



2009
North Carolina
Children's Index



Action for Children North Carolina is a nonpartisan, nonprofit statewide organization that advocates for child well-being by educating and engaging all people across the state to ensure that our children are healthy, safe, well-educated and have every opportunity for success. Action for Children conducts rigorous data analyses, engages communities, builds coalitions and communicates with policymakers and the public in order to spur shared investment in the policies and programs that are proven to serve children.

The *North Carolina Children's Index*, published every other year, provides the latest and most accurate state- and county-level data available on key indicators of child well-being. The Index is an important tool for planning and action by community leaders, policy makers, advocates and others working to improve the quality of life for all children.

The Index provides county-level data for a selection of the indicators used in the overall report in order to emphasize the significance of the surrounding physical, social and economic environment in shaping outcomes for children. County-by-county profiles are available for all 100 counties and will be posted online mid-year at: www.ncchild.org.

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Action for Children North Carolina has printed a limited number of the *2009 North Carolina Children's Index* due to considerations of the environment and economic context. To obtain additional copies of this publication, please download the electronic version from: www.ncchild.org.

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If this report or other information from Action for Children North Carolina has been useful to you, please consider making a tax-deductible donation to help us continue and expand this work. You may donate online at www.ncchild.org or contact Barbara Bradley at barb@ncchild.org to find out how you can support Action for Children's efforts on behalf of the children of North Carolina.

Dear Champion for Children,

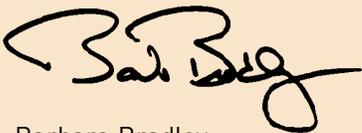
For a quarter century, Action for Children North Carolina has been working to document and improve child well-being in our state. Through a combined strategy of research and data collection, community engagement and advocacy, Action for Children has highlighted emerging issues for children and promoted evidence-based responses among policymakers, program planners and advocates alike. From reducing child fatalities through a graduated driver's license program, bike helmet and ATV safety legislation to encouraging the support of working families through expanded affordable children's health insurance and a state Earned Income Tax Credit, legislative and programmatic achievements that improve the lives of children are possible because of the commitment of policymakers, advocates, practitioners and families.

There is still more to do, as you will see in the following pages. The current political and economic environments demand that our children are better prepared for modern life. To do so, limited government revenues should be spent in the most effective ways known. As we embark on our next quarter century of service, we are committed to making North Carolina the best place to be and raise a child.

Action for Children has adopted a results-based planning framework that aligns our activities with the pressing issues faced by children and their families. Our aim is to make a measurable difference in the lives of children. By presenting reliable and useful information on the state of children in North Carolina and in your communities, Action for Children is committed to tracking our collective efforts to realize improvements for North Carolina's children.

I am pleased to offer you the *2009 North Carolina Children's Index*, which I encourage you to use in your own work to promote child well-being in North Carolina.

In partnership for all children,



Barbara Bradley
President & CEO



Table of Contents

Executive Summary	2
Key Findings	3
Children's Index	4
A Demographic Profile of North Carolina's Children	6
Goal 1: All children are healthy	7
Goal 2: All children are safe in their homes, schools and communities	10
Goal 3: All children have economic security	14
Goal 4: All children are provided the opportunity and resources to succeed in their education	18
Quality Communities for Children	21
Conclusion	22
Indicator Selection Process	23
Indicator Definitions, Notes and Sources	24
Endnotes	29
Acknowledgements	30

Executive Summary

North Carolina's continued economic competitiveness, social cohesion and vibrant civic life depend on effectively investing today in the well-being of young people, our next generation of workers and leaders. To ensure that young adults are healthy, well-educated and ready to contribute and lead, North Carolina must have reliable and up-to-date information on how children are faring along the way. Research has demonstrated that just as childhood experience can be predictive of life outcomes, the availability of resources, accessibility of institutions, quality of communities and effectiveness of public policy shape these experiences and are thus equally determinative.

