



HEALTH STATUS

Monitoring the health status of infants, children, and adolescents allows health professionals, program planners, and policymakers to assess the impact of past and current health intervention and prevention programs and identify areas of need within the child population. Although indicators of child health and well-being are often assessed on an annual basis, some surveillance systems collect data at regular intervals, such as every 2, 3, or 5 years. Trends can be identified by examining and comparing data from one data collection period to the next whenever multiple years of data are available.

In the following section, mortality, disease, injury, and health behavior indicators are presented by age group. The health status indicators in this section are based on vital statistics and national surveys and surveillance systems. Population-based samples are designed to yield information that is representative of the maternal and child populations that are affected by, or in need of, specific health services or interventions.

HEALTH STATUS - INFANTS



BREASTFEEDING

Breastfeeding has been shown to promote the health and development of infants, as well as their immunity to disease. It also confers a number of maternal, societal, and even environmental benefits.¹ The American Academy of Pediatrics recommends exclusive breastfeeding—with no supplemental food or liquids—through the first 6 months of life, and continued supplemental breastfeeding through at least the first year.²

Breastfeeding initiation rates have increased steadily since the early 1990s. In 2007, the parents of 75.5 percent of children from birth to 5 years of age reported that the child had ever

been breastfed (including being fed expressed breast milk). Children living in households with incomes of 400 percent or more of the Federal poverty level (\$20,650 for a family of four in 2007) were most likely to have been breastfed (83.2 percent), while children living in households with incomes below 100 percent of the Federal poverty level were least likely to have been breastfed (65.7 percent). Initiation of breastfeeding also varies by race/ethnicity, and maternal age and educational achievement.

The percentage of children who are exclusively breastfed for six months is considerably lower than the percent who are ever breastfed. In 2007, the parents of only 12.4 percent of

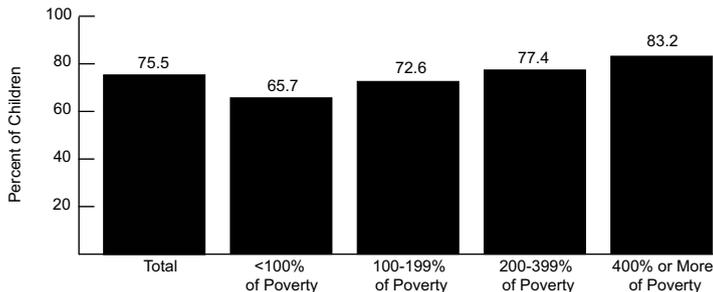
children aged 6 months to 5 years reported that their child was exclusively breastfed for at least the first 6 months of life. The rate of exclusive breastfeeding also varied by family income, with 10.6 percent of children with family incomes below 100 percent of the Federal poverty level being exclusively breastfed through 6 months, compared to 14.7 percent of children with family incomes of 400 percent or more of the Federal poverty level.

1 U.S. Department of Health and Human Services. Benefits of breastfeeding. Available online: <http://www.womenshealth.gov/breastfeeding/benefits/>; accessed July, 2010.

2 American Academy of Pediatrics. Breastfeeding and the use of human milk. Pediatrics 2005 Feb;115(2):496-506.

Breastfeeding* Among Children Aged 0–5 Years, by Poverty Level,** 2007

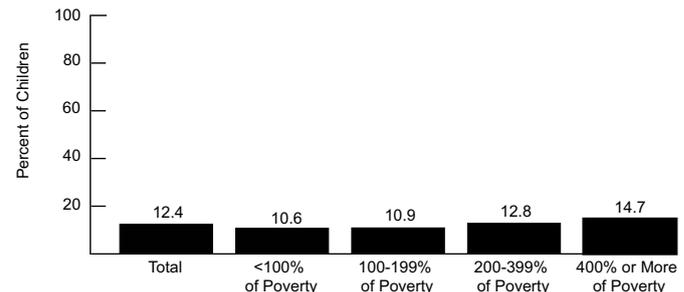
Source (I.7): Health Resources and Services Administration, Maternal and Child Health Bureau and Centers for Disease Control and Prevention, National Center for Health Statistics, National Survey of Children's Health



*Ever fed breast milk. ** The U.S. Department of Health and Human Services establishes poverty guidelines for determining financial eligibility for Federal programs; the poverty level for a family of four was \$20,650 in 2007.

Exclusive* Breastfeeding Among Children Aged 6 Months to 5 Years, by Poverty Level,** 2007

Source (I.7): 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



*Fed only breast milk for the first 6 months of life. ** The U.S. Department of Health and Human Services establishes poverty guidelines for determining financial eligibility for Federal programs; the poverty level for a family of four was \$20,650 in 2007.

LOW BIRTH WEIGHT

Low birth weight is a leading cause of neonatal mortality (death before 28 days of age). Low birth weight infants are more likely to experience long-term disability or die during the first year of life than are infants of normal weight.

According to preliminary data, 8.2 percent of infants were born low birth weight (less than 2,500 grams or 5 pounds 8 ounces) in 2008; this rate was unchanged from the previous year. In 2006, the rate of low birth weight was the highest recorded in four decades (8.3 percent). The increase in multiple births, which are at high risk of low birth weight, strongly influenced this increase; however, rates of low birth weight also rose for singleton births.

In 2008, the rate of low birth weight was much higher among infants born to non-Hispanic Black women (13.7 percent) than infants born to mothers of other racial/ethnic groups. The second highest rate, which occurred among Asian/Pacific Islanders, was 8.2 percent, followed by a rate of 7.4 percent among American Indian/Alaska Natives. Low birth weight occurred among 7.2 percent of infants born to non-Hispanic White women, while infants of Hispanic women experienced the lowest rate (7.0 percent). The low birth weight rate remained unchanged over the previous year for infants born to non-Hispanic White mothers, while the rate declined for infants born to non-

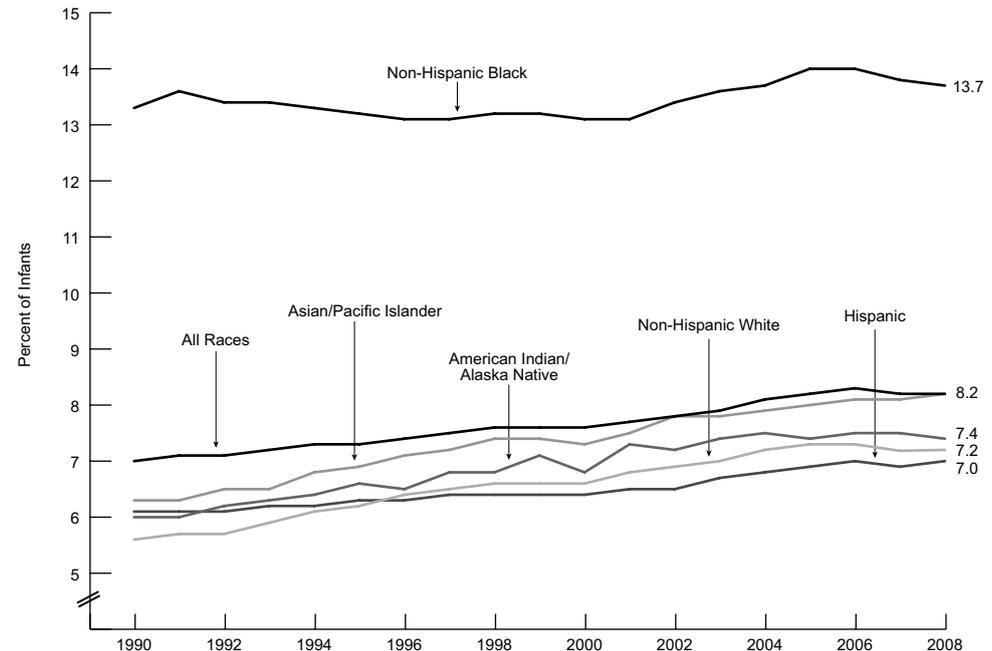
Hispanic Black and American Indian/Alaska Native mothers and increased for infants born to Hispanic and Asian/Pacific Islander mothers.

Low birth weight also varied by maternal age. In 2007 (the latest year for which data are available), the rate of low birth weight was highest among babies born to women younger than 15

years of age (12.4 percent), followed by babies born to women aged 40–54 years (11.5 percent). The lowest rates occurred among babies born to mothers aged 25–29 years and 30–34 years (7.4 and 7.6 percent, respectively; data not shown).

Low Birth Weight Among Infants, by Maternal Race/Ethnicity, 1990–2008*

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



*Data for 2008 are preliminary.

VERY LOW BIRTH WEIGHT

According to preliminary data, 1.5 percent of infants were born very low birth weight (less than 1,500 grams, or 3 pounds 4 ounces) in 2008. The proportion of very low birth weight infants has slowly climbed from just over 1 percent in 1980.

Infants born at such low weight are approximately 100 times more likely to die in the first year of life than are infants of normal birth weight (above 5 pounds 8 ounces). Very low birth weight infants who survive are at a significantly increased risk of severe problems, including physical and visual difficulties, developmental delays, and cognitive impairment, requiring increased levels of medical, educational, and parental care.

Infants born to non-Hispanic black women are more than two times more likely than infants born to mothers of other racial/ethnic groups to be very low birth weight. Among infants born to non-Hispanic Black women, 3.0 percent were very low birth weight in 2008, compared to 1.2 percent of infants born to non-Hispanic White, Hispanic, and Asian/Pacific Islander women and 1.3 percent of American Indian/Alaska Native women. This difference is a major contributor to the disparity in infant mortality rates between non-Hispanic Black infants and infants of other racial/ethnic groups. However, non-Hispanic Black infants were the

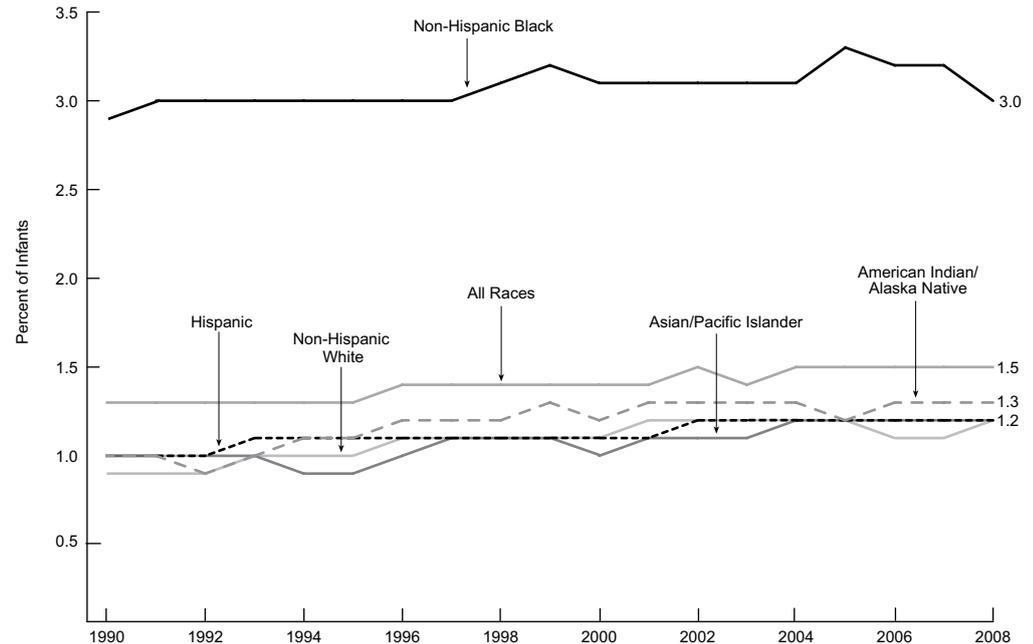
only racial/ethnic group to see a drop in very low birth weight between 2007 and 2008; the rates for all other racial/ethnic groups remained largely unchanged.

