AMERICA'S SOCIAL HEALTH

PUTTING SOCIAL ISSUES BACK ON THE PUBLIC AGENDA

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Chapter 5

Social Indicators for Children

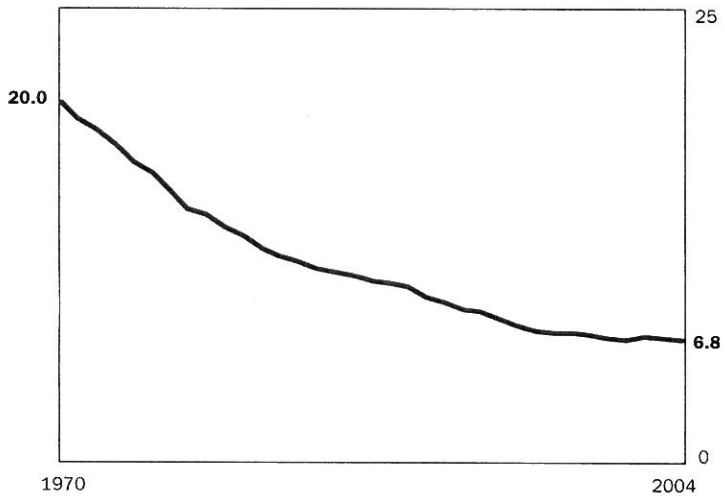
Infant Mortality
Child Poverty
Child Abuse

Infant Mortality

- There has been substantial improvement in the infant mortality rate since 1970.
- Low birthweight rates are worse than in 1970, but access to prenatal care has improved.
- The United States' infant mortality rate compares poorly to those of other industrial nations.

5.1 Infant mortality, 1970–2004

Deaths in first year of life, per 1,000 live births



Source: National Center for Health Statistics

Progress—But Slowing. The survival of infants during their first year of life is one of the most important indicators of progress and social well-being. As societies advance, infant mortality tends to decline. The Centers for Disease Control cite the decline in infant mortality as one of the "ten great public health achievements of the 20th century."[1]

Since 1970, the infant mortality rate in the United States—the number of deaths in the first year of life per 1,000 live births—has declined from 20.0 to 6.8, an improvement of 66 percent. This represents a substantial achievement.

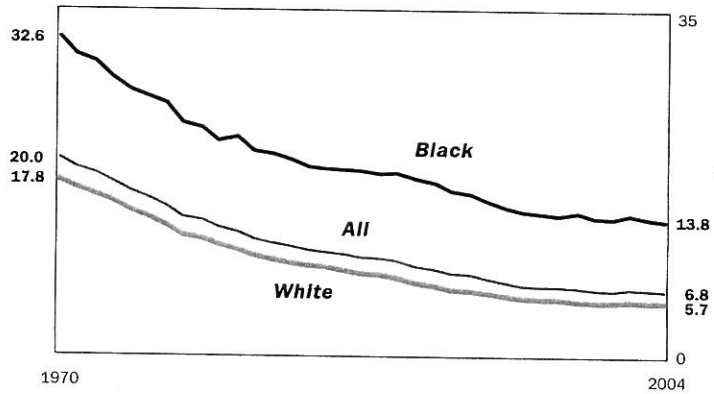
Complicating this picture, however, is the fact that the rate of improvement has slowed over time, and there has been little progress in recent years. The infant mortality rate in 2004 was exactly the same as it was in 2001.[2]

Disparities by Race Continue. Despite the nation's substantial improvement in infant mortality, racial disparities persist. In 2004, the mortality rate for white infants was a relatively low 5.7, compared to 13.8 among African American infants. The African American rate was 2.4 times the white—up from 1.8 times larger in 1970.[3]

