

**Selected Findings from the Colorado Child
Health Survey for Boulder County, Other
Large Colorado Counties, and the State**

**Prepared for:
The Early Childhood Council of Boulder County**

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Summary of Key Findings

This report summarized selected findings from the Colorado Child Health Survey for Boulder County, and for comparison, the other 10 large Colorado counties and the state. The data used in this report were for children from ages 1 to 5 in the combined survey years 2006-10.

Children's Weight

- ❖ One in five (20.6%) Boulder County children aged 2 through 5 were either **overweight or obese** (BMI-for-age at or above the 85th percentile). One in six (15.8%) Boulder County children in that age group were **obese** (BMI at or above the 95th percentile). (pages 7-8)
- ❖ Almost one in five (19.2%) Boulder County children aged 2 through 5 were **underweight** (BMI-for-age below the 5th percentile). (page 9)

Health Care Access

- ❖ Boulder County had the second highest rate of children's **health insurance coverage** among Colorado's 11 large counties, with 96.7% of children aged 1 to 5 having private or publicly-funded health insurance at all times in the past 12 months. (page 10)
- ❖ In Boulder County, 96.9% of children aged 1 to 5 got **health care** when they needed it, the second highest rate among the large counties. (page 11)

Oral Health

- ❖ With 98.5% of young children receiving **dental care** when needed, Boulder County was among the highest of the large counties. (page 12)
- ❖ Nearly 80% (79.2%) of Boulder County parents of children aged 1 to 5 believed that there were no problems with their child's teeth. However, 15.1% of Boulder County parents indicated that their child had a problem with **cavities**, the second highest among the large counties. (pages 13-14)
- ❖ One in 10 (10.8%) Boulder County parents indicated that their child's **first visit to the dentist** was by the first birthday. More than a third (35.7%) indicated that their child had never been to the dentist. (page 15)

Food Insecurity

- ❖ Almost one in five (18.8%) Boulder County parents of children aged 1 to 5 indicated that in the past 12 months they had often or sometimes relied on only a few kinds of **low-cost food** to feed their child because they were running out of money to buy food. (page 16)

Families Reading to Children

- ❖ Eighty-seven percent of Boulder County parents indicated that they or another family member **read** to their young child 3 or more days in the past week, a rate that was at the lower end of the range among large counties. (page 17)

Social-Emotional Health

- ❖ One in six (16.5%) Boulder County parents indicated that their child had **social-emotional difficulties**, similar to the statewide rate of 17.4%. (page 18)

Special Needs

- ❖ Compared to other large counties, relatively low percentages of Boulder County parents indicated that their child was **limited or prevented in ability** from doing the things most children of the same age can do (3.4%), needed or got **special therapy**, such as physical, occupational, or speech therapy (6.6%), and had an **emotional, developmental, or behavioral problem** for which treatment or counseling was needed (2.9%). (pages 19-21)

Purpose of the Report

The purpose of this report is to summarize the findings for 19 key indicators of health and well-being in early childhood. The indicator data are from the Colorado Child Health Survey (CHS) for Boulder County, and for comparison, the other 10 large Colorado counties and the state. Although the age range in the CHS is from 1 to 14 years old, this analysis was limited to children from ages 1 to 5, in keeping with the Early Childhood Council of Boulder County's (ECCBC's) focus on early childhood. Data from 2006 to 2010 were combined because of the small sizes of the single-year samples even in these relatively large counties. The findings reported here can be used as a baseline with which to track and compare change over time in Boulder County, the other large counties, and the state.

The topics summarized in this report include:¹

- Children's general health
- Children's weight
- Health care coverage
- Oral health
- Food insecurity
- Families reading to children
- Social-emotional health
- Special needs

Some although not necessarily all of the CHS questions related to each of these topics were selected for the report.

Colorado Child Health Survey²

The CHS was initiated in 2004 through a partnership between the Colorado Department of Public Health and Environment and several other organizations. It is designed to provide health data for Colorado's children ages 1 to 14. Parents of children in that age range are identified through the Behavioral Risk Factor Surveillance System (BRFSS), a random-digit dial telephone survey of Colorado adults that is conducted monthly. At the end of the BRFSS interview, respondents are asked if they have a child in the CHS age range and whether they would be willing to complete the Child Health Survey. Those who answer "yes" to both questions are called about 10 days later to complete the interview. If the respondent has two or more children between ages 1 and 14, the questions are asked about one child that is randomly selected by the BRFSS interviewer. The CHS is conducted throughout the year, and over 1,300 interviews were completed statewide in 2010.

Report Format

The findings were organized according to the topics listed above. Results were not reported when the sampling error for an estimate was equal to or greater than +/- 10% (at the 95% confidence level) because the reliability of those estimates may not be sufficiently high to be useful for policy or funding decisions. Boulder County estimates with sampling errors for each indicator appear in the appendix.

¹ Some questions have only recently been added to the Child Health Survey and were not in the survey for the entire period between 2006 and 2010. Those include some questions on medical home, social-emotional difficulties, and special needs. Results for these indicators will be added to future reports as more years of data become available.

² Thanks go to Rickey Tolliver, Colorado Department of Public Health and Environment Health Statistics Section, for providing the data used in this report as well as valuable consultation.

Boulder County estimates were compared to those for each of the other 10 large Colorado counties and the state. The large counties are: Adams, Arapahoe, Denver, Douglas, El Paso, Jefferson, Larimer, Mesa, Pueblo, and Weld.³ Differences between Boulder County and statewide estimates and between Boulder County estimates and estimates for each of the other counties **were not statistically significant** (at the 95% confidence level) unless otherwise noted.

Where possible, comparisons were made between Boulder County results and the targets set by Healthy People (HP) 2020, a cooperative effort among government and non-government agencies that provides science-based, 10-year objectives for improving the nation's health in a wide range of areas.⁴

³ Sample sizes differed for different CHS questions depending on skip patterns and non-response. The maximum Boulder County sample size for the questions used in this report for 2006-10, ages 1 to 5, was 129. For the other counties, the maximum sample sizes ranged from 277 in El Paso County to 57 in Mesa County. The maximum size of the statewide sample was 2,421.

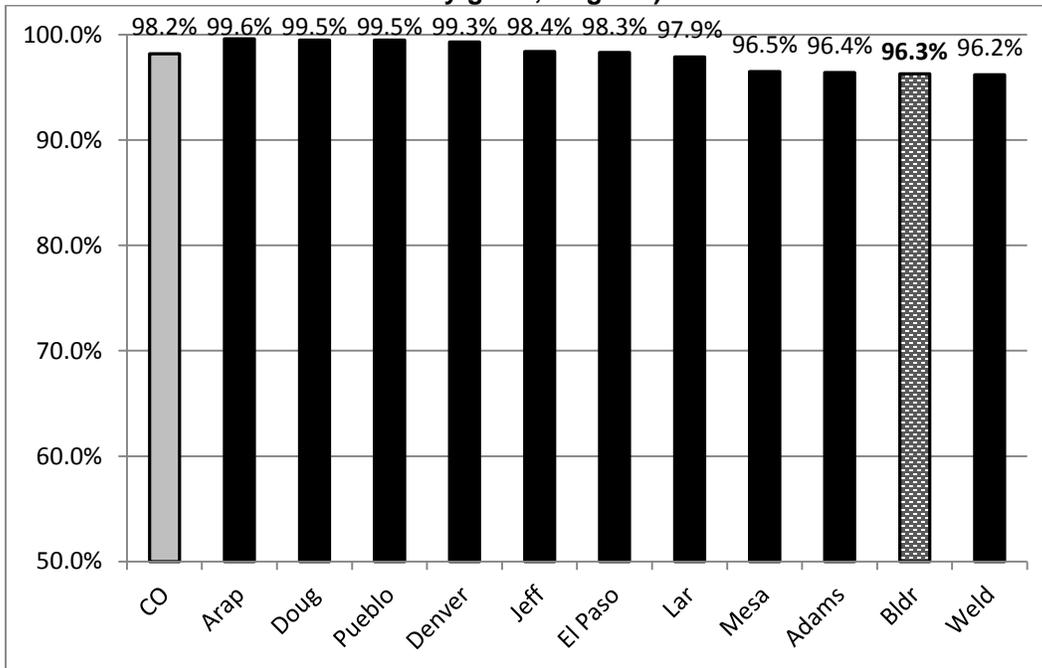
⁴ <http://www.healthypeople.gov/2020/about/default.aspx>. For a list of HP 2020 objectives, see: <http://www.healthypeople.gov/2020/topicsobjectives2020/default.aspx>.

