

NC Child
The Voice for North Carolina's Children



NORTH CAROLINA Child Health REPORT CARD

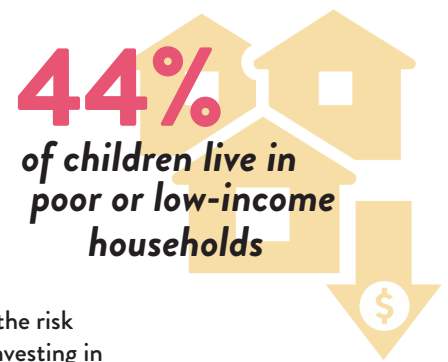
2021



Focus On:
THE IMPACT OF THE
COVID-19 PANDEMIC
ON NC FAMILIES

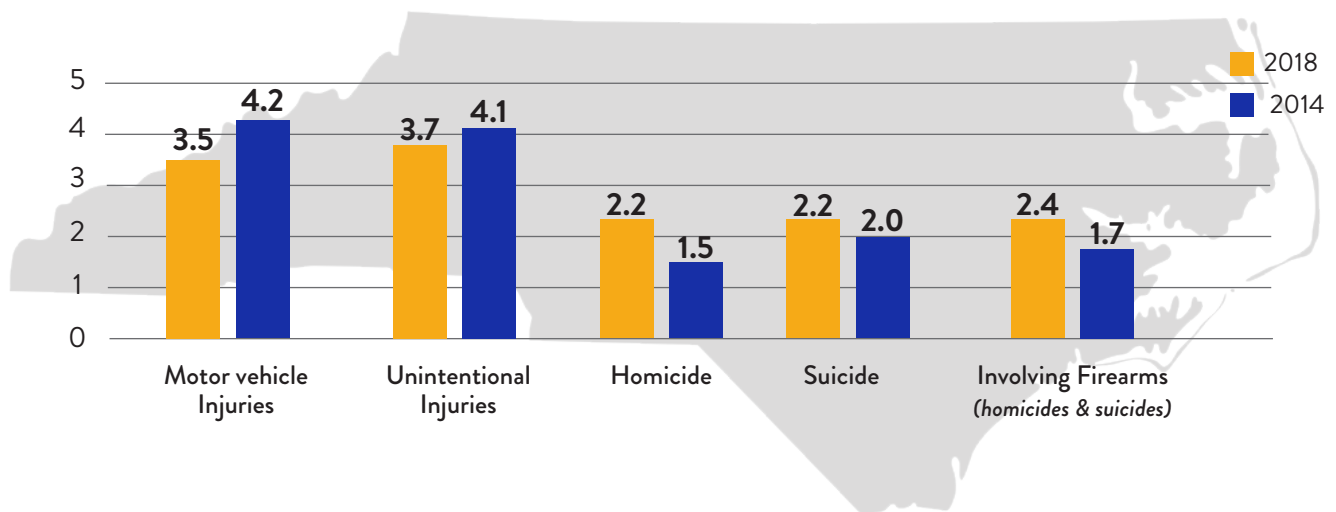
Secure Homes & Neighborhoods

The environment where children live, learn, and play has a huge influence on their health. Approximately 4 out of 10 children live in poor or low-income homes, and 9% of North Carolina's children live in high-poverty neighborhoods. Families living in these conditions have a harder time covering the basics, let alone extra fees for sports, camps, and enrichment. In many low-income communities, families have a much harder time finding safe housing, healthy food, and safe public parks where they can play and exercise — all factors that increase the risk of poor health. Community leaders and policymakers can strengthen communities by investing in public infrastructure like affordable housing, public transit, and parks. Leaders can also use tools to reduce environmental health hazards like lead paint or polluted air and water.



