ADVOCATES for CHILDREN OF NEW JERSEY

# New Jersey Babies Count 2018

## A Statewide Profile of Infants and Toddlers

kids count

Giving Every Child A Chance®

for ADVOCATES® CHILDREN OF NEW JERSEY

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ACNJ acknowledges that the findings and conclusions presented in this report are those of the author(s) alone, and do not necessarily reflect the opinions of the funders.

THE ANNIE E. CASEY FOUNDATION


For more information or to view other Kids Count data online, visit **www.acnj.org**

***Advocates for Children of New Jersey*** *is the trusted, independent voice putting children's needs first for 40 years. Our work results in better laws and policies, more effective funding and stronger services for children and families. And it means that more children are given the chance to grow up safe, healthy and educated.*



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# Introduction to Babies Count

## This year, ACNJ is focusing on babies!

Advocating for quality early care and education has been an ACNJ priority for many years, starting with our commitment to ensure that children in disadvantaged communities have the opportunity for state-funded, full-day preschool. ACNJ firmly believes that the path to success in school and in life starts with high-quality early education.

A child's brain develops rapidly in these early years, building the foundation for later learning, behavior and health. Early relationships, environments and experiences set the stage for what happens later in life. Good experiences support healthy growth and development. Family instability, poverty, poor health care and low-quality early learning environments can adversely impact long-term health and development.

Dr. Jack Shonkoff at the Center for the Developing Child at Harvard University has written extensively about the importance of investing in the early years and the consequences to children, families and society when those investments are not made. As he concludes, "Getting things right the first time is easier and more effective than trying to fix them later."

How is New Jersey getting it right from the start for its youngest residents? This year's state Kids Count Report—Babies Count—provides a framework, tracking how well infants and toddlers are doing, who they are and the challenges they face.

As a lead partner in the Right from the Start NJ campaign and as the organization chosen to spearhead the national ZERO TO THREE Think Babies™ campaign for New Jersey, ACNJ's recent work has

focused on what babies and their families need to thrive. Three components are critically important to ensure the healthy development of children right from the start:

- Parents must be supported as their child's first and best teacher;
- Good health care must be accessible to mothers and their babies, starting prenatally; and
- Young children must have access to high-quality child care as their first educational experience outside the family.

Babies Count includes indicators in each of these critical areas to give us—advocates, policymakers, community providers, parents—an objective, accurate picture of what we must do to ensure that all children have the opportunity for the best start in life.

Over the last few months, I have spent a lot of time in the company of babies. I went to ZERO TO THREE's national Strolling Thunder™ event in early May, not as an advocate, but as a grandmother. There, my family represented New Jersey and I accompanied my son-in-law and two grandchildren as they visited lawmakers on Capitol Hill. Later in May, ACNJ hosted its own Strolling Thunder™, bringing a crowd of 300, including babies, their families and advocates, to the State House in Trenton to send the message that ***babies count***.

I had never seen so many babies in one place before! I was struck by the differences in personality, size and development. I was also very aware of what they had in common. All were at a critical moment of growth and development.

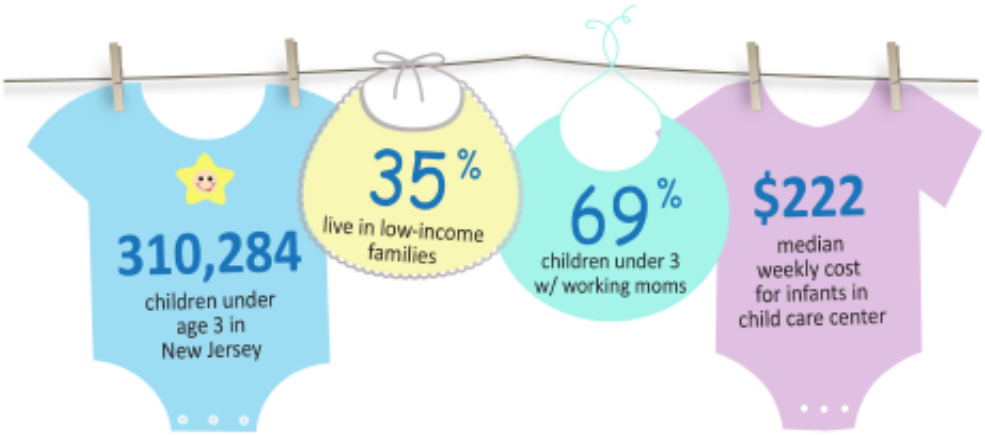
My hope is that Babies Count is the catalyst to ensure that all children have the opportunity for healthy growth and development right from the start, leading them on the pathway to a healthy and productive future.

Sincerely,

Cecilia Zalkind
*President & CEO*

July 2018

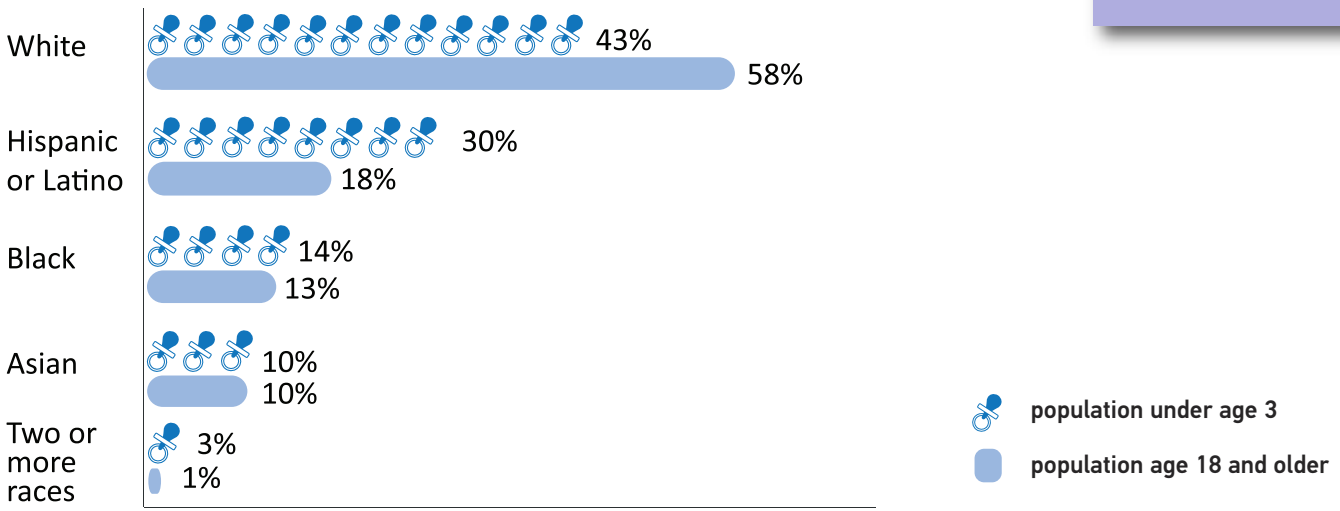
# NJ Babies Count at a Glance





## New Jersey's demographics are changing.

***Children Under Age 3 Vs. Adult Population, 2016***



Section 1

# Demographics

## Population

### New Jersey's Infants and Toddlers

In 2016, New Jersey was home to roughly 310,000 children under the age of 3, comprising 16 percent of all children under age 18. Approximately 57 percent of this age group were children of color—with 30 percent of children under age 3 being Hispanic or Latino, 14 percent being black or African American and 10 percent being Asian.

More than 102,000 infants were born in 2016, roughly one third of whom were to unmarried women. Teen births (ages 10-19), as a percentage of all births, continued to dwindle, comprising only 3 percent of all births in 2016.

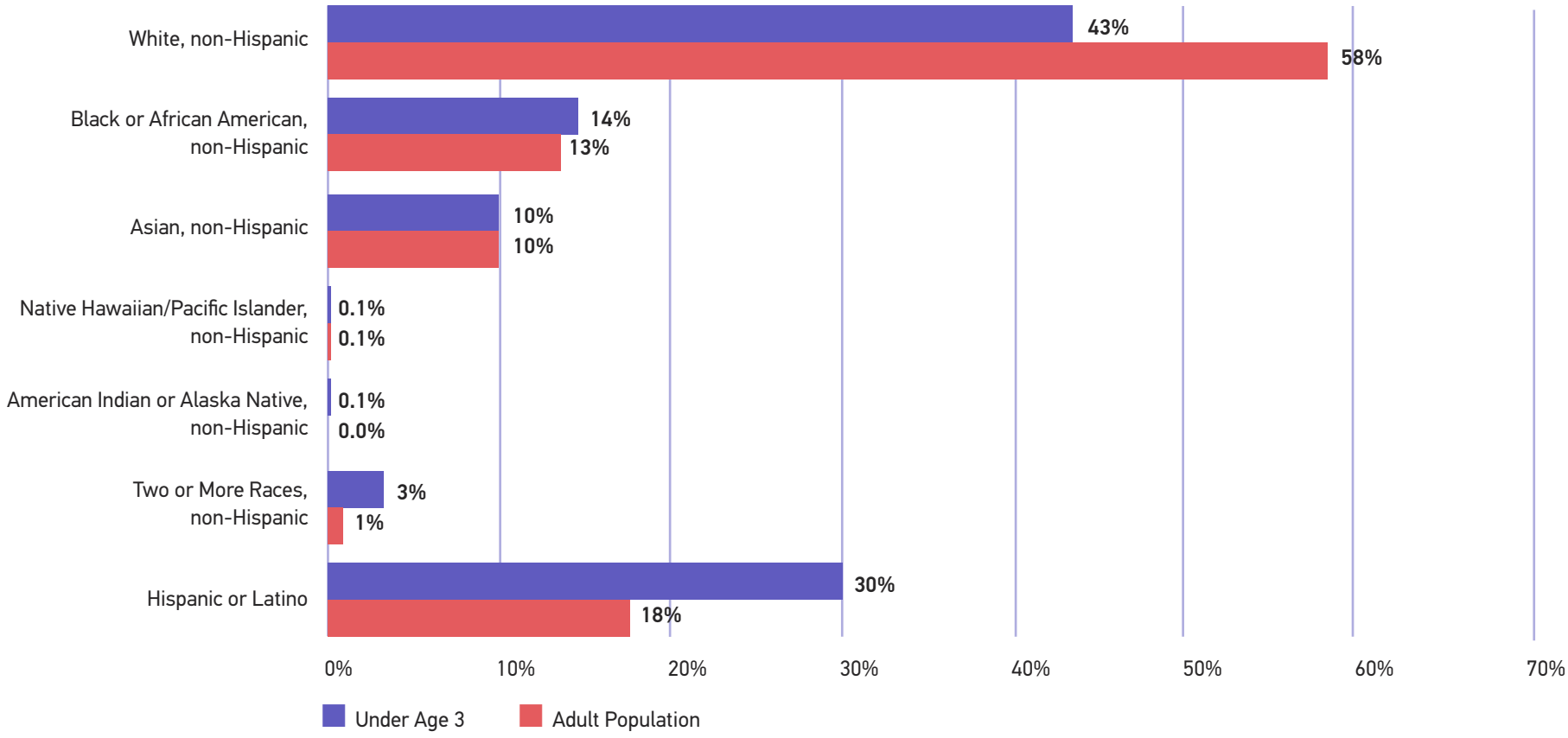
***Child Population, 2016***

| | |
|---|---|
| Child population under age 18 | 1,984,752 |
| Child population under age 3 | 310,284 |
| % of total child population under age 3 | 16 |

***Child Population Under Age 3 by Race and Ethnicity, 2016***

| | # | % |
|---|---|---|
| White, non-Hispanic | 134,635 | 43 |
| Black or African American, non-Hispanic | 42,628 | 14 |
| American Indian or Alaska Native, non-Hispanic | 343 | 0 |
| Asian, non-Hispanic | 29,457 | 10 |
| Native Hawaiian/Pacific Islander, non-Hispanic | 159 | 0 |
| Two or More Races, non-Hispanic | 10,271 | 3 |
| Hispanic or Latino | 92,791 | 30 |

## *Population by Race and Ethnicity, Adult Population Vs. Under Age 3, 2016*



# Birth Statistics

## *Total Births, 2016*

| | |
|---|---|
| **TOTAL** | **102,473** |
| White, non-Hispanic | 45,351 |
| Black, non-Hispanic | 13,657 |
| Hispanic (of Any Race) | 27,745 |
| Asian, non-Hispanic | 11,926 |
| Native Hawaiian/Pacific Islander, non-Hispanic | 73 |
| American Indian/Alaska Native, non-Hispanic | 66 |
| Other Single Race, non-Hispanic | 1,458 |
| Two or More Races, non-Hispanic | 1,343 |

*Note: Births by race may not sum to total births due to a small number of births to mothers of unknown race.*

## *Births to Unmarried Women, 2016*

| | # | % of demographic |
|---|---|---|
| **TOTAL** | **32,553** | **32** |
| White, non-Hispanic | 7,093 | 16 |
| Black, non-Hispanic | 8,722 | 64 |
| Hispanic (of Any Race) | 15,238 | 55 |
| Asian, non-Hispanic | 382 | 3 |
| Native Hawaiian/Pacific Islander, non-Hispanic | 20 | 27 |
| American Indian/Alaska Native, non-Hispanic | 30 | 45 |
| Other Single Race, non-Hispanic | 218 | 15 |
| Two or More Races, non-Hispanic | 564 | 42 |

