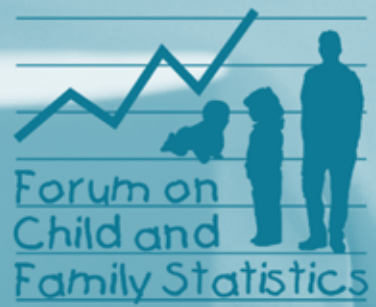


America's Children in Brief: Key National Indicators of Well-Being, 2012



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This year's America's Children in Brief: Key National Indicators of Well-Being report continues more than a decade of dedication and collaboration by agencies across the Federal Government to advance our understanding of our Nation's children and what may be needed to bring them a better tomorrow. We hope you find this report useful. The Forum will be releasing its next full report in 2013.

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

Introduction

Each year since 1997, the Federal Interagency Forum on Child and Family Statistics has published a report on the well-being of children and families. Pending data availability, the Forum updates all 41 indicators annually on its Web site (<http://childstats.gov>) and alternates publishing a detailed report, *America's Children: Key National Indicators of Well-Being*, with a summary version that highlights selected indicators. The *America's Children* series makes Federal data on children and families available in a nontechnical, easy-to-use format in order to stimulate discussion among data providers, policymakers, and the public.

The Forum fosters coordination and integration among 22 Federal agencies that produce or use statistical data on children and families, and seeks to improve Federal data on children and families. The *America's Children* series provides accessible compendiums of indicators drawn across topics from the most reliable official statistics; it is designed to complement other more specialized, technical, or comprehensive reports produced by various Forum agencies.

Indicators are chosen because they are easy to understand, are based on substantial research connecting them to child well-being, cut across important areas of children's lives, are measured regularly so that they can be updated and show trends over time, and represent large segments of the population, rather than one particular group.

These child well-being indicators span seven domains: *Family and Social Environment*, *Economic Circumstances*, *Health Care*, *Physical Environment and Safety*, *Behavior*, *Education*, and *Health*. This report reveals that preterm births declined for the fourth straight year and that the adolescent birth rate declined. Average mathematics scores for 4th- and 8th-grade students increased, and the violent crime victimization rate among youth decreased. However, the percentage of children living in poverty increased, and the percentage of children with at least one parent employed full time, year round decreased. New this year is a detailed figure showing the percentage of children in race groups constituting less than 10 percent of the population. This detailed figure, available only online at <http://childstats.gov>, supplements Figure 1 in this Brief; the latter uses a wider lens to show the percentage of children by race and Hispanic origin. Readers will also note a revised figure showing the percentages of high school graduates who completed selected coursework (Figure 13 in this Brief). The Brief concludes with a summary table displaying the most recent data for all 41 indicators.

For Further Information

The Forum's Web site (<http://childstats.gov>) provides additional information, including:

- Detailed data, including trend data, for indicators discussed in this *Brief* as well as other *America's Children* indicators not discussed here.
- Data source descriptions and contact information.
- *America's Children* reports from 1997 to the present and other Forum reports.
- Links to Forum agencies, their online data tools, and various international data sources.
- Forum news and information on the Forum's overall structure and organization.

Demographic Background

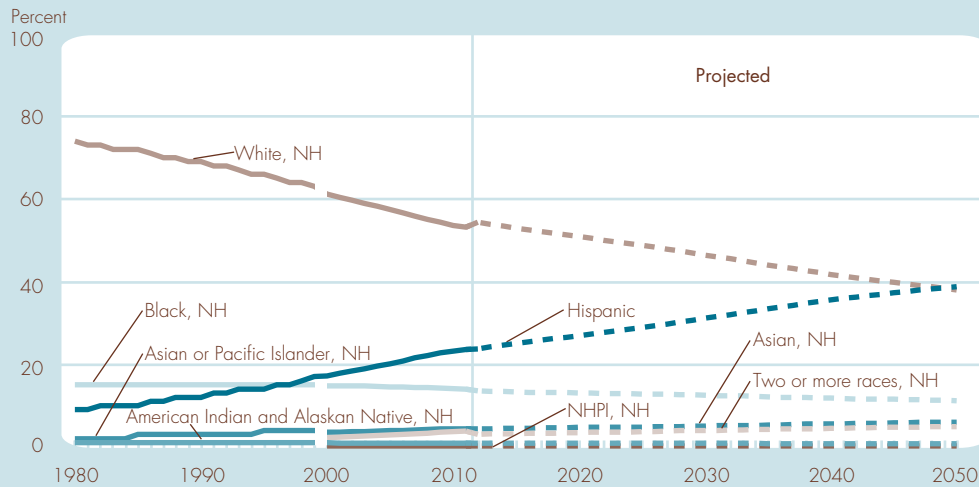
Understanding the changing demographic characteristics of America’s children is critical for shaping social programs and public policies. The number of children determines demand for schools, health care, and other services essential to meet the daily needs of families. Although the number of children living in the United States has grown, the ratio of children to adults has decreased. At the same time, the racial and Hispanic composition of the Nation’s children continues to change.

In 2011, there were 73.9 million children in the United States, 1.5 million more than in 2000. This number is projected to increase to 101.6 million by 2050. In 2011, there were similar numbers of children in each of the following three age groups: 0–5 years (24.3 million), 6–11 years (24.6 million), and 12–17 years (25.1 million).

In 2011, children made up 24 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 through 2050, when they are projected to compose 23 percent of the population.

Racial and ethnic diversity has grown in the United States, and the composition of the population continues to change. By 2023, less than half of all children are projected to be White, non-Hispanic (Figure 1). By 2050, 39 percent of U.S. children are projected to be Hispanic (up from 24 percent in 2011), and 38 percent are projected to be White, non-Hispanic (down from 53 percent in 2011). Children who identify with two or more race groups are projected to make up 5 percent of all U.S. children by 2050 (up from 4 percent in 2011). Children who are Asian alone are projected to increase from 4 percent of the U.S. child population in 2011 to 6 percent in 2050.

Figure 1 Percentage of children ages 0–17 in the United States by race and Hispanic origin, 1980–2011 and projected 2012–2050



NOTE: The acronym NH refers to non-Hispanic origin. The acronym NHPI refers to the Native Hawaiian and Other Pacific Islander population. Each group represents the non-Hispanic population, with the exception of the Hispanic category itself. Race 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. Population projections are based on Census 2000 and may not be consistent with the 2010 Census results.

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



Family and Social Environment

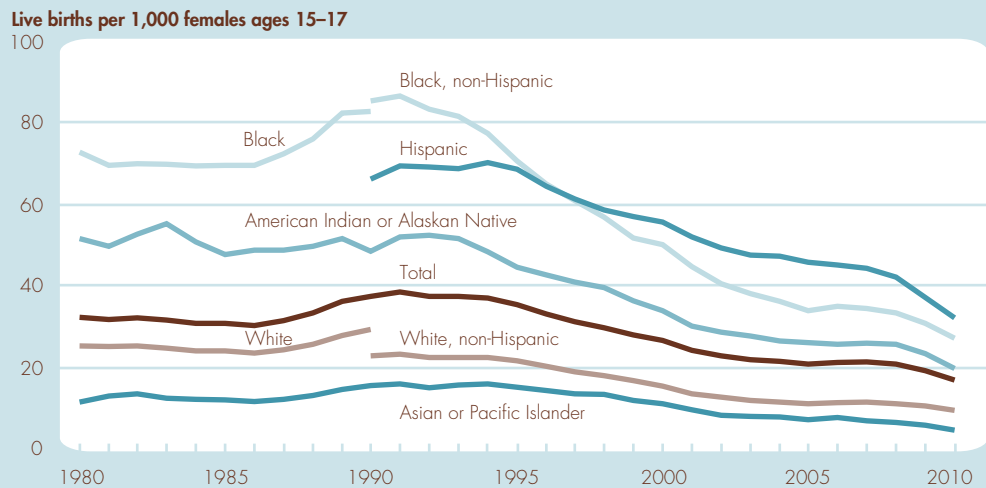
The families that children grow up in and the social environment in which they live can have major effects on their well-being. Children's development and the opportunities and challenges they will face can be affected by family composition, mother's marital status and age, whether parents are born in the United States, the language spoken at home, and environments of abuse or neglect.

Family composition is dynamic and is associated with critical parental and economic resources. In 2011, 69 percent of children ages 0–17 lived with two parents (65 percent with 2 married parents),¹ 27 percent with one parent, and 4 percent with no parents. Among children living with neither parent, more than half lived with a grandparent. Seven percent of all children ages 0–17 lived with a parent who was in a cohabiting union. A cohabiting union could involve one parent and their cohabiting partner or two cohabiting parents.

A mother's marital status when a child is born may impact the family structure and economic security of her children.² The percentage of all births that were to unmarried women, which reflects changes in the birth rate for unmarried women relative to the birth rate for married women, more than doubled between 1980 and 2009, with the largest increases for women in their twenties. In 2010, 40.8 percent of births were to unmarried women, down from 41.0 percent in 2009.