From birth until their mid-20s, children are developing—literally building the structure of their brains—through the relationships and interactions they have with the people and institutions where they live. As children grow, these experiences and opportunities not only inform their cognitive development but also their social, emotional and physical development. Research on the long-term outcomes of specific programs and policies show there are many public policies and services that successfully enhance child development and intervene to improve lagging achievement, and thus produce improved child outcomes from cradle to career. Guided by data and the desire for improved results, policymakers and practitioners are well-positioned to improve the systems serving our young people today. In so doing, North Carolina will ensure that its children are prepared for the responsibilities and opportunities of a successful adulthood.

Measuring children's outcomes—behaviors and conditions—and the quality of service delivery holds us all accountable to the children of our state. The *2009 North Carolina Children's Index* monitors key indicators that address seven areas: health, safety, economic security, early care, education, child maltreatment and delinquency prevention. Action for Children tracks these data points over time and across local geographies as they relate to the four main goals for our work:

Goal 1: All children are healthy

Goal 2: All children have economic security

Goal 3: All children are safe in their homes, schools and communities

Goal 4: All children are provided the opportunity and resources to succeed in their education

The *2009 North Carolina Children's Index* is organized by these goals. All of North Carolina's children must have an equal opportunity to develop and grow so that they may reach their full potential. Only then can North Carolina further the economic growth and strength of its communities in the next generation.

Key Findings

Child well-being in North Carolina continues to be a story of great achievements tempered by missed opportunities. North Carolina has benefited when government leaders make sound investments supported by the growing body of research on what works to promote healthy child development. When leaders do not heed research or ensure that state systems promote evidence-based practices, the state makes less than efficient use of its limited dollars and leaves too many children behind.

Investments pay

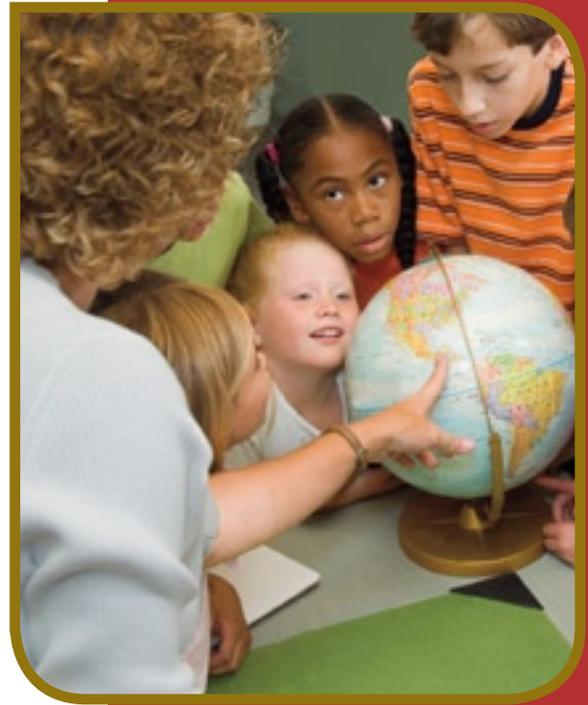
North Carolina has made important investments in children's services. Nearly one million children receive preventive care and other treatment through their enrollment in public health insurance. Early childhood enrollment and the expansion of high quality childcare across the state are preparing young children for school and academic achievement.

Research enhances

Systems serving children should continue to incorporate the latest research on effective practices to ensure that North Carolina leads the nation in child well-being and sound investments. North Carolina's child welfare system has undergone an overhaul over the past three years that is aimed at increasing the stability of children and monitoring their outcomes. The latest efforts by service providers to connect the child welfare and education systems show promise, but more must be done to support foster youth in the transition to adulthood. By failing to provide developmentally appropriate services to 16- and 17-year-olds in contact with the criminal system, North Carolina forgoes the opportunity to help guide these children in a positive direction. North Carolina is one of three states to treat 16- and 17-year-olds as adults in all aspects of their contact with the criminal system. This is contrary to the national mainstream, state civil law and decades of research on reducing crime.

