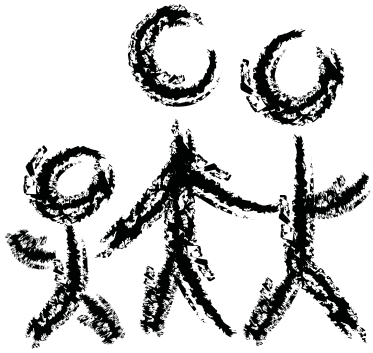


The Child's Home and Family

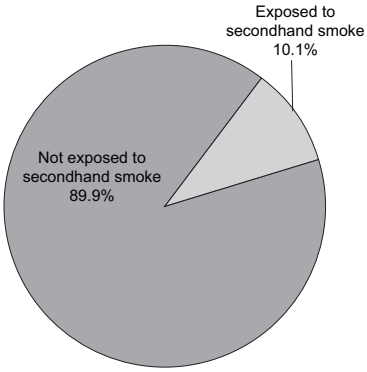
Children's growth and development takes place in the context of their home and family environment, which can support this growth through positive influences such as family meals and sufficient sleep, or undermine it through negative exposures such as secondhand smoke and excessive screen time. In addition, the physical and mental health of both mothers and fathers can influence children's well-being, as can parents' relationships with their children and their levels of stress and ability to cope with the demands of parenthood.

Smoking in the Household

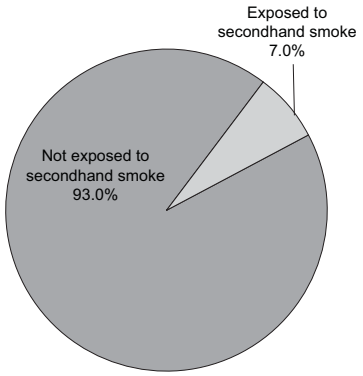
Exposure to environmental smoke—from cigarettes, cigars, or pipes—can be a serious health hazard for children. According to the Centers for Disease Control and Prevention, exposure to secondhand smoke is associated with higher rates of sudden infant death syndrome (SIDS), more frequent and severe asthma, and acute respiratory infections in young children.[11] In addition, children who are exposed to smoke in their households are more likely to become smokers themselves.[12] Environmental tobacco smoke exposure may be a particular risk for CSHCN given their chronic health conditions.

In the NSCH, parents were asked whether anyone in the household used cigarettes, cigars, or pipe tobacco, and whether anyone smoked in the home, exposing children to secondhand smoke inside the home. Among CSHCN, 30.3 percent live in a household where someone smokes and 10.1 percent were exposed to smoke in their homes. Among non-CSHCN, 25.2 percent live in a household with a smoker and 7.0 percent were exposed to secondhand smoke. This difference remained significant even after statistical adjustment for other differences between CSHCN and non-CSHCN. Across states, the percentage of CSHCN who are exposed to secondhand smoke in the home ranges from 0.9 percent to 23.4 percent. Strikingly,

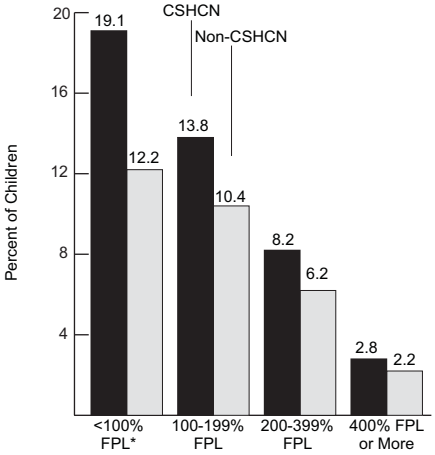
CSHCN who are Exposed to Secondhand Smoke in the Home



Non-CSHCN who are Exposed to Secondhand Smoke in the Home

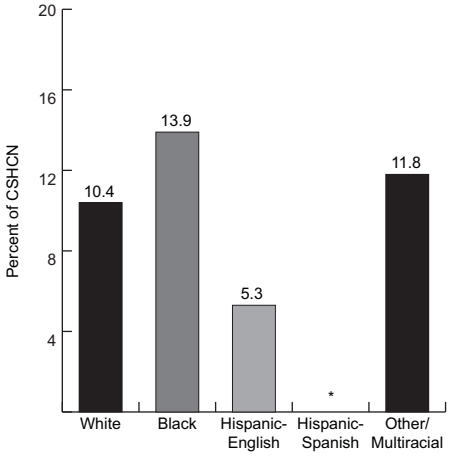


Children who are Exposed to Secondhand Smoke in the Home, by Poverty Status and CSHCN Status

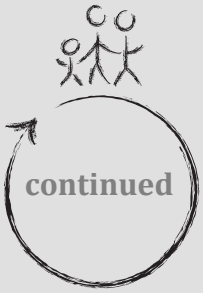


*Federal poverty level was $20,650 for a family of four in 2007.

