Health Profile of Georgia's Children and Youth

September 2007

Prepared on behalf of Healthcare Georgia Foundation by
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EMORY ROLLINS SCHOOL OF PUBLIC HEALTH

Healthcare Georgia Foundation
grantmaking for health

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Gary D. Nelson, PhD
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1. Sociodemographic

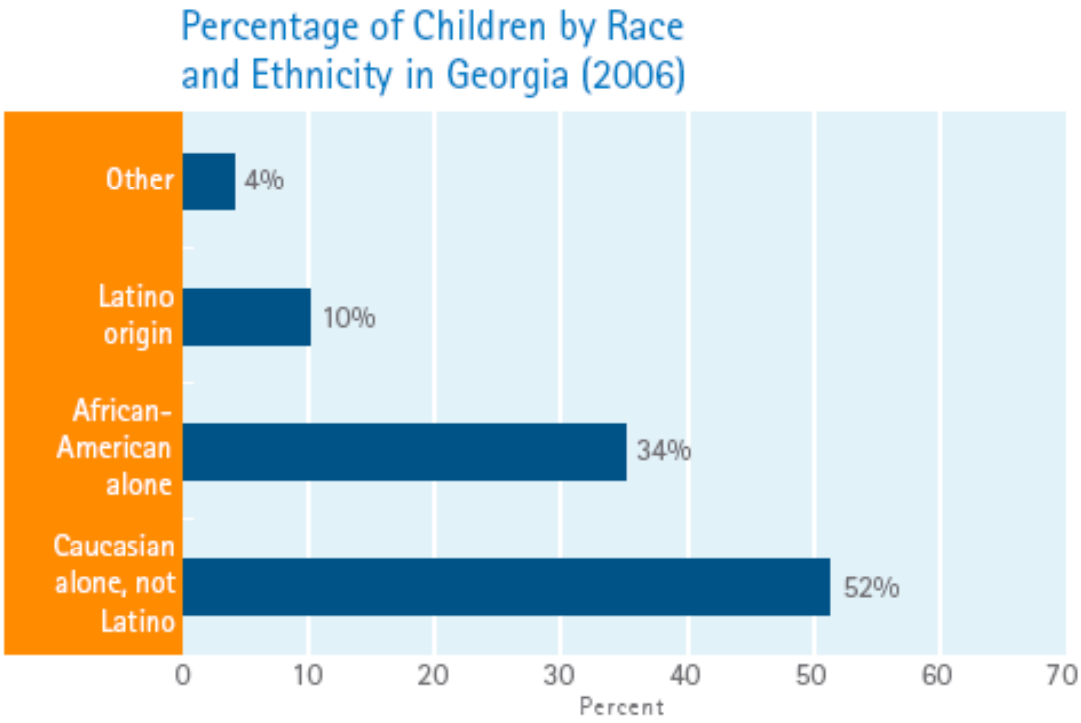
Demographic factors, such as age, race and education, are important to consider when examining health factors. Priority health indicators often vary by age and race/ethnic groups. Lower status on many of these indicators is typically associated with lower utilization of preventive services, greater risk of disease and increased death rates. Georgia typically lags behind the rest of the country in terms of lower educational levels and income levels, impacting health status.

1.a Age

- In 2005, there were 2,351,066 children aged 18 years and younger in Georgia.[1]
- Nearly 28% of Georgians are aged 18 years and younger; 51% males and 49% females.[1]
- In 2006, the approximate percentage of children in Georgia fell into the following age ranges: 28% of children were 0 to 4 years old, 39% of children 5-11 year olds, 16% of children 12-14 years old, and16% of children 15-17 year olds.[2]

1.b Race/Ethnicity

- Georgia's children come from diverse racial and ethnic backgrounds.[2]



- In 2006 and in previous years, there have been a higher percentage of African-American children in Georgia (35%) compared to the national average (15%).[2]

1.c Urban/Rural

- In Georgia, there were 6,158,565 residents who lived in urban areas and 2,662,577 living in rural areas in 2005.[3, 4]
- Relatively similar percentages of children live in urban and rural areas. Slightly more children under 5 live in urban areas than rural areas (8% in urban areas compared to 7% in rural areas); for all other age groups, approximately 7% live in both urban and rural areas for each age range.[3, 4]

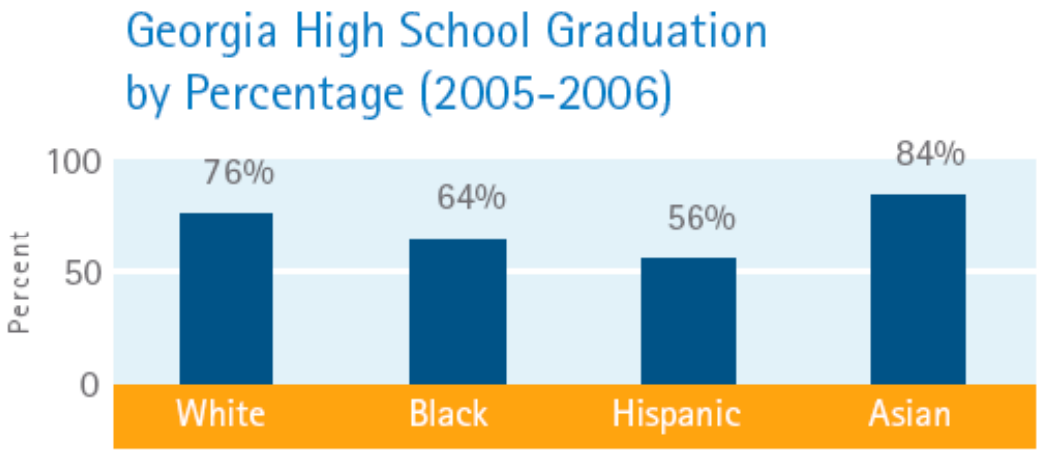
1.d Education

- In Georgia during 2005:
    - 42% of fourth graders were below grade level in reading compared to 38% nationally.[5]
    - 24% of fourth graders were below grade level in math compared to 21% nationally.[6]
- The average class size in public elementary schools was 19.8 compared to 21.1 nationally.[7]
- The average class size in public secondary schools was 24.4 compared to 23.6 nationally.[7]
- The average amount spent per pupil in public elementary and secondary school was $6,437 compared to $6,911 nationally.[7]
- Over the past five years, in Georgia, the percentage of:
    - children enrolled in nursery school, preschool, or kindergarten has increased more (from 59% to 61%) than the national average (remained at 57%).[8]
    - young adults enrolled in or have completed college have remained lower (from 26% to 29%) than the national average (from 36% to 40%).[9]
- In 2005, 1,731,788 of the 1,932,364 Georgia children (aged 3-17) were enrolled in school: 86% in public schools and 14% in private schools; this is similar to national data.[10]
- There is a decrease in the percentage of Georgia children enrolled in school between fifteen and seventeen year olds (95%) and eighteen and nineteen year olds (62%).[10]
- HOPE scholarship eligibility for high school graduates in 2005 was 61%. Over the past eight years, the eligibility rates have ranged from 55% to 62%.[11]

1.d.1 Graduation Rates

- In 2001-2002, Georgia is ranked forty-ninth in the percent of incoming 9th graders who graduate from high school (GA 53.6%, US 68.3%).[12]
- Rates of graduation vary by gender, with 67% of male students graduating and 74% female students graduating.[13]

- Georgia graduation rates vary by race and ethnicity, with Asians (84%) and Caucasians (76%) having higher graduation rates than African Americans (64%) and Latinos (56%).[13]



- Georgia remains slightly higher than the national average for high school drop out rates; however, the percentage of teens who are high school drop outs has declined over the past five years in Georgia (from 16% to 10%) and nationally (from 11% to 7%).[11]
- In 2004, Georgia ranked forty-second in the country in percent of teens not attending school and not working (GA 11%, U.S. 9%).[9]

1.d.2 Literacy

- Among third grade students in Georgia, 92% met or exceeded state standards on the Criterion-Referenced Competency Test (CRCT) in reading.[11]
- From 1998-2005, there were improvements in reading levels for fourth and eighth graders in Georgia; however, Georgia still remained slightly worse than the national average:
    - the percentages of fourth graders who scored below basic reading level decreased slightly in Georgia from 46% to 42% and nationally from 40% to 38%.[14]
    - the percentages of eighth graders who scored below basic reading level increased slightly in Georgia from 32% to 33% and decreased slightly nationally from 33% to 29%.[11, 14]
- In 2005, 33% of eighth graders in public schools had a below basic reading achievement level, 67% had a basic or above, 25% were proficient or above, 3% were advanced.[14]

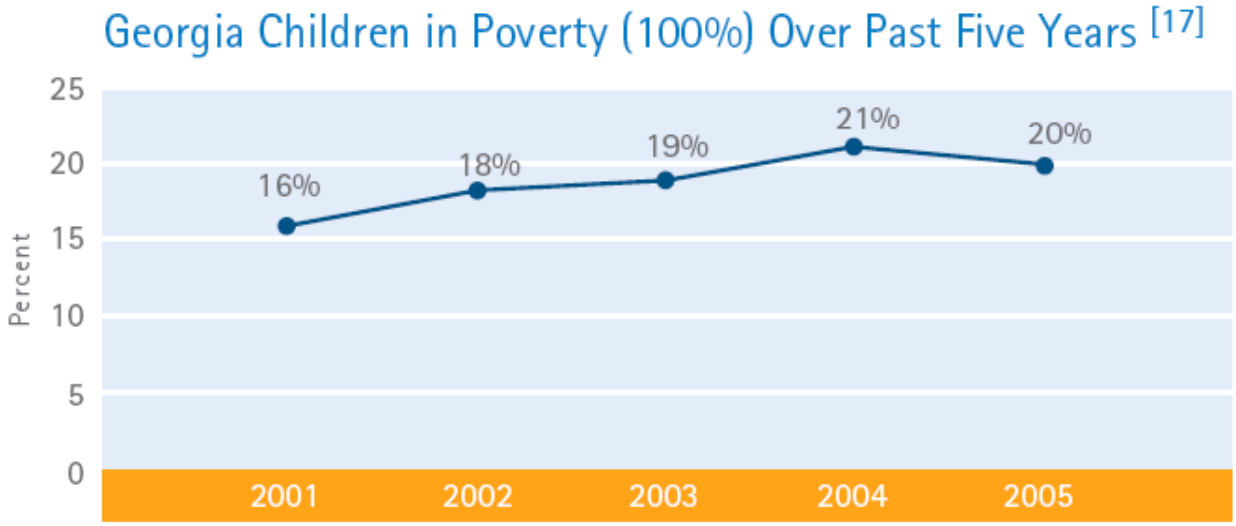
1.d.3 Primary Language

- Over the past five years, the percentages of immigrant children in Georgia that have difficulty speaking English has increased from 16% to 21%. Nationally, the percentage (22%), has remained constant and higher than in Georgia, although it appears Georgia will soon meet national rates.[11]

- Over the past five years, the percentages of children that speak a language other than English at home have slightly increased in Georgia from 9% to 11% and nationally from 18% to 20%.[11]
- Over the past five years, the percentages of children that live in immigrant families have increased in Georgia (10 to 15%) and nationally (19 to 21%), with Georgia remaining below the national average.[11]
- In 2005, 96% of children in Georgia were native-born and 4% were foreign born, similar to the national average.[10]
- In 2005, 22% of Georgia children (aged 5-17) were Spanish speakers and 16% considered a language other than English to be their primary language.[15]

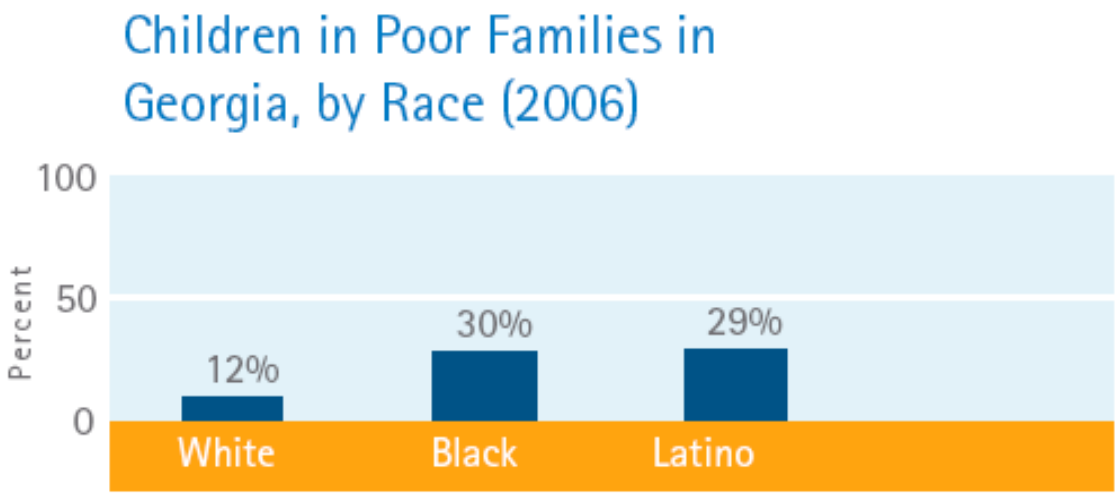
1.e Poverty

- In 2004, Georgia ranked thirty-ninth in the nation for percent of children in poverty (GA 20%, U.S. 18%).[11]
- The percentage of Georgia children living in poverty has steadily increased over the last five years.[11]

