

## Preface

The Health Resources and Services Administration's Maternal and Child Health Bureau (MCHB) is pleased to present *Child Health USA 2008-2009*, the 19th annual report on the health status and service needs of America's children. MCHB's vision is that of a Nation in which the right to grow to one's full potential is universally assured through attention to the comprehensive physical, psychological, and social needs of the maternal and child population. To assess the progress toward achieving this vision, MCHB has compiled this book of secondary data for more than 50 health status and health care indicators. It provides both graphical and textual summaries of relevant data, and addresses long-term trends where applicable and feasible.

This edition of *Child Health USA* combines 2 calendar years in order to provide more timely data for public use. All of the data discussed within the text of these pages are from the same sources as the information in the corresponding graphs, unless otherwise noted. Data are presented for the target populations of Title V Maternal and Child Health Block Grant funding: infants, children, adolescents, children with special health care needs, and women of childbearing age. *Child Health USA 2008-2009* addresses health status

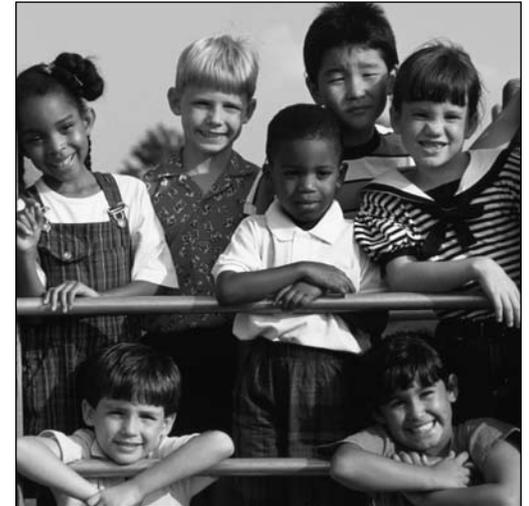
and health services utilization within this population, and offers insight into the Nation's progress toward the goals set out in the MCHB's strategic plan—to assure quality of care, eliminate barriers and health disparities, and improve the health infrastructure and system of care for women, infants, children, and families.

*Child Health USA* is published to provide the most current data available for public health professionals and other individuals in the public and private sectors. The book's succinct format is intended to facilitate the use of the information as a snapshot of children's health in the United States.

**Population Characteristics** is the first section and presents statistics on factors that influence the well-being of children, including poverty, education, and child care. The second section, entitled **Health Status**, contains vital statistics and health behavior information for the maternal and child population. **Health Services Financing and Utilization**, the third section, includes data regarding health care financing and utilization of selected health services. The final sections, **State Data** and **City Data**, contain information on selected indicators at those levels.

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## Introduction

The health of the current child population reflects the overall health of the Nation and has important implications for the future as these children grow into adults. Many childhood issues—including weight, smoking, oral health, and vaccination coverage—can affect health throughout the lifespan. In 2008, nearly 25 percent of the United States population was under 18 years of age. Overall, the parents of 84.4 percent of children reported their children to be in excellent or very good health in 2007, but that percentage was lower for older children. The health and well-being of these children, and that of the entire Nation, depends on preventive services, such as prenatal care and immunization, as well as the promotion of healthy life choices. These measures help ensure that children are born healthy and maintain good health as they grow up.

Good health begins even before birth. Timely prenatal care is an important preventive strategy that can help protect the health of both mother and child. Entry into prenatal care during the first trimester has been increasing, reaching 83.2 percent of pregnant women in 2005 (this is according to data from areas using the “unrevised” birth certificate—for more information, please

see page 65). A small proportion of women (3.6 percent) did not receive prenatal care until the third trimester, or did not receive any at all. This was more common among non-Hispanic Black and Hispanic women, as well as those who were younger, unmarried, and less educated.

Several other indicators of maternal health are included in *Child Health USA*. For instance, data are presented on maternal age, which can affect the health of both infant and mother. In 2006, births to women aged 15-19 years increased for the first time in 15 years to 41.9 births per 1,000 females in this age group; this is still significantly lower than the most recent peak (61.8 per 1,000 in 1991). The average age at first birth among women in the United States was 25.0 years.

A number of family and neighborhood factors can also affect the health and well-being of children and the larger community. In 2007, 71.0 percent of women with children under 18 years of age were in the labor force (either employed or looking for work). Mothers with children under 6 years of age were less likely to be in the labor force (63.3 percent). In 2005, 60 percent of children under 6 years of age required care from someone other than a parent at least once a week. The 2007

National Survey of Children’s Health measured a number of neighborhood amenities available to children: 46.7 percent of children were reported to have all four of the listed amenities (sidewalks or walking paths, a park or playground, a community or recreation center, and a library or bookmobile), while 4.5 percent of children had none of those neighborhood amenities. Additionally, 28.6 percent of children were reported to live in neighborhoods with at least one of three specific indicators of poor neighborhood conditions, such as litter, vandalism, or dilapidated housing.



