NORTH CAROLINA
CHILD HEALTH
Report Card
2018

Special Focus: Financial Security, Opportunity, and Health

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DEMOGRAPHICS

THERE WERE **120,765 live births** & **2,296,894 children under age 18** IN 2016

	Current	Base	African American or Black	American Indian	Asian	Hispanic or Latinx	Other	White
Number of babies born (live births)	2016: 120,765		28,406	NA	NA	18,355	7,179	66,825
Percent of live births by race and ethnicity	2016: 100%		23.5%	NA	NA	15.2%	5.9%	55.3%
Percent of total children under age 18 by race and ethnicity	2016: 100%		22.5%	1.1%†	2.9%	15.6%	4.9%§	52.7%
Percent of children under age 5 (as a percent of race/ethnicity total)	2016: 26.1%	2012: 26.9%	24.5%	24.4%†	26.3%	31.6%	28.0%§	25.0%
Percent of children in excellent or very good health	2016: 89.6%	2011-12: 84.7%	84.4%	NA	NA	88.4%	85.0%	92.9%

NOTE: May not add to 100% due to rounding

KEY

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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 well children in North Carolina are faring in a particular area, and are not meant to judge the performance of 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

FINANCIAL SECURITY, OPPORTUNITY, AND HEALTH

Family financial security is one of the most impactful determinants of children's health, and children who live in poverty, particularly during early childhood are at risk of poor health outcomes throughout their lives.[1] Children from low-income families fare worse in almost every indicator of health, including birth outcomes, access to care, health-risk behaviors, and mortality. These children are also often exposed to high levels of toxic stress, which can have a negative impact on cognitive development and learning, and can contribute to behavioral, social, emotional, and health problems later in life. Children living in financially secure families are more likely to achieve educational success and grow to be healthy, self-sufficient adults.

Most kids in North Carolina are in EXCELLENT or VERY GOOD HEALTH, but this varies by income level

96.9% OF CHILDREN IN **NON-LOW-INCOME** HOMES ARE HEALTHY

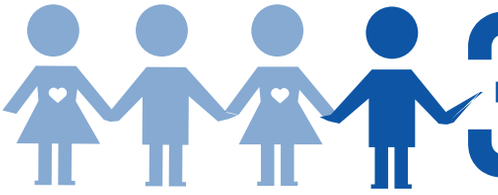
81.5% OF CHILDREN IN **LOW-INCOME** FAMILIES ARE HEALTHY

Unfortunately, not all of North Carolina's kids have the benefits that come from living in financially secure families. Almost half of North Carolina's children live in poor or low-income households (defined as income less than 200% federal poverty level), and one-third live in households that spend more than 30% of income on housing. In addition, 14% of children live in high-poverty neighborhoods; these children are more likely to be exposed to neighborhood violence and crime.

There are many opportunities for North Carolina stakeholders to work to reduce poverty, address the structural barriers that serve to keep families poor, and ensure that all of our state's families are financially secure. Stakeholders can enhance financial security for families through programs and policies that promote job creation, improve education, and examine the impact of tax and wage policies. Together we can identify evidence-based solutions to improve the financial security of North Carolina's families and improve opportunities and health outcomes for our state's children.

In 2015 African American children were **2X** MORE LIKELY to live in poor or low-income homes than white children