CSHCN who are Exposed to Secondhand Smoke in the Home, by Race/Ethnicity and Language



*Estimate suppressed as it does not meet the standard for reliability or precision.



32.8 percent of children who currently have asthma live in a household with a smoker and 10.6 percent were exposed to secondhand smoke (data not shown).

For both CSHCN and non-CSHCN, exposure to secondhand smoke is more common among those in lower-income households: among CSHCN with household incomes below the Federal poverty level (FPL), 19.1 percent are exposed to secondhand smoke at home, compared to 2.8 percent of CSHCN with household incomes of 400 percent or more of FPL.

CSHCN in certain racial and ethnic groups are at higher risk of exposure to secondhand smoke. Among Black CSHCN, 13.9 percent are exposed to secondhand smoke at home, compared to 10.4 percent of White CSHCN and only 5.3 percent of Hispanic CSHCN in English primary language households. Among CSHCN aged 2-17, those with emotional, behavioral, or developmental conditions are more likely to be exposed to secondhand smoke at home. Of CSHCN with these problems, 14.8 percent are exposed to secondhand smoke, compared to 6.9 percent of CSHCN without these conditions (data not shown).

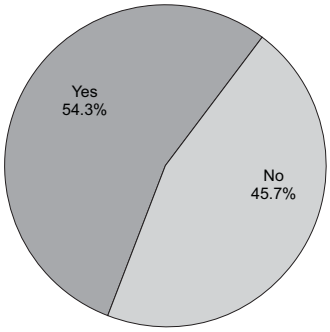
Television and Media

The Bright Futures guidelines for infants, children, and adolescents recommend that parents limit children's screen time to 1-2 hours per day for children aged 1-5 years.[5] Excessive screen time is linked to a variety of adverse health outcomes, including violent behavior, poor school performance, sleep pattern disturbances, overweight, and substance abuse later in life.[13,14,15,16]

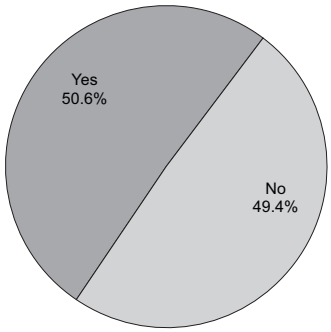
Parents of children aged 1-5 years were asked how many hours children spent watching TV or videos on weekdays. For children aged 6-17, the survey also asked if the child had a television in his or her bedroom. Children with special health care needs were slightly more likely than other children to watch more than one hour of television or videos per weekday, to have a television in their bedrooms, or both. This difference remained significant even after statistical adjustment for other differences between CSHCN and non-CSHCN.

Among children with and without special health care needs, children with the lowest household incomes are the most likely to have higher levels of screen time. Among CSHCN with household incomes below the Federal poverty level (FPL), 78.4 percent had a TV in their bedrooms or watched more than two hours of TV per weekday, or both; among CSHCN with household incomes of 400 percent or more of FPL, fewer than half (47.2 percent) did.

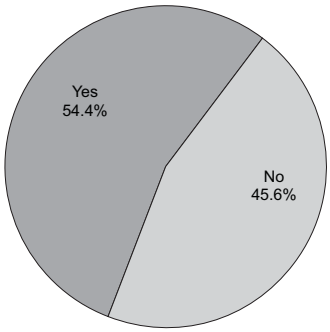
CSHCN Aged 1-17 With More Than One Hour of Screen Time Per Weekday



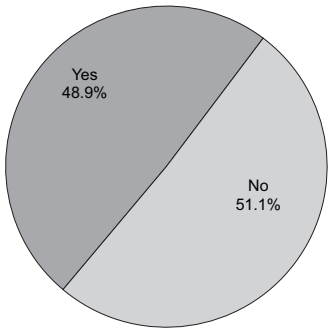
Non-CSHCN Aged 1-17 With More Than One Hour of Screen Time Per Weekday



