

HEALTH CONDITIONS

HC 2.1 HEALTHY BIRTH

A healthy birth is defined here as a birth with the following characteristics: an Apgar²³ score of 9 or more out of ten, weight at birth of least 2,500 grams (5.5 lbs.), a gestational age of at least 37 weeks, and maternal receipt of prenatal care within the first trimester.

Table HC 2.1 reports the percent of all births qualifying as healthy births for 1985 and 1991 by race/ethnicity, and by the marital status and educational background of the mother. The table shows a modest increase in the percent of all births defined as healthy births between 1985 and 1991, and for each subgroup presented. For example, the percent of healthy babies born to black mothers rose from 41.5 percent to 43.3 percent, while the percent of health births born to single women went from 37.9 percent to 43.1 percent. Mothers with less than a high school education also demonstrated a slight increase in the proportion of healthy babies born, from 40.0 percent to 43.3 percent. Though the changes described represent a relatively small percent increase, these numbers indicate a positive trend towards healthy births for various subgroups of the population.

Despite this optimistic trend across a variety of population subgroups, disparities in the proportion of healthy births by race/ethnicity, marital status and education are evident. For example in 1991, 43.3 percent of births to black women were defined as healthy, compared with 49.8 percent of births to Hispanic women and 65.0 percent of births born to white women. Similar disparities are seen by marital status and education. In 1991 the percent of healthy births to married women was 68.6 percent compared with 43.1 percent for single women; 67.1 percent of mothers with at least a high school education had healthy births as compared to 43.3 percent of mothers with less than a high school education.

²³The Apgar score is a numerical expression of the physical condition of an infant at birth. The infant is rated, 0, 1, or 2 on color, heart rate, reflect irritability, muscle tone and breathing. The maximum score is 10, and a score of 4 or less indicates examination and treatment are warranted.

Apgar, V., Holiday, D.A., James, L.S., Weisbrot, I.N., Berrien, C., (1953). Evaluation of the Newborn Infant-2nd Report in *Current Researches in Anesthesia and Analgesia*, Vol. 32. pg. 260-267.

Table HC 2.1 PERCENT OF ALL BIRTHS DEFINED AS HEALTHY,^a BY SELECTED SOCIODEMOGRAPHIC CHARACTERISTICS: 1985 AND 1991

	1985	1991
Race/Ethnicity		
White	62.7	65.0
Black	41.5	43.3
Hispanic	48.6	49.8
Mother's Marital Status		
Married	65.0	68.6
Single	37.9	43.1
Mother's Education		
High school or more	64.0	67.1
Less than high school	40.0	43.3

Notes: ^aHealthy birth is defined as follows: Apgar score of 9+, birth weight 2,500+ grams, gestational age of 37+ weeks, prenatal care in the first trimester.

Source: Morrison, D.R. (1994). "Healthy Birth Index". Final Report. Submitted to the Annie Casey Foundation, Kids Count Indicator Development Project, Child Trends, Inc., Washington, DC, 1994

HEALTH CONDITIONS

HC 2.2.A PERCENT OF INFANTS BORN LOW BIRTH WEIGHT

Low birth weight (e.g., births weighing less than 2500 grams or 5.5 pounds) is an important indicator of the health and welfare of a population. Low birth weight infants are at an increased risk of suffering severe physical and developmental complications and death. Low birth weight infants account for nearly two-thirds of all neonatal deaths (deaths under 28 days of age) and 60 percent of infant deaths in the first year of life.

According to Table HC 2.2.a, in 1970, 6.8 percent of white infants and 13.9 percent of black infants born in the U.S. were classified as low birth weight. A measurable improvement in the percent of white infants born low birth weight is seen between 1970 and 1985, going from 6.8 percent to 5.6 percent during that 15 year period. A slight increase in the percent of white low birth weight infants is noted between 1985 and 1990, however, reaching 5.8 percent by 1992. The twenty-two year period witnessed little sustained improvement in the percent of low birth weight infants among blacks. A modest decline is seen between 1970 and 1985 going from 13.9 percent to 12.4 percent; by 1992 the proportion had increased to 13.3 percent. Rates for Hispanics were 6.1 percent in 1980 (the first year for which Hispanic data are available) and in 1992.

