

2007-2008 First Grade Health Survey

The Oklahoma First Grade Health Survey (1GHS), developed by the Maternal and Child Health Service (MCH) at the Oklahoma State Department of Health, collects data on health and health-related issues of first grade students attending public schools across Oklahoma. The 1GHS measures areas regarding general health, chronic health conditions, injuries, physical activity, tobacco exposure, access and barriers to health services, and basic demographic information. Participation in the survey is voluntary and is completed by the student's parent or guardian. The survey was completed in the Spring of 2008 with 2,395 out of 3,981 surveys being returned for an overall response rate of 60.2%. The results of this survey only reflect the responses of those parents/guardians who completed the survey and cannot be generalized to all first graders in the state.

Tobacco

- Approximately one-third (32.4%) of survey participants reported that they or someone else in their home smoked. Of those first graders exposed to tobacco smoke:
 - 73.1% were exposed 1-3 hours per day.
 - 26.9% were exposed four or more hours per day.
- Nine out of ten (89.1%) respondents reported that they have talked with their first grader about the effects of smoking.

Physical Activity

- Fewer than half (44.5%) of parents/guardians reported that their first grader spent one hour or less watching TV, playing video or computer games, or surfing the internet. Nearly half (47.9%) spent 2-3 hours per day, and 7.5% spent 4 or more hours per day.
- Less than one-third (32.0%) of parents/guardians reported that their first graders participated in some sort of physical activity for at least 20 minutes each day.

Safety

- Nearly all (99.5%) parents/guardians reported that their first-grader used a safety restraint when riding in a motor vehicle in the 30 days before the survey was administered. Of those first graders who used a safety restraint:
 - 76.9% were reported by their parent/guardian to use it always.
 - 4.9% used their restraint either seldom or never.
- Of those first graders who used a safety restraint:
 - 67.2% used a lap and shoulder belt.
 - 25.9% used a booster seat with the car's lap or shoulder belt.
 - 5.6% used a lap belt only.
- Nine out of ten (91%) first graders rode a bicycle, skateboard, scooter, or skates. Of those:
 - 35.2% never wore a helmet while riding.
 - 17.6% wore a helmet always.
 - 47.2% wore a helmet most of the time, sometimes, or seldom.



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Bullying

- 55% of parents/guardians reported their first grader had been bullied at school.

Access to Care

- 91% of first graders were covered by some type of health insurance.
- Of the 9% not covered by health insurance:
 - 41.8% reported that insurance was too expensive.
 - 35.1% reported they did not qualify for SoonerCare, Oklahoma's Medicaid program.
- Nearly one in ten (9.9%) first graders' insurance did not cover routine well-care visits.
- 5.7% of parent/guardians reported that in the 12 months before the survey was administered there was at least one time that their first grader needed health care but could not get it. Of those who did not get the needed health care:*
- 40.6% reported they had no health insurance.
- 33.1% reported that it cost too much.
- 26.3% reported they were unable to get an appointment.
- 7.5% reported inconvenient doctor's office hours.
- 9.1% reported their first grader could not get dental care when needed. Of those who could not get needed dental care:*
- 44.3% reported that it cost too much.
- 41.9% reported they had no insurance.
- 9.5% reported having transportation problems.
- 9.1% could not get an appointment.

*Totals will not equal 100% as the survey respondent can choose more than one answer.

Social Programs

- 43.7% of first graders' families reported receiving some type of support from an assistance program during the 12 months before the survey was administered (e.g. SoonerCare, Temporary Assistance for Needy Families (TANF), WIC, food stamps).
- Among families that received assistance, the majority (79.9%) received free or reduced lunches.
- Approximately one-third (32.5%) of first grade families that received any assistance received two or more types of assistance.

Specific Health Needs

- Approximately half (48.8%) of first graders experienced limited activity on two or more days due to sickness during the three months before the survey was administered.
- 21.7% of first graders at the time of the survey were taking a medication, other than a vitamin, prescribed by a health care provider.