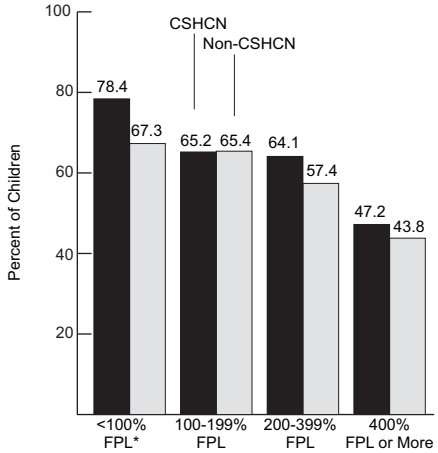
CSHCN Aged 6-17 With Television in the Bedroom



Non-CSHCN Aged 6-17 With Television in the Bedroom



Children Aged 6-17 who Have A TV in their Bedroom or Watch More Than Two Hours of TV per Weekday or Both, by Poverty Status and CSHCN Status



*Federal poverty level was $20,650 for a family of four in 2007.

Children in certain racial and ethnic groups have greater exposure to television and videos as well. Among CSHCN, 81.4 percent of Black children and 74.1 percent of Hispanic children in English-speaking households had a TV in their bedrooms or watched more than two hours of TV per weekday or both, compared to 55.5 percent of White children (data not shown).

The Child's Home

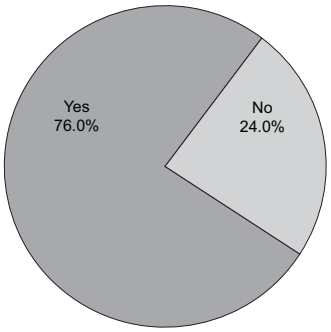
Family Meals

Eating together as a family can promote family bonding as well as good nutrition and eating habits.[17] In addition, eating meals as a family has been shown to be associated with long-term benefits for children, including less substance use, better school performance, and reduced mental health symptoms.[18]

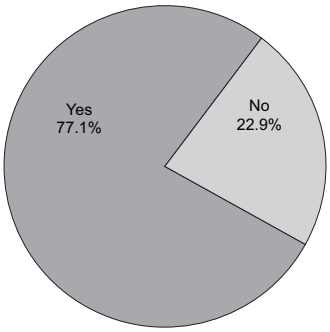
CSHCN and non-CSHCN are about equally likely to eat with their families at least 4 days per week; in both groups, more than three-quarters of children did so. Among CSHCN, the proportion who eat a meal with their families at least 4 times a week ranged across states from 67.9 percent to 86.3 percent.

The percentage of children who share meals with their families is lower among older children. Among the youngest children (aged 0-5 years), over 80 percent share meals with their families at least 4 days a week; among adolescents, just over two-thirds of children (about 69 percent) did so. This pattern was evident among both CSHCN and non-CSHCN.

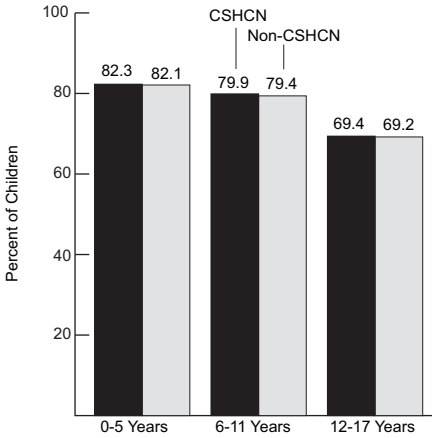
CSHCN who Share Meals with their Families at Least 4 Days per Week



Non-CSHCN who Share Meals with their Families at Least 4 Days per Week



Children Who Share Meals With Their Families At Least 4 Days Per Week, by Age And CSHCN Status



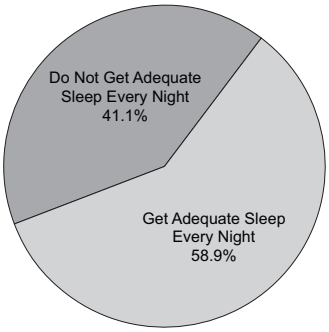
Sleep

Adequate sleep is essential for children's health, growth, and ability to learn. Parents of children aged 6-17 were asked on how many nights in the past week their children got enough sleep for a child of their age. Children with special health care needs were less likely than other children to get enough sleep (as defined by the parent) every day in the past week. Of CSHCN, 41.1 percent did not get enough sleep every day in the past week, compared to 34.1 percent of children without special health care needs. This difference remained present even after statistical adjustment for other differences between CSHCN and non-CSHCN.

