

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

*10th
Anniversary
Edition*



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



Federal Interagency Forum on Child and Family Statistics



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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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.

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Chief Statistician
Office of Management and Budget

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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.

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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 ($\mu\text{g}/\text{dL}$)]. The median blood lead concentration for children ages 1–5 dropped from 14 $\mu\text{g}/\text{dL}$ in 1976–1980 to about 2 $\mu\text{g}/\text{dL}$ 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

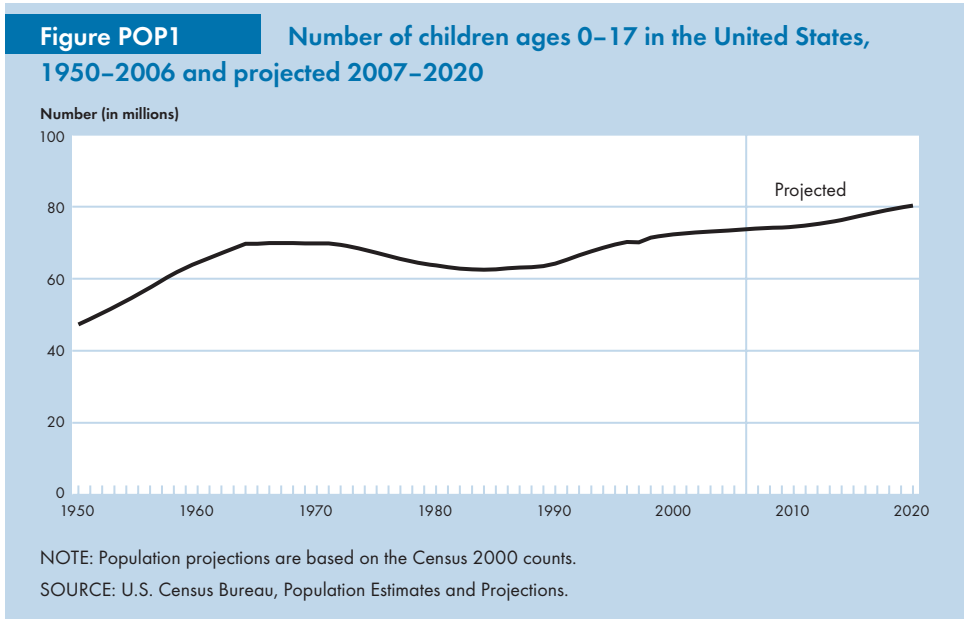
Legend: NS = No statistically significant change **↑** = Statistically significant increase **↓** = Statistically significant decrease

* School refers to both high school and college.

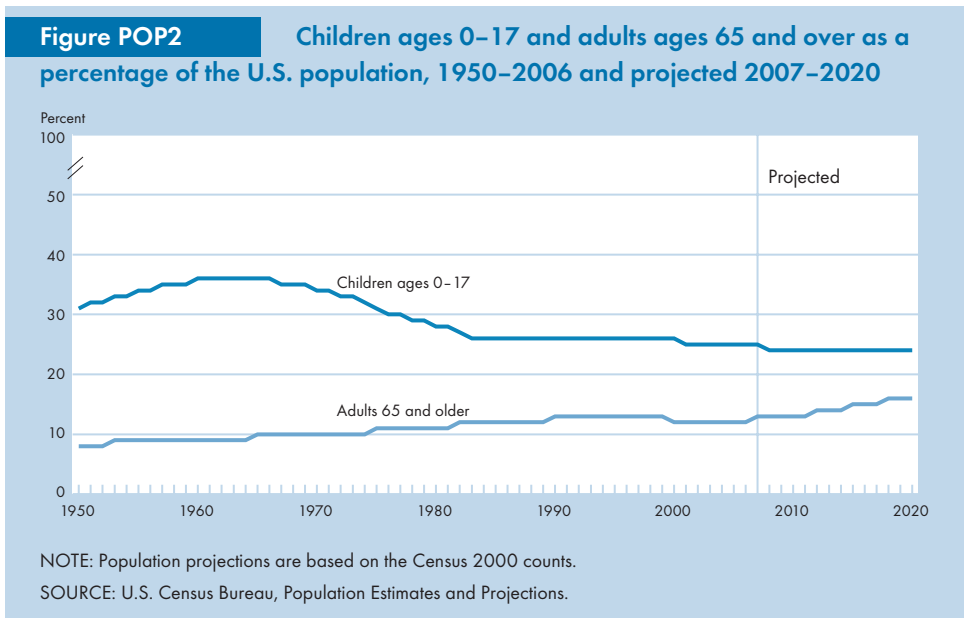
Demographic Background

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.

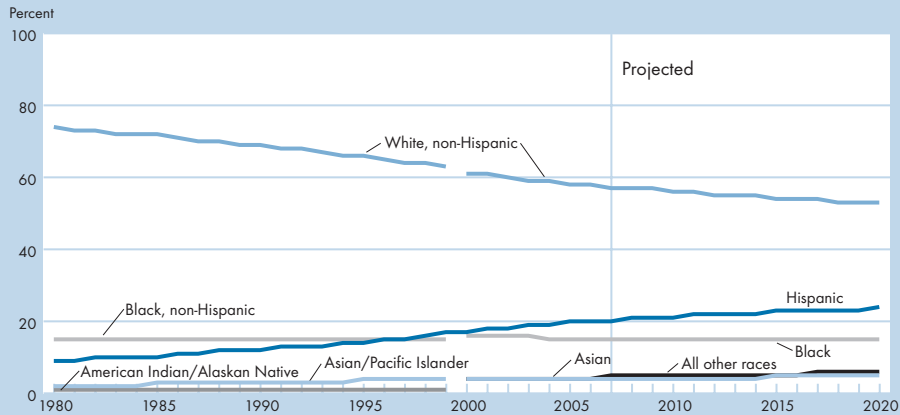


Since the mid-1960s, children have been decreasing as a proportion of the total U.S. population. In 2006, children made up 25 percent of the population, down from a peak of 36 percent at the end of the “baby boom” (1964). Children are projected to remain a fairly stable percentage of the total population.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



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).

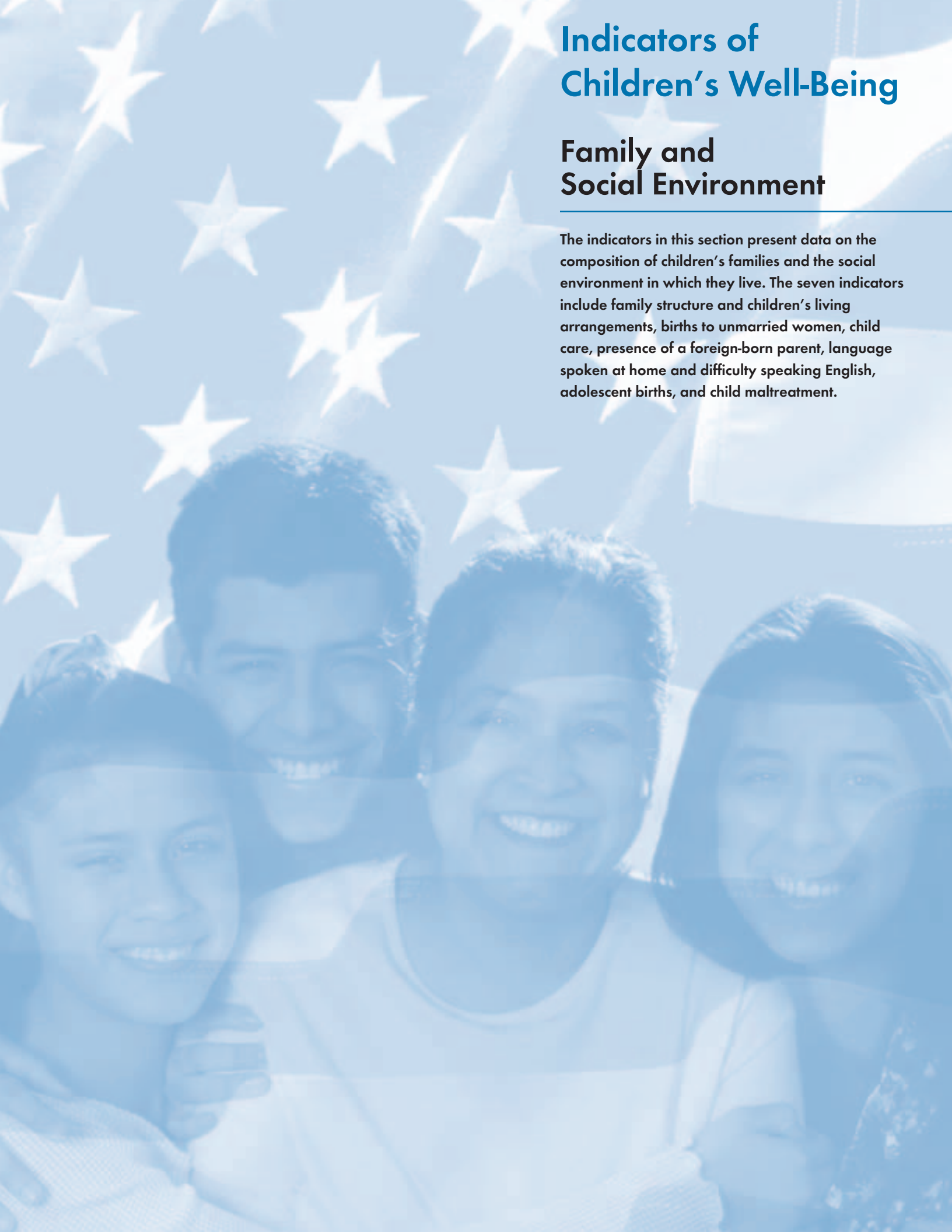
SOURCE: U.S. Census Bureau, Population Estimates and Projections.

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.

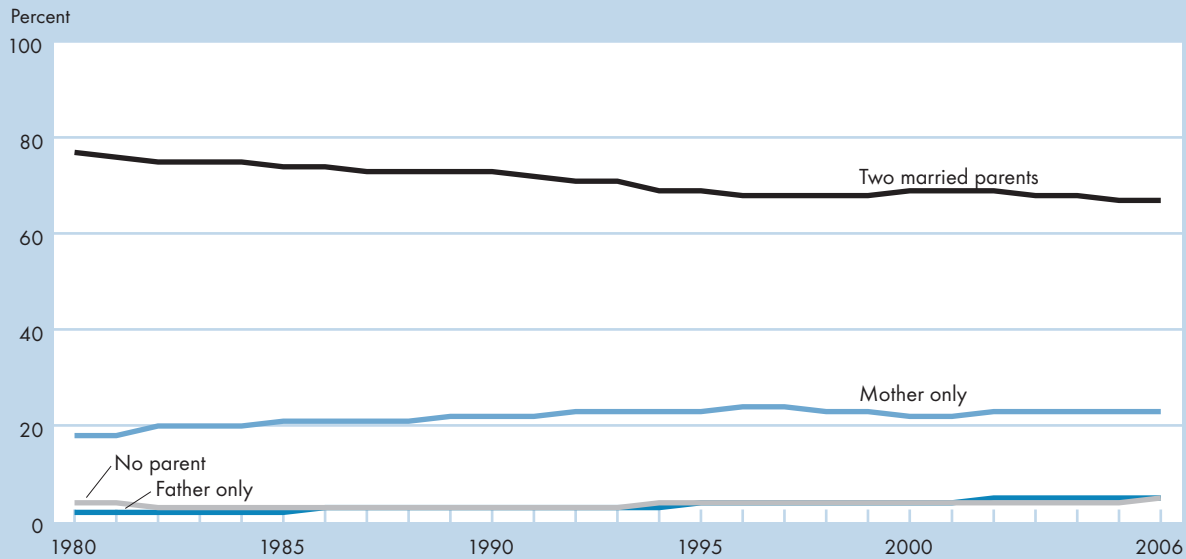


Family Structure and Children’s Living Arrangements

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.

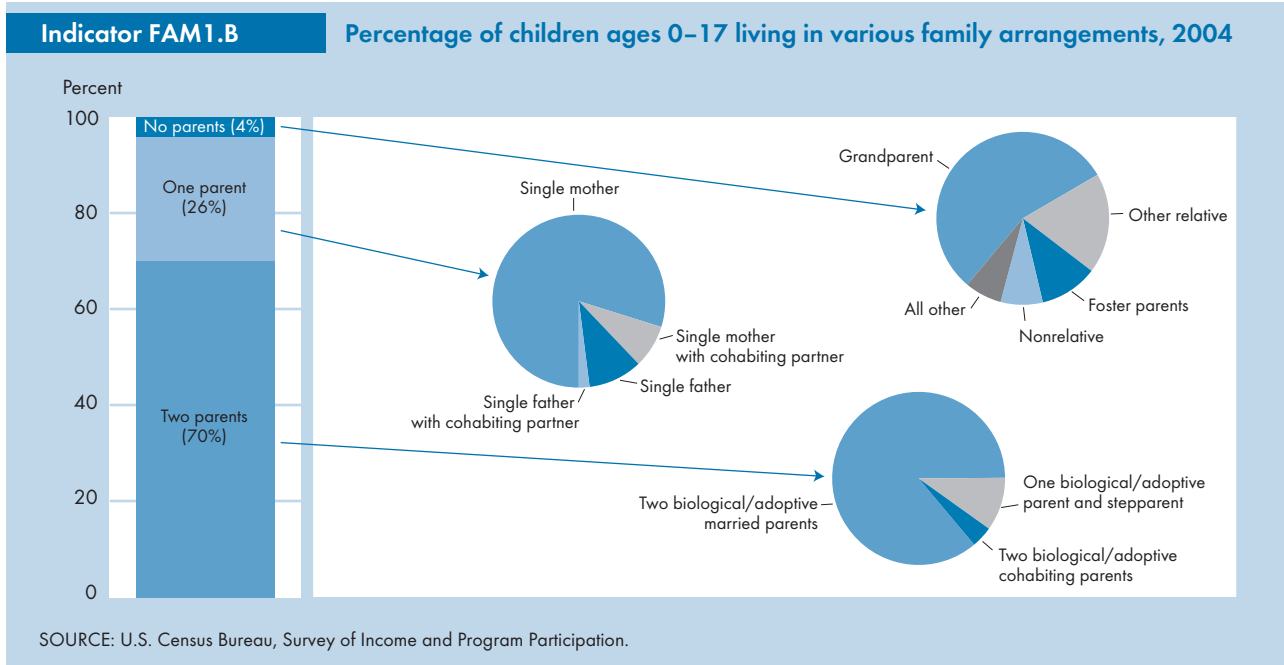
SOURCE: U.S. Census Bureau. Current Population Survey, Annual Social and Economic Supplement.

- 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.



- 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.

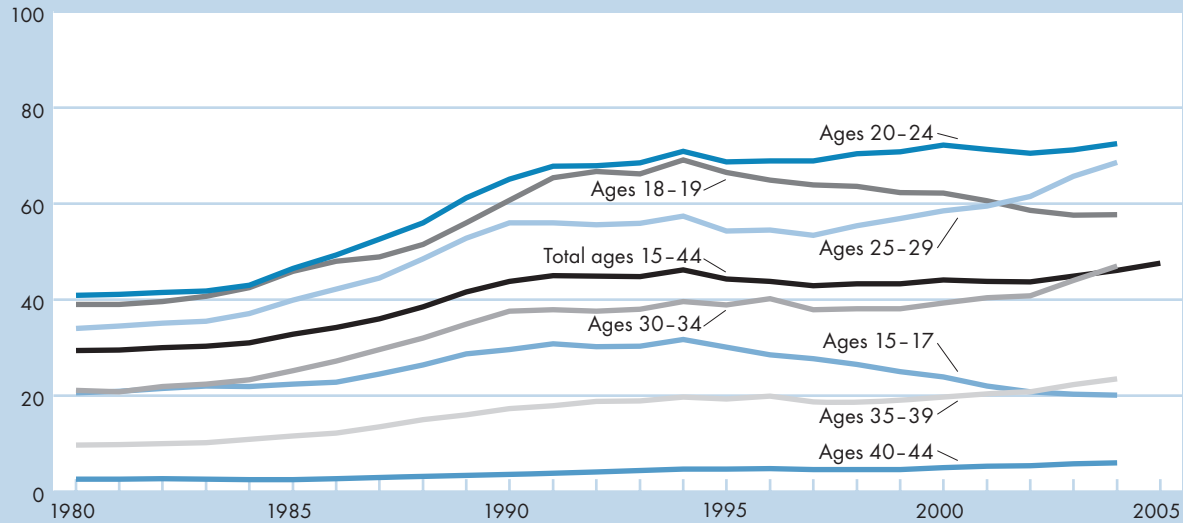
Births to Unmarried Women

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.

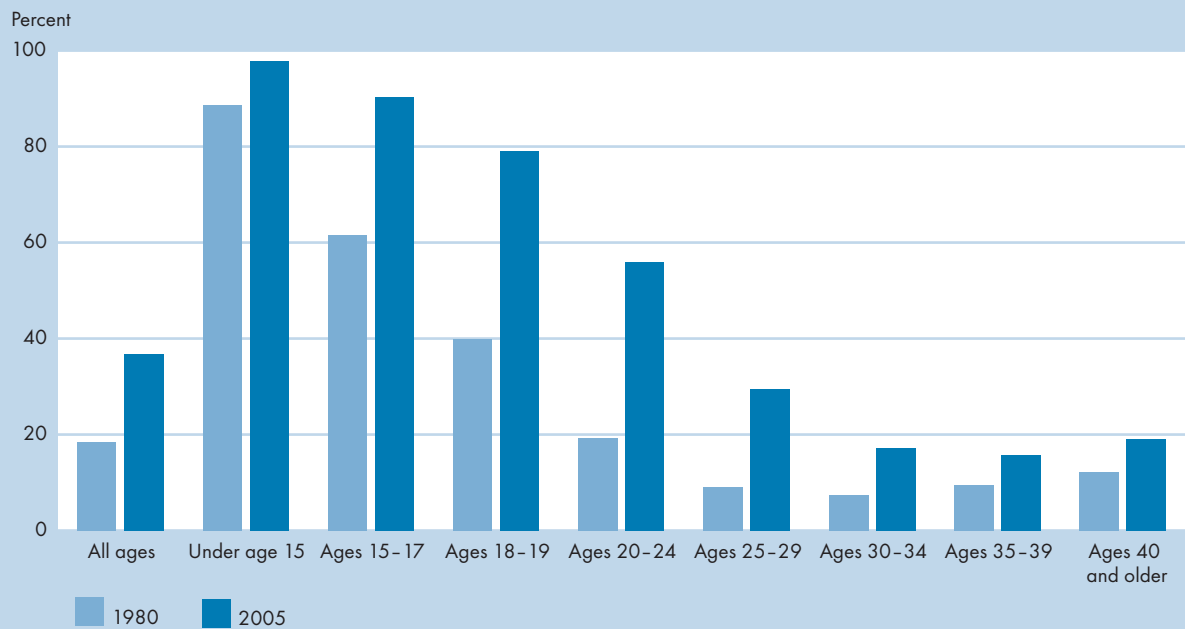
SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

- 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.

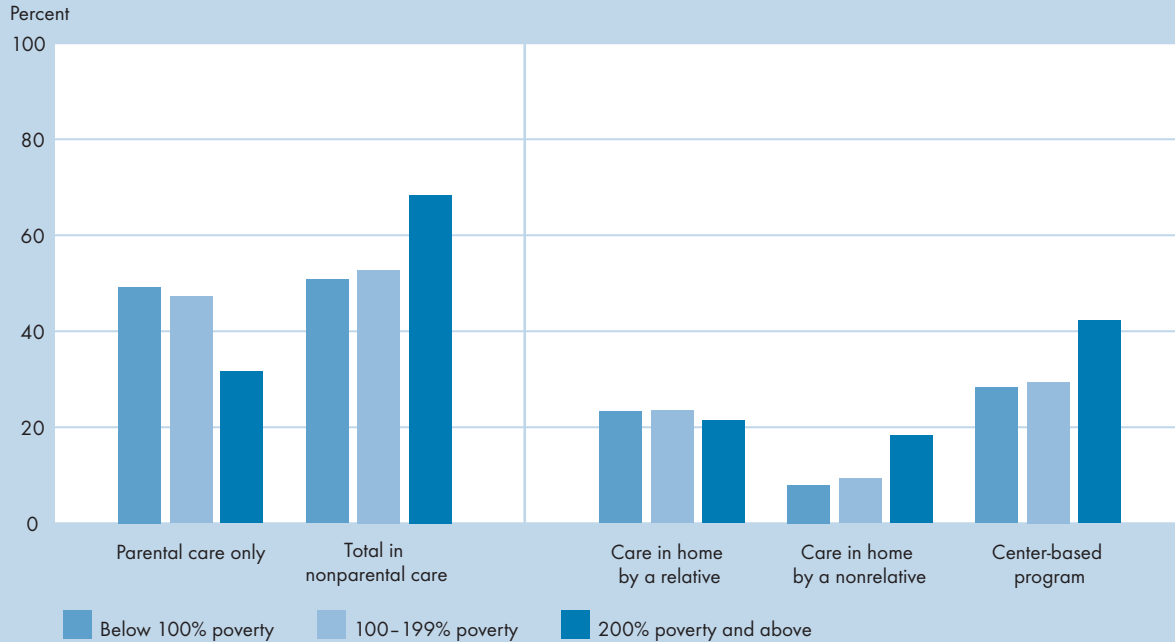
Bullets contain references to data that can be found in Tables FAM2.A and FAM2.B on page 91–92. Endnotes begin on page 67.

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.

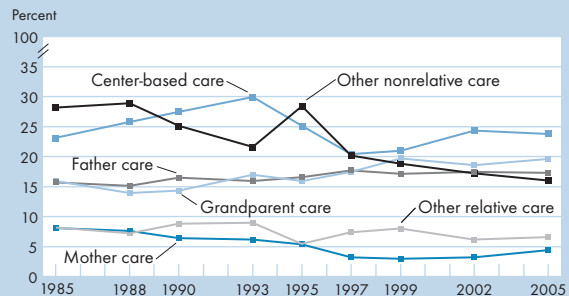
SOURCE: U.S. Department of Education, National Center for Education Statistics, National Household Education Surveys Program (NHES).

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 1985–2005²⁰



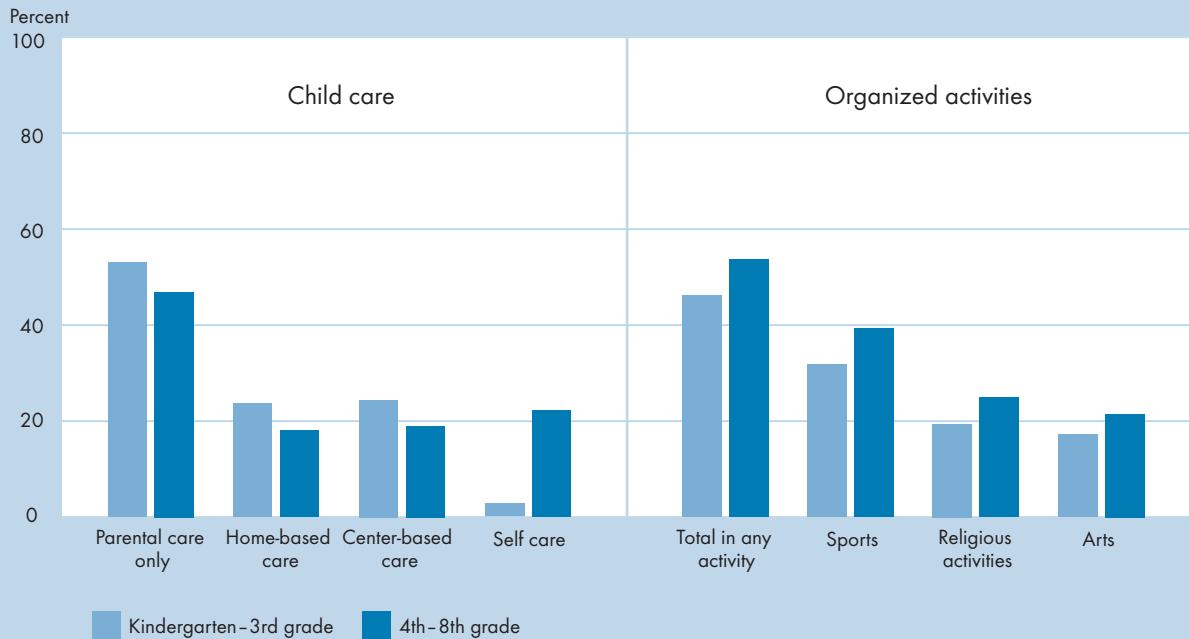
NOTE: The primary arrangement is the arrangement used for the most number of hours per week while the mother worked.

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.

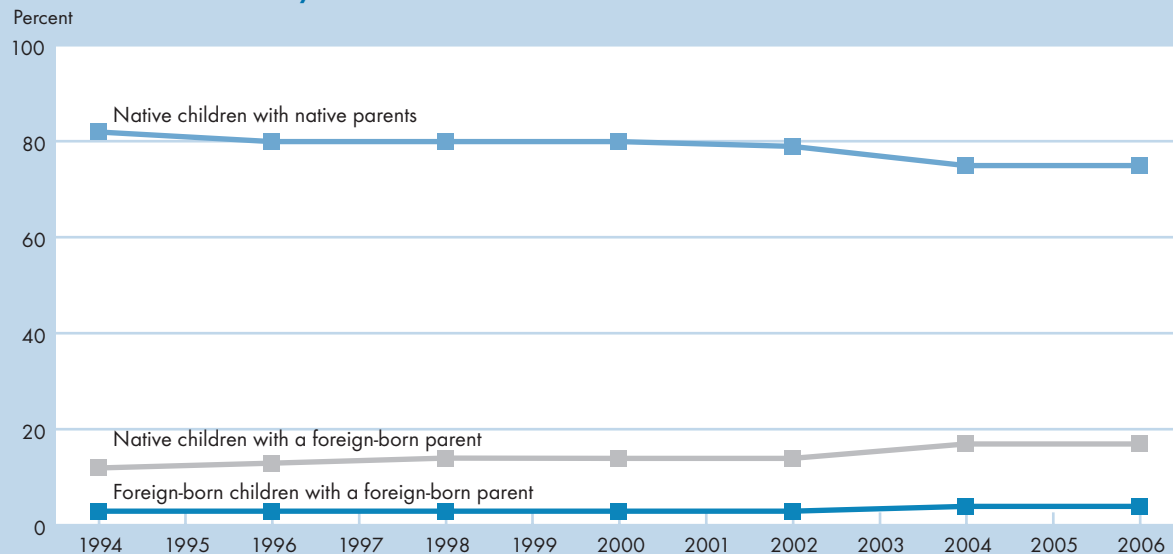
Bullets contain references to data that can be found in Tables FAM3.A–FAM3.C on pages 93–99. Endnotes begin on page 67.

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.

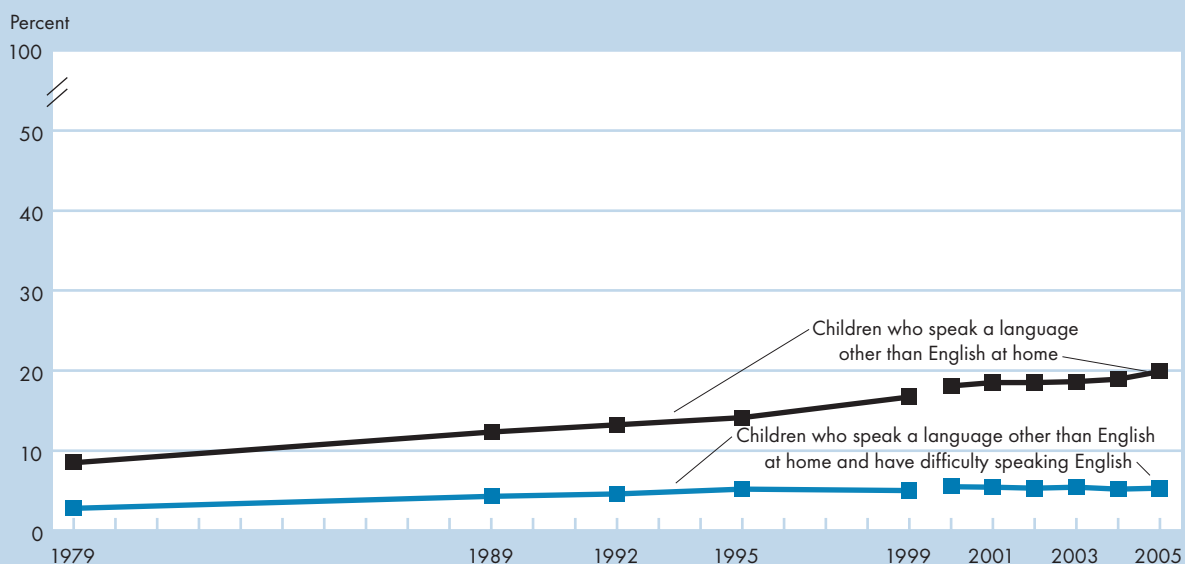
Bullets contain references to data that can be found in Table FAM4 on pages 100–102. Endnotes begin on page 67.

Language Spoken at Home and Difficulty Speaking English

Children who speak languages other than English at home and who also have difficulty speaking English²⁴ 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.

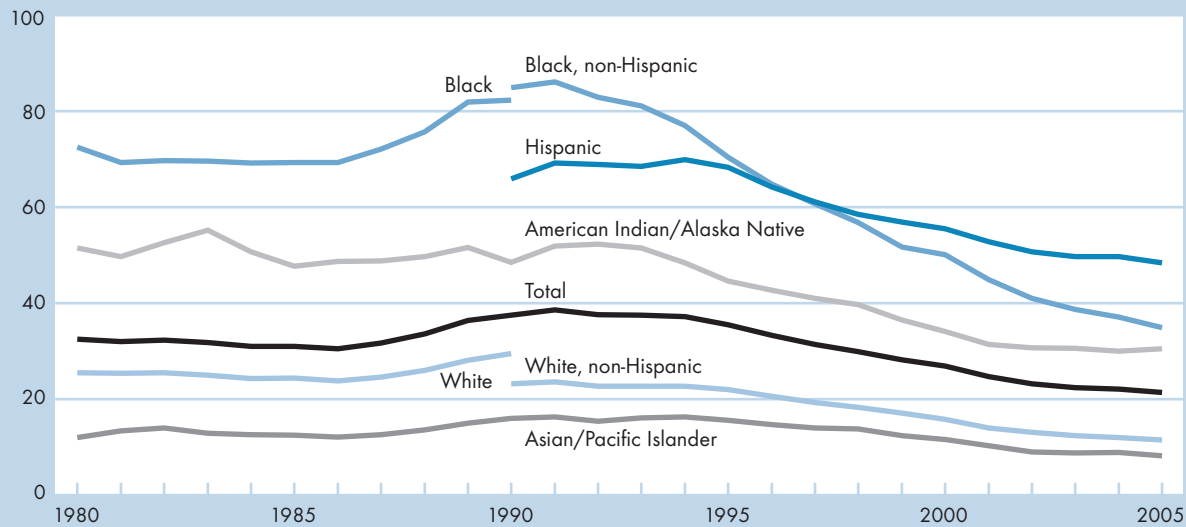
Adolescent Births

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

Live births per 1,000 females ages 15–17



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.

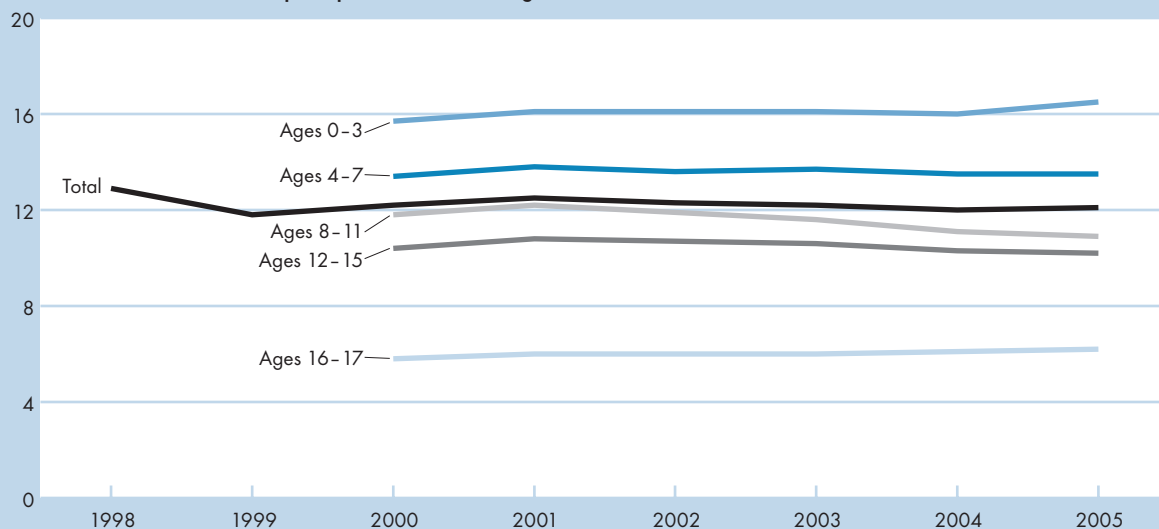
Child Maltreatment

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

Substantiated maltreatment reports per 1,000 children ages 0–17



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

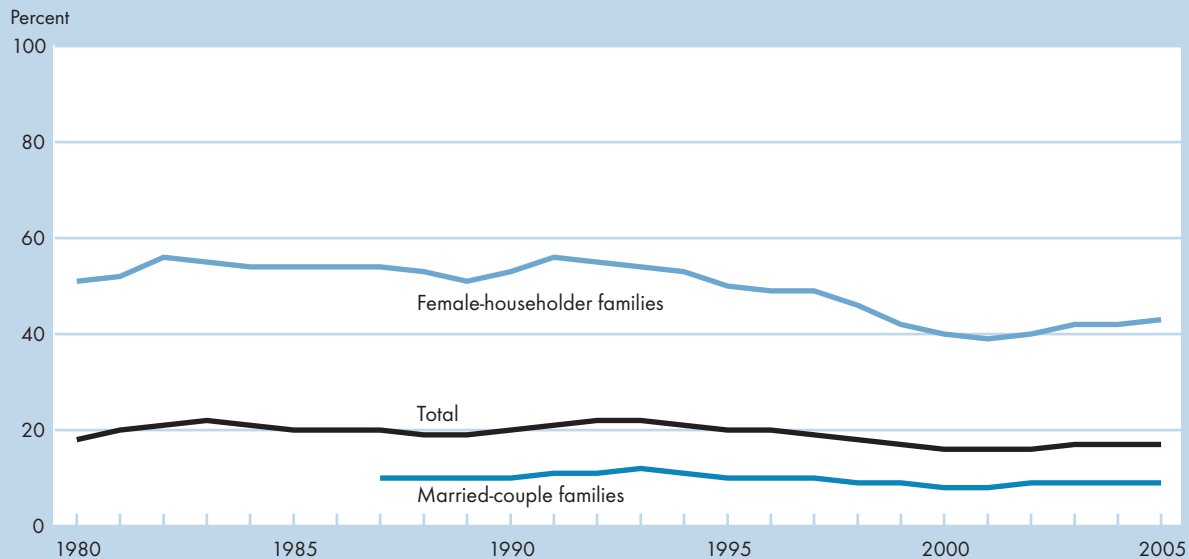
The well-being of children depends greatly on the economic circumstances and material well-being of their families. This section presents information on the economic resources of children's households and on their food-related well-being. Indicators of economic resources include income and poverty status 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

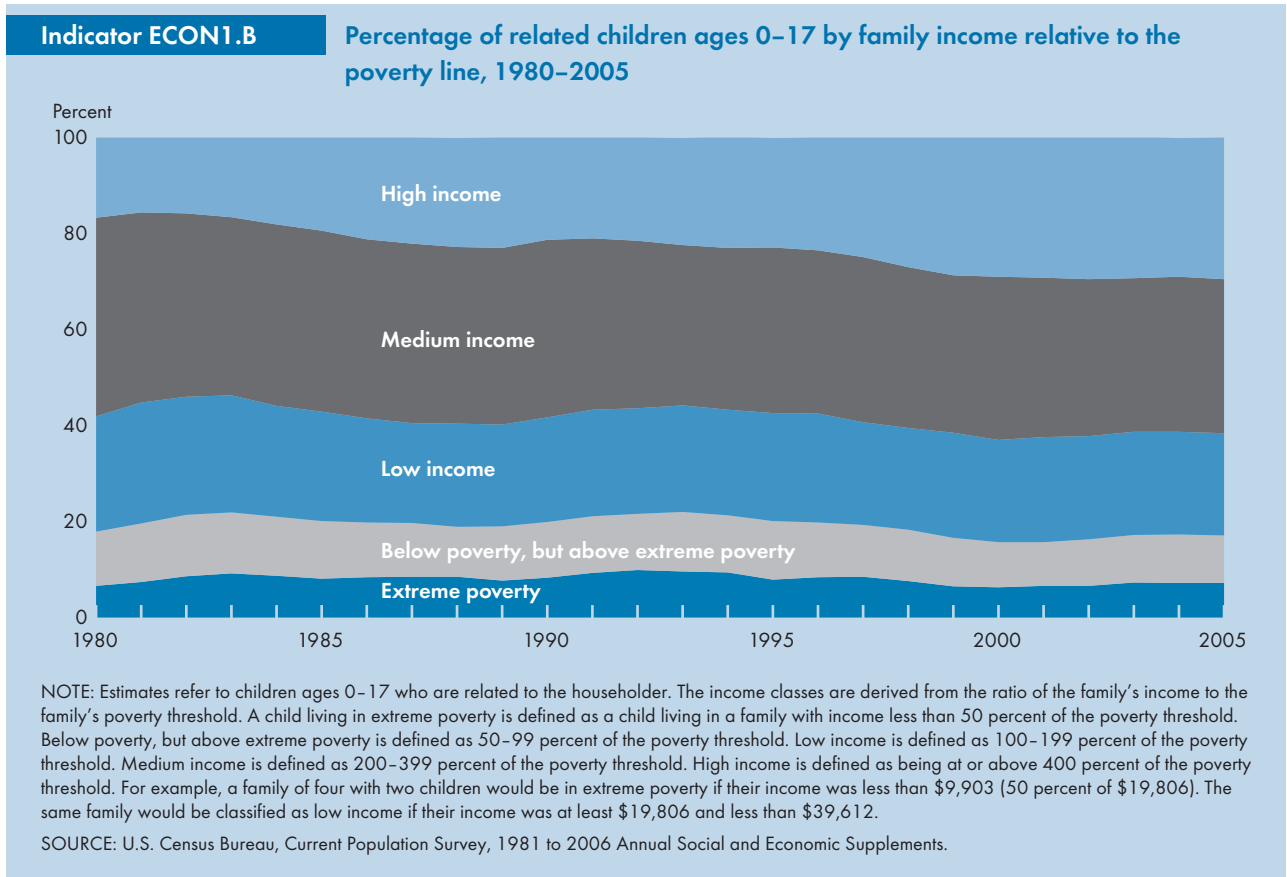
Percentage of related children ages 0–17 living in poverty by family structure, 1980–2005



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.



- 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).

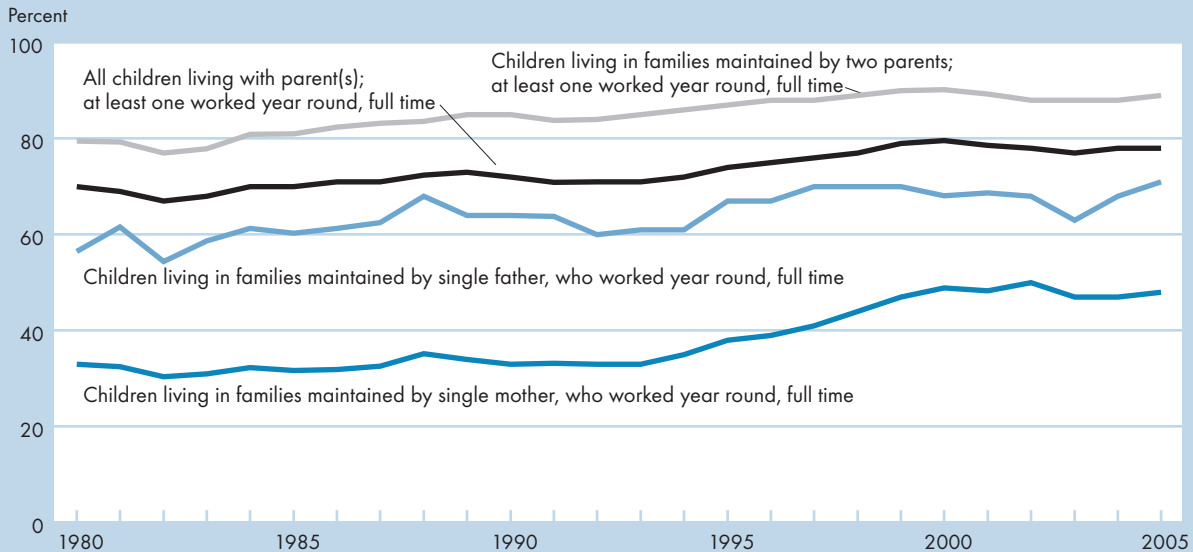
Bullets contain references to data that can be found in Tables ECON1.A and ECON1.B on pages 111–116. Endnotes begin on page 67.

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.

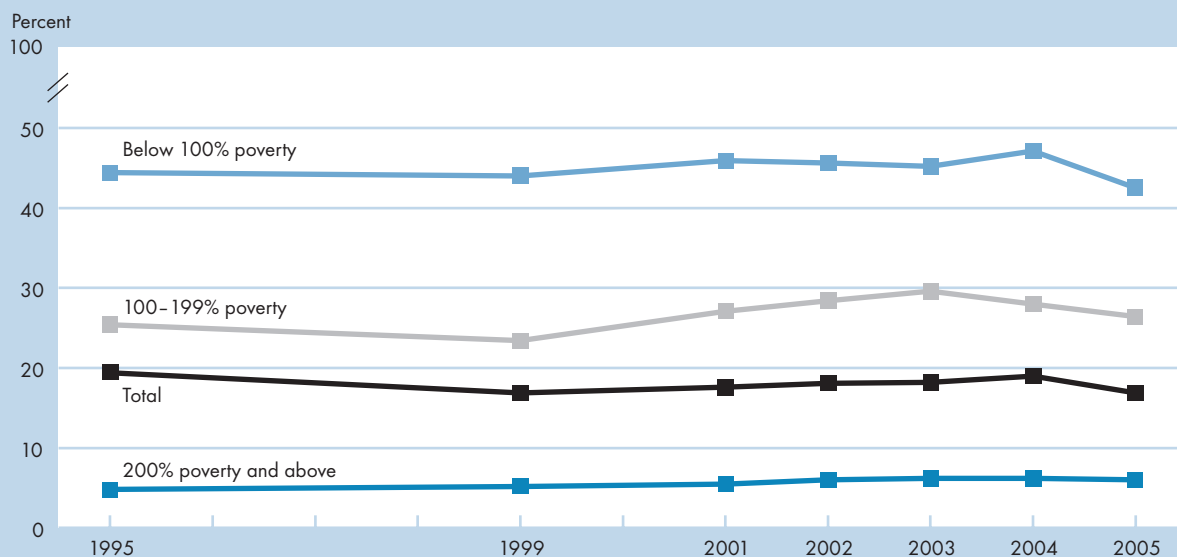
Bullets contain references to data that can be found in Table ECON2 on pages 117–118. Endnotes begin on page 67.

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).

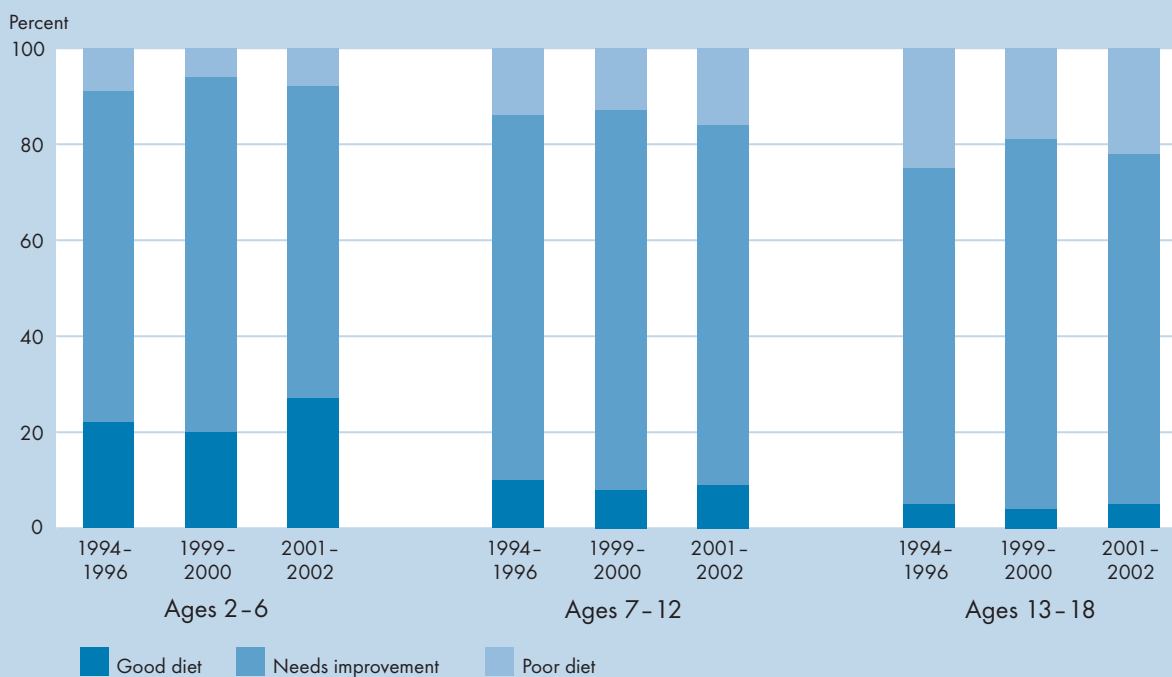
Bullets contain references to data that can be found in Table ECON3.A on pages 119–120. Endnotes begin on page 67.

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.

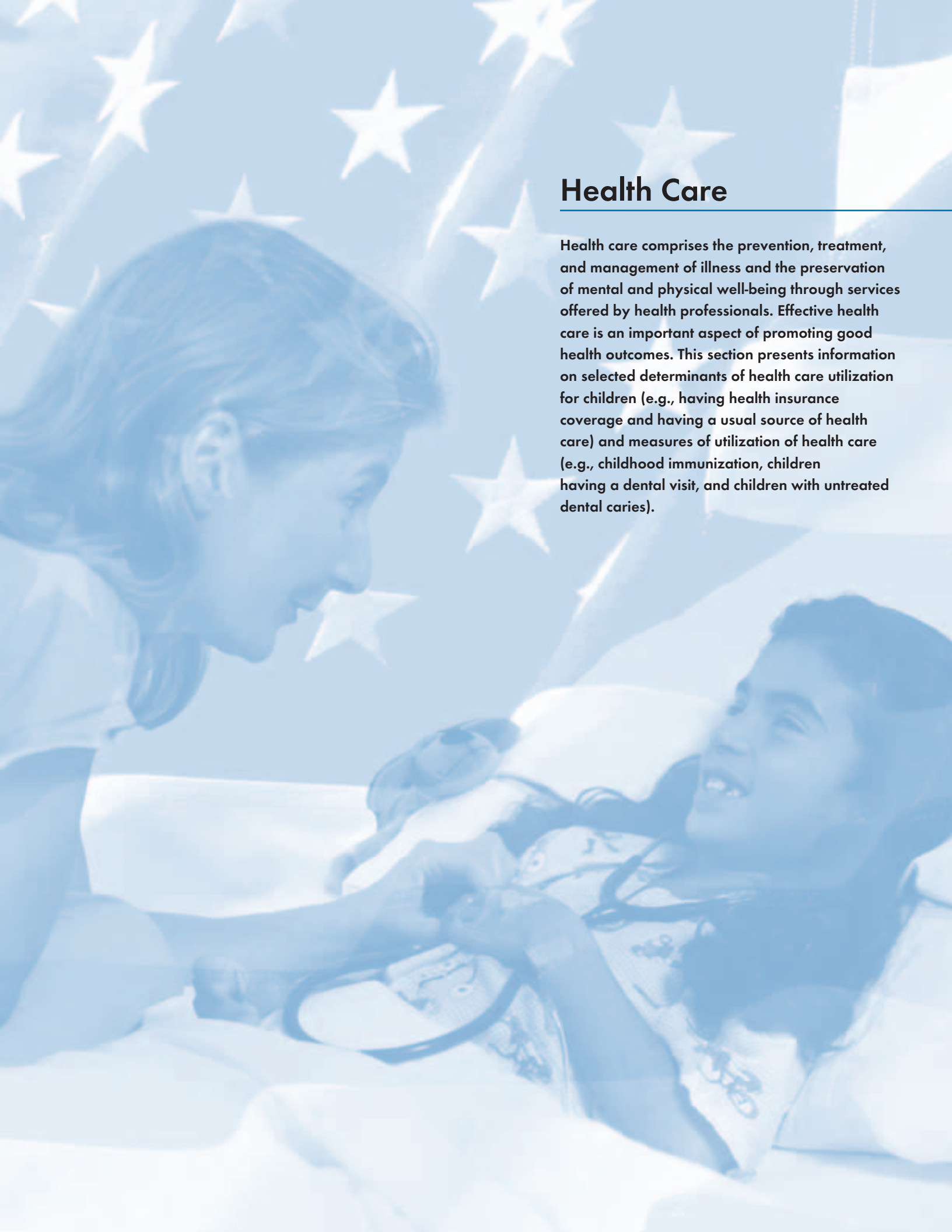
Bullets contain references to data that can be found in Table ECON3.B on page 121.

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

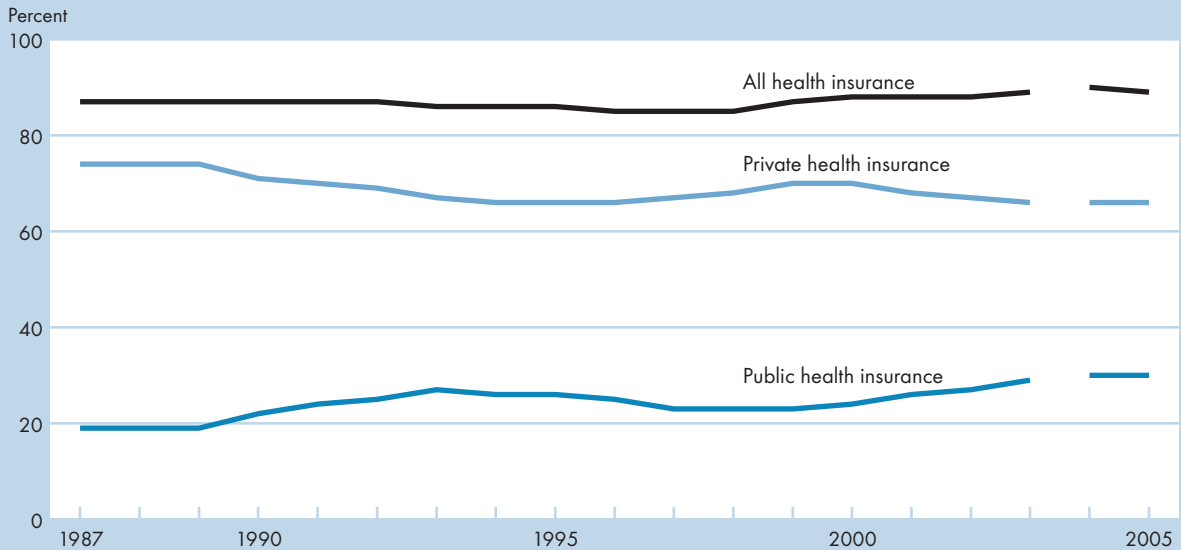
Health care comprises the prevention, treatment, and management of illness and the preservation of mental and physical well-being through services offered by health professionals. Effective health care is an important aspect of promoting good health outcomes. This section presents information on selected 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 HCI

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.

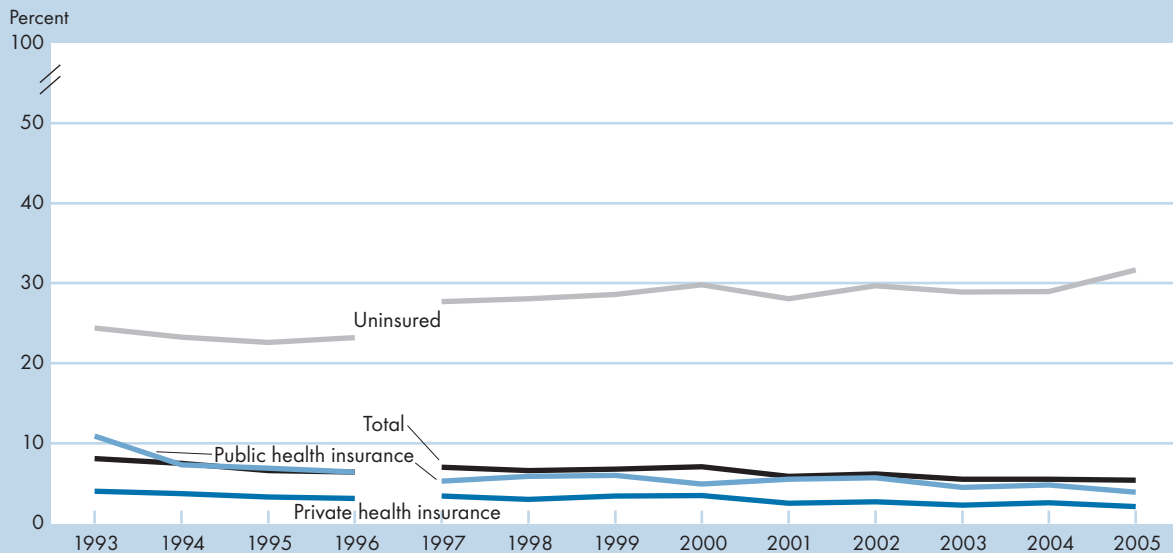
Bullets contain references to data that can be found in Table HCI on pages 122–123. Endnotes begin on page 67.

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.

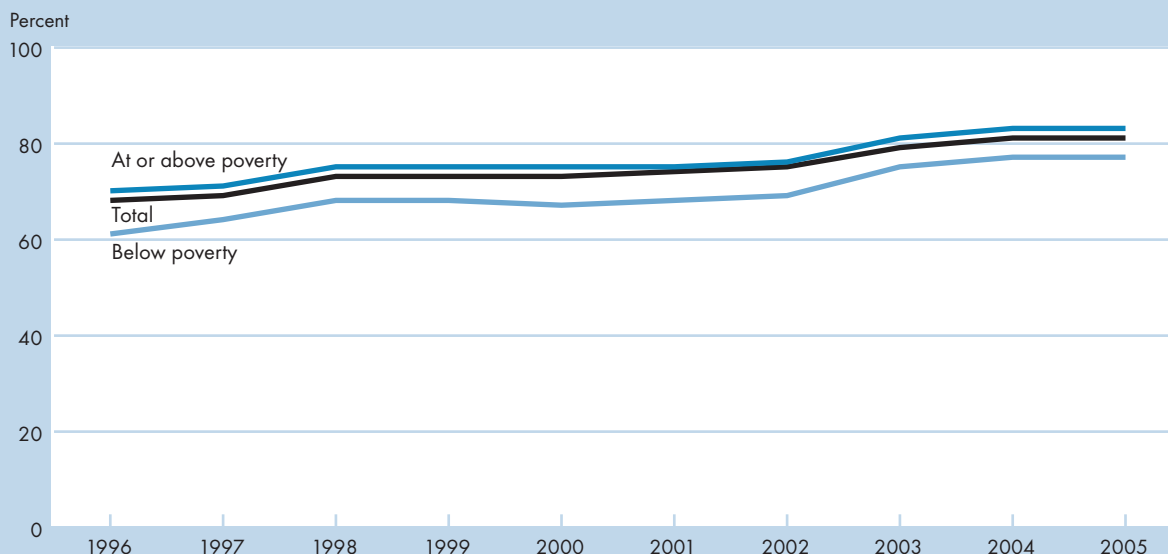
Bullets contain references to data that can be found in Table HC2 on page 124. Endnotes begin on page 67.

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.

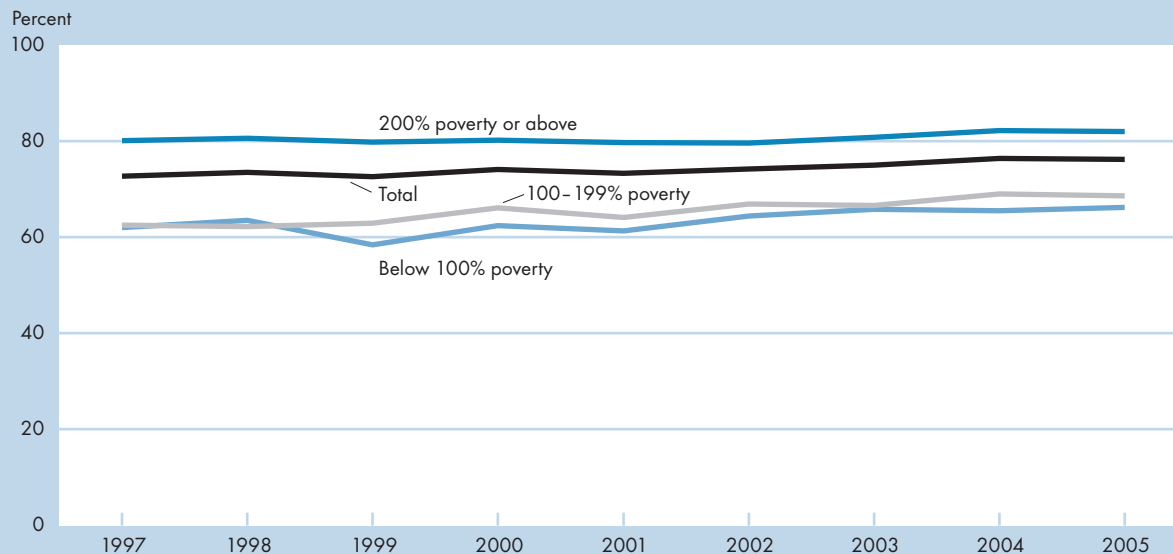
Bullets contain references to data that can be found in Table HC3 on pages 125–126.

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



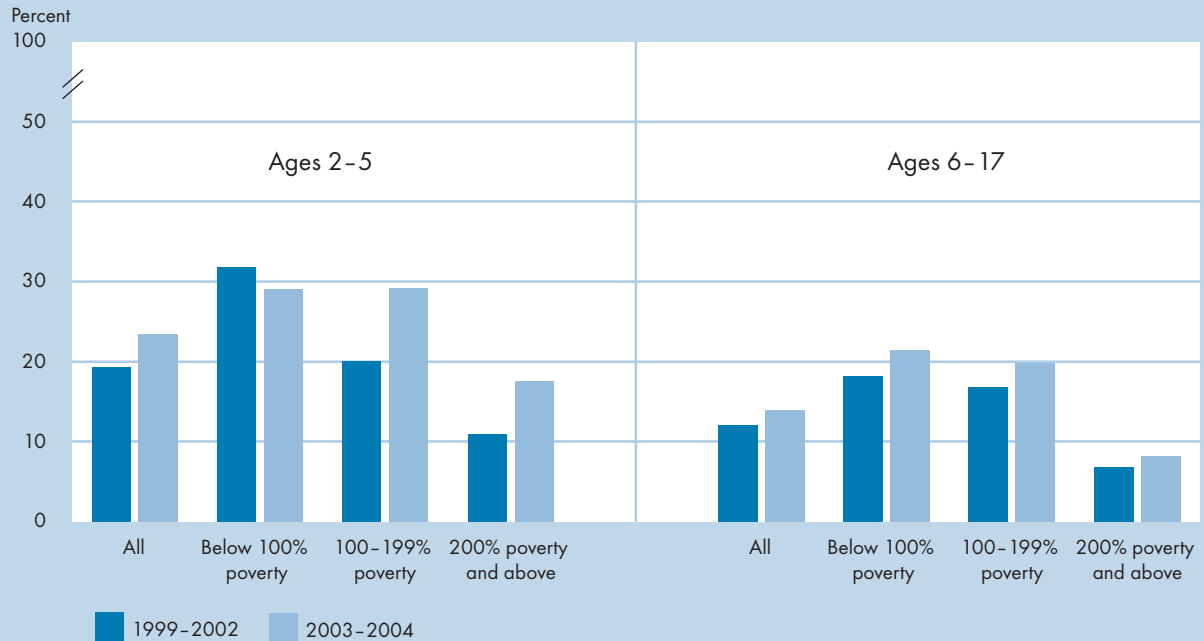
NOTE: From 1997–2000, children were identified as having a dental visit in the past year by asking parents “About how long has it been since your child last saw or talked to a dentist?” From 2001–2005, the question was slightly modified, and parents were asked, “About how long has it been since your 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



Physical Environment and Safety

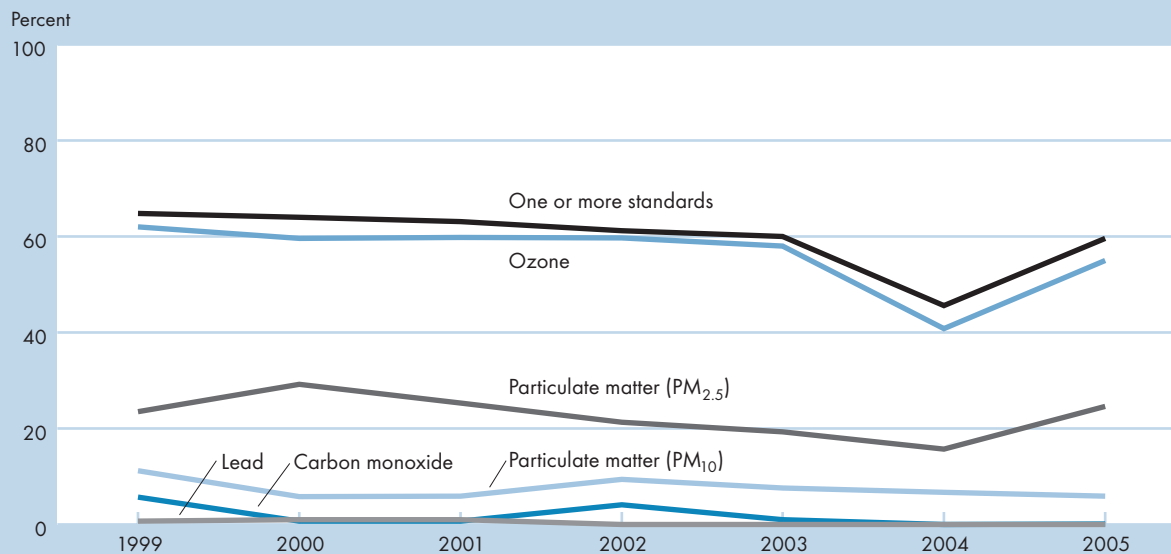
The physical environment in which children live plays a role in their health, development, and safety. This section presents indicators on how environmental conditions such as outdoor and indoor air quality, drinking water quality, and exposure to lead may affect children. In addition, indicators of housing problems, youth victims of serious violent crimes, and child and adolescent injury and mortality are presented.

