

Focusing on Healthy Births, Access to
Care, Health Risk Factors, and Social
and Environmental Determinants



Child Health Report

GUILFORD COUNTY 2018



The Division of Public Health of the Guilford County Department of Health & Human Services is pleased to share the *Child Health Report for Guilford County 2018*. This *Report* presents a wide range of health and health-related data for Guilford County children, including indicators of birth outcomes and access to care, as well as economic, social and environmental determinants that influence the health and well-being of children over time. This report also highlights how child health in Guilford County compares to North Carolina. NC comparison data are from the *2018 North Carolina Child Health Report Card* prepared by NC Child and the North Carolina Institute of Medicine, available at: www.ncchild.org. Guilford County comparison data was not available for all indicators in the NC report.

Tables in this report include two years of data – a baseline and more current data. The arrows show the direction of change in the data, with the upward arrow indicating an increase and a downward arrow indicating a decrease.



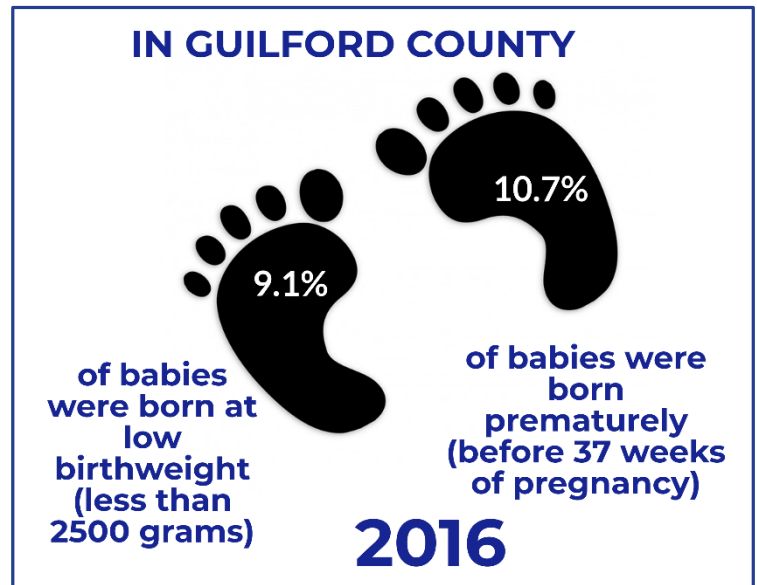
The green arrow color illustrates that the indicator is improving.

The red arrow color illustrates that indicator is getting worse.

Healthy Births

Healthy birth outcomes and children begin with healthy mothers and families. For families to be healthy, they need access to quality health care, including preconceptional care, as well as opportunities for quality education and economic success.

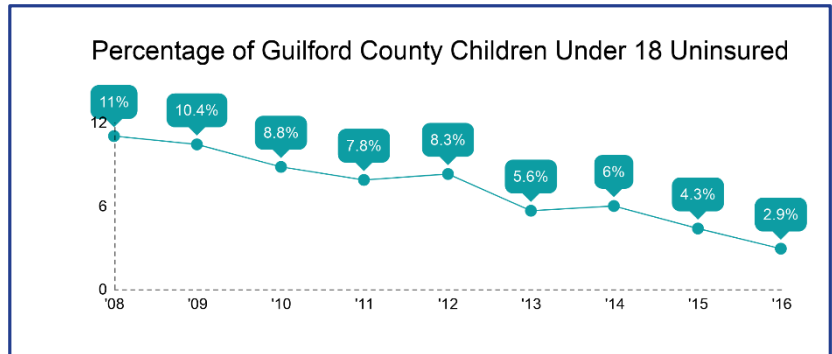
- Live births in Guilford County increased 2.7% from 6,095 in 2015 to 6,258 in 2016, with 40.6% of births occurring to White mothers, 40.8% African American, 18.2% Asian, 0.4% American Indian and 13.3% Hispanic (who can be of any race).
- About 86% of Guilford County women of childbearing age have health insurance coverage, an improvement from previous years. Despite that improvement, 38% of women did not receive early prenatal care, which promotes healthy pregnancies and deliveries.
- Guilford ranks 67th for infant mortality among NC's 100 counties in 2016 and NC ranks 42nd in the United States.
- The Guilford County five-year infant mortality rate was 8.1 per 1,000 live births. A significant disparity persists, with a White infant mortality rate of 5.2 per 1,000 live births, as compared to the African-American rate of 12.3 (2012-2016).