Children's General Health

Respondents were asked how they would describe their child's health: "excellent", "very good", "good", "fair", or "poor".

- Nearly all Boulder County respondents, 96.3%, described their child's health as "excellent", "very good", or "good" (Figure 1).
- Similarly, between 99.6% and 96.2% in the other large counties and 98.2% statewide described their child's health in that way.

Figure 1. In general, how would you describe your child's health? (% excellent, very good, or good)



Source: Colorado Child Health Survey, 2006-10.

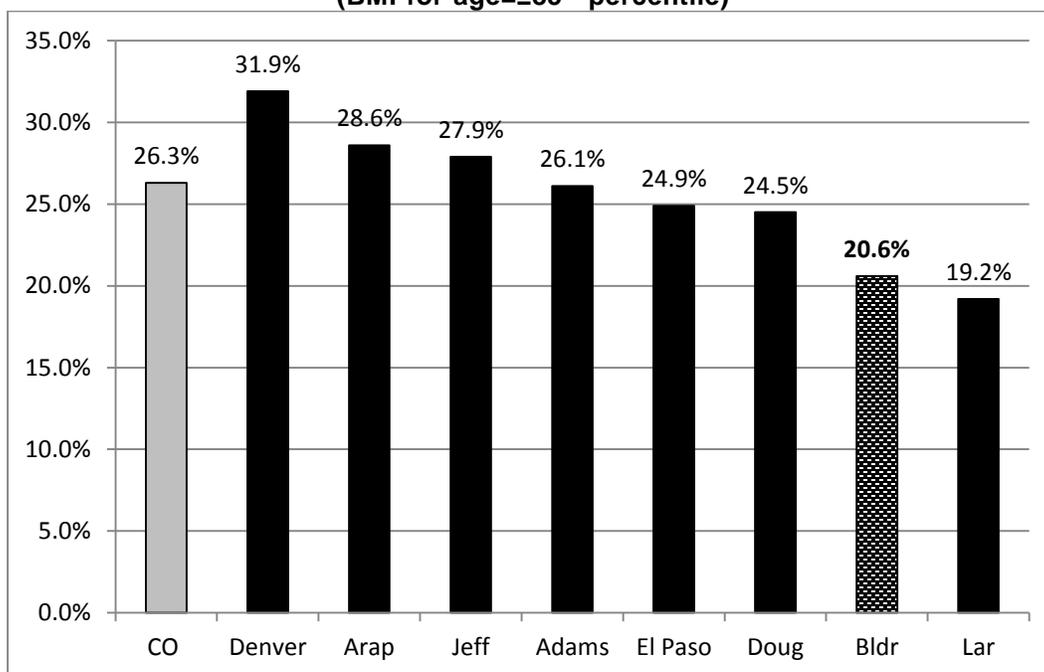
Children’s Weight⁵

Overweight and Obesity

Children whose Body Mass Index (BMI)-for-age is at or above the 85th percentile and below the 95th percentile are considered overweight, while children whose BMI-for-age is at or above the 95th percentile are considered obese. The CHS reports weight categories for children aged 2 and older.

- One in five (20.6%) Boulder County children aged 2 through 5 were overweight or obese, in other words, had a BMI-for-age at or above the 85th percentile, the second lowest rate among the large counties, which ranged from 31.9% in Denver to 19.2% in Larimer (Figure 2).
- One in six (15.8%) Boulder County children in that age group were obese (BMI at or above the 95th percentile), about middling among the large counties, which ranged from 24.6% in Denver to 4.8% in Mesa (Figure 3).
- Statewide, more than one in four children (26.2%) in that age group were overweight or obese and 17.8% were obese.
- *Obesity rates in Boulder County, the other large counties with one exception, and statewide are higher than the HP 2020 target of 9.6% for children aged 2 to 5.*
- Statewide and in most large counties, more than twice as many children aged 2 to 5 were obese as were overweight (Table 1). In Boulder County, more than three times as many children were obese as were overweight.

Figure 2. Rates of overweight or obesity, children ages 2 to 5 years old (BMI-for-age \geq 85th percentile)*

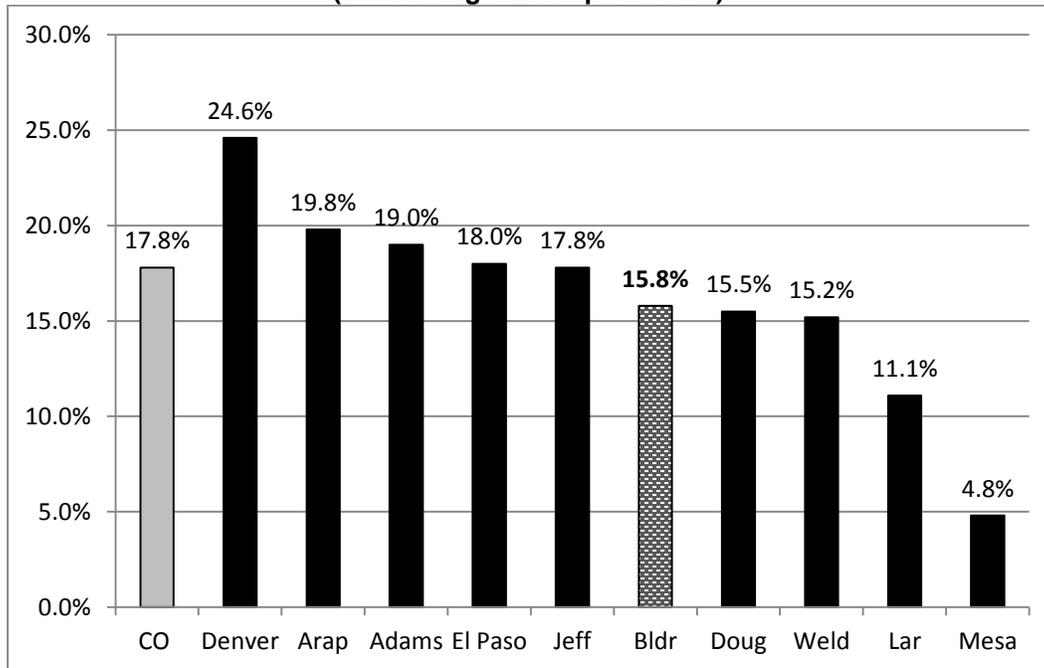


* Mesa, Pueblo, and Weld counties were omitted because the sampling errors were too high to yield reliable estimates: 95% confidence interval $\geq \pm 10\%$.

Source: Colorado Child Health Survey, 2006-10.