Outdoor and Indoor Air Quality

The environment in which children live plays an important role in their health and development. Children may be more vulnerable than adults to the adverse effects of environmental contaminants in air, food, drinking water, and other sources because their bodies are still developing. In addition, children have increased potential for exposure to pollutants because they eat, drink, and breathe more, in proportion to the size of their bodies, than adults. One important measure of children's environmental health is the percentage of children living in areas in which the Primary National Ambient Air Quality Standards are exceeded.⁵⁵ These standards, established by the U.S. Environmental Protection Agency under the Clean Air Act, are designed to protect public health, including the health of susceptible populations such as children and individuals with asthma. Ozone, particulate matter, sulfur dioxide, and nitrogen dioxide are air pollutants associated with increased asthma episodes and other respiratory illnesses.^{56,57,58,59} Lead can affect the development of the central nervous system in young children,⁶⁰ and exposure to carbon monoxide can reduce the capacity of blood to carry oxygen.⁶¹

Indicator PHY1.A

Percentage of children ages 0–17 living in counties in which levels of one or more air pollutants rose above allowable levels, 1999–2005



NOTE: The U.S. Environmental Protection Agency has set national air quality standards for six principal pollutants: carbon monoxide (CO), lead (Pb), nitrogen dioxide (NO₂), ozone (O₃), particulate matter (PM₁₀ and PM_{2.5}), and sulfur dioxide (SO₂). Nitrogen dioxide and sulfur dioxide are not included in the graph because all areas meet the Primary National Ambient Air Quality Standards for these pollutants.

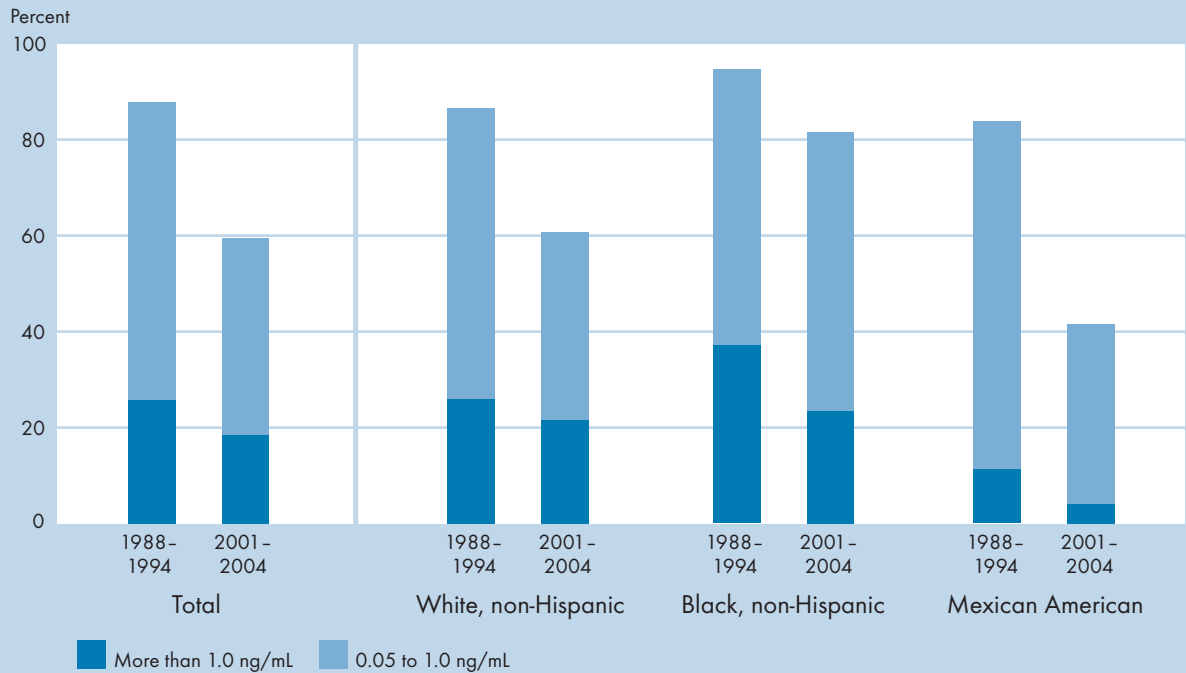
SOURCE: U.S. Environmental Protection Agency, Office of Air and Radiation, Air Quality System.

- In 2005, 60 percent of children lived in counties in which one or more air pollutants rose above allowable levels, an improvement from 65 percent in 1999.
- The Primary National Ambient Air Quality Standard for ozone is the standard exceeded most often. Ozone, as well as particulate matter, can cause respiratory problems and aggravate respiratory diseases, such as asthma, in children.^{56,58,59} These problems can lead to increased emergency room visits and hospitalizations.^{62,63,64,65} High levels of ozone are influenced by high summer temperatures. Ozone concentrations tended to be lower in 2004 than in other years due to generally lower summer temperatures that year.
- In 2005, approximately 25 percent of children lived in counties that exceeded the annual standard for fine particulate matter (PM_{2.5}), compared with 24 percent in 1999. The term “particulate matter” (PM) includes both solid particles and liquid droplets found in air.⁵⁹ Airborne particles measuring less than 10 micrometers in diameter (PM₁₀) pose a health concern because they can be inhaled into and accumulate in the respiratory system. Particles less than 2.5 micrometers in diameter (PM_{2.5}) are referred to as “fine” particles and are believed to pose the largest health risks because they can lodge deeply in the lungs.

Children who are exposed to environmental tobacco smoke, also known as secondhand smoke, have an increased probability of experiencing a number of adverse health effects, including infections of the lower respiratory tract, bronchitis, pneumonia, middle ear disease, sudden infant death syndrome (SIDS), and respiratory symptoms.⁶⁶ Secondhand smoke can also play a role in the development and exacerbation of asthma.⁶⁶ The U.S. Surgeon General has determined that there is no risk-free level of exposure to secondhand smoke.⁶⁶ Cotinine, a breakdown product of nicotine, is a marker for recent (previous 1–2 days) exposure to secondhand smoke.

Indicator PHY1.B

Percentage of children ages 4–11 with specified blood cotinine levels by race and Hispanic origin, 1988–1994 and 2001–2004

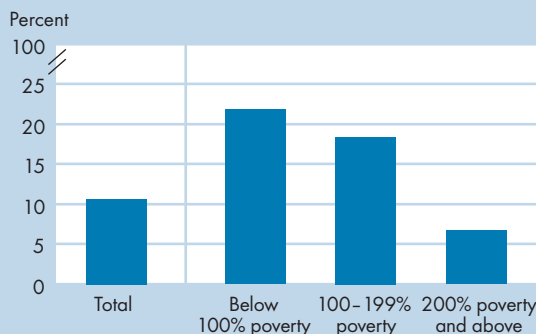


NOTE: The cotinine value of 0.05 ng/mL was the limit of detection in 1988–1994. Cotinine levels are reported for nonsmoking children only. The average (geometric mean) blood cotinine level in children living in homes where someone smokes was 1.0 ng/mL in 1988–1994.

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

Indicator PHY1.C

Percentage of children ages 0–6 living in homes where someone smokes regularly by poverty status, 2003



SOURCE: U.S. Environmental Protection Agency, Indoor Environments Division, National Survey on Environmental Management of Asthma and Children’s Exposure to Environmental Tobacco Smoke.

- The percentage of children ages 4–11 with detectable blood cotinine levels decreased between 1988–1994 (88 percent) and 2001–2004 (59 percent). In 2001–2004, 18 percent had blood cotinine levels more than 1.0 nanograms per milliliter (ng/mL), down from 26 percent in 1988–1994.
- In 2001–2004, 81 percent of Black, non-Hispanic children ages 4–11 had cotinine in their blood, compared with 61 percent of White, non-Hispanic and 41 percent of Mexican American children.
- In 2003, the percentage of children ages 0–6 living in families where someone smoked regularly was 11 percent.⁶⁷ Children living below the poverty level were more likely than their peers to be living in families where someone smoked regularly.

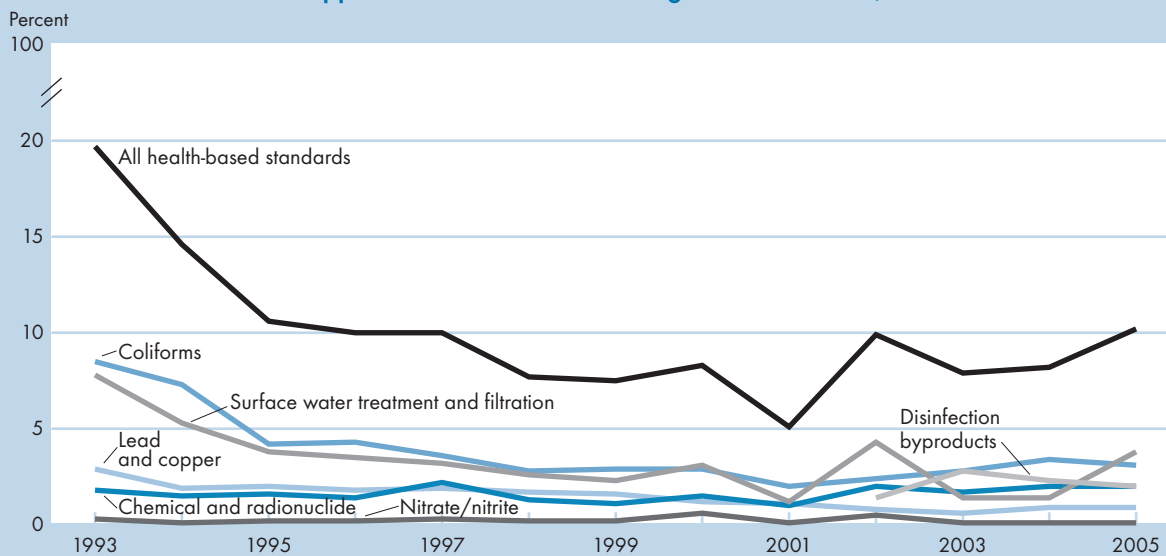
Bullets contain references to data that can be found in Tables PHY1.A–PHY1.C on pages 130–131. Endnotes begin on page 67.

Drinking Water Quality

Contaminants in surface and ground waters that serve as sources of drinking water may be quite varied and may cause a range of diseases in children, including acute diseases such as gastrointestinal illness, developmental effects such as learning disorders, and cancer.⁶⁸ The U.S. Environmental Protection Agency (EPA) sets drinking water standards designed to protect people against adverse health effects. These standards currently include Maximum Contaminant Levels (MCLs) and treatment technique requirements for over 90 chemical, radiological, and microbiological contaminants.⁶⁹ One way to gain insight into children's potential exposure to drinking water contaminants is to look at community water system compliance with these standards. EPA's drinking water regulations require public water systems, including community water systems, to monitor for compliance with federal health-based standards and treat their water if needed to meet standards. About 15 percent of the population receives drinking water from private water systems that are not required to monitor and report the quality of drinking water.⁷⁰

Indicator PHY2

Percentage of children served by community water systems that did not meet all applicable health-based drinking water standards, 1993–2005



SOURCE: U.S. Environmental Protection Agency, Office of Water, Safe Drinking Water Information System.

- 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. Since 1998, this percentage has fluctuated between 5 and 10 percent.
- Coliforms indicate the potential presence of harmful bacteria associated with infectious illnesses. The percentage of children served by community drinking water systems that did not meet the health-based standard for coliforms was about 9 percent in 1993 and about 3 percent in 2005.

- A new standard for disinfection byproducts was adopted in 2001. In 2005, 2 percent of all children served by community water systems were served by systems that had violations of the disinfection byproducts standard. Exposure to disinfection byproducts may lead to cancer and have developmental effects.⁷¹

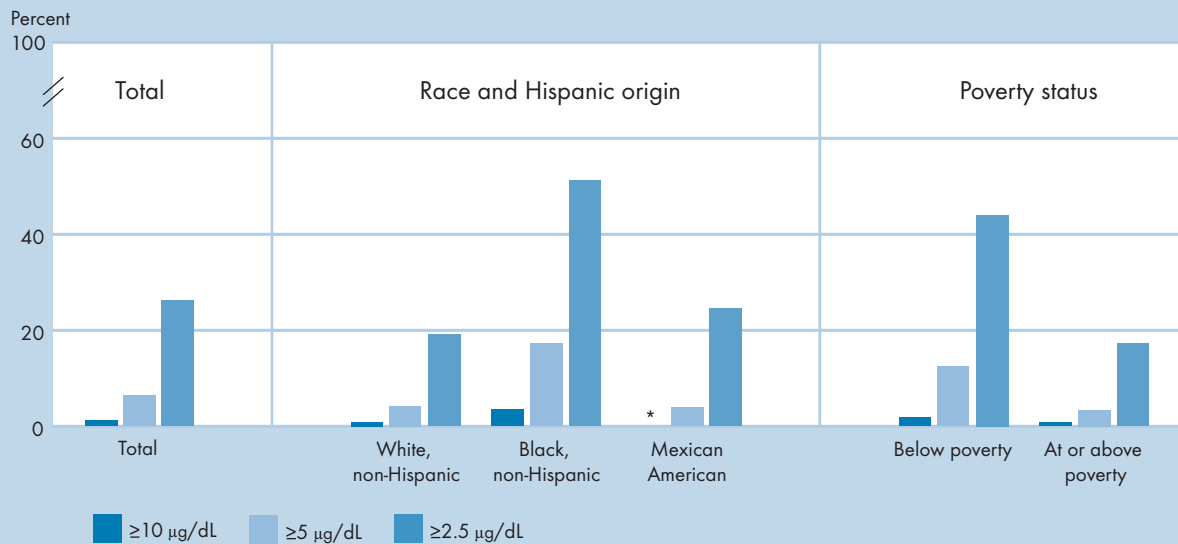
Bullets contain references to data that can be found in Table PHY2 on pages 132. Endnotes begin on page 67.

Lead in the Blood of Children

Lead is a major environmental health hazard for young children. Childhood exposure to lead contributes to learning problems and behavioral problems.^{72,73,74,75} A blood lead level of 10 micrograms per deciliter ($\mu\text{g}/\text{dL}$) or greater is considered elevated, but adverse health effects can occur at lower concentrations.^{76,77} A child with a 10 $\mu\text{g}/\text{dL}$ blood lead level will experience, on average, a decrease in IQ of 6 points.⁷⁸ Lead exposures have declined since the 1970s, due largely to the removal of lead from gasoline and fewer homes with lead-based paint. However, 25 percent of U.S. homes have significant lead-based paint hazards, such as high lead levels in dust and soil, which may contribute to childhood exposure.⁷⁹ Children ages 1–5 years are particularly vulnerable because of frequent hand-to-mouth behavior.

Indicator PHY3.A

Percentage of children ages 1–5 with specified blood lead levels by race and Hispanic origin and poverty status, 2001–2004



* Data not shown. Estimate is considered unreliable (relative standard error is greater than 40 percent).

NOTE: Data for 2001–2004 are combined.

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

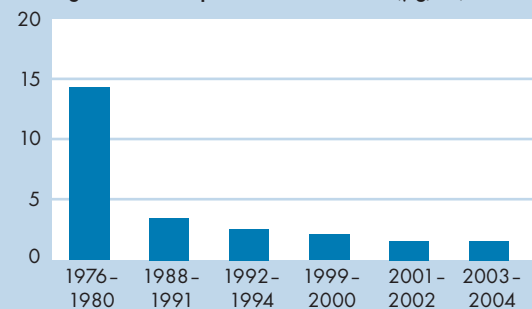
- In 2001–2004, about 1 percent of children ages 1–5 had elevated blood lead levels [greater than or equal to 10 micrograms per deciliter ($\mu\text{g}/\text{dL}$)]. This is a substantial decline from the approximately 88 percent of children in 1976–1980 with blood lead levels at or above 10 $\mu\text{g}/\text{dL}$.
- About 17 percent of Black, non-Hispanic children, 4 percent of White, non-Hispanic children, and 4 percent of Mexican American children had blood lead levels at or above 5 $\mu\text{g}/\text{dL}$ in 2001–2004.
- Children living in families with incomes below poverty generally had greater blood lead levels than children in families at or above poverty.
- The median blood lead concentration for children ages 1–5 dropped from about 14 $\mu\text{g}/\text{dL}$ in 1976–1980 to about 2 $\mu\text{g}/\text{dL}$ in 2003–2004.

Bullets contain references to data that can be found in Tables PHY3.A and PHY3.B on page 133. Endnotes begin on page 67.

Indicator PHY3.B

Median blood lead concentrations among children ages 1–5, selected years 1976–2004

Micrograms of lead per deciliter of blood ($\mu\text{g}/\text{dL}$)



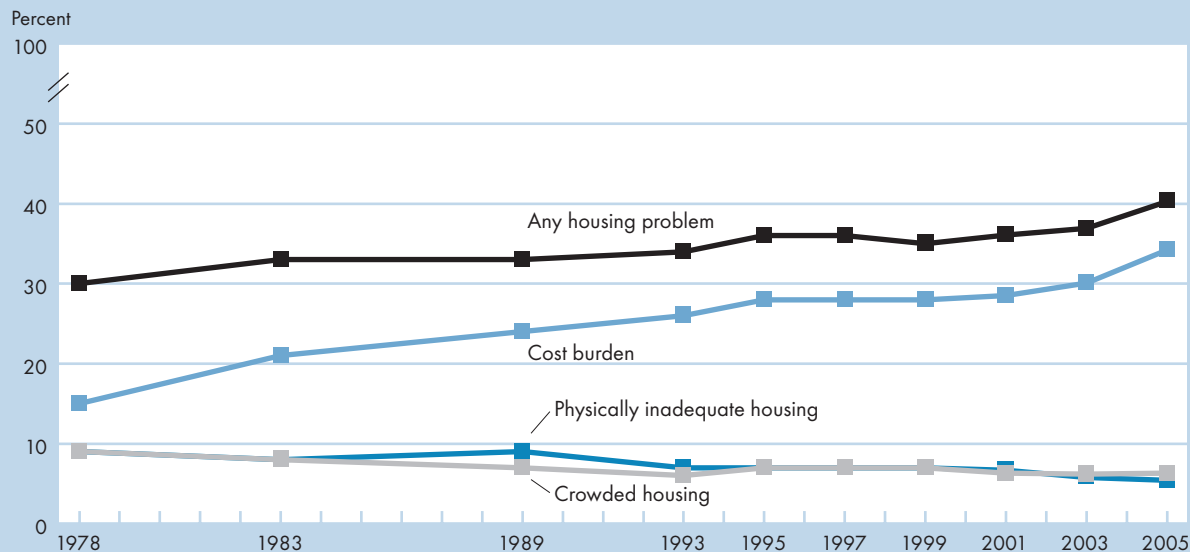
SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey.

Housing Problems

Inadequate, crowded, or costly housing can pose serious problems to children’s physical, psychological, and material well-being.⁸⁰ Housing cost burdens, especially at high levels, are a risk factor for negative child outcomes, including homelessness, overcrowding, poor nutrition, frequent moving, and lack of parental supervision because of working. The percentage of households with children that report that they are living in physically inadequate,⁸¹ crowded, or costly housing provides an estimate of the percentage of children whose well-being may be affected by their family’s housing.

Indicator PHY4

Percentage of households with children ages 0–17 that reported housing problems by type of problem, selected years 1978–2005



NOTE: Data are available for 1978, 1983, 1989, and biennially since 1993. All data are weighted using the decennial Census that preceded the date of their collection.

SOURCE: U.S. Census Bureau and the U.S. Department of Housing and Urban Development, American Housing Survey. Tabulated by the U.S. Department of Housing and Urban Development.

- In 2005, 40 percent of U.S. households (both owners and renters) with children had one or more of three housing problems: physically inadequate housing, crowded housing, or cost burden resulting from housing that costs more than 30 percent of household income.⁸² In comparison, 37 percent of households with children had a housing problem in 2003. This percentage has increased over the long term from 30 percent in 1978.
- Inadequate housing, defined as housing with severe or moderate physical problems, continues to decrease. In 2005, 5 percent of households with children had inadequate housing, compared with 9 percent in 1978.
- Crowded housing, in which there is more than one person per room, remained stable at 6 percent of households with children in 2005, following reductions observed through 1993.
- Improvements in housing conditions, however, have been accompanied by rising housing costs. Between 1978 and 2005, the incidence of cost

burdens among households with children more than doubled, from 15 percent to 34 percent. The proportion with severe cost burdens, paying more than half of their income for housing, rose from 6 percent to 14 percent over the same period.

- Households that receive no rental assistance and have severe cost burdens or physical problems are defined as having severe housing problems.⁸³ The percentage of households with children facing severe housing problems increased from 11 percent in 2003 to 14 percent in 2005.
- Severe housing problems are especially prevalent among very low-income renters.⁸⁴ Increases in severe cost burden raised the incidence of severe housing problems among very low-income renter households with children from 29 percent to 36 percent between 2003 and 2005.

Bullets contain references to data that can be found in Table PHY4 on page 134. Endnotes begin on page 67.

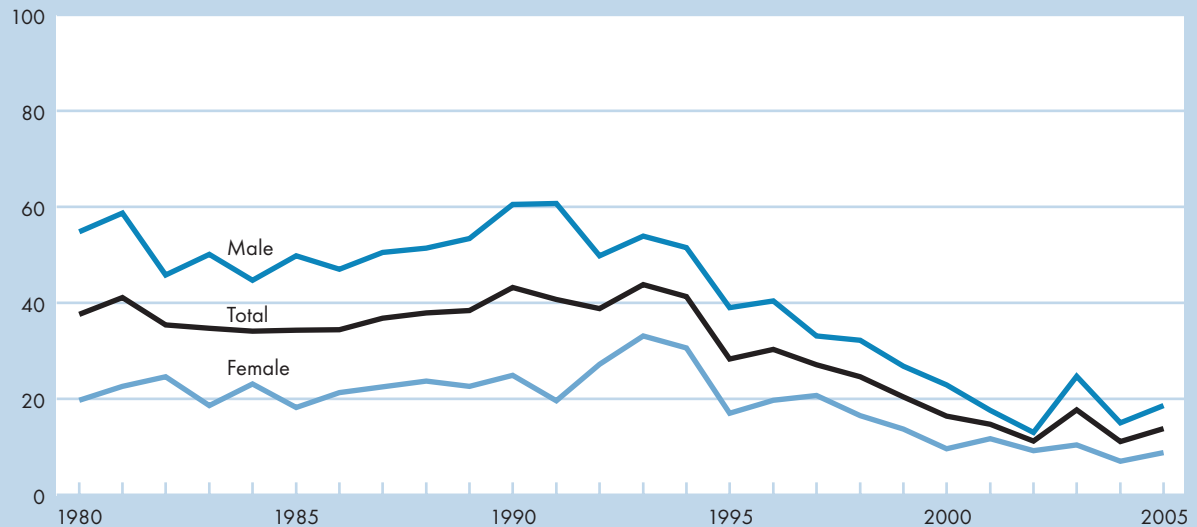
Youth Victims of Serious Violent Crimes

Violence affects the quality of life of young people who experience, witness, or feel threatened by it. In addition to the direct physical harm suffered by young victims of serious violence, such violence can adversely affect victims' mental health and development and increase the likelihood that they themselves will commit acts of serious violence.^{85,86} Youth ages 12–17 were more than twice as likely as adults to be victims of serious violent crimes.⁸⁷

Indicator PHY5

Rate of serious violent crime victimization of youth ages 12–17 by gender, 1980–2005

Youth victims per 1,000 juveniles ages 12–17



NOTE: Serious violent crimes include aggravated assault, rape, robbery (stealing by force or threat of violence), and homicide. Because of changes, data prior to 1992 are adjusted to make them comparable with data collected under the redesigned methodology. The 2005 data were collected during the calendar year and include some incidents that occurred during the previous year. Data for previous years are of victimizations experienced in the calendar year. This was done because the full data for 2005 were not yet available. Analyses comparing these data show only a small difference between the two methods.

SOURCE: U.S. Department of Justice, Bureau of Justice Statistics, National Crime Victimization Survey. Federal Bureau of Investigation, Uniform Crime Reporting Program, Supplementary Homicide Reports.

- In 2005, the rate at which youth were victims of serious violent crimes was 14 crimes per 1,000 juveniles ages 12–17, totaling about 350,600 such crimes.
- Serious violent crime involving juvenile victims stayed about the same between 2004 and 2005. However, rates are still significantly lower than their peak in 1993. In 1993, the serious violent crime victimization rate was 44 per 1,000 juveniles, compared to the 2005 rate of 14 per 1,000 juveniles.
- Males are more than twice as likely as females to be victims of serious violent crimes. In 2005, the serious violent crime victimization rate was 19 per 1,000 male youth, compared with 9 per 1,000 female youth.
- In 2005, Black youth were more likely than White youth to be victims of a serious violent crime and over twice as likely as youth of other races to be victims of serious violence.
- Older teens (ages 15–17) were more likely to be victims of a serious violent crime than younger teens (ages 12–14) in 2005. Older teens also had higher rates of serious violent crime victimization in 2005 (17 victims per 1,000) than in 2004 (11 victims per 1,000).

Bullets contain references to data that can be found in Table PHY5 on page 135. Endnotes begin on page 67.

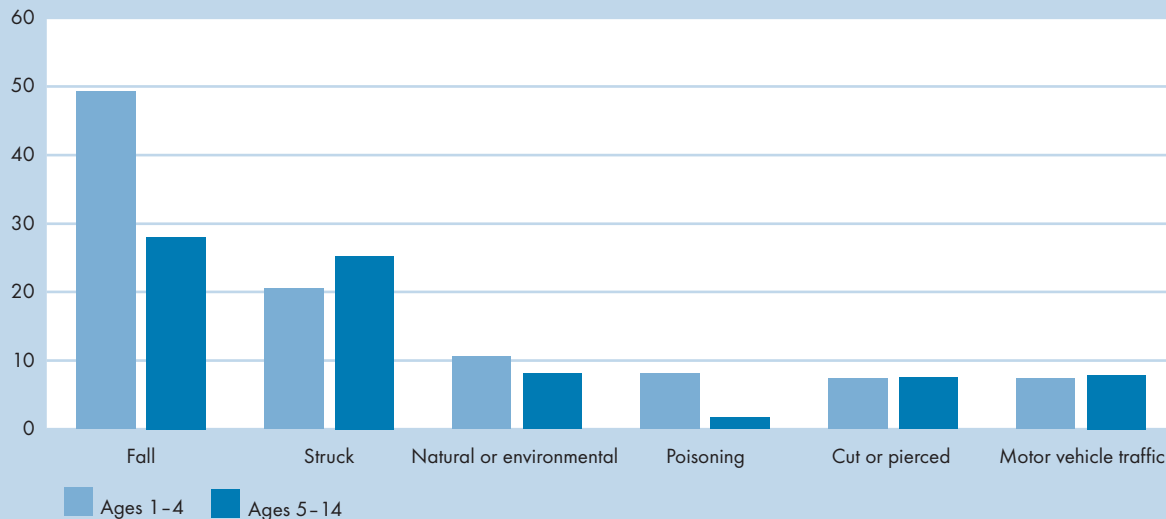
Child Injury and Mortality

Although fatal injuries have declined over the past two decades, unintentional injuries are the leading cause of death for children ages 1–4 and ages 5–14. In addition, non-fatal injuries continue to be important causes of child morbidity and disability and to substantially reduce quality of life.⁸⁸ For every fatal injury among children ages 1–14, there are 33 hospitalizations and 1,350 emergency department visits for injuries.⁸⁹ The leading causes of injury differ for children and adolescents.

Indicator PHY6.A

Emergency department visit rates for children ages 1–14 by leading causes of injury visits, 2003–2004

Visits per 1,000 children



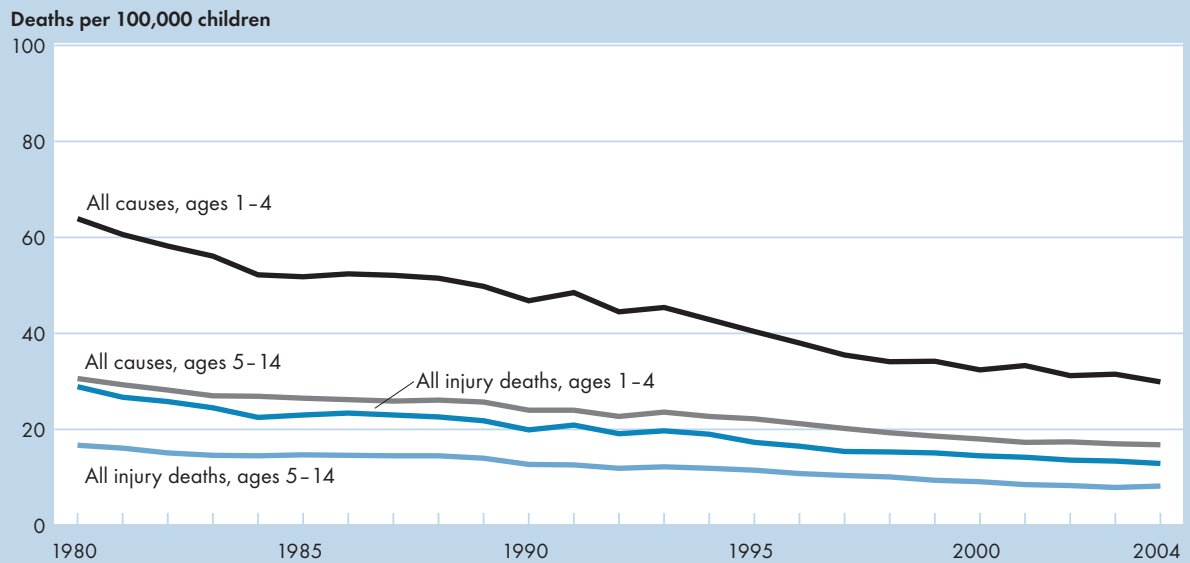
NOTE: Visits are the initial visit to the emergency department for the injury. The cause of injury “struck” denotes being struck against or by an object or person, “natural or environmental” denotes injuries caused by natural or environmental factors, and “cut or pierced” denotes injuries caused by cutting and piercing instruments or objects.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Hospital Ambulatory Medical Care Survey.

- Among children, falls and being struck by or against an object are the two leading causes of injury-related emergency department visits. In 2003–2004, falls accounted for 35 percent of initial injury visits for children ages 1–4. In 2003–2004, there were 49 annual emergency department visits for falls per 1,000 children ages 1–4, whereas the rate for children ages 5–14 was 28 per 1,000.
- Younger children frequently strike furniture after running, tripping, or falling, whereas older children are often struck as a result of play or sports. Emergency department visit rates for being struck by or against an object were similar in both younger (21 emergency department visits per 1,000) and older children (25 emergency department visits per 1,000).
- Emergency department visit rates for natural and environmental causes of injury, poisonings, cuts, and motor vehicle traffic accidents were statistically similar for children ages 1–4, averaging 7–11 visits per 1,000 children.
- Emergency department visit rates for poisoning were higher among younger children (8 per 1,000) than older children (2 per 1,000).
- Overall, 1 to 2 percent of initial injury-related emergency department visits result in hospitalizations. However, 3 to 4 percent of emergency department visits for motor vehicle traffic injuries result in hospitalizations. Among children ages 5–14, 4 percent of emergency department visits for poisoning resulted in hospitalizations in 2003–2004.

Indicator PHY6.B

Death rates among children ages 1–4 and 5–14, by all causes and all injury causes, 1980–2004



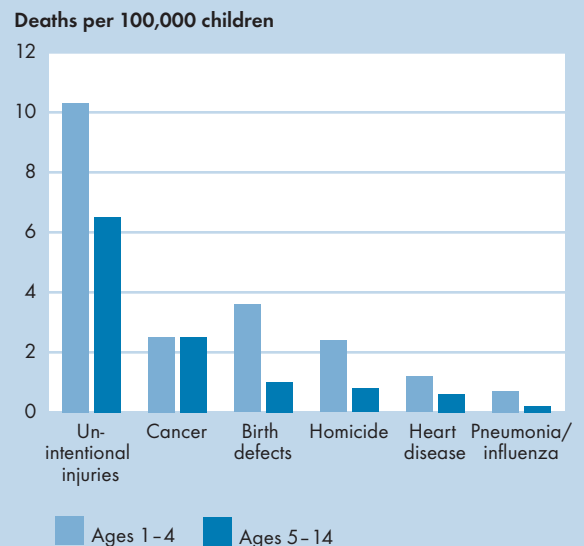
SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

- In 2004, the death rate for children ages 1–4 was 30 per 100,000 children and for children ages 5–14 was 17 per 100,000 children. Between 1980 and 2004, the death rate declined by about half for both age groups.
- Among both younger and older children, Black children had the highest death rates in 2004, at 45 per 100,000 children ages 1–4 and 24 per 100,000 children ages 5–14. Asian/Pacific Islander children had the lowest death rates.
- Among children ages 1–4 and 5–14, unintentional injuries (accidents) were the leading cause of death (ages 1–4, 10 deaths per 100,000 children; ages 5–14, 7 per 100,000). For children ages 1–4, this was followed by birth defects (4 per 100,000), cancer (3 per 100,000), and homicide (2 per 100,000 children). Among children ages 5–14, this was followed by cancer (3 per 100,000), and birth defects and homicide (1 per 100,000 children each).
- Among children ages 10–14, suicide was the third leading cause of death (1.3 deaths per 100,000) followed by homicide (1.0 deaths per 100,000).
- Motor vehicle traffic accidents are the most common type of fatal injury among children ages 1–14.

Bullets contain references to data that can be found in Tables PHY6.A–PHY6.C on pages 136–138. Endnotes begin on page 67.

Indicator PHY6.C

Death rates among children ages 1–4 and 5–14, by cause of death, 2004



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

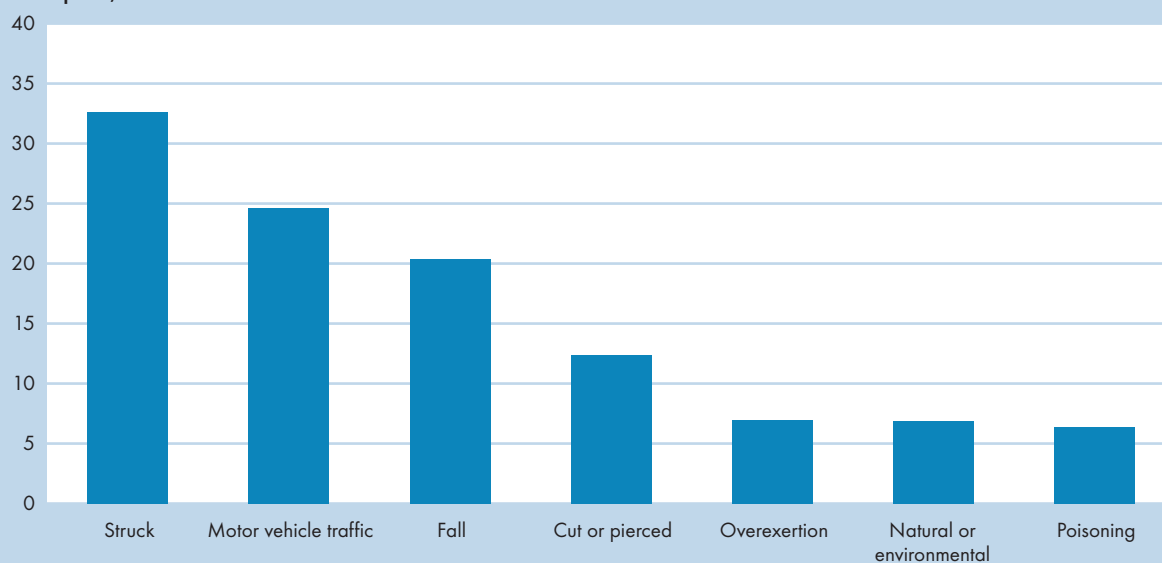
Adolescent Injury and Mortality

Injury accounts for close to 80 percent of adolescent deaths. Compared with younger children, adolescents ages 15–19 have much higher mortality rates overall and from injuries. Adolescents are much more likely to die from injuries sustained from motor vehicle traffic accidents and firearms.⁹⁰ The leading causes of non-fatal injuries in adolescents also differ from younger children. For example, the leading cause of adolescent injury is being struck, whereas for younger children, the leading cause of injury is falls. In addition, non-fatal injuries in adolescents more often result from violence, sports-related activities, or motor vehicle traffic crashes. For each fatal injury among adolescents, there are 11 hospitalizations and nearly 300 emergency department visits for injuries.⁸⁹

Indicator PHY7.A

Emergency department visit rates for adolescents ages 15–19 by leading causes of injury visits, 2003–2004

Visits per 1,000 children



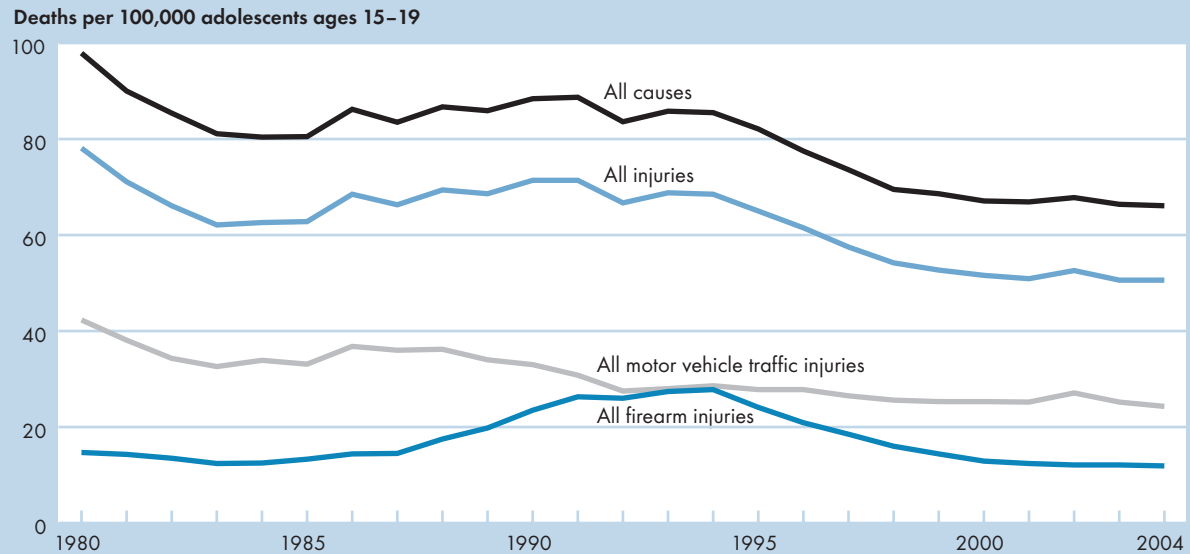
NOTE: Visits are the initial visit to the emergency department for the injury. The cause of injury “struck” denotes being struck against or by an object or person, “cut or pierced” denotes injuries caused by cutting and piercing instruments or objects, “overexertion” denotes excessive physical exercise or strenuous movements in recreational or other activities, and “natural or environmental” denotes injuries caused by natural or environmental factors.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Hospital Ambulatory Medical Care Survey.

- The leading causes of initial 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), motor vehicle traffic crashes (25 visits per 1,000), and falls (20 visits per 1,000), altogether accounting for half of all injury-related emergency department visits for this age group.
- Injury emergency department visits for adolescents being struck by or against an object or person were most often the result of a sports-related activity (39 percent)⁹¹ or an assault (24 percent).
- In 2003–2004 among adolescents’ emergency department visits for poisonings, about one-third were unintentional and more than one-half were recorded as self-inflicted.
- Although the emergency department visit rate for poisonings among youth ages 15–19 is low (6 visits per 1,000), one-third of such visits result in admission to the hospital.

Indicator PHY7.B

Death rates among adolescents ages 15–19 by all causes, all injury causes, and selected mechanisms of injury, 1980–2004



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

- In 2004, the death rate for adolescents ages 15–19 was 66 per 100,000. Nearly 80 percent of adolescent deaths occurred from injuries (51 per 100,000). Both rates declined substantially since 1980 despite a period of increase from 1986–1991.
- Motor vehicle traffic and firearm injuries account for more than half of adolescent injury deaths. The motor vehicle traffic death rate declined since 1980, while the firearm death rate was steady from 1980–1987, increased from 1987–1994, and declined by more than half since 1994.
- Injury deaths can also be reported by the manner, or intent, of death. Unintentional injury accounts for about half of all injury deaths among adolescents. In 2004, this rate was 33 deaths per 100,000 youth ages 15–19, unchanged from 2003. The leading mechanisms of unintentional injury deaths for this age group are motor vehicle traffic injuries, poisoning, and drowning.

- Among intentional injuries, the homicide rate in 2004 was 9 deaths per 100,000 youth ages 15–19, unchanged since 2000. The suicide rate in 2004, 8 deaths per 100,000 youth, was the same rate as in 2000 and was an increase from the 2003 rate of 7 deaths per 100,000 youth. In 2004, firearms accounted for four of five homicides and nearly half of all suicides. Suffocation, mainly from hanging, accounted for 40 percent of suicides.

Bullets contain references to data that can be found in Tables PHY7.A and PHY7.B on pages 139–142. Endnotes begin on page 67.

Indicator Needed

Physical Environment and Safety

Children are exposed to many different contaminants in the environment. Measurements of contaminants in air, water, land, and food provide indirect indications of children's potential exposures to these contaminants. Increasing efforts are underway to assess exposures through "body burden" measurements—contaminant levels in samples of blood and other fluids, such as blood lead levels. However, these direct body burden measurements are not available for many environmental contaminants of concern. Both environmental and body burden measurements are needed to characterize children's environments.

- *Environmental quality.* Although this report provides indicators for contaminants in both outdoor and indoor air, regular sources of national data are needed to assess indoor air contaminants other than environmental tobacco smoke (e.g., pesticides) that are commonly encountered in homes, schools, and day care settings. Data are needed to more thoroughly characterize children's potential exposure to drinking water contaminants. Indicators are also needed for food and soil contaminants and for cumulative exposures to multiple environmental contaminants that children encounter daily.



Behavior

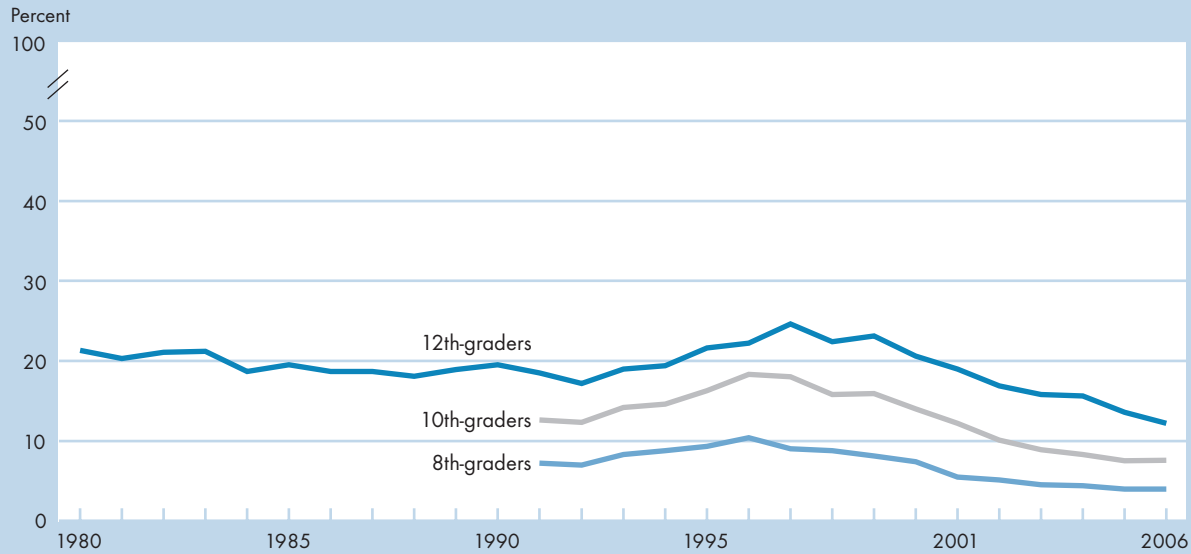
The well-being of young people can be affected by aspects of their behavior and social environments. The indicators in this section focus on illegal and high-risk behaviors. Substance use behaviors are shown for regular cigarette smoking, alcohol use, and illicit drug use. Other indicators in this section present data on behaviors such as sexual activity and perpetration of serious violent crime.

Regular Cigarette Smoking

Smoking has serious long-term consequences, including the risk of smoking-related diseases and the risk of premature death, as well as increased health care costs associated with treating the illnesses.⁹² Many adults who are currently addicted to tobacco began smoking as adolescents, and it is estimated that more than 5 million of today's underage smokers will die of tobacco-related illnesses.⁹³ These consequences underscore the importance of studying patterns of smoking among adolescents.

Indicator BEH1

Percentage of 8th-, 10th-, and 12th-grade students who reported smoking cigarettes daily in the previous 30 days by grade, 1980–2006



SOURCE: National Institutes of Health, National Institute on Drug Abuse, Monitoring the Future Survey.

- Among 8th-, 10th-, and 12th-graders in 2006, the percentage who reported smoking cigarettes daily in the past 30 days was about half the percentage for the same groups in 1995. In 2006, 4 percent of 8th-graders, 8 percent of 10th-graders, and 12 percent of 12th-graders reported smoking cigarettes daily in the past 30 days, compared with the respective 1995 percentages of 9, 16, and 22.
- The percentage of students who reported smoking cigarettes daily was 4 for both male and female 8th-graders and 12 for both male and female 12th-graders. Seven percent of male and 8 percent of female 10th-graders reported daily smoking.

- Fifteen percent of 12th-grade White, non-Hispanic students reporting smoking cigarettes daily in the past 30 days, compared with 6 percent of Black, non-Hispanic and 7 percent of Hispanic 12th-graders.

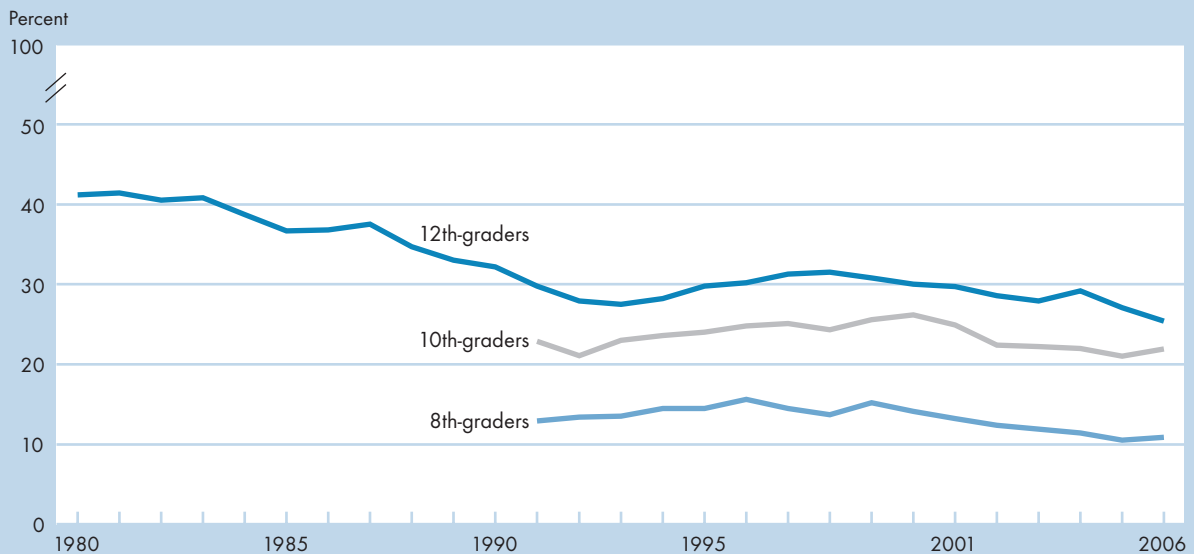
Bullets contain references to data that can be found in Table BEH1 on page 143. Endnotes begin on page 67.

Alcohol Use

Alcohol is the most common psychoactive substance used during adolescence. Its use is associated with motor vehicle accidents, injuries, and deaths; problems in school and in the workplace; and fighting, crime, and other serious consequences.⁹⁴ Early onset of heavy drinking, defined here as five or more alcoholic beverages in a row or during a single occasion in the previous 2 weeks, may be especially problematic, potentially increasing the likelihood of these negative outcomes.

Indicator BEH2

Percentage of 8th-, 10th-, and 12th-grade students who reported having five or more alcoholic beverages in a row in the past 2 weeks by grade, 1980–2006



SOURCE: National Institutes of Health, National Institute on Drug Abuse, Monitoring the Future Survey.

- Heavy drinking, defined as having five or more alcoholic beverages in a row in the past two weeks, declined from 15 percent in 1995 to 11 percent in 2006 for 8th-graders, from 24 to 22 percent for 10th-graders, and from 30 to 25 percent for 12th-graders.
- In 2006, 11 percent of both male and female 8th-graders reported heavy drinking; for 10th-graders, the proportion was 23 percent for males and 21 percent for females. Twenty-nine percent of 12th-grade males reported heavy drinking, compared with 22 percent of 12th-grade females.
- For 10th- and 12th-graders in 2006, the percentage of White, non-Hispanic and Hispanic students who were heavy drinkers was approximately double the percentage of Black, non-Hispanic students. The percentages of 10th-graders who were heavy drinkers were 23 for White, non-Hispanic, 25 for Hispanic, and 11 for Black, non-Hispanic students. For 12th-graders, the respective percentages were 29, 25, and 12. For 8th-graders, the rate of heavy drinking was 10 percent for White, non-Hispanics, 15 percent for Hispanics, and 8 percent for Black, non-Hispanics.

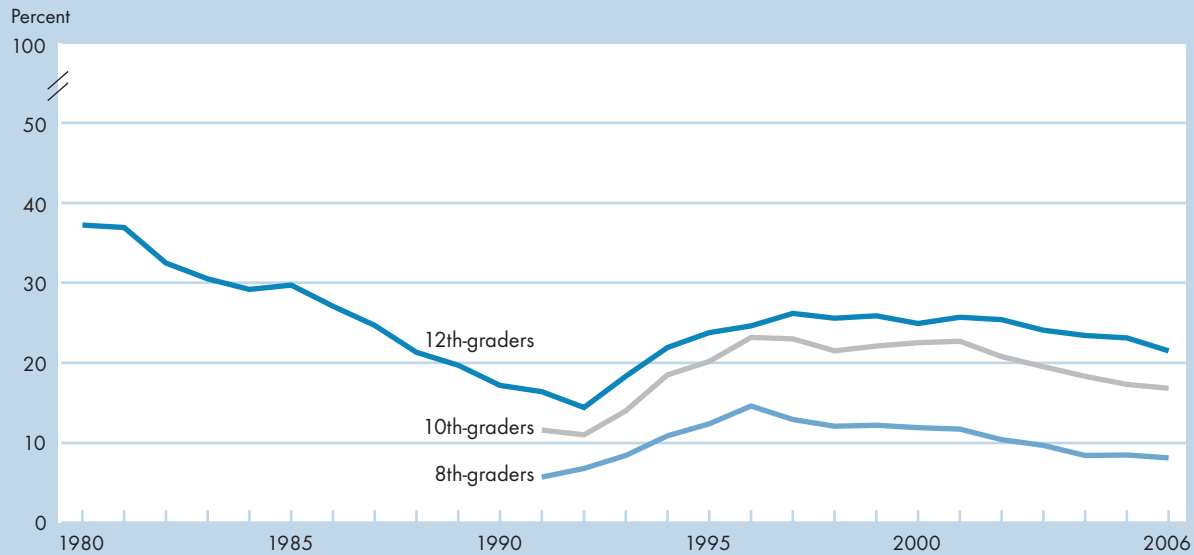
Bullets contain references to data that can be found in Table BEH2 on page 144. Endnotes begin on page 67.

Illicit Drug Use

Drug use by adolescents can have immediate as well as long-term health and social consequences. Cocaine use is linked with health problems that range from eating disorders, to disability, to death from heart attacks and strokes.⁹⁵ Marijuana use poses both health and cognitive risks, particularly for damage to pulmonary functions as a result of chronic use.^{96,97} Hallucinogens can affect brain chemistry and result in problems with learning new information and memory.⁹⁸ As is the case with alcohol use and smoking, illicit drug use is a risk-taking behavior that has potentially serious negative consequences.

Indicator BEH3

Percentage of 8th-, 10th-, and 12th-grade students who have used illicit drugs in the previous 30 days by grade, 1980–2006



NOTE: Use of “any illicit drug” includes any use of marijuana, LSD, other hallucinogens, crack, other cocaine, or heroin, or any use of other narcotics, amphetamines, barbiturates, or tranquilizers not under a doctor’s orders. For 8th- and 10th-graders, the use of other narcotics and barbiturates has been excluded because these younger respondents appear to overreport use (perhaps because they include the use of nonprescription drugs in their answers).

SOURCE: National Institutes of Health, National Institute on Drug Abuse, Monitoring the Future Survey.

- Illicit drug use in the past 30 days remained stable from 2005 to 2006. Eight percent of 8th-graders, 17 percent of 10th-graders, and 22 percent of 12th-graders reported use in the past 30 days in 2006.
- Eight percent of both male and female 8th-graders reported using illicit drugs in the past 30 days. Among 10th-graders, it was 18 percent for males and 15 percent for females. Among 12th-graders, 23 percent of males and 20 percent of females reported illicit drug use in the past 30 days.

- Since recent peaks in the mid- to late-1990s, past-30-day illicit drug use has declined from a peak of 15 percent for 8th-graders and 23 percent for 10th-graders in 1996, and 26 percent for 12th-graders in 1997.

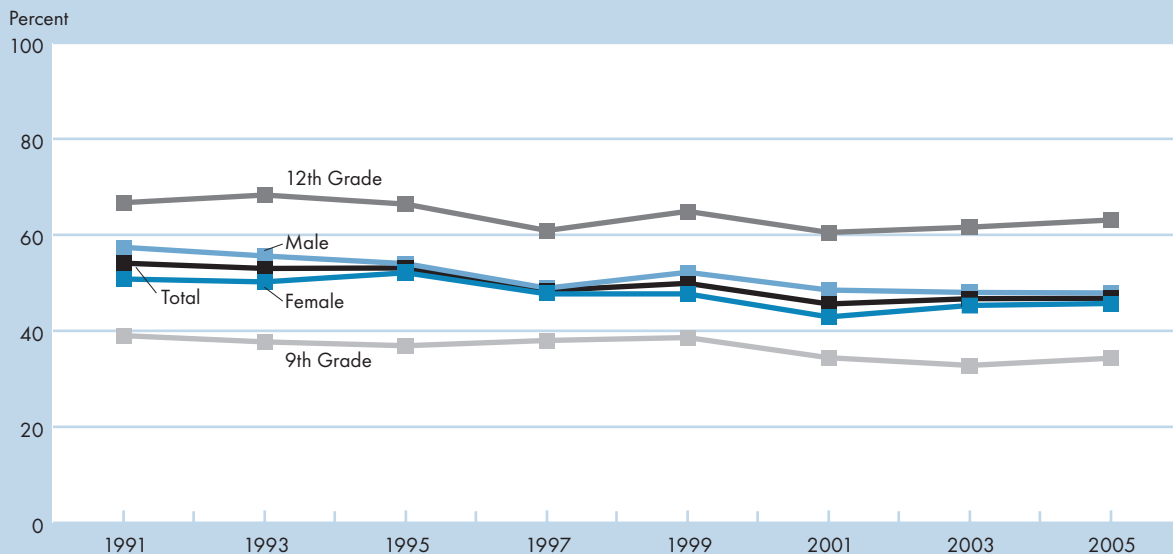
Bullets contain references to data that can be found in Table BEH3 on page 145–146. Endnotes begin on page 67.

Sexual Activity

Early sexual activity is associated with emotional⁹⁹ and physical health risks. Youth who choose abstinence avoid risks associated with sexual activity, such as contracting sexually transmitted infections (STIs) and becoming pregnant. STIs, including HIV, can infect a person for a lifetime and have consequences including disability and early death; meanwhile, delaying sexual initiation is associated with a decrease in the number of lifetime sexual partners,¹⁰⁰ and decreasing the number of lifetime partners is associated with a decrease in the rate of STI.¹⁰¹ Additionally, teen pregnancy is associated with a number of negative risk factors, not only for the mother but also for her child (see FAM6).

Indicator BEH4

Percentage of high school students who reported ever having had sexual intercourse by gender and selected grades, selected years 1991–2005



NOTE: Students were asked, "Have you ever had sexual intercourse?" Data are collected biennially.

SOURCE: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Youth Risk Behavior Surveillance System.

- In 2005, 47 percent of high school students reported ever having had sexual intercourse. This was statistically the same rate as in 2003.
- The proportion of students who reported ever having had sexual intercourse declined significantly from 1991 (54 percent) to 2001 (46 percent) and has remained stable from 2001 to 2005.
- The percentage of students who reported ever having had sexual intercourse differs by grade. In 2005, 34 percent of 9th-grade students reported having ever had sexual intercourse, compared with 63 percent of 12th-grade students.
- Trends differed by race and ethnicity. The rate among White, non-Hispanic students declined from 50 percent in 1991 to 42 percent in 2003 (the 2005 rate of 43 percent is not statistically different from the 2003 rate). The proportion of students who reported ever having had sexual intercourse has declined among Black, non-Hispanic students, from 82 percent in 1991 to 68 percent in 2005. There was no statistically significant change among Hispanic students between 1991 and 2005.
- Overall, rates of sexual intercourse did not differ by sex, though they did differ by sex within certain racial and ethnic groups. In 2005, 75 percent of Black, non-Hispanic male students reported ever having had sexual intercourse, compared with 61 percent of Black, non-Hispanic female students; 58 percent of Hispanic male students reported ever having had sexual intercourse, compared with 44 percent of Hispanic female students.
- In 2005, 18 percent of students who had sexual intercourse in the past three months had used birth control pills before their last sexual intercourse and 63 percent used a condom during their last sexual intercourse. Of note, condom use increased since 1991 (from 46 percent) among high school students, while there was no statistically significant change in the use of birth control pills.

Bullets contain references to data that can be found in Tables BEH4.A and BEH4.B on page 147. Endnotes begin on page 67.

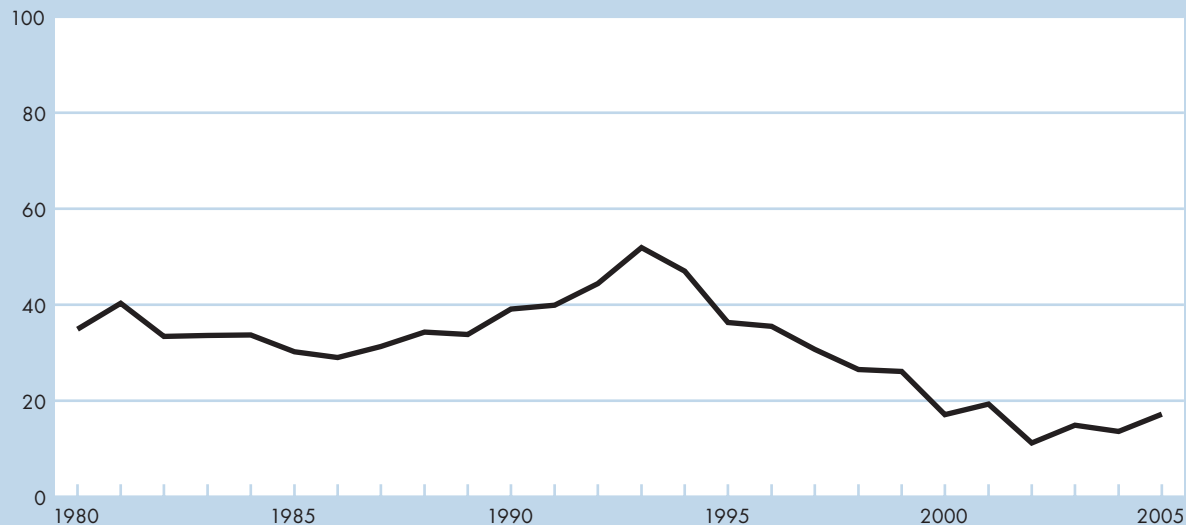
Youth Perpetrators of Serious Violent Crimes

The level of youth violence in society can be viewed as an indicator of youths' ability to control their behavior, and the adequacy of socializing agents such as families, peers, schools, and religious institutions to supervise or channel youth behavior to acceptable norms. One measure of the serious violent crime committed by juveniles is the extent to which at least one juvenile offender is reported by the victim to be involved in a crime.

