

What Kentucky Parents Think

Results from the 2012 Kentucky Parent Survey

STATEWIDE SUMMARY



FOUNDATION FOR A
**HEALTHY
KENTUCKY**

What Kentucky Parents Think

RESULTS FROM THE 2012 KENTUCKY PARENT SURVEY

STATEWIDE SUMMARY

In the summer of 2012, the Foundation for a Healthy Kentucky sponsored the first-ever Kentucky Parent Survey, a telephone survey to find out what moms and dads think about various health issues that impact children in our state. The Kentucky Parent Survey assessed the views of parents, step parents, grandparents, foster parents or other legal guardians of children in Kentucky.



Table of Contents

School Policies and Practices.....	3
Schools and Health.....	3
Drop-Out Age	3
Nutrition	4
Physical Activity.....	5
Health Education	6
Health, Access and Quality	7
Growing Up Healthy	7
Children’s Health Status	7
Health Care Access.....	9
Health Care Quality	10
Children’s Health Behavior	11
Healthy Habits for Life	11
Reducing Childhood Obesity	11
Sleep Health	13
Parenting Practices and Family Routines.....	15
Raising Healthy Kids.....	15
Learning to be a Good Parent	15
Parent-Child Interactions.....	16
Family Values	18
Demographics	20
End Notes.....	22

About the Kentucky Parent Survey

Funded by the Foundation for a Healthy Kentucky, the 2012 Kentucky Parent Survey was conducted to assess what Kentucky moms and dads think about a variety of health topics affecting children in the Commonwealth. The Kentucky Parent Survey was conducted July 19 – August 22, 2012 by the Center for Survey Research at the University of Virginia.

A random sample of 1006 parents and guardians of children under 18 from throughout Kentucky were interviewed by telephone. This included 848 landline interviews and 158 cell phone interviews. In 95 out of 100 cases, the statewide estimates will be accurate to $\pm 3\%$. Larger sampling errors are present for estimates of specific subgroups or for questions that were not asked of all respondents. There are other sources of variation inherent in public opinion studies, such as non-response, question wording or context effects that can introduce error or bias.

What Kentucky Parents Think About School Policies and Practices



Schools and Health

Next to their homes, school is where children spend most of their time. The overall health and well-being of students affect their ability to learn – healthy kids learn better. In turn, students’ academic achievement affects their ability to be healthy and stay well in the future¹.

We should note that the term “school” is used broadly in this report. For older children, it includes both public and private elementary, middle and high schools. Additionally, about 2% of the children in our sample are home-schooled. For very young children, school includes the preschool or daycare programs they may attend.



Drop-Out Age

Kentucky lawmakers are considering legislation to increase the drop-out age in Kentucky, which would prohibit students from leaving school until they turned 18 or completed high school. Currently, the drop-out age in Kentucky is 16.

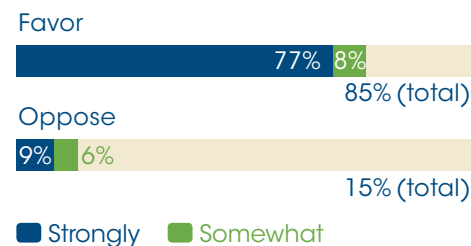
Currently, 20 states plus the District of Columbia use 18 as their drop-out age. An additional 12 states requires students to attend school until age 17.² Research suggests that increasing the drop-out age alone will not increase high school graduation rates, although some students may benefit.³

The Kentucky Parent Survey asked parents what they thought about this proposed legislation.

Majority favor increasing the drop-out age

More than 8 in 10 Kentucky parents (85%) said they favored increasing the drop-out age in Kentucky, including 77% who said they strongly favored this. Fewer than 1 in 6 parents (15%) said they opposed increasing Kentucky’s drop-out age.

There is currently a law being proposed that would require children to attend school until they are 18 years of age or until they graduate from high school, whichever comes earlier. Students are required to stay in school now until they are 16 years old. Would you strongly favor, favor, somewhat oppose or strongly oppose a state law to increase the drop-out age in Kentucky?



Nutrition

Children eat a significant portion of their daily calories at school, and many Kentucky children eat breakfast, lunch and even afterschool snacks at their school. While many students pack food from home, 55% of Kentucky students are eligible for free or reduced price lunches⁴. In this regard, schools play an important role in the eating habits of children, and this is all the more critical for the estimated 37% of Kentucky children ages 10-17 who are obese⁵.

Nutrition is important, but school lunches are not very nutritious

Overall, parents think it is important that school meals be nutritious. Nearly 9 in 10 parents (88%) said it was very important that the meals served at their child's school or daycare meet a minimum standard for nutritional value. Parents of younger children were somewhat more likely to report that school nutrition standards were very important than parents of older children, but this difference was not statistically significant.

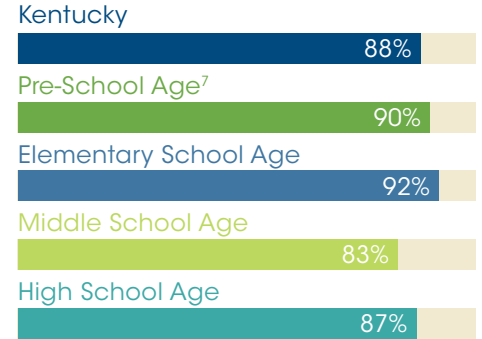
Despite the importance parents place on school nutrition, only about 1 in 4 Kentucky parents (23%) would describe the meals served at their child's school or day care as being very nutritious. Parents of younger children were more likely to view the meals served to their children as very nutritious than parents of older children.

Kids get the right amount of classroom treats

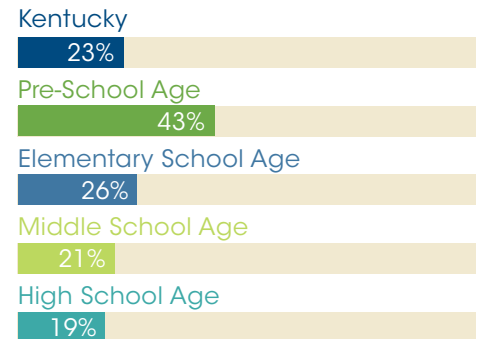
In addition to the meals that are served, children often have treats at school or daycare to celebrate birthdays, holidays, and student achievements. In general, most parents (78%) feel that their child's school provides an appropriate amount of treats. Just 1 in 10 (11%) are concerned that their child gets treats too often at school.



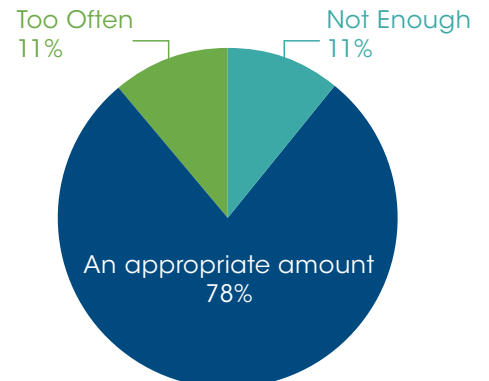
How important do you believe it is that meals offered in school (or daycare) programs meet a minimum standard for nutritional value – would you say that it is very important, fairly important, just somewhat important, or not that important? *(graph presents those who said it was "very important")*



Generally speaking, would you describe the lunches served in the school your child attends as very nutritious, somewhat nutritious, not that nutritious, or not nutritious at all? *(graph presents those who said it was "very nutritious")*



Treats like candy or pizza are sometimes used by teachers as a reward for achievement or good behavior. Do you think that treats are offered in your child's classroom too often, an appropriate number of times, or not enough?⁶





Physical Activity

The CDC recommends that children get at least 60 minutes of physical activity per day.⁸ Children can be active in organized settings like gym class or sports practice, through active play, or other activities throughout their day. The Kentucky Parent Survey asked about two opportunities for physical activity that children may have at school: physical education classes and walking to school.

Many live close, but few kids walk or bike to school

About 1 in 4 parents (24%) reported that their family lived within one mile of their child's school. While we did not ask parents about the availability of sidewalks or other safety measures on these routes, this is generally considered to be a reasonable distance for walking or biking.

Fewer than 1 in 10 parents (7%) reported that their child ever walked or biked to school. Parents of girls (9%) were more likely to report that their child ever walked or biked to school than parents of boys (5%).