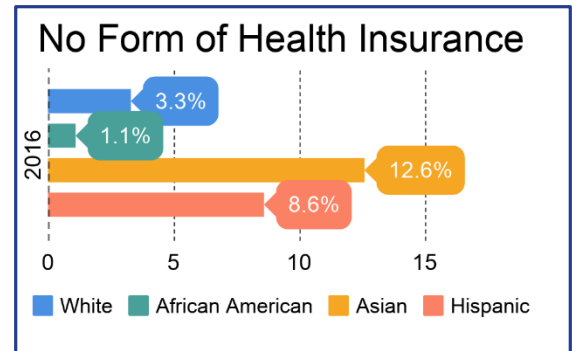
INDICATOR	GUILFORD COUNTY			NORTH CAROLINA		
	2016	2012	Change	2016	2012	Change
Preconceptional Health & Support						
Women with health insurance (Ages 18-44)	85.7%	76.4%	↑	80.6% 2015	73.6% 2011	↑
Babies born to women who smoke	5.3%	10.6%	↓	9%	10.6%	↓
Women who receive 1 st trimester prenatal care	61.9%	72.5%	↓	69.0%	71.3%	↓
Birth Outcomes	2012-16	2007-11	Change	2012-16	2007-11	Change
Infant mortality per 1,000 live births	8.1	9.4	↓	7.2	7.8	↓
Babies born before 37 weeks of pregnancy	9.6	9.6	No change	9.0	9.1	↓
Babies born at a low birthweight (<2,500 g)	9.1% 2016	9.7% 2012	↓	9.2% 2016	8.8% 2012	↑
Teen Births	2016	2012	Change	2016	2012	Change
Births to teen girls ages 15-19 (per 1,000)	17.3	25.9	↓	21.8	31.8	↓
Repeat births to girls ages 15-19	23.2%	22.4%	↑	22.0%	23.3%	↓

Access to Care

Health insurance for parents and children is critical for providing access to primary and preventive health care services. Coverage for children has increased recent years. This increase is due to the Affordable Care Act, Medicaid and the NC Health Choice program, a program for children of working families who do not qualify for Medicaid.



- From 2012 to 2016, increases in enrollment in public health insurance reduced the percentage of low income children without health insurance by 60%, leaving only 3% of Guilford County children without insurance.
- An increasing percentage of children with Medicaid are receiving dental services and well-child checkups.
- Access to school nurses is important for low income students, especially those needing help with managing asthma, diabetes or other chronic conditions. Though Guilford County is far from reaching the recommended ratio of one school nurse to 750 students, the county added more school nurses in 2017.

