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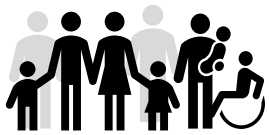
DEPARTMENT OF HEALTH

# Title V Maternal and Child Health Data Briefs – 2022 Update

## Supporting Family Health through the Title V Maternal and Child Health Services Block Grant



### What is the Title V Block Grant?

The Title V Maternal and Child Health Services Block Grant provides funding for a Title V public health program in each state which acts as a safety-net provider for health care and essential public health services for women, child-bearing people, pregnant people, people who have recently given birth and their partners, infants, children up to age 22, and children with special health care needs and their families. The program was created as part of the 1935 Social Security Act as a commitment to improving the health and well-being of the country's parents, caregivers, children, and families. The Health Resources and Services Administration, a federal agency, oversees the Title V Block Grant program at the federal level. In Pennsylvania, the Title V Block Grant is administered by the Bureau of Family Health (BFH) in the Department of Health.

### What is the purpose of these data briefs?

As the Title V administrator in Pennsylvania, the BFH is committed to continually assessing the health status of the populations it serves to identify ongoing and new maternal and child health issues and determine whether statewide needs are being met. Population health data, including the data in these briefs, inform programming and strategies that the BFH implements in an effort to promote and improve health and well-being among pregnant people, their partners, their children, and all families in the state. These briefs will also be shared with stakeholders, agency partners, and families.

### How are the briefs organized?

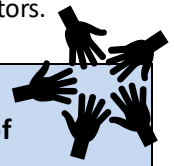
The briefs are organized by population and for each population we have assessed whether health outcomes have improved, worsened, or remained the same in recent years. Even if overall trends are improving, this may not be the case for all populations and in equities are identified throughout the data briefs. Health indicators are broken down by select demographic characteristics, such as race/ethnicity, age, socioeconomic status, sex, gender identity, and sexual orientation.

### Why aren't more recent data included in these briefs?

The BFH recognizes that health status is dynamic and that these briefs only provide a snapshot of indicators of health at a point in time. The BFH has made every effort to incorporate the most recent data in these briefs and is committed to releasing updated versions as updated data are made available. It is also important to note that data incorporated in this brief are from before and during the COVID-19 pandemic, which influenced data collection, response rates, and availability for some datasets. If you have any questions about the incorporated data, please contact us at RA-DHPATITLEV@pa.gov for additional information.

### Why are most of the data presented for the state rather than for specific regions or counties?

The Title V program is required to consider the state as a whole when it establishes the priorities that guide its state action plan. The state's current Title V priorities can be found at this link. As Title V assesses whether its priorities remain relevant and responsive to statewide needs, it is necessary to assess health indicators for the state. When possible, disparities by geographic region or county are highlighted for certain indicators.



**The Department of Health's Bureau of Family Health has a mission to equally protect and equitably promote the health and well-being of pregnant people, their partners, their children, and all families in Pennsylvania.**

The Bureau of Family Health and its Title V Program acknowledge that systemic racism, other forms of oppression, and social, environmental, and economic inequities contribute to poor health outcomes and have a greater impact on health than individual choices, behaviors, or even their access to healthcare. These factors and experiences of discrimination impact a person's health throughout their life and can result in trauma that impacts health across generations. Certain communities and groups that have experienced historic and ongoing discrimination and oppression often experience a higher burden of negative health outcomes as compared to others. Differences in health outcomes will be highlighted in these data briefs as these differences must be identified and addressed in order for all people to attain health and wellness. It is important to note that these differences in health outcomes by race, ethnicity, income, gender identify, sexual orientation, and other characteristics are the result of systematic, unfair, and unjust circumstances.

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# HEALTH BEFORE, DURING & AFTER PREGNANCY

### Health Before, During & After Pregnancy

This data brief discusses the health status of women, child-bearing people, pregnant people, and people who have recently given birth or become parents. The Title V program provides services and support to all people who can or do give birth including transgender and nonbinary birthing people. For some indicators, the term women may be used if that is how the survey or data system refers to the respondents. The Title V program also recognizes the right of every person to decide whether or not to have a child. While indicators in this domain are described in relation to pregnancy, Title V aims to advance the health and well-being of all families.

## – IMPROVEMENTS & PROGRESS –

### Discussion of Preconception Health

The percentage of people delivering a live birth who reported having a discussion with a health professional about how to improve health before pregnancy in the 12 months prior to conception increased from 23.5% in 2016 to 26.3% in 2019, followed by a decline to 25.6% in 2020 (PRAMS 2016-2020).

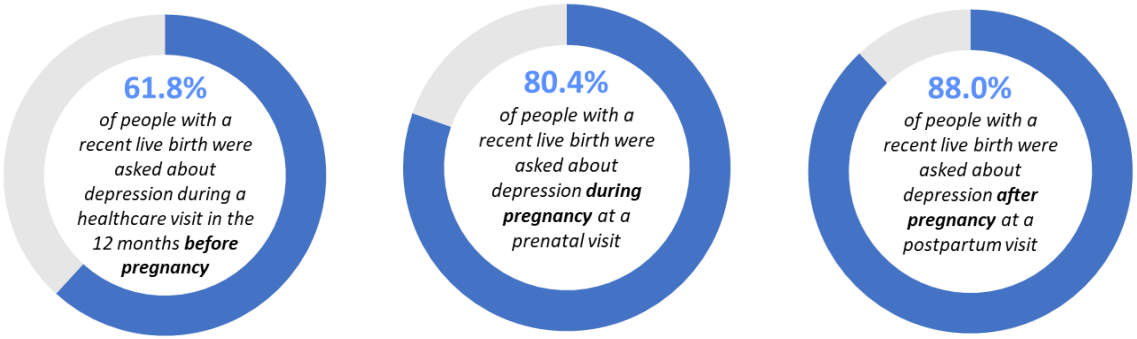
### Depression Screening at Medical Visits

The percentage of people asked about depression during a healthcare visit in the 12 months before pregnancy consistently increased from 47.4% in 2016 to 61.8% in 2020 (PRAMS 2016-2020). The percentage of people who were asked about depression during a prenatal care visit increased from 74.6% in 2016 to 83.2% in 2019, followed by a slight decline to 80.4% in 2020. Screening for depression was more common at the postpartum visit than at visits occurring before or during pregnancy. The percentage of people screened for depression at a postpartum visit consistently increased from 86.0% in 2016 to 92.3% in 2019, followed by a decline to 88.0% in 2020 (PRAMS 2016-2020).

### Depression Screening at Medical Visits

PA Pregnancy Risk Assessment Monitoring System (PRAMS) • 2020

Percent of people with a recent live birth asked about depression at a medical visit before, during, or after pregnancy

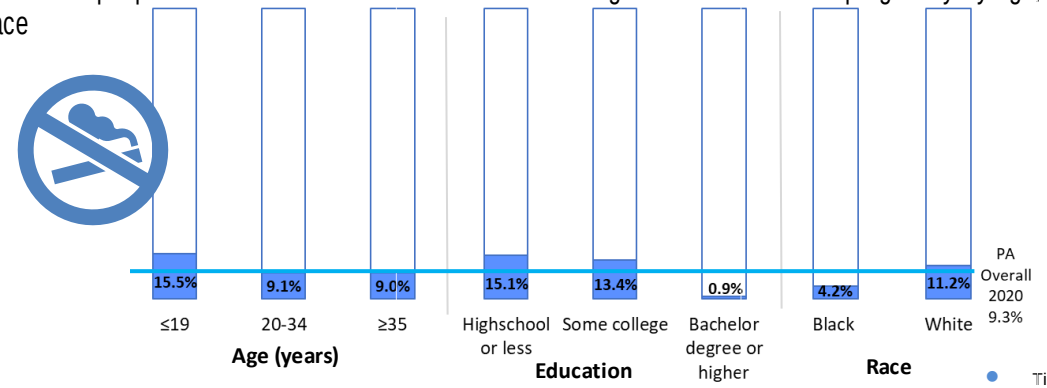



### Smoking During Pregnancy

The percentage of people with a recent live birth who reported smoking during the last three months of pregnancy decreased from 12.2% in 2018 to 9.2% in 2019, followed by a nominal increase to 9.3% in 2020. As of 2020, the smoking rate in the last three months of pregnancy was highest among people 19 years and under (15.5%), followed by 9.1% among people ages 20 to 34, and 9.0% among people ages 35 and older. There is also a difference by race as smoking during pregnancy was more common among white people (11.2%) than among black people (4.2%) [PRAMS, 2018-2020].

PA Pregnancy Risk Assessment Monitoring System (PRAMS) • 2020

Percent of people with a recent live birth who smoked during the last 3 months of pregnancy by age, education, and race



# TITLE V MATERNAL AND CHILD HEALTH DATA BRIEFS: 2022 UPDATE

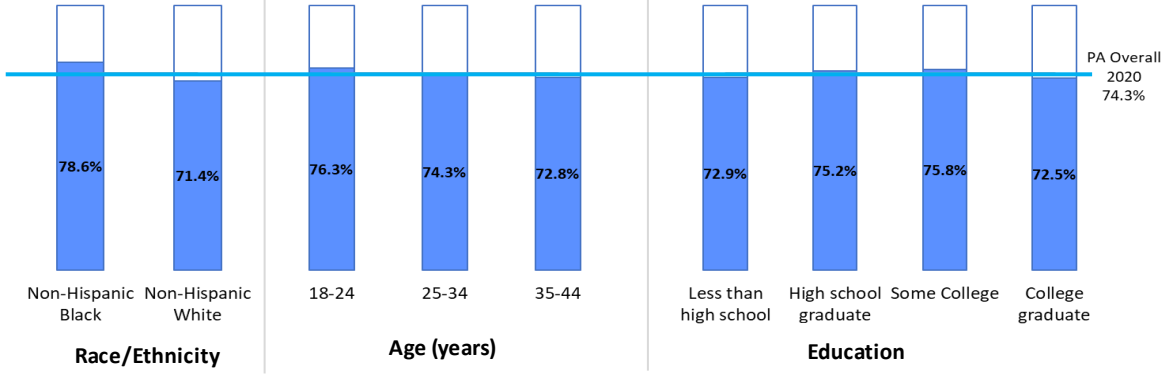
## – ONGOING HEALTH ISSUES –

- **Preventive Medical Visit** The percentage of PA women aged 18 to 44 who reported having a routine check-up in the past year decreased from 77.6% in 2018 to 74.3% in 2020. There are minimal differences in care by age, race/ethnicity, and educational attainment. A change in the wording of this survey question in 2018 prevents comparison with prior years of data (BRFSS 2018-2020).
- **Adequate Prenatal Care** The percentage of people with a recent live birth who received adequate prenatal care declined from 76.7% in 2019 to 74.5% in 2020. There is a persistent racial inequity in receipt of adequate prenatal care by race, with the starkest inequity evident between people identifying as white and black, respectively. While the rate of adequate prenatal care remained around 80% among white birthing people over the last three years, it consistently declined from 69.9% in 2018 to 58.7% in 2020 among black birthing people (PRAMS 2020).
- **Postpartum Care** The percentage of people with a recent live birth who reported having a postpartum check-up reached a five-year low of 87.2% in 2020. Receipt of a postpartum care visit was less common among Black people (82.4%) with a recent live birth as compared to white people (90.3%), an inequity that has persisted for several years [PRAMS 2020].
- **Severe Maternal Morbidity** In 2019, 87.8 per 10,000 delivery hospitalizations involved severe maternal morbidity, a significant increase from 77.0 in 2018. The rate of severe maternal morbidity is higher among deliveries by non-Hispanic black people (158.2) than among non-Hispanic white people (69.7). Severe maternal morbidity is also highest among people ages ≥35 (124.1) and <20 (119.1) as compared to people ages 20 to 24 (75.0) [HCUP-SID 2019].

