



# Child Health Needs Summary

## 2024

# Introduction

Every 5 years, the Washington State Department of Health (DOH) assesses the health of children, parents and caregivers, and families to support the Maternal and Child Health Block Grant (MCHBG).

DOH collects information through a Discovery Survey, key informant interviews, and facilitated discussions. This information helps identify the priorities to guide our work. It also helps us better understand the needs and challenges impacting the health of women, pregnant people, young people, children and youth with disabilities and their families.

The **Child Health domain** serves the needs of children from the end of the perinatal period up to age 11. MCHBG views child health holistically through the perspective of life course development aligning child well-being with development phases. This view promotes positive childhood experiences and the prevention of adverse childhood experiences.

## Key Themes from Community and Partners

### Community-based Discovery Survey themes:

- **Housing and financial support:** Families told us they need affordable and safe housing and financial support and stability.
- **Child care:** Parents described the challenges of finding affordable, accessible, quality child care, especially for working parents.
- **Bonding time and social emotional development:** Survey responses highlighted the need for time, space, and resources for family bonding time and social emotional development to build meaningful connections.
- **Health care access:** Several comments included the pediatric-specific provider shortages for primary care, mental health, and dental care, especially in rural parts of the state.
- **School safety:** Safety of all children in schools, particularly for the LGBTQIA+ community, was noted as a need.
- **Early learning opportunities:** Responses expressed a need for more affordable indoor and outdoor **recreational activities**, especially spaces designed for children ages birth to 3 years.
  - For urban communities, respondents noted concerns about the affordability of extracurricular activities and safety of public spaces.
  - For rural communities, respondents expressed a need for more local recreational spaces and lack of affordable options.

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Preventing adverse childhood experiences starts with supporting parents. Significant change is needed at the systemic level to provide access to resources like housing and childcare and to dismantle the benefits cliff. Addressing racist, transphobic, and gendered biases that lead to traumatic encounters is also important.

(Discovery Survey Parent Participant)

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## Themes from key informant interviews, facilitated discussions, and local health partner reports:

- **Specialists and provider shortage:** Rural areas have a **pediatric provider shortage**, including **specialists** for behavioral **health**, oral health, and vision care.
- **Medicaid acceptance:** In both rural and urban areas, finding pediatric providers who accept **Medicaid** was a noted challenge. Some families with private insurance still struggle to find providers in their community.
- **Increased services for young children:** There was a consensus around the need for **more services for young children from birth to 3 years**. Many partners noted a gap in program services for children between ages 3 and 5.



We have a lot of parents who are struggling to find regular childcare for their child so they can work outside the home. It's hard to establish care. Specialized care is so limited here. We're starting to see more access issues with dental. I've been waiting a year to see my dentist.

(Local Health Jurisdiction Staff)



## Research Findings

In addition to feedback from the community, local health champions, and program partners, we also conducted a literature review to identify top priorities and recommendations related to child health. Our research reinforced that:

- **Healthy relationships with caregivers** and **access to health services** promote early childhood well-being and development.
- Parents need **positive feedback and assistance** when navigating complex systems.
- **Stigma** can prevent parents from using available resources, including bias experienced by fathers, single parents, survivors of domestic violence, and LGBTQIA+ caregivers.
- **Co-designing** programs with impacted parents and **representation within programs** and health care systems can reduce stigma.
- **Paid leave for parents** is viewed as a recent policy success, but access still depends on employers who may need time and additional support to implement this new policy change.

## How Child Health in Washington Compares to the Nation

- **Excellent or very good health:** Washington ranked 2nd in the nation, with 94.3% children reported in excellent or very good health.
- **Childhood flourishing:** We ranked 1st, with 85% of children flourishing.
- **Developmental screenings:** Washington ranks 23rd, slightly above average, with 37.9% of children receiving developmental screenings.
- **Access to pediatric care:** We are 36th, slightly below average with 11.3% of children having accessed pediatric specialists and child care\*.

Table 1. Washington Compared with National Child Health Indicators and Rankings

Regional Patterns and Access Gaps

Indicator	Washington		State Rank	United States	
	%	95% CI		%	95% CI
Developmental Screening <sup>1</sup>	37.9	(25.9-51.7)	23	34.4	(32.1-36.7)
Medical visit in past year <sup>1</sup>	86.3	(82.6-89.3)	11	82.2	(81.5-82.9)
Specialist visit in past year <sup>1</sup>	11.3	(8.7-14.6)	36	12.1	(11.6-12.6)
Excellent or very good health <sup>1</sup>	94.3	(92.2-95.9)	2	89.9	(89.3-90.5)
Flourishing <sup>1</sup>	85.0	(79.5-89.3)	1	78.4	(77.1-79.6)
Childhood poverty (< 18 years old) <sup>2</sup>	11.4	(10.2-12.6)	5	16.3	(16.1-16.7)

