NORTH CAROLINA
child ADVOCACY Institute

health policy
North Carolina Institute of Medicine

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IN COLLABORATION WITH:

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The purpose of the North Carolina Child Health Report Card is to heighten awareness—among policy makers, practitioners, the media, and the general public—of the health of children and youth across our state. All of the leading child health indicators are summarized in this one, easy-to-read publication. This is the ninth annual Report Card, and we hope it once again will encourage everyone concerned about young North Carolinians to see the big picture and then rededicate themselves to improving the health and safety of the children whose lives they affect.

Statewide data are presented for the most current year available and a comparative year (usually 1997) as a benchmark. Unless otherwise noted, data are presented for calendar years. The specific indicators were chosen not only because they are important, but also because there are data available. In time, we hope expanded data systems will begin to produce accurate data that would allow the "picture" of child health and safety to expand as well. For several indicators, county data can be accessed through the web site of the NC Child Advocacy Institute (www.ncchild.org).

The data provide reason for celebration and concern. There is plenty to celebrate. For most indicators, the trend is toward improvement, and for several—including infant and child death rates; uninsured rates; the immunization rate; teen pregnancy—the data are truly encouraging. However, there is also cause for heightened concern and strong action. For several indicators—including child abuse and neglect; child abuse homicide; asthma; overweight in low-income children; the use of alcohol, tobacco, and illegal substances—the data reflect unnecessary and unacceptable risks to NC children and youth. When data are available, they indicate that racial disparities remain disturbingly wide.

The underlying messages are the same as those noted in prior Report Cards. North Carolina's child health outcomes are not a matter of happenstance, nor are they inevitable. Our results—good, bad, or indifferent—invariably mirror investments made by the General Assembly and the hard work and perseverance of coalitions that include state and local agencies, providers, and child/family advocates. Regrettably, the current state budget crisis is placing much of this progress in jeopardy, with some critical health services being reduced and most remaining seriously underfunded.

While the frequently-stated goal of being "First in America" in the formal education of our children is laudable, there is no way to achieve that goal if our children are nowhere near first in measures of health and safety. Attention to the relationship between student health/well-being and student success in school is a challenge for all North Carolinians. Our children are 20% of our population, but they are 100% of our future. They will soon be our leaders, our producers, and our consumers. Now is the time to make the investments that will assure a bright future for our state.

Grades and Trends

Grades are assigned to bring attention to the current status of each indicator, and are based on a general consensus among the sponsoring organizations. A indicates that the current status is "very good"; B is "satisfactory"; C is "mediocre"; D is "unsatisfactory"; F is "very poor".

Trends are represented by arrows: - indicates the data are improving; ¯ indicates the data are becoming worse; ® indicates little or no change from the reference year. Regardless of the grade, the trend reminds us if progress is being made, and progress should be our goal in every case.

Tom Vitaglione (NCCAI) and Kristie Weisner (NC IOM) led the development of this publication, with valuable contributions from many staff members of the North Carolina Department of Health and Human Services.

North Carolina Child Advocacy Institute
311 East Edenton Street
Raleigh, NC 27601
Phone: (919) 834-6623 ext. 229
Fax: (919) 829-7299
Email: nccai@ncchild.org
Internet: http://www.ncchild.org

North Carolina Institute of Medicine
5501 Fortunes Ridge Drive, Suite E
Durham, NC 27713
Phone: (919) 401-6599 ext. 21
Fax: (919) 401-6899
Internet: http//www.nciom.org

