

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 10,¹³ 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. 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, with the total score ranging between 1 and 10. 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 1999. The table shows Black, non-Hispanic newborns scored lower on all four measures of healthiness than White, non-Hispanic and Hispanic newborns. For example, 86.8 percent of Black, non-Hispanic infants were born weighing 2,500 grams or more, while the comparable numbers for Hispanic and White, non-Hispanic newborns were 93.6 and 93.4 percent respectively.

Differences by 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 11.8 in 1999 (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 10.5 percent in 1999. 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 1999), and the percentage of preterm Hispanic infants has increased only slightly, from 11.1 to 11.4 in the same time period.

Differences by Birthweight. The percentage of children born weighing more than 2,500 grams in 1999 was 92.4. White, non-Hispanic and Hispanics had similarly high percentages with 93.4 and 93.6 percent respectively. The percentage of infants born to Black, non-Hispanic mothers weighing over 2,500 grams was much lower however, at 86.8 percent (See Table HC 2.1.A).

Differences by Prenatal Care. Early prenatal care (defined as care beginning within the first trimester of pregnancy) can promote healthier births by detecting and managing pre-existing medical conditions and by providing health advice to the mother.¹⁴ In 1999, 88 percent of all White, non-Hispanic mothers received prenatal care sometime during their first trimester of pregnancy. Both Hispanic and Black, non-Hispanic mothers were considerably lower at 74 percent (See Table HC 2.1.A). This topic is discussed in greater detail in section HC 3.2.

¹³ The Apgar score is a numerical expression of the physical condition of an infant shortly after delivery. See Glossary for more information. 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.

¹⁴ Ibid.

HEALTH CONDITIONS AND HEALTH CARE

Table HC 2.1.A

Percentage of all births in the United States defined as healthy, by mother's race and Hispanic origin: 1999

	Gestational age 37 weeks +	Birthweight 2,500 grams +	Apgar score 7 or above ^a	Prenatal care 1st trimester
All	88.2	92.4	98.6	83.2
White, non-Hispanic	89.5	93.4	98.8	88.4
Black, non-Hispanic	82.4	86.8	97.6	74.1
Hispanic ^b	88.6	93.6	98.9	74.4

^a The Apgar score is a numerical expression of the physical condition of an infant shortly after delivery. See Glossary for more information.

^b Persons of Hispanic origin may be of any race.

Source: Ventura, et al., 2001. *Births*. (Tables D, 25 and 43).

Table HC 2.1.B

Percentage of preterm^a live births by race and Hispanic origin of mother: 1989-1999

	1989 ^b	1990 ^c	1991 ^d	1992 ^d	1993	1994	1995	1996	1997	1998	1999
All	10.6	10.6	10.8	10.7	11.0	11.0	11.0	11.0	11.4	11.6	11.8
White, non-Hispanic	8.4	8.5	8.7	8.7	9.1	9.3	9.4	9.5	9.9	10.2	10.5
Black, non-Hispanic	19.0	18.9	19.0	18.5	18.6	18.2	17.8	17.5	17.6	17.6	17.6
Hispanic ^e	11.1	11.0	11.0	10.7	11.0	10.9	10.9	10.9	11.2	11.4	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.

^e Persons of Hispanic origin may be of any race.

Sources: Ventura et al., 2001. *Births*. (Table 44).

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.¹⁵ 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.¹⁶ 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).

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.¹⁷ In 1999, 12.1 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). 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).” Furthermore, advancing maternal age exacerbates the risk, probably a consequence of the much greater cigarette consumption among older women.¹⁸

Multiple births are more likely than singletons to be born either preterm or low birthweight (See Figure HC 2.2.C). Multiples comprised only 3 percent of all births in 1999, but 23 percent of all low birthweight infants and 25 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.¹⁹

Differences by Race and Hispanic Origin.²⁰ Low birthweight rates are substantially higher among Black infants than among other races and Hispanics. 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. It is interesting to note that women under age 15 consistently have the highest rates of low-weight births of any age group, but for women in all other age groups, the rates have generally stayed within 1.5 percentage points of their 1970 rate.

¹⁵ 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, and 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.

¹⁶ Mathews, Curtin, and 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.

¹⁷ Ventura et. al. 2001. Births.

¹⁸ Ibid.

¹⁹ Ibid.

²⁰ Estimates for Whites and Blacks include Hispanics of those races until 1990. Starting in 1990, persons of Hispanic origin are excluded. Persons of Hispanic origin may be of any race.

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.²¹

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).

Differences by Race and Hispanic Origin.²² The percentage of babies born at very low birthweight varies by race and Hispanic origin (see Table HC 2.2.C). For White, non-Hispanic, Hispanic, American Indian/Alaska Native, and Asian/Pacific Islander infants, the percentage of very low-weight births was about 1 percent in 1999. 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 3.2 in 1999. The percentage of very low birthweight has increased steadily for all groups since the early 1980s.

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 3.24 percent in 1999, compared to 1.27 percent for women 25–29 years, (see Table HC 2.2.C).

²¹ Mathews, Curtin, and MacDorman, 2000.

²² Estimates for Whites and Blacks include Hispanics of those races until 1990. Starting in 1990, persons of Hispanic origin are excluded. Persons of Hispanic origin may be of any race.

Health Conditions

Table HC 2.2.A

Low birthweight^a infants as a percentage of all infants born in the United States by mother's race and Hispanic origin^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 and Hispanic origin										
White ^c	6.9	6.3	5.7	5.7	5.7	6.2	6.3	6.5	6.6	6.6
Black ^c	13.9	13.2	12.7	12.7	13.3	13.1	13.0	13.1	13.2	13.2
American Indian/ Alaskan Native	8.0	6.4	6.4	5.9	6.1	6.6	6.5	6.8	6.8	7.1
Asian/Pacific Islander	—	—	6.7	6.2	6.5	6.9	7.1	7.2	7.4	7.4
Chinese	6.7	5.3	5.2	5.0	4.7	5.3	5.0	5.1	5.3	5.2
Japanese	9.0	7.5	6.6	6.2	6.2	7.3	7.3	6.8	7.5	7.9
Filipino	10.0	8.1	7.4	7.0	7.3	7.8	7.9	8.3	8.2	8.3
Hawaiian and part Hawaiian	—	—	7.2	6.5	7.2	6.8	6.8	7.2	7.2	7.7
Other Asian or Pacific Islander	—	—	6.8	6.2	6.7	7.1	7.4	7.5	7.8	7.8
Hispanic origin ^b	—	—	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	5.9
Puerto Rican	—	—	9.0	8.7	9.0	9.4	9.2	9.4	9.7	9.3
Cuban	—	—	5.6	6.0	5.7	6.5	6.5	6.8	6.5	6.8
Central and South American	—	—	5.8	5.7	5.8	6.2	6.0	6.3	6.5	6.4
Other and unknown Hispanic	—	—	7.0	6.8	6.9	7.5	7.7	7.9	7.6	7.6
Age										
Under age 15	16.6	14.1	14.6	12.9	13.3	13.5	12.8	13.6	13.1	12.9
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 ^d	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 birthweight was 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. Persons of Hispanic origin may be of any race.

^c Estimates for Whites and Blacks include Hispanics of those races until 1990. Starting in 1990, persons of Hispanic origin are excluded. Persons of Hispanic origin may be of any race.

Sources: Ventura et al., 2001; 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.

HEALTH CONDITIONS AND HEALTH CARE

Table HC 2.2.B

Percent low birthweight^a among singletons by race and Hispanic^b origin of mother: 1989-1999

	1989 ^c	1990 ^d	1991 ^e	1992 ^e	1993	1994	1995	1996	1997	1998	1999
Total	6.00	5.90	5.99	5.93	6.05	6.05	6.05	6.03	6.08	6.05	6.05
Race and Hispanic origin											
White, non- Hispanic	4.60	4.56	4.61	4.59	4.70	4.79	4.87	4.90	4.95	4.91	4.93
Black, non- Hispanic	12.22	11.92	12.15	11.91	11.90	11.79	11.66	11.55	11.46	11.44	11.44
Hispanic	5.35	5.23	5.29	5.22	5.34	5.37	5.36	5.34	5.43	5.40	5.34

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

^b Persons of Hispanic origin may be of any race.

^c Excludes data for Louisiana, New Hampshire, and Oklahoma which did not require reporting of Hispanic origin of mother.

^d Excludes data for New Hampshire and Oklahoma which did not require reporting of Hispanic origin of mother.

^e Excludes data for New Hampshire, which did not require reporting of Hispanic origin of mother.

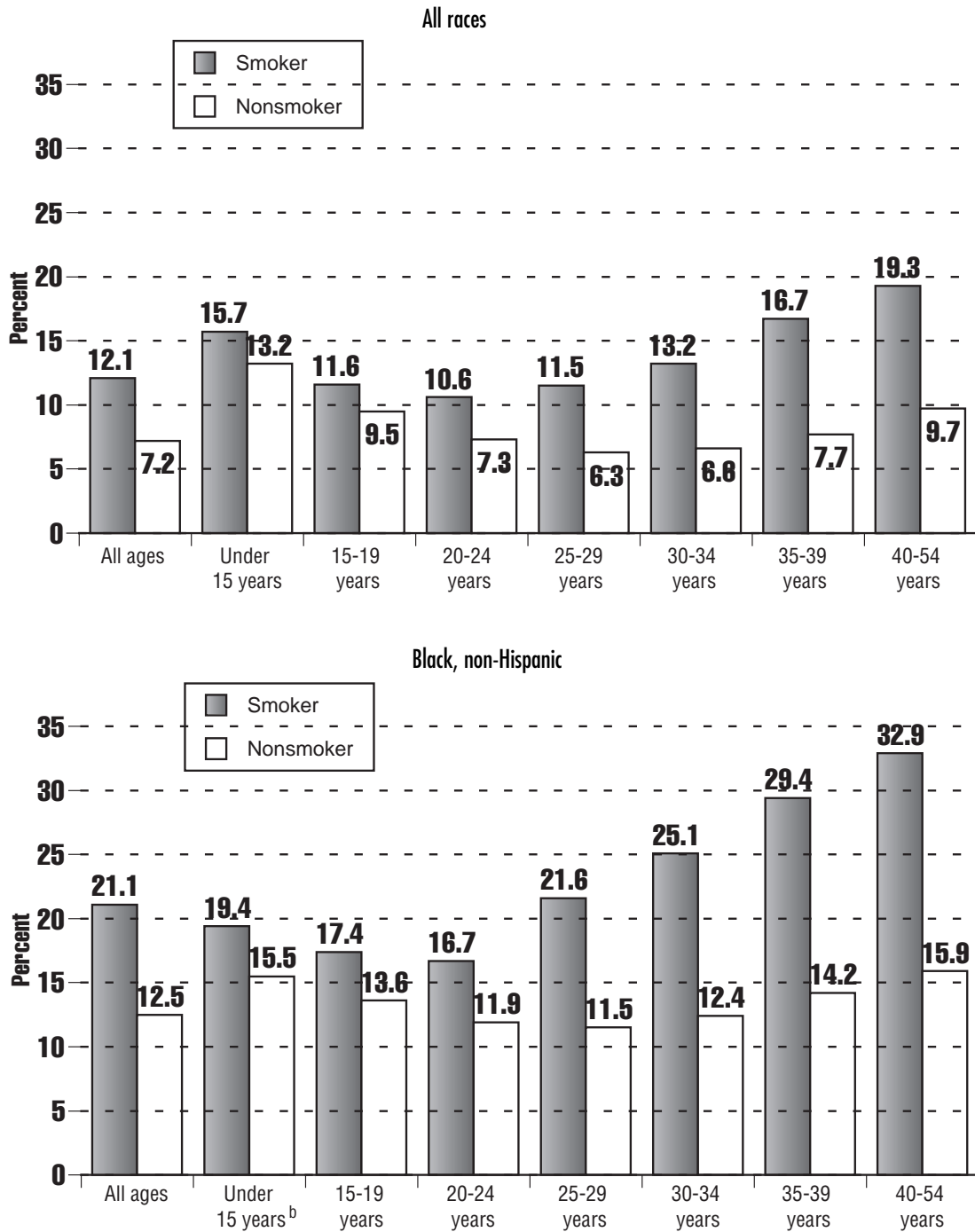
Sources: Martin and Park, Trends in Twin and Triplet Births: 1980-1997. *National Vital Statistics Reports* 47(24).