Improvements in low birth weight infants born to very young mothers were achieved between 1970 and 1992. Approximately 17 percent of infants born to mothers under age 15 were classified as being low birth weight in 1970, declining to 13 percent by 1992.

Table HC 2.2.A PERCENT OF ALL BIRTHS BORN LOW BIRTH WEIGHT,^a SELECTED YEARS: 1970 - 1992

	1970	1975	1980	1985	1990	1992
Race/Ethnicity ^{b,c}						
Black	13.9	13.1	12.5	12.4	13.3	13.3
White	6.8	6.3	5.7	5.6	5.7	5.8
Hispanic	—	—	6.1	6.2	7.0	6.1
Age of Mother						
Under 15	16.6	14.1	14.6	12.9	13.3	13.2
15-19	—	10.0	9.4	9.3	9.3	9.3
20-24	7.4	7.1	6.9	6.9	7.1	7.1
25-29	6.9	6.1	5.8	5.9	6.2	6.2
30-34	7.5	6.8	5.9	6.0	6.4	6.5
35-49	—	8.4	7.2	—	7.4	7.8

Notes: ^aBefore 1979, low birth weight defined as: Infants weighing $\leq 2,500$ grams (≤ 5.5 pounds). 1979 and beyond, low birth weight defined as: Infants weighing $< 2,500$ grams (< 5.5 pound).

^bData between 1970 and 1985 by race are for race of child; percentages for 1990 and 1992 are based on race of mother.

^cPercent low birth weight by ethnicity are not available before 1980. Birth figures for Hispanic infants in 1985 are based on data for 23 States and the District of Columbia which report Hispanic origin of the mother on the birth certificate. These states accounted for 90 percent of the Hispanic population in 1980. Percentages for 1980 and 1985 are based on the ethnicity of child, percentages for 1990 and 1992 are based on the ethnicity of the mother.

Source: 1970 data from: National Center for Health Statistics, *Health, United States, 1982*, Table 24; 1975 data from: *Vital Statistics of the U.S., 1975*, Table 1-37; 1980 data from: *Monthly Vital Statistics Report*, Vol. 31 No. 8 (Supplement) November 1982; 1985 data from: *Vital Statistics of the United States, 1985*, Table 13, Tables 1-39; and 1-113. 1990 data from: *Monthly Vital Statistics Report*, Vol. 41, No. 9(s) February, 1993, Tables 13 and 26; 1992 data from: *Monthly Vital Statistics Report*, Vol. 43, No. 5(s), October, 1994, Tables 24,43 and 44.

HEALTH CONDITIONS

HC 2.2.B PERCENT OF CHILDREN BORN VERY LOW BIRTH WEIGHT

Very low birth weight is defined as infants weighing less than 1,500 grams (3.3 pounds). Very low birth weight infants are particularly at risk for severe physical and developmental complications and death. Advances in medical technology have made it possible to keep smaller children alive for longer periods.

For whites, the percentage of births classified as very low birth weight is approximately 1.0 percent and has remained relatively constant between 1970 and 1992. (See Table HC 2.2.b) The percent of very low birth weight babies among blacks, however, increased during this time period, going from 2.4 percent in 1970 to 3.0 percent by 1992. These trends are in contrast to those shown in Table HC 2.2.a in which the proportion of low (as distinct from “very low”) birth weight babies decreased for both blacks and whites across the same twenty-two year period.

Age of the mother appears to be an important factor in the likelihood of very low birth weight, particularly at the youngest ages. The proportion of babies born very low birth weight to mothers under the age of 15 is nearly twice as high as that for mothers 15 and older, and has not improved substantially between 1975 (the first year that data were presented by age of the mother) and 1992. The proportion of very low birth weight births to mothers under age 15 was 3.1 in 1975, increased to 3.4 by 1980 and declined to its original 3.1 percent by 1992. The percent of very low birth weight births among mothers age 15 to 19 (1.8 percent) is substantially less than the proportion of such births to their younger counterparts, but remains somewhat higher than the proportion observed for women 20 and older (between 1.1 and 1.5 percent).

