

How Healthy are North Carolina's Children (0-5)?

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Overview

- **Review data on key health and well-being indicators for NC children ages 0-5**
 - **Economic Indicators**
 - **Education Indicators**
 - **Health Indicators**
 - **Family and Community Indicators**
- **Identify areas where investments in children's health and well-being may be sustained**

Our Goals for North Carolina Children

- **Healthy, long lives for all North Carolina's children**
- **Educational and economic opportunity for all children**
- **Improved outcomes for all children to assure a vibrant long-term economic and social future for North Carolina**

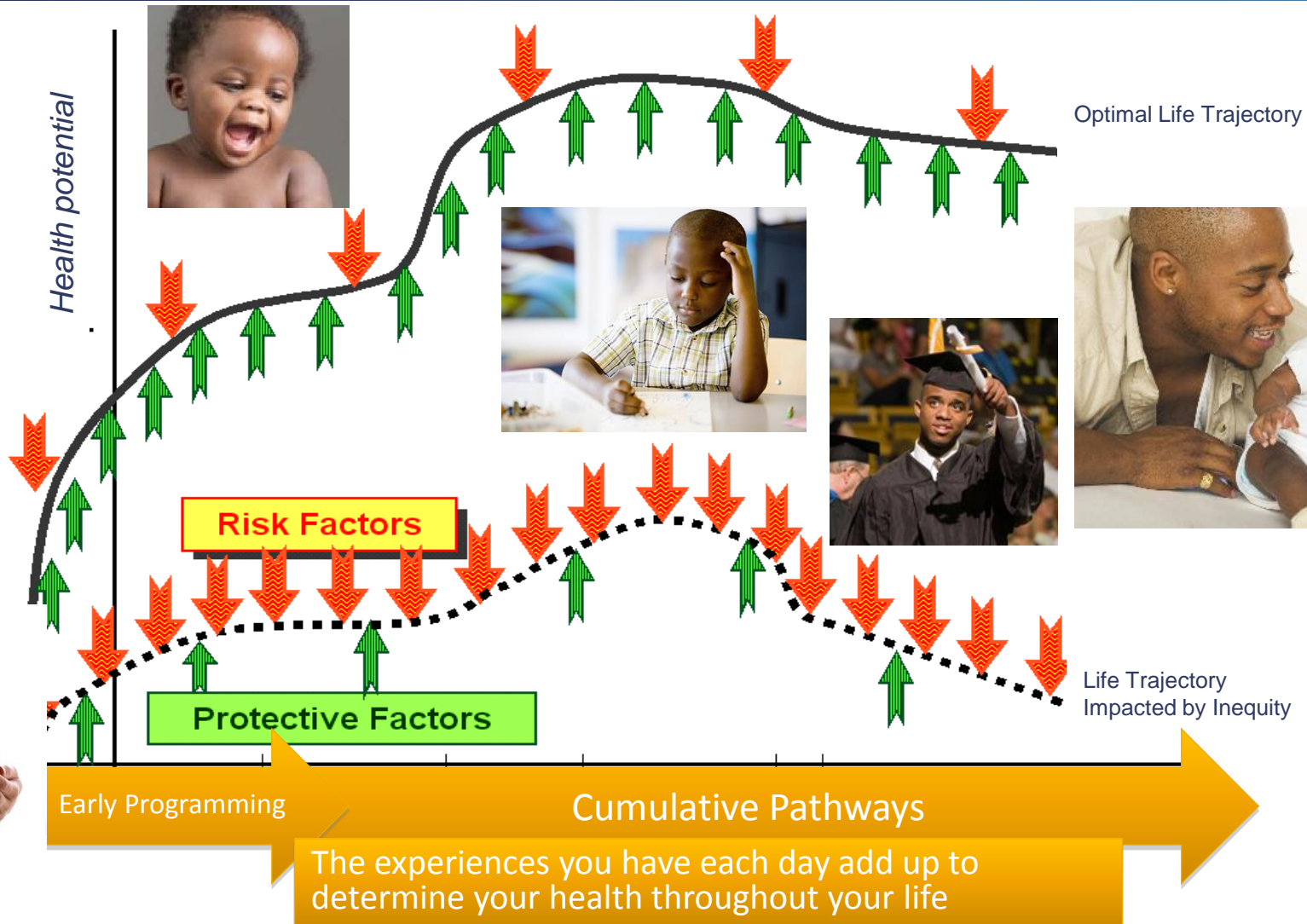
Social Determinants of Health



National Trends in Child Well-Being Since 1990

- **Economic Well-Being**
 - Gains in the late 1990s unraveled in early 2000s; post recession, the child poverty rate reached 22%
- **Education**
 - Percentage of 3- and 4- year olds attending preschool increased to 51%
 - Improvements in 4-yr high school graduation rates
- **Health**
 - Improvements in health and safety contributed to child well-being, largely as a result of increased access to health insurance through Medicaid and the State Children's Health Insurance Program
 - Rates of childhood obesity concerning
- **Family and Community**
 - Steady decline in percentage of children living with two married parents
 - Reduction in teen pregnancy and teen birth rates
 - Education level of parents has increased

The Life Course Model



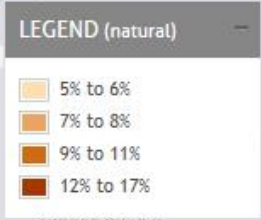
Life Expectancy at Birth 2011-2013

Ten Lowest Counties		Ten Highest Counties	
Swain	73.1	Moore	79.9
Columbus	74.0	Alleghany	80.0
Robeson	74.2	Polk	80.2
Halifax	74.3	Transylvania	80.2
Richmond	74.3	Mecklenburg	80.4
Scotland	74.7	Camden	80.6
Vance	74.8	Wake	81.4
Cleveland	75.0	Chatham	81.6
Anson	75.3	Watauga	81.6
Graham	75.5	Orange	81.7



