

A Portrait of Child Health in the United States

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The Future of Children

PRINCETON-BROOKINGS



Policies to Promote Child Health

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The Future of Children

- Journal headquartered at Princeton University that includes synthesis articles by experts on theme topics



Objectives of this Talk

- Overview of child health in the U.S.
 - Trends over time
 - Current concerns
 - Variations within U.S.
 - International comparisons
- Themes from the volume overall and key issues going forward

Source Materials

- Lead chapter of volume
 - “How Healthy are Our Children?”
 - Sara Rosenbaum & Robert Blum
- My own data compilation, synthesis, research
- Intro chapter of volume
 - “Introducing the Issue”
 - Janet Currie & Nancy Reichman

Volume on “Policies to Promote Child Health”

- Covers the policy landscape in the U.S. vis-à-vis child health
- In the process, it discusses the major health issues and threats to health facing U.S. children today
- What policies/programs work
- Implications for research and policy

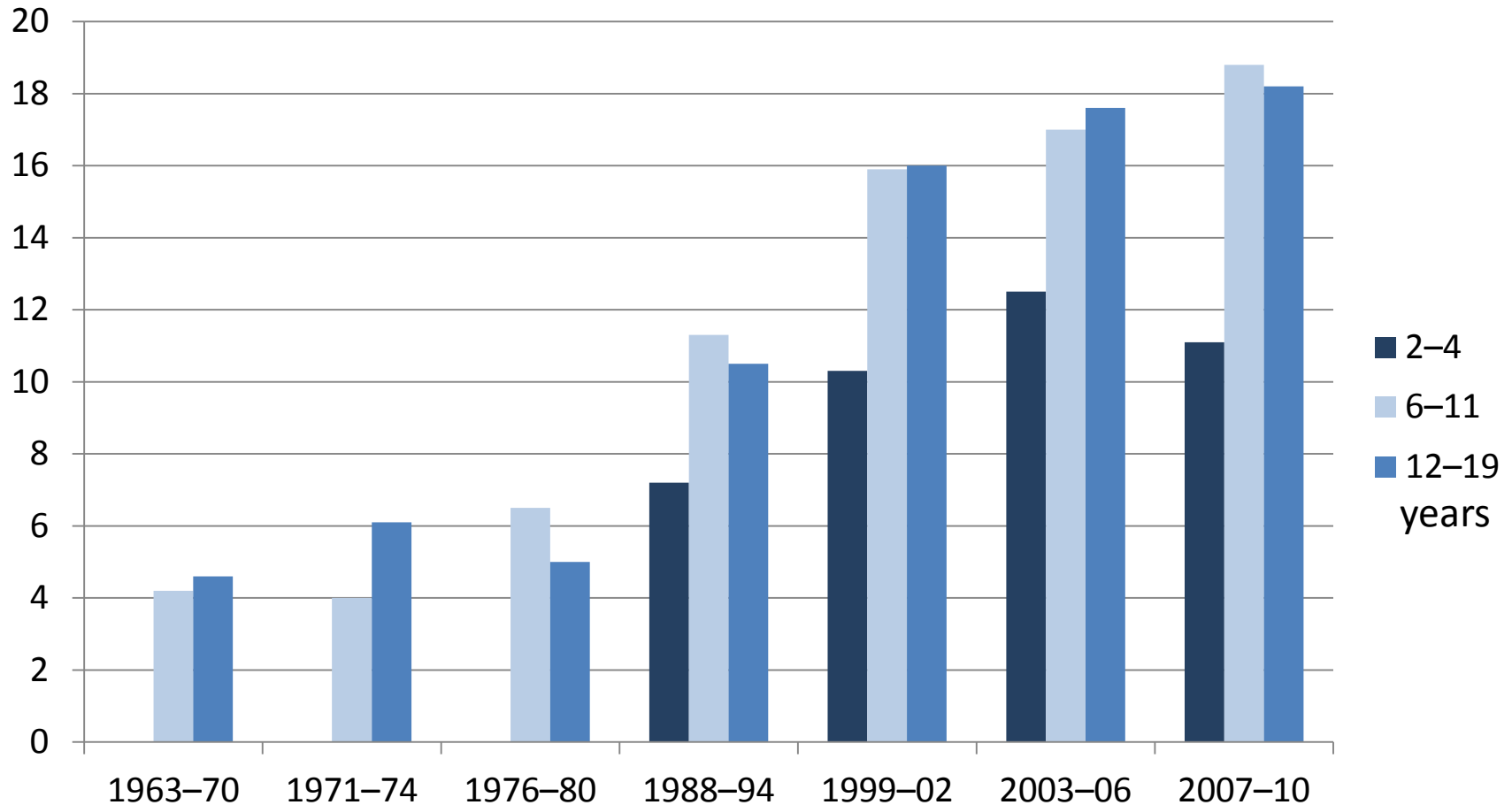
A Success Story

- In 1910, the infant mortality rate in the US was 127.6 per 1000 live births; *by 2012, the rate dropped to **6 deaths per 1,000 live births***
- In 1910, mortality among children under age 5 stood at 403.6 deaths per 100,000 children; *by 2012, this figure fell to **7.1***

Reasons for Success Story

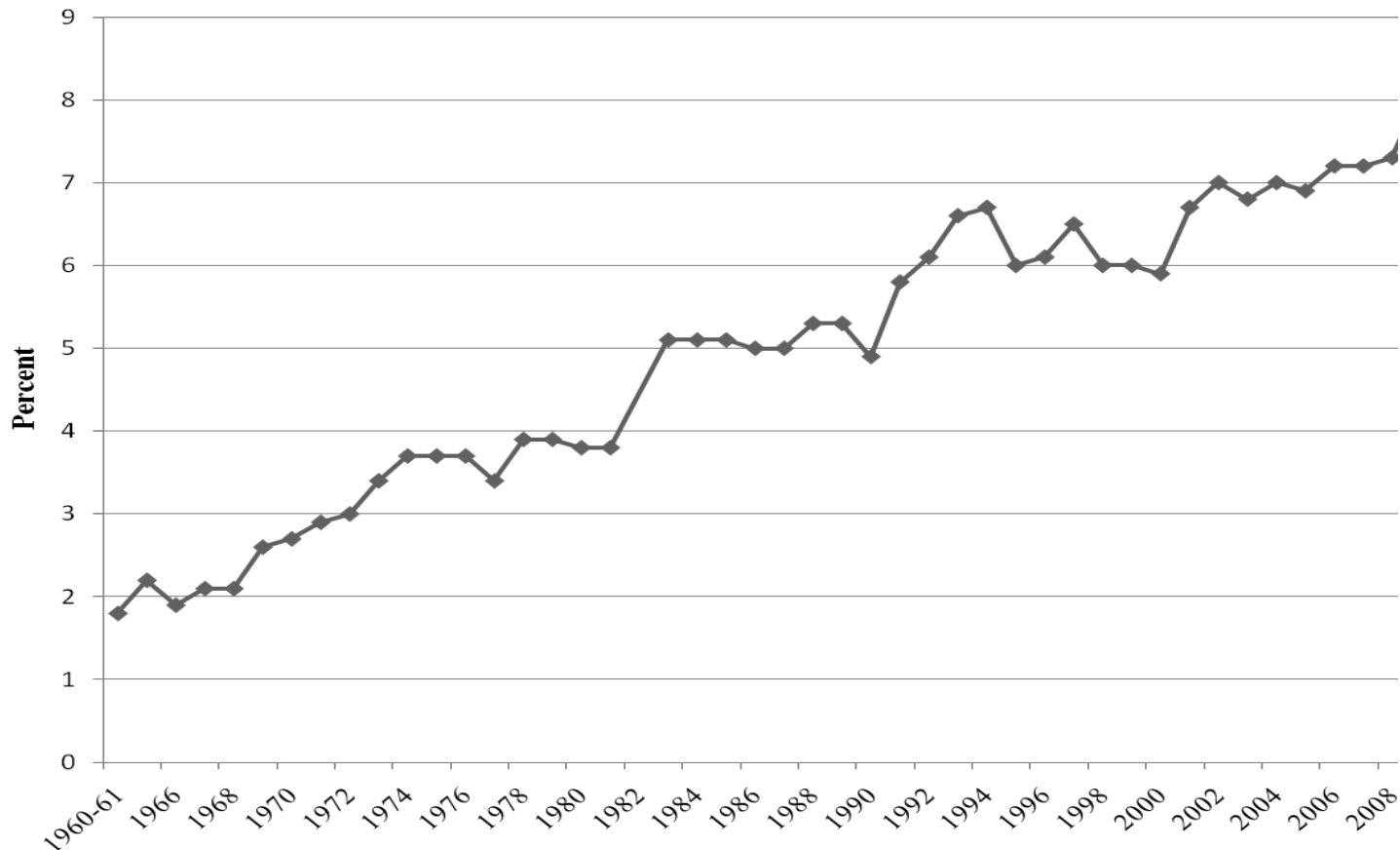
- Advances in neonatal technology
- Vaccines
- Antibiotics
- Improved living standards