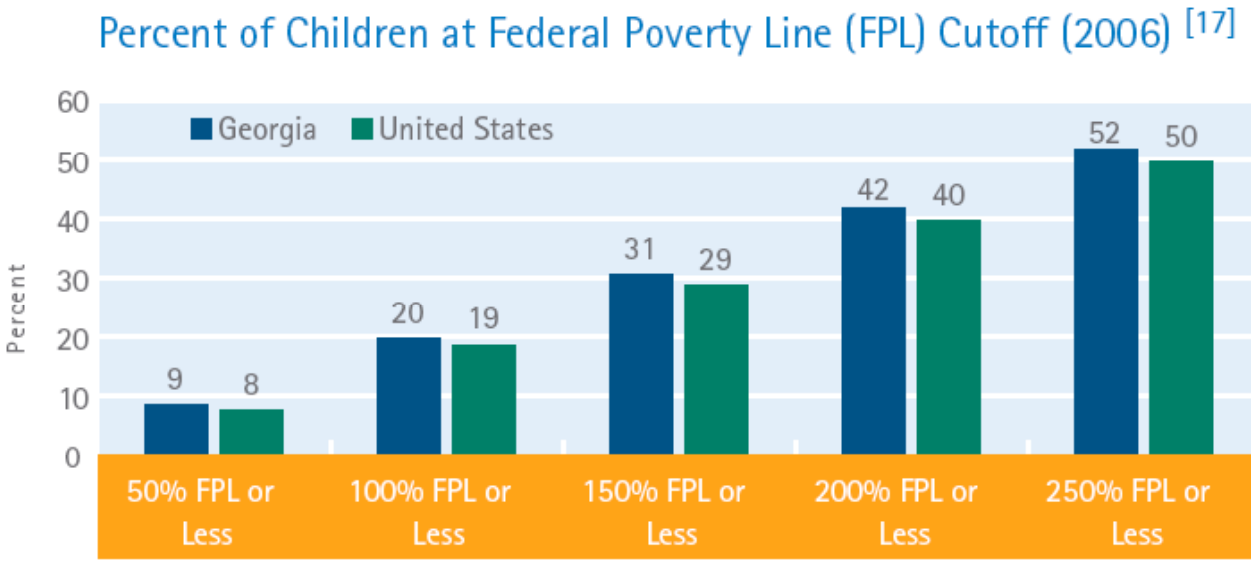


- A child in Georgia is born into poverty every 25 minutes.[16]
- In Georgia during 2004 there were:
  - 395,200 poor children, 18% percent of the child population.
  - 131,349 adults and children that received cash assistance from Temporary Assistance for Needy Families (TANF).[16]

- Poverty is more prevalent in African-American and Latino children than in Caucasian children.[17]



- The percentage of children at all levels of poverty in Georgia and nationally has continued to increase, with Georgia consistently remaining higher than the national average. [11]



- Of Georgia children in poor families:
  - 31% (141,123) have at least one parent who is employed full-time, year-round;
  - 28% (125,404) of have at least one parent who is employed either part-year or part-time; and

- 41% (186,159) do not have an employed parent.[17]

1.f Homelessness

It is very difficult to locate accurate data and counts of homelessness. This is particularly true for homeless children, who may transition in and out of homelessness and may not be captured in the social services arenas. Therefore, the data we provide is the best available, given these limitations.

- The Census counted 215 homeless families, which included 224 adults and 401 children. Average family size was 2.95 persons.[18]
- Georgia ranks thirty-ninth in the nation for persons (less than 18 years) in emergency and transitional shelters (GA 886, U.S. 43,887).[11]
- Women and children are the fastest growing segment of the homeless population; children make up 43 percent of Atlanta's homeless population.[19]

1.g Food Insecurity/Hunger

- In 2004, 88% of Georgia's children were food secure,[a] 12% were food insecure: 9% without hunger and 3% with hunger.[20]
- In Georgia during 2004:
  - 334,650 children received food stamps.
  - 112,375 of children participated in the School Lunch Program
  - 237,124 women and children received WIC (Supplemental Nutrition Program for Women, Infants and Children).[21]
- In Atlanta, 8% of food stamp households are Caucasian, compared to 92% which are African-American.[22]
- The cost of "enough food" index in Georgia is 12% higher than the national average.[22]

1.h Housing

- In Georgia, most children live in married-couple family households [10] and the percentage increased between 2000-2005:
  - The percentage of married-couple family households in Georgia has increased from 63% to 65%, while remaining constant at 69% nationally.
  - Female-headed households decreased from 30% to 28% in Georgia; nationally, the percentage remained constant at 25%.[11]
- Similar to national data in 2005, 6% of children in Georgia live in male only households.[11]
- In 2005, 10% of children in Georgia lived in crowded housing,[b] which is less than the national average, 13%.[11]
- Over the past five years:

[a] Food security for a household means that all members of the household has access at all times to a sufficient amount of food necessary to live a healthy life. The U.S. Department of Agriculture monitors the food security of the nation.

[b] Crowded housing: Children under age 18 living in households that have more than 1.00 persons per room by children in foreign-born or US-born families.

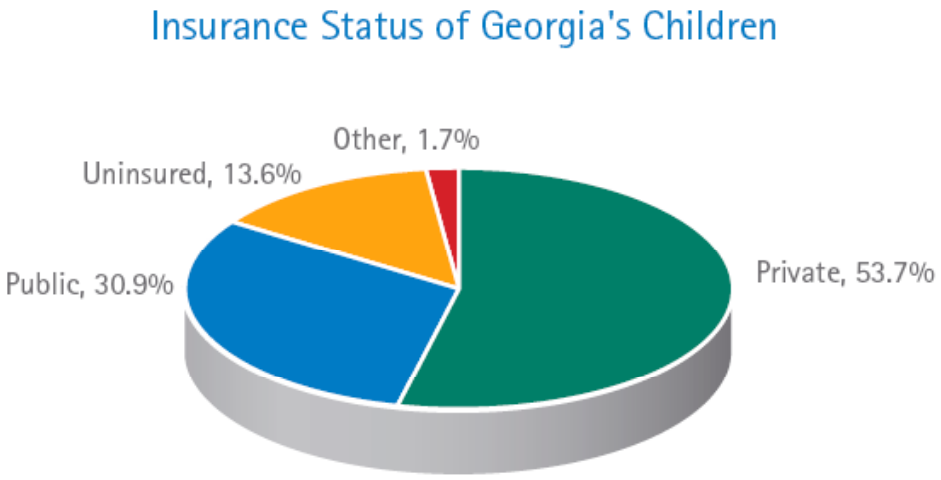
- Georgia's and the national percentages of immigrant children living in *crowded* households has decreased slightly from 26% to 23%; nationally, from 36% to 33%
- State and the national percentages of immigrant children living in *owned* households has increased from 60% to 66% in Georgia and nationally from 54% to 57%
- Georgia's and the national percentages of immigrant children living in low-income households, where costs exceed 30% of income, have increased slightly (Georgia, from 37% to 40%; nationally, from 41% to 44%).
- In contrast, U.S.-born children living in low-income households, where costs exceed 30% of income, have remained constant around 30%.[11]

2. Health Insurance Coverage and Access

Health insurance coverage is vitally important to the continued health of children in Georgia. It is well recognized that insured children receive superior healthcare and show superior health outcomes when compared to uninsured children. However, children covered by public health insurance (PeachCare, Medicaid) may face additional obstacles such as difficulty finding specialty providers who accept their insurance.

2.a Insurance Access and Coverage

- In 2004, Georgia ranked forty-fourth in the nation for the proportion of children (0-17 years) that are covered by employer based insurance (GA 54%, US 61%).[2]
- Approximately 30 percent of GA children are covered by public insurance (PeachCare, Medicaid).[23]
- In Georgia, 13.6% children were without health insurance in 2004.[23]



- Over the past 14 years, the percentages of children (aged 18 and below) without health insurance in Georgia have increased from 10% to 13%, while nationally, rates have decreased from 12% to 10%.[1]
- Among low-income children in Georgia, nearly 14% were without health insurance coverage in 2005.[24]

2.b Medicaid / Peach Care

- Georgia's State Child Health Insurance Program (SCHIP) is known as PeachCare.
- In 2005, 68% of children in Georgia (1.5 million) were enrolled in PeachCare or Medicaid.[25]
- In Georgia:
    - 32% of children (U.S.= 26%) were covered by Medicaid.[26]
    - 63% of poor children (U.S. = 59%) were covered by Medicaid.[26]
    - As of March 2006, 247,000 children were enrolled in PeachCare, well above the national average.[25]

- Georgia ranks fifth in the nation for SCHIP enrollment.[27]
- Georgia ranks sixth in SCHIP spending, averaging $24.10 dollars per capita for PeachCare, compared to $15.70 nationally for SCHIP programs.[28]
- While data on providers accepting Medicaid and/or PeachCare changes rapidly and is difficult to report, many organizations report anecdotal incidences in Georgia of children being unable to access care due to provider shortages, particularly for specialty pediatric treatment or treatment in rural areas.

3. Healthcare Utilization

3.a Hospitalizations

- The majority of children in the South[c], come in contact with a health care professional every year.[29]
- In 2005, of the 26,700,000 children in the South, 609,000 children (2%) had unmet medical need and 1,034,000 (4%) had delayed care due to cost.[30]
- In 2005:
    - 2,089,000 children (8%) in the South had two or more visits to the emergency room in the past 12 months.
    - 10,973,000 children (74%) (aged under 18) in the South had contact with a health care professional in the past 6 months.
    - 2,763,000 (16%) last had contact with a health care professional more than 6 months ago, but not more than 1 year prior.
    - 1,228,000 (7%) last had contact with a health care professional more than 1 year ago, but not more than 2 years prior.
    - 472,000 (1%) last had a contact with a health care professional more than 2 years ago, but not more than 5 years prior.
    - 502,000 (1.%) last had a contact with a health care professional more than 5 years ago.[30]

3.b Dental Health Access/ Utilization

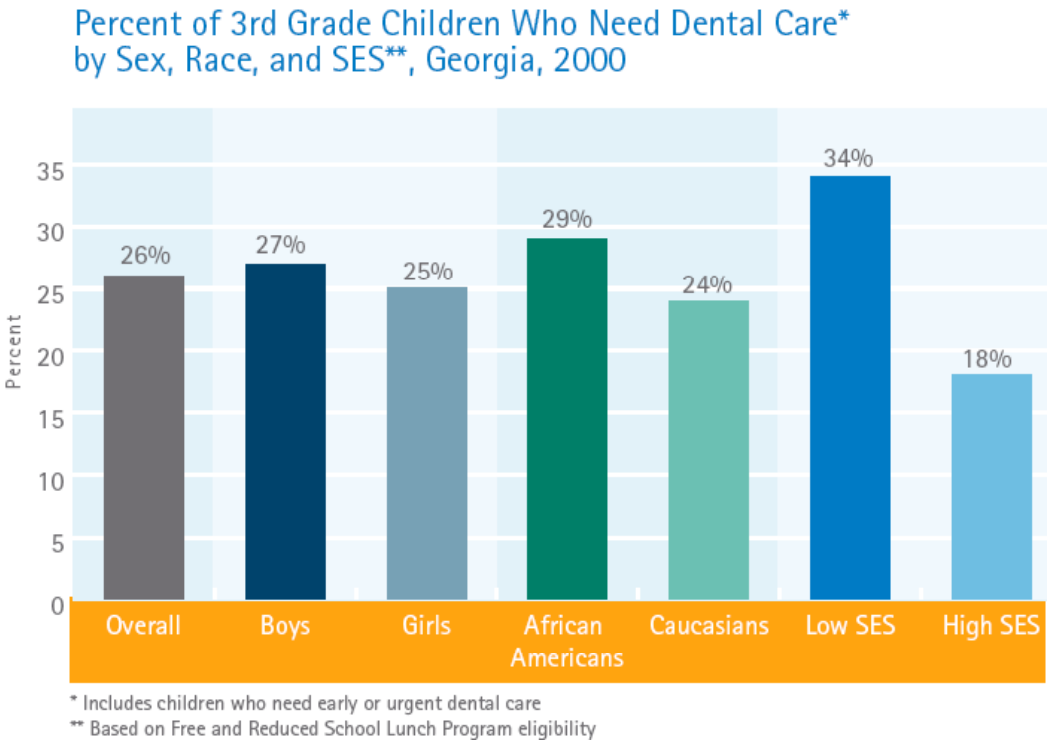
Low-income children are more likely to have dental disease than children in higher income families and are less likely to have regular dental care. Poor oral health can have a significant impact on children's overall health, growth and development, and learning. The Georgia Medicaid program implemented the "Take Five" program in October 2000 to encourage dental providers to serve at least five children enrolled in Medicaid per year.[31]

- Georgia has 3,900 private practice dentists. Eighteen counties (and parts of 10 other counties) are designated by the federal government as Dental Health Professional Shortage Areas.[32]
- Among Georgia third grade children:
    - More than half (56%) have caries[d] experience
    - Approximately a quarter (27%) have untreated dental decay
    - Approximately 40% have dental sealants
    - Around one in four (26%) need either early (22%) or urgent (4%) dental care.
    - Around one in eight (13%) could not get dental care when needed.[33]

[c] The South includes the following states: Alabama, Arkansas, District of Columbia, Delaware, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia.

