

2024 Vanderbilt Child Health Poll – Release 2

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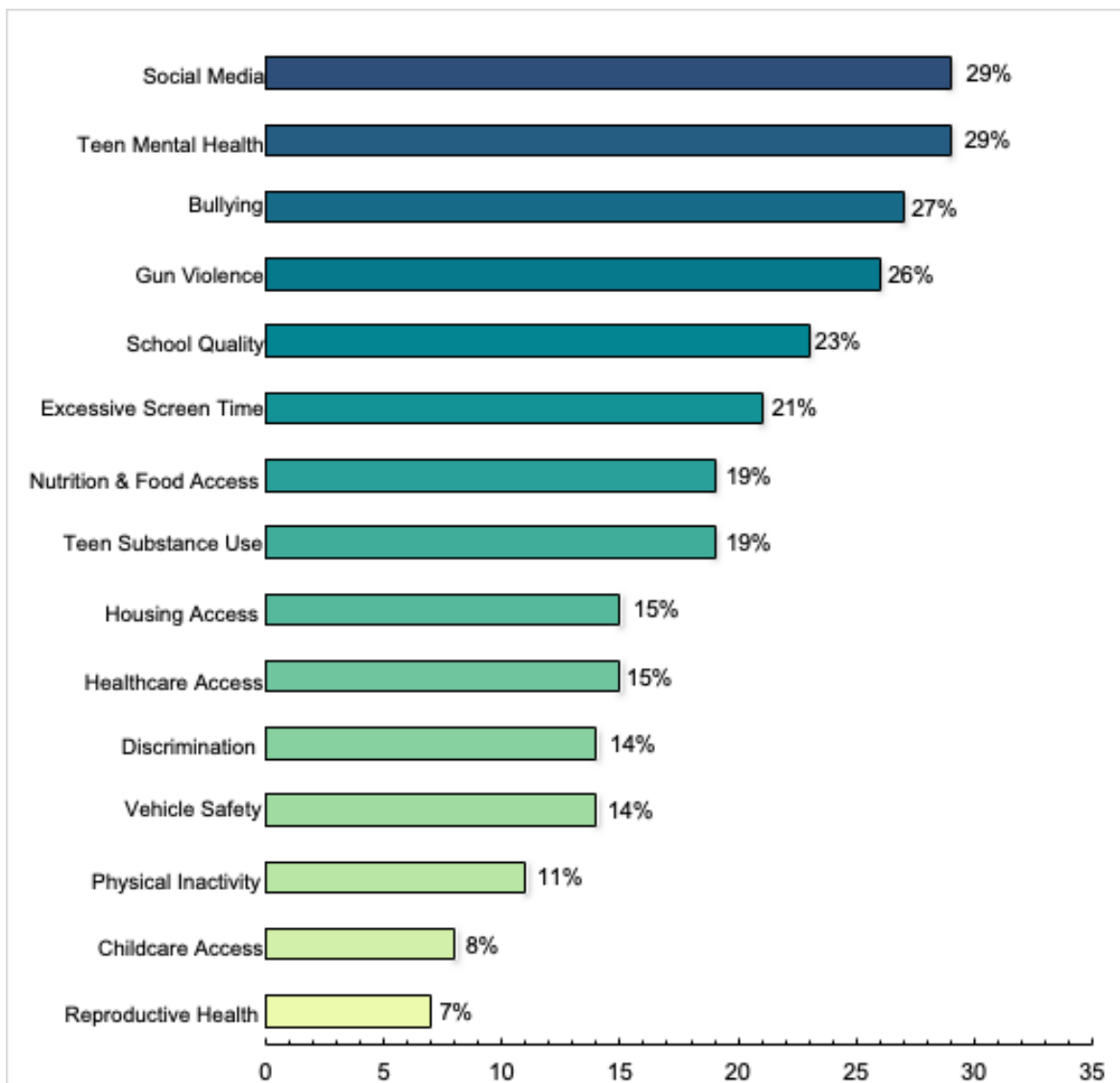
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SECTION 1. TOP CONCERNS

1.1 Parents' Top Concerns

Social media exposure and teen mental health were the most common top concerns among TN parents (29% each). Bullying, gun violence, school quality, and excessive screen time were next most common (21-27%), followed by health-related social needs, including nutrition and food access, housing access, and healthcare access (15-19%), and teen substance use (19%).

