

**SECTION 3. HEALTH CONDITIONS AND HEALTH CARE**

**Health Care**



**Mortality**

## HC 2.1 Healthy Births

A healthy birth is defined here as a birth with the following characteristics: weight at birth of at least 2,500 grams (5 lbs. 8oz.), a gestational age of at least 37 weeks, maternal receipt of prenatal care within the first trimester, and a 5-minute Apgar score of 7 or more out of 10.<sup>1</sup> 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 in 2000, by race and Hispanic origin, according to the above criteria. Black, non-Hispanic newborns scored lower than White, non-Hispanic and Hispanic newborns in all four measures of healthiness: gestational age, birthweight, Apgar score, and prenatal care. For example, 86.9 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. Both Black, non-Hispanic and Hispanic newborns scored lower (74.3 and 74.4 percent, respectively) than White, non-Hispanic newborns (88.5 percent) in Prenatal Care.

**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 as high as 11.8 in 1999 before dropping slightly to 11.6 in 2000 (Table HC 2.1.B). It appears that the rising number of preterm infants born to White, non-Hispanic females account for much of this increase. This percentage has risen from 8.4 in 1989 to 10.4 percent in 2000. In comparison, the percentage of preterm infants born to Black, non-Hispanic females has decreased (from 19 percent in 1989 to 17.4 percent in 2000).

**Differences by Birthweight.** The percentage of children born weighing more than 2,500 grams was 92.4 in 2000. White, non-Hispanics and Hispanics had similarly high percentages with 93.4 and 93.6 percent respectively. The percentage of infants born to Black, non-Hispanic females weighing more than 2,500 grams was much lower however, at 86.9 percent (Table HC 2.1.A).

**Differences by Prenatal Care.** Early prenatal care (care beginning 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.<sup>2</sup> In 2000, 88.5 percent of all White, non-Hispanic females received prenatal care sometime during their first trimester of pregnancy. Both Hispanic and Black, non-Hispanic females were considerably lower at 74.4 and 74.3 percent, respectively (Table HC 2.1.A). This topic is discussed in greater detail in section HC 3.2.

1 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., Weisbort, I. N., & Berrien, C. (1953). *Current Research in Anesthesia and Analgesia*. Philadelphia, PA: Lippincott Williams and Wilkins.

2 Ibid.

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**Table HC 2.1.A**

Percentage of all births defined as healthy, by mother's race and Hispanic origin of mother:<sup>a</sup> 2000

	Gestational age 37 weeks +	Birthweight 2,500 grams +	Apgar score 7 or above <sup>b</sup>	Prenatal care 1st trimester
<b>All healthy births</b>	88.4	92.4	98.6	83.2
White, non-Hispanic	89.6	93.4	98.8	88.5
Black, non-Hispanic	82.6	86.9	97.6	74.3
Hispanic	88.8	93.6	98.9	74.4

<sup>a</sup> Persons of Hispanic origin may be of any race.

<sup>b</sup> The Apgar score is a numerical expression of the physical condition of an infant shortly after delivery. In this table, the Apgar score excludes data for California and Texas, which did not report the score on the birth certificate.

Source: Martin, J. A., Hamilton, B. E., Ventura, S. J., Menacker, F., & Park, M. M. (2002). Births: Final Data for 2000. *National Vital Statistics Report*, 50(5).

**Table HC 2.1.B**

Percentage of preterm<sup>a</sup> live births by race and Hispanic origin<sup>b</sup> of mother: 1989-2000

	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
<b>All preterm live births</b>	10.6	10.6	10.8	10.7	11.0	11.0	11.0	11.0	11.4	11.6	11.8	11.6
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	10.4
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	17.4
Hispanic	11.1	11.0	11.0	10.7	11.0	10.9	10.9	10.9	11.2	11.4	11.4	11.2

<sup>a</sup> Infants born prior to 37 weeks of gestation.

<sup>b</sup> Persons of Hispanic origin may be of any race. The 1989 data by Hispanic origin exclude New Hampshire, Oklahoma, and Louisiana, which did not report Hispanic origin. The 1990 data by Hispanic origin exclude New Hampshire and Oklahoma, which did not report Hispanic origin. The 1992 data by Hispanic origin exclude New Hampshire which did not report Hispanic origin.

Sources: Martin, J. A., Hamilton, B. E., Ventura, S. J., Menacker, F., & Park, M. M. (2002). Births: Final Data for 2000. *National Vital Statistics Report*, 50(5).

## HC 2.2 Low and Very Low Birthweight

Babies born weighing less than 2,500 grams (5lb. 8oz.) face an increased risk of physical and developmental complications and death.<sup>1</sup> These low birthweight 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.<sup>2</sup> Although slight declines were seen in the early 1980s, overall the percentage of all infants born at low birthweights has increased steadily since 1985 (Table HC 2.2.A). Much of the rise in the overall rate of low birthweight births can be attributed to the increased incidence of multiple births. In 2000, 23 percent of all low birthweight infants were born in a twin, triplet, or higher order delivery.<sup>3</sup>

Babies born to females who smoke during pregnancy are at elevated risk of low birthweight. In 2000, 11.9 percent of infants born to smokers were of low birthweight compared with 7.2 percent of births to nonsmokers (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).”<sup>4</sup>

Like low birthweight babies, very low birthweight babies, (those born weighing less than 1,500 grams (3lb. 4oz.)), are at particularly high risk of severe physical and developmental complications and death. In fact, the risk of early death increases as birthweight declines. 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.<sup>5</sup>

**Differences by Race and Hispanic Origin.**<sup>6</sup> Low birthweight rates are substantially higher among Black infants than among other races and Hispanics. Among Asians/Pacific Islanders, Chinese females have consistently had the lowest percentage of low-weight births, and Filipino females have had the highest. Among Hispanics, Mexican American females have generally had the lowest percentage of low birthweight infants, while Puerto Rican females have had the highest (Table HC 2.2.A).

The percentage of babies born at very low birthweight also varies by race and Hispanic origin. For White, Hispanic, American Indian/Alaska Native, and Asian/Pacific Islander infants, the percentage of very low-weight births was about 1 percent in 2000. However, the percentage of Black infants born at very low birthweight is considerably higher (Table HC 2.2.B).

**Differences by Age.** Low birthweight rates tend to be highest for the youngest (less than 15 years) and the oldest females (ages 45-54 years), but much of the risk for the older group is attributed to their higher multiple birth rates (Figure HC 2.2.B and Figure HC 2.2.C). For 2000, 55 percent of all low birthweight infants born to females 45 and older were born in a multiple delivery, compared with 8 percent of infants born to females under 15 years of age.<sup>7</sup>

<sup>1</sup> Mathews, T. J., Curtin, S. C., & MacDorman, M. F. (2000). *National Vital Statistics Report*. (Issue No. 12). Hyattsville, MD: National Center for Health Statistics.

<sup>2</sup> Ibid.

<sup>3</sup> Ventura, S. J., Martin, J. A., Curtin, S. C., Menacker, F., & Hamilton, B. E. (2001). Births: Final Data for 1999. *National Vital Statistics Report*, 49(1).

<sup>4</sup> Ibid.

<sup>5</sup> Mathews, T. J., Curtin, S. C., & MacDorman, M. F. (2000). *National Vital Statistics Report*. (Issue No. 12). Hyattsville, MD: National Center for Health Statistics.

<sup>6</sup> Persons of Hispanic origin may be of any race. Estimates for Whites and Blacks include Hispanics of those races until 1990. Starting in 1990, persons of Hispanic origin are excluded.

<sup>7</sup> Ventura, S. J., Martin, J. A., Curtin, S. C., Menacker, F., & Hamilton, B. E. (2001). Births: Final Data for 1999. *National Vital Statistics Report*, 49(1).

Table HC 2.2.A

Low birthweight<sup>a</sup> infants as a percentage of all infants, by race and Hispanic origin<sup>b</sup> of mother and by age: Selected years, 1970-2000

	1970	1975	1980	1985	1990	1995	1996	1997	1998	1999	2000
<b>Low birthweight infants</b>	7.9	7.4	6.8	6.8	7.0	7.3	7.4	7.5	7.6	7.6	7.6
<b>Race and Hispanic origin of mother</b>											
White <sup>c</sup>	6.8	6.3	5.7	5.6	5.6	6.2	6.4	6.5	6.6	6.6	6.6
Black <sup>c</sup>	13.9	13.2	12.5	12.4	13.3	13.2	13.1	13.1	13.2	13.2	13.1
American Indian/Alaska Native	8.0	6.4	6.4	5.9	6.1	6.6	6.5	6.8	6.8	7.1	6.8
Asian/Pacific Islander	—	—	6.5	6.2	6.5	6.9	7.1	7.2	7.4	7.4	7.3
Chinese	6.7	5.3	4.9	5.0	4.7	5.3	5.0	5.1	5.3	5.2	5.1
Japanese	9.0	7.5	6.2	5.9	6.2	7.3	7.3	6.8	7.5	7.9	7.1
Filipino	10.0	8.1	7.4	6.9	7.3	7.8	7.9	8.3	8.2	8.3	8.5
Hawaiian and part Hawaiian	—	—	7.0	6.4	7.2	6.8	6.8	7.2	7.2	7.7	6.8
Other Asian/Pacific Islander	—	—	6.8	6.1	6.6	7.1	7.4	7.5	7.8	7.8	7.7
Hispanic origin	—	—	6.1	6.2	6.1	6.3	6.3	6.4	6.4	6.4	6.4
Mexican American	—	—	5.6	5.8	5.5	5.8	5.9	6.0	6.0	5.9	6.0
Puerto Rican	—	—	8.9	8.7	9.0	9.4	9.2	9.4	9.7	9.3	9.3
Cuban	—	—	5.6	6.0	5.7	6.5	6.5	6.8	6.5	6.8	6.5
Central and South American	—	—	5.8	5.7	5.8	6.2	6.0	6.3	6.5	6.4	6.3
Other and unknown Hispanic	—	—	7.0	6.8	6.9	7.5	7.7	7.9	7.6	7.6	7.8
<b>Age of mother</b>											
Under age 15	16.6	14.1	14.6	12.9	13.3	13.5	12.8	13.6	13.1	12.9	14.1
15-19 years	10.5	10.0	9.4	9.3	9.3	9.3	9.3	9.5	9.5	9.6	9.5
20-24 years	7.4	7.1	6.9	6.9	7.1	7.3	7.4	7.4	7.5	7.6	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	6.7
30-34 years	7.5	6.8	5.9	6.0	6.4	6.7	6.8	6.9	7.0	7.0	6.9
35-39 years	—	—	7.0	6.9	7.3	8.1	8.1	8.3	8.4	8.4	8.3
40-44 years	—	—	8.3	8.3	8.0	9.3	9.5	9.7	9.9	10.1	10.0
45-54 years <sup>d</sup>	—	—	9.2	10.3	10.2	15.2	14.9	17.4	18.6	18.3	18.2

<sup>a</sup> 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.).

<sup>b</sup> Persons of Hispanic origin may be of any race. 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.

<sup>c</sup> Estimates for Whites and Blacks include Hispanics of those races until 1990. Starting in 1990, persons of Hispanic origin are excluded.

<sup>d</sup> Before 1997, this category was 45-49 years.

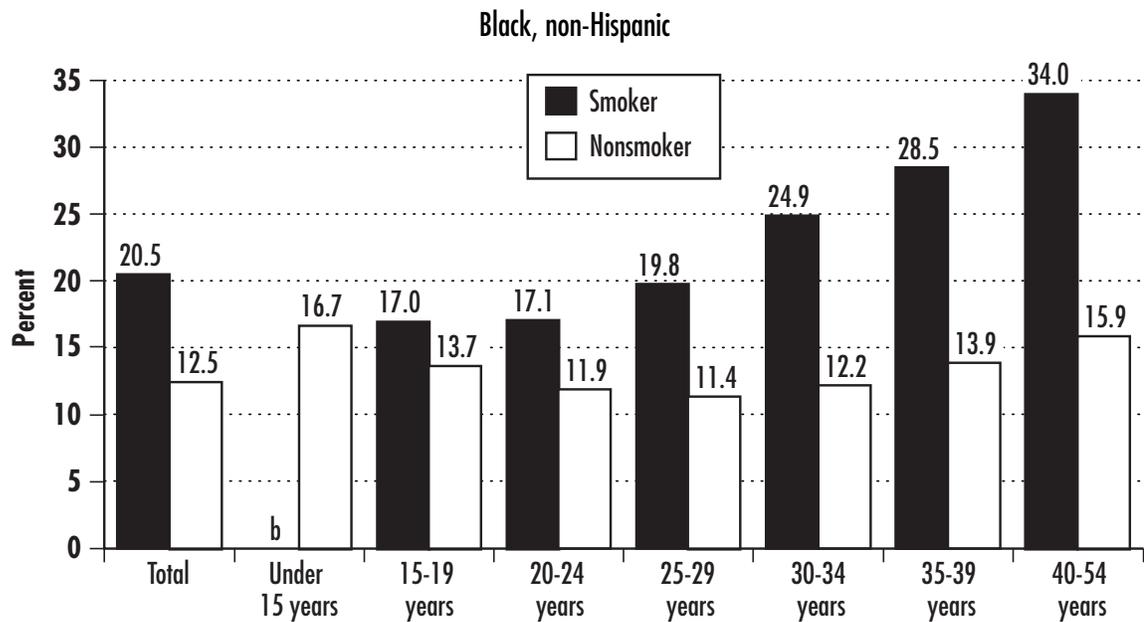
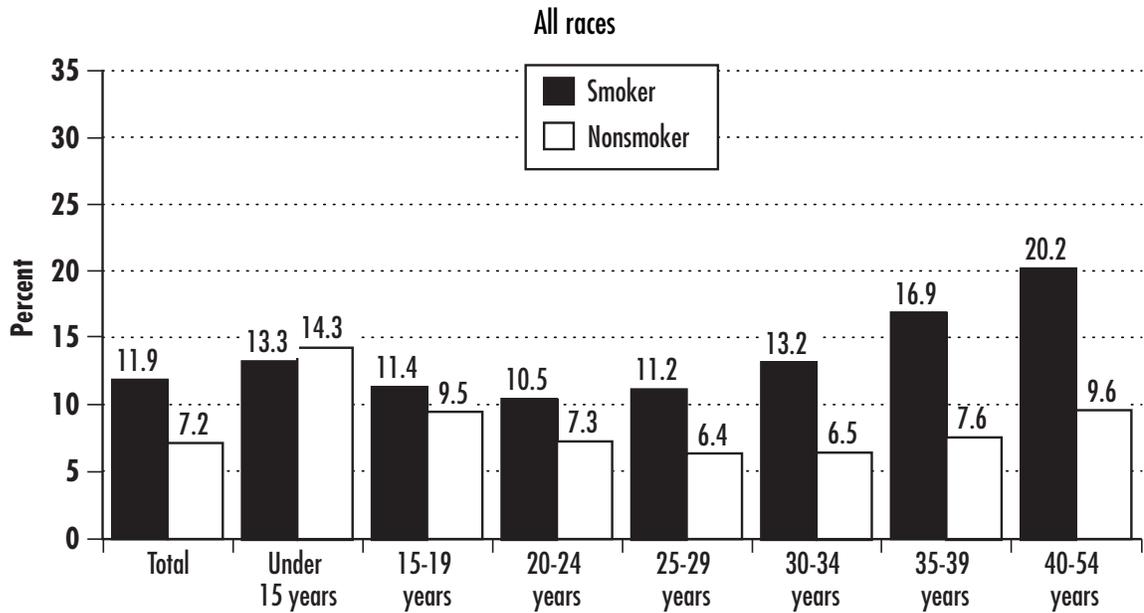
— Data not available.