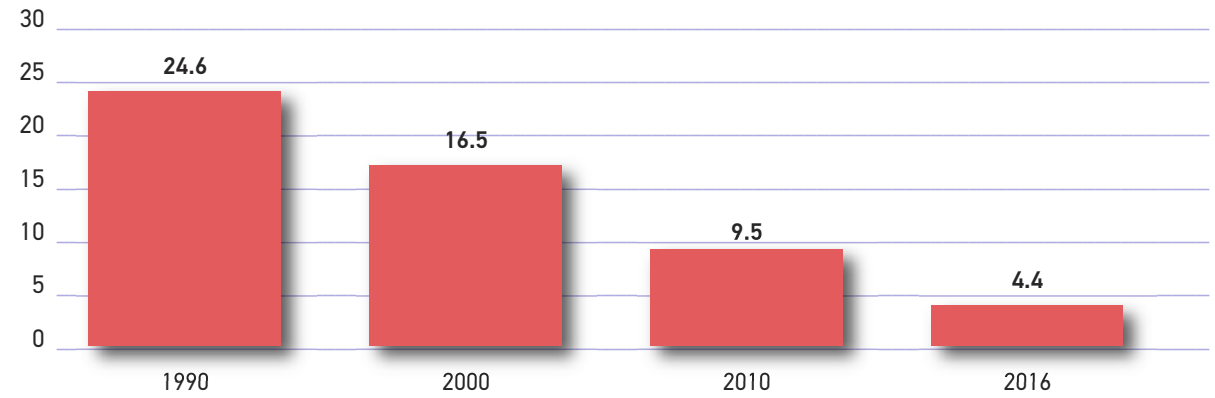
## *Births to Teens (Ages 10-19), 2016*

| | # | % out of total births for demographic |
|---|---|---|
| **TOTAL** | **2,978** | **3** |
| White, non-Hispanic | 427 | 1 |
| Black, non-Hispanic | 830 | 6 |
| Hispanic (of Any Race) | 1,571 | 6 |
| Asian, non-Hispanic | 25 | 0 |
| Native Hawaiian/Pacific Islander, non-Hispanic | 2 | 3 |
| American Indian/Alaska Native, non-Hispanic | 1 | 2 |
| Other Single Race, non-Hispanic | 25 | 2 |
| Two or More Races, non-Hispanic | 78 | 6 |

## *Teen Birth Rates (Ages 15-17), 2016*

| | N.J. | U.S. |
|---|---|---|
| Live births per 1,000 age-specific females | 4.4 | 8.8 |

## *Births to Teens, Rate per 1,000 Births to Females Ages 15-17*




# The Importance of a Mother's Education

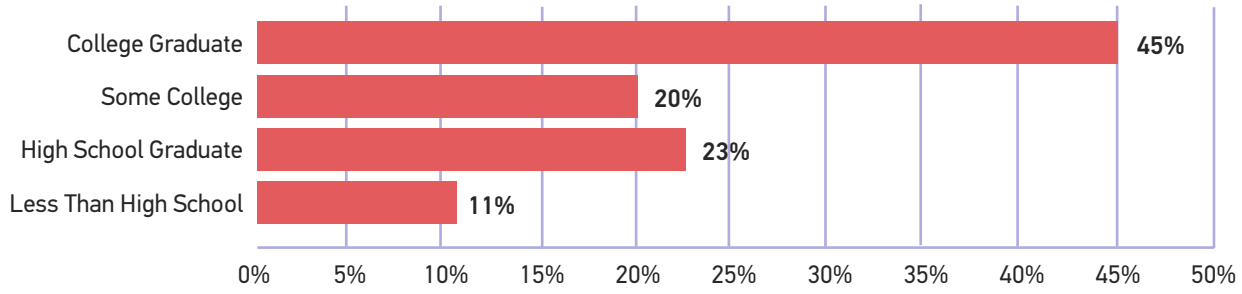
A mother's level of education can be a strong predictor of a child's potential for future success. A child born to a mother with a bachelor's degree is less likely to live in poverty and more likely to be enrolled in kindergarten or reading proficiently by eighth grade than those born to mothers with less than a high school diploma.[1]

## *Births by Race of Mother by Education Level, 2016*

| | Less Than High School | | High School Graduate | | Some College | | College Graduate | |
|---|---|---|---|---|---|---|---|---|
| | # | %* | # | %* | # | %* | # | %* |
| **TOTAL** | **11,536** | **11** | **23,625** | **23** | **20,956** | **20** | **45,832** | **45** |
| White, non-Hispanic | 1,338 | 3 | 7,919 | 17 | 8,788 | 19 | 27,155 | 60 |
| Black, non-Hispanic | 1,387 | 10 | 5,196 | 38 | 3,855 | 28 | 3,159 | 23 |
| Hispanic (of Any Race) | 8,157 | 29 | 8,763 | 32 | 6,315 | 23 | 4,321 | 16 |
| Asian, non-Hispanic | 337 | 3 | 772 | 6 | 1,046 | 9 | 9,741 | 82 |
| Native Hawaiian/Pacific Islander, non-Hispanic | 4 | 5 | 23 | 32 | 20 | 27 | 26 | 36 |
| American Indian/Alaska Native, non-Hispanic | 4 | 6 | 26 | 39 | 19 | 29 | 17 | 26 |
| Other Single Race, non-Hispanic | 153 | 10 | 326 | 22 | 341 | 23 | 626 | 43 |
| Two or More Races, non-Hispanic | 100 | 7 | 408 | 30 | 372 | 28 | 456 | 34 |

**Percentages are out of total births per demographic group.*

## Births by Mother's Education Level, 2016




## Births to Foreign-Born Mothers, 2016

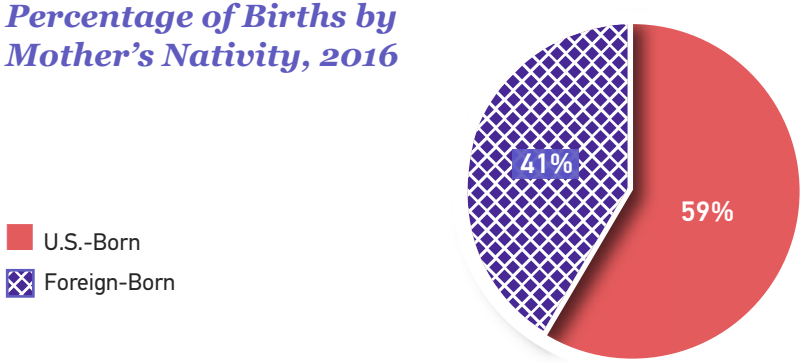
| | |
|---|---|
| Number | 41,443 |
| Percentage of total births | 41 |

*Note: does not include births to women for whom nativity status is unknown.*

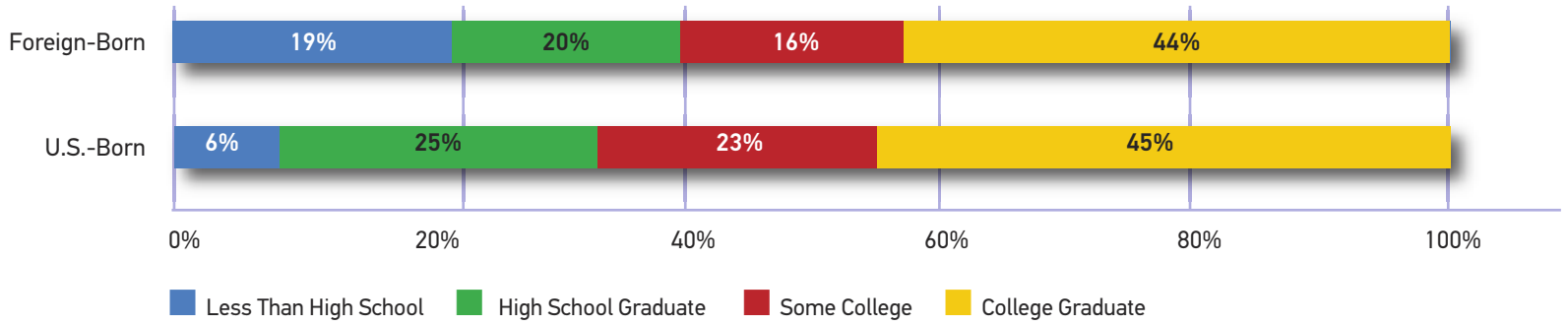
## Foreign-Born Mothers

The term "foreign-born" refers to all persons born outside the United States—regardless of citizenship or other legal status. New Jersey is a diverse state, with 41 percent of all births occurring to foreign-born New Jersey residents. Of births to foreign-born mothers, 44 percent were to women with a college degree, just below the percentage of births to U.S.-born mothers with college degrees.

## Percentage of Births by Mother's Nativity, 2016




## Percentage of Births by Nativity and Education Level, 2016



# Household Living Arrangements

### *Children Under Age 3 Living with One Parent, 2016*

| | |
|---|---|
| Number | 98,730 |
| Percent | 33 |

### *Grandparents Living with and Caring for Grandchildren under Age 3, 2016*

| | # | % |
|---|---|---|
| Grandparents living with grandchildren under age 3 | 52,841 | N/A |
| Grandparents caring for their grandchildren under age 3 | 13,546 | 26 |

## Multigenerational Households

Many children in New Jersey live with a grandparent. Sometimes that grandparent is the child's legal guardian, and in other cases, the child simply shares a home with that grandparent. We report two different census measures of these trends. The first tracks grandparents who live with their young grandchildren. The second refers to grandparents who live with and care for their grandchildren at any point during the year. In 2016, 26 percent of grandparents sharing a household with their grandchildren under age 3 also assumed responsibility for the care of their grandchild or grandchildren.

Demographics | 1

## References:

[1] Hernandez, D.J., & Napierala, S. (2014). Mother's Education and Children's Outcomes: How Dual-Generation Programs Offer Increased Opportunities for America's Families. Retrieved May 8, 2018 from https://files.eric.ed.gov/fulltext/ED558149.pdf.

## Data Sources and Technical Notes:

### Population

**Child Population Under Age 18, 2016.** The number of New Jersey children under age 18. As reported by the U.S. Census Bureau, Vintage 2016 Population Estimates.

**Child Population Under Age 3, 2016.** The number of New Jersey children under age 3 and percentage of children under age 3 out of the total number of children under age 18. As reported by the U.S. Census Bureau, Vintage 2016 Population Estimates.

**Child Population Under Age 3 by Race and Ethnicity, 2016.** As reported by the U.S. Census Bureau, Vintage 2016 Population Estimates, with assistance from the Population Reference Bureau.

**Population by Race and Ethnicity, Adult Population Vs. Under Age 3, 2016.** As reported by the U.S. Census Bureau, Vintage 2016 Population Estimates, with assistance from the Population Reference Bureau. Adult population data, ages 18 and above, retrieved from the KIDS COUNT Data Center, https://datacenter.kidscount.org/.

### Birth Statistics

**Total Births, 2016.** Total births and live births by race and ethnicity of mother. As reported by the N.J. Department of Health, New Jersey State Health Assessment Data, New Jersey Birth Certificate Database. Data accessed as of May 31, 2018.

**Births to Unmarried Women, 2016.** The total number of births to women who are unmarried and births to unmarried women by their race and ethnicity. As reported by the N.J. Department of Health, New Jersey State Health Assessment Data, New Jersey Birth Certificate Database. Data accessed as of May 31, 2018.

**Births to Teens (Ages 10-19), 2016.** The total babies born to females ages 10-19. Race and ethnicity percentage data are as a percentage of total births within their specific demographic. As reported by the N.J. Department of Health, New Jersey State Health Assessment Data, New Jersey Birth Certificate Database. Data accessed as of May 31, 2018.

**Teen Birth Rates (Ages 15-17), 2016.** Live births per 1,000 age specific females. Age-specific birth rates reported by the N.J. Department of Health, New Jersey State Health Assessment Data. Data accessed as of May 30, 2018.

**Births to Teens, Rate per 1,000 Births to Females Ages 15-17, 1990, 2000, 2010, 2016.** Live births per 1,000 age specific females. Age-specific birth rates reported by the N.J. Department of Health, New Jersey State Health Assessment Data. Data accessed as of May 30, 2018.

**Births by Race of Mother by Education Level, 2016.** The number and percentage of births to women by race by their level of education. As reported by the N.J. Department of Health, New Jersey State Health Assessment Data, New Jersey Birth Certificate Database. Data accessed as of May 31, 2018.

**Births by Mother's Education Level, 2016.** Births to women by their level of education. As reported by the N.J. Department of Health, New Jersey State Health Assessment Data, New Jersey Birth Certificate Database. Data accessed as of May 31, 2018.

**Births to Foreign-Born Mothers, 2016.** The number of births to women whose birthplace was outside the United States and its territories. Data do not include births to women for whom nativity status is unknown. As reported by the N.J. Department of Health, New Jersey State Health Assessment Data, New Jersey Birth Certificate Database. Data accessed as of May 31, 2018.

**Percentage of Births by Mother's Nativity, 2016.** The number of births to women born in U.S. states or U.S. territories (U.S.-born) and the remainder of the world (foreign-born). Data do not include births to women for whom nativity status is unknown. As reported by the N.J. Department of Health, New Jersey State Health Assessment Data, New Jersey Birth Certificate Database. Data accessed as of May 31, 2018.

**Percentage of Births by Nativity and Education Level, 2016.** Data do not include births to women for whom nativity status is unknown. As reported by the N.J. Department of Health, New Jersey State Health Assessment Data, New Jersey Birth Certificate Database. Data accessed as of May 31, 2018.

### Household Living Arrangements

**Children Under Age 3 Living with One Parent, 2016.** As reported by the U.S. Census Bureau, American Community Survey, Public Use Microdata Sample 1-year files. With assistance from the Population Reference Bureau.

**Grandparents Living with and Caring for Grandchildren under Age 3, 2016.** As reported by the U.S. Census Bureau, American Community Survey, Public Use Microdata Sample 1-year files. With assistance from the Population Reference Bureau.

Section 2

# Building Strong Families

## Family Economics

### What is the Federal Definition of Poverty?

Since the late 1950s, the federal government has used the poverty threshold to determine the number of individuals living in poverty within the United States. The measure is based on the cost of a basic food diet and adjusted for inflation and family size. The same poverty threshold is used for the entire nation and does not account for the higher cost of living in certain states like New Jersey, where 200 percent of the federal poverty threshold, or an annual income of $48,678 for a family of four in 2016, is more reflective of the families struggling to make ends meet in our state. The poverty threshold is produced by the U.S. Census Bureau. The U.S. Department of Health and Human Services uses the Census's thresholds to develop federal poverty guidelines that determine eligibility for certain federal programs. Individuals or families living below 100 percent of the federal poverty level (FPL) are considered to be living in poverty.

