

INTRODUCTION

The health of the child population is reflective of the overall health of a Nation, and has many implications for the Nation's future as these children grow into adults. Physical, mental, and emotional health affect virtually every facet of life, such as learning, participation in leisure activities, and employment. Health habits established in childhood often continue throughout the lifespan, and many health problems in childhood, such as obesity and poor oral health, influence health into adulthood. Effective policies and programs are important to the establishment of healthy habits and the mitigation of risk factors for disease. However, the health and health care needs of children change over time, and current data on these issues is critically important as policy makers and program planners seek to maximize the health of children, now and into the future.

In 2010, nearly one-quarter of the U.S. population was under 18 years of age. The racial and ethnic composition of the child population is shifting, with a growing population of Hispanics and a decline in the representation of non-Hispanic Whites. In addition to race and ethnicity, the demographic composition of a population can also be characterized by factors such as nativity, poverty, and geographic location. In 2009, 22.8 percent of children in the United States had at least one foreign-born parent. Of all children,

19.6 percent were U.S.-born with a foreign-born parent or parents, and 3.2 percent were themselves foreign-born. In the same year, over 16 million children under 18 years of age lived in households with incomes below 100 percent of the U.S. Census Bureau's poverty threshold (\$22,314 for a family of four in 2010), representing 22.0 percent of all children in the United States. Differences in health risks have also been observed for children by geographic location. In 2007, about 82 percent of children lived in urban areas while 18 percent lived in either large or small/isolated rural areas. Children in rural areas—particularly those in small or isolated rural communities—were more likely to be overweight or obese than children living in urban areas.

Using the latest data from the 2009-10 National Survey of Children with Special Health Care Needs, *Child Health USA* also includes three pages on the prevalence, health status, and health care financing characteristics of children with special health care needs. Children are considered to have a special health care need if, in addition to a chronic medical, behavioral, or developmental condition that has lasted or is expected to last 12 months or longer, they experience either service-related or functional consequences, including the need for or use of prescription medications and/or specialized therapies. In 2009-10, 15.1 percent of U.S. children aged 18

and younger had a special health care need, representing 11.2 million children.

Good health begins before birth. Timely prenatal care is an important preventive strategy that can help protect the health of both mother and child. In 2010, 73.1 percent of women began prenatal care during the first trimester (according to data from areas using the "revised" birth certificate). A small proportion of women (6.2 percent) did not receive prenatal care until the third trimester, or did not receive any at all.

Following birth, a variety of preventive or protective factors can affect a child's health. Vaccination is a preventive health measure that begins immediately after birth and protects into adulthood. Currently, there are 12 different vaccines recommended by the Centers for Disease Control and Prevention from birth through age 18. In 2010, 72.7 percent of children 19-35 months of age received each of six vaccines in a modified series of recommended vaccines.

Breastfeeding is also an important protective factor, and rates have increased steadily since the beginning of the last decade. Among those born in 2007, 75.0 percent of infants were breastfed or fed breastmilk at least once. Although recommended by the American Academy of Pediatrics, only 22.4 percent of children were breastfed exclusively (without supplemental food or liquids) for the first 6 months of life. Exclusive breastfeeding through the first 6 months of life was more

common among older mothers and mothers with more than a high-school-level education.

Family characteristics can also play a role in the health and well-being of children. In 2010, 70.8 percent of women with children under 18 years of age were in the labor force (either employed or looking for work). Mothers with children under 6 years of age were less likely to be in the labor force (63.9 percent) compared to those whose youngest child was between the ages of 6 and 17 years (76.5 percent). In 2010, nearly 50 percent of pre-school aged children were cared for by their mother, father, grandparent or some other relative while their mother worked. Primary child care arrangements varied by poverty status, with 15.4 percent of children living in households with incomes below the Federal poverty level being cared for in a center-based setting (e.g., day care) compared to 25.6 percent of children with household incomes above 100 percent of poverty.

Physical activity is another factor that can affect health throughout the lifespan. Results from the Youth Risk Behavior Surveillance System show that 28.7 percent of high school students met currently recommended levels of physical activity in 2011 (1 hour or more of physical activity every day, most of which should be moderate- to vigorous-intensity aerobic activity). Participation in physical activity can be adversely impacted by

in media use, or “screen time.” The American Academy of Pediatrics recommends that parents limit children’s daily use of media to 1-2 hours per day. Yet, in 2011, 32.4 percent of high school students reported watching 3 or more hours of television per day on an average school day.

Child Health USA also presents information on risk factors for adverse health outcomes. In 2010, 11.99 percent of infants were born preterm (or before 37 completed weeks of gestation). Overall, 8.49 percent of babies were born at 34 to 36 weeks’ gestation, 1.53 percent were born at 32-33 weeks, and 1.96 percent were “very preterm” (less than 32 weeks). Babies born preterm are at increased risk of immediate and long-term complications, as well as mortality.

Violence and neglect are also risk factors for poor health, and in 2010, investigations determined that an estimated 695,000 children were victims of abuse or neglect, equaling a victimization rate of 9.2 per 1,000 children in the population. Victimization rates were highest among young children. Among older children, peer violence is also of concern. In 2011, 12.0 percent of high school students reported that they had been in a physical fight on school property in the prior 12 months and 9.4 percent reported that they had experienced dating violence — having been hit, slapped or physically hurt on purpose—at the hands of a boyfriend or girlfriend.

Obesity is another serious health risk for children—obese children are more likely to have risk factors for cardiovascular disease, such as high blood pressure, high cholesterol, and Type 2 diabetes. Obese children are also at increased risk of obesity in adulthood, which is associated with a host of serious health consequences. In 2009-2010, 14.7 percent of children aged 2-19 years were overweight and 16.9 percent were obese.

The health status and health services utilization indicators reported in *Child Health USA* can help policymakers and public health officials better understand current trends in pediatric health and wellness and determine what programs might be needed to further improve the public’s health. These indicators can also help identify positive health outcomes which may allow public health professionals to draw upon the experiences of programs that have achieved success. The health of our children and adolescents relies on effective public health efforts that include providing access to knowledge, skills, and tools; providing drug-free alternative activities; identifying risk factors and linking people to appropriate services; building community supports; and supporting approaches that promote policy change, as needed. Such preventive efforts and health promotion activities are vital to the continued improvement of the health and well-being of America’s children and families.