GRADE	INDICATOR	DATA YEARS	CURRENT	BASE	% CHANGE	AFRICAN AMERICAN or BLACK	AMERICAN INDIAN	ASIAN	HISPANIC or LATINX	OTHER	WHITE
F	Housing & Economic Security										
	Children who live in high-poverty neighborhoods	2014-2018, 2010-2014	9.0%	14.0%	-35.7%	20.0%	21.0%	5.0%	15.0%	8.0%	3.0%
	Children who live in poor or low-income households (<200% FPL)	2018, 2014	44.0%	50.0%	-12.0%	61.0%		33.0%	68.0%	49.0%	29.0%
B	Environmental Health										
	Children who have an asthma diagnosis	2018-2019, 2016-2017	11.0%	12.7%	-1.7%	14.7%		3.0%	9.3%	6.3%	11.1%
D	Child Abuse and Neglect										
	Children who are investigated for child abuse or neglect	July 2018 - July 2019, July 2014 - July 2015	4.5%	5.7%	-21.6%	7.3%	6.8%		3.3%		4.2%
	Children who exit to a permanent living situation within 24 months	2018-2019, 2015-2016	59.9%	63.2%	-5.3%	53.6%	73.2%	90.9%	57.2%	56.8%	62.7%

North Carolina Resident Child (Ages 0-17) Death Rates by Type of Death per 100,000



Access to Care

Whether a family can get affordable health care has a huge influence on their children's health and well-being. Health care coverage is critical for ensuring that children receive necessary preventive care. Just as with healthy babies, a child's health is closely tied to whether their parents have good health care.

The number of North Carolina parents without health insurance decreased from 17% in 2017 to 14% in 2018. Unfortunately, the pandemic has meant huge declines in employer-provided health coverage in 2020. We expect to see a corresponding increase in parents without health coverage. Oral health is also an important part of overall child health. Many North Carolina families struggle to find and afford oral health care for their children. In 2019, approximately 16% of North Carolina kindergarten students showed signs of untreated tooth decay.

GRADE	INDICATOR	DATA YEARS	CURRENT	BASE	% CHANGE	AFRICAN AMERICAN or BLACK	AMERICAN INDIAN	ASIAN	HISPANIC or LATINX	OTHER	WHITE
C	Oral Health Kindergarten students with untreated tooth decay	2018-2019, 2017-2018	16%	15.7%	1.9%						
D	School Health School nurse ratio School counselor ratio	2018-2019, 2015-2016 2018-2019, 2015-2016	1:1,021 1:354	1:1,086 1:375	6.4% 5.9%						
B	Health Services Utilizations and Immunization Children with Medicaid who received a well-child checkup in the past year Children ages 19-35 months with appropriate immunizations Adolescents ages 13-17 who have received 1 or more HPV vaccinations	2018, 2014 2019, 2015 2019, 2016	59.5% 80.1% 71.3%	59.3% 80.0% 57.5%	0.3% 0.1% 24.0%						
A	Insurance Coverage Percent of children with health insurance coverage Parents without health insurance coverage	2019, 2015 2019, 2016	94.2% 15.1%	95.7% 13.7%	-1.5% 10.2%	96.1% 13.4%	93.7% 19.1%	94.7% 7.1%	86.7% 50.0%	83.3% 13.2%	95.6% 9.3%

Healthy Births

One of the most important factors in an infant's health is their mother's health before and during pregnancy. Low birth weight, birth defects, and even infant death are tied to factors such as access to prenatal care, health risk factors, and health behaviors like smoking or drinking alcohol. Importantly, structural racism presents consistent barriers to healthy outcomes for women of color and their babies.

While almost 70% of all women in North Carolina receive prenatal care in the first trimester, African American and Hispanic women are less likely to receive prenatal care compared to their white counterparts. Racial disparities also impact North Carolina's appalling infant mortality rate: African American babies are as more than twice as likely as to die before their first birthday than white babies.