### Preventive Medical Visit

PA Behavioral Risk Factor Surveillance System (BRFSS) • 2020

Percent of women aged 18-44 who had a routine check-up in the past year by race, age, and education

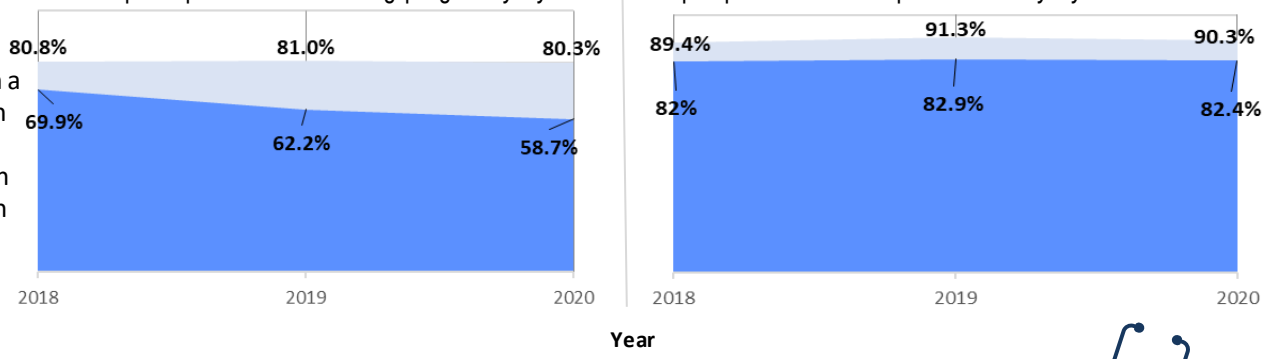



### Adequate Prenatal Care During Pregnancy and Postpartum Care Visits

PA Pregnancy Risk Assessment Monitoring System (PRAMS) • 2018-2020

Percent of people with a recent live birth who received adequate prenatal care during pregnancy by race

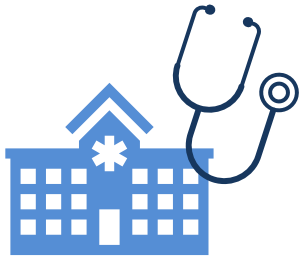
Percent of people with a recent live birth who had a postpartum check-up after delivery by race




### Severe Maternal Morbidity Among In-Hospital Deliveries

Healthcare Cost and Utilization Project – State Inpatient Database • 2019

Rate of severe maternal morbidity per 10,000 hospital deliveries by race

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# TITLE V MATERNAL AND CHILD HEALTH DATA BRIEFS: 2022 UPDATE

- **Maternal Mortality** A pregnancy-associated death is a death occurring while pregnant or within a year of the end of pregnancy regardless of the outcome, duration, or site of the pregnancy, including all accidental or incidental causes of death. Preliminary data from vital records suggest that the number of pregnancy-associated deaths increased by 21% between 2013 (84 deaths) and 2018 (102 deaths). Further assessment of 2018 deaths by the Pennsylvania Maternal Mortality Review Committee (MMRC) suggests that accidental poisoning, which includes drug-related overdose deaths, was the leading cause of pregnancy-associated death, accounting for 51% of pregnancy-associated deaths (excluding Philadelphia County) [PA DOH, Maternal Mortality Reports].

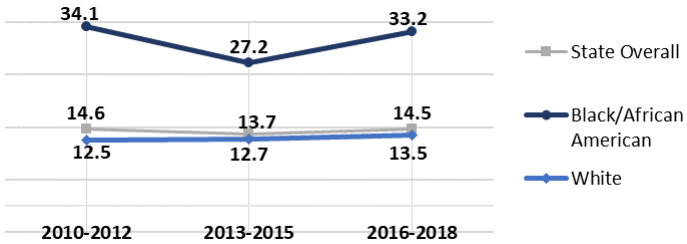
**1 of every 2 pregnancy-associated deaths occurring in 2018 (excluding Philadelphia County) was a result of an accidental poisoning, such as a drug-related overdose**

Pennsylvania's MMRC reviews pregnancy-associated deaths and identifies whether deaths are pregnancy-related. A pregnancy-related death is the death of an individual while pregnant or within one year of the end of a pregnancy – regardless of the outcome, duration, or site of the pregnancy– from any cause related to or aggravated by the pregnancy or its management. Three-year rates from the Pregnancy Mortality Surveillance System (below) highlight the persistent racial disparity in pregnancy related mortality ratio per 100,000 live births.

**Pregnancy-Related Deaths**

Pregnancy Mortality Surveillance System • 2010-2018

Three-year rates of pregnancy-related mortality per 100,000 live births by maternal race

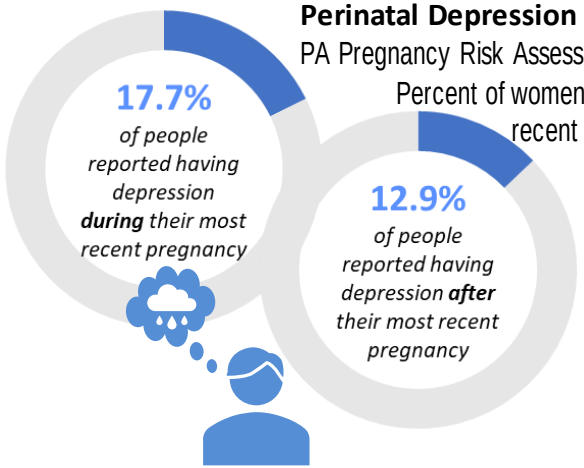



- **Depression During and After Pregnancy** The percentage of people who reported having depression during pregnancy in Pennsylvania consistently increased from 12.5% in 2016 to 18.2% in 2019, followed by a slight decline to 17.7% in 2020. Among those who had depression during their pregnancy, less than half (48.7%) asked for help for depression from a health care provider in 2020. In 2020 depression during pregnancy was most common among people ages ≤19 (23.8%) as compared to people ages 20-34 (19%) or ≥35 (11.7%). In 2020, approximately 12.9% of people reported experiencing postpartum depression (PRAMS 2016-2020).

**Perinatal Depression**

PA Pregnancy Risk Assessment Monitoring System • 2020

Percent of women who reported depression during or after their most recent pregnancy




- **Opioid Use Disorder at Delivery** The annual rate of maternal opioid use disorder present at a hospital delivery per 1,000 delivery hospitalizations increased from 15.47 in 2016 to 16.75 in 2019. There is regional variation across the state and the highest rates of maternal opioid use disorder present at a hospital delivery per 1,000 delivery hospitalizations in 2019 were in Elk (59.2) and Fayette (57.2) counties (Pennsylvania Healthcare Cost Containment Council 2016-2019).

- **Intimate Partner Violence During Pregnancy** The percentage of people who reported experiencing physical harm from their partner during pregnancy remained below 2% from 2016 to 2020. A slightly higher percentage of people reported feeling threated or unsafe because of their partner (2.1%) or feeling controlled by their partner (3.9%) in 2020 (PRAMS 2016-2020).

- **Dental Care During Pregnancy** Approximately 88.5% of people with a recent pregnancy indicated that it was important to care for their teeth and gums during pregnancy. However, the percentage of people who reported having a teeth cleaning during their most recent pregnancy decreased from 50.4% in 2019 to 43.9% in 2020 (PRAMS 2016-2020).

***- MINIMAL CHANGE -***

- **Alcohol Use During Pregnancy** The percentage of people who reported drinking alcohol during the last trimester of a recent pregnancy fluctuated between 6% and 8% from 2016 to 2019, remaining at 7.1% in 2020. (PRAMS 2016-2020). Alcohol use during pregnancy remains most common among people ages ≥35 (10.7%) as compared to people aged ≤19 (0.6%) or aged 20 to 34 (6.5%) (PRAMS 2016-2020).

- **Multivitamin Use Before Pregnancy** The percentage of people delivering a live birth who reported taking a multivitamin in the month before they got pregnant has remained around or at 50% from 2016 to 2020 (49.0% 2016, 49.4% 2017, 48.5% 2018, 50.4% 2019, 49.7% 2020) [PRAMS 2016-2020].

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# HEALTH OF INFANTS

**Infants**

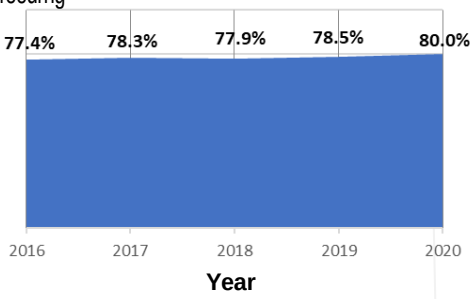
This data brief discusses the health status of infants in Pennsylvania. Infants are children in their first year of life – within 365 days of birth.

## – IMPROVEMENTS & PROGRESS –

### Breastfeeding Initiation and Duration

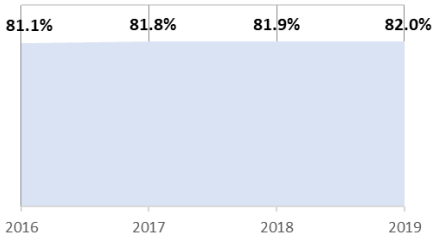
The percentage of infants ever breastfed has continued to gradually increase from 81.1% in 2016 to 82.0% in 2019 (PA Birth Certificate Dataset, 2016-2019). While the percentage of people who report initiating breastfeeding during their most recent pregnancy remains high, only 50% of people with a recent live birth reported continued breastfeeding at six months in 2020 (PRAMS, 2016-2020). Breastfeeding initiation was more prevalent among Hispanic people (85.5%) than among non-Hispanic people (83.8%) in 2020 (PRAMS). A lower percentage of people identifying as Black or mixed race reported breastfeeding initiation as compared to the percentage of people identifying as Asian/Pacific Islander (96.5%) or white (83.9%) who reported initiating breastfeeding in 2020 (PRAMS). The racial inequity in breastfeeding has persisted in Pennsylvania but the percentage of Black people who reported breastfeeding initiation reached a five-year high of 80.0% in 2020 (see below). For more on the historical and current context that may influence breastfeeding within the Black community, see this document.

