1997

NORTH CAROLINA
Child Health Report Card

Grade: still C-

The health of North Carolina's children is not as good as it could or should be. However, all of these health problems can be overcome.

NORTH CAROLINA INSTITUTE OF MEDICINE

Citizens dedicated to improving the health of North Carolinians

IN COLLABORATION WITH:

Division of Women's and Children's Health,
North Carolina Department of Health and Human Services
North Carolina Area Health Education Centers Program
North Carolina Child Advocacy Institute
Wellness Council of North Carolina
North Carolina Child Fatality Task Force

THE 1997 NORTH CAROLINA CHILD HEALTH REPORT CARD was developed by the North Carolina Institute of Medicine. Data were compiled by Thomas Vitaglione, MPH, with the Division of Women's and Children's Health at the NC Department of Health and Human Services (DHHS). Data sources include the health divisions of NCDHHS and the State Center for Health and Environmental Statistics. Graphic design was by Carolyn Busse, Communications Coordinator at the Cecil G. Sheps Center for Health Services Research of the University of North Carolina at Chapel Hill.

HEALTH INDICATOR:	N.C. DATA	CHANGE FROM PREVIOUS YEAR	GRADE
Insurance (1997):[1]			
Number of uninsured children:			
All	222,913		D
Under age 1	7,321	(data	D
Age 1-5	57,595	unavailable)	D
Age 6-18	157,997		D
Access to Preventive Care (1996):[2]			
% of Medicaid-enrolled children (ages 0-18) receiving preventive care	47.8	(from 44.0)	C
Infant Mortality (1996):[3]			
Number of deaths per 1,000 live births:			
All	9.2	no change	C
White	7.1	(from 6.8)	B
Non-white	14.3	(from 15)	D
Low Birth-Weight Infants (1996):[4]			
% of infants born weighing 5.5 lbs. or less:			
All	8.7	no change	C
White	6.8	no change	B
Non-white	13.3	(from 13.2)	D
Prenatal Care (1996):[5]			
% of mothers receiving prenatal care during first and second trimesters:			
All	83.4	(from 83)	B
White	87.7	(from 88)	B
Non-white	71.9	(from 71)	B
Immunization Rates (1996):[6]			
% of children with appropriate immunizations:			
At age 2	78	(from 84)	C
At school entry	98	no change	A
Communicable Diseases (1996):[7]			
Number of newly reported cases (ages 0-19):			
Syphilis, Gonorrhea, Chlamydia	12, 634	(from 15,178)	D
AIDS	24	(from 8)	D
Tuberculosis	34	(from 19)	D

HEALTH INDICATOR:	N.C. DATA	CHANGE FROM PREVIOUS YEAR	GRADE
Vaccine-Preventable Communicable Disease (1996):			
Number of cases:			
Measles	2	(from 0)	B
Mumps	17	(from 28)	B
Rubella	9	(from 0)	B
Diphtheria	0	no change	A
Pertussis	128	(from 115)	C
Tetanus	0	no change	A
Polio	0	no change	A
Environmental Health (1996):[8]			
% of children (age 12-24 months):			
Screened for lead levels	34.2	(from 31.2)	C
Screened having elevated blood lead	5.8	(from 6.7)	C
Dental Health (1996):			
% of children:			
With one or more sealants, grades 5 and 6	28	(from 25)	C
With fluoridated water systems	89	(from 87)	B
Developmental Health (1996):[9]			
Number of children (age 0-3) enrolled in early intervention services to reduce effects of developmental delay, emotional disturbance and/of chronic illness	8,454	(from 7,593)	B
Child Abuse, Neglect and Dependency (1996-97)[10]			
	FY 96-97	**FY 95-96**	
Number of reports	60,687	(from 57,907)	D
Number of substantiated reports	19,512	(from 18,241)	D
Number of children affected in reports	102,168	(from 96,175)	D
Number of children affected in substantiated reports	33,133	(from 30,812)	D
	CY 96	**CY 95**	
Number of confirmed child deaths due to abuse	45	(from 18)	F
Childhood Fatality (1996):[11]			
Number of deaths (ages 0-18) per 100,000 children	90.7	(from 89)	C

