The slides that follow are meant for AAP staff and leaders to use.

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• The graphics are developed from publicly available federal data sources.

• At the bottom of each slide, the data source is given, and a link is provided for those seeking more information.
Trends in...

1. Population Characteristics
2. Health
3. Health Care
1. Population Characteristic Trends

- US child population
- Birth rates - overall and adolescent
- Racial/ethnic composition
- Immigrant children
- Language other than English
- Poverty/low income
- Family structure

Number of US Births (in Millions of Children Born), 1980-2018*

12% decline 2007 - 2018

*Data for 2018 are final

US Adolescent Birth Rates (per 1,000 women) by Age Group, 1970-2018

Race/Ethnicity of US Children (under 18), Recorded (1980-2018) and Projected (2019-2050)

Source: US Census Bureau (http://www.childstats.gov/americaschildren/tables/pop3.asp)
% of US Children (under 18) Who Are Immigrants, 1994-2017

Growth in the Number of US Children (under 18) by Immigrant Status, 1995-2017

- Immigrant children: 7,200,000
- Non-immigrant children: 3,700,000
- All children: 3,500,000

% of US Children (ages 5-17) Who Speak a Language Other Than English at Home, 1979-2017

Source: US Census Bureau, Current Population Survey and American Community Survey
(http://www.childstats.gov/americaschildren/tables/fam5.asp)
% of Persons in the US Living Below the Poverty Level by Age Group, 1980-2018*

Poverty Level in 2018: $25,465 (family of 4 with 2 children)

*Estimates for 2013 and beyond are not directly comparable to previous years due to a re-design of the income questions. Estimates for 2017 and beyond are not directly comparable to previous years due to the implementation of an updated CPS ASEC processing system.

% of US Children (under 18) Living Below the Poverty Level by Race/Ethnicity, 1980-2018*

*Estimates for 2013 and beyond are not directly comparable to previous years due to a re-design of the income questions. Estimates for 2017 and beyond are not directly comparable to previous years due to the implementation of an updated CPS ASEC processing system.

Poverty Level in 2018: $25,465 (family of 4 with 2 children)

% of US Children (under 18) by Family Income Relative to the Poverty Line, 1980-2017

Poverty Level in 2017: $24,858 (family of 4 with 2 children)

% of US Children (under 18) in Poverty by Race/Ethnicity and Family Structure, 2018

Living Arrangements of US Children (under 18), 1980-2018

Two married parents | Mother only | Father only | No parent | Two unmarried parents*
---|---|---|---|---
1980 | 77 | | | |
1990 | 73 | | | |
2000 | 69 | | | |
2010 | 66 | | | |
2018 | 65 | | | |

*Prior to 2007, children with two unmarried parents in the household may be identified as "mother only" or "father only." Starting in 2007, a second parent identifier permits identification of two co-resident parents, even if the parents are not married to each other.

Population Characteristic Takeaways

• The number of US children is not increasing
• Children are a shrinking portion of the population
• The adolescent birth rate has gone down
• % of Hispanic children has gone up
• % of immigrant children has gone up
• % of children who speak language other than English has gone up
• % of children in poverty remains high, higher than adults
• % of children in middle class families has shrunk
• % of children in two married parent homes has gone down
2. Health Trends

- Preterm birth and low birthweight
- Neonatal Abstinence Syndrome
- Infant mortality
- Child/adolescent injury and mortality
- Suicide and suicidal behavior
- Youth major depressive episodes
- Mental health diagnoses
- Adolescent alcohol use
- Adolescent cigarette use/vaping
- Asthma
- Activity limitation/disability
- ADHD
- Obesity
- Breastfeeding
% of US Infants Born Preterm, 2007-2018

- Preterm (<37 completed weeks of gestation)
- Very preterm (<32 completed weeks of gestation)

% of US Infants Born with Low Birthweight, 1990-2018

- Low birthweight (<2500 grams, or 5 lbs 8 oz)
- Very low birthweight (<1500 grams, or 3 lbs 4 oz)

Number of US* Neonatal Abstinence Syndrome Births, 2008-2018^  

*ICD-9-CM Diagnosis Codes  
ICD-10-CM Diagnosis Codes  

Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), State Inpatient Databases (https://www.hcup-us.ahrq.gov/reports/ataglance/HCUPtrendsNASbirthsUS.pdf)  

*Estimates for 2008–2018 include data from the following in all years: Arizona, Arkansas, California, Colorado, Connecticut, Florida, Georgia, Hawaii, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Michigan, Minnesota, Missouri, Nebraska, Nevada, New Jersey, New Mexico, Ohio, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, and Wisconsin.  
^Data for 2015 are not shown due to the transition from ICD-9-CM to ICD-10-CM on October 1, 2015.
US Infant Mortality Rates (per 1,000 live births) by Gender, 1980-2017