PA Pregnancy Risk Assessment Monitoring System (PRAMS) • 2016-2020
Percent of Black people with recent birth reporting ever breastfeeding

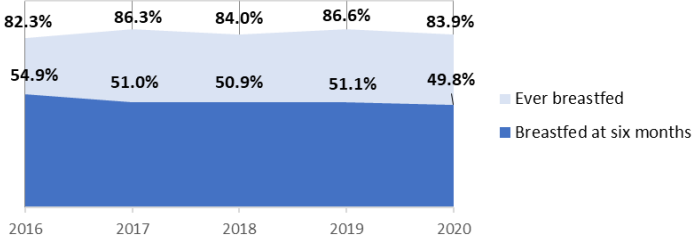



## Breastfeeding Initiation and Duration

PA Birth Dataset • 2016-2019
Percent of infants ever breastfed




Pregnancy Risk Assessment Monitoring System (PRAMS) • 2016-2020
Percent of people with recent birth reporting ever breastfeeding or any breastfeeding at six months




### Infant Mortality

The infant mortality rate in PA has continued to decrease from 6.1 deaths per 1,000 live births in 2016 to 5.9 deaths per 1,000 live births in 2019. However, the infant mortality rate for Black/African American infants was 12.7 deaths per 1,000 live births in 2019 – over four times higher than the mortality rate for Asian/Pacific Islander infants (3.0) and over two times higher than the rate for White infants (4.5) (PA Death Certificate Dataset, 2016-2019).

For every 1,000 live births in PA in 2019,
**12.7 Black infants died**

For every 1,000 live births in PA in 2019,
**4.5 White infants died**

### Preterm-Related Infant Mortality

Prematurity remains the leading cause of infant death in PA. The pre-term related mortality rate was 2.4 preterm-related deaths per 1,000 live births in 2019. Three-year rates (2017-2019) suggest that preterm infants born to mothers aged 20 or less had a higher rate of preterm-related mortality (3.6) as compared to infants born to mothers aged 30-34 (2.1) as did infants born to Black/African American mothers (5.2) as compared to infants born to non-Hispanic white mothers (1.5) [NVSS, 2017-2019].

**Black newborns were more than twice as likely to die before their first birthday as White infants in 2019**

### Neonatal mortality

Neonatal deaths occur within the first month of an infant's life. The neonatal mortality rate in PA decreased from 4.4 deaths per 1,000 in 2016 to 4.1 deaths per 1,000 live births in 2019. Yet, neonatal death rates remain higher among Black/African American (8.6), multi-race (4.5), and Hispanic (3.7) neonates as compared to White (3.2) and Asian/Pacific Islander neonates (2.1) [PA Death Certificate Dataset 2016-2019].

### Post neonatal mortality

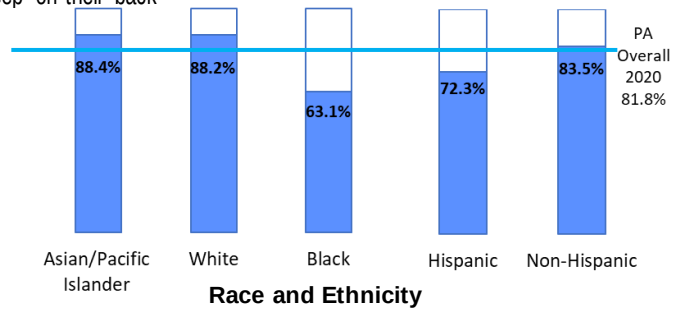
Post neonatal mortality rates include deaths that occur when an infant is between 1 month and 1 year old. The post neonatal mortality rate in PA has remained consistent around 1.8 deaths per 1,000 live births from 2016 to 2019. The black-white mortality gap has also persisted as the post neonatal mortality rate remains nearly three times higher among Black/African American infants (4.1) as compared to White infants (1.4) in 2019 (PA Death Certificate Dataset 2016-2019).

# TITLE V MATERNAL AND CHILD HEALTH DATA BRIEFS: 2022 UPDATE

## • Infant Sleep Position, Practices, and Sleep-related Death

Placing an infant on their backs to sleep is the most common practice reported among mothers asked about sleep position, and the percentage has remained unchanged around 82% in 2019 and 2020. However, there are some differences in infant sleep practice by maternal race and ethnicity that have persisted since 2015.

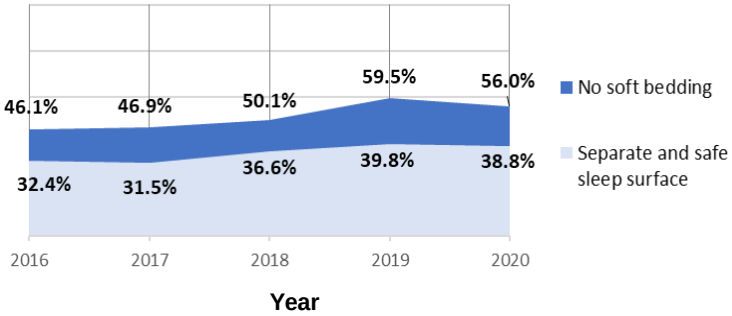
PA Pregnancy Risk Assessment Monitoring System (PRAMS) • 2020
Percent of people with a recent live birth who reported placing their infant to sleep on their back




The percentage of people with a recent live birth who report placing their infant to sleep on a separate, approved sleep surface significantly increased between 2016 (32.4%) and 2019 (39.8%), followed by a slight decline to 38.8% in 2020. The percentage of infants placed to sleep without soft bedding also consistently increased from 46.1% in 2016 to 59.5% in 2019 followed by a slight decline to 56.0% in 2020 (PA PRAMS, 2016-2020).

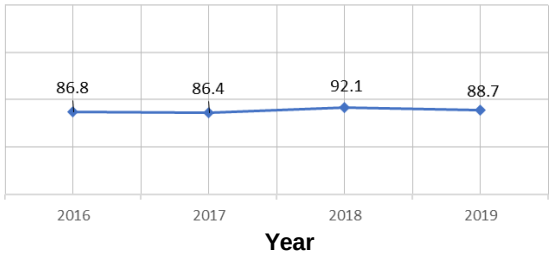
The rate of sleep-related sudden unexpected infant death (SUID) continued to fluctuate between 2016 and 2019. Three-year estimates from 2017-2019 suggest that the rate of sleep-related sudden unexpected infant death is higher among infants born pre-term (224.5 deaths per 100,000 live births) as compared to infant born full-term (62.1 deaths per 100,000) and among infants born with a low birthweight (249.6 deaths per 100,000) as compared to infants with a normal birthweight (74.7 deaths per 100,000) [NVSS 2016-19].

PA Pregnancy Risk Assessment Monitoring System (PRAMS) • 2016-2020
Percent of people with a recent live birth who reported placing their infant to sleep on a separate, safe, sleep surface or without soft bedding as recommended




**Newborns with low birthweight or born preterm are 3 to 4 times more likely to die a sleep-related, sudden unexpected infant death**

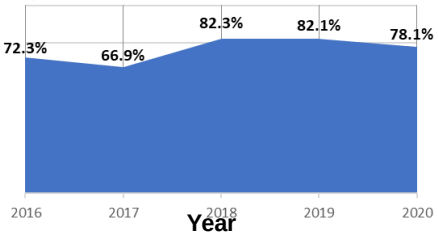
PA National Vital Statistics System (NVSS) • 2016-2019
Rate of sleep-related sudden unexpected infant death per 100,000 live births




## • Newborn Screening – Hearing Screening

The Pennsylvania Hearing Screening and Intervention program seeks to assure that all newborns are screened for hearing loss within the first month of birth, diagnosed within 3 months, and receive treatment or intervention services within 6 months. These standards are consistent with the Infant Hearing Education, Assessment, Reporting and Referral Act (Act 89 of 2001) and HRSA and Healthy People 2030 objectives. In 2020, 97.9% of infants born in Pennsylvania received a hearing screening. Among infants who received a hearing screening, the percentage who were screened within one month of birth has remained consistent and at or above 97% between 2016 and 2020.

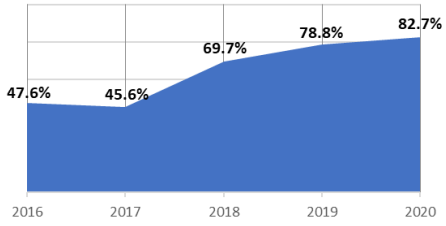
PA Newborn Screening Database • 2016-2020
Percentage of infants who fail hearing screen and are referred for evaluation who received a hearing diagnosis within 3 months of birth




Less than 1% of all newborns do not pass the hearing screening (0.82%, or 1,073 newborns, in 2020). When infants fail a hearing screen, timely follow-up and diagnosis is essential. Among infants who did not pass the hearing screening and were referred for a hearing evaluation, the percentage who received a diagnosis before 3 months of age increased from 72.3% in 2016 to 78.1% in 2020.

Infants who receive a diagnosis of hearing loss are eligible for services from Early Intervention that will help them develop language and communication skills. Among infants who were referred to and enrolled in Early Intervention for hearing loss, the percentage who were enrolled by six months of age has increased from a low of 45.6% in 2017 to 82.7% in 2020.

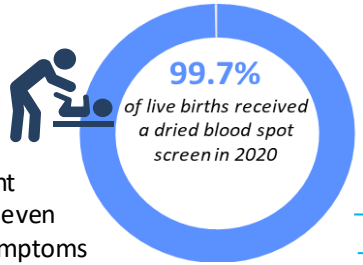
PA Newborn Screening Database • 2016-2020
Percentage of infants with hearing loss referred to and enrolled in early intervention within 6 months of birth



# TITLE V MATERNAL AND CHILD HEALTH DATA BRIEFS: 2022 UPDATE

## Newborn Screening – Dried Blood Spot

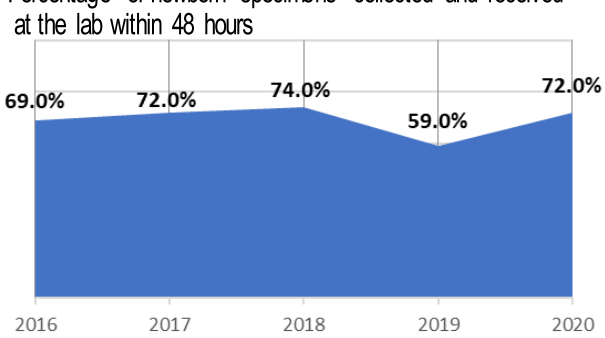
Infants born in Pennsylvania receive a dried blood spot (DBS) screen to identify conditions that can cause serious illness or even death if untreated. In 2020, 99.7% (133,910/134,308) of all live births received a blood spot screen.




Pennsylvania's goal is for the laboratory to report all positive screens within five days for conditions that present in the first week and within seven days for conditions with symptoms that show up after that time. Of the 133,910 screens 315 were deemed presumptive positive and of those 81% (255) were reported out by the lab within the recommended time period, below the goal of 100%.

Timeliness in report out of blood spot screening results depends on both timely collection and receipt of the blood spot screening at the lab. The time between collection of the blood spot to receipt at the lab should be less than 48 hours (two days). In 2020, 72.0% of blood spot screens reached the lab within two days of collection. The percentage of screens received at the lab within two days increased from 2016 to 2018. After a decline to 59% in 2019, the percentage increased to 72% in 2020. It is important that the lab receives blood spot screens within two days to ensure timely identification of infants in need of treatment or other services (NewSTEPs Dashboard 2016-2020).