HEALTH INDICATOR:	N.C. DATA	CHANGE FROM PREVIOUS YEAR	GRADE
Deaths Due to Injuries (1996):[12]			
Number of deaths (ages 0-18):			
Unintentional			
Motor vehicle-related	182	(from 180)	C
Drowning	35	no change	C
Fire/Burns	33	(from 23)	D
Firearm	11	(from 9)	D
Bicycle	18	(from 10)	D
Intentional			
Suicide	37	no change	D
Homicide	69	(from 48)	F
Alcohol, Tobacco and Substance Abuse (1995):[13]			
% students (grades 9-12) who used the following in the past 30 days:			
Cigarettes	31.3	(from 29.3)	D
Smokeless Tobacco	9.2	(from 11.1)	C
Marijuana	21.7	(from 14.8)	D
Alcohol (beer)	39.7	(from 43.7)	D
Cocaine	2.2	no change	D
Physical Fitness (1995):[13]			
% (grades 9-12) who exercised at least 20 minutes per day for at least 3 days in the past week	61.3	(from 59.1)	C
Nutrition (1996):[14]			
% of low-income children who are overweight:			
Age 0-4	15.0	(from 10.7)	D
Age 5-11	16.5	(from 14.0)	D
Age 12-18 (1988-96)	21.7	(data unavailable)	C
Teen Pregnancies (1995):[15]			
Number of pregnancies per 1,000 girls (ages 15-17):			
All	65.0	(from 69.1)	C
White	49.0	(from 50.7)	C
Non-White	101.3	(from 111.7)	D

Notes

1 Insurance: The number of uninsured children in NC was derived from an average of 1995 and 1996 Current Population Survey data which was adjusted to reflect true Medicaid enrollment and extrapolated to 1997 NC Population Projections. The number of uninsured children in low-income families (families below 200% of the Federal Poverty Guidelines) accounts for 62% of all uninsured children. The 1997 Balanced Budget Act included a provision to develop a Child Health Insurance Program designed to cover uninsured children under the age of 19 in low-income families. The NC Child Health Insurance Task Force, under charge by the Secretary of the NC DHHS, has prepared a proposal to the General Assembly that would cover uninsured, low-income children in NC under this new federal block grant matching program.

2 Access to Preventive Care: The percentage of Medicaid-enrolled children (ages 0-18) receiving preventive care increased 9% in 1996 for a three-year improvement of 50%. This increase can be attributed to the outreach efforts of the Health Check Initiative. The increase is even more significant because 150,000 more children have been enrolled in Medicaid over the past three years due to these efforts and the actions of the General Assembly.

3 Infant Mortality: While the total number of deaths per 1,000 live births has remained constant since 1995, it remains the lowest number ever reported in NC. It is still short, however, of the NC goal of 7.4 in the year 2000. In addition, while the number of non-white deaths has *decreased* slightly, the number of white deaths has *increased* slightly.

4 Low Birth-Weight Infants: Low birth-weight is often associated with increased risk of infant mortality. The percent of infants born weighing less than 5.5 lbs. has not changed in the past three years and remains a serious problem.

5 Prenatal Care: Infants whose mothers seek prenatal care in the first trimester (first 13 weeks) of pregnancy are less likely to be low birth-weight and are less likely to fall victim to infant mortality.

6 Immunization Rates: According to the American Academy of Pediatrics, the recommended schedule of immunizations for a child under age two includes: three doses of Hepatitis B, three doses of Diphtheria, Tetanus and Pertussis (DTP), three doses of H influenzae type b, two doses of Polio, one dose of Measles, Mumps and Rubella (MMR) and one dose of Varicella. Though NC showed significant improvement in 1995 of 29%, in 1996 it experienced a decline of 7%.

