

## Section 4

# Child Health

### The Importance of Prenatal Care

Healthy starts for Newark infants begin with quality prenatal care early in a mother's pregnancy. Women who receive late prenatal care—or who do not receive prenatal care entirely—expose their babies to a greater chance of health problems later in life. In 2018, just over half of expectant Newark moms received prenatal care beginning in their first trimester, compared to nearly three-quarters of New Jersey moms. Newark has maintained a higher percentage of women receiving late or no prenatal care than both Essex County and the state as a whole since 2014.

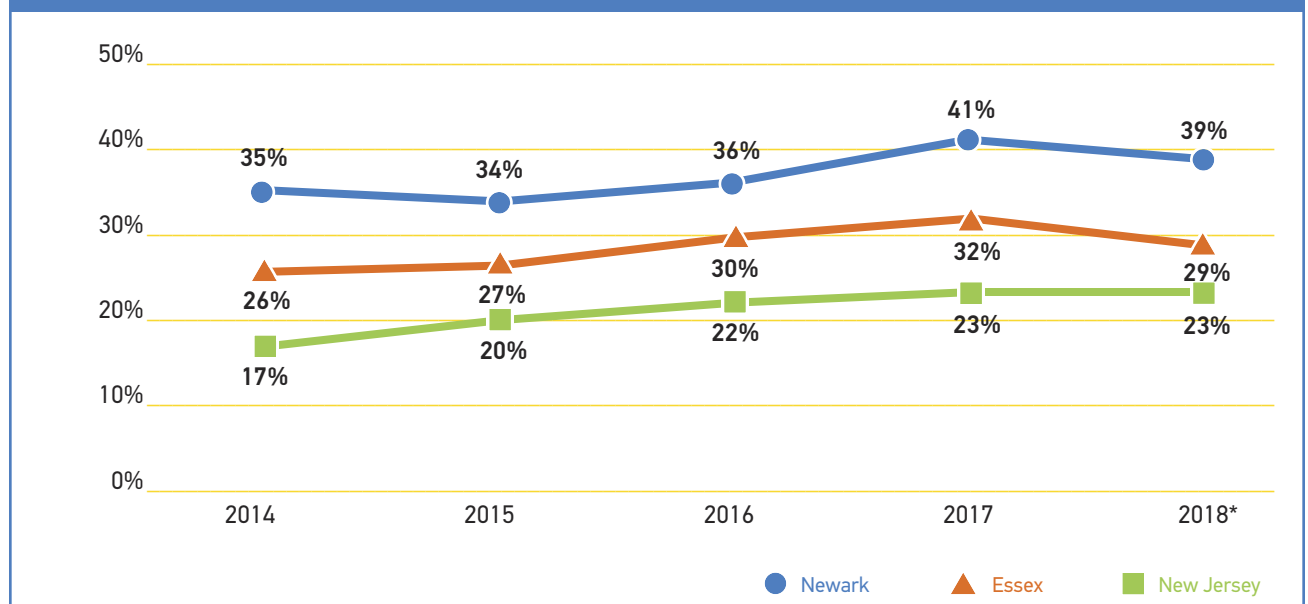
#### Women Receiving Late or No Prenatal Care\*

	2014	2015	2016	2017	2018**	% Change 14-18
Newark	1,458	1,448	1,542	1,696	1,686	16
Essex	2,647	2,783	3,089	3,268	3,044	15
New Jersey	17,117	20,506	23,043	23,588	22,967	34

\*Late prenatal care is defined as prenatal care beginning in the second trimester or later.

