



Voices of Child Health in Chicago REPORT

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REPORT HIGHLIGHTS

Youth were less likely to be healthy themselves if they had a parent with worse health than if they had a parent with better health.

Youth were less likely to be healthy themselves if their parent reported experiencing psychological distress in the last 30 days.

When youth had a parent without health insurance, they were less likely to be in better health themselves.

The Family Context of Health for Youth

In a previous Voices of Child Health in Chicago report¹, one of the leading concerns Chicagoans had regarding child and adolescent health in the city was how parents' health conditions can impact their children's health. In this report, we explore that issue. First we examine how parent health is associated with child health, then we explore how factors such as parent health insurance are associated with child health.

Researchers at Ann & Robert H. Lurie Children's Hospital of Chicago teamed up with the Chicago Department of Public Health (CDPH) on the 2017–18 Healthy Chicago Survey, Jr. to ask 1,002 Chicago parents and guardians (referred to here as parents) to report on their own health and the health of their children. To learn more about associations between parent and child health and tips for maintaining your family's health, visit luriechildrens.org/FamilyContextofHealth.

Overall parent physical and mental health were associated with youth health

We asked parents about their own health status using a five-option scale. Parents who reported that their health was "excellent" or "very good" were grouped as having "better" health status. Parents whose health was "good," "fair" or "poor" were grouped as having "worse" health status. Approximately half of children in our survey had a survey-responding parent in better health (51%).

We also asked parents to report on the health status of their children who lived with them (referred to here as "youth") using the same "better" or "worse" groupings so that we could examine how youth health was associated with parent health. Overall, 81% of youth were in better health while 19% of youth were in worse health. We found that youth whose responding parent reported being in better health were more likely to be in better health themselves (93%) than youth whose parent was in worse health (70%) (Figure 1). This is consistent with research studies in other communities that has shown that children have worse health outcomes when their parents have worse health.^{2,3}

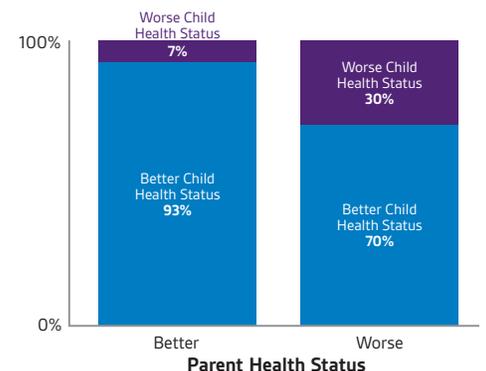


Figure 1. Proportion of children with better and worse health status by parent health status

Similarly, parents' reported psychological distress was associated with worse health for youth. Specifically, youth whose responding parent did not report experiencing any psychological distress over the last 30 days were more likely to have better health status (83%) than youth whose responding parent reported some degree of psychological distress over the last 30 days (74%). Other studies have shown that parent mental health conditions such as depression are associated with worse health outcomes for their children, such as increased risk for mental health conditions⁴⁻⁶ and higher rates of sick visits and emergency department visits for children.⁷ Additionally, when youth are exposed to adverse childhood experiences such as living with household members with mental illness or substance use, they are more at risk for chronic diseases in adulthood such as heart disease.⁸

 Ann & Robert H. Lurie
Children's Hospital of Chicago[®]

Stanley Manne
Children's Research Institute[™]

Smith Child Health Research,
Outreach and Advocacy Center

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Specific parent physical conditions generally were not associated with youth health

Parents also indicated whether they had a number of specific health conditions, including diabetes, obesity, asthma, or high blood pressure. The majority of youth (72%) had a responding parent with no physical or mental health conditions, whereas 28% of youth had a parent with some kind of physical or mental health condition.

We examined whether youth were in better or worse health if their parent had one of these specific health conditions. In general, youth health was not associated with these specific parent health conditions. For instance, youth whose parent had diabetes, asthma or high blood pressure were just as likely to be in better health as youth whose parents did not have those conditions. However, youth whose parent was obese or overweight were less likely to be in better health (80%) than those whose parent was normal or underweight (86%).

Youth health in connection with parent insurance status

In our survey, 97% of children had health insurance. In Illinois, the Children's Health Insurance Program (CHIP) provides health insurance to youth who may not qualify for Medicaid⁹, although it is possible that not all parents whose children are eligible for CHIP are aware of the program or they may face other barriers to enrollment.

Even though most youth in our survey had health insurance, only 80% of parents were insured, and when parents were not insured it was associated with worse reported health status for their children. When youth had a parent without health insurance, they were less likely to be in better health (71%) than youth whose parent did have health insurance (84%) (Figure 2). Other research has shown that when youth have an uninsured parent, the youth tend to be in worse health and to have lower health care utilization even if the children and adolescents themselves have health insurance.^{10,11}

Similarly, youth were less likely to have better health status if their parent did not have a current personal doctor (77%) than if their parent did have a personal doctor (83%). Other research has shown that parent healthcare utilization patterns are associated with healthcare utilization for their children.¹² Together, these findings suggest that parents' access to healthcare and ability to navigate the healthcare system for themselves also may be connected to the health of their children.

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HOW THE SURVEY WAS CONDUCTED

This report presents findings from the 2017-18 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 2017 through June 2018. The sample consisted of 3,310 adults in Chicago, 1,002 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. The survey cooperation rate was 18%. 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 chicagohealthatlas.org.

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Nikhil G. Prachand, MPH
Director of Epidemiology
Kingsley N. Weaver, MPH
Senior Epidemiologist
Emily M. Laflamme, MPH
Senior Epidemiologist

Stanley Manne
Children's Research Institute[®]

Smith Child Health Research,
Outreach and Advocacy Center

Matthew M. Davis, MD, MAPP, Director
Mary E. Heffernan, PhD, Associate Director
Tracie Smith, MPH, Senior Epidemiologist
Anne Bendelow, MPH, Data Analyst
Punreet Bhatti, MD, Research Associate
Tanya Hernandez, Research Intern
Lily Proctic, Research Intern

CONTACT INFORMATION

For more information on

Voices of Child Health in Chicago, contact:

Mary Ann & J. Milburn Smith Child Health
Research, Outreach and Advocacy Center
Stanley Manne Children's Research Institute
Ann & Robert H. Lurie
Children's Hospital of Chicago
225 East Chicago Avenue, Box 157
Chicago, IL 60611-2991
voicesofchildhealth@luriechildrens.org
luriechildrens.org/voices

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