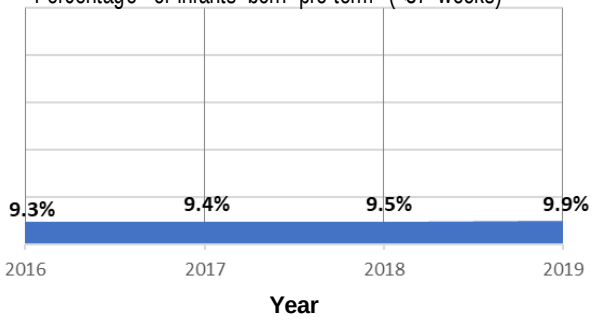
NewSTEPS Dashboard – Pennsylvania • 2016-2020
Percentage of newborn specimens collected and received at the lab within 48 hours




## – ONGOING HEALTH ISSUES –

**Pre-term Birth** Babies born preterm (less than 37 weeks) are at greater risk of health problems and complications. The preterm birth rate in Pennsylvania increased from 9.5% in 2018 to 9.9% in 2019, marking the third year that the preterm birth rate has increased (9.31% in 2016). This is the first time that the state's preterm birth rate is approaching 10% in nearly ten years (9.9% in 2010). As of 2019, pre-term birth remains more common among Black/African American birthing people (13.8%) as compared to White birthing people (9.1%) [PA Birth Certificate Dataset, 2010-2019].

PA Birth Dataset • 2016-2019
Percentage of infants born pre-term (<37 weeks)




Rather than having one cause, preterm birth seems to be triggered by multiple, interacting biological and environmental factors. Some factors associated with increased risk of preterm birth include maternal medical history (prior preterm birth, smoking, chronic disease), socioeconomic status (poverty, employment, education level), lack of access to health care, health insurance coverage, chronic stress, and lack of social support, among others. Stress resulting from experiences of racism may also contribute to preterm birth. This demonstrates that circumstances, experiences, and events occurring throughout a birthing person's life have an impact on their health, their birth outcomes, and the health of their children.

## MINIMAL CHANGE -

### Low Birthweight Delivery

In PA, the percentage of infants born with a low birthweight, defined as a birthweight less than 2,500 grams, has fluctuated from 8.2% in 2016 to 8.5% in 2019. Similarly, the percentage of very low birthweight births (less than 1,500 grams) has remained around 1.4% from 2016 to 2019 (PA Birth Certificate Dataset 2016-2019).

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## Children

This brief discusses the health status of children in Pennsylvania, defined in this brief as anyone between the ages of 1 and 21. The National Survey of Children's Health is a common data source. For indicators marked with an asterisk (*) please see the data notes in the child, CSHCN, and cross-cutting sections.

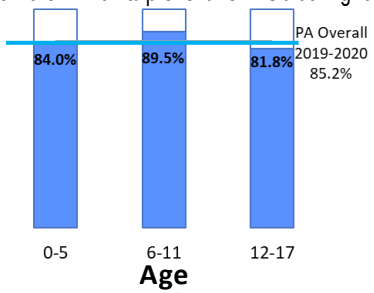
# HEALTH OF **CHILDREN**

*– IMPROVEMENTS & PROGRESS –*

### • Preventive Medical Visit

Preventive medical visits are important for children to monitor growth and development. During 2019-20, 85.2% of children aged 0-17 in PA had a well-child visit within the last year, higher than the national average of 80.7%. Visits were more common among children aged 0-5 (84.0%) or 6-11 (89.5%) than among adolescents aged 12-17 (81.8%) [NSCH 2019-2020*].

National Survey of Children's Health (NSCH) • 2019-2020
Percent of children with a preventive visit during the last year



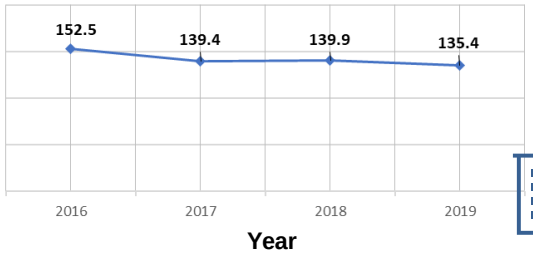

As of 2019-20, 73.7% of children with a preventive visit in the year had a doctor that provided information specific to their parents' concerns and 75.6% of children that received a preventive visit had a doctor that showed sensitivity to their family's values and customs (NSCH 2019-2020*).

**3 of every 4 children that received a preventive visit in the last 12 months had a doctor that showed sensitivity to their family's values and customs**

### • Non-fatal Injury Hospitalizations

Non-fatal injuries which require hospitalization can develop into long-term health issues. In PA the hospitalization rate for non-fatal injury among children ages 0 to 9 has consistently decreased from 152.5 hospitalizations per 100,000 children in 2016 to 135.4 hospitalizations per 100,000 children in 2019. The rate of non-fatal injury hospitalization in 2019 was over 4 times higher among children less than a year old (363.7) and 1.7 times higher among children aged 1 to 4 (144.7) as compared to children aged 5-9 (85.8) [HCUP-SID, 2019].

Healthcare Cost and Utilization Project – State Inpatient Database • 2016-2019
Rate of non-fatal injury hospitalization per 100,000 children aged 0-9




**The rate of hospitalization for non-fatal injury is 4 times higher among infants and nearly 2 times higher among children ages 1 to 4 as compared to the rate among children ages 5 to 9**

### • Combined 7 Series Vaccination and Seasonal Flu Vaccination

The combined seven-vaccine series aims to induce active immunity against childhood disease including diphtheria, tetanus, and pertussis (DTaP), Poliomyelitis (polio), measles, mumps, and rubella (MMR), Haemophilus influenza B (HiB), Hepatitis B (HepB), Varicella and Streptococcus pneumoniae (PCV). The National Immunization Survey (NIS-Child) indicates that 75.6% of children born in 2018 in Pennsylvania received their combined 7 series vaccination by two years of age (NIS-Child, 2018). Two-year estimates suggest a continued increase in seasonal flu vaccination among children aged 6 months to 17 years in Pennsylvania from 65.3% during 2017-2018 to 68.6% during 2019-2020 (NIS-Flu, 2017-2020).

### • Developmental Screening

Identification of development delays via early screening is important for a child's health. The percentage of children aged 9-35 months who received developmental screening via a parent-completed tool increased from 27.3% in 2017-2018 to 35.5% in 2019-2020. However, the 2019-20 estimate should be interpreted with caution due to a small sample size (NSCH 2017-2020*).

### • Tooth Decay or Cavities

Tooth decay is a common, preventable condition among children. As of 2019-2020, 9.1% of children aged 1-17 in PA reported having had tooth decay or a cavity in the past year – a decrease from 11.5% in 2017-2018. Tooth decay remains more common among children ages 6-11 (13.2%) as compared to children aged 12-17 (9.6%)
[NSCH 2017-2020*].

# TITLE V MATERNAL AND CHILD HEALTH DATA BRIEFS: 2022 UPDATE

- **Environmental Tobacco Smoke** The percentage of children living in a household with someone who smoked decreased from 18.9% in 2017-2018 to 14.6% in 2019-2020 (NSCH 2017-2020*).

- **Medical Home** A medical home is a team-based healthcare delivery system that aims to provide coordinated and comprehensive care. The percentage of children ages 0-17 in Pennsylvania who received care in a medical home increased slightly from 44.5% in 2017-2018 to 47.3% in 2019-2020. In 2019-2020, a higher proportion of children between the ages of 6 and 11 (51.2%) or 12 and 17 (50.4%) received care in a medical home as compared to children ages 0 to 5 (40.5%) [NSCH 2017-2020*].

- **Family Resilience** The National Survey of Children's Health assesses whether families face problems with resilience. A family was considered resilient if they indicated that they talked together about problems, worked together to solve problems, knew they had strength to draw on, and stayed hopeful during difficult times most or all of the time. The percentage of children that live in a home where the family demonstrates qualities of resilience has increased from 81.9% in 2017-2018 to 85.9% in 2019-2020 (NSCH 2017-2020*).

## – *ONGOING HEALTH ISSUES* –

- **Access to Mental Healthcare** In 2019-2020, 12.5% of children aged 3-17 received treatment or counseling from a mental health care professional, 85.7% of children did not need to see a mental health professional, and 1.8% needed to see a professional but did not. Approximately 36% of children aged 3-17 in Pennsylvania who needed mental health treatment or counseling indicated that it was difficult or impossible to obtain (NSCH 2019-2020*).

- **Bullying**

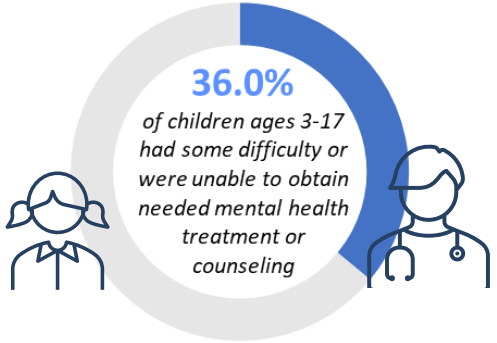
In 2019-20, the NSCH survey changed their question about bullying resulting in improved characterization. Approximately 40.8% of children ages 6 to 17 experienced bullying in the past year. Bullying was more common among children ages 6 to 11 (49.1%) as compared to children aged 12 to 17 (31.9%) [NSCH 2019-2020*].

**4 of every 10 children ages 6 to 17 in Pennsylvania had at least one experience of being bullied during the past 12 months**

### Mental Health Treatment or Counseling

National Survey of Children's Health (NSCH) • 2019-2020

Percent of children ages 3 to 17 who experienced difficulty or were unable to obtain needed mental health treatment or counseling



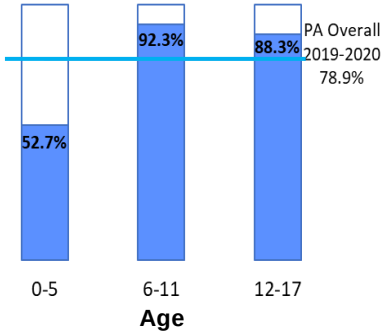

- **Dental Visit and Oral Healthcare**

As of 2019-2020, 80.2% of children aged 1-17 received some type of dental care during the past 12 months. Approximately 78.9% of children aged 1-17 in PA reported a preventive dental visit in the past year, a decline from 2017-2018 (82.1%). Children aged 0-5 were less likely to have had a preventive dental visit compared to older children (NSCH 2019-2020*).

### Preventive Dental Visit

National Survey of Children's Health (NSCH) • 2019-2020

Percent of children ages 1 to 17 with a preventive dental visit within the last year



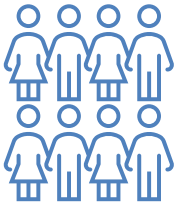

- **Parent-Reported Health Status**

As of 2019-2020, 89.0% of children in PA aged 0-17 were reported by their parents to have excellent or very good health, a decrease from 2017-2018 (91.7%). A higher percentage of children ages 0-5 (91.7%) or 6-11 (88.6%) were reported as being in excellent or very good health as compared to children ages 12-17 (86.4%) (NSCH 2019-2020*).