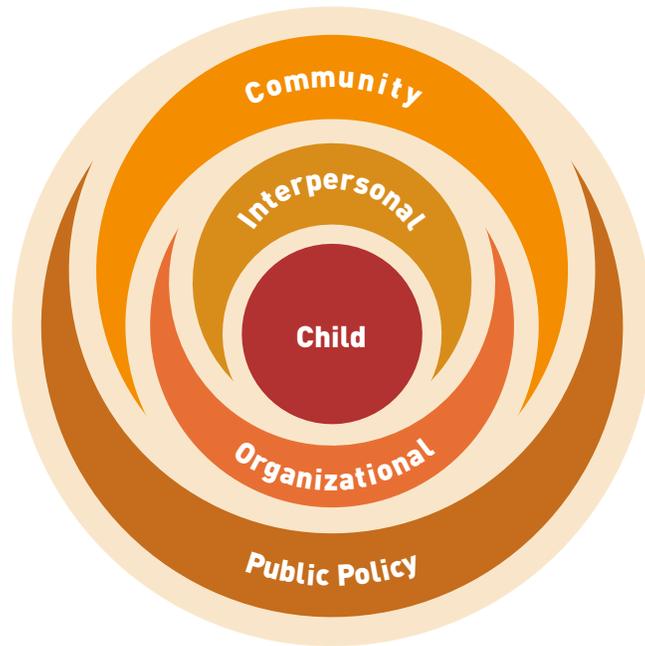
Disparities persist

Key indicators show significant disparities in North Carolina among geographic regions of the state and for children of color. The number of children living in suburban areas is growing, but the majority of children are in rural or urban areas. Too many children live in poor communities, which have limited access to the opportunities and networks that can help children get ahead. This is especially true in rural sections of the Mountain region and the majority of the Coastal region, but high-poverty communities are also present throughout the state's urban areas. Children of color are found to be disproportionately represented in key indicators when compared to their white counterparts. For example, children of color are more likely to be born with low birthweight and have higher rates of infant mortality.



Children's Index

Child well-being is difficult to quantify. Beyond the numbers presented here, there are many descriptive factors that make a difference in the lives of children growing up in diverse communities across the state. It is within this context of organizations, neighborhoods and government investment that child well-being is impacted and where with intentional effort, changes can be made.



Goal 1

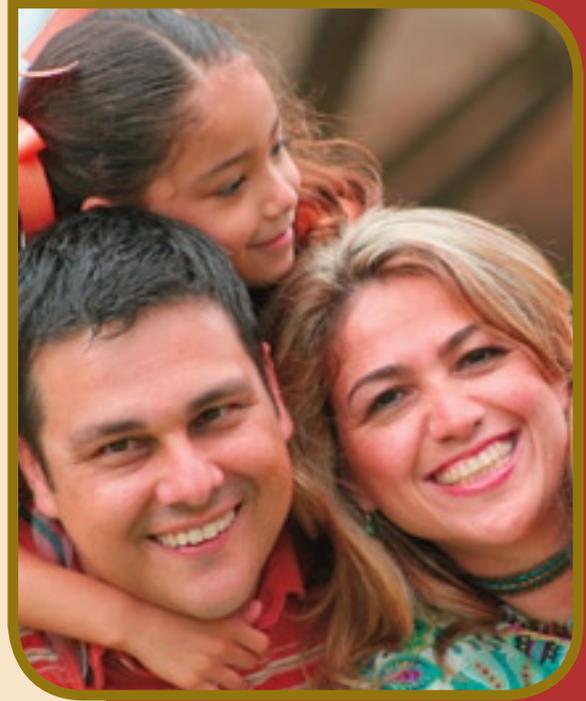
All children are healthy

- Children who lack health insurance coverage (%)^M
- Children with a medical home (%)
- Low birthweight infants (%)^{*}
- Infant mortality rate^{*}
- Children who are overweight (%)^{*}
- Children with untreated tooth decay (%)
- Teens reporting seriously considering suicide (%)
- Children covered by public health insurance (#)
- School-based health centers (#)
- Primary care physicians (rate per 10,000 people)

Goal 2

All children are safe in their homes, schools and communities

- Maltreatment reports substantiated (#)
- Maltreatment reports found in need of services (#)
- Absence of recurrence of maltreatment (%)
- Placement stability within the first year in custody (%)
- Child deaths due to homicide (#)*
- Incidents of school violence (#)
- Juvenile delinquency rate (per 1,000)^M
- Youth development center commitment rate (per 1,000)
- Minors processed in the adult system (#)
- Children adopted (#)
- After-school programs (#)
- Juvenile Crime Prevention Council admission rate (per 1,000)
- Detention admission rate (per 1,000)
- Youth of color to white youth in custody (ratio)*



