

# 2016

# *North Carolina*

## Child Health Report Card

### NC Child

3109 Poplar Court  
Suite 300  
Raleigh NC 27604



630 Davis Drive  
Suite 100  
Morrisville, NC 27560

### Highlights

Child health and well-being is shaped by parents' health and access to care

- Insurance coverage
- Immunization
- Breastfeeding
- Teen Births
- Infant Mortality

Full text of the 2016 Child Health Report Card is available online at <http://www.nciom.org>

# ACCESS TO CARE AND PREVENTIVE HEALTH

Health during childhood impacts not only children's daily life, but also their future health, education, employment, and economic status. Access to health care is one important determinant of health, and health insurance is critical to ensure affordable access to care. North Carolina has made tremendous strides in enrolling children in health care coverage that allows them free access to preventive care services such as well child visits, immunizations, and dental cleanings. However, one in twenty children are uninsured, most of whom are eligible for public health insurance programs but not enrolled. Policy options that have been shown to be effective at reaching these children include streamlined enrollment plans that coordinate enrollment between public programs and expanding Medicaid eligibility to include more parents.

In addition to bolstering enrollment efforts for children, expanding Medicaid eligibility to include more parents promotes the health of the whole family. Children who grow up in safe, supportive, nurturing families are more likely to have good health throughout their lives. The health and well-being of parents and other caregivers is critical to their ability to serve as nurturing caregivers for children. Parents with unaddressed physical and mental health concerns can endanger children's positive development. Ensuring that parents and other caregivers have access to prevention and treatment for mental and physical health problems is an essential step towards providing the safe, supportive, nurturing environments in which children thrive.

Grade	Health Indicator	Current Year	Benchmark Year	Percent Change	Trend
<b>B</b>	<b>Insurance Coverage</b>	<b>2014</b>	<b>2010</b>		
	Percent of all children (ages 0-17) uninsured	5.2%	7.7%	-32.5%	Better
	Percent of children below 200% of poverty uninsured	6.6%	11.2%	41.1%	Better
	Number of children covered by public health insurance (Medicaid or Health Choice) (in December)	1,223,607	1,047,366	16.8%	Better
	Percent of Medicaid-enrolled children receiving periodic well-child screening assessments	57.1%	-	-	-
	Uninsured Parents	17.4%	21.6%	-19.4%	Better
<b>D</b>	<b>School Health</b>	<b>2014</b>	<b>2009</b>		
	School nurse ratio	1: 1,177	1: 1,207	-	-
<b>B</b>	<b>Breastfeeding</b>	<b>2012</b>	<b>2007</b>		
	Percent of infants ever breastfed	78.7%	72.4%	8.7%	Better
	Percent of infants breastfed at least six months	52.0%	38.8%	34.0%	Better
<b>B</b>	<b>Immunization Rates</b>	<b>2014</b>	<b>2010</b>		
	Percent of children with appropriate immunizations:				
	Ages 19-35 months	83.0%	77.0%	7.8%	Better
	At school entry	95.5%	96.5%	-1.0%	No Change
<b>A</b>	<b>Environmental Health</b>	<b>2013</b>	<b>2009</b>		
	Asthma:				
	Percent of children ever diagnosed	17.5%	-	-	-
	Hospital discharges per 100,000 children (ages 0-14)	2014 144.6	2010 175.0	-17.4%	Better
<b>B</b>	<b>Dental Health</b>	<b>2014</b>	<b>2010</b>		
	Percent of children:*				
	Who have not experienced tooth decay (kindergarten)	62.0%	64.0%	-3.1%	No Change
	With untreated tooth decay (kindergarten)	13.0%	15.0%	-13.3%	Better
	With one or more sealants (grade 5)	-	44.0%	-	-
	Receiving fluoridated water	2012 87.5%	2008 85.6%	2.2%	No Change
	Percent of Medicaid children enrolled for at least 6 months who use dental services:	2014	2010		
	Ages 1-5	62.0%	57.0%	8.8%	Better
	Ages 6-14	64.0%	63.0%	1.6%	No Change
	Ages 15-20	46.0%	48.0%	-4.2%	No Change

Laila A. Bell from NC Child and Berkeley Yorkery and Adam Zolotor, MD from the North Carolina Institute of Medicine led the development of this publication, with valuable input from colleagues, child health experts, and many staff members of the North Carolina Department of Health and Human Services. This project was supported by the Annie E. Casey Foundation's KIDS COUNT project, and the Blue Cross and Blue Shield of North Carolina Foundation. NC Child and the North Carolina Institute of Medicine thank them for their support but acknowledge that the findings and conclusions do not necessarily reflect the opinions of financial supporters.