ECONOMIC INDICATORS

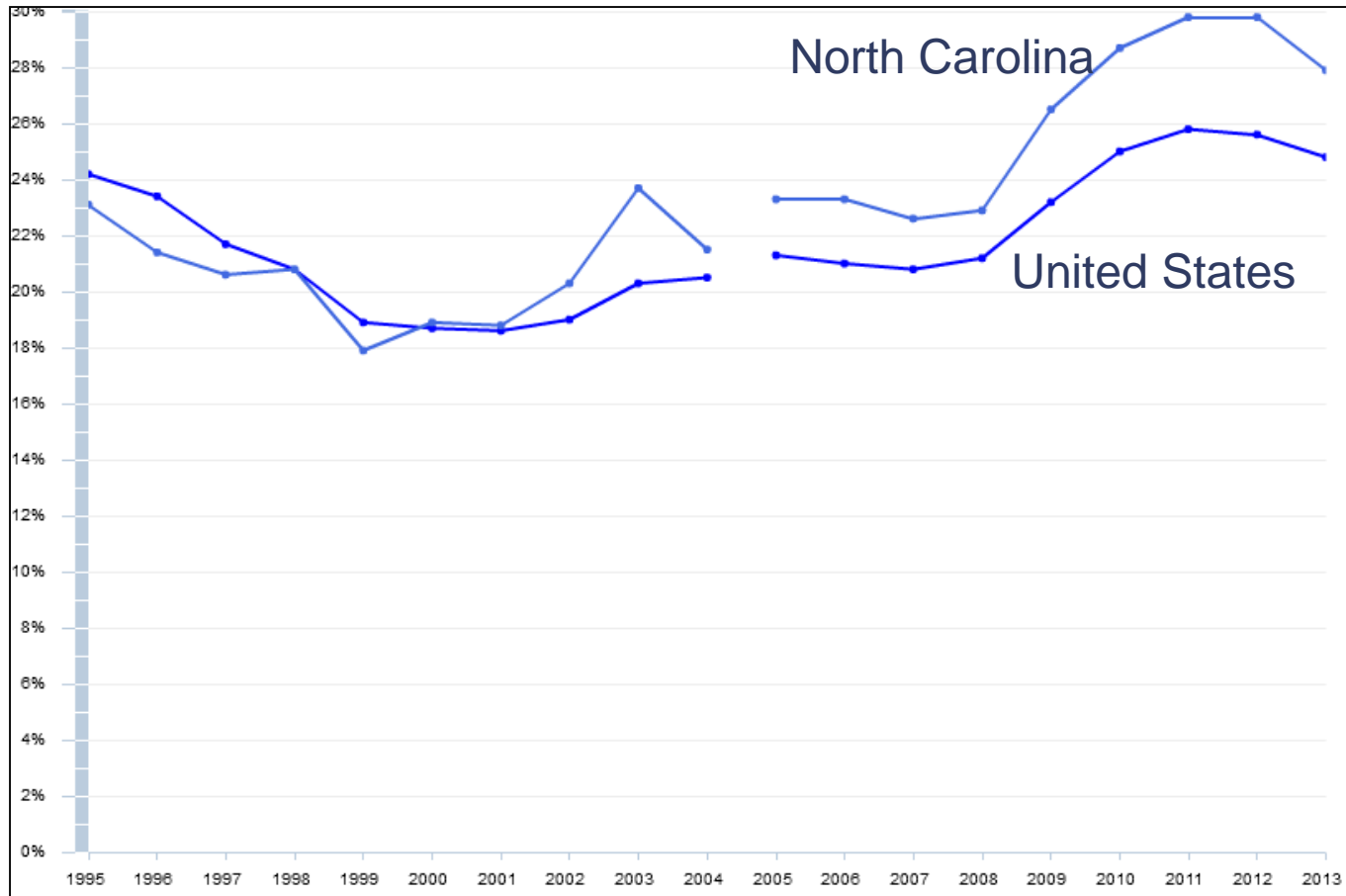
2013 Data



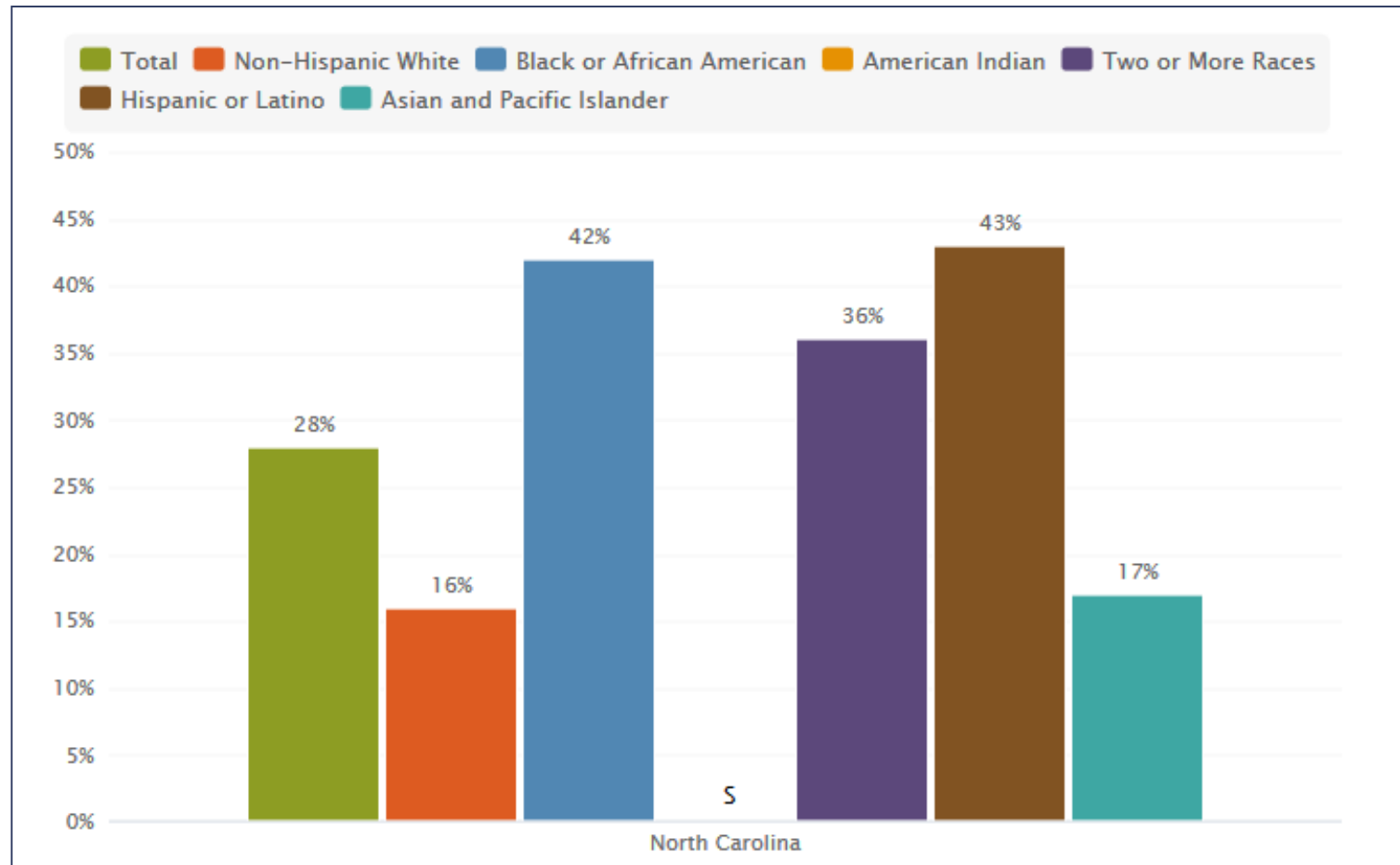
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Children Under 5 in Poverty

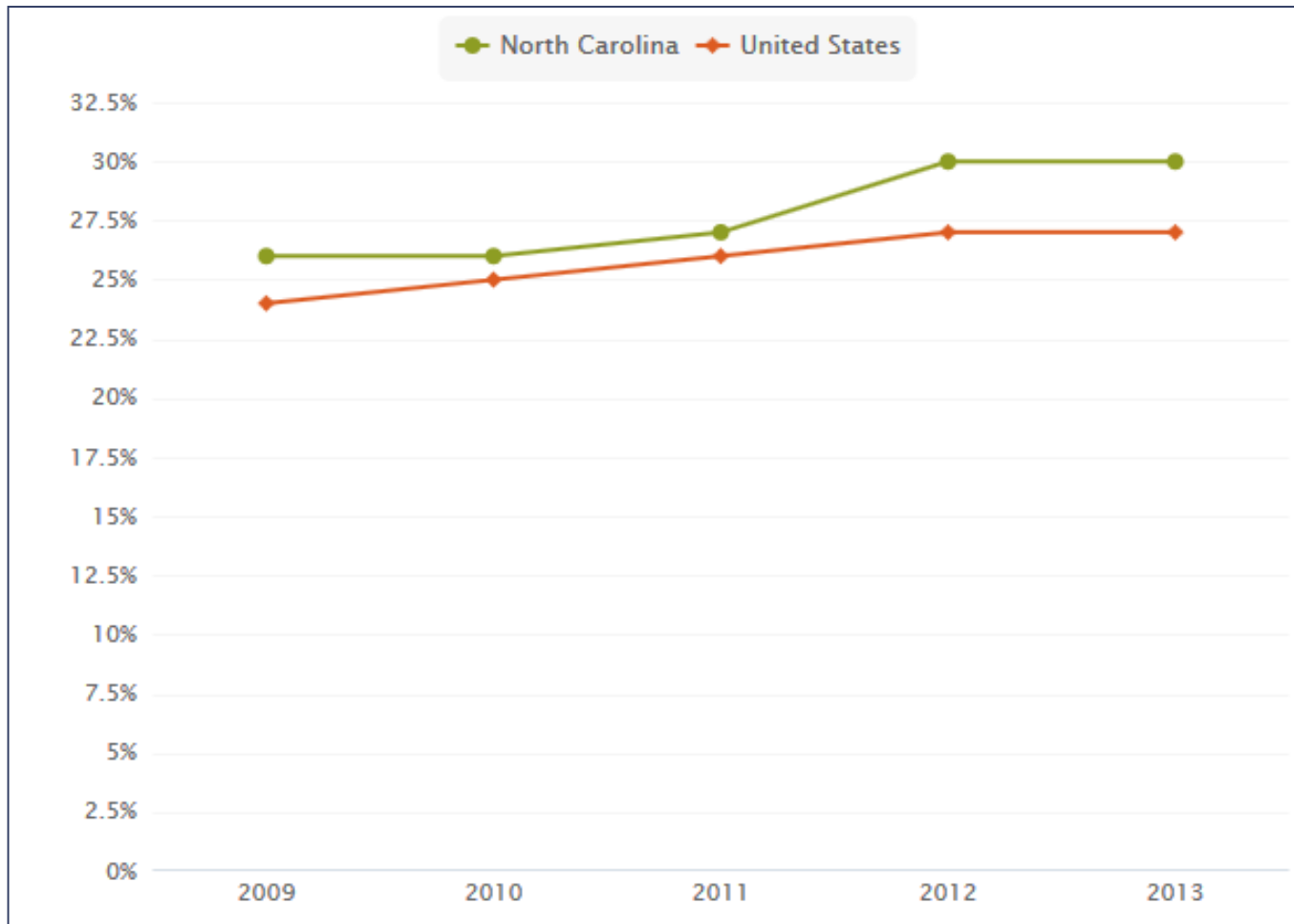
North Carolina vs. United States 1995-2013