Table HC 2.2.B PERCENT OF ALL BIRTHS BORN VERY LOW BIRTH WEIGHT^a SELECTED YEARS: 1970 - 1992

	1970	1975	1980	1985	1990	1992
Race/Ethnicity ^{b,c}						
White	1.0	.9	.9	.9	1.0	1.0
Black	2.4	2.3	2.4	2.7	2.9	3.0
Hispanic	—	—	—	—	—	1.0
Age of Mother						
Under 15	—	3.1	3.4	3.1	3.2	3.1
15-19	—	1.8	1.7	1.8	1.8	1.8
20-24	—	1.1	1.1	1.2	1.3	1.3
25-29	—	.9	1.0	1.0	1.1	1.1
30-34	—	1.0	1.0	1.1	1.2	1.2
35-49	—	1.2	1.2	—	1.4	1.5

Notes: ^aBefore 1979, very low birth weight defined as: Infants weighing \leq 1,500 grams, 1979 and beyond, very low birth weight defined as: Infants Weighting < 1,500 grams.

^bData between 1970 and 1985 by race are for race of child; percentages for 1990 and 1992 are based on race of mother.

^c1992 ethnicity is of mother.

Source: 1970 data from: National Center for Health Statistics, *Health, United States, 1982*, Table 24; 1975 data from: *Vital Statistics of the U.S., 1975*, Table 1-37; 1980 data from: *Monthly Vital Statistics*, Vol. 31 No. 8 (Supplement) November 1982; 1985 data from: *Vital Statistics of the United States, 1985*, Table 13, Tables 1-39 and 1-113; 1990 data from: *Monthly Vital Statistics Report*, Vol. 41, No. 9(s) February, 1993, Tables 13 and 26; 1992 data from: *Monthly Vital Statistics Report* Vol. 43, No. 5(s), October, 1994, Tables 24,43 and 44.

HEALTH CONDITIONS

HC 2.3 GENERAL HEALTH CONDITION: PERCENT OF CHILDREN IN VERY GOOD OR EXCELLENT HEALTH

Most children in the United States are reported to be in very good or excellent health. Table HC 2.3 indicates that between 1982 and 1993, roughly 80 percent of children under the age of 18 were reported to be in very good or excellent health. The proportion increased slightly between 1982 and 1990, then decreased slightly between 1990 and 1993. The proportion of children in very good or excellent health varied little by gender or age of the child, with percentages ranging between 76 and 82 percent across these subgroups over this time period.

While few age or gender differences are observed in the proportion of children who are reported to be in very good or excellent health, race differences in this indicator are more striking. In 1982, a smaller proportion of black children under 5 years of age (64 percent) received a favorable health rating than did white children of similar age (83 percent). Respective percentages for ages 5-17 were 57 and 80 percent for black and white children. By 1993, racial disparities in the proportion of children in very good or excellent health narrowed by approximately one half due to increases in the percentage of black children reported to be in good or excellent health. Among children under age 5, 71 percent of black children and 82 percent of white children were reported to be in good or excellent health. Percentages for black and white children ages 5-17 were 70 and 81 percent, respectively.

Table HC 2.3 PERCENT OF CHILDREN UNDER AGE 18 REPORTED TO BE IN VERY GOOD OR EXCELLENT HEALTH FOR SELECTED YEARS: 1982 - 1993

	1982		1984		1987		1990		1992		1993		
	Age	< 5	5-17	< 5	5-17	< 5	5-17	< 5	5-17	< 5	5-17	< 5	5-17
Total		79	76	79	77	81	80	81	80	80	80	80	79
Race													
Black		64	57	67	65	71	66	72	68	70	68	71	70
White		83	80	81	80	84	83	83	83	82	82	82	81
Gender													
Male		78	77	78	78	—	—	80	81	79	80	80	79
Female		80	76	79	77	—	—	82	80	81	79	80	78

Notes: ^aHealth status as reported by parent.

^bThe scale in the National Health Interviews Survey for overall rating of a subjects health was changed between 1981 and 1982 from a four category to a five category scale. In addition, parents were no longer asked to compare the child with others of the same age and sex. Thus ratings for years prior to 1982 are not strictly comparable to these years.

Source: National Center for Health Statistics, "Current Estimates from the National Health Interview Survey: United States" 1982, 1984, 1987, 1990, 1992, 1993; *Vital and Health Statistics*, Series 10, No. 150, Table 68, Nos. 156, 166, 181, 189, and 190, Table 70 in each.