67% VS. 33%



3 OUT OF 4 LATINX CHILDREN LIVED IN HOUSEHOLDS MAKING UNDER 200% FPL

HEALTHY BIRTHS

GRADE		Current	Base	Change Over Time	African American or Black	American Indian	Asian	Hispanic or Latinx	Other	White
C	**Preconception & Maternal Health & Support**									
	Women aged 18-44 with health insurance coverage	2015 80.6%	2011 73.6%	9.5%	88.6%	--	NA	31.4%	90.4%	89.2%
	Pregnancies that are intended	57.4%	57.3%	0.2%	41.3%	NA	NA	60.6%	60.1%	62.2%
	Babies who are born to women who smoke	2016 8.9%	2012 10.6%	-16.0%	8.5%	22.7%	NA	1.5%	1.3%	11.4%
	Women who receive early prenatal care	69.0%	71.3%	-3.2%	61.4%	61.8%	NA	58.0%	67.3%	75.6%
	Pregnancy-related deaths per 100,000 live births (Women who die during pregnancy or shortly after childbirth)	2009-13 18.1	2004-08 16.1	12.4%	--	--	--	--	--	--
D	**Birth Outcomes**									
	Infant mortality rate per 1,000 live births	2016 7.2	2012 7.4	-2.7%	13.4	7.6	NA	6.0	6.2	5.0
	Babies who are born before 37 weeks of pregnancy	10.4%	11.5%	-9.6%	13.8%	13.1%	NA	9.0%	8.8%	9.4%
	Babies who are born at a low birthweight (<2500 g)	2016 9.2%	2012 8.8%	4.5%	14.1%	12.6%	NA	7.4%	9.2%	7.6%
B	**Postpartum Health & Breastfeeding**									
	Women who receive a postpartum checkup	2015 89.6%	2012 91.5%	-2.1%	85.8%	NA	NA	80.1%	--	93.2%
	Babies who are breastfed exclusively for at least 6 months	2015-16 26.1%	2012-13 20.7%	26.1%	NA	NA	NA	NA	NA	NA
B	**Teen Births**									
	Births to teen girls ages 15-19 (per 1,000)	2016 21.8	2012 31.8	-31.4%	27.5	43.6	NA	39.6	9.7	15.5
	Births to girls ages 15-19 that are repeat	22.0%	23.3%	-5.6%	22.4%	NA	NA	24.6%	23.3%	20.0%

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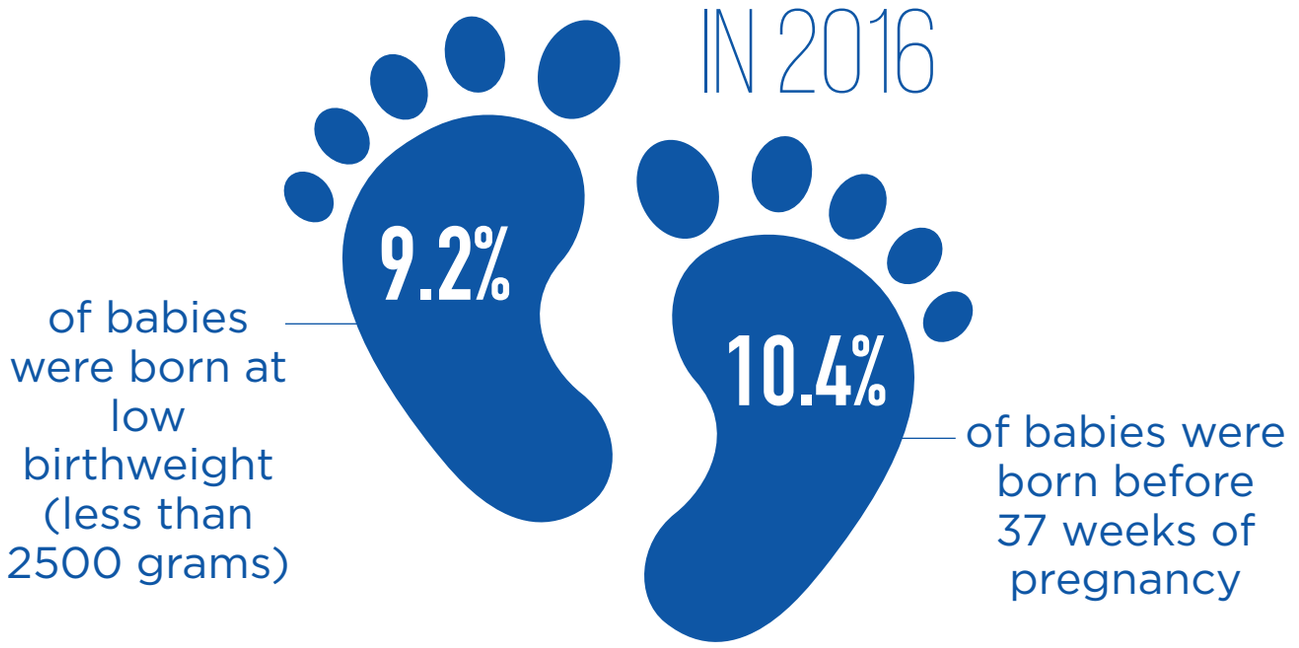
HEALTHY BIRTHS

