Federal Interagency Forum on Child and Family Statistics

# America's Children: Key National Indicators of Well-Being 2007

10th Anniversary Edition

Forum on Child and Family Statistics

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# America's Children: Key National Indicators of Well-Being 2007

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The Federal Interagency Forum on Child and Family Statistics was founded in 1994. Executive Order No. 13045 formally established it in April 1997 to foster coordination and collaboration in the collection and reporting of Federal data on children and families. Forum agencies as of spring 2007 are listed below.

**Department of Agriculture**
Economic Research Service
http://www.ers.usda.gov

**Department of Commerce**
U.S. Census Bureau
http://www.census.gov

**Department of Defense**
Defense Manpower Data Center
http://www.dmdc.osd.mil

**Department of Education**
Institute of Education Sciences
National Center for Education Statistics
http://nces.ed.gov

**Department of Health and Human Services**
Administration for Children and Families
http://www.acf.hhs.gov

Agency for Healthcare Research and Quality
http://www.ahrq.gov

Maternal and Child Health Bureau
http://www.mchb.hrsa.gov

National Center for Health Statistics
http://www.cdc.gov/nchs

National Institute of Child Health and Human Development
http://www.nichd.nih.gov

National Institute of Mental Health
http://www.nimh.nih.gov

Office of the Assistant Secretary for Planning and Evaluation
http://aspe.hhs.gov

Substance Abuse and Mental Health Services Administration
http://www.samhsa.gov

**Department of Housing and Urban Development**
Office of Policy Development and Research
http://www.huduser.org

**Department of Justice**
Bureau of Justice Statistics
http://www.ojp.usdoj.gov/bjs

National Institute of Justice
http://www.ojp.usdoj.gov/nij

Office of Juvenile Justice and Delinquency Prevention
http://www.ojp.usdoj.gov/ojjdp

**Department of Labor**
Bureau of Labor Statistics
http://www.bls.gov

Women's Bureau
http://www.dol.gov/wb

**Department of Transportation**
National Highway Traffic Safety Administration
http://www.nhtsa.dot.gov

**Environmental Protection Agency**
Office of Environmental Information
http://www.epa.gov

**National Science Foundation**
Division of Science Resources Statistics
http://www.nsf.gov/statistics

**Office of Management and Budget**
Office of Information and Regulatory Affairs
http://www.whitehouse.gov/omb/inforeg

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# Table of Contents

# Foreword

In 1994, the Office of Management and Budget joined with six other Federal agencies to create the Interagency Forum on Child and Family Statistics. Formally established in April 1997 through Executive Order No. 13045, the Forum is charged to develop priorities for collecting enhanced data on children and youth, improve the reporting and dissemination of information on the status of children to the policy community and the general public, and produce more complete data on children at the State and local levels. The Forum, which now has participants from 22 Federal agencies as well as partners in private research organizations, fosters coordination, collaboration, and integration of Federal efforts to collect and report data on conditions and trends for children and families and calls attention to needs for new data about them.

*America's Children: Key National Indicators of Well-Being, 2007* is a compendium of indicators—drawn from the most reliable official statistics—illustrative of both the promises and the difficulties confronting our Nation's young people. The report presents 38 key indicators on important aspects of children's lives. These indicators are easily understood by broad audiences, objectively based on substantial research, balanced so that no single area of children's lives dominates the report, measured regularly so that they can be updated to show trends over time, and representative of large segments of the population rather than one particular group.

As the Forum approached its 10th anniversary, its members engaged in a comprehensive review of the domains and indicators that have been presented during the past decade. As a result, this year's report has been modestly restructured into seven sections that cover family and social environment, economic circumstances, health care, physical environment and safety, behavior, education, and health. Moreover, the review pointed to recommendations for a number of new indicators, which include: child maltreatment, oral health, drinking water quality, lead in the blood of children, child injury and mortality, adolescent injury and mortality, sexual activity, college enrollment, and asthma. Finally, this year's report reflects the Forum's creation of guidelines for presenting data involving race and ethnicity with greater consistency and continuity.

Each volume of *America's Children* has also highlighted critical data gaps and challenged Federal statistical agencies to do better. Forum agencies are meeting that challenge by working to provide more comprehensive and consistent information on the condition and progress of our Nation's children. Since the last full report (*America's Children: Key National Indicators of Well-Being, 2005*), Forum agencies have continued efforts to strengthen some indicators and to close critical data gaps, particularly in areas such as child maltreatment, drinking water quality, and the mental health of children. The Forum believes that, taken together, the modifications introduced in this year's report have created an even more well-rounded portrait of America's children.

The value of the *America's Children* reports and the extraordinary cooperation they represent reflect the Forum's determination to advance our understanding of where our children are today and what may be needed to bring them a better tomorrow. With the publication of this 10th anniversary edition, the Forum agencies deserve special congratulations. Their accomplishments reflect the dedication of the Forum agency staff members who coordinate the assessment of data needs, evaluate strategies to make data presentations more consistent, and work together to produce important publications and provide these products on the Forum's website. Last but not least, none of this work would be possible without the continued cooperation of millions of American citizens who willingly provide the data that are summarized and analyzed by staff in the Federal agencies. We invite you to suggest ways in which we can enhance this annual portrait of the Nation's most valuable resource: its children. I applaud the Forum's collaborative efforts in producing this report and hope that our compendium will continue to be useful in your work.

**Katherine K. Wallman**
*Chief Statistician*
*Office of Management and Budget*

# Acknowledgments

This report reflects the commitment of the members of the Interagency Forum on Child and Family Statistics. The report was written by the staff of the Federal Interagency Forum on Child and Family Statistics, including: Shara Godiwalla, Director; Tavia Simmons and Lynda Laughlin, U.S. Census Bureau; Susan Lukacs and Gloria Simpson, National Center for Health Statistics; Stephen Provasnik, National Center for Education Statistics; Daniel Axelrad and Sandra Duque, Environmental Protection Agency; Barry Steffen, Department of Housing and Urban Development; Katrina Baum and Wendy Lin-Kelly, Bureau of Justice Statistics; Marsha Lopez, National Institute on Drug Abuse; Naomi Goldstein, Seth Chamberlain, and Susan Jekielek, Administration for Children and Families; Mark Nord, Economic Research Service; Teri Morisi, Bureau of Labor Statistics; Eve Mościcki and Karen Bourdon, National Institute of Mental Health; and Qian Li, Cynthia Knighton, and James Singleton, Centers for Disease Control and Prevention.

Valuable contributions to the revising of the 10th anniversary edition of the report were made by Jennifer Madans, Susan Lukacs, and Shara Godiwalla, National Center for Health Statistics; Michael Flynn and Sandra Duque, Environmental Protection Agency; Valena Plisko, National Center for Education Statistics; Robert Kominski, U.S. Census Bureau; Thomas Feucht, National Institute of Justice; and Denise Dougherty, Agency for Healthcare Research and Quality.

In addition to the report authors, active members of the Reporting Committee who guided development of the report included Laura Chadwick, Office of the Assistant Secretary for Planning and Evaluation, Health and Human Services; Richard Bavier, Office of Management and Budget; Christine Hager and Michael Kogan, Maternal and Child Health Bureau, Health Resources and Services Administration; and Carrie Mulford, National Institute of Justice.

Other staff members of the Forum agencies provided data, developed indicators, or wrote parts of the report. They include Hyon Shin, Rose Kreider, Linda Mayberry, Tallese Johnson, and Bernadette Proctor, U.S. Census Bureau; Hector Rodriquez, Bureau of Labor Statistics; Peter Basiotis, Mark Lino, and Andrea Carlson, Center for Nutrition Policy and Promotion; Chris Chapman, National Center for Education Statistics; Lois Fingerhut, Debra Brody, Robin Cohen, Cathy Duran, Donna Hoyert, T.J. Mathews, Cynthia Ogden, Patricia Pastor, and Stephanie Ventura, National Center for Health Statistics; and Devon Payne-Sturges, Tracey Woodruff, Alison Freeman, David Mintz, Elizabeth Corr, and Lee Kyle, U.S. Environmental Protection Agency.

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# About This Report

The Federal Interagency Forum on Child and Family Statistics' primary mission is to enhance and improve consistency in data collection and reporting on children and families. After a decade of publishing its report, the Forum presents this newly restructured 10th anniversary edition of *America's Children: Key National Indicators of Well-Being, 2007* which provides the Nation with a summary of national indicators of child well-being and monitors changes in these indicators. In addition to providing data in an easy-to-use, non-technical format, the purpose of the report is to stimulate discussions among policymakers and the public, exchanges between data providers and policy communities, and improvements in Federal data on children and families.

## Conceptual Framework for *America's Children*

There are many interrelated aspects of children's well-being, and only selected aspects can be included in this report. In order to identify the key areas to be included, the Forum investigated various overarching conceptual frameworks. This report draws on many of those frameworks, identifying seven major domains that characterize the well-being of a child and influence the likelihood that a child will grow to be a well-educated, economically secure, productive, and healthy adult. The seven domains are family and social environment, economic circumstances, health care, physical environment and safety, behavior, education, and health. These domains are also interrelated and can have synergistic effects on well-being.

As described below, each section of the report corresponds to one of the seven domains and includes a set of key indicators. These indicators either characterize an aspect of well-being or influence well-being. The report does not distinguish between these two types of indicators nor does it address the relationships between them, but all the indicators are important if we are to assess the well-being of children.

- *Family and Social Environment* includes indicators that characterize or are related to children's family and social environment.
- *Economic Circumstances* includes indicators that characterize or are related to children's basic material needs.
- *Health Care* includes indicators that characterize determinants of, or use of, health services.
- *Physical Environment and Safety* includes indicators that characterize children's environmental conditions or are related to children's safety.
- *Behavior* includes indicators that characterize personal behaviors and their effects.
- *Education* includes indicators that characterize or are related to how children learn and progress in school.
- *Health* includes indicators that characterize or are related to physical, mental, and social aspects of children's health.

## Structure of the Report

*America's Children: Key National Indicators of Well-Being, 2007* presents a set of key indicators that measure important aspects of children's lives and are collected regularly, reliably, and rigorously by Federal agencies. The Forum chose these indicators through careful examination of available data. In determining this list of key indicators, the Forum sought input from the Federal policy-making community, foundations, academic researchers, and State and local children's service providers. These indicators were chosen because they meet the following criteria:

- *Easy to understand* by broad audiences;
- *Objectively based* on substantial research connecting them to child well-being and easily estimated using reliable data;
- *Balanced*, so that no single area of children's lives dominates the report;
- *Measured regularly*, so that they can be updated and show trends over time; and
- *Representative* of large segments of the population, rather than one particular group.

*America's Children: Key National Indicators of Well-Being, 2007* is designed as a gateway to complement other, more technical or comprehensive reports produced by several Forum agencies. The report not only provides indicators covering seven domains of child well-being, but also includes supplementary information. Appendix A, Detailed Tables, presents tabulated data for each measure and additional detail not discussed in the main body of the report. Appendix B, Data Source Descriptions, describes the sources and surveys used to generate the background measures and the indicators.

## Changes to This Year's Report

To prepare for this year's 10th anniversary edition, the Forum revisited the report's conceptual framework, structure, and indicators. While most of the report remains the same, new sections and indicators were added, some were renamed, and some reorganized.

The first section, Family and Social Environment, includes most of the measures that had previously appeared in the section labeled Part I: Population and Family Characteristics. Demographic background measures that were in this section (the number and proportion of children in the population and their racial composition) are described in this report under Demographic Background.

Two new sections have been added to this year's report, including one entitled Physical Environment and Safety and another on Health Care. Nine new indicators were added to the report. These include indicators on child maltreatment, oral health, drinking water quality, lead in the blood of children, child injury and mortality, adolescent injury and mortality, sexual activity, college enrollment, and asthma. An indicator on general health status that appeared in past years is no longer included in the report. Henceforth, *America's Children* reports will reflect these improvements. Because of the many changes to the 10th anniversary edition, special features are not included this year.

## Data on Race and Ethnicity

Most indicators in the 2007 *America's Children* report include data tabulated by race and ethnicity. In 1997, the Office of Management and Budget (OMB) issued revised standards for data on race and ethnicity (http://www.whitehouse.gov/omb/fedreg/1997standards.html). Agencies were given a transition period to implement these revised standards with all changes to take place by January 2003. The revised standards include several important changes.

First, the standards stated that when practical and feasible, respondents should be given the opportunity to self-report their race and ethnicity. Second, the standards stated that a two-question format is the preferred approach for collecting data on race and ethnicity and that when a two-question format is used, collection of data on Hispanic origin should come first, followed by a question on race. Third, the racial categories were expanded from four racial groups (White, Black, American Indian or Alaskan Native, and Asian or Pacific Islander) to five racial groups (White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander). And fourth, the standards stated that survey respondents should be given the opportunity to select one or more of the five racial groups.

These last two changes—expansion of the racial categories and the option to report multiple races—have a direct impact on many of the indicators presented in this report, particularly with respect to trend analyses. The data collection systems used in this report implemented the revised standards at different times. Changes to racial and ethnic data collection still do not assure that sample sizes will be sufficient to report data for all categories. As has always been the case, some indicators will have more detailed data on race and ethnicity than others.

In this report, where feasible, the recommended categories for race and ethnicity include White, non-Hispanic; Black, non-Hispanic; American Indian or Alaska Native; Asian; Native Hawaiian or Other Pacific Islander; Two or more races; and Hispanic. Detailed information on data collection methods for race and ethnicity are provided in footnotes at the end of each table. Some additional information can be found in the Data Source Descriptions section of the report. The Forum strives to have consistent reporting of racial and ethnic data across indicators for clarity and continuity.

## Indicators Needed

*America's Children: Key National Indicators of Well-Being, 2007* identifies critical gaps in the data available on children and youth. It challenges the Nation as a whole—and the Federal statistical agencies in particular—to improve the monitoring of important areas of children's lives. It also challenges Federal agencies to improve the timeliness with which information on children is made available to policymakers and the public.

At the end of each section is a list describing child well-being data in need of development. The lists include many important aspects of children's lives for which regular indicators are lacking or are in development, such as children's homelessness, long-term poverty, disability, and early development. In some areas, the Forum is exploring ways to collect new measures and improve existing ones. In others, Forum agencies have successfully fielded surveys incorporating some new measures, but they are not yet available on a regular basis for monitoring purposes.

## For Further Information

There are several good places to obtain additional information on each of the indicators found in this report, including the tables, data source descriptions, and the website.

### *Tables*

For many of the indicators, Appendix A, Detailed Tables, contains additional detail not discussed in the main body of the report. In addition, downloadable tables are available (both in PDF or Microsoft Excel format). When available and feasible to report, tables show data by the following categories: gender, age,

race and Hispanic origin, poverty status, parental education, region of the country, and family structure.

### *Data Source Descriptions*

Appendix B, Data Source Descriptions, contains information on and descriptions of the sources and surveys used to generate the indicators, as well as information on how to contact the agency responsible for collecting the data or administering the relevant survey. Also, numerous publications of the Federal statistical agencies provide additional detail about indicators in this report, and on other areas of children's well-being. Two such reports include *The Condition of Education*, published annually by the National Center for Education Statistics and *Health, United States*, published annually by the National Center for Health Statistics. Often these compendia contain additional details not reported in *America's Children*.

### *Website*

Finally, the Forum's website, http://childstats.gov, contains data tables, links to previous reports, links for ordering reports, and additional information about the Forum. The website provides extended tables, when available, with additional years of data that cannot all be shown in the printed report. It provides links to previous *America's Children* reports (from 1997 to 2006), which are available in PDF format. The website also includes links for those interested in ordering printed copies of the report and additional information about the Forum.

# Highlights

*America's Children: Key National Indicators of Well-Being, 2007* is one in a series of annual reports to the Nation on the condition of children in America. In this restructured report, three background measures describe the changing population of children and provide demographic context and 38 indicators depict the well-being of children in the areas of family and social environment, economic circumstances, health care, physical environment and safety, behavior, education, and health. Highlights from each section of the report follow.

## Demographic Background

- In 2006, there were 73.7 million children ages 0–17 in the United States, or 25 percent of the population, down from a peak of 36 percent at the end of the "baby boom" (1964). Children are projected to compose 24 percent of the population in 2020.
- Racial and ethnic diversity continues to increase over time. In 2006, 58 percent of U.S. children were White, non-Hispanic; 20 percent were Hispanic; 15 percent were Black; 4 percent were Asian; and 4 percent were all other races. The percentage of children who are Hispanic has increased faster than that of any other racial or ethnic group, growing from 9 percent of the child population in 1980 to 20 percent in 2006.

## Family and Social Environment

- In 2006, 67 percent of children ages 0–17 lived with two married parents, down from 77 percent in 1980.
- The nonmarital birth rate in 2005 increased to 48 per 1,000 unmarried women ages 15–44 years, up from 46 in 2004. The recent increases in nonmarital birth rates have been especially notable among women age 25 and older. Births to unmarried women constituted 37 percent of all U.S. births, the highest level ever reported.
- In 2005, 20 percent of school-age children spoke a language other than English at home and 5 percent of school-age children had difficulty speaking English.
- The adolescent birth rate for females ages 15–17 continued to decline in 2005. The rate fell by more than two-fifths since 1991, reaching 21 births per 1,000 females ages 15–17 in 2005. The 2004–2005 decline was particularly steep among Black, non-Hispanic and Asian or Pacific Islander adolescents. The birth rate for Black, non-Hispanic adolescents dropped three-fifths during 1991–2005.
- In 2005, there were 12 substantiated reports of child maltreatment per 1,000 children.

