Federal Interagency Forum on Child and Family Statistics 1997

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

Forum on Child and Family Statistics

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The Federal Interagency Forum on Child and Family Statistics was founded in 1994 and formally established by Executive Order in April 1997, to foster the coordination and collaboration of the collection and reporting of Federal data on children and families. Members of the Forum as of Spring 1997 are listed below.

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Foreword

Many Federal agencies collect and report data on the Nation's most valuable resource: children. Yet policy makers and the general public sometimes have found it difficult to obtain an overview of how children are faring. And while the Government has published occasional reports on various aspects of children's lives, it has never truly coordinated agency efforts to provide the American people with a periodic, easy-to-understand portrait of the well-being of our Nation's children.

President Clinton's recent Executive Order no. 13045 changes all that. The Executive Order requires the Interagency Forum on Child and Family Statistics, a body created to foster greater coordination among Federal agencies that produce data about children, to furnish an annual report—this report—on the most important indicators of the well-being of the Nation's children.

This report does more than provide, in an accessible format, key indicators of children's well-being. It also presents a challenge to Federal statistical agencies. Although the Government collects a large amount of information on children, it still misses many important aspects of their lives. By displaying what the Government knows, and what it doesn't know, this report will continually challenge Federal statistical agencies to do better.

The agencies participating in the Forum should be congratulated on the effort that went into creating this report. By working together more efficiently, by overcoming differences in methods and style, and by providing crucial information for better decision making, they have joined together to give the American people a valuable tool for tracking the condition of children and for making policy decisions that will affect them. I am very proud both of the agencies' dedication to this initiative and of the product of their efforts. I hope that you, too, will find this report a useful contribution to your work.

Katherine K. Wallman
Chief Statistician
Office of Management and Budget

Acknowledgments

This report reflects the commitment and involvement of the members of the Federal Interagency Forum on Child and Family Statistics. It was prepared by the Writing Subcommittee of the Reporting Committee of the Forum. Laura Lippman, National Center for Education Statistics, chaired the committee, and its members included: Dawn Aldridge, Department of Agriculture; Ken Bryson, Bureau of the Census; Howard Hayghe, Bureau of Labor Statistics; David Johnson, Bureau of Labor Statistics; John Kiely, National Center for Health Statistics; Laura Montgomery, National Center for Health Statistics; Kathryn Nelson, Department of Housing and Urban Development; and Gloria Simpson, National Center for Health Statistics.

Many other staff members of the agencies participating in the Forum provided data, developed indicators, or wrote parts of the report. They include: Barbara Allen-Hagen and Michael Rand, Department of Justice; Bruce Klein, Gary Bickel, Shanthy Bowman, and Mary Hama, Department of Agriculture; Robin Cohen, Lois Fingerhut, Virginia Freid, Rebecca Placek, Kenneth Schoendorf, Kathryn Silbersiepe, Stephanie Ventura, National Center for Health Statistics; Dee Ann Wright, Edith McArthur, and Tom Snyder, National Center for Education Statistics; Kathleen Short, Bureau of the Census; and Matt Stagner and Susan Orr, Health and Human Services.

Child Trends, Inc. assisted the committee in producing the report. Brett Brown oversaw the compilation, tabulation, and presentation of data, and also provided the committee with expert advice; Carol Emig wrote and edited major portions of the report. Fanette Jones and Mary Carla Butler produced tables, figures, and text. Gretchen Kirby and Michelle Harper provided research support. Kristin Moore reviewed drafts of the report. Sara Davison of the Education Statistics Services Institute in support of NCES assisted the committee. Andrea Sedlak of Westat, Inc. provided data from the Third National Incidence Study of Child Abuse and Neglect.

The following staff members made valuable contributions in their reviews of the report: Lois Fingerhut, Virginia Freid, John Kiely, Jennifer Madans, Diane Makuc, Laura Montgomery, Kathryn Silbersiepe, Robert A. Wright, Gloria Simpson, National Center for Health Statistics; Nabeel Alsalam, Kathryn Chandler, Mary Frase, Arnold Goldstein, Steven Gorman, Laura Lippman, Edith McArthur, Marilyn McMillen, John Ralph, Thomas Smith, Tom Snyder, Jerry West, Dee Ann Wright, National Center for Education Statistics; Eugene Becker, Connie Dicesare, Howard Hayghe, David Johnson, Deborah Klein, Robert McIntire, Bureau of Labor Statistics; Ken Bryson, Bob Kominski, Kathleen Short, Eleanor Baugher, Robert Bennefield, Lynne Casper, Jennifer Day, Rick Denby, Stephen Heacock, Fred Hollmann, Chuck Nelson, Martin O'Connell, Linda Showalter, Greg Spencer, Ed Welniak, Bureau of the Census; Susan Orr, National Center for Child Abuse and Neglect; Jeff Evans, National Institute of Child Health and Human Development; Woodie Kessel, Michele Kiely, Stella Yu, Maternal and Child Health Bureau; Linda Gordon, Immigration and Naturalization Service; Carolyn Shettle, National Science Foundation; Don Hernandez, National Academy of Sciences; Dawn Aldridge, Bruce Klein, Mary Hama, Steven Carlson, Jay Hirschman, Cindy Long, Department of Agriculture; Kathryn Nelson, Duane McGough, Department of Housing and Urban Development; and Suzann Evinger, Office of Management and Budget.

Felicia Miller of the American Institutes for Research edited this report under the direction of Eugene Becker, Division of BLS Publishing, Bureau of Labor Statistics. Design contributions came from Margaret Jones and Irma Mayfield (graphics pages) of the same Division and Keith Tapscott, the Bureau's senior graphics designer, who designed the cover using the logo developed by John Jeter of the National Center for Health Statistics. The American Institutes for Research produced the final pages used for printing.

The Forum wishes to acknowledge the contribution of the historical perspective on children offered by a book with a similar title, *America's Children: Resources from Family, Government, and the Economy*, by Donald J. Hernandez. New York: Russell Sage Foundation, 1993.

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Introduction

The future of our Nation—our democracy, our economy, and our social fabric—depends upon how we now protect and nurture our children. Our ability to create a bright future for our Nation's children depends upon our having access to accurate, timely, and comprehensive information on their condition. Such information can and should guide public and private decision makers in our communities and our capitals. The Federal Government measures the condition of our economy and our environment with great frequency and in varied ways. The Nation's children deserve no less.

The Federal Government now collects data on children through many mechanisms involving many agencies. These agencies report regularly on particular aspects of children's condition: health and health care, educational achievement, economic status, family structure, and others. This scattered reporting cannot always provide the focus needed to decide which problems facing children deserve attention. It also cannot comprehensively track the Nation's progress toward its goals for children. And it cannot adequately help us hold ourselves accountable—as families, communities, and governments at all levels—for the optimal development of our most important national resource: our children.

This report is the first in a planned annual effort to monitor the well-being of the Nation's children. Developed jointly by the Federal agencies that provide data on children, it presents twenty-five key indicators of the condition of children. This unique report covers a wide range of key indicators of children's well-being which are monitored through official statistics: children's economic security, their health, their behavior and social environment, and their education. Here is a sample of the findings:

- ***Economic security.*** The percentage of children in poverty and the percentage who report not having enough to eat has declined slightly during the 1990s.
- ***Health.*** The percentage of mothers receiving early prenatal care has increased in the 1990s, as have immunization rates. Mortality rates for most ages and population groups have declined during the past two decades, though mortality rates for black male adolescents have grown during the last decade.
- ***Behavior and social environment.*** Rates of cigarette smoking, substance abuse, and violent criminal victimization of adolescents have all increased in the 1990s.
- ***Education.*** The percent of young children enrolled in preschool has increased since 1980. Mathematics proficiency rates have also increased modestly during this period. High school completion rates have increased substantially for blacks since 1980.

How the key indicators were selected

This report presents a selected set of key indicators of children's status that measure critical aspects of children's lives and are collected rigorously and regularly by Federal agencies. The Federal Interagency Forum on Child and Family Statistics 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.

The following guidelines were used in the selection of the key indicators. Indicators were chosen that are:

- *easy to understand* by broad audiences.
- *objectively* based on substantial research connecting them to child well-being and based on *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.
- *representative* of large segments of the population, rather than one particular group.

Data sources

Data for the key indicators are drawn primarily from national surveys and from vital records. Federal agencies regularly survey the population on many issues. These national surveys use interviewers to gather information by speaking directly, by telephone or in person, with families selected through rigorous sampling methods. Federal agencies also collect information on births and deaths from local and state agencies. Surveys and vital statistics provide the best available measures of the

condition of children. Although there are important areas of children's lives where administrative data from local agencies often are available, such measures were not included in this report. The availability and quality of such data can be affected by policy differences among agencies in various local areas and by resource constraints.

Other sources of information on the condition of children

Numerous publications of the Federal statistical agencies provide additional detail on each of the key indicators included in this report, as well as on scores of other indicators. The sources listed for the key indicators included here offer information on some of the publications of the statistical agencies.

A larger set of indicators—as well as more detail on many of the key indicators presented in this report—can be found in a reference document entitled *Trends in the Well-Being of America's Children and Youth*, published annually by the Office of the Assistant Secretary for Planning and Evaluation in the U.S. Department of Health and Human Services (HHS), in cooperation with the Forum.

The need for better information on the condition of children

This report points to major gaps in the coverage and timeliness of the Nation's information 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 policy makers and the public.

Each section of the report ends with a description of indicators needing development. These lists include many important aspects of children's lives for which indicators are lacking or are under development: homelessness, long-term poverty, mental health, violent crime and other behavior problems, early childhood development, and children with special needs. In each of these areas, the Forum is exploring ways to collect new measures and improve existing ones.

Structure of the report

The report begins by tracing the changes that have taken place during the past few decades in five key demographic measures: the number of children, children as a proportion of the population, racial and ethnic composition of the child population, family structure, and births to unmarried women. These measures provide an important context for understanding changes in the child population that underlie the key indicators.

The report then presents the most current data on twenty-five vital indicators of children's well-being and their trends over approximately the last two decades. These indicators show how children are faring over time and provide a baseline for monitoring future changes. The indicators are organized into four areas: Economic Security, Health, Behavior and Social Environment, and Education. In each section, the report presents a set of indicators.

For each indicator, there are three types of information:

- A short statement about why the indicator is important to the understanding of the condition of children, based on other research,
- Graphs showing important facts about trends or subgroups for each indicator, and
- Highlights of what has been happening with each indicator, with important differences by population subgroups noted.

In each section, the indicators are followed by a discussion of important measures that are not now available from the Federal statistical agencies with adequate precision or regularity. Notes for all indicators begin on page 55.

Two additional sections follow the four sections presenting the indicators:

- ***Special Features Section.*** This section presents data that are not regularly available for an indicator. This year, the focus is on child abuse and neglect, a problem that affects the lives of millions of children, but for which there are no rigorously and regularly collected data. The Third National Incidence Study of Child Abuse and Neglect does, however, provide recent data on the prevalence of this problem. The section describes the number of maltreated children by

type of maltreatment. In future reports, other areas of children's lives for which data are not regularly collected may be presented as special features.

- ***Data Appendix***. The Appendix presents data tables and sources for the population and family background measures, key indicators, and additional points made in the text.

Unless otherwise noted, estimates presented for particular races (white, black, American Indian or Alaskan Native, Asian or Pacific Islander) include Hispanics of those races.

The information in this report will also be made available on the World Wide Web on the NCHS home page address: http://www.cdc.gov/nchswww/nchshome.htm

The Federal Interagency Forum on Child and Family Statistics

This is the first report of the Federal Interagency Forum on Child and Family Statistics. Building on earlier cooperative activities, the Forum was founded in 1994 and formally established by Executive Order in April 1997 to foster the coordination and integration of the collection and reporting of data on children and families. Working collaboratively, the Forum undertakes the following activities:

- Developing priorities for collecting enhanced data on children and youth,
- Improving the reporting and dissemination of information on the status of children to the policy community and the general public, and
- Producing better data on children at the State and local levels.

We hope that this new annual report will help the Nation better understand the condition of its children.

Summary List of Indicators

Indicator Name	Page	Description of Indicator	1995 (except where noted)	
Child poverty	14	Percentage of children in poverty	20%	
Food security	16	Percentage of children in households that report that there is sometimes or often "not enough to eat"	3%	(1994)
Housing problems	17	Percentage of households with children in housing with any of three problems	34%	(1993)
Secure parental employment	18	Percentage of families with at least one parent working full-time full-year	78%	
Health insurance	19	Percentage of children covered by health insurance	86%	
Summary health	22	Percentage of children in very good or excellent health	79%	(1994)
Prenatal care	23	Percentage of mothers receiving prenatal care	81.2%	
Infant mortality	24	Infant mortality rate (per 1000 live births)	7.5	
Low birthweight	25	Percentage of newborns with low birthweight	7.3%	
Childhood immunization	26	Percentage of children ages 19 to 35 months with recommended vaccination coverage	74.2%	
Activity limitation	27	Percentage of children ages 5 to 17 with any limitation in activity from chronic conditions	8%	(1993-94)
Child mortality	28	Mortality rate for ages 1 to 4 (per 100,000 children) Mortality rate for ages 5 to 14	42.9 22.5	(1994) (1994)
Adolescent mortality	30	Mortality rate for ages 15 to 19 (per 100,000 children)	87.4	(1994)
Teen births	32	Birth rate (per 1000 young women ages 15 to 17)	37.6	(1994)
Cigarette smoking	35	Percentage of 12th graders who report smoking cigarettes daily	22%	(1996)
Alcohol use	36	Percentage of 12th graders who report consuming alcohol on more than two occasions in the previous 30 days	31%	
Substance abuse	37	Percentage of 12th graders who report having used illicit drugs in the previous 30 days	25%	(1996)

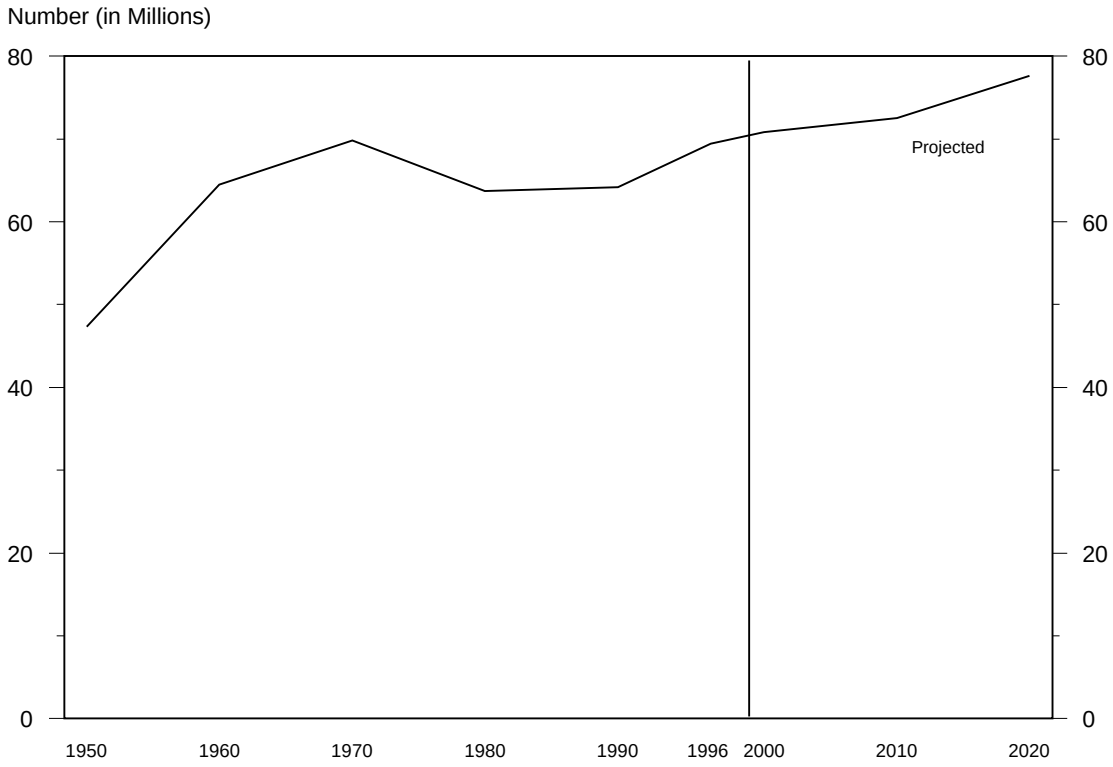
Indicator Name	Page	Description of Indicator	1995 (except where noted)	
Victims of violent crimes	38	Violent criminal victimization rate of youth ages 12 to 17 (per 1000 youth)	118	(1994)
Difficulty speaking English	42	Percentage of children ages 5 to 17 who speak another language at home and who have difficulty speaking English	5%	
Family reading	43	Percentage of children ages 3 to 5 who are read to daily by an adult family member	57%	(1996)
Early childhood education	44	Percentage of children ages 3 to 4 enrolled in nursery school (who have not yet entered kindergarten)	47%	
Math and reading Proficiency	46	Average math proficiency of students age 17 Average reading proficiency of students age 17 (on a scale from 0-500)	306 288	(1994) (1994)
High school completion	48	Percentage of youth ages 18 to 24 who have completed high school	85%	
Detached youth	49	Percentage of youth ages 16 to 19 who are neither in school nor working	9%	(1996)
Higher education	50	Percentage of high school graduates ages 25 to 29 who have completed a bachelor's degree	31%	(1996)
Child abuse and neglect	53	Rate of child abuse and neglect (per 1000 children under age 18)	23.1	(1993)

Part I
Population and Family Characteristics

Number of Children in the United States

The number of children determines the demand for schools, health care, and other services and facilities which serve children and their families.

Figure POP1. Number of children under age 18 in the United States, selected years 1950-96 and projected 2000-2020



Source: U.S. Bureau of the Census, Population Estimates and Projections.
See related table POP1, this publication.

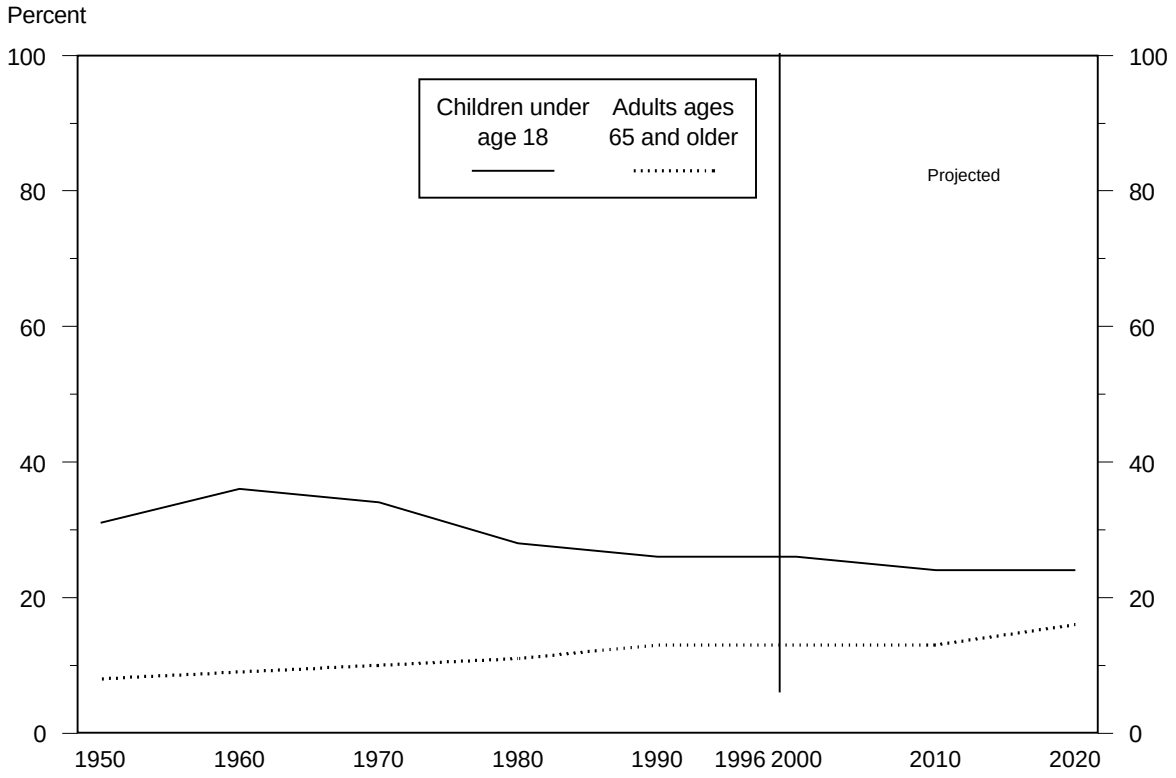
- The number of children under age 18 has grown during the last half of the century, increasing almost half again in size since 1950.
- In 1996, there were 69.4 million children under age 18 in the United States. This number is expected to increase to 77.6 million by 2020.
- During the "baby boom" (1946 to 1964), the number of children grew rapidly.
- During the 1970s and 1980s, the number of children declined and then grew slowly.
- Beginning in 1990, the rate of growth in the number of children increased, although not as rapidly as during the baby boom.
- In 1996, there were approximately equal numbers of children—about 23 million—in each age group 0-5, 6-11, and 12-17 years of age.

For additional detail, see table POP1.

Children as a Proportion of the Population

Though children represent a smaller percentage of the population today than in 1960, they are nevertheless a stable and substantial portion of the population and will remain so into the next century.

Figure POP2. Children under age 18 and adults ages 65 and older as a percentage of the U.S. population, selected years 1950-96 and projected 2000-2020



Source: U.S. Bureau of the Census, Population Estimates and Projections.
See related table POP2, this publication.

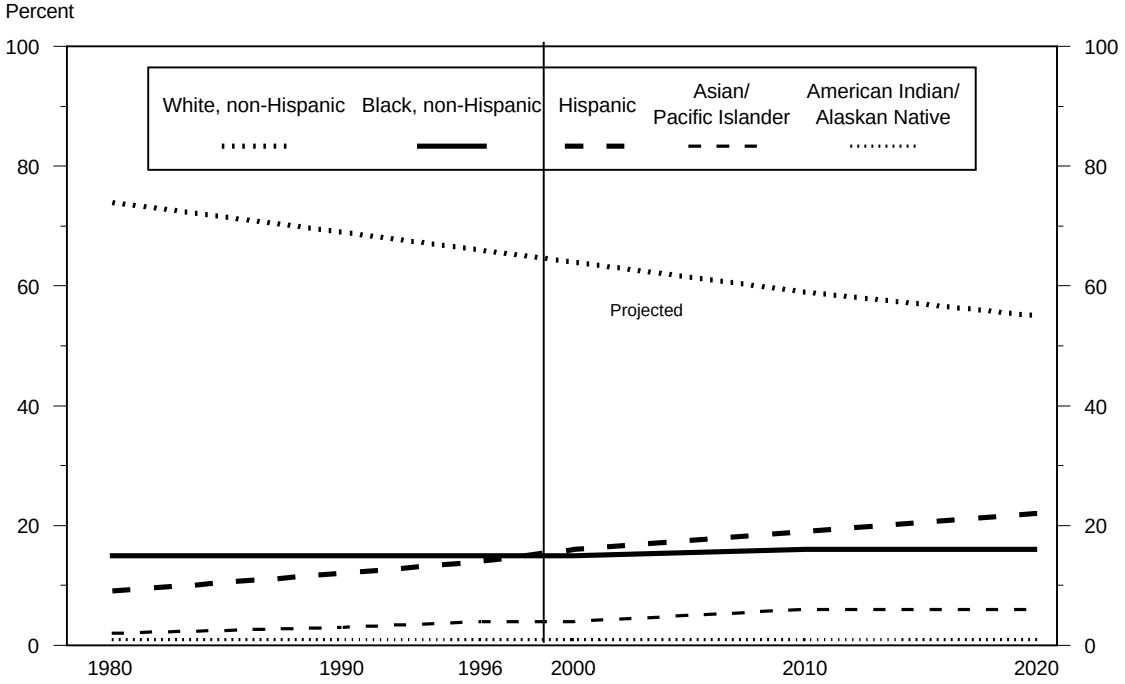
- In 1996, children made up 26 percent of the population, down from a peak of 36 percent in 1960.
- Since 1960, children have been decreasing as a proportion of the total U.S. population.
- Children will remain a fairly stable percentage of the total population. They are projected to comprise 24 percent of the population in 2010 and to remain at about that level through 2020.
- In contrast, senior citizens have increased as a percentage of the total population since 1950, from 8 to 13 percent.
- Together, children and senior citizens comprise the nation's "dependent population": those persons who, because of age, are less likely to be employed than others. In 1960, children comprised 79 percent of the dependent population; by 1990, they made up 67 percent. That percentage is expected to continue to decrease through 2020.

For additional detail, see table POP2.

Racial and Ethnic Composition of Children in the United States

Racial and ethnic diversity has grown dramatically in the United States in the last three decades. This diversity is projected to increase even more in the decades to come.

Figure POP3. Percentage distribution of U.S. children across race and Hispanic origin groups, selected years 1980-96 and projected 2000-2020



Source: U.S. Bureau of the Census, Population Estimates and Projections
See related table POP3, this publication.

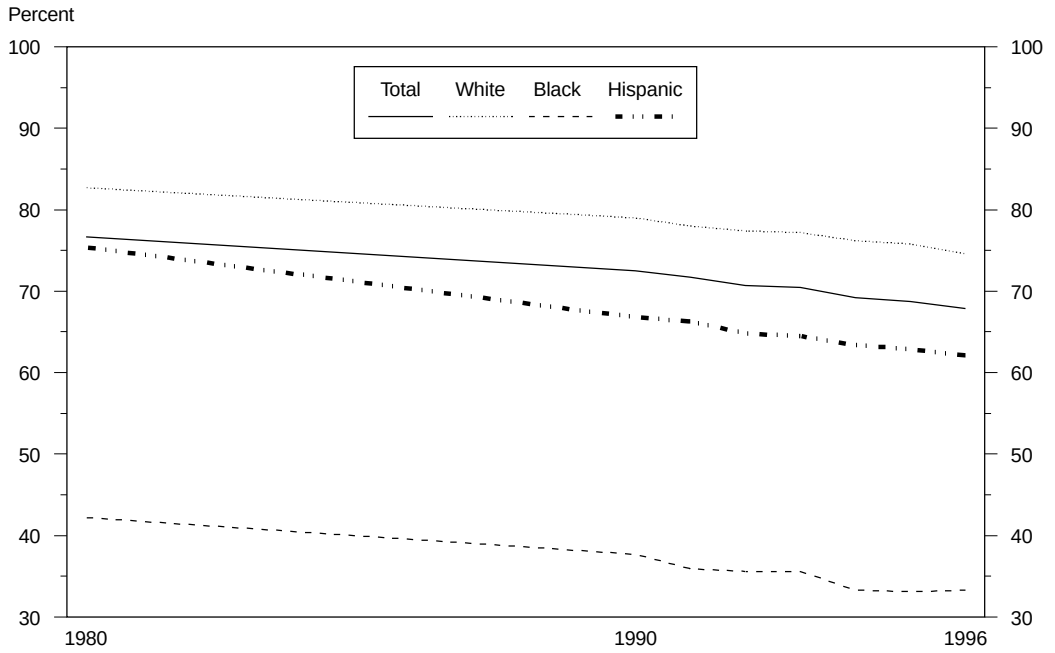
- In 1996, 66 percent of U.S. children were white, non-Hispanic; 15 percent were black, non-Hispanic; 14 percent were Hispanic; 4 percent were Asian or Pacific Islander; and 1 percent were American Indian or Alaskan Native.
- The percentage of children who are white, non-Hispanic has decreased from 74 percent in 1980 to 66 percent in 1996.
- The percentages of blacks and American Indian or Alaskan Natives in the child population have been fairly stable during the same period.
- Hispanics have increased more rapidly than other racial and ethnic group, growing from 9 percent of the child population in 1980 to 14 percent in 1996. By 2020, it is projected that more than one in five children in the United States will be Hispanic.
- The percentage of children who are Asian or Pacific Islanders doubled from 2 to 4 percent between 1980 and 1996. This percentage is expected to continue to grow in the coming decades to 6 percent by 2010.

For additional detail, see table POP3.