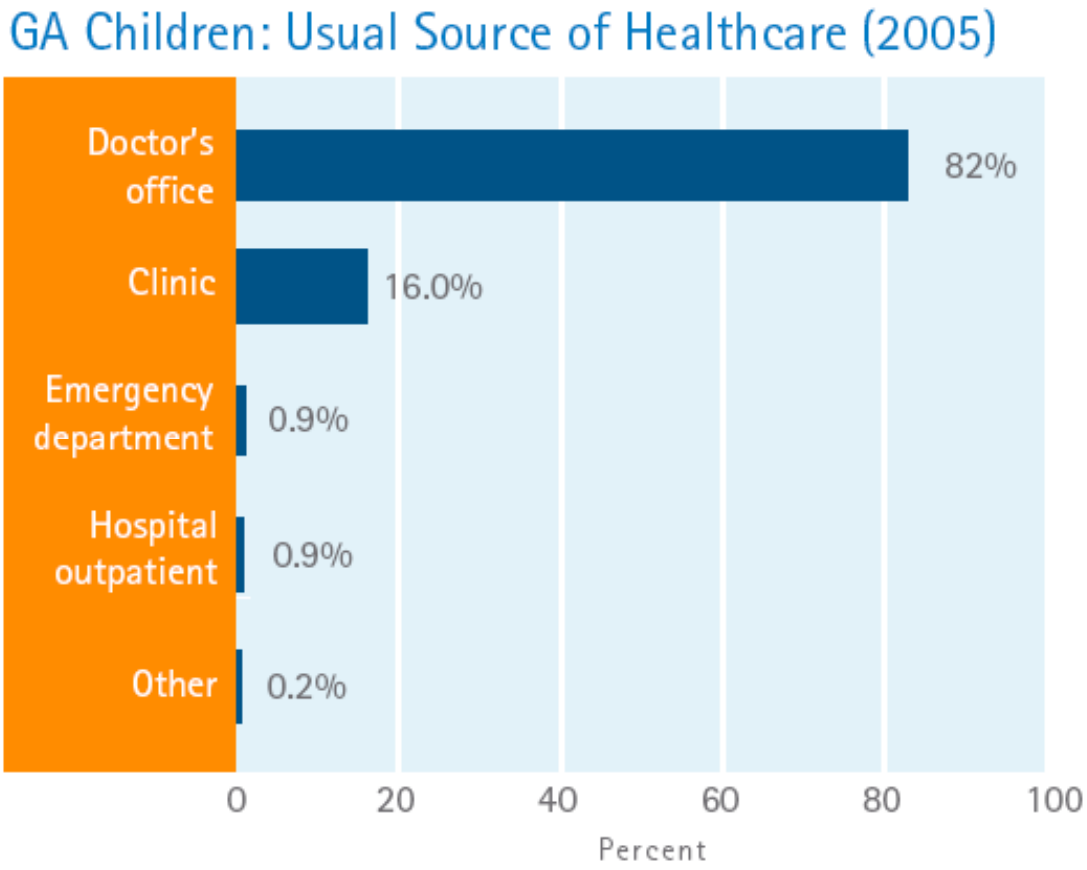
[d] Dental caries: cavities or holes in the outer two layers of a tooth--the enamel and the dentin. Dental caries are caused by bacteria which metabolize carbohydrates (sugars) to form organic acids which dissolve tooth enamel. If allowed to progress, dental caries may result in tooth decay, infection, and loss of teeth.

- In 2000, 8 in 10 (83%) Georgia third grade students had access to either private or public dental insurance.[33]
- Only about one-quarter of Medicaid and PeachCare insured children were able to see a dentist in FY 2000, because many dentists would not accept public insurance.[33]
- Children from metropolitan Atlanta (20%) are less likely to have untreated dental decay compared to children from rural areas (36%).[33]
- African-American children in Georgia are in more need of dental care than Caucasians (29% and 24% respectively).[33]



3.c Usual Source of Care

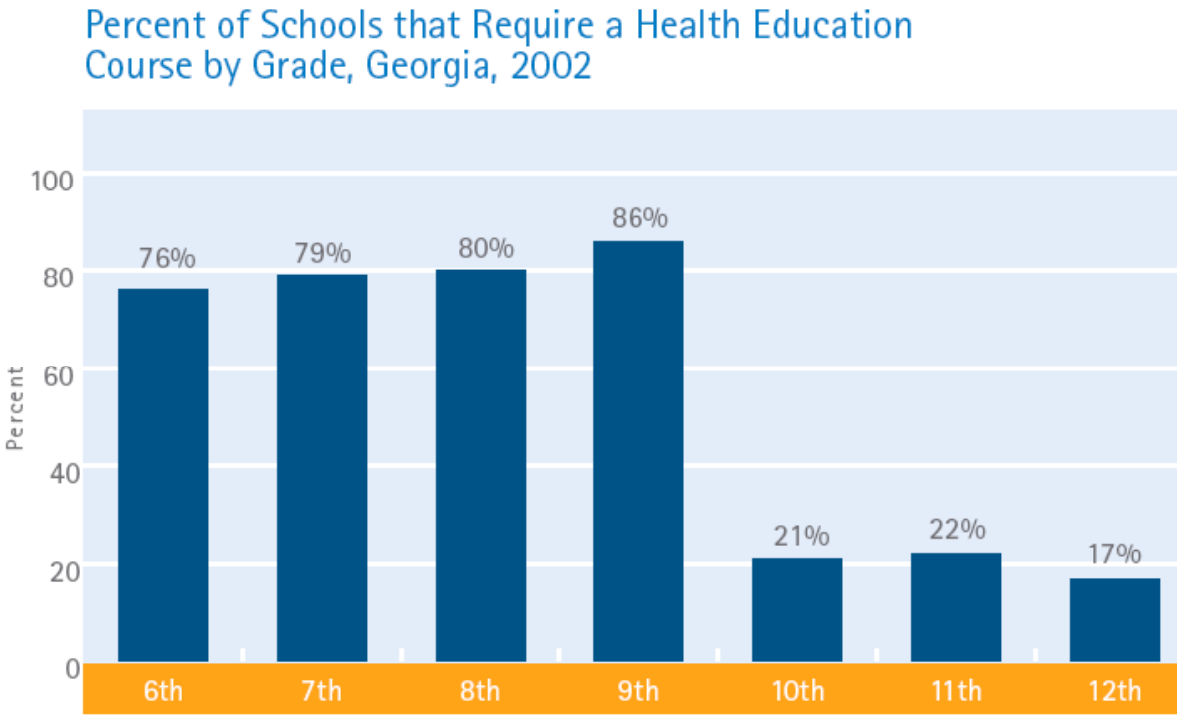
- In Georgia, most children have a usual place of health care and it is most often a doctor's office.[29]



- In the South during 2005:
  - 1,511,000 children had no usual place of care.
  - 25,123,000 children (94%) (aged under 18) had a usual place of health care.[29]

3.d School Health

- In 2002, 62% of Georgia middle schools and 94% of high schools required a health education course.[34]



- There are approximately 15 million annual visits to the office or school health room for illness, medication and injury in Georgia.[35]
- As many as 5 million doses of prescription medication are given annually at school — asthma medications, psychotropic controlled substances, antibiotics, seizure medications, insulin, and emergency injections for severe allergic reactions.[35]

4. Preventive Services

4.a Immunizations

Children entering daycare or school must show proof of immunization by Georgia law. To ensure protection during preschool, children should receive vaccines as infants. By the time a child is two years of age, he or she should have received four doses of vaccine for diphtheria, tetanus, and pertussis (DTP, DTaP), one for measles, mumps, and rubella (MMR), three or four for Haemophilus influenza type b (Hib disease), three for polio (IPV or OPV), one dose of varicella for chicken pox, four doses of pneumococcal conjugate (PCV), and two or more doses of influenza vaccine.[36]

- In 2004, Georgia was ranked thirteenth in the percent of children (aged 19-35 months) who are immunized (Georgia 85%, U.S. 81%).[37]
- In 2004, 93% of kindergarten children received the polio, diphtheria, tetanus, and pertussis (DPT), measles, hepatitis B, and varicella vaccines.[38] Nationally, 83% of children ages 19-35 months received the combined series of vaccines.[37]
- In 2004-2005, 94% of children in daycare had received the polio, DTP, measles, hepatitis B, and varicella vaccines.[38]
- According to the 2004 National Immunization Survey, 88% of Georgia's two-year-olds were adequately immunized against diphtheria, tetanus, and whooping cough; 95% against polio; 92% against measles, mumps, and rubella; 94% against Haemophilus influenza type b (Hib disease); 95% against hepatitis B; 92% against varicella (chicken pox); and 68% against pneumococcal disease.[36]
- A population-based study conducted in Georgia in 2004 showed that most childhood immunizations (70%) were administered in the private sector, while county health departments immunized 14%, and the sources for 16% were unknown.[36]
- In the 2005 Georgia Immunization Study, there were minimal differences in the immunization status of children by the race and education of their mothers.[37]

4.b Influenza Shots

The flu shot is the most effective way to prevent or decrease the severity of the flu.[39] The CDC recommends that healthy children aged 6 months to five years, people who live with them, and out-of-home care givers get a flu vaccine; the vaccine is not approved for children less than 6 months old.[40]

Although state specific data are not available for influenza, the following provides a few points regarding the importance of vaccination for children:

- Children are 1.5 times more likely to get the flu than adults; children less than 2 years of age are most commonly hospitalized by the flu.[39, 40]
- Children ages 6-10 have the highest infectivity rates.[39]
- The flu occurs approximately twice as much in families with children in school or daycare.[39]

4.c Eye Exams

The Centers of Disease Control and Prevention (CDC) recommends early eye exams or vision screenings for children to prevent eye conditions that can be prevented with early detection.[41]

- Amblyopia (lazy eye) affects 2-5% of children and could lead to blindness in one eye if not treated before age six or seven.[41]
- Strabismus (crossed or misaligned eyes) affects one in 50 children and could also lead to amblyopia (lazy eye) if not diagnosed at an early stage.[41]

4.d Hearing Exams

- Information reported by Georgia hospitals through September 2001 indicates that 78% of all newborns were screened for hearing loss with a 5% screening referral rate.[42]

