Society values children and invests substantial public and private resources in their health. To better evaluate the health of children in Utah, the Utah Department of Health conducted the 2000 Utah Child Health Survey, a telephone survey of over 2,500 Utah households. This Health Status Update presents highlights from that survey.

Health Status
- Most Utah children were in “excellent/very good” (89%) or “good” (9%) health. However, 11,700 children (1.7%) were in “fair” or “poor” health (Figure 1). Fair/poor health was more common for children without health insurance (4.3% of such children), children living below the poverty level (5.8%), and for Hispanic children (4.3%).

Fair/Poor Health
Figure 1. Percentage of children in fair or poor health by age and by sex, Utah 2000.

- On average, Utah children had 2.3 days when their physical health was “not good” (including illness and injury) and 1.5 days when their mental health was “not good” (including stress, depression, and problems with emotions). Days of “not good” mental health were highest for adolescents (Figure 2).

Days of Poor Physical/Mental Health
Figure 2. Average number of days in past month that a child’s physical or mental health was “not good” by age and by sex, Utah 2000.

- Of children age 0-17 years, 6.5% (46,000 children) were without health insurance; most had been without insurance for at least one year (53%).
- Parents reported that 14% of children had problems getting needed medical, dental, or other care because they couldn’t afford it. Such problems were more common for children without health insurance (42%) and children living below the poverty level (25%). (Figure 3)

Couldn’t Afford Needed Services
Figure 3. Percentage of children whose parents couldn’t afford needed care* for that child in the past year, Utah 2000.

Health Care
- Most children (71%) had received a regular medical checkup on schedule with recommended guidelines.
- Most children age 1 and older (79%) had had a dental checkup within the past year. However, children without health insurance and Hispanic children were less likely to have had a checkup (60% and 68% respectively).

Use of Services
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Medical Home

Having a usual medical care provider, or “medical home” is important for coordinated care and for complete preventative care. Most Utah children (93%) had a medical home, most commonly a doctor’s office (Figure 4).

Most parents seemed satisfied with their child’s provider and care:

- 78% reported the provider had a thorough understanding of all the child’s care.
- 97% were satisfied or very satisfied with the information they received to guide decisions.
- 86% reported they were always or usually treated with respect and courtesy by the provider and staff.
- 94% felt their doctor had respect for their customs, beliefs, and language. (This percentage varied little by income or ethnicity.)

Medical Home

Figure 4. Percentage of children (0-17 years) with a usual place for medical care by selected characteristics, Utah 2000.