HEALTH CONDITIONS

HC 2.4 CHRONIC HEALTH CONDITIONS

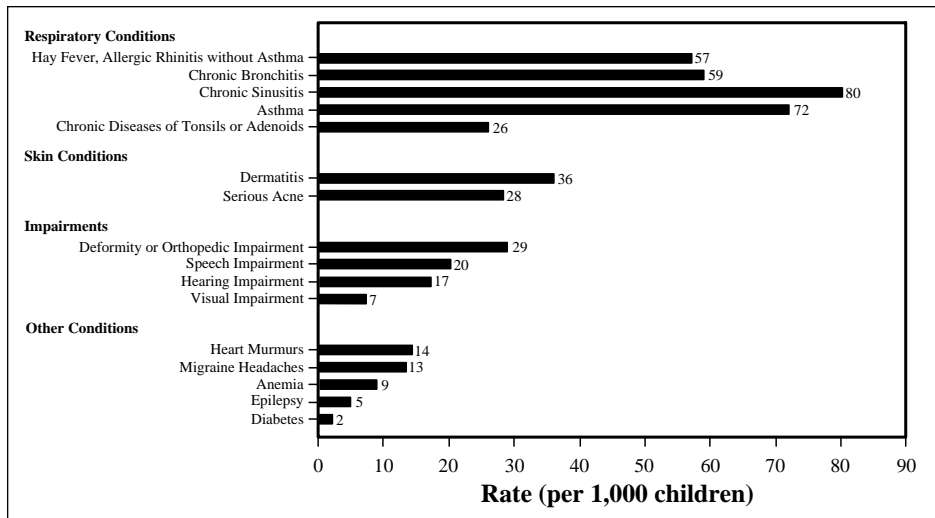
When assessing the health of children, it is important to examine the prevalence of chronic health conditions. Children with persistent health problems are more likely to miss school and require regular medical assistance and follow-up. Such chronic problems also pose difficulties for the parents of children with chronic health problems. Parents may experience emotional stress, often lose days from work, and incur additional medical expenses associated with recurrent medical visits and follow-up care.

According to Table HC 2.4, respiratory conditions are the most prevalent type of chronic health problems experienced by children 0 to 17 years of age over the past 20 years. In addition, rates for most types of chronic health conditions were fairly constant during that time period, with the exception of chronic respiratory conditions which show sizable increases between 1982 and 1992. Figure HC 2.4.B demonstrates substantial increases in rates of chronic bronchitis, chronic sinusitis, and asthma between 1982 and 1993. Rates of chronic bronchitis rose from 34 per 1,000 children in 1982 to 59 per 1,000 in 1993 (a 76 percent increase). Similarly, rates of chronic sinusitis increased steadily from 43 cases per 1,000 to 80 cases per 1,000 children (an 85 percent increase). Rates of asthma increased 79 percent going from 40 cases per 1,000 in 1982 to 72 cases per 1,000 in 1993.

Rates of chronic skin conditions also changed during this time period, although to a lesser extent. Table HC 2.4 shows that rates of dermatitis decreased from 40 per 1,000 to 36, while rates of acne increased from 24 to 28 per 1,000 children. In addition, rates for chronic impairments showed measurable declines. The prevalence of deformities or orthopedic impairments declined slightly from a rate of 32 to a rate of 29, speech impairments from 21 to 20, and hearing impairments from a rate of 20 to 17 per 1,000 children. The largest improvement in this category of chronic conditions is noted for visual impairments, where the prevalence of conditions among children went from a rate of 13 to 7 per 1,000 children, a 45 percent decline over the 9 year period.

Rates of “other conditions,” which include heart murmurs, migraine headaches, anemia, epilepsy and diabetes, indicate these ailments affect the child population to a lesser extent than the chronic conditions just described. However, we note modest increases in the rates for most of these types of conditions. The biggest increase is observed in the prevalence of migraine headaches which increased from a rate of 8 per 1,000 in 1984 to 13 per 1,000 in 1993.