⁵ CDC’s definitions of children’s weight categories were used in this report and in Colorado Department of Public Health and Environment Health Statistics Section reports of Child Health Survey findings. See: http://www.cdc.gov/pednss/what_is/pednss_health_indicators.htm for definitions.

Figure 3. Rates of obesity, children ages 2 to 5 years old (BMI-for-age= \geq 95th percentile)*



* Pueblo County was omitted because the sampling error was too high to yield a reliable estimate: 95% confidence interval \geq +/-10%.

Source: Colorado Child Health Survey, 2006-10.

Table 1. Ratio of obesity to overweight, children ages 2 to 5 years old

	% Obese	% Overweight	Ratio of % obese to % overweight
Colorado	17.8%	8.4%	2.1
Denver	24.6%	7.3%	3.4
Arapahoe	19.8%	8.8%	2.3
Adams	19.0%	7.1%	2.7
El Paso	18.0%	6.9%	2.6
Jefferson	17.8%	10.1%	1.8
Boulder	15.8%	4.8%	3.3
Douglas	15.5%	9.1%	1.7
Weld	15.2%	7.7%	2.0
Larimer	11.1%	8.2%	1.4
Mesa	4.8%	**	--
Pueblo	**	**	--

* Overweight: BMI-for-age = 85th-<95th percentile. Obesity: BMI-for-age= \geq 95th percentile.

** Sampling error was too high to yield a reliable estimate: 95% confidence interval \geq +/-10%.

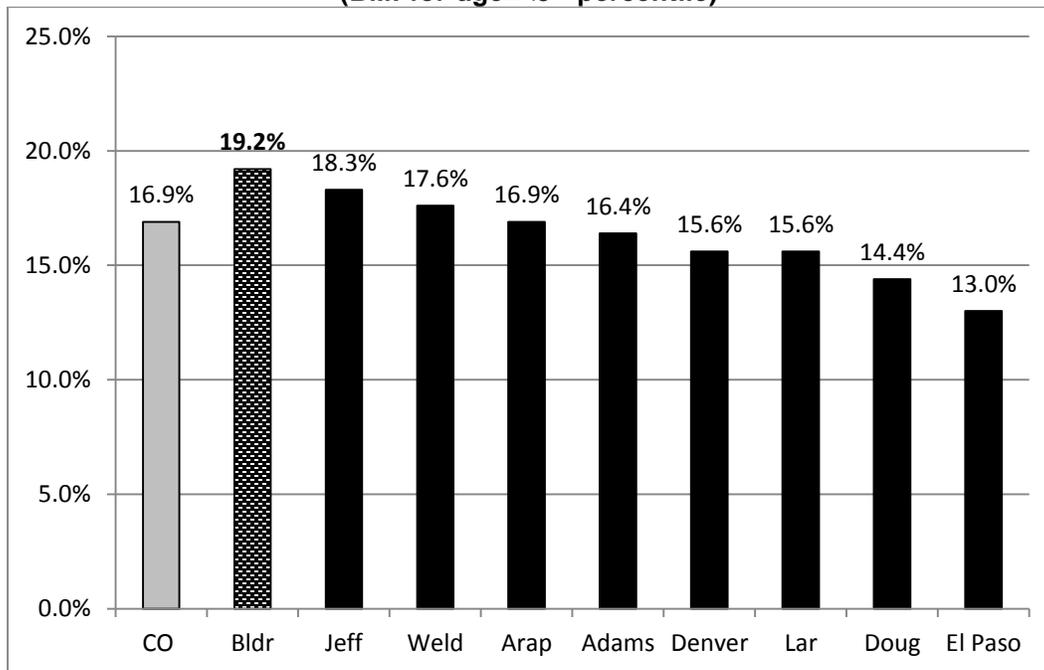
Source: Colorado Child Health Survey, 2006-10.

Underweight

Children whose BMI-for-age is less than the 5th percentile are defined as underweight. Although child obesity has received considerable publicity because of its dramatic increase in the last 30 years, its many and long-term health consequences, and the increased likelihood of obese children becoming obese adults, the prevalence of child underweight is almost as great. HP 2020 has not established a target rate for underweight.

- Almost one in five (19.2%) Boulder County children aged 2 through 5 were underweight (BMI-for-age below the 5th percentile), the highest rate among the large counties (Figure 4).
- Boulder County's rate of early childhood underweight was higher than was its early childhood obesity rate (15.8%), as was the case in Jefferson, Weld, and Larimer counties. In most of the other large counties, with the exception of Denver, the underweight rate was nearly as high as the obesity rate.
- Statewide, one in six (16.9%) children were underweight, nearly as high as the obesity rate (17.8%).

Figure 4. Rates of underweight, children ages 2 to 5 years old (BMI-for-age < 5th percentile)*



* Mesa and Pueblo counties were omitted because the sampling errors were too high to yield reliable estimates: 95% confidence interval $\geq \pm 10\%$.

Source: Colorado Child Health Survey, 2006-10.

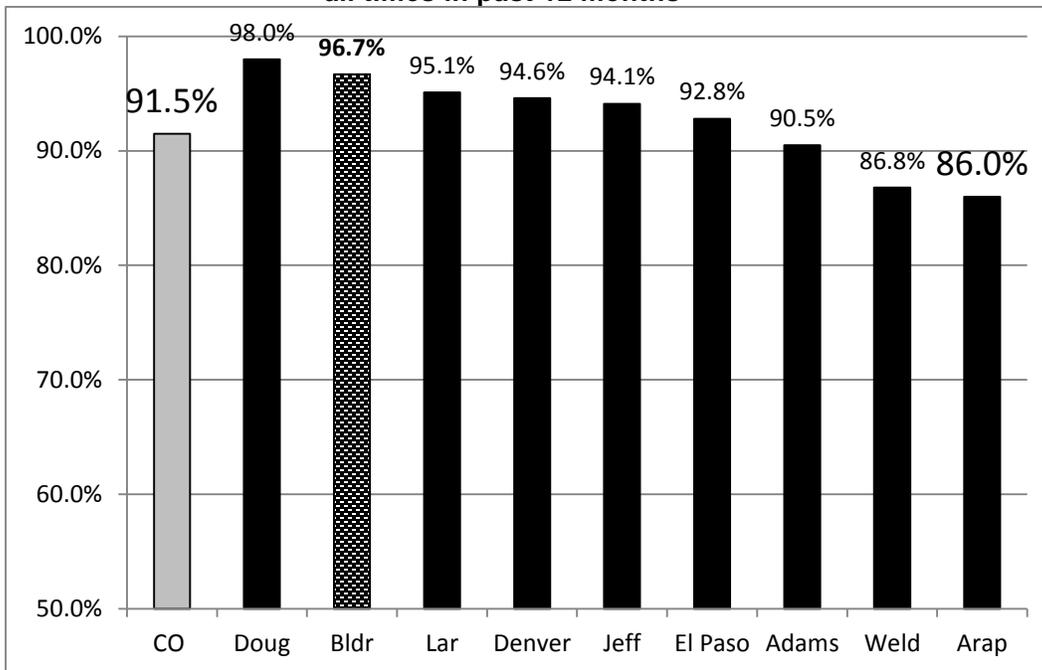
Health Care Access

Health Insurance

In the CHS, children’s health insurance coverage included both private insurance and government plans, such as Medicaid or CHP+. Respondents were asked whether there was any time in the past 12 months when their child was not covered by any form of health insurance.

