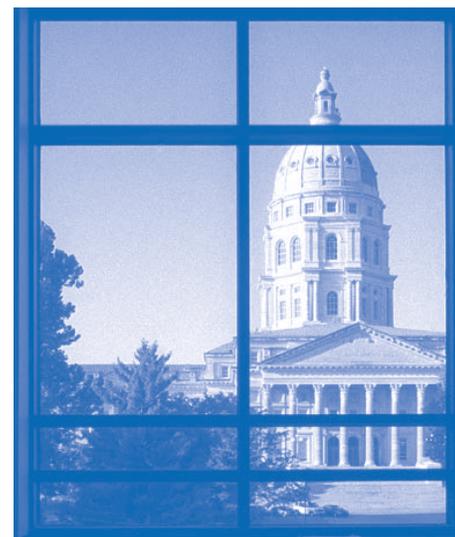


Issue Brief



KANSAS
HEALTH
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Understanding the Health of Kansas Children

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More Information

Understanding the Health of Kansas Children is a series of Research Briefs describing the health of Kansas children and the many contexts in which our children grow and develop, including their family and community environments.

The complete set of briefs can be accessed on our Web site at www.khi.org.

Introduction to Series

Children represent our nation's future — they will create the families, power the workforce, and make American democracy work in the years ahead. Their health today, important in its own right, also will have a profound effect on their health as adults.

