Health Conditions and Health Care

HC 2.1 Healthy Births

A healthy birth is defined here as a birth with the following characteristics: a 5-minute Apgar score of 7 or more out of 10,[20] weight at birth of at least 2,500 grams (5 lbs. 8oz.), a gestational age of at least 37 weeks, and maternal receipt of prenatal care within the first trimester.

Table HC 2.1.A reports the percentage of all births qualifying as healthy births, by race and Hispanic origin, according to the above criteria in 1998. The table shows non-Hispanic black newborns scored lower on all four measures of healthiness than non-Hispanic white and Hispanic newborns. For example, 86.8 percent of non-Hispanic black infants were born weighing 2,500 grams or more, while the comparable numbers for Hispanic and non-Hispanic white newborns were 93.6 and 93.4 percent respectively.

Apgar Score. The Apgar score is a numerical expression of the physical condition of an infant shortly after delivery and is used to predict the newborn's chance of survival. The score considers five characteristics of the baby—heart rate, respiratory effort, muscle tone, reflex irritability, and color. Each of these characteristics is assessed and assigned a value between 0 and 2. The total score is the sum of the scores of the five components and thus ranges between 1 and 10. Ninety-nine percent of all births were rated with an Apgar score at 5 minutes after birth of 7 or more in 1998 (See Table HC 2.1.A). These numbers were nearly the same for all racial/ethnic groups except non-Hispanic blacks. In 1998, 97.6 of all births to this group were rated as healthy according to the Apgar criteria.

Birthweight. The risks for infants born weighing less than 2,500 grams (5lb. 8oz.) is discussed in the following indicator, HC 2.2. As stated in that section, the percentage of infants born at low birthweight has increased steadily since 1985 to 7.6 percent in 1999 (See Table HC 2.2.A). In contrast, the percentage of children born weighing more than 2,500 in 1998 was 92.4. Hispanic and non-Hispanic whites had similarly high percentages with 93.6 and 93.4 percent respectively. The percentage of infants born to non-Hispanic black mothers weighing over 2,500 grams was much lower however, at 86.8 percent (See Table HC 2.1A).

Period of Gestation. Preterm birth, defined as infants that are born prior to 37 weeks of gestation, is a major cause of infant mortality and has been associated with long-term neurodevelopment and respiratory disorders. The percentage of births that are preterm has risen steadily over the past decade. In 1989, 10.6 of all births were preterm, and this percentage had risen to 11.6 in 1998 (See Table HC 2.1.B). It appears that the rising number of preterm infants born to white non-Hispanic mothers account for much of this increase. This percentage has risen from 8.4 in 1989 to 10.2 percent in 1998. In comparison, the percentage of preterm infants born to black non-Hispanic mothers has decreased (from 19 percent in 1989 to 17.6 percent in 1998), and the percentage of preterm Hispanic infants has increased only slightly, from 11.1 to 11.4 in the same time period.

Prenatal care. Early prenatal care (especially within the first trimester of pregnancy) can promote healthier births by detecting and managing preexisting medical conditions, and by providing health advice to the mother.[21] In 1998, nearly 88 percent of all non-Hispanic

[20] The Apgar score is a numerical expression of the physical condition of an infant shortly after delivery. The infant is rated 0, 1, or 2 on color, heart rate, reflex irritability, muscle tone, and breathing. The maximum score is 10, and a score of 4 or less indicates examination and treatment are warranted. As defined in Apgar, V., Holiday, D.A., James, L.S., Weisbrot, I.N., & Berrien, C. 1953. Evaluation of the Newborn Infant-2nd Report. *Current Researchers in Anesthesia and Analgesia,* 32: 260-267.

[21] Ibid.

white mothers received prenatal care sometime during their first trimester of pregnancy. The percentages for non-Hispanic blacks and Hispanic mothers were considerably lower at 73 and 74 percent respectively (See Table HC 2.1.A). This topic is discussed in greater detail in section HC 3.2.

Table HC 2.1.A

Percentage of all births in the United States defined as healthy, by mother's race: 1998

	Gestational age 37 weeks +	Birthweight 2,500 grams +	Apgar score 7 or above	Prenatal care 1st trimester
All	88.4	92.4	98.6	82.8
White	89.8	93.4	98.7	87.9
Black	82.4	86.8	97.6	73.3
Hispanic	88.6	93.6	98.8	74.3

Source: Special tabulations for 1998 birth data by Sally C. Curtin, National Center for Health Statistics.

Table HC 2.1.B

Percentage of preterm[a] live births by race and Hispanic origin of mother: 1989-1998

	1989[b]	1990[c]	1991[d]	1992[d]	1993	1994	1995	1996	1997	1998
All	10.6	10.6	10.8	10.7	11.0	11.0	11.0	11.0	11.4	11.6
White	8.4	8.5	8.7	8.7	9.1	9.3	9.4	9.5	9.9	10.2
Black	19.0	18.9	19.0	18.5	18.6	18.2	17.8	17.5	17.6	17.6
Hispanic	11.1	11.0	11.0	10.7	11.0	10.9	10.9	10.9	11.2	11.4

[a] Infants born prior to 37 weeks of gestation.

[b] Data by Hispanic origin exclude New Hampshire, Oklahoma, and Louisiana, which did not report Hispanic origin.

[c] Data by Hispanic origin exclude New Hampshire and Oklahoma, which did not report Hispanic origin.

[d] Data by Hispanic origin exclude New Hampshire which did not report Hispanic origin.

Sources: Ventura, et al., 2000. Births.

HC 2.2 Low and Very Low Birthweight

Low Birthweight

Babies born weighing less than 2,500 grams (5lb. 8oz.) face an increased risk of physical and developmental complications and death.[22] These babies account for four-fifths of all neonatal deaths (deaths under 28 days of age) and are 24 times more likely to die during the first year than are heavier infants.[23]

Although slight declines are seen in the early 1980s, overall the percentage of all infants born at low birthweight has increased steadily since 1985, when 6.8 percent of infants were born at low birthweight, compared with 7.6 percent in 1999 (see Table HC 2.2.A).

Smoking. Babies born to mothers who smoke during pregnancy are at greatly elevated risk of low birthweight, a finding documented in birth certificate data as well as in numerous other studies.[24] In 1998, 12 percent of infants born to smokers weighed less than 2,500 grams (5lb. 8oz.) compared with 7.2 percent of births to nonsmokers (See Figure HC 2.2.A). This substantial differential is found for every race and Hispanic origin group (See Figure HC 2.2.A). The low birthweight risk is heightened as the number of cigarettes increases, "although low birthweight is elevated even among babies born to the lightest smokers (one to five cigarettes daily)." "Advancing maternal age exacerbates the risk, probably a consequence of the much greater cigarette consumption among older women."[25]

Differences by Race and Ethnicity. Low birthweight rates are substantially higher among black infants than among other races and Hispanics. The percentages of low birthweight infants among whites, American Indians/Alaska Natives, Asians/Pacific Islanders, and Hispanics have remained within 1 percentage point of each other and have mostly hovered around 6 to 7 percent over the last two decades, compared to around 13 percent for blacks.

Among Asians/Pacific Islanders and Hispanics, there are important subgroup differences. Since 1970, Chinese women have consistently had the lowest percentage of low-weight births, and Filipino women have had the highest among Asian/Pacific Islander women. Among Hispanics, Mexican American women have generally had the lowest percentage of low birthweight infants, and Puerto Rican women have had the highest (see Table HC 2.2.A).

Differences by Age. For women in all age groups, there was a decline in the percentage of low-weight births between 1970 and 1985. Since 1985, however, that percentage increased slightly across nearly all age groups. The following trends, illustrated in Table HC 2.2.A, are particularly noteworthy:

- Women under age 15 consistently have the highest rates of low-weight births of any age group (see Figure HC 2.2.B).

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[22] Disorders relating to short gestation and unspecified low birthweight were the second leading cause of death to infants in 1998, as reported in Mathews, Curtin, & MacDorman, 2000. Infant Mortality Statistics from the 1998 Period Linked Birth/Infant Death Data Set. *National Vital Statistics Report* 48 (12). Hyattsville, MD: National Center for Health Statistics.

[23] Mathews, Curtin, & MacDorman, 2000. Infant Mortality Statistics from the 1996 Period Linked Birth/Infant Death Data Set. *National Vital Statistics Report* 48 (12). Hyattsville, MD: National Center for Health Statistics, 1998; Ventura, Martin, Curtin, Mathews, & Park, 2000. Births: Final Data for 1998. *National Vital Statistics Reports* 46, 48 (3). Hyattsville, MD: National Center for Health Statistics.

[24] Ventura, Martin, Curtin, Mathews, & Park. 2000. Births: Final Data for 1998, *National Vital Statistics Report* 48 (3). Hyattsville, MD: National Center for Health Statistics.

[25] Ibid.

- For women in all other age groups, rates of low-weight births have generally stayed within 1.5 percentage points of their 1970 rate.
- Women between the ages of 25 and 29 consistently have the lowest rates of low-weight births.

Multiple births. Multiple births are more likely than singletons to be born either preterm or low birthweight (See Figure HC2.2.C). Multiples comprised only 3 percent of all births in 1998, but 21 percent of all low birthweight infants and 24 percent of very low birthweight. Multiple birth rates generally rise with increasing maternal age, with the rate peaking for mothers 45 to 54 years of age. The rising multiple birth rate and the accompanying high risk for these births has increasingly influenced measures of perinatal health at the national and State levels.[26]

Very Low Birthweight

Babies born weighing less than 1,500 grams (3lb. 4oz.) are at particularly high risk of severe physical and developmental complications and death. Advances in medical technology in recent years have made it possible for increasing numbers of very low birthweight infants to survive; however, these babies are 96 times more likely to die during the first year of life than babies weighing at least 2,500 grams.[27]

The percentage of infants born at very low birthweight has increased steadily since the early 1980s, by 25 percent overall since 1981 (see Table HC 2.2.C). Between 1970 and 1989 (not shown), 1.2 percent of all infants were classified as very low birthweight. The proportion then increased to 1.27 percent in 1990, and to 1.45 percent in 1998.

Differences by Race and Ethnicity. The percentage of babies born at very low birthweight varies by race and Hispanic origin (see Table HC 2.2.C). For white, Hispanic, American Indian/Alaska Native, and Asian/Pacific Islander infants, the percentage of very low-weight births was about 1 percent in 1998. However, the percentage of black infants born at very low birthweight is considerably higher. In 1970, 2.4 percent of all infants born to black mothers weighed 1,500 grams or less, a percentage that has increased to 3.1 in 1998. The percentage of very low birthweight has increased steadily for all groups since the early 1980's.

Differences by Age. A woman's age is an important factor in the likelihood of very low birthweight, particularly at the youngest ages. The percentage of very low birthweight infants born to women under age 15 was 3.3 percent in 1998. The percentage of very low birthweight births among women ages 15 through 19 is lower than the proportion of such births to their younger counterparts but remains slightly higher than the proportion observed for women ages 20 and older, (see Table HC 2.2C).

[26] Ibid.
[27] Mathews, Curtin, & MacDorman, 2000.

Table HC 2.2.A

Low birthweight[a] infants as a percentage of all infants born in the United States by mother's race/ethnicity[b] and by age: Selected years, 1970-1999

	1970	1975	1980	1985	1990	1995	1996	1997	1998	1999
Total	7.9	7.4	6.8	6.8	7.0	7.3	7.4	7.5	7.6	7.6
Race/ethnicity										
White[c]	6.9	6.3	5.7	5.7	5.6	6.2	6.4	6.5	6.6	6.6
Black[c]	13.9	13.2	12.7	12.7	13.3	13.2	13.1	13.1	13.2	13.1
American Indian/ Alaskan Native	8.0	6.4	6.4	5.9	6.1	6.6	6.5	6.8	6.8	—
Asian/Pacific Islander	—	—	6.7	6.2	6.5	6.9	7.1	7.2	7.4	—
Chinese	6.7	5.3	5.2	5.0	4.7	5.3	5.0	5.1	5.3	—
Japanese	9.0	7.5	6.6	6.2	6.2	7.3	7.3	6.8	7.5	—
Filipino	10.0	8.1	7.4	7.0	7.3	7.8	7.9	8.3	8.2	—
Hawaiian and part Hawaiian	—	—	7.2	6.5	7.2	6.8	6.8	7.2	7.2	—
Other Asian or Pacific Islander	—	—	6.8	6.2	6.7	7.1	7.4	7.5	7.8	—
Hispanic origin[b, d]	—	—	6.1	6.2	6.1	6.3	6.3	6.4	6.4	6.4
Mexican American	—	—	5.6	5.8	5.6	5.8	5.9	6.0	6.0	—
Puerto Rican	—	—	9.0	8.7	9.0	9.4	9.2	9.4	9.7	—
Cuban	—	—	5.6	6.0	5.7	6.5	6.5	6.8	6.5	—
Central and South American	—	—	5.8	5.7	5.8	6.2	6.0	6.3	6.5	—
Other and unknown Hispanic	—	—	7.0	6.8	6.9	7.5	7.7	7.9	7.6	—
Age										
Under age 15	16.6	14.1	14.6	12.9	13.3	13.5	12.8	13.6	13.1	12.8
15-19 years	10.5	10.0	9.4	9.3	9.3	9.3	9.3	9.5	9.5	9.6
20-24 years	7.4	7.1	6.9	6.9	7.1	7.3	7.4	7.4	7.5	7.6
25-29 years	6.9	6.1	5.8	5.9	6.2	6.4	6.5	6.6	6.7	6.7
30-34 years	7.5	6.8	5.9	6.1	6.4	6.7	6.8	6.9	7.0	7.0
35-49 years[e]	8.8	8.4	7.2	7.1	7.4	8.3	8.3	8.6	8.7	8.7

[a] Before 1979, low birthweight was defined as infants weighing 2,500 grams (5lb. 8oz.) or less. From 1979 and beyond, low birth weight defined as infants weighing less than 2,500 grams (5lb. 8oz.).

[b] Birth figures for Hispanic infants are based on data from 22 states that reported Hispanic origin on the birth certificate in 1980, 23 states and the District of Columbia in 1985, 48 states and the District of Columbia in 1990, 49 states and the District of Columbia in 1992, and 50 states and the District of Columbia since 1993.

[c] Excludes persons of Hispanic origin after 1990.

[d] Persons of Hispanic origin may be of any race.

[e] Data for 1997 and 1998 are for ages 35-54 years.

Sources: Curtin & Martin, 2000; Ventura, et al., 2000; Ventura, et al., 1999, Births, Tables 24, 25, and 45; Centers for Disease Control, National Center for Health Statistics, 1998, *Health, United States, 1998,* Table 11; and unpublished tabulations, Division of Vital Statistics, National Center for Health Statistics.

Table HC 2.2.B

Percent low birthweight[a] among singletons by race/Hispanic origin of mother: 1989-98

	1989[d]	1990[c]	1991[b]	1992[b]	1993	1994	1995	1996	1997	1998
Total	6.00	5.90	5.99	5.93	6.05	6.05	6.05	6.03	6.08	6.05
Non-Hispanic White	4.60	4.56	4.61	4.59	4.70	4.79	4.87	4.90	4.95	4.91
Non-Hispanic Black	12.22	11.92	12.15	11.91	11.90	11.79	11.66	11.55	11.46	11.44
Hispanic	5.35	5.23	5.29	5.22	5.34	5.37	5.36	5.34	5.43	5.40

[a] Low birthweight is less than 2,500 grams or 5lb 8oz.

[b] Excludes data for New Hampshire, which did not require reporting of Hispanic origin of mother.

[c] Excludes data for New Hampshire and Oklahoma which did not require reporting of Hispanic origin of mother.