Leading Causes of Death among US Children (ages 1-14) by Age Group, 2018

Ages 1-4 yrs
- Perinatal Period
- Heart Disease
- Influenza & Pneumonia
- Malignant Neoplasms
- Homicide
- Congenital Anomalies
- Unintentional Injury: 32.0%

Ages 5-14 yrs
- Chronic Lower Respiratory Disease
- Heart Disease
- Homicide
- Congenital Anomalies
- Suicide
- Malignant Neoplasms
- Unintentional Injury: 26.2%

Fatal Unintentional Injuries (rate per 100,000) among US Children (ages 0-19) by Gender, 1981-2018

Source: CDC/National Center for Injury Prevention and Control, WISQARS fatal injury reports (https://webappa.cdc.gov/sasweb/ncipc/morrate.html)
Non-fatal Unintentional Injuries Treated in Emergency Rooms (rate per 100,000) among US Children (ages 0-19) by Gender, 2000-2018

US Passenger Vehicle Child Occupant Deaths (per million children) by Age Group, 1975-2018

US Teenage (ages 13-19) Motor Vehicle Crash Deaths by Gender, 1975-2018

US Teenage (ages 15-19) Firearm-Related Deaths by Gender, 1981-2018

Source: CDC/National Center for Injury Prevention and Control, WISQARS fatal injury reports
(https://webappa.cdc.gov/sasweb/ncipc/mortrate.html)
US Teenage (ages 15-19) Firearm-Related Deaths by Race/Ethnicity, 1990-2018

Source: AAP analysis of CDC/National Center for Injury Prevention and Control, WISQARS fatal injury reports
(https://webappa.cdc.gov/sasweb/ncipc/mortrate.html)
US Teenage (ages 15-19) Homicide Deaths by Gender, 1981-2018

Rate per 100,000 population

Source: CDC/National Center for Injury Prevention and Control, WISQARS fatal injury reports (https://webappa.cdc.gov/sasweb/ncipc/mortrate.html)
US Teenage (ages 15-19) Homicide Deaths by Race/Ethnicity, 1990-2018

Source: CDC/National Center for Injury Prevention and Control, WISQARS fatal injury reports (https://webappa.cdc.gov/sasweb/ncipc/mortrate.html)
Source: CDC/National Center for Injury Prevention and Control, WISQARS fatal injury reports (https://webappa.cdc.gov/sasweb/ncipc/mortrate.html)
US Teenage (ages 15-19) Suicide Deaths by Race/Ethnicity, 1990-2018

Rate per 100,000 population

- White, non-Hispanic
- Black, non-Hispanic
- Asian, non-Hispanic
- Native American, non-Hispanic
- Hispanic

Source: CDC/National Center for Injury Prevention and Control, WISQARS fatal injury reports
(https://webappa.cdc.gov/sasweb/ncipc/mortrate.html)
% of US Students (9th - 12th Graders) Who Reported Suicide-Related Behavior, 1991-2017

- Seriously considered attempting suicide
- Made a plan about how they would attempt suicide
- Attempted suicide
- Attempted suicide that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse

Source: CDC/Division of Adolescent and School Health, Youth Risk Behavior Survey (YRBS) [https://www.cdc.gov/healthyyouth/data/yrbs/pdf/trends/2017_suicide_trend_yrbs.pdf]
% of US Youth (ages 12-17) Who Reported a Major Depressive Episode in the Past Year by Gender, 2008-2018

Source: SAMHSA, National Survey on Drug Use and Health online query system (https://pdas.samhsa.gov/#/)
% of US Children (ages 0-17) with Any Mental Health Diagnosis* by Age Group, 1997-2016

*Mental health diagnosis is defined broadly - it includes adjustment disorders; anxiety disorders; attention-deficit/conduct/disruptive behavior disorders; cognitive disorders; developmental disorders; impulse control disorders; mood disorders; personality disorders; psychotic disorders; alcohol/substance-related disorders; suicide and intentional self-inflicted injury; and other miscellaneous mental health disorders.

Source: AAP Health Services Research analysis of AHRQ, Medical Expenditure Panel Survey (MEPS) data
% of US Students (9th - 12th Graders) Who Reported Alcohol Use, 1991-2017

Source: CDC/Division of Adolescent and School Health, YRBS (https://www.cdc.gov/healthyyouth/data/yrbs/pdf/trends/2017_alcohol_trend_yrbs.pdf)
% of US 12th Grade Students Who Reported Having 5 or More Alcoholic Beverages in a Row in the Past 2 Weeks by Gender, 1980-2018

% of US 12th Grade Students Who Reported Cigarette Use and Vaping in the Past 30 Days, 1975-2019

% of US Children (ages 0-17) with Asthma, 1997-2017

- Children ever diagnosed with asthma
- Children ever diagnosed with asthma who currently have asthma
- Children having at least one asthma attack in the past 12 months

Note: Based on parent-report

Source: CDC/NCHS, National Health Interview Survey (http://www.childstats.gov/americaschildren/tables/health8a.asp)
% of US Children (ages 5-17) with a Disability Due to Chronic Health Conditions by Gender, 1999-2017