Percent of North Carolina Children in Poverty



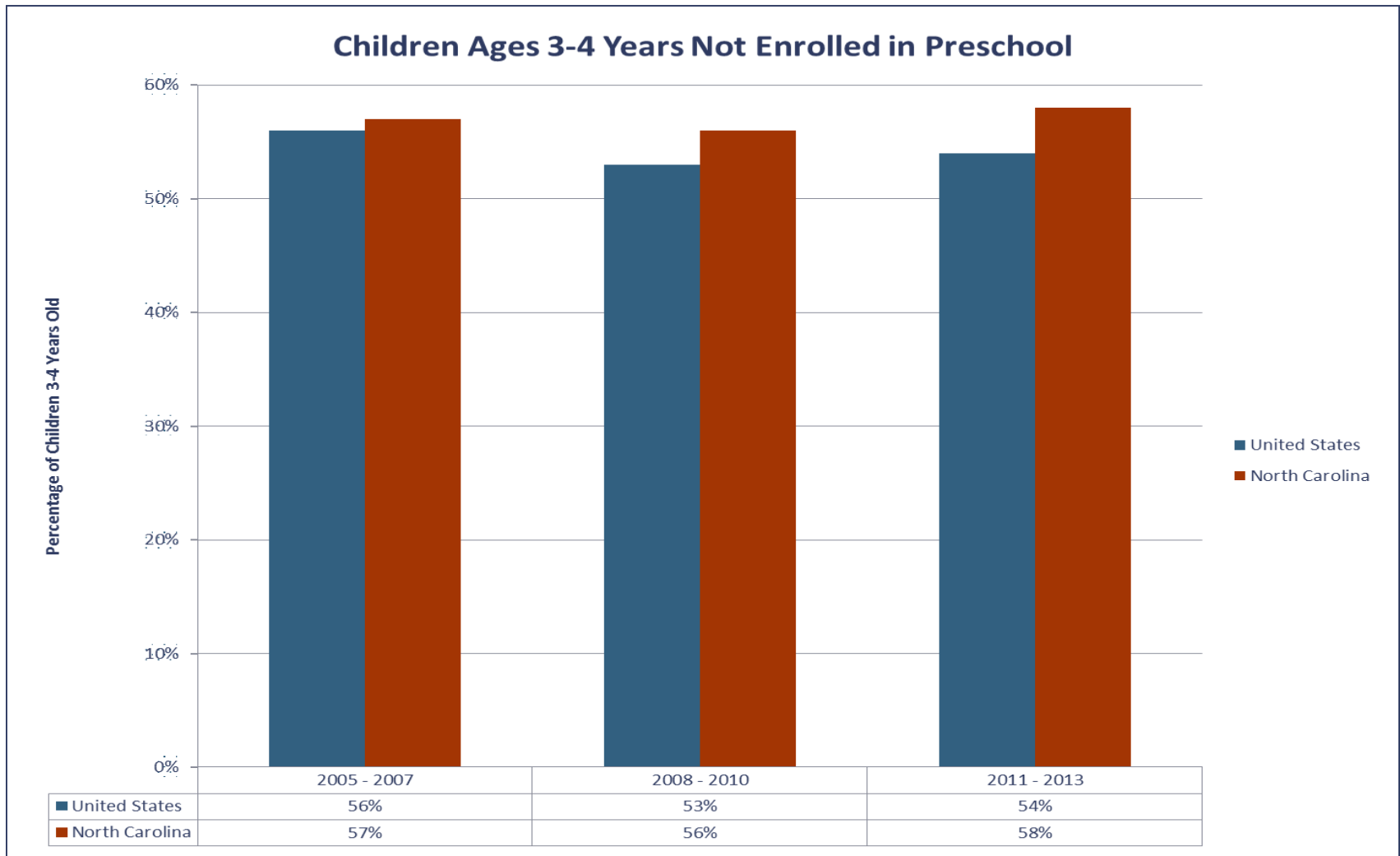
Children in Low-Income Working Families by Age Group



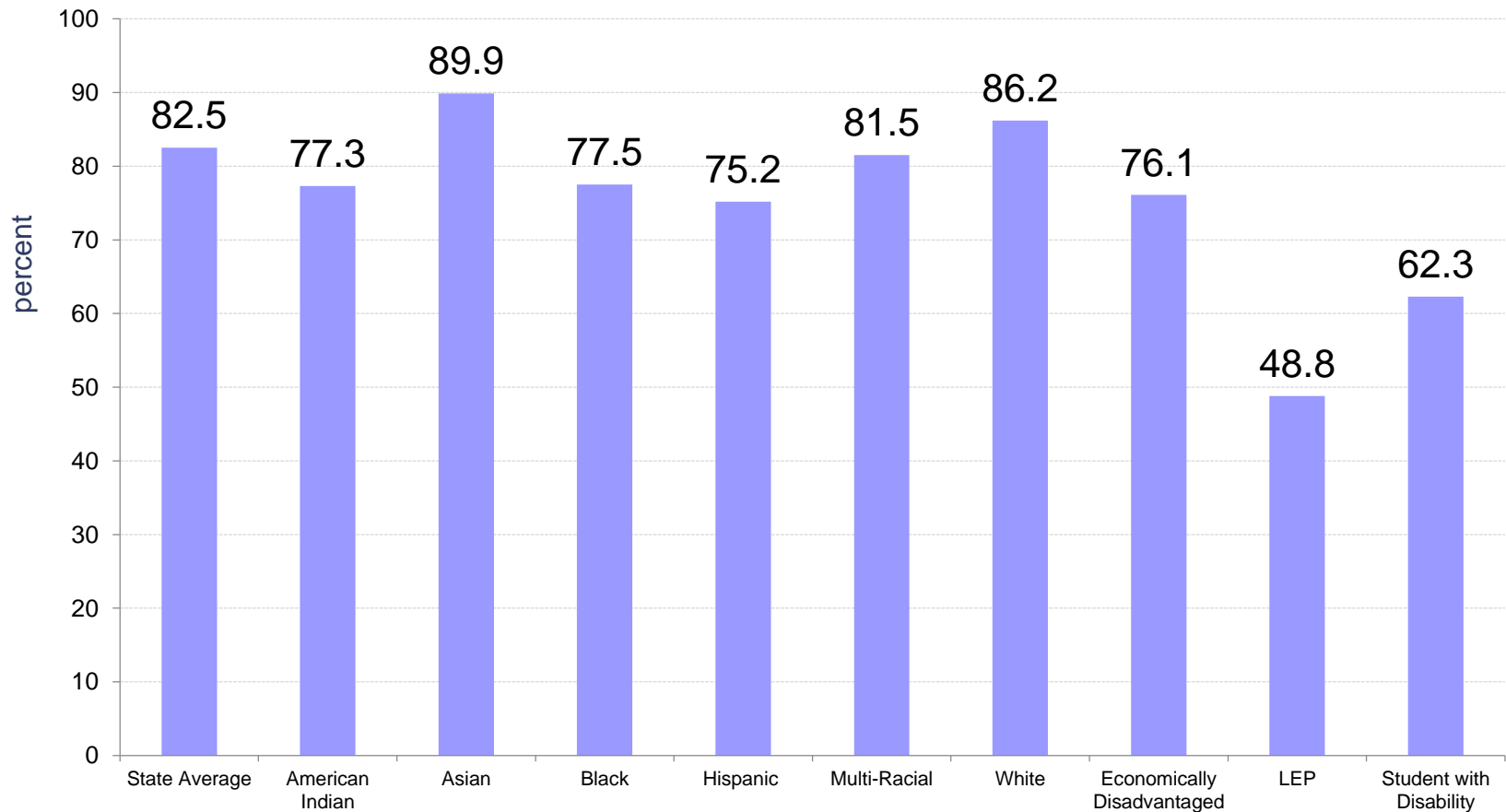


EDUCATION INDICATORS

Children Ages 3-4 Not Enrolled in Preschool



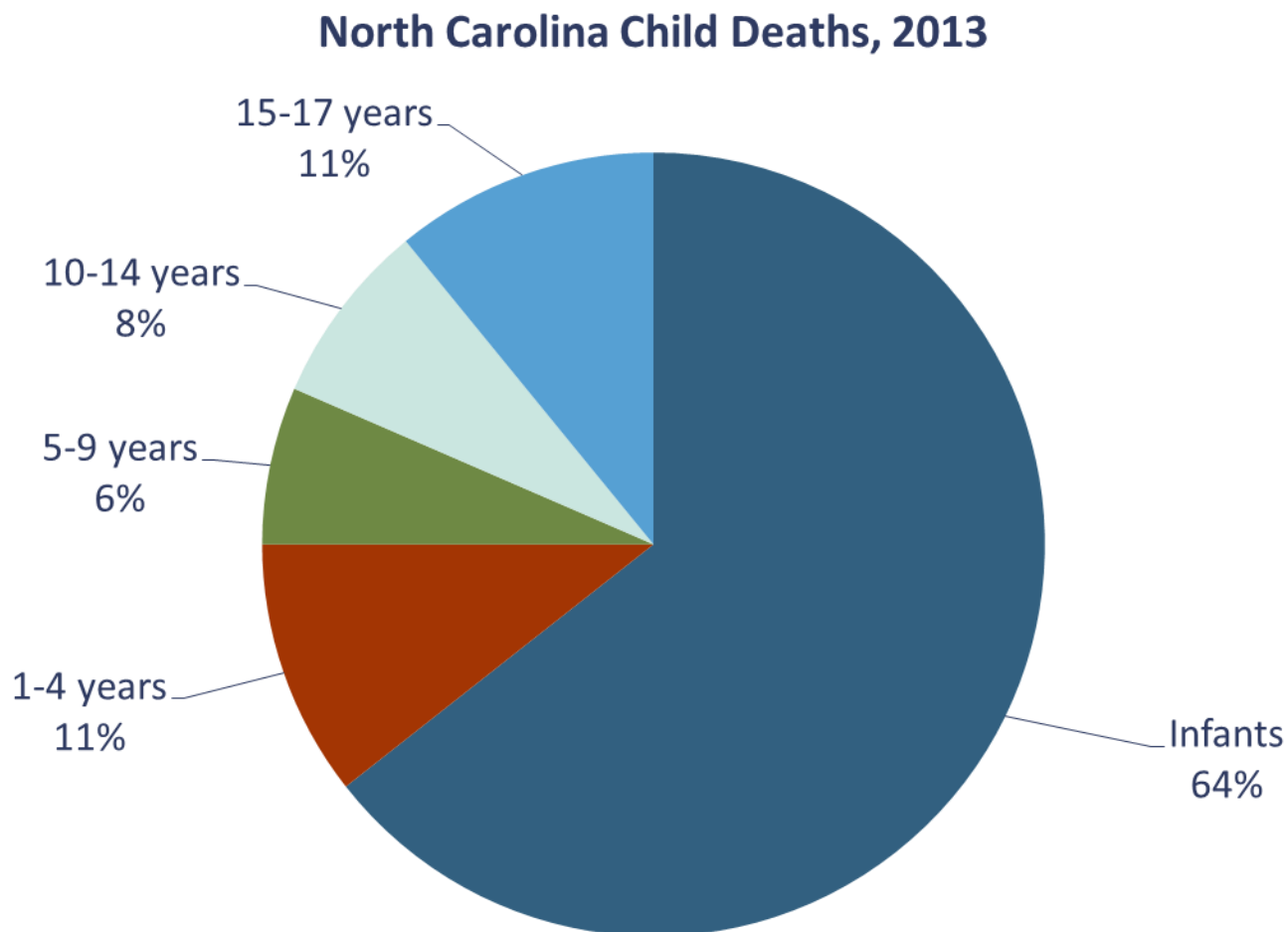
Four-Year Cohort Graduation Rate by Race/Ethnicity, NC 2012-2013