Indicator BEH5

Rate of serious crimes by youth perpetrators ages 12–17, 1980–2005

Youth offending per 1,000 juveniles ages 12–17



NOTE: The offending rate is the ratio of the number of crimes (aggravated assault, rape, and robbery, i.e., stealing by force or threat of violence) reported to the National Crime Victimization Survey that involved at least one offender perceived by the victim to be 12–17 years of age, plus the number of homicides reported to the police that involved at least one juvenile offender, to the number of juveniles in the population. Because of changes made in the victimization survey, data prior to 1992 are adjusted to make them comparable with data collected under the redesigned methodology. The 2005 data were collected during the calendar year and include some incidents that occurred during the previous year. Data for previous years are of victimizations experienced in the calendar year. This was done because the full data for 2005 were not yet available. Analyses comparing these data show only a small difference between the two methods.

SOURCE: U.S. Department of Justice, Bureau of Justice Statistics, National Crime Victimization Survey. Federal Bureau of Investigation, Uniform Crime Reporting Program, Supplementary Homicide Reports.

- In 2005, the serious violent crime offending rate was 17 crimes per 1,000 juveniles ages 12–17, totaling 437,000 such crimes involving juveniles. While this is somewhat higher than the rate in 2004, it is significantly lower than the 1993 peak rate of 52 crimes per 1,000 juveniles ages 12–17.
- Between 1980 and 1989, the serious violent juvenile crime offending rate fluctuated between 29 and 40 per 1,000 juveniles and then began to increase to a high of 52 per 1,000 juveniles in 1993. Since then, the rate has, in general, trended downward with a rate of 14 per 1,000 juveniles in 2004 and a somewhat significant increase to 17 per 1,000 juveniles in 2005.
- Since 1980, serious violent crime involving youth offenders has ranged from 19 percent of all serious violent victimizations in 1982 to 26 percent in 1993, the peak year for youth violence. In 2005, 24 percent of all such victimizations reportedly involved a juvenile offender.
- In about half of all serious violent juvenile crimes reported by victims in 2005, more than one offender was involved in the incident. Because insufficient detail exists to determine the ages of each individual offender when a crime is committed by more than one offender, the number of additional juvenile offenders cannot be determined. Therefore, this rate of serious violent crime offending does not represent the number of juvenile offenders in the population, but rather the rate of crimes involving a juvenile.

Bullets contain references to data that can be found in Table BEH5 on page 148. Endnotes begin on page 67.

Indicators Needed

Behavior

A broader set of indicators than those presented in this section is needed to adequately monitor the behaviors and social environments of youth. Other behavior and social environment measures are needed on:

- *Positive behaviors.* The participation of youth in positive activities (e.g., activities such as volunteering or voting) and the formation of close attachments to family, school, and community have been linked to positive outcomes in research studies. However, additional research needs to be conducted to strengthen our understanding of positive activities and the aspects of those activities that protect youth from risk. To that end, the Forum co-sponsored the Indicators of Positive Development conference to conceptualize, define, and measure positive youth development.
- *Youth violence.* The indicator of serious violent crime offending by youth does not provide critical information on the involvement of youth in the criminal justice system, including the characteristics of youthful offenders and the number and characteristics of youth arrestees and detainees, those prosecuted in juvenile and adult courts, and those incarcerated in the Nation's juvenile facilities, jails, and prisons. Additional work is needed to produce a more comprehensive and useful picture of the number, experiences, and characteristics of youth within the criminal justice system.

The background of the page is a blue-tinted photograph of a young girl in a classroom. She is looking towards the camera with a slight smile, and her right hand is raised high in the air. Behind her, the stars and stripes of the American flag are visible, creating a patriotic and educational atmosphere.

Education

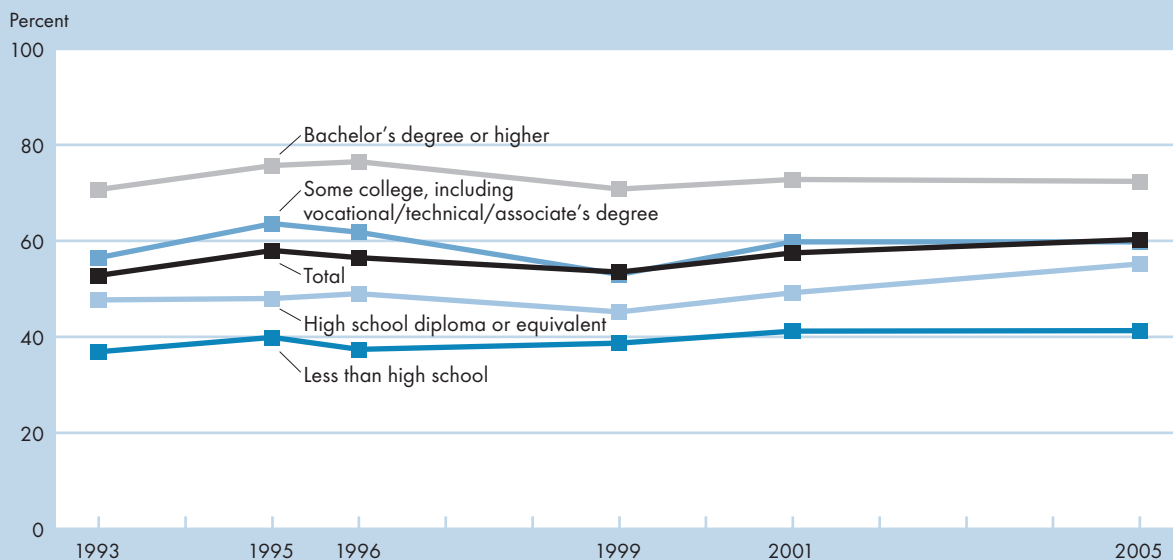
The education of children shapes their own personal development and life chances, as well as the economic and social progress of our Nation. This section presents key indicators of how well children are learning and progressing from early childhood through postsecondary school. An indicator on family reading to young children suggests the extent of home support for early learning. Scores on national assessments of mathematics and reading for elementary, middle, and high school students are presented, followed by an indicator on advanced coursetaking. High school completion and college enrollment rates indicate the extent to which students have attained a basic education and are prepared for higher levels of education or the workforce. By contrast, the indicator on youth neither enrolled in school nor working tracks the extent to which youth are at risk of limiting their future prospects at a critical stage of their lives.

Family Reading to Young Children

Reading to young children promotes language acquisition and is linked with literacy development and, later on, with achievement in reading comprehension and overall success in school.¹⁰² The percentage of young children read to daily by a family member is one indicator of how well young children are being prepared for school.

Indicator ED1

Percentage of children ages 3–5 who were read to every day in the last week by a family member by mother's education, selected years 1993–2005



NOTE: Data are available for 1993, 1995, 1996, 1999, 2001, and 2005. Estimates are based on children ages 3–5 who have yet to enter kindergarten.
SOURCE: U.S. Department of Education, National Center for Education Statistics, National Household Education Surveys Program (NHES).

- In 2005, 60 percent of children ages 3–5 who were not yet in kindergarten were read to daily by a family member. This rate is higher than the rate in 1993 (53 percent), but the rate fluctuated in intervening years.
- In 2005, 72 percent of children whose mothers had at least a bachelor's degree were read to every day. In comparison, daily reading occurred for 60 percent of children whose mothers had some postsecondary education, 55 percent of children whose mothers had a high school diploma or equivalent but no further education, and 41 percent of children whose mothers had less than a high school diploma.
- White, non-Hispanic and Asian, non-Hispanic children were more likely to be read to every day than either Black, non-Hispanic or Hispanic children. Sixty-eight percent of White, non-Hispanic children, 66 percent of Asian, non-Hispanic children, 50 percent of Black, non-Hispanic children, and 45 percent of Hispanic children were read to every day by a family member.
- Children in families with incomes of 200 percent or more of the poverty level were more likely to be read to daily by a family member (65 percent) than were children in families with incomes below the poverty level (50 percent) or those in families with incomes 100–199 percent of the poverty level (60 percent) in 2005.
- Children living with two parents were more likely to be read to every day than were children living with one parent. Sixty-two percent of children in two-parent households were read to every day in 2005, compared with 53 percent of children living with one parent.
- Children in the Northeast (66 percent), Midwest (62 percent), and West (61 percent) were more likely than their peers in the South (56 percent) to have been read to daily by a family member in 2005.

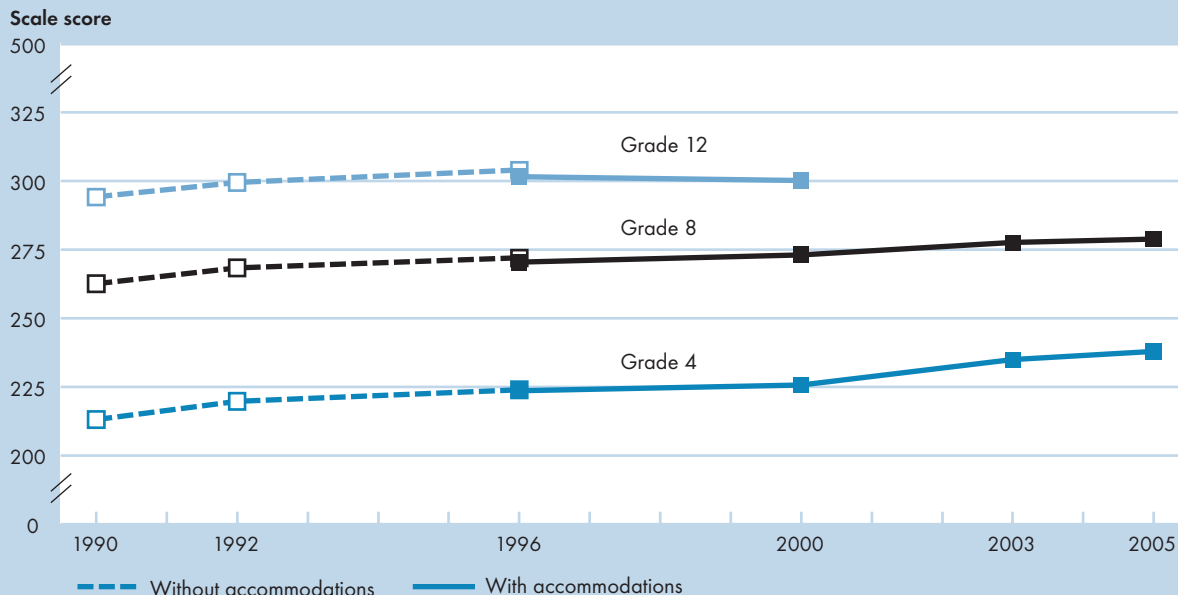
Bullets contain references to data that can be found in Table ED1 on pages 149–150. Endnotes begin on page 67.

Mathematics and Reading Achievement

The extent and content of students' knowledge, as well as their ability to think, learn, and communicate, affect their likelihood to be productive and active citizens as adults. Mathematics and reading achievement test scores are important measures of students' skills in these subject areas, as well as good indicators of overall achievement in school. To assess progress in mathematics and reading, the National Assessment of Educational Progress (NAEP) measures national trends in the academic performance of students in grades 4, 8, and 12.

Indicator ED2.A

Average mathematics scale scores for students in grades 4, 8, and 12, selected years 1990–2005



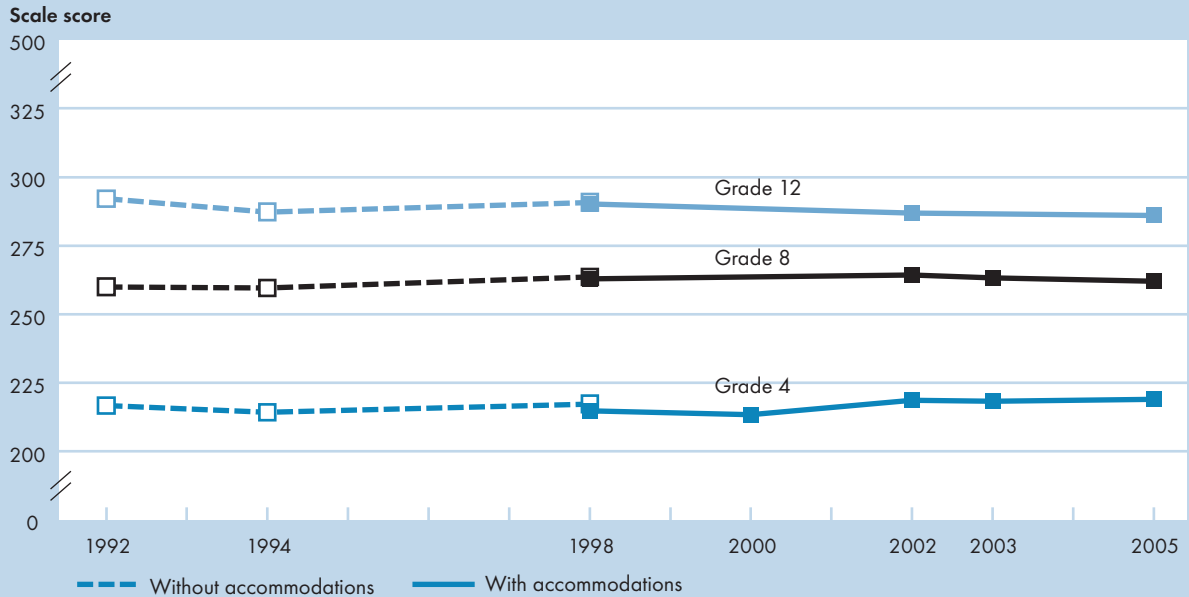
NOTE: Data are available for 1990, 1992, 1996, 2000, 2003, and 2005, although the 2003 assessment only included grades 4 and 8. The 2005 assessment included a 12th-grade component, but the National Assessment Governing Board introduced changes in the 2005 NAEP mathematics framework for grade 12 in both the assessment content and administration procedures. As a result, the 12th-grade assessment results cannot be compared with those of previous assessments. In early years of the assessment, testing accommodations (e.g., extended time, small group testing) for children with disabilities and limited-English-proficient students were not permitted. In 1996, scores are shown for both the assessments with and without accommodations to show comparability across the assessments.

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress.

- At grades 4 and 8, average mathematics scores were higher in 2005 than in all previous assessments.
- The 12th-grade NAEP mathematics assessment in 2005 was based on a mathematics framework that was revised to reflect changes in high school mathematics standards and coursework. As a result, the 2005 results cannot be compared with those from previous years.¹⁰³
- In 2005, 36 percent of 4th-graders, 30 percent of 8th-graders, and 23 percent of 12th-graders were at or above the *Proficient* level, indicating solid academic achievement. The percentages of 4th- and 8th-graders at or above *Basic* (indicating partial mastery of prerequisite knowledge and skills) and *Proficient* and at *Advanced* (indicating superior performance) in mathematics in 2005 were higher than in all previous assessments.¹⁰⁴
- At grades 4, 8, and 12 in 2005, Asian/Pacific Islander and White, non-Hispanic students scored higher on average in mathematics than their Black, non-Hispanic, American Indian/Alaska Native, and Hispanic peers; Hispanic students also had higher average scores than Black, non-Hispanic students.

Indicator ED2.B

Average reading scale scores for students in grades 4, 8, and 12, selected years 1992–2005



NOTE: Data are available for 1992, 1994, 1998, 2000, 2002, 2003, and 2005, although the 2000 assessment only included grade 4, and the 2003 assessment only included grades 4 and 8. In early years of the assessment, testing accommodations (e.g., extended time, small group testing) for children with disabilities and limited-English-proficient students were not permitted. In 1998, scores are shown for both the assessments with and without accommodations to show comparability across the assessments.

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress.

- At grade 4, there was a 2-point increase in the average reading score between 1992 and 2005. At grade 8, there was a 1-point decline between 2003 and 2005, but the 2005 score was 2 points higher than in 1992. The average score at grade 12 was 6 points lower in 2005 than in 1992.
- In 2005, 31 percent of 4th-graders were at or above the *Proficient* achievement level, indicating solid academic achievement, a higher percentage than in 1992. At grade 8, 31 percent of students were at or above *Proficient*, a higher percentage than in 1992. At grade 12, 35 percent were at or above *Proficient* in 2005, a lower percentage than in 1992 and 1998 but not statistically different than in 2002.¹⁰⁴
- In reading, White, non-Hispanic students had higher scores in 2005 than their Black, non-Hispanic and Hispanic peers at grades 4, 8, and 12. There were no changes in the gaps between White, non-Hispanic students and their Black, non-Hispanic or Hispanic peers from 1992 to 2005 at grades 4, 8, and 12.
- Females had higher reading scores than males at grades 4, 8, and 12 in 2005. In mathematics, males outperformed females at grades 4, 8, and 12 in 2005.
- In both mathematics and reading, higher parental education levels were associated with higher achievement scores.¹⁰⁵

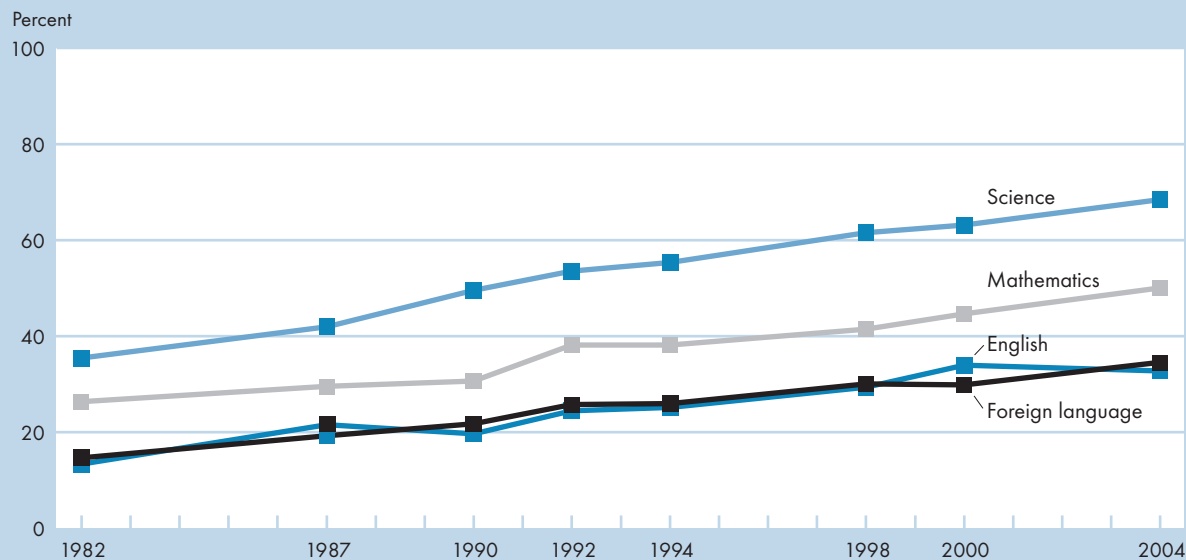
Bullets contain references to data that can be found in Tables ED2.A and ED2.B on pages 151–154. Endnotes begin on page 67.

High School Academic Coursetaking

Since *A Nation at Risk* was published in 1983, school reforms have emphasized increasing the number of academic courses students take in high school. More recent reforms have emphasized increasing the rigor, as well as the amount, of coursetaking. Research suggests a relationship between the level of difficulty of courses students take and their performance on assessments.¹⁰⁶

Indicator ED3

Percentage of high school graduates who had completed advanced coursework in mathematics, science, English, and foreign language, selected years 1982–2004



NOTE: Data are available for 1982, 1987, 1990, 1992, 1994, 1998, 2000, and 2004. Advanced coursework includes the following: mathematics: courses above Algebra II; science: chemistry, physics, or advanced biology; English: more courses at the honors level than at the low academic or regular level; and foreign language: a year 3, year 4, or advanced placement course. For a detailed listing of courses, see Tables ED3.A, ED3.B, ED3.C, and ED3.D.

SOURCE: U.S. Department of Education, National Center for Education Statistics, High School and Beyond Survey, National Education Longitudinal Study of 1988, National Assessment of Educational Progress Transcript Study, and Education Longitudinal Study of 2002 High School Transcript Study.

- Half of students who graduated from high school in 2004 had taken at least one advanced mathematics course (defined as a course above Algebra II), almost double the percentage in 1982 (26 percent). The percentage of graduates in 2004 who had taken a nonacademic or low-level academic course as their most advanced mathematics course was 5 percent, compared with 24 percent for graduates in 1982.
- In science, two-thirds (68 percent) of all high school graduates in 2004 had taken a physics, chemistry, or advanced biology course, almost twice the percentage of graduates in 1982 who had taken this level of science course (35 percent). The percentage of graduates whose most advanced science course was classified as a low-level academic course dropped from 27 percent in 1982 to 6 percent in 2004.
- In English, 33 percent of all high school graduates in 2004 had taken honors-level courses, an increase from 13 percent of graduates in 1982. There was no measurable difference between the percentage of graduates in 1982 and 2004 who had taken low-level academic courses in English (10 and 11 percent, respectively).
- In foreign languages, 35 percent of high school graduates had taken a year 3, year 4, or advanced placement course in 2004, double the percentage in 1982 (15 percent). Fifteen percent of high school graduates in 2004 had not taken any foreign language course, compared with 46 percent of graduates in 1982.
- While the level of high school academic coursetaking has risen since 1982, there has not been any improvement during this time in 12th-graders' scores on the National Assessment of Educational Progress.¹⁰⁷

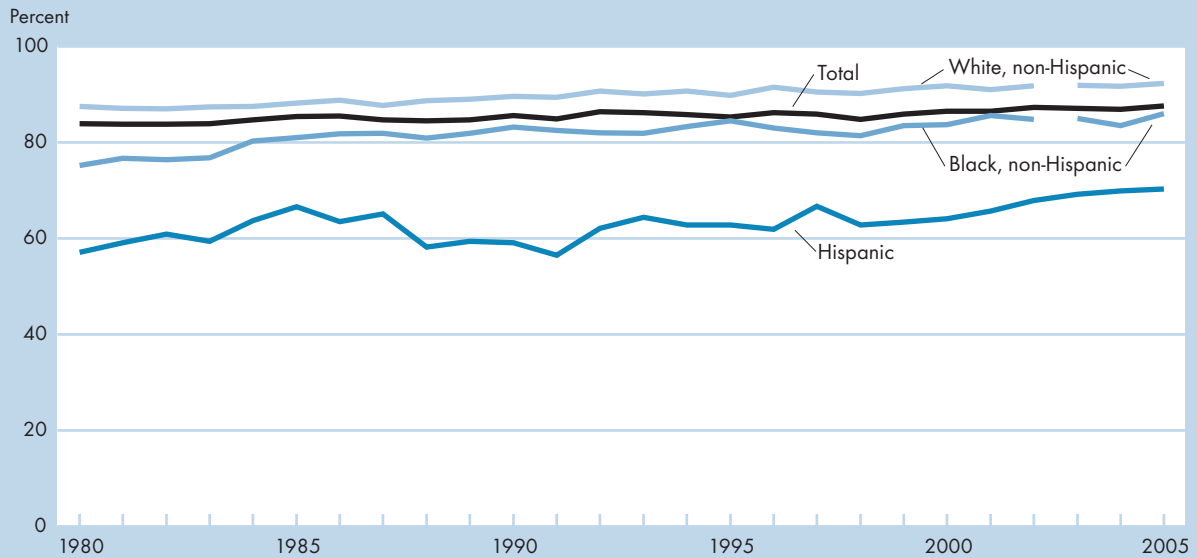
Bullets contain references to data that can be found in Tables ED3.A–ED3.D on pages 155–158. Endnotes begin on page 67.

High School Completion

A high school diploma or its equivalent represents acquisition of the basic reading, writing, and mathematics skills a person needs to function in modern society. The percentage of young adults ages 18–24 with a high school diploma or an equivalent credential is a measure of the extent to which young adults have completed a basic prerequisite for many entry-level jobs and for higher education.

Indicator ED4

Percentage of adults ages 18–24 who have completed high school by race and Hispanic origin, 1980–2005



NOTE: Percentages are based only on those not currently enrolled in high school or below. Prior to 1992, this indicator was measured as completing 4 or more years of high school rather than the actual attainment of a high school diploma or equivalent. From 1980 to 2002, the 1977 OMB Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaska Native, or Asian or Pacific Islander. From 2003 onward, the revised 1997 OMB standards were used. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander. Data from 2003 onward are not directly comparable with data from earlier years. In addition, note that data on race and Hispanic origin are collected separately, but are combined for reporting.

SOURCE: U.S. Census Bureau, Current Population Survey (CPS), October Supplement (1980–2005).

- In 2005, 88 percent of young adults ages 18–24 had completed high school with a diploma or an alternative credential such as a General Education Development (GED) certificate. The high school completion rate has increased slightly since 1980, when it was 84 percent.
- The rate at which Black, non-Hispanic youth completed high school increased between 1980 and 1990, from 75 percent to 83 percent. It has fluctuated since then, and was at 86 percent in 2005. Among White, non-Hispanics, the high school completion rate increased from 88 percent in 1980 to 92 percent in 2002. It then remained stable through 2005.
- Hispanic youth have had a consistently lower high school completion rate than White, non-Hispanic and Black, non-Hispanic youth. Nonetheless, the high school completion rate for Hispanic youth has increased from 57 percent in 1980 to 70 percent in 2005.
- Most young adults complete high school by earning a regular high school diploma. Others complete high school by earning an alternative credential, such as a GED. Between 1990 and 1999, the diploma rate declined from 81 percent to 77 percent. In comparison, the alternative credential rate increased from 5 to 9 percent.¹⁰⁸

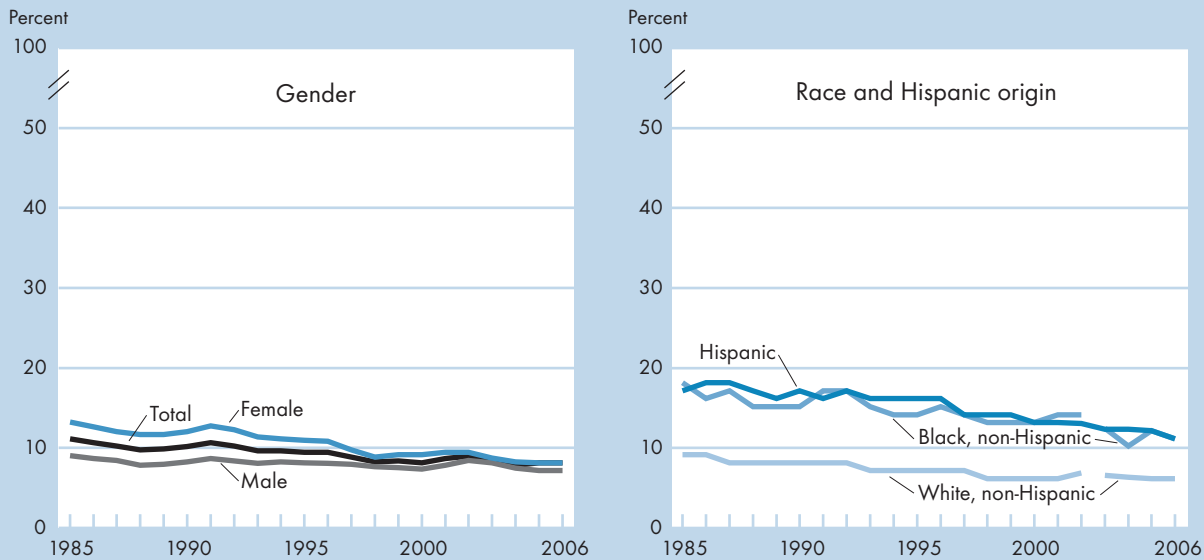
Bullets contain references to data that can be found in Table ED4 on page 159. Endnotes begin on page 67.

Youth Neither Enrolled in School Nor Working

Youth ages 16–19 who are neither in school nor working are detached from both of these core activities that usually occupy teenagers during their transition from adolescence to adulthood. Such detachment, particularly if it lasts for several years, puts youth at increased risk of having lower earnings and a less stable employment history than their peers who stayed in school, secured jobs, or both.¹⁰⁹ The percentage of youth who are not enrolled in school and not working is one measure of the proportion of young people who are at risk of limiting their future prospects.

Indicator ED5

Percentage of youth ages 16–19 who are neither enrolled in school nor working by gender, and race and Hispanic origin, 1985–2006



NOTE: For data before 2003, the 1977 OMB Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. The revised 1997 OMB standards were used for data for 2003 to 2006. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander. Included in the total, but not shown separately, are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and Two or more races. From 2003 onward, people who responded to the question on race indicated only one race unless otherwise specified. Data from 2003 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

SOURCE: U.S. Bureau of Labor Statistics, Current Population Survey.

- In an average week during the 2006 school year, about 8 percent of youth ages 16–19 were neither enrolled in school nor working.
- The proportion of youth neither enrolled in school nor working has been on a downward trend, and most of the decline has occurred among females. In 1991, 13 percent of young females were neither in school nor working; by 2006, this proportion had decreased to 8 percent.
- Black, non-Hispanic youth and Hispanic youth are more likely to be neither enrolled nor working than White, non-Hispanic youth. In 2006, 11 percent of Hispanic youth and 11 percent of Black, non-Hispanic youth were neither in school nor working, compared with 6 percent of White, non-Hispanic youth.
- Older youth, ages 18–19, are more than three times as likely to be detached from these activities as youth ages 16–17. In 2006, 13 percent of youth ages 18–19 were neither enrolled in school nor working, compared with 3 percent of youth ages 16–17.
- The percentage of youth who were both enrolled in school and employed was 25 percent in 2006, down from 31 percent in 1999.

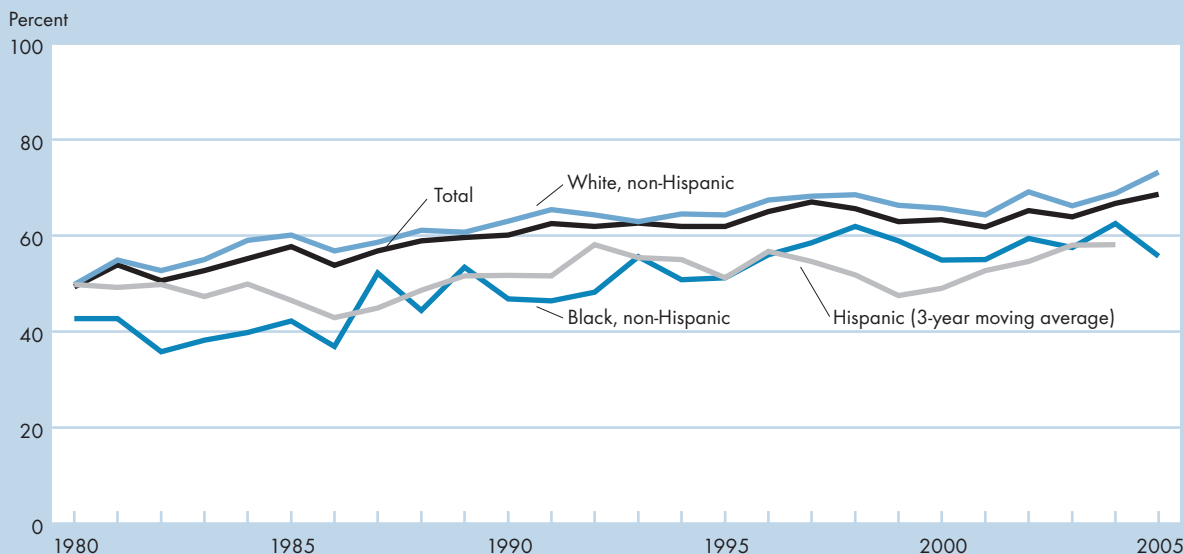
Bullets contain references to data that can be found in Tables ED5.A and ED5.B on pages 160–161. Endnotes begin on page 67.

College Enrollment

A college education generally enhances a person's employment prospects and increases his or her earning potential.¹¹⁰ The percentage of high school completers who enroll in college in the fall immediately after high school is one measure of the accessibility of and value placed on a college education by high school completers.¹¹¹

Indicator ED6

Percentage of high school completers who were enrolled in college the October immediately after completing high school, by race and Hispanic origin, 1980–2005



NOTE: A 3-year moving average is the average of the estimates for the year prior to the reported year, the reported year, and the following year. Thus a moving average cannot be calculated for the most recent year.

SOURCE: U.S. Census Bureau, Current Population Survey (CPS), October Supplement (1980–2005).

- In 2005, 69 percent of high school completers enrolled immediately in a 2-year or 4-year college.¹¹¹
- Between 1980 and 2005, the rate of immediate college enrollment has trended upward from 49 percent to 69 percent; however, the rate has fluctuated from year to year.
- In 1980, 50 percent of White, non-Hispanic high school completers immediately enrolled in college; this rate increased to 69 percent by 1998, but decreased to 64 percent by 2001 before increasing again to 73 percent by 2005.
- In 1980, the immediate enrollment rate for Black, non-Hispanics was 43 percent; this rate increased to 56 percent in 2005.
- For Hispanics, the immediate college enrollment rate has fluctuated greatly since 1980, very likely due to small sample sizes. For this reason, a 3-year moving average is used to measure the trend. Even so, due to large standard errors, there is no measurable difference between the moving average in 1980 (50 percent) and 2004 (58 percent).
- From 1980 to 2005, the immediate enrollment rate for male high school completers increased from 47 percent to 67 percent, while for female high school completers it increased from 52 percent to 70 percent.
- Between 1980 and 1990, there were no statistically significant differences between the immediate enrollment rates for males and females. Starting in 1996, however, the female rate has been significantly greater than the male rate every year except 1999, 2001, and 2005, when apparent differences were not statistically significant.

Bullets contain references to data that can be found in Table ED6 on page 162. Endnotes begin on page 67.

Indicator Needed

Education

Regular, periodic data collections are needed to collect information on young children's cognitive, social, and emotional development.

- *Early childhood development.* Although this report offers indicators of young children's exposure to reading and early childhood education, a regular source of data is needed to monitor specific social, intellectual, and emotional skills of preschoolers over time. One assessment of kindergartners' skills and knowledge was presented as a special feature in *America's Children, 2000*.

The image features a young child with dark hair, smiling and resting their chin on their hands. The background is a light blue color with a pattern of white stars, similar to the American flag. The entire image is overlaid with a semi-transparent blue filter. The text is positioned in the upper right quadrant of the image.

Health

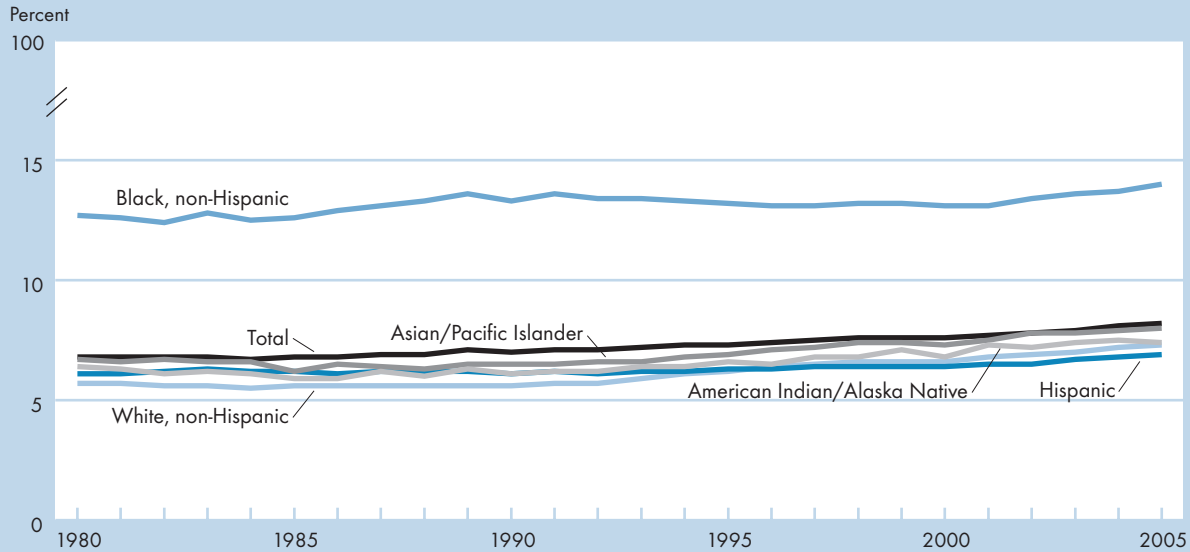
The World Health Organization defines health as a “state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity.” This section presents indicators of several important determinants of child health. Some of the indicators in this section relate to birth outcomes such as low birthweight and infant mortality. Other indicators describe key health conditions, including emotional or behavioral difficulties, overweight, and asthma. The indicator on activity limitation presents a global measure that gauges the effect of chronic health conditions on children’s functioning.

Low Birthweight

Low-birthweight infants (infants born weighing less than 2,500 grams, or 5 lb. 8 oz.) are at higher risk of death or long-term illness and disability than are infants of normal birthweight.^{29,112,113} Low birthweight results from an infant's being born preterm (before 37 weeks' gestation) or from being small for his or her gestational age.

Indicator HEALTH1

Percentage of infants born with low birthweight by mother's race and Hispanic origin, 1980–2005



NOTE: Data for 2005 are preliminary.

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

- The percentage of infants with low birthweight was 8.2 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). The percentage for 2005 was the highest since 1968.^{6,10}
- The percentage of Black, non-Hispanic infants with low birthweight is significantly higher than that of any other racial or ethnic group. From 1990 to 2003, the percentage of low birthweight among Black, non-Hispanic infants varied between 13.1 and 13.6 percent, but the percentage rose to 14.0 in 2005. Infants of other racial and ethnic groups also experienced increases between 1990 and 2005. Among White, non-Hispanic infants, the rate rose from 5.6 to 7.3; among Hispanic infants, it rose from 6.1 to 6.9; among Asians/Pacific Islanders, it rose from 6.5 to 8.0; and among American Indians/Alaska Natives, it rose from 6.1 to 7.4.
- The percentage of infants with low birthweight varies widely among Hispanic subgroups. Data for 2004 indicate that among Hispanic women, those of Mexican origin had the lowest percentage low-birthweight infants (6.4 percent) and Puerto Ricans had the highest percentage (9.8 percent).
- The percentage of infants born with very low birthweight (less than 1,500 grams, or 3 lb. 4 oz.) has increased gradually in recent years. In 2005, 1.49 percent of infants were very low birthweight, up from 1.48 percent in 2004, 1.42–1.46 percent from 1997 to 2003, 1.28–1.37 percent from 1989 to 1996, and 1.16–1.24 percent in each year from 1981 to 1988.
- One reason for the recent increase in low birthweight is that the number of twin, triplet, and higher-order multiple births has increased.^{6,10,112,113} Multiple births are much more likely than singletons to be of low birthweight: 57 percent of twins and 94 percent of triplets, compared with 6 percent of singletons, were of low birthweight in 2004. However, even among singletons, low birthweight has increased.⁶
- Changes in the obstetric management of pregnancy with increases in induction and cesarean delivery, and an increase in the use of assisted reproductive technologies (ART) may also have played a role in the increase in low birthweight.¹¹⁴

Bullets contain references to data that can be found in Table HEALTH1 on pages 163–164. Endnotes begin on page 67.

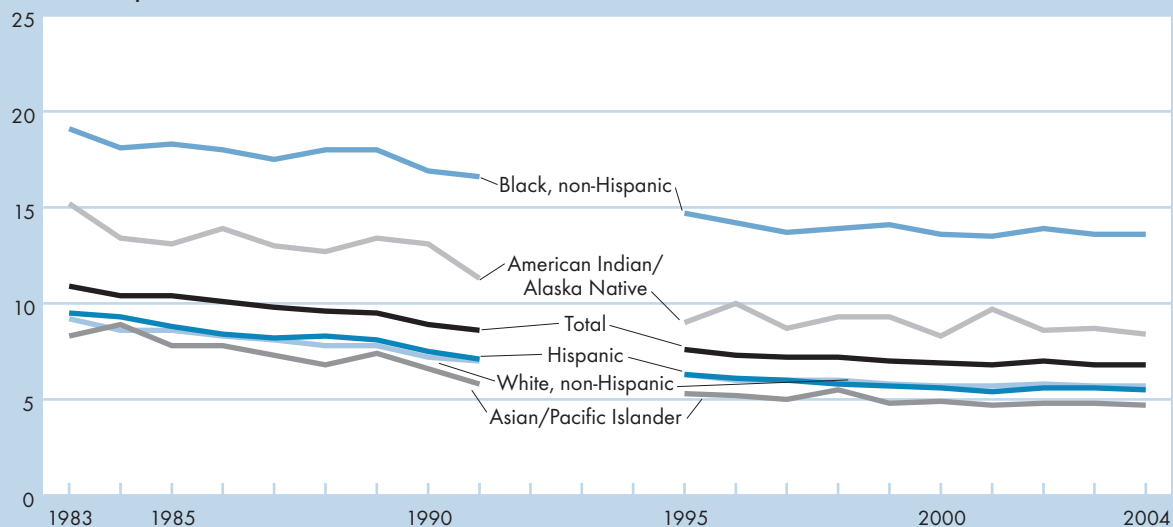
Infant Mortality

Infant mortality is defined as the death of an infant before his or her first birthday. Infant mortality is related to the underlying health of the mother, public health practices, socioeconomic conditions, and availability and use of appropriate health care for infants and pregnant women.¹¹⁵ In the United States, about two-thirds of infant deaths occur in the first month after birth and are due mostly to health problems of the infant or the pregnancy, such as preterm delivery or birth defects.

Indicator HEALTH2

Death rates among infants by race and Hispanic origin of mother, 1983–2004

Infant deaths per 1,000 live births



NOTE: Data are available for 1983–1991 and 1995–2004 only. Infant deaths are deaths before an infant's first birthday.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Linked Files of Live Births and Infant Deaths.

- The infant mortality rate was 6.8 deaths per 1,000 live births in 2004, unchanged from the rate in 2003.
- Substantial racial and ethnic disparities continue. Black, non-Hispanic and American Indian/Alaska Native infants have consistently had a higher infant mortality rate than that of other racial or ethnic groups. For example, in 2004, the Black, non-Hispanic infant mortality rate was 13.6 infant deaths per 1,000 live births and the American Indian/Alaska Native rate was 8.4, both higher than the rates among White, non-Hispanic (5.7), Hispanic (5.5), and Asian/Pacific Islander (4.7) infants.
- Infant mortality rates also vary within racial and ethnic populations. For example, among Hispanics in the United States, the infant mortality rate for 2004 ranged from 4.6 deaths per 1,000 live births for infants of Cuban origin to a high of 7.8 for Puerto Rican infants.

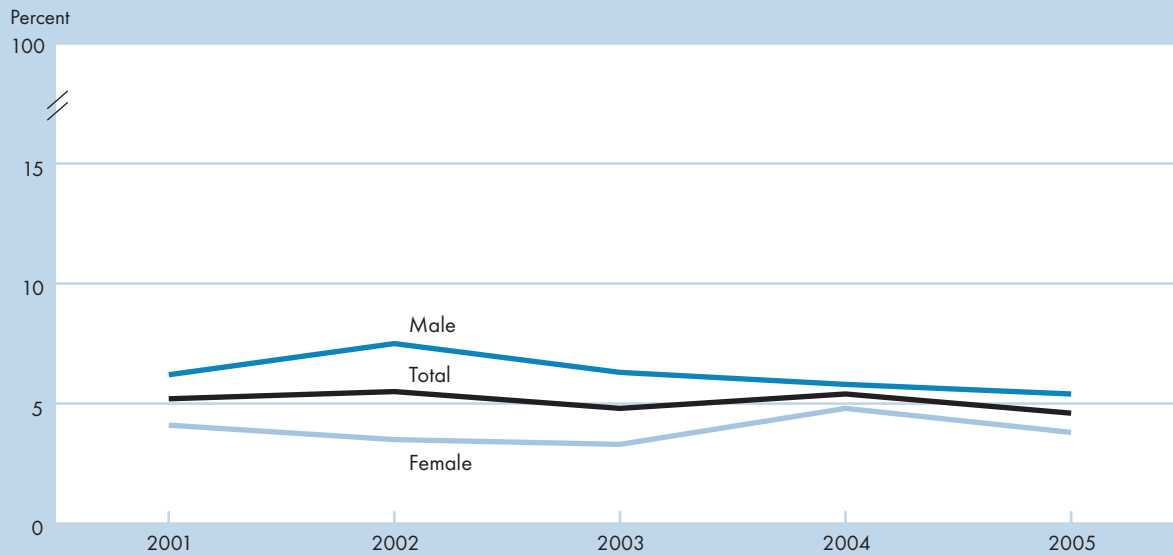
Bullets contain references to data that can be found in Table HEALTH2 on page 165. Endnotes begin on page 67.

Emotional and Behavioral Difficulties

Good emotional and behavioral health enhances a child’s sense of well-being, leads to satisfying social relationships at home and with peers, and leads to achievement of full academic potential.¹¹⁶ Children with emotional or behavioral difficulties may have problems managing their emotions, focusing on tasks, and/or controlling their behavior. These difficulties, which may persist throughout a child’s development and can lead to lifelong disability, are usually noticed first by parents.¹¹⁷ Parents’ reports are crucial to alerting doctors about their child’s emotional and behavioral difficulties and to obtaining mental health services.¹¹⁸

Indicator HEALTH3

Percentage of children ages 4–17 reported by a parent to have serious emotional or behavioral difficulties by gender, 2001–2005



NOTE: Children with serious emotional or behavioral difficulties are defined as those whose parent responded “yes, definite” or “yes, severe” to the following question on the Strengths and Difficulties Questionnaire (SDQ): “Overall, do you think that (child) has difficulties in any of the following areas: emotions, concentration, behavior, or being able to get along with other people?” Response choices were: (1) no; (2) yes, minor difficulties; (3) yes, definite difficulties; (4) yes, severe difficulties. These difficulties may be similar to but do not equate with the Federal definition of serious emotional disturbances (SED), used by the Federal government for planning purposes.

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

- In 2005, slightly less than 5 percent of children ages 4–17 were reported by a parent to have serious difficulties with emotions, concentration, behavior, or being able to get along with other people.
- From 2001–2005, the percentage of children with serious emotional or behavioral difficulties remained stable at about 5 percent.
- From 2001–2005, the percentage of children with serious emotional or behavioral difficulties differed by gender and age. More males than females were reported by a parent to have difficulties. Children ages 15–17 generally had the highest rates of serious emotional or behavioral difficulties.
- In 2005, 7 percent of children living below the poverty level had serious emotional or behavioral difficulties, compared with 5 percent of children in near-poor families (those with family incomes of 100–199 percent of the poverty level) and 4 percent of children in non-poor families (those with family incomes of 200 percent or more of the poverty level).¹¹⁹

- Among the parents of children with serious (definite or severe) difficulties, 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 or help other than medication.¹²⁰

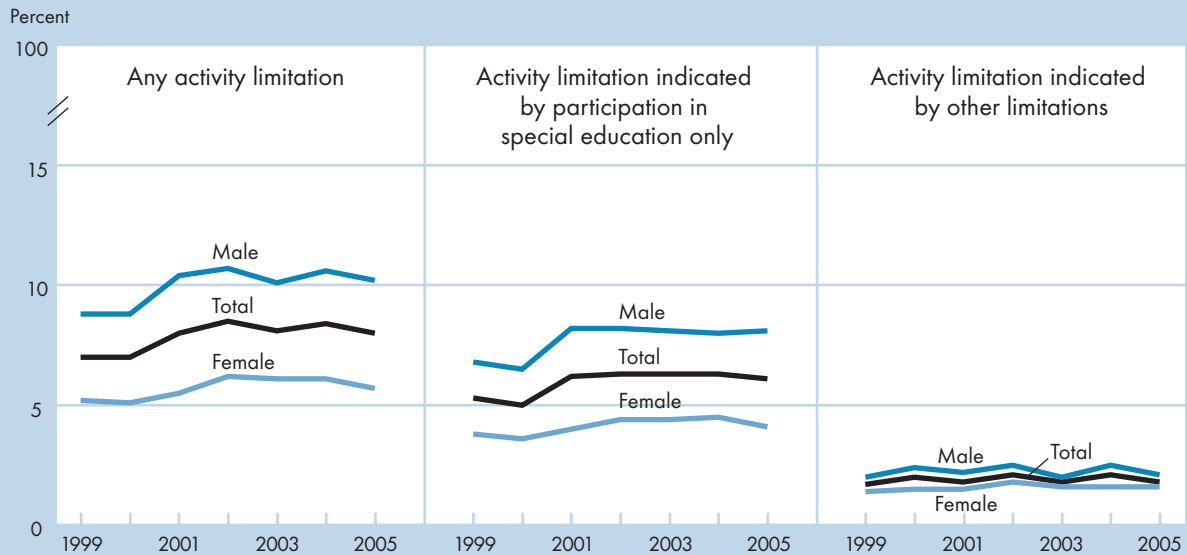
Bullets contain references to data that can be found in Tables HEALTH3.A and HEALTH3.B on pages 166–167. Endnotes begin on page 67.

Activity Limitation

Activity limitation refers to a person's inability, due to a chronic physical, mental, emotional, or behavioral condition, to participate fully in age-appropriate activities. Age-appropriate activities for children ages 5–17 consist of a child's ability to perform regular school work and other activities, including self-care and walking. Activity limitation is a broad measure of health and functioning affected by a variety of chronic health conditions. The causes of activity limitation most often reported by parents of children ages 5–17 include learning disabilities, speech problems, and other mental, emotional, and behavioral problems.¹²¹

Indicator HEALTH4

Percentage of children ages 5–17 with activity limitation resulting from one or more chronic health conditions by gender, 1999–2005



NOTE: Children are identified as having activity limitation by asking parents (1) whether children receive special education services and (2) whether they are limited in their ability to walk, care for themselves, or participate in other activities. "Activity limitation indicated by participation in special education" only includes children identified solely by their use of special education services. "Activity limitation indicated by all other limitations" includes limitations in self-care, walking, or other activities; children in this category may also receive special education services. Chronic health conditions are conditions that once acquired are not cured or have a duration of three months or more.

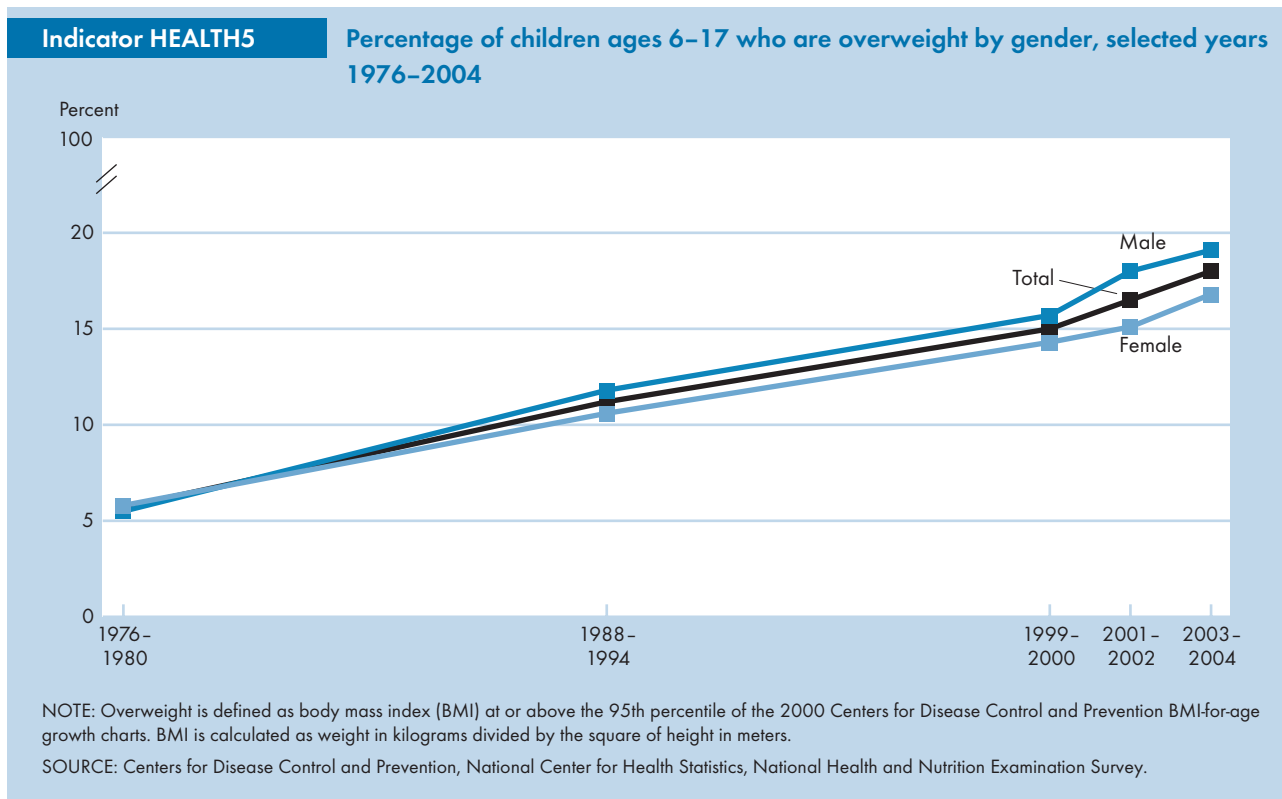
SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

- In 2005, approximately 8 percent of children ages 5–17 were reported by parents to have activity limitation due to chronic conditions. Six percent were identified as having activity limitation solely by their participation in special education, and 2 percent had limitations in their ability to walk, care for themselves, or participate in other activities.
- Activity limitations, particularly those identified only by participation in special education, were reported more often for male children than for female children.
- In 2005, 11 percent of children in poor and 9 percent of children in near-poor families (those with family incomes of less than 100 percent and 100–199 percent of the poverty level, respectively) had activity limitation, compared with 7 percent of children in non-poor families (those with family incomes of 200 percent or more of the poverty level).
- Among children of different races and ethnic origins, Hispanic children were less likely than White, non-Hispanic and Black, non-Hispanic children to have a parental report of activity limitation.³

Bullets contain references to data that can be found in Table HEALTH4 on page 168. Endnotes begin on page 67.

Overweight

Overweight adolescents often become overweight adults, with an increased risk for a wide variety of poor health outcomes, including diabetes, stroke, heart disease, arthritis, and certain cancers.^{122,123} The immediate consequences of overweight in childhood are often psychosocial but also include cardiovascular risk factors such as high blood pressure, high cholesterol, and the precursors to diabetes.¹²⁴ The prevalence of overweight among U.S. children changed relatively little from the early 1960s through 1980; however, since 1980 it has sharply increased.¹²⁵ Between 1999 and 2004, being overweight increased in both boys and girls.¹²⁶ Recent national estimates indicate that just 36 percent of adolescents meet current physical activity recommendations and only about 20 percent eat the recommended five or more servings of fruits and vegetables per day.¹²⁷ In addition to individual factors such as these, social, economic, and environmental forces (e.g., advances in technology and trends in eating out) may contribute to the increasing prevalence of being overweight.



- Since the 1980s, there has been a steady increase in the proportion of children who are overweight. During the period 1976–1980, only 6 percent of children ages 6–17 were overweight. During 1988–1994, this proportion had risen to 11 percent, and it continued to climb to 18 percent during 2003–2004.
- During 2003–2004, Black, non-Hispanic females ages 6–17 were at particularly high risk of being overweight (25 percent), compared with White, non-Hispanic and Mexican American females (16 percent and 17 percent, respectively).¹²⁸

- Among adolescent males ages 12–17, virtually no differences existed between racial and ethnic groups during 2003–2004 (19 percent of White, non-Hispanic, 19 percent of Black, non-Hispanic, and 19 percent of Mexican American males ages 12–17 were overweight).¹²⁸

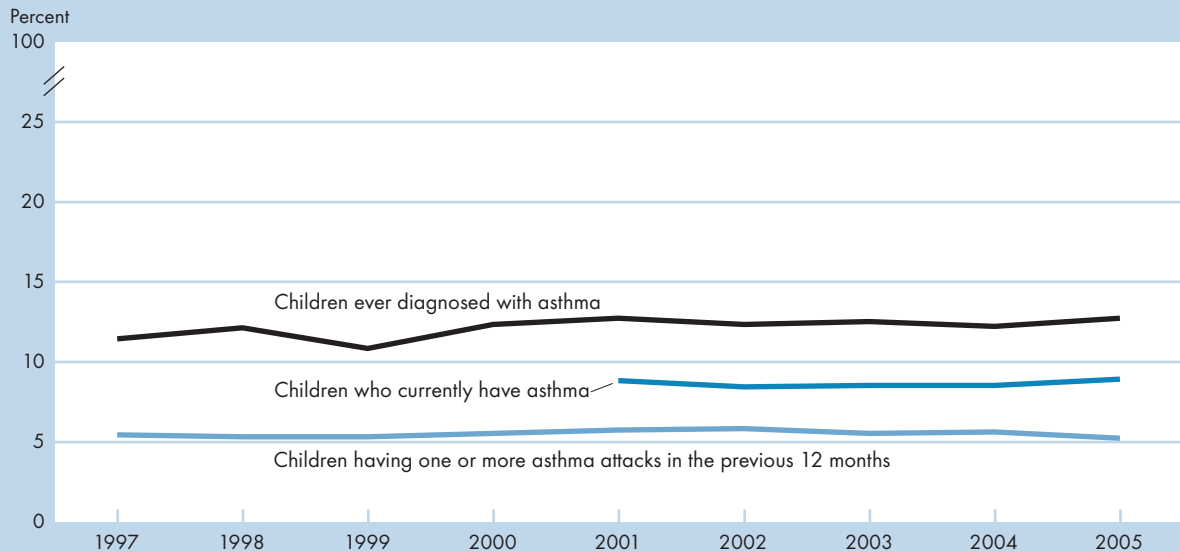
Bullets contain references to data that can be found in Table HEALTH5 on pages 169–170. Endnotes begin on page 67.

Asthma

Asthma is a disease of the lungs that can cause wheezing, difficulty in breathing, and chest pain. It is one of the most common chronic diseases among children and is costly in both health and monetary terms. Asthma varies greatly in severity. Some children who have been diagnosed with asthma may not experience any serious respiratory effects. Other children may have mild symptoms or may respond well to management of their asthma, typically through the use of medication. Some children with asthma may suffer serious attacks that greatly limit their activities, result in visits to emergency rooms or hospitals, or, in rare cases, cause death. Environmental factors such as air pollution and secondhand tobacco smoke, along with infections, exercise, and allergens, can trigger asthma attacks in children who have the disease.^{129,130,131}

Indicator HEALTH6

Percentage of children ages 0–17 with asthma, 1997–2005



NOTE: Children are identified as having asthma by asking parents, “Has a doctor or other health professional EVER told you that your child has asthma?” If the parent answers YES to this question, they are then asked (1) “Does your child still have asthma?” and (2) “During the past twelve months, has your child had an episode of asthma or an asthma attack?” The question “Does your child still have asthma?” was introduced in 2001.

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

- In 2005, about 13 percent of children had been diagnosed with asthma at some time in their lives.
- About 9 percent of children were reported to currently have asthma in 2005. These include children with active asthma symptoms and those whose asthma is well controlled.
- Approximately 5 percent of all children had one or more asthma attacks in the previous 12 months. These children have ongoing asthma symptoms that could put them at risk for poorer health outcomes, including hospitalizations and death. About 3 children out of 5 who currently have asthma have ongoing asthma symptoms.
- In 2005, about 13 percent of Black, non-Hispanic children were reported to currently have asthma, compared with 8 percent of White, non-Hispanic and 9 percent of Hispanic children. Disparities exist within the Hispanic population such that 20 percent of Puerto Rican children were reported to currently have asthma, compared with 7 percent of children of Mexican origin.

- From 1997 to 2005, the trends for these three asthma indicators remained fairly stable. Between 1980 and 1995, childhood asthma, as measured by the question, “During the past twelve months, did anyone in the family have asthma?” more than doubled (from about 4 percent in 1980 to approximately 8 percent in 1995). Methods for measurement of childhood asthma changed in 1997, so earlier data cannot be compared to data from 1997–2005.

Bullets contain references to data that can be found in Tables HEALTH6.A and HEALTH6.B on pages 171. Endnotes begin on page 67.

Indicator Needed

Health

National indicators on several key dimensions of health are not yet available because of the difficulties in reaching consensus on relevant definitions and measurements. The following health-related area has been identified as a priority for indicator development by the Federal Interagency Forum on Child and Family Statistics:

- *Disability.* The Forum is very interested in developing an improved measure of functioning that can be derived from regularly collected data. Such a measure is often referred to as a disability measure. The difficulties inherent in developing such a measure relate to the fact that disability is a complicated, multidimensional concept. Many definitions of disability are currently in use by policymakers and researchers, but there is little agreement regarding which aspects of functioning should be included or how they should be measured.



Notes to Indicators

Notes to Indicators

¹ The majority of children who live with neither of their parents are living with grandparents or other relatives. Others who live with neither parent live with foster parents or other nonrelatives.

² 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.

³ Federal surveys now give respondents the option of reporting more than one race. Therefore, two basic ways of defining a race group are possible. A group such as Black may be defined as those who reported Black and no other race (the race-alone or single-race concept) or as those who reported Black regardless of whether they also reported another race (the race-alone-or-in-combination concept). This report shows data using the first approach (race alone). Use of the single-race population does not imply that it is the preferred method of presenting or analyzing data. The Census Bureau uses a variety of approaches. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

⁴ National Center for Health Statistics. (1995). *Report to Congress on out-of-wedlock childbearing*. Hyattsville, MD: Author.

⁵ McLanahan, S. (1995). The consequences of nonmarital childbearing for women, children, and society. In National Center for Health Statistics, *Report to Congress on out-of-wedlock childbearing*. Hyattsville, MD: National Center for Health Statistics.

⁶ Martin, J.A., Hamilton, B.E., Sutton, P.D., Ventura, S.J., Menacker, F.J. and Kirmeyer, S. (2006). Births: Final data for 2004. *National Vital Statistics Reports*, 55(1). Hyattsville, MD: National Center for Health Statistics.

⁷ Ventura, S.J. (1995). Births to unmarried mothers: United States, 1980–92. *Vital and Health Statistics*, 53(21). Hyattsville, MD: National Center for Health Statistics.

