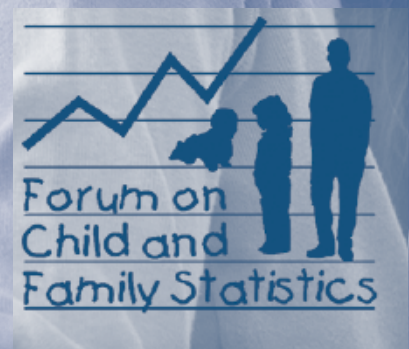


America's Children: Key National Indicators of Well-Being, 2015



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Federal Interagency Forum on Child and Family Statistics

The Federal Interagency Forum on Child and Family Statistics was founded in 1994. Executive Order No. 13045 formally established the Forum in April 1997 to foster coordination and collaboration in the collection and reporting of Federal data on children and families. Agencies that are members of the Forum as of Spring 2015 are listed below.

Department of Agriculture

Economic Research Service
<http://www.ers.usda.gov>

Department of Commerce

U.S. Census Bureau
<http://www.census.gov>

Department of Defense

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

Department of Education

National Center for Education Statistics
<http://nces.ed.gov>

Department of Health and Human Services

Administration for Children and Families
<http://www.acf.hhs.gov>

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

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

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

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

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

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

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

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

Department of Housing and Urban Development

Office of Policy Development and Research
<http://www.huduser.org>

Department of Justice

Bureau of Justice Statistics
<http://www.ojp.usdoj.gov/bjs>

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

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

Department of Labor

Bureau of Labor Statistics
<http://www.bls.gov>

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

Department of Transportation

National Highway Traffic Safety Administration
<http://www.nhtsa.dot.gov>

Environmental Protection Agency

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

Office of Management and Budget

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

U.S. Consumer Product Safety Commission

<http://www.cpsc.gov>

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Foreword

Twenty-one years ago, the Office of Management and Budget (OMB) joined with six other Federal agencies to create the Federal Interagency Forum on Child and Family Statistics. Formally chartered in April 1997 through Executive Order No. 13045, the Forum's mission is to develop priorities for collecting enhanced data on children and youth, improve the communication of information on the status of children to the policy community and the general public, and produce more complete data on children at the Federal, state, and local levels. Today the Forum, with participants from 23 Federal agencies, continues to collaborate in the collection, production, and publication of policy-relevant Federal statistics about children and their families.

America's Children: Key National Indicators of Well-Being, 2015 is a compendium of indicators depicting the condition of our Nation's young people. The report, the 17th in an ongoing series, presents 41 key indicators on important aspects of children's lives. These indicators are drawn from our most reliable Federal statistics, are easily understood by broad audiences, are objectively based on substantial research, are balanced so that no single area of children's lives dominates the report, are measured often to show trends over time, and are representative of large segments of the population rather than one particular group.

The report continues to present key indicators in seven domains: family and social environment, economic circumstances, health care, physical environment and safety, behavior, education, and health. As in prior years, the report incorporates data modifications that reflect the Forum's efforts to improve its quality and breadth. In addition to updating data sources and expanding several indicators, this year's report presents a special feature on health care quality among children in the United States. As is our practice, we periodically revise indicators, data sources, and features to maintain the relevance of the report.

Each volume of *America's Children* also spotlights critical data gaps and challenges Federal statistical agencies to address them. Forum agencies meet that challenge by working to provide more comprehensive information on the condition and progress of our Nation's children. This year, the immunization indicator has been aligned with the Department of Health and Human Services' Healthy People 2020 standards, and the health insurance indicator was changed to the child's health insurance coverage at the time of interview as measured in the National Health Interview Survey.

The value of the *America's Children* series and the extraordinary cooperation that these reports represent reflect the Forum's determination to help better understand the well-being of our children today and what may bring them a better future. The Forum agencies should be congratulated once again for developing such a comprehensive set of indicators and ensuring they are readily accessible in both content and format. The report is an excellent reflection of the dedication of the Forum agency staff members who assess data needs, strive to present relevant statistics in an easily understood format, and work together to produce this substantial and important publication. Nonetheless, suggestions of ways we can enhance this volume are always welcome.

No work of this magnitude and quality would be possible without the continued cooperation of the millions of Americans who provide the data that are summarized and analyzed by Federal statistical agencies. This report is, first and foremost, for you and all of the American public. We thank you for your support, and we hope the volume will continue to be useful to you.

Katherine K. Wallman
Chief Statistician
Office of Management and Budget

Acknowledgments

This report reflects the commitment of the members of the Federal Interagency Forum on Child and Family Statistics. The report was written by the staff of the Forum, including Traci Cook, Forum Coordinator; Rebecca Chenevert and Jonathan Vespa, Census Bureau; Patricia Pastor, LaJeana Hawkins, and Katherine Ahrens, National Center for Health Statistics; Grace Kena and Lauren Musu-Gillette, National Center for Education Statistics; Matthew Davis, Environmental Protection Agency; Barry Steffen, Department of Housing and Urban Development; Barbara Oudekerk and Rachel Morgan, Bureau of Justice Statistics; Meena Karithanom, National Institute on Drug Abuse; Mary Mueggenborg, Administration for Children and Families; Alisha Coleman-Jensen and Matthew Rabbitt, Economic Research Service; Lisa Williamson, Bureau of Labor Statistics; Shelli Avenevoli, National Institute of Mental Health; James Singleton and Cindi Knighton, Centers for Disease Control and Prevention; Beth Han, Substance Abuse and Mental Health Services Administration; and Hazel Hiza, Center for Nutrition Policy and Promotion.

In addition to the report authors, active members of the Reporting Committee who guided development of the report included Laura Chadwick, Office of the Assistant Secretary for Planning and Evaluation; Jennifer Park, Office of Management and Budget; Dan Axelrad and Gregory Miller, Environmental Protection Agency; Carrie Mulford, National Institute of Justice; Robert Kominski

and Rose Kreider, Census Bureau; Regina Bures, *Eunice Kennedy Shriver* National Institute of Child Health and Human Development; Brecht Donoghue, Erica Smith, and Kristen Kracke, Office of Juvenile Justice and Delinquency Prevention; Jessica DiBari, Maternal and Child Health Bureau; and Chou-Lin Chen, National Highway Traffic Safety Administration.

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About This Report

The Federal Interagency Forum on Child and Family Statistics' primary mission is to enhance data collection and reporting on children and families. *America's Children: Key National Indicators of Well-Being, 2015* provides the Nation with a summary of national indicators of our children's well-being and monitors changes in these indicators. The purposes of the report are to improve reporting of Federal data on children and families, make these data available in an easy-to-use, nontechnical format, stimulate discussions among policymakers and the public, and spur exchanges between the statistical and policy communities.

Conceptual Framework

There are many interrelated aspects of children's well-being. This report identifies seven major domains that characterize the well-being of a child and influence the likelihood that a child will grow to be a well-educated, economically secure, productive, and healthy adult. The seven domains are family and social environment, economic circumstances, health care, physical environment and safety, behavior, education, and health. These domains are interrelated and can have synergistic effects on well-being.

Each section of the report corresponds to one of the seven domains and includes a set of key indicators. These indicators either characterize an aspect of well-being or an influence on well-being.

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

Structure of the Report

America's Children: Key National Indicators of Well-Being, 2015 presents a set of key indicators that measure important aspects of children's lives and are collected regularly, reliably, and rigorously by Federal agencies. In determining this list of key indicators, the Forum carefully examined the available data and sought input from the Federal policymaking community, foundations, academic

researchers, and state and local children's service providers. These indicators were chosen because they meet the following criteria:

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

America's Children: Key National Indicators of Well-Being, 2015 is designed as a gateway to acquaint readers with the concepts found in other, more technical or comprehensive reports produced by several Forum agencies. The report provides not only the selected indicators of child well-being but extensive supplementary information as well. Appendix A, Detailed Tables, presents additional data not discussed in the main body of the report. Appendix B, Data Source Descriptions, describes the sources and surveys used to generate the data.

In addition, this year's report contains a special feature, *Health Care Quality*. This feature focuses on well-child and well-adolescent visits, preschool vision screenings, asthma management plans, and access to care.

Changes to This Year's Report

Wherever possible, we have updated indicators with the latest available data. In addition, the Forum has worked to enhance the report by revising certain indicators to reflect improvements in the availability of data sources, substantive expansion of the indicator, or clarification of the concept being measured. This year's report reflects the transition to the National Health Interview Survey for *Health Insurance Coverage (HC1)* as well as the alignment of *Immunization (HC3)* with the Department of Health and Human Services' Healthy People 2020 standards. Additionally, for the first time, standard error tables for select indicators are available online at <http://childstats.gov>.

Race and Ethnicity and Poverty Status

Most indicators in *America's Children* include data tabulated by race and ethnicity. In 1997, the Office of Management and Budget (OMB) issued revised standards for data on race and ethnicity (<http://www.whitehouse.gov/omb/fedreg/1997standards.html>). The revised standards included two changes that had a direct effect on many of the indicators in this report, particularly with respect to trend analyses. First, the number of racial categories expanded

from four (White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander) to five (White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander). Second, respondents were given the opportunity to select multiple races. The standards continued to require data on ethnicity in two categories: Hispanic or Latino and Not Hispanic or Latino.

The data sources used in this report implemented these revised standards at different times, and some indicators have more detailed data on race and ethnicity than others. Nevertheless, wherever feasible, we use the 1997 OMB standards in this report. Detailed information on data collection methods for race and ethnicity is provided in footnotes, and additional information can be found in the Data Source Descriptions. The Forum strives to consistently report racial and ethnic data across indicators for clarity and continuity.

Many indicators in this report also include data tabulated by family income and poverty status. All poverty calculations in this report are based on OMB's Statistical Policy Directive 14, the official poverty measurement standard for the United States. A family is considered to be living below the poverty level if its before-tax cash income is below a defined level of need, called a poverty threshold. Poverty thresholds are updated annually and vary based on family size and composition. Wherever feasible, indicators present data by poverty status, using the following categories: families with incomes less than 100 percent of the poverty threshold, families with incomes between 100 and 199 percent of the poverty threshold (low income), and families with incomes 200 percent or more of the poverty threshold (medium and high income). The Forum continues to work on reporting consistent data on family income and poverty status across indicators for clarity and continuity.

Statistical Significance

The Forum continues to strive to demonstrate greater consistency and standardization in the presentation of information in this report. Many estimates in this report are based on a sample of the population and are therefore subject to sampling error. Standard tests of statistical significance have been used to determine whether differences between populations exist at generally accepted levels of confidence or are likely to have occurred by chance. Differences between estimates are tested for statistical significance at either the 0.05 or 0.10 cutoff level, according to agency standards; all differences discussed in the report are statistically significant unless otherwise noted. Standard error tables for select indicators are available online at <http://childstats.gov>.

Indicators Needed

The Forum presents child well-being data in need of development at the end of each section of the report. The lists include many important aspects of children's lives for which regular indicators are lacking or are in development, such as children of incarcerated parents, early childhood development, long-term poverty, disability, and social connections and engagement.

In some areas, the Forum is exploring ways to collect new measures and improve existing ones. In others, Forum agencies have successfully fielded surveys incorporating new measures, but data are not yet available on a regular basis for monitoring purposes.

This year's volume also highlights the Forum's Research and Innovation Committee efforts to address measurement and data needs in early childhood development, particularly within the domain of social/emotional development. Background information, scope of work, and project deliverables are discussed on the "Indicator Needed" page, at the back of the Education section. Project deliverables are featured on the Forum's Web site.

For Further Information

There are several places to obtain more information on the indicators found in this report, including the data tables, data source descriptions, and the Forum's Web site.

Tables

Appendix A, Detailed Tables, contains additional details not discussed in the main body of the report. When available, tables show data by the following categories: gender, age, race and Hispanic origin, poverty status, parental education, region of the country, and family structure.

Data Source Descriptions

Appendix B, Data Source Descriptions, contains information on the data used to generate the indicators and how to contact the agency responsible for the data.

It is also important to note that numerous publications of the Federal statistical agencies provide additional details about indicators in this report and on other areas of child well-being. Two such reports include *The Condition of Education* (<http://www.nces.ed.gov/programs/coe>), published annually by the National Center for Education Statistics and *Health, United States* (<http://www.cdc.gov/nchs/hus.htm>), published annually by the National Center for Health Statistics.

Web Site

The Forum's Web site, <http://childstats.gov>, contains data tables, links to previous reports, links for ordering reports, and additional information about the Forum.

Highlights

America's Children: Key National Indicators of Well-Being, 2015 continues a series of annual reports to the Nation on conditions affecting children in the United States. Highlights from each section follow.

Demographic Background

There were 73.6 million children in the United States in 2014, which was 1.2 million more than in 2000. The number of children is projected to increase to 76.3 million in 2030 (*POP1*).

Racial and ethnic diversity have grown dramatically in the United States in the last three decades. This growth was first evident among children. This population is projected to become even more diverse in the decades to come. In 2020, less than half of all children are projected to be White, non-Hispanic. By 2050, 32 percent of U.S. children are projected to be Hispanic (up from 24 percent in 2014), and 39 percent are projected to be White, non-Hispanic (down from 52 percent in 2014) (*POP3*).

Family and Social Environment

In 2014, 69 percent of children ages 0–17 lived with two parents (64 percent with two married parents and 4 percent with two unmarried cohabiting parents), 24 percent lived with only their mothers, 4 percent lived with only their fathers, and 4 percent lived without a parent in the household (*FAM1*).

In 2013, there were 44 births for every 1,000 unmarried women ages 15–44, down from 45 per 1,000 in 2012. The rate in 2013 was highest for women ages 25–29 (67 per 1,000), followed by the rate for women ages 20–24 (63 per 1,000). The percentage of births to unmarried women among all births decreased from 41.0 percent in 2009 to 40.6 percent in 2013 (*FAM2*).

In 2011, older children were more likely to care for themselves than were their younger counterparts: 2 percent of children ages 5–8, about 10 percent of children ages 9–11, and 33 percent of children ages 12–14 were regularly in self-care situations (*FAM3*).

In 2014, 21 percent of children were native children with at least one foreign-born parent, and 3 percent were foreign-born children with at least one foreign-born parent (*FAM4*).

In 2013, about 22 percent of school-age children spoke a language other than English at home, and 5 percent of school-age children both spoke a language other than English at home and had difficulty speaking English (*FAM5*).

In 2013, the adolescent birth rate was 12 per 1,000 adolescents ages 15–17, a record low for the country (*FAM6*).

In 2013, the rate of substantiated reports of child maltreatment was 10 per 1,000 children ages 0–17. Younger children were more frequently victims of child maltreatment than were older children. In 2013, there were 24 substantiated child maltreatment reports per 1,000 children under age 1 (*FAM7*).

Economic Circumstances

Twenty percent of all children ages 0–17 (14.7 million) lived in poverty in 2013, down from 22 percent in 2012. This was the first time since 2000 that the child poverty rate declined (*ECON1*).

The percentage of children who had at least one parent working year round, full time increased from 73 percent in 2012 to 74 percent in 2013 (*ECON2*).

About 15.8 million children (21 percent of all children) lived in households that were classified as food insecure in 2013 (*ECON3*).

Health Care

The percentage of children without health insurance at the time of interview decreased from 14 percent in 1993 to 7 percent in 2013 (*HC1*).

In 2013, about 4 percent of children had no usual source of health care. Uninsured children are much more likely to have no usual source of care than are children who have health insurance (*HC2*).

In 2013, about 70 percent of children ages 19–35 months received the recommended combined seven-vaccine immunization series (*HC3*).

Physical Environment and Safety

In 2013, about 50 percent of children lived in counties with measured pollutant concentrations above the levels of one or more Federal Air Quality Standards at least once during the year. Ozone is the pollutant that is most often measured above its current air pollution standard (*PHY1*).

The percentage of children ages 4–11 with detectable blood cotinine levels—a chemical marker of recent exposure to secondhand smoke—decreased from 85 percent in 1988–1994 to 40 percent in 2011–2012 (*PHY2*).

In 2013, over 40 percent of U.S. households (both owners and renters) with children had one or more of three housing problems: physically inadequate housing, crowded housing, or housing cost burden greater than 30 percent of household income. This was down from 46 percent in 2011 (*PHY5*).

Behavior

In 2014, the percentages of 8th-, 10th-, and 12th-grade students who reported smoking cigarettes daily in the past 30 days were the lowest since data collection began in 1980 (*BEH1*).

Youth binge drinking continued to decline. For 8th-grade students, it declined from a peak of 13 percent in 1996 to 4 percent in 2014; for 10th-grade students, it declined from a peak of 24 percent in 2000 to 13 percent in 2014; for 12th-grade students, it declined from a peak of 32 percent in 1998 to 19 percent in 2014 (*BEH2*).

From 2013 to 2014, reports of illicit drug use in the past 30 days remained steady for 8th-, 10th-, and 12th-grade students at 8 percent, 19 percent, and 24 percent, respectively (*BEH3*).

Education

In 2013, 92 percent of young adults ages 18–24 had completed high school with a diploma or an alternative credential such as a General Educational Development (GED) certificate. The high school completion rate has increased since 1980, when it was 84 percent (*ED4*).

In 2013, 66 percent of high school completers enrolled in a 2-year or 4-year college in the fall immediately following their graduation from high school (*ED6*).

Health

The percentage of infants born preterm declined to 11.4 percent in 2013; it was the seventh straight year the percentage declined. The percentage of infants born with low birthweight was 8.0 in 2013 (*HEALTH1*).

The infant mortality rate of 6 deaths per 1,000 live births in 2012 was unchanged from 2011 (*HEALTH2*).

In 2013, about 11 percent of the population ages 12–17 had a Major Depressive Episode during the past year (*HEALTH4*).

The diet quality of children and adolescents fell considerably short of Federal recommendations in 2009–2010. The diet quality scores of children and adolescents could be improved by increasing their intake of dark greens, beans, and whole grains (*HEALTH6*).

In 2011–2012, about 18 percent of children ages 6–11 and 21 percent of adolescents ages 12–17 were obese (*HEALTH7*).

In 2013, about 13 percent of children ages 0–17 had been diagnosed with asthma at some time in their lives and about 8 percent of children were reported to currently have asthma. The prevalence of diagnosed asthma declined from 2012 to 2013, and the prevalence of current asthma declined from 2011 to 2013 (*HEALTH8*).

Special Feature: Health Care Quality

Overall, the percentage of children ages 0–17 who had a well-child or adolescent visit in the previous 12 months increased from 73 percent in 1997 to 83 percent in 2013 (*SPECIAL1*).

The percentage of children ages 3–5 who had at least one vision screening increased from 54 percent in 2002 to 61 percent in 2012 (*SPECIAL2*).

The percentage of children ages 0–17 with asthma who had received an asthma management plan increased from 41 percent in 2002 to 51 percent in 2013 (*SPECIAL3*).

Among children ages 0–17, the percentage who were unable to receive or were delayed in receiving medical care, dental care, or prescription drugs declined from 6 percent in 2002 to 4 percent in 2012 (*SPECIAL4*).

America's Children at a Glance

	Previous Value (Year)	Most Recent Value (Year)	Change Between Years
Demographic Background			
Child population*			
Children ages 0–17 in the United States	73.6 million (2013)	73.6 million (2014)	NS
Children as a percentage of the population*			
Children ages 0–17 in the United States	23.3% (2013)	23.1% (2014)	↓
Racial and ethnic composition*			
Children ages 0–17 by race and Hispanic origin**			
White, non-Hispanic	52.3% (2013)	51.9% (2014)	↓
Black, non-Hispanic	13.8% (2013)	13.8% (2014)	NS
American Indian or Alaska Native, non-Hispanic	0.9% (2013)	0.9% (2014)	NS
Asian, non-Hispanic	4.7% (2013)	4.8% (2014)	↑
Native Hawaiian or Other Pacific Islander, non-Hispanic	0.2% (2013)	0.2% (2014)	NS
Two or more races, non-Hispanic	4.0% (2013)	4.1% (2014)	↑
Hispanic	24.1% (2013)	24.4% (2014)	↑
Family and Social Environment			
Family structure and children's living arrangements			
Children ages 0–17 living with two married parents	64% (2013)	64% (2014)	NS
Births to unmarried women			
Births to unmarried women ages 15–44	45 per 1,000 (2012)	44 per 1,000 (2013)	↓
Births to unmarried women among all births	40.7% (2012)	40.6% (2013)	↓
Child care			
Children ages 0–4, with employed mothers, whose primary child care arrangement is with a relative	48% (2010)	49% (2011)	NS
Children ages 3–6, not yet in kindergarten, who were in center-based care arrangements	55% (2007)	61% (2012)	↑
Children of at least one foreign-born parent			
Children ages 0–17 living with at least one foreign-born parent	24% (2013)	24% (2014)	NS
Language spoken at home and difficulty speaking English			
Children ages 5–17 who speak a language other than English at home	22.3% (2012)	21.8% (2013)	↓
Children ages 5–17 who speak a language other than English at home and who have difficulty speaking English	5% (2012)	5% (2013)	NS
Adolescent births			
Births to females ages 15–17	14 per 1,000 (2012)	12 per 1,000 (2013)	↓
Child maltreatment*			
Substantiated reports of maltreatment of children ages 0–17	9.8 per 1,000 (2012)	9.8 per 1,000 (2013)	NS

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

** Percentages may not sum to 100 due to rounding.

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

	Previous Value (Year)	Most Recent Value (Year)	Change Between Years
Economic Circumstances			
Child poverty and family income			
Children ages 0–17 in poverty	22% (2012)	20% (2013)	↓
Secure parental employment			
Children ages 0–17 living with at least one parent employed year round, full time	73% (2012)	74% (2013)	↑
Food insecurity			
Children ages 0–17 in households classified by USDA as “food insecure”	22% (2012)	21% (2013)	NS
Health Care			
Health insurance coverage			
Children ages 0–17 who were uninsured at the time of interview	7% (2012)	7% (2013)	NS
Usual source of health care			
Children ages 0–17 with no usual source of health care	4% (2012)	4% (2013)	NS
Immunization			
Children ages 19–35 months with the 4:3:1:3*:3:1:4 combined series	68% (2012)	70% (2013)	NS
Oral health			
Children ages 5–17 with a dental visit in the past year	88% (2012)	88% (2013)	NS
Physical Environment and Safety			
Outdoor air quality			
Children ages 0–17 living in counties with pollutant concentrations above the levels of the current air quality standards	68% (2012)	50% (2013)	↓
Secondhand smoke			
Children ages 4–11 with any detectable blood cotinine level, a measure for recent exposure to secondhand smoke	42% (2009–2010)	40% (2011–2012)	NS
Drinking water quality			
Children served by community water systems that did not meet all applicable health-based drinking water standards	8% (2012)	6% (2013)	NS
Lead in the blood of children			
Children ages 1–5 with blood lead greater than or equal to 5 µg/dL	4% (2003–2006)	2% (2009–2012)	↓
Housing problems			
Households with children ages 0–17 reporting shelter cost burden, crowding, and/or physically inadequate housing	46% (2011)	40% (2013)	↓
Youth victims of serious violent crimes			
Serious violent crime victimization of youth ages 12–17	6 per 1,000 (2012)	9 per 1,000 (2013)	NS
Child injury and mortality			
Injury deaths of children ages 1–4	11 per 100,000 (2012)	11 per 100,000 (2013)	NS
Injury deaths of children ages 5–14	5 per 100,000 (2012)	5 per 100,000 (2013)	NS

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

	Previous Value (Year)	Most Recent Value (Year)	Change Between Years
Physical Environment and Safety—cont.			
Adolescent injury and mortality			
Injury deaths of adolescents ages 15–19	35 per 100,000 (2012)	33 per 100,000 (2013)	↓
Behavior			
Regular cigarette smoking			
Students who reported smoking daily in the past 30 days			
8th grade	2% (2013)	1% (2014)	NS
10th grade	4% (2013)	3% (2014)	↓
12th grade	9% (2013)	7% (2014)	↓
Alcohol use			
Students who reported having 5 or more alcoholic beverages in a row in the past 2 weeks			
8th grade	5% (2013)	4% (2014)	↓
10th grade	14% (2013)	13% (2014)	NS
12th grade	22% (2013)	19% (2014)	↓
Illicit drug use			
Students who reported using illicit drugs in the past 30 days			
8th grade	9% (2013)	8% (2014)	NS
10th grade	19% (2013)	19% (2014)	NS
12th grade	25% (2013)	24% (2014)	NS
Sexual activity			
High school students who reported ever having had sexual intercourse			
	47% (2011)	47% (2013)	NS
Youth perpetrators of serious violent crimes			
Youth offenders ages 12–17 involved in serious violent crimes	9 per 1,000 (2012)	9 per 1,000 (2013)	NS
Education			
Family reading to young children			
Children ages 3–5 who were read to 3 or more times in the last week			
	83% (2007)	83% (2012)	NS
Mathematics and reading achievement			
Average mathematics scale score of			
4th-graders (0–500 scale)	241 (2011)	242 (2013)	↑
8th-graders (0–500 scale)	284 (2011)	285 (2013)	↑
12th-graders (0–300 scale)	153 (2009)	153 (2013)	NS
Average reading scale score of			
4th-graders (0–500 scale)	221 (2011)	222 (2013)	NS
8th-graders (0–500 scale)	265 (2011)	268 (2013)	↑
12th-graders (0–500 scale)	288 (2009)	288 (2013)	NS

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

	Previous Value (Year)	Most Recent Value (Year)	Change Between Years
Education—cont.			
High school academic coursetaking			
High school graduates who completed selected mathematics and science courses			
Algebra II	70% (2005)	76% (2009)	↑
Analysis/precalculus	29% (2005)	35% (2009)	↑
Biology and chemistry	64% (2005)	68% (2009)	↑
Biology, chemistry, and physics	27% (2005)	30% (2009)	↑
High school completion			
Young adults ages 18–24 who have completed high school	91% (2012)	92% (2013)	NS
Youth neither enrolled in school* nor working			
Youth ages 16–19 who are neither enrolled in school nor working	9% (2013)	9% (2014)	NS
College enrollment			
Recent high school completers enrolled in college the October immediately after completing high school	66% (2012)	66% (2013)	NS
Health			
Preterm birth and low birthweight			
Infants less than 37 completed weeks of gestation at birth	11.5% (2012)	11.4% (2013)	↓
Infants weighing less than 5 lb. 8 oz. at birth	8% (2012)	8% (2013)	NS
Infant mortality			
Deaths before first birthday	6 per 1,000 (2011)	6 per 1,000 (2012)	NS
Emotional and behavioral difficulties			
Children ages 4–17 reported by a parent to have serious difficulties with emotions, concentration, behavior, or getting along with other people			
	5% (2012)	5% (2013)	NS
Adolescent depression			
Youth ages 12–17 with Major Depressive Episode in the past year	9% (2012)	11% (2013)	↑
Activity limitation			
Children ages 5–17 with activity limitation resulting from one or more chronic health conditions			
	9% (2012)	9% (2013)	NS
Diet quality			
Average diet scores for children ages 2–17, expressed as a percentage of Federal diet quality standards			
	51% (2007–2008)	52% (2009–2010)	NS
Obesity			
Children ages 6–17 who are obese	18% (2009–2010)	19% (2011–2012)	NS
Asthma			
Children ages 0–17 who currently have asthma	9% (2012)	8% (2013)	↓

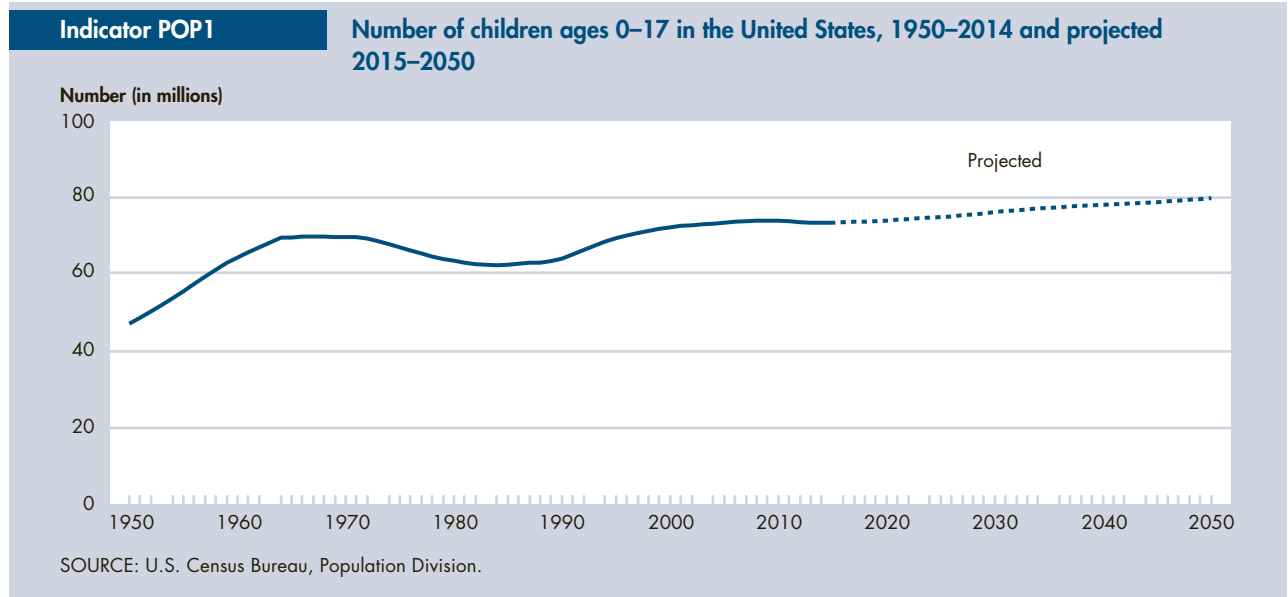
* School refers to high school and college.

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

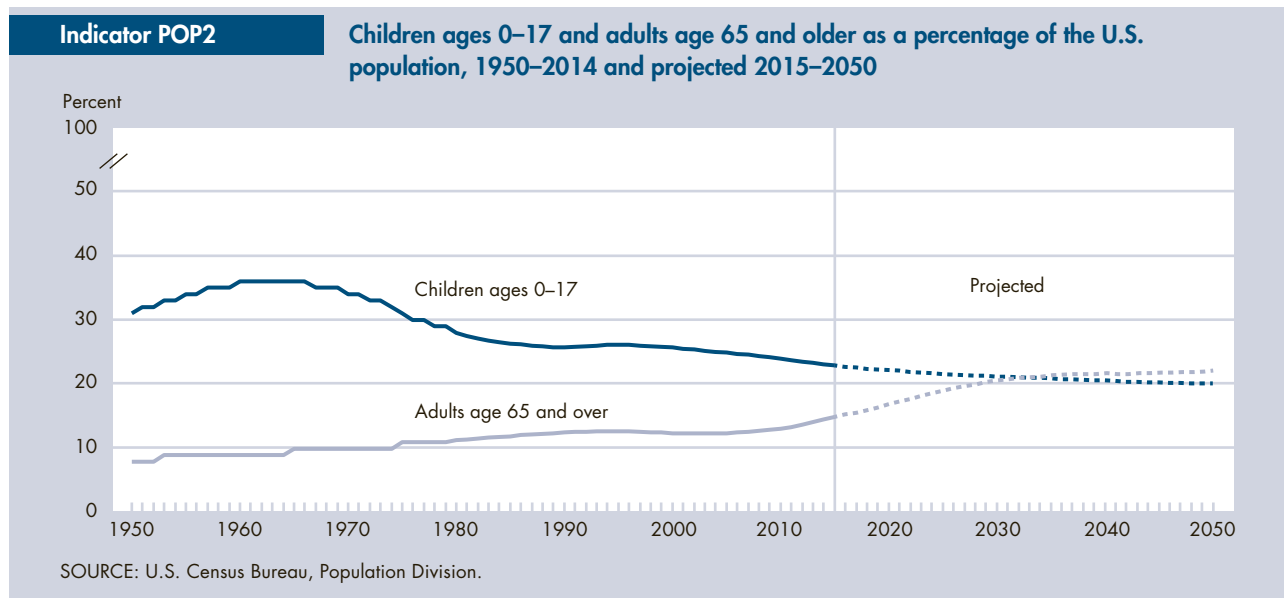
Demographic Background

Understanding the changing demographic characteristics of America’s children is critical for shaping social programs and policies. The number of children determines the demand for schools, health care, and other social services that are essential for meeting the daily needs of families. While the number of children living in the United States has grown, the ratio of children to adults has decreased. At the same time, the racial and ethnic composition of the Nation’s children continues to change. Demographic composition provides an important context for understanding the indicators presented in this report and provides a glimpse of what the future may be like for American families.

According to the U.S. Census Bureau, there were 73.6 million children in the United States in 2014, which was 1.2 million more than in 2000. This number is projected to increase to 76.3 million in 2030. In 2014 (the latest year of data available at the time of publication), there were fewer children in the 0–5 age group (23.9 million) than in the 6–11 age group (24.7 million) and the 12–17 age group (25.0 million).

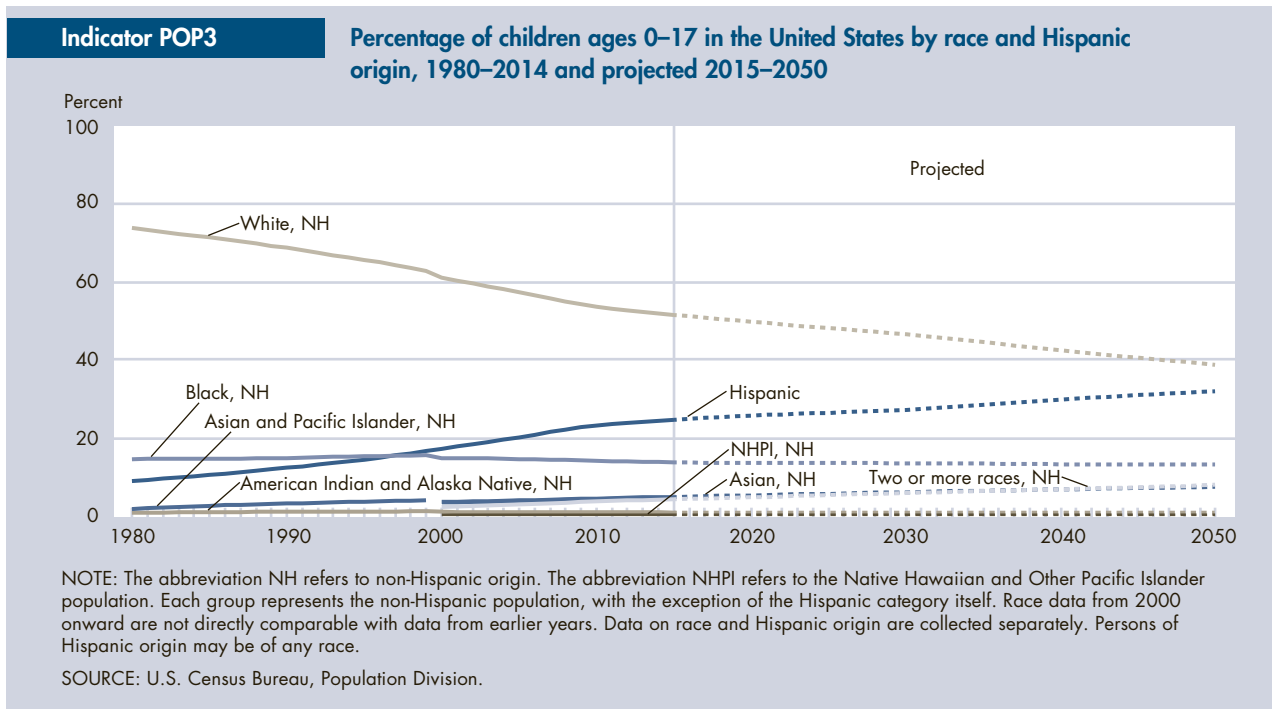


Since the mid-1960s, children have been decreasing (overall) as a proportion of the total U.S. population. In 2014, children made up 23 percent of the population, down from a peak of 36 percent at the end of the “baby boom” (1964). Children’s share of the population is projected to continue its slow decline through 2050, when children are projected to make up 20 percent of the population.



Racial and ethnic diversity have grown dramatically in the United States in the last three decades. This growth was first evident among children. In 2014, 52 percent of U.S. children were White, non-Hispanic; 24 percent were Hispanic; 14 percent were Black, non-Hispanic; 5 percent were Asian, non-Hispanic; and 5 percent were non-Hispanic “All other races.”

This population is projected to become even more diverse in the decades to come. Whereas the percentages of children in most of the other race and ethnic origin groups have declined, the percentage of children who are Hispanic has experienced substantial growth, increasing from 9 percent of the child population in 1980 to 24 percent in 2014. In 2020, less than half of all children are projected to be White, non-Hispanic. By 2050, 32 percent of U.S. children are projected to be Hispanic (up from 24 percent in 2014), and 39 percent are projected to be White, non-Hispanic (down from 52 percent in 2014).

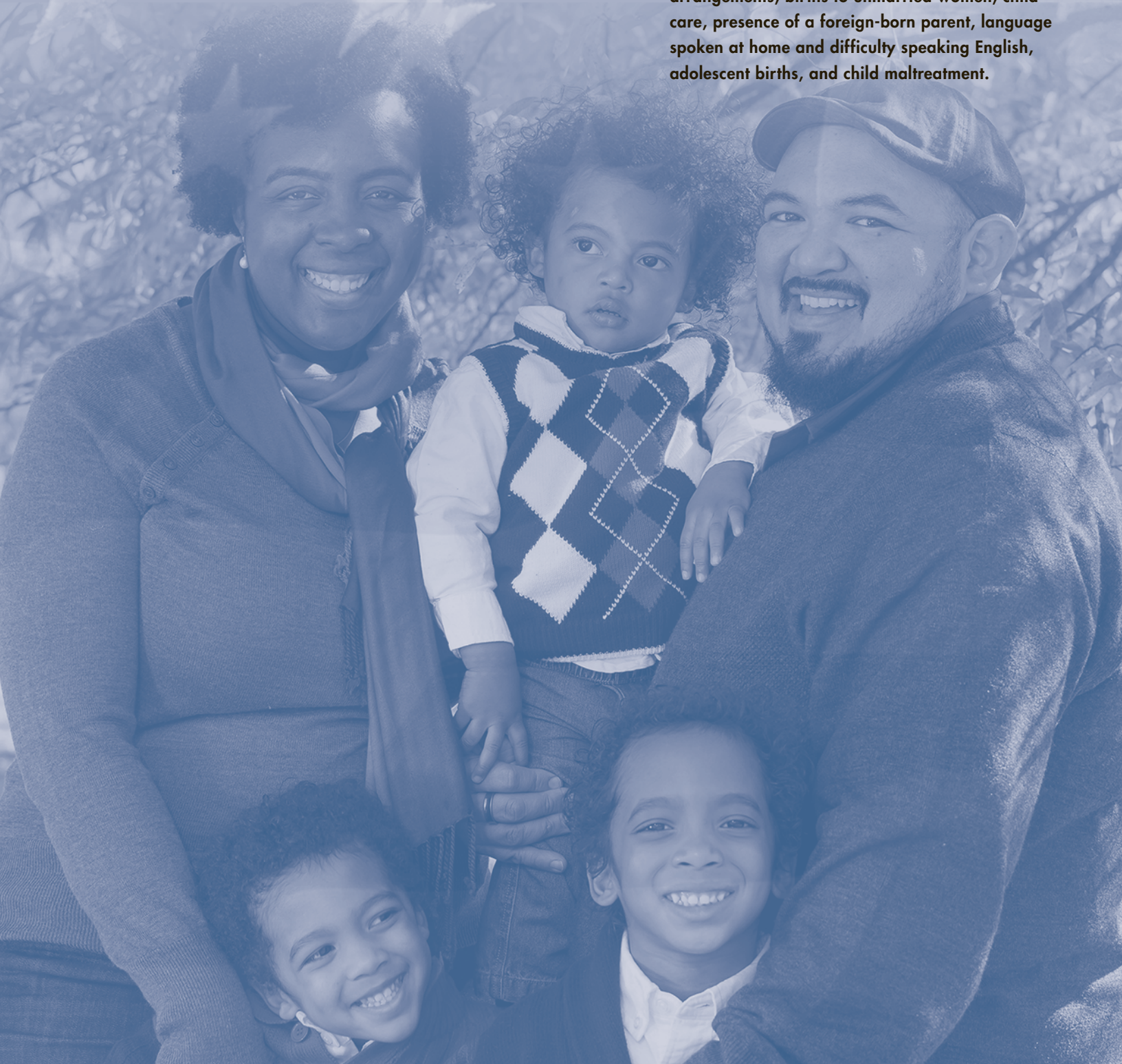


Data can be found in Tables POP1–POP3 on pages 95–96.

Indicators of Children's Well-Being

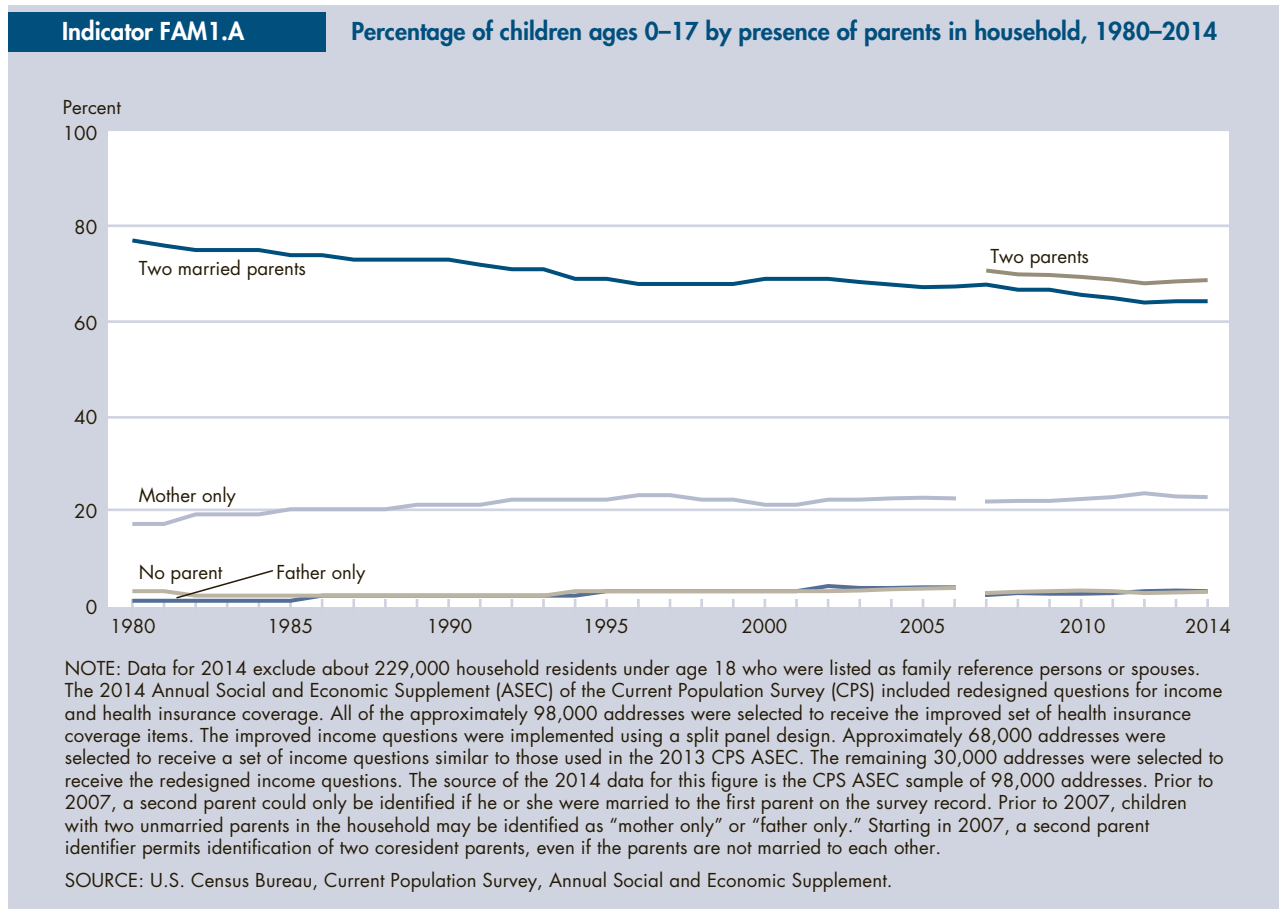
Family and Social Environment

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



Family Structure and Children's Living Arrangements

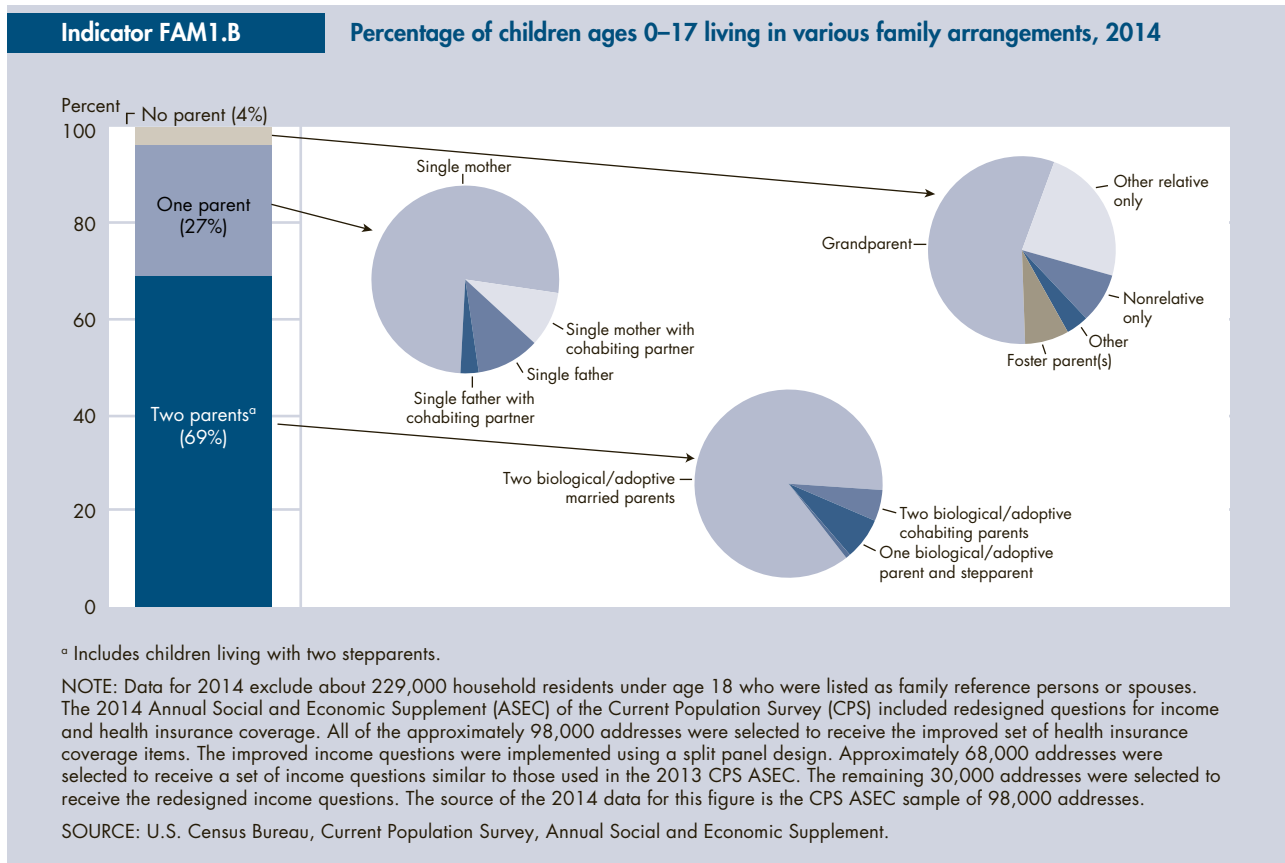
The composition of families is dynamic and has implications for critical parental and economic resources. A long-term shift in family composition has decreased the share of children living with two married parents, while single-parent households have become more common for children.



- Sixty-four percent of children ages 0–17 lived with two married parents in 2014, down from 77 percent in 1980.
- In 2014, 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 majority of children who live with neither of their parents are living with grandparents or other relatives. Others who live with neither parent live with foster parents or other nonrelatives.
- Seventy-four percent of White-alone, non-Hispanic, 58 percent of Hispanic, and 34 percent of Black-alone children lived with two married parents in 2014.¹
- The proportion of Hispanic children living with two married parents decreased from 75 percent in 1980 to 58 percent in 2014.
- Due to improved measurement, it is now possible to identify children living with two parents who are not married to each other. Four percent of all children lived with two unmarried parents in 2014.²

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

Although most children spend the majority of their childhood living with two parents, some children have other living arrangements. Information about the presence of parents and other adults in the household, such as unmarried partners, grandparents, and other relatives, is important for understanding children's social, economic, and developmental well-being. This indicator provides more detail about children's living arrangements and uses information about coresident parents to show detailed parental relationships—biological, step, or adoptive.



- In 2014, there were about 74 million children ages 0–17. Sixty-nine percent of them lived with two parents (64 percent with two married parents and 4 percent with two biological or adoptive cohabiting parents), 24 percent lived with only their mothers, 4 percent lived with only their fathers, and 4 percent lived with no parent.
- Among children living with two parents, 92 percent lived with both of their biological or adoptive parents, and 8 percent lived with a stepparent. Among children in stepparent families, about 76 percent lived with their biological mother and a stepfather.³
- About 6 percent of children who lived with two biological or adoptive parents had parents who were not married.
- The majority of children living with one parent lived with their single mother. Some single parents had cohabiting partners. Twenty-two percent of children living with single fathers and 11 percent of children living with single mothers also lived with their parent's

cohabiting partner. Out of all children ages 0–17, 5.7 million (8 percent) lived with a parent or parents who were cohabiting.

- Among the 2.8 million children (4 percent of all children) not living with a parent in 2014, 56 percent (1.6 million) lived with grandparents, 24 percent lived with other relatives only, and 20 percent lived with nonrelatives. Of children in nonrelatives' homes, 38 percent (214,000) lived with foster parents.
- Older children were less likely to live with two parents: 65 percent of children ages 15–17 lived with two parents, compared with 68 percent of children ages 6–14 and 72 percent of those ages 0–5. Among children living with two parents, older children were more likely than younger children to live with a stepparent and less likely than younger children to live with cohabiting parents.³

Bullets contain references to data that can be found in Tables FAM1.A and FAM1.B on pages 97–100. Endnotes begin on page 77.

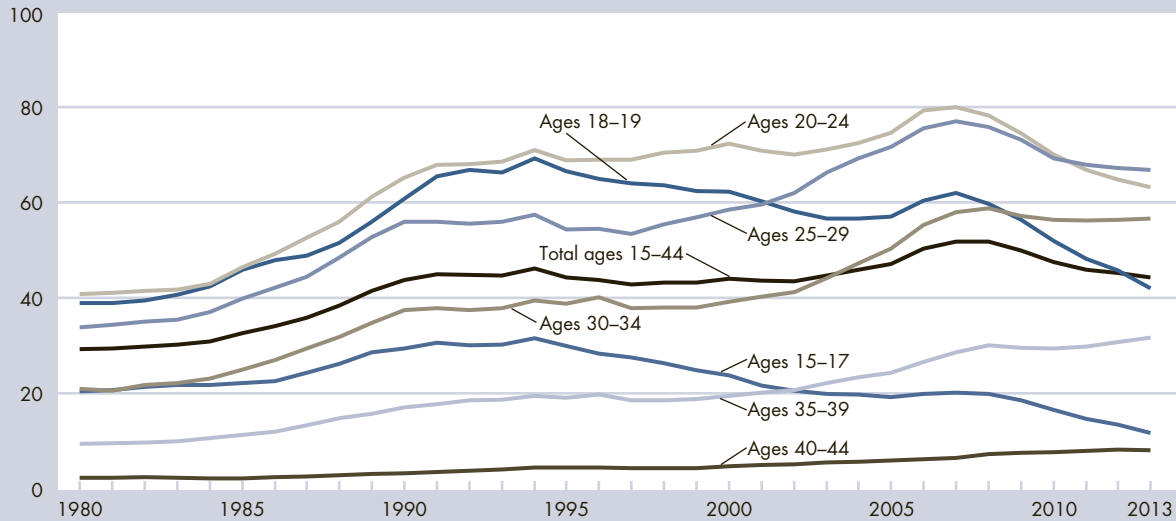
Births to Unmarried Women

Although birth rates have recently declined, the overall increases in births to unmarried women over the last several decades have affected family structure and the economic security of children.^{4,5} Children of unmarried mothers are at higher risk of adverse birth outcomes, such as low birthweight and infant mortality, than are children of married mothers. They are also more likely to live in poverty than are children of married mothers.⁵⁻⁹

Indicator FAM2.A

Birth rates for unmarried women by age of mother, 1980–2013

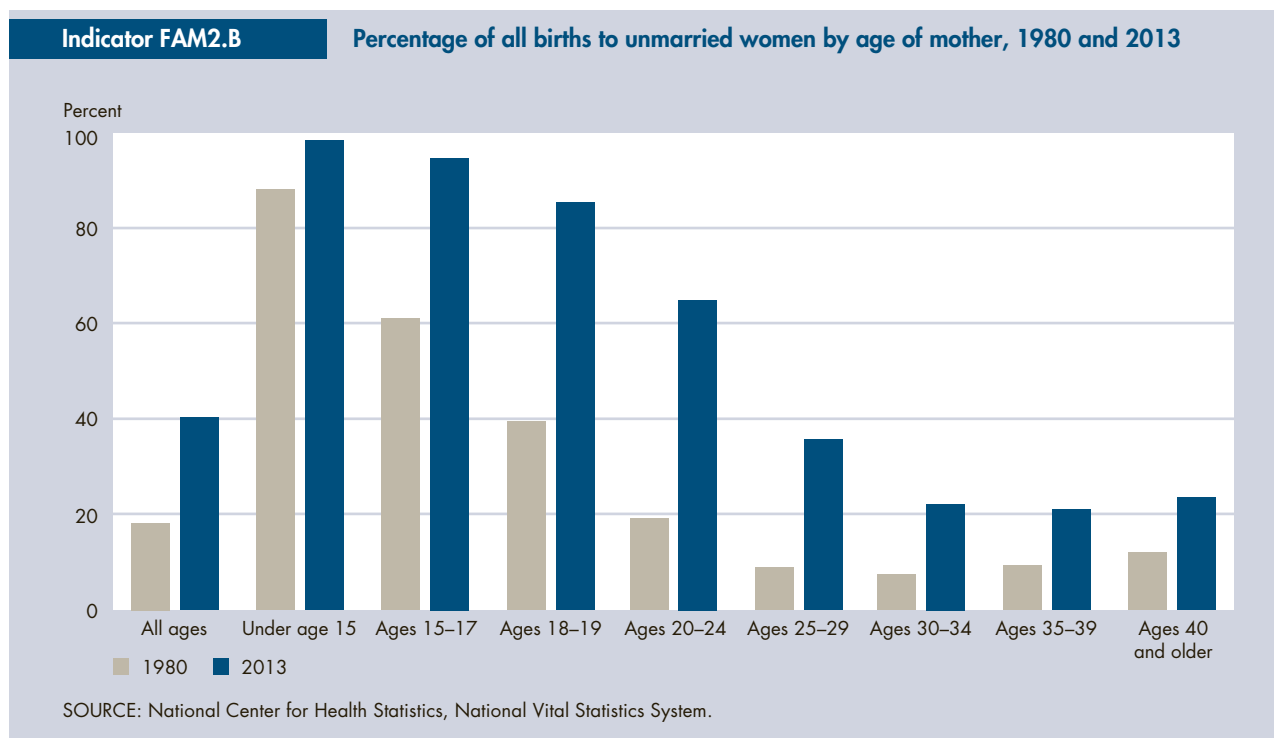
Live births per 1,000 unmarried women in specified age group



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

- In 2013, there were 44 births for every 1,000 unmarried women ages 15–44.
- Between 1980 and 1994, the birth rate for unmarried women ages 15–44 increased from 29 per 1,000 to 46 per 1,000. Between 1995 and 2002, the rate varied little, ranging from 43 per 1,000 to 44 per 1,000. From 2002 to 2008, the rate increased from 44 per 1,000 to 52 per 1,000. However, in 2009 the birth rate for unmarried women ages 15–44 began to decline, down to 44 per 1,000 in 2013.
- The birth rate for unmarried women in 2013 was highest for women ages 25–29 (67 per 1,000), followed by the rate for women ages 20–24 (63 per 1,000).
- Unmarried birth rates for all age groups generally increased between 1980 and the mid-1990s but have shown varying patterns for different groups since then. The unmarried birth rate for adolescents ages 15–17 declined from 32 per 1,000 in 1994 to 19 per 1,000 in 2005 and has continued to decline from 2007 to 2013 (12 per 1,000 in 2013). For adolescents ages 18–19, the birth rate declined from 1994 to 2003 but increased annually from 2004 to 2007; the rate declined from 2007 to 2013, when it was 42 per 1,000.
- Birth rates for unmarried women in their twenties changed relatively little during the mid- to late 1990s. In the 2000s, the rate for women ages 20–24 rose from 70 per 1,000 in 2002 to 80 per 1,000 in 2007 and then declined to 63 per 1,000 in 2013. For women ages 25–29, the rate rose from 59 per 1,000 in 2000 to 77 per 1,000 in 2007 and then declined to 67 per 1,000 in 2013. Birth rates for unmarried women ages 30–34 increased steadily from the late 1990s through 2008 and then declined to between 56 and 57 per 1,000 from 2009 through 2013.
- Rates for unmarried women ages 35–39 and 40–44 generally rose from 1980 through 2013. The unmarried birth rates for both age groups in 2013 were more than three times the rates in 1980.

Children are at greater risk for adverse consequences when born to a single mother because the social, emotional, and financial resources available to the family may be limited.⁵ The proportion of births to unmarried women is useful for understanding the extent to which children born in a given year may be affected by any disadvantage—social, financial, or health—associated with being born outside of marriage. The change in the percentage of births to unmarried women reflects both changes in the birth rate for unmarried women relative to the birth rate for married women and changes in the percentage of women of childbearing age who are unmarried.^{10,11}

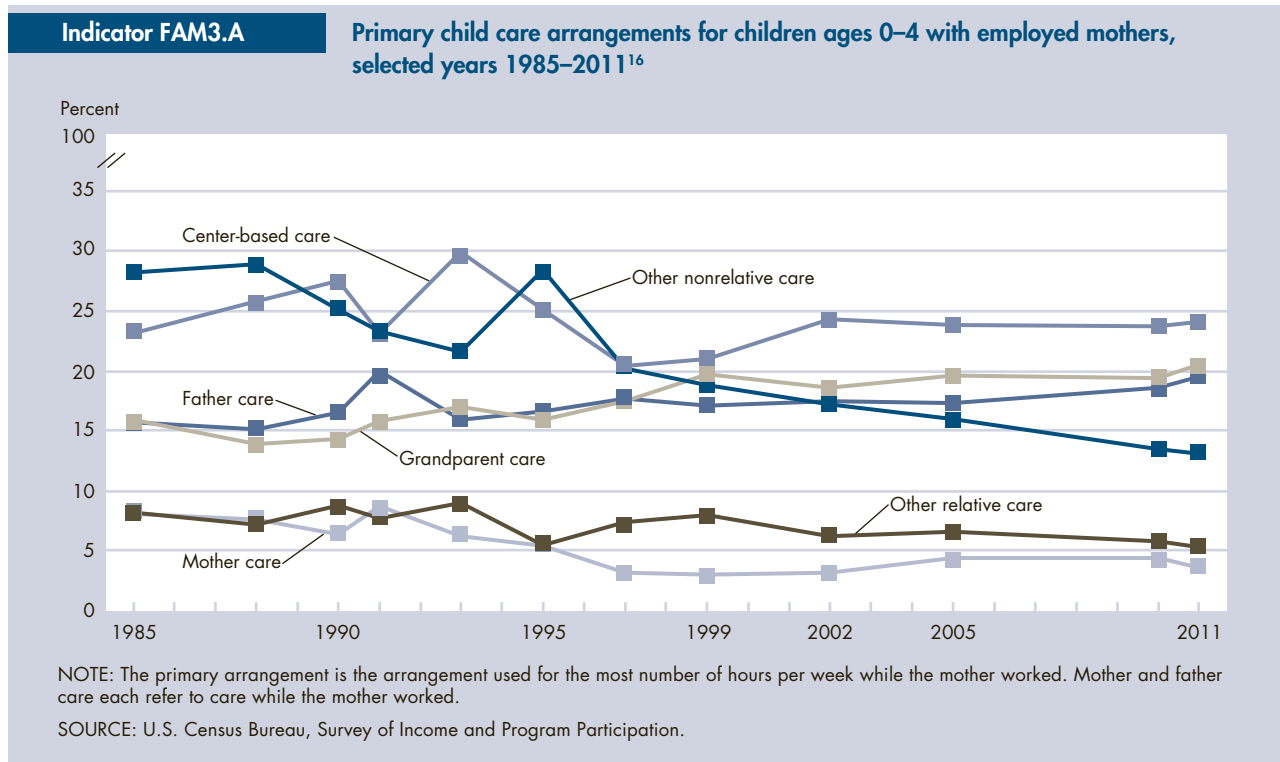


- The percentage of all births to unmarried women rose from 18 percent in 1980 to 33 percent in 1994. From 1994 to 2002, the percentage ranged from 32 to 34 percent. The percentage increased from 2002 through 2008 and then remained relatively stable at 41 percent through 2013.
- The percentage of births to unmarried women among all births decreased from 41.0 percent in 2009 to 40.6 percent in 2013.⁶
- Between 1980 and 2013, the proportion of births to unmarried women rose for women in all age groups. Among adolescent women, the proportion rose from 61 to 95 percent for ages 15–17 and from 40 to 86 percent for ages 18–19. The proportion more than tripled for women in their twenties, rising from 19 to 65 percent for ages 20–24 and from 9 to 36 percent for ages 25–29. The proportion of births to unmarried women in their thirties more than doubled, from 8 to 22 percent.^{8,12,13}
- Forty-six percent of first births were to unmarried women in 2013. About three-fourths of first births to women under age 25 were nonmarital.¹⁴
- The increases in the proportion of births to unmarried women, especially during the 1980s, were linked to increases in the birth rates for unmarried women in all age groups during this period. In addition, the number of unmarried women increased more rapidly than the number of married women, as women from the baby boom generation postponed marriage.^{8,14}
- During the late 1990s, the rate of increase in the proportion of births to unmarried women slowed. The comparative stability was linked to a renewed rise in birth rates for married women.⁸ From 2002 to 2009, the proportion of births to unmarried women grew, reflecting increases, especially among adult women ages 20 and older, in nonmarital birth rates concurrent with relatively little change in birth rates for married women.⁶ The recent decline in the percentage of births that are nonmarital is due to declining nonmarital birth rates from 2008 to 2013 combined with rising marital birth rates from 2010 to 2013.¹⁰

Bullets contain references to data that can be found in Tables FAM2.A and FAM2.B on page 101. Endnotes begin on page 77.

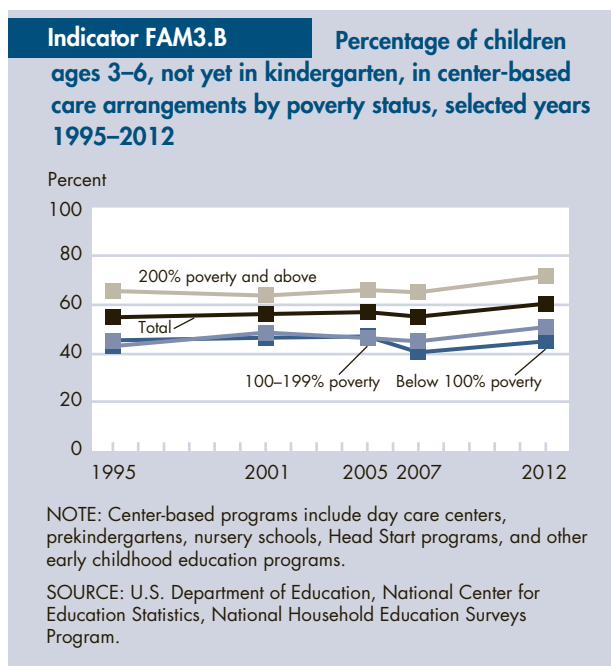
Child Care

Many children spend time with a child care provider other than their parents. Two important measures of early childhood child care usage are a historical trend of the primary child care provider used by employed mothers for their young children and, from a different data source, overall use of different providers regardless of parents' work status.¹⁵

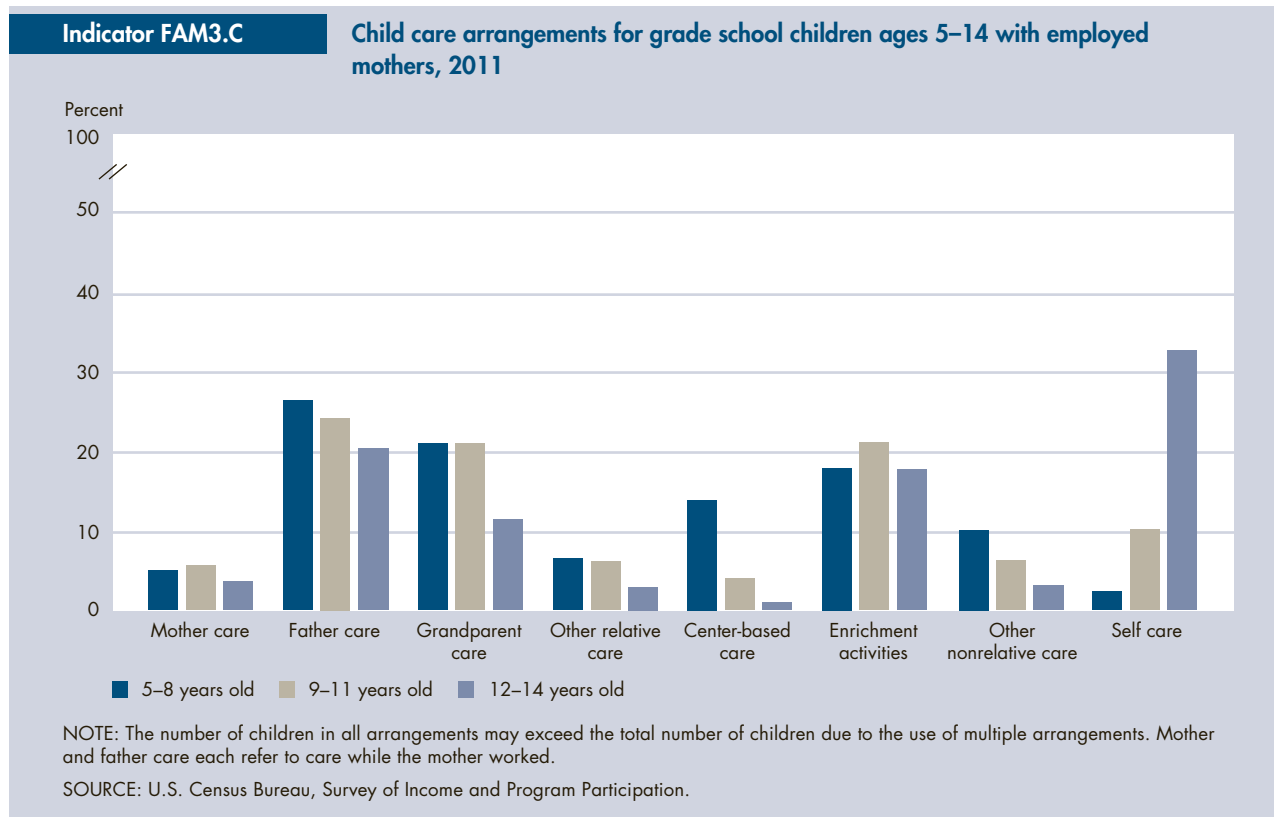


Indicator FAM3.A

- In 2011, 49 percent of children ages 0–4 with employed mothers were primarily cared for by a relative—their father, grandparent, sibling, other relative, or mother—while she worked. This was not statistically different from the percentages in 2010 and 2005. Twenty-four percent spent the most amount of time in a center-based arrangement (day care, nursery school, preschool, or Head Start). Thirteen percent were primarily cared for by a nonrelative in a home-based environment, such as care from a family day care provider, nanny, babysitter, or au pair.
- The rate of care by fathers was between 15 and 16 percent in 1985 and 1988, increased to 20 percent in 1991, and settled between 16 and 18 percent from 1993 to 2005. By 2011, the father-care rate was 19 percent.
- Among children in families in poverty in 2011, 18 percent were in center-based care as their primary arrangement, while 11 percent were with other relatives (relatives other than the mother, father, or grandparent). By comparison, a greater percentage of children in families at or above the poverty threshold were in center-based care (26 percent) and a smaller percentage were cared for by other relatives (4 percent).



School-age children may spend their weekday, nonschool time in child care arrangements and also may engage in a variety of enrichment activities such as sports, arts, clubs, academic activities, religious activities, and community service. In addition, some children care for themselves without adult supervision for some time during the week.



Indicator FAM3.B

- In 2012, about 61 percent of children ages 3–6 not yet in kindergarten were enrolled in center-based care. This percentage was higher than the corresponding percentages in 1995 and 2007 (55 percent each). The percentage of children ages 3–6 not yet in kindergarten who were enrolled in center-based care was higher for those whose families had incomes at least twice the poverty level (72 percent) than for those whose families had incomes 100–199 percent of the poverty level (51 percent) and those whose families had incomes below 100 percent of the poverty level (45 percent).
- The percentage of children ages 3–6 not yet in kindergarten who were enrolled in center-based care differed by race/ethnicity. A lower percentage of Hispanic children (52 percent) than of non-Hispanic White (63 percent), non-Hispanic Black (68 percent), and non-Hispanic Asian or Pacific Islander (68 percent) children were enrolled in center-based care.
- A higher percentage of children whose mothers had a bachelor's degree or higher were enrolled in center-based arrangements (79 percent), compared with children whose mothers had less than a high school diploma

(42 percent), a high school diploma or its equivalent (49 percent), or some college (58 percent).

Indicator FAM3.C

- In 2011, grade school children ages 5–14 with employed mothers were less likely to be in center-based or other nonrelative care and more likely to be cared for by relatives.
- As children grow and mature, many parents allow them to spend some time in unsupervised situations. In 2011, older children were more likely to care for themselves than were their younger counterparts: 2 percent of children ages 5–8, about 10 percent of children ages 9–11, and 33 percent of children ages 12–14 were regularly in self-care situations.

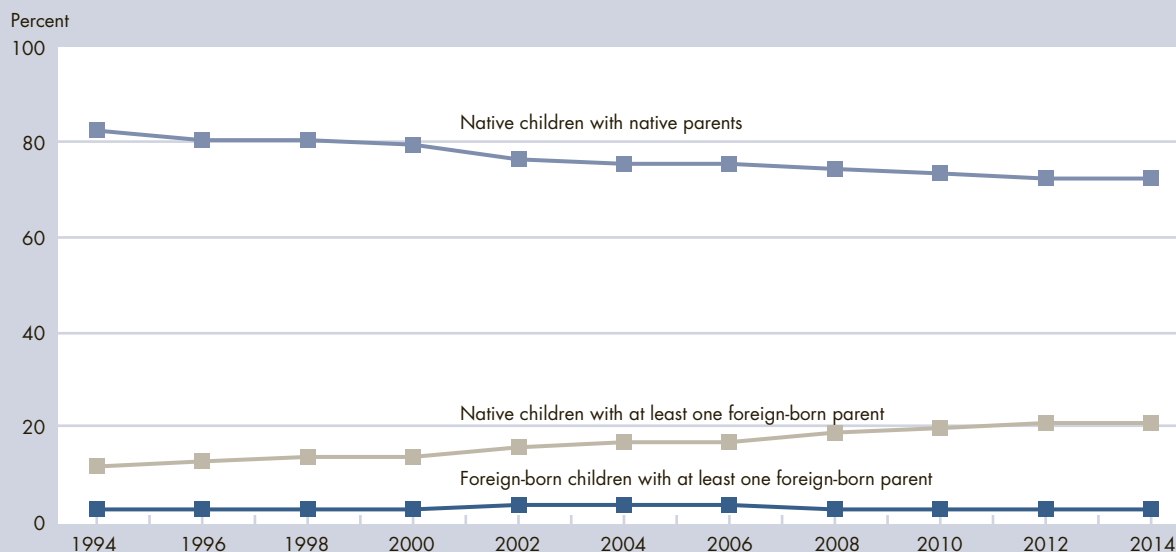
Bullets contain references to data that can be found in Tables FAM3.A–FAM3.C on pages 102–107. Endnotes begin on page 77.

Children of at Least One Foreign-Born Parent

The foreign-born population of the United States has grown since 1970. This increase in the past generation has largely been due to immigration from Latin America and Asia and has led to an expansion in the diversity of language and cultural backgrounds of children growing up in the United States.¹⁷ Potential language and cultural barriers confronting children and their foreign-born parents may make additional language resources both at school and at home necessary for these children.¹⁸

Indicator FAM4

Percentage of children ages 0–17 by nativity of child and parents, selected years 1994–2014



NOTE: Data for 2014 exclude the nearly 229,000 household residents under age 18 who were listed as family reference persons or spouses. The 2014 Annual Social and Economic Supplement (ASEC) of the Current Population Survey (CPS) included redesigned questions for income and health insurance coverage. All of the approximately 98,000 addresses were selected to receive the improved set of health insurance coverage items. The improved income questions were implemented using a split panel design. Approximately 68,000 addresses were selected to receive a set of income questions similar to those used in the 2013 CPS ASEC. The remaining 30,000 addresses were selected to receive the redesigned income questions. The source of the 2014 data for this figure is the CPS ASEC sample of 98,000 addresses. Children living in households with no parents present are not shown in this figure but are included in the bases for the percentages. Native parents means that all of the parents the child lives with are native born. Foreign-born means that one or both of the child's parents are foreign born. Anyone with U.S. citizenship at birth is considered native, which includes people born in the United States or in U.S. outlying areas and people born abroad with at least one American parent. Foreign-born children with native parents are included in the native children with native parents category. Prior to 2007, CPS data identified only one parent on the child's record. This meant that a second parent could only be identified if he or she was married to the first parent. In 2007, a second parent identifier was added to the CPS. This permits identification of two coresident parents, even if the parents are not married to each other.

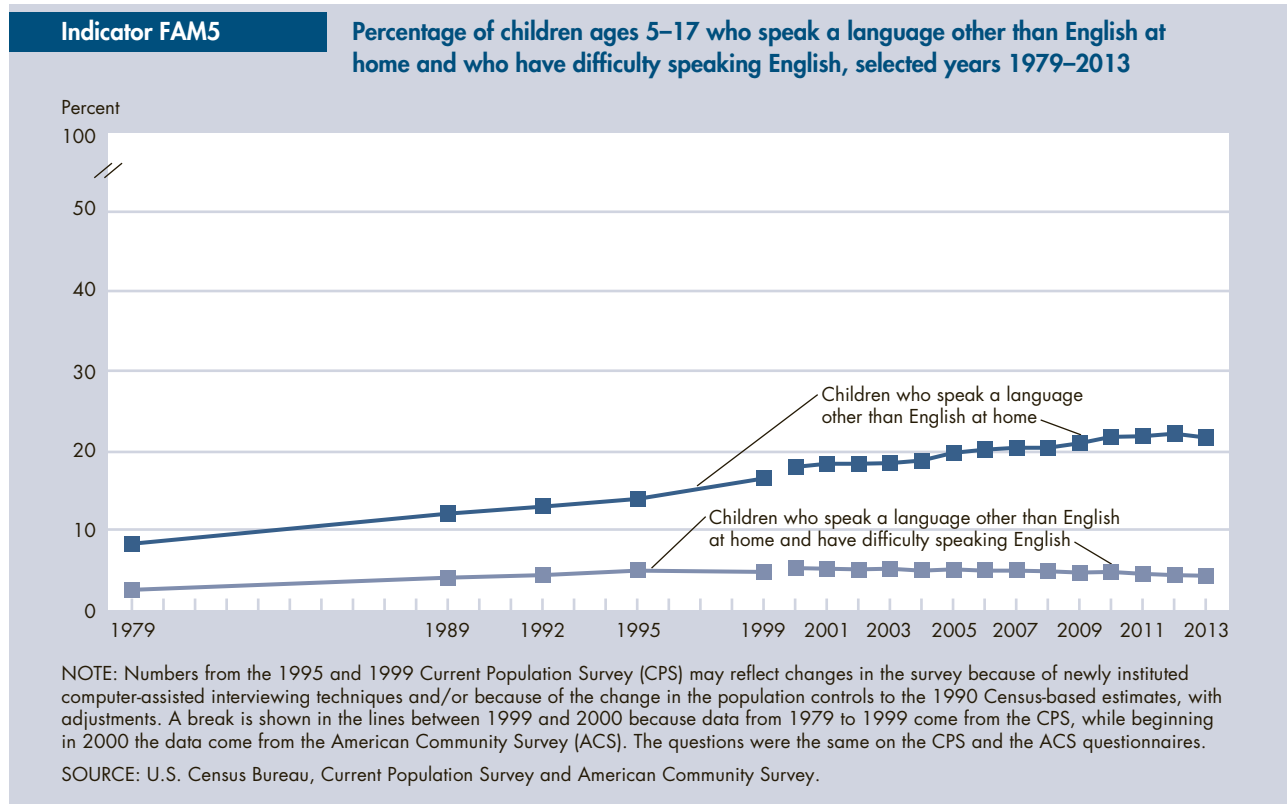
SOURCE: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement.

- In 2014, 21 percent of children were native children with at least one foreign-born parent, and 3 percent were foreign-born children with at least one foreign-born parent. Overall, the percentage of all children living in the United States with at least one foreign-born parent rose from 15 percent in 1994 to 24 percent in 2014.
- In 2014, 27 percent of foreign-born children with a foreign-born parent, 24 percent of native children with a foreign-born parent, and 5 percent of native children with native parents had a parent with less than a high school diploma or equivalent credential.¹⁹
- Regardless of their own nativity status, children with a foreign-born parent more often lived in a household with two parents present than did children with no foreign-born parents. In 2014, about 82 percent of native children with a foreign-born parent lived with two parents, compared with 68 percent of native children with two native parents.

Bullets contain references to data that can be found in Table FAM4 on pages 108–110. Endnotes begin on page 77.

Language Spoken at Home and Difficulty Speaking English

Children who speak languages other than English at home and who also have difficulty speaking English²⁰ may face greater challenges progressing in school and in the labor market. Once it is determined that a student speaks another language, school officials must, by law, evaluate the child's facility with English and provide services such as special instruction to improve the child's English, if needed.



- In 2013, about 22 percent of school-age children spoke a language other than English at home, and 5 percent of school-age children both spoke a language other than English at home and had difficulty speaking English.
- The percentage of school-age children who spoke a language other than English at home varied by region of the country in 2013, from a low of 12 percent in the Midwest to a high of 34 percent in the West.
- In 2013, the percentage of school-age children who had difficulty speaking English also varied by region, from a low of 3 percent in the Midwest to a high of 7 percent in the West.
- Approximately 59 percent of school-age Asian children and 63 percent of school-age Hispanic children spoke a language other than English at home in 2013, compared with 5 percent of White, non-Hispanic and 6 percent of Black, non-Hispanic school-age children.¹
- In 2013, some 14 percent of school-age Asian and 13 percent of school-age Hispanic children spoke another language at home and had difficulty speaking English, compared with about 1 percent of both White, non-Hispanic and Black, non-Hispanic school-age children.²¹
- About 5 percent of school-age children spoke a language other than English at home and lived in a limited English proficient household in 2013. A limited English proficient household is a household in which no one age 14 or over speaks English only, or in which no one age 14 or over speaks a language other than English at home and speaks English “Very well.”

Bullets contain references to data that can be found in Table FAM5 on pages 111–113. Endnotes begin on page 77.

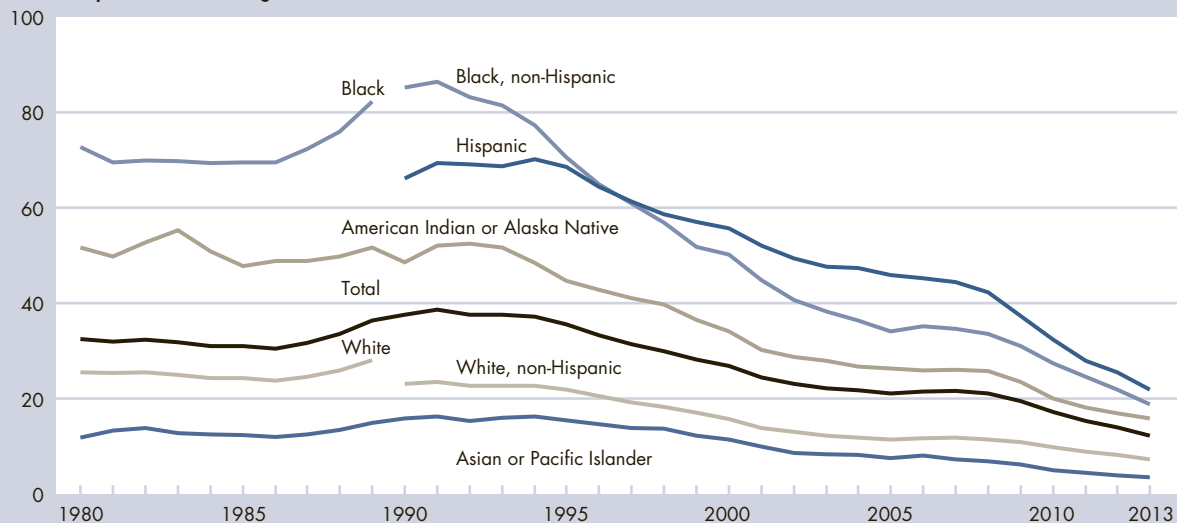
Adolescent Births

Bearing a child during adolescence is often associated with long-term difficulties for the mother and her child. These consequences are often attributable to poverty and other adverse socioeconomic circumstances that frequently accompany early childbearing.²² Compared with babies born to older mothers, babies born to adolescent mothers, particularly younger adolescent mothers, are at higher risk of low birthweight and infant mortality.^{8,9,23,24} They are more likely to grow up in homes that offer lower levels of emotional support and cognitive stimulation, and they are less likely to earn high school diplomas.²⁵ For the mothers, giving birth during adolescence is associated with limited educational attainment, which in turn can reduce employment prospects and earnings potential.²⁵ The birth rate of adolescents under age 18 is a measure of particular interest because these mothers are still of school age.

Indicator FAM6

Birth rates for females ages 15–17 by race and Hispanic origin, 1980–2013

Live births per 1,000 females ages 15–17



NOTE: Race refers to mother's race. The 1977 Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. Although state reporting of birth certificate data is transitioning to comply with the 1997 OMB standards for race and ethnicity statistics, data from states reporting multiple races were bridged to the single-race categories of the 1977 OMB standards for comparability with other states and for trend analysis. Rates for 1980–1989 are not shown for Hispanics, non-Hispanic Whites, or non-Hispanic Blacks because information on Hispanic origin of the mother was not reported on birth certificates of most states and because population estimates by Hispanic ethnicity for the reporting states were not available. Data on race and Hispanic origin are collected and reported separately. Persons of Hispanic origin may be of any race.

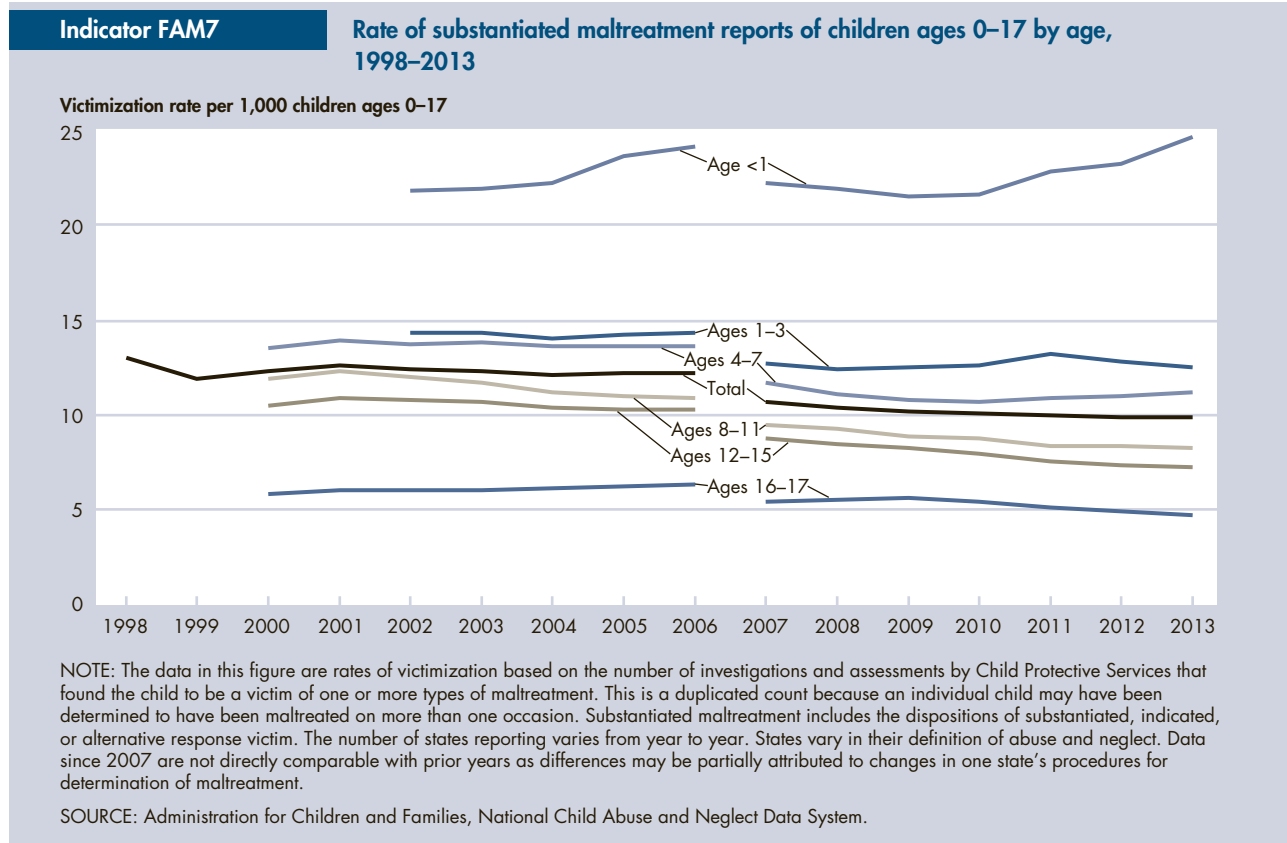
SOURCE: National Center for Health Statistics, National Vital Statistics System.

- In 2013, the adolescent birth rate was 12 per 1,000 adolescents ages 15–17, a record low for the country. There were 74,820 births to these adolescents in 2013.²³ The 2013 rate was more than 40 percent lower than the 2007 rate of 22 per 1,000.
- The adolescent birth rate has fallen for six consecutive years, continuing a decline briefly interrupted in 2005–2007. The long-term decline began in 1991–1992.^{23,26–28} In 1991, the rate was 39 per 1,000; it declined to 21 births per 1,000 in 2005.
- There remain substantial racial and ethnic disparities among the birth rates for adolescents ages 15–17. In 2013, the birth rate was 4 per 1,000 for Asians or Pacific Islanders, 7 for non-Hispanic Whites, 16 for American Indians or Alaska Natives, 19 for non-Hispanic Blacks, and 22 for Hispanics.²³
- The birth rates for White, non-Hispanic, Black, non-Hispanic, American Indian or Alaska Native, and Asian or Pacific Islander females ages 15–17 each dropped by at least two-thirds between 1991 and 2013, with the rates for all groups reaching record lows in 2013.^{23,26–28}
- The birth rate for Hispanic adolescents fell from 1991 to 2013. The 2013 rate for Hispanic adolescents (22 per 1,000) was the lowest ever reported since data became available in 1990, when the rate was 66 per 1,000.^{23,26–28}

Bullets contain references to data that can be found in Table FAM6 on pages 114–115. Endnotes begin on page 77.

Child Maltreatment

Child maltreatment includes physical, sexual, and psychological abuse, as well as neglect (including medical neglect). Maltreatment in general is associated with a number of negative outcomes for children, including lower school achievement, juvenile delinquency, substance abuse, and mental health problems.²⁹ Certain types of maltreatment can result in long-term physical, social, and emotional problems, and even death. For example, abusive head trauma can result in mental retardation, cerebral palsy, or paralysis. Child maltreatment includes both fatal and nonfatal maltreatment.



- In 2013, the rate of substantiated reports of child maltreatment was 10 per 1,000 children ages 0–17. This represents a decrease since 2007, when the rate was 11 reports per 1,000 children ages 0–17.³⁰ Meanwhile, the substantiated maltreatment rate for children under age 1 has increased every year since 2009.
- Younger children are more frequently victims of child maltreatment than are older children. In 2013, there were 24 substantiated child maltreatment reports per 1,000 children under age 1, compared with 12 per 1,000 reports for children ages 1–3, 11 reports for children ages 4–7, 8 reports for children ages 8–11, 7 reports for children ages 12–15, and 5 reports for adolescents ages 16–17.
- Higher rates of maltreatment were reported for females than for males (10 reports per 1,000 for females vs. 9 reports per 1,000 for males).
- While neglect is the most common type of maltreatment across all age groups, types of maltreatment vary by age.

In 2013, 82 percent of substantiated child maltreatment reports for children ages 0–3 involved neglect, compared with 64 percent for adolescents ages 16–17. Twenty-one percent of substantiated reports for adolescents ages 16–17 involved physical abuse and 18 percent involved sexual abuse. Among substantiated reports for children ages 0–3, 15 percent involved physical abuse and 1 percent involved sexual abuse.

- In 2013, Black, non-Hispanic children ages 0–17 had the highest rates of substantiated child maltreatment reports (16 reports per 1,000 children), followed by American Indian or Alaska Native children (14 per 1,000), children of two or more races (12 per 1,000), Hispanic children (9 per 1,000), White, non-Hispanic children (9 per 1,000), Native Hawaiian or Other Pacific Islander children (8 per 1,000), and Asian children (2 per 1,000).