Note: Based on parent-report

Source: CDC/NCHS, National Health Interview Survey (http://www.childstats.gov/americaschildren/tables/health5.asp)
% of US Children (ages 3-17) Ever Diagnosed with ADHD by Gender, 2000-2018

Note: Based on parent-report

Source: AAP Health Services Research analysis of CDC/NCHS National Health Interview Survey data and https://www.cdc.gov/nchs/nhis/SHS/tables.htm

American Academy of Pediatrics
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Obesity Prevalence among US Children and Adults, 1999-2016

% of US Mothers Breastfeeding by Birth Year of Infant, 2000-2016

Health Takeaways

Improvements:

• Infant mortality rates have gone down
• Fatal and non-fatal unintentional injuries among children have gone down
• Child and adolescent motor vehicle deaths have gone down
• Adolescent alcohol use has gone down
• Adolescent cigarette use has gone down
• % of breastfed children has gone up
Health Takeaways (cont.)

Challenges:
- % of infants born preterm and with low birthweight have remained relatively stable
- Number of infants born with NAS have gone up, but recently started to stabilize
- Teen firearm and homicide death rates have decreased, but recently started to go up
- Suicide death rates among teenagers have started to go up
- Youth-reported major depressive episodes have gone up
- Mental health diagnoses have gone up
- Adolescent vaping rates have gone up
- Asthma rates among children have remained stable
- % of children with a disability has gone up
- % of children diagnosed with ADHD has gone up
- Obesity rates among children have gone up
3. Health Care Trends

• Health insurance coverage
• Usual source of health care
• Immunizations
• Well-child visits
• Dental visits
% of US Children (ages 0-17) with Health Insurance by Coverage Type at Time of Interview, 1997-2018

% of US Children (ages 0-17) with No Usual Source of Health Care by Poverty Status, 1997-2017

Poverty Level in 2017: $24,858 (family of 4 with 2 children)

Source: CDC/NCHS, National Health Interview Survey
(http://www.childstats.gov/americaschildren/tables/hc2.asp)

Note: Based on parent-report
% of US Children (ages 19-35 months) Receiving Combined Series Vaccinations, 1996-2017

*Includes 4 or more doses of diphtheria, tetanus toxoids, and pertussis vaccine (DTP, DT or DTaP); 3 or more doses of poliovirus vaccine; 1 or more dose of any measles-containing vaccine; and 3 or more doses of Haemophilus influenzae type b (Hib) vaccine.

**Includes 4 or more doses of diphtheria, tetanus toxoids, and pertussis vaccine (DTP, DT or DTaP); 3 or more doses of poliovirus vaccine; 1 or more dose of any measles-containing vaccine; 3 or more doses of Haemophilus influenzae type b (Hib) vaccine; 3 or more doses of hepatitis B vaccine; and 1 or more dose of varicella vaccine.

***Includes 4 or more doses of diphtheria, tetanus toxoids, and any acellular pertussis (DTaP) vaccine; 3 or more doses of poliovirus vaccine; 1 or more dose of any measles-containing vaccine; the full series of Haemophilus influenzae type b (Hib) vaccine (3 or more, or 4 or more doses, depending on product type received—includes primary series plus the booster dose); 3 or more doses of hepatitis B vaccine; 1 or more dose of varicella vaccine; and 4 or more doses of heptavalent pneumococcal conjugate vaccine (PCV).

% of US Children (ages 0-17) Who Received a Well-Child Visit in the Previous 12 Months by Age, 2000-2018

Note: Based on parent-report

Source: AAP Health Services Research analysis of CDC/NCHS, National Health Interview Survey data
% of US Children (ages 0-17) Who Received a Well-Child Visit in the Previous 12 Months by Type of Health Insurance, 2000-2018

- **Private Insurance**
  - 2000: 73.5%
  - 2018: 88.7%

- **Public Insurance**
  - 2000: 75.3%
  - 2018: 86.7%

- **Uninsured**
  - 2000: 51.1%
  - 2018: 61.1%

*Note: Based on parent-report*

Source: AAP Health Services Research analysis of CDC/NCHS, National Health Interview Survey data
% of US Children (ages 2-17) with a Dental Visit in the Past Year by Age, 1997-2017

Source: CDC/NCHS, National Health Interview Survey (http://www.childstats.gov/americaschildren/tables/hc4ab.asp)

Note: Based on parent-report
Health Care Takeaways

• % of uninsured children has gone down, but recently started to stabilize
• % of children with public insurance has gone up, but started to stabilize
• % of children with no usual source of care has gone down
• Immunization rates have gone up and were stable, but recently started to go down
• % of children with well-child visits has gone up
• % of children with dental visits has gone up
Thank you!

For more information, please contact
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Slides are posted on the intranet
(Online Documents → Research → General Documents)