# HEALTH RISKS

Children's health begins where they live, play, and go to school. Just as parents and other caregivers' influences last a lifetime, so do the impacts of other conditions that shape children's health during childhood. Half of all children in North Carolina are growing up in families that struggle financially, jeopardizing their current and future health. Children living in families that cannot afford the basics in life often have reduced access to safe living conditions, healthy food, and opportunities for exercise, all of which increase their risk for poor health in adulthood. To improve the health and well-being of our children, North Carolina needs to ensure our economic development policies support healthy families.

Like family economic security, education is tightly intertwined with health; success in school and the number of years of schooling positively impact health across the lifespan. Therefore, investments in North Carolina's educational system have the potential to produce not only a more educated workforce, but also healthier parents, and a healthier workforce.

Grade	Health Indicator	Current Year	Benchmark Year	Percent Change	Trend
<b>D</b>	<b>Child Poverty</b>	<b>2014</b>	<b>2010</b>		
	The percent of children in poverty				
	Under age 5	27.3%	29.1%	-6.2%	Better
	Under age 18	24.3%	24.9%	-2.4%	No Change
<b>B</b>	<b>High School Graduation</b>	<b>2014</b>	<b>2010</b>		
	Percent of high school students graduating on time with their peers	83.9%	71.8%	16.9%	Better

Although adolescence is typically a time of robust physical health, it is also the period when threats to mental and physical health increase, lifelong mental health problems begin or emerge, and death and serious physical problems increase dramatically. Unlike younger children, adolescent death and health problems are most often due to preventable behaviors including tobacco use, poor nutrition, lack of physical activity and experimentation with and use of alcohol and other drugs. Since these health problems are all linked to behavior, which can change, they are preventable. By working together, parents, peers, schools, health providers, and others can all help promote positive adolescent development and facilitate the adoption of healthy behaviors. Local and state efforts, such as local efforts to ban e-cigarettes in public places, also play a critical role in curbing risky health behaviors among

<b>B</b>	<b>Teen Births</b>	<b>2014</b>	<b>2010</b>		
	Number of births per 1,000 girls (ages 15-17):	12.2	19.9	-38.7%	Better
<b>D</b>	<b>Weight and Physical Activity</b>	<b>2012</b>	<b>2008</b>		
	Percent of Children: Ages 10 - 17				
	Meeting the recommended guidelines of 60 minutes or more of exercise 6 or 7 days a week	26.7%			
	Who are overweight or obese <sup>2</sup>	36.3%			
<b>D</b>	<b>Tobacco Use</b>	<b>2013</b>	<b>2009</b>		
	Percent of students (grades 9-12) who used the following in the past 30 days:				
	Cigarettes	13.5%	16.7%	-19.2%	Better
	Smokeless tobacco	8.3%	8.5%	-2.4%	No Change
	Emerging Tobacco Product <sup>4</sup>	22.4%	-		
<b>D</b>	<b>Mental Health, Alcohol and Substance Abuse</b>	<b>2013</b>	<b>2011</b>		
	Percent of Middle School students who have ever tried to kill themselves	10.5%	9.5%	10.5%	Worse
	Percent of High School students who required medical treatment during the past 12 months due to a suicide attempt by injury, poisoning, or overdose	5.3%	5.0%	6.0%	Worse
	Percent of students (grades 9-12) who used the following:	<b>2013</b>	<b>2009</b>		
	Marijuana (past 30 days)	23.2%	19.8%	17.2%	Worse
	Alcohol (including beer) (past 30 days)	32.2%	35.0%	-8.0%	Better
	Cocaine (lifetime)	4.9%	5.5%	-10.9%	Better
	Prescription drugs without a doctor's prescription (lifetime)	17.2%	20.5%	-16.1%	Better