Hyattsville, MD: National Center for Health Statistics; Ventura et al., 2001, *Births*, (Table H); Ventura et al., 2000, *Births*; Ventura et al., 1999, *Births*, (Tables 24, 25 and 45).

Health Conditions

Figure HC 2.2.A

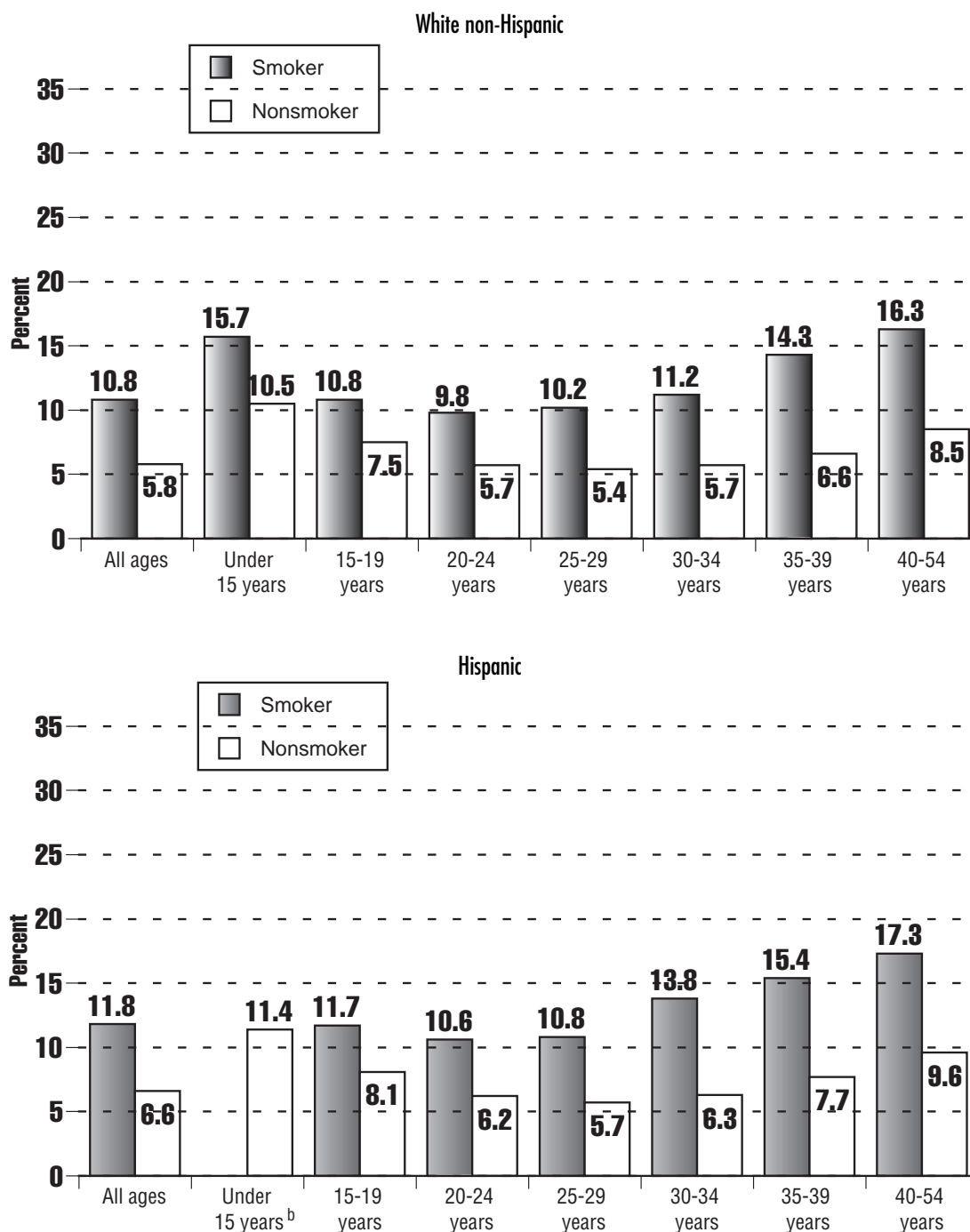
Percentage of children born with low birthweight,^a by mother's smoking status and age, race, and Hispanic origin, 1999



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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, 1999



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

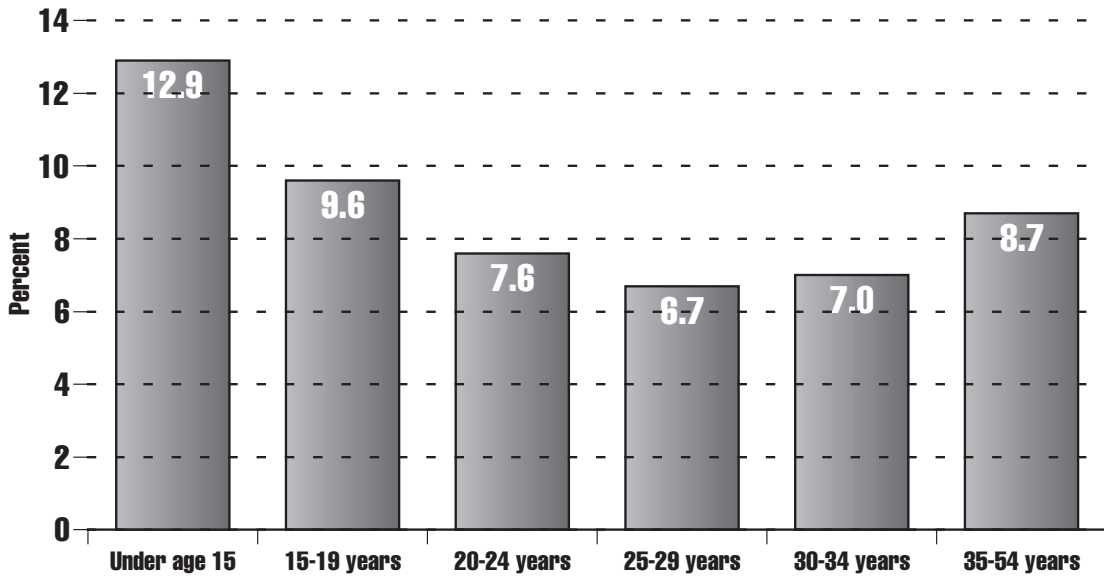
^b Data for smokers under 15 years did not meet standards of reliability or precision; based on fewer than 20 births in numerator.

Sources: Ventura et al., 2001, *Births*, (Table 32).

Health Conditions

Figure HC 2.2.B

Low birthweight^a infants as a percentage of all infants born in the United States, by age of mother: 1999

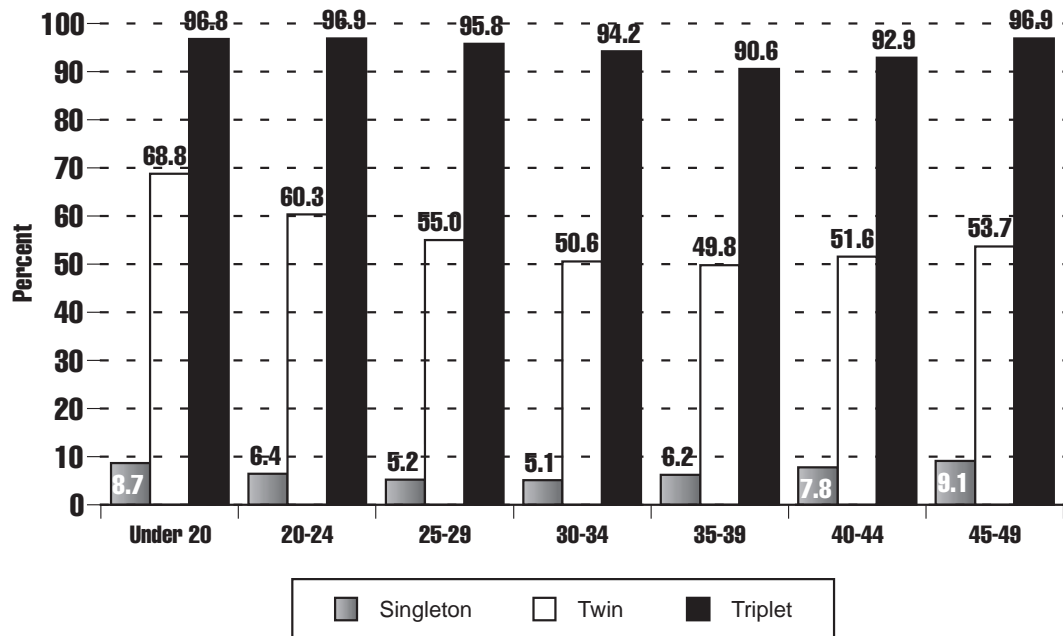


^a Low birthweight defined as infants weighing less than 2,500 grams (5lb. 8oz.).

Sources: Ventura et al., 2001, *Births*, (Table 45).

Figure HC 2.2.C

Percentage of children born with low birthweight by plurality and age of mother: 1999



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

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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 and Hispanic origin^b and by age: Selected years, 1970-1999^c

	1970	1975	1980	1985	1990	1995	1996	1997 ^d	1998 ^d	1999 ^d
Total	1.17	1.16	1.15	1.21	1.27	1.35	1.37	1.42	1.45	1.45
Race and Hispanic origin^b										
White ^c	0.95	0.92	0.90	0.94	0.93	1.04	1.08	1.12	1.15	1.15
Black ^c	2.40	2.40	2.48	2.71	2.93	2.98	3.02	3.05	3.11	3.18
American Indian/ Alaskan Native ^c	0.98	0.95	0.92	1.01	1.01	1.10	1.21	1.19	1.25	1.26
Asian/Pacific Islander ^c	—	—	0.92	0.85	0.87	0.91	0.99	1.05	1.10	1.08
Chinese	0.80	0.52	0.66	0.57	0.51	0.67	0.64	0.74	0.75	0.68
Japanese	1.48	0.89	0.94	0.84	0.73	0.87	0.81	0.78	0.84	0.86
Filipino	1.08	0.93	0.99	0.86	1.05	1.13	1.20	1.29	1.35	1.41
Hawaiian and part Hawaiian	—	—	1.05	1.03	0.97	0.94	0.97	1.41	1.53	1.41
Other Asian or Pacific Islander	—	—	0.96	0.91	0.92	0.91	1.04	1.07	1.12	1.09
Hispanic origin ^b	—	—	0.98	1.01	1.00	1.10	1.12	1.13	1.15	1.14
Mexican American	—	—	0.92	0.97	0.92	1.01	1.01	1.02	1.02	1.04
Puerto Rican	—	—	1.29	1.30	1.62	1.79	1.70	1.85	1.86	1.86
Cuban	—	—	1.02	1.18	1.20	1.19	1.35	1.36	1.33	1.49
Central and South American	—	—	0.99	1.01	1.05	1.13	1.14	1.17	1.23	1.15
Other and unknown Hispanic	—	—	1.01	0.96	1.09	1.28	1.48	1.35	1.38	1.32
Age										
Under age 15	—	3.10	3.40	3.10	3.20	3.15	3.16	3.06	3.28	3.24
15-19 years	—	1.80	1.70	1.80	1.80	1.74	1.72	1.78	1.81	1.84
20-24 years	—	1.10	1.10	1.20	1.30	1.31	1.32	1.37	1.38	1.38
25-29 years	—	0.90	1.00	1.00	1.10	1.16	1.22	1.24	1.27	1.27
30-34 years	—	1.00	1.00	1.10	1.20	1.24	1.26	1.33	1.37	1.37
35-49 years ^e	—	1.20	1.20	1.30	1.40	1.58	1.65	1.68	1.71	1.73

^a Before 1979, very low birthweight was defined as infants weighing 1,500 grams (3lb. 4oz.) or less. From 1979 and beyond, very low birthweight was 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. Persons of Hispanic origin may be of any race.

