

The 2000 Iowa Child and Family Household Health Survey

Statewide results (abridged version)

First report in a series

Public Policy Center
The University of Iowa

Iowa Department of Public Health

Child Health Specialty Clinics



October 2001

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This study was supported by grant # MCH-19T029 from the Maternal and Child Health Bureau, Health Resources and Services Administration, US Department of Health and Human Services. The results and views expressed are the independent products of university research in collaboration with the Iowa Department of Public Health and Child Health Specialty Clinics and do not necessarily represent the views of the Maternal and Child Health Bureau or the University of Iowa.

INTRODUCTION

This report is the first in a series presenting results from the 2000 Iowa Child and Family Household Health Survey. The 2000 Iowa Child and Family Household Health Survey is the first comprehensive statewide attempt to evaluate the health status, access to health care, and social environment of children in families in Iowa. This report presents results for Iowa children in families at the state level. Future reports in this series will include results for eight regions of Iowa as well as focus on specific issues such as Children with Special Health Care Needs (CSHCN) and minority populations.

The 2000 Iowa Child and Family Household Health Survey included questions about:

- Children's functional health status including the identification of children with special health care needs
- Children's access to and utilization of health care services including:
 - Medical care
 - Dental care
 - Behavioral and emotional health care
- Health insurance coverage of the child and parent
- School performance
- Child care
- Socialization and self-esteem of the child
- Family environment

The study is a collaborative effort of the University of Iowa Public Policy Center, the Iowa Department of Public Health and the Child Health Specialty Clinics. The intent of the study is to provide information for policymakers and health planners about the status of families with children in Iowa from a social health perspective. It was funded by a competitive grant from the Maternal and Child Health Bureau, Health Resources and Services Administration, US Department of Health and Human Services.

SURVEY METHODOLOGY

The 2000 Iowa Child and Family Household Health Survey was a telephone interview conducted with a stratified random sample of 3200 families with children in Iowa. The interview included approximately 125 questions, depending on the number of questions relevant to the family being interviewed. The survey instrument was developed by the research team after evaluating many existing survey instruments such as the National Survey of American Families (NSAF) and the National Health Interview Survey (NHIS).^{1,2} The screening instrument developed by the Foundation for Accountability (FACCT) was used to identify CSHCN.³

Calls to identify families with children in Iowa were begun using a random list of phone numbers provided by a private vendor. To allow for regional comparisons, 400 interviews were completed in each of eight regions of the state. All regions consisted of multiple counties except for Polk and Scott counties, which were each considered their own region. The design of this study yielded a representative sample of families with children in Iowa.

The survey process began with a screening question to determine if the residence was home to a family with children. If so, the adult most knowledgeable about the health and health care of a randomly selected child under age 18 in the household was asked to complete the interview.

The dispositions of calls made to complete the 3200 interviews were as follows:

Table 1. Participation Rate for 2000 Iowa Child and Family Household Health Survey

Number completing the interview	3241
Number of refusals or unable to complete interview	1349
Participation rate	71%

¹ <http://newfederalism.urban.org/nsaf/>

² <http://www.cdc.gov/nchs/nhis.htm>

³ <http://www.facct.org/>

To make statewide estimates by age categories, the survey results were weighted and post-stratified using the county-level 2000 US Census data.⁴ The telephone interviews were conducted between May and October 2000 by the Center for Social and Behavioral Research at the University of Northern Iowa. The University of Northern Iowa Human Subjects review board approved the protocol regarding the telephone interview portion of this study.

In any telephone-based survey, there is a possibility that results may be biased because those without telephones are not interviewed, and they may have different health conditions and health care needs than those with telephones. In Iowa, it is estimated that three percent of households do not have telephones.⁵

SUMMARY STATEWIDE RESULTS

Below is a summary of the results of the 2000 Iowa Child and Family Household Health Survey presented by topic area. For those wishing more detail, the complete results for each question in the survey as well as the survey instrument are available in the unabridged version of this report.

Demographics of families with children in Iowa

According to the 2000 US Census, there are 737,212 children under the age of 18 living in Iowa (25% of Iowa's population). This is similar to national statistics indicating that 25.7% of children in the United States are under age 18. The Census data also indicates that there are 361,153 families with children under age 18 in Iowa.