Sources: Martin, J. A., Hamilton, B. E., Ventura, S. J., Menacker, E., & Park, M. M. (2002). Births: Final Data for 2000. *National Vital Statistics Report*, 50(5); Ventura, S. J., Martin, J. A., Curtin, S. C., Menacker, E., & Hamilton, B. E. (2001). Births: Final Data for 1999. *National Vital Statistics Report*, 49(1); Ventura, S. J., Martin, J. A., Curtin, S. C., Mathews, T. J., & Park, M. M. (2000). Births: Final Data for 1998. *National Vital Statistics Report*, 48(3); Ventura, S. J., Martin, J. A., Curtin, S. C., & Mathews, T. J. (1999). Births: Final Data for 1997. *National Vital Statistics Report*, 47(18); Ventura, S. J., Martin, J. A., Curtin, S. C., & Mathews, T. J. (1998). Report of Final Natality Statistics, 1996. *Monthly Vital Statistics Report*, 46(Supp. 11); Ventura, S. J., Martin, J. A., Curtin, S. C., Mathews, T. J., & Park, M. M. (1997). Report of Final Natality Statistics, 1995. *Monthly Vital Statistics Report*, 45(11[Supp. 2]); U.S. Department of Health and Human Services, National Center for Health Statistics (1996). *Health, United States, 1995*. Hyattsville, MD: Public Health Service; Ventura, S. J. & Martin, J. A. (1993). Report of Final Natality Statistics, 1990. *Monthly Vital Statistics Report*, 41(Supp. 9); U.S. Department of Health and Human Services, National Center for Health Statistics (1987). Advance Report of Final Natality Statistics, 1985. *Monthly Vital Statistics Report*, 36(4 (Supp)); Ventura, S. J. (1987). Births of Hispanic Parentage, 1985. *Monthly Vital Statistics Report*, 36(Supp. 11); Taffel, S. (1984). Characteristics of Asian Births, United States, 1980. *Monthly Vital Statistics Report*, 32(Supp. 10); Ventura, S. J. (1983). Births to Hispanic Parentage: 1980. *Monthly Vital Statistics Report*, 32(36[6 Supp]); Ventura, S. J. (1982). Advance Report of Final Natality Statistics, 1980. *Monthly Vital Statistics Report*, 31(Supp. 8).

Health Conditions

Figure HC 2.2.A

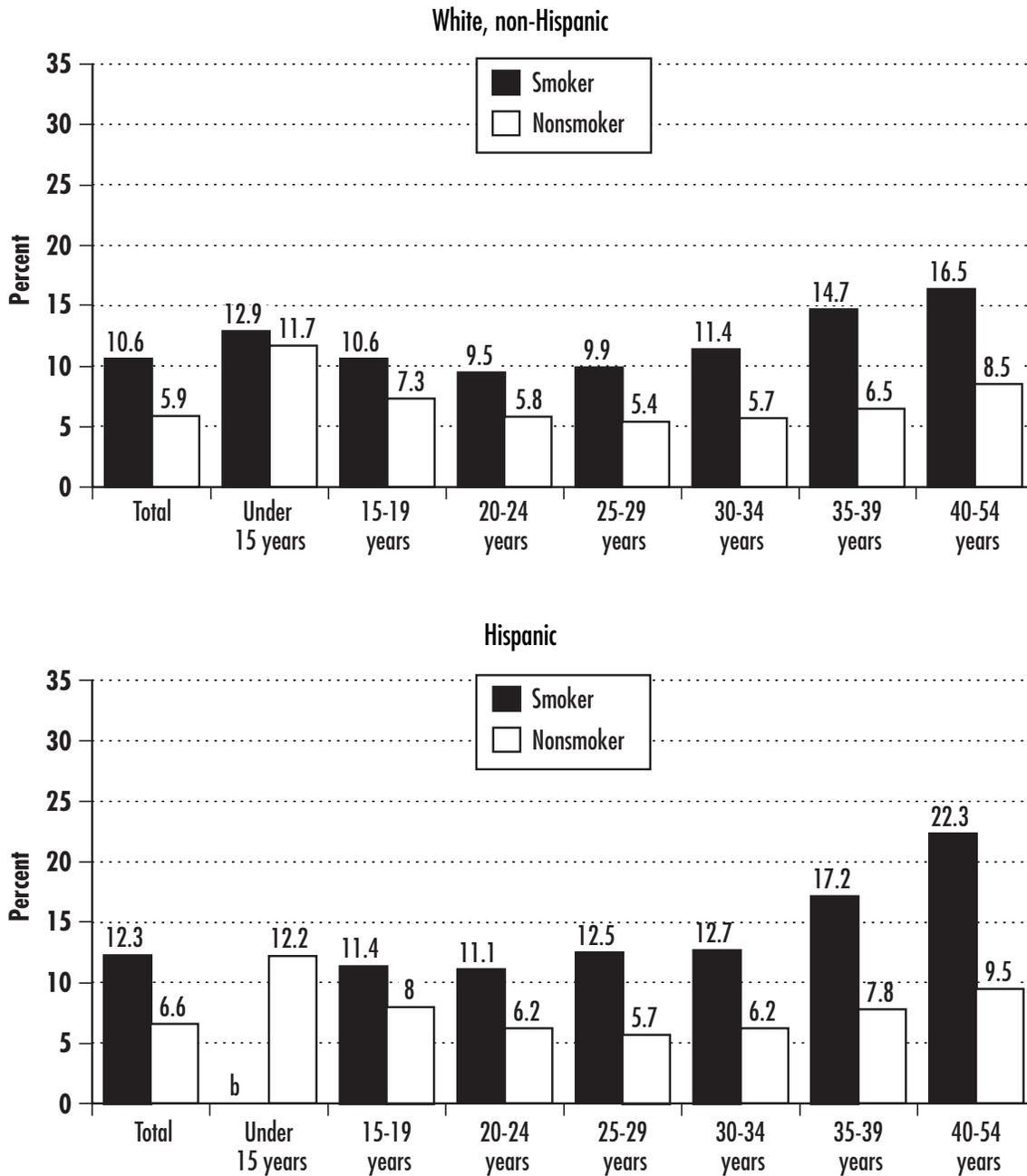
Percentage of children born with low birthweight,<sup>a</sup> by mother's smoking status, age,<sup>b</sup> and race and Hispanic origin:<sup>c</sup> 2000



continued

Figure HC 2.2.A continued

Percentage of children born with low birthweight,<sup>a</sup> by mother's smoking status, age,<sup>b</sup> and race and Hispanic origin:<sup>c</sup> 2000



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

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

<sup>c</sup> Persons of Hispanic origin may be of any race.

Sources: Martin, J. A., Hamilton, B. E., Ventura, S. J., Menacker, F., & Park, M. M. (2002). Births: Final Data for 2000. *National Vital Statistics Report*, 50(5).

**Table HC 2.2.B**

Very low birthweight<sup>a</sup> infants as a percentage of all infants by race and Hispanic origin<sup>b</sup> of mother and by age: Selected years, 1970-2000

	1970	1975	1980	1985	1990	1995	1996	1997	1998	1999	2000
<b>Very low birth weight infants</b>	1.2	1.2	1.2	1.2	1.3	1.3	1.4	1.4	1.4	1.5	1.4
<b>Race and Hispanic origin of mother</b>											
White <sup>c</sup>	1.0	0.9	0.9	0.9	0.9	1.0	1.1	1.1	1.1	1.2	1.1
Black <sup>c</sup>	2.4	2.4	2.5	2.7	2.9	3.0	3.0	3.1	3.1	3.2	3.1
American Indian/Alaska Native	1.0	1.0	0.9	1.0	1.0	1.1	1.2	1.2	1.2	1.3	1.2
Asian/Pacific Islander	—	—	0.9	0.9	0.9	0.9	1.0	1.1	1.1	1.1	1.0
Chinese	0.8	0.5	0.7	0.6	0.5	0.7	0.6	0.7	0.7	0.7	0.8
Japanese	1.5	0.9	0.9	0.8	0.7	0.9	0.8	0.8	0.8	0.9	0.7
Filipino	1.1	0.9	1.0	0.9	1.1	1.1	1.2	1.3	1.3	1.4	1.4
Hawaiian and part Hawaiian	—	—	1.1	1.0	1.0	0.9	1.0	1.4	1.5	1.4	1.4
Other Asian/Pacific Islander	—	—	1.0	0.9	0.9	0.9	1.0	1.1	1.1	1.1	1.0
Hispanic origin	—	—	1.0	1.0	1.0	1.1	1.1	1.1	1.1	1.1	1.1
Mexican American	—	—	0.9	1.0	0.9	1.0	1.0	1.0	1.0	1.0	1.0
Puerto Rican	—	—	1.3	1.3	1.6	1.8	1.7	1.8	1.9	1.9	1.9
Cuban	—	—	1.0	1.2	1.2	1.2	1.3	1.4	1.3	1.5	1.2
Central and South American	—	—	1.0	1.0	1.1	1.1	1.1	1.2	1.2	1.1	1.2
Other and unknown Hispanic	—	—	1.0	1.0	1.1	1.3	1.5	1.3	1.4	1.3	1.4
<b>Age of mother</b>											
Under age 15	—	3.1	3.4	3.1	3.2	3.2	3.2	3.1	3.3	3.2	3.3
15-19 years	—	1.8	1.7	1.8	1.8	1.7	1.7	1.8	1.8	1.8	1.8
20-24 years	—	1.1	1.1	1.2	1.3	1.3	1.3	1.4	1.4	1.4	1.4
25-29 years	—	0.9	1.0	1.0	1.1	1.2	1.2	1.2	1.3	1.3	1.3
30-34 years	—	1.0	1.0	1.1	1.2	1.2	1.3	1.3	1.4	1.4	1.3
35-39 years	—	—	1.1	1.3	1.4	1.5	1.6	1.6	1.6	1.7	1.6
40-44 years	—	—	1.4	1.5	1.5	1.8	1.9	1.9	1.9	2.0	1.9
45-54 years <sup>d</sup>	—	—	1.8	1.8	1.7	2.8	2.7	3.9	4.2	3.5	3.4

<sup>a</sup> 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.).

<sup>b</sup> Persons of Hispanic origin may be of any race. 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.

<sup>c</sup> Estimates for Whites and Blacks include Hispanics of those races until 1990. Starting in 1990, persons of Hispanic origin are excluded.

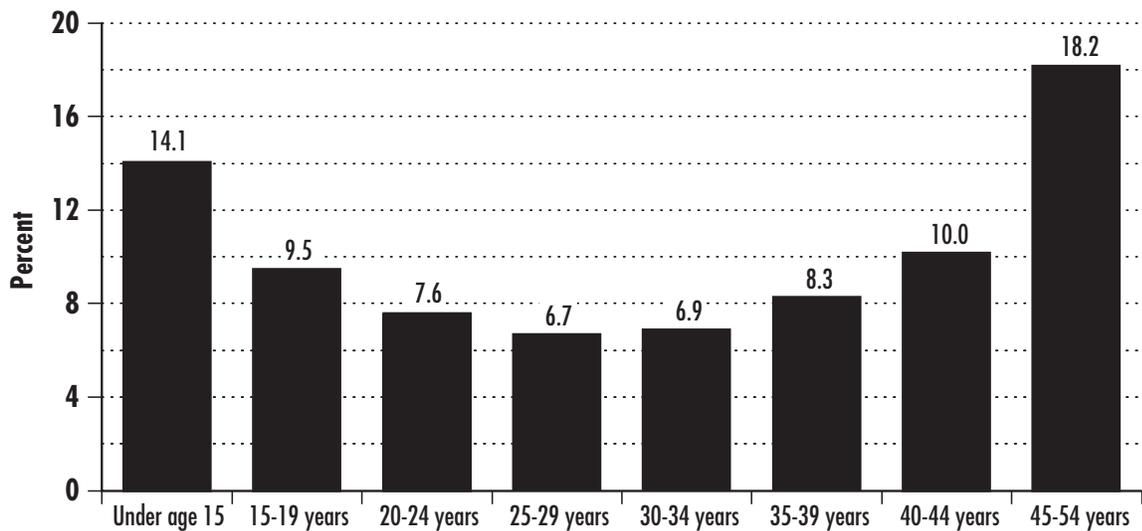
<sup>d</sup> Data for 1997-1999 are for ages 45-54 years.

— Data not available.