Health Indicator	Current Year	Benchmark Year	Δ	Grade & Trend
Insurance coverage[1]	**2002**	**1997**		
Health Choice enrollment in December (age 0-18)	89,446	0	na	**A** ↑
Medicaid enrollment in December (age 0-18)	575,288	433,696	+ 33%	**A** ↑
	1999-2001 avg.	**1995-1997 avg.**		
% of all children (age 0-18) at or below 200% poverty without health insurance	7.5	10.9	- 31%	**B** ↑
	2001	**1996/1997**		
% of all children (age 0-18) uninsured	11.2	18.0	- 38%	**B** ↑
Medicaid Preventive Care[2]	**2002**	**1997**		
% of Medicaid-enrolled children (age 0-18) receiving preventive care	71.7	50.3	+ 43%	**A** ↑
Infant Mortality[3]	**2002**	**1997**		
# of infant deaths per 1000 live births:				
All	8.2	9.2	- 11%	**B** ↑
White	5.9	6.9	- 14%	**B** ↑
Other races	14.2	14.8	- 4%	**D** →
Low Birth-Weight Infants[4]	**2002**	**1997**		
% of infants born weighing 5 lbs., 8 ozs. or less:				
All	8.9	8.9	0%	**D** →
White	7.4	7.2	+ 3%	**D** →
Other races	13.3	13.1	+ 2%	**F** →
Immunization Rates[5]	**2002**	**1997**		
% of children with appropriate immunizations:				
At age 2	85.3	82.2	+ 4%	**A** ↑
At school entry	99.4	98.3	+ 1%	**A** →
Communicable Diseases[6]	**2002**	**1997**		
# of newly reported cases:				
Congenital Syphilis	14	18	- 22%	**B** ↑
Perinatal HIV/AIDS	(2001) 5	3	+ 67%	**B** ↓
Tuberculosis (age 0-19)	44	23	+ 91%	**D** ↓
Vaccine-Preventable Communicable Diseases[7]	**2002**	**1997**		
# of reported cases (age 0-19):				
Measles	0	2	- 100%	**A** ↑
Mumps	0	6	- 100%	**A** ↑
Rubella	0	44	- 100%	**A** ↑
Diptheria	0	0	0%	**A** →
Pertussis	37	95	- 61%	**B** ↑
Tetanus	0	0	0%	**A** →
Polio	0	0	0%	**A** →

Health Indicator	Current Year	Benchmark Year	D	Grade & Trend
Environmental Health[8]	**2002**	**1997**		
Lead: **%** of children (age 12-36 months):				
Screened for elevated blood levels	36.2	24.1	+ 50%	**C** ↑
Found to have elevated blood lead levels	1.9	4.3	- 56%	**B** ↑
Asthma: **%** of children (grade 7-8) who have:	**2000**	**1997**		
Reported asthma symptoms	28	na		**C**
Diagnosed asthma	11	na		**C**
Asthma: Hospital discharges per 100,000 children (age 0-14):	**2002** 224	**1997** 264.3	- 15%	**B** ↑
Dental Health[9]	**2002**	**1997**		
% of children with one or more sealants (Grade 5)	37	28	+ 32%	**B** ↑
% of children with untreated tooth decay (kindergarten)	24	24	0%	**D** →
	2002	**1998**		
% of Medicaid-eligible children:				
Ages 1-5 who received dental services	20	12	+ 67%	**D** ↑
Ages 6-14 who received dental services	37	27	+ 37%	**D** ↑
Ages 15-20 who received dental services	24	19	+ 26%	**D** ↑
Early Intervention[10]	**2002**	**1997**		
# of children (age 0-3) enrolled in early intervention services to reduce effects of developmental delay, emotional disturbance, and/or chronic illness	10,264	6,011	+ 71%	**B** ↑
Child Abuse & Neglect[11]	**FY 01-02**	**FY 96-97**		
# of children:				
Receiving assessments for abuse & neglect	107,218	83,257	+ 29%	**F** ↓
Substantiated as victims of abuse & neglect	32,883	28,619	+ 15%	**F** ↓
	2001	**1997**		
Confirmed deaths due to abuse	24	36	- 33%	**F** ↑
Child Fatality[12]	**2002**	**1997**		
# of deaths per 100,000 children (age 0-17)	73.8	87	- 15%	**B** ↑

Health Indicator	Current Year	Benchmark Year	D	Grade & Trend
Deaths Due to Injury[13]	**2002**	**1997**		
# of deaths (age 0-18):				
Motor Vehicle-related	174	218	- 20%	**B** ↑
Drowning	23	28	- 18%	**C** ↑
Fire/Burn	23	17	+ 35%	**D** ↓
Bicycle	5	9	- 44%	**A** ↑
Suicide	19	35	- 46%	**C** ↑
Homicide	43	62	- 31%	**D** ↑
Firearm	32	55	- 42%	**D** ↑
Alcohol, Tobacco & Substance Abuse[14]	**2001**	**1997**		
% of students in grades 9-12 who reported using the following in the past 30 days:				
Cigarettes	27.8	35.8	- 22%	**D** ↑
Marijuana	20.8	24.9	- 16%	**F** ↑
Alcohol (beer)	38.2	43.6	- 12%	**F** ↑
Cocaine	2.7	3.0	- 10%	**D** ↑
Physical Activity[14]	**2001**	**1997**		
% (Grades 9-12) who exercised at least 20 minutes a day, at least 3 days in the past week	64	55.2	+ 16%	**C** ↑
Overweight[15]	**2002**	**1997**		
% of low-income children who are overweight:				
Age 2-4	13.5	10.0	+ 35%	**D** ↓
Age 5-11	21.1	15.9	+ 33%	**F** ↓
Age 12-18	26.3	25.6	+ 3%	**F** →
Teen Pregnancy[16]	**2001**	**1996**		
# of pregnancies per 1,000 girls (age 15-17):				
All	40.6	65	- 38%	**C** ↑
White	32.0	49	- 35%	**C** ↑
Other races	59.5	101.3	- 41%	**C** ↑