Due to continuing racial disparities, the U.S. Surgeon General's Office, in its *Healthy People 2000* project, set a goal for African American infant mortality of 11 infant deaths per 1,000 live births for the year 2000—a goal still not achieved in 2004. The goal for all infant mortality was set at 7 per 1,000 and was reached in 2000. Thus, the nation's performance as a whole has reached its target, but minorities remain far behind. The overall goal for 2010 has now been set at 4.5 deaths per 1,000, a rate many other nations have already achieved.[4]

5.2 Infant mortality, by race, 1970–2004

Deaths in the first year of life, per 1,000 live births



Source: National Center for Health Statistics

Worsening Problems with Low Birthweight. Low birthweight—a weight of five and a half pounds or less at birth—is a key issue in infant mortality. According to the March of Dimes, it is a factor in 65 percent of infant deaths, causing health problems for newborns and signaling long-term disabilities for children and adults.[5]

The nation's past progress in reducing low birthweight has not been sustained in recent years. Starting in 1970 at 7.9 percent of all births, the rate declined steadily until 1984, when it reached a low of 6.7 percent. Since that time, the level has increased nearly every year. The rate in 2005—8.2 percent—was the worst in thirty-five years.[6]

Plot this & check above?

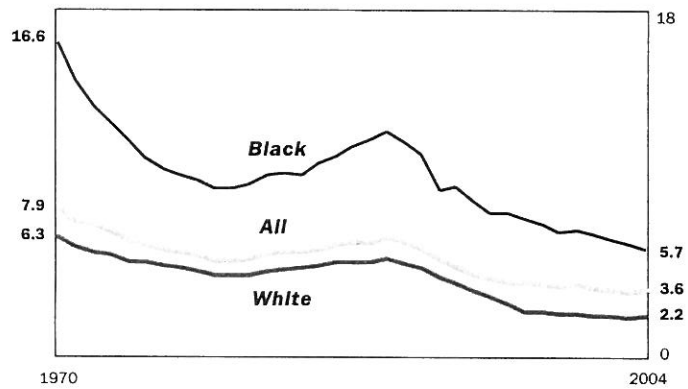
Prenatal Care Improving. Early prenatal care—care started in the first trimester of a woman's pregnancy—is a vital link to the birth of a healthy baby. It can prevent problems, detect preexisting conditions, and provide ongoing monitoring and preventive care. Prenatal care also functions as a gateway to other important medical care. Without prenatal care, risks for infant mortality, prematurity, and low birthweight rise.[7]

Since 1970, the nation has made considerable progress in increasing the number of women who receive early prenatal care. In 1970, only 68 percent of all mothers received such care. This rate improved to 76.3 percent by 1980, worsened in the late 1980s, and then began a period of steady improvement, reaching 83.9 percent in 2004.[8]

Racial disparities in access to prenatal care have lessened as well. This can be

5.3 Late or no prenatal care, by race, 1970–2004

Percent of women with third-trimester care only, or no care



Source: National Center for Health Statistics

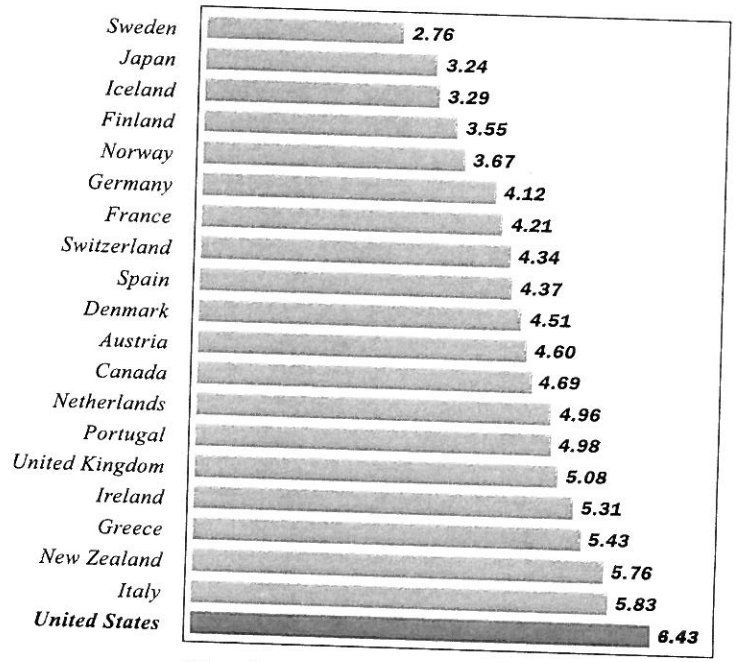
seen most clearly among those mothers who receive late or no prenatal care. In 1970, 16.6 percent of African American mothers received late or no prenatal care, almost three times the white rate of 6.3 percent. By 2004, this discrepancy had moderated. The rate for African American mothers declined to 5.7 percent, compared to 2.2 percent for white mothers.[9]