## Economic Circumstances

- In 2005, 18 percent of all children ages 0–17 lived in poverty; among children living in families, the poverty rate was 17 percent.
- The percentage of children in families living below the federal poverty threshold has fluctuated since the early 1980s: it reached a high of 22 percent in 1993 and decreased to a low of 16 percent in 2000.
- The percentage of children who had at least one parent working year round, full time rose from 77.6 percent in 2004 to 78.3 percent in 2005.

## Health Care

- In 2005, 89 percent of children had health insurance coverage at some point during the year, down from 90 percent in 2004.
- In 2005, 48 percent of children ages 2–4 had a dental visit in the past year, compared with 84 percent of children ages 5–11 and 82 percent of children ages 12–17. In 2003–2004, 23 percent of children ages 2–5 and 14 percent of children ages 6–17 had untreated dental caries (cavities) upon dental examination.

## Physical Environment and Safety

- In 2005, 60 percent of children lived in counties in which concentrations of one or more air pollutants rose above allowable levels.
- The percentage of children served by community drinking water systems that did not meet all applicable health based standards declined from 20 percent in 1993 to about 8 percent in 1998. From 1998 to 2005 the percentage has fluctuated between 5 and 10 percent.
- In 2001–2004, about 1 percent of children ages 1–5 had elevated blood lead levels [greater than or equal to 10 micrograms per deciliter (µg/dL)]. The median blood lead concentration for children ages 1–5 dropped from 14 µg/dL in 1976–1980 to about 2 µg/dL in 2003–2004.
- In 2005, 40 percent of households with children had one or more housing problems, up from 37 percent in 2003. The most common type of housing problem is cost burden, followed by physically inadequate housing and crowded housing.

- In 2004, the injury death rate for children ages 1–4 was 13 deaths per 100,000 children.
- The leading causes of injury-related emergency department visits among adolescents ages 15–19 in 2003–2004 were being struck by or against an object (33 visits per 1,000 children), motor vehicle traffic crashes (25 visits per 1,000 children), and falls (20 visits per 1,000 children). Together, these causes of injury accounted for half of all injury-related emergency department visits for this age group.

## Behavior

- The percentages of 8th-, 10th-, and 12th-grade students reporting illicit drug use in the past 30 days remained stable from 2005 to 2006. However, past month use among all three grades significantly declined since 1997.
- In 2005, 47 percent of high school students reported ever having had sexual intercourse. This was statistically the same rate as in 2003 and a decline from 54 percent in 1991.

## Education

- The percentage of children ages 3–5 not yet in kindergarten who were read to daily by a family member was higher in 2005 than in 1993 (60 versus 53 percent). A greater percentage of White, non-Hispanic and Asian children were read to daily in 2005 than were Black, non-Hispanic, or Hispanic children (68 and 66 percent, compared with 50 and 45 percent, respectively).
- Between 1982 and 2004, the percentage of high school graduates who had completed an advanced mathematics course almost doubled, increasing from 26 to 50 percent. Likewise, the percentage of graduates who had completed a physics, chemistry, or advanced biology course almost doubled, increasing from 35 to 68 percent.
- In 2005, 69 percent of high school completers enrolled immediately in a 2- or 4-year college. This rate was not statistically different than the historic high of 67 percent reached in 2004.

## Health

- The percentage of infants with low birthweight was 8.2 percent in 2005, up from 7.9 percent in 2003 and 8.1 percent in 2004 and has increased slowly but steadily since 1984 (6.7 percent).
- In 2005, 5 percent of children ages 4–17 were reported by a parent to have serious (definite or severe) emotional or behavioral difficulties. Among the parents of these children, 81 percent reported contacting a health care provider or school staff about their child's difficulties, 40 percent reported their child was prescribed medication for their difficulties, and 47 percent reported their child had received treatment other than medication.
- The proportion of children ages 6–17 who were overweight increased from 6 percent in 1976–1980 to 11 percent in 1988–1994 and continued to rise to 18 percent in 2003–2004.
- In 2005, about 9 percent of children ages 0–17 were reported to currently have asthma, and about 5 percent of children had one or more asthma attacks in the previous year. The prevalence of asthma in children is particularly high among Black, non-Hispanic and Puerto Rican children (13 and 20 percent, respectively).

# America's Children at a Glance

| | Previous Value (Year) | Most Recent Value (Year) | Change Between Years |
|---|---|---|---|
| **Demographic Background** | | | |
| **Child population*** | | | |
| Children ages 0–17 in the United States | 73.5 million (2005) | **73.7 million** (2006) | ↑ |
| **Children as a proportion of the population*** | | | |
| Children ages 0–17 in the United States | 25% (2005) | **25%** (2006) | NS |
| **Racial and ethnic composition*** | | | |
| Children ages 0–17 by race and ethnic group | | | |
| White | 76% (2005) | **76%** (2006) | NS |
| White, non-Hispanic | 58% (2005) | **58%** (2006) | NS |
| Black | 15% (2005) | **15%** (2006) | NS |
| Asian | 4% (2005) | **4%** (2006) | NS |
| All other races | 4% (2005) | **4%** (2006) | NS |
| Hispanic (of any race) | 20% (2005) | **20%** (2006) | NS |
| **Family and Social Environment** | | | |
| **Family structure and children's living arrangements** | | | |
| Children ages 0–17 living with two married parents | 67.4% (2005) | **67.3%** (2006) | NS |
| **Births to unmarried women** | | | |
| Births to unmarried women ages 15–44 | 46 per 1,000 (2004) | **48 per 1,000** (2005) | ↑ |
| All births that are to unmarried women | 36% (2004) | **37%** (2005) | ↑ |
| **Child care** | | | |
| Children ages 0–6, not yet in kindergarten, who received some form of nonparental child care on a regular basis | 61.2% (2001) | **60.8%** (2005) | NS |
| Children ages 0–4, with employed mothers, whose primary child care arrangement is with a relative | 46% (2002) | **48%** (2005) | NS |
| **Children of at least one foreign-born parent** | | | |
| Children ages 0–17 living with at least one foreign-born parent | 20% (2004) | **21%** (2006) | NS |
| **Language spoken at home and difficulty speaking English** | | | |
| Children ages 5–17 who speak a language other than English at home | 19% (2003) | **20%** (2005) | ↑ |
| Children ages 5–17 who speak a language other than English at home and who have difficulty speaking English | 5.4% (2003) | **5.3%** (2005) | NS |
| **Adolescent births** | | | |
| Births to females ages 15–17 | 22 per 1,000 (2004) | **21 per 1,000** (2005) | ↓ |
| **Child maltreatment** | | | |
| Substantiated reports of maltreatment of children ages 0–17 | 12.0 per 1,000 (2004) | **12.1 per 1,000** (2005) | NS |

**Legend:** NS = No statistically significant change ↑ = Statistically significant increase ↓ = Statistically significant decrease

* Population estimates are not sample derived and therefore not subject to statistical testing. Change between years identifies differences in the proportionate size of these estimates as rounded. Percentages may not sum to 100 due to rounding.

# America's Children at a Glance

| | Previous Value (Year) | Most Recent Value (Year) | Change Between Years |
|---|---|---|---|
| **Economic Circumstances** | | | |
| **Child poverty and family income** | | | |
| Related children ages 0–17 in poverty | 17.3% (2004) | **17.1%** (2005) | NS |
| **Secure parental employment** | | | |
| Children ages 0–17 living with at least one parent employed year round, full time | 77.6% (2004) | **78.3%** (2005) | ↑ |
| **Food security** | | | |
| Children ages 0–17 in households classified by USDA as "food insecure" | 19% (2004) | **17%** (2005) | ↓ |
| **Health Care** | | | |
| **Health insurance coverage** | | | |
| Children ages 0–17 covered by health insurance | 90% (2004) | **89%** (2005) | ↓ |
| **Usual source of health care** | | | |
| Children ages 0–17 with no usual source of health care | 5.4% (2004) | **5.3%** (2005) | NS |
| **Childhood immunization** | | | |
| Children ages 19–35 months with the 4:3:1:3:3 combined series of vaccinations | 80.9% (2004) | **80.8%** (2005) | NS |
| **Oral health** | | | |
| Children ages 2–17 with a dental visit in the past year | 76.4% (2004) | **76.2%** (2005) | NS |
| **Physical Environment and Safety** | | | |
| **Outdoor and indoor air quality** | | | |
| Children ages 0–17 living in counties in which levels of one or more air pollutants rose above allowable levels | 46% (2004) | **60%** (2005) | ↑ |
| **Drinking water quality** | | | |
| Children served by community water systems that did not meet all applicable health-based drinking water standards | 8% (2004) | **10%** (2005) | ↑ |
| **Lead in the blood of children** | | | |
| Median blood lead concentration for children ages 1–5 | 1.6µg/dL (2001–2002) | **1.6 µg/dL** (2003–2004) | NS |
| **Housing problems** | | | |
| Households with children ages 0–17 reporting shelter cost burden, crowding, and/or physically inadequate housing | 37% (2003) | **40%** (2005) | ↑ |
| **Youth victims of serious violent crimes** | | | |
| Serious violent crime victimization of youth ages 12–17 | 11 per 1,000 (2004) | **14 per 1,000** (2005) | NS |
| **Child injury and mortality** | | | |
| Injury deaths of children ages 1–4 | 13.4 per 100,000 (2003) | **12.9 per 100,000** (2004) | NS |
| Injury deaths of children ages 5–14 | 7.9 per 100,000 (2003) | **8.2 per 100,000** (2004) | NS |
| **Adolescent injury and mortality** | | | |
| Injury deaths of adolescents ages 15–19 | 50.6 per 100,000 (2003) | **51.3 per 100,000** (2004) | NS |

**Legend:** NS = No statistically significant change ↑ = Statistically significant increase ↓ = Statistically significant decrease

# America's Children at a Glance

| | Previous Value (Year) | Most Recent Value (Year) | Change Between Years |
|---|---|---|---|
| **Behavior** | | | |
| **Regular cigarette smoking** | | | |
| Students who reported smoking daily in the previous 30 days | | | |
| 8th-graders | 4.0% (2005) | **4.0%** (2006) | NS |
| 10th-graders | 7.5% (2005) | **7.6%** (2006) | NS |
| 12th-graders | 14% (2005) | **12%** (2006) | NS |
| **Alcohol use** | | | |
| Students who reported having five or more alcoholic beverages in a row in the last 2 weeks | | | |
| 8th-graders | 10.5% (2005) | **10.9%** (2006) | NS |
| 10th-graders | 21% (2005) | **22%** (2006) | NS |
| 12th-graders | 27% (2005) | **25%** (2006) | NS |
| **Illicit drug use** | | | |
| Students who reported using illicit drugs in the previous 30 days | | | |
| 8th-graders | 9% (2005) | **8%** (2006) | NS |
| 10th-graders | 17.3% (2005) | **16.8%** (2006) | NS |
| 12th-graders | 23% (2005) | **22%** (2006) | NS |
| **Sexual activity** | | | |
| High school students who reported ever having had sexual intercourse | 46.7% (2003) | **46.8%** (2005) | NS |
| **Youth perpetrators of serious violent crimes** | | | |
| Youth offenders ages 12–17 involved in serious violent crimes | 14 per 1,000 (2004) | **17 per 1,000** (2005) | ↑ |
| **Education** | | | |
| **Family reading to young children** | | | |
| Children ages 3–5 who were read to every day in the last week by a family member | 58% (2001) | **60%** (2005) | NS |
| **Mathematics and reading achievement** | | | |
| Average mathematics scale score of | | | |
| 4th-graders (0–500 scale) | 235 (2003) | **238** (2005) | ↑ |
| 8th-graders (0–500 scale) | 278 (2003) | **279** (2005) | ↑ |
| 12th-graders (0–300 scale) | — | **150** (2005) | N/A |
| Average reading scale score of | | | |
| 4th-graders (0–500 scale) | 218 (2003) | **219** (2005) | ↑ |
| 8th-graders (0–500 scale) | 263 (2003) | **262** (2005) | ↓ |
| 12th-graders (0–500 scale) | 287 (2002) | **286** (2005) | NS |
| **High school academic coursetaking** | | | |
| High school graduates who completed high-level coursework in | | | |
| Mathematics | 45% (2000) | **50%** (2004) | ↑ |
| Science | 63% (2000) | **68%** (2004) | ↑ |
| English | 34% (2000) | **33%** (2004) | NS |
| Foreign language | 30% (2000) | **34%** (2004) | ↑ |

**Legend:** NS = No statistically significant change ↑ = Statistically significant increase ↓ = Statistically significant decrease
— = Not available N/A = Not applicable

# America's Children at a Glance

| | Previous Value (Year) | Most Recent Value (Year) | Change Between Years |
|---|---|---|---|
| **Education—continued** | | | |
| **High school completion** | | | |
| Young adults ages 18–24 who have completed high school | 87% (2004) | **88%** (2005) | ↑ |
| **Youth neither enrolled in school* nor working** | | | |
| Young adults ages 16–19 who are neither enrolled in school nor working | 7.7% (2005) | **7.6%** (2006) | NS |
| **College enrollment** | | | |
| Recent high school completers enrolled in college the October immediately after completing high school | 67% (2004) | **69%** (2005) | NS |
| **Health** | | | |
| **Low birthweight** | | | |
| Infants weighing less than 5 lb. 8 oz. at birth | 8.1% (2004) | **8.2%** (2005) | ↑ |
| **Infant mortality** | | | |
| Deaths before first birthday | 6.8 per 1,000 (2003) | **6.8 per 1,000** (2004) | NS |
| **Emotional and behavioral difficulties** | | | |
| Children ages 4–17 reported by a parent to have definite or severe difficulties with emotions, concentration, behavior, or getting along with other people | 5.4% (2004) | **4.6%** (2005) | NS |
| **Activity limitation** | | | |
| Children ages 5–17 with activity limitation resulting from one or more chronic health conditions | 8.4% (2004) | **8.0%** (2005) | NS |
| **Overweight** | | | |
| Children ages 6–17 who are overweight | 17% (2001–2002) | **18%** (2003–2004) | NS |
| **Asthma** | | | |
| Children ages 0–17 who currently have asthma | 8.5% (2004) | **8.9%** (2005) | NS |

**Legend:** NS = No statistically significant change ↑ = Statistically significant increase ↓ = Statistically significant decrease

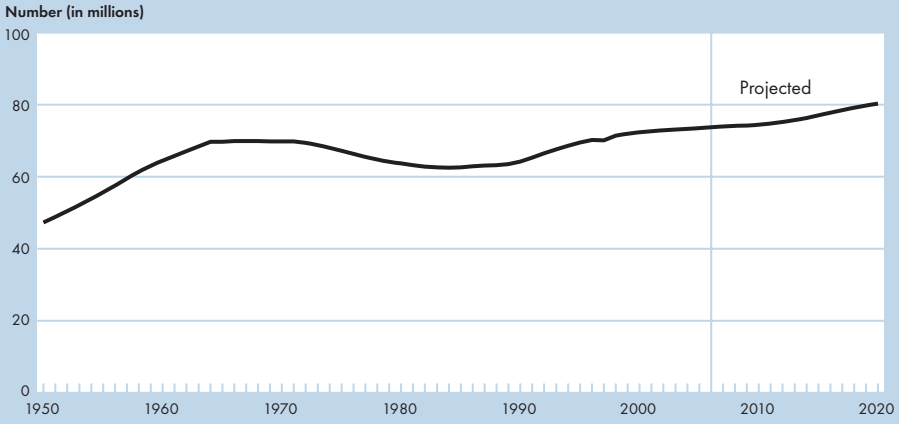
* School refers to both high school and college.

# Demographic Background

Understanding the changing demographic characteristics of America's children is critical in shaping educational programs, health care, and other services that are essential to meet the daily needs of families. While the number of children living in the United States has grown, the proportion of children to adults has decreased. At the same time, the racial and ethnic diversity of the Nation's children continues to change. Combined, these measures provide an important context for understanding the key indicators presented in this report and provide a glimpse of what the future may be like for American families.

In 2006, there were 73.7 million children in the United States, 1.3 million more than in 2000. This number is projected to increase to 80 million in 2020. In 2006, there were approximately equal numbers of children—between 24 and 26 million—in each of these age groups: 0–5, 6–11, and 12–17 years of age.

**Figure POP1** **Number of children ages 0–17 in the United States, 1950–2006 and projected 2007–2020**

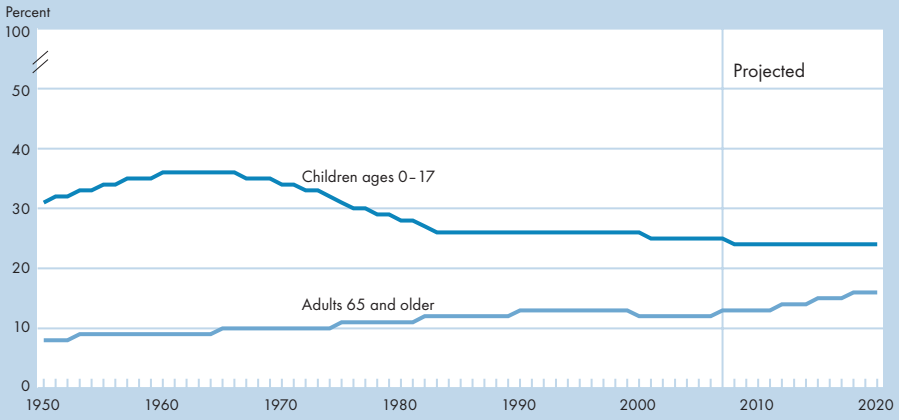



NOTE: Population projections are based on the Census 2000 counts.