Successful policies, including increased access to family planning services and sexual education programs, have contributed to a 31% decrease in births to teen girls ages 15-19 between 2016 and 2012 (21.8 live births per 1,000 in 2016 compared to 31.8 per 1,000 in 2012). Teen girls who have babies are more likely to live in poverty than their peers who delay childbearing,[2] and are also less likely than other mothers to have received early prenatal care.[3] Unfortunately, while teen birth rates have declined overall, significant racial disparities persist. African American teens in North Carolina are nearly twice as likely and American Indian and Hispanic/LatinX teens almost three times as likely as their white peers to give birth.

- Four in five women of childbearing age (83.1%) have health insurance coverage, making them more likely to access early prenatal care and health screenings that can improve outcomes for mothers and babies.
- Despite improvements in health insurance coverage, nearly one-third (31%) of women do not receive the early prenatal care that promotes healthy pregnancies and deliveries. Early prenatal care and continued care throughout pregnancy can help prevent babies born at low birth weight and other health complications.[4]



ACCESS TO CARE

GRADE		Current	Base	Change Over Time	African American or Black	American Indian	Asian	Hispanic or Latinx	Other	White
	**Insurance Coverage**									
	Children with health insurance coverage	2016 **95.5%**	2012 **92.4%**	**3.4%**	**96.9%***	**92.7%*†**	**93.6%***	**89.1%**	**93.1%*§**	**96.8%**
	Low income (<200% FPL) children without health insurance coverage	**5.6%**	**9.7%**	**-42.8%**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**
	Children covered by public health insurance	**43.5%**	**41.6%**	**4.6%**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**
	Parents without health insurance coverage*	2015 **15.3%**	2011 **20.6%**	**-25.7%**	**13.7%**	**21.1%†**	**10.1%‡**	**53.7%**	**15.5%§**	**8.7%**
	**Oral Health**									
	Kindergarten students with untreated tooth decay	2016 **15.0%**	2010 **15.0%**	**0.0%**	**18.0%**	**24.0%**	**15.7%‡**	**15.0%**	**13.0%§**	**13.0%**
	Children with Medicaid who use dental services	FY 2016 **48.7%**	FY 2012 **47.2%**	**3.2%**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**
	**School Health**									
	School nurse ratio	SY 2016-17 **1:1,072**	SY 2012-13 **1:1,177**	**-8.9%**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**
	School counselor ratio	SY 2016-17 **1:384**	SY 2013-14 **1:379**	**1.3%**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**
	**Health Services Utilizations & Immunization**									
	Children with Medicaid who received a well-child checkup in the past year	FY 2016 **57.0%**	FY 2012 **57.1%**	**-0.2%**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**
	Children ages 19-35 months with appropriate immunizations	2016 **79.7%**	2013 **76.6%**	**4.0%**	**75.8%**	**NA**	**NA**	**74.2%**	**NA**	**85.2%**
	Children with appropriate immunizations at school entry	SY 2015-16 **96.3%**	SY 2011-12 **96.4%**	**-0.1%**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**
	Adolescents ages 13-17 who have received 1 or more HPV vaccinations	2016 **57.5%**	2012 **53.3%**	**7.9%**	**62.5%**	**NA**	**NA**	**69.8%**	**NA**	**50.6%**

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ACCESS TO CARE

Children with health insurance are better able to access preventive health care services that can reduce unmet medical and prescription needs.[5] For children in low-income homes, public health insurance through Medicaid and NC Health Choice puts otherwise unaffordable or unavailable services within reach. The percent of uninsured low-income children (5.6%) continues to decline, falling 43% in North Carolina between 2012 and 2016.