[d] Excludes data for Louisiana, New Hampshire, and Oklahoma which did not require reporting of Hispanic origin of mother.

Sources: Martin & Park, Trends in twin and triplet births: 1980-1997; *National Vital Statistics Reports* 47(24). Hyattsville, MD: National Center for Health Statistics; Ventura, et al., 2000, Births; Ventura, et al., 1999, Births, Tables 24, 25 and 45.

Figure HC 2.2.A

Percentage of children born with low birthweight,[a] by mother's smoking status and age, race and Hispanic origin, 1998

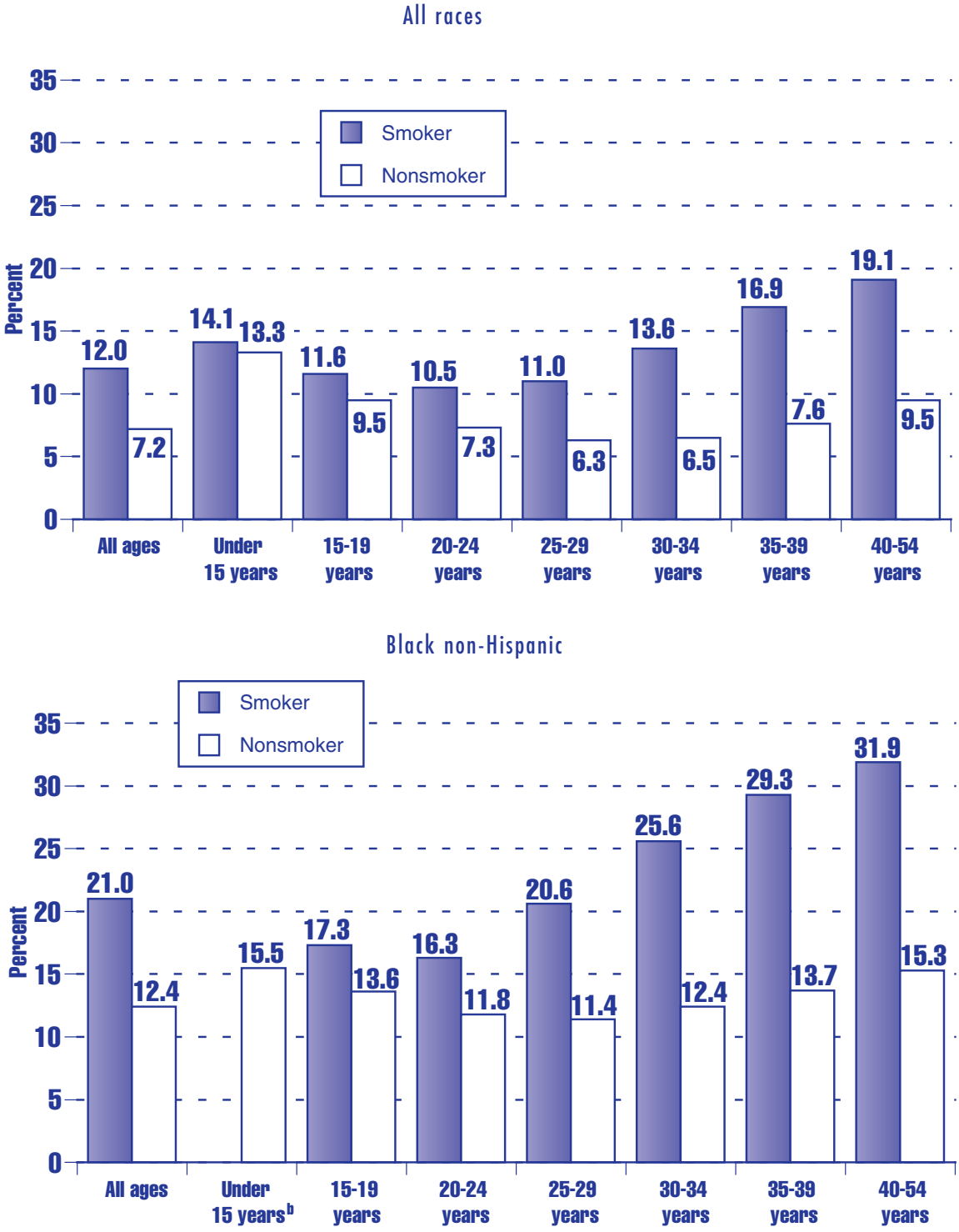
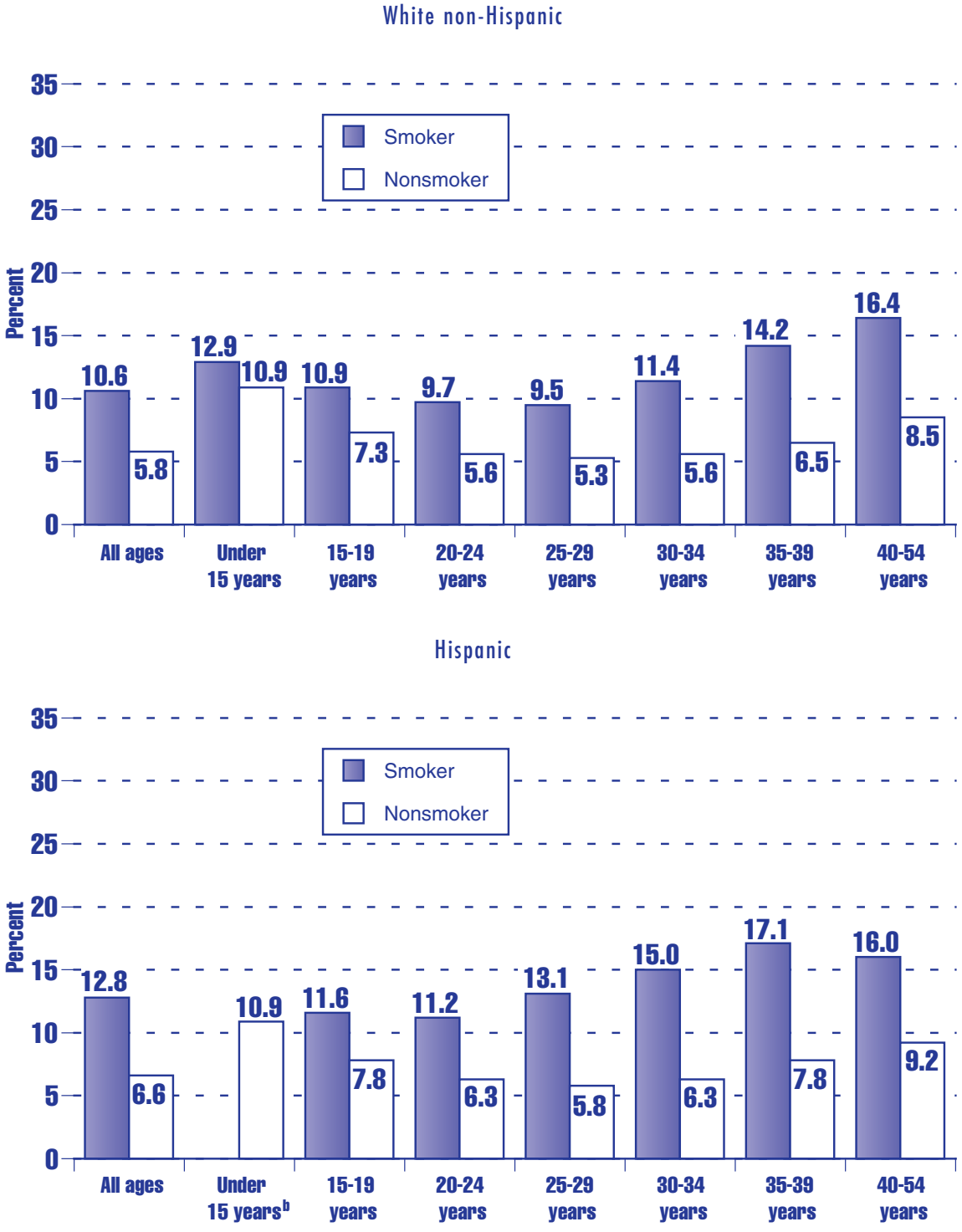


Figure HC 2.2.A continued

Percentage of children born with low birthweight,[a] by mother's smoking status and age, race and Hispanic origin, 1998



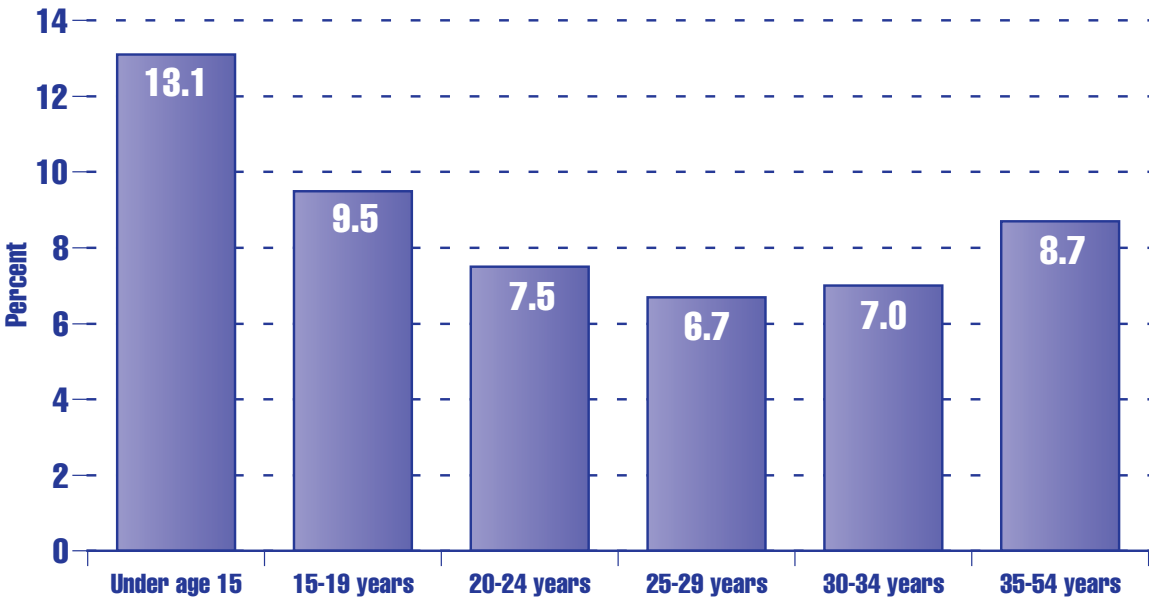
[a] Low birthweight defined as infants weighing less than 2,500 grams (5lb. 8oz.).

[b] Data for smokers under 15 years did not meet standards of reliability or precision; based on fewer than 20 births in numerator or denominator.

Sources: Ventura, et al., 2000, Births, Tables 24, 25, and 45.

Figure HC 2.2.B

Low birthweight[a] infants as a percentage of all infants born in the United States, by age of mother: 1998

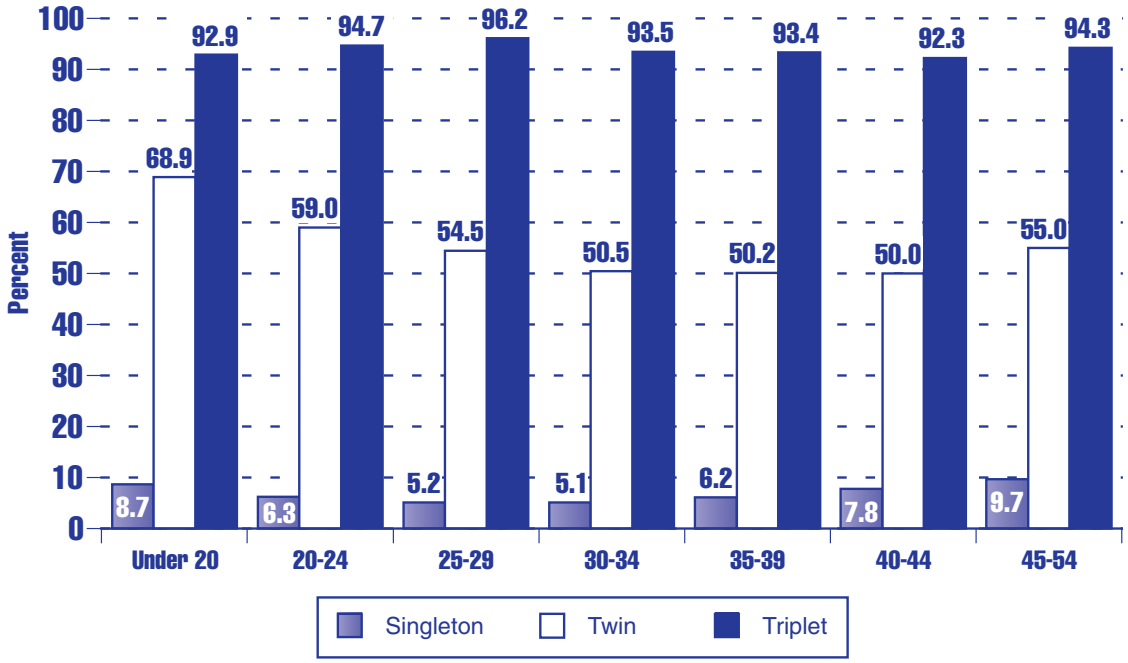


[a] Low birthweight defined as infants weighing less than 2,500 grams (5lb. 8oz.).

Sources: Ventura, et al., 1999, Births, Table 45.

Figure HC 2.2.C

Percentage of children born with low birthweight by plurality and age of mother: United States, 1998



Source: Unpublished tabulation, Division of Vital Statistics, National Center for Health Statistics, 2000.

Table HC 2.2.C

Very low birthweight[a] infants as a percentage of all infants born in the United States, by mother's race/ethnicity[b] and by age. Selected years: 1970-1998

	1970	1975	1980	1985	1990	1995	1996	1997	1998
Total	1.17	1.16	1.15	1.21	1.27	1.35	1.37	1.42	1.45
Race/ethnicity[b]									
White[c]	0.95	0.92	0.90	0.94	0.93	1.04	1.08	1.12	1.15
Black[c]	2.40	2.40	2.48	2.71	2.93	2.98	3.02	3.05	3.11
American Indian/ Alaska Native[c]	0.98	0.95	0.92	1.01	1.01	1.10	1.21	1.19	1.24
Asian/Pacific Islander[c]	—	—	0.92	0.85	0.87	0.91	0.99	1.05	1.10
Chinese	0.80	0.52	0.66	0.57	0.51	0.67	0.64	0.74	0.75
Japanese	1.48	0.89	0.94	0.84	0.73	0.87	0.81	0.78	0.84
Filipino	1.08	0.93	0.99	0.86	1.05	1.13	1.20	1.29	1.35
Hawaiian and part Hawaiian	—	—	1.05	1.03	0.97	0.94	0.97	1.41	1.53
Other Asian or Pacific Islander	—	—	0.96	0.91	0.92	0.91	1.04	1.07	1.12
Hispanic origin[d]	—	—	0.98	1.01	1.03	1.11	1.12	1.13	1.15
Mexican American	—	—	0.92	0.97	0.92	1.01	1.01	1.02	1.02
Puerto Rican	—	—	1.29	1.30	1.62	1.79	1.70	1.85	1.86
Cuban	—	—	1.02	1.18	1.20	1.19	1.35	1.36	1.33
Central and South American	—	—	0.99	1.01	1.05	1.13	1.14	1.17	1.23
Other and unknown Hispanic	—	—	1.01	0.96	1.09	1.28	1.48	1.35	1.38
Age									
Under age 15	—	3.10	3.40	3.10	3.20	3.15	3.16	3.06	3.28
15-19 years	—	1.80	1.70	1.80	1.80	1.74	1.72	1.78	1.81
20-24 years	—	1.10	1.10	1.20	1.30	1.31	1.32	1.37	1.38
25-29 years	—	0.90	1.00	1.00	1.10	1.16	1.22	1.24	1.27
30-34 years	—	1.00	1.00	1.10	1.20	1.24	1.26	1.33	1.37
35-49 years[e]	—	1.20	1.20	1.30	1.40	1.58	1.65	1.68	1.71

[a] Before 1979, very low birthweight defined infants weighing 1,500 grams (3lb. 4oz.) or less. From 1979 and beyond, very low birthweight defined as infants weighing less than 1,500 grams (3lb. 4oz.).