- In most large counties and the state, more than 90% of children ages 2 to 5 had either private or publicly funded health insurance coverage at all times during the past 12 months (Figure 5).
- Boulder County had the second highest rate of health insurance coverage among the large counties, with 96.7% of children having health insurance at all times in the past 12 months. *This rate came close to achieving the HP 2020 target of 100% of all people having health insurance.*
- Statewide, 91.5% of children had health insurance, which was significantly lower than the Boulder County rate, as was the Arapahoe County rate of 86.0%.

Figure 5. Percentage of children aged 1 to 5 with health insurance coverage,* all times in past 12 months,****



* Includes private and publicly funded health insurance.

** Mesa and Pueblo counties were omitted because the sampling errors were too high to yield reliable estimates: 95% confidence interval $\geq \pm 10\%$.

*** Percentages in large font were statistically significantly different from the Boulder County percentage at the 95% confidence level.

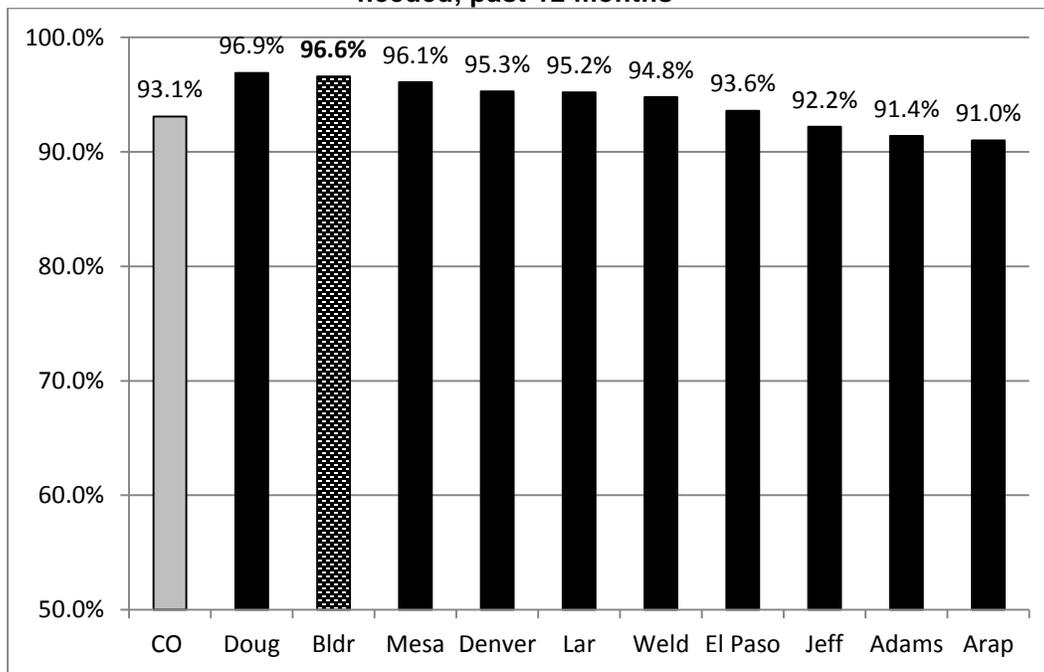
Source: Colorado Child Health Survey, 2006-10.

Receiving Health Care When Needed

Parents were asked if their child had delayed or gone without needed health care in the past 12 months, including medical care, dental care, mental health services, special education services, or physical, occupational, or speech therapies. Similar to health insurance coverage, few young children delayed or went without needed health care in the past year (Figure 6).

- In Boulder County, 96.9% of children received care when they needed it, the second highest rate among the large counties, which ranged from 96.9% in Douglas County to 91.0% in Arapahoe County. .
- The statewide rate was 93.1% receiving care when needed.
- *The rate in Boulder County rate exceeded the HP 2020 target of 91.0% for all people regardless of age, as did the statewide rate.⁶ The other large counties all either met or exceeded the target.*

Figure 6. Percentage of children aged 1 to 5 who received health care when needed, past 12 months^{*,}**



* Health care includes medical care, dental care, mental health services, special education services, or physical, occupational, or speech therapies.

** Pueblo County was omitted because the sampling error was too high to yield a reliable estimate: 95% confidence interval $\geq \pm 10\%$.

Source: Colorado Child Health Survey, 2006-10.

⁶ The HP 2020 target includes medical care, dental care, and prescription medicines.

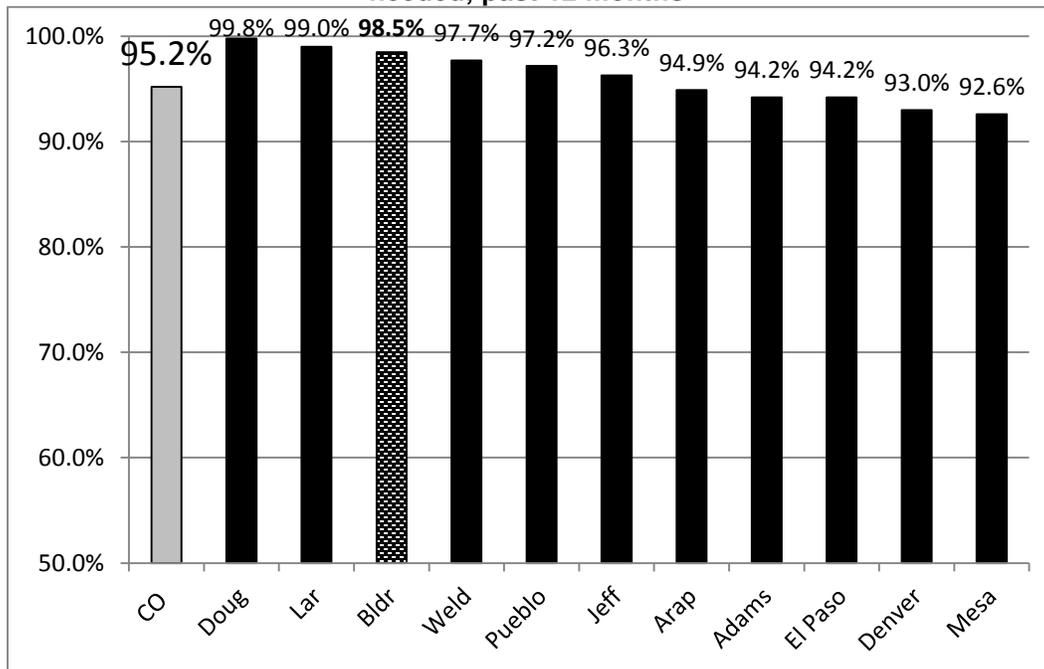
Oral Health

Receiving Dental Care When Needed

As was the case with health care in general, few young children did not receive dental care when needed (Figure 7.).

- With 98.5% of young children receiving dental care when needed, Boulder County was among the highest of the large counties, ranging from 99.8% in Douglas County to 92.6% in Mesa County.
- Statewide, 95.2% of young children received dental care when needed, a significantly lower rate than Boulder County's rate.
- *The rates in Boulder County, five of the other large counties, and the state exceeded the HP 2020 target of 95.0% for the entire population. The other large counties came close to meeting the target.*

Figure 7. Percentage of children aged 1 to 5 who received dental care when needed, past 12 months*



* Percentages in large font were statistically significantly different from the Boulder County percentage at the 95% confidence level.