Walking to school is more common among children who live close to their schools, but it is still quite rare. Among those who live less than one mile from their child's school, fewer than 1 in 5 parents (18%) reported that their child ever walked or biked to school.

Most students take P.E., but not every day

According to their parents, most Kentucky students attended physical education or gym class during the last school year. Parents reported that half (52%) of school-age children in the state took P.E. class, but their class only met between 1 and 4 days per week. About 1 in 3 (35%) school-age children in Kentucky attended daily P.E. class. The remaining 1 in 7 students (14%) did not take any P.E. classes during the previous school year.

In general, parents said that boys (3.2 days per week on average) attended physical education class more often than girls (2.5 days on average).

Do any of the children in your household go to a school located one mile or less from home? (graph presents who said "yes")

Kentucky

24%

Do any of the children who live in your household ever walk or ride their bike to school?

Kentucky

7%

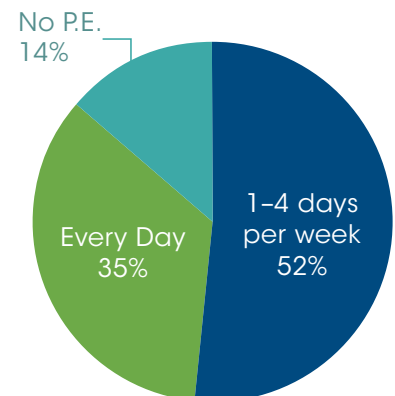
Boys

5%

Girls

9%

To your knowledge, how many days per week did your child participate in physical education or gym class at his or her school, during the last school year? (percentages may not add to 100% due to rounding)



Health Education

Just as children need to learn to read and write, children need to learn about being and staying healthy. Children can learn about health from many sources, including their families, their health care providers, and their schools. The Kentucky Parent Survey included several questions about health education to understand what moms and dads think their kids should learn at school, and when they should learn it.

Most children take health, but not every day

According to their parents, most Kentucky students attended health education class during the last school year. Parents said that nearly half (46%) of school-age children in the state took health, but their class only met between 1 and 4 days per week. About 1 in 4 (25%) school-age children in Kentucky attended daily health education class. Nearly 1 in 3 students (30%) did not take any health education classes during the previous school year.

In general, boys (2.19 days per week on average) attended health education class more often than girls (1.87 days on average).

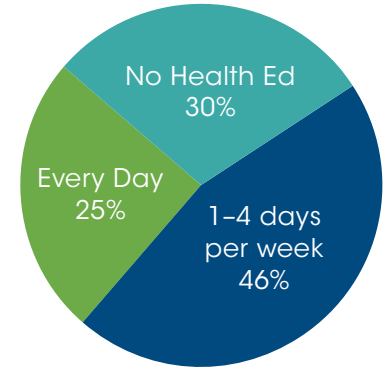
Parents support health education, some topics better suited for high school

The Kentucky Parent Survey included a series of questions about dating relationships and sexual health to determine support for covering those topics in middle school or high school health education classes. For each topic raised, the majority of parents supported covering that material with middle school students and with high school students. In general, parental support was stronger for covering these subjects in high school.

At the middle school level, more than 8 in 10 parents would favor teaching communication skills (99%), human anatomy (91%), abstinence education (85%), and information about HIV and sexually transmitted infections (84%). At the high school level, more than 8 in 10 parents would favor teaching communication skills (99%), information about HIV and sexually transmitted infections (97%), human anatomy (97%), abstinence education (94%), birth control methods (87%), and condom use (84%).



To your knowledge, how many days per week did your child participate in health education classes at his or her school, during the last school year? (percentages may not add to 100% due to rounding)



Support for teaching various health education topics in middle school or high school. (percentages may not add due to rounding)

- Strongly favor teaching this topic
- Somewhat favor teaching this topic

Topic	Level	Strongly Favor	Somewhat Favor	Total
Communication Skills	Middle School	93%	7%	99%
	High School	92%	7%	99%

Topic	Level	Strongly Favor	Somewhat Favor	Total
HIV and Sexually Transmitted Infections	Middle School	54%	30%	84%
	High School	81%	16%	97%

Topic	Level	Strongly Favor	Somewhat Favor	Total
Human Anatomy	Middle School	64%	27%	91%
	High School	80%	17%	97%

Topic	Level	Strongly Favor	Somewhat Favor	Total
Abstinence Education	Middle School	65%	21%	85%
	High School	74%	20%	94%

Topic	Level	Strongly Favor	Somewhat Favor	Total
Birth Control Methods	Middle School	36%	27%	64%
	High School	65%	22%	87%

Topic	Level	Strongly Favor	Somewhat Favor	Total
Condom Use	Middle School	35%	26%	61%
	High School	63%	21%	84%

Topic	Level	Strongly Favor	Somewhat Favor	Total
Gender and Sexual Orientation Issues	Middle School	31%	33%	63%
	High School	41%	33%	75%

What Kentucky Parents Think About Health, Access and Quality



Growing Up Healthy

The health behaviors and experiences of childhood shape experiences throughout the life-course, including chronic disease and overall health status in later life. Promoting health among young people will improve the health of the population as they grow.⁹ Families need access to safe, effective and affordable health care for their children to maintain good health. The Kentucky Parent Survey provides an important window into the health of Kentucky's children, and the ways in which their families access health care services.



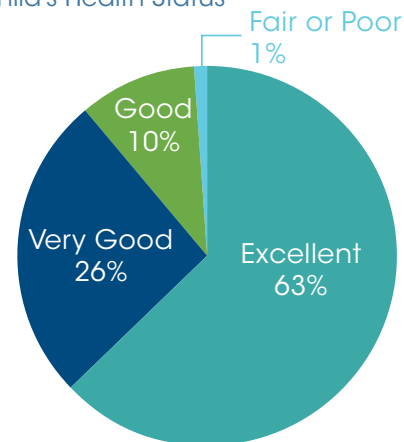
Children's Health Status

Parents are the stewards of the health of their children and the de facto care providers for most minor childhood illnesses and injuries. We asked parents about the overall health of their child and about specific diagnoses that they may have discussed with their child's doctor or health care provider.

Most kids are healthy, often more so than their parents

We asked Kentucky parents to describe their child's overall health status as excellent, very good, good, fair or poor. Nearly 9 in 10 parents (89%) described their child's health as excellent or very good. When asked to rate their own health status using the same scale, just over half of parents (52%) indicated that their health was excellent or very good.

Child's Health Status



Parent's Health Status



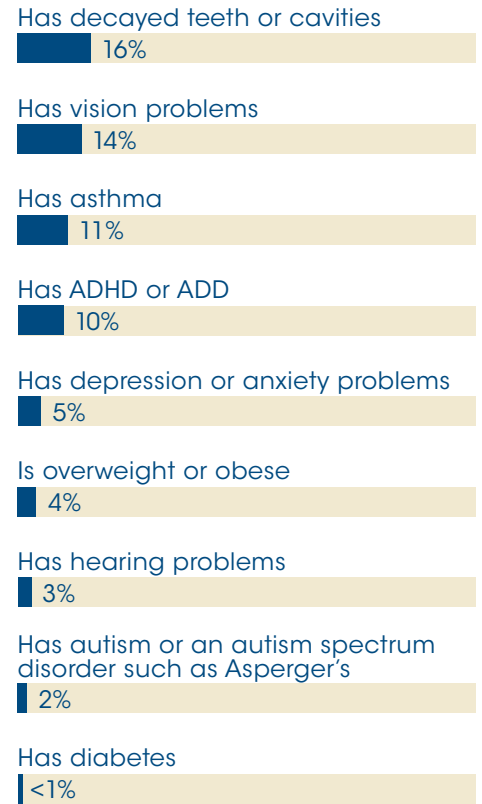
Parents report less awareness of health issues than expected

In addition to their child’s overall health, parents were asked if their child had specific health issues. About 1 in 3 parents (36%) reported that their child had none of the listed health issues. This means that 2 in 3 respondents had been told by a health care provider that their child had at least one of the following issues: decayed teeth, vision problems, asthma, attention deficit/hyperactivity disorder (ADHD), depression or anxiety problems, overweight or obesity, hearing problems, autism spectrum disorder, or diabetes.