**89.0% of children aged 0 to 17 in PA were reported by their parent or guardian to be in excellent or very good health**

## Child Mortality

While the mortality rate among children ages 1-9 decreased between 2016 (18.1 deaths per 100,000 children) and 2019 (16.4 deaths per 100,000 children), disparities persist. Three-year estimates (2017-2019) suggest that the rate of mortality is nearly two times higher among Non-Hispanic Black children (27.4 deaths per 100,000) as compared to Non-Hispanic White children (13.8 deaths per 100,000). The child mortality rate is also higher among children ages 1-4 (21.2 deaths per 100,000) than among children ages 5-9 (11.7 deaths per 100,000) [National Vital Statistics System, 2017-2019].



**The rate of childhood mortality is two times higher among Non-Hispanic Black children than among non-Hispanic White children in Pennsylvania**

### Leading Causes of Childhood Mortality

Centers for Disease Control (CDC) National Center for Health Statistics, WONDER Database • 2018-2020
Top three leading causes of death among children ages 1-9

The leading causes of death among children ages 1 to 4 in Pennsylvania from 2018 to 2020 were:

**1)** Accidents and unintentional injuries
**2)** Birth defects
**3)** Cancer

The leading causes of death among children ages 5 to 9 in Pennsylvania from 2018 to 2020 in were:

**1)** Accidents and unintentional injuries
**2)** Cancer
**3)** Assault or homicide

## Adverse Childhood Experiences (ACES)

Adverse childhood experiences (ACES) are events that cause stress or trauma in a child's life and may impact health outcomes and well-being across the life course. The National Survey of Children's Health (NSCH) conducted in 2019-2020 asked parents whether their child has experienced any of the following ACES:

**1)** Parent or guardian divorce or separation
**2)** Death of parent or guardian
**3)** Jail time for parent or guardian
**4)** Witnessed/heard violence between parents
**5)** Victim or witness of neighborhood violence
**6)** Lived with someone with mental illness, suicidal ideation, or severe depression
**7)** Lived with someone with a drug/alcohol problem
**8)** Unfair treatment due to race/ethnicity
**9)** Unfair treatment due to sexual orientation/gender identity
**10)** Hard to get by on family's income

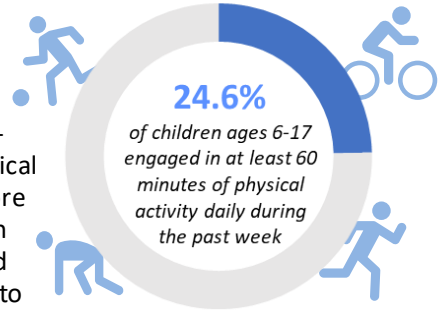
As of 2019-2020, 38.5% of children aged 0-17 were reported by their parents to have experienced one or more ACES (NSCH 2019-2020*).

**At least one of every three children ages 0 to 17 in Pennsylvania has had an adverse childhood experience**

*– MINIMAL CHANGE –*

## Physical Activity

Regular physical activity among children can result in increased likelihood of positive health outcomes across the life course. The percentage of children engaged in at least 60 minutes of physical activity daily during the past week has changed minimally from 2017-2018 (24.9%) to 2019-2020 (24.6%). Daily physical activity remains more common among children aged 6-11 years old (29.3%) as compared to children aged 12-17 years old (19.6%) [NSCH, 2017-2020*].




***Note regarding the National Survey of Children's Health**
The NSCH relies on parental knowledge and recollection of their child's health and experiences.

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# HEALTH OF ADOLESCENTS

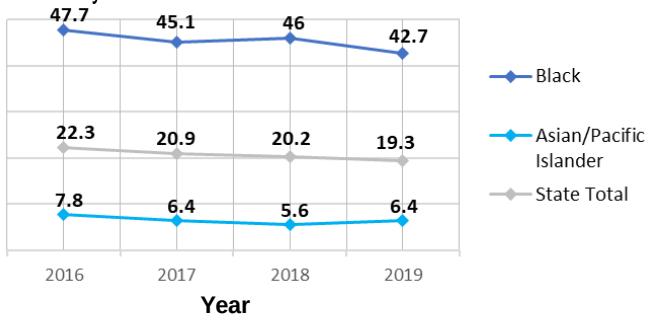
## Adolescents

Adolescence is the period of growth and development between childhood and adulthood. This data brief discusses the health status of adolescents in Pennsylvania. For the purpose of this brief, adolescents are defined as youth between the ages of 12 and 21.

## – IMPROVEMENTS & PROGRESS –

- **Adolescent Pregnancy** The pregnancy rate among adolescents aged 15 to 19 years in PA consistently decreased from 22.3 pregnancies per 1,000 females in 2016 to 19.3 pregnancies per 1,000 females in 2019, below the Healthy People 2030 goal of 31.4. However, the adolescent pregnancy rates differ dramatically by race and ethnicity and remain highest among Black (42.7), and Hispanic (42.7) adolescents as compared to Asian/Pacific Islander (6.4) or White adolescents (11.9) in 2019 (PA Birth Data 2016-2019).

PA Vital Records Dataset • 2016-2019
Rate of pregnancies among adolescents aged 15 to 19 per 1,000 women by selected race

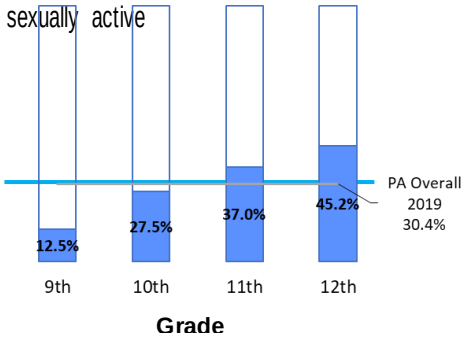



- **Sexual Dating Violence** The percentage of youth in high school who have experienced sexual dating violence decreased from 9.3% in 2015 to near 6.0% in 2017 and 2019. The rate of sexual dating violence is higher among gay, lesbian, or bisexual youth (15.5%) than among heterosexual youth (4.5%) [YRBS 2015-2019]

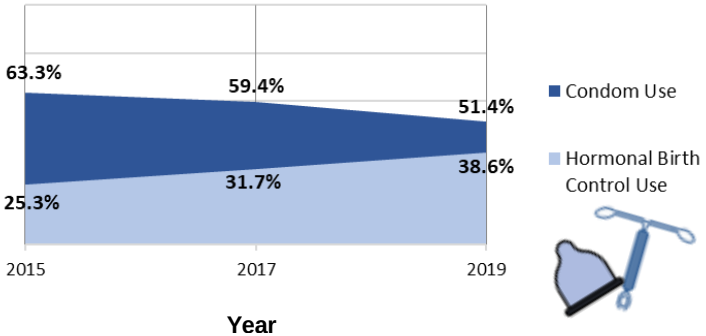
- **Sexual Activity and Prevention of Pregnancy and Sexually Transmitted Infection**

The proportion of youth who report being sexually active increases with increasing age; a higher percentage of youth in 12th grade were sexually active (45.2%) than youth in 9th grade (12.5%) in 2019. Among youth who were sexually active, not using any method of pregnancy prevention was more common among youth in 10th or 11th grade (12%) than among youth in 12th grade (8.6%). While the percentage of sexually active youth in grades 9-12 who used some form of hormonal birth control at last intercourse increased from 2015 to 2019, the percentage of youth who used a condom at last intercourse decreased during the same time period (Youth Risk Behavior Surveillance System, 2015-2019).

Youth Risk Behavior Surveillance System • 2019
Percent of youth in grades 9 through 12 who are sexually active




Youth Risk Behavior Surveillance System • 2015-2019
Percent of youth in grades 9 through 12 who are sexually active and report condom or hormonal birth control use at last intercourse




- **Non-fatal Injury Hospitalization**

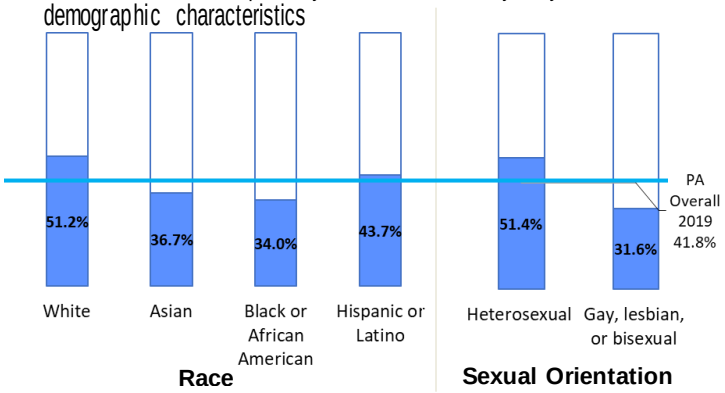
Non-fatal injury hospitalization rates among adolescents aged 10-19 in PA decreased from 242.5 hospitalizations for non-fatal injury per 100,000 youth in 2016 to 204.7 per 100,000 in 2019. The rate remains higher among youth between the ages of 15 and 19 (274.1 per 100,000) than among youth ages 10 to 14 (130.2 per 100,000). Non-fatal injury hospitalization in Pennsylvania is also more common among male youth between the ages of 10 and 19 (238.9 per 100,000) than female youth (169.1 per 100,000) and among non-Hispanic black youth (329.4 per 100,000) as compared to Non-Hispanic Asian/Pacific Islander (64.1 per 100,000) or White youth (188.6 per 100,000) [HCUP-SID, 2016-2019].

**The rate of non-fatal injury hospitalization is over two times higher among youth ages 15 to 19 than the rate among youth between the ages of 10 and 14**

Healthcare Cost and Utilization Project – State Inpatient Database • 2016-2019
Rate of nonfatal injury hospitalization per 100,000 youth among youth ages 10 to 19

- **Physical Activity** The percentage of adolescents aged 12-17 who were physically active for at least 60 minutes per day on ≥5 days increased from 42.4% in 2017 to 48.1% in 2019. In 2019, 55.3% of male youth met this physical activity metric, compared to 40.6% of female youth. Additionally, a lower percentage of youth of color and gay, lesbian, or bisexual youth were physically active for at least 60 minutes per day on ≥5 days as compared to their White and/or heterosexual classmates in 2019 (YRBS 2017, 2019).

Youth Risk Behavior Surveillance System • 2019
Percent of adolescents aged 12-17 who were physically active at least 60 minutes per day on 5 or more days by selected demographic characteristics



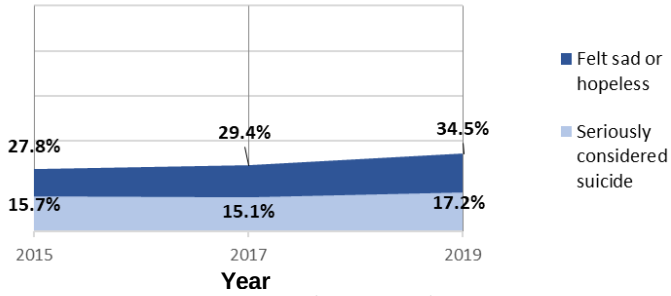

## – ONGOING HEALTH ISSUES & DISPARITIES –

- **Access to Mental Healthcare** In 2019-2020, 21% of youth ages 12-17 received any treatment or counseling from a mental health professional in the past 12 months, 77% did not need to see a mental health professional and 1.9% of youth needed to see a mental health professional but did not. A higher percentage of youth aged 12-17 who needed mental health care treatment or counseling indicated that it was difficult or impossible to obtain (38.2%) as compared to youth ages 6-11 (30.6%) [NSCH 2019-2020*].