Thirty-five percent of New Jersey's children under age 3 live in families earning below 200 percent of the FPL, slightly higher than the percentage of children ages 3 to 17. Poverty can be especially harmful for young children and can significantly hurt their potential for later achievement and employment.

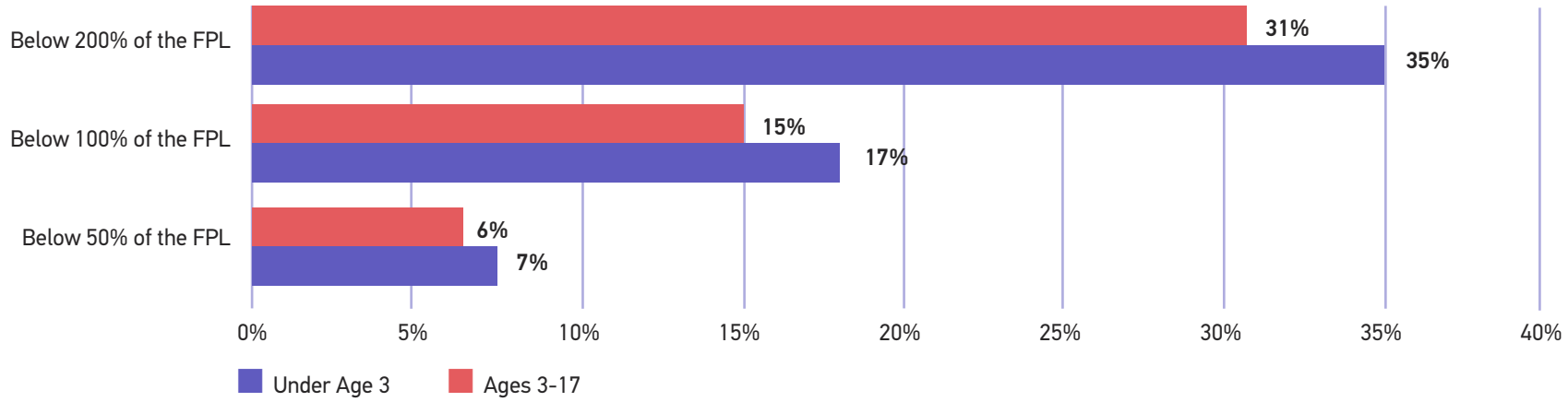
***Children Under Age 3 in Families that are Economically Disadvantaged, 2016***

| Children Under Age 3 Living in Families Below: | # | % |
|---|---|---|
| 50% of the federal poverty level | 21,601 | 7 |
| 100% of the federal poverty level | 51,164 | 17 |
| 200% of the federal poverty level | 109,563 | 35 |

***Federal Poverty Thresholds for a Family of Four, 2016***

| | |
|---|---|
| 50% | $12,170 |
| 100% | $24,339 |
| 200% | $48,678 |

## *Percentage of Children That Are Economically Disadvantaged*




## *Children with Mothers in the Labor Force*

| Children with mothers in the labor force, 2016 | # | % |
|---|---|---|
| Children under age 3 with mothers in the labor force | 189,650 | 69 |
| Children under age 1 with mothers in the labor force | 56,904 | 68 |

*Note: Percentage data out of infants or children living with their mother.*

## Bonding Time for Families: New Jersey Family Leave

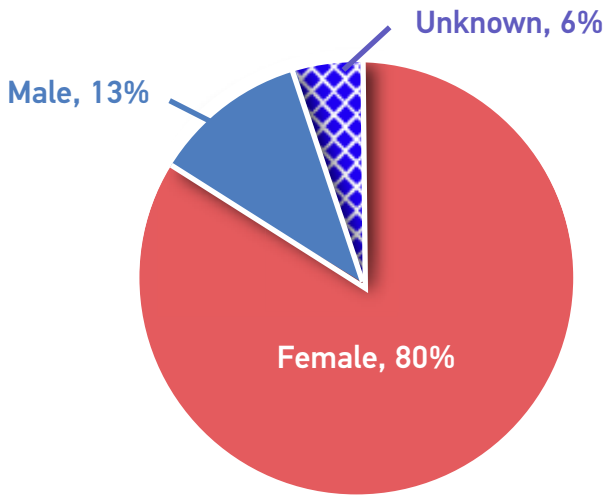
New Jersey is one of four states in the nation currently offering paid family leave for parents to bond with their newborn children. Paid family leave allows parents to spend time caring for their children without experiencing a complete loss of wages during this important bonding period. New Jersey's family leave program allows employees to take paid leave for six weeks at a rate of two-thirds their current salary with a maximum benefit of $615 per week in 2016.

New Jersey also protects some employees from termination or discipline for taking time off after a child's birth, but only for those in companies with 50 employees or more.

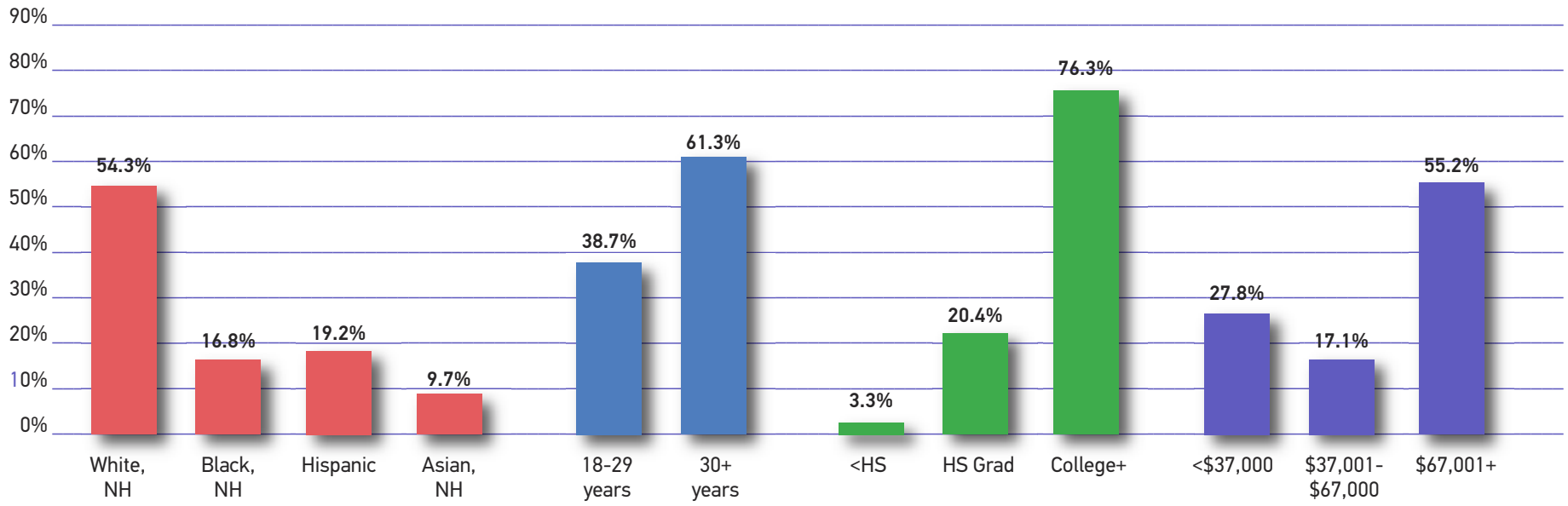
### *New Jersey Family Leave, 2016*

| | |
|---|---|
| **Total number of eligible claims** | **32,171** |
| Number of eligible bonding claims | 26,901 |
| % of total claims for bonding time | 84 |

### *Total Eligible Bonding Claims by Gender, 2016*



***PRAMS:* *Characteristics of Mothers With Paid Leave, 2012-2015***




## Characteristics of Mothers with Paid Leave

The family leave data depicted here refers to women who took many different forms of leave—ranging from leave provided by their own employers, New Jersey Family Leave Insurance or New Jersey Temporary Disability. Though respondents utilized different forms or different combinations of leave, the results indicate that respondents who opted to take family leave after a pregnancy tended to be higher income earners with college degrees. These data are from the Pregnancy Risk Assessment Monitoring System (PRAMS) survey results. For more information, turn to page 28.

# Supports for Families

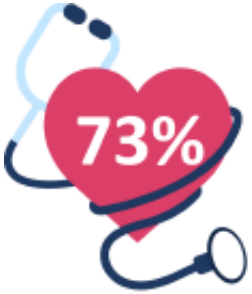
## New Jersey's Home Visitation Program

Home visitation is defined as families receiving regularly scheduled visits by either a trained professional or a nurse with a bachelor of science degree in nursing (BSN). The state's home visitation programs are designed to help mothers and fathers build healthy environments for their young children by promoting infant and child health, nurturing positive parent-child relationships and linking parents to resources and supports. This service is typically provided to families facing poverty or experiencing other risk factors such as mental illness, substance dependency or adolescent pregnancy. Visits tend to start before or immediately after birth. New Jersey implements its home visitation program using three models: Healthy Families, Nurse-Family Partnerships and Parents as Teachers. Home visitation programs are offered in all 21 counties with a central intake system covering every county. A review of the program has shown it to be effective in improving child health and development.[1] For more information on New Jersey's home visitation program, visit http://www.state.nj.us/dcf/families/early/visitation/.

***Families Receiving State-Funded Home Visitation Programs, 2017***

| | |
|---|---|
| Number | 7,041 |

***Positive Impacts of Home Visitation, 2017***




*children receive timely developmental screenings*


*families report singing and reading to their child every day*


*families practice safe sleep methods with infants*


*eligible mothers were screened for depression*


*positively screened mothers received a mental health service*

### *Children Living in Families Receiving Temporary Assistance for Needy Families (TANF), 2017*

| | |
|---|---|
| **Total children** | **28,458** |
| Number of children under age 3 | 3,708 |
| % children under age 3 | 13 |

### *Children Receiving NJ Supplemental Nutrition Assistance (SNAP), 2017*

| | |
|---|---|
| **Total children** | **373,920** |
| Number of children under age 3 | 40,004 |
| % children under age 3 | 11 |

### *Women, Infants, and Children (WIC) Receiving Nutritional Benefits, 2017*

| | |
|---|---|
| Number of enrollees | 163,305 |
| Number of reported participants | 146,416 |
| Participation rate (%) | 90 |

## What are TANF, SNAP and WIC?

The Temporary Assistance for Needy Families (TANF) program, more commonly referred to as welfare, provides cash assistance to families in need through a federally-funded block grant given to individual states. The state of New Jersey operates the welfare reform program known as WorkFirst NJ using TANF funds. WorkFirst NJ participants are eligible for the program for a maximum of 60 months. For more information on WorkFirst NJ, visit http://www.state.nj.us/humanservices/dfd/programs/workfirstnj/.

The Supplemental Nutrition Assistance Program (SNAP), formerly food stamps, is the largest food safety net program in the United States, providing low-income families with nutritious food. Eligible New Jersey applicants can have an income of no more than 185 percent of the federal poverty guidelines or $45,510 for a family of four in 2017. During that same year, more than 40,000 children under age 3 lived in families receiving SNAP benefits.

The Supplemental Nutrition Program for Women, Infants, and Children (WIC) provides supplemental nutritious food to pregnant, breastfeeding and postpartum women, infants and children up to the age of 5. WIC is available to New Jersey households with incomes up to 185 percent of the federal poverty guidelines. As of 2017, 90 percent of New Jersey residents eligible for WIC received these benefits. For more information on SNAP and WIC, visit https://fns.usda.gov.

# Child Protection

## Challenges for Strong Families

From birth to age 3, children are at greater risk of abuse or neglect. Many of these children come to the attention of New Jersey's child protection system and, in fact, make up a large percentage of the caseload.

## What is CP&P?

The Division of Child Protection and Permanency (CP&P), formerly the Division of Youth and Family Services (DYFS), operates within the New Jersey Department of Children and Families as the state's child welfare and protection agency. CP&P is responsible for investigating reports of child abuse and neglect and, if necessary, arranging for the child's protection and services for the family. When children cannot remain at home due to safety concerns, CP&P may ask the family court to place the child into foster care and to seek another permanent home for children who cannot be safely reunified with their parent(s) within the timeframes provided by law.