[b] Birth figures for Hispanic infants are based on data from 22 states that reported Hispanic origin on the birth certificate in 1980, 23 states and the District of Columbia in 1985, 48 states and the District of Columbia in 1990, 49 states and the District of Columbia in 1992, and 50 states and the District of Columbia since 1993.

[c] Includes persons of Hispanic origin until 1990. Beginning in 1990, persons of Hispanic origin are not included.

[d] Persons of Hispanic origin may be of any race.

[e] Data for 1997 and 1998 are for ages 35-54 years.

Sources: Ventura, et al., 2000, Births; Ventura, et al., 1999; Natality 1996, Tables 24, 25, and 45; Centers for Disease Control, National Center for Health Statistics, 2000, Health, Table 12; and unpublished tabulations, Division of Vital Statistics, National Center for Health Statistics.

HC 2.3 General Health Conditions: Percentage of Children in Very Good or Excellent Health

Most children in the United States are reported by their parents to be in very good or excellent health. The percentage of all children under age 18 reported to be in very good or excellent health has remained at about 80 percent since 1984.

Differences by Race. Parents' reports of their children's health vary by race. Between 1984 and 1996, black parents were less likely than white parents to report that their children were in very good or excellent health. In 1996, 75 percent of black children under age 5 were reported in very good or excellent health, compared with 82 percent of white children. Seventy percent of black children ages 5 to 17 were reported in very good or excellent health, compared with 81 percent of white children in this age group (see Table HC 2.3).

Differences by Family Income. Parents' reports of their children's health also vary by family income, with higher-income families more likely to report that their children are in very good or excellent health. For example, in 1997, 68 percent of children under age 18 who fell below the poverty line were reported to be in very good or excellent health, compared with 86 percent for children at or above the poverty line. Sixty-seven percent of children under age 5 in families with annual incomes under $10,000 were reported to be in very good or excellent health, compared with 87 percent of children in families with annual incomes of $35,000 or more in 1996. A similar pattern exists for children ages 5 to 17 (see Figure HC 2.3.A).

Table HC 2.3

Percentage of children under age 18 in the United States who are reported by their parents to be in very good or excellent health, by age, race, gender, poverty status, and family income:[a] Selected years, 1984–1997

	1984	1990	1992	1993	1994	1995	1996	1997[b]
Ages 0-17								
Total	78	81	80	79	79	81	80	81
Poverty status								
Below poverty	62	66	65	64	64	65	64	68
At or above poverty	82	84	83	83	83	85	84	86
Under age 5								
Total	79	81	80	80	81	81	81	62
Race								
White	81	83	82	82	83	83	82	86
Black	67	72	70	71	72	72	75	77
Gender								
Male	78	80	79	80	81	80	80	83
Female	79	82	81	80	81	82	81	84
Annual family income[a]								
Under $10,000	—	—	—	—	—	—	67	73
$10,000-$19,999	—	—	—	—	—	—	74	78
$20,000-$34,999	—	—	—	—	—	—	82	82
$35,000 or more	—	—	—	—	—	—	87	91
Poverty status								
Below poverty	66	69	67	68	68	66	68	74
At or above poverty	82	84	84	84	84	86	85	88
Ages 5-17								
Total	77	80	80	79	79	80	79	82
Race								
White	80	83	82	81	81	82	81	84
Black	65	68	68	70	68	70	70	70
Gender								
Male	78	81	80	79	79	80	79	81
Female	77	80	79	78	78	80	79	81
Annual family income[a]								
Under $10,000	—	—	—	—	—	—	59	64
$10,000-$19,999	—	—	—	—	—	—	68	69
$20,000-$34,999	—	—	—	—	—	—	77	76
$35,000 or more	—	—	—	—	—	—	88	89
Poverty status								
Below poverty	60	64	64	63	62	64	62	65
At or above poverty	81	84	83	82	82	85	83	85

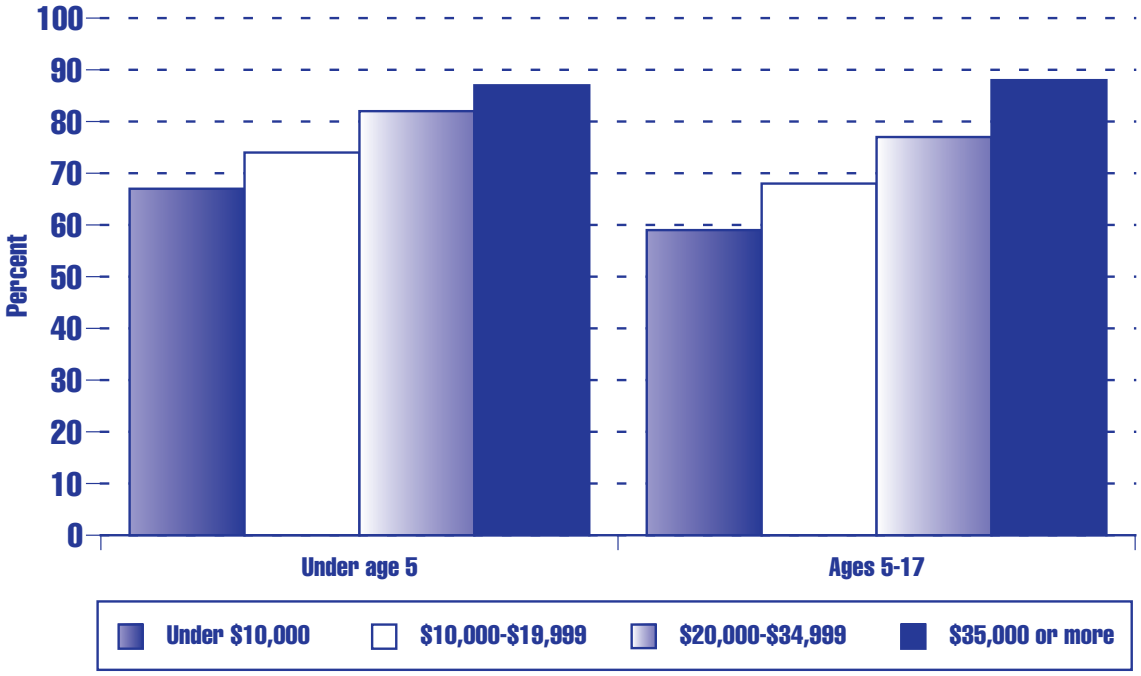
[a] Family income is not adjusted in the National Health Interview Survey for comparison over time; therefore, family income is shown only for the most recent year. Income breaks are those provided by the National Center for Health Statistics.

[b] In 1997, the National Health Interview Survey was redesigned. Data for 1997 are not strictly comparable with earlier data.

Sources: Data from the National Health Interview Survey, National Center for Health Statistics (unpublished tabulations provided by the Centers for Disease Control and Prevention and other estimates as published in *America's Children: Key National Indicators of Well-Being, 2000*, Federal Interagency Forum on Child and Family Statistics, Table HEALTH1, available online at http://childstats.gov/ac1998/xhealth1.htm); Benson, & Marono, 1996, Table 70; National Center for Health Statistics. Also previous issues of this report [Series 10, 156, 166, 181, 189, 190, and 199 (Table 70 in each)].

Figure HC 2.3.A

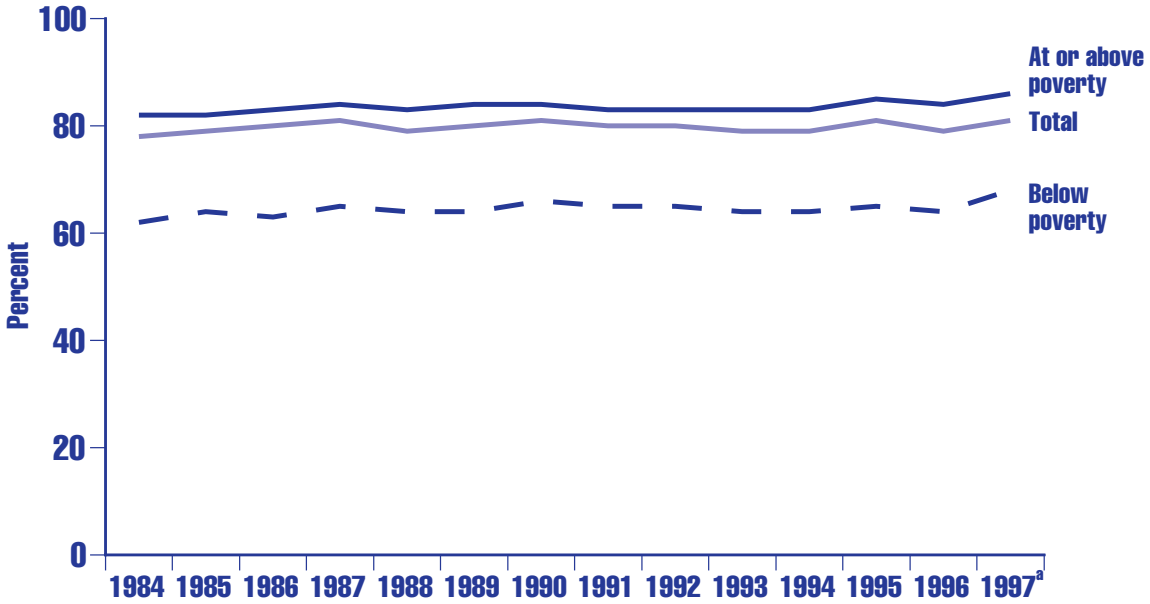
Percentage of children under age 18 in the United States who are reported by their parents to be in very good or excellent health, by age and family income: 1996



Source: Unpublished data from the National Health Interview Survey, provided by the National Center for Health Statistics.

Figure HC 2.3.B

Percentage of children under age 18 in the United States who are reported by their parents to be in very good or excellent health, by poverty status: 1984-1996



[a] In 1997, the National Health Interview Survey was redesigned. Data for 1997 are not strictly comparable with earlier data.

Sources: Data from the National Health Interview Survey, National Center for Health Statistics (unpublished tabulations provided by the Centers for Disease Control and other estimates as published in *America's Children: Key National Indicators of Well-Being, 1998*, Federal Interagency Forum on Child and Family Statistics, Table HEALTH1, available online at http://childstats.gov/ac1998/xhealth1.htm); Benson, & Marono, 1996, Table 70; Also previous issues of this report [Series 10, Nos. 156, 166, 181, 189, 190, and 199 (Table 70 in each)].

HC 2.4 Chronic Health Conditions

Chronic health problems can cause children to miss school and often require medical assistance and follow-up. Chronic conditions can also create stress for children and their parents, cause parents to miss work, and increase a family's medical expenses.

Over the period from 1984 to 1996, respiratory conditions were the most prevalent chronic health problems experienced by children under age 17 (see Table HC 2.4). The incidence of asthma and chronic sinusitis increased between 1984 and 1995 but decreased in 1996. Chronic sinusitis affected 47 children per thousand in 1984, 76 per thousand in 1995, and 64 per thousand in 1996. Meanwhile, asthma affected 43 children per thousand in 1984, compared with 75 per thousand in 1995 and 62 per thousand in 1996. Asthma attacks, which involve episodes of wheezing, breathlessness, and coughing, can range from mild to life-threatening, and children with asthma miss an average of twice as many school days as children without asthma.[28] The prevalence rate for asthma increased between 1980 and 1994 for all race groups, both sexes, and all age groups, with the most substantial increase among children under age 4 (a 160 percent increase) and ages 5 to 14 (a 74 percent increase).[29]

Between 1984 and 1996, the number of children suffering from chronic diseases of the tonsils or adenoids (34 and 20 per thousand in 1984 and 1996, respectively), hearing impairments (24 and 13), and anemia (11 and 5) decreased (see Table HC 2.4).

[28] U.S. Department of Health and Human Services Press Office. May 21, 1998. HHS Targets Efforts on Asthma. *Fact Sheet*. Available online at http://www.hhs.gov/news/press/1998.html.

[29] Mannino, D.M., Homa, D.M., Pertowski, C.A., Ashizawa, A, Nixon, L.L., Johnson, C.A., et al., 1998. Surveillance for Asthma: United States, 1960-1995. *Morbidity and Mortality Weekly Report* 47 (SS-1): 1-28.

Table HC 2.4

Selected chronic health conditions[a] for children under age 18 (rate per 1,000 children) in the United States: Selected years, 1984-1996

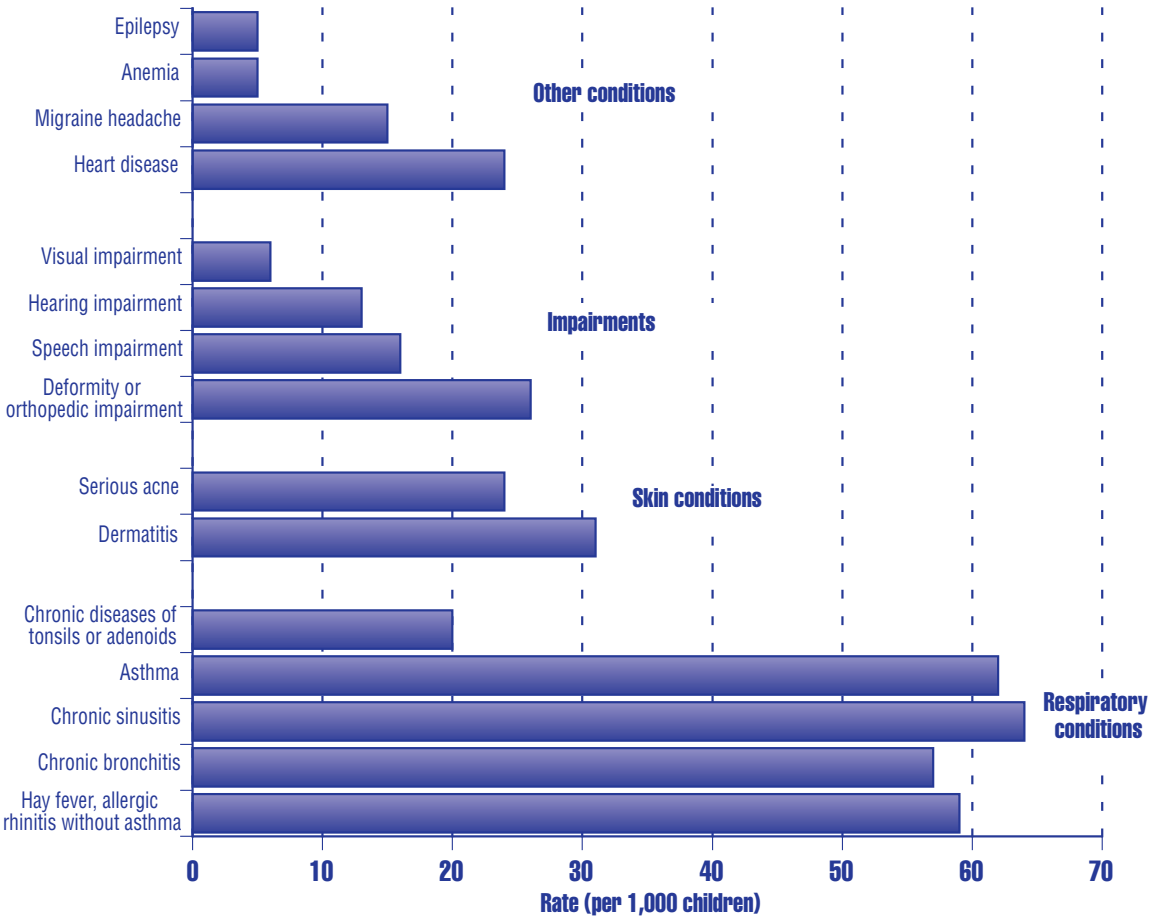
	Rate per 1,000							
	1984	1987	1990	1992	1993	1994	1995	1996
Respiratory conditions								
Hay fever, allergic rhinitis without asthma	61	64	57	71	57	61	66	59
Chronic bronchitis	50	62	53	54	59	55	54	57
Chronic sinusitis	47	58	57	69	80	65	76	64
Asthma	43	53	58	63	72	69	75	62
Chronic diseases of tonsils or adenoids	34	30	23	28	26	23	19	20
Skin conditions								
Dermatitis	39	32	31	41	36	38	35	31
Serious acne	26	26	26	25	28	29	26	24
Impairments								
Deformity or orthopedic impairment	35	36	29	33	29	28	30	26
Speech impairment	16	19	14	21	20	21	18	16
Hearing impairment	24	16	21	15	17	18	15	13
Visual impairment	9	10	9	10	7	9	7	6
Other conditions								
Heart disease	23	22	19	19	20	18	19	24
Migraine headache	11	8	14	13	13	16	13	15
Anemia	11	8	10	11	9	12	7	5
Epilepsy	7	4	4	3	5	5	4	5

[a] Chronic health conditions as defined in the National Health Interview Survey are conditions that either (a) were first noticed 3 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.