^c Estimates for Whites and Blacks include Hispanics of those races until 1990. Starting in 1990, persons of Hispanic origin are excluded. Persons of Hispanic origin may be of any race.

^d Data for 1997-1999 are for ages 35-54 years.

Sources: Ventura et. al., 2001. *Births*, (Tables 24, 25, 44, 45); Ventura et. al., 2000. *Births*, (Tables 24, 25, 44, and 45); Ventura et. al., 1998. *Nativity*, (Tables 24, 25, and 45); National Center for Health Statistics. 1998, (Table 12); and unpublished tabulations, Division of Vital Statistics, National Center for Health Statistics.

HC 2.3 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.²³ Parents' reports of their children's health vary by race. Between 1984 and 1997, Black parents were less likely than White parents to report that their children were in very good or excellent health. In 1997, 77 percent of Black children under age 5 were reported to be in very good or excellent health, compared with 86 percent of White children. Seventy percent of Black children ages 5 to 17 were reported in very good or excellent health, compared with 84 percent of White children in this age group (see Table HC 2.3).

Differences by Poverty Status. 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 1998, 70 percent of children under age 18 who fell below the *poverty line* were reported to be in very good or excellent health, compared with 87 percent for children at or above the poverty line. Seventy-six percent of children under age 5 in families below poverty were reported to be in very good or excellent health, compared with 89 percent of children in families at or above poverty in 1998. For children ages 5 to 17 in families below the poverty line, 67 percent were reported to be in very good or excellent health, compared to 87 percent of children in families at or above the poverty line in 1998.

²³ Estimates for Whites and Blacks include Hispanics of those races. Persons of Hispanic origin may be of any race.

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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, 1984-1998

	1984	1990	1992	1993	1994	1995	1996	1997 ^a	1998 ^a
Under age 18									
Total	78	81	80	79	79	81	81	82	83
Poverty status									
Below poverty	62	66	65	64	64	65	66	68	70
At or above poverty	83	84	83	83	83	84	85	86	87
Under age 5									
Total	79	81	80	80	81	81	81	84	85
Race ^b									
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	—
Poverty Status									
Below poverty	66	70	67	68	68	67	69	74	76
At or above poverty	84	85	84	84	84	85	85	88	89
Ages 5-17									
Total	77	80	80	79	79	80	81	81	82
Race ^b									
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	—
Poverty Status									
Below poverty	60	64	64	63	62	64	65	65	67
At or above poverty	82	84	83	82	82	84	85	86	87

^a In 1997, the National Health Interview Survey was redesigned. Data for 1997 and 1998 are not strictly comparable with earlier data.

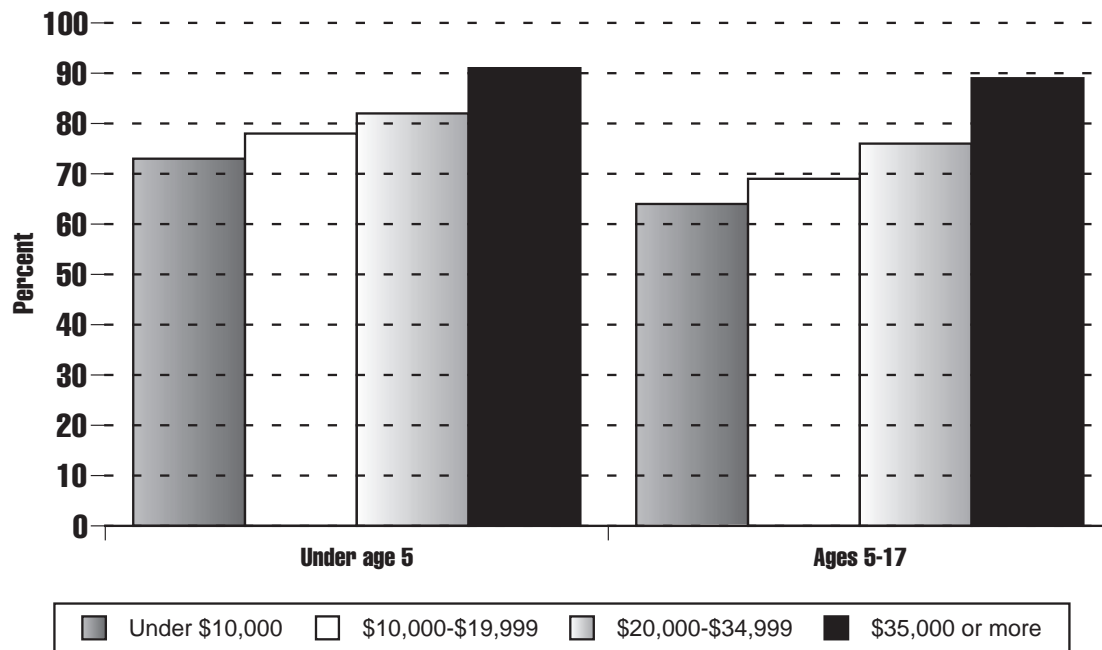
^b Estimates for Whites and Blacks include Hispanics of those races. Persons of Hispanic origin may be of any race.

Sources: Data from the National Health Interview Survey, National Center for Health Statistics (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, 2001*, Federal Interagency Forum on Child and Family Statistics, (Table HEALTH1), Washington, DC, U.S. Government Printing Office; Benson, & Marono, 1996, (Table 70); National Center for Health Statistics.

Health Conditions

Figure HC 2.3.A

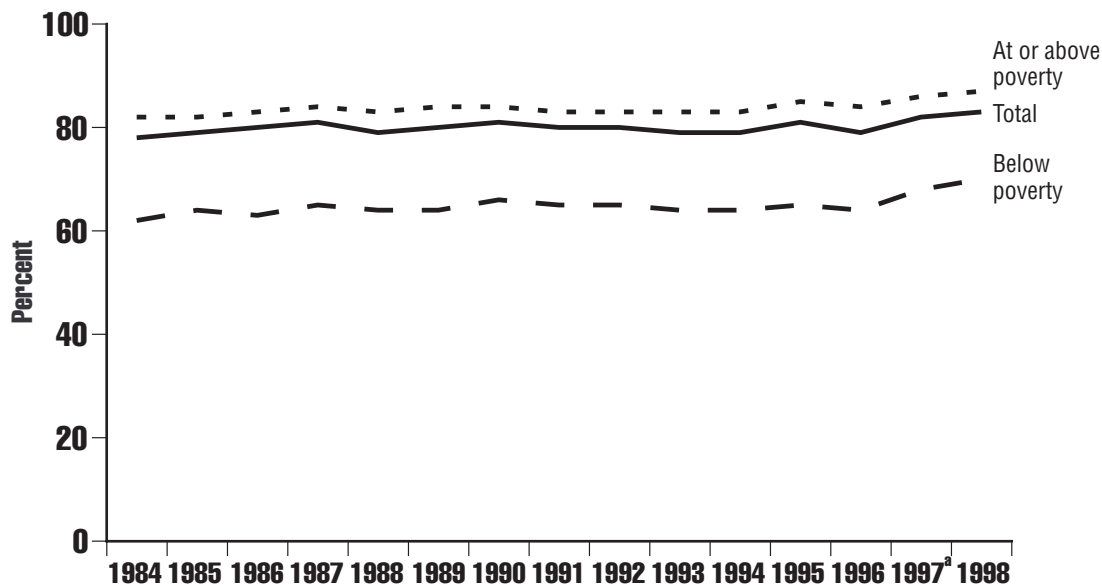
Percentage of children under age 18 in the United States who are reported by their parents to be in very good or excellent health, by age and family income: 1997



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: 1984-1998



^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, 2001*, Federal Interagency Forum on Child and Family Statistics, Washington, DC, U.S. Government Printing Office, (Table HEALTH1); Benson and 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 conditions are illnesses or impairments that cannot be cured. The extent to which chronic health conditions affect individuals differs. They can cause children to miss school and often require medical assistance and follow-up. Chronic conditions can increase a family's medical expenses, create stress for children and their parents, and can also cause parents to be absent from work. Family members and friends who arrange for or provide care may also have to modify their lives to accommodate chronic conditions.²⁴ In addition to medical services, people who have chronic conditions often need personal, social, or rehabilitative care over a prolonged period of time.²⁵

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 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.²⁶ 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).²⁷

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).

²⁴ National Academy on an Aging Society. Number 1, November 1999. Challenges for the 21st Century: Chronic and Disabling Conditions.

²⁵ Ibid.

²⁶ U.S. Department of Health and Human Services Press Office. May 21, 1998. HHS Targets Efforts on Asthma. *Fact Sheet*.

²⁷ Mannino, D.M., Pertowski, C.A., Ashizawa, A, Nixon, L.L., and 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 in the United States: Selected years 1984-1996

	Rate per 1,000 children							
	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

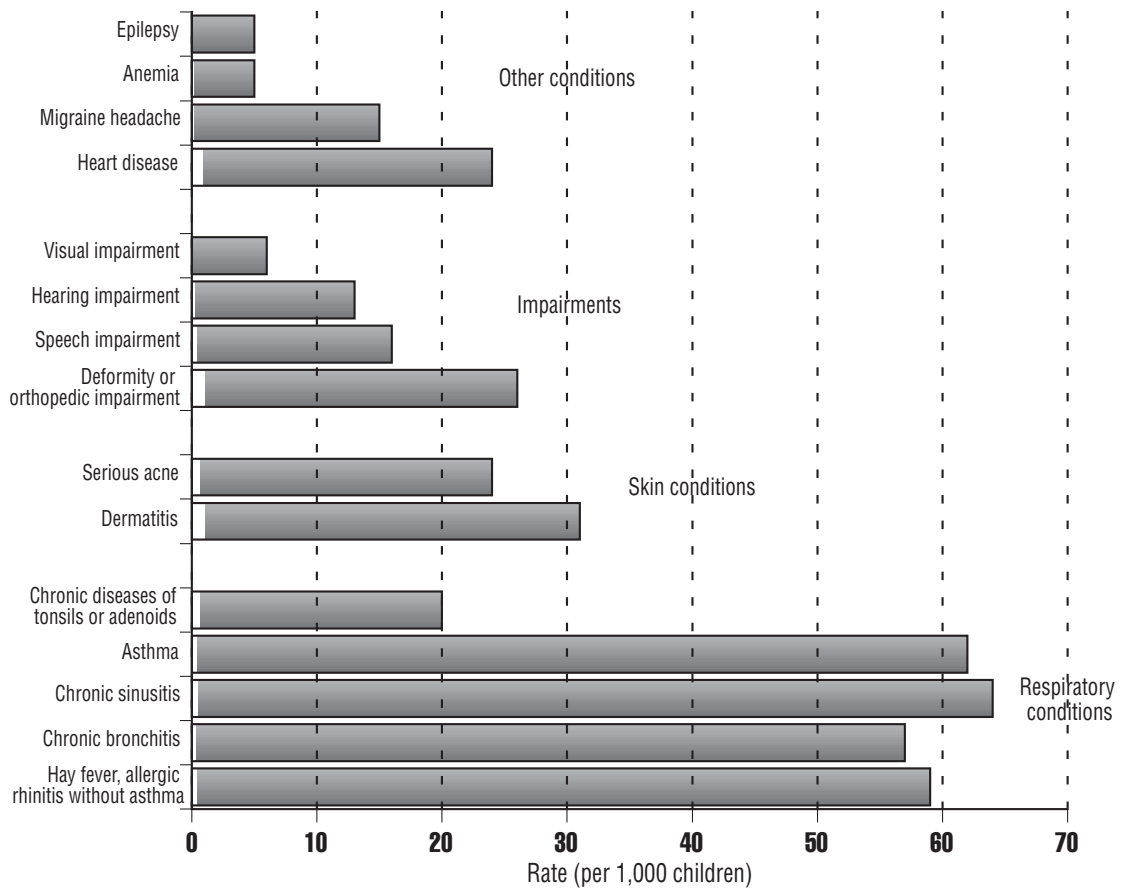
^a Chronic health conditions as defined in the National Health Interview Survey are conditions that either (a) were first noticed 3 months or more before the reference date of the interview, or (b) belong to a group of conditions (including heart diseases, diabetes, and others) that are considered chronic 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: Adams, P.F., Hendershot, G.E., and Marana, M.A. 2000. *Current Estimates for the National Health Interview Survey, 1996*. National Center for Health Statistics, *Vital Health Statistics*. Also previous issues of this report [Series 10, 156, 166, 181, 189, 190, and 193 (Tables 57 and 62 in each)].