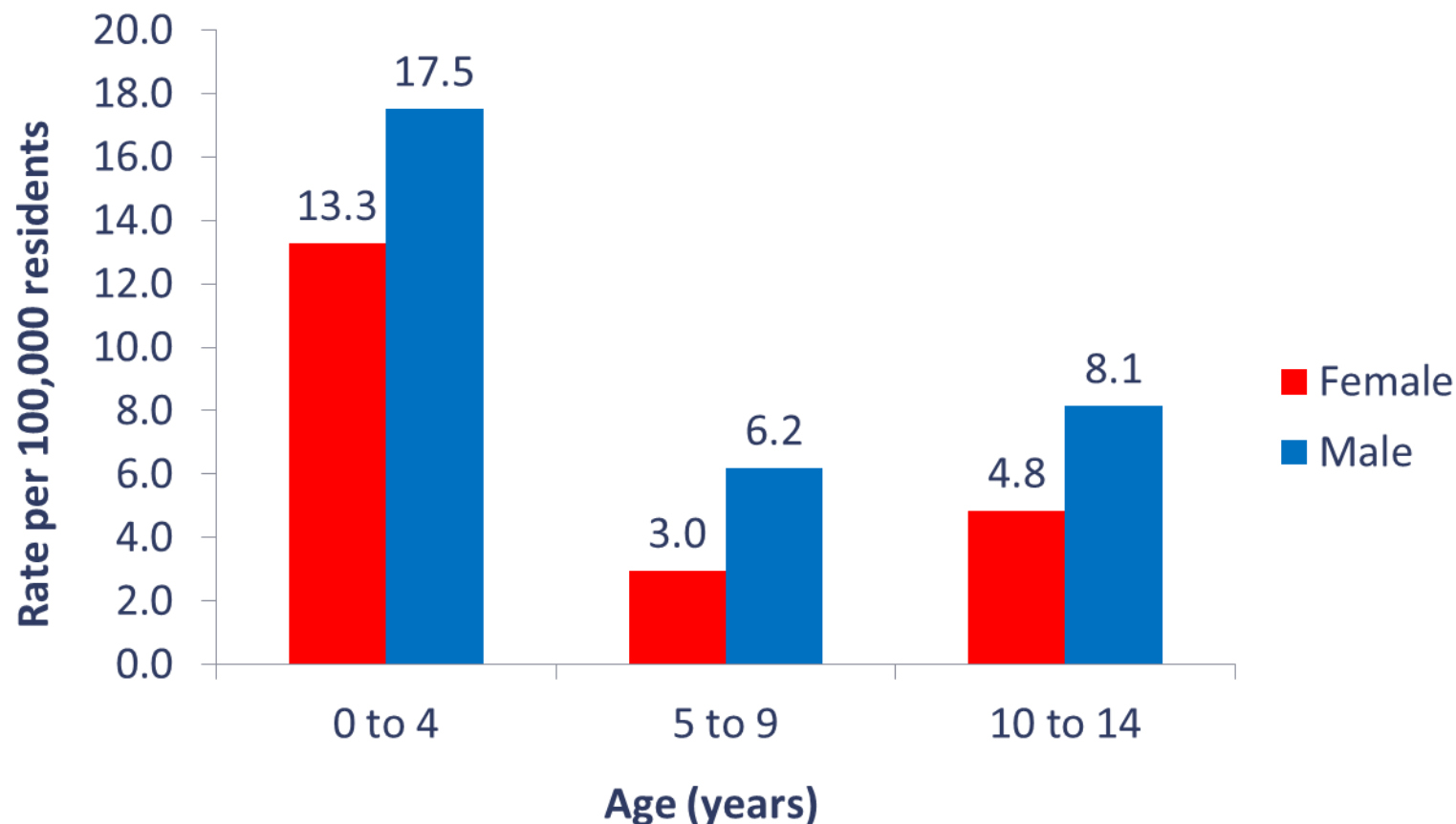
HEALTH INDICATORS

North Carolina Child Deaths, 2013



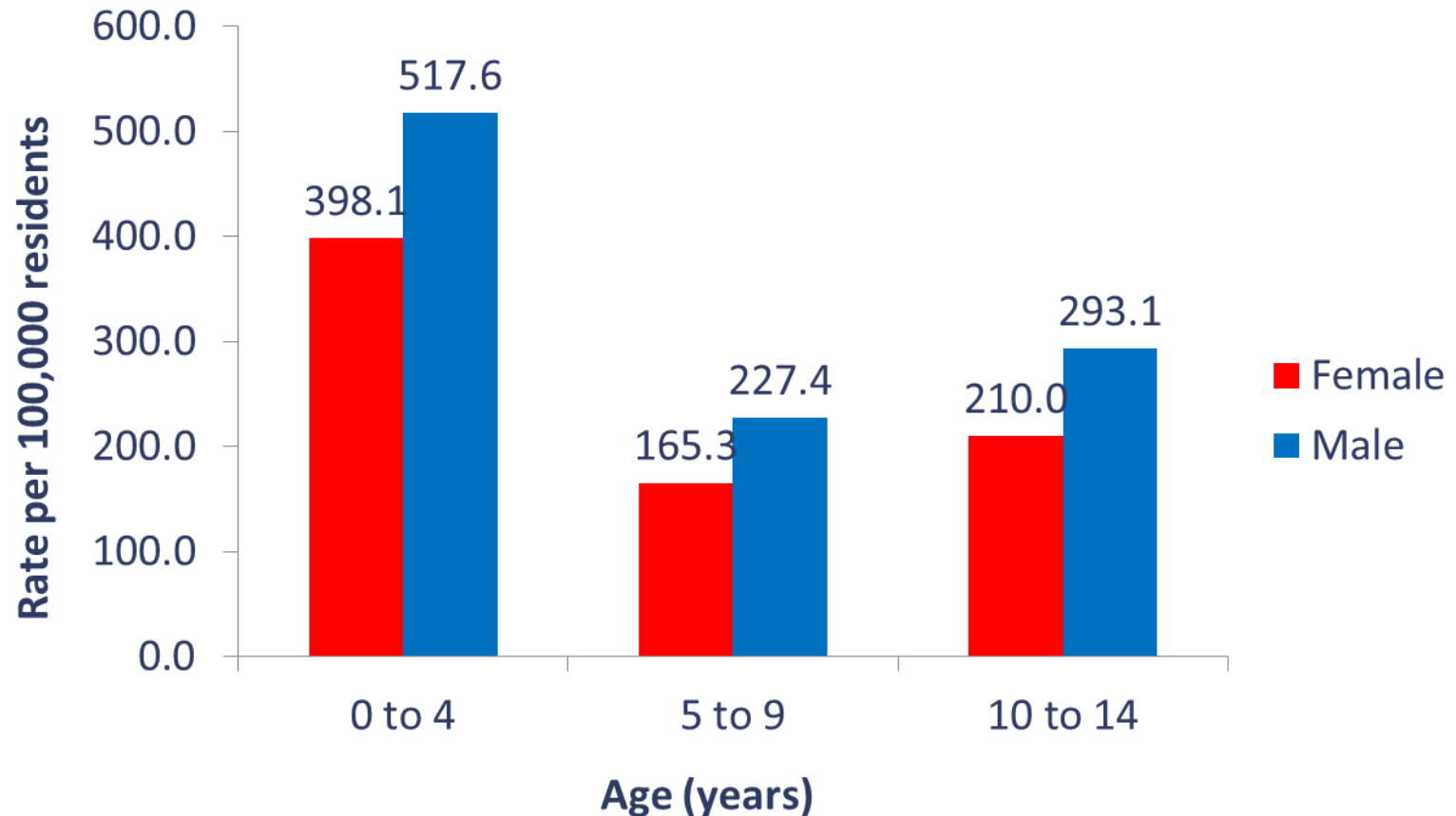
North Carolina Child Injury Deaths

2010-2013 (N=671)