The proportion of African American women receiving late or no prenatal care improved from one out of six in 1970 to approximately one out of seventeen in 2004, a significant change for the better. Nevertheless, it is worth noting that the percentage of African American mothers with inadequate prenatal care in 2004 was still more than twice that of white mothers, and only slightly better than the rate achieved for white women in 1970.

World Standing—Losing Ground. For the past several decades, the United States has lagged behind other nations in infant mortality. It continues to do so today. The CIA's *World Factbook* shows that most other industrial nations now have lower infant mortality rates than the United States. Among twenty industrial countries,

5.4 Infant mortality, selected industrial countries, 2006, est.

Deaths in the first year of life, per 1,000 live births



Source: Central Intelligence Agency, *World Factbook*

the nation with the lowest infant mortality, Sweden, has a rate less than half that of the United States. Other nations with low rates include Japan, Iceland, Finland, Norway, Germany and France.[10]

UNICEF's *State of the World's Children 2006* shows that the United States' standing has slipped significantly over the past sixteen years. In 1990, 24 countries had lower infant mortality rates than the United States. By 2006 the U.S. was outperformed by 37 countries, including Cuba, the Czech Republic and Estonia. The United States also compares poorly in terms of its mortality rate for children under five. On this indicator it falls behind 35 other countries, ranking similar to Poland, Lithuania, and Chile.[11]

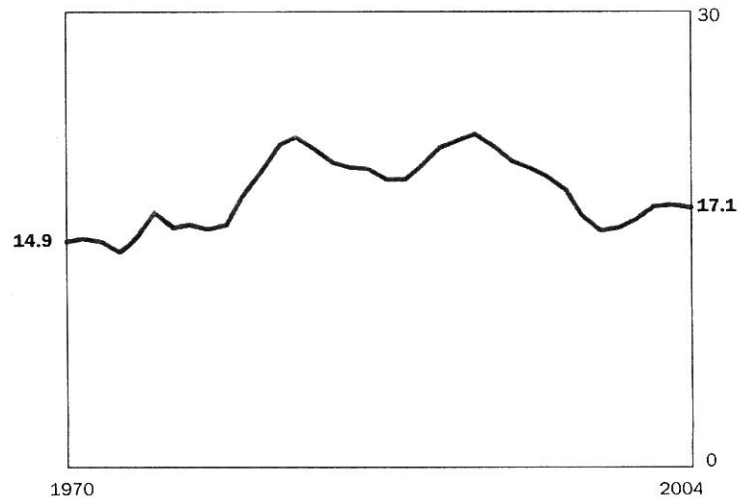
Sharing the Benefits of Progress. The nation's accomplishment in lowering its infant mortality rate has been impressive. But the slowing pace of improvement and the rise in low-birthweight babies indicate that more work is needed. It will be difficult to improve the national infant mortality rate further unless we address the racial and ethnic disparities that characterize nearly every aspect of infant health in this country. Other industrial nations have achieved far lower infant mortality rates. So, too, can the United States.