SOURCE: U.S. Census Bureau, Population Estimates and Projections.

Since the mid-1960s, children have been decreasing as a proportion of the total U.S. population. In 2006, children made up 25 percent of the population, down from a peak of 36 percent at the end of the "baby boom" (1964). Children are projected to remain a fairly stable percentage of the total population. They are projected to compose 24 percent of the population in 2020.

**Figure POP2** **Children ages 0–17 and adults ages 65 and over as a percentage of the U.S. population, 1950–2006 and projected 2007–2020**

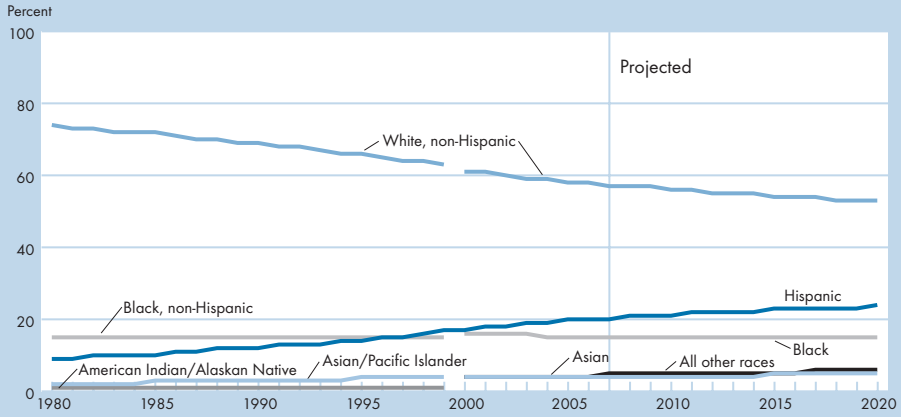



NOTE: Population projections are based on the Census 2000 counts.

SOURCE: U.S. Census Bureau, Population Estimates and Projections.

Racial and ethnic diversity has grown dramatically in the United States in the last three decades. This increased diversity appeared first among children and later in the older population. This diversity is projected to increase even more in the decades to come. In 2006, 58 percent of U.S. children were White, non-Hispanic, 20 percent were Hispanic, 15 percent were Black, 4 percent were Asian, and 4 percent were all other races. The percentage of children who are Hispanic has increased faster than that of any other racial or ethnic group, growing from 9 percent of the child population in 1980 to 20 percent in 2006. By 2020, it is projected that nearly 1 in 4 children in the United States will be of Hispanic origin.

**Figure POP3** **Percentage of U.S. children ages 0–17 by race and Hispanic origin, 1980–2006 and projected 2007–2020**




NOTE: Data from 2000 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately; Hispanics may be any race. In 1980 and 1990, following the 1977 OMB standards for collecting and presenting data on race, the decennial census gave respondents the option to identify with one race from the following: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. The Census Bureau also offered an "Other" category. Beginning in 2000, following the 1997 OMB standards for collecting and presenting data on race, the decennial census gave respondents the option to identify with one or more races from the following: White, Black, Asian, American Indian or Alaska Native, and Native Hawaiian or Other Pacific Islander. In addition, "Some other race" category was included with OMB approval. Those who chose more than one race were classified as "Two or more races." Except for the "All other races" category, all race groups discussed from 2000 onward refer to people who indicated only one racial identity. (Those who were "Two or more races" were included in the "All other races" category, along with American Indians or Alaska Natives and Native Hawaiians or Other Pacific Islanders).

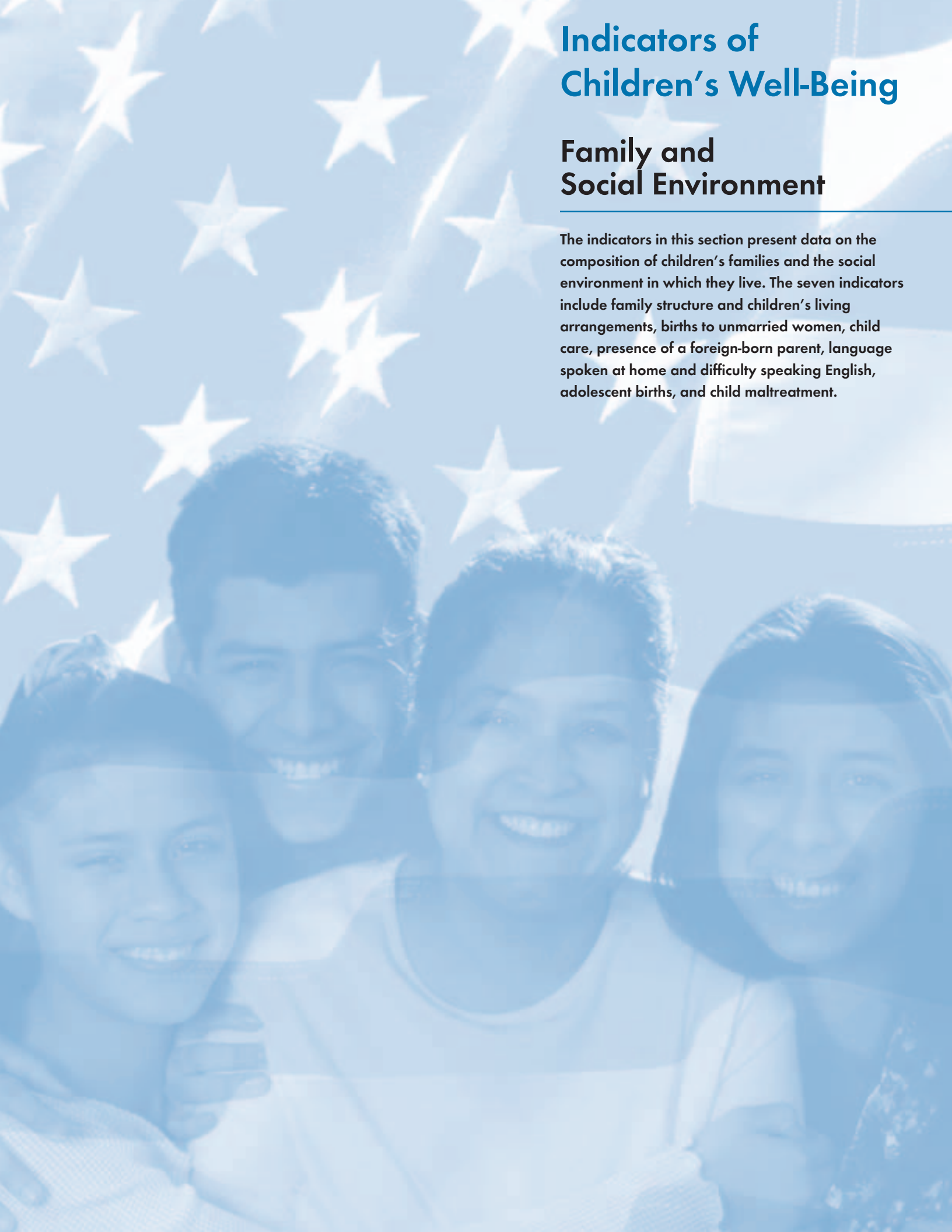
SOURCE: U.S. Census Bureau, Population Estimates and Projections.

*Data can be found in Tables POP1–POP3 on pages 83–85.*

# Indicators of Children's Well-Being

## Family and Social Environment

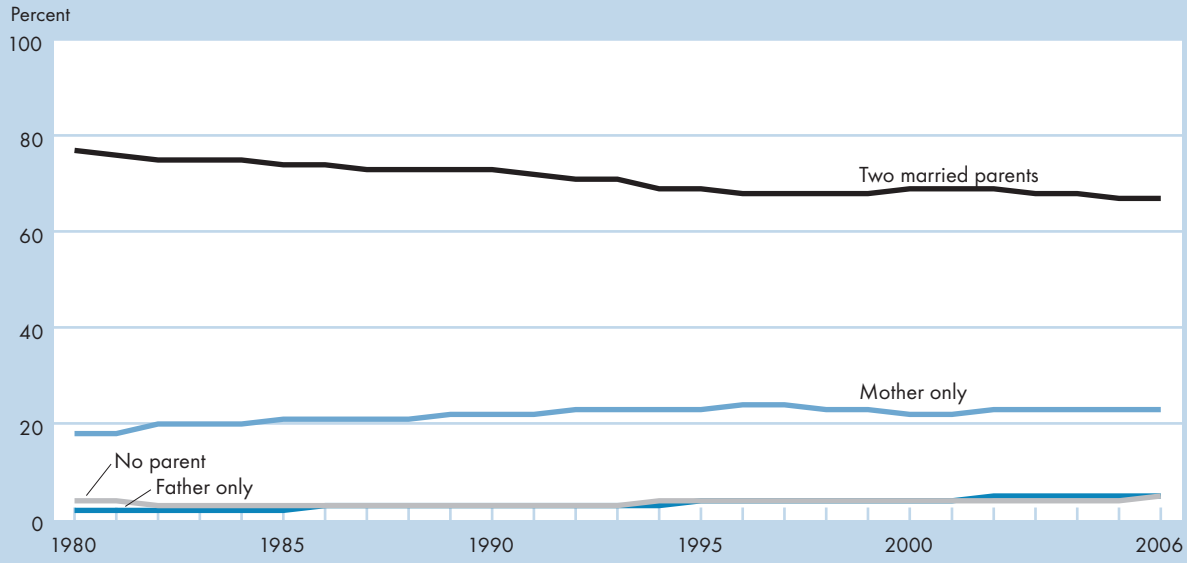
The indicators in this section present data on the composition of children's families and the social environment in which they live. The seven indicators include family structure and children's living arrangements, births to unmarried women, child care, presence of a foreign-born parent, language spoken at home and difficulty speaking English, adolescent births, and child maltreatment.



# Family Structure and Children's Living Arrangements

Children's family structure is associated with the economic, parental, and community resources available to children and their well-being.

**Indicator FAM1.A** **Percentage of children ages 0–17 by presence of married parents in the household, 1980–2006**




NOTE: The category "two married parents" includes children who live with a biological, step, or adoptive parent who is married with his or her spouse present. If a second parent is present and not married to the first parent, then the child is identified as living with a single parent. The majority of children who live with neither parent are living with grandparents or other relatives. Others who live with neither parent are living with foster parents or other nonrelatives.

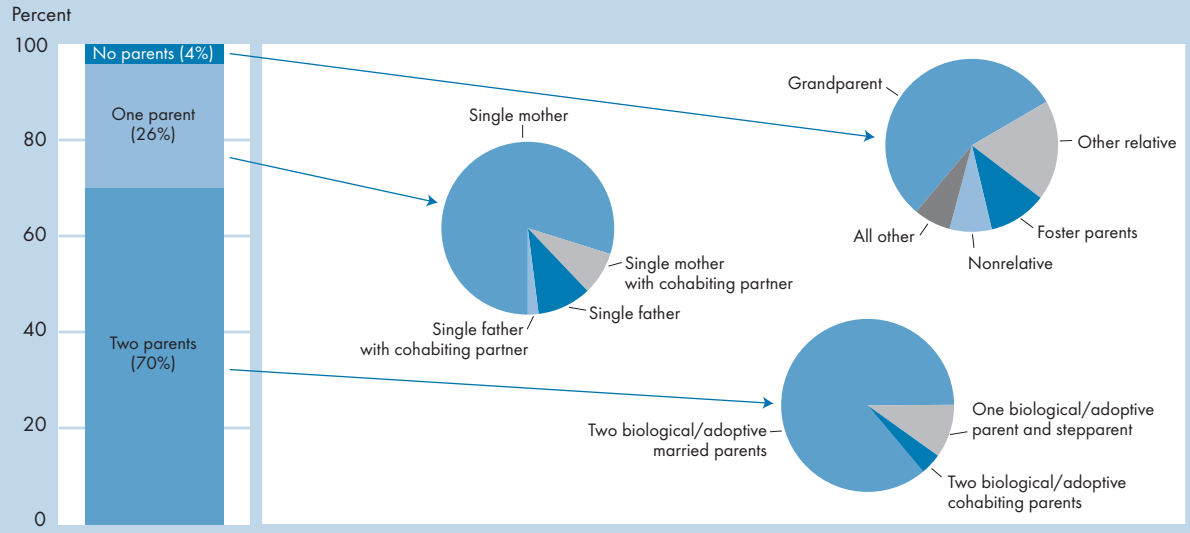
SOURCE: U.S. Census Bureau. Current Population Survey, Annual Social and Economic Supplement.

- In 2006, 67 percent of children ages 0–17 lived with two married parents, down from 77 percent in 1980.
- In 2006, nearly one quarter (23 percent) of children lived with only their mothers, 5 percent lived with only their fathers, and 5 percent lived with neither of their parents.[1,2]
- In 2006, 76 percent of White, non-Hispanic, 66 percent of Hispanic, and 35 percent of Black children lived with two married parents.[3]
- The proportion of Hispanic children living with two married parents decreased from 75 percent in 1980 to 66 percent in 2006.
- The proportion of all children living with a single father increased from 2 percent in 1980 to 5 percent in 2006.

*For a measure of detailed living arrangements of children, see FAM1.B on page 3.*

While most children spend the majority of their childhood living with two parents, some children have other living arrangements. Information about the presence of parents and other adults in the family, such as the parent's unmarried partner, grandparents, and other relatives, is important for understanding children's social, economic, and developmental well-being.

## Indicator FAM1.B Percentage of children ages 0–17 living in various family arrangements, 2004




SOURCE: U.S. Census Bureau, Survey of Income and Program Participation.

- FAM1.B provides more detailed data about children's living arrangements, using information about the coresident parents for each child, as well as the detailed type of relationship between parent and child—biological, step, or adoptive. In 2004, there were about 73 million children ages 0–17. Seventy percent of them lived with two parents, 26 percent lived with one parent, and about 4 percent lived in households without parents.
- Among children living with two parents, 90 percent lived with both biological or adoptive parents and 10 percent lived with a biological or adoptive parent and a stepparent. About 75 percent of children living with at least one stepparent lived with their biological mother and stepfather.
- About 4 percent of children who lived with both biological or adoptive parents had parents who were not married.
- The majority of children living with one parent lived with their single mother. Some single parents had cohabiting partners. Sixteen percent of children living with single fathers and 10 percent of children living with single mothers also lived with their parent's cohabiting partner. Out of all children ages 0–17, 4.2 million (6 percent) lived with a parent or parents who were cohabiting.
- Among the 2.9 million children (4 percent) not living with either parent in 2004, 56 percent (1.6 million) lived with grandparents, 19 percent lived with other relatives, and 25 percent lived with nonrelatives. Of children in nonrelatives' homes, 42 percent (308,000) lived with foster parents.
- Older children were less likely to live with two parents—64 percent of children ages 15–17 lived with two parents, compared with 68 percent of children ages 6–14 and 75 percent of those ages 0–5. Among children living with two parents, older children were more likely than younger children to live with a stepparent and less likely than younger children to live with cohabiting parents.

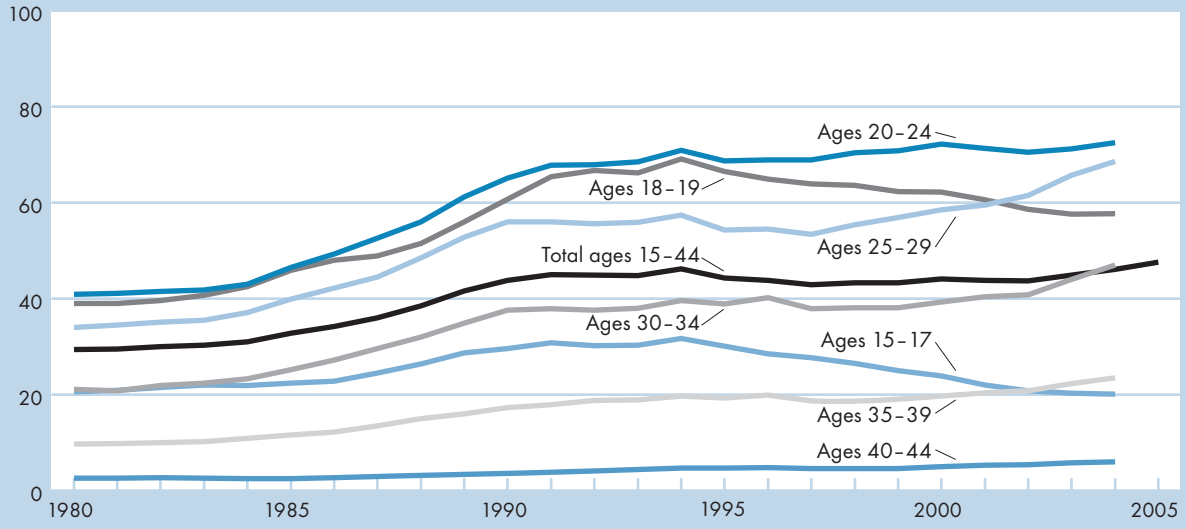
*Bullets contain references to data that can be found in Tables FAM1.A and FAM1.B on pages 86–90. Endnotes begin on page 67.*

# Births to Unmarried Women

Increases in births to unmarried women are among the many changes in American society that have affected family structure and the economic security of children.[4] Children of unmarried mothers are at higher risk of having adverse birth outcomes such as low birthweight and infant mortality than are children of married mothers. They are also more likely to live in poverty than children of married mothers.[5,6,7,8,9]

