



Health Status - Children



HEALTH STATUS

The general state of a child's health as perceived by their parents is a useful measure of the child's overall health and ability to function. The 2007 National Survey of Children's Health asked parents to rate their child's health status as excellent, very good, good, fair, or poor. Overall, the parents of 84.4 percent of children under 18 years of age reported that their child's health was excellent or very good. This varied, however, by the child's race and ethnicity.

Non-Hispanic White children and non-Hispanic children of multiple races were most likely

to be reported in excellent or very good health (91.0 and 87.9 percent, respectively), followed by non-Hispanic children of other races (85.3 percent). Hispanic children were least likely to be reported in excellent or very good health (68.4 percent). Slightly more than 80 percent of non-Hispanic Black children were reported in excellent or very good health.

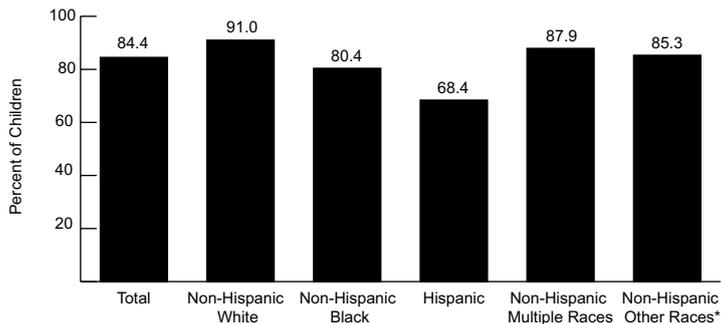
Parents were also asked to rate the condition of their child's teeth as excellent, very good, good, fair, or poor. Overall, the parents of 70.7 percent of children aged 1-17 reported that their child's teeth were in excellent or very good condition

(the question was not asked of children under 1 year of age).

The child's oral health status also varied with race and ethnicity. More than 80 percent of non-Hispanic White children and 76.9 percent of non-Hispanic children of multiple races were reported to have excellent or very good oral health, compared to 62.5 percent of non-Hispanic Black children and 49.3 percent of Hispanic children.

Children Under Age 18 in Excellent or Very Good Health, by Race/Ethnicity, 2007

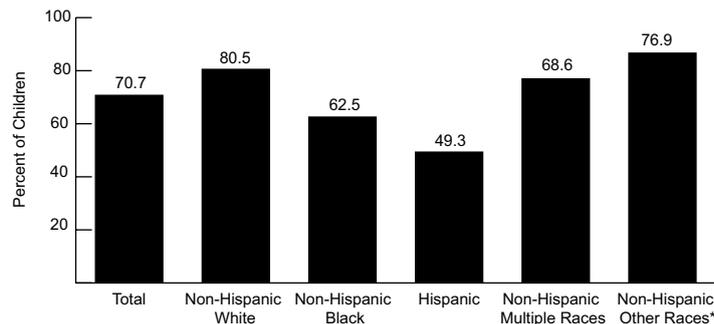
Source (I.8): Health Resources and Services Administration, Maternal and Child Health Bureau and Centers for Disease Control and Prevention, National Center for Health Statistics, National Survey of Children's Health



*Includes Asian/Pacific Islander, American Indian/Alaska Natives, and children of other races.

Children Under Age 18 in Excellent or Very Good Oral Health, by Race/Ethnicity, 2007

Source (I.8): Health Resources and Services Administration, Maternal and Child Health Bureau and Centers for Disease Control and Prevention, National Center for Health Statistics, National Survey of Children's Health



*Includes Asian/Pacific Islander, American Indian/Alaska Natives, and children of other races.

VACCINE-PREVENTABLE DISEASES

The number of reported cases of vaccine-preventable diseases has generally decreased over the past several decades. In 2006, there were no reported cases of diphtheria or polio in the United States population, and no cases of tetanus among children under 5 years of age. Among children in this age group, there were also no reported cases of acquired rubella and only one case of congenital rubella.