Child Poverty

- Child poverty is higher today than it was in 1970, and it has risen even more sharply among the youngest children, those under age six.
- The percentage of children living in "extreme poverty" (with a family income less than half the poverty line) was approximately the same in 2005 as it was in 1980.
- The United States' child poverty rate compares poorly to the levels achieved in other nations.

5.5 Child poverty, 1970–2005

Child poverty rate—percent of related children in families with incomes below the poverty line



Source: U.S. Bureau of the Census

No Progress. Poverty represents a serious threat to child development. Children who are poor typically have less access to educational opportunities, greater exposure to danger, and in the most severe cases, problems with obtaining the most basic of necessities: adequate food, shelter, and, clothing.

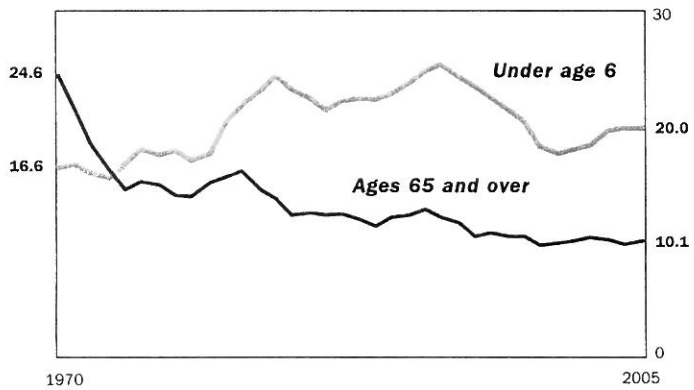
Since 1970, there has been little overall progress in the elimination of child poverty. In 2005, there were 12.3 million children living in families in poverty. This represented 17.1 percent of the child population, up from 14.9 percent in 1970—a worsening of 15 percent.[12]

Child poverty in the U.S. reached its highest level in 1993. It improved during the late 1990s with the strengthening economy, but has worsened again since 2000, with only fractional improvement between 2004 and 2005. Poverty rates are even higher for the nation's youngest children—those under age six. In 2005, 20 percent of American children under age six were poor, compared to 16.6 percent in 1970.[13]

A Key Comparison. The high levels of poverty among the very young stand in sharp contrast to the lower poverty rates of the elderly. Between 1970 and 2005, poverty among the elderly fell nearly 60 percent, from 24.6 percent to 10.1 percent. During the same period, poverty among children under six increased by 20 percent. Given the importance of children's earliest years in shaping development, this represents a serious problem.[14]

5.6 Poverty, under age 6, and ages 65 and over, 1970–2005

Percent in poverty



Source: U.S. Bureau of the Census

Who Are the Poor? Among the 12.3 million American children under age eighteen living in poverty in 2005, approximately one-third were white, one-third were African American, and one-third were Hispanic. Proportionately, however, child poverty rates were considerably higher among minorities. In 2005, 9.5 percent of white children were poor, compared to 34.1 percent of African American children and 27.7 percent of Hispanics.[15]

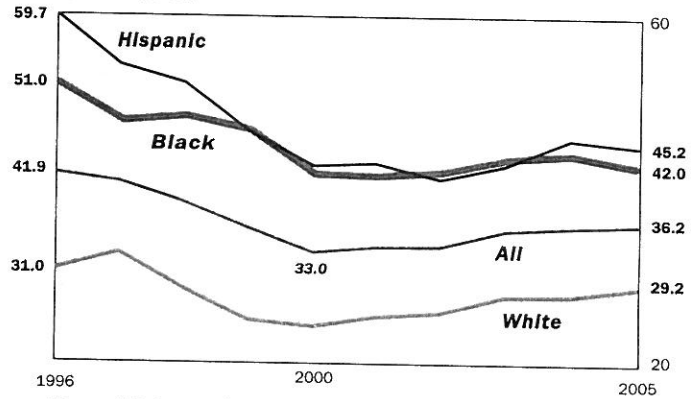
Extreme Poverty. The U.S. poverty line was developed in the 1960s centered on the concept of a minimum diet. It represents little beyond subsistence in terms of providing the goods and services needed for daily life. Below even this minimal level, the Census Bureau defines a category called "extreme poverty," which covers people whose incomes fall below 50 percent of the official poverty line. For a family of three, for example, this means living on less than about $8,000 per year.[16]