In 2007 (the latest year for which data are available), the rate of very low birth weight was

highest among babies born to mothers under 15 years of age (2.8 percent), followed by mothers aged 45–54 years (2.2 percent). The rate was lowest among mothers aged 25–29 years (1.3 percent; data not shown).

Very Low Birth Weight Among Infants, by Race/Ethnicity, 1990–2008*

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



*Data for 2008 are preliminary.

PRETERM BIRTH

Babies born preterm, before 37 completed weeks of gestation, are at increased risk of immediate and long-term complications, as well as mortality. Complications that occur during the newborn period can include respiratory distress, jaundice, anemia, and infection, while long-term complications can include learning and behavioral problems, cerebral palsy, lung problems, and vision and hearing loss. Although the risk of complications is greatest among those babies who are born the earliest, even those babies born “late preterm” (34 to 36 weeks’ ges-

tation) are more likely than full-term babies to experience complications.¹

According to preliminary data, 12.3 percent of infants were born preterm in 2008. Overall, 8.8 percent of babies were born at 34 to 36 weeks’ gestation, 1.6 percent were born at 32–33 weeks, and 2.0 percent were “very preterm” (less than 32 weeks). The preterm birth rate increased more than 20 percent from 1990 to 2006, and has declined in the two years since (data not shown).

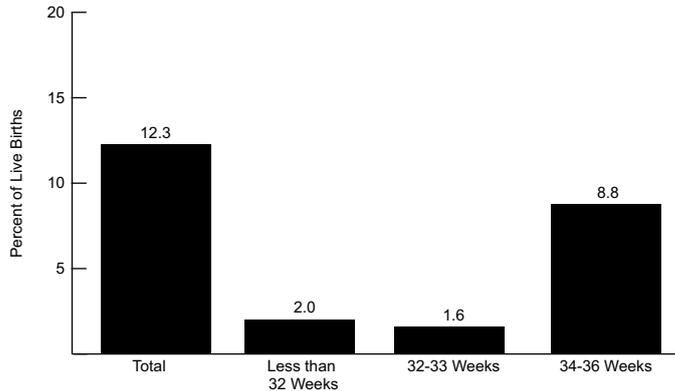
The preterm birth rate varies by race/ethnicity. In 2008, 17.5 percent of babies born to

non-Hispanic Black women were born preterm, compared to 10.7 percent of babies born to Asian/Pacific Islander women. Among babies born to non-Hispanic White women, 11.1 percent were born preterm, while the same was true of 12.1 percent of babies born to Hispanic women and 13.6 percent of babies born to American Indian/Alaska native women.

1 Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Reproductive Health. Prematurity. November 2009. Available online: <http://www.cdc.gov/Features/PrematureBirth/>; accessed September 2010.

Preterm Birth Among Infants, by Completed Weeks of Gestation, 2008*

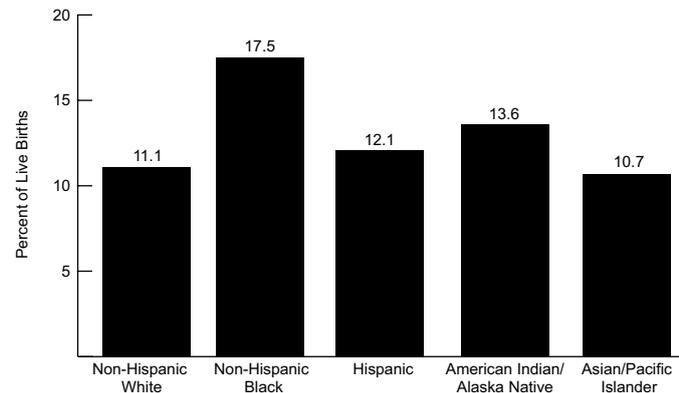
Source (I.8): Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System



*Preliminary data.

Preterm Birth Among Infants, by Maternal Race/Ethnicity, 2008*

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



*Preliminary data.

MATERNAL MORTALITY

The rate of maternal mortality in the United States declined dramatically over the last century; however, there has been some reversal of this trend in the last several decades. In 2007, the maternal mortality rate was 12.7 deaths per 100,000 live births, compared to a low of 6.6 per 100,000 in 1987. Some of this increase may be due to changes in the coding and classification of maternal deaths.

In 2007, a total of 548 women were reported to have died of maternal causes. This includes

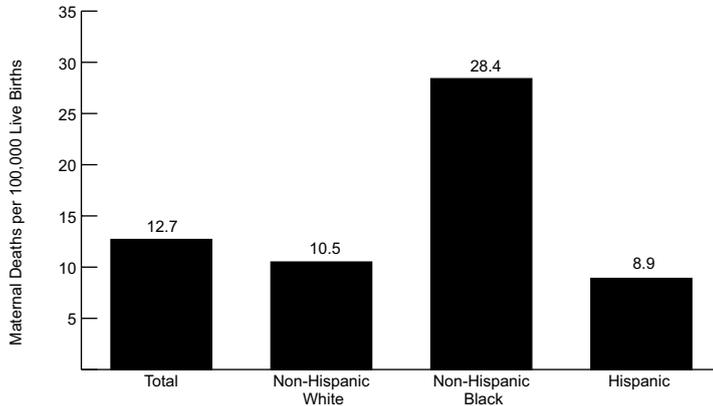
only those deaths due to causes related to or aggravated by pregnancy or pregnancy management, and excludes deaths occurring more than 42 days after the end of the pregnancy and deaths of pregnant women due to external causes (such as injury). The maternal mortality rate among non-Hispanic Black women was 2.7 times the rate for non-Hispanic White women (28.4 versus 10.5 per 100,000).

Causes of maternal death are classified as direct, indirect, or unspecified. Some of the most common direct causes are complications

related to the puerperium, or period immediately after delivery (2.2 per 100,000), eclampsia and pre-eclampsia (1.5 per 100,000), hemorrhage of pregnancy, childbirth, and placenta previa (0.9 per 100,000), and pregnancy with abortive outcome (0.5 per 100,000). Indirect causes occurred at a rate of 3.1 per 100,000, and comprised deaths from pre-existing conditions complicated by pregnancy. The rate of maternal deaths from unspecified causes was 0.5 per 100,000.

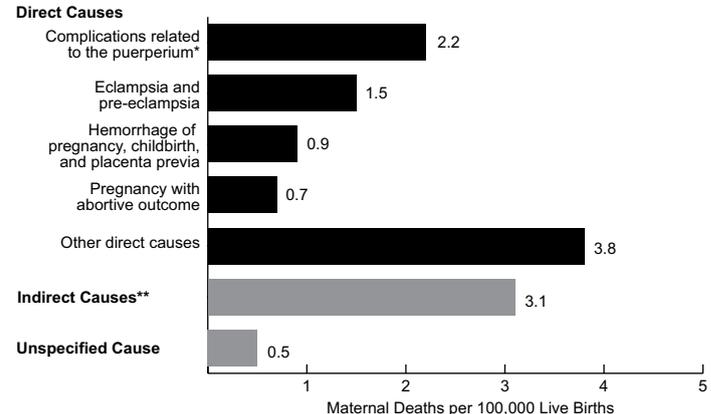
Maternal Mortality Rates, by Race/Ethnicity, 2007

Source (II.1): Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System



Leading Causes of Maternal Mortality, 2007

Source (II.1): Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System



*Deaths occurring in the period immediately after delivery. **Deaths from pre-existing conditions complicated by pregnancy.

INFANT MORTALITY

In 2007, 29,138 infants died before their first birthday, representing an infant mortality rate of 6.8 deaths per 1,000 live births; this is essentially unchanged from the previous year. The leading cause of infant mortality was congenital malformations, which accounted for approximately 20 percent of deaths, followed by disorders related to short gestation and low birth weight, which accounted for almost 17 percent of deaths (data not shown).

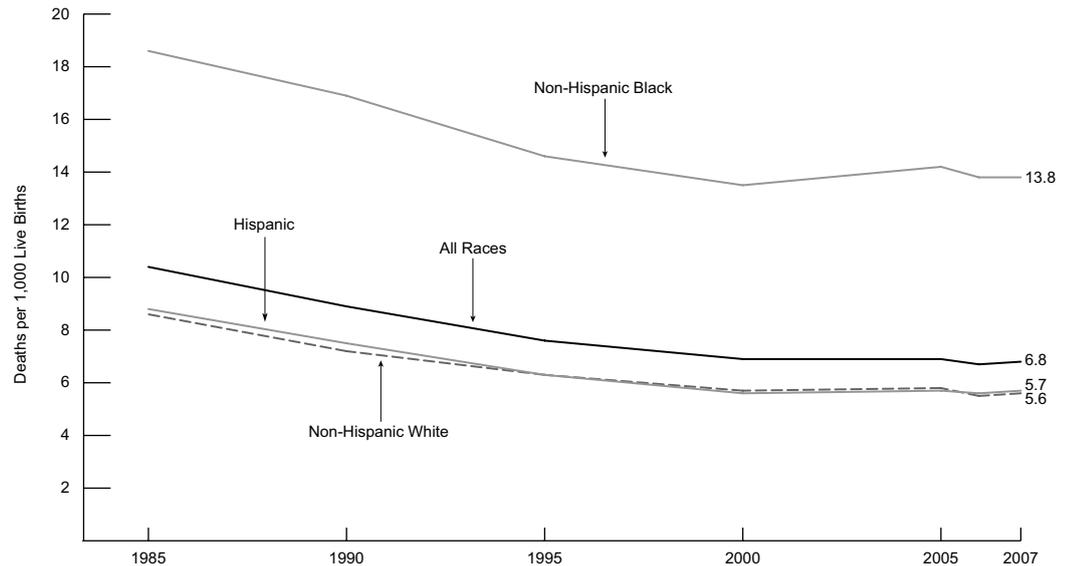
The infant mortality rate began a substantial decline in the late 19th and early 20th century. Some factors in this early decline included economic growth, improved nutrition, new sanitary measures, and advances in knowledge about infant care. More recent advances in knowledge that contributed to a continued decline included the approval of synthetic surfactants and the recommendation that infants be placed on their backs to sleep.

In 2007, the mortality rate among infants born to non-Hispanic Black women was 13.8 deaths per 1,000 live births. This is nearly two and one-half times the rate among infants born to non-Hispanic White and Hispanic women (5.6 and 5.7 per 1,000, respectively). Although the infant mortality rates among both non-Hispanic Whites and non-Hispanic Blacks have declined over the last century, the disparity between the two races remains largely unchanged.

The Maternal and Child Health Block Grant and MCHB's Health Start program provide health and support services to pregnant women and infants with the goal of improving children's health outcomes and reducing infant and child mortality.

Infant Mortality Rates,* by Maternal Race/Ethnicity, 1985–2007

Source (II.2): Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System



*Under 1 year of age.

NEONATAL AND POSTNEONATAL MORTALITY

Neonatal. In 2007, 19,058 infants died before reaching 28 days of age, representing a neonatal mortality rate of 4.4 deaths per 1,000 live births. Although this is a slightly lower rate than the previous year (4.5 per 1,000), the change was not statistically significant.

Neonatal mortality is generally related to short gestation and low birth weight, congenital malformations, and conditions originating in the perinatal period, such as birth trauma or infection.