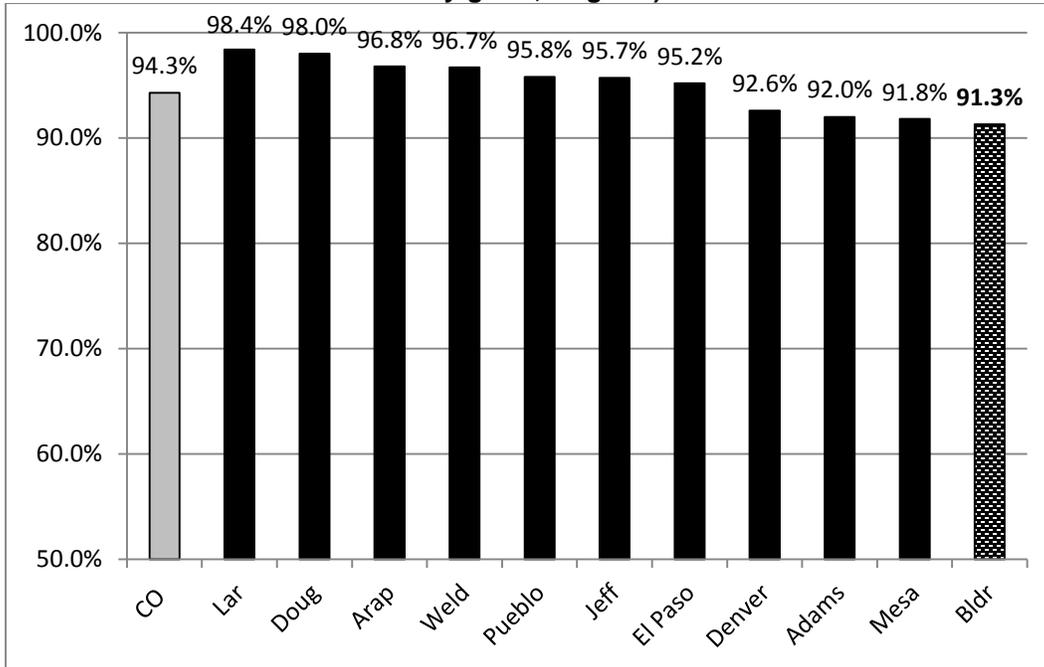
Source: Colorado Child Health Survey, 2006-10.

Condition of Children’s Teeth

Parents were asked to rate the condition of their child’s teeth as “excellent”, “very good”, “good”, “fair”, or “poor”.

- More than 90% of parents in the state and the 11 large counties rated their young child’s teeth as “excellent”, “very good”, “good” (Figure 8).
- In Boulder County, 91.3% parents gave their child’s teeth one of the top three ratings, the lowest among the large counties and slightly lower than the statewide rate of 94.3%.

Figure 8. How would you rate the condition of your child’s teeth? (% excellent, very good, or good)



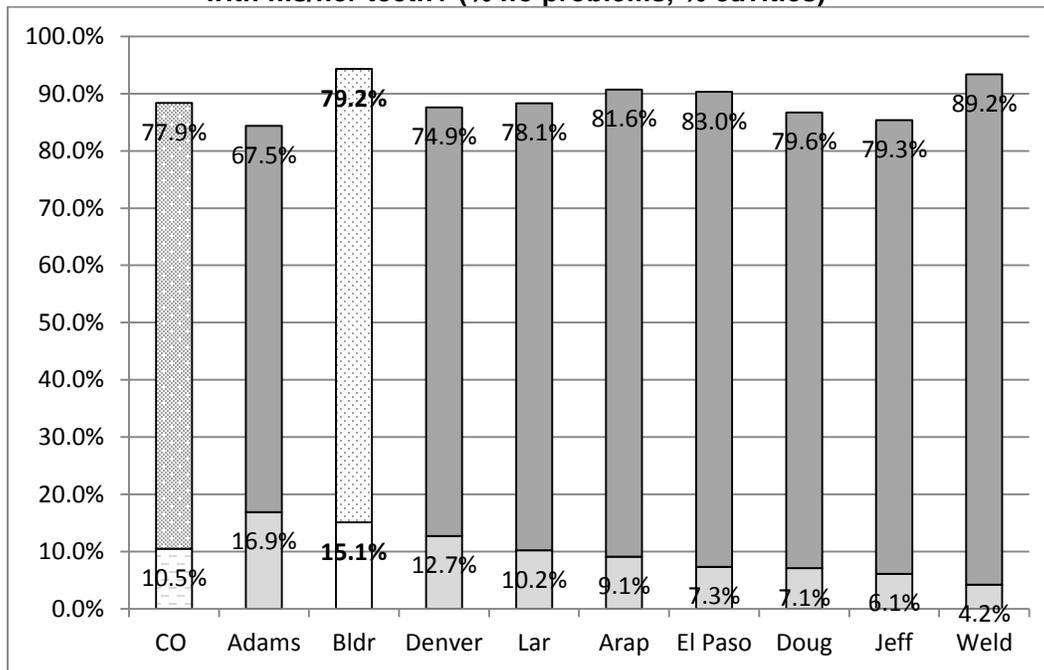
Source: Colorado Child Health Survey, 2006-10.

Main Problem with Children’s Teeth

- Three-quarters or more of parents both statewide and in all but one of the large counties indicated that there were no problems with their child’s teeth (Figure 9).
- Nearly 80% (79.2%) of Boulder County parents believed that there were no problems with their child’s teeth, similar to the statewide rate of 77.9% and about in the middle of the other large counties. Among those counties, the rate ranged from 89.2% in Weld County to 67.5% in Adams County.
- Cavities were the most frequently indicated problem with children’s teeth in Colorado and the large counties. Other, less frequently indicated problems included pain, broken or missing fillings, and crooked teeth/teeth that needed braces.
- Fifteen percent of Boulder County parents indicated that their child had a problem with cavities, the second highest among the large counties and higher than the statewide rate of 10.5%. County rates ranged from 16.9% in Adams to 4.2% in Weld.

HP 2020 established a target of 30.0% of children aged 3 to 5 with cavities in their primary teeth. However, because this study also included children aged 1 and 2, success in achieving this goal cannot be assessed.

Figure 9. Which of the following, if any, is the main problem your child has with his/her teeth? (% no problems, % cavities)*,**



* Upper bars show percentages of respondents indicating “no problems” with child’s teeth. Lower bars show percentages indicating that cavities were a problem.

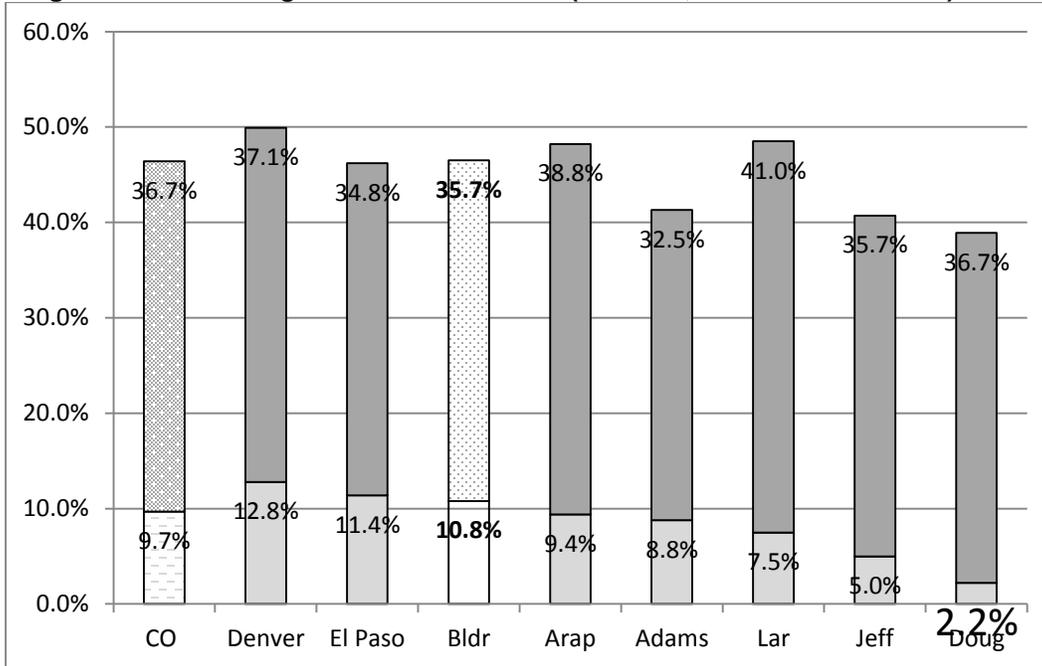
** Mesa and Pueblo counties were omitted because the sampling errors were too high to yield reliable estimates: 95% confidence interval $\geq \pm 10\%$.