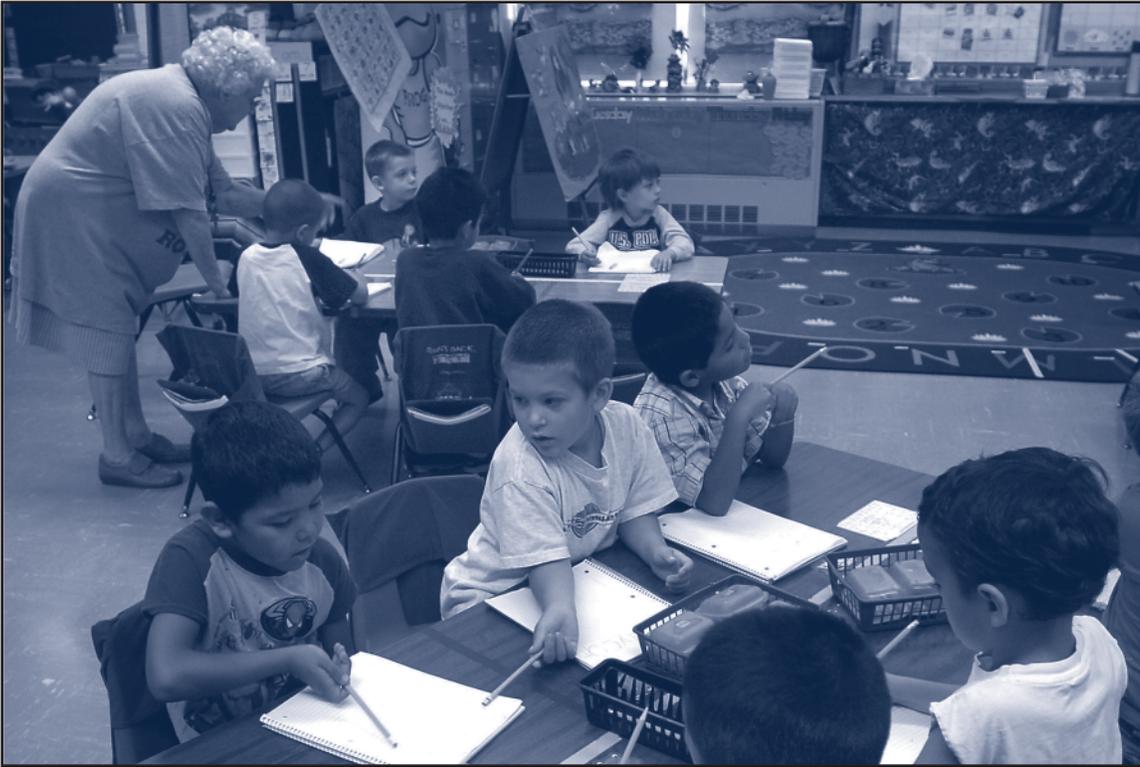
— National Academy of Sciences

THE HEALTH AND WELL-BEING OF KANSAS CHILDREN

Kansas has made great strides in protecting our children and promoting their well-being. Immunization programs, sanitation and improved health care have reduced illnesses associated with infectious diseases. Safety policies have reduced accidents and injuries. Building and housing codes have reduced the detrimental effects of environmental contaminants such as lead. Yet rates of obesity, diabetes and asthma are at record high levels among children in the nation and in Kansas. Access to preventive dental care is a serious problem for Kansas families, as is meeting the medical care needs of children with chronic illnesses.

There are many serious risks to a child's health. Health risks are influenced by individual, family, neighborhood, school and community factors, as well as the physical environment. Effective economic, educational and health policies are also important to reduce children's risk for illness and injury. The best strategies for improving children's health occur at multiple levels — from the individual child to their families, schools, neighborhoods and social policies.

For example, community efforts, such as school-based physical activity programs, work best to reduce obesity and improve health when they simultaneously encompass strategies and actions at the individual, family, school, community and policy levels. The Centers for Disease Control and Prevention and



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asures to lead paint and secondhand smoke. Protective measures such as infant car seats, school safety plans and secondhand smoke regulation are equally important.

There are serious and persistent disparities in children's health status between racial and ethnic groups and among families with lower and higher incomes. Socially and economically disadvantaged

the Institute of Medicine recommend using a comprehensive approach to improving health and protecting children. A comprehensive approach promotes healthy lifestyles, protects children from injury and provides medical, educational and social supports to children. This environmental approach builds on the notion that "it takes a village to raise a child," in that it requires working with individual children, families, schools, community organizations and policy-makers.

PROMOTION, PREVENTION AND PROTECTION

Promoting health requires consideration of the overall status of children, not just identification and treatment of specific diseases or injuries. Improving the health of our children rests on access to and quality of health care services, and having a medical home. But this is not enough. Effective prevention strategies are also needed to increase immunization rates and to reduce the risks of tobacco and alcohol use, child abuse, accidental injury, obesity and environmental expo-

children often live and go to schools in communities that are at higher risk of environmental contamination and injury, both intentional and unintentional.

A child's health is linked to the health of the community and the environment in which the child lives, attends day care, is schooled and plays. Further, the health of children is profoundly affected by the values, beliefs, attitudes and behaviors of family and community members. Parental behavior and the home environment can create unnecessary health risks for individual children and entire communities.

INVESTIGATING THE HEALTH OF KANSAS CHILDREN USING THE NATIONAL SURVEY OF CHILDREN'S HEALTH

Researchers at the Kansas Health Institute analyzed data from the 2003 National Survey of Children's Health to provide Kansas policymakers with a multifaceted picture of the health of Kansas children. Few data sources or comprehensive studies exist aside from this survey. The national

survey, conducted for the first time in 2003, addresses multiple aspects of children’s health and well-being — including physical and mental health, health care and social well-being — as well as aspects of the family and the neighborhood that can affect children’s health. The survey was supported and developed by the U.S. Maternal and Child Health Bureau of the Health Resources and Services Administration and conducted by the CDC’s National Center for Health Statistics.

Kansas data from the survey provide a broad range of information about children’s health and well-being collected in a manner that allows comparisons with other states as well as national comparisons. A total of 102,353 surveys were completed by telephone nationally for children between the ages of 0 to 17 years, including 1,849 Kansas children. Survey results are weighted to represent the population of non-institutionalized children ages 0 to 17 years nationally, and in each state.

The data can be used to generate information about children, their families and neighborhoods to help guide policymakers, advocates and researchers. An interactive data query feature on the National Survey of Children’s Health Data Resource Center Web site at www.nschdata.org allows users to compare national and state-level findings for children of different ages, race and ethnicity, income levels and health status.