### *Helpful CP&P Terms:*

***Children Under Supervision:** children receiving services, whether in their own home or in foster care.*

***In-Home Services:** children who receive CP&P services while remaining in their own homes.*

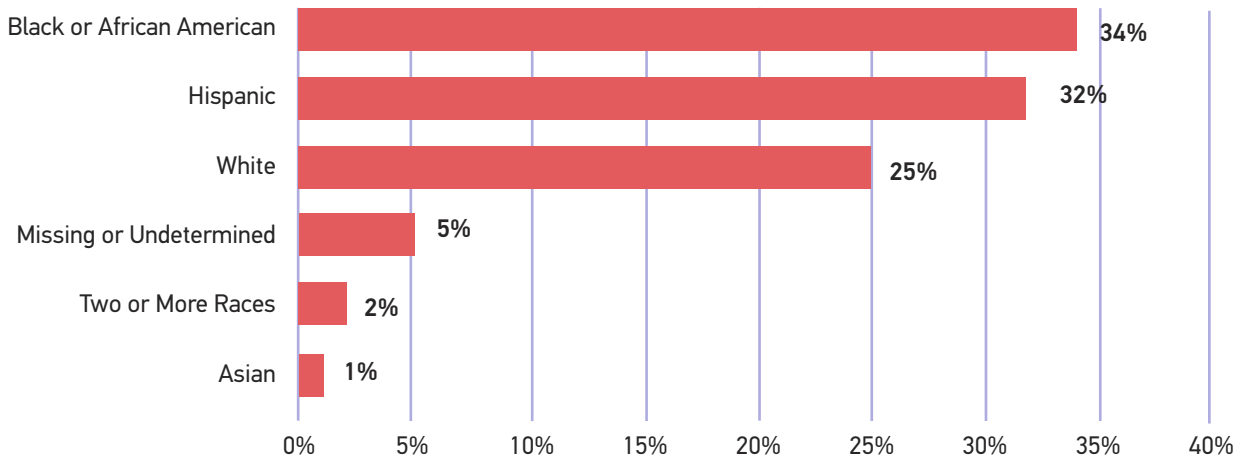
***Out-of-Home Placement:** children living in foster care or group homes.*

### *Children Under CP&P Supervision, 2017*

| | # | % |
|---|---|---|
| **Total children under supervision** | **48,371** | **N/A** |
| Children under age 3 | 8,521 | 18 |
| | | |
| **Children under age 3 by race** | **#** | **%*** |
| American Indian or Alaska Native | 11 | 0 |
| Asian | 71 | 1 |
| Black or African American | 3,027 | 36 |
| Hispanic | 2,581 | 30 |
| Native Hawaiian or other Pacific Islander | <10 | N/A |
| White | 2,208 | 26 |
| Two or more races | 236 | 3 |
| Missing or undetermined | 385 | 5 |

**Percentage data out of all children under age 3 under CP&P supervision.*

## *Percentage of Children under Age 3 under CP&P Supervision Receiving In-Home Services, by Race, 2017*

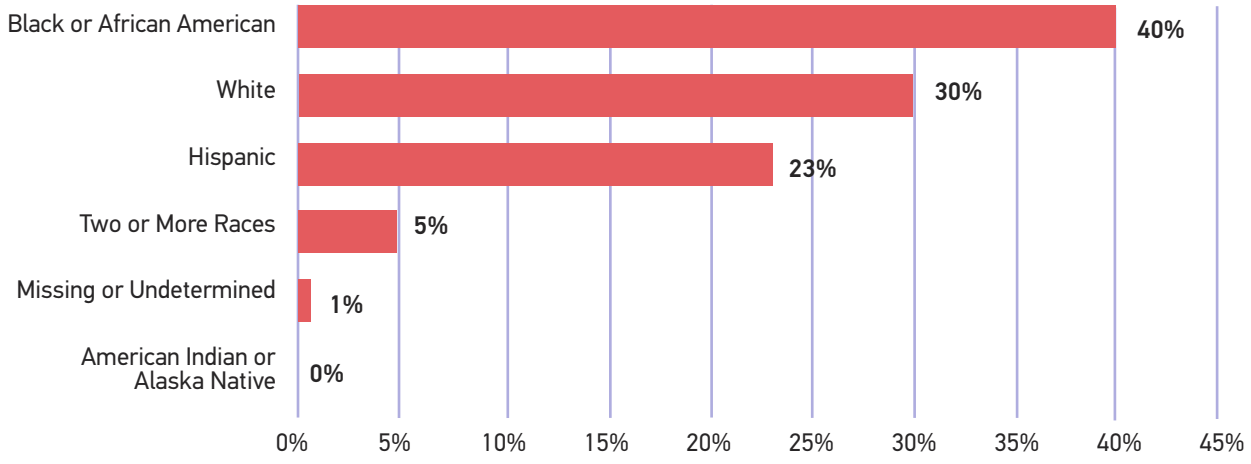



*Note: Data for certain racial/ethnic groups suppressed due to values <10.*

### *Children Receiving In-Home CP&P Services, 2017*

| | # | % |
|---|---|---|
| **Total children** | **42,180** | **N/A** |
| Children under age 3 | 6,898 | 16 |

## *Percentage of Children under Age 3 in Out-of- Home CP&P Placement, by Race, 2017*

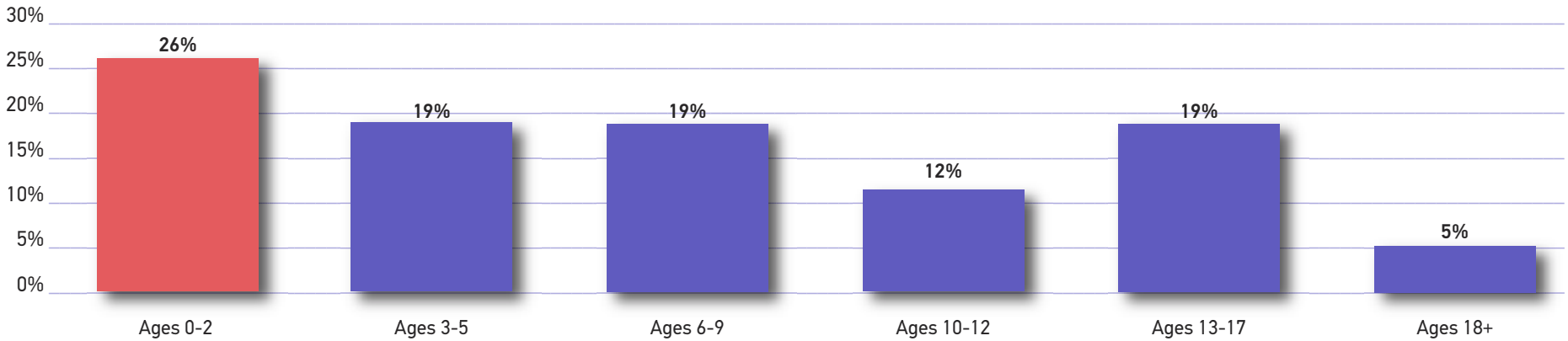



*Note: Data for certain racial/ethnic groups suppressed due to values <10.*

### *Children in Out-of-Home CP&P Placement, 2017*

| | # | % |
|---|---|---|
| **Total children** | **6,191** | **N/A** |
| Children under age 3 | 1,623 | 26 |

***Percentage of Children in Out-of-Home CP&P Placement, by Age Group, 2017***




## Infants and Toddlers under Supervision

Children under age 3 represent 18 percent of all children under CP&P supervision. While the majority of children under age 3 are under supervision in their own homes, infants and toddlers constitute more than a quarter of the state's total out-of-home, foster care population. Their young age makes them particularly vulnerable—very young children cannot take care of themselves, defend themselves or tell on their abusers. Children under age 3 comprise a higher percentage of substantiated or established cases of reported abuse or neglect in comparison to all children.

## *Children Reported for Abuse/Neglect, 2016*

| | # | % |
|---|---|---|
| **Total children reported** | **84,950** | **N/A** |
| Children under age 3 reported | 15,760 | 19 |

## *Substantiated or Established Findings of Abuse/Neglect, 2016*

| | Reported children < age 3 | | All reported children | |
|---|---|---|---|---|
| | # | % | # | % |
| Reported children with substantiated findings | 870 | 6 | 3,161 | 4 |
| Reported children with established findings | 1,203 | 8 | 4,989 | 6 |
| **TOTAL** | **2,073** | **13** | **8,150** | **10** |

## *Children Under Age 3 Reported for Abuse/Neglect by Race, 2016*

| | # | % of all reported children under age 3 |
|---|---|---|
| American Indian or Alaska Native | <10 | N/A |
| Asian | 178 | 1 |
| Black or African American | 5,231 | 33 |
| Hispanic | 4,683 | 30 |
| Native Hawaiian or other Pacific Islander | <10 | N/A |
| White | 4,729 | 30 |
| Two or more races | 417 | 3 |
| Missing or undetermined | 506 | 3 |

## *Children Under Age 3 with a Substantiated/ Established Finding of Abuse/Neglect, by Race, 2016*

| | # | % of demographic reported for abuse/neglect |
|---|---|---|
| American Indian or Alaska Native | 0 | N/A |
| Asian | N/A | N/A |
| Black or African American | 653 | 12 |
| Hispanic | 555 | 12 |
| Native Hawaiian or other Pacific Islander | N/A | N/A |
| White | 728 | 15 |
| Two or more races | 81 | 19 |
| Missing or undetermined | 33 | 7 |

*Note: Asian and Native Hawaiian N/A because one or both of the categories of abuse <10.*

## *Child Fatalities Due to Abuse/Neglect, 2016*

| | |
|---|---|
| **Total child fatalities** | **17** |
| Total fatalities children < age 3 | 10 |
| Fatalities to children < age 3 previously known to CP&P | 2 |

## References:

[1] Sama-Miller, E., Kaers, L., Mraz-Esposito, A., Zukiewicz, M., Avellar, S., Paulsell, D., Del Grosso, P. (2017). Home Visiting Evidence of Effectiveness Review: Executive Summary. Retrieved February 1, 2018 from https://homvee.acf.hhs.gov/homvee_executive_summary_august_2017_final_508_compliant.pdf.

## Data Sources and Technical Notes:

### Family Economics

**Children Under Age 3 in Families that are Economically Disadvantaged, 2016.** As reported by the U.S. Census Bureau, American Community Survey Public Use Microdata Sample (PUMS) 1-year files.

**Federal Poverty Thresholds for a Family of Four, 2016.** Threshold for a family of four, with two adults and two children living in poverty. As reported by the U.S. Census Bureau.

**Percentage of Children That Are Economically Disadvantaged, 2016.** As reported by the U.S. Census Bureau, American Community Survey Public Use Microdata Sample (PUMS) 1-year files.

**Children with Mothers in the Labor Force, 2016.** As reported by the U.S. Census Bureau, American Community Survey, Public Use Microdata Sample 1-year files. With assistance from the Population Reference Bureau. Percentage data represent the number of children with mothers in the labor force for a given age group, out of the total number of children for that age group who live with their mothers.

**New Jersey Family Leave, 2016.** The number of eligible family leave claims and the number of bonding claims filed to bond with a newborn or newly adopted child. As reported by the N.J. Department of Labor and Workforce Development, Office of Research and Information, Family Leave Insurance Workload Summary Report for the year listed.

**Total Eligible Bonding Claims by Gender, 2016.** As reported by the N.J. Department of Labor and Workforce Development, Office of Research and Information, Family Leave Insurance Workload Summary Report for the year listed.

**Characteristics of Mothers With Paid Leave, 2012-2015.** The percentage of women by race, age group, educational attainment and annual income who reported taking paid maternity leave. As reported by the N.J. Department of Health, New Jersey Pregnancy Risk Assessment Monitoring System (PRAMS).

### Supports for Families

**Families Receiving State-Funded Home Visitation Programs, 2017.** As reported by the N.J. Department of Children and Families. Data are as of June and include data for three home visitation programs: Nurse Family Partnership, Health Families-TIP Program and Parents and Teachers. This includes only evidence-based programs funded through the N.J. Department of Children and Families. Home visitation is defined as families receiving regularly scheduled visits by either a trained home visitor or a nurse with a bachelor's of science degree in nursing (BSN).

**Positive Impacts of Home Visitation, 2017.** As reported by the N.J. Department of Children and Families for fiscal year 2017.

**Children Living in Families Receiving TANF (Welfare), 2017.** Represents total children and children under age 3 receiving TANF. As reported by the N.J. Department of Human Services, Division of Family Development. Data are from June.

**Children Receiving NJ Supplemental Nutrition Assistance Program (SNAP), 2017.** All children and children under age 3 receiving SNAP, formerly Food Stamps. As reported by the N.J. Department of Human Services, Division of Family Development. Data are from June.

**Women, Infants, and Children (WIC) Receiving Nutritional Benefits, 2017.** The number of enrollees and the number of reported participants in the Special Supplemental Nutrition Program for Women, Infants and Children. As reported by the N.J. Department of Health, Division of Family Health Services. Data are for the quarter ending June 30th.

### Child Protection

**Children Under CP&P Supervision, 2017.** As reported by the N.J. Department of Children and Families, New Jersey Child Welfare Data Hub. Retrieved from https://njchilddata.rutgers.edu/.

**Children Receiving In-Home CP&P Services, 2017.** As reported by the N.J. Department of Children and Families, New Jersey Child Welfare Data Hub. Retrieved from https://njchilddata.rutgers.edu/.

**Percentage of Children under Age 3 under CP&P Supervision Receiving In-Home Services, by Race, 2017.** As reported by the N.J. Department of Children and Families, New Jersey Child Welfare Data Hub. Retrieved from https://njchilddata.rutgers.edu/.

**Children in Out-of-Home CP&P Placement, 2017.** As reported by the N.J. Department of Children and Families, New Jersey Child Welfare Data Hub. Retrieved from https://njchilddata.rutgers.edu/.

**Percentage of Children under Age 3 in Out-of-Home CP&P Placement, 2017.** As reported by the N.J. Department of Children and Families, New Jersey Child Welfare Data Hub. Retrieved from https://njchilddata.rutgers.edu/.

**Percentage of Children in Out-of-Home CP&P Placement, by Age Group, 2017**. As reported by the N.J. Department of Children and Families, New Jersey Child Welfare Data Hub. Retrieved from https://njchilddata.rutgers.edu/.

**Children Reported for Abuse/Neglect, 2016.** As reported by the N.J. Department of Children and Families, New Jersey Child Welfare Data Hub. Retrieved from https://njchilddata.rutgers.edu/.

**Substantiated or Established Findings of Abuse/Neglect, 2016.** As reported by the N.J. Department of Children and Families, New Jersey Child Welfare Data Hub. Retrieved from https://njchilddata.rutgers.edu/.

**Children Under Age 3 Reported for Abuse/Neglect by Race, 2016.** As reported by the N.J. Department of Children and Families, New Jersey Child Welfare Data Hub. Retrieved from https://njchilddata.rutgers.edu/.

**Children Under Age 3 with a Substantiated/Established Finding of Abuse/Neglect, 2016.** As reported by the N.J. Department of Children and Families, New Jersey Child Welfare Data Hub. Retrieved from https://njchilddata.rutgers.edu/.

**Child Fatalities Due to Abuse/Neglect, 2016.** As reported by the N.J. Department of Children and Families, Comprehensive Child Abuse Prevention and Treatment Act (CCAPTA) Report.

