Most of Greater Cincinnati and Northern Kentucky’s children have a usual place to go when they are sick or need advice about health. The 2017 Child Well-Being Survey (CWBS) asked parents and guardians if they have a place to go to receive preventive or acute care for their child and the type of place where they seek care.

In our region 98% of parents say their child has a place they usually go when the child is sick or they need advice about their child’s health.

**MOST HAVE APPROPRIATE SOURCE OF HEALTH CARE**

It is important to have not only a regular source of care, but also an appropriate source of care. This is a place where the patient and his or her health history are known to the provider, and where the patient can receive both preventive and sick care. An appropriate source of care can include a private doctor, a community-based health center or public health clinic, or a hospital outpatient center. A regular source of care should not be an emergency room or urgent care center. These facilities are designed for urgent needs, not for long-term health maintenance.

CWBS asked guardians where they usually take their child for care. Nine in 10 children (90%) have an appropriate source of health care. A private doctor’s office is the most popular place for care, used by 7 in 10 children (74%). More than 1 in 10 parents reported using a community-based health center or public clinic (12%) for usual care.

**LOWER-INCOME CHILDREN LESS LIKELY TO ACCESS APPROPRIATE SOURCE OF CARE**

Children in families earning less than 100% of the Federal Poverty Guidelines (FPG) were more likely than children in families with more income to use the emergency room or an urgent care center as

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their usual source of care. Eight in 10 children in families earning 100% FPG or less (79%) used an appropriate source of care. That compares with 9 in 10 children in families earning between 100% and 200% FPG (87%), and nearly all children in families earning more than 200% FPG (96%).

Responses also varied by race. More than 9 in 10 White children (92%) accessed a usual source of care that was also appropriate. That’s more than among African American children (85%) and children of other races (82%).²

8 IN 10 CHILDREN IN REGION RECEIVE PREVENTIVE CARE

CWBS asked parents and guardians, “During the past 12 months, did your child see a doctor, nurse or other health care professional for any kind of preventive care?” More than 8 in 10 parents in the region reported that their child had received preventive care (85%).

In 2016 the National Survey of Children’s Health asked a similar question. In that survey, 82% of children had received a preventive check-up in the past 12 months, about the same as in our region.

PREVENTIVE CARE VARIES BY RACE AND INCOME

Reports of children receiving preventive care varied by race. Seven in 10 parents of African American children (74%) reported that their child had received preventive care. That compares with 8 in 10 parents of White children (86%).

Nearly 9 in 10 children in households earning more than 200% FPG had seen a doctor or health care professional for preventive care (87%) in the past 12 months. That compares with 8 in 10 children in households earning 200% FPG or less (80%).

WHY WE ASK THESE QUESTIONS

Having a regular and appropriate source of health care is important to a child’s health, and allows long-term health issues to be addressed early. Primary care providers can coordinate health services and work in partnership with families to oversee a child’s health. These questions show us who is and is not getting appropriate care in our community. If children are not being seen by an appropriate care provider, we can consider what resources or education might make it easier for families to do so.

² Includes Asian, Native Hawaiian or other Pacific Islander, American Indian or Alaska Native, or some other race.