Source: Colorado Child Health Survey, 2006-10.

Age at Child's First Dental Visit

- One-third or more of parents statewide and in the large counties indicated that their child aged 1 to 5 had never been to the dentist, ranging from 41.0% in Larimer County to 32.5% in Adams County (Figure 10).
- Boulder County was about in the middle among the large counties, with 35.7% of parents indicating that their child had not been to the dentist, about the same as the statewide rate of 36.7%.
- Few parents indicated that their child's first visit to the dentist was by the first birthday – 10.8% in Boulder County and about the same in the state (9.7%). The other large counties ranged from 12.8% in Denver to 2.2% in Douglas, which was significantly lower than Boulder County's rate.

Figure 10. Child's age at first dental visit (% never, % 3-12 months old) *,*****



* Upper bars show percentages of respondents indicating that their child had never seen a dentist. Lower bars show percentages indicating that their child was 3 to 12 months old at the first dental visit.

** Mesa, Pueblo, and Weld counties were omitted because the sampling errors were too high to yield reliable estimates: 95% confidence interval $\geq \pm 10\%$.

*** Percentages in large font were statistically significantly different from the Boulder County percentage at the 95% confidence level.

Source: Colorado Child Health Survey, 2006-10.

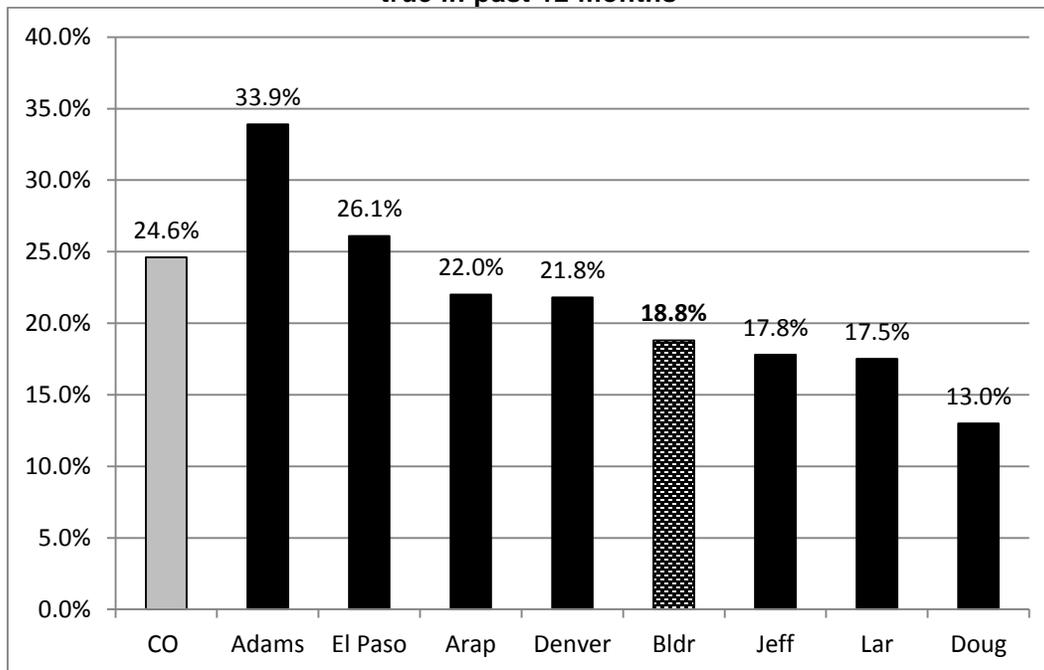
Food Insecurity

Household food insecurity has been defined as uncertainty about having, or not being able to acquire, enough food for an active, healthy lifestyle for all household members because of insufficient money or other resources.⁷

In the CHS, parents were asked whether it was “often”, “sometimes”, or “never” true in the past 12 months that they relied on only a few kinds of low-cost food to feed their child because they were running out of money to buy food.

- Almost one in five (18.8%) Boulder County parents of children aged 1 to 5 indicated that the above statement was “often” or “sometimes” true in the past 12 months, in other words, that they had experienced household food insecurity at some time in the past year (Figure 11).
- One in four (24.6%) households with young children statewide experienced food insecurity in the past year.
- Boulder County was at the lower end of the range among the large counties, with Adams County the highest, 33.9%, and Douglas County the lowest, 13.0%.
- Six percent is HP 2020’s goal for food insecurity for all U.S. households, a target that was exceeded in households with young children in Boulder County, the other large counties, and the state.

Figure 11. You relied on only a few kinds of low-cost food to feed your child because you were running out of money to buy food: % often or sometimes true in past 12 months*



* Mesa, Pueblo, and Weld counties were omitted because the sampling errors were too high to yield reliable estimates: 95% confidence interval $\geq \pm 10\%$.

Source: Colorado Child Health Survey, 2006-10.

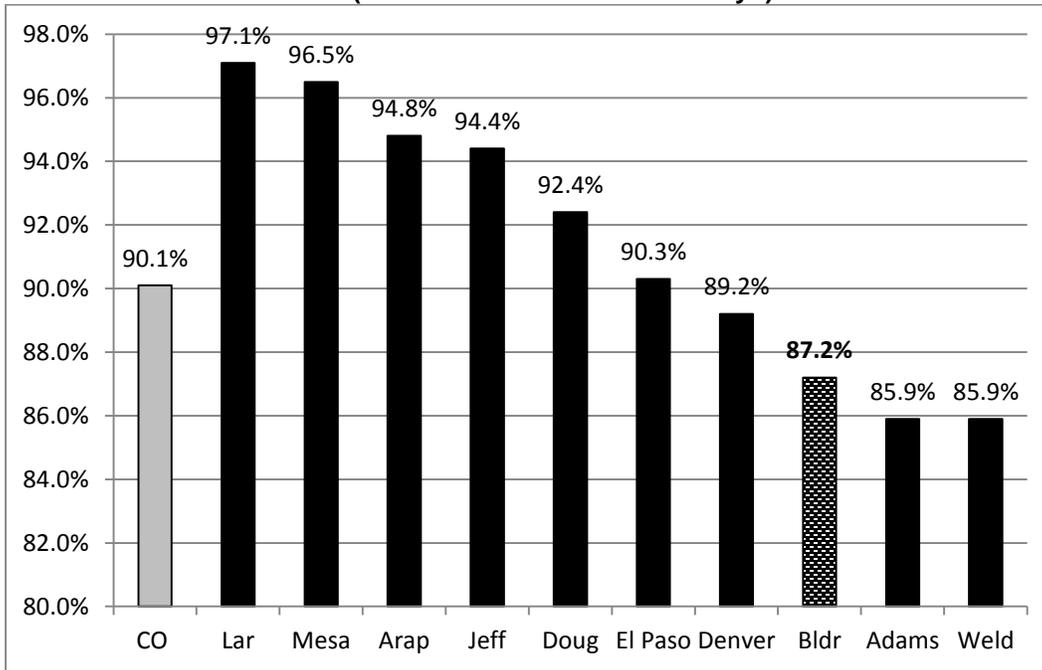
⁷ United States Department of Agriculture Economic Research Service, *Briefing Rooms: Food Security in the United States: Key Statistics and Graphics*, http://www.ers.usda.gov/Briefing/FoodSecurity/stats_graphs.htm.