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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.

HEALTH CONDITIONS AND HEALTH CARE

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.²⁸ 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 overweight²⁹ has increased more than twofold since the 1960s, with the largest increases seen since 1980 (see Table HC 2.5).

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. 1999 NHANES³⁰ data indicate that overweight prevalence among children 6-11 has remained stable since 1994, with 1999 data remaining at 13 percent. Prevalence among adolescents ages 12-17 has not yet been reported, but 1999 data for ages 12-19 show an increase to 14 percent.

Differences by Gender and Race. 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.

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).

²⁸ Troiano, R.P., Flegal, K.M., Kuczmarski, R.J., Campbell, S.M., and 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).

²⁹ 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.

³⁰ Data for 1999 are for children 6-11 and 12-19 years. Furthermore, 1999 data are based on a single year of NHANES data, and the sample size is therefore too small to permit inferences to be drawn by sex or race.

HEALTH CONDITIONS AND HEALTH CARE

Table HC 2.5

Percentage of overweight^a children and adolescents in the United States, by age, gender, and race and Hispanic origin:^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
White, non- Hispanic	—	—	—	7.4	13.1
Black, non- Hispanic	—	—	—	8.6	14.7
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
White, non-Hispanic	—	—	—	6.2	11.9
Black, non-Hispanic	—	—	—	11.6	17.7
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
White, non-Hispanic	—	—	—	4.5	11.8
Black, non-Hispanic	—	—	—	6.1	12.5
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
White, non-Hispanic	—	—	—	5.4	9.3
Black, non-Hispanic	—	—	—	10.5	16.0

^a Overweight is defined as 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 NHES) and for adolescents ages 12 through 17 (from the 1966-70 NHES). Age is at time of examination at mobile examination center.

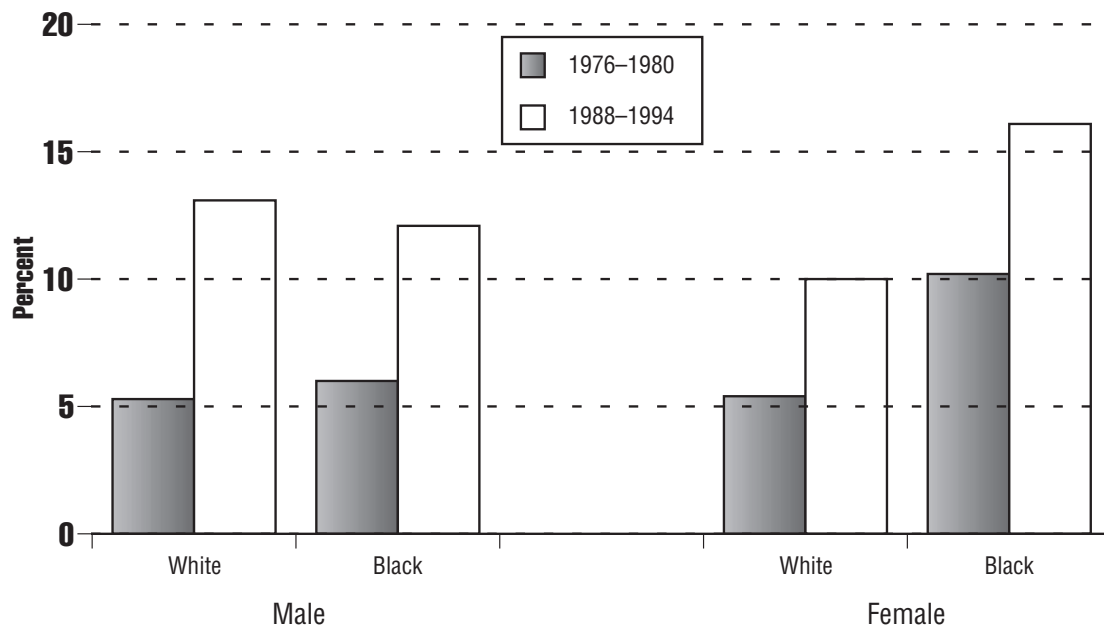
^b Totals for male and female children and adolescents include data for race groups not shown separately.

Sources: 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).

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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 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 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: National Center for Health Statistics, 1998, *Health, United States, 1998*.

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HC 2.6 Activity Limitations

Activity limitations refer to long-term reductions in activities resulting from a chronic disease or impairment.³¹ 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.

In 1998, 6.0 percent of all children under age 18 had a chronic condition that limited their activity (see Table HC 2.6.A). In 1996, 4.4 percent of all children were limited in a major activity due to a chronic condition (see Table HC 2.6.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 1998, 2.8 percent of children under age 5 had an activity limitation due to a chronic condition, compared with 7.3 percent of older children. These differences by age can be seen across poverty status, gender, race, and Hispanic origin categories (see Table HC 2.6.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 1998, 8.0 percent of males, compared with 3.9 percent of females, had activity limitations that were caused by a chronic condition (see Table HC 2.6.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 2.6.B).

Differences by Race and Hispanic Origin.³² In 1998, 7.6 percent of Black, non-Hispanic children under age 18 had any activity limitation, compared with 6.2 percent of White, non-Hispanic children and 4.7 percent of Hispanic children (see Table HC 2.6.A). Black children also suffered from restrictions in their major activities more frequently than White children (see Table HC 2.6.B).

Differences by Poverty Status. 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 2.6.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 (see Figure HC 2.6.A).

³¹ 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.

³² Persons of Hispanic origin may be of any race.

HEALTH CONDITIONS AND HEALTH CARE

Table HC 2.6.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 1985-1998

	1985	1990	1995	1996	1997 ^d	1998 ^d
Under 18 total	5.1	4.9	6.0	6.1	6.3	6.0
Gender						
Male	6.0	5.6	7.4	7.6	7.9	8.0
Female	4.2	4.2	4.6	4.6	4.7	3.9
Race and Hispanic origin ^c						
White, non-Hispanic	5.1	5.0	6.0	5.9	6.7	6.2
Black, non-Hispanic	5.8	5.5	7.3	8.0	7.5	7.6
Hispanic	5.1	4.1	5.8	6.4	4.5	4.7
Poverty status						
Below poverty	7.3	6.3	8.6	9.4	8.4	9.0
At or above poverty	4.8	4.6	5.3	5.2	6.0	5.8
Under 5 total	2.2	2.2	2.7	2.7	3.3	2.8
Gender						
Male	2.7	2.6	3.3	3.4	4.0	3.7
Female	1.6	1.7	2.0	1.8	2.5	1.8
Race and Hispanic origin ^c						
White, non-Hispanic	1.8	2.1	2.7	2.0	3.5	2.6
Black, non-Hispanic	3.2	2.9	3.5	5.1	4.0	3.9
Hispanic	3.0	2.0	2.5	3.5	2.5	3.0
Poverty status						
Below poverty	2.9	2.9	3.6	5.5	4.4	4.0
At or above poverty	2.2	2.0	2.4	1.7	2.9	2.5
Ages 5-17 total	6.3	6.1	7.4	7.4	7.5	7.3
Gender						
Male	7.4	6.9	9.0	9.2	9.4	9.7
Female	5.3	5.2	5.6	5.6	5.5	4.8
Race and Hispanic origin ^c						
White, non-Hispanic	6.4	6.2	7.2	7.3	7.8	7.5
Black, non-Hispanic	6.9	6.7	8.9	9.2	8.7	8.9
Hispanic	6.0	5.1	7.5	7.7	5.5	5.5
Poverty status						
Below poverty	9.2	7.9	11.0	11.2	10.5	11.1
At or above poverty	5.8	5.6	6.5	6.5	7.2	7.1

^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 Persons of Hispanic origin may be of any race.

^d In 1997, the National Health Interview Survey was redesigned. Data for 1997-98 are not comparable with earlier data.

Data for 1997 and 1998 are for July-December only. There was an error in data collection in January-June 1998. For both years, data for only the second half of the year are presented so that data for 1997-98 will be comparable.

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, 2001*, (Table HEALTH2). Federal Interagency Forum on Child and Family Statistics. Washington, DC: U.S. Government Printing Office.

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Table HC 2.6.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

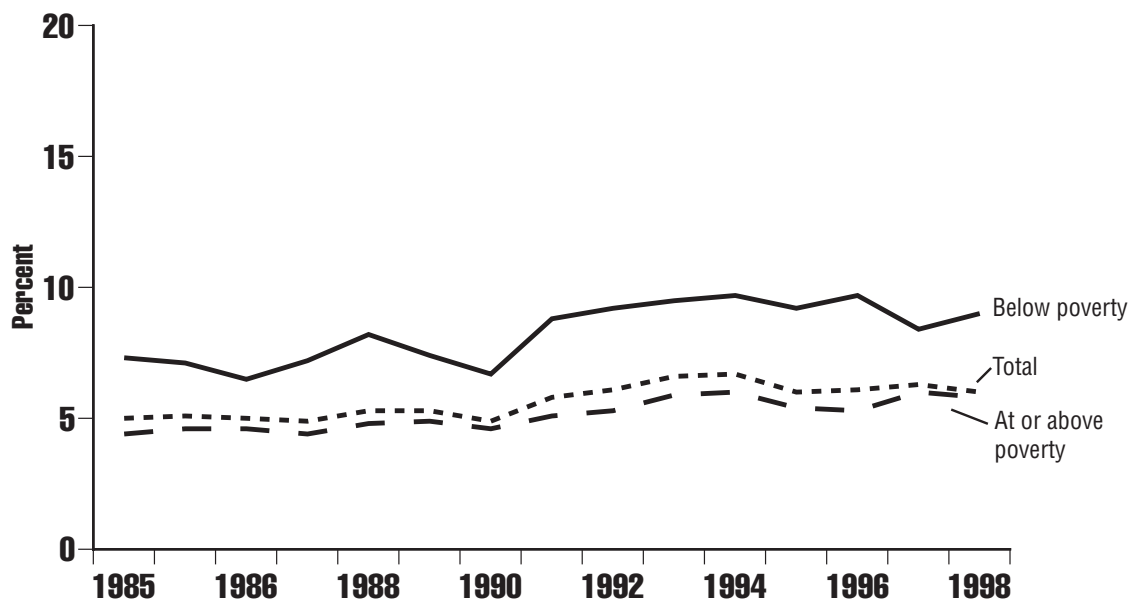
^a Persons are classified in terms of the major activity usually associated with their particular age group. The major activities for children are ordinary play for children under 5 years of age and attending school for those 5-17 years of age. A person is classified as having an activity limitation 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 and Marono, 1996, (Table 67).