**Indicator FAM2.A** **Birth rates for unmarried women by age of mother, 1980–2005**

**Live births per 1,000 unmarried women in specific age group**



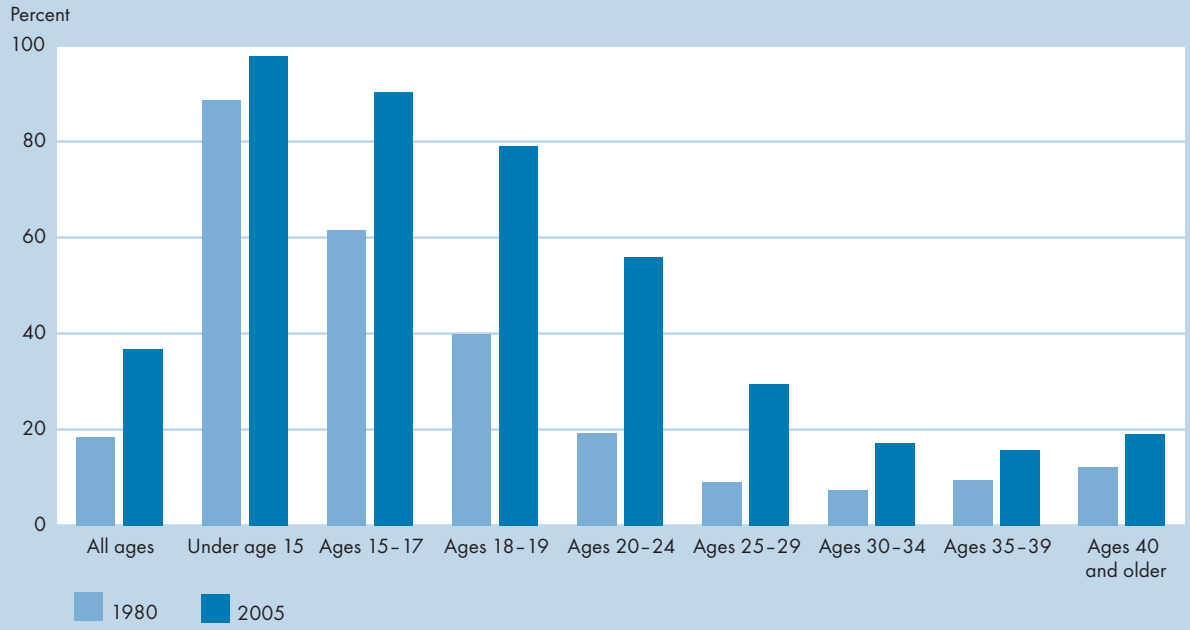

NOTE: The 2005 rate for total ages 15–44 is preliminary. 2005 data for specific age groups are not available.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

- There were 48 births for every 1,000 unmarried women ages 15–44 in 2005.[10]
- Between 1980 and 1994, the birth rate for unmarried women ages 15–44 increased from 29 to 46 per 1,000. Between 1995 and 2002, the rate fluctuated little, ranging from 43 to 44 per 1,000; since 2002, however, the rate has increased.[8,10,11]
- Between 1994 and 2004, birth rates for unmarried women declined for women under age 20, increased somewhat for women ages 20–24, and increased for women 25–29 through 40–44 years of age.[6,7,8] Specifically, the rates for younger teens ages 15–17 fell more than one-third, from 32 to 20 per 1,000. Rates in 2004 remained highest for women ages 20–24 (73 per 1,000), followed closely by the rate for women ages 25–29 (69 per 1,000).[6,11]
- There was a long-term rise between 1960 and 1994 in the nonmarital birth rate, which is linked to a number of factors.[8] The proportion of women of childbearing age who were unmarried increased from under one-third in 1960 to almost half in 1994. Concurrently, there was an increase in nonmarital cohabitation.[12] The likelihood that an unmarried woman would marry before the child was born declined steeply from the early 1960s to the early 1980s, and continued to fall, although more modestly, through the 1990s.[11,13] At the same time, childbearing within marriage fell by almost half between 1960 and 1994.[6,7,8,11]
- After several years of relative stability beginning in the mid- to late-1990s, the birth rate for unmarried women has increased since 2002. The proportion of women of childbearing age who were unmarried continued to rise, to over half in 2005. In 2002, however, nonmarital cohabitation remained relatively unchanged: nearly 3 in 10 unmarried women ages 25–29 were in cohabiting relationships.[14]

Children are at greater risk for adverse consequences when born to a single mother because the social, emotional, and financial resources available to the family may be more limited.[15] The proportion of births to unmarried women is useful for understanding the extent to which children born in a given year may be affected by any disadvantage—social, financial, or health—associated with being born outside of marriage. The change in the percentage of births to unmarried women reflects changes in the birth rate for unmarried women relative to the birth rate for married women.[16]

**Indicator FAM2.B** **Percentage of all births to unmarried women by age of mother, 1980 and 2005**




NOTE: Data for 2005 are preliminary.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

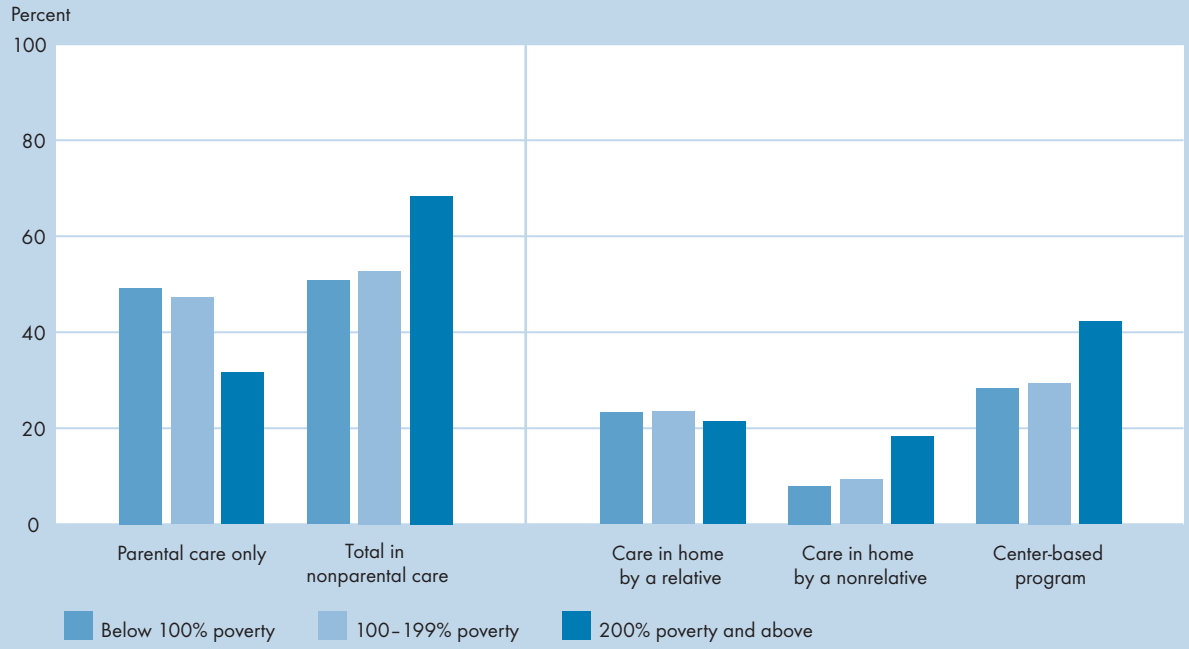
- In 2005, 37 percent of all births were to unmarried women.
- The percentage of all births to unmarried women rose sharply from 18 percent in 1980 to 33 percent in 1994. From 1994 to 2000, the percentage ranged from 32 to 33 percent. The percentage increased more rapidly since 2000, reaching 37 percent in 2005.
- Between 1980 and 2005, the proportion of births to unmarried women rose sharply for women in all age groups. Among teenagers, the proportion was high throughout the period and rose from 62 to 90 percent for ages 15–17 and from 40 to 79 percent for ages 18–19. The proportion tripled for births to women in their twenties, rising from 19 to 56 percent for ages 20–24 and from 9 to 29 percent for ages 25–29. The proportion of births to unmarried women in their thirties more than doubled from 8 to 17 percent.[17]
- Nearly 4 in 10 total births, including more than 4 in 10 first births, were to unmarried women in 2004. More than two thirds of women under age 25 having their first child were not married.[17]
- The increases in the proportion of births to unmarried women, especially during the 1980s, were linked to increases in the birth rates for unmarried women in all age groups during this period. In addition, the number of unmarried women increased by about one-fourth, as women from the baby boom generation postponed marriage.[17,18]
- During the late 1990s, the rate of increase in the proportion of births to unmarried women slowed. The comparative stability was linked to a renewed rise in birth rates for married women.[6,8] The rate of increase in the proportion of births to unmarried women was greater in the 2000s, reflecting large increases in nonmarital birth rates concurrent with relatively little change in birth rates for married women.

*Bullets contain references to data that can be found in Tables FAM2.A and FAM2.B on page 91–92. Endnotes begin on page 67.*

# Child Care

Many children spend time with a child care provider other than their parents. This measure presents two aspects of early childhood child care usage: overall use of different provider types regardless of parents' work status and a historical trend of the primary child care provider used by employed mothers for their young children.[19]

## Indicator FAM3.A — Percentage of children ages 0–6 not yet in kindergarten by type of care arrangement, 2005



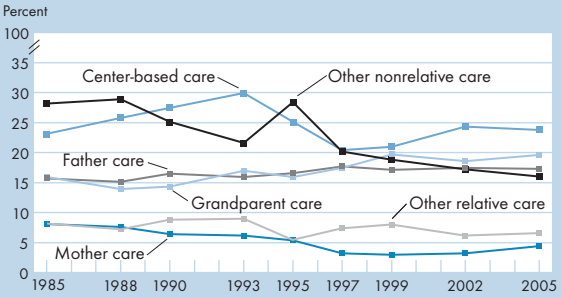

NOTE: Respondents indicated whether children received nonparental care on a regular basis, regardless of the amount of time spent in such care. Some children participate in more than one type of arrangement, so the sum of all arrangement types exceeds the total percentage in nonparental care. Center-based programs include day care centers, prekindergartens, nursery schools, Head Start programs, and other early childhood education programs. Relative and nonrelative care can take place in either the child's own home or another home.

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Household Education Surveys Program (NHES).

**Indicator FAM3.A**

- In 2005, 61 percent of children ages 0–6 who were not yet in kindergarten (about 12 million children) received some form of child care on a regular basis from persons other than their parents. This is about the same proportion of children in child care as in 1995.
- Patterns of child care vary by the poverty status of the child's family. In 2005, children in families with incomes at least twice the poverty level were more likely than children in families with income below the poverty level, and children in families with income between the poverty level and 200 percent of the poverty level, to be in nonparental care (68 percent versus 51 and 53 percent, respectively). In addition, children in families with incomes at least twice the poverty level were more likely than children in families with lower income to be in home care by a nonrelative or in center-based programs such as nursery schools and other early childhood education programs.

## Indicator FAM3.B — Primary child care arrangements for children ages 0–4 with employed mothers, selected years 1985–2005[20]

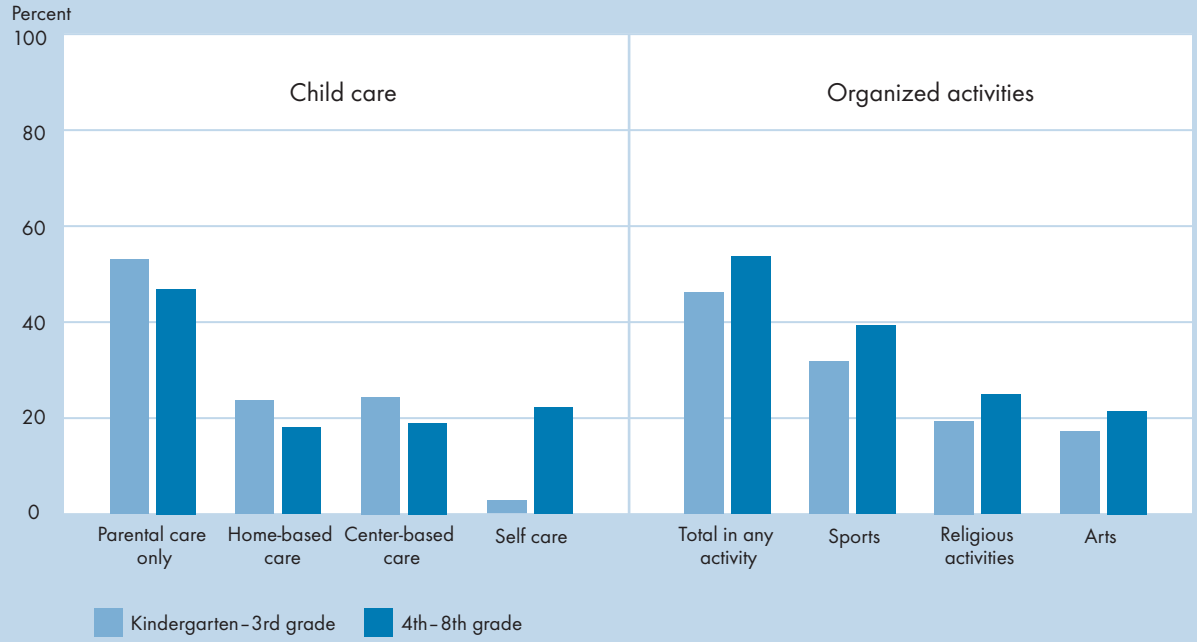



NOTE: The primary arrangement is the arrangement used for the most number of hours per week while the mother worked.

SOURCE: U.S. Census Bureau, Survey of Income and Program Participation.

School-age children may spend their weekday, nonschool time in child care arrangements, but also may engage in a variety of enrichment activities such as sports, arts, clubs, academic activities, community service, and religious activities. Some children also spend time caring for themselves without adult supervision. This measure presents the most recent data available on how grade-school-age children spend their out-of-school time.

**Indicator FAM3.C** **Percentage of children in kindergarten through 8th grade by weekday care and activities, 2005**




NOTE: Some children participate in more than one type of care arrangement or activity. For self care, parents reported that their child is responsible for himself/herself before or after school on a regular basis. Parents reported on organized before- or after-school activities that are undertaken by their child on a regular basis. For a full listing of activities, see Table FAM3.C.

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Household Education Surveys Program (NHES).

**Indicator FAM3.B**

- In 2005, 48 percent of children ages 0–4 with employed mothers were primarily cared for by a relative: their father, grandparent, sibling, other relative, or mother while she worked. This is not statistically different from the percentages in 1999 and 2002. Twenty-four percent spent the most amount of time in a center-based arrangement (day care, nursery school, preschool, or Head Start). Sixteen percent were primarily cared for by a nonrelative in a home-based environment, such as a family day care provider, nanny, babysitter, or au pair.
- Among children in families in poverty, 18 percent were in center-based care as their primary arrangement, while 9 percent were with other relatives. Comparatively, a larger percentage of children in families at or above the poverty line were in center-based care (25 percent), and a smaller percentage were cared for by other relatives (6 percent).

**Indicator FAM3.C**

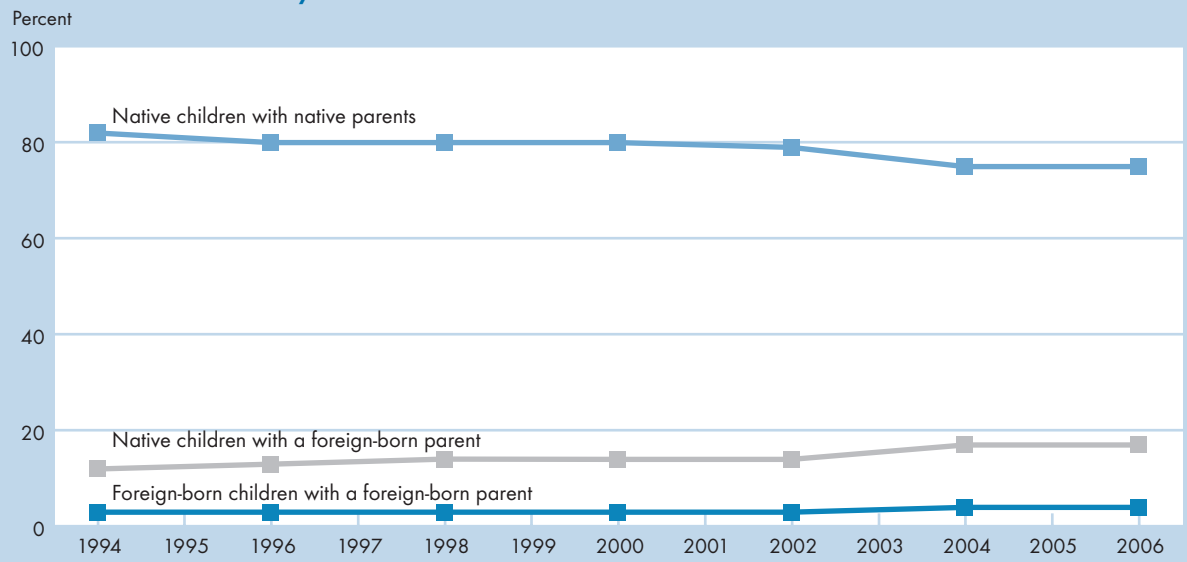
- In 2005, 47 percent of children in kindergarten through 3rd grade and 53 percent of those in grades 4 through 8 received some nonparental child care.
- In 2005, parents reported that older children were more likely to care for themselves before or after school than younger children: 3 percent of children in kindergarten through 3rd grade and 22 percent of children in 4th through 8th grade cared for themselves regularly either before or after school.
- Children in the higher grades were more likely to engage in some kind of organized before- or after-school activity than were children in the lower grades. Children from families in poverty were less likely than those in families at or above poverty to participate in activities. Children in kindergarten through 8th grade were more likely to participate in sports than in any other activity.