Sources: Martin, J. A., Hamilton, B. E., Ventura, S. J., Menacker, F., & Park, M. M. (2002). Births: Final Data for 2000. *National Vital Statistics Report*, 50(5); Ventura, S. J., Martin, J. A., Curtin, S. C., Menacker, F., & Hamilton, B. E. (2001). Births: Final Data for 1999. *National Vital Statistics Report*, 49(1); Ventura, S. J., Martin, J. A., Curtin, S. C., Mathews, T. J., & Park, M. M. (2000). Births: Final Data for 1998. *National Vital Statistics Report*, 48(3); Ventura, S. J., Martin, J. A., Curtin, S. C., & Mathews, T. J. (1999). Births: Final Data for 1997. *National Vital Statistics Report*, 47(18); Ventura, S. J., Martin, J. A., Curtin, S. C., & Mathews, T. J. (1998). Report of Final Natality Statistics, 1996. *Monthly Vital Statistics Report*, 46(Supp. 11); Ventura, S. J., Martin, J. A., Curtin, S. C., Mathews, T. J., & Park, M. M. (1997). Report of Final Natality Statistics, 1995. *Monthly Vital Statistics Report*, 45(11[Supp. 2]); National Center for Health Statistics (1996). *Health, United States, 1995*. Hyattsville, MD: Public Health Service; Ventura, S. J. & Martin, J. A. (1993). Report of Final Natality Statistics, 1990. *Monthly Vital Statistics Report*, 41(Supp. 9); National Center for Health Statistics (1987). Advance Report of Final Natality Statistics, 1985. *Monthly Vital Statistics Report*, 36(4 (Supp)); Ventura, S. J. (1982). Advance Report of Final Natality Statistics, 1980. *Monthly Vital Statistics Report*, 31(Supp. 8).

**Figure HC 2.2.B**

Low birthweight<sup>a</sup> infants as a percentage of all infants by age of mother: 2000

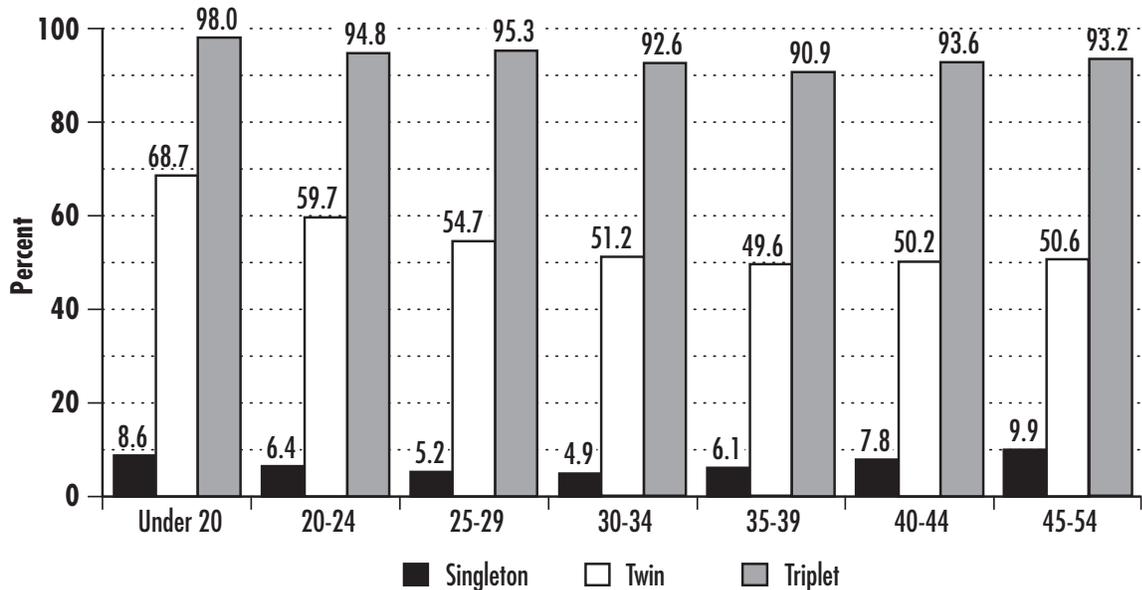


<sup>a</sup> Low birthweight defined as infants weighing less than 2,500 grams (5lb. 8oz.).

Source: Martin, J. A., Hamilton, B. E., Ventura, S. J., Menacker, F., & Park, M. M. (2002). Births: Final Data for 2000. *National Vital Statistics Report*, 50(5).

**Figure HC 2.2.C**

Percentage of children born with low birthweight<sup>a</sup> by plurality and age of mother: 2000



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

Sources: Martin, J. A., Hamilton, B. E., Ventura, S. J., Menacker, F., & Park, M. M. (2002). Births: Final Data for 2000. *National Vital Statistics Report*, 50(5).

## HC 2.3 Children in Very Good or Excellent Health

The health of children and youth is fundamental to their well-being and future development. Most parents in the United States report that their children are 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 close to 80 percent since 1985 (Table HC 2.3).

**Differences by Race and Hispanic Origin.**<sup>1</sup> Parents' reports of their children's health vary by race and Hispanic origin. Between 1985 and 2000, Black, non-Hispanic and Hispanic parents were less likely than White, non-Hispanic parents to report that their children were in very good or excellent health. In 2000, 77 percent of Black, non-Hispanic and Hispanic children under age 5 were reported to be in very good or excellent health, compared with 89 percent of White, non-Hispanic children. Seventy-three percent of Black, non-Hispanic children and 74 percent of Hispanic children ages 5 to 17 were reported in very good or excellent health, compared with 85 percent of White, non-Hispanic children in this age group (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 (Figure HC 2.3). For example, in 2000, 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 85 percent for children at or above the poverty line. Seventy-four percent of children under age 5 in families below poverty were reported to be in very good or excellent health, compared with 88 percent of children in families at or above poverty in 2000. For children ages 5 to 17 in families below the poverty line, 68 percent were reported to be in very good or excellent health, compared to 84 percent of children in families at or above the poverty line in 2000.

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<sup>1</sup> Persons of Hispanic origin may be of any race. Estimates for Whites and Blacks include Hispanics of those races.

SECTION 3. HEALTH CONDITIONS AND HEALTH CARE

**Table HC 2.3**

Percentage of children under age 18 who are reported by their parents to be in very good or excellent health, by age, race and Hispanic origin,<sup>a</sup> and poverty status: Selected years, 1985-2000

	1985	1990	1995	1996	1997 <sup>b</sup>	1998	1999	2000
<b>All healthy children</b>	79	81	80	81	82	83	83	82
Race and Hispanic origin								
White, non-Hispanic	84	85	85	85	87	88	87	86
Black, non-Hispanic	66	69	71	74	73	74	74	74
Hispanic	68	75	69	69	73	74	77	75
Poverty status								
Below poverty	64	66	65	66	68	70	71	70
At or above poverty	84	84	84	85	86	87	86	85
<b>Under age 5</b>	80	81	81	81	84	85	85	85
Race and Hispanic origin								
White, non-Hispanic	86	85	86	86	89	90	89	89
Black, non-Hispanic	67	72	72	75	77	77	78	77
Hispanic	69	75	70	69	75	77	78	77
Poverty status								
Below poverty	69	70	67	69	74	76	73	74
At or above poverty	85	85	85	85	88	89	88	88
<b>Ages 5-17</b>	78	80	80	81	81	82	82	81
Race and Hispanic origin								
White, non-Hispanic	83	84	85	85	86	87	86	85
Black, non-Hispanic	66	67	70	73	71	72	73	73
Hispanic	67	75	69	69	72	73	76	74
Poverty status								
Below poverty	62	64	64	65	65	67	70	68
At or above poverty	83	84	84	85	86	87	86	84

<sup>a</sup> Persons of Hispanic origin may be of any race. Estimates for Whites and Blacks exclude Hispanics of those races.

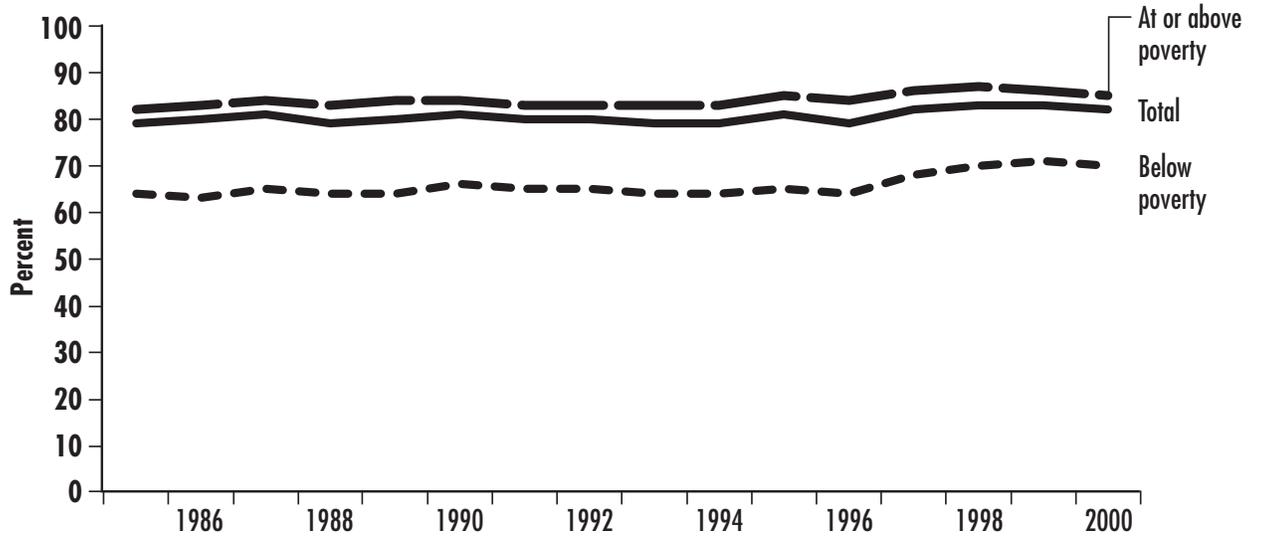
<sup>b</sup> In 1997, the National Health Interview Survey was redesigned. Data for 1997 onward are not strictly comparable with earlier data.

Sources: Federal Interagency Forum for Child and Family Statistics (2002). *America's Children: Key National Indicators of Well-Being, 2002*. Washington, DC: U.S. Government Printing Office.

## Health Conditions

**Figure HC 2.3**

Percentage of children under age 18 who are reported by their parents to be in very good or excellent health, by poverty status: 1985-2000<sup>a</sup>



<sup>a</sup> In 1997, the National Health Interview Survey was redesigned. Data for 1997 onward are not strictly comparable with earlier data.

Sources: Federal Interagency Forum for Child and Family Statistics (2002). *America's Children: Key National Indicators of Well-Being, 2002*. Washington, DC: U.S. Government Printing Office.

### SECTION 3. HEALTH CONDITIONS AND HEALTH CARE

### HC 2.4 Chronic Health Conditions

Chronic conditions are longstanding illnesses that are not easily or quickly resolved or that are continuous or persistent over an extended period time. They can cause children to miss school and often require medical assistance and followup. 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.<sup>1</sup> In addition to medical services, people who have chronic conditions often need personal, social, or rehabilitative care over a prolonged period of time.<sup>2</sup>

Over the period from 1984 to 1996, respiratory conditions were the most prevalent chronic health problems experienced by children under age 18 (Table HC 2.4 and Figure HC 2.4). The incidence of 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; children with asthma miss an average of twice as many school days as children without asthma.<sup>3</sup> The prevalence rate for asthma increased between 1980 and 1994 for all race groups, both sexes, and all age groups. The most substantial increase was among children under age 4 (a 160 percent increase), and ages 5 to 14 (a 74 percent increase).<sup>4</sup>

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<sup>1</sup> Summer, L. & O'Neill, G. (1999). *Challenges for the 21st Century*. Washington, DC: National Academy of an Aging Society.

<sup>2</sup> Ibid.

<sup>3</sup> U.S. Department of Health and Human Services (1998). *HHS Targets Efforts on Asthma: Fact Sheet*. Washington, DC.

<sup>4</sup> Mannino, 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).