Child Obesity Has Become Epidemic



Source: Health, United States, 2011

Trend in limitation of activity due to chronic conditions for U.S. children 1960–2009



Source: Halfon N, Houtrow A, Larson K, Newacheck P. The changing landscape of disability in childhood. *The Future of Children*. 2012; 22(1):13–42.

Asthma Has Become Key Child Health Concern

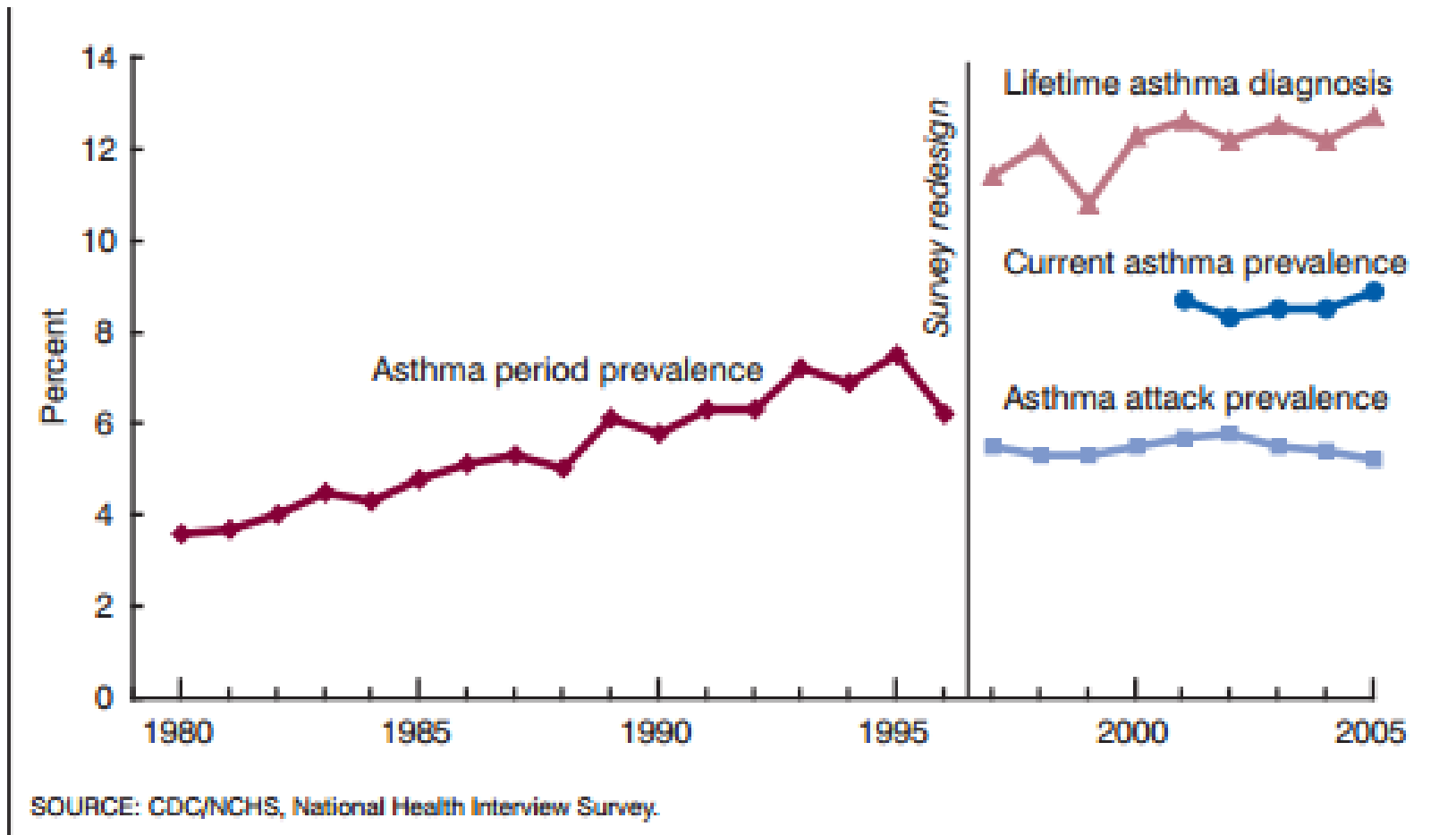


Figure 2. Asthma prevalence among children 0–17 years of age for measures of asthma prevalence available in each year, United States, 1980–2005

Source: CDC, 2006: <http://www.cdc.gov/nchs/data/ad/ad381.pdf>

Percentages of Children in U.S. with Select Health Conditions by Household Income Tercile, NHANES 1999-2006

	Low	Mid	High
Diabetes			
12-17 years	0.7	0.5	0.6
Obese			
4-11 years	14.2	10.3	7.5
12-17 years	17.9	15.1	11.5
Low HDL			
12-17 years	17.2	15.9	15.9
High Cholesterol Ratio			
12-17 years	6.6	6.4	4.7
Hypertension			
12-17 years	0.8	0.6	< .1
Asthma - Ever Diagnosed			
0-3 years	12.4	6.4	7.2
4-11 years	15.6	15.1	11.8
12-17 years	18.7	16.8	19.5

Source: Reichman, N.E., Teitler, J.O. (2013)

Alabama compared to U.S.

- Infant mortality rate relatively high in Alabama, even among whites
- Child overweight/obesity higher in AL than US
- Children w/ cognitive/behavioral/developmental disorders in AL on par with US
- Child asthma rate higher in AL than US
- Child rates of insurance coverage and regular dental care higher in AL than US

Back to FOC volume: Intro chapter