*Bullets contain references to data that can be found in Tables FAM3.A–FAM3.C on pages 93–99. Endnotes begin on page 67.*

# Children of at Least One Foreign-Born Parent

The foreign-born population of the United States has grown since 1970.[21] This increase in the past generation has largely been due to immigration from Latin America and Asia, and represents an increase in the diversity of language and cultural backgrounds of children growing up in the United States.[22] As a result of language and cultural barriers confronting children and their parents, children with foreign-born parents may need additional resources both at school and at home.[23]

**Indicator FAM4** **Percentage of children ages 0–17 by nativity of child and parents, selected years 1994–2006**




NOTE: Includes all children ages 0–17 in households. Children living in households with no parents present are not shown in this figure, but are included in the bases for the percentages. Native parents means that all of the parents that the child lives with are native born, while foreign-born means that one or both of the child's parents are foreign-born. Anyone with U.S. citizenship at birth is considered native, which includes people born in the United States or in U.S. outlying areas and people born abroad with at least one American parent. Foreign-born children with native parents are included in the native children with native parents category.

SOURCE: U.S. Census Bureau. Current Population Survey, Annual Social and Economic Supplement.

- In 2006, 17 percent of children were native children with at least one foreign-born parent, and 4 percent were foreign-born children with at least one foreign-born parent. Overall, the percentage of all children living in the U.S. with at least one parent who was foreign born rose from 15 percent in 1994 to 21 percent in 2006.
- In 2006, 39 percent of foreign-born children with at least one foreign-born parent, 33 percent of native children with at least one foreign-born parent, and 10 percent of native children with native parents had a parent with less than a high school diploma or equivalent credential.
- In 2006, foreign-born children with foreign-born parents were more likely than native children with foreign-born parents to live below the poverty level, 30 and 20 percent, respectively.
- Regardless of their own nativity status, children with at least one foreign-born parent more often lived in a household with two parents present than did children with no foreign-born parents. In 2006, 82 percent of native children with at least one foreign-born parent lived with two parents, compared with 68 percent of children with native parents.

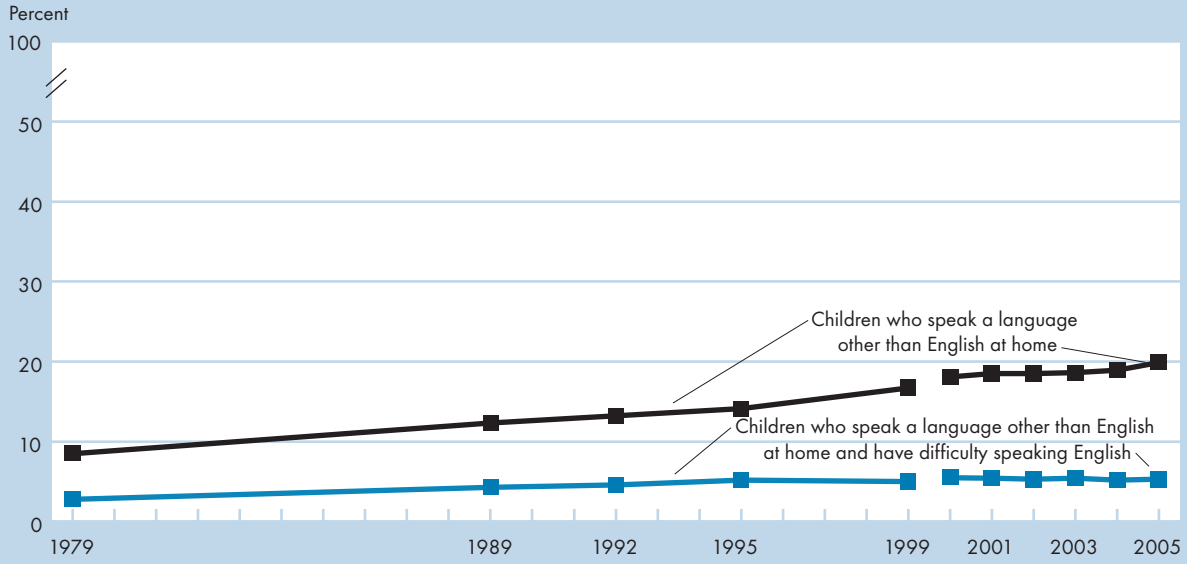
*Bullets contain references to data that can be found in Table FAM4 on pages 100–102. Endnotes begin on page 67.*

# Language Spoken at Home and Difficulty Speaking English

Children who speak languages other than English at home and who also have difficulty speaking English[24] may face greater challenges progressing in school and in the labor market. Once it is determined that a student speaks another language, school officials must, by law, evaluate the child's English ability to determine whether the student needs services (such as special instruction to improve his or her English) and provide these services if needed.

**Indicator FAM5**

**Percentage of children ages 5–17 who speak a language other than English at home and who have difficulty speaking English, selected years 1979–2005**




NOTE: Numbers from the 1995 and 1999 Current Population Survey (CPS) may reflect changes in the survey because of newly instituted computer-assisted interviewing techniques and/or because of the change in the population controls to the 1990 Census-based estimates, with adjustments. A break is shown in the lines between 1999 and 2000 because data from 1979 to 1999 comes from the CPS, while beginning in 2000 the data comes from the American Community Survey (ACS). The questions were the same on the CPS and ACS questionnaires.

SOURCE: U.S. Census Bureau, October (1992, 1995, and 1999) and November (1979 and 1989) Current Population Surveys, and 2000–2005 American Community Survey.

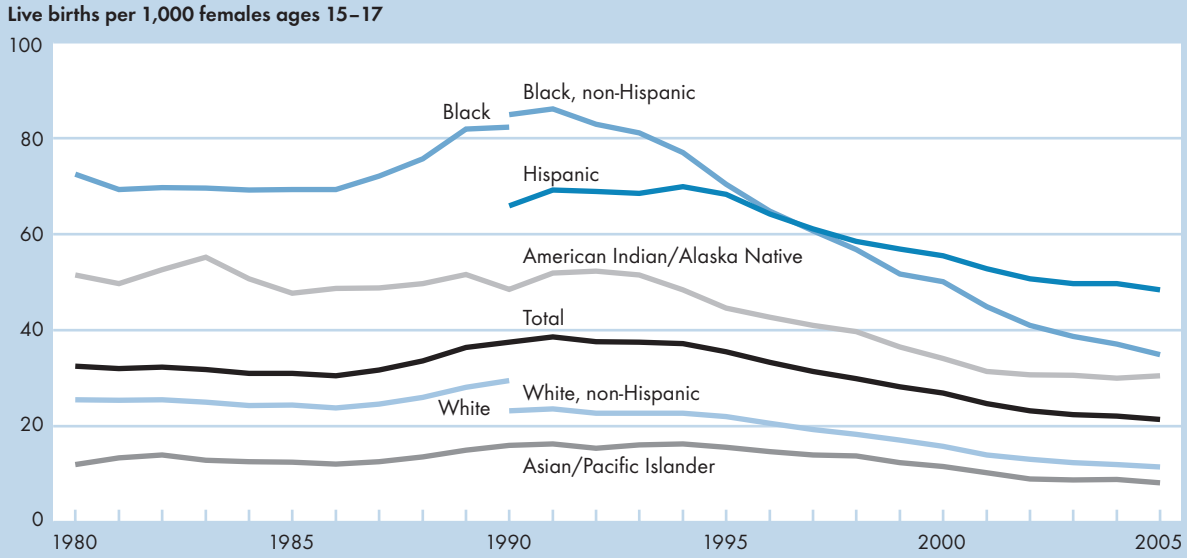
- In 2005, 20 percent of school-age children spoke a language other than English at home and 5 percent of school-age children had difficulty speaking English.
- In 2005, the percentage of school-age children who spoke a language other than English at home varied by region of the country, from a low of 11 percent in the Midwest to a high of 33 percent in the West.
- In 2005, the percentage of school-age children who had difficulty with English also varied by region, from a low of 3 percent in the Midwest to a high of 9 percent in the West.[25]
- In 2005, 64 percent of school-age Asian children and 69 percent of school-age Hispanic children spoke a language other than English at home, compared with 6 percent of school-age White, non-Hispanic children and 5 percent of Black, non-Hispanic children of school-age.[3,26]
- In 2005, 17 percent of school-age Asian children and 19 percent of school-age Hispanic children who spoke another language at home had difficulty with English, compared with about 1 percent of both school-age White, non-Hispanic children and school-age Black, non-Hispanic children of school-age.[27]
- About 6 percent of school-age children spoke a language other than English at home and lived in linguistically isolated households in 2005. A linguistically isolated household is one in which no person age 14 or over either speaks only English at home or speaks another language at home and speaks English "Very well."

*Bullets contain references to data that can be found in Table FAM5 on pages 103–106. Endnotes begin on page 67.*

# Adolescent Births

Bearing a child during adolescence is often associated with long-term difficulties for the mother and her child. These consequences are often attributable to poverty and the other adverse socioeconomic circumstances that frequently accompany early childbearing.[28] Compared with babies born to older mothers, babies born to adolescent mothers, particularly young adolescent mothers, are at higher risk of low birthweight and infant mortality.[6,9,29] They are more likely to grow up in homes that offer lower levels of emotional support and cognitive stimulation, and they are less likely to earn high school diplomas. For the mothers, giving birth during adolescence is associated with limited educational attainment, which in turn can reduce future employment prospects and earnings potential.[30] The birth rate of adolescents under age 18 is a measure of particular interest because the mothers are still of school age.

**Indicator FAM6** **Birth rates for females ages 15–17 by race and Hispanic origin, 1980–2005**




NOTE: Data for 2005 are preliminary. Rates for 1980–1989 are calculated for all Whites and all Blacks. Rates for 1980–1989 are not shown for Hispanics; White, non-Hispanics; or Black, non-Hispanics because information on the Hispanic origin of the mother was not reported on the birth certificates of most states.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

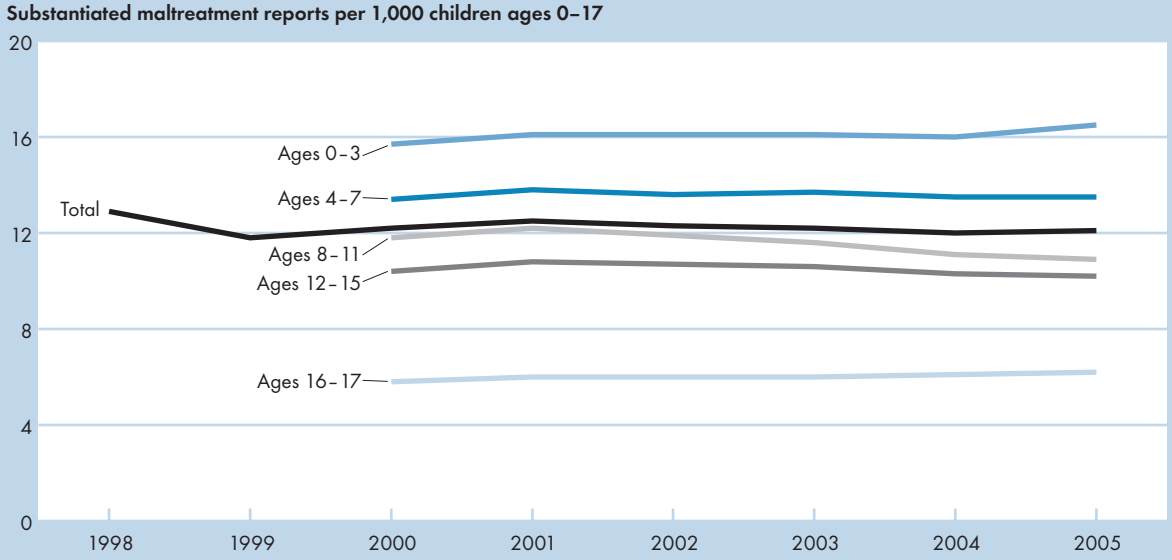
- In 2005, the adolescent birth rate was 21 per 1,000 young women ages 15–17. There were 133,138 births to these young women in 2005. The 2005 rate was a record low for the Nation.[6,10,11]
- The birth rate among adolescents ages 15–17 declined more than two-fifths, from 39 to 21 births per 1,000, between 1991 and 2005. This decline follows an increase of one-fourth between 1986 and 1991.
- There are substantial racial and ethnic disparities among the birth rates for adolescents ages 15–17. In 2005, the birth rate per 1,000 females for this age group was 8 for Asians/Pacific Islanders, 12 for White, non-Hispanics, 31 for American Indians/Alaska Natives, 35 for Black, non-Hispanics, and 48 for Hispanics.[10]
- The birth rate for Black, non-Hispanic females ages 15–17 dropped by three-fifths between 1991 and 2005, completely reversing the increase between 1986 and 1991. The birth rate for White, non-Hispanic teenagers declined by half during 1991–2005.[6,10]
- The birth rate for Hispanic adolescents in this age group fell by nearly one-third between 1991 and 2005.[10,11]
- In 2005, 90 percent of births to females ages 15–17 were to unmarried mothers, compared with 62 percent in 1980 (See FAM2.B).
- The birth rates for first and second births for females ages 15–17 declined by two-fifths and more than one-half, respectively, between 1991 and 2004.
- The pregnancy rate (the sum of births, abortions, and fetal losses per 1,000 females) declined by two-fifths for adolescents ages 15–17 during 1990–2002, reaching a record low of 44 per 1,000 in 2002. Rates for births, abortions, and fetal losses declined for these young adolescents from the 1990s through 2002.[11,31,32]

*Bullets contain references to data that can be found in Table FAM6 on pages 107–108. Endnotes begin on page 67.*

# Child Maltreatment

Child maltreatment includes physical, sexual, and psychological abuse, as well as neglect (including medical neglect). Maltreatment in general is associated with a number of negative outcomes for children, including lower school achievement, juvenile delinquency, substance abuse, and mental health problems.[33] Certain types of maltreatment can result in long-term physical, social, and emotional problems, and even death. For example, "shaken baby syndrome" can result in mental retardation, cerebral palsy, or paralysis. Child maltreatment includes both fatal and nonfatal maltreatment.

**Indicator FAM7** **Rate of substantiated maltreatment reports of children ages 0–17 per 1,000 children, 1998–2005**




NOTE: The count of child victims is based on the number of investigations by Child Protective Services that found the child to be a victim of one or more types of maltreatment. The count of victims is, therefore, a report-based count and is a "duplicated count," since an individual child may have been maltreated more than once. The number of states reporting varies from year to year. States vary in their definition of abuse and neglect.

SOURCE: U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, National Child Abuse and Neglect Data System.

- In 2005, there were 12 substantiated reports of child maltreatment per 1,000 children.[34]
- From 1998 through 2002, the rate of substantiated reports of child maltreatment varied between 12 and 13 reports per 1,000 children and has remained at approximately 12 reports per 1,000 children since 2002.
- Girls experienced higher rates of maltreatment than boys.
- Younger children are more frequently victims of child maltreatment than older children. In 2005, there were 17 substantiated child maltreatment reports per 1,000 children ages 0–3, compared with 14 for children ages 4–7, 11 for children ages 8–11, 10 for children ages 12–15, and 6 for children ages 16–17.
- While neglect is the most common type of maltreatment across all age groups, types of maltreatment vary by age. In 2005, 73 percent of substantiated child maltreatment reports for children ages 0–3 involved neglect, compared to 53 percent for teens ages 16 and older. On the other hand, 23 percent of substantiated reports for teens ages 16 and older involved physical abuse and 17 percent involved sexual abuse. Among substantiated reports for children ages 0–3, 12 percent involved physical abuse and 2 percent involved sexual abuse.
- In 2005, Black, non-Hispanic children had the highest rates of substantiated child maltreatment reports (20 maltreatment reports per 1,000 children), followed by American Indian/Alaska Native children (17), Native Hawaiian or Other Pacific Islander children (16), children of multiple races (15), White, non-Hispanic children (11), Hispanic children (11), and Asian children (3).
- There are higher rates of substantiated child maltreatment reports among children in lower income families than children in families with other income levels.[35]

*Bullets contain references to data that can be found in Tables FAM7.A and FAM7.B on pages 109–110. Endnotes begin on page 67.*

