

NORTH CAROLINA Child Health REPORT CARD 2019



The report also highlights the racial disparities plaguing many children’s health indicators. For example, African-American high school students in 2017 were twice as likely as white students to have attempted suicide in the past year – and were much less likely to receive treatment for depression. Disparities also persist across indicators of poverty, overweight/obesity, and reading proficiency.

Another troubling trend in the 2019 Child Health Report Card is decreasing vaccination rates. Just three quarters of children have had the appropriate vaccinations by age three in North Carolina – a drop of more than 11% since 2014. Whatever the cause of this dangerous trend, the results can be painful and even deadly for children.

Despite continued struggles in the area of child poverty, the Report Card shows progress in insurance coverage, breastfeeding, asthma, oral health, and teen births.

For the full 2019 Child Health Report Card and downloadable data sources, please visit www.nciom.org or www.ncchild.org

The North Carolina Child Health Report Card, issued annually by the North Carolina Institute of Medicine (NCIOM) and NC Child, tracks key indicators of child health and well-being in four areas: Healthy Births, Access to Care, Secure Homes and Neighborhoods, and Health Risk Factors. The report provides data on such health concerns and risk factors as asthma, teen births, infant mortality, poverty, and child deaths. Grades are assigned by a panel of health experts to highlight measures of health and well-being.

SUMMARY OF GRADES

- A** Insurance Coverage
- B** Environmental Health; Health Services Utilization & Immunization; Breastfeeding; Teen Births
- C** Education; Oral Health; Preconception and Maternal Health & Support
- D** Birth Outcomes; Child Abuse and Neglect; Healthy Eating and Active Living; Mental Health; Tobacco, Alcohol, and Substance Use; School Health
- F** Housing and Economic Security

INFANT MORTALITY rate per 1,000 live births

White	5.0
Hispanic	6.0
Black	13.4



SUICIDE

is the second leading cause of death for children ages 10-17


Focus On: Youth Suicide

Suicide is rising as a leading cause of death for children and adolescents. According to the North Carolina State Center for Health Statistics, the rate of youth suicide in North Carolina has nearly doubled over the previous decade. Despite this worrying trend, significant barriers remain for many who need access to mental health services.

Thoughts of suicide and suicide attempts are more common among children who experience mental health issues like anxiety and depression. However, mental health is only one of a variety of factors that impact youth suicide. Other factors include adolescents' still-developing impulse control, access to "lethal means of self-harm" such as firearms and prescription drugs, and exposure to a range of personal and social risk factors.

SOME YOUTH SUICIDE RISK FACTORS CAN INCLUDE:

PERSISTENT STRESS  **ACUTE LOSS or REJECTION**  **BULLYING**  **CHILDHOOD ABUSE**

TRAUMA  **SOCIAL ISOLATION**  **FAMILY VIOLENCE or DISRUPTION** 

Gender and sexual orientation can also have significant impact on suicide risk, because of the social discrimination that LGBTQ youth experience. In North Carolina, 16% of high school students in 2017 reported seriously considering suicide. This figure included 12% of heterosexual students, and a staggering 43% of gay, lesbian, or bisexual students.

STAKEHOLDERS CAN PREVENT YOUTH SUICIDE BY:

- Reducing barriers to mental health care
- Making it harder for youth to get access to lethal means (e.g., safe storage of firearms and prescription drugs)
- Ensuring that caring adults in a child's life are trained to detect and address risk factors for dying by suicide. These include caregivers, as well as school safety personnel such as nurses, social workers, and psychologists.

The influence of caring and well-trained adults, combined with evidence-based solutions that reduce family and community stressors, can prevent dangerous feelings of hopelessness in children and adolescents. Effective strategies include strengthening our crisis response system; increased investment in behavioral health systems; more partnerships between schools and behavioral health providers; and screening more children and youth for mental health needs. By pursuing these solutions, stakeholders can promote a healthier, stronger North Carolina and keep our children safe.



Youth suicide rate nearly **DOUBLED** from 2008 to 2017

National Suicide Prevention Lifeline



1-800-SUICIDE