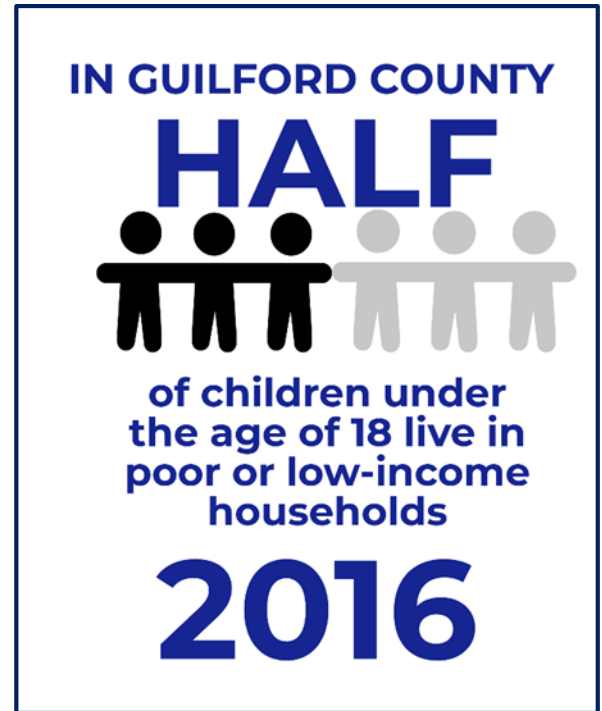


INDICATOR	GUILFORD COUNTY			NORTH CAROLINA		
	2016	2012	Change	2016	2012	Change
Insurance Coverage						
Children with health insurance	97.1%	91.7%	↑	95.5%	92.4%	↑
Low income children without health insurance	4.6%	11.4%	↓	5.6%	9.7%	↓
Children covered by public health insurance	46.1%	38.2%	↑	43.5%	41.6%	↑
Oral Health	2017	2016	Change	2016	2012	Change
Children with Medicaid who use dental services	53.8%	52.1%	↑	48.7%	47.2%	↑
School Health	2016-17	2012-13	Change	2016-17	2016-17	Change
School nurse ratio	1:2,211	1:2,442	↓	1:1,072	1:1,177	↓
Health Services Utilization	2017	2016	Change	2016	2012	Change
Children with Medicaid who received a well-child checkup in the past year	59.2%	56.2%	↑	57%	57.1%	↓

Health Risk Factors

Children who live in safe and secure homes with financial security are more likely to be healthy and to grow and develop into healthy, successful adults. Children living in poverty are at increased risk of a wide range of health and social problems, including poor birth outcomes, health risk behaviors and conditions linked to substandard housing, such as asthma and lead exposures.

- The percentage of children in Guilford County living below the federal poverty level increased between 2012 and 2016; half of all children in the county were living in poor or low-income homes in 2016;
- Hospital discharges for asthma and children tested with significant levels of lead in their blood increased between 2012 and 2016;
- The numbers of Guilford County children living in foster care and children assessed for abuse or neglect showed increases.



INDICATOR	GUILFORD COUNTY			NORTH CAROLINA		
	2016	2012	Change	2016	2012	Change
Housing and Economic Security						
Percent of children < 18 below Poverty Level	26.8%	24.7%	↑	21.7%	26.0%	↓
Percent of children living in poor or low-income homes	51.4%	51.1% 2015	↑	48.2%	51.0%	↓
Environmental Health	See Below	See Below	Change	See Below	See Below	Change
Hospital discharges with a primary diagnosis of asthma, Ages 0-14, Rate per 100,000	129.8 2014	130.2 2012	No Change	144.6 2014	163.7 2012	↓
Children tested with blood lead levels >5ug/dl	1.3% 2014	1.2% 2013	↑	1.9% 2015	3.6% 2011	↓
Social Services	2016	2015	Change	2016	2015	Change
Children assessed for abuse or neglect per 1,000	50.0	48.0	↑	56.3	57.2	↓
Children in foster care per 1,000	6.1	4.8	↑	7.1	6.8	↑

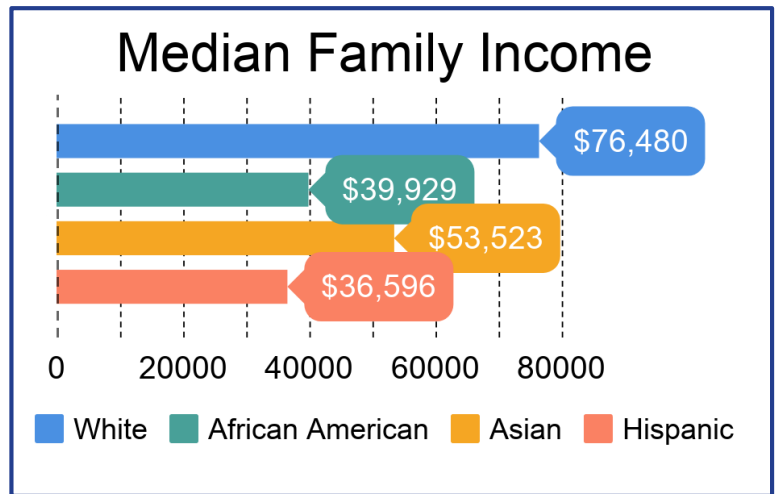
Social and Environmental Determinants of Health