There has been little progress in improving this acute form of economic deprivation. In 2005, 5.6 million American children (7.7 percent) were still living in extreme poverty—almost precisely the same proportion as in 1980. Approximately one-half of all African American children who were poor, and nearly 40 percent of poor white and Hispanic children, fell into this category.[17]

The Impact of Welfare Reform. The passage of the Personal Responsibility and Work Opportunity Act in 1996 was one of the most important policy initiatives to affect poor children in recent years. The new welfare reform law required the states to redesign

5.7 Poverty, female-headed households with children, 1996–2005

Percent in poverty



Source: U.S. Bureau of the Census

their programs so as to move single mothers from "welfare to work"—seeking both to save public funds and to give families a path to economic self-sufficiency.

Public monies were saved: 2.6 million families were removed from the welfare rolls between 1995 and 2004. In addition, poverty rates among female-headed families with children did decline during the initial years of the program, in part because of the booming economy of the late 1990s. Follow-up studies, however, show that many of the jobs found by former welfare recipients are neither stable nor well paid, and in recent years, poverty rates have begun to increase again—from 33.0 percent in 2000 to 36.2 percent in 2005. The nation's welfare system has been restructured, but the problem of poverty remains unsolved.[18]

Child Poverty and Illness. One of the most serious and well-documented consequences of child poverty is a higher rate of illness. Two conditions that affect poor children with particular severity are lead poisoning and asthma.

Lead poisoning can cause learning disabilities, behavioral problems, and sometimes even seizures, coma, or death. Blood lead levels in American children have improved significantly over time, as the nation has phased out leaded gasoline and has regulated lead emissions and lead-based paint. Yet, according to the Centers for Disease Control and Prevention, lead poisoning still affects more than 300,000 children, ages one to five, and of this group, a high proportion are low-income children living in older housing.[19]

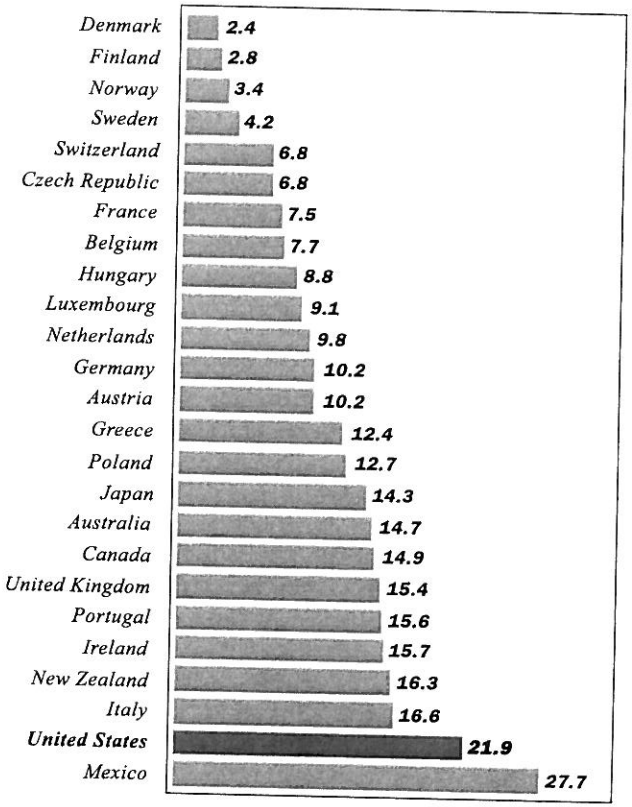
Unlike lead exposure, asthma has grown worse in recent decades, and represents a serious problem for children of all income groups. Yet data from the National Health Interview Survey show that it too is most prevalent among poor children. Researchers at Mount Sinai School of Medicine, for example, looking specifically at hospitalization rates, found that children in New York City's poorest neighborhoods were hospitalized for asthma at rates twenty-one times higher than those in higher-income neighborhoods.[20]