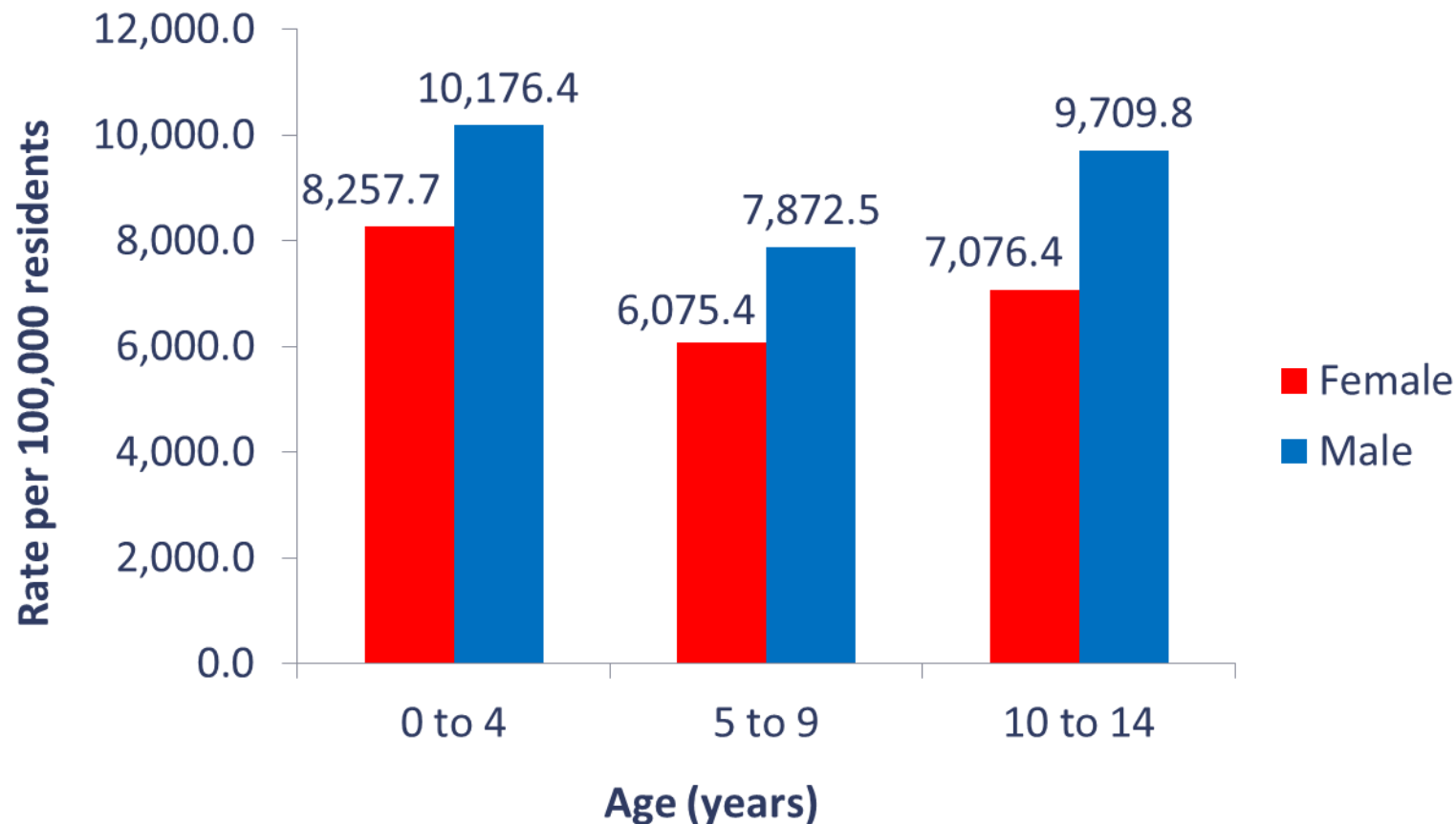
North Carolina Injury Hospitalizations

By Age and Sex: 2010-2013 (N=17,268)



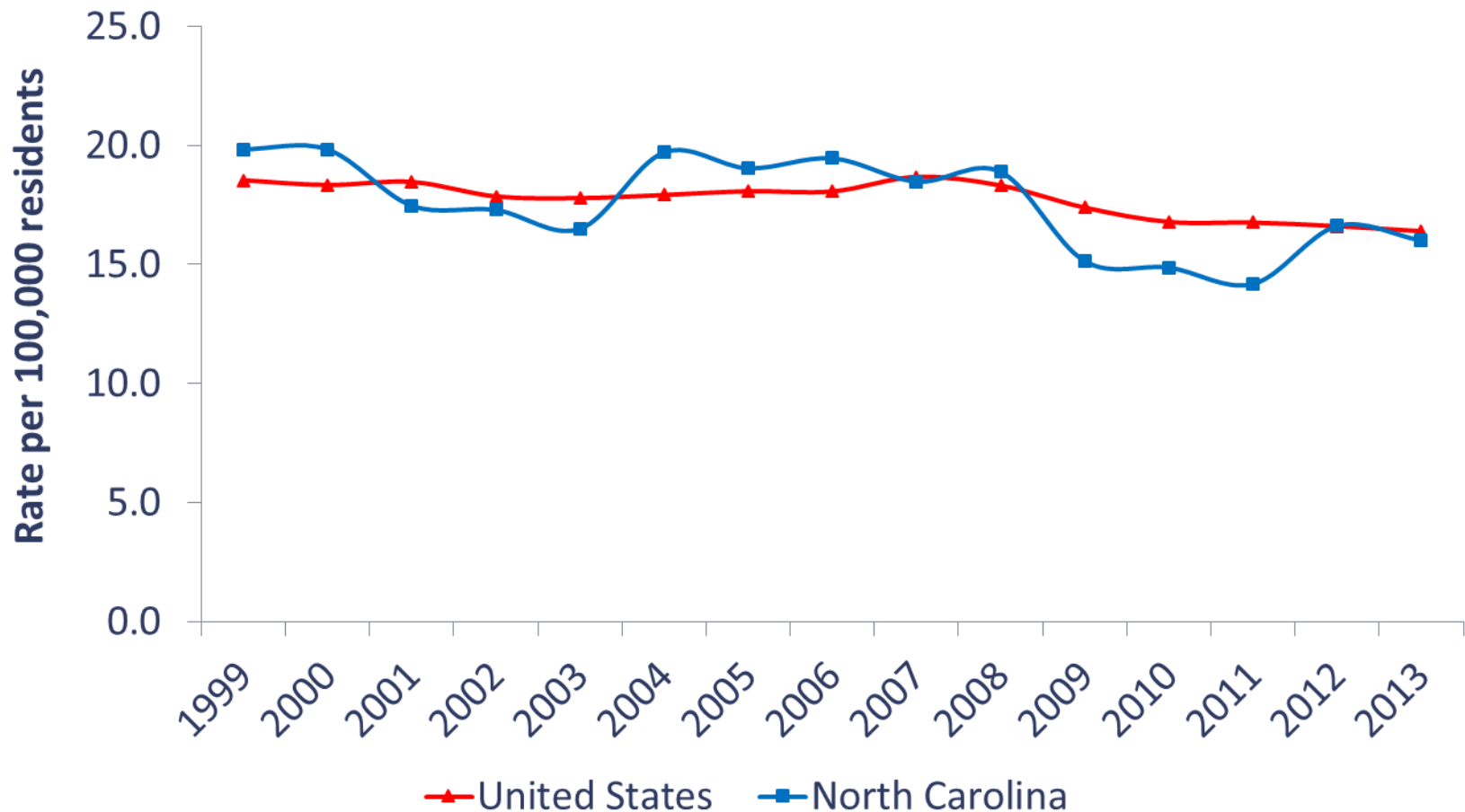
North Carolina Child Injury Emergency Department Visits

By Age and Sex: 2010-2013 (N=626,149)