In many cases, the results from the Kentucky Parent Survey were similar to other state and national estimates for the prevalence of these health issues¹⁰⁻¹³ with a few notable differences. However, parents report less awareness of certain issues – or less frequent advice from a health provider – than would be expected based on other data sources.

- ▶ **About 1 in 6 parents reported being told that their child had decayed teeth or cavities on the Kentucky Parent Survey, but 1 in 3 children (35%) have untreated tooth decay in Kentucky and more than half have had dental caries in the past.**¹⁴
- ▶ **Just 1 in 7 parents (14%) reported being told their child had vision problems on the Kentucky Parent Survey, but about 1 in 4 preschool age children have vision problems.**¹⁵
- ▶ **Just 1 in 20 parents (5%) had ever been told their child had depression or anxiety problems, according to the Kentucky Parent Survey, but many more children experience mental health issues.** About 1 in 4 teens (25%) will have struggled with an anxiety disorder at some point in their life. The lifetime prevalence of anxiety disorders is 25.1% for teens ages 13 to 18. Similarly, more than 1 in 10 teens (11%) will have battled depression at some point. Please note these percentages can’t be added together directly since many people have more than one mental health challenge at a time.¹⁶
- ▶ **Fewer than 1 in 20 parents (4%) reported being told by a health professional that their child was overweight or obese on the Kentucky Parent Survey, yet nearly 4 in 10 Kentucky children (37%) are overweight or obese.**⁵
- ▶ **Fewer than 1 in 20 parents (3%) reported that their child had hearing problems on the Kentucky Parent Survey, but more than 1 in 7 children (15%) have measurable hearing loss.**¹⁷

Has a doctor, nurse or other health professional ever told you that your child... *(graph indicates percent who said yes)*





Health Care Access

Through its Healthy People 2020 initiative, the U.S. Department of Health and Human Services has set ambitious goals to increase access to care in this country. For kids, the Healthy People 2020 objective is that by 2020, 100% of children and youth aged 17 years and under will have a specific source of ongoing health care.¹⁸ We asked parents about how they accessed health care for their child and how they paid for that care.

Most children have a usual source of care

More than 9 in 10 parents (92%) reported that there was a person they thought of as their child's personal doctor or health care provider. A similar number (96%) of parents said their child had visited the doctor for a routine check-up or physical examination within the past 12 months.

Parents were slightly less likely to report a usual source of oral health care: 8 in 10 parents (80%) said there was a person they thought of as their child's personal dentist or oral health provider.¹⁹ A similar number (85%) of parents said their child had visited a dentist or dental hygienist within the past 12 months.

Few report going without needed care

Most parents were able to access health care services when their child needed it. Less than 1 in 20 (3%) Kentucky parents reported having gone without or delaying needed health care services for their child.

Do you have a person you think of as the child's personal... (graph presents who said "yes")

Doctor or healthcare provider?

92%

Dentist or oral health provider?

80%

How long has it been since this child last... (graph indicates percent who answered "in the past 12 months")

Visited a doctor for a routine check-up or physical examination?

96%

Went to a dentist or dental hygienist?

85%

In the last 12 months, was there any time that the child needed health care but did not get it, or when they received care but got it later than you would have liked?

Yes

3%

Most kids are insured

Having health insurance is an important factor in being able to get needed healthcare. More than 9 in 10 (95%) Kentucky parents reported that their child had some kind of health insurance. Just 1 in 50 (2%) reported that their child was uninsured.

More than half of parents (59%) indicated that their child was covered by a private health plan, most often provided by the parent or guardian's employer. Just over 1 in 3 parents (36%) reported that their child received public insurance from Medicaid, KCHIP or military insurance.

Health Care Quality

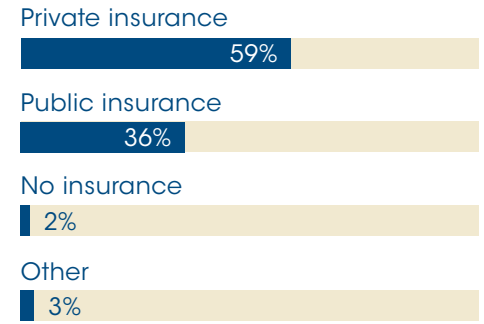
To understand parental views on the quality of their child's health care, the Kentucky Parent Survey included a series of questions about their interactions with their child's provider. Parents were asked if their child's provider always, usually, sometimes, or never engaged in the specified practice. These questions were only asked of parents who reported their child had received care within the past year.

Most receive respectful care

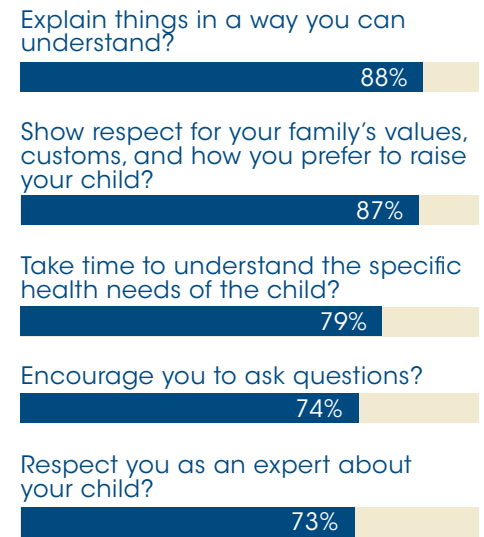
Nearly 9 in 10 parents reported that their child's health care provider always explained things clearly (88%) and showed respect for their family's customs and values (87%). More than 3 in 4 parents said their child's provider always took time to understand the child's needs (79%), encouraged questions (74%) and respected the parent as an expert about their child (73%). While most parents reported respectful care from their child's provider, the exceptions are worth noting. If 3 in 4 (74%) parents said their child's provider always encouraged questions, this means that 1 in 4 (26%) were not always encouraged to ask questions.



What type of health care coverage pays for most of this child's medical care?



In the last 12 months, how often did the child's doctors or health care providers... (graph presents the percent who said their provider always did this)



What Kentucky Parents Think About Children's Health Behavior



Healthy Habits for Life

Children's habits and behaviors – what they eat, how they play, when they sleep – are important. Behaviors like these impact children's health today and will shape the way they live as adults. Unhealthy eating and insufficient physical activity increase the risk of obesity, diabetes, heart disease and other chronic diseases. Inadequate sleep undermines quality of life and increases the risk of injury. A better understanding of children's health behavior is needed to inform any effort to improve children's health in Kentucky.



Reducing Childhood Obesity

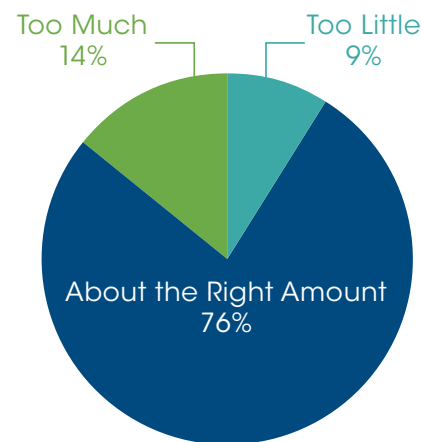
Childhood obesity is a critical health issue for our state and for our nation. Through its Healthy People 2020 initiative, the U.S. Department of Health and Human Services has set ambitious goals for improving health for all Americans. One of the leading health indicators of this effort is to decrease the proportion of children and adolescents who are considered obese.²⁰

Most parents think their child weighs about the right amount

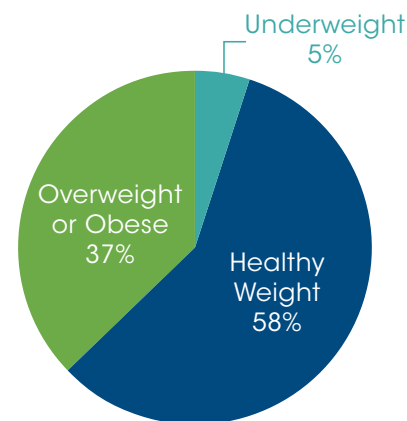
In a previous section, we noted that fewer than 1 in 20 parents (4%) reported being told by a health professional that their child was overweight or obese. The Kentucky Parent Survey also asked parents what they thought about their child's weight.