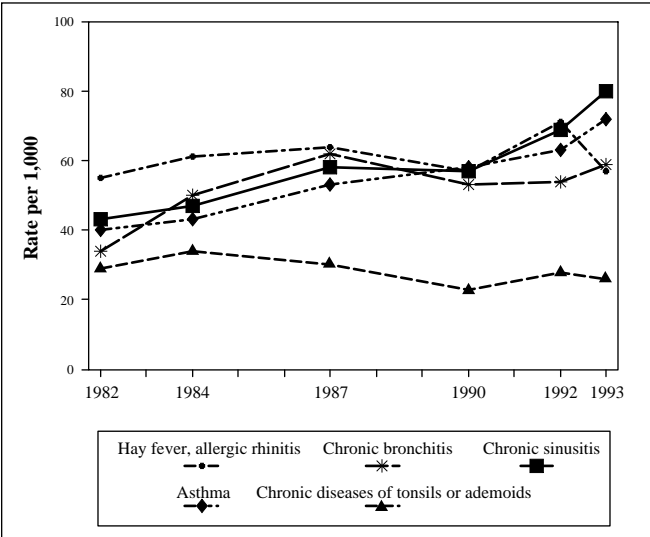
Figure HC 2.4.A SELECTED CHRONIC HEALTH CONDITIONS PER 1,000 CHILDREN 0-17: 1993



Source: National Center for Health Statistics, "Current Estimates from the National Health Interview Survey: United States 1982", 1984, 1987, 1990, 1992, 1993; Vital and Health Statistics, Series 10, Nos. 150, 156, 166, 181, 189, and 190, Tables 57 and 62.

HEALTH CONDITIONS

Figure HC 2.4.B RATES PER 1,000 CHILDREN 0-17 OF SELECTED CHRONIC RESPIRATORY CONDITIONS FOR SELECTED YEARS: 1982 - 1993



Source: National Center for Health Statistics, "Current Estimates from the National Health Interview Survey: United States 1982", 1984, 1987, 1990, 1992, 1993; *Vital and Health Statistics*, Series 10, Nos. 150, 156, 166, 181, 189, and 190, Tables 57 and 62.

Table HC 2.4 SELECTED CHRONIC HEALTH CONDITIONS^a PER 1,000 CHILDREN^b, FOR SELECTED YEARS: 1982 - 1993

Type of Conditions	1982	1984	1987	1990	1992	1993
Respiratory Conditions						
Hay fever, allergic rhinitis without Asthma	55	61	64	57	71	57
Chronic bronchitis	34	50	62	53	54	59
Chronic sinusitis	43	47	58	57	69	80
Asthma	40	43	53	58	63	72
Chronic diseases of tonsils or adenoids	29	34	30	23	28	26
Skin Conditions						
Dermatitis	40	39	32	31	41	36
Serious acne	24	26	26	26	25	28
Impairments						
Deformity or orthopedic impairment	32	35	36	29	33	29
Speech impairment	21	16	19	14	21	20
Hearing impairment	20	24	16	21	15	17
Visual impairment	13	9	10	9	10	7
Other Conditions						
Heart murmurs	13	16	17	13	13	14
Migraine headache	8	11	8	14	13	13
Anemia	10	11	8	10	11	9
Epilepsy	5	7	4	4	3	5

Notes: ^aChronic conditions as defined in the National Health Interview Survey are conditions that either a) were first noticed three months or more before the reference date of the interview; or b) belong to a group of conditions (including heart diseases, diabetes, and others) that are considered chronic regardless of when they began. The prevalence estimates are based on reports by parents or other adult respondents in response to checklists administered in household interviews.

^bChildren defined as < 18 years old.

*Estimates for which the numerator has a relative standard error of more than 30% are indicated with an asterisk.

Source: National Center for Health Statistics, "Current Estimates from the National Health Interview Survey: United States 1982", 1984, 1987, 1990, 1992, 1993; Vital and Health Statistics, Series 10, Nos. 150,156, 166, 181, 189, and 190, Tables 57 and 62.

