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Early childhood: Health and well-being of Iowa's young children

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Health Policy Brief

Early childhood: Health and well-being of Iowa's young children

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Early childhood issues in Iowa

Iowa has recognized the need for a comprehensive approach between early care, health and education.

Early Childhood has become a top priority for many policymakers in Iowa in the past several years. Research in the areas of brain development and school readiness make a clear argument for sustainable investments for our youngest Iowans. Evidence suggests the need for an integrated, comprehensive approach between early care, health, and education partners.

Iowa has recognized this need and has been working over the past six years on the integration of a comprehensive Early Care, Health, and Education system. The integration of this comprehensive system is the product of no single agency or initiative, but an entire community of dedicated stakeholders, families, and professionals.

Early Childhood Iowa (ECI) guides the planning and implementation for Iowa's Early Care, Health, and Education system. ECI promotes public/private partnerships at the state and local level. The structure of ECI includes six system component groups that address the necessary elements of an effective and comprehensive Early Care, Health and Education system. More information about ECI can found at *www.earlychildhoodiowa.org*

Characteristics of Iowa's young children

Most of Iowa's youngest children were reported to be healthy

There were about 182,000 children in Iowa, ages 0-5 in Iowa in 2005. This is a decline of about 3% from the 2000 US Census, which indicated there were 188,000 preschool age children in Iowa.

About 17% of young children in Iowa were living below the Federal Poverty Level (FPL).

Health Status

Over 90% of young children in Iowa were reported to be in excellent or very good health. There was little difference in the health status of young children by income. 14% of young children were defined as having a special health care need using a nationally accepted set of questions. However children age 0-5 were significantly less likely to be identified as having a special health care need than all children age 0-18 (21%).

Over three-quarters of the uninsured young children in Iowa could be eligible for either the Medicaid or ***hawk-i*** programs.

Health insurance status

Most young children in Iowa had health insurance (98%), a slightly higher rate than for all children in the state (97%). Among young children, the uninsured rate was highest for lower income children (5% under 133% FPL). Of the uninsured children, over three-quarters should be eligible for Medicaid or ***hawk-i*** based on their self-reported income (Figure 1).

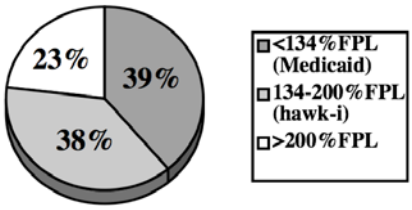

Figure 1. Children who lacked insurance

Public insurance had an important role covering young children in Iowa. Over one in three young children were either in Medicaid or had been in Medicaid at some point in their lifetime including 15% in families with incomes >200% FPL. Although two-thirds of children under 133% FPL were in a public insurance program, one-third were covered by private insurance.

11% of Iowa's youngest children had parents who were uninsured.

Lower income children had more reported problems accessing medical care services.

Access to medical care and use of services

Access to care for most young children in Iowa was reported to be good. Nearly all young children had one main personal doctor or nurse (96%).

58% of young children were reported to have needed care in the previous year and higher income children were more likely to have needed care (64%) than lower income children (47%).

Of those reported to have needed care, only 1% had an unmet need for care in the past year (i.e., were stopped from getting care their parents thought they needed). Unmet need, however, was higher for lower income children (5%).

34% of young children had been seen in a hospital emergency room in the previous year. Low income children were significantly more likely to have had two or more ER visits in the previous year than high income children (23% vs. 7%).

The majority of young children in Iowa had a preventive visit in the previous year (91%), however, less than half (46%) remembered having received anticipatory guidance including age specific information about car seats, seat belts, bicycle safety or nutrition counseling, in the previous year. Among young children, parents of infants under age one were most likely to report having received anticipatory guidance (59%).

Access to dental care and use of services

Almost half of young children (48%) had a dental visit in the previous year, with receipt of dental care increasing significantly with age (Figure 3).

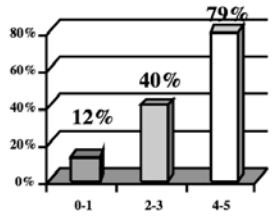

Figure 3. Annual dental visit by age

Annual dental visits also varied by income with children under 200% FPL being less likely to have a visit than those over 200% FPL. Dental insurance was less common than medical insurance among young children (25% dentally uninsured).