Results from the 2000 Iowa Child and Family Household Health Survey indicate that children in Iowa live in family households with an average of 4.5 people (2.1 adults and 2.4 children). Most families had either two (35%) or three (34%) children in the household. One quarter of the children were living in a household with three or more adults. The racial distribution of the children was: 90 percent white, three percent African-American, just

One third of Iowa's children were in households with annual incomes below \$25,000

⁴ <http://factfinder.census.gov/home/en/sf1.html>

⁵ Anonymous, 200 "Telephone Information by State." Survey Sampling, Inc., One Post Road, Fairfield, CT 06430

*About
127,000
children in
Iowa have
a special
health care
need*

*Nine out
of ten Iowa
children have
a regular
source of
medical care*

over one percent Native American and Asian, and five percent ‘other.’ Three percent of Iowa’s children were considered to be of more than one race. Three percent were of Spanish or Hispanic origin. Four out of ten children were living in families with household incomes over \$50,000 per year while about one-third (32%) were in families with household incomes below \$25,000 per year.

Functional health status of children

The reported health of children in Iowa was slightly better than for children nationally. Over nine out of ten children (91%) were considered to be in excellent (66%) or very good (25%) health compared to 82% nationally.⁶ The remaining nine percent in Iowa were in either good, fair or poor health. Ten percent of children were more limited in their activities than other children their age because of a physical condition, and 2 percent were more limited because of a behavioral or emotional condition.

Children with special health care needs

Seventeen percent of children in Iowa (127,000) had a special health care need as defined by the FACCT screening instrument. These results are similar to those from a study that found that eighteen percent of children nationally had a special health care need using a different method to identify CSHCN.⁷ The five most common chronic conditions reported for these children were asthma (20%), chronic allergies/sinus problems (18%), Attention Deficit Hyperactivity Disorder (ADHD) (17%), behavioral problems other than ADHD or depression (4%), and depression (4%).

Most CSHCN were able to find appropriate care; only parents of two percent of the children were stopped from getting care for their child in the previous 12 months because they were not able to find a provider with the skills necessary to treat their child. About one in ten children with a special health care need (12%) had a care coordinator to help with their care. Only two percent of CSHCN in Iowa had a time in the previous year when he or she was not able to receive needed help with organizing or coordinating care.

Health insurance coverage

Iowa’s rate of uninsured children is half that of the United States as a whole. Six percent of children in Iowa were without health insurance at

⁶ <http://www.cdc.gov/nchs/about/major/nhis/earlyrelease2000.htm>

⁷ Newacheck PW, McManus M, Fox HB, Hung YY, Halfon N. Access to health care for children with special health care needs. *Pediatrics*. 105(4 Pt 1):760-6, 2000 Apr.

the time of the survey compared to 12% nationally.⁸ This translates into about 43,000 Iowa children without health insurance. Another six percent of children had been uninsured at some point in the previous year. The parents of one-third of Iowa's children (33%) worried about their ability to pay for their child's health care in the past year, and almost one in ten (9%) worried about it "a great deal."

Eight of ten insured children received their health insurance through an employer-sponsored plan. Seven percent were insured through a personal policy while Medicaid covered 10 percent. One percent were covered by the Healthy and Well Kids in Iowa (HAWK-I) program, part of the Iowa State Child Health Insurance Program. Twenty percent of the children not in the Medicaid program (people who were either uninsured or had other insurance) had been covered by Medicaid at some point in their lives. About one-third (31%) of children's health insurance coverage was rated as excellent, about another one-third (35%) was rated as very good, and 10 percent was rated as fair (8%) or poor (2%). Just over one in ten (11%) children lived in a household where the parent was uninsured. Nine out of ten (89%) children lived in a household where the parent was covered by the same health insurance plan as they were. Almost half of the children's parents (45%) had heard about HAWK-I.