More than 3 out of 4 Kentucky parents (76%) reported that their child weighs about the right amount. About 1 in 7 (14%) said that their child weighs too much, and nearly 1 in 10 (9%) said their child weighs too little. These perceptions are notably different from data collected through the National Survey of Children's Health which found that in Kentucky about 1 child in 20 (5%) is underweight, while nearly 4 in 10 children (37%) are overweight or obese.⁵

Kentucky Parent Survey: Do you think your child weighs...?



Kentucky data from the National Survey of Children's Health: weight status of children



(percentage may not add to 100% due to rounding)



Behaviors in Context: 5-2-1-0

A health promotion strategy to reduce childhood obesity in Kentucky is called 5-2-1-0.²¹ These numbers correspond to behavior recommendations for children: each day, children should eat at least **five** servings of fruits and vegetables, limit screen time to no more than **two** hours, engage in **one** hour of physical activity, and drink **zero** sugar-sweetened beverages. Please note that this framework was not provided to parents surveyed, but is included to help compare responses to available health benchmarks.



Slightly more than half of Kentucky parents (56%) reported that their child got enough fruits and vegetables every day during the preceding week.²² Additionally, about 1 in 7 parents (14%) said their child got enough fruits and vegetables on 5 or 6 days during the preceding week, and 1 in 4 (25%) said their child got enough fruits and vegetables on 1 to 4 days. Just 1 parent in 25 (4%) said their child did not get enough fruits and vegetables on any days during the preceding week. We cannot know if parents' views of "enough" fruits and vegetables correspond to expert recommendations, but these responses provide insight to parents' level of concern about their child's diet.



"Screen time" refers to the time spent watching television or movies, playing games, surfing the internet or otherwise viewing television, computer or other devices, excluding homework. Less than half of parents (44%) reported that their child watched fewer than 2 hours of "screen time" on an average day, as is recommended by 5-2-1-0. The majority of parents (56%) reported that their child watched more than the recommended amount.

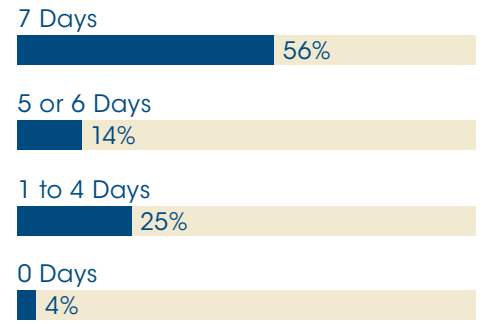


Two out of three Kentucky parents (66%) reported that their child got enough physical activity every day during the preceding week.²³ Additionally, about 1 in 7 parents (15%) said their child got enough physical activity on 5 or 6 days during the preceding week, and a similar number (17%) said their child got enough physical activity on 1 to 4 days. Just 1 parent in 50 (2%) said their child did not get enough physical activity on any days during the preceding week. We cannot know if parents' views of "enough" activity correspond to expert recommendations, but these responses provide insight to parents' level of concern about their child's activity level.

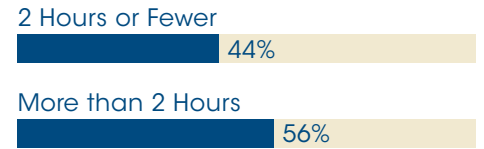


More than 4 in 10 Kentucky parents (41%) report that their child consumes zero sugar-sweetened beverages on a typical day, as is recommended by 5-2-1-0. About 1 in 3 parents (32%) said their child has just one sugary drink, while 1 in 4 (27%) report their child has two or more sugary drinks on a typical day.

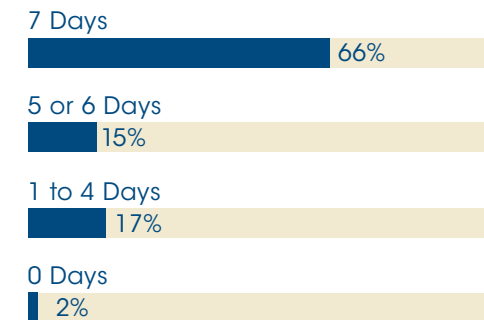
For how many days in the past seven days did your child get enough fruits and vegetables?



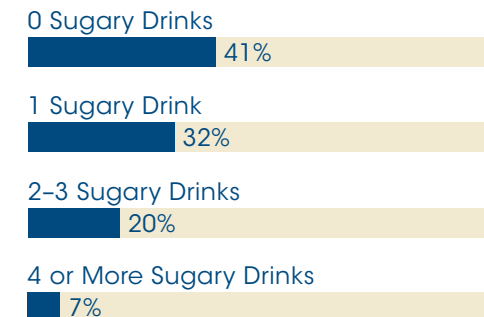
On the average day, about how many hours did this child spend playing video games or on the computer? How many hours did this child watch television, videos or DVDs?



For how many days in the past seven days did your child get enough physical activity?



On an average day, how many glasses or cans of soda such as Coke® or Sprite® or other sweetened drinks such as fruit punch or Sunny Delight® did this child drink?



(percentage may not add to 100% due to rounding)

Sleep Health

One of the goals of the Healthy People 2020 initiative is to increase public awareness of the importance of adequate sleep for our health. According to baseline data from the Youth Risk Behavior Survey, fewer than 1 in 3 high school students gets sufficient sleep.²⁴

The ideal amount of sleep varies with age and from person to person. In general, young children should get at least 10 hours of sleep and adolescents should get 8.5 to 9.5 hours per night (See Table).

Most children get at least 8 hours of sleep

Overall, the majority of children in Kentucky get at least 8 hours of sleep per night. Fewer than 1 in 10 parents (9%) reported that their child got less than 8 hours of sleep per night.²⁶ Nearly 3 in 10 parents (28%) reported that their child got between 8 and 9 hours of sleep per night. Nearly 4 in 10 (39%) said their child got between 9 and 10 hours of sleep, and 1 in 4 (25%) said their child got 10 or more hours of sleep on a typical weekday.

Sleep guidelines for different age groups²⁵

Birth to 2 months	12–18 hours
3 to 11 months	14–15 hours
1 to 3 years	12–14 hours
3 to 5 years	11–13 hours
5 to 10 years	10–11 hours
10 to 17 years	8.5–9.5 hours
Adults	7–9 hours





Elementary, high school students often get less sleep than recommended

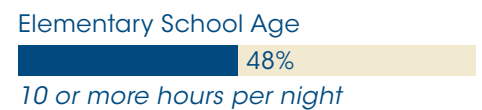
By grouping parent responses by the age of their child, we can better understand sleep patterns for Kentucky children. Very young children are not included in this section because the amount of sleep they get at night is often supplemented by naps, which were not measured by the Kentucky Parent Survey.

Slightly less than half of parents with an elementary school-aged child (48%) reported that their child got at least 10 hours of sleep per night, the recommended range for this age group. More than half of parents reported that their elementary school-aged child got less than the recommended amount of sleep, with 44% reporting their child slept 9-10 hours on a typical weeknight and 8% reporting their child slept fewer than 9 hours per night.

More than 8 in 10 parents of middle school-aged children (81%) reported that their child got between 8 and 10 hours of sleep per night, which is roughly the recommended range for this age group. Additionally, 17% of middle school parents reported their child got more than 10 hours of sleep on a typical weeknight, and just 2% said their middle school-aged child slept fewer than 8 hours per night.

Nearly 3 in 4 parents of high school-aged children (73%) reported that their child got between 8 and 10 hours of sleep per night, which is roughly the recommended range for this age group. Additionally, 24% of high school parents reported their child got fewer than 8 hours of sleep on a typical weeknight, and just 3% said their high school-aged child slept more than 10 hours per night.

Proportion of children getting recommended amount of sleep by age group⁷



What Kentucky Parents Think About Parenting Practices and Family Routines



Raising Healthy Kids

Parents have more influence in a child or adolescent's life than anyone else. In this regard, parents have a unique role to shape the child's health and risk behaviors in the future. Studies show that parental monitoring and engagement in their child's activities can improve the child's academic achievement, reduce the risk of teen pregnancy, and deter unhealthy behaviors like alcohol and tobacco use.²⁷⁻³⁰

Recognizing the importance of the parent-child relationship, this report focuses on Kentucky parents themselves: how they learn to be good parents, how they interact with their kids and how they talk to their kids about health issues.



