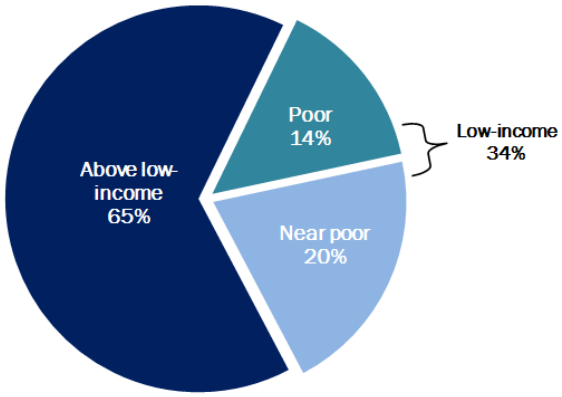
Children's Health and Family Income
Wisconsin Family Health Survey, 2009-2011

Research indicates a positive relationship between household income and the health of family members, including children. For example, children in higher–income households have been shown to have better overall health status, fewer chronic health conditions, and fewer health-related activity limitations than children in low-income families.[1-3] Results from the 2009-2011 Wisconsin Family Health Survey (FHS) indicate that an estimated 34% of the state's children lived in low-income families, defined by a household income of less than two times the federal poverty threshold, putting them at comparatively greater risk for poor health.[4]

Figure 1. Family Income in Households With Children

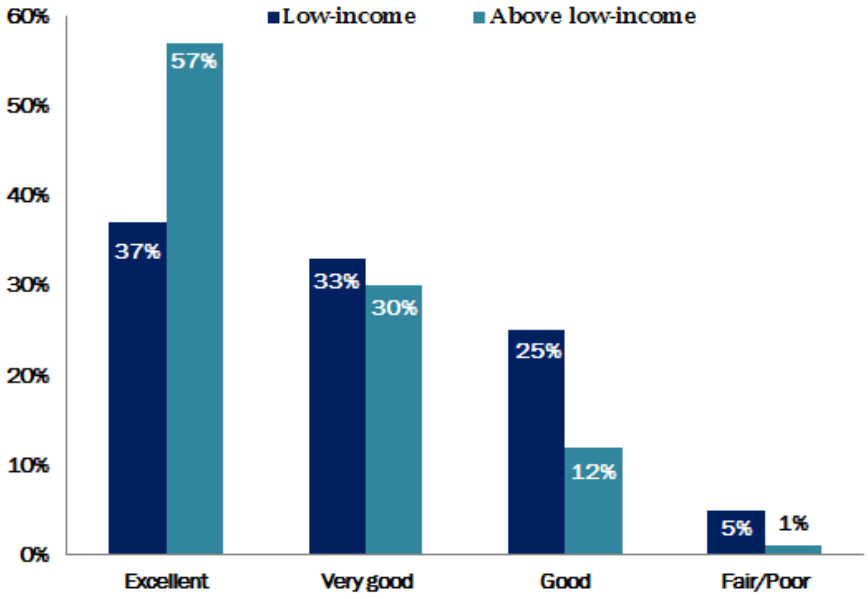


Source: Wisconsin Family Health Survey, 2009-2011

Children's Health Status

FHS data indicate that most children in Wisconsin were healthy. Less than 3% of all children were in fair or poor health. As seen in Figure 2, the health status of children varied by family income. In families above the low-income threshold, 57% of children were in excellent health, compared to only 37% of low-income children. Low-income children were five times more likely to be in fair or poor health than children above the low-income threshold.

Figure 2. Children's Health Status Rating by Family Income, 2009-2011



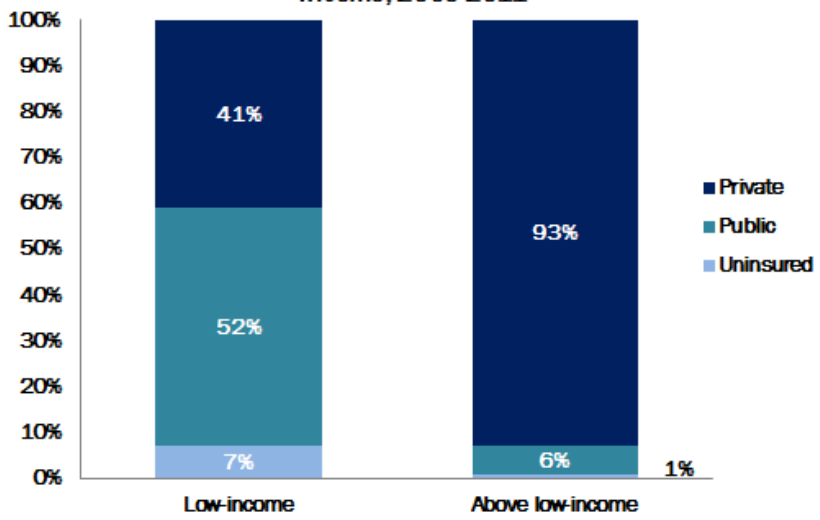
Source: Wisconsin Family Health Survey, 2009-2011

Children's Health Insurance Coverage

As health insurance is the primary means of paying for medical care in the United States, a lack of insurance can be a significant barrier to health care access. According to FHS, 96% of Wisconsin children had health insurance coverage at the time of the survey interview.