U.S. Standing in the World. Similar to our status on infant mortality, the United States lags far behind other industrial nations in reducing child poverty. Among the many studies that document this country's poor international standing, some of the most important have come from UNICEF's Innocenti Research Centre, which publishes a series of reports on how well industrial countries address child poverty. These reports use the standard international definition of poverty, which is income that is less than one-half the national median.

relates to income gap between highest & lowest

5.8 Child poverty, selected industrial countries

Percent of children in poverty



Source: Innocenti Research Centre, UNICEF
Note: Data are from the most recent years available, ranging from 1997–2001

In the most recent Innocenti report, covering twenty-six industrial countries, the United States performed more poorly than any other country except Mexico. The U.S. rate for poverty among children—21.9 percent—was nine times higher than the rate in the best nation, Denmark, at 2.4 percent.[21]

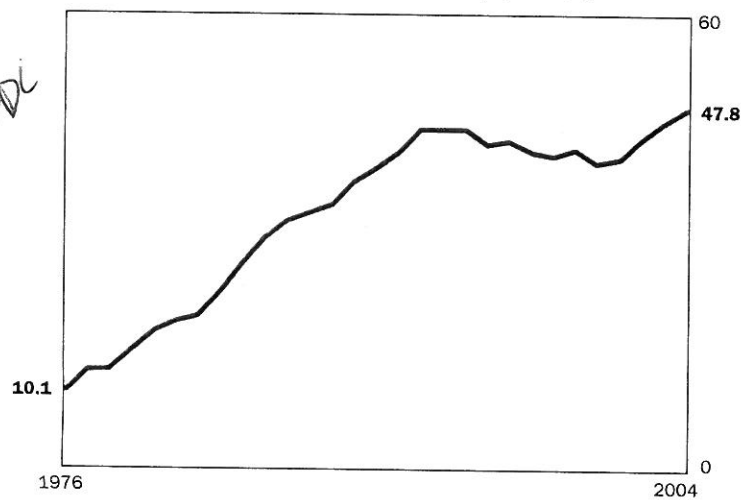
A Critical Issue. Child poverty remains a pressing problem in the United States, affecting young Americans' physical, social, and mental well-being, both during their early years and long afterward. It will take a concerted effort and significant public policy initiatives to address the problem, but the costs of poverty for children make this task urgent.

Child Abuse

- Since the passage of the Child Abuse Treatment and Prevention Act of 1974, the nation has seen a marked increase in child abuse reports. While the early years of this increase likely reflected greater awareness, the continuing rise in reports is a matter of serious concern.
- Neglect is the most common form of abuse today, as it has been in the past.
- Parents are the most frequent perpetrators of abuse.

5.9 Child abuse, 1976–2004

Children involved in abuse/neglect reports, per 1,000 population, ages 0–18



Source: American Humane Association, National Committee to Prevent Child Abuse, U.S. Administration for Children and Families

Rising Awareness, Rising Reports. Harming a child is recognized as a serious offense, both because of a child's vulnerability and because the ill effects of mistreatment can last a lifetime. For most of U.S. history, however, states gave varying levels of attention to this issue, and in many communities only the most extreme cases of abuse were reported.