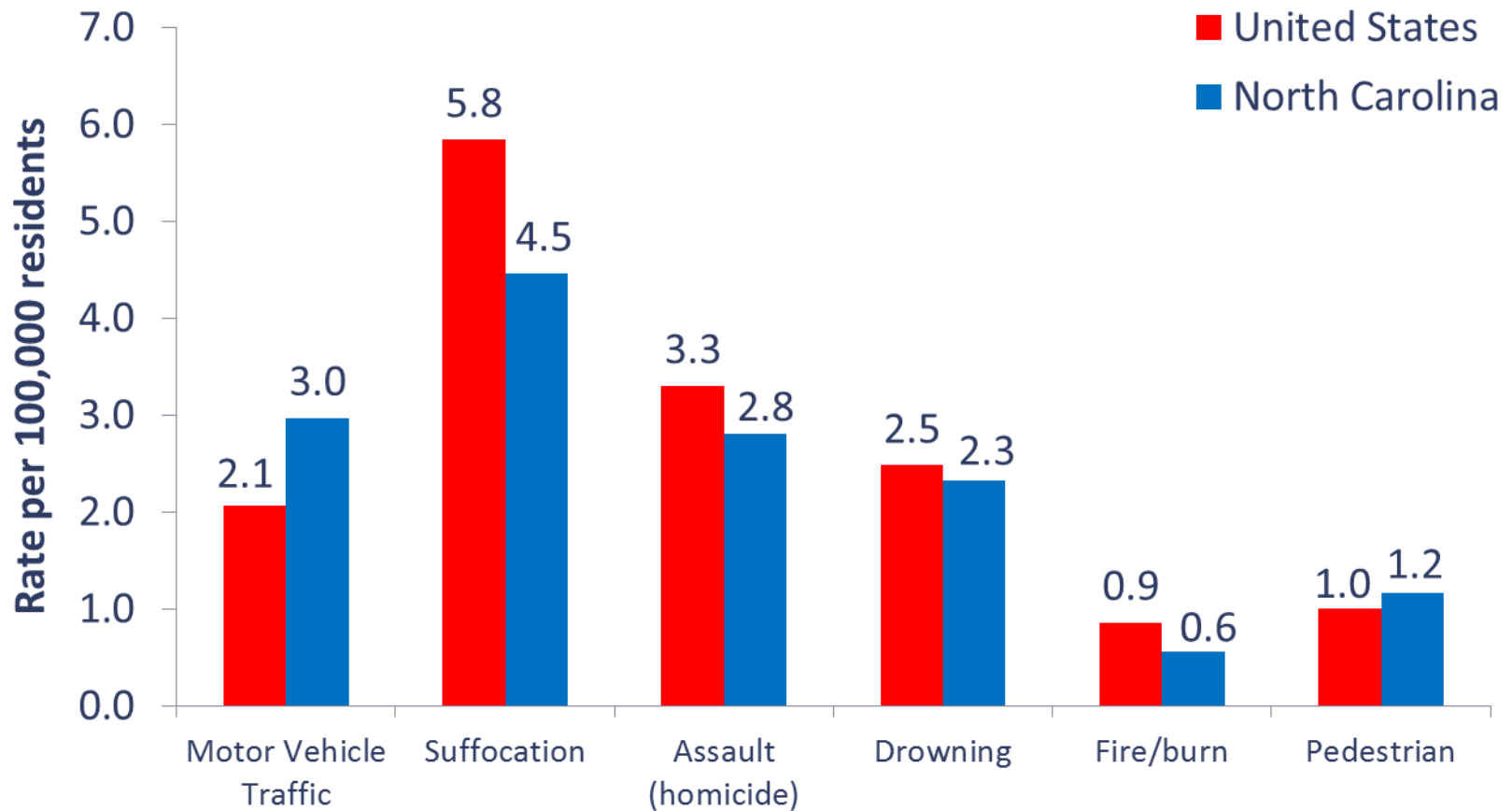
US and NC Child Injury Death Rates

Age 0-4; 1999-2013



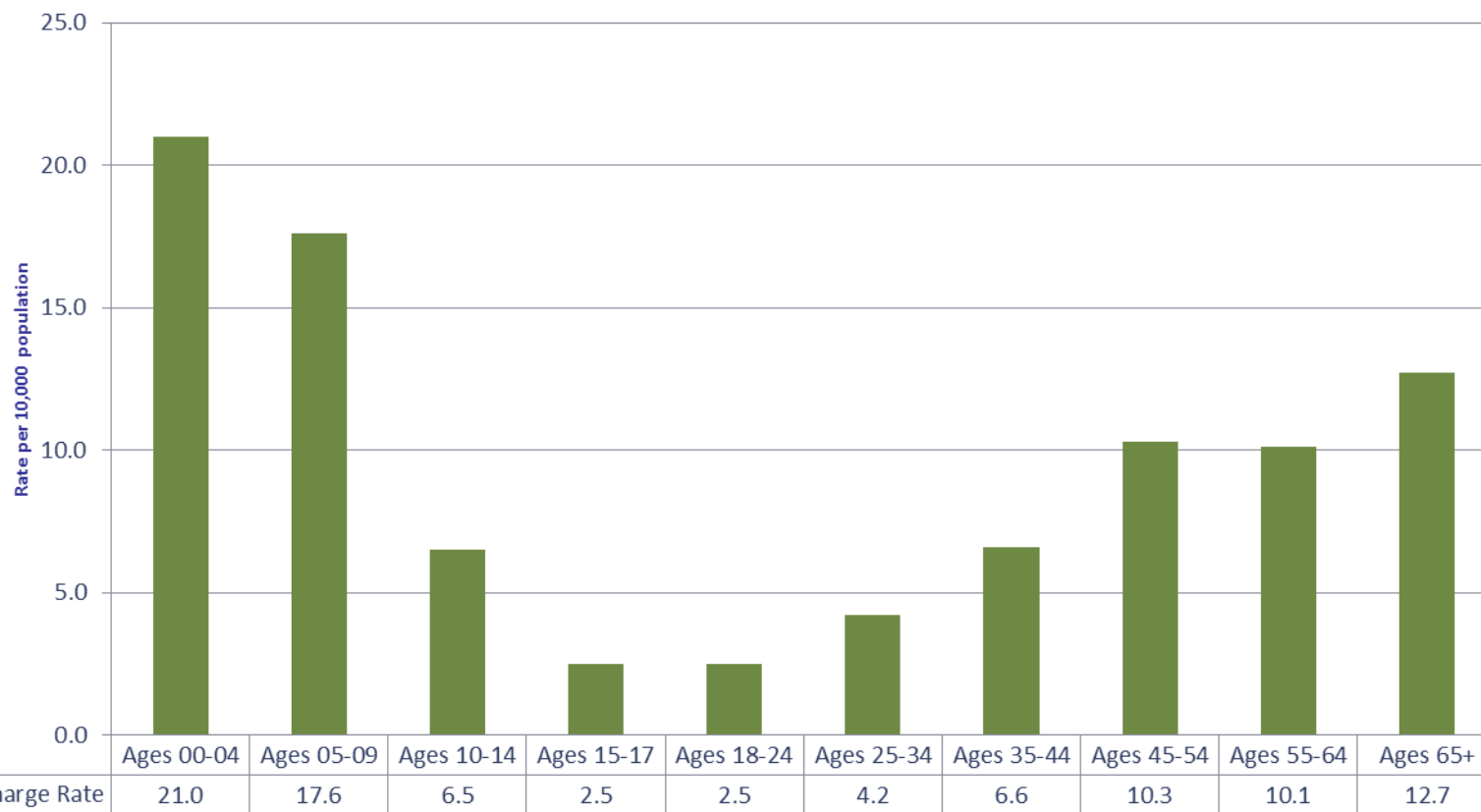
US and NC Child Injury Death Rates

Age 0-4: 2010-2013



North Carolina Hospital Discharges with Primary Diagnosis of Asthma

2013 North Carolina Hospital Discharges with a Primary Diagnosis of Asthma

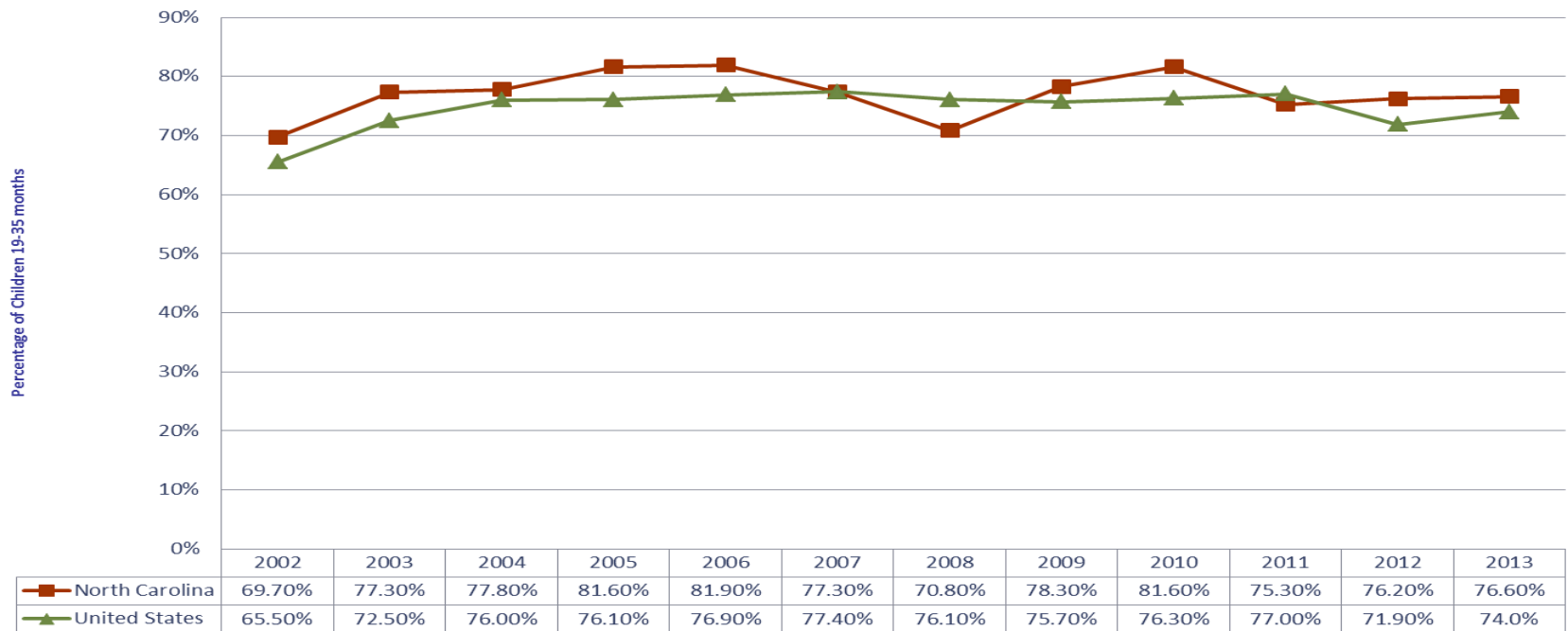


Note: Provisional North Carolina hospital discharge data - subject to change.

Data includes only NC residents served in NC hospitals. Numbers and rates shown here may be smaller than the actual hospital use for counties that border other states.

Estimated Vaccination Coverage

**Estimated Vaccination Coverage (19 through 35 months)
National Immunization Survey *431331 series**



*4 or more doses of DTaP.

*3 or more doses of any poliovirus vaccine.

*1 or more doses of measles-mumps-rubella vaccine.

