

February 2012 Issue

Center on the Family • University of Hawai‘i at Mānoa

WHAT'S NEW

1. The State Child and Youth Well-Being Index
2. Results from the 2009-10 National Survey of Children with Special Health Care Needs
3. The More We Eat Together

1. 2012 State Child and Youth Well-Being Index

Analyzing State Differences in Child Well-Being provides a comprehensive measure of trends in the quality of life of children and youth on a state-by-state basis. Funded by a partnership between the Foundation for Child Development and the Annie E. Casey Foundation, the report found that higher state taxes and public investments in children and youth are strongly related to better quality of life. The State Child Well-Being Index (CWI) is based on 25 indicators clustered into seven domains (Family Economic Well-Being, Health, Safe/Risky Behavior, Educational Attainment, Community Engagement, Social Relationships, and Emotional/Spiritual Well-Being). This report also includes recommendations for what state and federal governments can do to protect investments in children. Highlights for Hawai‘i’s children and youth include:

- On the overall CWI, Hawai‘i ranked 19th, which places it in the second quartile of states ranking between 13-25.
- Hawai‘i is among the 14 states that appear in the top ten multiple times in the following domains: Safe/Risky Behavior (ranked 2nd), Family Economic Well-Being (ranked 5th), and Health (ranked 10th).
- Hawai‘i ranked 44th in the Educational Attainment domain, which measured reading and math scores for fourth and eighth graders.

To view the full report, go to: http://fcd-us.org/sites/default/files/Analyzing%20State%20Differences%20in%20Child%20Well-Being_0.pdf

2. Results from the 2009-2010 National Survey of Children with Special Health Care Needs

The results from the latest National Survey of Children with Special Health Care Needs (NS-CSHCN), were recently released. This survey is sponsored by the Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services. The purpose of the NS-CSHCN is to measure and track the prevalence of children with special health care needs at the national and state level. Children with special health care needs are defined as, "...those children who have or are at increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally." The costs associated with health care and coordination of different types of services can be a challenge for families. The survey provides demographic data on children (e.g., gender, age, prevalence of poverty) and describes the impact of their special health care needs (e.g., functional limitations, health care access, needs and satisfaction with care, and impact on family). This is the third time the NS-CSHCN was administered; previous administrations of the survey took place in 2000-2001 and 2005-2006. Findings for Hawai'i from the latest survey include the following:

- There are an estimated 35,022 children with special health care needs in Hawai'i, 12.3% of all children, which is lower than the U.S. average of 15.1%.
- Nearly one-quarter (24.0%) of children with special health care needs have conditions that affect their activities frequently, compared to 27.1% nationally.
- Nearly a quarter (23.6%) of family members have had to cut back or stop working because of the child's condition, similar to the U.S. average (25.0%).

To view the 2009-2010 Hawai'i profile, go to:

<http://www.childhealthdata.org/browse/snapshots/cshcn-profiles?geo=13&rpt=9>

3. The More We Eat Together

Maintaining routines such as eating together as a family is associated with positive outcomes for children and youth, such as high academic achievement and reduced risk for substance use and delinquent behavior. Having meals together also provides time for family communication and opportunities to strengthen family bonds. *The More We Eat Together: State Data on Frequency of Family Meals*, a fact sheet compiled by Child Trends summarizes the latest state-by-state data on family meals, as reported by parents of children by age groups: birth to five years, 6 to 11 years, and 12 to 17 years. The data come from the Child Trends analysis of the 2007 National Survey of Children's Health. Younger children tend to eat meals with their families more frequently than older children, yet this family routine is important for well-being at all ages. Nearly two-thirds (63.0%) of young children (birth to five years) in the U.S. eat meals with their families six or seven days per week, compared with about half (53.2%) of children ages 6 through 11 and 37.1% of adolescents (ages 12 through 17). State-level findings for Hawai'i include the following:

- In Hawai‘i, fewer adolescents are sharing meals regularly (6-7 times a week), compared with younger age groups: 44.7% compared to 66.0% of children 5 and younger and 56.9% of children between 6 and 11 years of age.
- As is the case nationally, the single highest proportion of adolescents (44.7%) has meals with their families at least six days a week (compared to 28.6% who do so four to five days a week and 26.7% who do so three or fewer days).
- Hawai‘i had the second highest proportion of adolescents sharing family meals nearly every day (44.7%), with New Mexico adolescents being the most likely to share meals regularly with their families (46.4%).

Follow this link for the PDF of the fact sheet from Child Trends:

http://www.childtrends.org/Files//Child_Trends-2012_01_01_FS_SharedMeals.pdf

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