Learning to be a Good Parent

Many have quipped that "kids don't come with instruction manuals," but many communities do offer training and support for new parents and future parents. The Kentucky Parent Survey asked moms and dads about their experiences with childcare classes and where they turned for information on parenting.

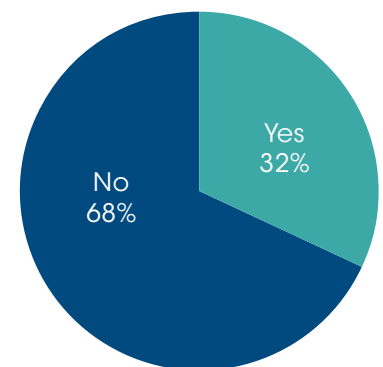
Few have attended childcare classes; school is best time to learn

About 1 in 3 Kentucky parents (32%) reported that they had ever attended a childcare class that taught skills for caring for and raising a child. Childbirth preparation classes, such as Lamaze, were specifically excluded from this question.

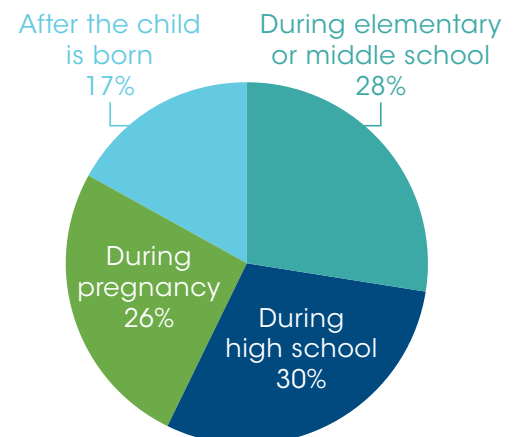
When asked what would be the best time to learn childcare skills, most Kentucky parents said the best time was during school. More than 1 in 4 (28%) said the best time to learn was during elementary or middle school and 3 in 10 (30%) said high school was the best time to learn childcare skills.

About 1 in 4 parents (26%) said that during pregnancy was the best time to learn childcare skills. Fewer than 1 in 5 (17%) thought the best time to learn childcare skills was after the child is born.

Did you ever attend a child care class - that is, one that taught skills for caring for and raising a child?



When is the best time to learn child care skills?

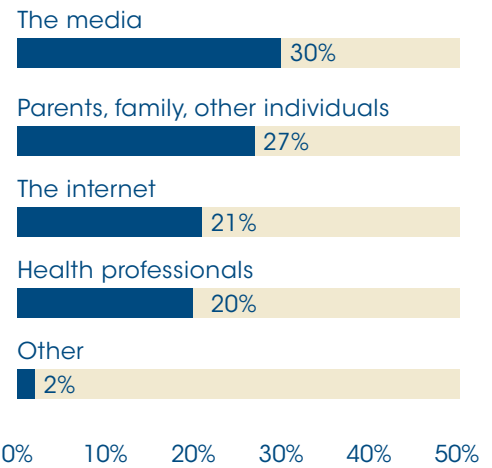


Parents turn to the media for information on parenting; health professionals for health information

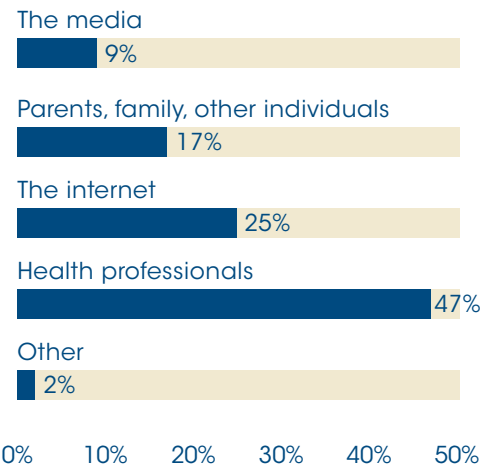
We asked Kentucky parents to list the main places where they turned for information on parenting, and some respondents listed multiple sources. The most commonly named sources of parenting information were from the mass media (30%).³¹ The next most common group of sources were the respondent’s parents, family, friends or other individuals in their social network (27%).³² Finally, about one-fifth of the sources listed were from the internet³³ (21%) and a similar number were health professionals³⁴ (20%).

Respondents were then asked where they would look for information to keep their child healthy or to help him if he is sick. When it comes to health information, the most commonly named sources were health professionals – nearly half of the responses were in this category (47%). About one quarter of the responses listed the internet (25%), and this was followed by parents, family and other individuals (17%). While the media was the most commonly listed source of parenting information, it was the least commonly named source of health information (9%).

Sources of parenting information



Sources of health information



Parent-Child Interactions

Nationally, less than half of families with children (46%) eat together every day.³⁵ The benefits of family meals go beyond nutrition: research suggests that regularly sharing meals improves family relationships and decreases adolescent risk behaviors like drinking and smoking.³⁶ To understand how Kentucky families spend time together, the Kentucky Parent Survey asked about the frequency of family meals and other parent-child interactions in the course of a week.



Conversation is most common interaction

Eight in ten Kentucky parents (80%) said that they spent at least 20 minutes talking with their child each day during the week prior to the survey. Nearly 9 in 10 (88%) reported talking for at least 20 minutes on 5 or more days in the past week. Just 1 parent in 50 (2%) had not spent at least 20 minutes talking with their child on any days in the past week.

Most report children regularly do chores, eat as a family, and watch TV together

About 2 in 3 Kentucky parents (67%) said their child was responsible for completing a household chore on at least 5 days during the past week. Just 1 in 20 (5%) said their child was not responsible for completing a chore on any days in the previous 7 days.

About 2 in 3 parents (65%) said that they ate a meal together as a family on at least 5 days during the past week. Nearly half of Kentucky parents (48%) reported eating together as a family every day; this is similar to the national average.

More than half of Kentucky parents (54%) reported watching television with their child on at least 5 days during the past week. About 1 in 10 (11%) said they had not watched television with their child during the previous 7 days.

Few report playing with their child regularly

About 1 in 3 parents (33%) said they had played a sport, played a physical game or exercised with their child on at least 5 days during the preceding week. About 1 in 5 Kentucky parents (19%) did not engage in any physical play with their child during the past 7 days.

Similarly, about 1 in 3 parents (32%) reported playing a non-physical game with their child on at least 5 days during the past week. Nearly 1 in 4 (23%) did not play any non-physical games with their child during the past 7 days.

Kentucky parents reported attending games and events that their child participated in much less frequently, however this may reflect the frequency with which such events are scheduled in a typical week. About 6 in 10 parents (61%) reported that they had not attended any games or events that the child participated in during the week prior to the survey.

In the past seven days, how often did you...

Spend at least 20 minutes talking with the child



Did not spend at least 20 minutes talking with the child

2%

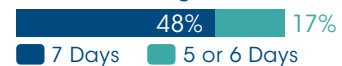
Make the child responsible for completing a household chore?



Did not make the child responsible for completing a household chore?

5%

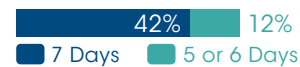
Eat a meal together as a family?



Did not eat a meal together as a family?

4%

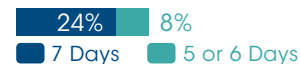
Watch television with the child?



Did not watch television with the child?

11%

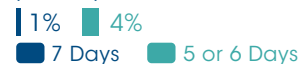
Play a non-physical game with the child?



Did not play a non-physical game with the child?

23%

Attend a game or event the child participated in?



Did not attend a game or event the child participated in?

61%

Family Values

Parental values and expectations have a profound impact on a child’s behavior. Teens report that their parents are a major influence on decisions related to health risks like drinking, smoking, using other drugs or engaging in sexual activity.³⁷⁻³⁸ The Kentucky Parent Survey included a series of questions to better understand how parents communicate with their children about their family’s values related to health.

We asked parents how often in the past year they had discussed their views on certain health issues with their child: all of the time, often, occasionally, once or twice, or never. Because we recognize that discussions of health values should be age-appropriate for the child, 5 of these questions were asked of parents whose child was age 5 or older, and 4 questions were asked only of those whose child was age 10 or older.

