Executive Summary

Health of Boston's Children: Parent and Caregiver Perspectives provides information about the health of children living in the city of Boston through parent and caregiver perceptions about their children's health, health-related resources, and quality of life. It is based on the Boston Survey of Children's Health (BSCH) – a citywide phone survey of 2,100 Boston parents and caregivers. Findings presented throughout this report for Massachusetts and the United States are based on the National Survey of Children's Health. This report does not identify causality or make policy recommendations for observed child health and social realities. Rather, the purpose of *Health of Boston's Children: Parent and Caregiver Perspectives* is to provide descriptive information about the health and related experiences of Boston children and families in order to encourage dialogue, inform policy and practice, and stimulate further research aimed at eliminating health inequities and improving the health of Boston's children. What follows is a brief summary of some of the descriptive information presented in this report.

Health Equity and Social Determinants of Health

Health inequities are differences in health outcomes across social groups that are systemic, avoidable, unfair, and rooted in social and economic inequality [1]. Achieving health equity in our society requires that every person, regardless of his or her social position or socially defined circumstances, has equal opportunity to attain his or her full health potential [1]. To pursue health equity, it is crucial to first understand the persistent health inequities that exist in our communities.

Inequities between health outcomes of White children and children of other racial and ethnic groups in the United States have been well documented. For example, White children have lower rates of cerebral palsy, HIV/AIDS and spina bifida than Black children and Hispanic children [2]. White children also have fewer emergency department visits and hospitalizations for asthma and have better glycemic control with type 1 diabetes than Black children and Hispanic children [2].

Although well documented, health inequities among children may be difficult to detect in studies such as BSCH given the relatively small sample size and low prevalence of diseases in the child population. What this survey and report do provide is unprecedented information on social conditions across groups of Boston children and families that are known to contribute to health inequities. These conditions are referred to as *social determinants of health.* Social determinants of health are non-biological factors that directly impact health and well-being. For child health, these factors include the safety and stability of a child's home and community, access to healthy foods, convenient transportation, health services, and good schools, among multiple other factors [3].

In the United States, racism creates and perpetuates health inequities among children and adults. Many of the social inequities discussed above have origins in discriminatory laws, policies, and practices that have historically denied people of color the right to earn income, own property, and accumulate wealth [4]. Racism continues to drive health inequities today, as people of color are faced with discrimination in virtually every aspect of life, including employment, access to healthy foods and encounters with the criminal justice system [3, 4, 5, 6]. Research suggests that in addition to limiting people of color's ability to access health promoting resources such as health care, high quality housing, neighborhoods and schools, experiences with pervasive racial discrimination may result in stress that can be harmful to health [4, 7]. Understanding the multi-layered impact of racism on all aspects of society, including socioeconomic status, health behaviors, neighborhood environment, and individual experiences of racism and stress, is essential to addressing racial health inequities. The effects of racism and discrimination on child health are even more complex, given that children's experiences with racism and their responses are affected by stage of cognitive and social development, as well as family and caregiver experiences with racism [7].

Demographic Profile of Boston Children and Families

This chapter provides context for subsequent chapters by presenting demographic and socioeconomic information relevant to child health and well-being.

Key demographic findings presented in this chapter:

- Family households (with and without children) account for 46.0% of all households in Boston. Twenty-three percent of households were family households with children ages 0-17. The overall Boston population of children under age 18 was 116,559 in the year 2000 and 103,710 in 2010, a decrease of about 11% over the 10 years.
- Black and Latino children make up the highest percentages of Boston children at 33.2% and 30.1% respectively.
- About 92% of Boston children were born in the United States. Higher percentages of Asian and Latino children were born outside the United States than White children. The percentage for Black children born outside the United States was similar to White children.
- English was the primary language most widely spoken in Boston children's homes (77.7%) followed by Spanish (16.2%). The BSCH was only conducted in English and Spanish; thus, children who primarily speak other languages at home may be underrepresented.

Key findings related to socioeconomic status:

- More than a quarter of families with children lived in poverty. North Dorchester and Roxbury have significantly higher percentages of families with children living in poverty than the city overall (39.2% and 46.0% respectively).
- Higher percentages of White children lived in households with higher incomes and families and in which a parent or caregiver had at least a bachelor's degree than Asian, Black, and Latino children.

Child Health Status and Utilization of Health Services

Data presented in this chapter about child health and health care utilization can be used to address the health of children in Boston, improve systems of care for children and families, and identify paths for future research.

Key survey findings related to health status from this chapter include:

- Lower percentages of Boston children were in very good or excellent general health and very good or excellent dental health than Massachusetts children.
- Higher percentages of White children and children who lived in households with higher family incomes and increased parent or caregiver educational attainment had good or better general and dental health than Black and Latino children, children who lived in households with lower family incomes, and children whose parents and caregivers had less educational attainment respectively.
- A higher percentage of Boston children were overweight or obese than children in Massachusetts and the United States.
- A higher percentage of children living in households with family income below the federal poverty level (FPL) were born prematurely than children living in households with income 400% or more of FPL.

Key findings related to the utilization of health services include:

- Almost 93% of Boston children had at least one usual place of care, and for most children this was a community health center, doctor's office, and/or hospital outpatient department. A higher percentage of Black children went to the emergency room for care than White children.
- A higher percentage of Boston children received preventive medical care than children living in the United States. Higher percentages of White children, children who lived in higher-income households, and children who had health insurance other than MassHealth/Medicaid received preventive medical care than Black and Latino children, children in lower-income families, and children with MassHealth/ Medicaid.
- Insurance coverage for Boston children was higher than the national average, but lower than the statewide percentage for Massachusetts.
- Major problems encountered by parents or caregivers when their children needed medical care in the past year included the inability to take time off from work and inadequate health insurance. Higher percentages of children in lower-income families and Black and Latino children had parents or caregivers who reported problems paying their child's medical bills in the past year than children in higher-income families and White children respectively.
- A higher percentage of children who lived in lower-income households had parents or caregivers who frequently felt that doctors did not do everything they should for their child's medical care.