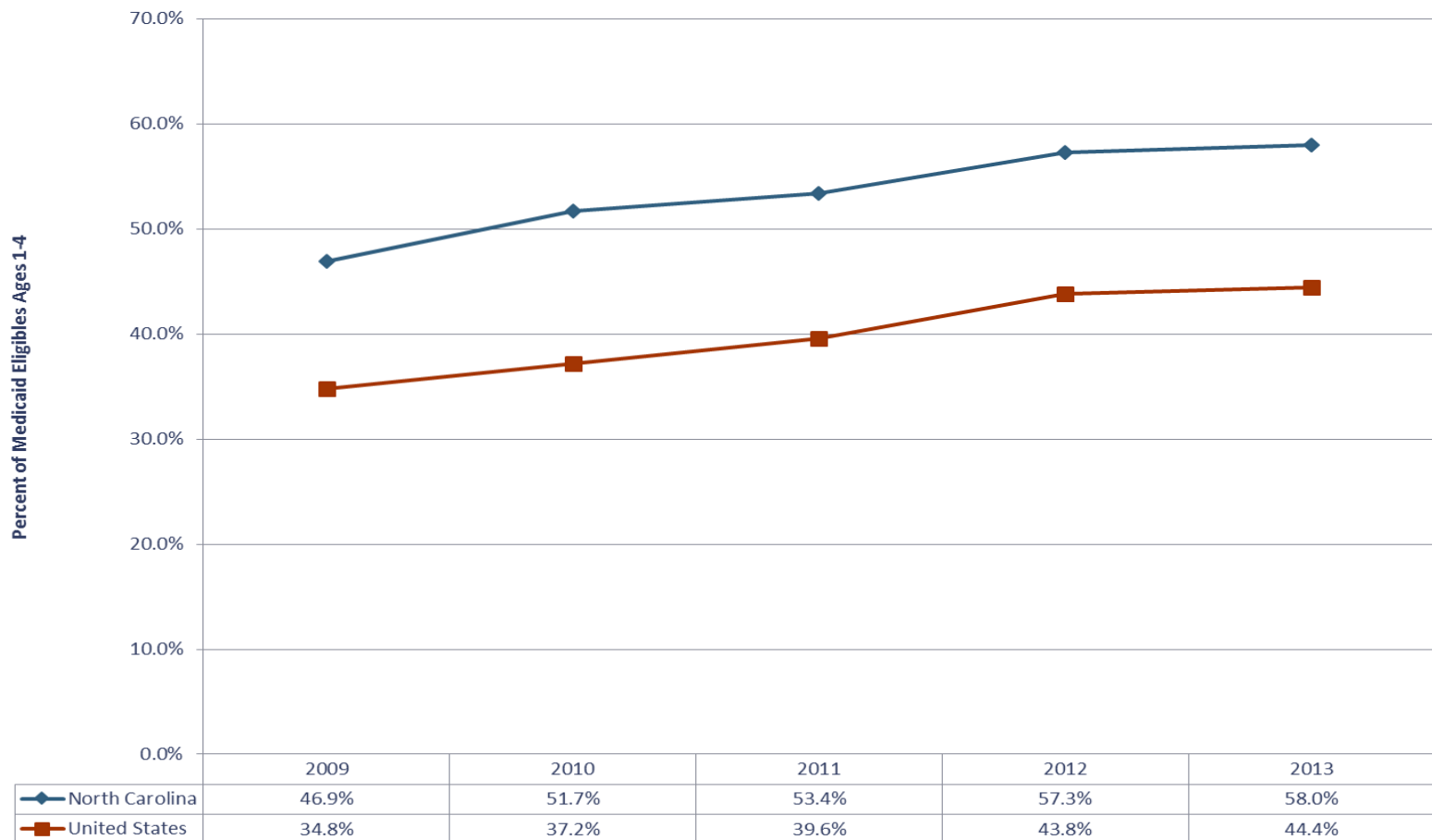
*3 or more doses of Haemophilus influenzae type b (Hib) vaccine.

* 3 or more doses of hepatitis B vaccine.

*1 or more doses of varicella at or after child's first birthday, unadjusted for history of varicella illness.

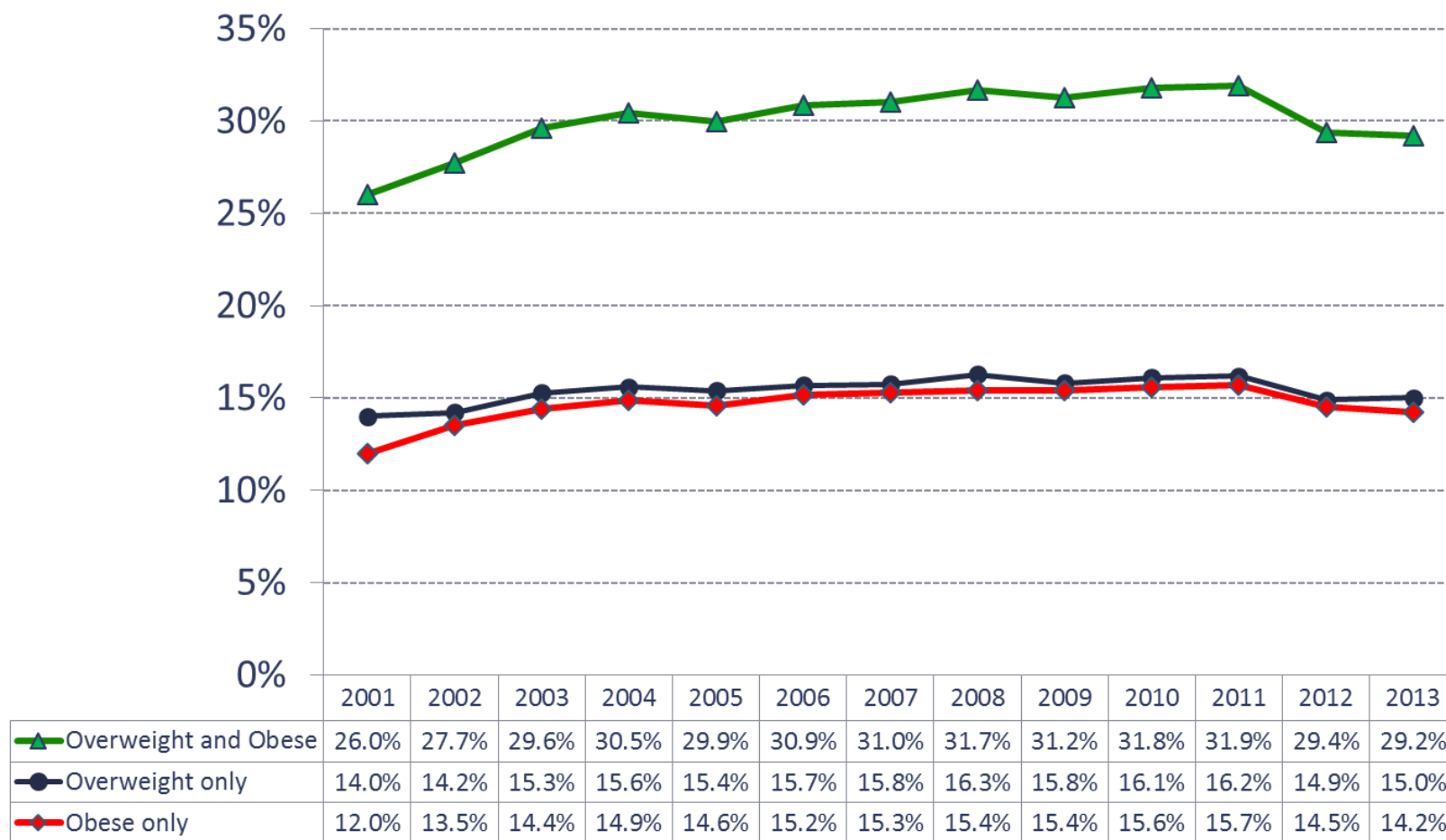
Medicaid Eligibles Ages 1-4 Receiving Oral Health Services

Medicaid Eligibles Ages 1-4 Who Received Oral Health Services
North Carolina vs. United States, 2009-2013



Percentage of Overweight and Obese Children 2-4 Years of Age

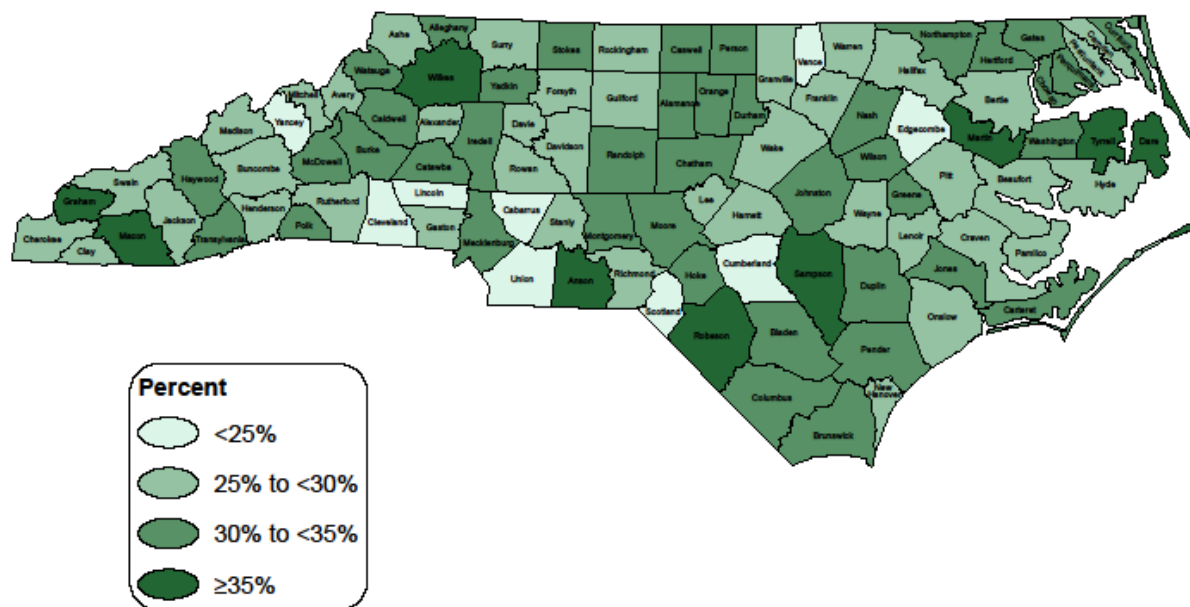
NC-NPASS* 2001 – 2013



*North Carolina-Nutrition and Physical Activity Surveillance System (NC-NPASS) is limited to data on children seen in North Carolina Public Health Sponsored WIC and Child Health Clinics. Percentiles were based on the CDC/NCHS Year 2000 Body Mass Index (BMI) Reference.

