IOWA HEALTH DATA HIGHLIGHTS

Child Health

University of Iowa Stead Family Children's Hospital
Child and Community Health

chsc Child Health Specialty Clinics

IDPH Iowa Department of Public Health

DEVELOPMENTAL SCREENING

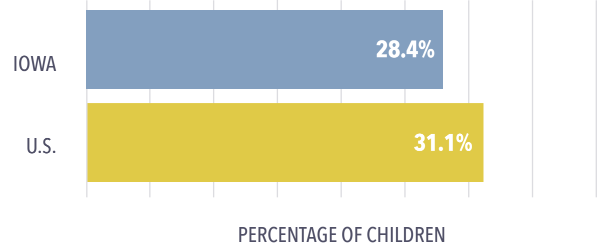
Development screening allows early identification of signs of delays and therefore early intervention. Early intervention helps children improve their abilities and learn new skills.

In 2016-2017, 28.4% of Iowa children ages 9 to 35 months received a parent-completed developmental screen, falling behind the U.S. level (31.1%).

HEALTH DISPARITY

In 2017, fewer children on Hawki received developmental screening compared to children on Medicaid.

DEVELOPMENTAL SCREENING IOWA VS U.S.[1]



HEALTH DISPARITY: CHILDREN SCREENED BY INSURANCE STATUS[1]

HOSPITAL ADMISSIONS

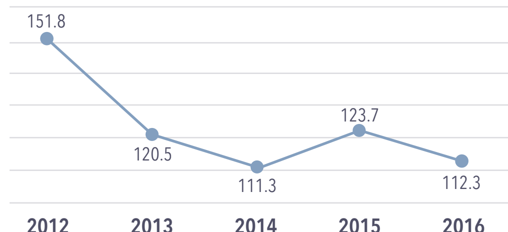
DUE TO INJURY

Injuries are the leading cause of death in the United States for children age 19 years and younger. According to the Centers for Disease Control and Prevention, child injury is one of the most under-recognized public health problems in the US.

Although there are fluctuations, the rate of hospitalization for non-fatal injuries has decreased from 151.8 in 2012 to 112.3 in 2016.

INJURY-RELATED HOSPITAL VISITS[2]

rate per 100,000 children

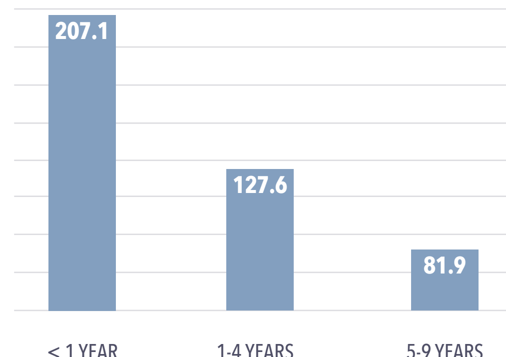


HEALTH DISPARITY

Infants were noted having a higher rate of hospitalization, followed by children between 1 to 4 years, children between 5 to 9 years were reported to have the least injury related hospitalization in 2016.

RATE OF HOSPITALIZATION DUE TO INJURY[2]

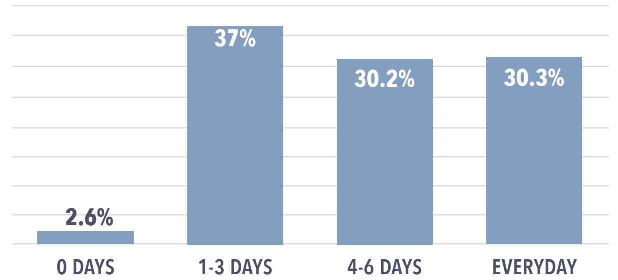
per 100,000 children



PHYSICAL ACTIVITY

The national recommendation is that children and adolescents aged 6 to 17 years should have 60 minutes (1 hour) or more of physical activity each day.

About 30% of children were active for either an hour or more every day or at least for 4-6 days a week. 37% of children were active for at least one hour 1-3 days each week. Less than 3% children reported to be inactive.

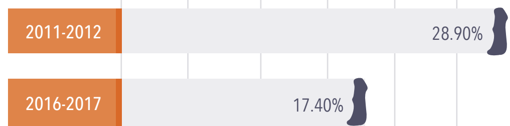


SMOKING HOUSEHOLDS

AND CHILDREN'S HEALTH

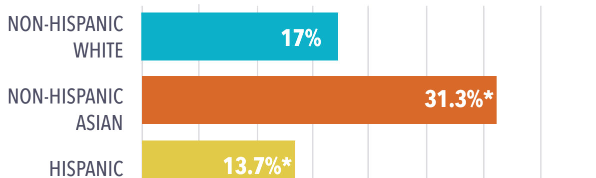
Secondhand smoke (SHS) negatively affects children's health. It increases lower respiratory tract infections and asthma, and decreases pulmonary function. **There is no safe level of exposure to SHS**.[3]

The percent of children living in households where someone smokes decreased from 2011 (29%) to 2016 (17%).