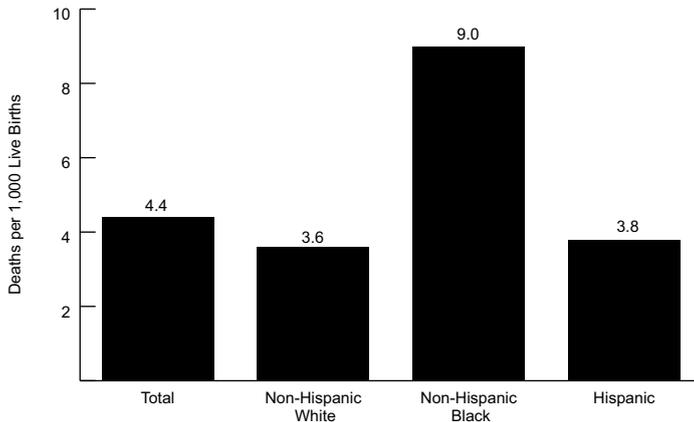
Neonatal mortality rates vary by race and ethnicity. In 2007, the neonatal mortality rate among infants born to non-Hispanic Black women was 9.0 per 1,000 live births, more than twice the rate among infants born to non-Hispanic White and Hispanic women (3.6 and 3.8 per 1,000, respectively).

Postneonatal. In 2007, 10,080 infants died between the ages of 28 days and 1 year, representing a postneonatal mortality rate of 2.3 deaths per 1,000 live births. This is slightly higher than the rate of 2.2 deaths per 1,000 reported in 2006.

Postneonatal mortality is generally related to Sudden Infant Death Syndrome (SIDS), congenital malformations, and unintentional injuries. Postneonatal mortality varies by race and ethnicity. In 2007, the highest rate of postneonatal mortality was reported among infants born to non-Hispanic Black women (4.8 per 1,000). Rates for infants born to non-Hispanic White and Hispanic women were 2.0 and 1.9 per 1,000, respectively.

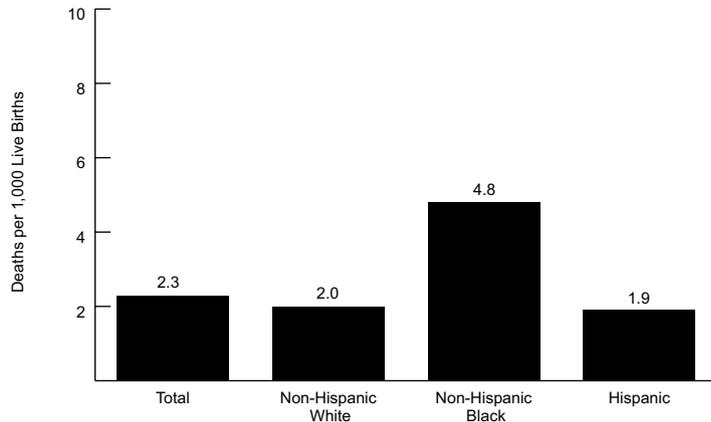
Neonatal Mortality Rates, by Maternal Race/Ethnicity, 2007

Source (II.2): Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System



Postneonatal Mortality Rates, by Maternal Race/Ethnicity, 2007

Source (II.2): Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System



INTERNATIONAL INFANT MORTALITY

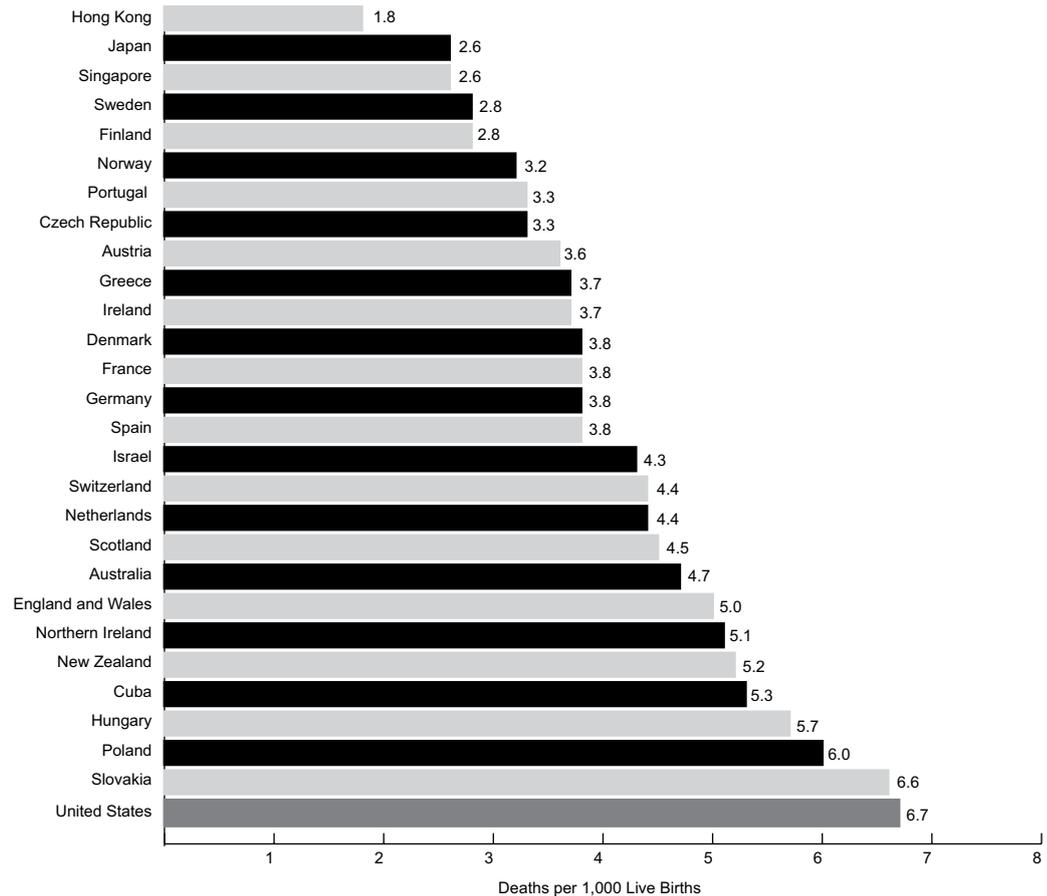
In 2006, the U.S. infant mortality rate (6.7 infant deaths per 1,000 live births) was higher than that of many other industrialized nations. This represents a slight decrease from the rate of 6.9 per 1,000 in 2005, and is considerably less than the rate of 26.0 per 1,000 reported in 1960.

Differences in infant mortality rates among industrialized nations may reflect disparities in the health status of women before and during pregnancy, as well as the quality and accessibility of primary care for pregnant women and infants and the medical technology available to infants after birth. However, some of these differences may be due, in part, to the international variation in the definition, reporting, and measurement of fetal and infant deaths.

In 2006, the U.S. infant mortality rate was more than twice that of eight other industrialized countries (Hong Kong, Japan, Singapore, Sweden, Finland, Norway, Portugal, and Czech Republic). Hong Kong had the lowest rate (1.8 per 1,000), followed by Japan and Singapore (2.6 per 1,000).

International Infant Mortality Rates, Selected Countries, 2006

Source (II.3): Centers for Disease Control and Prevention, National Center for Health Statistics





HEALTH STATUS - CHILDREN



VACCINE-PREVENTABLE DISEASES

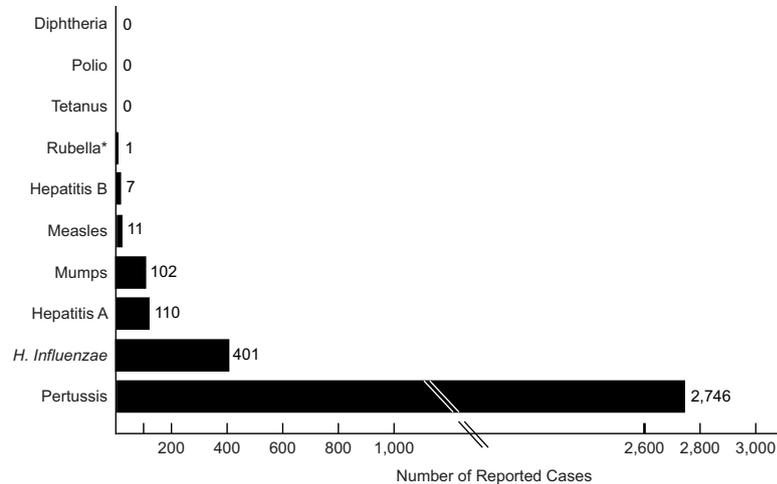
The number of reported cases of vaccine-preventable diseases has generally decreased over the past several decades. In 2007, there were no reported cases of diphtheria or polio in the United States, and no cases of tetanus among children under 5 years of age. Among children in this age group, there were no reported cases of acquired rubella and only one case of congenital rubella.

From 2006 to 2007, the number of reported cases of hepatitis A, pertussis, and mumps 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 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. With regard to pertussis, the number of cases among young children decreased nearly 50 percent from 2005 to 2006, with a smaller increase of 18 percent from 2006 to 2007. According to the CDC, pertussis occurs cyclically and decreases in the incidence of the disease may not be due to increases in

immunization rates. The highest reported rate occurred among infants under 6 months of age, a population that is too young to be fully vaccinated. Following a 2006 outbreak in Midwestern states — the largest in more than 20 years — reported cases of mumps decreased 72 percent. In response to the outbreak, the CDC updated criteria for mumps immunity and vaccination recommendations. Reported cases of hepatitis B and *H. Influenzae* remained relatively unchanged from 2006 to 2007.

Reported Cases of Selected Vaccine-Preventable Diseases Among Children Aged 0–4 Years, 2007

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



PEDIATRIC HIV AND AIDS

Human immunodeficiency virus (HIV) is a disease that destroys cells that are critical to a healthy immune system. Acquired immunodeficiency syndrome (AIDS) is diagnosed when HIV has weakened the immune system enough that the body has difficulty fighting disease and infections. In 2008, an estimated 182 children younger than 13 years of age were diagnosed with HIV¹, and 41 were reported to have AIDS.

Racial and ethnic minorities are disproportionately affected by HIV. In 2008, four times as many HIV cases were reported among non-

Hispanic Black children as among non-Hispanic White Children (121 and 32 cases, respectively). Non-Hispanic Black children accounted for over 65 percent of cases, but represent only about 15 percent of the total U.S. population in this age group.

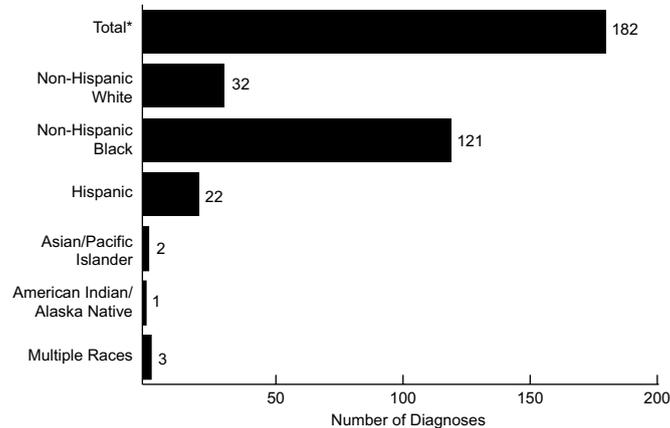
The number of new pediatric AIDS cases has declined substantially since 1992, when an estimated 894 new cases were reported. A major factor in this decline is the increasing use of antiretroviral therapy before, during, and after pregnancy to reduce perinatal transmission of HIV. In addition, the Centers for Disease Con-

trol and Prevention released new educational materials and other resources in 2004 to promote universal prenatal HIV testing. Through 2008, an estimated 9,349 AIDS cases have occurred in children younger than 13 years of age in the United States. Pediatric AIDS cases represent less than one percent of the more than one million U.S. cases ever reported.

1 Includes persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis; therefore, this includes persons who are first diagnosed with HIV at the same time they are diagnosed with AIDS.