Young maternal age can also affect the resources available to the child, just as having a child during adolescence can affect the mother's opportunities. In 2010, the adolescent birth rate³ was 17.3 births per 1,000 women ages 15–17 (109,193 births), down significantly from 19.6 births per 1,000 in 2009 (Figure 2). The rate dropped one-fifth from 2007 through 2010

Figure 2 Birth rates for females ages 15–17 by race and Hispanic origin, 1980–2010



NOTE: Data for 2010 are preliminary. Race refers to mother's race. The 1977 Office of Management and Budget (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. Although state reporting of birth certificate data is transitioning to comply with the 1997 OMB standard for race and ethnicity statistics, data from states reporting multiple races were bridged to the single-race categories of the 1977 OMB standards for comparability with other states and for trend analysis. Rates for 1980–1989 are not shown for Hispanics; White, non-Hispanics; or Black, non-Hispanics because information on Hispanic origin of the mother was not reported on birth certificates of most states and because population estimates by Hispanic ethnicity for the reporting states were not available. Data on race and Hispanic origin are collected and reported separately. Persons of Hispanic origin may be of any race.

SOURCE: National Center for Health Statistics, National Vital Statistics System.

¹ Parents can be biological, step, or adoptive.

² Kennedy, S. and Bumpass, L. (2008). Cohabitation and children's living arrangements: New estimates from the United States. *Demographic Research*, 19, 663–92.

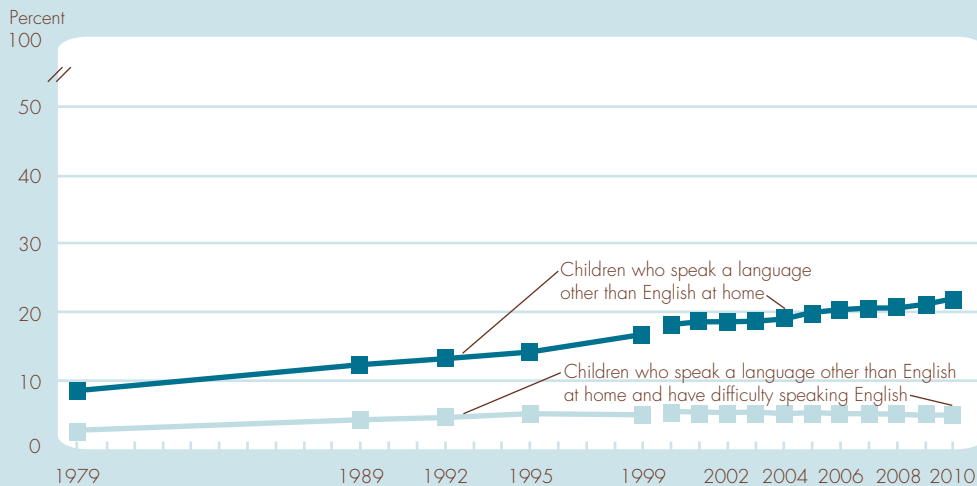
³ The birth rate for adolescents ages 15–17 includes married and unmarried teenagers.

(from 21.7 to 17.3 per 1,000), and dropped more than half compared with 1991 (38.6 per 1,000). Between 2009 and 2010, the adolescent birth rate declined to record lows for all race and ethnicity groups. The largest percentage decline was reported for Asian/Pacific Islander adolescents, from 6.3 to 5.1 births per 1,000. The rate for Hispanic adolescents fell from 37.3 to 32.3 per 1,000, for Black, non-Hispanic adolescents from 31.0 to 27.4 per 1,000, and for White, non-Hispanic adolescents from 11.0 to 10.0 per 1,000.

A growing number of children in the United States have a foreign-born parent. The percentage of children ages 0–17 living with at least one foreign-born parent rose from 15 percent in 1994 to 23 percent in 2011. Twenty-one percent of children were native-born children with at least one foreign-born parent, and 3 percent were foreign-born children with at least one foreign-born parent.

Having parents who were born outside the United States can affect the language spoken at home. In 2010, 22 percent of children ages 5–17 spoke a language other than English at home, up from 18 percent in 2000 (Figure 3). Children who have difficulty speaking English may face greater challenges progressing in school and in the labor market. The percentage of children who both spoke a language other than English at home and had difficulty speaking English (speaks less than “very well”) was 5 percent, down from 5.5 percent in 2000. In 2010, 16 percent of Asian children and 15 percent of Hispanic children⁴ both spoke a language other than English at home and had difficulty speaking English.

Figure 3 Percentage of children ages 5–17 who speak a language other than English at home and who have difficulty speaking English, selected years 1979–2010



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 come from the CPS, while beginning in 2000 the data come from the American Community Survey (ACS). The questions were the same on the CPS and the ACS questionnaires.

SOURCE: U.S. Census Bureau, October (1992, 1995, and 1999) and November (1979 and 1989) Current Population Surveys, and 2000–2010 American Community Survey.

Exposure to environments of abuse or neglect can affect children’s development and overall well-being. Child maltreatment comprises neglect (including medical neglect), as well as overt physical, sexual, and psychological abuse. In 2010, the rate of substantiated reports of child maltreatment⁵ was 10 per 1,000 children ages 0–17. Children under age 1 experienced the highest rate of maltreatment: in 2010, there were 21 substantiated child maltreatment reports per 1,000 children under age 1.

⁴ 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. Hispanic children may be of any race.

⁵ 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.



Economic Circumstances

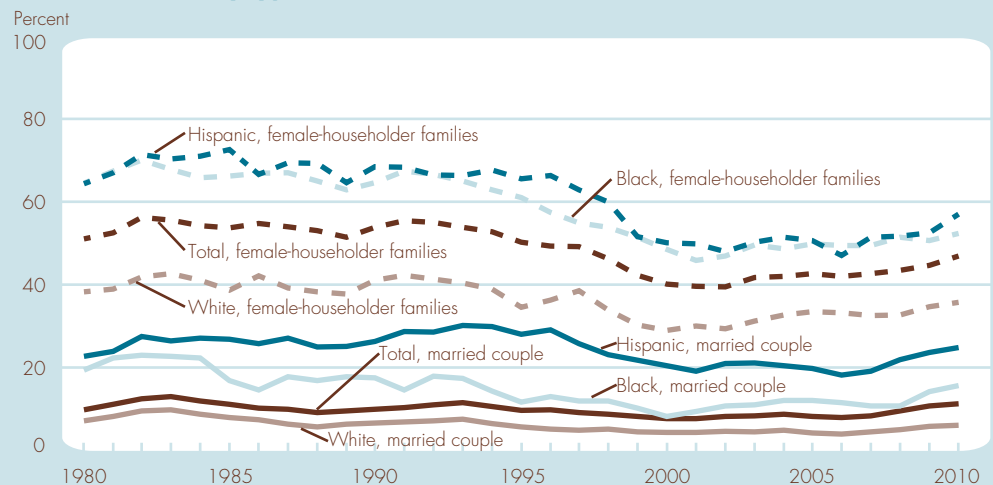
Measures of poverty,⁶ secure parental employment, and food insecurity offer insight into children's material well-being and the economic factors which shape their health and development.

In 2010, 22 percent of children ages 0–17 (16.4 million) lived in poverty. This is up from a low of 16 percent in 2000 and 2001. Consistent with expectations related to the economic downturn, child poverty has increased annually since 2006, when the rate was 17 percent.

In 2010, 39 percent of Black, non-Hispanic children, 35 percent of Hispanic children, and 12 percent of White, non-Hispanic children lived in poverty.⁷ Young children were more likely to live in poverty than older children. In 2010, one in four children ages 0–5 lived in poverty, compared with one child in five for those ages 6–17.

For children living in female-householder families, the poverty rate was 47 percent in 2010, an increase from 45 percent in 2009 (Figure 4). The poverty rate was 57 percent for Hispanic children in female-householder families, 53 percent for Black, non-Hispanic children, and 36 percent for White, non-Hispanic children. For children living in male-householder families, the poverty rate was 29 percent in 2010, not statistically different from 2009.

Figure 4 Percentage of children ages 0–17 living in poverty by race, Hispanic origin, and family type, 1980–2010



NOTE: In 2010, the poverty threshold for a two-parent, two-child family was \$22,113. Historically, the proportion of children in male-householder families has been small. Select data for this group are available as part of Detailed Tables at <http://www.census.gov/hhes/www/poverty/data/index.html>.

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

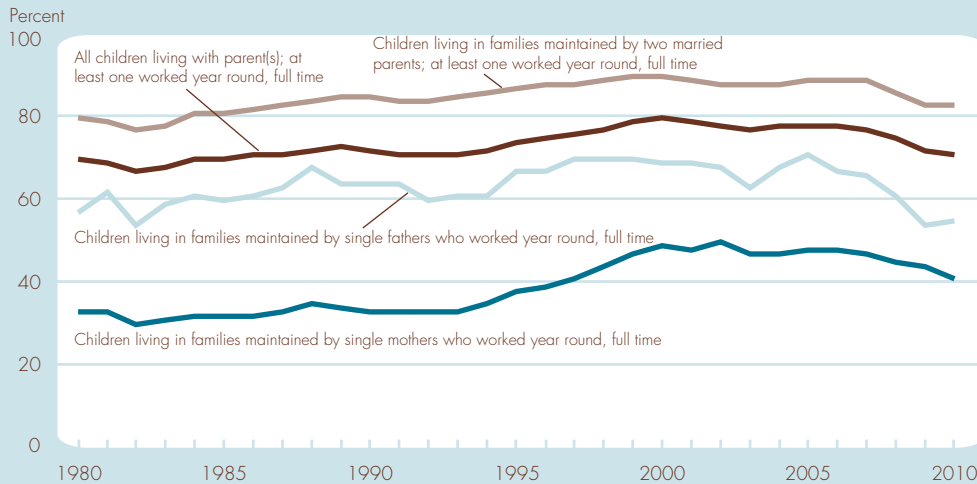
In 2010, 10 percent of children lived in families with incomes below 50 percent of the poverty threshold (a value of \$11,057 for a family of four). This estimate is the highest since 1994. About 20 percent of Black, non-Hispanic children, 15 percent of Hispanic children, and 5 percent of White, non-Hispanic children lived in families with incomes below one-half of the poverty threshold in 2010.

