

Child Health

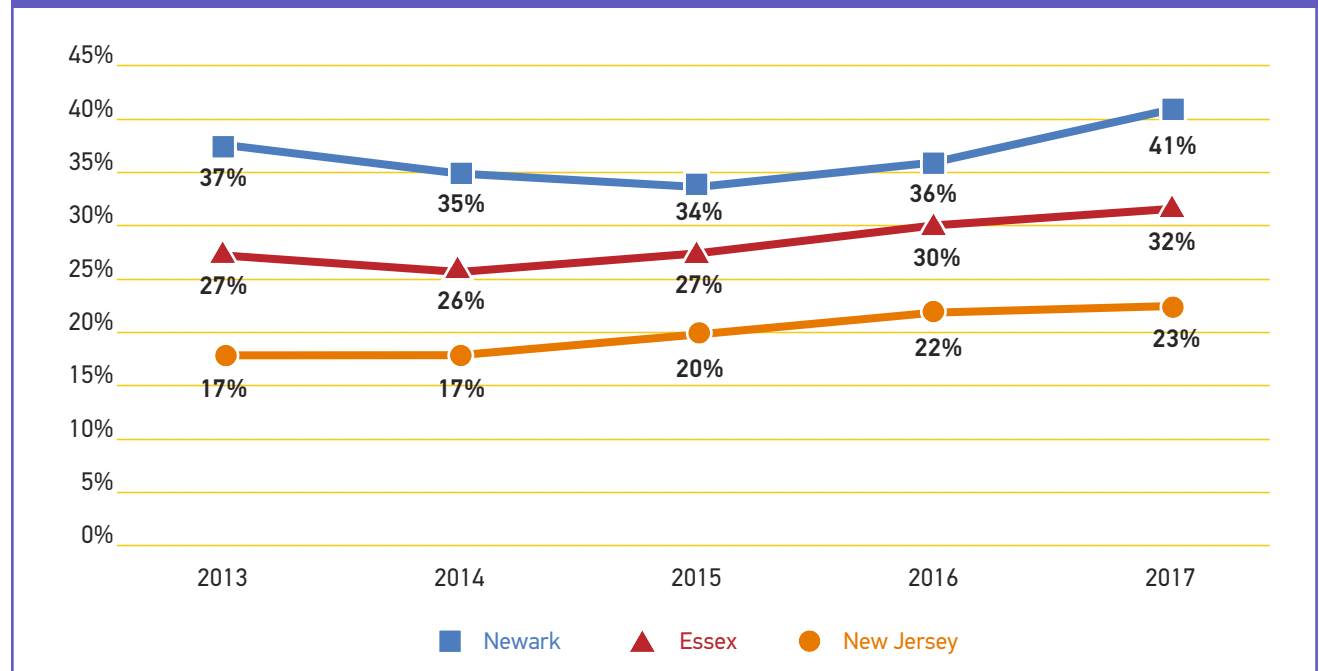
The Importance of Prenatal Care

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 2017, just over half of expectant Newark moms received prenatal care beginning in their first trimester, comparing to 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 2013.

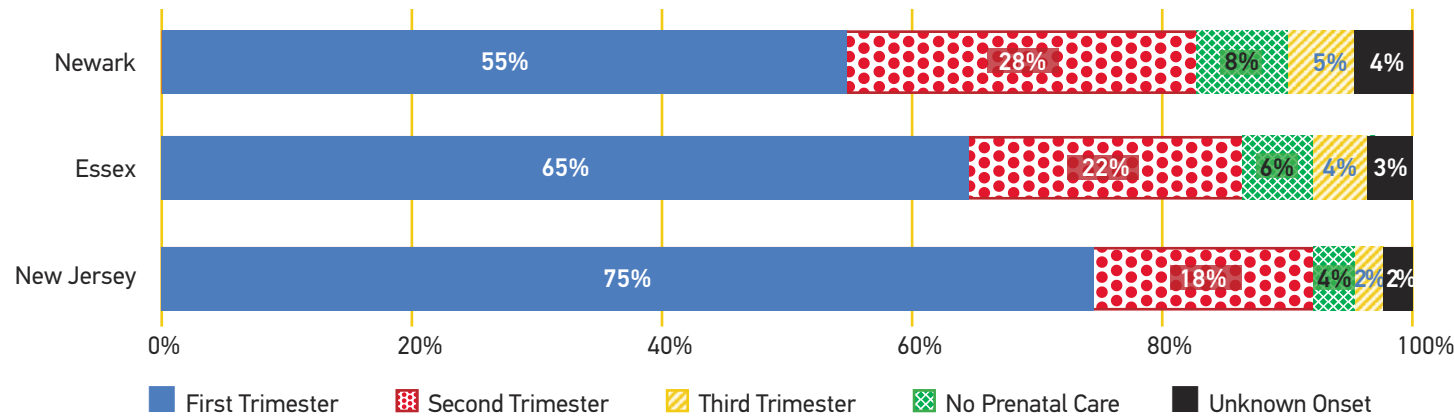
Women Receiving Late or No Prenatal Care