Family Structure

The number of parents living with a child is generally linked to the amount and quality of human and economic resources available to that child. Children who live with one parent are substantially more likely to have family incomes below the poverty line than are children who grow up in a household with two adults. Research indicates that poverty, in turn, increases the risk that a child will experience significant difficulties.[1]

Figure POP4. Percentage of U.S. children living with two parents by race and Hispanic origin, selected years 1980-96



Source: U.S. Bureau of the Census, March Current Population Survey.
See related table POP4, this publication.

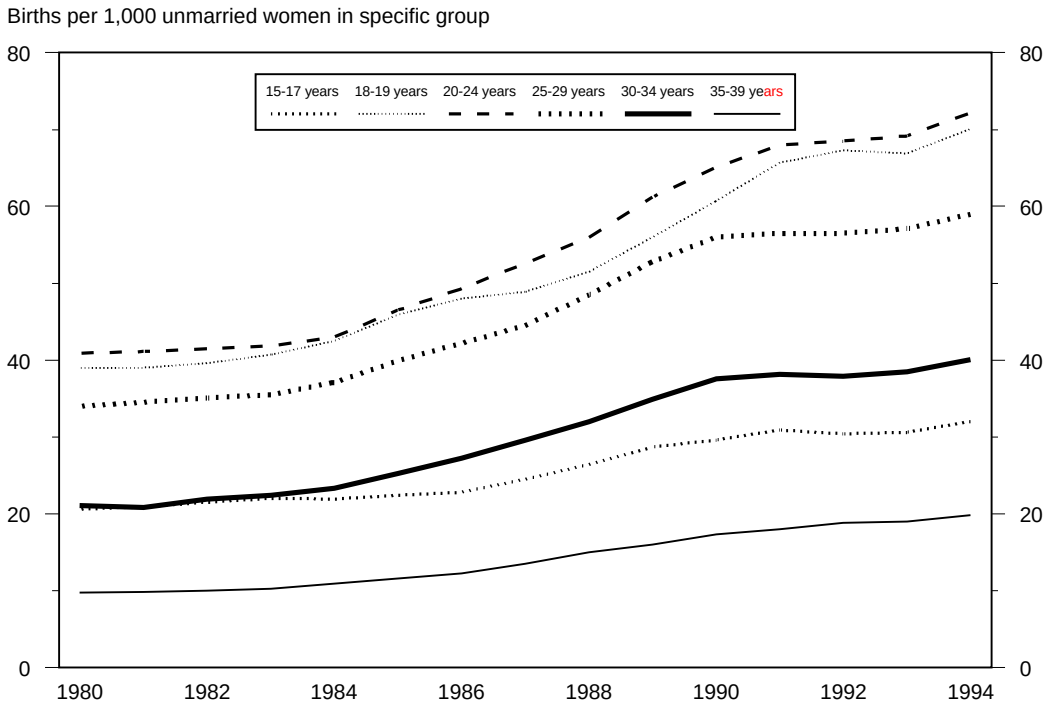
- In 1996, 68 percent of American children lived with two parents: down from 85 percent in 1970.
- In 1996, almost a quarter (24 percent) of children lived with only their mothers; 4 percent lived with only their fathers; and 4 percent lived with neither of their parents.
- The percentage of children living with two parents has been declining among all major racial and ethnic groups.
- White children are much more likely than black children and somewhat more likely than Hispanic children to live with two parents. In 1996, 75 percent of white children lived with two parents, compared to 33 percent of black children and 62 percent of Hispanic children.
- Among the factors contributing to the increase in the percentage of children living with just one parent is the sharp rise in the percentage of all births that were to unmarried mothers: from 5 percent in 1960 to 32 percent in 1995. Almost two-thirds of those children living with only their mothers in 1995, however, were living with formerly married mothers (divorced, separated, widowed), while a little over one-third lived with never-married mothers. Another contributing factor to rising proportions of children in single-parent families is the higher propensity of married couples to remain childless or to have fewer children than in the past.

For additional detail, see table POP4.

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. Children of unmarried mothers are at higher risk of having adverse birth outcomes, because their mothers are less likely to have received adequate prenatal care, less likely to have gained adequate weight during pregnancy, and more likely to have smoked during pregnancy, even when differences in age and educational level are taken into account.[2] They are also more likely to live in poverty than children of married mothers.[3]

Figure POP5. Birth rates for unmarried women, by age of mother, 1980-94



Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.
See related table POP5, this publication.

- The percentage of all births that were to unmarried mothers has increased from 5 percent in 1960 to 32 percent in 1995. This increase is linked to a decline in the proportion of women of childbearing age who are married (from 71 percent in 1960 to 53 percent in 1995), a decline in births to married women (from 4 million in 1960 to 2.6 million in 1995), and a decline in the birth rate for married women (from 157 per thousand in 1960 to 84 per thousand in 1995).[4] Some of the decline in marriages reflects increases in cohabitation; about 20-25 percent of unmarried women aged 25-44 years were in cohabiting relationships in 1992-94.[5]
- Between 1980 and 1994, birth rates for unmarried women increased from 29 to 47 per thousand. One of every three births in 1994 was to an unmarried mother.
- During this period, birth rates increased sharply for unmarried women in all age groups. Birth rates for unmarried women ages 15 to 17 years increased from 21 to 32 per thousand. Birth rates for unmarried women ages 20 to 24 years increased from 41 to 72 per thousand.

For additional detail, see table POP5.

Data Needed

Population and Family Characteristics

Current data collections do not provide complete background information on children's lives, their families, and their caregivers. Better information is needed to provide a more complete picture of where, how, and with whom children spend their time.

- Children's living arrangements. Understanding the family structures in which children live and their relationships to child well-being is basic, yet there are no regular data which describe in detail for children of all ages the various arrangements in which they live, such as living with biological parents, step-parents, adoptive parents, etc. Information is also needed about children's interactions with non-resident parents, particularly fathers, and about the establishment of paternity.
- Child care attendance for children of all ages. Although there are several sources of information on child care attendance for young children, there is no regular or complete source for children of all ages in all types of care including family day care, center-based care, relative care, and other sources of care.
- Time use. A regular source of data is needed to monitor changes in how and where children spend their time, for example, how much time children spend interacting with one or both parents, in school, in day care, in afterschool activities or at work per week. There are sources of data on the amount of time they spend on certain activities, such as watching TV, but there is no regular source of data on the whole spectrum of children's activities.

Part II
Indicators of Children's Well-Being

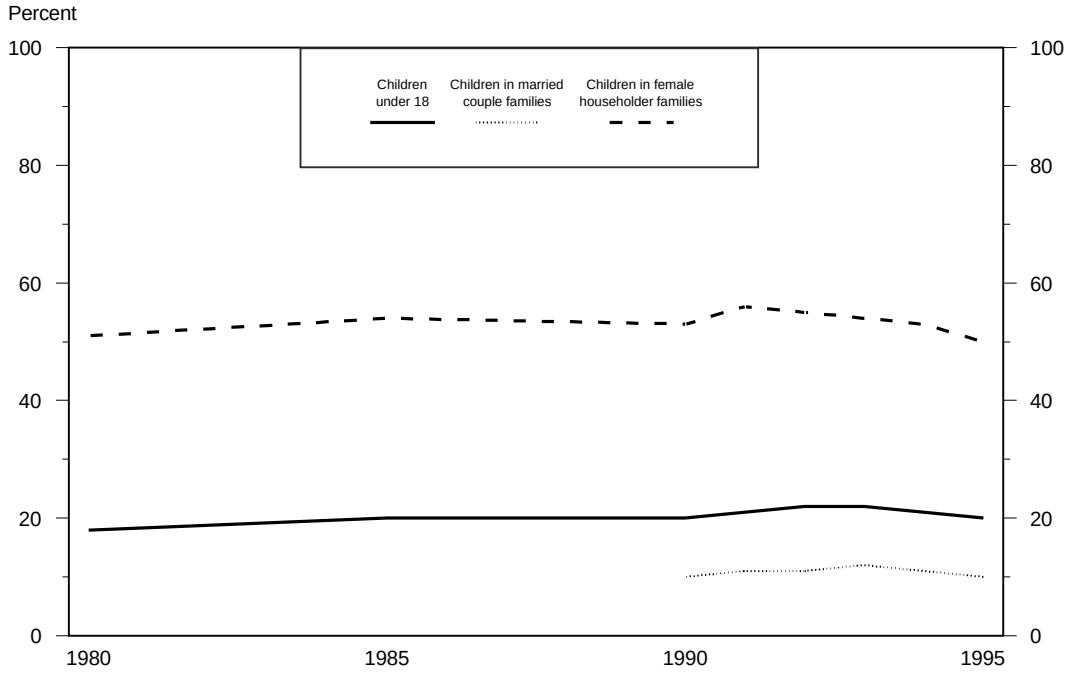
Economic Security

Child Poverty and Family Income

Childhood poverty has both immediate and lasting negative effects. Children in low-income families are worse off than children in more affluent families for many of the indicators presented in this report, including indicators in the areas of economic security, health, and education. Research suggests that children who are poor are more likely than children who are not poor to have difficulty in school,[6] to become teen parents[7] and, as adults, to earn less and be unemployed more.[8] The child poverty rate provides important information about the percentage of U.S. children whose current life circumstances are hard and whose futures are potentially limited as a result of their family's low income.

In 1995, a family of four with an annual income below $15,569 was below the Federal poverty line. (For this indicator, estimates for white children exclude Hispanic children of that race. Estimates for black children include Hispanic children of that race).

Figure ECON1. Percentage of children in poverty, by family structure, selected years 1980-95



Note: Estimates refer to children who are related to the householder and who are under age 18.
Source: U.S. Bureau of the Census, March Current Population Survey.
See related table ECON1.A, this publication.

- In 1995, 20 percent of American children—one in five children—lived in families with cash incomes below the poverty line.
- The percentage of children in poverty has stayed near or slightly above 20 percent since 1981.[9]
- Children under age 6 are more often found in families with incomes below the poverty line than children ages 6 to 17. In 1995, 24 percent of children under age 6 lived in poverty, compared to 18 percent of older children.
- Children living with two married parents are much less likely to be poor than children living only with their mothers. In 1995, 10 percent of children in two-parent families were in poverty, compared to 50 percent in female householder families.
- This contrast by family structure is especially pronounced among certain racial and ethnic minorities. For example, in 1995, 13 percent of black children in married-couple families lived in poverty, compared to 62 percent of black children in female-householder families. Twenty-eight percent of Hispanic children in married-couple families lived in poverty, compared to 66 percent in female-householder families.
- White children are found living in poverty much less often than either black or Hispanic children. In 1995, 11 percent

of white children were poor, compared to 42 percent of black children and 39 percent of Hispanic children.

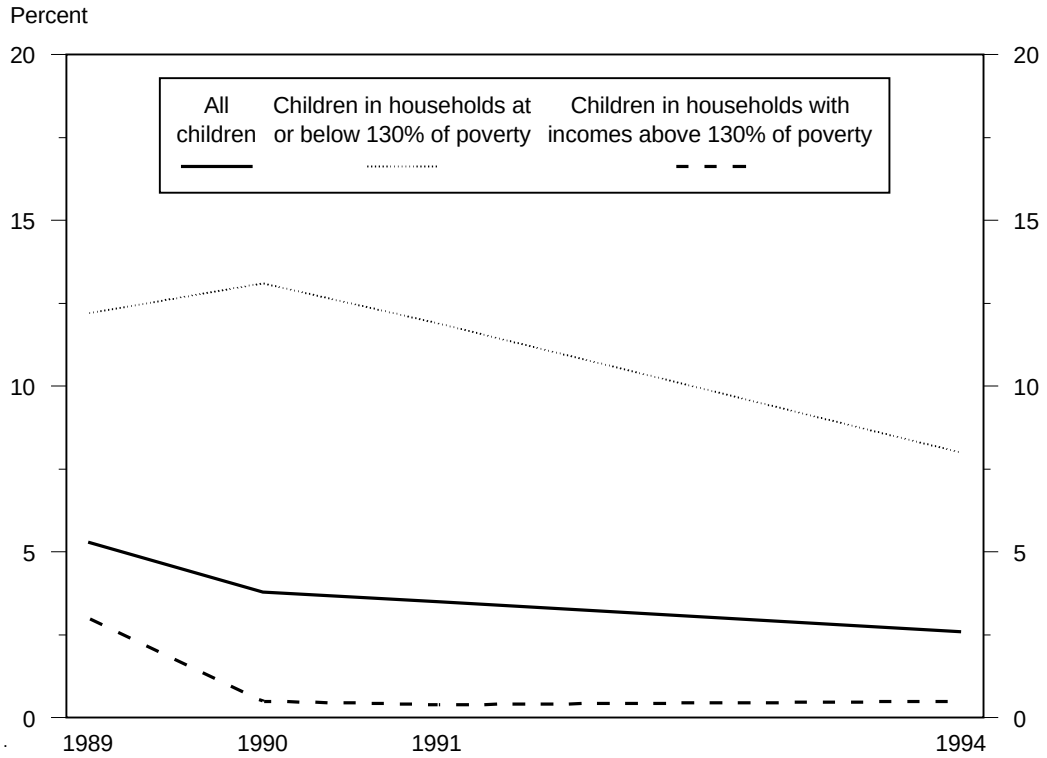
- In 1995, 8 percent of all children lived in families with incomes less than half the poverty level, or $7,784 a year for a family of four, while 32 percent of children lived in families with incomes less than 150 percent of the poverty level, or $23,353 a year for a family of four.
- An increase in income inequality occurred between 1979 and 1994, as may be seen by distributing families with children into groups based on family income (as a multiple of the poverty threshold). Families with children in the lowest 40 percent of the population lost income during this period; the middle 20 percent had almost the same income, while the top 40 percent with the highest income experienced an increase.
- The median income for families with children (adjusted for inflation) shows a similar pattern of increased dispersion since 1979. The median income for married-couple families grew, while the median income for female-householder families decreased.

For additional detail, see tables ECON1.A, ECON1.B, and ECON1.C.

Food Security

Children's good health and development depend on a diet sufficient in nutrients and calories. Food security is a measure of the extent to which children have access at all times to enough nourishment for an active, healthy life. At a minimum, food security includes the ready availability of sufficient, nutritionally adequate, and safe food, and the assurance that families can obtain adequate food without relying on emergency feeding programs or resorting to scavenging, stealing, or other desperate efforts to secure food.[10]

Figure ECON2. Percentage of children under age 18 in households reporting that there is sometimes or often "not enough to eat," selected years 1989-94



Source: U.S. Department of Agriculture, Continuing Survey of Food Intakes of Individuals (CSFII).
See related table ECON2, this publication

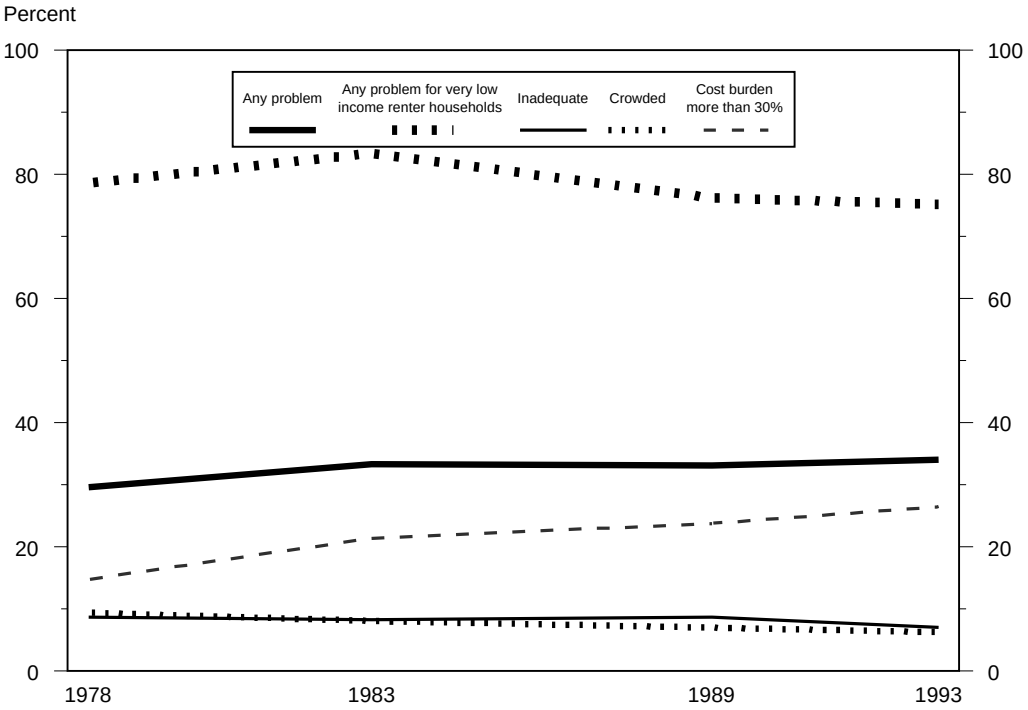
- In 1994, 3 percent of all children lived in households reporting that they sometimes or often did not have enough food to eat, down from 5 percent in 1989.
- Low-income children are much more likely than other children to live in households that sometimes or often did not have enough to eat. In 1994, 8 percent of children in households with incomes at or below 130 percent of poverty sometimes or often did not have enough food, compared to less than 1 percent of children in households with incomes above 130 percent of poverty.[11]
- From 1989 to 1991, between 12 and 13 percent of children in low-income households sometimes or often did not have enough to eat. This percentage decreased to 8 percent in 1994.

For additional detail, see table ECON2.

Housing Problems

Research suggests that inadequate, crowded, or costly housing can pose serious problems to children's physical, psychological, or material well-being.[12] The percentage of households with children living in physically inadequate, crowded, and/or costly housing provides an estimate of the percentage of children whose well-being may be affected by their family's housing.

Figure ECON3. Housing problems among all U.S. households with children, selected years 1978-93



Source: U.S. Bureau of the Census and the Department of Housing and Urban Development, Annual Housing Survey and American Housing Survey. Tabulated by the Department of Housing and Urban Development.
See related table ECON3, this publication.

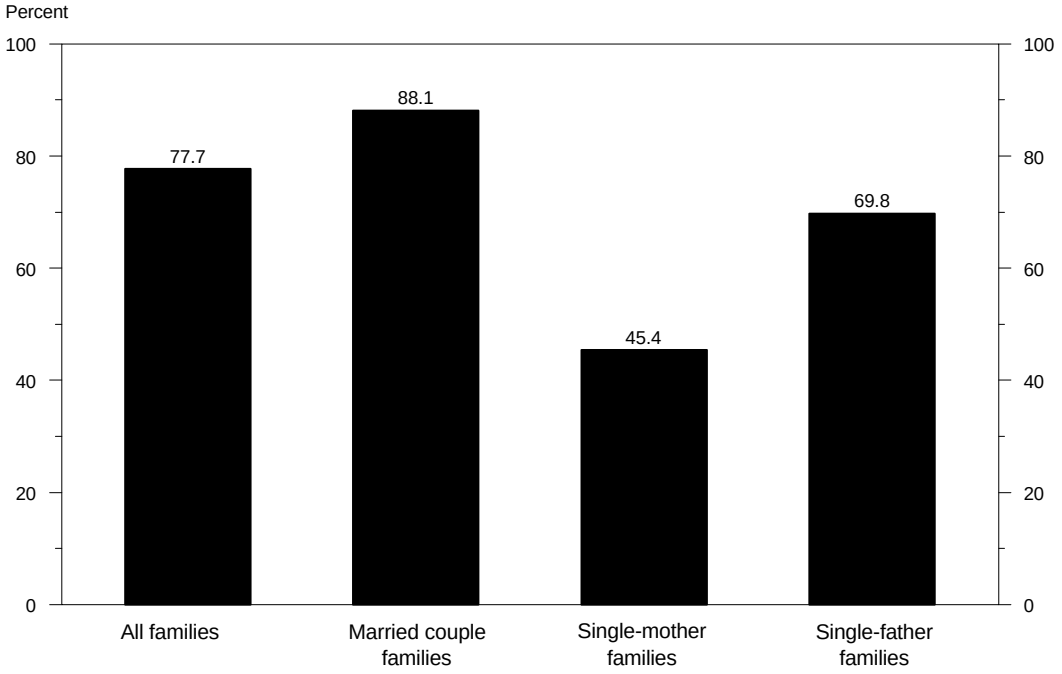
- In 1993, 34 percent of U.S. households with children had one or more of three housing problems: physically inadequate housing, crowded housing, or housing that cost more than 30 percent of household income.
- Crowded housing, defined as housing in which there is more than one person per room, has declined slightly among households with children, although households with children remain the most likely of all types of households to experience crowding. The percentage of households with children in crowded housing decreased from 9 percent in 1978 to 6 percent in 1993.
- Inadequate housing, defined as housing with severe or moderate physical problems, has also become slightly less common. In 1993, 7 percent of households with children experienced physical housing problems, compared to 9 percent in 1978.
- Improvements in housing conditions have been accompanied by rising housing costs. Between 1978 and 1993, the percentage of households with children paying more than 30 percent of their income for housing rose from 15 percent to 27 percent. The percentage of these households with severe cost burdens (paying more than half of income for housing) rose from 6 to 11 percent. Paying 30 percent or more of family income for housing may leave insufficient resources for other basic needs.[13]
- In 1993, 11 percent of households with children had severe housing problems, either severe housing cost burdens or severe physical problems with their housing.[14] This percentage has grown from 8 percent in 1978 and reflects a rise in the percentage of families reporting severe rent burdens.
- Severe housing problems are especially prevalent among very low-income renters.[15] In 1993, 34 percent of very low-income renter households with children reported severe housing problems, and again, severe rent burden is the major problem reported. Although this percentage does not differ significantly from 1978, the number of these households has grown sharply, from 1.4 million in 1978 to 2.3 million in 1993, and the proportion with severe rent burdens has increased.

For additional detail, see table ECON3.

Secure Parental Employment

Secure parental employment enables most families to avoid poverty and its attendant risks to children. Employment is also the means by which most families obtain health insurance and thus ensure that their children have access to health care. Research suggests that 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.[16] One measure of secure parental employment is the percentage of families with children with one or both parents employed full time during a given year.

Figure ECON4. Percentage of families with children under age 18 in which at least one parent worked full-time, full-year, 1995



Source: U.S. Bureau of the Census, Current Population Survey. Tabulated by U.S. Department of Labor, Bureau of Labor Statistics.
See related table ECON4, this publication.

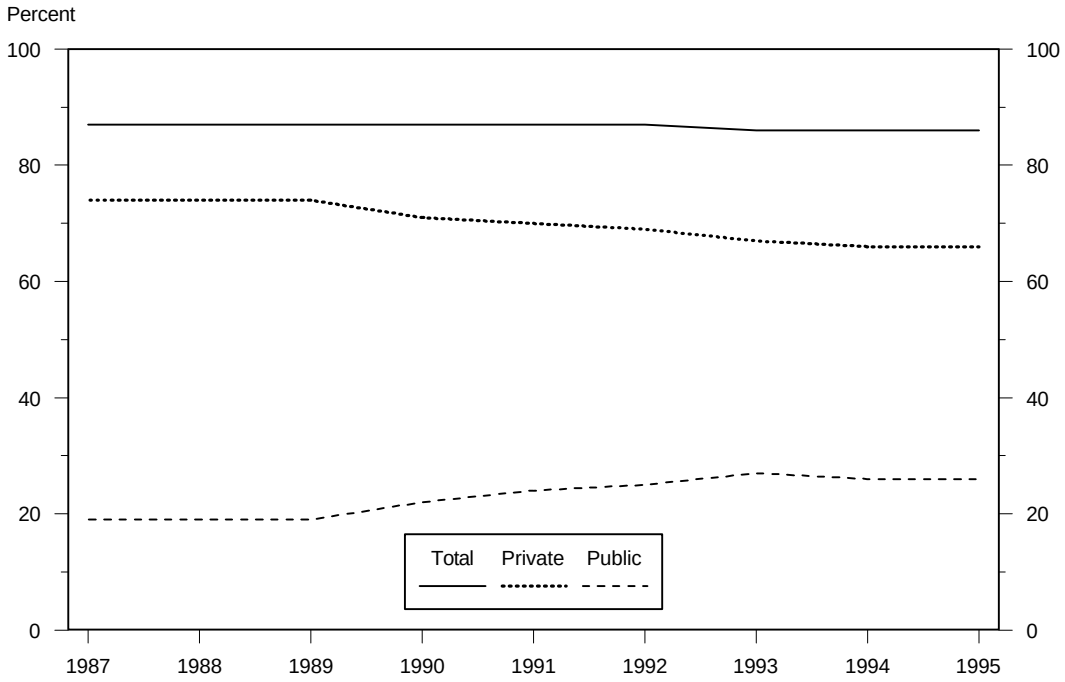
- In 1995, 78 percent of all families with children under 18 had at least one parent who worked full time all year, a figure comparable to the 75 percent reported in 1987.
- Eighty-eight percent of two-parent families included at least one parent who was a year-round full-time worker, compared to 70 percent of families headed by single fathers and 45 percent of families headed by single mothers.
- Among two-parent families, roughly equal proportions of those with children under age 6 and those in which the youngest child was 6 to 17 years old had at least one parent who worked all year full time: 87 percent and 89 percent, respectively.
- Single parents with children under age 6 were less likely to work year round full time than single parents whose youngest child was 6 to 17 years old. Among single-parent fathers, 61 percent of those with younger children were year-round, full-time workers, compared to 75 percent of those with older children. Among single-parent mothers, 33 percent with younger children worked all year full time compared to 54 percent of those with older children.
- Since 1970, the proportion of two-parent families in which both the mother and father worked all year full time has more than doubled: from 13 percent in 1970 to 32 percent in 1995. Most of this increase occurred between 1970 and 1987. Since 1987, there has been relatively little change in the proportion of two-parent families in which both parents were year-round, full-time workers: 27 percent in 1987 and 32 percent in 1995.

For additional detail, see table ECON4.

Health Insurance Coverage

Children with health insurance (private or public) are much more likely than children without insurance to have a regular and accessible source of health care.[17] The percentage of children with health insurance coverage is one measure of the extent to which families, at a minimum, can obtain health care for a sick or injured child.

Figure ECON5. Percentage of children covered by health insurance by type of insurance, 1987-95



Note: Public health insurance for children consists primarily of Medicaid, but also includes Medicare and CHAMPUS.
Source: U.S. Bureau of the Census, Housing and Household Economic Statistics Division, March Current Population Survey.
See related table ECON5, this publication.

- In 1995, 86 percent of children had health insurance coverage. This percentage has been fairly stable since 1987.
- The proportion of children covered by private health insurance has decreased in recent years, from 74 percent in 1987 to 66 percent in 1995. During the same period, the proportion of children covered by public health insurance[18] has grown, from 19 percent to 26 percent.[19]
- Hispanic children are less likely to have health insurance than either white or black children. In 1995, 73 percent of Hispanic children were covered by health insurance, compared to 87 percent of white children and 85 percent of black children.
- Overall rates of coverage vary little by age of child, but young children ages birth to 5 are more likely than older children to have public rather than private health insurance.