Sources: Unpublished data from the National Health Interview Survey, National Center for Health Statistics; Benson, & Marono, 1996, tables 57 and 62; also previous issues of this report [Series 10, 156, 166, 181, 189, 190, and 193 (Tables 57 and 62 in each)].

Figure HC 2.4

Selected chronic health conditions[a] for children under age 18 (rate per 1,000 children) in the United States: 1996



[a] Chronic health conditions as defined in the National Health Interview Survey are conditions that either (a) were first noticed 3 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.

Source: Unpublished data from the National Health Interview Survey, National Center for Health Statistics.

HC 2.5 Overweight Prevalence Among Children and 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 hypertension, coronary heart disease, gallbladder disease, noninsulin-dependent diabetes, and some cancers.[30] Because being overweight in childhood and adolescence increases the risk of being overweight in adulthood, the trends in overweight prevalence among children and youth have become an important public health concern. Overall, the percentage of children ages 6 through 17 who are overweight has increased more than twofold since the 1960s, with the largest increases seen since 1980 (see Table HC 2.5).[31]

Differences by Age. In the earliest period shown in Table HC 2.5 (1963-1965), 5 percent of children ages 6 through 11 were overweight, with this percentage rising to 13.6 percent in the last period (1988-1994). Similar increases are shown among older children ages 12 through 17, although overweight prevalence has been about two percentage points lower for older children in the later time periods.

Differences by Gender. In the latest time period (1988-1994), 14.7 percent of males ages 6 through 11 were overweight, compared with 12.6 percent of females; 12.4 percent of males ages 12 through 17 were overweight, compared with 10.5 percent of females.

Differences by Race. In later years, overweight prevalence among male children (ages 6 through 11) and adolescents (ages 12 through 17) ranges within one percentage point between black and white males. The percentage of overweight black female children and adolescents is nearly six percentage points above that of their white peers (see Figure HC 2.5).

[30] Troiano, R.P., Flegal, K.M., Kuczmarski, R.J., Campbell, S.M., & Johnson, C.L. 1995. Overweight Prevalence and Trends for Children and Adolescents: The National Health and Nutrition Examination Surveys, 1963-1991. *Archives of Pediatrics and Adolescent Medicine* 149 (October).

[31] Overweight is defined as body mass index (BMI) at or above the sex- and age-specific 95th percentile BMI cutoff points calculated at 6-month age intervals for children ages 6 through 11 [from the 1963-65 National Health Examination Survey (NHES)] and for adolescents ages 12 through 17 (from the 1966-70 NHES). Age is at time of examination at mobile examination center. This definition differs from that reported in earlier versions of this report, which was based on children at or above the 85th percentile of BMI.

Table HC 2.5

Percentage of overweight[a] children and adolescents in the United States, by age, gender, and race:[b] Selected years, 1963-1994

	1963-1965	1966-1970	1971-1974	1976-1980	1988-1994
Ages 6-11					
Total	5.0	—	5.5	7.6	13.6
Male	4.9	—	6.5	8.1	14.7
White	5.4	—	6.6	8.1	14.6
Black	1.7	—	5.6	8.6	15.1
Female	5.2	—	4.4	7.1	12.6
White	5.1	—	4.4	6.5	11.7
Black	5.3	—	4.5	11.5	17.4
Ages 12-17					
Total	—	5.0	6.2	5.6	11.4
Male	—	5.0	5.3	5.3	12.4
White	—	5.2	5.5	5.3	13.1
Black	—	3.6	4.4	6.0	12.1
Female	—	5.0	7.2	6.0	10.5
White	—	4.8	6.6	5.4	10.0
Black	—	6.4	10.5	10.2	16.1

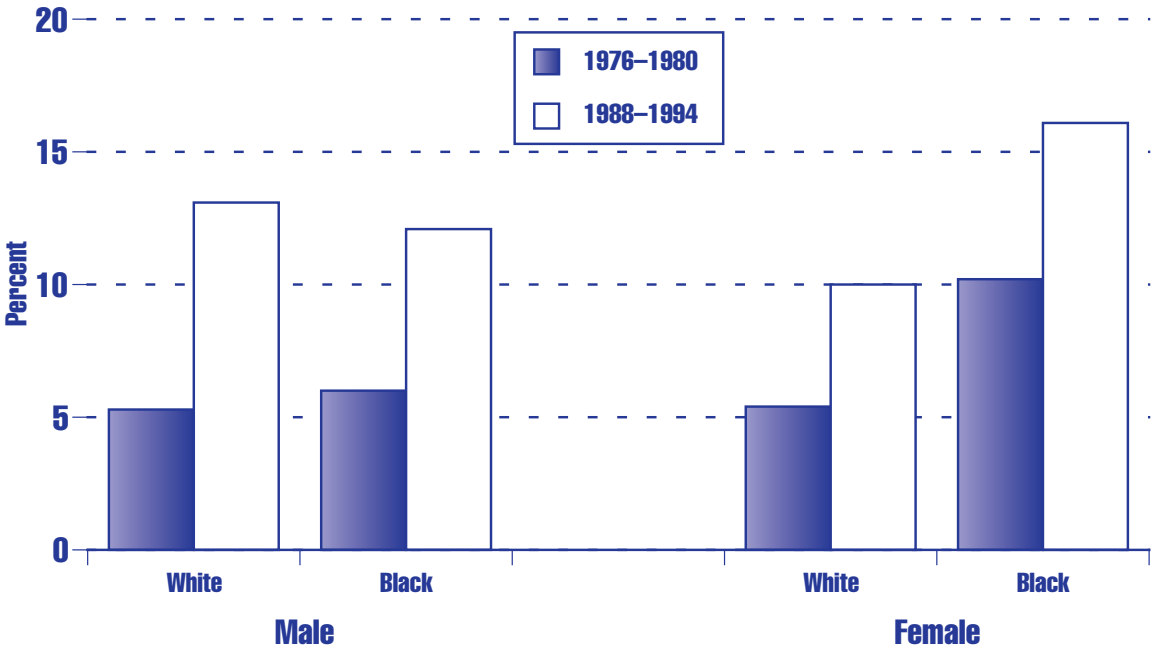
[a] Overweight is defined as body mass index (BMI) at or above the sex- and age-specific 95th percentile BMI cutoff points calculated at 6-month age intervals for children ages 6 through 11 [from the 1963-1965 National Health Examination Survey (NHES)] and for adolescents ages 12 through 17 (from the 1966-70 NHES). Age is at time of examination at mobile examination center. This definition differs from that reported in earlier versions of this report, which was based on children at or above the 85th percentile of BMI.

[b] Totals for male and female children and adolescents include data for race groups not shown separately.

Sources: Centers for Disease Control, National Center for Health Statistics, 1998, *Health, United States, 1998, With Socioeconomic Status and Health Chartbook,* Table 71; Estimates were calculated from the National Health Examination Survey (1963-1965 for ages 6 through 11, and 1966-1970 for ages 12 through 17) and from the National Health and Nutrition Examination Survey (NHANES; 1971-1974 for NHANES I, 1976-1980 for NHANES II, and 1988-1994 for NHANES III).

Figure HC 2.5

Percentage of overweight[a] adolescents (ages 12 through 17) in the United States, by gender and race: 1976-1980 and 1988-1994



[a] Overweight is defined as body mass index (BMI) at or above the sex- and age-specific 95th percentile BMI cutoff points calculated at 6-month age intervals for children ages 6 through 11 [from the 1963-1965 National Health Examination Survey (NHES)] and for adolescents ages 12 through 17 (from the 1966-70 NHES). Age is at time of examination at mobile examination center. This definition differs from that reported in earlier versions of this report, which was based on children at or above the 85th percentile of BMI.

Source: Centers for Disease Control, National Center for Health Statistics, 1998, *Health, United States, 1998*.

HC 2.6 Abuse and Neglect

Abuse and neglect cause physical and/or emotional harm to children. They can produce short-term psychological consequences that range from poor peer relations to violent behavior, as well as untold long-term psychological and economic consequences when children reach adulthood.[32] They can result in serious injury or, in extreme cases, death.

According to data from the most comprehensive annual data collection efforts undertaken to date, there were an estimated 903,395 child victims of maltreatment in 1998 (see Table HC 2.6). Of these cases, 23 percent were classified as physical abuse, 12 percent as sexual abuse, 54 percent as neglect, 2 percent as medical neglect, 6 percent as emotional maltreatment, and 26 percent as "other" or "unknown" types of maltreatment.[33]

Between 1990 and 1994, the total estimated number of victims increased by 20 percent from 860,577 to 1,029,118 in 1994. However, between 1994 and 1998, the total estimated number of victims fell by 12 percent from 1,209,118 to 903,395.

The number of victims shown in Table HC 2.6 may substantially understate the actual number of victims of maltreatment. In order for a child to be included in these counts, a report must first be made to child welfare authorities, an investigation undertaken, and a determination made that maltreatment occurred.

Another data source, the third National Incidence Study of Child Abuse and Neglect, yields a much higher estimate of the total number of cases of child maltreatment—possibly as high as 2.8 million children in 1993. This study includes (1) all cases determined to be substantiated or indicated by child protective services[34] and (2) cases known to community professionals but not necessarily reported to child protective services (in a representative sample of counties).

Differences by Race. Black children, who account for about 15 percent of the child population, constituted 25 percent of all child abuse and neglect victims in 1998. Whites accounted for 55 percent of all victims and Hispanics 12 percent of all victims (see Table HC 2.6).

Differences by Age. No age group accounts for an obviously disproportionate share of abuse and neglect victims. In 1998, infants age 1 and under accounted for 14 percent of all victims; children ages 2 to 5 accounted for 24 percent; children ages 6 to 9 accounted for 25 percent; children ages 10 to 13 accounted for 20 percent, and children ages 14 to 17 accounted for 15 percent (see Table HC 2.6).

[32] Many studies have demonstrated a correlation between child abuse and neglect and serious adult problems, including violence, incarceration, and mental illness. However, these studies have not been able to separate the effects of child abuse and neglect from other factors that are correlated with it, including poverty, education, parenting skills, etc.

[33] These percentages add up to over 100 because individual cases may include more than one type of maltreatment.

[34] According to the National Incidence Study, in 1993, only 28 percent of maltreatment cases identified by the study were investigated—a significant decrease from the 44 percent investigated in 1986. The cause of this drop is not clear.

Table HC 2.6

Victims of child maltreatment in the United States. Substantiated incidences by type of maltreatment, race/ethnicity, gender and age: 1990-1998

	1990	1991	1992	1993	1994	1995	1996	1997	1998
Number of victims, per 1,000 children[a]	860,577	911,690	994,655	1,026,331	1,029,118	1,005,511	1,011,973	956,711	903,395
Type of sustantiated maltreatment[b]									
Neglect	49	46	50	49	52	52	52	55	54
Physical Abuse	27	26	23	24	24	24	24	24	23
Sexual Abuse	17	16	14	14	14	13	12	12	12
Psychological or Emotional	7	6	5	5	5	4	6	6	6
Abuse or Neglect[c]	0	2	3	2	2	3	3	2	2
Other and Unknown	10	13	21	17	16	17	19	12	26
Gender									
Male	44	45	45	41	41	40	39	40	47
Female	50	52	51	47	46	45	43	44	51
Unknown	7	3	4	11	14	15	17	16	2
Age of victim[d]									
1 year and younger	13	14	13	12	12	11	11	11	14
2 to 5 years old	24	25	25	23	23	23	22	21	24
6 to 9 years old	22	23	23	21	20	21	21	21	25
10 to 13 years old	19	20	19	18	17	17	16	17	20
14-17 years old	14	15	15	14	13	13	13	12	15
18 and over	1	1	1	1	1	1	1	0	1
Unknown	8	4	5	12	14	15	18	18	2
Race/ethnicity of victim[e]									
White	5	56	53	51	48	47	50	49	55
African American	25	27	27	25	25	24	22	22	25
American Indian/ Alaska Native	1	1	1	1	1	1	2	2	2
Asian/Pacific Islander	1	1	1	1	1	1	1	1	1
Other races	1	2	2	1	1	2	3	3	2
Hispanic origin	10	10	10	9	9	9	9	9	12
Unknown race	9	5	6	13	15	16	14	25	14

[a] For the 50 states and the District of Columbia. The number of reporting states on which these estimates are based varies from year to year.

[b] More than one type of maltreatment may be substantiated per child. Therefore, the percentage total may add up to more than 100.

[c] Medical neglect was not reported in 1990.

[d] Some states have included persons ages 18 and older in their statistics on child abuse and neglect. Because these persons are considered victims of child maltreatment under the laws of their state, statistics in this table include these persons. Such individuals accounted for fewer than 1 percent of all victims.

Note: All data presented are from the National Child Abuse and Neglect Data System (NCANDS), which annually collects information from state child protective agencies. Because state agencies may modify or correct data submitted in a previous year, some findings differ from previously published data. Also, subgroup percentages may be based on data from fewer states than the number of states contributing to the total because all states do not provide demographic information.

Source: U.S. Department of Health and Human Services, Children's Bureau, 2000.

HC 2.7 Suicidal Teens: Youth Who Have Thought Seriously About or Attempted Suicide

Suicide is a major cause of death among youth (see Section HC 1.5). Attempted suicide has been related to mental health problems including depression and adjustment or stress reactions, as well as to substance abuse.[35]

In 1999, 19 percent of youth in grades 9 through 12 report having seriously considered suicide during the previous 12 months (see Table HC 2.7.A). During the same time period, 8 percent report having actually attempted suicide during the previous year (see Table HC 2.8.B). These rates are considerably higher than the proportion of youth who actually commit suicide (see Section HC 1.5).