Access to medical care

Nine out of ten children in Iowa have a regular source of medical care, defined as one person the parent or guardian thinks of as their child's personal doctor or nurse. This is similar to the national average of 93% of children having a regular source of care.⁹ Just over half of children needed medical care in the previous 12 months (52%). Two percent of these children were stopped from getting medical care for some reason (unmet need) which is similar to national estimates.¹⁰ The three most common reasons for unmet need among children were: 1) cost, 2) insurance not covering the care and/or 3) trouble getting an appointment with their child's doctor or clinic. Ninety-five percent said they usually (10%) or always (85%) got the care they needed for their child for an acute problem (i.e. for illness or injury). Almost one-third (32%) of children had been treated in a hospital emergency room in the previous year and 11% went two or more times.

Twelve percent of children in Iowa were without health insurance at some point in the year

⁸ <http://www.cdc.gov/nchs/data/nhis/measure01.pdf>

⁹ <http://www.cdc.gov/nchs/data/nhis/measure02.pdf>

¹⁰ <http://www.cdc.gov/nchs/data/nhis/measure03.pdf>

Preventive care

Over three-quarters (77%) of all Iowa children had a preventive visit in the previous year. The youngest children (0-4 years old) were most likely to have had a preventive visit in the previous year (90%) compared to about three-quarters of children age five and over (73%). Less than a third (30%) of all children who reported having a routine preventive visit in the previous year had received (or the parents remembered the child receiving) anticipatory guidance (i.e., preventive counseling) for issues such as watching what their child eats, using a car seat, using bicycle helmets and counseling about substance abuse. The receipt of anticipatory guidance declined with age. Forty percent of children ages birth to four received anticipatory guidance compared to about 20 percent of children 10 and older.

Dental care

About three-quarters of Iowa's children had a dental visit in the previous year (74%). Fifteen percent of children had never been to the dentist. While the large majority of children without a dental visit were under age four, three percent of those ages 5-9 had never been to the dentist. Almost half of children (46%) were thought to need dental care in the previous year. Need varied by age; those under age four (19%) were much less likely to be perceived as needing dental care than those age over age 10 (about 58%). However 11 percent of those under four who needed care had unmet need for dental care (i.e., could not get needed dental care in past year) compared to eight percent of all children who needed dental care. One in four (25%) children did not have any dental insurance.

Behavioral/emotional care

Eight percent of Iowa children needed care for a behavioral or emotional problem in the previous year. Of these, one in ten (10%) had a time when they were not able to get the care they needed.

School performance

A series of four questions were used to evaluate the degree to which school-age children in Iowa were engaged in school. These questions included how much the child cared about doing well, needed to be forced to complete homework, did just enough homework to get by and completed homework on time. Overall just over 40 percent (41%) of children were considered highly engaged in school, 45 percent moderately engaged while 14 percent had a low level of engagement. More children ages 10-17 (16%) were considered to have a low level of engagement than all those 5-9 (9%).

Over three quarters of Iowa's children had a preventive health care visit in the last year

One in four children in Iowa did not have dental insurance

Over two-thirds of children's school performance (69%) was rated as either excellent or very good compared to other children in their child's grade. The vast majority of children's parents (87%) would like to see their child attend college. Ten percent of the children had switched schools in the previous 12 months.

Child care

Almost half (46%) of children under age 10 in Iowa received child care from someone other than a parent. For children that are in child care more than five hours per week, most were either in a day care center (34%) or with an unrelated babysitter (32%). Those under age five (39%) were more likely to be in a day care center than those ages five to nine (27%). Just over one in four children were either being cared for by a grandparent (17%) or another relative (11%). Four out of ten children were in child care an average of forty hours per week or more. This was also more common for children under five (44%) than those ages five to nine (32%). Almost all children had parents who were either very satisfied (78%) or somewhat satisfied (17%) with their child care situation.

About a third (32%) of children had parents with a problem finding child care so that they could go to work or school. For 15 percent, this was a big problem. In the previous year, almost one in four (23%) had trouble finding care when they had a sick child and needed to go to work or school. For 20 percent of children, a parent had wanted to stay home with his or her sick child in the previous year but was not able to get off work.