GRADE	INDICATOR	DATA YEARS	CURRENT	BASE	% CHANGE	AFRICAN AMERICAN or BLACK	AMERICAN INDIAN	ASIAN	HISPANIC or LATINX	OTHER	WHITE
C	Breastfeeding Newborns who are breastfed exclusively for at least 6 months	2017, 2014	23.3%	26.1%	-10.7%						
C	Preconception and Maternal Health and Support Women ages 18-44 with health insurance coverage Women who receive early prenatal care	2018, 2014 2019, 2014	79.9% 67.5%	75.0% 68.2%	7.0% -1.0%	83.9% 61.0%	63.0% 61.2%		35.8% 55.9%	94.1% 66.5%	87.9% 74.2%
F	Birth Outcomes Infant mortality rate per 1,000 live births Babies who are born before 37 weeks of pregnancy	2019, 2014 2019, 2014	6.8 10.7%	7.10 9.8%	-4.2% 9.2%	12.5 14.3%	12.0 10.8%		5.6 9.4%	3.8 8.6%	4.7 9.5%
B	Teen Births Rate of births to teen girls ages 15-19 per 1,000	2019, 2014	24.0	32.3	-25.7%	34.4	41.5		40.9	11.0	15.0

Health Risk Factors

Many of the behaviors we pick up in youth can last a lifetime. That is particularly true of healthy behaviors, such as exercise and healthy eating, and unhealthy behaviors, such as tobacco and alcohol use. The good news is that cigarette and alcohol use have gone down among North Carolina youth in recent years. However, the increasing popularity of electronic vapor products is very concerning, with approximately 3 in 10 high school students reporting using these products. Health leaders should address the rise of vaping and use of other substances with increased investment in substance use prevention and cessation programs targeting youth.

Education is an important driver of health. Under-investment in Black, brown, and low-income communities has created a legacy of racial disparities that persist across education indicators. African American, American Indian, and Hispanic children are less likely to read at grade level and graduate on time than white children. Research shows that adults with higher levels of education earn more, are less likely to be unemployed, and live longer and healthier lives.

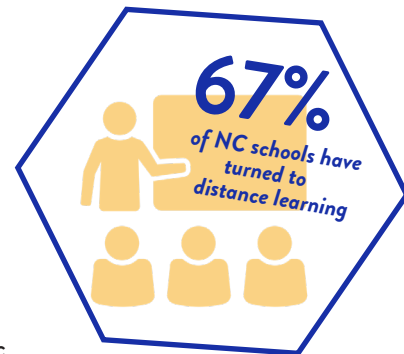


GRADE	INDICATOR	DATA YEARS	CURRENT	BASE	% CHANGE	AFRICAN AMERICAN or BLACK	AMERICAN INDIAN	ASIAN	HISPANIC or LATINX	OTHER	WHITE
D	Healthy Eating & Active Living										
	Children ages 10-17 who are overweight or obese	2018-2019, 2016-2017	30.7%	30.6%	0.3%						
	Children who live in food insecure households	2018, 2016	19.3%	20.9%	-7.7%						
F	Tobacco, Alcohol, and Substance Use										
	High school students who currently use:										
	Cigarettes	2019, 2017	8.3%	12.1%	-31.4%	4.4%		2.6%	9.7%	5.8%	9.0%
	Electronic vapor products	2019, 2017	35.5%	22.1%	60.6%	25.7%		27.3%	33.5%	41.0%	41.1%
	Alcohol (including beer)	2019, 2015	24.2%	29.2%	-17.1%	14.9%		13.4%	26.4%	24.7%	28.7%
	High school students who have ever used:										
	Prescription drugs without a doctor's prescription	2019, 2017	16.6%	15.0%	10.7%	15.8%		12.9%	20.3%	19.3%	14.8%
F	Mental Health										
	High school students who attempted suicide in the past year	2019, 2017	9.7%	8.2%	8.5%	9.6%		3.9%	15.4%	15.6%	7.6%
	Past-year major depressive episode among adolescents aged 12-17	2019, 2017-2018	15.1%	12.0%	25.8%						
	Percent of adolescents aged 12-17 with major depressive episode who received treatment for depression	2019, 2018	43.3%	41.4%	4.6%						
C	Education										
	Third grade students reading at grade level	2019, 2016	56.8%	59.5%	-4.5%	40.8%	44.5%	75.6%	42.6%	59.5%	70.1%
	High school students who graduate on time	2019-2020 SY, 2015-2016 SY	87.6%	85.9%	2.0%	85.2%	85.1%	94.4%	81.7%	85.3%	90.8%