For additional detail, see table ECON5

Indicators Needed

Economic Security

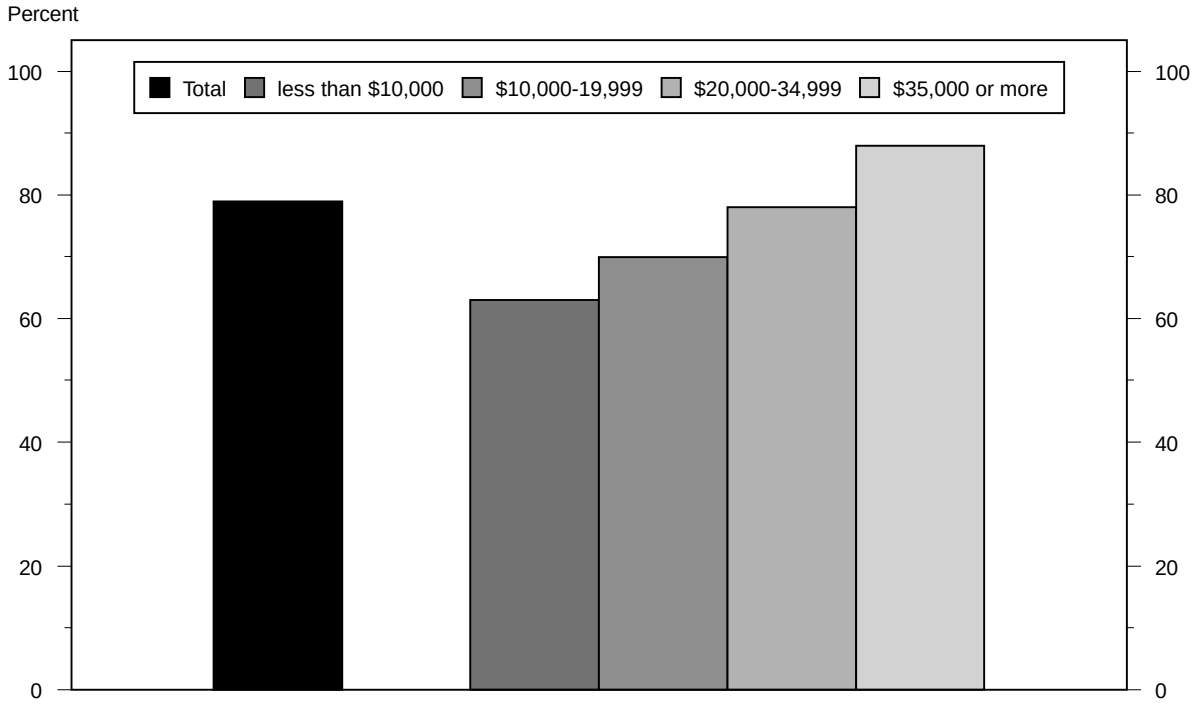
- Measures of economic well-being need to be developed for children at all levels of income. Multiple measures of income or consumption may be required to produce reliable estimates of changes in children's economic well-being over time.
- Percentage of children who experience long-term poverty. Long-term poverty can be estimated from longitudinal surveys for particular sample populations or panels, but changes to current surveys would be needed to provide the capacity to produce regular estimates.
- Percentage of children who are homeless. At present, there are no regular data on the number of homeless children in the U.S., although there have been occasional studies which have sought to estimate this number.
- Currently under development are measures of food insecurity and hunger for households with children and measures of individual children's food insufficiency and hunger in food-insecure households.

Health

Summary Health Measure

The health of children and youth is basic to their well-being and optimal development. Parental reports of their children's health provide one indication of the overall health status of the nation's children.

Figure HEALTH1. Children 0 to 17 years of age in very good or excellent health, by family income, 1994



Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, 1994.
See related table HEALTH1, this publication.

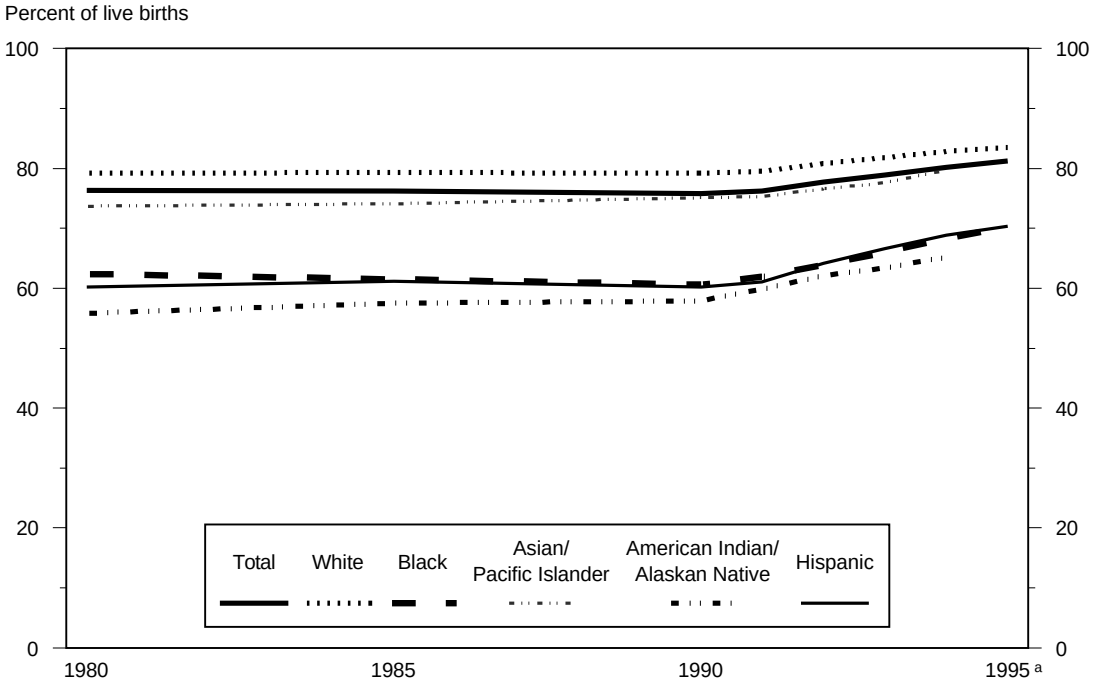
- In 1994, about 79 percent of children were reported by their parents to be in very good or excellent health.
- Child health varies by family income. As family income increases, the percentage of children in very good or excellent health increases. About 88 percent of children in families with annual incomes of $35,000 or more were in very good or excellent health in 1994, compared to 63 percent of children in families with annual incomes under $10,000.
- Children under age 5 are more likely to be in very good or excellent health than children ages 5 to 17.

For additional detail, see table HEALTH1.

Prenatal Care

Women who receive early and consistent prenatal care enhance their likelihood of giving birth to a healthy child. Health care providers therefore recommend that women begin prenatal care as early as possible in the first trimester of their pregnancies.[20] The percentage of women receiving early prenatal care is one measure of the extent to which expectant mothers seek and/or have access to an important preventive health service.

Figure HEALTH2. Mothers receiving early prenatal care, by race and Hispanic origin, selected years 1980-95



[a]1995 data are preliminary.
Notes: Early prenatal care is care beginning in the first trimester of pregnancy.
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.
See related table HEALTH2, this publication.

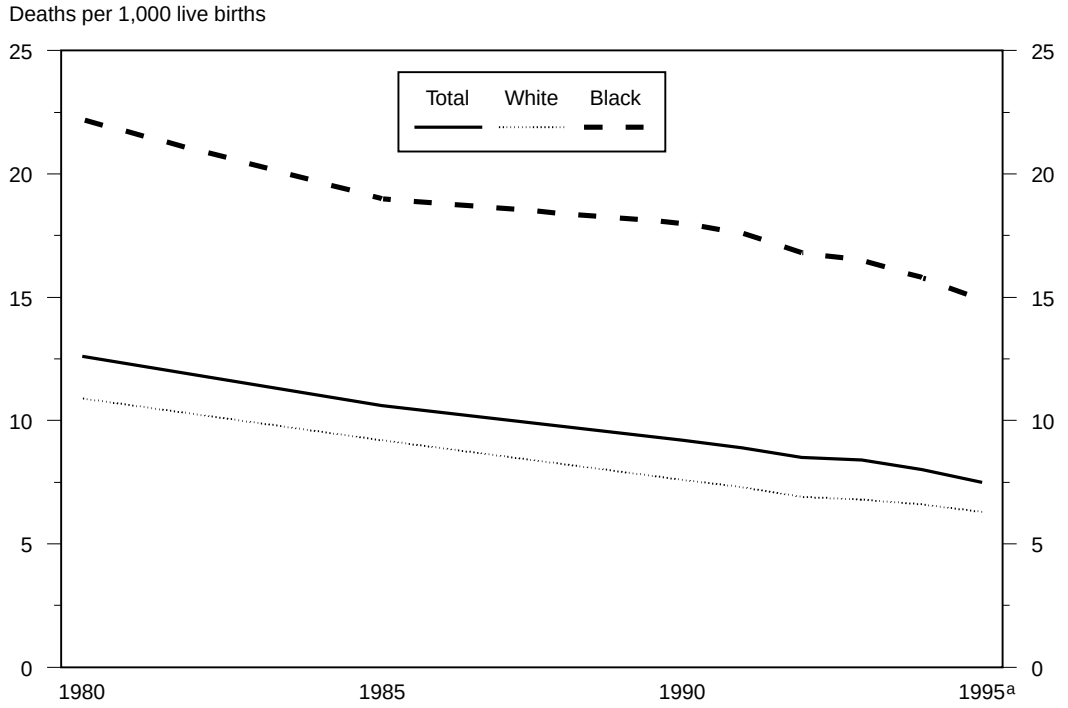
- Preliminary data for 1995 indicate that 81 percent of pregnant women received prenatal care in their first trimester, the highest level ever recorded in the United States. Receipt of early prenatal care has increased for four consecutive years, rising from 76 percent in 1991.
- Prior to 1991, there was little improvement in the percentage of women receiving early prenatal care. From 1980 to 1991, the proportion of pregnant women receiving early prenatal care stayed at approximately 76 percent.
- Improvement in the receipt of early prenatal care occurred among all racial and ethnic groups between 1991 and 1994.
- Despite these recent improvements, there are still substantial racial and ethnic differences in the percentage of mothers receiving early prenatal care. For example, in 1994, 83 percent of white women, 80 percent of Asian women, 69 percent of Hispanic women, 68 percent of black women, and 65 percent of American Indian or Alaskan Native women received early prenatal care.
- Receipt of early prenatal care varies within populations often considered as a single ethnic group. For example, among Hispanics in the United States, 90 percent of Cuban women received early prenatal care in 1994, compared to 67 percent of Mexican Americans. Among Asians or Pacific Islanders in the United States, 89 percent of Japanese women received early prenatal care in 1994, compared to 77 percent of Hawaiians.

For additional detail, see table HEALTH2.

Infant Mortality

Infant mortality is defined as the death of an infant before his or her first birthday. The infant mortality rate is an important measure of the well-being of infants, children, and pregnant women because it is associated with a variety of factors, such as maternal health, quality and access to medical care, socioeconomic conditions, and public health practices.[21] In the United States, about two-thirds of infant deaths are associated with events surrounding the prenatal period and the delivery. About one-third are associated with conditions or events that arise after the delivery, which often reflect social or environmental factors.[22]

Figure HEALTH3. Infant mortality rate by race, selected years 1980-95



[a]1995 rate is preliminary.
Note: Deaths per 1,000 live births in specified group.
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.
See related tables HEALTH3.A and HEALTH3.B, this publication

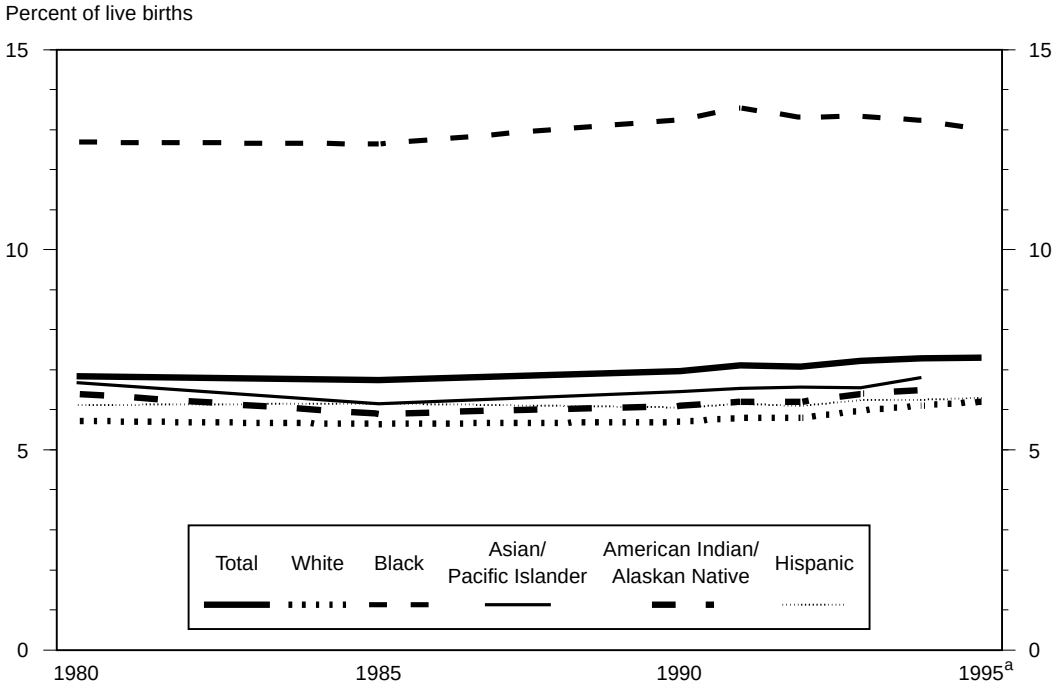
- The preliminary 1995 infant mortality rate for the U.S. was 7.5 deaths per 1,000 births, slightly below the 1994 rate of 8.0 and substantially below the 1980 rate of 12.6.
- Blacks have consistently had a higher infant mortality rate than whites. In 1995, the black infant mortality rate was 14.9, compared to 6.3 for whites.
- Infant mortality has dropped for both blacks and whites since 1980, but there is still a substantial gap between the two. In 1995, the black infant mortality rate was 2.4 times higher than the white infant mortality rate. In 1980, the black rate was two times higher than the white rate.
- Infant mortality rates vary greatly across other racial and ethnic groups as well, ranging from 6.6 among Asian infants and 7.6 for Hispanics, to 12.6 among American Indian or Alaskan Natives.[23]
- Infant mortality rates also vary within populations often considered as a single ethnic group. For example, among Hispanics in the United States, the infant mortality rate ranged from a low of 6.2 for Cubans to a high of 10.4 for Puerto Ricans. Among Asians and Pacific Islanders, infant mortality rates ranged from 5.1 for Chinese to 9.0 for Hawaiians.

For additional detail, see tables HEALTH3.A and HEALTH3.B.

Low Birthweight

Low-birthweight infants (infants born weighing less than 2,500 grams, or about 5.5 pounds) are at higher risk of death or long-term illness and disability than are infants of normal birthweight.[24] Low-birthweight infants are a diverse group: some are born prematurely, some are full-term but small for their gestational age, and some are both premature and small.

Figure HEALTH4. Low-birthweight births, by race and Hispanic origin, selected years 1980-95



[a]1995 data are preliminary.
Note: Low-birthweight = <2,500 grams (approximately 5.5 lbs.).
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.
See related table HEALTH4, this publication.

- In 1995, 7.3 percent of infants born in the United States were low birthweight.[25] This percentage is the same as in 1994 and slightly higher than in 1993 (7.2 percent).
- The percentage of low-birthweight infants in the United States increased from 6.8 percent in 1980 to 7.3 percent in 1995.
- In 1994, 13.2 percent of black infants were of low birthweight. In contrast, between 6 and 7 percent of white, Hispanic, American Indian or Alaskan Native, and Asian infants were of low birthweight in 1994.
- The percentage of low-birthweight births varies within populations often considered as a single ethnic group. Among Hispanics in the United States, Mexican Americans had the lowest percentage of low-birthweight births in 1994 (5.8 percent), and Puerto Ricans had the highest (9.1 percent). Among Asians or Pacific Islanders in the United States, Chinese had the lowest percentage of low-birthweight births in 1994 (4.8 percent), and Filipinos had the highest (7.8 percent).

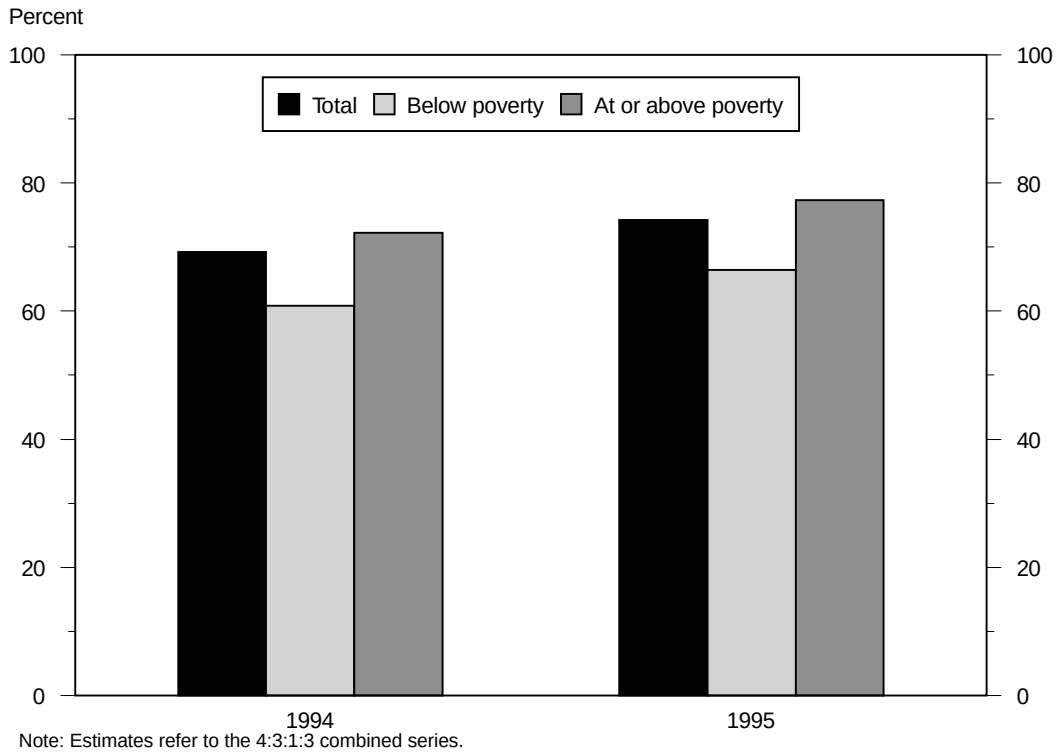
For additional detail, see table HEALTH4.

Childhood Immunizations

Adequate immunization protects children against several diseases that killed or disabled many children in past decades. Rates of childhood immunization are one measure of the extent to which children are protected from serious preventable illnesses.

According to the immunization schedule approved by the Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics, and the American Academy of Family Physicians, U.S. children should receive the following set of immunizations by the age of 19 months: four doses of DTP (diphtheria, tetanus, pertussis), three doses of polio vaccine, three or four doses of HiB (Haemophilus influenzae type b), depending on the specific vaccine given, three doses of Hepatitis B vaccine, and one dose each of MMR (measles, mumps, rubella), and the newly approved varicella (chicken pox) vaccine.[26]

Figure HEALTH5. Combined series immunization coverage among children 19 to 35 months of age, by poverty status: United States, 1994-95



Note: Estimates refer to the 4:3:1:3 combined series.
Source: Centers for Disease Control and Prevention, National Immunization Program, National Center for Health Statistics, and National Immunization Survey.
See related table HEALTH5, this publication.

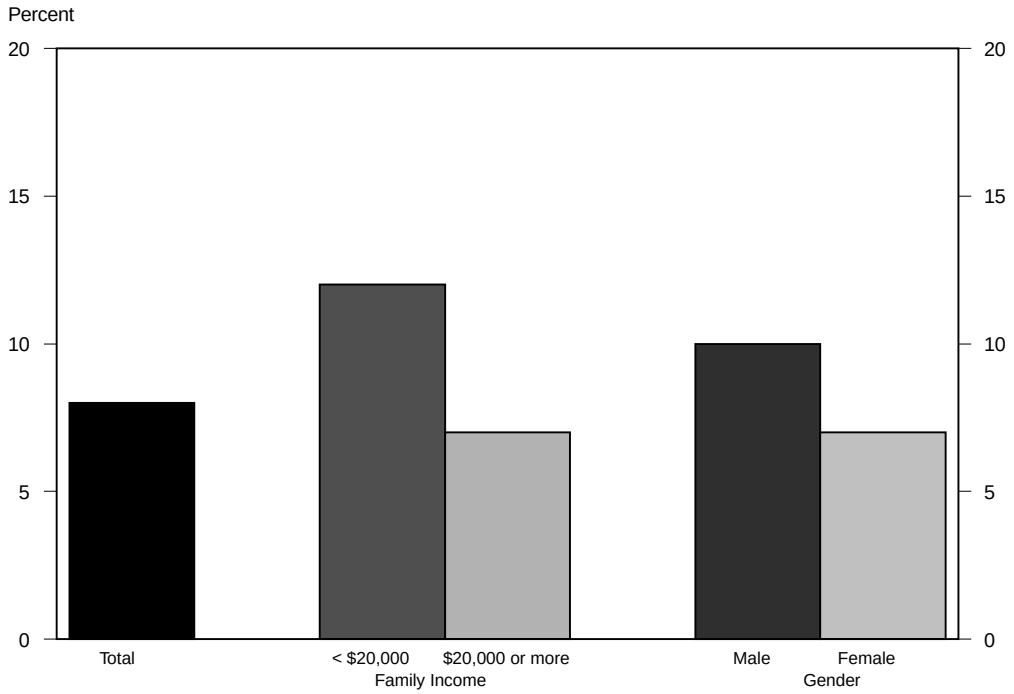
- In 1995, 74 percent of children ages 19 to 35 months had received the combined series of vaccines consisting of 4 doses of DTP, 3 doses of polio vaccine, 1 dose of measles-containing vaccine, and 3 doses of HiB vaccine.
- Children with family incomes below the poverty level were less likely to have received the combined series than children with family incomes at or above the poverty line (66 percent compared to 77 percent in 1995).
- Ninety-two percent of children 19 to 35 months old had received at least 3 doses of HiB vaccine in 1995.
- Sixty-eight percent of children 19 to 35 months old had received three or more doses of the Hepatitis B vaccine in 1995.

For additional detail, see table HEALTH5.

Activity Limitation

Children whose activity is limited by one or more chronic health conditions may need more specialized health care than children without such limitation. Their medical costs are generally higher; they are more likely to miss days from school; and they may require special education services.[27] Persons are not classified as limited in activity unless one or more chronic conditions are reported as the cause. Chronic conditions are those conditions that usually have a duration of more than 3 months, such as asthma, hearing impairment, or diabetes.

Figure HEALTH6. Percent of children ages 5 to 17 with any limitation in activity resulting from chronic conditions, by family income and gender, 1993-94[a]



[a]Estimates are based on data from 1993 and 1994 combined.

Note: Chronic conditions are those conditions that usually have a duration of more than 3 months, e.g. asthma, hearing impairment, diabetes.

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Surveys, 1993-94.

See related table HEALTH6, this publication.

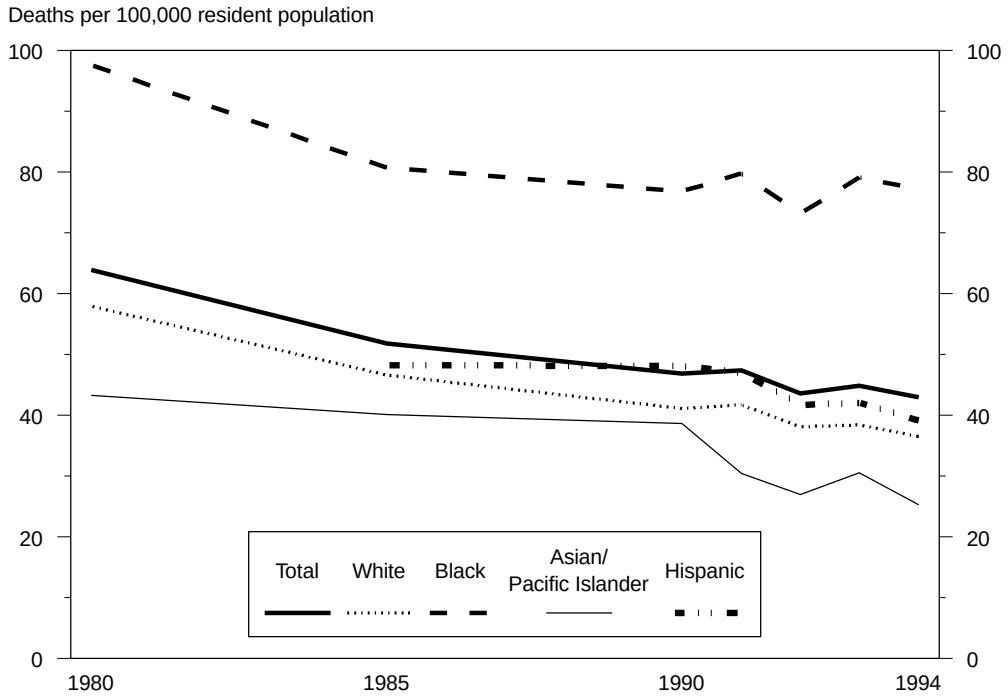
- Children and youth ages 5 to 17 have much higher rates of activity limitation from chronic conditions than younger children, possibly because some developmental and learning disabilities are not diagnosed until children enter school. In 1993-94, 8 percent of children ages 5 to 17 were limited in their normal activity because of one or more chronic health conditions, compared to 3 percent of children from birth to age 4.
- Children and youth in low-income families have significantly higher rates of activity limitation than children in more affluent families. Among children and youth ages 5 to 17, 12 percent of children in families with incomes below $20,000 had activity limitation due to chronic conditions, whereas 7 percent of children in families with incomes of $20,000 or more had such limitation in 1993-94.
- The difference in activity limitation by income is also present among preschool-age children. Children ages birth to 4 in families with incomes below $20,000 had twice the rate of activity limitation in 1993-94 as children in families with incomes of $20,000 or more (4 percent versus 2 percent).
- Males ages 5 to 17 had more limitation of activity than females for all years from 1990-1994. In 1993-94, 10 percent of boys and 7 percent of girls were limited in their activities because of one or more chronic health conditions.

For additional detail, see table HEALTH6.

Child Mortality

Injuries accounted for 44 percent of all deaths of 1- to 4-year-olds and 53 percent of all deaths of 5- to 14-year-olds in 1994. Injury-related deaths include deaths from motor vehicle crashes, fires and burns, drowning, suffocation, and injuries caused by firearms, among others. Information about the age and causes of death among children can help prevent injuries and deaths.

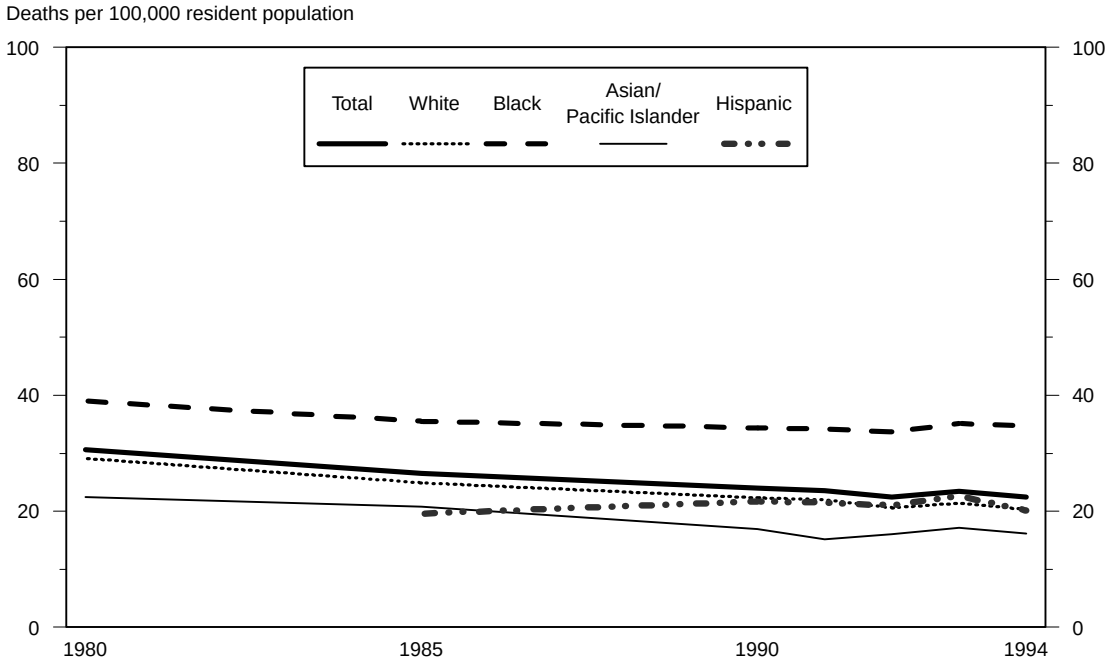
Figure HEALTH7.A. Mortality rate among 1- to 4-year-olds by race and Hispanic origin, selected years 1980-94



Note: Total includes American Indians and Alaskan Natives. Mortality rates for American Indians and Alaskan Natives are not shown separately because the numbers of deaths were too small for the calculation of reliable rates.
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.
See related table HEALTH7, this publication.