- **Depression and Suicidal Ideation** The percentage of youth in high school who report feeling sad or helpless every day for 2 or more weeks in a row so that they stopped doing usual activities in the last twelve months has consistently increased from 27.8% in 2015 to 34.5% in 2019. The percentage of youth who seriously considered attempting suicide in the past year also increased from 15% in 2015 and 2017 to 17.2% in 2019 (YRBS 2015-2019). Feeling sad or hopeless was more common among youth who identified as gay, lesbian, or bisexual (62.0%) as compared to heterosexual youth (29.9%). A higher percentage of gay, lesbian, or bisexual youth (40.5%) had considered attempting suicide in the past year than heterosexual youth (13.7%).

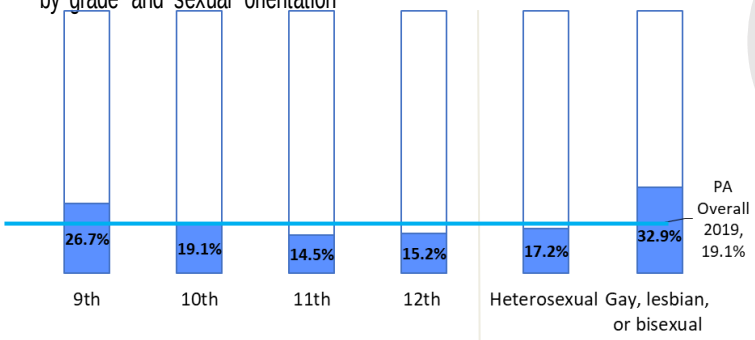
**Approximately one of every three youth in a Pennsylvania high school felt sad or hopeless for two or more weeks in a row during the past year**

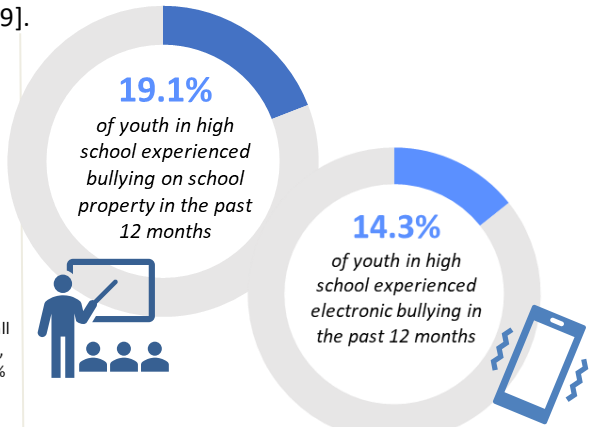
Youth Risk Behavior Surveillance System • 2019
Percent of youth in high school who felt sad or hopeless every day for 2 weeks or who considered attempting suicide in the past 12 months




- **Bullying at School and Electronically** While the National Survey of Children's Health suggests that bullying is more common among children between the ages of 6 and 11 (see Child section), 2019-2020 data suggest that bullying is still experienced by youth aged 12 to 17 (~31.9% of youth aged 12 to 17 experienced bullying in the past year). By comparison, 19.1% of youth in high school reported experiencing bullying on school property in the 2019 Pennsylvania Youth Risk Behavior Survey. Student reports of bullying on school property have changed minimally in the last ten years (19.2% in 2009 vs. 19.1 in 2019). Experiences of bullying at school were more common among 9th graders (26.7%) than among youth in older grades and among gay, lesbian, or bisexual youth (32.9%) than among heterosexual youth (17.2%) in 2019. Bullying on school property also remains more prevalent than electronic bullying; 14.3% of high school aged youth reported experiencing bullying via texting or social media in the past year [YRBS, 2019].

Youth Risk Behavior Surveillance System • 2019
Percent of youth in high school experiencing bullying on school property by grade and sexual orientation



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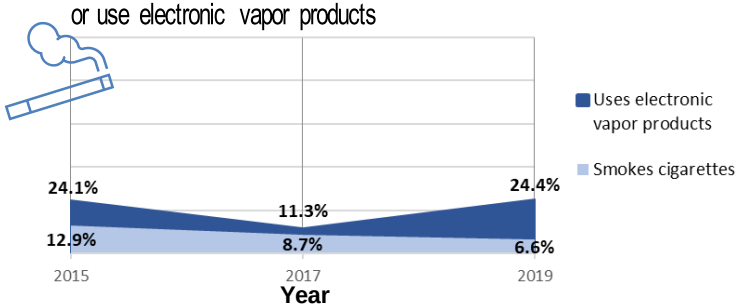
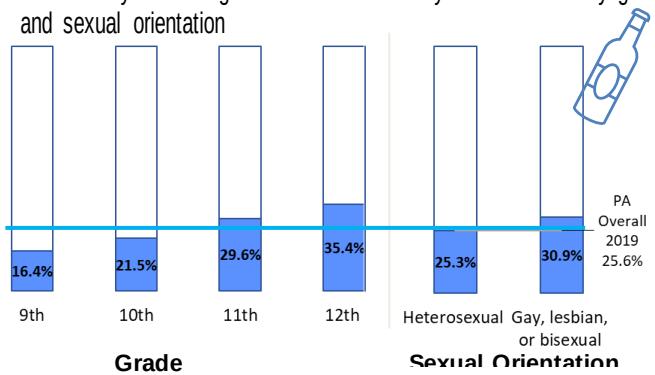
# TITLE V MATERNAL AND CHILD HEALTH DATA BRIEFS: 2022 UPDATE

- **Obesity** In 2019, 15.4% of youth in high school were obese (BMI at or above the 95th percentile). The percentage of youth who are obese is higher than it was in 2009 (11.7%) [YRBS 2009, 2019].
- **Smoking and Electronic Vapor Products** The percentage of high school youth who currently smoke cigarettes declined from 12.9% in 2015 to 6.6% in 2019. The percentage of youth who report current use of electronic vapor products has fluctuated and remains around 24.4% in 2019 (YRBS 2015-2019).

Youth Risk Behavior Surveillance System • 2019
Percent of youth in high school who currently smoke cigarettes or use electronic vapor products




Youth Risk Behavior Surveillance System • 2019
Percent of youth in high school who currently drink alcohol by grade and sexual orientation




- **Alcohol Consumption** In 2019 25.6% of youth in high school report currently drinking alcohol, a decrease from 31.3% in 2017. The percentage of youth who drink alcohol increases with age and is higher among youth identifying as gay, lesbian, or bisexual (30.9%) than among heterosexual youth (25.3%) [YRBS 2017-2019].

- **Adolescent Mortality** Following several years of decline, the adolescent mortality rate significantly increased from 27.9 per 100,000 in 2019 to 33.3 deaths per 100,000 in 2020. The mortality rate is over two times higher among youth aged 15 to 19 (44.9) than it is among youth ages 10 to 14 (15.0) and is also higher among Non-Hispanic Black youth (59.1) than among Non-Hispanic White (25.5), Hispanic (27.4) or Non-Hispanic Asian (22.0) youth (NVSS, 2016-2020).

**Leading Causes of Adolescent Mortality**
Centers for Disease Control (CDC) National Center for Health Statistics, WONDER Database • 2018-2020
Top three leading causes of death among children ages 10-19

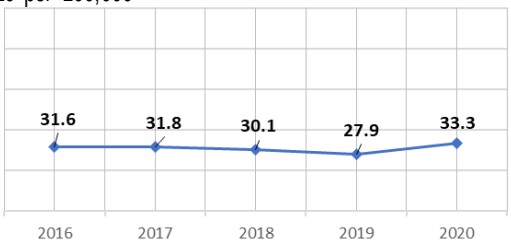
The leading causes of death among children ages 10 to 14 from 2018 to 2020 in were:

**1)** Intentional self-harm (suicide)
**2)** Accidents and unintentional injuries
**3)** Cancer

The leading causes of death among children ages 15 to 19 from 2018 to 2020 in were:

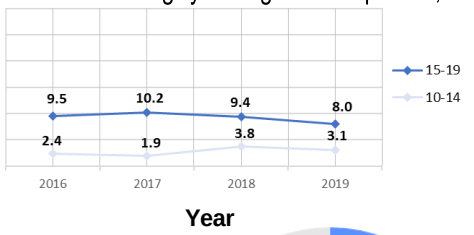
**1)** Accidents and unintentional injuries
**2)** Assault or homicide
**3)** Intentional self-harm (suicide)

National Vital Statistics System, PA • 2016-2020
Rate of adolescent mortality among youth aged 10 to 19 per 100,000




- **Attempted Suicide and Suicide Deaths** The percentage of youth in high school who attempted suicide increased nominally from 7.4% in 2017 to 7.8% in 2019. A higher percentage of gay, lesbian, or bisexual youth had attempted suicide in 2019 (17.4%) than heterosexual youth (6.3%) [YRBS, 2017-2019]. The suicide mortality rate in Pennsylvania is 2.5 times higher among youth aged 15 to 19 (8.0 deaths per 100,000) than among youth 10 to 14 (3.1 per 100,000) [PA Vital Records, 2019].

PA Vital Records • 2016-2019
Suicide rate among youth ages 10-19 per 100,000

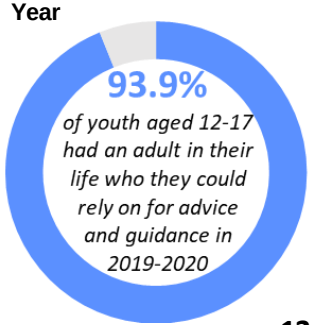



- **Inappropriate Use of Prescription Drugs** The percentage of high school-aged youth who ever took a prescription pain medication one or more times without a doctor's prescription or differently from advised increased from 10.7% in 2017 to 11.2% in 2019. The percentage of gay, lesbian or bisexual youth that reported prescription drug abuse was higher (18.4%) than the percentage of heterosexual youth that reported inappropriate use of prescription drugs (10.0%) in 2019 [YRBS 2017-2019].

***– MINIMAL CHANGE –***

- **Interpersonal Violence** The percentage of youth in grades 9 through 12 who reported being in a physical fight at least once over the past 12 months remained around 22% since 2015 (21.5% in 2019). Physical fighting is more common among youth in 9th grade (25.3%) than among youth in 12th grade (18.1%) in 2019 (YRBS 2015-2019).

- **Adult Mentor** The percentage of youth ages 12 to 17 in Pennsylvania who have an adult in their life who they can rely on for advice and guidance has remained around 93% between 2017 and 2020 (NSCH 2017-2020*).



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# HEALTH OF INFANTS, CHILDREN, AND YOUTH WITH SPECIAL HEALTH CARE NEEDS

**Infants, Children, and Youth with Special Health Care Needs (CYSHCN)**
Children and youth with special health care needs (CYSHCN) are children between infancy and age 21 who have or are at increased risk for a chronic condition and who also require health care and related services of a type or amount beyond what is required by children generally.