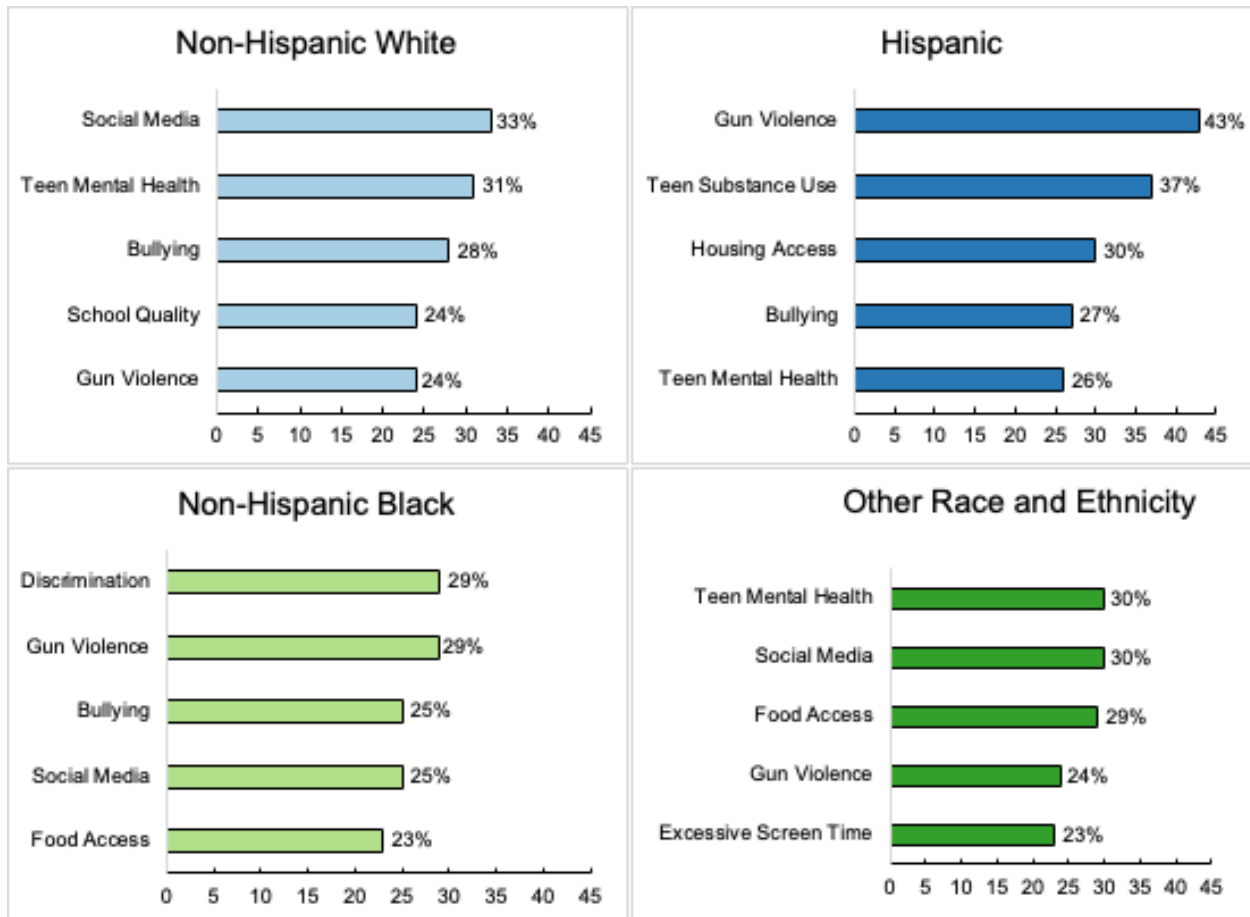


1.1 Top Parent Concerns Regarding the Health of Their Children

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1.2 Top Concerns by Race and Ethnicity

Most of the top concerns of TN parents were prevalent across several groups defined by race and ethnicity. Gun violence was the only top five concern represented across all four race and ethnicity groups and was highest among Hispanic parents (43%) and non-Hispanic Black parents (29%). Social media, teen mental health, and bullying were top five concerns across three of the race and ethnicity groups. Discrimination was a top 5 child health concern for non-Hispanic Black parents (29%); it was tied, along with gun violence, as the top overall concern for these parents. Unique top concerns among Hispanic parents included teen substance use (37%) and housing access (30%), while school quality was a top concern among non-Hispanic White parents (24%).