Figure HC 2.6.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: 1985-1998^c



^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.

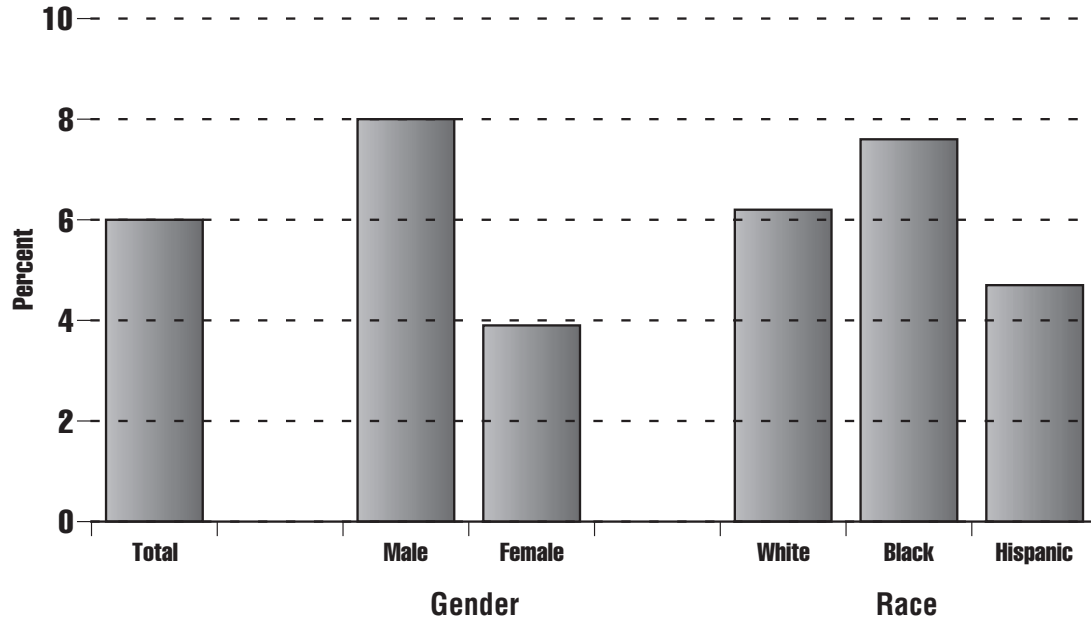
^c In 1997, the National Health Interview Survey was redesigned. Data for 1997-98 are not comparable with earlier data. Data for 1997 and 1998 are for July-December only. There was an error in data collection in January-June 1998. For both years, data for only the second half of the year are presented so that data for 1997-98 will be comparable.

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, 2001*, Federal Interagency Forum on Child and Family Statistics, Washington, DC: U.S. Government Printing Office.

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Figure HC 2.6.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 and Hispanic origin:^c 1998



^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.

^c Persons of Hispanic origin may be of any race. Estimates for Whites and Blacks include Hispanics of those races.

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, 2001*, Federal Interagency Forum on Child and Family Statistics, Washington, DC: U.S. Government Printing Office.

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HC 2.7 Dental Caries

Dental caries, commonly known as tooth decay, are the single most common chronic childhood disease.³³ Caries can occur at any age after teeth begin to form usually at around six months of age. Particularly damaging forms can begin early, when developing primary teeth are vulnerable. This type of dental caries are called *Early Childhood Caries* (ECC).³⁴ Children who are given pacifying bottles of juice, milk, or formula to drink during the day or overnight are particularly vulnerable to developing ECC.³⁵

Differences by Race and Hispanic Origin.³⁶ Mexican American children ages 2 through 5 had the highest prevalence of dental caries in their primary teeth (see Figure HC 2.7). From 1988 to 1994, 33.9 percent of Mexican American children had dental caries, compared with 24.2 percent of Black, non-Hispanic children and 13.6 percent of White, non-Hispanic children. Mexican American and Black, non-Hispanic children ages 6 through 14 were about twice as likely as White, non-Hispanic children to have dental caries in their permanent teeth (see Figure HC 2.7).

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 percent of nonpoor children did (see Table HC 2.7). An inability to pay is a major reason why many low income families do not visit a dentist. Only one-fourth of all children ages 8 years and younger have private dental insurance, and the number of publicly financed dental programs has not kept pace with the demand, and in many cases, has declined.³⁷

³³ U.S. Department of Health and Human Services. *Oral Health in America: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, National Institute of Dental and Craniofacial Research, National Institutes of Health, 2000.

³⁴ Ibid.

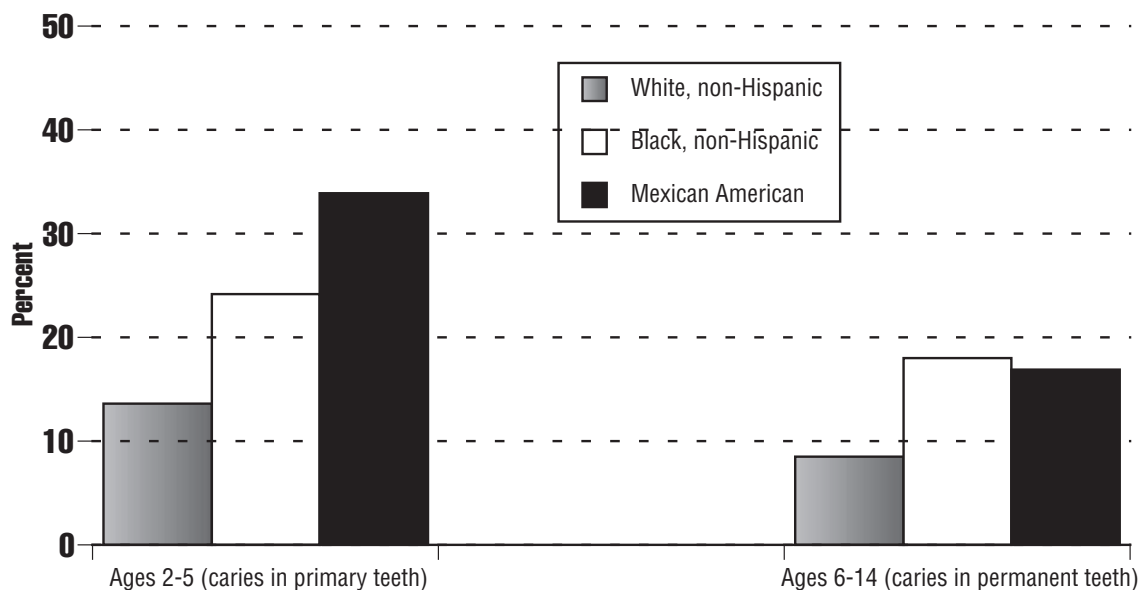
³⁵ The sugar contents pool around the upper front teeth, mix with cariogenic bacteria and give rise to rapidly progressive destruction. Other risk factors for ECC include arrested development of tooth enamel, chronic illness, altered salivary composition and volume (resulting from the use of certain medications or malnourishment), mouth breathing, and blockage of saliva flow in a bottle-fed infant.

³⁶ Persons of Hispanic origin may be of any race.

³⁷ Health Resources and Services Administration (Maternal and Child Health Bureau). 1998. *Oral Disease: A Crisis Among Children in Poverty*. Produced by the National Maternal and Child Oral Health Resource Center supported at the National Center for Education in Maternal and Child Health with the Maternal and Child Health Bureau, Health Resources and Services Administration, Public Health Service, U.S. Department of Health and Human Services, in collaboration with the Children's Dental Health Project. May 1998.

Figure HC 2.7

Percentage of children ages 2 through 14 in the United States with untreated dental caries, by age and race and Hispanic origin:^a 1988-1994



^a Persons of Hispanic origin may be of any race.

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 2.7

Percentage of children ages 2 through 14 in the United States with untreated dental caries, by age, race, and Hispanic origin, 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 Persons of Hispanic origin may be of any race.

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.

HC 2.8 Children and Adolescents with HIV/AIDS

Pediatric AIDS

Through December 2000, 8,908 cases of AIDS among children younger than 13 years of age have been reported in the United States. Of those, 5,178 have died. Pediatric AIDS cases represent 1.2 percent of all the cumulative cases (774,467) 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 2.8A) has been one of the dramatic changes of the 1990s. The number of perinatally acquired AIDS cases peaked in 1992 but has decreased by over 75 percent in recent years. Research suggests that the implementation of guidelines for universal counseling and voluntary HIV testing of pregnant women and the use of zidovudine by pregnant women with AIDS and administered to infected newborns account for the decline. The rate of perinatal transmission is expected to continue to decline as a result of more aggressive courses of treatment and more use of obstetric procedures, such as elective cesarean section, that reduce transmission.

Differences by Race and Hispanic Origin.³⁸ Decreases in perinatally acquired AIDS have occurred in all racial and ethnic groups. However, in 2000, the highest rates of AIDS continue to be reported among children who are Black, non-Hispanic and Hispanic (Figure HC 2.8B). The rate of AIDS among Black children in 2000, 1.7 per 100,000 children, was 17 times higher than among White children (0.1 per 100,000) and nearly six times higher than among Hispanic children (0.3 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 2000, 4,061 adolescents (ages 13-19) have been reported with AIDS. Adolescent AIDS cases represent less than 1 percent of all cumulative cases (774,467) reported to the CDC. The number of adolescents reported with AIDS peaked in 1993 when the surveillance case definition was changed (Figure HC2.8C).

Data from HIV infection case surveillance present a more current view of the HIV/AIDS epidemic than AIDS case surveillance data alone. Currently, 33 states, Guam, and the Virgin Islands conduct confidential HIV infection surveillance of adults and adolescents. In 2000, these areas reported 3,373 cases of HIV infection in adolescents and young adults ages 13-24, compared to 1,688 reported with AIDS. The number of adolescents reported with HIV is greater than those reported with AIDS because of the long period 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 underscores 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.