**Table HC 2.4**Rate of selected chronic health conditions<sup>a</sup> for children under age 18: Selected years, 1984-1996

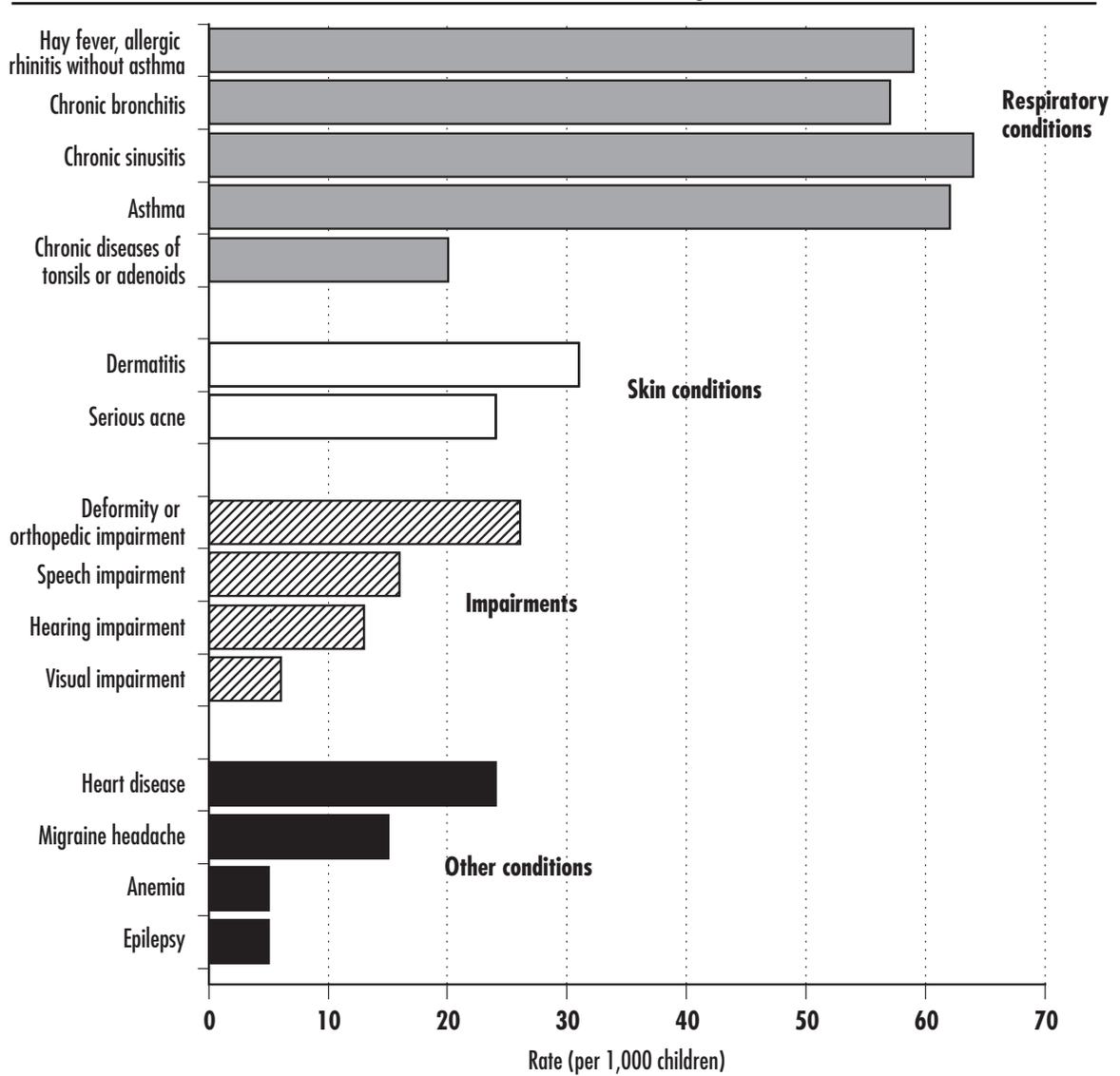
	Rate per 1,000 children							
	1984	1987	1990	1992	1993	1994	1995	1996
<b>Respiratory conditions</b>								
Hay fever, allergic rhinitis without asthma	61	64	57	71	57	61	66	59
Chronic bronchitis	50	62	53	54	59	55	54	57
Chronic sinusitis	47	58	57	69	80	65	76	64
Asthma	43	53	58	63	72	69	75	62
Chronic diseases of tonsils or adenoids	34	30	23	28	26	23	19	20
<b>Skin conditions</b>								
Dermatitis	39	32	31	41	36	38	35	31
Serious acne	26	26	26	25	28	29	26	24
<b>Impairments</b>								
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
<b>Other conditions</b>								
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

<sup>a</sup> 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., & Marano, M. A. (1999). Current Estimates from the National Health Interview Survey, 1996. *Vital Health Statistics*, 10(200); Benson, V. & Marano, M. A. (1998). Current Estimates from the National Health Interview Survey, 1995. *Vital Health Statistics*, 10; National Center for Health Statistics (1997). *National Health Interview Survey*. Unpublished work.

Figure HC 2.4

Rate of selected chronic health conditions<sup>a</sup> for children under age 18: 1996



<sup>a</sup> 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: National Center for Health Statistics (1997). *National Health Interview Survey*. Unpublished work.

## SECTION 3. HEALTH CONDITIONS AND HEALTH CARE

## HC 2.5 Overweight Prevalence

Youth 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.<sup>1</sup> 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 to 19 who are overweight<sup>2</sup> has increased more than twofold since the 1960s, with the largest increases seen since 1980 (Table HC 2.5.A).

One predictor of obesity is the amount of regular physical exercise. Sixty percent of Americans do not exercise regularly, according to a 1996 report by the surgeon general, despite the many health benefits associated with physical activity. People of all ages, both male and female, benefit from regular physical activity. Significant health benefits can be obtained by including a moderate amount of physical activity (e.g., 30 minutes of brisk walking or raking leaves, 15 minutes of running, or 45 minutes of playing volleyball) on most, if not all, days of the week.

The percentage of 12th-graders who report actively participating in sports or exercise “almost every day” has remained fairly stable since 1976, varying between 44 and 48 percent. Rates have also been stable for 8th- and 10th-graders since 1991, the first year in which data were collected for those grades (Table HC 2.5.B).

**Differences by Age.** In the earliest period shown in Table HC 2.5.A, 4.2 percent of children ages 6 to 11 were overweight, with this percentage rising to 15.3 percent in the last period (1999-2000). In the period 1966-1970, 4.6 percent of children ages 12 to 19 were overweight, with this percentage rising to 15.5 percent during 1999-2000.

The percentages of youth who report that they actively participate in sports or exercise “almost every day” decreased with age. In 2001, for example, 53 percent of 8th-graders, 50 percent of 10th-graders, and 43 percent of 12th-graders reported daily or almost daily exercise (Figure HC 2.5.B). A similar pattern emerged in a survey that asked youth whether they had exercised vigorously 3 or more times in the past week (Table HC 2.5.B).

<sup>1</sup> National Center for Health Statistics (2001). *Health, United States, 2001, with Urban and Rural Health Chartbook*. Hyattsville, MD: National Center for Health Statistics; Trojano, 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.

<sup>2</sup> 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.

**Differences by Sex.** In the time period 1988-1994, 11.8 percent of males ages 6 to 11 were overweight, compared with 11 percent of females; 11.3 percent of males ages 12 to 19 were overweight, compared with 9.7 percent of females (Figure HC 2.5.A).

Males consistently report exercising more often than females. In 2001, for each grade (9 to 12), male rates were 13 to 24 percentage points higher than female rates, a trend that exists for every year that data are available (Table HC 2.5.C).

**Differences by Race and Hispanic Origin.** In later years, overweight prevalence among male children (ages 6 to 11) and youth (ages 12 through 19) differs by less than 2 percentage points between Black and White males. The percentage of overweight Black female children and youth is about 6 to 7 percentage points above that of their White peers.

Black and White 8th-graders and 10th-graders are about equally likely to exercise regularly (Table HC 2.5.B). Among 12th-graders, Blacks appeared to be somewhat less likely than Whites to exercise regularly in 2001. Other survey data, reported in Table HC 2.5.C, show larger differences by race and Hispanic origin. In 2001, 67 percent of White youth reported exercising vigorously at least 3 times a week, compared with 60 percent of Black, non-Hispanic youth and 61 percent of Hispanic youth.

## Health Conditions

**Table HC 2.5.A**

Percentage of overweight<sup>a</sup> children and youth, by age, gender,<sup>b</sup> and race and Hispanic origin:<sup>c</sup>  
Selected years, 1963-2000

	1963-1965	1966-1970	1971-1974	1976-1980	1988-1994	1999-2000
<b>Ages 6-11</b>	4.2	—	4.0	6.5	11.3	15.3
<b>Male</b>	4.0	—	4.3	6.6	11.6	16.0
White	4.4	—	4.1	6.7	11.3	—
White, non-Hispanic	—	—	—	6.1	10.7	12.0
Black	1.6	—	5.3	6.7	12.3	—
Black, non-Hispanic	—	—	—	6.8	12.3	17.1
<b>Female</b>	4.5	—	3.6	6.4	11.0	14.5
White	4.5	—	3.7	5.7	9.8	—
White, non-Hispanic	—	—	—	5.2	9.8 <sup>d</sup>	—
Black	4.5	—	3.3	11.1	16.7	—
Black, non-Hispanic	—	—	—	11.2	17.0	22.2
<b>Ages 12-19</b>	—	4.6	6.1	5.0	10.5	15.5
<b>Male</b>	—	4.5	6.1	4.8	11.3	15.5
White	—	4.7	5.5	4.6	12.1	—
White, non-Hispanic	—	—	—	3.6	11.6	12.8
Black	—	3.1	5.0	4.8	10.4	—
Black, non-Hispanic	—	—	—	4.9	10.7	20.7
<b>Female</b>	—	4.7	6.2	5.3	9.7	15.5
White	—	4.5	6.1	4.7	9.0	—
White, non-Hispanic	—	—	—	5.0	8.9	12.4
Black	—	6.4	10.1	10.0	16.3	—
Black, non-Hispanic	—	—	—	10.3	16.3	26.6

<sup>a</sup> 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 to 11 (from the 1963-1965 NHES) and for youth ages 12 to 17 (from the 1966-70 NHES). Age is at time of examination at mobile examination center.

<sup>b</sup> Totals for male and female children and youth include data for race groups not shown separately.

<sup>c</sup> Persons of Hispanic origin may be of any race.

<sup>d</sup> Estimate is considered unreliable because it has a relative standard error of 20-30 percent.

— Data not available.

Sources: U.S. Department of Health and Human Services, National Center for Health Statistics (2002). *Health, United States, 2002, with Urban and Rural Health Chartbook*. Hyattsville, MD: National Center for Health Statistics.

SECTION 3. HEALTH CONDITIONS AND HEALTH CARE

**Table HC 2.5.B**

Percentage of 8th-, 10th- and 12th-graders who report that they actively participate in sports or exercise "almost every day" by sex and race:<sup>a</sup> Selected years, 1976-2001

	1976	1981	1986	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
<b>8th Grade</b>	—	—	—	57	55	55	53	56	54	55	53	53	54	53
Sex														
Male	—	—	—	65	65	65	63	66	63	63	61	60	61	60
Female	—	—	—	49	45	46	44	47	47	48	45	46	48	46
Race														
White	—	—	—	58	56	58	56	59	57	58	56	55	57	56
Black	—	—	—	61	57	54	52	55	56	56	54	55	54	55
<b>10th Grade</b>	—	—	—	54	54	53	53	53	52	52	50	52	51	50
Sex														
Male	—	—	—	63	64	62	62	62	60	60	58	60	59	57
Female	—	—	—	45	45	45	44	45	44	45	42	44	44	44
Race														
White	—	—	—	55	55	54	54	55	53	54	52	54	53	51
Black	—	—	—	54	52	56	50	52	53	52	47	47	48	51
<b>12th Grade</b>	44	48	44	46	46	44	45	45	45	45	44	45	42	43
Sex														
Male	52	56	54	55	59	55	56	55	58	56	53	54	49	56
Female	36	39	36	36	33	33	36	37	32	36	35	37	35	32
Race														
White	43	47	46	48	48	46	49	46	48	46	46	48	44	46
Black	49	53	43	43	41	39	39	48	40	38	38	40	37	43

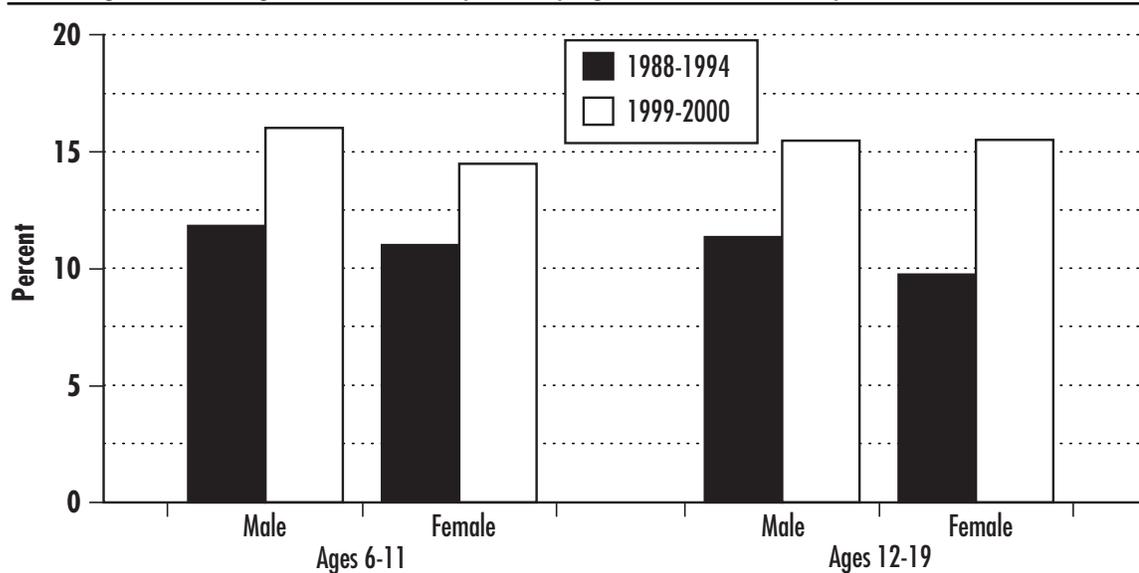
<sup>a</sup> Persons of Hispanic origin may be of any race. Data for Blacks and Whites include Hispanic persons of those races.

— Data not available.

Source: Bachman, J. G., Johnston, L. D., & O'Mally, P. M. (2002). *Monitoring the Future: Questionnaire Responses*. Ann Arbor, MI: Institute for Social Research: The University of Michigan.