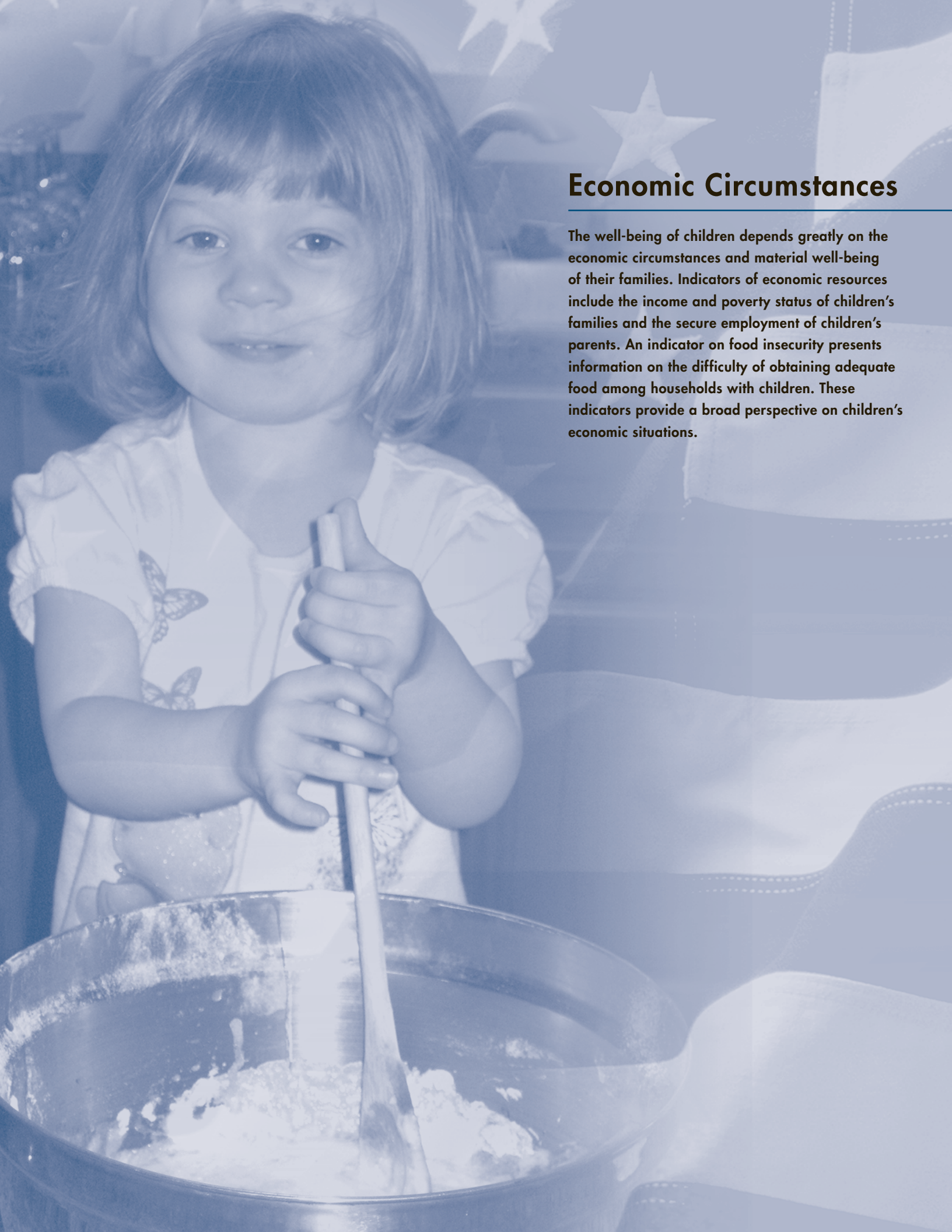
Bullets contain references to data that can be found in Tables FAM7.A and FAM7.B on pages 116–117. Endnotes begin on page 77.

Indicators Needed

Family and Social Environment

While many surveys provide detailed information on children's families, caregivers, and social environments, the continually changing nature of social life creates many new variations and forms of family and living arrangements that cannot currently be adequately addressed with large national omnibus surveys. More detailed data are needed on the following topics:

- *Time use.* Currently, some Federal surveys collect information on the amount of time children spend on certain activities such as watching television and on participation rates in specific activities or care arrangements, but no regular Federal data source examines time spent on the whole spectrum of children's activities. In 2003, the U.S. Bureau of Labor Statistics began the American Time Use Survey (ATUS), which measures the amount of time people spend doing various activities, such as paid work, childcare, volunteering, and socializing. The survey includes responses from persons age 15 and older. Since the numbers of observations for older youth are small, the data cannot be published separately for each year. ATUS data may be included in future *America's Children* reports as a regular indicator as more years of data become available. Forum agencies continue to be interested in the inclusion of time use questions for youth in other surveys, as appropriate.
- *Parental incarceration.* An increasing body of research shows that children's overall health and well-being is adversely affected by parental incarceration. Using Bureau of Justice Statistics surveys of inmates in various correctional settings, it has been estimated that about 2.7 million children have a parent in jail or prison, about 1 in every 28 children. This percentage is more concentrated in poor and minority communities: for example, more than 1 in 9 Black children have a parent who is incarcerated. Since inmate surveys have significant drawbacks for making population estimates, data collection opportunities in household surveys are being examined to determine if incarceration questions can be included in some Federal data sources so that these trends can be monitored more closely.
- *Social connections and engagement.* The formation of close attachments to family, peers, school, and community have been linked to healthy youth development in numerous research studies. Additional research needs to be conducted to strengthen our understanding of how these relationships promote healthy development and protect youth from risks that, in turn, affect later life success. We currently lack regular indicators on aspects of healthy development, such as relationships with parents and peers, connections to teachers and school engagement, resilience when confronted with difficulties, and civic or community involvement.

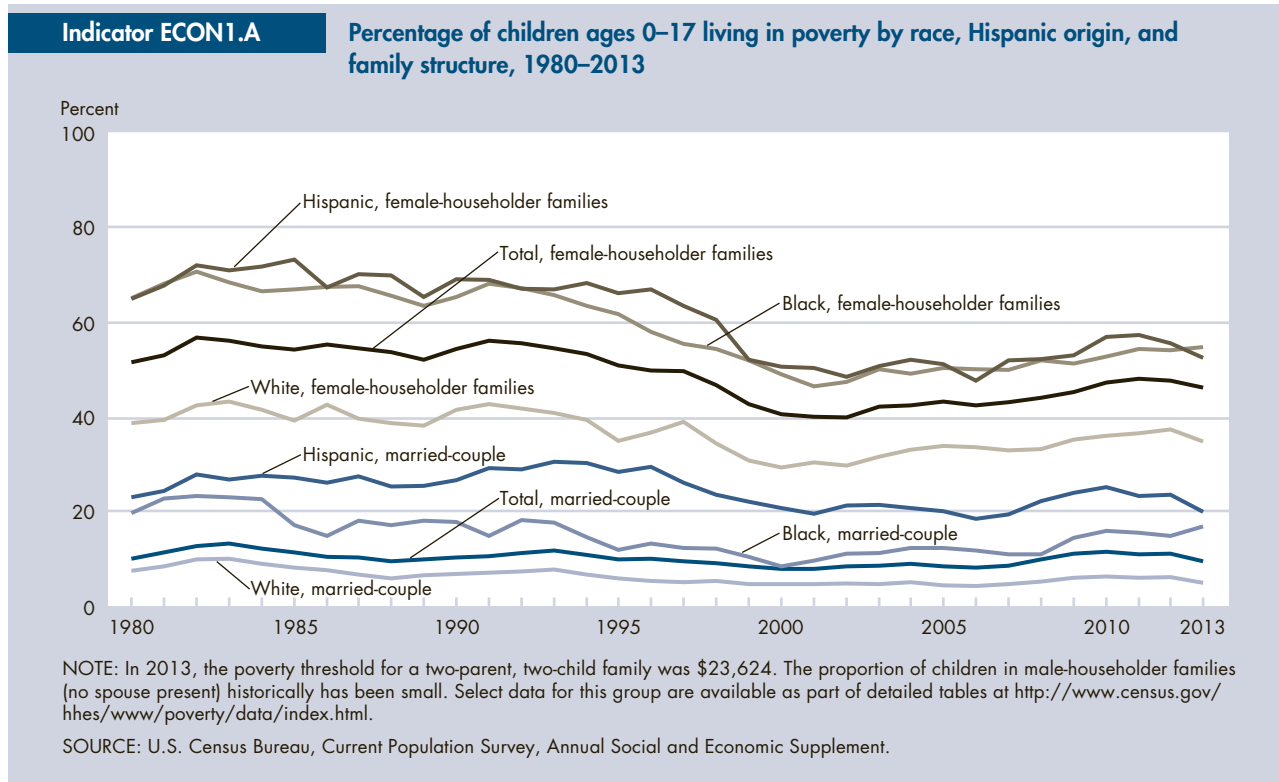


Economic Circumstances

The well-being of children depends greatly on the economic circumstances and material well-being of their families. Indicators of economic resources include the income and poverty status of children's families and the secure employment of children's parents. An indicator on food insecurity presents information on the difficulty of obtaining adequate food among households with children. These indicators provide a broad perspective on children's economic situations.

Child Poverty

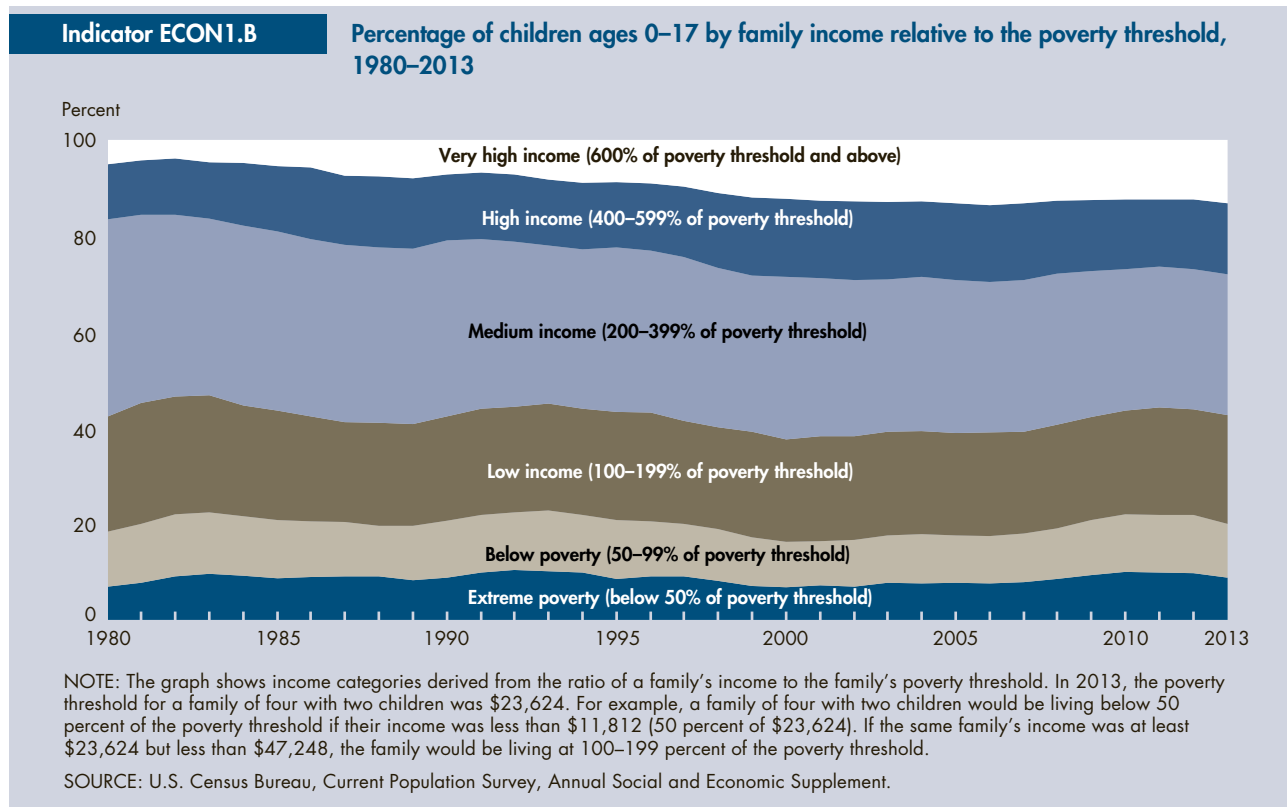
Children living in poverty are vulnerable to environmental, educational, health, and safety risks. Compared with their peers, children living in poverty, especially young children, are more likely to have cognitive, behavioral, and socioemotional difficulties. Throughout their lifetimes they are more likely to complete fewer years of school and experience more years of unemployment.^{31,32,33} These indicators are based on the official poverty measure for the United States as defined in Office of Management and Budget Statistical Policy Directive 14.³⁴



- Twenty percent of all children ages 0–17 (14.7 million) lived in poverty in 2013, down from 22 percent in 2012. This was the first time since 2000 that the child poverty rate declined.
- The poverty rate was much higher for Black, non-Hispanic and Hispanic children than for White, non-Hispanic children.¹ In 2013, some 11 percent of White, non-Hispanic children lived in poverty, compared with 39 percent of Black, non-Hispanic children and 30 percent of Hispanic children.
- Children in married-couple families were much less likely to be living in poverty than children living in female-householder families (no spouse present). In 2013, about 10 percent of children in married-couple families were living in poverty, compared with 46 percent in female-householder families.
- Children ages 0–5 were more likely to be living in families with incomes below the poverty threshold than those ages 6–17. In 2013, approximately 23 percent of children ages 0–5 lived in poverty, compared with 19 percent of older children.
- Nine percent of children lived in families with incomes below 50 percent of the poverty threshold in 2013. Nineteen percent of Black, non-Hispanic children, 13 percent of Hispanic children, and 5 percent of White, non-Hispanic children lived in families with incomes below one-half of the poverty threshold in 2013.

Income Distribution

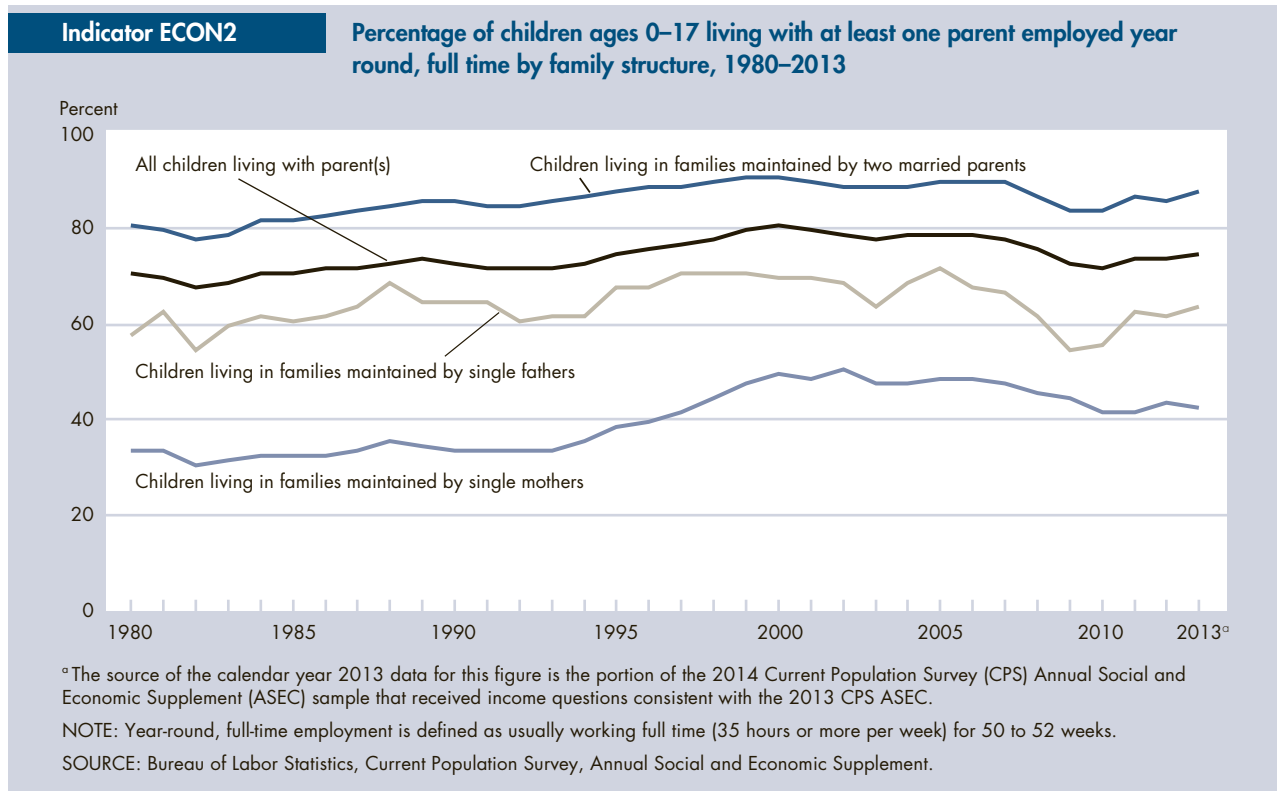
Children's family income distribution provides a broader picture of children's economic circumstances.



- In 2013, more children lived in families with medium income (29 percent) than in families in any other income group. Fewer children lived in families with low income and with high income (23 and 15 percent, respectively) than lived in families with medium income.
 - The percentage of children living in families with medium income was lower in 2013 (29 percent) than in 1990 (37 percent). Conversely, the percentage of children living in families with high income was higher in 2013 (15 percent) than in 1990 (14 percent).
 - The percentage of children living in families in extreme poverty (below 50 percent of the poverty threshold) was 9 percent in 1990, decreased to 7 percent in 2000, rose to 10 percent in 2010, but then decreased to 9 percent in 2013. The percentage of children who lived in families with very high income (600 percent or more of the poverty threshold) has nearly doubled, from 7 percent in 1990 to 13 percent in 2013.
- Bullets contain references to data that can be found in Tables ECON1.A and ECON1.B on pages 118–121. Endnotes begin on page 77.*

Secure Parental Employment

Secure parental employment is a major factor in the financial well-being of families.³⁵ It is associated with higher family income and greater access to health insurance.³⁶ It also has been linked to a number of positive outcomes for children, including better health, education, and social/emotional development.³⁷ One measure of secure parental employment is the percentage of children whose resident parent or parents were employed full time throughout a given year.



- The percentage of children who had at least one parent working year round, full time increased from 73 percent in 2012 to 74 percent in 2013.
- In 2013, about 87 percent of children living in families maintained by two married parents had at least one parent who worked year round, full time. In contrast, 63 percent of children living in families maintained by a single father and 42 percent of children living in families maintained by a single mother had a parent who worked year round, full time.
- Among all children living with parents, those living in poverty were much less likely to have a parent working year round, full time than those living at or above the poverty threshold (27 and 85 percent, respectively, in 2013).
- In families maintained by two married parents who were living below the poverty threshold in 2013, about 48 percent of children had at least one parent working year round, full time. Ninety-one percent of children in families maintained by two married parents who were living at or above the poverty threshold had at least one parent working year round, full time.
- Black, non-Hispanic children and Hispanic children were less likely than White, non-Hispanic children to have a parent working year round, full time. In 2013, about 66 percent of Hispanic children and 57 percent of Black, non-Hispanic children lived in families with secure parental employment, compared with 81 percent of White, non-Hispanic children.

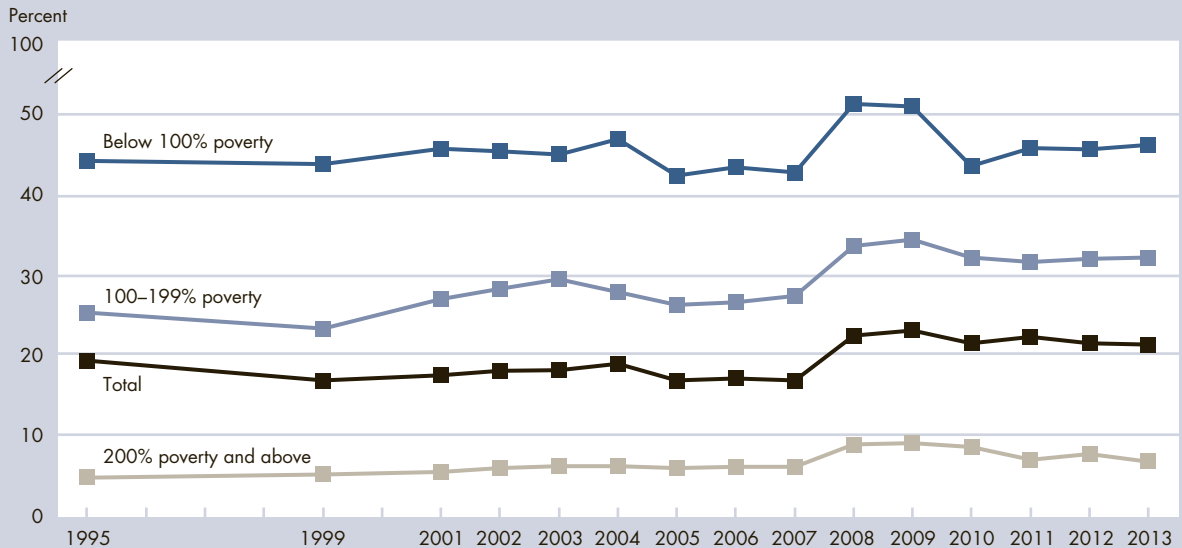
Bullets contain references to data that can be found in Table ECON2 on pages 122–123. Endnotes begin on page 77.

Food Insecurity

A family's ability to provide for its children's nutritional needs is linked to the family's food security—that is, to its access at all times to adequate food for an active, healthy life for all household members.³⁸ The food security status of households is based on self-reported difficulty in obtaining enough food, reduced food intake, reduced diet quality, and anxiety about an adequate food supply. In some households classified as food insecure, only adults' diets and food intakes were affected, but in a majority of such households, children's eating patterns were also disrupted to some extent, and the quality and variety of their diets were adversely affected.³⁹ In a subset of food-insecure households—those classified as having very low food security among children—a parent or guardian reported that at some time during the year one or more children were hungry, skipped a meal, or did not eat for a whole day because the household could not afford enough food.⁴⁰

Indicator ECON3

Percentage of children ages 0–17 in food-insecure households by poverty status, selected years 1995–2013



NOTE: Food-insecure households are those in which either adults or children or both were “food insecure,” meaning that, at times, they were unable to acquire adequate food for active, healthy living because the household had insufficient money and other resources for food. Statistics for 1996–1998 and 2000 are omitted because they are not directly comparable with those for other years.

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

- About 15.8 million children (21 percent of all children) lived in households that were classified as food insecure in 2013.⁴¹ About 765,000 of these children (1 percent of all children) lived in households classified as having very low food security among children.
- The percentage of children living in food-insecure households in 2013 (21 percent) was not significantly different from the percentage in 2012 (22 percent). The percentage of children living in households with very low food security among children declined from 2012 to 2013 (from 1.3 to 1.0 percent).
- In 2013, the percentages of children living in food-insecure households were substantially above the national average of 21 percent for the following groups: those living in households with incomes below the Federal poverty threshold (46 percent), non-Hispanic Blacks (36 percent), Hispanics (29 percent), those whose parents or guardians lacked a high school diploma or General Educational Development (GED) certificate (39 percent), and those living with a single mother (37 percent).

Bullets contain references to data that can be found in Table ECON3 on pages 124–125. Endnotes begin on page 77.

Indicators Needed

Economic Circumstances

Economic security is multifaceted; therefore, multiple measures are needed to adequately represent it. While this year's report continues to provide information on economic and food security, additional indicators are needed on the following:

- *Economic well-being.* Economic well-being over time needs to be anchored in an average standard of living context. Multiple measures of family income or consumption, some of which might incorporate estimates of various family assets, could produce more reliable estimates of changes in children's economic well-being over time.
- *Long-term poverty among families with children.* Although Federal data are available on child poverty (see Indicators ECON1.A and ECON1.B, Child Poverty and Family Income), the surveys that collect these data do not capture information on long-term poverty. Existing longitudinal survey data are available for identifying children living in poverty continually for a period of time and for producing estimates of the duration of poverty. However, those data are not available on a regular basis. The U.S. Census Bureau currently has longitudinal estimates of poverty for the 2004 to 2006 period based on the Survey of Income and Program Participation (SIPP) 2004 Panel. Estimates from the 2008 Panel of SIPP, covering the period 2009 to 2011, will be available later this year. Since long-term poverty can have serious negative consequences for children's well-being, regularly collected and reported estimates are needed.

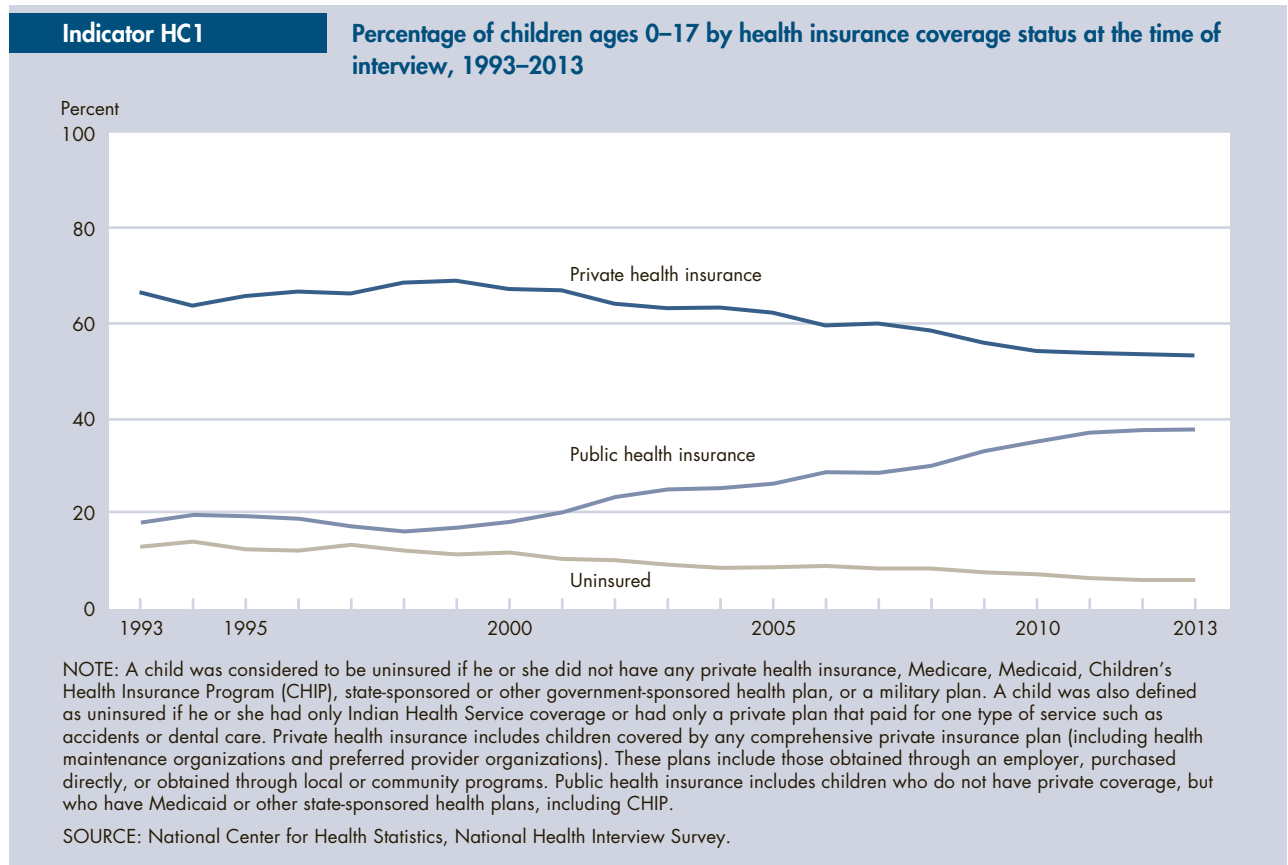
A young boy with short dark hair is sitting in a hospital bed, smiling at the camera. He is wearing a light-colored t-shirt and a dark tie. He has a white medical wristband on his left wrist. The background features a large American flag. The entire image has a blue tint.

Health Care

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

Health Insurance Coverage

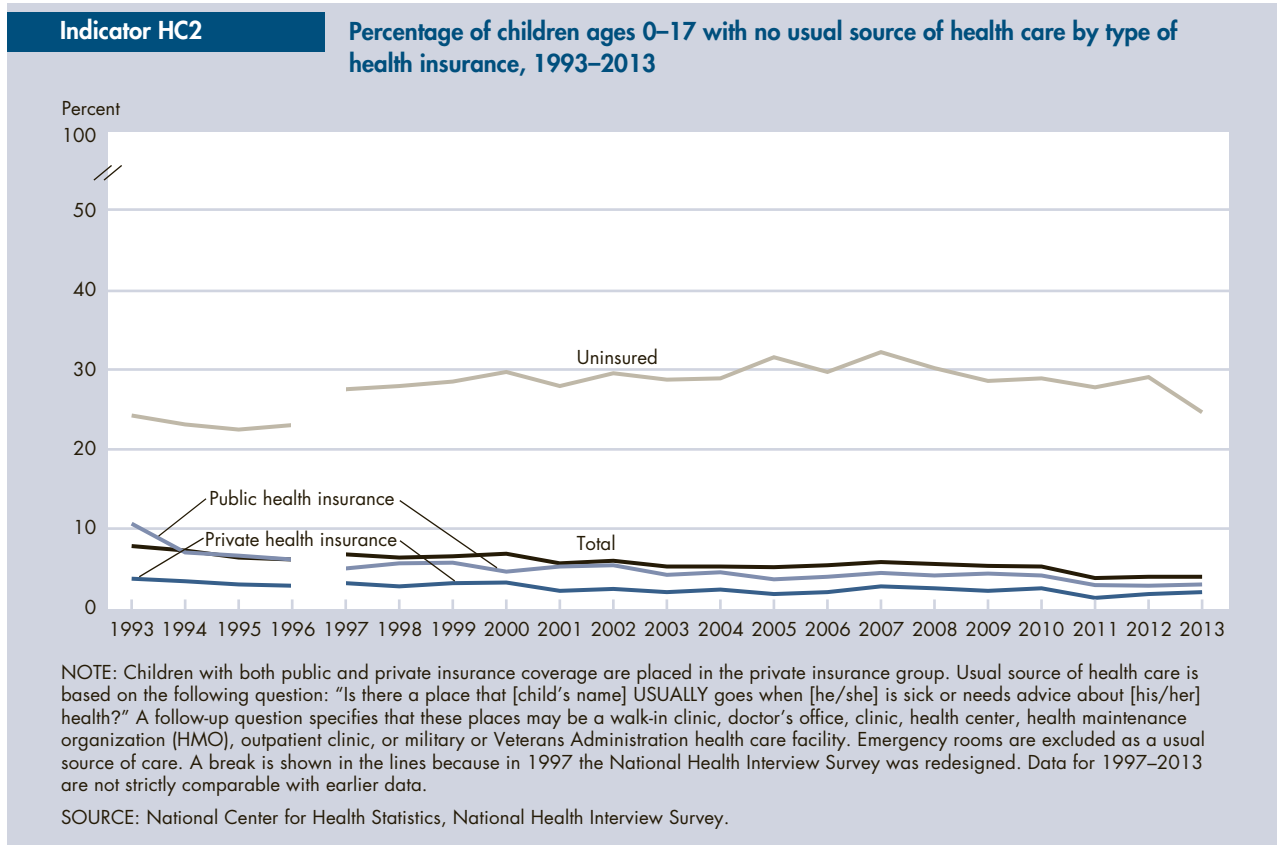
Children with health insurance, whether public or private, are more likely than children without insurance to have a regular and accessible source of health care (see HC2). The percentage of children who have health insurance is one measure of the extent to which families can obtain preventive care or health care for a sick or injured child.⁴²



- The percentage of children without health insurance at the time of interview decreased from 14 percent in 1993 to 7 percent in 2013. There was no change between 2012 and 2013 in the percentage of children without health insurance at the time of interview (7 percent each).
 - In 2013, approximately 53 percent of children were covered by private health insurance and 38 percent were covered by public health insurance.
 - In 2013, Hispanic children were more likely to be without health insurance (12 percent) than were White, non-Hispanic or Black, non-Hispanic children (5 percent each).
 - In 2013, the type of health insurance that children had varied by the age of the child. Children ages 6–11, compared with children ages 0–5, were less likely to have public health insurance coverage (38 and 44 percent, respectively) and more likely to have private health insurance (54 and 47 percent, respectively). In addition, children ages 6–11, compared with children ages 12–17, were more likely to have public health insurance (38 and 31 percent, respectively) and less likely to have private health insurance (54 and 58 percent, respectively).
- Bullets contain references to data that can be found in Table HC1 on pages 126–127. Endnotes begin on page 77.*

Usual Source of Health Care

Children's health depends at least partially on their access to health services. Health care for children includes physical examinations, preventive care, health education, observations, screening, immunizations, and sick care.⁴³ Having a usual source of care—a particular person or place a child goes to for sick and preventive care—facilitates the timely and appropriate use of pediatric services.^{44,45} Emergency rooms are excluded here as a usual source of care because their focus on emergency care generally excludes the other elements of health care mentioned above.⁴⁶

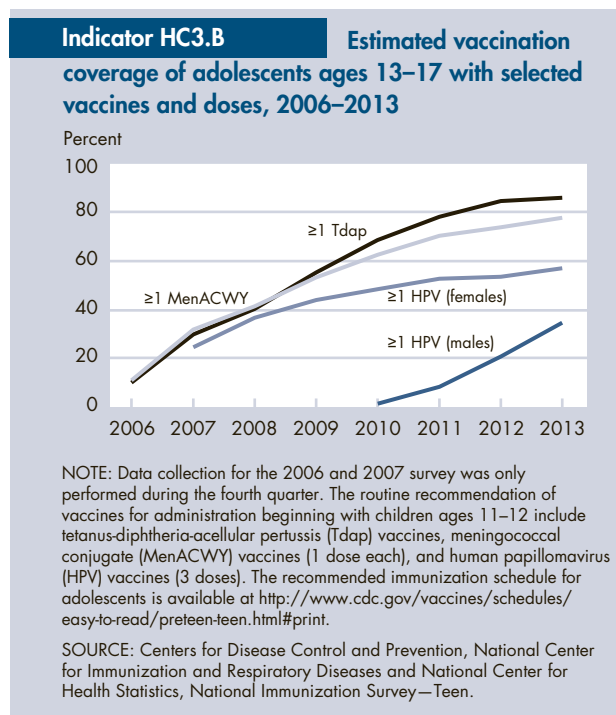
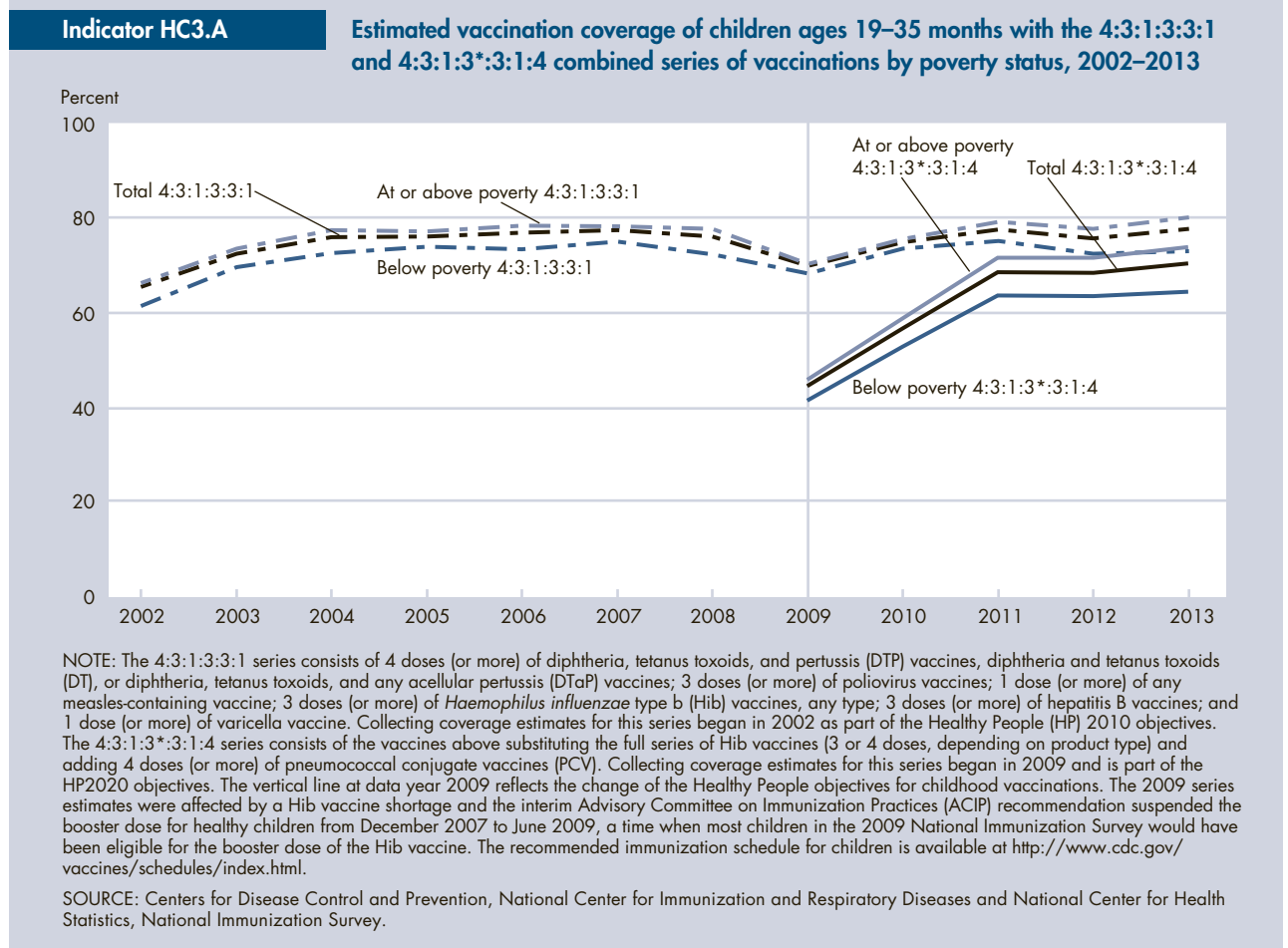


- In 2013, about 4 percent of children had no usual source of health care.
- Uninsured children are much more likely to have no usual source of health care than are children who have health insurance. For example, 25 percent of children who were not insured had no usual source of health care in 2013. This was more than 11 times the percentage of children with private health insurance who had no usual source of health care (2 percent).
- There are differences in the percentage of children having no usual source of health care by type of health insurance coverage. In 2013, children with public insurance, such as Medicaid, were more likely to have no usual source of health care than were children with private insurance (3 and 2 percent, respectively).
- In 2013, about 7 percent of children living below the poverty level and 6 percent of children living in families with incomes 100–199 percent of the poverty level had no usual source of health care, compared with 2 percent of children with family incomes 200 percent or more of the poverty level.
- Older children are slightly more likely than younger children to lack a usual source of health care. In 2013, approximately 5 percent of children ages 6–17 had no usual source of health care, compared with 3 percent of children ages 0–5.

Bullets contain references to data that can be found in Table HC2 on page 128. Endnotes begin on page 77.

Immunization

Data on vaccination coverage are used to identify groups at risk of vaccine-preventable diseases, to provide vaccination coverage estimates in an effort to increase coverage, and to evaluate the effectiveness of programs designed to increase coverage.



- In 2013, about 70 percent of children ages 19–35 months received the recommended combined seven-vaccine series (4:3:1:3*:3:1:4).
- Children living in families with incomes below the poverty level had a vaccination coverage rate of 64 percent, compared with 74 percent for children in families with incomes at or above the poverty level.
- Since 2006, vaccination coverage for adolescents ages 13–17 has increased for all vaccinations routinely recommended for adolescents. Vaccination coverage for 1 dose (or more) of tetanus, diphtheria, acellular pertussis (Tdap) and 1 dose (or more) of meningococcal conjugate (MenACWY) vaccines have increased significantly.
- Vaccination coverage for 1 dose (or more) of human papillomavirus (HPV) vaccine increased by an average of 5 percentage points annually from 2007 to 2013 for females and by 10 percentage points annually from 2010 to 2013 for males.

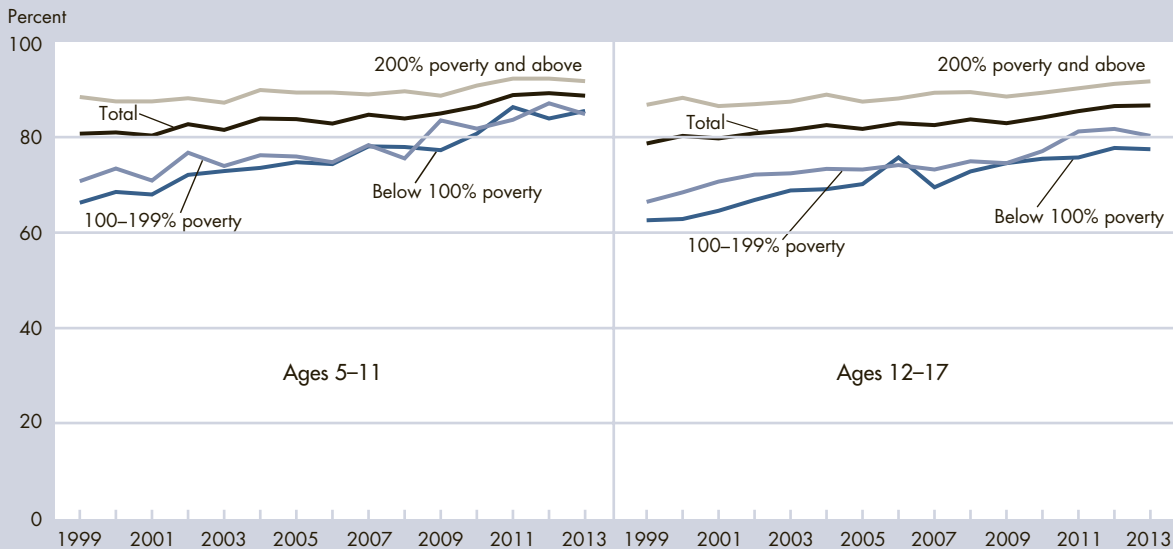
Bullets contain references to data that can be found in Tables HC3.A and HC3.B on pages 129–132. Endnotes begin on page 77.

Oral Health

Oral health is an essential component of overall health.⁴⁷ Good oral health requires both self-care and professional care. Regular dental visits provide an opportunity for prevention, early diagnosis, and treatment of oral and craniofacial diseases and conditions. Routine dental visits are recommended beginning at 1 year of age.⁴⁸ Since the early 1970s, the prevalence of dental caries (cavities or tooth decay) in permanent teeth has declined in school-age children due to prevention efforts such as community water fluoridation programs and increased use of toothpastes containing fluoride.^{49–52} Dental caries continues to be one of the most common diseases of childhood and remains a significant problem among children in some racial or ethnic groups and among children in poverty.^{53,54}

Indicator HC4.A

Percentage of children ages 5–17 with a dental visit in the past year by age and poverty status, 1999–2013



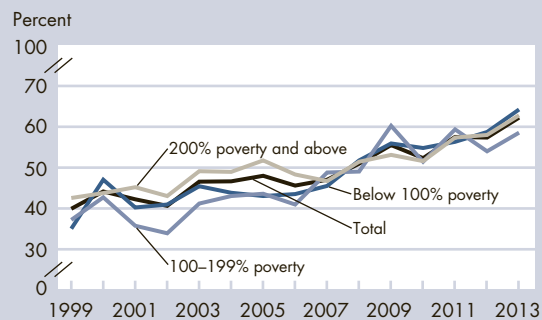
NOTE: From 1999 to 2000, children were identified as having a dental visit in the past year by asking parents “About how long has it been since your child last saw or talked to a dentist?” In 2001 and later years, the question was “About how long has it been since your child last saw a dentist?” Parents were directed to include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

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

- In 2013, about 88 percent of children ages 5–17 had a dental visit in the past year, unchanged from the percentage in 2012.
- Among children in poverty in 2013, 86 percent of those ages 5–11 and 77 percent of those ages 12–17 had a dental visit in the past year, whereas 92 percent of children in both age groups with family incomes of 200 percent or more of the poverty level had a dental visit in the past year.
- Fifty-six percent of uninsured children ages 5–11 and 57 percent of uninsured children ages 12–17 had a dental visit, whereas 93 and 92 percent, respectively, of children ages 5–11 and ages 12–17 with private health insurance had a dental visit.
- In 2013, children ages 2–4 were less likely to have had a dental visit in the past year (62 percent) than children ages 5–11 (89 percent) and children ages 12–17 (87 percent). Thirty-eight percent of uninsured children ages 2–4 had a dental visit, whereas 61 percent with private health insurance and 66 percent with public health insurance had a dental visit.

Indicator HC4.B

Percentage of children ages 2–4 with a dental visit in the past year by poverty status, 1999–2013

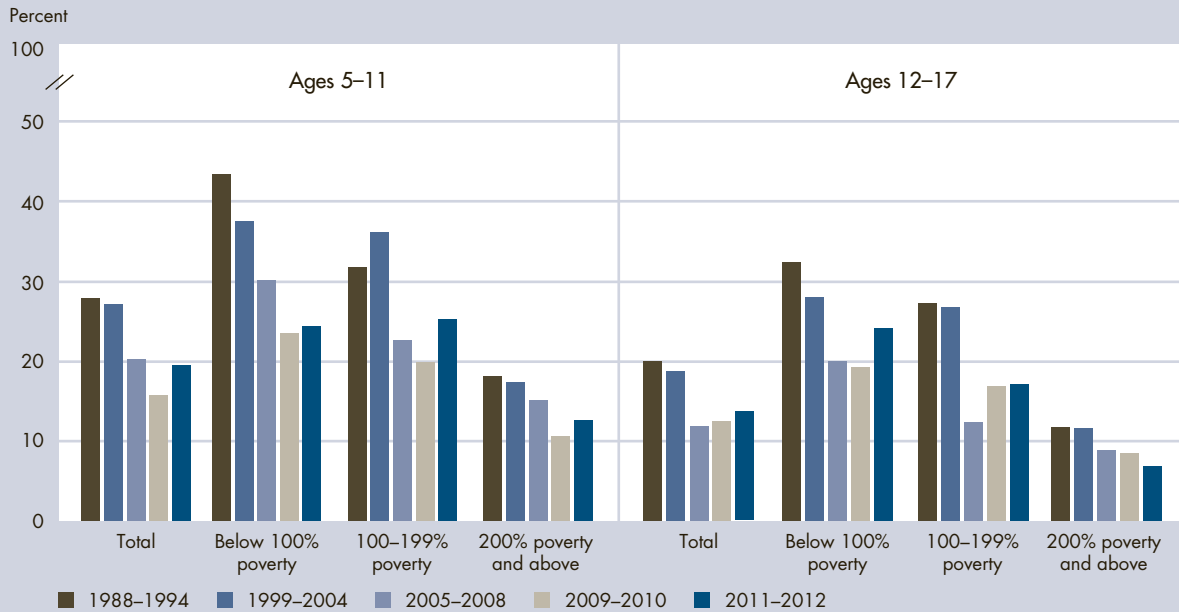


NOTE: From 1999 to 2000, children were identified as having a dental visit in the past year by asking parents “About how long has it been since your child last saw or talked to a dentist?” In 2001 and later years, the question was “About how long has it been since your child last saw a dentist?” Parents were directed to include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

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

Indicator HC4.C

Percentage of children ages 5–17 with untreated dental caries (cavities) by age and poverty status, 1988–1994, 1999–2004, 2005–2008, 2009–2010, and 2011–2012



NOTE: Dental caries was identified by an oral examination as part of the National Health and Nutrition Examination Survey.
 SOURCE: National Center for Health Statistics, National Health and Nutrition Examination Survey.

- The percentage of children ages 5–17 with untreated dental caries declined from 24 percent in 1988–1994 to 17 percent in 2011–2012.
- In 2011–2012, about 19 percent of children ages 5–11 and 14 percent of children ages 12–17 had untreated dental caries.
- From 2009–2010 to 2011–2012, the overall percentage of children ages 5–17 with untreated dental caries did not change significantly. The percentages of younger children (ages 5–11) and older children (ages 12–17) with untreated dental caries also did not change significantly.
- In 2011–2012, among younger children (ages 5–11) the percentage with untreated dental caries for children in poverty was nearly twice that for children with family incomes at or above 200 percent of the poverty level (24 and 13 percent, respectively). Among older children (ages 12–17), the percentage with untreated dental caries for children in poverty was more than three times that for children with family incomes at or above 200 percent of the poverty level (24 and 7 percent, respectively).
- From 2009–2010 to 2011–2012, the percentage of children with untreated dental caries did not change significantly at any level of poverty among either younger or older children.
- In 2011–2012, among younger children (ages 5–11) the percentage with untreated dental caries was lower for White, non-Hispanic children (15 percent) than for Mexican American and Black, non-Hispanic children (26 percent each). Among older children (ages 12–17), the percentage with untreated dental caries was lower for White, non-Hispanic children than for Mexican American children (12 and 21 percent, respectively). For older Black, non-Hispanic children, the percentage with untreated dental caries (17 percent) was not significantly different from the percentage for either White, non-Hispanic or Mexican American older children.

Bullets contain references to data that can be found in Tables HC4.A/B and HC4.C on pages 133–135. Endnotes begin on page 77.

Indicators Needed

Health Care

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

- *Adequacy of health insurance coverage.* This report contains information on whether children had health insurance coverage at the time of interview. Information is also needed on patterns of insurance coverage and on the characteristics of the child's insurance plan to determine whether the plan is adequate to meet health care needs.
- *Quality and content of health care.* Although there is still a need for regularly collected data on the quality and content of health care that children receive, this year's report includes a Special Feature on health care quality. The health quality domains of timeliness, effectiveness, and accessibility are covered in the featured data measures: well-child and well-adolescent visits, preschool vision screening, asthma management plans, and access to care. The report will also continue to include regularly reported information on children's usual source of health care and aspects of health care utilization (e.g., immunizations).



Physical Environment and Safety

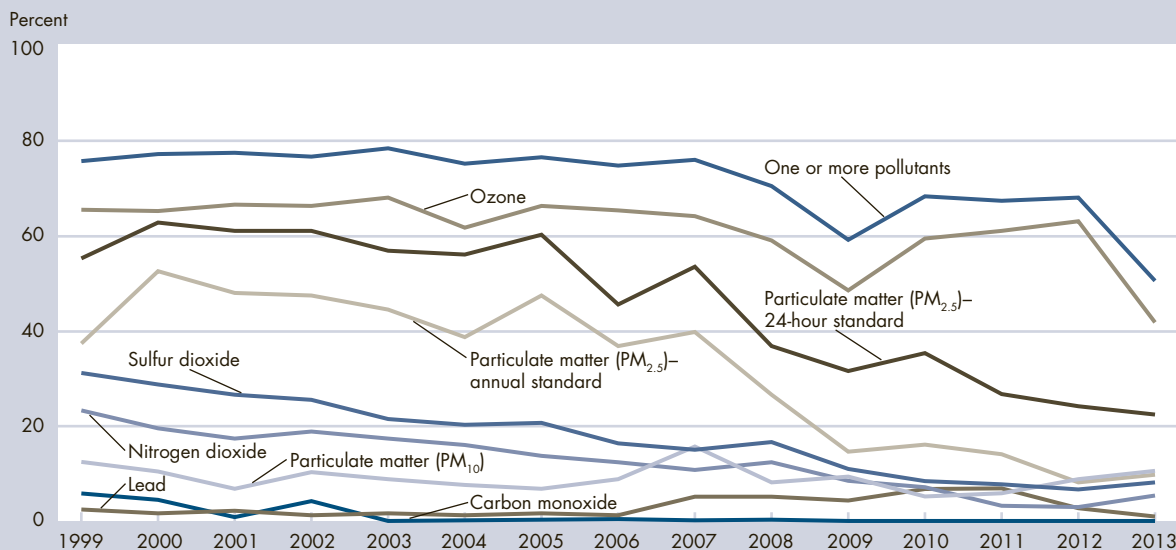
The physical environment in which children live plays a role in their health, development, and safety. This section presents indicators on environmental conditions such as outdoor air quality, secondhand smoke, drinking water quality, and exposure to lead that may affect children. In addition, indicators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

Outdoor Air Quality

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

Indicator PHY1

Percentage of children ages 0–17 living in counties with pollutant concentrations above the levels of the current air quality standards, 1999–2013



NOTE: Percentages are based on the number of children living in counties where measured air pollution concentrations were higher than the level of a Primary National Ambient Air Quality Standard at least once during the year. The Environmental Protection Agency (EPA) periodically reviews air quality standards and may change them based on updated scientific findings. The indicator is calculated with reference to the current levels of the air quality standards for all years shown. Measuring concentrations above the level of a standard is not equivalent to violating the standard. The level of a standard may be exceeded on multiple days before the exceedance is considered a violation of the standard. Data have been revised since previous publication in *America's Children*. Values have been recalculated based on updated data in the Air Quality System and updated Census population data. For more information on the air quality standards that are used in calculating these percentages, please see <http://www.epa.gov/air/criteria.html>.

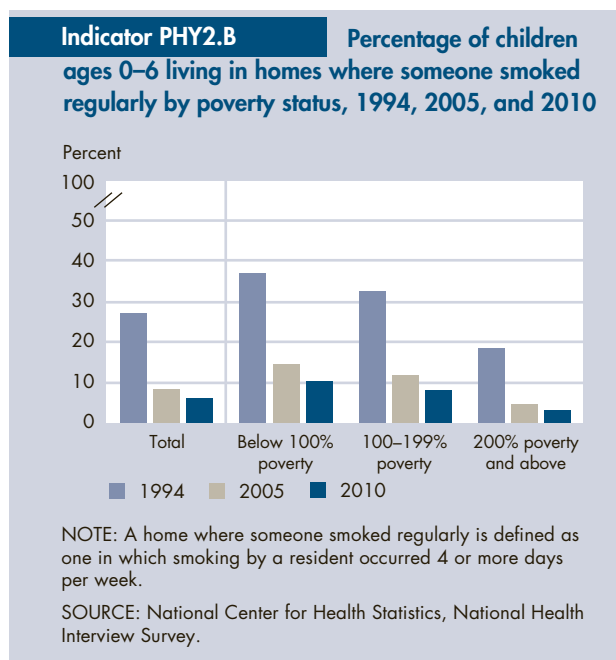
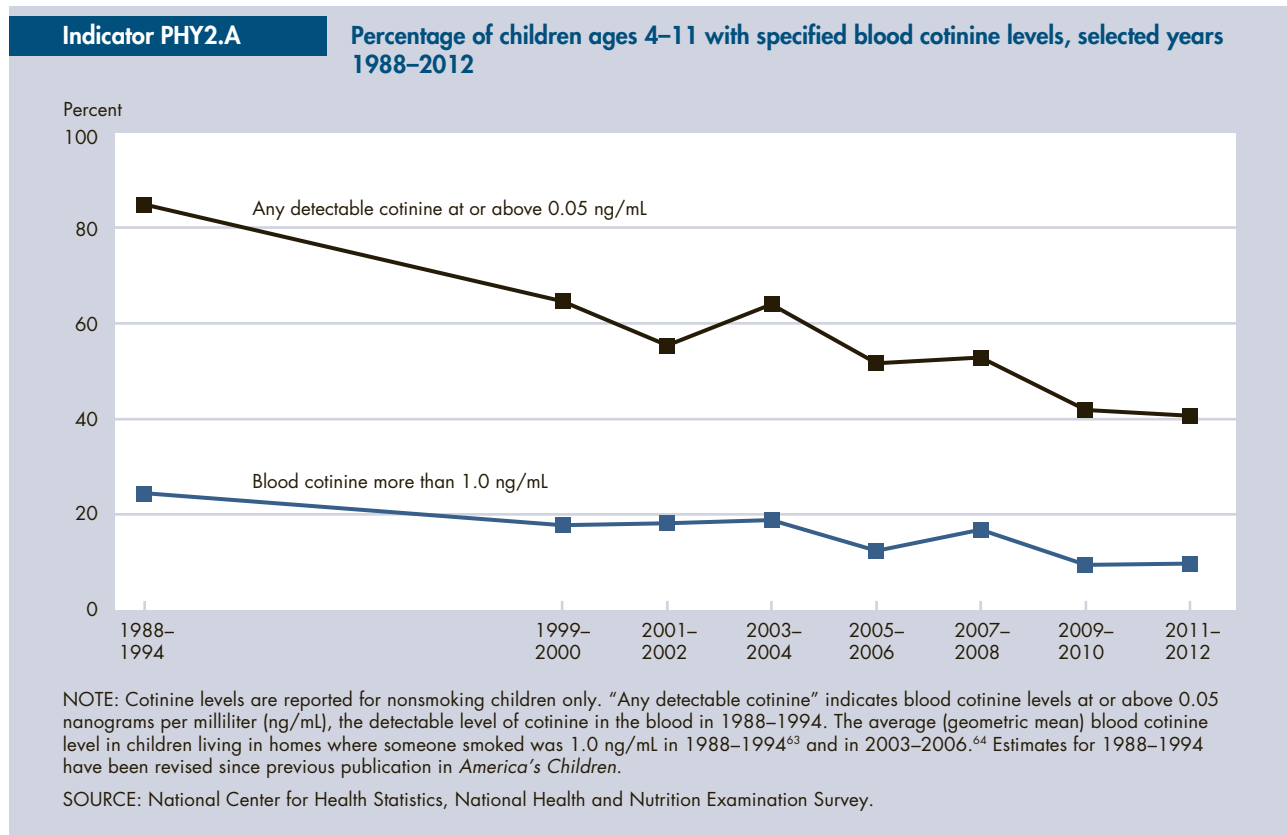
SOURCE: Environmental Protection Agency, Office of Air and Radiation, Air Quality System.

- In 2013, about 50 percent of children lived in counties with measured pollutant concentrations above the levels of one or more Primary National Ambient Air Quality Standard at least once during the year.
- Ozone is the pollutant that is most often measured at concentrations above the level of its current air quality standard. In 2013, some 42 percent of children lived in counties in which ozone concentrations were above the level of the standard at least one day during the year.
- In 2013, approximately 22 percent of children lived in counties with measured concentrations of fine particulate matter (PM_{2.5}) above the level of the current 24-hour PM_{2.5} standard at least once during the year, compared with 55 percent in 1999.
- From 1999 to 2013, the percentage of children living in counties with measured sulfur dioxide concentrations above the level of the current 1-hour standard for sulfur dioxide at least one day per year declined from 31 to 8 percent. Over the same years, the percentage of children living in counties with measured concentrations above the level of the current 1-hour standard for nitrogen dioxide at least one day per year decreased from 23 to 5 percent.

Bullets contain references to data that can be found in Table PHY1 on page 136. Endnotes begin on page 77.

Secondhand Smoke

Children who are exposed to secondhand smoke have an increased probability of experiencing such adverse health effects as infections of the lower respiratory tract, bronchitis, pneumonia, middle ear disease, sudden infant death syndrome (SIDS), and respiratory symptoms.⁶² Secondhand smoke can also play a role in the development and exacerbation of asthma.⁶² The U.S. Surgeon General has determined that there is no risk-free level of exposure to secondhand smoke.⁶² Cotinine, a breakdown product of nicotine, is a marker for recent (previous 1–2 days) exposure to secondhand smoke in nonsmokers.

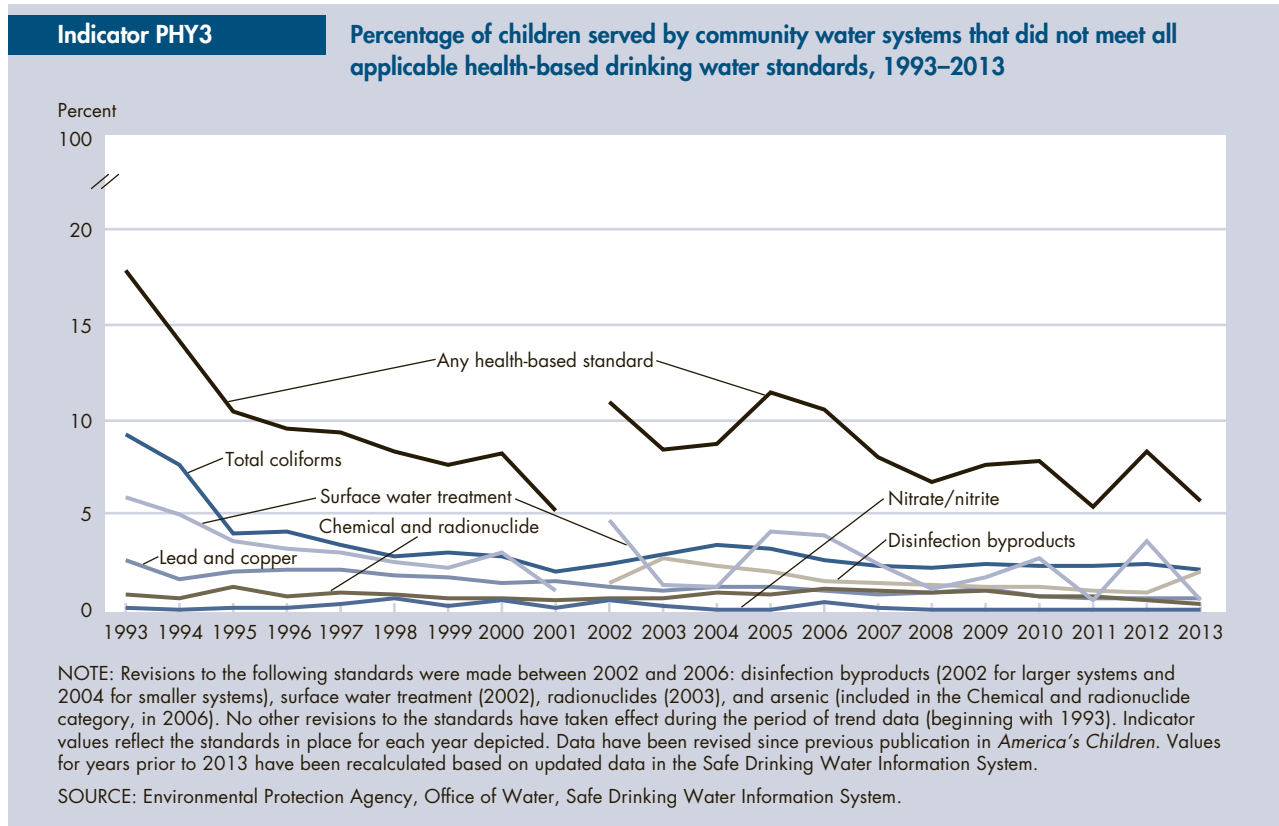


- The percentage of children ages 4–11 with detectable blood cotinine levels decreased from 85 percent in 1988–1994 to 40 percent in 2011–2012. In 2011–2012, about 10 percent of children ages 4–11 had blood cotinine levels of more than 1.0 nanogram per milliliter (ng/mL), down from 24 percent in 1988–1994.
- In 2010, the percentage of children ages 0–6 living in homes where someone smoked regularly was 6 percent, compared with 27 percent in 1994.⁶⁵ Children living below the poverty level and Black, non-Hispanic children were more likely than their peers to be living in homes where someone smoked regularly.

Bullets contain references to data that can be found in Tables PHY2.A and PHY2.B on page 137. Endnotes begin on page 77.

Drinking Water Quality

Contaminants in surface and ground waters that serve as sources of drinking water may be quite varied and may cause a range of health effects in children, including acute diseases such as gastrointestinal illness, developmental effects such as learning disorders, and serious long-term illnesses such as cancer.⁶⁶ The Environmental Protection Agency (EPA) sets drinking water standards designed to protect people against adverse health effects. These standards currently include Maximum Contaminant Levels (MCLs) and treatment technique requirements for over 90 chemical, radiological, and microbiological contaminants.⁶⁷ One way to gain insight into children’s potential exposure to drinking water contaminants is to look at community water system compliance with these standards. EPA’s drinking water regulations require public water systems, including community water systems, to monitor for compliance with Federal health-based standards and to treat their water if needed to meet standards. About 14 percent of the population receives drinking water from private water systems that are not required to monitor and report the quality of drinking water.⁶⁸

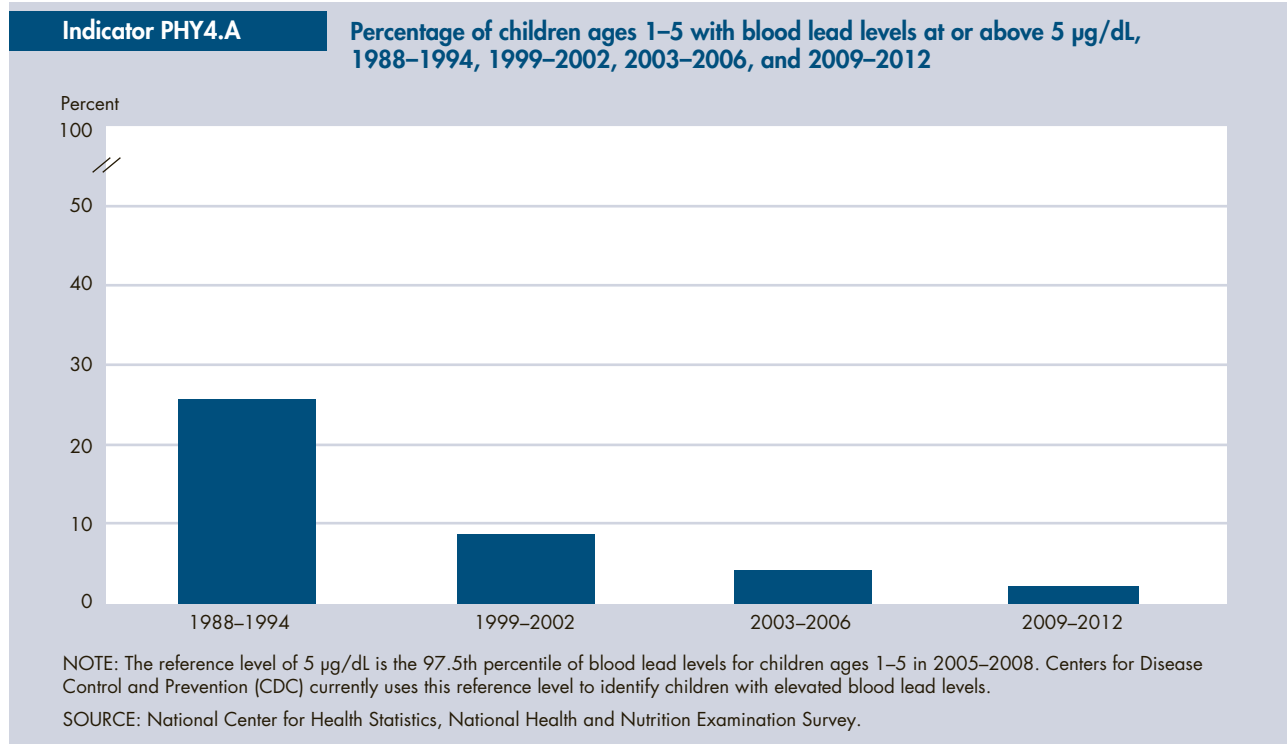


- The percentage of children served by community drinking water systems that did not meet all applicable health-based standards declined from 18 percent in 1993 to about 5 percent in 2001. Since 2002, this percentage has fluctuated between 5 and 11 percent and was 6 percent in 2013.
- Coliforms indicate the potential presence of harmful bacteria associated with infectious illnesses. The percentage of children served by community drinking water systems that did not meet the health-based standard for total coliforms was about 9 percent in 1993 and about 2 percent in 2013.
- EPA adopted a new standard for disinfection byproducts in 2001. Disinfection byproducts are formed when drinking water disinfectants react with naturally occurring organic matter in water. In 2013, about 2 percent of all children served by community water systems were served by systems that had violations of the disinfection byproducts standard. Exposure to disinfection byproducts may lead to cancer or developmental effects.⁶⁹

Bullets contain references to data that can be found in Table PHY3 on page 138. Endnotes begin on page 77.

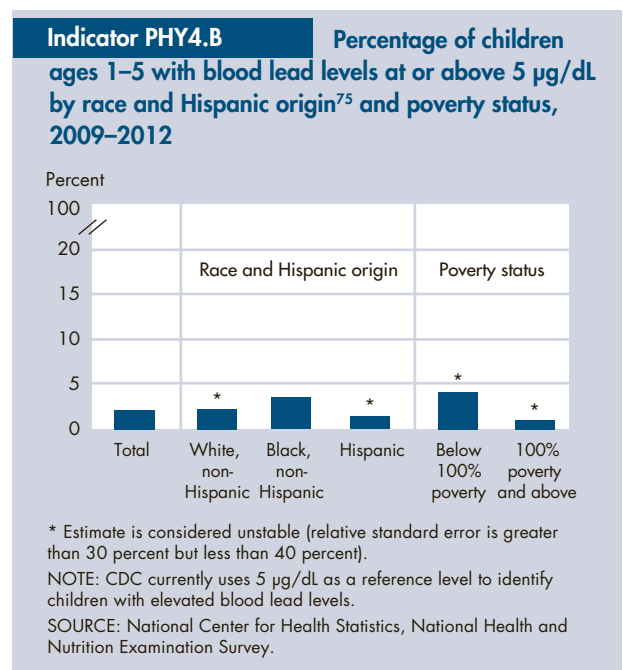
Lead in the Blood of Children

Lead is a major environmental health hazard for young children. Childhood exposure to lead contributes to learning problems (including reduced IQ and reduced academic achievement) and behavioral problems.⁷⁰ A blood lead level of 5 µg/dL is defined as “elevated” for purposes of identifying children for follow-up activities such as environmental investigations and ongoing monitoring,⁷¹ but no level of childhood lead exposure can be considered safe,⁷² and adverse health effects can occur at much lower concentrations.⁷⁰ Lead exposures have declined since the 1970s, due largely to the removal of lead from gasoline and paint. However, in 2005–2006, 15 percent of U.S. homes with young children had indoor lead hazards, including high levels of lead in dust or deteriorated lead-based paint, which may contribute to childhood exposure.^{73,74} Children ages 1–5 are particularly vulnerable because they frequently engage in hand-to-mouth behavior.



- About 2 percent of children had blood lead levels at or above 5 µg/dL in 2009–2012, compared with 26 percent in 1988–1994.
- Four percent of Black, non-Hispanic children had blood lead levels at or above 5 µg/dL in 2009–2012.
- Four percent of children living in poverty had blood lead levels at or above 5 µg/dL in 2009–2012.
- The median blood lead concentration for children ages 1–5 dropped from about 15 µg/dL in 1976–1980 to about 1 µg/dL in 2009–2012. The 95th percentile blood lead concentration dropped from about 29 µg/dL in 1976–1980 to about 3 µg/dL in 2009–2012.

Bullets contain references to data that can be found in Tables PHY4.A and PHY4.B on page 139. Endnotes begin on page 77.

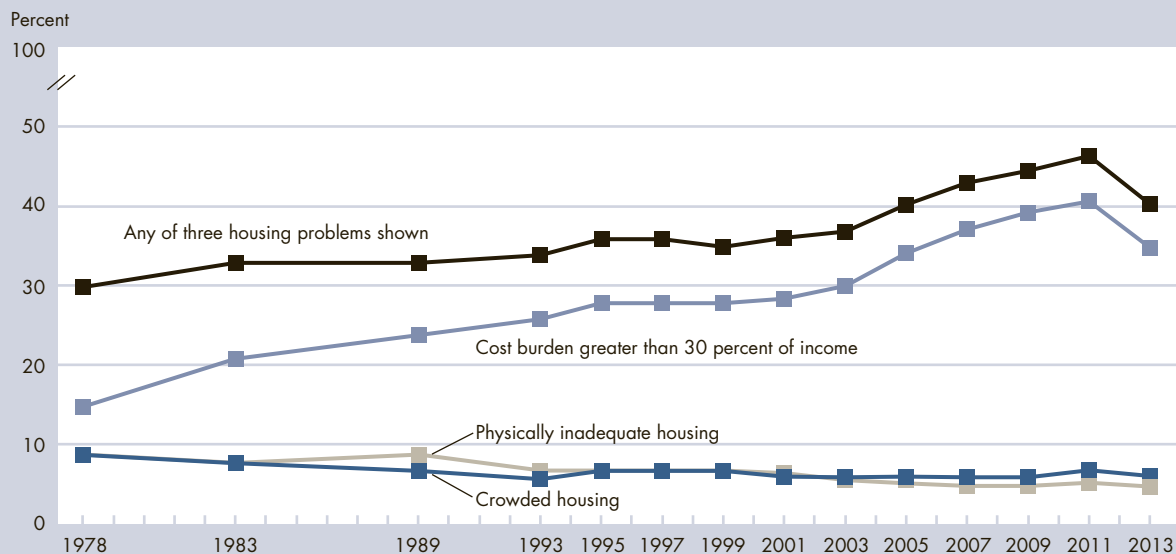


Housing Problems

Inadequate, crowded, or too costly housing can pose serious problems to children's physical, psychological, and material well-being.^{76,77} Housing cost burdens, especially at high levels, are a risk factor for negative outcomes for children, including homelessness, overcrowding, poor nutrition, frequent moving, lack of supervision while parents are at work, and low cognitive achievement.^{78–80} The percentage of households with children that report that they are living in physically inadequate,⁸¹ crowded, or costly housing provides insight into the impact of economic factors on housing choices and children's well-being.

Indicator PHY5

Percentage of households with children ages 0–17 that reported housing problems by type of problem, selected years 1978–2013



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

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

- In 2013, over 40 percent of U.S. households (both owners and renters) with children had one or more of three housing problems: physically inadequate housing, crowded housing, or housing cost burden greater than 30 percent of household income.⁸² This was a decrease⁸³ from the 46 percent of households with children that had a housing problem in 2011.
- In 2013, about 5 percent of households with children had physically inadequate housing, defined as housing with severe or moderate physical problems. This rate remained at a historic low, compared with 9 percent in 1978.
- Crowded housing, defined as more than one person per room, affected 6 percent of households with children in 2013.
- The prevalence of housing cost burdens among families with children decreased from 41 percent in 2011 to 35 percent in 2013. However, the percentage was substantially higher in 2013 than in 1978 (15 percent). The proportion of households with severe cost burdens, defined as paying more than half of their income for housing, also decreased from 18 percent in 2011 to 16 percent in 2013.
- Severe housing problems are defined as severe cost burdens or severe physical problems experienced by households that receive no rental assistance.⁸⁴ The percentage of households with children facing severe housing problems was 15 percent in 2013, compared with 18 percent in 2011.
- Severe housing problems are especially prevalent among very-low-income renters.⁸⁵ The prevalence of severe housing problems among very-low-income renters with children decreased from 43 percent in 2011 to 40 percent in 2013.
- Severe housing problems frequently lead to eviction and homelessness. During 2013, an estimated 138,000 children (2 per 1,000 children) were found to be homeless at a single point in time.⁸⁶

Bullets contain references to data that can be found in Table PHY5 on page 140. Endnotes begin on page 77.

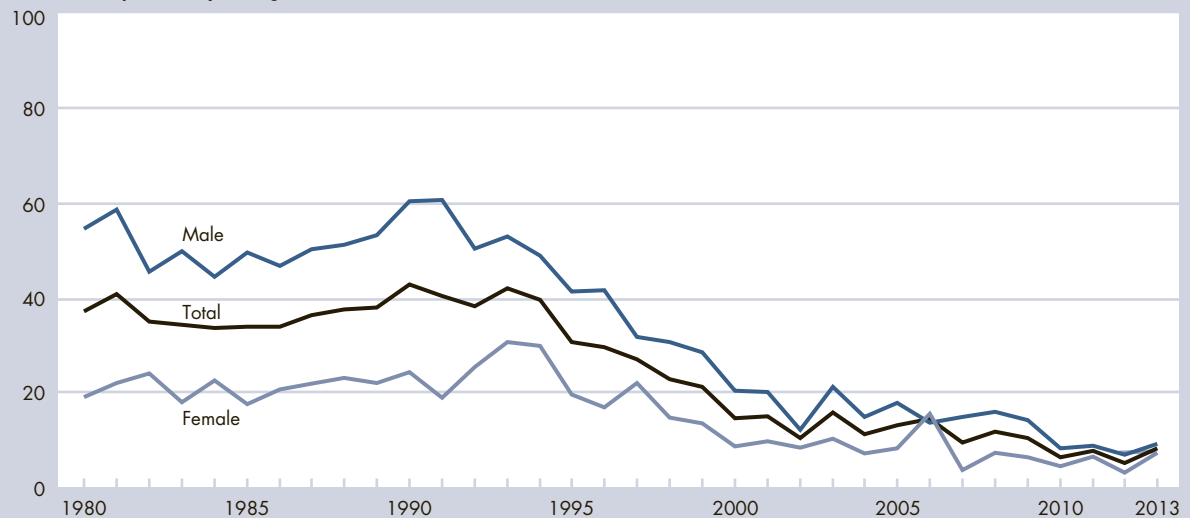
Youth Victims of Serious Violent Crimes

Violence frequently has dire and long-lasting impacts on young people who experience, witness, or feel threatened by it. In addition to causing direct physical harm to young victims, serious violence can adversely affect their mental health and development and increase the likelihood that they themselves will commit acts of serious violence.^{87,88}

Indicator PHY6

Rate of serious violent crime victimization of youth ages 12–17 by gender, 1980–2013

Youth victims per 1,000 youth ages 12–17



NOTE: Serious violent crimes include aggravated assault, rape, robbery (stealing by force or threat of violence), and homicide. Homicide data were not available for 2013 at the time of publication. The number of homicides for 2012 is included in the overall total for 2013. In 2012, homicides represented less than 1 percent of serious violent crime, and the total number of homicides of juveniles has been relatively stable over the last decade. Because of changes, data prior to 1992 are adjusted to make them comparable with data collected under the redesigned methodology. Estimates may vary from previous publications due to updating of more recent homicide and victimization numbers. See *Criminal Victimization, 2007*, <http://bjs.ojp.usdoj.gov/index.cfm?ty=pbdetail&iid=764>, for more information.

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

- In 2013, the rate at which youth were victims of serious violent crimes was 9 crimes per 1,000 youth ages 12–17. A total of 226,200 such crimes occurred in 2013.
 - Serious violent crimes involving youth victims stayed about the same from 2012 to 2013. However, the rate in 2013 was significantly lower than the peak rate of 43 crimes per 1,000 youth in 1990.
 - Older youth (ages 15–17) were as likely to be victims of a serious violent crime as younger youth (ages 12–14) in 2013.
 - In 2013, White, non-Hispanic youth were as likely as Hispanic youth to be victims of a serious violent crime. Serious violent victimization rates among Black, non-Hispanic youth could not be estimated due to insufficient sample size.
 - Female youth were as likely as male youth to be victims of a serious violent crime in 2013.
- Bullets contain references to data that can be found in Table PHY6 on page 141. Endnotes begin on page 77.*

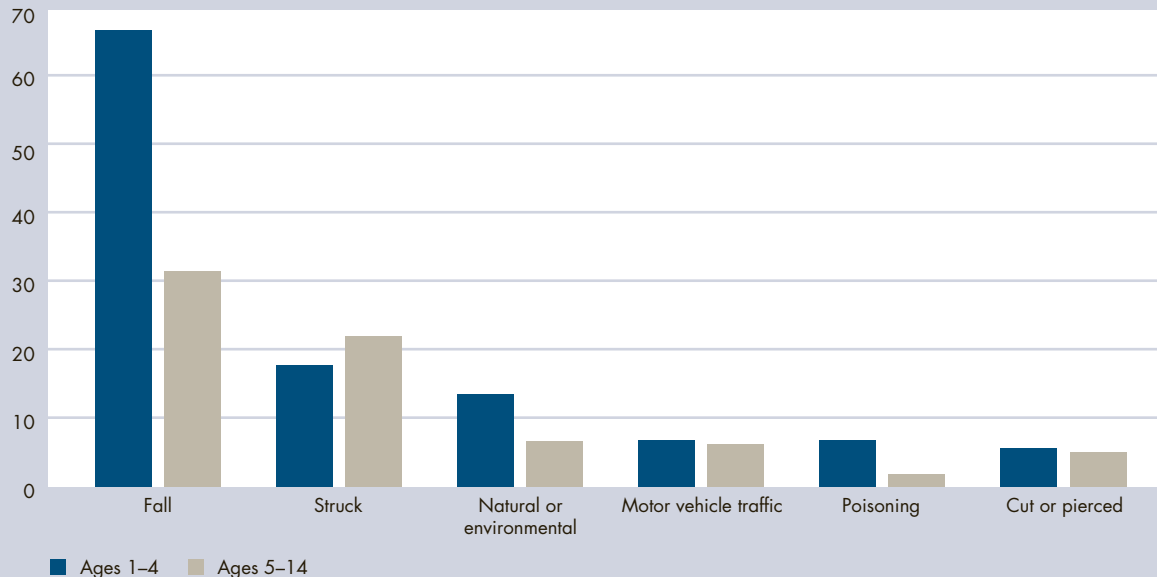
Child Injury and Mortality

Although injury death rates have declined over the past two decades, unintentional injuries remain the leading cause of death for children ages 1–4 and ages 5–14. In addition, nonfatal injuries continue to be important causes of child morbidity, disability, and reduced quality of life.⁸⁹ In 2010, the total lifetime costs (medical expenses and productivity losses) of injuries among children ages 0–14 were estimated to be over \$80 billion.⁹⁰ For every fatal injury among children ages 1–14, there are 29 injury-related hospitalizations and 1,669 injury-related emergency department visits.⁹¹ The leading causes of injury differ for children and adolescents (see PHY8.A).

Indicator PHY7.A

Emergency department visit rates for children ages 1–14 by leading causes of injury and age group, 2009–2010

Visits per 1,000 children in specific age group



NOTE: Visits are the initial visit to the emergency department for the injury. “Struck” denotes injuries caused by being struck by or against an object or person, “natural or environmental” denotes injuries caused by natural or environmental factors such as insect or animal bites, and “cut or pierced” denotes injuries caused by cutting or piercing from instruments or objects.

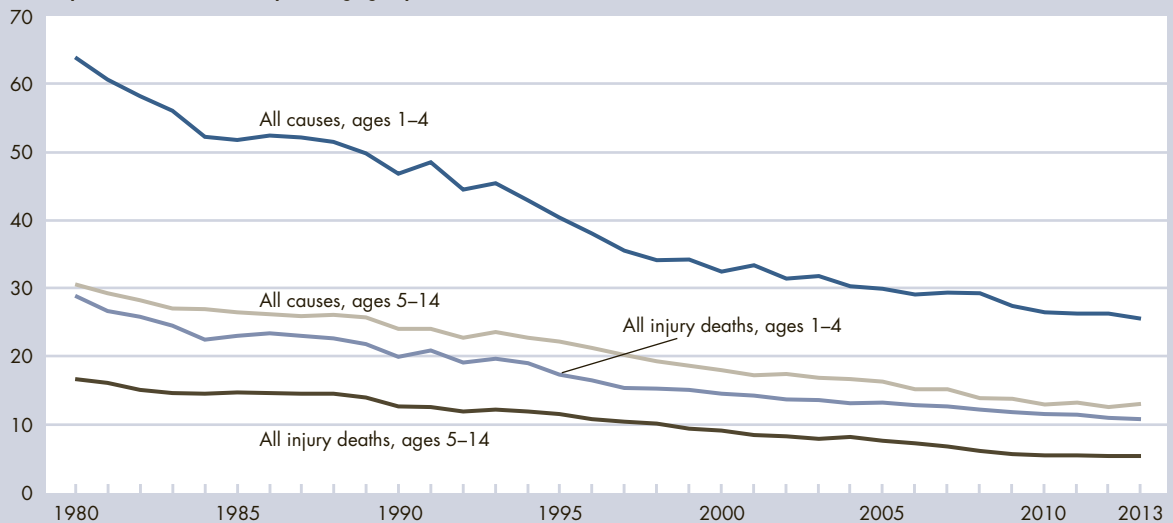
SOURCE: National Center for Health Statistics, National Hospital Ambulatory Medical Care Survey.

- Among children ages 1–14, falls and being struck by or against an object or person are the two leading causes of injury-related emergency department visits.
- In 2009–2010, there were 66 emergency department visits for falls per 1,000 children ages 1–4 and 31 visits for falls per 1,000 children ages 5–14. Falls accounted for 43 percent of injury visits for children ages 1–4 and 29 percent of injury visits for children ages 5–14.⁹²
- The rates of emergency department visits for injuries resulting from being struck by or against an object or person were 18 visits per 1,000 for children ages 1–4 and 22 visits per 1,000 for children ages 5–14. Among children ages 1–4, some 20 percent of the emergency department visits resulting from being struck by or against an object or person were related to striking furniture. Among children ages 5–14, about 34 percent of the emergency department visits resulting from being struck by or against an object or person were sports-related.⁹¹
- Emergency department visit rates for injuries caused by natural and environmental factors, motor vehicle traffic crashes, poisonings, and cutting or piercing from instruments or objects ranged between 6 and 13 visits per 1,000 for children ages 1–4 and ranged between 2 and 7 visits per 1,000 for children ages 5–14.
- Emergency department visit rates for poisoning were higher among children ages 1–4 (7 per 1,000) than among children ages 5–14 (2 per 1,000).
- For children ages 1–4 and 5–14, about 2 percent of injury-related emergency department visits resulted in hospitalizations, although the percentage varied by cause.⁹²

Indicator PHY7.B

Death rates among children ages 1–14 by all causes, all injury causes, and age group, 1980–2013

Deaths per 100,000 children in specific age group



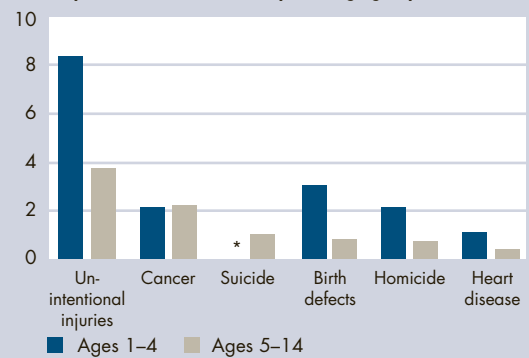
SOURCE: National Center for Health Statistics, National Vital Statistics System.

- In 2013, the death rate for children ages 1–4 was 26 per 100,000 children, unchanged from the rate in 2012. For children ages 5–14 in 2012 and 2013, the death rate was 13 per 100,000. Between 1980 and 2013, the death rate declined by 60 percent for children ages 1–4 and by 58 percent for children ages 5–14.
- Among both younger and older children, Black, non-Hispanic children had the highest death rates in 2013: 40 per 100,000 children for those ages 1–4 and 18 per 100,000 children for those ages 5–14. Asian or Pacific Islander children had the lowest death rates (19 per 100,000 children ages 1–4 and 10 per 100,000 children ages 5–14).
- In 2013, among children ages 1–4 and 5–14, unintentional injuries (accidents) was the leading cause of death: 8 deaths per 100,000 children ages 1–4 and 4 deaths per 100,000 children ages 5–14. For children ages 1–4, the next most frequent causes of death were birth defects (3 per 100,000 children) and homicide and cancer (2 per 100,000 each). For children ages 5–14, the next most frequent causes of death were cancer (2 per 100,000), suicide (1 per 100,000), and birth defects (1 per 100,000 children).
- In 2013, the injury (any intent) death rate was 11 per 100,000 for children ages 1–4 and 5 per 100,000 for children ages 5–14.
- Between 1980 and 2013, motor vehicle traffic death rates declined by more than 70 percent and drowning death rates declined by more than one-half among children ages 1–4.

Indicator PHY7.C

Death rates among children ages 1–14 by cause of death and age group, 2013

Deaths per 100,000 children in specific age group



* Not a cause of death for children ages 1–4.

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

Bullets contain references to data that can be found in Tables PHY7.A and PHY7.B on pages 142–144. Endnotes begin on page 77.

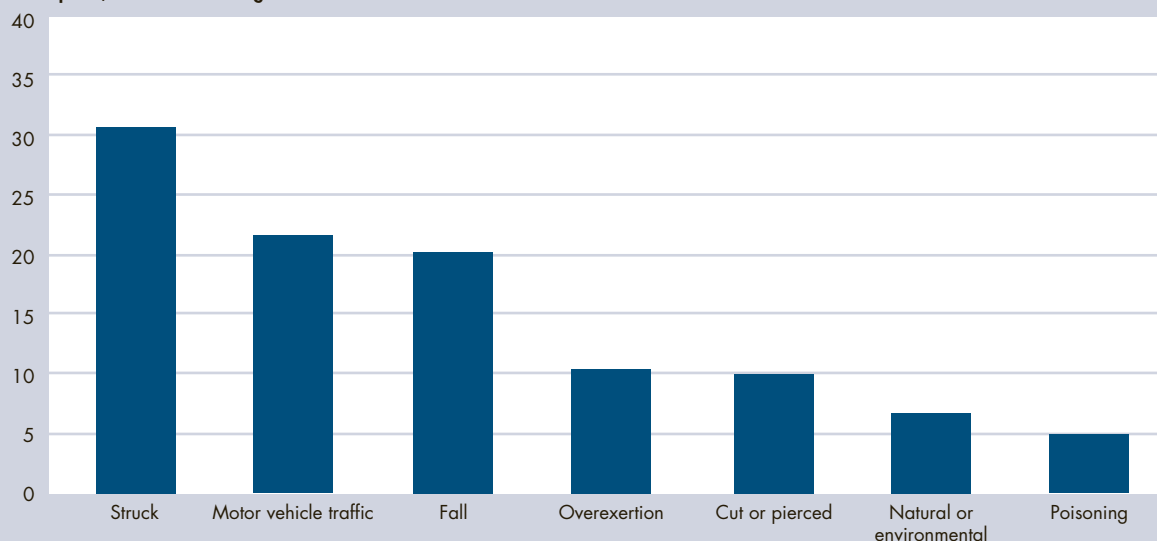
Adolescent Injury and Mortality

Injury accounts for nearly 75 percent of adolescent deaths. Compared with younger children, adolescents ages 15–19 have much higher death rates overall and from injuries. Adolescents are much more likely to die from injuries sustained from motor vehicle traffic crashes and firearms than are younger children.⁹³ The leading causes of nonfatal injury resulting in an emergency department visit also differ from those in younger children. For example, the leading cause of adolescent nonfatal injury emergency department visits is being struck by or against an object or person, whereas for younger children, the leading cause of nonfatal injury emergency department visits is falls (see PHY7A). In addition, emergency department visits for nonfatal injuries for adolescents more often result from violence, sports-related activities, or motor vehicle traffic crashes. For each fatal injury among adolescents, there are 11 injury-related hospitalizations and nearly 375 injury-related emergency department visits.⁹¹

Indicator PHY8.A

Emergency department visit rates for adolescents ages 15–19 by leading causes of injury, 2009–2010

Visits per 1,000 adolescents ages 15–19



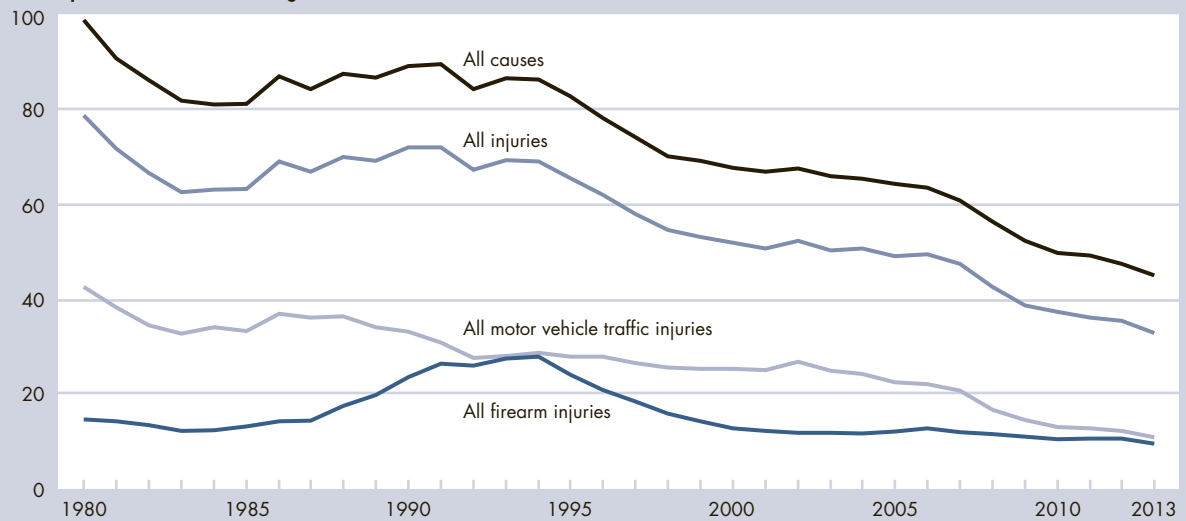
NOTE: Visits are the initial visit to the emergency department for the injury. “Struck” denotes injuries caused by being struck by or against an object or person, “overexertion” denotes injuries caused by excessive physical exercise or strenuous movements in recreational or other activities, “cut or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

SOURCE: National Center for Health Statistics, National Hospital Ambulatory Medical Care Survey.