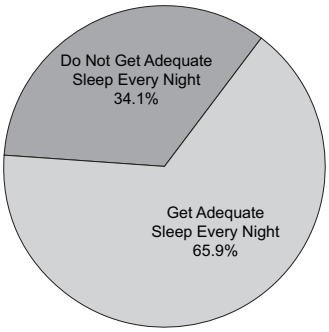
Percentages of children getting inadequate sleep have increased since 2003, when 35.6 percent of CSHCN and 30.1 percent of non-CSHCN did not get adequate sleep every night. In 2007, the proportion of CSHCN who did not get enough sleep every night ranged across states from 31.9 percent to 56.6 percent.

Among children with and without special health care needs, those in the highest-income households were the least likely to get adequate sleep every night. Among CSHCN, 46.6 percent of those with household incomes of 400 percent or more of the Federal poverty level (FPL) did not consistently get adequate sleep, compared to 37.9 percent of CSHCN with household incomes below the FPL.

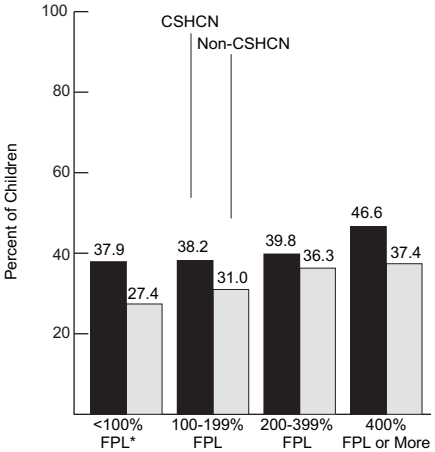
CSHCN Aged 6-17 Who Do Not Get Adequate Sleep Every Night



Non-CSHCN Aged 6-17 Who Do Not Get Adequate Sleep Every Night

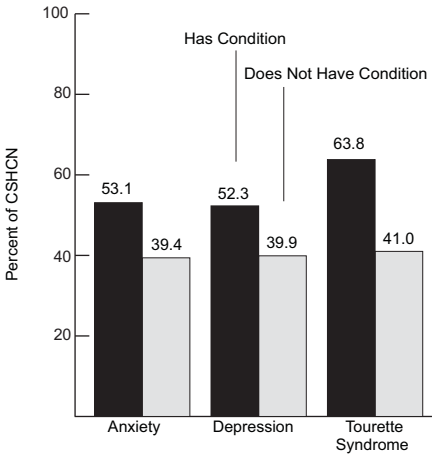


Children Aged 6-17 Who Do Not Get Adequate Sleep Every Night, by Poverty Status and CSHCN Status



*Federal poverty level was $20,650 for a family of four in 2007.

CSHCN Aged 6-17 with Selected Conditions who Do Not Get Adequate Sleep Every Night, by Condition



CSHCN with certain emotional and behavioral conditions seem to be at particular risk of not getting enough sleep. Among CSHCN with any emotional, behavioral, or developmental conditions, 44.5 percent do not get adequate sleep every night, compared to 38.2 percent of CSHCN without these conditions (data not shown). More than half of CSHCN with anxiety disorders (53.1 percent), depression (52.3 percent), and Tourette Syndrome (63.8 percent) do not get enough sleep every night, significantly more than CSHCN without these conditions (39.4 percent, 39.9 percent, and 41.0 percent, respectively).

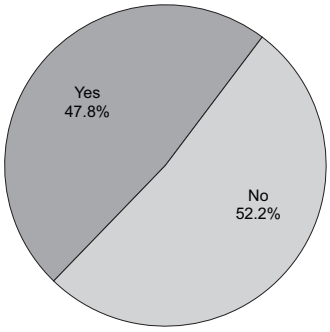
Parental Health

The physical and emotional health of parents can affect their ability to care for their children and can influence the health and well-being of the family as a whole. Among children who live with their mothers, 47.8 percent of CSHCN and 59.0 percent of non-CSHCN have mothers who are in excellent or very good physical and mental health, regardless of the mother's marital status. This discrepancy between children with and without special health care needs was evident in fathers' health as well, if not as pronounced: of children who live with their fathers, 58.2 percent of CSHCN and 63.7 percent of non-CSHCN had fathers whose physical and mental health was rated as "excellent" or "very good." These differences in parental health remained present even after statistical adjustment for other differences between CSHCN and non-CSHCN.