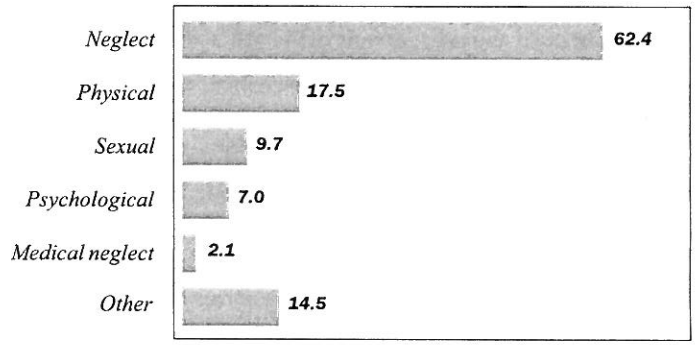
This situation changed markedly in 1974, when the Child Abuse Prevention and Treatment Act (CAPTA) was passed, creating a nationwide system for dealing with child maltreatment. CAPTA required that states adopt a legal definition of abuse that would meet or exceed federal guidelines, pass a mandatory reporting law for abuse cases, and establish a mechanism for investigating these reports.[22]

Between 1976, when the CAPTA system was implemented, and 2004, the rate of children involved in reports of abuse or neglect rose dramatically, from 10.1 per 1,000 children to 47.8. Reports increased steadily until the late 1990s, then moderated somewhat, but began to climb again after 2000. The 2004 rate was the worst since the national system began. In 2004, nearly 3.5 million children were involved in reports of abuse or neglect.[23]

There are important reasons to monitor reports of abuse as well as the smaller number of "substantiated" cases. First, child abuse is difficult to substantiate because victims are often unwilling or unable to testify. In addition, there is significant variation among the states in procedures and staffing—fewer staff typically mean lower rates of substantiation. Finally, multiple studies demonstrate that many cases are never reported at all. Thus, even the total number of reports may understate the full extent of the problem.[24]

5.10 Types of child maltreatment, 2004

Percent of substantiated cases experiencing each type of abuse



Source: U.S. Administration for Children and Families
Note: Adds up to more than 100 because child may appear in more than one category

Types of Maltreatment. The federal definition of abuse and neglect covers "any recent act or failure to act on the part of a parent or caretaker, which results in death, serious physical or emotional harm, sexual abuse or exploitation" of a child, as well as any "act or failure to act which presents an imminent risk of serious harm to a child." Within the broad category of abuse and neglect, there are five main types of maltreatment: neglect, physical abuse, sexual abuse, psychological maltreatment, and medical neglect.[25]

The most common type of maltreatment is neglect. In 2004, neglect accounted for nearly two-thirds of substantiated cases. The second most common form of abuse was physical, experienced by 17.5 percent. In addition, 9.7 percent of children suffered from sexual abuse, 7 percent from psychological maltreatment, 2.1 percent from medical neglect, and 14.5 percent experienced other forms of abuse, including abandonment and threats of harm.[26]

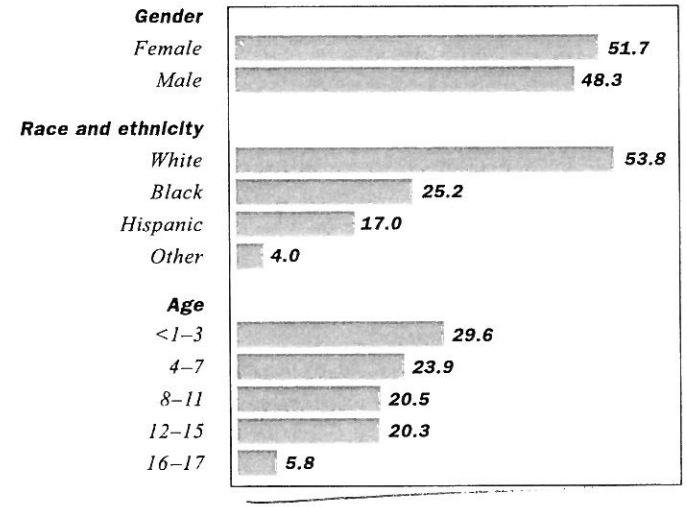
Each type of maltreatment was experienced by thousands of children in each age group. Among the youngest, for example—those under age four—in addition to the approximately 170,000 cases of neglect in 2004, there were nearly 30,000 substantiated cases of physical abuse, 11,000 cases of psychological maltreatment, and 5,000 cases of sexual abuse.[27]