Estimated Number of Diagnoses of HIV Among Children Under Age 13, by Race/Ethnicity, 2008

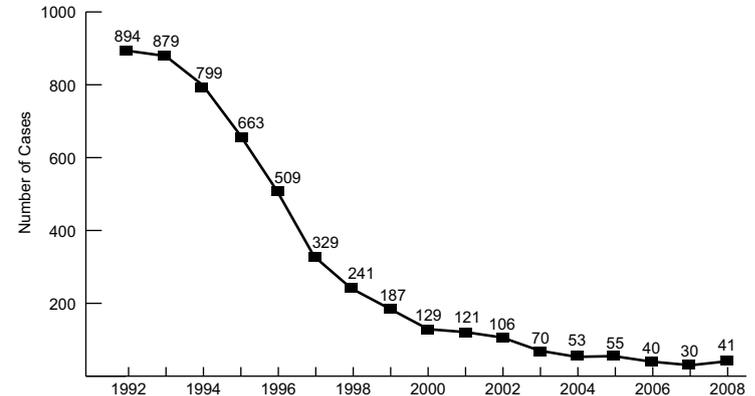
Source (II.5): Centers for Disease Control and Prevention, HIV/AIDS Surveillance System



*The total was estimated independently of the values for each subpopulation; therefore, the sum of all races/ethnicities does not equal the overall total.

Estimated Number of AIDS Cases in Children Under Age 13, by Year of Diagnosis, 1992–2008

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



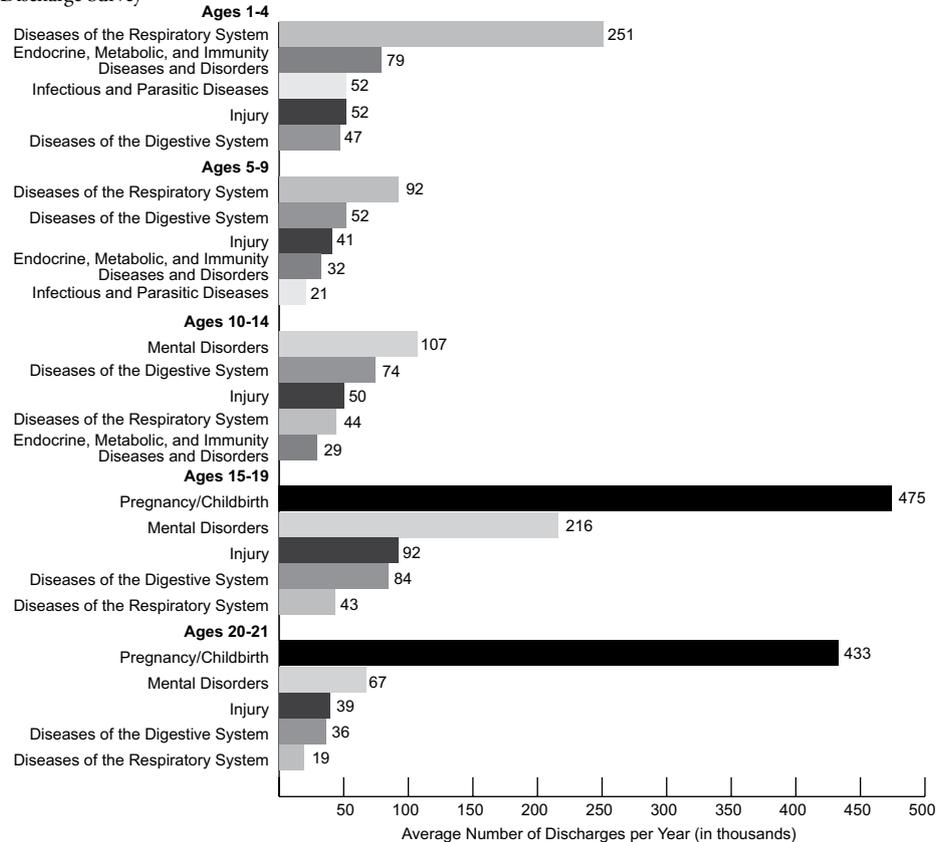
HOSPITALIZATION

In 2006, there were nearly 3.5 million hospital discharges among people aged 1–21 years, equaling 4.0 hospital discharges per 100 children. While injuries are the leading cause of death among this age group, they were not the most common cause of hospitalization. In 2005–2006, diseases of the respiratory system were the most common cause of hospitalization among 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 (42 percent of discharges), and pregnancy and childbirth was the most common cause of hospitalization for adolescents aged 15–19 years and young adults aged 20–21 years (42 and 64 percent of discharges, respectively).

Between 1990 and 2006, hospital discharge rates for children aged 1–14 years declined by almost 14 percent, which reflects decreases in several of the most common causes of hospitalization. Discharge rates for diseases of the respiratory system declined 26.4 percent, discharges due to injury declined 34.2 percent, and discharges for diseases of the digestive system declined 19.0 percent. The rate of discharges due to endocrine, metabolic, and immunity diseases and disorders, however, increased 36.8 percent. This category of diseases and conditions includes thyroid gland disorders, diabetes, nutritional deficiencies, and overweight and obesity (data not shown).

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



AUTISM SPECTRUM DISORDER

In 2007, the parents of 1.0 percent of children reported that their child had been diagnosed with an autism spectrum disorder (ASD) and that they currently had the disorder. ASD includes a range of diagnoses, including Asperger's Syndrome, autism, and Pervasive Developmental Disorder (PDD). Children with autism have delays in language, communication, and social skills, while children with Asperger's disorder have impaired social skills but do not have speech or language delays. They often have an intense interest in a single subject or topic as well. Children with PDD have severe and per-

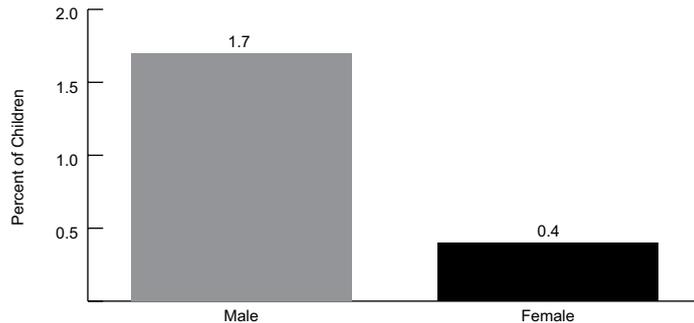
sistent delays in language, communication, and social skills.

Autism spectrum disorders are four times more common among males than females. In 2007, 1.7 percent of male children were reported by parents to have an ASD, compared to 0.4 percent of female children. There is also a racial/ethnic disparity in the prevalence of ASD. The parents of 1.2 percent of non-Hispanic White children reported that their child had an ASD in 2007, compared to 1.0 percent of Hispanic children, and 0.6 percent of non-Hispanic Black children.

In 2007, the parents of 0.6 percent of children reported that their child had been diagnosed with an ASD in the past but that the child did not currently have the condition. This varied by race/ethnicity, with 0.3 percent of Hispanic children, 0.6 percent of non-Hispanic White children, and 1.2 percent of non-Hispanic Black children having a previous, but not current, ASD diagnosis (data not shown).

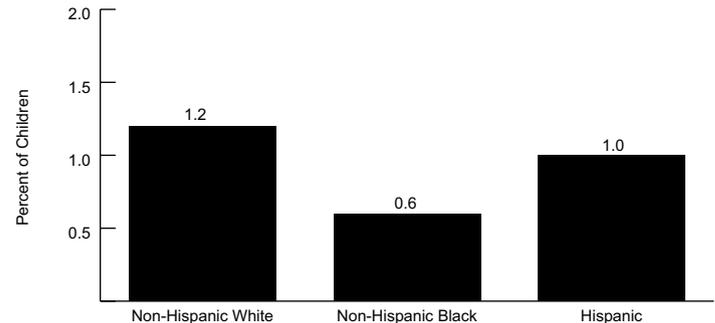
Prevalence of Autism Spectrum Disorders Among Children Aged 2-17 Years, by Sex, 2007

Source (I.7): 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



Prevalence of Autism Spectrum Disorders Among Children Aged 2-17 Years, by Race/Ethnicity, 2007

Source (I.7): 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



ABUSE AND NEGLECT

State child protective services (CPS) agencies received approximately 3.2 million referrals, involving an estimated 5.8 million children, alleging abuse or neglect in 2007. More than half of these reports were made by community professionals, such as teachers and other educational personnel, police officers, medical personnel, and childcare providers.

Investigations determined that an estimated 794,000 children were victims of abuse or neglect in 2007, equaling a victimization rate of 10.6 per 1,000 children in the population. Neglect was the most common type of maltreatment

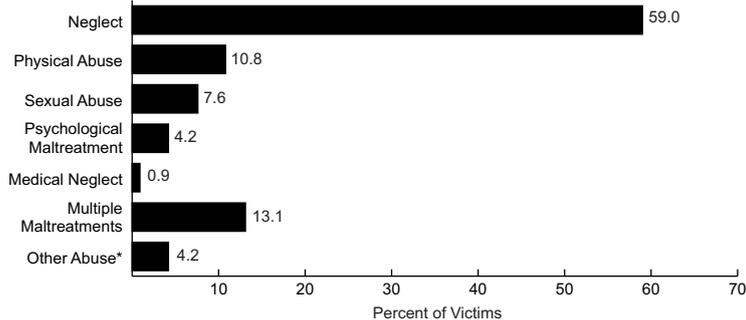
(experienced by 59.0 percent of victims), followed by physical abuse (10.8 percent), and sexual abuse (7.6 percent). Less common types of documented abuse included psychological maltreatment, medical neglect, and categories of abuse defined by specific State laws and policies. Multiple types of maltreatment were suffered by 13.1 percent of victims.

Victimization rates were highest among young children. In 2007, the rate of victimization among children under 1 year of age was 22.2 per 1,000 among boys and 21.5 per 1,000 among girls; the rate declined steadily with increasing age (data not shown). Younger chil-

dren were more likely than older children to be victims of neglect, while older children were more likely to be physically or sexually abused. Overall, 80 percent of perpetrators of abuse or neglect were parents of the victim (either alone or in conjunction with another person). Additional categories of perpetrators included other relatives (4.8 percent), unmarried partners of parents (2.6 percent), and professionals such as childcare workers and residential facility staff (0.8 percent). Other types of perpetrators included foster parents, friends and neighbors, and legal guardians.

Abuse and Neglect Among Children Under Age 18, by Type of Maltreatment, 2007

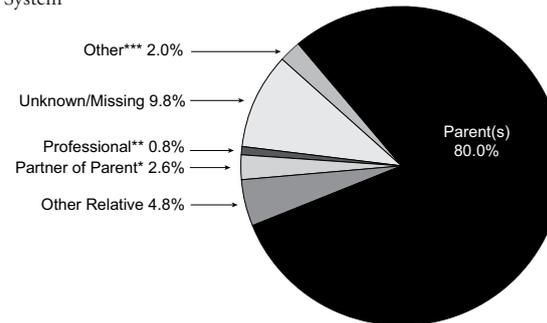
Source (II.7): Administration for Children and Families, National Child Abuse and Neglect Data System



*Any maltreatment type that does not fall into one of the first five categories; can include abandonment, threats of harm, and congenital drug addiction.

Perpetrators of Child Abuse and Neglect, by Relationship to Victim, 2007

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



*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. ***Includes foster parents, friends or neighbors, legal guardians, and multiple nonparental perpetrators.

CHILD MORTALITY

In 2007, 10,850 children aged 1 to 14 years died of various causes, which was an increase of 70 cases over the previous year. The overall mortality rate among children aged 1 to 4 years was 28.6 per 100,000 children in that age group, and the rate among children aged 5 to 14 years was 15.3 per 100,000 (data not shown).