NC Pathways to Grade-Level Reading Whole Child Measure of Success. Learn more at:
www.buildthefoundation.org/pathways

Special Issue: The Impact of the COVID-19 Pandemic on NC Families



The COVID-19 pandemic has touched the lives of all North Carolina families. As many families try to find their footing, the pandemic is putting a harsh spotlight on the deeply embedded barriers that create massive racial and economic inequities in health and well-being. Children are quite resilient by nature. But when parents lose jobs or income, as so many have recently, it can cause a cascade of other traumatic events for children.

Losing a home, skipping meals, or having a parent struggling with depression can result in serious long-term consequences for kids. Before COVID-19, nearly half of children in North Carolina lived in a family that was struggling with poverty. Now, many more families are having a hard time meeting their children's basic needs. COVID-19 is also changing the way children receive education across the state. While most schools have turned to full-time or part-time distance learning (67.3%), access to the internet and computers remains a challenge for many families, particularly for low-income households and rural communities.



The U.S. Census Bureau's weekly Household Pulse Survey is capturing the social and economic impact of the pandemic on families across the country in real time. Approximately 1 in 4 families with children struggle to pay rent, while a fifth of homeowners with children are behind on mortgage payments. Twenty percent of households with children report not having enough to eat over the past week. More than half of parents are struggling with anxiety and depression symptoms and have not received mental health care.

THE DATA PROVIDES A STARTING POINT FOR A PATH TO RECOVERY IN NORTH CAROLINA. Stakeholders can do much to support families during the pandemic, including:



Strengthening health coverage as a crucial part of North Carolina's public health response to COVID-19. Expanding access to affordable health coverage - for adults and children alike - is important to children's physical, mental, and emotional health. When parents are insured, they are better able to stay healthy and care for their children. Likewise, their children are more likely to have health insurance and to use it. Hundreds of thousands of North Carolina caregivers have lost the health coverage they previously received through their employers. Without health insurance, it can be nearly impossible for parents and caregivers to get health care when they need it.



Removing barriers to health and health care for North Carolina's most vulnerable families. We can ensure that thousands of families get the high-quality care they need, because we understand the barriers. Some of the biggest are not having a car to get to health appointments, a shortage of local health care providers, unaffordable services, and a shortage of providers who understand their patients' language and/or culture.

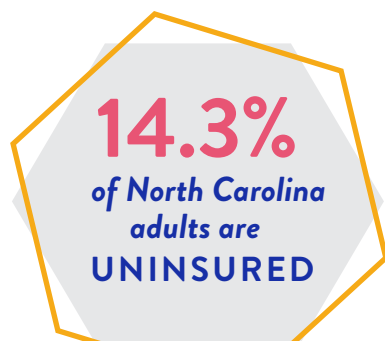


Preventing long-term harm to kids by investing in the programs that are proven to insulate families against the harmful effects of poverty. Programs such as Medicaid, SNAP, WIC, and high-quality early childhood education are proven to boost school success, and help keep kids healthy throughout their lives.



Expanding access to broadband internet. State legislators have an opportunity to get broadband internet to the 200,000 homes with students in North Carolina that still have no internet access at home. Currently, these families don't have the wi-fi access they need for their kids to attend class, and can't access telehealth services or apply for jobs or needed benefits like Medicaid or SNAP.

State legislators and health officials are justly prioritizing COVID-19 recovery efforts this year. The pandemic has had a hugely disproportionate impact on communities of color, so solutions must address the long-standing structural racism that leads to disparities in health outcomes for children and their families. Prioritizing an equitable recovery will get us closer to the goal that all children and families can thrive.