HEALTH DISPARITY

Smoking was highest in homes with children who were non-Hispanic Asian (31%), followed by non-Hispanic White (17%) and Hispanic (14%) children.

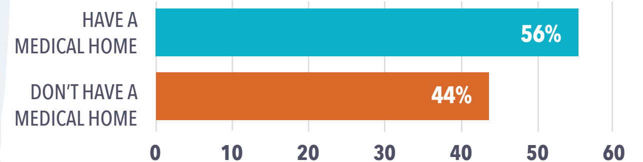


* Data points should be interpreted with caution. Not statistically significant

MEDICAL HOME

Children with a stable source of health care are more likely to receive preventive care and immunizations, are less likely to be hospitalized for preventable conditions, and are more likely to be diagnosed early for chronic conditions.

In 2016, there were more Iowa children with a medical home (56%) than without (44%).



HEALTH DISPARITY

The higher a child's Adverse Childhood Experiences (ACES) score, the less likely they had a medical home.

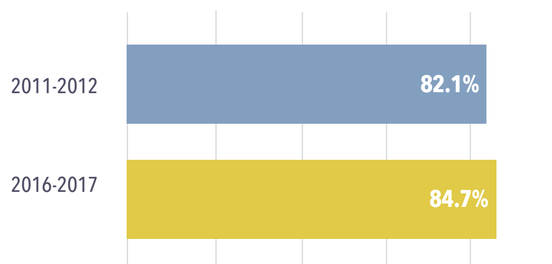
Children with special health care needs are less likely to have a medical home (52%) than those without (57%).

DENTAL CARE

PREVENTIVE DENTAL VISIT

Preventing dental disease and having access to early and regular dental care is critical for good oral health and overall health.

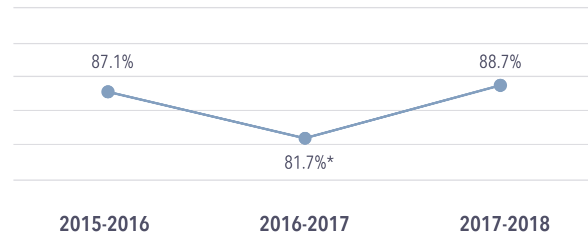
A slight increase was noted in the percent of children who received a preventive dental visit from 82.1% in 2011 to 84.7% in 2016.



PAYMENT SOURCE FOR DENTAL CARE

Having a way to pay for dental care improves the likelihood that a child will have routine preventive dental visits. Children need good oral health in order to eat, grow, speak, learn, and maintain positive self-esteem.

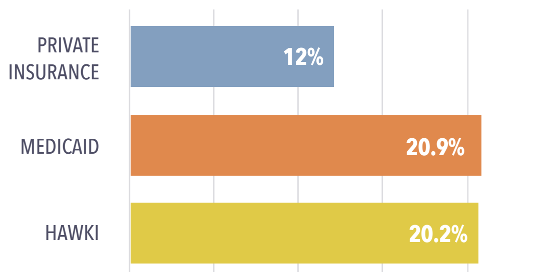
The percent of children with a payment source for dental care remained stable from 87.1% in 2016 to 88.7% in 2018, with a dip noticed in 2017.



*This dip is due to the data system transition in 2016- 2017

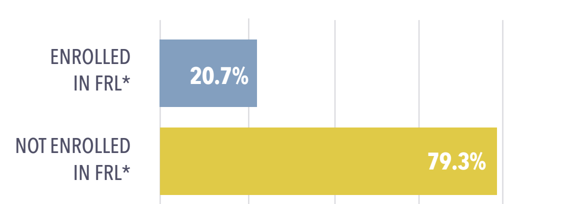
HEALTH DISPARITY

In 2016, third graders on Medicaid and Hawki were more likely to have untreated decay than those with private dental insurance.



HEALTH DISPARITY

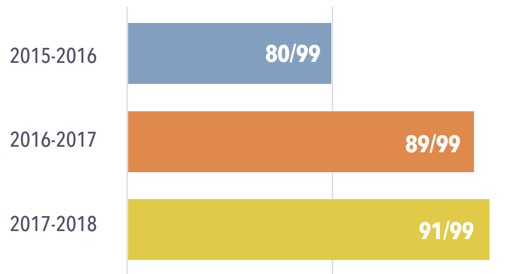
A lower percentage (20.7%) of children who were enrolled in free/ reduced school lunches (FRL) had a private payment source versus children who had private payment source for Dental Care.