**Figure HC 2.5.A**

Percentage of overweight<sup>a</sup> children and youth, by age and sex: Selected years, 1988-2000

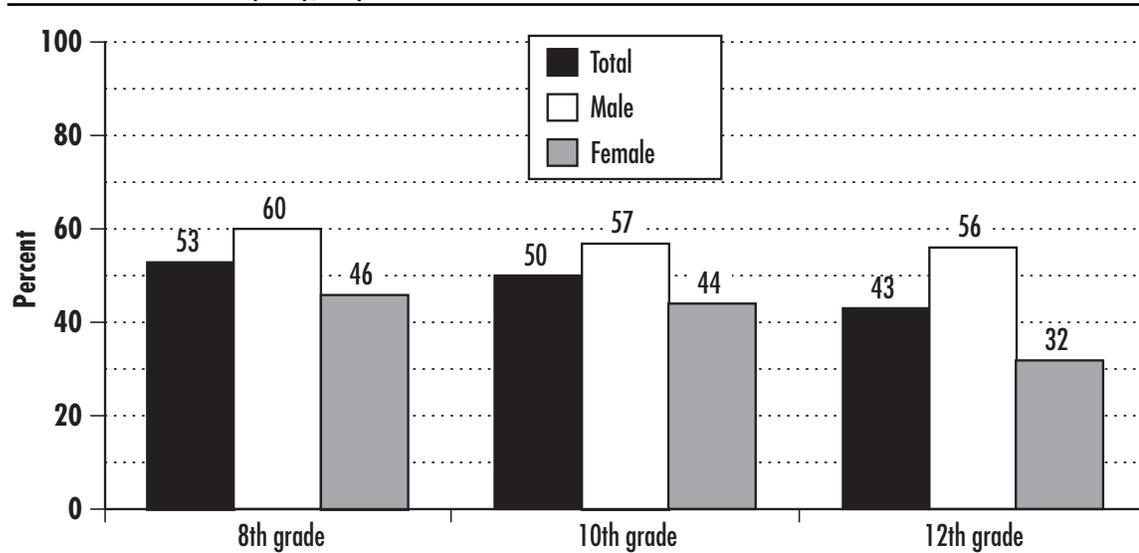


<sup>a</sup> Overweight is defined as BMI at or above the sex- and age-specific 95th percentile BMI cutoff points calculated at 6-month age intervals for children ages 6 to 11 (from the 1963-1965 NHES) and for youth ages 12 to 17 (from the 1966-70 NHES). Age is at time of examination at mobile examination 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 (2001). *Health, United States, 2001, with Urban and Rural Health Chartbook*. Hyattsville, MD: National Center for Health Statistics.

**Figure HC 2.5.B**

Percentage of 8th-, 10th-, and 12th-graders who report that they actively participate in sports or exercise "almost every day," by sex: 2001



Source: Bachman, J. G., Johnston, L. D., & O'Mally, P. M. (2002). *Monitoring the Future: Questionnaire Responses*. Ann Arbor, MI: Institute for Social Research: The University of Michigan.

SECTION 3. HEALTH CONDITIONS AND HEALTH CARE

**Table HC 2.5.C**

Percentage of youth in grades 9 to 12 who report having exercised vigorously three or more times in the past seven days, by sex, grade, and race and Hispanic origin:<sup>a</sup> Selected years, 1993-2001

	1993			1995			1997			1999			2001		
	Total	Male	Female												
<b>All youth</b>	66	75	56	64	74	52	64	72	54	65	72	57	65	73	57
<b>Grade</b>															
9th	75	81	68	72	80	62	73	79	66	73	77	68	72	77	67
10th	70	77	61	69	79	59	66	74	56	65	73	56	67	74	60
11th	63	71	53	60	72	47	60	69	49	58	67	49	61	72	51
12th	58	70	45	55	67	42	58	68	44	61	71	52	56	66	45
<b>Race and Hispanic origin</b>															
White, non-Hispanic	68	76	59	67	76	57	67	73	58	67	75	60	67	74	60
Black, non-Hispanic	60	71	49	53	68	41	54	67	41	56	65	47	60	72	48
Hispanic	59	69	50	57	70	45	60	69	50	61	72	50	61	69	52

<sup>a</sup> Persons of Hispanic origin may be of any race.

Source: Centers for Disease Control and Prevention (2002). Youth Risk Behavior Surveillance, United States, 2001. *Morbidity and Mortality Weekly Report*, 51(SS-4); Centers for Disease Control and Prevention (2000). Youth Risk Behavior Surveillance, United States, 1999. *Morbidity and Mortality Weekly Report*, 49(SS-5); Centers for Disease Control and Prevention (1998). Youth Risk Behavior Surveillance, United States, 1997. *Morbidity and Mortality Weekly Report*, 47(SS-3); Centers for Disease Control and Prevention (1996). Youth Risk Behavior Surveillance, United States, 1995. *Morbidity and Mortality Weekly Report*, 45(SS-4); Center for Disease Control and Prevention (1995). Youth Risk Behavior Surveillance, United States 1993. *Morbidity and Mortality Weekly Report*, 44(SS-1).

## HC 2.6 Activity Limitations

Activity limitations refer to long-term reductions in activities resulting from a chronic disease or impairment.<sup>1</sup> 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.

**Differences by Age.** Children ages 5 to 17 are more likely to experience an activity limitation due to a chronic condition than are younger children. In 2000, 3.2 percent of children under age 5 had an activity limitation due to a chronic condition, compared with 6.9 percent of older children. These differences by age can be seen across poverty status, sex, and race and Hispanic origin categories (Table HC 2.6.A).

**Differences by Sex.** Males have consistently accounted for a greater percentage of children with an activity limitation due to a chronic condition. In 2000, 7.5 percent of males under the age of 18, compared with 4.3 percent of females in the same age group, had activity limitations that were caused by a chronic condition (Table HC 2.6.A).

**Differences by Race and Hispanic Origin.**<sup>2</sup> In 2000, 6.8 percent of Black, non-Hispanic children under the age of 18 had any activity limitation, compared with 6.3 percent of White, non-Hispanic and 4.4 percent of Hispanic children (Figure HC 2.6.A). Overall, the percentage of children under the age of 18 with an activity limitation due to a chronic condition has risen by a little more than one percent for both Black, non-Hispanics and White, non-Hispanics since 1985. The overall rate for Hispanics, however, has decreased over that time, from 5.1 to 4.4 percent. (Table HC 2.6.A). Black children under the age of 18 also suffered from restrictions in their major activities more frequently than White children (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 (Figure HC 2.6 B). In 2000, 8.4 percent of children below the poverty line and 6.1 percent of children at or above the poverty line had an activity limitation.

---

<sup>1</sup> 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.

<sup>2</sup> Persons of Hispanic origin may be of any race.

SECTION 3. HEALTH CONDITIONS AND HEALTH CARE

**Table HC 2.6.A**

Percentage of children under age 18 with any activity limitation<sup>a</sup> due to a chronic condition,<sup>b</sup> by family income, age, sex, poverty status, and race and Hispanic origin:<sup>c</sup> Selected years, 1985-2000

	1985	1990	1995	1996	1997	1998 <sup>d</sup>	1999	2000
<b>Children with activity limitations</b>	5.1	4.9	6.0	6.1	6.6	6.0	5.9	5.9
Sex								
Male	6.0	5.6	7.4	7.6	8.4	8.0	7.4	7.5
Female	4.2	4.2	4.6	4.6	4.7	3.9	4.4	4.3
Race and Hispanic origin								
White, non-Hispanic	5.1	5.0	6.0	5.9	7.1	6.2	6.3	6.3
Black, non-Hispanic	5.8	5.5	7.3	8.0	7.4	7.6	6.5	6.8
Hispanic	5.1	4.1	5.8	6.4	4.8	4.7	4.5	4.4
Poverty status								
Below poverty	7.3	6.3	8.6	9.4	8.8	9.0	8.8	8.4
At or above poverty	4.8	4.6	5.3	5.2	6.4	5.8	6.0	6.1
<b>Under age 5</b>	2.2	2.2	2.7	2.7	3.5	2.8	3.1	3.2
Sex								
Male	2.7	2.6	3.3	3.4	4.2	3.7	3.8	4.0
Female	1.6	1.7	2.0	1.8	2.7	1.8	2.4	2.4
Race and Hispanic origin								
White, non-Hispanic	1.8	2.1	2.7	2.0	3.7	2.6	3.0	3.1
Black, non-Hispanic	3.2	2.9	3.5	5.1	4.5	3.9	5.1	4.1
Hispanic	3.0	2.0	2.5	3.5	2.5	3.0	2.0	2.6
Poverty status								
Below poverty	2.9	2.9	3.6	5.5	4.6	4.0	4.5	3.7
At or above poverty	2.2	2.0	2.4	1.7	3.2	2.5	3.1	3.2
<b>Ages 5-17</b>	6.3	6.1	7.4	7.4	7.8	7.3	7.0	6.9
Sex								
Male	7.4	6.9	9.0	9.2	10.0	9.7	8.7	8.8
Female	5.3	5.2	5.6	5.6	5.5	4.8	5.1	5.0
Race and Hispanic origin								
White, non-Hispanic	6.4	6.2	7.2	7.3	8.3	7.5	7.4	7.4
Black, non-Hispanic	6.9	6.7	8.9	9.2	8.4	8.9	7.0	7.7
Hispanic	6.0	5.1	7.5	7.7	5.9	5.5	5.6	5.3
Poverty status								
Below poverty	9.2	7.9	11.0	11.2	10.8	11.1	10.6	10.7
At or above poverty	5.8	5.6	6.5	6.5	7.6	7.1	7.1	7.1

<sup>a</sup> 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.

<sup>b</sup> 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.

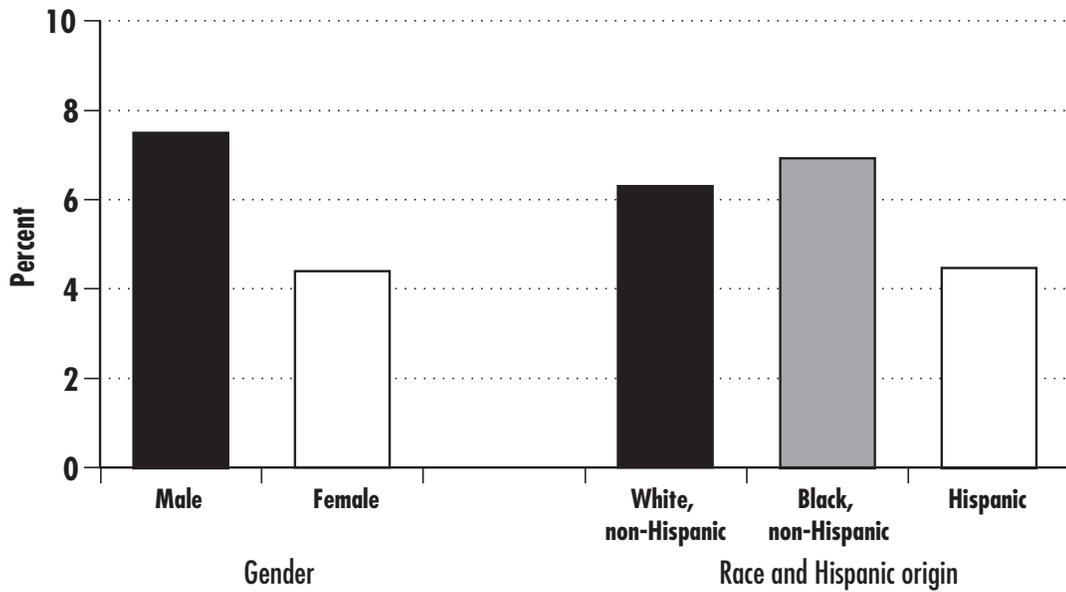
<sup>c</sup> Persons of Hispanic origin may be of any race.

<sup>d</sup> 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: Federal Interagency Forum for Child and Family Statistics (2002). *America's Children: Key National Indicators of Well-Being, 2002*. Washington, DC: U.S. Government Printing Office; Benson, V. & Marano, M. A. (1998). Current Estimates from the National Health Interview Survey, 1995. *Vital Health Statistics*, 10.

**Figure HC 2.6.A**

Percentage of children under age 18 with an activity limitation<sup>a</sup> due to a chronic condition,<sup>b</sup> by sex, and by race and Hispanic origin:<sup>c</sup> 2000



- <sup>a</sup> 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.
- <sup>b</sup> 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.
- <sup>c</sup> Persons of Hispanic origin may be of any race.

Sources: Federal Interagency Forum for Child and Family Statistics (2002). *America's Children: Key National Indicators of Well-Being, 2002*. Washington, DC: U.S. Government Printing Office.

**Table HC 2.6.B**

Percentage of children under age 18 with any activity limitation<sup>a</sup> due to a chronic condition,<sup>b</sup> by sex and race: Selected years, 1983-1996

	1983	1985	1990	1991	1992	1993	1994	1995	1996
<b>Children with activity limitations</b>	3.5	3.7	3.6	4.2	4.4	4.6	4.9	4.3	4.4
Sex									
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

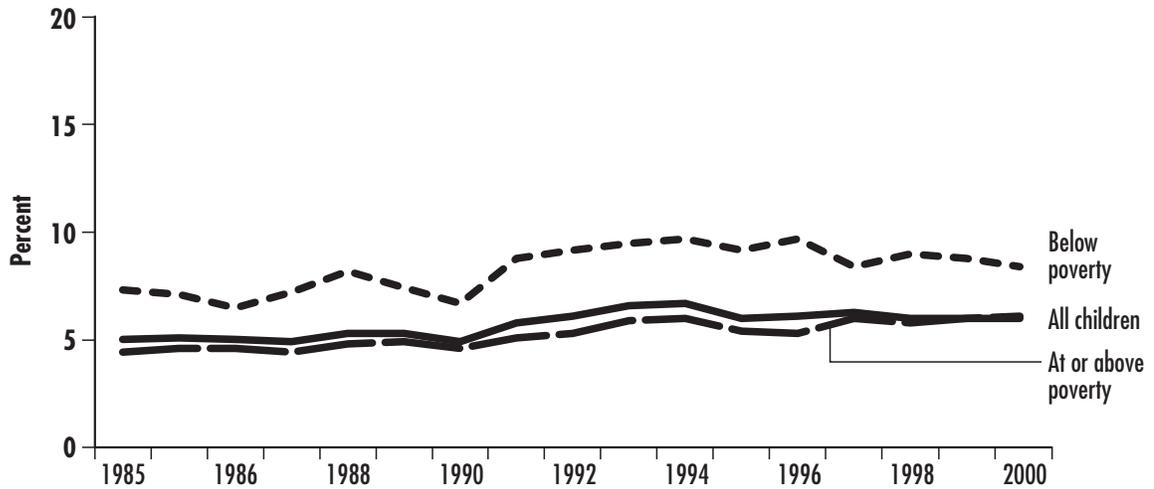
<sup>a</sup> Persons are classified in terms of the major activity usually associated with their particular age group. The major activities for children are ordinary play for children under 5 years of age and attending school for those 5-17 years of age. A person is classified as having an activity limitation 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.