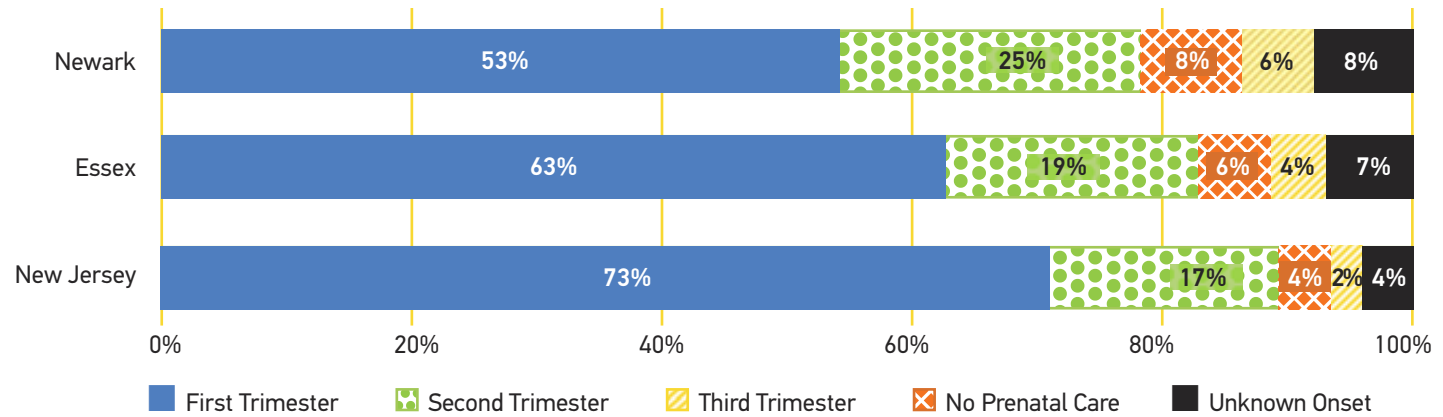
\*\*Indicates preliminary data

#### Percentage of Women Receiving Late or No Prenatal Care



\*Indicates preliminary data

**Percentage of Births by Prenatal Care Onset, 2018\***



\*Indicates preliminary data

**What is a low birthweight?**

A low birthweight baby is any infant born weighing less than 2,500 grams, or roughly 5.5 pounds. Low birthweight babies may be more likely to develop certain health problems, such as respiratory distress syndrome, than infants born with normal birthweights. Long term, low birthweight babies may be at greater risk of developing chronic conditions such as diabetes.<sup>1</sup> In 2018, 11 percent of Newark babies were born with low birthweights, compared to 7.9 percent of babies born statewide.

**Percentage of Births That Were Preterm**

	2014	2015	2016	2017	2018*
Newark	12	12	13	12	12
Essex	11	11	11	11	11
New Jersey	9	10	10	10	10

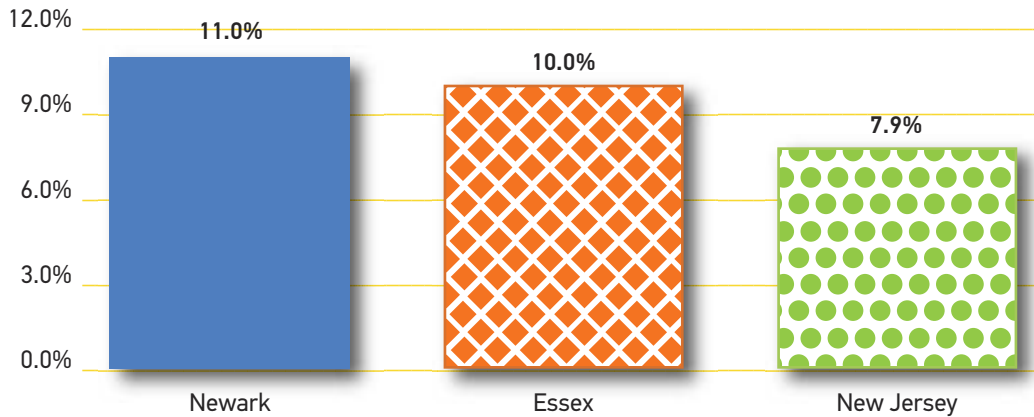
\*Indicates preliminary data

**Babies Born with Low Birthweights**

	2014	2015	2016	2017	2018*	% Change 14-18
Newark	430	414	467	434	476	11
Essex	990	950	1,006	946	1,037	5
New Jersey	8,249	8,241	8,257	8,054	8,000	-3

\*Indicates preliminary data

Percentage of Babies Born with Low Birthweights, 2018\*



\*Indicates preliminary data

Child Deaths (Ages 1-14)

	2013	2014	2015	2016	2017
Newark	13	12	12	10	7
Essex	26	27	25	23	11
New Jersey	182	202	191	185	158

Infant Mortality

	2013		2014		2015		2016		2017		% Change 13-17 #
	#	Rate**	#	Rate**	#	Rate**	#	Rate**	#	Rate**	
Newark	36	8.6	48	11.6	32	7.5	35	8.2	31	7.4	-14
Essex	65	6.4	73	7.1	64	6.2	59	5.7	62	6.0	-5
New Jersey	464	4.5	455	4.4	487	4.8	421	4.1	452	4.5	-3

\*\*Rate is the number of infant deaths per 1,000 live births.