⁸ Ventura, S.J., and Bachrach, L.A. (2000). Nonmarital Childbearing in the United States, 1940–99. *National Vital Statistics Reports*, 48(16). Hyattsville, MD: National Center for Health Statistics.

⁹ Mathews, T.J., and MacDorman, M.F. (2007). Infant mortality statistics from the 2004 period linked birth/infant death data set. *National Vital Statistics Reports*, 55(14). Hyattsville, MD: National Center for Health Statistics.

¹⁰ Hamilton, B.E., Martin, J.A., and Ventura, S.J. (2006). Births: Preliminary data for 2005. *National Vital Statistics Reports*, 55(11). Hyattsville, MD: National Center for Health Statistics.

¹¹ Hamilton, B.E., Sutton, P.D., and Ventura, S.J. (2003). Revised birth and fertility rates for the 1990s: United States, and new rates for Hispanic populations, 2000 and 2001. *National Vital Statistics Reports*, 51(12). Hyattsville, MD: National Center for Health Statistics.

¹² Bumpass, L.L., and Lu, H.H. (2000). Trends in cohabitation and implications for children’s family contexts in the United States. *Population Studies*, 54, 29–41.

¹³ Bachu, A. (1999). Trends in premarital childbearing: 1930 to 1994. *Current Population Reports* (P23–197). Washington, DC: U.S. Census Bureau.

¹⁴ Chandra, A., Martinez, G.M., Mosher, W.D., Abma, J.C., and Jones, J. (2005). Fertility, family planning, and reproductive health of U.S. women: Data from the 2002 National Survey of Family Growth. *Vital and Health Statistics*, 23(25). Hyattsville, MD: National Center for Health Statistics.

¹⁵ McLanahan, S. (1995). The consequences of nonmarital childbearing for women, children, and society. In National Center for Health Statistics, *Report to Congress on out-of-wedlock childbearing*. Hyattsville, MD: National Center for Health Statistics.

¹⁶ The birth rate for unmarried women is the number of births per 1,000 unmarried women in a given age group, for example, 20–24 years. The percentage of all births that are to unmarried women is the number of births occurring to unmarried women, divided by the total number of births. The percentage of all births that are to unmarried women is affected by the birth rate for married women, the birth rate for unmarried women (who account for more than one-third of all births), and the proportion of women of childbearing age who are unmarried. The percentage of births to unmarried women increased in recent years, because increases in the birth rate for unmarried women outpaced increases in births for married women.

¹⁷ National Center for Health Statistics. National Vital Statistics System. (2007). Unpublished tabulations.

¹⁸ U.S. Census Bureau. (various years). Marital status and living arrangements (annual reports) and, beginning in 1999, America's families and living arrangements. *Current Population Reports*, Series P–20. Beginning in 1995, reports are available on the U.S. Census Bureau website at <http://www.census.gov/population/www/socdemo/ms-la.html> and since 1999, at: <http://www.census.gov/population/www/socdemo/hh-fam.html>.

¹⁹ To provide a comprehensive picture of the child care arrangements parents use to care for their preschoolers, this indicator draws on the strengths of two different Federal data sets—the National Household Education Surveys Program (NHES) and the Survey of Income and Program Participation (SIPP). Using NHES (FAM3.A) data, the percentage of children in each type of arrangement is shown, to provide total usage rates. Because some children are cared for by more than one type of provider, the numerator is the number of children in the particular arrangement and the denominator is all children. Using SIPP (FAM3.B) data, the historical trend of the primary child care provider is shown because there is an interest in the care arrangement that is used by employed mothers for the greatest number of hours each week. In this case, the numerator is the number of children of employed mothers who spend the greatest number of hours in the particular arrangement each week and the denominator is all children of employed mothers.

²⁰ Center-based care includes day care centers, nursery schools, preschools and Head Start programs. Home-based care or other nonrelative care includes family day care providers, babysitters, nannies, friends, neighbors, and other nonrelatives providing care in either the child's or provider's home. Other relatives include siblings and other relatives. Mother care includes care by the mother while she worked. To see trends in individual child care arrangement types refer to Overturf Johnson, J. (2005). Who's minding the kids? Child care arrangements: Winter 2002. *Current Population Reports*, P70–101. U.S. Census Bureau, Washington, DC.

²¹ Schmidley, A.D. (2001). Profile of the Foreign-Born Population in the United States: 2000. *Current Population Reports* (P23–206), U.S. Census Bureau. Washington, DC: U.S. Government Printing Office. Retrieved from <http://www.census.gov/prod/2002pubs/p23-206.pdf>.

²² Schmidley, A.D. (2003). The Foreign-Born Population in the United States: March 2002, *Current Population Reports* (P20–539). Washington, DC: U.S. Census Bureau. Retrieved from <http://www.census.gov/prod/2003pubs/p20-539.pdf>.

²³ Gibson, C.J. and Lennon, E. (1999). Historical Census Statistics on the Foreign-Born Population of the United States: 1850–1990, Population Division Working Paper No. 29. Washington, DC: U.S. Census Bureau. Available at <http://www.census.gov/population/www/documentation/twps0029/twps0029.html>.

²⁴ Adult respondents were asked if the children in the household spoke a language other than English at home and how well they could speak English. Categories used for reporting how well children could speak English were “Very well,” “Well,” “Not well,” and “Not at all.” All those who were reported to speak English less than “Very well” were considered to have difficulty speaking English based on an evaluation of the English-speaking ability of sample children in the 1980s.

²⁵ The proportion of children ages 5–17 who spoke English less than “Very well” living in the Northeast (4.5 percent) was not statistically different from the proportion of children living in the South (4.6 percent).

²⁶ The percentage of White, non-Hispanic children ages 5–17 who spoke a language other than English at home (5.6 percent) was not statistically different from the percentage of Black, non-Hispanic children (5.3 percent).

²⁷ The percentage of White, non-Hispanic children ages 5–17 who spoke English less than “Very well” (1.3 percent) was not statistically different from the percentage of Black, non-Hispanic children (1.3 percent).

²⁸ Klerman, L.V. (1993). Adolescent pregnancy and parenting: Controversies of the past and lessons for the future. *Journal of Adolescent Health, 14*, 553–561.

²⁹ Kiely, J.L., Brett, K.M., Yu, S., and Rowley, D.L. (1994). Low birthweight and intrauterine growth retardation. In Wilcox, L.S., and Marks, J.S., (Eds.), *From data to action: CDC's public health surveillance for women, infants, and children* (pp. 185–202). Atlanta, GA: Centers for Disease Control and Prevention.

³⁰ Maynard, R.A. (Ed.). (1997). *Kids having kids: Economic costs and social consequences of teen pregnancy*. Washington, DC: The Urban Institute Press.

³¹ Ventura, S.J., Mosher, W.D., Curtin, S.C., Abma, J.C., and Henshaw, S. (2000). Trends in pregnancies and pregnancy rates by outcome: Estimates for the United States, 1976–96. *Vital and Health Statistics, 21*(56). Hyattsville, MD: National Center for Health Statistics.

³² Ventura, S.J., Abma, J.C., Mosher, W.D., and Henshaw, S. (2006). Recent trends in teenage pregnancy in the United States, 1990–2002. *Health e-stats*. Hyattsville, MD: National Center for Health Statistics. Retrieved from <http://www.cdc.gov/nchs/products/pubs/pubd/hestats/teenpreg1990-2002/teenpreg1990-2002.htm>.

³³ Office on Child Abuse and Neglect, Department of Health and Human Services. (2003). *A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice*. Retrieved August 28, 2006, from the Child Welfare Information Gateway, <http://www.childwelfare.gov/pubs/usermanuals/foundation/foundationf.cfm>.

³⁴ U.S. Department of Health and Human Services, Administration on Children, Youth, and Families. (2007). *Child Maltreatment 2005*. Washington, DC: U.S. Government Printing Office.

³⁵ Sedlak, A.J., and Broadhurst, D.D. (1996). *Third National Incidence Study of Child Abuse and Neglect*. Retrieved October 5, 2006, from the Child Welfare Information Gateway, <http://www.childwelfare.gov/pubs/statsinfo/nis3.cfm>.

³⁶ Duncan, G. and Brooks-Gunn, J. (Eds.). (1997). *Consequences of growing up poor*. New York, NY: Russell Sage Press.

³⁷ An, C., Haveman, R., and Wolfe, B. (1993). Teen out-of-wedlock births and welfare receipt: The role of childhood events and economic circumstances. *Review of Economics and Statistics, 75*(2), 195–208.

³⁸ The measurement of poverty used in this report is the official poverty measure used by the U.S. Census Bureau. A child is living below poverty if the child lives in a family with before-tax cash income below a defined level of need, called the poverty line. The official poverty line in use today was devised in the early 1960s based on the minimum cost of what was considered to be a nutritionally adequate diet. As originally defined, the poverty index signified the inability of families to afford the basic necessities of living, based on the budget and spending patterns of those Americans with an average standard of living. Since then, the poverty line has been updated annually for inflation using the Consumer Price Index for all urban consumers. The poverty line depends on the size of the family and the number of children in the family.

A 1995 report by the National Research Council recommended changing the definition of both the poverty thresholds and the resources that are used to measure poverty. Its recommendations included the following:

Defining income: On the one hand, the definition of family income should be expanded to include other important resources of purchasing power, such as the earned income tax credit, food stamps, and housing subsidies. On the other hand, some necessary expenditures that reduce a family's resources available for basic consumption needs should be subtracted from income, such as taxes, necessary child care and other work-related expenditures, child support payments, and out-of-pocket medical expenditures.

Setting a threshold: Poverty thresholds should be adjusted to provide a more accurate measure of family income requirements. First, the consumption bundle used to derive thresholds should be based on food, clothing, shelter, and utilities, not food consumption alone. Second, thresholds should reflect regional variations in

housing costs. Third, thresholds should be adjusted for family size in a more consistent way than is currently done. Finally, thresholds should be updated to reflect changes in expenditure patterns over time.

Recent U.S. Census Bureau reports used key elements of the National Research Council proposal to estimate alternative poverty rates from 1990 to 1997. These estimates produced increases in child poverty from 1990 to 1993 similar to, and decreases in poverty from 1993 to 1997 somewhat larger than those under the official measure. These changes reflect the fact that the new measure more completely accounts for in-kind transfers, such as food stamps and housing benefits, and for work-related expenditures. As a result, the new measure tends to decrease the relative poverty rate of children who are more likely to live in families that receive in-kind transfers, and to increase the relative poverty rate of children living with employed low-income persons with higher work-related expenses.

³⁹ The 1993 child poverty rate is not significantly different from 1991 and 1992.

⁴⁰ Mayer, S.E. (1997). Income, employment and the support of children. In Hauser, R.M., Brown, B.V., and Prosser, W. (Eds.), *Indicators of children's well-being*. New York, NY: Russell Sage Press.

⁴¹ Smith, J.R., Brooks-Gunn, J., and Jackson, A.P. (1997). Parental employment and children. In Hauser, R.M., Brown, B.V., and Prosser, W. (Eds.), *Indicators of children's well-being*. New York, NY: Russell Sage Press.

⁴² Anderson, S.A. (ed.). 1990. Core indicators of nutritional state for difficult-to-sample populations. *Journal of Nutrition* 120(11S), 1557–1600.

⁴³ Nord, M. (2002). *Food Insecurity in Households with Children* (Food Assistance and Nutrition Research Report FANRR34–13). Washington, DC: United States Department of Agriculture, Economic Research Service. Retrieved from <http://www.ers.usda.gov/publications/fanrr34/fanrr34-13>.

⁴⁴ In earlier reports, households with “very low food security among children” were described as “food insecure with with hunger among children.” In 2006, USDA introduced new language to describe ranges of severity of food insecurity in response to recommendations by an expert panel convened by the Committee on National Statistics of the National Academies. The methods used to assess children’s food security remained unchanged, so the statistics for 2005 are directly comparable with those for 2004 and earlier years. For further information see:

■ National Research Council (2006). *Food Insecurity and Hunger in the United States: An Assessment of the Measure*. Committee on National Statistics, Panel to Review the U.S. Department of Agriculture’s Measurement of Food Insecurity and Hunger, Gooloo S. Wunderlich and Janet L. Norwood (eds.). Washington, DC: The National Academies Press.

■ Nord, Mark, Margaret Andrews, and Steven Carlson (2006). *Household Food Security in the United States 2005* (Economic Research Report 29). Washington, DC: United States Department of Agriculture, Economic Research Service. Retrieved from <http://www.ers.usda.gov/publications/err29>.

⁴⁵ The 2004 data have been revised to reflect a correction in the weights in the 2005 Annual Social and Economic Supplement. The 2004 and 2005 estimates reflect a modification to the process that assigns coverage to non-policy holders. Based on these changes, estimates for these years are not comparable to estimates from 2003 and earlier. For more information see: <http://www.census.gov/hhes/www/hlthins/usernote/schedule.html>.

⁴⁶ The proportion of children covered by private health insurance in 1994 is not significantly different than the proportion in 2003.

⁴⁷ The percentages of children covered by public and private insurance do not add up to the percentage of all children covered by health insurance because some children have both public and private insurance.

⁴⁸ Green, M. (Ed.). (1994). *Bright futures: Guidelines for health supervision of infants, children, and adolescents*. Arlington, VA: National Center for Education in Maternal and Child Health.

⁴⁹ Simpson, G., Bloom, B., Cohen, R.A., and Parsons, P.E. (1997). Access to health care. Part 1: Children. *Vital and Health Statistics, 10*(Series 196). Hyattsville, MD: National Center for Health Statistics.

-
- ⁵⁰ Bartman, B.A., Moy, E., and D'Angelo, L.J. (1997). Access to ambulatory care for adolescents: The role of a usual source of care. *Journal of Health Care for the Poor and Underserved*, 8, 214–226.
- ⁵¹ Folton, G.L. (1995). Critical issues in urban emergency medical services for children. *Pediatrics*, 96(2), 174–179.
- ⁵² U.S. Department of Health and Human Services. (2000). *Oral Health in America: A Report of the Surgeon General*. Rockville, MD: Health and Human Services, National Institutes of Health, National Institute of Dental and Craniofacial Research.
- ⁵³ American Academy of Pediatric Dentistry. (1999) *Handbook of Pediatric Dentistry*. Chicago, IL: The Academy.
- ⁵⁴ Institute of Medicine. (2001). *Crossing the Quality Chasm*. Washington DC: National Academies Press.
- ⁵⁵ This measure does not differentiate between counties in which the Primary National Ambient Air Quality Standards are exceeded frequently or by a large margin and counties in which the standards are exceeded only rarely or by a small margin. It must also be noted that this analysis differs from the analysis utilized by the U.S. Environmental Protection Agency for the designation of “nonattainment areas” for regulatory compliance purposes.
- ⁵⁶ U.S. Environmental Protection Agency. (1994). *Supplement to the Second Addendum (1986) to Air Quality Criteria for Particulate Matter and Sulfur Oxides (1982): Assessment of new findings on sulfur dioxide acute exposure health effects in asthmatic individuals* (EPA/600/FP-93/002). Research Triangle Park, NC: Author.
- ⁵⁷ U.S. Environmental Protection Agency. (1995). *Review of the National Ambient Air Quality Standards for Nitrogen Oxides: Assessment of scientific and technical information* (EPA-452/R-95-005). Research Triangle Park, NC: Author.
- ⁵⁸ U.S. Environmental Protection Agency. (1996). *Air quality criteria for ozone and related photochemical oxidants* (EPA/600/P-93/004aF). Research Triangle Park, NC: Author.
- ⁵⁹ U.S. Environmental Protection Agency. (2004). *Air quality criteria for particulate matter* (EPA/600/P-99/002aF, EPA/600/P-99/002bF). Research Triangle Park, NC: Author.
- ⁶⁰ U.S. Environmental Protection Agency. (1986). *Air quality criteria for lead: Volume III* (EPA-600/8-83/028cF). Research Triangle Park, NC: Author.
- ⁶¹ U.S. Environmental Protection Agency. (2000). *Air quality criteria for carbon monoxide* (EPA 600/P-99/001F). Research Triangle Park, NC: Author.
- ⁶² Burnett R.T., Cakmak, S., Brook, J.R., and Krewski, D. (1997). The role of particulate size and chemistry in the association between summertime ambient air pollution and hospitalization for cardiorespiratory diseases. *Environmental Health Perspectives*, 105(6), 614–620.
- ⁶³ Burnett, R.T., Smith-Doiron, M., Stieb, D., Cakmak, S., and Brook, J.R. (1999). Effects of particulate and gaseous air pollution on cardiorespiratory hospitalizations. *Archives of Environmental Health*, 54(2), 130–139.
- ⁶⁴ Gwynn, R.C., Burnett, R.T., and Thurston, G.D. (2000). A time-series analysis of acidic particulate matter and daily mortality and morbidity in the Buffalo, New York, region. *Environmental Health Perspectives*, 108(2), 125–133.
- ⁶⁵ Thurston, G., Kazuhiko, I., Hayes, C., Bates, D., and Lippmann, M. (1994). Respiratory hospital admissions and summertime haze air pollution in Toronto, Ontario: Consideration of the role of acidic aerosols. *Journal of Exposure Analysis and Environmental Epidemiology*, 2, 429–450.
- ⁶⁶ U.S. Department of Health and Human Services. (2006). *The health consequences of involuntary exposure to tobacco smoke: A report of the Surgeon General*. Atlanta, GA: Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.

-
- ⁶⁷ Regular smoking is defined as smoking by a resident that occurs 4 or more days per week.
- ⁶⁸ U.S. Environmental Protection Agency. (2006). *Drinking Water Contaminants*. EPA Office of Water. Retrieved from <http://www.epa.gov/safewater/hfacts.html>.
- ⁶⁹ U.S. Environmental Protection Agency. (2006). *Current Drinking Water Standards*. EPA Office of Water. Retrieved from <http://www.epa.gov/safewater/mcl.html>.
- ⁷⁰ Hutson, S.S., Barber, N.L., Kenny, J.F., Linsey, K.S., Lumia, D.S., and Maupin, M.A. (2004). Estimated use of water in the United States in 2000. U.S. Geological Survey Circular 1268. Reston, VA: U.S. Geological Survey. Available at <http://pubs.usgs.gov/circ/2004/circ1268/pdf/circular1268.pdf>.
- ⁷¹ U.S. Environmental Protection Agency. (2005). Economic analysis for the final stage 2 disinfectants and disinfection byproducts rule (EPA/815/R-05/010). Washington, DC: Office of Water.
- ⁷² Bellinger, D., Leviton, A., Waternaux, C., Needleman, H., and Rabinowitz, M. (1987). Longitudinal analyses of prenatal and postnatal lead exposure and early cognitive development. *New England Journal of Medicine*, 316(17), 1037–43.
- ⁷³ Needleman, H.L., Schell, A., Bellinger, D., Leviton, A., and Allred, E.N. (1990). The long-term effects of exposure to low doses of lead in childhood. An 11-year follow-up report. *New England Journal of Medicine*, 322(2), 83–88.
- ⁷⁴ Mendelsohn, A.L., Dreyer, B.P., Fierman, A.H., Rosen, C.M., Legano, L.A., Kruger, H.A., Lim, S.W., and Courtlandt, C.D. (1998). Low-level lead exposure and behavior in early childhood. *Pediatrics*, 101(3), E10.
- ⁷⁵ Needleman, H.L., Riess, J.A., Tobin, M.J., Biesecker, G.E., and Greenhouse, J.B. (1996). Bone lead levels and delinquent behavior. *Journal of the American Medical Association*, 275(5), 363–369.
- ⁷⁶ Centers for Disease Control and Prevention. (2002). *Managing Elevated Blood Lead Levels Among Young Children: Recommendations from the Advisory Committee on Childhood Lead Poisoning Prevention*. Retrieved from http://www.cdc.gov/nceh/lead/CaseManagement/caseManage_main.htm.
- ⁷⁷ Canfield, R.L., Henderson, C.R., Jr., Cory-Slechta, D.A., Cox, C., Jusko, T.A., and Lanphear, B.P. (2003). Intellectual impairment in children with blood lead concentrations below 10 microg per deciliter. *New England Journal of Medicine*, 348(16), 1517–1526.
- ⁷⁸ Lanphear, B.P., Hornung, R., Khoury, J., Yolton, K., Baghurst, P., Bellinger, D.C., Canfield, R.L., Dietrich, K.N., Bornschein, R., Greene, T., Rothenberg, S.J., Needleman, H.L., Schnaas, L., Wasserman, G., Graziano, J., and Roberts, R. (2005). Low-level environmental lead exposure and children’s intellectual function: an international pooled analysis. *Environmental Health Perspectives*, 113(7), 894–899.
- ⁷⁹ Jacobs, D.E., Clickner, R.P., Zhou, J.Y., Viet, S.M., Marker, D.A., Rogers, J.W., Zeldin, D.C., Broene, P., and Friedman, W. (2002). The prevalence of lead-based paint hazards in U.S. housing. *Environmental Health Perspectives*, 110(10), A599–606.
- ⁸⁰ Kaufman, T. (1996). *Housing America’s future: Children at risk*. Washington, DC: National Low Income Housing Coalition.
- ⁸¹ Physically inadequate units are defined as those with moderate or severe physical problems. Common types of problems include lack of complete plumbing for exclusive use, unvented room heaters as the primary heating equipment, and multiple upkeep problems such as water leakage, open cracks or holes, broken plaster, or signs of rats. See definition in Appendix A of the American Housing Survey summary volume, American Housing Survey for the United States: 2005, Current Housing Reports, Series H150/05, U.S. Census Bureau, 2006.

⁸² Paying 30 percent or more of income for housing may leave insufficient resources for other basic needs. See National Academy of Sciences. (1995). *Measuring poverty: A new approach*. Washington, DC: National Academy Press.

⁸³ Income-eligible families who report either severe housing cost burdens or severe physical problems with their housing and do not receive rental assistance are considered by the U.S. Department of Housing and Urban Development to have “priority” housing problems. Because of questionnaire changes, 1997 and 1999 data on assisted families, priority problems, and severe physical problems are not comparable to earlier data.

⁸⁴ The U.S. Department of Housing and Urban Development defines “very-low-income renters” as renter households with incomes at or below half the median family income, adjusted for family size, within their geographic area.

⁸⁵ Finkelhor, D., and Dziuba-Leatherman, J. (1994). Victimization of children. *American Psychologist*, 49(3), 173–183.

⁸⁶ Lauritsen, J.L., Laub, J.H., and Sampson, R. J. (1992). Conventional and delinquent activities: Implications for the prevention of violent victimization among adolescents. *Violence and Victims*, 7(2), 91–108.

⁸⁷ Snyder, H.N., and Sickmund, M. (1999). *Juvenile offenders and victims: 1999 national report* (Publication No. NCJ178257, p. 26). Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

⁸⁸ National Research Council and Institute of Medicine. (2004). *Children’s Health, the Nation’s Wealth: Assessing and Improving Child Health*. Committee on Evaluating Children’s Health, Board on Children, Youth and Families, Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press.

⁸⁹ National Center for Health Statistics, National Vital Statistics System, National Hospital Ambulatory Medical Care Survey (2006) unpublished tabulations.

⁹⁰ Minino, A.M., Anderson R.N., Fingerhut L.A. et al, (2005). Deaths: Injuries. 2002. *National Vital Statistics Reports*, 54(10). Hyattsville, MD: National Center for Health Statistics.

⁹¹ National Center for Health Statistics, National Vital Statistics System, National Hospital Ambulatory Medical Care Survey (2003–2004) unpublished tabulations.

⁹² U.S. Department of Health and Human Services. (2004) *The Health Consequences of Smoking: A Report of the Surgeon General* (Stock Number 0-16-051576-2). Washington, DC: Government Printing Office.

⁹³ Centers for Disease Control and Prevention. (1996). Projected smoking-related deaths among youth—United States. *Morbidity and Mortality Weekly Report*, 45(44), 971–974.

⁹⁴ National Institute on Alcohol Abuse and Alcoholism. (2004/2005). Alcohol development in youth—A multidisciplinary overview. *Alcohol Research & Health*, 28(3).

⁹⁵ Blanken, A.J. (1993). Measuring use of alcohol and other drugs among adolescents. *Public Health Reports*, 108(Supplement 1).

⁹⁶ National Institute on Drug Abuse. (2004). *Marijuana: Facts parents need to know* (NIH Publication No. 04-4036). Washington, DC: U.S. Department of Health and Human Services.

⁹⁷ Pope Jr., H.G., and Yurgelun-Todd, D. (1996). The residual cognitive effects of heavy marijuana use in college students. *Journal of the American Medical Association*, 275(7).

⁹⁸ U.S. Public Health Service. (1993). Measuring the health behavior of adolescents: The Youth Risk Behavior Surveillance System and recent reports on high-risk adolescents. *Public Health Reports*, 108(Supplement 1).

⁹⁹ Hallfors, D., Waller, M., Bauer, D., Ford C., Halpern C. (2005). Which comes first in adolescence—sex and drugs or depression? *American Journal of Preventive Medicine*, 29(3), 163–170.

¹⁰⁰ Chandra, A., Martinez, G.M., Mosher, W.D., Abma, J.C., and Jones, J. (2005). Fertility, family planning, and reproductive health of U.S. women: Data from the 2002 National Survey of Family Growth. *Vital and Health Statistics*, 23(25). Hyattsville, MD: National Center for Health Statistics.

¹⁰¹ Institute of Medicine. (1997). *The Hidden Epidemic—Confronting Sexually Transmitted Disease* (edited by Thomas R. Eng and William T. Butler). Washington, DC: National Academy Press. Fleming, D., et al., (October, 1997). Herpes Simplex Virus Type 2 in the United States, 1976–1994. *New England Journal of Medicine*, 337(16), 1105–1111.

¹⁰² Wells, C.G. (1985). Preschool literacy-related activities and success in school. In Olson, D., Torrance, N., and Hildyard, A. (Eds.), *Literacy, language, and learning: The nature and consequences of literacy* (pp. 229–255). Cambridge, England: Cambridge University Press.

¹⁰³ Among other changes, the framework was revised by merging the measurement and geometry content areas into one and by adding additional questions on algebra, data analysis, and probability. For more details, see Grigg, W., Donahue, P., and Dion, G. (2007). *The Nation's Report Card: 12th-Grade Reading and Mathematics 2005* (NCES 2007-468). U.S. Department of Education, National Center for Education Statistics, Washington, DC: U.S. Government Printing Office.

¹⁰⁴ The achievement levels define what students should know and be able to do at each grade. They are set by the National Assessment Governing Board (NAGB) and have undergone several evaluations but remain developmental in nature and continue to be used on a trial basis. Until the Commissioner of the National Center for Education Statistics determines that the levels are reasonable, valid, and informative to the public, they should be interpreted and used with caution. For more information, see <http://nces.ed.gov/nationsreportcard/>.

¹⁰⁵ Data on parents' level of education are not reliable for fourth-graders.

¹⁰⁶ Downing, J., Bozick, R., Ingels, S., Dalton, B., Daniel, B., and Owings, J. (Forthcoming). Moving beyond the basics: Mathematics and science coursetaking in the high school classes of 1982, 1992, and 2004. Washington, DC: National Center for Education Statistics; Leow, C., Marcus, S., Zanutto, E., and Boruch, R. (2004). Effects of advanced course-taking on math and science achievement: Addressing selection bias using propensity scores. *American Journal of Evaluation*, 25, 461–478.

¹⁰⁷ Shettle, C., Roey, S., Mordica, J., Perkins, R., Nord, C., Teodorovic, J., Brown, J., Lyons, M., Averett, C., Kastberg, D. (2007). *The Nation's Report Card: America's High School Graduates* (NCES 2007-467). U.S. Department of Education. Washington, DC: National Center for Education Statistics.

¹⁰⁸ Some of these changes may be related to changes in the survey and collection procedures in 1994.

¹⁰⁹ Brown, B. (1996). *Who are America's disconnected youth?* Report prepared for the American Enterprise Institute. Washington, DC: Child Trends, Inc.

¹¹⁰ American Council on Education. (1994). *Higher education today: Facts in brief*. Washington, DC: Author.

¹¹¹ Refers to those who completed 12 years of school for survey years 1980–1991 and to those who earned a high school diploma or equivalent (e.g., a General Educational Development [GED] certificate) for all years since 1992.

¹¹² Matthews, T.J., and MacDorman, M.F. (2006). Infant mortality statistics from the 2003 period linked birth/infant death data set. *National Vital Statistics Reports*, 54(16). Hyattsville, MD: National Center for Health Statistics.

¹¹³ Hack, M., Klein, N.K., and Taylor, H.G. (1995). Long-term developmental outcomes of low birthweight infants. *The Future of Children: Low Birthweight*, 5(1), 19–34. Los Altos, CA: Center for the Future of Children, the David and Lucile Packard Foundation.

¹¹⁴ MacDorman, M.F., Martin, J.A., Mathews, T.J., Hoyert, D.L., and Ventura, S.J. (2005). Explaining the 2001–02 Infant Mortality Increase: Data from the Linked Birth/Infant Death Data Set. *National Vital Statistics Reports*, 53(12). Hyattsville, Maryland: National Center for Health Statistics.

¹¹⁵ Kleinman, J.C., and Kiely, J.L. (1991). Infant mortality. *Healthy People 2000 Statistical Notes*, 1(2). Hyattsville, MD: National Center for Health Statistics.

¹¹⁶ U.S. Department of Health and Human Services. (1999). *Mental Health: A Report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health, Retrieved from <http://www.surgeongeneral.gov/library/mentalhealth/home.html>.

¹¹⁷ New Freedom Commission on Mental Health. (2003). *Achieving the Promise: Transforming Mental Health Care in America. Final Report* (DHHS Pub. No. SMA-03-3832). Rockville, MD: Department of Health and Human Services.

¹¹⁸ Dulcan, M.K., Costello, E.J., Costello, A.J., Edelbrock, C., Brent, D., and Janiszewski, B.S. (1990). The pediatrician as gatekeeper to mental health care for children: Do parents' concerns open the gate? *Journal of the American Academy of Child and Adolescent Psychiatry*, 29, 453–458.

¹¹⁹ Poverty level is based on family income and reflects family size and composition. It is adjusted each year using the annual average Consumer Price Index level. For more detail, see U.S. Census Bureau, Series P-60, no. 219. Near-poor children are children living in families with incomes 100–199 percent of the poverty threshold. Non-poor children are children living in families with incomes 200 percent of the poverty level or greater.

¹²⁰ Data for service contact and type of service or treatment for emotional or behavioral difficulties are from new service questions asked directly after the Strengths and Difficulties Questionnaire (SDQ) questions, first used in the 2005 National Health Interview Survey (NHIS).

¹²¹ National Center for Health Statistics. (2006) *Chartbook on Trends in the Health of Americans. Limitation of Activity: Children* (pp. 44–45). Hyattsville, MD: Author.

¹²² Serdula, M.K., Ivery, D., Coates, R.J., Freedman, D.S., Williamson, D.F., and Byers, T. (1993). Do obese children become obese adults? A review of the literature. *Preventive Medicine*, 22, 167–177.

¹²³ Pi-Sunyer, F.X. (1991). Health complications of obesity. *American Journal of Clinical Nutrition*, 53, 1595–1603.

¹²⁴ Dietz, W.H. (1998). Health consequences of obesity in youth: Childhood predictors of adult disease. *Pediatrics*, 105, 518–525.

¹²⁵ Ogden, C.L., Flegal, K.M., Carroll, M.D., and Johnson, C.L. (2002). Prevalence and trends in overweight among U.S. children and adolescents, 1999–2000. *Journal of the American Medical Association*, 288(14), 1728–1732.

¹²⁶ Ogden, C.L., Carroll, M.D., Curtin, L.R., McDowell, M.A., Tabak, C.J., and Flegal, K.M. (2006). Prevalence of overweight and obesity in the United States, 1999–2004. *Journal of the American Medical Association*, 295(13), 1549–1555.

¹²⁷ Eaton D.K., Kann L., Kinchen S., Ross J., Hawkins J., Harris W.A., Lowry R., McManus T., Chyen D., Shanklin S., Lim C., Grunbaum J.A., and Wechsler H. (2006). Youth risk behavior surveillance—United States, 2005. *Surveillance Summaries*, [June 9]. *Morbidity and Mortality Weekly Report 2006*, 55(SS-5), 1–108.

¹²⁸ In this survey, respondents were asked to choose one or more races. All race groups discussed in this paragraph refer to people who indicated only one racial identity. Mexican American children may be of any race.

¹²⁹ National Academy of Sciences. (2000). *Clearing the Air: Asthma and indoor air exposures*. Washington, DC: National Academy Press. Retrieved from <http://books.nap.edu/catalog/9610.html>.

¹³⁰ Gern J.E. (2004). Viral respiratory infection and the link to asthma. *Pediatric Infectious Disease Journal*, 23(1 Suppl), S78–86.

¹³¹ Lemanske, R.F. Jr., and Busse, W.W. (2003). Asthma. *Journal of Allergy and Clinical Immunology*, 111(2 Suppl), S502–519.

A young boy with short dark hair, wearing a dark blue and white striped t-shirt, is smiling and looking towards the camera. He is holding a dark bag or folder. The background is a large American flag, with the stars and stripes clearly visible. The entire image has a light blue tint.

APPENDICES

Appendix A: Detailed Tables

Tables include data from 1950–2006, where available. Due to space limitations in this printed publication, selected years of data are shown where applicable. Full tables, including data from intervening years, are available on the Forum’s website at <http://childstats.gov>.

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Table POP1

Child population: Number of children (in millions) ages 0–17 in the United States by age, selected years 1950–2006 and projected 2007–2020

Number (in millions)

	Estimated												Projected	
	1950	1960	1970	1980	1990	2000	2001	2002	2003	2004	2005	2006	2010	2020
All Children	47.3	64.5	69.8	63.7	64.2	72.4	72.6	72.9	73.1	73.3	73.5	73.7	74.4	80.3
Age														
Ages 0–5	19.1	24.3	20.9	19.6	22.5	23.2	23.3	23.4	23.6	23.9	24.2	24.5	25.6	27.5
Ages 6–11	15.3	21.8	24.6	20.8	21.6	25.0	24.9	24.6	24.3	24.0	23.8	23.7	24.4	26.9
Ages 12–17	12.9	18.4	24.3	23.3	20.1	24.2	24.4	24.9	25.2	25.4	25.5	25.5	24.4	26.0

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

SOURCE: U.S. Census Bureau, *Current Population Reports*, Estimates of the population of the United States by single years of age, color, and sex: 1900 to 1959 (Series P-25, No. 311); Estimates of the population of the United States, by age, sex, and race: April 1, 1960, to July 1, 1973 (Series P-25, No. 519); Preliminary estimates of the population of the United States by age, sex, and race: 1970 to 1981 (Series P-25, No. 917); intercensal estimates for 1980–1989; and intercensal estimates for 1990–1999. The data for 2000 to 2006 are based on the population estimates released for July 1, 2006. The data for 2007 and beyond are derived from the interim national population projections released in March 2004.

Table POP2

Children as a proportion of the population: Persons in selected age groups as a percentage of the total U.S. population, and children ages 0–17 as a percentage of the dependent population, selected years 1950–2006 and projected 2007–2020

Age	Estimated											Projected	
	1950	1960	1970	1980	1990	1995	2000	2003	2004	2005	2006	2010	2020
Percentage of total population													
Ages 0–17	31	36	34	28	26	26	26	25	25	25	25	24	24
Ages 18–64	61	55	56	61	62	61	62	63	63	63	63	63	60
Ages 65 and older	8	9	10	11	13	13	12	12	12	12	12	13	16
Children ages 0–17 as a percentage of the dependent population^a													
Ages 0–17	79	79	78	71	67	67	67	67	67	67	66	65	60

^a The dependent population includes all persons ages 17 and under, and 65 and over.

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

SOURCE: U.S. Census Bureau, *Current Population Reports*, Estimates of the population of the United States by single years of age, color, and sex: 1900 to 1959 (Series P-25, No. 311); Estimates of the population of the United States, by age, sex, and race: April 1, 1960, to July 1, 1973 (Series P-25, No. 519); Preliminary estimates of the population of the United States by age, sex, and race: 1970 to 1981 (Series P-25, No. 917); and intercensal estimates for 1980–1989 and for 1990–1999. The data for 2000 to 2006 are based on the population estimates released for July 1, 2006. The data for 2007 and beyond are derived from the interim national population projections released in March 2004.

Table POP3

Racial and ethnic composition: Percentage of U.S. children ages 0–17 by race and Hispanic origin, selected years 1980–2006 and projected 2007–2020

Race and Hispanic origin ^a	Estimated											Projected	
	1980	1985	1990	1995	1999	2000	2002	2003	2004	2005	2006	2010	2020
White	—	—	—	—	—	77	77	77	76	76	76	76	74
White, non-Hispanic ^b	74	72	69	66	63	61	60	59	59	58	58	56	53
Black	—	—	—	—	—	16	16	16	15	15	15	15	15
Black, non-Hispanic ^b	15	15	15	15	15	—	—	—	—	—	—	—	—
American Indian/Alaskan Native ^b	1	1	1	1	1	—	—	—	—	—	—	—	—
Asian	—	—	—	—	—	4	4	4	4	4	4	4	5
Asian/Pacific Islander ^b	2	3	3	4	4	—	—	—	—	—	—	—	—
All other races ^c	—	—	—	—	—	4	4	4	4	4	4	5	6
Hispanic ^d	9	10	12	14	17	17	18	19	19	20	20	21	24

— Not available.

^a For race and Hispanic-origin data in this table: In 1980 and 1990, following the 1977 OMB standards for collecting and presenting data on race, the decennial census asked respondents to choose *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 asked respondents to choose *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 in this table from 2000 onward refer to people who indicated only one racial identity within the racial categories presented. (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.) People who responded to the question on race by indicating *only one* race are referred to as the race-alone population. The use of the race-alone population in this table does not imply that it is the preferred method of presenting or analyzing data. 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.

^b Excludes persons in this race group who are of Hispanic origin.

^c Includes American Indian, Eskimo and Aleut, Native Hawaiian and Other Pacific Islander, and all multiple race (Two-or-more races).

^d Persons of Hispanic origin may be of any race.

SOURCE: These data are available on the Census Bureau website at the Population Estimates or Projections site. The data for 1980 to 1989 are intercensal estimates and incorporate the 1980 and 1990 censuses as benchmarks. The 1990 to 1999 data are also intercensal estimates and incorporate the 1990 and 2000 censuses as benchmarks. The data for 2000 to 2006 are based on the population estimates released for July 1, 2006. The data for 2007 and beyond are derived from the interim national population projections released in March 2004.

Table FAM1.A

Family structure and children's living arrangements: Percentage of children ages 0–17 by presence of married parents in household, and race^a and Hispanic origin, selected years 1980–2006

Race ^a and Hispanic origin, and family structure	1980	1985	1990	1995	2000	2001 ^b	2002 ^b	2003 ^b	2004 ^b	2005 ^b	2006 ^b
Total											
Two married parents ^c	77	74	73	69	69	69	69	68	68	67	67
Mother only ^d	18	21	22	23	22	22	23	23	23	23	23
Father only ^d	2	2	3	4	4	4	5	5	5	5	5
No parent	4	3	3	4	4	4	4	4	4	4	5
White, non-Hispanic											
Two married parents ^c	—	—	81	78	77	78	77	77	77	76	76
Mother only ^d	—	—	15	16	16	16	16	16	16	16	16
Father only ^d	—	—	3	3	4	4	4	4	4	5	5
No parent	—	—	2	3	3	2	3	3	3	3	3
Black											
Two married parents ^c	42	39	38	33	38	38	38	36	35	35	35
Mother only ^d	44	51	51	52	49	48	48	51	50	50	51
Father only ^d	2	3	4	4	4	5	5	5	6	5	5
No parent	12	7	8	11	9	10	8	9	9	9	9
Hispanic^e											
Two married parents ^c	75	68	67	63	65	65	65	65	65	65	66
Mother only ^d	20	27	27	28	25	25	25	25	25	25	25
Father only ^d	2	2	3	4	4	5	5	6	5	5	4
No parent	3	3	3	4	5	6	5	5	5	5	5

— Not available.

^a For race and Hispanic-origin data in this table: From 1980 to 2002, following the 1977 OMB standards for collecting and presenting data on race, the Current Population Survey (CPS) asked respondents to choose 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 2003, following the 1997 OMB standards for collecting and presenting data on race, the CPS asked respondents to choose one or more races from the following: White, Black, Asian, American Indian or Alaska Native, and Native Hawaiian or Other Pacific Islander. All race groups discussed in this table from 2003 onward refer to people who indicated only one racial identity within the racial categories presented. People who responded to the question on race by indicating only one race are referred to as the race-alone population. The use of the race-alone population in this table does not imply that it is the preferred method of presenting or analyzing data. Data from 2003 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

^b Beginning with March 2001, data are from the expanded CPS sample and use population controls based on Census 2000.

^c Excludes families where parents are not living as a married couple.

^d Because of data limitations, includes some families where both parents are present in the household but living as unmarried partners.

^e Persons of Hispanic origin may be of any race.

NOTE: Family structure refers to the presence of biological, adoptive, and stepparents in the child's household. Thus, a child with a biological mother and stepfather living in the household is said to have two married parents.

Two married parents family: In the CPS, children live in a two-parent family if they are living with a parent who is married with his or her spouse present. This is not an indicator of the biological relationship between the child and the parents. The parent who is identified could be a biological, step, or adoptive parent. If a second parent is present and not married to the first parent, then the child is identified as living with a single parent.

Single parent family: A "single" parent is defined as a parent who is not currently living with a spouse. Single parents may be married and not living with their spouse; they may be divorced, widowed, or never married. As with the identification of two married parents described above, if a second parent is present and not married to the first, then the child is identified as living with a single parent.

SOURCE: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplements. U.S. Census Bureau, Families and Living Arrangements reports and detailed tables (from 1994) are available on the U.S. Census Bureau website at <http://www.census.gov/population/www/socdemo/hh-fam.html>.

Table FAM1.B

Family structure and children's living arrangements: Detailed living arrangements of children by gender, race and Hispanic origin, age, parent's education, and poverty status, 2004

Characteristic	Total	Two parents ^a			
		Two biological/adoptive		Biological/adoptive parent and stepparent	
		Married	Cohabiting	Married	Cohabiting
Total (in thousands)	73,227	43,826	1,838	4,949	388
Percent					
Gender					
Male	51.1	51.2	52.0	49.1	52.3
Female	48.9	48.8	48.1	50.9	47.7
Race and Hispanic origin^b					
White	76.3	83.9	71.2	83.0	69.1
White, non-Hispanic	58.8	66.4	44.6	69.0	45.4
Black	15.5	7.5	18.6	11.2	19.6
Black, non-Hispanic	14.9	7.3	17.7	10.8	18.0
Asian	3.1	4.3	1.7	1.1	1.0
All other races	5.0	4.2	8.5	4.7	10.6
Hispanic (of any race)	19.1	18.5	29.1	15.2	27.1
Age					
Ages 0-5	32.5	36.4	70.5	8.5	15.2
Ages 6-14	50.4	48.9	25.7	62.8	66.5
Ages 15-17	17.1	14.7	3.8	28.7	18.6
Father's education					
Father not present	27.1	—	—	—	—
Less than high school	9.1	12.1	28.1	10.7	19.6
High school graduate	17.8	22.2	43.0	33.2	28.4
Some college	24.5	32.7	24.2	41.0	45.1
Bachelor's degree or more	21.5	33.0	4.6	15.1	7.0
Mother's education					
Mother not present	7.2	—	—	—	—
Less than high school	12.4	11.4	24.5	9.6	15.5
High school graduate	23.4	22.3	43.5	32.0	44.1
Some college	34.3	34.1	28.2	42.8	31.4
Bachelor's degree or more	22.8	32.1	3.8	15.6	9.0
Poverty					
Below the poverty level	17.7	10.1	32.3	9.1	27.1
100-199% poverty	22.5	19.4	30.5	22.0	32.5
200% poverty or above	57.9	69.9	28.3	68.8	33.5
Income not reported	1.9	0.5	9.0	0.1	6.7

Table FAM1.B (cont.)

Family structure and children's living arrangements: Detailed living arrangements of children by gender, race and Hispanic origin, age, parent's education, and poverty status, 2004

Characteristic	One parent			
	Mother		Father	
	Not cohabiting	Cohabiting	Not cohabiting	Cohabiting
Total (in thousands)	15,345	1,628	1,988	375
Percent				
Gender				
Male	50.5	50.1	58.6	49.3
Female	49.5	49.9	41.4	50.7
Race and Hispanic origin^b				
White	57.3	76.0	73.8	82.9
White, non-Hispanic	39.3	57.1	64.0	72.0
Black	35.4	17.8	17.4	7.7
Black, non-Hispanic	33.8	16.2	16.4	4.0
Asian	1.3	0.5	2.5	*
All other races	6.0	5.7	6.4	9.3
Hispanic (of any race)	21.0	22.2	11.3	15.7
Age				
Ages 0-5	29.5	25.7	17.3	22.9
Ages 6-14	51.5	55.3	56.4	53.6
Ages 15-17	19.0	19.0	26.4	23.5
Father's education				
Father not present	100.0	100.0	-	-
Less than high school	-	-	10.8	9.6
High school graduate	-	-	30.8	34.9
Some college	-	-	39.2	48.8
Bachelor's degree or more	-	-	19.2	6.7
Mother's education				
Mother not present	-	-	100.0	100.0
Less than high school	17.7	21.6	-	-
High school graduate	27.6	32.5	-	-
Some college	44.1	40.4	-	-
Bachelor's degree or more	10.7	5.5	-	-
Poverty				
Below the poverty level	36.6	35.1	15.9	20.0
100-199% poverty	29.2	29.8	22.6	29.9
200% poverty or above	32.5	29.0	60.7	46.4
Income not reported	1.8	6.1	0.8	3.5

Table FAM1.B (cont.)

Family structure and children's living arrangements: Detailed living arrangements of children by gender, race and Hispanic origin, age, parent's education, and poverty status, 2004

Characteristic	No parents				
	Grandparent	Other relatives only – no grandparent	Nonrelative only – not foster	Foster parent(s)	All other ^c
Total (in thousands)	1,598	548	224	308	200
Percent					
Gender					
Male	52.9	55.8	43.3	44.2	44.0
Female	47.1	44.2	56.7	56.2	56.0
Race and Hispanic origin^b					
White	52.4	47.3	73.7	75.0	61.5
White, non-Hispanic	37.7	28.8	49.1	43.8	29.5
Black	38.2	43.1	13.4	19.5	30.5
Black, non-Hispanic	37.8	42.5	12.9	19.5	25.0
Asian	0.7	2.0	7.1	1.3	*
All other races ^d	8.7	7.7	5.8	4.2	8.0
Hispanic (of any race)	16.5	21.4	26.8	31.2	38.5
Age					
Ages 0–5	25.0	15.9	41.1	31.8	6.5
Ages 6–14	57.8	51.8	29.9	51.6	45.0
Ages 15–17	17.3	32.3	28.6	16.6	48.5
Father's education					
Father not present	100.0	100.0	100.0	100.0	100.0
Less than high school	–	–	–	–	–
High school graduate	–	–	–	–	–
Some college	–	–	–	–	–
Bachelor's degree or more	–	–	–	–	–
Mother's education					
Mother not present	100.0	100.0	100.0	100.0	100.0
Less than high school	–	–	–	–	–
High school graduate	–	–	–	–	–
Some college	–	–	–	–	–
Bachelor's degree or more	–	–	–	–	–

Table FAM1.B (cont.)

Family structure and children's living arrangements: Detailed living arrangements of children by gender, race and Hispanic origin, age, parent's education, and poverty status, 2004

Characteristic	No parents				
	Grandparent	Other relatives only — no grandparent	Nonrelative only — not foster	Foster parent(s)	All other ^c
Poverty					
Below the poverty level	32.5	36.7	13.4	6.8	25.0
100–199% poverty	30.2	21.2	4.5	*	20.0
200% poverty or above	35.3	40.7	1.3	1.3	19.0
Income not reported	2.0	1.5	80.8	91.9	36.0

— Not available.

* Represents or rounds to zero.

^a The category “two parents” includes 12 (weighted) children not shown who live with 2 stepparents.

^b For race and Hispanic-origin data in this table: Following the 1997 OMB standards for collecting and presenting data on race, the Survey of Income and Program Participation (SIPP) asked respondents to choose one or more races from the following: White, Black, Asian, American Indian or Alaska Native, and Native Hawaiian or Other Pacific Islander. The Census Bureau also offered an “Other” category. 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 in this table refer to people who indicated only one racial identity within the racial categories presented. (Those who were “Two or more races” were included in the “All other races” category, along with American Indians or Alaska Natives, Native Hawaiians or Other Pacific Islanders, and those who chose “Other”.) People who responded to the question on race by indicating only one race are referred to as the race-alone population. The use of the race-alone population in this table does not imply that it is the preferred method of presenting or analyzing data. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

^c The category “All other” includes children who live with other relatives and nonrelatives (no grandparents) and children who maintain their own household, or are the spouse or partner of the householder.

^d Includes American Indians or Alaska Natives, Native Hawaiians or other Pacific Islanders, those who chose “Other” and the two or more races population.

NOTE: “Householder” is a person who owns or rents the dwelling unit. The partner of the householder is the person reported as the “unmarried partner” of the householder. “Cohabiting” means the parent is cohabiting with an unmarried partner. Relatives are anyone who is reported as related to the householder by blood, marriage, or adoption.

SOURCE: U.S. Census Bureau, Survey of Income and Program Participation (SIPP), 2004 Panel, Wave 2.

Table FAM2.A

Births to unmarried women: Birth rates for unmarried women by age of mother, selected years 1980–2005

(Live births to unmarried women per 1,000 in specified age group)

Age of mother	1980	1985	1990	1995	2000	2001	2002	2003	2004	2005
Total ages 15–44	29.4	32.8	43.8	44.3	44.1	43.8	43.7	44.9	46.1	47.6
Age										
Ages 15–17	20.6	22.4	29.6	30.1	23.9	22.0	20.8	20.3	20.1	—
Ages 18–19	39.0	45.9	60.7	66.5	62.2	60.6	58.6	57.6	57.7	—
Ages 20–24	40.9	46.5	65.1	68.7	72.2	71.3	70.5	71.2	72.5	—
Ages 25–29	34.0	39.9	56.0	54.3	58.5	59.5	61.5	65.7	68.6	—
Ages 30–34	21.1	25.2	37.6	38.9	39.3	40.4	40.8	44.0	47.0	—
Ages 35–39	9.7	11.6	17.3	19.3	19.7	20.4	20.8	22.3	23.5	—
Ages 40–44	2.6	2.5	3.6	4.7	5.0	5.3	5.4	5.8	6.0	—

— Not available.

NOTE: 2005 data for the total, ages 15–44, are preliminary. 2005 data for specific age groups are not available. Births to unmarried women were somewhat underreported in Michigan and Texas during the years 1989–93; data since 1994 have been reported on a complete basis.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System. Hamilton, B.E., Martin, J.A., and Ventura, S.J. (2006). Births: Preliminary data for 2005. *National Vital Statistics Reports*, 55(11). Hyattsville, MD: National Center for Health Statistics. Martin, J.A., Hamilton, B.E., Sutton, P.D., Ventura, S.J., Menacker, F., and Kirmeyer, S. (2006). Births: Final data for 2004. *National Vital Statistics Reports*, 55(1). Hyattsville, MD: National Center for Health Statistics. Hamilton, B.E., Sutton, P.D., and Ventura, S.J. (2003). Revised birth and fertility rates for the 1990s: United States, and new rates for Hispanic populations, 2000 and 2001. *National Vital Statistics Reports*, 51(12). Hyattsville, MD: National Center for Health Statistics. Ventura, S.J. and Bachrach, C.A. (2000). Nonmarital childbearing in the United States, 1940–99. *National Vital Statistics Reports*, 48(16). Hyattsville, MD: National Center for Health Statistics.

Table FAM2.B

Births to unmarried women: Percentage of all births to unmarried women by age of mother, selected years 1980–2005

Age of mother	1980	1985	1990	1995	2000	2001	2002	2003	2004	2005
All ages	18.4	22.0	28.0	32.2	33.2	33.5	34.0	34.6	35.8	36.8
Age										
Under age 15	88.7	91.8	91.6	93.5	96.5	96.3	97.0	97.1	97.4	97.9
Ages 15–17	61.5	70.9	77.7	83.7	87.7	87.8	88.5	89.7	90.3	90.4
Ages 18–19	39.8	50.7	61.3	69.8	74.3	74.6	75.8	77.3	78.7	79.1
Ages 20–24	19.3	26.3	36.9	44.7	49.5	50.4	51.6	53.2	54.8	55.9
Ages 25–29	9.0	12.7	18.0	21.5	23.5	24.4	25.3	26.4	27.8	29.4
Ages 30–34	7.4	9.7	13.3	14.7	14.0	14.3	14.6	15.1	16.1	17.2
Ages 35–39	9.4	11.2	13.9	15.7	14.3	14.4	14.5	14.8	15.2	15.8
Ages 40 and older	12.1	14.0	17.0	18.1	16.8	17.1	17.3	17.9	18.2	19.0

NOTE: Data for 2005 are preliminary.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System. Ventura, S.J., and Bachrach, C.A. (2000). Nonmarital childbearing in the United States, 1940–99. *National Vital Statistics Reports*, 48(16). Martin, J.A., Hamilton, B.E., Ventura, S.J., Menacker, F., and Park, M.M. (2002). Births: Final data for 2000. *National Vital Statistics Reports*, 50(5). Hyattsville, MD: National Center for Health Statistics. Martin, J.A., Hamilton, B.E., Ventura, S.J., Menacker, F., Park, M.M., and Sutton, P.D. (2002). Births: Final data for 2001. *National Vital Statistics Reports*, 51(2). Hyattsville, MD: National Center for Health Statistics. Martin, J.A., Hamilton, B.E., Sutton, P.D., Ventura, S.J., Menacker, F., and Munson, M.L. (2003). Births: Final data for 2002. *National Vital Statistics Reports*, 52(10). Hyattsville, MD: National Center for Health Statistics. Martin, J.A., Hamilton, B.E., Sutton, P.D., Ventura, S.J., Menacker, F., and Munson, M.L. (2005). Births: Final Data for 2003. *National Vital Statistics Reports* 54(2). Hyattsville, MD: National Center for Health Statistics. Martin, J.A., Hamilton, B.E., Sutton, P.D., Ventura, S.J., Menacker, F., and Kirmeyer, S. (2006). Births: Final Data for 2004. *National Vital Statistics Reports*, 55(1). Hyattsville, MD: National Center for Health Statistics. Hamilton, B.E., Martin, J.A., and Ventura, S.J. (2006). Births: Preliminary data for 2005. *National Vital Statistics Reports*, 55(11). Hyattsville, MD: National Center for Health Statistics.

Table FAM3.A

Child care: Percentage of children ages 0–6 not yet in kindergarten by type of care arrangement and child and family characteristics, 2001 and 2005

Characteristic	Parental care only		Type of nonparental care arrangement						Center-based program ^c	
	2001	2005	Total in nonparental care ^b		Care in a home ^a		2001	2005	2001	2005
			2001	2005	By a relative	By a nonrelative				
Total	38.8	39.2	61.2	60.8	23.1	22.3	16.3	13.9	33.4	36.1
Age										
Ages 0–2	48.0	49.3	52.0	50.7	23.3	22.0	18.0	15.6	16.5	19.6
Ages 3–6, not yet in kindergarten	26.3	23.6	73.7	73.7	22.7	22.7	14.0	11.7	56.3	57.1
Race and Hispanic origin^d										
White, non-Hispanic	38.4	37.2	61.6	62.8	20.3	21.0	18.7	17.0	35.1	37.8
Black, non-Hispanic	26.1	30.1	73.9	69.9	34.6	27.7	12.9	10.2	40.2	43.9
Asian	43.2	43.5	56.8	56.5	22.9	21.3	8.7	9.0	34.1	37.0
Hispanic	52.0	50.5	48.0	49.5	22.9	21.2	11.8	10.4	20.7	25.2
Poverty status										
Below 100% poverty	45.3	49.2	54.7	50.8	27.4	23.3	10.6	8.0	26.9	28.3
100–199% poverty	46.3	47.2	53.7	52.8	22.5	23.5	12.6	9.3	27.8	29.4
200% poverty and above	32.7	31.6	67.3	68.4	21.4	21.4	20.5	18.3	38.7	42.2
Family structure										
Two parents ^e	42.7	42.9	57.3	57.1	19.0	18.8	16.2	14.1	32.3	34.4
Two parents, married	42.2	41.8	57.8	58.2	18.4	18.6	16.6	14.2	33.1	35.8
Two parents, unmarried	47.3	53.0	52.7	47.0	24.4	20.4	12.4	13.0	25.0	21.7
One parent	26.5	24.9	73.5	75.1	36.6	36.0	17.3	13.4	36.1	42.3
No parents	17.9	33.1	82.1	66.9	38.5	28.3	9.2	10.0	47.9	43.6
Mother's highest level of education^f										
Less than high school	55.5	63.7	44.5	36.3	21.7	16.1	8.3	5.5	20.8	18.9
High school diploma or equivalent	42.3	44.4	57.7	55.6	26.2	24.1	13.3	9.9	28.1	30.7
Some college, including vocational /technical/ associate's degree	36.7	36.5	63.3	63.5	25.3	25.8	15.4	14.5	35.3	35.2
Bachelor's degree or higher	31.3	30.5	68.7	69.5	16.9	19.1	23.6	19.2	42.1	45.8
Mother's employment status^f										
35 hours or more per week	14.8	14.7	85.2	85.3	34.0	31.8	26.2	23.3	42.1	47.6
Less than 35 hours per week	29.0	30.3	71.0	69.7	31.6	30.5	19.9	18.0	35.6	37.8
Looking for work	57.3	53.3	42.7	46.7	16.7	20.7	9.6	7.5	24.5	23.3
Not in the labor force	67.6	66.1	32.4	33.9	7.0	7.8	4.8	3.6	24.1	25.8

Table FAM3.A (cont.)

Child care: Percentage of children ages 0–6 not yet in kindergarten by type of care arrangement and child and family characteristics, 2001 and 2005

Characteristic	Parental care only		Type of nonparental care arrangement								
			Total in nonparental care ^b		Care in a home ^a				Center-based program ^c		
	2001	2005	2001	2005	By a relative		By a nonrelative		2001	2005	
Region^g											
Northeast	35.8	38.3	64.2	61.7	27.0	21.0	15.9	15.1	35.5	37.9	
South	37.0	38.0	63.0	62.0	22.9	22.3	14.1	11.1	36.4	38.8	
Midwest	37.0	36.7	63.0	63.3	22.0	23.8	21.1	18.8	33.8	33.5	
West	45.5	43.9	54.5	56.1	21.4	21.8	14.9	12.6	27.1	33.1	

^a Relative and nonrelative care can take place in either the child's own home or another home.

^b Some children participate in more than one type of nonparental care arrangement. Thus, details do not sum to the total percentage of children in nonparental care.

^c Center-based programs include day care centers, prekindergartens, nursery schools, Head Start programs, and other early childhood education programs.

^d For the 2001 data, the 1977 OMB Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. For data from 2005, the revised 1997 OMB standards were used. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander. Included in the total but not shown separately are American Indian or Alaska Native and respondents with Two or more races. For continuity purposes, in 2005, respondents who reported the child being Asian or Native Hawaiian or Other Pacific Islander were combined. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

^e Refers to adults' relationship to child and does not indicate marital status.

^f Children without a mother in the home are excluded from estimates of mother's highest level of education and mother's employment status.

^g Regions: Northeast includes Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont. Midwest includes Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin. South includes Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia. West includes Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.

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

Table FAM3.B

Child care: Primary child care arrangements for children ages 0–4 with employed mothers by selected characteristics, selected years 1985–2005

Type of child care (during mother's work hours) Percent	1985	1988	1990	1991	1993	1995	1997	1999	2002	2005
Total										
Mother care ^a	8.1	7.6	6.4	8.7	6.2	5.4	3.2	3.0	3.2	4.4
Father care ^a	15.7	15.1	16.5	20.0	15.9	16.6	17.7	17.1	17.5	17.3
Grandparent care	15.9	13.9	14.3	15.8	17.0	15.9	17.5	19.7	18.6	19.6
Other relative care ^b	8.2	7.2	8.8	7.7	9.0	5.5	7.4	8.0	6.2	6.6
Center-based care ^c	23.1	25.8	27.5	23.1	29.9	25.1	20.4	21.0	24.3	23.8
Other nonrelative care ^d	28.2	28.9	25.1	23.3	21.6	28.4	20.2	18.8	17.2	16.0
Other ^e	0.8	1.6	1.3	1.6	1.1	2.9	13.7	12.4	13.0	12.0
Poverty status										
Below Poverty										
Mother care ^a	–	11.3	–	9.5	8.1	4.5	3.9	2.9	4.1	7.8
Father care ^a	–	15.0	–	26.7	16.2	20.1	18.7	14.5	19.9	19.8
Grandparent care	–	19.4	–	16.3	20.0	22.4	20.7	23.8	19.7	19.8
Other relative care ^b	–	11.3	–	11.4	15.8	7.0	12.3	13.5	10.0	8.8
Center-based care ^c	–	21.6	–	21.1	21.0	25.8	14.9	18.3	15.9	18.2
Other nonrelative care ^d	–	21.1	–	15.1	18.8	16.5	14.7	18.0	12.6	11.8
Other ^e	–	0.8	–	2.7	1.2	3.5	14.6	8.8	17.6	13.7
At or above poverty										
Mother care ^a	–	7.3	–	8.5	5.9	5.5	3.1	2.9	3.1	3.8
Father care ^a	–	15.1	–	19.4	16.0	16.4	17.7	17.6	17.3	17.1
Grandparent care	–	13.4	–	15.6	16.0	15.1	17.2	19.3	18.7	19.7
Other relative care ^b	–	6.8	–	7.3	8.0	5.3	6.8	7.3	5.7	6.2
Center-based care ^c	–	27.8	–	25.1	32.3	24.8	21.2	21.1	25.1	24.8
Other nonrelative care ^d	–	29.6	–	24.2	21.8	29.9	20.9	19.4	18.4	16.7
Other ^e	–	1.6	–	1.5	1.1	2.8	12.9	12.2	11.7	11.4
Region										
Northeast										
Mother care ^a	–	–	–	–	–	5.3	2.7	2.3	2.9	3.5
Father care ^a	–	–	–	–	–	22.4	19.0	21.5	21.4	19.3
Grandparent care	–	–	–	–	–	12.9	19.2	18.7	18.8	20.6
Other relative care ^b	–	–	–	–	–	8.0	9.9	7.3	4.4	5.0
Center-based care ^c	–	–	–	–	–	24.4	15.9	18.4	24.5	23.2
Other nonrelative care ^d	–	–	–	–	–	23.9	19.9	17.9	14.7	15.9
Other ^e	–	–	–	–	–	3.0	13.2	13.7	13.1	12.3
South										
Mother care ^a	–	–	–	–	–	4.3	3.0	3.3	2.1	4.2
Father care ^a	–	–	–	–	–	9.3	13.9	12.9	13.4	14.1
Grandparent care	–	–	–	–	–	17.1	18.1	21.8	20.9	20.9
Other relative care ^b	–	–	–	–	–	5.3	5.7	7.6	7.8	6.5
Center-based care ^c	–	–	–	–	–	30.7	27.7	26.8	28.0	28.0
Other nonrelative care ^d	–	–	–	–	–	30.0	18.2	18.1	15.9	13.0
Other ^e	–	–	–	–	–	3.1	13.4	9.3	11.8	13.1
Midwest										
Mother care ^a	–	–	–	–	–	6.3	3.3	2.0	3.5	5.4
Father care ^a	–	–	–	–	–	19.1	22.2	20.3	21.6	18.7
Grandparent care	–	–	–	–	–	15.4	15.6	16.3	15.9	17.1
Other relative care ^b	–	–	–	–	–	5.0	8.0	6.6	3.6	6.5
Center-based care ^c	–	–	–	–	–	21.1	16.8	19.9	20.7	21.7
Other nonrelative care ^d	–	–	–	–	–	30.9	22.2	24.0	22.6	19.4
Other ^e	–	–	–	–	–	2.0	11.7	10.9	11.9	11.0

Table FAM3.B (cont.)