Section 3

# Healthy Starts

## Infant and Maternal Health

### Health Starts at the Beginning

In order to thrive, children need access to high-quality health care that begins before birth. A lack of prenatal care or late prenatal care can lead to poor pregnancy outcomes, including low birthweights, preterm births and infant death. In 2016, 72 percent of New Jersey moms received prenatal care beginning in the first trimester—indicating a strong start for their soon-to-be infants. Preterm births accounted for less than 10 percent of all 2016 births, and roughly 8 percent of babies born in 2016 weighed less than 2,500 grams —indicating low birthweights.

However, these data were not the reality for all Garden State mothers in 2016—many mothers and infants of different racial backgrounds fared worse than the state average. More than one-third of non-Hispanic black mothers received late prenatal care, or none at all. Thirteen percent of babies born to non-Hispanic black mothers and 13.6 percent of those born to American Indian/Alaskan Native mothers had low birthweights.

***Prenatal Care Onset, 2016***

| | Early Prenatal Care | | Late or No Prenatal Care | |
|---|---|---|---|---|
| | # | % of demographic | # | % of demographic |
| **TOTAL** | **73,862** | **72.1** | **23,123** | **22.6** |
| White, non-Hispanic | 36,072 | 79.5 | 6,751 | 14.9 |
| Black, non-Hispanic | 8,001 | 58.6 | 4,744 | 34.7 |
| Hispanic (of Any Race) | 18,046 | 65.0 | 8,328 | 30.0 |
| Asian, non-Hispanic | 9,359 | 78.5 | 2,109 | 17.7 |
| Native Hawaiian/Pacific Islander, non-Hispanic | 54 | 74.0 | 18 | 24.7 |
| American Indian/Alaska Native, non-Hispanic | 43 | 65.2 | 21 | 31.8 |
| Other Single Race, non-Hispanic | 870 | 59.7 | 490 | 33.6 |
| Two or More Races, non-Hispanic | 855 | 63.7 | 417 | 31.0 |

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

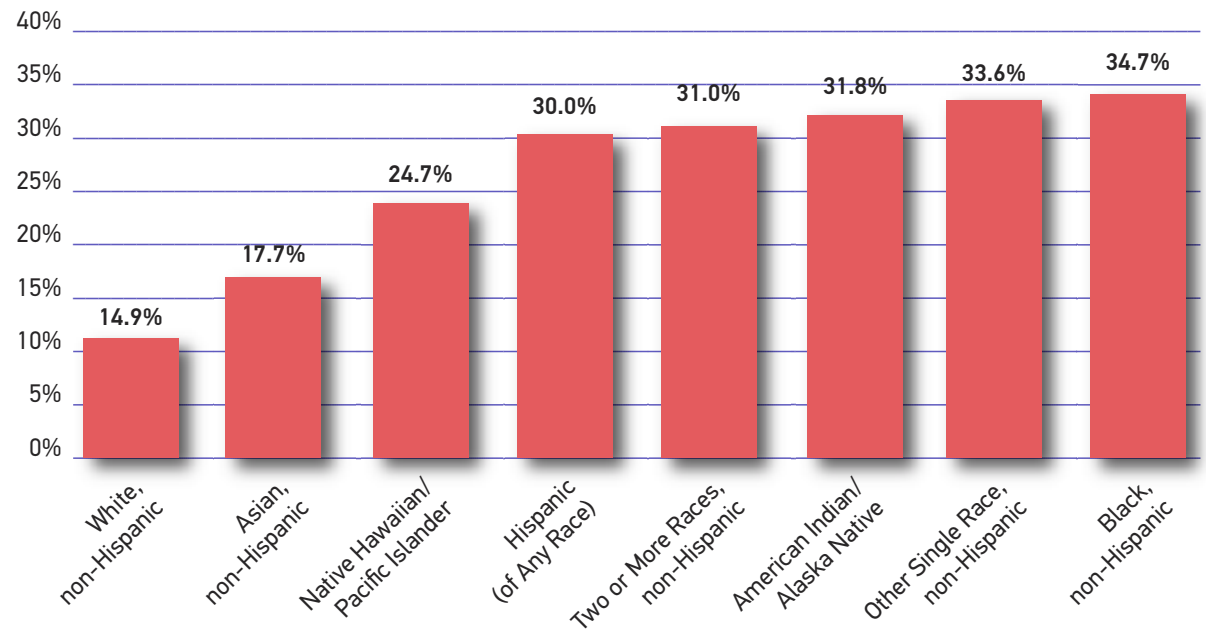
### *Percentage of Mothers Receiving Early Prenatal Care, 2016*

| N.J. | U.S. |
|---|---|
| 72.1 | 74.9 |

## Improving Maternal and Infant Health: Group Prenatal Care

Within New Jersey, efforts have been made to pilot different approaches to improving prenatal care. Central Jersey Family Health Consortium spearheaded NJ Strong Start, using CenteringPregnancy®—a form of group prenatal care that combined health care, education and emotional support to improve birth outcomes for women enrolled in Medicaid. Strong Start saw promising results among enrollees, including lowered rates of babies born with low birthweights and increased rates of breastfeeding. For more information on NJ Strong Starts, visit http://www.cjfhc.org/index.php/en/programs-services/community-programs-and-services.

### *Percentage of Mothers Receiving Late or No Prenatal Care, 2016*




### *Percentage of Births that were Preterm,* 2016*

| | |
|---|---|
| **TOTAL** | **9.9** |
| White, non-Hispanic | 8.7 |
| Black, non-Hispanic | 13.6 |
| Hispanic (of Any Race) | 10.3 |
| Asian, non-Hispanic | 9 |
| Native Hawaiian/Pacific Islander, non-Hispanic | 4.1 |
| American Indian/Alaska Native, non-Hispanic | 10.6 |
| Other Single Race, non-Hispanic | 9 |
| Two or More Races, non-Hispanic | 9.9 |

**Preterm births defined as less than 37 weeks.*
*Note: Demographic group percentages out of total births per demographic group.*

### *PRAMS: Insurance Status, 2015*

| | Before Pregnancy (%) | During Pregnancy (%) |
|---|---|---|
| NJ FamilyCare | 18.3 | 28.7 |
| Private | 63.2 | 62.6 |
| No insurance | 18.5 | 8.7 |

***NJ FamilyCare Eligibility for Expectant Mothers:***
***pregnant women are eligible for NJ FamilyCare up to 205 percent of the federal poverty level.***

## Maternal Depression

Women who are currently pregnant, have given birth or stopped breastfeeding are at risk of Perinatal Mood Disorders (PMDs). Women can experience PMDs both during pregnancy and after giving birth. When asked if a health care worker talked about depression, 69.3 percent of PRAMS mothers surveyed responded "yes." When asked directly about experiencing Postpartum Depression symptoms, 9.5 percent of total respondents answered "yes." Higher percentages of non-Hispanic Asian mothers and non-Hispanic black mothers reported experiencing Postpartum Depression symptoms than did other racial or ethnic groups. For more information on Postpartum Depression and other forms of PMDs, visit https://www.nj.gov/health/fhs/maternalchild/mentalhealth/about-disorders/.

In 2006, New Jersey became the first state to mandate postpartum screening for women who recently gave birth.[1] Healthcare professionals are required to screen women for symptoms before they leave the hospital and later on, during postpartum healthcare visits.

## What is PRAMS?

The Pregnancy Risk Assessment Monitoring System is a research effort on the part of the N.J. Department of Health and the Centers for Disease Control and Prevention (CDC) to track the experiences of mothers throughout their pregnancy. PRAMS data are obtained through a survey that is administered to a random sample of mothers shortly after giving birth—some time between 2-6 months afterwards. It is estimated that roughly 1,500 mothers who recently gave birth participate in the PRAMS survey each year. PRAMS data includes information on breastfeeding, health insurance coverage, family leave, safe sleeping practices and much more. A snapshot of some of the data available through the survey can be found throughout this report; for more information on PRAMS, visit https://www.nj.gov/health/fhs/maternalchild/outcomes/prams/.

### *PRAMS: A Health Care Worker Talked About, 2015*

| | % |
|---|---|
| Depression | 69.3 |

### *PRAMS: Percentage of Mothers with Postpartum Depression Symptoms, 2015*

| | |
|---|---|
| **TOTAL** | **9.5** |
| White, not Hispanic | 6.3 |
| Black, not Hispanic | 15.1 |
| Hispanic | 8.1 |
| Asian, not Hispanic | 19.2 |

*Note: CDC states that any participant that said "Often" or "Always" to Q.70 (Since your new baby was born, how often have you felt down, depressed, or hopeless?) or Q.71 (Since your new baby was born, how often have you had little interest or little pleasure in doing things?) is classified as experiencing self-reported Postpartum Depression.*

## What is a Low Birthweight?

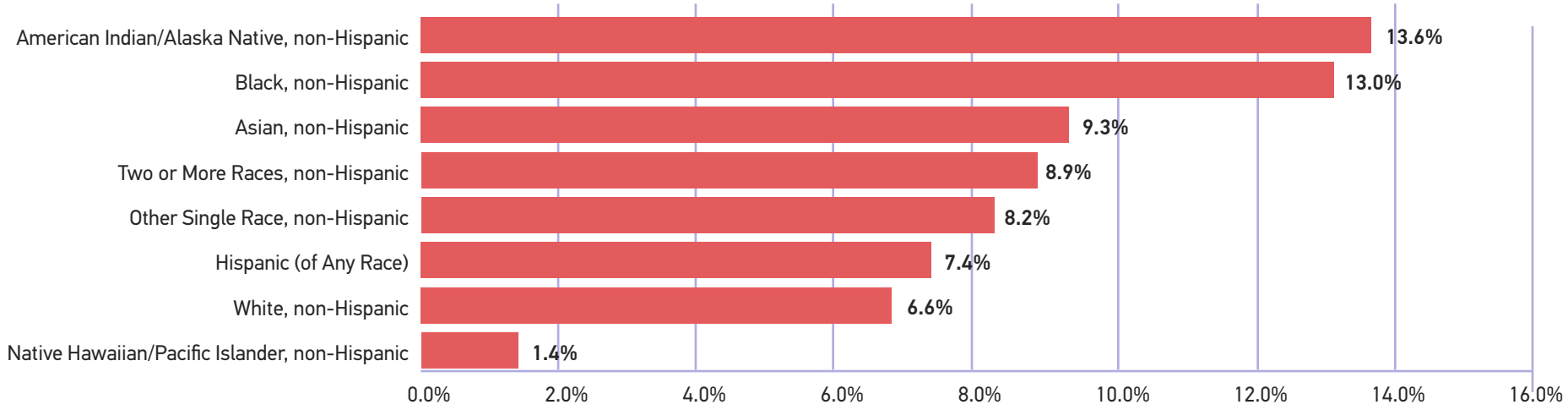
A low birthweight baby is any infant born weighing less than 2,500 grams, or roughly 5.5 pounds. Low birthweight babies may be more likely to develop certain health problems, such as respiratory distress syndrome, than infants born with normal birthweights. Long term, low birthweight babies may be at a greater risk of developing chronic conditions such as diabetes.[2] In 2016, 8.1 percent of babies born in New Jersey had low birthweights.

### *Percentage of Babies Born with Low Birthweight, 2016*

| | |
|---|---|
| **TOTAL** | 8.1 |
| White, non-Hispanic | 6.6 |
| Black, non-Hispanic | 13 |
| Hispanic (of Any Race) | 7.4 |
| Asian, non-Hispanic | 9.3 |
| Native Hawaiian/Pacific Islander, non-Hispanic | 1.4 |
| American Indian/Alaska Native, non-Hispanic | 13.6 |
| Other Single Race, non-Hispanic | 8.2 |
| Two or More Races, non-Hispanic | 8.9 |

*Note: Demographic group percentages out of total births per demographic group.*

### *Percentage of Babies Born with Low Birthweight, 2016*



## The Importance of Breastfeeding

The American Academy of Pediatrics (AAP) recommends exclusive breastfeeding of infants up to six months in age and later, with the introduction of appropriate foods until the infant's first birthday.[3] In New Jersey, 82 percent of mothers reported ever breastfeeding their infants, and 23.1 percent reported that they were in line with the AAP's recommendations.

Breastfeeding boasts a number of health benefits for both infants and mothers, according to the AAP, including a reduced chance that infants will contract certain infectious diseases and a lowered risk of mothers developing certain types of cancer.[4] Breastfeeding also encourages bonding between infants and their parents. However, barriers to breastfeeding do exist—many women who return to work after giving birth have difficulty fitting breastfeeding or expressing milk into their schedule. Some women know little about the mechanics of breastfeeding and others are discouraged due to cultural misconceptions or a perceived stigma surrounding women who breastfeed in public.[5] For more information and data on breastfeeding, view the CDC's annual breastfeeding report cards at https://www.cdc.gov/breastfeeding/data/reportcard.htm.

### *Breastfeeding*

| Rate of Infants Who Were... | Infants Born in 2013 (%) |
|---|---|
| Ever breastfed | 82.0 |
| Exclusively breastfeeding at 3 months | 41.4 |
| Exclusively breastfeeding at 6 months | 23.1 |

# Preventing Childhood Illness

***PRAMS Question:***
***Has your new baby had a well-baby checkup? 2015***

| | % Yes |
|---|---|
| **TOTAL** | **99.3** |
| White, non-Hispanic | 99.9 |
| Black, non-Hispanic | 98.5 |
| Hispanic | 98.6 |
| Asian, non-Hispanic | 99.5 |

## What are Well-Baby Visits?

While many understand the importance of going to the doctor when their child is sick, it is equally important for parents to take their young children to see a pediatrician even when they are feeling well. Well-baby visits help with disease prevention by ensuring that babies receive necessary immunizations and help screen them for exposure to toxins like lead. They also allow physicians to track a child's progress—from their growth in weight and height to important developmental milestones like beginning to speak. For more information on well-baby checkups, visit: https://www.marchofdimes.org/baby/routine-medical-care-for-children-from-1-month-to-2-years-old.aspx.

According to 2015 survey data, more than 99 percent of mothers reported taking their infant for at least one well-baby checkup, with percentages being high across all racial and ethnic groups.