- In 1994, the mortality rate for 1- to 4-year-old children was 42.9 deaths per 100,000 children, approximately one-third lower than the 1980 mortality rate of 63.9.
- Among 1- to 4-year-olds, black children had the highest mortality rates in 1994 at 77.2 deaths per 100,000 children. Asian-American children had the lowest mortality rate, at 25.3.

Figure HEALTH7.B. Mortality rate among 5- to 14-year olds by race and Hispanic origin, selected years 1980-94



Note: Total includes American Indians and Alaskan Natives. Mortality rates for American Indians and Alaskan Natives are not shown separately because the numbers of deaths were too small for the calculation of reliable rates.
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.
See related table HEALTH7, this publication.

- The mortality rate for 5- to 14-year-old children in 1994 was 22.5 deaths per 100,000 children, approximately one-quarter lower than the 1980 mortality rate of 30.6.
- Among 5- to 14-year-olds, black children had the highest mortality rate in 1994 (34.8), and Asian Americans had the lowest (16.2).

For additional detail, see table HEALTH7.

Adolescent Mortality

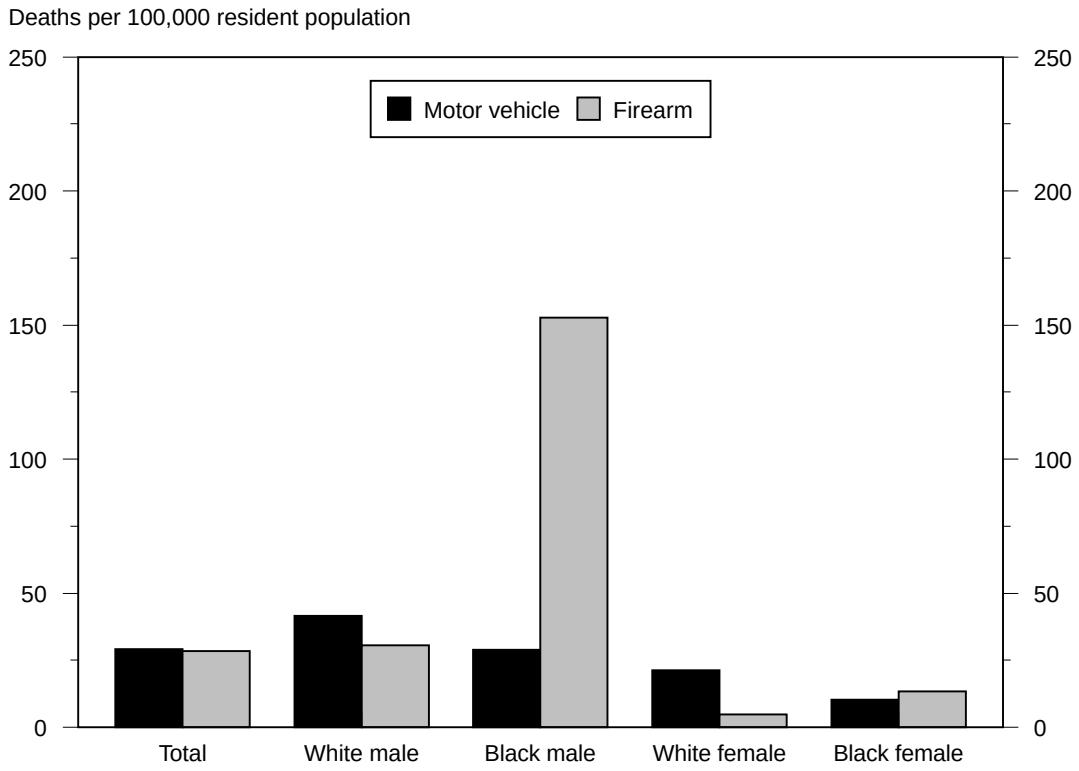
Compared with younger children, adolescents have much higher rates of death from motor vehicle crashes and firearm-related injuries.[28] *This difference illustrates the importance of looking separately at mortality rates and causes of death among 15- to 19-year-olds. In this age group, injuries from motor vehicles and firearms accounted for 33 and 32 percent respectively of all deaths in 1994, more than any other cause of death.*

Figure HEALTH8.A. Mortality rate among 15- to 19-year-olds by race and gender, selected years 1980-94

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.
See related table HEALTH8, this publication.

- In 1994, the death rate for adolescents ages 15 to 19 was 87.4 deaths per 100,000 population. This death rate rose from 80.4 in 1985 to 89.0 in 1990 and has been relatively stable since then.
- The death rate for black males ages 15 to 19 rose dramatically between 1985 and 1991, from 125.3 to 231.6, and was 234.3 in 1994. In contrast, the white male teen death rate was 109.6 in 1994, slightly lower than the 1985 rate of 112.1.

Figure HEALTH8.B. Motor vehicle and firearm injury death rates among 15- to 19-year-olds, by race and gender, 1994



Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.
See related table HEALTH8, this publication.

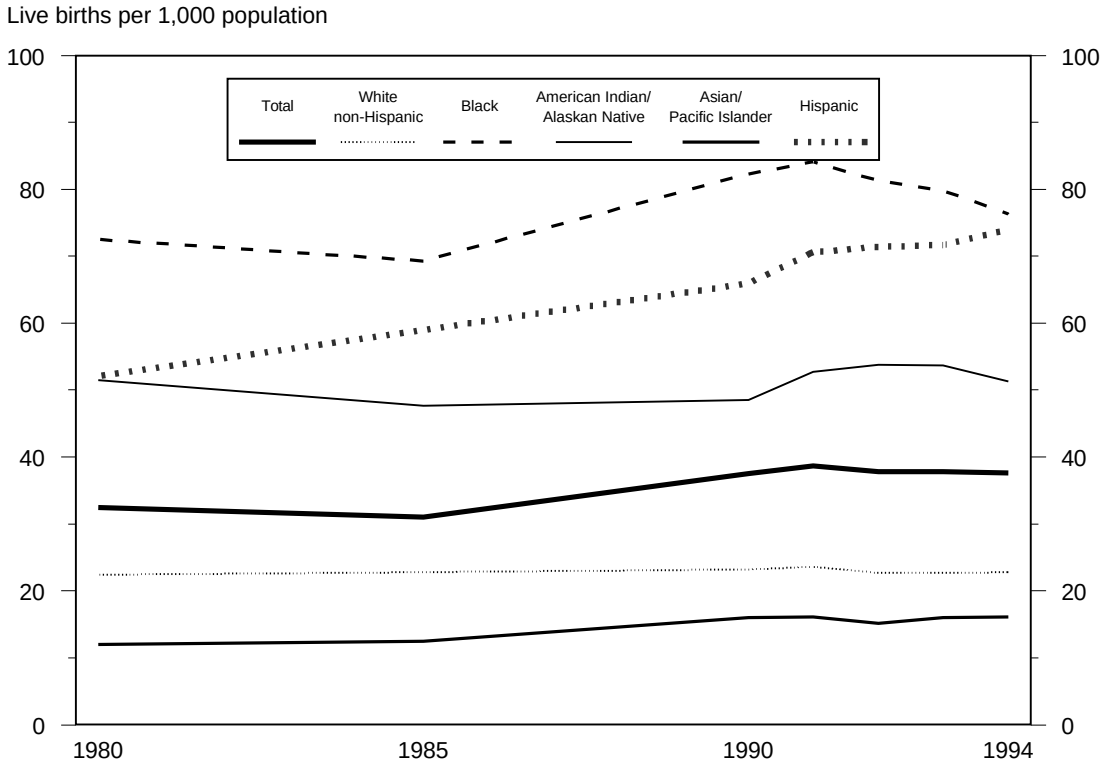
- Deaths from firearm-related injuries increased threefold among black male teens between 1985 and 1991, accounting for most of the increase in the mortality rate for this group.
- In contrast, motor vehicle injuries were the leading cause of death for white male teens between 1985 and 1990. Still, among injury-related deaths, homicides and suicides involving firearms increased for white male teens, while motor vehicle injuries remained unchanged.

For additional detail, see table HEALTH8.

Teen Births

Research indicates that for a young woman, bearing a child during adolescence is associated with long-term difficulties for herself, her child, and society. These consequences are often attributable to the poverty and other adverse socioeconomic circumstances that frequently accompany early childbearing.[29] 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.[30] 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 a high school diploma.[31] For the mothers, giving birth during adolescence is associated with limited educational attainment, which in turn can reduce future employment prospects and earnings potential.[32] The birth rate for young women ages 15 to 17 is one measure of adolescent childbearing.

Figure HEALTH9. Birth rate for 15- to 17-year-old females, by race and Hispanic origin, selected years 1980-94



Note: Rates in 1985 were not calculated for Hispanics because estimates for populations were not available.
Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.
See related table HEALTH9, this publication.

- In 1994, there were 37.6 births per 1,000 females ages 15 to 17. The total number of births to these young women for that year was 195,169.
- Birth rates among teenagers 15 to 17 years old declined slightly between 1980 and 1985, increased substantially between 1985 and 1991, and declined slightly again between 1991 and 1994.
- There are substantial racial and ethnic disparities in birth rates among young women ages 15 to 17. In 1994, the birth rate for this age group was 16 per 1,000 for Asian or Pacific Islanders, 23 for whites, 51 for American Indian or Alaskan Natives, 74 for Hispanics, and 76 for blacks.[33]
- Birth rates for white and black females ages 15 to 17 decreased between 1991 and 1994, after increasing in previous years. In contrast, birth rates for Hispanics in this age group increased from 1980 to 1994.
- In 1994, 84 percent of births to females ages 15 to 17 were births to unmarried mothers, compared to 62 percent in 1980.

For additional detail, see table HEALTH9.

Indicators Needed

Health

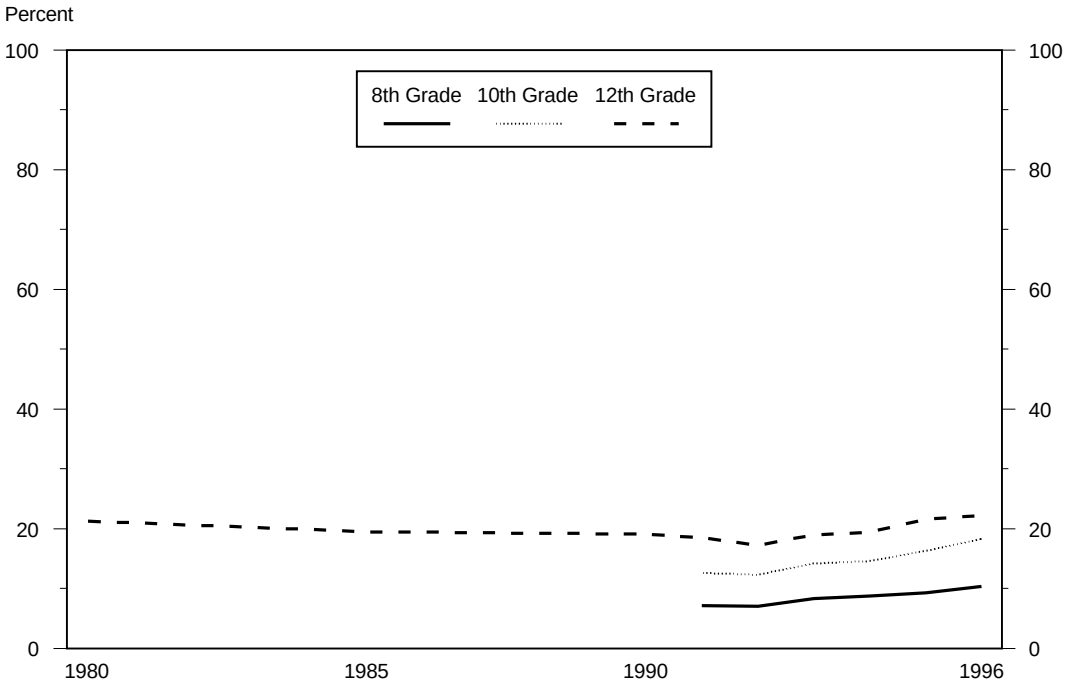
- Mental health indicator. The development of a global indicator of mental health for children which takes into account the child's age and sex, and elicits valid responses from all racial, ethnic, and income groups is needed to estimate the number of children with mental, emotional, and behavioral problems. Several efforts are underway to develop such indicators, but these data will not be available until 1999 or 2000.
- Children with special needs. Regular estimates are needed of the number of children with special needs, including children with physical and learning disabilities, children with limitations caused by developmental delays and chronic conditions, and children who need special services, such as early intervention services and special education services. The indicator in this report on "activity limitation" refers only to those whose individuals whose activities are limited because of chronic conditions which usually last more than 3 months.
- Child abuse and neglect. Also needed are regular reliable estimates of the incidence of child abuse and neglect that are based on a sample survey rather than administrative records. See the "Special Feature" section of this report for such an indicator for one recent year.
- Access to health care. An indicator is under development which will provide data on children's access to a usual source of health care other than a hospital emergency room.

Behavior and Social Environment

Regular Cigarette Smoking

Smoking has serious long-term consequences, including the risk of smoking-related diseases, increased health care costs associated with treating these illnesses, and the risk of premature death.[34] *Many adults who are today 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.*[35] *These consequences underscore the importance of studying patterns of smoking among adolescents.*

Figure BEH1. Percentage of students who reported smoking cigarettes daily in the previous 30 days, by grade, selected years 1980-96



Sources: National Institute on Drug Abuse, Monitoring the Future Survey. Data provided by the Institute for Social Research, University of Michigan
See related table BEH1, this publication

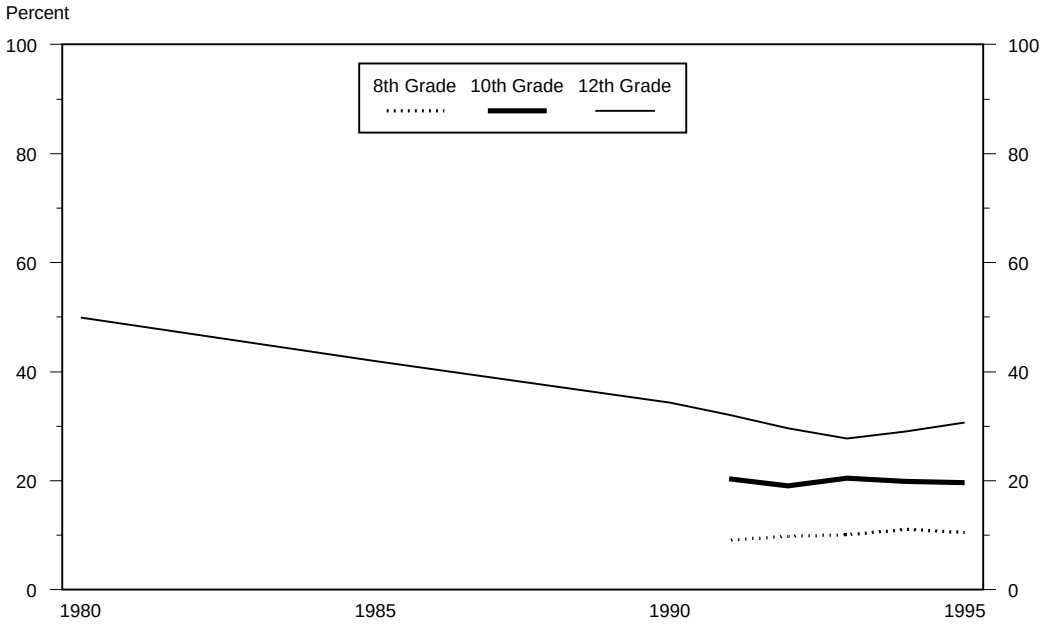
- The percentage of 8th, 10th, and 12th graders who reported that they smoked cigarettes daily increased between 1992 and 1996. In 1996, more than one in five 12th graders (22 percent) reported smoking daily during the previous 30 days, as did 18 percent of 10th graders and 10 percent of 8th graders.
- Prior to 1992, smoking had been decreasing among 12th graders since 1975, when 27 percent of 12th graders reported that they smoked regularly. (Comparable figures are not available for 8th and 10th graders before 1991.)
- Girls are as likely as boys to report smoking on a regular basis.
- White students have the highest rates of smoking, followed by Hispanics, and then blacks. In 1994-95, 24 percent of white 12th grade students reported regular smoking, compared to 12 percent of Hispanics and 6 percent of blacks.

For additional detail, see table BEH1.

Alcohol Use

Alcohol use by adolescents is associated with motor vehicle accidents, injuries, and deaths, problems in school and in the workplace, fighting, and crime.[36] Regular drinking by adolescents is a risk-taking behavior that can have serious harmful consequences.

Figure BEH2. Percentage of students who reported having an alcoholic beverage on more than two occasions in the previous 30 days, by grade, selected years 1980-95



Note: Illicit drugs include marijuana, cocaine (including crack), heroin, hallucinogens (including PCP), inhalents, and nonmedical use of psychotherapeutics.
Source: National Institute on Drug Abuse, Monitoring the Future Survey. Data provided by the Institute for Social Research, University of Michigan.
See related table BEH2, this publication.

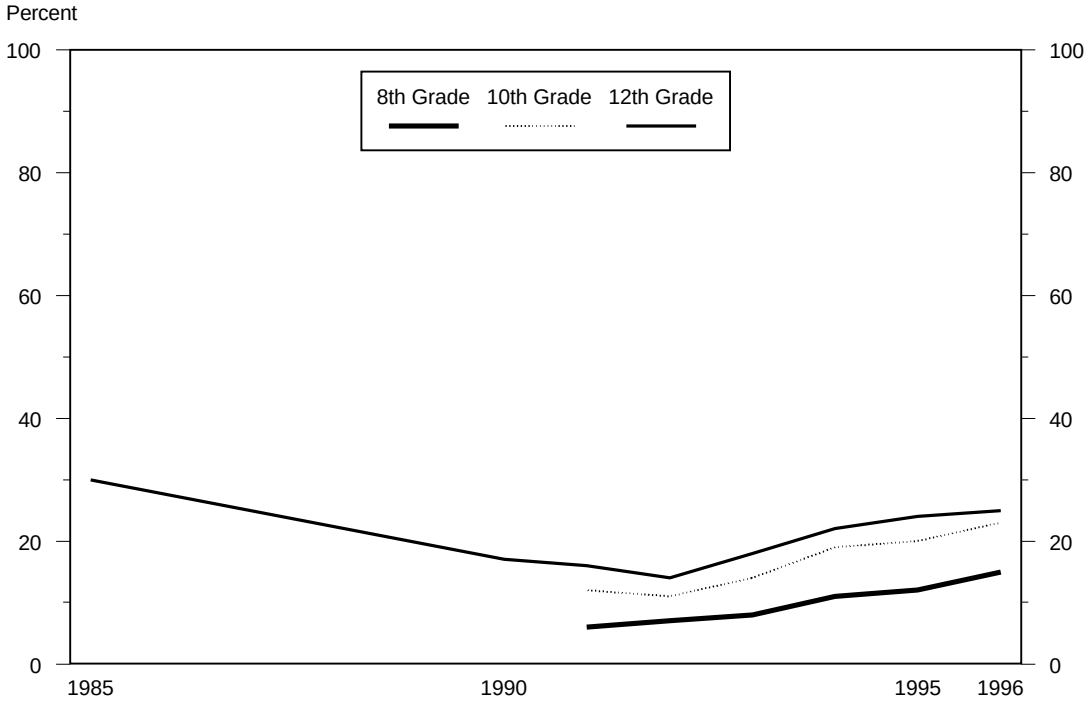
- In 1995, almost one in three 12th graders (31 percent), one in five 10th graders (20 percent), and one in ten 8th graders (11 percent) reported regular drinking, i.e., having an alcoholic beverage on more than two occasions in the previous 30 days.
- For each grade level, the percentage of students who reported regular drinking has been fairly stable since 1991, the earliest year for which data are available for 8th and 10th graders.
- For 12th graders, data are available from 1980 and indicate that the percentage reporting regular drinking has declined substantially: from 50 percent in 1980 to 31 percent in 1995. Much of this decrease took place between 1980 and 1991.
- Among 12th graders, boys are substantially more likely to drink regularly than are girls. In 1995, 36 percent of 12th grade boys reported regular drinking, compared to 25 percent of 12th grade girls.
- Similar percentages of 8th and 10th grade boys and girls report regular drinking. Among 8th graders in 1995, 12 percent of boys and 9 percent of girls reported regular drinking. Among 10th graders, 21 percent of boys and 18 percent of girls reported regular drinking.

For additional detail, see table BEH2.

Substance Abuse

Research indicates that 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.[37] Marijuana use poses both health and cognitive risks, particularly for damage to pulmonary functions as a result of chronic use.[38] Hallucinogens can affect brain chemistry and result in problems with learning new information and retaining knowledge.[39] Possession and/or use of drugs is illegal and can lead to a variety of penalties and a permanent criminal record. As is the case with alcohol use, drug use is a risk-taking behavior by adolescents that has serious negative consequences.

Figure BEH3. Percentage of students who have used illicit drugs in the previous 30 days, by grade, selected years 1985-96



Note: Illicit drugs include marijuana, cocaine (including crack), heroin, hallucinogens (including PCP), inhalents, and nonmedical use of psychotherapeutics.
Source: National Institute on Drug Abuse, Monitoring The Future Survey. Data provided by the Institute for Social Research, University of Michigan.
See related table BEH3, this publication.

- In 1996, one in four 12th graders (25 percent) reported using illicit drugs in the previous 30 days. Twenty-three percent of 10th graders and 15 percent of 8th graders reported using illicit drugs in the previous 30 days.
- The percentage of students in each grade level reporting illicit drug use increased substantially between 1992 and 1996—from 14 percent to 25 percent for 12th graders; from 11 percent to 23 percent for 10th graders; and from 7 percent to 15 percent for 8th graders.
- Prior to 1992, illicit drug use by 12th graders had fallen sharply from 30 percent in 1985 to 14 percent in 1992, but then began to rise sharply, reaching 25 percent in 1996. (Data for 8th and 10th graders are not available before 1991.)
- Among 12th graders, boys are more likely to use illicit drugs than girls. In 1995, 27 percent of male 12th graders reported using illicit drugs, compared to 20 percent of females.
- Twenty-four percent of white 12th graders reported illicit drug use in 1995, compared to 18 percent of blacks and 21 percent of Hispanics.

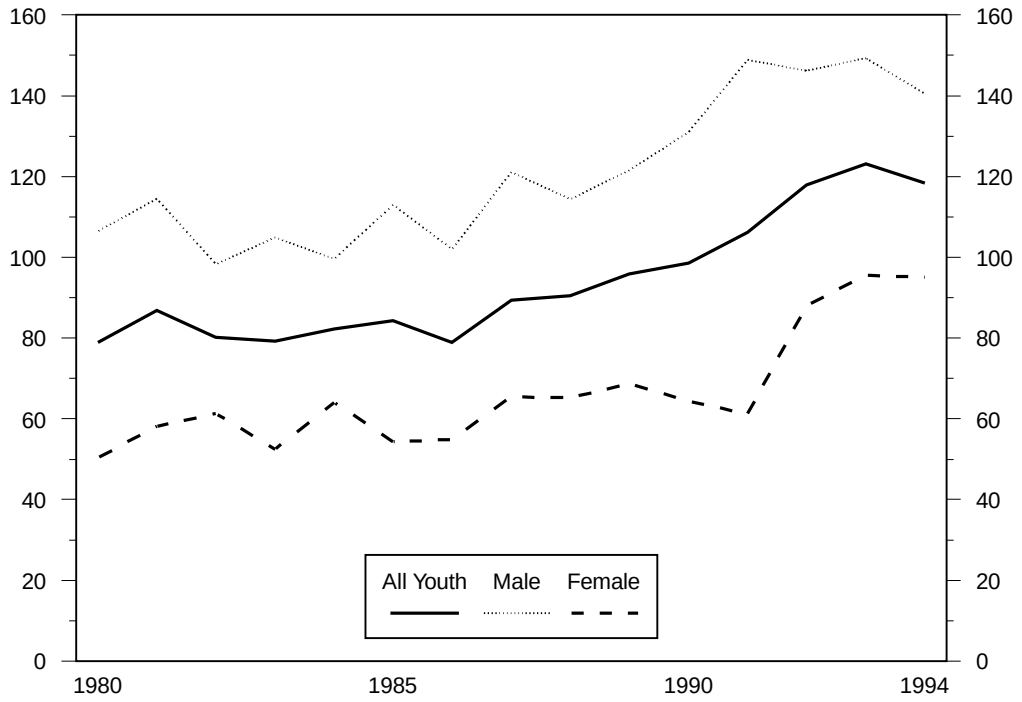
For additional detail, see table BEH3.

Youth Victims of Violent Crimes

Violence affects the quality of life of young people who experience it, witness it, or feel threatened by it. In addition to the direct physical harm suffered by young victims of violence, research suggests that violence can adversely affect victims' mental health and development, and increase the likelihood that they themselves will commit acts of violence.[40] Youths ages 12 to 17 are more likely than adults to be victims of violent crimes,[41] which include simple and aggravated assaults, rape, and robbery (stealing by force or threat of violence).

Figure BEH4. Youth who were victims of violent crime, by gender, 1980-94

Victims per 1,000 youth ages 12-17



Note: Violent crimes include simple and aggravated assaults, rape, and robbery (stealing by force or threat of violence).
Source: U.S. Department of Justice, Bureau of Justice Statistics, National Crime Victimization Survey.
See related table BEH4, this publication.

- In 1994, almost 2.6 million youth ages 12 to 17 were victims of violent crimes.
- The rate at which youth were victims of violent crimes fluctuated between 79 and 87 per 1,000 from 1980 to 1986, and then began to increase from 89 per 1,000 in 1987 to 123 per 1,000 in 1993. (Violent crime victimization rates for youth are expressed in terms of the number of victims per 1,000 youth ages 12 to 17.) The rate of violent crime against youth then decreased to 118 in 1994, but it is too early to know whether this is the beginning of a downward trend.
- Boys are more likely than girls to be victims of violent crimes. In 1994, the male youth violent crime victimization rate was 141 per 1,000, compared to 95 per 1,000 for females.
- Black youth are generally more likely than white youth to be victims of violent crime. In 1994, the black youth violent crime victimization rate was 136 per 1,000, compared to 118 per 1,000 for white youth.
- From 1980 to 1985, younger teens (ages 12-14) were less likely than older teens (ages 15-17) to be victims of violent crimes. Since 1986, there have been several years in which the violent crime victimization rate for younger teens equaled or exceeded the rate for older teens.

For additional detail, see table BEH4.

Indicators Needed

Behavior and Social Environment

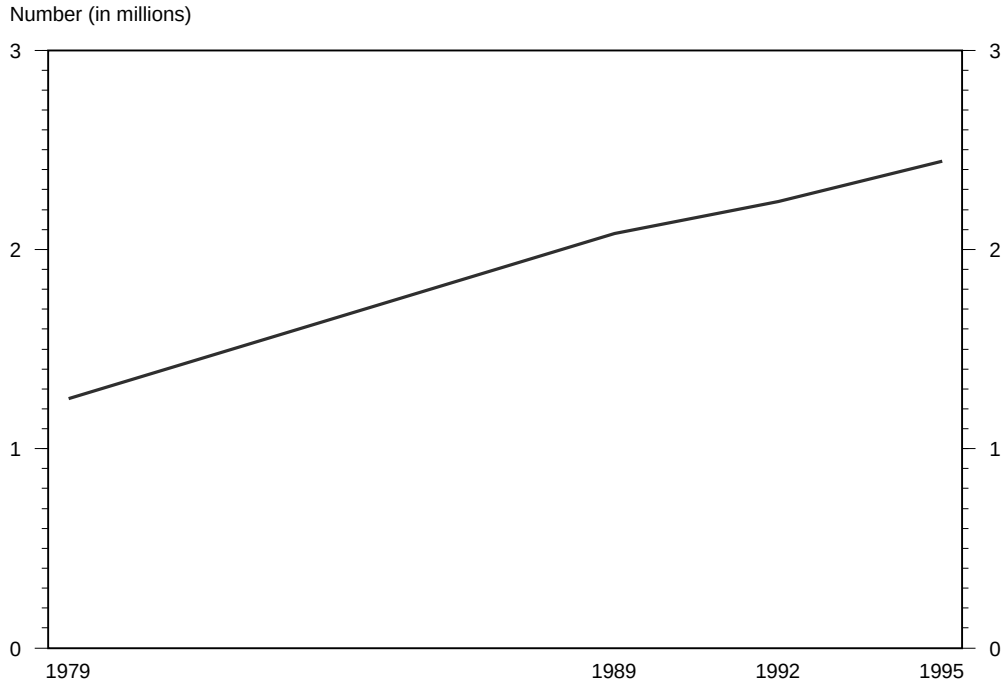
- Violent crime rate. An estimate of the number of juvenile offenses is needed which is reliable across jurisdictions and which estimates the rate of offenses, rather than arrests or outcomes of adjudication.
- Neighborhood environment. Research shows the effect of distressed neighborhoods over and above that of individual or family background characteristics on child well-being, yet an adequate and regular source of information on neighborhoods is not yet available.