Goal 3

All children have economic security

- Median household income
- Children in poverty (#)*^M
- Poor children in working households (#)
- Children in low-income households (#)*
- Children in asset poor households (%)*
- Children in households with a housing cost-burden (#)
- Children in concentrated poverty neighborhoods (#)
- Children receiving food stamps (#)
- Food stamp applications denied due to asset test [%]
- Households receiving the federal Earned Income Tax Credit (#)
- Households receiving the federal Child Tax Credit (#)

Goal 4

All children are provided the opportunity and resources to succeed in their education

- Children in regulated childcare (#)
- Children in high quality childcare (#)
- Children receiving subsidies in regulated childcare (#)
- Children receiving subsidies in high quality childcare (%)
- Children who are eligible and approved but not receiving subsidies (#)
- Total state per pupil expenditure (K-12) (\$ per pupil)
- Four-year cohort graduation rate (%)^M
- Long-term suspension rate (per 1,000)
- End-of-grade testing scores in reading/math*
- Students taking SAT (%)*

M=County data are presented in a map.

**=Data are presented broken down by age group or race/ethnicity of the child.*

A Demographic Profile

North Carolina's child population is growing in size, becoming increasingly diverse and is increasingly concentrated in urban and suburban communities.

Child Population

	2007	2003	Change (%)
Total Population	8,791,894	8,105,630	8.5 %
Child Population (Under 18)	2,171,910	2,032,959	6.8 %
Ages 0 to 4	616,904	576,563	7.0 %
Ages 5 to 12	947,840	899,734	5.3 %
Ages 13 to 17	607,166	556,662	9.1 %
Ages 18 to 21	436,273	380,790	14.6 %

Source: Population Reference Bureau, Analysis of 2007 American Community Survey PUMS data and 2003 American Community Survey PUMS data.

Child Population Dynamics

	2007
Number of births	130,886
Number of children moving to N.C.	80,443

Source: Number of births: North Carolina State Center for Health Statistics, Selected Vital Statistics for 2006, available at: <http://www.schs.state.nc.us/SCHS/vitalstats/volume1/2006/nc.html>;

Number of children moving to N.C.: American Community Survey, 2006. Note: number of children living outside of North Carolina one year before the survey.

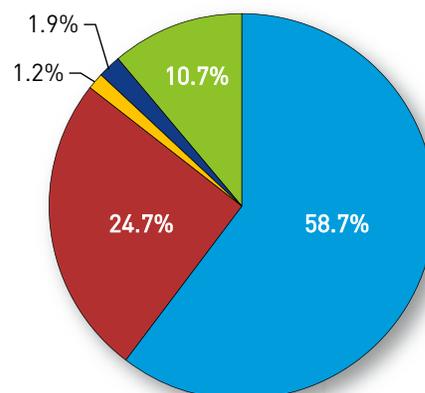
Child Population by Geographic Community Type

	Percent	Number
Urban	29.7%	567,965
Rural	38.2%	731,867
Suburban	32.1%	614,247

Source: Current Population Survey, 3-Year Average from 2004 to 2007. Calculated by National Center on Children in Poverty. Available at: <http://www.nccp.org/tools/table.php?db=dem&data=num&state=&ids=42,43,44&states=NC&title=50-State%20Data&age=18&unit=Children&inc=Low-Income&denom=char&cat=7>

Child Population by Race and Ethnicity

	2007	2003	Change (%)
White, Non-Hispanic	1,275,432	1,252,749	1.8%
Black or African-American	535,999	518,372	3.4%
American Indian and Alaska Native	26,861	23,628	13.7%
Asian and Pacific Islander	42,228	27,517	53.5%
Hispanic	231,843	153,449	51.1%



Source: Population Reference Bureau, Analysis of 2007 American Community Survey PUMS data and 2003 American Community Survey PUMS data.

Goal 1: All Children are Healthy

Healthy children are a product of healthy environments, healthy behaviors and quality care. Through access to preventive health care, facilitated through health insurance coverage, children can start out with protection against disease and negative health outcomes. Children can be better positioned to achieve developmental goals that are not only physical, but also cognitive and emotional. Those children with special health care needs may require additional support and services.

