



NC Child
The Voice for North Carolina's Children



2023

NORTH CAROLINA Child Health REPORT CARD



Focus On:
**YOUTH MENTAL
HEALTH**



Secure Homes & Neighborhoods

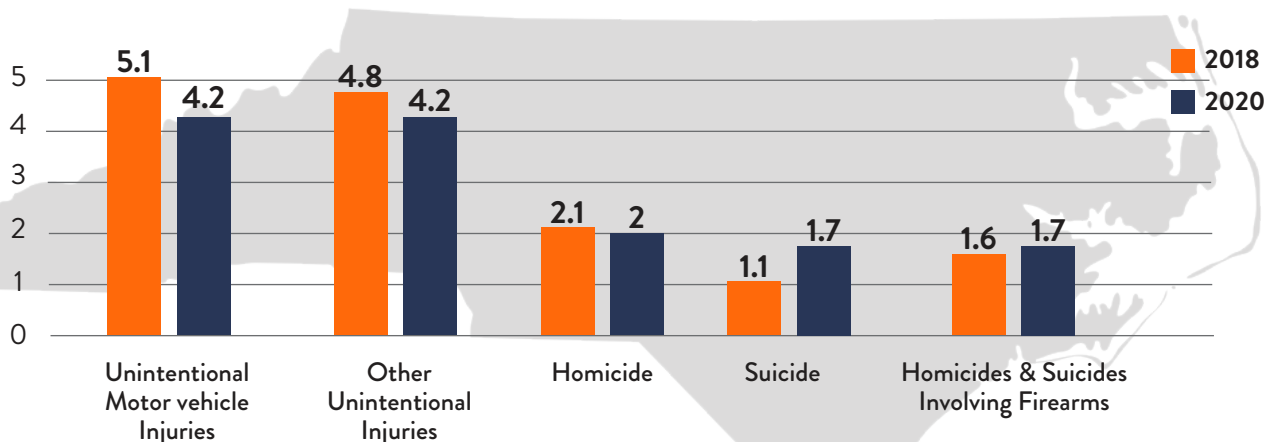
40%
of children live in
poor or low-income
households

The environment in which children live, learn, and play has a huge influence on their health. Two out of five children live in poor or low-income homes, and 8% of North Carolina's children live in high-poverty neighborhoods. This is a small but marked improvement since the last report card: from 2018 to 2021, 9% fewer children lived in poor or low-income homes.

Families living on very low incomes have a harder time paying for their basic needs, and children often miss out on enrichment such as sports, camps, and after-school programs. In many low-income communities, there is less safe housing and healthy food, and there are fewer safe public parks available for play and exercise — all factors that increase the risk of poorer health outcomes. Public infrastructure like affordable housing, public transit, parks, and clean water are effective tools for improving children's health outcomes.

| GRADE | INDICATOR | DATA YEARS | CURRENT | BASE | % CHANGE | AFRICAN AMERICAN or BLACK | AMERICAN INDIAN | ASIAN | HISPANIC or LATINX | OTHER | WHITE |
|-------|--|--|---------|-------|----------|---------------------------|-----------------|-------|--------------------|-------|-------|
| F | Housing & Economic Security | | | | | | | | | | |
| | Children who live in high-poverty neighborhoods | 2016-2020, 2014-2018 | 8.0% | 9.0% | -11.1% | 16.0% | 26.0% | 4.0% | 12.0% | 8.0% | 3.0% |
| | Children who live in poor or low-income households (<200% FPL) | 2021, 2018 | 40.0% | 44.0% | -9.09% | 57.0% | | 23.0% | 61.0% | 45.0% | 27.0% |
| B | Environmental Health | | | | | | | | | | |
| | Children who have an asthma diagnosis | 2020-2021, 2018-2019 | 8.7% | 11.0% | -20.91% | 16.5% | | 2.4% | 6.1% | 9.7% | 6.1% |
| D | Child Abuse and Neglect | | | | | | | | | | |
| | Children who are assessed for child abuse or neglect | July 2021 - July 2022, July 2018 - July 2019 | 4.5% | 5.7% | -21.6% | | | | | | |
| | Children who exit to a permanent living situation within 24 months | 2020-2021, 2018-2019 | 59.7% | 60.8% | -1.8% | 57.9% | 67.2% | | | 59.4% | 61.5% |

North Carolina Resident Child (Ages 0-17) Death Rates by Type of Death per 100,000