- In 2009–2010, the leading causes of injury-related emergency department visits among adolescents ages 15–19 were being struck by or against an object or person (about 30 visits per 1,000), motor vehicle traffic crashes (21 visits per 1,000), and falls (20 visits per 1,000), altogether accounting for more than half of the injury-related emergency department visits for this age group.
- Injury-related emergency department visits for adolescents being struck by or against an object or person were most often the result of a sports-related activity (30 percent) or an assault (29 percent).⁹²
- Injuries caused by overexertion from excessive physical exercise or strenuous movements in recreational or other activities, cutting or piercing from instruments or objects, natural or environmental factors, and poisonings were also among the leading causes of injury-related emergency department visits among adolescents ages 15–19, ranging from 5 to 10 visits per 1,000 adolescents.
- Emergency department visit rates for poisonings among adolescents ages 15–19 (5 visits per 1,000) were similar to rates among children ages 1–4 (7 visits per 1,000) and higher than rates among children ages 5–14 (2 visits per 1,000). Approximately 28 percent of the emergency department visits for poisonings among adolescents resulted from intentional self-harm, 47 percent were unintentional, and 25 percent were of undetermined intent.
- For adolescents ages 15–19, about 3 percent of injury-related emergency department visits resulted in hospitalizations.⁹²

Indicator PHY8.B**Death rates among adolescents ages 15–19 by all causes and all injury causes and selected mechanisms of injury, 1980–2013**

Deaths per 100,000 adolescents ages 15–19



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

- The death rate for adolescents ages 15–19 was 45 per 100,000 in 2013 and 47 per 100,000 in 2012, down from 49 per 100,000 in 2011.
- Almost three-fourths of adolescent deaths were from injuries. In 2013, the injury death rate was 33 per 100,000, which was statistically different from the injury death rate of 35 per 100,000 in 2012. The injury death rate has decreased by more than half since 1980, despite a period of increase in the late 1980s and early 1990s.
- In 2013, more than 60 percent of injury deaths among adolescents were related to either motor vehicle traffic (11 per 100,000) or firearms (10 per 100,000). Since 1980, the motor vehicle traffic death rate has decreased by more than 70 percent. From 1980 to 1987, the firearm death rate was relatively steady; after that and until 1994 the rate increased, and after 1994 the rate declined by more than 60 percent.
- Injury deaths can also be reported by intent. In 2013, unintentional injury accounted for more than 50 percent of all injury deaths (17 per 100,000) among adolescents.
- Among adolescents in 2013, homicides accounted for 20 percent of injury deaths, and suicides accounted for 25 percent of injury deaths. In 2013, some 88 percent of the homicides and 42 percent of the suicides were firearm related.

Bullets contain references to data that can be found in Tables PHY8.A and PHY8.B on pages 145–148. Endnotes begin on page 77.

Indicators Needed

Physical Environment and Safety

A broader set of indicators than those presented in this section is needed to better understand and monitor children's physical environment and safety. Additional indicators are needed on the following:

- *Biomonitoring measurements.* Children are exposed to many different contaminants in the environment. Measures of contaminants in air, water, land, and food provide indirect indications of children's potential exposure to these contaminants. Both environmental and biomonitoring measurements (e.g., levels of contaminants in blood and urine) are needed to more fully characterize children's exposures. Increasing efforts are under way to assess exposures through biomonitoring and to develop children's indicators based on these measurements.
- *Environmental quality.* Although this report provides indicators for contaminants in both outdoor and indoor air, regular sources of national data are needed to assess indoor air contaminants other than secondhand smoke (e.g., pesticides) that are commonly encountered in homes, schools, and child care settings. National data are needed to better characterize levels of contaminants in children's drinking water. Indicators are also needed for food and soil contaminants and for cumulative exposures to multiple environmental contaminants that children encounter daily.
- *Exposure to violence.* Although this report provides indicators for direct crime victimization, child maltreatment, and child and adolescent injury and mortality, regular sources of national data are needed to assess children's exposure to violence, including witnessing violence in the home, school, and community. Research suggests that witnessing violence can have detrimental effects similar to being a direct victim of violence. Additional work is needed to develop a national indicator for exposure to violence.
- *Homelessness.* In this report, the U.S. Department of Housing and Urban Development has presented 2011 data on the number of homeless children at a single point in time and the number of homeless children served by shelters and transitional housing. Continuing data improvements are needed to estimate the prevalence of homeless children with greater accuracy. Additional information is also needed about the characteristics of homeless children and consequences of homelessness for families and children.

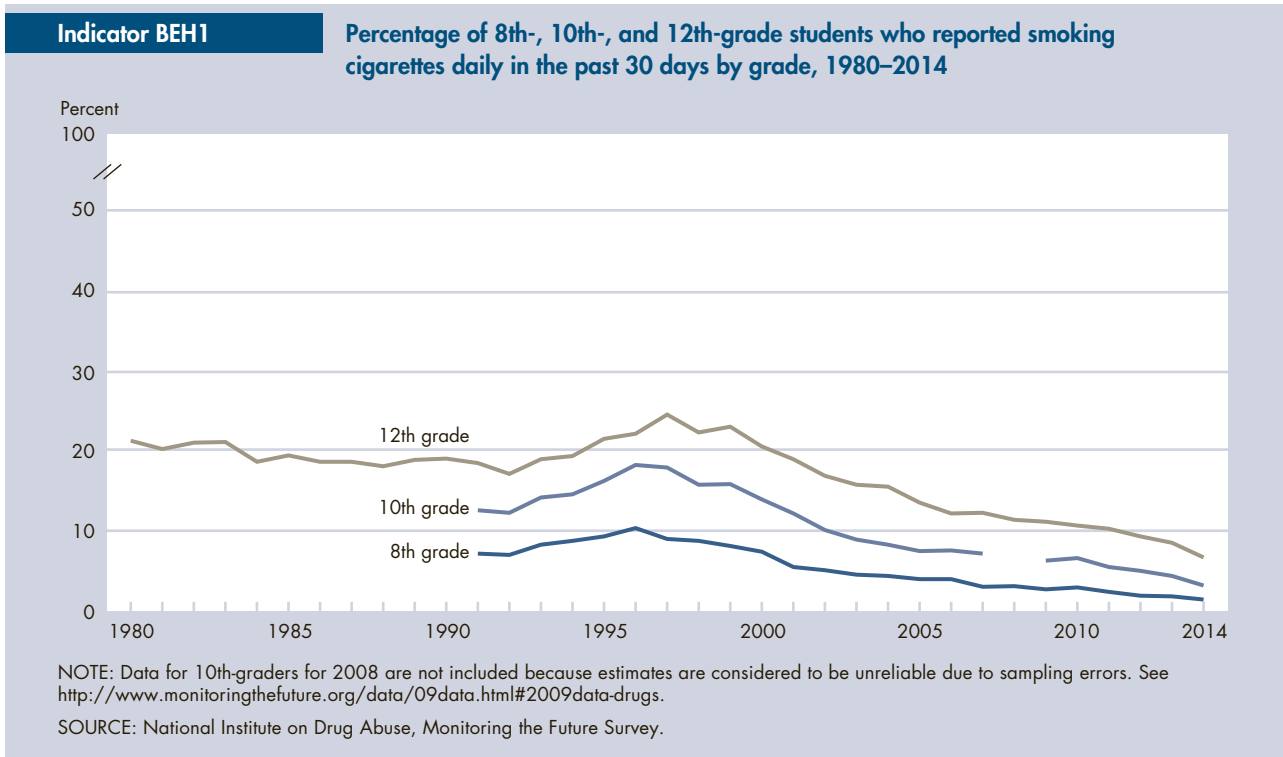


Behavior

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

Regular Cigarette Smoking

Smoking has serious long-term consequences, including the risk of smoking-related diseases and premature death, as well as the increased health care costs with treating associated illnesses.⁹⁴ Over 480,000 annual deaths are attributable to tobacco use, making tobacco more lethal than all other addictive drugs. Nearly 90 percent of smokers start smoking by age 18. Each day, more than 3,200 young people under age 18 smoke their first cigarette, and another 2,100 youth and young adults who are occasional smokers become daily smokers.⁹⁴ The high rate of incidence and the consequences of cigarette smoking underscore the importance of studying patterns of smoking among adolescents.

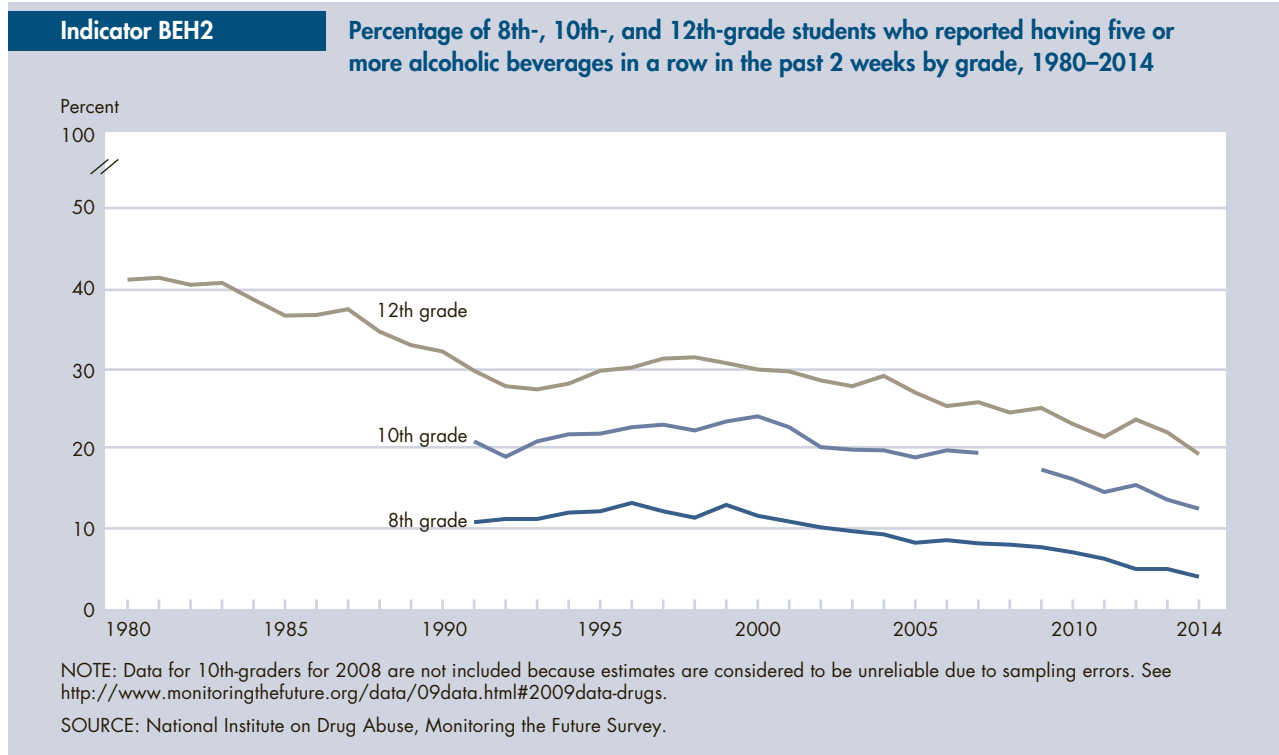


- In 2014, the percentages of 8th-, 10th-, and 12th-grade students who reported smoking cigarettes daily in the past 30 days were the lowest in the history of the survey.
- In 2014, 1 percent of 8th-grade students, 3 percent of 10th-grade students, and 7 percent of 12th-grade students reported smoking cigarettes daily in the past 30 days, compared with their respective peaks in the mid-1990s of 10, 18, and 25 percent.
- Among both male and female 8th-grade students, 1 percent reported daily smoking in 2014, a rate that starts to diverge by gender as children age: 4 percent of male and 3 percent of female 10th-grade students reported daily smoking, and 8 percent of male and 5 percent of female 12th-grade students reported daily smoking in 2014.
- Also in 2014, about 9 percent of White, non-Hispanic 12th-grade students reported smoking cigarettes daily in the past 30 days, compared with 5 percent of Black, non-Hispanic and 4 percent of Hispanic 12th-grade students.

Bullets contain references to data that can be found in Table BEH1 on page 149. Endnotes begin on page 77.

Alcohol Use

Alcohol is the most common psychoactive substance used during adolescence. Its use is associated with motor vehicle accidents, injuries, and deaths, and problems in school and in the workplace, as well as fighting, crime, and other serious consequences.⁹⁵ Early onset of binge drinking, defined here as five or more alcoholic beverages in a row or during a single occasion in the previous 2 weeks, may be especially problematic, potentially increasing the likelihood of these negative outcomes.

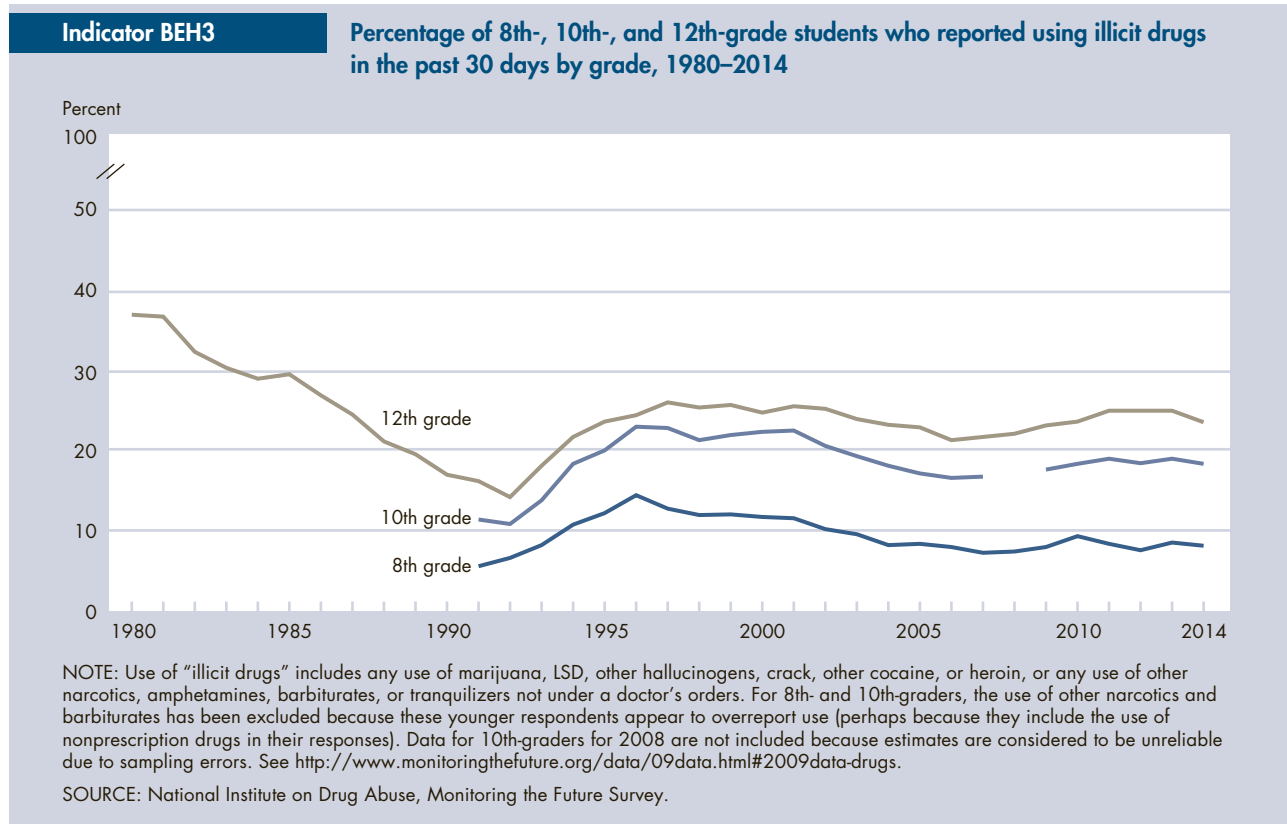


- In 2014, the percentages of 8th-, 10th-, and 12th-grade students who reported binge drinking were the lowest since the survey began in 1980.
- Binge drinking declined from the most recent peaks of 13 percent in 1996 to 4 percent in 2014 for 8th-grade students, from 24 percent in 2000 to 13 percent in 2014 for 10th-grade students, and from 32 percent in 1998 to 19 percent in 2014 for 12th-grade students.
- In 2014, about 4 percent of male and 5 percent of female 8th-grade students reported binge drinking; among 10th-grade students, the proportion was 13 percent for male students and 12 percent for female students. Twenty-two percent of 12th-grade male students reported binge drinking, compared with 17 percent of 12th-grade female students.
- For 12th-grade students in 2014, the percentages of White, non-Hispanic and Hispanic students (24 and 20 percent, respectively) who reported binge drinking were almost double the percentage of Black, non-Hispanic students who reported binge drinking (11 percent).

Bullets contain references to data that can be found in Table BEH2 on page 150. Endnotes begin on page 77.

Illicit Drug Use

Drug use by adolescents can have immediate as well as long-term health and social consequences. Marijuana use poses both cognitive and health risks, particularly damage to pulmonary functions as a result of chronic use.^{96,97} The abuse of prescription and over-the-counter drugs can be addictive and put abusers at risk for other adverse health effects, including overdose—especially when taken along with other drugs or alcohol. Hallucinogens can affect brain chemistry and result in problems with memory and learning new information.⁹⁸ As is the case with alcohol use and smoking, illicit drug use is a risk-taking behavior that has potentially serious negative consequences.



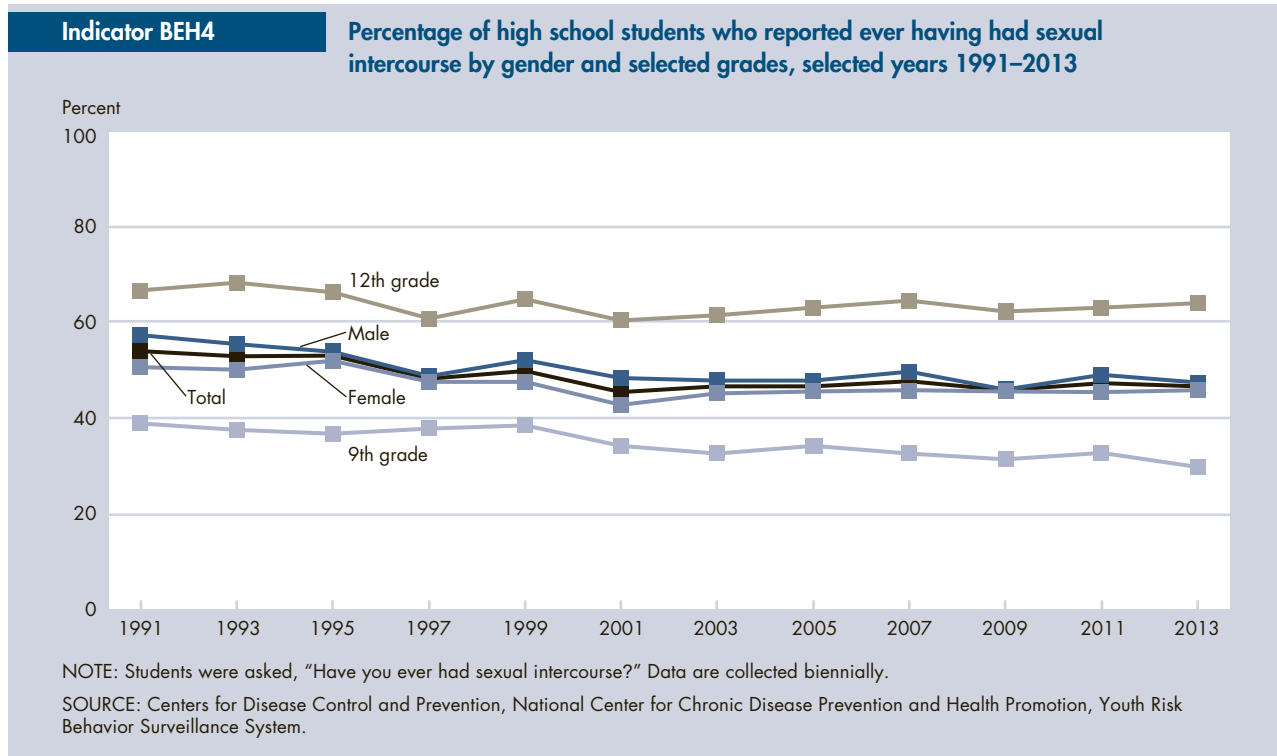
- From 2013 to 2014, reports of illicit drug use in the past 30 days remained steady for 8th-, 10th-, and 12th-grade students at 8 percent, 19 percent, and 24 percent, respectively.
- Eight percent each of male and female 8th-grade students reported using illicit drugs in the past 30 days in 2014. This rate starts to diverge by gender as children age: 19 percent of male and 18 percent of female 10th-grade students reported illicit drug use in the past 30 days, and 27 percent of male and 21 percent of female 12th-grade students reported illicit drug use in the past 30 days in 2014.

- In 2014, 26 percent of Black, non-Hispanic 12th-grade students reported illicit drug use in the past 30 days, compared with 24 percent each of White, non-Hispanic and Hispanic 12th-grade students.

Bullets contain references to data that can be found in Table BEH3 on page 151. Endnotes begin on page 77.

Sexual Activity

Early sexual activity is associated with emotional⁹⁹ and physical health risks. Youth who engage in sexual activity are at risk of contracting sexually transmitted infections (STIs) and becoming pregnant. STIs, including HIV, can infect a person for a lifetime and have consequences including disability and early death. Delaying sexual initiation is associated with a decrease in the number of lifetime sexual partners,¹⁰⁰ and decreasing the number of lifetime partners is associated with a decrease in the rate of STIs.^{101,102} Additionally, teen pregnancy is associated with a number of negative risk factors, not only for the mother but also for her child (see also FAM6).¹⁰³



- In 2013, about 47 percent of high school students reported ever having had sexual intercourse.
- The proportion of students who reported ever having had sexual intercourse declined significantly from 1991 (54 percent) to 2001 (46 percent) and remained stable from 2001 to 2013.
- The percentage of students who reported ever having had sexual intercourse differed by grade. In 2013, about 30 percent of 9th-grade students reported ever having had sexual intercourse, compared with 41 percent of 10th-grade students, 54 percent of 11th-grade students, and 64 percent of 12th-grade students.
- In 2013, about 19 percent of students who had sexual intercourse in the past 3 months reported that they or their partner had used birth control pills before their last sexual intercourse, and 59 percent reported condom use. Condom use increased between 1991 (46 percent) and 2003 (63 percent) and then decreased between 2003 and 2013.

Bullets contain references to data that can be found in Tables BEH4.A–BEH4.C on pages 152–154. Endnotes begin on page 77.

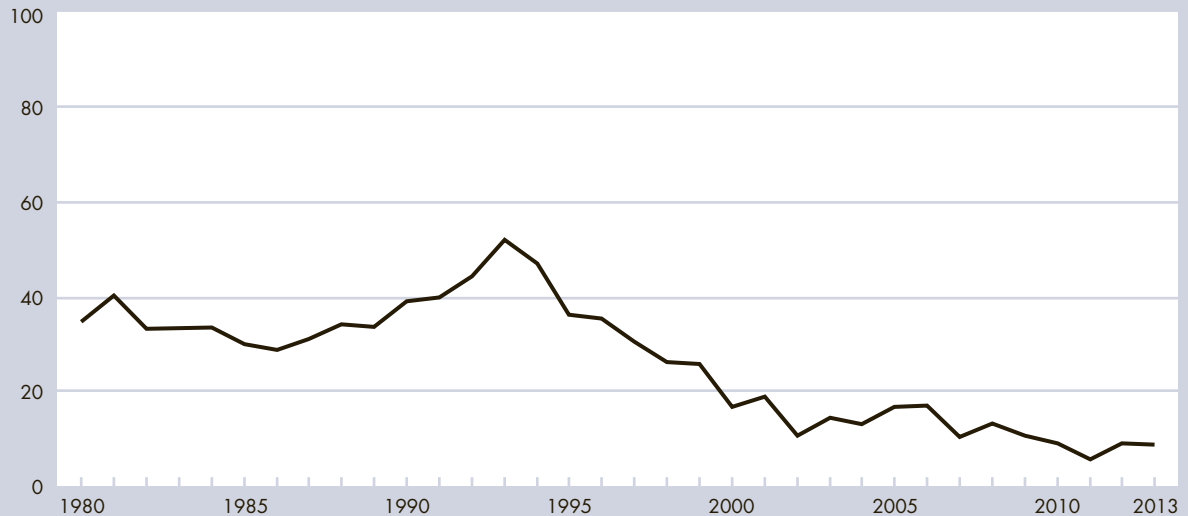
Youth Perpetrators of Serious Violent Crimes

The level of youth violence in society can be viewed as an indicator of youths' ability to control their behavior and the adequacy of socializing agents such as families, peers, schools, and religious institutions to supervise or channel youth behavior to acceptable norms. In addition, youth who commit violent crimes tend to exhibit multiple problematic behaviors that affect their well-being, including drug use, risky sexual behaviors, and problems in schools.¹⁰⁴ One measure of youth violence is the rate of serious violent crimes committed by juveniles.

Indicator BEH5

Rate of serious violent crimes by youth perpetrators ages 12–17, 1980–2013

Youth offending per 1,000 youth ages 12–17



NOTE: The rate is the ratio of the number of crimes (aggravated assault, rape, and robbery, i.e., stealing by force or threat of violence) reported to the National Crime Victimization Survey that involved at least one offender perceived by the victim to be 12–17 years of age, plus the number of homicides reported to the police that involved at least one juvenile offender, to the number of juveniles in the population. Homicide data were not available for 2013 at the time of publication. The number of homicides for 2012 is included in the overall total for 2013. In 2012, homicides represented less than 1 percent of serious violent crime, and the total number of homicides by juveniles has been relatively stable over the last decade. Because of changes made in the victimization survey, data prior to 1992 are adjusted to make them comparable with data collected under the redesigned methodology. See *Criminal Victimization, 2006*, <http://www.bjs.gov/index.cfm?ty=pbdetail&iid=765>, for more information on the redesigned methodology.

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

- In 2013, the serious violent crime offending rate was 9 crimes per 1,000 juveniles ages 12–17, with a total of 232,000 such crimes involving juveniles. This was similar to the rate in 2012.
- In 2013, about 17 percent of all serious violent crimes reportedly involved a juvenile offender.
- In 48 percent of all serious violent juvenile crimes reported by victims in 2013, more than one offender was involved in the incident. Because insufficient

information exists to determine the ages of each individual offender when a crime is committed by more than one perpetrator, the number of additional juvenile offenders cannot be determined. Therefore, this rate of serious violent crime offending does not represent the number of juvenile offenders in the population but rather the rate of crimes perpetrated by a juvenile.

Bullets contain references to data that can be found in Table BEH5 on page 155. Endnotes begin on page 77.

Indicators Needed

Behavior

A broader set of indicators than those presented in this section is needed to adequately monitor the behaviors of youth. Additional behavioral measures are needed on the following:

- *Activities promoting health and development.* The participation of youth in a broad range of activities (e.g., volunteering, part-time employment, after-school activities) has been linked to positive developmental outcomes. However, additional research is needed to ascertain how and under what circumstances such activities relate to success in later life. The Forum has presented “Youth Employment While in School” and “Participation in Volunteer Activities” as special features in past *America’s Children* reports. However, we currently lack regular indicators on youth involvement in various organized activities, as well as data to monitor specific health-promoting behaviors such as exercise.
- *Youth in the justice system.* The youth perpetrators of serious violent crime indicator does not provide critical information on the involvement of youth in the juvenile and criminal justice systems, including the characteristics of youthful offenders and the number and characteristics of youth arrestees and detainees, those prosecuted in juvenile and adult courts, and those incarcerated in the Nation’s jails, prisons, and juvenile facilities. Additional work is needed to produce a more comprehensive and useful picture of the number, experiences, and characteristics of youth within the criminal justice system.



Education

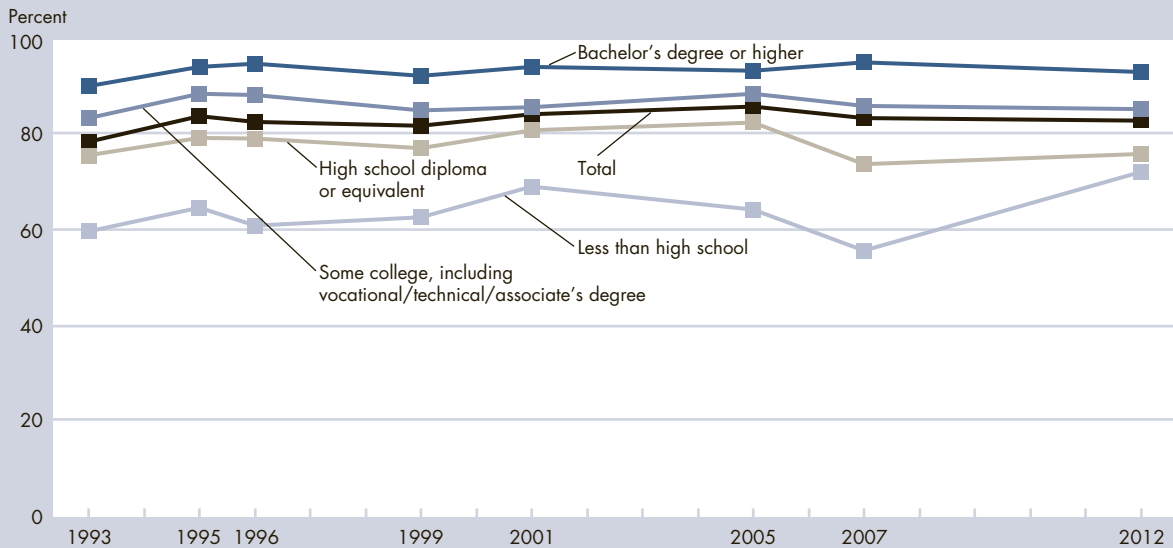
This section presents key indicators of children's learning and progress from early childhood through postsecondary school entry, including family reading to young children, mathematics and reading achievement, and advanced coursetaking. Indicators on high school completion, college enrollment, and youth neither enrolled in school nor working indicate the level to which youth are prepared for further education or the workforce, or are at risk for limiting their future prospects. Selected indicators also feature international comparisons.

Family Reading to Young Children

Reading to young children promotes language acquisition and is linked with literacy development and, later on, with achievement in reading comprehension and overall success in school.¹⁰⁵ The percentage of young children read to 3 or more times per week by a family member is one indicator of how well young children are being prepared for school.

Indicator ED1

Percentage of children ages 3–5 who were read to 3 or more times in the last week by a family member by mother’s highest level of education, selected years 1993–2012



NOTE: Estimates are based on children ages 3–5 who have yet to enter kindergarten. Children without mothers in the home are not included in estimates. While National Household Education Surveys Program (NHES) administrations prior to 2012 were administered via telephone with an interviewer, NHES:2012 was a self-administered paper-and-pencil questionnaire that was mailed to respondents. Measurable differences in estimates between 2012 and prior years could reflect actual changes in the population, or the changes could be due to the mode change from telephone to mail. Some data have been revised from previously published figures.

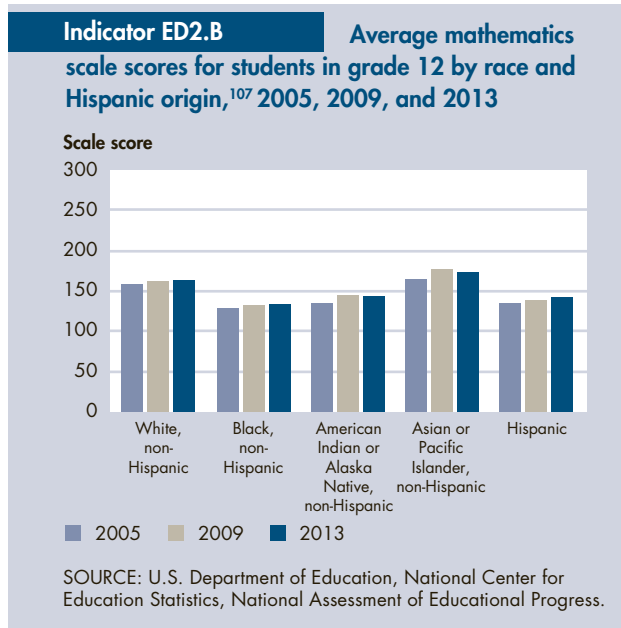
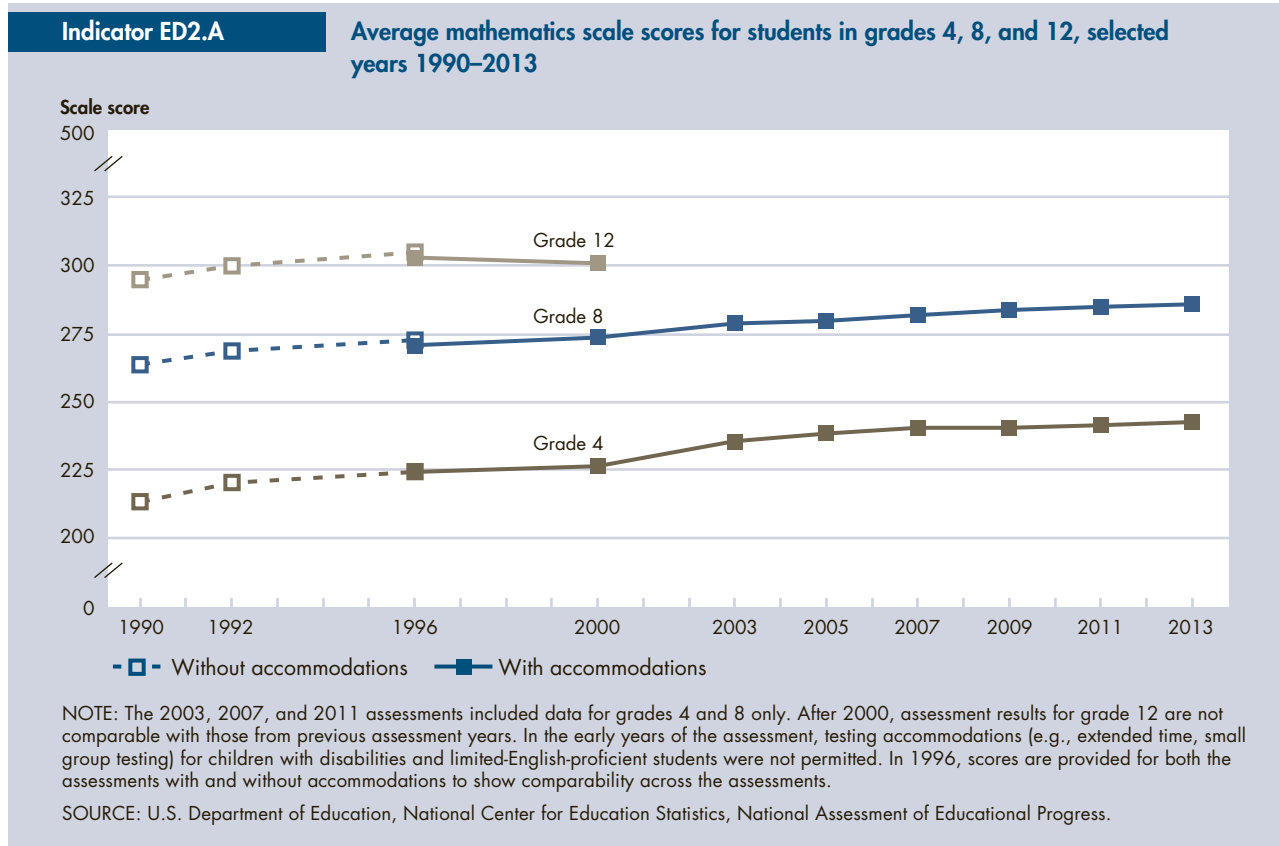
SOURCE: U.S. Department of Education, National Center for Education Statistics, National Household Education Surveys Program.

- In 2012, approximately 83 percent of children ages 3–5 who were not yet in kindergarten were read to 3 or more times per week by a family member. This rate was higher than the rate in 1993 (78 percent), although it fluctuated in the intervening years.
- The percentage of children who were read to 3 or more times per week by a family member was higher for non-Hispanic Whites (90 percent) than for their Asian or Pacific Islander (77 percent), non-Hispanic Black (77 percent), and Hispanic (71 percent) peers in 2012. There were no measurable differences between the percentages of Asian or Pacific Islanders, non-Hispanic Blacks, and Hispanics who were read to 3 or more times per week.
- In 2012, the percentage of children in families with incomes at 200 percent or more of the poverty level who were read to 3 or more times per week by a family member (88 percent) was higher than the percentages of children in families with incomes at 100 to 199 percent of the poverty level (81 percent) and those in families with incomes below the poverty level (74 percent).
- A higher percentage of children from two-parent households (85 percent) than from single-parent households (77 percent) were read to 3 or more times per week by a family member in 2012.
- The percentage of children who were read to 3 or more times per week by a family member was higher for those whose mothers had higher levels of educational attainment. In 2012, some 93 percent of children whose mothers had at least a bachelor’s degree were read to 3 or more times per week, compared with 85 percent of children whose mothers had some college education, 76 percent of children whose mothers had a high school diploma or the equivalent, and 72 percent of children whose mothers had less than a high school diploma.
- The percentage of children who were read to 3 or more times per week by a family member in the Northeast (88 percent) was higher than the percentages in the South and the West (81 percent each) in 2012. There were no measurable differences among the percentages of children in the South, the West, and the Midwest (84 percent) who were read to 3 or more times per week by a family member.

Bullets contain references to data that can be found in Table ED1 on page 156. Endnotes begin on page 77.

Mathematics and Reading Achievement

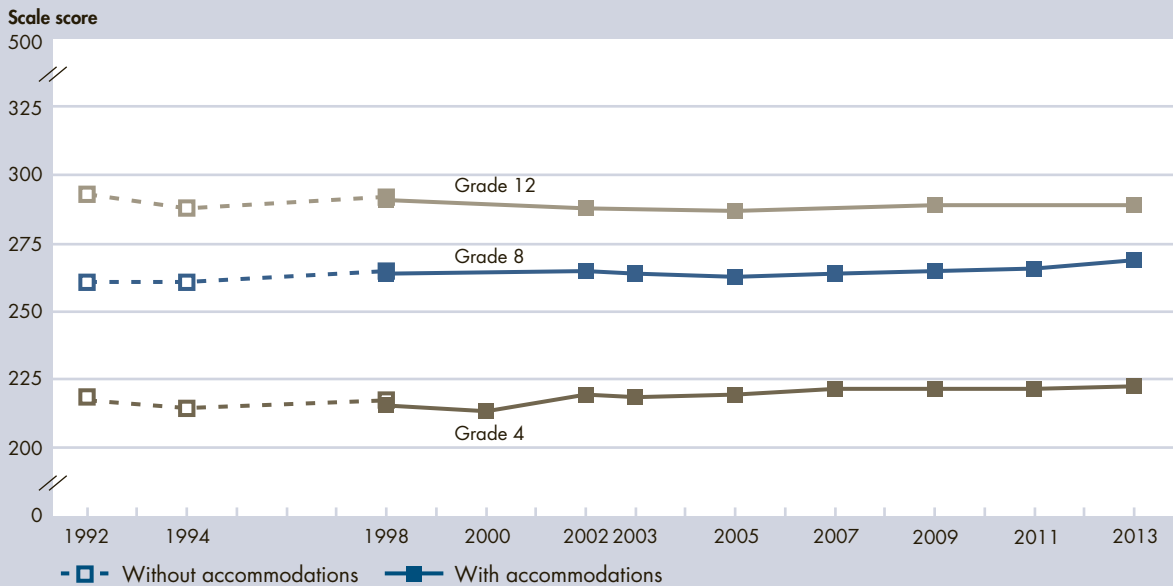
The extent of students' knowledge, as well as their ability to think, learn, and communicate, affect their likelihood of becoming productive adults and active citizens. Mathematics and reading achievement test scores measure students' skills in these subjects and are good indicators of overall achievement in school. To assess progress in mathematics and reading, the National Assessment of Educational Progress (NAEP) measures trends in the academic performance of students in grades 4, 8, and 12. Additionally, international assessments allow for comparison of the mathematics and reading performance of students in the United States with that of students in other countries.



- At both grades 4 and 8, the average NAEP mathematics score in 2013 was higher than in all previous assessment years since 1990. In addition, the 2013 score was 1 point higher than the 2011 score at both grades.
- At grade 12, the average mathematics score in 2013 was not significantly different from the score in 2009, but it was 3 points higher than the score in 2005.¹⁰⁶
- Average 4th-grade mathematics scores were higher in 2013 than in 2011 for White, non-Hispanic and Hispanic students. For all racial/ethnic groups, there were no significant changes in mathematics scores between 2011 and 2013 for 8th-graders or between 2009 and 2013 for 12th-graders.
- At each grade in 2013, Asian students had the highest average mathematics scores, and White, non-Hispanic students scored higher than their peers in the remaining racial and ethnic groups. In addition, Black, non-Hispanic students scored lower than students in the other racial and ethnic groups.

Indicator ED2.C

Average reading scale scores for students in grades 4, 8, and 12, selected years 1992–2013



NOTE: The 2000 assessment included data for grade 4 only, and the 2003, 2007, and 2011 assessments included data for grades 4 and 8 only. In the early years of the assessment, testing accommodations (e.g., extended time, small group testing) for children with disabilities and limited-English-proficient students were not permitted. In 1998, scores are provided for both the assessments with and without accommodations to show comparability across the assessments.

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

- At grade 4, the average NAEP reading score in 2013 was 5 points higher than the score in 1992 but was unchanged from the average score in 2011. At grade 8, the average reading score in 2013 was 8 points higher than the score in 1992 and 2 points higher than the score in 2011. At grade 12, the average reading score in 2013 was 4 points lower than the score in 1992 but unchanged from the score in 2009.
- At grades 4 and 8 in 2013, Asian students had the highest NAEP reading scores, on average, of all the racial and ethnic groups; White, non-Hispanic students also scored higher, on average, than their other peers. At both grades, Black, non-Hispanic students had lower reading scores than students from the other racial and ethnic groups, except American Indian or Alaska Native students, for whom scores were not measurably different. At grade 12 in 2013, the average reading scores of Asian and White, non-Hispanic students were higher than those of their Black, non-Hispanic, American Indian or Alaska Native and Hispanic peers. In addition, on average, Black, non-Hispanic 12th-graders scored the lowest on the reading assessment.
- At grades 4 and 12 in 2013, females scored lower, on average, than males in mathematics but higher than males in reading. At grade 8, females had higher average reading scores than males.
- For students in grades 8 and 12 in 2013, higher parental education levels were associated with higher average mathematics and reading scores.¹⁰⁸
- The 2011 Trends in International Mathematics and Science Study (TIMSS) assessed the mathematics and science knowledge and skills of 4th- and 8th-graders internationally. At grade 4, the United States was among the top 15 education systems in mathematics and had a higher average score than 42 education systems. At grade 8, the United States was among the top 24 education systems in mathematics and had a higher average score than 32 education systems.¹⁰⁹
- The 2012 Program for International Student Assessment (PISA)¹¹⁰ was administered to 15-year-olds in 65 countries and education systems, including all 34 member countries of the Organization for Economic Cooperation and Development (OECD). Twenty-nine education systems had higher average mathematics scores than the U.S. average score (481) and nine had scores not measurably different from the U.S. score.¹¹¹
- The 2011 Progress in International Reading Literacy Study (PIRLS) was carried out in 53 countries and other education systems at grade 4. The United States was among the top 13 education systems in reading and had a higher average score than 40 education systems.¹¹²

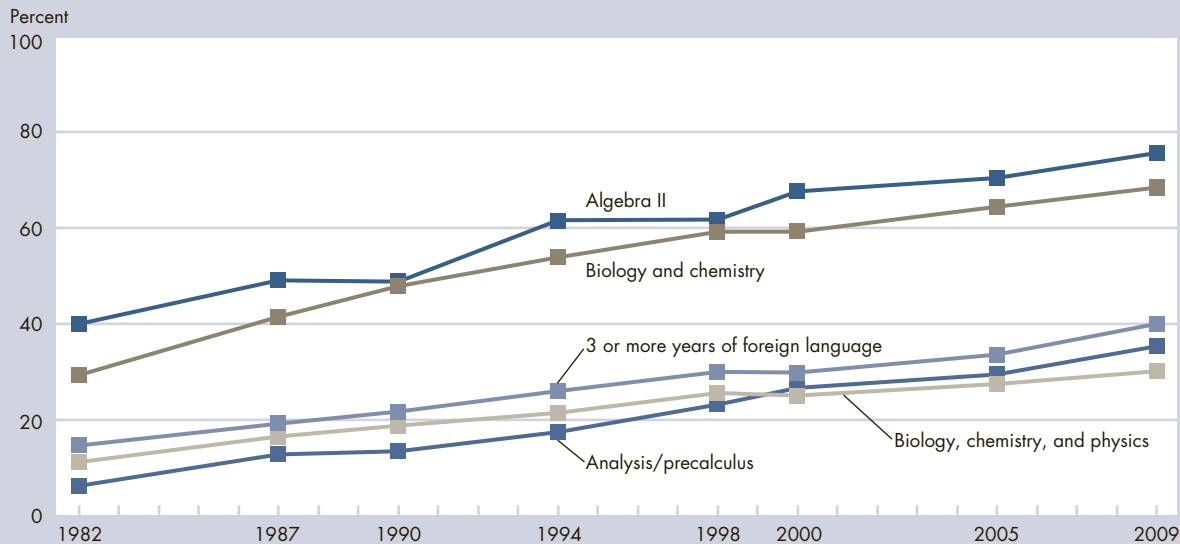
Bullets contain references to data that can be found in Tables ED2.A/B and ED2.C on pages 157–160. Endnotes begin on page 77.

High School Academic Coursetaking

Since *A Nation at Risk* was published in 1983, school reforms have emphasized increasing the number of academic courses students take in high school. More recent reforms have emphasized increasing the rigor, as well as the number, of courses taken. Research suggests a positive relationship between the level of difficulty of courses students take and their performance on assessments.^{113,114}

Indicator ED3

Percentage of high school graduates who had completed selected coursework in mathematics, science, and foreign language, selected years 1982–2009



NOTE: Data reflect only the percentage of graduates who earned credit for each course while in high school and do not count those graduates who took these courses prior to entering high school. “Algebra II” includes courses in which trigonometry or geometry has been combined with algebra II. The percentage for “biology and chemistry” indicates the percentage of graduates who completed at least one credit each in a biology and a chemistry course. The percentage for “biology, chemistry, and physics” indicates the percentage of graduates who had completed at least one course each in a biology, a chemistry, and a physics course. “Foreign language” includes a year 3, year 4, or advanced placement/international baccalaureate/honors course.

SOURCE: U.S. Department of Education, National Center for Education Statistics, High School Transcript Studies: High School and Beyond Study of 1980 Sophomores, and National Assessment of Educational Progress Transcript Study.

- The percentage of 2009 high school graduates who had successfully completed algebra II was higher than the corresponding percentage of 1982 graduates (76 vs. 40 percent). Also, a higher percentage of 2009 high school graduates than of 1982 graduates had taken a mathematics course in analysis/precalculus (35 vs. 6 percent). Eleven percent of those who graduated in 2009 had taken a course in advanced placement (AP)/international baccalaureate (IB)/honors calculus, compared with 2 percent in 1982.
- In 2009, some 68 percent of all high school graduates had taken at least one course each in biology and chemistry, compared with 29 percent of all high school graduates in 1982. The percentage of high school graduates who had taken at least one course each in biology, chemistry, and physics was also higher in 2009 than in 1982 (30 vs. 11 percent). Higher percentages of 2009 high school graduates than of 1982 graduates had taken AP/IB/honors biology (22 vs. 10 percent), AP/IB/honors chemistry (6 vs. 3 percent), and AP/IB/honors physics (6 vs. 1 percent).
- Since 1990, a majority of high school graduates have taken at least four courses in English. Eighty-eight percent of 2009 high school graduates took at least four courses in English.¹¹⁵
- In foreign languages, the percentage of high school graduates who had taken a year 3, year 4, or AP/IB/honors course increased from 15 percent in 1982 to 40 percent in 2009. Eighty-six percent of 2009 high school graduates had taken at least some foreign language coursework, compared with 54 percent of 1982 graduates.
- In 2009, high school graduates who completed a rigorous curriculum¹¹⁶ earned the highest scores on the National Assessment of Educational Progress in mathematics and science.¹¹⁷

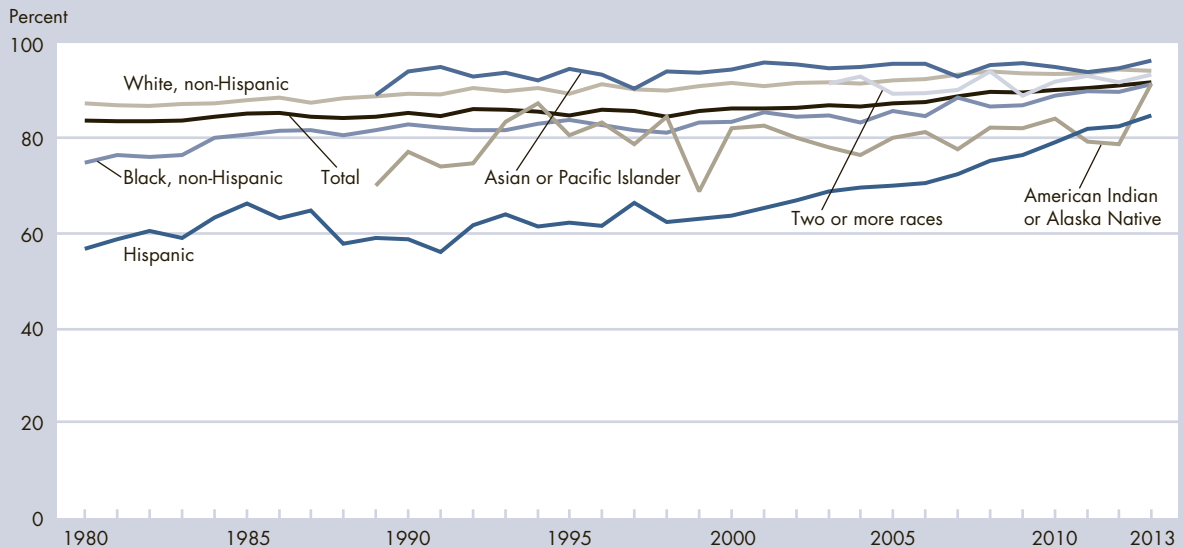
Bullets contain references to data that can be found in Tables ED3.A–ED3.C on pages 161–163. Endnotes begin on page 77.

High School Completion

Attainment of a high school diploma or its equivalent is an indicator that a person has acquired the basic reading, writing, and mathematics skills needed to function in today's society. The percentage of young adults ages 18–24 with a high school diploma or an equivalent credential is a measure of the extent to which young adults have completed a basic prerequisite for many entry-level jobs and for higher education.

Indicator ED4

Percentage of young adults ages 18–24 who have completed high school by race and Hispanic origin, 1980–2013



NOTE: Percentages are based only on those not currently enrolled in high school or a lower education level. From 1980 to 1991, high school completion was measured by the completion of 4 or more years of high school rather than the actual attainment of a high school diploma or equivalent. Diploma equivalents include alternative credentials obtained by passing exams such as the General Educational Development (GED) test. For data before 2003, the 1977 Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. The revised 1997 OMB standards were used for data for 2003 and later years. Under these standards, persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Those reporting more than one race were classified as "Two or more races." For 2003 and after, when separate reporting was possible, respondents who reported being Asian or Native Hawaiian or Other Pacific Islander were combined for continuity purposes. Also, beginning in 2003, those in a given racial category represent those reporting only that race. Data from 2003 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

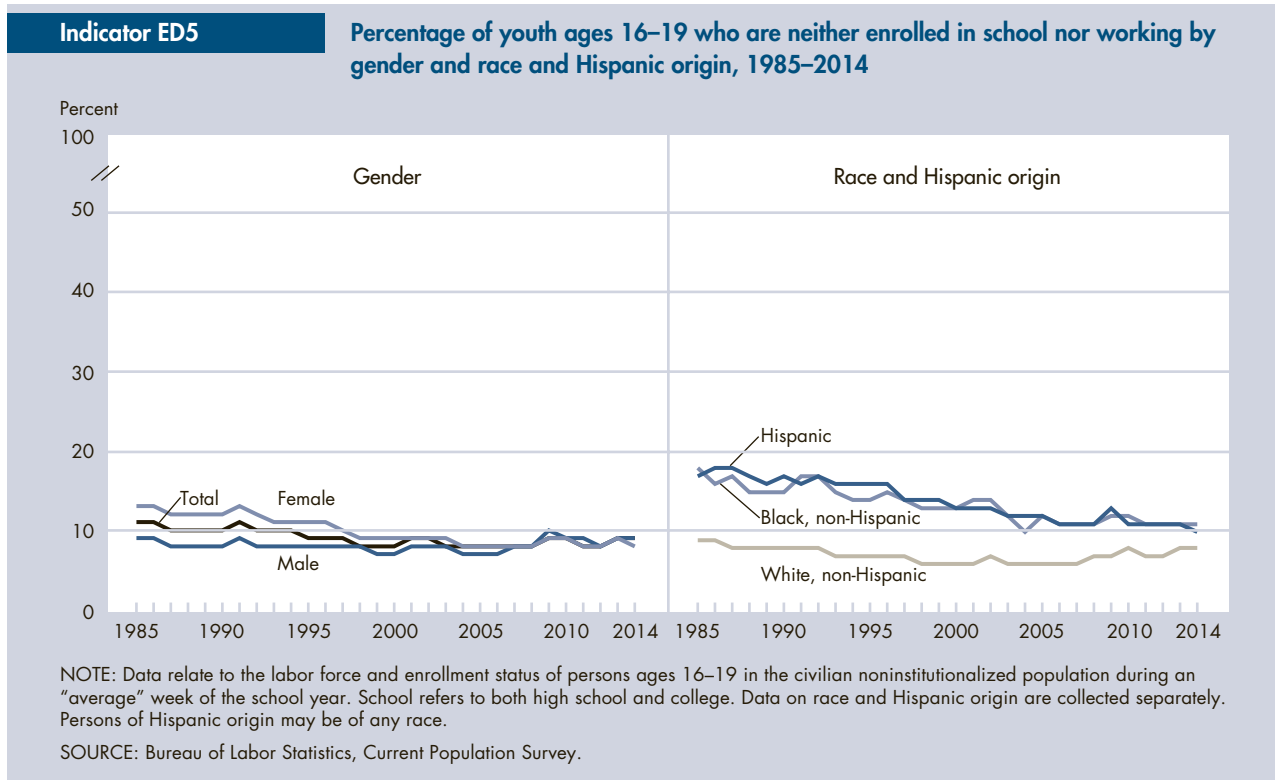
SOURCE: U.S. Census Bureau, Current Population Survey, School Enrollment Supplement.

- In 2013, 92 percent of young adults ages 18–24 had completed high school with a diploma or an alternative credential such as a General Educational Development (GED) certificate. The high school completion rate has increased since 1980, when it was 84 percent.
- The high school completion rate for Black, non-Hispanic young adults increased from 75 percent in 1980 to 92 percent in 2013. Among White, non-Hispanic young adults, the high school completion rate increased from 87 percent in 1980 to 94 percent in 2013. While Hispanic young adults have had a consistently lower high school completion rate than their White, non-Hispanic and Black, non-Hispanic peers, the rate for Hispanic young adults increased from 57 percent in 1980 to 85 percent in 2013.
- The 2013 high school completion rates for Asian or Pacific Islander young adults (97 percent) and young adults of two or more races (94 percent) were not measurably different from their corresponding rates in 2003, the first year separate data were available for all groups. However, the high school completion rates for all remaining racial/ethnic groups increased between 2003 and 2013. The high school completion rate for American Indian or Alaska Native young adults increased from 78 percent in 2003 to 92 percent in 2013. During this period, the high school completion rates also increased for Hispanic (from 69 to 85 percent), Black, non-Hispanic (from 85 to 92 percent), and White, non-Hispanic young adults (from 92 to 94 percent).
- In 2013, higher percentages of White, non-Hispanic (94 percent) and Asian or Pacific Islander (97 percent) young adults than of Black, non-Hispanic (92 percent) and Hispanic young adults (85 percent) had completed high school. The percentages of young adults of two or more races (94 percent), Black, non-Hispanic, and American Indian or Alaska Native young adults (92 percent each) who had completed high school were higher than the percentage of Hispanic young adults.

Bullets contain references to data that can be found in Table ED4 on page 164.

Youth Neither Enrolled in School nor Working

Youth ages 16–19 who are neither enrolled in school nor working are detached from these core activities, both of which play an important role in one’s transition from adolescence to adulthood. Such detachment, particularly if it lasts for several years, hinders a youth’s opportunity to build a work history that contributes to future higher wages and employability.¹¹⁸ The percentage of youth who are not enrolled in school and not working is one measure of the proportion of young people who are at risk of limiting their future prospects.



- During 2014, some 9 percent of youth ages 16–19 were neither enrolled in school nor working. Black, non-Hispanic youth and Hispanic youth were more likely than White, non-Hispanic youth to be neither enrolled in school nor working. In 2014, 11 percent of Black, non-Hispanic youth and 10 percent of Hispanic youth were neither in school nor working, compared with 8 percent of White, non-Hispanic youth.
- Older youth ages 18–19 are almost four times as likely to be detached from school and work activities as youth ages 16–17. In 2014, 14 percent of youth ages 18–19 were neither enrolled in school nor working, compared with 4 percent of youth ages 16–17.
- Sixty-five percent of youth were enrolled in school and not employed in 2014. This proportion has been trending up since 2000, when it was about half of youth. Seventy-one percent of Black, non-Hispanic youth were enrolled in school and not working in 2014, the highest proportion among races and ethnicities.
- In 2014, 17 percent of youth were both enrolled in school and employed. The proportion of youth both enrolled in school and employed has been trending

down since 1998, when it peaked at 31 percent, and has declined at a slightly faster pace during the recent economic downturn.

- In 2014, young women were more likely to be employed and enrolled in school (20 percent) than were young men (15 percent), while young men were slightly more likely to be enrolled in school and not working (66 percent) than were young women (64 percent).
- Across the 30 Organization for Economic Cooperation and Development (OECD) countries with comparable data, an average of 7 percent of 15- to 19-year-olds were neither in education nor in the work force in 2013.¹¹⁹ This percentage ranged from between 2 and 4 percent in Germany, the Czech Republic, Poland, Luxembourg, Slovenia, and Norway to 8 percent in the United States to more than 10 percent in Ireland, Spain, Italy, Mexico, and Turkey.

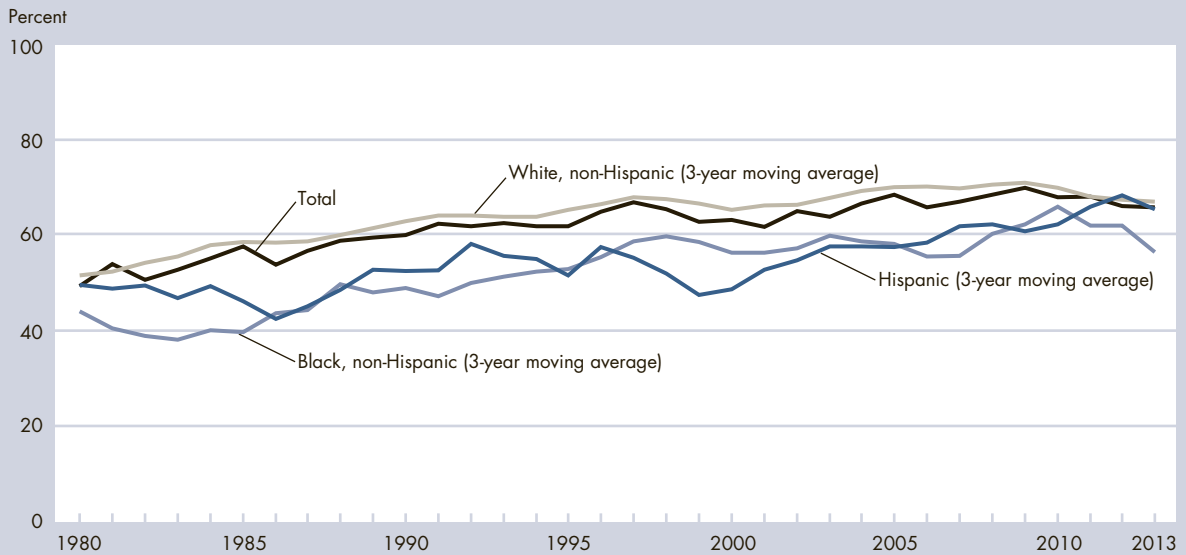
Bullets 1–5 contain references to data that can be found in Tables ED5.A and ED5.B on pages 165–166. Endnotes begin on page 77.

College Enrollment

A college education generally enhances a person's employment prospects and increases his or her earning potential.¹²⁰ The percentage of high school completers who enroll in college in the fall immediately after high school is one measure of the accessibility and perceived value of a college education by high school completers.¹²¹

Indicator ED6

Percentage of high school completers who were enrolled in college the October immediately after completing high school by race and Hispanic origin, 1980–2013



NOTE: Enrollment in college, as of October of each year, is for individuals ages 16–24 who completed high school during the preceding 12 months. High school completion includes General Educational Development (GED) recipients. A 3-year moving average is the weighted average of the estimates for the year prior to the reported year, the reported year, and the following year. For 2013, a 2-year moving average is used, reflecting an average of the 2012 and 2013 estimates. For data before 2003, the 1977 Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaska Native, or Asian or Pacific Islander. The revised 1997 OMB standards were used for data for 2003 and later years. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Included in the total but not shown separately are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and "Two or more races." Also beginning in 2003, those in a given racial category represent those reporting only that race. Data from 2003 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

SOURCE: U.S. Census Bureau, Current Population Survey, School Enrollment Supplement.

- In 2013, 66 percent of high school completers enrolled in a 2-year or 4-year college in the fall immediately following their graduation from high school.
- Between 1980 and 2013, the rate of immediate college enrollment trended upward from 49 percent to 66 percent; however, this rate has decreased in recent years—down from 70 percent in 2009.
- In 1980, 52 percent of White, non-Hispanic high school completers immediately enrolled in college; this rate increased to 71 percent in 2009. However, this rate decreased by 4 percentage points to 67 percent in 2013.¹²²
- In 1980, the immediate enrollment rate for Black, non-Hispanic high school completers was 44 percent; this rate increased to 66 percent in 2010 and then decreased to 57 percent in 2013. The immediate college enrollment rate for Hispanic high school completers also increased from 50 percent in 1980 to 66 percent in 2013.
- In 2013, the immediate college enrollment rate for White, non-Hispanic high school completers (67 percent) was higher than the rate for non-Hispanic Blacks (57 percent) but not measurably different from the rate for Hispanics (66 percent).
- From 1980 to 2013, the immediate enrollment rate for male high school completers increased from 47 to 64 percent, and the rate for female high school completers increased from 52 to 68 percent. In 2013, the percentage of high school completers enrolled immediately in college was not statistically different between males and females.

Bullets contain references to data that can be found in Table ED6 on page 167. Endnotes begin on page 77.

Indicator Needed

Education

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

■ *Early childhood development.* Although this report offers indicators of young children's exposure to reading and early childhood education, a regular source of data is needed to track the cognitive, emotional, and social skills of preschoolers and young children over time. Data from the Early Childhood Longitudinal Study, Kindergarten Class (ECLS-K) (a periodic longitudinal study) have previously been showcased in the report: an assessment of 1998–1999 kindergartners' skills and knowledge was presented as a special feature in *America's Children, 2000*. The special feature in *America's Children, 2013* describes assessments of the knowledge and skills of kindergartners in 2010–2011. Building upon these efforts, the Forum's Research and Innovation Committee canvassed Federal survey partners and experts in early childhood development as part of the Forum's effort to address the challenges associated with defining and regularly measuring the development of young children, particularly across the social/emotional domain.

Dialogue among Federal survey partners and field experts highlighted issues that are relevant to Federal data collection, including time and respondent burden when administering measures; cost of developing, testing, and administering short measures (including screeners) with limited Federal resources; and potential policy implications of measurement efforts.

Field experts and Federal survey partners agreed that more focus on the design and evaluation of measures of social and emotional development would be useful for the field. The following project deliverables are featured on the Forum's Web site:

1. an inventory of early childhood development measures, ranked based on *America's Children* indicator criteria;
2. a summary report describing the inventory development and findings; and
3. subject matter memos highlighting the challenges and potential measures associated with social/emotional development among young children.

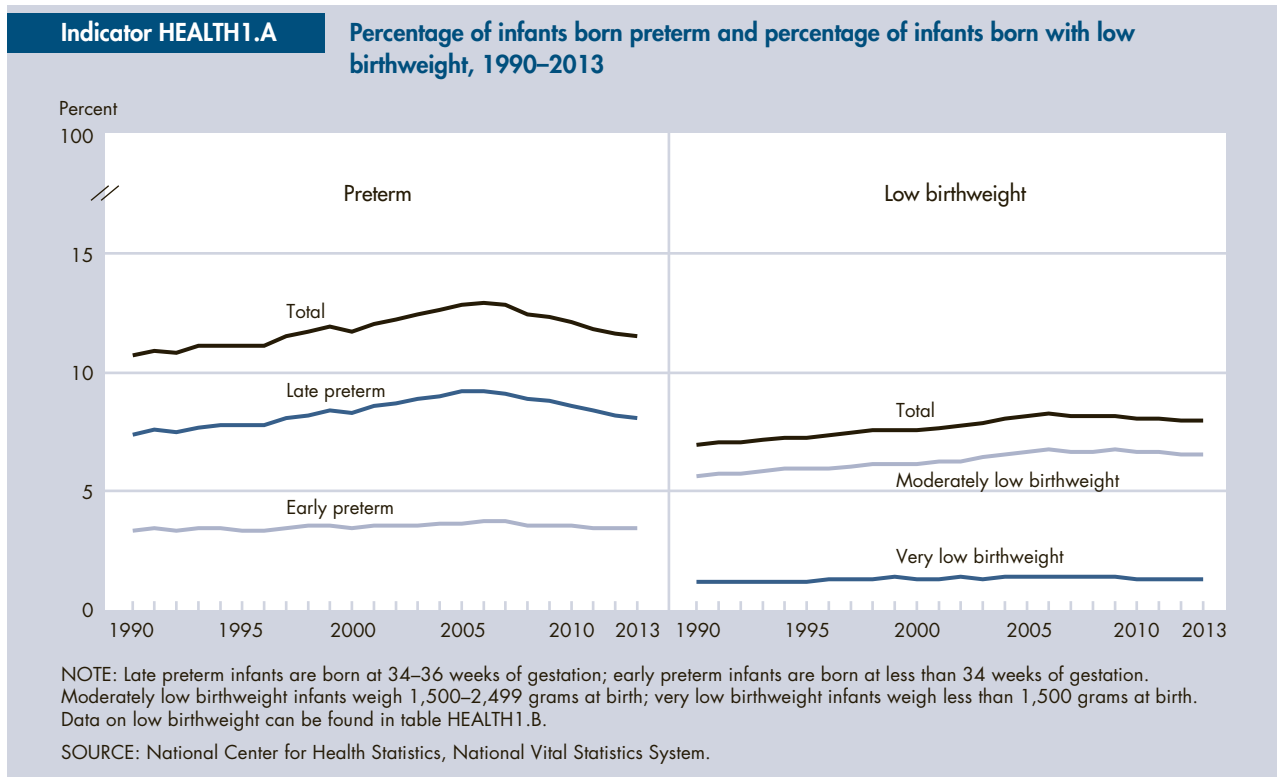
A young child in a soccer uniform is running on a grassy field. The child is wearing a white t-shirt with a crest, dark shorts, and socks. In the background, an American flag is visible, and the scene is overlaid with a semi-transparent blue filter. The child's arms are outstretched, and they appear to be in motion.

Health

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

Preterm Birth and Low Birthweight

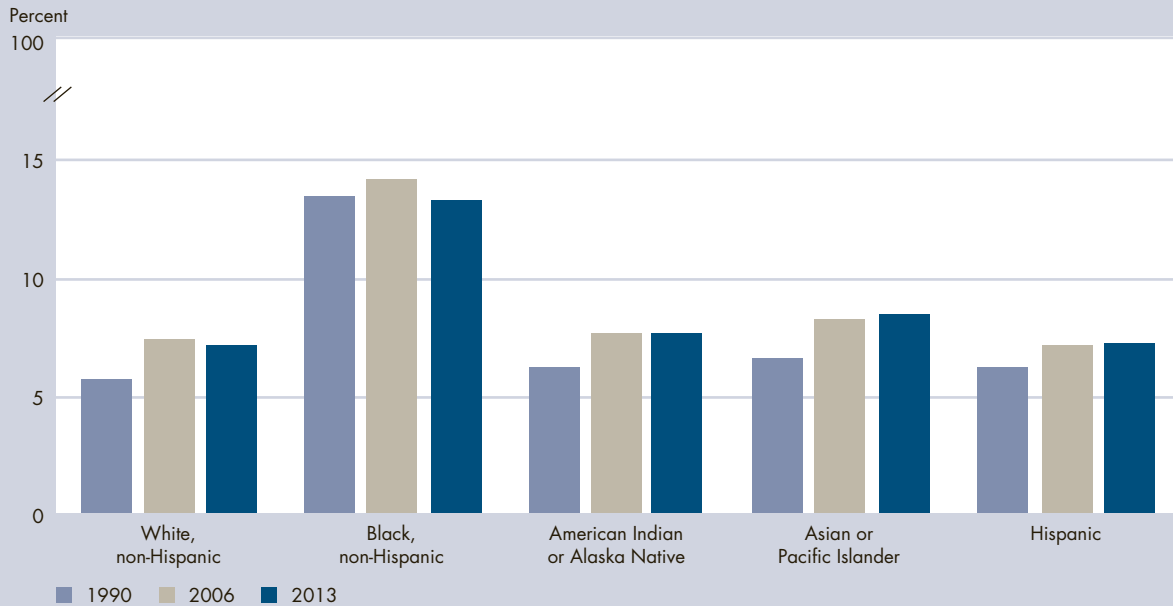
Infants born preterm (less than 37 completed weeks of gestation) or with low birthweight (less than 2,500 grams, or 5 lbs. 8 oz.) are at higher risk of early death and long-term health and developmental issues than infants born later in pregnancy or at higher birthweights.¹²³⁻¹²⁵ Many, but not all, preterm infants are also low birthweight, and vice versa. In 2013, infants born preterm accounted for two-thirds of all low birthweight infants, and over 40 percent of preterm births were low birthweight.²³ Preterm infants born at less than 34 weeks (early preterm) are at high risk for poor outcomes, including chronic health conditions, long-term disability, and death. The majority of preterm births are infants born at 34–36 weeks (late preterm). Late preterm infants are at lower risk of poor outcomes than infants born earlier but are at higher risk than infants delivered at term or later.¹²³ Disorders related to preterm birth and low birthweight are the second leading cause of infant death in the United States.¹²³



- The percentage of infants born preterm declined for the seventh straight year in 2013, to 11.4 percent, down from a high of 12.8 percent in 2006. The percentage of infants born with low birthweight was 8.0 in 2013, down from 8.3 percent in 2006.
- The percentage of preterm and low birthweight infants has been on the rise for several decades. From 1990 to 2006, the percentage of preterm births rose from 10.6 to 12.8 percent. The increase in late preterm births (from 7.3 to 9.1 percent) accounted for most of this change. The percentage of births that were early preterm rose from 3.3 to 3.7 percent over this period.
- The percentage of infants born with low birthweight rose from 7.0 percent of all births in 1990 to 8.3 percent in 2006. The percentage of very low birthweight infants was 1.4 percent in 2013, down slightly from the high of 1.5 percent reported for 2004 to 2009 but unchanged since 2010. The percentage of moderately low birthweight infants rose from 5.7 to 6.8 percent from 1990 to 2006 but declined to 6.6 percent in 2013.
- The increasing multiple birth rate was a contributing factor to the rise in preterm birth and low birthweight from 1990 to 2006. However, preterm birth and low birthweight levels rose substantially among singleton births as well.²³ Declines in singleton preterm birth and low birthweight rates since 2006 are similar to those for all births.

Indicator HEALTH1.B

Percentage of infants born with low birthweight by race and Hispanic origin of mother, 1990, 2006, and 2013



NOTE: Race refers to mother's race. The 1977 Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. Although state reporting of birth certificate data is transitioning to comply with the 1997 OMB standard for race and ethnicity statistics, 2006 and 2013 data from states reporting multiple races were bridged to the single-race categories of the 1977 OMB standards for comparability with other states. Data on race and Hispanic origin are collected and reported separately. Persons of Hispanic origin may be of any race.

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

- Among racial and ethnic groups, Black, non-Hispanic women were the most likely to have a low birthweight infant in 2013 (13.1 percent, compared with 7.0 percent for White, non-Hispanic, 7.5 percent for American Indian or Alaska Native, 8.3 percent for Asian or Pacific Islander, and 7.1 percent for Hispanic mothers). Similar differences in low birthweight by race and ethnicity were observed in previous years.
- Low birthweight levels fluctuated for Black, non-Hispanic births in recent years, ranging from lows of 13.1 to 13.2 percent for 1995 to 2001, to a high of 14.0 percent in 2005 and 2006. The 2013 percentage was 13.1 percent, returning to levels reported for 2000 and 2001. Among White, non-Hispanic infants, the percentage of low birthweight infants rose from 5.6 percent in 1990 to 7.3 percent in 2006 and declined to 7.0 percent in 2013. The percentage of low birthweight Hispanic infants rose between 1990 and 2006 (from 6.1 to 7.0 percent) and since 2006 has ranged from 6.9 to 7.1 percent (7.1 percent in 2013). Between 1990 and 2006, low birthweight percentages increased for American Indian or Alaska Native infants (from 6.1 to 7.5 percent) and Asian or Pacific Islander infants (from 6.5 to 8.1 percent). In 2013, some 7.5 percent of American Indian or Alaska Native infants were low

birthweight, essentially unchanged since 2006. The percentage of Asian or Pacific Islander infants who were low birthweight increased from 8.1 percent in 2006 to 8.3 percent in 2013.

- In 2013, as in earlier years, Black, non-Hispanic women were more likely to have a preterm birth (16.3 percent) than were White, non-Hispanic (10.2 percent) and Hispanic (11.3 percent) women.
- The 2013 percentage of Black, non-Hispanic infants born preterm (16.3 percent) was the lowest reported in the three decades for which comparable data are available. The percentage of preterm Black, non-Hispanic births declined from 19.0 percent in 1991 to 17.4 percent in 2000, rose to 18.5 percent in 2006, but has declined fairly steadily since 2006. From 1990 to 2006, the percentage of preterm births increased steadily for White, non-Hispanic infants (from 8.5 to 11.7 percent) but has since declined to 10.2 percent in 2013. The percentage of preterm Hispanic infants increased from 11.0 to 12.3 percent between 1990 and 2007 but declined to 11.3 percent in 2013.

Bullets contain references to data that can be found in Tables HEALTH1.A and HEALTH1.B on pages 168–169. Endnotes begin on page 77.

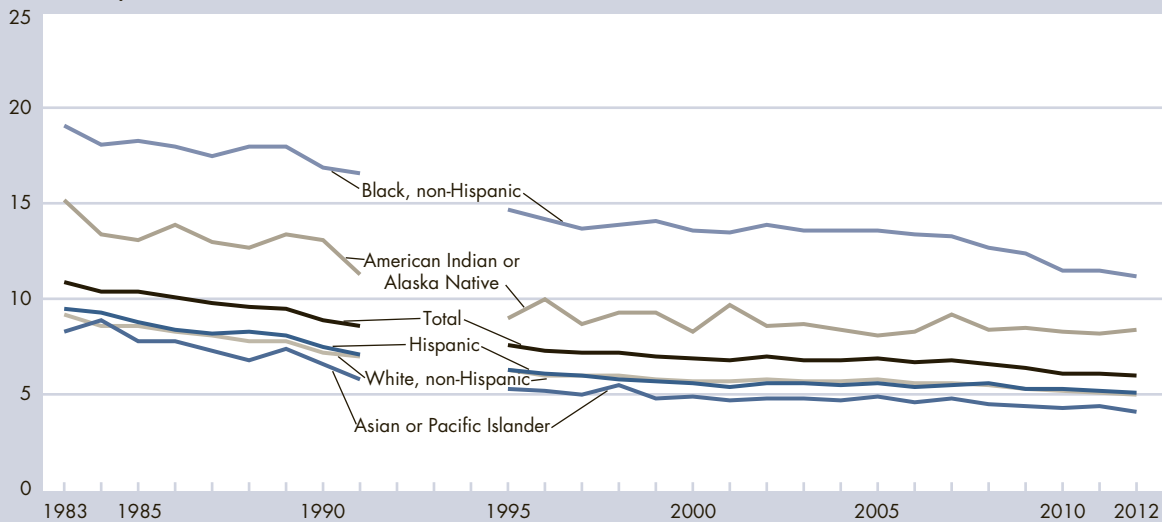
Infant Mortality

Infant mortality is defined as the death of an infant before his or her first birthday. Infant mortality is related to the underlying health of the mother, public health practices, socioeconomic conditions, and availability and use of appropriate health care for infants and pregnant women.¹²⁶ In the United States, about two-thirds of infant deaths occur in the first month after birth and are due mostly to health problems of the infant, such as birth defects, or problems related to the pregnancy, such as preterm delivery.

Indicator HEALTH2

Death rates among infants by race and Hispanic origin of mother, 1983–1991 and 1995–2012

Infant deaths per 1,000 live births



NOTE: Infant deaths are deaths before an infant's first birthday. Data from the file linking live births to infant deaths are available for 1983–1991 and 1995–2012 only. Race refers to mother's race. The 1977 Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. Although state reporting of birth certificate data is transitioning to comply with the 1997 OMB standard for race and ethnicity statistics, data from states reporting multiple races were bridged to the single-race categories of the 1977 OMB standards for comparability with other states. Data on race and Hispanic origin are collected and reported separately. Persons of Hispanic origin may be of any race. Trends for the Hispanic population are affected by an expansion in the number of registration areas that included an item on Hispanic origin on the birth certificate.

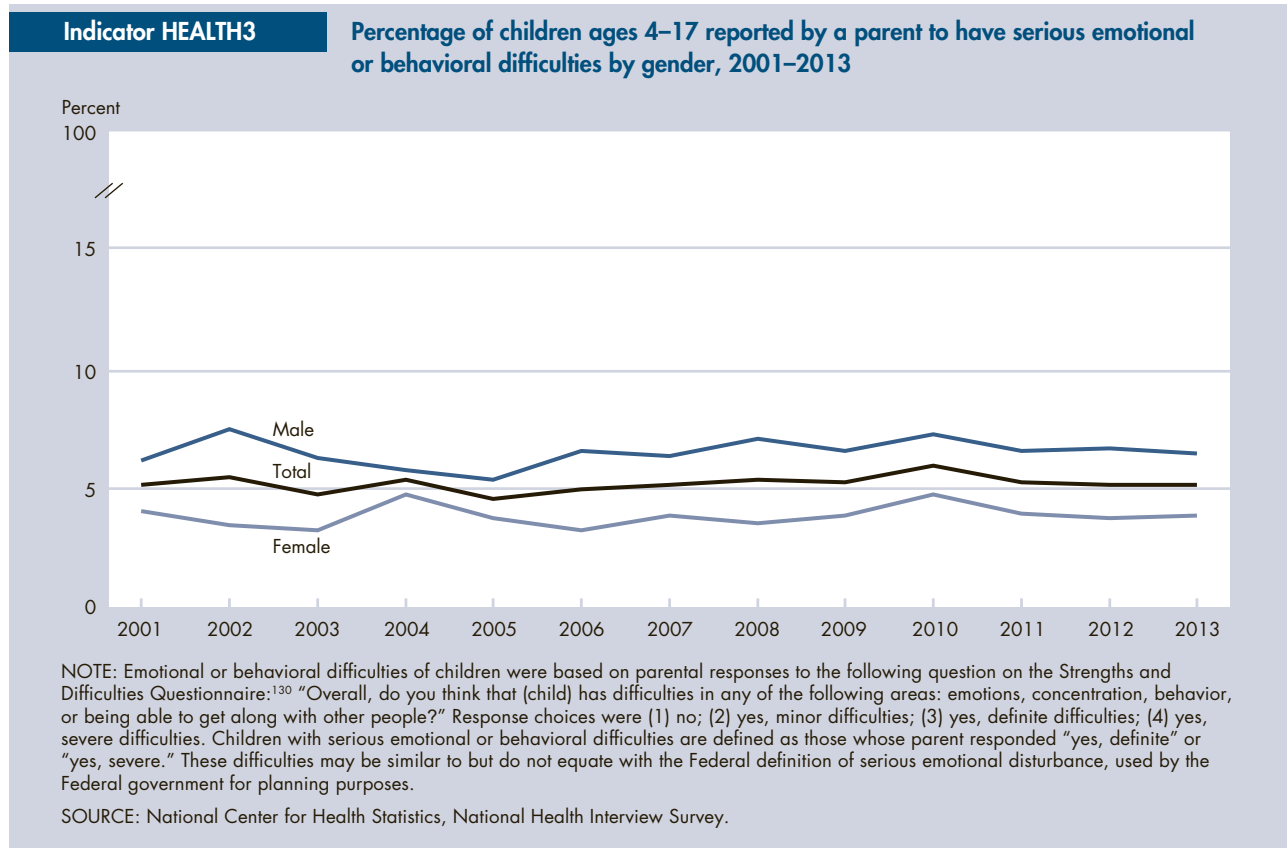
SOURCE: National Center for Health Statistics, National Vital Statistics System.

- The infant mortality rate of 6.0 deaths per 1,000 live births in 2012 was not statistically different from the rate of 6.1 in 2011.
- Substantial racial and ethnic disparities in infant mortality continue. The mortality rates of Black, non-Hispanic and American Indian or Alaska Native infants have been consistently higher than the rates of other racial and ethnic groups. For example, in 2012, the Black, non-Hispanic infant mortality rate was 11.2 infant deaths per 1,000 live births and the American Indian or Alaska Native rate was 8.4 per 1,000 live births; both rates were higher than the rates among White, non-Hispanic (5.0 per 1,000 live births), Hispanic (5.1 per 1,000 live births), and Asian or Pacific Islander (4.1 per 1,000 live births) infants.
- Infant mortality rates also varied within racial and ethnic populations. For example, among Hispanics in the United States, the infant mortality rate for 2012 ranged from a low of 4.1 deaths per 1,000 live births for infants of Central and South American origin to a high of 6.9 per 1,000 live births for infants of Puerto Rican origin.

Bullets contain references to data that can be found in Table HEALTH2 on page 170. Endnotes begin on page 77.

Emotional and Behavioral Difficulties

Good emotional and behavioral health is an integral part of healthy development and enhances a child's sense of well-being, supports rewarding social relationships with family and peers, and facilitates achievement of full academic potential.¹²⁷ Children with emotional or behavioral difficulties may have problems managing their emotions, focusing on tasks, and/or controlling their behavior. These difficulties, which may persist throughout a child's development, can lead to lifelong problems.¹²⁸ Parents play a crucial role in informing health professionals about a child's emotional and behavioral difficulties and obtaining mental health services.¹²⁹

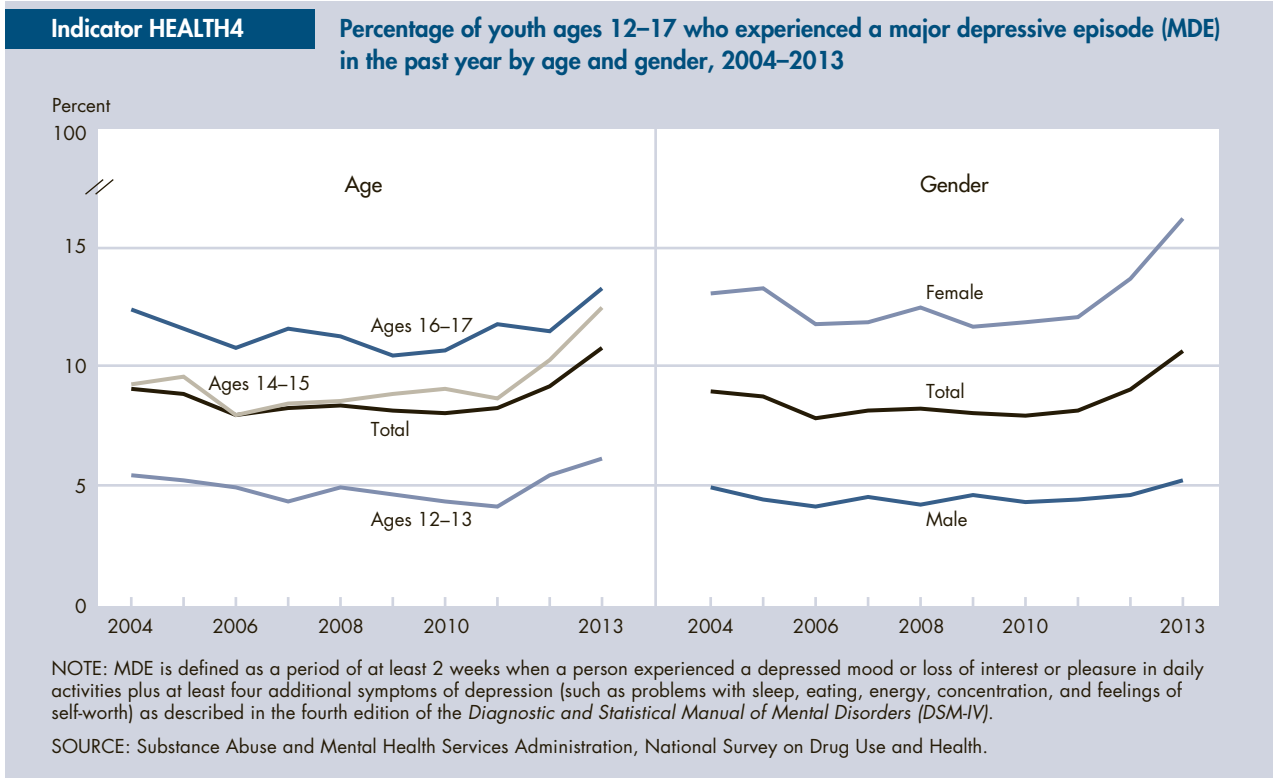


- In 2013, a little more than 5 percent of children ages 4–17 were reported by a parent to have serious difficulties with emotions, concentration, behavior, or being able to get along with other people.
- The percentage of children with serious emotional or behavioral difficulties was about 5 percent in most years between 2001 and 2013.
- In 2013, the percentage of children with serious emotional or behavioral difficulties differed by gender. More males (6 percent) than females (4 percent) ages 4–17 were reported by a parent to have such difficulties.
- In 2013, about 8 percent of children living below the poverty level had serious emotional or behavioral difficulties, compared with 5 percent of children in families with incomes 100–199 percent of the poverty level and 4 percent of children with family incomes 200 percent or more of the poverty level.
- In 2013, more White, non-Hispanic children (6 percent) and Black, non-Hispanic children (5 percent) than Hispanic children (4 percent) had serious emotional or behavioral difficulties.
- In 2013, the percentage of children with serious difficulties was nearly twice as high among those from single-mother (mother only) families (8 percent) than among those from two-parent families (4 percent).
- Among children with serious difficulties in 2013, 23 percent received special education services for an emotional or behavioral problem, 43 percent had a parent who had contacted a general doctor about the child's emotional or behavioral problem, and 55 percent had a parent who had contacted a mental health professional about the child.

Bullets contain references to data that can be found in Tables HEALTH3.A and HEALTH3.B on pages 171–173. Endnotes begin on page 77.

Adolescent Depression

Depression has a significant impact on adolescent development and well-being. Adolescent depression can adversely affect school and work performance, impair peer and family relationships, and exacerbate the severity of other health conditions such as asthma and obesity.^{131–133} Depressive episodes often persist, recur, or continue into adulthood.¹³⁴ Youth who have had a Major Depressive Episode (MDE) in the past year are at greater risk for suicide and are more likely than other youth to initiate alcohol and other drug use, experience concurrent substance use disorders, and smoke daily.^{135–137}

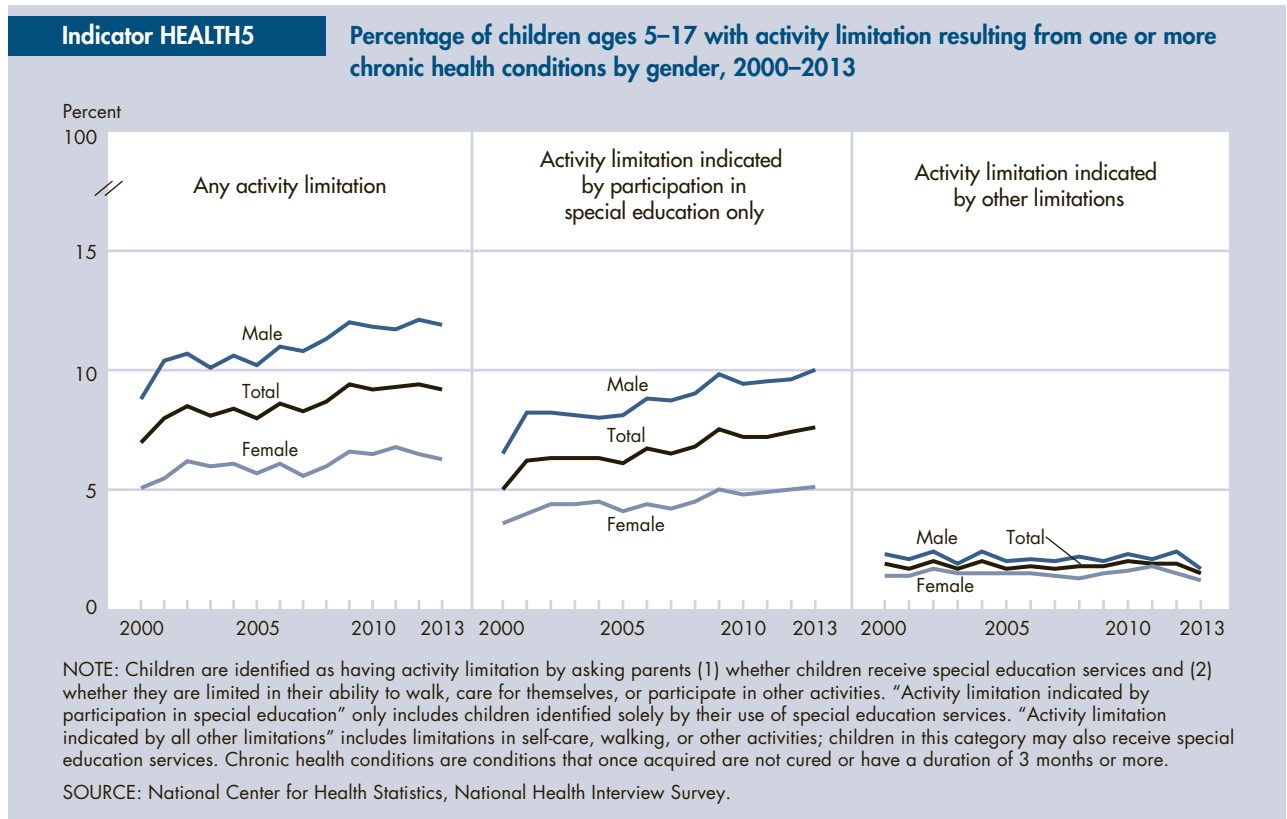


- In 2013, about 11 percent of the population ages 12–17 had an MDE during the past year, a higher prevalence than that reported in 2004 (9 percent) and any year since then. Moreover, about 16 percent of females ages 12–17 had an MDE in 2013, a higher prevalence than that reported in 2004 (13 percent).
- In each year between 2004 and 2013, the past-year prevalence of MDE among youth ages 12–17 was more than twice as high among females (12 to 16 percent) as among males (4 to 5 percent).
- The past-year prevalence of MDE in 2013 was lowest in youth ages 12–13 (6 percent), compared with youth ages 14–15 (12 percent) and youth ages 16–17 (13 percent).
- In 2013, approximately 72 percent of youth with an MDE in the past year (8 percent of the population ages 12–17) reported that the MDE caused severe problems in at least one major role domain (home, school/work, family relationships, social life).
- The percentage of youth with an MDE in the past year receiving treatment for depression, defined as seeing or talking to a medical doctor or other professional about the depressive episode and/or using prescription medication for depression in the past year, declined from 40 percent in 2004 to 38 percent in 2013.¹³⁷

Bullets contain references to data that can be found in Tables HEALTH4.A–HEALTH4.C on pages 174–176. Endnotes begin on page 77.