- Medicaid, NC Health Choice, and the Affordable Care Act have led to gains in health insurance coverage for North Carolina. The expansion of enrollment processes, greater outreach, and increased coverage for parents have contributed to near total (96%) health insurance coverage for children in North Carolina. In addition, more parents in North Carolina have insurance. This can lead to greater economic security, as adults without insurance are more likely to have difficulty paying for basic items such as food, rent, or utility bills.[6]

- There is one school nurse for every 1,072 children in North Carolina public schools. While this ratio has improved, North Carolina still falls short of meeting the Centers for Disease Control and Prevention recommendation of one nurse for every 750 students in order to adequately meet the health and safety needs of children and school communities.[7] School nurses are a particularly vital resource for students living in poverty, who often face barriers to traditional health care access and who may have no other support to manage chronic conditions or receive preventive care.

SECURE HOMES AND NEIGHBORHOODS

GRADE		Current	Base	Change Over Time	African American or Black	American Indian	Asian	Hispanic or Latinx	Other	White
B	**Family Involvement**									
	Family reads to children (ages 0-5) everyday	2016 **41.4%**	2011-12 **44.3%**	**-6.5%**	**49.7%**	**NA**	**NA**	**21.8%**	**29.6%**	**46.2%**
	Families who eat meals together four or more times per week	**72.0%**	**79.6%**	**-9.0%**	**68.2%**	**NA**	**NA**	**70.5%**	**70.6%**	**74.6%**
F	**Housing and Economic Security**									
	Children who live in poor or low-income homes (<200% FPL)	2016 **46.0%**	2012 **51.0%**	**-9.8%**	**64.0%***	**--**	**29.0%*‡**	**71.0%**	**48.0%*§**	**31.0%**
	Children ages 0-5 who live in poor or low-income homes (<200% FPL)*	2016 **49.2%**	2012 **55.2%**	**-10.9%**	**67.1%**	**73.9%†**	**28.4%‡**	**74.7%**	**87.1%**	**40.4%**
	Children living in households spending over 30% of income on housing costs	2016 **28.0%**	2011 **34.0%**	**-17.6%**	**41.0%***	**24.0%***	**22.0%*‡**	**38.0%**	**30.0%*§**	**20.0%**
	Children who live in high-poverty neighborhoods	2011-15 **14.0%**	2006-10 **9.0%**	**55.6%**	**28.0%***	**39.0%***	**9.0%*‡**	**22.0%**	**14.0%*§**	**5.0%**
B	**Environmental Health**									
	Children who have an asthma diagnosis	2013-14 **17.9%**	2009 **15.5%**	**15.5%**	**28.8%***	**NA**	**NA**	**NA**	**12.1%***	**15.1%***
	Children tested with blood lead levels BLLs>5ug/dl	2015 **1.9%**	2011 **3.6%**	**-47.2%**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**
D	**Child Abuse and Neglect**									
	Children who are investigated for child abuse or neglect	SFY 2016 **5.6%**	SFY 2012 **5.9%**	**-5.1**	**8.6%***	**8.1%*†**	**NA**	**4.2%**	**5.8%***	**4.7%***
	Child abuse homicides	2016 **28**	2012 **28**	**0%**	**14**	**NA**	**NA**	**NA**	**NA**	**14**
D	**Children in Out-of-Home Care**									
	Percent of NC children in foster care	SFY 2016 **0.7%**	SFY 2012 **0.6%**	**16.7%**	**1.0%***	**1.5%*†**	**NA**	**0.4%**	**0.6%***	**0.6%***
	Percent children who exit to permanency within 24 months	SFY 2016 **65.2%**	SFY 2012 **69.1%**	**-5.6%**	**62.6%***	**83.2%*†**	**NA**	**NA**	**61.2%***	**66.2%***