What is New Jersey’s Child Fatality and Near Fatality Review Board?

The New Jersey Child Fatality and Near Fatality Review Board (CFNFRB) was formed in 1997 through the New Jersey Comprehensive Child Abuse Prevention and Treatment Act in an effort to determine the causes of and ways to prevent child deaths and near deaths. The board consists of six different teams, each with their own sets of responsibilities and areas of focus. Team members come from a variety of backgrounds, including law enforcement, medicine, education and the non-profit sector. The board conducts in-depth reviews of select child death cases, such as when the cause of death may be a result of abuse or neglect or if the cause is undetermined. For more information on the CFNFRB and to review their annual reports, visit <http://www.nj.gov/dcf/providers/boards/fatality/>.

**Asthma Admissions to the Hospital (Ages 0-17)**

	2012	2013	2014	2015	2016*
Newark	333	234	272	264	264
Essex	623	470	492	453	458
New Jersey	4,139	3,684	3,747	2,896	2,590

\*Data from 2016 and later may not be comparable to pre-2016 data due to a change in diagnosis coding from ICD-9-CM to ICD-10-CM.

**Asthma-Related Emergency Room Visits (Ages 0-17)**

	2012	2013	2014	2015	2016*
Newark	1,756	1,519	1,497	1,592	1,489
Essex	3,190	2,733	2,701	2,826	2,715
New Jersey	20,297	18,547	18,843	18,287	16,918

\*Data from 2016 and later may not be comparable to pre-2016 data due to a change in diagnosis coding from ICD-9-CM to ICD-10-CM.

## Asthma-Related Admissions to the Hospital vs. Emergency Room Visits: How Do They Differ?

Asthma is a chronic health condition affecting many children in the city of Newark. Medication and preventive care can effectively manage asthma, but severe symptoms may require care at a hospital—by visiting the emergency room, or in serious cases, being admitted for in-patient care. Asthma-related emergency room visit data do not reflect child patients who were later admitted to the same hospital for in-patient care.

## Newark Update on Childhood Lead Exposure

Lead exposure continues to be a serious issue for children in Newark, but the most recent lead data show signs of improvement. A lower percentage of children tested at elevated levels of lead than in 2017, although the screening rate was roughly the same in both years. However, this still accounts for roughly five percent of children who were screened. Lead levels in water also declined in the second half of 2019, as corrosion control chemicals to reduce lead exposure took effect.

Water testing results continue to show elevated levels of lead in water taps across Newark. Of the 359 tap water samples tested in Newark in the first half of 2019, 46 percent tested above the Environmental Protection Agency (EPA) action level for lead of 15 parts per billion (ppb).

This decreased to 28 percent in the second half of the year, consistent with the introduction of lead corrosion controls to the city’s water. Although the change in corrosion control chemicals began in the spring and summer of 2019, the reduction in lead exposure will still take time. However, effective use of city-provided water filters should eliminate the risk of exposure in almost all cases.

The City of Newark has embarked on an unprecedented effort to replace all lead service water lines citywide, targeting the removal of

### Newark Water Testing for Lead, 2019\*\*

	Total # of Samples Tested	# of Samples ≥ 15 ppb*	% of Sample ≥ 15 ppb
January-June	359	164	46
July-December	471	130	28

\*Parts per billion

\*\*Data accessed as of January 3, 2020

the roughly 18,000 pipes in a three-year span. Thanks in part to a program funded by Essex County, the City is providing the replacements free of charge.