# Indicators Needed

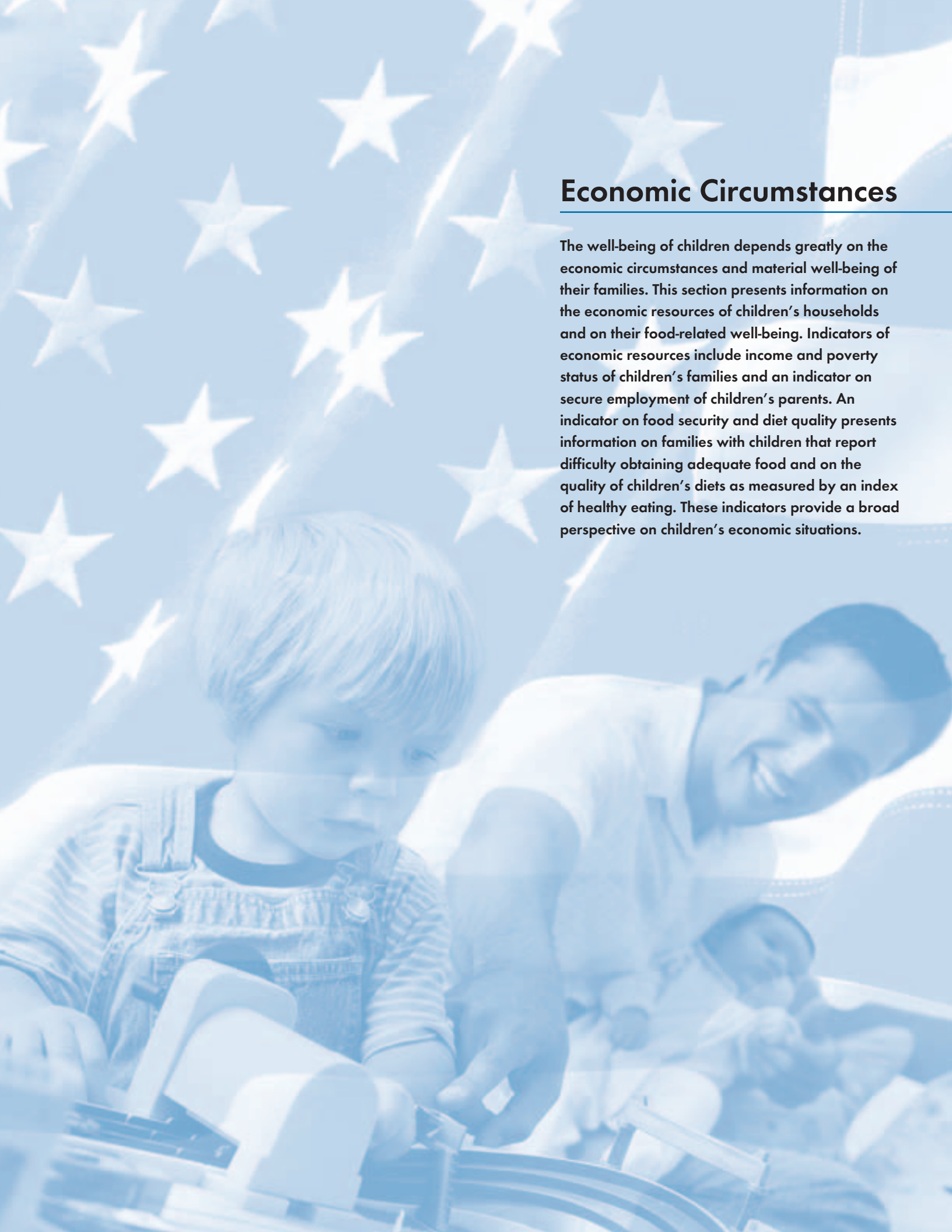
## Family and Social Environment

Current data collection systems at the national level do not provide extensive detailed information on children's families, their caregivers, or their environment. Certain topical databases provide some of this information, but data need to be collected across domains of child well-being regularly enough to discern trends in where, how, and with whom children spend their time. More details also are needed on the following topics:

- *Family structure and interactions.* Increasing the detail of information collected about family structure and improving the measurement of cohabitation and family dynamics were among the key suggestions for improvement emerging from two "Counting Couples" workshops sponsored by the Forum. More information on the workshops is available online at http://childstats.gov.
- *Time use.* Currently, some Federal surveys collect information on the amount of time children spend on certain activities, such as watching television, and on participation rates in specific activities or care arrangements, but no Federal data source examines time spent on the whole spectrum of children's activities. In 2003, the Bureau of Labor Statistics began the American Time Use Survey (ATUS), which measures the amount of time people spend doing various activities, such as paid work, childcare, volunteering, and socializing. The survey includes responses from persons age 15 and older. There are currently 3 years of data available, from 2003 through 2005. Since the numbers of observations for older youths are small, the data cannot be published separately for each year. This data limitation, along with the lack of historical data, precludes the ATUS data from being included as a regular indicator in the *America's Children* report at this time. Forum agencies continue to be interested in the inclusion of time use questions for youth in other surveys.

# Economic Circumstances

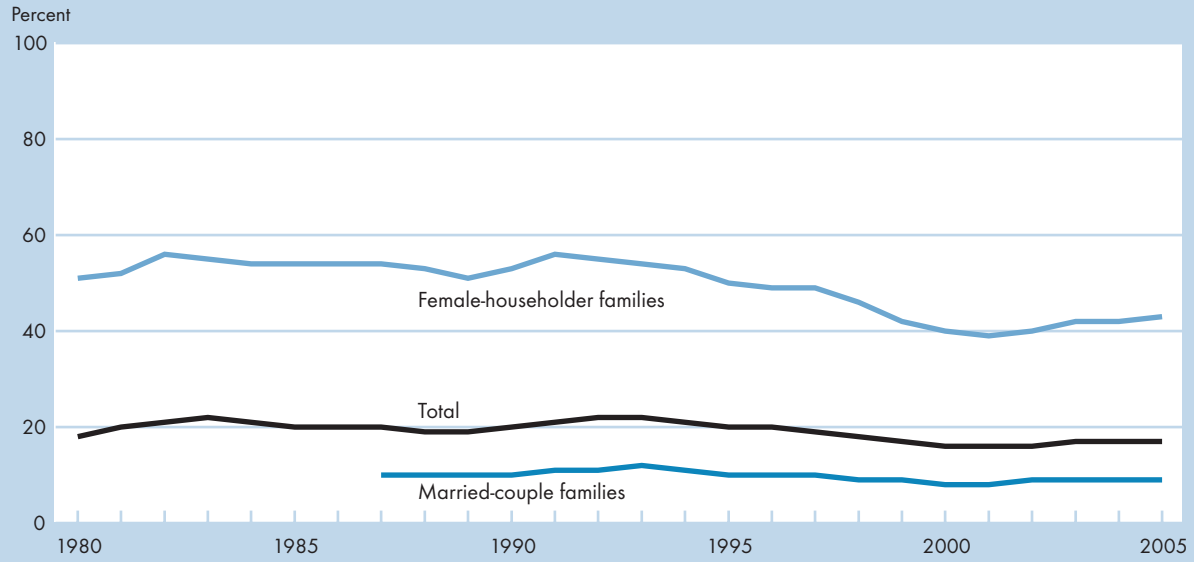
The well-being of children depends greatly on the economic circumstances and material well-being of their families. This section presents information on the economic resources of children's households and on their food-related well-being. Indicators of economic resources include income and poverty status of children's families and an indicator on secure employment of children's parents. An indicator on food security and diet quality presents information on families with children that report difficulty obtaining adequate food and on the quality of children's diets as measured by an index of healthy eating. These indicators provide a broad perspective on children's economic situations.



# Child Poverty and Family Income

Children in low-income families fare less well than children in more affluent families on many of the indicators presented in this report. Compared with children living in families at or above the poverty line, children living below the poverty line are more likely to have difficulty in school, to become teen parents, and, as adults, to earn less and be unemployed more frequently.[36,37] This indicator is the official poverty measure for the United States, which is based on Office of Management and Budget Statistical Policy Directive 14.[38]

**Indicator ECON1.A** **Percentage of related children ages 0–17 living in poverty by family structure, 1980–2005**




NOTE: Estimates refer to children ages 0–17 who are related to the householder. In 2005, the average poverty threshold for a family of four was $19,971.

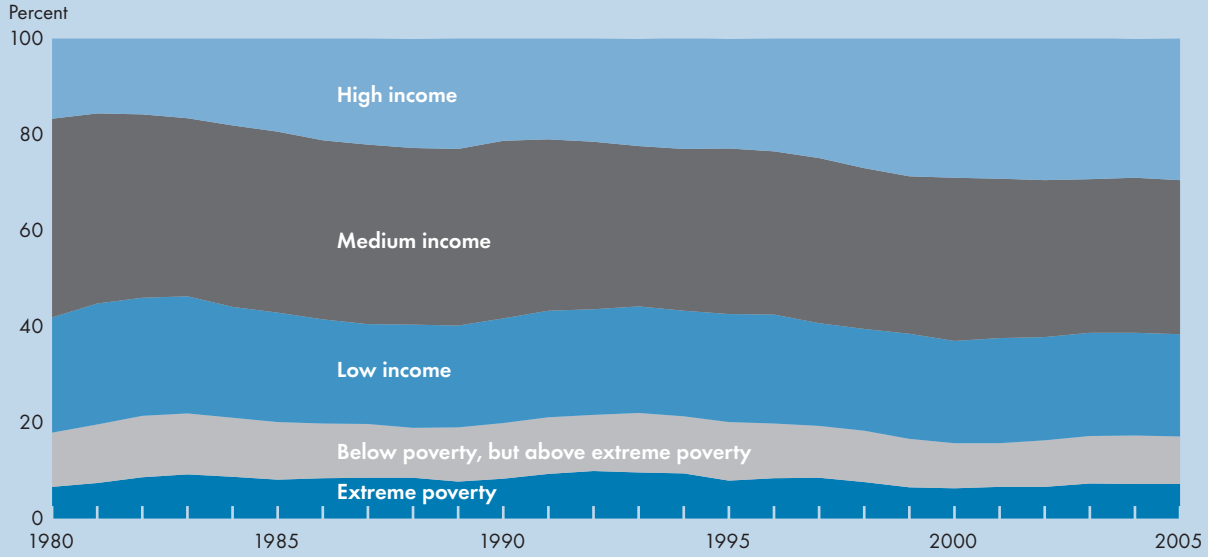
SOURCE: U.S. Census Bureau, Current Population Survey, 1981 to 2006 Annual Social and Economic Supplements.

- In 2005, 18 percent of all children ages 0–17 lived in poverty, unchanged from 2004. The poverty rate was higher for Black children and for Hispanic children than for White, non-Hispanic children. In 2005, 10 percent of White, non-Hispanic children lived in poverty, compared with 35 percent of Black children and 28 percent of Hispanic children.[3]
- The percentage of children living in families with incomes below their poverty threshold was 17 percent in 2005, unchanged from 2004. The official poverty rate for children has fluctuated since the early 1980s: it reached a high of 22 percent in 1993 and decreased to 16 percent in 2000.[39]
- The poverty rate for children living in female-householder families (no spouse present) also fluctuated between 1980 and 1993, then declined between 1993 and 2000 more than the rate for all children in families. In 1993, 54 percent of children living in female-householder families were living in poverty; by 2005, this proportion was 43 percent.
- Children ages 0–5 were more likely to be living in families with incomes below the poverty line than children ages 6–17. In 2005, 20 percent of children ages 0–5 lived in poverty, compared with 16 percent of older children.
- Children in married-couple families were much less likely to be living in poverty than children living only with their mothers. In 2005, 9 percent of children in married-couple families were living in poverty, compared with 43 percent in female-householder families.
- In 2005, 5 percent of White, non-Hispanic children in married-couple families lived in poverty, compared with 33 percent of White, non-Hispanic children in female-householder families. Thirteen percent of Black children in married-couple families lived in poverty, compared with 50 percent of Black children in female-householder families. Twenty percent of Hispanic children in married-couple families lived in poverty, compared with 50 percent of Hispanic children in female-householder families.

The distribution of the income of children's families provides a broader picture of children's economic situations.

**Indicator ECON1.B**

## Percentage of related children ages 0–17 by family income relative to the poverty line, 1980–2005




NOTE: Estimates refer to children ages 0–17 who are related to the householder. The income classes are derived from the ratio of the family's income to the family's poverty threshold. A child living in extreme poverty is defined as a child living in a family with income less than 50 percent of the poverty threshold. Below poverty, but above extreme poverty is defined as 50–99 percent of the poverty threshold. Low income is defined as 100–199 percent of the poverty threshold. Medium income is defined as 200–399 percent of the poverty threshold. High income is defined as being at or above 400 percent of the poverty threshold. For example, a family of four with two children would be in extreme poverty if their income was less than $9,903 (50 percent of $19,806). The same family would be classified as low income if their income was at least $19,806 and less than $39,612.

SOURCE: U.S. Census Bureau, Current Population Survey, 1981 to 2006 Annual Social and Economic Supplements.

- In 2005, more children lived in families with medium income (32 percent) than in families in other income groups. Fewer children lived in families with low income and with high income (21 and 30 percent, respectively).
- The percentage of children living in families with medium income was lower in 2005, at 32 percent, than in 1980, at 41 percent. Conversely, the percentage of children living in families with high income was higher in 2005, at 30 percent, than in 1980, at 17 percent.
- The percentage of children living in families classified as in extreme poverty was 7 percent in 1980. This percentage rose to 10 percent in 1992 and decreased to 7 percent in 2005. The percentage of children who lived in families with very high incomes (600 percent or more of the poverty threshold) was three times higher in 2005 than in 1980 (14 percent and 4 percent, respectively).

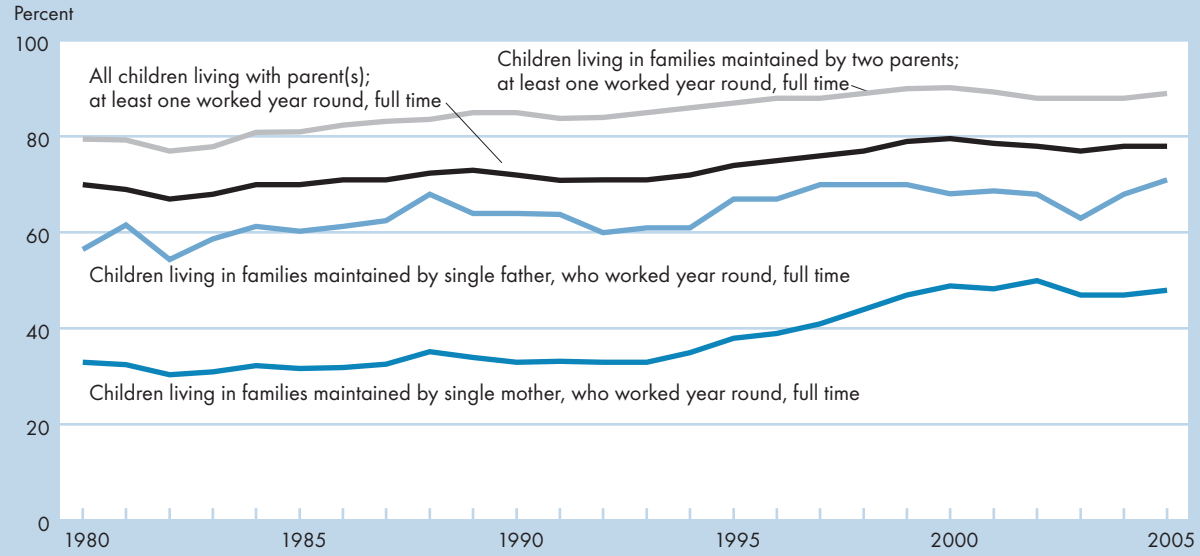
*Bullets contain references to data that can be found in Tables ECON1.A and ECON1.B on pages 111–116. Endnotes begin on page 67.*

## Secure Parental Employment

Secure parental employment reduces the incidence of poverty and its attendant risks to children. Since most parents who obtain health insurance for themselves and their children do so through their employers, a secure job can also be a key variable in determining whether children have access to health care. Secure parental employment may also enhance children's psychological well-being and improve family functioning by reducing stress and other negative effects that unemployment and underemployment can have on parents.[40,41] One measure of secure parental employment is the percentage of children whose resident parent or parents were employed full time during a given year.

**Indicator ECON2**

**Percentage of children ages 0–17 living with at least one parent employed year round, full time by family structure, 1980–2005**




SOURCE: U.S. Bureau of Labor Statistics, Current Population Survey, Annual Social and Economic Supplements.

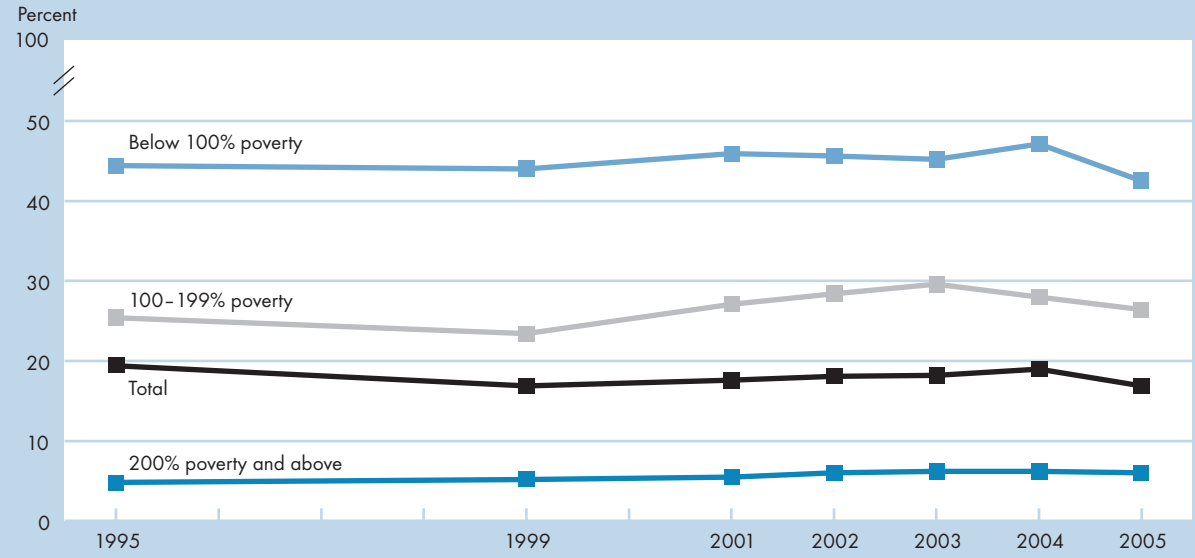
- The percentage of children who had at least one parent working year round, full time was 78.3 percent in 2005, up from 77.6 percent in 2004, but below its peak of 80 percent in 2000. This proportion has remained relatively high, given its historical context; in the early 1990s, the proportion was 72 percent.
- In 2005, 89 percent of children living in families maintained by two parents had at least one parent who worked year round, full time. In contrast, 71 percent of children living in families maintained by a single father and 48 percent of children living in families maintained by a single mother had a parent who worked year round, full time.
- Children living in poverty were much less likely to have a parent working year round, full time than children living at or above the poverty line (32 percent and 88 percent, respectively, in 2005). In 2005, 57 percent of children living in families maintained by two parents who were living below the poverty line had at least one parent working year round, full time, compared with 92 percent of children living at or above the poverty line.
- Black, non-Hispanic children and Hispanic children were less likely than White, non-Hispanic children to have a parent working year round, full time. About 74 percent of Hispanic children and 62 percent of Black, non-Hispanic children lived in families with secure parental employment in 2005, compared with 84 percent of White, non-Hispanic children.
- In 2005, 31 percent of children in married two-parent families had both parents working year round, full time, up from 17 percent in 1980, but down slightly from the peak of 33 percent in 2000.