KEY POINTS

Home environment

- Most Kansas children live in positive and supportive homes. Eighty-four percent of Kansas parents reported having close relationships and spending quality time with their children. Ninety-five percent of families shared a meal at least once during the past week; and eighty-two percent of Kansas children attended religious services at least once a week.

- Low-income households, minority households and families led by single mothers reported less-favorable results in their homes. Poverty rates were much higher among single-mother households, despite the fact that the majority of these households included at least one full-time wage earner.

Early childhood

- Kansas parents provide nurturing home environments, but also unnecessary risks.
- Breast milk is widely recognized to be the ideal form of nutrition for infants. Thirty-eight percent of young Kansas children were breastfed for at least six months or were still breastfeeding when their parents were surveyed.
- Reading to children promotes the development of language skills and builds a strong foundation for future educational success. In Kansas, 94 percent of children ages 0 to 5 years had been read to at least once in the previous week; slightly less than one-half were read to every day.
- One in four children lived in households where someone smoked cigarettes, cigars or pipe tobacco. Tobacco exposure is associated with higher rates of sudden infant death syndrome, asthma, bronchitis and pneumonia in young children.
- One in ten children under age 5 years required medical attention because of accidental injuries; about 70 percent of those injuries occurred at home.

Obesity

- Sixteen percent of Kansas children were overweight and 14 percent of Kansas children were obese. One in four black children and one in five Hispanic children were obese compared to 12 percent of white children.
- Kansas children don’t get enough exercise. About 11 percent of Kansas children were not physically active during any day of the week.



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The Kansas Health Institute is an independent, nonprofit health policy and research organization based in Topeka, Kansas. Established in 1995 with a multi-year grant from the Kansas Health Foundation, the Kansas Health Institute conducts research and policy analysis on issues that affect the health of Kansans.

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KHI/09-04 • February 2009

- Kansas children spend too much time watching TV, don't eat enough fruit and vegetables, and drink too many sugared beverages.

Asthma

- More than 10 percent of Kansas children were affected by asthma-related health issues, more than in the neighboring states of Colorado and Nebraska. The prevalence rates were higher in black children and children in families who earned less than 100 percent of the Federal Poverty Level.
- In Kansas, 23 percent of children with asthma missed ten or more school days each year — more than three times the number of children without asthma. These absences may affect parents by increasing their time away from work.
- Without adequate insurance and access to preventive services, children are more likely to have uncontrolled asthma episodes and an increased need for emergency treatment.

Chronic health conditions

- One in four Kansas children had a chronic health condition or disability. One in five Kansas children had a condition that persists longer than a year and needed specialized treatment, support and medications.
- Kansas children with special health care needs were almost twice as likely as their healthy peers to have needed urgent care during the previous year. Further, these children were nearly three times as likely to have needed the services of health care specialists, and more than six times as likely to have required special services or equipment.

Oral health

- Seventy-two percent of Kansas children had teeth that are in excellent or very good condition.
- While most children had teeth that were in good health, disparities still exist between income and ethnic groups. Fewer than half of Hispanic children in Kansas had teeth in very good or excellent condition and were significantly less likely than their white peers to have seen a dentist for any reason during the past year, to have received a preventive dental care visit, or to have dental insurance.

Medical homes

- Although more Kansas families reported that their children had a medical home compared to children nationwide, black and Hispanic children in Kansas were less likely than their white counterparts to have a medical home.
- Survey data showed that Kansas children with medical homes are less likely to visit emergency rooms, less likely to miss school and more likely to be vaccinated.

POLICY IMPLICATIONS

Children's health is socially determined. Therefore, improving the health and social conditions of children enables them to benefit from family life, school and social participation. Using a life course perspective that recognizes the importance of good health from the prenatal period through early childhood can help children grow up to be healthy, productive adults.

The Research Briefs in this series describe a number of ideas for policymakers to consider when drafting policies that address the health of children.