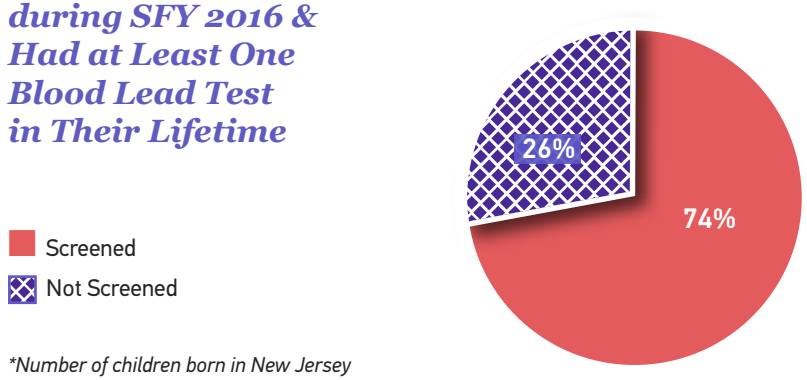
## Young Children and Lead

Lead is a powerful toxic metal that permanently affects child brain development and is especially harmful for infants and young children. According to the CDC, there is no safe level of lead in a child's body. Even small amounts of lead have lifelong effects on children's brains and bodies. In 2017, pursuant to recommendations from the CDC, New Jersey now uses a blood lead reference level of 5 micrograms per deciliter (µg/dL) to indicate when action must be taken. Previously, New Jersey had used a blood lead reference level of 10 µg/dL. In 2016, 44 percent of young children 6-26 months were tested for lead exposure and of those tested, roughly 2 percent had blood lead levels higher than 5 µg/dL. Because young children are especially vulnerable, early blood lead testing is critical. Cumulative data show that more than a quarter of children failed to have a lead screening test by their third birthday.

### *Childhood Lead Exposure, 2016*

| | # | % |
|---|---|---|
| Children 6-26 months tested for lead | 94,909 | 44 |
| Children 6-26 months with blood lead levels ≥ 5 µg/dL | 2,300 | 2 |

### *Percentage of Children* Who Turned 3 Years of Age during SFY 2016 & Had at Least One Blood Lead Test in Their Lifetime*




*Number of children born in New Jersey between July 1, 2012 and June 30, 2013.*

### *Immunizations, 2016*

| | N.J. | U.S. |
|---|---|---|
| Percentage of children immunized by age 2* | 75.6 | 73.8 |

*Refers to 4:3:1:3:3:1 immunization coverage. Administration of the Hib vaccine and booster has changed to either 2 or 3 doses plus a booster—both are considered "the full series" of vaccines.*

## Immunizations for New Jersey's Young Children

The recommended combination of vaccines that children receive at each doctor's visit is carefully scheduled by disease experts and doctors to maximize protection for children and vaccine effectiveness. Kids Count data measure how many children have received the full schedule of recommended immunizations by 24 months. These immunizations include protection from multiple diseases that can be deadly for young children, including polio, whooping cough, measles and hepatitis B. Some vaccines must be given in multiple doses spaced out over multiple visits to be effective.

New Jersey requires children to receive a minimum set of immunizations in order to enroll in or attend a child care or preschool facility in New Jersey. For more information on New Jersey's immunization schedule, please visit: https://nj.gov/health/cd/documents/imm_requirements/cc_preschool_requirements-parents.pdf .

### *Infants with Neonatal Abstinence Syndrome, 2015*

| | # | % of total |
|---|---|---|
| **TOTAL** | **824** | |
| White, non-Hispanic | 576 | 70 |
| Black, non-Hispanic | 99 | 12 |
| Hispanic (of Any Race) | 63 | 8 |
| Asian, non-Hispanic | ** | N/A |
| American Indian/Alaska Native, non-Hispanic | ** | N/A |
| Other Single Race, non-Hispanic | 25 | 3 |
| Two or More Races, non-Hispanic | * | N/A |

**The value has been suppressed because it does not meet standards of reliability or precision.*

## What is Neonatal Abstinence Syndrome?

Neonatal Abstinence Syndrome (NAS) occurs when an infant is prenatally exposed to drugs. Most babies develop NAS as a result of a mother who used opioids while still pregnant, although other types of drugs such as sleeping pills and antidepressants can also lead to NAS.[6] Because opioid-exposed infants are more likely to be born with a low birthweight or suffer from seizures, they tend to remain at the hospital for a prolonged period after they are born.[7] Other signs and symptoms of NAS include fevers, irritability, a distinct high pitch wail and a tendency to gain weight more slowly than infants without NAS.[8] As of 2015, 824 New Jersey infants suffered from NAS, with 70 percent of cases occurring to non-Hispanic white infants.

## Safe Sleep Practices

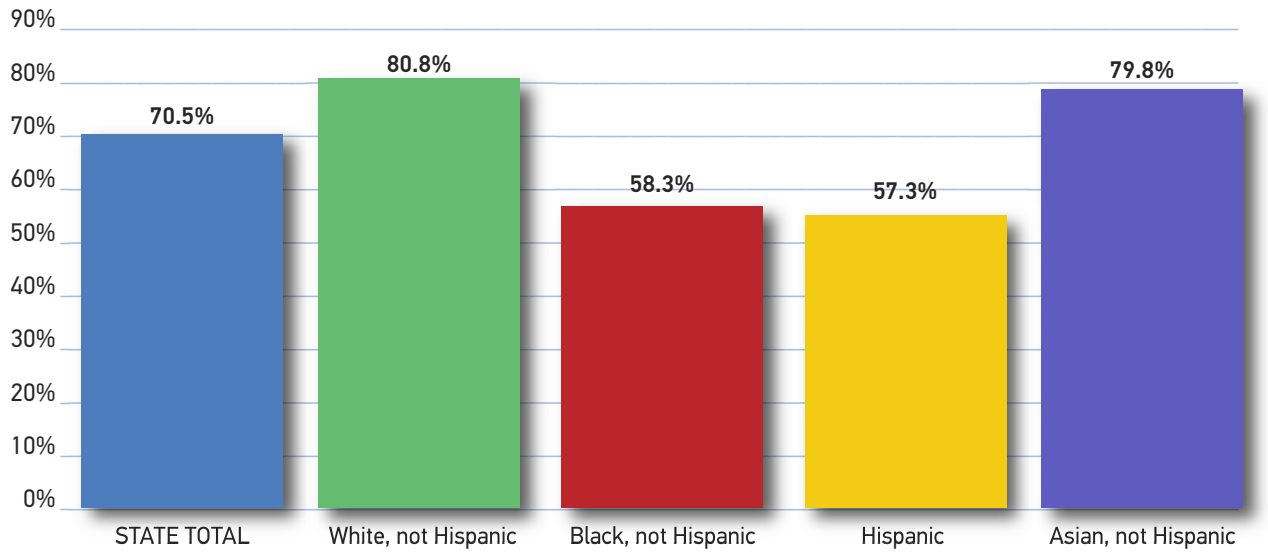
Safe sleep practices are crucial in minimizing an infant's risk of developing Sudden Infant Death Syndrome (SIDS) or suffering from a sleep-related death. According to the CDC, infant sleep-related deaths have declined nationally since the 1990s.[9] The following are some of the safe sleep practices recommended by the New Jersey Department of Children and Families:

- Babies should be placed on their backs to sleep.
- Firm, safe sleep surfaces are best—such as a crib or bassinet without blankets and pillows.
- Parents should practice room sharing, *not* bed sharing.

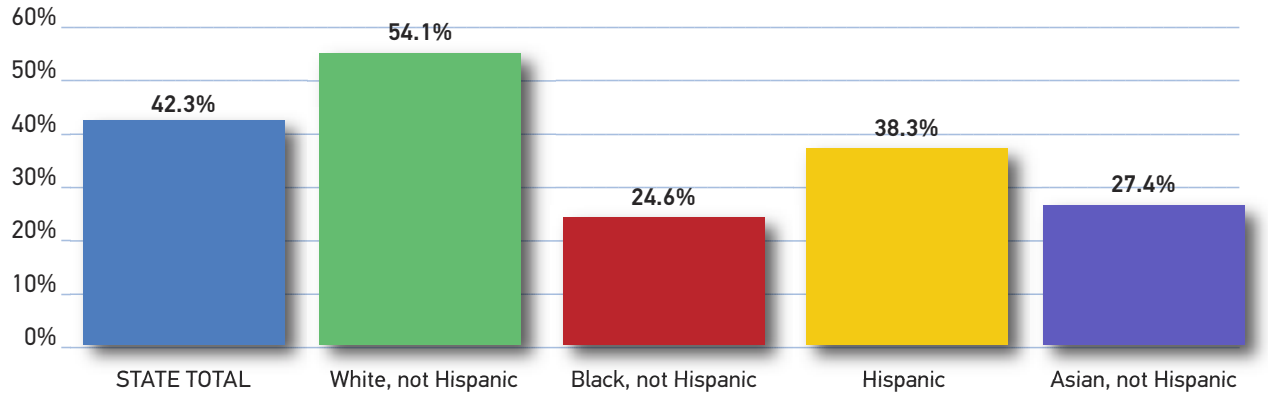
For more information on safe sleeping practices, visit www.njsafesleep.com.

State safe sleep practices in New Jersey vary. According to NJ PRAMS data, fewer than 30 percent of non-Hispanic Asian or black mothers and roughly 38 percent of Hispanic mothers reported that their baby *never* sleeps with another person, below the state average of 42 percent. Statewide, 70.5 percent of New Jersey moms reported that their baby sleeps on his or her back—compared to fewer than 60 percent of non-Hispanic black and Hispanic mothers.

## *PRAMS: Baby Sleeps on its Back, 2015*




## *PRAMS: Baby NEVER Sleeps with Another Person, 2015*



## Health Care for New Jersey's Youngest Residents

Young children need access to a regular source of medical care to obtain vital immunizations, well-baby care and treatment in case of illness. New Jersey has seen dramatic declines in the number of children living without health insurance. Currently, 3 percent of children under age 3 are without health insurance.

Thanks to NJ FamilyCare, more than 130,000 of New Jersey's infants and toddlers have access to health care. 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 or approximately $87,336 for a family of four. For more information, visit http://www.njfamilycare.org.

### *Uninsured Children, 2016*

| | # | % of age group |
|---|---|---|
| Children under age 18 without health insurance | 71,027 | 3 |
| Children under age 3 without health insurance | 8,663 | 3 |

### *Children Receiving NJ FamilyCare, 2017*

| | |
|---|---|
| Children under age 18 | 772,857 |
| Children under age 3 | 131,327 |
| Children under age 3 receiving NJ FamilyCare, as a percentage of all children under age 18 receiving NJ FamilyCare | 17 |

## Regular Medical Screenings for Young Children

Children should receive regular check-ups with doctors and dentists to monitor their development and ensure healthy growth. Babies and toddlers should see their doctor and dentist on a recommended schedule, which includes routine periodic physical, mental, dental, vision and hearing screenings. NJ FamilyCare provides the health insurance coverage to access these periodic visits.

Young children should begin to see a dentist after their first tooth and twice annually afterward. For more information on dental services for young children, visit: https://www.state.nj.us/humanservices/dmahs/clients/periodicity_of_dental_services.pdf.

### *Dental Treatment for Children Ages 0-2 Enrolled in NJ FamilyCare, 2016*

| | |
|---|---|
| Eligible children receiving any dental services | 21,491 |
| Eligible children receiving preventive dental services | 20,192 |
| Eligible children receiving dental treatment services | 2,943 |

### *Periodic Screenings for Children Ages 0-2 Enrolled in NJ Family Care, 2016*

| | |
|---|---|
| Eligible children who should receive at least one initial or periodic screen | 125,240 |
| Eligible children receiving at least one initial or periodic screen | 106,330 |
| % eligible children receiving at least one initial or periodic screen | 85 |

# Infant and Toddler Mortality

### *Infant Mortality Rate*, 2015*

| | N.J. | U.S. |
|---|---|---|
| Infant mortality rate | 4.8 | 5.9 |

**Deaths in the first year of life per 1,000 live births.*

## Infant Mortality in New Jersey

Long considered an important indicator of overall health, infant mortality refers to the death of an infant during their first year of life. Current data put our statewide infant mortality rate at 4.8 per 1,000 live births. According to the CDC, in 2015, there were five leading causes of infant mortality: birth defects, preterm births/low birthweights, sudden infant death syndrome, complications from pregnancy and injuries (such as suffocation).[10] In New Jersey, more than half of infant deaths occurred during the first 7 days of life.

The New Jersey Department of Health reports that our state has one of the lowest infant mortality rates in the nation, yet we have the third largest disparity in the rate between black and white mothers.[11] Data show an infant mortality rate of 3.0 for babies born to white mothers, compared to 9.7 for babies born to black mothers. When infant deaths are broken down by race and education levels, babies born to black mothers maintain higher mortality rates than do any other racial or ethnic group, in each education category.