7 Communicable Diseases: The number of newly reported cases of Syphilis, Gonorrhea and Chlamydia decreased 17% in 1996 after increasing 13% in 1995. The number of reported new cases of AIDS increased an alarming 200% in 1996. Finally, the resurgence in newly reported Tuberculosis cases increased a dramatic 79% after experiencing a decline of 44% in 1995.

8 Environmental Health: Current policy recommends that all children between the ages of 12-24 months be screened for elevated lead levels [elevated defined as 10 micrograms/deciliter (Δ µg/dl) or higher]. The percentage of preschool children age 12-24 months that have been screened for elevated lead levels has increased steadily since 1994 by 34%. Education and intervention programs designed to heighten awareness of the effects of high lead levels on the physical and intellectual development of children has led to a decline in the number of reported cases of elevated lead levels by 13% in 1996.

9 Developmental Health: The number of children (age 0-3) enrolled in early intervention services has increased 11% in 1996 and 38% between 1994 and 1996.

10 Child Abuse, Neglect and Dependency: Data was provided by the NC Central Registry's Reports of Child Abuse, Neglect and Dependency and the NC Medical Examiner's Office. The number of substantiated reports are those investigated and confirmed. However, not all reports are investigated. Also, a single report often involves more than one child, therefore, the total number of children affected each year is significant--almost twice the number of actual reports. Finally, the number of confirmed deaths due to child abuse alone (not including deaths due to neglect) has increased an alarming 150% between calendar year 1995 and 1996.

11 Childhood Fatality: Between 1988 and 1995, childhood fatalities decreased dramatically by 25%. However, in 1996, childhood fatalities increased slightly by 2%. The NC Child Fatality Task Force was established by the General Assembly in an effort to study and make recommendations on ways to prevent childhood fatalities in the future.

12 Deaths Due to Injuries: In 1996, the rates of all unintentional deaths due to injuries increased significantly, with the exception of drownings and motor vehicle-related deaths. For intentional deaths, the number of homicides increased 44%, while the number of suicides remained constant. In 1996, the number of *unintentional* deaths due to firearms *increased* 22%. However, over the four-year period of 1993 to 1996, the number of unintentional deaths by firearms *decreased* 23%.

13 Alcohol, Tobacco and Substance Abuse: The 1995 data were derived from the biennial Youth Risk Behavior Survey conducted by the NC Department of Public Instruction in cooperation with the Centers for Disease Control and Prevention. The percentage of 9th-12th graders who report having used smokeless tobacco and beer in the past 30 days declined 17% and 9%, respectively, between 1993 and 1995. However, the percentage of 9th-12th graders who reported using cigarettes increased 7% and the use of marijuana increased 47%. While the increase in marijuana use is significant, it pales in comparison to the 100% increase reported nationally. The reported use of cocaine by the same group in the same time period remained the same.

Physical Fitness: The percentage of 9th-12th graders who report exercising at least 20 minutes per day, for a minimum of 3 days per week has increased only slightly to 61.3% in 1996.

14 Nutrition: The children represented by these data are those who receive services in a local health department sponsored clinic and may not be representative of the state as a whole. Overweight is conservatively defined as a weight for height (2-4 years old) or a body mass index (5-18 years old) greater than or equal to the 95th percentile. Concern about overweight prevalence occurs when it exceeds 5%. This data shows that for these children, NC has three times the expected number of overweight preschoolers, more than three times the expected number of overweight school-age children and more than four times the expected number of overweight teens.

15 Teen Pregnancy: Overall, the number of pregnancies per 1,000 girls (ages 15-17) dropped 6% in 1996 after a three-year increase between 1993 and 1995 of 11% and is nearing the NC goal of 63. However, the number of nonwhite pregnancies (101.3/1,000) is 107% higher than the number of white pregnancies (49.0/1,000), remaining a cause for concern as it is far from the NC goal of 86.7.

Grading Method: While not statistically derived, letter grades were determined as follows:

A = >25% improvement or current status remains very good

B = <25% improvement or current status remains satisfactory

C = no significant change or current status remains mediocre

D = <25% worse or current status remains unsatisfactory

F = >25% worse or current status remains very bad