From 2005 to 2006, the number of reported cases of hepatitis A and pertussis decreased among children under 5 years of age. The overall incidence of hepatitis A began dropping dramatically once routine vaccination for children living in high-risk areas was recommended beginning in 1996, and in October of 2005, the Centers for Disease Control and Prevention (CDC) instituted the recommendation that all children be immunized for hepatitis A starting at 1 year of age. The latter recommendation was made because two-thirds of cases were occurring in States where the vaccine was not currently recommended for children. With regard to pertussis, the number of cases among young children decreased by nearly 50 percent over the previous year, although the CDC reports that this is likely due to the cyclical

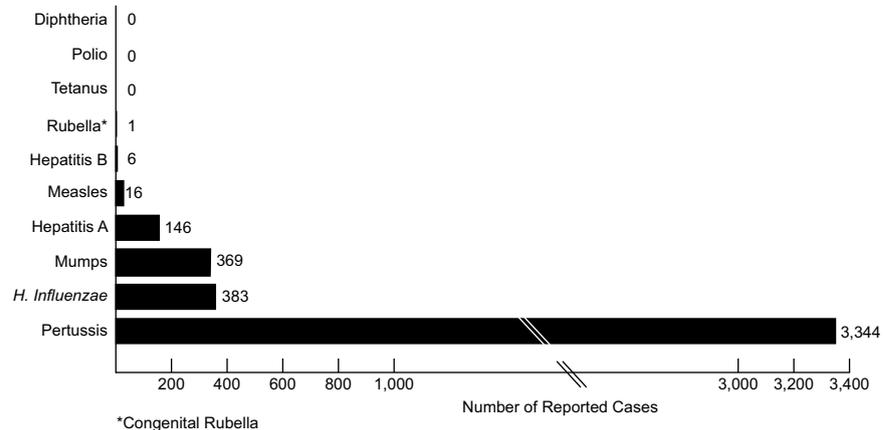
nature of the disease and not an increase in immunization. The highest reported rate occurred among infants under 6 months of age, a population that is too young to be fully vaccinated.

While the number of reported cases of several vaccine-preventable diseases decreased between 2005 and 2006, the number of reported cases of measles and *H. Influenzae* increased slightly. The number of reported cases of mumps increased by a factor of 17 due to an outbreak, which was largely focused in six contiguous Midwestern

States. In response, the CDC updated criteria for mumps immunity and vaccination recommendations. Reported cases of hepatitis B remained virtually unchanged.

Reported Cases of Selected Vaccine-Preventable Diseases Among Children Under Age 5, 2006

Source (II.4): Centers for Disease Control and Prevention, National Notifiable Diseases Surveillance System



PEDIATRIC AIDS

Acquired immunodeficiency syndrome (AIDS) is caused by the human immunodeficiency virus (HIV), which damages or kills the cells that are responsible for fighting infection. AIDS is diagnosed when HIV has weakened the immune system enough that the body has a difficult time fighting infections. Through 2007, an estimated 9,209 AIDS cases in children younger than 13 had ever been reported in the United States. Pediatric AIDS cases represent less than one percent of all AIDS cases ever reported.

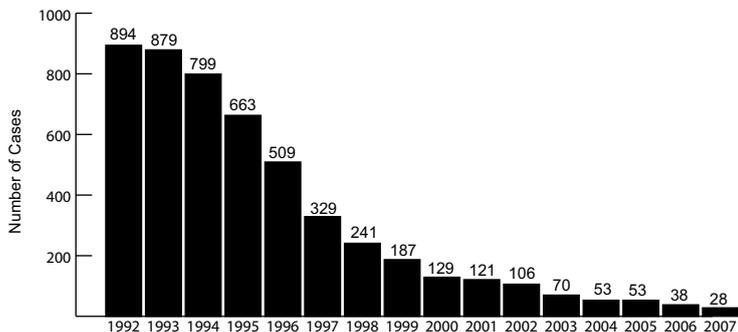
In 2007, an estimated 28 new AIDS cases were diagnosed among children under age 13. The number of new pediatric AIDS cases has declined substantially since 1992, when an estimated 894 new cases were reported. A major factor in this decline is the increasing use of antiretroviral therapy before, during, and after pregnancy to reduce perinatal transmission of HIV. In addition, the Centers for Disease Control and Prevention released new and updated materials in 2004 to further promote universal prenatal HIV testing. It is expected that the perinatal transmission rate

will continue to decline with increased use of treatments and obstetric procedures.