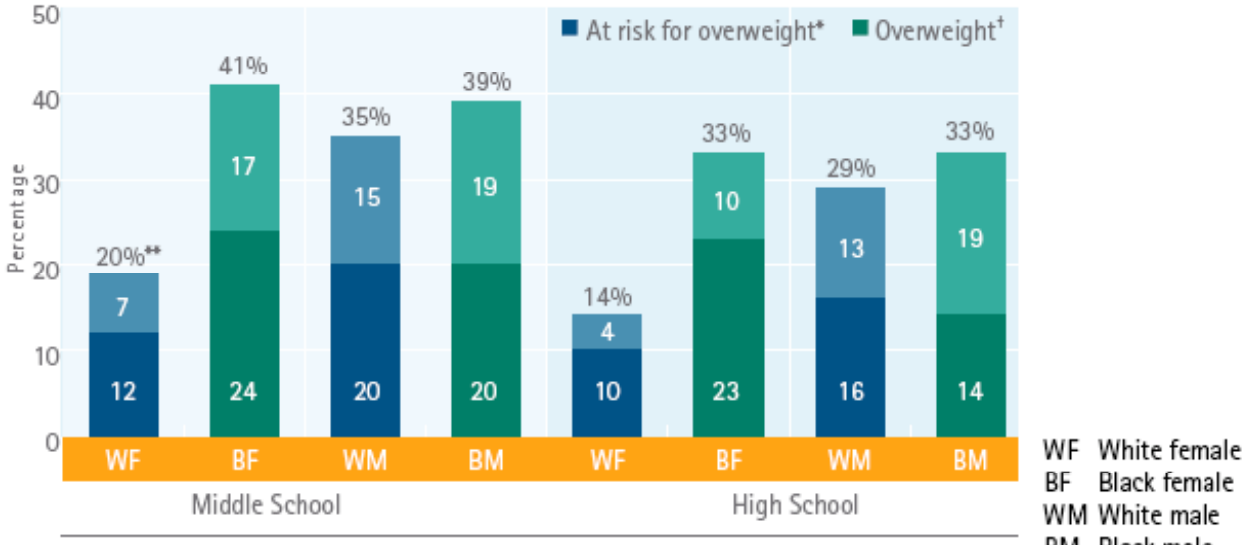
5. Health Behaviors

5.a Overweight and Obesity

Obesity is a growing problem for adults and children throughout the United States. Obese children are at an increased risk for various medical conditions including: hypertension, diabetes, asthma, decreased well-being (self-esteem), and sleep apnea.

- In 2003, Georgia was ranked thirty-sixth in the nation in percent of children and teens (age 10-17) who were obese or overweight (GA 32%, U.S. 31%).[11]
- In 2005, Georgia was ranked twenty-third in the nation in the percent of overweight high school students (GA 12%, U.S. 13%).[11]
- The percentage of overweight and obese children in Georgia has increased steadily over the past few decades. Among WIC children age 2 to <5 years, the percentage has risen from 21% in 1993 to 26% in 2002.[43]
- Although more children are becoming overweight or obese, fewer children are describing themselves as overweight, especially high school students and females.[44]
- Overweight or obesity is more common in males than females, middle school aged than high school aged, African Americans than Caucasians.[43]

Prevalence of at Risk for Overweight and Overweight Among Students by School Type, Race and Sex, Georgia, 2003 [50]



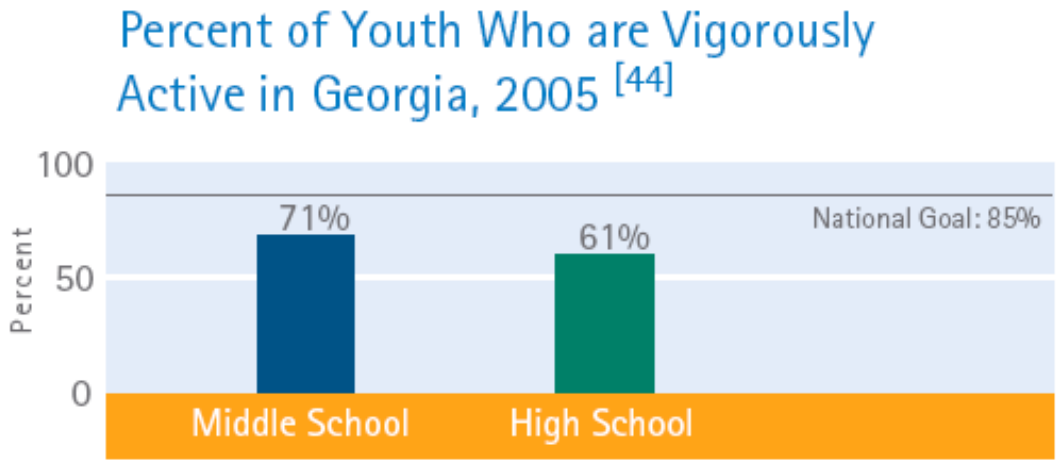
* Body mass index for age ≥ 85th percentile but <95th percentile
** Proportions may not add up due to rounding
† Body mass index for age ≥ 95th percentile
Source: Georgia Students Health Survey

- In 2002, 6% of middle schools and 11% of high schools offered fruits and vegetables at school settings.[34]

5.b Physical Activity

Youth in Georgia do not get enough physical activity, leading to problems of obesity and chronic health conditions.

- In 2004, Georgia ranked sixteenth in percent of high school students (aged 12-17) who meet currently recommended levels of physical activity.[11]
- In Georgia, middle school students are more vigorously active[e] (71%) than high school students (61%). However, both are still below the national Healthy People 2010 goal which aims to reach 85% across all sex, race, and grade levels.[45]



- In Georgia, physical activity is more common among males than females, and Caucasians than African Americans.[46]
- In 2005, 13% of female students and 6% of male students had not participated in any vigorous or moderate[f] physical activity during the past seven days.[46]
- Most middle schools (62%) and high schools (94%) in Georgia required students to take at least one physical education course in 2003.[47]
- In 2005, more than half of high (54%) of school students nationally attended physical education classes; more 9th grade level students (72%) compared to 12 grade students (39%).[48]
- Only three in ten (29%) middle and high school students in Georgia attended *daily* physical education class in 2003.[47] Georgia's percentages of male and female students are remaining relatively constant.[46]

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[e] Vigorous-Intensity Physical Activity: Maybe intense enough to represent a substantial challenge to an individual and refers to a level of effort in which a person should experience: large increase in breathing or heart rate, a "perceived exertion of 15 or greater on the Borg scale, greater than 6 metabolic equivalents (METs); or any activity that burns 7kcal/min.

[f] Students were physically active doing any sort of physical activity, increasing their heart rate and made them breathe hard some of the time for at least 60 minutes per day on more than or equal to five of the seven days preceding the survey (YRBS)

- Over one-half of middle (54%) and high (53%) school students in Georgia participated on one or more sports teams in the last year in 2003.[47]
- In Georgia, 42% of female students and 43% of male students watched three or more hours per day of television on an average school day in 2005.[46]

5.c Substance Abuse

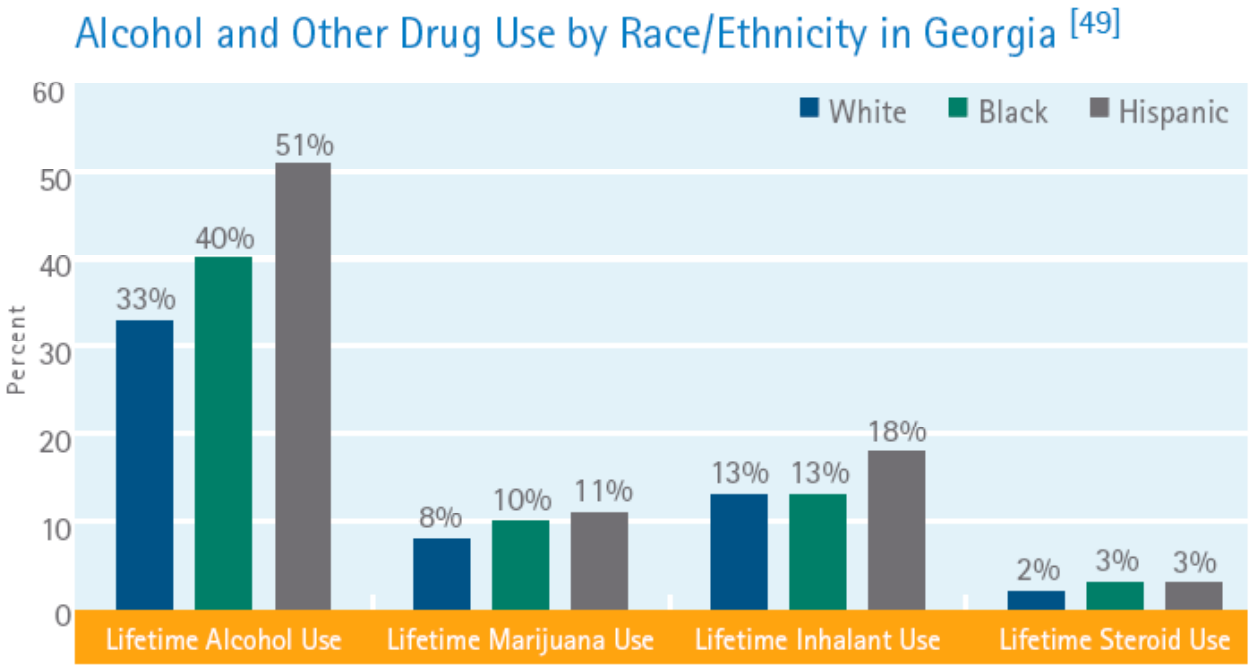
5.c.1 Alcohol Use

- In 2003-2004, Georgia ranked fourth in the percent of binge alcohol drinking among youth (aged 12-17) (GA 9%, U.S. 11%).[11]
- During the last decade in Georgia (1993-2003), there have been overall decreases in the rates of alcohol abuse, especially among African-American students (38% to 27%); and 10th grade students (47% to 36%).[44]
- This decrease was also observed in the percentage of Georgia students who had at least one drink of alcohol on one or more days in their life, particularly among ninth grade students: from 71% to 63%.[44]
- During the last decade, Georgia tenth grade students exemplified the overall decrease in the percentage of students who had five or more drinks in a row on one or more of the past 30 days; their percentage dropped from 28% to 18%.[44]
- In Georgia, slightly more male high school students (49%) than female high school students (41%) had one drink of alcohol on one or more of the past 30 days in 2005.[49]

5.c.2 Drug Use

- In 2003-2004, Georgia ranked sixth in illicit drug use (of 12-17 year olds) in the past month (GA 10%, U.S. 11%).[11]
- Approximately 17% of female students and 20% of male students had used marijuana one or more times during the past thirty days in 2005.[49]
- From 1993 to 2003, there were significant increases in the percentages of students in Georgia who used marijuana one or more times during the past thirty days among:
    - High school students overall: from 14% to 20%
    - Male students: from 17% to 24%
    - African-American students: from 10% to 17%.[44]
- Among students in Georgia, 2% of female students and 4% of male students had used any form of cocaine one or more times during the past 30 days in 2005.[49]
- In the last decade (1993-2003), there have been overall increases in the rates of drug abuse, especially among both African-American and Caucasian high school males in Georgia.[44]
- Georgia students in the eighth grade have a higher percentage of lifetime[g] alcohol (47%) and marijuana (13%) use than students in the sixth grade (27% life time alcohol, 5% lifetime marijuana).[50]

[g] Students have tried alcohol or drug at least once in their lifetime.

