Impact of Economic Trends and Disparities on South Carolina Children's Health and Well-being: An Analysis of the 2016 KIDS COUNT Profile

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Introduction

There are many approaches to conceptualizing and measuring the well-being of children. These indices vary considerably depending on the goal of the scale. However, all of these indices share similar characteristics in that they are multi-dimensional and take into account the complexity of children’s lives. One of the best known of these measures is the Annie E. Casey Foundation’s national KIDS COUNT Data Book (http://www.aecf.org/resource/2016-kids-count-data-book/). Each year since 1990 the Casey Foundation has released the KIDS COUNT Data Book. This data provides key information about dimensions of child well-being in the following areas: health, education, economic well-being, and family and community. During the past 10 years the KIDS COUNT project has provided a web-based data table of more than 100 state level measures of child well-being, and also provides county level data for each state.

Child well-being is intertwined with their parents’ or caregivers’ health and human capital, and sociodemographic status among parents contributes to poor childhood health outcomes in the next generation. Subsequently, poor childhood health contributes to lower socioeconomic status in adulthood (Cowell, Luo, & Masuda, 2009). According to Perreira and Ornelas (2011) this cycle can be particularly malicious for vulnerable and low-income minority populations as health status is a vital aspect of human capital. States play a key role in assisting parents and caregivers in providing adequate or acceptable publicly-funded safety net programs (Wheaton, et al., 2013). Economic pressures such as low wage jobs and a lack of secure employment are perpetuated over the life course.

In education, where the state ranks 43rd, it is clear that SC is lagging behind much of the nation. Seventy percent of 4th graders are proficient in reading, 69% of 8th graders are not proficient in math, 59% of children are not attending preschool, and 28% of high school students are not graduating on time. The statistics on reading and math vary considerably across race-ethnicities in SC, with African American and English language learners lagging behind students of other race-ethnicities (The Annie E. Casey Foundation, 2016). Economic pressures such as low wage jobs and lack of secure employment are perpetuated over the life course.

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Children in poverty is the percentage of children under age 18 who live in families with incomes below the U.S. poverty threshold, as issued each year by the U.S. Census Bureau. In calendar year 2014, a family of two adults and two children fell in the poverty category if their annual income fell below $24,008.

Children’s Health and Well-being:

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Similarly, in SC 8% of teens were not enrolled in school and not working in 2014. This indicator decreased by race/ethnicity in SC showed that while 85% of White non-Hispanic youths ages 19 – 26 were in school or working in the period 2010-2012, only 70% of African Americans, and 78% of Latinos were in school or working during this period (KIDS COUNT South Carolina, Children’s Trust of South Carolina, 2014). In South Carolina, 58% of African American and 40% of White non-Hispanic youths ages 19 – 26 were the counties with the largest percentage of teens age 16-19 not enrolled in school and not working (KIDS COUNT South Carolina, Children’s Trust of South Carolina, 2015).

Education Indicators and Child Well-being

South Carolina’s average spending per student in public schools was $9,907 in the 2014-2015 school year. The amount of spending per student declined from the $10,401 in 2008-2009 to $9,907 in 2012-2013 as a percentage of the average spending nationwide from 68% in 2008, to 66% in 2015. In SC, nearly two-thirds of all fourth graders reading below grade level, ranking SC 39th nationally in reading proficiency. Among minority fourth graders only 15% of black children and 17% of Hispanic children read at or above the proficient level in math compared by 45% of white children (The Post and Courier, 2016).

One reason for some cautious optimism is the national gap in school readiness between children from low-income and high-income families are slightly smaller today than they were two decades ago (Duncan, Magnuson & Murnane, 2016). SC ranks 45th from low-income and high-income families are explained including children in single-parent families; children in families where the household head lacks a high school diploma; children living in high-poverty areas; and, teen births per 1,000.

Children without health insurance

The percentage of children under age 18 who have health insurance. This percentage decreased in the U.S. from 10% in 2008, to 6% in 2014 (The Annie E. Casey Foundation, 2016). Children who have health insurance are more likely to receive preventive medical and dental care. For the achievement of developmental milestones, obtain needed timely treatment, have access to prescription medications, and miss fewer days of school (Majerol, Newkirk, & Garfield, 2015).

Teens who abuse alcohol or drugs

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Teen births per 1,000

Teen births is the number of births to teens between ages 15 to 19 per 1,000 females in this age group. In 2014, the rate of teen births was 28 births per 1,000. Thus, greater than the national average of 24 per 1,000 (The Annie E. Casey Foundation, 2016). In SC, 88% and 87% of African Americans and Latinos respectively reported plans to delay childbearing until adulthood, as compared to 94% of White non-Hispanics in 2010 (KIDS COUNT South Carolina, Children’s Trust of South Carolina, 2014). The indicator of birth to teens 15 to 16 years (KIDS COUNT South Carolina, Children’s Trust of South Carolina, 2015).

Conclusions

Based on these results, we are recommending a shift in thinking about child well-being policy to a “whole child perspective.” We are also recommending a shift in thinking from disease and treatment-centered health care to one of promoting health and well-being. For too long, health and well-being have been in a silo apart from school and education. This analysis demonstrated that health and education are intertwined when examining child well-being outcomes from a whole child perspective. SCNA members should actively work within their communities and with branches of State government to adopt programs and legislation that will enhance the well-being of all South Carolina children.

References


SCNA State Convention Pharm Conference / Annual Meeting Oct. 19-21 Sonesta Resort, Hilton Head, SC

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South Carolina Nurse—October, November, December 2016—page 13