Families Reading to Children

Parents were asked the number of days in the past week that they or another family member read to their child. Figure 12 shows the percentages who were read to 3 or more days in the past week.

- Boulder County, with a rate of 87.2%, was at the lower end of the range among large counties, from 97.1% in Larimer to 85.9% in Adams and Weld.
- Statewide, 90.1% of parents indicated that their child was read to 3 or more days in the past week.

Figure 12. Number of days in past week parent or other family member read to child (% read to child 3 or more days)*



* Pueblo County was omitted because the sampling error was too high to yield a reliable estimate: 95% confidence interval $\geq \pm 10\%$.

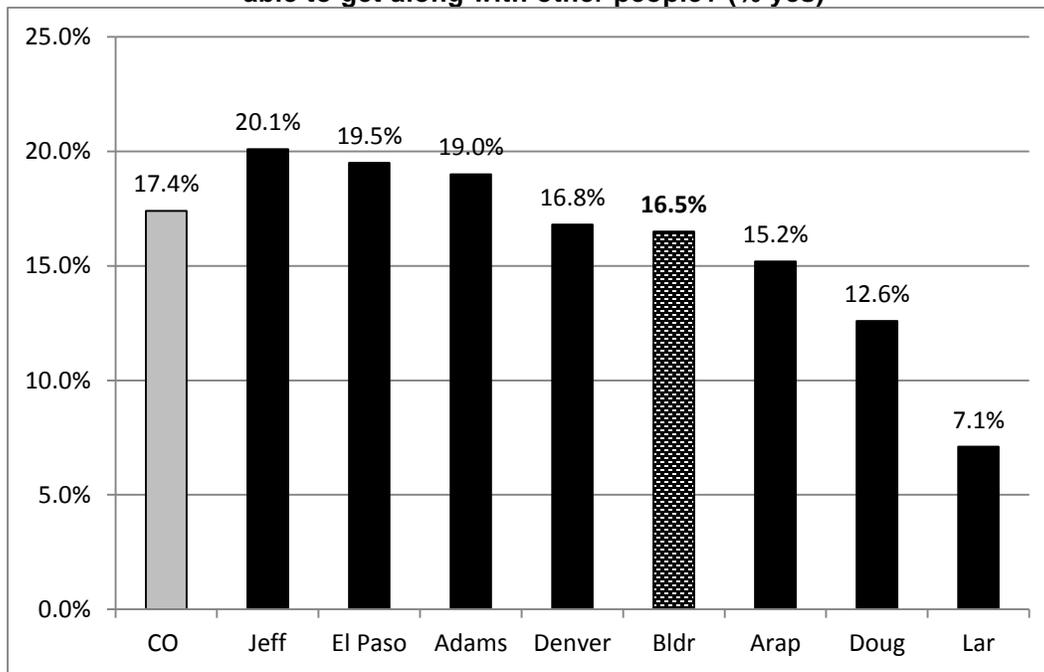
Source: Colorado Child Health Survey, 2006-10.

Social-Emotional Health

Parents were asked: “Overall, do you think that [your child] has difficulties with one or more of the following areas: emotions, concentration, behavior, or being able to get along with other people?”

- One in six (16.5%) Boulder County parents indicated that their child had social-emotional difficulties, a middling rate among the large counties, which ranged from 20.1% in Jefferson to 7.1% in Larimer (Figure 13).
- Boulder County’s rate was similar to the statewide rate of 17.4%.

Figure 13. Overall, do you think that your child has difficulties with one or more of the following areas: emotions, concentration, behavior, or being able to get along with other people? (% yes)



* Mesa, Pueblo, and Weld counties were omitted because the sampling errors were too high to yield reliable estimates: 95% confidence interval $\geq \pm 10\%$.

Source: Colorado Child Health Survey, 2006-10.

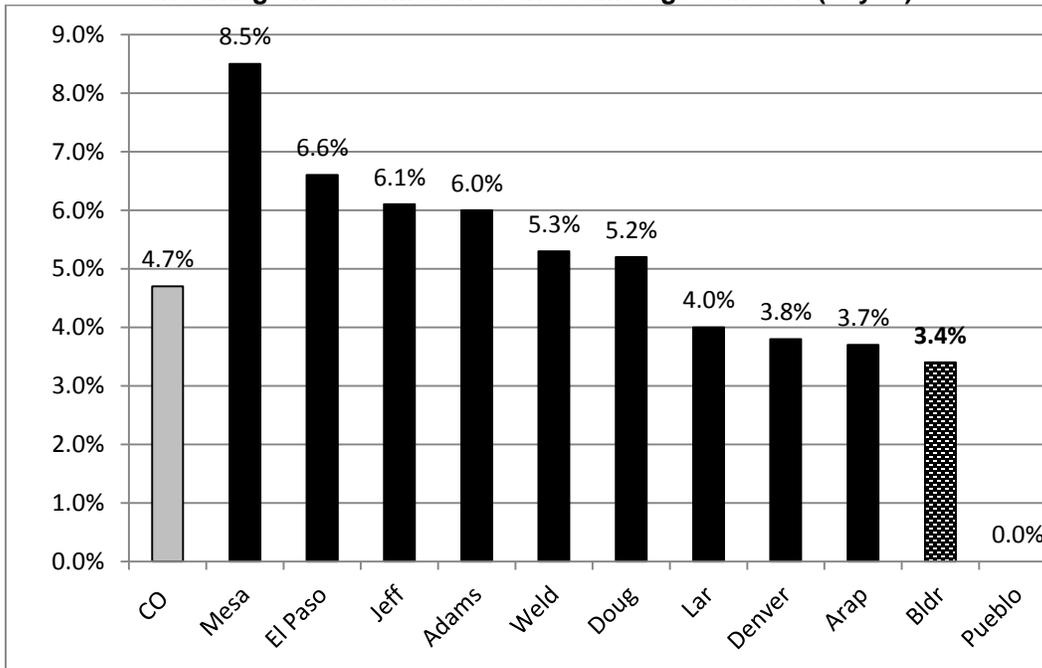
Special Needs

Children's Ability Limitations

One of more than a dozen CHS screening questions for special health care needs was, "Is [your child] limited or prevented in any way in [his/her] ability to do the things most children of the same age can do?"

- About one in 29 (3.4%) Boulder County parents said "yes" to that question, next to the lowest among the large counties (Figure 14).
- Statewide, one in 21 (4.7%) parents said that was the case.