* FRL: free/reduced school lunches

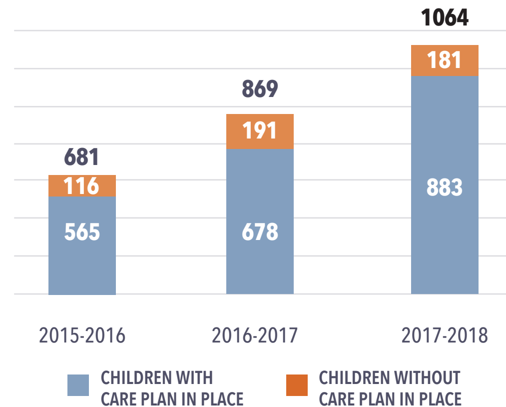
CHILD CARE NURSE CONSULTANT (CCNC) SERVICES

The counties with access to local Child Care Nurse Consultant (CCNC) Services have increased from 80 in 2015 to 89 in 2016 and to 91 in 2017.



Note: 99 = Total number of counties in Iowa 99.

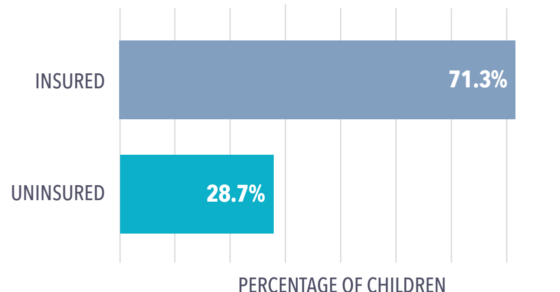
The number of children with special health needs, identified by the CCNC, increased from 681 in 2015 to 1064 in 2017. More than half of those children were found to have a care plan in place.



ADEQUATE HEALTH INSURANCE

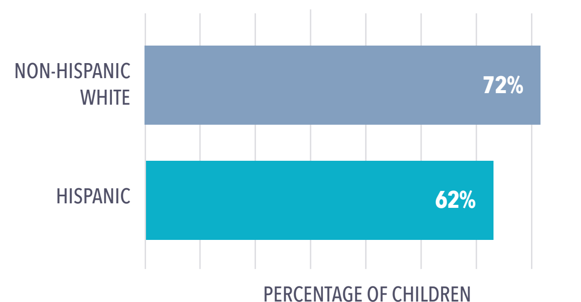
Health insurance coverage helps provide children with access to preventive and acute care as well as services for chronic conditions. It is also critical to their overall health and well-being.

In 2016, 71% of children in Iowa have adequate insurance.



HEALTH DISPARITY

Non-Hispanic White children were more likely to be adequately insured (72%) than Hispanic children (62%).



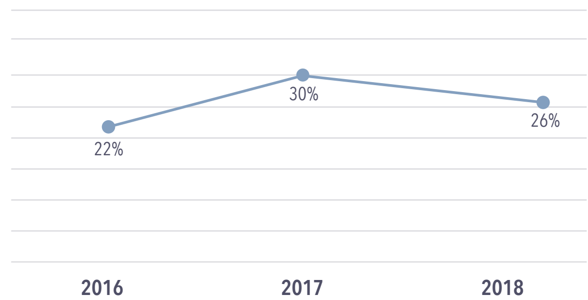
EMERGENT ISSUE: BLOOD LEAD TESTING

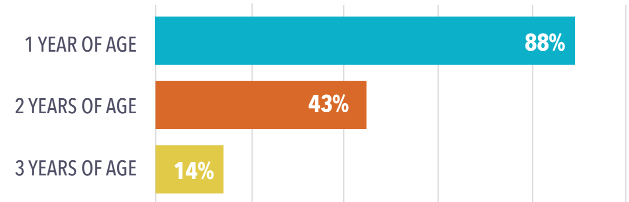
Childhood lead poisoning has been found to be especially harmful to the developing brains and nervous systems of children under the age of six years. **Lead-based paint is the main source of lead poisoning in Iowa.**

The percent of children tested for lead in their blood (ages 0-6) fluctuated from 22% in 2016 to 30% in 2017 down to 26% in 2018.

HEALTH DISPARITY

The percent of children being tested for lead in their blood decreases as children get older. In 2017, 88% of one year olds were tested, compared to 43% of two year olds and 14% of three year olds.





[1] National Survey of Children's Health data [2] State Inpatients Databases (SIDS) [3] U.S. Department of Health and Human Services, 2006 [4] Iowa Third Grade Survey [5] I-Smile@School (TAV)