Child care: Primary child care arrangements for children ages 0–4 with employed mothers by selected characteristics, selected years 1985–2005

Type of child care (during mother's work hours) Percent	1985	1988	1990	1991	1993	1995	1997	1999	2002	2005
Region										
West										
Mother care ^a	–	–	–	–	–	5.6	3.8	3.9	4.9	4.3
Father care ^a	–	–	–	–	–	18.5	17.9	17.0	17.8	19.9
Grandparent care	–	–	–	–	–	17.5	17.9	21.4	18.3	19.5
Other relative care ^b	–	–	–	–	–	4.1	7.6	10.5	8.1	8.1
Center-based care ^c	–	–	–	–	–	23.1	17.4	15.5	19.9	19.7
Other nonrelative care ^d	–	–	–	–	–	27.2	20.7	16.7	17.1	17.5
Other ^e	–	–	–	–	–	3.8	14.6	14.8	14.0	10.9
Race and Hispanic origin of mother^f										
White										
Mother care ^a	–	–	–	–	–	5.8	3.7	3.2	3.5	4.8
Father care ^a	–	–	–	–	–	17.8	18.7	18.1	18.4	18.4
Grandparent care	–	–	–	–	–	15.5	16.5	17.7	17.9	19.2
Other relative care ^b	–	–	–	–	–	4.5	6.5	7.6	4.9	5.5
Center-based care ^c	–	–	–	–	–	24.3	19.8	20.1	23.2	22.4
Other nonrelative care ^d	–	–	–	–	–	29.0	21.2	20.9	18.4	17.1
Other ^e	–	–	–	–	–	2.9	13.6	12.1	13.5	12.4
White, non-Hispanic										
Mother care ^a	–	–	–	–	–	6.1	4.0	3.2	3.7	4.9
Father care ^a	–	–	–	–	–	17.6	18.9	18.1	19.1	19.3
Grandparent care	–	–	–	–	–	15.4	15.3	17.0	16.5	17.5
Other relative care ^b	–	–	–	–	–	4.0	5.7	6.2	3.6	3.8
Center-based care ^c	–	–	–	–	–	24.8	21.0	22.2	24.3	24.5
Other nonrelative care ^d	–	–	–	–	–	29.4	21.1	21.3	19.6	17.7
Other ^e	–	–	–	–	–	2.7	13.9	12.0	13.3	12.0
Black										
Mother care ^a	–	–	–	–	–	2.1	0.7	1.8	1.2	3.1
Father care ^a	–	–	–	–	–	8.8	11.9	12.9	13.5	12.3
Grandparent care	–	–	–	–	–	16.0	23.7	25.1	21.6	19.5
Other relative care ^b	–	–	–	–	–	9.9	13.2	10.6	12.6	10.9
Center-based care ^c	–	–	–	–	–	32.5	25.8	27.0	27.4	29.6
Other nonrelative care ^d	–	–	–	–	–	28.3	14.3	13.1	14.3	13.3
Other ^e	–	–	–	–	–	2.3	10.2	9.4	9.2	11.1
Black, non-Hispanic										
Mother care ^a	–	–	–	–	–	2.2	0.8	1.9	1.2	3.3
Father care ^a	–	–	–	–	–	8.9	11.7	12.4	13.2	11.9
Grandparent care	–	–	–	–	–	15.7	23.9	24.4	22.9	19.5
Other relative care ^b	–	–	–	–	–	10.1	13.0	10.9	12.0	11.3
Center-based care ^c	–	–	–	–	–	33.2	26.4	27.5	27.0	29.5
Other nonrelative care ^d	–	–	–	–	–	27.9	13.9	13.5	13.7	13.2
Other ^e	–	–	–	–	–	1.9	10.3	9.3	9.9	11.2
Hispanic										
Mother care ^a	–	–	–	–	–	3.6	1.3	2.6	2.7	3.4
Father care ^a	–	–	–	–	–	19.0	17.5	18.6	15.1	14.7
Grandparent care	–	–	–	–	–	17.0	23.2	21.9	23.9	27.0
Other relative care ^b	–	–	–	–	–	8.7	12.6	14.0	12.0	12.8
Center-based care ^c	–	–	–	–	–	20.8	12.4	10.9	19.8	14.2
Other nonrelative care ^d	–	–	–	–	–	25.0	21.7	18.2	13.9	14.2
Other ^e	–	–	–	–	–	5.8	11.4	13.6	12.6	13.7

Table FAM3.B (cont.)

Child care: Primary child care arrangements for children ages 0–4 with employed mothers by selected characteristics, selected years 1985–2005

Type of child care (during mother's work hours) Percent	1985	1988	1990	1991	1993	1995	1997	1999	2002	2005
Educational attainment of mother										
Less than High School										
Mother care ^a	—	—	—	—	—	6.3	3.6	1.7	4.1	5.4
Father care ^a	—	—	—	—	—	18.2	17.5	14.4	19.2	22.3
Grandparent care	—	—	—	—	—	21.2	18.4	23.4	15.5	16.7
Other relative care ^b	—	—	—	—	—	10.8	15.2	20.7	12.0	15.4
Center-based care ^c	—	—	—	—	—	16.9	12.7	16.3	17.5	12.0
Other nonrelative care ^d	—	—	—	—	—	20.8	17.3	13.5	17.4	11.7
Other ^e	—	—	—	—	—	4.8	15.2	9.9	14.2	16.2
High School diploma or equivalent										
Mother care ^a	—	—	—	—	—	5.6	2.1	3.5	2.5	4.1
Father care ^a	—	—	—	—	—	16.6	19.0	20.3	19.7	16.6
Grandparent care	—	—	—	—	—	20.5	20.3	23.5	23.2	25.7
Other relative care ^b	—	—	—	—	—	5.4	7.8	7.9	6.0	9.4
Center-based care ^c	—	—	—	—	—	25.7	18.1	18.8	20.0	18.4
Other nonrelative care ^d	—	—	—	—	—	23.2	19.0	14.2	14.5	13.0
Other ^e	—	—	—	—	—	2.6	13.6	11.7	13.9	12.7
Educational attainment of mother										
Some College, including vocational/ technical/associate degree										
Mother care ^a	—	—	—	—	—	4.9	3.5	1.9	3.2	4.3
Father care ^a	—	—	—	—	—	18.4	19.3	16.7	19.3	17.7
Grandparent care	—	—	—	—	—	14.2	18.5	20.1	20.8	21.9
Other relative care ^b	—	—	—	—	—	5.8	7.1	7.4	7.5	6.6
Center-based care ^c	—	—	—	—	—	25.6	22.1	18.6	23.2	23.8
Other nonrelative care ^d	—	—	—	—	—	27.7	16.6	21.1	15.3	15.5
Other ^e	—	—	—	—	—	3.1	12.8	14.1	10.6	10.1
Bachelor's degree or higher										
Mother care ^a	—	—	—	—	—	5.2	3.7	4.0	3.5	4.6
Father care ^a	—	—	—	—	—	14.4	14.9	15.7	13.7	16.6
Grandparent care	—	—	—	—	—	11.4	13.5	14.4	13.9	13.1
Other relative care ^b	—	—	—	—	—	3.4	5.0	4.0	3.4	2.7
Center-based care ^c	—	—	—	—	—	26.0	23.5	27.5	29.9	30.5
Other nonrelative care ^d	—	—	—	—	—	36.9	26.6	24.4	22.6	19.9
Other ^e	—	—	—	—	—	2.3	12.6	9.9	13.0	12.7
Family structure										
Two married parents										
Mother care ^a	—	—	—	—	—	6.2	3.7	3.4	3.5	4.9
Father care ^a	—	—	—	—	—	18.7	20.6	19.9	20.6	19.5
Grandparent care	—	—	—	—	—	14.4	14.7	16.4	17.3	17.6
Other relative care ^b	—	—	—	—	—	4.8	6.0	6.4	4.7	4.8
Center-based care ^c	—	—	—	—	—	23.0	19.6	20.7	22.7	24.0
Other nonrelative care ^d	—	—	—	—	—	29.4	20.9	19.7	17.2	16.3
Other ^e	—	—	—	—	—	3.1	14.4	13.4	13.8	12.7

Table FAM3.B (cont.)

Child care: Primary child care arrangements for children ages 0–4 with employed mothers by selected characteristics, selected years 1985–2005

Type of child care (during mother's work hours) Percent	1985	1988	1990	1991	1993	1995	1997	1999	2002	2005
Family structure										
Mother only										
Mother care ^a	—	—	—	—	—	2.8	1.5	1.9	2.5	3.0
Father care ^a	—	—	—	—	—	10.4	9.1	10.1	9.8	12.1
Grandparent care	—	—	—	—	—	20.5	26.6	29.1	22.7	24.5
Other relative care ^b	—	—	—	—	—	7.2	12.3	12.2	10.2	11.0
Center-based care ^c	—	—	—	—	—	30.3	23.1	21.5	27.0	23.4
Other nonrelative care ^d	—	—	—	—	—	26.1	17.7	17.6	18.4	15.6
Other ^e	—	—	—	—	—	2.4	9.5	7.4	9.2	10.2

— Not available.

^a Mother and father care includes care while the mother worked.

^b Other relatives include siblings and other relatives.

^c Center-based care includes day care centers, nursery schools, preschools, and Head Start programs.

^d Other nonrelative care includes family day care providers, in-home babysitters, and other nonrelatives providing care in either the child's or provider's home.

^e Other for 1985–1993 includes children in kindergarten or grade school, in a school-based activity, or in self care. In 1995, it also includes children with no regular arrangement. Beginning in 1997, other includes children in kindergarten or grade school, self-care, and with no regular arrangement, but does not include school-based activities as they were deleted as categorical choices for preschoolers.

^f For race and Hispanic-origin data in this table: From 1995 to 2002, following the 1977 OMB standards for collecting and presenting data on race, the Survey of Income and Program Participation (SIPP) asked respondents to choose 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 2004, following the 1997 OMB standards for collecting and presenting data on race, the SIPP asked respondents to choose one or more races from the following: White, Black, Asian, American Indian or Alaska Native, and Native Hawaiian or Other Pacific Islander. The Census Bureau also offered an "Other" category. All race groups discussed in this table from 2004 onward refer to people who indicated only one racial identity within the racial categories presented. People who responded to the question on race by indicating only one race are referred to as the race-alone population. The use of the race-alone population in this table does not imply that it is the preferred method of presenting or analyzing data. Data from 2004 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

NOTE: Employed mothers are those with wage and salary employment or other employment arrangements including contingent work and self-employment. Data for years 1995 to 2005 were proportionately redistributed to account for tied responses for the primary arrangement so they total to 100 percent and are comparable to earlier years.

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

Table FAM3.C

Child care: Percentage of children in kindergarten through 8th grade by weekday care and before- and after-school activities by grade level, poverty status, and race and Hispanic origin, 2005

Grade level, care arrangement, and activity	Total	Poverty status			Race and Hispanic origin ^a			
		Below 100% poverty	100–199% poverty	200% poverty and above	White, non- Hispanic	Black, non- Hispanic	Asian	Hispanic
Kindergarten through 3rd grade								
Care arrangements								
Parental care only	53.1	52.0	54.5	53.0	58.3	34.6	49.9	55.3
Nonparental care ^b	46.9	48.0	45.5	47.0	41.7	65.4	50.1	44.7
Home-based care ^c	23.6	25.2	24.5	22.6	22.0	32.2	26.5	20.4
Center-based care	24.4	25.0	21.6	25.2	20.5	39.8	21.4	23.4
Activities used for supervision	5.2	3.1	5.3	6.0	4.8	5.8	13.4	3.2
Self care	2.6	5.1	3.6	1.3	1.6	4.1	3.6	4.2
Activities								
Any activity ^b	46.2	24.3	34.0	59.5	56.2	30.4	45.8	30.4
Sports	31.8	12.1	19.5	44.3	40.2	16.8	29.3	20.8
Religious activities	19.4	13.5	14.8	23.4	24.0	14.6	11.5	11.9
Arts ^d	17.2	6.0	10.8	24.1	21.8	8.3	27.1	8.2
Scouts	12.9	5.3	8.0	17.8	18.2	4.9	11.1	3.8
Academic activities ^e	4.7	3.8	3.8	5.3	5.1	4.4	7.4	3.5
Community services	4.2	1.9	3.0	5.5	5.3	3.3	2.6	1.7
Clubs	3.2	1.3	2.4	4.3	4.3	1.1	4.2	1.8
4th through 8th grade								
Care arrangements								
Parental care only	46.9	46.7	45.2	47.6	51.2	34.5	44.2	45.0
Nonparental care ^b	53.1	53.3	54.8	52.4	48.8	65.5	55.8	55.0
Home-based care ^c	18.1	15.0	20.0	18.4	16.4	24.1	17.5	18.6
Center-based care	19.0	21.3	21.3	17.4	14.2	28.9	21.9	25.4
Activities used for supervision	9.0	7.8	6.9	10.2	8.9	10.5	11.9	7.5
Self care	22.2	23.5	23.8	21.2	21.1	27.1	21.0	19.6
Activities								
Any activity ^b	53.7	30.4	40.5	65.9	63.3	39.7	51.2	35.4
Sports	39.3	18.6	26.1	50.8	47.8	24.2	37.2	26.7
Religious activities	24.9	12.5	20.0	30.7	29.7	20.9	18.3	14.8
Arts ^d	21.5	9.7	12.5	28.5	25.8	13.3	25.5	13.2
Scouts	10.1	4.8	6.4	13.2	13.3	5.6	7.7	5.4
Academic activities ^e	9.7	6.6	7.1	11.6	10.0	12.0	13.0	5.9
Community services	12.7	5.0	10.6	15.9	15.6	8.2	13.1	7.1
Clubs	8.7	3.7	4.6	11.8	11.0	4.9	8.9	4.1

^a The 1997 OMB Standards for Data on Race and Ethnicity were used, allowing persons to select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander. Included in the total but not shown separately are American Indian or Alaska Native and respondents with Two or more races. Respondents who reported the child being Asian or Native Hawaiian or other Pacific Islander were combined. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

^b Children may have multiple nonparental child care arrangements, in addition to being involved in more than one activity; thus, the total of the four kinds of nonparental arrangements may not sum to the category "Nonparental care." Likewise, the seven activities listed may not sum to the category "Any activity." Activities include organized programs a child participates in outside of school hours that are not part of a before- or after-school program.

^c Home-based care includes care that takes place in a relative's or nonrelative's private home.

^d Arts include activities such as music, dance, and painting.

^e Academic activities include activities such as tutoring or math lab.

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

Table FAM4

Children of at least one foreign-born parent: Percentage of children ages 0–17 by nativity of child and parents^a by parent's education, poverty status, and other characteristics, selected years 1994–2006^b

Characteristic	1994			1996			1998		
	Native child and parents	Foreign-born parent Native child	Foreign-born parent Foreign-born child	Native child and parents	Foreign-born parent Native child	Foreign-born parent Foreign-born child	Native child and parents	Foreign-born parent Native child	Foreign-born parent Foreign-born child
Number of children ages 0–17 living with one or both parents (in thousands)	56,338	8,176	2,160	56,369	9,157	2,449	56,237	9,883	2,298
Percent of all children ^c	82	12	3	80	13	3	80	14	3
Education of parent									
Less than high school	14	38	48	13	39	49	12	37	45
High school graduate	35	21	20	34	21	16	34	23	22
Some college or associate's degree	28	19	11	29	19	12	30	18	11
Bachelor's degree or higher	23	22	21	23	22	22	23	23	22
Poverty status^d									
Below poverty	20	28	41	18	27	39	17	25	39
At or above poverty	80	72	59	82	73	61	83	75	61
Area of residence									
Central city of MSA ^e	27	43	48	26	42	48	26	43	49
Outside central city, in MSA ^e	48	51	47	51	51	46	51	50	45
Outside metropolitan area	25	6	6	23	6	6	22	7	6
Presence of parents									
Two married parents present ^f	70	82	78	69	80	80	69	82	78
Living with mother only	26	16	19	27	17	17	26	15	20
Living with father only	4	2	3	4	3	2	5	3	3
Presence of adults other than parents									
Other relatives only	17	25	36	17	24	34	17	26	29
Nonrelatives only	5	5	5	6	3	3	6	4	4
Both relatives and nonrelatives	1	1	3	1	1	2	1	1	2
No other relatives or nonrelatives	78	68	56	76	72	61	77	68	65

Table FAM4 (cont.)

Children of at least one foreign-born parent: Percentage of children ages 0–17 by nativity of child and parents^a by parent's education, poverty status, and other characteristics, selected years 1994–2006^b

Characteristic	2000			2004			2006		
	Native child and parents	Foreign-born parent Native child	Foreign-born parent Foreign-born child	Native child and parents	Foreign-born parent Native child	Foreign-born parent Foreign-born child	Native child and parents	Foreign-born parent Native child	Foreign-born parent Foreign-born child
	Number of children ages 0–17 living with one or both parents (in thousands)	56,340	10,211	2,465	55,048	12,174	2,708	54,976	12,706
Percent of all children ^c	79	14	3	75	17	4	75	17	4
Gender of child									
Male	51	52	53	51	52	50	51	52	51
Female	49	49	47	49	48	50	49	49	49
Age of child									
Under 1 year	6	6	1	5	7	1	6	7	1
Ages 1–2	11	13	4	11	14	3	11	15	4
Ages 3–5	16	21	9	16	18	10	16	19	10
Ages 6–8	17	18	14	16	17	14	16	16	15
Ages 9–11	18	16	21	17	17	20	16	16	20
Ages 12–14	17	14	25	18	15	25	17	15	22
Ages 15–17	16	12	27	17	12	28	18	12	28
Race and Hispanic origin of child^a									
White	81	75	69	79	72	71	79	72	68
White, non-Hispanic	–	–	–	71	20	19	70	18	16
Black	17	7	9	17	9	8	16	9	10
Asian	1	18	22	1	15	18	1	15	19
Hispanic ^h	7	54	54	9	54	55	10	57	55
Education of parent									
Less than high school	11	36	43	10	34	42	10	33	39
High school graduate	33	23	23	31	24	21	30	24	24
Some college or associate's degree	31	18	12	32	17	13	32	19	11
Bachelor's degree or higher	26	23	22	28	25	24	29	25	27
Poverty status^d									
Below 100% poverty	15	20	30	15	21	30	15	20	30
100–199% poverty	20	29	31	19	28	33	19	28	31
200% poverty and above	65	51	39	65	51	37	65	52	39
Area of residence									
Central city of MSA ^e	25	42	48	–	–	–	–	–	–
Outside central city, in MSA ^e	53	52	46	–	–	–	–	–	–
Outside metropolitan area	22	6	5	–	–	–	–	–	–

Table FAM4 (cont.)

Children of at least one foreign-born parent: Percentage of children ages 0–17 by nativity of child and parents^a by parent's education, poverty status, and other characteristics, selected years 1994–2006^b

Characteristic	2000			2004			2006		
	Native child and parents	Foreign-born parent child	Foreign-born parent child	Native child and parents	Foreign-born parent child	Foreign-born parent child	Native child and parents	Foreign-born parent child	Foreign-born parent child
Presence of parents									
Two married parents present ^f	70	82	81	68	81	81	68	82	80
Living with mother only	25	15	15	27	16	16	27	15	16
Living with father only	5	3	4	5	4	3	5	3	3
Presence of adults other than parents									
Other relatives only	16	26	37	17	26	31	17	25	31
Nonrelatives only	6	4	5	6	5	4	6	4	3
Both relatives and nonrelatives	1	1	2	1	1	2	1	2	1
No other relatives or nonrelatives	76	68	56	76	68	64	75	70	64

— Not available.

^a Native parents means that all of the parents that the child lives with are native-born, while foreign-born means that at least one of the child's parents is foreign-born. Anyone with U.S. citizenship at birth is considered native, which includes persons born in the United States and in U.S. outlying areas, and persons born abroad with at least one American parent.

^b Beginning with March 2001, data are from the Expanded Current Population Survey Sample and use population controls based on Census 2000.

^c The percent of all children is of all children ages 0–17, including those living with no parents and excluding children in group quarters.

^d The poverty status groups are derived from the ratio of the family's income to the family's poverty threshold. Below 100 percent of poverty refers to children living below the poverty line, 100–199 percent of poverty refers to children living in low-income households, and 200 percent of poverty and above refers to children living in medium- and high-income households. See ECON1.B for the income levels.

^e An MSA is a Metropolitan Statistical Area. The U.S. Office of Management and Budget (OMB) defines metropolitan areas (MAs) according to published standards that are applied to Census Bureau data. The 1990 standards provide that each newly qualifying MSA must include at least: (1) one city with 50,000 or more inhabitants, or (2) a Census Bureau-defined urbanized area (of at least 50,000 inhabitants) and a total metropolitan population of at least 100,000 (75,000 in New England). MSA information is discontinued for 2003 and later due to discontinuity in the metro definitions in the Current Population Survey.

^f The category "two married parents present" 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.

^g For race and Hispanic-origin data in this table: From 1994 to 2002, following the 1977 OMB standards for collecting and presenting data on race, the Current Population Survey (CPS) asked respondents to choose *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 2003, following the 1997 OMB standards for collecting and presenting data on race, the CPS asked respondents to choose *one or more* races from the following: White, Black, Asian, American Indian or Alaska Native, and Native Hawaiian or Other Pacific Islander. People who responded to the question on race by indicating *only one* race are referred to as the race-alone population. The use of the race-alone population in this table does not imply that it is the preferred method of presenting or analyzing data. Prior to 2004, "Asian" refers to Asians and Pacific Islanders; beginning in 2004, "Asian" refers to Asians alone. Data from 2004 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

^h Persons of Hispanic origin may be of any race.

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

Table FAM5

Language spoken at home and difficulty speaking English: Number of children ages 5–17 who speak a language other than English at home by language spoken and ability to speak English, and the percentages of those speaking a language other than English at home and those with difficulty speaking English,^a by selected characteristics, selected years 1979–2005

	Current Population Survey					American Community Survey			
	1979	1989	1992	1995 ^b	1999 ^b	2000	2001	2003	2005
Children who speak another language at home									
Number (in millions)	3.8	5.2	6.3	6.7	8.8	9.5	9.8	9.9	10.5
Language spoken ^c (in millions)									
Spanish	2.5	3.6	4.3	5.0	6.3	6.5	6.8	7.0	7.5
Other Indo-European	0.6	0.7	0.5	0.5	0.4	1.5	1.5	1.4	1.5
Asian or Pacific Island languages	0.2	0.6	1.0	0.5	1.2	1.1	1.2	1.1	1.1
Other languages	0.5	0.3	0.5	0.6	0.9	0.3	0.3	0.3	0.4
Ability to speak English (in millions)									
Very well	2.6	3.4	4.1	4.2	6.2	6.6	6.9	7.0	7.7
Well	0.8	1.1	1.4	1.5	1.7	1.8	1.7	1.9	1.8
Not well	0.4	0.6	0.6	0.7	0.8	0.9	0.9	0.9	0.8
Not at all	0.1	0.1	0.1	0.1	0.1	0.2	0.2	0.2	0.2
Percentage of school-aged children	8.5	12.3	13.2	14.1	16.7	18.1	18.5	18.6	19.9
Poverty status ^d									
In poverty	–	–	–	–	–	28.4	28.9	28.4	30.2
Not in poverty	–	–	–	–	–	16.1	16.5	16.7	17.7
Nativity status ^e									
Native child and parents	–	–	–	–	–	5.0	5.1	4.7	5.0
Foreign-born parent	–	–	–	–	–	72.0	71.7	71.0	71.8
Native child	–	–	–	–	–	66.9	66.4	66.2	67.1
Foreign-born child	–	–	–	–	–	87.9	88.7	87.5	88.6
Family structure									
Two married parents	–	–	–	–	–	18.5	19.0	19.5	20.4
Mother only	–	–	–	–	–	15.8	16.5	16.2	17.9
Father only	–	–	–	–	–	19.3	18.7	18.1	21.1
No parent	–	–	–	–	–	20.1	19.9	18.3	20.4
Education of parent ^f									
Less than high school graduate	–	–	–	–	–	47.4	48.1	53.5	55.3
High school graduate	–	–	–	–	–	15.5	16.6	18.0	20.4
Some college	–	–	–	–	–	12.4	12.8	12.6	13.4
Bachelor's degree or higher	–	–	–	–	–	12.9	12.8	12.6	13.2

Table FAM5 (cont.)

Language spoken at home and difficulty speaking English: Number of children ages 5–17 who speak a language other than English at home by language spoken and ability to speak English, and the percentages of those speaking a language other than English at home and those with difficulty speaking English,^a by selected characteristics, selected years 1979–2005

	Current Population Survey					American Community Survey			
	1979	1989	1992	1995 ^b	1999 ^b	2000	2001	2003	2005
Children who speak another language at home (cont.)									
Race and Hispanic origin ^a									
White	8.7	12.0	12.6	13.3	16.4	14.4	14.4	14.5	14.7
White, non-Hispanic	3.2	3.3	3.3	3.6	3.9	5.7	5.7	5.1	5.6
Black	1.9	3.1	4.3	4.2	5.8	5.1	5.1	5.8	6.0
Black, non-Hispanic	1.3	2.3	3.7	3.0	4.5	4.4	4.5	5.0	5.3
American Indian or Alaska Native	–	16.6	13.6	17.8	20.4	20.5	24.2	20.7	20.0
Asian	–	62.2	65.2	60.2	60.4	67.1	66.6	63.5	64.0
Native Hawaiian or Other Pacific Islander	–	–	–	–	–	29.8	36.9	26.0	29.8
Two or more races	–	–	–	–	–	17.6	17.5	14.8	14.4
Hispanic (of any race) ^a	75.1	69.4	71.5	73.8	70.9	68.6	68.7	67.6	68.9
Region ^h									
Northeast	10.5	12.8	14.9	15.2	17.7	19.1	18.7	19.0	19.7
Midwest	3.7	4.7	5.3	5.9	7.5	9.5	9.9	9.9	10.8
South	6.8	10.6	10.5	11.7	14.3	14.6	15.1	15.7	16.8
West	17.0	23.6	25.3	26.4	28.8	31.0	31.1	31.0	33.0
Living in linguistically isolated household ⁱ									
Number (in millions)	–	–	–	–	–	2.4	2.6	2.8	3.0
Percentage of school-aged children	–	–	–	–	–	4.6	4.9	5.3	5.6
Children who speak another language at home and have difficulty speaking English									
Number (in millions)	1.3	1.8	2.2	2.4	2.6	2.9	2.8	2.9	2.8
Percentage of school-aged children	2.8	4.3	4.6	5.2	5.0	5.5	5.4	5.4	5.3
Language spoken ^c									
Spanish	2.1	3.1	3.3	4.3	4.3	4.0	3.9	4.1	4.0
Other Indo-European	0.2	0.4	0.2	0.2	0.2	0.6	0.6	0.6	0.6
Asian or Pacific Island languages	0.1	0.6	0.8	0.4	0.6	0.7	0.7	0.6	0.6
Other languages	0.4	0.2	0.3	0.3	0.5	0.1	0.1	0.1	0.1

Table FAM5 (cont.)

Language spoken at home and difficulty speaking English: Number of children ages 5–17 who speak a language other than English at home by language spoken and ability to speak English, and the percentages of those speaking a language other than English at home and those with difficulty speaking English,^a by selected characteristics, selected years 1979–2005

	Current Population Survey					American Community Survey			
	1979	1989	1992	1995 ^b	1999 ^b	2000	2001	2003	2005
Children who speak another language at home and have difficulty speaking English (cont.)									
Poverty status ^d									
In poverty	–	–	–	–	–	11.3	11.1	10.8	10.2
Not in poverty	–	–	–	–	–	4.3	4.3	4.4	4.3
Nativity status ^e									
Native child and parents	–	–	–	–	–	1.3	1.2	1.1	1.1
Foreign-born parent	–	–	–	–	–	21.8	21.6	21.2	19.4
Native child	–	–	–	–	–	17.2	16.7	16.5	15.1
Foreign-born child	–	–	–	–	–	36.0	36.7	37.1	34.6
Family structure									
Two married parents	–	–	–	–	–	5.4	5.5	5.6	5.4
Mother only	–	–	–	–	–	4.3	4.2	4.4	4.2
Father only	–	–	–	–	–	6.8	6.4	6.0	6.6
No parent	–	–	–	–	–	8.6	7.5	6.9	7.5
Education of parent ^f									
Less than high school graduate	–	–	–	–	–	17.8	17.0	20.3	18.7
High school graduate	–	–	–	–	–	4.4	4.6	5.1	5.2
Some college	–	–	–	–	–	3.0	3.1	2.8	2.9
Bachelor's degree or higher	–	–	–	–	–	2.8	2.9	2.8	2.6
Race and Hispanic origin ^g									
White	2.8	4.2	4.3	4.9	5.2	4.4	4.2	4.3	3.9
White, non-Hispanic	0.5	0.7	0.6	0.7	1.0	1.3	1.4	1.4	1.3
Black	0.5	0.7	1.5	1.5	1.3	1.4	1.2	1.6	1.4
Black, non-Hispanic	0.3	0.5	1.2	0.9	1.0	1.2	1.0	1.3	1.3
American Indian or Alaska Native	–	4.5	1.4	3.8	8.2	4.6	4.4	3.8	4.1
Asian	–	24.5	25.0	19.4	13.9	19.8	20.5	17.5	17.2
Native Hawaiian or Other Pacific Islander	–	–	–	–	–	10.3	8.4	6.2	7.3
Two or more races	–	–	–	–	–	4.2	3.9	3.2	2.6
Hispanic (of any race) ^g	28.7	26.7	27.9	30.9	23.4	22.8	21.3	20.9	19.4

Table FAM5 (cont.)

Language spoken at home and difficulty speaking English: Number of children ages 5–17 who speak a language other than English at home by language spoken and ability to speak English, and the percentages of those speaking a language other than English at home and those with difficulty speaking English,^a by selected characteristics, selected years 1979–2005

	Current Population Survey					American Community Survey			
	1979	1989	1992	1995 ^b	1999 ^b	2000	2001	2003	2005
Children who speak another language at home and have difficulty speaking English (cont.)									
Region ^h									
Northeast	2.9	4.5	4.8	5.0	4.4	5.0	5.1	5.5	4.5
Midwest	1.1	1.2	1.5	2.3	2.0	2.8	2.9	3.2	3.1
South	2.2	3.8	3.3	3.4	3.6	4.4	4.1	4.7	4.6
West	6.5	8.6	9.8	11.4	10.5	10.0	9.7	8.7	8.9

— Not available.

^a Respondents were asked if the children in the household spoke a language other than English at home and how well they could speak English. Categories used for reporting were “Very well,” “Well,” “Not well,” and “Not at all.” All those reported to speak English less than “Very well” were considered to have difficulty speaking English based on an evaluation of the English-speaking ability of a sample of the children in the 1980s.

^b Numbers from the Current Population Survey (CPS) in 1995 and after 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.

^c In the 1979 CPS questionnaire, the language spoken at home variable had 10 specific categories: Chinese, Filipino, French, German, Greek, Italian, Polish, Portuguese, Spanish, and Other. In the 1989 CPS questionnaire, the language spoken at home variable had 34 specific categories. In the 1992 to 1999 CPS questionnaires, the language spoken at home variable had 4 categories: Spanish, Asian, Other European, and Other. In the American Community Survey (ACS), respondents are asked the question, and their response is recorded in an open-ended format.

^d Limited to the population for whom poverty status is determined.

^e Native parents means that all of the parents that the child lives with are native, while foreign-born means that at least one of the child’s parents is foreign-born. Anyone with U.S. citizenship at birth is considered native, which includes persons born in the United States and in U.S. outlying areas, and persons born abroad with at least one American parent.

^f Highest level of educational attainment is shown for either parent.

^g For race and Hispanic-origin data in this table: From 1979 to 1999, following the 1977 OMB standards for collecting and presenting data on race, the CPS asked respondents to choose *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 ACS asked respondents to choose *one or more* races from the following: White, Black, Asian, American Indian or Alaska Native, and Native Hawaiian or Other Pacific Islander. In addition, a “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 those who were “Two or more races,” all race groups discussed in this table from 2000 onward refer to people who indicated only one racial identity within the racial categories presented. People who responded to the question on race by indicating *only one* race are referred to as the race-alone population. The use of the race-alone population in this table does not imply that it is the preferred method of presenting or analyzing data. Prior to 2000, “Asian” refers to Asians and Pacific Islanders; beginning in 2000, “Asian” refers to Asians alone. Data from 2000 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

^h The Northeast region includes the states of Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont. The Midwest region includes the states of Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin. The South region includes the states of Alabama, Arkansas, Delaware, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia, and the District of Columbia (a state equivalent). The West region includes the states of Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.

ⁱ A linguistically isolated household is one in which no person age 14 or over speaks English at least “Very well.” That is, no person age 14 or over speaks only English at home, or speaks another language at home and speaks English “Very well.”

NOTE: All nonresponses to the CPS language questions are excluded from the tabulations, except in 1999. In 1999, imputations were instituted for nonresponse on the language items.

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

Table FAM6

Adolescent births: Birth rates by mother's age, and race and Hispanic origin,^a selected years 1980–2005

(Live births per 1,000 females in specified age group)

Characteristic	1980	1985	1990	1995	2000	2001	2002	2003	2004	2005
All races										
Ages 10–14	1.1	1.2	1.4	1.3	0.9	0.8	0.7	0.6	0.7	0.7
Ages 15–17	32.5	31.0	37.5	35.5	26.9	24.7	23.2	22.4	22.1	21.4
Ages 18–19	82.1	79.6	88.6	87.7	78.1	76.1	72.8	70.7	70.0	69.9
Ages 15–19	53.0	51.0	59.9	56.0	47.7	45.3	43.0	41.6	41.1	40.4
White, total										
Ages 10–14	0.6	0.6	0.7	0.8	0.6	0.5	0.5	0.5	0.5	0.5
Ages 15–17	25.5	24.4	29.5	29.6	23.3	21.4	20.5	19.8	19.5	18.9
Ages 18–19	73.2	70.4	78.0	80.2	72.3	70.8	68.0	66.2	65.0	64.8
Ages 15–19	45.4	43.3	50.8	49.5	43.2	41.2	39.4	38.3	37.7	37.0
White, non-Hispanic										
Ages 10–14	0.4	–	0.5	0.4	0.3	0.3	0.2	0.2	0.2	0.2
Ages 15–17	22.4	–	23.2	22.0	15.8	14.0	13.1	12.4	12.0	11.5
Ages 18–19	67.7	–	66.6	66.2	57.5	54.8	51.9	50.0	48.7	48.1
Ages 15–19	41.2	–	42.5	39.3	32.6	30.3	28.5	27.4	26.7	26.0
Black, total										
Ages 10–14	4.3	4.5	4.9	4.1	2.3	2.0	1.8	1.6	1.6	1.7
Ages 15–17	72.5	69.3	82.3	68.5	49.0	43.9	40.0	38.2	37.2	35.4
Ages 18–19	135.1	132.4	152.9	135.0	118.8	114.0	107.6	103.7	104.4	104.7
Ages 15–19	97.8	95.4	112.8	94.4	77.4	71.8	66.6	63.8	63.3	61.9
Black, non-Hispanic										
Ages 10–14	4.6	–	5.0	4.2	2.4	2.1	1.9	1.6	1.6	1.7
Ages 15–17	77.2	–	84.9	70.4	50.1	44.9	41.0	38.7	37.1	34.9
Ages 18–19	146.5	–	157.5	139.2	121.9	116.7	110.3	105.3	103.9	102.9
Ages 15–19	105.1	–	116.2	97.2	79.2	73.5	68.3	64.7	63.1	60.9
Hispanic^b										
Ages 10–14	1.7	–	2.4	2.6	1.7	1.6	1.4	1.3	1.3	1.3
Ages 15–17	52.1	–	65.9	68.3	55.5	52.8	50.7	49.7	49.7	48.4
Ages 18–19	126.9	–	147.7	145.4	132.6	135.5	133.0	132.0	133.5	134.2
Ages 15–19	82.2	–	100.3	99.3	87.3	86.4	83.4	82.3	82.6	81.5
American Indian/Alaska Native										
Ages 10–14	1.9	1.7	1.6	1.6	1.1	1.0	0.9	1.0	0.9	1.0
Ages 15–17	51.5	47.7	48.5	44.6	34.1	31.4	30.7	30.6	30.0	30.5
Ages 18–19	129.5	124.1	129.3	122.2	97.1	94.8	89.2	87.3	87.0	87.4
Ages 15–19	82.2	79.2	81.1	72.9	58.3	56.3	53.8	53.1	52.5	52.7

Table FAM6 (cont.)

Adolescent births: Birth rates by mother's age, and race and Hispanic origin, selected years 1980–2005

(Live births per 1,000 females in specified age group)

Characteristic	1980	1985	1990	1995	2000	2001	2002	2003	2004	2005
Asian/Pacific Islander										
Ages 10–14	0.3	0.4	0.7	0.7	0.3	0.2	0.3	0.2	0.2	0.2
Ages 15–17	12.0	12.5	16.0	15.6	11.6	10.3	9.0	8.8	8.9	8.2
Ages 18–19	46.2	40.8	40.2	40.1	32.6	32.8	31.5	29.8	29.6	30.1
Ages 15–19	26.2	23.8	26.4	25.5	20.5	19.8	18.3	17.4	17.3	16.9

— Not available.

^a The 1977 OMB Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. California, Hawaii, Ohio (for December only), Pennsylvania, Utah, and Washington reported multiple race data in 2003, following the revised 1997 OMB standards. In 2004, the following states began to report multiple race data: Florida, Idaho, Kentucky, Michigan, Minnesota, New Hampshire, New York State (excluding New York City), South Carolina, and Tennessee. The multiple-race data for these states were bridged to the single-race categories of the 1977 OMB standards for comparability with other states. In addition, note that data on race and Hispanic origin are collected and reported separately.

^b Persons of Hispanic origin may be of any race. Trend data for Hispanic women are affected by expansion of the reporting area in which an item on Hispanic origin is included on the birth certificate, as well as by immigration. These two factors affect numbers of events, composition of the Hispanic population, and maternal and infant health characteristics. The number of States in the reporting area increased from 22 in 1980 to 23 and the District of Columbia (DC) in 1983–87, 30 and DC in 1988, 47 and DC in 1989, 48 and DC in 1990, 49 and DC in 1991–92, and 50 and DC in 1993. Rates in 1981–88 were not calculated for Hispanics, Black, non-Hispanics, and White, non-Hispanics because estimates for these populations were not available. Recent declines in teenage birth rates parallel but outpace the reductions in birth rates for unmarried teenagers (FAM2.A). Birth rates for married teenagers fell sharply between 1990 and 2004, but relatively few teenagers are married.

NOTE: Data for 2005 are preliminary.

SOURCE: Centers for Disease Control and Prevention, *National Center for Health Statistics*, National Vital Statistics System. Hamilton, B.E., Martin, J.A., and Ventura, S.J. (2006). Births: Preliminary Data for 2005. *National Vital Statistics Reports* 55(11). Hyattsville, MD: National Center for Health Statistics. Martin, J.A., Hamilton, B.E., Sutton, P.D., Ventura, S.J., Menacker, F., and Kirmeyer, S. (2006). Births: Final data for 2004. *National Vital Statistics Reports*, 55(1). Hyattsville, MD: National Center for Health Statistics.

Table FAM7.A

Child maltreatment: Rate of substantiated maltreatment reports of children ages 0–17 per 1,000 children by selected characteristics, 1998–2005

(Substantiated maltreatment reports per 1,000 children ages 0–17)

Characteristic	1998	1999	2000	2001	2002	2003	2004	2005
Total	12.9	11.8	12.2	12.5	12.3	12.2	12.0	12.1
Gender								
Male	—	—	11.4	11.7	11.5	11.5	11.3	11.3
Female	—	—	12.9	13.2	13.0	12.9	12.7	12.7
Race and Hispanic origin^a								
White, non-Hispanic	—	—	10.7	10.9	10.9	11.0	10.9	10.8
Black, non-Hispanic	—	—	21.5	21.8	20.8	20.7	20.1	19.5
Asian	—	—	2.0	3.7	3.2	3.0	2.9	2.5
Native Hawaiian or Other Pacific Islander	—	—	21.7	20.7	18.6	18.6	18.0	16.1
American Indian or Alaska Native	—	—	20.5	26.5	21.8	21.5	16.5	16.5
Multiple Races	—	—	12.3	11.1	13.0	12.9	14.5	15.0
Hispanic	—	—	10.2	10.3	8.2	10.2	10.1	10.7
Age								
Ages 0–3	—	—	15.7	16.1	16.1	16.1	16.0	16.5
Ages 4–7	—	—	13.4	13.8	13.6	13.7	13.5	13.5
Ages 8–11	—	—	11.8	12.2	11.9	11.6	11.1	10.9
Ages 12–15	—	—	10.4	10.8	10.7	10.6	10.3	10.2
Ages 16–17	—	—	5.8	6.0	6.0	6.0	6.1	6.2

— Not available.

^a From 2000–2002, the 1977 OMB Standards for Data on Race and Ethnicity were used to classify persons into one of the following four groups: White, Black, Asian or Pacific Islander (Pacific Islander is labeled in the table as Native Hawaiian or Other Pacific Islander), or American Indian or Alaskan Native. For data from 2003 onward, the revised 1997 OMB standards were used, where respondents could choose one or more of five racial groups: White, Black or African American, Asian, Native Hawaiian or Other Pacific Islander, and American Indian or Alaska Native. In addition, note that data on race and Hispanic origin are collected separately, but are combined for reporting. Persons of Hispanic origin may be of any race.

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. Substantiated maltreatment includes the dispositions of substantiated, indicated, or alternative response-victim. Rates are based on the number of States submitting data to National Child Abuse and Neglect Data System (NCANDS) each year; States include the District of Columbia and Puerto Rico. The overall rate of maltreatment is based on the following number of States for each year: 51 in 1998, 50 in 1999, 50 in 2000, 51 in 2001, 51 in 2002, 51 in 2003, 50 in 2004, and 52 in 2005. The number of States reporting on sex for the years of 2000–2005 was 50 in 2000, 51 in 2001, 51 in 2002, 51 in 2003, 50 in 2004, and 51 in 2005. The number of States reporting on race and Hispanic origin for the years 2000–2005 was 48 in 2000, 49 in 2001, 50 in 2002, 50 in 2003, 49 in 2004, and 50 in 2005. The number of States reporting on age for the years of 2000–2005 was 50 in 2000, 51 in 2001, 51 in 2002, 51 in 2003, 50 in 2004, and 51 in 2005. Rates from 1998–1999 are based on aggregated data submitted by States; rates from 2000–2005 are based on case-level data submitted by the States. The reporting year changed in 2003 from the calendar year to the Federal fiscal year. Additional technical notes are available in the annual reports entitled Child Maltreatment. These reports are available on the internet at http://www.acf.hhs.gov/programs/cb/stats_research/index.htm#can.

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.

Table FAM7.B

Child maltreatment: Percentage of substantiated maltreatment reports by maltreatment type and age, 2005

Characteristic	Physical Abuse	Neglect	Medical Neglect	Sexual Abuse	Psychological Abuse	Other Abuse	Unknown
Overall	16.6	63.4	2.0	9.4	6.9	13.9	1.1
Age							
Ages 0-3	12.2	73.1	2.7	2.1	5.5	14.9	1.2
Ages 4-7	15.6	64.6	1.7	8.9	7.1	13.4	1.1
Ages 8-11	17.6	60.3	1.7	11.2	8.1	13.7	1.1
Ages 12-15	21.3	53.8	1.7	17.3	7.4	13.1	1.1
Ages 16-17	23.2	52.7	1.8	16.7	6.6	13.9	0.9
Unknown or Missing	23.0	55.9	0.5	16.2	8.7	3.9	0.1

NOTE: Based on data from 49 states. 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. Substantiated maltreatment includes the dispositions of substantiated, indicated, or alternative response-victim. States vary in their definition of abuse and neglect. Rows total more than 100 percent since a single child may be the victim of multiple kinds of maltreatment.

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.

Table ECON1.A

Child poverty: Percentage of all children and related children^a ages 0–17 living below selected poverty levels by selected characteristics, selected years 1980–2005

Characteristic	1980	1985	1990	1995	2000	2001	2002	2003	2004	2005
Below 100% poverty										
All children ^b	18	21	21	21	16	16	17	18	18	18
Gender										
Male	–	–	21	20	16	16	17	18	18	17
Female	–	–	21	21	16	16	17	18	18	18
Age										
Ages 0–5	–	–	24	24	18	18	19	20	20	20
Ages 6–17	–	–	19	19	15	15	16	16	17	16
Race and Hispanic origin ^c										
White, non-Hispanic	12	13	12	11	9	10	9	10	11	10
Black	42	44	45	42	31	30	32	34	34	35
Hispanic ^d	33	40	38	40	28	28	29	30	29	28
Region										
Northeast	–	–	18	19	15	15	15	15	16	16
Midwest	–	–	19	17	13	13	13	15	17	16
South	–	–	24	24	18	19	19	20	20	20
West	–	–	20	22	17	16	17	18	18	18
Related children ^a										
Children in all families, total	18	20	20	20	16	16	16	17	17	17
Related children ages 0–5	20	23	23	24	18	18	19	20	20	20
Related children ages 6–17	17	19	18	18	15	15	15	16	16	16
White, non-Hispanic	11	12	12	11	9	9	9	9	10	10
Black	42	43	44	42	31	30	32	34	33	34
Hispanic ^d	33	40	38	39	28	27	28	29	29	28
Children in married-couple families, total	–	–	10	10	8	8	9	9	9	9
Related children ages 0–5	–	–	12	11	9	9	10	10	10	10
Related children ages 6–17	–	–	10	9	8	7	8	8	8	8
White, non-Hispanic	–	–	7	6	5	5	5	5	5	5
Black	–	–	18	13	9	10	12	11	13	13
Hispanic ^d	–	–	27	28	21	20	21	21	21	20
Children in female-householder families, no husband present, total	51	54	53	50	40	39	40	42	42	43
Related children ages 0–5	65	66	66	62	50	49	49	53	53	53
Related children ages 6–17	46	48	47	45	36	35	36	37	37	38
White, non-Hispanic	–	–	40	34	28	29	29	31	32	33
Black	65	67	65	62	49	47	48	50	49	50
Hispanic ^d	65	72	68	66	50	49	48	51	52	50

Table ECON1.A (cont.)

Child poverty: Percentage of all children and related children^a ages 0–17 living below selected poverty levels by selected characteristics, selected years 1980–2005

Characteristic	1980	1985	1990	1995	2000	2001	2002	2003	2004	2005
Below 50% poverty										
All children ^b	–	–	9	9	7	7	7	8	8	8
Gender										
Male	–	–	9	8	7	7	7	8	8	7
Female	–	–	9	9	7	7	7	8	8	8
Age										
Ages 0–5	–	–	11	11	8	8	8	10	9	9
Ages 6–17	–	–	8	7	6	7	6	7	7	7
Race and Hispanic origin ^c										
White, non-Hispanic	–	–	5	4	4	4	4	4	5	4
Black	–	–	23	21	15	16	15	18	17	17
Hispanic ^d	–	–	14	16	10	11	11	11	10	12
Region										
Northeast	–	–	8	9	6	7	6	7	8	8
Midwest	–	–	9	7	6	6	6	7	7	7
South	–	–	11	10	8	8	8	9	9	9
West	–	–	6	8	6	6	6	8	7	7
Related children ^a										
Children in all families, total	7	8	8	8	6	7	7	7	7	7
Related children ages 0–5	–	–	10	10	8	8	8	10	9	9
Related children ages 6–17	–	–	7	7	6	6	6	6	6	6
White, non-Hispanic	–	–	4	3	3	3	3	4	4	4
Black	17	22	22	20	15	16	15	17	17	17
Hispanic ^d	–	–	14	16	9	10	11	11	10	11
Children in married-couple families, total	–	–	3	3	2	2	2	2	3	2
Related children ages 0–5	–	–	3	3	2	3	3	3	3	3
Related children ages 6–17	–	–	2	3	2	2	2	2	2	2
White, non-Hispanic	–	–	2	1	2	2	2	1	2	1
Black	–	–	4	3	3	3	3	4	4	5
Hispanic ^d	–	–	7	9	4	5	5	5	4	5
Children in female-householder families, no husband present, total	–	–	28	24	19	20	20	22	22	22
Related children ages 0–5	–	–	37	34	28	28	28	31	31	29
Related children ages 6–17	–	–	23	19	15	17	16	17	18	19
White, non-Hispanic	–	–	19	13	12	13	12	15	15	15
Black	–	–	37	32	24	27	25	27	27	26
Hispanic ^d	–	–	32	33	25	26	26	25	28	28

Table ECON1.A (cont.)

Child poverty: Percentage of all children and related children^a ages 0–17 living below selected poverty levels by selected characteristics, selected years 1980–2005

Characteristic	1980	1985	1990	1995	2000	2001	2002	2003	2004	2005
Below 150% poverty										
All children ^b	–	–	31	32	27	28	28	29	28	28
Gender										
Male	–	–	31	32	27	27	28	29	28	28
Female	–	–	32	33	27	28	28	29	28	28
Age										
Ages 0–5	–	–	35	36	29	30	31	32	32	32
Ages 6–17	–	–	30	31	25	26	27	27	27	27
Race and Hispanic origin ^c										
White, non-Hispanic	–	–	21	20	16	17	17	18	18	17
Black	–	–	58	57	46	46	48	49	48	49
Hispanic ^d	–	–	56	59	47	47	47	48	47	46
Region										
Northeast	–	–	27	29	23	25	25	25	23	25
Midwest	–	–	29	27	22	23	23	25	26	25
South	–	–	36	36	30	31	31	32	31	31
West	–	–	31	35	29	28	30	30	30	29
Related children ^a										
Children in all families, total	29	32	31	32	26	27	27	28	28	28
Related children ages 0–5	–	–	34	35	29	30	31	31	31	31
Related children ages 6–17	–	–	29	30	25	25	26	27	26	26
White, non-Hispanic	–	–	21	19	16	17	17	17	17	17
Black	57	59	57	56	45	46	48	48	48	49
Hispanic ^d	–	–	55	59	47	46	47	48	47	46
Children in married-couple families, total	–	–	20	20	16	17	18	18	17	17
Related children ages 0–5	–	–	22	21	18	19	20	20	20	20
Related children ages 6–17	–	–	19	19	15	16	16	17	16	16
White, non-Hispanic	–	–	15	13	10	11	11	11	10	10
Black	–	–	32	26	21	21	25	22	23	23
Hispanic ^d	–	–	47	50	39	39	40	41	40	39
Children in female-householder families, no husband present, total	–	–	67	65	57	57	57	58	58	59
Related children ages 0–5	–	–	77	75	67	66	65	68	68	69
Related children ages 6–17	–	–	62	60	53	54	53	54	53	54
White, non-Hispanic	–	–	54	49	44	46	45	46	46	47
Black	–	–	77	76	66	66	65	67	66	67
Hispanic ^d	–	–	80	82	70	66	66	68	68	67

Table ECON1.A (cont.)

Child poverty: Percentage of all children and related children^a ages 0–17 living below selected poverty levels by selected characteristics, selected years 1980–2005

Characteristic	1980	1985	1990	1995	2000	2001	2002	2003	2004	2005
Below 200% poverty										
All children ^b	–	–	42	43	38	38	38	39	39	39
Gender										
Male	–	–	43	43	38	38	38	39	39	39
Female	–	–	42	44	38	38	38	40	40	39
Age										
Ages 0–5	–	–	46	47	41	42	42	42	43	42
Ages 6–17	–	–	41	42	36	37	37	38	38	37
Race and Hispanic origin ^c										
White, non-Hispanic	–	–	32	31	26	27	26	26	27	26
Black	–	–	68	68	59	57	60	61	61	61
Hispanic ^d	–	–	70	73	63	62	62	63	62	61
Region										
Northeast	–	–	36	38	33	34	34	34	33	34
Midwest	–	–	40	37	31	33	33	34	36	35
South	–	–	48	48	42	42	42	44	43	43
West	–	–	43	46	41	40	40	41	42	41
Related children ^a										
Children in all families, total	–	–	42	43	37	38	38	39	39	38
Related children ages 0–5	–	–	45	46	41	41	41	42	42	42
Related children ages 6–17	–	–	40	41	35	36	36	37	37	37
White, non-Hispanic	–	–	31	30	25	26	17	26	26	26
Black	–	–	68	68	59	57	48	61	60	61
Hispanic ^d	–	–	69	73	62	61	47	62	62	60
Children in married-couple families, total	–	–	31	31	26	27	27	27	27	27
Related children ages 0–5	–	–	34	33	29	30	30	30	31	30
Related children ages 6–17	–	–	30	30	25	25	25	26	26	25
White, non-Hispanic	–	–	25	23	18	19	19	19	18	18
Black	–	–	45	39	36	33	36	36	36	36
Hispanic ^d	–	–	62	66	55	54	56	56	56	54

Table ECON1.A (cont.)

Child poverty: Percentage of all children and related children^a ages 0–17 living below selected poverty levels by selected characteristics, selected years 1980–2005

Characteristic	1980	1985	1990	1995	2000	2001	2002	2003	2004	2005
Below 200% poverty (cont.)										
Children in female-householder families, no husband present, total	—	—	77	76	69	70	69	70	71	71
Related children ages 0–5	—	—	85	84	78	79	76	78	79	80
Related children ages 6–17	—	—	73	72	66	66	66	67	67	67
White, non-Hispanic	—	—	67	61	56	59	58	59	60	59
Black	—	—	86	87	79	77	76	78	79	79
Hispanic ^d	—	—	89	88	82	80	79	80	80	80

— Not available.

^a A related child is a person ages 0–17 who is related to the householder by birth, marriage, or adoption, but is not the householder or the householder's spouse.

^b Includes children not related to the householder.

^c For race and Hispanic-origin data in this table: From 1980 to 2002, following the 1977 OMB standards for collecting and presenting data on race, the Current Population Survey (CPS) asked respondents to choose *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 2003, following the 1997 OMB standards for collecting and presenting data on race, the CPS asked respondents to choose *one or more* races from the following: White, Black, Asian, American Indian or Alaska Native, and Native Hawaiian or Other Pacific Islander. All race groups discussed in this table from 2002 onward refer to people who indicated *only one* racial identity within the racial categories presented. People who responded to the question on race by indicating *only one* race are referred to as the race-alone population. The use of the race-alone population in this table does not imply that it is the preferred method of presenting or analyzing data. Data from 2002 onward are not directly comparable with data from earlier years. Data from 2004 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

^d Persons of Hispanic origin may be of any race.

NOTE: The 2004 data have been revised to reflect a correction to the weights in the 2005 Annual Social and Economic Supplements. Data for 1999, 2000, and 2001 use Census 2000 population controls. Data for 2000 onward are from the expanded Current Population Survey sample. The poverty level is based on money income and does not include noncash benefits, such as food stamps. Poverty thresholds reflect family size and composition and are adjusted each year using the annual average Consumer Price Index level. The average poverty threshold for a family of four was \$19,971 in 2005. The levels shown here are derived from the ratio of the family's income to the family's poverty threshold. For more detail, see U.S. Census Bureau, Series P–60, no. 231.

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

Table ECON1.B

Income distribution: Percentage of related children ages 0–17 by family income relative to the poverty line, selected years 1980–2005

Poverty level	1980	1985	1990	1995	1997	1998	1999	2000	2001	2002	2003	2004	2005
Extreme poverty	6.6	8.1	8.3	7.9	8.5	7.6	6.5	6.3	6.6	6.6	7.3	7.2	7.2
Below poverty, but above extreme poverty	11.3	12.0	11.6	12.2	10.8	10.7	10.1	9.4	9.1	9.7	9.9	10.1	9.9
Low income	24.0	22.8	21.8	22.5	21.4	21.2	21.9	21.3	21.9	21.5	21.5	21.4	21.3
Medium income	41.4	37.7	37.0	34.5	34.4	33.5	32.8	34.0	33.2	32.7	32.0	32.3	32.1
High income	16.8	19.4	21.3	22.8	25.0	27.0	28.7	29.0	29.2	29.6	29.4	28.9	29.5
Very high income	4.3	6.1	7.4	8.9	10.1	11.2	12.3	12.6	12.9	12.9	13.1	12.9	13.5

NOTE: The 2004 data have been revised to reflect a correction to the weights in the 2005 Annual Social and Economic Supplement (ASEC). Data for 1999, 2000, and 2001 use Census 2000 population controls. Data for 2000 onward are from the expanded Current Population Survey sample. Estimates refer to children who are related to the householder and who are ages 0–17. The income classes are derived from the ratio of the family's income to the family's poverty threshold. Extreme poverty is less than 50 percent of the poverty threshold (i.e., \$9,902 for a family of four with 2 related children in 2005). Below poverty, but above extreme poverty is between 50 and 99 percent of the poverty threshold (i.e., between \$9,903 and \$19,805 for a family of four with 2 related children in 2005). Low income is between 100 and 199 percent of the poverty threshold (i.e., between \$19,806 and \$39,611 for a family of four with 2 related children in 2005). Medium income is between 200 and 399 percent of the poverty threshold (i.e., between \$39,612 and \$79,223 for a family of four with 2 related children in 2005). High income is 400 percent of the poverty threshold or more (i.e., \$79,224 or more for a family of four with 2 related children in 2005). Very high income is 600 percent of the poverty threshold and over (i.e., \$118,836 or more for a family of four with 2 related children in 2005). [These income categories are similar to those used in the Economic report for the President (1998). A similar approach is found in Hernandez, Donald J. (1993). *America's children: Resources from family, government, and the economy*. New York: Russell Sage Foundation for the National Committee for Research on the 1980 census, except that Hernandez uses the relationship to median income to define his categories. The medium- and high-income categories are similar for either method.]

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

Table ECON2

Secure parental employment: Percentage of children ages 0–17 living with at least one parent employed year round, full time^a by family structure, race and Hispanic origin, poverty status, and age, selected years 1980–2005

Characteristic	1980	1985	1990	1995	2000	2001	2002	2003	2004	2005
All children living with parent(s)^b										
Total	70	70	72	74	80	79	78	77	78	78
Race and Hispanic origin ^c										
White, non-Hispanic	75	77	79	81	85	84	83	82	82	84
Black, non-Hispanic	50	48	50	54	66	65	64	61	62	62
Hispanic	59	55	60	61	72	73	73	71	73	74
Poverty status										
Below poverty	21	20	22	25	34	32	33	30	33	32
At or above poverty	81	82	85	86	88	87	87	86	87	88
Age										
Ages 0–5	67	67	68	69	76	76	75	73	74	75
Ages 6–17	72	72	74	76	81	80	79	79	79	80
Children living in families maintained by two parents										
Total	80	81	85	87	90	89	88	88	88	89
Race and Hispanic origin ^c										
White, non-Hispanic	81	83	86	89	92	91	90	90	90	91
Black, non-Hispanic	73	76	84	85	90	89	84	85	86	85
Hispanic	71	70	74	77	85	84	82	82	84	85
Poverty status										
Below poverty	38	37	44	46	58	54	54	52	55	57
At or above poverty	84	87	89	91	93	92	91	91	92	92
Age										
Ages 0–5	76	79	83	86	89	88	85	86	86	87
Ages 6–17	81	82	85	87	91	90	89	88	89	90
With both parents working year round, full time	17	20	25	28	33	32	30	29	30	31
Children living in families maintained by single mothers^d										
Total	33	32	33	38	49	48	50	47	47	48
Race and Hispanic origin ^c										
White, non-Hispanic	39	39	40	46	53	52	52	52	49	52
Black, non-Hispanic	28	25	27	33	49	48	49	44	45	45
Hispanic	22	22	24	27	38	42	45	43	45	45
Poverty status										
Below poverty	7	7	9	14	20	19	19	17	19	17
At or above poverty	59	59	60	61	67	67	69	69	67	70
Age										
Ages 0–5	20	20	21	24	36	38	40	34	34	37
Ages 6–17	38	37	40	45	55	53	54	53	52	53

Table ECON2 (cont.)