Deaths from Abuse. The worst possible outcome of maltreatment is, of course, the death of a child. In 2004, an estimated 1,490 children died in substantiated cases of abuse or neglect. Nearly half of these children, 45 percent, were under one year of age, and another 35 percent were between the ages of one and three. Neglect was the most frequent cause, accounting for 36 percent of the deaths, followed by physical abuse. The rate of child fatalities increased slightly each year between 2000 and 2004, rising from 1.84 to 2.03 per 100,000 population.[28]

Who Are the Victims of Child Abuse? A review of the characteristics of abused children show that girls are abused slightly more frequently than boys—51.7 percent vs. 48.3 percent. By race and ethnicity, the majority of abused children—53.8 percent—are white, although minorities are overrepresented among victims in terms of their presence in the general population. Finally, in terms of age, younger children are most likely to be abused. The extreme case is children under age four, who accounted for nearly 30 percent of abuse in 2004, although they represent only about 7 percent of the under-eighteen population.[29]

5.11 Child abuse victims, by gender, race, ethnicity, and age, 2004

Percent of victims in substantiated cases



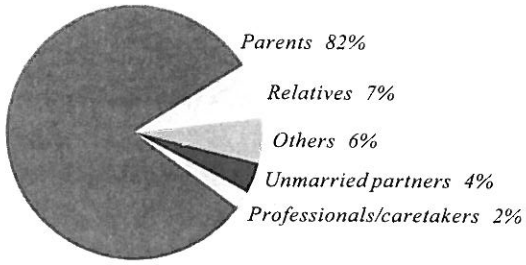
Source: U.S. Administration for Children and Families

Who Commits Child Abuse? One of the most troubling patterns in child abuse is the predominance of parents among the perpetrators. In 2004, parents accounted for a full 82 percent of known perpetrators. Two other groups with family or household connections were relatives at 7 percent, and parents' unmarried partners at 4 percent. Professionals and various types of caretakers, such as foster parents, legal guardians, residential facility employees, and day-care staff, accounted for 2 percent of the cases. Women made up the largest proportion of abusers, at 57.8 percent, compared to men at 42.2 percent.[30]

The overwhelming majority of abusing parents—a full 92 percent in 2004—were biological parents, far outnumbering stepparents and adoptive parents. In cases of parental abuse, almost half the victims were harmed by their mothers acting alone, compared to 22 percent by their fathers acting alone. There were also another 22 percent harmed by their mothers and fathers acting together, and 9 percent by one of the two parents acting with someone else.[31]

no mention of perpetrator or victim

5.12 Child abuse perpetrators, by relationship, 2004



Source: U.S. Administration for Children and Families

Who Reports Child Abuse? Each of the fifty states has to specify who is legally obliged to report suspected cases of abuse and neglect. Most often, state laws designate occupations such as social workers, school personnel, health care workers, mental health professionals, child-care providers, and law enforcement personnel. Since the recent sex abuse scandals in the Catholic Church, twenty-five states also have added reporting requirements for clergy.

physicians not mentioned

More than half of all reports in 2004 came from community professionals. School and law enforcement personnel alone accounted for 34 percent of the total. Other sources were: anonymous tips (10 percent), relatives (8.4 percent), parents (6.6 percent), and friends or neighbors (5.9 percent). Those directly involved—the alleged perpetrators and victims—accounted for less than 1 percent of all reports.[32]

An Unresolved Problem. Over the past thirty-five years, the problem of child abuse has become better understood and better monitored. But the almost uninterrupted increase in reports of maltreatment indicates that we have much work to do in order to protect the most vulnerable members of our society. The predominance of close relatives, particularly parents, as perpetrators, also suggests that this nation needs to address the extensive burdens ~~and stresses now placed~~ on families.

no mention of parent perpetrators as victims