Activity Limitation

Activity limitation results from a chronic physical, mental, emotional, or behavioral condition that prevents a child from participating fully in age-appropriate activities. Age-appropriate activities for children ages 5–17 consist of a child’s ability to complete regular school work and perform other activities, including self-care and walking. Activity limitation is a broad measure of functioning affected by a variety of health conditions. The causes of activity limitation most often reported by parents of children ages 5–17 include learning disabilities, speech problems, and other mental, emotional, and behavioral problems.¹³⁸



- In 2013, about 9 percent of children ages 5–17 were reported by parents to have activity limitation due to chronic conditions. Eight percent of children ages 5–17 were identified as having activity limitation solely by their participation in special education, and 2 percent had limitations in their ability to walk, care for themselves, or participate in other activities.
- Activity limitation was reported more often for male children (12 percent) than for female children (6 percent) in 2013. This was also true for children identified only by participation in special education (10 percent of males vs. 5 percent of females).
- In 2013, approximately 13 percent of children living below the poverty level and 10 percent of children living in families with incomes 100–199 percent of the poverty level had activity limitation, compared with 7 percent of children with family incomes 200 percent or more of the poverty level.
- Among children of different racial and ethnic origins in 2013, Hispanic children (8 percent) were less likely than White, non-Hispanic (10 percent) and Black, non-Hispanic (10 percent) children to have a parental report of activity limitation.

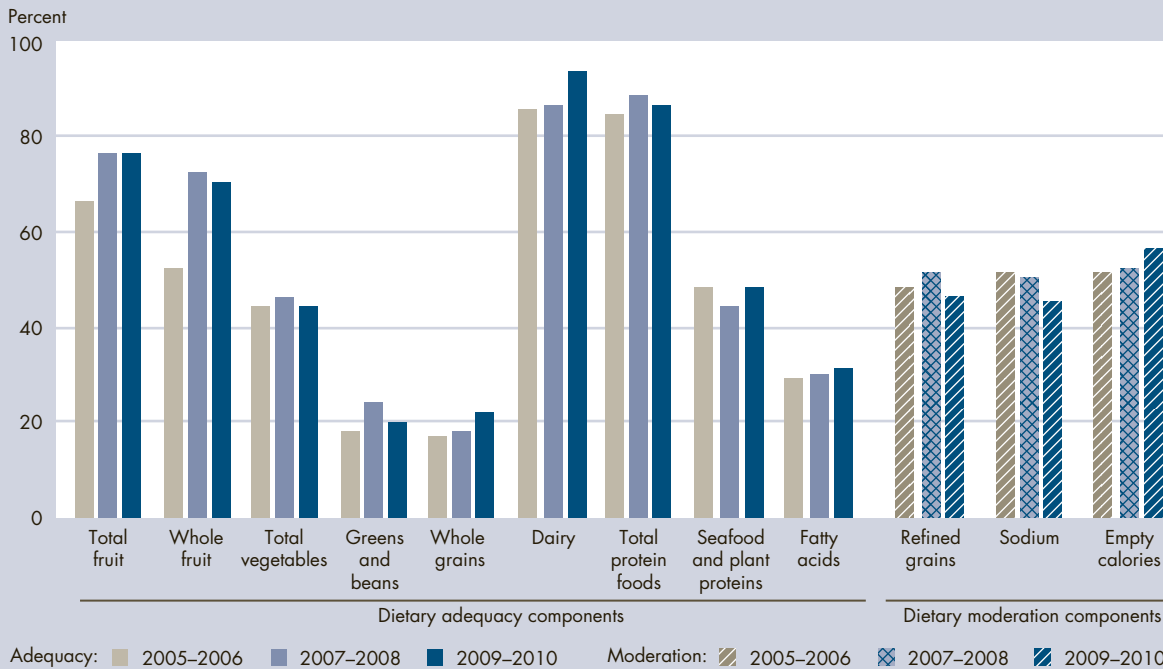
Bullets contain references to data that can be found in Table HEALTH5 on page 177. Endnotes begin on page 77.

Diet Quality

A good quality diet is a major contributing factor to the health and well-being of children and adolescents. Poor eating patterns in childhood are major contributors to childhood obesity (see HEALTH 7), to chronic diseases starting in childhood, such as type 2 diabetes,¹³⁹ and to diseases that emerge throughout the life cycle, such as cardiovascular disease.¹⁴⁰ In 2011–2012, 17 percent of children and adolescents were obese;¹⁴¹ this high obesity prevalence underlines the importance of dietary guidance. The Healthy Eating Index-2010 (HEI-2010) is a dietary assessment tool comprising 12 components designed to measure quality in terms of how well diets meet the recommendations of the 2010 Dietary Guidelines for Americans and the USDA Food Patterns.^{142,143} The HEI-2010 total and component scores are averages across all children and reflect usual dietary intakes.¹⁴⁴ Nine components of the HEI-2010 address nutrient adequacy. The remaining three components assess nutrient moderation.

Indicator HEALTH6

Average diet scores for children ages 2–17, expressed as a percentage of Federal diet quality standards, 2005–2006, 2007–2008, and 2009–2010



NOTE: Healthy Eating Index-2010 (HEI-2010) scores are expressed as percentages of recommended dietary intake levels. A score corresponding to 100 percent indicates that the recommendation was met or exceeded, on average. A score below 100 percent indicates that average intake does not meet the recommendations for that component. For the adequacy components, higher scores reflect higher intakes. For the moderation components, higher scores reflect lower intakes because lower intakes are more desirable. For all components, a higher percentage indicates a higher quality diet. "Empty calories" refers to calories from solid fats (i.e., sources of saturated fats and *trans* fats) and added sugars (i.e., sugars not naturally occurring). Total fruit includes 100 percent fruit juice. Starting with *America's Children, 2015*, the new Food Patterns Equivalents Database (FPED) is used to convert foods and beverages in the Food and Nutrient Database for Dietary Studies to USDA Food Patterns components for data years 2005 and beyond. Therefore, estimates by dietary components for 2005–2008 may differ from those in previously published editions.

SOURCE: National Center for Health Statistics, National Health and Nutrition Examination Survey and U.S. Department of Agriculture, Center for Nutrition Policy and Promotion, Healthy Eating Index-2010.

- The total HEI-2010 score is a measure of overall diet quality. For children ages 2–17 in 2005–2006, 2007–2008, and 2009–2010, the total scores ranged from 49 to 52 percent, and the differences were not statistically significant. The diet quality of children and adolescents fell considerably short of recommendations.
- The average scores for all the components of the HEI-2010 were below the standards. Dairy and total protein foods were closest to the standards (between 85 and 93 percent and between 84 and 88 percent, respectively). Scores for greens and beans (between 18 and 24 percent), whole grains (between 17 and 22 percent), and fatty acids (between 29 and 31 percent) were farthest from the standards. On average, the component

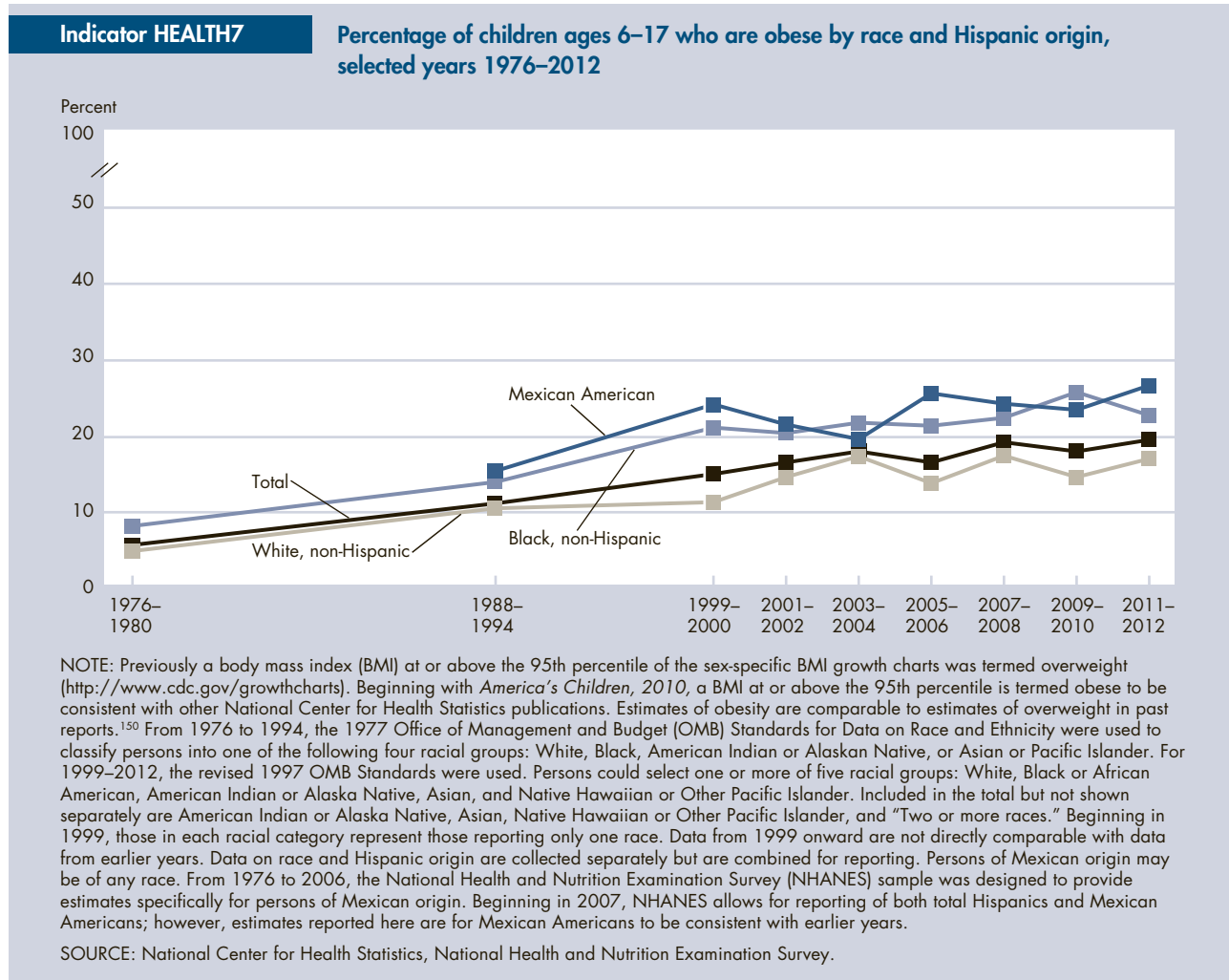
scores were similar across the three periods, but total fruit and whole fruit were significantly higher in both 2007–2008 and 2009–2010 than in 2005–2006. Also, dairy intake in 2009–2010 was significantly higher than in 2005–2006 and in 2007–2008.

- The diet quality scores of children and adolescents would be improved by increasing the intake of fruits (especially whole fruits) and vegetables (especially dark greens and beans); replacing refined grains with whole grains; substituting seafood for some meat and poultry; and decreasing the intake of sodium (salt) and empty calories from solid fats and added sugars.

Bullets contain references to data that can be found in Table HEALTH6 on page 178. Endnotes begin on page 77.

Obesity

Obese adolescents often become obese adults, with increased risks for a wide variety of poor health outcomes, including diabetes, stroke, heart disease, arthritis, and certain cancers.^{145,146} The immediate consequences of obesity in childhood are often psychosocial but also include cardiovascular risk factors such as high blood pressure, high cholesterol, and pre-diabetes.¹⁴⁶ The prevalence of obesity among U.S. children changed relatively little from the early 1960s through 1980; however, after 1980 it increased sharply.¹⁴⁷ Between 2003 and 2012, the prevalence of obesity remained stable in boys and girls.¹⁴⁸ In addition to individual factors such as diet and physical activity, social, economic, and environmental forces (e.g., advances in technology and trends in eating out) may have contributed to the high prevalence of obesity.¹⁴⁹



- In 1976–1980, 6 percent of children ages 6–17 were obese. This percentage rose to 11 percent in 1988–1994 and to 18 percent in 2009–2010. In 2011–2012, 19 percent of children ages 6–17 were obese, which was not statistically different from the percentage in 2009–2010.
- In 2011–2012, about 18 percent of children ages 6–11 and 21 percent of adolescents ages 12–17 were obese.
- In 2011–2012, Mexican American children (27 percent) were more likely to be obese than White, non-Hispanic children (17 percent).
- In 2011–2012, there was no statistical difference between boys (18 percent) and girls (21 percent) in the percentage of children who were obese.

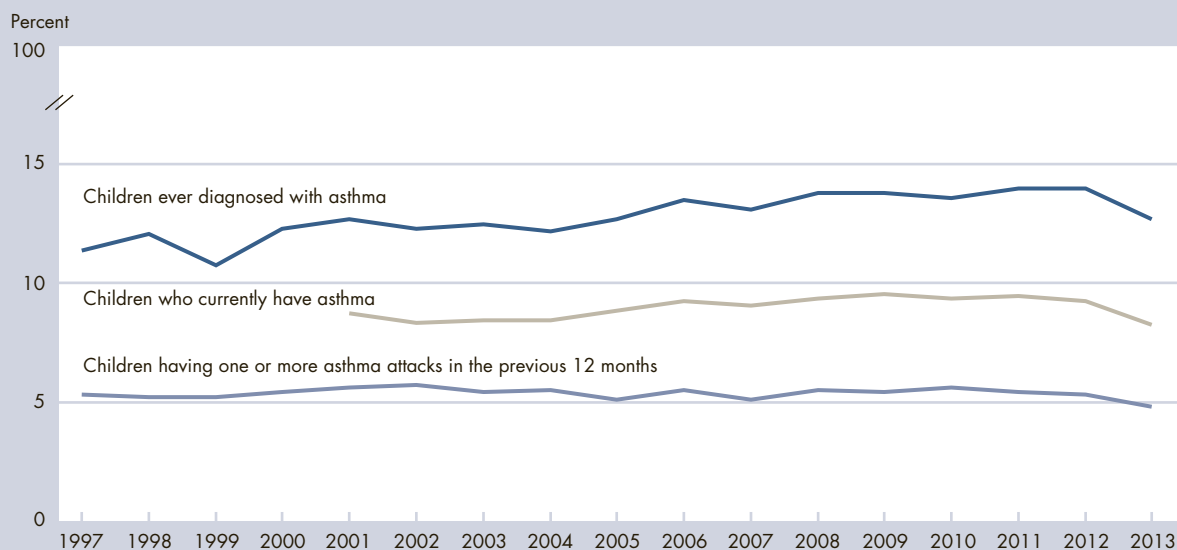
Bullets contain references to data that can be found in Table HEALTH7 on page 179. Endnotes begin on page 77.

Asthma

Asthma is a disease of the lungs that can cause wheezing, difficulty in breathing, and chest pain. It is one of the most common chronic diseases among children. Asthma varies greatly in severity. Some children who have been diagnosed with asthma may not experience any serious respiratory effects. Other children may have mild symptoms or may respond well to management of their asthma, typically through the use of medication. Some children with asthma may, however, suffer serious attacks that greatly limit their activities, result in visits to emergency rooms or hospitals, or, in rare cases, cause death. Environmental factors such as air pollution and secondhand tobacco smoke, along with infections, exercise, and allergens, can trigger asthma attacks in children who have the disease.^{58,59,62,151–153}

Indicator HEALTH8

Percentage of children ages 0–17 with asthma, 1997–2013



NOTE: Children are identified as ever diagnosed with asthma by asking parents, “Has a doctor or other health professional EVER told you that your child has asthma?” If the parent answers YES to this question, they are then asked (1) “Does your child still have asthma?” and (2) “During the past 12 months, has your child had an episode of asthma or an asthma attack?” The question “Does your child still have asthma?” was introduced in 2001 and identifies children who currently have asthma.

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

- In 2013, about 13 percent of children ages 0–17 had been diagnosed with asthma at some time in their lives.
- About 8 percent of children were reported to currently have asthma in 2013. These include children with active asthma symptoms and those whose asthma is well controlled.
- In 2013, approximately 5 percent of all children had one or more asthma attacks in the previous 12 months. These children have ongoing asthma symptoms that could put them at risk for poorer health outcomes, including hospitalizations and death. About 3 out of 5 children who currently have asthma have ongoing asthma symptoms.
- In 2013, about 13 percent of Black, non-Hispanic children were reported to currently have asthma, compared with 8 percent of White, non-Hispanic and 7 percent of Hispanic children. Disparities exist within the Hispanic population such that 21 percent of Puerto Rican children were reported to currently have asthma, compared with 6 percent of children of Mexican origin.
- Between 1997 and 2011, there was an increasing trend in the prevalence of children ever diagnosed with asthma and children who currently have asthma. The prevalence of diagnosed asthma declined from 2012 to 2013, and the prevalence of current asthma declined from 2011 and 2013.

Bullets contain references to data that can be found in Tables HEALTH8.A and HEALTH8.B on page 180. Endnotes begin on page 77.

Indicator Needed

Health

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

- *Disability.* The Forum has had a longstanding interest in developing an improved measure of child disability based on the functional difficulties experienced by children. The International Classification of Functioning, Disability, and Health for Children and Youth (ICF-CY) provides a broad conceptual framework and terminology that may be a useful guide for the development of a new measure of child disability. Recent progress on this front includes the work of UNICEF in collaboration with the Washington Group on Disability Statistics (WG). Based on the work of the WG in the area of adult measures of disability, the UNICEF/WG proposal includes 12 domains of functioning whose primary purpose is to identify children/youth (ages 2–17) that are at greater risk than children of the same age of experiencing limited social participation due to functional limitations. The proposed disability module includes the following: seeing, hearing, walking, self-care, communication, learning, emotions, behavior, attention, and coping with change, and two domains that measure more complex behaviors, relationships, and playing.



Special Feature

Health Care Quality

The quality of health care that children receive can affect their health during childhood and over their lifetime. The indicators in this section provide data on the quality of health care provided to children in the United States. The four indicators included here cover receipt of a well-child visit during the last 12 months; receipt of a vision screening among children ages 3–5; receipt of an asthma management plan among children with asthma; and the percentage of children who were unable to receive or were delayed in receiving medical care, dental care, or prescription drugs in the last 12 months.

Health Care Quality

The quality of health care is the extent to which health care is safe, timely, effective, efficient, equitable, patient centered, accessible, and well coordinated.^{154–156} Variations in the quality of health care for children can contribute to personal and population differences in health during childhood and over the life course.^{157,158}

From the broad array of quality domains and measures relevant to children's health care and health,¹⁵⁹ the measures in this special feature present data from the quality domains of timeliness, effectiveness, and accessibility. Additionally, the measures are selected from the key child health care domains of disease prevention and health promotion (well-child and well-adolescent visits and vision checks), chronic care management (receipt of an asthma management plan), and access to needed care. While it is important to report the overall quality of care for children, it is also important to track differences in quality across key population subgroups.¹⁵⁹ This special feature highlights a few of these differences, namely differences by age, health insurance coverage, and poverty status.

The first measure, well-child and well-adolescent visits, is a cornerstone of health care delivery for children. The nature of recommended preventive services varies by age group, making it important for well-child visits to occur for all children, including adolescents.¹⁶⁰

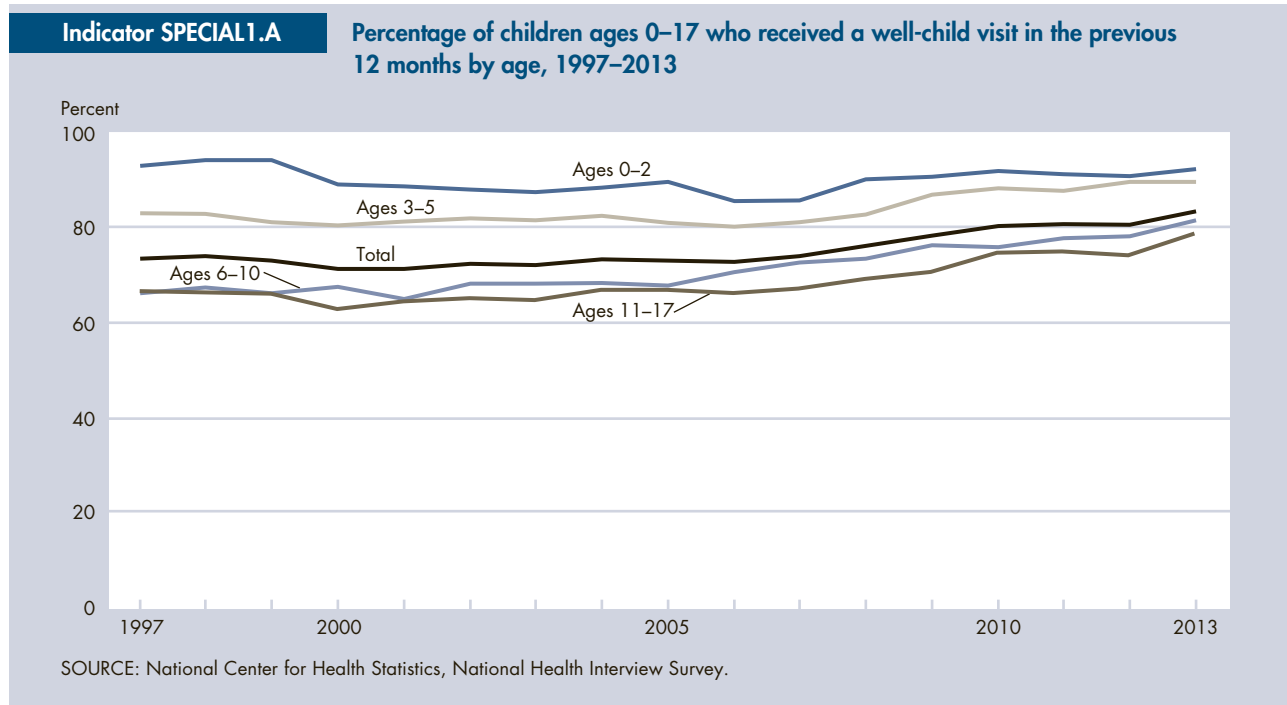
The second measure examines screening for selected vision problems among children (ages 3–5) prior to entering elementary school. The extent to which vision checks are provided to children ages 3–5 has become a widely used quality measure.¹⁶¹ Vision screening at a young age can identify problems that, if untreated, can lead to permanent vision loss.

The third measure focuses on the quality of care for children with asthma.¹⁶² This special feature presents data on the extent to which children with asthma and their parents receive asthma management plans (also commonly called asthma action plans) during health care encounters. Asthma management plans are important because, while there is no cure for asthma, they provide many self-management strategies that patients and families can undertake to help prevent exacerbations of this potentially life-threatening condition.

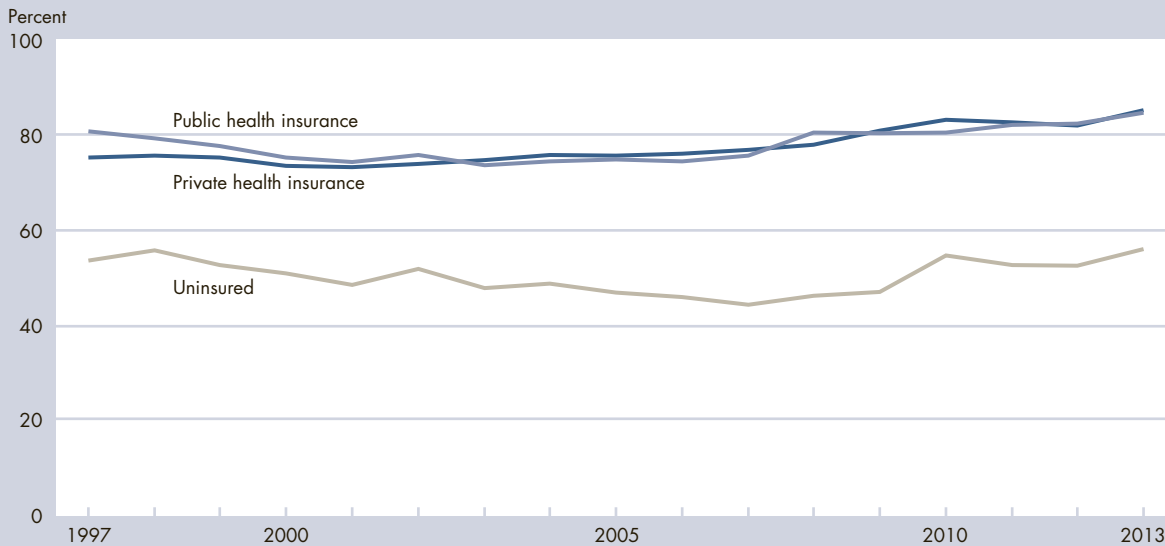
The fourth measure describes access to needed medical or dental care and access to prescription drugs. Parents or guardians were asked to report whether their children were unable to get or were delayed in getting needed care in the previous year. Even for children with insurance, studies have found barriers to accessing care can be due to additional financial requirements (such as co-payments), lack of transportation, language barriers, scheduling problems, and unavailability of appropriate and willing health care providers.^{163–166}

Well-Child and Well-Adolescent Visits

Well-child and well-adolescent visits provide the foundation for health promotion and disease prevention care. Well-child visits start shortly after a child's birth and continue through childhood and adolescence. More than one visit per year until age 3 is recommended, with yearly visits at older ages.¹⁶⁰



- Overall, the percentage of children ages 0–17 who had a well-child or adolescent visit in the previous 12 months increased from 73 percent in 1997 to 83 percent in 2013.
- Among children ages 0–2, the percentage of those who received a well-child visit in the previous 12 months did not change significantly between 1997 and 2013 (92 percent in both years). Over the same period, however, the percentage who had a well-child visit in the previous 12 months increased for children ages 3–5 (from 83 to 89 percent), children ages 6–10 (from 66 to 81 percent), and adolescents ages 11–17 (from 66 to 78 percent).
- In 2013, younger children were more likely, in general, to have had a well-child visit than were older children. In 2013, the percentage of children ages 0–2 who had a well-child visit in the previous 12 months (92 percent) was higher than the percentage of children ages 3–5 (89 percent). A higher percentage of children ages 3–5 had a well-child visit in the previous 12 months than did children ages 6–10 (81 percent); the percentage of children ages 6–10 who had a well-child visit in the previous 12 months was, in turn, higher than the percentage of adolescents ages 11–17 (78 percent).

Indicator SPECIAL 1.B**Percentage of children ages 0–17 who received a well-child visit in the previous 12 months by type of health insurance, 1997–2013**

NOTE: Children with both public and private insurance coverage are placed in the private insurance category. Public health insurance includes Medicaid, Children’s Health Insurance Programs (CHIP), and other state insurance plans.

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

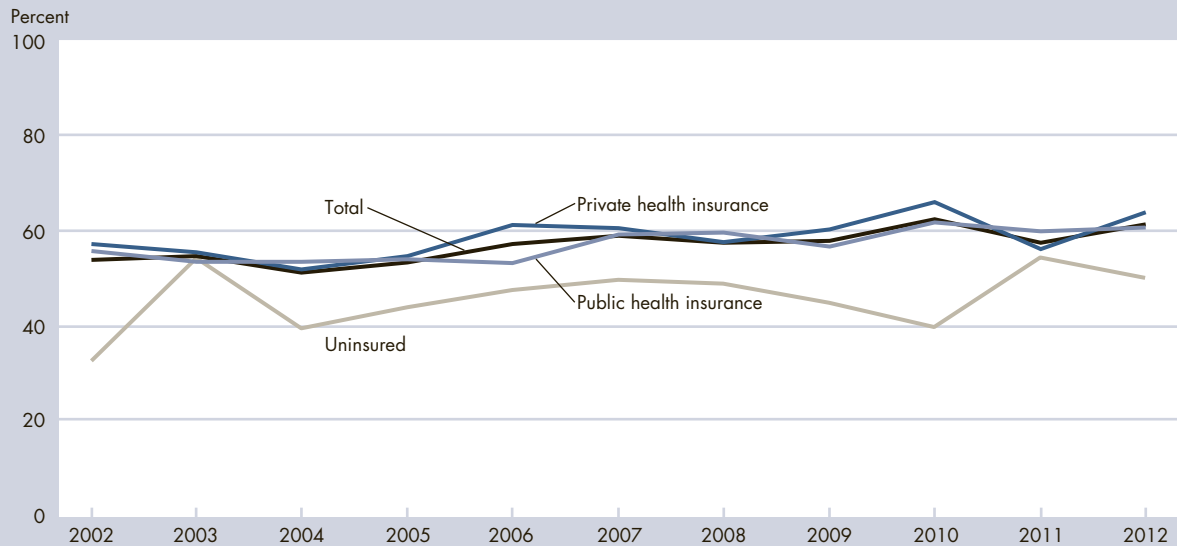
- Among children ages 0–17 with private health insurance, the percentage who had a well-child visit in the previous 12 months increased from 75 percent in 1997 to 85 percent in 2013. Among children with public health insurance (Medicaid, Children’s Health Insurance Programs (CHIP), or other state insurance plans), the percentage who had a well-child visit also increased, from 81 percent in 1997 to 85 percent in 2013. No change was observed among children who were uninsured.
- In 2013, the percentages of children receiving a well-child visit in the previous 12 months were not significantly different when comparing children who had private health insurance with children who had public health insurance; however, the percentages for both were higher than the percentage for uninsured children (56 percent).
- In 2013, a higher percentage of Black, non-Hispanic children (88 percent) than of White, non-Hispanic children (83 percent) had received a well-child visit in the previous 12 months. These percentages were both greater than the percentage for Hispanic children (79 percent).
- In 2013, children in families with incomes at or above 200 percent of the poverty level were more likely to have a well-child visit (85 percent) than were children in families with incomes 100–199 percent of the poverty level (79 percent) and those in families with incomes less than 100 percent of the poverty level (81 percent).

Preschool Vision Screening

Vision is a critical sense for children as they learn to read and write and to engage in social interactions.¹⁶⁷ Approximately 2 to 4 percent of children suffer from amblyopia (also called lazy eye), an alteration in the visual neural pathway in the developing brain that can lead to permanent vision loss in the affected eye(s).¹⁶⁸ A screen to detect amblyopia, its risk factors, or other vision problems at least once between ages 3 and 5 is recommended by the U.S. Preventive Services Task Force.¹⁶⁸

Indicator SPECIAL2

Percentage of children ages 3–5 who have ever received a vision screening by type of health insurance, 2002–2012



NOTE: Estimates for total include children with any kind of insurance as well as children who are uninsured. Private insurance includes military insurance (TRICARE and CHAMPVA). Children with private insurance may have both private and public insurance. Public insurance includes Medicaid, Medicare, and State Children's Health Insurance Program (SCHIP).

SOURCE: Agency for Healthcare Research and Quality, Center for Financing and Cost Trends, Medical Expenditure Panel Survey.

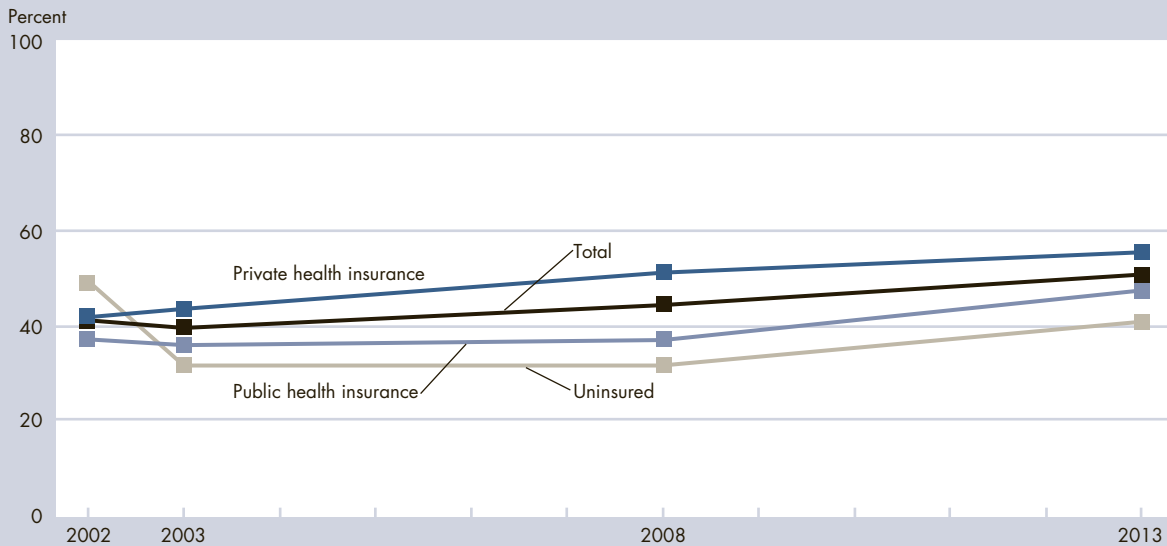
- The percentage of children ages 3–5 who had at least one vision screening increased from 54 percent in 2002 to 61 percent in 2012.
- The percentage of children who had at least one vision screening increased between 2002 and 2012 for both children with private health insurance and children with public health insurance.
- There was no increase between 2002 and 2012 in the percentage of uninsured children who received at least one vision screening.
- In 2012, there was no significant difference in the percentage of children who had ever received a vision screening between children with private health insurance and those with public health insurance; however, the percentage for children with private insurance was higher than the percentage for uninsured children.

Asthma Management Plan

For children with asthma and their families, knowing how to control asthma at home, school, and play is critical to maintaining respiratory health and avoiding exacerbations and emergency department visits, hospital admissions, and school absences. The National Asthma Education and Prevention Program recommends that each person with asthma have an asthma management plan, also referred to as an asthma action plan, provided by their health care professional.¹⁶⁹

Indicator SPECIAL3.A

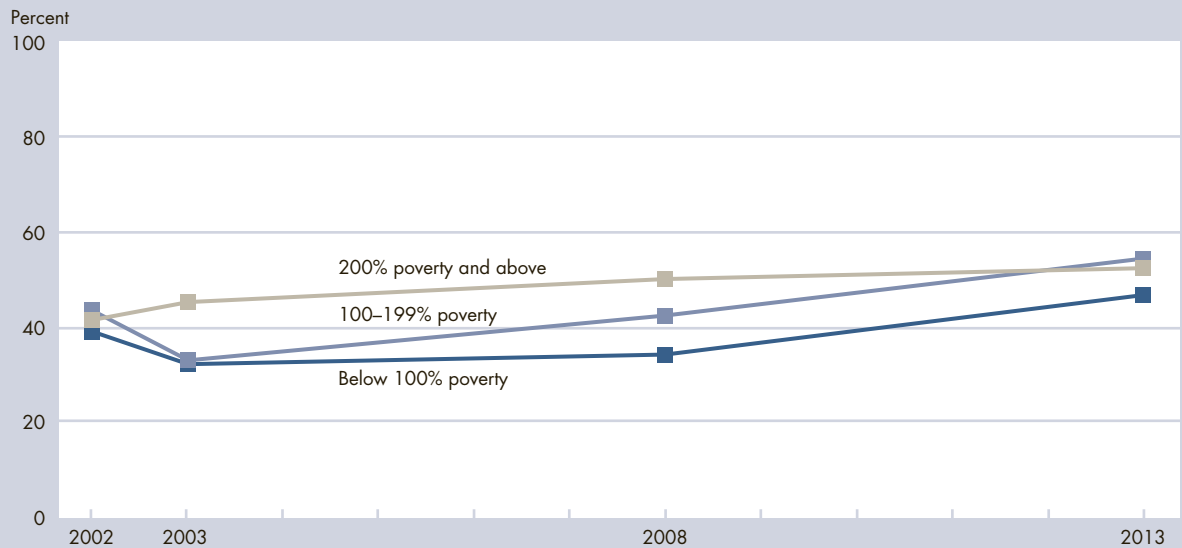
Percentage of children ages 0–17 with current asthma who have ever received an asthma management plan by type of health insurance, selected years 2002–2013



NOTE: Estimates for total include children with any kind of insurance as well as children who are uninsured. Children with both public and private insurance coverage are placed in the private insurance category. Public health insurance includes Medicaid, Children's Health Insurance Programs (CHIP), and other state insurance plans.

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

- The percentage of children ages 0–17 who currently have asthma and received an asthma management plan increased from 41 percent in 2002 to 51 percent in 2013.
- Among children who currently have asthma and have private health insurance, the percentage with an asthma management plan increased from 42 percent in 2002 to 55 percent in 2013.
- Among children who currently have asthma and have public health insurance, the percentage with an asthma management plan increased from 37 percent in 2002 to 47 percent in 2013.
- There was no increase between 2002 and 2013 in the percentage of uninsured children who currently have asthma and received an asthma management plan.
- Among children who currently have asthma, the percentage of children who received an asthma management plan was greater for children with private health insurance than for children with public health insurance in 2013.

Indicator SPECIAL3.B**Percentage of children ages 0–17 with current asthma who have ever received an asthma management plan by poverty status, selected years 2002–2013**

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

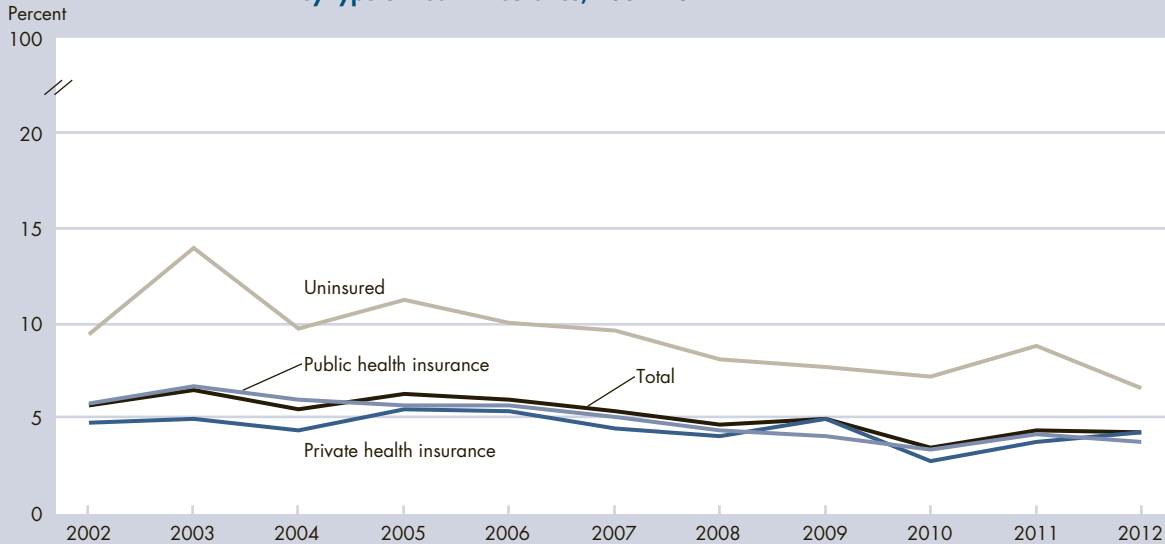
- From 2002 to 2013, there were no changes in the percentages of children who currently have asthma and received an asthma management plan among children in families with incomes less than 100 percent of the poverty level and among those in families with incomes 100–199 percent of the poverty level.
- Among children who currently have asthma in families with income levels at or above 200 percent of the poverty level, the percentage who received an asthma management plan increased from 41 percent in 2002 to 52 percent in 2013.
- In 2013, there were no differences among the percentages of children who received an asthma management plan by family poverty status.
- Among children who currently have asthma, a higher percentage of Black, non-Hispanic children than of White, non-Hispanic children received an asthma management plan in 2013 (59 and 47 percent, respectively).

Access to Care

Children are among those most likely to be insured in the United States, and more than 95 percent are reported to have a usual source of care.¹⁷⁰ However, even with insurance and a usual source of care, children may face barriers to getting necessary care. For example, among children with asthma who have health insurance, those in families with lower incomes and higher cost-sharing insurance plans are still more likely to delay needed care due to cost.¹⁷¹ Also, some research has suggested that children with Medicaid have difficulty obtaining specialist appointments, compared with children who have private health insurance.¹⁷²

Indicator SPECIAL4

Percentage of children ages 0–17 who were unable to receive or were delayed in receiving medical care, dental care, or prescription drugs in the previous 12 months by type of health insurance, 2002–2012



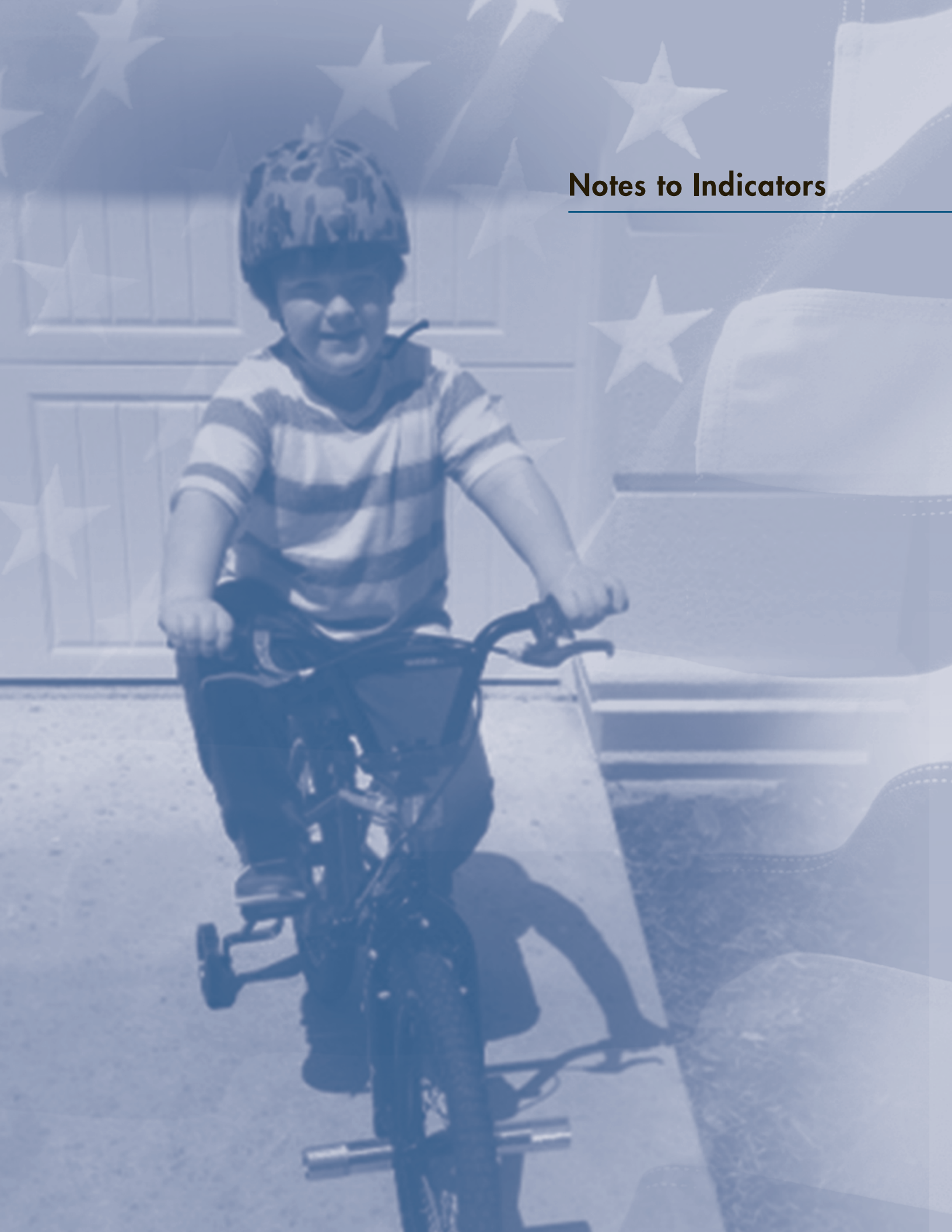
NOTE: Private insurance includes military insurance (TRICARE and CHAMPVA). Children with private insurance may have both private and public insurance. Public insurance includes Medicaid, Medicare, and State Children's Health Insurance Program (SCHIP).

SOURCE: Agency for Healthcare Research and Quality, Center for Financing and Cost Trends, Medical Expenditure Panel Survey.

- Among children ages 0–17, the percentage who were unable to receive or were delayed in receiving medical care, dental care, or prescription drugs declined from 6 percent in 2002 to 4 percent in 2012.
- Similarly, among children with private health insurance, the percentage of children who were unable to receive or were delayed in receiving care or prescription drugs declined from 5 percent in 2002 to 4 percent in 2012. Among children with public health insurance, the percentage declined from 6 percent in 2002 to 4 percent in 2012. Among uninsured children, the percentage declined from 9 percent in 2002 to 7 percent in 2012.
- In 2012, the percentages of children who were unable to receive or were delayed in receiving care or prescription drugs were not significantly different when comparing children who had private health insurance with children who had public health insurance; however, the percentages for both were lower than the percentage for uninsured children.

This section contains references to data that can be found in Tables SPECIAL1–4 on pages 181–184. Endnotes begin on page 77.

Notes to Indicators



Notes to Indicators

¹ Federal surveys now give respondents the option of reporting more than one race. Therefore, two basic ways of defining a race group are possible. A group such as Black may be defined as those who reported Black and no other race (the race-alone or single-race concept) or as those who reported Black regardless of whether they also reported another race (the race-alone or-in-combination concept). This indicator shows data using the first approach (race-alone). Use of the single-race population does not imply that it is the preferred method of presenting or analyzing data. The U.S. Census Bureau uses a variety of approaches. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

² The number of children living with two unmarried parents is calculated by subtracting the number who live with two married parents from the total number who live with two parents.

³ For more information, refer to America's Families and Living Arrangements 2014 detailed tables, available at <http://www.census.gov/hhes/families/data/cps2014.html>.

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

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

⁶ Martin, J.A., Hamilton, B.E., Osterman, J.K., Curtin, S.C., and Mathews, T.J. (2014). Births: Final data for 2013. *National Vital Statistics Reports*, 62(9). Hyattsville, MD: National Center for Health Statistics.

⁷ Ventura, S.J. (1995). Births to unmarried mothers: United States, 1980–1992. *Vital and Health Statistics*, 53(21). Hyattsville, MD: National Center for Health Statistics.

⁸ Ventura, S.J., and Bachrach, C.A. (2000). Nonmarital childbearing in the United States, 1940–1999. *National Vital Statistics Reports*, 48(16). Hyattsville, MD: National Center for Health Statistics.

⁹ Mathews, T.J., and MacDorman, M.F. (2013). Infant mortality statistics from the 2010 period linked birth/infant death data set. *National Vital Statistics Reports*, 62(8). Hyattsville, MD: National Center for Health Statistics.

¹⁰ Curtin, S.C., Ventura, S.J., and Martinez, G.M. (2014). *Recent declines in nonmarital childbearing in the United States*. NCHS Data Brief, No. 162. Hyattsville, MD: National Center for Health Statistics.

¹¹ The birth rate for unmarried women is the number of births per 1,000 unmarried women in a given age group, for example, 20–24 years. The percentage of all births that are to unmarried women is the number of births occurring to unmarried women divided by the total number of births. The percentage of all births that are to unmarried women is affected by the birth rate for married women, the birth rate for unmarried women (who account for about 41 percent of all births), and the proportion of women of childbearing age who are unmarried. The percentage of births to unmarried women declined in recent years, because birth rates for unmarried women declined from 2008 to 2013 whereas birth rates for married women declined from 2008 to 2010 but then increased from 2010 to 2013.

¹² Ventura, S.J. (2009). *Changing patterns of nonmarital childbearing in the United States*. NCHS Data Brief, No. 18. Hyattsville, MD: National Center for Health Statistics.

¹³ National Center for Health Statistics. (2013). National Vital Statistics System, unpublished tabulations.

¹⁴ U.S. Census Bureau. (various years). Marital status and living arrangements (annual reports) and, beginning in 1999, America's families and living arrangements. *Current Population Reports*, Series P-20. Beginning in 1995, reports are available on the U.S. Census Bureau Web site at <http://www.census.gov/hhes/families/>.

¹⁵ To provide a comprehensive picture of the child care arrangements parents use to care for their preschoolers, this indicator draws on the strengths of two different Federal data sets—the National Household Education Surveys Program (NHES) and the Survey of Income and Program Participation (SIPP). Using NHES (*FAM3.B*) data, the percentage of children in each type of arrangement is shown, to provide total usage rates. Because some children are cared for by more than one type of provider, the numerator is the number of children in the particular arrangement and the denominator is all children. Using SIPP (*FAM3.A*) data, the historical trend of the primary child care provider is shown because there is an interest in the care arrangement that is used by employed mothers for the greatest number of hours each week. In this case, the numerator is the number of children of employed mothers who spend the greatest number of hours in the particular arrangement each week, and the denominator is all children of employed mothers.

¹⁶ Center-based care includes day care centers, nursery schools, preschools, and Head Start programs. Home-based care or other nonrelative care includes family day care providers, babysitters, nannies, friends, neighbors, and other nonrelatives providing care in either the child's or provider's home. Other relatives include siblings and other relatives. Mother care includes care by the mother while she worked. To see trends in individual child care arrangement types, refer to Laughlin, L. (2013). Who's minding the kids? Child care arrangements: Spring 2011. *Current Population Reports*, U.S. Census Bureau, Washington, DC, P70–135.

¹⁷ Grieco, E. (2010). *Race and Hispanic origin of the foreign-born population in the United States: 2007*. American Community Survey. Reports, ACS-11. U.S. Census Bureau, Washington, DC. Retrieved from <http://www.census.gov/prod/2010pubs/acs-11.pdf>.

¹⁸ Hernandez, D.J., Denton, N.A., and Macartney, S.E. (2008). Children in immigrant families: Looking to America's future. *Social Policy Report*, 22(3). Society for Research in Child Development, Department of Sociology and Center for Social and Demographic Analysis, University of Albany, State University of New York. Retrieved from http://www.srcd.org/sites/default/files/documents/22_3_hernandez_final.pdf.

¹⁹ If the child lived with two parents, the education reflected is that of the parent with the highest degree.

²⁰ Adult respondents were asked if the children in the household spoke a language other than English at home and how well they could speak English. Categories used for reporting how well children could speak English were "Very well," "Well," "Not well," and "Not at all." All those who were reported to speak English less than "Very well" were considered to have difficulty speaking English based on an evaluation of the English-speaking ability of a sample of children in the 1980s.

²¹ The percentage of White, non-Hispanic children ages 5–17 who spoke English less than "Very well" (1.0 percent) was statistically different from the percentage of Black, non-Hispanic children who did so (1.2 percent).

²² Klerman, L.V. (1993). Adolescent pregnancy and parenting: Controversies of the past and lessons for the future. *Journal of Adolescent Health*, 14, 553–561.

²³ Martin, J.A., Hamilton, B.E., Osterman, M.J.K., Curtin, S.C., and Mathews, T.J. (2015). Births: Final data for 2013. *National Vital Statistics Reports* 64(1). Hyattsville, MD: National Center for Health Statistics.

²⁴ Kiely, J.L., Brett, K.M., Yu, S., and Rowley, D.L. (1994). Low birthweight and intrauterine growth retardation. In L.S. Wilcox, and J.S. Marks, (Eds.), *From data to action: CDC's public health surveillance for women, infants, and children* (pp. 185–202). Atlanta, GA: Centers for Disease Control and Prevention.

²⁵ Maynard, R.A. (Ed.). (2008). *Kids having kids: Economic costs and social consequences of teen pregnancy*. Washington, DC: The Urban Institute Press.

²⁶ Ventura, S.J., Hamilton, B.E., and Mathews, T.J. (2014). National and state patterns of teen births in the United States, 1940–2013. *National Vital Statistics Reports*, 63(4). Hyattsville, MD: National Center for Health Statistics.

²⁷ Hamilton, B.E., Mathews, T.J., and Ventura, S.J. (2013). *Declines in state teen birth rates by race and Hispanic origin*. NCHS Data Brief, No. 123. Hyattsville, MD: National Center for Health Statistics.

²⁸ Hamilton, B.E., and Ventura, S.J. (2012). *Birth rates for U.S. teenagers reach historic lows for all age and ethnic groups*. NCHS Data Brief, No. 89. Hyattsville, MD: National Center for Health Statistics.

²⁹ Office on Child Abuse and Neglect, Department of Health and Human Services. (2003). *A coordinated response to child abuse and neglect: The foundation for practice*. Retrieved August 28, 2006, from the Child Welfare Information Gateway, <http://www.childwelfare.gov/pubs/usermanuals/foundation/>.

³⁰ Data since 2007 are not directly comparable with prior years as differences may be partially attributed to changes in one state's procedures for determination of maltreatment. Other reasons include the increase in children who received an "other" disposition, the decrease in the percentage of children who received a substantiated or indicated disposition, and the decrease in the number of children who received an investigation or assessment.

³¹ Strohschein, L. (2005, December). Household income histories and child mental health trajectories. *Journal of Health and Social Behavior*, 46(4), 357–359.

³² Duncan, G., and Brooks-Gunn, J. (Eds.). (1997). *Consequences of growing up poor*. New York, NY: Russell Sage Press.

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- ³³ Wagmiller, R.L. Jr., Lennon, M.C., Kuang, L., Alberti, P.M., Aber, J.L. (2006, October). The dynamics of economic disadvantage and children's life changes. *American Sociological Review*, 71(5), 847–866.
- ³⁴ Dahl, G., and Lochner, L. (2008). *The impact of family income on child achievement: Evidence from the earned income tax credit*. NBER Working Paper No. 14599. Washington, DC: National Bureau of Economic Research. Retrieved from <http://www.nber.org/papers/w14599>.
- ³⁵ Following Office of Management and Budget (OMB) Statistical Policy Directive 14, poverty status is determined by comparing a family's (or an unrelated individual's) income to one of 48 dollar amounts called thresholds. The thresholds vary by the size of the family and the members' ages. In 2013, the poverty threshold for a family with two adults and two children was \$23,624. For further details, see <http://www.census.gov/hhes/www/poverty/poverty.html>.
- ³⁶ Child Trends. (2011). *Secure parental employment*. Retrieved from <http://www.childtrends.org/?indicators=secure-parental-employment>.
- ³⁷ Cauthen, N. (2002). Policies that improve family income matter for children. *Improving children's economic security: Research findings about increasing family income through employment, policy brief no. 1*. National Center for Children in Poverty. Retrieved from http://www.nccp.org/publications/pdf/text_480.pdf.
- ³⁸ Anderson, S.A. (Ed.). (1990). Core indicators of nutritional state for difficult-to-sample populations. *Journal of Nutrition* 120(11S), 1557–1600.
- ³⁹ Coleman-Jensen, A., McFall, W., and Nord, M. (2013). *Food insecurity in households with children: Prevalence, severity, and household characteristics, 2010–11* (Economic Information Bulletin No. 113). Washington DC: U.S. Department of Agriculture, Economic Research Service. Retrieved from <http://www.ers.usda.gov/publications/eib-economic-information-bulletin/eib113.aspx>.
- ⁴⁰ In reports prior to 2006, households with “very low food security among children” were described as “food insecure with hunger among children.” The methods used to assess children's food security remained unchanged, so the statistics for 2005 and later years are directly comparable with those for 2004 and earlier years. For further information see: <http://ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx>.
- ⁴¹ Coleman-Jensen, A., Gregory, C., and Singh, A. (2014). *Household food security in the United States in 2013* (Economic Research Report No. 173). Washington DC: U.S. Department of Agriculture, Economic Research Service. Retrieved from <http://www.ers.usda.gov/publications/err-economic-research-report/err173.aspx>.
- ⁴² The indicator and data source have been changed from previous editions of *American's Children*. The child's health insurance coverage is ascertained at the time of interview and the data source is the National Health Interview Survey (NHIS).
- ⁴³ Green, M. (Ed.). (1994). *Bright futures: Guidelines for health supervision of infants, children, and adolescents*. Arlington, VA: National Center for Education in Maternal and Child Health.
- ⁴⁴ Simpson, G., Bloom, B., Cohen, R.A., and Parsons, P.E. (1997). Access to health care. Part 1: Children. *Vital and Health Statistics*, 10(Series 196). Hyattsville, MD: National Center for Health Statistics.
- ⁴⁵ Bartman, B.A., Moy, E., and D'Angelo, L.J. (1997). Access to ambulatory care for adolescents: The role of a usual source of care. *Journal of Health Care for the Poor and Underserved*, 8, 214–226.
- ⁴⁶ Folton, G.L. (1995). Critical issues in urban emergency medical services for children. *Pediatrics*, 96(2), 174–179.
- ⁴⁷ Centers for Disease Control and Prevention, Division of Oral Health, Children's Oral Health website: http://www.cdc.gov/OralHealth/children_adults/child.htm.
- ⁴⁸ Recommended by the American Academy of Pediatrics, the American Academy of Pediatric Dentistry, the American Dental Association, and the American Association of Public Health Dentistry in Section on Oral Health. (2014). Maintaining and improving the oral health of young children. *Pediatrics*, 134, 1224–1229.
- ⁴⁹ Marinho, V.C.C., Worthington, H.V., Walsh, T., and Clarkson, J.E. (2013). Fluoride varnishes for preventing dental caries in children and adolescents. *Cochrane Database of Systematic Reviews*, 7, CD002279. doi: 10.1002/14651858.CD002279.pub2.

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- ⁵⁰ Community Preventive Services Task Force, Preventing Dental Caries: Community Water Fluoridation website: <http://www.thecommunityguide.org/oral/fluoridation.html>.
- ⁵¹ Marinho, V.C.C., Higgins, J.P.T., Logan, S., and Sheiham, A. (2003). Fluoride toothpastes for preventing dental caries in children and adolescents. *Cochrane Database of Systematic Reviews*, 1, CD002278. doi: 10.1002/14651858.CD002278.
- ⁵² Ahovuo-Saloranta, A., Forss, H., Walsh, T., Hiiri, A., Nordblad, A., Mäkelä, M., and Worthington, H.V. (2013). Sealants for preventing dental decay in the permanent teeth. *Cochrane Database of Systematic Reviews*, 3, CD001830. doi: 10.1002/14651858.CD001830.pub4.
- ⁵³ Dye, B.A., Li, X., and Thornton-Evans, G. (2012). *Oral health disparities as determined by selected Healthy People 2020 oral health objectives for the United States, 2009–2010*. NCHS Data Brief, No. 104. Hyattsville, MD: National Center for Health Statistics.
- ⁵⁴ Dye, B.A., Thornton-Evans, G., Li, X., and Iafolla, T.J. (2015). *Dental caries and sealant prevalence in children and adolescents in the United States, 2011–2012*. NCHS Data Brief, No. 191. Hyattsville, MD: National Center for Health Statistics.
- ⁵⁵ This measure does not differentiate between counties in which the Primary National Ambient Air Quality Standards are exceeded frequently or by a large margin and counties in which the standards are exceeded only rarely or by a small margin. It must also be noted that this analysis differs from the analysis utilized by the U.S. Environmental Protection Agency for the designation of “nonattainment areas” for regulatory compliance purposes.
- ⁵⁶ U.S. Environmental Protection Agency. (2008). *Integrated science assessment for sulfur oxides—Health criteria (Final report)* (EPA/600/R-08/047F). Washington, DC: Author, National Center for Environmental Assessment. Retrieved from <http://cfpub.epa.gov/ncea/isa/recordisplay.cfm?deid=198843>.
- ⁵⁷ U.S. Environmental Protection Agency. (2008). *Integrated science assessment for oxides of nitrogen—Health criteria* (EPA/600/R-08/071). Research Triangle Park, NC: Author.
- ⁵⁸ U.S. Environmental Protection Agency. (2013). *Integrated science assessment of ozone and related photochemical oxidants (Final report)* (EPA/600/R-10/076F). Washington, DC: Author. Retrieved from <http://cfpub.epa.gov/ncea/isa/recordisplay.cfm?deid=247492>.
- ⁵⁹ U.S. Environmental Protection Agency. (2009). *Integrated science assessment for particulate matter (Final report)* (EPA/600/R-08/139F). Washington, DC: Author, National Center for Environmental Assessment. Retrieved from <http://cfpub.epa.gov/ncea/CFM/recordisplay.cfm?deid=216546>.
- ⁶⁰ U.S. Environmental Protection Agency. (2013). *Integrated science assessment for lead (Final report)* (EPA/600/R-10/075F). Washington, DC: Author, National Center for Environmental Assessment. Retrieved from <http://cfpub.epa.gov/ncea/isa/recordisplay.cfm?deid=255721>.
- ⁶¹ U.S. Environmental Protection Agency. (2010). *Integrated science assessment for carbon monoxide (Final report)* (EPA/600/R-09/019F). Washington, DC: Author, National Center for Environmental Assessment. Retrieved from <http://cfpub.epa.gov/ncea/cfm/recordisplay.cfm?deid=218686>.
- ⁶² U.S. Department of Health and Human Services. (2006). *The health consequences of involuntary exposure to tobacco smoke: A report of the Surgeon General*. Atlanta, GA: Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.
- ⁶³ Mannino, D.M., Caraballo, R., Benowitz, N., and Repace, J. (2001). Predictors of cotinine levels in U.S. children: Data from the Third National Health and Nutrition Examination Survey. *CHEST*, 120, 718–724.
- ⁶⁴ Marano, C., Schober, S.E., Brody, D.J., and Zhang, C. (2009). Secondhand tobacco smoke exposure among children and adolescents: United States, 2003–2006. *Pediatrics*, 124(5), 1299–1305.
- ⁶⁵ Regular smoking is defined as smoking by a resident that occurs 4 or more days per week.
- ⁶⁶ U.S. Environmental Protection Agency. (2011). *Drinking water contaminants*. EPA Office of Water. Retrieved from <http://water.epa.gov/drink/contaminants/>.

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- ⁶⁷ U.S. Environmental Protection Agency. (2011). *Current drinking water regulations*. EPA Office of Water. Retrieved from <http://water.epa.gov/lawsregs/rulesregs/sdwa/currentregulations.cfm>.
- ⁶⁸ Maupin, M.A., Kenny, J.F., Hutson, S.S., Lovelace, J.K., Barber, N.L., and Linsey, K.S. (2014). *Estimated use of water in the United States in 2010*. USGS Circular 1405. Available at <http://pubs.usgs.gov/circ/1405/>.
- ⁶⁹ U.S. Environmental Protection Agency. (2005). *Economic analysis for the final stage 2 disinfectants and disinfection byproducts rule* (EPA/815/R-05/010). Washington, DC: Office of Water.
- ⁷⁰ National Toxicology Program. (2012). *NTP monograph on health effects of low-level lead*. Research Triangle Park, NC: National Institute of Environmental Health Sciences, National Toxicology Program. Retrieved from <http://ntp.niehs.nih.gov/go/36443>.
- ⁷¹ Centers for Disease Control and Prevention. (2012). *CDC response to advisory committee on childhood lead poisoning prevention recommendations in "Low level lead exposure harms children: A renewed call for primary prevention."* Atlanta, GA: Author. Retrieved from http://www.cdc.gov/nceh/lead/acclpp/cdc_response_lead_exposure_recs.pdf.
- ⁷² Advisory Committee on Childhood Lead Poisoning Prevention. (2012). *Low level lead exposure harms children: A renewed call for primary prevention*. Atlanta, GA: Centers for Disease Control and Prevention. Retrieved from http://www.cdc.gov/nceh/lead/ACCLPP/Final_Document_030712.pdf.
- ⁷³ U.S. Department of Housing and Urban Development. (2011). *American Healthy Homes Survey: Lead and arsenic findings*. Washington, DC: Author. Retrieved from http://portal.hud.gov/hudportal/documents/huddoc?id=AHHS_REPORT.pdf.
- ⁷⁴ U.S. Environmental Protection Agency. (2013). *America's children and the environment, third edition*. Available at www.epa.gov/ace.
- ⁷⁵ For 2009–2012, the revised 1997 Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander. Included in the total but not shown separately are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and "Two or more races." Data on race and Hispanic origin are collected separately but combined for reporting. Persons of Hispanic origin may be of any race.
- ⁷⁶ Breyse, P., Farr, N., Galke, W., Lanphear, B., Morley, R., and Bergofsky, L. (2004). The relationship between housing and health: Children at risk. *Environmental Health Perspectives*, 112(15), 1583–1588.
- ⁷⁷ Krieger, J., and Higgins, D.L. (2002). Housing and health: Time again for public health action. *American Journal of Public Health*, 92(5), 758–68.
- ⁷⁸ Bridge, C., Flatau, P., Whelan, S., Wood, G., and Yates, J. (2003). *Housing assistance and non-shelter outcomes*. Sydney, AU: Australian Housing and Urban Research Institute.
- ⁷⁹ Cutts, D., et al. (2011). U.S. housing insecurity and the health of very young children. *American Journal of Public Health*, 101(8), 1508–1514.
- ⁸⁰ Newman, S., and Holupka, S. (2014). Housing affordability and child well-being. *Housing Policy Debate*, 24. doi: 10.1080/10511482.2014.899261.
- ⁸¹ Physically inadequate units are defined as those with moderate or severe physical problems. Common types of problems include lack of complete plumbing for exclusive use, unvented room heaters as the primary heating equipment, and multiple upkeep problems such as water leakage, open cracks or holes, broken plaster, or signs of rats. See definition in Appendix A of the American Housing Survey summary volume, American Housing Survey for the United States: 2007. (2008). Current Housing Reports, Series H150, U.S. Census Bureau.
- ⁸² Paying 30 percent or more of income for housing may leave insufficient resources for other basic needs. See Panel on Poverty and Family Assistance, National Research Council. (1995). *Measuring poverty: A new approach*. Washington, DC: National Academy Press. Retrieved from <http://www.census.gov/hhes/www/povmeas/toc.html>.
- ⁸³ For the housing problems indicator, the statistical significance of differences from year to year is determined at the 0.05 level of probability using standard methods. However, these methods only approximate whether changes are significant because they do not fully account for the panel design of the American Housing Survey, in which selected housing units are revisited in subsequent years and therefore produce nonindependent samples.

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- ⁸⁴ The U.S. Department of Housing and Urban Development considers renter households to have “priority” housing problems if they have eligible incomes for, but do not receive, rental assistance, and they report either severe housing cost burdens or severe physical problems with their housing units. Because of questionnaire changes, data after 1997 on assisted families, priority problems, and severe physical problems are not comparable with earlier data.
- ⁸⁵ The U.S. Department of Housing and Urban Development defines “very-low-income renters” as renter households with incomes at or below half the median family income, adjusted for family size, within their geographic area.
- ⁸⁶ The estimate is based on a count of children who, during a single night in January, either were using an emergency shelter or transitional housing services, or were on the street or other place not intended for human habitation. Both children in families and unaccompanied children were counted beginning in 2013. See U.S. Department of Housing and Urban Development, Office of Community Planning and Development. (2011). *The 2014 Annual Homeless Assessment Report (AHAR) to Congress, part 1: Point-in-time estimates of homelessness*. Washington, DC: Author.
- ⁸⁷ Turner, H.A., Finkelhor, D., and Ormrod, R. (2006). The effect of lifetime victimization on the mental health of children and adolescents. *Social Science and Medicine*, 62, 13–27.
- ⁸⁸ Schreck, C.J., Stewart, E.A., and Osgood, D.W. (2008). A reappraisal of the overlap of violent offenders and victims. *Criminology*, 46(4), 871–905.
- ⁸⁹ National Research Council and Institute of Medicine. (2004). *Children’s health, the nation’s wealth: Assessing and improving child health*. Committee on Evaluating Children’s Health, Board on Children, Youth and Families, Division of Behavioral and Social Sciences and Education. Washington, DC: The National Academies Press.
- ⁹⁰ Pacific Institute for Research and Evaluation. (2015). Unpublished tabulations.
- ⁹¹ Centers for Disease Control and Prevention, National Center for Health Statistics. (2010). National Hospital Discharge Survey, unpublished tabulations.
- ⁹² Centers for Disease Control and Prevention, National Center for Health Statistics. (2009–2010). National Hospital Ambulatory Medical Care Survey, unpublished tabulations.
- ⁹³ Bergen, G., Chen, L.H., Warner, M., and Fingerhut, L.A. (2008) *Injury in the United States: 2007 chartbook*. Hyattsville, MD: National Center for Health Statistics.
- ⁹⁴ U.S. Department of Health and Human Services. (2014). *The health consequences of smoking—50 years of progress. A report of the Surgeon General*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health.
- ⁹⁵ National Institute on Alcohol Abuse and Alcoholism. (2004/2005). Alcohol and development in youth—A multidisciplinary overview. *Alcohol Research and Health*, 28(3), 107–176. Retrieved from <http://pubs.niaaa.nih.gov/publications/arh283/toc28-3.htm>.
- ⁹⁶ National Institute on Drug Abuse. (2004). *Marijuana: Facts parents need to know* (NIH Publication No. 04-4036). Washington, DC: U.S. Department of Health and Human Services.
- ⁹⁷ Pope, H.G., Jr., and Yurgelun-Todd, D. (1996). The residual cognitive effects of heavy marijuana use in college students. *Journal of the American Medical Association*, 275(7).
- ⁹⁸ National Institute on Drug Abuse. (2001). *Research report series: Hallucinogens and dissociative drugs* (NIH Publication No. 01-4209). Washington, DC: U.S. Department of Health and Human Services.
- ⁹⁹ Meier, A.M. (2007). Adolescent first sex and subsequent mental health. *American Journal of Sociology* 112(6), 1811–1847.
- ¹⁰⁰ Chandra, A., Martinez, G.M., Mosher, W.D., Abma, J.C., and Jones, J. (2005). Fertility, family planning, and reproductive health of U.S. women: Data from the 2002 National Survey of Family Growth. *Vital and Health Statistics*, 23(25). Hyattsville, MD: National Center for Health Statistics.
- ¹⁰¹ Dunne, E.F., Unger, E.R., Sternberg, M., McQuillan, G., Swan, D.C., Patel, S.S., and Markowitz, L.E. (2007). Prevalence of HPV infection among females in the United States. *Journal of the American Medical Association*, 297(8), 813–819.

¹⁰² Gottlieb, S.L., Pope, V., Sternberg, M.R., McQuillan, G.M., Beltrami, J.F., Berman, S.M., and Markowitz, L.E. (2008). Prevalence of syphilis seroreactivity in the United States: Data from the National Health and Nutrition Examination Surveys (NHANES) 2001–2004. *Sexually Transmitted Diseases*, 35(5), 507–511.

¹⁰³ Beginning in 2011, *t*-tests were used for this report to test for significant differences between groups. Comparison of confidence intervals was used to test for significant differences prior to 2011.

¹⁰⁴ Huizinga, D., Loeber, R., Thornberry, T., and Cothorn, L. (2000). *Co-occurrence of delinquency and other problem behaviors*. U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention. Retrieved from http://www.cops.usdoj.gov/html/cd_rom/school_safety/pubs/GOV09.pdf.

¹⁰⁵ Heckman, J. (2000). *Invest in the very young*. Chicago, IL: Ounce of Prevention.

¹⁰⁶ The 1997 Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Included in the total but not shown separately are respondents who selected two or more races. Data from 2005, 2009, and 2013 are not directly comparable with data from earlier years. For assessment years 2011 and 2013, separate data are available for Asian, non-Hispanic students and Native Hawaiian or Pacific Islander, non-Hispanic students. For continuity with earlier race and ethnicity standards, respondents who reported being Asian or Native Hawaiian or Other Pacific Islander are presented jointly in the figure. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

¹⁰⁷ The framework for the 12th-grade mathematics assessment was revised in 2005; as a result, scores from 2005 and later cannot be compared with those from previous years. Among other changes, the framework was revised by merging the measurement and geometry content areas into one and by adding questions on algebra, data analysis, and probability. For more details, see Grigg, W., Donahue, P., and Dion, G. (2007). *The Nation's Report Card: 12th-grade reading and mathematics 2005* (NCES 2007-468). U.S. Department of Education, National Center for Education Statistics, Washington, DC: U.S. Government Printing Office.

¹⁰⁸ At grade 4, eight education systems had higher average scores than the United States and six had scores that were not measurably different. At grade 8, 11 education systems had higher average scores than the United States and 12 had scores that were not measurably different. Provasnik, S., Kastberg, D., Ferraro, D., Lemanski, N., Roey, S., and Jenkins, F. (2012). *Highlights from TIMSS 2011: Mathematics and science achievement of U.S. fourth- and eighth-grade students in an international context* (NCES 2013-009). U.S. Department of Education. Washington, DC: National Center for Education Statistics. The 57 education systems that administered TIMSS at grade 4 overlap only partially with the set of 56 education systems that administered it at grade 8 (see table 1 in the above-referenced report for details). The total number of education systems reported here differs from the total number reported in the international TIMSS reports (Mullis et al. 2012; Martin et al. 2012) because some education systems administered the TIMSS grade 4 assessment to 6th-grade students, and some administered the TIMSS grade 8 assessment to 9th-grade students. Education systems that did not assess students at the target grade level are not counted or included.

¹⁰⁹ The Program for International Student Assessment (PISA), coordinated by the Organization for Economic Cooperation and Development (OECD), measures the performance of 15-year-old students in mathematics, science, and reading literacy.

¹¹⁰ Kelly, D., Xie, H., Nord, C.W., Jenkins, F., Chan, J.Y., and Kastberg, D. (2013). *Performance of U.S. 15-year-old students in mathematics, science, and reading literacy in an international context: First look at PISA 2012* (NCES 2014-024). U.S. Department of Education. Washington, DC: National Center for Education Statistics. Retrieved from <http://nces.ed.gov/pubsearch>.

¹¹¹ Parents' education is the highest educational attainment of either parent. Data on parents' level of education are not reliable for 4th-graders.

¹¹² Thompson, S., Provasnik, S., Kastberg, D., Ferraro, D., Lemanski, N., Roey, S., and Jenkins, F. (2012). *Highlights from PIRLS 2011: Reading achievement of U.S. fourth-grade students in an international context* (NCES 2013-010). U.S. Department of Education. Washington, DC: National Center for Education Statistics. For the purposes of this report "countries" are complete, independent political entities, whereas "other education systems" represent a portion of a country, nation, kingdom, or emirate or are other non-national entities (e.g., U.S. states, Canadian provinces, and Northern Ireland). The total number of education systems reported here differs from the total number reported in the international

PIRLS reports (Mullis et al. 2012; Martin et al. forthcoming) because four education systems administered the PIRLS grade 4 assessment only to 5th- and 6th-grade students. Education systems that did not assess students at the target grade level are not counted or included.

¹¹³ Dalton, B., Ingels, S.J., Downing, J., and Bozick, R. (2007). *Advanced mathematics and science coursetaking in the spring high school senior classes of 1982, 1992, and 2004*. National Center for Education Statistics, Institute of Education Sciences, U.S. Department of Education. Washington, DC.

¹¹⁴ Leow, C., Marcus, S., Zanutto, E., and Boruch, R. (2004). Effects of advanced course-taking on math and science achievement: Addressing selection bias using propensity scores. *American Journal of Evaluation*, 25, 461–478.

¹¹⁵ Snyder, T.D., and Dillow, S.A. (2012). *Digest of education statistics 2011* (NCES 2012-001). National Center for Education Statistics, Institute of Education Sciences, U.S. Department of Education. Washington, DC.

¹¹⁶ A rigorous curriculum is defined as at least four credits of English and mathematics (which includes precalculus or higher), and three credits each of social studies, science (which includes all three subjects of biology, chemistry, and physics), and foreign language.

¹¹⁷ Nord, C., Roey, S., Perkins, R., Lyons, M., Lemanski, N., Brown, J., and Schuknecht, J. (2011). *The Nation's Report Card: America's high school graduates* (NCES 2011-462). U.S. Department of Education. Washington, DC: National Center for Education Statistics.

¹¹⁸ Fernandes, A., and Gabe, T. (2009). *Disconnected youth: A look at 16- to 24-year-olds who are not working or in school*. (CRS Report No. R40535). Retrieved from <http://www.fas.org/sgp/crs/misc/R40535.pdf>.

¹¹⁹ Organization for Economic Cooperation and Development. (2015). *Education at a glance interim report: Update of employment and educational attainment indicators*. Paris: OECD Publishing. Available at www.oecd.org/edu/EAG-Interim-report.pdf.

¹²⁰ Dohm, A., and Wyatt, I. (2002, Fall). College at work: Outlook and earnings for college graduates, 2000–10. *Occupational Outlook Quarterly*, 46(3), 3–15.

¹²¹ “High school completer” refers to those who completed 12 years of school for survey years 1980–1991 and to those who earned a high school diploma or equivalent (e.g., a General Educational Development [GED] certificate) for all years since 1992.

¹²² Due to some short-term data fluctuations associated with small sample sizes, estimates for the racial/ethnic groups were calculated based on 3-year moving averages, except in 2013, when estimates were calculated based on 2-year moving averages.

¹²³ Mathews, T.J., and MacDorman, M.F. (2012). Infant mortality statistics from the 2008 period linked birth/infant death data set. *National Vital Statistics Reports*, 60(5). Hyattsville, MD: National Center for Health Statistics.

¹²⁴ Institute of Medicine, Committee on Understanding Premature Birth and Assuring Healthy Outcomes and Board on Health Sciences Policy. (2005). *Preterm birth: Causes, consequences, and prevention*. Washington, DC: The National Academies Press.

¹²⁵ Hack, M., Taylor, H.G., Droter, D., Schluchter, M., Cartar, L., Andreias, L., Wilson-Costello, D., and Klein, N. (2005). Chronic conditions, functional limitations, and special health care needs of school-aged children born with extremely low birthweight in the 1990s. *Journal of the American Medical Association*, 294, 318–325.

¹²⁶ Martin, J.A., Hamilton, B.E., Osterman, M.J.K., et al. (2013). Births: Final data for 2012. *National Vital Statistics Reports*, 62(9). Hyattsville, MD: National Center for Health Statistics.

¹²⁷ U.S. Department of Health and Human Services. (1999). *Mental health: A report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, National Institutes of Health, National Institute of Mental Health. Retrieved from <http://www.surgeongeneral.gov/library/mentalhealth/home.html>.

¹²⁸ New Freedom Commission on Mental Health. (2003). *Achieving the promise: Transforming mental health care in America. Final report* (DHHS Pub. No. SMA-03-3832). Rockville, MD: Department of Health and Human Services.

- ¹²⁹ Sayal, K. (2006). Annotation: Pathways to care for children with mental health problems. *Journal of Child Psychology and Psychiatry*, 47, 649–659.
- ¹³⁰ Goodman, R. (1999). The extended version of the Strengths and Difficulties Questionnaire as a guide to child psychiatric caseness and consequent burden. *Journal of Child Psychology and Psychiatry*, 40, 791–799.
- ¹³¹ Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2008). *The NSDUH report: Major depressive episode among youths aged 12 to 17 in the United States: 2004 to 2006*. Rockville, MD: Author. Retrieved from <http://oas.samhsa.gov/2k8/youthDepress/youthDepress.cfm>.
- ¹³² Van Lieshout, R.J., and MacQueen, G. (2008). Psychological factors in asthma. *Allergy, Asthma and Clinical Immunology*, 4(1), 12–28.
- ¹³³ Goodman, E., and Whitaker, R.C. (2007). A prospective study of the role of depression in the development and persistence of adolescent obesity. *Pediatrics*, 110(3), 497–504.
- ¹³⁴ Weissman, M.M., Wolk, S., Goldstein, R.B., Moreau, D., Adams, P., Greenwald, S., ... Wickramaratne, P. (1999). Depressed adolescents grown up. *Journal of the American Medical Association*, 282, 1701–1713.
- ¹³⁵ Shaffer, D., Gould, M.S., Fisher, P., Trautman, P., Moreau, D., Kleinman, M., and Flory, M. (1996). Psychiatric diagnosis in child and adolescent suicide. *Archives of General Psychiatry*, 53, 339–348. Retrieved from <http://archpsyc.ama-assn.org/cgi/content/abstract/53/4/339>.
- ¹³⁶ Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (2007). *The NSDUH report: Depression and the initiation of alcohol and other drug use among youths aged 12 to 17*. Rockville, MD: Author. Retrieved from <http://oas.samhsa.gov/2k7/newUsers/depression.cfm>.
- ¹³⁷ Substance Abuse and Mental Health Services Administration. (2014). *Results from the 2013 National Survey on Drug Use and Health: Mental health findings*. NSDUH Series H-49, HHS Publication No. (SAMA) 14-4887. Rockville, MD: Author. Retrieved from <http://www.samhsa.gov/data/population-data-nsduh/reports>.
- ¹³⁸ Houtrow, A.J., Larson, K., Olson, L.M., Newacheck, P.W., and Halfon, N. (2014). Changing trends of childhood disability, 2001–2011. *Pediatrics*, 134, 530–538.
- ¹³⁹ Daniels, S.R., Jacobson, M.S., McCrindle, B.W., Eckel, R.H., and Sanner, B.M. (2009). American Heart Association childhood obesity research summit: Executive summary. *Circulation*, 119, 2114–2123.
- ¹⁴⁰ Wilson, P.W., D'Agostino, R.B., Sullivan, L., Parise, H., and Kannel, W.B. (2002). Overweight and obesity as determinants of cardiovascular risk: The Framingham Experience. *Archives of Internal Medicine*, 162, 1867–1872.
- ¹⁴¹ Ogden, C.L., Carroll, M.D., Kit, B.K., and Flegal, K.M. (2014). Prevalence of childhood and adult obesity in the United States, 2011–2012. *Journal of the American Medical Association*, 311(8), 806–814.
- ¹⁴² U.S. Department of Agriculture and U.S. Department of Health and Human Services. (2010). *Dietary guidelines for Americans* (7th ed.). Washington, DC: U.S. Government Printing Office. Available at <http://www.cnpp.usda.gov/dietary-guidelines-2010>.
- ¹⁴³ Guenther, P.M., Casavale, K.O., Reedy, J., Kirkpatrick, S.I., Hiza, H.A.B., Kuczynski, K.J., . . . Krebs-Smith, S.M. (2013). Update of the Healthy Eating Index: HEI-2010. *Journal of the Academy of Nutrition and Dietetics*, 113(4), 569–580.
- ¹⁴⁴ Freedman, L.S., Guenther, P.M., Krebs-Smith, S.M., and Kott, P.S. (2008). A population's mean Healthy Eating Index-2005 scores are best estimated by the score of the population ratio when one 24-hour recall is available. *Journal of Nutrition*, 138, 1725–1729.
- ¹⁴⁵ Singh, A.S., Mulder, C., Twisk, J.W., Van, M.W., and Chinapaw, M.J. (2008). Tracking of childhood overweight into adulthood: A systematic review of the literature. *Obesity Review*, 9, 474–488.
- ¹⁴⁶ Whitlock, E.P., Williams, S.B., Gold, R., Smith, P.R., and Shipman, S.A. (2005). Screening and interventions for childhood overweight: A summary of evidence for the U.S. Preventive Services Task Force. *Pediatrics*, 116(1), e125–144.
- ¹⁴⁷ Ogden, C.L., Flegal, K.M., Carroll, M.D., and Johnson, C.L. (2002). Prevalence and trends in overweight among U.S. children and adolescents, 1999–2000. *Journal of the American Medical Association*, 288(14), 1728–1732.

-
- ¹⁴⁸ Ogden, C.L., Carroll, M.D., Kit, B.K., and Flegal, K.M. (2014). Prevalence of childhood and adult obesity in the United States, 2011–2012. *Journal of the American Medical Association*, 311(8), 806–814. doi:10.1001/jama.2014.732.
- ¹⁴⁹ Barlow, S.E. (2007). Expert committee recommendations regarding the prevention, assessment, and treatment of child and adolescent overweight and obesity: Summary report. *Pediatrics*, 120(Suppl 4), S164–192. PubMed PMID: 18055651.
- ¹⁵⁰ Ogden, C.L., and Flegal, K.M. (2010). Changes in terminology for childhood overweight and obesity. *National Health Statistics Reports*, 25. Hyattsville, MD: National Center for Health Statistics. Retrieved from <http://www.cdc.gov/nchs/data/nhsr/nhsr025.pdf>.
- ¹⁵¹ National Academy of Sciences. (2000). *Clearing the air: Asthma and indoor air exposures*. Washington, DC: National Academy Press. Retrieved from <http://books.nap.edu/catalog/9610.html>.
- ¹⁵² Gern, J.E. (2004). Viral respiratory infection and the link to asthma. *Pediatric Infectious Disease Journal*, 23(1 Suppl.), S78–86.
- ¹⁵³ Lemanske, R.F., Jr., and Busse, W.W. (2003). Asthma. *Journal of Allergy and Clinical Immunology*, 111(2 Suppl.), S502–519.
- ¹⁵⁴ Institute of Medicine. (2001). *Crossing the quality chasm: A new health system for the 21st century*. Washington, DC: National Academy Press.
- ¹⁵⁵ Institute of Medicine Committee on Future Directions for the National Healthcare Quality and Disparities Reports. (2010). *Future directions for the national healthcare quality and disparities reports*. Washington, DC: Author.
- ¹⁵⁶ Agency for Healthcare Research and Quality. (2014). *National healthcare quality and disparities reports*. Retrieved from <http://www.ahrq.gov/research/findings/nhqrdr/index.html>.
- ¹⁵⁷ Cheng, T., and Solomon, B. (2014). Translating Life Course Theory to clinical practice to address health disparities. *Maternal Child Health Journal*, 18(2), 389–395.
- ¹⁵⁸ Halfon, N. (2012). Addressing health inequalities in the U.S.: A life course health development approach. *Social Science and Medicine*, 74(5), 671–673.
- ¹⁵⁹ Dougherty, D., Chen, X., Gray, D.T., and Simon, A.E. (2014). Child and adolescent health care quality and disparities: Are we making progress? *Academic Pediatrics*, 14(2), 137–148.
- ¹⁶⁰ American Academy of Pediatrics: Committee on Practice and Ambulatory Medicine, Bright Futures Periodicity Schedule Workgroup. (2014). Policy statement: 2014 recommendations for pediatric preventive health care. *Pediatrics*, 133(3), 568–570.
- ¹⁶¹ U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2014). *Healthy People 2020*. Washington, DC. Retrieved from <http://www.healthypeople.gov/node/3518/data-details>.
- ¹⁶² Perrin, J., Anderson, E.L., and Van Cleve, J. (2014). The rise in chronic conditions among infants, children, and youth can be met with continued health system innovations. *Health Affairs*, 33(12), 2099–2105.
- ¹⁶³ Ray, K., Bogen, D., Bertolet, M., Forrest, C., and Mehrotra, A. (2014). Supply and utilization of pediatric subspecialists in the United States. *Pediatrics*, 133(6), 1061–1069.
- ¹⁶⁴ Stockwell, M., Irigoyen, M., Martinez, A., and Findley, S.E. (2014). Failure to return: parental, practice, and social factors affecting missed immunization visits for urban children. *Clinical Pediatrics*, 53(5), 420–427.
- ¹⁶⁵ Valenzuela, J., Seid, M., Waitzfelder, B., Anderson, A., Beavers, D., Dabelea, D., . . . Mayer-Davis, E.J. (2014). Prevalence of and disparities in barriers to care experienced by youth with type 1 diabetes. *Journal of Pediatrics*, 164(6), 1369–1375.
- ¹⁶⁶ West, J., Rae, D., Huskamp, H., Rubio-Stipec, M., and Regier, D. (2010). Medicaid medication access problems and increased psychiatric hospital and emergency care. *General Hospital Psychiatry*, 32(6), 615–622.
- ¹⁶⁷ Hatton, D.D., Bailey, D.B., Burchinal, M.R., and Ferrel, K.A. (1997). Developmental growth curves of preschool children with vision impairments. *Child Development*, 68(5), 788–806.

¹⁶⁸ U.S. Preventive Services Task Force. (2011). *Screening for visual impairment in children ages 1 to 5 years*. Retrieved from <http://www.uspreventiveservicestaskforce.org/uspstf/uspvsch.htm>.

¹⁶⁹ National Heart, Lung, and Blood Institute: National Asthma Education and Prevention Program. (2007). *Expert panel report 3: Guidelines for the diagnosis and management of asthma: Full report*. Retrieved from <http://www.nhlbi.nih.gov/files/docs/guidelines/asthgdln.pdf>.

¹⁷⁰ National Center for Health Statistics. (2013). *Health, United States, 2013 with special feature on prescription drugs*. Hyattsville, MD: Author.

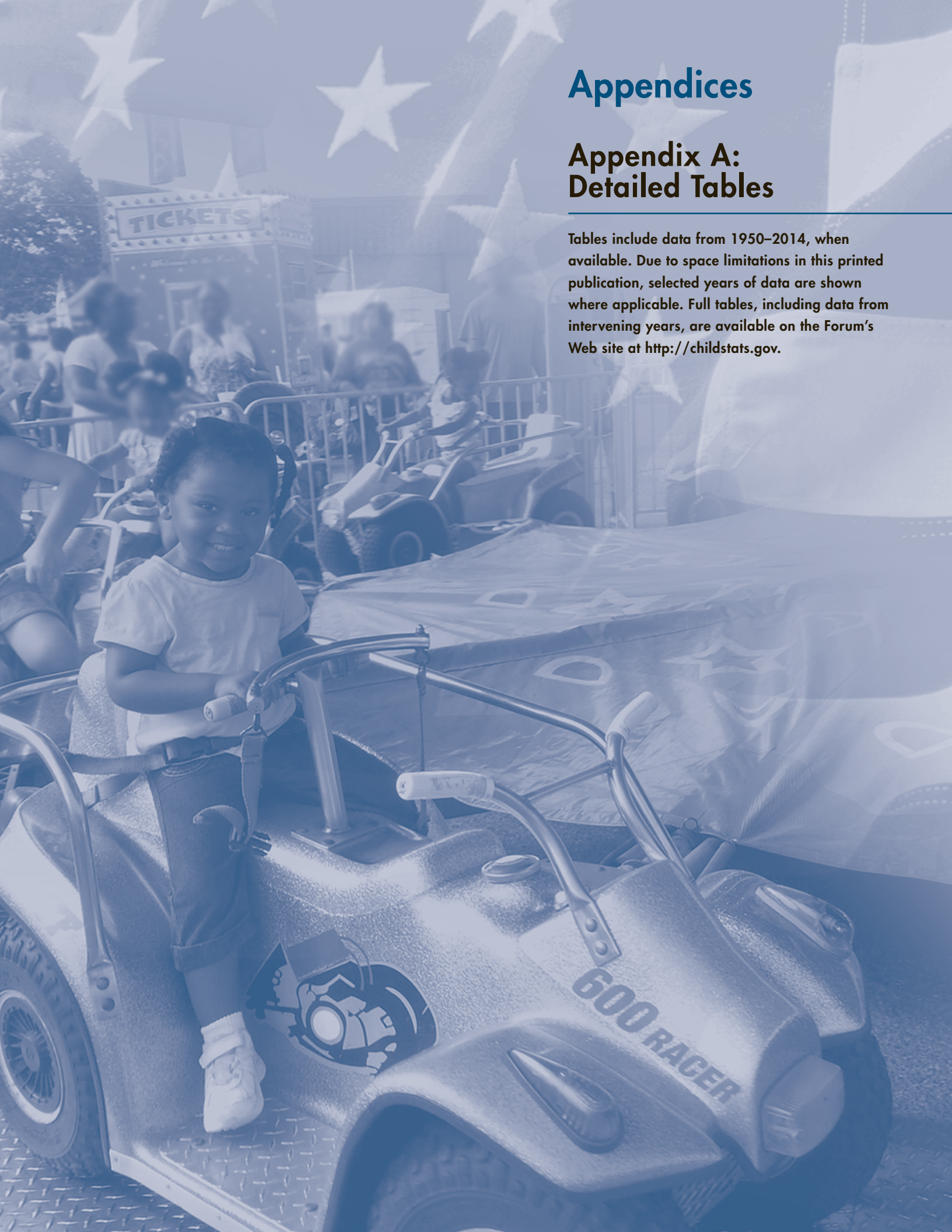
¹⁷¹ Fung, V., Graetz, I., Galbraith, A., Hamity, C., Huang, J., Vollmer, W.M., . . . Wu, A.C. (2014). Financial barriers to care among low-income children with asthma. *Journal of the American Medical Association Pediatrics*, 168(7), 649–656.

