

## ***KidsHealth® KidsPoll – Health Literacy Poll: Summary of Findings***

KidsHealth® KidsPoll is collaboration among the Nemours Foundation/KidsHealth, the Department of Health Education and Recreation at Southern Illinois University Carbondale, the National Association of Health Education Centers, and participating health education centers. The purpose is to gather information (opinions, attitudes, and feelings etc.) about current health issues from children. The information is gathered using handheld data collection devices from children ages 9 to 13 as they attend classes in the health education centers. The information is shared with educators, caregivers, health care organizations, the media, and other interested parties at national and local levels. The goal is to provide insightful information that will enable them to develop programs to help children to make healthy life decisions, prevent disease and injury, and understand their bodies. This poll focused on issues related to health literacy.

### **Individual Demographics**

Individual-level information was collected anonymously from each child who participated.

- 1,178 children
- 52% girls, 48% boys
- 9 to 13 (average age 10.5)
- 11 centers participated in this poll:
  - Alice Aycock Poe Center for Health Education – Raleigh, NC
  - CDC Global Health Odyssey Museum – Atlanta, GA
  - Children’s Health Education Center – Milwaukee, WI
  - HealthSpace Cleveland – Cleveland, OH
  - HealthWorks! Kids Museum – South Bend, IN
  - Health World Children’s Museum – Barrington, IL
  - Robert Crown Center for Health Education – Hinsdale, IL
  - Ruth Lilly Health Education Center – Indianapolis, IN
  - Saint Joseph Mercy Health Exploration Station – Canton, MI
  - Susan P. Byrnes Health Education Center – York, PA
  - Weller Health Education Center – Easton, PA

### **School Demographics**

School-level information was not collected from each child but is based on statistics for the schools.

- 35 schools
- The schools participating averaged: 66% White, 15% Black, 17% Hispanic, 1% Asian/Pacific, 1% Native American

- 68% of the schools had student bodies that were 0% to 33% Black/Hispanic/Asian/Native American combined
  - 7% of the schools had student bodies that were 33% to 67% of these groups
  - 25% of the schools had student bodies that were 67% to 100% of these groups
- 39% students in participating schools qualified for free or reduced lunch
    - 54% of the schools had 0% to 33% of their student body qualifying for free or reduced lunch
    - 32% of the schools had 33% to 67% of their student body qualifying for free or reduced lunch
    - 14% of the schools had 67% to 100% of their student body qualifying for free or reduced lunch

*The U.S. Census Bureau and the U.S. Department of Education use a measure of city size and location called a Metropolitan Statistical Area (MSA). The categories for MSA are:*

- *Large city center = center of an MSA city with a population  $\geq 250,000$*
  - *Midsize city center = center of an MSA city with a population  $< 250,000$*
  - *Large city fringe = urban fringe of a large MSA city*
  - *Midsize city fringe = urban fringe of a midsize MSA city*
  - *Large town = not within an MSA with a population  $\geq 25,000$*
  - *Small town = not within an MSA with a population  $2,500 < X < 25,000$*
  - *Rural outside = not within an MSA with a population  $< 2,500$*
  - *Rural inside = within an MSA with a population  $< 2,500$*
- Of the participating schools: 21% large city center, 17% midsize city center, 23% large city fringe, 11% midsize city fringe, 8% small town, and 21% rural inside MSA
  - Average school size: 551
    - 6% of participants were from public schools that had enrollment  $< 250$
    - 45% enrollment  $250 < X < 500$
    - 34% enrollment  $500 < X < 750$
    - 6% enrollment  $750 < X < 1,000$
    - 9% enrollment  $\geq 1,000$

### **Significant Demographic Associations**

- There was a high correlation between the proportion of schools with more non-white students and the proportion receiving lunch assistance ( $r = 0.85$ ).
- Non-white students are also more likely to be from more urban locales.

## Statistically Significant Findings – Overall

- *Question: Most of what I hear about health is:*
  - A. very **easy** to understand
  - B. sort of **easy** to understand
  - C. sort of **hard** to understand
  - D. very **hard** to understand

Boys were more likely to say that health information is *very easy* to understand (42% v. 32%). Younger children were also more likely to say it's *very easy* to understand information about health (9-year-olds: 38%, 10-year-olds: 42%, 11-year-olds: 35%, 12-year-olds: 30%, 13-year-olds: 31%). The less healthy children claimed to be, the more apt they were to say it's *very hard* to understand health information (very healthy: 6%, sort of healthy: 5%, sort of unhealthy: 9%, very unhealthy: 22%). In addition, those who were uninterested in health information were also more likely to say it is *sort of* or *very hard* to understand (very interested: 21%, sort of interested: 16%, sort of uninterested: 33%, very uninterested: 39%).

- *Question: From which of these do you learn the most about health?*
  - A. *the Internet*
  - B. *school*
  - C. *parents*
  - D. *a doctor or nurse*
  - E. *some other way*

Boys were slightly more likely to name *the Internet* (10% v. 7%) or *some other way* (12% v. 7%), whereas girls were more likely to name *school* (36% v. 43%) and *parents* (11% v. 14%). Older children were much more inclined to name *school* (9-year-olds: 27%, 10-year-olds: 40%, 11-year-olds: 44%, 12-year-olds: 52%, 13-year-olds: 56%), while younger children said *a doctor or nurse* (9-year-olds: 41%, 10-year-olds: 33%, 11-year-olds: 22%, 12-year-olds: 22%, 13-year-olds: 15%). Additionally, the more interested in health a student was, the more likely they were to name *parents* as the source they learn the most from (very interested: 16%, sort of interested: 11%, sort of uninterested: 7%, very uninterested: 9%). Children who named *the Internet* the most often were more likely to be those who were less interested in health information (very interested: 8%, sort of interested: 4%, sort of uninterested: 14%, very uninterested: 16%).