Access to Care

Health care coverage is essential to the health of an entire family. Parents' coverage increases the likelihood of a child having coverage and receiving essential preventive care. The Families First Coronavirus Response Act (FFCRA) of 2020 required states to keep people continuously enrolled in Medicaid in exchange for enhanced federal matching funds through the end of the COVID-19 public health emergency (PHE). As a result, we saw significant improvements in health care coverage. The number of North Carolina parents without health insurance decreased from 15% in 2019 to 13.9% in 2021. The COVID-19 pandemic did affect preventive care as people avoided public spaces such as medical clinics; particularly the number of children who received well-child checks and age-appropriate immunizations. In 2020, 52.9% children with Medicaid received a well-child checkup in the past year, compared to 57.6% in 2018.

| GRADE | INDICATOR | DATA YEARS | CURRENT | BASE | % CHANGE | AFRICAN AMERICAN or BLACK | AMERICAN INDIAN | ASIAN | HISPANIC or LATINX | OTHER | WHITE |
|-------|---|----------------------|---------|---------|----------|---------------------------|-----------------|-------|--------------------|-------|-------|
| C | Oral Health Kindergarten students with untreated tooth decay | 2020-2021, 2018-2019 | 16.0% | 15.7% | 1.9% | | | | | | |
| | School Health School nurse ratio | 2019-2020, 2018-2019 | 1:1,007 | 1:1,021 | -1.4% | | | | | | |
| B | School counselor ratio | 2021-2022, 2018-2019 | 1:316 | 1:354 | 12.0% | | | | | | |
| | Health Services Utilizations and Immunization Children with Medicaid who received a well-child checkup in the past year | 2020, 2018 | 52.9% | 57.6% | -8.2% | | | | | | |
| | Children ages 19-35 months with appropriate immunizations | 2021, 2019 | 79.5% | 80.0% | -0.6% | | | | | | |
| A | Adolescents ages 13-17 who have received 1 or more HPV vaccinations | 2021, 2019 | 85.0% | 71.3% | 19.2% | 68.5% | | | 75.8% | 66.6% | 58.9% |
| | Insurance Coverage Percent of children with health insurance coverage | 2021, 2019 | 94.5% | 94.2% | 0.3% | 96.1% | 93.7% | 94.7% | 86.7% | 83.3% | 95.6% |
| | Parents without health insurance coverage | 2021, 2019 | 13.9% | 15.1% | -7.9% | 13.4% | 19.1% | 7.1% | 50.0% | 13.2% | 9.3% |

Healthy Births

Public health emergency funding contributed to increased health coverage nationwide. While access to prenatal care can improve infant health outcomes, most recent data demonstrate that short-term increased access may not translate into sustained improvements in birth outcomes at the population level. In North Carolina, birth outcomes have remained relatively static, and unacceptable racial disparities persist. Three times more African American babies die before their first birthday than white babies.

While North Carolina's teen birth rate is declining, it remains markedly higher than the national average, at 22.9 births for every 1,000 teen girls (the national rate is 17.4 births). Teen births are linked to long-term challenges for families, including reduced educational attainment and household income. Investment in preventing teen pregnancy can improve the long-term health and financial outlook for young parents and their children.

| GRADE | INDICATOR | DATA YEARS | CURRENT | BASE | % CHANGE | AFRICAN AMERICAN or BLACK | AMERICAN INDIAN | ASIAN | HISPANIC or LATINX | OTHER | WHITE |
|-------|---|------------|---------|-------|----------|---------------------------|-----------------|-------|--------------------|-------|-------|
| C | Breastfeeding Newborns who are breastfed exclusively for at least 6 months | 2019, 2017 | 22.1% | 23.3% | -5.2% | | | | | | |
| B | Preconception and Maternal Health and Support Women ages 18-44 with health insurance coverage | 2021, 2018 | 86.9% | 79.9% | 8.8% | 94.5% | 75.2% | | 52.1% | 88.4% | 93.6% |
| | Women who receive early prenatal care | 2020, 2019 | 73.1% | 67.5% | 8.3% | 66.1% | 69.1% | | 62.9% | 72.4% | 79.8% |
| F | Birth Outcomes Infant mortality rate per 1,000 live births | 2020, 2019 | 6.9 | 6.8 | 1.5% | 12.8 | 3.3 | | 5.8 | 4.2 | 4.8 |
| | Babies who are born before 37 weeks of pregnancy | 2020, 2019 | 10.8% | 10.7% | 0.9% | 14.6% | 11.1% | | 9.6% | 8.7% | 9.6% |
| C | Teen Births Rate of births to teen girls ages 15-19 per 1,000 | 2020, 2019 | 22.9 | 24 | -4.6% | 33.9 | 35.0 | | 39.5 | 8.2 | 13.7 |

Health Risk Factors



Education creates many opportunities for better health, including higher wages and greater access to health-supporting resources like nutritious food and regular exercise. Unfortunately, the percentage of students reading at grade level has declined across all ethnic and racial groups, with dramatic disparities between African American, American Indian, and Hispanic children. Nationally and in North Carolina, the data show a marked impact from the first two years of the pandemic, as students from low-income communities often had reduced access to online learning and enrichment activities during school closures and the shift to virtual classrooms.