Children’s health impacts their ability to learn in the classroom, participate in community activities and grow into healthy adults. Importantly, children’s health outcomes from birth to age 5 and again between ages 10 and 20 have been demonstrated to have significant repercussions for their health in adulthood.

The data suggest that there continue to be challenges and opportunities for improving the health of children in North Carolina.

The percent of children who lack health insurance coverage in N.C. is on the rise. From 2003 to 2007, the number of children who lack health insurance coverage increased by 10 percent. Children without health insurance are more likely to lack preventive care, get sick more often and miss more school days.¹

According to a recent survey, more than three of every four children in North Carolina have a medical home. A medical home is a primary care provider who is accessible to children and provides continuity in care over time. Having a medical home means greater physician engagement in the health of the child and better health outcomes.²

The incidence of low birthweight continues to be significant in North Carolina despite recent progress. Low birthweight babies face a greater likelihood of developmental disabilities and infant death as well as a greater incidence of lifelong health issues and lower school achievement.³



Goal 1: All Children are Healthy

	2007	2003	Change (%)
Children who lack health insurance coverage	13.1%	11.9%	10.1%
Children with a medical home	82.7%	n/a	n/a
Low birthweight infants	9.2%	9.0%	2.2%
Infant mortality rate (per 1,000 live births)	8.5	8.2	3.7%
Children who are overweight (age 2-18)	17.3%	16.5%	4.8%
Children with untreated tooth decay	19%	24%	-20.8%
Teens reporting seriously considering suicide (9th-12th grade)	12.5%	18.1%	-30.9%

Please see "Indicator notes, definitions and sources" for more information on each of these indicators.

How are North Carolina's systems serving children?

It is important to look at indicators of how well the state's systems are delivering services. The extent of public health insurance coverage and supply of health care providers (the latter measured by the number of primary care physicians per population and number of school-based health centers) suggest both significant achievements and opportunities. Public health insurance coverage for children is mitigating the loss of employer-based coverage in the state and improving the health and wellness of children. The supply of health care across the state varies as evidenced by the low number of school-based health centers. North Carolina's rate of primary care physicians per 10,000 people (8.9) is lower than the national average of 12 per 10,000.⁸

	2007
Children covered by public health insurance	889,642
School-based health centers	52
Primary care physicians (rate per 10,000 people)	8.9

Please see "Indicator notes, definitions and sources" for more information on each of these indicators.

Infant mortality increased slightly from 8.2 per 1,000 live births in 2003 to 8.5 per 1,000 live births in 2007. Infant mortality is most closely associated with the quality of and access to health care and the health and socioeconomic conditions of pregnant women.⁴

Nearly one in five children recently surveyed are overweight. Children who are overweight are more likely to suffer from health conditions as adults such as diabetes and heart disease. They are also less likely to be physically active and engaged in other healthy behaviors.⁵

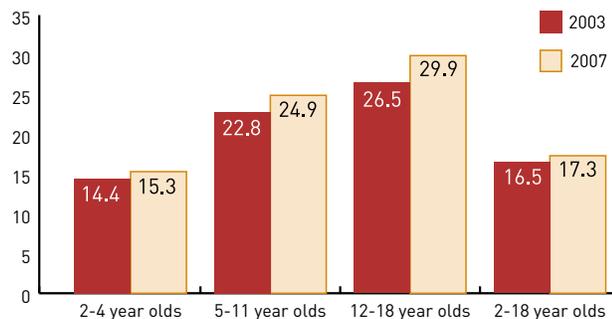
There has been a dramatic decline in the number of children with untreated tooth decay. The pain of untreated tooth decay can lead to poor school achievement, reduced weight and poor nutrition.⁶

Contemplation of suicide by adolescents, according to the Youth Risk Behavior Survey, has declined from 18.1 percent in 2003 to 12.5 percent in 2007. Suicide continues to be a top cause of adolescent death in North Carolina despite the decline in thoughts of suicide. Risk factors for teens include depression, aggressive behavior and substance abuse.⁷



North Carolina has made significant strides in the health of all its citizens, especially children. The formation of numerous university and legislative Task Forces and nonprofit-led coalitions charged with addressing a myriad of health concerns has resulted in significant investments in policies and programs that work. Most notably, the state legislature has supported N.C. Health Choice and has led the expansion of coverage through N.C. Kids' Care. The Department of Public Health has invested in tobacco use prevention, and there have been significant declines in tobacco use among adolescents. The N.C. Child Fatality Task Force has successfully called for policies that have reduced child deaths in the state.