Figure 14. Is your child limited or prevented in any way in his/her ability to do the things most children of the same age can do? (% yes)



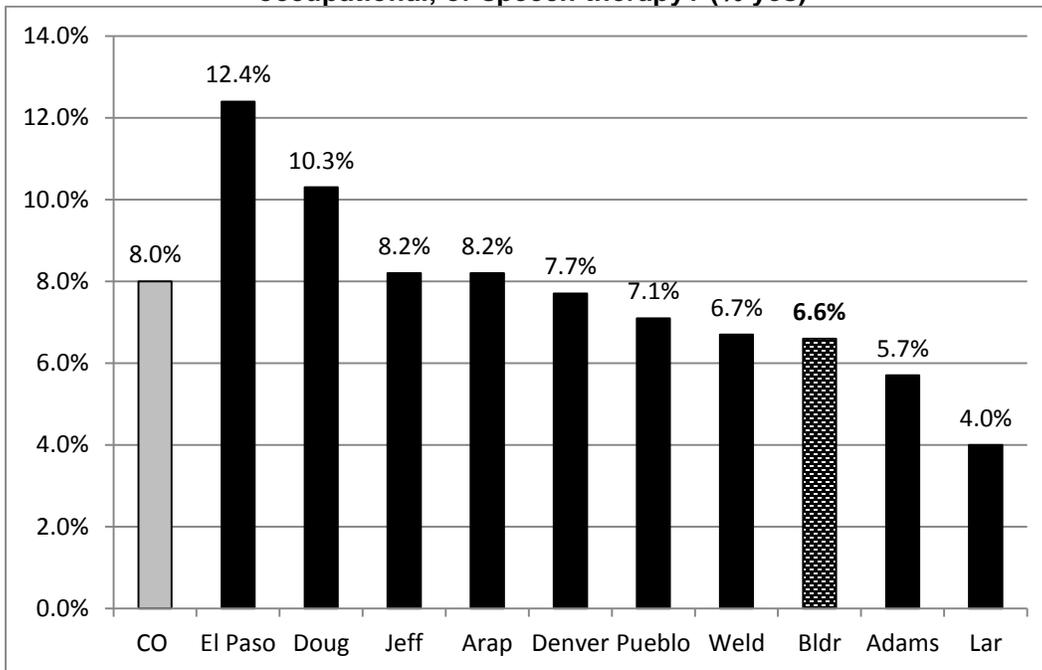
Source: Colorado Child Health Survey, 2006-10.

Children's Needs for Special Therapy

All parents were asked whether their child needed or got special therapy, such as physical, occupational, or speech therapy, but not including psychological therapy.

- Similar to the percentage of parents indicating that their child had ability limitations, Boulder County parents were at the low end of the range among the large counties in the percent stating that their child needed or got special therapy, 6.6%, or about one in 15 parents (Figure 15).
- The statewide rate was slightly higher, 8.0%.

Figure 15. Does your child need or get special therapy, such as physical, occupational, or speech therapy? (% yes)



* Mesa County was omitted because the sampling error was too high to yield a reliable estimate: 95% confidence interval $\geq \pm 10\%$.

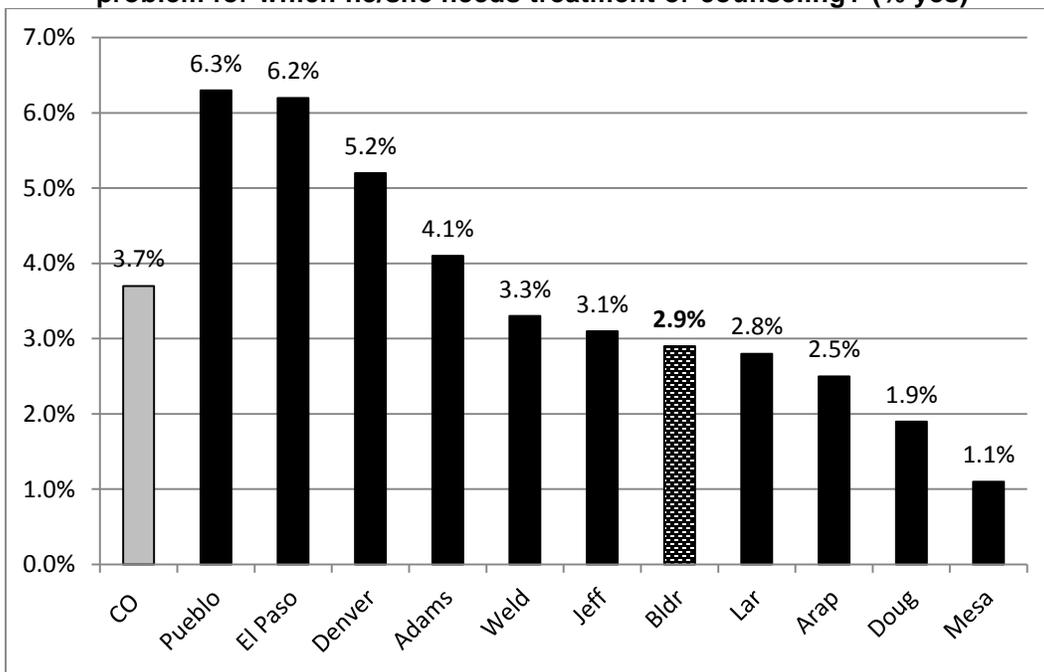
Source: Colorado Child Health Survey, 2006-10.

Children’s Needs for Social-Emotional Treatment

Parents were also asked whether their child had an emotional, developmental, or behavioral problem for which treatment or counseling was needed.

- Similar to the percentage of parents indicating that their child had ability limitations and need/got special therapy, Boulder County parents were at the lower end of the range among the large counties in the percent stating that their child had a social-emotional problem for which treatment was needed, 2.9% (Figure 16).
- The statewide rate was about the same as Boulder County’s, 3.7%.
- In Boulder County, the other large counties, and the state, the percentage of parents indicating that their child needed social-emotional treatment was lower than the percentage indicating their child needed physical, occupational, or speech therapy.

Figure 16. Does child have any kind of emotional, developmental, or behavioral problem for which he/she needs treatment or counseling? (% yes)



Source: Colorado Child Health Survey, 2006-10.

Appendix: Selected Estimates for Boulder County from Child Health Survey, 2006-10*

Indicator	Sample estimate: %	Confidence Interval for %**	
Child's general health: excellent, very good, or good	96.3%	91.3%	100.0%
Obese or overweight (BMI= \geq 85 th percentile)	20.6%	11.5%	29.8%
Overweight (BMI = 85 th -< 95 th percentile)	4.8%	0.1%	9.6%
Obese (BMI= \geq 95 th percentile)	15.8%	7.6%	24.0%
Underweight (BMI= < 5 th percentile)	19.2%	9.3%	29.0%
Children with health insurance coverage, all times in past 12 months	96.7%	93.9%	99.5%
Children received health care when needed, past 12 months	96.6%	93.4%	99.8%
Children received dental care when needed, past 12 months	98.5%	96.8%	100.0%
Condition of child's teeth: excellent, very good, or good	91.3%	85.7%	96.9%
Main problem with child's teeth: no problems	79.2%	71.1%	87.4%
Main problem with child's teeth: cavities	15.1%	7.6%	22.6%
Child's age at first dental visit: never	35.7%	26.2%	45.2%
Child's age at first dental visit: 3-12 months	10.8%	4.4%	17.3%
Relied on a few kinds of low-cost food because running out of money: often/sometimes true, past 12 months	18.8%	11.4%	26.2%
Family read to child 3 or more days, past week	87.2%	79.8%	94.7%
Child has difficulties with emotions, concentration, behavior, or being able to get along with other people	16.5%	9.0%	23.9%
Child limited/prevented in ability to do things most children of same age can do	3.4%	0.1%	6.7%
Child needs or gets special therapy (e.g., physical, occupational, or speech therapy)	6.6%	1.9%	11.3%
Child has emotional, developmental, or behavioral problem needing treatment or counseling	2.9%	0.0%	5.9%

* All estimates were for children aged 1 to 5, except weight categories, which were for children aged 2 to 5.

** At the 95% confidence level.

Source: Colorado Child Health Survey, 2006-10.