Racial and ethnic minorities are disproportionately represented among pediatric AIDS cases. Non-Hispanic Black children account for over 60 percent of all pediatric AIDS cases ever reported, but compose only about 15 percent of the total U.S. population in this age group.

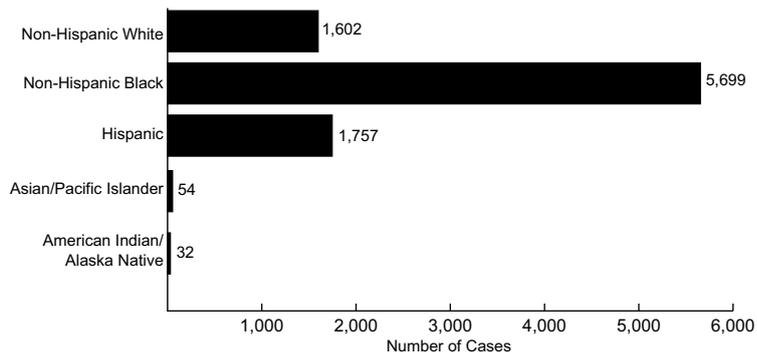
Estimated Numbers of AIDS Cases in Children Under Age 13, by Year of Diagnosis, 1992–2007

Source (II.5): Centers for Disease Control and Prevention, HIV/AIDS Surveillance System



Estimated Numbers of AIDS Cases Ever Reported in Children Under Age 13, by Race/Ethnicity, Through 2007*

Source (II.5): Centers for Disease Control and Prevention, HIV/AIDS Surveillance System



*Includes children with a diagnosis of AIDS from the beginning of the epidemic through 2007, but does not include 58 children of unknown or multiple races.

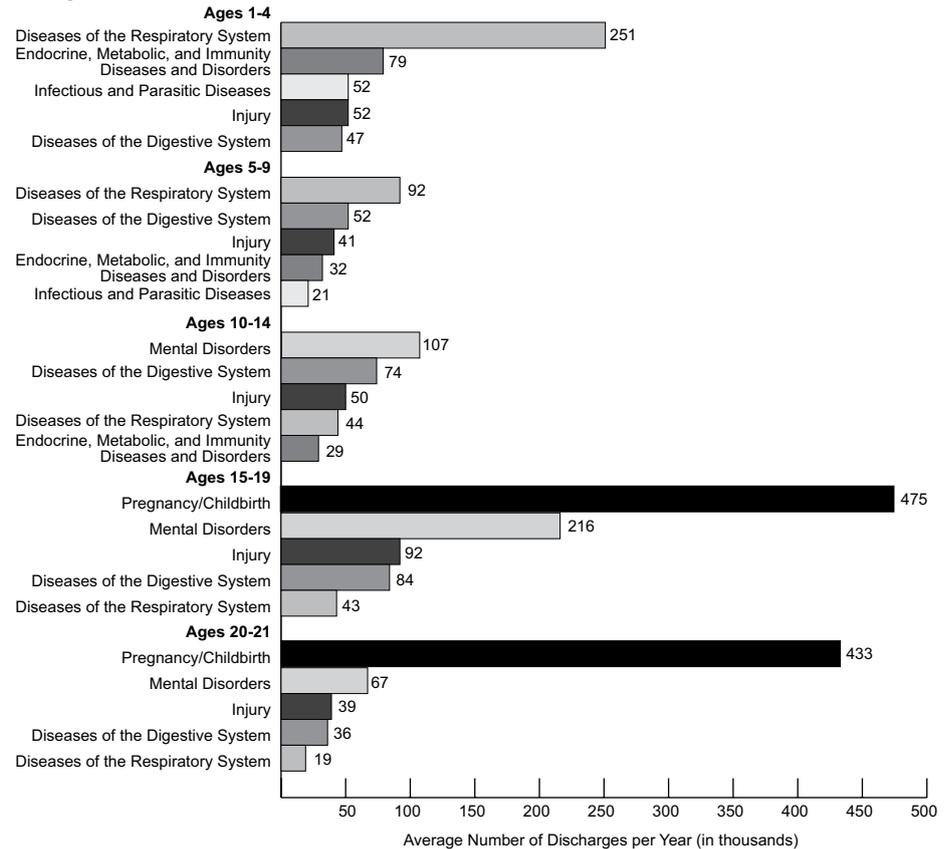
HOSPITALIZATION

In 2006, there were nearly 3.5 million hospital discharges among youth aged 1–21 years, equaling 4.0 hospital discharges per 100 children. Hospital discharge rates generally decrease with age until early adolescence, and then begin to increase.