¹⁷² Skaggs, D.L., Lehmann, C.L., Rice, C., Killelea, B.K., Bauer, R.M., Kay, R.M., and Vitale, M.G. (2006). Access to orthopaedic care for children with Medicaid versus private insurance: Results of a national survey. *Journal of Pediatric Orthopaedics*, 26(3), 400–404.

Appendices

Appendix A: Detailed Tables

Tables include data from 1950–2014, when available. Due to space limitations in this printed publication, selected years of data are shown where applicable. Full tables, including data from intervening years, are available on the Forum's Web site at <http://childstats.gov>.



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Table POP1

Child population: Number of children (in millions) ages 0–17 in the United States by age, selected years 1950–2014 and projected 2030 and 2050

Number (in millions)	Estimated											Projected	
	1950	1960	1970	1980	1990	2000	2010	2011	2012	2013	2014	2030	2050
All children	47.3	64.5	69.8	63.7	64.2	72.4	74.1	73.9	73.7	73.6	73.6	76.3	79.9
Age													
Ages 0–5	19.1	24.3	20.9	19.6	22.5	23.1	24.3	24.2	24.1	24.0	23.9	25.4	26.6
Ages 6–11	15.3	21.8	24.6	20.8	21.6	25.0	24.6	24.6	24.5	24.6	24.7	25.6	26.6
Ages 12–17	12.9	18.4	24.3	23.3	20.1	24.3	25.3	25.1	25.1	25.0	25.0	25.2	26.7

SOURCE: U.S. Census Bureau, *Current Population Reports*, Estimates of the population of the United States by single years of age, color, and sex: 1900 to 1959 (Series P-25, No. 311); Estimates of the population of the United States, by age, sex, and race: April 1, 1960, to July 1, 1973 (Series P-25, No. 519); Preliminary estimates of the population of the United States by age, sex, and race: 1970 to 1981 (Series P-25, No. 917); and Intercensal estimates for 1980–1989, 1990–1999, and 2000–2009. The data for 2010 to 2014 are based on the population estimates released for July 1, 2014. Data beyond 2014 are derived from the national population projections released in December 2014.

Table POP2

Children as a percentage of the population: Persons in selected age groups as a percentage of the total U.S. population, and children ages 0–17 as a percentage of the dependent population, selected years 1950–2014 and projected 2030 and 2050

Age	Estimated											Projected	
	1950	1960	1970	1980	1990	2000	2010	2011	2012	2013	2014	2030	2050
Percentage of total population													
Ages 0–17	31.0	36.0	34.0	28.0	25.7	25.7	24.0	23.7	23.5	23.3	23.1	21.2	20.1
Ages 18–64	61.0	55.0	56.0	60.7	61.8	61.9	63.0	63.0	62.8	62.6	62.4	58.2	57.9
Age 65 and older	8.0	9.0	10.0	11.3	12.5	12.4	13.1	13.3	13.7	14.1	14.5	20.6	22.1
Children ages 0–17 as a percentage of the dependent population^a													
Ages 0–17	79.0	79.0	78.0	71.2	67.3	67.4	64.7	64.1	63.1	62.2	61.4	50.7	47.6

^a The dependent population includes all persons age 17 and under and all persons age 65 and older.

SOURCE: U.S. Census Bureau, *Current Population Reports*, Estimates of the population of the United States by single years of age, color, and sex: 1900 to 1959 (Series P-25, No. 311); Estimates of the population of the United States, by age, sex, and race: April 1, 1960, to July 1, 1973 (Series P-25, No. 519); Preliminary estimates of the population of the United States by age, sex, and race: 1970 to 1981 (Series P-25, No. 917); and Intercensal estimates for 1980–1989, 1990–1999, and 2000–2009. The data for 2010 to 2014 are based on the population estimates released for July 1, 2014. Data beyond 2014 are derived from the national population projections released in December 2014.

Table POP3

Race and Hispanic origin: Percentage of U.S. children ages 0–17 by race and Hispanic origin, selected years 1980–2014 and projected 2030 and 2050

Race and Hispanic origin	Estimated											Projected	
	1980	1985	1990	1995	2000	2005	2010	2011	2012	2013	2014	2030	2050
White	82.4	81.2	80.1	78.9	76.8	75.4	73.8	73.6	73.4	73.2	72.9	69.9	65.8
Black	14.9	15.1	15.4	16.0	15.6	15.5	15.2	15.2	15.1	15.1	15.1	14.8	14.8
American Indian and Alaska Native (AIAN)	0.9	1.0	1.1	1.3	1.3	1.4	1.6	1.6	1.6	1.6	1.6	1.5	1.4
Asian and Pacific Islander	1.8	2.7	3.4	3.8	—	—	—	—	—	—	—	—	—
Asian	—	—	—	—	3.6	4.1	4.6	4.7	4.8	4.9	5.0	6.3	7.7
Native Hawaiian and Other Pacific Islander (NHPI)	—	—	—	—	0.2	0.2	0.3	0.3	0.3	0.3	0.3	0.3	0.3
Two or more races	—	—	—	—	2.5	3.4	4.5	4.7	4.8	4.9	5.1	7.2	10.0
Hispanic	8.9	10.5	12.3	14.4	17.2	20.1	23.2	23.5	23.8	24.1	24.4	27.2	31.9
Non-Hispanic													
White	74.0	71.5	68.9	65.7	61.2	57.4	53.7	53.2	52.8	52.3	51.9	46.6	38.8
Black	14.5	14.6	14.7	15.3	14.8	14.5	14.1	14.0	13.9	13.8	13.8	13.4	13.1
AIAN	0.8	0.9	1.0	1.0	1.0	0.9	0.9	0.9	0.9	0.9	0.9	0.8	0.7
Asian and Pacific Islander	1.7	2.5	3.2	3.6	—	—	—	—	—	—	—	—	—
Asian	—	—	—	—	3.5	3.9	4.4	4.5	4.6	4.7	4.8	6.0	7.4
NHPI	—	—	—	—	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2	0.2
Two or more races	—	—	—	—	2.2	2.9	3.7	3.8	3.9	4.0	4.1	5.8	7.9

— Not available.

NOTE: For data before 2000, the 1977 Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four race groups: White, Black, American Indian or Alaska Native, or Asian or Pacific Islander. The revised 1997 OMB Standards were used for data from 2000 onward. Under these standards, persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Those reporting more than one race were classified as “Two or more races.” The race groups indicated for 2000 and later years represent individuals who reported that race alone. Data from 2000 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

SOURCE: U.S. Census Bureau, Population Division. These data are available on the Census Bureau Web site on the Population Estimates and Population Projections pages. The data for 1980 to 2009 are intercensal estimates and incorporate the 1980, 1990, 2000, and 2010 Censuses as benchmarks. The data for 2010 to 2014 are based on the population estimates released for July 1, 2014. Data beyond 2014 are derived from the national population projections released in December 2014.

Table FAM1.A

Family structure and children's living arrangements: Percentage of children ages 0–17 by presence of parents in household and race and Hispanic origin,^a selected years 1980–2014

Race and Hispanic origin, and family structure	1980	1985	1990	1995	2000	2005 ^b	2010 ^b	2011 ^b	2012	2013	2014
Total											
Two parents	—	—	—	—	—	—	69.4	68.9	68.1	68.5	68.7
Two married parents	77.0	74.0	73.0	69.0	69.0	67.3	65.7	65.0	64.1	64.4	64.4
Mother only	18.0	21.0	22.0	23.0	22.0	23.4	23.1	23.6	24.4	23.7	23.6
Father only	2.0	2.0	3.0	4.0	4.0	4.8	3.4	3.5	4.0	4.1	3.9
No parent	4.0	3.0	3.0	4.0	4.0	4.5	4.1	3.9	3.6	3.7	3.8
White, non-Hispanic											
Two married parents	—	—	81.0	78.0	77.0	—	—	—	—	—	—
Mother only	—	—	15.0	16.0	16.0	—	—	—	—	—	—
Father only	—	—	3.0	3.0	4.0	—	—	—	—	—	—
No parent	—	—	2.0	3.0	3.0	—	—	—	—	—	—
White-alone, non-Hispanic											
Two parents	—	—	—	—	—	—	77.5	77.2	76.5	77.4	77.3
Two married parents	—	—	—	—	—	75.9	75.0	74.6	73.7	74.4	74.5
Mother only	—	—	—	—	—	16.4	15.5	15.9	16.4	15.3	15.5
Father only	—	—	—	—	—	4.8	3.8	4.0	4.3	4.4	4.3
No parent	—	—	—	—	—	2.9	3.1	3.0	2.8	3.0	3.0
Black											
Two married parents	42.0	39.0	38.0	33.0	38.0	—	—	—	—	—	—
Mother only	44.0	51.0	51.0	52.0	49.0	—	—	—	—	—	—
Father only	2.0	3.0	4.0	4.0	4.0	—	—	—	—	—	—
No parent	12.0	7.0	8.0	11.0	9.0	—	—	—	—	—	—
Black-alone											
Two parents	—	—	—	—	—	—	39.7	37.7	38.1	38.8	39.0
Two married parents	—	—	—	—	—	35.0	35.1	33.0	33.4	34.4	34.4
Mother only	—	—	—	—	—	50.2	49.3	51.2	50.9	50.5	50.8
Father only	—	—	—	—	—	5.0	3.6	3.5	4.2	4.6	4.2
No parent	—	—	—	—	—	9.8	7.4	7.6	6.7	6.1	6.1
Hispanic											
Two parents	—	—	—	—	—	—	67.0	66.9	65.7	65.1	64.9
Two married parents	75.0	68.0	67.0	63.0	65.0	64.7	60.9	60.2	59.0	58.2	57.8
Mother only	20.0	27.0	27.0	28.0	25.0	25.4	26.3	26.5	28.0	27.9	27.5
Father only	2.0	2.0	3.0	4.0	4.0	4.8	2.7	2.7	3.1	3.2	3.1
No parent	3.0	3.0	3.0	4.0	5.0	5.1	4.0	3.9	3.2	3.9	4.4

— Not available.

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

^b Data are from the expanded CPS sample and use population controls based on Census 2000.

NOTE: Data for 2014 exclude about 229,000 household residents under age 18 who were listed as family reference persons or spouses. The 2014 Annual Social and Economic Supplement (ASEC) of the CPS included redesigned questions for income and health insurance coverage. All of the approximately 98,000 addresses were selected to receive the improved set of health insurance coverage items. The improved income questions were implemented using a split panel design. Approximately 68,000 addresses were selected to receive a set of income questions similar to those used in the 2013 CPS ASEC. The remaining 30,000 addresses were selected to receive the redesigned income questions. The source of the 2014 data for this table is the CPS ASEC sample of 98,000 addresses. Prior to 2007, CPS data identified only one parent on the child's record. This meant that a second parent could only be identified if he or she were married to the first parent. In 2007, a second parent identifier was added to the CPS. This permits identification of two coresident parents, even if the parents are not married to each other. In this table, "two parents" reflects all children who have both a mother and father identified in the household, including biological, step, and adoptive parents. Before 2007, "mother only" and "father only" included some children who lived with two unmarried parents. Beginning in 2007, "mother only" and "father only" refer to children for whom only one parent in the household has been identified, whether biological, step, or adoptive. U.S. Census Bureau, Families and Living Arrangements reports and detailed tables (from 1978) are available on the U.S. Census Bureau Web site at <http://www.census.gov/hhes/families/data/cps.html>.

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

Table FAM1.B

Family structure and children's living arrangements: Detailed living arrangements of children by gender, race and Hispanic origin, age, parent's education, and poverty status, 2014

Characteristic	Total	Two parents ^a			
		Two biological/adoptive parents		Biological/adoptive parent and stepparent	
		Married	Cohabiting	Married	Cohabiting
Total children (in thousands)	73,692	43,836	2,731	3,655	380
Percent of total	100.0	59.5	3.7	5.0	0.5
Percent by number of parents	100.0	86.6	5.4	7.2	0.8
Gender					
Male	51.0	50.7	50.1	53.2	55.0
Female	49.0	49.3	49.9	46.8	45.0
Race and Hispanic origin^b					
White	73.1	79.8	69.5	76.7	66.3
White, non-Hispanic	52.2	60.6	33.9	56.4	38.4
Black	15.0	7.6	16.4	13.2	13.9
Black, non-Hispanic	13.6	6.8	14.2	11.4	12.6
Asian	4.9	6.8	2.4	2.0	3.7
All other races	6.9	5.8	11.6	8.2	16.1
Hispanic (of any race)	24.3	21.6	41.5	23.9	35.3
Age					
Ages 0–5	32.5	34.3	64.3	8.9	20.5
Ages 6–14	50.2	49.9	31.4	59.8	61.8
Ages 15–17	17.2	15.8	4.3	31.3	17.6
Father's education					
Father not present	27.5	—	—	—	—
Less than high school	9.1	11.5	26.5	14.5	15.0
High school graduate	18.8	23.4	41.5	36.6	43.7
Some college	18.4	24.7	24.0	29.1	33.4
Bachelor's degree or more	26.2	40.4	8.0	19.9	8.2
Mother's education					
Mother not present	7.7	—	—	—	—
Less than high school	11.6	10.3	25.7	10.1	16.1
High school graduate	21.7	19.8	33.4	28.7	41.3
Some college	27.4	26.2	32.1	38.0	34.2
Bachelor's degree or more	31.6	43.7	8.9	23.3	8.4
Poverty status					
Below 100% poverty	—	—	—	—	—
100–199% poverty	—	—	—	—	—
200% poverty and above	—	—	—	—	—

See notes at end of table.

Table FAM1.B (cont.)

Family structure and children's living arrangements: Detailed living arrangements of children by gender, race and Hispanic origin, age, parent's education, and poverty status, 2014

Characteristic	One parent			
	Mother		Father	
	Not cohabiting	Cohabiting	Not cohabiting	Cohabiting
Total (in thousands)	15,486	1,924	2,218	630
Percent of total	21.0	2.6	3.0	0.9
Percent by number of parents	76.4	9.5	10.9	3.1
Gender				
Male	50.9	51.1	53.6	52.2
Female	49.1	48.9	46.4	47.8
Race and Hispanic origin^b				
White	55.9	72.8	73.1	77.0
White, non-Hispanic	32.0	52.6	57.1	59.8
Black	34.4	15.3	17.6	11.1
Black, non-Hispanic	31.6	13.3	16.4	9.7
Asian	2.1	1.1	2.1	2.2
All other races	7.6	10.8	7.2	9.5
Hispanic (of any race)	28.6	25.7	19.0	22.2
Age				
Ages 0–5	31.8	24.9	18.9	32.4
Ages 6–14	49.8	57.0	57.3	54.3
Ages 15–17	18.4	18.1	23.8	13.3
Father's education				
Father not present	100.0	100.0	—	—
Less than high school	—	—	13.2	11.4
High school graduate	—	—	33.4	37.0
Some college	—	—	29.4	31.3
Bachelor's degree or more	—	—	23.9	20.2
Mother's education				
Mother not present	—	—	100.0	100.0
Less than high school	16.7	15.9	—	—
High school graduate	30.0	28.1	—	—
Some college	35.8	41.0	—	—
Bachelor's degree or more	17.5	15.0	—	—
Poverty status				
Below 100% poverty	—	—	—	—
100–199% poverty	—	—	—	—
200% poverty and above	—	—	—	—

See notes at end of table.

Table FAM1.B (cont.)

Family structure and children's living arrangements: Detailed living arrangements of children by gender, race and Hispanic origin, age, parent's education, and poverty status, 2014

Characteristic	No parents				
	Grandparent	Other relatives only— no grandparent	Nonrelative only— not foster	Foster parent(s)	All other ^c
Total (in thousands)	1,591	673	244	214	111
Percent of total	2.2	0.9	0.3	0.3	0.2
Percent by number of parents	56.2	23.8	8.6	7.6	3.9
Gender					
Male	51.8	50.2	54.5	49.5	55.0
Female	48.2	49.8	45.1	50.5	45.0
Race and Hispanic origin^b					
White	61.7	57.8	74.6	72.0	78.4
White, non-Hispanic	41.6	30.3	52.0	47.7	36.9
Black	25.8	27.6	12.7	16.8	11.7
Black, non-Hispanic	23.9	25.1	9.8	13.1	9.9
Asian	1.9	4.0	4.5	0.5	1.8
All other races	10.7	10.5	8.2	10.7	8.1
Hispanic (of any race)	24.5	31.6	28.3	29.9	47.7
Age					
Ages 0–5	25.6	21.0	26.6	43.0	25.2
Ages 6–14	54.9	52.5	40.6	36.9	52.3
Ages 15–17	19.5	26.6	32.4	19.6	22.5
Father's education					
Father not present	100.0	100.0	100.0	100.0	100.0
Less than high school	—	—	—	—	—
High school graduate	—	—	—	—	—
Some college	—	—	—	—	—
Bachelor's degree or more	—	—	—	—	—
Mother's education					
Mother not present	100.0	100.0	100.0	100.0	100.0
Less than high school	—	—	—	—	—
High school graduate	—	—	—	—	—
Some college	—	—	—	—	—
Bachelor's degree or more	—	—	—	—	—
Poverty status					
Below 100% poverty	—	—	—	—	—
100–199% poverty	—	—	—	—	—
200% poverty and above	—	—	—	—	—

— Not available.

^a This category also includes children living with two stepparents.

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

^c The category "All other" includes children who live with both relatives (other than grandparents) and nonrelatives.

NOTE: Data exclude about 229,000 household residents under age 18 who were listed as family reference persons or spouses. "Cohabiting" means the parent is cohabiting with an unmarried partner. Relatives are anyone who is reported as related to the householder by blood, marriage, or adoption. The 2014 Current Population Survey (CPS) Annual Social and Economic Supplement (ASEC) included redesigned questions for income and health insurance coverage. All of the approximately 98,000 addresses were selected to receive the improved set of health insurance coverage items. The improved income questions were implemented using a split panel design. Approximately 68,000 addresses were selected to receive a set of income questions similar to those used in the 2013 CPS ASEC. The remaining 30,000 addresses were selected to receive the redesigned income questions. The source of the 2014 data for this table is the CPS ASEC sample of 98,000 addresses.

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

Table FAM2.A**Births to unmarried women: Birth rates for unmarried women by age of mother, selected years 1980–2013**

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

Age of mother	1980	1985	1990	1995	2000	2005	2006	2007	2008	2009	2010	2011	2012	2013
Total ages 15–44	29.4	32.8	43.8	44.3	44.1	47.2	50.3	51.8	51.8	49.9	47.6	46.0	45.3	44.3
Age														
Ages 15–17	20.6	22.4	29.6	30.1	23.9	19.4	20.1	20.4	20.1	18.8	16.8	14.9	13.7	11.9
Ages 18–19	39.0	45.9	60.7	66.5	62.2	57.0	60.3	61.9	59.7	56.3	52.0	48.2	45.8	42.1
Ages 20–24	40.9	46.5	65.1	68.7	72.2	74.5	79.1	79.8	78.1	74.4	70.0	66.7	64.7	63.1
Ages 25–29	34.0	39.9	56.0	54.3	58.5	71.5	75.4	76.9	75.7	73.0	69.2	67.8	67.2	66.7
Ages 30–34	21.1	25.2	37.6	38.9	39.3	50.4	55.3	58.0	58.8	57.1	56.3	56.2	56.3	56.6
Ages 35–39	9.7	11.6	17.3	19.3	19.7	24.5	26.8	28.7	30.2	29.7	29.6	29.9	30.9	31.8
Ages 40–44	2.6	2.5	3.6	4.7	5.0	6.2	6.5	6.8	7.5	7.8	8.0	8.2	8.5	8.3

NOTE: Births to unmarried women were somewhat underreported in Michigan and Texas during the years 1989–1993; data since 1994 have been reported on a complete basis.

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

Table FAM2.B**Births to unmarried women: Percentage of all births that are to unmarried women by age of mother, selected years 1980–2013**

Age of mother	1980	1985	1990	1995	2000	2005	2006	2007	2008	2009	2010	2011	2012	2013
All ages	18.4	22.0	28.0	32.2	33.2	36.9	38.5	39.7	40.6	41.0	40.8	40.7	40.7	40.6
Age														
Under age 15	88.7	91.8	91.6	93.5	96.5	98.0	98.3	98.8	99.1	99.0	99.3	99.1	99.0	99.2
Ages 15–17	61.5	70.9	77.7	83.7	87.7	90.9	91.9	92.8	93.7	94.2	95.0	95.3	95.4	95.4
Ages 18–19	39.8	50.7	61.3	69.8	74.3	79.7	80.6	82.2	83.5	84.2	85.1	85.7	86.0	86.1
Ages 20–24	19.3	26.3	36.9	44.7	49.5	56.2	57.9	59.6	60.9	62.1	63.1	64.0	64.8	65.4
Ages 25–29	9.0	12.7	18.0	21.5	23.5	29.3	31.0	32.2	33.2	33.8	33.9	34.4	35.0	35.9
Ages 30–34	7.4	9.7	13.3	14.7	14.0	17.0	18.3	19.3	20.2	20.7	21.1	21.6	21.9	22.3
Ages 35–39	9.4	11.2	13.9	15.7	14.3	15.7	16.4	17.3	18.2	19.0	19.6	20.1	20.7	21.2
Ages 40 and older	12.1	14.0	17.0	18.1	16.8	18.8	19.4	20.0	20.8	21.4	21.7	22.4	23.2	23.7

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

Table FAM3.A

Child care: Primary child care arrangements for children ages 0–4 with employed mothers by selected characteristics, selected years 1985–2011

Type of child care (during mother's work hours)	1985	1988	1990	1991	1993	1995	1997	1999	2002	2005	2010	2011
Percent												
Total												
Mother care ^a	8.1	7.6	6.4	8.7	6.2	5.4	3.2	3.0	3.2	4.4	4.4	3.6
Father care ^a	15.7	15.1	16.5	20.0	15.9	16.6	17.7	17.1	17.5	17.3	18.6	19.5
Grandparent care	15.9	13.9	14.3	15.8	17.0	15.9	17.5	19.7	18.6	19.6	19.4	20.5
Other relative care ^b	8.2	7.2	8.8	7.7	9.0	5.5	7.4	8.0	6.2	6.6	5.8	5.3
Center-based care ^c	23.1	25.8	27.5	23.1	29.9	25.1	20.4	21.0	24.3	23.8	23.7	24.1
Other nonrelative care ^d	28.2	28.9	25.1	23.3	21.6	28.4	20.2	18.8	17.2	16.0	13.5	13.1
Other ^e	0.8	1.6	1.3	1.6	1.1	2.9	13.7	12.4	13.0	12.0	14.1	14.0
Race and Hispanic origin of mother^f												
White												
Mother care ^a	—	—	—	—	—	5.8	3.7	3.2	3.5	4.8	4.2	3.8
Father care ^a	—	—	—	—	—	17.8	18.7	18.1	18.4	18.4	19.0	20.1
Grandparent care	—	—	—	—	—	15.5	16.5	17.7	17.9	19.2	19.4	20.3
Other relative care ^b	—	—	—	—	—	4.5	6.5	7.6	4.9	5.5	5.6	4.4
Center-based care ^c	—	—	—	—	—	24.3	19.8	20.1	23.2	22.4	23.2	22.7
Other nonrelative care ^d	—	—	—	—	—	29.0	21.2	20.9	18.4	17.1	14.2	14.3
Other ^e	—	—	—	—	—	2.9	13.6	12.1	13.5	12.4	13.9	14.4
White, non-Hispanic												
Mother care ^a	—	—	—	—	—	6.1	4.0	3.2	3.7	4.9	4.3	4.2
Father care ^a	—	—	—	—	—	17.6	18.9	18.1	19.1	19.3	18.9	19.0
Grandparent care	—	—	—	—	—	15.4	15.3	17.0	16.5	17.5	17.8	19.2
Other relative care ^b	—	—	—	—	—	4.0	5.7	6.2	3.6	3.8	4.0	3.6
Center-based care ^c	—	—	—	—	—	24.8	21.0	22.2	24.3	24.5	24.9	24.5
Other nonrelative care ^d	—	—	—	—	—	29.4	21.1	21.3	19.6	17.7	15.3	15.3
Other ^e	—	—	—	—	—	2.7	13.9	12.0	13.3	12.0	14.4	14.2
Black												
Mother care ^a	—	—	—	—	—	2.1	0.7	1.8	1.2	3.1	4.1	2.8
Father care ^a	—	—	—	—	—	8.8	11.9	12.9	13.5	12.3	14.3	13.7
Grandparent care	—	—	—	—	—	16.0	23.7	25.1	21.6	19.5	20.3	21.1
Other relative care ^b	—	—	—	—	—	9.9	13.2	10.6	12.6	10.9	8.1	12.1
Center-based care ^c	—	—	—	—	—	32.5	25.8	27.0	27.4	29.6	26.5	28.3
Other nonrelative care ^d	—	—	—	—	—	28.3	14.3	13.1	14.3	13.3	11.2	7.4
Other ^e	—	—	—	—	—	2.3	10.2	9.4	9.2	11.1	15.0	14.6
Black, non-Hispanic												
Mother care ^a	—	—	—	—	—	2.2	0.8	1.9	1.2	3.3	3.9	2.9
Father care ^a	—	—	—	—	—	8.9	11.7	12.4	13.2	11.9	13.9	12.1
Grandparent care	—	—	—	—	—	15.7	23.9	24.4	22.9	19.5	21.5	22.0
Other relative care ^b	—	—	—	—	—	10.1	13.0	10.9	12.0	11.3	8.4	11.0
Center-based care ^c	—	—	—	—	—	33.2	26.4	27.5	27.0	29.5	27.2	29.6
Other nonrelative care ^d	—	—	—	—	—	27.9	13.9	13.5	13.7	13.2	9.6	7.1
Other ^e	—	—	—	—	—	1.9	10.3	9.3	9.9	11.2	15.2	15.3
Hispanic												
Mother care ^a	—	—	—	—	—	3.6	1.3	2.6	2.7	3.4	3.4	1.7
Father care ^a	—	—	—	—	—	19.0	17.5	18.6	15.1	14.7	19.7	26.0
Grandparent care	—	—	—	—	—	17.0	23.2	21.9	23.9	27.0	25.9	24.8
Other relative care ^b	—	—	—	—	—	8.7	12.6	14.0	12.0	12.8	11.7	9.3
Center-based care ^c	—	—	—	—	—	20.8	12.4	10.9	19.8	14.2	15.2	13.6
Other nonrelative care ^d	—	—	—	—	—	25.0	21.7	18.2	13.9	14.2	11.5	9.9
Other ^e	—	—	—	—	—	5.8	11.4	13.6	12.6	13.7	11.7	14.6

See notes at end of table.

Table FAM3.A (cont.)

Child care: Primary child care arrangements for children ages 0–4 with employed mothers by selected characteristics, selected years 1985–2011

Type of child care (during mother's work hours)	1985	1988	1990	1991	1993	1995	1997	1999	2002	2005	2010	2011
Educational attainment of mother												
Less than high school												
Mother care ^a	—	—	—	—	—	6.3	3.6	1.7	4.1	5.4	2.1	4.0
Father care ^a	—	—	—	—	—	18.2	17.5	14.4	19.2	22.3	24.3	17.0
Grandparent care	—	—	—	—	—	21.2	18.4	23.4	15.5	16.7	17.8	18.2
Other relative care ^b	—	—	—	—	—	10.8	15.2	20.7	12.0	15.4	15.8	16.4
Center-based care ^c	—	—	—	—	—	16.9	12.7	16.3	17.5	12.0	8.0	11.5
Other nonrelative care ^d	—	—	—	—	—	20.8	17.3	13.5	17.4	11.7	13.9	8.3
Other ^e	—	—	—	—	—	4.8	15.2	9.9	14.2	16.2	17.0	24.5
High school diploma or equivalent												
Mother care ^a	—	—	—	—	—	5.6	2.1	3.5	2.5	4.1	3.7	2.3
Father care ^a	—	—	—	—	—	16.6	19.0	20.3	19.7	16.6	21.3	21.8
Grandparent care	—	—	—	—	—	20.5	20.3	23.5	23.2	25.7	22.7	24.0
Other relative care ^b	—	—	—	—	—	5.4	7.8	7.9	6.0	9.4	7.7	8.5
Center-based care ^c	—	—	—	—	—	25.7	18.1	18.8	20.0	18.4	18.2	18.4
Other nonrelative care ^d	—	—	—	—	—	23.2	19.0	14.2	14.5	13.0	11.7	11.7
Other ^e	—	—	—	—	—	2.6	13.6	11.7	13.9	12.7	14.1	13.4
Some college, including vocational/technical/associate's degree												
Mother care ^a	—	—	—	—	—	4.9	3.5	1.9	3.2	4.3	6.1	3.4
Father care ^a	—	—	—	—	—	18.4	19.3	16.7	19.3	17.7	19.4	22.3
Grandparent care	—	—	—	—	—	14.2	18.5	20.1	20.8	21.9	21.6	21.8
Other relative care ^b	—	—	—	—	—	5.8	7.1	7.4	7.5	6.6	5.1	6.0
Center-based care ^c	—	—	—	—	—	25.6	22.1	18.6	23.2	23.8	22.4	20.6
Other nonrelative care ^d	—	—	—	—	—	27.7	16.6	21.1	15.3	15.5	10.0	13.2
Other ^e	—	—	—	—	—	3.1	12.8	14.1	10.6	10.1	14.8	12.7
Bachelor's degree or higher												
Mother care ^a	—	—	—	—	—	5.2	3.7	4.0	3.5	4.6	3.5	4.4
Father care ^a	—	—	—	—	—	14.4	14.9	15.7	13.7	16.6	15.6	16.2
Grandparent care	—	—	—	—	—	11.4	13.5	14.4	13.9	13.1	15.5	18.0
Other relative care ^b	—	—	—	—	—	3.4	5.0	4.0	3.4	2.7	4.0	1.2
Center-based care ^c	—	—	—	—	—	26.0	23.5	27.5	29.9	30.5	30.3	32.0
Other nonrelative care ^d	—	—	—	—	—	36.9	26.6	24.4	22.6	19.9	17.7	14.7
Other ^e	—	—	—	—	—	2.3	12.6	9.9	13.0	12.7	12.9	13.5
Poverty status												
Below 100% poverty												
Mother care ^a	—	11.3	—	9.5	8.1	4.5	3.9	2.9	4.1	7.8	3.9	3.5
Father care ^a	—	15.0	—	26.7	16.2	20.1	18.7	14.5	19.9	19.8	16.2	20.8
Grandparent care	—	19.4	—	16.3	20.0	22.4	20.7	23.8	19.7	19.8	23.3	19.6
Other relative care ^b	—	11.3	—	11.4	15.8	7.0	12.3	13.5	10.0	8.8	9.2	11.3
Center-based care ^c	—	21.6	—	21.1	21.0	25.8	14.9	18.3	15.9	18.2	15.4	17.7
Other nonrelative care ^d	—	21.1	—	15.1	18.8	16.5	14.7	18.0	12.6	11.8	12.1	10.6
Other ^e	—	0.8	—	2.7	1.2	3.5	14.6	8.8	17.6	13.7	18.9	16.4
100% poverty and above												
Mother care ^a	—	7.3	—	8.5	5.9	5.5	3.1	2.9	3.1	3.8	4.5	3.4
Father care ^a	—	15.1	—	19.4	16.0	16.4	17.7	17.6	17.3	17.1	19.0	19.1
Grandparent care	—	13.4	—	15.6	16.0	15.1	17.2	19.3	18.7	19.7	18.7	20.8
Other relative care ^b	—	6.8	—	7.3	8.0	5.3	6.8	7.3	5.7	6.2	5.2	4.0
Center-based care ^c	—	27.8	—	25.1	32.3	24.8	21.2	21.1	25.1	24.8	25.6	25.6
Other nonrelative care ^d	—	29.6	—	24.2	21.8	29.9	20.9	19.4	18.4	16.7	13.9	13.8
Other ^e	—	1.6	—	1.5	1.1	2.8	12.9	12.2	11.7	11.4	12.7	13.3

See notes at end of table.

Table FAM3.A (cont.)

Child care: Primary child care arrangements for children ages 0–4 with employed mothers by selected characteristics, selected years 1985–2011

Type of child care (during mother's work hours)	1985	1988	1990	1991	1993	1995	1997	1999	2002	2005	2010	2011
Region^g												
Northeast												
Mother care ^a	—	—	—	—	—	5.3	2.7	2.3	2.9	3.5	2.0	2.4
Father care ^a	—	—	—	—	—	22.4	19.0	21.5	21.4	19.3	18.1	19.7
Grandparent care	—	—	—	—	—	12.9	19.2	18.7	18.8	20.6	18.0	19.1
Other relative care ^b	—	—	—	—	—	8.0	9.9	7.3	4.4	5.0	4.1	5.3
Center-based care ^c	—	—	—	—	—	24.4	15.9	18.4	24.5	23.2	24.1	22.0
Other nonrelative care ^d	—	—	—	—	—	23.9	19.9	17.9	14.7	15.9	16.2	16.4
Other ^e	—	—	—	—	—	3.0	13.2	13.7	13.1	12.3	17.0	15.1
South												
Mother care ^a	—	—	—	—	—	4.3	3.0	3.3	2.1	4.2	2.8	3.3
Father care ^a	—	—	—	—	—	9.3	13.9	12.9	13.4	14.1	14.5	15.5
Grandparent care	—	—	—	—	—	17.1	18.1	21.8	20.9	20.9	22.3	22.3
Other relative care ^b	—	—	—	—	—	5.3	5.7	7.6	7.8	6.5	5.1	5.5
Center-based care ^c	—	—	—	—	—	30.7	27.7	26.8	28.0	28.0	28.3	27.5
Other nonrelative care ^d	—	—	—	—	—	30.0	18.2	18.1	15.9	13.0	10.6	9.8
Other ^e	—	—	—	—	—	3.1	13.4	9.3	11.8	13.1	16.2	16.2
Midwest												
Mother care ^a	—	—	—	—	—	6.3	3.3	2.0	3.5	5.4	5.6	3.5
Father care ^a	—	—	—	—	—	19.1	22.2	20.3	21.6	18.7	22.3	20.1
Grandparent care	—	—	—	—	—	15.4	15.6	16.3	15.9	17.1	17.3	17.8
Other relative care ^b	—	—	—	—	—	5.0	8.0	6.6	3.6	6.5	6.1	4.5
Center-based care ^c	—	—	—	—	—	21.1	16.8	19.9	20.7	21.7	22.0	25.4
Other nonrelative care ^d	—	—	—	—	—	30.9	22.2	24.0	22.6	19.4	15.8	17.4
Other ^e	—	—	—	—	—	2.0	11.7	10.9	11.9	11.0	10.2	11.3
West												
Mother care ^a	—	—	—	—	—	5.6	3.8	3.9	4.9	4.3	7.3	5.1
Father care ^a	—	—	—	—	—	18.5	17.9	17.0	17.8	19.9	21.8	25.4
Grandparent care	—	—	—	—	—	17.5	17.9	21.4	18.3	19.5	17.7	21.4
Other relative care ^b	—	—	—	—	—	4.1	7.6	10.5	8.1	8.1	8.0	5.9
Center-based care ^c	—	—	—	—	—	23.1	17.4	15.5	19.9	19.7	18.0	18.3
Other nonrelative care ^d	—	—	—	—	—	27.2	20.7	16.7	17.1	17.5	13.6	11.6
Other ^e	—	—	—	—	—	3.8	14.6	14.8	14.0	10.9	12.8	12.3

See notes at end of table.

Table FAM3.A (cont.)

Child care: Primary child care arrangements for children ages 0–4 with employed mothers by selected characteristics, selected years 1985–2011

Type of child care (during mother's work hours)	1985	1988	1990	1991	1993	1995	1997	1999	2002	2005	2010	2011
Family structure												
Two married parents												
Mother care ^a	—	—	—	—	—	6.2	3.7	3.4	3.5	4.9	5.1	4.3
Father care ^a	—	—	—	—	—	18.7	20.6	19.9	20.6	19.5	20.9	21.6
Grandparent care	—	—	—	—	—	14.4	14.7	16.4	17.3	17.6	16.5	19.4
Other relative care ^b	—	—	—	—	—	4.8	6.0	6.4	4.7	4.8	4.1	2.6
Center-based care ^c	—	—	—	—	—	23.0	19.6	20.7	22.7	24.0	24.0	23.9
Other nonrelative care ^d	—	—	—	—	—	29.4	20.9	19.7	17.2	16.3	13.7	13.4
Other ^e	—	—	—	—	—	3.1	14.4	13.4	13.8	12.7	15.1	14.7
Mother only												
Mother care ^a	—	—	—	—	—	2.8	1.5	1.9	2.5	3.0	2.5	1.8
Father care ^a	—	—	—	—	—	10.4	9.1	10.1	9.8	12.1	13.3	14.5
Grandparent care	—	—	—	—	—	20.5	26.6	29.1	22.7	24.5	26.0	22.9
Other relative care ^b	—	—	—	—	—	7.2	12.3	12.2	10.2	11.0	10.1	11.5
Center-based care ^c	—	—	—	—	—	30.3	23.1	21.5	27.0	23.4	23.0	24.4
Other nonrelative care ^d	—	—	—	—	—	26.1	17.7	17.6	18.4	15.6	13.0	12.5
Other ^e	—	—	—	—	—	2.4	9.5	7.4	9.2	10.2	11.5	12.4

— Not available.

^a Mother and father care each refer to care while the mother worked.

^b Other relatives include siblings and other relatives.

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

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

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

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

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

NOTE: Employed mothers are those with wage and salary employment or other employment arrangements, including contingent work and self-employment. Data for years 1995 to 2011 were proportionately redistributed to account for tied responses for the primary arrangement so that they total to 100 percent and are comparable to earlier years.

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

Table FAM3.B

Child care: Percentage of children ages 3–6, not yet in kindergarten, in center-based care arrangements by child and family characteristics and region, selected years 1995–2012

Characteristic	1995	2001	2005	2007	2012
Total	55.0	56.3	57.1	55.3	60.6
Race and Hispanic origin^a					
White, non-Hispanic	56.9	58.9	59.0	58.4	63.0
Black, non-Hispanic	59.5	63.0	66.5	65.2	68.0
Asian or Pacific Islander, non-Hispanic	59.4	63.4	72.5	65.1	67.8
Hispanic	37.2	39.8	43.5	38.9	51.5
Poverty status					
Below 100% poverty	45.6	46.6	47.2	40.6	45.2
100–199% poverty	43.2	48.7	46.5	45.1	51.0
200% poverty and above	65.8	64.0	66.2	65.3	71.9
Family type					
Two parents ^b	54.8	56.5	56.9	55.4	61.4
Two parents, married	—	57.3	58.3	56.8	63.6
Two parents, unmarried	—	46.4	42.8	39.8	47.3
One parent	56.0	55.8	57.7	54.3	57.4
No parents	50.5	55.9	59.6	57.2	64.6
Mother's highest level of education^c					
Less than high school	34.8	38.0	34.9	28.7	42.0
High school diploma or equivalent	47.6	47.3	48.6	43.1	49.1
Some college, including vocational/ technical/associate's degree	56.8	61.4	56.2	54.4	57.9
Bachelor's degree or higher	74.5	70.0	72.9	71.3	79.2
Mother's employment status^c					
35 hours or more per week	60.2	62.9	63.7	65.4	67.1
Less than 35 hours per week	62.1	61.4	60.8	61.7	66.3
Looking for work	51.8	46.2	42.0	37.8	57.9
Not in the labor force	46.5	46.9	50.2	43.9	51.0
Region^d					
Northeast	56.3	63.8	67.0	66.3	69.4
South	58.4	59.1	56.4	55.0	63.4
Midwest	53.8	55.5	54.4	55.8	58.1
West	49.9	47.4	54.2	47.6	53.0

— Not available.

^a In 1995 and 2001, the 1977 Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. In 2005 and later years, the revised 1997 OMB standards were used. Under these standards, persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. For 2005 and later years, when separate reporting was possible, respondents who reported the child being Asian or Native Hawaiian or Other Pacific Islander were combined for continuity purposes. Included in the total but not shown separately are American Indian or Alaska Native respondents and respondents of two or more races. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

^b Refers to adults' relationship to child and does not indicate marital status. Data for 2007 and 2012 include same-sex parents.

^c Children without mothers or female guardians in the home are not included in estimates.

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

NOTE: Center-based programs include day care centers, prekindergartens, nursery schools, Head Start programs, and other early childhood education programs. The 2012 National Household Education Survey (NHES:2012) was a self-administered paper-and-pencil questionnaire that was mailed to respondents, while NHES administrations prior to 2012 were administered via telephone with an interviewer. Measurable differences in estimates between 2012 and prior years could reflect actual changes in the population, or the changes could be due to the mode change from telephone to mail. Some data have been revised from previously published figures.

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

Table FAM3.C

Child care: Child care arrangements of grade school children ages 5–14 with employed mothers by age, selected years 1995–2011

Type of child care (during mother's work hours)	1995	1997	1999	2002	2005	2010	2011
Ages 5 to 8							
Mother care ^a	6.4	5.5	4.8	3.8	6.4	7.3	5.1
Father care ^a	27.5	30.0	28.5	22.0	25.4	29.5	26.3
Grandparent care	20.2	24.0	25.5	20.3	20.7	21.6	20.9
Other relative care	6.9	10.4	9.2	7.7	6.8	7.8	6.5
Center-based care ^b	8.7	16.6	15.2	14.0	14.0	12.4	13.9
Enrichment activities ^c	25.8	15.8	18.6	15.6	16.2	14.4	17.9
Other nonrelative care ^d	26.3	20.7	20.0	14.2	11.2	11.0	10.1
Self care	4.8	4.3	3.1	2.8	2.2	2.2	2.4
Ages 9 to 11							
Mother care ^a	5.9	5.3	4.5	4.2	5.7	6.0	5.4
Father care ^a	25.9	26.9	25.6	19.9	22.2	25.1	24.1
Grandparent care	17.2	19.9	19.7	16.1	15.2	17.9	20.9
Other relative care	6.5	7.9	6.3	5.8	6.5	6.3	6.1
Center-based care ^b	—	5.4	5.9	4.4	6.2	3.4	4.2
Enrichment activities ^c	38.6	25.3	25.1	21.6	18.3	20.9	21.1
Other nonrelative care ^d	15.8	15.9	14.8	9.9	8.7	8.2	6.3
Self care	17.0	21.1	15.8	15.1	11.2	10.5	10.2
Ages 12 to 14							
Mother care ^a	3.7	3.6	3.9	3.6	4.2	4.9	3.7
Father care ^a	20.1	20.5	20.6	16.2	17.0	20.2	20.3
Grandparent care	8.0	12.6	11.6	9.7	8.9	9.8	11.4
Other relative care	3.4	4.9	4.1	3.5	3.5	4.0	3.0
Center-based care ^b	—	1.0	1.3	1.2	1.6	1.4	1.1
Enrichment activities ^c	41.9	23.0	24.0	20.2	15.3	18.9	17.8
Other nonrelative care ^d	3.6	6.8	4.9	3.9	4.3	4.0	3.1
Self care	43.0	48.2	42.9	39.3	37.2	35.7	32.5

— Not available.

^a Mother and father care each refer to care while the mother worked.

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

^c Enrichment activities include sports, lessons, clubs, and before- and after-school programs.

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

NOTE: Employed mothers are those with wage and salary employment or other employment arrangements, including contingent work and self-employment. The sum of children by arrangement may exceed 100 percent because of multiple arrangements.

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

Table FAM4

Children of at least one foreign-born parent: Percentage of children ages 0–17 by nativity of child and parents,^a parent's education, poverty status, and other characteristics, selected years 1994–2014

Characteristic	1994			1998			2002 ^b		
	Native child and parents	Foreign-born parent		Native child and parents	Foreign-born parent		Native child and parents	Foreign-born parent	
		Native child	Foreign-born child		Native child	Foreign-born child		Native child	Foreign-born child
Number of children ages 0–17 living with one or both parents (in thousands)	56,338	8,176	2,160	56,237	9,883	2,298	55,264	11,518	2,654
Percent of all children ^c	82	12	3	80	14	3	76	16	4
Gender of child									
Male	—	—	—	—	—	—	51	51	52
Female	—	—	—	—	—	—	49	49	48
Age of child									
Under 1 year	—	—	—	—	—	—	6	7	1
Ages 1–2	—	—	—	—	—	—	11	14	3
Ages 3–5	—	—	—	—	—	—	16	19	10
Ages 6–8	—	—	—	—	—	—	17	17	14
Ages 9–11	—	—	—	—	—	—	18	17	20
Ages 12–14	—	—	—	—	—	—	18	14	25
Ages 15–17	—	—	—	—	—	—	17	11	28
Race and Hispanic origin of child^d									
White	—	—	—	—	—	—	80	72	70
White, non-Hispanic	—	—	—	—	—	—	73	21	17
Black	—	—	—	—	—	—	17	9	9
Asian	—	—	—	—	—	—	1	17	20
Hispanic	—	—	—	—	—	—	8	55	55
Education of parent^e									
Less than high school	14	38	48	12	37	45	10	36	41
High school graduate	35	21	20	34	23	22	31	23	21
Some college or associate's degree	28	19	11	30	18	11	32	18	12
Bachelor's degree or greater	23	22	21	23	23	22	27	23	27
Poverty status^f									
Below 100% poverty	20	28	41	17	25	39	14	20	27
100% poverty and above	80	72	59	83	75	61	—	—	—
100–199% poverty	—	—	—	—	—	—	20	29	33
200% poverty and above	—	—	—	—	—	—	66	51	40
Area of residence									
Central city of MSA ^g	27	43	48	26	43	49	26	41	42
Outside central city, in MSA ^g	48	51	47	51	50	45	54	52	51
Outside metropolitan area	25	6	6	22	7	6	21	7	7
Presence of parents									
Two married parents present ^h	70	82	78	69	82	78	69	81	81
Living with mother only	26	16	19	26	15	20	26	16	16
Living with father only	4	2	3	5	3	3	5	3	4
Presence of adults other than parents									
Other relatives only	17	25	36	17	26	29	17	26	31
Nonrelatives only	5	5	5	6	4	4	6	5	5
Both relatives and nonrelatives	1	1	3	1	1	2	1	2	3
No other relatives or nonrelatives	78	68	56	77	68	65	77	68	61

See notes at end of table.

Table FAM4 (cont.)

Children of at least one foreign-born parent: Percentage of children ages 0–17 by nativity of child and parents,^a parent's education, poverty status, and other characteristics, selected years 1994–2014

Characteristic	2006 ^b			2010 ^b			2014		
	Native child and parents	Foreign-born parent		Native child and parents	Foreign-born parent		Native child and parents	Foreign-born parent	
		Native child	Foreign-born child		Native child	Foreign-born child		Native child	Foreign-born child
Number of children ages 0–17 living with one or both parents (in thousands)	54,976	12,706	2,599	54,613	14,640	2,424	52,807	15,789	2,264
Percent of all children ^c	75	17	4	73	20	3	72	21	3
Gender of child									
Male	51	52	52	51	51	49	51	51	49
Female	49	49	49	49	49	51	49	49	51
Age of child									
Under 1 year	6	7	1	6	7	1	5	6	1
Ages 1–2	11	15	4	11	14	4	11	12	4
Ages 3–5	16	19	10	17	20	10	16	18	9
Ages 6–8	16	16	15	17	19	13	17	17	14
Ages 9–11	16	16	20	16	15	19	16	17	18
Ages 12–14	17	15	22	16	14	25	17	16	21
Ages 15–17	18	12	28	17	12	29	17	14	33
Race and Hispanic origin of child^d									
White-alone	79	72	68	78	71	60	76	67	57
White-alone, non-Hispanic	70	18	16	68	17	13	65	16	20
White-alone or in combination with one or more races	82	75	69	82	74	60	81	72	58
Black-alone	16	9	10	16	10	13	16	11	15
Black-alone or in combination with one or more races	18	9	11	18	11	13	19	12	16
Asian-alone	1	15	19	1	14	26	1	16	25
Asian-alone or in combination with one or more races	1	17	19	2	16	26	2	19	25
Hispanic	10	57	55	12	59	50	14	57	41
All remaining single races and all race combinations	4	5	3	5	5	2	7	7	3
Education of parent^e									
Less than high school	10	33	39	6	26	32	5	24	27
High school graduate	30	24	24	23	24	21	21	22	19
Some college or associate's degree	32	19	11	33	20	14	32	19	14
Bachelor's degree or greater	29	25	27	38	31	34	42	35	41

See notes at end of table.

Table FAM4 (cont.)

Children of at least one foreign-born parent: Percentage of children ages 0–17 by nativity of child and parents,^a parent's education, poverty status, and other characteristics, selected years 1994–2014

Characteristic	2006 ^b			2010 ^b			2014		
	Native child and parents	Foreign-born parent		Native child and parents	Foreign-born parent		Native child and parents	Foreign-born parent	
		Native child	Foreign-born child		Native child	Foreign-born child		Native child	Foreign-born child
Poverty status^f									
Below 100% poverty	15	20	30	18	26	33	*	*	*
100–199% poverty	19	28	31	19	27	30	*	*	*
200% poverty and above	65	52	39	63	47	37	*	*	*
Presence of parents									
Two parents present ^h	68	82	80	69	83	79	68	82	81
Living with mother only	27	15	16	27	16	19	27	16	16
Living with father only	5	3	3	4	2	2	5	2	3
Presence of adults other than parents									
Other relatives only	17	25	31	20	28	34	20	28	27
Nonrelatives only	6	4	3	4	3	4	5	3	3
Both relatives and nonrelatives	1	2	1	1	2	2	1	1	1
No other relatives or nonrelatives	75	70	64	75	67	60	74	68	70

— Not available.

* The source of data for these estimates, the Current Population Survey (CPS) Annual Social and Economic Supplement (ASEC) 2014 sample of 98,000 addresses, is not the official source of estimates for income, poverty, or health insurance. The 2014 CPS ASEC included redesigned questions for income and health insurance coverage. All of the approximately 98,000 addresses were selected to receive the improved set of health insurance coverage items. The improved income questions were implemented using a split panel design. Approximately 68,000 addresses were selected to receive a set of income questions similar to those used in the 2013 CPS ASEC. The remaining 30,000 addresses were selected to receive the redesigned income questions. The source of the 2014 data for this table is the CPS ASEC sample of 98,000 addresses.

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

^b Data are from the expanded CPS sample and use population controls based on Census 2000.

^c In 2014, all children totaled 73,692,000. The estimate excludes household residents under age 18 who were listed as family reference persons or spouses.

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

^e Prior to 2007, this category reflected the education of the parent identified by the parent pointer. Beginning in 2007, it shows the education of the parent with the highest educational attainment if the child lives with two parents.

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

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

^h Prior to 2007, this category included only married parents. Beginning in 2007, all children with two parents are included, regardless of whether the parents are married. Prior to 2007, CPS data identified only one parent on the child's record. This meant that a second parent could only be identified if he or she were married to the first parent. In 2007, a second parent identifier was added to the CPS. This permits identification of two coresident parents, even if the parents are not married to each other. In this table, "two parents" reflects all children who have both a mother and father identified in the household, including biological, step, and adoptive parents. Before 2007, "mother only" and "father only" included some children who lived with a parent who was living with the other parent of the child but was not married to him or her. Beginning in 2007, "mother only" and "father only" refer to children for whom only one parent has been identified, whether biological, step, or adoptive.

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

Table FAM5

Language spoken at home and difficulty speaking English: Number of children ages 5–17 who speak a language other than English at home by language spoken and ability to speak English, and the percentages of those speaking a language other than English at home and those with difficulty speaking English^a by selected characteristics, selected years 1979–2013

Characteristic	Current Population Survey					American Community Survey					
	1979	1989	1992	1995 ^b	1999 ^b	2000	2005	2010	2011	2012	2013
Children who speak another language at home											
Number (in thousands)	3,826	5,177	6,264	6,657	8,815	9,526	10,507	11,872	11,837	11,231	11,742
Language spoken ^c (in thousands)											
Spanish	2,529	3,550	4,314	5,037	6,339	6,533	7,530	8,456	8,470	8,587	8,458
Other Indo-European	622	727	505	514	433	1,535	1,462	1,568	1,557	1,594	1,485
Asian or Pacific Island languages	160	551	978	504	1,177	1,147	1,140	1,313	1,325	1,306	1,285
Other languages	515	349	467	602	865	311	375	444	485	506	514
Ability to speak English (in thousands)											
Very well	2,576	3,369	4,104	4,226	6,185	6,640	7,701	9,078	9,244	9,495	9,299
Well	783	1,144	1,436	1,538	1,743	1,754	1,818	1,872	1,788	1,712	1,701
Not well	362	568	627	749	758	926	819	717	684	676	631
Not at all	105	96	97	143	130	206	169	116	121	110	111
Percentage of school-age children	8.5	12.3	13.2	14.1	16.7	18.1	19.9	21.9	22.0	22.3	21.8
Race and Hispanic origin ^d											
White	8.7	12.0	12.6	13.3	16.4	—	—	—	—	—	—
White-alone	—	—	—	—	—	14.4	14.7	17.8	18.2	18.7	18.2
White, non-Hispanic	3.2	3.3	3.3	3.6	3.9	—	—	—	—	—	—
White-alone, non-Hispanic	—	—	—	—	—	5.7	5.6	5.6	5.8	6.1	5.4
Black	1.9	3.1	4.3	4.2	5.8	—	—	—	—	—	—
Black-alone	—	—	—	—	—	5.1	6.0	7.0	6.9	7.5	7.2
Black, non-Hispanic	1.3	2.3	3.7	3.0	4.5	—	—	—	—	—	—
Black-alone, non-Hispanic	—	—	—	—	—	4.4	5.3	6.0	5.9	6.4	6.2
American Indian or Alaskan Native	—	16.6	13.6	17.8	20.4	—	—	—	—	—	—
American Indian or Alaska Native-alone	—	—	—	—	—	20.5	20.0	21.2	20.7	21.5	19.8
Asian or Pacific Islander	—	62.2	65.2	60.2	60.4	—	—	—	—	—	—
Asian-alone	—	—	—	—	—	67.1	64.0	62.8	62.6	60.9	59.0
Native Hawaiian or Other Pacific Islander-alone	—	—	—	—	—	29.8	29.8	29.3	34.7	34.7	31.0
Other	44.5	43.6	51.7	64.0	—	—	—	—	—	—	—
Some other race alone	—	—	—	—	—	75.4	74.5	75.8	75.4	74.9	75.3
Two or more races	—	—	—	—	—	17.6	14.4	16.0	15.5	14.9	14.2
Hispanic (of any race)	75.1	69.4	71.5	73.8	70.9	68.6	68.9	65.3	64.3	64.1	63.1
Education of parent ^e											
Less than high school graduate	—	—	—	—	—	47.4	55.3	60.7	61.0	61.9	61.9
High school graduate	—	—	—	—	—	15.5	20.4	25.2	26.1	26.5	27.5
Some college	—	—	—	—	—	12.4	13.4	14.8	14.9	15.1	14.8
Bachelor's degree or higher	—	—	—	—	—	12.9	13.2	14.3	14.5	14.2	13.8
Poverty status ^f											
Below 100% poverty	—	—	—	—	—	28.4	30.2	32.5	33.0	33.3	31.8
100% poverty and above	—	—	—	—	—	16.1	17.7	19.2	19.1	19.4	19.0
Nativity status ^g											
Native child and parents	—	—	—	—	—	5.0	5.0	5.4	5.5	5.7	5.2
Foreign-born parent	—	—	—	—	—	72.0	71.8	72.1	72.0	71.1	70.2
Native child	—	—	—	—	—	66.9	67.1	68.6	68.7	68.2	67.1
Foreign-born child	—	—	—	—	—	87.9	88.6	88.2	88.1	88.0	86.7

See notes at end of table.

Table FAM5 (cont.)

Language spoken at home and difficulty speaking English: Number of children ages 5–17 who speak a language other than English at home by language spoken and ability to speak English, and the percentages of those speaking a language other than English at home and those with difficulty speaking English^a by selected characteristics, selected years 1979–2013

Characteristic	Current Population Survey					American Community Survey					
	1979	1989	1992	1995 ^b	1999 ^b	2000	2005	2010	2011	2012	2013
Children who speak another language at home—continued											
Family structure											
Two married parents	—	—	—	—	—	18.5	20.4	22.6	22.9	23.2	22.7
Mother only	—	—	—	—	—	15.8	17.9	20.1	20.4	20.8	20.4
Father only	—	—	—	—	—	19.3	21.1	22.5	21.6	22.5	22.1
No parent	—	—	—	—	—	20.1	20.4	19.9	19.2	18.8	18.5
Region ^h											
Northeast	10.5	12.8	14.9	15.2	17.7	19.1	19.7	21.7	21.8	22.7	22.7
South	6.8	10.6	10.5	11.7	14.3	14.6	16.8	19.3	19.5	20.0	19.4
Midwest	3.7	4.7	5.3	5.9	7.5	9.5	10.8	12.3	12.7	12.8	12.5
West	17.0	23.6	25.3	26.4	28.8	31.0	33.0	34.4	34.4	34.2	33.7
Living in limited English proficient household ⁱ											
Number (in thousands)	—	—	—	—	—	2,576	2,952	2,986	2,899	2,814	2,788
Percentage of school-age children	—	—	—	—	—	4.9	5.6	5.5	5.4	5.2	5.2
Children who speak another language at home and have difficulty speaking English											
Number (in thousands)	1,250	1,808	2,160	2,431	2,630	2,886	2,806	2,704	2,593	2,499	2,443
Percentage of school-age children	2.8	4.3	4.6	5.2	5.0	5.5	5.3	5.0	4.8	4.6	4.5
Language spoken ^c											
Spanish	2.1	3.1	3.3	4.3	4.3	4.0	4.0	3.6	3.5	3.3	3.2
Other Indo-European	0.2	0.4	0.2	0.2	0.2	0.6	0.6	0.5	0.5	0.5	0.5
Asian or Pacific Island languages	0.1	0.6	0.8	0.4	0.6	0.7	0.6	0.6	0.6	0.6	0.6
Other languages	0.4	0.2	0.3	0.3	0.5	0.1	0.1	0.2	0.2	0.2	0.1
Race and Hispanic origin ^d											
White	2.8	4.2	4.3	4.9	5.2	—	—	—	—	—	—
White-alone	—	—	—	—	—	4.4	3.9	4.4	3.9	3.9	3.8
White, non-Hispanic	0.5	0.7	0.6	0.7	1.0	—	—	—	—	—	—
White-alone, non-Hispanic	—	—	—	—	—	1.3	1.3	1.1	1.1	1.2	1.0
Black	0.5	0.7	1.5	1.5	1.3	—	—	—	—	—	—
Black-alone	—	—	—	—	—	1.4	1.4	1.5	1.2	1.7	1.4
Black, non-Hispanic	0.3	0.5	1.2	0.9	1.0	—	—	—	—	—	—
Black-alone, non-Hispanic	—	—	—	—	—	1.2	1.3	1.3	1.2	1.4	1.2
American Indian or Alaskan Native	—	4.5	1.4	3.8	8.2	—	—	—	—	—	—
American Indian or Alaska Native-alone	—	—	—	—	—	4.6	4.1	4.8	3.9	3.7	2.8
Asian or Pacific Islander	—	24.5	25.0	19.4	13.9	—	—	—	—	—	—
Asian-alone	—	—	—	—	—	19.8	17.2	15.5	15.5	14.8	14.3
Native Hawaiian or Other Pacific Islander-alone	—	—	—	—	—	10.3	7.3	5.2	7.7	8.8	8.1
Other	19.5	9.0	18.1	27.1	—	—	—	—	—	—	—
Some other race alone	—	—	—	—	—	24.7	20.7	17.7	16.6	14.8	14.7
Two or more races	—	—	—	—	—	4.2	2.6	2.9	2.8	2.6	2.5
Hispanic (of any race)	28.7	26.7	27.9	30.9	23.4	22.8	19.4	15.4	14.3	13.3	13.0
Education of parent ^e											
Less than high school graduate	—	—	—	—	—	17.8	18.7	18.1	17.1	15.9	15.8

See notes at end of table.

Table FAM5 (cont.)

Language spoken at home and difficulty speaking English: Number of children ages 5–17 who speak a language other than English at home by language spoken and ability to speak English, and the percentages of those speaking a language other than English at home and those with difficulty speaking English^a by selected characteristics, selected years 1979–2013

Characteristic	Current Population Survey					American Community Survey					
	1979	1989	1992	1995 ^b	1999 ^b	2000	2005	2010	2011	2012	2013
Children who speak another language at home and have difficulty speaking English—continued											
High school graduate	—	—	—	—	—	4.4	5.2	5.8	5.7	5.2	5.9
Some college	—	—	—	—	—	3.0	2.9	2.6	2.6	2.8	2.6
Bachelor's degree or higher	—	—	—	—	—	2.8	2.6	2.4	2.4	2.1	2.2
Poverty status ^f											
Below 100% poverty	—	—	—	—	—	11.3	10.2	9.3	9.2	8.4	8.2
100% poverty and above	—	—	—	—	—	4.3	4.3	3.9	3.6	3.6	3.5
Nativity status ^g											
Native child and parents	—	—	—	—	—	1.3	1.1	1.0	0.7	1.0	0.9
Foreign-born parent	—	—	—	—	—	21.8	19.4	16.9	17.0	14.2	14.7
Native child	—	—	—	—	—	17.2	15.1	14.0	13.4	12.6	12.4
Foreign-born child	—	—	—	—	—	36.0	34.6	29.7	28.3	23.4	27.0
Family structure											
Two married parents	—	—	—	—	—	5.4	5.4	4.9	4.8	4.7	4.6
Mother only	—	—	—	—	—	4.3	4.2	4.5	4.4	4.2	4.1
Father only	—	—	—	—	—	6.8	6.6	6.1	5.8	5.3	5.4
No parent	—	—	—	—	—	8.6	7.5	6.5	5.6	5.2	5.3
Region ^h											
Northeast	2.9	4.5	4.8	5.0	4.4	5.0	4.5	4.6	4.6	4.7	4.6
South	2.2	3.8	3.3	3.4	3.6	4.4	4.6	4.6	4.5	4.4	4.3
Midwest	1.1	1.2	1.5	2.3	2.0	2.8	3.1	2.9	3.0	2.9	2.7
West	6.5	8.6	9.8	11.4	10.5	10.0	8.9	7.8	7.2	6.6	6.6

— Not available.

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

^b Numbers from the Current Population Survey (CPS) in 1995 and after may reflect changes in the survey because of newly instituted computer-assisted interviewing techniques and/or because of the change in the population controls to the 1990 Census-based estimates, with adjustments.

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

^d From 1979 to 1999, following the 1977 Office of Management and Budget (OMB) standards for collecting and presenting data on race, the CPS asked respondents to choose one race from the following: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. The Census Bureau also offered an “Other” category. Beginning in 2000, following the 1997 OMB standards for collecting and presenting data on race, the ACS asked respondents to choose one or more races from the following: White, Black or African American, Asian, American Indian or Alaska Native, or Native Hawaiian or Other Pacific Islander. In addition, a “Some other race” category was included with OMB approval. Those who chose more than one race were classified as “Two or more races.” Except for those who were “Two or more races,” all race groups discussed in this table from 2000 onward refer to people who indicated only one racial identity within the racial categories presented. People who responded to the question on race by indicating only one race are referred to as the race-alone population. The use of the race-alone population in this table does not imply that it is the preferred method of presenting or analyzing data. Prior to 2000, “Asian” refers to Asians and Pacific Islanders; beginning in 2000, “Asian” refers to Asians alone. Data from 2000 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

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

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

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

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

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

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

SOURCE: U.S. Census Bureau, Current Population Survey and American Community Survey.

Table FAM6

Adolescent births: Birth rates by race and Hispanic origin^a and mother's age, selected years 1980–2013

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

Characteristic	1980	1985	1990	1995	2000	2005	2007	2010	2011	2012	2013
All races											
Ages 10–14	1.1	1.2	1.4	1.3	0.9	0.6	0.6	0.4	0.4	0.4	0.3
Ages 15–17	32.5	31.0	37.5	35.5	26.9	21.1	21.7	17.3	15.4	14.1	12.3
Ages 18–19	82.1	79.6	88.6	87.7	78.1	68.4	71.7	58.2	54.1	51.4	47.1
Ages 15–19	53.0	51.0	59.9	56.0	47.7	39.7	41.5	34.2	31.3	29.4	26.5
White, total											
Ages 10–14	0.6	0.6	0.7	0.8	0.6	0.5	0.5	0.3	0.3	0.3	0.2
Ages 15–17	25.5	24.4	29.5	29.6	23.3	18.8	19.5	15.8	14.1	13.0	11.3
Ages 18–19	73.2	70.4	78.0	80.2	72.3	64.0	67.2	54.8	50.8	48.3	44.7
Ages 15–19	45.4	43.3	50.8	49.5	43.2	36.7	38.4	31.9	29.1	27.4	24.9
White, non-Hispanic											
Ages 10–14	0.4	—	0.5	0.4	0.3	0.2	0.2	0.2	0.2	0.2	0.1
Ages 15–17	22.4	—	23.2	22.0	15.8	11.5	11.9	10.0	9.0	8.4	7.4
Ages 18–19	67.7	—	66.6	66.2	57.5	48.0	50.4	42.5	39.9	37.9	35.0
Ages 15–19	41.2	—	42.5	39.3	32.6	26.0	27.2	23.5	21.7	20.5	18.6
Black, total											
Ages 10–14	4.3	4.5	4.9	4.1	2.3	1.6	1.4	1.0	0.9	0.8	0.7
Ages 15–17	72.5	69.3	82.3	68.5	49.0	34.5	34.6	27.3	24.7	22.0	19.0
Ages 18–19	135.1	132.4	152.9	135.0	118.8	101.1	105.2	84.8	78.8	74.4	67.3
Ages 15–19	97.8	95.4	112.8	94.4	77.4	60.1	62.0	51.1	47.3	44.0	39.1
Black, non-Hispanic											
Ages 10–14	4.6	—	5.0	4.2	2.4	1.6	1.4	1.0	0.9	0.8	0.7
Ages 15–17	77.2	—	84.9	70.4	50.1	34.1	34.6	27.4	24.6	21.9	18.9
Ages 18–19	146.5	—	157.5	139.2	121.9	100.2	105.2	85.6	78.8	74.1	67.0
Ages 15–19	105.1	—	116.2	97.2	79.2	59.4	62.0	51.5	47.3	43.9	39.0
American Indian or Alaska Native											
Ages 10–14	1.9	1.7	1.6	1.6	1.1	0.8	0.7	0.5	0.5	0.5	0.4
Ages 15–17	51.5	47.7	48.5	44.6	34.1	26.3	26.1	20.1	18.2	17.0	15.9
Ages 18–19	129.5	124.1	129.3	122.2	97.1	78.0	86.3	66.1	61.6	60.5	53.3
Ages 15–19	82.2	79.2	81.1	72.9	58.3	46.0	49.3	38.7	36.1	34.9	31.1
Asian or Pacific Islander											
Ages 10–14	0.3	0.4	0.7	0.7	0.3	0.2	0.2	0.1	0.1	0.1	0.1
Ages 15–17	12.0	12.5	16.0	15.6	11.6	7.7	7.4	5.1	4.6	4.1	3.7
Ages 18–19	46.2	40.8	40.2	40.1	32.6	26.4	24.9	18.7	18.1	17.7	16.1
Ages 15–19	26.2	23.8	26.4	25.5	20.5	15.4	14.8	10.9	10.2	9.7	8.7

See notes at end of table.

Table FAM6 (cont.)

Adolescent births: Birth rates by race and Hispanic origin^a and mother's age, selected years 1980–2013

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

Characteristic	1980	1985	1990	1995	2000	2005	2007	2010	2011	2012	2013
Hispanic^b											
Ages 10–14	1.7	—	2.4	2.6	1.7	1.3	1.2	0.8	0.7	0.6	0.5
Ages 15–17	52.1	—	65.9	68.3	55.5	45.8	44.4	32.3	28.0	25.5	22.0
Ages 18–19	126.9	—	147.7	145.4	132.6	124.4	124.7	90.7	81.5	77.2	70.8
Ages 15–19	82.2	—	100.3	99.3	87.3	76.5	75.3	55.7	49.6	46.3	41.7

— Not available.

^a The 1977 Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. The revised OMB Standards issued in 1997 permitted the option of selecting more than one race. Multiple-race data were reported by 19 states in 2005, 27 states in 2007, 38 states and the District of Columbia in 2010, 40 states and the District of Columbia in 2011, 41 states and the District of Columbia in 2012, and 44 states and the District of Columbia in 2013. The multiple-race data for these states were bridged to the single-race categories of the 1977 OMB Standards for comparability with other states. Note that data on race and Hispanic origin are collected and reported separately.

^b Persons of Hispanic origin may be of any race. Trends for Hispanic women are affected by expansion of the reporting area in which an item on Hispanic origin is included on the birth certificate as well as by immigration. These two factors affect numbers of events, composition of the Hispanic population, and maternal and infant health characteristics. The number of states in the reporting area increased from 22 in 1980 to 48 and the District of Columbia (DC) in 1990, and 50 and DC starting in 1993. Rates in 1985 were not calculated for Hispanics, non-Hispanic Blacks, and non-Hispanic Whites because estimates for these populations were not available.

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

Table FAM7.A

Child maltreatment: Rate of substantiated maltreatment reports of children ages 0–17 by selected characteristics, selected years 1998–2013

(Victimization rate per 1,000 children ages 0–17)

Characteristic	1998	2000	2005	2006	2007 ^a	2008 ^a	2009 ^a	2010 ^a	2011 ^a	2012 ^a	2013 ^a
Total	12.9	12.2	12.1	12.1	10.6	10.3	10.1	10.0	9.9	9.8	9.8
Gender											
Male	—	11.4	11.3	11.4	10.0	9.7	9.5	9.5	9.4	9.4	9.4
Female	—	12.9	12.7	12.7	11.2	10.8	10.6	10.5	10.4	10.2	10.2
Race and Hispanic origin^b											
White, non-Hispanic	—	10.7	10.8	10.7	9.1	8.6	8.5	8.5	8.6	8.6	8.8
Black, non-Hispanic	—	21.5	19.5	19.8	16.7	16.6	16.1	15.6	15.4	15.2	15.6
American Indian or Alaska Native	—	20.5	16.5	15.9	14.1	13.9	12.8	12.0	12.4	13.6	13.7
Asian	—	2.0	2.5	2.5	2.4	2.4	2.1	2.0	1.7	1.8	1.8
Native Hawaiian or Other Pacific Islander	—	21.7	16.1	14.3	13.6	11.6	11.6	11.4	8.8	9.0	8.3
Two or more races	—	12.3	15.0	15.4	14.0	13.8	12.1	13.0	10.5	10.8	11.6
Hispanic	—	10.2	10.7	10.8	10.3	9.8	9.3	9.5	9.2	9.0	9.1
Age											
Ages 0–3	—	15.7	16.5	16.8	15.0	14.7	14.6	14.7	15.5	15.3	15.4
Age <1	—	—	23.4	23.9	22.0	21.7	21.3	21.4	22.6	23.0	24.4
Ages 1–3	—	—	14.1	14.2	12.6	12.3	12.4	12.5	13.1	12.7	12.4
Ages 4–7	—	13.4	13.5	13.5	11.6	11.0	10.7	10.6	10.8	10.9	11.1
Ages 8–11	—	11.8	10.9	10.8	9.4	9.2	8.8	8.7	8.3	8.3	8.2
Ages 12–15	—	10.4	10.2	10.2	8.7	8.4	8.2	7.9	7.5	7.3	7.2
Ages 16–17	—	5.8	6.2	6.3	5.4	5.5	5.6	5.4	5.1	4.9	4.7

— Not available.

^a Data since 2007 are not directly comparable with prior years as differences may be partially attributed to changes in one state's procedures for determination of maltreatment.

^b The revised 1997 Office of Management and Budget (OMB) standards were used for race and Hispanic origin, where respondents could choose one or more of five racial groups: White, Black or African American, Asian, Native Hawaiian or Other Pacific Islander, or American Indian or Alaska Native. Those reporting more than one race were classified as "Two or more races." In addition, data on race and Hispanic origin are collected separately but are combined for reporting. Persons of Hispanic origin may be of any race.

NOTE: The data in this table are rates of victimization based on the number of investigations and assessments by Child Protective Services that found the child to be a victim of one or more types of maltreatment. This is a duplicated count because an individual child may have been determined to have been maltreated on more than one occasion. Substantiated maltreatment includes the dispositions of substantiated, indicated, or alternative response victim. Rates are based on the number of states submitting data to the National Child Abuse and Neglect Data System (NCANDS) each year; states include the District of Columbia and Puerto Rico. Not all states report in all years. Rates from 1998 to 1999 are based on aggregated data submitted by states; rates from 2000 to present are based on case-level data submitted by the states. The reporting year changed in 2003 from the calendar year to the Federal fiscal year. Additional technical notes are available in the annual reports entitled *Child Maltreatment*. These reports are available on the Internet at <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment>.

SOURCE: Administration for Children and Families, National Child Abuse and Neglect Data System.

Table FAM7.B

Child maltreatment: Percentage of substantiated maltreatment reports of children ages 0–17 by maltreatment type and age, 2013

Characteristic	Physical abuse	Neglect	Medical neglect	Sexual abuse	Psychological abuse	Other abuse	Unknown
Overall	16.7	74.0	2.1	8.4	8.1	9.3	0.0
Age							
Ages 0–3	15.2	81.7	2.5	1.5	6.6	10.3	0.0
Age <1	19.8	80.4	3.1	0.4	5.1	10.2	0.0
Ages 1–3	12.2	82.5	2.1	2.2	7.6	10.4	0.0
Ages 4–7	15.8	75.0	1.7	7.5	8.3	9.4	0.0
Ages 8–11	17.0	71.1	1.8	10.5	9.4	9.1	0.0
Ages 12–15	19.6	63.6	2.3	18.1	9.2	8.0	0.0
Ages 16–17	20.7	63.9	2.5	17.6	8.4	7.9	0.0
Unknown or missing	22.1	62.6	2.3	11.0	13.3	7.2	1.7

NOTE: Based on data from 50 states, the District of Columbia, and the Commonwealth of Puerto Rico. States that report aggregate-only data are not included in this analysis. The data in this table are rates of victimization based on the number of investigations and assessments by Child Protective Services that found the child to be a victim of one or more types of maltreatment. This is a duplicated count because an individual child may have been determined to have been maltreated on more than one occasion. Substantiated maltreatment includes the dispositions of substantiated, indicated, or alternative response victim. States vary in their definition of abuse and neglect. Rows total to more than 100 percent because a single child may be the victim of multiple kinds of maltreatment. The category of unknown includes missing data and children older than 17 years.

SOURCE: Administration for Children and Families, National Child Abuse and Neglect Data System.

Table ECON1.A

Child poverty: Percentage of all children ages 0–17 living below selected poverty thresholds by selected characteristics, selected years 1980–2013

Characteristic	1980	1985	1990	1995	2000	2005	2010	2011	2012	2013
Below 100% poverty										
Total	18.3	20.7	20.6	20.8	16.2	17.6	22.0	21.9	21.8	19.9
Gender										
Male	18.1	20.3	20.5	20.4	16.0	17.4	22.2	21.6	21.3	19.8
Female	18.6	21.1	20.8	21.2	16.3	17.8	21.9	22.2	22.3	20.0
Age										
Ages 0–5	20.7	23.0	23.6	24.1	18.3	20.2	25.8	25.0	24.8	22.5
Ages 6–17	17.3	19.5	19.0	19.1	15.2	16.3	20.2	20.4	20.4	18.7
Race and Hispanic origin ^a										
White, non-Hispanic	11.8	12.8	12.3	11.2	9.1	10.0	12.3	12.5	12.3	10.7
Black, non-Hispanic	42.3	43.3	44.5	41.5	31.0	34.5	39.1	38.8	38.4	39.1
Hispanic	33.2	40.3	38.4	40.0	28.4	28.3	34.9	34.1	33.8	30.4
Region ^b										
Northeast	16.3	18.5	18.4	19.0	14.5	15.5	18.5	18.8	19.6	17.5
South	22.5	22.8	23.8	23.5	18.4	19.7	24.3	23.4	24.2	22.9
Midwest	16.3	20.7	18.8	16.9	13.1	15.9	20.5	20.8	19.9	17.0
West	16.1	19.3	19.8	22.1	16.9	17.5	22.2	22.5	21.2	19.5
Children in married-couple families, total	10.1	11.4	10.3	10.0	8.0	8.5	11.6	11.0	11.2	9.5
Ages 0–5	11.6	12.9	11.7	11.1	8.7	9.9	13.4	12.2	12.6	10.3
Ages 6–17	9.4	10.5	9.5	9.4	7.7	7.7	10.7	10.4	10.5	9.2
White, non-Hispanic	7.5	8.2	6.9	6.0	4.7	4.5	6.4	6.1	6.2	5.0
Black, non-Hispanic	19.7	17.2	17.8	12.0	8.5	12.4	16.0	15.6	14.9	16.9
Hispanic	23.0	27.2	26.6	28.4	20.8	20.1	25.1	23.3	23.6	20.0
Children in female-householder families, no husband present, total	51.4	54.1	54.2	50.7	40.5	43.1	47.1	48.0	47.6	46.1
Ages 0–5	65.4	65.7	65.9	61.9	50.7	52.9	58.7	57.7	56.3	55.3
Ages 6–17	46.2	49.1	48.4	45.2	36.3	38.9	41.9	43.5	43.7	42.0
White, non-Hispanic	38.6	39.1	41.4	34.9	29.3	33.8	36.0	36.5	37.3	34.8
Black, non-Hispanic	64.9	66.7	65.1	61.5	48.9	50.2	52.6	54.2	53.9	54.6
Hispanic	64.8	73.0	68.9	66.0	50.5	51.0	56.8	57.2	55.4	52.4
Below 50% poverty										
Total	6.9	8.6	8.8	8.5	6.7	7.7	9.9	9.8	9.7	8.8
Gender										
Male	6.9	8.6	8.8	8.4	6.6	7.3	10.0	9.7	9.3	8.6
Female	6.9	8.6	8.8	8.5	6.8	8.1	9.8	10.0	10.1	9.0
Age										
Ages 0–5	8.3	10.0	10.7	10.8	8.1	9.1	12.0	12.2	11.9	10.9
Ages 6–17	6.2	7.8	7.8	7.2	6.0	7.0	8.9	8.7	8.6	7.8
Race and Hispanic origin ^a										
White, non-Hispanic	4.3	5.0	5.0	3.9	3.7	4.1	5.1	5.6	5.4	4.5
Black, non-Hispanic	17.7	22.1	22.7	20.5	14.9	17.3	20.1	19.0	19.2	19.1
Hispanic	10.8	14.1	14.2	16.3	10.2	11.5	15.0	14.5	13.7	12.8
Region ^b										
Northeast	4.7	6.5	7.6	8.6	6.4	7.5	8.9	8.7	8.2	7.2
South	9.7	10.9	11.3	10.1	7.9	9.0	10.5	10.8	11.0	10.2
Midwest	6.3	9.5	8.9	6.6	5.5	6.5	9.8	10.0	9.2	8.1
West	5.1	5.6	6.1	7.8	6.2	7.0	9.8	8.9	9.0	8.3

See notes at end of table.

Table ECON1.A (cont.)

Child poverty: Percentage of all children ages 0–17 living below selected poverty thresholds by selected characteristics, selected years 1980–2013

Characteristic	1980	1985	1990	1995	2000	2005	2010	2011	2012	2013
Below 50% poverty—continued										
Children in married-couple families, total	3.1	3.5	2.7	2.6	2.2	2.4	3.5	3.3	3.6	2.7
Ages 0–5	3.7	4.0	3.2	2.9	2.2	2.8	4.1	3.7	4.2	2.9
Ages 6–17	2.8	3.1	2.4	2.5	2.2	2.2	3.2	3.1	3.3	2.6
White, non-Hispanic	2.5	2.6	2.0	1.5	1.5	1.2	1.8	2.0	2.2	1.5
Black, non-Hispanic	4.2	5.2	3.9	2.5	2.9	4.5	5.7	5.1	5.8	5.6
Hispanic	6.2	7.4	6.7	8.6	4.5	5.2	7.5	6.4	6.0	5.2
Children in female-householder families, no husband present, total	22.3	27.0	28.7	24.4	19.7	22.5	25.3	25.5	24.6	24.8
Ages 0–5	31.4	35.8	37.7	34.3	28.4	29.4	33.3	34.1	32.0	32.8
Ages 6–17	18.8	23.2	24.2	19.7	16.1	19.6	21.7	21.6	21.3	21.1
White, non-Hispanic	15.3	17.5	21.1	14.5	13.4	16.4	18.6	19.7	19.2	18.1
Black, non-Hispanic	31.0	38.0	37.1	32.6	23.9	26.5	28.2	28.1	27.1	29.0
Hispanic	24.7	31.1	33.1	33.1	26.0	29.1	31.5	31.1	29.6	28.7
Below 150% poverty										
Total	29.9	32.3	31.4	32.2	26.7	28.2	33.4	34.0	33.3	32.1
Gender										
Male	29.6	32.2	31.3	31.7	26.6	28.0	33.6	33.6	32.8	32.2
Female	30.3	32.3	31.6	32.7	26.8	28.3	33.3	34.3	33.9	32.1
Age										
Ages 0–5	33.2	35.6	34.6	35.5	29.3	31.5	37.1	37.4	36.4	34.7
Ages 6–17	28.4	30.5	29.7	30.5	25.4	26.5	31.6	32.3	31.9	30.9
Race and Hispanic origin ^a										
White, non-Hispanic	21.7	22.6	21.4	20.1	16.4	17.2	20.5	21.5	20.7	19.1
Black, non-Hispanic	57.3	59.5	57.8	56.5	45.4	48.7	54.0	52.0	51.4	54.2
Hispanic	52.7	57.8	56.0	59.4	47.3	45.9	51.7	52.4	51.9	48.9
Region ^b										
Northeast	27.0	28.1	26.7	28.8	23.4	24.9	27.5	29.2	30.2	29.4
South	35.8	36.7	36.0	35.8	29.5	31.2	36.9	36.0	36.1	35.4
Midwest	26.0	31.0	28.7	26.8	21.8	25.0	31.1	31.5	30.6	28.0
West	27.9	30.4	31.4	35.0	29.3	28.8	34.2	36.1	33.5	32.5
Children in married-couple families, total	20.6	22.2	20.1	20.0	16.2	17.0	21.0	21.3	20.5	19.3
Ages 0–5	23.7	25.7	22.2	21.3	17.8	19.8	23.3	23.2	22.3	20.7
Ages 6–17	19.1	20.3	18.8	19.2	15.5	15.6	19.8	20.3	19.7	18.6
White, non-Hispanic	16.5	17.1	14.7	13.4	10.0	10.0	12.9	13.1	12.6	11.2
Black, non-Hispanic	34.6	37.1	31.6	25.3	20.0	22.9	27.0	26.3	24.3	29.0
Hispanic	43.4	47.3	46.6	49.8	39.4	38.5	42.3	42.6	41.6	38.0
Children in female-householder families, no husband present, total	66.7	68.1	67.6	65.7	57.6	58.9	63.2	63.6	63.5	63.8
Ages 0–5	79.1	77.4	77.1	75.3	67.2	68.8	72.9	72.5	71.5	71.2
Ages 6–17	62.0	64.1	62.9	61.0	53.7	54.7	58.9	59.5	59.9	60.4
White, non-Hispanic	53.6	54.4	56.1	50.1	45.1	47.8	50.1	52.3	52.6	51.2
Black, non-Hispanic	79.9	79.6	77.4	76.2	66.1	66.9	70.4	69.4	69.6	72.0
Hispanic	80.7	84.8	80.8	81.7	70.3	67.4	72.9	73.6	72.0	71.0

See notes at end of table.

Table ECON1.A (cont.)

Child poverty: Percentage of all children ages 0–17 living below selected poverty thresholds by selected characteristics, selected years 1980–2013

Characteristic	1980	1985	1990	1995	2000	2005	2010	2011	2012	2013
Below 200% poverty										
Total	42.3	43.5	42.4	43.3	37.5	38.9	43.7	44.3	43.8	42.6
Gender										
Male	42.3	43.2	42.5	43.1	37.5	38.6	43.7	44.1	43.3	42.4
Female	42.4	43.7	42.3	43.5	37.6	39.3	43.6	44.5	44.2	42.8
Age										
Ages 0–5	46.8	47.1	46.0	46.7	41.0	42.4	47.4	47.9	47.0	45.5
Ages 6–17	40.3	41.6	40.5	41.5	35.9	37.3	41.9	42.6	42.2	41.2
Race and Hispanic origin ^a										
White, non-Hispanic	33.8	33.6	32.3	30.5	25.5	26.2	29.1	30.4	30.0	28.5
Black, non-Hispanic	70.1	70.9	68.1	68.0	58.9	61.2	65.1	62.8	62.1	63.6
Hispanic	67.2	70.3	69.5	72.9	62.6	60.7	64.8	65.6	65.0	62.5
Region ^b										
Northeast	39.1	37.5	36.3	38.2	33.0	33.9	35.9	37.8	38.8	37.5
South	47.8	48.6	47.7	48.4	41.6	42.5	47.4	46.8	46.6	45.8
Midwest	39.1	42.5	39.6	36.9	31.2	35.3	41.2	42.0	41.3	38.8
West	40.5	41.7	42.7	46.1	40.5	40.5	45.5	46.8	44.9	44.4
Children in married-couple families, total	33.2	33.9	31.4	31.1	26.4	27.0	30.8	30.7	30.2	29.3
Ages 0–5	38.1	38.1	34.5	33.2	29.2	30.2	33.4	33.4	32.5	31.3
Ages 6–17	30.8	31.6	29.6	29.9	25.1	25.4	29.4	29.3	29.1	28.3
White, non-Hispanic	28.3	27.8	25.4	23.3	18.2	18.1	20.5	20.8	20.4	19.5
Black, non-Hispanic	50.9	52.5	44.7	38.3	35.3	35.3	40.4	36.0	36.3	38.9
Hispanic	60.5	62.8	62.1	66.0	55.5	54.1	56.0	56.3	56.0	53.1
Children in female-householder families, no husband present, total	78.2	77.4	77.6	76.4	69.7	71.2	73.9	75.5	74.7	74.8
Ages 0–5	87.9	84.5	85.4	84.3	78.6	80.2	82.4	82.4	81.8	80.6
Ages 6–17	74.5	74.4	73.7	72.5	66.0	67.4	70.1	72.3	71.6	72.1
White, non-Hispanic	67.8	66.6	68.0	62.6	57.1	60.2	62.0	65.3	66.3	64.6
Black, non-Hispanic	89.1	87.1	85.7	86.9	78.4	78.8	80.1	80.2	78.9	80.8
Hispanic	87.3	89.9	89.1	88.6	82.5	80.6	83.5	84.8	82.4	81.2

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

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

NOTE: The 2014 CPS Annual Social and Economic Supplement (ASEC) included redesigned questions for income and health insurance coverage. All of the approximately 98,000 addresses were eligible to receive the redesigned set of health insurance coverage questions. The redesigned income questions were implemented for a subsample of these 98,000 addresses using a probability split panel design. Approximately 68,000 addresses were eligible to receive a set of income questions similar to those used in the 2013 CPS ASEC, and the remaining 30,000 addresses were eligible to receive the redesigned income questions. The source of the 2013 data for this table is the portion of the CPS ASEC sample that received the income questions consistent with the 2013 CPS ASEC, approximately 68,000 addresses. Data for 2010 use the Census 2010-based population controls. The 2004 data have been revised to reflect a correction to the weights in the 2005 ASEC. Data for 1999, 2000, and 2001 use Census 2000 population controls. Data for 2000 onward are from the expanded CPS sample. The poverty threshold is based on money income and does not include noncash benefits, such as food stamps. Poverty thresholds reflect family size and composition and are adjusted each year using the annual average Consumer Price Index level. In 2013, the poverty threshold for a two-parent, two-child family was \$23,624. The levels shown here are derived from the ratio of the family's income to the family's poverty threshold. For more detail, see U.S. Census Bureau, Series P-60, no. 249, <http://www.census.gov/content/dam/Census/library/publications/2014/demo/p60-249.pdf>. SOURCE: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement.

Table ECON1.B

Income distribution: Percentage of children ages 0–17 by family income relative to the poverty threshold, selected years 1980–2013

Poverty status	1980	1985	1990	1995	2000	2005	2006	2007	2008	2009	2010	2011	2012	2013
Below 50% of poverty threshold	6.9	8.6	8.8	8.5	6.7	7.7	7.5	7.8	8.5	9.3	9.9	9.8	9.7	8.8
50–99% of poverty threshold	11.4	12.1	11.8	12.3	9.5	9.9	9.9	10.2	10.5	11.4	12.1	12.0	12.1	11.1
100–199% of poverty threshold	24.0	22.8	21.8	22.5	21.4	21.3	21.6	21.2	21.6	21.5	21.6	22.4	22.0	22.7
200–399% of poverty threshold	41.1	37.4	36.6	34.2	33.8	31.9	31.4	31.6	31.5	30.4	29.4	29.3	29.2	29.3
400–599% of poverty threshold	11.5	13.6	13.7	13.7	16.3	15.9	16.0	16.0	15.2	14.8	14.6	14.1	14.5	14.8
600% of poverty threshold and above	5.1	5.5	7.3	8.8	12.4	13.3	13.6	13.2	12.7	12.5	12.3	12.3	12.5	13.3

NOTE: Estimates refer to all children ages 0–17. The table shows income categories derived from the ratio of a family's income to the family's poverty threshold. In 2013, the poverty threshold for a family of four with two children was \$23,624. For example, a family of four with two children would be living below 50 percent of the poverty threshold if their income was less than \$11,812 (50 percent of \$23,624). If the same family's income was at least \$23,624 but less than \$47,248, the family would be living at 100–199 percent of the poverty threshold. Data for 2010 used the Census 2010-based population controls. The 2004 data have been revised to reflect a correction to the weights in the 2005 Annual Social and Economic Supplement (ASEC). Data for 1999, 2000, and 2001 use Census 2000 population controls. Data for 2000 onward are from the expanded Current Population Survey (CPS) sample. The 2014 CPS ASEC included redesigned questions for income and health insurance coverage. All of the approximately 98,000 addresses were eligible to receive the redesigned set of health insurance coverage questions. The redesigned income questions were implemented for a subsample of these 98,000 addresses using a probability split panel design. Approximately 68,000 addresses were eligible to receive a set of income questions similar to those used in the 2013 CPS ASEC, and the remaining 30,000 addresses were eligible to receive the redesigned income questions. The source of the 2013 data for this table is the portion of the CPS ASEC sample which received the income questions consistent with the 2013 CPS ASEC, approximately 68,000 addresses.