<sup>b</sup> 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: Benson, V. & Marano, M. A. (1998). Current Estimates from the National Health Interview Survey, 1995. *Vital Health Statistics*, 10; National Center for Health Statistics (1997). *National Health Interview Survey*. Unpublished work.

**Figure HC 2.6.B**

Percentage of children under age 18 with any activity limitation<sup>a</sup> due to a chronic condition,<sup>b</sup> by poverty status: 1985-2000<sup>c</sup>



- <sup>a</sup> 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.
- <sup>b</sup> 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.
- <sup>c</sup> 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: Federal Interagency Forum for Child and Family Statistics (2002). *America's Children: Key National Indicators of Well-Being, 2002*. Washington, DC: U.S. Government Printing Office.

### SECTION 3. HEALTH CONDITIONS AND HEALTH CARE

## HC 2.7 Children and Youth with HIV/AIDS

Through December 2001, 9,074 cases of AIDS among children younger than 13 and 4,428 cases among youth 13-19 years of age have been reported in the United States. Pediatric AIDS cases represent 1.1 percent and youth cases represent less than 1 percent of all the cumulative cases 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 2.7.A) 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, voluntary HIV testing of pregnant females, the use of zidovudine by pregnant females with AIDS, and administering zidovudine 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 increased use of obstetric procedures, such as elective cesarean section, that reduce transmission.

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, the Virgin Islands, and some Pacific Islands conduct confidential HIV infection surveillance of adults and youth. In 2001, these areas reported 4,457 cases of HIV infection in youth ages 13-24, compared to 1,833 reported with AIDS. The number of youth 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.

**Differences by Race and Hispanic Origin.**<sup>1</sup> Decreases in perinatally acquired AIDS have occurred in all racial and ethnic groups. However, in 2001, the highest rates of AIDS continue to be reported among children who are Black, non-Hispanic and Hispanic (Figure HC 2.7.B). The rate of AIDS among Black children in 2001, 1.4 per 100,000 children, was 14 times higher than among White children (0.1 per 100,000), and nearly seven times higher than among Hispanic children (0.2 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 females.

Black and Hispanic youth have been disproportionately affected by the HIV/AIDS epidemic. Although only 15 percent of the youth population in the United States is Black, 61 percent of AIDS cases reported in 2001 among 13- to 19-year-olds were Black. Hispanics constitute 15 percent of the youth population and 21 percent of reported youth AIDS cases in 2001.<sup>2</sup> These patterns are likely to continue since HIV infection also disproportionately affects young Black and Hispanic youth.

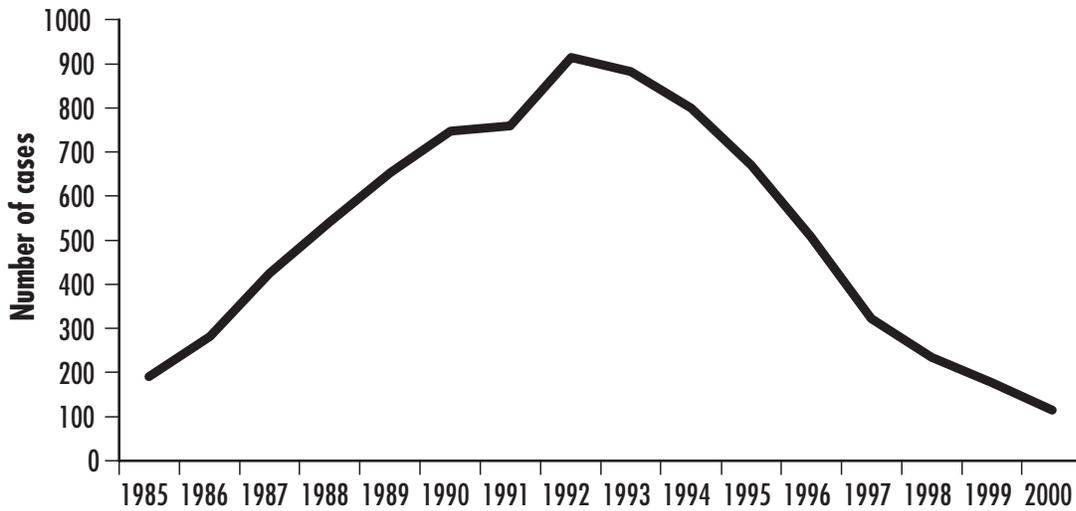
<sup>1</sup> Persons of Hispanic origin may be of any race.

<sup>2</sup> U.S. Department of Health and Human Services, National Center for Health Statistics, Centers for Disease Control and Prevention (2001). *Pediatric AIDS Surveillance*, L262 slide series (through 2000). Atlanta, GA.

**Differences by Sex.** 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, 372 persons, 13 to 19 years old, were reported with AIDS; less females (177) than males (195) were reported with AIDS in this age group (Figure HC 2.7.C).

**Figure HC 2.7.A**

**Diagnosed perinatally acquired AIDS cases among children under age 13: 1985–2000**

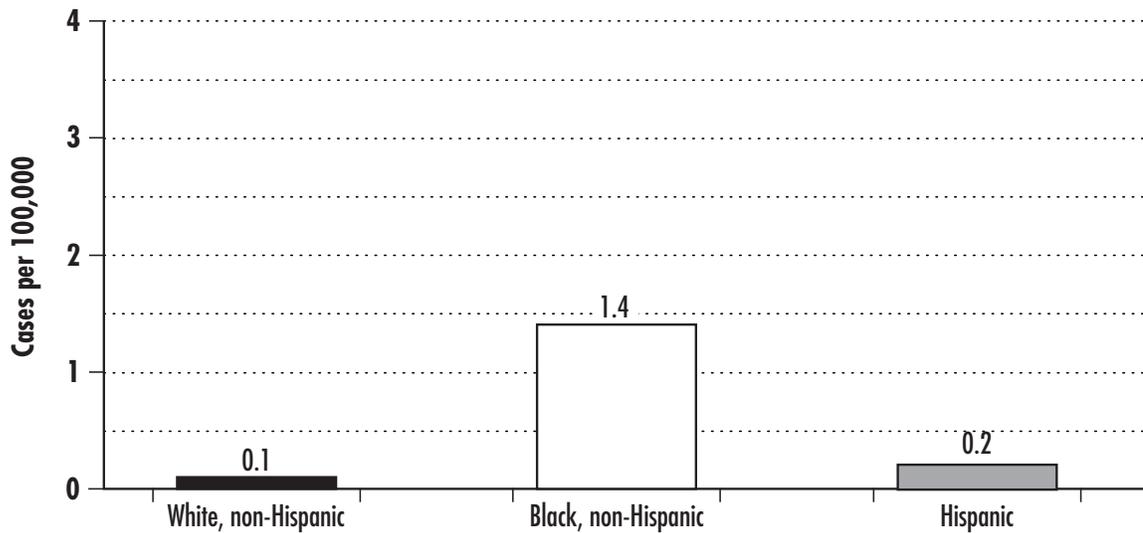


Note: Data are adjusted for reporting delays and unreported risk.

Source: U.S. Department of Health and Human Services, National Center for Health Statistics, Centers for Disease Control and Prevention (2001). *Pediatric AIDS Surveillance*, L262 slide series (through 2000). Atlanta, GA.

Figure HC 2.7.B

Reported AIDS rate among children under age 13, by race and Hispanic origin:<sup>a</sup> 2001

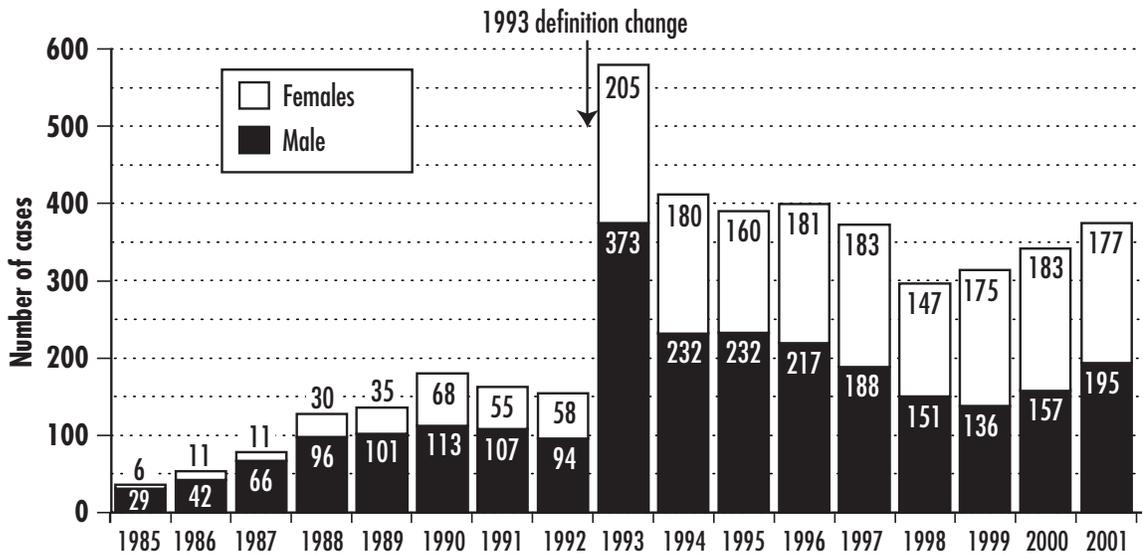


<sup>a</sup> Persons of Hispanic origin may be of any race.

Source: Centers for Disease Control and Prevention (2001). *HIV/AIDS Surveillance Report, 2001*. (Issue No. 2).

Figure HC 2.7.C

AIDS cases in youth ages 13 through 19, by sex: 1985-2001



Source: Centers for Disease Control and Prevention (2001). *Pediatric AIDS Surveillance, L262 slide series* (through 2000). Atlanta, GA.

## SECTION 3. HEALTH CONDITIONS AND HEALTH CARE

## HC 2.8 Sexually Transmitted Diseases

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.<sup>1</sup> Youth 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 youth are at particularly high risk, as many STDs are more easily spread from male to female and often remain undetected and untreated in females.<sup>2</sup>

Gonorrhea rates have declined for all youth since 1975 (Table HC 2.8.A). Among youth ages 15 to 19, rates decreased by more than half, from 1975 to 1999. Gonorrhea rates also decreased among youth ages 10 to 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 (Figure HC 2.8.A). In 2001, rates for females ages 15 to 19 were 703.2 per 100,000, versus 307.5 per 100,000 males of the same age (Table HC 2.8.A). Furthermore, Black, non-Hispanic youth have consistently had the highest reported rates of gonorrhea, frequently more than 8 times the rate of any other racial or ethnic group. Overall, rates for all races and Hispanics, except Asians and Pacific Islanders, have fallen since 1990.

Table HC 2.8.B shows that reported rates for primary and secondary syphilis have decreased for youth ages 10 to 19 since their peak in 1990. However, in general, females from both age groups have reported more cases of syphilis than their male counterparts (Figure HC 2.8.B). In 2001, females ages 15 to 19 had a rate of 2.5 cases per 100,000, nearly twice the male rate of 1.4 cases per 100,000. Furthermore, Black, non-Hispanic youth ages 15 to 19 have had rates of syphilis noticeably higher than all other racial and ethnic groups. Rates have been gradually falling for all racial, ethnic, and age groups except American Indians/Alaska Natives aged 15 to 19, whose reported syphilis rates have fluctuated considerably since 1990 (Table HC 2.8.B).

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<sup>1</sup> Centers for Disease Control and Prevention, Division of STD Prevention (2002). *Sexually Transmitted Disease Surveillance, 2001*. Atlanta, GA: U.S. Department of Health and Human Services.

<sup>2</sup> Ibid.

SECTION 3. HEALTH CONDITIONS AND HEALTH CARE

**Table HC 2.8.A**

Rate of youth gonorrhea<sup>a</sup> by age, sex, and race and Hispanic origin<sup>b</sup> (per 100,000 population):  
Selected years, 1975-2001<sup>c</sup>

	1975	1980	1985	1990	1995	1996	1997	1998	1999	2000	2001
<b>Ages 10-14</b>	46.7	48.7	47.7	68.9	41.3	33.2	30.7	32.3	30.4	28.9	29.4
Sex											
Male	20.9	23.6	23.8	32.1	12.4	9.1	8.5	8.4	8.2	7.9	8.2
Female	73.6	74.8	72.9	107.5	71.1	58.6	54.1	57.5	53.8	50.9	51.7
Race and Hispanic origin											
White, non-Hispanic	—	—	—	14.3	8.9	7.4	7.2	6.7	6.5	5.8	6.4
Black, non-Hispanic	—	—	—	386.8	237.0	180.8	162.6	173.5	159.5	147.9	147.8
Hispanic	—	—	—	15.3	19.3	15.6	14.7	12.9	13.4	13.2	13.9
Asian/Pacific Islander	—	—	—	4.5	5.6	3.3	3.3	3.3	4.6	5.1	7.0
American Indian/ Alaska Native	—	—	—	22.7	19.0	22.0	23.6	25.2	20.0	22.6	21.6
<b>Ages 15-19</b>	1,275.1	1,187.3	1,189.9	1,114.4	670.7	543.7	521.8	547.1	528.8	504.7	499.8
Sex											
Male	1,103.9	953.4	930.5	993.7	503.1	373.6	347.9	347.1	337.8	320.6	307.5
Female	1,446.4	1,424.6	1,455.1	1,241.6	847.4	724.7	706.8	758.8	730.8	699.3	703.2
Race and Hispanic origin											
White, non-Hispanic	—	—	—	230.3	145.1	123.0	116.1	123.2	113.5	111.6	114.3
Black, non-Hispanic	—	—	—	6,316.2	3,815.3	2,924.9	2,793.4	2,907.2	2,833.7	2,692.7	2,635.3
Hispanic	—	—	—	268.7	270.3	216.2	217.5	216.4	228.7	216.8	223.7
Asian/Pacific Islander	—	—	—	70.0	81.0	61.8	66.2	64.7	73.5	81.8	93.2
American Indian/ Alaska Native	—	—	—	414.6	296.2	329.8	339.9	389.5	365.4	322.7	346.3

<sup>a</sup> 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).