Social and environmental factors can create opportunities or constraints for child development. Family education and income are leading predictors of many health outcomes, while the physical environment helps to determine whether children will have safe places to play and have access to sources of healthy food.



90% of Guilford County high school students graduate on time, **4% higher than North Carolina** 2016-2017

- The percentages of Guilford County residents completing high school and obtaining a bachelor's degree or higher is increasing, but there is room for improvement.
- While the numbers are improving, over 20% of Guilford County children live in food-insecure households and 8% live in neighborhoods with limited access to full-service supermarkets that carry a range of healthy food options.



INDICATOR	GUILFORD COUNTY			NORTH CAROLINA		
	2016	2012	Change	2016	2012	Change
Education and Income						
High school students who graduate on time	89.8% 2016-17	89.4% 2015-16	↑	86.5% 2016-17	82.5% 2013-14	↑
Adults with a high school education or more	87.8%	87.7%	↑	87.3%	85.3%	↑
Adults with a bachelor's degree or more	34.5%	32.5%	↑	30.4%	27.4%	↑
Median household income	\$47,262	\$42,706	↑	\$50,584	\$45,150	↑
Healthy Eating Environment				See Below	See Below	Change
Children who live in food-insecure households	21.7% 2015	24.0% 2013	↓	22.6% 2015	26.1% 2013	↓
Limited access to healthy food (percentage low income and not living near a supermarket)	8%	7%	↑	7% 2015	7% 2010	No change

References

Healthy Births

Women with Health Insurance Coverage: American Community Survey, www.census.gov

Smoking during pregnancy, prenatal care, and birth outcome, including teen births: NC State Center for Health Statistics, www.schs.state.nc.us/data.

Access to Care

Children and Health Insurance Coverage: American Community Survey, www.census.gov.

Children with Medicaid who use dental services and well-child checkups: “Form CMS-416: Annual EPSDT Participation Report,” US Department of Health and Human Services, Center for Medicare Medicaid Services. Annual Early Periodic Screening, Diagnostic, and Treatment Participation Report, Fiscal years 2016 and 2012, <https://www.medicaid.gov/medicaid/benefits/epsdt/index.html>.

School Nurse Ratio: NC Department of Health and Human Services Division of Public Health. North Carolina Annual School Health Report.

Health Risk Factors

Children living below Federal Poverty Level; Children living in poor or low-income homes: U.S. Census Bureau, American Community Survey.

Asthma Diagnosis: NC State Center for Health Statistics, County Health Databook.

Blood Lead Levels: Childhood Lead Poisoning Prevention Program, NC Health and Human Services, <https://nclead.ncpublichealth.com/>.

Children in Foster Care and Children Investigated for Abuse and Neglect: 2018 Guilford County Data Card, *NC Child*, www.ncchild.org/publication/2018-county-data-cards.

Social and Environmental Determinants of Health

High School Students Graduating on Time: 2018 Guilford County Data Card, *NC Child*, www.ncchild.org/publication/2018-county-data-cards.

Educational Attainment and Median Family Income: US Census Bureau, American Community Survey.

Children Living in Food-insecure Households: Feeding American. Map the Meal Gap, Childhood Food Insecurity by State, <http://map.feedingamerica.org/>

Limited Access to Healthy Food: County Health Rankings, <http://www.countyhealthrankings.org>.

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For more information about Guilford County health statistics, visit:

www.myguilford.com/humanservices/health/health-statistics.