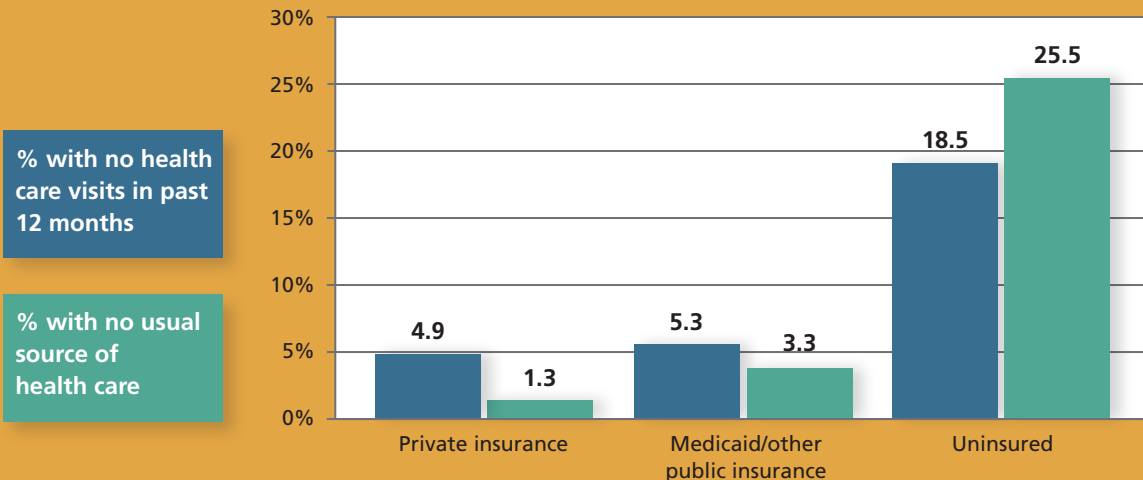


Healthy Children

The Data

Utilization of Health Care by Children Under Age 6, by Insurance Type (2002–2003)



- **Health insurance.** While recent Medicaid and SCHIP: State Children's Health Insurance Program expansions have decreased the number of children without health insurance (from 11 million in 1997 to 9 million in 2003), 6.2% of 0–5 year-olds remain uninsured, and 17.5% have gaps in coverage during the year.¹ Children without health insurance have less access to health care, are less likely to have a regular pediatrician ("medical home"), use medical and dental care less often, are in worse health, and are under-immunized.² (See Figure³).
- **Preventive and screening services.** About 25% of 2 year-olds are not fully immunized (40% of black children in poverty).⁴ Only 21% of preschool children are screened for vision problems.⁵ Just 20–30% of children with developmental disabilities are identified before they enter school.⁶ About 40% of 1–5 year-olds have never been to a dentist.⁷ Only 37% of poor children eligible for EPSDT receive the medical screenings this public program provides.⁸
- **Children with special health care needs.** About 10% of children under age 6 have or are at risk for a chronic physical, developmental, behavioral, or emotional condition, and require more or special health and related services.⁹ In later

life, these children miss more school and are at higher risk for special education placement and underachievement.¹⁰ Despite needing more health care, more than 40% have inadequate insurance coverage.¹¹

- **Environmental toxins.** Fully 8.5% of poor children on Medicaid have elevated blood lead levels (versus 2.6% for non-Medicaid children), putting poor children at risk for decreased IQ and increased rates of ADHD, learning disabilities, and emotional and behavioral difficulties.¹² Forty three percent of all children are affected by exposure to environmental tobacco smoke (second-hand smoke), increasing their risk for SIDS, ear infections, respiratory tract infections, pneumonia, and childhood asthma.¹³
- **Food and nutrition.** Breastfeeding protects babies from illness and fosters cognitive development,^{14,15} but only 71.4% of all babies and 56% of babies in poverty are breastfed even once.¹⁶ In 2003, 16.7% of all households with children were food insecure, meaning children sometimes went hungry.¹⁷ Infants and toddlers in such households are 30% more likely to be hospitalized, and 90% more likely to be reported in fair or poor health.¹⁸ In contrast, 10% of 2–5 year-olds were obese in 1999–2000, up from 5% in 1971–74.¹⁹

continued

The Issues

- **A child's health is determined by multiple factors:** the child's biology, the child's environment, parental actions, community services (e.g., availability of prevention and treatment programs), and public policies (e.g., health insurance). Health insurance alone cannot guarantee good health.
- **Poor health, lack of preventive care, and undiagnosed problems negatively impact school readiness and increase costs.** Children who are sick more often (such as children with asthma) miss more school days and can fall behind.²⁰ For every \$1 spent on immunizations, more than \$5 in direct costs and about \$11 in costs to society are saved.²¹ Undiagnosed vision or hearing problems can result in slower development of important early literacy and early language skills.
- **Having a child in poor health can exacerbate the problems of vulnerable families.** Having a child (aged 0–2) in poor health decreases the likelihood of parental employment by 8%; for unmarried mothers, by 11%, and for unmarried mothers with only a high school education, by 19%.²²
- **Poor children and children of color suffer disproportionately.** Their health status is worse, they are more likely to suffer from asthma and to go hungry, and less likely to have access to physical and dental health services.²³

Options for Philanthropy

- **Expand access to health care.** Support advocacy efforts to provide health insurance for all children; pilot programs to insure all children in a community; outreach to enroll eligible families in public insurance plans; and transportation or translation services to remove practical and cultural barriers. Include dental services, too, using mobile dental vans to bring services to children, and promotoras and other educational programs to teach parents, caregivers, and children the importance of good dental hygiene.
- **Support programs to link children with a medical home,** which will result in increased well-baby check-ups; immunization rates; developmental, vision, and hearing screenings; and increased coordination of services for children with chronic illness and special needs.
- **Support early intervention programs for those children identified through screening as having developmental or health problems.**
- **Support health education for parents** designed to decrease children's exposure to second-hand smoke, promote breastfeeding and good nutrition, and teach parents how and when to take their children to the doctor.
- **Support efforts to eliminate children's exposure to environmental toxins,** by supporting tobacco cessation programs and lead abatement efforts in communities.

Resources

Background information, including policy and advocacy ideas:

American Academy of Pediatrics:
www.aap.org/healthtopics/hlthdev.cfm

American Lung Association (for smoking cessation and child asthma): www.lungusa.org

Early Child Development in Social Context: A Chartbook. (2004) Available from the Child Trends Web site at: www.cmwf.org/usr_doc/ChildDevChartbk.pdf#page=1

Families USA: www.familiesusa.org

Health Insurance For Children. *The Future of Children*, 13(1), Spring 2003. Available from the Future of Children Web site at: www.futureofchildren.org/pubs-info2825/pubs-info_show.htm?doc_id=161387

KIDS COUNT (for state-level data online):
www.aecf.org/kidscount/sld/databook.jsp

Urban Institute: www.urban.org

Example of program to link children in medical homes:

Healthy Families America home visiting program:
<http://healthyfamiliesamerica.org>

Grantmaker initiatives:

Grantmakers in Health: www.gih.org

Robert Wood Johnson Foundation: www.rwjf.org

Endnotes appear in separate document.

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