⁶ Following Office of Management and Budget (OMB) Statistical Policy Directive 14, poverty status is determined by comparing a family's (or an unrelated individual's) income to one of 48 dollar amounts called thresholds. The thresholds vary by the size of the family and the members' ages. In 2010, the poverty threshold for a family with two adults and two children was \$22,113. For details, see <http://www.census.gov/hhes/www/poverty/data/index.html>.

⁷ 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. Hispanic children may be of any race.

Secure parental employment reduces the incidence of poverty and its attendant risks to children. The percentage of children with at least one parent working year round, full time fell to 71 percent in 2010, down from 72 percent in 2009 and the lowest since 1993 (Figure 5). Only 41 percent of children in families maintained by a single mother had a parent who worked year round, full time in 2010, down from 44 percent in 2009. 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 61 percent of Hispanic children and 53 percent of Black, non-Hispanic children lived in families with secure parental employment in 2010, compared with 79 percent of White, non-Hispanic children.

Figure 5 Percentage of children ages 0-17 living with at least one parent employed year round, full time by family structure, 1980-2010



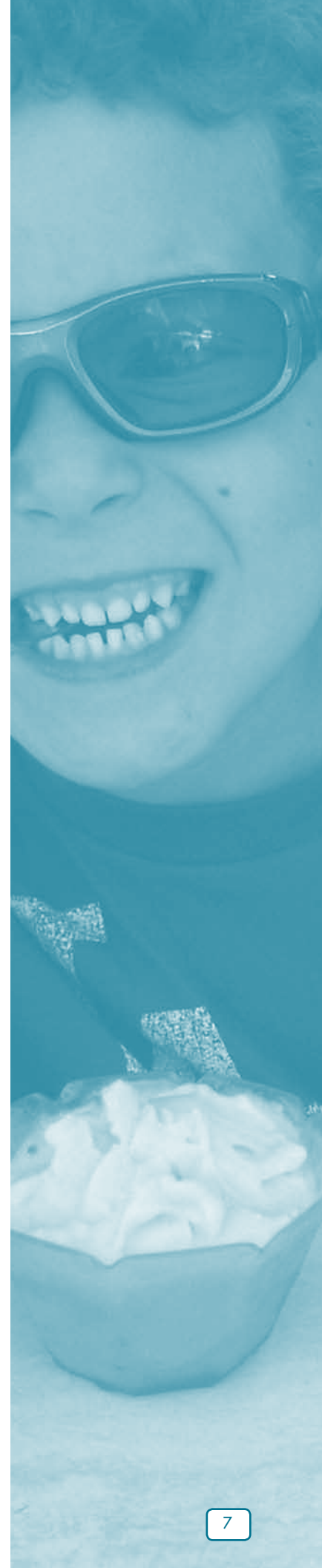
SOURCE: Bureau of Labor Statistics, Current Population Survey, Annual Social and Economic Supplements.

Another measure of economic well-being is a family's ability to put enough nutritious food on the table. A household that is food secure has access at all times to enough food for active, healthy lives for all family members. Food-insecure households lack consistent access to adequate food. About 22 percent of children lived in households that were food insecure at times in 2010, down from 23 percent in 2009.⁸ About 1.3 percent of children lived in households with very low food security⁹ among children at times in 2010, unchanged from 2009.

The prevalence of food insecurity varied by household income in 2010. Among children living in households with incomes below the poverty threshold, 44 percent were in food-insecure households. About 32 percent of children with household incomes between 100 and 199 percent of the poverty threshold were in food-insecure households, and 9 percent of children with household incomes at or above 200 percent of the poverty line lived in food-insecure households.

⁸ 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. See Nord, M. (2009). *Food insecurity in households with children: Prevalence, severity, and household characteristics* (Economic Information Bulletin No. 56). Washington, DC: U.S. Department of Agriculture, Economic Research Service. Retrieved from <http://www.ers.usda.gov/Publications/EIB56/>.

⁹ In households 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.

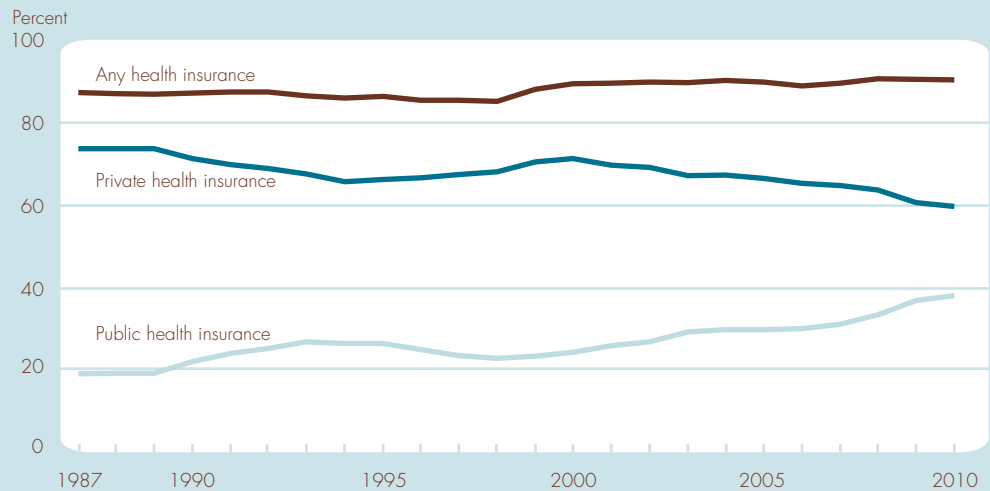


Health Care

Health care includes the prevention, treatment, and management of illness and the promotion of emotional, behavioral, and physical well-being. Effective health care is an important aspect of achieving good health outcomes. Health insurance status and usual source of health care affect whether care is received and the type of care provided. The receipt of immunization and dental visits characterize care utilization.

Children with health insurance, whether public or private, are more likely than children without insurance to have regular access to health care. In 2010, 90 percent of children had health insurance coverage at least some time during the year,¹⁰ not statistically different from 2009 (Figure 6). The number of children without coverage at least some time during the year was 7.3 million (10 percent of all children). The percentage of children who were covered by public health insurance at least some time during the year increased from 37 percent in 2009 to 38 percent in 2010. The percentage of children covered by private health insurance at least some time during the year in 2010 was 60 percent, down from 61 percent in 2009.

Figure 6 Percentage of children ages 0–17 covered by health insurance at some time during the year by type of health insurance, 1987–2010



NOTE: Children are considered to be covered by health insurance if they had public or private coverage any time during the year. Public health insurance for children consists primarily of Medicaid, but also includes Medicare, Children's Health Insurance Programs (CHIP), and 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. The data from 1996 to 2009 have been revised since initially published. For more information, see user note at: <http://www.census.gov/hhes/www/hlthins/data/revhlth/usernote.html>.

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

Having a usual source of care—a particular person or place a child goes to for sick and preventive care—allows access to the timely and appropriate use of pediatric services.^{11,12} In 2010, 5 percent of children ages 0–17 had no usual source of health care; this was no different from the percentage in 2009. Children who were uninsured were about 4 times as likely as those with health insurance not to have a usual source of care in 2010 (29 percent compared with about 7 percent).

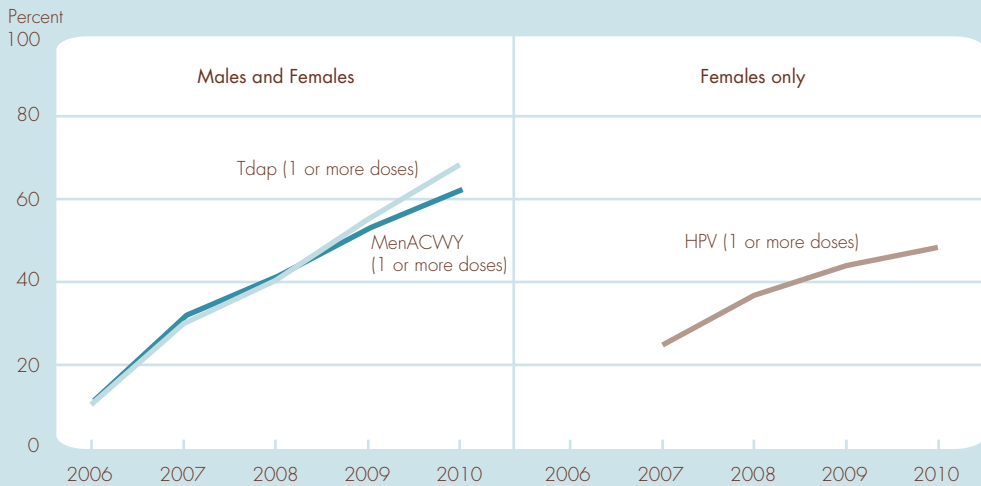
¹⁰ Children are considered to be covered by health insurance if they had public or private coverage at any time during the year. Some children are covered by both types of insurance; hence, the sum of public and private is greater than the total.