The City of Newark’s actions, in conjunction with the New Jersey Department of Environmental Protection, EPA and countless community organizations, have curtailed the short-term risk of lead exposure through drinking water. However, the risk of lead exposure for children predated the current crisis and will likely continue after it has ended, due to the age and condition of Newark’s housing stock.

Large water systems in New Jersey are required by the EPA to sample water in six-month intervals. To see each result, go to the New Jersey Department of Environmental Protection’s Water Watch page: [https://www9.state.nj.us/DEP\\_WaterWatch\\_public/](https://www9.state.nj.us/DEP_WaterWatch_public/).

### Children 6-26 Months Tested for Lead

	2014		2015		2016		2017*		2018	
	# Tested	% Levels ≥ 5 µg/dL	# Tested	% Levels ≥ 5 µg/dL	# Tested	% Levels ≥ 5 µg/dL	# Tested	% Levels ≥ 5 µg/dL	# Tested	% Levels ≥ 5 µg/dL
Newark	5,228	6.1	5,163	6.1	4,908	5.3	4,405	5.7	4,522	5.2
Essex	10,678	5.5	10,664	5.2	10,792	4.8	10,036	4.7	10,210	4.2
New Jersey	90,683	2.9	93,128	2.8	94,909	2.4	87,652	2.7	84,211	2.3

\*Data. reflect revised figures issued by the N.J. Department of Health in October 2019.

### Children <6 Years of Age Tested for Lead

	2014		2015		2016		2017*		2018	
	# Tested	% Levels ≥ 5 µg/dL	# Tested	% Levels ≥ 5 µg/dL	# Tested	% Levels ≥ 5 µg/dL	# Tested	% Levels ≥ 5 µg/dL	# Tested	% Levels ≥ 5 µg/dL
Newark	14,030	5.7	14,257	5.5	14,190	4.7	12,977	5.1	13,223	4.4
Essex	25,407	3.6	26,095	5.2	26,527	4.7	25,395	4.8	25,612	4.1
New Jersey	171,271	3.2	172,859	3.1	175,002	2.8	165,863	2.8	161,790	2.5

\*Data. reflect revised figures issued by the N.J. Department of Health in October 2019.

### Newark Environmental Case Activity Status

	Cases Referred	Investigation Required	Investigation Completed	Abatement Required	Abatement Completed	% Abatement Completed
2014	80	49	16	10	1	10%
2015	71	38	7	1	1	100%
2016	86	38	6	14	0	0%
2017	59	45	15	21	13	62%
2018	159	84	25	38	24	63%

## What is NJ FamilyCare?

NJ FamilyCare is New Jersey's publicly funded health insurance program, supported by federal Medicaid and Children's Health Insurance Program (CHIP) dollars, state funding and premiums paid for children in families with a household income up to 355 percent of the federal poverty level. Qualified state residents of any age may be eligible for free or low-cost health insurance which covers doctor visits, prescriptions, vision, dental care, mental health and substance use services and hospitalization. For more information, visit <http://www.njfamilycare.org>.

### Children Receiving NJ FamilyCare/Medicaid

	2015	2016	2017	2018	2019	% Change 15-19
Newark	54,071	53,463	56,985	58,020	56,569	5
Essex	96,202	94,684	100,738	101,972	98,871	3
New Jersey	759,360	764,809	772,857	768,592	747,258	-2

### Children Under 19 Without Health Insurance\*

	2017		2018	
	Number	%	Number	%
Newark	5,751	7.7	5,338	7.2
Essex	11,144	5.5	13,884	6.9
New Jersey	78,200	3.7	79,761	3.9

\*Please note the age range for this indicator has changed. Prior measures are not comparable.

## ● References:

- <sup>1</sup> March of Dimes. (2014). Low Birthweight. Retrieved January 3, 2020, from <http://www.marchofdimes.org/baby/low-birthweight.aspx>

## ● Data Sources and Technical Notes:

**Women Receiving Late or No Prenatal Care, 2014–2018.** Live births for which the mother received late prenatal care (onset in second or third trimester) and no prenatal care, as reported by the N.J. Department of Health, New Jersey State Health Assessment Data, New Jersey Birth Certificate Database. Data accessed as of November 26, 2019.

