

Child Health USA 2010



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PREFACE AND READER'S GUIDE

The Health Resources and Services Administration's Maternal and Child Health Bureau (MCHB) is pleased to present *Child Health USA 2010*, the 20th annual report on the health status and service needs of America's children. MCHB envisions 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.

All of the data discussed within the text of *Child Health USA* are from the same sources as the information in the corresponding graphs, unless otherwise noted. Data are presented for the target population of the Title V Maternal and Child Health Block Grant: infants, children, adolescents, children with special health care needs, and women of childbearing age. *Child Health USA 2010* 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, elimi-

nate barriers and health disparities, and improve the health infrastructure and system of care for women, infants, children, and families.

Child Health USA is designed 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 data 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 child population is reflective of the overall health of a Nation, and has many implications for the Nation's future as these children grow into adults. Physical, mental, and emotional health affect virtually every facet of life, such as learning, participation in leisure activities, and employment. Health habits established in childhood often continue throughout the lifespan, and many health problems in childhood, such as obesity and poor oral health, influence health into adulthood. Effective policies and programs are important to the establishment of healthy habits and the mitigation of risk factors for disease. However, the health and health care needs of children change over time, and current data on these issues is critically important as policy makers and program planners seek to maximize the health of children, now and into the future.

In 2009, nearly 25 percent of the U.S. population was under 18 years of age. The racial and ethnic composition of the child population is shifting, with a growing population of Hispanics and Asian/Pacific Islanders and a decline in the representation of non-Hispanic Whites. In addition to race and ethnicity, the demographic composition of a population can also be characterized by factors such as nativity and poverty. In 2008, 22 percent of children in the United

States had at least one foreign-born parent. Of all children, 18.6 percent were U.S.-born with a foreign-born parent or parents, and 3.4 percent were themselves foreign-born. In the same year, over 14 million children under 18 years of age lived in households with incomes below 100 percent of the U.S. Census Bureau's poverty threshold (\$22,025 for a family of four in 2008), representing 19 percent of all children in the United States.

Good health begins before birth. Timely prenatal care is an important preventive strategy that can help protect the health of both mother and child. In 2007, 70.8 percent of women began prenatal care during the first trimester (according to data from areas using the "revised" birth certificate — for more information, please see page 65). A small proportion of women (7.1 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.

Following birth, there are a variety of preventive or protective factors that can affect a child's health. Vaccination is a preventive health measure that begins immediately after birth and protects into adulthood. Vaccines are available for a number of public health threats, including measles, mumps, rubella (German measles),

polio, diphtheria, tetanus, pertussis (whooping cough), hepatitis B, and *H. Influenzae* type b (a meningitis bacterium). In 2008, 78.2 percent of children aged 19-35 months had received this recommended series of vaccines; 68.4 percent had received this series plus the varicella (chicken pox) and pneumococcal conjugate vaccines. Breastfeeding is also an important protective factor, 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. Although 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.

Family and neighborhood characteristics can also play a role in the health and well-being of children. In 2008, 71.4 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 (64.0 percent). In 2007, 54.2 percent of children from birth through age 5 were in child care for 10 or more hours per week. Frequency of family activities and bonding can affect health and well-being, and in 2007, 45.8 percent of children under 18 years of age ate a meal every day with all other members of their household. The rate of sharing

meals decreased with age, from 57.7 percent of children from birth through age 5 to 32.9 percent of children 12–17 years of age. In addition, 47.8 percent of children from birth to age five were read to every day by family members.

Physical activity is another factor that can affect health through the lifespan. 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 (one hour or more of physical activity every day, most of which should be moderate- to vigorous-intensity aerobic activity). Nearly one-quarter of students did not participate in 60 or more minutes of physical activity on any day in the preceding week. Physical activity can be affected by a number of factors, including a child's surroundings. In 2007, the parents of 2.6 percent of children reported that their child was never safe in their neighborhood or community, while an additional 11.4 percent of children had parents who felt that their child was only sometimes safe. The remaining 86.1 percent of children had parents who felt that their child was usually or always safe in their neighborhood.

Child Health USA also presents information on risk factors for adverse health outcomes. 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, and 1.5 percent of infants were born very low birth weight (less than 1,500 grams, or 3 pounds 4 ounces). Children born underweight are more likely to suffer from long-term disability and have higher rates of mortality than children born of normal weight.

Violence and neglect are also risk factors for poor health, and in 2007, investigations determined that an estimated 794,000 children were victims of abuse or neglect, equaling a victimization rate of 10.6 per 1,000 children in the population. Victimization rates were highest among young children. Among older children, peer violence is also of concern. 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/always” bullied or was cruel to others. According to the Youth Risk Behavior Surveillance System, 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.

Information on the prevalence of various diseases and conditions in childhood is also important in the effort to improve health in the child population. For instance, 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. 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.

HIV/AIDS and other sexually transmitted infections (STIs) are also of concern. In 2008, an estimated 182 children younger than 13 years of age and an estimated 6,524 people aged 13–24 years were diagnosed with HIV. Chlamydia continues to be the most common STI among adolescents and young adults. Based on the number of cases reported to the Centers for Disease Control and Prevention, there were 1,956 chlamydial infections per 100,000 adolescents and 2,084 infections per 100,000 young adults in 2008. Rates of gonorrhea were 453 and 518 per 100,000 adolescents and young adults, respectively.

In 2006, there were nearly 3.5 million hospital discharges among people aged 1–21 years. 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, while mental disorders were the most common cause of hospitalization among children aged 10–14 years, and pregnancy and childbirth was the most common cause of hospitalization for adolescents aged 15–19 years and young adults aged 20–21 years.

The health status and health services utilization indicators reported in *Child Health USA*

can help policymakers and public health officials better 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.