Secure parental employment: Percentage of children ages 0–17 living with at least one parent employed year round, full time^a by family structure, race and Hispanic origin, poverty status, and age, selected years 1980–2005

Characteristic	1980	1985	1990	1995	2000	2001	2002	2003	2004	2005
Children living in families maintained by single fathers^d										
Total	57	60	64	67	69	69	68	63	68	71
Race and Hispanic origin ^c										
White, non-Hispanic	61	62	68	72	74	71	70	66	70	74
Black, non-Hispanic	41	59	53	64	52	58	64	54	61	65
Hispanic	53	53	59	58	68	72	70	63	69	67
Poverty status										
Below poverty	15	23	21	24	21	29	34	27	26	32
At or above poverty	68	69	74	79	79	78	77	73	78	80
Age										
Ages 0–5	48	57	58	54	65	67	65	56	62	66
Ages 6–17	59	62	67	74	70	70	70	65	71	73

^a Year round, full-time employment is defined as usually working full time (35 hours or more per week) for 50 to 52 weeks.

^b Total children living with										
parent(s) (in thousands)	60,683	61,264	63,351	68,090	69,126	69,514	70,075	70,089	70,210	70,292
Total living with relatives but not										
with parent(s) (in thousands)	1,954	1,379	1,455	2,160	2,212	2,092	2,226	2,380	2,528	2,419

^c For data from 1980 to 2002, the 1977 OMB Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. The revised 1997 OMB standards were used for data for 2003 and later years. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander. Included in the total, but not shown separately, are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and Two or more races. From 2003 onward, people who responded to the question on race indicated only one race unless otherwise specified. Data from 2003 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

^d Includes some families where both parents are present in the household, but living as unmarried partners.

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

Table ECON3.A

Food security: Percentage of children ages 0–17 in food-insecure households by severity of food insecurity and selected characteristics, selected years 1995–2005

Characteristic	1995 ^a	1999	2001	2002	2003	2004	2005
All children							
In food-insecure households ^b	19.4	16.9	17.6	18.1	18.2	19.0	16.9
In households with very low food security among children ^c	1.3	0.7	0.6	0.8	0.6	0.7	0.8
Poverty status							
Below 100% poverty							
In food-insecure households ^b	44.4	44.0	45.9	45.6	45.2	47.1	42.5
In households with very low food security among children ^c	3.4	2.2	2.6	2.4	2.0	2.5	2.9
100–199% poverty							
In food-insecure households ^b	25.4	23.4	27.1	28.4	29.6	28.0	26.4
In households with very low food security among children ^c	1.4	0.9	0.8	1.2	0.9	1.1	0.8
200% poverty and above							
In food-insecure households ^b	4.8	5.2	5.5	6.0	6.2	6.2	6.0
In households with very low food security among children ^c	0.2	0.2	0.1	0.1	0.1	0.1	0.3
Race							
White, non-Hispanic ^d							
In food-insecure households ^b	14.0	11.0	11.9	12.6	12.0	13.0	12.2
In households with very low food security among children ^c	0.8	0.4	0.2	0.4	0.2	0.4	0.5
Black, non-Hispanic ^d							
In food-insecure households ^b	30.6	28.6	29.6	29.4	30.8	31.2	29.2
In households with very low food security among children ^c	2.3	1.0	1.4	1.3	1.0	1.3	1.9
Hispanic ^d							
In food-insecure households ^b	33.9	29.2	28.6	29.2	30.8	29.6	23.7
In households with very low food security among children ^c	2.6	1.3	1.3	1.6	1.6	1.2	1.2
Region							
Northeast							
In food-insecure households ^b	16.8	13.9	13.2	15.2	15.9	14.7	14.1
In households with very low food security among children ^c	0.8	0.3	0.8	0.7	0.5	0.5	1.0
Midwest							
In food-insecure households ^b	16.2	14.2	14.0	15.8	16.5	17.6	15.8
In households with very low food security among children ^c	0.8	0.6	0.5	0.3	0.3	0.7	0.6
South							
In food-insecure households ^b	20.5	17.9	19.9	20.2	19.3	20.2	18.0
In households with very low food security among children ^c	1.3	0.7	0.6	0.9	0.7	0.9	0.7
West							
In food-insecure households ^b	23.2	20.3	20.9	19.5	19.8	21.7	18.1
In households with very low food security among children ^c	2.1	1.2	0.7	1.1	0.6	0.8	1.1

Table ECON3.A (cont.)

Food security: Percentage of children ages 0–17 in food-insecure households by severity of food insecurity and selected characteristics, selected years 1995–2005

Characteristic	1995 ^a	1999	2001	2002	2003	2004	2005
Parental education							
Parent or guardian with highest education less than high school or GED							
In food-insecure households ^b	41.8	40.5	37.6	41.4	37.7	39.8	37.3
In households with very low food security among children ^c	3.0	2.0	1.1	1.8	1.4	1.2	1.4
Parent or guardian with highest education high school or GED							
In food-insecure households ^b	24.9	24.2	25.9	25.1	26.7	27.7	25.1
In households with very low food security among children ^c	1.2	0.7	1.1	1.2	0.8	1.3	0.9
Parent or guardian with highest education some college, including vocational/technical/an associate's degree							
In food-insecure households ^b	18.9	15.6	17.5	18.8	19.2	20.7	18.3
In households with very low food security among children ^c	1.5	0.9	0.5	0.8	0.7	0.9	1.1
Parent or guardian with highest education bachelor's degree or higher							
In food-insecure households ^b	5.1	4.4	5.3	5.6	6.1	5.5	4.9
In households with very low food security among children ^c	0.4	0.2	0.2	0.2	0.1	0.1	0.3
Family structure							
Married-couple household							
In food-insecure households ^b	13.3	11.5	12.6	12.0	12.3	13.0	11.3
In households with very low food security among children ^c	0.8	0.4	0.3	0.4	0.2	0.5	0.5
Female-headed household, no spouse							
In food-insecure households ^b	38.6	33.4	33.5	35.5	34.5	35.8	32.8
In households with very low food security among children ^c	2.8	1.6	1.7	1.8	1.8	1.5	1.7
Male-headed household, no spouse							
In food-insecure households ^b	21.0	18.8	17.1	23.0	24.3	24.0	18.4
In households with very low food security among children ^c	1.1	0.8	0.9	1.1	0.7	1.0	0.7

^a Statistics for 1995 are not precisely comparable with those for more recent years, due to a change in the method of screening Current Population Survey (CPS) sample households into the food security questions. The effect on 1995 statistics (a slight downward bias) is perceptible only for the category "In food-insecure households." Statistics for 1996, 1997, 1998, and 2000 are omitted because they are not directly comparable with those for the other years.

^b Either adults or children or both were food insecure.

^c In earlier reports, the category "with very low food security among children" was labeled "food insecure with hunger among children." USDA introduced the new label in 2006 based on recommendations by the Committee on National Statistics.

^d Race and Hispanic ethnicity are those of the household reference person. From 1995 to 2002, the 1977 OMB Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaska Native, or Asian or Pacific Islander. Beginning in 2003, the revised 1997 OMB standards were used. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander. Included in the total, but not shown separately, are American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander, and Two or More Races. From 2003 onward, statistics for White non-Hispanics and Black non-Hispanics exclude persons who indicated two or more races. Statistics by race and ethnicity for 2003 onward are not directly comparable with statistics for earlier years, although examination of the size and food security prevalence rates of the multiple-race categories suggests that effects of the reclassification on food security prevalence statistics were small. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

NOTE: The food security measure (ECON3) is based on data collected annually in the Food Security Supplement to the Current Population Survey (CPS). The criteria for classifying households as food insecure reflect a consensus judgment of an expert working group on food security measurement. For detailed explanations, see *Guide to Measuring Household Food Security*, Revised 2000, Alexandria, VA: Food and Nutrition Service (2000); and *Household Food Security in the United States*, 2005, Economic Research Report No. 29, Washington, DC: Economic Research Service (2006).

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.

Table ECON3.B

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

Characteristic	1994–1996	1999–2000	2001–2002
Ages 2–6			
All income			
Good diet	22	20	27
Needs improvement	69	74	65
Poor diet	9	6	8
Below poverty			
Good diet	17	19	27
Needs improvement	72	77	64
Poor diet	11	4	9
At or above poverty			
Good diet	24	21	26
Needs improvement	68	73	66
Poor diet	8	6	8
Ages 7–12			
All income			
Good diet	10	8	9
Needs improvement	76	79	75
Poor diet	14	13	16
Below poverty			
Good diet	7	7	12
Needs improvement	77	75	68
Poor diet	16	18	20
At or above poverty			
Good diet	11	8	8
Needs improvement	76	81	77
Poor diet	13	11	15
Ages 13–18			
All income			
Good diet	5	4	5
Needs improvement	70	77	73
Poor diet	25	19	22
Below poverty			
Good diet	3	4	4
Needs improvement	69	77	71
Poor diet	28	19	25
At or above poverty			
Good diet	6	4	5
Needs improvement	70	76	75
Poor diet	24	20	20

NOTE: A Healthy Eating Index (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. See Indicator ECON3.B for a description of the HEI. Data for the three time periods are not necessarily comparable because of methodological differences in data collection. For 1994–1996 and 1999–2000, HEI percentages may not exactly match previously published percentages because of differences in calculation methods.

SOURCE: U.S. Department of Agriculture, 1994–96 Continuing Survey of Food Intakes by Individuals; and Centers for Disease Control and Prevention, 1999–2000 and 2001–2002 National Health and Nutrition Examination Survey.

Table HC1

Health insurance coverage: Percentage of children^a ages 0–17 covered by health insurance by selected characteristics, selected years 1987–2005

Characteristic	1987	1990	1995	2000	2001	2002	2003	2004	2005
All health insurance									
Total	87	87	86	88	88	88	89	90	89
Gender									
Male	87	87	86	88	88	88	89	90	89
Female	87	87	86	88	88	89	89	90	89
Age									
Ages 0–5	88	89	87	89	89	89	90	91	90
Ages 6–11	87	87	87	88	89	89	89	90	90
Ages 12–17	86	85	86	87	87	87	87	88	88
Race and Hispanic origin ^b									
White, non-Hispanic	90	90	90	93	93	92	93	93	93
Black	83	85	85	86	86	86	86	88	88
Hispanic ^c	72	72	73	75	76	77	79	80	79
Region									
Northeast	92	92	89	92	92	91	91	92	92
Midwest	92	91	91	92	92	92	92	92	93
South	82	83	83	86	86	86	86	87	87
West	85	84	84	86	86	87	88	88	87
Private health insurance									
Total	74	71	66	70	68	67	66	66	66
Gender									
Male	73	71	66	70	69	67	66	66	66
Female	74	71	66	70	68	68	66	67	66
Age									
Ages 0–5	72	68	60	66	64	63	62	62	61
Ages 6–11	74	73	67	70	69	68	66	67	67
Ages 12–17	75	73	71	73	72	71	69	70	69
Race and Hispanic origin ^b									
White, non-Hispanic	83	81	78	81	80	79	78	78	78
Black	49	49	44	53	52	50	47	49	49
Hispanic ^c	48	45	38	45	44	43	42	44	42
Region									
Northeast	79	77	71	74	72	71	71	72	71
Midwest	79	76	74	78	77	76	74	73	73
South	68	66	61	66	64	63	61	62	61
West	71	68	61	65	64	65	62	63	63

Table HC1 (cont.)

Health insurance coverage: Percentage of children^a ages 0–17 covered by health insurance by selected characteristics, selected years 1987–2005

Characteristic	1987	1990	1995	2000	2001	2002	2003	2004	2005
Public health insurance^d									
Total	19	22	26	24	26	27	29	30	30
Gender									
Male	19	22	26	25	26	27	29	30	30
Female	19	22	27	24	26	27	29	30	30
Age									
Ages 0–5	22	28	33	29	31	32	34	36	35
Ages 6–11	19	20	26	25	26	27	29	30	30
Ages 12–17	16	18	21	20	20	22	24	25	25
Race and Hispanic origin ^b									
White, non-Hispanic	12	15	18	17	19	18	21	21	21
Black	42	45	49	42	42	44	47	48	48
Hispanic ^c	28	32	39	35	37	40	42	42	41
Region									
Northeast	18	21	23	24	25	25	26	26	27
Midwest	18	20	23	19	21	22	25	26	26
South	20	23	28	26	29	30	32	32	33
West	20	23	30	27	27	28	31	32	30

^a Children are considered to be covered by health insurance if they had public or private coverage at any time during the year. Some children are covered by both types of insurance; hence, the sum of public and private is greater than the total.

^b For race and Hispanic-origin data in this table: From 1987 to 2002, following the 1977 OMB standards for collecting and presenting data on race, the Current Population Survey (CPS) asked respondents to choose *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 2003, following the 1997 OMB standards for collecting and presenting data on race, the CPS asked respondents to choose *one or more* races from the following: White, Black, Asian, American Indian or Alaska Native, and Native Hawaiian or Other Pacific Islander. All race groups discussed in this table from 2002 onward refer to people who indicated *only one* racial identity within the racial categories presented. People who responded to the question on race by indicating only one race are referred to as the race-alone population. The use of the race-alone population in this table does not imply that it is the preferred method of presenting or analyzing data. Data from 2002 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

^c Persons of Hispanic origin may be of any race.

^d Public health insurance for children consists mostly of Medicaid, but also includes Medicare, the State Children’s Health Insurance Programs (SCHIP), and the Civilian Health and Medical Care Program of the Uniformed Services (CHAMPUS/Tricare).

NOTE: The 2004 data have been revised to reflect a correction to the weights in the 2005 Annual Social and Economic Supplement (ASEC). The 2004 and 2005 estimates reflect a modification to the process that assigns coverage to non-policy holder. Based on these changes, estimates for these years are not comparable to estimates from 2003 and earlier. For more information see user note at: <http://www.census.gov/hhes/www/hlthins/usernote/schedule.html>. Estimates beginning in 1999 include follow-up questions to verify health insurance status and use the Census 2000-based weights. Estimates for 1999 through 2003 are not directly comparable with estimates for earlier years, before the verification questions were added.

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

Table HC2

Usual source of health care: Percentage of children ages 0–17 with no usual source of health care^a by age, type of health insurance, and poverty status, selected years 1993–2005

Characteristic	1993	1995	2000 ^b	2001 ^b	2002 ^b	2003 ^b	2004 ^b	2005 ^b
Ages 0–17								
Total	8.0	6.5	7.0	5.8	6.1	5.4	5.4	5.3
Type of health insurance								
Private insurance ^c	3.9	3.2	3.4	2.4	2.6	2.2	2.5	2.0
Public insurance ^{c,d}	10.8	6.8	4.8	5.4	5.6	4.4	4.7	3.8
No insurance	24.3	22.5	29.7	28.0	29.6	28.8	28.9	31.6
Poverty status								
Below 100% poverty	15.7	10.9	12.4	12.3	11.0	10.3	10.9	8.6
100–199% poverty	9.1	8.6	10.9	8.6	9.0	7.9	7.6	7.8
200% poverty and above	3.8	3.6	4.0	2.9	3.6	2.9	3.0	3.4
Ages 0–4								
Total	5.2	4.3	4.5	4.0	4.2	3.2	3.3	3.3
Type of health insurance								
Private insurance ^c	1.8	1.4	2.2	1.3	1.3	1.2	1.4	0.9
Public insurance ^{c,d}	7.3	5.1	3.2	4.6	3.0	2.9	3.7	3.0
No insurance	18.6	17.4	18.8	23.1	26.1	22.7	16.9	23.9
Poverty status								
Below 100% poverty	10.8	7.7	6.9	8.5	7.8	5.8	6.3	5.0
100–199% poverty	5.5	5.7	7.8	5.9	6.3	5.1	4.1	4.4
200% poverty and above	1.7	1.7	2.4	1.7	2.1	1.5	1.9	2.2
Ages 5–17								
Total	9.2	7.3	7.9	6.4	6.8	6.2	6.2	6.1
Type of health insurance								
Private insurance ^c	4.7	3.7	3.8	2.8	3.0	2.5	2.8	2.3
Public insurance ^{c,d}	13.3	8.1	5.7	5.7	7.0	5.2	5.2	4.2
No insurance	26.2	24.2	33.5	29.4	30.8	30.2	32.5	33.6
Poverty status								
Below 100% poverty	18.2	12.4	14.8	13.9	12.3	12.3	13.0	10.3
100–199% poverty	10.8	9.8	12.2	9.7	10.1	9.1	8.9	9.1
200% poverty and above	4.6	4.3	4.6	3.3	4.1	3.4	3.4	3.8

^a Excludes emergency rooms as a usual source of health care.

^b In 1997, the National Health Interview Survey was redesigned. Data for 1997–2005 are not strictly comparable with earlier data.

^c Children with both public and private insurance coverage are placed in the private insurance category.

^d As defined here, public health insurance for children consists mostly of Medicaid or other public assistance programs, including State plans. Beginning in 1999, the public health insurance category also includes the State Children's Health Insurance Program (SCHIP). It does not include children with only Medicare, Tricare or CHAMP-VA.

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

Table HC3

Childhood immunization: Percentage of children ages 19–35 months vaccinated for selected diseases by poverty status,^a and race^b and Hispanic origin^c, selected years 1998–2005

Characteristic	Total					Below poverty					At or above poverty				
	1998	2000	2002	2004	2005	1998	2000	2002	2004	2005	1998	2000	2002	2004	2005
Total															
Combined Series (4:3:1:3:3) ^d	73	73	75	81	81	68	67	69	77	77	75	75	76	83	83
Combined series (4:3:1:3) ^e	79	76	78	83	82	74	71	72	78	79	82	78	79	85	84
Combined series (4:3:1) ^f	81	78	79	84	83	76	72	73	79	80	83	79	80	86	85
DTP (4 doses or more) ^g	84	82	82	86	86	80	76	75	81	82	86	84	84	87	87
Polio (3 doses or more) ^h	91	90	90	92	92	90	87	88	90	90	92	90	91	92	92
MMR (1 dose or more) ⁱ	92	91	92	93	92	90	89	90	91	89	93	91	92	94	92
Hib (3 doses or more) ^j	93	93	93	94	94	91	90	90	92	92	95	95	94	94	95
Hepatitis B (3 doses or more) ^k	87	90	90	92	93	85	87	88	91	91	88	91	90	93	94
Varicella ^l	43	68	81	88	88	41	64	79	86	87	44	69	81	88	88
3 PCV ^m	–	–	41	73	83	–	–	33	69	78	–	–	43	75	84
White, non-Hispanic															
Combined Series (4:3:1:3:3) ^d	76	76	78	83	82	72	70	70	77	76	76	77	78	84	83
Combined series (4:3:1:3) ^e	82	79	80	85	84	77	73	72	78	78	83	80	81	86	85
Combined series (4:3:1) ^f	83	80	81	86	84	79	74	73	78	78	84	81	82	87	85
DTP (4 doses or more) ^g	87	84	84	88	87	82	78	75	81	81	88	85	86	89	88
Polio (3 doses or more) ^h	92	91	91	92	91	91	88	88	88	87	93	91	92	93	92
MMR (1 dose or more) ⁱ	93	92	93	94	91	90	88	90	90	87	94	92	93	94	92
Hib (3 doses or more) ^j	95	95	94	95	94	92	92	88	92	89	96	95	95	95	95
Hepatitis B (3 doses or more) ^k	88	91	91	93	93	87	88	86	92	90	88	92	92	93	94
Varicella ^l	42	66	79	87	86	38	58	75	84	82	43	68	80	87	87
3 PCV ^m	–	–	44	75	83	–	–	31	66	76	–	–	46	77	84
Black, non-Hispanic															
Combined Series (4:3:1:3:3) ^d	67	68	68	75	79	67	67	66	72	76	68	70	68	78	83
Combined series (4:3:1:3) ^e	73	71	71	76	81	72	69	68	74	77	74	72	72	80	84
Combined series (4:3:1) ^f	74	72	72	78	81	74	70	69	76	78	76	73	73	81	84
DTP (4 doses or more) ^g	77	76	76	80	84	77	75	74	78	80	79	78	77	83	88
Polio (3 doses or more) ^h	88	87	87	90	91	88	85	87	90	89	87	87	87	91	93
MMR (1 dose or more) ⁱ	89	88	90	91	92	89	88	90	90	91	90	87	90	91	93
Hib (3 doses or more) ^j	90	93	92	91	93	90	92	88	90	92	90	93	94	92	95
Hepatitis B (3 doses or more) ^k	84	89	88	91	93	86	89	89	89	93	83	90	88	92	94
Varicella ^l	42	67	83	86	91	40	60	80	85	91	44	72	84	87	91
3 PCV ^m	–	–	34	68	80	–	–	30	67	77	–	–	38	70	82

Table HC3 (cont.)

Childhood immunization: Percentage of children ages 19–35 months vaccinated for selected diseases by poverty status,^a and race^b and Hispanic origin^c, selected years 1998–2005

Characteristic	Total					Below poverty					At or above poverty				
	1998	2000	2002	2004	2005	1998	2000	2002	2004	2005	1998	2000	2002	2004	2005
Hispanic^c															
Combined Series (4:3:1:3:3) ^d	69	69	73	80	79	65	66	72	79	78	73	70	73	82	79
Combined series (4:3:1:3) ^e	75	73	76	81	81	73	65	75	80	81	79	74	76	84	82
Combined series (4:3:1) ^f	77	75	77	82	82	76	73	76	80	81	80	75	77	84	83
DTP (4 doses or more) ^g	81	79	79	84	84	79	76	78	83	83	83	80	80	86	85
Polio (3 doses or more) ^h	89	88	90	91	92	90	88	89	90	92	90	87	91	92	92
MMR (1 dose or more) ⁱ	91	90	91	93	91	90	90	91	92	90	92	90	89	94	91
Hib (3 doses or more) ^j	92	91	92	93	94	92	88	93	92	94	94	93	92	94	94
Hepatitis B (3 doses or more) ^k	86	88	90	92	93	83	87	89	91	92	88	90	89	93	93
Varicella ^l	47	70	82	89	89	44	70	82	88	88	49	70	81	89	89
3 PCV ^m	—	—	37	70	84	—	—	35	71	80	—	—	38	71	86

— Not available.

^a Based on family income and household size using US Bureau of Census poverty thresholds for 2001.

^b From 1996 to 2000, the 1977 OMB Standards for Data on Race and Ethnicity were used. From 2002 onward, the 1997 OMB Standards for Data on Race and Ethnicity were used.

^c Persons of Hispanic origin may be of any race.

^d 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.

^e The 4:3:1:3 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; and 3 (or more) doses of *Haemophilus influenzae* type b (Hib) vaccine.

^f The 4:3:1 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; and 1 (or more) doses of any measles-containing vaccine.

^g Diphtheria, tetanus toxoids, and pertussis vaccine (4 or more doses of any diphtheria, tetanus toxoids, and pertussis vaccines, including diphtheria and tetanus toxoids and any acellular pertussis vaccine).

^h Poliovirus vaccine (3 or more doses).

ⁱ Measles-mumps-rubella (MMR) vaccine (1 or more doses) was used beginning in 2005. The previous coverage years reported measles-containing vaccines (MCV).

^j *Haemophilus influenzae* type b (Hib) vaccine (3 or more doses).

^k Hepatitis B vaccine (3 or more doses).

^l Varicella vaccine (1 or more doses) is recommended at any visit at or after age 12 months for susceptible children (i.e., those who lack a reliable history of chickenpox).

^m The heptavalent pneumococcal conjugate vaccine (PCV) is recommended for all children ages 2–23 months and for certain children ages 24–59 months. The series consists of doses at ages 2, 4 and 6 months, and a booster dose at ages 12–15 months.

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

Table HC4.A (cont.)

Oral health: Percentage of children ages 2–17 with a dental visit in the past year, 1997–2005

Characteristic	1997	1998	1999	2000	2001	2002	2003	2004	2005
Ages 12–17									
Total	77.4	79.8	78.6	80.2	79.7	80.7	81.4	82.4	81.6
Poverty status ^a									
Below 100% poverty	61.0	65.9	62.5	62.7	64.4	66.7	68.7	69.0	70.1
100–199% poverty	62.9	68.1	66.3	68.3	70.6	72.0	72.3	73.3	73.1
200% poverty or above	86.6	87.4	86.7	88.2	86.4	86.8	87.4	88.9	87.4
Type of health insurance ^b									
Private insurance ^c	84.0	86.0	84.9	87.2	86.4	86.8	88.3	89.0	87.8
Public insurance ^{c,d}	74.6	74.7	74.1	74.1	70.4	73.5	76.6	75.7	78.3
No insurance	44.6	49.1	45.6	47.3	53.2	53.5	46.9	50.6	47.4
Race or Hispanic origin ^e									
White, non-Hispanic	82.6	84.9	83.5	85.8	85.2	86.6	87.1	87.7	87.1
Black, non-Hispanic	67.6	71.5	70.7	72.4	73.0	70.9	73.6	78.1	76.3
American Indian or Alaska Native	68.7	70.2	55.4	69.0	81.0	78.1	77.1	67.0	76.1
Asian	74.6	72.5	78.9	78.6	81.5	74.5	81.7	75.8	71.7
Hispanic	62.3	65.3	65.1	65.5	63.2	65.7	67.7	68.9	69.1

* Estimates are considered unreliable (sample size less than 20).

^a Family income was imputed for data years 1997 and beyond. Missing family income data were imputed for 22–31 percent of children ages 5–17 in 1997–2005.

^b Children with health insurance may or may not have dental coverage.

^c Children with both public and private insurance coverage are placed in the private insurance category.

^d As defined here, public health insurance for children consists mostly of Medicaid or other public assistance programs, including State plans. Beginning in 1999, the public health insurance category also includes the State Children's Health Insurance Program (SCHIP). It does not include children with only Medicare, Tricare, or CHAMP-VA.

^e For the 1997–1998 race-specific estimates, the 1977 OMB Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. The revised 1997 OMB standards for race were used for the 1999–2005 race-specific estimates and classified persons into one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander. Data on race and Hispanic origin are collected separately but are combined for reporting. Persons of Hispanic origin may be of any race. Totals include data for racial and ethnic groups not shown separately. Data from 1999 onward are not directly comparable with data from earlier years.

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

Table HC4.B

Oral health: Percentage of children ages 2–17 with untreated dental caries (cavities) by age, poverty status, and race and Hispanic origin, 1999–2002 and 2003–2004

Characteristic	1999–2002	2003–2004
Ages 2–17		
Total ^a	21.3	25.0
Poverty status		
Below 100% poverty	32.4	32.4
100–199% poverty	27.0	36.3
200% poverty or above	12.7	16.6
Race and Hispanic origin ^b		
White, non-Hispanic	17.8	21.3
Black, non-Hispanic	27.4	26.7
Mexican American	32.2	34.1
Ages 2–5		
Total ^a	19.3	23.4
Poverty status		
Below 100% poverty	31.8	29.1
100–199% poverty	20.1	29.2
200% poverty or above	11.0	17.6
Race and Hispanic origin ^b		
White, non-Hispanic	16.9	17.1
Black, non-Hispanic	24.1	25.0
Mexican American	31.4	30.8
Ages 6–17		
Total ^a	12.1	14.0
Poverty status		
Below 100% poverty	18.2	21.4
100–199% poverty	16.8	19.8
200% poverty or above	6.8	8.2
Race and Hispanic origin ^b		
White, non-Hispanic	9.2	11.7
Black, non-Hispanic	15.8	15.8
Mexican American	18.7	19.5

^a Totals include data for racial/ethnic groups not shown separately.

^b From 1999 to 2004, the revised 1997 OMB standards for data on race and ethnicity were used. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander. Data on race and Hispanic origin are collected separately, but are combined for reporting. Persons of Hispanic origin may be of any race. The National Health and Nutrition Examination Survey (NHANES) sample was designed to provide estimates specifically for persons of Mexican origin and not for all persons of Hispanic origin.

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.

Table PHY1.A

Outdoor air quality: Percentage of children ages 0–17 living in counties in which levels of one or more air pollutants rose above allowable levels, 1999–2005

	1999	2000	2001	2002	2003	2004	2005
One or more standards	64.82	64.06	63.10	61.22	59.98	45.61	59.62
Pollutant							
Ozone	62.01	59.63	59.85	59.75	58.07	40.85	55.01
Carbon monoxide	5.68	0.72	0.71	4.10	1.03	0.07	0.17
Particulate matter (PM ₁₀)	11.26	5.81	5.92	9.46	7.61	6.68	5.91
Particulate matter (PM _{2.5})	23.57	29.20	25.37	21.36	19.32	15.70	24.61
Lead	0.69	1.02	1.04	0.07	0.01	0.00	0.07
Nitrogen dioxide	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Sulfur dioxide	0.00	0.00	0.00	0.00	0.00	0.00	0.00

NOTE: Percentages are based on the number of children living in counties where a Primary National Ambient Air Quality Standard was exceeded, divided by the total population of children. This analysis differs from the analysis utilized by the U.S. Environmental Protection Agency for the designation of “nonattainment areas” for regulatory compliance purposes. For more information on the air quality standards that are used in calculating these percentages, please see the following report: U.S. Environmental Protection Agency. (2003). *America’s children and the environment: Measures of contaminants, body burdens, and illnesses*. Available at: <http://www.epa.gov/envirohealth/children/>. The standards can also be found at <http://www.epa.gov/air/criteria.html>.

SOURCE: U.S. Environmental Protection Agency, Office of Air and Radiation, Air Quality System.

Table PHY1.B

Indoor air quality: Percentage of children ages 4–17 with specified blood cotinine levels by age, and race and Hispanic origin,^a 1988–1994 and 2001–2004

Characteristic	Ages 4–17		Ages 4–11		Ages 12–17	
	1988–1994	2001–2004	1988–1994	2001–2004	1988–1994	2001–2004
Total						
Any detectable cotinine	87.4	56.8	87.7	59.4	87.0	53.7
Blood cotinine more than 1.0 ng/mL	23.7	16.6	25.7	18.4	21.1	14.3
White, non-Hispanic						
Any detectable cotinine	86.7	56.0	86.4	60.6	87.0	50.6
Blood cotinine more than 1.0 ng/mL	24.2	18.8	25.9	21.5	21.7	15.5
Black, non-Hispanic						
Any detectable cotinine	94.5	79.3	94.5	81.4	94.4	76.5
Blood cotinine more than 1.0 ng/mL	36.6	22.1	37.2	23.4	35.9	20.4
Mexican American						
Any detectable cotinine	83.5	41.1	83.8	41.3	83.0	40.9
Blood cotinine more than 1.0 ng/mL	10.7	4.8	11.4	4.0	9.7	6.0

^a From 1988 to 1994, the 1977 OMB Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. For data from 2001 to 2004, the revised 1997 OMB standards were used. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander. Data on race and Hispanic origin are collected separately but are combined for reporting. Persons of Mexican origin may be of any race. Included in the total but not shown separately are American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander race due to the small sample size for each of these groups. The National Health and Nutrition Examination Survey (NHANES) sample was designed to provide estimates specifically for persons of Mexican origin.

NOTE: “Any detectable cotinine” indicates blood cotinine levels at or above 0.05 nanograms per milliliter (ng/mL), the detectable level of cotinine in the blood in 1988–1994. Cotinine levels are reported for nonsmoking children only. The average (geometric mean) blood cotinine level in children living in homes where someone smokes was 1.0 ng/mL in 1988–1994.¹

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

¹ Mannino, D.M., Caraballo, R., Benowitz, N., and Repace, J. (2001). Predictors of cotinine levels in U.S. children: Data from the Third National Health and Nutrition Examination Survey. *CHEST*, 120, 718–724.

Table PHY1.C

Indoor air quality: Percentage of children ages 0–6 living in homes where someone smokes regularly by race and Hispanic origin, and poverty status, 2003

Characteristic	Percentage
All	
Total	10.6
Race and Hispanic origin^a	
White, non-Hispanic	11.1
Black, non-Hispanic	14.2
Hispanic	3.8
Other, non-Hispanic	12.3
Household poverty status	
Below 100% poverty	21.8
100–199% poverty	18.4
200% poverty and above	6.7

^a The revised 1997 OMB standards were used to classify persons into one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander. Data on race and Hispanic origin were collected separately, but are combined for reporting. Persons of Hispanic origin may be of any race.

SOURCE: U.S. Environmental Protection Agency, Indoor Environments Division, National Survey on Environmental Management of Asthma and Children's Exposure to Environmental Tobacco Smoke.

Table PHY2

Drinking water quality: Percentage of children served by community water systems that did not meet all applicable health-based drinking water standards, 1993–2005

Characteristic	1993	1994	1995	1996	1997	1998	1999
Type of standard violated							
All health-based standards	19.7	14.6	10.6	10.0	10.0	7.7	7.5
Lead and copper	2.9	1.9	2.0	1.8	1.9	1.7	1.6
Coliforms	8.5	7.3	4.2	4.3	3.6	2.8	2.9
Chemical and radionuclide	1.8	1.5	1.6	1.4	2.2	1.3	1.1
Surface water treatment and filtration	7.8	5.3	3.8	3.5	3.2	2.6	2.3
Nitrate/nitrite	0.3	0.1	0.2	0.2	0.3	0.2	0.2
Disinfection byproducts	—	—	—	—	—	—	—
Characteristic	2000	2001	2002	2003	2004	2005	
Type of standard violated							
All health-based standards	8.3	5.1	9.9	7.9	8.2	10.2	
Lead and copper	1.2	1.1	0.8	0.6	0.9	0.9	
Coliforms	2.9	2.0	2.4	2.8	3.4	3.1	
Chemical and radionuclide	1.5	1.0	2.0	1.7	2.0	2.0	
Surface water treatment and filtration	3.1	1.2	4.3	1.4	1.4	3.8	
Nitrate/nitrite	0.6	0.1	0.5	0.1	0.1	0.1	
Disinfection byproducts	—	—	1.4	2.8	2.3	2.0	

— Not available.

NOTE: A new standard for disinfection byproducts was adopted in 2001, and implementation began in 2002. Revisions to the standard for surface water treatment also took effect in 2002. No other revisions to the standards have taken effect during the period of trend data (beginning with 1993). Percentages are estimated.

SOURCE: U.S. Environmental Protection Agency, Office of Water, Safe Drinking Water Information System.

Table PHY3.A

Lead in the blood of children: Percentage of children ages 1–5 with specified blood lead levels by race and Hispanic origin, and poverty status, 2001–2004

Characteristic	≥10 µg/dL	≥5 µg/dL	≥2.5 µg/dL
Total ^a	1.2	6.4	26.2
Race and Hispanic origin^b			
White, non-Hispanic	0.9 ^c	4.2	19.1
Black, non-Hispanic	3.5 ^c	17.2	51.2
Mexican American	*	3.9	24.5
Poverty status			
Below poverty	1.8 ^c	12.4	44.0
At or above poverty	0.8 ^c	3.4	17.2

* Estimate is considered unreliable (relative standard error is greater than 40 percent).

^a Totals include data for racial/ethnic groups not shown separately.

^b From 2001–2004, the revised 1997 OMB Standards for Data on Race and Ethnicity were used. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander. Included in the total but not shown separately are American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander due to the small sample size for each of these groups. Data on race and Hispanic origin are collected and reported separately but combined for reporting. Persons of Mexican origin may be of any race. The National Health and Nutrition Examination Survey (NHANES) sample was designed to provide estimates specifically for persons of Mexican origin.

^c Estimates are unstable because they are based on a small number of persons (relative standard error is greater than 30 percent).

NOTE: Data for 2001–2004 are combined. A blood lead level of 10 µg/dL or greater is considered elevated,¹ but adverse health effects have been shown to occur at lower concentrations.²

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

¹ Centers for Disease Control and Prevention. (2002). *Managing elevated blood lead levels among young children: Recommendations from the Advisory Committee on Childhood Lead Poisoning Prevention*. Atlanta, GA. Available at http://www.cdc.gov/nceh/lead/CaseManagement/caseManage_main.htm.

² Canfield, R.L., Henderson, C.R. Jr., Cory-Slechta, D.A., Cox, C., Jusko, T.A., and Lanphear, B.P. (2003). Intellectual impairment in children with blood lead concentrations below 10 micrograms per deciliter. *New England Journal of Medicine*, 348(16), 1517–1526.

Table PHY3.B

Lead in the blood of children: Median blood lead concentrations among children ages 1–5, selected years 1976–2004

Characteristic	1976–1980	1988–1991	1992–1994	1999–2000	2001–2002	2003–2004
Total ^a	14.4	3.5	2.6	2.1	1.6	1.6
Race and Hispanic origin^b						
White, non-Hispanic	13.2	3.1	2.2	2.0	1.4	1.4
Black, non-Hispanic	19.7	5.2	4.3	2.8	2.3	2.4
Mexican American	—	3.8	3.1	2.0	1.6	1.6

— Not available.

^a Totals include data for racial/ethnic groups not shown separately.

^b From 1976–1994, the 1977 OMB Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. For data from 1999 to 2004, the revised 1997 OMB standards were used. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander. Data from 1999 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately but combined for reporting. Persons of Hispanic origin may be of any race.

NOTE: A blood lead level of 10 µg/dL or greater is considered elevated,¹ but adverse health effects have been shown to occur at lower concentrations.²

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

¹ Centers for Disease Control and Prevention. (2002). *Managing elevated blood lead levels among young children: Recommendations from the Advisory Committee on Childhood Lead Poisoning Prevention*. Atlanta, GA. Available at http://www.cdc.gov/nceh/lead/CaseManagement/caseManage_main.htm.

² Canfield, R.L., Henderson, C.R., Jr., Cory-Slechta, D.A., Cox, C., Jusko, T.A., and Lanphear, B.P. (2003). Intellectual impairment in children with blood lead concentrations below 10 micrograms per deciliter. *New England Journal of Medicine*, 348(16), 1517–1526.

Table PHY4

Housing problems: Percentage of households with children ages 0–17 that reported housing problems by type of problem, selected years 1978–2005^a

Household type	1978	1983	1989	1993	1995	1997	1999	2001	2003	2005
All households with children										
Number of households (in millions)	32.3	33.6	35.4	35.4	37.2	37.0	37.5	38.6	38.4	38.7
Percent with										
Any problems	30	33	33	34	36	36	35	36.1	36.9	40.3
Inadequate housing ^b	9	8	9	7	7	7	7	6.7	5.8	5.4
Crowded housing	9	8	7	6	7	7	7	6.3	6.2	6.3
Cost burden greater than 30 percent	15	21	24	26	28	28	28	28.5	30.1	34.2
Cost burden greater than 50 percent	6	11	9	11	12	12	11	11.2	11.5	14.5
Severe problems	8	12	10	11	12	11	11	11.1	11.3	13.8
Very-low-income renter households with children^c										
Number of households (in millions)	4.2	5.1	5.9	6.6	6.5	6.4	6.2	6.0	6.4	6.5
Percent with										
Any problems	79	83	77	75	77	82	80	79.4	77.5	82.2
Inadequate housing ^b	18	18	18	14	13	16	15	15.4	12.8	12.2
Crowded housing	22	18	17	14	17	17	17	15.4	14.5	14.2
Cost burden greater than 30 percent	59	68	67	67	69	73	70	69.5	70.4	75.9
Cost burden greater than 50 percent	31	38	36	38	38	41	37	37.7	36.2	44.9
Severe problems	33	42	31	33	31	32	29	30.2	29.0	35.9
Rental assistance	23	23	33	33	33	31	31	30.3	28.1	27.7

^a Because of questionnaire changes, data since 1997 on families with rental assistance, priority problems, and severe physical problems are not directly comparable with earlier data. See Office of Policy Development and Research, U.S. Department of Housing and Urban Development. (2003). *Trends in worst case needs for housing, 1978–1999: A report to Congress on worst case housing needs—Plus update on worst case needs in 2001*. Washington, DC: U.S. Department of Housing and Urban Development.

^b Inadequate housing refers to housing with “moderate or severe physical problems.” The most common problems meeting the definition are lacking complete plumbing for exclusive use, having unvented room heaters as the primary heating equipment, and multiple upkeep problems such as water leakage, open cracks or holes, broken plaster, or signs of rats.

^c Very-low-income households are those with incomes at or below one-half the median income, adjusted for family size, in a geographic area.

NOTE: Data are available for 1978, 1983, 1989, and biennially since 1993. All data are weighted using the decennial Census that preceded the date of their collection. Moderate or severe physical problems: See definition in Appendix A of the American Housing Survey summary volume, American Housing Survey for the United States: 2005, Current Housing Reports, Series H150/05, U.S. Census Bureau, 2006. Cost burden: Expenditures on housing and utilities are greater than 30 percent of reported income. Rental assistance: Renters are either in a public housing project or have a subsidy (i.e., pay a lower rent because a Federal, State, or local government program pays part of the cost of construction, mortgage, or operating expenses). Severe problems: For households not reporting housing assistance, cost burden is greater than 50 percent of income or severe physical problems are present.

SOURCE: U.S. Census Bureau and the U.S. Department of Housing and Urban Development, American Housing Survey. Tabulated by the U.S. Department of Housing and Urban Development.

Table PHY5

Youth victims of serious violent crimes: Rate and number of victimizations for youth ages 12–17 by age, race,^a and gender, selected years 1980–2005

Characteristic	1980	1985	1990	1995	2000	2001	2002 ^b	2003 ^b	2004	2005
Rate per 1,000 youth ages 12–17										
Age										
Ages 12–17	37.6	34.3	43.2	28.3	16.4	14.7	11.2	17.7	11.1	13.8
Ages 12–14	33.4	28.1	41.2	26.7	13.7	10.8	8.0	13.6	10.9	10.4
Ages 15–17	41.4	40.3	45.2	30.0	19.0	18.7	14.4	22.1	11.4	17.3
Race										
White ^c	34.1	34.4	37.0	25.5	15.4	13.7	10.4	16.5	9.0	11.1
Black ^c	60.2	35.2	77.0	44.5	23.6	21.4	16.6	21.5	23.2	27.7
Other	21.7	28.8	37.3	23.7	7.7	8.8	3.4	22.6	6.5	12.2
Gender										
Male	54.8	49.8	60.5	39.0	22.9	17.6	13.0	24.7	15.0	18.6
Female	19.7	18.2	24.9	17.0	9.6	11.7	9.2	10.4	7.0	8.8
Number of victimizations of youth ages 12–17										
Age										
Ages 12–17	877,104	742,815	866,272	633,301	394,107	358,296	276,686	446,445	281,737	350,649
Ages 12–14	364,437	295,972	412,125	303,287	166,212	131,568	101,811	176,959	140,190	132,391
Ages 15–17	512,667	446,843	454,147	330,014	227,895	226,728	174,875	269,486	141,547	218,258
Race										
White ^c	658,539	606,739	593,596	451,830	293,860	263,318	203,767	322,553	176,303	215,872
Black ^c	206,227	113,960	238,141	154,013	91,751	85,369	69,235	85,850	93,742	111,907
Other	12,292	22,111	34,523	27,445	8,483	9,598	3,674	38,041	11,693	22,870
Gender										
Male	651,976	550,860	623,509	447,695	281,709	218,825	165,369	318,137	194,850	241,083
Female	225,127	191,955	242,763	185,606	112,398	139,469	111,317	128,307	86,888	109,566

^a From 1980 to 2002, the 1977 OMB Standards for Data on Race and Ethnicity were used to classify persons into one of the following racial groups: White, Black, or Other. "Other" included American Indian or Alaskan Native, and Asian or Pacific Islander. Data from 2003 onward are collected under the 1997 OMB Standards. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander. Included in the total, but not shown separately, are American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander. Data from 2002 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

^b Revised. Original estimate was based on preliminary data.

^c Homicide data are collected using the FBI's Supplementary Homicide Reports (SHR) for which Hispanic origin is not available. Homicide is included here, but the victim may have been Hispanic.

NOTE: Serious violent crimes include aggravated assault, rape, robbery, and homicide. Aggravated assault is an attack with a weapon, regardless of whether or not an injury occurred, or an attack without a weapon when serious injury resulted. Robbery is stealing by force or threat of force. Because of changes made in the victimization survey, data prior to 1992 were adjusted to make them comparable with data collected under the redesigned methodology. Victimization rates were calculated using population estimates from the U.S. Census Bureau's Current Population Reports. Such population estimates normally differ somewhat from population estimates derived from the victimization survey data. The rates may therefore differ marginally from rates based upon the victimization survey-derived population estimates. Rates may also be revised to reflect final U.S. Census Bureau population estimates for 1990–2004. The 2005 data were collected during the calendar year and include some incidents that occurred during the previous year. Data for previous years are of victimizations experienced in the calendar year. This was done because the full data for 2005 were not yet available. Analyses comparing these data show only a small difference between the two methods.

SOURCE: U.S. Department of Justice, Bureau of Justice Statistics, National Crime Victimization Survey. Federal Bureau of Investigation, Uniform Crime Reporting Program, Supplementary Homicide Reports.

Table PHY6.A

Child injury and mortality: Emergency department visit rates for children ages 1–14 by leading causes of injury visits, 1995–2004

(Emergency department visits per 1,000 children ages 1–4 and ages 5–14)

Characteristic	1995–1996	1997–1998	1999–2000	2001–2002	2003–2004
Ages 1–4					
All injury visits ^a	161.2	158.6	165.4	139.3	151.3
All initial injury visits ^b	—	—	—	129.0	142.7
Leading causes of injury visits ^c					
Cut or pierced from instrument or object	12.2	9.7	12.1	6.5	7.4
Fall	47.2	39.2	48.2	35.0	49.3
Motor vehicle traffic	6.2	8.1	6.9	6.5	7.4
Natural or environmental factors ^d	9.9	9.0	14.5	7.4	10.6
Overexertion	1.6	4.3	3.0	1.8	2.2
Poisoning	9.8	8.3	7.8	4.9	8.1
Struck by/against an object or person	24.9	38.2	29.4	28.2	20.5
Ages 5–14					
All injury visits ^a	126.8	119.8	122.9	118.1	120.5
All initial injury visits ^b	—	—	—	110.0	114.3
Leading causes of injury visits ^c					
Cut or pierced from instrument or object	10.9	10.7	8.4	7.8	7.6
Fall	31.3	27.0	27.0	27.6	28.0
Motor vehicle traffic	10.1	8.3	10.1	7.7	7.9
Natural or environmental factors ^d	8.5	6.2	5.7	5.5	8.1
Overexertion	2.4	2.3	2.8	3.6	3.8
Poisoning	1.6	1.1	1.6	1.4	1.7
Struck by/against an object or person	21.1	27.8	30.2	26.9	25.3

— Not available.

^a Any emergency department visit where there is a valid first-listed injury diagnosis code or a valid first-listed external cause of injury code.

^b From 2001–2004, 94 percent of injury-related emergency department visits for children ages 1–4 and 95 percent of injury-related emergency department visits for children ages 5–14 were for a first visit.

^c Data for 2001–2002 and 2003–2004 are for initial visits only.

^d Insect or animal bites accounted for the majority of emergency department visits caused by natural or environmental factors.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Hospital Ambulatory Medical Care Survey.

Table PHY6.B

Child injury and mortality: Death rates among children ages 1–4 by gender, race and Hispanic origin, and cause of death, selected years 1980–2004

(Deaths per 100,000 children ages 1–4)

Characteristic	1980	1985	1990	1995	2000	2001	2002	2003	2004
Ages 1–4									
All causes ^a	63.9	51.8	46.8	40.4	32.4	33.3	31.2	31.5	29.9
Gender									
Male	72.6	58.5	52.4	44.5	35.9	37.0	35.2	35.1	32.4
Female	54.7	44.8	41.0	36.0	28.7	29.5	27.0	27.8	27.3
Race and Hispanic origin ^b									
White	57.9	46.6	41.1	35.2	29.2	30.7	28.1	28.5	27.0
White, non-Hispanic ^c	—	45.3	37.6	34.2	28.5	30.1	27.1	27.6	26.8
Black	97.6	80.7	76.8	66.4	49.9	47.5	47.1	46.8	44.8
Asian or Pacific Islander	43.2	40.1	38.6	26.5	21.6	22.3	23.4	22.5	21.3
Hispanic ^c	—	46.1	43.5	36.3	29.6	30.6	29.8	30.2	27.3
Leading causes of death ^d									
Unintentional injuries	25.9	20.2	17.3	14.4	11.9	11.2	10.5	10.9	10.3
Cancer	4.5	3.8	3.5	3.1	2.7	2.7	2.6	2.5	2.5
Birth defects	8.0	5.9	6.1	4.4	3.2	3.6	3.4	3.4	3.6
Homicide	2.5	2.5	2.6	2.9	2.3	2.7	2.7	2.4	2.4
Heart disease	2.6	2.2	1.9	1.6	1.2	1.5	1.1	1.2	1.2
Pneumonia/influenza	2.1	1.6	1.2	1.0	0.7	0.7	0.7	1.0	0.7
Injury-related causes of death ^d									
All injuries (intentional and unintentional)	28.9	23.0	19.9	17.3	14.5	14.2	13.6	13.4	12.9
Motor vehicle traffic-related	7.4	5.9	5.3	4.4	3.7	3.6	3.4	3.2	3.3
Drowning	5.7	4.4	3.9	3.5	3.3	3.1	3.1	3.0	2.8
Fire and burns	6.1	4.8	4.0	3.1	2.1	1.7	1.6	1.6	1.5
Firearms	0.7	0.7	0.6	0.6	0.3	0.5	0.4	0.3	0.3
Suffocation	1.9	1.4	1.3	1.3	1.2	1.1	1.1	1.1	1.0
Pedestrian (non-traffic) ^e	1.5	1.1	0.9	0.7	0.6	0.5	0.5	0.7	0.7
Fall	0.9	0.6	0.6	0.3	0.2	0.2	0.3	0.4	0.3

— Not available.

^a Total includes American Indians/Alaskan Natives.

^b The 1977 OMB Standards for Data on Race and Ethnicity were used to classify persons into one of the following three racial groups: White, Black, or Asian or Pacific Islander. Death rates for American Indian or Alaskan Natives are not shown separately, because the numbers of deaths were too small for the calculation of reliable rates and American Indians are underreported on the death certificate. California, Hawaii, Idaho, Maine, Montana, New York, and Wisconsin reported multiple-race data in 2003. In 2004, the following states began to report multiple-race data: Michigan, Minnesota, New Hampshire, New Jersey, Oklahoma, South Dakota, Washington, and Wyoming. The multiple-race data for these states were bridged to the single-race categories of the 1977 OMB standards for comparability with other states rather than following the revised 1997 OMB standards for a select group of states. In addition, note that data on race and Hispanic origin are collected and reported separately. Persons of Hispanic origin may be of any race.

^c Trend data for Hispanics and White, non-Hispanics are affected by expansion of the reporting area in which an item on Hispanic origin is included on the death certificate, as well as by immigration. These two factors affect numbers of events, composition of the Hispanic population, and health characteristics. Tabulations are restricted to a subset of the States that include the item on the death certificate and that meet a minimal quality standard. The quality of reporting has improved substantially over time, so that the minimal quality standard was relaxed in 1992 for those areas reporting Hispanic origin on at least 80 percent of records. The number of States in the reporting area increased from 15 in 1984 to 17 and the District of Columbia (DC) in 1985; 18 and DC in 1986–1987; 26 and DC in 1988; 44 and DC in 1989; 45, New York State (excluding New York City), and DC in 1990; 47, New York State (excluding New York City), and DC in 1991; 48 and DC in 1992; and 49 and DC in 1993–1996. Complete reporting began in 1997. The population data in 1990 and 1991 do not exclude New York City.

^d Cause-of-death information for 1980–1998 is classified according to the Ninth Revision of the International Classification of Diseases. Cause-of-death information for 1999–2004 is classified according to the Tenth Revision of the International Classification of Diseases.

^e Includes deaths occurring on private property. Pedestrian deaths on public roads are included in the motor vehicle traffic-related category.

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

Table PHY6.C

Child injury and mortality: Death rates among children ages 5–14 by gender, race and Hispanic origin, and cause of death, selected years 1980–2004

(Deaths per 100,000 children ages 5–14)

Characteristic	1980	1985	1990	1995	2000	2001	2002	2003	2004
Ages 5–14									
All causes ^a	30.6	26.5	24.0	22.2	18.0	17.3	17.4	17.0	16.8
Gender									
Male	36.7	31.8	28.5	26.4	20.9	19.8	20.0	19.8	19.2
Female	24.2	21.0	19.3	17.9	15.0	14.6	14.7	14.0	14.3
Race and Hispanic origin ^b									
White	29.1	25.0	22.3	20.5	17.0	16.2	16.1	15.8	15.5
White, non-Hispanic ^c	–	23.1	21.5	20.1	17.1	16.3	16.0	15.6	15.5
Black	39.0	35.5	34.4	32.0	24.2	23.3	24.5	22.9	23.6
Asian or Pacific Islander	24.2	20.8	16.9	17.5	12.3	12.2	12.4	13.1	12.2
Hispanic ^c	–	19.3	20.0	19.9	15.7	14.7	15.5	15.7	14.4
Leading causes of death ^d									
Unintentional injuries	15.0	12.6	10.4	9.2	7.3	6.9	6.6	6.4	6.5
Cancer	4.3	3.5	3.1	2.7	2.5	2.5	2.6	2.6	2.5
Birth defects	1.6	1.4	1.5	1.2	1.0	0.9	1.0	0.9	1.0
Homicide	1.2	1.2	1.3	1.5	0.9	0.8	0.9	0.8	0.8
Heart disease	0.9	1.0	0.9	0.8	0.7	0.7	0.6	0.6	0.6
Pneumonia/influenza	0.6	0.4	0.4	0.3	0.2	0.2	0.2	0.4	0.2
Injury-related deaths by cause ^d									
All injuries (intentional and unintentional)	16.7	14.7	12.7	11.5	9.1	8.5	8.3	7.9	8.2
Motor vehicle traffic-related	7.5	6.6	5.6	5.1	4.0	3.8	3.6	3.7	3.7
Drowning	2.5	1.8	1.5	1.2	0.9	0.8	0.8	0.7	0.7
Fire and burns	1.5	1.4	1.0	0.9	0.7	0.7	0.7	0.6	0.7
Firearms	1.6	1.8	1.9	1.9	0.9	0.8	0.9	0.8	0.7
Suffocation	0.9	0.9	0.8	0.8	0.8	0.8	0.8	0.7	0.9
Pedestrian (non-traffic) ^e	0.2	0.1	0.1	0.1	0.2	0.2	0.1	0.1	0.1
Fall	0.3	0.2	0.1	0.2	0.1	0.2	0.1	0.1	0.1

— Not available.

^a Total includes American Indians or Alaskan Natives.

^b The 1977 OMB Standards for Data on Race and Ethnicity were used to classify persons into one of the following three racial groups: White, Black, or Asian or Pacific Islander. Death rates for American Indian or Alaskan Natives are not shown separately, because the numbers of deaths were too small for the calculation of reliable rates and American Indians are underreported on the death certificate. California, Hawaii, Idaho, Maine, Montana, New York, and Wisconsin reported multiple-race data in 2003. In 2004, the following states began to report multiple-race data: Michigan, Minnesota, New Hampshire, New Jersey, Oklahoma, South Dakota, Washington, and Wyoming. The multiple-race data for these states were bridged to the single-race categories of the 1977 OMB standards for comparability with other states rather than following the revised 1997 OMB standards for a select group of states. In addition, note that data on race and Hispanic origin are collected and reported separately. Persons of Hispanic origin may be of any race.

^c Trend data for Hispanics and White, non-Hispanics are affected by expansion of the reporting area in which an item on Hispanic origin is included on the death certificate, as well as by immigration. These two factors affect numbers of events, composition of the Hispanic population, and health characteristics. Tabulations are restricted to a subset of the States that include the item on the death certificate and that meet a minimal quality standard. The quality of reporting has improved substantially over time, so that the minimal quality standard was relaxed in 1992 for those areas reporting Hispanic origin on at least 80 percent of records. The number of States in the reporting area increased from 15 in 1984 to 17 and the District of Columbia (DC) in 1985; 18 and DC in 1986–1987; 26 and DC in 1988; 44 and DC in 1989; 45, New York State (excluding New York City), and DC in 1990; 47, New York State (excluding New York City), and DC in 1991; 48 and DC in 1992; and 49 and DC in 1993–1996. Complete reporting began in 1997. The population data in 1990 and 1991 do not exclude New York City.

^d Cause-of-death information for 1980–1998 is classified according to the Ninth Revision of the International Classification of Diseases. Cause-of-death information for 1999–2004 is classified according to the Tenth Revision of the International Classification of Diseases.

^e Includes deaths occurring on private property. Pedestrian deaths on public roads are included in the motor vehicle traffic-related category.

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

Table PHY7.A

Adolescent injury and mortality: Emergency department visit rates for adolescents ages 15–19 by leading causes of injury visits, 1995–2004

(Emergency department visits per 1,000 youth ages 15–19)

Characteristic	1995–1996	1997–1998	1999–2000	2001–2002	2003–2004
All injury visits ^a	179.8	170.9	178.4	154.4	160.7
All initial injury visits ^b	—	—	—	141.5	148.2
Leading causes of injury visits^c					
Cut or pierced from instrument or object	16.2	18.2	18.0	12.4	12.4
Unintentional	14.0	15.2	15.6	11.0	11.1
Fall	24.8	20.6	21.1	16.0	20.4
Motor vehicle traffic ^d	32.9	32.3	32.7	26.0	24.6
Natural or environmental factors ^e	5.6	4.4	7.1	5.2	6.9
Overexertion	7.4	4.8	7.3	5.9	7.0
Poisoning	4.3	5.9	4.3	5.7	6.4
Unintentional	2.9	3.0	1.8	3.3	2.3
Self-inflicted	1.4	2.0	2.2	2.0	3.4
Struck by/against an object or person	35.1	44.3	41.4	34.8	32.6
Unintentional	25.3	37.2	32.1	27.2	24.9
Assault	9.7	6.9	9.2	7.5	7.7

— Not available.

^a Any emergency department visit where there is a valid first-listed injury diagnosis code or a valid first-listed external cause code on the emergency department discharge record.

^b From 2001–2004, an average of 92 percent of injury-related emergency department visits were for a first visit.

^c Data for 2001–2002 and 2003–2004 are for initial visits only.

^d All motor vehicle traffic (MVT) visits were unintentional injury visits except in 1997–1998, when there were 2,259 emergency department visits for MVT assaults (0.18 percent of all MVT visits) and in 2003–2004, when there were 2,281 visits for MVT assaults (0.2 percent of all MVT visits).

^e Insect or animal bites accounted for the majority of emergency department visits caused by natural or environmental factors.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Hospital Ambulatory Medical Care Survey.

Table PHY7.B**Adolescent injury and mortality: Death rates among adolescents ages 15–19 by gender, race and Hispanic origin,^a and all causes and injury causes of death,^b selected years 1980–2004**

(Deaths per 100,000 adolescents ages 15–19)

Characteristic	1980	1985	1990	1995	2000	2001	2002	2003	2004
Total (all races)									
All causes	97.9	80.5	88.4	82.1	67.1	66.9	67.8	66.4	66.1
All injuries	78.1	62.8	71.4	65.0	51.6	50.9	52.6	50.6	51.3
Unintentional injuries	57.8	43.7	42.4	36.0	33.4	32.8	35.0	33.0	32.9
Homicide	10.5	8.4	16.9	17.8	9.5	9.4	9.3	9.5	9.3
Suicide	8.5	9.9	11.1	10.3	8.0	7.9	7.4	7.3	8.2
Leading mechanisms of injury									
Motor vehicle traffic	42.3	33.1	33.0	27.8	25.3	25.2	27.1	25.2	24.7
All firearm	14.7	13.3	23.5	24.1	12.9	12.4	12.1	12.1	12.0
Firearm homicide	7.0	5.7	14.0	15.3	7.7	7.5	7.7	7.7	7.6
Firearm suicide	5.4	6.0	7.5	6.9	4.4	4.1	3.6	3.6	3.8
Male									
White, non-Hispanic									
All causes	—	105.1	105.7	96.3	86.1	86.1	87.6	84.3	83.4
All injuries	—	86.2	87.5	77.5	69.4	69.4	71.0	66.9	68.1
Unintentional injuries	—	64.1	62.6	51.8	50.0	48.8	51.6	48.4	49.2
Homicide	—	5.2	5.6	5.8	3.5	3.9	3.9	3.6	3.3
Suicide	—	16.0	20.4	18.6	14.8	15.4	14.2	13.3	14.2
Leading mechanisms of injury									
Motor vehicle traffic	—	47.6	46.9	38.6	36.7	35.8	38.5	35.1	34.4
All firearm	—	17.0	20.4	20.0	12.3	12.3	11.2	11.1	10.8
Firearm homicide	—	3.7	3.9	4.5	2.5	2.6	2.8	2.6	2.2
Firearm suicide	—	10.5	13.3	12.7	8.6	8.6	7.2	7.4	7.5
Black									
All causes	134.5	125.5	199.9	200.1	130.1	130.4	121.7	120.9	121.0
All injuries	105.3	96.7	174.1	169.4	103.0	102.8	96.2	96.8	94.7
Unintentional injuries	49.1	40.7	45.6	44.2	34.5	36.1	34.6	30.0	31.2
Homicide	47.7	45.9	114.9	108.4	57.2	58.2	53.3	58.9	54.8
Suicide	5.6	8.2	11.5	13.6	9.5	7.3	6.9	6.6	7.4
Leading mechanisms of injury									
Motor vehicle traffic	24.3	21.9	28.6	28.6	22.5	25.3	23.4	21.3	21.2
All firearm	46.7	46.5	119.8	118.9	61.5	60.5	56.0	59.3	55.2
Firearm homicide	38.4	36.6	105.2	101.4	51.7	52.8	48.4	53.2	49.8
Firearm suicide	3.4	5.4	8.8	10.5	6.9	5.0	4.3	3.9	3.7
American Indian/Alaskan Native									
All causes	248.3	167.5	183.7	147.8	122.2	125.7	119.1	129.9	112.5
All injuries	222.7	148.4	157.2	133.5	108.5	108.8	103.0	108.6	99.3
Unintentional injuries	161.2	89.9	96.6	75.3	70.0	64.2	60.9	68.0	51.3
Homicide	*	*	*	30.5	14.4	14.2	16.7	15.3	14.5
Suicide	40.6	36.0	36.6	37.0	23.3	27.7	22.7	24.6	32.2
Leading mechanisms of injury									
Motor vehicle traffic	107.9	66.3	63.3	52.9	47.4	48.7	48.8	48.6	38.1
All firearm	40.6	29.2	29.6	43.9	22.0	23.7	23.4	22.7	25.0
Firearm homicide	*	*	*	19.7	*	*	*	*	*
Firearm suicide	26.7	*	*	*	*	14.2	*	*	13.8

Table PHY7.B (cont.)