### *Infant Mortality Rate*, by Race/Ethnicity, 2015*

| | |
|---|---|
| **TOTAL** | **4.8** |
| White, non-Hispanic | 3.0 |
| Black, non-Hispanic | 9.7 |
| Hispanic (of Any Race) | 4.6 |
| Asian, non-Hispanic | 2.0 |
| American Indian/Alaska Native, non-Hispanic | ** |
| Other Single Race, non-Hispanic | ** |

**Deaths in the first year of life per 1,000 live births. Demographic rates per 1,000 live births per demographic group.*

***This value has been suppressed because it does not meet standards of reliability or precision.*

### *Infant Deaths by Age of Infant, 2015*

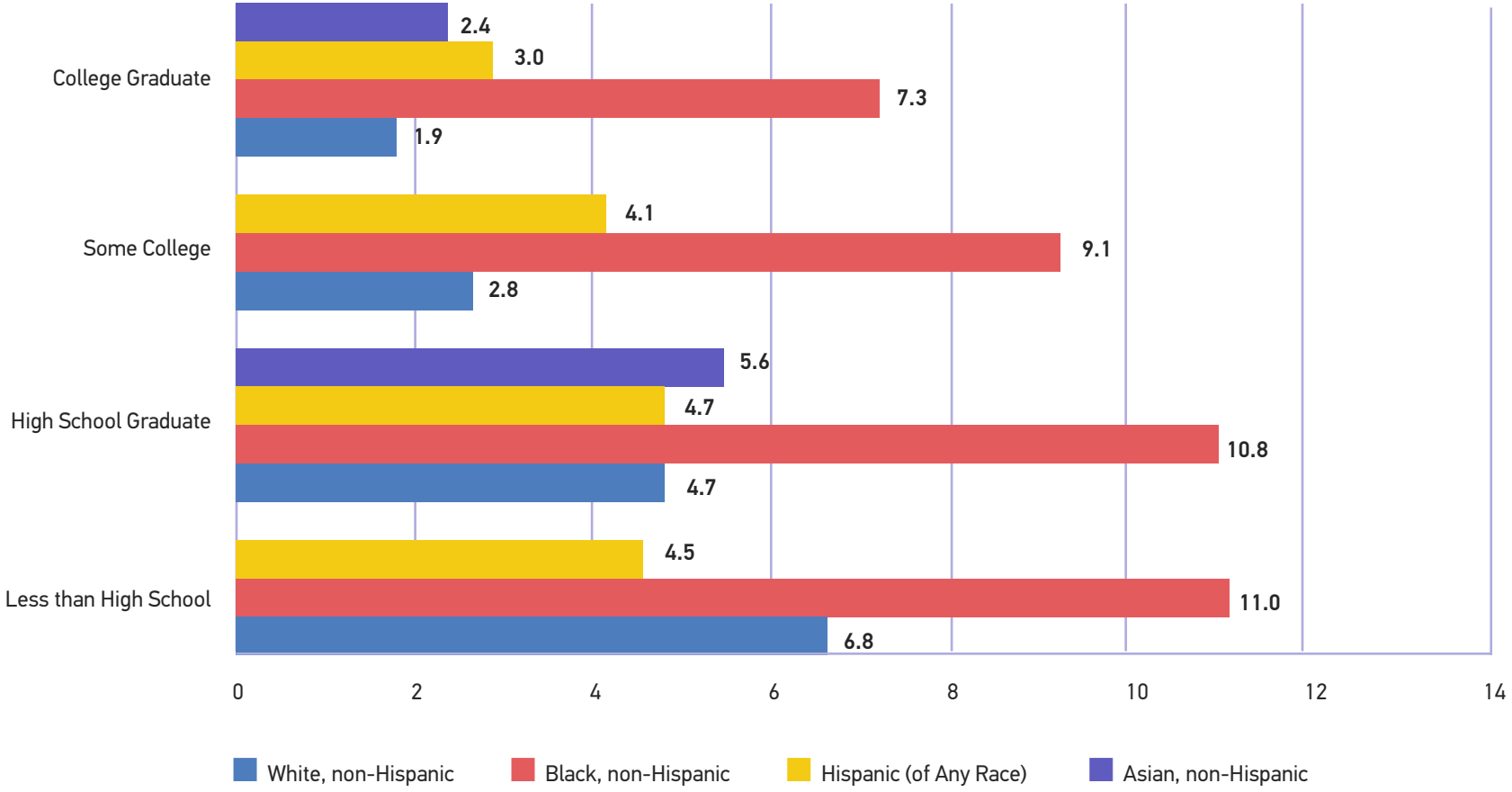
| | # | % of all Infant Deaths |
|---|---|---|
| < 7 days | 274 | 56 |
| 7-27 days | 63 | 13 |
| 28-364 days | 150 | 31 |
| **TOTAL** | **487** | |

**Does not include infant deaths for whom age at death was unknown.*

### *Child Deaths*

| | 2015 | 2016 |
|---|---|---|
| Number of children, ages 12-35 months | 53 | 46 |

## *Infant Mortality Rates by Mother's Race and Education Level, 2011-2015*




*Note: Certain values suppressed because they do not meet standards of reliability or precision.*

## References:


1 Act Concerning Postpartum Depression, L. 2006, c.12.

2 March of Dimes. (2014). Low Birthweight. Retrieved January 11, 2017, from https://www.marchofdimes.org/baby/low-birthweight.aspx.

3 American Academy of Pediatrics. (2012). Policy Statement: Breastfeeding and the Use of Human Milk. Retrieved April 6, 2017, from http://pediatrics.aappublications.org/content/129/3/e827.

4 American Academy of Pediatrics. (2012). Policy Statement: Breastfeeding and the Use of Human Milk. Retrieved April 6, 2017, from http://pediatrics.aappublications.org/content/129/3/e827.

5 U.S. Department of Health and Human Services, Office of the Surgeon General. (2011). The Surgeon General's Call to Action to Support Breastfeeding. Retrieved April 12, 2017, from https://www.ncbi.nlm.nih.gov/books/NBK52682/pdf/Bookshelf_NBK52682.pdf.

6 March of Dimes. (2015). Neonatal Abstinence Syndrome (NAS). Retrieved October 16, 2017 from https://www.marchofdimes.org/neonatal-abstinence-syndrome-(nas).aspx.

7 March of Dimes. (2015). Neonatal Abstinence Syndrome (NAS). Retrieved October 16, 2017 from https://www.marchofdimes.org/neonatal-abstinence-syndrome-(nas).aspx.

8 Kocherlakota, P. (2014). Neonatal Abstinence Syndrome. Retrieved October 16, 2017 from http://pediatrics.aappublications.org/content/pediatrics/134/2/e547.full.pdf.

9 Bombard, J.M., Kortsmit, K., Warner, L., et al. (2018). Vital Signs: Trends and Disparities in Infant Safe Sleep Practices—United States, 2009-2015. MMWR Morbidity and Mortality Week Report. Retrieved February 27, 2018 from https://dx.doi.org/10.15585/mmwr.mm6701e1.

10 Infant Mortality (2018). Centers for Disease Control and Prevention, Division of Reproductive Health. Retrieved March 15, 2018 from https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm.

11 Infant Mortality Rate. (2017). N.J. Department of Health, New Jersey State Health Assessment Data. Retrieved March 15, 2018 from https://www26.state.nj.us/doh-shad/indicator/complete_profile/EPHTInfMort.html.


## Data Sources and Technical Notes:

### Infant and Maternal Health

**Prenatal Care Onset, 2016.** Live births by onset of prenatal care, total and by race of mother. Early prenatal care is defined as care beginning in the first trimester; late prenatal care is defined as care beginning in the second or third trimester. As reported by the N.J. Department of Health, New Jersey State Health Assessment Data, New Jersey Birth Certificate Database. Data accessed as of May 31, 2018.

**Percentage of Mothers Receiving Early Prenatal Care, 2016.** Live births for which the mother received prenatal care beginning in the first trimester, as reported by the N.J. Department of Health, New Jersey State Health Assessment Data. Data accessed as of May 30, 2018.

**Percentage of Mothers Receiving Late or No Prenatal Care, 2016.** Live births for which the mother received late prenatal care (onset in second or third trimester) or 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 May 31, 2018.

**Insurance Status, 2015.** As reported by the N.J. Department of Health, New Jersey Pregnancy Risk Assessment Monitoring System (PRAMS). Data refer to questions 8 and 23 of the Phase 7, 2015 survey questionnaire,"During the *month before* you got pregnant with your new baby, what kind of *health insurance* did you have?" and "During *your most recent* pregnancy, what kind of *health insurance* did you have to pay for your *prenatal care*?"

**A Health Care Worker Talked About…Depression, 2015.** As reported by the N.J. Department of Health, New Jersey Pregnancy Risk Assessment Monitoring System (PRAMS). Data refer to question 24 of the Phase 7, 2015 survey questionnaire, "During *any of your prenatal care visits*, did a doctor, nurse, or other health care worker talk with you about any of the things listed below? *Please count only discussions*, not reading materials or videos."

**Percentage Mothers with Postpartum Depression Symptoms, 2015.** As reported by the N.J. Department of Health, New Jersey Pregnancy Risk Assessment Monitoring System (PRAMS). CDC states that any participant who answered "Often" or "Always" to the questions "Since your new baby was born, how often have you felt down, depressed, or hopeless?" and "Since your new baby was born, how often have you had little interest or little pleasure in doing things?" is classified as experiencing self-reported Postpartum Depression. Data refer to questions 70 and 71 of the Phase 7, 2015 survey questionnaire.

**Percentage of Births that were Preterm, 2016.** Percentage of total births and total births per racial/ethnic group that were 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 May 31, 2018.

**Percentage of Babies Born with Low Birthweight, 2016.** The percentage of babies born weighing less than 2,500 grams out of total live births and total births per racial/ethnic group. As reported by the N.J. Department of Health, New Jersey State Health Assessment Data, New Jersey Birth Certificate Database. Data accessed as of May 31, 2018.

**Breastfeeding Infants in New Jersey, Rate of Infants Ever Breastfed, Rate of Infants Exclusively Breastfeeding at 3 Months of Age, Rate of Infants Exclusively Breastfeeding at 6 Months of Age, 2013.** As reported by the U.S. Centers for Disease Control, National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity and Obesity, 2016 Breastfeeding Report Card.

## Preventing Childhood Illness

**Has your new baby had a well-baby check-up, 2015.** As reported by the N.J. Department of Health, New Jersey State Health Assessment Data, New Jersey Pregnancy Risk Assessment Monitoring System (PRAMS). Data accessed as of February 6, 2018. Data refer to question 63 of the Phase 7, 2015 survey questionnaire, "Has your new baby had a well-baby checkup? A well-baby checkup is a regular health visit for your baby usually at 1, 2, 4, and 6 months of age."

**Children 6-26 Months Tested for Lead, 2016.** As reported by the N.J. Department of Health, Public Health Services Branch, Division of Family Health Services Annual Childhood Lead Exposure report.

**Children 6-26 Months with Blood Lead Levels ≥ 5 Micrograms/Deciliter, 2016.** As reported by the N.J. Department of Health, Public Health Services Branch, Division of Family Health Services Annual Childhood Lead Exposure report. Any child with a blood lead level equal to or greater than 5 micrograms per deciliter (µg/dL) falls within the CDC reference levels for childhood blood lead levels.

**Percentage of Children Who Turned 3 Years of Age during SFY 2016 & Had At Least One Blood Lead Test in Their Lifetime.** As reported by the N.J. Department of Health, Public Health Services Branch, Division of Family Health Services Annual Childhood Lead Exposure report. Refers to the children born in New Jersey between July 1, 2012 and June 30, 2013, or 103,089 children.

**Percentage of Children Immunized by Age 2, 2016.** Children who received 4:3:1:3:3:1 immunization coverage or the full series of vaccines. As reported by the Kids Count Data Center, https://datacenter.kidscount.org.

**Infants with Neonatal Abstinence Syndrome, 2015.** The number of infants less than one year of age with any listed diagnosis of Neonatal Abstinence Syndrome, represented by ICD-9 codes 779.5 and 760.72. As reported by the N.J. Department of Health, New Jersey State Health Assessment Data, New Jersey Discharge Data Collection System. Data accessed as of February 13, 2018.

**Baby Sleeps on its Back, 2015.** As reported by the N.J. Department of Health, New Jersey Pregnancy Risk Assessment Monitoring System (PRAMS). Data refer to question 59 of the Phase 7, 2015 survey questionnaire, "In which *one* position do you *most often* lay your baby down to sleep now?"

**Baby Never Sleeps with Another Person, 2015.** As reported by the N.J. Department of Health, New Jersey Pregnancy Risk Assessment Monitoring System (PRAMS). Data refer to question 60 of the Phase 7, 2015 survey questionnaire, "How often does your new baby sleep in the same bed with you or anyone else?"

**Uninsured Children, 2016.** Children under age 18 and under age 3 without health insurance. As reported by the U.S. Census Bureau, American Community Survey Public Use Microdata Sample (PUMS) 1-year files.

**Children Receiving NJ FamilyCare, 2017.** As reported by the N.J. Department of Human Services, Division of Medical Assistance and Health Services. Data are from March of each year. Includes children enrolled in NJ FamilyCare which includes Medicaid and Children's Health Insurance Program (CHIP).

**Dental Treatment for Children Ages 0-2 Enrolled in NJ FamilyCare, 2016.** As reported by the Annual EPSDT Participation Report, Form CMS-416, U.S. Department of Health, Centers for Medicare and Medicaid Services. The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in NJ FamilyCare. Under EPSDT, states are required to provide the Centers for Medicare and Medicaid Services with data to assess the effectiveness of EPSDT.

**Periodic Screenings for Children Ages 0-2 Enrolled in NJ FamilyCare, 2016.** As reported by the Annual EPSDT Participation Report, Form CMS-416, U.S. Department of Health, Centers for Medicare and Medicaid Services. The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are enrolled in NJ FamilyCare. Under EPSDT, states are required to provide the Centers for Medicare and Medicaid Services with data to assess the effectiveness of EPSDT.

## Infant and Toddler Mortality

**Infant Mortality Rate, 2015.** 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 May 30, 2018.

**Infant Deaths by Age of Infant, 2015.** The number of infants under one year who died during that year by age of infant at death. Data do not include infant deaths for whom age at death was unknown. 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 July 6, 2018.

**Child Deaths, 2015, 2016.** The number of children between 12 and 35 months 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 May 31, 2018.

**Infant Mortality Rate by Mother's Race and Education Level, 2011-2015.** The number of infants under one year who died during that year by mother's race and education level. Rate is the number of infant deaths per 1,000 live births per relevant group. 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 January 24, 2018.