Family environment

A series of topic areas were evaluated to broadly represent the environment in which children and their families function in Iowa. These include:

- Children's extracurricular activity participation
- Family stress (parental aggravation)
- Marital status and satisfaction

Most children in Iowa (85%) over the age of 4 participated in some activities such as clubs, team

The parents of three-quarters of the children were very satisfied with their child care situation

Eighty-five percent of Iowa's children participated in extra-curricular activities

sports, band or a religious group. Parents indicated that they were very supportive of their children in extra curricular events. The parents of four out of five children (80%) said they almost always attend their child's events/activities, and only eight percent said they either sometimes (6%) or never (2%) attended. Ninety percent of children had parents who reported knowing all or most of their child's friends.

Over half of children watched more than 10 hours of television a week, and 10 percent watched over 20 hours per week. Ten percent rarely or never watched TV. About two-thirds of children always ate at least one meal a day with at least one parent or guardian. This differed significantly, however, by age. The vast majority (84%) of the youngest children (0-4) always ate at least one meal with a parent or guardian but this declined to only one-third (32%) of those ages 15-17. Almost two-thirds of children ages 15-17 worked for pay during the previous four weeks (not including chores or baby sitting in the home).

Iowa parents viewed parenting as less aggravating than parents nationally. A series of four questions were used to categorize the level of aggravation parents felt toward their child. The questions asked: 1) how hard their child was to care for compared to other children, 2) if parents felt that things their child does bother them a lot, 3) if parents felt that they were giving up more of their life for their child than they expected, and 4) the frequency with which they felt angry with their child. Seven percent of Iowa's children had parents who reported being highly aggravated toward their child. This compares favorably with national figures indicating that 10 percent of parents were highly aggravated with their children.¹¹

One in ten children in Iowa lived in a household where there was a substance abuse problem

Almost nine out of ten children lived in a household that was headed by parents who were married (80%) or in a marriage-like relationship (7%). For over nine out of ten of these children, (93%), they were in a household where the spouse/partner was the biological or adoptive parent of the child. The remainder of the children lived in households where the parent was divorced (7%), widowed (1%), separated (2%), or never married (4%). More than four out of five children lived in a household where the parent rated the quality of their relationship with their spouse/partner as either excellent (44%) or very good (40%). Only three percent were in a household where the relationship was rated as fair or poor.

About one in twelve children (8%) were in households where the parent rated his or her own health as fair (6%) or poor (2%). For about seven out of 10 children, the parent rated his or her health as excellent (28%) or very good (41%).

¹¹ http://newfederalism.urban.org/nsaf/tables/family_envirom_1.htm

One in ten children lived in a household where substance abuse was reported to be a problem. For seven percent, drug or alcohol abuse was a small problem, and for three percent it was a big problem.

CONCLUSIONS

This first report from a 2000 survey of a representative sample of Iowa households with children brings mixed news. Almost nine out of ten children lived in a household headed by parents who were married or cohabiting adults, most of whom reported a very good relationship between them. In general, the health of children in Iowa was very good and slightly better than that of children nationally. Most children had health insurance and did for at least the past twelve months. Due in part to their insurance status, nine out of ten children had a regular source of medical care, and three-quarters had a preventive health care visit during the past year. Most school-age children engaged in some extracurricular activity, and their events are usually attended by their parents.

On the other hand, 12 percent of children (more than one in ten) were uninsured at some point in the year. Nearly a third of families surveyed had annual household incomes below \$25,000. Nearly a quarter of all children did not have any preventive health care or dental care during the past year; a similar proportion did not have insurance that covered dental care. Among the children who did receive preventive health care, only a minority reported receiving age appropriate preventive counseling for health and safety. About a quarter of children in Iowa have spent some time in a single parent household. Almost half of children under age ten received child care from someone other than a parent, and more than four out of ten preschoolers were in child care for more than forty hours each week. One in ten children lived in a household where substance abuse was reported to be a problem.

In general, Iowa's families were in good health and had access to essential health services. Parents were engaged with their children, although a large number were dependent on the availability of full-day child care. A substantial minority of families had incomes at or near the federal poverty level and sometimes had difficulty accessing needed health and dental care. Future reports from this survey will more closely examine the health and circumstances of families with children with special health care needs, of minority families, and children with behavioral and emotional problems.