Unintentional injury continued to be the leading cause of death among children in both age groups, accounting for 34 percent of all deaths among 1- to 4-year-olds and 36 percent of deaths among 5- to 14-year-olds. Among 1- to 4-year-olds, drowning was the leading cause of unintentional injury death (accounting for 29 percent), followed by motor vehicle traffic (27 percent), fires or burns (13 percent), suffocation (9 percent), and pedestrian injuries (8 percent; data not shown). Among 5- to 14-year-olds, motor vehicle traffic was the leading cause of unintentional injury death (53 percent), followed by drowning (10 percent), fires or burns (10 percent), land transport crashes (such as off-road vehicles, 6 percent), and suffocation (5 percent; data not shown). Congenital anomalies (birth defects), homicide, malignant neoplasms (cancer), and heart disease rounded out the top five leading causes of death for each age group, though in a different order for each.

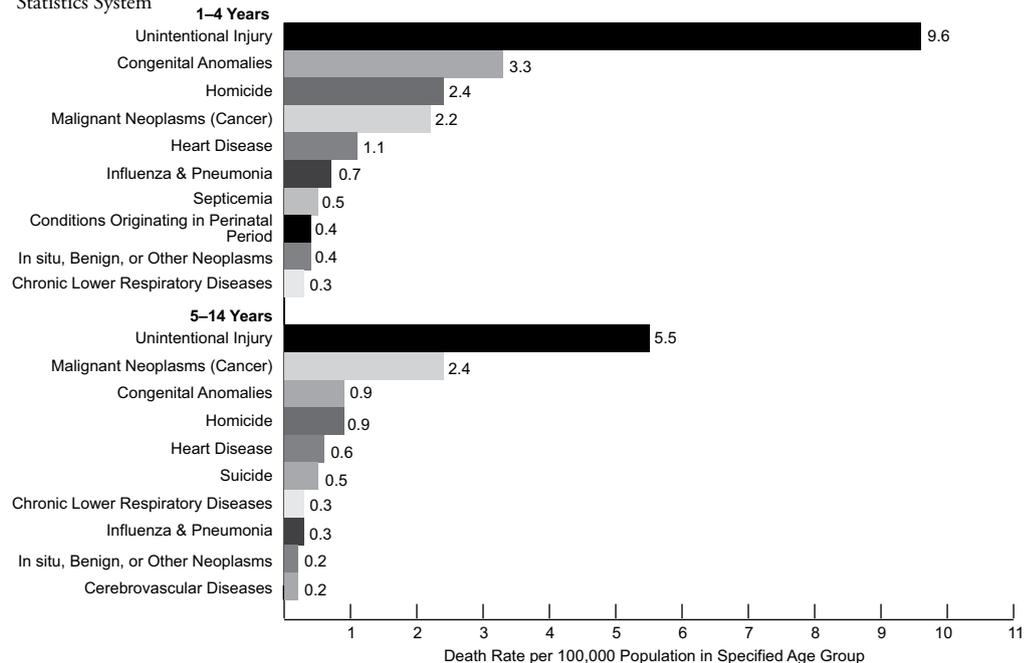
Mortality rates were higher among males than females in each age group. There are also

racial/ethnic disparities in child mortality, with non-Hispanic Black children experiencing higher mortality rates than children of other racial/ethnic groups. Among children aged 1 to 4 years, the rate was 43.7 per 100,000 for non-Hispanic Blacks, compared to rates of 26.0 and 25.5 per 100,000 for Hispanics and non-

Hispanic Whites, respectively. Among children aged 5 to 9 years, rates were 18.6 per 100,000 for non-Hispanic Blacks, 13.4 per 100,000 for Hispanics, and 12.7 for non-Hispanic Whites. Among children aged 10 to 14 years, rates were 24.6, 14.9, and 15.7 per 100,000, respectively (data not shown).

Leading Causes of Death Among Children Aged 1–14, 2007

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



HEALTH STATUS - ADOLESCENTS



SEXUAL ACTIVITY

In 2009, 46.0 percent of high school students reported ever having had sexual intercourse, while the remaining 54.0 percent were abstinent. Overall, 34.2 percent of students reported that they were currently sexually active (had intercourse during the three months preceding the survey): 20.9 percent of students were currently sexually active and used a condom during their last intercourse, while 13.3 percent of students were sexually active and did not use a condom during their last encounter. Sexual activity and condom use vary by race and ethnicity. In 2009, non-Hispanic Black students were most likely to report ever having sexual intercourse (65.2 percent), followed by

Hispanic students (46.0 percent). Non-Hispanic White students were most likely to report using a condom during their last sexual encounter (63.3 percent of those currently sexually active), followed by non-Hispanic Black students (62.4 percent; data not shown).

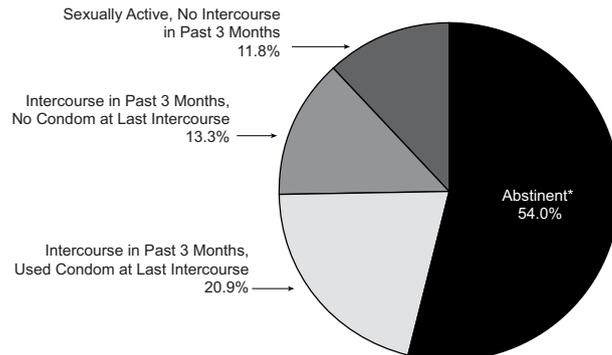
Sexual activity increases with grade level while condom use decreases. In 2009, 49.1 percent of 12th grade students reported being currently sexually active: 27.0 percent of students were sexually active and used a condom during their last intercourse, while 22.1 percent were sexually active and did not use a condom. In contrast, 13.7 percent of 9th grade students were currently sexually active and used a condom during last intercourse, while 7.7 percent

of students were sexually active and did not use a condom during their last encounter.

According to the School Health Policies and Programs Study, 58.8 percent of states required middle schools and 58.0 percent of states required high school to teach about pregnancy prevention in 2006. Of all schools, 75.8 percent of middle schools and 86.6 percent of high schools taught abstinence as the most effective method to avoid pregnancy, HIV, and other STDS, while 42.0 percent of middle schools and 65.4 percent of high schools taught about the efficacy of condoms. Only 21.0 percent of middle schools and 38.5 percent of high schools taught students about the correct use of a condom (data not shown).

Sexual Activity Among High School Students, 2009

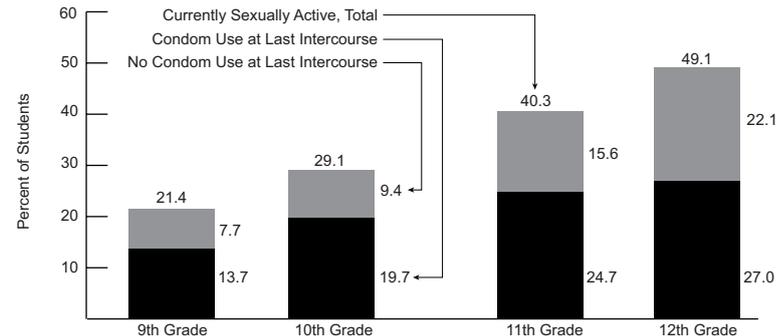
Source (II.9): Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System



*Have never had sexual intercourse.

Condom Use Among Currently Sexually Active* High School Students, by Grade, 2009

Source (II.9): Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System



*Had sexual intercourse during the three months preceding the survey.

ADOLESCENT CHILDBEARING

According to preliminary data, the birth rate among adolescent females aged 15–19 years decreased to 41.5 per 1,000 females in this age group in 2008. This continues the general decline in teen birth rates since the most recent peak in 1991, when the rate was 61.8 per 1,000 females, and represents a decline of nearly 33 percent over that period. The birth rate among adolescents aged 10–14 years was 0.6 births per 1,000 females in this age group, representing a decrease of 57 percent since 1991. Teenage birth rates were highest among adolescents aged 18–19 years (70.7 per 1,000), and this age group

experienced the smallest decline since 1991 (25 percent; data not shown).

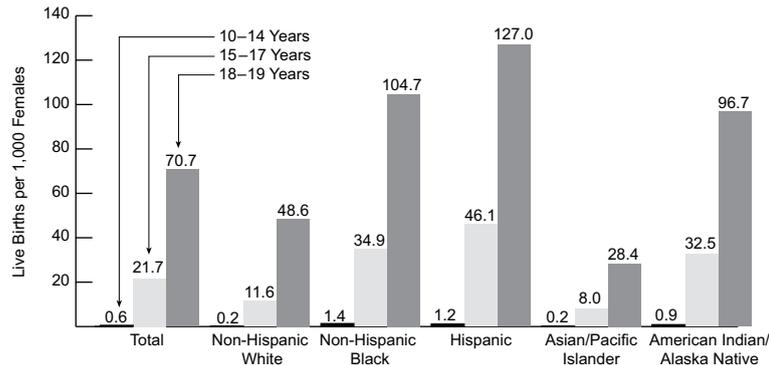
Teenage birth rates have historically varied considerably by race/ethnicity. Among adolescents aged 15–19 years, Asian/Pacific Islander females had the lowest birth rate in 2008 (16.2 per 1,000), followed by non-Hispanic White females (26.7 per 1,000). Birth rates for these groups have decreased 41 percent and 38 percent, respectively, since 1991. Hispanic females had the highest birth rate in this age group (77.4 per 1,000) in 2008, and the smallest decline since 1991 (26 percent). Non-Hispanic Black females had the second highest birth rate among

those aged 15–19 years (62.9 per 1,000), but the greatest decline since 1991 (47 percent).

Among adolescents aged 10–14 years, non-Hispanic Black females had the highest birth rate in 2008 (1.4 per 1,000), followed by Hispanic females (1.2 per 1,000). Non-Hispanic White and Asian/Pacific Islander females had the lowest birth rates among those aged 10–14 years (both 0.2 per 1,000).

Birth Rates Among Adolescent Females Aged 10-19, by Age and Race/Ethnicity, 2008*

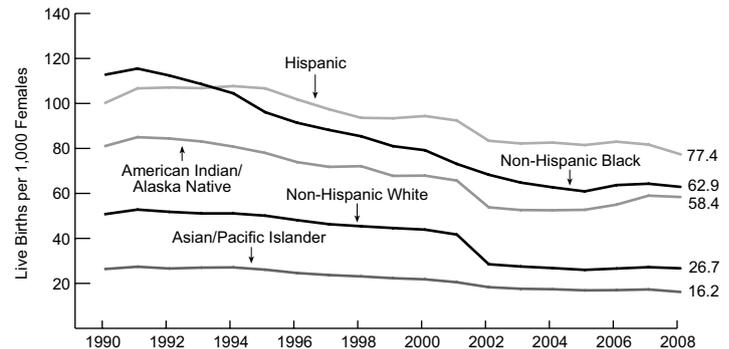
Source (I.8): Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System



*Preliminary data

Birth Rates Among Adolescent Females Aged 15-19, by Race/Ethnicity, 1990-2008*

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



*Preliminary data

SEXUALLY TRANSMITTED INFECTIONS

In general, adolescents (aged 15–19 years) and young adults (aged 20–24 years) are at much higher risk than older adults of contracting sexually transmitted infections (STIs), such as chlamydia, gonorrhea, and genital human papillomavirus (HPV).

Chlamydia continues to be the most common reportable STI among adolescents and young adults. Based on the number of cases reported to the Centers for Disease Control and Prevention (CDC), there were 1,956 chlamydial infections per 100,000 adolescents and 2,084 infections per 100,000 young adults in 2008. Rates were highest among non-Hispanic Blacks, followed by American Indian/Alaska

Natives. Rates of gonorrhea were 453 and 518 per 100,000 adolescents and young adults, respectively, and were also highest among non-Hispanic Black and American Indian/Alaska Natives.