<sup>b</sup> Persons of Hispanic origin may be of any race.

<sup>c</sup> 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); 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.

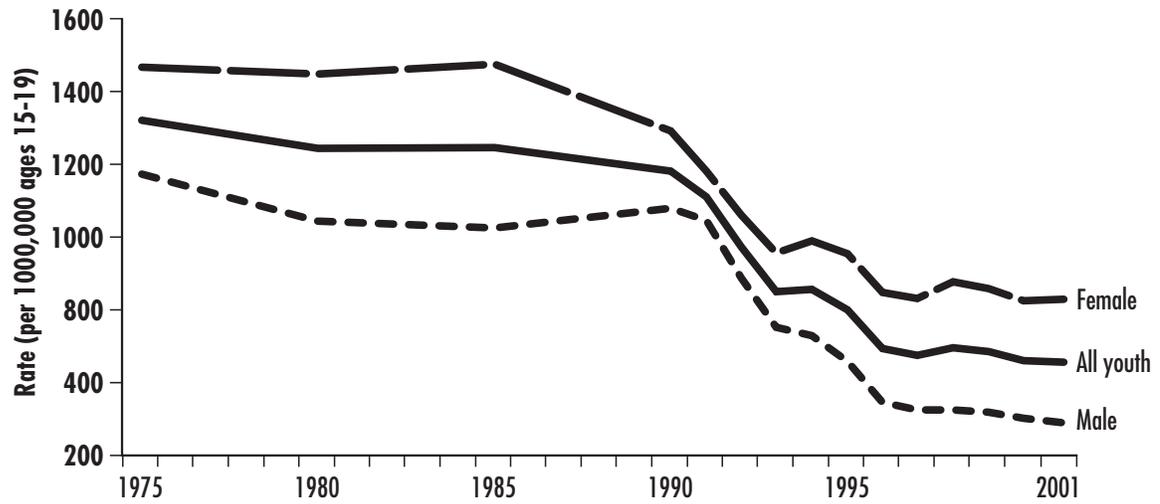
Cases and population denominators have been excluded for these states/areas for the appropriate years.

— Data not available.

Sources: Centers for Disease Control and Prevention, Division of STD Prevention (2002). *Sexually Transmitted Disease Surveillance, 2001*. Atlanta, GA: U.S. Department of Health and Human Services; Centers for Disease Control and Prevention, Division of STD Prevention (1997). *Sexually Transmitted Disease Surveillance, 1996*. Atlanta, GA: U.S. Department of Health and Human Services; Centers for Disease Control and Prevention, Division of STD Prevention (1994). *Sexually Transmitted Disease Surveillance, 1993*. Atlanta, GA: U.S. Department of Health and Human Services; Centers for Disease Control and Prevention, Division of STD Prevention (1987). *STD Statistics*; Centers for Disease Control and Prevention, Division of STD Prevention (1985). *STD Statistics*.

**Figure HC 2.8.A**

Reported rates of gonorrhea<sup>a</sup> for youth ages 15 to 19, by sex: 1975-2001



<sup>a</sup> 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: Centers for Disease Control and Prevention, Division of STD Prevention (2002). *Sexually Transmitted Disease Surveillance, 2001*. Atlanta, GA: U.S. Department of Health and Human Services; Centers for Disease Control and Prevention, Division of STD Prevention (1997). *Sexually Transmitted Disease Surveillance, 1996*. Atlanta, GA: U.S. Department of Health and Human Services; Centers for Disease Control and Prevention, Division of STD Prevention (1994). *Sexually Transmitted Disease Surveillance, 1993*. Atlanta, GA: U.S. Department of Health and Human Services; Centers for Disease Control and Prevention, Division of STD Prevention (1987). *STD Statistics*; Centers for Disease Control and Prevention, Division of STD Prevention (1985). *STD Statistics*.

SECTION 3. HEALTH CONDITIONS AND HEALTH CARE

**Table HC 2.8.B**

Reported rates of youth primary and secondary syphilis<sup>a</sup> by age, sex, and race and Hispanic origin<sup>b</sup> (per 100,000 population): Selected years, 1975-2001

	1975	1980	1985	1990	1995	1996 <sup>c</sup>	1997	1998	1999	2000	2001
<b>Ages 10-14</b>	1.1	0.9	0.9	1.8	0.6	0.3	0.2	0.2	0.1	0.1	0.1
Sex											
Male	0.7	0.5	0.5	0.5	0.1	0.1	0.0	0.1	0.0	0.0	0.0
Female	1.5	1.3	1.4	3.2	1.0	0.5	0.4	0.4	0.2	0.2	0.2
Race and Hispanic origin											
White, non-Hispanic	—	—	—	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Black, non-Hispanic	—	—	—	10.6	3.5	1.6	1.2	1.2	0.7	0.6	0.5
Hispanic	—	—	—	1.1	0.1	0.1	0.0	0.0	0.0	0.0	0.1
Asian/Pacific Islander	—	—	—	0.2	0.0	0.0	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	0.5	0.0
<b>Ages 15-19</b>	17.8	17.2	17.0	29.8	10.1	6.1	4.1	3.1	2.7	2.3	1.9
Sex											
Male	18.0	19.2	16.3	20.9	6.6	4.1	2.6	1.9	1.8	1.6	1.4
Female	17.5	15.1	17.7	39.2	13.8	8.2	5.7	4.4	3.6	3.0	2.5
Race and Hispanic origin											
White, non-Hispanic	—	—	—	2.9	1.1	0.9	0.5	0.4	0.4	0.4	0.2
Black, non-Hispanic	—	—	—	174.6	60.9	35.0	23.0	17.5	14.6	12.4	9.9
Hispanic	—	—	—	15.2	2.4	1.8	2.1	1.6	1.6	1.3	1.8
Asian/Pacific Islander	—	—	—	1.7	0.5	0.8	0.4	0.4	0.1	0.1	0.3
American Indian/Alaska Native	—	—	—	2.8	4.2	1.2	0.5	3.7	4.2	2.0	2.1

<sup>a</sup> 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).

<sup>b</sup> Persons of Hispanic origin may be of any race.

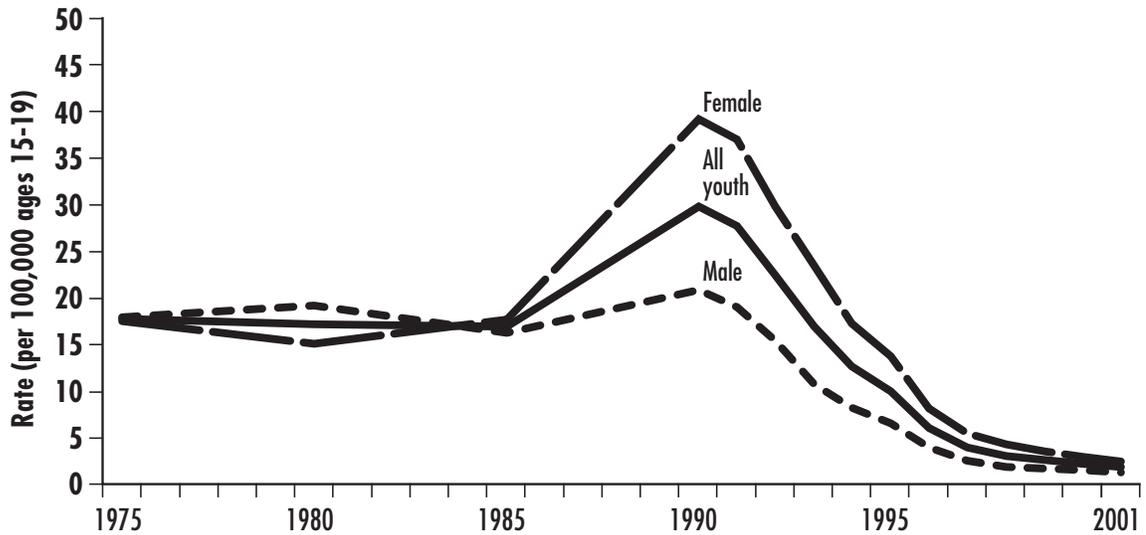
<sup>c</sup> For the indicated states/areas, cases and population denominators have been excluded for the years indicated: 1996 (Rhode Island, because race/ethnicity was not reported for most cases).

— Data not available.

Sources: Centers for Disease Control and Prevention, Division of STD Prevention (2002). *Sexually Transmitted Disease Surveillance, 2001*. Atlanta, GA: U.S. Department of Health and Human Services; Centers for Disease Control and Prevention, Division of STD Prevention (1997). *Sexually Transmitted Disease Surveillance, 1996*. Atlanta, GA: U.S. Department of Health and Human Services; Centers for Disease Control and Prevention, Division of STD Prevention (1994). *Sexually Transmitted Disease Surveillance, 1993*. Atlanta, GA: U.S. Department of Health and Human Services; Centers for Disease Control and Prevention, Division of STD Prevention (1987). *STD Statistics*; Centers for Disease Control and Prevention, Division of STD Prevention (1985). *STD Statistics*.

**Figure HC 2.8.B**

Reported rates of primary and secondary syphilis<sup>a</sup> for youth ages 15 to 19, by sex: 1975-2001



<sup>a</sup> 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: Centers for Disease Control and Prevention, Division of STD Prevention (2002). *Sexually Transmitted Disease Surveillance, 2001*. Atlanta, GA: U.S. Department of Health and Human Services; Centers for Disease Control and Prevention, Division of STD Prevention (1997). *Sexually Transmitted Disease Surveillance, 1996*. Atlanta, GA: U.S. Department of Health and Human Services; Centers for Disease Control and Prevention, Division of STD Prevention (1994). *Sexually Transmitted Disease Surveillance, 1993*. Atlanta, GA: U.S. Department of Health and Human Services; Centers for Disease Control and Prevention, Division of STD Prevention (1987). *STD Statistics*; Centers for Disease Control and Prevention, Division of STD Prevention (1985). *STD Statistics*.

## SECTION 3. HEALTH CONDITIONS AND HEALTH CARE

## HC 2.9 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.<sup>1</sup> Abuse and neglect also 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.<sup>2</sup> In extreme cases, abuse and neglect may even result in death. It is estimated that in 2000, 1,200 children died from abuse or neglect in the United States.

In the early 1990s, the number of victims of maltreatment increased substantially; in the mid-1990s, the numbers began to gradually decline (Table HC 2.9). In 2000, an estimated 879,000 children were victims of maltreatment. Sixty percent of all victims suffered neglect, while 19 percent suffered physical abuse; and 10 percent were sexually abused. 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.<sup>3</sup>

The number of victims shown in Table HC 2.9 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.**<sup>4</sup> Black children, who account for about 15 percent of the child population, constituted 25 percent of all child abuse and neglect victims in 2000. Whites accounted for 51 percent of all victims and Hispanics 14 percent of all victims (Table HC 2.9).

**Differences by Age.** No age group accounts for an obviously disproportionate share of abuse and neglect victims. In 2000, infants age 1 and under accounted for 15 percent of all victims; children ages 2 to 5 accounted for 24 percent; children ages 6 to 9 accounted for 24 percent; children ages 10 to 13 accounted for 20 percent, and children ages 14 to 17 accounted for 15 percent (Table HC 2.9).

**Differences by Perpetrator.** Almost nine-tenths (83.7 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 730,715 perpetrators identified, 59.9 percent were female, and 40.1 percent were male.<sup>5</sup> Females tended to be the perpetrators of neglect and physical abuse, while male parents tended to be the perpetrators of sexual abuse.

<sup>1</sup> Dubwitz, H. (1996). *A Longitudinal Study of Child Neglect: Final Report*. Washington, DC: U.S. Department of Health and Human Services.

<sup>2</sup> 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.

<sup>3</sup> Schummacher, J. A., Slep, A. M., & Heyman, R. E. (2001). *Acts of Omission: An Overview of Child Neglect*. Washington, DC: National Clearinghouse on Child Abuse and Neglect Information.

<sup>4</sup> Persons of Hispanic origin may be of any race. Estimates for Whites and Blacks include Hispanics of those races.

<sup>5</sup> U.S. Department of Health and Human Services, Children's Bureau (2002). *Child Maltreatment, 2000*. Washington, DC: U.S. Department of Health and Human Services.

**Table HC 2.9**

Percent distribution of substantiated or indicated<sup>a</sup> incidences of child maltreatment<sup>b</sup> by type of maltreatment, sex, age of victim, and race and Hispanic origin:<sup>c</sup> Selected years, 1990-2000

	1990	1992	1994	1996	1998	2000
<b>Number of estimated victims<sup>d</sup></b>	860,577	994,655	1,029,118	1,011,973	905,507	879,000
<b>Type of substantiated maltreatment<sup>e</sup></b>						
Neglect	49	50	52	52	54	60
Physical Abuse	27	23	24	24	23	19
Sexual Abuse	17	14	14	12	12	10
Psychological or Emotional	7	5	5	6	6	8
Medical Neglect <sup>f</sup>	—	3	2	3	2	3
Other and Unknown	10	21	16	19	26	17
<b>Sex of victim</b>						
Male	44	45	41	39	48	48
Female	50	51	46	43	52	52
<b>Age of victim<sup>g</sup></b>						
0 – 1 year	13	13	12	11	14	15
2 – 5 years	24	25	23	22	25	24
6 – 9 years	22	23	20	21	25	24
10 – 13 years	19	19	17	16	20	20
14 – 17 years	14	15	13	13	15	15
18 and over	1	1	1	1	1	0
<b>Race and Hispanic origin of victim</b>						
White	53	53	48	50	56	51
Black	25	27	25	22	25	25
Hispanic	10	10	9	9	13	14
American Indian/Alaska Native	1	1	1	2	2	2
Asian/Pacific Islander	1	1	1	1	1	1
Other races	1	2	1	3	2	—
Unknown race <sup>h</sup>	9	6	15	14	13	7

<sup>a</sup> 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.