Almost all young children were reported to have had their teeth brushed daily (96%). A question asking the relative importance of dental was asked. Most parents (88%) reported that dental health was just as important as other health issues such as asthma and ADHD.

Almost 80% of children were reported to have had an annual dental visit by age 5

Issues about child care

Almost two-thirds of children (61%) under age 6 in Iowa received childcare from someone other than a parent in the week prior to the survey. About a third (35%) of all young children were in only one setting during the week compared to about a quarter (26%) who were in two or more settings.

The primary type of child care setting for young children in Iowa is shown in Figure 2. Children were most commonly in a home-based setting.

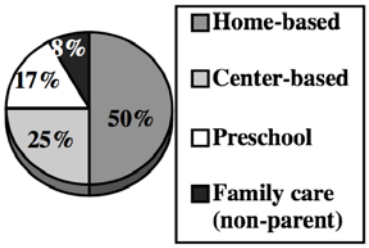

Figure 2. Primary child care setting

Although most parents were generally satisfied with their child care arrangements, lower income parents were less likely to be happy with many aspects of their child's primary child care setting. For example, lower income parents were significantly less likely to rate the overall quality of their child's care arrangement as excellent (Figure 3).

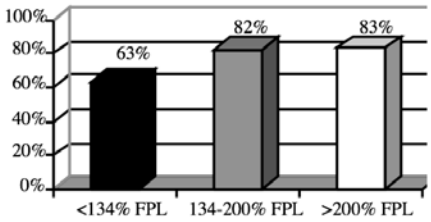

Figure 3. Percent of children with parents "very satisfied" with overall quality by income

When evaluated by primary child care setting, parents of children in a preschool were most likely to be very satisfied with the overall quality.

Some parents, at least initially, had difficulty locating a satisfactory child care setting: 42% had either a big (16%) or small (26%) problem locating a provider they liked.

Cost was also a major consideration. 6% had switched providers in past due to cost and about one-quarter said they would like to switch their primary day care setting if cost were not an issue.

Parents were most pleased with preschool as a site for the care of their children.

One in four parents would switch their child's day care setting if cost were not an issue.

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Other Early Childhood-specific issues

Parents of young children were asked a series of questions about issues specific to the early years of development.

For example, 41% of young children had received a developmental assessment in the past year, 20% of parents were referred to parenting classes (highest among infants, 32%, most for breastfeeding education).

In addition:

- 97% sang songs or played music in the previous week
- 95% of children had been read a story in the previous week. Two-thirds were read to everyday.
- 88% of children had played games in the previous week
- 81% of children had worked with letters, numbers or words in the previous week
- 65% had worked on arts and crafts in the previous week

The family environment

Sixteen percent of young children had parents who were considered to be in a lower mental health state based on a standardized series of questions. Children in lower income families were more likely to be in households with a parent with symptoms of depression and/or anxiety. About 4% of children were living in a household with a parent exhibiting a high level of parenting stress. Again the rate was higher for children in lower income families.

Substance use and gambling goes here

The Iowa Child and Family Household Health Survey

Information about the health and well-being of children ages 0-5 was collected as part of the Iowa Child and Family Household Health Survey, a statewide panel study of the health and well-being of children in Iowa families.

Data were collected using telephone interviews regarding over 3600 children in Iowa, completed at the end of 2005 and in early 2006. This study was a collaboration between the University of Iowa Public Policy Center (PPC), the Iowa Department of Public Health, the Iowa Child Health Specialty Clinics and the University of Northern Iowa. It was funded by the Iowa Department of Public Health.

About these policy briefs

The University of Iowa's Public Policy Center's ***Policy Briefs*** are designed to succinctly provide our research findings in a manner that is more accessible to policymakers and others. The nature of the Briefs does not allow for extensive explanation of the methods we used in our research however. More information about the specific methodologies used in any particular study can be obtained by contacting researchers at the Center and or by downloading reports with more detailed methods sections. We hope you find these policy briefs helpful to your discourse of some of the most challenging societal issues.

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