Most parents discuss health eating and physical activity often

More than 8 in 10 Kentucky parents (81%) said they discussed healthy eating with their child either often or all the time. Just 1 parent in 50 (2%) said they had not shared their views on healthy eating with their child during the past year.

About 3 in 4 parents (74%) had shared their views about physical activity with their child often or all the time during the past year. Just 1 in 25 (4%) said they had never discussed this.

Half of parents discuss smoking and bullying often; fewer discuss alcohol use

In the past year, more than half of Kentucky parents (53%) had shared their views on smoking or tobacco use with their child often or all the time. About 1 in 10 (11%) said they had never discussed their views on smoking with their child.

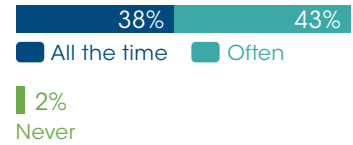
Half the parents (50%) reported that they had shared their views about bullying with their child often or all the time. About 1 in 12 (8%) said they never talked about this during the past year.

About 4 in 10 parents (43%) said they had talked to their child about their views on alcohol use often or all the time during the past year. Nearly 2 in 10 (17%) said they had never talked to their child about alcohol use.

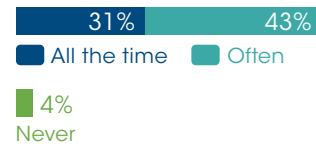
In the past year, how often have you talked to your child about your views on...

(These questions were asked only of parents whose child was age 5 or older)

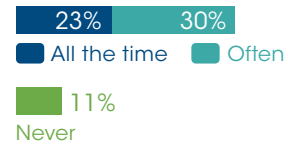
Healthy eating



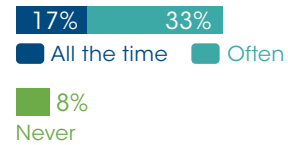
Physical activity



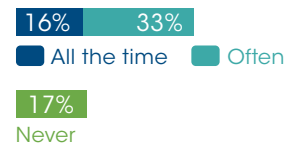
Smoking or tobacco use



Bullying



Alcohol use





Majority of parents discuss drug use often

Nearly 2 in 3 parents (62%) said they had discussed their views on drug use (other than tobacco or alcohol) with their child often or all the time during the past year. About 1 in 15 (6%) said they never talked to their child about their views on drug use.

Majority of parents do not discuss dating issues often

About 4 in 10 Kentucky parents (41%) said they had discussed their views on abstinence with their child often or all the time during the past year. About 1 in 4 (24%) said they never talked to their child about abstinence.

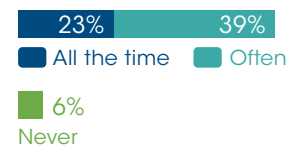
Similarly, about 4 in 10 (39%) said they had discussed their views on healthy dating relationships with their child often or all the time during the past year. About 1 in 4 Kentucky parents (24%) said they never talked to their child about healthy dating relationships.

Just 1 in 5 Kentucky parents (21%) said they had discussed their views on birth control with their child often or all the time during the past year. More than 4 in 10 (43%) said they never talked to their child about their views on birth control.

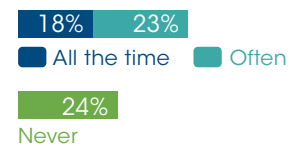
In the past year, how often have you talked to your child about your views on...

(These questions were asked only of parents whose child was age 10 or older)

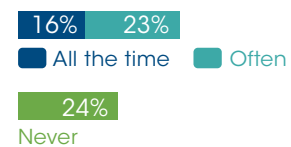
Drug use (other than tobacco or alcohol)



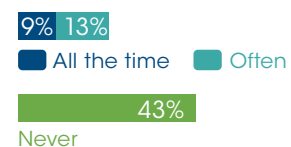
Abstinence



Healthy dating relationships



Birth control



Demographics

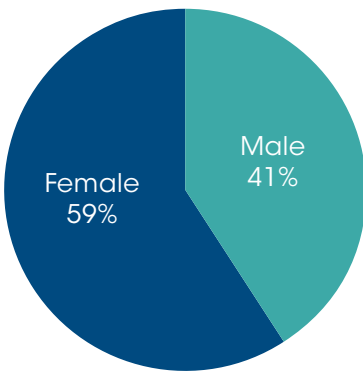


In addition to the questions on children’s health issues, respondents were asked several demographic questions about themselves, and about their child.³⁹ These findings are detailed below (percentages may not add to 100%

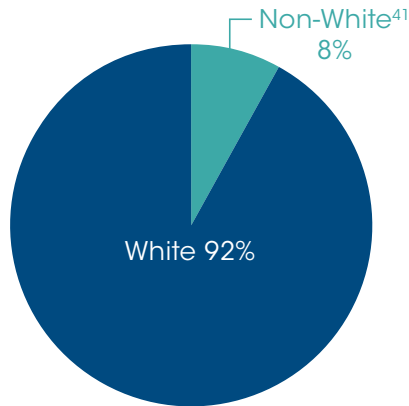
due to rounding). Information on the parent’s age, race, gender and phone type (cell or landline) were used to weight the dataset so the findings would better reflect the Kentucky population.