Education

Difficulty Speaking English

Children who speak languages other than English[42] at home and who also have difficulty speaking English may face greater challenges progressing in school and in the labor market. They may need special instruction in school to improve their English. Difficulty speaking English is most common among immigrant children and the U.S.-born children of immigrants. In the last three decades, the great majority of immigrants to the United States have come from Asia, Latin America, and the Caribbean. (For this indicator, estimates for whites and blacks exclude Hispanics of those races.)

Figure ED1. Number of children ages 5 to 17 who speak a language other than English at home and who have difficulty speaking English, selected years 1979-95



Source: U.S. Bureau of the Census, October and November Current Population Surveys. Tabulated by U.S. Department of Education, National Center for Education Statistics.
See related table ED1, this publication.

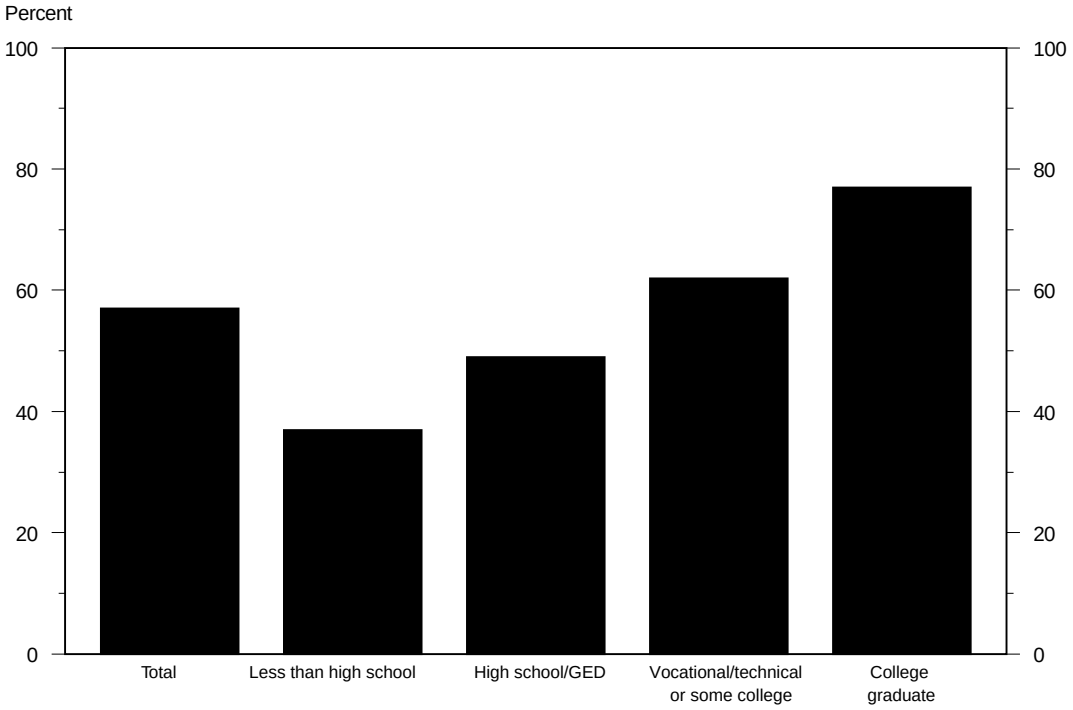
- From 1979 to 1995, the number of school-age children who spoke a language other than English at home and had difficulty speaking English almost doubled, growing from 1.25 million in 1979 to 2.44 million in 1995.
- As a percentage of all children ages 5 to 17 in the United States, this represents an increase from 3 percent in 1979 to 5 percent in 1995.
- Underlying the rise in the percentage of all children who have difficulty speaking English was an increase in the percentage of children who spoke another language at home, from 9 percent in 1979 to 14 percent in 1995, and in the proportion of those children who had difficulty speaking English, from 33 percent in 1979 to 37 percent in 1995.
- Children of Hispanic and Asian origin are more likely than white or black children to have difficulty speaking English, since they are more likely to speak another language at home. Thirty-one percent of Hispanic children had difficulty speaking English in 1995, while 74 percent of Hispanic children spoke another language at home. Likewise, 14 percent of children of "other" races (including Asians) had difficulty speaking English, while 46 percent of these children spoke another language at home. In contrast, one percent of both black and white children spoke English with difficulty, with only 3 and 4 percent of them, respectively, speaking another language at home.

For additional detail, see table ED1.

Family Reading to Young Children

Research indicates that reading to young children promotes language acquisition and correlates with literacy development and, later on, with achievement in reading comprehension and overall success in school.[43] *The percentage of young children read aloud to daily by a family member is one indicator of how well young children are prepared for school (For this indicator, estimates for whites and blacks exclude Hispanics of those races.)*

Figure ED2. Percentage of 3- to -5-year-olds who were read to every day, by mother's education, 1996



Note: Estimates are based on 3- to 5-year-olds who have yet to enter kindergarten.
Source: U.S. Department of Education, National Center for Education Statistics, National Household Education Survey.
See related table ED2, this publication.

- In 1996, 57 percent of children ages 3 to 5[44] were read aloud to by a family member every day in the last week, up slightly from 53 percent in 1993.
- As a mother's education increases, so does the likelihood that her child is read to every day. In 1996, more than three-quarters (77 percent) of children whose mothers were college graduates were read aloud to every day. In comparison, daily reading aloud occurred with 62 percent of children whose mothers had some college experience, 49 percent whose mothers had completed high school but had no education beyond that, and 37 percent whose mothers had not completed high school.
- White children are more likely to be read aloud to every day than either black or Hispanic children. Sixty-four percent of white children, 44 percent of black children, and 39 percent of Hispanic children were read to every day in 1996.
- Children in families with incomes below the poverty line are less likely to be read aloud to every day than are children in families with incomes above the poverty line. Less than half (46 percent) of children in poverty were read to every day in 1996, compared to 61 percent of children above the poverty line.
- Children living with two parents are more likely to be read aloud to every day than are children who live with one or no parent. Sixty-one percent of children in two-parent households were read to every day in 1996, compared to 46 percent of children living with one or no parent.

For additional detail, see table ED2.

Early Childhood Education

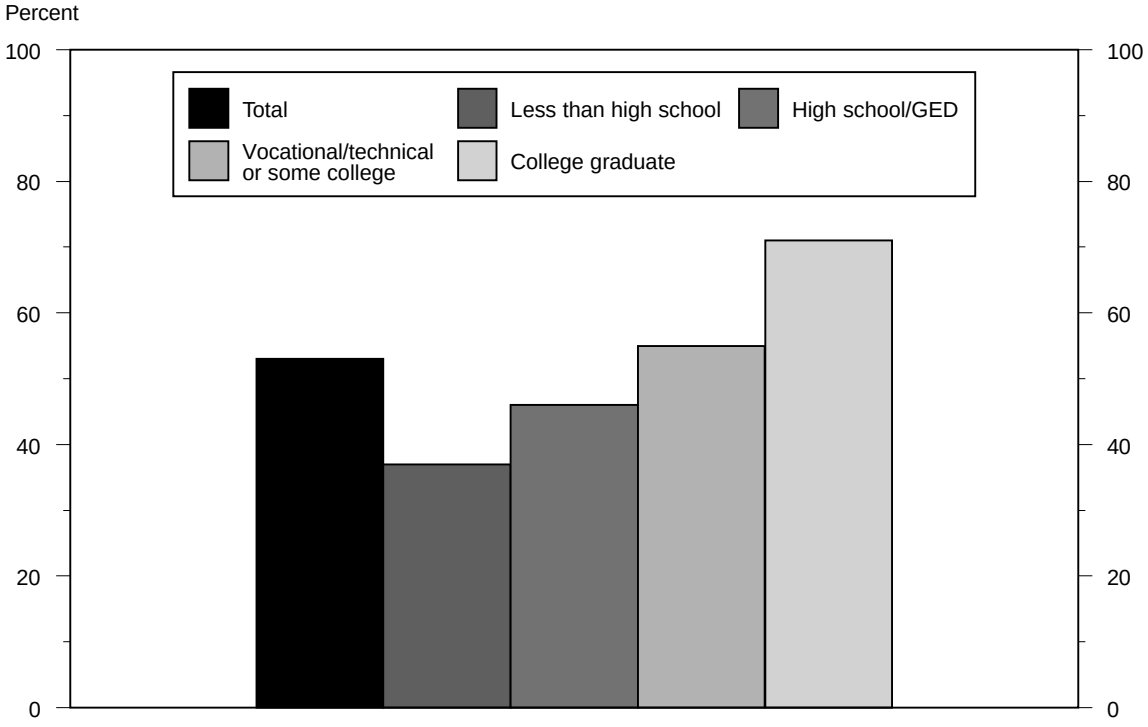
Research suggests that participation in an early childhood program prepares all children for success in kindergarten and subsequent grades. It may particularly help ready children from low-income families for elementary school.[45] Like family reading, participation in an early childhood program is a measure of young children's preparation for school. (For this indicator, estimates for whites and blacks exclude Hispanics of those races.)

Figure ED3.A. Percentage of 3- to 4-year-olds yet to enter kindergarten who are enrolled in nursery school, selected years 1980-95

Note: Data for 1994 and 1995 may not be comparable to earlier years because of changes in survey procedures.
Source: U.S. Bureau of the Census, October Current Population Surveys.
See related table ED3.A, this publication.

- In 1995, 47 percent of 3- to 4-year-olds yet to enter kindergarten attended nursery school, a substantial increase from the 15 percent who attended nursery school in 1970.
- When a broader group of early childhood programs are considered, more than half (53 percent) of 3- to 4-year-olds yet to enter kindergarten attended one of several kinds of center-based early childhood programs in 1996. These programs include nursery schools, preschool programs, Head Start programs, day care centers, and prekindergarten programs.

Figure ED3.B. Percentage of 3- to 4-year-olds yet to enter kindergarten who were enrolled in center-based early childhood programs, by mother's education level, 1996



Note: Estimates are based on children who have yet to enter kindergarten.
Source: U.S. Department of Education, National Center for Education Statistics, National Household Education Survey, 1996.
See related table ED3.B, this publication.

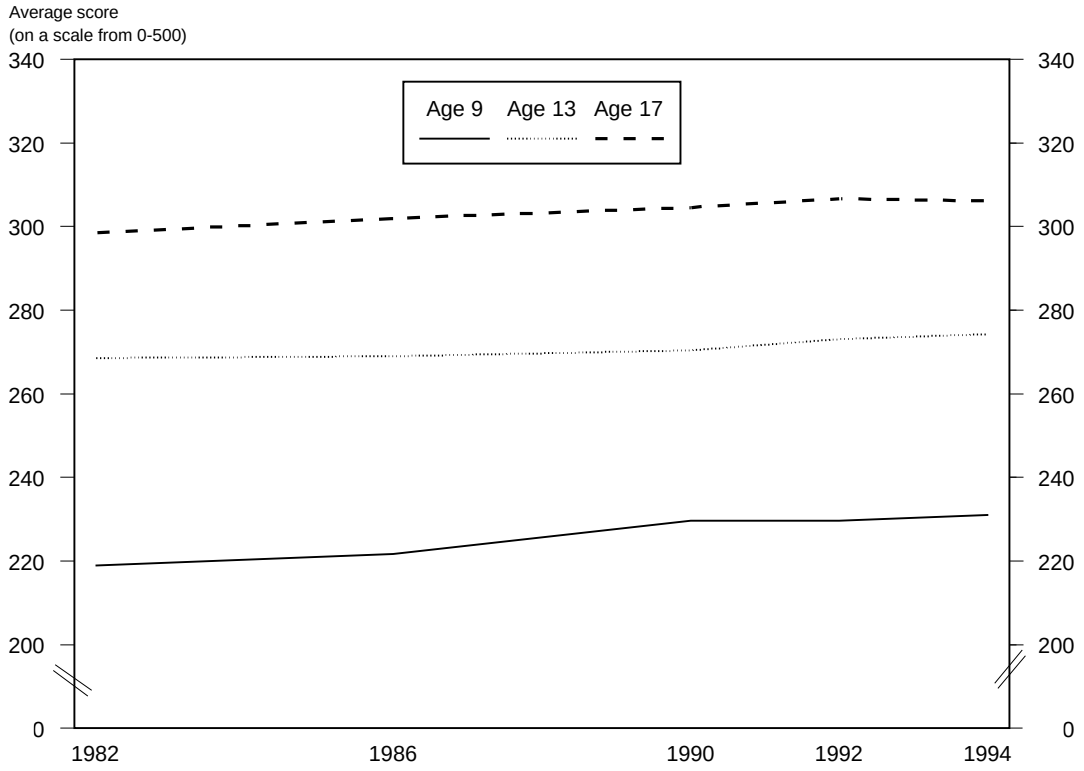
- Children with more highly-educated mothers are more likely to attend a center-based program than others. Seventy-one percent of children whose mothers had completed college attended such a program in 1996, compared to 37 percent whose mothers had less than a high school education.
- Children living in poverty are less likely to attend a center-based program than children whose families have higher incomes. In 1996, 58 percent of children ages 3 to 4 whose families had incomes above the poverty line were enrolled in a center-based program, compared to 41 percent of children whose families had incomes at or below the poverty line.
- Black children are somewhat more likely than white children and much more likely than Hispanic children to attend a center-based program. In 1996, 63 percent of black children ages 3 to 4 attended a center-based program, compared to 54 percent of white children and 37 percent of Hispanic children.

For additional detail, see tables ED3.A and ED3.B.

Math and Reading Proficiency

The extent and content of students' knowledge, as well as their ability to think, learn, and communicate, affect their ability to succeed in the labor market, well beyond their earning of a degree or attending school for a given number of years. On average, students with higher test scores will earn more and will be unemployed less often than students with lower test scores.[46] *Math and reading achievement test scores are important measures of students' skills in these subject areas, as well as good indicators of achievement overall in school. To measure progress in math and reading, the National Assessment of Educational Progress conducts national assessments of 9-, 13-, and 17-year-olds. (For this indicator, estimates for whites and blacks exclude Hispanics of those races.)*

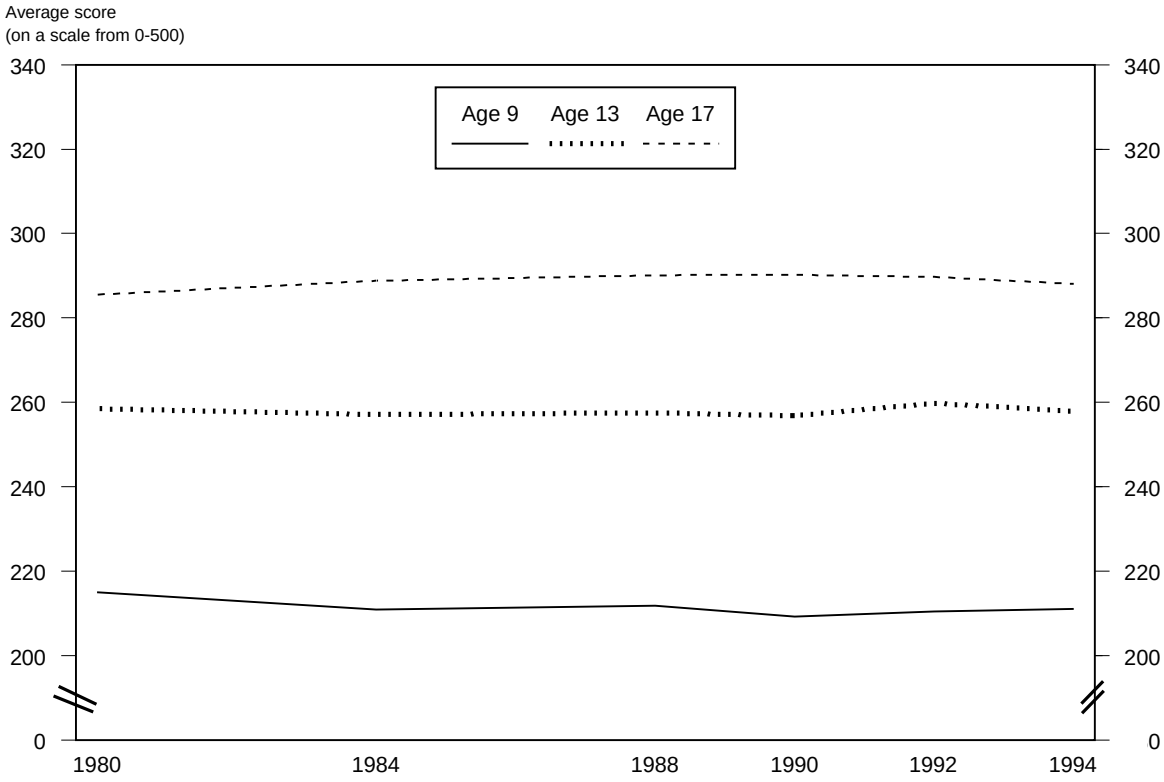
Figure ED4.A. Math proficiency scores for 9-, 13-, and 17-year-olds, selected years 1982-94



Source: U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress.
See related table ED4.A, this publication.

- U.S. students have made modest improvements in math proficiency scores in the last decade or so. Math scores increased somewhat for 9-year-olds between 1982 and 1994, and increased slightly for 13- and 17-year-olds during that time period.
- There has been little or no progress in reading proficiency since 1980. Reading proficiency scores for 9-year-olds have been stable from 1984 to 1994, following a slight decline between 1980 and 1984. Reading scores for 13-year-olds have been stable from 1980 to 1994. Reading scores for 17-year-olds increased slightly between 1980 and 1990, and have not changed significantly since then.

Figure ED4.B. Reading proficiency scores for 9-, 13-, and 17-year-olds, selected years 1980-94



Source: U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress.
See related table ED4.B, this publication.

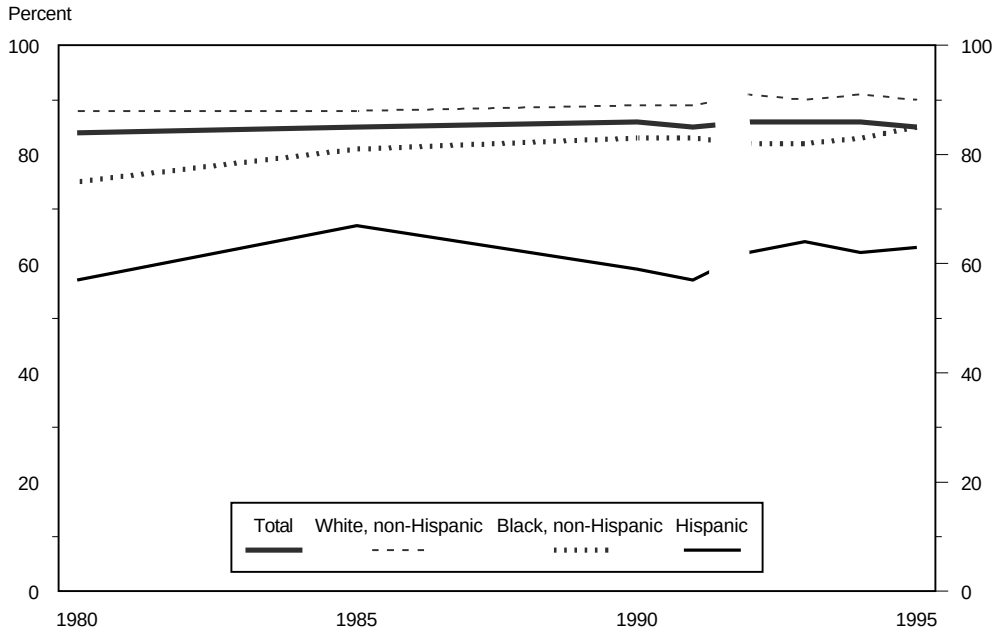
- Whites have consistently had higher reading and math scores than either blacks or Hispanics at ages 9, 13, and 17.
- On average, 13- and 17-year-olds whose parents have completed more years of school score higher on reading and math assessments than do their peers whose parents have had fewer years of education.[47]
- Girls have consistently higher reading scores than boys at all ages. In math, 9-year-old boys and girls had similar proficiency scores in 1994. Among 13- and 17-year-olds, however, boys scored slightly higher than girls in math in 1994.

For additional detail, see tables ED4.A and ED4.B.

High School Completion

A high school diploma or its equivalent represents mastery of the basic reading, writing, and math skills a person needs to function in modern society. The percentage of 18- to 24-year-olds 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 higher education and many entry-level jobs. (For this indicator, estimates for whites and blacks exclude Hispanics of those races.)

Figure ED5. Percentage of 18- to 24-year-olds who have completed high school, by race and Hispanic origin, selected years 1980-95



Note: Data after 1991 may not be strictly comparable to earlier estimates because of changes in survey question wording. Estimates refer only to those who are not currently enrolled in high school or below.
Source: U.S. Bureau of the Census, October Current Population Survey. Tabulated by U.S. Department of Education, National Center for Education Statistics.
See related table ED5, this publication.

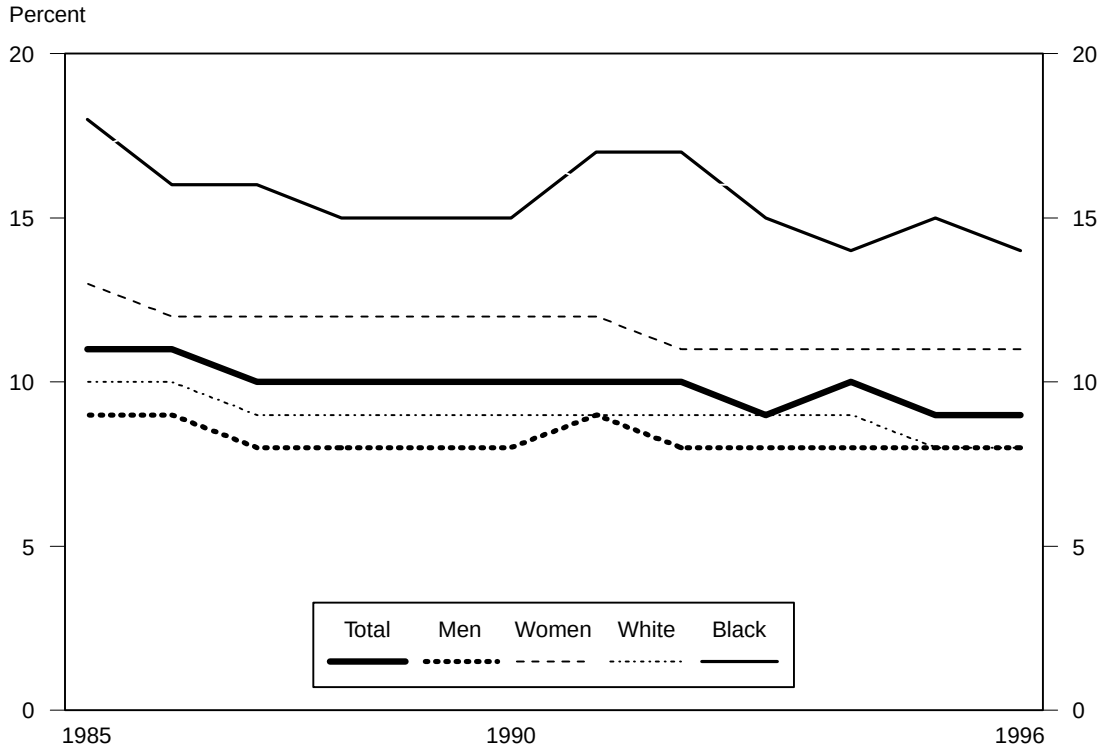
- In 1995, 85 percent of Americans ages 18 to 24 who were not currently enrolled in high school had completed high school, either with a diploma or an alternative credential such as a GED. The high school completion rate has varied little since 1980, when it was 84 percent.
- For blacks, high school completion rates have increased substantially, from 75 percent in 1980 to 85 percent in 1995. They have increased less dramatically for whites, from 88 percent in 1980 to 90 percent in 1995.
- Hispanics have consistently had lower high school completion rates than either blacks or whites. The Hispanic high school completion rate of 63 percent in 1995 appears to have risen slightly since 1980, but these changes are not statistically significant.
- Most young people (78 percent in 1995) complete high school by earning a regular high school diploma. Others complete high school by passing an exam, such as the GED. In 1995, 7 percent of all 18- to 24-year-olds who were not enrolled in high school had earned a GED or alternative credential.

For additional detail, see table ED5.

Detached Youth

The term "detached youth" refers to young people ages 16 to 19 who are neither in school nor working. Research suggests that this detachment, particularly if it lasts for several years, increases the risk that a young person, over time, will have lower earnings and a less stable employment history than his or her peers who stayed in school and/or secured jobs.[48] The percentages of youth who are detached measures the proportion of young people who, at a given time, are in circumstances that may seriously limit their future prospects.

Figure ED6. Percentage of youth ages 16 to 19 who are neither in school nor working, by gender and race, selected years 1985-96



Note: Data for 1994 and subsequent years are not strictly comparable with data for prior years because of changes in questionnaire design and methodology.
Source: U.S. Bureau of the Census, Current Population Survey. Tabulated by U.S. Department of Labor, Bureau of Labor Statistics.
See related table ED6, this publication.

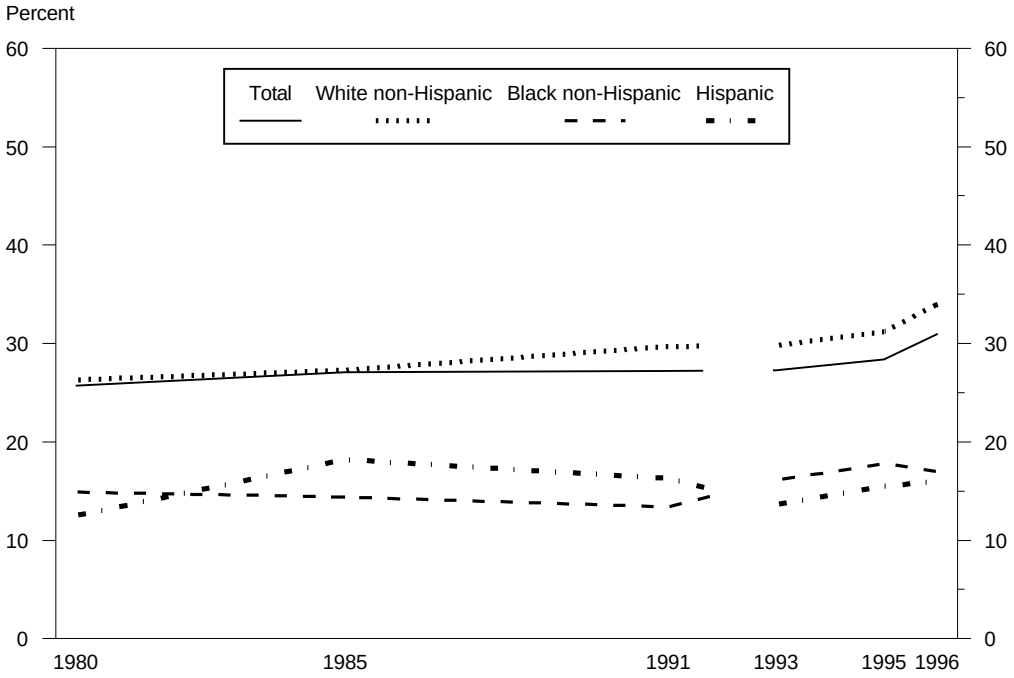
- During the 1990s, there has been little change overall in the proportion of detached youth. In 1996, about 9 percent of the nation's 16- to 19-year olds were neither enrolled in school nor working, slightly lower than the rate of 11 percent in 1985.
- Almost all of the decline in the proportion of detached youth occurred among young women. In 1985, 13 percent of young women were neither in school nor working. By 1996, this proportion had decreased to 11 percent. Nevertheless, young women continue to be more likely to be detached than young men.
- Black and Hispanic youth are considerably more likely to be detached than white youth. In 1996, 14 percent of black youth and 16 percent of Hispanic youth were neither in school nor working, compared to 8 percent of white youth.
- The proportion of black youth who are detached has decreased from 18 percent in 1985 to 14 percent in 1996. Among Hispanic youth, the percentage who are detached has changed little, fluctuating between 16 and 18 percent during the 1985-96 period.