HPV is the most common STI in the United States. Unlike chlamydia and gonorrhea, cases of HPV are not required to be reported to the CDC. However, a recent study indicated that approximately one-quarter of females aged 14–19 years and nearly 45 percent of those aged 20–24 years are infected with HPV.¹ There are many types of HPV, some of which can cause cancer. Although cervical cancer in women is the most serious health problem caused by HPV, routine Pap tests and follow-up care have greatly reduced the incidence of and mortality

rate from cervical cancer. A vaccine for certain types of HPV was first approved in 2006 by the Food and Drug Administration (FDA) for use in females aged 9–26 years.² In 2008, 37.2 percent of females aged 13–17 years had received at least one dose of the three-dose series.³

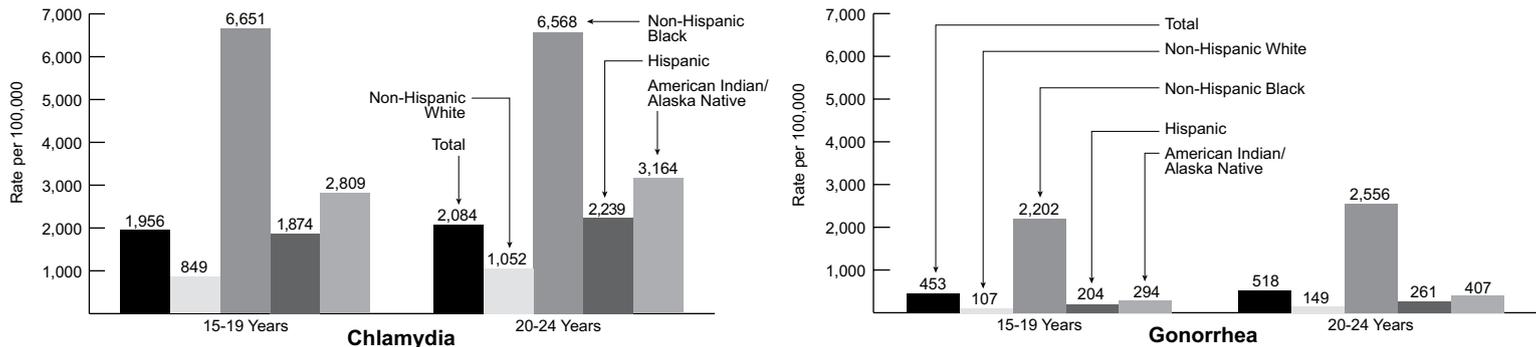
1 Dunne EF, Unger ER, Sternberg M, McQuillan G, Swan DC, Patel SS, Markowitz LE. Prevalence of HPV infection among females in the United States. *JAMA*. 2007 Feb;297(8):876-8.

2 Centers for Disease Control and Prevention, Division of STD Prevention. HPV and HPV vaccines: information for healthcare providers. June 2006. Available from: <http://www.cdc.gov/std/hpv/STDFact-HPV-vaccine-hcp.htm>, accessed 12/09.

3 Centers for Disease Control and Prevention. National, state, and local area vaccination coverage among adolescents aged 13–17 years—United States, 2008. *MMWR* 2009;58:997-8.

Reported Sexually Transmitted Infections Among Adolescents and Young Adults, by Age and Race/Ethnicity, 2008

Source (II.10): Centers for Disease Control and Prevention, STD Surveillance System



ADOLESCENT AND YOUNG ADULT HIV AND AIDS

Human immunodeficiency virus (HIV) is a disease that destroys cells that are critical to a healthy immune system. Acquired immunodeficiency syndrome (AIDS) is diagnosed when HIV has weakened the immune system enough that the body has difficulty fighting disease and infections. In 2007, an estimated 6,524 people aged 13–24 years were diagnosed with HIV,¹ representing 16 percent of all cases. While the number of HIV diagnoses among children aged 13–14 years fluctuates from year to year, the number of diagnoses in the older age groups has increased steadily over the past several years. Between 2005 and 2007, estimated cases among adolescents aged 15–19 years increased by 35 percent and cases among young adults aged 20–24 years increased 18 percent.

In 2007, an estimated 226 adolescents and young adults died with an AIDS diagnosis, representing 1.3 percent of all deaths among persons with AIDS. Since the beginning of the epidemic, an estimated 10,450 persons aged 13–24 years have died with the disease. Deaths of persons with AIDS have generally decreased in recent years, due in part to the availability of effective prescription drugs to combat the disease.

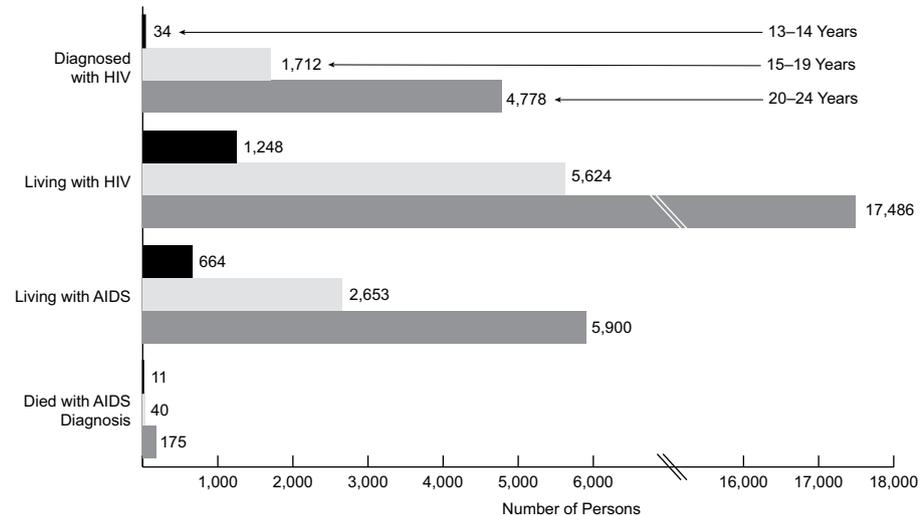
Given the increase in diagnoses of HIV and the decrease in deaths, the number of people

living with HIV has increased. In 2007, an estimated 24,358 people aged 13–24 years were living with HIV, representing 4.2 percent of all cases. Overall, the number of adolescents and young adults living with HIV has increased 15 percent since 2005.

1 Includes persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis; therefore, this includes persons who are first diagnosed with HIV at the same time they are diagnosed with AIDS.

Selected Data on HIV and AIDS among Adolescents and Young Adults, by Age, 2007

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



OVERWEIGHT AND OBESITY

Body mass index (BMI) is the ratio of weight to height, which is used to define overweight and obesity. In children, BMI is used in conjunction with age and sex, since both of these factors affect body composition. Children who fall between the 85th and 94th percentile of BMI-for-age are considered overweight, while children who are in the 95th percentile or above are considered obese. In 2007, 15.3 percent of children aged 10–17 years were overweight and 16.4 percent were obese, based on parent-reported height and weight. Obesity is a serious health concern for children—obese children are more likely to have risk factors for cardiovascular disease, such as high blood pressure,

high cholesterol, and Type 2 diabetes. Obese children are also at increased risk of obesity in adulthood, which is associated with a host of serious health consequences.¹

Overweight and obesity among children varies by a number of factors. Non-Hispanic White children experience obesity at almost half the rate of non-Hispanic Black and Hispanic children. In 2007, 12.9 percent of non-Hispanic White children aged 10–17 years were obese, compared to 23.4 percent of Hispanic children and 23.8 percent of non-Hispanic Black children. Rates of overweight were more comparable among the three groups, between 14 and 18 percent.

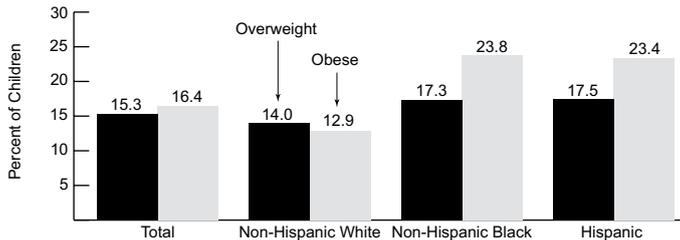
Low family income is also strongly associated

with overweight and obesity. In 2007, 27.2 percent of children living with household incomes below 100 percent of the Federal poverty level (\$20,650 for a family of four in 2007) were obese, compared to only 9.8 percent of children living in households with incomes of 400 percent or more of the Federal poverty level. The pattern was similar, though not as dramatic, for overweight: 17.6 percent of children living in households with incomes below 100 percent of poverty were overweight, compared to 12.3 percent of children living in households with incomes of 400 percent of poverty or above.

1 Centers for Disease Control and Prevention. Childhood overweight and obesity. Available online: <http://www.cdc.gov/obesity/childhood/index.html>; accessed February 2010.

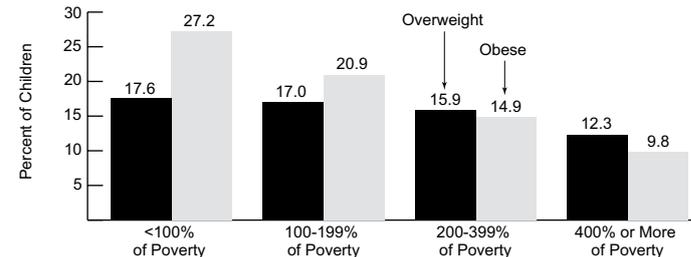
Overweight and Obesity* Among Children Aged 10–17 Years, by Race/Ethnicity, 2007

Source (I.7): 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



Overweight and Obesity* Among Children Aged 10–17 Years, by Poverty Level,** 2007

Source (I.7): 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



*Overweight is a BMI-for-age between the 85th and 94th percentile, and obesity is a BMI-for-age in the 95th percentile or above; based on parent-reported height and weight. **The U.S. Department of Health and Human Services establishes poverty guidelines for determining financial eligibility for Federal programs; the poverty level for a family of four was \$20,650 in 2007.

*Overweight is a BMI-for-age between the 85th and 94th percentile, and obesity is a BMI-for-age in the 95th percentile or above; based on parent-reported height and weight.

PHYSICAL ACTIVITY

Results from the Youth Risk Behavior Surveillance System show that 18.4 percent of high school students met currently recommended levels of physical activity in 2009. The U.S. Department of Health and Human Services updated its physical activity guidelines in 2008, recommending that children and adolescents get one hour or more of physical activity every day, most of which should be moderate- to vigorous-intensity aerobic activity. Non-Hispanic White students were the most likely to report 60 minutes of physical activity that increased heart rate and made them breathe hard on each of the previous 7 days (19.7 percent), followed by non-Hispanic Black students (17.2 percent); Hispanic students were least likely to meet recommended levels (15.6 percent). Students were more likely to report being active on five or more days in the past week (39.9 percent). Overall, 23.1 percent of students did not participate in 60 or more minutes of physical activity on any day in the preceding week.

Nationwide, 56.4 percent of high school students attended physical education (PE) classes at least one day per week in 2009. The rate drops dramatically with increasing grade: 72.4 percent of 9th grade students attended PE class, compared to 43.8 percent of 12th grade students. The percentage of students attending daily PE classes has dropped from 42.0 percent in 1991

to 33.3 percent in 2009. Hispanic students were most likely to attend daily PE classes (40.5 percent), followed by non-Hispanic Black students (37.0 percent); non-Hispanic White students were least likely to attend daily PE classes (30.6 percent; data not shown).