*Child Health USA* also provides information regarding the health of infants and young children. Healthy birth weight is an important indicator of infant health, and emerging evidence indicates that birth weight may affect children into adulthood. Children born very low birth weight are significantly more likely to die in the first year of life than children of healthy birth weight, and those who survive are at particularly high risk for health complications. In 2006, 8.3 percent of infants were born low birth weight (less than 2,500 grams, or 5 pounds 8 ounces). Although the number of multiple births, which are more likely to result in low birth weight, are on the rise, the low birth weight rate among singletons is rising as well. Very low birth weight (less than 1,500 grams, or 3 pounds 4 ounces) represented 1.5 percent of live births in 2006. Although maternal and infant mortality rates have dropped dramatically in the last century, the United States still has one of the highest rates of infant death in the industrialized world (6.7 deaths per 1,000 live births).

Breastfeeding can support the health of infants and mothers, and rates have increased steadily since the beginning of the last decade. In 2007, 75.5 percent of children through age 5 had been breastfed for some period of time. Al-

though recommended by the American Academy of Pediatrics, only 12.4 percent of children were breastfed exclusively (without supplemental food or liquids) for the first 6 months of life.

Vaccination is a preventive health measure that protects children into adulthood. Vaccines are available for a number of public health threats, including measles, mumps, rubella (German measles), polio, diphtheria, tetanus, pertussis (whooping cough), and *H. Influenzae* type b (a meningitis bacterium). In 2006, 80.5 percent of children aged 19-35 months had received this recommended series of vaccines; 76.9 percent of children received the recommended series plus the varicella (chicken pox) vaccine.

Physical activity is another important protective factor in lifelong health, with habits that can be formed early in childhood. Results from the 2007 Youth Risk Behavior Surveillance System indicate that 34.7 percent of high school students met the levels of physical activity recommended at the time, and 24.9 percent of students did not participate in 1 hour or more of physical activity in the past week.

Mental health is another important health issue among children. In 2005-2006, the parents of 11.2 percent of girls aged 4-17 years and 17.6 percent of boys in that age group had talked to a

health care provider or school staff about emotional or behavioral difficulties. Overall, 4.2 percent of girls and 6.4 percent of boys received treatment for these difficulties (not including children who received medication only).

The period of adolescence brings age-specific health issues that need to be monitored and addressed. In 2007, 47.8 percent of high school students reported ever having had sexual intercourse. Although sexual activity increased with



grade level, condom use decreased: among 9th grade students, 20.1 percent were sexually active, two-thirds of whom used condoms, while 52.6 percent of 12th grade students were sexually active, half of whom used condoms.

With sexual activity comes the risk of sexually transmitted infections (STIs). Adolescents (aged 15-19) and young adults (aged 20-24 years) are at much higher risk of contracting STIs than are older adults. Chlamydia continues to be one of the most common STIs among adolescents and young adults, with rates of 1,674 and 1,796 per 100,000, respectively, in 2006. Gonorrhea followed in prevalence with overall rates of 459 and 528 per 100,000 among adolescents and young adults, respectively. Cases of genital human papillomavirus (HPV) are not currently tracked by the Centers for Disease Control and Prevention, but it is believed to be the most common STI in the United States. It is estimated that 24.5 percent of females aged 14-19 years and 44.8 percent of females aged 20-24 years had an HPV infection in 2003-2004.

Violence also threatens the health of adolescents. The 2007 Youth Risk Behavior Surveillance indicates that 18.0 percent of high school students had carried a weapon at some point during the month preceding the survey. Males were

about four times as likely as females to carry a weapon (28.5 versus 7.5 percent), with non-Hispanic White males being the most likely to do so (30.3 percent). The survey also showed that 12.4 percent of students had been in a fight on school property in the past year; this was most common among non-Hispanic Black males (20.0 percent).

With regard to substance use, 9.5 percent of adolescents aged 12-17 years reported using illicit drugs in the past month. Rates were highest among children aged 16-17 years (16.0 percent). Alcohol was the most commonly used drug among adolescents, with 15.9 percent reporting past month use.

The health status and health services utilization indicators reported in *Child Health USA* can help policymakers and public health officials bet-

ter understand current trends in pediatric health and wellness and determine what programs might be needed to further improve the public's health. These indicators can also help identify positive health outcomes which may allow public health professionals to draw upon the experiences of programs that have achieved success. The health of our children and adolescents relies on effective public health efforts that include providing access to knowledge, skills, and tools; providing drug-free alternative activities; identifying risk factors and linking people to appropriate services; building community supports; and supporting approaches that promote policy change, as needed. Such preventive efforts and health promotion activities are vital to the continued improvement of the health and well-being of America's children and families.

