NCHS Dataline

The latest annual report card on the nation's youth has been published by the Federal Interagency Forum on Child and Family Statistics. The National Center for Health Statistics (NCHS) at the Centers for Disease Control and Prevention is a member of this working group of federal agencies that collect, analyze, and report data on issues related to children and families. The 2007 National Health Interview Survey (NHIS) data file is now available for use by researchers and analysts, and estimates of key indicators based on the 2007 data have also been released. In addition, another new report examines geographic differences in health insurance coverage.

AMERICA'S CHILDREN

"America's Children in Brief: Key National Indicators of Well-Being, 2008"[1] serves as a report card on the status of the nation's children and youth, presenting statistics compiled by a number of federal agencies in one comprehensive reference. The report presents current and trend data on these topics:

- Demographic background
- Family and social environment
- Economic circumstances
- Health care
- Physical environment and safety
- Behavior
- Education
- Health

In the health and health-care sections, there were both improvements to report and areas in which no progress had been made or trends were moving in the wrong direction. This year's report saw an increase in low birthweight infants (weighing less than 5 pounds, 8 ounces) from 8.2% in 2005 to 8.3% in 2006. The percentage of low birthweight infants has increased steadily for the last two decades, up from 7.0% in 1990. The increase in low birthweight is attributed at least in part to such factors as a rise in the number of multiple births; obstetric interventions, such as induction of labor and cesarean delivery; infertility therapies; and delayed childbearing. Low birthweight infants are at increased risk for infant death and such lifelong disabilities as blindness, deafness, and cerebral palsy.

The birth rate among adolescent girls aged 15 to 17 also increased, from 21 live births for every 1,000 girls in 2005, to 22 per 1,000 in 2006. This was the first increase in the past 15 years. Compared with other teens their age, teen mothers are less likely to finish high school or graduate from college. Infants born to teen mothers are more likely to be of low birthweight. Among all women aged 15 to 44, the birth rate for unmarried women increased from 48 births per 1,000 unmarried women in 2005 to 51 births for every 1,000 in 2006. There was a long-term increase in the unmarried birth rate between 1960 and 1994, followed by a relatively stable unmarried birth rate between the mid-1990s and 2002, and a rapid rise since 2002. The majority of births to unmarried women occurred to women in their twenties and thirties—the peak childbearing years.

There were also favorable changes in the report, including a decline in childhood deaths from injuries. Injury deaths among children aged 5 to 14 declined from 8.2 per 100,000 children in 2004 to 7.7 per 100,000 children in 2005. Also declining were injury deaths to adolescents aged 15 to 19, from 51.3 in 2004 to 49.8 in 2005. However, during the same time period, death rates among adolescents due to homicides increased in 2005 for the first time since 1993.

In 2006, 81% of children aged 19 to 35 months received the recommended combined five-vaccine series (often referred to as the 4:3:1:3:3 combined series), a proportion unchanged from the previous year. Overall, coverage with the combined series has increased since 1996. In 2006, coverage with the series was higher among white non-Hispanic children (82%) than among black non-Hispanic (77%) or Hispanic (80%) children. The combined series includes four or more doses of diphtheria and tetanus toxoids and pertussis, diphtheria and tetanus toxoids, or diphtheria and tetanus toxoids and acellular pertussis vaccine; three doses of poliovirus; one or more doses of any measles-containing vaccine; three or more doses of *Haemophilus influenzae* type b (Hib) vaccine; and three or more doses of hepatitis B vaccine.

The proportion of eighth graders who reported smoking cigarettes daily during the past 30 days declined from 4% in 2006 to 3% in 2007. This was a substantial decline from 1996, when 10% of eighth graders reported smoking cigarettes daily. Other risky behaviors, such as alcohol and drug use, were unchanged from their previous levels.