Children at Home

Family structure and parent or caregiver marital status can impact family dynamics and children's experiences at home. BSCH results reveal that:

- The most common family structures are two-parent biological or adoptive families (47.3%) and mother-only (no father present) families (39.4%). Higher percentages of Black and Latino children and children living in lower-income households lived in families headed by single mothers than White children and children from higher-income households respectively.
- About 55% of Boston children lived with parents or caregivers who were currently married.

The home is the largest asset for most families and homeownership is associated with residential stability. Key findings from this section include:

- Forty-two percent of Boston children lived in homes owned by their parents or caregivers. Higher percentages of White children and children with married parents or caregivers live in owned homes than Asian, Black, or Latino children and children with unmarried parents or caregivers.
- Higher percentages of Black and Latino children and children in fair or poor general health had changed residence more than twice than White children and children in good or better general health.
- Children in fair or poor health were disproportionately represented in public housing and households that receive rental assistance.

Positive experiences at home can promote resilience in children while negative experiences increase vulnerability. Key findings about Boston children's experiences in the home include:

- A lower percentage of Boston children had meals with their family on a regular basis than children in Massachusetts and the United States.

- Higher percentages of children in public housing or in households that received rental assistance lived with smokers than children whose families did not receive governmental housing assistance.
- Nine percent of Boston children had been exposed to three or more ACEs (Adverse Childhood Experiences), which is similar to percentages for Massachusetts and the United States.

Experiences in infancy and early childhood can shape future health and development and are often centered in the home. The BSCH found that:

- A majority of Boston children (81.2%) were given breast milk for some period of time with similar percentages across racial and ethnic groups. A lower percentage of children with special health care needs were ever fed breast milk than children without special health care needs.
- Percentages of children whose parents participated in infant home-visiting programs were similar across racial and ethnic groups and parent or caregiver educational attainment.
- The percentage of children who received 10 or more hours of childcare per week from a non-relative was higher in Boston than in the United States overall but similar to Massachusetts.

Children at School

Experiences with school, including parent or caregiver perceptions of the school environment, can affect children's present health and well-being and influence their aspirations and opportunities for the future. Main findings from this chapter include:

- About 70% of Boston school-aged children were enrolled in public school. Higher percentages of Black and Latino children were enrolled in public school than White children, and a higher percentage of White children were enrolled in private or parochial school than Black and Latino children. A higher percentage of children whose parents or caregivers had higher educational attainment attended private or parochial school or were home-schooled than children whose parents or caregivers had less education.
- A higher percentage of Latino children in Boston had repeated a grade in school since starting kindergarten than White children. A higher percentage of children in fair or poor health had repeated a grade in school since starting kindergarten than children in good or better health.
- There were no differences in school attendance by racial and ethnic group or by child's general health status.
- Parents' and caregivers' satisfaction with the quality of their child's education did not differ by child's racial and ethnic group or type of school, but a higher percentage of children in good or better general health had parents or caregivers who were satisfied with the quality of their child's education than children in fair or poor health.
- Over one-quarter (27.1%) of Boston school-aged children were bullied in the past year.

Children and Families in Boston Communities

Encounters that children and families have within their communities influence child health, well-being, and quality of life. Data presented in this chapter show that:

- A lower percentage of children in Boston participated in afterschool activities or had used community recreation centers, parks, and playgrounds than children in Massachusetts and the United States overall.

- A higher percentage of White children than Black or Latino children had been to a park or playground in the past year.
- Higher percentages of White children engaged in vigorous physical activity outside the school setting than Black and Latino children.
- Almost 16% of Boston children had witnessed violence in their neighborhoods. Nearly twenty percent of both Black and Latino children reported witnessing violence compared to 5% of White children.

Children with Special Health Care Needs at Home, in School, and in the Community

Children with special health care needs (CSHCN) are a diverse population in terms of demographics and experiences with the health care system, at home, and in the community.

- The percentage of CSHCN in Boston (19.3%) was similar to the percentage for Massachusetts and the United States.
- A lower percentage of CSHCN lived in two-parent families than non-CSHCN and a higher percentage of CSHCN lived in households receiving public rental assistance than non-CSHCN.
- A higher percentage of CSHCN had been exposed to three or more ACEs (Adverse Childhood Experiences) than non-CSHCN.
- Among children ages six to seventeen, a higher percentage of non-CSHCN participated in a sport or club activity than CSHCN. There was no difference in participation of children with and without special health care needs at a community or recreation center in the past year.

Parent and Caregiver Experiences Raising Children in Boston

Parents and caregivers are among the most influential people in children's lives. As such, their experiences and their health and well-being are important to consider among the factors that shape child health. Key findings from this chapter include:

- Over 60% of Boston children had parents or caregivers in excellent or very good general and mental health. A higher percentage of children in good or better health had a parent or caregiver in good or better health, and a higher percentage of children in fair or poor health had a parent or caregiver in fair or poor health. A higher percentage of White children had parents or caregivers in good or better general health and mental health than Black and Latino children.
- About 64% of Boston children had parents or caregivers who reported they were coping very well with the demands of parenthood, a percentage higher than in Massachusetts overall but similar to the percentage nationally. A lower percentage of Boston children had parents who reported that they never or rarely felt angry with their child recently compared to Massachusetts and the United States overall.
- Sixteen percent of Boston children had parents or caregivers who encountered employment-related difficulties due to issues with childcare.