While injuries are the leading cause of death among children and adolescents older than 1 year of age, they were not the most common cause of hospitalization for any age group of children. In 2005-2006, diseases of the respiratory system were the most common cause of hospitalization for children aged 1-4 and 5-9 years, accounting for 39 and 24 percent of discharges, respectively. Mental disorders were the most common cause of hospitalization among children aged 10-14 years, accounting for 24 percent of discharges. Among adolescents and young adults aged 15-19 and 20-21 years, pregnancy and childbirth was the most common cause of hospitalization, accounting for 42 and 64 percent of discharges, respectively.

Major Causes of Hospitalization, by Age, 2005-2006

Source (II.6): Centers for Disease Control and Prevention, National Center for Health Statistics, National Hospital Discharge Survey



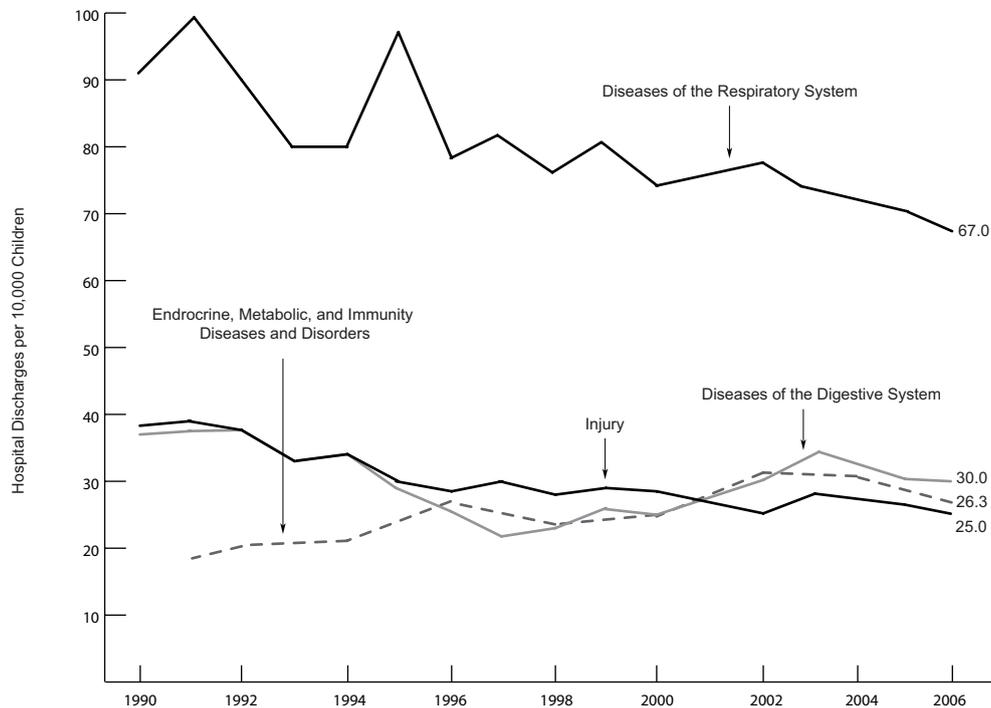
HOSPITALIZATION TRENDS

Four types of health problems—respiratory diseases, digestive diseases, injuries, and endrocrine, metabolic, and immunity diseases and disorders—accounted for 51 percent of hospital discharges among children aged 1-14 years in 2006. Since 1985, overall hospital discharge rates for children in this age group have declined by 38 percent, which is reflected in decreases in discharge rates for each of those three categories.

Between 1990 and 2006, hospital discharge rates for diseases of the respiratory system declined 26.4 percent for children aged 1-14 years (from 91 per 10,000 to a low of 67 per 10,000). During this period, the rate of discharges due to injury also declined, from 38 to 25 per 10,000, or 34.2 percent. Similarly, the hospital discharge rate among children for diseases of the digestive system dropped from 37 to 30 per 10,000, or 19.0 percent. The rate of discharges due to endrocrine, metabolic, and immunity diseases and disorders, however, increased 36.8 percent, from 19 to 26 per 10,000. This category of diseases and conditions includes thyroid gland disorders, diabetes, nutritional deficiencies, and overweight and obesity.