Children who are overweight by age group



Source: 2007 NC-NPASS (North Carolina–Nutrition and Physical Activity Surveillance System)

The percent of North Carolina's children and youth considered overweight has increased in recent years. A positive step forward has been the N.C. Health and Wellness Trust Fund's focus on addressing the health needs of vulnerable and underserved populations and the Eat Smart Move More Initiative that promotes programs and tools to fight obesity and chronic disease in North Carolina.

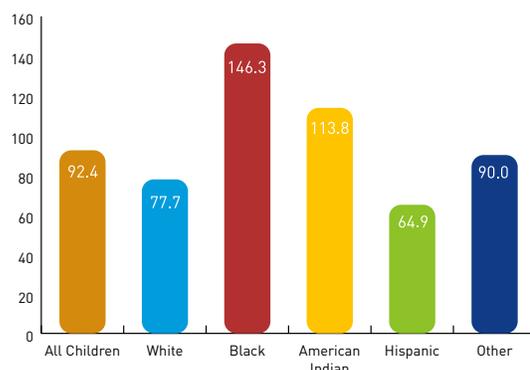
North Carolina can continue to build on these successes by investing in policies that address the most pernicious health issues facing children. Ensuring that N.C. Kids' Care is implemented is one opportunity that will require significant collaboration between federal and state government. Greater access to health care and health assessments can be facilitated by funding school-based health centers and supporting the Kindergarten Health Assessment and a newly proposed Adolescent Health Assessment. There are many opportunities to make changes for North Carolina's children that can, in turn, provide for healthier communities across the state.

Race Matters⁹

Low birthweight babies are at higher risk of infant death, developmental problems, and health problems throughout their lives. While issues of low birthweight occur in all child populations in North Carolina, there is greater incidence among populations of color.¹⁰ In North Carolina, black infants are nearly two times more likely than their white counterparts to be born with low birthweight and American Indian infants are 1.5 times more likely.

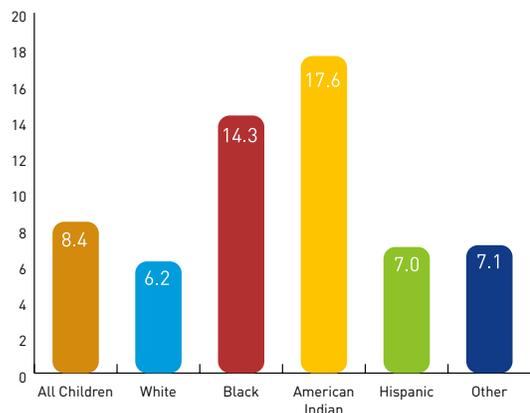
Low birthweight has been linked to infant mortality. American Indian infants in North Carolina are almost three times more likely than white infants to die before their first birthday. The variation in incidence of low birthweight and infant mortality are associated with the health of the mother and the social and economic conditions to which both mother and baby are exposed, among other factors. In order to promote healthy babies and a reduction in infant mortality, we must ensure everyone access to quality health care and health insurance coverage.¹¹

Low Birthweight Infant Rate (per 1,000)