Where children live and go to school is also linked to health indicators such as obesity. The percentage of children aged 10-17 who are overweight or obese has increased to 33.5% since the last report card in 2021. African American children are more likely than white children to be obese. Investments in education and the built environment will support the health and wellbeing of North Carolina's children as they grow and age.

| GRADE | INDICATOR | DATA YEARS | CURRENT | BASE | % CHANGE | AFRICAN AMERICAN or BLACK | AMERICAN INDIAN | ASIAN | HISPANIC or LATINX | OTHER | WHITE |
|---|---|----------------------------|---------|-------|----------|---------------------------|-----------------|-------|--------------------|-------|-------|
| D | Healthy Eating & Active Living | | | | | | | | | | |
| | Children ages 10-17 who are overweight or obese | 2020-2021, 2018-2019 | 33.5% | 30.7% | 9.12% | 47.5% | | 12.6% | 31.3% | 24.0% | 29.7% |
| | Children who live in food insecure households | 2020, 2018 | 17.1% | 19.3% | -11.4% | | | | | | |
| D | Tobacco, Alcohol, and Substance Use | | | | | | | | | | |
| | <i>High school students who currently use:</i> | | | | | | | | | | |
| | Cigarettes | 2021, 2019 | 3.9% | 8.3% | -53.0% | 4.4% | | 2.6% | 9.7% | 5.8% | 9.0% |
| | Electronic vapor products | 2021, 2019 | 23.8% | 35.5% | -33.0% | 25.7% | | 27.3% | 33.5% | 41.0% | 41.1% |
| | Alcohol (including beer) | 2021, 2019 | 19.4% | 24.2% | -19.8% | 14.9% | | 13.4% | 26.4% | 24.7% | 28.7% |
| <i>High school students who have ever used:</i> | | | | | | | | | | | |
| | Prescription drugs without a doctor's prescription | 2021, 2019 | 15.8% | 16.6% | -4.8% | 15.9% | | 20.0% | 16.0% | 22.4% | 14.7% |
| F | Mental Health | | | | | | | | | | |
| | High school students who attempted suicide in the past year | 2021, 2017 | 10.1% | 8.2% | 23.2% | 11.5% | | 13.7% | 10.6% | | 8.3% |
| | Past-year major depressive episode among adolescents aged 12-17 | 2018-2019, 2017-2018 | 15.1.0% | 12.0% | 25.8% | 11.4% | | | | | |
| | Percent of adolescents aged 12-17 with major depressive episode who received treatment for depression | 2019, 2018 | 43.3% | 41.4% | 4.6% | 35.6% | | | | | |
| D | Education | | | | | | | | | | |
| | Third grade students reading at grade level | 2021-2022 SY, 2018-2019 SY | 46.4% | 59.8% | -18.3% | 31.0% | 31.4% | 70.6% | 32.8% | 47.0% | 59.6% |
| | High school students who graduate on time | 2021-2022 SY, 2020-2021 SY | 86.4% | 87.0% | -0.7% | 83.4% | 85.3% | >95% | 80.2% | 83.5% | 89.9% |



Special Issue: Children's Mental Health

Long before pandemic school closures across the nation, clinicians were already seeing alarming trends across many indicators of child and adolescent mental health. We have tracked many of those indicators in past North Carolina Child Health Report Cards.

- Suicide became the leading cause of death for children ages 10-14 in 2019. In 2020, an unprecedented 67 children ages 0-18 died by suicide in North Carolina. One in five North Carolina high school students reported seriously considering attempting suicide in 2021, up from 16% in 2017. One in 10 reported actually making an attempt.
- Diagnoses of mental health concerns are also on the rise: More than one in 10 children ages 3-17 in North Carolina had a diagnosis of depression or anxiety in 2020 - a 49% increase from 2016.
- There are significant disparities in children's experiences of poor mental health. For example, students who experience higher rates of discrimination also report worse mental health. LGBTQ+ students are more than three times more likely to consider or attempt suicide than their heterosexual peers.¹



These numbers are startling. From health care to education to law enforcement, it is incumbent on practitioners to learn more about children's mental health and what is driving rising rates of mental health concerns such as depression and anxiety, and to develop more ways to support the children they serve.

In October 2021, clinicians declared a "National Emergency in Child and Adolescent Mental Health" in a strongly worded statement from the American Academy of Pediatrics, American Academy of Child and Adolescent Psychiatry, and Children's Hospital Association. They recommended a number of changes, from clinical practice to public policy, to address this crisis head-on.