The percentage of CSHCN whose mothers are in excellent or very good health ranged across states from 35.5 percent to 60.9 percent; for fathers, state-level percentages ranged from 47.8 percent to 68.8 percent.

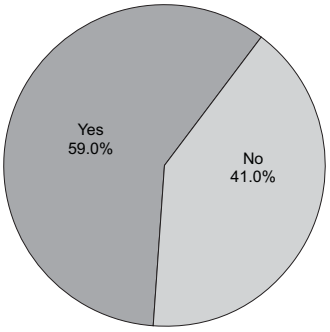
Both parental health estimates for CSHCN have declined since 2003, when 56.5 percent of CSHCN had mothers and 61.2 percent had fathers who were reported to be in excellent or very good health.

CSHCN whose Mothers Are in Excellent/Very Good Health*



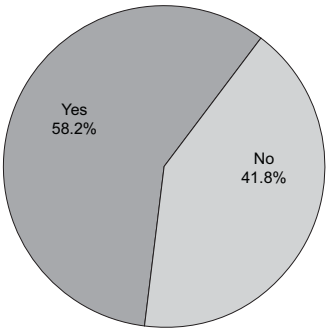
*Among children with a biological, step, foster, or adoptive mother in the household

Non-CSHCN whose Mothers Are in Excellent/Very Good Health*



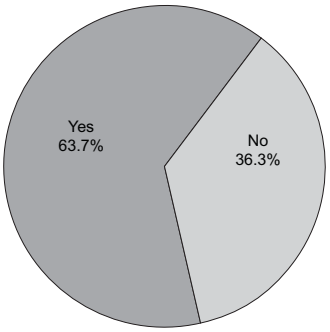
*Among children with a biological, step, foster, or adoptive mother in the household

CSHCN Whose Fathers Are in Excellent/Very Good Health**

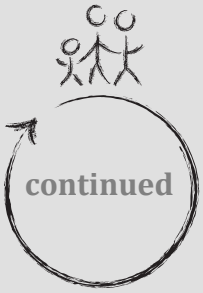


**Among children with a biological, step, foster, or adoptive father in the household

Non-CSHCN Whose Fathers Are in Excellent/Very Good Health**



**Among children with a biological, step, foster, or adoptive father in the household

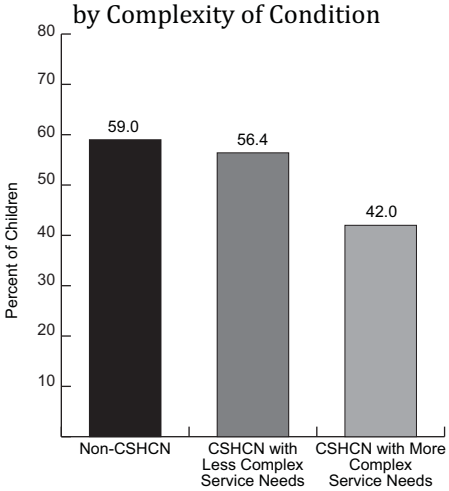


CSHCN with more complex service needs are less likely to have parents whose health is reported to be excellent or very good. Of children with more complex service needs, 42.0 percent lived with mothers whose health was excellent or very good and 54.6 lived with fathers whose health met this standard.

The percentage of CSHCN in the lowest-income households are least likely to have parents who are in excellent or very good health. Of CSHCN with household incomes below the Federal poverty level (FPL), 24.1 percent have mothers and 33.7 percent have fathers who are in excellent or very good health. In contrast, among CSHCN with household incomes of 400 percent or more of FPL, twice as many have mothers (67.1 percent) or fathers (67.8 percent) in excellent or very good health. A similar income disparity is evident among children without special health care needs.

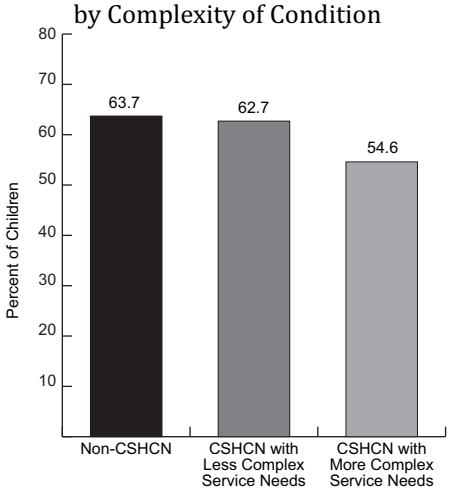
The parents of CSHCN age 2-17 with emotional, behavioral, or developmental (EBD) conditions are less likely than parents of other CSHCN to be in excellent or very good health. The mothers of 38.5 percent of CSHCN with EBD conditions and the fathers of 51.2 percent, were in excellent or very good health. In contrast, the mothers of 54.0 percent of CSHCN without EBD conditions and the fathers of 61.5 percent of CSHCN without EBD conditions were in excellent or very good health.