Section 4

# Positive Early Learning Environments

## Child Care—Quality and Cost

### Educational Success Begins at Birth

During a child's first years, the brain goes through remarkable growth, building more than a million neural connections every second. High-quality early care and educational environments for young children, from birth to three, can make a significant difference in their development and lay the foundation for future academic success.

| *Child Care* | |
|---|---|
| **Total licensed child care centers, 2018** | **4,025** |
| # of licensed child care centers licensed to serve infants and toddlers* | 1,758 |
| % licensed child care centers licensed to serve infants and toddlers* | 44 |
| **Total registered family child care providers, 2017** | **1,680** |

**Indicates those centers licensed to serve children birth to 29 months of age.*

### New Jersey's Child Care Options

Licensed child care centers and registered family child care providers both offer child care to children under the age of 13. However, there are key differences in the number of children they are permitted to serve and the locations in which they operate. Licensed child care centers serve a minimum of six children and must adhere to state licensing requirements. These centers determine the number of infants and toddlers they can serve based on a variety of factors including licensed capacity, availability of adequate space and profit margin.

Registered family child care providers care for a maximum of five children at a time in their own homes. Family child care providers who register voluntarily through New Jersey's Child Care Resource and Referral Agencies are required to meet state regulations primarily related to health and safety concerns. In 2017, an additional requirement was signed into law requiring these providers to undergo fingerprinting and a criminal history background check.

## Grow NJ Kids: New Jersey's Quality Rating Improvement Sytem (QRIS)

New Jersey's QRIS measures child care quality and assigns a rating, allowing parents to have a consistent and reliable way to assess quality when choosing care for their child. Grow NJ Kids is organized as a progression of levels of program quality. "One-star" programs meet basic licensing standards, while "five-star" programs must demonstrate higher quality practices in classrooms. These outcomes are determined by research-based assessment tools. To achieve a high rating, programs must meet quality standards in five categories — early learning, family and community engagement, health and safety, workforce qualifications and program management.

As of 2017, of the more than 1,700 child care centers licensed to serve children under age 3, only 41 were rated through Grow NJ Kids. Of those 41 centers, 11 had a rating of 4 stars or higher. For more information on Grow NJ Kids, visit http://www.grownjkids.gov/.

### *Grow NJ Kids Rated Child Care Centers, 2018*

| | |
|---|---|
| **Total statewide rated child care centers** | **69** |
| Total rated centers serving children under age 3 (0-35 months) | 41 |
| % of rated centers serving children under age 3 | 59 |

### *Grow NJ Kids Rated Child Care Centers Serving Children Under Age 3, 2018*

| | |
|---|---|
| **Total rated centers serving children under age 3 (0-35 months)** | **41** |
| Total centers serving children under age 3 rated 3 stars | 30 |
| Total centers serving children under age 3 rated 4 stars | 9 |
| Total centers serving children under age 3 rated 5 stars | 2 |

### *Grow NJ Kids Registered Family Child Care Providers, 2018*

| | |
|---|---|
| **Total statewide rated family child care providers** | **17** |
| Total family child care rated 3 stars | 11 |
| Total family child care rated 4 stars | 5 |
| Total family child care rated 5 stars | 1 |

## The Cost of Child Care

Families earning up to double the federal poverty level can qualify for a subsidy to pay for child care to help parents work. The subsidy reimbursement rate for licensed child care providers is especially low for babies 17 months and younger because of the higher costs for providing care. Licensing standards require one staff person for every four infants compared to one staff person for every six toddlers ages 18 months to 2 ½ years, creating higher costs for infant care. Previously, the subsidy reimbursement rate was the same for infants and toddlers; however, recent additional funding to child care subsidies has provided a slight increase in the reimbursement rate for infants. This additional funding has also allowed for tiered reimbursement, in which licensed child care centers rated 3 stars and above are given a higher subsidy reimbursement rate for each level increase.

### *Number of Infants and Toddlers Receiving Child Care Subsidies, 2018*

| | Infants (Ages 0-17 months) | Toddlers (18-29 months) |
|---|---|---|
| Full-time | 5,812 | 7,592 |
| Part-time | 24 | 23 |

### *Full-Time, Weekly Child Care Subsidy Rates, 2018*

| | Infant (0-17 months) | Infant with Special Needs | Toddler (18-29 months) | Toddler with Special Needs |
|---|---|---|---|---|
| **Licensed child care centers** | **$167.20** | **$167.20** | **$165.60** | **$165.60** |
| Grow NJ Kids 3 stars | $182.20 | $182.20 | $173.80 | $173.80 |
| Grow NJ Kids 4 stars | $195.00 | $195.00 | $177.20 | $177.20 |
| Grow NJ Kids 5 stars | $208.60 | $208.60 | $180.80 | $180.80 |
| **Registered family child care providers** | **$154.80** | **$188.00** | **$154.80** | **$188.00** |

### *Weekly Child Care Prices, 2016**

| | Infant | Toddler |
|---|---|---|
| Licensed child care centers | $222 | $204 |
| Registered family child care providers | $153 | $151 |

**Based on statewide 50th percentile data.*

### *Percentage of Child Care Providers Whose Weekly Prices are Purchasable with a State Child Care Subsidy, 2016*

| | Infant | Toddler |
|---|---|---|
| Licensed child care centers | 12 | 19 |
| Registered family child care providers | 56 | 63 |

# Early Head Start

### *Early Head Start Programs, 2017*

| | Early Head Start Grantees | Early Head Start Partners | Total |
|---|---|---|---|
| **Total number of programs** | **22** | **5** | **27** |

### *Early Head Start Funded Enrollment, 2017*

| | Early Head Start Grantees | Early Head Start Partners | Total |
|---|---|---|---|
| **Total funded enrollment** | **2,191** | **816** | **3,007** |
| Total # of pregnant women positions | 253 | 0 | 253 |
| Center-based program, full-day | 1,228 | 816 | 2,044 |
| Center-based program, part-day | 24 | 0 | 24 |
| Home-based | 661 | 0 | 661 |
| Combination option program | 16 | 0 | 16 |
| Family child care program | 9 | 0 | 9 |

### *Early Head Start Cumulative Enrollment, 2017*

| | Early Head Start Grantees | Early Head Start Partners | Total |
|---|---|---|---|
| **Total cumulative enrollment** | **2,788** | **1,127** | **3,915** |
| Children under age 1 | 486 | 305 | 791 |
| 1 year old | 785 | 435 | 1,220 |
| 2 years old | 982 | 353 | 1,335 |
| 3 years old | 4 | 34 | 38 |
| Total enrollment of pregnant women | 531 | 0 | 531 |

## What is Early Head Start?

As the name implies, Early Head Start is similar to federally funded Head Start preschool programs but targets an earlier age range. Early Head Start provides high-quality services to infants and toddlers under the age of 3 and pregnant women. Early Head Start targets low-income families and can consist of center-based care or home-based visitation services.

For more information on Early Head Start, visit https://eclkc.ohs.acf.hhs.gov/programs/article/early-head-start-programs.

### *Funded Enrollment Vs. Cumulative Enrollment*

***Funded Enrollment:** the number of open slots available in Early Head Start programs.*

***Cumulative Enrollment:** the total number of students actually enrolled for a given federal fiscal year.*

# Early Intervention Services

| *Infants Receiving Early Intervention Services, 2016* | |
|---|---|
| Number of infants | 26,025 |

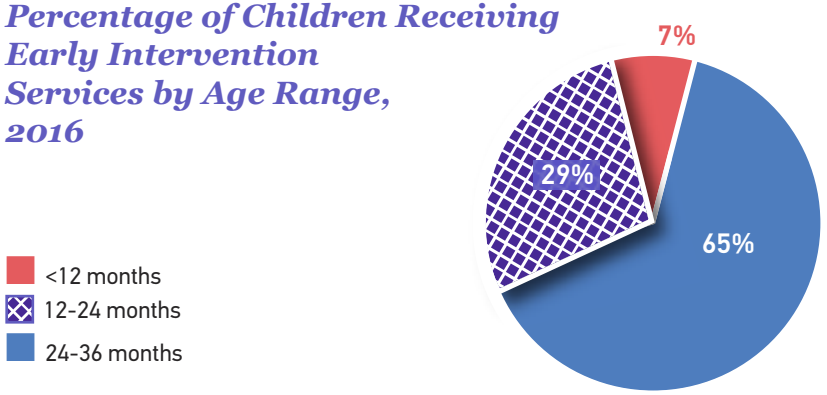
## What is Early Intervention?

Early intervention services, administered by the New Jersey Department of Health, provide family-centered services for children under age three with developmental delays. When a child misses important milestones, like taking a first step or speaking a first word, early intervention services can help that child reach his or her full potential. Early intervention services have been shown to improve outcomes for young children with developmental delays.[1]

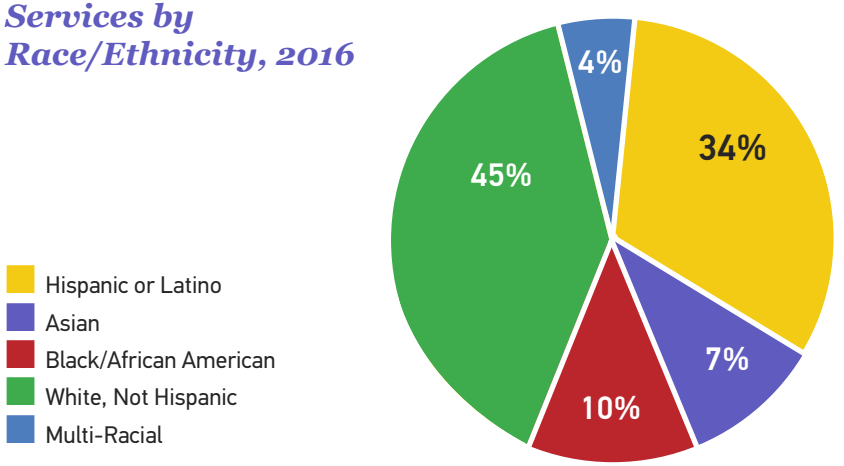
An early intervention team of professionals makes sure that the services fit the child's and family's needs. Team professionals may include a physical therapist, speech-language pathologist, nurse and/or other developmental specialist. The child's family is also a part of that team. Additionally, early intervention service coordinators manage each case to help families to navigate the early intervention system. Early intervention services are provided in the child's "natural environment," meaning where the child lives and plays — usually at home or in child care.

In 2016, roughly 26,000 children in New Jersey received early intervention services.

*Percentage of Children Receiving Early Intervention Services by Age Range, 2016*




*Percentage of Children Receiving Early Intervention Services by Race/Ethnicity, 2016*



## References:

[1] The National Early Childhood Technical Assistance Center. (2011). The Importance of Early Intervention for Infants and Toddlers with Disabilities and their Families. Retrieved May 22, 2018 from http://www.nectac.org/~pdfs/pubs/importance-ofearlyintervention.pdf.

## Data Sources and Technical Notes:

### Child Care—Quality and Cost

**Licensed Child Care Centers, 2018.** The number of state-licensed child care centers licensed to serve all children and children 0 to 29 months as reported by the N.J. Office of Information Technology, Open Data Center, Licensed Child Care Explorer. Data retrieved March 28, 2018 from https://data.nj.gov/childcare_explorer.

**Registered Family Child Care Providers, 2017.** The number of registered providers offering child care in their homes as reported by the N.J. Department of Children and Families. Data are as of December 31, 2017. Family child care providers comply with state requirements but operate as independent small businesses.

**Grow NJ Kids Rated Child Care Centers, 2018.** As reported by the N.J. Department of Human Services, Division of Family Development. Data are as of June 22, 2018.

**Grow NJ Kids Rated Child Care Centers Serving Children Under Age 3, 2018.** As reported by the N.J. Department of Human Services, Division of Family Development. Data are as of June 22, 2018. Under age 3 defined as ages 0 to 35 months.

**Grow NJ Kids Rated Registered Family Child Care Providers, 2018.** As reported by the N.J. Department of Human Services, Division of Family Development. Data are as of June 22, 2018.

**Number of Infants and Toddlers Receiving Child Care Subsidies, 2018.** The number of infants, ages 0 to 17 months, and toddlers, ages 18 to 29 months, receiving child care subsidies for both center-based care and family child care as of February. As reported by the N.J. Department of Human Services, Division of Family Development.

**Full-Time, Weekly Child Care Subsidy Rates, 2018.** Data represent the maximum child care payment rates for weekly, full-time care (6 hours or more per day) for infants (0-17 months), with and without special needs, and toddlers (18-29 months) with and without special needs. As reported by the N.J. Department of Human Services, effective as of May 1, 2018.

**Weekly Child Care Prices, 2016.** Data represent weekly prices for full-time care at the 50th percentile. As reported by the N.J. Department of Human Services, Division of Family Development, New Jersey Child Care Market Price Study.

**Percentage of Child Care Providers Whose Weekly Prices are Purchasable with a State Child Care Subsidy, 2016.** As reported by the N.J. Department of Human Services, Division of Family Development, New Jersey Child Care Market Price Study.

### Early Head Start

**Early Head Start Programs, 2017.** As reported by the U.S. Administration for Children and Families, Office of Head Start, Program Information Report, Enrollment Statistics reports for each year. Data retrieved April 26, 2018.

**Early Head Start Funded Enrollment, 2017.** As reported by the U.S. Administration for Children and Families, Office of Head Start, Program Information Report, Enrollment Statistics reports for each year. Data retrieved April 26, 2018.

**Early Head Start Cumulative Enrollment, 2017.** As reported by the U.S. Administration for Children and Families, Office of Head Start, Program Information Report, Enrollment Statistics reports for each year. Data retrieved April 26, 2018.

### Early Intervention Services

**Infants Receiving Early Intervention Services, 2016.** As reported by the N.J. Department of Health, NJEIS Annual December 1 Child Count Trend Data, Table 1.

**Percentage of Children Receiving Early Intervention Services by Age Range, 2016.** As reported by the N.J. Department of Health, NJEIS Annual December 1 Child Count Trend Data, Table 1. Data are as of December 1, 2016.

**Percentage of Children Receiving Early Intervention Services by Race/Ethnicity, 2016.** As reported by the N.J. Department of Health, NJEIS Annual December 1 Child Count Trend Data, Table 1. Data for certain racial/ethnic groups with less than 1 percent were excluded. Data are as of December 1, 2016.

## Notes:

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