For additional detail, see table ED6.

Higher Education

Higher education, especially completion of a bachelor's or more advanced degree, generally enhances a person's employment prospects and increases his or her earning potential.[49] *The percentage of high school graduates who have completed a degree is one measure of the percentage of young people who have successfully applied for, financed, and persisted through a program of higher education. (For this indicator, estimates for whites and blacks exclude Hispanics of those races.)*

Figure ED7. Percentage of high school graduates ages 25 to 29 who have completed a bachelor's degree or higher, by race and Hispanic origin, selected years 1980-96



Note: Prior to 1992, this indicator was measured as having "4 or more years of college" rather than the actual attainment of a bachelor's degree.
Source: U.S. Bureau of the Census, March Current Population Survey. Tabulated by U.S. Department of Education, National Center for Education Statistics.
See related table ED7, this publication.

- In 1996, 31 percent of high school graduates ages 25 to 29 had completed college and earned a bachelor's or more advanced degree.
- This percentage has increased in recent decades from 22 percent in 1971 to 31 percent in 1996.
- White high school graduates ages 25 to 29 are more likely than either black or Hispanic high school graduates in the same age group to have earned a bachelor's degree. In 1996, 34 percent of white, 17 percent of black, and 16 percent of Hispanic high school graduates in this age group had earned a bachelor's degree or higher.
- In 1996, an additional 10 percent of high school graduates ages 25 to 29 had earned an associate degree but not a bachelor's degree.
- In 1996, 10 percent of white high school graduates ages 25 to 29 had associate degrees as their highest degree, as did about 8 percent of black and Hispanic high school graduates in this age group.

For additional detail, see table ED7.

Indicators Needed

Education

- Early childhood development. Although the report offers two indicators of young children's exposure to reading and early childhood education, there is no regular source of information that can be used to monitor specific social, intellectual, and emotional skills of preschoolers over time.
- Course-taking. Several different indicators of course-taking are possible with current data sources, yet there is a lack of consensus about what courses are predictive of better life chances in the future, hence about what are the most important courses to monitor over time.

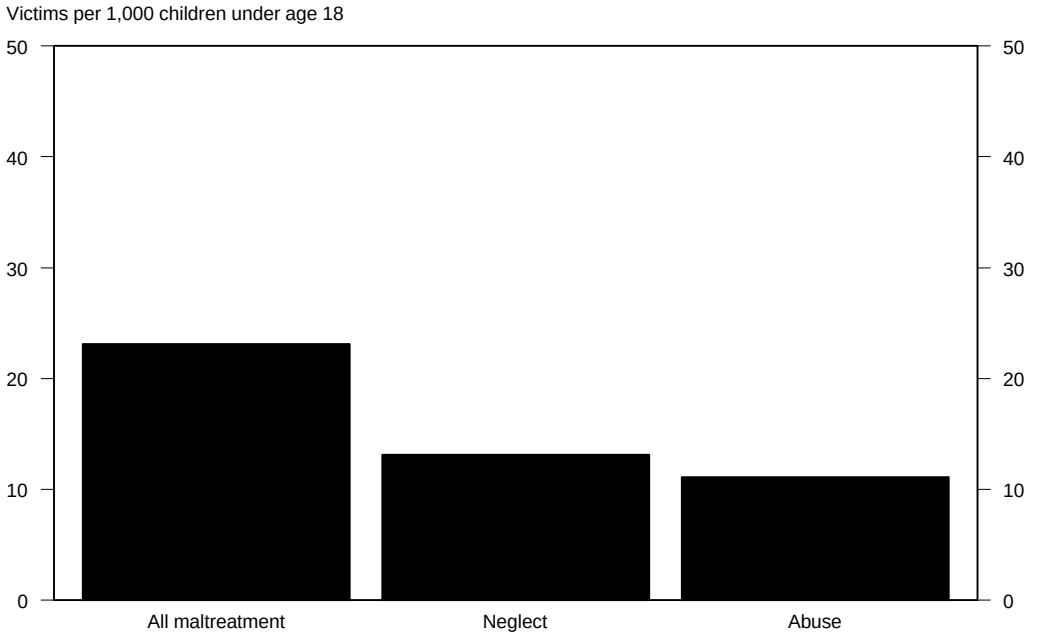
Special Feature

This report has so far presented indicators for which data are regularly available over many years. For some important measures of child well-being, however, data are not collected on a regular basis. The section of the report that follows presents data that are either not available with sufficient frequency to be a regular indicator, or are available for one year only.

Child Abuse and Neglect

Research on the effects of child abuse and neglect document both immediate and long-term harm to children. In extreme cases, the physical consequence of abuse and neglect is death; in many other cases, the outcome is serious injury, permanent disability, and/or a range of social, psychological, and cognitive problems.[50] The incidence of child abuse and neglect is very difficult to measure. Presented here is the best current estimate, available from a survey conducted in 1993. Despite the importance of consistent monitoring over time, trend data from a survey administered at frequent intervals on this subject are unavailable.

Figure SPECIAL1. Rates of child abuse and neglect, 1993



Note: Estimates are based on the National Incidence Study Harm Standard, and refer to children under age 18.
Source: National Center on Child Abuse and Neglect, Third National Incidence Study of Child Abuse and Neglect (NIS-3).
See related table SPECIAL1, this publication.

- In 1993, professionals reported approximately 1.6 million children to be victims of maltreatment, either abuse or neglect.[51] This number is a rate of 23.1 per 1,000 children under age 18.
- Of these children, approximately 743,200 suffered physical, sexual, or emotional abuse. This is a rate of 11.1 per 1,000 children.
- Approximately 879,000 suffered physical, emotional, or educational neglect. This is a rate of 13.1 per 1,000. (The numbers of victims of abuse and neglect overlap to some extent, since some children suffer both forms of maltreatment.)
- Girls were sexually abused three times more often than boys.
- Boys were at greater risk of serious injury than girls.
- Children of single parents were at much greater risk of abuse or neglect than were children living with both parents.
- Children from families with incomes below $15,000 were twenty-two times more likely to experience some form of maltreatment than children from families with incomes above $30,000.

For additional detail, see table SPECIAL1.

Notes to Indicators

Notes to Indicators

[1]See the indicator on child poverty in this report, pp. 14-15.

[2]Ventura, S.J. (1995). Births to unmarried mothers: United States, 1980-92. *Vital Health Statistics*, vol. 21, no.53. Hyattsville, MD: National Center for Health Statistics.

[3]McLanahan, S. (1995). The consequences of nonmarital childbearing for women, children, and society. In *Report to Congress on Out-of-Wedlock Childbearing*. Hyattsville, MD: National Center for Health Statistics.

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[5]Bumpass, L.L. and Sweet, J.A. (1995). *Cohabitation, marriage, and urban stability: Preliminary findings from NSFH2. CDE Working Paper 65*. Madison, WI: Center for Demography and Ecology, University of Wisconsin.

[6]Duncan, G. and Brooks-Gunn, J. (forthcoming, 1997). Income effects across the life span: Integration and interpretation. In *Consequences of Growing Up Poor* (G. Duncan and J. Brooks-Gunn, eds.). New York: Russell Sage Press.

[7]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*, vo1. 75, no.2, pp. 195-208

[8]Duncan, G. and Brooks-Gunn, J.

[9]The child poverty rate for 1981 was 19.5.

[10]Life Sciences Research Office and American Institute of Nutrition. (1990). *Core indicators of nutritional state for difficult to sample populations*. Bethesda, MD: Life Sciences Research Office and American Institute of Nutrition.

[11]Most households with gross monthly incomes at or below 130 percent of the poverty line are eligible for the food stamp program, and their children are eligible to receive free school breakfasts and lunches on a daily basis. Therefore, data are collected and reported using this threshold.

[12]Kaufman, T. (1996). *Housing America's future: Children at risk*. Washington, D.C.: National Low-Income Housing Coalition.

[13]National Academy of Sciences. (1995). *Measuring poverty: A new approach.* National Research Council. Washington, D.C.: National Academy Press.

[14]Income-eligible families who report either severe housing cost burdens or severe physical problems with their housing are considered by the U.S. Department of Housing and Urban Development to have "priority" housing problems and receive preference on waiting lists for federal rental assistance programs.

[15]"Very low-income renters" are renter households with incomes at or below half the median income in their geographic area.

[16]Mayer, Susan E. (1995). Income, employment and the support of children; and Smith, Judith R., Brooks-Gunn, Jeanne, and Jackson, Aurora P., Parental employment and children, in IRP Special Report Series SR#60a-c, *Indicators of Children's Well-Being: Conference Papers*. Institute for Research on Poverty, University of Wisconsin-Madison.

[17]National Center for Health Statistics. (1988). Health of our Nation's children. *Vital Statistics Health Series*, vol. 10, no. 191. Hyattsville, MD: National Center for Health Statistics.

[18]Public health insurance includes Medicaid, Medicare, and CHAMPUS.

[19]The percentages of children covered by public and private insurance in 1995 do not add up to 86 percent (the percentage of all children covered by health insurance), because some children have both public and private insurance.

[20]Kiely, J.L. and Kogan, M.D. (1994). Prenatal care. In Wilcox, L.S. and Marks, J.S., (eds.). *From Data to Action: CDC's Public Health Surveillance for Women, Infants, and Children.* pp. 105-18. Atlanta, Georgia: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention.

[21]Kleinman, J.C, Kiely, J.L. (1991). Infant mortality. *Healthy People 2000 Statistical Notes*, Winter, (vol. 1, no. 2). Hyattsville, MD: National Center for Health Statistics.

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[23]Infant mortality rates for subgroups within an ethnic population are calculated from a separate data set, the National Linked Files of Live Births and Infant Deaths. The most recent years for which those data are available are 1989 through 1991.

[24]Kiely, J.L., Brett, K.M., Yu, S., and Rowley, D.L. (1994). Low birth weight 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, Georgia: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention.

[25]Based on preliminary data

[26]Centers for Disease Control and Prevention. (1997). *Morbidity and Mortality Weekly Report*, vol. 46, no. 2, pp. 35-40. Atlanta, Georgia: U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention. See also American Academy of Pediatrics. (1997). Recommended childhood immunization schedule—United States, January - December 1997. *Pediatrics*, vol. 99, pp. 136-38.

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[30]Maynard, R.A. (ed.). (1996). *Kids Having Kids: A Robin Hood Foundation Special Report on the Costs of Adolescent Childbearing*. New York, NY: The Robin Hood Foundation. Cooper, L.A., Leland, N.L., and Alexander, G. (1995). Effect of maternal age on birth outcomes among young adolescents. *Social Biology*, vol. 42, pp. 22-35.

[31]Maynard.

[32]Moore, K.A. (1993). Teenage childbearing: A pragmatic perspective. Washington, D.C.: Child Trends, Inc.

[33]For this indicator, estimates for whites exclude Hispanics of that race. Estimates for all other races include Hispanics of those races.

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[37]Blanken, A.J. (1993). Measuring use of alcohol and other drugs among adolescents. In Public Health Reports, *Journal of the U.S. Public Health Service*, vol. 108, Supplement 1. Washington, D.C.: U.S. Department of Health and Human Services.

[38]National Institute on Drug Abuse. (1995). *Marijuana: facts parents need to know*. NCADI Publication No. PHD712. Washington, D.C.: U.S. Department of Health and Human Services. Pope, H.G. Jr. and Yurgelun-Todd, D. (1996). The residual cognitive effects of heavy marijuana use in college students, *JAMA*, vol. 275, no. 7.

[39]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*, vol. 108, Supplement 1. Rockville, MD: U.S. Department of Health and Human Services, Public Health Service.

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[44]The data refer to children who are not yet in kindergarten. Throughout this discussion, "children" refers to 3- to 5-year-olds.

[45]Barnett, S.W. (1992). Benefits of compensatory preschool education. *Journal of Human Resources*, no. 27, pp. 279-312.

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[47]Data on parent's level of education are not reliable for 9-year-olds.

[48]Brown, B. (1996). *Who are America's disconnected youth*. Report prepared for the American Enterprise Institute. Washington, D.C.: Child Trends, Inc.

[49]*Higher Education Today: Facts in Brief*. (May 1994). Washington, D.C.: American Council on Education: Division of Policy Analysis and Research, p. 5.

[50]National Research Council. (1993). *Understanding Child Abuse and Neglect*. Panel on Research on Child Abuse and Neglect. Washington, D.C.: National Academy Press.

[51]These data are drawn from the National Incidence Study, which includes in its count not only children who were investigated by Child Protective Services (CPS), but also children seen by community professionals yet who were not reported to CPS, or who were screened out by CPS without investigation.

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Table POP1. Number of children under age 18 in the United States, by age, selected years 1950-96 and projected 2000-2020

(Numbers in millions)

Age	1950	1960	1970	1980	1990	1996	Projected 2000	2010	2020
All Children	47.3	64.5	69.8	63.7	64.2	69.4	70.8	72.5	77.6
0-5	19.1	24.3	20.9	19.6	22.5	23.5	22.9	23.9	26.4
6-11	15.3	21.8	24.6	20.8	21.6	23.2	24.3	23.6	25.8
12-17	12.9	18.4	24.3	23.3	20.1	22.7	23.6	25.0	25.4

SOURCE: U.S. Bureau of the Census, Current Population Reports, Series P-25, No. 311, *Estimates of the Population of the United States by Single Years of Age, Color, and Sex*, 1900 to 1959, pages 22-23. U.S. Bureau of the Census, Current Population Reports, Series P-25, No. 519, *Estimates of the Population of the United States, by Age, Sex, and Race: April 1, 1960 to July 1, 1973*, Table 2. U.S. Bureau of the Census, Current Population Reports, Series P-25, No. 917, *Preliminary Estimates of the Population of the United States, by Age, Sex, and Race*: 1970 to 1981, Table 2. U.S. Bureau of the Census, Paper Listing, Series PPL-41, *U.S. Population Estimates by Age, Sex, Race, and Hispanic Origin: 1990 to* 1995, Table 1. U.S. Bureau of the Census, unpublished data, *Resident Population—Estimates by Age, Sex, Race, and Hispanic Origin*: July 1, 1996. U.S. Bureau of the Census, Current Population Reports, Series P-25, No. 1130, *Population Projections of the United States by Age, Sex, Race, and Hispanic Origin*: 1995 to 2050, Table 2.

Table POP2. Persons in selected age groups as a percentage of the total U.S. population, and children as a percentage of the dependent population, selected years 1950-96 and projected 2000-2020

Age group	1950	1960	1970	1980	1990	1996	Projected 2000	2010	2020
Percent of total									
Persons 0-17	31	36	34	28	26	26	26	24	24
Persons, 18-64	61	55	56	61	62	61	62	62	59
Persons, 65+	8	9	10	11	13	13	13	13	16
Total, all ages	100	100	100	100	100	100	100	100	100
Percent of dependent population[a]									
Persons, 0-17	79	79	78	71	67	67	67	65	59

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

SOURCE: U.S. Bureau of the Census, Current Population Reports, Series P-25, No. 311, *Estimates of the Population of the United States by Single Years of Age, Color, and Sex*, 1900 to 1959, pages 22-23. U.S. Bureau of the Census, Current Population Reports, Series P-25, No. 519, *Estimates of the Population of the United States, by Age, Sex, and Race: April 1, 1960 to July 1, 1973*, Table 2. U.S. Bureau of the Census, Current Population Reports, Series P-25, No. 917, *Preliminary Estimates of the Population of the United States, by Age, Sex, and Race*: 1970 to 1981, Table 2. U.S. Bureau of the Census, Paper Listing, Series PPL-41, *U.S. Population Estimates by Age, Sex, Race, and Hispanic Origin: 1990 to* 1995, Table 1. U.S. Bureau of the Census, unpublished data, *Resident Population—Estimates by Age, Sex, Race, and Hispanic Origin*: July 1, 1996. U.S. Bureau of the Census, Current Population Reports, Series P-25, No. 1130, *Population Projections of the United States by Age, Sex, Race, and Hispanic Origin*: 1995 to 2050, Table 2.

Table POP3. Racial and ethnic composition: Percent distribution of U.S. children under age 18 across race and Hispanic origin groups, selected years 1980-96 and projected 2000-2020

Race and ethnicity	1980	1990	1996	Projected 2000	2010	2020
White, non-Hispanic	74	69	66	64	59	55
Black, non-Hispanic	15	15	15	15	16	16
Hispanic[a]	9	12	14	16	19	22
Asian/Pacific Islander	2	3	4	4	6	6
American Indian/Alaskan Native	1	1	1	1	1	1

[a]Persons of Hispanic origin may be of any race.

SOURCE: U.S. Bureau of the Census, Current Population Reports, Series P-25-1095, *U.S. Population Estimates by Age, Sex, Race, and Hispanic Origin*: 1980 to 1991, Table 1. U.S. Bureau of the Census, Paper Listing, Series PPL-41, *U.S. Population Estimates by Age, Sex, Race, and Hispanic Origin*: 1990 to 1995, Table 1. U.S. Bureau of the Census, unpublished data, *Resident Population—Estimates by Age, Sex, Race, and Hispanic Origin*: July 1, 1996. U.S. Bureau of the Census, Current Population Reports, Series P-25-1130, *Population Projections of the United States by Age, Sex, Race, and Hispanic Origin*: 1995 to 2050, Table 2.

Table POP4. Family structure: Living arrangements of children under age 18, by race and Hispanic origin,[a] selected years 1970-96

(in percents)

Family type	1970	1980	1990	1991	1992	1993	1994	1995	1996
Total									
Two parents	85	77	73	72	71	71	69	69	68
Mother only	11	18	22	22	23	23	23	23	24
Father only	1	2	3	3	3	3	3	4	4
No parent	3	4	3	3	3	3	4	4	4
White									
Two parents	90	83	79	78	77	77	76	76	75
Mother only	8	14	16	17	18	17	18	18	18
Father only	1	2	3	3	3	3	3	3	4
No parent	2	2	2	2	2	2	3	3	3
Black									
Two parents	58	42	38	36	36	36	33	33	33
Mother only	30	44	51	54	54	54	53	52	53
Father only	2	2	4	4	3	3	4	4	4
No parent	10	12	8	6	7	7	10	11	9
Hispanic [a]									
Two parents	78	75	67	66	65	65	63	63	62
Mother only	—	20	27	27	28	28	28	28	29
Father only	—	2	3	3	4	4	4	4	4
No parent	—	3	3	4	3	4	5	4	5

[a]Persons of Hispanic origin may be of any race. Each race category includes Hispanics of that race.

SOURCE: U.S. Bureau of the Census, Current Population Reports, Series P-20, No. 461, *Marital Status and Living Arrangements*: March 1991, Table 4. U.S. Bureau of the Census, Current Population Reports, Series P-20-468, *Marital Status and Living Arrangements*: March 1992, Table 4. U.S. Bureau of the Census, Current Population Reports, Series P-20-478, *Marital Status and Living Arrangements*: March 1993, Table 4. U.S. Bureau of the Census, Current Population Reports, Series P-20-484, *Marital Status and Living Arrangements*: March 1994, Table A-5. U.S. Bureau of the Census, Paper Listing, Series PPL-52, *Marital Status and Living Arrangements*: March 1995, Table 4. U.S. Bureau of the Census, unpublished data, *Living Arrangements of Children Under 18 by Race and Hispanic Origin*: March 1996.

Table POP5. Birth rates for unmarried women by age of mother, 1980-94

(births per 1,000 unmarried women in each age group)

Year	Total 15-44	15-17	18-19	20-24	25-29	30-34	35-39	40-44
1980	29.4	20.6	39.0	40.9	34.0	21.1	9.7	2.6
1981	29.5	20.9	39.0	41.1	34.5	20.8	9.8	2.6
1982	30.0	21.5	39.6	41.5	35.1	21.9	10.0	2.7
1983	30.3	22.0	40.7	41.8	35.5	22.4	10.2	2.6
1984	31.0	21.9	42.5	43.0	37.1	23.3	10.9	2.5
1985	32.8	22.4	45.9	46.5	39.9	25.2	11.6	2.5
1986	34.2	22.8	48.0	49.3	42.2	27.2	12.2	2.7
1987	36.0	24.5	48.9	52.6	44.5	29.6	13.5	2.9
1988	38.5	26.4	51.5	56.0	48.5	32.0	15.0	3.2
1989	41.6	28.7	56.0	61.2	52.8	34.9	16.0	3.4
1990	43.8	29.6	60.7	65.1	56.0	37.6	17.3	3.6
1991	45.2	30.9	65.7	68.0	56.5	38.1	18.0	3.8
1992	45.2	30.4	67.3	68.5	56.5	37.9	18.8	4.1
1993	45.3	30.6	66.9	69.2	57.1	38.5	19.0	4.4
1994	46.9	32.0	70.1	72.2	59.0	40.1	19.8	4.7

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System. Ventura, S.J., Martin, J.A., Mathews, T.J., and Clarke, S.C. Advance Report of Final Natality Statistics, 1994. *Monthly Vital Statistics Report*; Vol. 44, No. 11, Supp. Hyattsville, Maryland: National Center for Health Statistics. 1996.

Table ECON1.A. Child poverty: Percentage of related children living below selected poverty levels, by age, family structure, race, and Hispanic origin,[a,b] selected years 1980-95

Poverty level	1980	1985	1990	1991	1992	1993	1994	1995
Under 100% of poverty								
Children in all families								
Related children under 18	18	20	20	21	22	22	21	20
White, non-Hispanic	—	—	12	12	12	13	9	11
Black[a]	42	43	44	46	46	46	43	42
Hispanic[b]	33	40	38	40	39	40	41	39
Related children under 6	20	23	23	24	26	26	25	24
Related children 6 to 17	17	19	18	20	19	20	20	18
Children in married couple families								
Related children under 18	—	—	10	11	11	12	11	10
White, non-Hispanic	—	—	7	7	7	8	7	6
Black[a]	—	—	18	15	18	18	15	13
Hispanic[b]	—	—	27	29	29	30	30	28
Related children under 6	—	—	12	12	13	13	12	11
Related children 6 to 17	—	—	10	10	10	11	10	9
Children in female householder families, no husband present								
Related children under 18	51	54	53	56	55	54	53	50
White, non-Hispanic	—	—	40	41	40	39	38	34
Black[a]	65	67	65	68	67	66	63	62
Hispanic[b]	65	72	68	69	66	66	68	66
Related children under 6	65	66	66	66	66	64	64	62
Related children 6 to 17	46	48	47	50	49	49	47	45
Under 50% of poverty								
Children in all families								
Related children under 18	7	8	8	9	10	10	9	8
White, non-Hispanic	—	—	4	5	5	5	4	3
Black[a]	17	22	22	25	27	26	23	20
Hispanic[b]	—	—	14	14	15	14	17	16
Under 150% of poverty								
Children in all families								
Related children Under 18	29	32	31	32	33	33	32	32
White, non-Hispanic	—	—	21	21	21	22	21	19
Black[a]	57	59	57	60	60	61	58	56
Hispanic[b]	—	—	55	58	58	60	58	59

— = not available.
[a]Estimates for black children include Hispanics of that race.
[b]Persons of Hispanic origin may be of any race.

NOTE: 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 (CPI) level. The poverty threshold for a family of four was $15,569 in 1995. The levels shown here are derived from the ratio of the family's income to the family's poverty threshold. Related children include biological children, stepchildren, and adopted children of the householder and all other children in the household related to the householder (or reference person) by blood, marriage, or adoption. For more detail, see U.S. Bureau of the Census, Series P-60, No. 188.

SOURCE: Rates for 1980 and 1985 were calculated by Child Trends, Inc. based on data from the U.S. Bureau of the Census, Series P-60, No. 133, Table 7; No. 158, Table 4. Rates for 1990 through 1993 are from the U.S. Bureau of the Census, Current Population Reports Series P-60, No. 175, No. 185, No. 188, and revised data for 1992 provided by the U.S. Bureau of the Census, Poverty and Health Branch. Data for 1994 and 1995 from Current Population Reports Series P-60, Nos. 189 and 194.

Table ECON1.B. Average pretax income as a multiple of poverty among all families with children, by income quintile, selected years 1979-94[a]

Quintile	1979	1989	1992	1994
Total	3.13	3.38	3.20	3.28
Lowest 20 percent	.84	.74	.65	.66*
Second 20 percent	1.95	1.87	1.72	1.73
Middle 20 percent	2.84	2.93	2.77	2.79
Fourth 20 percent	3.85	4.14	4.00	4.09
Highest 20 percent	6.15	7.20	6.86	7.14

*This cell reads "In 1994, the lowest 20 percent of families with children had incomes that averaged .66 times the poverty threshold for that year, or $9,993 for a family of four."

[a]The distribution and estimates are weighted by the number of persons.

NOTE: Poverty thresholds are based on the weighted average poverty thresholds for families of specific sizes, with no adjustment for the age of the head of the household. These weighted averages are calculated using the 1989 distribution of adults and children within each family size.

SOURCE: U.S. Bureau of the Census, March Current Population Survey, 1980, 1990, 1993, and 1995. Tabulated by the Congressional Budget Office.

Table ECON1.C. Median family income among families with children under age 18, by family type, selected years 1979-95 (in 1995 dollars)

Family type	1979	1985	1989[a]	1991	1992	1993	1994	1995
All families with children	$41,599	$39,240	$41,121	$39,152	$38,598	$38,179	$39,000	$40,016
Married couple families	46,579	45,818	49,155	47,571	48,003	48,038	48,583	49,969
Female householder, no husband present	16,881	14,271	15,952	14,560	14,412	14,209	15,324	16,235
Male householder, no wife present	—	—	30,426	27,046	24,133	23,570	24,775	26,990

[a]Beginning in 1987, data refer to families with "related" children under age 18. For earlier years, data refer to "own" children under age 18.

NOTE: These median income figures are not adjusted for family size, while the data in table ECON1.B. are adjusted for family size. As a result, the change in average pretax income as a multiple of poverty for the middle 20 percent will be larger than the change in the median income, partly because average family size has fallen since 1979.

SOURCE: U.S. Bureau of the Census, March Current Population Survey. Current Survey Reports, Series P-60, various years.

Table ECON2. Food security: Percentage of children under age 18 in households reporting that there is sometimes or often "not enough to eat," selected years 1989-94

Poverty level	1989	1990	1991	1994
All children	5.3	3.8	3.5	2.6
Children in households at or below 130 percent of poverty	12.2	13.1	11.9	8.0
Children in households above 130 percent of poverty	3.0	0.5	0.5	0.5

NOTE: Although the responses are given by adults for each household, the data have been weighted to reflect the experience of children.

SOURCE: United States Department of Agriculture, Continuing Survey of Food Intakes of Individuals (CSFII).

Table ECON3. Housing problems among U.S. households with children, selected years 1978-93

Household type	1978	1983	1989	1993
All households				
Number of households (in thousands)	32,267	33,584	35,735	35,462
Percent with				
Any problems	30	33	33	34
Moderate or severe physical problems[a]	9	8	9	7
Crowding	9	8	7	6
Cost burden greater than 30 percent	15	21	24	27
Cost burden greater than 50 percent	6	11	9	11
Severe problems	8	12	10	11
Very-low-income renter households[b]				
Number of households (in thousands)	4,176	5,091	5,892	6,653
Percent with				
Any problems	79	83	76	75
Moderate or severe physical problems[a]	18	18	18	14
Crowding	22	18	17	14
Cost burden greater than 30 percent	59	68	67	67
Cost burden greater than 50 percent	31	38	36	38
Severe problems	33	42	33	34

[a]This is also referred to as “inadequate housing.”
[b]Very low income households are those households with incomes at or below one half the median income in a geographic area.