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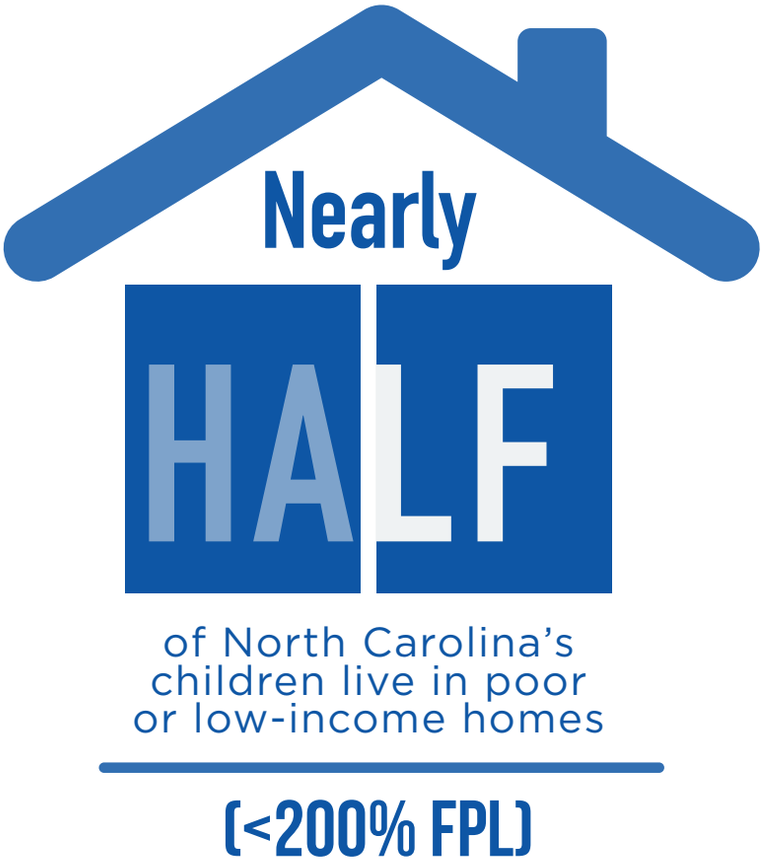
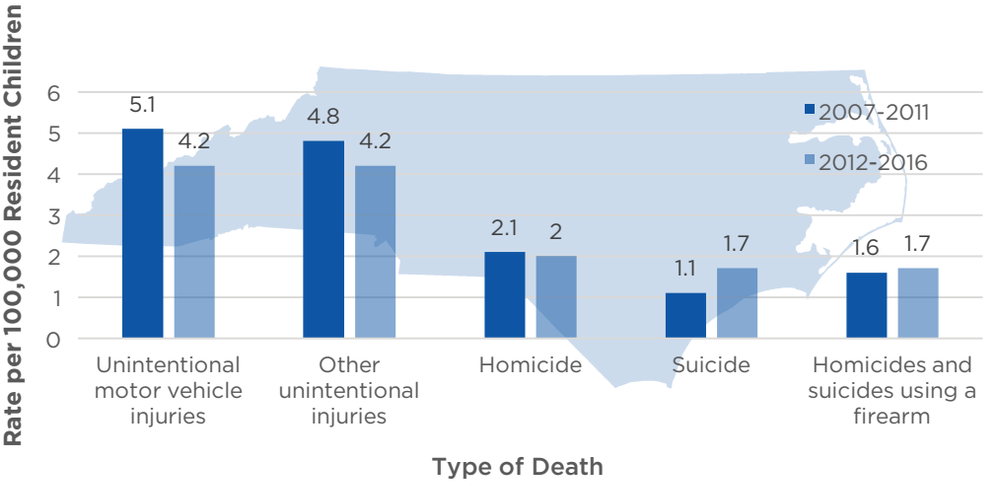
SECURE HOMES AND NEIGHBORHOODS