1.2 Top Child Health Concerns of Parents by Race and Ethnicity

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SECTION 2. GENERAL CHILD HEALTH

2.1 Parents' Beliefs on Current Health

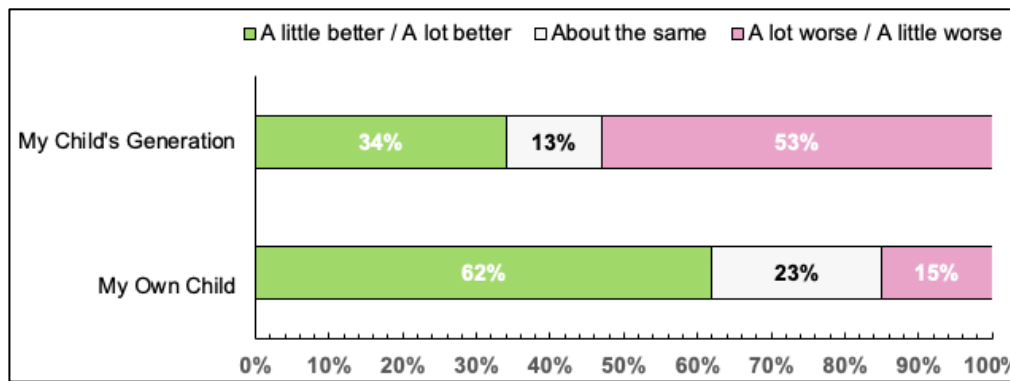
When asked, *"In general, how is your child's current health and well-being,"* about 8 in every 10 parents said it was "Very Good or Excellent" (77%); fewer than 1 in every 10 parents felt their child's health was less than *Good* (5%). Hispanic parents were the least likely to identify their child's health as "Very Good or Excellent" (71% compared to 74-78% for other groups) and the most likely to state their health was "Good," (28% compared to 14-18%) while non-Hispanic Black parents and parents identifying as Other Race and Ethnicity were the most likely to rate their child's current health and well-being as "Poor or Fair" (9-11% compared to 1-4% for others). There were no noted differences by Tennessee region.



2.1 Parent Beliefs on Current Health

2.2 Parents' Beliefs on Long-Term Health

Parents responded to two questions regarding their perceptions about the long-term health and well-being of their own children and that of their children's generation overall. About half of parents had less favorable views regarding the health of their children's generation (53% a little or a lot worse) than their own. About one in three parents felt the health of their children's generation would be more favorable (34% a little or a lot better).



2.2 Parent Beliefs on Long-Term Health

better). In contrast, almost two in three parents felt their own child(ren)'s long term health would be more favorable than their own (62% a little or

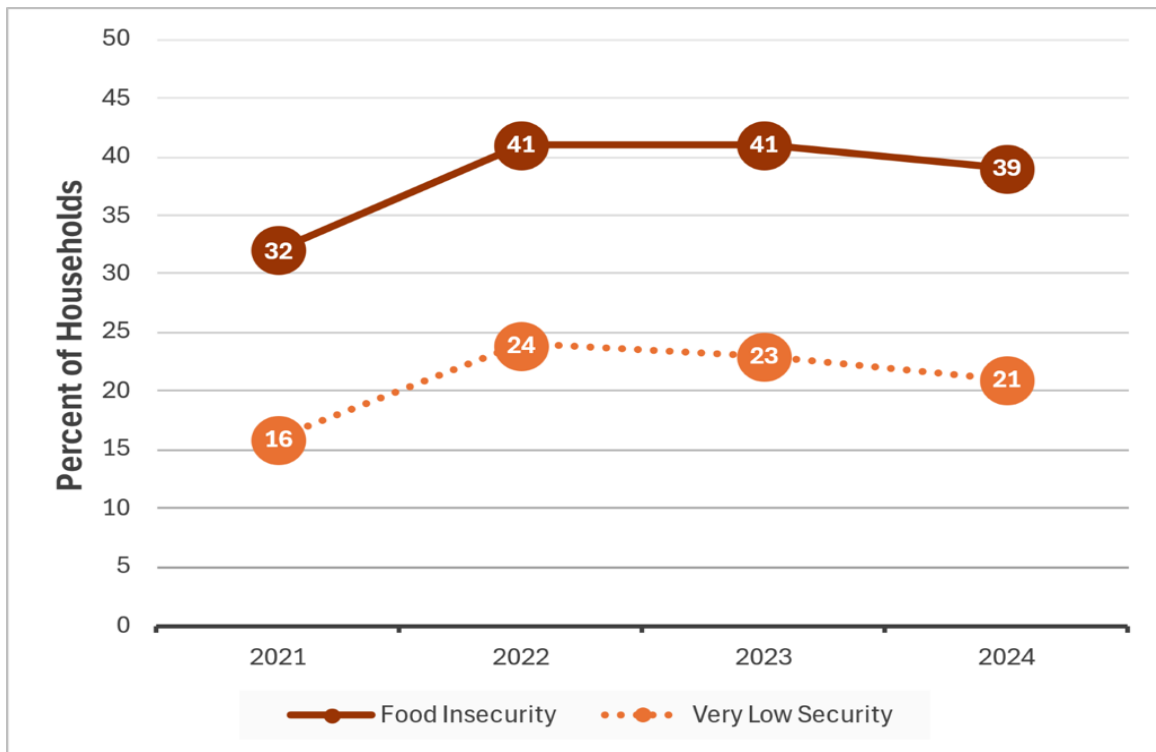
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a lot better) and only 15% judged their child(ren)’s future health to likely be “a little or a lot worse.” Non-Hispanic parents (68%), Hispanic (64%) and Other Race and Ethnicity (69%) were more likely to view their own child’s future health and well-being as “a little or a lot better” than their own as compared to Non-Hispanic White parents (59%).