Differences by Race and Hispanic Origin.[36] In 1999, black youth report the lowest rates of considering suicide at 15 percent. Eighteen percent of whites report having seriously considered suicide in the previous year. Hispanic youth report the highest rates of considering suicide, at 20 percent. (See Table HC 2.7.A.) Rates of reported attempted suicide range from 7 percent for whites and blacks to 13 percent for Hispanics (see Table HC 2.7.B).

Differences by Gender. In 1999, female youth were more likely than male youth to report having thought seriously about suicide (25 percent versus 14 percent) and having attempted suicide (11 percent versus 6 percent) during the previous year (see Figure HC 2.7). However, the rate of actual suicides, particularly among teens ages 15 to 19, is considerably higher for males than for females, as discussed in Section HC 1.5.

[35] Alcohol, Drug Abuse, and Mental Health Administration. 1989. *Report of the Secretary's Task Force on Youth Suicide*. Publication No. (ADM)899-1621. Washington, D.C.: U.S. Department of Health and Human Services, 1989. Cited in *Healthy People 2000: National Health Promotion and Disease Prevention Objectives, Conference Edition*. U.S. Department of Health and Human Services.

[36] Estimates for white and black youth exclude Hispanics of those races.

Table HC 2.7.A

Percentage of teens in the United States in grades 9 through 12 who report having seriously considered suicide in the previous 12 months, by gender, grade, and race and Hispanic origin:[a] Selected years, 1990-1999

	1990	1991	1993	1995	1997	1999
Total	27	29	24	24	21	19
Male	21	21	19	18	15	14
Female	34	37	30	30	27	25
Grade						
Ninth	30	29	24	26	22	18
Tenth	26	29	25	25	22	22
Eleventh	29	32	25	26	21	18
Twelfth	23	26	23	20	18	18
Race and Hispanic origin[a]						
White	28	30	24	25	20	18
Black	20	22	20	20	16	15
Hispanic	30	27	26	25	23	20

[a] Estimates for whites and blacks exclude Hispanics of those races. Persons of Hispanic origin may be of any race.

Sources: Centers for Disease Control and Prevention, 1990-1991 Youth Risk Behavior Surveillance System, Table 1, p. 9; table 1, p. 66; Kann, et al., 1995: Table 10, p. 32; Kann, et al., 1996: Table 10, p. 41; Kann, et al., 1998, Table 10, p. 47.

Table HC 2.7.B

Percentage of teens in the United States in grades 9 through 12 who report having attempted suicide in the previous 12 months, by gender, grade, and race and Hispanic origin:[a] Selected years, 1990-1999

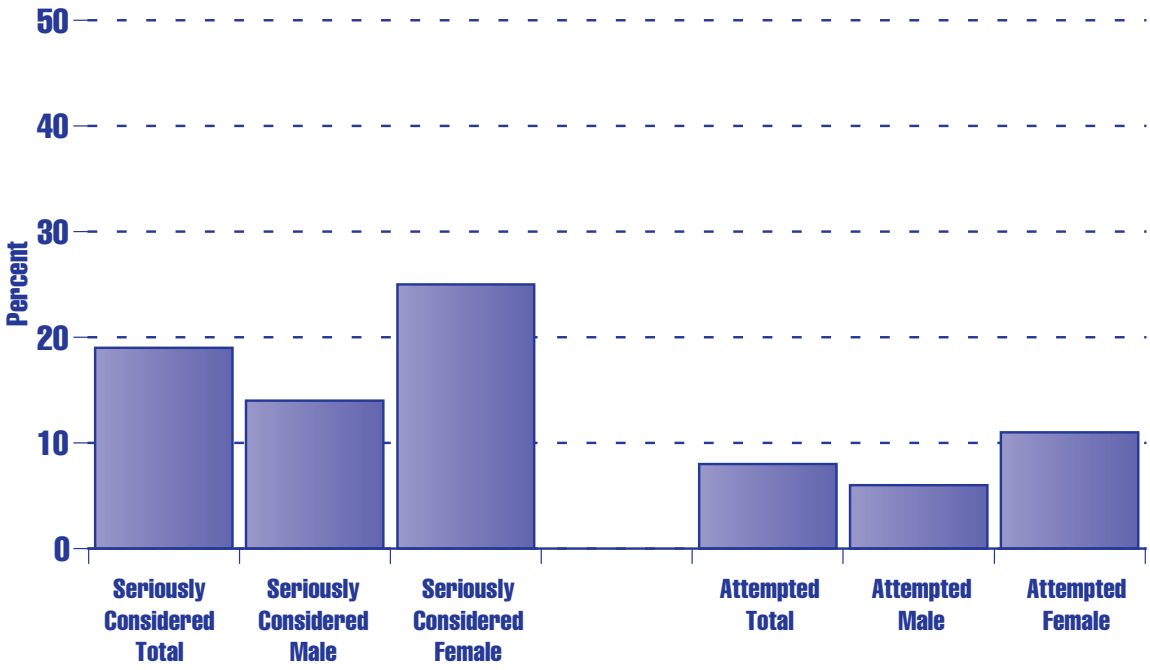
	1990	1991	1993	1995	1997	1999
Total	8	7	9	9	8	8
Male	6	4	5	6	5	6
Female	10	11	13	12	12	11
Grade						
Ninth	9	9	10	11	11	10
Tenth	9	8	9	10	9	11
Eleventh	8	6	8	9	8	6
Twelfth	7	6	7	6	5	6
Race and Hispanic origin[a]						
White	8	7	8	8	6	7
Black	7	7	8	10	7	7
Hispanic	12	8	14	13	11	13

[a]Estimates for whites and blacks exclude Hispanics of those races. Persons of Hispanic origin may be of any race.

Sources: Centers for Disease Control and Prevention, 1990-1991 Youth Risk Behavior Surveillance System, Table 1, p. 9; Table 1, p. 66; Kann, 1995, Table 10, p. 32; Kann, 1996, Table 10, p. 41; Kann, L., 1998, Table 10, p. 47.

Figure HC 2.7

Percentage of teens in the United States in grades 9 through 12 who report having seriously considered suicide or attempted suicide in the previous 12 months, by gender: 1999



Sources: Centers for Disease Control and Prevention. Kann, 1998: Table 10, p. 47.

HC 2.8 Activity Limitations

Activity limitations refer to long-term reductions in activities resulting from a chronic disease or impairment.[37] Two types of activity limitations are examined here: limitations in major activities and limitations in any activity. A person is classified as having an activity limitation if he or she reports (1) an inability to perform the major activity for a person in his or her age group, (2) being able to perform the major activity but being limited in the kind or amount of this activity, or (3) not being limited in the major activity but being limited in the kind or amount of other activities. For children under age 5, the major activity consists of ordinary play. For children ages 5 to 17, the major activity is attending school. Children are classified as being limited in a major activity if they are unable to engage in the major activity or are limited in the kind or amount of this activity (classifications (1) and (2) above).

In 1996, 6.1 percent of all children under age 18 had a chronic condition that limited their activity (see Table HC 2.8.A), while 4.4 percent were limited in a major activity due to a chronic condition (see Table HC 2.8.B).

Differences by Age. Children ages 5 through 17 are more likely to experience an activity limitation due to a chronic condition than are younger children. In 1997, 3.4 percent of children under age 5 had an activity limitation due to a chronic condition, compared with 6.4 percent of older children. These differences by age can be seen across family income, gender, race, and Hispanic origin categories (see Table HC 2.8.A).

Differences by Gender. Males have consistently accounted for a greater percentage of children under 18 with an activity limitation due to a chronic condition. In 1997, 8.3 percent of males, compared with 4.7 percent of females, had activity limitations that were caused by a chronic condition (see Table HC 2.8.A). Looking only at limitations in major activities in 1996, 5.5 percent of males under age 18 had such limitations, compared with 3.2 percent of females (see Figure HC 2.8.B).

Differences by Race and Hispanic Origin.[38] In 1996, 8.4 percent of black children under age 18 had any activity limitation, compared with 5.7 percent of white children and 6.3 percent of Hispanic children (see Table HC 2.9.A). Black children also suffered from restrictions in their major activities more frequently than white children (see Figure HC 2.8.B).

Differences by Income. Children under age 18 who were below the poverty line were much more likely to have an activity limitation than nonpoor children in 1997: 8.8 versus 6.4 percent (see Figure HC 2.8 A). Even for children under age 5, who in general have fewer limitations than older children, the disparity between the poor and nonpoor incidence of activity limitation is striking: 3.2 percent of nonpoor children and 4.5 percent of poor children were limited in some activity.

[37] A disease or impairment is classified as chronic if it has been apparent for at least 3 months or is a new condition that will ordinarily last for more than 3 months.

[38] Estimates for white and black children exclude Hispanics of those races.

Table HC 2.8.A

Percentage of children under age 18 in the United States with any activity limitation[a] due to a chronic condition,[b] by family income, age, gender, poverty status, and race and Hispanic origin:[c] Selected years 1984-1997

	1984	1990	1991	1992	1993	1994	1995	1996	1997
Under 18 total	5.0	4.9	5.8	6.1	6.6	6.7	6.0	6.1	6.5
Gender									
Male	5.9	5.6	6.8	7.1	7.8	7.9	7.4	7.4	8.3
Female	4.0	4.2	4.7	5.0	5.3	5.6	4.6	4.7	4.7
Race and Hispanic origin[c]									
White, non-Hispanic	4.9	5.0	5.8	6.0	6.7	6.6	6.0	5.7	7.0
Black, non-Hispanic	5.6	5.5	6.7	7.5	7.7	8.9	7.3	8.4	7.3
Hispanic	4.7	4.1	5.5	5.3	5.6	5.7	5.8	6.3	4.8
Poverty status									
Below poverty	7.1	6.7	8.8	9.2	9.5	9.7	9.2	9.7	8.8
At or above poverty	4.4	4.6	5.1	5.3	5.9	6.0	5.4	5.3	6.4
Under 5 total	2.5	2.2	2.4	2.8	2.8	3.1	2.7	2.6	3.4
Gender									
Male	2.7	2.6	2.7	3.3	3.1	3.4	3.3	3.3	4.2
Female	2.3	1.7	2.1	2.2	2.5	2.7	2.0	1.7	2.7
Race and Hispanic origin[c]									
White, non-Hispanic	2.3	2.1	2.4	2.5	2.4	2.7	2.7	1.8	3.6
Black, non-Hispanic	3.3	2.9	3.2	4.2	4.7	5.0	3.5	4.8	4.5
Hispanic	2.5	2.0	1.8	2.5	2.7	3.1	2.5	3.5	2.4
Poverty status									
Below poverty	4.0	3.0	4.3	4.5	4.3	5.2	3.9	4.9	4.5
At or above poverty	2.0	2.0	2.0	2.3	2.4	2.5	2.4	1.7	3.2
Ages 5-17 total	6.1	6.1	7.2	7.5	8.1	8.2	7.4	7.5	6.4
Gender									
Male	7.3	6.9	8.5	8.7	9.8	9.7	9.0	9.0	9.9
Female	4.8	5.2	5.9	6.2	6.4	6.7	5.6	5.9	5.5
Race and Hispanic origin[c]									
White, non-Hispanic	6.0	6.2	7.1	7.4	8.4	8.1	7.2	7.1	8.2
Black, non-Hispanic	6.7	6.7	8.2	9.0	9.0	10.6	8.9	9.8	8.3
Hispanic	5.8	5.1	7.2	6.7	7.1	7.0	7.5	7.7	5.9
Poverty status									
Below poverty	8.7	8.5	11.0	11.7	12.2	11.9	11.8	12.1	10.7
At or above poverty	5.5	5.6	6.4	6.6	7.2	7.4	6.5	6.6	7.5

[a] Persons are classified in terms of the major activity usually associated with their particular age group. The major activities for children are ordinary play for children under 5 years of age and attending school for those 5-17 years of age. A person is classified as having an activity limitation if he or she is unable to perform the major activity, is able to perform the major activity but is limited in the kind or amount of this activity, or is not limited in the major activity but is limited in the kind or amount of other activities.

[b] A condition is considered chronic if the respondent indicates it was first noticed more than 3 months before the reference date of the interview, or it is a type of condition that ordinarily has a duration of more than 3 months.

[c] Estimates for whites and blacks exclude Hispanics of those races. Persons of Hispanic origin may be of any race.

Sources: Data from the National Health Interview Survey, National Center for Health Statistics (provided by the Centers for Disease Control and Prevention and as published in *America's Children: Key National Indicators of Well-Being, 1998,* Federal Interagency Forum on Child and Family Statistics, Table HEALTH2, available online at http://childstats.gov/ac1998/xhealth2.htm); Benson, & Marono, 1995. Previous issues of this report [Series 10, 181, 184, 189, and 193)].

Table HC 2.8.B

Percentage of children under age 18 in the United States with any activity limitation in a major activity[a] due to a chronic condition,[b] by gender and race: Selected years, 1983-1996

	1983	1985	1990	1991	1992	1993	1994	1995	1996
Total	3.5	3.7	3.6	4.2	4.4	4.6	4.9	4.3	4.4
Gender									
Male	4.2	4.4	4.2	5.0	5.2	5.6	6.0	5.5	5.5
Female	2.8	2.9	3.0	3.3	3.7	3.5	3.8	3.1	3.2
Race									
White	3.4	3.5	3.5	4.1	4.3	4.5	4.7	4.2	4.1
Black	4.5	4.6	4.2	5.2	6.0	5.7	6.7	5.5	6.2

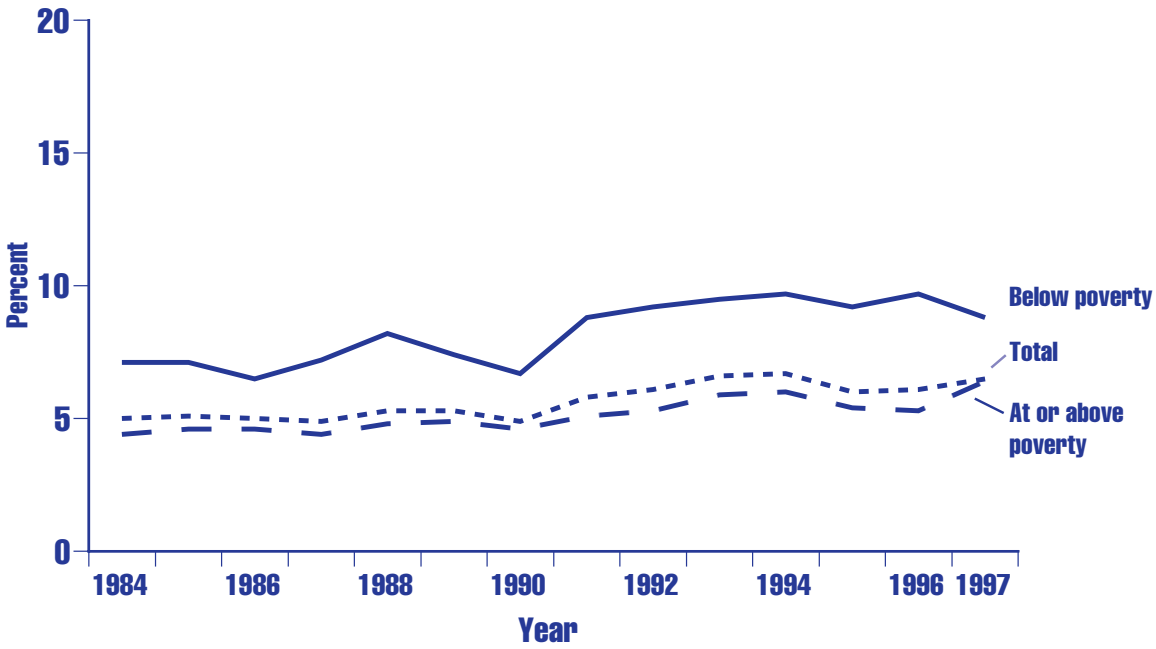
[a] Persons are classified in terms of the major activity usually associated with their particular age group. The major activities for children are ordinary play for children under 5 years of age and attending school for those 5-17 years of age. A person is classified as having an activity limitation in a major activity if he or she is unable to perform the major activity or is able to perform the major activity but is limited in the kind or amount of this activity.