Notes:

1. Insurance Coverage. For many years, NC's Medicaid Program has been recognized as one of the better programs in the nation. NC Health Choice for Children, the state children's health insurance program implemented in 1998, has been acclaimed in several national studies as one of the best such programs. A community-based outreach initiative led to quick and large increases in NC Health Choice enrollment, while also increasing Medicaid enrollment. These enrollment increases are reflected in the most recent census figures, which indicate rather significant declines in the percentage of uninsured children. More progress is needed in this area, and the NC Pediatric Society is sponsoring a "Covering Kids" project to enhance outreach. In addition, the General Assembly has provided additional appropriations to assure increased enrollment in NC Health Choice. Of great concern, however, is that Medicaid funding was seriously questioned in the recent legislative session, and transitional Medicaid benefits have been restricted for the children of those who have recently re-obtained employment.

2. Medicaid Preventive Care. The percentage of Medicaid-enrolled children receiving preventive care on a continuous basis increased by a remarkable 43% between 1997 and 2002. This significant increase can be attributed to the Carolina Access Program, which links children with primary care providers, and the outreach efforts of the Health Check Initiative. The increase is even more remarkable because Medicaid enrollment increased significantly during the period due to expanded access previously provided by the General Assembly. Since even more progress is needed in this area, it is critical that the Carolina Access Program and outreach efforts remain in place.

3. Infant Mortality. The 2002 infant mortality rate of 8.2 is the lowest ever recorded in NC, representing an 11% reduction since 1997 and a notable 22% reduction since 1993. This reflects great progress in reducing infant deaths from birth defects and sudden infant death syndrome. Both areas have received financial investments by the General Assembly, and have been the focus of services and awareness campaigns generated by the NC Department of Health and Human Services (DHHS), the March of Dimes, and community agencies. Regrettably, these investments are in jeopardy due to the state's budget crisis. The difference between whites and other races

has been the focus of attention for some time, but the disparity continues to widen, and is cause for concern.

4. Low Birth-Weight Infants. Low birth-weight is a serious component of infant mortality that has remained intractable over the years. Efforts to reduce this problem are now shifting to the preconception period. It has been noted that women with a history of positive health behaviors prior to pregnancy have better birth outcomes. School health curricula and general awareness campaigns can play a big role in this regard. Once again, the wide disparity between whites and other races is cause for great concern.

5. Immunization Rates. Federal reports indicate that North Carolina's immunization rate at age two has been among the best in the nation for the last few years. This true success story is directly attributable to a decision by the General Assembly to make vaccines available to children at low or no cost, and to a statewide initiative that enjoys the participation of public and private primary care providers.

6. Communicable Diseases. While still disappointingly high, the number of newly reported congenital syphilis cases has been dropping consistently. Continuing progress is hoped for. Though more infants are being born to women who are HIV+, the transmission of HIV/AIDS from mother to child during the birth process has become a relatively rare event in NC. This is due to a statewide system of voluntary counseling and drug intervention, for which public and private providers should be proud. Regrettably, tuberculosis is making a comeback in NC, largely due to the entry of migrants and immigrants with the disease. Public health workers are currently addressing this problem.

7. Vaccine-Preventable Communicable Diseases. These diseases are no longer the childhood afflictions they used to be, due to the development and expanded availability of vaccines, and a statewide surveillance system guided by NC DHHS. Tetanus, polio, and diphtheria have virtually been eliminated, and cases of measles and mumps are relatively rare. The persistence of pertussis warrants careful monitoring. For the second consecutive year, no cases of rubella were reported, which is a testimony to the work of local health departments in providing immunization education and services particularly focused on new immigrant populations.

