



This report presents selected information related to children's health from the 2001 Utah Health Status Survey. The information in this report is used to help guide policy decisions and track progress toward the goal of improving the health and well being of Utah's children.

The Utah Department of Health's mission is to protect the public's health through preventing illness, injury and premature death, assuring access to health care, and promoting healthy lifestyles. Access to health care includes children having insurance, having insurance that covers the needed services, being able to afford the services that are partially covered or not covered, and being able to find the services and appropriate types of providers. The number of Utah children without health insurance in 2001 (49,800) was approximately the total population of St. George in 2000 as reported by the U.S. Census Bureau. Children without health insurance were more likely to live in households with incomes below 200% of poverty than those in households at 200% of the federal poverty level or higher (11.4% vs. 2.0%). Even children with health insurance experienced problems getting dental or medical care. For some dental services were not covered by the health insurance (62.1%); others could not afford dental services (68.5%), or could not find medical services (57.5%).

It is interesting to note that health disparities exist among diverse groups of children in the state, particularly Hispanic children and children who lived in low-income households. Hispanic children were significantly more likely to be in fair or poor health than non-Hispanic children (6.3% vs. 1.8%). Hispanic children were more likely to be without health insurance than non-Hispanic children (20.4% vs. 5.3%). However, Hispanic children were more likely to have received routine medical check-ups (84.3% vs. 72.1%) and experienced fewer injuries in the past 12 months (6.5% vs. 11.7%) than non-Hispanic children.

Children who lived in a household where the annual income was under \$20,000 were more likely to be in fair or poor health than children who lived in households where the income level was \$20,000 to \$45,000 (7.7% vs. 2.9%). Additionally, the percentage of children who had been exposed to cigarette smoke inside the home was higher among children who lived in a household where the annual household income was under \$20,000 than among children who lived in a household with an income level of \$20,000 to \$45,000 (15.5% vs. 7.2%).

About 1 in 40 (2.7%) Utah children needed to use a prescription medication in the 12 months before the survey but could not afford it.

One in 25 of Utah children (4%) had no usual place of medical care.

Over 11 percent (11.1%) of Utah children sustained an injury during the 12 months before the survey that required medical attention and limited their activity.

Overall, most children in Utah are in good to excellent health. Improving access to health care, decreasing health disparities among diverse populations, and exploring new strategies that will improve children's health continue to be priorities for the Utah Department of Health.