WWW.NCCHILD.ORG • WWW.NCIOM.ORG

# DEATH AND INJURY

The health of people of childbearing age is essential to improving the health of our state and future generations. Women's health before and during pregnancy is inextricably linked to the health and well-being of their babies and families. The most serious negative pregnancy outcomes, including infant death and low birth weight, are largely determined by a woman's health prior to and during the first weeks of pregnancy. Unaddressed, or poorly managed, health issues like tobacco use, diabetes and hypertension—conditions which all disproportionately affect poor women and women of color—increase the likelihood of pregnancy complications and contribute to racial and ethnic disparities in birth outcomes.

Grade	Health Indicator	Current Year	Benchmark Year	Percent Change	Trend
C	<b>Birth Outcomes</b>	<b>2014</b>	<b>2010</b>		
	Number of infant deaths per 1,000 live births	7.1	7.0	1.4%	No Change
	White, non-Hispanic	5.1	5.3	-3.8%	No Change
	Black, non-Hispanic	12.8	12.7	0.8%	No Change
	Hispanic	6.2	5.0	24.0%	Worse
	American Indian, non-Hispanic	9.4	7.5	25.3%	Worse
	Percent of preterm births (before 37 weeks of pregnancy)	11.4	12.6	-9.5%	Better
C	Percent of infants born weighing less than 5 lbs., 8 ozs (2,500 grams)	9.0	8.9	1.1%	No Change
	<b>Preconception &amp; Prenatal Health</b>	<b>2014</b>	<b>2011</b>		
	Percent of babies born to women who smoke	9.8%	10.9%	-10.1%	Better
	Percent of births to mothers receiving late or no prenatal care	7.2%	5.4%	33.3%	Worse

All children have the potential for positive, healthy development. However, adverse experiences, such as exposure to abuse and neglect during childhood, increase the likelihood of poor physical and mental health throughout one's life. While child maltreatment may happen within families, there are many social and economic factors that either increase or decrease the likelihood of child abuse or neglect. Protective factors against child maltreatment include access to health care and social services, safe neighborhoods and housing, parental employment, and positive parenting skills. North Carolina is taking steps to help communities across the state prevent abuse and neglect by promoting and supporting the positive development of families through the implementation of evidence-based programs like home visiting and parenting skills training.

C	<b>Child Abuse and Neglect</b>	<b>2014</b>	<b>2010</b>		
	Number of children: <sup>*</sup>				
	Children investigated for child abuse or neglect	130,538	127,097	—	—
	Substantiated as victims of abuse or neglect <sup>5</sup>	10,567	11,181	—	—
	Recommended services <sup>5</sup>	36,108	26,765	—	—
	Confirmed child deaths due to abuse	7	13	—	—

Over the past thirty years, North Carolina's infant and child death rates have been cut in half. Over this time the state has maintained a focus on and commitment to decreasing child deaths and reducing injuries. Through the development of targeted policies such as the graduated license system, child restraint and helmet laws, and public health campaigns, North Carolina has significantly improved the safety of children. However, troubling disparities remain. Disparities in infant mortality, the leading cause of child death in North Carolina, have persisted for American Indian and African American babies. Additionally, African American children are twice as likely, and American Indian children are 1.2 times as likely, to die before celebrating their eighteenth birthday.

C	<b>Child Fatality</b>	<b>2014</b>	<b>2010</b>		
	Number of deaths (ages 0-17) per 100,000	57.8	57.5	0.5%	No Change
	Number of deaths:				
	Motor Vehicle-related	95	100	—	—
	Drowning	33	37	—	—
	Fire/Burn	11	6	—	—
	Bicycle	0	2	—	—
	Suicide	46	23	—	—
	Homicide	34	42	—	—
	Firearm	48	41	—	—
	Poisoning (ages 10-17)	5	9	—	—
	All Other Injury Deaths	23	35	—	—

WWW.NCCHILD.ORG • WWW.NCIOM.ORG