Children Whose Mothers* Are in Excellent or Very Good Health, by Complexity of Condition



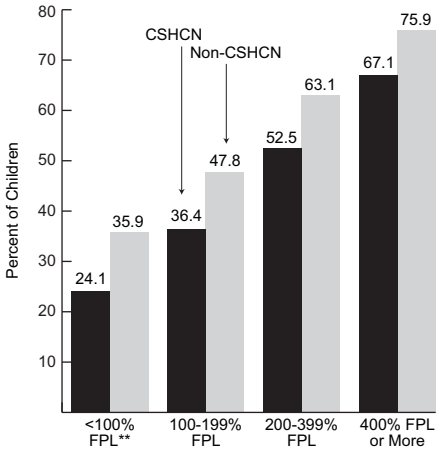
*Among children with a biological, step, foster, or adoptive mother in the household

Children Whose Fathers* Are in Excellent or Very Good Health, by Complexity of Condition



*Among children with a biological, step, foster, or adoptive father in the household

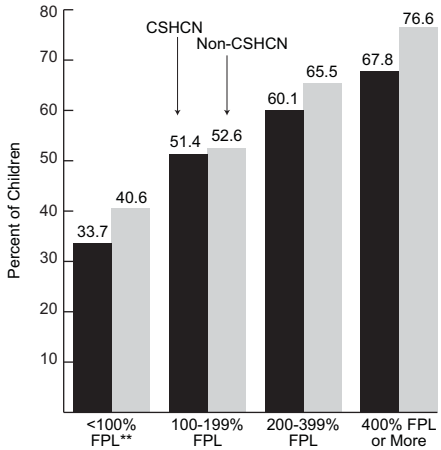
Children Whose Mothers* are in Excellent or Very Good Health, by Poverty Status and CSHCN Status



*Among children with a biological, step, foster, or adoptive mother in the household

**Federal poverty level was $20,650 for a family of four in 2007.

Children Whose Fathers* are in Excellent or Very Good Health, by Poverty Status and CSHCN Status



*Among children with a biological, step, foster, or adoptive father in the household

**Federal poverty level was $20,650 for a family of four in 2007.

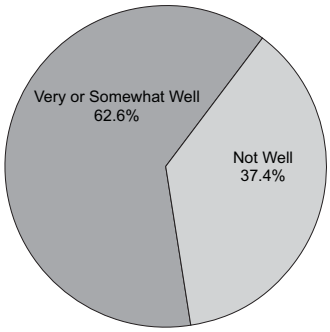
The Parent-Child Relationship

Parents of children aged 6-17 years were asked how well they and their children share ideas or talk about things that really matter. The parents of 62.6 percent of CSHCN reported that their children shared ideas with them very well or somewhat well, compared to the parents of 71.9 percent of children without special health care needs. Both of these percentages have declined since 2003, when 68.9 percent of CSHCN and 76.9 percent of non-CSHCN were reported to share ideas well with their parents. Differences in sharing ideas remained present even after statistical adjustment for other sociodemographic differences between CSHCN and non-CSHCN.

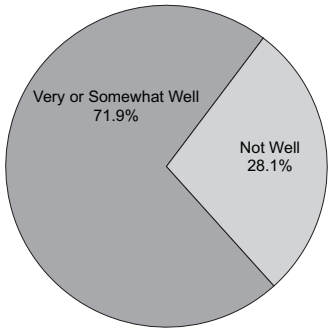
CSHCN with more complex service needs were less likely than CSHCN with less complex service needs to share ideas well with their parents: 57.1 percent were reported to do so.

Sharing ideas with parents is more common among younger children, regardless of the presence of special health care needs. The discrepancy between children with and without special health care needs is greater among children aged 6-11 years; in this age group, 67.2 percent of CSHCN are reported to share ideas with their parents, compared to 77.8 percent of non-CSHCN. Among adolescents aged 12-17, 58.5 percent of those with special health care needs shared ideas, compared to 66.3 percent of those without special health care needs. CSHCN with emotional, behavioral, or developmental conditions are particularly likely to face barriers to sharing ideas with their parents; 52.1 percent of CSHCN with these problems did so, compared to 71.8 percent of CSHCN without these conditions (data not shown).