[b] A condition is considered chronic if the respondent indicates it was first noticed more than 3 months before the reference date of the interview, or it is a type of condition that ordinarily has a duration of more than 3 months.

Sources: Unpublished data from the National Health Interview Survey, National Center for Health Statistics; Benson, & Marono, 1996, Table 67; Previous issues of this report. [Series 10, 154, 163, 181, 184, 189, 190, and 193 (Table 67 in each)].

Figure HC 2.8.A

Percentage of children under age 18 in the United States with any activity limitation[a] due to a chronic condition,[b] by poverty status: 1984-1997



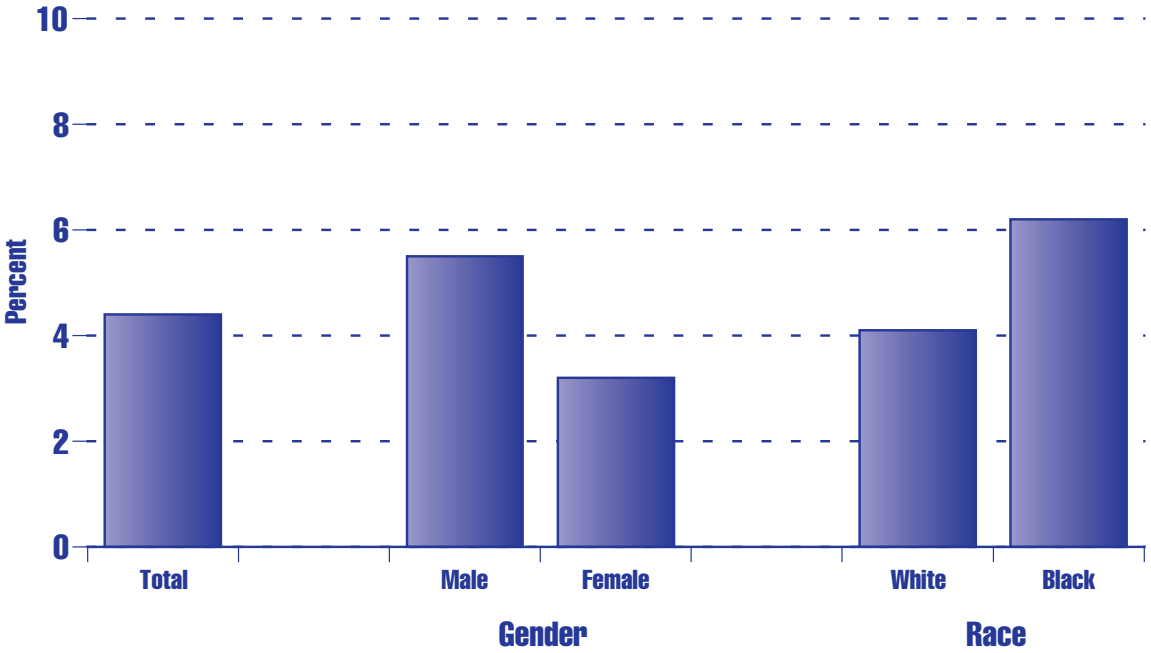
[a] Persons are classified in terms of the major activity usually associated with their particular age group. The major activities for children are ordinary play for children under 5 years of age and attending school for those 5-17 years of age. A person is classified as having an activity limitation if he or she is unable to perform the major activity, is able to perform the major activity but is limited in the kind or amount of this activity, or is not limited in the major activity but is limited in the kind or amount of other activities.

[b] A condition is considered chronic if the respondent indicates it was first noticed more than 3 months before the reference date of the interview, or it is a type of condition that ordinarily has a duration of more than 3 months.

Sources: Data from the National Health Interview Survey, National Center for Health Statistics (provided by the Centers for Disease Control and Prevention and as published in *America's Children: Key National Indicators of Well-Being, 1998*, Federal Interagency Forum on Child and Family Statistics, Table HEALTH2, available online at http://childstats.gov/ac1998/xhealth2.htm); Benson, & Marono, 1995. Previous issues of this report [Series 10, 181, 184, 189, and 193)].

Figure HC 2.8.B

Percentage of children under age 18 in the United States with an activity limitation in a major activity[a] due to a chronic condition,[b] by gender and by race: 1996



[a] Persons are classified in terms of the major activity usually associated with their particular age group. The major activities for children are ordinary play for children under 5 years of age and attending school for those 5-17 years of age. A person is classified as having an activity limitation in a major activity if he or she is unable to perform the major activity or is able to perform the major activity but is limited in the kind or amount of this activity.

[b] A condition is considered chronic if the respondent indicates it was first noticed more than 3 months before the reference date of the interview, or it is a type of condition that ordinarily has a duration of more than 3 months.

Source: Unpublished data from the National Health Interview Survey, National Center for Health Statistics.

HC 2.9 Serious Violent Victimization of Teens

Serious violent crimes include aggravated assaults,[39] rape, and robbery (stealing by force or threat of violence). In order to keep track of the incidence of these and other crimes, the Bureau of Justice Statistics has been administering the National Crime Victimization Survey on an annual basis since 1972.

Among youth ages 12 to 17, rates of victimization for violent crimes remained relatively constant from 1980 to 1994, ranging from 34.3 to 43.8 per thousand.[40] Between 1994 and 1998, the rate dropped from 41.3 to 24.6 per 1,000 (see Table HC 2.9).

Differences by Gender. Male youth are considerably more likely than female youth to be victims of violent crimes. In 1998, 32.2 per 1,000 males ages 12 through 17 were victims of violent crimes, compared with 16.5 per 1,000 females (see Figure HC 2.9).

Differences by Race. The rate of violent victimization of white teens ranged from 25.5 to 40.1 per 1,000 between 1980 and 1998, in comparison to 30.4 to 77.0 per 1,000 for black youth. Black youth have consistently been more likely than white youth to be victims of violent crimes. In 1998, 31.0 black youths per 1,000 were victims of violent crime, compared with 24.2 per 1,000 among white youth ages 12 through 17 (see Table HC 2.9).

Table HC 2.9

Serious violent victimization[a] of youth ages 12 through 17 in the United States (rates per 1,000), by age, race, and gender: Selected years, 1980-1998

	1980	1985	1990	1991	1992	1993	1994	1995	1996	1997	1998
Age											
12-17 years	37.6	34.3	43.2	40.7	38.8	43.8	41.3	28.3	30.3	27.1	24.6
12-14 years	33.4	28.1	41.2	37.8	37.6	38.0	34.5	26.7	24.9	23.5	20.4
15-17 years	41.4	40.3	45.2	43.6	40.1	49.9	48.5	30.0	35.8	30.7	28.6
Race											
White	34.1	34.4	37.0	40.1	35.2	40.0	38.0	25.5	27.7	27.6	24.2
Black	60.2	35.2	77.0	48.0	54.3	71.5	63.0	44.5	43.4	30.4	31.0
Other	21.7	28.8	37.3	25.0	48.7	17.6	27.5	23.7	31.2	9.7	11.7
Gender											
Male	54.8	49.8	60.5	60.7	49.8	53.9	51.5	39.0	40.4	33.1	32.2
Female	19.7	18.2	24.9	19.6	27.2	33.1	30.6	17.0	19.7	20.8	16.5

[a] Serious violent victimization is defined as being a victim of a violent crime, including aggravated assaults, rape, and robbery (stealing by force or threat of violence).

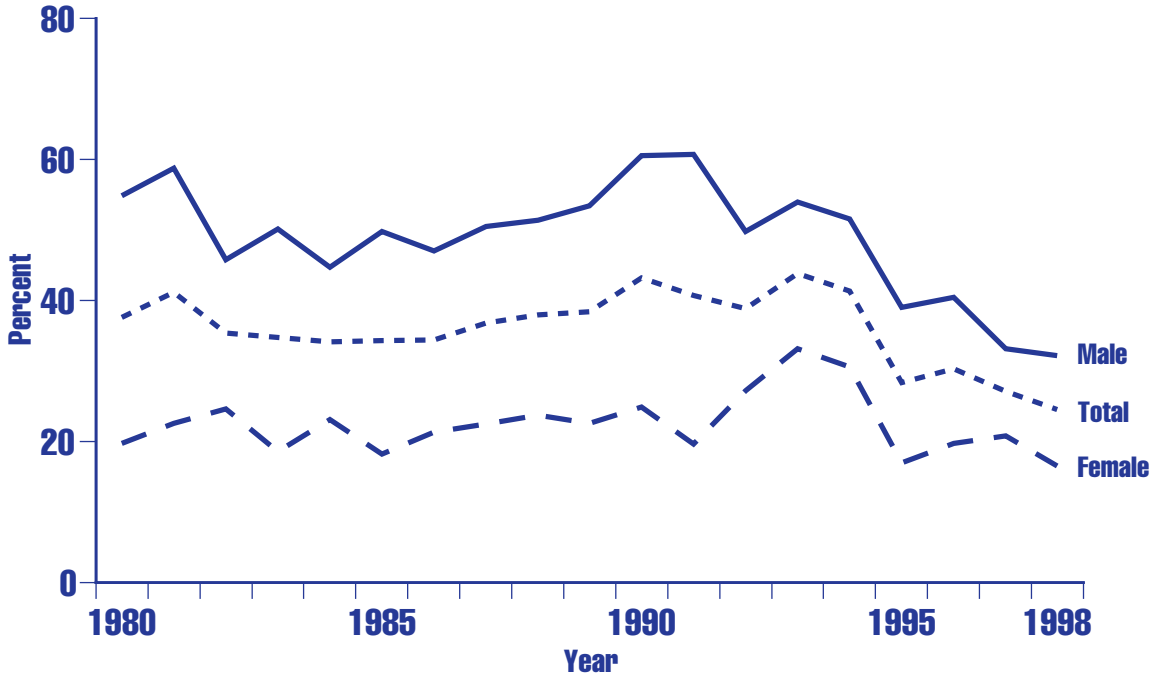
Notes: Because of changes made in the victimization survey, data prior to 1992 are adjusted to make them comparable with data collected under the redesigned methodology. Victimization rates were calculated using population estimates from the U.S. Bureau of the Census, *Current Population Reports.* Such population estimates normally differ somewhat from population estimates derived from survey data. The rates may therefore differ marginally from rates based upon survey-derived population estimates.

Source: U.S. Bureau of Justice Statistics, National Crime Victimization Survey, 1980-1997, Table BEH4.A.

[39] Previous editions of this report have included simple assaults in the rates of violent victimization.
[40] The estimate of 34.1, for 1984, is not shown in Table HC 2.10 but does appear in Figure HC 2.10.

Figure HC 2.9

Serious violent victimization[a] of youth ages 12 through 17 in the United States (rates per 1,000), by gender: 1980-1998



[a] Serious violent victimization is defined as being a victim of a violent crime, including aggravated assaults, rape, and robbery (stealing by force or threat of violence).

Notes: Because of changes made in the victimization survey, data prior to 1992 are adjusted to make them comparable with data collected under the redesigned methodology. Victimization rates were calculated using population estimates from the U.S. Bureau of the Census, *Current Population Reports*. Such population estimates normally differ somewhat from population estimates derived from survey data. The rates may therefore differ marginally from rates based upon survey-derived population estimates.

Source: Source: U.S. Bureau of Justice Statistics, National Crime Victimization Survey, 1980-1997, and unpublished tables.

HC 2.10 Dental Caries

"Dental caries" refers to decay in one or more teeth. Proper preventive care reduces the incidence of dental caries. The presence of dental caries may indicate a lack of access to preventive care or a lack of information about preventive techniques.[41] Additionally, children who do not receive restorative treatment for existing dental caries may experience much pain and suffering and may frequently miss school, and the functioning of their teeth may be permanently harmed.[42]

Differences by Race/Ethnicity.[43] Mexican American children ages 2 through 5 had the highest prevalence of dental caries in their primary teeth (see Figure HC 2.10). From 1988 to 1994, one-third of Mexican American children had dental caries, compared with 24.2 percent of non-Hispanic black children and 13.6 percent of non-Hispanic white children. Mexican American and non-Hispanic black children ages 6 through 14 were about twice as likely as non-Hispanic white children to have dental caries in their permanent teeth (see Figure HC 2.10).

Differences by Poverty Status. The prevalence of dental caries is disproportionately concentrated among children from low-income families. Among children ages 2 to 5, 29.7 percent of poor children had caries in their primary teeth, compared to 14.4 percent of non-poor children. Among older children, 19.5 percent of poor children had caries in their permanent teeth, while 8.6 of non-poor children did (see Table HC 2.10). Additionally, poor children, who are less likely than other children to receive dental services, are at a higher risk of suffering from untreated dental caries.[44,45]

[41] Kaste, L.M., Selwitz, R.H., Oldakowski, R.J., Brunelle, J.A., Winn, D.M., & Brown, L.J. 1996. Coronal Caries in the Primary and Permanent Dentition of Children and Adolescents 1-17 Years of Age: United States 1988-1991. *Journal of Dental Research* 75 (Spec Iss): 631-641.

[42] Lewit, E.M., & Kerrebrock, N. 1998. Child Indicators: Dental Health. *The Future of Children* 8 (1): 133-142.

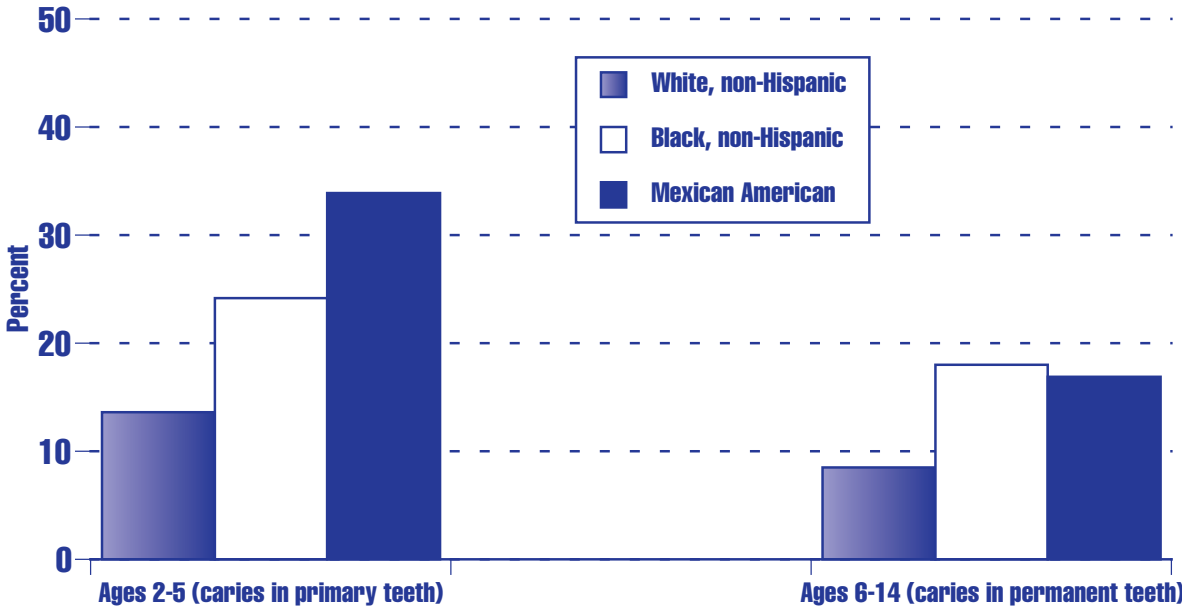
[43] Estimates for whites and blacks exclude Hispanics of those races.