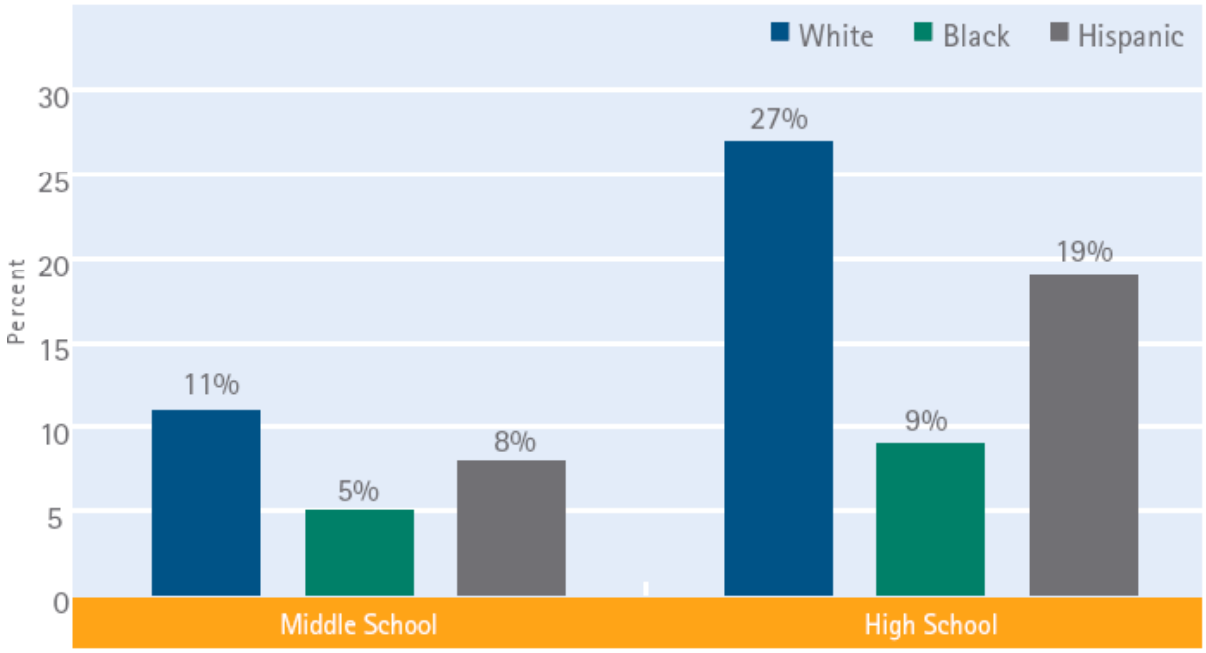


5.d Tobacco

- In 2003-2004, Georgia ranked sixteenth in cigarette use in the past month for youth aged 12-17 years (GA and U.S. 12%).[11]
- In Georgia during 2005:
    - 7% of middle and 17% of high school students in Georgia smoked cigarettes.
    - 9% of middle school male students and 6% of middle school female students were smokers.
    - 19% of high school male students and 15% of high school female students were smokers.
    - More than two-thirds (70%) of middle school smokers and more than a half (56%) of high school smokers lived with a smoker.[51]
- Among Georgia students, 41% of middle school smokers and 50% of high school smokers would like to stop smoking.[52]

- Overall, male students are more likely to be smokers than female students; Caucasians and Latinos are more likely to be smokers than African Americans; [53] and high school students are more likely to be smokers than middle school students.[51]

Percentage of Students Who Currently Smoke Cigarettes by School Type and Race/Ethnicity in Georgia [52]



- Between 1993 and 2003, there were significant decreases in the percentages of Georgia students who smoked a whole cigarette for the first time before age 13 among:
    - High school students overall: from 27% to 19%
    - Males students: from 29% to 22%
    - Female students: from 25% to 16%
    - Caucasian students: from 31% to 21%
    - Ninth grade students: from 29% to 18%.[44]
- However, there were no significant decreases between 1993-2003 in current cigarette and tobacco usage (chewing tobacco, snuff, or dip) among Georgia high school students (from 10% to 8%).[44]

5.e Seatbelt Use

- Similar to national trends,[54] in Georgia there has been a significant decrease in the past decade of the number of students who never or rarely wear seat belts (from 26% to 10%).[44]
- In 2005, Georgia was ranked sixteenth in percent of high school students who rarely or never wore a seat belt when riding a car driven by someone else (GA 10% and U.S. 13%).[11]

- In Georgia, slightly more male (11%) than female (9%) students never or rarely wore a seat belt when riding in a car driven by someone else.[54]
- From 1993 to 2003, there were significant decreases in the percentages of Georgia students who never or rarely wear a seat belt when riding in a car driven by someone else among:
    - High school students overall: from 26% to 9%
    - Male students: from 31% to 12%
    - Female students: from 21% to 7%
    - African-American students: from 28% to 9%
    - Caucasian students: from 24% to 9%
    - 9th grade students: from 31% to 8%
    - 10th grade students: from 23% to 10%
    - 12th grade students: from 25% to 11%.[44]

6. Sexual Activity

6.a Sexual Behavior

Limitations in federal and state of Georgia data collection of sexual behavior data among teens makes it difficult to compile recent, accurate statistics on this topic. The most recent available data on sexual activity comes from the Youth Risk Behavior Surveillance System and, in Georgia, includes no data after 1993. National data and data from several states is available as recent as 2005.

- Nationally, rates of sexual activity among all teenagers have steadily declined over the last fifteen years:
    - From 54% to 47% among all teens
    - From 50 to 43% among Caucasian teens
    - From 82 to 68% among African-American teens
    - From 53 to 51% among Latino teens
    - From 51 to 46% among female teens
    - From 58 to 48% among male teens.[55]
- However, even with these reductions in sexual activity, minorities, particularly African-American teens, continue to have significantly higher rates of sexual activity.[56] In 1993 in Georgia, 77% of African-American compared to 61% of Caucasian students ever had sexual intercourse.[55]
- As of 1993, Georgia teens (66%) were more sexually active than the national average (53%).[55]
- In 1993, the most recent available Georgia data:
    - 85% of adolescents abstained from sexual intercourse or used condoms if they were sexually active
    - 62% female and 71% male high school students had ever had sexual intercourse
    - 9% female students and 25% male students had had sexual intercourse for the first time before age 13
    - 23% female students and 38% male students had had sexual intercourse with four or more people during their life
    - 48% female students and 51% male students had had sexual intercourse with one or more people during the past three months
    - 50% female students and 60% male students had had sexual intercourse during the past three months and used a condom.[55]

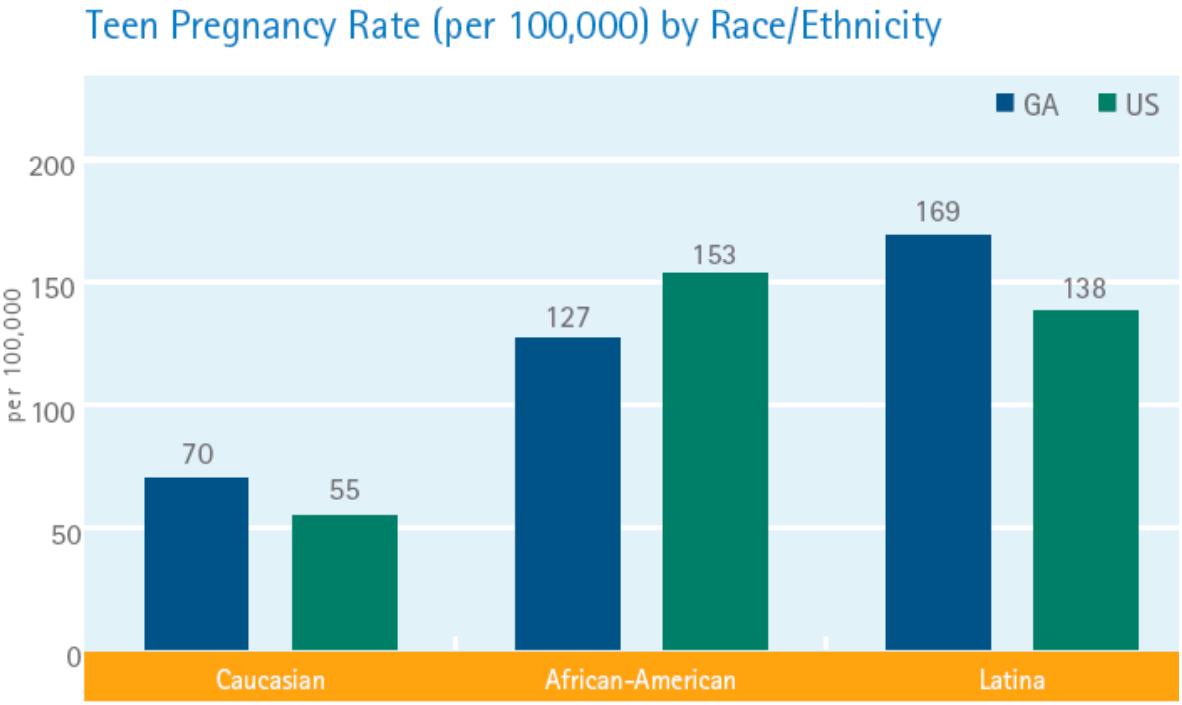
6.b Teen Pregnancy and Births

Along with sexual activity, teen pregnancy rates throughout the United States have continuously declined over the past decade. However, the United States still faces one of the highest teen pregnancy rates among developed nations. Preventing teen pregnancy is one of the most strategic ways to improve overall child wellbeing, in particular to reduce child poverty. Teen

pregnancy is also closely linked to a host of other critical social issues including welfare dependency, responsible fatherhood, school failure, and workforce development.

6.b.1 Teen Pregnancy

- Georgia was ranked forty-first (close to the bottom) in teen pregnancy rate with 95 pregnancies per 100,000 teenage girls, compared to the national rate (84 per 1,000).[57]
- Latinos and African Americans have higher teen pregnancy rates in Georgia and the nation.[57]



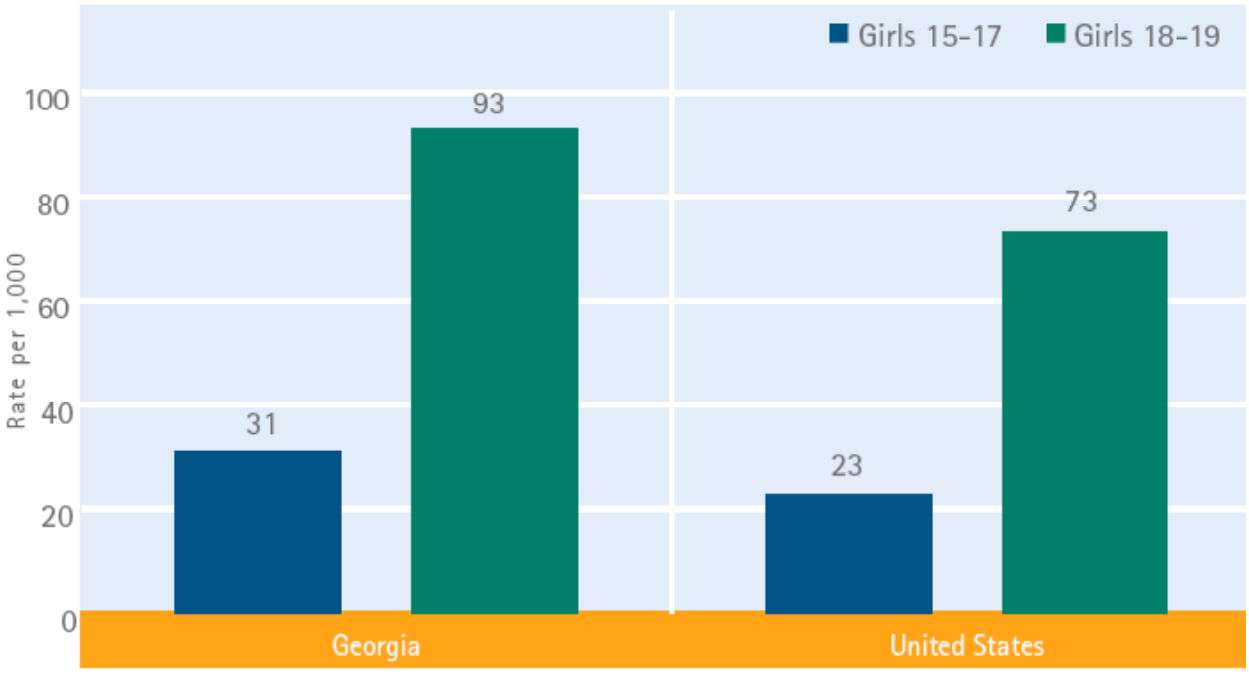
- While teen pregnancies have decreased across all racial groups in Georgia, African-American teens have shown the greatest decrease (34% compared to 15% percent for Caucasians and 24% for Latinas), but continue to maintain the highest rate of teen pregnancies.[58]

6.b.2 Teen Births

- Georgia ranks forty-third among the states in teen birth rate (live births per 1,000 females 15-19 years old) (GA 55%, U.S. 42%).[11]
- Teen birth rates in Georgia have continued to decline for all ages from 1991 to 2003:
    - From 50-29 22% for girls ages 13-14
    - -43% for girls ages 15-17
    - -18% for girls ages 18-19.[59]

- In Georgia, as nationally, older teens (18-19) have a higher birthrate than younger teens (15-17).[59]

Teen Birth Rates by Age, 2003 (rate per 1,000) [58]



- African Americans have shown the greatest decreases in teen births in Georgia (-44%), compared to Caucasians (-32 %), and Asians (-39 %). Despite the decline, the birth rate among African-American teens is roughly twice the rate as for Caucasian teens in Georgia.[60]
- While births to Latina girls aged 15-19 fell by 21% nationally between 1994 and 2004, they increased by 61% in Georgia during the same period.[60] Nationally, there were 83.4 births per 1,000 Latina girls aged 15-19 in 2004, but in Georgia, there were 153.1 births per 1,000 – almost twice the national rate.[60]