HEALTH CONDITIONS

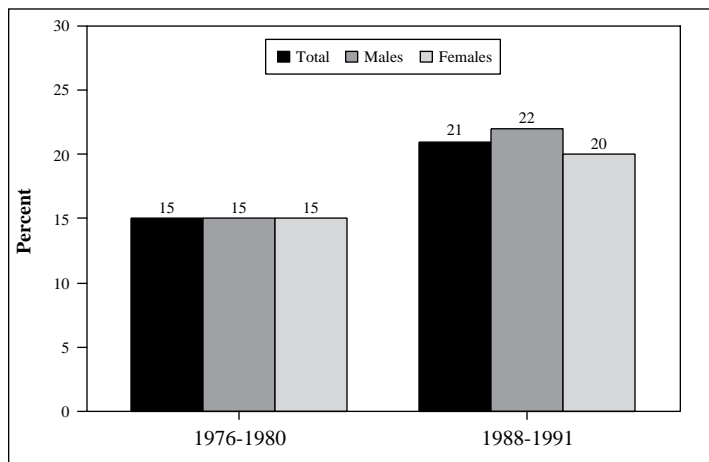
HC 2.5 OVERWEIGHT ADOLESCENTS

Persons who are overweight in adolescence are at greater risk of being overweight as adults, and adults who are overweight are at higher risk of numerous health problems including high blood pressure, coronary heart disease, gallbladder disease, and non-insulin-dependent diabetes.²⁴

Figure HC 2.5 shows the percentage of adolescents ages 12-19 who were overweight for two time periods: 1976-1980 and 1988-1991. Overweight is defined here as the age- and sex-specific weight above the 85th percentile during the initial time period of 1976-1980. The data indicate that adolescents were more likely to be overweight around 1990 than a decade earlier, with the proportion overweight increasing from 15 percent to 21 percent. Further, the increase is larger for males than females, with 22 percent of males and 20 percent of females identified as overweight in the 1988-1991 period.

²⁴Public Health Service. 1988. *The Surgeon General's Report on Nutrition and Health*. DHHS (PHS) Pub. No. 88-50210. Washington, D.C.: U.S. Department of Health and Human Services.

Figure HC 2.5 THE PERCENTAGE OF ADOLESCENTS AGES 12-19 WHO ARE OVERWEIGHT



Note: Overweight is defined as the weight at or above the 85th percentile of adolescents in 1976-1980. Weights were sex and age specific.

Source: Troiano, Richard. 1995. Prevalence of overweight for adolescents. Third National Health and Nutrition Examination Survey, Phase 1, 1988-91. National Center for Health Statistics. Estimates are calculated from NHANES II and NHANES III surveys.

Table HC 2.5 PERCENTAGE OF ADOLESCENTS AGES 12-19 WHO ARE OVERWEIGHT

	1976-1980	1988-1991
Total	15	21
Males	15	22
Females	15	20

Note: Overweight is defined as the weight at or above the 85th percentile of adolescents in 1976-1980. Weights were sex and age specific.

Source: Troiano, Richard, 1995. "Prevalence of overweight for adolescents." Third National Health and Nutrition Examination Survey, Phase 1, 1988-1991. National Center for Health Statistics. Estimates are calculated from NHANES II and NHANES III surveys.

HEALTH CONDITIONS

HC 2.6 ABUSE AND NEGLECT

The National Research Council (NRC) characterizes child maltreatment as “a devastating social problem in American society.”²⁵ Abuse and neglect can produce short-term psychological consequences which range from poor peer relations to violent behavior, plus untold long-term psychological and economic consequences when children reach adulthood. In extreme cases it leads to death or serious injury.

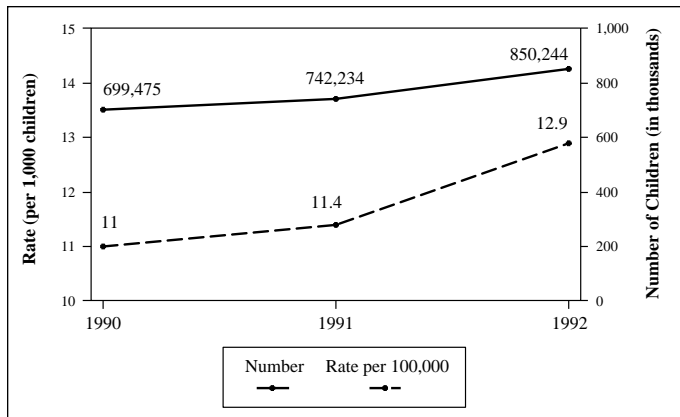
The NRC distinguishes four categories of child maltreatment: (1) physical abuse, (2) sexual abuse, (3) emotional maltreatment, and (4) neglect. The first three are commonly grouped together under the term “abuse.” However, there are currently no universally accepted definitions of any of these terms. (For example, the point at which corporal punishment becomes physical abuse is not agreed upon by child welfare professionals or lay people.)