<sup>1</sup> National Survey of Children's Health (NSCH), 2022

<sup>2</sup> American Community Survey (ACS), US Census Bureau, 2022

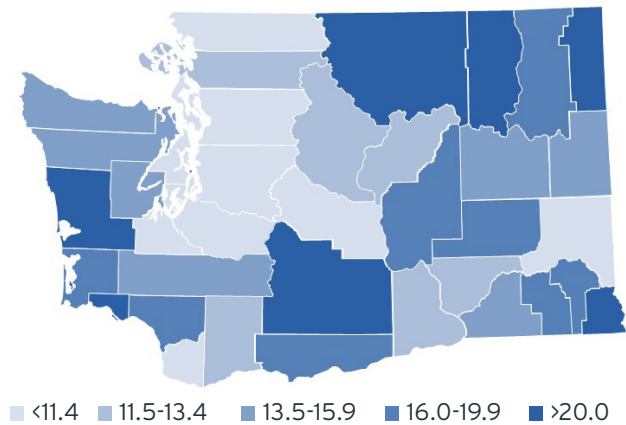
\*WA ranked 29th among all states in the Care Index, considering cost, accessibility, and quality of childcare. Data not shown, available at [www.care.com](http://www.care.com).

The maps and figures below explore patterns in poverty and child care access to medical care, and indicators of child and parent social-emotional health.

Figure 1. Childhood Poverty and Child care Affordability by County

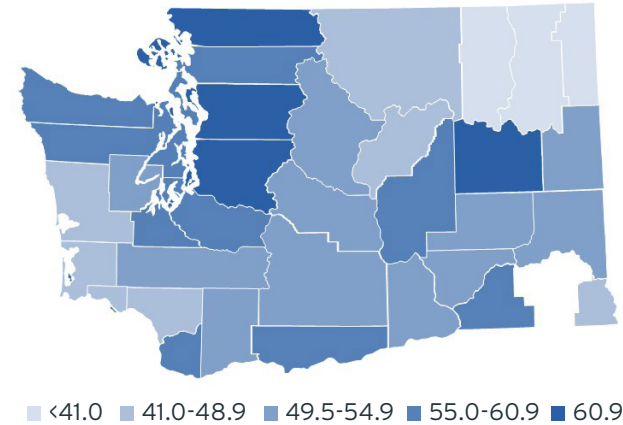
- Poverty among youth under 18 old appears clustered in rural regions in the Northeast, South, and Western peninsula parts of the state.
- Childcare costs are highest relative to the Federal Poverty Level (FPL) in urban areas.

Percent of children under 18 living in poverty<sup>3</sup>



<sup>3</sup> ACS, US Census Bureau, Small Area Income and Poverty Estimates, 2022

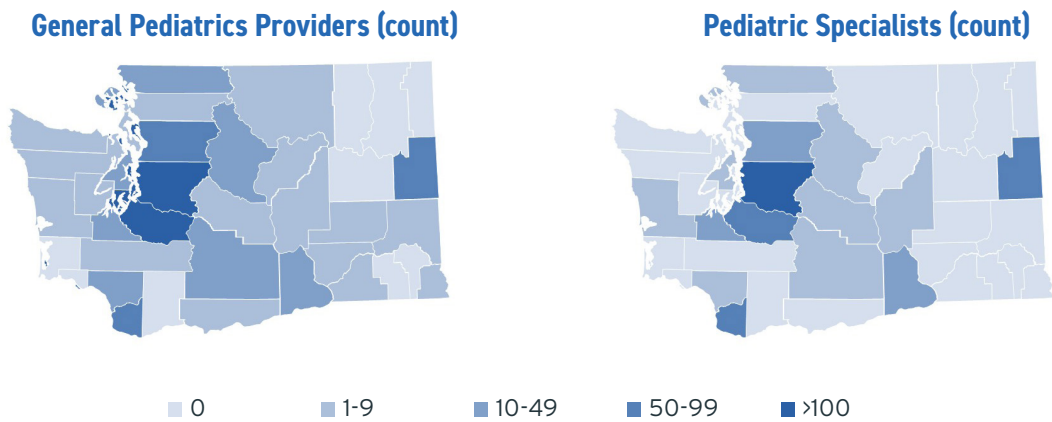
Average childcare cost as percent FPL (family of three)<sup>4</sup>



<sup>4</sup> Childcare Aware of America, Child Care Data Center, 2020

**Figure 2. Number of General Pediatrics Providers and Pediatric Specialists by County<sup>5</sup>**

- Pediatric providers are generally clustered along the I-5 corridor and urban regions.
- 23 out of 39 counties do not have any pediatric specialists.