	2013	2014	2015	2016	2017	% Change 13-17
Newark	1,549	1,458	1,448	1,542	1,701	10
Essex	2,714	2,647	2,783	3,089	3,270	20
New Jersey	17,079	17,117	20,506	23,043	23,586	38

Percentage of Women Receiving Late or No Prenatal Care



Percentage of Births by Prenatal Care Onset, 2017



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.¹ In 2017, 10.5 percent of Newark babies were born with low birthweights, compared to 8 percent of babies born statewide—this trend has remained consistent since 2013.

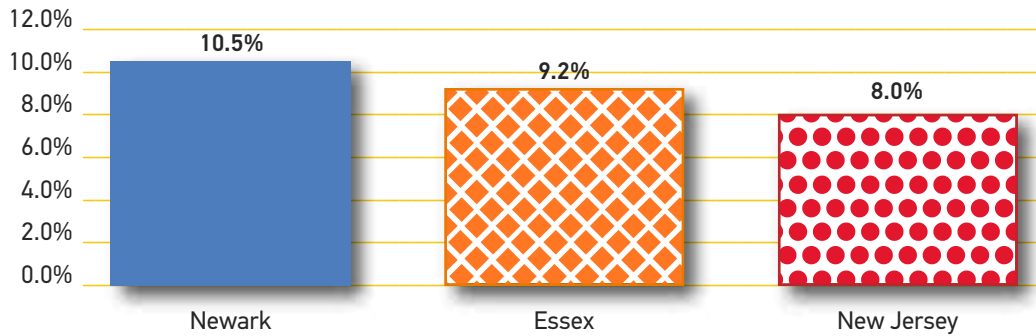
Percentage of Births That Were Preterm

	2013	2014	2015	2016	2017
Newark	13	12	12	13	12
Essex	11	11	11	11	11
New Jersey	10	9	10	10	10

Babies Born with Low Birthweights

	2013	2014	2015	2016	2017	% Change 13-17
Newark	443	430	414	467	438	-1
Essex	983	990	950	1,006	949	-3
New Jersey	8,445	8,249	8,241	8,257	8,055	-5

Percentage of Babies Born with Low Birthweights, 2017



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/>.

Child Deaths (Ages 1-14)

	2012	2013	2014	2015	2016
Newark	14	13	12	12	10
Essex	26	26	27	25	23
New Jersey	196	182	202	191	184

Infant Mortality

	2012		2013		2014		2015		2016		% Change 12-16
	#	Rate**	#	Rate**	#	Rate**	#	Rate**	#	Rate**	
Newark	20	4.6	36	8.6	48	11.6	32	7.5	35	8.2	75
Essex	50	4.8	65	6.4	73	7.1	64	6.2	59	5.7	18
New Jersey	454	4.4	464	4.5	455	4.4	487	4.8	421	4.1	-7

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

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 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 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 continues to endanger Newark children; after years of decline, the rate of children ages 6-26 months with high levels of lead in their blood rose from 5.3 percent in 2016 to 5.9 in 2017. This age group is particularly important because young children are most vulnerable to lead's mental and physical developmental harms. Although there is no information on the cause of the increase, this change is worrying after years of declining rates of lead-exposed children.

Although lead paint and dust are traditionally the main exposure risk for young children, tap water can also be a risk in old housing. In 2018, tap water in Newark was found to have unsafe levels of lead. Of the 240 tap water samples tested in Newark in the second half of 2018, nearly half (43 percent) tested above the Environmental Protection Agency (EPA) action level for lead of 15 parts per billion (ppb). To enforce the rule, large water systems in New Jersey are required 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/. The EPA action level is the level for enforcement, not safety. There is no safe level of lead in water. Instead, when 10 percent or more of taps tested are above the EPA action level, the water system is considered out of compliance with the EPA Lead and Copper Rule, requiring investigation and remediation if necessary. For a home, however, the only safe level of lead in water is 0.