- *Question: If you had an important question about health, where would you go first for information?*
  - A. *the Internet*
  - B. *a school teacher*
  - C. *a parent*
  - D. *a doctor or nurse*
  - E. *somewhere else*

Boys and girls did not differ in their preferred sources of information. Older children were more likely to go to *the Internet* (9-year-olds: 8%, 10-year-olds: 9%, 11-year-olds: 14%, 12-year-olds: 21%, 13-year-olds: 19%) and less likely to go to *a doctor or nurse* (9-year-olds: 33%, 10-year-olds: 32%, 11-year-olds: 27%, 12-year-olds: 22%, 13-year-olds: 24%). Children who considered themselves unhealthy also tended to prefer *the Internet* (very healthy: 11%, sort of healthy: 13%,

sort of unhealthy: 22%, very unhealthy: 17%) or other unnamed sources (very healthy: 6%, sort of healthy: 6%, sort of unhealthy: 19%, very unhealthy: 24%). The more children were interested in learning about health, the more apt they were to prefer a *doctor or nurse* for health information (very interested: 33%, sort of interested: 30%, sort of uninterested: 12%, very uninterested: 22%) but the less they went to *the Internet* for health answers (very interested: 10%, sort of interested: 9%, sort of uninterested: 24%, very uninterested: 22%).

- *Question: Which of these gives the most wrong information about health?*
  - A. the Internet*
  - B. TV*
  - C. school*
  - D. friends*
  - E. I'm not sure*

Boys and girls did not differ in their opinions of which give the most wrong information. Older children were more likely to name *friends* as a poor source (9-year-olds: 26%, 10-year-olds: 34%, 11-year-olds: 37%, 12-year-olds: 56%, 13-year-olds: 48%), whereas younger children tended to name *TV* (9-year-olds: 42%, 10-year-olds: 39%, 11-year-olds: 37%, 12-year-olds: 21%, 13-year-olds: 21%).

- *Question: I try to follow what I'm taught about health:*
  - A. all the time*
  - B. most of the time*
  - C. sometimes*
  - D. hardly ever*
  - E. never*

Boys and girls did not differ in the degree they followed what they were taught about health. Older children were less likely to say they follow what they are taught *all the time* (9-year-olds: 46%, 10-year-olds: 41%, 11-year-olds: 28%, 12-year-olds: 22%, 13-year-olds: 14%). The more unhealthy children claimed to be, the more likely they were to say they *never* or *hardly ever* follow what they are taught about health (very healthy: 12%, sort of healthy: 12%, sort of unhealthy: 24%, very unhealthy: 61%). Further, the more interested children were in learning about health, the more willing they were to follow what they are taught *all the time* (very interested: 49%, sort of interested: 28%, sort of uninterested: 11%, very uninterested: 15%).

- *Question: How much can a kid do to grow up to be a healthy adult?*
  - A. a lot*
  - B. some*
  - C. a little*
  - D. almost nothing*
  - E. I don't know*

Girls were more likely to believe that kids can do *some* or *a lot* to be healthy adults (77% v. 84%). Younger children were also more likely to think they can do *a lot* (9-year-olds: 69%, 10-year-olds: 67%, 11-year-olds: 63%, 12-year-olds: 58%, 13-year-olds: 58%). Children who said they are less healthy were more likely to believe they can do *a little* or *almost nothing* to grow up healthy (very healthy: 5%, sort of healthy: 4%, sort of unhealthy: 10%, very unhealthy: 27%) or

to say *I don't know* (very healthy: 12%, sort of healthy: 12%, sort of unhealthy: 19%, very unhealthy: 27%). Those most interested in learning about health were most apt to believe they can do *a lot* to grow up to be healthy (very interested: 75%, sort of interested: 62%, sort of uninterested: 62%, very uninterested: 41%).

- *Question: How interested are you in learning about health?*
  - A. very interested*
  - B. sort of interested*
  - C. sort of uninterested*
  - D. very uninterested*

Boys were more likely to say they are *very uninterested* in learning about health (16% v. 8%). Older students (9-year-olds: 11%, 10-year-olds: 14%, 11-year-olds: 22%, 12-year-olds: 27%, 13-year-olds: 42%) and those who say they are *unhealthy* (very healthy: 15%, sort of healthy: 21%, sort of unhealthy: 36%, very unhealthy: 64%) more often said they are *sort of* or *very uninterested*.

- *Question: I consider myself to be:*
  - A. very healthy*
  - B. sort of healthy*
  - C. sort of unhealthy*
  - D. very unhealthy*

Boys and girls did not differ with respect to self-reported health. Younger children were more apt to choose the label *very healthy* (9-year-olds: 73%, 10-year-olds: 63%, 11-year-olds: 46%, 12-year-olds: 50%, 13-year-olds: 42%), whereas older children preferred the term *sort of healthy* (9-year-olds: 23%, 10-year-olds: 30%, 11-year-olds: 43%, 12-year-olds: 43%, 13-year-olds: 50%).

### **Other Findings Worth Highlighting**

Those who said *the Internet* is their first choice for health information were the least likely to name *TV* as a poor source of information and more likely to name *school* and *friends* as poor sources. They were also less likely to say that they will follow what they are taught and that there is *a lot* that a child could do to grow up healthy. In addition, those who go to the Internet first were least likely to be interested in learning about health and they were less likely to say they are *very healthy*.

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