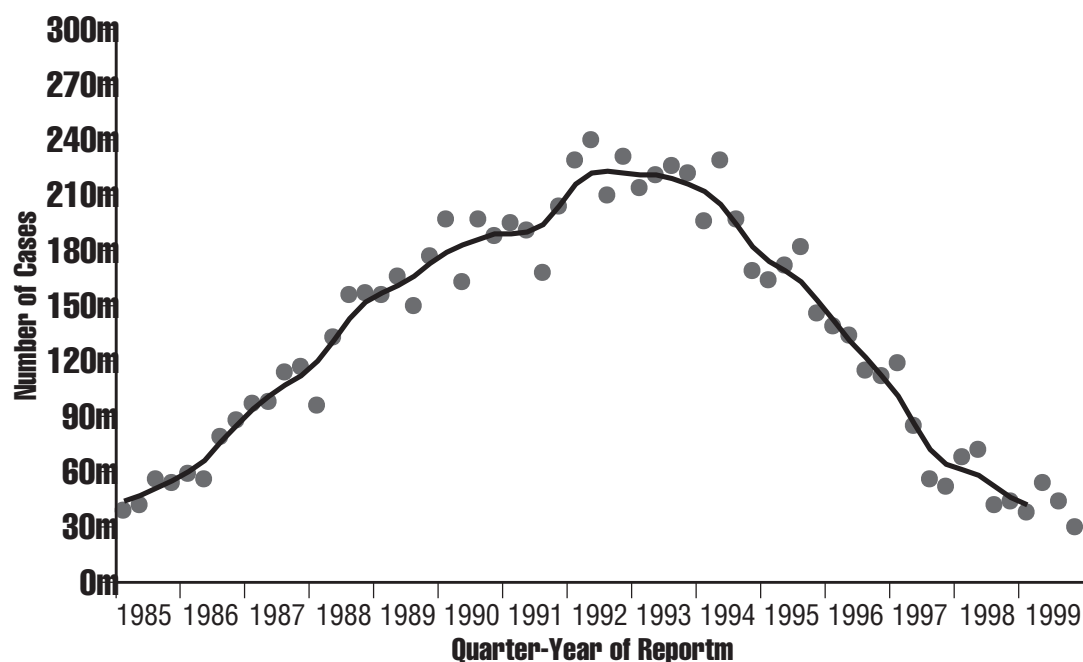
³⁸ Persons of Hispanic origin may be of any race.

Differences by Gender. 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 2000, 342 persons, 13-19 years old, were reported with AIDS; more females (184) than males (158) 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.

Differences by Race and Hispanic Origin.³⁸ 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, 64 percent of AIDS cases reported in 2000 among 13- to 19-year-olds were Black. Hispanics comprise 14 percent of the adolescent population and 20 percent of reported adolescent AIDS cases in 2000.³⁹ These patterns are likely to continue since HIV infection also disproportionately affects young Black and Hispanic persons.

Figure HC 2.8.A

Diagnosed perinatally acquired AIDS cases among children under age 13 in the United States: 1985–1999



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

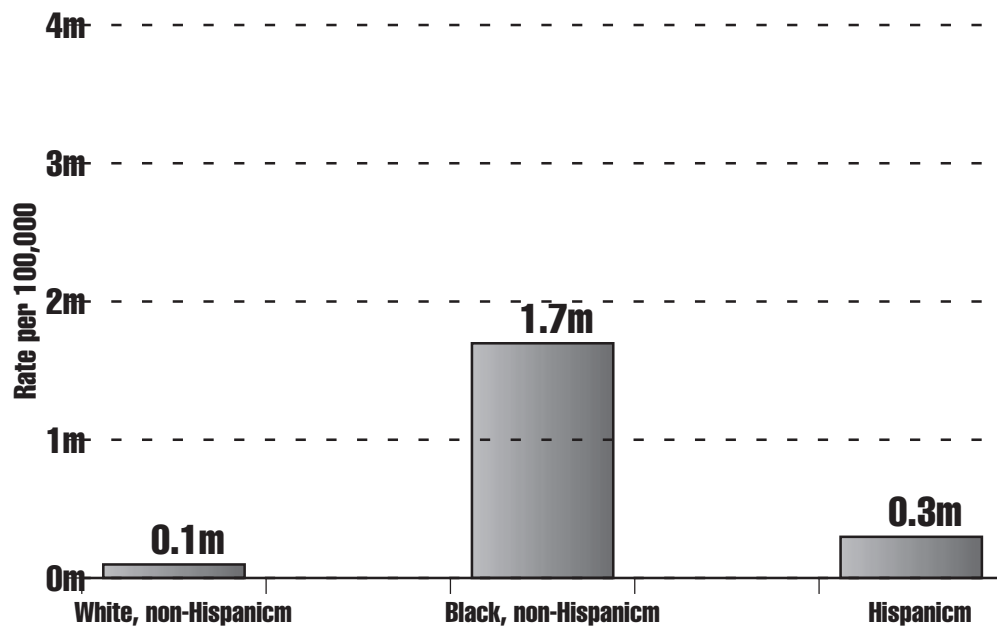
Source: U.S. National Center for Health Statistics, Centers for Disease Control and Prevention, L262 slide series (through 2000). Division of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention.

³⁹ Pediatric AIDS Surveillance, L262 slide series (through 2000). Division of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention.

Health Conditions

Figure HC 2.8.B

Reported AIDS rate among children under age 13 in the United States, by race and Hispanic origin:^a 2000

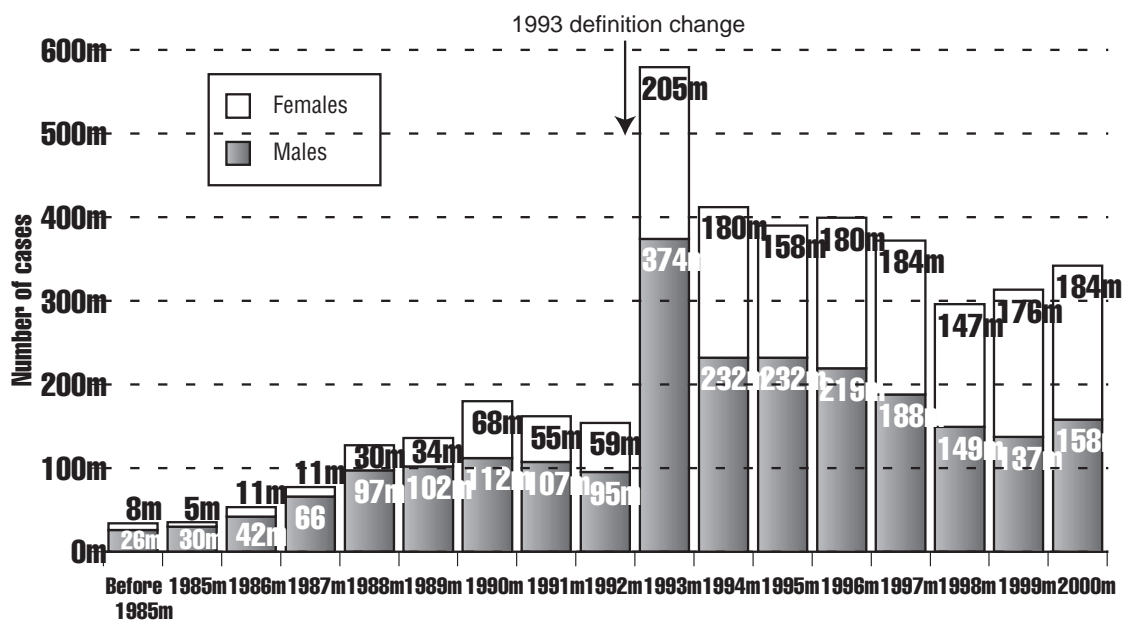


^a Persons of Hispanic origin may be of any race.

Source: Centers for Disease Control and Prevention. *HIV/AIDS Surveillance Report 2000*; 12 (No. 2).

Figure HC 2.8.C

AIDS cases in adolescents ages 13 through 19, by gender in the United States: 1985-2000



Source: Adolescent AIDS Surveillance, L265 slide series (through 2000). Division of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention, Centers for Disease Control and Prevention.

HC 2.9 Sexually Transmitted Diseases Among Adolescents

Sexually Transmitted Diseases (STDs) have potentially severe consequences. Syphilis facilitates the transmission of HIV, and gonorrhea infections are a major cause of pelvic inflammatory disease, which in turn may lead to infertility, ectopic pregnancy, or the birth of children with physical and mental developmental disabilities.⁴⁰ Adolescents are at greater risk for the transmission of STDs because of their riskier sexual behavior, such as having multiple partners or engaging in unprotected sex. Female adolescents are at a particularly higher risk, as many STDs are more easily spread from male to female and often remain undetected and untreated in females.

Gonorrhea

Gonorrhea rates have declined for all youth since 1975 (see Table HC 2.9.A). Among youth ages 15 through 19, rates decreased by more than half, from 1975 to 1999. 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. However, females have had consistently higher reported rates of gonorrhea than males (see Figure HC 2.9.A). In 1999, rates for females ages 15 through 19 were 738.1 per 100,000, versus 341.1 per 100,000 males of the same age. Furthermore, Blacks, non-Hispanic 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, non-Hispanic have been falling since 1990 for both age groups.

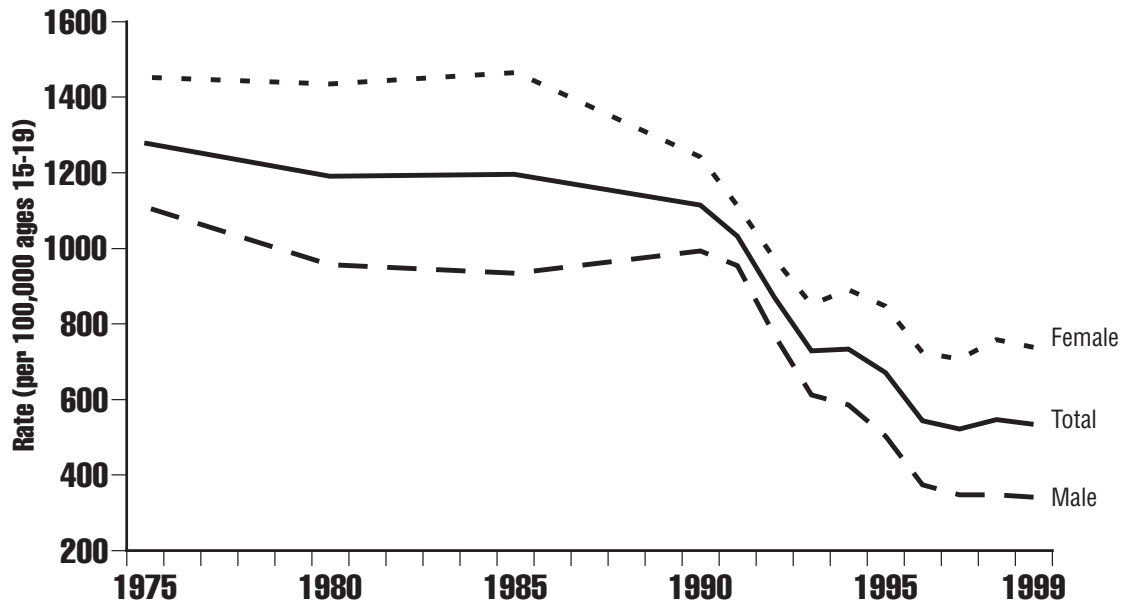
Syphilis

Table HC 2.9.B shows that reported rates for primary and secondary syphilis have decreased for youth ages 10 through 19 since their peak in 1990. However, females from both age groups have reported more cases of syphilis than their male counterparts (see Figure HC 2.9.B). In 1999, females ages 15 through 19 had a rate of 3.6 cases per 100,000, twice the male rate of 1.8 cases per 100,000. Furthermore, Black, non-Hispanic youth ages 15 through 19 have rates of syphilis more than 10 times higher than all other racial and ethnic groups. Rates have been falling for all groups except American Indians/Alaska Natives, whose reported syphilis rates have fluctuated since 1990 (see Table HC 2.9.B).

⁴⁰ Centers for Disease Control and Prevention, Division of STD Prevention. 2000. *Sexually Transmitted Disease Surveillance, 2000*. U.S. Department of Health and Human Services, Public Health Service. Atlanta: Centers for Disease Control and Prevention, (Tables 12B and 23B).

Figure HC 2.9.A

Reported rates of gonorrhea^a for youth ages 15 through 19 in the United States, by gender: Selected years, 1975-1999



^a Although most reporting areas generally adhere to the case definitions for STDs used by the Public Health Service, there can be differences 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, 1985, (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 1995-1999 from Division of STD Prevention, 2000, (Table 12B).