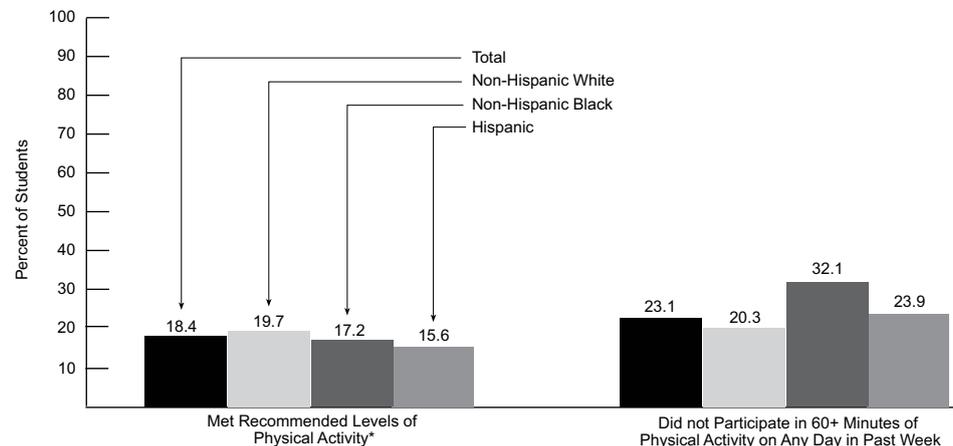
In 2009, 58.3 percent of high school students reported playing on at least one sports team in the past year. This was also more common among younger children than older children (61.6 percent of 9th graders compared to 51.1 percent of 12th graders). High school students were also asked about sedentary activities,

such as using a computer or watching television. One-quarter of students reported using a computer for something other than school work for 3 or more hours per day on an average school day, while 32.8 percent reported watching television for 3 or more hours on an average school day (data not shown).

The *Let's Move!* campaign is working to combat childhood obesity through a comprehensive approach that provides schools, families and communities with simple tools to help kids be more active, eat better, and get healthy (<http://www.letsmove.gov>).

Physical Activity Among High School Students, by Race/Ethnicity, 2009

Source: (II.9): Centers for Disease Control and Prevention, Youth Risk Behavior Survey



*Any kind of physical activity that increases heart rate and makes the child breathe hard some of the time for a total of at least 60 minutes on each of the preceding 7 days.



MENTAL HEALTH

In 2008, 8.3 percent of adolescents aged 12–17 years experienced at least one major depressive episode (MDE), which is defined as having at least 2 weeks of a depressed mood or loss of interest or pleasure in daily activities, plus a majority of specific depression symptoms, such as altered sleeping patterns, fatigue, and feelings of worthlessness. Females were more likely than males to experience MDE (12.4 percent versus 4.3 percent). For both sexes, occurrence of MDE generally increased with age,

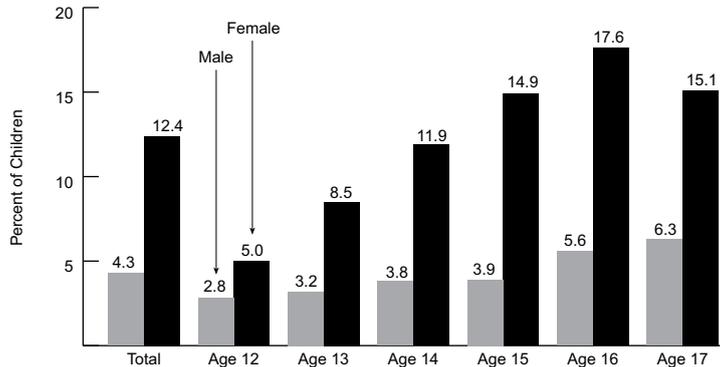
with the rate for males peaking at 17 years of age (6.3 percent), and the rate for females peaking at 16 years of age (17.6 percent). Adolescents of two or more races were most likely to experience MDE (12.0 percent), followed by American Indian/Alaska Natives (10.1 percent). Among adolescents with MDE in the past year, 37.7 percent received treatment (data not shown).

In 2008, 12.7 percent of adolescents aged 12–17 years received treatment or counseling for an emotional or behavioral problem (not including drug or alcohol use). Among those who

received treatment, depression was the most commonly reported problem (48.6 percent). Adolescents also commonly reported receiving treatment for problems with home or family (28.9 percent), breaking rules or acting out (25.7 percent), and feeling very afraid or tense (20.4 percent).

Experience of at Least One Major Depressive Episode (MDE)* in the Past Year Among Adolescents Aged 12–17 Years, by Age and Gender, 2008

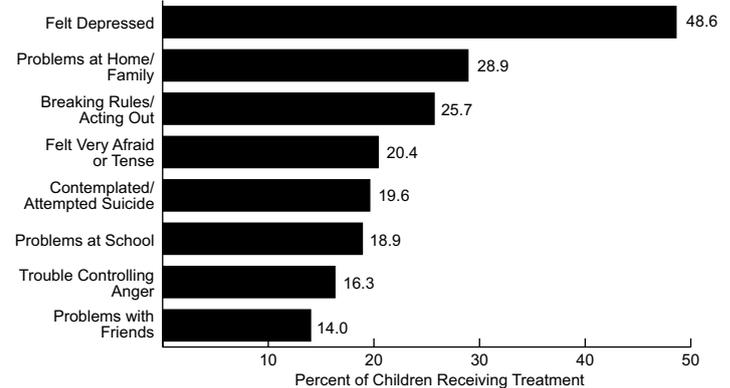
Source (II.11): Substance Abuse and Mental Health Service Administration, National Survey of Drug Use and Health



*MDE is defined as at least 2 weeks of depressed mood or loss of interest in daily activities, plus a majority of specified depression symptoms.

Commonly Reported Reasons for Receiving Mental Health Treatment* Among Adolescents Aged 12–17 Years Who Received Treatment, 2008

Source (II.11): Substance Abuse and Mental Health Service Administration, National Survey of Drug Use and Health



*Data are for most recent visit, and respondents could list more than one reason for treatment. Does not include treatment for problems caused by drug or alcohol use.

CIGARETTE SMOKING

Cigarette smoking among adolescents declined between 2007 and 2008, according to the annual Monitoring the Future study. The largest decrease occurred among students in 10th grade, with the percentage of students who had smoked any cigarettes in the past 30 days falling from 14.0 in 2007 to 12.3 percent in 2008. Cigarette smoking in the past 30 days also decreased among 12th grade students, falling from 21.6 to 20.4 percent, and among 8th grade students, falling from 7.1 to 6.8 percent.

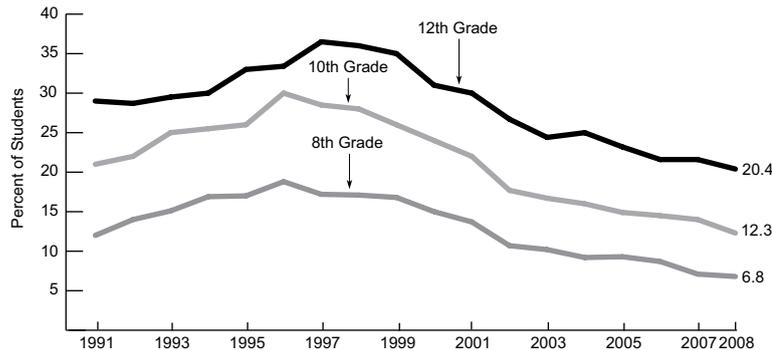
The percent of teens reporting smoking in the past month began a rapid increase in the

early 1990s, with the rates among 8th and 10th grade students reaching a peak in 1996 (at 21.0 and 30.4 percent, respectively), and the rate among 12th grade students peaking a year later at 36.5 percent. These increases occurred in virtually every sociodemographic group: male and female, those with and without plans for college attendance, those living in all four regions of the country, and those of different racial and ethnic groups. Since peaking in the mid-1990s, overall rates of smoking in the past month have dropped 68 percent among 8th grade students, 60 percent among 10th grade students, and 44 percent among 12th grade students.

Despite this decline, certain subgroups of adolescents are still more likely than others to smoke. With regard to race and ethnicity, non-Hispanic White students are most likely to report smoking in the past month, followed by Hispanic students. Also, males are more likely than females to smoke, and adolescents without plans to attend a four-year college program are more likely to smoke than their college-bound peers (data not shown).

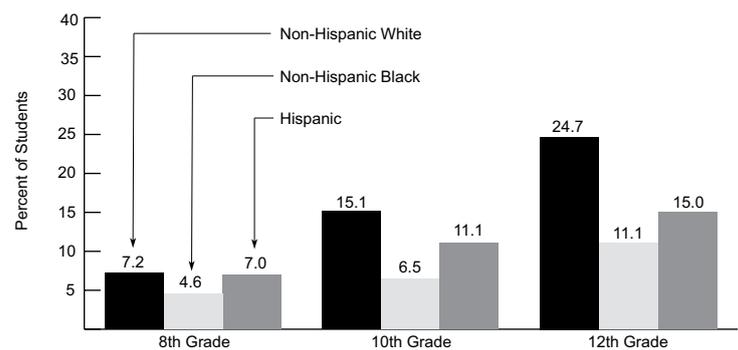
Any Cigarette Use Among Students in the Past 30 Days, by Grade, 1991–2008

Source (II.12): National Institutes of Health, National Institute on Drug Abuse, Monitoring the Future Study



Any Cigarette Use Among Students in the Past 30 Days, by Grade and Race/Ethnicity, 2008

Source (II.12): National Institutes of Health, National Institute on Drug Abuse, Monitoring the Future Study



SUBSTANCE ABUSE

In 2008, 9.3 percent of adolescents aged 12–17 years reported using illicit drugs in the past month. Illicit drug use varied by age, with 3.3 percent of youth aged 12–13 years reporting drug use in the past month, compared to 8.6 percent of youth aged 14–15 years and 15.2 percent of youth aged 16–17 years. There was also variation by race/ethnicity, with rates ranging from 2.7 percent among Asian youth to 18.2 percent among American Indian/Alaska Native youth. Rates for non-Hispanic White, non-Hispanic Black, and Hispanic youth were 9.8 percent, 8.2 percent, and 8.9 percent, respectively (data not shown).

Marijuana is consistently the most commonly used illicit drug among adolescents, with 6.7 percent reporting past-month use in 2008. This was followed by nonmedical use of prescription-type psychotherapeutics, such as pain relievers, tranquilizers, and stimulants (2.9 percent). Adolescent males were slightly more likely than females to report using illicit drugs in the past month (9.5 versus 9.1 percent; data not shown).

Illicit drug use is associated with other health risk behaviors. In 2008, 49.0 percent of adolescents who reported cigarette use in the past month also reported illicit drug use, compared to only 5.3 percent of adolescents who did not report smoking. Adolescents who reported alco-

hol use in the past month were also more likely to use illicit drugs than adolescents who did not report alcohol use, with rates rising with the amount of alcohol used (data not shown).

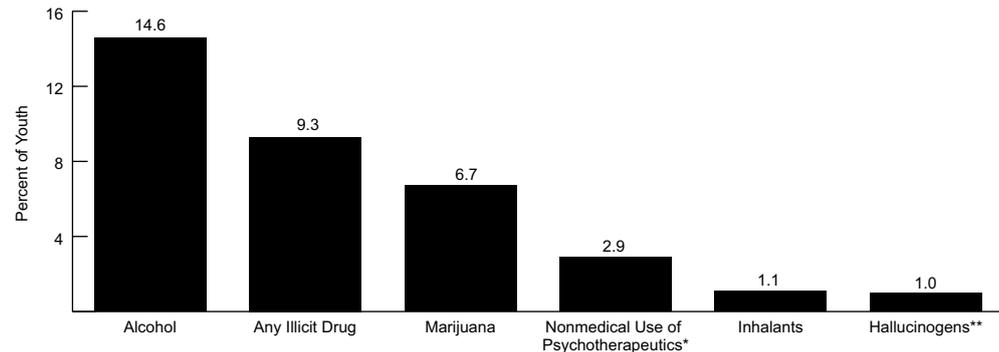
Alcohol continues to be the most commonly used drug among adolescents, with 14.6 percent reporting past-month use in 2008. There was little difference in alcohol use among males and females (14.2 versus 15.0 percent, respectively). Greater variation was evident by race/ethnicity, with rates ranging from 5.7 percent among Asian youth to 17.2 percent among American Indian/Alaska Native youth; the rate for non-Hispanic White youth was 16.3 percent (data not shown).