6.c Abortion

- Nationally, the overall abortion rate has decreased from 1990-2003.[61]
- In 2002, Georgia ranked tenth in the country, higher than the national average, for the rate of legal abortions per 1,000 women, at 18 per 1,000 women 15-44 years old, in 2002 (U.S. rate = 16 per 1,000 women).[62]
- In 2002, 15.6% (5,312 of 34,091) of all abortions in Georgia and 17.4% (132,377 of 762,797) of all national abortions were of young women were below the age of 19.[62]
- In 2003, there was a higher percentage of abortions by African-American women (55%) than by Caucasians (40%).[63, 64]

- In Georgia during 2003, 281 girls (.8%) less than 15 years of age had abortions; 5,157 (15%) women aged 15-19 had abortions.[62]
- Sixteen percent of reported legal abortions in Georgia were to women aged under 19, 58% were to women aged 20-29, 24% were to women aged 30-39, and 2% were to women aged 40 and above.[62]

7. Child Health Status

7.a General Health Status

- Most children in the South[h] described their health as excellent or very good. 21.0 % stated their health was "better than last year," 77.6% "about the same as last year, and 1.4% "worse than last year." [29]
- In Georgia, 11% of female high school students were a little more likely to describe their health as fair or poor compared to 6% of male high school students in 2005.[65]

7.b HIV/AIDS

- In 2004, Georgia was ranked forty-second in the nation for the number of children with AIDS (< 13 years old) (GA 222 cases, U.S. 8,964).[66]
- In 2004, Georgia was ranked twenty-eighth in the nation for the number of cumulative HIV infection cases in children (< 13 years old) (GA 98 cases, U.S. 4,814 cases).[66]
- African Americans comprise 78% of all pediatric AIDS cases reported in Georgia. [67]
- In Georgia, 94% of all children with AIDS contracted it from their mothers through perinatal transmission.[i] [67]
- In 2005, 92% of Georgia high school students have ever been taught about HIV or AIDS in school.[55] The percentage of Georgia students that are taught about AIDS or HIV in school is higher than the national average (88%).[46, 55]
- More Caucasian (95%) than African-American (89%) and Latino (82%) high school students in Georgia have been educated about HIV/AIDS.[55]

[h] The South includes the following states: Alabama, Arkansas, District of Columbia, Delaware, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia.

[i] Method of transmission that can occur during delivery, after birth, and breast feeding.

7.c Child Mortality

Child mortality is a universal tragedy. However, impoverished children are significantly more likely to die than wealthier children, particularly due to injuries and accidents. The leading causes of child mortality in Georgia are presented below.

GEORGIA – 10 LEADING CAUSES OF DEATH, 2003, BOTH SEXES, ALL RACES					
	<1 year	1-4 years	5-9 years	10-14 years	15-24 years
1	Short Gestation	Unintentional Injury	Unintentional Injury	Unintentional Injury	Unintentional Injury
2	Congenital Anomalies	Homicide	Malignant Neoplasms	Homicide	Homicide
3	SIDS	Congenital Anomalies	Congenital Anomalies	Malignant Neoplasms	Suicide
4	Maternal Pregnancy Comp.	Heart Disease	Homicide	Congenital Anomalies	Heart Disease
5	Unintentional Injury	Influenza & Pneumonia	Heart Disease	Heart Disease	Malignant Neoplasms
6	Respiratory Distress	Malignant Neoplasms	Benign Neoplasms	Suicide	Congenital Anomalies
7	Bacterial Sepsis	Chronic Low. Respiratory Disease	Chronic Low. Respiratory Disease	Influenza & Pneumonia	HIV
8	Circulatory System Disease	Meningitis	Cerebrovascular	Cerebrovascular	Cerebrovascular
9	Neonatal Hemorrhage	Perinatal Period	Diabetes Mellitus	Meningococcal Infection	Complicated Pregnancy
10	Placenta Cord Membranes	Anemias	HIV	Diabetes Mellitus	Diabetes Mellitus

SOURCE: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control

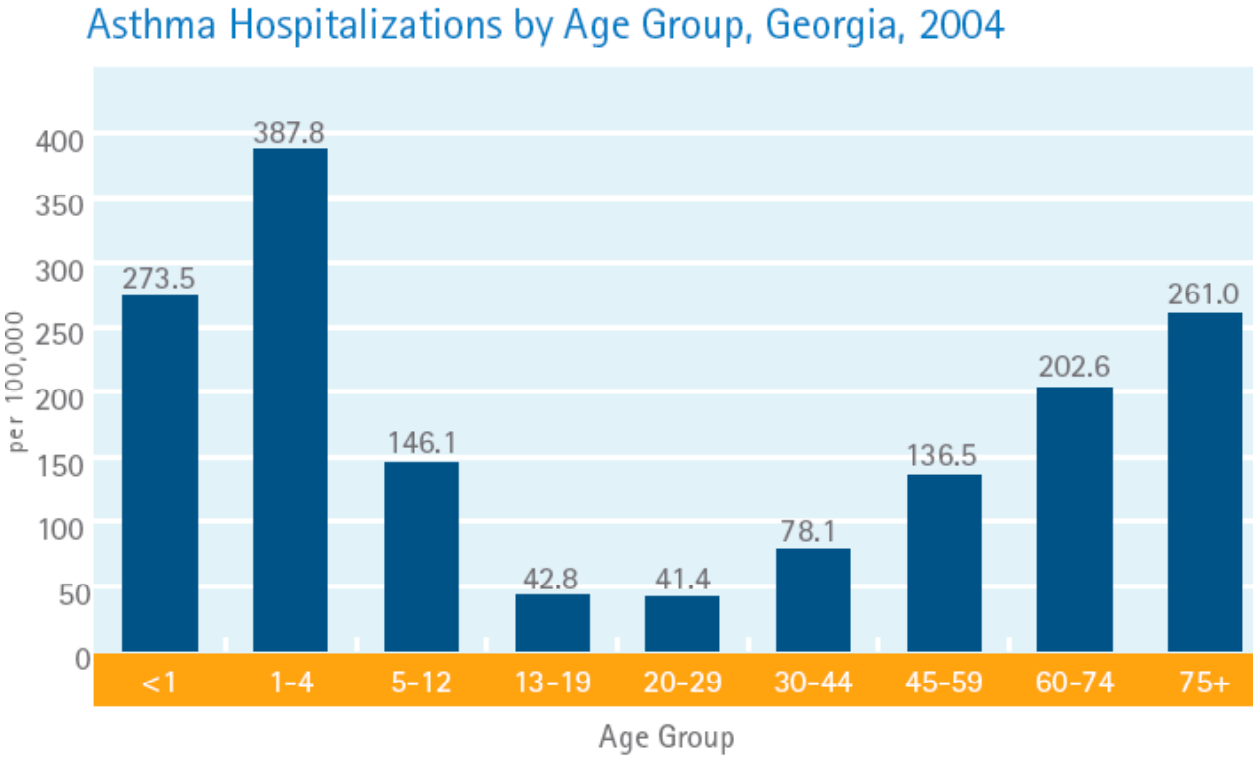
- Georgia's child (23 per 100,000) and teenage (74 per 100,000) death rates are higher than the national averages (21 per 100,000 and 66 per 100,000, respectively).[68]
- Georgia ranked twenty-ninth in child mortality rates.[69]
- Between 1999 and 2003, Georgia's child mortality rate (rate per 100,000) decreased from 27 to 23 percent and nationally as well from 23 to 21 percent; A decline was also seen in Georgia's teen mortality rate (rate per 100,000) from 82 to 66 percent and nationally from 69 to 66 percent.[11]

7.d Asthma

Asthma is one of the most common chronic diseases of childhood, affecting nearly four million children nationally. While asthma cannot be cured, it can be controlled in virtually all cases. However, many children continue to face significant morbidities from their asthma due to lack of treatment or poor adherence to treatment, making asthma the leader in causes of school absenteeism and a source of thousands of pediatric emergency department visits.

- In 2005, Georgia ranked thirteenth in the nation for children suffering from asthma problems, with 15.9% compared to 16.2% nationally.[70]
- Despite the fact that cigarette smoking may trigger asthma attacks, among students in Georgia with asthma, approximately 8% of middle school students and 20% of high school students smoke cigarettes.[71]
- In 2005, female students (17%) are more likely to have asthma than male students (15%).[65, 71]

- In Georgia during 2005 among middle school and high school children, 16.5 % of Caucasians had asthma, 15.6% of African Americans, 12.3% of Latinos, and 16% Other; These percentages are consistently higher than the national averages.[65]
- Nationally, more African-American children (8%) have asthma than Caucasians (5%) and Latino (4%) children.[72]
- Asthma is most prevalent in children four years and younger.[73]



7.e Allergies

Allergies are the fifth leading cause of chronic illness in the United States, and the most common reported chronic illness among children. Forty percent of pediatric allergy sufferers find their daily activities limited.[74] Because of the significant morbidity associated with pediatric allergies, we have included this section in the report. However, it is notable that Georgia-specific data is not available for pediatric allergies, so we must rely on regional (South Atlantic) data.

- Children living in the South have higher rates of respiratory allergies than children living in other regions of the U.S.[75]
- From 2003-2005, 7% of South Atlantic[j] children had hay fever, 3% had some type of food allergy, and 9% had some type of skin allergy.[76]
- Of South Atlantic children, Caucasians experience more hay fever than other ethnicities (8%); African Americans experience more skin allergies than other ethnicities (11%).[56]

[j] This census section in the southern region includes: Delaware, Maryland, District of Columbia, Virginia, West Virginia, North Carolina, South Carolina, Georgia, and Florida.

7.f Attention Deficient Hyperactivity Disorder

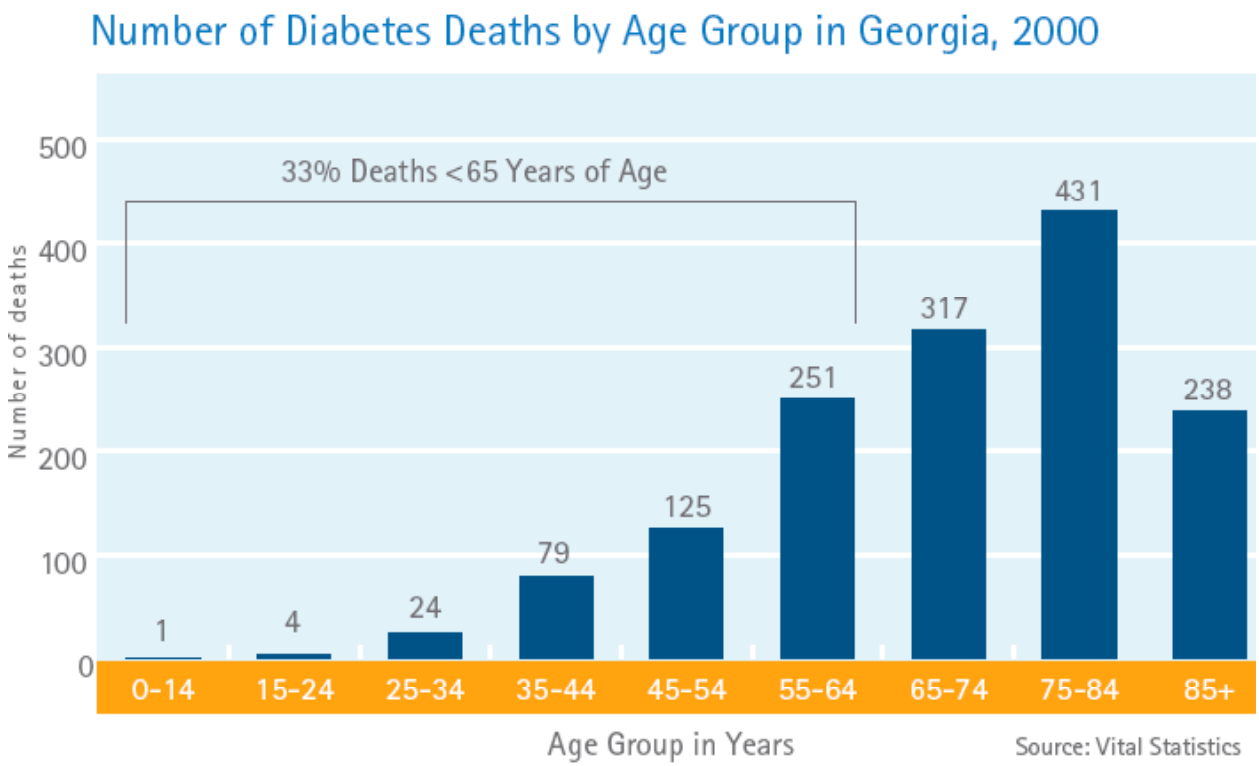
Attention-Deficit/Hyperactivity Disorder (ADHD) is usually first diagnosed in children and adolescents. It is characterized by inappropriate degrees of inattention, impulsivity and/or hyperactivity. Children with Attention-Deficit/Hyperactivity Disorder are typically: impulsive; forgetful; restless to the point of disruption; prone to fail; unable to follow through on tasks; unpredictable; and moody. These characteristics appear in early childhood, are relatively chronic in nature, and are not due to other physical, mental or emotional causes. It is estimated that ADHD affects 3-5% of the school-age population nationally, which means as many as 3.5 million children.[77]

- In 2003, 9% of Georgia children (aged 4-17) had ever been diagnosed with ADHD; 6% children had ever been medicated for ADHD.[78]
- Among children in the U.S., males were 2.5 times more likely to be diagnosed with ADHD than females; the majority of these males were from families below the poverty threshold (<100%).[56]
- Nationally, the majority of children who received medication for ADHD were primarily non-Hispanic, English speaking, and insured.[56]

7.g Diabetes

Diabetes mellitus is a growing problem among children and adults in Georgia. In recent years, the number of children with type II diabetes – associated with obesity and lack of physical exercise - has increased drastically and has begun to be recognized as an emerging health crisis. The development of diabetes during childhood increases the likelihood of developing complications as a young adult, as well as premature mortality.