Early childhood experiences have a significant impact on health, educational achievement, and financial security. Adverse childhood experiences, such as abuse, neglect, or poverty can negatively affect brain development and increase risk for physical and behavioral health problems later in life. Providing children with safe and stable homes, relationships, and environments can protect against the impact of adverse childhood experiences, improve health, and generate increased financial security.[8]

- In North Carolina, many families also have a high housing burden: one-third of children live in households spending over 30% of their income on housing costs, and African American and Hispanic children are more likely to live in households with high housing costs. Higher housing costs can lead to difficulties accessing health insurance coverage and healthy foods, both of which can impact children's health outcomes.
- More than 1 in 4 African American children in North Carolina has been diagnosed with asthma. Overall in North Carolina, rates of childhood asthma have risen in recent years. Kids in low-income homes have higher rates of childhood asthma and are more likely to be exposed to environmental triggers such as cockroaches and mold.[9] If poorly controlled, asthma can impact children's attendance at school and lead to parents missing work to care for their children and take them to the doctor.[10]



North Carolina Resident Child Death Rates, by Type of Death, Age 0–17



HEALTH RISK FACTORS

GRADE		Current	Base	Change Over Time	African American or Black	American Indian	Asian	Hispanic or Latinx	Other	White
	Education									
	High school students who graduate on time	SY 2016-17 **86.5%**	SY 2013-14 **82.5%**	**4.8%**	**83.9%**	**84.3%**	**93.8%**	**80.5%**	**84.0%§**	**89.3%**
	Third grade students reading at grade-level	SY 2016-17 **57.8%**	SY 2012-13 **60.2%**	**-4.0%**	**40.9%**	**42.3%**	**76.4%**	**42.6%**	**62.1%§**	**71.9%**
	Healthy Eating and Active Living									
	Children who live in food-insecure households	2015 **22.6%**	2012 **26.7%**	**-15.4%**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**
	Children who meet recommended guidelines for physical activity	2016 **23.3%**	2012 **31.6%**	**-26.3%**	**23.0%**	**NA**	**NA**	**15.7%**	**25.8%**	**25.4%**
	Children ages 10-17 who are overweight or obese	2016 **30.9%**	2011-12 **31.4%**	**-1.6%**	**40.2%**	**NA**	**NA**	**46.1%**	**18.0%**	**23.5%**
	Tobacco, Alcohol, and Substance Use									
	High school students who currently use: Cigarettes	2015 **13.1%**	2011 **17.7%**	**-26.0%**	**10.8%**	**--**	**3.8%**	**14.9%**	**9.2%§**	**14.6%**
	Electronic vapor products	**29.6%**	**NA**		**27.9%**	**--**	**7.7%**	**29.8%**	**22.9%§**	**31.3%**
	Marijuana	**22.3%**	**24.2%**	**-7.9%**	**27.9%**	**--**	**4.4%**	**22.4%**	**24.7%§**	**19.9%**
	Alcohol (including beer)	**29.2%**	**34.3%**	**-14.9%**	**25.2%**	**--**	**10.4%**	**24.2%**	**25.3%§**	**32.9%**
	High school students who have ever used: Prescription Drugs without a doctor's prescription	**17.9%**	**20.4%**	**-12.3%**	**15.8%**	**--**	**8.4%**	**14.1%**	**21.9%§**	**19.5%**
	Mental Health									
	High school students who attempted suicide in the past year	2015 **9.3%**	2011 **5.0%**	**86.0%**	**13.6%**	**NA**	**3.4%**	**14.0%**	**21.6%**	**5.5%**
	Past -year major depressive episode among adolescents ages 12-17	2014-15 **12.3%**	2011-12 **8.1%**	**51.9%**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**
	Adolescents ages 12-17 with major depressive episode who received treatment for depression	2011-15 **40.5%**	2008-2012 **36.0%**	**12.5%**	**NA**	**NA**	**NA**	**NA**	**NA**	**NA**