Parent

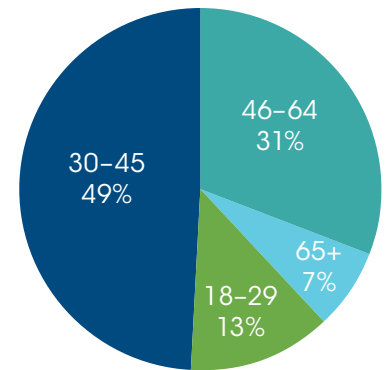
Gender⁴⁰



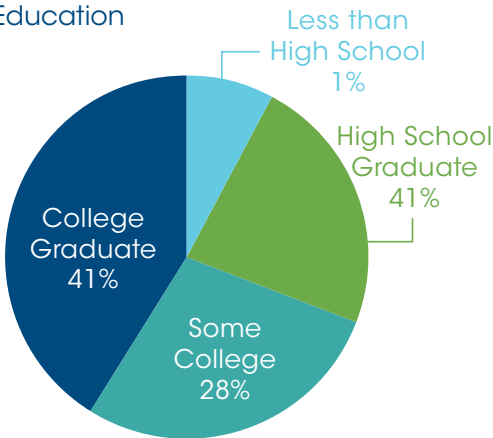
Race



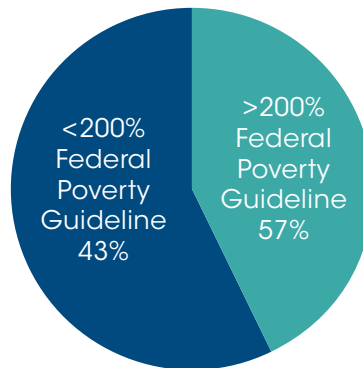
Age



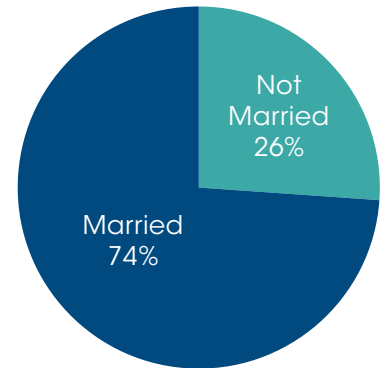
Education



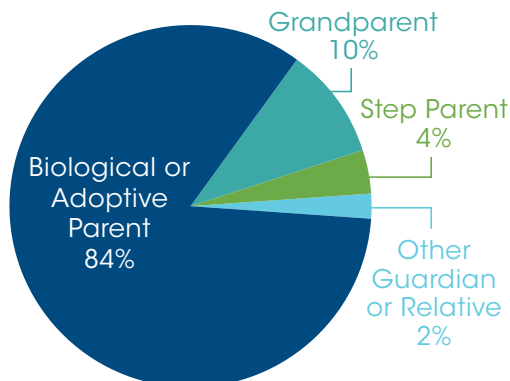
Household Income⁴²⁻⁴³



Marital Status



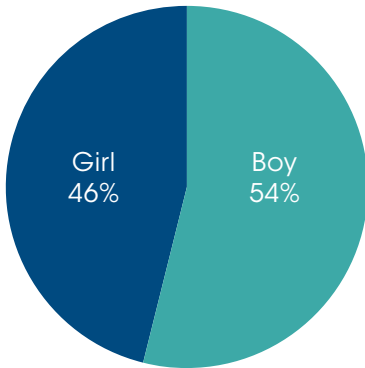
Relationship to Focus Child⁴⁴



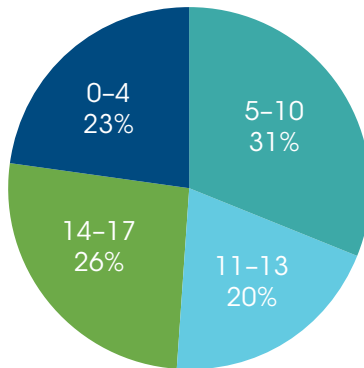


Child

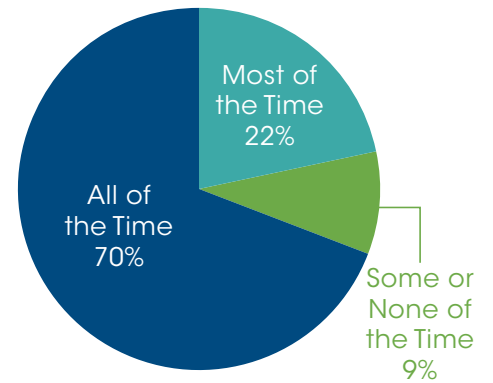
Gender



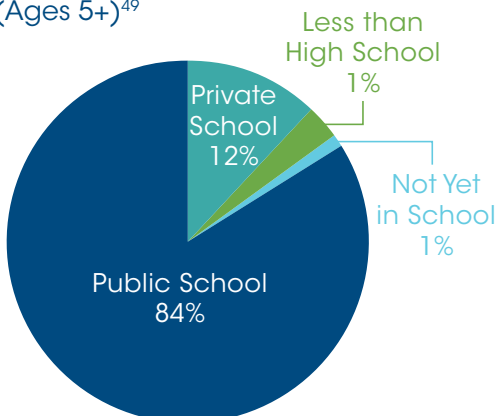
Age



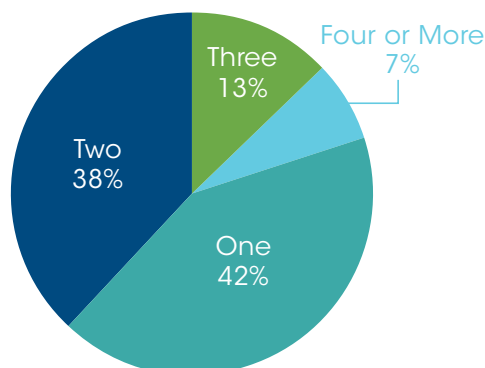
Time Lived with Focus Child



School Attendance (Ages 5+)⁴⁹



Total Number of Children in Household



End Notes

- 1 Cutler DM and A Lleras-Muney (2006). Education and Health: Evaluating Theories and Evidence. Cambridge, MA: National Bureau of Economic Research. Available at <http://www.nber.org/papers/w12352>. Accessed August 29, 2012.
- 2 Education Policy and Practice Department (2012). Raising Compulsory School Age Requirements: A Dropout Fix? Washington, DC: National Education Association. Available at <http://www.nea.org/assets/docs/PB40raisingcompulsoryschoolage2012.pdf>. Accessed December 19, 2012.
- 3 Whitehurst GJ, Whitfield S (2012). Compulsory School Attendance: What Research Says and What It Means for State Policy. Washington, DC: Brown Center on Education Policy, The Brookings Institution. Available at http://www.brookings.edu/~media/Research/Files/Papers/2012/8/01%20education%20graduation%20age%20whitehurst%20whitfield/0801_education_graduation_age_whitehurst_whitfield.pdf. Accessed December 19, 2012.
- 4 Kentucky Department of Education (2012). National School Lunch Program, Qualifying Data 2012. Kentucky Department of Education, Division of School and Community Nutrition. Available at <http://www.education.ky.gov/KDE/Administrative+Resources/School+and+Community+Nutrition/Nutrition+Programs/Qualifying+Data.htm>. Accessed August 29, 2012.
- 5 Child and Adolescent Health Measurement Initiative (2009). 2007 National Survey of Children's Health, Data Resource Center for Child and Adolescent Health Available at www.childhealthdata.org. Accessed August 29, 2012. Children with a body mass index (BMI) between the 85th and 95th percentiles were classified as overweight; those with a BMI at or above the 95th percentile were classified as obese.
- 6 10% of parents reported that treats were offered too often in their child's classroom and 1% said that treats should not be offered at all (this latter response category was volunteered by participants and not read by the interviewer).
- 7 For the purposes of this analysis, pre-school age was defined as children ages 4 years and younger, elementary school age was defined as children ages 5 to 10, middle school age was defined as children ages 11 to 13, and high school age was defined as children ages 14 to 17.
- 8 U.S. Department of Health and Human Services (2008). 2008 Physical Activity Guidelines for Americans. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Available at <http://www.health.gov/paguidelines/guidelines/default.aspx>. Accessed August 29, 2012.
- 9 Forrest CB and Riley AW (2004). Childhood Origins of Adult Health: A Basis for Life-Course Health Policy. *Health Affairs* 23(5): 155-164. Available at <http://content.healthaffairs.org/content/23/5/155.full.pdf+html>. Accessed October 12, 2012.
- 10 Childhood asthma prevalence is 9.4% in the United States. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. 2010 National Health Interview Survey Data: Current Asthma Prevalence Percent by Age, United States. Atlanta, GA. Available at: <http://www.cdc.gov/asthma/nhis/2010/table4-1.htm>. Accessed October 8, 2012.
- 11 ADHD prevalence is 9.5% in the United States for children aged 4-17. Source: Visser SN, Bitsko RH, Danielson ML, Perou R and Blumberg SJ (2010). Increasing Prevalence of Parent-Reported Attention-Deficit/Hyperactivity Disorder Among Children – United States, 2003 and 2007. *Morbidity and Mortality Weekly Report* 59(44); 1439-1443. Available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5944a3.htm?s_cid=mm5944a3_w. Accessed October 8, 2012.
- 12 In 2008, 1.13% of children in the U.S. were diagnosed with an autism spectrum disorder. Source: Baio J (2012). Prevalence of Autism Spectrum Disorders – Autism and Developmental Disabilities Monitoring Network, 14 Sites, United States, 2008. *Morbidity and Mortality Weekly Report* 61(SS03):1-19. Available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/ss6103a1.htm?s_cid=ss6103a1_w. Accessed October 9, 2012.
- 13 About 1 in 400 children and adolescents has diabetes. Source: Centers for Disease Control and Prevention (2011). National Diabetes Fact Sheet: National Estimates and General Information on Diabetes and Prediabetes in the United States, 2011. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention. Available at: http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf. Accessed October 9, 2012.
- 14 The prevalence of untreated tooth decay is 34.6% among Kentucky third graders. Source: 2001-2002 State Oral Health Survey. National Oral Health Surveillance System. Untreated Tooth Decay: Percentage of 3rd Grad Students with untreated tooth decay. Available at: <http://apps.nccd.cdc.gov/nohss/IndicatorV.asp?Indicator=3>. Accessed October 8, 2012.
- 15 An estimated 3.8% of preschool children in the U.S. are nearsighted and 20.8% are farsighted. Source: Borchert MS, Varma R, Cotter SA, Tarczy-Hornoch K, McKean-Cowdin R, Lin JH...Giordano L (2011). Risk Factors for Hyperopia and Myopia in Preschool Children: The Multi-Ethnic Pediatric Eye Disease and Baltimore Pediatric Eye Disease Studies. *Ophthalmology* 118(10): 1966-1973.
- 16 For teens ages 13 to 18, the lifetime prevalence of anxiety disorders is 25.1%, and the lifetime prevalence of depression is 11.2%. Source: Merikangas KR, He J, Burstein M, Swanson SA, Avenevoli S, Cui L, Benjet C, Georgiades K, and Swendsen J (2010). Lifetime prevalence of mental disorders in U.S. adolescents: results from the National Comorbidity Survey Replication – Adolescent Supplement. *Journal of the American Academy of Child and Adolescent Psychiatry* 49(10): 980-989.
- 17 The prevalence of high- or low-frequency hearing loss among children 6 to 19 years of age is 14.9% in the United States. Source: Niskar AS, Kieszak SM, Holmes A, Esteban E, Rubin C, and Brody DJ (1998). Prevalence of Hearing Loss Among Children 6 to 19 Years of Age: The Third National Health and Nutrition Examination Study. *Journal of the American Medical Association* 279(14): 1071-1075. Available at: <http://jama.jamanetwork.com/article.aspx?articleid=187415>. Accessed October 9, 2012.
- 18 United States Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020: Access to Health Services Objectives. Washington, DC. Available at: <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=1>. Accessed September 26, 2012.
- 19 The American Dental Association recommends that children visit a dentist for the first time on or before their first birthday. Source: American Dental Association (2012). Mouth Healthy: Babies and Kids. Available at: <http://www.mouthhealthy.org/en/babies-and-kids/>. Accessed October 23, 2012.
- 20 United States Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020: Nutrition and Weight Status Objectives. Washington, DC. Available at: <http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicid=29>. Accessed November 16, 2012.
- 21 Kentucky Department for Public Health, Division of Maternal and Child Health, Health Promotion Branch (2012). 5-2-1-0 Home. Available at: <http://chfs.ky.gov/dph/mch/hp/5210/>. Accessed October 23, 2012.
- 22 The Kentucky Parent Survey asked parents if their child got “enough” fruits and vegetables, but did not quantify the amount the child got. We cannot know if parents’ interpretation of “enough” aligns with the 5-2-1-0 recommendation of at least 5 servings per day.
- 23 The Kentucky Parent Survey asked parents if their child got “enough” physical activity, but did not quantify the amount of activity the child got. We cannot know if parents’ interpretation of “enough” aligns with the 5-2-1-0 recommendation of at least 1 hour per day.
- 24 U.S. Department of Health and Human Services. Office of Disease Prevention and Health Promotion. Healthy People 2020. Washington, DC. Available at: <http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=38>. Accessed October 25, 2012.
- 25 Recommendations from the National Sleep Foundation, as reported by Centers for Disease Control and Prevention, Division of Adults and Community Health (2010). Sleep and Sleep Disorders. Atlanta, GA: Centers for Disease Control and Prevention. Available at: <http://www.cdc.gov/features/sleep/>. Accessed November 15, 2012.
- 26 Hours of sleep calculated based on reported bed time and wake time for the child on a typical weekday.
- 27 Fan X, Chen M. Parental involvement and students’ academic achievement: a meta-analysis. *Educational Psychology Review* 2001;13(1):1–22.
- 28 Guilamo-Ramos V, Jaccard J, Dittus P, Gonzalez B, Bouris A, Banspach S. The Linking Lives health education program: a randomized clinical trial of a parent-based tobacco use prevention program for African American and Latino Youths. *American Journal of Public Health* 2010;100(9):1641–1647.
- 29 Perry CL, Williams CL, Veblen-Mortenson S, Toomey TL, Komro K, Anstine PS, et al. Project Northland: outcomes of a communitywide alcohol use prevention program during early adolescence. *American Journal of Public Health* 1996;86(7):956–965.
- 30 Markham CM, Lormand D, Gloppen KM, et al. Connectedness as a predictor of sexual and reproductive health outcomes for youth. *Journal of Adolescent Health* 2010;46(3 Suppl 1):S23–S41.