As shown in Figure HC 2.6, according to data from the most comprehensive annual data collection efforts undertaken to date, there were about 850,000 substantiated cases of child abuse and neglect in 1992—a rate of 12.9 cases per thousand children under age 18. This is a substantial increase over the roughly 700,000 cases substantiated in 1990, when the rate was only 11.0 cases per thousand. Maltreatment was about evenly split between abuse and neglect.

As shown in Table HC 2.6, black children account for a disproportionate share of substantiated maltreatment cases relative to their share of the child population. In 1992, African-American children, who constituted 15 percent of all children under age 18, accounted for 26 percent of the abuse and neglect cases. In contrast, whites, who constituted 68 percent of all children under age 18, accounted for only 55 percent of abused and neglected children. Hispanics, who constituted about 13 percent of all children under age 18, accounted for 10 percent of the abuse and neglect cases.

No age group accounts for an obviously disproportionate share of abuse and neglect cases. Infants under age one account for about 7 percent of substantiated cases. Children age 1 to 5 account for about 33 percent; children ages 6 to 12 account for 38 percent; and children ages 13 to 17 account for about 20 percent.

²⁵National Research Council, Panel on Child Abuse and Neglect, *Understanding Child Abuse and Neglect*. Washington, DC: National Academy Press, 1993.

Figure HC 2.6 SUBSTANTIATED CASES OF CHILD MALTREATMENT, 1990 - 1992 (number, and rate per 1,000 children)

Sources: 1992, National Center on Child Abuse and Neglect (Washington, DC: U.S. Government Printing Office, 1994). 1990-91, National Center on Child Abuse and Neglect, 1991 Summary Data Component (Washington, DC: U.S. Government Printing Office, 1993). Denominators for rates from U.S. Bureau of the Census, *Statistical Abstract of the United States, 1994* (Washington, DC: U.S. Government Printing Office, 1994).

Table HC 2.6 NUMBER AND PERCENT OF CHILDREN EXPERIENCING MALTREATMENT, RATE PER 1,000, AND PERCENT DISTRIBUTION ACROSS POPULATION SUBGROUPS, SUBSTANTIATED CASES: 1990 - 1992

	1990	1991	1992
Total			
Number	699,475	742,234	850,244
Rate per thousand	11.0	11.4	12.9
Type of Maltreatment (% of Total Cases)			
Abuse	51	50	45
Neglect	49	50	55
Race/Ethnicity (% of Total Cases)			
White	55	56	55
Black	25	27	26
Hispanic	9	10	10
Other	4	4	4
Unknown	7	5	6
Sex (% of Total Cases)			
Male	47	46	46
Female	53	54	54
Age (% of Total Cases)			
Under 1	8	8	7
1 to 5	31	32	33
6 to 12	37	38	38
13 to 17	20	20	20
18+/unknown	5	2	2

Sources: 1992, National Center on Child Abuse and Neglect, *Child Maltreatment 1992: Reports from the States to the National Center on Child Abuse and Neglect* (Washington, DC: U.S. Government Printing Office, 1994). 1990-91, National Center on Child Abuse and Neglect, 1991 Summary Data Component. (Washington, DC: U.S. Government Printing Office, 1993). Denominators for rates from U.S. Bureau of the Census, *Statistical Abstract of the United States, 1994* (Washington, DC: U.S. Government Printing Office, 1994).

HEALTH CONDITIONS

HC 2.7 PERCENT OF YOUTH WHO THOUGHT SERIOUSLY ABOUT OR ATTEMPTED SUICIDE

Suicide has become increasingly common among youth during the last 40 years. Between 1950 and 1988, suicide rates for teens ages 15-19 increased from 2.7 to 11.3 per 100,000.²⁶ A considerably larger proportion of teens report having attempted suicide, and even more have seriously considered taking their own lives. As Figure HC 2.7 indicates, in 1993 some 24 percent of youth in grades 9 through 12 report having seriously considered suicide during the previous 12 months. During the same time period an alarming 9 percent, or one in twelve, report having actually attempted suicide during the previous year.