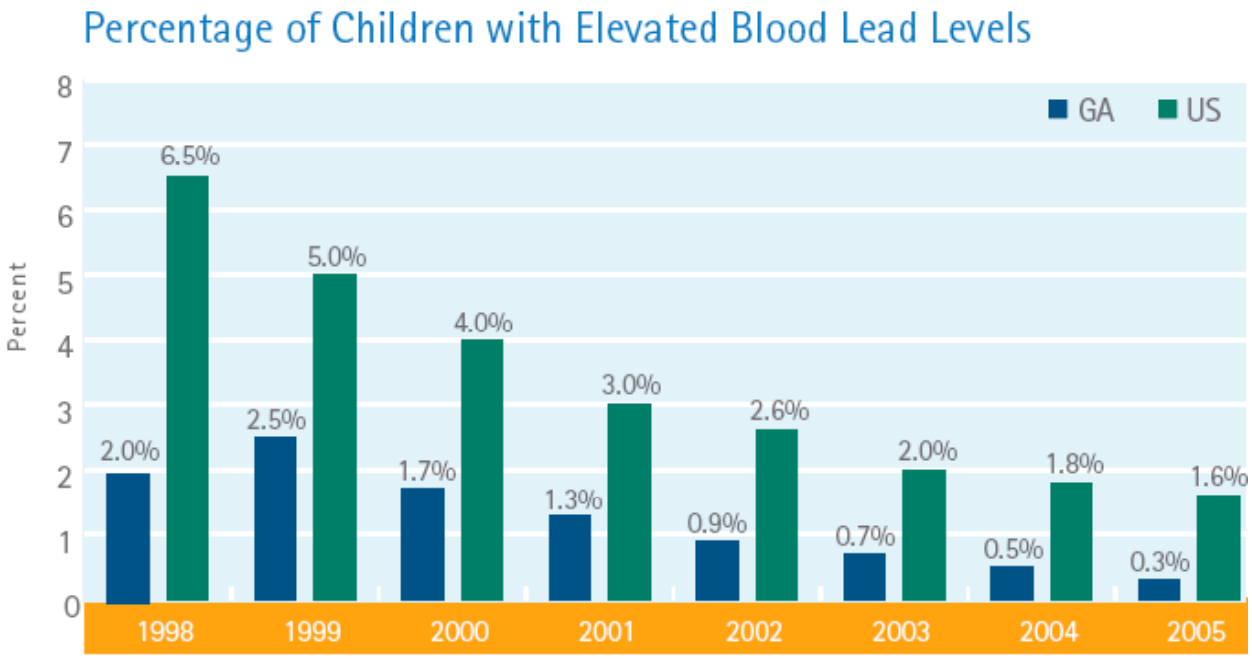
- According to data from a six site observational study, Type 1 diabetes is more common in non-Hispanic whites than in other racial/ethnic groups less than ten years of age. [79]
- In Georgia, the current statewide prevalence of pediatric diabetes is unknown. However, in the United States, the percentage of children with type 2 diabetes ranges from 8% to 45%.[80]
- In general, minorities are more likely than Caucasians to have type 2 diabetes or diabetes-related complications.[80]
- In recent years, the number of children with type 2 diabetes has significantly increased.[80]
- Among children in the U.S. who have diabetes, many of them are girls between the ages of 10-19 with type 2 diabetes, which is related to inactivity and obesity; they usually belong to ethnic groups that are at higher risk for diabetes, have a family history of type 2 diabetes, are overweight or inactive, or have acanthosis nigricians - darkening of pigmentation and thickening of skin that can appear on various parts of the body, most common on the neck.[80]


Number of Diabetes Deaths by Age Group in Georgia, 2000
33% Deaths <65 Years of Age
Number of deaths
500
400
300
200
100
0
1
4
24
79
125
251
317
431
238
0-14
15-24
25-34
35-44
45-54
55-64
65-74
75-84
85+
Age Group in Years
Source: Vital Statistics

7.h Lead Poisoning

Lead poisoning may lead to health consequences that range from behavioral problems and learning disabilities to seizures and death. Children six years old and younger are at the most risk of lead poisoning since this is when most growth occurs.[31] CDC has defined an elevated blood lead level (BLL) as ≥10 µg/dL, but evidence exists for subtle effects at lower levels.[81]

- Nationally, the proportion of children with elevated BLLs decreased from 7.6% in 1997 to 1.6% in 2005.[82]
- In Georgia, the proportion of children with elevated BLLs decreased from 1.9% in 1998 to .32% in 2005.[82]



7.i Injuries

- A child below age one dies from an injury every 8 hours in Georgia; and a child or teen in Georgia dies due to gunfire every 3 days.[16]
- In 2005, Georgia ranked thirtieth in the nation for the percent of high school students who carried a weapon (GA 22%, 18% U.S.).[70]
- In Georgia during 2004, 110 children and teens were killed by firearms and there were 69 homicides; 34 suicides; and 7 accidents.[16]
- From 1993 to 2003, there were significant decreases in the percentages of Georgia students who were in a physical fight one or more times during the past 12 months among:
    - High school students overall: from 41% to 31%
    - Female students: from 37% to 22%
    - Caucasian students: from 39% to 29%, and
    - 9th grade students: from 49% to 34%.[44]

- From 1993 to 2003, there were significant decreases in the percentages of Georgia students who were in a physical fight on school property one or more times during the past 12 months among:
    - High school students overall: from 16% to 11%
    - African-American students: from 19% to 12%.[44]
- In Georgia during 2005, 7% of female students and 10% of male students had been threatened or injured with a weapon on school property one or more times in the past year.[54]
- In 2005, 25% of female and 43% of male Georgia high school students were in a physical fight one or more times in the past year: 2% of the female students and 5% of the male students had to be treated by a doctor or nurse for the injuries they received.[54]
- In 2005, 10% of female students and 5% o male students in Georgia attempted suicide one or more times in the past year.[54]

7.j Child Abuse

- A child is abused or neglected in Georgia every 13 minutes.[16]
- During 2004, 41,206 children in Georgia were victims of abuse and neglect.[k] [16]
- In 2004, 101,563 reports were made to the Georgia Department of Family and Children Services (DFCS); of these reports 16% were screened out and not entered into the data system or investigated by DFCS; 85,562 of these reports were entered into the system and 30,951 (36%) of the entered reports were substantiated, representing 51,717 child victims.[83]
- The majority of child abuse in Georgia is neglect; it usually takes place in a child's home, and is committed by the child's own parents.[83]
- In Georgia, 88% of child maltreatment[l] occurred in the victim's home; of those committing the maltreatment, 83% were the child's biological parent; and 13% of the maltreaters were a non-biological parent, a relative, or live-in boyfriend or girlfriend of the parent.[83]
- The estimated percentage of substantiated[m] abuse in Georgia consisted of:
    - 81% of neglect, 10% physical abuse, and 4% was sexual abuse
    - 10% of victims are under the age of one year
    - 19% of victims are age 1 to 3 years
    - 19% of victims are age 4-6 years.[83]

7.k Foster Care

It is important to insure that children in Georgia foster care are receiving the appropriate health services. Section 471 (a) (22) of the Social Security Act requires States to provide services that protect their health and safety. The Act also states that children in foster care are eligible for Medicaid health services.[84]

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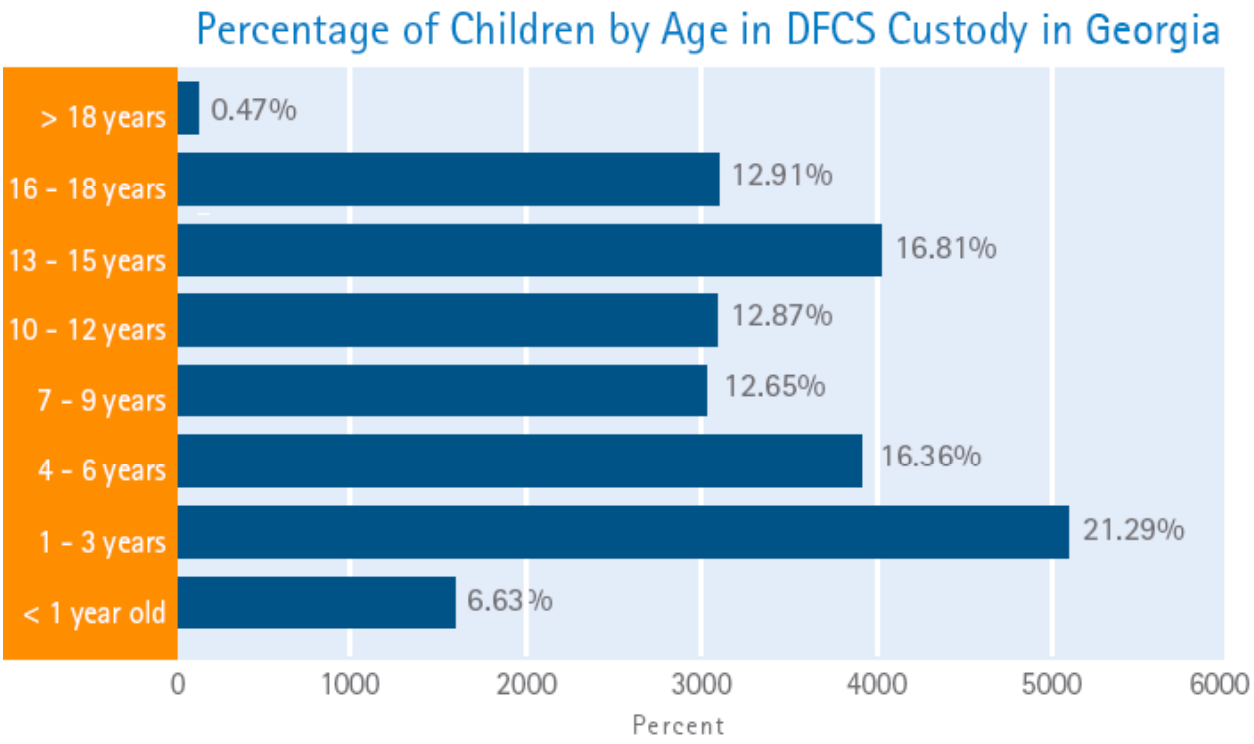
[k] The National Center on Child Abuse and Neglect defines child neglect as: "failure to provide for the child's basic needs. Neglect can be physical, educational, or emotional.

[l] Maltreatment consists of physical abuse, sexual abuse, neglect, and emotional maltreatment.

