



Voices of Child Health in Chicago REPORT

Volume 2 Number 3
March 2020

REPORT HIGHLIGHTS

Nineteen percent of Chicago parents reported having at least one child in worse health.

Children who had a parent who currently smoked cigarettes were nearly twice as likely to be in worse health than children whose parent never smoked.

There were health disparities for children based on income, race and ethnicity, and neighborhood factors.

Child Health Status in Chicago

In this Voices of Child Health in Chicago report, we explore child health and how it is associated with factors at the family level such as parent health, household income, and race and ethnicity, and with factors at the neighborhood level such as local park use and perceptions of neighborhood safety. To learn more about these topics, 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 children's health and their own health.

Child Health and Parent Health

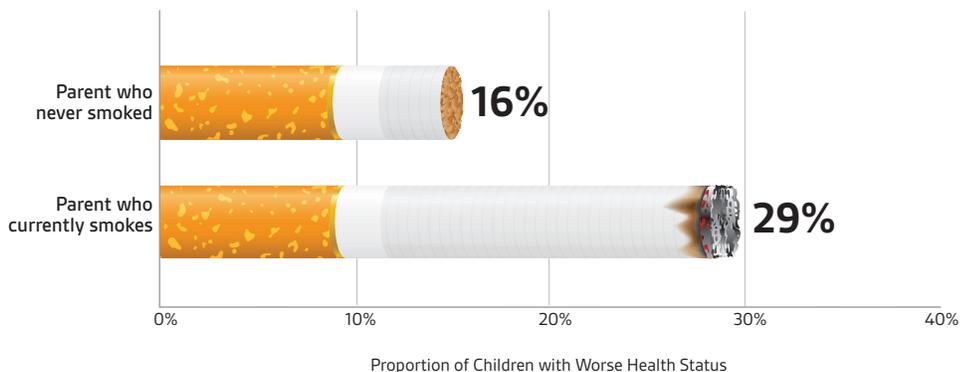
We asked parents about the health status of their children using a five-option scale. Children who were reported to be in "excellent" or "very good" health were grouped as having "better" health status. Children who were reported to be in "good," "fair" or "poor" health were grouped as having "worse" health status. In our survey, 19% of Chicago parents had at least one child who was in worse health. Older children (11+ years old) were more likely to be in worse health (20%) than children who were 6–10 years old (16%) and those who were 0–5 years old (13%), which is consistent with national trends.¹ There was no difference in child health status by gender.

We also asked parents about their own health using the same "better" or "worse" health status groupings as for children. Consistent with our findings from last year, parents who had worse self-reported health status were more likely to have a child(ren) in worse health status (29%) compared with parents who had better self-reported health status (5%).

Additionally, children who had a parent who currently smoked cigarettes were more likely to be in worse health (29%) than children whose parent never smoked (16%) (Figure 1). Parental smoking has been associated with increased rates of child asthma and other respiratory conditions.^{2,3}

Figure 1. Percentage of children with worse health status by parental smoking status

Parents who currently smoke cigarettes were **2x more likely to have a child in worse health** than parents who never smoked.



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

Stanley Manne
Children's Research Institute™

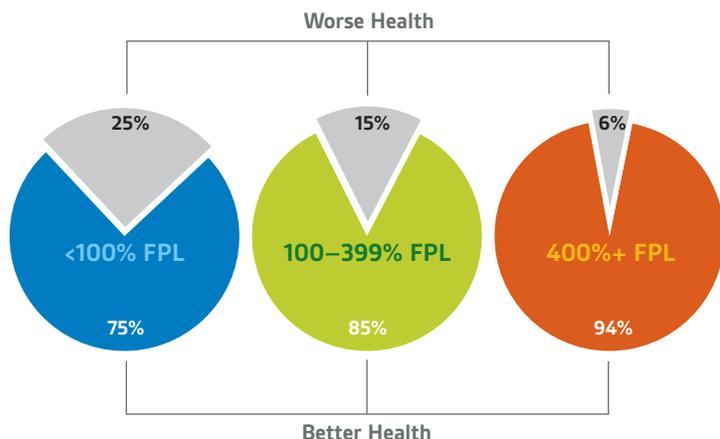
Smith Child Health Research,
Outreach and Advocacy Center

 **HEALTHY
CHICAGO**
CHICAGO DEPARTMENT OF PUBLIC HEALTH

Child Health and Social-Demographic Factors

Children living in families with household income below the federal poverty line (FPL, which in 2019 was \$25,750 for a family of four⁴), were less likely to be in better health (75%), compared with children living in families with low to middle income (100–399% of the FPL) and those with higher household income (400% or above the FPL) (85% and 94%, respectively) (Figure 2).