NOTES: Moderate or severe physical problems: See definition in Appendix A of the AHS summary volume: *American Housing Survey for the United States in 1993, Current Housing Reports, H150/93, U.S. Bureau of the Census, 1995.* Cost burden: expenditures on housing and utilities > 30 percent of reported income. Severe problems: cost burden > 50 percent of income or severe physical problems among those not reporting housing assistance. See *Rental Housing Assistance at a Crossroads: A Report to Congress on Worst Case Housing Needs*, Office of Policy Development and Research, HUD, 1996.

1978 data based on 1970 Census weights, 1983 and 1989 data on 1980 weights, 1993 data on 1990 weights.

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

Table ECON4. Secure parental employment:[a] Percentage of families with children under age 18, in which at least one parent works full-time, full year by type of family and age of youngest child, selected years 1970-95

Family type	1970	1987	1990	1995
Families with own children under 18				
All families	—	75	76	78
Married couple families	83	84	86	88
Both parents worked full time, full-year[a]	13	27	28	32
Families maintained by single mothers	—	41	41	45
Families maintained by single fathers	—	68	65	70
Families with own children 6 to 17 only				
All families	—	76	78	80
Married-couple families	86	86	87	89
Both parents worked full time, full-year[a]	19	32	33	37
Families maintained by single mothers	—	49	51	54
Families maintained by single fathers	—	71	67	75
Families with own children under 6				
All families	—	73	73	75
Married-couple families	79	82	85	87
Both parents worked full time, full-year[a]	7	21	23	26
Families maintained by single mothers	—	28	27	33
Families maintained by single fathers	—	62	61	61

— = not available
[a]Usually worked full time (35 hours or more per week) for 50 to 52 weeks.

NOTE: Own children include birth, adopted, and step children living with family. Excluded are nieces, nephews, grandchildren, other related children, and unrelated children.

SOURCE: U.S. Bureau of the Census, March Current Population Survey. Tabulations by the U.S. Department of Labor, Bureau of Labor Statistics.

Table ECON5. Health insurance coverage: Percentage of children under age 18 covered by health insurance by type of insurance, age, race, and Hispanic origin,[a] 1987-95

Type of insurance	1987	1988	1989	1990	1991	1992	1993	1994	1995
All health insurance									
All Children	87	87	87	87	87	87	86	86	86
Age 0-5	88	87	87	89	89	89	88	86	87
Age 6-11	87	87	87	87	88	88	87	87	87
Age 12-17	86	86	86	85	85	85	83	85	86
Race and Hispanic origin[a]									
White	88	88	88	87	88	88	87	87	87
Black	83	84	84	85	85	86	84	83	85
Hispanic	72	71	70	72	73	75	74	72	73
Private health insurance									
All Children	74	74	74	71	70	69	67	66	66
Age 0-5	72	71	71	68	66	65	63	60	60
Age 6-11	74	74	75	73	71	71	70	67	67
Age 12-17	75	76	76	73	72	71	69	70	71
Race and Hispanic origin[a]									
White	79	79	78	76	75	74	72	71	71
Black	49	50	52	49	45	46	46	43	44
Hispanic	48	48	48	45	43	42	42	38	38
Public health insurance[b]									
All Children	19	19	19	22	24	25	27	26	26
Age 0-5	22	23	24	28	30	33	35	33	33
Age 6-11	19	18	18	20	22	23	25	25	26
Age 12-17	16	16	15	18	19	19	20	20	21
Race and Hispanic origin[a]									
White	14	14	15	17	19	20	22	21	21
Black	42	42	41	45	48	49	50	48	49
Hispanic	28	27	27	32	37	38	41	38	39

[a]Persons of Hispanic origin may be of any race. Each race category includes Hispanics of that race.
[b]Public health insurance for children consists primarily of Medicaid, but also includes Medicare and CHAMPUS.

SOURCE: U.S. Bureau of the Census, Housing and Household Economic Statistics Division, unpublished tables based on analyses from the March Current Population Surveys.

Table HEALTH1. Summary health measure: Percentage of children in very good or excellent health, by age and income, 1990-94

Age and income	1990	1991	1992	1993	1994
Total[a]	81	80	80	79	79
Age					
0-4 years[a]	81	81	80	80	81
5-17 years[a]	80	80	80	79	79
Income					
Under $10,000	62	63	65	64	63
$10,000-19,999	74	71	70	68	70
$20,000-34,999	82	82	81	81	78
$35,000 or more	89	88	89	88	88
Age by income					
0-4 years					
Under $10,000	67	69	69	68	67
$10,000-19,999	76	74	72	72	74
$20,000-34,999	82	83	83	83	80
$35,000 or more	90	88	89	88	90
5-17 years					
Under $10,000	60	60	62	61	62
$10,000-19,999	73	70	69	67	68
$20,000-34,999	82	81	81	80	77
$35,000 or more	89	88	89	87	88

[a]Includes children for whom family income is unknown.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, 1990-94.

Table HEALTH2. Prenatal care: Percentage[a] of mothers receiving early prenatal care,[b] by race and Hispanic origin,[c] selected years 1980-95

Race and Hispanic origin	1980	1985	1990	1991	1992	1993	1994	1995[d]
Total	76.3	76.2	75.8	76.2	77.7	78.9	80.2	81.2
White	79.2	79.3	79.2	79.5	80.8	81.8	82.8	83.5
Black	62.4	61.5	60.6	61.9	63.9	66.0	68.3	70.3
American Indian/Alaskan Native	55.8	57.5	57.9	59.9	62.1	63.4	65.2	—
Asian/Pacific Islander	73.7	74.1	75.1	75.3	76.6	77.6	79.7	—
Chinese	82.6	82.0	81.3	82.3	83.8	84.6	86.2	—
Japanese	86.1	84.7	87.0	87.7	88.2	87.2	89.2	—
Filipino	77.3	76.5	77.1	77.1	78.7	79.3	81.3	—
Hawaiian and part Hawaiian	—	—	65.8	68.1	69.9	70.6	77.0	—
Other Asian or Pacific Islander	—	—	71.9	71.9	72.8	74.4	76.2	—
Hispanic[c,e]	60.2	61.2	60.2	61.0	64.2	66.6	68.9	70.4
Mexican American	59.6	60.0	57.8	58.7	62.1	64.8	67.3	—
Puerto Rican	55.1	58.3	63.5	65.0	67.8	70.0	71.7	—
Cuban	82.7	82.5	84.8	85.4	86.8	88.9	90.1	—
Central and South American	58.8	60.6	61.5	63.4	66.8	68.7	71.2	—
Other and unknown Hispanic	66.4	65.8	66.4	65.6	68.0	70.0	72.1	—

— = not available
[a]Excludes live births for whom time when trimester prenatal care began is unknown.
[b]Early prenatal care is care beginning in the first trimester of pregnancy.
[c]Persons of Hispanic origin may be of any race. Each race category includes Hispanics of that race.
[d]Preliminary data.
[e]Trend data for Hispanics are affected by expansion of the reporting area for an Hispanic-origin item on the birth certificate and 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.

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

Table HEALTH3.A. Infant mortality rates,[a] by race,[b] selected years 1980-95

(infant deaths per 1,000 live births)

Race	1980	1985	1990	1991	1992	1993	1994	1995[c]
Total	12.6	10.6	9.2	8.9	8.5	8.4	8.0	7.5
White	10.9	9.2	7.6	7.3	6.9	6.8	6.6	6.3
Black	22.2	19.0	18.0	17.6	16.8	16.5	15.8	14.9

[a]Rates are infant (under 1 year of age) deaths per 1,000 live births in specified group.
[b]Each race category includes Hispanics of that race.
[c]Preliminary data.

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

Table HEALTH3.B. Infant mortality rates[a] among selected groups, by detailed race and Hispanic origin,[b] selected years, 1983-91

(infant deaths per 1,000 live births)

Race and Hispanic origin	1983-85	1986-88	1989-91
Total	10.6	9.8	9.0
White	9.0	8.2	7.4
Black	18.7	17.9	17.1
American Indian/Alaskan Native	13.9	13.2	12.6
Asian/Pacific Islander	8.3	7.3	6.6
Chinese	7.4	5.8	5.1
Japanese	6.0	6.9	5.3
Filipino	8.2	6.9	6.4
Hawaiian and part Hawaiian	11.3	11.1	9.0
Other Asian or Pacific Islander	8.6	7.6	7.0
Hispanic[b,c]	9.2	8.3	7.6
Mexican American	8.8	7.9	7.2
Puerto Rican	12.3	11.1	10.4
Cuban	8.0	7.3	6.2
Central and South American	8.2	7.6	6.6
Other and unknown Hispanic	9.9	9.0	8.2

[a]Rates are infant (under 1 year of age) deaths per 1,000 live births in specified group.
[b]Persons of Hispanic origin may be of any race. Each race category includes Hispanics of that race.
[c]Trend data for Hispanics are affected by expansion of the reporting area of an Hispanic-origin item on the birth certificate and 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.

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

Table HEALTH4. Percentage[a] of low-birthweight births,[b] by detailed race and Hispanic origin,[c] selected years 1980-95

Race and Hispanic origin	1980	1985	1990	1991	1992	1993	1994	1995[d]
Total	6.8	6.8	7.0	7.1	7.1	7.2	7.3	7.3
White	5.7	5.7	5.7	5.8	5.8	6.0	6.1	6.2
Black	12.7	12.7	13.3	13.6	13.3	13.3	13.2	13.0
American Indian/Alaskan Native	6.4	5.9	6.1	6.2	6.2	6.4	6.5	—
Asian/Pacific Islander	6.7	6.2	6.5	6.5	6.6	6.6	6.8	—
Chinese	5.2	5.0	4.7	5.1	5.0	4.9	4.8	—
Japanese	6.6	6.2	6.2	5.9	7.0	6.5	6.9	—
Filipino	7.4	7.0	7.3	7.3	7.4	7.0	7.8	—
Hawaiian and part Hawaiian	—	—	7.2	6.7	6.9	6.8	7.2	—
Other Asian or Pacific Islander	—	—	6.7	6.7	6.7	6.9	7.1	—
Hispanic[c]	6.1	6.2	6.1	6.2	6.1	6.2	6.3	6.3
Mexican American	5.6	5.8	5.6	5.6	5.6	5.8	5.8	—
Puerto Rican	9.0	8.7	9.0	9.4	9.2	9.2	9.1	—
Cuban	5.6	6.0	5.7	5.6	6.1	6.2	6.3	—
Central and South American	5.8	5.7	5.8	5.9	5.8	5.9	6.0	—
Other and unknown Hispanic	7.0	6.8	6.9	7.3	7.2	7.5	7.5	—

— = not available
[a]Excludes live births with unknown birthweight.
[b]Low-birthweight = <2500 grams, (approximately 5.5 lbs.).
[c]Persons of Hispanic origin may be of any race. Each race category includes Hispanics of that race.
[d]Preliminary data.

NOTE: Trend data for Hispanics are affected by expansion of the reporting area for an Hispanic-origin item on the birth certificate and 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.

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

Table HEALTH5. Child immunization: Vaccinations of children 19 to 35 months of age for selected diseases, by poverty status, 1994-95

(in percents)

Vaccination type	Total	Poverty status[a]	
		Below poverty	At or above poverty
Combined series (4:3:1:3)[b]			
1994	69.2	60.8	72.2
1995	74.2	66.4	77.3
Combined series (4:3:1)[c]			
1994	74.7	66.4	77.5
1995	76.2	68.4	79.1
DTP (3 doses or more)[d]			
1994	93.4	88.7	95.5
1995	94.8	91.3	95.9
DTP (4 doses or more)[d]			
1994	76.6	68.3	79.6
1995	78.9	70.9	81.3
Polio (3 doses or more)			
1994	83.2	76.9	85.6
1995	88.0	84.0	89.1
Measles-containing[e]			
1994	89.4	86.7	90.2
1995	89.9	85.1	91.3
HiB (3 doses or more)[f]			
1994	86.1	80.9	88.3
1995	91.8	87.7	93.3
Hepatitis B (3 doses or more)[g]			
1994	36.1	24.3	40.9
1995	67.7	63.7	69.1

[a]Poverty status is based on family income and family size using Bureau of the Census poverty thresholds.
[b]The 4:3:1:3 combined series consists of 4 doses of Diphtheria-tetanus-pertussis (DTP) vaccine, 3 doses of polio vaccine, 1 dose of a measles-containing vaccine, and 3 doses of Haemophilus b (HiB) vaccine.
[c]The 4:3:1 combined series consists of 4 doses of DTP vaccine, 3 doses of polio vaccine, and 1 dose of a measles-containing vaccine.
[d]Diphtheria-tetanus-pertussis vaccine.
[e]Respondents were asked about measles-containing or MMR (measles-mumps-rubella) vaccines.
[f]Haemophilus b (HiB) vaccine.
[g]The percent of children 19-35 months of age who received 3 or more doses of Hepatitis B vaccine was artificially low in 1994, because universal infant vaccination with a 3-dose series was not recommended until November 1991.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics and National Immunization Program. Data from the National Immunization Survey.

Table HEALTH6. Activity limitation: Percentage of children with any limitation in activity resulting from chronic conditions,[a] by age, gender, race, Hispanic origin, and income, 1990-94

Characteristic	1990	1991	1992	1993-94
Ages 0 to 4				
Total[b]	2.2	2.4	2.8	3.0
Income				
Under $20,000	2.5	3.6	3.6	4.4
$20,000 or more	1.9	1.8	2.3	2.2
Gender				
Male	2.6	2.7	3.3	3.3
Female	1.7	2.1	2.2	2.6
Race and Hispanic origin				
White non-Hispanic	2.1	2.4	2.5	2.5
Black non-Hispanic	2.9	3.2	4.2	4.8
Hispanic[c]	2.0	1.8	2.5	2.9
Ages 5 to 17				
Total[b]	6.1	7.2	7.5	8.2
Income				
Under $20,000	8.1	10.1	11.0	11.5
$20,000 or more	5.2	6.0	6.1	6.9
Gender				
Male	6.9	8.5	8.7	9.7
Female	5.2	5.9	6.2	6.6
Race and Hispanic origin				
White non-Hispanic	6.2	7.1	7.4	8.2
Black non-Hispanic	6.7	8.2	9.0	9.8
Hispanic[c]	5.1	7.2	6.7	7.1

[a]Chronic conditions are those conditions that usually have a duration of more than 3 months, e.g., asthma, hearing impairment, diabetes. Persons are not classified as limited in activity unless one or more chronic conditions are reported as the cause of the limitation.
[b]Total includes children of other races and children for whom family income is unknown.
[c]Persons of Hispanic origin may be of any race.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Surveys, 1990-94.

Table HEALTH7. Child mortality rates, by age, gender, race, and Hispanic origin,[a] selected years 1980-94

(deaths per 100,000 resident population in each age group)

Characteristic	1980	1985	1990	1991	1992	1993	1994
Ages 1-4							
Total	63.9	51.8	46.8	47.4	43.6	44.8	42.9
Male	72.6	58.5	52.4	52.0	48.0	49.5	47.3
Female	54.7	44.8	41.0	42.7	39.0	39.9	38.2
White	57.9	46.6	41.1	41.7	38.1	38.4	36.5
Black	97.6	80.7	76.8	79.7	73.2	79.1	77.2
Asian/Pacific Islander[b]	43.2	40.1	38.6	30.4	26.9	30.5	25.3
Hispanic[a,c]	—	48.2	48.1	47.0	41.7	42.0	39.1
Ages 5-14							
Total	30.6	26.5	24.0	23.6	22.5	23.4	22.5
Male	36.7	31.8	28.5	28.7	27.2	27.4	26.9
Female	24.2	21.0	19.3	18.3	17.5	19.1	17.9
White	29.1	24.9	22.3	22.0	20.6	21.4	20.3
Black	39.0	35.5	34.4	34.2	33.7	35.1	34.8
Asian or Pacific Islander[b]	22.5	20.8	16.9	15.1	16.1	17.1	16.2
Hispanic[a,c]	—	19.6	21.7	21.5	21.0	22.6	20.1

— = not available

[a]Persons of Hispanic origin may be of any race. Each race category includes Hispanics of that race.

[b]Interpretation of trends should take into account that the Asian population in the United States more than doubled between 1980 and 1990, primarily due to immigration.

[c]Trend data for Hispanics are affected by expansion of the reporting area for an Hispanic-origin item on the birth certificate and 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.

NOTE: Total includes American Indians and Alaskan Natives. Mortality rates for American Indians and Alaskan Natives are not shown separately, because the numbers of deaths were too small for the calculation of reliable rates.

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

Table HEALTH8. Mortality rates among 15- to 19-year-olds, by gender, race,[a] and cause of death,[b] selected years 1980-94[c]

(deaths per 100,000 resident population ages 15-19)

Cause of death	1980	1985	1990	1991	1992	1993	1994
Total, all races							
All causes	98.4	80.4	89.0	89.6	84.9	87.5	87.4
Injuries	78.6	62.9	72.0	72.3	67.9	70.3	70.1
Motor vehicle crashes	42.5	33.0	33.1	31.0	27.9	28.4	29.1
Firearms	14.8	13.3	23.6	26.6	26.4	28.0	28.4
Male, white							
All causes	143.5	112.1	117.7	113.6	107.3	108.8	109.6
Injuries	122.0	93.1	98.6	94.8	88.3	90.4	90.9
Motor vehicle crashes	68.1	50.3	49.5	44.4	39.3	41.4	41.5
Firearms	21.0	18.4	26.8	29.5	29.2	29.1	30.6
Male, black							
All causes	134.5	125.3	203.6	231.6	221.4	234.3	234.3
Injuries	105.5	96.6	177.5	202.4	192.6	205.9	204.2
Motor vehicle crashes	24.3	21.9	29.1	29.7	26.4	26.8	29.0
Firearms	46.7	46.5	122.0	142.7	142.8	154.8	152.7
Female, white							
All causes	54.1	46.6	45.7	46.8	43.4	44.7	43.4
Injuries	38.3	33.1	33.2	33.8	31.0	31.5	30.9
Motor vehicle crashes	25.6	22.4	22.2	22.8	20.8	20.1	21.2
Firearms	4.2	3.5	4.6	4.6	4.3	4.9	4.8
Female, black							
All causes	50.5	44.5	54.6	52.4	50.7	53.5	56.1
Injuries	25.6	22.9	31.0	30.3	28.6	31.8	30.9
Motor vehicle crashes	6.6	7.5	9.7	8.9	9.1	8.2	10.4
Firearms	7.5	6.1	12.2	12.7	12.4	15.8	13.4

[a]Each race category includes Hispanics of that race.
[b]Motor vehicle crashes and firearms are subsets of all injury deaths.
[c]The use of slightly different denominators accounts for minor differences in child and adolescent mortality rates reported in this report and in some publications from the National Center for Health Statistics.

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

Table HEALTH9. Teen birth rates by age, race, and Hispanic origin,[a] selected years 1980-94

(births per 1,000 females in each age group)

Age	1980	1985	1990	1991	1992	1993	1994
All races							
10-14 years	1.1	1.2	1.4	1.4	1.4	1.4	1.4
15-17 years	32.5	31.0	37.5	38.7	37.8	37.8	37.6
18-19 years	82.1	79.6	88.6	94.4	94.5	92.1	91.5
15-19 years	53.0	51.0	59.9	62.1	60.7	59.6	58.9
White, non-Hispanic							
10-14 years	0.4	—	0.5	0.5	0.5	0.5	0.5
15-17 years	22.4	—	23.2	23.6	22.7	22.7	22.8
18-19 years	67.7	—	66.6	70.5	69.8	67.7	67.4
15-19 years	41.2	—	42.5	43.4	41.7	40.7	40.4
Black							
10-14 years	4.3	4.5	4.9	4.8	4.7	4.6	4.6
15-17 years	72.5	69.3	82.3	84.1	81.3	79.8	76.3
18-19 years	135.1	132.4	152.9	158.6	157.9	151.9	148.3
15-19 years	97.8	95.4	112.8	115.5	112.4	108.6	104.5
American Indian/Alaskan Native							
10-14 years	1.9	1.7	1.6	1.6	1.6	1.4	1.9
15-17 years	51.5	47.7	48.5	52.7	53.8	53.7	51.3
18-19 years	129.5	124.1	129.3	134.3	132.6	130.7	130.3
15-19 years	82.2	79.2	81.1	85.0	84.4	83.1	80.8
Asian/Pacific Islander							
10-14 years	0.3	0.4	0.7	0.8	0.7	0.6	0.7
15-17 years	12.0	12.5	16.0	16.1	15.2	16.0	16.1
18-19 years	46.2	40.8	40.2	43.1	43.1	43.3	44.1
15-19 years	26.2	23.8	26.4	27.4	26.6	27.0	27.1
Hispanic[a,b]							
10-14 years	1.7	—	2.4	2.4	2.6	2.7	2.7
15-17 years	52.1	—	65.9	70.6	71.4	71.7	74.0
18-19 years	126.9	—	147.7	158.5	159.7	159.1	158.0
15-19 years	82.2	—	100.3	106.7	107.1	106.8	107.7

— = not available

[a]Persons of Hispanic origin may be of any race. Unless otherwise noted, each race category includes Hispanics of that race.

[b]Trends data for Hispanics are affected by expansion of the reporting area for an Hispanic-origin item on the birth certificate and 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.

NOTE: Rates in 1985 were not calculated for Hispanics because estimates for populations were not available.

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

Table BEH1. Cigarette smoking: Percentage of students who reported smoking cigarettes daily in the previous 30 days, by grade, gender, race, and Hispanic origin,[a] selected years 1975-96

Characteristic	1975	1980	1985	1990	1991	1992	1993[b]	1994	1995[b]	1996
8th grade										
Total	—	—	—	—	7	7	8	9	9	10
Male	—	—	—	—	8	7	9	10	9	—
Female	—	—	—	—	6	7	8	8	9	—
Race and Hispanic origin[a,b]										
White	—	—	—	—	—	—	9	—	11	—
Black	—	—	—	—	—	—	2	—	3	—
Hispanic	—	—	—	—	—	—	7	—	9	—
10th grade										
Total	—	—	—	—	13	12	14	15	16	18
Male	—	—	—	—	12	12	14	15	16	—
Female	—	—	—	—	13	12	14	14	16	—
Race and Hispanic origin[a,b]										
White	—	—	—	—	—	—	15	—	18	—
Black	—	—	—	—	—	—	3	—	5	—
Hispanic	—	—	—	—	—	—	9	—	10	—
12th grade										
Total	27	21	20	19	19	17	19	19	22	22
Male	27	19	18	19	19	17	19	20	22	—
Female	26	24	21	19	18	17	18	18	21	—
Race and Hispanic origin[a,b]										
White	—	24	20	—	22	—	21	—	24	—
Black	—	17	10	—	5	—	4	—	6	—
Hispanic	—	13	12	—	12	—	12	—	12	—

— = not available

[a]Persons of Hispanic origin may be of any race. Each race category includes Hispanics of that race.

[b]Estimates for race and Hispanic origin represent the mean of the specified year and the previous year. Data have been combined to increase subgroup sample sizes, thus providing more stable estimates.

SOURCE: Johnston, L.D., O'Malley, P.M., and Bachman, J.G. National Survey Results on Drug Use from the Monitoring the Future Study, 1975-1995. Rockville, Maryland: National Institutes of Health. National Institute on Drug Abuse, NIH Pub. No. 97-4139, 1997. Institute for Social Research, the University of Michigan. Tables D-31 and D-32. Data are from the 1996 study, "Monitoring the Future," University of Michigan. Cigarette smoking continues to rise among American teenagers in 1996. Press release of December 19, 1996.

Table BEH2. Regular drinking: Percentage of students who reported having an alcoholic beverage on more than two occasions in the previous 30 days, by grade and gender, selected years 1980-95

Grade and gender	1980	1985	1990	1991	1992	1993[a]	1994[b]	1995[b]
8th grade	—	—	—	9	10	10	11	11
Male	—	—	—	10	11	11	12	12
Female	—	—	—	8	9	9	10	9
10th grade	—	—	—	20	19	21	20	20
Male	—	—	—	23	21	24	24	21
Female	—	—	—	17	17	17	16	18
12th grade	50	42	34	32	30	28	29	31
Male	58	48	40	39	36	33	36	36
Female	43	36	28	25	24	23	23	25

— = not available

[a]1993 data for 8th and 10th grade students is based on a smaller sample size than in other years.

[b]Data presented for 1994 and 1995 reflect a slight change in the question text that includes clarification that a drink means "more than just a few sips." Percentages for all grades for 1994 and 1995 are not directly comparable to previous years.

NOTE: Regular drinking is defined as having an alcoholic beverage on more than two occasions in the previous 30 days.

SOURCE: Bachman, J.G., Johnston, L.D. and O'Malley, P.M. Monitoring the Future: Questionnaire Responses from the Nation's High School Seniors, Descriptive Results 1980, 1985 (Questionnaire Forms 1-5); 1990, 1991, 1992 (Questionnaire Forms 1-6); and 1993 (Questionnaire Forms 1, 3, 4); and unpublished data from "Monitoring the Future," University of Michigan.

Table BEH3. Substance abuse: Percentage of students who have used illicit drugs in the previous 30 days, by grade, race, and Hispanic origin, selected years 1985-96

Grade, gender, race	1985	1990	1991	1992	1993	1994	1995	1996
Grade								
8th	—	—	6	7	8	11	12	15
10th	—	—	12	11	14	19	20	23
12th	30	17	16	14	18	22	24	25
Gender								
Male	32	19	18	16	20	26	27	—
Female	27	15	14	13	16	18	20	—
Race and Hispanic origin[a,b]								
White	—	—	—	—	18	—	24	—
Black	—	—	—	—	9	—	18	—
Hispanic	—	—	—	—	16	—	21	—

— = not available

[a]Estimates for race and Hispanic origin represent the mean of the specified year and the previous year. Data have been combined to increase subgroup sample sizes, thus providing more stable estimates.

[b]Persons of Hispanic origin may be of any race. Each race category includes Hispanics of that race.

NOTE: Illicit drugs include marijuana, cocaine (including crack), heroin, hallucinogens (including PCP), inhalants, and nonmedical use of psychotherapeutics.

SOURCE: Johnston, L.D., O'Malley, P.M., and Bachman, J.G., National Survey Results on Drug Use from the Monitoring the Future Study, 1975-1995. Rockville, Maryland: National Institutes of Health. National Institute on Drug Abuse. NIH Pub. No. 97-4139, 1997. Institute for Social Research, University of Michigan. Tables 2-3-12, 3-3-12, 5-3-12, 9-3-12, and 8. 1996 data from: The Monitoring the Future Study, The University of Michigan. The rise in drug use among American teens continues in 1996. Press Release of December 19, 1996; and unpublished data from "Monitoring the Future," University of Michigan.

Table BEH4. Youth who were victims of violent crime: Number and rate of victimization for youths ages 12 to 17 by age, race, and gender, 1980-94

	Number (in thousands)	Rate (per 1,000 youth in each group)							
	Age		Age		Race[a]			Gender	
Year	12-17	12-17	12-14	15-17	White	Black	Other	Male	Female
1980	1,841	79	70	87	78	91	50	106	50
1981	1,978	87	80	93	82	118	60	115	58
1982	1,794	80	73	87	78	97	50	98	61
1983	1,761	79	76	83	76	108	24	105	53
1984	1,806	82	75	89	84	85	41	100	64
1985	1,824	84	81	87	88	69	72	113	54
1986	1,683	79	79	79	81	78	51	102	55
1987	1,874	89	84	94	84	126	66	112	66
1988	1,855	91	89	92	88	113	62	114	65
1989	1,928	96	96	95	98	99	56	122	69
1990	1,978	99	102	95	95	122	76	131	64
1991	2,157	106	98	115	105	128	54	149	61
1992	2,458	118	119	116	121	112	79	146	88
1993	2,624	123	121	125	126	133	49	149	96
1994	2,594	118	118	119	118	136	65	141	95

[a]Each race category includes Hispanics of that race.

NOTE: 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. V ictimization rates were calculated using population estimates from the Bureau of the Census Current Population Reports. Such population estimates normally differ somewhat from population estimates derived from survey data. The rates may therefore differ marginally from rates based upon survey derived population estimates.