[44] Vargas, C.M., Crall, J.J., & Schneider, D.A. 1998. Sociodemographic Distribution of Pediatric Dental Caries: NHANES III, 1988-1994. *Journal of the American Dental Association* 129: 1229-1238 (Tables 2 and 5).

[45] Lewit, 1998.

Figure HC 2.10

Percentage of children ages 2 through 14 in the United States with untreated dental caries, by age and race/ethnicity:[a] 1988-1994



[a] Estimates for whites and blacks exclude Hispanics of those races.

Sources: Unpublished estimates from the Third National Health and Nutrition Survey (conducted between 1988 and 1994) calculated by the Division of Epidemiology, Office of Analysis, Epidemiology and Health Promotion, National Center for Health Statistics, Centers for Disease Control. Vargas, Crall, and Schneider, 1998, 1229-1238 (Tables 2 and 5).

Table HC 2.10

Percentage of children ages 2 through 14 in the United States with untreated dental caries, by age, race/ethnicity, and poverty status:[a] 1988-1994

	Total	Above poverty level	At or below poverty level
Ages 2-5 (caries in primary teeth)			
All children	18.7	14.4	29.7
White, non-Hispanic	13.6	11.3	25.6
Black, non-Hispanic	24.2	21.8	26.4
Mexican American	33.9	30.2	37.7
Ages 6-14 (caries in permanent teeth)			
All children	11.3	8.6	19.5
White, non-Hispanic	8.5	7.2	15.8
Black, non-Hispanic	18.0	16.7	19.8
Mexican American	16.9	12.0	22.2

[a] Estimates for whites and blacks exclude Hispanics of those races.

Sources: Unpublished estimates from the Third National Health and Nutrition Survey (conducted between 1988 and 1994) calculated by the Division of Epidemiology, Office of Analysis, Epidemiology and Health Promotion, National Center for Health Statistics, Centers for Disease Control; Vargas, Crall, & Schneider, 1998.

HC 2.11 Children and Adolescents with HIV/AIDS

Pediatric AIDS. Through December 1999, 8,718 case of AIDS among children younger than 13 years of age have been reported in the United States. Of those, 5,084 have died. Pediatric AIDS cases represent 1.2 percent of all the cumulative cases (733,374) reported to the Centers for Disease Control and Prevention (CDC). The vast majority of children with AIDS (91 percent) resulted from transmission of HIV before or during birth, or what is known as perinatal transmission.

The steep decline in perinatally acquired AIDS (Figure HC 2.11A) has been one of the dramatic changes of the 1990s. The number of perinatally acquired AIDS cases peaked in 1992 and has decreased 75 percent in recent years. Studies and surveillance data suggest that the implementation of Public Health Service guidelines for universal counseling and voluntary HIV testing of pregnant women and the use of zidovudine by pregnant women and administered to newborn infants account primarily for the decline. The rate of perinatal transmission is expected to continue to decline as a result of more aggressive courses of treatment (e.g., combination therapy) and more use of obstetric procedures, such as elective cesarean section, that reduce transmission.

Differences by Race and Hispanic Origin. Decreases in perinatally acquired AIDS have occurred in all racial and ethnic groups. However, in 1999, the highest rates of AIDS continue to be reported among children who are black, non- Hispanic, and Hispanics (Figure HC2.11B). The rate of AIDS among black children in 1999, 2.3 per 100,000 children, was 23 times higher than among white children (0.1 per 100,000) and nearly four times higher than among Hispanic children (0.6 per 100,000). Because the majority of pediatric cases of AIDS are attributed to perinatal HIV transmission, these rates also reflect the disproportionate racial/ethnic distribution of HIV and AIDS among black and Hispanic women.

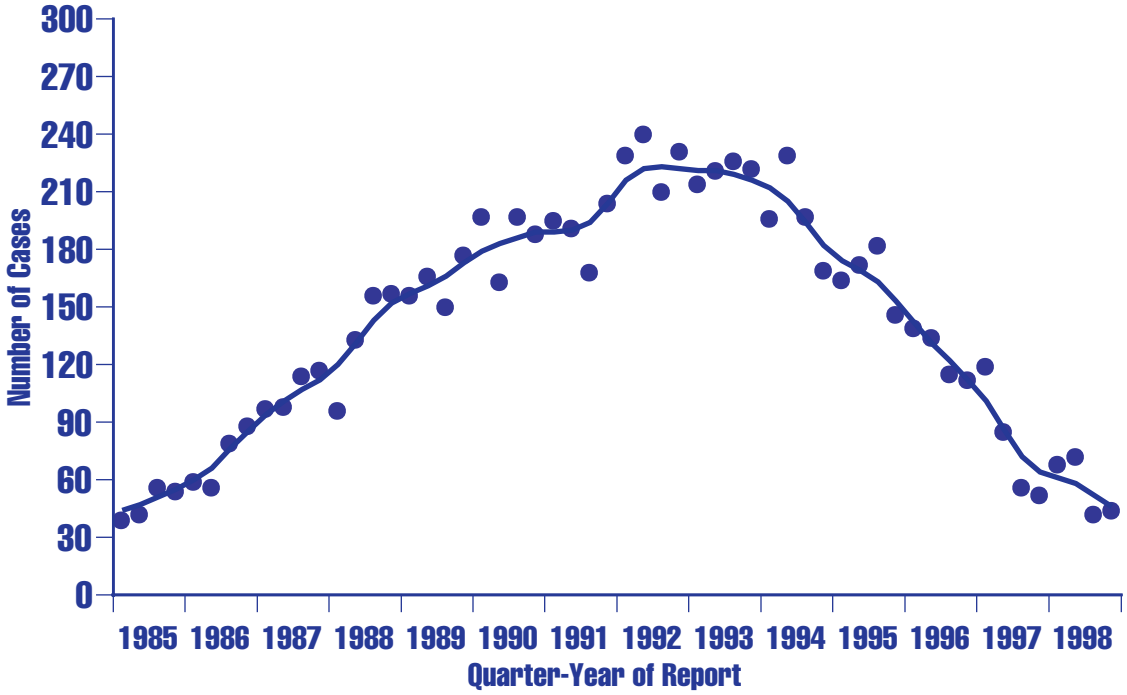
Adolescent HIV/AIDS. As of the end of 1999, 3,725 adolescents (ages 13-19) have been reported with AIDS. Adolescent AIDS cases represent less than 1 percent of all cumulative cases (733,374) reported to the CDC. The number of adolescents reported with AIDS peaked in 1993 when the surveillance case definition was changed (Figure HC2.11C). In the earlier years, the vast majority of reported cases in adolescents were among males; however, the ratio of male to female cases has decreased over time. In 1999, 312 persons, 13-19 years old, were reported with AIDS; more females (180) than males (132) were reported with AIDS in this age group, in part, because the proportion of male cases who acquired HIV through receipt of blood products has diminished.

Data from HIV infection case surveillance present a more current view of the HIV/AIDS epidemic than AIDS case surveillance data alone. Currently, 31 states and the Virgin Islands conducted name-based confidential HIV infection surveillance of adults and adolescents. In 1999, these 32 areas reported 3,209 cases of HIV infection in adolescents and young adults ages 13-24, compared to 1,813 reported with AIDS. The HIV data are underestimates of the population of infected adolescents, as some states do not report HIV-infected persons to the CDC, and only persons who have been tested are reported. However, the number of adolescents reported with HIV is greater than those reported with AIDS because of the long period of time between infection and development of disease. Young adults with AIDS probably became infected as adolescents but did not develop AIDS or get reported as having AIDS until they were adults. This indicates the importance of targeting HIV prevention messages to youth even though the total numbers of AIDS cases reported in this age group is relatively small.

Black and Hispanic adolescents have been disproportionately affected by the HIV/AIDS epidemic. Although only 15 percent of the adolescent population in the United States is black, 60 percent of AIDS cases reported in 1999 among 13- to 19-year-olds were black. Hispanics compromise 14 percent of the population, 20 percent of all reported AIDS cases and 24 percent of reported adolescent AIDS cases in 1999.[46] These patterns are likely to continue since HIV infection also disproportionately affects young black and Hispanic persons.

Figure HC 2.11.A

Reported perinatally acquired AIDS cases among children under age 13 in the United States: 1985–1998



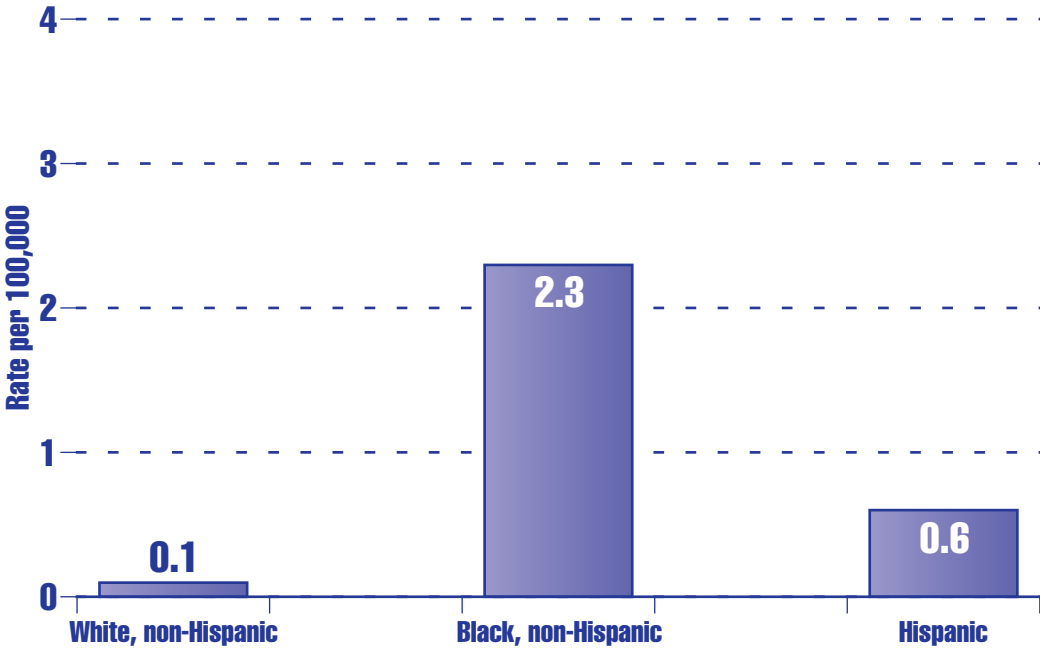
Note: Data are adjusted for reporting delays and unreported risk.

Source: Pediatric AIDS Surveillance, L262 slide series (through 1997). Division of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention. The slide series is available online at: http://www.cdc.gov/nchstp/hiv_aids/graphics/pediatri.htm.

[46] Pediatric AIDS Surveillance, L262 slide series (through 1997). Division of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention. The slide series is available online at: http://www.cdc.gov/nchstp/hiv_aids/graphics/pediatri.htm.

Figure HC 2.11.B

Reported AIDS rate (per 100,000) among children under age 13 in the United States, by race and Hispanic origin:[a] 1999

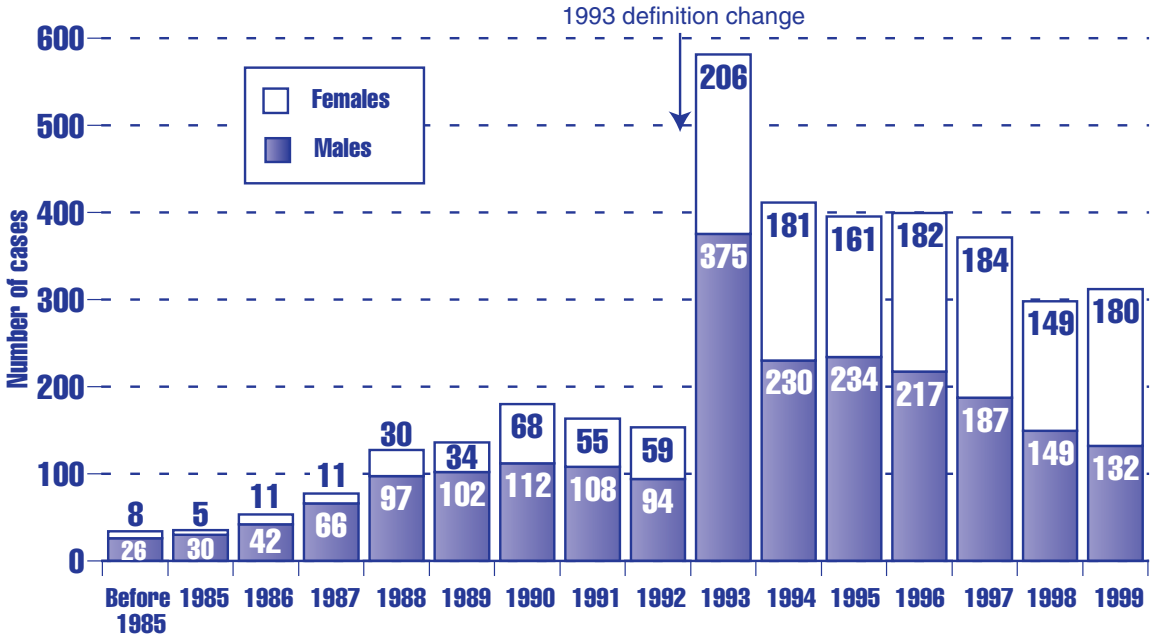


[a] Persons of Hispanic origin may be of any race.

Source: Pediatric AIDS Surveillance, L262 slide series (through 1997). Division of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention. The slide series is available online at: http://www.cdc.gov/hiv

Figure HC 2.11.C

AIDS cases in adolescents ages 13 through 19, by gender in the United States: 1985–1999



Source: Adolescent AIDS Surveillance, L265 slide series (through 1998). Division of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention. The slide series is available online at: http://www.cdc.gov/hiv

HC 2.12 Sexually Transmitted Diseases Among Adolescents

Sexually Transmitted Diseases (STDs) have potentially severe consequences. Gonorrhea infections are a major cause of pelvic inflammatory disease, which in turn may lead to adverse reproductive consequences such as infertility, ectopic pregnancy, or the birth of children with physical and mental developmental disabilities. Syphilis facilitates the transmission of HIV and may be particularly important to contributing to HIV transmission in areas with high rates of both infections.[47] The increase in sexual activity among teenagers described in Section SD 4.1 has exposed a growing number of young people to the risk of STDs. Despite this increased risk, the reported rate of incidence has declined among adolescents for both gonorrhea and syphilis.

Decline in Gonorrhea Rates. Gonorrhea rates have declined for all youth since 1975 (see Table HC 2.12.A). Among youth ages 15 through 19, rates decreased by more than half, from 1,275.1 cases of gonorrhea per 100,000 youth in 1975 to 560.6 cases per 100,000 youth in 1998. Gonorrhea rates also decreased among youth ages 10 through 14, but the decline started in more recent years and has not been as dramatic as among older youth. The rate for this age group was 46.7 per 100,000 in 1975, peaked at 68.9 cases in 1990, and, by 1998, had declined to 32.6 cases per 100,000.