¹¹ 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.

¹² Folton, G.L. (1995). Critical issues in urban emergency medical services for children. *Pediatrics, 96*(2), 174–179.

Vaccination coverage rates measure the extent to which children and adolescents are being protected from vaccine-preventable diseases. A single dose of the tetanus, diphtheria, pertussis (Tdap) vaccine is recommended at age 11 or 12. Vaccination coverage with 1 dose (or more) of the Tdap vaccine for ages 13–17 increased from 11 percent in 2006 to 69 percent in 2010 (Figure 7). The meningococcal conjugate (MenACWY) vaccine prevents a serious bacterial illness and is a leading cause of meningitis. Two doses are recommended for adolescents: the first at age 11 or 12 and a second at age 16. Coverage with 1 dose (or more) of the MenACWY vaccine increased from 12 percent in 2006 to 63 percent in 2010. The human papillomavirus (HPV) vaccine protects against the most common sexually transmitted virus, which can cause cervical cancer in women. Three doses of the HPV vaccine have been routinely recommended for adolescent females ages 11–12. The percentage of adolescent females ages 13–17 initiating the HPV series with 1 dose or more increased from 25 percent in 2007 to 49 percent in 2010, and for those receiving 3 doses or more of the HPV series increased from 18 percent in 2008 to 32 percent in 2010.

Figure 7 Percentage of adolescents ages 13–17 with the routinely recommended-for-age vaccinations, 2006–2010



NOTE: Data collection for 2006 and 2007 only included the fourth quarter. Human papillomavirus (HPV) coverage level indicates females initiating the 3-dose series. Routinely recommended vaccines for administration beginning at ages 11–12 include tetanus-diphtheria-acellular pertussis (Tdap) and meningococcal conjugate (MenACWY) vaccines (both one dose), and HPV vaccine (3 doses) for females only. The recommended immunization schedule for adolescents is available at <http://198.246.98.21/vaccines/recs/schedules/child-schedule.htm#printable>.

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

Good oral health requires both self-care and professional care. In 2010, 85 percent of children ages 5–17 had a dental visit in the past year, unchanged from 2009. Among children ages 5–17 in poverty, 79 percent had a dental visit in the past year, compared with 90 percent of children ages 5–17 with family incomes 200 percent or more of the poverty level. Fifty-six percent of uninsured children ages 5–17 had a dental visit in the past year, compared with 85 percent of children ages 5–17 with public and 90 percent with private health insurance. In 2010, children ages 2–4 were less likely to have had a dental visit in the past year (52 percent) than children ages 5–17 (85 percent).



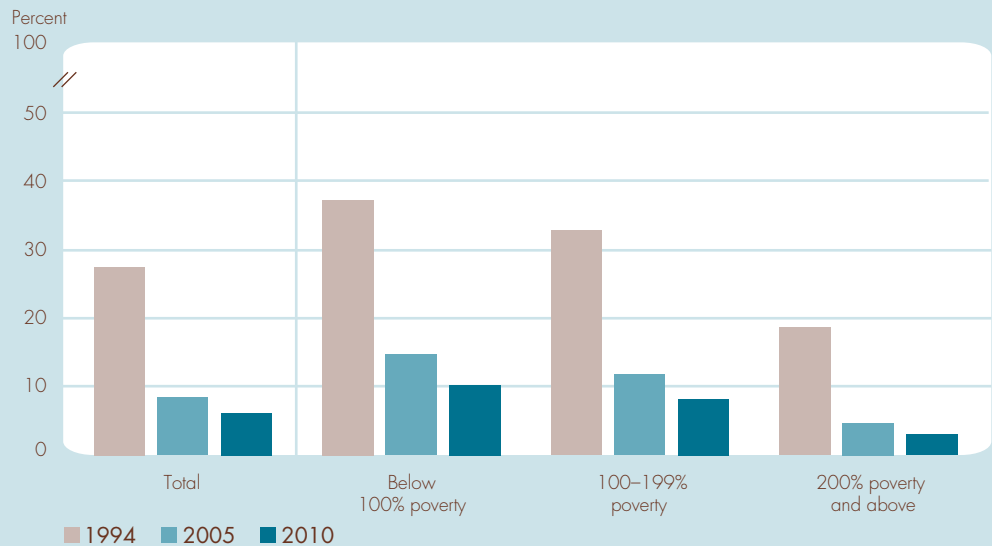
Physical Environment and Safety

The physical environment in which children develop should be healthy and safe from hazardous conditions. Indicators of environmental quality include exposure to outdoor and indoor air pollutants and surfaces contaminated with lead. The safety of children's environments is also measured by housing problems and violent crime victimization.

Outdoor air pollutants, such as ozone, nitrogen dioxide, sulfur dioxide, and particulate matter, can cause respiratory problems and aggravate asthma in children.^{13,14,15,16} In 2010, 67 percent of children ages 0–17 lived in counties with pollutant concentrations above the levels of one or more current air quality standards, up from 59 percent in 2009, but down from 77 percent in 2003.

Exposure to secondhand smoke increases the probability of lower respiratory tract infections, asthma, and sudden infant death syndrome (SIDS).¹⁷ Since 2005, the percentage of children ages 0–6 living in a home where someone smoked regularly declined in all racial and income groups, while the disparities among racial and income groups remain unchanged. In 2010, 10 percent of children ages 0–6 living in poverty lived in a home where someone smoked regularly, down from 15 percent in 2005 and 37 percent in 1994 (Figure 8).

Figure 8 Percentage of children ages 0–6 living in homes where someone smoked regularly by poverty status, 1994, 2005, and 2010



NOTE: A home where someone smoked regularly is defined as one in which smoking by a resident occurred 4 or more days per week.

SOURCE: National Center for Health Statistics, National Health Interview Survey.

The Centers for Disease Control and Prevention (CDC) states that “no level of lead in a child’s blood can be specified as safe.”¹⁸ On average, children’s IQ scores decrease by 6 points as blood lead levels increase from 0 to 10 micrograms per deciliter ($\mu\text{g}/\text{dL}$).^{19,20} The estimate

¹³ U.S. EPA. *Air Quality Criteria for Ozone and Related Photochemical Oxidants* (Final Report). U.S. Environmental Protection Agency, Washington, DC, EPA/600/R-05/004aF-cF, 2006.

¹⁴ U.S. EPA. *Integrated Science Assessment for Oxides of Nitrogen—Health Criteria* (Final Report). U.S. Environmental Protection Agency, Washington, DC, EPA/600/R-08/071, 2008.

¹⁵ U.S. EPA. *Integrated Science Assessment (ISA) for Sulfur Oxides—Health Criteria* (Final Report). U.S. Environmental Protection Agency, Washington, DC, EPA/600/R-08/047F, 2008.

¹⁶ U.S. EPA. *Integrated Science Assessment for Particulate Matter* (Final Report). U.S. Environmental Protection Agency, Washington, DC, EPA/600/R-08/139F, 2009.

¹⁷ 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. Retrieved from <http://www.surgeongeneral.gov/library/reports/secondhandsmoke/report-index.html>.

¹⁸ Centers for Disease Control and Prevention. (2005). *Preventing lead poisoning in young children*. Atlanta: CDC, available at: <http://www.cdc.gov/nceh/lead/publications/PrevLeadPoisoning.pdf>.

¹⁹ Lanphear, B.P., Hornung, R., Khoury, J., Yolton, K., Baghurst, P., Bellinger, D.C., . . . Roberts, R. (2005). Low-level environmental lead exposure and children’s intellectual function: An international pooled analysis. *Environmental Health Perspectives*, 113(7), 894–899.

²⁰ Jusko, T.A., Henderson, C.R.Jr., Lanphear, B.P., Cory-Slechta, D.A., Parsons, P.J., and Canfield, R.L. (2008). Blood lead concentrations < 10 $\mu\text{g}/\text{dL}$ and child intelligence at 6 years of age. *Environmental Health Perspectives*, 116(2), 243–248.

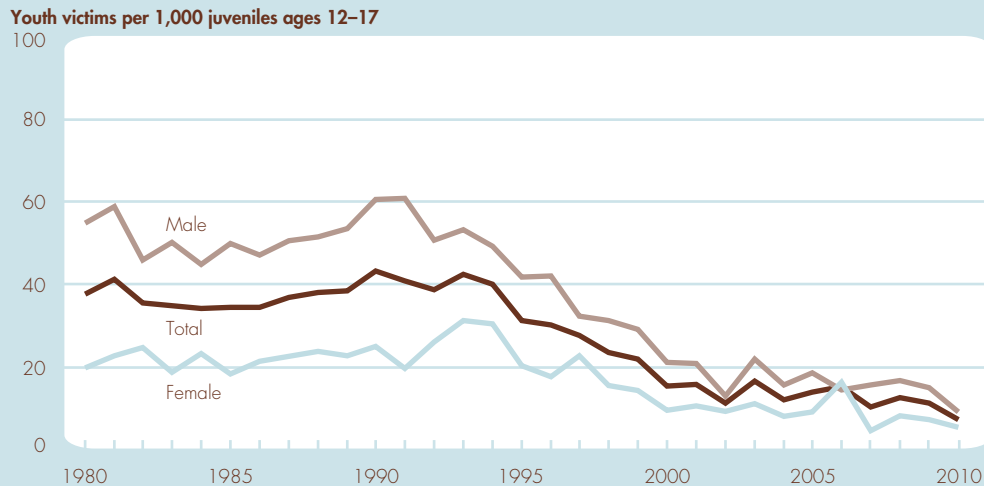
for 2007–2010 of children with levels greater than 10µg/dL is a low percentage and the available sample is too small to provide a statistically reliable estimate, as in 2003–2006. For 2007–2010, 3 percent of children had a blood lead level at or above 5 µg/dL, and 13 percent had levels at or above 2.5 µg/dL; the corresponding percentages in 2003–2006 were 4 percent and 21 percent. Black, non-Hispanic children had the highest blood lead levels among all racial and ethnic groups in 2007–2010; these percentages were approximately double the percentage for all children.