Percentage of Overweight and Obese Children 2-4 Years of Age

Percentage of Overweight and Obese¹ Children, 2 - 4 Years of Age
NC-NPASS² 2012



¹BMI-for-Age Percentiles ≥85th

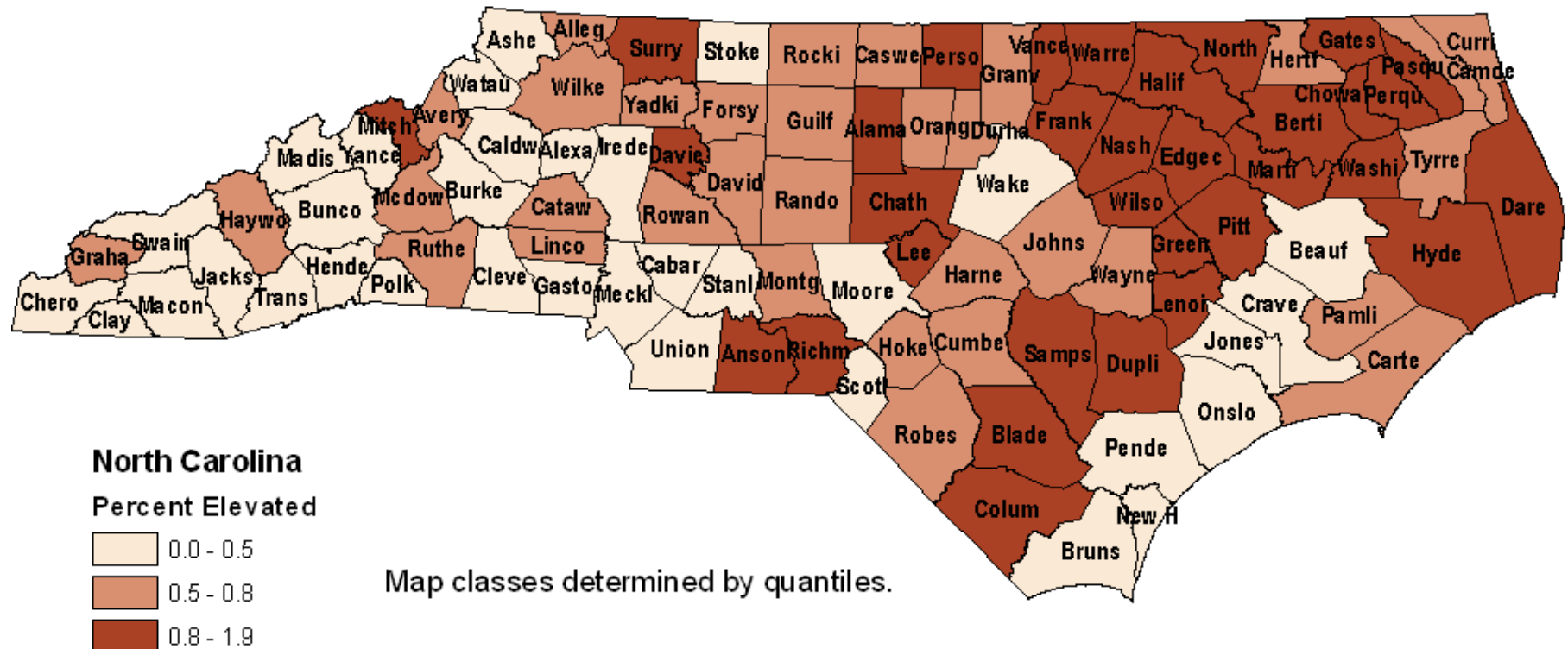
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North Carolina Children Tested for Lead Poisoning, 1995-2011

Year	6 mos to 6 yrs	1 and 2 years		Confirmed 6 mos to 6 yrs	
	Number	Number	% tested	10-19	≥20
1995	87,894	44,308	21.9	718	178
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2001	120,161	82,176	35.1	467	73
2002	120,940	86,218	36.2	466	68
2003	121,717	88,052	37.4	470	38
2004	124,436	92,046	39.1	349	52
2005	128,055	96,547	40.6	302	53
2006	135,555	103,889	42.8	257	38
2007	143,903	112,519	44.9	234	38
2008	152,181	120,993	46.8	182	36
2009	160,563	129,267	49.4	143	38
2010	162,060	132,014	51.3	146	24
2011	156,039	129,558	52.0	105	22

Percent of Elevated Blood Lead Level in Children, 2005-2009

Percent of 1- and 2-Year Old Children with Blood Lead Level ≥ 10 ug/dL
2005-2009

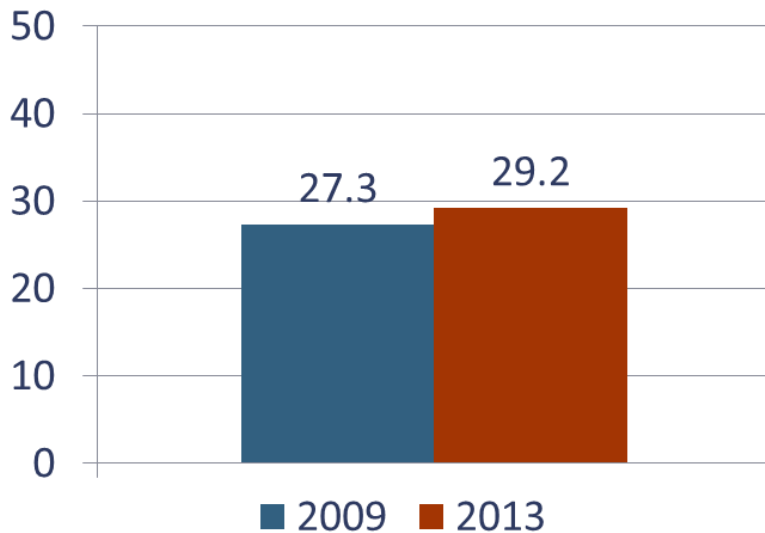




FAMILY AND COMMUNITY INDICATORS

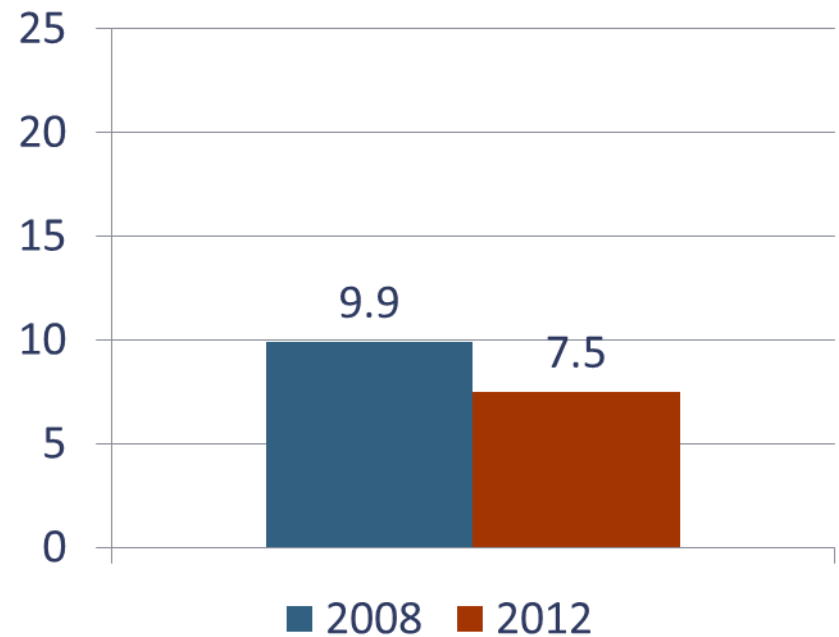
Parents in Household

Percent of NC Children Living in Female-headed Single Parent Households



Source: U.S. Census Bureau, American Community Survey

Number of NC Children with an Incarcerated Parent per 1,000 Resident Children



Source: North Carolina Department of Public Safety

What Works for Healthy Children?

- Evidence based solutions to these problems exist
- Important to implement solutions that fit our context
- Monitoring and evaluating progress is key to success

Processes for Priority Setting

- **Considerations**
 - Number of people affected
 - Severity
 - Effectiveness of interventions
 - Costs
- Tools and processes have been used in many other states and communities

Closing Comments

- North Carolina ranks **34** among all 50 states in overall child well-being
- Improving health outcomes requires partnerships
- We have examples of successful programs and policies
- Sustained and consistent effort is needed to improve health outcomes

“ If we can summon the political will, we certainly have sufficient knowledge to act now and to act boldly so that 25 years from now, our children and our country will be healthier, stronger and better prepared for all of the challenges and opportunities that lie ahead.”

Patrick T. McCarthy

President and CEO

The Annie E. Casey Foundation

Acknowledgements

- NC Division of Public Health
- NC State Center for Health Statistics
- NC Department of Health and Human Services



For More Information

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