Differences in Gonorrhea Rates by Gender. For youth ages 15 through 19 and ages 10 through 14, females have had consistently higher reported rates of gonorrhea than males (see Figure HC 2.12.A). In 1998, rates for females ages 15 through 19 were 779.7 per 100,000, versus 354.9 per 100,000 males of the same age.

Differences in Gonorrhea Rates by Race and Hispanic Origin.[48] Blacks have consistently had the highest reported rates of gonorrhea, frequently more than 10 times the rate of any other racial or ethnic group. Rates for blacks have been falling since 1990 for both age groups (for ages 15 through 19, the rate dropped from 6,316.2 in 1990 to 2,950.8 per 100,000 in 1998). By contrast, in 1998 gonorrhea rates per 100,000 for 15- through 19-year-olds of other groups were 404.4 for American Indians/Alaska Natives, 233.2 for Hispanics, 127.3 for whites, and 71.4 for Asians (see Table HC 2.12.A).

Decline in Syphilis Rates. Table HC 2.12.B shows that reported rates for primary and secondary syphilis have decreased for youth ages 10 through 14 and 15 through 19 since their peak in 1990. The rate for teens ages 15 through 19 is substantially higher than the rate for youth ages 10 through 14. The reported rate for syphilis in 1998 for ages 15 through 19 was 3.2 cases per 100,000, compared with less than one case per 100,000 for ages 10 through 14.

Higher Syphilis Rates Among Females. Females from both age groups have reported more cases of syphilis than their male counterparts (see Figure HC 2.12.B). In 1998, females ages 15 through 19 had a rate of 4.5 cases per 100,000, more than double the male rate of 1.9 cases per 100,000.

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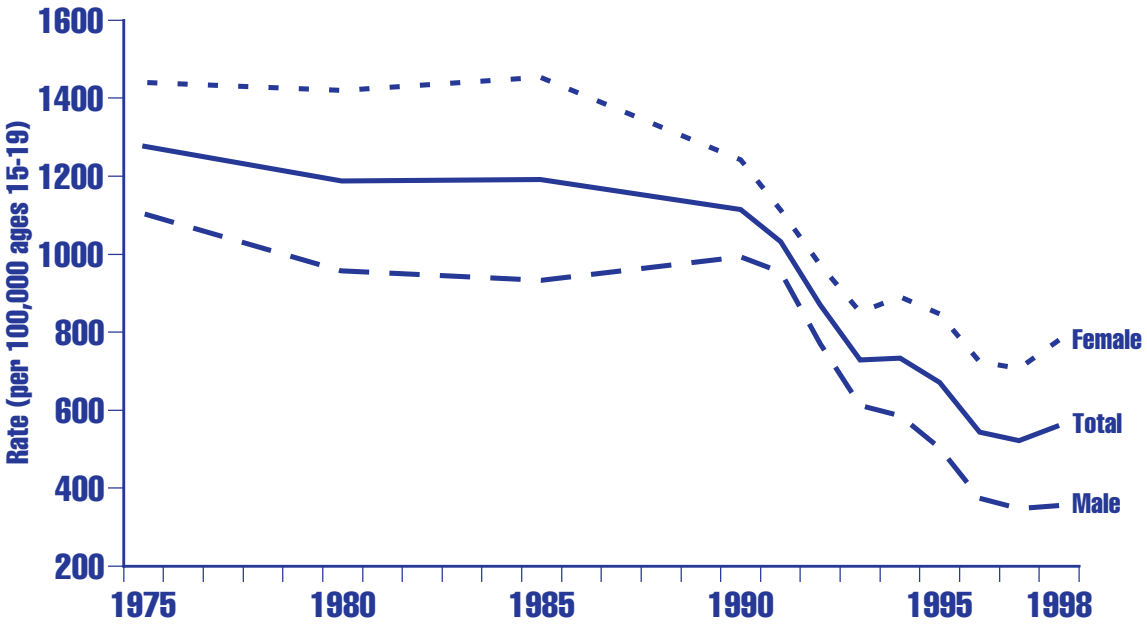
[47] Centers for Disease Control and Prevention, Division of STD Prevention. September 1999. *Sexually Transmitted Disease Surveillance, 1998*. U.S. Department of Health and Human Services, Public Health Service. Atlanta: Centers for Disease Control and Prevention, p. 21.

[48] Estimates for whites and blacks exclude Hispanics of those races.

Differences in Syphilis Rates by Race and Hispanic Origin.[49] Black youth ages 15 through 19 have rates of syphilis more than 10 times higher than all other racial and ethnic groups throughout the period 1990 through 1998. Rates have been falling for all groups except American Indians/Alaska Natives, whose reported syphilis rates have fluctuated since 1990 (see Table HC 2.12.B).

Figure HC 2.12.A

Reported rates of gonorrhea[a] for youth ages 15 through 19 in the United States, by gender (per 100,000 population ages 15 through 19): Selected years, 1975-1998



[a] Although most areas generally adhere to the case definitions for STDs found in Case Definitions for Public Health Surveillance (*Morbidity and Mortality Weekly Report* 1990; 39: 1-43), there are significant differences between individual areas in case definitions as well as in the policies and systems for collecting surveillance data. In many areas, reporting from publicly supported institutions (e.g., STD clinics) was more complete than from other sources (e.g., private practitioners).

Sources: Data for 1975 from Centers for Disease Control and Prevention, Division of STD Prevention, 1996, Table 7; data for 1980 and 1985 from Centers for Disease Control and Prevention, Division of STD Prevention, 1987, Table 3; data for 1990-1992 from Division of STD/HIV Prevention, December 1994, Table 9.B; data for 1993 from Division of STD Prevention, 1997, Table 12.B; data for 1994-1997 from Division of STD Prevention, 1999, Table 12B.

[49] Estimates for whites and blacks exclude Hispanics of those races.

Table HC 2.12.A

Reported rates of youth gonorrhea[a] in the United States, by age, gender, and race and Hispanic origin (per 100,000 population): Selected years, 1975–1998

	1975	1980	1985	1990	1995	1996	1997	1998
Ages 10-14								
Total	46.7	48.7	47.7	68.9	41.3	33.2	30.7	32.6
Gender								
Male	20.9	23.6	23.8	32.1	12.4	9.1	8.5	8.5
Female	73.6	74.8	72.9	107.5	71.7	58.6	54.1	58.0
Race and Hispanic origin[b,c]								
White	—	—	—	14.3	8.9	7.5	7.2	6.8
Black	—	—	—	386.8	237.0	179.8	162.2	175.9
Hispanic	—	—	—	15.3	19.3	15.8	15.0	14.0
Asian/Pacific Islander	—	—	—	4.5	5.6	3.3	3.5	3.5
American Indian/Alaska Native	—	—	—	22.7	19.0	21.7	23.7	25.1
Ages 15-19								
Total	1,275.1	1,187.3	1,189.9	1,114.4	671.0	543.6	521.6	560.6
Gender								
Male	1,103.9	953.4	930.5	993.7	503.2	373.6	348.1	354.6
Female	1,446.4	1,424.6	1,455.1	1,241.6	847.8	724.5	706.2	779.7
Race and Hispanic origin[b,c]								
White	—	—	—	230.3	145.1	125.8	117.4	127.3
Black	—	—	—	6,316.2	3,815.3	2,904.8	2,780.0	2,950.8
Hispanic	—	—	—	268.7	270.3	222.7	223.5	233.2
Asian/Pacific Islander	—	—	—	70.0	81.0	64.1	68.6	71.4
American Indian/Alaska Native	—	—	—	414.6	296.2	329.0	342.9	404.4

[a] Although most areas generally adhere to the case definitions for STDs found in "Case Definitions for Public Health Surveillance" (*Morbidity* and Mortality Weekly Report 1990; 39: 1-43), there are significant differences between individual areas in case definitions.

[b] For the following years, the states/areas listed did not report race/ethnicity for most cases: 1990 (Baltimore, New Jersey, New York City, New York State, and Kentucky); 1991 (Baltimore, New York City, New York State, and Kentucky); 1992 (New York City and New York State); 1993 (New York City, New York State, and Georgia); 1994 (New York City, New York State, and Georgia); 1995 (Georgia, New Jersey, New York City, and New York State); and 1996 (New Jersey, New York City, and New York State); 1997 (Idaho, New Jersey, New York City, and New York State), and 1998 (Idaho and New Jersey). Massachusetts did not report age for most cases in 1990. Cases and population denominators have been excluded for these states/areas for the appropriate years.

[c] Estimates for whites and blacks exclude Hispanics of those races. Persons of Hispanic origin may be of any race.

Sources: Data for 1975 from Centers for Disease Control and Prevention, 1996, Table 7; data for 1980 and 1985 from Centers for Disease Control and Prevention, 1987; Table 3; data for 1990-1992 from Division of STD/HIV Prevention, 1994; Table 9.B; data for 1993 from Division of STD Prevention, 1997; Table 12.B; data for 1994-1998 from Division of STD Prevention, 1999. Table 12B.

Table HC 2.12.B

Reported rates of youth primary and secondary syphillis[a] in the United States, by age, gender, and race and Hispanic origin (per 100,000 population): Selected years, 1975-1998

	1975	1980	1985	1990	1991[b]	1992	1993[b]	1994	1995	1996[b]	1997[b]	1998
Ages 10-14												
Total	1.1	0.9	0.9	1.8	1.4	1.3	0.9	0.6	0.6	0.3	0.2	0.2
Gender												
Male	0.7	0.5	0.5	0.5	0.4	0.3	0.3	0.1	0.1	0.1	0.0	0.1
Female	1.5	1.3	1.4	3.2	2.5	2.3	1.6	1.2	1.0	0.5	0.4	0.4
Race and Hispanic origin[c]												
White	—	—	—	0.1	0.1	0.1	0.1	0.1	0.0	0.0	0.0	0.0
Black	—	—	—	10.6	8.6	8.1	5.9	3.8	3.5	1.6	1.3	1.2
Hispanic	—	—	—	1.1	0.4	0.4	0.1	0.1	0.1	0.1	0.1	0.0
Asian/Pacific Islander	—	—	—	0.2	0.3	0.0	0.2	0.0	0.0	0.0	0.0	0.0
American Indian/ Alaska Native	—	—	—	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Ages 15-19												
Total	17.8	17.2	17.0	29.8	27.8	22.5	17.0	12.7	10.1	6.1	4.1	3.2
Gender												
Male	18.0	19.2	16.3	20.9	19.1	15.5	10.8	8.3	6.6	4.1	2.6	1.9
Female	17.5	15.1	17.7	39.2	37.0	29.9	23.5	17.3	13.8	8.2	5.8	4.5
Race and Hispanic origin[c]												
White	—	—	—	2.9	2.6	2.0	1.6	1.4	1.1	0.9	0.5	0.4
Black	—	—	—	174.6	164.8	136.7	103.5	76.5	60.9	35.1	23.0	17.8
Hispanic	—	—	—	15.2	12.5	8.5	5.6	2.8	2.4	1.7	2.1	1.5
Asian/Pacific Islander	—	—	—	1.7	1.9	1.4	1.0	0.8	0.5	0.8	0.4	0.4
American Indian/ Alaska Native	—	—	—	2.8	7.0	2.7	0.6	2.4	4.2	1.1	0.5	3.8

[a] Although most areas generally adhere to the case definitions for STDs found in Case Definitions for Public Health Surveillance (*Morbidity and Mortality Weekly Report 1990*; 39: 1-43), there are significant differences between individual areas in case definitions as well as in the policies and systems for collecting surveillance data. In many areas, reporting from publicly supported institutions (e.g., STD clinics) was more complete than from other sources (e.g., private practitioners).

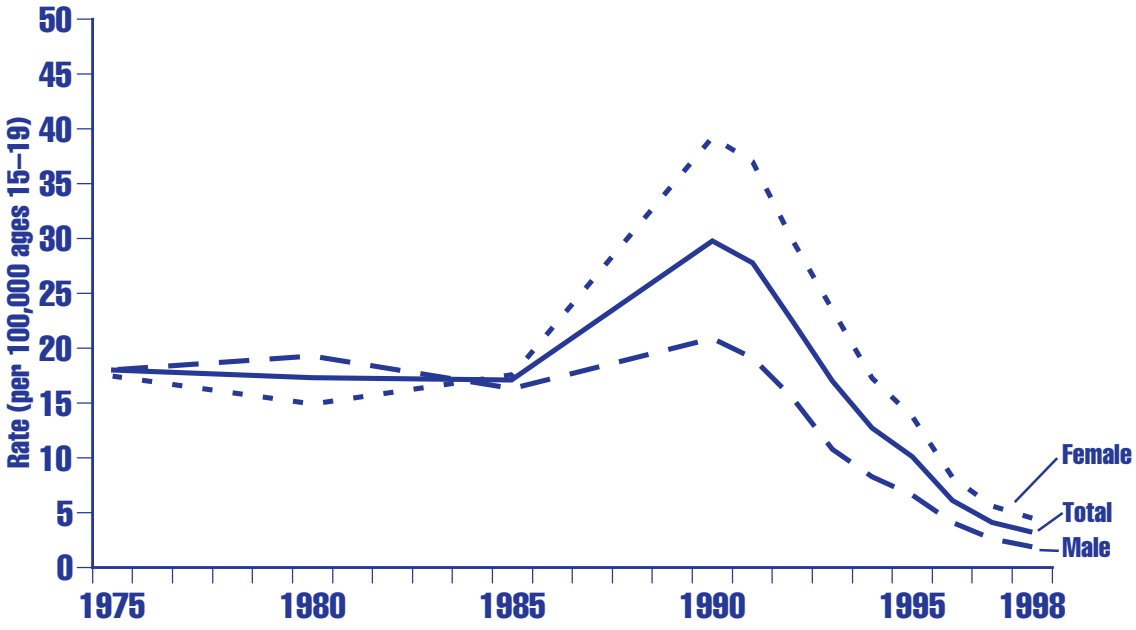
[b] For the indicated states/areas, cases and population denominators have been excluded for the years indicated: 1991 (Kentucky, as race/ethnicity was not reported for most cases); 1993 (Baltimore, because age was not reported for most cases); and 1996 (Rhode Island, because race/ethnicity was not reported for most cases).

[c] Estimates for whites and blacks exclude Hispanics of those races. Persons of Hispanic origin may be of any race.

Sources: Data for 1975 from Centers for Disease Control and Prevention,1986, Table 8; data for 1980 and 1985 from Centers for Disease Control and Prevention, Division of STD Prevention, 1987, Table 2; data for 1990-1992 from Division of STD/HIV Prevention. December, 1994; Table 21.B; data for 1993 from Division of STD Prevention, 1997, Table 24.B; data for 1994-1998 from Division of STD Prevention, 1999, Table 24B.

Figure HC 2.12.B

Reported rates of primary and secondary syphilis[a] for youth ages 15 through 19 in the United States, by gender (per 100,000 population ages 15 through 19): Selected years, 1975-1998



[a] Although most areas generally adhere to the case definitions for STDs found in Case Definitions for Public Health Surveillance (*Morbidity and Mortality Weekly Report* 1990; 39: 1-43), there are significant differences between individual areas in case definitions as well as in the policies and systems for collecting surveillance data. In many areas, reporting from publicly supported institutions (e.g., STD clinics) was more complete than from other sources (e.g., private practitioners).

Sources: Data for 1975 from Centers for Disease Control and Prevention, Division of STD Prevention, 1996, Table 7; data for 1980 and 1985 from Centers for Disease Control and Prevention, Division of STD Prevention, 1987, Table 3; data for 1990-1992 from Division of STD/HIV Prevention, 1994, Table 9.B; data for 1993 from Division of STD Prevention, 1997, Table 12.B; data for 1994-1998 from Division of STD Prevention, 1999, Table 12B.