Inadequate, unhealthy, crowded, or too-costly housing can pose serious problems for children’s physical, psychological, and material well-being.²¹ In 2009, 45 percent of U.S. households with children had physically inadequate housing, crowded housing, and/or a housing cost burden of more than 30 percent of household income.²² Cost burdens have driven significant increases in the overall incidence of housing problems over the long-term and especially since 2003, when 37 percent of households with children had one or more of these problems.

One measure of children’s safety is their violent crime victimization rate. In 2010, the rate at which youth were victims of serious violent crimes was 7 crimes per 1,000 juveniles ages 12–17, down from 11 per 1,000 in 2009 (Figure 9). Serious violent victimization rates of male youth declined from 15 per 1,000 males ages 12–17 in 2009 to 9 per 1,000 in 2010. Serious violent victimization rates of female youth remained relatively stable between 2009 and 2010. The rate of youth crime victimization declined sharply from the early 1990s through the early 2000s, and has declined more slowly since then.



Figure 9 Rate of serious violent crime victimization of youth ages 12–17 by gender, 1980–2010



NOTE: Serious violent crimes include aggravated assault, rape, robbery (stealing by force or threat of violence), and homicide. Homicide data were not available for 2010 at the time of publication. The number of homicides for 2009 is included in the overall total for 2010. In 2009, homicides represented about 1 percent of serious violent crime, and the total number of homicides of juveniles has been relatively stable over the last decade. 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. Due to further methodological changes in the 2006 National Crime Victimization Survey, use caution when comparing 2006 criminal victimization estimates to other years. See *Criminal Victimization, 2007*, <http://bjs.ojp.usdoj.gov/index.cfm?ty=pbdetail&iid=764>, for more information. Estimates may vary from previous publication due to updating of more recent homicide and victimization numbers.

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

In 2010, the total death rate among children ages 5–14 was 13 deaths per 100,000 children. The death rate from unintentional injury, the leading cause of deaths, was 4 per 100,000 in 2010. The rate of unintentional injury in 1980, the first year reported in *America’s Children*, was 15 per 100,000 children ages 5–14.

²¹ Breyse, P., Farr, N., Galke, W., Lanphear, B., Morley, R., Bergofsky, L. (2004). The relationship between housing and health: Children at risk. *Environmental Health Perspectives*, 112(15), 1583–1588. Krieger, J., and Higgins, D.L. (2002). Housing and health: Time again for public health action. *American Journal of Public Health* 92(5), 758–68.

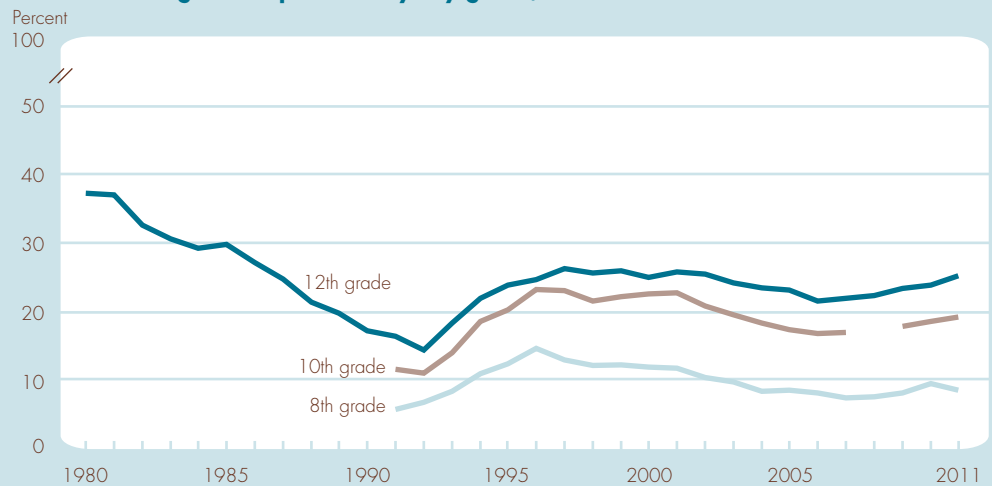
²² Paying 30 percent or more of income for housing may leave insufficient resources for other basic needs. See Panel on Poverty and Family Assistance, National Research Council. (1995). *Measuring poverty: A new approach*. Washington, DC: National Academy Press. Retrieved from <http://www.census.gov/hhes/www/povmeas/toc.html>.

Behavior

Participation in high-risk or illicit behaviors can have immediate and long-term negative effects on the overall development and well-being of youth, their families, and our society. These behaviors include using illicit drugs, smoking cigarettes, drinking alcohol, engaging in sexual activity, and participating in violent crimes.

Illicit drug use is a risk-taking behavior that has potentially serious negative consequences. Commonly abused drugs include “street” drugs such as marijuana and cocaine as well as the non-medical use of prescription drugs such as pain relievers and stimulants. Recent illicit drug use among youth remained unchanged from 2010 to 2011. In 2011, 9 percent of 8th-graders, 19 percent of 10th-graders, and 25 percent of 12th-graders reported current illicit drug use, that is, use in the past 30 days (Figure 10). Among high school seniors, current non-medical use of prescription pain relievers has remained steady for the past 5 years, with 3.6 percent of high school seniors reporting use in 2011.²³

Figure 10 Percentage of 8th-, 10th-, and 12th-grade students who reported using illicit drugs in the past 30 days by grade, 1980–2011



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 responses). Data for 10th-graders for 2008 are not included because estimates are considered to be unreliable due to sampling error. See <http://www.monitoringthefuture.org/data/09data.html#2009data-drugs>.

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

Smoking has serious long-term consequences, including the risk of smoking-related diseases and premature death. Each day in the United States, approximately 3,276 young people between the ages of 12–17 smoke their first cigarette, and an estimated 775 youth become daily cigarette smokers.²⁴ Nevertheless, the percentages of adolescents who smoke regularly have reached their lowest levels since monitoring began. In 2011, about 2 percent of 8th-graders reported smoking cigarettes daily, a decline from the peak in 1996, when over 10 percent of 8th-graders reported daily cigarette smoking. Similarly, declines in daily smoking were reported for 10th-graders—6 percent in 2011, down from a peak of 18 percent in 1996; and for 12th-graders—10 percent, down from a peak of 25 percent in 1997.

²³ Johnston, L.D., O’Malley, P.M., Bachman, J.G., and Schulenberg, J.E. (2012). *Monitoring the Future national results on adolescent drug use: Overview of key findings, 2011*. Ann Arbor: Institute for Social Research, The University of Michigan, pp. 78.

²⁴ Substance Abuse and Mental Health Services Administration. Results from the 2010 National Survey on Drug Use and Health: Detailed Tables.

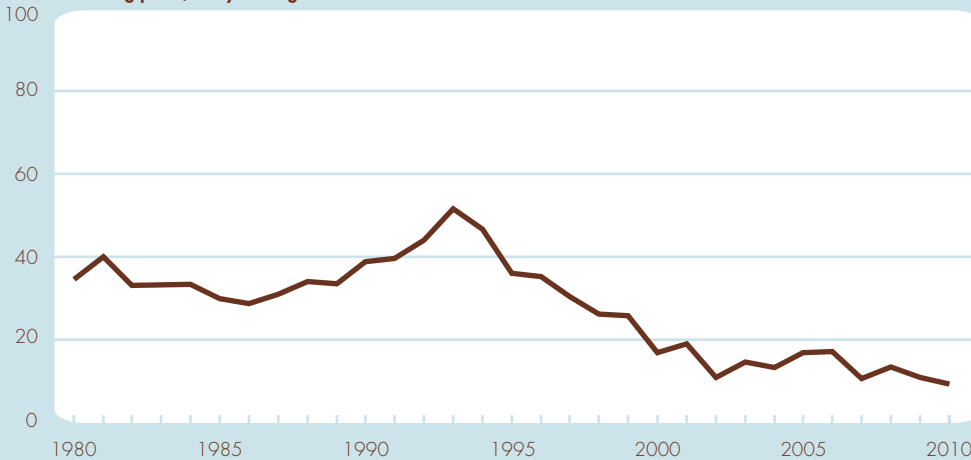
Alcohol use by adolescents can also have severe consequences; it is associated with problems in school, fighting, crime, motor vehicle accidents, injuries, and deaths.²⁵ Early onset of heavy drinking, defined here as 5 or more alcoholic beverages in a row or during a single occasion in the previous 2 weeks, may be especially problematic, potentially increasing the likelihood of these negative outcomes. Between 2006 and 2011, heavy drinking declined from 9 percent to 6 percent among 8th-graders, from 20 percent to 15 percent among 10th-graders, and from 25 percent to 22 percent among 12th-graders.