Hospitalization Rates Among Children Aged 1–14, by Selected Diagnosis, 1990–2006

Source (II.6): Centers for Disease Control and Prevention, National Center for Health Statistics, National Hospital Discharge Survey



ABUSE AND NEGLECT

State child protective services (CPS) agencies received approximately 3.3 million referrals, involving an estimated 6.0 million children, alleging abuse or neglect in 2006. More than half of these reports were made by community professionals, such as teachers and other educational personnel, police officers, medical personnel, and daycare providers.

Investigations determined that an estimated 905,000 children were victims of abuse or neglect in 2006, equaling a victimization rate of 12.1 per 1,000 children in the population. Neglect was the

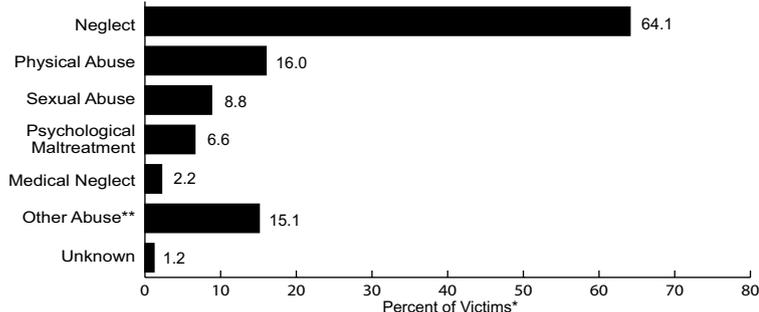
most common type of maltreatment (experienced by 64.1 percent of victims), followed by physical abuse (16.0 percent). Other types of abuse included sexual abuse, psychological maltreatment, medical neglect, and categories of abuse based on specific State laws and policies. Some children suffered multiple types of maltreatment.

Victimization rates were highest among young children. In 2006, the rate of victimization among children under 1 year of age was 24.4 per 1,000 children of the same age; the rate declined steadily as age increased (data not shown). Younger children were more likely than older children

to be victims of neglect, while older children were more likely to be physically or sexually abused. Almost 80 percent of perpetrators of abuse or neglect were parents of the victim. Remaining types of perpetrators included other relatives (6.7 percent), unmarried partners of parents (3.8 percent), and professionals such as daycare workers and residential facility staff (0.9 percent). Foster parents accounted for 0.4 percent of perpetrators, while friends and neighbors accounted for 0.5 percent.

Abuse and Neglect Among Children Under Age 18, by Type of Maltreatment, 2006

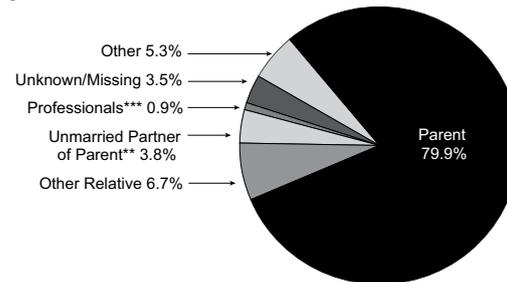
Source (II.7): Administration for Children and Families, National Child Abuse and Neglect Data System



*Percentages equal more than 100 because some children were victims of more than one type of abuse or neglect. **Includes abandonment, threats of harm, and congenital drug addiction.

Perpetrators of Child Abuse and Neglect, by Relationship to Victim, 2006*

Source (II.7): Administration for Children and Families, National Child Abuse and Neglect Data System



*Based on 47 states reporting. **Defined as someone who has a relationship with the parent and lives in the household with the parent and maltreated child. ***Includes residential facility staff, child daycare providers, and other professionals.

CHILD MORTALITY

In 2006, 10,780 children between the ages of 1 and 14 years died of various causes; this was nearly 600 fewer than the previous year. The overall mortality rate among 1- to 4-year-olds was 28.4 per 100,000 children in that age group, and the rate among 5- to 14-year-old children was 15.2 per 100,000. Each of these rates is approximately one percentage point lower than the previous year.