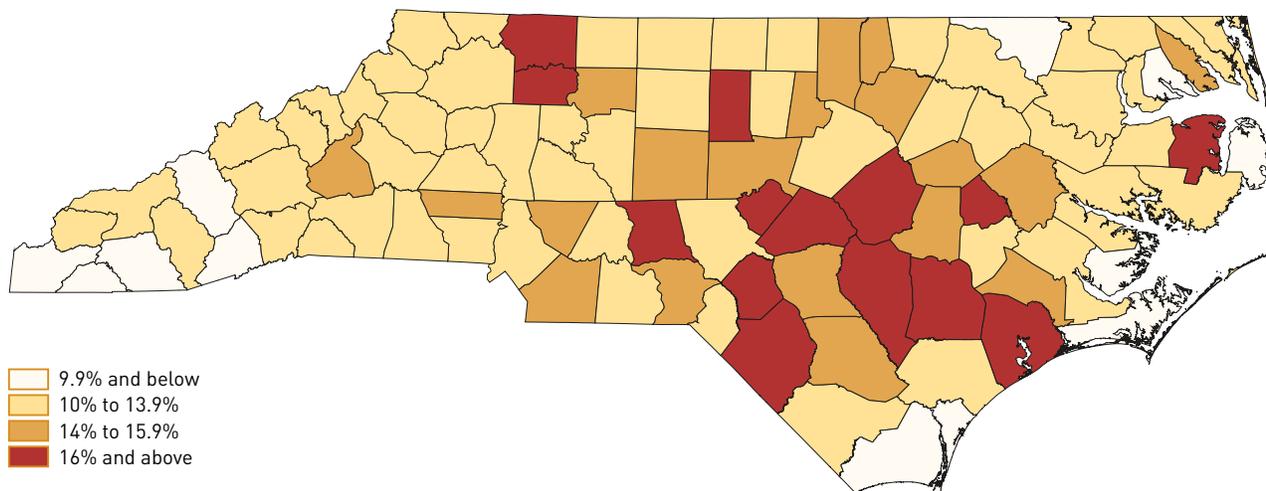
Source: State Center for Health Statistics, N.C. DHHS, 2007.

Infant Mortality Rate (per 1,000 live births)



Source: State Center for Health Statistics, N.C. DHHS, 2007.

Children without Health Insurance by County



Source: County-Level Estimates of Non-Elderly Uninsured, 2006-2007. Prepared by the North Carolina Institute of Medicine and the Cecil G. Sheps Center for Health Services Research, UNC-Chapel Hill.

Goal 2: All Children are Safe in their Homes, Schools and Communities

A significant factor in ensuring the safety of children is the prevention of violence in their lives including the reduction of risky behaviors, violent relationships and delinquency. Ensuring that children in North Carolina grow up in environments made safe by their families, teachers, community leaders and government is essential to facilitating their positive social and emotional development. For court-involved youth especially, developmentally appropriate settings offer the best environment for learning to make better choices. If child welfare and juvenile justice systems are structured to reflect the best and latest research, more children will have the opportunity for healthy development.

Children who grow up in safe surroundings are less likely to engage in crime as adults or be in abusive relationships.¹² They are also more likely to experience positive developmental outcomes during childhood and, therefore, be well-positioned for success as adults.

Goal 2: All Children are Safe in their Homes, Schools and Communities

	2007	2003	Change (%)
Maltreatment reports substantiated	14,971	n/a	n/a
Maltreatment reports found in need of services	13,227	n/a	n/a
Absence of recurrence of maltreatment	93%	n/a	n/a
Placement stability within the first year of custody	71.03%	n/a	n/a
Child deaths due to homicide	61	46	32.6%
Incidents of school violence	12,197	8,548	42.7%
Juvenile delinquency rate (per 1,000)	34.08	34.69	-1.8%
Youth development center commitment rate (per 1,000)	.45	.52	-13.5%
Minors processed in the adult system	(2004) 32,926	n/a	n/a

Note: Multiple Response System (MRS) was phased in starting SFY 02-03. Reports of abuse and/or neglect are handled differently before and after MRS and cannot be compared. Thus, we do not provide the indicators for 2003. Please see "Indicator notes, definitions and sources" for more information on each of these indicators.

Slightly over 10 percent of children with maltreatment reports investigated in 2007 were substantiated. Many were also found "in need of service." Child maltreatment may involve abuse, neglect or dependency. Children who experience maltreatment are likely to have lower academic achievement, greater risk of behavioral and mental health problems and increased likelihood of juvenile delinquency.¹³

More than 90 percent of severe cases experienced no recurrence of maltreatment within six months. It is a significant and positive outcome for children that the recurrence of maltreatment remains low. Recurrence of maltreatment puts children at increased risk for more serious harm and decreases the likelihood of family reunification.