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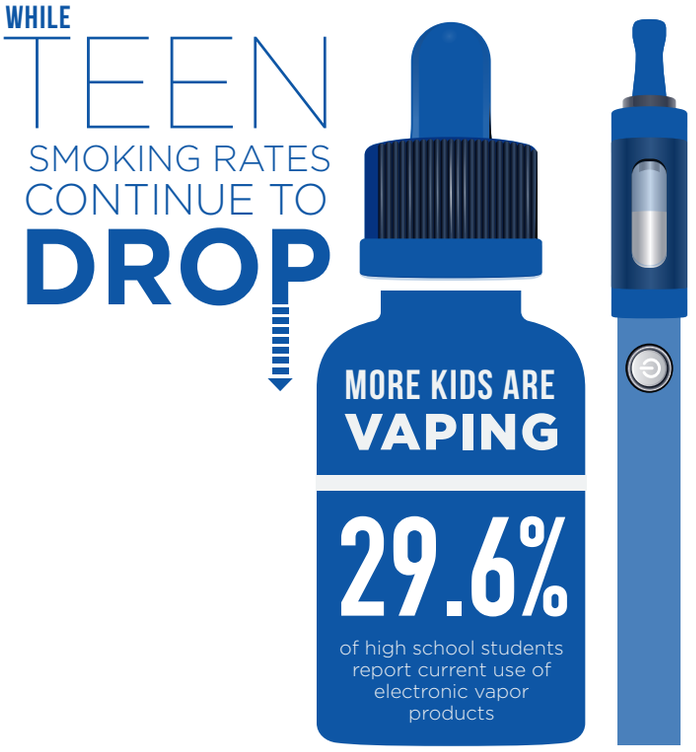
HEALTH RISK FACTORS

Education has a significant impact on children's future health and economic success. In North Carolina, only 57.8% of third grade students are reading at grade level. Kids who achieve academic success in the early years of school are more likely to graduate from high school ready for college or the workforce, and grow to be healthy, productive adults. However, the four-year graduation rate continues to increase, contributing to a strong foundation for improved financial security and better health outcomes for our state. Racial disparities in graduation rates remain, and students from low-income households are less likely to graduate on time.[12]



- Rates of depression have continued to rise among adolescents, and nearly one in ten North Carolina high school students attempted suicide in 2015. Adolescents and young adults in North Carolina have higher rates of self-inflicted injury hospitalizations and emergency room visits than any other age groups.[13]

- Fewer than one in four children in North Carolina are physically active for at least an hour a day. Meeting the recommended guidelines for physical activity reduces risk of obesity, diabetes, and depression, and promotes lifelong health.[14] While there are racial disparities in levels of obesity, research has shown that family income is a greater predictor of overweight and obesity, as children living in low income homes and/or high poverty neighborhoods have less access to safe places to play and full service grocery stores.[15]

NC Child
www.ncchild.org

3101 Poplarwood Court
Suite 300
Raleigh, NC 27604
www.ncchild.org
919.834.6623

@ncchildorg

@ncchild

Michelle Hughes, Executive Director
Whitney Tucker, Research Director
Latoya Beatty, 2017-2018 Research and Policy Fellow
Rob Thompson, Deputy Director

NCIOM

630 Davis Drive, Suite 100
Morrisville, NC 27560
www.nciom.org
919.445.6500

@nciom

@ncinstituteofmedicine

Michelle Ries, Project Director
Anne Foglia, Project Director
Maggie Bailey, Research Assistant
Chloe' Louderback, Graphic Designer
Berkeley Yorkery, Associate Director
Adam Zolotor, President and CEO

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kids count

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