Figure 2. Child health status by household income



Children from Non-Latinx White families were the most likely to be in better health (92%), followed by children in Non-Latinx Black families (85%) and children in Latinx families (76%). Racial disparities in health — i.e., worse health for children of color than for white children — was one of the major social concerns that Chicago parents had for youth in Chicago for the past two years.^{5,6} Research suggests that discrimination contributes to health disparities among youth.⁷

Child Health Status and Neighborhood-Level Variables

Parents who had a child in worse health were less likely to report using their local park (69%) than parents who did not have a child in worse health (81%). When a child is in worse health, accessing local parks may be more difficult for families. Other research has found benefits of park use such as higher levels of physical activity for youth, which in turn is associated with reduced rates of obesity.^{8,9} In our survey, park use was not associated with parent health status.

Parents who reported feeling safe in their neighborhood most of the time or all of the time were more likely to have a child in better

health (86%) than parents who only felt safe in their neighborhoods sometimes (79%), and those who said they mostly did not feel safe in their neighborhoods (70%). Other research has shown that adolescents have better mental health if they live in neighborhoods in which neighbors tend to get along and share common values (e.g., social cohesion), and count on each other to take action in the face of everyday problems (e.g., collective efficacy).¹⁰ This indicates that efforts to strengthen neighborhoods may have a positive impact on youth health and youth mental health in particular.

REFERENCES:

1. Child and Adolescent Health Measurement Initiative. Indicator 1.1: In general, how would you describe this child's health? National Survey of Children's Health 2017-2018. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB). Retrieved 11/19/19 from <https://www.childhealthdata.org>.
2. Pattenden S, Antova T, Neuberger M, et al. Parental smoking and children's respiratory health: independent effects of prenatal and postnatal exposure. *Tob Control*. 2006;15(4):294–301. doi:10.1136/tc.2005.015065
3. Burke H, Leonardi-Bee J, Hashim A, Pine-Abata H, Chen Y, Cook DG, Britton JR, McKeever TM. Prenatal and Passive Smoke Exposure and Incidence of Asthma and Wheeze: Systematic Review and Meta-analysis. *Pediatrics*. 2012;129(4):735-744. DOI: 10.1542/peds.2011-2196
4. <https://aspe.hhs.gov/2019-poverty-guidelines>
5. <https://www.luriechildrens.org/en/voices-of-child-health-in-chicago/Top10SocialIssues/>
6. <https://www.luriechildrens.org/Top10SocialIssues2019>
7. Heard-Garris N, Williams DR, Davis M. Structuring research to address discrimination as a factor in child and adolescent health. *JAMA Pediatr*. 2018;172(10):910-912. doi:10.1001/jamapediatrics.2018.2335
8. Floyd MF, Bocarro JN, Smith WR, Baran PK, Moore RC, Cosco NG, Edwards MB, Suau LJ, Fang K. Park-based physical activity among children and adolescents. *Am J Prev Med*. 2011;41(3):258-65. doi: 10.1016/j.amepre.2011.04.013.
9. <https://www.cdc.gov/healthyschools/physicalactivity/facts.htm>
10. Donnelly L, McLanahan S, Brooks-Gunn J, Garfinkel I, Wagner BG, Jacobsen WC, Gold S, Gaydosh L. Cohesive Neighborhoods Where Social Expectations Are Shared May Have Positive Impact On Adolescent Mental Health. *Health Affairs*. 2016;35(11):2083-2091. doi: 10.1377/hlthaff.2016.0721

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. 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 chicagohealthatlas.org.

SUGGESTED CITATION

Davis MM, Heffernan ME, Smith TL, Bendelow A, Bhatti PK, Prachand NG, Weaver KN, Laflamme EM. Child Health Status in Chicago. *Voices of Child Health in Chicago Report*. Vol 2, Number 3. March 2020. Available at luriechildrens.org/childhealthstatus.

This report was developed and published as a partnership:



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
Marie E. Heffernan, PhD, Associate Director
Tracie Smith, MPH, Senior Epidemiologist
Anne Bendelow, MPH, Data Analyst
Punreet K. Bhatti, MD, Research Associate

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

This project is supported in part by an anonymous foundation, the Founders' Board of Ann & Robert H. Lurie Children's Hospital of Chicago, and the Chicago Department of Public Health.