In 2008, 33.9 percent of adolescents perceived smoking marijuana once a month to be a great risk, while 49.7 percent perceived the same risk regarding cocaine use. Smoking one or more packs of cigarettes a day was considered a great risk by 69.7 percent of adolescents. Drinking five or more drinks once or twice per week was considered a great risk by 40.5 percent of adolescents (data not shown).

While 13.7 percent of adolescents were approached by someone selling drugs in the past month, nearly 50 percent reported that marijuana would be fairly or very easy to obtain; 23.2 percent reported the same for crack, 22.1 percent for cocaine, 13.8 percent for LSD, and 13.0 percent for heroin (data not shown).

Past Month Drug Use Among Adolescents Aged 12–17 Years, by Drug Type, 2008

Source (II.11): Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health



*Psychotherapeutics include prescription-type pain relievers, tranquilizers, stimulants (including methamphetamine), and sedatives, but do not include over-the-counter drugs. **Hallucinogens include LSD, PCP, and Ecstasy.

VIOLENCE

Violence among adolescents is a critical public health issue in the United States. In 2007 (the latest year for which data are available), homicide was the second leading cause of death among persons aged 15–24 years.

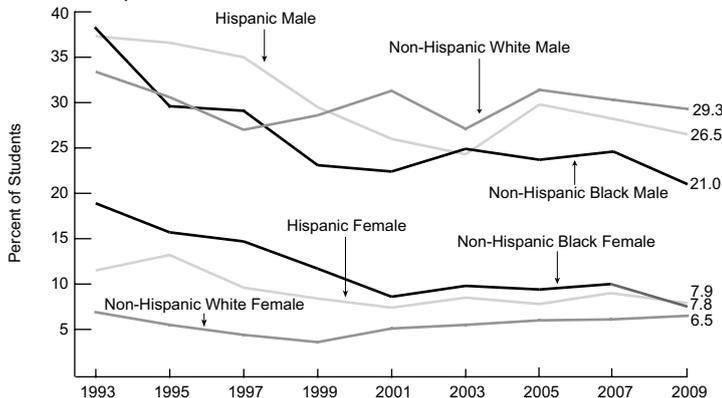
Results from the Youth Risk Behavior Surveillance System show that, in 2009, 17.5 percent of high school students had carried a weapon (such as a gun, knife, or club) at some point during the preceding 30 days. Males were nearly four times as likely as females to carry a weapon

(27.1 versus 7.1 percent). Among male students, non-Hispanic Whites were the most likely to carry a weapon (29.3 percent), followed by Hispanics (26.5 percent), while non-Hispanic Blacks were least likely to carry a weapon (21.0 percent). Among females, non-Hispanic Whites were least likely to carry a weapon (6.5 percent) while Hispanics were most likely (7.9 percent). Nearly 6 percent of students reported carrying a gun in the preceding 7 days, and males were nearly six times more likely than females to do so (data not shown).

In 2009, 11.1 percent of high school students reported being in a physical fight on school property during the preceding 12 months. Males were more than twice as likely as females to be in a fight; this sex disparity was most pronounced among non-Hispanic Whites, where males were almost three times as likely as females to be in a fight. Overall, non-Hispanic Black students were most likely to be in a physical fight on school property (17.4 percent), followed by Hispanic students (13.5 percent); Asian students were least likely to be in a fight (7.7 percent).

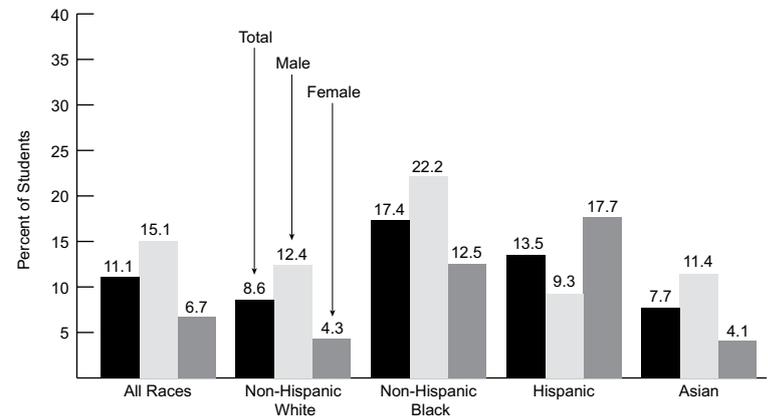
High School Students Who Carried a Weapon in the Past 30 Days, by Sex and Race/Ethnicity, 1993–2009

Source (II.9): Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System



High School Students in a Physical Fight on School Property in the Past 12 Months, by Sex and Race/Ethnicity,* 2009

Source (II.9): Centers for Disease Control and Prevention, Youth Risk Behavior Surveillance System



*Data for American Indian/Alaska Natives and Native Hawaiian/Other Pacific Islanders do not meet standards for reliability or precision.

BULLYING

Bullying is defined as aggressive behavior that is intentional, repeated over time, and involves an imbalance of power or strength. Bullying may damage children's self-esteem, cause higher rates of loneliness and depression, and affect academic success. Bullying can also have physical effects, such as an increase in headaches, sleeping problems, and stomach ailments. Children who engage in bullying may be more likely to get into physical altercations, use drugs and alcohol, and get into trouble with the law. Even children who witness bullying can be negatively affected.¹ In 2007, the parents of 12.9 percent of children aged 6–17 years reported that their child “sometimes” bullied or was cruel to others

in the past month, while the parents of 2.3 percent of children reported that their child “usually or always” bullied or was cruel to others.

The likelihood of a child engaging in bullying or cruelty to others varied by a number of factors. Non-Hispanic Black children were most likely to bully others sometimes (18.1 percent) and usually or always (4.6 percent) in the past month. Non-Hispanic White children were the least likely to sometimes (10.8 percent) and usually or always (1.5 percent) bully others, as reported by their parents. Bullying also varied by poverty level, with parent-reported bullying decreasing with increased income. It also varied by family structure, with children living with

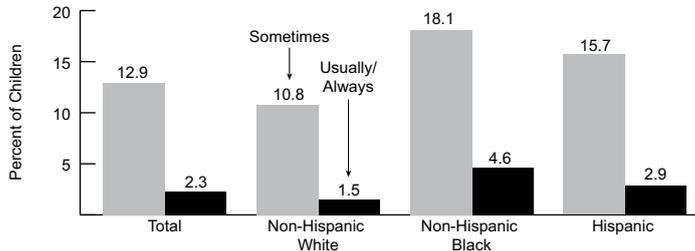
both of their parents being least likely to engage in bullying (data not shown).

Violence, such as bullying, can prevent children from attending school, for fear of their safety. In 2009, 5.0 percent of high school students reported that they did not go to school on at least one day during the past month because they felt unsafe at school or on their way to or from school. Hispanic students were more than twice as likely to miss school because of safety concerns as non-Hispanic White children (8.1 percent versus 3.5 percent).

1 Health Resources and Services Administration, Maternal and Child Health Bureau. Stop bullying now—all about bullying. Available online: <http://www.stopbullyingnow.hrsa.gov/adults/why-should-adults-care.aspx>; accessed February 2010.

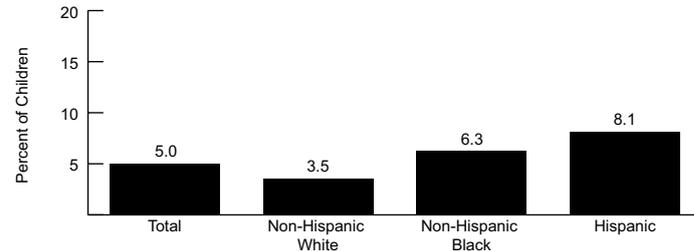
Children Aged 6-17 Years Who Bullied or Were Cruel to Others During the Past Month, by Frequency and Race/Ethnicity, 2007

Source (I.7): 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



High School Students Who Felt Unsafe at School,* by Race/Ethnicity, 2009

Source (II.9): Centers for Disease Control and Prevention, Youth Risk Behavior Survey



*Did not go to school on at least 1 day during the preceding 30 days because he/she felt unsafe at school or on the way to or from school.

ADOLESCENT MORTALITY

In 2007, 13,299 adolescents aged 15 to 19 years died of various causes, representing a rate of 61.9 per 100,000. Unintentional injury remains the leading cause of death among this age group, accounting for nearly half of all deaths among adolescents. The mortality rate for unintentional injury was 30.3 per 100,000. Homicide was the second leading cause of death, with a rate of 10.4 per 100,000, followed by suicide, with a rate of 6.9 per 100,000. The mortality rate of males in this age group was notably higher than that of females (86.9 versus 35.7 per 100,000, respectively). Racial and ethnic disparities also exist, with non-Hispanic

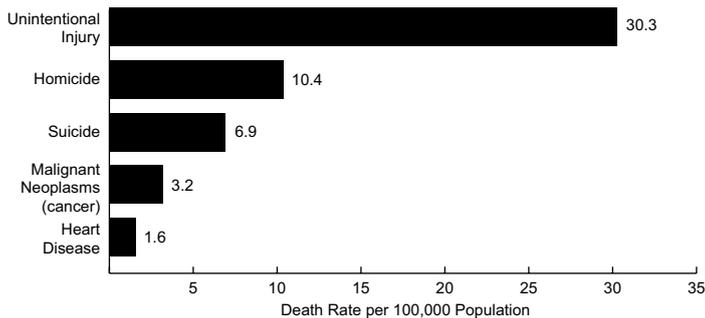
Black adolescents experiencing a mortality rate of 85.7 per 100,000, compared to rates of 58.0 and 57.9 per 100,000 among non-Hispanic Whites and Hispanics, respectively (data not shown).

Motor vehicle traffic was the leading cause of unintentional injury death among adolescents in 2007. Nearly half of deaths due to motor vehicle accidents occurred among vehicle occupants, while in 40 percent of the deaths the situation was not specified; a small percentage of motor vehicle deaths occurred among motorcyclists, pedestrians, and bicyclists. The second leading cause of unintentional injury death among adolescents was poisoning, followed by

drowning, other land transport (such as all-terrain vehicle crashes), and fires/burns. However, when intentional injuries such as homicide and suicide are included, firearms becomes the second leading cause of injury death. Nearly three-quarters (71 percent) of firearm deaths were homicides, while 23 percent were suicides (the remainder were unintentional, unknown, or due to legal intervention). Firearms accounted for 85 percent of homicide deaths and 43 percent of suicide deaths (suffocation, such as hanging, was the second leading cause of suicide death, accounting for another 42 percent; data not shown).

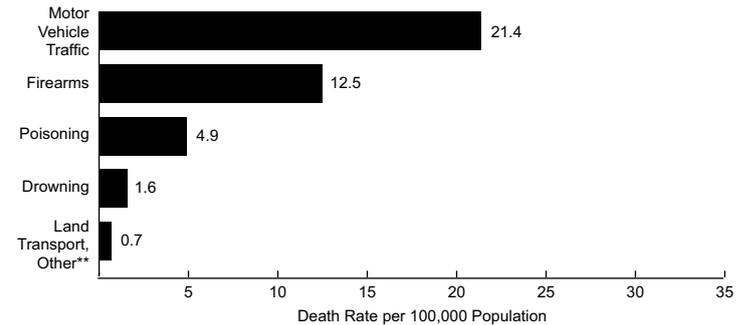
Leading Causes of Death Among Adolescents Aged 15–19, 2007

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



Deaths Due to Injury* Among Adolescents Aged 15–19, 2007

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



*Includes intentional injury, such as homicide and suicide, and injury deaths of undetermined intent.

**Includes off-road vehicles crashes and incidents where the motor vehicle was not classified.