How healthy are Chicago parents?

Parent health is a topic closely connected to children’s health, and research has shown that when parents are healthier and have healthy habits, their kids tend to be healthier and have healthy habits too.1,2,3 Additionally, in our previous reports we have seen that one of Chicagoans’ top concerns for youth health is how parents’ health may impact their children’s health.4,5 That’s why, in this Voices of Child Health in Chicago report, we are diverging from our typical focus on child and adolescent health and instead focusing on parent health. To do this, researchers at Ann & Robert H. Lurie Children’s Hospital of Chicago teamed up with the Chicago Department of Public Health (CDPH) on the 2018–19 Healthy Chicago Survey, Jr. to ask parents from all 77 community areas in Chicago about their own health and health-related behaviors.

We want to note that these data were collected before the COVID-19 pandemic. During the pandemic, parents, children and families are experiencing unique and unprecedented challenges, and parent health and health behaviors may be significantly impacted by these challenges. In future reports, we will use data collected during the COVID-19 pandemic to highlight its impact on family health and well-being.

How healthy were parents compared with non-parents?

We first examined health among parents and non-parents. Parents were defined as someone who was the parent, step-parent or guardian of at least one child under the age of 18 living in the household, whereas “non-parents” were defined as adults without children living in the household (although these adults may have had grown children who no longer lived at home, for instance). Analyses were restricted to respondents who were 18 to 44 years old to control for the effect age might have on comparisons.

Although parents were more likely to have exercised in the last month than non-parents, and parents and non-parents were similar in terms of their likelihood of eating 5+ fruits and vegetables, parents were less likely to be at a healthy weight than non-parents.

We asked parents and non-parents about their health status using a five-option scale. People who self-reported that they were in “excellent” or “very good” health were grouped as having “better” health status. People who self-reported that they were in “good,” “fair” or “poor” health were grouped as having “worse” health status. Parents and non-parents were
similar in terms of their self-reported health status (54% vs. 57% in “better” health). Parents and non-parents were also similar in terms of their likelihood of having a routine physical checkup in the last year, and their reported physical health conditions. However, parents were less likely (14%) to report having a mental health problem in the last 30 days than non-parents (26%). Other research indicates that having children is associated with positive health outcomes such as living longer.6,7

Although parents were more likely to have exercised in the last month (31%) than non-parents (24%), and parents and non-parents were similar in terms of their likelihood of eating 5+ fruits and vegetables (both 27%), parents were less likely to be at a healthy weight (27%) than non-parents (38%). This is consistent with other research indicating that parents tend to have higher weight than non-parents.8

Additionally, parents were more likely to worry about food insecurity than non-parents. To learn about food insecurity, we asked respondents if the following statement was often true, sometimes true or never true: “We worried about whether our food would run out before we got money to buy more.” Parents were more likely to say they often or sometimes worried about food insecurity (11% and 24%) than non-parents (5% and 20%).

**What factors were associated with parent health?**

We also explored differences in health among parents based on parent factors such as household income and parent race and ethnicity. Parents were less likely to self-report having “better” health status if they were living in a family with low household income (below the Federal Poverty Line [FPL], which in 2019 was $25,750 for a family of four9, 36%) than if they were low to middle income (100–399% FPL, 57%) or high income (400%+ FPL, 75%) (Figure 2). In contrast, parents with low income were more likely to have had a routine
physical exam (83%) than parents who were low to middle income (76%) and those who were high income (69%).

One potential reason that parents with low income were more likely to report having a routine physical exam but less likely to report being in “better” health is that health is more healthcare. Healthcare accounts for only a small proportion of people’s modifiable overall health, the rest is from social influencers of health such as access to stable housing, nutritious food, green space and reliable transportation.10,11

When we examined parent health variables and parent race and ethnicity, non-Latinx White parents were more likely to self-report being in “better” health (64%) than non-Latinx Black parents (50%) and Latinx parents (46%). However, non-Latinx White parents were the least likely to have had a routine physical exam (60%) compared with non-Latinx Black parents (87%) and Latinx parents (72%). Non-Latinx Black parents and non-Latinx White parents were more likely to report having a physical health problem (33% and 30%, respectively) than Latinx parents (17%). Nationally, there is persistent evidence of racial and ethnic disparities in health among U.S. adults (e.g., rates of obesity, hypertension, diabetes).12

**Parent exercise**

Having only younger kids was associated with an increased likelihood of exercise. Seventy-eight percent of parents with only young children (0–5 years old) reported exercising in the last month, compared with only 60% of parents of at least one older child (11+ years old). Additionally, parents with higher household income were more likely to have exercised (85%) than parents with low to middle income (60%) and those with low income (67%). Other research has shown that parents who have higher physical activity levels also tend to have children with higher physical activity levels.3

**Parents’ access to food**

Similar to our findings with exercise, having only younger kids was associated with increased likelihood of consuming the recommended 5+ servings of fruits and vegetables per day. Parents with only young children (0–5 years old) were more likely to consume 5+ fruits and vegetables daily (39%) than parents with at least one
Single parents were more likely to say they often or sometimes worried about food insecurity than parents who were in a relationship or married.

older child (11+ years old, 21%). Parents were more likely to eat 5+ servings of fruits and vegetables if they were higher income (43%) than if they were low to middle income (22%) or low income (17%).

With respect to food insecurity, single parents were more likely to say they often or sometimes worried about food insecurity (20% and 27%, respectively) than parents who were in a relationship or married (4% and 21%, respectively) (Figure 3). This is consistent with national survey data suggesting that single parents are more likely to experience food insecurity than partnered parents, however other factors such as household income may underlie this difference.

REFERENCES
4. www.luriechildrens.org/Top10HealthProblems
5. www.luriechildrens.org/Top10HealthProblems2019

HOW THE SURVEY WAS CONDUCTED
This report presents findings from the 2018-19 Healthy Chicago Survey, Jr., administered by the Chicago Department of Public Health in collaboration with Lurie Children’s. The survey was administered via phone interviews from December 2018 through May 2019. The sample consisted of 2,982 adults in Chicago. 740 of whom were the parent, step-parent or guardian (referred to as “parents” in this report) of at least one child under 18 years old living in the household. For this report, analyses were restricted to respondents who were 18–44 years old to control for the effect age might have on comparisons. The survey cooperation rate was 12%. All analyses were conducted with statistical weighting so that they are representative of the adult population of the City of Chicago during the time period of data collection. For more information about health in your community, visit luriechildrens.org/parenthealth.

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