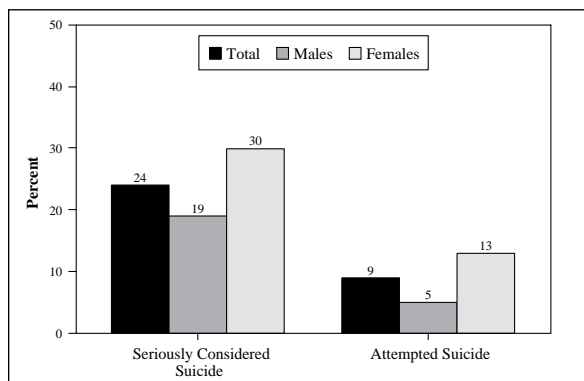
Figure HC 2.7.a also shows that female youth are considerably more likely than male youth to report having thought seriously about suicide (30 percent versus 19 percent) and to have actually attempted suicide (13 percent versus 5 percent) during the previous year. However, rates of actual suicide are considerably higher for males than for females.²⁷

The propensity to consider suicide appears to vary little by grade, ranging from 23 percent to 25 percent across grades 9 through 12 in 1993. (See Table HC 2.7.a) In 1993, Hispanic youth appear to be somewhat more likely to report having attempted suicide (14 percent) than either black (8 percent) or white (9 percent) youth.

²⁶1990-1991 Youth Risk Behavior Surveillance System, MMWR Reprints, Centers for Disease Control, p. 9.

²⁷See elsewhere in this report.

Figure HC 2.7 SUICIDE: PERCENT OF STUDENTS IN GRADES 9-12 WHO REPORT HAVING SERIOUSLY CONSIDERED OR ATTEMPTED SUICIDE IN THE PREVIOUS 12 MONTHS: 1993



Sources: Data for 1993 from Youth Risk Behavior Surveillance - United States 1993, Vol. 44, No. SS-1. U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention. All data from Youth Risk Behavior Surveys 1990-1993.

Table HC 2.7.A SUICIDAL TEENS: PERCENT OF TEENS IN GRADES 9-12 WHO HAVE SERIOUSLY CONSIDERED SUICIDE IN THE PREVIOUS 12 MONTHS

	1990	1991	1993
Total	27	29	24
Male	21	21	19
Female	34	37	30
Grade			
9	30	29	24
10	26	30	25
11	29	32	25
12	33	26	23
Race/Ethnic Group			
White non-Hispanic	28	30	24
Black non-Hispanic	20	22	20
Hispanic	30	27	26

Source: Data for 1990 from 1990-1991 Youth Risk Behavior Surveillance System, MMWR reprints, Centers for Disease Control and Prevention. Data for 1991 from Public Health Reports, Vol. 108, Supplement 1, *U.S. Public Health Service*. Data for 1993 from *Youth Risk Behavior Surveillance - United States 1993*, Vol. 44, No. SS-1, U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention. All data from Youth Risk Behavior Surveys 1990-1993.

Table HC 2.7.B SUICIDAL TEENS: PERCENT OF TEENS IN GRADES 9-12 WHO REPORT HAVING ATTEMPTED SUICIDE IN THE PREVIOUS 12 MONTHS

	1990	1991	1993
Total	8	7	9
Male	6	4	5
Female	10	11	13
Grade			
9	9	9	10
10	9	8	9
11	8	6	8
12	7	6	7
Race/Ethnic Group			
White non-Hispanic	8	7	8
Black non-Hispanic	7	7	8
Hispanic	12	8	14

Source: Data for 1990 from 1990-1991 Youth Risk Behavior Surveillance System, MMWR reprints, Centers for Disease Control and Prevention. Data for 1991 from Public Health Reports, Vol. 108, Supplement 1, *U.S. Public Health Service*. Data for 1993 from *Youth Risk Behavior Surveillance - United States 1993*, Vol. 44, No. SS-1, U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention. All data from Youth Risk Behavior Surveys 1990-1993.