children ages 0-5 have parents who were forced to change child care arrangements at the last minute three or more times in the previous month. Over one-third of children in this age group have parents who have had to make last-minute changes in their child care arrangements and/or have had their work-life adversely affected by child care problems.

Once a child enters the public school system, parents may feel a sense of relief. Unfortunately, children still have to stay home when they are sick, and they still need care after school is done for the day. Eighteen percent, fully double the national rate, of Montana children ages 6-11 have spent some time home alone without adult supervision during the week prior to taking the survey. It is a good thing that our neighborhoods are considered safe (Table 2).

Health and Health Care Statistics

Close to 90 percent of Montana children are in very good or excellent health, while three-fourths of children ages 1-17 have teeth that are in very good or excellent condition (Table 3, page 4). Sixty-eight percent of children ages 2-17 have received needed mental health care or counseling. These rates are according to each child's parent or guardian and are all above the national average. However, if we turn our attention to the number of children who actually receive professional health care, the numbers change. Sixty-two percent of children have a medical home – primary care that is accessible, continuous, and comprehensive – and 90 percent have a personal doctor or nurse who knows them well and is familiar with their health history. Yet only 81 percent have had a preventive medical visit during the past 12 months, and just 77 percent have had a preventive dental visit in the past 12 months. Sixty-four percent have had both – well below the national average of 72 percent.

Given that Montana holds the highest rate in the country for children who have missed 11 days of school or more due to illness during the past month

Table 1
Obesity-Related Statistics

Indicators	2007	
	MT	US
Children ages 0-5 who were ever breast fed or fed breast milk	86%	76%
Children ages 6-17 who engage in physical activity every day	32%	30%
Children ages 10-17 who are overweight or obese (BMI for age at or above 85th percentile)	26%	32%
Children ages 6-17 who spend four hours or more watching television or videos or playing video games on an average weekday	9%	11%
Children ages 0-5 who spend four hours or more watching television or videos on an average weekday	11%	13%
Children ages 6-17 who have a television in their bedroom	36%	50%

Source: National Survey of Children's Health.

Table 2
Home Environment

Indicators	2007	
	MT	US
Children whose mother's physical and mental health are very good or excellent	60%	57%
Children whose father's physical and mental health are very good or excellent	66%	63%
Children ages 0-5 who went on outings with family members every day during the previous week	17%	14%
Children ages 0-5 who were read to by family member every day during the previous week	57%	48%
Children who are sung to or told stories by family member(s) every day during the previous week	68%	59%
Children ages 6-17 whose family ate a meal together every day during the previous week	52%	46%
Children ages 6-17 who got enough sleep every night during the previous week	56%	64%
Children who live in supportive neighborhoods	87%	83%
Children who live in safe neighborhoods	92%	86%
Children ages 6-17 who are safe at school	94%	90%
Children living in a neighborhood with amenities that include all of the following: sidewalks, library, recreation center, park	42%	48%
Children living in a neighborhood with problems that include all of the following: rundown housing, litter, graffiti	6%	4%

Source: National Survey of Children's Health.



Over one-third of Montana children ages 0-5 have parents who have had to make last-minute changes in their child care arrangements and/or have had their work-life adversely affected by child care problems.

**Table 3
Health and Health Care Statistics**

Indicators	2007	
	MT	US
Children whose overall health is very good or excellent	88%	84%
Children age 1-17 whose teeth are in very good or excellent condition	75%	71%
Children with a medical home	62%	58%
Children who have a personal doctor or nurse or other health professional who knows them well and is familiar with their health history	90%	92%
Children who had one or more preventive medical visits during the previous 12 months	81%	89%
Children who had one or more preventive dental visits during the previous 12 months	77%	78%
Children who had both medical and dental preventive visits during the previous 12 months	64%	72%
Children age 2-17 who received needed mental health care or counseling during the previous 12 months	68%	60%
Children with unmet needs for medical, dental, mental health or or other health care at some time during the previous 12 months	9%	7%

Source: National Survey of Children's Health.

(9.8 percent), it begs the question of whether Montana children really are as healthy as their parents think.

There may be two contributing causes for the high rate of absenteeism due to illness:

- First, Montana is in the bottom five in terms of state rate of uninsured children (13 percent, versus 9 percent nationally);
- Secondly, even for those children who are fortunate enough to have health insurance coverage, preventive check-ups may not be included in their plans. Parents then defer care until a child has fully developed some form of health problem or illness, conditions that could have been detected and/or avoided through regular well-child doctor's visits.

For those who are uninsured, medical events put an immense strain on already-taxed family finances. Twelve percent of Montana children live in households characterized as working poor, that is, their parents maintain regular employment but the household remains in relative poverty due to low levels of

pay and high dependent expenses (Table 4). These problems borne by poverty or near-poverty are even more pronounced on the state’s Indian reservations, where poverty rates are higher and health care access is more limited.

Community and Schools

In Montana, children ages 6–17 participate in organized activities outside of school at a high rate and youth engage in volunteer or community service work at the same rate as the national average, but they attend religious services less frequently (Table 5). Surprisingly, fewer Montana children live in neighborhoods with sidewalks, libraries, recreation centers, and parks, and slightly more live in neighborhoods with rundown housing, litter, and graffiti. However, the NSCH is designed primarily with urban children in mind, and our largely rural population, while not being blessed with sidewalks and recreation centers, has access to a wealth of other opportunities for outdoor recreation that urban residents can only dream of.

About the Survey

The NSCH included telephone interviews with 1,800 Montana households. Information was collected on one child between 6 months and 17 years of age per household, with the same number of children (1,000) for each single-year age group. This survey, conducted in 2007, was the second iteration. The first survey was conducted in 2003, with the purpose of producing “...national and state-based estimates on the health and well-being of children, their families, and their communities.”

The survey covers children virtually from birth and up, furnishing researchers, health care workers, and the like with an important glimpse of the conditions of early childhood. While information is gathered elsewhere on children 5 and older, very little information exists about children before they enter Kindergarten. In the absence of a fully-integrated State Longitudinal Data System (an initiative of the National Center for Education Statistics, The U.S. Department of Education), the NSCH constitutes the bulk of what is available.

Table 4
Child Care Issues

Indicators	2007	
	MT	US
Children living in "working poor" households	12%	12%
Children ages 6-11 who spent some time home alone without supervision during the previous week	18%	9%
Children ages 0-5 whose parents had to change child care arrangements at the last minute three or more times during the previous month	12%	8%
Children ages 0-5 whose parents' employment was adversely affected because of problems with child care during the previous 12 months	13%	12%
Children ages 0-5 whose parents had to make last-minute changes in child care arrangements and/or work life was adversely affected by child care problems	35%	31%
Children ages 0-5 who regularly attend non-parental child care	50%	54%

Source: National Survey of Children’s Health.

Table 5
Community and School Statistics

Indicators	2007	
	MT	US
Children ages 6-17 who participated in organized activities outside of school during previous 12 months	89%	81%
Youth ages 12-17 who engaged in volunteer or community service work once a week or more during the previous 12 months	15%	15%
Children ages 6-17 who spend one hour more reading for pleasure on an average weekday	17%	17%
Children who attend religious services once a week or more	47%	54%

Source: National Survey of Children’s Health.