*Bullets contain references to data that can be found in Table ECON2 on pages 117–118. Endnotes begin on page 67.*

# Food Security and Diet Quality

A family's ability to provide for its children's nutritional needs is linked to the family's food security—that is, to its access at all times to enough food for an active, healthy life.[42] The food security status of households is assessed based on self-reports of difficulty in obtaining enough food, reduced food intake, reduced diet quality, and anxiety about an adequate food supply. In some households classified as food insecure, only adults' diets and food intakes were affected, but in a majority of such households, children's eating patterns were also disrupted to some extent and the quality and variety of their diets were adversely affected.[43] In a subset of food-insecure households—those classified as having very low food security among children—a parent or guardian reported that at some time during the year one or more children were hungry, skipped a meal, or did not eat for a whole day because the household could not afford enough food.[44]

**Indicator ECON3.A** **Percentage of children ages 0–17 in food-insecure households by annual household income, selected years 1995–2005**




NOTE: Statistics for 1996–1998 and 2000 are omitted because they are not directly comparable with those for other years.

SOURCE: U.S. Census Bureau, Current Population Survey Food Security Supplement; tabulated by U.S. Department of Agriculture, Economic Research Service and Food and Nutrition Service.

- About 12 million children (17 percent) lived in households that were classified as food insecure at times in 2005. Just over 600,000 of these children (0.8 percent of all children) lived in households classified as having very low food security among children.
- The percentage of children living in food-insecure households declined from 19 percent in 2004 to 17 percent in 2005. The percentage of children living in households with very low food security declined from 1.3 percent in 1995 to 0.7 percent in 1999 and has remained in the range of 0.6–0.8 percent since then (see table ECON3.A).
- In 2005, the proportions of children living in food-insecure households were substantially above the national average (17 percent) for those living in poverty (42 percent), Black, non-Hispanics (29 percent) and Hispanics (24 percent), those whose parents or guardians lacked a high school diploma or GED (37 percent), and those living with a single mother (33 percent).

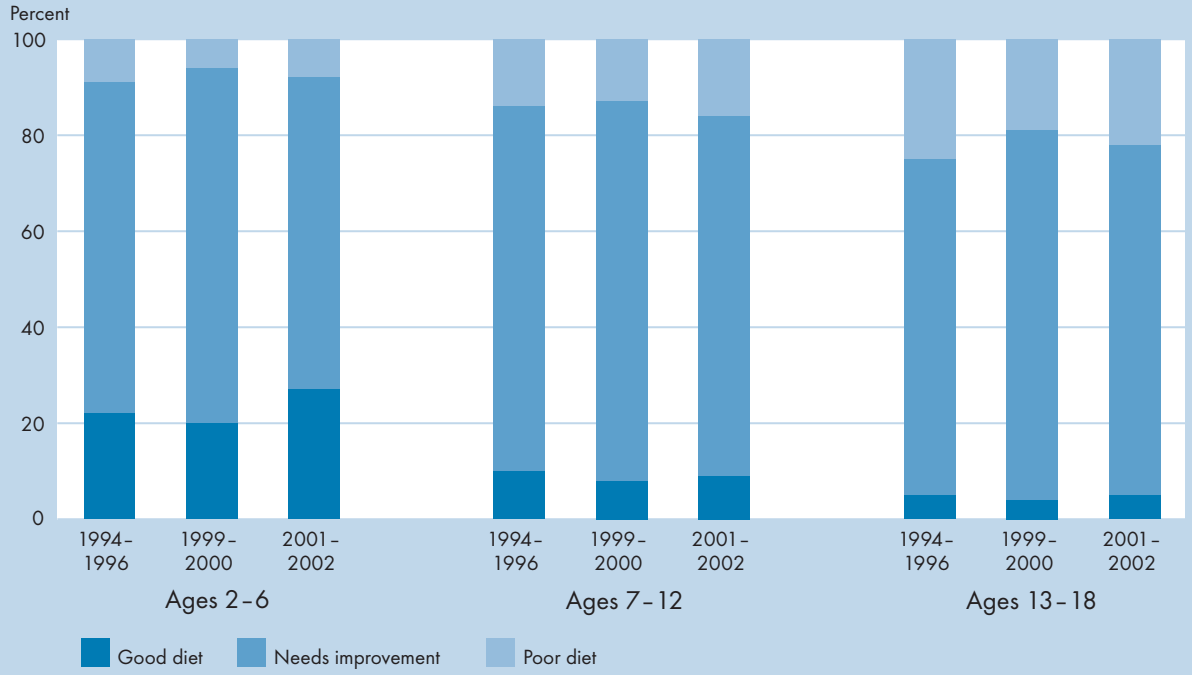
*Bullets contain references to data that can be found in Table ECON3.A on pages 119–120. Endnotes begin on page 67.*

# Food Security and Diet Quality

The diet quality of children and adolescents is of concern because poor eating patterns established in childhood usually transfer to adulthood. Such patterns are major factors in the increasing rate of child obesity over the past decades and are contributing factors to certain diseases. The Healthy Eating Index (HEI) is a summary measure of diet quality. The HEI consists of 10 components, each representing different aspects of a healthful diet. Components 1 through 5 measure the degree to which a person's diet conforms to the U.S. Department of Agriculture's Food Guide Pyramid serving recommendations for the five major food groups: grains, vegetables, fruits, milk, and meat or meat alternatives. Components 6 and 7 measure fat and saturated fat consumption. Components 8 and 9 measure cholesterol intake and sodium intake, and component 10 measures the degree of variety in a person's diet. Scores for each component are given equal weight and added to calculate an overall HEI score. This overall HEI score is then used to determine diet quality based on a scale established by nutrition experts.

**Indicator ECON3.B**

**Percentage of children ages 2–18 by age and diet quality as measured by the Healthy Eating Index, 1994–1996, 1999–2000, and 2001–2002**




NOTE: The maximum combined score for the 10 components is 100. An HEI score above 80 implies a good diet, an HEI score between 51 and 80 implies a diet that needs improvement, and an HEI score less than 51 implies a poor diet. Data for the three time periods are not necessarily comparable because of methodological differences in data collection.

SOURCE: U.S. Department of Agriculture, 1994–1996 Continuing Survey of Food Intake by Individuals; and Centers for Disease Control and Prevention, 1999–2000 and 2001–2002 National Health and Nutrition Examination Survey.

- In 2001–2002, as in previous years, most children had a diet that was poor or needed improvement, as indicated by their HEI score.
- As children get older, their diet quality declines. In 2001–2002, among children ages 2–6, 27 percent had a good diet, 65 percent had a diet needing improvement, and 8 percent had a poor diet. Among those ages 7–12, 9 percent had a good diet, 75 percent had a diet needing improvement, and 16 percent had a poor diet. Among children ages 13–18, 5 percent had a good diet, 73 percent had a diet needing improvement, and 22 percent had a poor diet.
- The lower quality diets of older children are linked to declines in their intake of grains, fruits, and milk, and increases in their cholesterol and sodium intake.
- Children in families with incomes below the poverty line are no more likely than children in families with incomes at or above the poverty line to have a diet rated as poor. In 2001–2002, among children ages 2–6, 9 percent of those below poverty had a poor diet, compared with 8 percent of those living at or above the poverty line.

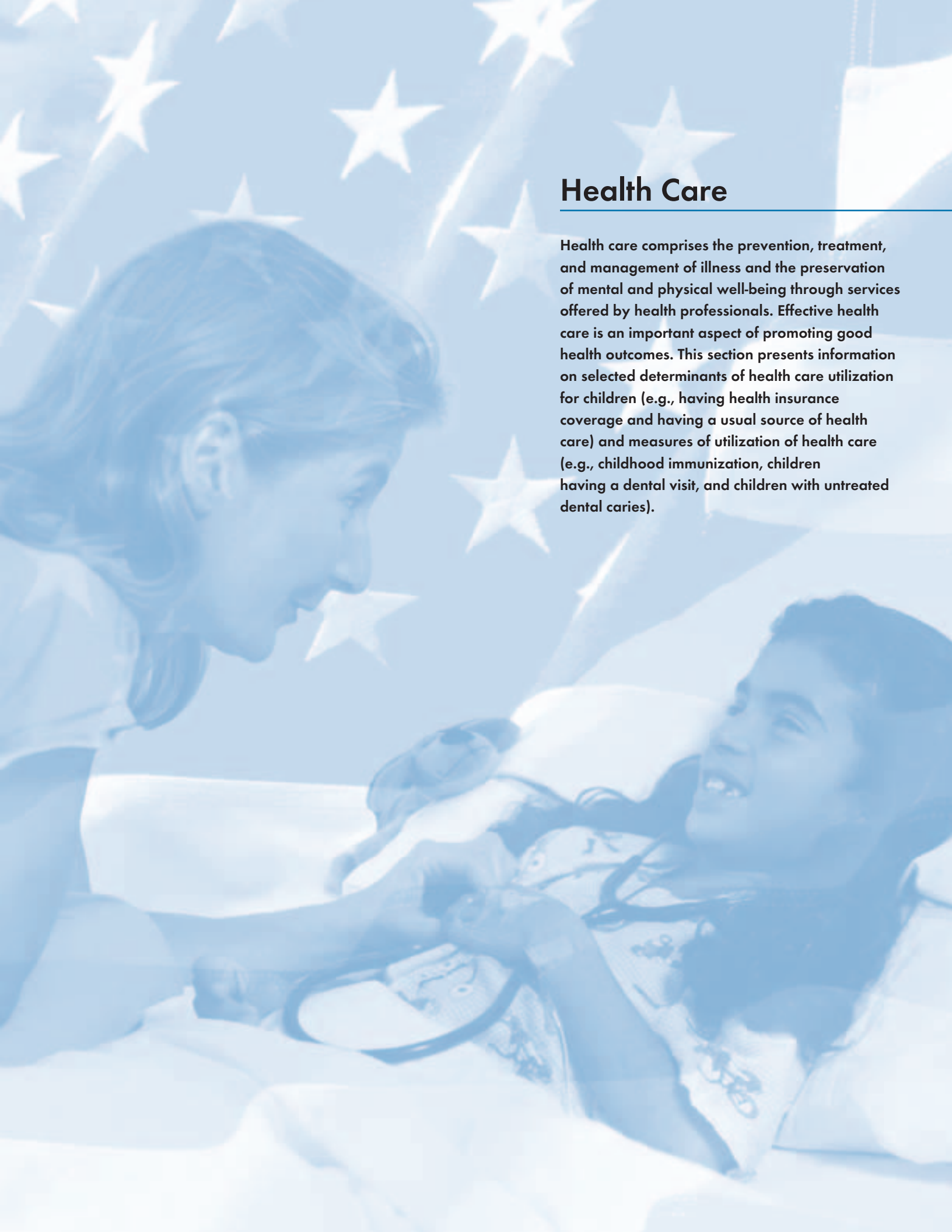
*Bullets contain references to data that can be found in Table ECON3.B on page 121.*

# Indicators Needed

## Economic Circumstances

Economic security is multifaceted, and several measures are needed to adequately represent its various aspects. While this year's report continues to provide some information on economic and food security, additional indicators are needed on:

- *Economic well-being.* Economic well-being over time needs to be anchored in an average standard of living context. Multiple measures of family income or consumption, some of which might incorporate estimates of various family assets, could produce more reliable estimates of changes in children's economic well-being over time.
- *Long-term poverty among families with children.* Although Federal data are available on child poverty and alternative measures are being developed (see Indicators ECON1.A and ECON1.B, Child Poverty and Family Income, and the discussion of alternative poverty rates on page 70), the surveys that collect these data do not capture information on long-term poverty. Long-term poverty among children can be estimated from existing longitudinal surveys, but changes to current surveys would be needed to provide estimates on a regular basis. Since long-term poverty can have serious negative consequences for children's well-being, regularly collected and reported data are needed to produce regular estimates.
- *Homelessness.* At present, there are no regularly collected data on the number of homeless children in the United States, although there have been occasional studies aimed at estimating this number. Congressionally-mandated Homeless Management Information System (HMIS) data include household identifiers. Expanded use of local HMIS will provide more family-level data for homeless service users and greater opportunities for demographic and longitudinal analysis of homeless families.



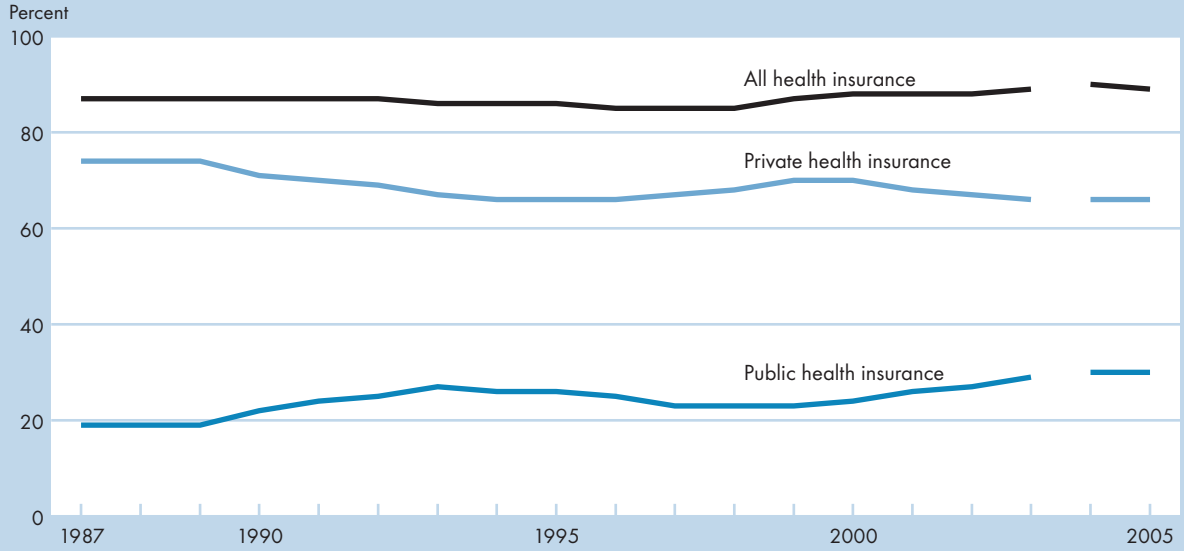
# Health Care

Health care comprises the prevention, treatment, and management of illness and the preservation of mental and physical well-being through services offered by health professionals. Effective health care is an important aspect of promoting good health outcomes. This section presents information on selected determinants of health care utilization for children (e.g., having health insurance coverage and having a usual source of health care) and measures of utilization of health care (e.g., childhood immunization, children having a dental visit, and children with untreated dental caries).

# Health Insurance Coverage

Children with health insurance, whether public or private, are more likely than children without insurance to have a regular and accessible source of health care. The percentage of children who have health insurance coverage for at least part of the year is one measure of the extent to which families can obtain preventive care or health care for a sick or injured child.

**Indicator HC1** **Percentage of children ages 0–17 covered by health insurance by type of health insurance, 1987–2005**




NOTE: Public health insurance for children consists primarily of Medicaid, but also includes Medicare, SCHIP (the State Children's Health Insurance Programs), and CHAMPUS/Tricare, the health benefit program for members of the armed forces and their dependents. Estimates beginning in 1999 include follow-up questions to verify health insurance status. Estimates for 1999 through 2005 are not directly comparable with earlier years, before the verification questions were added. Due to revision of the 2004 and 2005 data, estimates for these years are not comparable to estimates from 2003 and earlier. Children are considered to be covered by health insurance if they had public or private coverage any time during the year.

SOURCE: U.S. Census Bureau, unpublished tables based on analyses from the Current Population Survey, 1988 to 2006 Annual Social and Economic Supplements.

- In 2005, 89 percent of children had health insurance coverage at some point during the year, down from 90 percent in 2004.
- The number of children who had no health insurance at any time during 2005 was 8.1 million (11 percent of all children).
- Hispanic children are less likely to have health insurance than White, non-Hispanic or Black children. In 2005, 79 percent of Hispanic children were covered by health insurance, compared with 93 percent of White, non-Hispanic children and 88 percent of Black children.[3]
- The type of insurance varies by the age of the child: public health insurance is more prevalent among younger children, while private health insurance is more common among older children.
- Due to revision of the 2004 and 2005 data, estimates for these years are not comparable to estimates from 2003 and earlier.[45]
- The proportion of children covered by private health insurance decreased from 74 percent in 1987 to 66 percent in 1994, increased to 70 percent in 1999, and then dropped to 66 percent in 2003.[46] The proportion of children covered by public health insurance grew from 19 percent in 1987 to 27 percent in 1993. Public health insurance decreased until 1999, and then began to climb again to 29 percent in 2003.[47]
- In 2005, 66 percent of children were covered by private health insurance and 30 percent were covered by public health insurance.