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

Table ECON2

Secure parental employment: Percentage of children ages 0–17 living with at least one parent employed year round, full time^a by family structure, race and Hispanic origin, poverty status, and age, selected years 1980–2013

Characteristic	1980	1985	1990	1995	2000	2005	2010	2011	2012	2013 ^b
All children living with parent(s)										
Total children living with parent(s) (in thousands)	60,683	61,264	63,351	68,090	69,126	70,292	71,732	71,210	71,233	71,042
Total living with relatives but not with parent(s) (in thousands)	1,954	1,379	1,455	2,160	2,212	2,419	2,352	2,148	2,126	2,196
Total	70	70	72	74	80	78	71	73	73	74
Race and Hispanic origin ^c										
White, non-Hispanic	75	77	79	81	85	84	79	79	80	81
Black, non-Hispanic	50	48	50	54	66	62	53	56	57	57
Hispanic	59	55	60	61	72	74	61	65	65	66
Poverty status										
Below 100% poverty	21	20	22	25	34	32	24	27	27	27
100% poverty and above	81	82	85	86	88	88	83	85	85	85
Age										
Ages 0–5	67	67	68	69	76	75	66	69	69	70
Ages 6–17	72	72	74	76	81	80	73	74	75	76
Children living in families maintained by two married parents										
Total	80	81	85	87	90	89	83	86	85	87
Race and Hispanic origin ^c										
White, non-Hispanic	81	83	86	89	92	91	87	88	89	90
Black, non-Hispanic	73	76	84	85	90	85	76	82	81	81
Hispanic	71	70	74	77	85	85	73	79	78	80
Poverty status										
Below 100% poverty	38	37	44	46	58	57	40	48	46	48
100% poverty and above	84	87	89	91	93	92	89	90	90	91
Age										
Ages 0–5	76	79	83	86	89	87	80	83	84	85
Ages 6–17	81	82	85	87	91	90	84	87	86	87
With both parents working year round, full time	17	20	25	28	33	31	28	29	30	32
Children living in families maintained by single mothers^d										
Total	33	32	33	38	49	48	41	41	43	42
Race and Hispanic origin ^c										
White, non-Hispanic	39	39	40	46	53	52	46	45	46	45
Black, non-Hispanic	28	25	27	33	49	45	40	39	41	41
Hispanic	22	22	24	27	38	45	36	38	40	40
Poverty status										
Below 100% poverty	7	7	9	14	20	17	15	16	17	16
100% poverty and above	59	59	60	61	67	70	65	65	66	65
Age										
Ages 0–5	20	20	21	24	36	37	31	32	32	32
Ages 6–17	38	37	40	45	55	53	47	46	47	47

See notes at end of table.

Table ECON2 (cont.)

Secure parental employment: Percentage of children ages 0–17 living with at least one parent employed year round, full time^a by family structure, race and Hispanic origin, poverty status, and age, selected years 1980–2013

Characteristic	1980	1985	1990	1995	2000	2005	2010	2011	2012	2013 ^b
Children living in families maintained by single fathers^d										
Total	57	60	64	67	69	71	55	62	61	63
Race and Hispanic origin ^c										
White, non-Hispanic	61	62	68	72	74	74	62	66	65	68
Black, non-Hispanic	41	59	53	64	52	65	41	58	51	50
Hispanic	53	53	59	58	68	67	52	60	61	62
Poverty status										
Below 100% poverty	15	23	21	24	21	32	18	24	25	28
100% poverty and above	68	69	74	79	79	80	69	74	74	74
Age										
Ages 0–5	48	57	58	54	65	66	50	60	56	56
Ages 6–17	59	62	67	74	70	73	58	63	64	66

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

^b The source of the calendar year 2013 data for this table is the portion of the 2014 Current Population Survey (CPS) Annual Social and Economic Supplement (ASEC) sample that received income questions consistent with the 2013 CPS ASEC.

^c For data from 1980 to 2002, the 1977 Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. The revised 1997 OMB Standards were used for data for 2003 and later years. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Included in the totals, but not shown separately, are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and “Two or more races.” Beginning in 2003, those in each racial category represent those reporting only one race. Data from 2003 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

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

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

Table ECON3

Food insecurity: Percentage of children ages 0–17 in food-insecure households by selected characteristics and severity of food insecurity, selected years 1995–2013

Characteristic	1995 ^a	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
All children														
In food-insecure households ^b	19.4	17.6	18.1	18.2	19.0	16.9	17.2	16.9	22.5	23.2	21.6	22.4	21.6	21.4
In households with very low food security among children ^c	1.3	0.6	0.8	0.6	0.7	0.8	0.6	0.9	1.5	1.3	1.3	1.1	1.3	1.0
Poverty status														
Below 100% poverty														
In food-insecure households ^b	44.4	45.9	45.6	45.2	47.1	42.5	43.6	42.9	51.5	51.2	43.7	46.0	45.8	46.4
In households with very low food security among children ^c	3.4	2.6	2.4	2.0	2.5	2.9	2.1	3.0	4.3	4.2	3.3	3.0	3.4	2.4
100–199% poverty														
In food-insecure households ^b	25.4	27.1	28.4	29.6	28.0	26.4	26.7	27.5	33.7	34.5	32.3	31.7	32.1	32.3
In households with very low food security among children ^c	1.4	0.8	1.2	0.9	1.1	0.8	0.8	1.2	2.1	1.8	1.3	1.4	2.2	1.2
200% poverty and above														
In food-insecure households ^b	4.8	5.5	6.0	6.2	6.2	6.0	6.1	6.1	8.9	9.1	8.6	7.0	7.7	6.8
In households with very low food security among children ^c	0.2	0.1	0.1	0.1	0.1	0.3	0.1	0.2	0.3	0.2	0.5	0.2	0.3	‡
Race and Hispanic origin^d														
White, non-Hispanic														
In food-insecure households ^b	14.0	11.9	12.6	12.0	13.0	12.2	11.8	11.9	16.0	16.7	14.9	16.0	16.9	15.4
In households with very low food security among children ^c	0.8	0.2	0.4	0.2	0.4	0.5	0.3	0.5	0.6	0.7	0.5	0.6	0.8	0.6
Black, non-Hispanic														
In food-insecure households ^b	30.6	29.6	29.4	30.8	31.2	29.2	29.3	26.1	34.0	34.6	34.8	32.0	31.5	36.1
In households with very low food security among children ^c	2.3	1.4	1.3	1.0	1.3	1.9	1.5	1.8	3.2	2.3	2.6	2.2	2.5	2.4
Hispanic														
In food-insecure households ^b	33.9	28.6	29.2	30.8	29.6	23.7	26.0	26.7	33.9	34.9	32.5	34.5	28.7	29.5
In households with very low food security among children ^c	2.6	1.3	1.6	1.6	1.2	1.2	0.7	1.9	2.7	2.5	2.5	2.0	1.9	1.5
Region^e														
Northeast														
In food-insecure households ^b	16.8	13.2	15.2	15.9	14.7	14.1	14.3	14.6	19.7	19.5	18.0	19.9	17.9	18.8
In households with very low food security among children ^c	0.8	0.8	0.7	0.5	0.5	1.0	0.5	0.7	1.3	1.8	0.9	0.9	1.2	0.9
South														
In food-insecure households ^b	20.5	19.9	20.2	19.3	20.2	18.0	19.3	18.3	24.3	25.1	22.9	23.7	23.8	24.8
In households with very low food security among children ^c	1.3	0.6	0.9	0.7	0.9	0.7	0.6	0.9	1.3	1.2	1.5	1.5	1.4	1.2
Midwest														
In food-insecure households ^b	16.2	14.0	15.8	16.5	17.6	15.8	16.5	15.4	21.1	21.7	20.0	18.5	20.5	18.6
In households with very low food security among children ^c	0.8	0.5	0.3	0.3	0.7	0.6	0.6	0.9	1.1	0.6	0.9	1.0	1.5	0.9
West														
In food-insecure households ^b	23.2	20.9	19.5	19.8	21.7	18.1	16.7	17.7	23.0	23.9	23.6	25.3	21.5	20.5
In households with very low food security among children ^c	2.1	0.7	1.1	0.6	0.8	1.1	0.6	1.2	2.1	1.9	1.6	0.9	1.1	1.0
Parental education														
Parent or guardian with highest education less than high school or GED														
In food-insecure households ^b	41.8	37.6	41.4	37.7	39.8	37.3	39.2	38.2	46.2	42.6	41.8	42.5	41.3	38.9
In households with very low food security among children ^c	3.0	1.1	1.8	1.4	1.2	1.4	2.3	2.4	2.8	3.2	3.2	2.8	2.8	1.6

See notes at end of table.

Table ECON3 (cont.)

Food insecurity: Percentage of children ages 0–17 in food-insecure households by selected characteristics and severity of food insecurity, selected years 1995–2013

Characteristic	1995 ^a	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Parental education—continued														
Parent or guardian with highest education high school or GED														
In food-insecure households ^b	24.9	25.9	25.1	26.7	27.7	25.1	25.2	23.7	33.6	34.2	29.4	33.4	30.0	34.5
In households with very low food security among children ^c	1.2	1.1	1.2	0.8	1.3	0.9	0.8	1.6	2.6	2.0	1.8	1.3	2.0	1.7
Parent or guardian with highest education some college, including vocational/technical or associate's degree														
In food-insecure households ^b	18.9	17.5	18.8	19.2	20.7	18.3	19.3	18.7	25.6	27.0	26.6	25.9	26.7	26.6
In households with very low food security among children ^c	1.5	0.5	0.8	0.7	0.9	1.1	0.5	1.0	1.6	1.6	1.4	1.6	1.5	1.3
Parent or guardian with highest education bachelor's degree or higher														
In food-insecure households ^b	5.1	5.3	5.6	6.1	5.5	4.9	4.7	5.8	7.4	9.0	8.3	8.8	9.2	7.9
In households with very low food security among children ^c	0.4	0.2	0.2	0.1	0.1	0.3	0.1	0.1	0.3	0.3	0.5	0.3	0.5	0.4
Family structure														
Married-couple household														
In food-insecure households ^b	13.3	12.6	12.0	12.3	13.0	11.3	11.5	11.8	15.8	17.1	15.4	15.6	14.5	14.7
In households with very low food security among children ^c	0.8	0.3	0.4	0.2	0.5	0.5	0.2	0.6	0.8	0.9	0.9	0.8	0.8	0.7
Female-headed household, no spouse														
In food-insecure households ^b	38.6	33.5	35.5	34.5	35.8	32.8	33.3	31.8	39.9	38.4	36.9	39.6	38.0	37.1
In households with very low food security among children ^c	2.8	1.7	1.8	1.8	1.5	1.7	1.6	2.0	3.2	2.7	2.3	1.9	2.5	2.0
Male-headed household, no spouse														
In food-insecure households ^b	21.0	17.1	23.0	24.3	24.0	18.4	19.5	20.5	30.0	28.6	27.6	26.3	26.0	25.5
In households with very low food security among children ^c	1.1	0.9	1.1	0.7	1.0	0.7	0.6	0.6	2.0	1.0	‡	‡	1.6	‡

‡ Reporting standards not met; fewer than 10 households in the survey with this characteristic had very low food security among children.

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

^b Either adults or children or both were food insecure. At times they were unable to acquire adequate food for active, healthy living for all household members because they had insufficient money and other resources for food.

^c In these households, eating patterns of one or more children were disrupted, and their food intake was reduced below a level considered adequate by their caregiver. Prior to 2006, the category "with very low food security among children" was labeled "food insecure with hunger among children." The United States Department of Agriculture (USDA) introduced the new label based on recommendations by the Committee on National Statistics.

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

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

NOTE: The food security measure is based on data collected annually in the Food Security Supplement to the CPS. The criteria for classifying households as food insecure reflect a consensus judgment of an expert working group on food security measurement. For detailed explanations, see Bickel, G., Nord, M., Price, C., Hamilton, W., and Cook, J., revised 2000, *Guide to measuring household food security*, U.S. Department of Agriculture, Food and Nutrition Service; and Coleman-Jensen, A., Gregory, C., and Singh, A., 2014, *Household food security in the United States in 2013* (ERR-173), U.S. Department of Agriculture, Economic Research Service.

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

Table HC1

Health insurance coverage: Percentage of children ages 0–17 by health insurance coverage status at time of interview and selected characteristics, selected years 1993–2013

Characteristic	1993	1998	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Uninsured^a													
Total	13.6	12.7	9.8	9.2	9.3	9.5	9.0	9.0	8.2	7.8	7.0	6.6	6.6
Gender													
Male	13.8	12.7	9.5	9.2	9.1	9.7	9.0	9.0	8.2	8.0	7.0	6.4	6.7
Female	13.4	12.7	10.1	9.2	9.4	9.2	9.1	9.1	8.2	7.6	6.9	6.7	6.5
Age													
Ages 0–5	12.4	11.5	8.2	8.2	7.7	7.5	7.3	7.6	6.6	6.3	5.0	4.6	5.0
Ages 6–11	13.8	12.8	9.7	9.3	9.2	9.8	8.8	9.0	7.9	7.4	7.0	6.4	6.0
Ages 12–17	14.8	13.9	11.4	10.0	10.8	11.1	10.9	10.6	10.1	9.8	9.0	8.7	8.9
Race and Hispanic origin ^b													
White, non-Hispanic	11.0	8.9	6.4	6.4	6.5	6.2	7.1	6.7	6.0	5.8	4.8	5.2	4.7
Black, non-Hispanic	14.7	14.0	8.9	6.9	8.9	7.8	6.2	7.5	6.6	6.4	5.5	4.4	5.1
Hispanic	25.3	26.2	20.2	19.5	17.5	19.4	15.3	16.8	14.7	13.0	12.3	10.9	11.8
Region ^c													
Northeast	9.9	7.3	5.1	5.4	5.5	4.3	5.2	6.0	4.4	4.4	3.0	3.5	3.7
South	18.7	16.3	12.1	11.5	12.5	12.7	11.4	10.7	10.7	9.7	8.1	8.0	8.0
Midwest	8.4	8.4	6.5	6.8	6.6	6.3	6.5	8.2	6.7	4.9	5.2	5.5	5.1
West	14.8	16.6	13.1	10.9	10.0	11.6	10.4	9.5	8.6	9.9	9.7	7.5	7.9
Private health insurance^d													
Total	66.3	68.4	63.0	63.2	62.1	59.4	59.8	58.4	55.8	54.1	53.7	53.4	53.2
Gender													
Male	66.3	68.2	63.4	63.7	62.3	59.3	59.8	58.1	56.2	54.0	53.6	54.1	53.3
Female	66.3	68.5	62.5	62.7	61.9	59.4	59.8	58.8	55.4	54.2	53.8	52.7	53.0
Age													
Ages 0–5	60.3	64.7	58.2	58.1	56.6	54.7	54.1	53.2	50.1	48.3	47.8	48.4	47.3
Ages 6–11	68.0	68.8	63.2	63.4	62.1	59.5	61.0	58.7	57.0	54.7	54.2	53.6	53.6
Ages 12–17	71.2	71.7	67.4	67.7	67.2	63.8	64.2	63.5	60.7	59.7	59.4	58.0	58.3
Race and Hispanic origin ^b													
White, non-Hispanic	76.9	79.1	75.7	76.3	75.0	72.4	73.8	72.8	70.5	69.1	68.6	68.5	68.8
Black, non-Hispanic	42.2	47.1	46.2	45.5	42.3	41.4	41.3	38.4	36.3	34.5	35.1	33.3	33.6
Hispanic	43.3	45.3	36.3	36.1	36.8	34.2	35.3	33.4	30.5	29.2	29.1	29.5	28.2
Region ^c													
Northeast	72.2	74.2	70.5	70.2	69.6	64.3	67.1	65.8	64.7	61.4	59.3	60.6	58.7
South	60.5	63.1	56.4	57.1	54.5	53.3	54.3	53.2	50.0	48.8	49.4	47.3	47.2
Midwest	72.9	76.5	71.2	71.8	69.2	66.4	65.5	63.4	60.7	60.4	60.9	61.7	62.2
West	62.9	62.3	59.5	58.5	60.6	58.2	57.6	56.2	53.6	51.4	49.5	50.0	50.5

See notes at end of table.

Table HC1 (cont.)

Health insurance coverage: Percentage of children ages 0–17 by health insurance coverage status at time of interview and selected characteristics, selected years 1993–2013

Characteristic	1993	1998	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Public health insurance^e													
Total	18.2	16.3	25.1	25.4	26.3	28.8	28.6	30.1	33.1	35.2	37.0	37.6	37.7
Gender													
Male	18.1	16.4	25.0	25.1	26.3	28.7	28.6	30.6	32.7	35.2	37.2	36.9	37.4
Female	18.3	16.3	25.2	25.7	26.4	29.0	28.6	29.6	33.5	35.2	36.9	38.3	38.0
Age													
Ages 0–5	25.1	21.4	31.3	31.3	33.0	35.3	35.4	36.6	40.2	42.3	45.1	44.4	44.5
Ages 6–11	16.7	15.9	24.9	25.1	26.3	28.6	27.5	30.0	32.5	35.3	36.5	37.7	38.1
Ages 12–17	12.1	11.7	19.3	20.2	19.9	22.9	23.0	23.7	26.3	27.6	29.2	30.7	30.6
Race and Hispanic origin ^b													
White, non-Hispanic	10.1	9.6	15.8	15.4	16.4	19.4	16.4	18.1	20.6	22.2	24.5	24.0	23.7
Black, non-Hispanic	41.5	35.0	42.7	44.5	45.3	47.0	49.3	50.9	53.9	56.0	56.5	59.4	58.8
Hispanic	30.0	26.6	41.7	42.8	43.8	44.4	47.9	47.7	52.6	55.5	56.6	57.5	58.2
Region ^c													
Northeast	17.4	16.7	23.5	23.2	23.4	30.2	26.6	27.6	29.8	33.5	36.1	34.3	36.7
South	18.1	16.7	28.5	28.3	29.3	30.1	30.0	32.1	34.7	37.3	39.6	41.4	41.3
Midwest	18.3	14.0	21.3	20.4	23.2	26.6	26.9	27.1	31.3	33.0	32.6	31.4	31.4
West	19.0	18.3	24.8	27.7	27.1	28.0	29.5	32.0	34.7	35.4	38.1	39.7	38.3

^a A child was considered to be uninsured if he or she did not have any private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan. A child was also defined as uninsured if he or she had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care.

^b Respondents are asked whether they are of Hispanic origin and about their race separately. Information from these two sources is used to create a four-category race/ethnicity indicator, which distinguishes between "White, non-Hispanic," "Black, non-Hispanic," "Other, non-Hispanic," and "Hispanic" children. For this report, estimates for children who are "Other, non-Hispanic" are not shown separately but are included in the total. For years 1993–1996, race is based on the main race of the child following the 1977 Office of Management and Budget (OMB) standards for collecting and presenting data on race. From 1997 onward, estimates are presented for children for whom a single race was indicated; following the 1997 OMB standards for collecting and presenting data on race, the National Health Interview Survey asked respondents to choose one or more races from the following: White, Black or African American, Asian, American Indian or Alaska Native, and Native Hawaiian or Other Pacific Islander. The use of the race-alone population in this table does not imply that it is the preferred method of presenting or analyzing data. Data from 1997 onward are not directly comparable with data from earlier years. Persons of Hispanic origin may be of any race.

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

^d Private health insurance includes children covered by any comprehensive private insurance plan (including health maintenance organizations and preferred provider organizations). These plans include those obtained through an employer, purchased directly, or obtained through local or community programs. Excludes plans that only paid for one type of service such as accidents or dental care.

^e Public health insurance includes children who do not have private coverage, but who have Medicaid or other state-sponsored health plans, including CHIP.

NOTE: A small percentage of children have coverage other than private or public health insurance. They are not shown separately in the report, but they are included in the total.

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

Table HC2

Usual source of health care: Percentage of children ages 0–17 with no usual source of health care^a by age, type of health insurance, and poverty status, selected years 1993–2013

Characteristic	1993 ^b	1995 ^b	2000	2005	2006	2007	2008	2009	2010	2011	2012	2013
Ages 0–17												
Total	8.0	6.5	7.0	5.3	5.6	6.0	5.7	5.5	5.4	4.0	4.1	4.1
Type of insurance												
Private insurance ^c	3.9	3.2	3.4	2.0	2.2	2.9	2.7	2.4	2.7	1.5	2.0	2.2
Public insurance ^{c,d}	10.8	6.8	4.8	3.8	4.1	4.6	4.3	4.5	4.3	3.1	3.0	3.2
No insurance	24.3	22.5	29.7	31.6	29.7	32.2	30.2	28.6	28.9	27.8	29.1	24.7
Poverty status ^e												
Below 100% poverty	15.7	10.9	12.4	8.6	8.6	9.6	8.2	8.9	7.7	5.9	5.5	6.7
100–199% poverty	9.1	8.6	10.9	7.8	8.4	8.9	10.0	6.7	8.3	5.9	5.5	5.5
200% poverty and above	3.8	3.6	4.0	3.4	3.3	3.7	3.2	3.7	3.3	2.4	3.0	2.4
Ages 0–5												
Total	5.5	4.4	4.6	3.3	3.9	3.5	4.1	4.6	3.6	2.5	2.4	2.8
Type of insurance												
Private insurance ^c	2.0	1.7	2.3	0.9	1.3	1.8	1.6	1.8	1.6	0.9	1.0	1.1
Public insurance ^{c,d}	7.6	5.1	3.2	2.9	3.3	2.7	3.7	4.1	3.3	2.3	2.0	2.7
No insurance	19.4	17.3	19.6	22.8	23.5	22.2	21.6	23.2	19.8	19.1	21.1	19.0
Poverty status ^e												
Below 100% poverty	11.2	7.9	6.9	5.0	6.1	4.9	7.0	7.8	5.5	3.2	3.7	4.8
100–199% poverty	6.2	6.0	7.9	4.4	5.9	5.3	5.6	4.5	5.0	3.6	2.8	4.2
200% poverty and above	1.8	1.9	2.6	2.2	2.0	2.0	2.3	3.0	2.0	1.6	1.6	1.1
Ages 6–17												
Total	9.4	7.5	8.1	6.3	6.4	7.3	6.5	6.0	6.4	4.8	5.0	4.7
Type of insurance												
Private insurance ^c	4.9	3.9	3.9	2.4	2.6	3.4	3.1	2.7	3.3	1.8	2.4	2.6
Public insurance ^{c,d}	13.8	8.4	6.0	4.4	4.6	5.9	4.7	4.7	5.0	3.8	3.7	3.5
No insurance	26.5	24.8	34.5	34.7	31.9	35.5	34.0	30.5	32.6	30.4	31.6	26.7
Poverty status ^e												
Below 100% poverty	18.7	12.8	15.6	10.8	10.1	12.8	9.0	9.6	9.1	7.8	6.7	7.8
100–199% poverty	10.8	10.0	12.5	9.4	9.7	10.9	12.4	7.8	10.2	7.0	6.8	6.2
200% poverty and above	4.8	4.4	4.6	3.9	3.9	4.4	3.5	4.0	3.9	2.7	3.6	2.9

^a Usual source of health care is based on the following question: “Is there a place that [child’s name] USUALLY goes when [he/she] is sick or needs advice about [his/her] health?” A follow-up question specifies that these places may be a walk-in clinic, doctor’s office, clinic, health center, health maintenance organization (HMO), outpatient clinic, or military or Veterans Administration health care facility. Excludes emergency rooms as a usual source of health care.

^b In 1997, the National Health Interview Survey (NHIS) was redesigned. Data for 1997–2013 are not strictly comparable to prior years of data.

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

^d As defined here, public health insurance for children consists mostly of Medicaid or other public assistance programs, including state plans. Beginning in 1999, the public health insurance category also includes the Children’s Health Insurance Program (CHIP). It does not include children with only Medicare, Tricare, or the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA).

^e Starting with *America’s Children, 2008*, imputed family income was used for data years 1993 and beyond. Missing family income data were imputed for approximately 20 to 30 percent of children ages 0–17 in 1993–2013. Therefore, estimates by poverty for 1993–2006 may differ from those in previous editions.

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

Table HC3.A

Immunization: Percentage of children ages 19–35 months vaccinated for selected diseases by poverty status^a and race and Hispanic origin,^b selected years 2009–2013

Characteristic	Total					Below 100% poverty					100% poverty and above				
	2009 ^c	2010	2011	2012	2013	2009 ^c	2010	2011	2012	2013	2009 ^c	2010	2011	2012	2013
Total															
Combined series (4:3:1:3*:3:1:4) ^d	44.3	56.6	68.5	68.4	70.4	41.3	52.8	63.6	63.4	64.4	45.7	58.7	71.6	71.6	73.8
Combined series (4:3:1:3:3:1:4) ^e	63.6	70.2	68.5	68.4	72.7	60.7	67.2	63.6	63.4	66.8	64.8	71.6	71.6	71.6	76.0
Combined series (4:3:1:3:3:1) ^f	69.9	74.9	77.6	75.7	77.7	68.4	73.5	75.2	72.5	73.0	70.4	75.5	79.2	77.7	80.1
Combined series (4:3:1:3:3) ^g	71.9	—	—	—	—	69.5	—	—	—	—	72.7	—	—	—	—
Combined series (4:3:1:3) ^h	73.4	78.8	81.9	76.0	81.1	70.6	76.4	78.6	71.5	76.1	74.4	79.8	84.0	78.9	83.8
DTP (4 doses or more) ⁱ	83.9	84.4	84.6	82.5	83.1	80.1	80.8	81.0	78.5	77.8	85.7	86.1	86.8	85.0	86.0
Polio (3 doses or more) ^j	92.8	93.3	93.9	92.8	92.7	92.0	92.4	93.6	91.8	89.2	93.3	93.6	94.2	93.4	94.4
MMR (1 dose or more) ^k	90.0	91.5	91.6	90.8	91.9	88.8	91.3	91.3	89.9	90.5	90.6	91.4	91.7	91.4	92.5
Hib (3 doses or more) ^l	83.6	90.4	94.0	93.3	92.8	82.0	88.1	92.7	93.7	89.6	84.3	91.4	95.3	94.3	94.6
Hepatitis B (3 doses or more)	92.4	91.8	91.1	89.7	90.8	92.3	91.5	91.8	89.4	88.3	92.7	92.0	91.2	89.8	92.0
Varicella (1 dose or more) ^m	89.6	90.4	90.8	90.2	91.2	89.0	89.6	90.2	89.7	90.3	90.2	90.6	90.9	90.6	91.6
PCV (3 doses or more) ⁿ	92.6	92.6	93.6	92.3	92.4	91.2	91.1	93.4	90.7	88.8	93.5	93.5	94.0	93.4	94.2
PCV (4 doses or more) ⁿ	80.4	83.3	84.4	81.9	82.0	74.8	78.7	80.6	76.7	74.5	83.2	85.6	86.9	85.3	86.1
Hepatitis A (2 doses or more) ^o	46.6	49.7	52.2	53.0	54.7	47.3	51.0	50.7	49.4	53.5	46.2	49.1	53.4	55.4	56.1
Rotavirus (2 doses or more) ^p	43.9	59.2	67.3	68.6	72.6	37.7	51.5	61.1	63.0	64.3	47.1	62.9	71.1	72.5	76.9
White, non-Hispanic															
Combined series (4:3:1:3*:3:1:4) ^d	45.2	56.9	68.8	69.3	72.1	43.2	48.7	59.8	58.2	61.3	45.6	59.0	71.8	72.1	74.9
Combined series (4:3:1:3:3:1:4) ^e	64.1	69.9	68.8	69.3	74.2	61.7	63.8	59.8	58.2	63.4	64.5	71.3	71.8	72.1	77.0
Combined series (4:3:1:3:3:1) ^f	69.2	73.6	77.3	76.1	78.5	67.7	69.9	72.8	69.2	72.0	69.4	74.5	78.9	77.7	80.0
Combined series (4:3:1:3:3) ^g	71.9	—	—	—	—	70.1	—	—	—	—	72.1	—	—	—	—
Combined series (4:3:1:3) ^h	73.9	78.2	82.0	76.8	82.8	72.0	73.8	76.7	66.3	76.4	74.1	79.3	83.7	79.6	84.3
DTP (4 doses or more) ⁱ	85.8	84.5	85.0	83.6	85.3	81.2	79.2	78.6	74.9	78.5	86.6	85.9	87.1	85.7	86.9
Polio (3 doses or more) ^j	93.3	93.2	93.9	93.0	93.7	92.0	91.6	92.4	91.3	90.6	93.5	93.6	94.4	93.4	94.4
MMR (1 dose or more) ^k	90.8	90.6	91.1	90.9	91.5	89.7	89.7	89.3	89.6	89.1	91.0	90.9	91.5	91.3	92.1
Hib (3 doses or more) ^l	82.9	90.3	94.1	93.7	93.7	80.1	86.4	91.0	91.1	89.3	83.3	91.1	95.2	94.5	94.7
Hepatitis B (3 doses or more)	92.3	91.4	90.3	89.3	91.0	91.3	91.4	89.6	90.0	89.0	92.6	91.6	90.8	89.0	91.3
Varicella (1 dose or more) ^m	89.2	88.9	89.6	89.8	90.0	87.4	86.3	87.1	89.6	87.1	89.8	89.6	90.1	89.8	90.7
PCV (3 doses or more) ⁿ	93.2	92.8	93.4	92.7	93.1	90.6	90.0	91.9	89.0	87.5	93.8	93.5	94.0	93.7	94.3
PCV (4 doses or more) ⁿ	83.4	84.2	85.3	83.5	84.1	77.0	76.0	77.5	74.2	71.7	84.7	86.3	87.6	86.0	87.5
Hepatitis A (2 doses or more) ^o	46.2	45.8	50.0	52.6	53.4	43.1	44.3	45.0	47.3	47.7	46.7	46.5	51.9	54.3	55.3
Rotavirus (2 doses or more) ^p	46.4	60.2	68.3	70.5	74.8	35.8	47.2	57.4	59.8	63.4	48.5	63.1	71.5	73.5	77.5
Black, non-Hispanic															
Combined series (4:3:1:3*:3:1:4) ^d	39.6	54.5	63.7	64.8	65.0	37.8	53.4	61.0	62.7	60.4	43.5	56.3	68.0	68.5	69.1
Combined series (4:3:1:3:3:1:4) ^e	58.2	66.9	63.7	64.8	67.2	55.1	65.0	61.0	62.7	63.4	62.8	69.2	68.0	68.5	77.0
Combined series (4:3:1:3:3:1) ^f	66.6	74.5	75.3	72.5	71.5	63.6	73.7	73.5	68.7	66.2	71.2	75.9	77.9	78.7	76.9
Combined series (4:3:1:3:3) ^g	67.9	—	—	—	—	63.8	—	—	—	—	73.1	—	—	—	—
Combined series (4:3:1:3) ^h	68.9	78.0	78.9	72.5	73.3	65.0	76.3	74.9	71.1	67.8	74.0	80.1	83.9	75.1	79.2
DTP (4 doses or more) ⁱ	78.6	83.7	81.3	79.6	74.7	75.5	81.3	78.0	77.0	69.6	83.6	87.1	85.9	84.0	80.2
Polio (3 doses or more) ^j	90.9	94.0	93.9	92.9	91.2	89.8	92.5	93.5	91.5	87.8	94.0	95.1	94.7	94.6	94.8
MMR (1 dose or more) ^k	88.2	92.1	90.8	90.9	90.9	86.7	90.0	90.0	88.4	89.8	91.8	93.7	92.1	93.6	91.3
Hib (3 doses or more) ^l	80.4	89.4	93.0	91.1	90.7	77.7	87.0	91.4	89.1	87.9	83.9	91.9	95.1	94.0	93.7
Hepatitis B (3 doses or more)	91.6	92.1	92.1	89.7	91.1	91.8	90.8	93.1	87.3	88.4	92.8	93.6	91.8	92.5	93.8
Varicella (1 dose or more) ^m	88.2	91.5	91.2	90.4	92.1	87.5	89.0	91.3	88.9	90.7	91.5	93.7	91.3	92.1	93.1
PCV (3 doses or more) ⁿ	91.5	92.6	93.4	91.2	90.8	89.7	89.9	93.1	89.8	88.7	95.4	95.5	94.2	92.9	92.7
PCV (4 doses or more) ⁿ	73.2	79.7	81.3	77.1	76.1	70.0	75.0	80.6	73.9	71.8	78.1	83.8	83.3	81.7	79.8
Hepatitis A (2 doses or more) ^o	41.3	48.6	50.9	52.0	49.1	40.1	49.3	46.8	48.2	47.1	42.5	47.9	56.9	56.7	52.6
Rotavirus (2 doses or more) ^p	38.0	52.7	62.5	60.4	62.1	32.6	45.7	56.8	55.1	55.1	44.6	58.6	68.9	68.0	71.0

See notes at end of table.

Table HC3.A (cont.)

Immunization: Percentage of children ages 19–35 months vaccinated for selected diseases by poverty status^a and race and Hispanic origin,^b selected years 2009–2013

Characteristic	Total					Below 100% poverty					100% poverty and above				
	2009 ^c	2010	2011	2012	2013	2009 ^c	2010	2011	2012	2013	2009 ^c	2010	2011	2012	2013
Hispanic															
Combined series (4:3:1:3*:3:1:4) ^d	45.9	55.5	69.5	67.8	69.3	43.5	55.0	67.9	68.1	68.6	48.5	55.2	71.1	68.3	70.2
Combined series (4:3:1:3:3:1:4) ^e	67.1	72.0	69.5	67.8	71.8	65.5	70.5	67.9	68.1	71.6	68.2	72.2	71.1	68.3	72.6
Combined series (4:3:1:3:3:1) ^f	72.8	77.2	77.9	75.2	78.0	71.2	76.2	77.9	75.5	76.9	73.6	77.2	78.0	74.7	80.5
Combined series (4:3:1:3:3) ^g	73.9	—	—	—	—	72.3	—	—	—	—	74.7	—	—	—	—
Combined series (4:3:1:3) ^h	74.7	80.0	81.9	75.4	81.0	73.0	78.6	82.0	74.8	79.7	75.3	80.8	81.9	76.9	83.7
DTP (4 doses or more) ⁱ	82.9	84.4	84.1	80.8	82.3	86.6	82.0	84.2	80.7	81.0	83.0	85.7	83.9	81.3	84.8
Polio (3 doses or more) ^j	92.5	93.8	93.8	92.5	91.6	93.5	93.2	94.8	92.1	88.4	91.5	94.0	93.2	93.4	96.2
MMR (1 dose or more) ^k	89.3	92.9	92.4	90.7	92.1	91.0	92.6	93.7	91.0	91.1	88.4	92.7	91.0	90.7	93.6
Hib (3 doses or more) ^l	86.4	92.0	94.4	93.5	92.7	85.0	90.4	94.9	93.5	90.8	87.9	93.4	95.2	93.7	96.0
Hepatitis B (3 doses or more)	92.6	92.5	91.5	89.4	89.7	92.6	92.4	93.0	90.0	87.1	92.4	92.4	91.0	88.3	93.6
Varicella (1 dose or more) ^m	90.7	92.3	92.0	90.9	92.0	89.8	91.6	92.1	90.3	91.5	90.8	92.1	92.0	92.0	92.6
PCV (3 doses or more) ⁿ	92.7	93.4	94.3	92.4	92.2	93.8	92.8	95.3	92.7	89.7	91.9	93.3	94.2	92.3	95.7
PCV (4 doses or more) ⁿ	80.6	83.9	84.6	82.1	80.4	84.7	81.9	84.1	81.0	77.7	82.1	85.1	85.4	84.1	83.1
Hepatitis A (2 doses or more) ^o	49.3	57.0	56.3	54.4	56.6	52.1	56.3	57.8	52.5	59.5	52.1	56.7	54.7	57.5	55.0
Rotavirus (2 doses or more) ^p	43.7	60.5	68.3	70.0	73.7	42.0	57.2	66.1	70.0	69.3	46.0	64.0	71.4	72.1	79.4

— Not available.

^a Based on family income and household size using Census Bureau poverty thresholds for the year of data collection.

^b Beginning in 2002, the revised 1997 Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used. Persons could select one or more from the following racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Persons of Hispanic origin may be of any race. Included in the total but not shown separately are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and “Two or more races,” due to the small sample size. Data on race and Hispanic origin are collected separately but combined for reporting.

^c The 2009 series estimates were affected by the Hib vaccine shortage and the interim Advisory Committee on Immunization Practices (ACIP) recommendation to suspend the booster dose for healthy children from December 2007 to June 2009, a time when most children in the 2009 National Immunization Survey (NIS) would have been eligible for the booster dose of the Hib vaccine. Coverage with the full series of Hib vaccine increased in 2010, suggesting that children received the booster dose as Hib vaccine supplies became adequate starting in July 2009.

^d The 4:3:1:3*:3:1:4 series consists of 4 doses (or more) of diphtheria, tetanus toxoids, and any acellular pertussis (DTaP) vaccines; 3 doses (or more) of poliovirus vaccines; 1 dose (or more) of any measles-containing vaccine; the full series of *Haemophilus influenzae* type b (Hib) vaccines (3 doses (or more) or 4 doses (or more) depending on product type received—includes primary series plus the booster dose); 3 doses (or more) of hepatitis B vaccines; 1 dose (or more) of varicella vaccine; and 4 doses (or more) of heptavalent pneumococcal conjugate vaccines (PCV).

^e The 4:3:1:3:3:1:4 series consists of 4 doses (or more) of diphtheria, tetanus toxoids, and pertussis (DTP) vaccines, diphtheria and tetanus toxoids (DT), or diphtheria, tetanus toxoids, and any acellular pertussis (DTaP) vaccines; 3 doses (or more) of poliovirus vaccines; 1 dose (or more) of any measles-containing vaccine; 3 doses (or more) of *Haemophilus influenzae* type b (Hib) vaccines; 3 doses (or more) of hepatitis B vaccines; 1 dose (or more) of varicella vaccine; and 4 doses (or more) of heptavalent pneumococcal conjugate vaccine (PCV). The collection of coverage estimates for this series began in 2009.

^f The 4:3:1:3:3:1 series consists of 4 doses (or more) of diphtheria, tetanus toxoids, and pertussis (DTP) vaccines, diphtheria and tetanus toxoids (DT), or diphtheria, tetanus toxoids, and any acellular pertussis (DTaP) vaccines; 3 doses (or more) of poliovirus vaccines; 1 dose (or more) of any measles-containing vaccine; 3 doses (or more) of *Haemophilus influenzae* type b (Hib) vaccines; 3 doses (or more) of hepatitis B vaccines; and 1 dose (or more) of varicella vaccine. The collection of coverage estimates for this series began in 2002. See footnote c concerning changes to Hib vaccine coverage in 2009.

^g The 4:3:1:3:3 series consists of 4 doses (or more) of diphtheria, tetanus toxoids, and pertussis (DTP) vaccines, diphtheria and tetanus toxoids (DT), or diphtheria, tetanus toxoids, and any acellular pertussis (DTaP) vaccines; 3 doses (or more) of poliovirus vaccines; 1 dose (or more) of any measles-containing vaccine; 3 doses (or more) of *Haemophilus influenzae* type b (Hib) vaccines; and 3 doses (or more) of hepatitis B vaccines. See footnote c concerning changes to Hib vaccine coverage in 2009.

^h The 4:3:1:3 series consists of 4 doses (or more) of diphtheria, tetanus toxoids, and pertussis (DTP) vaccines, diphtheria and tetanus toxoids (DT), or diphtheria, tetanus toxoids, and any acellular pertussis (DTaP) vaccines; 3 doses (or more) of poliovirus vaccines; 1 dose (or more) of any measles-containing vaccine; and 3 doses (or more) of *Haemophilus influenzae* type b (Hib) vaccines. See footnote c concerning changes to Hib vaccine coverage in 2009.

ⁱ The diphtheria, tetanus toxoids, and pertussis vaccine (DTP) consists of 4 doses or more of any diphtheria, tetanus toxoids, and pertussis vaccines, including diphtheria and tetanus toxoids, and any acellular pertussis vaccine.

^j Poliovirus vaccine (3 doses or more).

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

^l *Haemophilus influenzae* type b (Hib) vaccine (3 doses or more) regardless of brand type.

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

ⁿ The heptavalent pneumococcal conjugate vaccine (PCV) is recommended for all children ages less than 5 years. The series consists of doses at ages 2, 4, and 6 months, and a booster dose at ages 12–15 months.

^o Hepatitis A vaccine (2 doses or more) is recommended for all children ages 12–23 months. ACIP expanded this recommendation in May 2006. NIS data prior to 2008 for children ages 19–35 months are not available for Hepatitis A vaccine.

^p Estimates of rotavirus coverage reflect early vaccinations, primarily among children born during the first 2 years of the licensure of rotavirus vaccine.

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

Table HC3.B

Immunization: Percentage of adolescents ages 13–17 years vaccinated for selected diseases by poverty status^a and race and Hispanic origin,^b 2009–2013

Characteristic	Total					Below 100% poverty					100% poverty and above				
	2009	2010	2011	2012	2013	2009	2010	2011	2012	2013	2009	2010	2011	2012	2013
Total															
MMR (2 doses or more) ^c	89.1	90.5	91.1	91.4	91.8	87.8	87.8	90.3	89.7	91.7	89.3	91.1	91.4	92.0	91.8
HepB (3 doses or more) ^d	89.9	91.6	92.3	92.8	93.2	88.3	89.0	91.4	91.3	93.2	90.3	92.4	92.6	93.3	93.1
Var (1 dose or more) ^e	87.0	90.5	92.3	94.7	94.9	82.9	86.7	91.1	92.5	94.7	87.6	91.2	92.6	95.3	95.2
Var (2 doses or more) ^f	48.6	58.1	68.3	74.9	78.5	46.2	53.8	67.2	72.0	77.3	48.7	58.9	68.4	75.8	79.0
Td or Tdap (1 dose or more) ^g	76.2	81.2	85.3	88.5	89.1	71.8	76.8	81.5	88.1	88.6	77.0	82.2	86.5	88.6	89.2
Tdap (1 dose or more) ^h	55.6	68.7	78.2	84.6	86.0	52.8	64.7	74.0	83.6	85.2	56.1	69.5	79.5	85.1	86.4
MenACWY (1 dose or more) ⁱ	53.6	62.7	70.5	74.0	77.8	52.5	62.0	69.0	73.2	78.4	53.8	62.9	70.7	74.1	77.5
HPV (1 dose or more)— females only ^j	44.3	48.7	53.0	53.8	57.3	51.9	51.8	62.1	64.9	66.8	42.5	47.7	50.1	50.4	54.6
HPV (3 doses or more)— females only ^k	26.7	32.0	34.8	33.4	37.6	25.5	28.2	39.0	36.2	41.5	26.8	32.9	33.4	32.5	36.4
HPV (1 dose or more)— males only ^l	—	1.4	8.3	20.8	34.6	—	—	14.1	29.9	46.7	—	—	6.7	17.3	30.8
HPV (3 doses or more)— males only ^m	—	—	1.3	6.8	13.9	—	—	2.5	10.7	16.7	—	—	1.1	5.5	13.0
White, non-Hispanic															
MMR (2 doses or more) ^c	90.2	91.6	91.4	92.4	92.8	86.7	90.4	88.5	89.9	93.3	90.4	91.7	91.9	92.8	92.7
HepB (3 doses or more) ^d	90.2	92.7	92.8	93.7	93.8	87.4	90.8	90.7	91.7	94.6	90.5	92.8	93.1	94.0	93.7
Var (1 dose or more) ^e	88.5	91.2	92.9	95.3	95.3	79.3	85.6	91.2	91.9	95.6	88.9	91.7	93.2	95.7	95.5
Var (2 doses or more) ^f	48.8	59.2	67.3	74.0	77.7	34.2	42.9	60.8	61.8	73.1	49.1	60.4	68.1	75.6	78.5
Td or Tdap (1 dose or more) ^g	76.5	80.9	85.1	87.9	88.8	68.6	70.2	77.5	84.9	88.7	77.1	82.1	86.2	88.3	89.0
Tdap (1 dose or more) ^h	55.8	68.6	78.6	84.4	85.9	49.5	57.5	70.7	80.7	84.9	56.1	69.9	79.6	85.0	86.3
MenACWY (1 dose or more) ⁱ	53.1	61.2	68.4	71.3	75.6	47.1	50.3	58.5	63.2	72.3	53.3	62.5	69.7	72.5	76.2
HPV (1 dose or more)— females only ^j	43.9	45.8	47.5	51.1	53.1	52.5	39.4	53.6	56.2	53.9	43.0	46.6	46.7	50.6	53.4
HPV (3 doses or more)— females only ^k	29.1	32.4	33.0	33.7	34.9	—	25.7	32.5	30.8	34.1	—	32.8	33.0	34.3	35.0
HPV (1 dose or more)— males only ^l	—	—	5.6	15.2	26.7	—	—	8.9	18.1	30.9	—	—	5.3	14.5	26.1
HPV (3 doses or more)— males only ^m	—	—	0.8	4.6	11.1	—	—	—	5.2	11.4	—	—	0.7	4.4	11.2
Black, non-Hispanic															
MMR (2 doses or more) ^c	86.3	90.8	90.6	91.4	91.1	84.4	92.1	90.7	91.0	90.6	86.9	90.2	90.8	91.5	91.5
HepB (3 doses or more) ^d	88.9	90.9	91.7	92.5	93.2	86.6	90.0	91.3	91.6	92.5	89.8	91.3	92.3	93.1	94.0
Var (1 dose or more) ^e	82.4	89.2	91.3	93.3	94.3	79.8	87.0	91.1	93.1	92.8	82.8	89.5	91.2	93.3	95.4
Var (2 doses or more) ^f	43.9	55.3	65.3	75.2	77.9	44.4	60.3	64.7	71.7	77.6	44.2	51.8	65.3	76.5	77.8
Td or Tdap (1 dose or more) ^g	72.5	80.5	83.1	87.7	87.4	69.5	80.1	79.1	87.5	84.8	74.8	80.1	85.4	87.6	88.9
Tdap (1 dose or more) ^h	52.7	66.9	75.7	83.7	84.1	47.7	68.1	72.1	84.1	82.5	55.6	66.0	77.7	84.0	84.7
MenACWY (1 dose or more) ⁱ	53.0	63.4	72.1	75.8	77.0	52.0	66.5	72.0	75.3	72.4	53.8	61.4	71.5	76.6	79.6
HPV (1 dose or more)— females only ^j	44.6	48.9	56.0	50.1	55.8	51.6	55.7	60.2	59.9	64.0	40.7	44.5	52.5	46.2	50.8
HPV (3 doses or more)— females only ^k	23.1	30.2	31.7	29.0	34.2	—	31.6	36.6	33.8	39.0	—	28.6	28.0	26.4	31.6
HPV (1 dose or more)— males only ^l	—	—	10.6	25.9	42.2	—	—	10.2	29.9	44.3	—	—	10.4	22.9	41.3
HPV (3 doses or more)— males only ^m	—	—	—	5.4	15.7	—	—	—	—	15.1	—	—	—	6.2	16.0

See notes at end of table.

Table HC3.B (cont.)

Immunization: Percentage of adolescents ages 13–17 years vaccinated for selected diseases by poverty status^a and race and Hispanic origin,^b selected years 2009–2013

Characteristic	Total					Below 100% poverty					100% poverty and above				
	2009	2010	2011	2012	2013	2009	2010	2011	2012	2013	2009	2010	2011	2012	2013
Hispanic															
MMR (2 doses or more) ^c	87.6	86.2	90.6	89.1	90.2	90.6	83.5	91.7	87.7	91.2	85.4	88.1	89.4	90.2	89.5
HepB (3 doses or more) ^d	90.0	88.9	91.7	91.1	92.8	90.3	87.8	93.0	91.1	93.0	89.8	91.0	90.7	91.0	92.2
Var (1 dose or more) ^e	85.5	90.6	91.0	94.1	94.5	84.6	88.1	92.5	92.1	95.3	85.6	92.1	89.6	95.7	94.0
Var (2 doses or more) ^f	49.7	56.2	71.4	76.3	80.3	49.7	55.8	73.8	76.8	80.2	49.4	56.7	69.4	76.2	80.7
Td or Tdap (1 dose or more) ^g	76.7	82.4	86.7	89.6	90.5	74.2	78.9	85.0	89.3	90.1	77.4	85.0	88.3	90.0	90.3
Tdap (1 dose or more) ^h	55.6	69.6	78.4	85.4	87.1	55.8	67.4	76.1	84.1	86.6	54.8	70.6	80.6	86.8	87.2
MenACWY (1 dose or more) ⁱ	55.9	66.1	75.3	77.6	83.4	56.2	67.4	77.2	78.3	86.5	55.9	64.4	73.6	76.4	80.0
HPV (1 dose or more)— females only ^j	45.5	56.2	65.0	62.9	67.5	52.2	57.9	69.2	73.9	76.1	42.0	53.5	61.9	52.2	60.4
HPV (3 doses or more)— females only ^k	23.4	29.5	41.6	35.5	44.8	—	27.1	44.9	40.9	47.2	—	32.9	39.5	30.3	42.2
HPV (1 dose or more)— males only ^l	—	—	14.9	31.7	49.6	—	—	20.4	39.8	59.1	—	—	11.2	23.5	42.7
HPV (3 doses or more)— males only ^m	—	—	2.7	12.9	20.3	—	—	3.2	19.1	22.3	—	—	—	7.6	18.6

— Not available.

^a Based on family income and household size using Census Bureau poverty thresholds for the year of data collection.

^b The revised 1997 Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used. Persons could select one or more from the following racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Persons of Hispanic origin may be of any race. Included in the total but not shown separately are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander and “Two or more races” due to the small sample size. Data on race and Hispanic origin are collected separately but combined for reporting.

^c Includes 2 doses (or more) of measles-mumps-rubella vaccine received at any age.

^d Includes 3 doses (or more) of hepatitis B vaccine received at any age.

^e Includes 1 dose (or more) of varicella vaccine received at any age and without a history of varicella disease.

^f Includes 2 doses (or more) of varicella vaccine received at any age and without a history of varicella disease.

^g Includes 1 dose (or more) of tetanus toxoid-diphtheria vaccine (Td) or tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) since age 10.

^h Includes 1 dose (or more) of tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) since age 10.

ⁱ Includes 1 dose (or more) of meningococcal conjugate vaccine (MenACWY) and meningococcal-unknown type vaccine.

^j Includes 1 dose (or more) quadrivalent or bivalent human papillomavirus vaccine (HPV). Percentages reported among females only.

^k Includes 3 doses (or more) quadrivalent or bivalent human papillomavirus vaccine (HPV). Percentages reported among females only.

^l Includes 1 dose (or more) quadrivalent or bivalent human papillomavirus vaccine (HPV). Percentages reported among males only.

^m Includes 3 doses (or more) quadrivalent or bivalent human papillomavirus vaccine (HPV). Percentages reported among males only.

NOTE: Data include routinely recommended vaccines (Tdap, MenACWY, HPV) and early childhood vaccines (MMR, HepB, Var) for catch-up coverage estimates.

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

Table HC4.A/B

Oral health: Percentage of children ages 2–17 with a dental visit in the past year by age and selected characteristics, selected years 1997–2013

Characteristic	1997	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Ages 2–4															
Total	44.7	44.1	42.2	40.6	46.5	46.6	48.0	45.6	47.0	50.9	55.5	52.3	57.5	57.3	62.2
Poverty status ^a															
Below 100% poverty	46.0	47.0	40.2	40.9	45.4	43.8	43.0	43.5	45.5	51.7	55.9	54.8	56.3	58.7	64.2
100–199% poverty	39.1	42.7	35.7	33.9	41.2	43.0	43.6	40.9	48.8	49.0	60.2	51.4	59.3	54.0	58.5
200% poverty and above	46.4	43.7	45.2	43.0	49.1	48.9	51.7	48.3	46.7	51.4	53.1	51.6	57.3	58.0	62.8
Type of insurance ^b															
Private insurance ^c	46.0	44.8	44.3	43.1	46.0	48.7	51.5	49.5	46.8	51.3	55.6	50.5	56.8	56.5	61.2
Public insurance ^{c,d}	49.9	46.3	41.9	42.1	49.6	48.3	45.5	45.0	49.7	54.8	58.5	57.9	59.9	61.1	66.0
No insurance	30.5	37.3	27.1	22.3	35.6	24.9	31.3	23.8	37.2	35.2	33.7	30.4	47.6	35.1	37.6
Race and Hispanic origin ^e															
White, non-Hispanic	44.5	45.1	44.1	42.6	47.4	47.8	49.5	45.9	44.7	48.9	56.7	47.8	53.6	53.7	59.8
Black, non-Hispanic	49.3	43.3	40.1	37.8	47.9	38.2	47.9	39.9	50.0	60.5	55.8	58.3	59.5	64.6	61.3
American Indian or Alaska Native	48.6	71.8	‡	‡	‡	48.1	63.8	‡	64.0	‡	‡	‡	73.8	87.9	79.3
Asian	41.0	40.3	34.2	37.1	37.9	44.9	38.7	47.4	35.0	38.7	50.3	43.4	55.0	45.1	48.5
Two or more races	—	53.8	40.0	46.9	48.8	57.5	51.1	57.7	54.7	46.9	54.6	51.9	61.1	51.5	68.5
Hispanic	43.0	39.2	38.7	36.3	44.1	46.9	43.6	45.4	50.9	52.7	57.1	59.4	64.1	62.1	67.8
Ages 5–17															
Total	79.2	80.6	80.1	81.8	81.5	83.2	82.7	82.9	83.7	83.9	84.0	85.4	87.3	88.0	87.7
Poverty status ^a															
Below 100% poverty	66.7	66.1	66.3	69.9	71.0	71.5	72.7	74.9	74.2	75.7	76.1	78.6	81.7	81.4	82.3
100–199% poverty	67.9	71.2	70.8	74.7	73.2	74.9	74.7	74.5	75.9	75.3	79.2	79.6	82.6	84.7	82.8
200% poverty and above	87.4	87.8	86.9	87.5	87.4	89.5	88.4	88.8	89.1	89.6	88.6	90.1	91.3	91.8	91.8
Type of insurance ^b															
Private insurance ^c	85.3	86.9	86.4	87.7	87.3	89.2	88.4	89.5	89.5	89.6	89.2	90.1	91.0	91.6	92.5
Public insurance ^{c,d}	76.7	74.9	73.1	75.7	77.7	78.1	79.5	79.3	80.1	82.6	82.9	84.6	87.0	87.5	86.7
No insurance	50.2	53.1	53.0	56.5	53.4	53.5	53.2	53.2	54.2	51.0	54.9	55.6	60.0	61.6	56.4
Race and Hispanic origin ^e															
White, non-Hispanic	83.6	85.7	85.1	87.2	86.3	88.0	87.0	87.3	87.1	87.5	86.9	88.2	89.1	89.6	90.2
Black, non-Hispanic	73.3	75.6	73.7	75.1	75.5	80.3	78.7	79.4	80.6	82.9	81.6	84.4	87.1	87.4	85.0
American Indian or Alaska Native	72.1	71.2	81.3	77.1	74.6	75.0	78.4	78.9	91.9	79.6	78.5	78.4	88.8	90.3	82.9
Asian	76.1	81.9	83.2	74.8	81.8	79.9	76.7	82.7	79.1	82.1	82.2	82.1	81.9	85.7	86.7
Two or more races	—	77.7	79.2	79.5	82.8	84.6	85.2	84.4	81.0	82.9	87.2	86.3	86.5	87.7	87.0
Hispanic	66.1	65.9	66.4	69.2	70.0	70.4	72.8	71.9	76.7	75.1	77.8	79.3	84.3	85.0	84.0
Ages 5–11															
Total	80.7	81.0	80.4	82.7	81.6	83.9	83.8	82.9	84.7	84.0	85.0	86.5	88.9	89.3	88.7
Poverty status ^a															
Below 100% poverty	70.4	68.5	67.9	72.1	72.9	73.6	74.7	74.3	78.1	77.9	77.3	80.8	86.3	84.0	85.5
100–199% poverty	71.7	73.4	70.9	76.8	73.9	76.2	76.0	74.8	78.4	75.6	83.5	81.8	83.7	87.2	84.9
200% poverty and above	88.2	87.5	87.5	88.2	87.3	90.0	89.4	89.4	89.0	89.7	88.8	90.9	92.3	92.4	91.8
Type of insurance ^b															
Private insurance ^c	86.4	86.7	86.5	88.4	86.3	89.4	88.9	89.6	89.3	89.0	89.3	90.5	91.6	92.0	93.2
Public insurance ^{c,d}	77.9	75.4	75.0	77.2	78.5	79.8	80.3	78.5	82.1	83.3	84.7	85.9	89.0	88.8	88.3
No insurance	55.1	58.0	52.9	59.4	59.5	56.3	59.4	55.3	58.5	53.5	56.0	59.6	65.7	68.9	56.1

See notes at end of table.

Table HC4.A/B (cont.)

Oral health: Percentage of children ages 2–17 with a dental visit in the past year by age and selected characteristics, selected years 1997–2013

Characteristic	1997	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Ages 5–11 (cont.)															
Race and Hispanic origin ^e															
White, non-Hispanic	84.4	85.6	85.1	87.8	85.6	88.3	86.9	87.2	86.9	86.6	86.8	89.2	90.0	89.6	90.6
Black, non-Hispanic	77.7	78.2	74.3	78.5	77.2	82.3	81.2	78.1	84.6	84.6	85.0	87.0	89.5	90.3	86.5
American Indian or Alaska Native	75.2	73.6	81.6	76.4	73.1	84.0	80.8	84.7	94.4	85.5	73.2	79.8	90.7	96.0	85.2
Asian	77.3	84.8	84.4	75.0	81.9	83.7	80.7	83.6	79.4	83.9	82.4	81.9	79.4	88.1	88.2
Two or more races	—	81.4	81.4	78.0	86.0	83.2	87.0	83.8	78.3	79.3	90.0	87.3	89.4	90.3	89.8
Hispanic	68.9	66.2	68.7	71.8	71.6	71.6	75.7	74.1	79.8	77.4	80.8	80.6	88.0	88.0	86.2
Ages 12–17															
Total	77.4	80.2	79.7	80.7	81.4	82.4	81.6	82.8	82.5	83.7	82.8	84.1	85.4	86.5	86.6
Poverty status ^a															
Below 100% poverty	61.0	62.7	64.4	66.7	68.7	69.0	70.1	75.7	69.4	72.7	74.4	75.4	75.7	77.7	77.4
100–199% poverty	62.9	68.3	70.6	72.0	72.3	73.3	73.1	74.0	73.1	74.9	74.4	77.0	81.1	81.7	80.2
200% poverty and above	86.6	88.2	86.4	86.8	87.4	88.9	87.4	88.1	89.2	89.4	88.4	89.3	90.2	91.1	91.7
Type of insurance ^b															
Private insurance ^c	84.0	87.2	86.4	86.8	88.3	89.0	87.8	89.5	89.7	90.2	89.2	89.6	90.4	91.3	91.8
Public insurance ^{c,d}	74.6	74.1	70.4	73.5	76.6	75.7	78.3	80.4	77.2	81.6	80.5	82.5	84.0	85.5	84.1
No insurance	44.6	47.3	53.2	53.5	46.9	50.6	47.4	51.2	50.3	48.6	53.9	52.1	54.7	55.7	56.6
Race and Hispanic origin ^e															
White, non-Hispanic	82.6	85.8	85.2	86.6	87.1	87.7	87.1	87.5	87.2	88.5	86.9	87.2	88.1	89.7	89.9
Black, non-Hispanic	67.6	72.4	73.0	70.9	73.6	78.1	76.3	80.6	76.5	81.1	78.2	81.5	84.4	83.9	83.1
American Indian or Alaska Native	68.7	69.0	81.0	78.1	77.1	67.0	76.1	72.5	87.4	69.1	85.9	76.7	85.8	82.2	79.7
Asian	74.6	78.6	81.5	74.5	81.7	75.8	71.7	81.8	78.8	79.9	81.8	82.3	85.0	82.5	84.8
Two or more races	—	71.5	74.8	82.1	76.5	86.4	82.2	85.5	84.2	85.7	83.4	84.4	83.1	83.6	84.1
Hispanic	62.3	65.5	63.2	65.7	67.7	68.9	69.1	69.1	72.9	72.1	73.9	77.6	79.2	81.4	81.1

— Not available.

‡ Reporting standards not met; estimates are considered unreliable (relative standard error greater than 30 percent).

^a Missing family income data were imputed for 19 to 31 percent of children ages 2–17 in 1997–2013.^b Children with health insurance may or may not have dental coverage.^c Children with both public and private insurance coverage are placed in the private insurance category.^d Public health insurance for children consists mostly of Medicaid, but also includes Medicare and the Children's Health Insurance Programs (CHIP).^e For the 1997–1998 race-specific estimates, the 1977 Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. The revised 1997 OMB Standards for race were used for the 1999–2013 race-specific estimates and classified persons into one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. From 1999 onward, respondents could choose more than one race. Those reporting more than one race were classified as “Two or more races.” Data on race and Hispanic origin are collected separately but are combined for reporting. Persons of Hispanic origin may be of any race. Included in the total but not shown separately are persons of Native Hawaiian or Other Pacific Islander origin. Data from 1999 onward are not directly comparable with data from earlier years.

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

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

Table HC4.C

Oral health: Percentage of children ages 5–17 with untreated dental caries (cavities) by age, poverty status, and race and Hispanic origin, 1988–1994, 1999–2004, 2005–2008, 2009–2010, and 2011–2012

Characteristic	1988–1994	1999–2004	2005–2008	2009–2010	2011–2012
Ages 5–17					
Total	24.3	23.3	16.4	14.3	16.7
Poverty status					
Below 100% poverty	39.0	33.5	26.3	21.6	24.3
100–199% poverty	29.7	32.2	18.3	18.7	21.1
200% poverty and above	15.2	14.5	11.9	9.6	9.8
Race and Hispanic origin ^a					
White, non-Hispanic	19.5	19.7	13.2	11.4	13.5
Black, non-Hispanic	33.2	28.5	22.0	21.1	21.8
Mexican American	38.3	34.1	22.0	21.4	23.9
Ages 5–11					
Total	27.8	27.1	20.4	15.9	19.4
Poverty status					
Below 100% poverty	43.4	37.5	30.6	23.4	24.3
100–199% poverty	31.7	36.1	22.9	20.1	24.8
200% poverty and above	18.1	17.3	15.0	10.6	12.9
Race and Hispanic origin ^a					
White, non-Hispanic	23.0	23.3	17.7	12.4	15.1
Black, non-Hispanic	34.3	32.1	26.3	18.5	25.9
Mexican American	42.5	39.1	25.0	27.4	26.3
Ages 12–17					
Total	20.0	18.8	11.9	12.5	13.7
Poverty status					
Below 100% poverty	32.5	28.1	20.3	19.3	24.2
100–199% poverty	27.4	26.8	12.4	16.9	17.1
200% poverty and above	11.7	11.6	8.8	8.5	6.8
Race and Hispanic origin ^a					
White, non-Hispanic	15.2	15.5	8.6	10.4	11.8
Black, non-Hispanic	31.9	24.2	17.3	23.9	17.5
Mexican American	32.8	27.3	17.9	13.8	20.9

^a For 1988–1994, the 1977 Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. For 1999–2010, the revised 1997 OMB Standards were used. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Included in the total but not shown separately are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and “Two or more races.” Beginning in 1999, those in each racial category represent those reporting only one race. Data from 1999 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately but combined for reporting. Persons of Mexican origin may be of any race. From 1988 to 2006, the National Health and Nutrition Examination Survey (NHANES) sample was designed to provide estimates specifically for persons of Mexican origin. Beginning in 2007, NHANES allows for reporting of both total Hispanics and Mexican Americans; however, estimates reported here are for Mexican Americans to be consistent with earlier years.

NOTE: Estimates for 1999–2004, 2005–2008, and 2009–2010 have been revised since previous publication in *America's Children*. Dental caries is evidence of decay on the crown or enamel surface of a tooth (i.e., coronal caries) and includes treated and untreated caries. Decay in the root (i.e., root caries) was not included. The presence of caries was evaluated in primary and permanent teeth for persons ages 5–17. The third molars were not included. Dental caries was identified by an oral examination as part of the National Health and Nutrition Examination Survey (NHANES). For more information on the NHANES oral examination, see Dye, B.A., Tan, S., Smith, V., Lewis, B.G., Barker, L.K., and Thornton-Evans, G., Trends in oral health status: United States, 1988–1994 and 1999–2004, *Vital and Health Statistics*, 11(248), Hyattsville, MD: National Center for Health Statistics; Dye, B.A., Barker, L.K., Li, X., Lewis, B.G., and Beltrán-Aguilar, E.D., 2011, Overview and quality assurance for the oral health component of the National Health and Nutrition Examination Survey (NHANES), 2005–2008, *Journal of Public Health Dentistry*, 71(1), 54–61; and http://wwwn.cdc.gov/nchs/nhanes/2009-2010/OHXDEN_F.htm and http://wwwn.cdc.gov/nchs/nhanes/2011-2012/OHXDEN_G.htm.

SOURCE: National Center for Health Statistics, National Health and Nutrition Examination Survey.

Table PHY1

Outdoor air quality: Percentage of children ages 0–17 living in counties with pollutant concentrations above the levels of the current air quality standards, selected years 1999–2013

Characteristic	1999	2000	2005	2006	2007	2008	2009	2010	2011	2012	2013
One or more pollutants	75.3	76.7	76.1	74.3	75.5	70.1	58.9	68.0	67.0	67.7	50.3
Pollutant											
Carbon monoxide—8-hour standard	5.7	4.4	0.2	0.3	0.1	0.2	0.0	0.0	0.0	0.0	0.0
Lead—3-month standard	2.3	1.6	1.6	1.2	5.0	5.0	4.2	6.6	6.7	2.6	0.9
Nitrogen dioxide—1-hour standard	23.2	19.4	13.7	12.3	10.7	12.3	8.5	7.1	3.3	3.0	5.4
Ozone—8-hour standard	65.2	64.9	66.0	65.0	63.8	58.8	48.4	59.1	60.7	62.7	41.7
Particulate matter (PM _{2.5})—annual standard	37.3	52.4	47.3	36.8	39.7	26.6	14.7	16.2	14.2	8.3	10.0
Particulate matter (PM _{2.5})—24-hour standard	55.0	62.5	59.9	45.4	53.3	36.8	31.6	35.3	26.7	24.2	22.5
Particulate matter (PM ₁₀)—24-hour standard	12.3	10.4	6.7	8.8	15.5	8.1	9.3	5.2	5.8	8.7	10.5
Sulfur dioxide—1-hour standard	31.1	28.8	20.7	16.5	15.2	16.8	11.2	8.6	8.0	6.9	8.3

NOTE: Percentages are based on the number of children living in counties where measured air pollution concentrations were higher than the level of a Primary National Ambient Air Quality Standard at least once during the year. The indicator is calculated with reference to the current levels of the air quality standards (as of December 2014) for all years shown. The Environmental Protection Agency (EPA) periodically reviews air quality standards and may change them based on updated scientific findings. Measuring concentrations above the level of a standard is not equivalent to violating the standard. The level of a standard may be exceeded on multiple days before the exceedance is considered a violation of the standard. Data have been revised since previous publication in *America's Children*. Values for 2009–2012 have been recalculated based on updated data in the Air Quality System and updated Census population data. For more information on the air quality standards that are used in calculating these percentages, please see <http://www.epa.gov/air/criteria.html>.

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

Table PHY2.A

Secondhand smoke: Percentage of children ages 4–17 with specified blood cotinine levels by age, selected years 1988–2012

Characteristic	1988–1994	1999–2000	2001–2002	2003–2004	2005–2006	2007–2008	2009–2010	2011–2012
Ages 4–17								
Total								
Any detectable cotinine at or above 0.05 ng/mL	84.4	64.2	52.6	61.1	48.9	50.0	39.6	37.3
Blood cotinine above 1.0 ng/mL	22.5	16.9	16.1	17.1	11.6	15.3	9.0	8.1
Ages 4–11								
Total								
Any detectable cotinine at or above 0.05 ng/mL	84.5	64.4	55.1	63.7	51.4	52.6	41.7	40.5
Blood cotinine above 1.0 ng/mL	24.3	17.7	18.1	18.7	12.3	16.7	9.4	9.7
Ages 12–17								
Total								
Any detectable cotinine at or above 0.05 ng/mL	84.3	63.9	49.6	57.9	46.0	47.0	37.2	33.8
Blood cotinine above 1.0 ng/mL	20.1	16.0	13.6	15.0	10.8	13.7	8.4	6.3

NOTE: Cotinine levels are reported for nonsmoking children only (non-smoker defined as those with cotinine less than or equal to 10 ng/mL). “Any detectable cotinine” indicates blood cotinine levels at or above 0.05 nanograms per milliliter (ng/mL), the detectable level of cotinine in the blood in 1988–1994. The average (geometric mean) blood cotinine level in children living in homes where someone smoked was 1.0 ng/mL in 1988–1994¹ and in 2003–2006.² Estimates for 1988–1994 have been revised since previous publication in *America’s Children*.

SOURCE: National Center for Health Statistics, National Health and Nutrition Examination Survey.

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

² Marano, C., Schober, S.E., Brody, D.J., and Zhang, C. (2009). Secondhand tobacco smoke exposure among children and adolescents: United States, 2003–2006. *Pediatrics*, 124(5), 1299–1305.

Table PHY2.B

Secondhand smoke: Percentage of children ages 0–6 living in homes where someone smoked regularly^a by race and Hispanic origin and poverty status, 1994, 2005, and 2010

Characteristic	1994	2005	2010
All			
Total	27.3	8.4	6.1
Race and Hispanic origin^b			
White, non-Hispanic	29.4	9.1	7.5
Black, non-Hispanic	27.6	12.0	8.5
Asian	‡	‡	‡
Hispanic	19.9	4.3	2.2
Mexican	19.2	3.9	2.2
Puerto Rican	‡	9.3	‡
Poverty status^c			
Below 100% poverty	37.1	14.6	10.2
100–199% poverty	32.7	11.7	8.1
200% poverty and above	18.5	4.7	3.0

‡ Reporting standards not met; estimate is considered unreliable (relative standard error is greater than 30 percent).

^a Regular smoking is defined as smoking by a resident that occurs 4 or more days per week.

^b For the 1994 race-specific estimates, the 1977 Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. The revised 1997 OMB standards for race were used for the 2005 and 2010 race-specific estimates and classified persons into one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Included in the total but not shown separately are American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, and “Two or more races.” Data on race and Hispanic origin are collected separately but are combined for reporting. Persons of Hispanic origin may be of any race.

^c Missing family income data were imputed for 14 percent of children ages 0–6 in 1994, 28 percent of children ages 0–6 in 2005, and 20 percent of children ages 0–6 in 2010.

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

Table PHY3

Drinking water quality: Percentage of children served by community water systems that did not meet all applicable health-based drinking water standards, 1993–2013

Characteristic	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003
Type of standard violated											
All health-based standards	17.9	14.2	10.5	9.6	9.4	8.4	7.7	8.3	5.3	11.0	8.5
Lead and copper	2.7	1.7	2.1	2.2	2.2	1.9	1.8	1.5	1.6	1.3	1.1
Total coliforms	9.3	7.7	4.1	4.2	3.5	2.9	3.1	2.9	2.1	2.5	3.0
Chemical and radionuclide	0.9	0.7	1.3	0.8	1.0	0.9	0.7	0.7	0.6	0.7	0.7
Surface water treatment	6.0	5.1	3.7	3.3	3.1	2.6	2.3	3.1	1.1	4.8	1.4
Nitrate/nitrite	0.2	0.1	0.2	0.2	0.4	0.7	0.3	0.6	0.2	0.6	0.3
Disinfection byproducts	—	—	—	—	—	—	—	—	—	1.5	2.8
Characteristic	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	
Type of standard violated											
All health-based standards	8.8	11.5	10.6	8.1	6.8	7.7	7.9	5.5	8.4	5.8	
Lead and copper	1.3	1.3	1.1	0.9	1.0	1.2	0.8	0.7	0.7	0.7	
Total coliforms	3.5	3.3	2.7	2.4	2.3	2.5	2.4	2.4	2.5	2.2	
Chemical and radionuclide	1.0	0.9	1.2	1.1	1.0	1.1	0.8	0.8	0.6	0.4	
Surface water treatment	1.3	4.2	4.0	2.5	1.2	1.8	2.8	0.6	3.7	0.6	
Nitrate/nitrite	0.1	0.1	0.5	0.2	0.1	0.1	0.1	0.1	0.1	0.1	
Disinfection byproducts	2.4	2.1	1.6	1.5	1.4	1.3	1.3	1.1	1.0	2.1	

— Not available.

NOTE: Revisions to the following standards were made between 2002 and 2006: disinfection byproducts (2002 for larger systems and 2004 for smaller systems), surface water treatment (2002), radionuclides (2003), and arsenic (included in the Chemical and radionuclide category, in 2006). No other revisions to the standards have taken effect during the period of trend data (beginning with 1993). Indicator values reflect the standards in place for each year depicted. Data have been revised since previous publication in *America's Children*. Values for years prior to 2013 have been recalculated based on updated data in the Safe Drinking Water Information System.

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

Table PHY4.A

Lead in the blood of children: Selected blood lead levels of children ages 1–5, 1976–1980, 1988–1994, 1999–2002, 2003–2006, and 2009–2012

Characteristic	1976–1980	1988–1994	1999–2002	2003–2006	2009–2012
Percent of children with blood lead level ≥ 5 $\mu\text{g}/\text{dL}$	99.8	25.6	8.7	4.1	2.1
50th percentile ($\mu\text{g}/\text{dL}$)	15.0	3.0	1.9	1.6	1.1
95th percentile ($\mu\text{g}/\text{dL}$)	29.0	10.9	6.3	4.6	3.2

NOTE: The reference level of 5 $\mu\text{g}/\text{dL}$ is the 97.5th percentile of blood lead levels for children ages 1–5 in 2005–2008. Centers for Disease Control and Prevention (CDC) currently uses this reference level to identify children with elevated blood lead levels.

SOURCE: National Center for Health Statistics, National Health and Nutrition Examination Survey.

Table PHY4.B

Lead in the blood of children: Percentage of children ages 1–5 with blood lead levels at or above 5 $\mu\text{g}/\text{dL}$ by race and Hispanic origin and poverty status, 2009–2012

Characteristic	≥ 5 $\mu\text{g}/\text{dL}$
Total ^a	2.1
Race and Hispanic origin^b	
White, non-Hispanic	2.2*
Black, non-Hispanic	3.5
Hispanic	1.4*
Poverty status	
Below 100% poverty	4.1*
100% poverty and above	1.0*

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

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

^b For 2009–2012, the revised 1997 Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander. Included in the total but not shown separately are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and “Two or more races.” Data on race and Hispanic origin are collected separately but combined for reporting. Persons of Hispanic origin may be of any race.

NOTE: The reference level of 5 $\mu\text{g}/\text{dL}$ is the 97.5th percentile of blood lead levels for children ages 1–5 in 2005–2008. Centers for Disease Control and Prevention (CDC) currently uses this reference level to identify children with elevated blood lead levels.

SOURCE: National Center for Health Statistics, National Health and Nutrition Examination Survey.

Table PHY5

Housing problems: Percentage of households with children ages 0–17 that reported housing problems by type of problem, selected years 1978–2013^a

Household type	1978	1983	1989	1993	1995	1997	1999	2001	2003	2005	2007	2009	2011	2013
All households with children														
Number of households (in millions)	32.3	33.6	35.4	35.4	37.2	37.0	37.5	38.6	38.4	38.7	38.1	38.5	37.6	37.2
Percent with														
Any problems	30.0	33.0	33.0	34.0	36.0	36.0	35.0	36.1	36.9	40.3	43.0	44.5	46.4	40.4
Inadequate housing ^b	9.0	8.0	9.0	7.0	7.0	7.0	7.0	6.7	5.8	5.4	5.1	5.1	5.5	5.0
Crowded housing	9.0	8.0	7.0	6.0	7.0	7.0	7.0	6.3	6.2	6.3	6.2	6.2	7.1	6.4
Cost burden greater than 30 percent ^c	15.0	21.0	24.0	26.0	28.0	28.0	28.0	28.5	30.1	34.2	37.2	39.3	40.7	34.9
Cost burden greater than 50 percent ^c	6.0	11.0	9.0	11.0	12.0	12.0	11.0	11.2	11.5	14.5	15.8	17.5	18.3	15.7
Severe problems ^d	8.0	12.0	10.0	11.0	12.0	11.0	11.0	11.1	11.3	13.8	15.1	16.9	17.6	15.0
Very-low-income renter households with children^e														
Number of households (in millions)	4.2	5.1	5.9	6.6	6.5	6.4	6.2	6.0	6.4	6.5	6.3	6.8	7.6	7.0
Percent with														
Any problems	79.0	83.0	77.0	75.0	77.0	82.0	80.0	79.4	77.5	82.2	82.5	84.3	86.1	83.6
Inadequate housing ^b	18.0	18.0	18.0	14.0	13.0	16.0	15.0	15.4	12.8	12.2	11.4	11.0	12.0	11.3
Crowded housing	22.0	18.0	17.0	14.0	17.0	17.0	17.0	15.4	14.5	14.2	14.1	13.5	15.4	14.7
Cost burden greater than 30 percent ^c	59.0	68.0	67.0	67.0	69.0	73.0	70.0	69.5	70.4	75.9	75.9	80.2	81.1	78.5
Cost burden greater than 50 percent ^c	31.0	38.0	36.0	38.0	38.0	41.0	37.0	37.7	36.2	44.9	44.1	49.4	50.9	47.7
Severe problems ^d	33.0	42.0	31.0	33.0	31.0	32.0	29.0	30.2	29.0	35.9	34.6	40.5	42.8	40.3
Rental assistance ^f	23.0	23.0	33.0	33.0	33.0	31.0	31.0	30.3	28.1	27.7	27.7	25.0	24.7	26.2

^a Data are available for 1978, 1983, 1989, and biennially since 1993. All data are weighted using the decennial Census that preceded the date of their collection. Because of questionnaire changes, data since 1997 on families with rental assistance, priority problems, and severe physical problems are not directly comparable with earlier data. See Office of Policy Development and Research, U.S. Department of Housing and Urban Development, 2003, *Trends in worst case needs for housing, 1978–1999: A report to Congress on worst case housing needs—Plus update on worst case needs in 2001*, Washington, DC: Author.

^b Inadequate housing refers to housing with “moderate or severe physical problems.” The most common problems meeting the definition are lacking complete plumbing for exclusive use, having unvented room heaters as the primary heating equipment, and multiple upkeep problems such as water leakage, open cracks or holes, broken plaster, or signs of rats. Problems appearing in public halls of multifamily structures are no longer counted beginning in 2007. See definition in Appendix A and changes in Appendix C of the American Housing Survey summary volume, *American Housing Survey for the United States: 2007*, Current Housing Reports, Series H150/07, U.S. Census Bureau, 2008.

^c Cost burden refers to expenditures on housing and utilities that exceed the specified proportion, 30 or 50 percent, of reported income.

^d For households not reporting housing assistance, severe problems is defined as a cost burden of greater than 50 percent of income or the presence of severe physical problems.

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

^f Renters are either in a public housing project or have a subsidy (i.e., pay a lower rent because a Federal, state, or local government program pays part of the cost of construction, mortgage, or operating expenses).

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

Table PHY6

Youth victims of serious violent crimes: Rate and number of victimizations for youth ages 12–17 by age, race and Hispanic origin, and gender, selected years 1980–2013

Characteristic	1980	1985	1990	1995	2000	2005	2010	2011	2012	2013 ^a
Rate per 1,000 youth ages 12–17										
Age										
Ages 12–17	37.6	34.3	43.2	31.2	15.3	13.8	7.2	8.5	5.9	9.0
Ages 12–14	33.4	28.1	41.2	28.7	14.3	10.5	7.3	7.4	4.4	9.7
Ages 15–17	41.4	40.3	45.2	33.8	16.3	17.2	7.0	9.5	7.4	8.4
Race and Hispanic origin ^b										
White	34.1	34.4	37.0	26.8	14.0	—	—	—	—	—
White, non-Hispanic ^c	—	—	—	—	—	10.5	6.7	6.9	4.1	8.0
Black	60.2	35.2	77.0	53.0	22.8	—	—	—	—	—
Black, non-Hispanic ^c	—	—	—	—	—	24.9	14.0	17.8	‡	‡
Hispanic ^d	—	—	—	—	—	17.9	‡	9.0	9.0	10.7
Other	21.7	28.8	37.3	31.1	‡	—	—	—	—	—
Gender										
Male	54.8	49.8	60.5	41.7	21.0	18.5	9.0	9.6	7.7	9.9
Female	19.7	18.2	24.9	20.2	9.4	9.0	5.3	7.3	3.9	8.1
Number of victimizations of youth ages 12–17										
Age										
Ages 12–17	877,100	742,800	866,300	714,600	368,000	350,900	174,800	206,800	147,100	226,200
Ages 12–14	364,400	296,000	412,100	335,400	172,800	133,700	88,400	89,400	55,300	121,000
Ages 15–17	512,700	446,800	454,100	379,200	195,200	217,200	86,400	117,400	91,800	105,300
Race and Hispanic origin ^b										
White	658,500	606,700	593,600	486,700	265,900	—	—	—	—	—
White, non-Hispanic ^c	—	—	—	—	—	161,000	93,500	94,900	56,200	109,300
Black	206,200	114,000	238,100	197,200	88,400	—	—	—	—	—
Black, non-Hispanic ^c	—	—	—	—	—	95,000	51,300	65,500	‡	‡
Hispanic ^d	—	—	—	—	—	83,400	‡	46,400	50,500	59,900
Other	12,300	22,100	34,500	30,800	‡	—	—	—	—	—
Gender										
Male	652,000	550,900	623,500	489,200	258,100	239,800	111,700	120,300	98,800	127,000
Female	225,100	192,000	242,800	225,400	109,900	111,100	63,100	86,500	48,300	99,200

— Not available.

‡ Reporting standards not met due to insufficient unweighted sample cases.

^a Homicide data were not available for 2013 at the time of publication. The number of homicides for 2012 is included in the overall total for 2013. In 2012, homicides represented less than 1 percent of serious violent crime, and the total number of homicides of juveniles has been relatively stable over the last decade.

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

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

^d Victimization estimates for Hispanics exclude homicides because homicide data are collected using the FBI's SHR for which Hispanic origin is not available.

NOTE: Serious violent crimes include aggravated assault, rape, robbery, and homicide. Aggravated assault is an attack with a weapon, regardless of whether or not an injury occurred, or an attack without a weapon when serious injury resulted. Robbery is stealing by force or threat of force. Because of changes made in the victimization survey, data prior to 1992 were adjusted to make them comparable with data collected under the redesigned methodology. Estimates may vary from previous publications due to updating of more recent homicide and victimization numbers.

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

Table PHY7.A

Child injury and mortality: Emergency department visit rates for children ages 1–14 by leading causes of injury visits, 1995–2010

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

Characteristic	1995–1996	1997–1998	1999–2000	2001–2002	2003–2004	2005–2006	2007–2008	2009–2010
Ages 1–4								
All injury visits ^a	165.9	162.3	167.0	139.9	153.1	153.9	133.2	167.1
All initial injury visits ^b	—	—	—	129.6	144.4	145.6	118.9	154.6
Leading causes of injury visits ^c								
Cut or pierced from instrument or object	12.5	9.9	12.2	6.5	7.5	5.7	4.7	5.6
Fall	48.5	40.2	48.6	35.2	49.9	54.8	46.8	66.5
Motor vehicle traffic	6.4	8.3	7.0	6.5	7.5	7.3	4.9	6.8
Natural or environmental factors ^d	10.1	9.2	14.6	7.4	10.7	10.5	7.3	13.4
Overexertion	1.7	4.4	3.0	1.8	2.2	3.4	3.4	3.2
Poisoning	10.1	8.5	7.8	4.9	8.2	7.8	6.1	6.8
Struck by/against an object or person	25.6	39.1	29.7	28.4	20.7	15.0	16.9	17.7
Ages 5–14								
All injury visits ^a	128.5	119.8	122.6	117.9	120.2	111.5	106.6	117.3
All initial injury visits ^b	—	—	—	110.8	114.0	104.8	93.3	107.6
Leading causes of injury visits ^c								
Cut or pierced from instrument or object	11.1	10.7	8.4	7.8	7.6	6.4	6.0	5.0
Fall	31.7	27.0	26.9	27.6	27.9	28.0	26.6	31.3
Motor vehicle traffic	10.2	8.3	10.1	7.7	7.9	8.1	6.2	6.2
Natural or environmental factors ^d	8.6	6.2	5.7	5.5	8.1	6.1	5.2	6.6
Overexertion	2.4	2.3	2.8	3.6	3.8	3.8	4.8	5.3
Poisoning	1.6	1.1	1.6	1.4	1.7	1.5	1.4	1.8
Struck by/against an object or person	21.3	27.8	30.1	26.8	25.3	20.0	18.7	21.9

— Not available.

^a Any emergency department visit where there is a valid first-listed injury diagnosis code or a valid first-listed external cause of injury code.^b In 2009–2010, some 93 percent of injury-related emergency department visits among children ages 1–4 and 92 percent of injury-related emergency department visits among children ages 5–14 were an initial visit.^c Data for 2001–2010 include initial visits only. Initial visit status was imputed for 2005–2006.^d Insect or animal bites accounted for the majority of emergency department visits caused by natural or environmental factors.

NOTE: Some estimates have been revised from previous publications.

SOURCE: National Center for Health Statistics, National Hospital Ambulatory Medical Care Survey.

Table PHY7.B

Child injury and mortality: Death rates among children ages 1–14 by gender, race and Hispanic origin, and all causes and all injury causes, selected years 1980–2013

(Deaths per 100,000 children ages 1–4 and ages 5–14)

Characteristic	1980	1985	1990	1995	2000	2005 ^a	2010 ^a	2011 ^a	2012	2013
Ages 1–4										
All causes ^b	63.9	51.8	46.8	40.4	32.4	29.9	26.5	26.3	26.3	25.5
Gender										
Male	72.6	58.5	52.4	44.5	35.9	34.0	29.6	29.1	29.2	28.6
Female	54.7	44.8	41.0	36.0	28.7	25.6	23.3	23.3	23.2	22.4
Race and Hispanic origin ^c										
White, non-Hispanic	—	45.3	37.6	34.2	28.5	26.7	24.7	24.1	24.9	23.7
Black, non-Hispanic	—	83.1	73.5	67.8	51.7	45.3	40.2	40.8	40.1	39.5
Asian or Pacific Islander	43.2	40.1	38.6	26.5	21.6	18.0	17.9	13.6	15.5	18.8
Hispanic	—	46.1	43.5	36.3	29.6	28.7	22.7	23.5	21.8	20.8
Leading causes of death ^d										
Unintentional injuries	25.9	20.2	17.3	14.4	11.9	10.5	8.6	8.5	8.4	8.3
Cancer	4.5	3.8	3.5	3.1	2.7	2.4	2.1	2.2	2.4	2.1
Birth defects	8.0	5.9	6.1	4.4	3.2	3.3	3.1	3.0	3.1	3.0
Homicide	2.5	2.5	2.6	2.9	2.3	2.4	2.4	2.5	2.1	2.1
Heart disease	2.6	2.2	1.9	1.6	1.2	0.9	1.0	1.0	1.0	1.1
Pneumonia/influenza	2.1	1.6	1.2	1.0	0.7	0.7	0.6	0.7	0.6	0.6
Injury-related causes of death ^d										
All injuries (intentional and unintentional)	28.9	23.0	19.9	17.3	14.5	13.2	11.5	11.4	11.0	10.8
Motor vehicle traffic	7.4	5.9	5.3	4.4	3.7	3.1	2.1	2.0	2.2	2.1
Drowning	5.7	4.4	3.9	3.5	3.3	3.3	2.9	2.8	2.7	2.6
Fire and burns	6.1	4.8	4.0	3.1	2.0	1.4	1.1	0.9	0.7	0.9
Firearms	0.7	0.7	0.6	0.6	0.3	0.4	0.4	0.5	0.4	0.4
Suffocation	1.9	1.4	1.3	1.3	1.2	1.0	1.0	1.1	1.0	1.2
Pedestrian (non-traffic) ^e	1.5	1.1	0.9	0.7	0.6	0.8	0.6	0.5	0.6	0.6
Fall	0.9	0.6	0.6	0.3	0.2	0.2	0.2	0.1	0.1	0.2

See notes at end of table.

Table PHY7.B (cont.)

Child injury and mortality: Death rates among children ages 1–14 by gender, race and Hispanic origin, and all causes and all injury causes, selected years 1980–2013

(Deaths per 100,000 children ages 1–4 and ages 5–14)

Characteristic	1980	1985	1990	1995	2000	2005 ^a	2010 ^a	2011 ^a	2012	2013
Ages 5–14										
All causes ^b	30.6	26.5	24.0	22.2	18.0	16.3	12.9	13.2	12.6	13.0
Gender										
Male	36.7	31.8	28.5	26.4	20.9	18.5	14.6	15.2	14.4	14.6
Female	24.2	21.0	19.3	17.9	15.0	13.9	11.1	11.1	10.8	11.2
Race and Hispanic origin ^c										
White, non-Hispanic	—	23.1	21.5	20.1	17.1	15.3	12.6	12.8	11.8	12.6
Black, non-Hispanic	—	36.5	33.0	32.7	25.0	23.6	18.1	18.7	18.7	18.3
Asian or Pacific Islander	24.2	20.8	16.9	17.5	12.3	12.4	8.2	8.5	8.1	10.0
Hispanic	—	19.3	20.0	19.9	15.7	13.5	10.2	11.0	11.1	10.8
Leading causes of death ^d										
Unintentional injuries	15.0	12.6	10.4	9.2	7.3	5.9	4.0	4.0	3.8	3.7
Cancer	4.3	3.5	3.1	2.7	2.5	2.5	2.2	2.1	2.2	2.2
Suicide	0.4	0.8	0.8	0.9	0.7	0.7	0.7	0.7	0.8	1.0
Birth defects	1.6	1.4	1.5	1.2	1.0	1.0	0.7	0.9	0.8	0.8
Homicide	1.2	1.2	1.3	1.5	0.9	0.8	0.6	0.7	0.8	0.7
Heart disease	0.9	1.0	0.9	0.8	0.7	0.6	0.5	0.5	0.4	0.4
Pneumonia/influenza	0.6	0.4	0.4	0.3	0.2	0.3	0.2	0.3	0.2	0.3
Injury-related causes of death ^d										
All injuries (intentional and unintentional)	16.7	14.7	12.7	11.5	9.1	7.6	5.5	5.5	5.4	5.4
Motor vehicle traffic	7.5	6.6	5.6	5.1	4.0	3.3	2.0	1.9	1.8	1.8
Drowning	2.5	1.8	1.5	1.2	0.9	0.7	0.6	0.6	0.6	0.5
Fire and burns	1.5	1.4	1.0	0.9	0.7	0.6	0.4	0.4	0.3	0.4
Firearms	1.6	1.8	1.9	1.9	0.9	0.8	0.7	0.8	0.8	0.8
Suffocation	0.9	0.9	0.8	0.8	0.8	0.8	0.7	0.7	0.8	0.9
Pedestrian (non-traffic) ^e	0.2	0.1	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.1
Fall	0.3	0.2	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.1

— Not available.

^a Rates for 2001–2011 are revised and may differ from rates previously published.^b Total includes American Indians/Alaska Natives.

^c The 1977 Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following three racial groups: White, Black, or Asian or Pacific Islander. Death rates for American Indians or Alaskan Natives are not shown separately because the numbers of deaths were too small for the calculation of reliable rates, and American Indians are underreported on the death certificate. CA, HI, ID, ME, MT, NY, and WI reported multiple-race data in 2003. In 2004, the following states began to report multiple-race data: MI, MN, NH, NJ, OK, SD, WA, and WY. In 2005, the following states began to report multiple-race data: CT, DC (mid-year), FL, KS, NE, SC, and UT. In 2006, NM, OR, RI, and TX began to report multiple-race data. In 2007, DE and OH began to report multiple-race data. In 2008, AR, GA, IL, IN, NV, ND, and VT began to report multiple-race data. In 2010, AZ, KY, and MO began to report multiple-race data. In 2011, IA began to report multiple-race data. In 2012, LA (mid-year), MS, PA, and TN began to report multiple-race data. The multiple-race data for these states were bridged to the single-race categories of the 1977 OMB Standards for comparability with other states, rather than following the revised 1997 OMB Standards for a select group of states. In addition, note that data on race and Hispanic origin are collected and reported separately. Persons of Hispanic origin may be of any race. Trends for the Hispanic population are affected by an expansion in the number of registration areas that included an item on Hispanic origin on the death certificate. Tabulations are restricted to a subset of the states that include the item on the death certificate and that meet a minimal quality standard. The quality of reporting has improved substantially over time, so that the minimal quality standard was relaxed in 1992 for those areas reporting Hispanic origin on at least 80 percent of records. The number of states in the reporting area increased from 44 states and DC in 1989 to 45 states, New York State (excluding New York City), and DC in 1990; 47 states, New York State (excluding New York City), and DC in 1991; 48 states and DC in 1992; and 49 states and DC in 1993–1996. Complete reporting began in 1997. The population data in 1990 and 1991 do not exclude New York City. Data for Hispanic origin and specified race populations other than White, non-Hispanic and Black, non-Hispanic should be interpreted with caution because of inconsistencies between reporting race and Hispanic origin on death certificates and on censuses and surveys.