Early sexual activity is associated with emotional²⁶ and physical health risks. Youth who engage in sexual activity are at risk of contracting sexually transmitted infections (STIs) and becoming pregnant. In 2009, 46 percent of high school students reported ever having had sexual intercourse, a decline from 54 percent in 1991, the first year of the survey. Also, in 2009, among those who had sexual intercourse during the past 3 months, 61 percent reported use of a condom during the last sexual intercourse, and 20 percent reported the use of birth control pills to prevent pregnancy before the last sexual intercourse.

One measure of youth violence in society is the rate of serious violent crimes committed by youth perpetrators. In 2010, the serious violent crime offending rate was 9 crimes per 1,000 juveniles ages 12–17, totaling 231,000 such crimes involving juveniles (Figure 11). The percentage of all serious violent crimes which involved youth offenders has ranged from 16 percent in 2002 to 26 percent in 1993, the peak year for youth violence. In 2010, 18 percent of all such victimizations reportedly involved a juvenile offender.

Figure 11 Rate of serious violent crimes by youth perpetrators ages 12–17, 1980–2010

Youth offending per 1,000 youth 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 (NCVS) 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. Homicide data were not available for 2010 at the time of publication. The number of homicides for 2009 is included in the overall total for 2010. In 2009, homicides represented about 1 percent of serious violent crime, and the total number of homicides by juveniles has been relatively stable over the last decade. 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. Due to further methodological changes in the 2006 NCVS, use caution when comparing 2006 criminal perpetration estimates to those for other years. See *Criminal Victimization, 2007*, <http://bjs.ojp.usdoj.gov/index.cfm?ty=pbdetail&iid=764>, for more information. Estimates may vary from previous publications due to updating of more recent homicide numbers.

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

²⁵ National Institute on Alcohol Abuse and Alcoholism. (2004/2005). Alcohol and development in youth—A multidisciplinary overview. *Alcohol Research & Health*, 28(3), 107–176. Retrieved from <http://pubs.niaaa.nih.gov/publications/arh283/toc28-3.htm>.

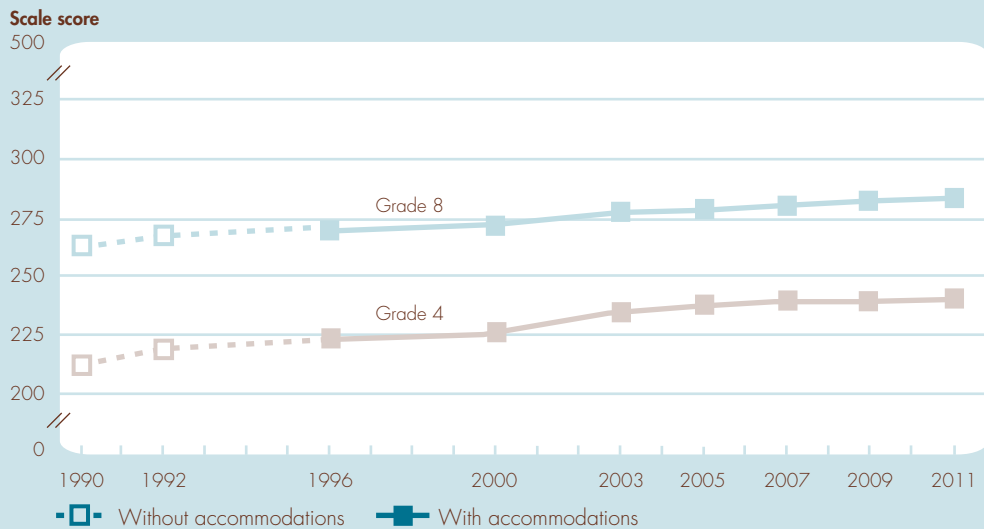
²⁶ Meier, A.M. (2007). Adolescent first sex and subsequent mental health. *American Journal of Sociology* 112(6), 1811–1847.

Education

Education shapes the personal development and prospects of our children, as well as the economic and social progress of our Nation. Aspects of academic performance, such as mastering coursework, completing high school, and enrolling in college, provide opportunities for higher levels of education and greater success in the workforce. Youth neither enrolled in school nor working are at risk of limiting their life chances at a critical stage.

The National Assessment of Educational Progress (NAEP) measures national trends in student academic performance in mathematics, reading, and other subjects. The average 4th-grade NAEP mathematics score in 2011 was higher than the scores in both 1990 and 2009 (Figure 12). The average 8th-grade mathematics score in 2011 was higher than the score in all previous assessment years and 1 point higher than the score in 2009. The average NAEP reading score at grade 4 (also on a scale of 0–500) increased from 217 to 221 between 1992 and 2011, but was unchanged from the score in 2009. At grade 8, the 2011 average reading score (265) was higher than the scores in both 1992 (260), when the data were first collected, and 2009 (264).

Figure 12 Average mathematics scale scores for students in grades 4 and 8, selected years 1990–2011



NOTE: Data are available for 1990, 1992, 1996, 2000, 2003, 2005, 2007, 2009, and 2011. 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.

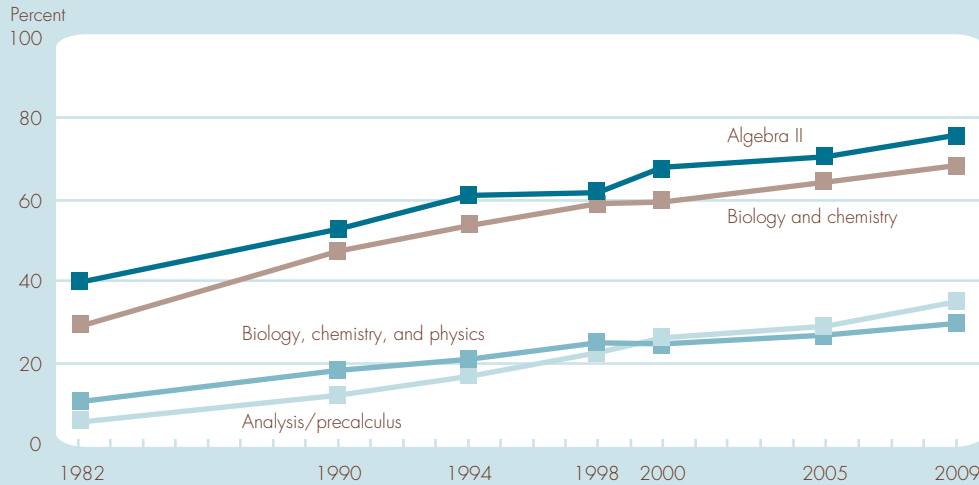
SOURCE: U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress.

The percentages of high school graduates completing mathematics, science, and foreign language coursework in high school²⁷ have increased over time. Regarding mathematics, the percentages of graduates who had completed algebra II and analysis/precalculus increased between 1982 and 2009 (Figure 13). For science, there were increases during this period in the percentages of graduates who had taken courses in both biology and chemistry as well as those who had taken courses in biology, chemistry, and physics. Increases in the percentages of graduates who had taken other mathematics and science courses were also observed between 1982 and 2009. The percentage who had taken calculus, for example, rose from 5 percent to 16 percent during this period. Additionally, between 1982 and 2009, there were

²⁷ Data reflect only the percentage of graduates who earned credit in each course while in high school (grades 9–12).

increases in the percentages of graduates who had completed coursework in biology (77 percent vs. 96 percent), chemistry (32 percent vs. 70 percent), and physics (15 percent vs. 36 percent). Foreign language coursetaking also became more prevalent between 1982 and 2009, with an increase from 54 percent to 86 percent in the percentage of high school graduates who had taken a foreign language.

Figure 13 Percentage of high school graduates who had completed selected mathematics and science courses or course combinations, selected years 1982–2009



NOTE: Data reflect only the percentage of graduates who earned credit for each course while in high school and do not count those graduates who took these courses prior to entering high school. "Algebra II" includes courses where trigonometry or geometry has been combined with algebra II. The percentage for "biology and chemistry" indicates the percentage of graduates who had completed at least one credit each in a biology and a chemistry course. Similarly, the percentage for "biology, chemistry, and physics" indicates the percentage of graduates who had completed at least one credit each in a biology, a chemistry, and a physics course.

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

In 2010, 68 percent of high school completers²⁸ enrolled in a 2-year or 4-year college immediately after completing high school, up from 49 percent in 1980. Between 1980 and 2010, the immediate college enrollment rate increased from 50 percent to 70 percent for White, non-Hispanics and from 44 percent to 66 percent for Black, non-Hispanics.^{29,30} Among Hispanics, the immediate college enrollment rate increased from 47 percent in 1999 to 60 percent in 2010.

Detachment of youth from school and employment, activities that typically occupy teenagers, increases their risk of having lower earnings and a less stable employment history than their peers who pursued these activities.³¹ In an average week during the 2011 school year, 8 percent of youth ages 16–19 were neither enrolled in school nor working. Black, non-Hispanic youth and Hispanic youth were more likely than White, non-Hispanic youth to be neither enrolled in school nor working (11 percent each compared with 7 percent). Youth ages 18–19 were almost five times as likely as youth ages 16–17 to be detached from school and work activities (14 percent compared with 3 percent).

²⁸ Refers to those who completed 12 years of school for 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.