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Table HC 2.9.A

Rate of youth gonorrhoea^a in the United States, by age, gender, and race and Hispanic origin (per 100,000 population): Selected years, 1975-1999^b

	1975	1980	1985	1990	1995	1996	1997	1998	1999
Ages 10-14									
Total	46.7	48.7	47.7	68.9	41.3	33.2	30.7	32.4	30.9
Gender									
Male	20.9	23.6	23.8	32.1	12.4	9.1	8.5	8.4	8.4
Female	73.6	74.8	72.9	107.5	71.7	58.6	54.1	57.5	54.6
Race and Hispanic origin ^c									
White, non-Hispanic	—	—	—	14.3	8.9	7.5	7.2	6.8	6.6
Black, non-Hispanic	—	—	—	386.8	237.0	179.8	162.2	173.2	163.7
Hispanic	—	—	—	15.3	19.3	15.8	15.0	13.4	14.4
Asian/Pacific Islander	—	—	—	4.5	5.6	3.3	3.5	3.4	4.7
American Indian/ Alaska Native	—	—	—	22.7	19.0	21.7	23.7	24.9	19.2
Ages 15-19									
Total	1,275.1	1,187.3	1,189.9	1,114.4	671.0	543.6	521.6	547.0	534.0
Gender									
Male	1,103.9	953.4	930.5	993.7	503.2	373.6	348.1	347.0	341.1
Female	1,446.4	1,424.6	1,455.1	1,241.6	847.8	724.5	706.2	758.7	738.1
Race and Hispanic origin ^c									
White, non-Hispanic	—	—	—	230.3	145.1	125.8	117.4	125.1	116.1
Black, non-Hispanic	—	—	—	6,316.2	3,815.3	2,904.8	2,780.0	2,892.2	2,830.6
Hispanic	—	—	—	268.7	270.3	222.7	223.5	222.6	242.8
Asian/Pacific Islander	—	—	—	70.0	81.0	64.1	68.6	66.0	76.6
American Indian/ Alaska Native	—	—	—	414.6	296.2	329.0	342.9	390.7	365.0

^a Although most reporting areas generally adhere to the case definitions for STDs used by the Public Health Service, there can be differences 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 following years, the states/areas listed did not report race/ethnicity for most cases: 1990 (Baltimore, New Jersey, New York, and Kentucky); 1995 (Georgia, New Jersey, New York); and 1996 (New Jersey and New York); 1997 (Idaho, New Jersey, and New York), 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.

Sources: Data for 1975 from Centers for Disease Control and Prevention, 1985, (Table 7); data for 1980 and 1985 from Centers for Disease Control and Prevention, 1987; (Table 3); data for 1990 from Division of STD/HIV Prevention, 1993; (Table 9.B); data for 1995-1999 from Division of STD Prevention, 2000. (Table 12B).

HEALTH CONDITIONS AND HEALTH CARE

Table HC 2.9.B

Reported rates of youth primary and secondary syphilis^a in the United States, by age, gender, and race and Hispanic origin (per 100,000 population): Selected years, 1975-1999

	1975	1980	1985	1990	1995	1996 ^b	1997 ^b	1998	1999
Ages 10-14									
Total	1.1	0.9	0.9	1.8	0.6	0.3	0.2	0.2	0.1
Gender									
Male	0.7	0.5	0.5	0.5	0.1	0.1	0.0	0.1	0.0
Female	1.5	1.3	1.4	3.2	1.0	0.5	0.4	0.4	0.2
Race and Hispanic origin ^c									
White, non-Hispanic	—	—	—	0.1	0.0	0.0	0.0	0.0	0.0
Black, non-Hispanic	—	—	—	10.6	3.5	1.6	1.3	1.2	0.7
Hispanic	—	—	—	1.1	0.1	0.1	0.1	0.0	0.0
Asian/Pacific Islander	—	—	—	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
Ages 15-19									
Total	17.8	17.2	17.0	29.8	10.1	6.1	4.1	3.1	2.7
Gender									
Male	18.0	19.2	16.3	20.9	6.6	4.1	2.6	1.9	1.8
Female	17.5	15.1	17.7	39.2	13.8	8.2	5.6	4.4	3.6
Race and Hispanic origin ^c									
White, non-Hispanic	—	—	—	2.9	1.1	0.9	0.5	0.4	0.4
Black, non-Hispanic	—	—	—	174.6	60.9	35.1	23.0	17.6	14.8
Hispanic	—	—	—	15.2	2.4	1.7	2.1	1.6	1.6
Asian/Pacific Islander	—	—	—	1.7	0.5	0.8	0.4	0.4	0.1
American Indian/ Alaska Native	—	—	—	2.8	4.2	1.1	0.5	3.7	4.2

^a Although most reporting areas generally adhere to the case definitions for STDs used by the Public Health Service, there can be differences 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: 1996 (Rhode Island, because race/ethnicity was not reported for most cases).

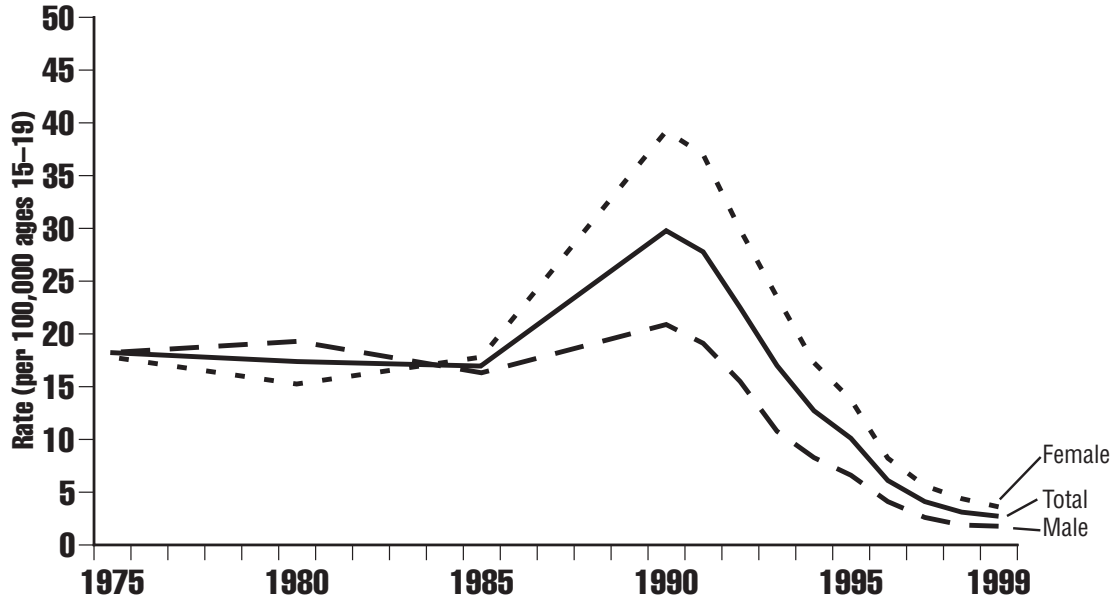
^c Persons of Hispanic origin may be of any race.

Sources: Data for 1975 from Centers for Disease Control and Prevention, 1985, (Table 8); data for 1980 and 1985 from Centers for Disease Control and Prevention, Division of STD Prevention, 1987, (Table 2); data for 1990 from Division of STD/HIV Prevention. December, 1993; (Table 21.B); data for 1995-1999 from Division of STD Prevention, 2000, (Table 23B).

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Figure HC 2.9.B

Reported rates of primary and secondary syphilis^a for youth ages 15 through 19 in the United States, by gender: Selected years, 1975-1999



^a Although most reporting areas generally adhere to the case definitions for STDs used by the Public Health Service, there can be differences 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, 1985, (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 1995-1999 from Division of STD Prevention, 2000, (Table 23B).

HEALTH CONDITIONS AND HEALTH CARE

HC 2.10 Abuse and Neglect

Abuse and neglect cause physical and/or emotional harm to children. Numerous studies have shown that consequences of abuse and neglect may include problems with attachment, low self-esteem, increased dependency, and anger.⁴¹ Abuse and neglect can also 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.⁴² In extreme cases, abuse and neglect may even result in death. It is estimated that in 1999 1,100 children died from abuse or neglect.

Between the years of 1990 and 1996, the victims of maltreatment increased substantially until 1997 when the numbers began to gradually decline (see Table HC 2.10). In 1999, an estimated 826,162 children were victims of maltreatment. Fifty-six percent of all victims suffered neglect, while 21 percent suffered physical abuse; and 11 percent were sexually abused. More than one-quarter 28 percent of all victims were reported to be victims of other or additional types of maltreatment including abandonment, threats of harm to the child, and congenital drug addiction. Some of the strongest associations were found between neglect and poverty, parental substance abuse, parental impulsivity, parental low self-esteem, and a lack of social support from the family.⁴³

The number of victims shown in Table HC 2.10 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.

Differences by Race and Hispanic origin.⁴⁴ Black children, who account for about 15 percent of the child population, constituted 26 percent of all child abuse and neglect victims in 1999. Whites accounted for 54 percent of all victims and Hispanics 14 percent of all victims (see Table HC 2.10).

Differences by Age. No age group accounts for an obviously disproportionate share of abuse and neglect victims. In 1999, 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 10-13 accounted for 20 percent, and children ages 14 to 17 accounted for 15 percent (see Table HC 2.10).

Differences by Perpetrator. Almost nine-tenths (87.3 percent) of all victims were maltreated by at least one parent. The most common pattern of maltreatment was a child victimized by a female parent acting alone. Of the 554,047 perpetrators identified, 61.8 percent were female, and 38.2 percent were male.⁴⁵ Females tended to be the perpetrators of neglect and physical abuse, while male parents tended to be the perpetrators of sexual abuse.

⁴¹ Dubowitz, H. 1996. *A Longitudinal Study of Child Neglect: Final Report*. Washington, DC: U.S. Department of Health and Human Services.

⁴² 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.

⁴³ Schumacher, J.A., Slep, A.M. and Heyman, R.E. in press. Risk factors for child neglect. *Aggression and Violent Behavior*. Taken from *Acts of Omission: An Overview of Child Neglect*. National Clearinghouse on Child Abuse and Neglect Information.

⁴⁴ Estimates for Whites and Blacks include Hispanics of those races. Persons of Hispanic origin may be of any race.

⁴⁵ The number of perpetrators (554,047) was taken from 21 states.

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Table HC 2.10

Victims of child maltreatment in the United States. Percent distribution of substantiated or indicated^a incidences by type of maltreatment, gender, age of victim, and race and Hispanic origin: 1990-1999

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Number of victims^b	860,577	911,690	994,655	1,026,331	1,029,118	1,005,511	1,011,973	956,711	905,507	826,162
Type of maltreatment^a										
Neglect	49	46	50	49	52	52	52	55	54	56
Physical Abuse	27	26	23	24	24	24	24	24	23	21
Sexual Abuse	17	16	14	14	14	13	12	12	12	11
Psychological or Emotional	7	6	5	5	5	4	6	6	6	8
Abuse or Neglect	0	2	3	2	2	3	3	2	2	2
Other and Unknown	10	13	21	17	16	17	19	12	26	28
Gender of victim										
Male	44	45	45	41	41	40	39	40	48	48
Female	50	52	51	47	46	45	43	44	52	52
Age of victim										
1 year and younger	13	14	13	12	12	11	11	11	14	14
2-5 years old	24	25	25	23	23	23	22	21	25	24
6-9 years old	22	23	23	21	20	21	21	21	25	25
10-13 years old	19	20	19	18	17	17	16	17	20	20
14-17 years old	14	15	15	14	13	13	13	12	15	15
18 and older	1	1	1	1	1	1	1	0	1	1
Race and Hispanic origin of victim^c										
White	53	56	53	51	48	47	50	49	56	54
Black	25	27	27	25	25	24	22	22	25	26
American Indian/ Alaska Native	1	1	1	1	1	1	2	2	2	2
Asian/Pacific Islander	1	1	1	1	1	1	1	1	1	1
Other races	1	2	2	1	1	2	3	3	2	11
Hispanic	10	10	10	9	9	9	9	9	13	14

^a Indicated is a type of investigation disposition that concludes the allegation of maltreatment or risk of maltreatment was supported or founded by State law or State policy and is the highest level of finding by a State Agency. Indicated or reason to suspect is an investigation that cannot be substantiated, but there is a reason to suspect that the child may have been maltreated or was at risk of maltreatment. This is applicable only to states that distinguish between substantiated and indicated dispositions. All percentages reported here are based on reporting states, no estimates were made unless otherwise noted.