SECTION 3. FOOD SECURITY

3.1 Food Security Over Time

Any food insecurity and very low food security increased significantly between 2021 and 2022. Food insecurity among TN families has remained around 40% between 2022-24. About half of those families (21% overall in 2024) suffered from very low food security.

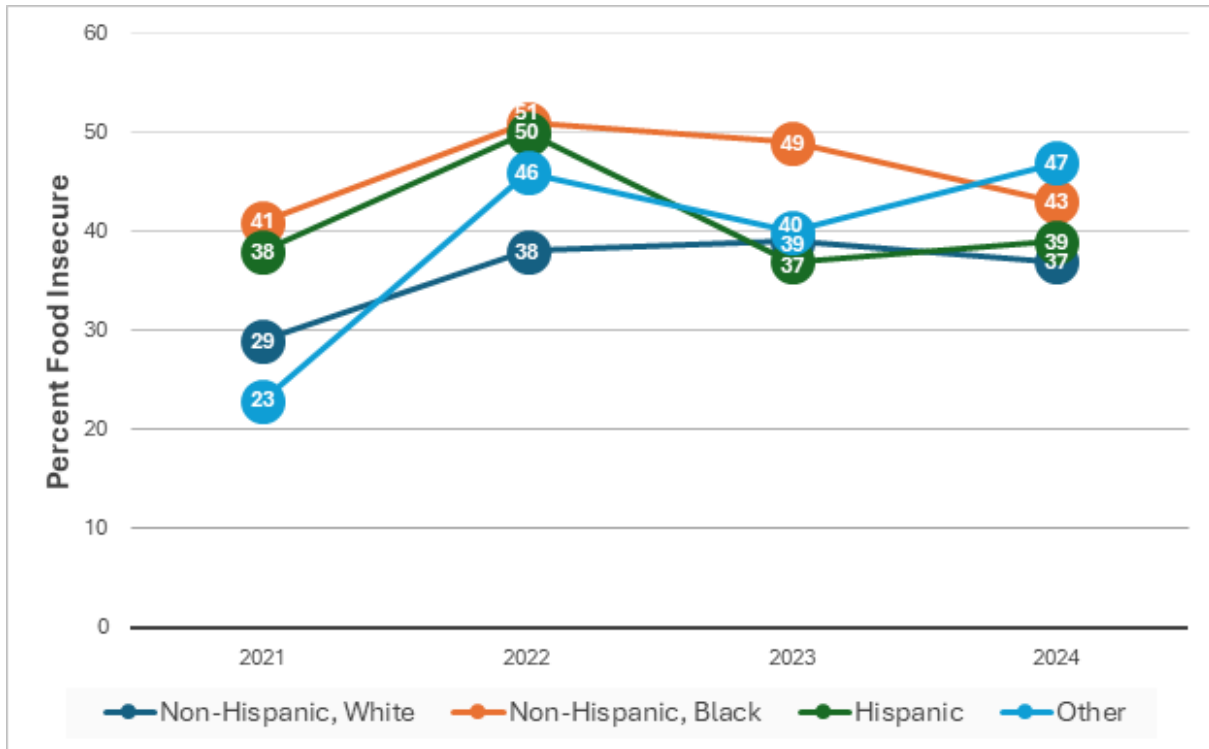


3.1 Any Food Insecurity and Very Low Food Security, 2021-24

3.2 Food Insecurity by Race and Ethnicity, 2021-24

Food insecurity occurs more commonly in non-white families. Food insecurity remains more common among non-Hispanic black and Hispanic families than non-Hispanic white families, though the gap is narrowing.