Currie, J., Reichman, N. Policies to promote child health: introducing the issue. *The Future of Children* 2015;25(1), 3–9.

Themes of the Issue

- Wide range of policies important for promoting child health
- Responsibility for promoting child health is fragmented; lack of consensus about government's appropriate role
- “Crisis response” mentality
 - Doesn't focus on prevention
 - Often precludes implementing policies in ways that would let us thoughtfully evaluate efficacy
- Information about cost-effectiveness severely lacking
- Poor and minority children typically face greatest health risks

What works?

- Health at birth and early childhood
 - WIC
 - Center-based early childhood care and education
- Food
 - SNAP
- Housing
 - Specific measures such as window bars on high rises
- Health care
 - Insurance expansions
- Families
 - Income augmentation (EITC)
 - Home visiting programs
 - Large-scale community-level primary prevention programs
- Mental health
 - A few specific programs

Implications for Research and Policy

- Must view health and health policy broadly
- Fragmented nature of responsibility for child health has produced a chronic lack of coordination
 - Coordination would be helpful!
- Little attention paid to rigorous evaluation
 - But we know of many programs that work
 - Older children are important too
- Poor and minority children deserve special attention
- Investments in child health have the potential to repay current expenditures many times over

Thank you!

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<http://futureofchildren.org/>