^b For the 50 states and the District of Columbia. A victimization rate was generated based on the total number of reported victims and multiplied by the total child population of the reporting states; the victimization was then applied to the child population of each state missing the number of victims to generate an estimated count.

^c Estimates for Whites and Blacks include Hispanics of those races. Persons of Hispanic origin may be of any race.

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

HC 2.11 Suicidal Teens

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.⁴⁶

In 1999, 19 percent of youth in grades 9 through 12 report having seriously considered suicide during the previous 12 months (see Table HC 2.11.A). During the same time period, 8 percent report having actually attempted suicide during the previous year (see Table HC 2.11.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.⁴⁷ In 1999, Black, non-Hispanic youth report the lowest rates of considering suicide at 15 percent. Eighteen percent of White, non-Hispanic teens report having seriously considered suicide in the previous year. Hispanic youth report the highest rates of considering suicide, at 20 percent. (See Table HC 2.11.A.) Rates of reported attempted suicide range from 7 percent for White and Black, non-Hispanics to 13 percent for Hispanics (see Table HC 2.11.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 2.11). 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.

⁴⁶ Alcohol, Drug Abuse, and Mental Health Administration. 1989. *Report of the Secretary's Task Force on Youth Suicide*. Publication No. (ADM)899-1621. Washington, DC: 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.

⁴⁷ Persons of Hispanic origin may be of any race.

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Table HC 2.11.A

Percentage of students 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, non- Hispanic	28	30	24	25	20	18
Black, non- Hispanic	20	22	20	20	16	15
Hispanic	30	27	26	25	23	20

^a 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); (Table 1); Kann et al., 1995: (Table 10); Kann, L., Warren, C.W., Harris, W.a., Collins, J.L., Williams, B.I., Ross, J.G., Kolbe, L.J. 1996. Youth Risk Behavior Surveillance—United States, 1995. In CDC Surveillance Summaries. *Morbidity and Mortality Weekly Report*, 45(SS-4). (Table 10); Kann, L., Kinchen, S.A., Williams, B.I., Ross, J.G., Lowry, R., Hill, C.V., Grunbaum, J.A., Blumson, P.S., Collins, J.L., Kolbe, L.J., and State and Local YRBSS Coordinators. 1998. Youth Risk Behavior Surveillance—United States, 1997. In CDC Surveillance Summaries, *Morbidity and Mortality Weekly Report*, 47(SS-3). (Table 10). Centers for Disease Control and Prevention, 2000, Youth Risk Behavior Surveillance —United States 1999 in *Morbidity and Mortality Weekly Report*, 49(SS05); 1-96.

Health Conditions

Table HC 2.11.B

Percentage of students 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

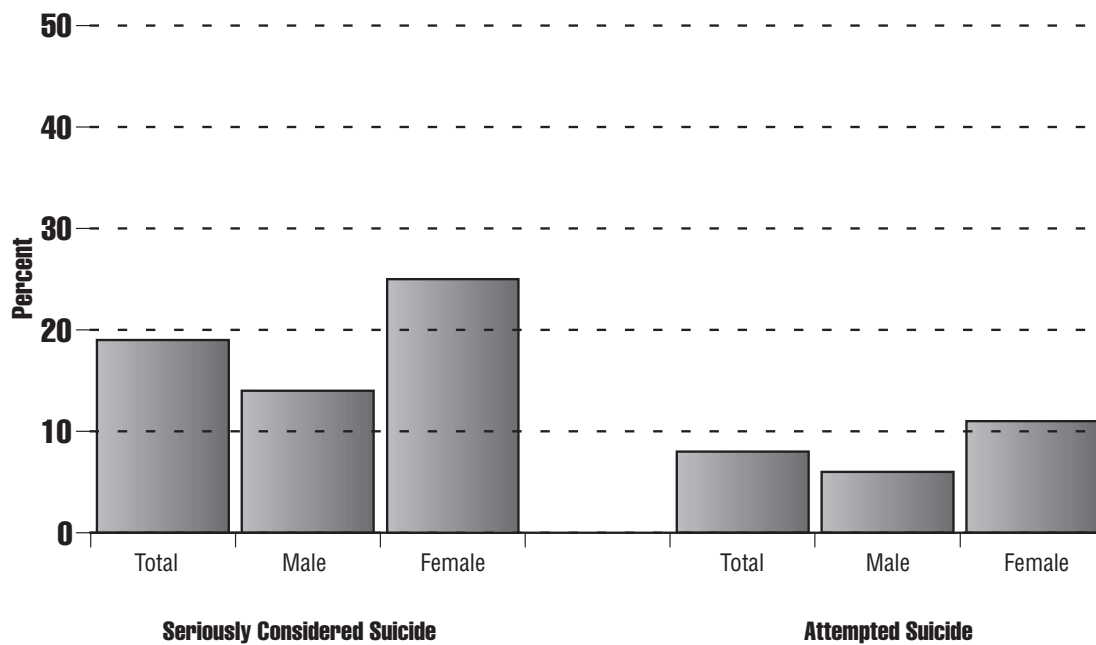
	1990	1991	1993	1995	1997	1999
Total	8	7	9	9	8	8
Male	6	4	5	6	5	6
Female	10	11	13	12	12	11
Grade						
Ninth	9	9	10	11	11	10
Tenth	9	8	9	10	9	11
Eleventh	8	6	8	9	8	6
Twelfth	7	6	7	6	5	6
Race and Hispanic origin^a						
White, non- Hispanic	8	7	8	8	6	7
Black, non- Hispanic	7	7	8	10	7	7
Hispanic	12	8	14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

^a 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); (Table 1); Kann et al., 1995: (Table 10); Kann et al., 1996: (Table 10); Kann et al., 1998, (Table 10). Centers for Disease Control and Prevention, 2000, Youth Risk Behavior Surveillance –United States 1999 in *Morbidity and Mortality Weekly Report*, 49(SS05): 1-96.

Figure HC 2.11

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. 2000. Youth Risk Behavior Surveillance.

HC 2.12 Serious Violent Victimization of Teens

Violence affects the quality of life in young people—in addition to the direct physical harm suffered by young victims of serious violence, such violence can adversely affect their mental health and increase the likelihood that they will commit serious acts of violence in turn. Youth ages 12-17 are twice as likely as adults to be victims of serious *violent crimes* which include aggravated assaults, rape, robbery, and homicide. 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.

Differences by Gender. Male youth are considerably more likely than female youth to be victims of violent crimes. In 1999, 26.8 per 1,000 males ages 12 through 17 were victims of violent crimes, compared with 13.7 per 1,000 females (see Table HC 2.12).

Differences by Race. The rate of violent victimization of White teens ranged from 25.5 to 37.0 per 1,000 between 1980 and 1999, 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 1999, 32.0 Black youths per 1,000 were victims of violent crime, compared with a rate of 18.7 per 1,000 among White youth.

Table HC 2.12

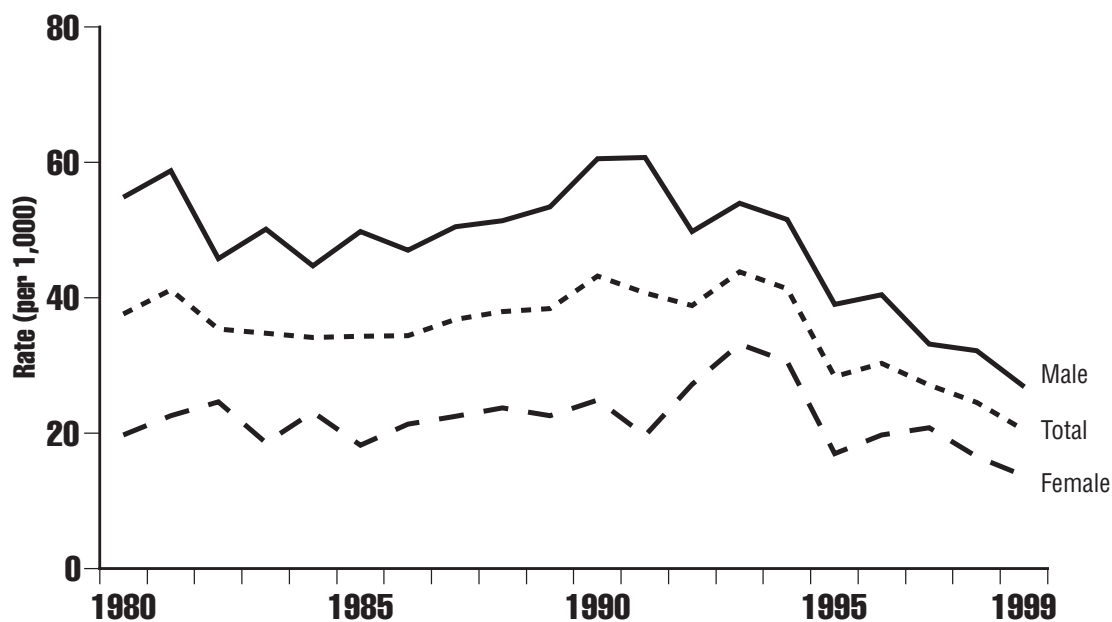
Rate of serious violent victimization^a of youth ages 12 through 17 in the United States (rates per 1,000), by age, race, and gender: Selected years, 1980-1999^b

	1980	1985	1990	1995	1996	1997	1998	1999
Age								
12-17 years	37.6	34.3	43.2	28.3	30.3	27.1	24.6	20.4
12-14 years	33.4	28.1	41.2	26.7	24.9	23.5	20.4	20.4
15-17 years	41.4	40.3	45.2	30.0	35.8	30.7	28.6	20.5
Race								
White	34.1	34.4	37.0	25.5	27.7	27.6	24.2	18.7
Black	60.2	35.2	77.0	44.5	43.4	30.4	31.0	32.0
Other	21.7	28.8	37.3	23.7	31.2	9.7	11.7	13.2
Gender								
Male	54.8	49.8	60.5	39.0	40.4	33.1	32.2	26.8
Female	19.7	18.2	24.9	17.0	19.7	20.8	16.5	13.7

^a Serious violent victimization is defined as being a victim of a violent crime, including aggravated assaults, rape, robbery, and homicide.

^b 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. Department of Justice, National Crime Victimization Survey, as reported in *America's Children: Key National Indicators of Well-Being, 2001*. Federal Interagency Forum on Child and Family Statistics. 2001.

Figure HC 2.12Rate of serious violent victimization^a of youth ages 12 through 17 in the United States, by gender: 1980-1999^b

^a Serious violent victimization is defined as being a victim of a violent crime, including aggravated assaults, rape, robbery, and homicide.

^b 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. Department of Justice, National Crime Victimization Survey, as reported in *America's Children: Key National Indicators of Well-Being, 2001*. Federal Interagency Forum on Child and Family Statistics. 2001.