There were changes in the demographic profile of

children, most notably an increase in ethnic diversity. In 2007, 57% of children were white non-Hispanic, 21% were Hispanic, 15% were black, 4% were Asian, and 4% were of all other groups. The report noted that racial/ethnic diversity had grown dramatically during the last three decades. The percentage of U.S. children who are Hispanic has increased faster than that of any other group, from 9% of the child population in 1980 to 21% in 2007. The report projected that by 2020, nearly one in four children in the U.S. will be of Hispanic origin. The proportion of Asian children in the population had increased significantly in the most recent year reported, from 4.0% in 2006 to 4.1% in 2007. Overall, the number of children in the U.S. has increased, from 73.7 million in 2006 to 73.9 million in 2007. However, the proportion of children in relation to the overall U.S. population has decreased, from 24.6% in 2006 to 24.5% in 2007. The decrease is part of a trend that began in the mid-1960s. At the peak of the baby boom in 1964, children comprised 36% of the population. The proportion of children in the population is expected to remain fairly stable in the coming years, declining to 24% in 2020.

The report also addressed measures of economic security, physical environment, and educational progress. Measures of poverty status, secure parental employment, and food security did not change significantly from the previous year. In 2006, 17% of all children younger than age 18 lived in poverty. The percentage of children who had at least one parent working year-round, full-time was 78%, not different from 2005, but below the peak of 80% in 2000. In 2005, 40% of U.S. households (owners and renters) with children had one or more of three housing problems: physically inadequate housing, crowded housing, or a housing-cost burden of more than 30% of household income—a significant increase since 2003. Mathematics and reading scores increased from the previous year reported, as measured by the National Assessment of Educational Progress.

The report, including data and figures for all of the indicators, is available at http://www.childstats.gov, where updates and detailed statistical information are also posted.

NHIS 2007 DATA RELEASED

The public-use microdata file from the NHIS is now available for use by researchers and analysts who need full access to the detailed information collected in this annual survey of the civilian, noninstitutionalized population. This long-running, large-scale household interview survey collects a wide range of data on the extent of illness and disability, health behaviors and attitudes, and access to and use of health-care services. In the "Early Release of Selected Estimates Based on Data from the 2007 National Health Interview Survey,"[2] NCHS includes updated estimates for 15 selected health measures for 2007 and presents estimates from 1997 through 2006 for comparison.

Early-release measures are published prior to final data editing and final weighting to provide access to the most recent information from NHIS. The 15 measures included are lack of health insurance coverage and type of coverage, usual place to go for medical care, obtaining needed medical care, receipt of influenza vaccination, receipt of pneumococcal vaccination, obesity, leisure-time physical activity, current smoking, alcohol consumption, human immunodeficiency virus testing, general health status, personal care needs, serious psychological distress, diagnosed diabetes, and asthma episodes and current asthma. For each selected health measure, a figure is presented showing the trend over time from 1997 through 2007 for the total population, followed by figures and tables showing estimates by age group and sex. Also, estimates (adjusted by age, sex, or both, where appropriate) are provided for three racial/ethnic groups (Hispanic; non-Hispanic white, single race; and non-Hispanic black, single race). Data tables providing values displayed in the figures are included at the end of each section.

For information on the data file and the Early Release, go to the NCHS website at http://www.cdc.gov/nchs/nhis.htm#New.

STATE HEALTH INSURANCE ESTIMATES

New England had the lowest percentage of uninsured individuals younger than age 65 in 2004–2006 and the Southwest had the highest, according to a new NCHS report based on data collected from 240,000 people younger than age 65 as part of the 2004–2006 NHIS.[3] Overall, 91.1% of New Englanders had some kind of health insurance in 2004–2006. The Southwest had the greatest proportion of uninsured—18.2% of children and 30.0% of adults. Other findings showed that:

- Nationally, 67.8% of the population younger than age 65 in the U.S. had private health insurance, 13.2% had insurance through Medicaid or the State Children's Health Insurance Program, and 3.4% had other types of public coverage, leaving 16.6% uninsured during the 2004–2006 period.
- Nationwide, the proportion of individuals younger than age 65 who were uninsured for

at least part of the year ranged from 10.4% in Hawaii to 31.9% in Texas.

- Among children younger than 18 years of age, the percent uninsured ranged from 3.7% in Massachusetts to 18.7% in Texas.

Data were available for 41 states. Nine states and the District of Columbia had sample sizes that were too small for a meaningful analysis and were excluded from the state-specific analysis. The report, "State, Regional, and National Estimates of Health Insurance Coverage for People Under 65 Years of Age: National Health Interview Survey, 2004–2006," is available at http://www.cdc.gov/nchs/data/nhsr/nhsr001.pdf.

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