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3.2 Any Food Insecurity by Race and Ethnicity, 2021-24

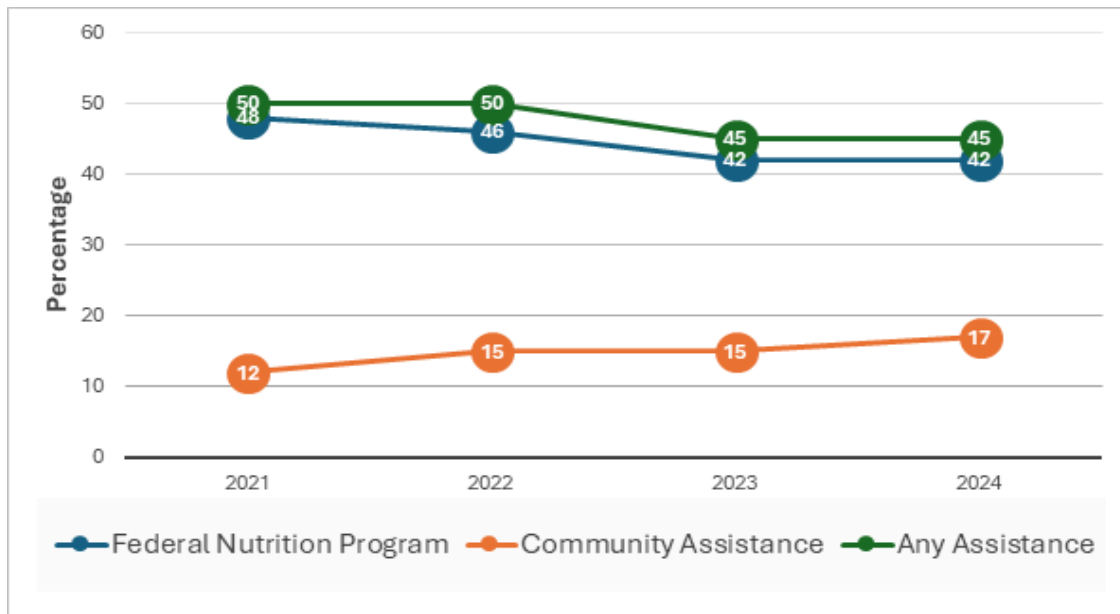
3.3 Food Assistance Program Use, 2021-24

Nearly half of parents reported receiving some sort of food assistance. Most assistance is through federal programs, though this percentage has decreased since 2022, when pandemic-related expansions of program access ended. More families are depending on emergency food assistance through community programs.