- 31 Responses in the “mass media” category included television, radio, newspapers, magazines, books and medical journals
- 32 Responses in the “parents, family and other individuals” category included parents, family, friends, pastor or spiritual advisors, and patient support groups.
- 33 Responses in the “internet” category included general website, health-specific websites like WebMD or NIH, and social media.
- 34 Responses in the “health professional” category included doctors, nurses and other health care providers as well as brochures or materials provided in the doctor’s office.
- 35 Child and Adolescent Health Measurement Initiative (2009). 2007 National Survey of Children’s Health, Data Resource Center for Child and Adolescent Health Available at www.childhealthdata.org. Accessed December 11, 2012.
- 36 The National Center on Addiction and Substance Abuse at Columbia University (2012). The Importance of Family Dinners VIII. Available at www.casacolumbia.org. Accessed December 11, 2012.
- 37 The National Center on Addiction and Substance Abuse at Columbia University (2012). National Survey of American Attitudes on Substance Abuse XVII: Teens. Available at www.casacolumbia.org. Accessed December 11, 2012.
- 38 Albert B (2012). With One Voice 2012: America’s Adults and Teens Sound Off About Teen Pregnancy. Washington, DC: National Campaign to Prevent Teen Pregnancy. Available at http://www.thenationalcampaign.org/resources/pdf/pubs/WOV_2012.pdf. Accessed December 11, 2012.
- 39 For parents with multiple children, one child was randomly selected to be the focus for this interview.
- 40 We would expect to see more moms than dads complete the survey. In Kentucky, 65% of children live in married-couple family households. Additionally, 8% of children live with a male householder where no wife is present and 27% live with a female householder where no husband is present. Source: U.S. Census Bureau (2011). S0901: Children Characteristics, 2011 American Community Survey 1-Year Estimates. Available at <http://factfinder2.census.gov>. Accessed January 10, 2013.
- 41 Due to the limited number of respondents in this category, individuals who listed their race or ethnicity as African American, Hispanic, Asian, Native American, or multi-racial were collapsed into a single category.
- 42 In 2012, 200% of the federal poverty guideline (FPG) was an annual income of \$46,100 for a family of four.
- 43 This is similar to the expected range of incomes for Kentucky families. Among one- and two-parent families with related children, 42% had household incomes below 185% of the FPG and 58% had incomes greater than or equal to 185% of the FPG. Data for 200% FPG was not available. Source: U.S. Census Bureau (2011). B17022: Ratio of Income to Poverty Level in the Past 12 Months of Families by Family Type by Presence of Related Children under 18 Years of Age of Related Children, 2011 American Community Survey 1-Year Estimates. Available at <http://factfinder2.census.gov>. Accessed January 10, 2013.
- 44 In Kentucky, 87% of children live in families where their biological, step, or adoptive parent is the householder. Additionally, 9% of children live in families where their grandparent is the householder, and 4% of children live with other relatives, a foster parent, or another unrelated individual. Source: U.S. Census Bureau (2011). S0901: Children Characteristics, 2011 American Community Survey 1-Year Estimates. Available at <http://factfinder2.census.gov>. Accessed January 10, 2013.
- 45 For Kentucky children ages 5-17, approximately 87% attend public school, 11% attend private school, and 3% are not enrolled in school. Source: U.S. Census Bureau (2011). B14003: Sex by School Enrollment by Type of School by Age for the Population 3 Years and Over, 2011 American Community Survey 1-Year Estimates. Available at <http://factfinder2.census.gov>. Accessed January 10, 2013.

About the Foundation for a Healthy Kentucky

The Foundation for a Healthy Kentucky is a non-profit, philanthropic organization working to address the unmet health care needs of Kentuckians. Our approach centers on developing and influencing health policy, to promote lasting change in the systems by which health care is provided and good health sustained, to:

- improve access to care,
- reduce health risks and disparities, and
- promote health equity.

The Foundation makes grants, supports research, holds educational forums and convenes communities to engage and develop the capacity of the Commonwealth to improve the health and quality of life of all Kentuckians.

For more information about the Foundation and its mission, please visit www.healthy-ky.org.



This report presents a summary of statewide findings from the 2012 Kentucky Parent Survey. Additional data highlights and reports are available from the Foundation for a Healthy Kentucky, at www.healthy-ky.org. Users will be able to access the entire survey dataset, as well as results by region or demographic group, at www.oasisdataarchive.org.

If there is a question or topic you would like to see on a future Kentucky Parent Survey, please contact Sarah Walsh, Senior Program Officer at the Foundation for a Healthy Kentucky (swalsh@healthy-ky.org).

To cite this work, please use the following:

Foundation for a Healthy Kentucky (2012). *Results from the 2012 Kentucky Parent Survey: Statewide Summary*. Louisville, KY: Foundation for a Healthy Kentucky.



FOUNDATION FOR A
**HEALTHY
KENTUCKY**