^d Cause-of-death information for 1980–1998 is classified according to the Ninth Revision of the International Classification of Diseases. Cause-of-death information for 1999–2013 is classified according to the Tenth Revision of the International Classification of Diseases.

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

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

Table PHY8.A

Adolescent injury and mortality: Emergency department visit rates for adolescents ages 15–19 by leading causes of injury, 1995–2010

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

Characteristic	1995–1996	1997–1998	1999–2000	2001–2002	2003–2004	2005–2006	2007–2008	2009–2010
All injury visits ^a	181.1	171.8	178.2	152.0	157.3	157.4	151.8	151.9
All initial injury visits ^b	—	—	—	139.3	145.1	143.9	132.4	138.9
Leading causes of injury visits^c								
Cut or pierced from instrument or object	16.3	18.3	18.0	12.2	12.1	12.1	9.4	9.9
Unintentional	14.1	15.3	15.6	10.8	10.9	9.7	8.3	7.6
Fall ^d	25.0	20.7	21.1	15.7	20.0	21.8	24.5	20.1
Motor vehicle traffic ^d	33.2	32.5	32.6	25.6	24.1	23.5	20.3	21.5
Natural or environmental factors ^{d,e}	5.6	4.4	7.1	5.1	6.7	5.7	5.2	6.7
Overexertion ^d	7.5	4.9	7.3	5.8	6.9	7.8	6.6	10.3
Poisoning	4.4	6.0	4.3	5.6	6.2	5.3	5.8	4.9
Unintentional	3.0	3.0	1.8	3.2	2.2	2.8	1.3	2.3
Self-inflicted	1.4	2.0	2.2	1.9	3.3	1.6	3.0	1.4
Struck by/against an object or person	35.4	44.5	41.3	34.3	31.9	25.4	27.5	30.5
Unintentional	25.5	37.4	32.1	26.8	24.4	18.6	19.7	21.0
Assault	9.8	6.9	9.2	7.3	7.5	6.5	7.6	8.8

— Not available.

^a Any emergency department visit where there is a valid first-listed injury diagnosis code or a valid first-listed external cause code.^b In 2009–2010, some 91 percent of injury-related emergency department visits were an initial visit.^c Data for 2001–2010 include initial visits only. Initial visit status was imputed in 2005–2006.^d Falls, motor vehicle traffic, natural or environmental factors, and overexertion were unintentional for 99 to 100 percent of the visits.^e Insect or animal bites accounted for the majority of emergency department visits caused by natural or environmental factors.

NOTE: Some estimates have been revised from previous publications.

SOURCE: National Center for Health Statistics, National Hospital Ambulatory Medical Care Survey.

Table PHY8.B

Adolescent injury and mortality: Death rates among adolescents ages 15–19 by gender, race and Hispanic origin,^a and all causes and all injury causes,^b selected years 1980–2013

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

Characteristic	1980	1985	1990	1995	2000	2005 ^c	2008 ^c	2009 ^c	2010 ^c	2011 ^c	2012	2013
Total (all races)												
All causes	97.9	80.5	88.4	82.1	67.1	63.8	55.9	51.9	49.4	48.9	47.2	44.8
All injuries	78.1	62.8	71.4	65.0	51.6	48.7	42.4	38.5	37.1	36.0	35.3	32.8
Unintentional injuries	57.8	43.7	42.4	36.0	33.4	30.8	24.9	21.7	20.6	19.9	18.7	17.3
Homicide	10.5	8.4	16.9	17.8	9.5	9.7	9.4	8.6	8.3	7.8	7.6	6.6
Suicide	8.5	9.9	11.1	10.3	8.0	7.5	7.2	7.5	7.5	8.3	8.3	8.3
Leading mechanisms of injury												
Motor vehicle traffic	42.3	33.1	33.0	27.8	25.3	22.5	16.7	14.6	13.1	12.9	12.3	11.0
All firearm	14.7	13.3	23.5	24.1	12.9	12.2	11.7	11.1	10.6	10.7	10.7	9.7
Firearm homicide	7.0	5.7	14.0	15.3	7.7	8.1	8.0	7.3	7.1	6.6	6.7	5.8
Firearm suicide	5.4	6.0	7.5	6.9	4.4	3.4	3.1	3.3	3.0	3.5	3.5	3.5
Male												
White, non-Hispanic												
All causes	—	105.1	105.7	96.3	86.1	82.2	73.7	65.9	63.9	65.2	61.6	58.6
All injuries	—	86.2	87.5	77.5	69.4	64.9	58.7	51.6	50.5	51.5	48.5	45.2
Unintentional injuries	—	64.1	62.6	51.8	50.0	46.2	40.3	33.6	32.6	31.6	29.6	26.5
Homicide	—	5.2	5.6	5.8	3.5	3.5	3.6	2.9	2.4	2.7	2.3	2.2
Suicide	—	16.0	20.4	18.6	14.8	14.0	13.5	14.1	14.2	16.2	15.5	15.8
Leading mechanisms of injury												
Motor vehicle traffic	—	47.6	46.9	38.6	36.7	31.5	24.3	20.4	19.3	19.0	17.8	15.6
All firearm	—	17.0	20.4	20.0	12.3	10.6	10.3	10.3	9.4	11.2	10.6	10.5
Firearm homicide	—	3.7	3.9	4.5	2.5	2.5	2.6	2.2	1.7	2.0	1.9	1.7
Firearm suicide	—	10.5	13.3	12.7	8.6	7.2	6.9	7.5	6.9	8.5	7.9	8.3
Black, non-Hispanic												
All causes	—	129.0	191.1	204.8	134.0	127.9	118.8	104.9	108.0	102.5	102.2	100.2
All injuries	—	99.3	165.4	173.4	105.9	101.6	96.2	82.9	86.8	83.2	83.3	79.3
Unintentional injuries	—	41.9	42.9	44.8	35.3	32.4	26.0	21.6	24.3	23.1	20.5	21.7
Homicide	—	47.0	109.8	111.8	59.0	60.4	60.1	53.1	54.0	51.4	54.1	48.2
Suicide	—	8.5	10.7	13.6	9.9	7.2	8.4	6.7	7.1	7.2	7.0	7.4
Leading mechanisms of injury												
Motor vehicle traffic	—	22.6	27.2	29.1	22.8	22.0	17.0	13.8	15.0	13.7	12.3	13.1
All firearm	—	47.7	114.3	122.1	63.5	62.0	62.4	55.2	55.2	52.5	56.4	50.5
Firearm homicide	—	37.5	100.0	103.7	53.3	55.4	55.7	49.6	50.2	47.2	51.2	45.0
Firearm suicide	—	5.5	8.2	10.5	7.3	4.3	4.7	3.4	3.2	3.5	3.4	3.1
Asian or Pacific Islander												
All causes	69.1	57.8	73.1	65.2	51.0	41.9	33.5	31.5	29.3	28.8	31.3	29.9
All injuries	53.5	47.4	62.3	51.9	39.1	31.1	23.6	19.5	20.8	20.2	20.9	19.7
Unintentional injuries	38.6	31.0	35.1	20.0	23.3	19.0	13.9	10.8	11.2	9.0	11.5	8.0
Homicide	‡	‡	14.8	20.5	7.5	7.1	4.7	‡	‡	‡	‡	‡
Suicide	‡	10.1	12.0	9.4	8.1	4.4	4.7	6.4	6.3	7.9	6.4	8.8
Leading mechanisms of injury												
Motor vehicle traffic	25.5	21.0	24.1	14.4	14.7	12.3	10.8	6.6	7.2	5.3	7.1	5.0
All firearm	‡	9.2	22.2	26.9	8.8	8.6	5.2	‡	4.3	4.0	3.9	5.0
Firearm homicide	‡	‡	12.6	18.6	5.7	6.3	3.8	‡	‡	‡	‡	‡
Firearm suicide	‡	‡	8.3	6.1	‡	‡	‡	‡	‡	‡	‡	‡

See notes at end of table.

Table PHY8.B (cont.)

Adolescent injury and mortality: Death rates among adolescents ages 15–19 by gender, race and Hispanic origin,^a and all causes and all injury causes,^b selected years 1980–2013

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

Characteristic	1980	1985	1990	1995	2000	2005 ^c	2008 ^c	2009 ^c	2010 ^c	2011 ^c	2012	2013
Male—continued												
Hispanic												
All causes	—	121.3	131.4	125.6	90.5	89.0	68.0	66.7	61.2	58.5	56.2	50.3
All injuries	—	103.7	115.9	110.0	75.9	73.8	54.7	53.4	48.2	45.2	43.9	39.1
Unintentional injuries	—	59.4	54.7	41.4	40.8	39.2	27.2	25.0	21.7	21.9	21.0	19.9
Homicide	—	30.6	49.7	53.5	25.7	25.1	19.7	19.8	17.9	14.6	13.5	11.7
Suicide	—	11.9	11.0	13.6	8.5	8.6	6.9	8.2	8.1	7.9	8.8	6.8
Leading mechanisms of injury												
Motor vehicle traffic	—	42.8	40.7	29.2	29.4	28.9	18.7	17.8	13.9	14.7	13.9	12.8
All firearm	—	31.2	51.7	60.4	27.9	26.7	20.4	19.8	17.8	15.4	15.4	12.9
Firearm homicide	—	20.9	39.7	47.3	21.9	21.8	16.7	16.4	14.6	12.2	11.5	9.9
Firearm suicide	—	6.7	8.6	9.2	4.6	3.5	3.0	3.1	2.8	2.1	3.2	2.2
Female												
White, non-Hispanic												
All causes	—	46.4	44.2	44.2	41.0	37.7	33.1	32.0	30.1	30.2	29.3	28.2
All injuries	—	33.7	32.3	32.2	29.3	27.1	23.4	21.7	20.4	20.8	19.9	18.7
Unintentional injuries	—	25.9	25.8	25.5	24.0	21.8	18.5	16.2	15.3	15.1	14.0	12.8
Homicide	—	2.9	2.8	3.3	1.9	1.5	1.3	1.4	1.2	1.2	1.0	0.9
Suicide	—	4.4	4.0	3.2	3.0	3.3	3.1	3.5	3.5	4.1	4.7	4.5
Leading mechanisms of injury												
Motor vehicle traffic	—	22.5	22.6	22.9	20.8	18.0	14.3	12.7	11.0	10.8	10.4	9.2
All firearm	—	3.8	3.9	3.7	2.2	1.9	1.5	1.8	1.7	2.0	2.0	1.8
Firearm homicide	—	1.1	1.3	1.7	0.9	0.9	0.7	0.8	0.7	0.8	0.6	0.4
Firearm suicide	—	2.2	2.2	1.8	1.2	1.0	0.7	0.9	0.9	1.2	1.4	1.3
Black, non-Hispanic												
All causes	—	45.7	52.2	56.1	44.9	39.0	37.9	34.8	31.9	33.1	32.6	30.3
All injuries	—	23.5	29.2	32.3	23.1	20.6	19.3	18.4	16.5	17.6	16.4	15.5
Unintentional injuries	—	11.0	12.3	13.1	13.0	12.7	9.3	9.8	8.0	8.2	7.3	8.2
Homicide	—	10.6	14.8	16.4	8.6	6.2	7.6	6.5	7.2	7.1	6.4	4.7
Suicide	—	1.6	1.9	2.3	1.5	1.4	2.1	1.8	1.2	2.0	2.4	2.3
Leading mechanisms of injury												
Motor vehicle traffic	—	7.7	9.0	10.6	10.5	10.6	7.3	7.8	5.4	7.1	5.7	5.9
All firearm	—	6.3	11.5	14.1	5.9	4.9	6.2	5.2	5.6	6.4	6.0	4.1
Firearm homicide	—	5.1	9.8	12.2	5.2	4.3	5.8	4.7	5.4	5.8	5.5	3.7
Firearm suicide	—	†	†	1.6	†	†	†	†	†	†	†	†
Asian or Pacific Islander												
All causes	26.7	32.1	25.8	28.1	20.6	19.4	14.7	16.4	15.9	14.2	12.7	15.3
All injuries	16.7	19.3	18.2	19.4	11.9	12.6	8.6	9.3	9.1	7.5	7.3	7.6
Unintentional injuries	†	11.0	11.2	13.3	7.3	8.1	4.9	5.2	5.2	4.6	†	4.8
Homicide	†	†	†	†	†	†	†	†	†	†	†	†
Suicide	†	†	†	†	†	†	†	3.6	†	†	3.7	†
Leading mechanisms of injury												
Motor vehicle traffic	†	†	10.9	12.5	5.5	6.3	4.0	†	†	4.0	†	†
All firearm	†	†	†	†	†	†	†	†	†	†	†	†
Firearm homicide	†	†	†	†	†	†	†	†	†	†	†	†
Firearm suicide	†	†	†	†	†	†	†	†	†	†	†	†

See notes at end of table.

Table PHY8.B (cont.)

Adolescent injury and mortality: Death rates among adolescents ages 15–19 by gender, race and Hispanic origin,^a and all causes and all injury causes,^b selected years 1980–2013

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

Characteristic	1980	1985	1990	1995	2000	2005 ^c	2008 ^c	2009 ^c	2010 ^c	2011 ^c	2012	2013
Female—continued												
Hispanic												
All causes	—	33.6	35.2	35.5	28.7	31.5	25.0	25.6	20.4	20.4	20.4	20.4
All injuries	—	20.7	22.7	23.1	18.4	20.7	14.9	15.0	13.7	11.1	12.9	12.5
Unintentional injuries	—	14.4	12.2	13.9	13.1	15.5	9.4	9.6	8.6	6.6	8.5	7.4
Homicide	—	3.8	7.2	6.5	2.8	2.7	3.1	2.6	2.1	1.6	1.7	1.7
Suicide	—	‡	3.2	2.6	2.4	2.2	2.3	2.5	2.9	2.8	2.5	3.2
Leading mechanisms of injury												
Motor vehicle traffic	—	10.7	10.4	12.1	10.7	13.3	7.4	7.4	6.7	4.9	7.2	6.0
All firearm	—	4.5	6.8	5.7	2.7	2.0	2.5	2.2	2.0	1.4	1.3	1.5
Firearm homicide	—	‡	4.9	4.6	2.0	1.5	2.2	1.7	1.4	1.1	1.0	1.0
Firearm suicide	—	‡	‡	‡	‡	‡	‡	‡	‡	‡	‡	‡

— Not available.

‡ Reporting standards not met; number of deaths too few to calculate a reliable rate.

^a The 1977 Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following three racial groups: White, Black, or Asian or Pacific Islander. Death rates for American Indians or Alaskan Natives are not shown separately because the numbers of deaths were too small for the calculation of reliable rates, and American Indians are underreported on the death certificate. CA, HI, ID, ME, MT, NY, and WI reported multiple-race data in 2003. In 2004, the following states began to report multiple-race data: MI, MN, NH, NJ, OK, SD, WA, and WY. In 2005, the following states began to report multiple-race data: CT, DC (mid-year), FL, KS, NE, SC, and UT. In 2006, NM, OR, RI, and TX began to report multiple-race data. In 2007, DE and OH began to report multiple-race data. In 2008, AR, GA, IL, IN, NV, ND, and VT began to report multiple-race data. In 2010, AZ, KY, and MO began to report multiple-race data. In 2011, IA began to report multiple-race data. In 2012, LA (mid-year), MS, PA, and TN began to report multiple-race data. The multiple-race data for these states were bridged to the single-race categories of the 1977 OMB Standards for comparability with other states, rather than following the revised 1997 OMB Standards for a select group of states. In addition, note that data on race and Hispanic origin are collected and reported separately. Persons of Hispanic origin may be of any race. Trends for the Hispanic population are affected by an expansion in the number of registration areas that included an item on Hispanic origin on the death certificate. Tabulations are restricted to a subset of the states that include the item on the death certificate and that meet a minimal quality standard. The quality of reporting has improved substantially over time, so that the minimal quality standard was relaxed in 1992 for those areas reporting Hispanic origin on at least 80 percent of records. The number of states in the reporting area increased from 44 states and DC in 1989 to 45 states, New York State (excluding New York City), and DC in 1990; 47 states, New York State (excluding New York City), and DC in 1991; 48 states and DC in 1992; and 49 states and DC in 1993–1996. Complete reporting began in 1997. The population data in 1990 and 1991 do not exclude New York City. Data for Hispanic origin and specified race populations other than White, non-Hispanic and Black, non-Hispanic should be interpreted with caution because of inconsistencies between reporting race and Hispanic origin on death certificates and on censuses and surveys.

^b Cause-of-death information for 1980–1998 is classified according to the Ninth Revision of the International Classification of Diseases. Cause-of-death information for 1999–2011 is classified according to the Tenth Revision of the International Classification of Diseases.

^c Rates for 2001–2011 are revised and may differ from rates previously published.

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

Table BEH 1

Regular cigarette smoking: Percentage of 8th-, 10th-, and 12th-grade students who reported smoking cigarettes daily in the past 30 days by grade, gender, and race and Hispanic origin, selected years 1980–2014

Characteristic	1980	1985	1990	1995	2000	2005	2010	2011	2012	2013	2014
8th grade											
Total	—	—	—	9.3	7.4	4.0	2.9	2.4	1.9	1.8	1.4
Gender											
Male	—	—	—	9.2	7.0	3.9	3.5	2.5	2.0	1.7	1.2
Female	—	—	—	9.2	7.5	4.0	2.3	2.2	1.6	1.8	1.3
Race and Hispanic origin ^a											
White, non-Hispanic	—	—	—	10.5	9.0	4.6	3.2	3.0	2.4	2.0	1.7
Black, non-Hispanic	—	—	—	2.8	3.2	2.1	1.9	1.5	1.6	1.5	1.2
Hispanic	—	—	—	9.2	7.1	3.1	2.3	2.4	1.8	1.4	1.3
10th grade											
Total	—	—	—	16.3	14.0	7.5	6.6	5.5	5.0	4.4	3.2
Gender											
Male	—	—	—	16.3	13.7	7.2	7.2	6.4	5.6	5.4	3.5
Female	—	—	—	16.1	14.1	7.7	5.9	4.5	4.4	3.4	2.8
Race and Hispanic origin ^a											
White, non-Hispanic	—	—	—	17.6	17.7	9.1	7.4	7.1	6.2	5.7	4.8
Black, non-Hispanic	—	—	—	4.7	5.2	3.9	3.5	3.5	2.9	2.6	2.3
Hispanic	—	—	—	9.9	8.8	5.9	4.4	3.8	3.0	2.6	2.3
12th grade											
Total	21.3	19.5	19.1	21.6	20.6	13.6	10.7	10.3	9.3	8.5	6.7
Gender											
Male	18.5	17.8	18.6	21.7	20.9	14.6	12.3	11.6	10.9	9.7	7.9
Female	23.5	20.6	19.3	20.8	19.7	11.9	8.7	8.6	7.3	6.5	5.4
Race and Hispanic origin ^a											
White, non-Hispanic	23.9	20.4	21.8	23.9	25.7	17.1	13.5	13.0	12.1	10.9	9.3
Black, non-Hispanic	17.4	9.9	5.8	6.1	8.0	5.6	5.3	4.9	4.7	5.3	5.1
Hispanic	12.8	11.8	10.9	11.6	15.7	7.7	5.7	5.3	4.9	4.7	4.1

— Not available.

^a A 2-year moving average is presented, based on data from the year indicated and the previous year. For data before 2005, the 1977 Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. The revised 1997 OMB Standards were used for data for 2006 and later years. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. In 2005, half of the sample received the earlier version of the question and half received the later one, and their data were combined. Included in the total but not shown separately are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and "Two or more races." Beginning in 2006, those in each racial category represent those reporting only one race. Data from 2006 onward are not directly comparable with data from earlier years. Hispanics may be of any race.

SOURCE: Johnston, L.D., O'Malley, P.M., Bachman, J.G., and Schulenberg, J.E. (2015). *Monitoring the Future national results on adolescent drug use: Overview of key findings, 2014*. Ann Arbor: Institute for Social Research, The University of Michigan.

Table BEH2

Alcohol use: Percentage of 8th-, 10th-, and 12th-grade students who reported having five or more alcoholic beverages in a row in the past 2 weeks by grade, gender, and race and Hispanic origin, selected years 1980–2014

Characteristic	1980	1985	1990	1995	2000	2005	2010	2011	2012	2013	2014
8th grade											
Total	—	—	—	12.3	11.7	8.4	7.2	6.4	5.1	5.1	4.1
Gender											
Male	—	—	—	12.5	11.7	8.2	6.5	6.1	4.6	4.5	3.5
Female	—	—	—	12.1	11.3	8.6	7.8	6.5	5.5	5.7	4.6
Race and Hispanic origin ^a											
White, non-Hispanic	—	—	—	12.1	13.0	9.0	7.1	6.2	4.9	4.2	4.2
Black, non-Hispanic	—	—	—	8.3	7.3	6.1	5.3	5.1	4.3	4.5	4.4
Hispanic	—	—	—	18.4	16.0	12.1	10.8	10.4	9.9	7.8	5.7
10th grade											
Total	—	—	—	22.0	24.1	19.0	16.3	14.7	15.6	13.7	12.6
Gender											
Male	—	—	—	24.1	27.6	19.9	17.9	16.5	16.4	14.7	13.1
Female	—	—	—	19.7	20.6	17.9	14.6	12.7	14.8	12.5	12.2
Race and Hispanic origin ^a											
White, non-Hispanic	—	—	—	23.8	26.2	21.8	17.2	16.1	16.3	15.7	14.4
Black, non-Hispanic	—	—	—	11.1	10.8	9.1	10.7	9.4	8.2	8.6	7.5
Hispanic	—	—	—	23.3	25.1	22.4	22.2	19.7	17.1	16.9	15.0
12th grade											
Total	41.2	36.7	32.2	29.8	30.0	27.1	23.2	21.6	23.7	22.1	19.4
Gender											
Male	52.1	45.3	39.1	36.9	36.7	32.6	28.0	25.5	27.2	26.1	22.3
Female	30.5	28.2	24.4	23.0	23.5	21.6	18.4	17.6	19.7	18.1	16.6
Race and Hispanic origin ^a											
White, non-Hispanic	44.3	41.5	36.6	32.3	34.6	32.5	27.6	25.9	25.7	25.6	23.8
Black, non-Hispanic	17.7	15.7	14.4	14.9	11.5	11.3	13.1	11.3	11.3	12.5	11.3
Hispanic	33.1	31.7	25.6	26.6	31.0	23.9	22.1	20.8	21.8	22.4	20.4

— Not available.

^a A 2-year moving average is presented, based on data from the year indicated and the previous year. For data before 2005, the 1977 Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. The revised 1997 OMB Standards were used for data for 2006 and later years. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. In 2005, half of the sample received the earlier version of the question and half received the later one, and their data were combined. Included in the total but not shown separately are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and "Two or more races." Beginning in 2006, those in each racial category represent those reporting only one race. Data from 2006 onward are not directly comparable with data from earlier years. Hispanics may be of any race.

SOURCE: Johnston, L.D., O'Malley, P.M., Bachman, J.G., and Schulenberg, J.E. (2015). *Monitoring the Future national results on adolescent drug use: Overview of key findings, 2014*. Ann Arbor: Institute for Social Research, The University of Michigan.

Table BEH3

Illicit drug use: Percentage of 8th-, 10th-, and 12th-grade students who reported using illicit drugs in the past 30 days by grade, gender, and race and Hispanic origin, selected years 1980–2014

Characteristic	1980 ^a	1985	1990	1995	2000	2005	2010	2011	2012	2013	2014
8th grade											
Total	—	—	—	12.4	11.9	8.5	9.5	8.5	7.7	8.7	8.3
Gender											
Male	—	—	—	12.7	12.0	8.8	10.3	9.3	7.8	8.0	8.2
Female	—	—	—	11.9	11.3	8.1	8.6	7.3	7.3	9.0	8.0
Race and Hispanic origin ^b											
White, non-Hispanic	—	—	—	18.9	11.2	7.7	7.9	7.8	6.5	5.8	6.4
Black, non-Hispanic	—	—	—	9.1	10.8	9.3	8.9	8.9	8.4	9.4	9.1
Hispanic	—	—	—	16.7	15.2	11.0	10.8	11.9	11.8	11.4	10.4
10th grade											
Total	—	—	—	20.2	22.5	17.3	18.5	19.2	18.6	19.2	18.5
Gender											
Male	—	—	—	21.1	25.4	18.3	21.8	22.2	21.2	21.7	18.9
Female	—	—	—	19.0	19.5	16.1	15.1	16.3	16.1	16.7	18.1
Race and Hispanic origin ^b											
White, non-Hispanic	—	—	—	19.7	23.0	18.2	17.7	18.2	18.3	18.0	17.7
Black, non-Hispanic	—	—	—	15.5	17.0	16.4	16.8	19.0	19.9	20.1	21.0
Hispanic	—	—	—	20.6	23.7	19.3	19.7	20.1	20.6	21.6	21.8
12th grade											
Total	37.2	29.7	17.2	23.8	24.9	23.1	23.8	25.2	25.2	25.2	23.7
Gender											
Male	39.6	32.1	18.9	26.8	27.5	26.7	27.5	29.0	28.6	28.8	26.6
Female	34.3	26.7	15.2	20.4	22.1	19.3	19.6	21.1	21.2	21.0	20.5
Race and Hispanic origin ^b											
White, non-Hispanic	38.8	30.2	20.5	23.8	25.9	25.3	24.3	25.0	25.3	24.5	23.9
Black, non-Hispanic	28.8	22.9	9.0	18.3	20.3	16.1	21.6	22.6	23.7	25.8	25.8
Hispanic	33.1	27.2	13.9	21.4	27.4	19.6	20.2	21.6	24.0	27.0	24.3

— Not available.

^a Beginning in 1982, the question about stimulant use (i.e., amphetamines) was revised to get respondents to exclude the inappropriate reporting of nonprescription stimulants. The prevalence rate dropped slightly as a result of this methodological change. In 2013, the text for the amphetamines use question was revised again. Data for the any illicit drug index was affected by these changes. Beginning in 2013 for full sample and gender data and in 2014 for race/ethnicity data, data are based on the new version of the question.

^b A 2-year moving average is presented, based on data from the year indicated and the previous year. For data before 2005, the 1977 Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. The revised 1997 OMB Standards were used for data for 2006 and later years. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. In 2005, half of the sample received the earlier version of the question and half received the later one, and their data were combined. Included in the total but not shown separately are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and "Two or more races." Beginning in 2006, those in each racial category represent those reporting only one race. Data from 2006 onward are not directly comparable with data from earlier years. Hispanics may be of any race.

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

SOURCE: Johnston, L.D., O'Malley, P.M., Bachman, J.G., and Schulenberg, J.E. (2015). *Monitoring the Future national results on adolescent drug use: Overview of key findings, 2014*. Ann Arbor: Institute for Social Research, The University of Michigan.

Table BEH4.A

Sexual activity: Percentage of high school students who reported ever having had sexual intercourse by gender, race and Hispanic origin, and grade, selected years 1991–2013

Characteristic	1991	1993	1995	1997	1999	2001	2003	2005	2007	2009	2011	2013
Total	54.1	53.0	53.1	48.4	49.9	45.6	46.7	46.8	47.8	46.0	47.4	46.8
Gender												
Male	57.4	55.6	54.0	48.9	52.2	48.5	48.0	47.9	49.8	46.1	49.2	47.5
Female	50.8	50.2	52.1	47.7	47.7	42.9	45.3	45.7	45.9	45.7	45.6	46.0
Race and Hispanic origin^a												
White, non-Hispanic	50.0	48.4	48.9	43.6	45.1	43.2	41.8	43.0	43.7	42.0	44.3	43.7
Black, non-Hispanic	81.5	79.7	73.4	72.7	71.2	60.8	67.3	67.6	66.5	65.2	60.0	60.6
Hispanic	53.1	56.0	57.6	52.2	54.1	48.4	51.4	51.0	52.0	49.1	48.6	49.2
Other ^b	43.8	43.4	45.9	45.3	45.6	40.1	41.6	36.4	35.2	37.8	46.3	38.8
Grade												
9th grade	39.0	37.7	36.9	38.0	38.6	34.4	32.8	34.3	32.8	31.6	32.9	30.0
10th grade	48.2	46.1	48.0	42.5	46.8	40.8	44.1	42.8	43.8	40.9	43.8	41.4
11th grade	62.4	57.5	58.6	49.7	52.5	51.9	53.2	51.4	55.5	53.0	53.2	54.1
12th grade	66.7	68.3	66.4	60.9	64.9	60.5	61.6	63.1	64.6	62.3	63.1	64.1

^a From 1991 to 2003, the 1977 Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. In each survey, a single-question format (approved by OMB) was used to ask about both race and ethnicity. In 2005, the national Youth Risk Behavior Survey applied OMB's 1997 revision to the 1977 directive and began asking about race and ethnicity in a two-question format (a methodological study¹ has been conducted to confirm that trend analyses would not be affected by the change in format starting with the 2005 survey). In addition, note that data on race and Hispanic origin are collected separately but are combined for reporting. Regardless of question format, the data have been combined to create the following standard categories—White, non-Hispanic, Black, non-Hispanic, and Hispanic. Estimates are not shown separately for American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander races due to the small sample size for each of these groups.

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

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

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

¹ Brener, N.D., Kann, L., and McManus, T. (2003). A comparison of two survey questions on race and ethnicity among high school students. *Public Opinion Quarterly*, 67, 227–236.

Table BEH4.B

Sexual activity: Among those who reported having had sexual intercourse during the past 3 months, the percentage of high school students who reported use of birth control pills to prevent pregnancy before the last sexual intercourse by gender, race and Hispanic origin, and grade, selected years 1991–2013

Characteristic	1991	1993	1995	1997	1999	2001	2003	2005	2007	2009	2011	2013
Total	20.8	18.4	17.4	16.6	16.2	18.2	17.0	17.6	16.0	19.8	18.0	19.0
Gender												
Male	16.5	14.7	14.3	13.0	11.8	14.9	13.1	14.6	13.1	16.5	13.4	15.1
Female	25.0	22.3	20.4	20.5	20.4	21.1	20.6	20.6	18.7	23.0	22.6	22.4
Race and Hispanic origin^a												
White, non-Hispanic	23.4	20.4	21.3	20.6	21.0	23.4	22.3	22.3	20.8	26.8	24.0	25.9
Black, non-Hispanic	16.8	15.1	10.2	11.9	7.7	7.9	7.9	10.0	9.1	8.1	10.1	8.2
Hispanic	13.2	12.4	11.4	9.5	7.8	9.6	11.2	9.8	9.1	10.8	10.6	9.0
Other ^b	17.2	16.4	9.9	11.0	14.2	10.7	13.5	13.2	14.0	17.9	10.2	20.7
Grade												
9th grade	9.1	9.0	10.9	7.8	12.0	7.6	8.7	7.5	8.7	10.2	9.4	11.4
10th grade	18.3	13.7	12.2	12.0	9.3	15.8	12.7	14.3	11.6	14.7	14.9	16.7
11th grade	21.1	16.8	15.4	15.6	15.3	18.6	19.6	18.5	15.0	20.7	17.5	19.3
12th grade	27.0	25.8	25.0	24.0	24.9	26.3	22.6	25.6	23.5	27.6	25.1	23.7

^a From 1991 to 2003, the 1977 Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. In each survey, a single-question format (approved by OMB) was used to ask about both race and ethnicity. In 2005, the national Youth Risk Behavior Survey applied OMB's 1997 revision to the 1977 directive and began asking about race and ethnicity in a two-question format (a methodological study¹ has been conducted to confirm that trend analyses would not be affected by the change in format starting with the 2005 survey). In addition, note that data on race and Hispanic origin are collected separately but are combined for reporting. Regardless of question format, the data have been combined to create the following standard categories—White, non-Hispanic, Black, non-Hispanic, and Hispanic. Estimates are not shown separately for American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander races due to the small sample size for each of these groups.

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

NOTE: Data for birth control pill use are based on the student's response to the question, "The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy?" "Birth control pills" was one option, and others were "I have never had sexual intercourse," "No method was used to prevent pregnancy," "Condoms," "Depo-Provera (or any injectable birth control)," Nuva Ring (or any birth control ring), Implanon (or any implant), or any IUD," "Withdrawal," "Some other method," and "Not sure."

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

¹ Brener, N.D., Kann, L., and McManus, T. (2003). A comparison of two survey questions on race and ethnicity among high school students. *Public Opinion Quarterly*, 67, 227–236.

Table BEH4.C

Sexual activity: Among those who reported having had sexual intercourse during the past 3 months, the percentage of high school students who reported condom use during the last sexual intercourse by gender, race and Hispanic origin, and grade, selected years 1991–2013

Characteristic	1991	1993	1995	1997	1999	2001	2003	2005	2007	2009	2011	2013
Total	46.2	52.8	54.4	56.8	58.0	57.9	63.0	62.8	61.5	61.1	60.2	59.1
Gender												
Male	54.5	59.2	60.5	62.5	65.5	65.1	68.8	70.0	68.5	68.6	67.0	65.8
Female	38.0	46.0	48.6	50.8	50.7	51.3	57.4	55.9	54.9	53.9	53.6	53.1
Race and Hispanic origin^a												
White, non-Hispanic	46.5	52.3	52.5	55.8	55.0	56.8	62.5	62.6	59.7	63.3	59.5	57.1
Black, non-Hispanic	48.0	56.5	66.1	64.0	70.0	67.1	72.8	68.9	67.3	62.4	65.3	64.7
Hispanic	37.4	46.1	44.4	48.3	55.2	53.5	57.4	57.7	61.4	54.9	58.4	58.3
Other ^b	49.3	55.6	54.2	57.0	55.9	54.0	57.7	58.9	61.5	57.1	59.7	60.0
Grade												
9th grade	53.3	61.6	62.9	58.8	66.6	67.5	69.0	74.5	69.3	64.0	62.2	62.7
10th grade	46.3	54.7	59.7	58.9	62.6	60.1	69.0	65.3	66.1	67.8	63.3	61.7
11th grade	48.7	55.3	52.3	60.1	59.2	58.9	60.8	61.7	62.0	61.4	61.1	62.3
12th grade	41.4	46.5	49.5	52.4	47.9	49.3	57.4	55.4	54.2	55.0	56.3	53.0

^a From 1991 to 2003, the 1977 Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. In each survey, a single-question format (approved by OMB) was used to ask about both race and ethnicity. In 2005, the national Youth Risk Behavior Survey applied OMB's 1997 revision to the 1977 directive and began asking about race and ethnicity in a two-question format (a methodological study¹ has been conducted to confirm that trend analyses would not be affected by the change in format starting with the 2005 survey). In addition, note that data on race and Hispanic origin are collected separately but are combined for reporting. Regardless of question format, the data have been combined to create the following standard categories—White, non-Hispanic, Black, non-Hispanic, and Hispanic. Estimates are not shown separately for American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander races due to the small sample size for each of these groups.

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

NOTE: Data for condom use are based on the student's response to the question, "The last time you had sexual intercourse, did you or your partner use a condom?"

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

¹ Brener, N.D., Kann, L., and McManus, T. (2003). A comparison of two survey questions on race and ethnicity among high school students. *Public Opinion Quarterly*, 67, 227–236.

Table BEH5

Youth perpetrators of serious violent crimes: Rate and number of serious violent crimes by youth ages 12–17, selected years 1980–2013

Characteristic	1980	1985	1990	1995	2000	2005	2006 ^a	2010	2011	2012	2013 ^b
Rate per 1,000 youth ages 12–17											
Total	34.9	30.2	39.1	36.3	17.2	17.1	17.4	9.5	6.2	9.5	9.3
Number of serious violent crimes											
Total (in millions)	3.8	3.4	3.5	3.3	2.2	1.8	2.3	1.3	1.6	1.6	1.4
Number involving youth ages 12–17 (in thousands)	812	652	785	811	412	435	443	231	152	238	232
Percentage involving youth ages 12–17	21.3	19.4	22.4	24.7	18.9	23.9	19.6	17.7	9.7	14.6	16.6
Percentage of juvenile crimes involving multiple offenders	61.4	61.4	61.1	54.6	58.7	50.0	44.4	51.6	57.1	57.8	48.4

^a Due to methodological changes in the 2006 National Crime Victimization Survey (NCVS), use caution when comparing 2006 criminal perpetration estimates to those for other years. See *Criminal Victimization, 2007*, <http://bjs.ojp.usdoj.gov/index.cfm?ty=pbdetail&iid=764>, for more information.

^b Homicide data were not available for 2013 at the time of publication. The number of homicides for 2012 is included in the overall total for 2013. In 2012, homicides represented about 1 percent of serious violent crime and the total number of homicides by juveniles has been relatively stable over the last decade.

NOTE: The rate is the ratio of the number of crimes (aggravated assault, rape, and robbery, i.e., stealing by force or threat of violence) reported to the NCVS that involved at least one offender perceived by the victim to be 12–17 years of age, plus the number of homicides reported to the police that involved at least one juvenile offender, to the number of juveniles in the population. 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. Estimates may vary from previous publications due to updating of more recent homicide numbers.

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

Table ED1

Family reading to young children: Percentage of children ages 3–5^a who were read to 3 or more times in the last week by a family member by child and family characteristics, selected years 1993–2012

Characteristic	1993	1995	1996	1999	2001	2005	2007	2012
Total	78.3	83.7	82.5	81.7	84.1	85.7	83.3	82.8
Gender								
Male	77.4	83.3	81.5	81.0	82.1	84.7	80.9	81.5
Female	79.2	84.1	83.6	82.4	86.1	86.8	85.7	84.1
Race and Hispanic origin^b								
White, non-Hispanic	84.8	89.6	88.9	88.9	89.4	91.9	90.6	90.5
Black, non-Hispanic	65.9	74.2	74.7	72.3	76.7	78.5	78.0	77.0
Asian or Pacific Islander, non-Hispanic	68.8	78.9	81.0	81.1	87.4	84.4	87.5	77.5
Hispanic	58.2	60.2	64.9	61.8	70.7	71.8	67.6	70.9
Poverty status								
Below 100% poverty	67.5	74.8	72.2	69.1	73.7	77.8	70.5	73.7
100–199% poverty	75.5	82.3	79.0	79.5	80.6	82.7	81.0	80.6
200% poverty and above	86.4	89.1	90.7	88.7	89.8	90.2	89.4	87.9
Family type								
Two parents ^c	81.1	85.2	86.4	84.9	86.7	86.5	84.8	85.1
Two parents, married	—	—	—	—	87.2	87.2	87.5	86.3
Two parents, unmarried	—	—	—	—	81.4	79.1	54.1	76.7
One parent	70.8	79.0	73.6	74.2	75.7	82.8	76.9	77.1
No parents	70.3	86.0	64.9	72.0	83.9	83.1	83.8	74.1
Mother's highest level of education^d								
Less than high school	59.7	64.6	60.9	62.6	69.0	64.2	55.7	72.1
High school diploma or equivalent	75.5	79.1	79.0	77.0	80.8	82.4	73.7	75.8
Some college, including vocational/ technical/associate's degree	83.3	88.3	88.1	84.9	85.6	88.3	85.8	85.1
Bachelor's degree or higher	90.0	93.9	94.6	92.1	93.9	93.1	94.9	92.9
Mother's employment status^d								
Worked 35 hours or more per week	77.9	81.2	82.0	80.7	83.5	83.2	81.4	82.9
Worked less than 35 hours per week	81.5	89.9	86.6	83.5	89.4	89.3	90.1	87.2
Looking for work	70.9	77.5	77.3	73.3	76.5	89.4	68.7	81.3
Not in labor force	78.9	83.4	82.0	83.9	83.1	85.1	83.4	83.3
Region^e								
Northeast	82.4	85.7	85.4	85.5	85.1	89.1	85.8	87.8
South	75.0	82.0	80.5	79.3	83.0	82.7	82.3	80.8
Midwest	81.3	86.5	82.8	86.8	86.5	88.6	87.8	84.4
West	76.4	80.8	82.3	76.1	82.3	85.2	78.8	80.8

— Not available.

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

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

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

^d Children without mothers in the home are not included in estimates.

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

NOTE: While National Household Education Surveys Program (NHES) administrations prior to 2012 were administered via telephone with an interviewer, NHES:2012 was a self-administered paper-and-pencil questionnaire that was mailed to respondents. Measurable differences in estimates between 2012 and prior years could reflect actual changes in the population, or the changes could be due to the mode change from telephone to mail. Some data have been revised from previous publications.

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

Table ED2.A/B

Mathematics and reading achievement: Average mathematics scale scores of 4th-, 8th-, and 12th-graders by child and family characteristics, selected years 1990–2013

Characteristic	1990 ^a	1992 ^a	1996 ^a	1996	2000	2003	2005	2007	2009	2011	2013
4th-graders											
Total	213	220	224	224	226	235	238	240	240	241	242
Gender											
Male	214	221	226	224	227	236	239	241	241	241	242
Female	213	219	222	223	224	233	237	239	239	240	241
Race and Hispanic origin ^b											
White, non-Hispanic	220	227	231	232	234	243	246	248	248	249	250
Black, non-Hispanic	188	193	199	198	203	216	220	222	222	224	224
American Indian or Alaska Native, non-Hispanic	‡	‡	‡	217	208	223	226	228	225	225	227
Asian or Pacific Islander, non-Hispanic	225	231	226	229	‡	246	251	253	255	256	258
Asian, non-Hispanic ^c	—	—	—	—	—	—	—	—	—	257	259
Native Hawaiian or Pacific Islander, non-Hispanic ^c	—	—	—	—	—	—	—	—	—	236	236
Hispanic	200	202	205	207	208	222	226	227	227	229	231
8th-graders											
Total	263	268	272	270	273	278	279	281	283	284	285
Gender											
Male	263	268	272	271	274	278	280	282	284	284	285
Female	262	269	272	269	272	277	278	280	282	283	284
Race and Hispanic origin ^b											
White, non-Hispanic	270	277	281	281	284	288	289	291	293	293	294
Black, non-Hispanic	237	237	242	240	244	252	255	260	261	262	263
American Indian or Alaska Native, non-Hispanic	‡	‡	‡	‡	259	263	264	264	266	265	269
Asian or Pacific Islander, non-Hispanic	275	290	‡	‡	288	291	295	297	301	303	306
Asian, non-Hispanic ^c	—	—	—	—	—	—	—	—	—	305	309
Native Hawaiian or Pacific Islander, non-Hispanic ^c	—	—	—	—	—	—	—	—	—	269	275
Hispanic	246	249	251	251	253	259	262	265	266	270	272
Parents' education ^d											
Less than high school	242	249	254	250	253	257	259	263	265	265	267
High school diploma or equivalent	255	257	261	260	261	267	267	270	270	271	270
Some education after high school	267	271	279	277	277	280	280	283	284	285	285
Bachelor's degree or higher	274	281	282	281	286	288	290	292	295	295	296

See notes at end of table.

Table ED2.A/B (cont.)

Mathematics and reading achievement: Average mathematics scale scores of 4th-, 8th-, and 12th-graders by child and family characteristics, selected years 1990–2013

Characteristic	1990 ^a	1992 ^a	1996 ^a	1996	2000	2003	2005	2007	2009	2011	2013
12th-graders											
Total	294	299	304	302	300	—	150 ^e	—	153 ^e	—	153 ^e
Gender											
Male	297	301	305	303	302	—	151 ^e	—	155 ^e	—	155 ^e
Female	291	298	303	300	299	—	149 ^e	—	152 ^e	—	152 ^e
Race and Hispanic origin ^b											
White, non-Hispanic	300	305	311	309	307	—	157 ^e	—	161 ^e	—	162 ^e
Black, non-Hispanic	268	275	280	275	273	—	127 ^e	—	131 ^e	—	132 ^e
American Indian or Alaska Native, non-Hispanic	‡	‡	284	‡	294	—	134 ^e	—	144 ^e	—	142 ^e
Asian or Pacific Islander, non-Hispanic	311	312	312	305	315	—	163 ^e	—	175 ^e	—	172 ^e
Asian, non-Hispanic ^c	—	—	—	—	—	—	—	—	—	—	174 ^e
Native Hawaiian or Pacific Islander, non-Hispanic ^c	—	—	—	—	—	—	—	—	—	—	151 ^e
Hispanic	276	286	287	284	282	—	133 ^e	—	138 ^e	—	141 ^e
Parents' education ^d											
Less than high school	272	278	282	280	278	—	130 ^e	—	135 ^e	—	137 ^e
High school diploma or equivalent	283	288	294	290	287	—	138 ^e	—	142 ^e	—	139 ^e
Some education after high school	297	299	302	302	299	—	148 ^e	—	150 ^e	—	152 ^e
Bachelor's degree or higher	306	311	314	313	312	—	161 ^e	—	164 ^e	—	164 ^e

— Not available.

‡ Reporting standards not met (too few cases for a reliable estimate).

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

^b For data before 2003, the 1977 Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. The revised 1997 OMB Standards were used for data from 2003 and later years. Under these standards, persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Those reporting more than one race were classified as "Two or more races." For 2003 and after, when separate reporting was possible, respondents who reported being Asian or Native Hawaiian or Other Pacific Islander were combined for continuity purposes. Also, beginning in 2003, those in a given racial category represent those reporting only that race. Data from 2003 onward are not directly comparable with data from earlier years. Included in the total but not shown separately are respondents who selected two or more races. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

^c For assessment years prior to 2011, separate data for Asians and Native Hawaiians or Pacific Islanders were not collected.

^d Parents' education is the highest educational attainment of either parent. Data on parents' education are not reliable for 4th-graders.

^e In 2003, 2007, and 2011, the mathematics assessment was not conducted at grade 12. The National Governing Board (NAGB) introduced changes in the National Assessment of Educational Progress (NAEP) mathematics framework in both the assessment content and administration for assessments beginning in 2005. In addition, the results of the revised assessment are placed on a scale of 0–300, unlike previous assessments which were placed on a scale of 0–500. Thus, the 12th-grade assessment results from 2005 onward cannot be compared with those of previous assessments.

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

Table ED2.C

Mathematics and reading achievement: Average reading scale scores of 4th-, 8th-, and 12th-graders by child and family characteristics, selected years 1992–2013

Characteristic	1992 ^a	1994 ^a	1998 ^a	1998	2000	2002	2003	2005	2007	2009	2011	2013
4th-graders												
Total	217	214	217	215	213	219	218	219	221	221	221	222
Gender												
Male	213	209	214	212	208	215	215	216	218	218	218	219
Female	221	220	220	217	219	222	222	222	224	224	225	225
Race and Hispanic origin ^b												
White, non-Hispanic	224	224	226	225	224	229	229	229	231	230	231	232
Black, non-Hispanic	192	185	193	193	190	199	198	200	203	205	205	206
American Indian or Alaska Native, non-Hispanic	‡	211	‡	‡	214	207	202	204	203	204	202	205
Asian or Pacific Islander, non-Hispanic	216	220	221	215	225	224	226	229	232	235	235	235
Asian, non-Hispanic ^c	—	—	—	—	—	—	—	—	—	—	236	237
Native Hawaiian or Pacific Islander, non-Hispanic ^c	—	—	—	—	—	—	—	—	—	—	216	212
Hispanic	197	188	195	193	190	201	200	203	205	205	206	207
8th-graders												
Total	260	260	264	263	—	264	263	262	263	264	265	268
Gender												
Male	254	252	257	256	—	260	258	257	258	259	261	263
Female	267	267	270	270	—	269	269	267	268	269	270	273
Race and Hispanic origin ^b												
White, non-Hispanic	267	267	271	270	—	272	272	271	272	273	274	276
Black, non-Hispanic	237	236	243	244	—	245	244	243	245	246	249	250
American Indian or Alaska Native, non-Hispanic	‡	248	‡	‡	—	250	246	249	247	251	252	251
Asian or Pacific Islander, non-Hispanic	268	265	267	264	—	267	270	271	271	274	275	280
Asian, non-Hispanic ^c	—	—	—	—	—	—	—	—	—	—	277	282
Native Hawaiian or Pacific Islander, non-Hispanic ^c	—	—	—	—	—	—	—	—	—	—	254	259
Hispanic	241	243	245	243	—	247	245	246	247	249	252	256
Parents' education ^d												
Less than high school	243	238	243	242	—	248	245	244	245	248	248	251
High school diploma or equivalent	251	252	254	254	—	257	254	252	253	254	254	255
Some education after high school	265	266	269	268	—	268	267	265	266	267	267	270
Bachelor's degree or higher	271	270	274	273	—	274	273	272	273	274	275	278

See notes at end of table.

Table ED2.C (cont.)

Mathematics and reading achievement: Average reading scale scores of 4th-, 8th-, and 12th-graders by child and family characteristics, selected years 1992–2013

Characteristic	1992 ^a	1994 ^a	1998 ^a	1998	2000	2002	2003	2005	2007	2009	2011	2013
12th-graders												
Total	292	287	291	290	—	287	—	286	—	288	—	288
Gender												
Male	287	280	283	282	—	279	—	279	—	282	—	284
Female	297	294	298	298	—	295	—	292	—	294	—	293
Race and Hispanic origin ^b												
White, non-Hispanic	297	293	297	297	—	292	—	293	—	296	—	297
Black, non-Hispanic	273	265	271	269	—	267	—	267	—	269	—	268
American Indian or Alaska Native, non-Hispanic	‡	274	‡	‡	—	‡	—	279	—	283	—	277
Asian or Pacific Islander, non-Hispanic	290	278	288	287	—	286	—	287	—	298	—	296
Asian, non-Hispanic ^c	—	—	—	—	—	—	—	—	—	—	—	296
Native Hawaiian or Pacific Islander, non-Hispanic ^c	—	—	—	—	—	—	—	—	—	—	—	289
Hispanic	279	270	276	275	—	273	—	272	—	274	—	276
Parents' education ^d												
Less than high school	275	266	268	268	—	268	—	268	—	269	—	270
High school diploma or equivalent	283	277	280	279	—	278	—	274	—	276	—	276
Some education after high school	294	289	292	291	—	289	—	287	—	287	—	288
Bachelor's degree or higher	301	298	301	300	—	296	—	297	—	299	—	299

— Not available.

‡ Reporting standards not met (too few cases for a reliable estimate).

^a Testing accommodations (e.g., extended time, small group testing) for children with disabilities and limited-English-proficient students were not permitted.^b For data before 2003, the 1977 Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. The revised 1997 OMB Standards were used for data from 2003 and later years. Under these standards, persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Those reporting more than one race were classified as "Two or more races." For 2003 and after, when separate reporting was possible, respondents who reported being Asian or Native Hawaiian or Other Pacific Islander were combined for continuity purposes. Also, beginning in 2003, those in a given racial category represent those reporting only that race. Data from 2003 onward are not directly comparable with data from earlier years. Included in the total but not shown separately are respondents who selected two or more races. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.^c For assessment years prior to 2011, separate data for Asians and Native Hawaiians or Pacific Islanders were not collected.^d Parents' education is the highest educational attainment of either parent. Data on parents' education are not reliable for 4th-graders.

NOTE: In 2000, the assessment was conducted at grade 4 only. In 2003, 2007, and 2011, the assessment was conducted at grades 4 and 8 only.

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

Table ED3.A

High school academic coursetaking: Percentage of high school graduates who took selected mathematics courses in high school, selected years 1982–2009

Course (Carnegie units)	1982	1987	1990	1994	1998	2000	2005
	Any mathematics (1.0)	98.5	98.9	99.6	99.5	99.9	99.8
Algebra I (1.0)	55.2	58.8	64.5	66.9	63.4	66.5	68.4
Geometry (1.0)	47.1	58.6	64.1	70.6	75.3	78.3	83.8
Algebra II (0.5)	39.9	49.0	48.8	61.5	61.7	67.6	70.3
Trigonometry (0.5)	8.1	11.5	18.2	11.8	8.9	7.9	8.4
Analysis/precalculus (0.5)	6.2	12.8	13.4	17.4	23.2	26.6	29.4
Statistics/probability (0.5)	1.0	1.1	1.0	2.0	3.7	5.7	7.7
Calculus (1.0)	5.0	6.1	6.5	9.4	11.0	11.6	13.6
AP/IB/honors calculus (1.0)	1.6	3.4	4.2	7.0	6.8	7.8	9.2

Course (Carnegie units)	2009			Race and Hispanic origin ^a				
	Total	Gender		White	Black	Hispanic	Asian/ Pacific Islander	American Indian/ Alaska Native
		Male	Female					
Any mathematics (1.0)	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Algebra I (1.0)	68.9	68.5	69.3	67.0	77.2	75.4	53.3	74.8
Geometry (1.0)	88.3	86.6	89.9	88.8	88.4	87.0	86.1	81.6
Algebra II (0.5)	75.5	73.5	77.6	77.1	70.5	71.1	82.8	66.3
Trigonometry (0.5)	6.1	5.8	6.4	7.1	3.2	3.6	8.5	6.5
Analysis/precalculus (0.5)	35.3	33.8	36.6	37.9	22.7	26.5	60.5	18.5
Statistics/probability (0.5)	10.8	10.7	10.9	11.6	7.9	7.5	17.6	5.9
Calculus (1.0)	15.9	16.1	15.7	17.5	6.1	8.6	42.2	6.3
AP/IB/honors calculus (1.0)	11.0	11.3	10.7	11.5	4.0	6.3	34.8	4.9

! Interpret data with caution. The coefficient of variation (CV) for this estimate is between 30 and 50 percent.

^a Under the 1997 Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity, persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Those reporting more than one race were classified as "Two or more races." Included in the 2009 total but not shown separately are respondents reporting "Two or more races." Although separate reporting was possible in 2009, respondents who reported being Asian or Native Hawaiian or Other Pacific Islander were combined for continuity purposes. Those in a given racial category represent those reporting only that race. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

NOTE: For a transcript to be included in the analysis, it had to meet three requirements: (1) the student graduated with either a standard or honors diploma, (2) the student's transcript contained 16 or more Carnegie units, and (3) the student's transcript contained more than 0 Carnegie units in English courses. For each course category, percentages include only graduates who earned at least the number of credits shown in parentheses (e.g., 0.5 = one semester; 1.0 = one academic year) in each course while in high school and do not count those graduates who took these courses prior to entering high school. Algebra I excludes pre-algebra. Algebra II includes courses in which trigonometry or geometry has been combined with algebra II. Some estimates have been revised from previous publications.

SOURCE: U.S. Department of Education, National Center for Education Statistics, High School Transcript Studies: High School and Beyond Study of 1980 Sophomores and National Assessment of Educational Progress Transcript Study.

Table ED3.B

High school academic coursetaking: Percentage of high school graduates who took selected science courses in high school, selected years 1982–2009

Course (Carnegie units)	1982	1987	1990	1994	1998	2000	2005
	Any science (1.0)	96.4	97.8	99.4	99.5	99.5	99.4
Biology (1.0)	77.4	86.1	91.3	93.7	92.9	91.1	92.5
AP/IB/honors biology (1.0)	10.0	9.4	5.0	12.0	16.3	16.3	16.0
Chemistry (1.0)	32.1	44.2	49.2	56.1	60.5	61.8	66.4
AP/IB/honors chemistry (1.0)	3.0	3.5	3.5	3.9	4.8	5.7	7.6
Physics (1.0)	15.0	20.0	21.3	24.8	28.8	31.3	32.9
AP/IB/honors physics (1.0)	1.2	1.8	2.0	2.7	3.0	3.9	5.3
Engineering (1.0)	1.2	2.6	0.1!	4.5	6.7	4.1	4.8
Astronomy (0.5)	1.2	1.0	1.2	1.7	1.9	2.8	2.8
Geology/earth science (0.5)	13.6	13.4	25.3	23.1	20.9	18.5	24.7
Biology and chemistry (2.0)	29.3	41.4	47.8	53.8	59.1	59.2	64.3
Biology, chemistry, and physics (3.0)	11.2	16.5	18.7	21.4	25.6	25.0	27.4

Course (Carnegie units)	2009							
	Total	Gender		Race and Hispanic origin ^a				
		Male	Female	White	Black	Hispanic	Asian/ Pacific Islander	American Indian/ Alaska Native
Any science (1.0)	99.9	99.8	99.9	99.9	99.9	99.8	100.0	100.0
Biology (1.0)	95.6	94.9	96.2	95.6	96.3	94.8	95.8	94.5
AP/IB/honors biology (1.0)	22.4	19.7	25.0	24.2	14.1	16.1	39.7	15.4
Chemistry (1.0)	70.4	67.4	73.4	71.5	65.3	65.7	84.8	44.5
AP/IB/honors chemistry (1.0)	5.9	6.1	5.8	6.5	2.5	2.6	17.0	3.4!
Physics (1.0)	36.1	39.2	33.0	37.6	26.9	28.6	61.1	19.8
AP/IB/honors physics (1.0)	5.7	7.7	3.7	6.1	2.5	3.4	15.1	‡
Engineering (1.0)	8.2	9.0	7.4	8.2	10.1	7.1	6.4	9.0!
Astronomy (0.5)	3.3	3.9	2.7	4.0	1.8	2.0	1.9	5.3!
Geology/earth science (0.5)	27.7	28.9	26.5	28.2	30.1	27.1	19.1	26.0
Biology and chemistry (2.0)	68.3	65.0	71.4	68.9	64.3	64.2	82.7	43.9
Biology, chemistry, and physics (3.0)	30.1	31.9	28.3	31.4	21.9	22.7	54.4	13.6

! Interpret data with caution. The coefficient of variation (CV) for this estimate is between 30 and 50 percent.

‡ Reporting standards not met. The coefficient of variation (CV) for this estimate is 50 percent or greater.

^a Under the 1997 Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity, persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Those reporting more than one race were classified as "Two or more races." Included in the 2009 total but not shown separately are respondents reporting "Two or more races." Although separate reporting was possible in 2009, respondents who reported being Asian or Native Hawaiian or Other Pacific Islander were combined for continuity purposes. Those in a given racial category represent those reporting only that race. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

NOTE: For a transcript to be included in the analysis, it had to meet three requirements: (1) the student graduated with either a standard or honors diploma, (2) the student's transcript contained 16 or more Carnegie units, and (3) the student's transcript contained more than 0 Carnegie units in English courses. For each course category, percentages include only students who earned at least the number of credits shown in parentheses (e.g., 0.5 = one semester; 1.0 = one academic year) in each course while in high school and do not count those students who took these courses prior to entering high school. Some estimates have been revised from previous publications.

SOURCE: U.S. Department of Education, National Center for Education Statistics, High School Transcript Studies: High School and Beyond Study of 1980 Sophomores and National Assessment of Educational Progress Transcript Study.

Table ED3.C

High school academic coursetaking: Percentage distribution of high school graduates by the highest level of foreign language courses taken, selected years 1982–2009

Course	1982	1987	1990	1994	1998	2000	2005
	Any foreign language	54.4	66.7	73.1	77.7	80.6	82.6
Year 1 or less	20.4	22.6	21.2	19.8	19.2	18.0	13.0
Year 2	19.5	24.9	30.2	32.1	31.5	34.9	37.1
Year 3 or higher	14.6	19.2	21.7	25.9	30.0	29.8	33.5
Year 3	8.9	11.9	12.9	15.0	17.4	16.5	18.6
Year 4	4.5	5.4	5.6	7.8	8.6	7.8	8.9
AP/IB/honors foreign language	1.2	1.9	3.2	3.1	4.1	5.4	5.9

Course	2009			Race and Hispanic origin ^a				
	Total	Gender		White	Black	Hispanic	Asian/ Pacific Islander	American Indian/ Alaska Native
		Male	Female					
Any foreign language	86.4	83.0	89.7	87.1	85.2	82.3	93.3	69.5
Year 1 or less	11.2	12.8	9.6	10.6	16.1	10.9	6.4	16.7
Year 2	35.3	35.4	35.3	34.7	45.4	33.0	24.5	36.9
Year 3 or higher	39.9	34.8	44.8	41.8	23.7	38.5	62.4	15.9
Year 3	22.2	20.9	23.5	22.5	17.8	19.9	35.2	11.1
Year 4	9.7	8.0	11.4	12.0	3.7	4.8	13.1	3.4!
AP/IB/honors foreign language	8.0	6.0	10.0	7.3	2.2	13.7	14.1	‡

! Interpret data with caution. The coefficient of variation (CV) for this estimate is between 30 and 50 percent.

‡ Reporting standards not met. The coefficient of variation (CV) for this estimate is 50 percent or greater.

^a Under the 1997 Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity, persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Those reporting more than one race were classified as "Two or more races." Included in the 2009 total but not shown separately are respondents reporting "Two or more races." Although separate reporting was possible in 2009, respondents who reported being Asian or Native Hawaiian or Other Pacific Islander were combined for continuity purposes. Those in a given racial category represent those reporting only that race. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

NOTE: For a transcript to be included in the analysis, it had to meet three requirements: (1) the student had to have graduated with either a standard or honors diploma, (2) the student's transcript had to have contained 16 or more Carnegie units, and (3) the student's transcript had to have contained more than 0 Carnegie units in English. For each course category, percentages include only graduates who earned more than 0 credits while in high school and do not count those graduates who took these courses prior to entering high school. Foreign language coursetaking is based upon classes in Spanish, French, Latin, or German, unless noted otherwise for data from 1982 through 2000. In these years, less than 1 percent of students studied only a foreign language other than Spanish, French, Latin, or German. For data from 2005 and 2009, expanded foreign language coursetaking is based upon classes in Amharic (Ethiopian), Arabic, Chinese (Cantonese or Mandarin), Czech, Dutch, Finnish, French, German, Greek (Classical or Modern), Hawaiian, Hebrew, Italian, Japanese, Korean, Latin, Norse (Norwegian), Polish, Portuguese, Russian, Spanish, Swahili, Swedish, Turkish, Ukrainian, or Yiddish. The distribution of graduates among the various levels of foreign language courses was determined by the level of the most academically advanced course they completed.

Graduates who had completed courses in different languages were counted according to the highest level course completed. Graduates may have completed advanced levels of courses without having taken courses at lower levels while in high school. Some estimates have been revised from previous publications.

SOURCE: U.S. Department of Education, National Center for Education Statistics, High School Transcript Studies: High School and Beyond Study of 1980 Sophomores and National Assessment of Educational Progress Transcript Study.

Table ED4

High school completion: Percentage of young adults ages 18–24^a who have completed high school by race and Hispanic origin, selected years 1980–2013

Characteristic	1980	1985	1990	1995	2000	2005	2006	2007	2008	2009	2010	2011	2012	2013
Total	83.9	85.4	85.6	85.0	86.5	87.6	87.8	89.0	89.9	89.8	90.4	90.8	91.3	92.0
Race and Hispanic origin^b														
White, non-Hispanic	87.5	88.2	89.6	89.5	91.8	92.3	92.6	93.5	94.2	93.8	93.7	93.8	94.6	94.3
Black, non-Hispanic	75.2	81.0	83.2	84.1	83.7	86.0	84.9	88.8	86.9	87.1	89.2	90.1	90.0	91.5
American Indian or Alaska Native	—	—	77.4	80.9	82.4	80.4	81.6	77.9	82.5	82.4	84.3	79.5	79.0	91.7
Asian or Pacific Islander	—	—	94.2	94.8	94.6	95.8	95.8	93.1	95.5	95.9	95.1	94.1	94.9	96.5
Two or more races	—	—	—	—	—	89.5	89.7	90.4	94.2	89.2	92.1	93.3	91.9	93.6
Hispanic	57.1	66.6	59.1	62.6	64.1	70.3	70.9	72.7	75.5	76.8	79.4	82.2	82.8	85.0

— Not available.

^a Excludes those enrolled in high school or a lower education level.

^b For data before 2003, the 1977 Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. The revised 1997 OMB Standards were used for data for 2003 and later years. Under these standards, persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Those reporting more than one race were classified as “Two or more races.” For 2003 and after, when separate reporting was possible, respondents who reported being Asian or Native Hawaiian or Other Pacific Islander were combined for continuity purposes. Also, beginning in 2003, those in a given racial category represent those reporting only that race. Data from 2003 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

NOTE: From 1980 to 1991, high school completion was measured by the completion of 4 years of high school rather than the actual attainment of a high school diploma or equivalent. Diploma equivalents include alternative credentials obtained by passing exams such as the General Educational Development (GED) test.

SOURCE: U.S. Census Bureau, Current Population Survey, School Enrollment Supplement.

Table ED5.A

Youth neither enrolled in school^a nor working: Percentage of youth ages 16–19 who are neither enrolled in school nor working by age, gender, and race and Hispanic origin, selected years 1985–2014

Characteristic	1985 ^b	1990 ^b	1995	2000 ^c	2005	2008	2009	2010	2011	2012 ^d	2013	2014
Ages 16–19												
Total	11	10	9	8	8	8	9	9	8	8	9	9
Gender												
Male	9	8	8	7	7	8	10	9	9	8	9	9
Female	13	12	11	9	8	8	9	9	8	8	9	8
Race and Hispanic origin ^e												
White, non-Hispanic	9	8	7	6	6	7	7	8	7	7	8	8
Black, non-Hispanic	18	15	14	13	12	11	12	12	11	11	11	11
Hispanic	17	17	16	13	12	11	13	11	11	11	11	10
Ages 16–17												
Total	5	5	4	4	3	4	4	3	3	3	5	4
Gender												
Male	5	4	4	3	3	4	4	4	3	3	4	5
Female	6	5	5	4	3	4	4	3	3	3	5	5
Race and Hispanic origin ^e												
White, non-Hispanic	5	4	3	3	3	3	3	3	3	3	4	4
Black, non-Hispanic	6	6	6	5	4	5	5	5	4	4	5	5
Hispanic	10	10	9	7	5	5	5	5	4	4	5	5
Ages 18–19												
Total	17	15	15	12	13	14	15	15	14	14	15	14
Gender												
Male	13	12	12	11	13	13	16	16	15	15	15	14
Female	20	18	17	13	13	14	14	15	14	13	15	13
Race and Hispanic origin ^e												
White, non-Hispanic	14	12	11	9	10	11	12	13	12	12	13	12
Black, non-Hispanic	30	23	24	21	20	20	20	21	19	19	18	19
Hispanic	24	24	23	18	19	19	21	19	18	18	18	16

^a School refers to both high school and college.

^b Data for 1985–1993 are not strictly comparable with data from 1994 onward because of revisions to the questionnaire and data collection methodology for the Current Population Survey (CPS).

^c From 2000 to 2011, data incorporate population controls from Census 2000.

^d Beginning in 2012, data incorporate population controls from Census 2010.

^e For data before 2003, the 1977 Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. The revised 1997 OMB Standards were used for data for 2003 and later years. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Included in the total but not shown separately are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and “Two or more races.” Beginning in 2003, those in each racial category represent those reporting only one race. Data from 2003 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

NOTE: Data relate to the labor force and enrollment status of persons ages 16–19 in the civilian noninstitutionalized population during an “average” week of the school year. The percentages represent an average based on responses to the survey questions for the months that youth are usually in school (January through May and September through December). Results are based on 9 months of data.

SOURCE: Bureau of Labor Statistics, Current Population Survey.

Table ED5.B

Youth enrolled in school^a and working: Percentage of youth ages 16–19 who are enrolled in school and working by age, gender, and race and Hispanic origin, selected years 1985–2014

Characteristic	1985 ^b	1990 ^b	1995	2000 ^c	2005	2008	2009	2010	2011	2012 ^d	2013	2014
Ages 16–19												
Total	26	28	29	30	25	22	19	18	17	18	17	17
Gender												
Male	26	27	28	29	23	20	17	16	15	15	15	15
Female	26	28	30	32	27	25	22	20	20	20	19	20
Race and Hispanic origin ^e												
White, non-Hispanic	30	33	35	36	31	27	24	22	22	22	21	21
Black, non-Hispanic	12	15	16	19	13	12	10	10	10	10	10	11
Hispanic	15	17	16	19	17	16	13	12	11	13	12	14
Ages 16–17												
Total	29	29	30	31	23	19	16	14	13	13	13	14
Gender												
Male	28	29	29	29	20	17	14	12	12	12	12	13
Female	29	30	31	32	25	21	17	15	15	15	15	16
Race and Hispanic origin ^e												
White, non-Hispanic	34	36	37	37	29	24	21	18	18	18	18	18
Black, non-Hispanic	12	15	16	19	10	9	7	7	6	7	7	8
Hispanic	15	17	14	18	14	12	9	8	7	9	8	9
Ages 18–19												
Total	23	26	28	30	28	26	23	22	22	22	21	21
Gender												
Male	23	25	27	28	26	23	20	19	19	19	18	18
Female	23	26	30	31	30	28	26	25	25	25	23	24
Race and Hispanic origin ^e												
White, non-Hispanic	26	30	33	35	33	30	28	26	27	26	25	25
Black, non-Hispanic	12	15	17	18	16	16	13	13	13	14	14	14
Hispanic	15	16	19	20	21	20	18	17	16	18	17	19

^a School refers to both high school and college.

^b Data for 1985–1993 are not strictly comparable with data from 1994 onward because of revisions to the questionnaire and data collection methodology for the Current Population Survey (CPS).

^c From 2000 to 2011, data incorporate population controls from Census 2000.

^d Beginning in 2012, data incorporate population controls from Census 2010.

^e For data before 2003, the 1977 Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. The revised 1997 OMB Standards were used for data for 2003 and later years. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Included in the total but not shown separately are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and “Two or more races.” Beginning in 2003, those in each racial category represent those reporting only one race. Data from 2003 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

NOTE: Data relate to the labor force and enrollment status of persons ages 16–19 in the civilian noninstitutionalized population during an “average” week of the school year. The percentages represent an average based on responses to the survey questions for the months that youth are usually in school (January through May and September through December). Results are based on 9 months of data.

SOURCE: Bureau of Labor Statistics, Current Population Survey.

Table ED6

College enrollment: Percentage of high school completers who were enrolled in college the October immediately after completing high school by gender, race and Hispanic origin, and income level, selected years 1980–2013

Characteristic	1980	1985	1990	1995	2000	2005	2006	2007	2008	2009	2010	2011	2012	2013
Total	49.3	57.7	60.1	61.9	63.3	68.6	66.0	67.2	68.6	70.1	68.1	68.2	66.2	65.9
Gender														
Male	46.7	58.6	58.0	62.6	59.9	66.5	65.8	66.1	65.9	66.0	62.8	64.7	61.3	63.5
Female	51.8	56.8	62.2	61.3	66.2	70.4	66.1	68.3	71.6	73.8	74.0	72.2	71.3	68.4
Race and Hispanic origin^a														
White, non-Hispanic														
Total	49.8	60.1	63.0	64.3	65.7	73.2	68.5	69.5	71.7	71.3	70.5	68.3	65.7	68.8
3-year moving average ^b	51.5	58.6	63.0	65.4	65.4	70.2	70.4	70.0	70.8	71.2	70.1	68.2	67.6	67.2
Black, non-Hispanic														
Total	42.7	42.2	46.8	51.2	54.9	55.7	55.5	55.7	55.7	69.5	62.0	67.1	56.4	56.7
3-year moving average ^b	44.0	39.5	48.9	52.9	56.4	58.2	55.6	55.7	60.3	62.4	66.1	62.1	62.1	56.5
Hispanic														
Total	52.3	51.0	42.7	53.7	52.9	54.0	57.9	64.0	63.9	59.3	59.7	66.6	70.3	59.8
3-year moving average ^b	49.6	46.1	52.5	51.6	48.6	57.5	58.5	62.0	62.3	60.9	62.3	66.1	68.5	65.6
Income level^c														
Low income	32.5	40.2	46.7	34.2	49.7	53.5	50.9	58.4	55.9	53.9	50.7	53.5	50.9	45.5
Middle income	42.5	50.6	54.4	56.0	59.5	65.1	61.4	63.3	65.2	66.7	66.7	66.2	64.7	63.8
High income	65.2	74.6	76.6	83.5	76.9	81.2	80.7	78.2	81.9	84.2	82.2	82.4	80.7	78.5

^a For data before 2003, the 1977 Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. The revised 1997 OMB Standards were used for data for 2003 and later years. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Included in the total but not shown separately are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and "Two or more races." Beginning in 2003, those in a given racial category represent those reporting only that race. Data from 2003 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

^b Due to some short-term data fluctuations associated with small sample sizes, moving averages are used to produce more stable estimates for the racial/ethnic groups. A 3-year moving average is the weighted average of the estimates for the year prior to the reported year, the reported year, and the following year. For 2013, a 2-year moving average is used, reflecting an average of the 2012 and 2013 estimates.

^c Low income refers to the bottom 20 percent of all family incomes, high income refers to the top 20 percent of all family incomes, and middle income refers to the 60 percent in between.

NOTE: Enrollment in college, as of October of each year, is for individuals ages 16–24 who completed high school during the preceding 12 months. High school completion includes General Educational Development (GED) certificate recipients. Data have been revised since previous publication in *America's Children*.

SOURCE: U.S. Census Bureau, Current Population Survey, School Enrollment Supplement.

Table HEALTH1.A

Preterm birth and low birthweight: Percentage of infants born preterm by detailed race and Hispanic origin of mother, selected years 1990–2013

Characteristic	1990	1995	2000	2005	2010	2011	2012	2013
Preterm (less than 37 completed weeks of gestation)								
Total	10.6	11.0	11.6	12.7	12.0	11.7	11.5	11.4
Race and Hispanic origin ^a								
White, non-Hispanic	8.5	9.4	10.4	11.7	10.8	10.5	10.3	10.2
Black, non-Hispanic	18.9	17.8	17.4	18.4	17.1	16.8	16.5	16.3
American Indian or Alaska Native	11.8	12.4	12.7	14.1	13.6	13.5	13.3	13.1
Asian or Pacific Islander	10.1	9.9	9.9	10.8	10.7	10.4	10.2	10.2
Chinese	7.3	7.2	7.3	—	—	—	—	—
Japanese	7.7	8.3	8.3	—	—	—	—	—
Filipino	11.4	11.7	12.2	—	—	—	—	—
Hawaiian	11.3	11.0	11.7	—	—	—	—	—
Other Asian or Pacific Islander	10.6	10.3	10.1	—	—	—	—	—
Hispanic	11.0	10.9	11.2	12.1	11.8	11.7	11.6	11.3
Mexican American	10.6	10.6	11.0	11.8	11.3	11.3	11.1	10.8
Puerto Rican	13.4	13.4	13.5	14.3	13.4	13.2	13.2	13.0
Cuban	9.8	10.1	10.6	13.2	13.3	12.4	14.5	14.2
Central or South American	10.9	10.7	11.0	12.0	11.8	11.8	11.8	11.7
Other and unknown Hispanic	11.2	11.7	12.2	13.6	13.1	12.3	12.1	11.8
Late preterm (34–36 completed weeks of gestation)								
Total	7.3	7.7	8.2	9.1	8.5	8.3	8.1	8.0
Race and Hispanic origin ^a								
White, non-Hispanic	6.1	6.8	7.6	8.6	7.8	7.6	7.4	7.3
Black, non-Hispanic	11.5	10.9	10.9	11.8	11.0	10.7	10.6	10.4
American Indian or Alaska Native	8.3	8.9	9.0	10.2	9.6	9.6	9.3	9.2
Asian or Pacific Islander	7.5	7.4	7.3	8.0	7.8	7.6	7.5	7.4
Chinese	5.7	5.5	5.5	—	—	—	—	—
Japanese	5.9	6.2	6.3	—	—	—	—	—
Filipino	8.3	8.7	8.9	—	—	—	—	—
Hawaiian	7.6	7.9	8.2	—	—	—	—	—
Other Asian or Pacific Islander	7.9	8.6	8.5	—	—	—	—	—
Hispanic	7.8	7.8	8.1	8.8	8.5	8.4	8.3	8.1
Mexican American	7.6	7.7	8.0	8.6	8.2	8.2	8.0	7.8
Puerto Rican	9.0	9.1	9.2	9.8	9.2	9.2	9.2	8.9
Cuban	6.9	7.1	7.6	9.5	9.2	9.0	10.7	10.7
Central or South American	7.7	7.6	7.8	8.7	8.7	8.5	8.5	8.5
Other and unknown Hispanic	8.0	8.3	8.6	9.8	9.4	8.8	8.7	8.5

— Not available.

^a The 1977 Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. The revised OMB Standards issued in 1997 permitted the option of selecting more than one race. Multiple-race data were reported by 19 states in 2005, 27 states in 2007, 38 states and the District of Columbia in 2010, 40 states and the District of Columbia in 2011, 41 states and the District of Columbia in 2012, and 44 states and the District of Columbia in 2013. The multiple-race data for these states were bridged to the single-race categories of the 1977 OMB Standards for comparability with other states. Note that data on race and Hispanic origin are collected and reported separately.

NOTE: Excludes live births with unknown gestational age. Trend data for births to Hispanic and to White, non-Hispanic and Black, non-Hispanic women are affected by expansion of the reporting area in which an item on Hispanic origin is included on the birth certificate. The number of states in the reporting area was 48 states and DC in 1990, and all 50 states and the District of Columbia (DC) from 1993 onward. Trend data for births to Asian or Pacific Islander and Hispanic women are also affected by immigration. Beginning in 2003, data are no longer available for Asian or Pacific Islander subgroups.

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

Table HEALTH1.B

Preterm birth and low birthweight: Percentage of infants born with low birthweight by detailed race and Hispanic origin of mother, selected years 1980–2013

Characteristic	1980	1985	1990	1995	2000	2005	2006	2010	2011	2012	2013
Low birthweight (less than 2,500 grams, or 5 lb. 8 oz.)											
Total	6.8	6.8	7.0	7.3	7.6	8.2	8.3	8.1	8.1	8.0	8.0
Race and Hispanic origin ^a											
White, non-Hispanic	5.7	5.6	5.6	6.2	6.6	7.3	7.3	7.1	7.1	7.0	7.0
Black, non-Hispanic	12.7	12.6	13.3	13.2	13.1	14.0	14.0	13.5	13.3	13.2	13.1
American Indian or Alaska Native	6.4	5.9	6.1	6.6	6.8	7.4	7.5	7.6	7.5	7.6	7.5
Asian or Pacific Islander	6.7	6.2	6.5	6.9	7.3	8.0	8.1	8.5	8.4	8.2	8.3
Chinese	5.2	5.0	4.7	5.3	5.1	—	—	—	—	—	—
Japanese	6.6	6.2	6.2	7.3	7.1	—	—	—	—	—	—
Filipino	7.4	6.9	7.3	7.8	8.5	—	—	—	—	—	—
Hawaiian	7.2	6.5	7.2	6.8	6.8	—	—	—	—	—	—
Other Asian or Pacific Islander	6.8	6.2	6.6	7.1	7.7	—	—	—	—	—	—
Hispanic	6.1	6.2	6.1	6.3	6.4	6.9	7.0	7.0	7.0	7.0	7.1
Mexican American	5.6	5.8	5.5	5.8	6.0	6.5	6.6	6.5	6.5	6.5	6.6
Puerto Rican	9.0	8.7	9.0	9.4	9.3	9.9	10.1	9.6	9.7	9.4	9.4
Cuban	5.6	6.0	5.7	6.5	6.5	7.6	7.1	7.3	7.1	7.4	7.3
Central or South American	5.8	5.7	5.8	6.2	6.3	6.8	6.8	6.5	6.7	6.6	6.8
Other and unknown Hispanic	7.0	6.8	6.9	7.5	7.8	8.3	8.5	8.4	8.0	8.0	8.0
Very low birthweight (less than 1,500 grams, or 3 lb. 4 oz.)											
Total	1.2	1.2	1.3	1.3	1.4	1.5	1.5	1.4	1.4	1.4	1.4
Race and Hispanic origin ^a											
White, non-Hispanic	0.9	0.9	0.9	1.0	1.1	1.2	1.2	1.2	1.1	1.1	1.1
Black, non-Hispanic	2.5	2.7	2.9	3.0	3.1	3.3	3.2	3.0	3.0	2.9	2.9
American Indian or Alaska Native	0.9	1.0	1.0	1.1	1.2	1.2	1.3	1.3	1.3	1.3	1.3
Asian or Pacific Islander	0.9	0.9	0.9	0.9	1.1	1.1	1.1	1.2	1.2	1.1	1.2
Chinese	0.7	0.6	0.5	0.7	0.8	—	—	—	—	—	—
Japanese	0.9	0.8	0.7	0.9	0.8	—	—	—	—	—	—
Filipino	1.0	0.9	1.1	1.1	1.4	—	—	—	—	—	—
Hawaiian	1.1	1.0	1.0	0.9	1.4	—	—	—	—	—	—
Other Asian or Pacific Islander	1.0	0.9	0.9	0.9	1.0	—	—	—	—	—	—
Hispanic	1.0	1.0	1.0	1.1	1.1	1.2	1.2	1.2	1.2	1.2	1.2
Mexican American	0.9	1.0	0.9	1.0	1.0	1.1	1.1	1.1	1.1	1.1	1.1
Puerto Rican	1.3	1.3	1.6	1.8	1.9	1.9	1.9	1.8	1.8	1.8	1.7
Cuban	1.0	1.2	1.2	1.2	1.2	1.5	1.3	1.4	1.3	1.5	1.3
Central or South American	1.0	1.0	1.1	1.1	1.2	1.2	1.1	1.1	1.2	1.1	1.2
Other and unknown Hispanic	1.0	1.0	1.1	1.3	1.4	1.4	1.4	1.5	1.4	1.4	1.4

— Not available.

^a The 1977 Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. The revised OMB Standards issued in 1997 permitted the option of selecting more than one race. Multiple-race data were reported by 19 states in 2005, 27 states in 2007, 38 states and the District of Columbia in 2010, 40 states and the District of Columbia in 2011, 41 states and the District of Columbia in 2012, and 44 states and the District of Columbia in 2013. The multiple-race data for these states were bridged to the single-race categories of the 1977 OMB Standards for comparability with other states. Note that data on race and Hispanic origin are collected and reported separately.

NOTE: Excludes live births with unknown birthweight. Trend data for births to Hispanic and to White, non-Hispanic and Black, non-Hispanic women are affected by expansion of the reporting area in which an item on Hispanic origin is included on the birth certificate. The number of states in the reporting area increased from 22 states in 1980 to 48 states and the District of Columbia (DC) in 1990, and all 50 states and DC from 1993 onward. Trend data for births to Asian or Pacific Islander and Hispanic women are also affected by immigration. Beginning in 2003, data are no longer available for Asian or Pacific Islander subgroups.

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

Table HEALTH2

Infant mortality: Death rates among infants by detailed race and Hispanic origin of mother, selected years 1983–2012

(Infant deaths per 1,000 live births)

Characteristic	1983 ^a	1990 ^a	1995	2000	2005 ^b	2006 ^b	2007 ^b	2008 ^b	2009 ^b	2010 ^b	2011 ^b	2012 ^b
Total	10.9	8.9	7.6	6.9	6.9	6.7	6.8	6.6	6.4	6.1	6.1	6.0
Race and Hispanic origin^c												
White, non-Hispanic	9.2	7.2	6.3	5.7	5.8	5.6	5.6	5.5	5.3	5.2	5.1	5.0
Black, non-Hispanic	19.1	16.9	14.7	13.6	13.6	13.4	13.3	12.7	12.4	11.5	11.5	11.2
American Indian or Alaska Native	15.2	13.1	9.0	8.3	8.1	8.3	9.2	8.4	8.5	8.3	8.2	8.4
Asian or Pacific Islander	8.3	6.6	5.3	4.9	4.9	4.6	4.8	4.5	4.4	4.3	4.4	4.1
Chinese	9.5	4.3	3.8	3.5	—	—	—	—	—	—	—	—
Japanese	‡	5.5	5.3	4.6	—	—	—	—	—	—	—	—
Filipino	8.4	6.0	5.6	5.7	—	—	—	—	—	—	—	—
Hawaiian	11.2	8.0	6.6	9.1	—	—	—	—	—	—	—	—
Other Asian or Pacific Islander	8.1	7.4	5.5	4.8	—	—	—	—	—	—	—	—
Hispanic ^d	9.5	7.5	6.3	5.6	5.6	5.4	5.5	5.6	5.3	5.3	5.2	5.1
Mexican American	9.1	7.2	6.0	5.4	5.5	5.3	5.4	5.6	5.1	5.1	5.0	5.0
Puerto Rican	12.9	9.9	8.9	8.2	8.3	8.0	7.7	7.3	7.2	7.1	7.8	6.9
Cuban	7.5	7.2	5.3	4.5	4.4	5.1	5.2	4.9	5.8	3.8	4.3	5.0
Central and South American	8.5	6.8	5.5	4.6	4.7	4.5	4.6	4.8	4.5	4.4	4.4	4.1
Other and unknown Hispanic	10.6	8.0	7.4	6.9	6.4	5.8	6.4	5.9	6.1	6.1	5.4	5.6

— Not available.

‡ Reporting standards not met; number too small to calculate a reliable rate.

^a Prior to 1995, rates are on a cohort basis. Beginning in 1995, rates are on a period basis. Data for 1995 onward are weighted to account for unmatched records.^b Beginning in 2003, infant mortality rates are reported to two decimal places in National Center for Health Statistics reports, so the rates reported here will vary from those in other reports. This difference in reporting could affect significance testing.^c The 1977 Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. CA, HI, OH (for December only), PA, UT, and WA reported multiple-race data in 2003, following the revised 1997 OMB Standards. In 2004, the following states began to report multiple-race data: FL, ID, KY, MI, MN, NH, NY State (excluding New York City), SC, and TN. The multiple-race data for these states were bridged to the single-race categories of the 1977 OMB Standards for comparability with other states. In addition, note that data on race and Hispanic origin are collected and reported separately. Persons of Hispanic origin may be of any race.^d Trends for the Hispanic population are affected by an expansion in the number of registration areas that included an item on Hispanic origin on the birth certificate. The number of states in the reporting area increased from 22 states in 1980 to 23 states and the District of Columbia (DC) in 1983–1987, 30 states and DC in 1988, 47 states and DC in 1989, 48 states and DC in 1990, 49 states and DC in 1991, and all 50 states and DC from 1993 onward.

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

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

Table HEALTH3.A

Emotional and behavioral difficulties: Percentage of children ages 4–17 reported by a parent to have serious or minor difficulties with emotions, concentration, behavior, or getting along with other people by selected characteristics, 2001–2013

Characteristic	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Serious difficulties													
Age and gender													
Total ages 4–17	5.2	5.5	4.8	5.4	4.6	5.0	5.2	5.4	5.3	6.0	5.3	5.2	5.2
Ages 4–7	3.6	3.2	3.3	4.2	2.8	4.0	3.8	4.0	3.1	4.1	3.5	3.7	3.6
Ages 8–10	5.9	5.9	5.5	5.8	4.8	4.9	4.4	7.1	6.3	7.2	6.2	6.3	6.9
Ages 11–14	6.0	6.8	4.9	6.2	4.9	5.6	6.0	5.0	5.6	6.8	5.8	5.5	5.4
Ages 15–17	5.2	6.5	6.1	5.4	6.2	5.6	6.8	5.9	6.5	6.6	6.3	5.7	5.4
Males ages 4–17													
Ages 4–7	3.8	4.3	4.8	4.0	3.0	5.3	5.1	5.4	4.1	5.0	4.9	5.0	4.5
Ages 8–10	8.2	8.0	7.3	7.0	5.5	6.7	6.3	10.4	8.2	9.4	8.2	7.8	8.6
Ages 11–14	7.4	10.0	6.5	7.0	6.3	7.4	7.5	6.5	7.1	7.7	7.2	7.8	7.3
Ages 15–17	5.6	7.6	6.9	5.6	6.9	7.1	6.9	6.7	7.7	7.6	6.6	6.2	5.7
Females ages 4–17													
Ages 4–7	3.4	2.0	1.8	4.4	2.5	2.6	2.4	2.7	2.1	3.1	2.1	2.3	2.6
Ages 8–10	3.5	3.6	3.5	4.5	4.2	3.0	2.3	3.4	4.4	5.0	4.1	4.8	5.2
Ages 11–14	4.6	3.5	3.2	5.3	3.4	3.8	4.5	3.4	4.1	5.8	4.5	3.2	3.5
Ages 15–17	4.9	5.2	5.2	5.1	5.4	3.9	6.6	5.1	5.3	5.5	5.9	5.3	5.0
Poverty status ^a													
Below 100% poverty	7.4	9.2	6.4	7.2	7.1	6.6	7.0	9.7	8.2	10.1	7.6	7.9	7.8
100–199% poverty	6.7	6.3	5.2	5.8	4.8	5.6	7.3	5.8	6.5	5.7	5.4	5.8	5.1
200% poverty and above	4.0	4.3	4.2	4.7	3.8	4.2	3.9	4.0	3.7	4.6	4.4	4.0	4.2
Race and Hispanic origin ^b													
White, non-Hispanic	5.3	5.6	5.2	6.0	4.8	5.5	5.6	5.8	5.4	6.7	5.9	5.5	6.0
Black, non-Hispanic	5.6	8.5	4.7	5.8	5.1	4.5	5.9	7.1	6.2	6.1	6.4	5.8	5.2
Hispanic	3.9	3.7	3.7	3.3	4.0	3.6	3.7	3.0	4.1	4.2	3.9	4.2	3.6
Family structure ^c													
Two parents	4.0	4.2	4.0	4.4	3.7	4.0	4.2	4.1	4.1	4.4	3.9	4.2	4.2
Mother only	8.1	9.2	7.0	7.8	6.9	7.8	7.1	8.0	8.2	9.6	8.3	8.0	8.1
Father only	5.0	5.4	3.6	5.3	4.2	4.8	5.5	5.5	‡	5.1	‡	5.5	3.1
No parents	10.6	9.6	8.8	9.4	9.8	7.0	11.5	13.1	7.3	12.5	10.1	6.0	7.8

See notes at end of table.

Table HEALTH3.A (cont.)