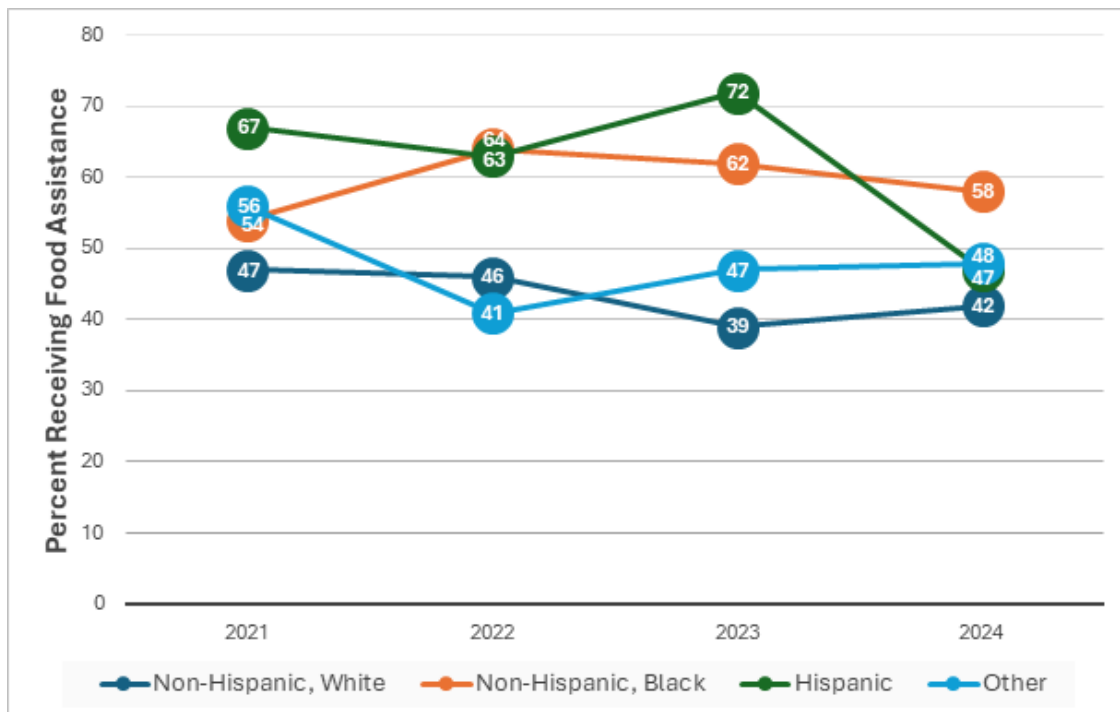
3.4 Food Assistance Program Use by Race and Ethnicity and Region, 2021-24

Non-White families were more likely to receive food assistance than non-Hispanic White families, though the gap is narrowing. A greater proportion of families in East and West TN reported receiving food assistance than those in Middle TN; this gap is also narrowing.

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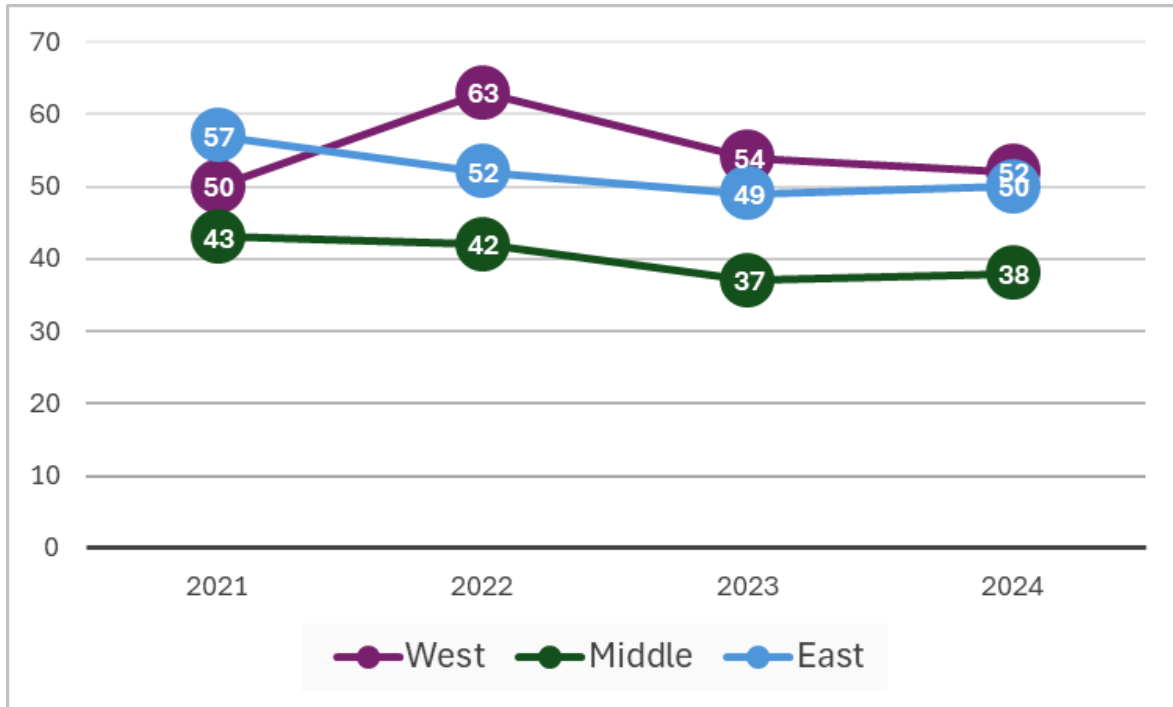