HOUSEHOLDS with NO CHILDREN

HOUSEHOLDS with CHILDREN

Adults who reported feeling nervous, anxious, or on edge

Adults who reported feeling down, depressed, or hopeless

Adults who delayed getting medical care because of COVID-19

58.1%

46.9%

27.0%

66.5%

54.6%

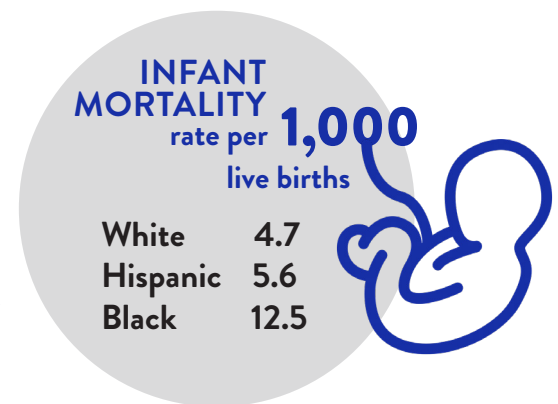
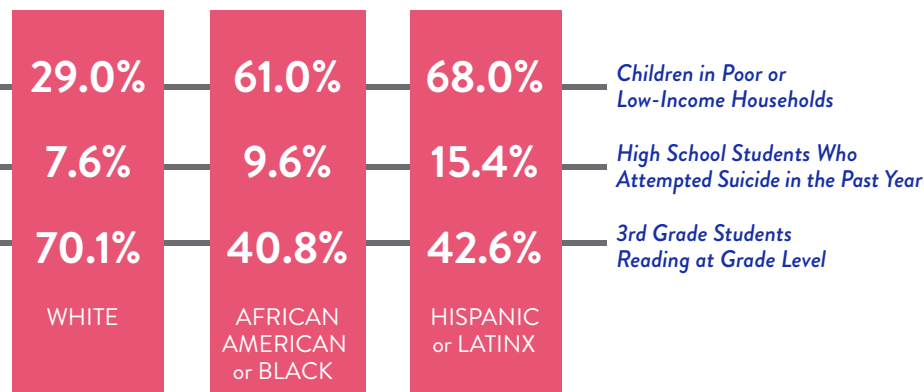
38.8%

DEMOGRAPHICS



	TOTAL CURRENT	AFRICAN AMERICAN or BLACK	AMERICAN INDIAN	ASIAN	HISPANIC or LATINX	OTHER	WHITE
<i>Number of babies born (Live births)</i>	118,957	28,719	1,608		18,359	5,634	64,632
<i>Percent of total live births</i>	100%	24.1%	1.4%		15.4%	4.7%	54.3%
<i>Children under age 18 (%)</i>	100% (2,293,972)	22.9% (526,308)	1.3% (30,829)	2.9% (66,012)	16.7% (383,487)	5.3% (121,607)	51.6% (1,182,808)

DISPARITIES BY RACE PERSIST IN NORTH CAROLINA ACROSS MANY AREAS OF CHILD WELL-BEING:



GRADES AND CHANGE OVER TIME: Grades are assigned by a panel of health experts to bring attention to the current status of North Carolina children in salient measures of health and well-being. Grades are subjective measures of how children in North Carolina are faring in a particular area, and are not meant to judge the performance of a state agency or agencies providing data or services. Please note that several agencies have made a great deal of progress in recent years, which may not be reflected in these grades.

Percent changes have not been given for population count data involving small numbers of cases. Grades and trends are based on North Carolina's performance year-to-year, disparities by race/ethnicity, and what level of child health and safety North Carolina should aspire to, regardless of how we compare nationally.

Data sources and additional references can be found online at:
www.nciom.org or www.ncchild.org

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QUESTIONS?

NC Child

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