[m] Georgia's rate in 2004 of substantiated victims of child abuse was 22.5 per 1,000

- During 2004, 13,149 of children in Georgia were in foster care and 934 children were adopted from foster care.[16] Almost all the children in the Georgia Department of Family and Child Services (DFACS) are either African-American (48%) or Caucasian (47%).[85]
- Approximately one-half of these children are male (51%) and half are female (49%).[85]
- The majority of Georgia children in DFACS custody are under age 10, with the largest percentage aged 1-3 years old.[86]



7.l Domestic Violence

- Georgia law enforcement officers responded to 67,989 family violence incidents in 2003.[87]
- In 2005, 93,280 crisis calls were made to domestic violence shelters.[87]
- In 2004, 107 Georgia citizens died as a result of domestic violence.[87]
- Georgia's certified family violence programs provided shelter for 4,653 adults and 4,956 children for a total of 219,982 bed nights in 2005.[87]

7.m Crime/Incarceration

- In 2005, there were approximately 56,217 juvenile arrests in Georgia: 1,642 were violent crimes, 8,518 were property crimes, and 10,160 were index (serious) crimes.[88]
- Georgia ranks 24th in the nation in the rate of persons (less than 21 years of age) residing in juvenile detention and correction facilities (GA 273 per 100,000, U.S 307 per 100,000).[11]

- From 1997-2003, the rate of juveniles (persons under age 21) residing in juvenile detention *and* correctional facilities decreased dramatically in Georgia (from 463 to 273 per 100,000); nationally the rate also decreased (from 356 to 307 per 100,000). [89]
- In 2005, Georgia ranked thirtieth in the percent of high school students who carried a weapon (GA 22%, U.S. 18%).[11]

Offense Profile by Race/Ethnicity for Georgia, 2003

Offense Profile by Race/Ethnicity for Georgia, 2003

		Race/Ethnicity					
Most serious offense	Total	White	Black	Hispanic	American Indian	Asian	Other
Total	**2,451**	**720**	**1,581**	**123**	**3**	**12**	**9**
Delinquency	2,340	681	1,518	120	3	12	9
Person	**936**	**237**	**639**	**51**	**3**	**3**	**3**
Violent Crime Index*	663	171	444	45	0	3	0
Other Person	273	66	195	6	0	0	3
Property	**702**	**201**	**459**	**33**	**0**	**6**	**3**
Property Crime Index**	537	162	339	27	0	6	3
Other Property	165	39	120	6	0	0	0
Drug	**114**	**42**	**66**	**6**	**0**	**0**	**0**
Public order	**246**	**72**	**162**	**9**	**3**	**0**	**0**
Technical violation	**342**	**126**	**192**	**21**	**0**	**3**	**3**
Status offense	**111**	**42**	**66**	**3**	**0**	**0**	**0**

* Includes criminal homicide, violent sexual assault, robbery, and aggravated assault.

** Includes burglary, theft, auto theft, and arson.

8. Infant Health

8.a Infant Mortality

Infant mortality is used to compare the health and well-being of populations across and within countries, states and localities. The infant mortality rate, the rate at which babies less than one year of age die, has continued to steadily decline over the past several decades, from 26 per 1,000 live births in 1960 to 7 per 1,000 live births in 2000. However, the United States continues be to 36th in the world in infant mortality, driven largely by racial and income disparities in health care access.[90]

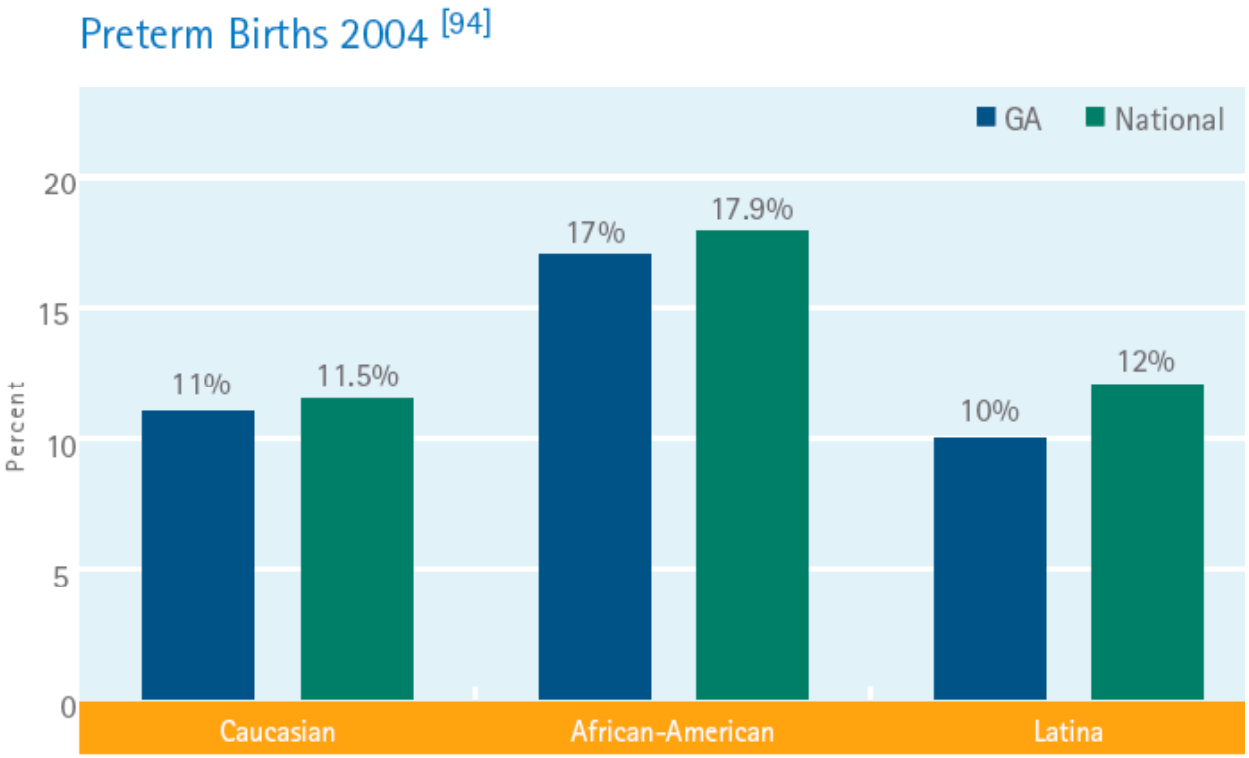
- In 2004, Georgia ranked forty-first in percent of infant mortality (infant deaths per 1,000 live births) with a higher mortality rate (8.4) than the U.S. (6.6).[91]
- The African-American population has a higher infant mortality rate than the Caucasian Population.[92] There was an average of 12 African-American infant deaths per 1,000 live births and 4.7 Caucasian infant deaths per 1,000 live births in Georgia from 1994-2002.[93] Due to the small numbers of deaths among Asians and Latinos, this data is not available for Georgia.
- In Georgia, the overall infant mortality rate declined approximately 13% between the years 1992-2002.[94] However, the infant mortality rate of Caucasians has increased 84% from 3.5 deaths per 1,000 live births in 1994 to 6.8 deaths per 1,000 live births in 2002.[93]

8.b Low Birth Weight and Preterm Births

Preterm (< 37 weeks gestation) and low birth-weight (< 2,500 grams) babies face an increased risk of death and serious medical complications, such as cerebral palsy, mental retardation and learning problems, chronic lung disease, and vision and hearing problems. One-half of all neurological disabilities in children are related to premature birth. Despite decades of research, scientists have not yet developed effective ways to help prevent premature delivery. In fact, the rate of premature birth increased almost 31 percent between 1981 and 2003 (from 9 to 12% of all births).[94]

- In 2004, Georgia ranked forty-fourth in percent of low birth-weight babies (Georgia 9.3% and U.S. 8.1%).[95]
- From 1990-2003 Georgia has shown an increased percentage of low birth-weight births (from 8.7% to 9.0%) and remains higher than the national average; national percentages have also increased (from 7% to 7.9%).[72]
- Following national trends, African-American women in Georgia are more likely to give birth to babies of low birth weight than Caucasian or Asian women and are more likely to be preterm than Caucasian and Latino babies.[96]

- In 2004, 11% of Caucasian births (11.5% nationally), 17% of African-American births (17.9 % nationally), and 10% of Latinos birth (12.0% nationally) were preterm births in Georgia.[96]



- In 2004, 1.8 % of live births in Georgia were very low birth weight,[n] 7.5 % were low birth weight, and 90.7 % were not low birth weight.[94]

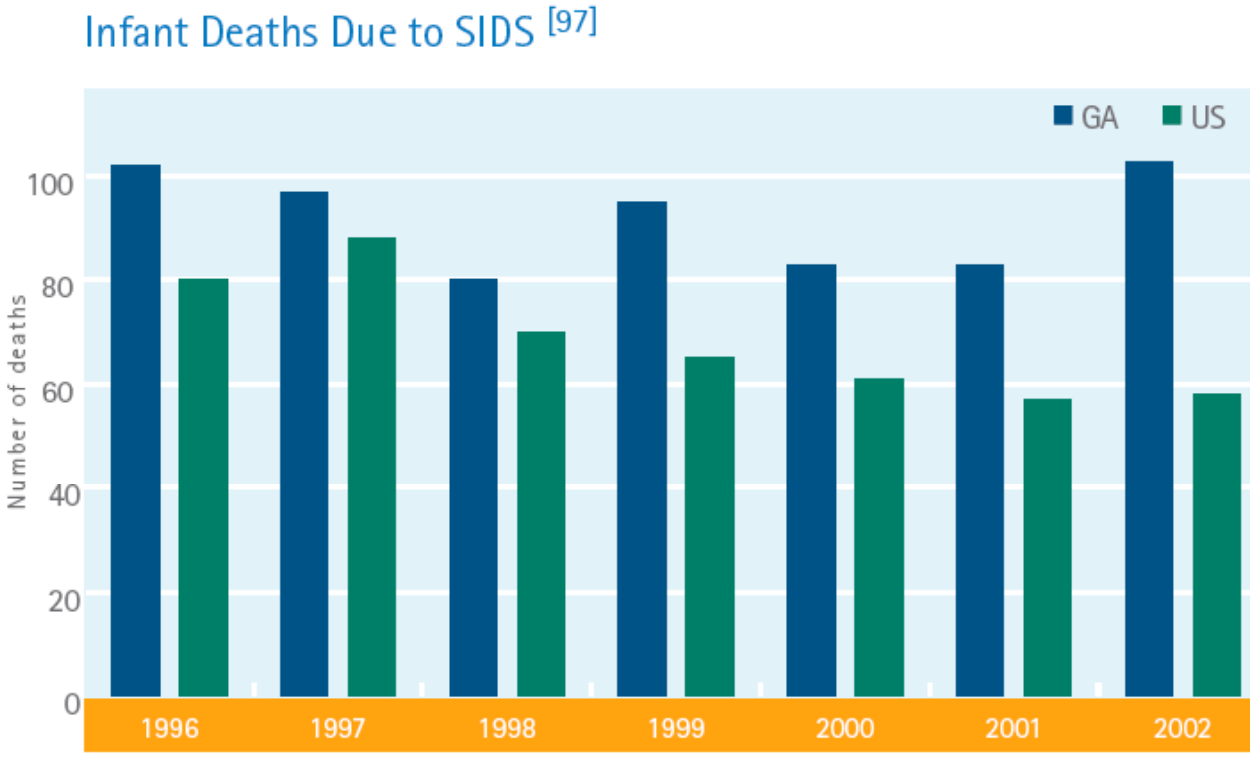
8.c Sudden Infant Death Syndrome

Sudden Infant Death Syndrome (SIDS) is the "sudden death of an infant under one year of age which remains unexplained after a thorough case investigation." SIDS cases have continuously decreased with better understanding of infant sleeping positions. However, Georgia faces an extremely high SIDS rate compared to the national average, perhaps due to a failure of some healthcare providers and parents to accept the "back to sleep" recommendation for infants.

- Over the past two decades, Georgia's rate (107 per 100,000 live births in 2001) of SIDS has consistently been almost twice the U.S. rate (57 deaths per 100,000 births in 2001).[94]

[n] Low birthweight is defined as less than 2500 grams or 5 1/2 pounds. Birth weights can also be classified into low birthweight births into moderately low birthweight (1500-2499 grams) and very low birthweight (less than 1500 grams or 3 1/3 pounds).

- Although the U.S. rate of SIDS has decreased over the past decade, Georgia's rate has continued to increase.[94]



- There were 112 Georgia SIDS deaths in 2002.[97]
- Nationally, from 1990-2000, the rates (deaths per 1,000 live births) of SIDS for African Americans (2.3 to1.3) and American Indians/Alaskan natives (2.1 to1.2) were higher than the national average and the rates of SIDS than Caucasians (1.1 to 0.5) and Latinos (0.9 to 0.3).[97]

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