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Discussion

Although the results of this survey reflect only the responses of those parents/guardians who participated in the survey, the implications of the health indicators measured are well documented. A report from the Surgeon General concluded that there is no risk-free level of second-hand smoke exposure.¹ Even brief exposure can be dangerous and cause an array of health concerns as second-hand smoke contains more than 250 toxic chemicals, with more than 50 of those being considered carcinogenic. Second-hand smoke exposure can cause ear and acute respiratory infections, severe asthma attacks, and slowed lung growth in children as well as immediate harmful effects on the cardiovascular and respiratory systems.

Obesity in children ages 6-11 has increased from 6.5% to 17% in the past 30 years.² Obesity in childhood is a public health concern as it increases the risk of cardiovascular disease, asthma, and Type II diabetes later in life. Childhood obesity also increases the risk of obesity in adulthood, particularly with the onset of obesity at an earlier age. Physical inactivity, in addition to increased and prolonged exposure to TV screen time, increases the probability of obesity in childhood.

Motor vehicle injuries are the leading cause of death among children in the United States.³ Child restraint usage often correlates with the driver's restraint usage as 40% of unrestrained children are the passengers of unrestrained drivers. Contributing to the injury rate as well is the incorrect use of child restraint systems. In one observational study of the use of nearly 3,500 car and booster seats, 72.6% were found to be misused in such a way as would increase the risk of injury during a crash.⁴ Also, The Safe Kids Coalition reports that every year, 270,000 children under the age of 14 in the U.S. are injured as a result of improper fit of a bicycle helmet or non-use of a helmet while bicycle riding.⁵

Bullying poses serious social and health problems for children of all ages as bullying can have life-long implications for its victims. Bullying can be verbal or physical, in addition to the exclusion of others from social groups. Cyber-bullying, or bullying using electronic means, such as text messaging, email, or the use of social messaging boards, is also becoming a prominent problem in the youth population, mostly affecting pre-adolescent and adolescent youth. Research has shown that victims of bullying are more likely to experience depression and issues of low self-esteem than children who are not bullied.⁶ Children who are bullied on a weekly basis experience additional health and social problems such as anxiety, insomnia, and contemplate suicide more frequently than children who are not bullied or who are bullied less often.⁷

A lack of access to health care is correlated with low socio-economic status and presents families with a multitude of problems. While the enrollment in social programs does increase the caretakers' abilities to provide needed services for their children, it is indicative of the elevated poverty levels in the state. In Oklahoma, child poverty levels ranged from 11.3%-41.3%, with almost half of the counties with rates of 25% or higher.⁸ The Oklahoma Health Care Authority reports 22% (95,648) of 6-9 year olds were enrolled in SoonerCare as of November 2009.⁹ Overall, a lack of health care access and insurance coverage is associated with a decrease in the use of preventive health services, a delay in seeking medical attention, and poor health status, which translates into more school absenteeism for children.



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Recommendations

- Encourage caregivers who smoke to never smoke in the home or in the car as there is no risk-free level of exposure to secondhand tobacco smoke.
- Remind caregivers to ask other people not to smoke around them or their children.
- Encourage caregivers to avoid businesses, restaurants, and homes that are not smoke-free.
- Encourage caregivers to talk to children about the effects of secondhand smoke exposure.
- Refer caregivers who smoke to the Oklahoma Tobacco Helpline (Free Cessation Assistance) at 1.800.QUIT.NOW.
- Promote 60 minutes of moderate intensity activity daily for children and adolescents, along with a reduction in sedentary time, with no more than two (2) hours per day of screen time (TV, video games).
- Educate parents about the proper use of booster seats in vehicles.
- Ensure that children less than 16 years of age ride in the back seat of a vehicle.
- Encourage appropriate use of safety equipment while riding a bicycle, skateboard, scooter, or using skates.
- Educate children on traffic laws pertaining to cyclist safety.
- Teach parents and teachers how to recognize signs of bullying, both of the victim and the perpetrator.
- Encourage schools to provide and display clear rules and regulations about bullying.
- Support additional coverage of children through the expansion of the Insure Oklahoma Employer Sponsored Insurance Program.
- Support efforts that encourage families of children to apply for program assistance for which they are eligible.
- Support a coordinated school health program with a solid health education component that promotes positive health outcomes for children, in addition to providing a holistic approach to student well-being and development.

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