**At least 1 of every 5 children in Pennsylvania has a special health care need**

- **CYSHCN in Pennsylvania**

Using parent responses to screening questions in the National Survey of Children's Health, it is possible to estimate the prevalence of children and youth with special health care needs in the state (NSCH 2019-2020). Children qualify as having a special health care need if, as a result of a medical or other health condition lasting 12 months or longer, they:

1) Use or need prescription medication
2) Have above average use or need of medical, mental health, or educational services
3) Have functional limitations compared with others of the same age
4) Use or need specialized therapies (e.g., speech, physical or occupational therapy)
5) Receive treatment or counseling for emotional or developmental problems

During 2019-2020, 22.3% of children and youth aged 0-17 in Pennsylvania had a special health care need according to parent-reported data. Among CYSHCN, 6.1% of children had less complex needs that could be managed solely with prescription medication and 16.2% had complex health care needs requiring both medication and an array of medical and supportive services (NSCH 2019-2020). Merged NSCH data from 2016-2019 suggest that the prevalence of special health care needs is higher among Black (21.8%) and multiracial children (22.6%) than among White (18.9%) or Asian children (16.4%) [NSCH 2019-2020*].

- **Mental, Emotional, Developmental and Behavioral Problems** Of all children aged 3 to 17 in Pennsylvania, 23.8% had one or more mental, emotional, developmental, or behavioral problems such as anxiety, depression, a learning disorder or developmental delay, Autism, Attention-Deficit Disorder, or a behavioral or conduct problem during 2019-2020. Parent-reported data suggest that 3.5% of youth ages 3 to 17 in Pennsylvania currently have an autism spectrum disorder and 8.9% of youth currently have Attention Deficit or Hyperactivity Disorder (NSCH 2019-2020).

## – *IMPROVEMENTS & PROGRESS* –

- **Preventive Medical Visit** During 2019-20, 93.2% of CYSHCN aged 0-17 had a preventive medical visit within the last year compared to only 82.9% of children without special health care needs who had a preventive visit. Nationally, only 88.6% of CYSHCN received a preventive visit in the past year (NSCH 2019-2020*).

- **Transition to Adult Health Care**
As of 2019-2020, 23.5% of CYSHCN aged 12-17 reported receiving the services necessary to make the transition to adult healthcare in PA compared to 19.2% of youth without special health care needs. Among CYSHCN the percentage of youth receiving transition services increased slightly from 22.5% in 2017-2018 (NSCH 2019-2020*).

- **Receipt of Healthcare in a Medical Home** The percentage of CYSHCN aged 0 to 17 in Pennsylvania who received coordinated, ongoing, and comprehensive care within a medical home increased slightly from 42.9% in 2017-2018 to 43.6% in 2019-2020. A higher proportion of children without special health care needs received care in a medical home throughout that period and the increase in the percentage of children without special health care needs that received care in a medical home between 2017-2018 (44.9%) and 2019-2020 (48.3%) was more pronounced (NSCH 2017-2020*).

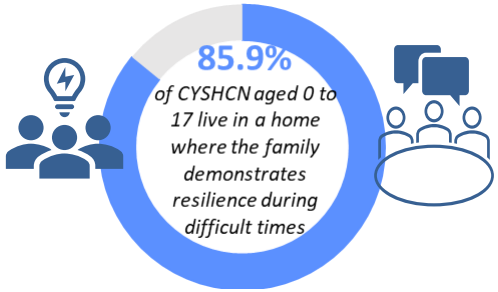
- **Adequate and Continuous Health Insurance** The National Survey of Children's Health considers health insurance "adequate" if the child has health insurance, benefits usually or always meet child's needs, the insurance usually or always allows the child to see needed providers, and the insurance either has no out-of-pocket expenses or out-of-pocket expenses are usually or always reasonable. The percentage of CYSHCN who were adequately and continuously insured over the past year increased from 63.0% in 2017-2018 to 73.9% in 2019-2020. The percentage of CYSHCN with adequate and continuous insurance (73.9%) is higher than the percentage of children without special health care needs who have access to adequate and continuous insurance in 2019-2020 (68.2%) [NSCH 2017-2020*].

## Physical Activity

The percentage of CYSHCN aged 6-17 who were physically active for at least 60 minutes daily increased from 17.7% in 2017-2018 to 21.6% in 2019-2020. However, the percentage of children without special health care needs who participated in 60 minutes of physical activity daily was slightly higher, 25.7%, in 2019-2020 [NSCH 2019-2020*].

## Family Resilience

The National Survey of Children's Health assesses whether families face problems with resilience. A family was considered resilient if they indicated that most or all of the time, they talked together about facing problems, worked together to solve problems, knew they had strength to draw on, and stayed hopeful during difficult times. The percentage of CYSHCN aged 0 to 17 that live in a home where the family demonstrates qualities of resilience has increased from 74.9% in 2017-2018 to 85.9% in 2019-2020 (NSCH 2017-2020*).




## Tooth Decay or Cavities

The percentage of CYSHCN between the ages of 1 and 17 who had decayed teeth or cavities decreased from 18.0% in 2017-2018 to 13.6% in 2019-2020. However, tooth decay and cavities remain more common among CYSCHN (13.6%) than among children without special health care needs (7.7%) [NSCH 2017-2020*].

## – ONGOING HEALTH ISSUES & DISPARITIES –

**Bullying** National Survey of Children's Health data from 2019-2020 suggest that 58.9% of CYSHCN ages 6 to 17 experienced bullying at least once in the past year, compared to 35.8% of children without special health care needs who experienced bullying. A change in the survey question prevents comparison with prior years of data but available historical data suggest that this disparity is persistent (NSCH 2019-2020*).

**At least 5 of every 10 children ages 6 to 17 with special health care needs experienced bullying in the past year**

## Obesity

During 2019-2020, 24.2% of CYSHCN between the ages of 10 and 17 in PA were obese (BMI at or above the 95th percentile) as compared to 11.4% of children without special health care needs who were obese (NSCH 2019-2020*).

## Neonatal Abstinence Syndrome

Neonatal abstinence syndrome (NAS) is a group of signs of withdrawal experienced by a newborn following the discontinuation of in utero exposure to medications or illicit drugs such as opioids at birth. The rate of newborn births involving NAS per 1,000 newborn hospital stays remained stable at or near 15.0 from 2016 to 2018. Recent data suggest that the rate of NAS may be leveling off as it reached a low of 12.9 newborn births involving NAS per 1,000 newborn hospital stays in 2019. Additional data are needed to assess whether the NAS rates will continue a downward trend or will increase again in future years (HCUP-SID, 2016-2019).

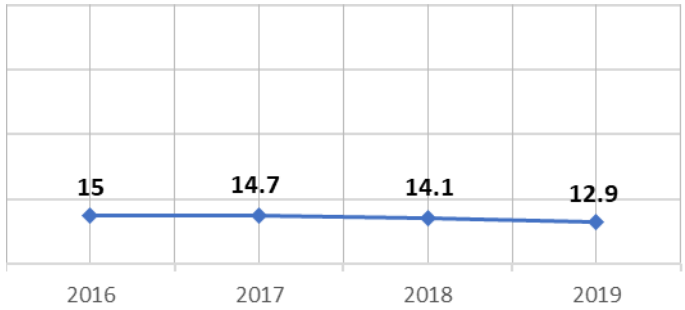
## Receipt of Healthcare in a Well-Functioning System

Using parent responses to questions in the National Survey of Children's Health, it is possible to characterize whether children with special health care needs receive care in a well-functioning system. A child's system of care is considered well-functioning if:

- -Family feels like a partner in their child's care
- -Child receives care within a medical home
- -Child had a past-year preventive medical and dental visit
- -Child had adequate insurance
- -Child did not have a time when he/she needed healthcare that was not received and was not frustrated in receiving care
- -Child aged 12 to 17 received preparation for transition to adult healthcare

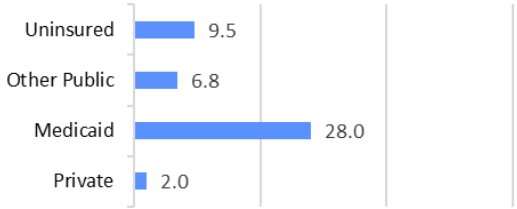
The percentage of CYSHCN ages 0 to 17 who received care in a well-functioning system decreased slightly from 18.2% in 2017-2018 to 17.1% in 2019-2020. A higher percentage of children between the ages of 0 and 11 received care in a well-functioning system in 2019-2020 (26.2%) than children between the ages of 12 and 17 (5.4%) [NSCH 2017-2020*].

Healthcare Cost and Utilization Project – State Inpatient Database • 2016-2019
Rate of newborn births involving NAS per 1,000 newborn hospital stays



Healthcare Cost and Utilization Project – State Inpatient Database • 2016-2019

Rate of newborn births involving NAS per 1,000 newborn hospital stays by payment method at delivery




Rates of NAS hospitalizations in Pennsylvania are highest among deliveries covered by Medicaid (28.0) as compared to deliveries that are covered by private insurance (2.0).

## Adverse Childhood Experiences (ACES)

Adverse childhood experiences (ACES) are events that cause stress or trauma in a child's life and may impact health outcomes and well-being across the life course. The National Survey of Children's Health conducted in 2019-2020 asked parents whether their child has experienced any of the following ACES:

**1)** Parent or guardian divorce or separation
**2)** Death of parent or guardian
**3)** Jail time for parent or guardian
**4)** Witnessed/heard violence between parents
**5)** Victim or witness of neighborhood violence
**6)** Lived with someone with mental illness, suicidal ideation, or severe depression
**7)** Lived with someone with a drug/alcohol problem
**8)** Unfair treatment due to race/ethnicity
**9)** Unfair treatment due to sexual orientation/gender identity
**10)** Hard to get by on family's income

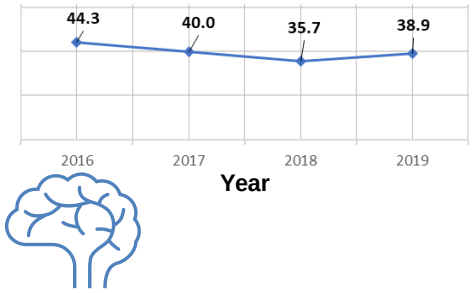
In 2019-2020, 30.6% of CYSHCN in PA aged 0-17 were reported by their parents to have experienced two or more ACES as compared to only 13.9% of children without special health care needs experiencing two or more ACES (NSCH 2019-2020*).