8. Environmental Health. The percent of children ages 12-36 months screened for blood lead levels has increased significantly in the past five years due to a statewide awareness initiative and the participation of private physicians and local health departments (and WIC Programs in particular). However, only 36% of children were screened in 2002, a disappointingly low percentage given the adverse effects of elevated blood lead levels (defined as 10 micrograms per deciliter or greater) on child development. Conversely, the percent of screened children found to have elevated blood lead levels has declined dramatically in NC, largely due to awareness campaigns and the continued reduction in exposure to products containing lead.

The NC School Asthma Survey was conducted in 1999-2000 on most seventh and eighth graders and produced for the first time relatively accurate estimates of asthma prevalence. The data confirm that asthma is the leading chronic illness among our school-age children, with few urban-rural and racial differences in prevalence. A problem of this magnitude warrants more frequent surveys of prevalence. The decline in the hospital discharge rate reflects the efforts of the NC Medical Society Foundation and the Carolina Access Program to educate primary care providers in the management of asthma. More progress is expected. (Discharge rates by race were unavailable for 2002 due to reporting omissions. Since there have been wide racial disparities in the past, it is critical that reporting be improved.)

9. Dental Health. Data from surveys conducted by the DHHS Oral Health Section show no improvement in the dental health of children entering kindergarten, with 24% having untreated tooth decay. Awareness regarding the effectiveness of fluoride varnish for young children is growing, which hopefully will reduce the prevalence of tooth decay on school entry. Happily, the percent of school-age children with the protection of sealants continues to grow. Access to dental care for Medicaid-enrolled children has grown, but remains disappointingly low. In response to a court-negotiated settlement, the General Assembly has approved appropriations to increase dental reimbursement rates substantially. Hopefully, this will enhance access quickly and dramatically.

10. Early Intervention. Program caseloads continue to increase, and NC's collaborative early intervention services system continues to receive national acclaim. Despite these impressive enrollment numbers, program administrators estimate that as little as 50% of the target population is being served. While efforts to expand and strengthen these services have been a DHHS priority, the budget crisis has led the General Assembly to restrict appropriations in this area.

11. Child Abuse and Neglect. The number of children receiving assessments and the number of children substantiated as victims of abuse and neglect continue to rise and are alarmingly high. Were it a communicable disease, child abuse and neglect would be declared an epidemic in NC. Paradoxically, appropriations to mitigate this problem have been reduced by the General Assembly. Tragically, deaths due to abuse represent about half of all child homicides, further confirming that home can be a dangerous place for far too many of our children.

12. Child Fatality. The rate of child deaths in 2002 is the lowest ever reported, representing a 15% decline since 1997 and a remarkable 26% decline in the past decade. Declines occurred in all age categories. The NC Child Fatality Task Force, as well as state and local review teams, continues to explore ways to prevent child deaths.

13. Deaths Due to Injury. This is the primary cause of death in children older than one year of age. Even though the number of children in the population has increased significantly in the past five years, the actual number of deaths has declined in all the categories of injuries (except fire/burn). This reflects a decade-long effort, including laws (such as the graduated drivers license system, and requirements for child safety restraints in vehicles; bicycle helmets; and smoke detectors) and awareness campaigns to promote the vigilance needed to prevent unintentional injuries. Cases of homicide and suicide, though in decline, are a continuing tragedy.

14. Alcohol, Tobacco, Substance Abuse, and Physical Activity. These data, which indicate improvement in most areas, are derived from the biennial Youth Risk Behavior Survey conducted by the Department of Public Instruction in cooperation with the Centers for Disease Control and Prevention. Though there are some questions regarding the validity of the survey process, these data indicate a need for continued efforts to reduce the risk-taking behaviors of our school children of all ages.

15. Overweight. This is conservatively defined as a body mass index equal to or greater than the 95th percentile using federal guidelines. Concern about overweight prevalence occurs when it exceeds 5%. The NC data for all age groups are well above that level of concern, and are getting worse. This does not bode well, for childhood obesity can lead to adult health problems, such as high blood pressure, heart disease, diabetes, etc. While the children represented in these data are those who receive services in local health departments or school health centers and may not be representative of the state as a whole, the data are sending an important signal that must be heeded. Increased public awareness offers some hope in dealing with this problem. In particular, the recommendations of the new NC Healthy Weight Initiative deserve consideration and support.

16. Teen Pregnancies. The national decline in teen pregnancies is being experienced in NC as well. While the data are quite encouraging, it is clear that more progress must be made in this area. Of particular concern is the wide disparity in the white rate and other races rate.