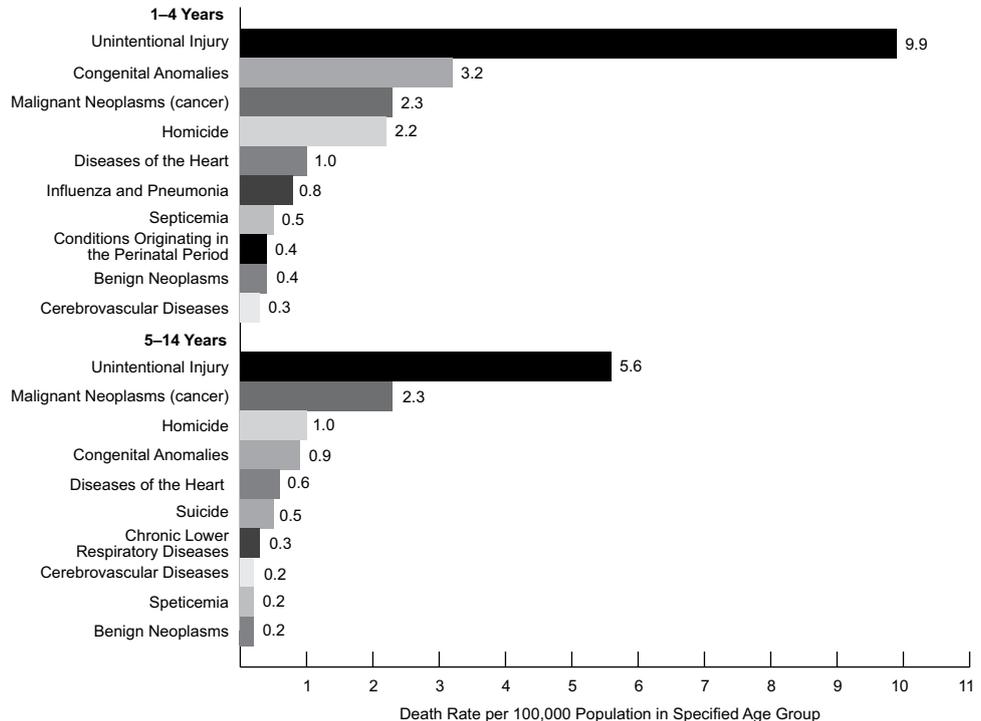
Unintentional injury continued to be the leading cause of death among both 1- to 4-year-olds and 5- to 14-year-olds, accounting for 35 percent and 37 percent of all deaths, respectively. Among the younger group, the next leading cause of death was congenital anomalies (birth defects), followed by malignant neoplasms (cancer), homicide, and diseases of the heart. Among the older group, the second leading cause of death was malignant neoplasms, followed by homicide and congenital anomalies.

Mortality rates were higher among males than females for both the 1- to 4-year-old and 5- to 14-year-old age groups (30.5 versus 26.3 and 17.6 versus 12.8 per 100,000, respectively, in 2006; data not shown). For both age groups, non-Hispanic Black children had the highest mortality rates (44.3 per 100,000 for 1- to 4-year-olds and 21.9 for 5- to 14-year-olds). Non-Hispanic

White and Hispanic children had much lower mortality rates. Among Hispanics, rates were 26.4 per 100,000 for 1- to 4-year olds and 14.2 per 100,000 for 5- to 14-year-olds. Among non-Hispanic Whites, rates were 25.0 and 14.0 per 100,000, respectively (data not shown).

Leading Causes of Death Among Children Aged 1–14, 2006

Source (II.8): Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System



CHILD MORTALITY DUE TO INJURY

In 2006, unintentional injuries were the cause of death for 1,610 children aged 1-4 years and 2,258 children aged 5-14 years. Motor vehicle traffic, drowning, and fires and burns were the most common causes of unintentional injury death among children in both age groups. Unintentional injury due to motor vehicle traffic caused 2.9 and 3.0 deaths per 100,000 children aged 1-4 and 5-14 years, respectively.

In addition, 366 children aged 1-4 years were victims of homicide in 2006, while 609 children aged 5-14 years were victims of homicide or suicide (data not shown).

Deaths Due to Unintentional Injury Among Children Aged 1-14, 2006

Source (II.8): Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System