3.3 Food Assistance Program Use, 2021-24



3.4.1 Food Assistance Program use by Race and Ethnicity, 2021-24

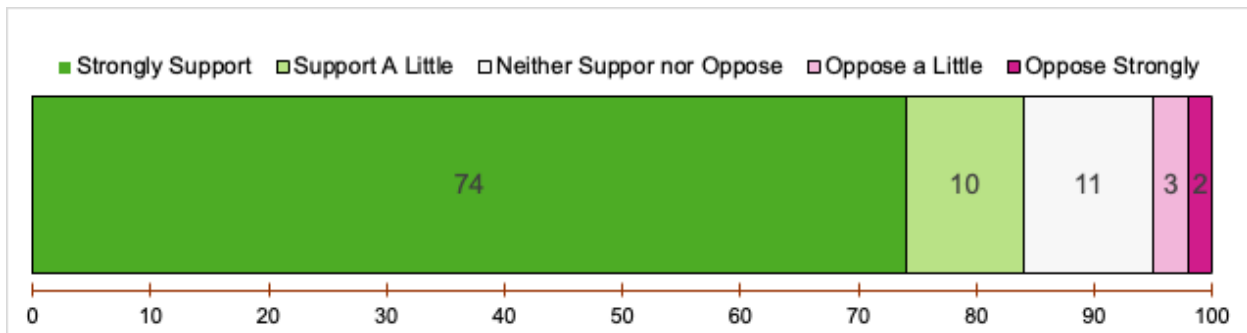
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3.4.1 Food Assistance Program use by Tennessee Region, 2021-24

3.5 Support for Free School Meals

Multiple states have passed laws supporting free, healthy school meals for all children during the school day. Tennessee has not. To gauge parent perceptions regarding support for similar policies in Tennessee, we asked “*To what extent do you support or oppose a statewide policy that would make free, healthy school meals available permanently to all students in Tennessee?*” More than 8 in 10 parents supported the idea (84% support strongly or a little) and an additional 1 in 10 parents neither supported nor opposed the idea (11%). Only 5% of TN parents were opposed.



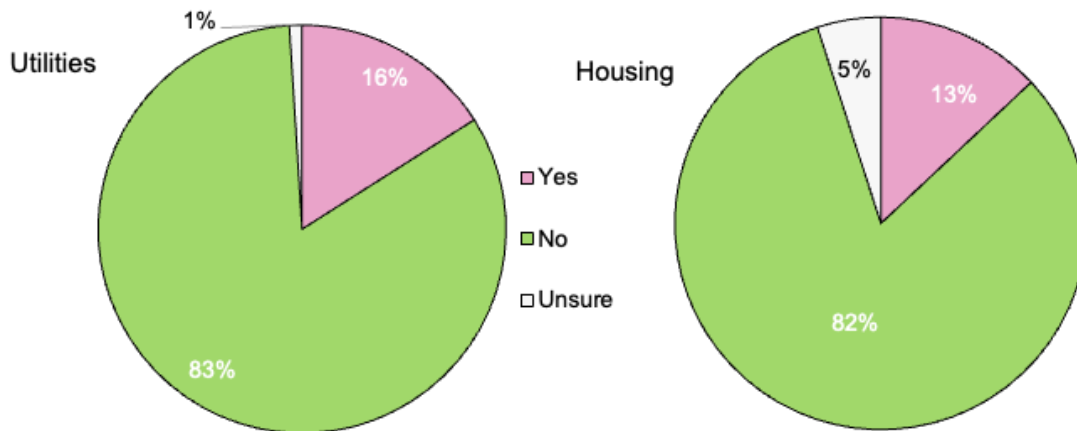
3.5 Tennessee Parents' Support for Universal Free School Meals

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SECTION 4. UTILITIES AND STABLE HOUSING