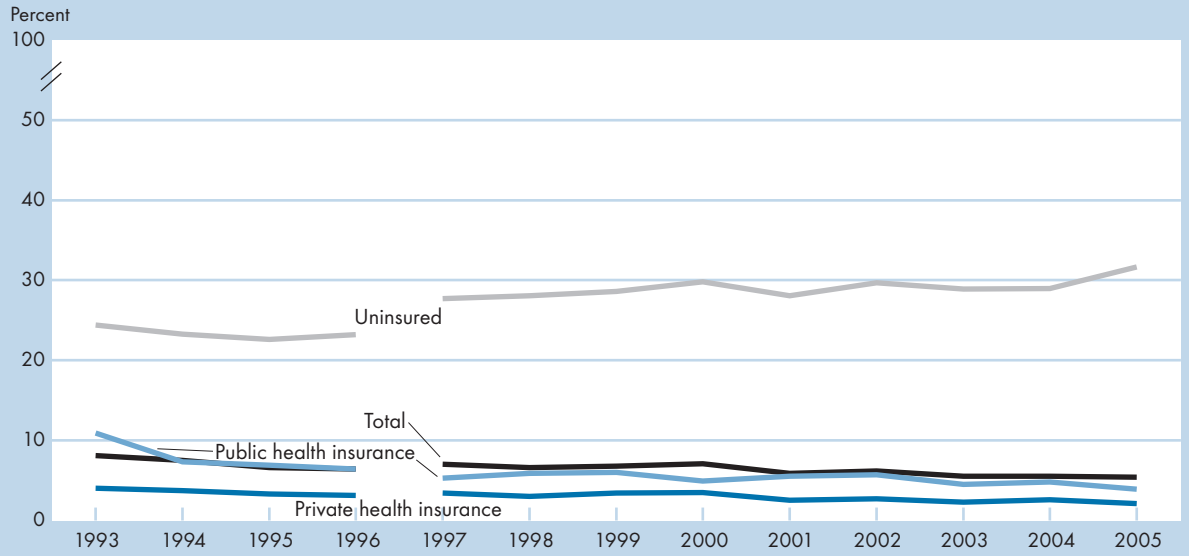
*Bullets contain references to data that can be found in Table HC1 on pages 122–123. Endnotes begin on page 67.*

# Usual Source of Health Care

The health of children depends at least partially on their access to health services. Health care for children includes physical examinations, preventive care, health education, observations, screening, immunizations, and sick care.[48] Having a usual source of care—a particular person or place a child goes for sick and preventive care—facilitates the timely and appropriate use of pediatric services.[49,50] Emergency rooms are excluded here as a usual source of care because their focus on emergency care generally excludes the other elements of health care.[51]

**Indicator HC2**

**Percentage of children ages 0–17 with no usual source of health care by type of health insurance, 1993–2005**




NOTE: Emergency rooms are excluded as a usual source of care. A break is shown in the lines because in 1997 the National Health Interview Survey was redesigned. Data for 1997–2005 are not strictly comparable with earlier data.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

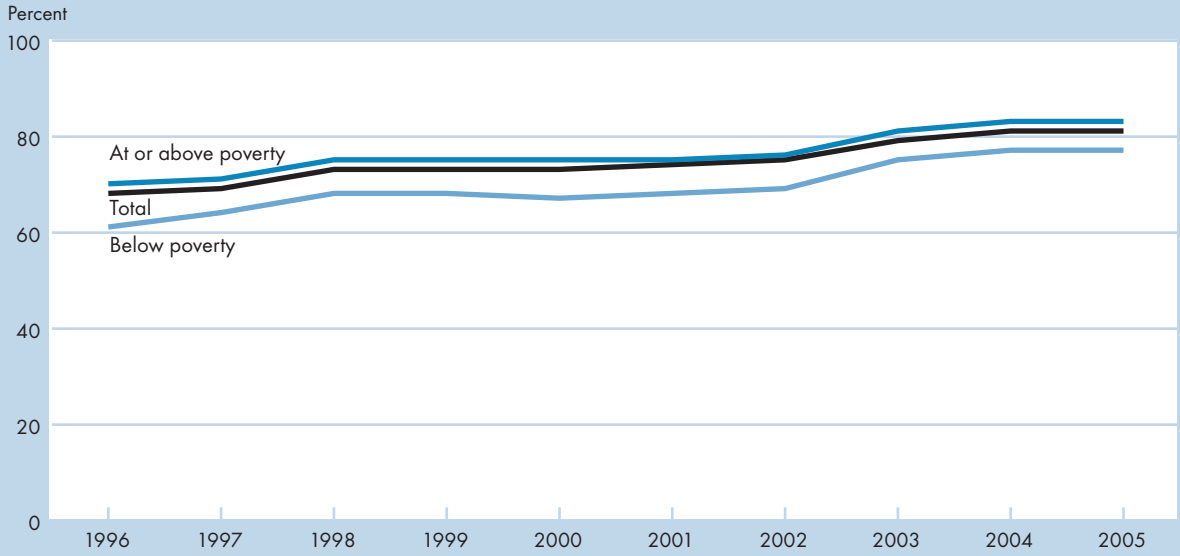
- In 2005, 5 percent of children had no usual source of health care.
- Uninsured children are much more likely to have no usual source of care than are children who have health insurance. For example, children who were uninsured were nearly 16 times as likely as those with private insurance to have no usual source of care in 2005.
- There are differences in the percentage of children having no usual source of care by type of health insurance coverage. In 2005, children with public insurance, such as Medicaid, were more likely to have no usual source of care than were children with private insurance (4 percent and 2 percent, respectively).
- In 2005, 9 percent of children in poor and 8 percent of children in near-poor families (those with family incomes less than 100 percent and 100–199 percent of the poverty level, respectively) had no usual source of health care, compared with 3 percent of children in non-poor families (those with family incomes of 200 percent or more of the poverty level).
- Older children are slightly more likely than younger children to lack a usual source of health care. In 2005, 6 percent of children ages 5–17 had no usual source of care, compared with 3 percent of children ages 0–4.

*Bullets contain references to data that can be found in Table HC2 on page 124. Endnotes begin on page 67.*

# Childhood Immunization

Rates of childhood immunization are one measure of which children are protected from serious vaccine-preventable illnesses. The combined immunization series (often referred to as the 4:3:1:3:3 combined series) rate measures receipt of the doses of five vaccinations that have been recommended since 1991 or earlier.

**Indicator HC3** **Percentage of children ages 19–35 months with the 4:3:1:3:3 combined series of vaccinations by poverty status, 1996–2005**




NOTE: The 4:3:1:3:3 series consists of 4 (or more) doses of diphtheria, tetanus toxoids and pertussis vaccines, diphtheria and tetanus toxoids, and diphtheria, tetanus toxoids and any acellular pertussis vaccine (DTP/DT/DTaP); 3 (or more) doses of poliovirus vaccine; 1 (or more) doses of any measles-containing vaccine; 3 (or more) doses of *Haemophilus influenzae* type b (Hib) vaccine; and 3 (or more) doses of hepatitis B vaccine. The recommended immunization schedule for children is available at http://www.cdc.gov/nip/recs/child-schedule.htm.

SOURCE: Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases and National Center for Health Statistics, National Immunization Survey.

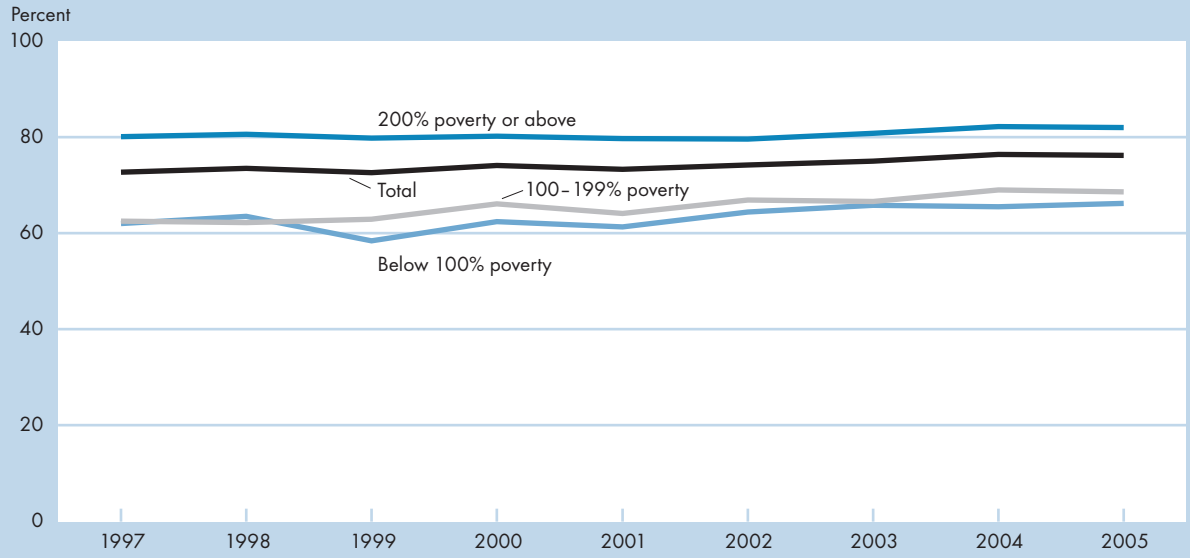
- In 2005, 81 percent of children ages 19–35 months had received the recommended combined five-vaccine series (often referred to as the 4:3:1:3:3 combined series).
- Children in families below the poverty level had lower rates of coverage (77 percent) with the combined series compared with children at or above poverty (83 percent).
- Percentages of coverage with the five-vaccine series were higher among White, non-Hispanic children than among Black, non-Hispanic or Hispanic children. Eighty-two percent of White, non-Hispanic children ages 19–35 months received these immunizations, compared with 79 percent of Black, non-Hispanic children and 79 percent of Hispanic children.
- Overall, coverage with the combined series has been increasing since 2001; the gap in coverage between children living at or above the poverty level and children living below the poverty level remained relatively stable.
- Varicella vaccine (for chicken pox), licensed in 1995 and recommended in 1996, was received by 88 percent of children ages 19–35 months in 2005. Coverage for this vaccine was slightly higher for children living at or above the poverty level (88 percent), compared to children living below the poverty level (87 percent).
- In 2005, 83 percent of children ages 19–35 months received three or more doses of pneumococcal conjugate vaccine. This vaccine was recommended in 2000. The full series of this vaccine includes four doses; when shortages of this vaccine occurred during 2001–2004, there were recommendations to defer the third, or third and fourth, doses.

*Bullets contain references to data that can be found in Table HC3 on pages 125–126.*

# Oral Health

Oral health is an essential and integral component of health.[52] Regular dental visits provide an opportunity for early diagnosis, prevention, and treatment of oral and craniofacial diseases and conditions. Good oral health requires self-care and professional care. Routine dental visits are recommended by the American Academy of Pediatric Dentistry beginning at one year of age.[53] Dental caries (cavities) is the single most common disease of childhood.[52] Since the early 1970s, the prevalence of dental caries in permanent teeth has dramatically declined in school-aged children, due to prevention efforts such as community water fluoridation programs and increased use of toothpastes containing flouride.[52] Dental caries, however, remains a significant problem among certain racial or ethnic groups and among poor children.

**Indicator HC4.A** **Percentage of children ages 2–17 with a dental visit in the past year by poverty status, 1997–2005**



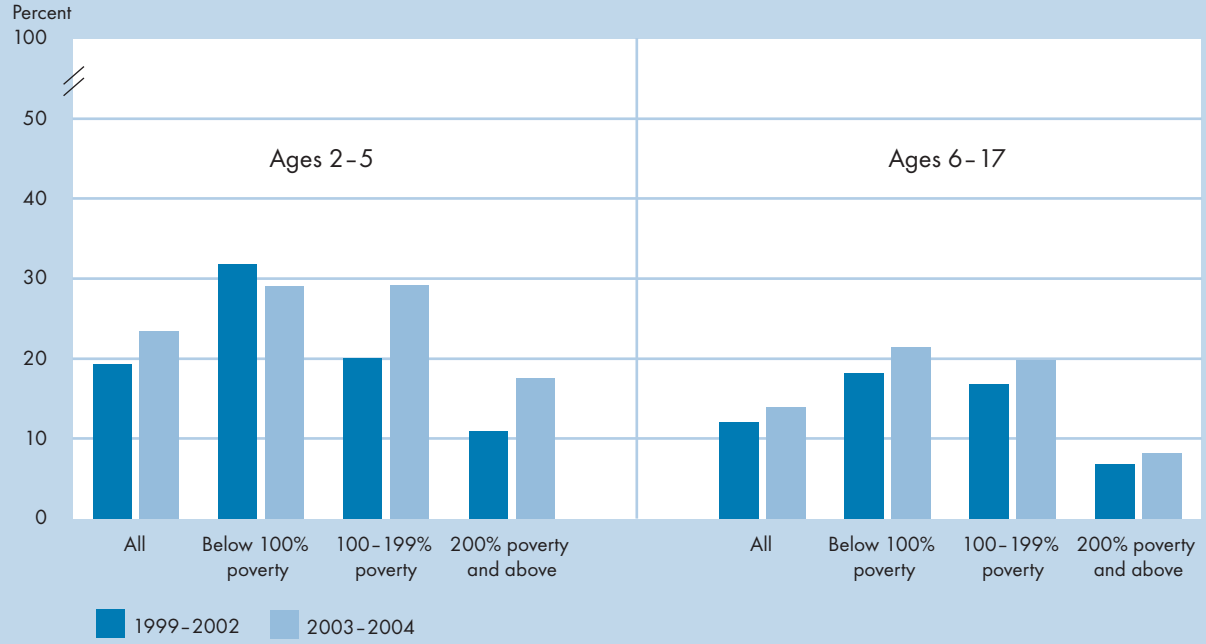

NOTE: From 1997–2000, children were identified as having a dental visit in the past year by asking parents "About how long has it been since your child last saw or talked to a dentist?" From 2001–2005, the question was slightly modified, and parents were asked, "About how long has it been since your child last saw a dentist?" Parents were directed to include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

- In 2005, 76 percent of children ages 2–17 had a dental visit in the past year. This percentage remained relatively constant since 1997, ranging from 73–76 percent.
- In 2005, 66 percent of children in poor families (family income less than 100 percent of the poverty level) and 69 percent of children in near-poor families (family income 100–199 percent of the poverty level) had a dental visit in the past year, compared with 82 percent in non-poor families (family incomes of 200 percent or more of the poverty level).
- One-half of children ages 2–17 uninsured for health care had a dental visit in the past year, compared with 71 percent of children receiving Medicaid or other public health insurance and 82 percent of children with private health insurance.
- From 1997 to 2005, children ages 2–4 were less likely to have had a dental visit in the past year (48 percent in 2005) than children ages 5–11 (84 percent in 2005) and youth ages 12–17 (82 percent in 2005).
- In 2005, 88 percent of children ages 12–17 with private health insurance had a dental visit in the past year, compared with 47 percent of children without health insurance. Among children ages 2–4, 52 percent with private health insurance had a dental visit, compared with 31 percent of uninsured children.

## Indicator HC4.B

### Percentage of children ages 2–17 with untreated dental caries (cavities) by age and poverty status, 1999–2002 and 2003–2004




NOTE: Children ages 2–5 had at least one primary tooth with untreated decay. Children ages 6–17 had at least one permanent tooth with untreated decay. Children ages 2–17 had at least one primary or permanent tooth with untreated decay. Thus, estimates for children ages 2–17 may be higher than estimates for children ages 2–5 and ages 6–17 combined.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey.

- In 2003–2004, 25 percent of children ages 2–17 had untreated dental caries (cavities), an increase from 21 percent in 1999–2002.
- In 2003–2004, 23 percent of children ages 2–5 and 14 percent of children ages 6–17 had untreated dental caries (cavities) upon dental examination.
- In 2003–2004, among children ages 2–5, 29 percent of children from poor and near-poor families (those with family incomes of less than 100 percent and 100–199 percent of the poverty level, respectively) had untreated dental caries, compared with 18 percent of children from non-poor families (those with family incomes of 200 percent or more of the poverty level).
- From 1999–2002 to 2003–2004, the percentage of children ages 2–5 who had untreated dental caries declined by 3 percentage points among children from poor families, but increased for children from near-poor and non-poor families. The percentage of children ages 6–17 with untreated dental caries increased for all levels of family income.
- For both younger and older children, the percentage of children with untreated dental caries was higher among Mexican American children than among White, non-Hispanic and Black, non-Hispanic children.

*Bullets contain references to data that can be found in Tables HC4.A and HC4.B on pages 127–129.*

# Indicators Needed

## Health Care

This report provides information on a limited number of key indicators on health care. Information on other aspects of health care is needed in order to fully understand the effect of health care on children's well-being. Additional indicators are needed on:

- *Adequacy of health care coverage.* This report contains information on whether children had health insurance coverage for at least part of the previous calendar year. Information is also needed on patterns of coverage and on the characteristics of the child's plan to determine whether the plan is adequate to meet health care needs.
- *Quality and content of health care.* This report contains information on children's usual source of health care and some aspects of health care utilization (e.g., immunizations), but additional regularly collected data are needed on the content and the quality of health care that children receive. High quality health care has been defined as care that is safe, timely, effective, efficient, equitable, and patient-centered.[54]