Emotional and behavioral difficulties: Percentage of children ages 4–17 reported by a parent to have serious or minor difficulties with emotions, concentration, behavior, or getting along with other people by selected characteristics, 2001–2013

Characteristic	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Minor difficulties													
Age and gender													
Total ages 4–17	17.1	18.0	15.4	15.4	16.2	15.5	14.4	14.4	13.7	16.1	14.4	14.1	13.0
Ages 4–7	14.9	15.2	13.8	12.2	14.0	13.9	12.5	11.0	11.6	14.2	11.1	12.9	11.4
Ages 8–10	18.1	20.2	15.5	16.4	18.4	14.4	16.4	17.1	15.6	16.9	16.3	14.6	13.3
Ages 11–14	18.7	19.4	16.0	17.3	17.0	15.8	15.8	16.7	14.3	17.4	16.1	14.3	15.3
Ages 15–17	17.1	17.5	16.4	15.9	15.7	18.0	13.1	13.2	14.0	16.1	14.7	15.2	11.9
Males ages 4–17													
Ages 4–7	16.9	18.3	15.8	15.2	15.3	15.5	13.3	12.0	13.8	15.2	12.4	15.6	14.0
Ages 8–10	21.9	23.0	17.8	18.0	22.2	15.9	18.1	20.0	19.4	19.3	19.7	17.7	14.8
Ages 11–14	22.7	20.2	18.1	18.8	18.6	17.8	19.1	20.7	17.0	22.1	17.9	16.5	18.0
Ages 15–17	19.0	19.0	17.4	17.1	16.4	18.4	14.0	14.2	15.9	15.1	16.4	15.5	11.3
Females ages 4–17													
Ages 4–7	12.6	12.0	11.9	9.1	12.7	12.1	11.6	10.0	9.1	13.2	9.8	9.9	8.7
Ages 8–10	14.1	17.1	12.9	14.7	14.7	12.7	14.6	14.0	11.7	14.5	12.6	11.4	11.8
Ages 11–14	14.5	18.6	13.8	15.7	15.4	13.8	12.3	12.4	11.5	12.4	14.3	12.0	12.4
Ages 15–17	15.1	15.9	15.3	14.6	14.9	17.6	12.2	12.2	12.1	17.2	13.0	14.8	12.6
Poverty status ^a													
Below 100% poverty	20.3	21.2	17.4	18.1	19.4	17.1	17.7	16.1	18.1	20.7	18.4	16.2	16.8
100–199% poverty	18.9	19.4	17.8	17.3	17.6	16.7	16.3	15.5	14.5	15.6	14.7	15.1	13.7
200% poverty and above	15.7	16.7	13.9	13.9	14.8	14.4	12.7	13.5	11.9	14.6	12.7	12.9	11.3
Race and Hispanic origin ^b													
White, non-Hispanic	16.6	18.2	15.6	16.0	16.5	16.3	15.2	14.7	13.8	16.4	15.0	15.5	14.0
Black, non-Hispanic	22.7	22.4	17.2	16.6	18.4	14.3	16.5	18.3	17.8	18.6	16.2	16.1	16.0
Hispanic	15.1	14.5	14.0	13.0	14.8	13.6	12.1	11.7	12.0	14.0	12.4	10.3	10.6
Family structure ^c													
Two parents	15.0	15.3	14.1	13.5	14.4	13.9	12.2	13.0	11.9	13.8	11.8	12.2	10.8
Mother only	22.9	23.9	19.0	19.6	20.6	18.4	19.5	16.7	17.3	21.0	19.7	17.8	18.0
Father only	19.1	22.7	12.8	19.0	19.9	19.0	18.2	16.6	17.5	16.9	18.9	16.0	12.2
No parents	24.0	29.6	22.1	22.9	22.5	22.1	19.9	24.7	19.7	24.1	21.2	22.7	23.8

‡ Reporting standards not met; estimate is considered unreliable (relative standard error greater than 30 percent).

^a Missing family income data were imputed for approximately 30 percent of children ages 4–17 in 2001–2013.

^b The revised 1997 Office of Management and Budget (OMB) standards for race were used for the 2001–2013 race-specific estimates. A person's race is described by one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander. Data on race and Hispanic origin are collected separately but are combined for reporting. Included in the total but not shown separately are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and "Two or more races" due to the small sample size for each of these groups. Persons of Hispanic origin may be of any race.

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

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

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

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

Table HEALTH3.B

Emotional and behavioral difficulties: Percentage of children ages 4–17 with serious or minor emotional or behavioral difficulties who received services by type of service, 2001–2013

Type of service ^a	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Serious difficulties													
Current use of special education services for an emotional/behavioral problem	22.2	24.3	22.7	22.9	20.0	22.5	26.4	24.5	26.0	25.7	27.9	28.8	22.8
Parent contact with a general doctor ^b during the past 12 months about child's emotional/behavioral problem	37.8	39.3	39.2	35.4	34.3	38.0	40.3	36.0	34.1	35.5	39.7	36.4	42.9
Parent contact with a mental health professional ^c during the past 12 months about the child	43.8	46.6	44.5	50.7	50.0	43.6	52.3	51.3	45.3	49.3	53.4	53.5	54.6
Minor difficulties													
Current use of special education services for an emotional/behavioral problem	5.4	4.6	4.6	5.5	4.8	4.8	6.7	7.1	7.2	6.0	5.5	7.8	10.5
Parent contact with a general doctor ^b during the past 12 months about child's emotional/behavioral problem	11.1	12.6	10.0	12.4	10.7	9.2	11.8	11.8	13.6	11.0	12.4	15.0	17.3
Parent contact with a mental health professional ^c during the past 12 months about the child	15.0	16.9	15.9	18.5	15.7	16.9	19.9	21.8	22.9	18.5	21.6	24.2	20.1

^a A child who had more than one type of service or contact was included in more than one row.

^b A general doctor was defined as a doctor who treats a variety of illnesses, such as a doctor in general practice, pediatrics, family medicine, or internal medicine. This percentage was calculated among all children ages 4–17 with emotional or behavioral difficulties. In previous reports this percentage was calculated among children ages 4–17 with emotional or behavioral difficulties whose parent had contact with a general doctor in the past 12 months for any reason. Therefore, estimates may differ from those in previous editions of *America's Children*.

^c A mental health professional was defined as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker.

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

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

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

Table HEALTH4.A

Adolescent depression: Percentage of youth ages 12–17 who had at least one Major Depressive Episode (MDE) in the past year by age, gender, race and Hispanic origin, and poverty status, 2004–2013

Characteristic	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Total	9.0	8.8	7.9	8.2	8.3	8.1	8.0	8.2	9.1	10.7
Age										
Ages 12–13	5.4	5.2	4.9	4.3	4.9	4.6	4.3	4.1	5.4	6.1
Ages 14–15	9.2	9.5	7.9	8.4	8.5	8.8	9.0	8.6	10.2	12.4
Ages 16–17	12.3	11.5	10.7	11.5	11.2	10.4	10.6	11.7	11.4	13.2
Gender										
Male	5.0	4.5	4.2	4.6	4.3	4.7	4.4	4.5	4.7	5.3
Female	13.1	13.3	11.8	11.9	12.5	11.7	11.9	12.1	13.7	16.2
Race and Hispanic origin^a										
White, non-Hispanic	9.2	9.1	8.2	8.7	8.8	8.4	8.6	8.6	9.1	10.9
Black, non-Hispanic	7.7	7.6	6.4	7.8	7.1	7.9	6.8	7.0	7.9	8.6
American Indian or Alaska Native	7.8	6.1	9.3	4.6	10.1	7.5	7.4	11.4	5.2	4.5
Asian	8.3	6.0	7.7	6.6	7.7	7.6	5.5	7.6	4.2	10.2
Two or more races	11.7	10.5	13.0	9.9	12.0	8.0	9.4	10.6	11.3	13.0
Hispanic	9.1	9.1	8.0	7.1	7.5	7.7	7.8	8.1	10.5	11.4
Poverty status^b										
Below 100% poverty	8.7	8.1	7.6	7.6	7.7	7.4	7.2	8.1	10.2	10.2
100–199% poverty	8.7	9.6	9.0	8.9	9.1	8.6	9.0	8.9	9.0	11.3
200% poverty and above	9.1	8.7	7.6	8.0	8.2	8.2	7.9	8.1	8.7	10.6

^a The 1997 Office of Management and Budget (OMB) standards were used to collect race and ethnicity data. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, or Asian. Respondents could choose more than one race. Those reporting more than one race were classified as “Two or more races.” Data on Hispanic origin are collected separately. Persons of Hispanic origin may be of any race. Included in the total but not shown separately are persons of Native Hawaiian or Other Pacific Islander origin.

^b Estimates are based on a definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau’s poverty thresholds.

NOTE: MDE is defined as in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*,¹ which specifies a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms. Respondents with unknown past year MDE were excluded.

SOURCE: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health.

¹ American Psychiatric Association. (1994). *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* (4th ed.). Washington, DC: Author.

Table HEALTH4.B

Adolescent depression: Percentage of youth ages 12–17 with at least one Major Depressive Episode (MDE) in the past year who received treatment for depression^a by age, gender, race and Hispanic origin, and poverty status, 2004–2013

Characteristic	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Total	40.3	37.8	38.8	39.0	37.7	34.6	37.8	38.4	37.0	38.1
Age										
Ages 12–13	38.2	32.9	35.1	41.5	33.5	30.0	32.5	36.3	30.7	39.1
Ages 14–15	35.5	41.1	38.4	36.8	33.6	33.2	38.4	36.3	36.6	37.2
Ages 16–17	45.0	37.1	40.7	39.8	42.4	37.5	39.3	40.5	40.0	38.6
Gender										
Male	37.7	34.1	35.3	36.7	34.0	29.2	32.0	35.3	28.3	29.7
Female	41.3	39.0	40.2	40.0	39.1	36.9	40.1	39.5	40.1	40.9
Race and Hispanic origin^b										
White, non-Hispanic	44.9	39.3	41.3	42.7	43.1	37.7	41.1	41.4	40.7	41.6
Black, non-Hispanic	28.9	39.3	29.1	39.7	32.4	23.9	23.0	41.0	33.5	28.6
Hispanic	36.8	31.8	35.9	28.2	30.4	33.0	38.4	29.4	30.8	36.9
Poverty status^c										
Below 100% poverty	33.2	37.3	33.1	39.7	40.0	32.1	33.8	37.9	35.7	33.6
100–199% poverty	39.1	32.1	40.7	37.1	38.8	32.2	39.1	39.1	35.9	39.9
200% poverty and above	42.6	40.1	39.8	39.6	36.7	36.2	38.4	38.2	38.0	39.1

^a Treatment is defined as seeing or talking to a medical doctor or other professional or using prescription medication in the past year for depression. Respondents with unknown treatment data were excluded.

^b The 1997 Office of Management and Budget (OMB) standards were used to collect race and ethnicity data. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, or Asian. Respondents could choose more than one race. Those reporting more than one race were classified as “Two or more races.” Data on Hispanic origin are collected separately. Persons of Hispanic origin may be of any race. Included in the total but not shown separately are American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Asian, and “Two or more races.”

^c Estimates are based on a definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau’s poverty thresholds.

NOTE: MDE is defined as in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*,¹ which specifies a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms. Respondents with unknown past year MDE were excluded.

SOURCE: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health.

¹ American Psychiatric Association. (1994). *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* (4th ed.). Washington, DC: Author.

Table HEALTH4.C

Adolescent depression: Percentage of youth ages 12–17 who had at least one Major Depressive Episode (MDE) with severe impairment^a in the past year by age, gender, race and Hispanic origin, and poverty status, 2004–2013

Characteristic	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Total	6.2	6.0	5.5	5.5	6.0	5.8	5.7	5.7	6.3	7.7
Age										
Ages 12–13	3.5	3.3	2.7	2.5	3.2	3.2	3.0	2.8	3.7	4.1
Ages 14–15	6.3	6.6	6.0	6.0	6.1	6.2	6.1	5.9	7.1	9.1
Ages 16–17	8.8	8.1	7.5	7.9	8.4	7.7	7.7	8.1	8.0	9.7
Gender										
Male	3.3	2.9	2.6	3.0	2.9	3.2	3.2	3.2	3.0	3.5
Female	9.2	9.4	8.4	8.2	9.3	8.6	8.2	8.3	9.8	12.0
Race and Hispanic origin^b										
White, non-Hispanic	6.5	6.3	5.8	5.9	6.5	6.1	6.2	5.9	6.5	7.8
Black, non-Hispanic	5.0	5.1	3.9	5.1	4.6	5.7	4.5	5.4	4.8	6.2
American Indian or Alaska Native	4.9	4.1	6.6	2.6	6.5	4.3	5.4	9.8	2.6	3.8
Asian	4.4	3.7	5.3	3.9	4.7	5.0	4.3	5.0	2.6	8.1
Two or more races	9.3	7.7	8.0	7.8	10.2	6.0	5.9	8.1	9.0	8.4
Hispanic	6.1	6.2	5.4	5.1	5.1	5.4	5.4	5.2	7.3	8.2
Poverty status^c										
Below 100% poverty	5.2	5.2	5.4	5.2	5.7	5.5	5.5	5.9	6.6	7.2
100–199% poverty	6.0	6.7	6.2	6.1	6.8	6.2	6.1	6.2	6.3	7.9
200% poverty and above	6.5	6.0	5.2	5.5	5.8	5.8	5.5	5.4	6.3	7.8

^a Impairment is based on the Sheehan Disability Scale (SDS)¹ role domains, which measure the impact of a disorder on a person's life. Impairment is defined as the highest severity level of role impairment across four domains: (1) home management, (2) work, (3) close relationships with others, and (4) social life. Ratings greater than or equal to 7 on a 0 to 10 scale were considered severe impairment. Respondents with unknown severe impairment data were excluded.

^b 1997 Office of Management and Budget (OMB) standards were used to collect race and ethnicity data. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, or Asian. Respondents could choose more than one race. Those reporting more than one race were classified as "Two or more races." Data on Hispanic origin are collected separately. Persons of Hispanic origin may be of any race. Included in the total but not shown separately are persons of Native Hawaiian or Other Pacific Islander origin.

^c Estimates are based on a definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds.

NOTE: MDE is defined as in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*,² which specifies a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms. Respondents with unknown past year MDE were excluded.

SOURCE: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health.

¹ Leon, A.C., Olfson, M., Portera, L., Farber, L., and Sheehan, D.V. (1997). Assessing psychiatric impairment in primary care with the Sheehan Disability Scale. *International Journal of Methods in Psychiatric Research*, 27(2), 93–105.

² American Psychiatric Association. (1994). *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)* (4th ed.). Washington, DC: Author.

Table HEALTH5

Activity limitation: Percentage of children ages 5–17 with activity limitation resulting from one or more chronic health conditions^a by gender, poverty status, and race and Hispanic origin, selected years 1997–2013

Characteristic	1997	2000	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Ages 5–17													
Total	7.8	7.0	8.1	8.4	8.0	8.6	8.3	8.7	9.4	9.2	9.3	9.4	9.2
Special education only ^b	5.4	5.0	6.3	6.3	6.1	6.7	6.5	6.8	7.5	7.2	7.2	7.4	7.6
Other limitations ^c	2.4	2.0	1.8	2.1	1.8	1.9	1.8	1.9	1.9	2.1	2.0	2.0	1.6
Gender													
Male	10.0	8.8	10.1	10.6	10.2	11.0	10.8	11.3	12.0	11.8	11.7	12.1	11.9
Special education only ^b	7.2	6.5	8.1	8.0	8.1	8.8	8.7	9.0	9.8	9.4	9.5	9.6	10.0
Other limitations ^c	2.8	2.4	2.0	2.5	2.1	2.2	2.1	2.3	2.1	2.4	2.2	2.5	1.8
Female	5.5	5.1	6.0	6.1	5.7	6.1	5.6	6.0	6.6	6.5	6.8	6.5	6.3
Special education only ^b	3.5	3.6	4.4	4.5	4.1	4.4	4.2	4.5	5.0	4.8	4.9	5.0	5.1
Other limitations ^c	2.0	1.5	1.6	1.6	1.6	1.6	1.5	1.4	1.6	1.7	1.9	1.6	1.3
Poverty status ^d													
Below 100% poverty	10.6	9.9	10.3	11.7	10.8	11.4	11.6	13.1	12.1	12.5	12.4	12.4	12.7
Special education only ^b	7.2	7.2	7.7	8.7	7.7	8.9	8.7	9.7	9.1	9.2	9.2	9.3	9.8
Other limitations ^c	3.4	2.7	2.6	3.0	3.0	2.5	2.9	3.4	2.9	3.4	3.3	3.0	2.8
100–199% poverty	9.3	8.0	10.0	9.7	9.1	9.8	10.1	9.2	11.4	11.0	9.7	10.6	10.1
Special education only ^b	7.0	5.6	7.3	7.1	7.3	7.7	7.9	7.3	8.6	8.1	7.3	8.2	8.2
Other limitations ^c	2.3	2.4	2.7	2.6	1.8	2.1	2.2	1.9	2.7	2.9	2.4	2.4	2.0
200% poverty and above	6.3	5.8	6.8	7.0	6.8	7.2	6.7	7.2	7.7	7.3	7.9	7.7	7.4
Special education only ^b	4.2	4.3	5.5	5.4	5.3	5.6	5.3	5.8	6.5	6.1	6.5	6.2	6.5
Other limitations ^c	2.2	1.6	1.3	1.6	1.5	1.6	1.3	1.4	1.2	1.3	1.4	1.5	0.9
Race and Hispanic origin ^e													
White, non-Hispanic	8.3	7.5	8.6	8.8	8.3	9.5	9.0	9.8	9.8	9.7	10.1	10.3	9.8
Special education only ^b	5.8	5.4	6.8	6.7	6.2	7.7	7.1	7.9	8.2	7.9	8.1	8.1	8.3
Other limitations ^c	2.5	2.1	1.8	2.1	2.1	1.8	1.9	1.9	1.7	1.8	2.0	2.2	1.5
Black, non-Hispanic	8.2	7.5	8.3	10.3	8.7	8.3	8.9	9.0	10.4	11.2	10.9	9.4	10.2
Special education only ^b	5.3	5.6	6.5	7.7	6.9	5.9	7.2	6.6	7.9	8.7	8.1	7.2	8.4
Other limitations ^c	2.9	1.9	1.8	2.6	1.8	2.4	1.7	2.4	2.6	2.5	2.8	2.1	1.8
Hispanic	5.9	5.3	6.6	6.0	7.0	6.6	6.1	5.9	7.5	7.2	7.2	7.8	7.8
Special education only ^b	4.0	3.7	4.9	4.4	5.6	4.9	4.7	4.4	5.8	5.1	5.4	5.9	6.2
Other limitations ^c	1.9	1.6	1.8	1.7	1.4	1.7	1.4	1.5	1.7	2.1	1.8	1.8	1.6

^a Chronic health conditions are conditions that once acquired are not cured or have a duration of 3 months or more.

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

^c Other limitations include limitations in children's ability to walk, care for themselves, or perform any other activities. Children in this category may also receive special education services.

^d Starting with *America's Children, 2005*, a new methodology for imputing family income was used for data years 1997 and beyond. Missing family income data were imputed for 20 to 31 percent of children ages 5–17 in 1997–2013. Therefore, estimates by poverty status for 1997–2001 may differ from those in previously published editions.

^e The revised 1997 Office of Management and Budget (OMB) standards for race were used for the 1997–2013 race-specific estimates. A person's race is described by one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Data on race and Hispanic origin are collected separately but are combined for reporting. Persons of Hispanic origin may be of any race. Race groups included in the total but not shown separately due to the small sample size for each group are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and "Two or more races."

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

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

Table HEALTH6

Diet quality: Average diet scores for children ages 2–17 as a percentage of Federal diet quality standards by dietary components, 2005–2006, 2007–2008, and 2009–10

Dietary component	2005–2006	2007–2008	2009–2010
Total Healthy Eating Index-2010 Score	49	51	52
Adequacy (higher score indicates higher consumption)			
Total fruit	66	76	76
Whole fruit	52	72	70
Total vegetables	44	46	44
Greens and beans	18	24	20
Whole grains	17	18	22
Dairy	85	86	93
Total protein foods	84	88	86
Seafood and plant proteins	48	44	48
Fatty acids	29	30	31
Moderation (higher score indicates lower consumption)			
Refined grains	48	51	46
Sodium	51	50	45
Empty calories ^a	51	52	56

^a Empty calories are calories from solid fats (i.e., sources of saturated fats and trans fats) and added sugars (i.e., sugars not naturally occurring).

NOTE: The Healthy Eating Index-2010 (HEI-2010) is a dietary assessment tool comprising 12 components designed to measure quality in terms of how well diets meet the recommendations of the 2010 Dietary Guidelines for Americans and the USDA Food Patterns.^{1–3} The HEI-2010 component scores are averages across all children and reflect usual dietary intakes.³ These scores are expressed as percentages of recommended dietary intake levels. A score corresponding to 100 percent indicates that the recommendation was met or exceeded, on average. A score below 100 percent indicates that average intake does not meet the recommendations for that component. Nine components of the HEI-2010 address nutrient adequacy. The remaining three components assess refined grains, sodium, and empty calories, all of which should be consumed in moderation. For the adequacy components, higher scores reflect higher intakes. For the moderation components, higher scores reflect lower intakes because lower intakes are more desirable. For all components, a higher percentage indicates a higher quality diet. Starting with *America's Children, 2015*, the new Food Patterns Equivalents Database (FPED) was used to convert foods and beverages in the Food and Nutrient Database for Dietary Studies to USDA Food Patterns components for data years 2005 and beyond. Therefore, estimates by dietary components for 2005–2008 may differ from those in previously published editions. The FPED provides a unique research tool to evaluate food and beverage intakes of Americans compared with recommendations of the 2010 Dietary Guidelines for Americans.

SOURCE: National Center for Health Statistics, National Health and Nutrition Examination Survey and U.S. Department of Agriculture, Center for Nutrition Policy and Promotion, Healthy Eating Index-2010.

¹ U.S. Department of Agriculture and U.S. Department of Health and Human Services. (2010). *Dietary Guidelines for Americans* (7th ed.). Washington, DC: U.S. Government Printing Office. Available at <http://www.cnpp.usda.gov/dietaryguidelines.htm>.

² Guenther, P.M., Casavale, K.O., Reedy, J., Kirkpatrick, S.I., Hiza, H.A.B., Kuczynski, K.J., . . . Krebs-Smith, S.M. (2013). Update of the Healthy Eating Index: HEI-2010. *Journal of the Academy of Nutrition and Dietetics*, 113(4), 569–580.

³ Freedman, L.S., Guenther, P.M., Krebs-Smith, S.M., and Kott, P.S. (2008). A population's mean Healthy Eating Index-2005 scores are best estimated by the score of the population ratio when one 24-hour recall is available. *Journal of Nutrition*, 138, 1725–1729.

Table HEALTH7

Obesity: Percentage of children ages 6–17 who are obese^a by age, race and Hispanic origin, and gender, selected years 1976–2012

Characteristic	1976–1980	1988–1994	1999–2000	2001–2002	2003–2004	2005–2006	2007–2008	2009–2010	2011–2012
Ages 6–17									
Total	5.7	11.2	15.0	16.5	18.0	16.5	19.2	18.0	19.5
Race and Hispanic origin ^b									
White, non-Hispanic	4.9	10.5	11.3	14.6	17.3	13.8	17.4	14.6	17.0
Black, non-Hispanic	8.2	14.0	21.1	20.4	21.7	21.3	22.4	25.7	22.7
All Hispanics	—	—	—	—	—	—	24.4	23.1	25.1
Mexican American	—	15.4	24.1	21.5	19.6	25.6	24.2	23.4	26.6
Gender									
Male	5.5	11.8	15.7	18.0	19.1	17.2	21.0	19.7	18.4
Female	5.8	10.6	14.3	15.1	16.8	15.9	17.3	16.2	20.6
Ages 6–11									
Total	6.5	11.3	15.1	16.3	18.8	15.1	19.6	18.0	17.7
Gender									
Male	6.7	11.6	15.7	17.5	19.9	16.2	21.2	20.1	16.4
Female	6.4	11.0	14.3	14.9	17.6	14.1	18.0	15.7	19.1
Ages 12–17									
Total	5.0	11.1	14.9	16.8	17.2	17.8	18.8	18.0	21.1
Gender									
Male	4.5	12.0	15.6	18.4	18.3	18.1	20.8	19.4	20.3
Female	5.4	10.2	14.2	15.2	16.0	17.5	16.7	16.5	21.9

— Not available.

^a Previously a body mass index (BMI) at or above the 95th percentile of the sex-specific BMI growth charts was termed overweight (<http://www.cdc.gov/growthcharts>). Beginning with *America's Children, 2010*, a BMI at or above the 95th percentile is termed obese to be consistent with other National Center for Health Statistics publications. Estimates of obesity are comparable to estimates of overweight in past reports.¹

^b From 1976 to 1994, the 1977 Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. For 1999–2012, the revised 1997 OMB Standards were used. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander. Included in the total but not shown separately are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and “Two or more races.” Beginning in 1999, those in each racial category represent those reporting only one race. Data from 1999 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately but are combined for reporting. Persons of Mexican origin may be of any race. From 1976 to 2006, the National Health and Nutrition Examination Survey (NHANES) sample was designed to provide estimates specifically for persons of Mexican origin. Beginning in 2007, NHANES allows for reporting of both total Hispanics and Mexican Americans.

NOTE: All estimates have a relative standard error of less than 30 percent and meet agency standards for publication.

SOURCE: National Center for Health Statistics, National Health and Nutrition Examination Survey.

¹ Ogden, C.L., and Flegal, K.M. (2010). Changes in terminology for childhood overweight and obesity. *National Health Statistics Reports*, 25. Hyattsville, MD: National Center for Health Statistics. Retrieved from <http://www.cdc.gov/nchs/data/nhsr/nhsr025.pdf>.

Table HEALTH8.A

Asthma: Percentage of children ages 0–17 with asthma, selected years 1997–2013

Characteristic	1997	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Ever diagnosed with asthma ^a	11.4	12.7	12.3	12.5	12.2	12.7	13.5	13.1	13.8	13.8	13.6	14.0	14.0	12.7
Currently have asthma ^b	—	8.8	8.4	8.5	8.5	8.9	9.3	9.1	9.4	9.6	9.4	9.5	9.3	8.3
Having at least one asthma attack ^c	5.4	5.7	5.8	5.5	5.6	5.2	5.6	5.2	5.6	5.5	5.7	5.5	5.4	4.9

— Not available.

^a Children ever diagnosed with asthma by a doctor or other health care professional.

^b Children ever diagnosed with asthma who currently have asthma.

^c Children having had an episode of asthma or an asthma attack in the past 12 months.

NOTE: From 1997 to 2013, children are identified as ever diagnosed with asthma by asking parents “Has a doctor or other health professional EVER told you that your child has asthma?” If the parent answered YES to this question, they were then asked (1) “Does your child still have asthma?” and (2) “During the past 12 months, has your child had an episode of asthma or an asthma attack?” The question “Does your child still have asthma?” was introduced in 2001 and identifies children who currently have asthma.

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

Table HEALTH8.B

Asthma: Percentage of children ages 0–17 who currently have asthma^a by age, poverty status, race and Hispanic origin, and area of residence, 2001–2013

Characteristic	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Age													
Ages 0–5	6.2	6.4	6.3	6.4	7.2	6.9	7.1	7.4	7.0	6.8	7.5	6.2	4.9
Ages 6–10	9.8	8.6	9.4	8.3	10.0	11.4	9.1	10.1	10.2	10.7	9.4	11.0	9.3
Ages 11–17	10.1	9.7	9.8	10.3	9.6	9.9	10.9	10.8	11.5	10.8	11.4	10.7	10.4
Poverty status^b													
Below 100% poverty	10.8	11.6	10.9	9.6	10.6	12.2	11.4	11.5	13.5	12.1	12.5	13.0	11.7
100–199% poverty	8.6	7.8	8.3	9.3	8.3	9.6	9.8	10.2	9.5	10.2	10.2	9.3	8.1
200% poverty and above	8.2	7.6	7.9	7.9	8.6	8.1	8.1	8.5	8.3	7.9	8.0	7.7	7.0
Race and Hispanic origin^c													
White, non-Hispanic	8.5	8.0	7.5	8.2	7.9	8.6	7.3	8.8	8.5	8.2	7.8	7.9	7.5
Black, non-Hispanic	11.3	12.7	13.4	12.4	13.1	12.8	15.4	15.7	17.0	15.9	16.3	16.0	13.4
American Indian or Alaska Native	‡	12.0	16.2	‡	‡	‡	‡	‡	‡	‡	‡	‡	‡
Asian	7.3	5.3	‡	3.4	6.5	6.3	7.4	3.7	7.7	8.4	7.0	5.1	4.9
Hispanic	7.2	6.3	7.4	6.9	8.6	9.0	9.3	6.7	7.7	8.1	9.6	8.8	7.4
Mexican	5.1	4.4	4.9	5.4	7.4	6.6	8.5	5.9	6.6	6.9	7.8	7.6	5.6
Puerto Rican	18.2	17.3	20.6	18.4	19.9	25.7	14.8	15.5	15.7	19.5	24.8	15.6	20.7
Area of residence^d													
Central city	8.8	8.4	9.1	8.7	10.3	10.5	9.9	10.7	10.0	10.1	10.4	10.0	8.1
Non-central city	8.8	8.4	8.3	8.4	8.4	8.8	8.8	8.9	9.4	9.0	9.1	9.0	8.4

‡ Reporting standards not met; the estimate is considered unreliable (relative standard error is greater than 30 percent).

^a Children ever diagnosed with asthma who currently have asthma.

^b Missing family income data were imputed for 19 to 31 percent of children ages 0–17 in 2001–2013.

^c The revised 1997 Office of Management and Budget (OMB) standards for race were used for the 2001–2013 race-specific estimates. A person's race is described by one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Data on race and Hispanic origin are collected separately but are combined for reporting. Included in other categories but not shown separately under race and Hispanic origin are Native Hawaiians or Other Pacific Islanders and respondents with “Two or more races.” Persons of Hispanic origin may be of any race.

^d “Central city” is defined as the central city of a Metropolitan Statistical Area (MSA), while “Non-central city” is defined as an area in an MSA outside of the central city or an area outside of an MSA. For more information on MSAs, see National Center for Health Statistics, 2011, *Health, United States, 2010: With special feature on death and dying*, available at http://www.cdc.gov/nchs/data/abus/abus10_InBrief.pdf.

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

Table SPECIAL 1

Health care quality: Percentage of children ages 0–17 who received a well-child visit in the previous 12 months by selected characteristics, 1997–2013

Characteristic	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Total	73.2	73.7	72.8	71.0	71.0	72.1	71.8	73.0	72.8	72.5	73.7	75.8	78.0	79.9	80.3	80.2	83.0
Gender																	
Male	73.9	73.3	72.0	71.6	70.9	72.4	72.0	73.2	72.9	72.9	73.7	75.6	78.2	80.4	80.2	80.6	82.7
Female	72.5	74.1	73.6	70.5	71.0	71.8	71.5	72.8	72.7	72.1	73.7	76.0	77.6	79.4	80.4	79.7	83.4
Age																	
Ages 0–5	87.3	88.1	87.3	84.3	84.5	84.5	84.1	85.0	84.9	82.5	83.0	85.9	88.3	89.6	89.0	89.7	90.5
Ages 0–2	92.5	93.7	93.7	88.6	88.2	87.5	87.0	87.9	89.1	85.2	85.3	89.7	90.2	91.4	90.8	90.4	91.8
Ages 3–5	82.6	82.5	80.8	80.1	80.9	81.5	81.2	82.1	80.6	79.8	80.7	82.4	86.5	87.8	87.3	89.1	89.1
Ages 6–10	65.9	67.2	65.9	67.3	64.7	68.0	68.0	68.1	67.5	70.3	72.4	73.2	75.9	75.5	77.4	77.8	81.1
Ages 11–17	66.2	66.0	65.7	62.5	64.1	64.7	64.3	66.5	66.5	65.8	66.7	68.7	70.2	74.2	74.5	73.7	78.2
Race and Hispanic origin^a																	
White, non-Hispanic	73.3	73.8	73.7	71.3	71.4	72.1	72.7	73.9	73.6	74.0	74.1	75.7	77.6	80.4	81.3	80.3	83.3
Black, non-Hispanic	77.3	77.1	76.6	75.4	75.2	79.4	76.5	79.2	77.0	76.9	80.3	81.0	83.6	83.5	83.6	86.3	87.8
Hispanic	70.2	69.7	66.8	65.3	64.9	65.4	65.6	64.9	67.1	64.9	68.5	72.6	74.9	76.3	75.8	76.8	79.0
Other, non-Hispanic	69.0	74.0	68.7	72.8	73.4	73.8	70.7	74.6	73.4	72.9	72.2	75.4	78.7	80.3	80.5	78.9	85.0
Type of insurance^b																	
Private insurance ^c	75.2	75.6	75.2	73.5	73.3	73.9	74.7	75.8	75.6	76.1	76.8	77.9	80.8	83.1	82.6	81.9	85.1
Public insurance ^{c,d}	80.7	79.2	77.6	75.3	74.3	75.8	73.6	74.4	74.8	74.4	75.6	80.5	80.3	80.4	82.0	82.3	84.6
Uninsured	53.8	55.9	52.8	51.1	48.7	52.1	48.1	49.0	47.1	46.2	44.6	46.5	47.3	54.8	52.9	52.7	56.2
Poverty status^e																	
Below 100% poverty	70.6	72.0	68.9	67.7	66.6	69.1	65.7	68.1	69.5	69.0	70.5	75.1	75.8	77.9	78.2	78.9	80.8
100–199% poverty	68.0	69.8	68.9	65.8	67.5	68.1	67.5	68.5	67.3	68.3	68.5	68.8	73.5	75.4	76.5	77.9	79.5
200% poverty and above	76.1	75.6	75.3	73.9	73.4	74.4	75.3	76.2	75.8	75.5	76.9	78.8	80.6	82.5	82.8	81.7	85.4
Region^f																	
Northeast	87.1	87.6	87.7	85.9	85.2	85.6	86.3	86.2	86.1	87.5	86.3	88.1	88.0	89.2	90.3	90.5	91.5
South	69.7	72.2	70.5	67.8	68.8	68.5	69.9	71.9	70.6	69.0	71.2	74.0	76.2	78.9	79.1	79.5	82.5
Midwest	71.7	71.7	72.2	70.7	71.3	73.2	70.4	72.7	74.1	74.4	73.4	73.0	77.1	79.1	80.2	78.3	81.7
West	67.7	66.3	64.2	64.0	62.2	65.2	64.7	65.1	64.5	63.9	68.9	72.7	74.4	76.1	75.3	76.0	79.5

^a For the 1997–1998 race-specific estimates, the 1977 Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. The revised 1997 OMB Standards were used for the 1999–2013 race-specific estimates and classified persons into one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. From 1999 onward, respondents could choose more than one race. Those reporting more than one race were classified as “Two or more races.” Data on race and Hispanic origin are collected separately but are combined for reporting. Persons of Hispanic origin may be of any race. Data from 1999 onward are not directly comparable with data from earlier years.

^b Health insurance coverage at time of interview.

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

^d Public health insurance includes Medicaid, Children’s Health Insurance Programs (CHIP), and other state insurance plans.

^e Missing family income data were imputed for 16 to 27 percent of children ages 2–17 in 1997–2013.

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

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

Table SPECIAL2

Health care quality: Percentage of children ages 3–5 who have ever received a vision screening by selected characteristics, 2002–2012

Characteristic	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Total	53.9	54.8	51.3	53.4	57.3	59.0	57.5	58.0	62.5	57.5	61.4
Gender											
Male	52.3	52.9	53.6	52.2	58.0	59.3	56.3	58.3	60.9	58.4	61.5
Female	55.6	56.8	49.1	54.6	56.6	58.8	58.7	57.7	64.0	56.6	61.4
Race and Hispanic origin^a											
White, non-Hispanic	53.6	54.5	48.2	54.7	58.4	60.4	57.4	58.5	60.9	56.9	61.5
Black, non-Hispanic	61.4	57.8	58.1	54.8	60.6	68.4	61.8	58.9	67.9	63.1	63.7
Hispanic	47.9	54.4	53.2	51.7	54.7	51.9	56.7	55.2	62.4	58.5	61.1
Other, non-Hispanic	56.6	52.1	58.2	46.9	52.1	55.6	52.8	61.1	63.2	50.6	58.6
Type of insurance^b											
Private insurance ^c	57.3	55.6	52.0	54.7	61.3	60.6	57.7	60.4	66.1	56.2	63.9
Public insurance ^d	55.8	53.5	53.6	54.1	53.3	59.3	59.7	56.8	61.8	60.0	60.8
Uninsured	32.7	54.2	39.6	43.9	47.5	49.7	48.9	44.9	39.8	54.4	50.1
Poverty status											
Below 100% poverty	50.8	53.1	51.9	51.4	52.2	59.9	55.7	54.2	57.5	61.5	62.1
100–199% poverty	50.8	51.9	51.9	52.6	52.9	54.7	53.7	54.4	61.8	52.5	61.2
200% poverty and above	56.2	56.5	50.9	54.3	60.6	60.1	59.6	60.9	64.9	57.8	61.2
Region^e											
Northeast	59.9	59.5	59.3	60.0	60.7	73.5	70.3	64.6	68.1	51.8	69.1
South	54.2	54.9	49.9	52.4	54.0	52.3	54.5	56.0	62.3	61.5	60.3
Midwest	55.1	56.3	52.0	56.5	58.7	59.9	57.4	57.9	61.2	56.9	59.0
West	47.8	48.8	45.3	45.4	56.1	54.9	52.3	55.6	60.9	58.7	61.0

^a The revised 1997 Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used for the race-specific estimates and classified persons into one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Respondents could choose more than one race. Those reporting more than one race were classified as “Two or more races.” Data on race and Hispanic origin are collected separately but are combined for reporting. Persons of Hispanic origin may be of any race.

^b Health insurance coverage at time of interview.

^c Private insurance includes military insurance (TRICARE and CHAMPVA). Children with private insurance may have both private and public insurance.

^d Public insurance includes Medicaid, Medicare, and State Children’s Health Insurance Program (SCHIP).

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

SOURCE: Agency for Healthcare Research and Quality, Center for Financing and Cost Trends, Medical Expenditure Panel Survey.

Table SPECIAL3

Health care quality: Percentage of children ages 0–17 with current asthma who have ever received an asthma management plan by selected characteristics, selected years 2002–2013

Characteristic	2002	2003	2008	2013
Total	41.1	39.5	44.3	50.8
Gender				
Male	44.5	42.0	45.3	51.0
Female	36.3	36.2	42.7	50.4
Age				
Ages 0–5	37.9	35.0	29.7	46.0
Ages 6–10	40.5	43.8	48.1	50.6
Ages 11–17	43.2	39.0	50.5	52.7
Race and Hispanic origin^a				
White, non-Hispanic	37.1	37.1	44.9	46.9
Black, non-Hispanic	46.0	42.4	48.9	59.2
Hispanic	45.4	39.6	39.6	53.1
Other, non-Hispanic	51.5	46.2	35.8	44.6
Type of insurance^b				
Private insurance ^c	41.8	43.5	51.1	55.4
Public insurance ^{c,d}	37.1	36.0	37.0	47.4
Uninsured	49.0	31.5	31.6	40.6
Poverty status^e				
Below 100% poverty	38.8	32.1	34.1	46.5
100–199% poverty	43.2	32.9	42.2	54.1
200% poverty and above	41.3	45.0	49.8	52.1
Region^f				
Northeast	37.8	40.2	39.0	48.6
South	43.4	38.4	45.1	50.5
Midwest	40.3	40.4	49.0	57.6
West	41.5	39.4	41.0	46.8

^a The revised 1997 Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used for the race-specific estimates and classified persons into one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Respondents could choose more than one race. Those reporting more than one race were classified as “Two or more races.” Data on race and Hispanic origin are collected separately but are combined for reporting. Persons of Hispanic origin may be of any race.

^b Health insurance coverage at time of interview.

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

^d Public health insurance includes Medicaid, Children’s Health Insurance Programs (CHIP), and other state insurance plans.

^e Missing family income data were imputed for 16 to 26 percent of children ages 2–17 for all years shown.

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

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

Table SPECIAL4

Health care quality: Percentage of children ages 0–17 who were unable to receive or were delayed in receiving medical care, dental care, or prescription drugs in the previous 12 months by selected characteristics, 2002–2012

Characteristic	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Total	5.7	6.5	5.5	6.3	6.0	5.4	4.7	5.0	3.5	4.4	4.3
Gender											
Male	5.8	6.1	5.7	6.7	5.7	5.5	5.2	5.4	3.4	4.0	4.6
Female	5.6	7.0	5.2	5.9	6.3	5.2	4.2	4.6	3.6	4.8	4.1
Age											
Ages 0–5	3.9	4.9	4.3	5.2	4.2	3.8	3.8	3.8	2.5	3.7	2.5
Ages 6–10	6.1	6.2	5.8	6.9	6.5	5.9	4.8	4.6	3.4	4.7	4.8
Ages 11–17	6.7	8.1	6.1	6.7	7.2	6.3	5.5	6.4	4.4	4.8	5.5
Race and Hispanic origin^a											
White, non-Hispanic	6.3	6.7	6.1	6.9	7.1	6.1	5.3	6.1	4.1	4.3	4.8
Black, non-Hispanic	3.9	6.2	4.6	5.2	4.9	3.2	3.8	3.0	2.1	4.0	3.4
Hispanic	5.2	6.9	5.2	5.6	4.2	5.4	3.8	4.2	3.5	4.7	3.2
Other, non-Hispanic	5.2	5.3	2.6	5.9	5.0	3.7	4.8	3.4	2.1	4.6	5.8
Type of insurance^b											
Private insurance ^c	4.8	5.0	4.4	5.5	5.4	4.5	4.1	5.0	2.8	3.8	4.3
Public insurance ^d	5.8	6.7	6.0	5.7	5.7	5.1	4.4	4.1	3.4	4.2	3.8
Uninsured	9.4	13.9	9.7	11.2	10.0	9.6	8.1	7.7	7.2	8.8	6.6
Poverty status											
Below 100% poverty	7.6	7.9	6.0	7.4	5.1	5.4	5.6	5.2	3.5	4.3	4.8
100–199% poverty	6.9	9.1	6.5	7.4	7.2	6.4	5.1	5.1	4.8	5.8	3.9
200% poverty and above	4.7	5.3	4.9	5.6	5.9	5.0	4.3	4.9	3.0	3.9	4.3
Region^e											
Northeast	3.5	5.1	4.4	4.7	4.4	4.3	5.3	4.2	3.1	3.4	3.6
South	5.6	7.3	5.4	6.6	5.9	4.5	4.8	6.0	3.9	4.6	4.1
Midwest	5.8	7.1	5.8	7.0	7.1	6.4	4.2	4.9	3.5	4.2	3.8
West	7.1	6.0	5.8	6.1	5.7	5.3	5.0	4.9	3.4	5.2	5.7

^a The revised 1997 Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used for the race-specific estimates and classified persons into one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Respondents could choose more than one race. Those reporting more than one race were classified as “Two or more races.” Data on race and Hispanic origin are collected separately but are combined for reporting. Persons of Hispanic origin may be of any race.

^b Health insurance coverage at time of interview.

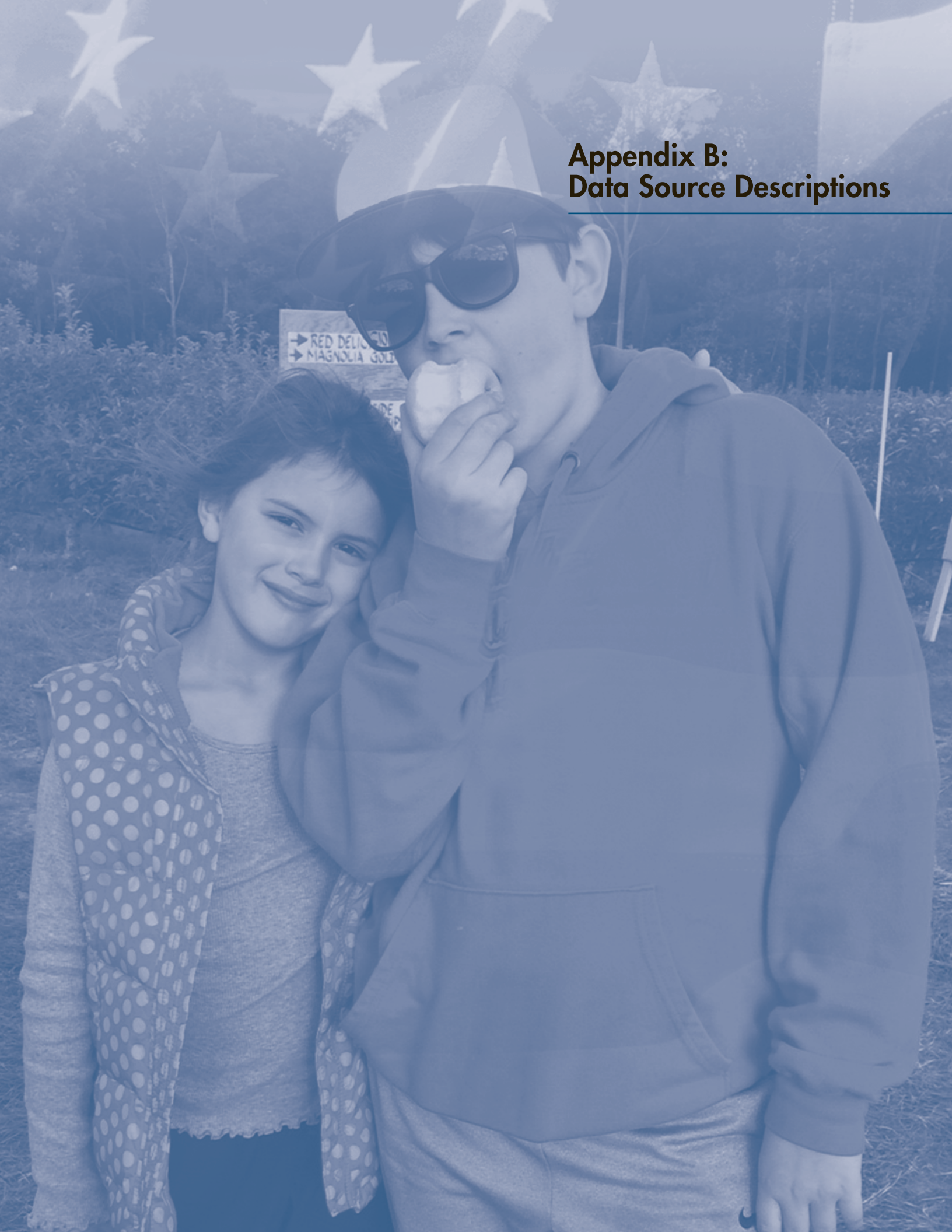
^c Private insurance includes military insurance (TRICARE and CHAMPVA). Children with private insurance may have both private and public insurance.

^d Public insurance includes Medicaid, Medicare, and State Children’s Health Insurance Program (SCHIP).

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

SOURCE: Agency for Healthcare Research and Quality, Center for Financing and Cost Trends, Medical Expenditure Panel Survey.

Appendix B: Data Source Descriptions



Data Source Descriptions

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Data Source Descriptions

Air Quality System

The Air Quality System (AQS) contains ambient air pollution data collected by the U.S. Environmental Protection Agency (EPA) and by state, local, and tribal air pollution control agencies. Data on criteria pollutants (particulate matter, ozone, carbon monoxide, nitrogen dioxide, sulfur dioxide, and lead) consist of air quality measurements collected by sensitive equipment at thousands of monitoring stations in all 50 states, plus the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. Each monitor measures the concentration of a particular pollutant in the air. Monitoring data indicate the average pollutant concentration during a specified time interval, usually 1 hour or 24 hours. AQS also contains meteorological data, descriptive information about each monitoring station (including its geographic location and its operator), and data quality assurance/quality control information. Data are available from AQS beginning with the year 1957. The system is administered by the EPA's Office of Air Quality Planning and Standards (OAQPS), Outreach and Information Division (OID), located in Research Triangle Park, North Carolina. For the Outdoor Air Quality indicator, a county is considered to have a pollutant concentration above the level of the current air quality standard if the measured pollutant level was greater than the level of the standard at any monitor within the county during the year. The indicator is calculated as the sum of children living in counties with pollutant concentrations above the level of a standard divided by the total number of children in the United States.

This calculation differs from the method for identifying areas in violation of an air quality standard. See *America's Children and the Environment*, Third Edition, at <http://www.epa.gov/ace> (Indicator E1) for further discussion.

Information about the AQS is available online at <http://www.epa.gov/airdata/>.

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American Community Survey

The American Community Survey (ACS) is an annual nationwide survey that replaced the long form decennial censuses beginning in 2010. The objective of the ACS is to provide data users with timely housing, social, and economic data that are updated every year and can be compared across states, communities, and population groups.

The ACS was implemented in three parts: (1) Demonstration period, 1996–1998, beginning at four

sites; (2) Comparison site period, 1999–2004, comparing 31 sites continuously over this period as well as adding other counties to the survey in preparation for full implementation; and (3) Full implementation nationwide in 2005. Sampling of group quarters was added in 2006. Starting in January 2005, the U.S. Census Bureau implemented the ACS in every county of the United States, with an annual sample of 3 million housing units. Beginning in 2006, the survey data have been available every year for large geographic areas and population groups of 65,000 or more.

For small areas and population groups of 20,000 or less, a period of 5 years is necessary to accumulate a large enough sample to provide estimates with accuracy similar to the decennial census. Each month, a systematic sample of addresses is selected from the most current Master Address File (MAF). The sample represents the entire United States. Data are generally collected by mail; however, households that do not respond by mail may be contacted using computer-assisted telephone interviewing (CATI), computer-assisted personal interviewing (CAPI), or both.

Information about the ACS is available online at <http://www.census.gov/acs/www/index.html>.

Agency Contact:

U.S. Census Customer Service Center

<http://ask.census.gov>

Phone: 1-800-923-8282

American Housing Survey

The American Housing Survey (AHS) is sponsored by the Office of Policy Development and Research of the U.S. Department of Housing and Urban Development and is conducted by the U.S. Census Bureau. The survey provides data necessary for evaluating progress toward “a decent home and a suitable living environment for every American family,” a goal affirmed in 1949 and 1968 legislation. The AHS began as an annual survey in 1973 and has been conducted biennially in odd numbered years since 1985. A longitudinal, nationally representative sample of 50,000 housing units plus newly constructed units has been surveyed since 1985. Transient accommodations, military and worker housing, and institutional quarters are excluded. AHS data detail the types, size, conditions, characteristics, costs and values, equipment, utilities, and dynamics of the housing inventory, as well as some information about neighborhood conditions. Data include demographic, financial, and mobility characteristics of the occupants. Since 1997, the AHS has been conducted using computer-assisted personal interviewing.

Information about the AHS is available online at <http://www.census.gov/programs-surveys/ahs.html>.

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Current Population Survey

Core survey and supplements. The Current Population Survey (CPS) is a nationwide survey of about 60,000 households conducted monthly for the U.S. Bureau of Labor Statistics by the U.S. Census Bureau. The survey is representative of the civilian noninstitutionalized population of the United States with a sample located in more than 2,000 counties and independent cities and coverage in every state and in the District of Columbia.

The CPS core survey is the primary source of information on the employment characteristics of the noninstitutionalized civilian population, including estimates of unemployment released every month by the U.S. Bureau of Labor Statistics.

In addition to the core survey, monthly CPS supplements provide additional demographic and social data. The Annual Social and Economic Supplement (ASEC)—formerly called the March Supplement—and the October school enrollment supplement provide information used to estimate the status and well-being of children. The ASEC and school enrollment supplement have been administered every year since 1947. The October supplement to the CPS asks questions on school enrollment by grade and on other school characteristics about each member of the household age 3 or older. In this report, data on poverty status, health insurance, and the highest level of school completed or degree attained are derived from the ASEC. The food security supplement, introduced in April 1995 and administered in December since 2001, is described in detail below.

The CPS sample is selected from a complete address list of geographically delineated primary sampling units, which are based on census addresses and updated using recent construction and other data. It is administered through field representatives, either in person or by telephone using computer-assisted personal interviewing (CAPI). Some CPS data are also collected through a centralized telephone operation, computer-assisted telephone interviewing (CATI). For more information regarding the CPS, its sampling structure, and estimation methodology, see *Current Population Survey design and methodology technical paper 66*, Bureau of Labor Statistics, October 2006, available online at <http://www.census.gov/prod/2006pubs/tp-66.pdf>.

The 2014 CPS ASEC (which refers to health insurance coverage estimates of the 2013 calendar year) is the first to use the improved measures of health insurance coverage.

Following more than a decade of research, evaluation, and consultation with outside experts, the Census Bureau implemented an approach shown to improve the accuracy of health insurance coverage measurement. For a list of references, please see the Census Bureau Director's statement on the improved set of health insurance coverage questions at http://www.census.gov/newsroom/releases/archives/directors_corner/cb14-67.html. Due to these changes, data for the 2014 CPS ASEC are not comparable to data from earlier years.

The 2014 CPS ASEC included redesigned questions for income and health insurance coverage. All of the approximately 98,000 addresses were selected to receive the improved set of health insurance coverage items. The improved income questions were implemented using a split panel design. Approximately 68,000 addresses were selected to receive a set of income questions similar to those used in the 2013 CPS ASEC. The remaining 30,000 addresses were selected to receive the redesigned income questions. The source of data for tables in this volume is the CPS ASEC sample of 98,000 addresses.

Food security supplement. The food security supplement contains a systematic set of questions validated as measures of severity of food insecurity on a 12-month and a 30-day basis. Statistics presented in this report are based on 12-month data from the CPS food security supplements. The food security questions are based on material reported in prior research on hunger and food security and reflect the consensus of nearly 100 experts at the 1994 Food Security and Measurement Conference, convened jointly by the National Center for Health Statistics (NCHS) and the Food and Nutrition Service of the U.S. Department of Agriculture. The supplement was developed, tested, and refined further by the conferees, members of a Federal interagency working group, and survey methods specialists for the U.S. Census Bureau's Center for Survey Methods Research. All households interviewed in the CPS in December are eligible for the supplement. Special supplement sample weights were computed to adjust for the demographic characteristics of supplement noninterviews.

Information about food security is available online at the Economic Research Service at <http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us.aspx>.

Information about the CPS is available online at <http://www.census.gov/cps>.

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Phone: 1-800-923-8282

Secure parental employment and youth neither enrolled in school nor working, contact:
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Decennial Census Data

The Census Bureau conducted decennial censuses in the United States in 1990, 2000, and 2010, as well as in previous decades back to 1790. Statistical data from the censuses of 2000 and 2010 are available through American Fact Finder. The data from the 1990 decennial census are archived and are searchable in American Fact Finder by including “archived products” in the search.

Date:

- April 1, 2000 (Census Day) is the reference date for Census 2000.
- April 1, 2010 (Census Day) is the reference date for the 2010 Census.

The topic search/survey category “Census United States” covers the 50 states and the District of Columbia.

Census 2000 and earlier decennial censuses gathered information on demographic, social, economic, and housing characteristics of the population. Census 2000 datasets include more subjects than those for 2010, because Census 2000 used both a short form (with a limited number of characteristics for every person and every housing unit) and a long form (with additional questions asked of a sample of persons and housing units). The short form provided information on age, sex, race, Hispanic or Latino origin, household relationship, tenure (whether a housing unit is owner- or renter-occupied), and occupancy status. The long form covered additional population characteristics such as income, educational attainment, labor force status, place of birth, etc., and additional housing characteristics.

In the 2010 Census of the United States a limited number of questions were asked of every person and every housing unit. Population and housing characteristics not covered in the 2010 Census can be found in data from the American Community Survey, also available on American Fact Finder.

In any large-scale statistical operation such as the 2010 Census, human- and computer-related errors occur. These errors are commonly referred to as nonsampling errors. Such errors include not enumerating every household or every person in the population, not obtaining all required information from the respondents, obtaining incorrect or inconsistent information, and recording information incorrectly. The primary sources of error and the programs instituted to control error in Census 2010 are described in detail in 2010 Census Redistricting Data (Public Law 94-171) in Chapter 7, “2010 Census: Operational Overview and Accuracy of the Data” located at <http://www.census.gov/prod/cen2010/doc/pl94-171.pdf>.

While it is impossible to completely eliminate nonsampling error from an operation as large and complex as the decennial census, the Census Bureau attempts to control the sources of such error during the collection and processing operations.

For information on the computation and use of standard errors, contact:
U.S. Census Customer Service Center
<http://ask.census.gov>
Phone: 1-800-923-8282

High School Transcript Studies

High school transcript studies have been conducted since 1982 in conjunction with major data collections by the National Center for Education Statistics (NCES). The studies collect information that is contained in a student’s high school record: courses taken while attending secondary

school, information on credits earned, when specific courses were taken, and final grades.

A high school transcript study was conducted in 2004 as part of the Education Longitudinal Study of 2002 (ELS:2002/2004). A total of 1,550 schools participated in the request for transcripts, for an unweighted participation rate of approximately 79 percent. Transcript information was received on 14,920 members of the student sample (not just graduates), for an unweighted response rate of 91 percent.

Similar studies were conducted of the coursetaking patterns of 1982, 1987, 1990, 1992, 1994, 1998, 2000, 2005, and 2009 high school graduates. The 1982 data are based on approximately 12,000 transcripts collected by the High School and Beyond Study (HS&B). The 1987 data are based on approximately 25,000 transcripts from 430 schools obtained as part of the 1987 National Assessment of Educational Progress (NAEP) High School Transcript Study, a scope comparable to that of the NAEP transcript studies conducted in 1990, 1994, 1998, and 2000. The 1992 data are based on approximately 15,000 transcripts collected by the National Education Longitudinal Study of 1988 (NELS:88/92). The 2005 data, from the 2005 NAEP High School Transcript Study, come from a sample of over 26,000 transcripts from 640 public schools and 80 private schools. The 2009 NAEP High School Transcript Study (HSTS) collected a sample of transcripts from over 37,700 students from 610 public schools and 130 private schools.

Because the 1982 HS&B transcript study used a different method for identifying students with disabilities than was used in NAEP transcript studies after 1982, and in order to make the statistical summaries as comparable as possible, all the counts and percentages in this report are restricted to students whose records indicate that they had not participated in a special education program. This restriction lowers the number of 1990 graduates represented in the tables to 20,870.

Information on NAEP high school transcript studies is available online at <http://nces.ed.gov/nationsreportcard/hsts/>.

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Information on all other high school transcript studies is available online at <http://nces.ed.gov/surveys/hst>.

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Medical Expenditure Panel Survey

The Medical Expenditure Panel Survey (MEPS) is a nationally representative longitudinal survey that collects detailed information on health care utilization and expenditures, health insurance, and health status, as well as a wide variety of social, demographic, and economic characteristics for the civilian noninstitutionalized population. MEPS is cosponsored by the Agency for Healthcare Research and Quality and the National Center for Health Statistics.

MEPS, which began in 1996, is a set of large-scale surveys of families and individuals, their medical providers (doctors, hospitals, pharmacies, etc.), and employers across the United States. MEPS collects data on the specific health services that Americans use, how frequently they use them, the cost of these services, and how they are paid for, as well as data on the cost, scope, and breadth of health insurance held by and available to U.S. workers.

The Household Component (HC) collects data from a sample of families and individuals in selected communities across the United States, drawn from a nationally representative subsample of households that participated in the prior year's National Health Interview Survey (conducted by the National Center for Health Statistics).

MEPS is a large-scale and comprehensive data collection effort that includes many types of survey questions, some of which only pertain to subsets of the diverse respondents participating in the survey. To accommodate the extensive array of questions covered, yet minimize the number of questions asked of each respondent, data are collected using an intricate system of skip patterns and questionnaire modules grouped into sections. Computer-assisted personal interviewing (CAPI) using a laptop computer makes it possible to field such a complex data collection instrument.

During the household interviews, MEPS collects detailed information for each person in the household on the following: demographic characteristics, health conditions, health status, use of medical services, charges and source of payments, access to care, satisfaction with care, health insurance coverage, income, and employment.

MEPS Methodology references:

Cohen, J. (1997). *Design and methods of the Medical Expenditure Panel Survey Household Component*. MEPS Methodology Report No. 1. AHCPR Pub. No. 97-0026. Rockville, MD: Agency for Health Care Policy and Research.

Cohen, S. (1997). *Sample design of the 1996 Medical Expenditure Panel Survey Household Component*. MEPS Methodology Report No. 2. AHCPR Pub. No. 97-0027. Rockville, MD: Agency for Health Care Policy and Research.

Cohen, S. (2003). Design strategies and innovations in the Medical Expenditure Panel Survey. *Medical Care*, 41(7), Supplement: III-5–III-12.

For more information please e-mail us at mepsd@ahrq.gov or send a letter to the address below:

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Monitoring the Future

The Monitoring the Future (MTF) study is a continuing series of surveys intended to assess the changing lifestyles, values, and preferences of American youth. Each year since 1975, high school seniors from a representative sample of public and private high schools have participated in this study. The 2014 survey is the 24th survey to include comparable samples of 8th- and 10th-graders in addition to seniors. The study is conducted by the University of Michigan's Institute for Social Research (ISR) under a grant from the National Institute on Drug Abuse. The survey design consists of a multistage random sample where the stages include selection of geographic areas, selection of one or more schools in each area, and selection of a sample of students within each school. Data are collected in the spring of each year using questionnaires administered in the classroom by representatives from ISR. The 2014 survey included a total of 41,551 students from 377 public and private schools.

Adjustments in 10th-grade change scores in 2009. All figures and tables in this report omit the data point from the 2008 survey of 10th-graders, because the data for that year were believed to be inaccurate due to sampling error, a highly unusual occurrence. This is the first time there was a need to adjust the data from a survey in the 34 years of the study; fortunately, this affects only a single grade.

Several facts led to this decision. First, it was observed that in 2008, 10th grade was the only grade that showed a decline in marijuana use, as well as in the indexes of use that include marijuana. In 2009, it was the only grade to show an increase in some of those same measures. While trends do sometimes differ from one grade to another, the fact that this happened in just a single year led to the conclusion that the 2008 10th-grade sample likely showed erroneously low levels of use of certain drugs—particularly

marijuana and alcohol—most likely due to sampling error. Other findings also supported this interpretation.

An examination of the subgroup trend tables shows that there were unusually large increases of marijuana use in two regions of the country in 2009, the West and the South, raising the possibility that relatively few schools accounted for the increase in that year. Further, there is no evidence in the trend lines from the other two grades that such an increase was actually occurring in those two regions for either marijuana or alcohol, as would be expected if the 10th-grade data accurately represented the population. Finally, an examination of data from 10th-graders in the matched half sample of schools that participated in both the 2008 and 2009 surveys reveals considerably smaller 1-year increases in use of these two drugs than does the full sample analysis. The changes in the matched half samples are routinely examined to help validate the results from the full samples. Normally, the two indicators of change replicate closely.

Therefore, it was judged unlikely that the apparent decline in 2008 and sharp increase in 2009 for 10th-graders are accurate characterizations of the total populations. Thus, the 2008 10th-grade data points are omitted in the figures and tables. However, the 1-year change score was calculated utilizing the matched half sample of schools participating in both 2008 and 2009, and it was noted that the change is not significant. Their results should be relatively unaffected by schools entering and leaving the sample each year. Importantly, these adjusted change scores bring the 10th-grade change data much more into line with what is observed to be occurring in the other two grades.

For more information, please see:

Johnston, L.D., O'Malley, P.M., Bachman, J.G., Schulenberg, J.E., and Miech, R.A. (2014). *Monitoring the Future national survey results on drug use, 1975–2013: Volume I, Secondary school students*. Ann Arbor: Institute for Social Research, The University of Michigan.

Information about MTF is available online at <http://www.nida.nih.gov/DrugPages/MTF.html> and <http://monitoringthefuture.org>.

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National Assessment of Educational Progress

The National Assessment of Educational Progress (NAEP) is a series of cross-sectional studies initially implemented in 1969 to assess the educational achievement of U.S. students and monitor changes in those achievements.

In the main national NAEP, a nationally representative sample of students is assessed at grades 4, 8, and 12 in various academic subjects. The assessments are based on frameworks developed by the National Assessment Governing Board (NAGB). Assessment items include both multiple-choice and constructed-response (requiring written answers) items. Average scores are reported for the nation, for participating states and jurisdictions, and for subgroups of the population. From 1990 until 2001, main NAEP was conducted for states and other jurisdictions that chose to participate. In 2002, under the provisions of the No Child Left Behind Act of 2001, all states began to participate in main NAEP, and an aggregate of all state samples replaced the separate national sample.

Mathematics assessments were administered in 2000, 2003, 2005, 2007, 2009, 2011, and 2013. In 2005, NAGB called for the development of a new mathematics framework. The revisions made to the mathematics framework for the 2005 assessment were intended to reflect recent curricular emphases and better assess the specific objectives for students at each grade level. For grades 4 and 8, comparisons over time can be made among the assessments prior to and after the implementation of the 2005 framework. The changes to the grade 12 assessment were too drastic to allow the results to be directly compared with previous years. The changes to the grade 12 assessment included adding more questions on algebra, data analysis, and probability to reflect changes in high school mathematics standards and coursework, as well as the merging of the measurement and geometry content areas. The reporting scale for grade 12 mathematics was changed from 0–500 to 0–300. For more information regarding the 2005 mathematics framework revisions, see <http://nces.ed.gov/nationsreportcard/mathematics/frameworkcomparison.asp>.

Reading assessments were administered in 2000, 2002, 2003, 2005, 2007, 2009, 2011, and 2013. In 2009, a new framework was developed for the 4th-, 8th-, and 12th-grade NAEP reading assessments. Both a content alignment study and a reading trend, or bridge, study were conducted to determine if the “new” assessment was comparable to the “old” assessment. Overall, the results of the special analyses suggested that the old and new assessments were similar in terms of their item and scale characteristics and the results they produced for important demographic groups of students. Thus, it was determined that the results of the 2009 reading assessment could still be compared to those from earlier assessment years, thereby maintaining the trend lines first established in 1992. For more information regarding the 2009 reading framework revisions, see <http://nces.ed.gov/nationsreportcard/reading/whatmeasure.asp>.

Information about NAEP is available online at <http://nces.ed.gov/nationsreportcard>.

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National Child Abuse and Neglect Data System

The National Child Abuse and Neglect Data System (NCANDS) annually collects case-level data on reports alleging child abuse and neglect, as well as the results of these reports, from state child protective services (CPS) agencies. The mandate for NCANDS is based on the Child Abuse Prevention and Treatment Act (CAPTA), as amended in 1988, which directed the Secretary of the U.S. Department of Health and Human Services (HHS) to establish a national data collection and analysis program that would make available state child abuse and neglect reporting information. HHS responded by establishing NCANDS as a voluntary, national reporting system. In 1992, HHS produced its first NCANDS report based on data from 1990. The annual data report *Child Maltreatment* evolved from that initial report.

During the early years, states provided aggregated data on key indicators of reporting of alleged child maltreatment. Starting with the 1993 data year, states voluntarily began to submit case-level data. For a number of years, states provided both data sets, but starting with data year 2000, the case-level data set became the primary source of data for the annual report. In 1996, CAPTA was amended to require all states that receive funds from the Basic State Grant program to work with the Secretary of HHS to provide specific data, to the extent practicable, on children who had been maltreated. The NCANDS data elements were revised to meet these requirements beginning with the submission of 1998 data.

Currently, all 50 states, the District of Columbia, and the Commonwealth of Puerto Rico submit data to NCANDS. States submit case-level data by constructing an electronic file of child-specific records for each report of alleged child abuse and neglect that received a CPS response. Only completed reports that resulted in a disposition (or finding) as an outcome of the CPS response during the reporting year were submitted in each state’s data file. The data submission containing these case-level data is called the Child File.

The Child File is supplemented by agency-level aggregate statistics in a separate data submission called the Agency File. The Agency File contains data that are not reportable

at the child-specific level and often are gathered from agencies that are external to CPS. States are asked to submit both the Child File and the Agency File each year. States that are not able to submit case-level data in the Child File submit an aggregate-only data file called the Summary Data Component (SDC).

The Child Abuse Prevention and Treatment Act (CAPTA), (42 U.S.C. §5101), as amended by the CAPTA Reauthorization Act of 2010 (P.L. 111–320), retained the existing definition of child abuse and neglect as, at a minimum:

Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act, which presents an imminent risk of serious harm.

Each state defines the types of child abuse and neglect in state statute and policy. CPS agencies determine the appropriate response for the alleged maltreatment based on those statutes and policies. The most common response is an investigation. The result of an investigation response is a determination (also known as a disposition) about the alleged child maltreatment.

In NCANDS, a victim is defined as a child for whom the state determined at least one maltreatment was substantiated or indicated and for whom a disposition of substantiated, indicated, or alternative response victim was assigned. It is important to note that a child may be a victim in one report and a nonvictim in another report. Substantiation is a case determination that concludes that the allegation of maltreatment or risk of maltreatment is supported by state law or policy. “Indicated” is a case determination that concludes that although maltreatment cannot be substantiated by state law or policy, there is reason to suspect that the child may have been maltreated or was at risk of maltreatment. Some states are also using an alternative approach, which may be called alternative response, family assessment response (FAR), or differential response (DR). Cases assigned this response often include early determinations that the children have a low risk of maltreatment. This response usually includes the voluntary acceptance of CPS services and the mutual agreement of family needs. Such cases do not usually make a specific determination of the allegation of maltreatment. However, in cases where services are required by the agency rather than provided solely on a voluntary basis, some states also use the concept of a victim. While in general, families who are assigned to an alternative response do not receive a finding on the allegations, in this report the term disposition is used for the determinations of both investigation and alternative responses. Each state that uses alternative response decides how to map its codes for these programs to the NCANDS codes. “Alternative response

victim” is a response other than an investigation that determines that a child was a victim of maltreatment.

State statutes also establish the level of evidence needed to determine a disposition of substantiated or indicated. The local child protective services (CPS) agencies respond to the safety needs of the children who are the subjects of child maltreatment reports based on these state definitions and requirements for levels of evidence.

Data collected by NCANDS are a critical source of information for many publications, reports, and activities of the Federal government and other groups. An annual report on child welfare outcomes includes context and outcome data on safety based on state submissions to NCANDS. NCANDS data have been incorporated into the Child and Family Services Reviews (CFSR), which ensure conformity with state plan requirements in titles IV–B and IV–E of the Social Security Act.

Rates are based on the number of states submitting data to NCANDS each year; states include the District of Columbia and Puerto Rico. Information about NCANDS is available online at <http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment>.

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National Crime Victimization Survey

The National Crime Victimization Survey (NCVS) is the Nation’s primary source of information on criminal victimization. The NCVS collects information on nonfatal victimizations, reported and not reported to the police, against persons age 12 or older from a nationally representative sample of U.S. households. The sample for 2013, the most recent year, was about 91,000 households including about 160,000 persons ages 12 and older interviewed during the year. Sample households are chosen using a multistage stratified sample design. All household members ages 12 and older in selected households are interviewed to obtain information on the frequency, characteristics, and consequences of criminal victimization in the United States. The survey measures 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 and members of various racial and gender groups. Either in person or by telephone, victims are also asked whether they reported the incident to the police. In instances of personal violent crimes, they are asked about the characteristics of the perpetrator.

The response rate for 2013 was 84 percent of eligible households and 88 percent of eligible individuals. The NCVS provides the largest national forum for victims to describe the impact of crime and to provide their characteristics and those of violent offenders. It has been ongoing since 1973 and was redesigned in 1992.

Due to changes in survey methodology in 2006 that mainly affected rural areas, national-level estimates were not comparable to estimates based on NCVS data from previous years. The U.S. Census Bureau, the Bureau of Justice Statistics (BJS), and a panel of outside experts extensively reviewed the 2006 NCVS data and determined that there was a break in series between 2006 and previous years that prevented annual comparison of criminal victimization at the national level. This was mainly the result of three major changes in the survey methodology: (1) introducing a new sample to account for shifts in population and location of households that occur over time; (2) incorporating responses from households that were in the survey for the first time; and (3) using computer-assisted personal interviewing (CAPI). These changes were reversed in 2007, suggesting that the 2006 findings represent a temporary anomaly in the data.

Information about the NCVS is available online at <http://bjs.ojp.usdoj.gov/index.cfm?ty=dcdetail&iid=245>.

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National Health and Nutrition Examination Survey

The National Health and Nutrition Examination Survey (NHANES) program of the Centers for Disease Control and Prevention's National Center for Health Statistics is a series of cross-sectional nationally representative surveys. NHANES uses a complex stratified, multistage probability sampling design. The survey is designed to assess the health and nutritional status of the civilian, noninstitutionalized population of adults and children in the United States. NHANES is unique in that it combines household interviews and physical examinations. Interviewers obtain information on demographic characteristics and health conditions through self-reports (or reports from parents for those less than 16 years of age). Clinical examinations and selected medical and laboratory tests are conducted in mobile examination centers (MECs). Oversampling of certain subgroups has occurred at different times to increase the statistical reliability and precision of estimates.

Periodic surveys were conducted from 1971–1974 (NHANES I), from 1976–1980 (NHANES II), and from 1988–1994 (NHANES III). Beginning in 1999, NHANES became a continuous survey. Data are currently released

for two years combined in order to protect confidentiality and in order to produce stable estimates. It is sometimes necessary to combine four or more years of data to make estimates for subgroups. For more information on the NHANES data, see http://www.cdc.gov/nchs/data/nhanes/analytic_guidelines_11_12.pdf.

NHANES data are used to calculate Healthy Eating Index-2010 scores. Participants in NHANES provide information on their dietary intake via an interviewer-administered 24-hour recall of all foods and beverages consumed. Data from the 2007–2008 survey cycle were used to calculate the Healthy Eating Index-2010 (HEI-2010) component scores shown in this edition of *America's Children*. The HEI-2010 has been computed for all individuals age 2 years and older because the Dietary Guidelines for Americans are not applicable to younger children or infants. Breast-fed children were excluded because breast milk intake was not quantified.

Information about NHANES is available online at <http://www.cdc.gov/nchs/nhanes.htm>, and information about the Healthy Eating Index-2010 is available at <http://www.cnpp.usda.gov/dietaryguidelines.htm>.

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National Health Interview Survey

The National Health Interview Survey (NHIS) is conducted by the National Center for Health Statistics (NCHS) of the Centers for Disease Control and Prevention (CDC). NHIS monitors the health of the U.S. population through the collection and analysis of data on a broad range of topics. NHIS is a continuing nationwide sample survey of the noninstitutionalized civilian population in the United States, excluding patients in long-term care facilities, persons on active duty with the Armed Forces, prisoners, and U.S. nationals living in foreign

countries. Data are collected through personal household interviews by trained interviewers. Prior to 1997, a paper-and-pencil questionnaire format was used. From 1997 onward, computer-assisted personal interviewing (CAPI) was used. Interviewers obtain information on personal and demographic characteristics, including race and ethnicity, through self-reports or reports by a member of the household. Interviewers also collect data on illnesses, injuries, impairments, chronic conditions, activity limitation caused by chronic conditions, utilization of health services, and other health topics. Each year the survey is reviewed and special topics are added or deleted. For most health topics, the survey collects data over an entire year.

The NHIS sample is designed to estimate the national prevalence of health conditions, health service utilization, and health behaviors of the noninstitutionalized civilian population of the United States, and includes an oversample of Black, Hispanic, and since 2006, Asian persons. The household response rate for the ongoing part of the survey has ranged between 80 and 98 percent over the years. The NHIS core questionnaire items are revised about every 10 to 15 years, most recently in 1997. Estimates beginning in 1997 are likely to vary slightly from those for previous years. The sample for the NHIS is redesigned and redrawn about every 10 years to better measure the changing U.S. population and to meet new survey objectives. A new sample design was implemented in 2006. In 2013, interviewers collected information for 41,335 households containing 104,520 persons (including 26,279 children under the age of 18) in 42,321 families. In 2013 additional information was collected for 12,860 children under 18 years of age in the sample child section of the instrument. For background and health data for children, see:

Bloom, B., Jones, L.I., and Freeman, G. (2013). Summary health statistics for U.S. children: National Health Interview Survey, 2012. *Vital Health Statistics, 10(258)*. Hyattsville, MD: National Center for Health Statistics. Information about NHIS is available online at <http://www.cdc.gov/nchs/nhis.htm>.

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National Hospital Ambulatory Medical Care Survey

The National Hospital Ambulatory Medical Care Survey (NHAMCS) is conducted by the National Center for Health Statistics (NCHS) of the Centers for Disease Control and Prevention (CDC). NHAMCS collects data on ambulatory care visits to hospital emergency departments (EDs), outpatient departments (OPDs), and ambulatory surgery locations (starting in 2009). Data are abstracted from medical records by U.S. Census Bureau field representatives. Patient characteristics collected include age, sex, race, ethnicity, and expected source of payment. Visit characteristics collected include reasons for visit, diagnoses, tests and procedures, medications, providers seen, and disposition. Data are also collected on selected hospital characteristics, such as trauma level and electronic health record (EHR) capabilities. Annual data collection began in 1992.

The survey is a nationally representative sample of in-person visits to EDs, OPDs, and ambulatory surgery locations of nonfederal, short-stay and general hospitals. The NHAMCS uses a four-stage probability sample design, involving samples of geographic primary sampling units (PSUs), hospitals within PSUs, clinics within OPDs, and patient visits within EDs, clinics, and ambulatory surgery locations.

The hospital sample consists of approximately 500 hospitals. In 2011, 31,084 ED patient record forms were completed and the ED hospital response rate was 87 percent.

For background information, see:

McCaig, L.F., and McLemore, T. (1994). Plan and operation of the National Hospital Ambulatory Medical Care Survey. *Vital and Health Statistics 1(34)*. Hyattsville MD: National Center for Health Statistics. Available online at: http://www.cdc.gov/nchs/data/series/sr_01/sr_01_034acc.pdf.

Information about NHAMCS is available on the National Health Care Survey (NHCS) Web site at <http://www.cdc.gov/nchs/nhcs.htm> or the Ambulatory Health Care Web site at <http://www.cdc.gov/nchs/ahcd.htm>.

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National Household Education Survey

The National Household Education Surveys Program (NHES) is a data collection system that is designed to address a wide range of education-related issues. Surveys have been conducted in 1991, 1993, 1995, 1996, 1999, 2001, 2003, 2005, 2007, and 2012. NHES targets specific populations for detailed data collection. It is intended to provide more detailed data on the topics and populations of interest than are collected through supplements to other household surveys.

The 1991 NHES included a survey on early childhood program participation. Investigators screened approximately 60,000 households to identify a sample of about 14,000 children, ages 3–8. They interviewed parents in order to collect information about these children’s educational activities and the role of the family in the children’s learning. In 1993, the National Center for Education Statistics (NCES) fielded a school readiness survey in which parents of approximately 11,000 children age 3 through 2nd grade were asked about their children’s experiences in early childhood programs, developmental level, school adjustment and related problems, early primary school experiences, general health and nutrition status, home activities, and family characteristics, including family stability and economic risk factors. In 1995, NCES also fielded an early childhood program participation survey, similar to that of 1991. It entailed screening approximately 44,000 households and interviewing 14,000 parents of children from birth through 3rd grade. In 1996, NCES fielded a survey of parent and family involvement in education, interviewing nearly 21,000 parents of children in grades 3 through 12. About 8,000 youth in grades 6 through 12 were also interviewed about their community service and civic involvement. The 1999 NHES was designed to collect end-of-the-decade estimates of key indicators collected in previous NHES surveys and to collect data from children and their parents about plans for the child’s education after high school. Approximately 60,000 households were screened for a total of about 31,000 interviews with parents of children from birth through grade 12 (including about 6,900 infants, toddlers, and preschoolers) and adults age 16 or older not enrolled in grade 12 or below.

Three surveys were fielded as part of the 2001 NHES. The Early Childhood Program Participation survey was similar in content to the 1995 collection and collected data about the education of 7,000 prekindergarten children

ranging in age from birth to age 6. The Before and After-School Programs and Activities Survey collected data about nonparental care arrangements and educational activities in which children participate before and after school. Data were collected for approximately 10,000 kindergartners through 8th-graders. The third survey fielded in 2001 was the Adult Education and Lifelong Learning survey, which gathered data about the formal and informal educational activities of 11,000 adults.

The 2005 NHES included surveys that covered early childhood program participation and after-school programs and activities. Data were collected from parents of about 7,200 children for the Early Childhood Program Participation Survey and from parents of nearly 11,700 children for the After-School Programs and Activities Survey. These surveys were substantially similar to the surveys conducted in 2001, with the exceptions that the Early Childhood Program Participation Survey and After-School Programs and Activities Survey did not collect information about before-school care for school-age children.

The 2007 NHES fielded the Parent and Family Involvement in Education Survey. This survey was similar in design and content to the 2003 collection. New features added to the Parent and Family Involvement Survey were questions about supplemental education services provided by schools and school districts (including use of and satisfaction with such services), as well as questions to efficiently identify the school attended by the sampled students. For the Parent and Family Involvement Survey, interviews were completed with parents of 10,680 sampled children in kindergarten through 12th grade, including 10,370 students enrolled in public or private schools and 310 homeschooled children.

There was a 5-year gap in data collection between 2007 and 2012, when NHES switched from a telephone survey to a mail survey. Data collection for NHES:2012 was completed in summer 2012. Information about the 2012 NHES Parent and Family Involvement in Education Survey (PFI) is available in the First Look report, *Parent and Family Involvement in Education, From the National Household Education Surveys Program of 2012* (NCES 2013-028).

Information about the NHES is available online at <http://nces.ed.gov/nhes>.

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National Immunization Survey

The National Immunization Survey (NIS) includes telephone surveys used to monitor vaccination coverage among children 19–35 months. Data collection for the first survey began in April 1994 to assess vaccination coverage after measles outbreaks in the early 1990s. Similar to the NIS, the NIS-Teen was launched in 2006. The target population for the NIS-Teen is adolescents 13–17 years old living in the United States at the time of the interview.

The NIS provides current household, population-based, state, and selected local area estimates of vaccination coverage among children and adolescents using a standard survey methodology. The survey collects data through telephone interviews with parents or guardians in all 50 states, the District of Columbia, and some U.S. territories. Landline and cell phone numbers are randomly selected and called to enroll one or more age-eligible child or adolescent from the household. The parents and guardians of eligible children are asked during the interview for the names of their children's vaccination providers and permission to contact them. With this permission, a questionnaire is mailed to each child's vaccination provider(s) to collect the information on the types of vaccinations, number of doses, dates of administration, and other administrative data about the health care facility. Estimates of vaccination coverage are determined for vaccinations recommended by the Advisory Committee on Immunization Practices (ACIP), and children and adolescents are classified as being up-to-date based on the ACIP-recommended numbers of doses for each vaccine.

Information about the NIS is available online at <http://www.cdc.gov/vaccines/imz-managers/nis/index.html>.

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National Linked Files of Live Births and Infant Deaths

The National Linked File of Live Births and Infant Deaths is a data file for research on infant mortality. Beginning with the 1995 data, this file is produced in two formats. The file is released first as a period data file and later as a cohort file. In the birth cohort format, it includes linked vital records for infants born in a given year who died in that calendar year or the next year, before their first birthday. In the period format, the numerator consists of all infant deaths occurring in one year, with deaths linked to the corresponding birth certificates from that year or the previous year. The linked file includes all the variables on the national natality file, as well as medical information reported for the same infant on the death record and the

age of the infant at death. The use of linked files prevents discrepancies in the reporting of race between the birth and infant death certificates. National linked files are available starting with the birth cohort of 1983. No linked file was produced for the 1992 through 1994 data years. Match completeness for each of the birth cohort files is 98–99 percent.

For more information, see:

Prager, K. (1994). Infant mortality by birthweight and other characteristics: United States, 1985 birth cohort. *Vital and Health Statistics*, 20(24). Hyattsville, MD: National Center for Health Statistics.

Mathews, T.J., and MacDorman, M.F. (2013). Infant mortality statistics from the 2010 period linked birth/infant death data set. *National Vital Statistics Reports*, 62(8). Hyattsville, MD: National Center for Health Statistics.

Information about the National Linked File of Live Births and Infant Deaths is available online at <http://www.cdc.gov/nchs/linked.htm>.

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National Survey on Drug Use and Health

The National Survey on Drug Use and Health (NSDUH) is sponsored by the Center for Behavioral Health Statistics and Quality (CBHSQ) of the Substance Abuse and Mental Health Services Administration (SAMHSA). The CBHSQ (formerly the Office of Applied Studies [OAS]) is the data collection agency.

NSDUH has been conducted since 1971 and serves as the primary source of information on the prevalence and incidence of illicit drug, alcohol, and tobacco use in the civilian, noninstitutionalized population ages 12 and over in the United States. Information about substance abuse and dependence, mental health problems, and receipt of substance abuse and mental health treatment is also included.

The survey covers residents of households (living in houses/townhouses, apartments, and condominiums, etc.), persons in noninstitutional group quarters (e.g., shelters, rooming/boarding houses, college dormitories, migratory workers' camps, and halfway houses), and civilians living on military bases. Persons excluded from the survey include homeless people who do not use shelters, active military personnel, and residents of institutional group quarters.

NSDUH data are representative not only nationally but also in each state. The survey design includes an independent, multistage area probability sample for each

state and the District of Columbia to accommodate state estimates of substance use and mental health. The survey design also oversamples youths and young adults. The unit analysis is at the person level. The mode of data collection is through in-person interviews with sampled persons. Computer-assisted interviewing (CAI) methods, including audio computer-assisted self-interviewing (ACASI), are used to provide a private and confidential setting to complete the interview. Over 67,000 interviews are conducted each year using these methods.

Public-use data files for 1979, 1982, 1985, 1988, and annually from 1990 to the present are currently available through the Substance Abuse and Mental Health Data Archive (SAMHDA) and the archive's online data analysis system (<http://www.icpsr.umich.edu/SAMHDA/>).

Information about NSDUH is available online at <http://www.samhsa.gov/data/population-data-nsduh>.

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National Vital Statistics System

Through the National Vital Statistics System, the National Center for Health Statistics (NCHS) collects and publishes data on births and deaths in the United States. NCHS obtains information on births and deaths from the registration offices of all states, New York City, and the District of Columbia.

Demographic information on birth certificates, such as race and ethnicity, is provided by the mother at the time of birth. Hospital records provide the base for information on birthweight, while funeral directors and family members provide demographic information on death certificates. Medical certification of cause of death is provided by a physician, medical examiner, or coroner.

Information on Hispanic origin. The number of states gathering information on births to parents of Hispanic origin has increased gradually since 1980–1981, 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 have become more complete over time. In 1997, Hispanic origin was reported on death certificates in all 50 states and the District of Columbia.

Population denominators. The natality and mortality rates shown in this report have been revised, based on

populations consistent with the Censuses in 2000 and 2010. Prior to *America's Children, 2003*, rates were based on populations estimated from the 1990 Census. The population estimates for 1990–2013 can be found online at http://www.cdc.gov/nchs/nvss/bridged_race.htm. Because of the gradual implementation of the revised Office of Management and Budget (OMB) Standards on Race and Ethnicity among the vital statistics reporting areas, it was necessary to create population estimates for 1991–2013 that were consistent with the race categories used in the 1990 Census.

Detailed information on the methodologies used to develop the revised populations, including the populations for birth rates for teenagers and birth rates for unmarried teenagers, is presented in several publications.

For more information about these methodologies, see:

Ventura, S.J., Hamilton, B.E., Sutton, P.D. (2003). Revised birth and fertility rates for the United States, 2000 and 2001. *National Vital Statistics Reports, 51*(4). Hyattsville, MD: National Center for Health Statistics.

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

National Center for Health Statistics. (2002). Unpublished estimates of the April 1, 2000, United States population by age, sex, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau. Available online at http://www.cdc.gov/nchs/nvss/bridged_race.htm.

Ingram, D.D., Weed, J.A., Parker, J.D., Hamilton, B.E., Schenker, N., Arias, E., and Madans, J. (2003). U.S. Census 2000 population with bridged race categories. *Vital Health Statistics, 2*(135). Hyattsville, MD: National Center for Health Statistics.

Anderson, R.N., and Arias, E. (2003). The effect of revised populations on mortality statistics for the United States, 2000. *National Vital Statistics Reports, 51*(9). Hyattsville, MD: National Center for Health Statistics.

For more information on national natality and mortality data, see:

National Center for Health Statistics. (2014). User guide to the 2013 natality public use file. Hyattsville, MD: Author. Available online at ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/DVS/natality/UserGuide2013.pdf

National Center for Health Statistics. (2007). Detailed technical notes. United States, 2005, natality. Hyattsville,

MD: National Center for Health Statistics. Available online at ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/DVS/natality/UserGuide2005.pdf.

National Center for Health Statistics. (2004). Technical appendix. *Vital Statistics of the United States, 1999*, vol. II, mortality, part A. Hyattsville, MD: Author. Available online at <http://www.cdc.gov/nchs/data/statab/techap99.pdf>.

Information about the National Vital Statistics System is available online at <http://www.cdc.gov/nchs/nvss.htm>.

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Safe Drinking Water Information System

The Safe Drinking Water Information System (SDWIS) is the national regulatory compliance database for the drinking water program of the U.S. Environmental Protection Agency (EPA). SDWIS includes information on the nation's 160,000 public water systems and data

submitted by states and EPA regions in conformance with reporting requirements established by statute, regulation, and guidance.

EPA sets national standards for drinking water. These requirements take three forms: maximum contaminant levels (MCLs, the maximum allowable level of a specific contaminant in drinking water), treatment techniques (specific methods that facilities must follow to remove certain contaminants), and monitoring and reporting requirements (schedules that utilities must follow to report testing results). States report any violations of these three types of standards to the EPA.

Water systems must monitor for contaminant levels on fixed schedules and report to the EPA when a maximum contaminant level has been exceeded. States must also report when systems fail to meet specified treatment techniques. More information about the maximum contaminant levels can be found online at <http://water.epa.gov/drink/contaminants/index.cfm>.

EPA sets minimum monitoring schedules that drinking water systems must follow. These minimum monitoring schedules (states may require systems to monitor more frequently) vary by the type and size of the drinking water system, by the source water (surface water or ground water), and by contaminant. For example, at a minimum, all drinking water systems regularly monitor nitrate, community water systems that serve surface water monitor daily for turbidity, and ground water systems may monitor inorganic contaminants every 9 years.

SDWIS includes data on the total population served by each public water system and the state in which the public water system is located. However, SDWIS does not include the number of children served. The fractions of the population served by noncompliant public water systems in each state were estimated using the total population served by violating community water systems divided by the total population served by all community water systems. The numbers of children served by violating public water systems in each state were estimated by multiplying the fraction of the population served by violating public water systems by the number of children (ages 0–17) in the state.

Information about SDWIS is available online at <http://water.epa.gov/scitech/datait/databases/drink/sdwisfed/index.cfm>.

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Survey of Income and Program Participation

Core survey and topical modules. Implemented by the U.S. Census Bureau in 1984, the Survey of Income and Program Participation (SIPP) is a continuous series of national longitudinal panels, with a sample size ranging from approximately 14,000 to 36,700 interviewed households. The duration of each panel ranges from 2 years to 4 years, with household interviews every 4 months.

The SIPP collects detailed information on income, labor force participation, participation in government assistance programs, and general demographic characteristics in order to measure the effectiveness of existing government programs, estimate future costs and coverage of government programs, and provide statistics on the distribution of income in America. In addition, topical modules provide detailed information on a variety of subjects, including health insurance, child care, adult and child well-being, marital and fertility history, and education and training. The U.S. Census Bureau releases cross-sectional, topical modules and longitudinal reports and data files. In 1996, the SIPP questionnaire was redesigned to include a new 4-year panel sample design and the computer-assisted personal interviewing (CAPI) method. The 2004 panel was a 3-year panel sample, and a new 2008 panel is currently in the field and is anticipated to cover a 3-year period.

Information about the SIPP is available online at <http://www.census.gov/sipp>.

Agency Contact:

U.S. Census Customer Service Center
<http://ask.census.gov>
Phone: 1-800-923-8282

Youth Risk Behavior Surveillance System

The Youth Risk Behavior Surveillance System (YRBSS) was developed in 1990 to monitor priority health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth and adults in the United States. The YRBSS includes national, state, and local school-based surveys of representative

samples of 9th- through 12th-grade students. These surveys are conducted every 2 years, usually during the spring semester. The national survey, conducted by the Centers for Disease Control and Prevention (CDC), provides data representative of high school students in public and private schools in the United States. The state and local surveys, conducted by departments of health and education, typically provide data representative of public high school students in each state or local school district.

The sampling frame for the 2013 national Youth Risk Behavior Survey (YRBS) consisted of all public and private schools with students in at least one of grades 9–12 in the 50 states and the District of Columbia. A three-stage cluster sample design produced a nationally representative sample of students in grades 9–12 who attend public and private schools. All students in selected classes were eligible to participate. Schools, classes, and students that refused to participate were not replaced. For the 2013 national YRBS, 13,583 questionnaires were completed in 148 schools. The school response rate was 77 percent, and the student response rate was 88 percent. The school response rate multiplied by the student response rate produced an overall response rate of 68 percent.

Survey procedures for the national, state, and local surveys were designed to protect students' privacy by allowing for anonymous and voluntary participation. Before survey administration, local parental permission procedures were followed. Students completed the self-administered questionnaire during one class period and recorded their responses directly on a computer-scannable booklet or answer sheet.

Information about the YRBS and the YRBSS is available online at <http://www.cdc.gov/HealthyYouth/yrbs>.

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