Adolescent injury and mortality: Death rates among adolescents ages 15–19 by gender, race and Hispanic origin,^a and all causes and injury causes of death,^b selected years 1980–2004

(Deaths per 100,000 adolescents ages 15–19)

Characteristic	1980	1985	1990	1995	2000	2001	2002	2003	2004
Male (cont.)									
Asian/Pacific Islander (cont.)									
All causes	69.1	57.8	73.1	65.2	51.0	52.1	50.5	49.7	47.2
All injuries	53.5	47.4	62.3	51.9	39.1	40.6	40.5	38.0	38.2
Unintentional injuries	38.6	31.0	35.1	20.0	23.3	26.7	26.0	23.7	21.6
Homicide	*	*	14.8	20.5	7.5	6.8	8.6	6.9	7.3
Suicide	*	10.1	12.0	9.4	8.1	7.1	5.7	6.7	8.5
Leading mechanisms of injury									
Motor vehicle traffic	25.5	21.0	24.1	14.4	14.7	18.6	19.4	18.2	13.9
All firearm	*	9.2	22.2	26.9	8.8	7.3	9.9	7.4	8.8
Firearm homicide	*	*	12.6	18.6	5.7	*	7.1	5.4	5.3
Firearm suicide	*	*	8.3	6.1	*	*	*	*	*
Hispanic									
All causes	–	121.3	131.4	125.6	90.5	92.0	97.0	98.5	96.5
All injuries	–	103.7	115.9	110.0	75.9	72.9	81.5	80.1	79.9
Unintentional injuries	–	59.4	54.7	41.4	40.8	40.2	45.8	44.9	43.0
Homicide	–	30.6	49.7	53.5	25.7	23.9	25.5	25.1	25.8
Suicide	–	11.9	11.0	13.6	8.5	7.8	9.1	9.2	9.9
Leading mechanisms of injury									
Motor vehicle traffic	–	42.8	40.7	29.2	29.4	30.4	33.9	33.4	33.3
All firearm	–	31.2	51.7	60.4	27.9	25.5	28.5	27.0	28.1
Firearm homicide	–	20.9	39.7	47.3	21.9	20.4	22.3	21.1	22.0
Firearm suicide	–	6.7	8.6	9.2	4.6	3.5	4.9	4.3	5.1
Female									
White, non-Hispanic									
All causes	–	46.4	44.2	44.2	41.0	39.6	42.0	40.4	42.4
All injuries	–	33.7	32.3	32.2	29.3	27.7	30.5	29.0	31.0
Unintentional injuries	–	25.9	25.8	25.5	24.0	22.5	25.7	24.0	24.8
Homicide	–	2.9	2.8	3.3	1.9	1.9	1.6	1.4	1.8
Suicide	–	4.4	4.0	3.2	3.0	3.0	2.7	3.0	3.9
Leading mechanisms of injury									
Motor vehicle traffic	–	22.5	22.6	22.9	20.8	19.4	22.2	20.4	21.0
All firearm	–	3.8	3.9	3.7	2.2	2.2	1.9	1.7	2.3
Firearm homicide	–	1.1	1.3	1.7	0.9	0.9	1.0	0.7	1.0
Firearm suicide	–	2.2	2.2	1.8	1.2	1.2	0.9	0.9	1.2
Black									
All causes	50.3	44.6	54.4	55.1	43.7	40.8	41.0	37.8	40.7
All injuries	25.5	22.9	30.8	31.9	22.5	20.7	22.1	18.9	21.7
Unintentional injuries	12.0	10.7	13.2	13.0	12.7	12.9	12.8	11.2	11.8
Homicide	11.0	10.3	15.6	16.1	8.4	6.4	8.0	6.7	7.8
Suicide	1.6	1.5	1.9	2.3	1.4	1.3	*	*	1.9
Leading mechanisms of injury									
Motor vehicle traffic	6.6	7.5	9.7	10.5	10.0	10.4	10.9	9.2	9.6
All firearm	7.5	6.1	12.1	13.9	5.7	4.5	6.0	4.2	5.9
Firearm homicide	6.2	5.0	10.4	12.1	4.9	3.9	5.4	4.0	5.1
Firearm suicide	*	*	*	1.6	*	*	*	*	*

Table PHY7.B (cont.)

Adolescent injury and mortality: Death rates among adolescents ages 15–19 by gender, race and Hispanic origin,^a and all causes and injury causes of death,^b selected years 1980–2004

(Deaths per 100,000 adolescents ages 15–19)

Characteristic	1980	1985	1990	1995	2000	2001	2002	2003	2004
Female (cont.)									
American Indian/Alaskan Native									
All causes	77.4	69.9	73.1	56.3	52.8	61.7	62.1	62.8	60.7
All injuries	64.3	56.8	61.1	43.2	44.9	47.5	48.9	50.4	49.1
Unintentional injuries	53.6	40.3	44.5	33.8	34.0	35.4	38.4	35.2	30.0
Homicide	*	*	*	*	*	*	*	*	*
Suicide	*	*	*	*	*	*	*	*	13.6
Leading mechanisms of injury									
Motor vehicle traffic	41.7	29.6	34.9	27.2	26.8	29.1	32.8	29.7	24.5
All firearm	*	*	*	*	*	*	*	*	*
Firearm homicide	*	*	*	*	*	*	*	*	*
Firearm suicide	*	*	*	*	*	*	*	*	*
Asian or Pacific Islander									
All causes	26.7	32.1	25.8	28.1	20.6	23.3	23.1	26.6	21.5
All injuries	16.7	19.3	18.2	19.4	11.9	13.8	13.9	17.2	13.1
Unintentional injuries	*	11.0	11.2	13.3	7.3	9.7	9.8	12.6	9.1
Homicide	*	*	*	*	*	*	*	*	*
Suicide	*	*	*	*	*	*	*	*	*
Leading mechanisms of injury									
Motor vehicle traffic	*	*	10.9	12.5	5.5	7.1	7.1	11.5	8.4
All firearm	*	*	*	*	*	*	*	*	*
Firearm homicide	*	*	*	*	*	*	*	*	*
Firearm suicide	*	*	*	*	*	*	*	*	*
Hispanic									
All causes	—	33.6	35.2	35.5	28.7	31.1	30.8	33.5	29.7
All injuries	—	20.7	22.7	23.1	18.4	19.2	19.5	21.7	19.4
Unintentional injuries	—	14.4	12.2	13.9	13.1	14.0	14.4	15.9	13.4
Homicide	—	3.8	7.2	6.5	2.8	2.6	3.1	3.1	2.9
Suicide	—	*	3.2	2.6	2.4	2.5	2.0	2.4	2.7
Leading mechanisms of injury									
Motor vehicle traffic	—	10.7	10.4	12.1	10.7	12.5	12.3	14.1	11.2
All firearm	—	4.5	6.8	5.7	2.7	2.9	2.6	2.8	2.7
Firearm homicide	—	*	4.9	4.6	2.0	2.1	2.0	2.0	2.1
Firearm suicide	—	*	*	*	*	*	*	*	*

— Not available.

* Number of deaths too few to calculate a reliable rate.

^a From 1980 to 2004, the 1977 OMB Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

^b Cause-of-death information for 1980–1998 is classified according to the Ninth Revision of the International Classification of Diseases. Cause-of-death information for 1999–2004 is classified according to the Tenth Revision of the International Classification of Diseases.

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

Table BEH1

Regular cigarette smoking: Percentage of 8th-, 10th-, and 12th-grade students who reported smoking cigarettes daily in the previous 30 days by grade, gender, and race and Hispanic origin, selected years 1980–2006

Characteristic	1980	1985	1990	1995	2000	2001	2002	2003	2004	2005	2006
8th-graders											
Total	—	—	—	9.3	7.4	5.5	5.1	4.5	4.4	4.0	4.0
Gender											
Male	—	—	—	9.2	7.0	5.9	5.4	4.4	4.3	3.9	4.0
Female	—	—	—	9.2	7.5	4.9	4.9	4.5	4.3	4.0	3.8
Race and Hispanic origin ^a											
White, non-Hispanic	—	—	—	10.5	9.0	7.5	6.0	5.3	4.7	4.6	4.6
Black, non-Hispanic	—	—	—	2.8	3.2	2.8	2.8	2.9	2.7	2.1	1.9
Hispanic ^b	—	—	—	9.2	7.1	5.0	4.4	3.7	3.5	3.1	2.8
10th-graders											
Total	—	—	—	16.3	14.0	12.2	10.1	8.9	8.3	7.5	7.6
Gender											
Male	—	—	—	16.3	13.7	12.4	9.4	8.6	8.2	7.2	6.9
Female	—	—	—	16.1	14.1	11.9	10.8	9.0	8.2	7.7	8.1
Race and Hispanic origin ^a											
White, non-Hispanic	—	—	—	17.6	17.7	15.5	13.3	11.4	10.0	9.1	8.7
Black, non-Hispanic	—	—	—	4.7	5.2	5.2	5.0	4.3	4.4	3.9	3.3
Hispanic ^b	—	—	—	9.9	8.8	7.4	6.4	6.0	6.0	5.9	5.3
12th-graders											
Total	21.3	19.5	19.1	21.6	20.6	19.0	16.9	15.8	15.6	13.6	12.2
Gender											
Male	18.5	17.8	18.6	21.7	20.9	18.4	17.2	17.0	15.4	14.6	12.0
Female	23.5	20.6	19.3	20.8	19.7	18.9	16.1	14.0	15.0	11.9	11.8
Race and Hispanic origin ^a											
White, non-Hispanic	23.9	20.4	21.8	23.9	25.7	23.8	21.8	19.5	18.3	17.1	15.3
Black, non-Hispanic	17.4	9.9	5.8	6.1	8.0	7.5	6.4	5.4	5.2	5.6	5.7
Hispanic ^b	12.8	11.8	10.9	11.6	15.7	12.0	9.2	8.0	8.2	7.7	7.0

— Not available.

^a From 1977 to 2006, respondents who described themselves as White or Caucasian were reported as White. From 1977 to 1989, the Black subgroup included respondents who described themselves as Black or Afro-American; after 1990, the subgroup included those who described themselves as Black or African American. From 1977 to 1990, the Hispanic subgroup included those respondents who described themselves as Mexican American or Chicano, or Puerto Rican or other Latin American. After 1990, this group included those respondents who described themselves as Mexican American or Chicano, Cuban American, Puerto Rican American, or other Latin American. After 1994, the term Puerto Rican American was shortened to Puerto Rican. Racial and ethnic subgroup data from the Monitoring the Future Study are presented as 2-year averages; data for the specified year and the previous year have been combined in order to increase sample size and thus provide more stable estimates.

^b Persons of Hispanic origin may be of any race.

SOURCE: Johnston, L.D., O'Malley, P.M., and Bachman, J.G. (2006). *Monitoring the Future national survey results on drug use, 1975–2005, Volume I: Secondary school students* (NIH Publication No. 06–5883) Tables D-90 through D-92. Bethesda, MD: National Institute on Drug Abuse. Data for 2006 are from a press release of December 21, 2006, and demographic disaggregations are from unpublished tabulations from Monitoring the Future, University of Michigan.

Table BEH2

Alcohol use: Percentage of 8th-, 10th-, and 12th-grade students who reported having five or more alcoholic beverages in a row in the past 2 weeks by grade, gender, and race and Hispanic origin, selected years 1980–2006

Characteristic	1980	1985	1990	1995	2000	2001	2002	2003	2004	2005	2006
8th-graders											
Total	—	—	—	14.5	14.1	13.2	12.4	11.9	11.4	10.5	10.9
Gender											
Male	—	—	—	15.1	14.4	13.7	12.5	12.2	10.8	10.2	10.5
Female	—	—	—	13.9	13.6	12.4	12.1	11.6	11.8	10.6	10.8
Race and Hispanic origin ^a											
White, non-Hispanic	—	—	—	13.9	14.9	13.8	12.7	11.8	11.3	10.8	10.2
Black, non-Hispanic	—	—	—	10.8	10.0	9.0	9.4	10.4	9.8	8.2	8.0
Hispanic ^b	—	—	—	22.0	19.1	17.6	17.8	16.6	16.1	14.8	14.5
10th-graders											
Total	—	—	—	24.0	26.2	24.9	22.4	22.2	22.0	21.0	21.9
Gender											
Male	—	—	—	26.3	29.8	28.6	23.8	23.2	23.8	22.0	22.9
Female	—	—	—	21.5	22.5	21.4	21.0	21.2	20.2	19.9	20.9
Race and Hispanic origin ^a											
White, non-Hispanic	—	—	—	25.4	28.1	27.4	25.5	24.5	24.0	23.5	23.4
Black, non-Hispanic	—	—	—	13.3	12.9	12.6	12.4	12.1	11.6	11.0	11.2
Hispanic ^b	—	—	—	26.8	28.3	27.7	26.5	26.1	26.9	26.0	24.6
12th-graders											
Total	41.2	36.7	32.2	29.8	30.0	29.7	28.6	27.9	29.2	27.1	25.4
Gender											
Male	52.1	45.3	39.1	36.9	36.7	36.0	34.2	34.2	34.3	32.6	28.9
Female	30.5	28.2	24.4	23.0	23.5	23.7	23.0	22.1	24.2	21.6	21.5
Race and Hispanic origin ^a											
White, non-Hispanic	44.3	41.5	36.6	32.3	34.6	34.5	33.7	32.4	32.5	31.8	28.9
Black, non-Hispanic	17.7	15.7	14.4	14.9	11.5	11.8	11.5	10.8	11.4	10.9	11.9
Hispanic ^b	33.1	31.7	25.6	26.6	31.0	28.4	26.4	25.9	26.0	22.1	24.5

— Not available.

^a From 1977 to 2006, respondents who described themselves as White or Caucasian were reported as White. From 1977 to 1989, the Black subgroup included respondents who described themselves as Black or Afro-American; after 1990, the subgroup included those who described themselves as Black or African American. From 1977 to 1990, the Hispanic subgroup included those respondents who described themselves as Mexican American or Chicano, or Puerto Rican or other Latin American. After 1990, this group included those respondents who described themselves as Mexican American or Chicano, Cuban American, Puerto Rican American, or other Latin American. After 1994, the term Puerto Rican American was shortened to Puerto Rican. Racial and ethnic subgroup data from the Monitoring the Future Study are presented as 2-year averages; data for the specified year and the previous year have been combined in order to increase sample size and thus provide more stable estimates.

^b Persons of Hispanic origin may be of any race.

SOURCE: Johnston, L.D., O'Malley, P.M., and Bachman, J.G. (2006). *Monitoring the Future national survey results on drug use, 1975–2005, Volume I: Secondary school students* (NIH Publication No. 06–5883) Tables D-69 through D-71. Bethesda, MD: National Institute on Drug Abuse. Data for 2006 are from a press release of December 21, 2006, and demographic disaggregations are from unpublished tabulations from Monitoring the Future, University of Michigan.

Table BEH3

Illicit drug use: Percentage of 8th-, 10th-, and 12th-grade students who have used illicit drugs in the previous 30 days by grade, gender, and race and Hispanic origin, selected years 1980–2006

Characteristic	1980 ^a	1985	1990	1995	2000	2001	2002	2003	2004	2005 ^b	2006 ^b
8th-graders											
Total	–	–	–	12.4	11.9	11.7	10.4	9.7	8.4	8.5	8.1
Gender											
Male	–	–	–	12.7	12.0	13.2	11.2	10.2	7.8	8.8	8.0
Female	–	–	–	11.9	11.3	9.9	9.5	8.9	8.8	8.1	8.0
Race and Hispanic origin ^c											
White, non-Hispanic	–	–	–	18.9	11.2	11.2	10.6	9.6	8.4	7.7	7.5
Black, non-Hispanic	–	–	–	9.1	10.8	9.6	9.1	8.9	9.1	9.3	8.6
Hispanic ^d	–	–	–	16.7	15.2	15.0	15.3	13.1	12.1	11.0	10.2
10th-graders											
Total	–	–	–	20.2	22.5	22.7	20.8	19.5	18.3	17.3	16.8
Gender											
Male	–	–	–	21.1	25.4	24.9	21.7	21.0	19.6	18.3	17.9
Female	–	–	–	19.0	19.5	20.5	19.8	18.0	16.9	16.1	15.4
Race and Hispanic origin ^c											
White, non-Hispanic	–	–	–	19.7	23.0	23.4	22.9	21.2	19.3	18.2	17.6
Black, non-Hispanic	–	–	–	15.5	17.0	17.6	16.2	16.0	17.5	16.4	15.0
Hispanic ^d	–	–	–	20.6	23.7	23.3	21.4	20.0	20.0	19.3	17.0

Table BEH3 (cont.)

Illicit drug use: Percentage of 8th-, 10th-, and 12th-grade students who have used illicit drugs in the previous 30 days by grade, gender, and race and Hispanic origin, selected years 1980–2006

Characteristic	1980 ^a	1985	1990	1995	2000	2001	2002	2003	2004	2005 ^b	2006 ^b
12th-graders											
Total	37.2	29.7	17.2	23.8	24.9	25.7	25.4	24.1	23.4	23.1	21.5
Gender											
Male	39.6	32.1	18.9	26.8	27.5	28.4	28.5	27.3	26.1	26.7	22.8
Female	34.3	26.7	15.2	20.4	22.1	22.6	21.8	20.6	20.3	19.3	19.7
Race and Hispanic origin ^c											
White, non-Hispanic	38.8	30.2	20.5	23.8	25.9	26.5	27.2	26.5	25.7	25.3	24.0
Black, non-Hispanic	28.8	22.9	9.0	18.3	20.3	18.7	18.2	17.9	16.8	16.1	17.2
Hispanic ^d	33.1	27.2	13.9	21.4	27.4	25.3	23.4	21.2	19.9	19.6	19.4

— Not available.

^a Beginning in 1982, the question about stimulant use (i.e., amphetamines) was revised to get respondents to exclude the inappropriate reporting of nonprescription stimulants. The prevalence rate dropped slightly as a result of this methodological change.

^b To derive percentages for each racial subgroup, data for 2005 and 2006 have been combined to increase subgroup sample sizes and thus provide more stable estimates. In the original race/ethnicity question, respondents were asked to select the one race/ethnicity category that they thought best described them. In 2005, in half of the questionnaire forms respondents were instructed to mark all categories that applied. About 6% selected more than one racial/ethnic group. The following method was used to combine data from the original question and the revised question: For the original question, respondents were assigned to the racial/ethnic group specified in their response. For the revised question, those checking only White and no other racial/ethnic group were categorized as White; those checking Black and no other racial/ethnic group were categorized as Black; and those checking one or more of the four Hispanic categories but no other racial/ethnic group were categorized as Hispanic. In 2006, the race/ethnicity question was revised on the remaining forms. Note that, because some drug use questions occur in only a few forms, there is some variation in the version of the race/ethnicity question upon which the 2005 data are based. These permutations do not appear to make any appreciable difference in the results. For further details, see the race/ethnicity note at the end of Appendix D in the Monitoring the Future report referenced below.

^c From 1977 to 2006, respondents who described themselves as White or Caucasian were reported as White. From 1977 to 1989, the Black subgroup included respondents who described themselves as Black or Afro-American; after 1990, the subgroup included those who described themselves as Black or African American. From 1977 to 1990, the Hispanic subgroup included those respondents who described themselves as Mexican American or Chicano, or Puerto Rican or other Latin American. After 1990, this group included those respondents who described themselves as Mexican American or Chicano, Cuban American, Puerto Rican American, or other Latin American. After 1994, the term Puerto Rican American was shortened to Puerto Rican. Racial and ethnic subgroup data from the Monitoring the Future Study are typically presented as 2-year averages in order to increase sample size and thus provide more stable estimates. The single-year estimates provided in the *America's Children* report are limited to the subgroups for which the sample size is adequate to provide stable estimates: White, Black, and Hispanic.

^d Persons of Hispanic origin may be of any race.

NOTE: Use of "any illicit drug" includes any use of marijuana, LSD, other hallucinogens, crack, other cocaine, or heroin, or any use of other narcotics, amphetamines, barbiturates, or tranquilizers not under a doctor's orders. For 8th- and 10th-graders, the use of other narcotics and barbiturates has been excluded because these younger respondents appear to over report use (perhaps because they include the use of nonprescription drugs in their answers).

SOURCE: Johnston, L.D., O'Malley, P.M., and Bachman, J.G. (2006). *Monitoring the Future national survey results on drug use, 1975–2005, Volume I: Secondary school students* (NIH Publication No. 06–5883) Table 2–3. Bethesda, MD: National Institute on Drug Abuse. Data for 2006 are from a press release of December 21, 2006, and demographic disaggregations are from unpublished tabulations from Monitoring the Future, University of Michigan.

Table BEH4.A

Sexual activity: Percentage of high school students who reported ever having had sexual intercourse, selected years 1991–2005

Characteristic	1991	1993	1995	1997	1999	2001	2003	2005
Total	54.1	53.0	53.1	48.4	49.9	45.6	46.7	46.8
Gender								
Male	57.4	55.6	54.0	48.9	52.2	48.5	48.0	47.9
Female	50.8	50.2	52.1	47.7	47.7	42.9	45.3	45.7
Race and Hispanic origin^a								
White, non-Hispanic	50.0	48.4	48.9	43.6	45.1	43.2	41.8	43.0
Black, non-Hispanic	81.5	79.7	73.4	72.7	71.2	60.8	67.3	67.6
Hispanic	53.1	56.0	57.6	52.2	54.1	48.4	51.4	51.0
Other ^b	43.8	43.4	45.9	45.3	45.6	40.1	41.6	36.4
Grade								
9th Grade	39.0	37.7	36.9	38.0	38.6	34.4	32.8	34.3
10th Grade	48.2	46.1	48.0	42.5	46.8	40.8	44.1	42.8
11th Grade	62.4	57.5	58.6	49.7	52.5	51.9	53.2	51.4
12th Grade	66.7	68.3	66.4	60.9	64.9	60.5	61.6	63.1

^a From 1991 to 2003, the 1977 OMB Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. In each survey, a single question format (approved by OMB) was used to ask about both race and ethnicity. In 2005, the national Youth Risk Behavior Survey (YRBS) applied OMB's 1997 revision to the 1977 directive and began asking about race and ethnicity in a two-question format (a methodological study [in press] has been conducted to confirm that trend analyses would not be effected by the change in format starting with the 2005 survey). In addition, note that data on race and Hispanic origin are collected separately, but are combined for reporting. Regardless of question format, the data have been combined to create the following standard categories—White, non-Hispanic, Black, non-Hispanic, and Hispanic. Estimates are not shown separately for American Indian or Alaskan Native, Asian, or Native Hawaiian or Other Pacific Islander races due to the small sample size for each of these groups.

^b Students were coded as "Other" if they (1) did not self-report as Hispanic, and (2) selected "American Indian or Alaskan Native," "Asian," and/or "Native Hawaiian or Other Pacific Islander," or selected more than one response to a question on race.

NOTE: Data are based on the student's response to the question "Have you ever had sexual intercourse?"

SOURCE: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Youth Risk Behavior Surveillance System.

Table BEH4.B

Sexual activity: Among those who reported having had sexual intercourse during the past three months, the percentage of high school students who used birth control pills to prevent pregnancy and the percentage who used a condom during the last sexual intercourse, selected years 1991–2005

Characteristic	1991	1993	1995	1997	1999	2001	2003	2005
Used birth control pills to prevent pregnancy before last sexual intercourse								
Total	20.8	18.4	17.4	16.6	16.2	18.2	17.0	17.6
Used a condom during last sexual intercourse								
Total	46.2	52.8	54.4	56.8	58.0	57.9	63.0	62.8

NOTE: Data for birth control pill use are based on the student's response to the question, "The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy?"; "birth control pills" was one option, in addition to "I have never had sexual intercourse," "No method was used to prevent pregnancy," "Condoms," "Depo-Provera (injectable birth control)," "Withdrawal," "Some other method," and "Not sure." Data for condom use are based on the student's response to the question, "The last time you had sexual intercourse, did you or your partner use a condom?"

SOURCE: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Youth Risk Behavior Surveillance System.

Table BEH5

Youth perpetrators of serious violent crimes: Rate and number of serious crimes by youth ages 12–17, selected years 1980–2005

Characteristic	1980	1985	1990	1995	2000	2001	2002	2003	2004	2005
Rate per 1,000 youth ages 12–17										
Total	34.9	30.2	39.1	36.3	17.1	19.3	11.2	14.9	13.6	17.2
Number of serious violent crimes										
Total (in millions)	3.8	3.4	3.5	3.3	2.2	2.0	1.7	1.8	1.7	1.8
Number involving youth ages 12–17 (in thousands)	812	652	785	812	412	467	278	375	345	437
Percentage involving youth ages 12–17	21.3	19.4	22.4	24.7	19.0	23.2	16.5	20.5	20.9	23.9
Percentage of juvenile crimes involving multiple offenders	61.4	61.4	61.1	54.5	58.7	47.0	56.6	56.5	42.7	49.8

NOTE: This rate is the ratio of the number of crimes (aggravated assault, rape, and robbery [i.e., stealing by force or threat of violence]) reported to the National Crime Victimization Survey for which the age of the offenders was known, plus the number of homicides reported to police that involved at least one juvenile offender perceived by the victim (or by law enforcement in the case of homicide) to be 12–17 years of age, to the number of juveniles in the population. Because of changes made in the victimization survey, data prior to 1992 are adjusted to make them comparable with data collected under the redesigned methodology. Rates may also be revised to reflect final U.S. Census Bureau population estimates for 1990–2005.

SOURCE: U.S. Department of Justice, Bureau of Justice Statistics, National Crime Victimization Survey. Federal Bureau of Investigation, Uniform Crime Reporting Program, Supplementary Homicide Reports.

Table ED1

Family reading to young children: Percentage of children ages 3–5^a who were read to every day in the last week by a family member by child and family characteristics, selected years 1993–2005

Characteristic	1993	1995	1996	1999	2001	2005
Total	52.8	58.0	56.5	53.5	57.5	60.3
Gender						
Male	51.3	57.0	55.6	52.3	54.5	58.7
Female	54.4	59.0	57.4	54.8	60.5	62.1
Race and Hispanic origin^b						
White, non-Hispanic	59.1	65.4	64.3	61.3	64.2	67.7
Black, non-Hispanic	38.7	42.5	43.7	41.2	47.3	49.7
Asian	45.7	37.3	62.2	53.8	51.4	65.6
Hispanic	37.3	38.3	39.1	33.0	41.8	44.7
Poverty status						
Below 100% poverty	43.6	46.6	46.8	38.7	48.3	50.0
100–199% poverty	49.1	55.7	52.0	51.4	51.8	59.5
200% poverty and above	60.9	65.2	65.5	61.8	64.1	65.0
Family type						
Two parents ^c	55.3	61.2	60.7	57.8	60.7	62.2
Two parents, married	—	—	—	—	61.1	63.3
Two parents, unmarried	—	—	—	—	56.8	49.8
One parent	46.0	49.2	45.6	42.4	47.2	53.0
No parents	45.9	51.6	47.9	50.6	52.8	64.2
Mother's highest level of education^d						
Less than high school	36.9	39.9	37.4	38.7	41.2	41.3
High school diploma or equivalent	47.7	48.0	49.0	45.2	49.2	55.2
Some college, including vocational/technical/ associate's degree	56.5	63.6	61.8	53.0	59.8	59.8
Bachelor's degree or higher	70.7	75.7	76.5	70.8	72.8	72.4
Mother's employment status^d						
Worked 35 hours or more per week	51.5	55.3	54.3	48.9	55.1	56.6
Worked less than 35 hours per week	55.9	63.1	58.7	55.6	62.6	60.6
Looking for work	43.7	46.3	53.0	46.5	53.8	62.7
Not in labor force	54.8	59.8	59.4	59.7	58.2	64.5

Table ED1 (cont.)

Family reading to young children: Percentage of children ages 3–5^a who were read to every day in the last week by a family member by child and family characteristics, selected years 1993–2005

Characteristic	1993	1995	1996	1999	2001	2005
Region^e						
Northeast	58.9	64.2	61.2	59.0	62.4	66.4
South	48.3	53.7	54.7	51.1	53.3	55.7
Midwest	54.1	61.0	56.6	57.3	58.0	62.3
West	52.8	54.8	54.0	47.5	58.6	61.4

— Not available.

^a Estimates are based on children who have yet to enter kindergarten.

^b From 1993 to 2001, the 1977 OMB Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. For data from 2005 onward, the revised 1997 OMB standards were used. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander. Included in the total, but not shown separately are American Indian or Alaska Native and respondents with Two or more races. For continuity purposes, in 2005, respondents who reported the child being Asian or Native Hawaiian or Other Pacific Islander were combined. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

^c Refers to adults' relationship to child and does not indicate marital status.

^d Children without mothers in the home are not included in estimates dealing with mother's education or mother's employment status.

^e Regions: Northeast includes CT, MA, ME, NH, NJ, NY, PA, RI, and VT. South includes AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, and WV. Midwest includes IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, and WI. West includes AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, and WY.

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

Table ED2.A

Mathematics and reading achievement: Average mathematics scale scores of 4th-, 8th-, and 12th-graders by grade, and child and family characteristics, selected years 1990–2005

Characteristic	1990 ^a	1992 ^a	1996 ^a	1996	2000	2003	2005
4th-graders							
Total	213	220	224	224	226	235	238
Gender							
Male	214	221	226	224	227	236	239
Female	213	219	222	223	224	233	237
Race and Hispanic origin ^b							
White, non-Hispanic	220	227	231	232	234	243	246
Black, non-Hispanic	188	193	199	198	203	216	220
Asian or Pacific Islander, non-Hispanic	–	231	226	229	–	246	251
American Indian or Alaska Native, non-Hispanic	–	–	–	–	–	223	226
Hispanic	200	202	205	207	208	222	226
8th-graders							
Total	263	268	272	270	273	278	279
Gender							
Male	263	268	272	271	274	278	280
Female	262	269	272	269	272	277	278
Race and Hispanic origin ^b							
White, non-Hispanic	270	277	281	281	284	288	289
Black, non-Hispanic	237	237	242	240	244	252	255
Asian or Pacific Islander, non-Hispanic	–	290	–	–	288	291	295
American Indian or Alaska Native, non-Hispanic	–	–	–	–	–	263	264
Hispanic	246	249	251	251	253	259	262
Parents' education							
Less than high school	242	249	254	250	253	257	259
High school diploma or equivalent	255	257	261	260	261	267	267
Some college, including vocational/technical	267	271	279	277	277	280	280
Bachelor's degree or higher	274	281	282	281	286	288	290

Table ED2.A (cont.)

Mathematics and reading achievement: Average mathematics scale scores of 4th-, 8th-, and 12th-graders by grade, and child and family characteristics, selected years 1990–2005

Characteristic	1990 ^a	1992 ^a	1996 ^a	1996	2000	2003	2005
12th-graders							
Total	294	299	304	302	300	–	150 ^c
Gender							
Male	297	301	305	303	302	–	151 ^c
Female	291	298	303	300	299	–	149 ^c
Race and Hispanic origin ^b							
White, non-Hispanic	300	305	311	309	307	–	157 ^c
Black, non-Hispanic	268	275	280	275	273	–	127 ^c
Asian or Pacific Islander, non-Hispanic	311	312	312	305	315	–	163 ^c
American Indian or Alaska Native, non-Hispanic	–	–	–	–	–	–	134 ^c
Hispanic	276	286	287	284	282	–	133 ^c
Parents' education							
Less than high school	272	278	282	280	278	–	130 ^c
High school diploma or equivalent	283	288	294	290	287	–	138 ^c
Some college, including vocational/technical	297	299	302	302	299	–	148 ^c
Bachelor's degree or higher	306	311	314	313	312	–	161 ^c

— Not available.

^a Testing accommodations (e.g., extended time, small group testing) for children with disabilities and limited-English-proficient students were not permitted.

^b For data before 2003, the 1977 OMB Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. The revised 1997 OMB standards were used for data for 2003 to 2006. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander. Included in the total, but not shown separately, are respondents with Two or more races. From 2003 onward, people who responded to the question on race indicated only one race unless otherwise specified. Data from 2003 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

^c The 12th grade mathematics assessment in 2005 was based on a revised National Assessment of Educational Progress (NAEP) mathematics framework for grade 12. In addition, unlike previous assessment results which were placed on a scale of 0–500, the results of the revised assessment were placed on a scale of 0–300. As a result of both changes, the 12th-grade assessment results cannot be compared with those of previous assessments.

NOTE: In 2003, the assessment was only conducted at grades 4 and 8. The assessment was conducted at 12th-grade in 2005, but the National Assessment Governing Board (NAGB) introduced changes in the 2005 NAEP mathematics framework for grade 12 in both the assessment content and administration procedures. As a result, the 12th-grade assessment results cannot be compared with those of previous assessments. Parents' education is the highest educational attainment of either parent. Data on parents' education are not reliable for 4th-graders.

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress.

Table ED2.B

Mathematics and reading achievement: Average reading scale scores of 4th-, 8th-, and 12th-graders by grade, and child and family characteristics, selected years 1992–2005

Characteristic	1992 ^a	1994 ^a	1998 ^a	1998	2000	2002	2003	2005
4th-graders								
Total	217	214	217	215	213	219	218	219
Gender								
Male	213	209	214	212	208	215	215	216
Female	221	220	220	217	219	222	222	222
Race and Hispanic origin ^b								
White, non-Hispanic	224	224	226	225	224	229	229	229
Black, non-Hispanic	192	185	193	193	190	199	198	200
Asian or Pacific Islander, non-Hispanic	216	220	221	–	225	224	226	229
American Indian or Alaska Native, non-Hispanic	–	–	–	–	–	207	202	204
Hispanic	197	188	195	193	190	201	200	203
8th-graders								
Total	260	260	264	263	–	264	263	262
Gender								
Male	254	252	257	256	–	260	258	257
Female	267	267	270	270	–	269	269	267
Race and Hispanic origin ^b								
White, non-Hispanic	267	267	271	270	–	272	272	271
Black, non-Hispanic	237	236	243	244	–	245	244	243
Asian or Pacific Islander, non-Hispanic	268	265	267	264	–	267	270	271
American Indian or Alaska Native, non-Hispanic	–	–	–	–	–	250	246	249
Hispanic	241	243	245	243	–	247	245	246
Parents' education								
Less than high school	243	238	243	242	–	248	245	244
High school diploma or equivalent	251	252	254	254	–	257	254	252
Some college, including vocational/technical	265	266	269	268	–	268	267	265
Bachelor's degree or higher	271	270	274	273	–	274	273	272

Table ED2.B (cont.)

Mathematics and reading achievement: Average reading scale scores of 4th-, 8th-, and 12th-graders by grade, and child and family characteristics, selected years 1992–2005

Characteristic	1992 ^a	1994 ^a	1998 ^a	1998	2000	2002	2003	2005
12th-graders								
Total	292	287	291	290	—	287	—	286
Gender								
Male	287	280	283	282	—	279	—	279
Female	297	294	298	298	—	295	—	292
Race and Hispanic origin ^b								
White, non-Hispanic	297	293	297	297	—	292	—	293
Black, non-Hispanic	273	265	271	269	—	267	—	267
Asian or Pacific Islander, non-Hispanic	290	278	288	287	—	286	—	287
American Indian or Alaska Native, non-Hispanic	—	—	—	—	—	—	—	279
Hispanic	279	270	276	275	—	273	—	272
Parents' education								
Less than high school	275	266	268	268	—	268	—	268
High school diploma or equivalent	283	277	280	279	—	278	—	274
Some college, including vocational/technical	294	289	292	291	—	289	—	287
Bachelor's degree or higher	301	298	301	300	—	296	—	297

— Not available.

^a Testing accommodations (e.g., extended time, small group testing) for children with disabilities and limited-English-proficient students were not permitted.

^b For data before 2003, the 1977 OMB Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. The revised 1997 OMB standards were used for data for 2003 to 2006. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander. Included in the total, but not shown separately, are respondents with Two or more races. From 2003 onward, people who responded to the question on race indicated only one race unless otherwise specified. Data from 2003 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

NOTE: In 2000, the assessment was only conducted at grade 4. In 2003, the assessment was only conducted at grades 4 and 8. Parents' education is the highest educational attainment of either parent. Data on parents' education are not reliable for 4th-graders.

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress.

Table ED3.A

High school academic coursetaking: Percentage distribution of high school graduates by the highest level of mathematics courses taken, selected years 1982–2004

Characteristic	1982	1987	1990	1992	1994	1998	2000	2004
Nonacademic or low academic								
Total	24.1	19.5	17.2	12.5	11.8	8.9	6.5	4.8
Middle academic								
Total	48.8	50.1	51.6	49.0	49.4	48.9	48.0	44.6
Algebra I/geometry	30.6	27.0	25.4	22.7	22.5	21.2	18.6	18.7
Algebra II	18.2	23.1	26.2	26.4	26.9	27.7	29.4	25.9
Advanced academic								
Total	26.3	29.5	30.6	38.1	38.1	41.4	44.6	50.0
Trigonometry/algebra III	15.6	12.9	12.9	16.4	16.3	14.4	14.1	17.6
Precalculus	4.8	9.0	10.4	10.9	11.6	15.2	18.0	18.5
Calculus	5.9	7.6	7.2	10.7	10.2	11.8	12.5	13.9

NOTE: Totals do not add to 100 because a small percentage of students completed no mathematics or only basic or remedial-level courses. The distribution of graduates among the various levels of mathematics courses was determined by the level of the most academically advanced course they had completed. Graduates may have completed advanced levels of courses without having taken courses at lower levels.

The courses classified at these mathematics academic levels are:

Nonacademic: General mathematics I or II; basic mathematics I, II, or III; consumer mathematics; technical or vocational mathematics; and mathematics review.

Low academic: Pre-algebra; algebra I (taught over 2 years); and geometry (informal).

Algebra I/geometry: Algebra I; plane geometry; plane and solid geometry; unified mathematics I and II; and pure mathematics.

Algebra II: Algebra II and unified mathematics III.

Trigonometry/algebra III: Algebra III; algebra/trigonometry; algebra/analytical geometry; trigonometry; trigonometry/solid geometry; analytical geometry; linear algebra; probability; probability/statistics; statistics (other); and independent study.

Precalculus: Precalculus and introduction to analysis.

Calculus: Advanced Placement calculus; calculus; and calculus/analytical geometry.

SOURCE: U.S. Department of Education, National Center for Education Statistics. High School and Beyond Study of 1980 Sophomores (1982); National Education Longitudinal Study of 1988 (1992); National Assessment of Educational Progress Transcript Study (1987, 1990, 1994, 1998, and 2000); Education Longitudinal Study of 2002 and High School Transcript Study (2004).

Table ED3.B

High school academic coursetaking: Percentage distribution of high school graduates by the highest level of science courses taken, selected years 1982–2004

Characteristic	1982	1987	1990	1992	1994	1998	2000	2004
Low academic								
Total	27.2	15.8	12.8	9.7	10.0	9.3	8.7	5.6
Primary physical science	12.2	6.7	4.2	2.8	1.9	3.0	2.8	2.2
Secondary physical science and basic biology	15.0	9.1	8.7	6.9	8.2	6.3	5.9	3.4
Middle academic								
General biology	35.2	41.5	37.0	36.4	34.1	28.6	27.5	25.4
Advanced academic								
Total	35.4	41.9	49.5	53.5	55.3	61.5	63.1	68.4
Chemistry I or physics I	14.9	21.4	25.8	27.1	29.4	30.2	30.5	33.3
Chemistry I and physics I	5.9	10.6	12.3	12.2	13.0	16.3	14.8	17.1
Chemistry II, physics II, and/or advanced biology	14.6	9.9	11.4	14.3	12.9	15.1	17.9	18.1

NOTE: Totals do not add to 100 because a small percentage of students completed no science or only basic or remedial-level courses.

The courses classified at these science academic levels are:

Primary physical science: Physical science; applied physical science; earth science; college preparatory earth science; and unified science.

Secondary physical science and basic biology: Astronomy; geology; environmental science; oceanography; general physics; and basic biology I.

General biology: General biology I; ecology; zoology; marine biology; human physiology; and general or honors biology II.

Chemistry I or physics I: Introductory chemistry; chemistry I; organic chemistry; physical chemistry; consumer chemistry; general physics; and physics I.

Chemistry I and physics I: 1 chemistry and 1 physics course from the list above.

Chemistry II, physics II, and/or advanced biology: International Baccalaureate (IB) biology II; IB biology III; Advanced Placement (AP) biology; field biology; genetics; biopsychology; biology seminar; biochemistry and biophysics; biochemistry; botany; cell and molecular biology; cell biology; microbiology; anatomy; chemistry II; IB chemistry II; IB chemistry III; AP chemistry; physics II; IB physics; AP physics B; AP physics C: mechanics; AP physics C: electricity/magnetism; and physics II without calculus.

SOURCE: U.S. Department of Education, National Center for Education Statistics. High School and Beyond Study of 1980 Sophomores (1982); National Education Longitudinal Study of 1988 (1992); National Assessment of Educational Progress Transcript Study (1987, 1990, 1994, 1998, and 2000); Education Longitudinal Study of 2002 and High School Transcript Study (2004).

Table ED3.C

High school academic coursetaking: Percentage distribution of high school graduates by the highest level of English courses taken, selected years 1982–2004

Characteristic	1982	1987	1990	1992	1994	1998	2000	2004
Low academic								
Total	10.0	22.1	19.6	18.0	17.6	13.7	10.7	10.8
Middle academic								
Total	76.7	55.6	60.2	57.3	56.5	56.1	54.7	55.9
Advanced academic								
Total	13.3	21.5	19.6	24.4	25.1	29.3	33.9	32.7
Less than 50 percent in honors	6.1	7.9	7.0	7.6	7.7	9.1	11.6	9.2
50–74 percent in honors	3.3	5.0	3.6	5.8	5.4	7.7	7.2	7.6
75 percent or more in honors	3.8	8.7	9.1	11.1	12.0	12.4	15.1	15.9

NOTE: Totals do not add up to 100 because a small percentage of students completed no English courses or only English as a second language (ESL) courses.

The classification system for these English academic levels is:

Low academic: Graduates who have taken general English courses classified as “below grade level” as the majority of their English courses. Graduates may have taken a general English course classified as “honors” and be classified in the low academic level.

Middle academic: Graduates who completed English courses classified at grade level; no low academic level or honors courses.

Less than 50 percent honors: Graduates for whom the number of completed courses classified as honors level, when divided by the total number of completed low-, regular-, and honors-level academic courses, yields a percentage of less than 50.

50–74 percent in honors: Graduates for whom the number of completed courses classified as honors level, when divided by the total number of completed low-, regular-, and honors-level academic courses, yields a percentage of 50 or greater and less than 75.

75 percent or more in honors: Graduates for whom the number of completed courses classified as honors level, when divided by the total number of completed low-, regular-, and honors-level academic courses, yields a percentage between 75 and 100.

SOURCE: U.S. Department of Education, National Center for Education Statistics. High School and Beyond Study of 1980 Sophomores (1982); National Education Longitudinal Study of 1988 (1992); National Assessment of Educational Progress Transcript Study (1987, 1990, 1994, 1998, and 2000); Education Longitudinal Study of 2002 and High School Transcript Study (2004).

Table ED3.D

High school academic coursetaking: Percentage distribution of high school graduates by the highest level of foreign language courses taken, selected years 1982–2004

Characteristic	1982	1987	1990	1992	1994	1998	2000	2004	2004 ^a
No foreign language									
Total	45.6	33.3	26.9	22.5	22.3	19.4	17.4	17.3	15.5
Low academic									
Total	39.8	47.5	51.4	51.8	51.8	50.7	52.8	49.2	50.0
Year 1 or less	20.4	22.6	21.2	19.9	19.8	19.2	18.0	16.0	16.1
Year 2	19.5	24.9	30.2	32.0	32.1	31.5	34.9	33.3	33.9
Advanced academic									
Total	14.6	19.2	21.7	25.7	25.9	30.0	29.8	33.5	34.5
Year 3	8.9	11.9	12.9	14.8	15.0	17.4	16.5	18.4	19.1
Year 4	4.5	5.4	5.6	7.7	7.8	8.6	7.8	9.8	10.1
Advanced placement	1.2	1.9	3.2	3.2	3.1	4.1	5.4	5.3	5.4

^a Expanded foreign language coursetaking based upon classes in Amharic (Ethiopian), Arabic, Chinese (Cantonese or Mandarin), Czech, Dutch, Finnish, French, German, Greek (Classical or Modern), Hawaiian, Hebrew, Italian, Japanese, Korean, Latin, Norse (Norwegian), Polish, Portuguese, Russian, Spanish, Swahili, Swedish, Turkish, Ukrainian, or Yiddish.

NOTE: Foreign language coursetaking based upon classes in Spanish, French, Latin, or German, unless noted otherwise. From 1982 to 2000, less than 1 percent of students studied only a foreign language other than Spanish, French, Latin, or German. The distribution of graduates among the various levels of foreign language courses was determined by the level of the most academically advanced course they completed. Graduates who had completed courses in different languages were counted according to the highest level course completed. Graduates may have completed advanced levels of courses without having taken courses at lower levels.

SOURCE: U.S. Department of Education, National Center for Education Statistics. High School and Beyond Study of 1980 Sophomores (1982); National Education Longitudinal Study of 1988 (1992); National Assessment of Educational Progress Transcript Study (1987, 1990, 1994, 1998, and 2000); Education Longitudinal Study of 2002; and High School Transcript Study (2004).

Table ED4

High school completion: Percentage of adults ages 18–24^a who have completed high school by race and Hispanic origin, and method of completion, selected years 1980–2005

Characteristic	1980	1985	1990	1995	2000	2001	2002	2003	2004	2005
Total										
Total completing high school ^b	83.9	85.4	85.6	85.3	86.5	86.5	86.6	87.1	86.9	87.6
Method of completion										
Diploma	—	—	80.6	77.5	—	—	—	—	—	—
Equivalent	—	—	4.9	7.7	—	—	—	—	—	—
White, non-Hispanic^c										
Total completing high school ^b	87.5	88.2	89.6	89.8	91.8	91.1	91.8	91.9	91.7	92.3
Method of completion										
Diploma	—	—	85.0	83.0	—	—	—	—	—	—
Equivalent	—	—	5.0	7.0	—	—	—	—	—	—
Black, non-Hispanic^c										
Total completing high school ^b	75.2	81.0	83.2	84.5	83.7	85.7	84.7	85.0	83.5	86.0
Method of completion										
Diploma	—	—	78.0	75.0	—	—	—	—	—	—
Equivalent	—	—	5.0	9.0	—	—	—	—	—	—
American Indian or Alaska Native^c										
Total completing high school ^b	—	—	—	—	82.4	82.9	80.3	78.4	76.7	80.4
Method of completion										
Diploma	—	—	—	—	—	—	—	—	—	—
Equivalent	—	—	—	—	—	—	—	—	—	—
Asian or Pacific Islander^c										
Total completing high school ^b	—	—	—	—	94.6	96.1	95.7	94.9	95.1	95.8
Method of completion										
Diploma	—	—	—	—	—	—	—	—	—	—
Equivalent	—	—	—	—	—	—	—	—	—	—
Hispanic^c										
Total completing high school ^b	57.1	66.6	59.1	62.8	64.1	65.7	67.3	69.2	69.9	70.3
Method of completion										
Diploma	—	—	55.0	54.0	—	—	—	—	—	—
Equivalent	—	—	4.0	9.0	—	—	—	—	—	—

— Not available.

^a Excludes those enrolled in high school or below.

^b From 1980 to 1991, high school completion was measured as completing 4 years of high school rather than the actual attainment of a high school diploma or equivalent.

^c For data through 2002, the 1977 OMB Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. For data beginning in 2003, the revised 1997 OMB standards were used. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander. From 2003 onward, people who responded to the question on race indicated only one race unless otherwise specified. Data from 2003 onward are not directly comparable with data from earlier years. For all years, data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

NOTE: Data for 1994 and subsequent years are not strictly comparable with data for 1980–1993 because of revisions in the Current Population Survey questionnaire and data collection methodology. Method of high school completion is not reported for 2000 and subsequent years because of changes in General Education Development (GED) items in the October 2001 CPS School Enrollment Supplement, making the 2001 data not comparable to previous years. Diploma equivalents include alternative credentials obtained by passing exams such as the General Educational Development (GED) test.

SOURCE: U.S. Census Bureau, Current Population Survey (CPS), October Supplement (1980–2005).

Table ED5.A

Youth neither enrolled in school^a nor working: Percentage of youth ages 16–19 who are neither enrolled in school nor working by age, gender, and race and Hispanic origin, selected years 1985–2006

Characteristic	1985	1990	1995 ^b	2000 ^b	2001 ^b	2002 ^b	2003 ^b	2004 ^b	2005 ^b	2006 ^b
Ages 16–19										
Total	11	10	9	8	9	9	8	8	8	8
Gender										
Male	9	8	8	7	8	8	8	7	7	7
Female	13	12	11	9	9	9	9	8	8	8
Race and Hispanic origin ^c										
White, non-Hispanic	9	8	7	6	6	7	6	6	6	6
Black, non-Hispanic	18	15	14	13	14	14	12	10	12	11
Hispanic	17	17	16	13	13	13	12	12	12	11
Ages 16–17										
Total	5	5	4	4	4	4	3	3	3	3
Gender										
Male	5	4	4	3	4	4	3	3	3	3
Female	6	5	5	4	4	4	4	4	3	3
Race and Hispanic origin ^c										
White, non-Hispanic	5	4	3	3	3	3	3	3	3	3
Black, non-Hispanic	6	6	6	5	5	5	4	4	4	4
Hispanic	10	10	9	7	7	5	6	5	5	6
Ages 18–19										
Total	17	15	15	12	13	14	14	13	13	13
Gender										
Male	13	12	12	11	12	13	14	12	13	12
Female	20	18	17	13	15	15	14	13	13	14
Race and Hispanic origin ^c										
White, non-Hispanic	14	12	11	9	10	11	10	10	10	10
Black, non-Hispanic	30	23	24	21	22	24	23	18	20	19
Hispanic	24	24	23	18	19	20	20	19	19	17

^a School refers to both high school and college.

^b Data for 1994 and subsequent years are not strictly comparable with data for prior years, because of major revisions in the Current Population Survey questionnaire and data collection methodology, and because of the inclusion of 1990 Census-based population controls in the estimation process.

^c For data before 2003, the 1977 OMB Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. The revised 1997 OMB standards were used for data for 2003 to 2006. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander. Included in the total, but not shown separately, are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and Two or more races. From 2003 onward, people who responded to the question on race indicated only one race unless otherwise specified. Data from 2003 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

NOTE: School refers to high school and college. The information relates to the labor force and enrollment status of persons 16–19 years old in the civilian noninstitutionalized population during an “average” week of the school year. The percentages represent an average based on responses to the survey questions for the months that youth are usually in school (January through May and September through December). Results are based on uncomposited estimates and are not comparable to data from published tables.

SOURCE: U.S. Bureau of Labor Statistics, Current Population Survey.

Table ED5.B

Youth enrolled in school^a and working: Percentage of youth ages 16–19 who are enrolled in school and working by age, gender, and race and Hispanic origin, selected years 1985–2006

Characteristic	1985	1990	1995 ^b	2000 ^b	2001 ^b	2002 ^b	2003 ^b	2004 ^b	2005 ^b	2006 ^b
Ages 16–19										
Total	26	28	29	30	28	26	25	25	25	25
Gender										
Male	26	27	28	29	26	24	23	22	23	23
Female	26	28	30	32	30	28	27	27	27	27
Race and Hispanic origin ^c										
White, non-Hispanic	30	33	35	36	34	31	30	30	31	31
Black, non-Hispanic	12	15	16	19	16	15	14	14	13	15
Hispanic	15	17	16	19	20	17	15	16	17	17
Ages 16–17										
Total	29	29	30	31	28	25	24	23	23	23
Gender										
Male	29	29	29	29	27	22	22	21	20	21
Female	29	30	31	32	30	27	26	24	25	25
Race and Hispanic origin ^c										
White, non-Hispanic	34	36	37	37	34	30	29	28	29	29
Black, non-Hispanic	12	15	16	19	16	13	13	11	10	13
Hispanic	15	17	14	18	17	15	14	13	14	15
Ages 18–19										
Total	23	26	28	30	28	28	27	27	28	28
Gender										
Male	23	25	27	28	26	25	24	24	26	25
Female	23	26	30	31	30	30	30	30	30	30
Race and Hispanic origin ^c										
White, non-Hispanic	26	30	33	35	33	33	32	32	33	33
Black, non-Hispanic	12	15	17	18	16	16	16	17	16	18
Hispanic	15	16	19	20	22	19	17	20	21	19

^a School refers to both high school and college.

^b Data for 1994 and subsequent years are not strictly comparable with data for prior years, because of major revisions in the Current Population Survey questionnaire and data collection methodology, and because of the inclusion of 1990 Census-based population controls in the estimation process.

^c For data before 2003, the 1977 OMB Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. The revised 1997 OMB standards were used for data from 2003 to 2006. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander. Included in the total, but not shown separately, are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and Two or more races. From 2003 onward, people who responded to the question on race indicated only one race unless otherwise specified. Data from 2003 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

NOTE: School refers to high school and college. The information relates to the labor force and enrollment status of persons ages 16–19 in the civilian noninstitutionalized population during an “average” week of the school year. The figures represent an average based on responses to the survey questions for the months that youth are usually in school (January through May and September through December). Data for the groups of youth not shown here—those employed and not in school and those not employed and in school—are available on the website version of the report at <http://childstats.gov>.

SOURCE: U.S. Bureau of Labor Statistics, Current Population Survey.

Table ED6

College enrollment: Percentage of high school completers who were enrolled in college the October immediately after completing high school by gender, and race and Hispanic origin, selected years 1980–2005

Characteristic	1980	1985	1990	1995	2000	2001	2002	2003	2004	2005
Total	49.3	57.7	60.1	61.9	63.3	61.8	65.2	63.9	66.7	68.6
Gender										
Male	46.7	58.6	58.0	62.6	59.9	60.1	62.1	61.2	61.4	66.5
Female	51.8	56.8	62.2	61.3	66.2	63.5	68.4	66.5	71.5	70.4
Race and Hispanic origin^a										
White, non-Hispanic	49.8	60.1	63.0	64.3	66.2	63.5	68.4	66.5	71.5	73.2
Black, non-Hispanic ^b	42.7	42.2	46.8	51.2	54.9	55.0	59.4	57.5	62.5	55.7
Hispanic ^b										
Total	52.3	51.0	42.7	53.7	52.9	51.7	53.6	58.6	61.8	54.0
3-year moving average	49.8	46.5	51.7	51.2	49.0	52.7	54.6	58.0	58.1	—

— Not available.

^a For data before 2003, the 1977 OMB Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. The revised 1997 OMB standards were used for data from 2003 to 2006. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander. Included in the total, but not shown separately, are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and Two or more races. From 2003 onward, people who responded to the question on race indicated only one race unless otherwise specified. Data from 2003 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

^b Due to the small sample size, data are subject to relatively large sampling errors.

NOTE: Enrollment in college as of October of each year for individuals ages 16 to 24 who completed high school during the preceding 12 months. High school completion includes GED recipients. Moving averages are used to produce more stable estimates. A 3-year moving average is the average of the estimates for the year prior to the reported year, the reported year, and the following year. Thus a moving average cannot be calculated for the most recent year. Data are based upon sample surveys of the civilian population. Detail may not sum to totals because of rounding.

SOURCE: U.S. Census Bureau, Current Population Survey (CPS), October Supplement (1980–2005).

Table HEALTH1

Low birthweight: Percentage of infants born with low birthweight by detailed mother's race and Hispanic origin, selected years 1980–2005

Characteristic	1980	1985	1990	1995	2000	2001	2002	2003	2004	2005 ^a
Low birthweight (less than 2,500 grams, or 5 lb. 8 oz.)										
Total	6.8	6.8	7.0	7.3	7.6	7.7	7.8	7.9	8.1	8.2
Race and Hispanic origin ^b										
White, non-Hispanic	5.7	5.6	5.6	6.2	6.6	6.8	6.9	7.0	7.2	7.3
Black, non-Hispanic	12.7	12.6	13.3	13.2	13.1	13.1	13.4	13.6	13.7	14.0
Hispanic	6.1	6.2	6.1	6.3	6.4	6.5	6.5	6.7	6.8	6.9
Mexican American	5.6	5.8	5.5	5.8	6.0	6.1	6.2	6.3	6.4	–
Puerto Rican	9.0	8.7	9.0	9.4	9.3	9.3	9.7	10.0	9.8	–
Cuban	5.6	6.0	5.7	6.5	6.5	6.5	6.5	7.0	7.7	–
Central and South American	5.8	5.7	5.8	6.2	6.3	6.5	6.5	6.7	6.7	–
Other and unknown Hispanic	7.0	6.8	6.9	7.5	7.8	8.0	7.9	8.0	7.8	–
Asian/Pacific Islander	6.7	6.2	6.5	6.9	7.3	7.5	7.8	7.8	7.9	8.0
Chinese	5.2	5.0	4.7	5.3	5.1	5.3	5.5	–	–	–
Japanese	6.6	6.2	6.2	7.3	7.1	7.3	7.6	–	–	–
Filipino	7.4	6.9	7.3	7.8	8.5	8.7	8.6	–	–	–
Hawaiian	7.2	6.5	7.2	6.8	6.8	7.9	8.1	–	–	–
Other Asian/Pacific Islander	6.8	6.2	6.6	7.1	7.7	7.8	8.2	–	–	–
American Indian/Alaska Native	6.4	5.9	6.1	6.6	6.8	7.3	7.2	7.4	7.5	7.4

Table HEALTH1 (cont.)

Low birthweight: Percentage of infants born with low birthweight by detailed mother's race and Hispanic origin, selected years 1980–2005

Characteristic	1980	1985	1990	1995	2000	2001	2002	2003	2004	2005 ^a
Very low birthweight (less than 1,500 grams, or 3 lb. 4 oz.)										
Total	1.15	1.21	1.27	1.35	1.43	1.44	1.46	1.45	1.48	1.49
Race and Hispanic origin ^b										
White, non-Hispanic	0.86	0.90	0.93	1.04	1.14	1.17	1.17	1.18	1.20	1.20
Black, non-Hispanic	2.46	2.66	2.93	2.98	3.10	3.08	3.15	3.12	3.15	3.26
Hispanic	0.98	1.01	1.03	1.11	1.14	1.14	1.17	1.16	1.20	1.19
Mexican American	0.92	0.97	0.92	1.01	1.03	1.05	1.06	1.06	1.13	—
Puerto Rican	1.29	1.30	1.62	1.79	1.93	1.85	1.96	2.00	1.96	—
Cuban	1.02	1.18	1.20	1.19	1.21	1.27	1.15	1.37	1.30	—
Central and South American	0.99	1.01	1.05	1.13	1.20	1.19	1.20	1.17	1.19	—
Other and unknown Hispanic	1.01	0.96	1.09	1.28	1.42	1.27	1.44	1.28	1.27	—
Asian/Pacific Islander	0.92	0.85	0.87	0.91	1.05	1.03	1.12	1.09	1.14	1.13
Chinese	0.66	0.57	0.51	0.67	0.77	0.69	0.74	—	—	—
Japanese	0.94	0.84	0.73	0.87	0.75	0.71	0.97	—	—	—
Filipino	0.99	0.86	1.05	1.13	1.38	1.23	1.31	—	—	—
Hawaiian	1.05	1.03	0.97	0.94	1.39	1.50	1.55	—	—	—
Other Asian/Pacific Islander	0.96	0.91	0.92	0.91	1.04	1.06	1.17	—	—	—
American Indian/Alaska Native	0.92	1.01	1.01	1.10	1.16	1.26	1.28	1.30	1.28	1.17

— Not available.

^a Data for 2005 are preliminary.

^b The 1977 OMB Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. California, Hawaii, Ohio (for December only), Pennsylvania, Utah, and Washington reported multiple race data in 2003, following the revised 1997 OMB standards. In 2004, the following states began to report multiple race data: Florida, Idaho, Kentucky, Michigan, Minnesota, New Hampshire, New York State (excluding New York City), South Carolina, and Tennessee. The multiple-race data for these states were bridged to the single-race categories of the 1977 OMB standards for comparability with other states. In addition, note that data on race and Hispanic origin are collected and reported separately. Persons of Hispanic origin may be of any race.

NOTE: Excludes live births with unknown birthweight. Low-birthweight infants weigh less than 2,500 grams at birth, or 5 lb. 8 oz. Very-low-birthweight infants weigh less than 1,500 grams, or 3 lb. 4 oz. Trend data for births to Hispanic and to White and Black, non-Hispanic women are affected by expansion of the reporting area in which an item on Hispanic origin is included on the birth certificate, as well as by immigration. These two factors affect numbers of events, composition of the Hispanic population, and maternal and infant health characteristics. The number of States in the reporting area increased from 22 in 1980 to 23 and the District of Columbia (DC) in 1983–1987, 30 and DC in 1988, 47 and DC in 1989, 48 and DC in 1990, 49 and DC in 1991–92, and all 50 States and DC from 1993 forward. Trend data for births to Asian/Pacific Islander and Hispanic women are also affected by immigration. Beginning in 2003, data are no longer available for Asian/Pacific Islander subgroups. See Technical Notes in Martin, J.A., Hamilton, B.E., Sutton, P.D., Ventura, S.J., Menacker, F., and Kirmeyer, S. (2006). Births: Final Data for 2004. *National Vital Statistics Reports* 55(1). Hyattsville, MD: National Center for Health Statistics.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System. Martin, J.A., Hamilton, B.E., Sutton, P.D., Ventura, S.J., Menacker, F., and Kirmeyer S. (2006). Births: Final data for 2004. *National Vital Statistics Reports*, 55(1). Hyattsville, MD: National Center for Health Statistics. Hamilton, B.E., Martin, J.A., and Ventura, S.J. (in press). Births: Preliminary data for 2005. *National Vital Statistics Reports*, 55. Hyattsville, MD: National Center for Health Statistics.