As shown in Figure 3, the vast majority of children above the low-income threshold were covered by private insurance, such as insurance provided by a parent's employer. In contrast, an estimated 41% of low-income children were covered by private insurance, and 52% were covered by public insurance, such as Medicaid (BadgerCare).

Figure 3. Children's Health Insurance Type by Family Income, 2009-2011



Source: Wisconsin Family Health Survey, 2009-2011

Seven percent of low-income children were uninsured, compared to only 1% of children above the low-income threshold. Research indicates that uninsured children are three times more likely to have an unmet health need than privately insured children.[5]

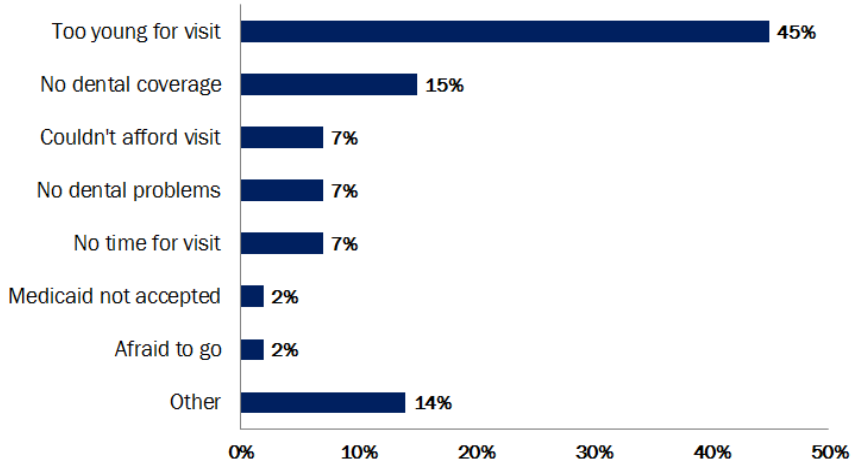
While most children are covered by some type of health insurance, low-income children were more likely to have lapses in their health insurance coverage. FHS data indicate that 88% of low-income children had continuous health insurance coverage (i.e., no lapses in insurance during the 12-month period prior to the survey). By comparison, 97% of children who live in families that are above low-income had continuous health insurance coverage.

Children's Access to Care

In 2009-2011 an estimated 21% of all children had not received a routine physical exam in the last year. Children with health insurance were more likely to have had a routine physical exam than were children without health insurance (80% vs. 52%).

Research indicates that poor oral health is associated with health conditions such as diabetes, heart disease, and respiratory disease, making it important to receive regular oral care from a young age.[6] The American Academy of Pediatric Dentistry recommends that children receive their first dental examination at the time of first tooth eruption and no later than 12 months of age.[7] The most common recommended interval for dental exams is every six months. According to FHS, an estimated 19% of Wisconsin children over the age of one had not seen a dentist in the past year. Low-income

Figure 4. Reasons why child (over age of one) has not had a dental visit in prior 12 months, 2009-2011



Source: Wisconsin Family Health Survey, 2009-2011

children were less likely to have seen a dentist in the past year than were children above the low-income threshold (69% vs. 83%). As shown in Figure 4, the most frequent reasons given for why children had not had a dental visit include: the child was "too young" for a dental visit, lack of dental insurance to cover the visit, the cost of dental visits was unaffordable, and the child had no apparent dental problems. In Wisconsin, 24% of children lacked any dental insurance coverage.

Results of the 2009-2011 Family Health Survey support a positive relationship between family income and the health and health care of children. While children from low-income families were at a greater risk for poor health outcomes, most children in Wisconsin were in good to excellent health, had health insurance coverage, and were receiving regular medical care. For more information on the Family Health Survey see http://www.dhs.wisconsin.gov/stats/familyhealthsurvey.htm

Data Source and Endnotes

Unless otherwise noted, estimates were calculated from FHS, 2009-2011. FHS is a statewide, random-sample telephone survey of Wisconsin households. Once weighted, the survey results represent all people living in Wisconsin households. The survey is designed to provide estimates of health insurance coverage, various health conditions, and use of health care services for all members of a household. For this report, analysis was limited to households that had at least one child under the age of 18. In total, the 2009-2011 dataset consists of 2,121 households where at least one member of the household was under the age of 18. The total number of children in the survey was 4,127.

1. Alaimo, K., Olson, C. M., Frongillo, E. A., & Briefel, R.R. (2001). Food insufficiency, family income, and health in US preschool and school-aged children. *American Journal of Public Health, 91,* 781-786.
2. Bauman, L. J., Silver, E. J., & Stein, R. E. (2006). Cumulative social disadvantage and child health. *Pediatrics, 117,* 1321-1328.
3. Case, A., Lee, D., & Paxson, C. (2008). The income gradient in children's health: A comment on Currie, Shields, and Wheatley Price. *Journal of Health Economics, 27,* 801-807.
4. Low income is defined as under 200% of the federal poverty level (FPL). Poor is defined as under 100% FPL, and near poor as 100-199% FPL. The U.S. Census Bureau issues the poverty level thresholds annually. See http://aspe.hhs.gov/poverty/figures-fed-reg.cfm for more information.
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6. American Dental Association (2006). Healthy mouth, healthy body. *JADA, 137,* 563.
7. American Academy of Pediatric Dentistry (2013). Guidelines on the periodicity of examination, preventive dental services, anticipatory guidance/counseling, and oral treatment for infants, children, and adolescents. http://www.aapd.org/media/Policies_Guidelines/G_Periodicity.pdf