²⁹ Among Blacks and Hispanics, estimates of immediate college enrollment rates have fluctuated over time, very likely due to small sample sizes. For this reason, 3-year moving averages are used to measure the trends.

³⁰ 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. Hispanic children may be of any race.

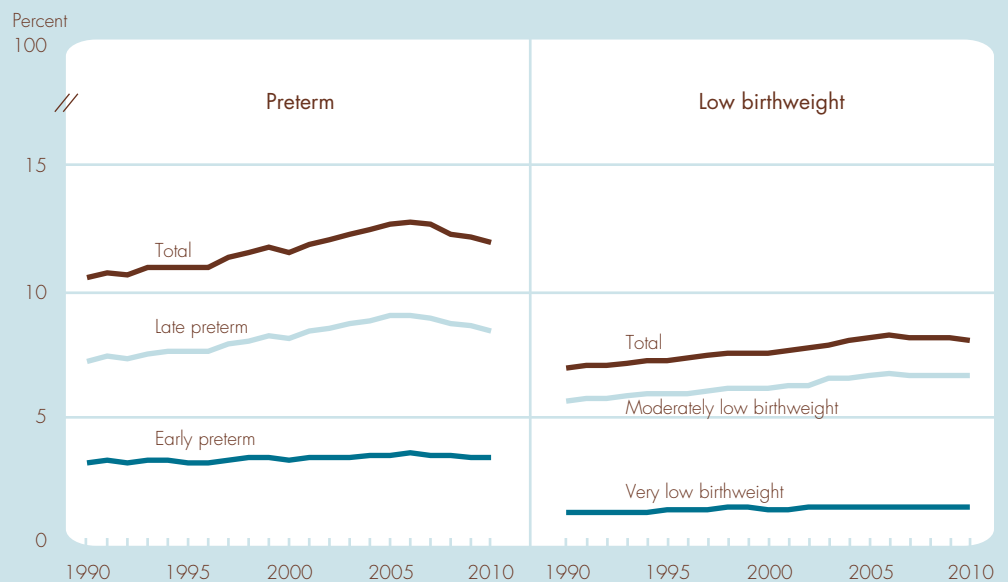
³¹ Fernandes, A., and Gabe, T. (2009). *Disconnected youth: A look at 16- to 24-year-olds who are not working or in school*. (CRS Report No. R40535). Retrieved from Congressional Research Service Web site: <http://www.fas.org/sgp/crs/misc/R40535.pdf>.

Health

Children's health is influenced by their biology, social and physical environment, behavior, and the availability of services. Birth outcomes (preterm birth, low birth weight, and infant mortality) are influenced by a variety of factors, including prenatal care, and affect a child's long-term health and development. Several health conditions among school-aged children, including asthma, emotional and behavioral difficulties, and obesity, are of particular public health concern.

Infants born preterm or with low birthweight³² are at high risk of early death and long-term health and developmental problems.³³ Following many years of increases, the preterm birth rate declined for the fourth straight year, from 12.8 percent in 2006 to 12.0 percent in 2010 (Figure 14). Late preterm births (infants born at 34–36 weeks' gestation) accounted for most of the increase over the past two decades and for the recent declines. Between 2009 and 2010, preterm rates declined for White, non-Hispanic (10.9 percent to 10.8 percent), Black, non-Hispanic (17.5 percent to 17.1 percent), and Hispanic women (12.0 percent to 11.8 percent).³⁴ The percentage of infants born with low birthweight in 2010 (8.1 percent) was unchanged from 2009, although it declined from 2006 to 2010.

Figure 14 Percentage of infants born preterm and percentage of infants born with low birthweight, 1990–2010



NOTE: Data for 2010 are preliminary. Late preterm infants are born at 34–36 weeks of gestation; early preterm infants are born at less than 34 weeks of gestation. Moderately low birthweight infants weigh 1,500–2,499 grams at birth; very low birthweight infants weigh less than 1,500 grams at birth.

SOURCE: National Center for Health Statistics, National Vital Statistics System.

The infant mortality rate declined each year from 2007 to 2010. Between 2009 and 2010 the rate declined from 6.4 to 6.1 infant deaths per 1,000 live births.

Asthma is one of the most common chronic diseases among children. In 2010, 9 percent of all children were reported to currently have asthma, which includes children with active asthma symptoms and children with well-controlled asthma. This percentage has increased slightly from 2001 to 2010.

³² Preterm births are births less than 37 weeks gestation. Low birthweight infants weigh less than 2,500 grams, or 5 lbs. 8 oz. at birth.

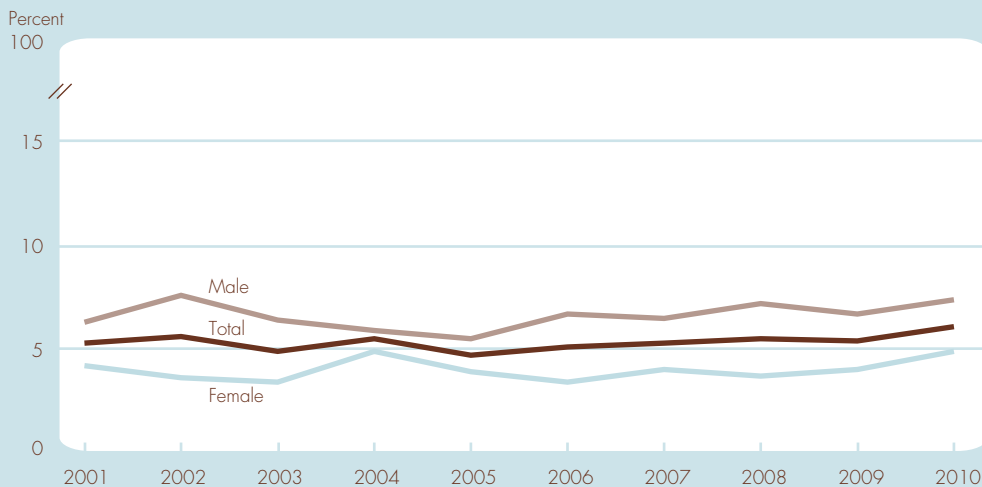
³³ Institute of Medicine, Committee on Understanding Premature Birth and Assuring Healthy Outcomes and Board on Health Sciences Policy. (2005). *Preterm birth: Causes, consequences, and prevention*. R.E. Behrman and A.S. Butler. (Eds). Washington, DC: The National Academies Press. Retrieved from <http://www.iom.edu/Reports/2006/Preterm-Birth-Causes-Consequences-and-Prevention.aspx>.

³⁴ Race refers to mother's race.

Children with active asthma symptoms are at risk for poorer health outcomes. Over the past decade, between 5 and 6 percent of all children (or 3 out of 5 children who currently have asthma) had one or more asthma attacks in the previous 12 months.

Good emotional and behavioral health is important for children's sense of well-being, their relationships with family and peers, and achieving their potential. In 2010, 6 percent of parents reported that their child had serious difficulties with emotions, concentration, behavior, or being able to get along with other people (Figure 15). The percentage for boys (7 percent) was higher than that for girls (5 percent); the percentage for children in poverty (10 percent) was twice that for children from families with incomes of 200 percent or more of the poverty threshold (5 percent); and the percentage for children from single-mother families (10 percent) was more than twice that of children from two-parent families (4 percent).

Figure 15 Percentage of children ages 4–17 reported by a parent to have serious emotional or behavioral difficulties by gender, 2001–2010



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):³⁵ “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: National Center for Health Statistics, National Health Interview Survey.

Although the prevalence of obesity among children ages 6–17 increased sharply from 1976–1980 to 1999–2000, there was no significant change between 2001–2002 and 2009–2010. In 2009–2010, 18 percent of children ages 6–17 were obese, not statistically different from 2007–2008. In 2009–2010, Mexican American and Black, non-Hispanic children were more likely to be obese than White, non-Hispanic children.

Poor diet quality is a major factor in the high rate of obesity among children. In 2007–2008, on average, the diets of children ages 2–17 were too high in saturated fat and sodium, had too many calories from solid fats and added sugars, and were lacking in vegetables, fruits, and whole grains; they were adequate in total grains. Federal diet quality standards for total fruit, whole fruit, and milk were met or exceeded only for children ages 2–5.³⁶

³⁵ Goodman, R. (1999). The extended version of the Strengths and Difficulties Questionnaire as a guide to child psychiatric caseness and consequent burden. *Journal of Child Psychology and Psychiatry*, 40, 791–799.

³⁶ The Healthy Eating Index-2005 measures how well diets meet the 2005 Dietary Guidelines for Americans. Guenther, P.M., Reedy, J., and Krebs-Smith, S.M. (2008). Development of the Healthy Eating Index-2005. *Journal of the American Dietetic Association*, 108(11), 1896–1901.