Table HEALTH2

Infant mortality: Death rates among infants by detailed race and Hispanic origin of mother, selected years 1983–2004

(Infant deaths per 1,000 live births)

Characteristic	1983	1985	1990	1995 ^a	1998 ^a	1999 ^a	2000 ^a	2001 ^a	2002 ^a	2003 ^{a,b}	2004 ^{a,b}
Total	10.9	10.4	8.9	7.6	7.2	7.0	6.9	6.8	7.0	6.8	6.8
Race and Hispanic origin^c											
White, non-Hispanic	9.2	8.6	7.2	6.3	6.0	5.8	5.7	5.7	5.8	5.7	5.7
Black, non-Hispanic	19.1	18.3	16.9	14.7	13.9	14.1	13.6	13.5	13.9	13.6	13.6
American Indian or Alaska Native	15.2	13.1	13.1	9.0	9.3	9.3	8.3	9.7	8.6	8.7	8.4
Asian or Pacific Islander	8.3	7.8	6.6	5.3	5.5	4.8	4.9	4.7	4.8	4.8	4.7
Chinese	9.5	5.8	4.3	3.8	4.0	2.9	3.5	3.2	3.0	—	—
Japanese	*	6.0	5.5	5.3	3.5	3.4	4.6	4.0	4.9	—	—
Filipino	8.4	7.7	6.0	5.6	6.2	5.8	5.7	5.5	5.7	—	—
Hawaiian	11.2	9.9	8.0	6.6	10.0	7.1	9.1	7.3	9.6	—	—
Other Asian or Pacific Islander	8.1	8.5	7.4	5.5	5.7	5.1	4.8	4.8	4.7	—	—
Hispanic ^d	9.5	8.8	7.5	6.3	5.8	5.7	5.6	5.4	5.6	5.6	5.5
Mexican American	9.1	8.5	7.2	6.0	5.6	5.5	5.4	5.2	5.4	5.5	5.5
Puerto Rican	12.9	11.2	9.9	8.9	7.8	8.3	8.2	8.5	8.2	8.2	7.8
Cuban	7.5	8.5	7.2	5.3	3.6	4.7	4.5	4.2	3.7	4.6	4.6
Central or South American	8.5	8.0	6.8	5.5	5.3	4.7	4.6	5.0	5.1	5.0	4.6
Other and unknown Hispanic	10.6	9.5	8.0	7.4	6.5	7.2	6.9	6.0	7.1	6.7	6.7

— Not available.

* Number too small to calculate a reliable rate.

^a Beginning with data for 1995, rates are on a period basis. Earlier rates are on a cohort basis. Data for 1995–2004 are weighted to account for unmatched records.^b Beginning in 2003, infant mortality rates are reported to two decimal places in National Center for Health Statistics (NCHS) reports, so the rates reported here will vary from those in other reports. This difference in reporting could affect significance testing.^c The 1977 OMB Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. California, Hawaii, Ohio (for December only), Pennsylvania, Utah, and Washington reported multiple race data in 2003, following the revised 1997 OMB standards. In 2004, the following states began to report multiple race data: Florida, Idaho, Kentucky, Michigan, Minnesota, New Hampshire, New York State (excluding New York City), South Carolina, and Tennessee. The multiple-race data for these states were bridged to the single-race categories of the 1977 OMB standards for comparability with other states. In addition, note that data on race and Hispanic origin are collected and reported separately. Persons of Hispanic origin may be of any race.^d Trend data for Hispanic women are affected by expansion of the reporting area in which an item on Hispanic origin is included on the birth certificate, as well as by immigration. These two factors affect numbers of events, composition of the Hispanic population, and maternal and infant health characteristics. The number of States in the reporting area increased from 22 in 1980 to 23 and the District of Columbia (DC) in 1983–1987, 30 and DC in 1988, 47 and DC in 1989, 48 and DC in 1990, 49 and DC in 1991, and all 50 States and DC from 1993 forward.

NOTE: Rates for race groups from the National Linked Files of Live Births and Infant Deaths vary slightly from those obtained via unlinked infant death records using the National Vital Statistics System because the race reported on the death certificate sometimes does not match the race on the infant's birth certificate. Rates obtained from linked data (where race is obtained from the birth, rather than the death, certificate) are considered more reliable, but linked data are not available before 1983 and are also not available for 1992–1994.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Linked Files of Live Births and Infant Deaths.

Table HEALTH3.A

Emotional and behavioral difficulties: Percentage of children ages 4–17 reported by a parent to have serious (definite/severe), minor, or no difficulties with emotions, concentration, behavior, or getting along with other people, by selected characteristics, 2005

Characteristic	Definite/severe difficulties	Minor difficulties	No difficulties
Age and gender			
Total ages 4–17	4.6	16.2	79.2
Ages 4–7	2.8	14.0	83.2
Ages 8–10	4.8	18.4	76.8
Ages 11–14	4.9	17.0	78.0
Ages 15–17	6.2	15.7	78.1
Males ages 4–17	5.4	17.9	76.7
Ages 4–7	3.0	15.3	81.7
Ages 8–10	5.5	22.2	72.3
Ages 11–14	6.3	18.6	75.1
Ages 15–17	6.9	16.4	76.7
Females ages 4–17	3.8	14.4	81.8
Ages 4–7	2.5	12.7	84.8
Ages 8–10	4.2	14.7	81.1
Ages 11–14	3.4	15.4	81.2
Ages 15–17	5.4	14.9	79.7
Poverty status^a			
Below 100% poverty	7.1	19.4	73.4
100–199% poverty	4.8	17.6	77.5
200% poverty and above	3.8	14.8	81.4
Race and Hispanic origin^b			
White, non-Hispanic	4.8	16.5	78.7
Black, non-Hispanic	5.3	18.3	76.3
Hispanic ^b	4.0	14.8	81.2
Other, non-Hispanic and multiple races	1.8	11.5	86.7
Family structure^c			
Two parents	3.7	14.4	81.9
Mother only	6.9	20.6	72.4
Father only	4.2	19.9	75.8
No parents	9.8	22.5	67.7

^a Poverty level is based on family income and reflects family size and composition. It is adjusted each year using the annual average Consumer Price Index level. For more detail, see U.S. Census Bureau, Series P–60, no. 219.

^b The revised 1997 OMB standards for race were used for the 2005 race-specific estimates. A person's race is described by one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander. Data on race and Hispanic origin are collected separately, but are combined for reporting. Estimates are not shown separately for American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and Two or more races due to the small sample size for each of these groups. Persons of Hispanic origin may be of any race.

^c "Two parents" includes two married or unmarried parents. The terms "mother" and "father" can include biological, adoptive, step, and foster relationships. "No parents" can include children cared for by other relatives or a legal guardian.

NOTE: Emotional or behavioral difficulties of children were based on parental responses to the following question on the Strengths and Difficulties Questionnaire (SDQ)^{1,2}: "Overall, do you think that (child) has any difficulties in one or more of the following areas: emotions, concentration, behavior, or being able to get along with other people?" Response choices were: (1) no; (2) yes, minor difficulties; (3) yes, definite difficulties; and (4) yes, severe difficulties. Children with serious emotional or behavioral difficulties are defined as those whose parent responded "yes, definite" or "yes, severe." These difficulties may be similar to but do not equate with the Federal definition of serious emotional disturbances (SED), used by the Federal government for planning purposes.

SOURCES: Centers for Disease Control and Prevention, National Center for Health Statistics, 2005 National Health Interview Survey.

¹ Goodman, R. (1999). The extended version of the Strengths and Difficulties Questionnaire as a guide to child psychiatric caseness and consequent burden. *Journal of the American Academy of Child and Adolescent Psychiatry*, 40, 791–799.

² Bourdon, K.H., Goodman, R., Rae, D., Simpson, G., and Koretz, D.S. (2005). The Strengths and Difficulties Questionnaire: U.S. Normative Data and Psychometric Properties. *Journal of the American Academy of Child and Adolescent Psychiatry*, 44(6):557–564.

Table HEALTH3.B

Emotional and behavioral difficulties: Percentage of children ages 4–17 whose parent had contact^a with a health care provider or school staff, who were prescribed medication, or who received treatment other than medication by level of emotional and behavioral difficulty, 2005

	Contact with health care provider or school staff	Prescribed medication ^b	Treatment ^b other than medication
Level of difficulty			
Definite/severe	80.7	39.8	46.9
Minor difficulties	46.6	13.1	14.3
No difficulties	3.8	1.0	0.9

^a Data for service contact and type of service or treatment for emotional or behavioral difficulties are from new service questions asked directly after the Strengths and Difficulties Questionnaire, first used in the 2005 National Health Interview Survey (NHIS). A child who had more than one service or contact was included in more than one column.

^b Prescribed medication or treatment for emotional or behavioral difficulties.

NOTE: Emotional or behavioral difficulties of children were based on parental responses to the following question on the Strengths and Difficulties Questionnaire (SDQ)^{1,2}: “Overall, do you think that (child) has any difficulties in one or more of the following areas: emotions, concentration, behavior, or being able to get along with other people?” Response choices were: (1) no; (2) yes, minor difficulties; (3) yes, definite difficulties; and (4) yes, severe difficulties.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, 2005 National Health Interview Survey.

¹ Goodman, R. (1999). The extended version of the Strengths and Difficulties Questionnaire as a guide to child psychiatric caseness and consequent burden. *Journal of the American Academy of Child Adolescent Psychiatry*, 40, 791–799.

² Bourdon, K.H., Goodman, R., Rae, D., Simpson, G., and Koretz, D.S. (2005). The Strengths and Difficulties Questionnaire: U.S. Normative Data and Psychometric Properties. *Journal of the American Academy of Child and Adolescent Psychiatry*, 44(6):557–564.

Table HEALTH4

Activity limitation: Percentage of children ages 5–17 with activity limitation resulting from one or more chronic health conditions^a by gender, poverty status, and race and Hispanic origin, selected years 1997–2005

Characteristic	1997	1999	2000	2001	2002	2003	2004	2005
Ages 5–17								
Total	7.8	7.0	7.0	8.0	8.5	8.1	8.4	8.0
Special education only ^b	5.4	5.3	5.0	6.2	6.3	6.3	6.3	6.1
Other limitations ^c	2.4	1.7	2.0	1.8	2.1	1.8	2.1	1.8
Gender								
Male	10.0	8.8	8.8	10.4	10.7	10.1	10.6	10.2
Special education only ^b	7.2	6.8	6.5	8.2	8.2	8.1	8.0	8.1
Other limitations ^c	2.8	2.0	2.4	2.2	2.5	2.0	2.5	2.1
Female	5.5	5.2	5.1	5.5	6.2	6.0	6.1	5.7
Special education only ^b	3.5	3.8	3.6	4.0	4.4	4.4	4.5	4.1
Other limitations ^c	2.0	1.4	1.5	1.5	1.8	1.6	1.6	1.6
Poverty status ^d								
Below 100% poverty	10.6	9.8	9.9	10.8	11.6	10.3	11.7	10.8
Special education only ^b	7.2	7.0	7.2	8.3	8.1	7.7	8.7	7.7
Other limitations ^c	3.4	2.8	2.7	2.5	3.5	2.6	3.0	3.0
100–199% poverty	9.3	8.4	8.0	8.9	10.5	10.0	9.7	9.1
Special education only ^b	7.0	6.5	5.6	6.7	7.9	7.3	7.1	7.3
Other limitations ^c	2.3	1.9	2.4	2.2	2.6	2.7	2.6	1.8
200% poverty and above	6.3	5.8	5.8	6.9	6.9	6.8	7.0	6.8
Special education only ^b	4.2	4.4	4.3	5.4	5.3	5.5	5.4	5.3
Other limitations ^c	2.2	1.3	1.6	1.5	1.6	1.3	1.6	1.5
Race or Hispanic origin ^e								
White, non-Hispanic	8.3	7.5	7.5	8.5	8.8	8.6	8.8	8.3
Special education only ^b	5.8	5.7	5.4	6.5	6.6	6.8	6.7	6.2
Other limitations ^c	2.5	1.8	2.1	2.0	2.2	1.8	2.1	2.1
Black, non-Hispanic	8.2	7.0	7.5	9.0	10.2	8.3	10.3	8.7
Special education only ^b	5.3	4.9	5.6	7.0	7.8	6.5	7.7	6.9
Other limitations ^c	2.9	2.1	1.9	1.9	2.5	1.8	2.6	1.8
Hispanic	5.9	5.7	5.3	5.6	6.7	6.6	6.0	7.0
Special education only ^b	4.0	4.5	3.7	4.3	5.0	4.9	4.4	5.6
Other limitations ^c	1.9	1.2	1.6	1.2	1.7	1.8	1.7	1.4

^a Chronic health conditions are conditions that once acquired are not cured or have a duration of three months or more.

^b Special education, as mandated by federal legislation known as the Individuals with Disabilities Education Act (IDEA), is designed to meet the individual needs of the child, and may take place in a regular classroom setting, a separate classroom, a special school, a private school, at home, or at a hospital. To qualify for special education services, a child must have a condition covered by the IDEA which adversely affects educational performance.

^c Other limitations include limitations in children's ability to walk, care for themselves, or perform any other activities.

^d Starting with *America's Children: Key National Indicators of Well-Being, 2005*, a new methodology for imputing family income was used for data years 1997 and beyond. Missing family income data were imputed for 22–31 percent of children ages 5–17 in 1997–2005. Therefore, estimates by poverty for 1997–2001 may differ from those in previous editions.

^e The revised 1997 OMB standards for race were used for the 1997–2005 race-specific estimates. A person's race is described by one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander. Data on race and Hispanic origin are collected separately but are combined for reporting. Persons of Hispanic origin may be of any race. Included in the total but not shown separately are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander race, and Two or more races due to the small sample size for each of these groups.

NOTE: The prevalence of activity limitation among children ages 5–17 is based on household responses in the National Health Interview Survey family core questionnaire. The child was considered to have an activity limitation if the parent gave a positive response to any of the following questions about the child: (1) "Does (child's name) receive Special Education Services?" (2) "Because of a physical, mental, or emotional problem, does (child's name) need the help of other persons with personal care needs, such as eating, bathing, dressing, or getting around inside the home?" (3) "Because of a health problem does (child's name) have difficulty walking without using any special equipment?" (4) "Is (child's name) limited in any way because of difficulty remembering or because of periods of confusion?" (5) "Is (child's name) limited in any activities because of physical, mental, or emotional problems?"

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

Table HEALTH5

Overweight: Percentage of children ages 6–17 who are overweight by gender, and race and Hispanic origin, 1976–1980, 1988–1994, 1999–2000, 2001–2002, and 2003–2004

	Total				
	1976–1980	1988–1994	1999–2000	2001–2002	2003–2004
Ages 6–17					
Total ^a	5.7	11.2	15.0	16.5	18.0
Race and Hispanic origin ^b					
White, non-Hispanic	4.9	10.5	11.2	14.6	17.3
Black, non-Hispanic	8.2	14.0	21.1	20.4	21.7
Mexican American	–	15.4	24.1	21.5	19.6
Ages 6–11					
Total ^a	6.5	11.3	15.1	16.3	18.8
Race and Hispanic origin ^b					
White, non-Hispanic	5.7	10.2	11.7	14.8	17.7
Black, non-Hispanic	9.0	14.6	19.6	19.9	22.0
Mexican American	–	16.4	23.4	20.1	22.5
Ages 12–17					
Total ^a	5.0	11.1	14.9	16.8	17.2
Race and Hispanic origin ^b					
White, non-Hispanic	4.3	10.8	10.7	14.4	16.9
Black, non-Hispanic	7.5	13.3	22.7	21.0	21.5
Mexican American	–	14.2	24.9	23.1	16.3

Table HEALTH5 (cont.)

Overweight: Percentage of children ages 6–17 who are overweight by gender, and race and Hispanic origin, 1976–1980, 1988–1994, 1999–2000, 2001–2002, and 2003–2004

	Male					Female				
	1976–1980	1988–1994	1999–2000	2001–2002	2003–2004	1976–1980	1988–1994	1999–2000	2001–2002	2003–2004
Ages 6–17										
Total ^a	5.5	11.8	15.7	18.0	19.1	5.8	10.6	14.3	15.1	16.8
Race and Hispanic origin ^b										
White, non-Hispanic	4.7	11.3	11.9	16.0	18.8	5.1	9.6	10.5	13.2	15.7
Black, non-Hispanic	5.8 ^c	11.5	19.2	17.7	18.3	10.7	16.5	23.1	23.3	25.3
Mexican American	–	16.1	28.0	25.2	22.3	–	14.7	20.0	17.6	16.6
Ages 6–11										
Total ^a	6.7	11.6	15.7	17.5	19.9	6.4	11.0	14.3	14.9	17.6
Race and Hispanic origin ^b										
White, non-Hispanic	6.1	10.7	11.9	15.5	18.5	5.2	9.8	11.6	14.1	16.9
Black, non-Hispanic	6.8 ^c	12.3	17.1	16.9	17.5	11.2	17.0	22.4	23.1	26.5
Mexican American	–	17.5	26.7	26.0	25.3	–	15.3	19.8	13.6	19.4
Ages 12–17										
Total ^a	4.5	12.0	15.6	18.4	18.3	5.4	10.2	14.2	15.2	16.0
Race and Hispanic origin ^b										
White, non-Hispanic	3.6	12.0	12.0	16.5	19.0	5.0	9.5	9.3	12.4	14.6
Black, non-Hispanic	*	10.7	21.6	18.6	19.1	10.3	16.0	23.5	23.4	24.1
Mexican American	–	14.4	29.8	24.2	18.8	–	14.0	20.3	22.0	13.4

— Not available.

* Estimates are considered unreliable (relative standard error greater than 40 percent).

^a Totals include data for racial and ethnic groups not shown separately.

^b From 1976 to 1994, the 1977 OMB Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. For data from 1999 to 2004, the revised 1997 OMB standards were used. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander. Data from 1999 onward are not directly comparable with data from earlier years. Persons of Mexican origin may be of any race. The National Health and Nutrition Examination Survey (NHANES) sample was designed to provide estimates specifically for persons of Mexican origin and not for all persons of Hispanic origin.

^c Estimates are unstable because they are based on a small number of persons (relative standard error greater than 30 percent).

NOTE: Overweight is defined as body mass index (BMI) at or above the 95th percentile of the 2000 Centers for Disease Control and Prevention BMI-for-age growth charts (<http://www.cdc.gov/growthcharts>).

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

Table HEALTH6.A

Asthma: Percentage of children ages 0–17 with asthma, selected years 1980–2005

Characteristic	1980	1985	1990	1995	1997 ^a	1998 ^a	1999 ^a	2000 ^a	2001 ^a	2002 ^a	2003 ^a	2004 ^a	2005 ^a
Asthma in past 12 months ^b	3.6	4.8	5.8	7.5	—	—	—	—	—	—	—	—	—
Ever diagnosed with asthma ^c	—	—	—	—	11.4	12.1	10.8	12.3	12.7	12.3	12.5	12.2	12.7
Current asthma ^d	—	—	—	—	—	—	—	—	8.8	8.4	8.5	8.5	8.9
Having at least one asthma attack ^e	—	—	—	—	5.4	5.3	5.3	5.5	5.7	5.8	5.5	5.6	5.2

— Not available.

^a In 1997, the National Health Interview Survey was redesigned. Data for 1997–2005 are not strictly comparable to earlier data.

^b Children with asthma in the past 12 months.

^c Children ever diagnosed with asthma by doctor or other health care professional.

^d Children ever diagnosed with asthma who currently have asthma.

^e Children having an episode of asthma or asthma attack in the past 12 months.

NOTE: From 1997 to 2005, children were identified as having asthma by asking parents “Has a doctor or other health professional EVER told you that your child has asthma?” If the parent answered YES to this question, the parent was then asked (1) “Does your child still have asthma?” and (2) “During the past twelve months, has your child had an episode of asthma or an asthma attack?” The question “Does your child still have asthma?” was introduced in 2001.

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

Table HEALTH6.B

Asthma: Percentage of children ages 0–17 with current asthma^a by age, poverty status, race and Hispanic origin, and area of residence, 2001–2005

Characteristic	2001	2002	2003	2004	2005
Age					
Ages 0–4	5.8	6.0	6.0	5.6	6.8
Ages 5–10	9.6	8.7	9.2	8.6	9.9
Ages 11–17	10.1	9.7	9.8	10.3	9.6
Poverty status^b					
Below 100% poverty	10.8	11.6	10.9	9.6	10.6
100–199% poverty	8.6	7.8	8.3	9.3	8.3
200% poverty and above	8.2	7.6	7.9	7.9	8.6
Race and Hispanic origin^c					
White, non-Hispanic	8.5	8	7.5	8.2	7.9
Black, non-Hispanic	11.3	12.7	13.4	12.4	13.1
American Indian or Alaska Native	*	12	16.2	*	*
Asian	7.3	5.3	*	3.4	6.5
Hispanic	7.2	6.3	7.4	6.9	8.6
Mexican	5.1	4.4	4.9	5.4	7.4
Puerto Rican	18.2	17.3	20.6	18.4	19.9
Area of Residence^d					
Central city	8.8	8.4	9.1	8.7	10.3
Non-central city	8.8	8.4	8.3	8.4	8.4

* The relative standard error of the estimate is greater than 30 percent.

^a Children ever diagnosed with asthma that still have asthma.

^b Missing family income data were imputed for 28–30 percent of children ages 0–17 in 2001–2005.

^c The revised 1997 OMB standards for race were used for the 2001–2005 race-specific estimates. A person’s race is described by one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander. Data on race and Hispanic origin are collected separately, but are combined for reporting. Included in other categories, but not shown separately under race and Hispanic origin are respondents with Two or more races. Persons of Hispanic origin may be of any race.

^d “Central city” is defined as the central city of a Metropolitan Statistical Area (MSA), while “Non-central city” is defined as an area in an MSA outside of the central city or in an area outside of an MSA. For more information on MSA’s, see: National Center for Health Statistics. *Health United States, 2006 chartbook on trends in the health of Americans*. Appendix II, p. 511.

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



**Appendix B: Data
Source Descriptions**

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Data Source Descriptions

Air Quality System

The Air Quality System (AQS) contains ambient air pollution data collected by the Environmental Protection Agency, State, local, and tribal air pollution control agencies. Data on criteria pollutants consist of air quality measurements collected by sensitive equipment at thousands of monitoring stations located across all 50 states, plus the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. Each monitor measures the concentration of a particular pollutant in the air. Monitoring data indicate the average pollutant concentration during a specified time interval, usually 1 hour or 24 hours. AQS also contains meteorological data, descriptive information about each monitoring station (including its geographic location and its operator), and data quality assurance/quality control information. The system is administered by the U.S. Environmental Protection Agency (EPA), Office of Air Quality Planning and Standards (OAQPS), Information Transfer and Program Integration Division (ITPID), located in Research Triangle Park, North Carolina.

Information on the AQS is available online at <http://www.epa.gov/air/data/aqsdb.html>.

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American Community Survey

The American Community Survey is an annual nationwide survey that will replace the decennial long form in future censuses. The objective of the American Community Survey is to provide data users with timely housing, social, and economic data updated every year that can be compared across states, communities, and population groups.

The American Community Survey has been implemented in three parts: (1) Demonstration period, 1996–1998, beginning at 4 sites; (2) Comparison site period, 1999–2004, comparing 31 sites continuously over this period as well as adding other counties to the survey in preparation for full implementation; and (3) Full implementation nationwide in 2005. (Sampling of group quarters will be added in 2006.)

Starting in January 2005, the Census Bureau is implementing the American Community Survey in every county of the United States with an annual sample of 3 million housing units. Once the survey is in full operation, American Community Survey data will be available every year for areas and population groups of 65,000 or more.

For small areas and population groups of 20,000 or less, it will take 5 years to accumulate a large enough sample to provide estimates with accuracy similar to the decennial census. Each month, a systematic sample of addresses will be selected from the most current Master Address File (MAF). The sample will represent the entire United States. Data are collected by mail, and sample addresses that do not respond by mail may be contacted using the follow-up procedures CATI, CAPI, or both.

Information about the American Community Survey is available online at <http://www.census.gov/acs/www/index.html>.

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American Housing Survey

This survey provides data necessary for evaluating progress toward “a decent home and a suitable living environment for every American family,” affirmed in 1949 and 1968 legislation. The data come from a U.S. Census Bureau nationwide sample survey in odd numbered years for national, regional, and metropolitan/nonmetropolitan data and from surveys in 47 metropolitan statistical areas over a multi-year cycle. These data detail the types, size, conditions, characteristics, costs and values, equipment, utilities, and dynamics of the housing inventory; describe the demographic, financial, and mobility characteristics of the occupants; and give some information on neighborhood conditions. In 1997, the survey was conducted using computer-assisted personal interviewing for the first time, and questions on rental assistance and physical problems were also changed. Therefore, data since 1997 on assisted families, priority problems, and severe physical problems are not comparable with earlier data.

Information about the American Housing Survey is available online at <http://www.census.gov/hhes/www/ahs.html>.

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Current Population Survey

Core survey and supplements. The Current Population Survey (CPS) is a nationwide survey of about 60,000 households conducted monthly for the U.S. Bureau of Labor Statistics by the U.S. Census Bureau. It represents the civilian noninstitutionalized population nationally and for every State and the District of Columbia.

The CPS core survey is the primary source of information on the employment characteristics of the noninstitutionalized civilian population, ages 15 and older, including estimates of unemployment released every month by the Bureau of Labor Statistics.

In addition to the core survey, monthly CPS supplements provide additional demographic and social data. The Annual Social and Economic Supplement (ASEC)—formerly called the March Supplement—and the October school enrollment supplement provide information used to estimate the status and well-being of children. The ASEC and October supplement have been administered every year since 1947. Every year, the October supplement to the CPS asks questions on school enrollment by grade and other school characteristics about each member of the household ages 3 and older. In this report, data on poverty status, health insurance, and the highest level of school completed or degree attained are derived from the ASEC. The food security supplement, introduced in April 1995 and administered in December since 2001, is described in detail below.

The CPS sample is selected from a complete address list of geographically delineated primary sampling units based on census addresses updated using recent construction and other data. It is administered through field representatives, either in-person or by telephone using Computer Assisted Personal Interviewing (CAPI). Some CPS data is also collected through a centralized telephone operation (CATI). For more information regarding the CPS, its sampling structure, and estimation methodology, see *Current Population Survey Design and Methodology Technical Paper 66*, Bureau of Labor Statistics, October 2006, available at <http://www.census.gov/prod/2006pubs/tp-66.pdf>.

Effective with the release of July 2001 data, official labor force estimates from the CPS reflect the expansion of the monthly CPS sample from about 50,000 to about 60,000 eligible households. This expansion of the monthly CPS sample was one part of the Census Bureau's plan to meet the requirements of the State Children's Health Insurance Program (SCHIP) legislation. The SCHIP legislation requires the Census Bureau to improve state estimates of the number of children who live in low-income families and lack health insurance. These estimates are obtained from the Annual Social and Economic Supplement (ASEC) to the CPS. The ASEC reflects interviews based on a sample of about 100,000 households. The ASEC (formerly the March Supplement) now includes data from February, March, and April. In September 2000, the Census Bureau began expanding the monthly CPS sample in

31 states and the District of Columbia. States were identified for sample supplementation based on the standard error of their March estimate of low-income children without health insurance.

Food security supplement. The food security supplement collects information on households' economic access to enough food, food spending, and use of Federal and community food assistance programs. The survey contains a systematic set of questions validated as measures of severity of food insecurity on both a 12-month and a 30-day basis. Statistics presented in this report are based on 12-month data from the CPS food security supplements. The food security questions are based on material reported in prior research on hunger and food security and reflect the consensus of nearly 100 experts at the 1994 Food Security and Measurement Conference convened jointly by the National Center for Health Statistics and the Food and Nutrition Service of the U.S. Department of Agriculture. The supplement was developed, tested, and refined further by the conferees, members of a Federal interagency working group, and survey methods specialists for the U.S. Census Bureau's Center for Survey Methods Research. All households interviewed in the CPS in December are eligible for the supplement. Special supplement sample weights were computed to adjust for the demographic characteristics of supplement noninterviews.

Economic Research Service, Food Security Briefing Room: <http://www.ers.usda.gov/briefing/foodsecurity>.

Information about the CPS is available online at <http://www.census.gov/cps>.

Agency Contacts:

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For information on family structure:
Fertility and Family Statistics Branch
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Phone: (301) 763-2416

For information on secure parental employment and youth neither enrolled in school nor working:
Teri Morisi
Bureau of Labor Statistics
Phone: (202) 691-6378

For information on poverty, family income, and access to health care:
HHES/Statistical Information Staff
U.S. Census Bureau
Phone: (301) 763-3242

For information on higher education:
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For information on difficulty speaking English:
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Decennial Census Data

Every 10 years, beginning with the first census in 1790, the United States government conducts a census, or count, of the entire population as mandated by the U.S. Constitution. In 2000, as in several previous censuses, two forms were used—a short form and a long form. The short form was sent to every household; the long form, containing the 100 percent questions, plus the sample questions, was sent to approximately one in every six households.

The Census 2000 short form questionnaire included seven questions for each household: name, sex, age, relationship, Hispanic origin, race, and whether the housing unit was owned or rented. The long form asked more detailed information on subjects such as education, employment, income, ancestry, homeowner costs, units in a structure, number of rooms, plumbing facilities, etc. Decennial censuses not only count the population but also sample the socioeconomic status of the population, providing a tool for the government, educators, business owners, and others to get a snapshot of the state of the Nation. A more comprehensive description of Census 2000 is available at <http://www.census.gov/mso/www/c2000basics>.

While it is impossible to completely eliminate error from an operation as large and complex as the decennial census, the Census Bureau attempts to control the sources of such error during the data collection and processing operations. The primary sources of error and the programs instituted to control error in Census 2000 are described in detail in Summary File 1 Technical Documentation in Chapter 8, “Accuracy of the Data,” located at <http://www.census.gov/prod/cen2000/doc/sf1.pdf>.

Agency Contacts:
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For further information on the computation and use of standard errors:
Decennial Statistical Studies Division
U.S. Census Bureau
Phone: (301) 763-4242

Monitoring the Future

The Monitoring the Future (MTF) Study is a continuing series of surveys intended to assess the changing lifestyles, values, and preferences of American youth. Each year since 1975, high school seniors from a representative sample of public and private high schools have participated in this study. The 2004 survey is the 14th to include comparable samples of 8th- and 10th-graders in addition to seniors. The study is conducted by the University of Michigan’s Institute for Social Research (ISR) under a grant from the National Institute on Drug Abuse. The survey design consists of a multi-stage random sample where the stages include selection of geographic areas, selection of one or more schools in each selected area, and selection of a sample of students within each school. Data are collected in the spring of each year using questionnaires administered in the classroom by representatives from ISR. The 2004 survey included 15,222 high school seniors from 128 schools, 16,839 10th-graders from 131 schools, and 17,413 8th-graders from 147 schools (a total of 49,474 students from 406 schools).

Information about MTF is available online at <http://www.nida.nih.gov/DrugPages/MTF.html> and <http://monitoringthefuture.org>.

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National Assessment of Educational Progress

The National Assessment of Educational Progress (NAEP) is mandated by Congress to monitor continuously the knowledge, skills, and performance of the Nation’s children and youth. To measure trends in educational performance, NAEP has periodically assessed students in grades 4, 8, and 12 since 1990 in reading and mathematics, as well as in other subjects such as science, writing, and U.S. history. The assessments use the curriculum frameworks developed by the National Assessment Governing Board (NAGB)

and the latest advances in assessment methodology. The frameworks use standards developed within the field, using a consensus process involving educators, subject-matter experts, and other interested citizens.

The content and nature of the main NAEP evolves periodically to reflect changes in curriculum and instructional practices. NAEP includes students in public and nonpublic schools. A charter school could be sampled, since such schools are within the universe of public schools, but homeschoolers are not included. Before 2002, the NAEP national sample was an independently selected national sample. However, beginning in 2002, the NAEP national sample was obtained by aggregating the samples from each state. As a result, the size of the national sample increased in 2002, which means that smaller differences between estimates from different administrations and different types of students can now be found to be statistically significant than could be detected in assessment results reported before 2002.

Until 1996, NAEP assessments excluded certain subgroups of students identified as “special needs students,” including students with disabilities and students with limited English proficiency. For the 1996 and 2000 mathematics assessments and the 1998 and 2000 reading assessments, NAEP included separate assessments with provisions for accommodating these students (e.g., extended time, small group testing, and mathematics questions read aloud, and so on). For these years, results are reported for both the unaccommodated and accommodated assessments. After 2000, only a single accommodated assessment was administered.

NAEP has also conducted assessments in mathematics, reading, and science since the 1970s at ages 9, 13, and 17. These long-term assessments have not changed, providing a comparison over a long period of time, but they do not necessarily reflect current teaching standards or curricula.

Information about NAEP is available online at <http://nces.ed.gov/nationsreportcard>.

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National Assessment of Educational Progress High School Transcript Studies

Conducted in association with NAEP, the High School Transcript Study (HSTS) provides coursetaking and demographic information for a nationally representative, stratified sample of high school seniors.

Sample sizes have ranged from approximately 21,000 to 25,000 students in approximately 300 schools. The HSTS provides the Department of Education and other education policymakers with information regarding current course offerings and coursetaking patterns in the Nation’s secondary schools. In addition, it provides information on the relationship of student coursetaking patterns to achievement as measured by NAEP. Excluded students were those who did not graduate from high school, had not received a “regular” or “honors” diploma, or did not have complete transcript data. For all transcripts and samples, a course identification code number, based on the Classification of Secondary School Courses (CSCC), was assigned to each course taken by a student. Courses were further classified into subject (e.g., mathematics) and program (e.g., academic) areas using a 1998 revision of the CSCC (Bradby, D. and Hoachlander, E.G. [1999]. *1998 Revision of the secondary school taxonomy*. Washington, DC: National Center for Education Statistics).

More information about the NAEP HSTS can be found in: U.S. Department of Education. National Center for Education Statistics. *The 1998 High School Transcript Study Tabulation: Comparative data on credits earned and demographics for 1998, 1994, 1990, 1987, and 1982 high school graduates*, (NCES 2001-498) by Stephen Roey, Nancy Caldwell, Keith Rust, Eyal Blumstein, Tom Krenzke, Stan Legum, Judy Kuhn, Mark Waksberg, and Jacqueline Haynes.

Information about the NAEP High School Transcript Study is available online at <http://nces.ed.gov/nationsreportcard/hsts>.

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National Child Abuse and Neglect Data System

The National Child Abuse and Neglect Data System (NCANDS) annually collects case-level data on reports alleging child abuse and neglect, and the results of these reports, from State child protective services (CPS) agencies. The mandate for NCANDS is based on the Child Abuse Prevention and Treatment Act (CAPTA), as amended in 1988, which directed the Secretary of the Department of Health and Human Services (HHS) to establish a national data collection and analysis program that would make available State child abuse and neglect reporting information. HHS responded by establishing the NCANDS as a voluntary, national reporting system. In 1992, HHS produced its

first NCANDS report based on data from 1990. The annual data report *Child Maltreatment* evolved from that initial report.

During the early years, States provided aggregated data on key indicators of reporting of alleged child maltreatment. Starting with the 1993 data year, States voluntarily began to submit case-level data. For a number of years, States provided both data sets, but starting with data year 2000, the case-level data set became the primary source of data for the annual report. In 1996, CAPTA was amended to require all States that receive funds from the Basic State Grant program to work with the Secretary of the Department of Health and Human Services to provide specific data, to the extent practicable, on children who had been maltreated. The NCANDS data elements were revised to meet these requirements beginning with the submission of 1998 data.

States that submit case-level data construct a child-specific record for each report of alleged child abuse or neglect that received a disposition as a result of an investigation or an assessment during the reporting period. The reporting period for 2004 was from October 1, 2003 through September 30, 2004. The case-level data are reported in the Child File. Data fields include the demographics of the children and their perpetrators, types of maltreatment, investigation or assessment dispositions, risk factors, and services provided as a result of the investigation or assessment. In 2004, forty-five States submitted the Child File; almost all of them also reported aggregate-level data in the Agency File for items that were not obtainable at the child level, such as the number of CPS workers. Five States reported only aggregate statistics on key indicators; four of these States are in the process of developing the Child File.

The count of child victims is based on the number of investigations that found a 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 the subject of a report more than once. Children are considered to be “victims of maltreatment” if the allegation is either “substantiated” or “indicated” by the investigation process. Substantiation is a case determination that concludes that the allegation of maltreatment or risk of maltreatment is supported by State law or policy. “Indicated” is a case determination that concludes that maltreatment cannot be substantiated by State law or policy, but there is reason to suspect that the child may have been maltreated or was at risk of maltreatment.

Data collected by NCANDS are a critical source of information for many publications, reports, and

activities of the Federal Government and other groups. An annual report on child welfare outcomes includes context and outcome data on safety, based on State submissions to NCANDS. NCANDS data have been incorporated into the Child and Family Services Reviews (CFSR), which ensures conformity with State plan requirements in titles IV–B and IV–E of the Social Security Act. The NCANDS data also are used in the Program Assessment Rating Tool (PART), which is “a systematic method of assessing the performance of program activities across the Federal government.” Children’s Bureau programs funded under the CAPTA Basic State Grant and the Community-Based Child Abuse Prevention (CBCAP) State Grants use data from NCANDS as a component of their PART assessments.

Rates are based on the number of States submitting data to National Child Abuse and Neglect Data System (NCANDS) each year; States include the District of Columbia and Puerto Rico. The overall rate of maltreatment is based on the following number of States for each year: 51 in 1998, 50 in 1999, 50 in 2000, 51 in 2001, 51 in 2002, 51 in 2003, 50 in 2004, and 52 in 2005. The number of States reporting on sex for the years of 2000–2005 was 50 in 2000, 51 in 2001, 51 in 2002, 51 in 2003, 50 in 2004, and 51 in 2005. The number of States reporting on race and Hispanic origin for the years 2000–2005 was 48 in 2000, 49 in 2001, 50 in 2002, 50 in 2003, 49 in 2004, and 50 in 2005. The number of States reporting on age for the years of 2000–2005 was 50 in 2000, 51 in 2001, 51 in 2002, 51 in 2003, 50 in 2004, and 51 in 2005. Rates from 1998–1999 are based on aggregated data submitted by States; rates from 2000–2005 are based on case-level data submitted by the States.

Information about NCANDS is available on-line at <http://www.acf.hhs.gov/programs/cb/systems/index.htm#ncands>.

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National Crime Victimization Survey

The National Crime Victimization Survey (NCVS) is the Nation’s primary source of information on criminal victimization. In earlier years, researchers obtained data from interviews with a nationally representative sample of roughly 49,000 households that included more than 100,000 persons ages 12 and older. In recent years, the sample size for the NCVS has been decreased. The sample for the most recent

year, 2003, was 42,000 households and 75,000 persons ages 12 and older. All household members 12 and older in households chosen using a multistage stratified sample design are interviewed to obtain information on the frequency, characteristics, and consequences of criminal victimization in the United States. The survey reports the likelihood of victimization by rape, sexual assault, robbery, assault, theft, household burglary, and motor vehicle theft for the population as a whole, as well as for segments of the population such as adolescents 12 or older and members of various racial and gender groups. Either in person or by telephone, victims are also asked whether they reported the incident to the police. In instances of personal violent crimes, they are asked about the characteristics of the perpetrator. The response rate for 2003 was 91.6 percent of eligible households and 86.3 percent of eligible individuals. The NCVS provides the largest national forum for victims to describe the impact of crime and their characteristics and those of violent offenders. It has been ongoing since 1973 and was redesigned in 1992.

Information about the NCVS is available online at <http://www.ojp.usdoj.gov/bjs/cvict.htm#Programs>.

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National Education Longitudinal Study of 1988

The National Education Longitudinal Study of 1988 (NELS:88) is a longitudinal study of the 8th-grade class of 1988 sponsored by the National Center for Education Statistics (NCES). The Base Year survey was administered to about 24,000 8th-graders in more than 1,000 schools with an 8th-grade class. The First, Second, Third, and Fourth Follow-up surveys revisited the same sample of students in 1990, 1992, 1994, and 2000, when most of the 1988 8th-graders were in 10th grade, in 12th grade, and then 2 and 6 years out of high school. For each in-school follow-up, the student sample was “freshened” to obtain a representative cross-sectional sample of 10th graders (in 1990) and 12th graders (in 1992). In-school waves entailed the administration of a student questionnaire and a battery of cognitive tests in the subject areas of mathematics, English, science, and social studies/history. Students’ teachers, principals, and parents were also surveyed. In addition, as part of the Second Follow-up, high school transcripts were collected for (1) all students attending a subset of Second Follow-up schools selected for the transcript study; (2) all dropouts and dropouts attending alternative programs who had attended high school

for a minimum of one term; (3) all early graduates; and (4) sample members with disabilities that prevented them from completing a questionnaire and cognitive test battery in the Base Year, First Follow-up, and Second Follow-up. Transcripts were coded using the Classification of Secondary School Courses as updated for the 1990 National Assessment of Educational Progress, High School Transcript Study. Students were subsequently surveyed in the Third and Fourth Follow-ups through Computer Assisted Telephone Interviewing (CATI).

In this report, the analysis sample for indicators that used NELS:88 transcript data consisted of all 1992 high school graduates with complete transcripts. Of the 17,285 students on the transcript file, 13,506 students were high school graduates with complete transcripts.

Information on the NELS: 88 Second Follow-up Survey and the Transcript Study can be found in: Ingels, S.J., Dowd, K.L., Baldrige, J.D., Stripe, J.L., Bartot, V.H., and Frankel, M.R. (1994). *National Education Longitudinal Study of 1988 Second Follow-up: Student component data file user’s manual* (NCES 94-374). Washington, DC: National Center for Education Statistics.

Ingels, S.J., Dowd, K.L., Taylor, J.T., Bartot, V.H., Frankel, M.R., and Pulliam, P.A. (1995). *National Education Longitudinal Study of 1988 Second Follow-up: Transcript component data file user’s manual*. Washington, DC: National Center for Education Statistics (NCES 95-377).

Information about NELS: 88 is available online at <http://nces.ed.gov/surveys/nels88>.

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National Health and Nutrition Examination Survey

The National Health and Nutrition Examination Survey (NHANES) is conducted by the National Center for Health Statistics of the Centers for Disease Control and Prevention. The survey is designed to assess the health and nutritional status of the noninstitutionalized civilian population through direct physical examinations and interviews, using a complex stratified, multistage, probability sampling design. Interviewers obtain information on personal and demographic characteristics, including age, household income, and race and ethnicity by self-reporting or as reported by an informant. The first survey, NHANES I,

was conducted during the period 1971–1974; NHANES II covered the period 1976–1980; and NHANES III covered the period 1988–1994. Only NHANES III (in its first phase, conducted 1988–91), however, collected data on serum cotinine levels. NHANES III provided cotinine data for children ages 4–17. Descriptions of the survey design, the methods used in estimation, and the general qualifications of the data are presented in:

Plan and Operation of the Third National Health and Nutrition Examination Survey, 1988–94: Series 1: Programs and collection procedures, No. 32. Vital and Health Statistics, Hyattsville, MD: National Center for Health Statistics.

Starting in 1999, NHANES changed to a continuous survey visiting 15 U.S. locations per year and surveying and reporting for approximately 5,000 people annually. However, two or more years of data are necessary for adequate sample sizes for subgroup analyses.

Continuous NHANES 1999–2004 is a complex, multistage probability sample of the civilian noninstitutionalized population of the United States. Individuals of all ages were sampled. The NHANES 1999–2004 samples include expanded samples of Mexican Americans, African Americans, adolescents 12 to 19 years, and adults 60 years and older. In 2000, the sample individual selection probabilities were modified to increase the number of sampled persons in low income, non-Hispanic White population domains. Additionally, screening and sampling rates were adjusted for women of childbearing age to increase the number of pregnant women included in the sample. Statistical weights were used to make the sample representative of the U.S. population. For more information on the NHANES data, see <http://www.cdc.gov/nchs/data/nhanes/guidelines1.pdf>.

NHANES data used to calculate the Healthy Eating Index. NHANES provides information on people's consumption of foods and nutrients, as well as extensive health-related data, and information about Americans' demographic and socioeconomic characteristics. NHANES data for 1999–2000 and 2001–2002 were used to compute the Healthy Eating Index (HEI). Previous HEI reports were based on data from the Federal Government's Continuing Survey of Food Intakes by Individuals (CSFII).

The HEI was computed for all individuals 2 years and older, because dietary guidelines are applicable to people of these ages only. Pregnant women were excluded from this analysis because of their special dietary needs.

Information about NHANES is available online at <http://www.cdc.gov/nchs/nhanes.htm>.

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National Health Interview Survey

The National Health Interview Survey (NHIS) is a continuing nationwide sample survey of the noninstitutionalized civilian population in which data are collected during personal household interviews. Interviewers obtain information on personal and demographic characteristics, including race and ethnicity, by self-reporting or as reported by a member of the household. Investigators also collect data about illnesses, injuries, impairments, chronic conditions, activity limitation caused by chronic conditions, utilization of health services, and other health topics. Each year the survey is reviewed and special topics are added or deleted. For most health topics, the survey collects data over an entire year.

The NHIS sample includes an oversample of Black, Hispanic, and Asian persons and is designed to allow the development of national estimates of health conditions, health service utilization, and health problems of the noninstitutionalized civilian population of the United States. The household response rate for the ongoing part of the survey has been between 87 and 98 percent over the years. In 1997, the NHIS was redesigned; estimates beginning in 1997 are likely to vary slightly from those for previous years. Interviewers collected information for the basic questionnaire on 98,649 persons in 2005, including 12,523 children under 18 years of age.

Additional background and health data for children are available in Bloom B., Dey A.N., and Freeman G. (2006). Summary statistics for U.S. children: National

Health Interview Survey, 2005. *Vital and Health Statistics, 10* (231). Hyattsville, MD: National Center for Health Statistics.

Information about NHIS is available online at <http://www.cdc.gov/nchs/nhis.htm>.

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National Hospital Ambulatory Medical Care Survey

The National Hospital Ambulatory Medical Care Survey (NHAMCS) collects data on the utilization and provision of medical care services provided in hospital emergency and outpatient departments. Data are collected from medical records on type of health care providers seen; reason for visit; diagnoses; drugs ordered, provided, or continued; and selected procedures and tests performed during the visit. Patient data include age, sex, race, and expected source of payment. Data are also collected on selected characteristics of hospitals included in the survey. Annual data collection began in 1992.

The survey is a representative sample of visits to emergency departments (EDs) and outpatient departments (OPDs) of non-federal, short-stay, or general hospitals. Telephone contacts are excluded. A four-stage probability sample design is used in NHAMCS, involving samples of primary sampling units (PSUs), hospitals within PSUs, clinics within OPDs, and patient visits within clinics.

The hospital sample consists of approximately 500 hospitals. In 2003, 40,253 ED patient record forms (PRFs) were completed and 36,589 PRFs in 2004. The ED hospital response rate was 85 percent in 2003 and 89 percent in 2004.

Reference:

McCaig LF, McLemore T. Plan and operation of the National Hospital Ambulatory Medical Care Survey. National Center for Health Statistics. Vital Health Stat Series no 1 (34). 1994. Available from: www.cdc.gov/nchs/data/series/sr_01/sr01_034acc.pdf.

For more information see the National Health Care Survey (NHCS) website: www.cdc.gov/nchs/nhcs.htm or the Ambulatory Health Care website: www.cdc.gov/nchs/about/major/ahcd/ahcd1.htm.

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National Household Education Survey

The National Household Education Surveys Program (NHES), conducted by the National Center for Education Statistics (NCES), collects detailed information about education issues through a household-based survey using telephone interviews. The sample for the NHES is drawn from the noninstitutionalized civilian population in households having a telephone in the 50 States and the District of Columbia. In each survey, between 44,000 and 60,000 households are screened to identify persons eligible for one of the topics. Generally, each collection covers two topical surveys, and researchers conduct between 2,500 and 25,000 interviews for each survey. The data are weighted to permit nationally representative estimates of the population of interest. In addition, the NHES design samples minorities at a higher rate than nonminorities to increase the reliability of estimates for these groups.

The 1991 NHES included a survey on early childhood program participation. Investigators screened approximately 60,000 households to identify a sample of about 14,000 children, ages 3–8. They interviewed parents in order to collect information about these children's educational activities and the role of the family in the children's learning. In 1993, NCES fielded a school readiness survey in which parents of approximately 11,000 children age 3 through second grade were asked about their children's experiences in early childhood programs, developmental level, school adjustment and related problems, early primary school experiences, general health and nutrition status, home

activities, and family characteristics, including family stability and economic risk factors. In 1995, NCES also fielded an early childhood program participation survey, similar to that of 1991. It entailed screening approximately 44,000 households and interviewing 14,000 parents of children from birth through 3rd grade. In 1996, NCES fielded a survey of parent and family involvement in education, interviewing nearly 21,000 parents of children from age 3 through 12th grade. About 8,000 youth in grades 6 through 12 were also interviewed about their community service and civic involvement. The 1999 NHES was designed to collect end-of-the-decade estimates of key indicators collected in previous NHES surveys and to collect data from children and their parents about plans for the child's education after high school. Interviews were conducted with 24,000 parents of children ranging from newborns through 12th-graders, approximately 8,000 students in grades 6 through 12 in the youth interview, and nearly 7,000 adults.

Three surveys were fielded as part of the 2001 NHES. The Early Childhood Program Participation survey was similar in content to the 1995 collection and collected data about the education of 7,000 prekindergarten children ranging in age from birth to 6. The Before and After-School Programs and Activities survey collected data about nonparental care arrangements and educational and noneducational activities in which children participate before and after school. Data were collected for approximately 10,000 kindergarteners through 8th-graders. The third survey fielded in 2001 was the Adult Education and Lifelong Learning survey, which gathered data about the formal and informal educational activities of 11,000 adults.

Information about the NHES is available online at <http://nces.ed.gov/nhes>.

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National Immunization Survey

The National Immunization Survey (NIS) is a continuing nationwide telephone sample survey of families with children ages 19 to 35 months. Estimates of vaccine-specific coverage are available for the Nation, the States, and 28 urban areas in 2005.

The NIS uses a two-stage sample design. First, a random-digit-dialing sample of telephone numbers is drawn. When households with age-eligible children (19–35 months) are contacted, the interviewer collects information on the vaccinations received by all age

eligible children. The interviewer also collects information on the vaccination providers. In the second phase, all vaccination providers are contacted by mail. Providers' responses are combined with information obtained from the households to render estimates of vaccination coverage levels more accurately. Final estimates are adjusted for noncoverage of households without telephones. Information about the NIS is available online at <http://www.cdc.gov/NIP/coverage>.

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National Linked Files of Live Births and Infant Deaths

The National Linked File of Live Births and Infant Deaths is a data file for research on infant mortality. Beginning with the 1995 data, this file is produced in two formats. The file is released first as a period data file and later as a cohort file. In the birth cohort format, it includes linked vital records for infants born in a given year who died in that calendar year or the next year, before their first birthday. In the period format, the numerator consists of all infant deaths occurring in one year, with deaths linked to the corresponding birth certificates from that year or the previous year. The linked file includes all the variables on the national natality file, as well as medical information reported for the same infant on the death record and the age of the infant at death. The use of linked files prevents discrepancies in the reporting of race between the birth and infant death certificates. Although discrepancies are rare for White and Black infants, they can be substantial for other races. National linked files are available starting with the birth cohort of 1983. No linked file was produced for the 1992 through 1994 data years. Match completeness for each of the birth cohort files is about 98 percent.

For more information, see:

Prager, K. (1994). Infant mortality by birthweight and other characteristics: United States, 1985 birth cohort. *Vital and Health Statistics, 20(24)*. Hyattsville, MD: National Center for Health Statistics.

Mathews, T.J. and MacDorman, M.F. (2007). Infant mortality statistics from the 2004 period linked birth/infant death data set. *National Statistics Reports, 55(14)*. Hyattsville, MD: National Center for Health Statistics.

Information about the National Linked File of Live Births and Infant Deaths is available online at <http://www.cdc.gov/nchs/linked.htm>.

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National Survey on Environmental Management of Asthma and Children's Exposure to Environmental Tobacco Smoke

In 2003, the U.S. Environmental Protection Agency's Office of Radiation and Indoor Air (ORIA) commissioned a commercial contractor, Abt Associates Incorporated, to conduct a survey on asthma and environmental tobacco smoke (ETS) issues. The survey was designed to assess knowledge regarding general and personal environmental asthma triggers; the extent to which individuals with asthma take measures to reduce exposure to indoor environmental asthma triggers; and the barriers to implementation, for adults with asthma or parents of children with asthma, which prevent improvement of the indoor environment. In addition, data were collected to provide information about children (under the age of 18), particularly those age 6 and under, exposed to environmental tobacco smoke in the home.

All interviews were conducted by telephone using a random digit dialing sampling methodology. A total of 14,685 households in the 50 States were contacted; of these, 2,504 interviews were conducted in households with children age 6 and under. To determine the exposure of children to ETS, a series of questions were administered in homes with children to determine whether residents and/or visitors smoked in the home, and if so, how often.

Information about environmental tobacco smoke issues is available online at www.epa.gov/iaq.

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National Vital Statistics System

Through the National Vital Statistics System, the National Center for Health Statistics (NCHS) collects and publishes data on births and deaths in the United States. NCHS obtains information on births and deaths from the registration offices of all States, New York City, and the District of Columbia.

Demographic information on birth certificates, such as race and ethnicity, is provided by the mother at the time of birth. Hospital records provide the base for information on birthweight, while funeral directors

and family members provide demographic information on death certificates. Medical certification of cause of death is provided by a physician, medical examiner, or coroner.

Information on Hispanic origin. The number of States gathering information on births to parents of Hispanic origin has increased gradually since 1980–81, when 22 States included this information on birth certificates. By 1993, the Hispanic origin of the mother was reported on birth certificates in all 50 States and the District of Columbia. Similarly, mortality data by Hispanic origin of decedent have become more complete over time. In 1997, Hispanic origin was reported on death certificates in all 50 states and the District of Columbia.

Population denominators. The natality and mortality rates shown in this report for 1991–2005 have been revised, based on populations consistent with the census conducted on April 1, 2000. Prior to *America's Children: Key National Indicators of Well-Being, 2003*, rates were based on populations projected from the 1990 Census. The population estimates for 2000–2005 can be found on the Internet at: <http://www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm>. It was necessary to create population estimates for 2000–2005 that were consistent with the race categories used in the 1990 Census.

The revised intercensal population estimates for 5-year age groups for 1991–99 can also be found on the Internet at: <http://www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm>.

Detailed information on the methodologies used to develop the revised populations, including the populations for birth rates for teenagers and birth rates for unmarried teenagers, is presented in several publications.

For more information about these methodologies, see:

Ventura, S.J., Hamilton, B.E., Sutton, P.D. (2003). Revised birth and fertility rates for the United States, 2000 and 2001. *National Vital Statistics Reports, 51(4)*. Hyattsville, MD: National Center for Health Statistics.

Hamilton, B.E., Sutton, P.D., and Ventura, S.J. (2003). Revised birth and fertility rates for the 1990s: United States, and new rates for Hispanic populations, 2000 and 2001. *National Vital Statistics Reports, 51(12)*. Hyattsville, MD: National Center for Health Statistics.

National Center for Health Statistics. (2002). Unpublished estimates of the April 1, 2000, United States population by age, sex, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau. Available at: <http://www.cdc.gov/nchs/about/major/dvs/popbridge/popbridge.htm>.

Ingram, D.D., Weed, J.A., Parker, J.D., Hamilton, B.E., Schenker, N., Arias, E., Madans, J. (2003). U.S. Census 2000 population with bridged race categories. National Center for Health Statistics. *Vital Health Statistics*, 2(135).

Anderson, R.N., Arias, E. (2003). The effect of revised populations on mortality statistics for the United States, 2000. *National Vital Statistics Reports*, 51(9) Hyattsville, MD: National Center for Health Statistics.

Preliminary data. NCHS continuously receives statistical records from the States' vital registration systems, providing preliminary data. Investigators weight individual records of births and deaths to independent counts of vital events registered in each State and reported to NCHS. These independent counts, aggregated for a 12-month period, serve as control totals and are the basis for the individual unit record weights in the preliminary file. For selected variables, unknown or not-stated values are imputed. The percentage not stated is generally 1 percent or less.

For more information on national natality and mortality data, see:

National Center for Health Statistics. (2001). Technical appendix. Vital Statistics of the United States, 1999, natality. Hyattsville, Maryland: National Center for Health Statistics. Available at: <http://www.cdc.gov/nchs/data/techap99.pdf>.

National Center for Health Statistics. (2005). Technical appendix. Vital Statistics of the United States, 2003, natality. Hyattsville, Maryland: National Center for Health Statistics. Available at: <http://www.cdc.gov/nchs/data/techap03.pdf>.

National Center for Health Statistics. (2004). Technical appendix. Vital Statistics of the United States, 1999, vol. II, mortality, part A. Hyattsville, Maryland: National Center for Health Statistics. Available at <http://www.cdc.gov/nchs/data/statab/techap99.pdf>.

Information about the National Vital Statistics System is available online at <http://www.cdc.gov/nchs/nvss.htm>.

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Safe Drinking Water Information System

The Safe Drinking Water Information System (SDWIS) is the national regulatory compliance database for the U.S. Environmental Protection Agency (EPA)'s drinking water program. SDWIS includes information on the Nation's 160,000 public water systems and data submitted by states and EPA regions in conformance with reporting requirements established by statute, regulation, and guidance.

EPA sets national standards for drinking water. These requirements take three forms: maximum contaminant levels (MCLs, the maximum allowable level of a specific contaminant in drinking water), treatment techniques (specific methods that facilities must follow to remove certain contaminants), and monitoring and reporting requirements (schedules that utilities must follow to report testing results). States report any violations of these three types of standards to EPA.

Water systems must monitor for contaminant levels on fixed schedules and report to EPA when a maximum contaminant level has been exceeded. States also must report when systems fail to meet specified treatment techniques. More information about the maximum contaminant levels can be found at <http://www.epa.gov/safewater/contaminants/index.html>.

EPA sets minimum monitoring schedules that drinking water systems must follow. These minimum reporting schedules (systems may monitor more frequently) vary by the size of the water system as well as by contaminant. Some contaminants are monitored daily, others need to be checked far less frequently (the longest monitoring cycle is every nine years). For example, at a minimum, drinking water systems will monitor continuously for turbidity, monthly for bacteria, and once every four years for radionuclides.

SDWIS includes data on the total population served by each public water system and the state in which the public water system is located. However, SDWIS does not include the number of children served. The fractions of the population served by violating public water systems in each state were estimated using the total population served by violating community water systems divided by the total population served by all community water systems. The numbers of children served by violating public water systems in each state

were estimated by multiplying the fraction of the population served by violating public water systems by the number of children (ages 0–17) in the state.

For more information see the EPA's SDWIS Web site at <http://www.epa.gov/safewater/sdwisfed/sdwis.htm>.

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Survey of Income and Program Participation

Core survey and topical modules. Implemented by the U.S. Census Bureau since 1984, the Survey of Income and Program Participation (SIPP) is a continuous series of national longitudinal panels, with a sample size ranging from approximately 14,000 to 36,700 interviewed households. The duration of each panel ranges from 2½ years to 4 years, with household interviews every 4 months.

The SIPP collects detailed information on income, labor force participation, participation in government assistance programs, and general demographic characteristics to measure the effectiveness of existing government programs, estimate future costs and coverage of government programs, and provide statistics on the distribution of income in America. In addition, topical modules provide detailed information on a variety of subjects, including health insurance, child care, adult and child well-being, marital and fertility history, and education and training. The U.S. Census Bureau releases cross-sectional, topical modules and longitudinal reports and data files. In 1996, the SIPP questionnaire was redesigned to include a new 4-year panel sample design and the computer-assisted personal interviewing method. The 2001 panel was a 3-year panel sample, and a new 2004 panel is currently in the field and is anticipated to cover a 4-year period.

Information about the SIPP is available online at <http://www.sipp.census.gov/sipp>.

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Youth Risk Behavior Surveillance System

The Youth Risk Behavior Surveillance System (YRBSS) was developed in 1990 to monitor priority health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth and adults in the United States. The YRBSS includes national, state, and local school-based surveys of representative samples of 9th through 12th grade students. These surveys are conducted every two years, usually during the spring semester. The national survey, conducted by the Centers for Disease Control and Prevention (CDC), provides data representative of high school students in public and private schools in the United States. The state and local surveys, conducted by departments of health and education, provide data representative of public high school students in each state or local school district.

The sampling frame for the 2005 national Youth Risk Behavior Survey (YRBS) consisted of all public and private schools with students in at least one of grades 9–12 in the 50 states and the District of Columbia. A three-stage cluster sample design produced a nationally representative sample of students in grades 9–12 who attend public and private schools. All students in selected classes were eligible to participate. Schools, classes, and students that refused to participate were not replaced. For the 2005 national YRBS, 13,953 questionnaires were completed in 159 schools. The school response rate was 78 percent, and the student response rate was 86 percent. The school response rate multiplied by the student response rate produced an overall response rate of 67 percent.

Survey procedures for the national, state, and local surveys were designed to protect students' privacy by allowing for anonymous and voluntary participation. Before survey administration, local parental permission procedures were followed. Students completed the self-administered questionnaire during one class period and recorded their responses directly on a computer-scannable booklet or answer sheet.

Information about the YRBS and the YRBSS is available on-line at <http://www.cdc.gov/HealthyYouth/yrbs>.

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