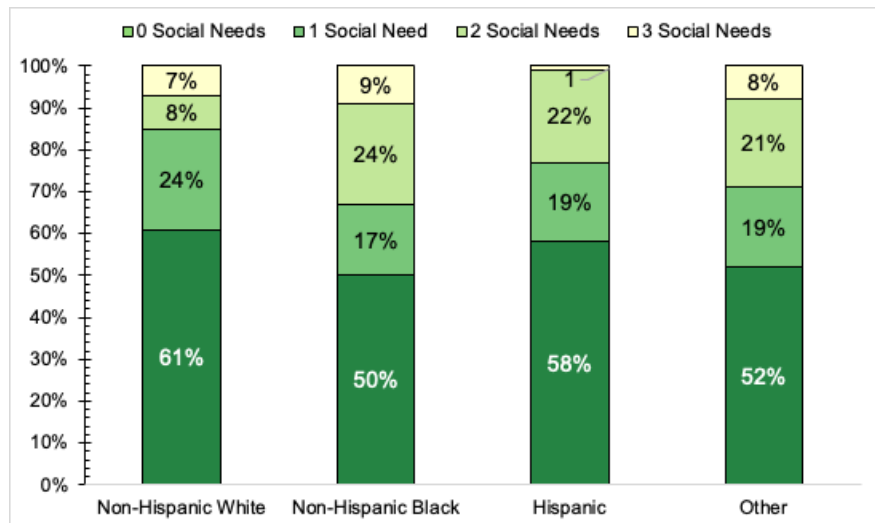
4.1 Concern for Utilities and Stable Housing

Approximately 16% of parents reported utility insecurity and 13% were concerned about housing instability.



4.2 Health-Related Social Needs by Race and Ethnicity.

Approximately half of Non-Hispanic Black and Other Race Ethnicity households, and about 40% of Non-Hispanic White and Hispanic households have one or more health-related social needs. One in every three non-Hispanic Black households have 2 or more needs (33%), the highest among any group. Non-Hispanic white households were least likely to have two or more identified needs (15%).



4.2 Health-Related Social Needs by Race and Ethnicity

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SECTION 5. ABOUT THE 2024 VANDERBILT CHILD HEALTH POLL

Background. The Department of Pediatrics and the Monroe Carell Jr. Children's Hospital at Vanderbilt University Medical Center are committed to improving the health and wellbeing of children, adolescents, and their families throughout Tennessee. One way we accomplish this goal is through connecting with the public to better understand the concerns of Tennessee parents about the health of their children and the health care services they receive. To this end, we have conducted an annual child health poll of Tennessee parents in collaboration with Ipsos Public Affairs (Ipsos) since 2019.

Population Sampled. The poll was conducted on KnowledgePanel®, a probability-based web panel designed to be representative of the United States, supplemented with additional interviews using online (opt-in) panels other than KnowledgePanel, to maximize the overall sample size. The target population consisted of parents in Tennessee with at least one child under the age of 18 who lives in the household. Selected KnowledgePanel members received an email invitation to complete the survey and were asked to do so at their earliest convenience; various methods were used to contact respondents for the other online panels.

The 2024 poll was fielded between December 6 and December 31, 2024. A total of 1,180 participants responded to the poll (median completion time was 12.4 minutes). 158 cases were terminated for eligibility reasons (e.g., non-resident of Tennessee, not a parent, age < 18 years). 14 additional cases were excluded due to data quality issues, resulting in a final completed survey sample of 1,008 (85% of total respondents).

Response Weighting. Once all data are collected and processed, study-specific design weights are adjusted to account for any differential nonresponse that may have occurred. Depending on the specific target population for a given study, geodemographic distributions for the corresponding population are obtained from the CPS, the U.S. Census Bureau's American Community Survey (ACS), or in certain instances from the weighted KnowledgePanel profile data. For this purpose, an iterative proportional fitting (raking) procedure is used to produce the final weights. The resulting weights are then scaled to aggregate to the total sample size of all eligible respondents.

For this study, benchmark distributions of Tennessee adults age 18 and over from the 2022 ACS were used for the raking adjustment of weights. Starting with a weight of 1.0 for both KnowledgePanel and other panel qualified cases, respondents were weighted to represent parents of 0-17 year-old children from Tennessee, using the ACS 2022 benchmark data.

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Design Limitations. All forms of public opinion research are subject to unmeasured error that cannot be eliminated. When a probability-based panel like KnowledgePanel is used, Ipsos employs the total survey error approach to identify and minimize error due to coverage error, sampling error, nonresponse error, measurement error, and data processing and editing error.