Newark Water Testing for Lead, 2018

	Total # of Samples Tested	# of Samples ≥ 15 ppb*	% of Sample ≥ 15 ppb
January-June	129	16	12
July-December	240	104	43

*Parts per billion

Newark has been above the action level for the EPA Lead and Copper Rule since the first half of 2017. The EPA requires water systems to add certain ingredients called "corrosion controls" to limit the amount of lead that mixes into tap water from lead pipes and faucets. In 2018, Newark's investigation revealed the failure of its corrosion controls in roughly half the city's water. This led the city to:

- distribute water filters certified to reduce lead to thousands of residents;
- ramp up enrollment in its lead pipe replacement program;
- send a letter to doctors and families recommending that pregnant women and all children starting at 3 months old be tested for lead, even if they had been previously tested.

For more information on the city's programs to reduce lead exposure through water, please visit newarkleadserviceline.com.

Children 6-26 Months Tested for Lead

	2013		2014		2015		2016		2017	
	# 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	5,337	6.8	5,228	6.1	5,163	6.1	4,908	5.3	4,746	5.9
Essex	10,835	5.9	10,678	5.5	10,664	5.2	10,792	4.8	10,668	4.7
New Jersey	92,572	3.0	90,683	2.9	93,128	2.8	94,909	2.4	92,075	2.5

Children <6 Years of Age Tested for Lead

	2013		2014		2015		2016		2017	
	# 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	14,607	6.0	14,030	5.7	14,257	5.5	14,190	4.7	13,536	5.2
Essex	26,847	5.7	25,407	3.6	26,095	5.2	26,527	4.7	26,186	4.8
New Jersey	176,520	3.4	171,271	3.2	172,859	3.1	175,002	2.8	169,301	2.8

Newark Environmental Case Activity Status

	Cases Referred	Investigation Required	Investigation Completed	Abatement Required	Abatement Completed	% Abatement Completed
2013	72	54	23	11	0	0%
2014	80	49	16	10	1	10%
2015	71	38	7	1	1	100%
2016	86	38	6	14	0	0%
2017	65	35	10	8	0	0%

Note: These represent activities completed in the fiscal year noted. Additional activities may have been completed at a later date.

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 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

	2014	2015	2016	2017	2018	% Change 14-18
Newark	53,728	54,071	53,463	56,985	58,020	8
Essex	95,291	96,202	94,684	100,738	101,972	7
New Jersey	708,334	759,360	764,809	772,857	768,592	9

Children Under 19 Without Health Insurance, 2017

	Number	%
Newark	6,975	9.4
Essex	13,047	6.5
New Jersey	100,525	4.8

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

References:

¹ March of Dimes. (2014). Low Birthweight. Retrieved January 15, 2019, from <http://www.marchofdimes.org/baby/low-birthweight.aspx>.

Data Sources and Technical Notes:

Women Receiving Late or No Prenatal Care, 2013–2017. 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 December 4, 2018. Data for 2017 are preliminary.

Percentage of Births by Prenatal Care Onset, 2017. 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 December 4, 2018. Data for 2017 are preliminary.

Percentage of Births That Were Preterm, 2013–2017. 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 December 4, 2018. Data for 2017 are preliminary.

Number of Babies Born with Low Birthweight, 2013–2017. 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 December 5, 2018. Data for 2017 are preliminary.

Percentage of Babies Born with Low Birthweight, 2017. 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 December 5, 2018. Data for 2017 are preliminary.

Infant Mortality, 2012–2016. 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 September 4, 2018.

Child Deaths (Ages 1–14), 2012–2016. 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 9, 2018.

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 5, 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.

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, 2018–June 30, 2018 and July 1, 2018–December 31, 2018 monitoring periods. Data accessed as of January 8, 2019.

Children 6–26 Months Tested for Lead, 2013–2017. 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, 2013–17. 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 Case Activity Status, 2013–17. 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; 2017 data are preliminary.

Children Receiving NJ FamilyCare/Medicaid, 2014–2018. 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. 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.