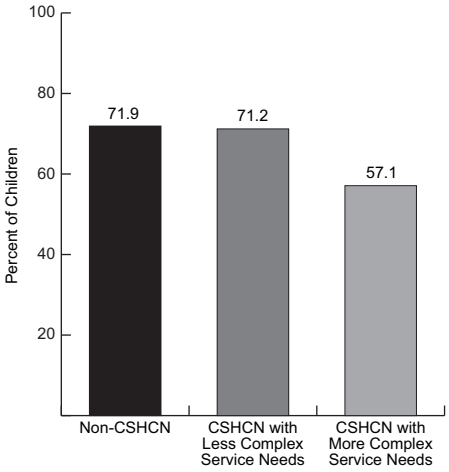
CSHCN Aged 6-17 Who Share Ideas with Their Parents



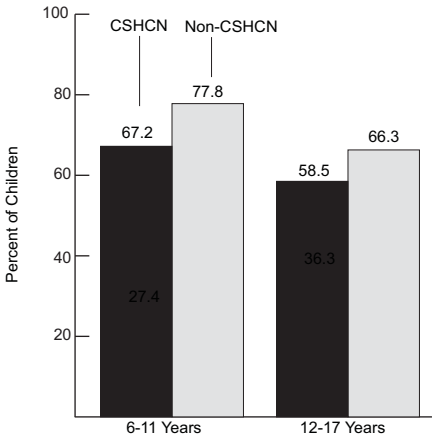
Non-CSHCN Aged 6-17 Who Share Ideas with Their Parents



Children Aged 6-17 Who Share Ideas with Their Parents, by Complexity of Condition



Children Aged 6-17 Who Share Ideas with Their Parents, by Age and CSHCN Status



Parental Stress and Coping

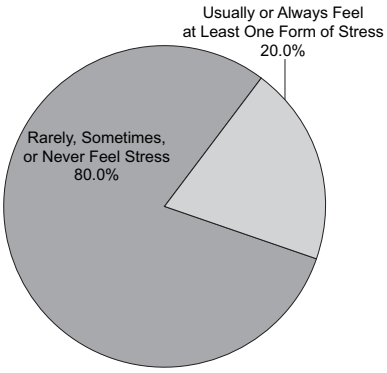
The demands of parenting can cause considerable stress for families. This may be particularly the case for parents of CSHCN, who have to deal with more child health issues than other parents. In the NSCH, parents were asked how often during the past month they had felt that their child was much harder to care for than others of his or her age; how often the child did things that really bothered them a lot; and how often they had felt angry with the child. Parents were considered to often feel stressed if they answered "usually" or "always" to at least one of these measures. CSHCN were twice as likely to have parents who report feeling stress as non-CSHCN: the parents of 20.0 percent of CSHCN usually or always feel stress, compared to 7.9 percent of non-CSHCN.

Among CSHCN with complex needs, the parents of 26.8 percent report usually or always feeling stress. The percentage of all CSHCN whose parents usually or always feel stress has increased since 2003, from 17.4 percent of CSHCN and 5.9 percent of non-CSHCN. Across states, the percentage of all CSHCN whose parents usually or always feel stress ranges from 10.5 percent to 26.6 percent.

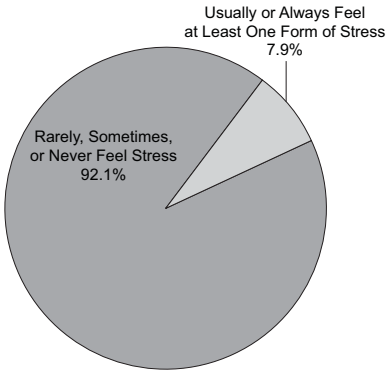
Similarly, parents of CSHCN are less likely than other parents to report that they are coping very well with the demands of parenting. 51.9 percent of CSHCN's parents said they were coping very well, compared to 62.3 percent of non-CSHCN's parents. Rates of parental coping were particularly poor for parents of CSHCN with more complex problems: Among CSHCN with more complex service needs, the parents of less than half (48.8 percent) reported that they were coping very well.