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	74.1 million (2010)	73.9 million (2011)	↓
Children as a percentage of the population*			
Children ages 0–17 in the United States	24.0% (2010)	23.7% (2011)	↓
Racial and ethnic composition*			
Children ages 0–17 by race and Hispanic origin			
White, non-Hispanic	53.6% (2010)	53.2% (2011)	↓
Black, non-Hispanic	14.1% (2010)	14.0% (2011)	↓
American Indian or Alaska Native, non-Hispanic	0.9% (2010)	0.9% (2011)	NS
Asian, non-Hispanic	4.4% (2010)	4.4% (2011)	NS
Native Hawaiian or Other Pacific Islander, non-Hispanic	0.2% (2010)	0.2% (2011)	NS
Two or more races, non-Hispanic	3.7% (2010)	3.8% (2011)	↑
Hispanic	23.2% (2010)	23.6% (2011)	↑
Family and Social Environment			
Family structure and children's living arrangements			
Children ages 0–17 living with two married parents	66% (2010)	65% (2011)	NS
Births to unmarried women			
Births to unmarried women ages 15–44	50 per 1,000 (2009)	48 per 1,000 (2010)	↓
Births that are to unmarried women among all births	41.0% (2009)	40.8% (2010)	↓
Child care			
Children ages 0–4, with employed mothers, whose primary child care arrangement is with a relative	48% (2005)	48% (2010)	NS
Children, ages 3–6, not yet in kindergarten, who were in center-based care arrangements	57% (2005)	55% (2007)	NS
Children of at least one foreign-born parent			
Children ages 0–17 living with at least one foreign-born parent	23% (2010)	23% (2011)	NS
Language spoken at home and difficulty speaking English			
Children ages 5–17 who speak a language other than English at home	21% (2009)	22% (2010)	↑
Children ages 5–17 who speak a language other than English at home and who have difficulty speaking English	5% (2009)	5% (2010)	NS
Adolescent births			
Births to females ages 15–17	20 per 1,000 (2009)	17 per 1,000 (2010)	↓
Child maltreatment**			
Substantiated reports of maltreatment of children ages 0–17	10.1 per 1,000 (2009)	10.0 per 1,000 (2010)	↓

* Population estimates are not sample derived and are 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.

** Population estimates are not sample derived and thus not subject to statistical testing. Change between years identifies a difference in the proportionate size of these estimates.

Legend

NS = No statistically significant change ↑ = Statistically significant increase ↓ = Statistically significant decrease

	Previous Value (Year)	Most Recent Value (Year)	Change Between Years
Economic Circumstances			
Child poverty and family income			
Children ages 0–17 in poverty	21% (2009)	22% (2010)	↑
Secure parental employment			
Children ages 0–17 living with at least one parent employed year round, full time	72% (2009)	71% (2010)	↓
Food insecurity			
Children ages 0–17 in households classified by USDA as “food insecure”	23% (2009)	22% (2010)	↓
Health Care			
Health insurance coverage			
Children ages 0–17 covered by health insurance at some time during the year	90% (2009)	90% (2010)	NS
Usual source of health care			
Children ages 0–17 with no usual source of health care	6% (2009)	5% (2010)	NS
Immunization			
Children ages 19–35 months with the 4:3:1:3:3:1 combined series	70% (2009)	75%* (2010)	↑
Oral health			
Children ages 5–17 with a dental visit in the past year	84% (2009)	85% (2010)	NS
Physical Environment and Safety			
Outdoor air quality			
Children ages 0–17 living in counties with pollutant concentrations above the levels of the current air quality standards	59% (2009)	67% (2010)	↑
Environmental tobacco smoke			
Children ages 4–11 with any detectable blood cotinine level, a measure for recent exposure to secondhand smoke	53% (2007–08)	42% (2009–10)	↓
Drinking water quality			
Children served by community water systems that did not meet all applicable health-based drinking water standards	7% (2009)	7% (2010)	NS
Lead in the blood of children			
Children ages 1–5 with blood lead greater than or equal to 10 µg/dL	0.9%** (2003–2006)	*** (2007–2010)	NC
Children ages 1–5 with blood lead greater than or equal to 5 µg/dL	4% (2003–2006)	3% (2007–2010)	NS
Housing problems			
Households with children ages 0–17 reporting shelter cost burden, crowding, and/or physically inadequate housing	43% (2007)	45% (2009)	↑
Youth victims of serious violent crimes			
Serious violent crime victimization of youth ages 12–17	11 per 1,000 (2009)	7 per 1,000 (2010)	↓
Child injury and mortality			
Injury deaths of children ages 1–4	12 per 100,000 (2008)	12 per 100,000 (2009)	NS

* Coverage with the full Hib vaccine series increased in 2010, suggesting that children received a booster as supplies became adequate starting in July 2009.

** Estimate is considered unstable (relative standard error is greater than 30 percent but less than 40 percent of the estimate).

*** Percentage not shown. Estimate is considered unreliable (relative standard error is greater than 40 percent of the estimate).

Legend

NC = Not calculated

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
Physical Environment and Safety—continued			
Child injury and mortality—continued			
Injury deaths of children ages 5–14	6.1 per 100,000 (2008)	5.7 per 100,000 (2009)	↓
Adolescent injury and mortality			
Injury deaths of adolescents ages 15–19	42 per 100,000 (2008)	39 per 100,000 (2009)	↓
Behavior			
Regular cigarette smoking			
Students who reported smoking daily in the past 30 days			
8th grade	3% (2010)	2% (2011)	NS
10th grade	7% (2010)	6% (2011)	NS
12th grade	11% (2010)	10% (2011)	NS
Alcohol use			
Students who reported having 5 or more alcoholic beverages in a row in the past 2 weeks			
8th grade	7% (2010)	6% (2011)	NS
10th grade	16% (2010)	15% (2011)	↓
12th grade	23% (2010)	22% (2011)	NS
Illicit drug use			
Students who reported using illicit drugs in the past 30 days			
8th grade	10% (2010)	9% (2011)	NS
10th grade	19% (2010)	19% (2011)	NS
12th grade	24% (2010)	25% (2011)	NS
Sexual activity			
High school students who reported ever having had sexual intercourse	48% (2007)	46% (2009)	NS
Youth perpetrators of serious violent crimes			
Youth offenders ages 12–17 involved in serious violent crimes	11 per 1,000 (2009)	9 per 1,000 (2010)	NS
Education			
Family reading to young children			
Children ages 3–5 who were read to every day in the last week by a family member	60% (2005)	55% (2007)	↓
Mathematics and reading achievement			
Average mathematics scale score of			
4th-graders (0–500 scale)	240 (2009)	241 (2011)	↑
8th-graders (0–500 scale)	283 (2009)	284 (2011)	↑
12th-graders (0–300 scale)	150 (2005)	153 (2009)	↑
Average reading scale score of			
4th-graders (0–500 scale)	221 (2009)	221 (2011)	NS
8th-graders (0–500 scale)	264 (2009)	265 (2011)	↑

Legend

NS = No statistically significant change ↑ = Statistically significant increase ↓ = Statistically significant decrease

	Previous Value (Year)	Most Recent Value (Year)	Change Between Years
Education — continued			
Mathematics and reading achievement—continued			
Average reading scale score of 12th-graders (0–500 scale)	286 (2005)	288 (2009)	↑
High school academic coursetaking			
High school graduates who completed selected mathematics and science courses			
Algebra II	70% (2005)	76% (2009)	↑
Biology and chemistry	64% (2005)	68% (2009)	↑
Analysis/precalculus	29% (2005)	35% (2009)	↑
Biology, chemistry, and physics	27% (2005)	30% (2009)	↑
High school completion			
Young adults ages 18–24 who have completed high school	90% (2009)	90% (2010)	NS
Youth neither enrolled in school* nor working			
Youth ages 16–19 who are neither enrolled in school nor working	9% (2010)	8% (2011)	↓
College enrollment			
Recent high school completers enrolled in college the October immediately after completing high school	70% (2009)	68% (2010)	NS
Health			
Preterm birth and low birthweight			
Infants less than 37 completed weeks of gestation at birth	12.2% (2009)	12.0% (2010)	↓
Infants weighing less than 5 lb. 8 oz. at birth	8.2% (2009)	8.1% (2010)	NS
Infant mortality			
Deaths before first birthday	6.4 per 1,000 (2009)	6.1 per 1,000 (2010)	↓
Emotional and behavioral difficulties			
Children ages 4–17 reported by a parent to have serious difficulties with emotions, concentration, behavior, or getting along with other people	5% (2009)	6% (2010)	NS
Adolescent depression			
Youth ages 12–17 with past year Major Depressive Episode	8% (2009)	8% (2010)	NS
Activity limitation			
Children ages 5–17 with activity limitation resulting from one or more chronic health conditions	9% (2009)	9% (2010)	NS
Diet quality			
Average diet scores for children ages 2–17, expressed as a percentage of Federal diet quality standards	56% (2003–2004)	59% (2007–2008)	NS
Obesity			
Children ages 6–17 who are obese	19% (2007–2008)	18% (2009–2010)	NS
Asthma			
Children ages 0–17 who currently have asthma	9.6% (2009)	9.4% (2010)	NS

* School refers to high school and college.

Legend

NS = No statistically significant change ↑ = Statistically significant increase ↓ = Statistically significant decrease

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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

Office of the Deputy Assistant Secretary of Defense for Military Community and Family Policy
<http://prhome.defense.gov/RFM/MCFP/>

Department of Education

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>

Eunice Kennedy Shriver National Institute of Child Health and Human Development
<http://www.nichd.nih.gov>

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

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

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

Office of Adolescent Health
<http://www.hhs.gov/ash/oah>

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://bjs.ojp.usdoj.gov>

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

Office of Juvenile Justice and Delinquency Prevention
<http://www.ojjdp.gov>

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 Children's Health Protection
<http://www.epa.gov/children/>

Office of Management and Budget

Statistical and Science Policy Office
http://www.whitehouse.gov/omb/inforeg_statpolicy