SOURCE: U.S. Department of Justice, Bureau of Justice Statistics, National Crime Victimization Survey, 1980-1994.

Table ED1. Difficulty speaking English: Children ages 5 to 17 who speak a language other than English at home, and who are reported to have difficulty speaking English,[a] by race and Hispanic origin,[b] selected years 1979-95

Year	Total children ages 5 to 17 (in thousands)	Children who speak another language at home		Children who have difficulty speaking English		
		Number (in thousands)	Percent of Total	Number (in thousands)	Percent of Total	Percent of those speaking another language at home
1979						
Total	45,088	3,825	8.5	1,250	2.8	32.7
White, non-Hispanic	34,545	1,093	3.2	189	0.5	17.3
Black, non-Hispanic	6,640	86	1.3	22	0.3	25.6
Hispanic[b]	2,978	2,237	75.1	855	28.7	38.2
Other	925	408	44.1	183	19.8	44.9
1989						
Total	42,148	5,524	13.1	2,080	4.9	37.7
White, non-Hispanic	29,415	1,166	4.0	385	1.3	33.0
Black, non-Hispanic	6,478	178	2.7	56	0.9	31.5
Hispanic[b]	4,628	3,306	71.4	1,301	28.1	39.4
Other	1,627	873	53.7	339	20.8	38.8
1992						
Total	44,971	6,438	14.3	2,242	5.0	34.8
White, non-Hispanic	31,109	1,192	3.8	239	0.8	20.1
Black, non-Hispanic	6,953	302	4.3	101	1.5	33.4
Hispanic[b]	4,996	3,828	76.6	1,499	30.0	39.2
Other	1,913	1,116	58.3	403	21.1	36.1
1995						
Total	47,340	6,668	14.1	2,442	5.2	36.6
White, non-Hispanic	32,381	1,152	3.6	219	0.7	19.0
Black, non-Hispanic	7,219	219	3.0	73	1.0	33.3
Hispanic[b]	6,249	4,617	73.9	1,934	30.9	41.9
Other	1,491	680	45.6	214	14.4	31.5

[a]Parents were asked if their children 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 less than "Very well" were considered to have difficulty speaking English.
[b]Persons of Hispanic origin may be of any race.

SOURCE: U.S. Bureau of the Census, October (1992 and 1995) and November (1979 and 1989) Current Population Surveys. Tabulated by the National Center for Education Statistics.

Table ED2. Family reading: Percentage of 3- to 5-year-olds[a] who were read to every day in the last week by a family member, selected years 1993-96

Characteristic	1993	1995	1996
Total	53	58	57
Gender			
Male	51	57	56
Female	54	59	57
Race and Hispanic origin[b]			
White, non-Hispanic	59	65	64
Black, non-Hispanic	39	43	44
Hispanic	37	38	39
Poverty status			
Above poverty threshold	56	62	61
At or below poverty threshold	44	48	46
Family type			
Two parents	55	61	61
One or no parent	46	49	46
Mother's education[c]			
Less than high school	37	40	37
High school/GED	48	48	49
Vocational/technical or some college	57	64	62
College graduate	71	76	77
Mother's employment status[c]			
35 hours or more per week	52	55	54
Less than 35 hours per week	56	63	59
Not in labor force	55	60	59

— = not available
[a]Estimates are based on children who have yet to enter kindergarten.
[b]Persons of Hispanic origin may be of any race.
[c]Children without mothers in the home are not included in estimates dealing with mother's education or mother's employment status.

SOURCE: U.S. Department of Education, National Center for Education Statistics, 1993, 1995, and 1996 National Household Education Survey.

Table ED3.A. Early childhood education: Percentage of 3- to 4-year-olds[a] enrolled in nursery school, by race, Hispanic origin, and family income, selected years 1970-95

Race, Hispanic origin, and income	1970	1975	1980	1985	1990	1991	1992	1993	1994[b]	1995[b]
Total	15	26	32	34	—	36	36	36	45	47
Race and Hispanic origin[c]										
White, non-Hispanic	—	26	34	37	—	41	40	40	—	—
Black, non-Hispanic	—	28	31	33	—	30	32	33	—	—
Hispanic	—	20	25	22	—	22	20	19	—	—
Family income[d]										
Low	10	22	24	20	—	24	26	27	—	—
Medium	12	23	29	32	—	33	32	32	—	—
High	28	41	54	56	—	58	53	56	—	—

— = not available
[a]Estimates based on children who have yet to enter kindergarten.
[b]Data for 1994 and 1995 are for "Total" only, and may not be comparable with earlier years because of changes in survey procedures.
[c]Persons of Hispanic origin may be of any race.
[d]Low income is the bottom 20 percent of all family incomes; high income is the top 20 percent of all family incomes; and middle income is the 60 percent in-between.

SOURCE: U.S. Bureau of the Census, October Current Population Surveys. For 1970-1993, data derived from U.S. Department of Education, National Center for Education Statistics, *The Condition of Education,* 1995. 1994-1995 data derived from U. S. Department of Education, National Center for Education Statistics, *Digest of Education Statistics*, 1996.

Table ED3.B. Early childhood education: Percentage of 3- to 4-year-olds[a] enrolled in center-based programs,[b] by child and family characteristics, selected years 1991-96

Characteristic	1991	1993	1995	1996
Total	51	51	53	53
Gender				
Male	51	50	52	52
Female	52	52	53	53
Race and Hispanic origin[c]				
White, non-Hispanic	53	52	55	54
Black, non-Hispanic	56	56	57	63
Hispanic	38	42	34	37
Poverty status				
Above poverty	54	55	58	58
At or below poverty	42	42	41	41
Family type				
Two parents	52	51	53	51
One or no parent	47	52	53	56
Mother's education[d]				
Less than high school	30	31	31	37
High school/GED	44	41	45	46
Vocational/technical or some college	59	58	55	55
College graduate	72	72	73	71
Mother's employment status[d]				
35 hours or more per week	58	59	58	62
Less than 35 hours per week	57	55	60	62
Not in labor force	43	43	43	41

[a]Estimates are based on children who have yet to enter kindergarten.
[b]Center-based programs include day care centers, Head Start programs, preschools, nursery schools, prekindergartens, and other early childhood programs.
[c]Persons of Hispanic origin may be of any race.
[d]Children without mothers in the home are not included in estimates dealing with mother's education or mother's employment status.

SOURCE: U.S. Department of Education, National Center for Education Statistics, 1991, 1993, 1995, and 1996 National Household Education Survey.

Table ED4.A. Mathematics proficiency: Average proficiency of students ages 9, 13, and 17, by age, gender, race, and Hispanic origin, selected years 1982-94

Characteristic	1982	1986	1990	1992	1994
Age 9					
Total	219	222	230	230	231
Gender					
Male	217	222	229	231	232
Female	221	222	230	228	230
Race and Hispanic origin[a]					
White, non-Hispanic	224	227	235	235	237
Black, non-Hispanic	195	202	208	208	212
Hispanic	204	205	214	212	210
Age 13					
Total	269	269	270	273	274
Gender					
Male	269	270	271	274	276
Female	268	268	270	272	273
Race and Hispanic origin[a]					
White, non-Hispanic	274	274	276	279	281
Black, non-Hispanic	240	249	249	250	252
Hispanic	252	254	255	259	256
Parents' education					
Less than high school	251	252	253	256	255
Graduated high school	263	263	263	263	266
Some education after high school	275	274	277	278	277
Graduated college	282	280	280	283	285
Age 17					
Total	299	302	305	307	306
Gender					
Male	302	305	306	309	309
Female	296	299	303	305	304
Race and Hispanic origin[a]					
White, non-Hispanic	304	308	310	312	312
Black, non-Hispanic	272	279	289	286	286
Hispanic	277	283	284	292	291
Parents' education					
Less than high school	279	279	285	286	284
Graduated high school	293	293	294	298	295
Some education after high school	304	305	308	308	305
Graduated college	312	314	316	316	318

[a]Persons of Hispanic origin may be of any race.

NOTE: The mathematics proficiency scale ranges from 0 to 500.
Level 150: Simple arithmetic facts
Level 200: Beginning skills and understandings
Level 250: Numerical operations and beginning problem solving
Level 300: Moderately complex procedures and reasoning.
Level 350: Multi-step problem solving and algebra

SOURCE: U. S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress (NAEP), *1994 Trends in Academic Progress.*

Table ED4.B. Reading proficiency: Average proficiency of students ages 9, 13, and 17, by age, gender, race, and Hispanic origin, selected years 1980-94

Characteristic	1980	1984	1988	1990	1992	1994
Age 9						
Total	215	211	212	209	211	211
Gender						
Male	210	208	208	204	206	207
Female	220	214	216	215	215	215
Race and Hispanic origin[a]						
White, non-Hispanic	221	218	218	217	218	218
Black, non-Hispanic	189	186	189	182	185	185
Hispanic	190	187	194	189	192	186
Age 13						
Total	259	257	258	257	260	258
Gender						
Male	254	253	252	251	254	251
Female	263	262	263	263	265	266
Race and Hispanic origin[a]						
White, non-Hispanic	264	263	261	262	266	265
Black, non Hispanic	233	236	243	242	238	234
Hispanic	237	240	240	238	239	235
Parents' education						
Less than high school	239	240	247	241	239	237
Graduated high school	254	253	253	251	252	251
Post high school	271	268	265	267	270	269
Age 17						
Total	286	289	290	290	290	288
Gender						
Male	282	284	286	284	284	282
Female	289	294	294	297	296	295
Race and Hispanic origin[a]						
White, non-Hispanic	293	295	295	297	297	296
Black, non-Hispanic	243	264	274	267	261	266
Hispanic	261	268	271	275	271	263
Parents' education						
Less than high school	262	269	267	270	271	268
Graduated high school	278	281	282	283	281	276
Post high school	299	301	300	300	299	299

[a]Persons of Hispanic origin may be of any race.

NOTE: The reading proficiency scale has a range from 0 to 500.
Level 150: Simple, discrete reading tasks
Level 200: Partial skills and understanding
Level 250: Interrelates ideas and makes generalizations
Level 300: Understands complicated information
Level 350: Learns from specialized reading materials

SOURCE: U. S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress (NAEP), *1994 Trends in Academic Progress.*

Table ED5. High school completion: Percentage completing high school among 18- through 24-year-olds,[a] by method of completion, race, and Hispanic origin,[b] selected years 1980-95

Race and Hispanic origin	1980	1985	1990	1991	1992[c]	1993[c]	1994[c,d]	1995[c,d]
Total [b]								
Completed	84	85	86	85	86	86	86	85
Diploma	—	—	81	81	82	81	79	78
Equivalent[e]	—	—	5	4	5	5	6	7
White, non-Hispanic								
Completed	88	88	90	89	91	90	91	90
Diploma	—	—	85	85	86	85	85	83
Equivalent[e]	—	—	5	4	5	5	6	7
Black, non-Hispanic								
Completed	75	81	83	83	82	82	83	85
Diploma	—	—	78	77	77	76	76	76
Equivalent[e]	—	—	5	5	5	6	8	9
Hispanic[f]								
Completed	57	67	59	57	62	64	62	63
Diploma	—	—	57	54	58	59	57	58
Equivalent[e]	—	—	3	2	4	6	5	5

— = not available
[a]Not currently enrolled in high school or below.
[b]Not shown separately are non-Hispanics who are neither black nor white, but who are included in the total.
[c]Numbers for these years reflect new wording of the education attainment item in the CPS.
[d]Numbers in this year may reflect changes in CPS because of newly instituted computer-assisted interviewing techniques and/or because of the change in the population controls used this year to the 1990 Census-based estimates, with adjustments.
[e]Diploma equivalents include alternative credentials obtained by passing exams such as the General Education Development (GED) exam.
[f]Persons of Hispanic origin may be of any race.

NOTE: Percent of students who receive diplomas or equivalents may not add up to the total percent of those completing high school because of rounding.

SOURCE: U.S. Bureau of the Census, October Current Population Survey (various years); McMillen, M., and Kaufman, P. 1996. *Dropout rates in the United States: 1994*. U.S. Department of Education, National Center for Education Statistics.

Table ED6. Detached youth: Percentage of youth ages 16 to 19 who are neither enrolled in school nor working, by gender, race, and Hispanic origin,[a] 1985-96

Year	Total	Young men	Young women	White	Black	Hispanic[a]
1985	11	9	13	10	18	17
1986	11	9	12	10	16	18
1987	10	8	12	9	16	18
1988	10	8	12	9	15	17
1989	10	8	12	9	15	16
1990	10	8	12	9	15	17
1991	10	9	13	9	17	16
1992	10	8	12	9	17	16
1993	9	8	11	8	15	16
1994	10	8	11	9	14	17
1995	9	8	11	8	15	16
1996	9	8	11	8	14	16

[a]Persons of Hispanic origin may be of any race. Each race category includes Hispanics of that race.

NOTE: 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. 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).

SOURCE: U.S. Bureau of the Census, Current Population Surveys (January-May and September-December). Unpublished tabulations produced by the U.S. Department of Labor, Bureau of Labor Statistics.

Table ED7. Higher education: Percentage of high school graduates ages 25 to 29 attaining a bachelor's or associates degree as their highest degree, by race and Hispanic origin, selected years 1971-96

Degree type	1971	1975	1980	1985	1990	1991	1992	1993	1994	1995	1996
Bachelor's degree or higher[a]											
Total	22	26	26	26	27	27	27	27	27	28	31
White, non-Hispanic	23	28	28	27	29	30	30	30	30	31	34
Black, non-Hispanic	12	15	15	14	16	13	14	16	16	18	17
Hispanic[b]	11	17	13	18	14	16	16	14	13	16	16
Associate degree											
Total	—	—	—	—	—	—	8	9	10	10	10
White, non-Hispanic	—	—	—	—	—	—	8	9	10	10	10
Black, non-Hispanic	—	—	—	—	—	—	8	6	8	8	8
Hispanic[b]	—	—	—	—	—	—	7	8	9	7	8

— = not available
[a]This was measured as "4 or more years of college," 1971-1991.
[b]Persons of Hispanic origin may be of any race.

NOTE: Based on analyses of the 1993 Baccalaureate and Beyond Longitudinal study, it is estimated that about 10 percent of all persons with a bachelor's degree also hold an associate degree. National Center for Education Statistics.

SOURCE: U.S. Bureau of the Census, March Current Population Surveys; U.S. Department of Education, National Center for Education Statistics. *The Condition of Education,* 1996.

Table SPECIAL1. Child abuse and neglect: Number of maltreated children and rates of child abuse and neglect[a] by family structure, income, and gender, 1993[b]

Type of maltreatment	Number	Rate (per 1,000 children)								
			Family structure			Family income (in $1,000s)			Gender	
	Total	Total	Both parents	Single parent	No parent	Under $15	$15-30	$30 or more	Male	Female
All maltreatment	1,553,800	23.1	15.5	27.3	22.9	47.0	20.0	2.1	21.7	24.5
All abuse	743,200	11.1	8.4	11.4	13.7	22.2	9.7	1.6	9.5	12.6
Physical	381,700	5.7	3.9	6.9	7.0	11.0	5.0	0.7	5.8	5.6
Sexual	217,700	3.2	2.6	2.5	6.3	7.0	2.8	0.4	1.6	4.9
Emotional	204,500	3.0	2.6	2.5	5.4	6.5	2.5	0.5	2.9	3.1
Neglect	879,000	13.1	7.9	17.3	10.3	27.2	11.3	0.6	13.3	12.9
Physical	338,900	5.0	3.1	5.8	4.3	12.0	2.9	0.3	5.5	4.5
Emotional	212,800	3.2	2.3	4.0	3.1	5.9	4.3	0.2	3.5	2.8
Educational	397,300	5.9	3.0	9.6	3.1	11.1	4.8	0.2	5.5	6.4
Severity of injury										
Fatal	—	—	0.019	0.015	0.016	0.060	0.002	0.001	0.04	0.01
Serious	—	—	5.8	10.5	8.0	17.9	7.8	0.8	9.3	7.5
Moderate	—	—	8.1	15.4	10.1	23.3	10.5	1.3	11.3	13.3
Inferred	—	—	1.6	1.4	4.8	5.7	1.6	0.1	1.1	3.8

— = not available
[a]Estimates are based on the National Incidence Study Harm Standard.
[b]Estimates refer to children under age 18.

SOURCE: National Center on Child Abuse and Neglect, Third National Incidence Study of Child Abuse and Neglect (NIS-3).

Sources and Limitations of Data

List of Data Sources

- American Housing Survey
- Continuing Survey of Food Intakes of Individuals
- Current Population Survey
- Monitoring the Future
- National Assessment of Educational Progress
- National Crime Victimization Survey
- National Health Interview Survey
- National Household Education Survey
- National Immunization Survey
- National Linked File of Live Births and Infant Deaths
- National Vital Statistics System
- Population Estimates
- Population Projections
- Third National Incidence Study of Child Abuse and Neglect

Source Description

American Housing Survey

This survey provides data necessary for evaluation of progress made towards "A Decent Home and a Suitable Living Environment for Every American Family," affirmed in the basic 1949 and 1968 legislation. The data come from a Census Bureau nationwide sample survey in odd-numbered years for national, regional and metropolitan/non-metropolitan data, and from surveys in 47 MSAs over a multi-year cycle. These data detail the types, size, conditions, characteristics, housing costs and values, equipment, utilities, and dynamics of the housing inventory; they describe the demographic, financial, and mobility characteristics of the occupants; and give as well some infomation on neighborhood conditions.

Continuing Survey of Food Intakes of Individuals

The survey was first conducted in 1985-86, and was repeated in 1989-91 and in 1994-96. The population includes individuals in households in the 48 contiguous United States. The 1989-91 survey included two separate samples: households with incomes at or below 130 percent of the poverty level and households with incomes at any level. For the 1994-96 sample, low-income persons were oversampled to secure more precise estimates. Respondents are asked about their nutrient intake and eating habits, including: One-day and three-day food and nutrient intakes by individuals of all ages, time and names of eating time, and sources of food obtained and eaten away from home. Interviewers conduct the survey through personal in-home interviews. Sample sizes for children under age 18 ranged between 1356 and 2224 from 1989 to 1994.

Current Population Survey

The Current Population Survey (CPS) is a nation-wide sample survey of about 50,000 households conducted monthly for the Bureau of Labor Statistics by the Bureau of the Census. The CPS is the primary source of information on the employment characteristics of the civilian noninstitutional population 16 years old and over, including the estimates of unemployment released every month by the Bureau of Labor Statistics. At present, there are 754 CPS sampling areas in the United States, with coverage in every State and the District of Columbia.

For more information regarding the CPS, its sampling structure and estimation methodology, see Explanatory Notes and Estimates of Error, in *Employment and Earnings*, January 1997, vol. 44, no. 1, U.S. Department of Labor, Bureau of Labor Statistics, pp. 225-242. A more comprehensive description of the CPS that will incorporate the revisions and methodological changes introduced in 1994 is currently in preparation.

Monitoring the Future

Monitoring the Future consists of annual surveys of 8th, 10th, and 12th grade students, covering the values, behaviors, and lifestyle orientations of American youth. Investigators have conducted surveys of 12th grade students annually since 1975, and have surveyed 8th and 10th grade students annually since 1991. The 1996 senior survey is a multi-stage probability sample of 16,000 students in 144 public and private schools. Sample sizes for the 8th and 10th grade surveys in 1996 were about 18,000 and 17,000, respectively. All samples are nationally representative. Questionnaires are administered in school, generally during a normal class period.

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. NAEP assesses students aged 9, 13, and 17 and students at various grade levels in reading and mathematics at least every 2 years, in science and writing at least every 4 years, and in history or geography and other subjects at least every 6 years. In 1983, the assessment expanded samples to include both age- and grade-representative populations. Since 1988, the sample has been drawn from the universe of 4th, 8th, and 12th graders for the elementary and secondary school students survey. A variation of matrix sampling is used so that the results from a large number of items could be generalized to an entire population. Approximately 2,600 students respond to each block of items. Performance data are reported by scaled proficiency items.

NAEP has been designed to produce a representative sample at the national level. In each of the 1990-94 assessments, investigators collected data from a national probability sample of more than 45,000 students per age/

grade or a total of about 146,000 students in nearly 2,100 schools. Performance data are reported for the Nation and for various subgroups categorized by variables such as region, gender, race/ethnicity, parental education, type of school, and type and size of community.

National Crime Victimization Survey

National Crime Victimization Survey (NCVS) is the Nation's primary source of information on criminal victimization. Each year, researchers obtained data from a nationally representative sample of roughly 49,000 households comprising more than 100,000 persons 12 years of age and older on the frequency, characteristics, and consequences of criminal victimization in the United States. The survey fully 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 over the age of 12, women, the elderly, members of various racial groups, city dwellers, or other groups. Victims are also asked about whether they reported the incident to the police and, in the instances of personal violent crimes, they are asked about the characteristics of the perpetrator. The NCVS provides the largest national forum for victims to describe the impact of crime and the characteristics of violent offenders. It has been ongoing since 1973 and was redesigned in 1992.

National Health Interview Survey

The National Health Interview Survey (NHIS) is a continuing nationwide sample survey of the civilian noninstitutionalized population in which data are collected by personal household interviews. Interviewers obtain information on personal and demographic characteristics, including race and ethnicity by self-reporting or as reported by an informant. Investigators also collect data about illnesses, injuries, impairments, chronic conditions, activity limitation caused bychronic 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 sample includes an over-sample of black and Hispanic persons and is designed to allow the development of national estimates of health conditions, health service utilization, and problems of the U.S. civilian noninstitutionalized population. The response rate for the ongoing part of the survey has been between 94 and 98 percent over the years. In 1994, interviewers collected information for the basic questionnaire on 116,179 persons, including 32,460 children.

Descriptions of the survey design, the methods used in estimation, and the general qualifications of the data are presented in:

- Massey J.T., Moore T.F., Parsons V.L., and Tadros W. (1989). Design and estimation for the National Health Interview Survey, 1985-1994. *Vital Health Statistics*, vol. 2, no.110. Hyattsville, MD: National Center for Health Statistics.
- Adams P.F., and Marano M. (1995). Current Estimates from the National Health Interview Survey, 1994. Hyattsville, MD: National Center for Health Statistics. *Vital Health Statistics*, vol. 10, no. 193.

National Household Education Survey

The National Household Education Survey (NHES) conducted by the National Center for Education Statistics collects detailed information about educational issues through a household-based survey. Researchers collect data through 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 54,000 and 64,000 households are screened to identify persons eligible for one of the topical components. Generally, each collection covers two topical components, and researchers conduct between 10,000 and 15,000 interviews for each component. The data are weighted to permit estimates of the entire population. In addition, the NHES sample design samples minorities at a higher rate in order to increase the reliability of estimates for these groups.

The 1991 NHES contained a component on early childhood program participation. Investigators screened approximately 60,000 households to identify a sample of about 14,000 children 3 to 8 years old. They interviewed parents of these children 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 component 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 component, similar to that of 1991. It entailed screening of about 44,000 households, and the interviewing of 14,000 parents of children from birth through third grade. In 1996, NCES fielded a parent and family involvement in education component, interviewing nearly 21,000 parents of children age 3 through 12th grade.

National Immunization Survey

The National Immunization Survey (NIS) is a continuing nationwide telephone sample survey among children 19-35 months of age. Estimates of vaccine-specific coverage are available for national, state, and 28 urban areas.

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 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 accurate. Final estimates are adjusted for non-coverage of non-telephone households.

National Linked File 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. It comprises linked vital records for infants born in a given year who died in that year or the next year before their first birthday. It 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 avoids 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. Match completeness for each of the birth cohort files is about 98 percent. The linked files are available after the regular vital statistics files, because construction of the linked file requires that 2 years of mortality data be linked to each birth cohort. For more information, see Prager K. (1994). Infant mortality by birthweight and other characteristics: United States, 1985 birth cohort. *Vital Health Statistics*, vol. 20, no.24; Hyattsville, MD: National Center for Health Statistics.

National Vital Statistics System

Through the National Vital Statistics System, the National Center for Health Statistics (NCHS) collects and publishes data on births, deaths, marriages, and divorces 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 prenatal care, while funeral directors 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 1980-1981, 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 has become more complete over time. Based on data from the U.S. Bureau of the Census, 99.6 percent of the U.S. Hispanic population resides in areas that report deaths by Hispanic origin.

Preliminary Data. A continuous receipt of statistical records by NCHS from the states' vital registration systems supplies 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 percent not stated is generally 1 percent or less, except for prenatal care, which is 2.2 percent.

For more information on national natality and mortality data, see National Center for Health Statistics, (1992). Technical Appendix, *Vital Statistics of the United States*, Vol. I, Natality, DHHS Pub. No. (PHS) 96-1100 and Vol. II, Mortality, Part A, DHHS Pub. No. (PHS) 96-1101,

Public Health Service. Washington, D.C.: U.S. Government Printing Office, 1996.

Population Estimates

Decennial census data serve as benchmarks for deriving national population estimates, which are also based on data from the following agencies: births and deaths (National Center for Health Statistics); immigrants (Immigration and Naturalization Service); Armed Forces (Department of Defense); net movement between Puerto Rico and the U.S. mainland (Puerto Rico Planning Board); and Federal employees abroad (Office of Personnel Management and Department of Defense). Similar data serve as the basis for State estimates, which are also derived from a variety of data series, including school statistics from State departments of education and parochial school systems. Current estimates are consistent with official decennial census figures and do not reflect estimated decennial census under-enumeration.

After decennial population censuses, intercensal population estimates for the preceding decade are prepared to replace postcensal estimates. Intercensal population estimates are more accurate than postcensal estimates, because they take into account the census of population at the beginning and end of the decade. Intercensal estimates have been repaired for the 1960s, 1970s, and 1980s to correct the "error of closure": the difference between the estimated population at the end of the decade and the census count for that date. The error of closure at the national level was quite small during the 1960's (379,000). For the 1970s, however, it amounted to almost 5 million. In the 1980s the error of closure dropped to 1.5 million.

For more information, see U.S. Bureau of the Census, (1992). *U.S. population estimates by age, sex, race and Hispanic origin: 1980-1991*, Current Population Reports, Series P-25, No. 1095, Washington, D.C.: U.S. Government Printing Office.

Population Projections

National population projections begin with recent population estimates by age, race, and Hispanic origin. These statistics are then projected forward to 2050, based on assumptions about fertility, mortality, and international migration. Low, middle, and high growth assumptions are made for each of these components. The current middle series assumptions are:

- Each race/ethnic group's fertility will remain constant at 1993-1994 levels.
- Each race/ethnic group's mortality will continue to change as it did in the 1980s.
- Each race/ethnic group's net international migration generally will continue at the same levels as that of the past decade.

For more information, see U.S. Bureau of the Census, *(*1996). *Population Projections of the United States by Age, Sex, Race, and Hispanic Origin*, Series P25-1130, Washington, DC: U.S. Government Printing Office.

Third National Incidence Study of Child Abuse and Neglect

The National Incidence Study of Child Abuse and Neglect (NIS) is a Congressionally-mandated, periodic effort of the National Center on Child Abuse and Neglect (NCCAN). NCCAN conducted the first NIS (NIS-1) in 1979 and 1980 and published its results in 1981. It conducted the second NIS (NIS-2) in 1986 and 1987, and published these results in 1988. The third NIS (NIS-3) was mandated under P.L. 100-294 (as amended). The NIS-3 data were collected in 1993 and 1994 and published in early 1996. A key objective of the NIS-3 is to provide updated estimates of the incidence of child abuse and neglect in the United States and to measure changes in incidence from the earlier studies.

The NIS-3 offers an important perspective on the scope of child abuse and neglect. The NIS includes children who were investigated by child protective service (CPS) agencies, but it also obtains data on cases seen by community professionals which were not reported to CPS or which were screened out by CPS without investigation. The NIS thus attempts to measure the full scope of child abuse and neglect known to community professionals, including both abused and neglected children who are in the official statistics as well as those who are not. The NIS follows a nationally representative design: data are collected from child protective service agency workers and from representatives from other community agencies in areas, such as law enforcement, public health, juvenile probation, hospitals, schools, day-care, mental health, and voluntary social services. The NIS-3 collected a total of 50,729 data forms on cases of maltreatment.