Parents of older children are also less likely to report that they are coping very well: of CSHCN aged 12-17 years, the parents of 47.0 percent reported that they were coping very well, compared to 61.9 percent of the parents of CSHCN age 0-5. This pattern is evident among children without special health care needs as well.

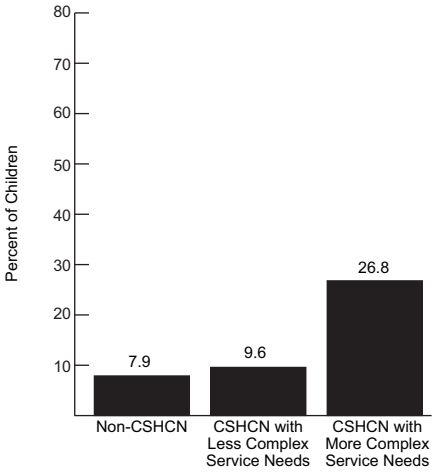
CSHCN Whose Parents Usually or Always Feel Stress

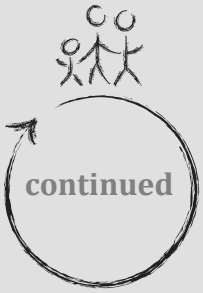


Non-CSHCN whose Parents Usually or Always Feel Stress



Children whose Parents Usually or Always Feel Stress, by Complexity of Condition

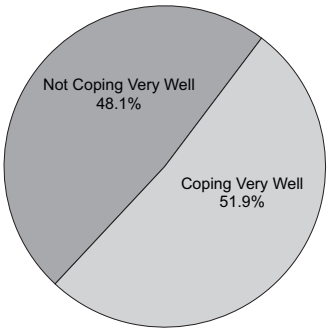




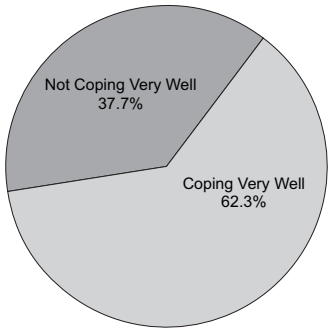
Parental stress and coping was particularly poor for parents of children with emotional, behavioral, or developmental (EBD) conditions: Parents of only 42.8 percent of CSHCN aged 2-17 with EBD conditions reported that they were coping very well with parenting, compared to the parents of 57.2 percent of CSHCN without EBD conditions (data not shown). Likewise, parents of nearly one-third (32.8 percent) of CSHCN with EBD conditions reported usually or always feeling stress, compared to the parents of 10.8 percent of CSHCN aged 2-17 without these conditions.

The parents of approximately 87 percent of children report that they have emotional support in parenthood, whether or not the children have special health care needs. However, the parents of only about 77 percent of children in low-income households report that they have this support (data not shown).

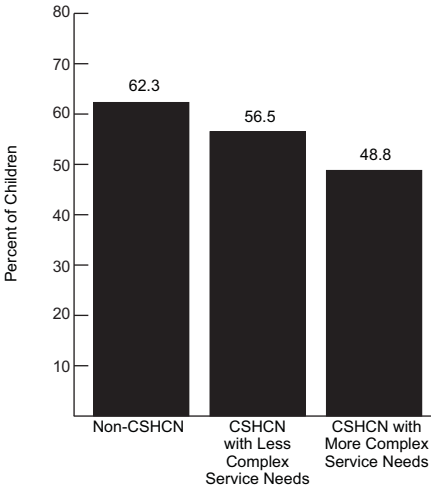
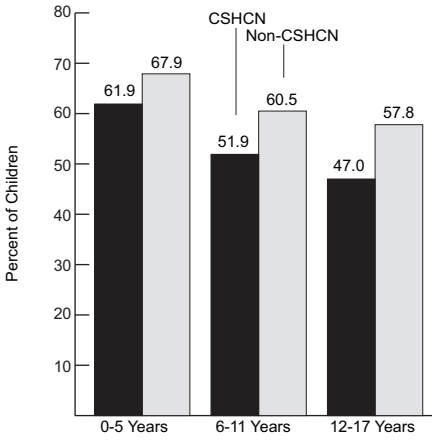
CSHCN whose Parents Are Coping Very Well with Parenthood



Non-CSHCN whose Parents Are Coping Very Well with Parenthood



Children whose Parents Are Coping Very Well with Parenthood, by Complexity of Condition



Children whose Parents Are Coping Very Well with Parenthood, by Age and CSHCN Status