**Percentage of Births by Prenatal Care Onset, 2018.** The percentage of total births by trimester of prenatal care onset. As reported by the N.J. Department of Health, New Jersey State Health Assessment Data, New Jersey Birth Certificate Database. Data accessed as of November 26, 2019.

**Percentage of Births That Were Preterm, 2014–2018.** Percentage of total births that were considered preterm. A preterm birth is defined as less than 37 weeks. As reported by the N.J. Department of Health, New Jersey State Health Assessment Data, New Jersey Birth Certificate Database. Data accessed as of November 26, 2019.

**Number of Babies Born with Low Birthweight, 2014–2018.** The number of babies born weighing less than 2,500 grams as reported by the N.J. Department of Health, New Jersey State Health Assessment Data, New Jersey Birth Certificate Database. Data accessed as of November 26, 2019.

**Percentage of Babies Born with Low Birthweight, 2018.** The percentage of babies born weighing less than 2,500 grams out of the total number of live births. As reported by the N.J. Department of Health, New Jersey State Health Assessment Data, New Jersey Birth Certificate Database. Data accessed as of November 26, 2019.

**Infant Mortality, 2013–2017.** The number of infants under one year who died during that year. Rate is the number of infant deaths per 1,000 live births. As reported by the N.J. Department of Health, New Jersey State Health Assessment Data, New Jersey Death and Birth Certificate Databases. Data accessed as of November 26, 2019.

**Child Deaths (Ages 1–14), 2013–2017.** The number of children between ages one and 14 who died during that year, as reported by the N.J. Department of Health, New Jersey State Health Assessment Data, New Jersey Death Certificate Database. Data accessed as of November 26, 2019.

**Asthma Admissions to the Hospital, (Ages 0–17), 2012–2016.** Number of New Jersey inpatient hospital discharges with a primary asthma diagnosis for residents 0–17 years of age. Counts do not include out of state hospitalizations for New Jersey residents. As reported by the N.J. Department of Health, New Jersey State Health Assessment Data, New Jersey Discharge Data Collection System. Data from 2016 and later may not be comparable to pre-2016 data due to a change in diagnosis coding from ICD-9-CM to ICD-10-CM. Data accessed as of October 15, 2018.

**Asthma Related Emergency Room Visits (Ages 0–17), 2012–2016.** Number of New Jersey emergency department discharges with a primary asthma diagnosis for residents 0–17 years of age. Counts do not include out of state hospitalizations for New Jersey residents. As reported by the N.J. Department of Health, New Jersey State Health Assessment Data, New Jersey Discharge Data Collection System. Data from 2016 and later may not be comparable to pre-2016 data due to a change in diagnosis coding from ICD-9-CM to ICD-10-CM. Data accessed as of October 5, 2018.

**Children 6–26 Months Tested for Lead, 2014–2018.** As reported by the N.J. Department of Health, Public Health Services Branch, Division of Family Health Services.

**Children <6 Years of Age Tested for Lead, 2014–18.** As reported by the N.J. Department of Health, Public Health Services Branch, Division of Family Health Services. Data have been updated from prior publications.

**Newark Environmental Activity Status, 2014–18.** As reported by the N.J. Department of Health, Public Health Services Branch, Division of Family Health Services. Data have been updated from prior publications.

**Newark Water Testing for Lead, 2018.** The number of Newark based-samples tested and the number of samples with lead levels greater than 15 parts per billion (EPA action level). As reported by the N.J. Department of Environmental Protection, Drinking Water Watch report. Lead results for the January 1, 2019–June 30, 2019 and July 1, 2019–December 31, 2019 monitoring periods. Data accessed as of January 3, 2020.

**Children Receiving NJ FamilyCare/Medicaid, 2015–2019.** As reported by the N.J. Department of Human Services. Data are from March of each year and are point-in-time snapshots that do not reflect any retroactivity. Includes children under age 18 enrolled in Medicaid and the Children's Health Insurance Program (CHIP) portion of NJ FamilyCare, which is available to children living in families earning up to 355 percent of the federal poverty level.

**Children Under 19 Without Health Insurance, 2017–2018.** As reported by the U.S. Census Bureau, American Community Survey chart B27001. Data are not comparable to previous years' estimates for children without health insurance, due to a change in the included ages.