<sup>b</sup> For the 50 states and the District of Columbia. The number of reporting states on which those estimates are based varies from year to year.

<sup>c</sup> Persons of Hispanic origin may be of any race. Estimates for Whites and Blacks include Hispanics of those races.

<sup>d</sup> 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.

<sup>e</sup> More than one type of maltreatment may be substantiated per child. Therefore, the percentage total may add up to more than 100.

<sup>f</sup> Medical neglect was not reported in 1990.

<sup>g</sup> Some states included persons ages 18 and older in their statistics on child abuse and neglect. Because those persons are considered victims under the laws of their state, this table includes these persons.

<sup>h</sup> In 2000, "other" and "unknown" race have been combined with "unable to determine."

— Data not available.

Source: U.S. Department of Health and Human Services, Administration on Children, Youth and Families (2002). *Child Maltreatment, 2000*. Washington, DC: Government Printing Office.

## HC 2.10 Suicidal Youth

Suicide is a major cause of death among youth (Section HC 1.5). Attempted suicide has been linked to mental health problems including depression and stress reactions, as well as to substance abuse.<sup>1</sup>

In 2001, 19 percent of youth in grades 9 to 12 report having seriously considered suicide during the previous 12 months (Table HC 2.10.A). During the same time period, 9 percent report having actually attempted suicide during the previous 12 months (Table HC 2.10.B). These rates are considerably higher than the proportion of youth who actually commit suicide (Section HC 1.5).

**Differences by Race and Hispanic Origin.**<sup>2</sup> In 2001, Black, non-Hispanic youth report the lowest rates of considering suicide at 13 percent. In comparison, 20 percent of White, non-Hispanic youth report having seriously considered suicide in the previous year (Table HC 2.10.A). Rates of reported attempted suicide range from 8 percent for White non-Hispanics to 12 percent for Hispanic youth (Table HC 2.10.B).

**Differences by Sex.** In 2001, female youth were more likely than male youth to report having considered suicide (24 percent versus 14 percent) and having attempted suicide (11 percent versus 6 percent) during the previous year (Figure HC 2.10). However, the rate of actual suicides, particularly among youth ages 15 to 19, is considerably higher for males than for females, as discussed in Section HC 1.5.

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<sup>1</sup> U.S. Department of Health and Human Services (1989). *Report of the Secretary's Task Force on Youth Suicide*. Washington, DC: U.S. Department of Health and Human Services.

<sup>2</sup> Persons of Hispanic origin may be of any race.

**Table HC 2.10.A**

Percentage of youth in grades 9 to 12 who report having seriously considered suicide in the previous 12 months, by sex, grade, and race and Hispanic origin:<sup>a</sup> Selected years, 1993-2001

	1993	1995	1997	1999	2001
<b>All youth</b>	24	24	21	19	19
Male	19	18	15	14	14
Female	30	30	27	25	24
<b>Grade</b>					
9th	24	26	22	18	21
10th	25	25	22	22	19
11th	25	26	21	18	19
12th	23	20	18	18	16
<b>Race and Hispanic origin</b>					
White, non-Hispanic	24	25	20	18	20
Black, non-Hispanic	20	20	16	15	13
Hispanic	26	25	23	20	19

<sup>a</sup> Persons of Hispanic origin may be of any race.

Sources: Centers for Disease Control and Prevention (2002). Youth Risk Behavior Surveillance, United States, 2001. *Morbidity and Mortality Weekly Report*, 51(SS-4); Centers for Disease Control and Prevention (2000). Youth Risk Behavior Surveillance, United States, 1999. *Morbidity and Mortality Weekly Report*, 49(SS-5); Centers for Disease Control and Prevention (1998). Youth Risk Behavior Surveillance, United States, 1997. *Morbidity and Mortality Weekly Report*, 47(SS-3); Centers for Disease Control and Prevention (1996). Youth Risk Behavior Surveillance, United States, 1995. *Morbidity and Mortality Weekly Report*, 45(SS-4); Center for Disease Control and Prevention (1995). Youth Risk Behavior Surveillance, United States, 1993. *Morbidity and Mortality Weekly Report*, 44(SS-1).

## Health Conditions

**Table HC 2.10.B**

Percentage of youth in grades 9 to 12 who report having attempted suicide in the previous 12 months, by sex, grade, and race and Hispanic origin:<sup>a</sup> Selected years, 1993-2001

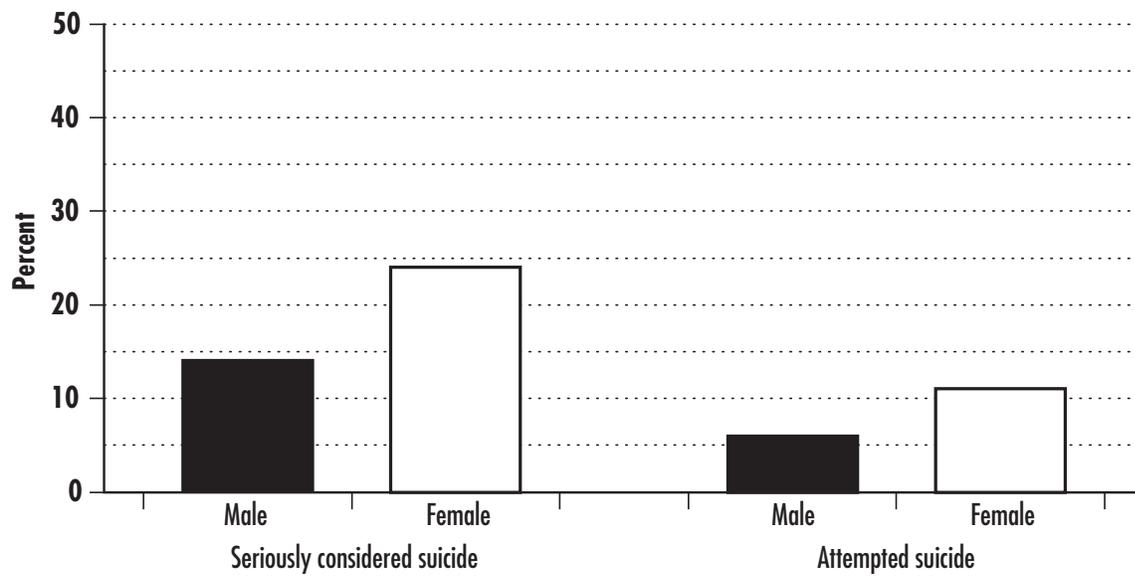
	1993	1995	1997	1999	2001
<b>All youth</b>	9	9	8	8	9
Male	5	6	5	6	6
Female	13	12	12	11	11
<b>Grade</b>					
9th	10	11	11	10	11
10th	9	10	9	11	10
11th	8	9	8	6	8
12th	7	6	5	6	6
<b>Race and Hispanic origin</b>					
White, non-Hispanic	8	8	6	7	8
Black, non-Hispanic	8	10	7	7	9
Hispanic	14	13	11	13	12

<sup>a</sup> Persons of Hispanic origin may be of any race.

Sources: Centers for Disease Control and Prevention (2002). Youth Risk Behavior Surveillance, United States, 2001. *Morbidity and Mortality Weekly Report*, 51(SS-4); Centers for Disease Control and Prevention (2000). Youth Risk Behavior Surveillance, United States, 1999. *Morbidity and Mortality Weekly Report*, 49(SS-5); Centers for Disease Control and Prevention (1998). Youth Risk Behavior Surveillance, United States, 1997. *Morbidity and Mortality Weekly Report*, 47(SS-3); Centers for Disease Control and Prevention (1996). Youth Risk Behavior Surveillance, United States, 1995. *Morbidity and Mortality Weekly Report*, 45(SS-4); Center for Disease Control and Prevention (1995). Youth Risk Behavior Surveillance, United States, 1993. *Morbidity and Mortality Weekly Report*, 44(SS-1).

**Figure HC 2.10**

Percentage of youth in grades 9 to 12 who report having seriously considered suicide or attempted suicide in the previous 12 months, by sex: 2001



Sources: Centers for Disease Control and Prevention (2002). Youth Risk Behavior Surveillance, United States, 2001. *Morbidity and Mortality Weekly Report*, 51(SS-4).

## HC 2.11 Serious Violent Victimization of Youth

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 to 17, are twice as likely as adults to be victims of serious violent crimes that 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.<sup>1</sup>

**Differences by Sex.** Male youth are considerably more likely than female youth to be victims of violent crimes. In 2000, 22.8 per 1,000 males ages 12 to 17 were victims of violent crimes, compared with 9.5 per 1,000 females (Table HC 2.11 and Figure HC 2.11).

**Differences by Race.** The rate of violent victimization of White youth ranged from 15.4 to 37.0 per 1,000 between 1980 and 2000, in comparison to 23.4 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 2000, 23.4 Black youths per 1,000 were victims of violent crime, compared with a rate of 15.4 per 1,000 among White youth.

**Table HC 2.11**

Rate of serious violent victimization<sup>a</sup> of youth ages 12 to 17 (rates per 1,000), by age, race, and sex: Selected years, 1980-2000<sup>b</sup>

	1980	1985	1990	1995	1996	1997	1998	1999	2000 <sup>c</sup>
<b>Age</b>									
12-17 years	37.6	34.3	43.2	28.3	30.3	27.1	24.6	20.4	16.3
12-14 years	33.4	28.1	41.2	26.7	24.9	23.5	20.4	20.4	13.7
15-17 years	41.4	40.3	45.2	30.0	35.8	30.7	28.6	20.5	19.0
<b>Race</b>									
White	34.1	34.4	37.0	25.5	27.7	27.6	24.2	18.7	15.4
Black	60.2	35.2	77.0	44.5	43.4	30.4	31.0	32.0	23.4
Other	21.7	28.8	37.3	23.7	31.2	9.7	11.7	13.2	7.6
<b>Sex</b>									
Male	54.8	49.8	60.5	39.0	40.4	33.1	32.2	26.8	22.8
Female	19.7	18.2	24.9	17.0	19.7	20.7	16.5	13.7	9.5

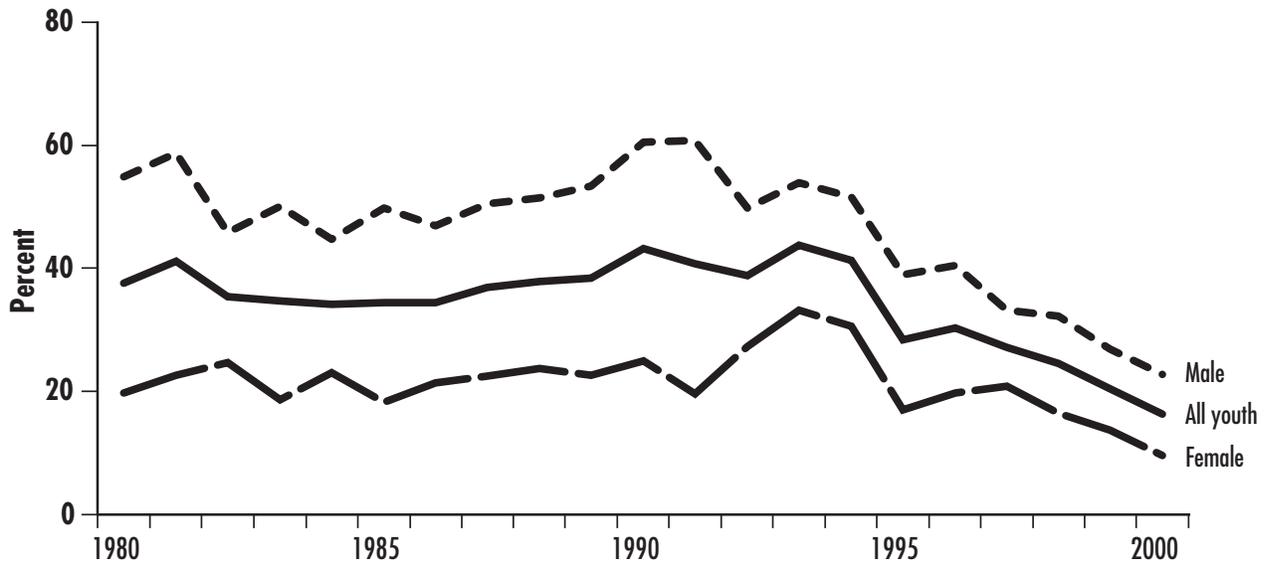
<sup>a</sup> Serious violent victimization is defined as being a victim of a violent crime, including aggravated assaults, rape, robbery, and homicide. Victimization rates were calculated using population estimates from the U.S. Census Bureau's, *Current Population Reports*. Such population estimates normally differ somewhat from population estimates derived from the victimization survey data.

<sup>b</sup> 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.

<sup>c</sup> The data for 2000 do not include final homicide estimates.

Source: U.S. Department of Justice, Bureau of Justice Statistics (2002). *National Crime Victimization Survey*. Washington, DC: U.S. Department of Justice, Federal Bureau of Investigation, Uniform Crime Reporting Program, Supplementary Homicide Reports.

<sup>1</sup> U.S. Department of Justice, Bureau of Justice Statistics (2002). *National Crime Victimization Survey*. Washington, DC: U.S. Department of Justice, Federal Bureau of Investigation, Uniform Crime Reporting Program, Supplementary Homicide Reports.

**Figure HC 2.11**Rate of serious violent victimization<sup>a</sup> of youth ages 12 to 17 by sex: 1980-2000<sup>b</sup>

<sup>a</sup> Serious violent victimization is defined as being a victim of a violent crime, including aggravated assaults, rape, robbery, and homicide. Victimization rates were calculated using population estimates from the U.S. Census Bureau's, Current Population Reports. Such population estimates normally differ somewhat from population estimates derived from the victimization survey data.

<sup>b</sup> 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.

Source: U.S. Department of Justice, Bureau of Justice Statistics (2002). *National Crime Victimization Survey*. Washington, DC: U.S. Department of Justice, Federal Bureau of Investigation, Uniform Crime Reporting Program, Supplementary Homicide Reports.