Homicide and suicide are the only causes of child death that are increasing in North Carolina.

Child deaths involving a firearm rose more than **40%** from 2019 to 2021

The text is accompanied by an icon of a handgun and a purple arrow pointing upwards, indicating an increase.

Stakeholders can safeguard children's mental health by:

- Removing barriers to mental health care
- Enhancing the availability of mental health care and crisis intervention in public schools, particularly in rural areas where specialty care is less available
- Making it harder for children and youth to get access to lethal means of self-harm (e.g., safe storage of firearms and prescription drugs).

While the data on youth mental health are deeply troubling, there are bright spots as well. The sudden jump in attention to mental health issues since the pandemic means that the issue has landed squarely on the agenda for many parents, clinicians, and policy-makers. Increased attention can also mean decreased stigma, allowing our children and families to seek out the help they need with less fear of retribution.

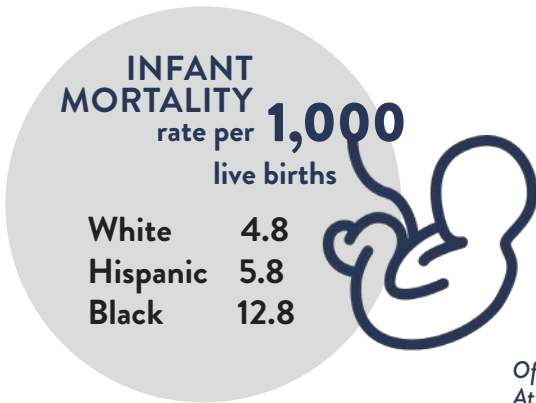
Every child deserves a chance to thrive. The mental health crisis is daunting, but adults have a duty to rise to the moment for our children and youth.



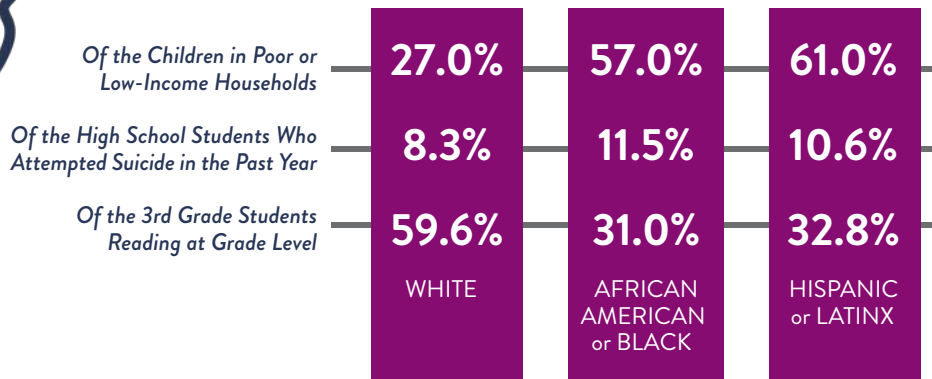
DEMOGRAPHICS



| | TOTAL CURRENT | AFRICAN AMERICAN or BLACK | AMERICAN INDIAN | ASIAN | HISPANIC or LATINX | OTHER | WHITE |
|--|---------------|---------------------------|-----------------|--------|--------------------|---------|-----------|
| Number of babies born (Live births) | 116,755 | 28,545 | 1,503 | | 19,449 | 5,443 | 61,815 |
| Percent of total live births | 100% | 24.4% | 1.3% | | 16.7% | 4.7% | 52.9% |
| Children under age 18 (%) | 100% | 20.7% | 1.2% | 3.5% | 17.2% | 7.9% | 45.5% |
| | 2,299,746 | 476,993 | 26,791 | 80,127 | 395,191 | 181,065 | 1,047,006 |



DISPARITIES BY RACE PERSIST IN NORTH CAROLINA ACROSS MANY AREAS OF CHILD WELL-BEING:



QUESTIONS?

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GRADES AND CHANGE OVER TIME: Grades are assigned by a panel of health experts to bring attention to the current status of North Carolina children in salient measures of health and well-being. Grades and trends are based on North Carolina's performance year-to-year, disparities by race/ethnicity, and what level of child health and safety North Carolina should aspire to, regardless of how we compare to other states or the nation as a whole.

Grades are subjective measures of how children in North Carolina are faring in a particular area and are not meant to judge the performance of a state agency or agencies providing data or services. Please note that several agencies have made a great deal of progress in recent years, which may not be reflected in these grades.

Data sources and additional references can be found online at: www.nciom.org or www.ncchild.org

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