## Nonfatal Injury Hospitalization - Traumatic Brain Injury

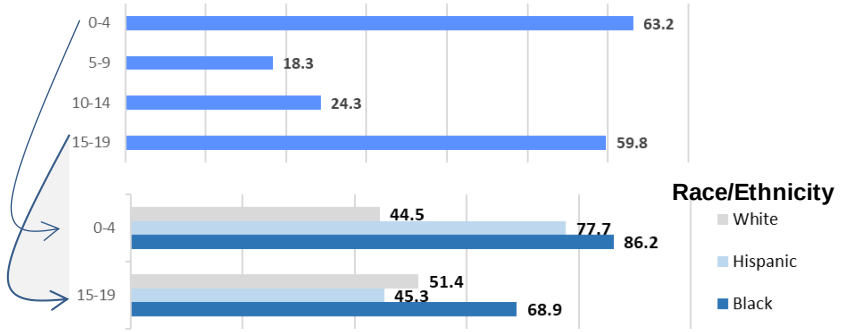
A traumatic brain injury, or TBI, is an injury that affects an impact of lifelong physical, cognitive, emotional, and behavioral health and may result in a disability. The hospitalization rate for a TBI among children ages 0 to 17 decreased between 2016 and 2018, followed by a slight increase in 2019. The rate of TBI hospitalization is highest among infants ages 0 to 4 and adolescents ages 15-19 as compared to children of other ages. The rate of TBI hospitalization is also higher among Black children than among white or Hispanic children (PHC4 2016-2019).

Pennsylvania Healthcare Cost Containment Council (PHC4) • 2016-2019

Rate of Nonfatal Injury Hospitalization for Traumatic Brain Injury among children aged 0 to 17 per 100,000




Rate of Nonfatal Injury Hospitalization for Traumatic Brain Injury among children aged 0 to 19 per 100,000 by age and race per 100,000




*– MINIMAL CHANGE –*

## Dental Visit and Oral Healthcare

During 2019-20 88.6% of CYSHCN aged 1-17 saw a dentist for any form of oral healthcare, compared to only 77.7% of children without special health care needs who saw a dentist. While the percentage of children without a special health care need who saw a dentist decreased slightly from 2017-2018 (79.9%), the percentage of CYSCHN with any dental visit remained consistent (88.0% during 2017-2018).

While a higher percentage of CYSHCN had a preventive dental visit than children without special health care needs in 2017-2018 and 2019-2020, the percentage of CYSHCN with a preventive visit decreased slightly (89.3% in 2017-2018 to 88.4% in 2019-2020) [NSCH 2019-2020*].

***Note regarding the National Survey of Children's Health**
The NSCH relies on parental knowledge and recollection of their child's health and experiences.

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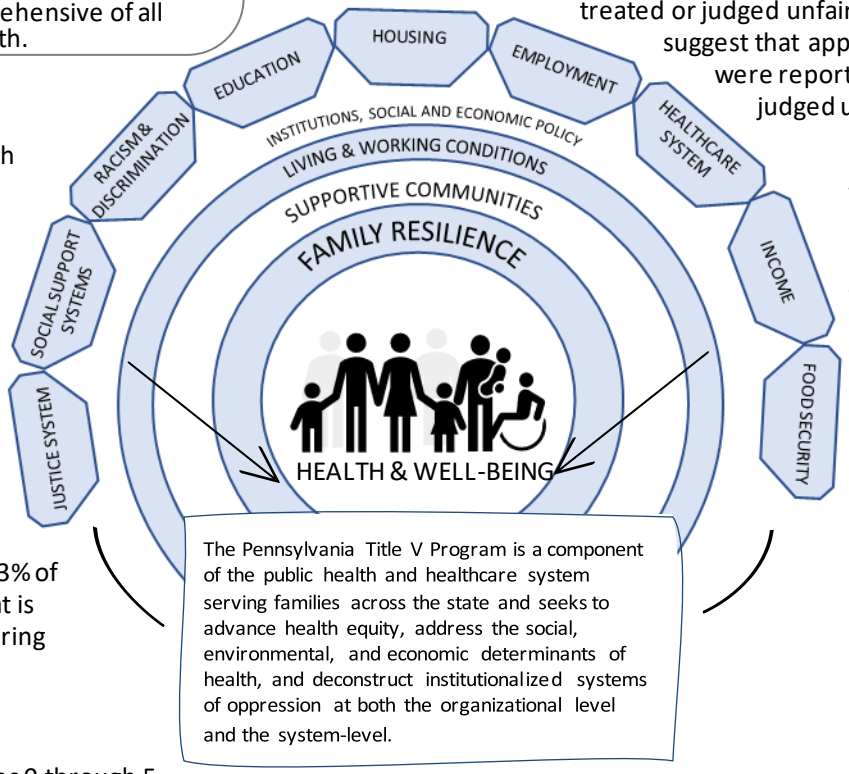
# CROSS-CUTTING NEEDS and SYSTEM BUILDING

### Cross-Cutting Needs and System Building

The cross-cutting domain focuses on system-level issues that impact the health of all populations. The health issues and inequities presented across data briefs do not exist in isolation and are directly influenced by system-level and societal processes that, if left unchanged, may perpetuate harm and disparities. It is important to consider the public health and social systems as a whole and the many ways in which the health needs of a population intersect and co-exist. Several indicators of note are included but this brief is not comprehensive of all factors influencing population health.

### Experiences of Racial Discrimination

Statewide data on adult experiences of racial discrimination are not yet available but will be included in future versions of these briefs one final. The National Survey of Children's Health (NSCH) asks parents whether, to the best of their knowledge, their child has ever been treated or judged unfairly due to their race or ethnic group. Data from 2016 to 2019 suggest that approximately 3.4% of children between the ages of 0 and 17 were reported by their parent or caregiver to have ever been treated or judged unfairly due to their race or ethnic group [NSCH 2016-2019*].




### Supportive Neighborhoods

National Survey of Children's Health data from 2019-2020 suggest that most children in the state (59.8%) live in a neighborhood that is supportive. This estimate has changed minimally since 2017-2018 (59%). A supportive neighborhood is defined as one where people help each other out, watch out for each other's children, and know where to go for help in our community. However, data from 2019-2020 also suggest that approximately 4.3% of children live in a neighborhood that is not safe, an increase from 3.3% during 2017-2018 (NSCH 2017-2020*).

### Adults with Childhood ACES

The Pennsylvania Behavioral Risk Factor Surveillance System survey collects data from the adult population in the state and asks about adverse child experiences (ACES) occurring before the age of 18. The survey conducted in 2019 asked adults whether they had experienced any of the following negative events, or ACES, when they were under 18 years of age:

**1)** Parent or guardian divorce or separation
**2)** Jail time for parent or guardian
**3)** Witnessed physical violence between parents or adults in the home
**4)** Experienced physical abuse
**5)** Experienced emotional abuse
**6)** Experienced sexual abuse
**7)** Lived with someone with depression, mental illness, or who was suicidal
**8)** Lived with someone who was a problem drinker or alcoholic
**9)** Lived with someone who used illegal street drugs or abused prescription medications
**10)** Lived with someone who served or was sentenced to time in jail, prison, or correctional facility

As of 2019 approximately 54% of adults in Pennsylvania had experienced one or more adverse childhood experiences in childhood. This is an increase from 2018 when only 50% of adults had experienced at least one ACE during childhood. Adverse childhood experiences may cause long-lasting trauma that can impact not only childhood development but also adult risk behaviors and health outcomes. Understanding generational impact of trauma and ensuring that children and adults, parents, and caregivers receive the support needed to overcome experiences of adversity is essential (BRFSS 2018-2019).

### Employment and Childcare

The percent of children ages 0 through 5 who lives with a parent or caregiver who had to quit or change jobs due to problems with childcare increased from 7.5% during 2017-2018 to 9.7% during 2019-2020 (NSCH 2017-2020*).

***Note regarding the National Survey of Children's Health**
The NSCH relies on parental knowledge and recollection of their child's health and experiences.

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# TITLE V MATERNAL AND CHILD HEALTH DATA BRIEFS: 2022 UPDATE

## Neighborhood Violence

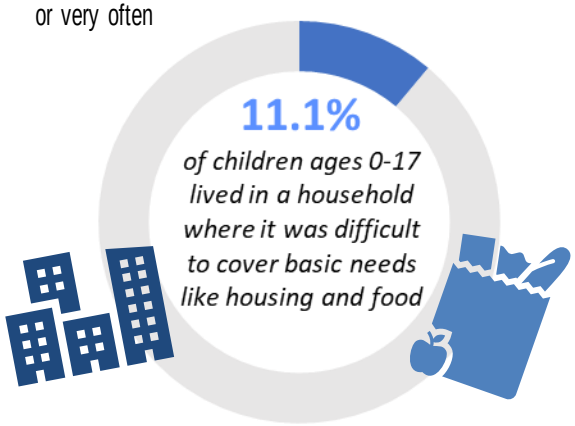
The percentage of children between the ages of 0 and 17 in Pennsylvania that have ever been a victim of violence or witnessed violence in their neighborhood increased from 4.6% during 2017-2018 to 5.3% during 2019-2020 (NSCH 2019-2020*).

During 2019-2020 nearly a quarter (24.7%) of children ages 0 to 17 in Pennsylvania lived in a neighborhood where there was litter or garbage on the street or sidewalk, poorly kept or rundown housing, or vandalism such as broken windows or graffiti (NSCH 2019-2020*).

## Food Security and Housing

Approximately 11.1% of children in Pennsylvania live in a household where it was hard to cover the basics like food or housing on the family's income somewhat or very often since the child had been born (NSCH 2019-2020*).

National Survey of Children's Health • 2019-2020
Percent of children living in a household where it was hard to cover basic needs like housing or food somewhat or very often




## Incarceration

The National Survey of Children's Health indicates that approximately 7.7% of children ages 0 to 17 in Pennsylvania have a parent or guardian who has served time in jail (NSCH 2019-2020). Nationally, and in Pennsylvania, children of color are overrepresented in the number with an incarcerated parent or guardian. According to the Pennsylvania Department of Corrections, over 36,000 people are currently incarcerated in Pennsylvania as of 2022. While people who identify as Black account for only 12% of the statewide population, 44% of people incarcerated identify as Black (Pennsylvania Department of Corrections Spotlight Dashboard).

## Households Living in Poverty

Approximately 14.3% of households with children under the age of 18 in Pennsylvania are living in poverty as of 2019, accounting for approximately 1.3 million families. This is an increase from 13.8% in 2018 and exceeds the national estimate of households with children living in poverty (13.8% in 2019) [American Community Survey 1-Year Estimates, 2019].

**1 of every 7 households in Pennsylvania with children under the age of 18 is living in poverty**

## Parenting and Caregiver Support

The percentage of children ages 0-17 living with a parent or guardian who indicated that they were coping very well with the daily demands of raising children declined from 67.9% during 2017-2018 to 62.5% during 2019-2020. Additionally, 19.4% of children ages 0-17 lived with a parent who indicated that they did not have anyone to turn to for day-to-day emotional support with parenting or raising children during 2019-2020 (NSCH 2019-2020*).

## Built Environment

Approximately 26.9% of children between the ages of 0 and 17 lived in a neighborhood without sidewalks or walking paths and 20.9% of children ages 0 to 17 lived in a neighborhood without a park or playground during 2019-2020 (NSCH 2019-2020*).

## Questions?

For more information on maternal and child health data or Pennsylvania's Title V Program, please visit our website at https://www.health.pa.gov/topics/Administrative/Pages/Title-V.aspx, send an e-mail to RA-DHPATITLEV@pa.gov, or call 717-346-3000.