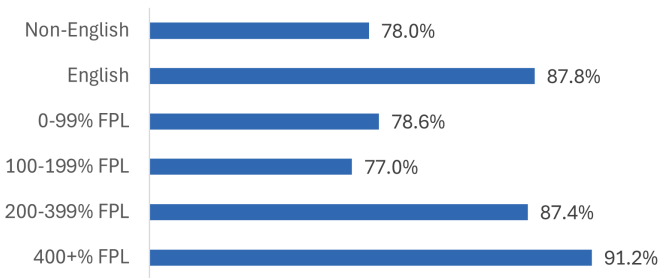
5 Washington Medical Commission, Physician Demographic Census Aggregate Report, 2024

**Figure 3. Child Health Indicators by Priority Population<sup>6</sup>**

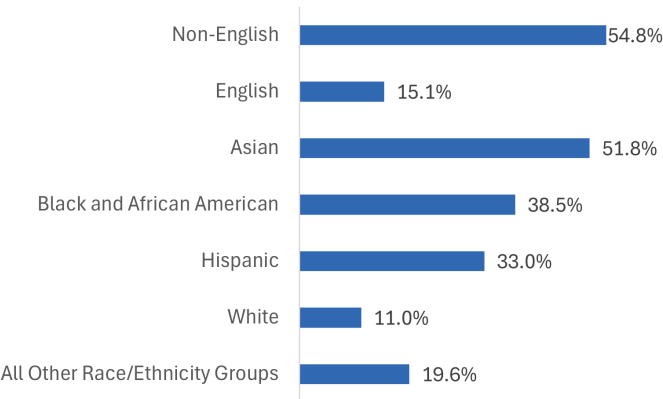
The figure below shows information about youth health care access and caregiver emotional support.

- Percent of medical visits among youth under 18 visits are higher among English speaking families when compared with non-English speakers and higher income groups when compared with lower income by FPL. But these differences are not statistically significant.
- Caregiver support differs significantly by race/ethnicity and by language spoken in the home.

**Percent of youth receiving medical visit in past year**



**Percent of caregivers reporting inadequate emotional support**



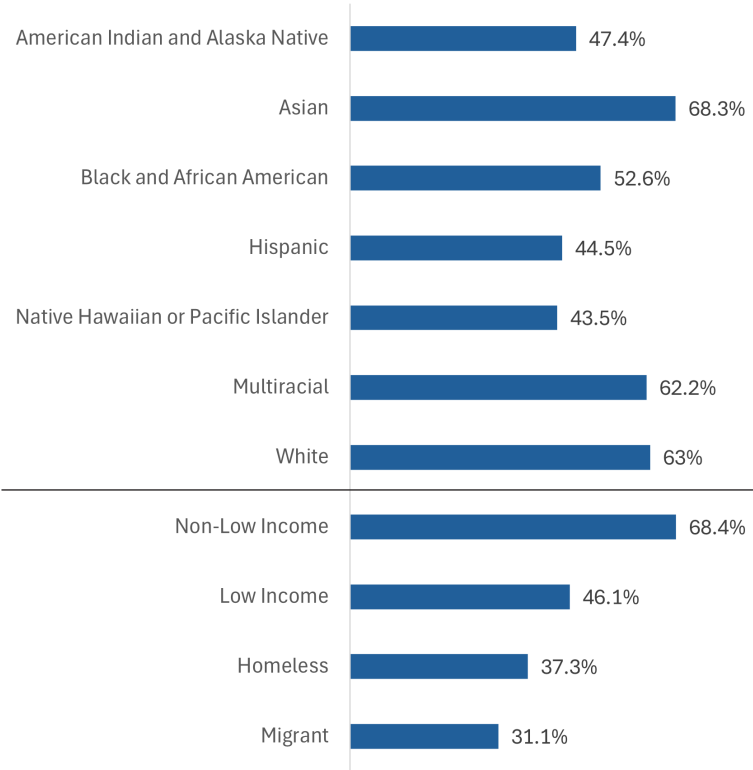
6 National Survey of Children's Health (NSCH), 2022



**Figure 4. WA Kids Kinder Readiness (Percent Ready in All Domains) by Priority Population<sup>5</sup>**

All kindergarteners in Washington are assessed for Kinder readiness, which evaluates development in 6 academic and behavioral domains.

- Kinder readiness varies by race/ethnicity.
- Low income, homeless, and migrant children are less likely to be kinder-ready than their peers.



5 Washington Office of Superintendent of Public Instruction, State Report Card, 2023-2024

**Figure 5. Percent of Children (under 18) Living Near a Park**

The Washington Tracking Network calculated the estimated distance that youth under 18 live near local parks, county parks regional parks, state parks and forest lands, beaches with public access, national parks, forests and wildlife refuges. Figure 4 shows which state regions have a higher proportion of youth living near parks. Park access generally appears **highest in the Southeast and Northwest regions.**

