# America's Children in Brief: Key National Indicators of Well-Being, 2018

Forum on Child and Family Statistics

# 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 Summer 2018 are listed below.

### Department of Agriculture
Economic Research Service
https://www.ers.usda.gov

### Department of Commerce
U.S. Census Bureau
https://www.census.gov

### Department of Defense
Office of the Deputy Assistant Secretary of Defense for Military Community and Family Policy
https://prhome.defense.gov/M-RA/Inside-M-RA/MCFP/

### Department of Education
National Center for Education Statistics
https://nces.ed.gov

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

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

*Eunice Kennedy Shriver* National Institute of Child Health and Human Development
https://www.nichd.nih.gov

Maternal and Child Health Bureau
https://mchb.hrsa.gov

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

National Institute of Mental Health
https://www.nimh.nih.gov/index.shtml

Office of Adolescent Health
https://www.hhs.gov/ash/oah/

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

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

### Department of Housing and Urban Development
Office of Policy Development and Research
https://www.huduser.gov/portal/home.html

### Department of Justice
Bureau of Justice Statistics
https://www.bjs.gov

National Institute of Justice
https://www.nij.gov/Pages/welcome.aspx

Office of Juvenile Justice and Delinquency Prevention
https://www.ojjdp.gov/

### Department of Labor
Bureau of Labor Statistics
https://www.bls.gov

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

### Department of Transportation
National Highway Traffic Safety Administration
https://www.nhtsa.gov

### Environmental Protection Agency
Office of Children's Health Protection
https://www.epa.gov/children

### U.S. Office of Management and Budget
Statistical and Science Policy Office
https://www.whitehouse.gov/omb/

### U.S. Consumer Product Safety Commission
https://www.cpsc.gov

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Federal Interagency Forum on Child and Family Statistics

# America's Children in Brief: Key National Indicators of Well-Being, 2018

*This year's* America's Children in Brief: Key National Indicators of Well-Being *continues more than a decade of dedication and collaboration by agencies across the Federal Government to advance our understanding of our Nation's children and what may be needed to bring them a better tomorrow. We hope you find this report useful. The Forum will be releasing its next full report in 2019.*

Nancy Potok, Chief Statistician, U.S. Office of Management and Budget

## Introduction

The Federal Interagency Forum on Child and Family Statistics (Forum) was chartered in 1997 by the authority of Executive Order No. 13045. The Forum fosters collaboration among 23 Federal agencies that (1) produce and/or use statistical data on children,[1] and (2) seek to improve Federal data on those children. Each year, the Forum publishes a report on the well-being of children. This series of reports, entitled *America's Children,* provides accessible compilations of well-being indicators drawn from the most reliable Federal statistics. A goal of the series is to make Federal data on children available in a nontechnical, easy-to-use format to stimulate discussion among data providers, policymakers, and the public. The Forum alternates publishing a detailed report, *America's Children: Key National Indicators of Well-Being,* with a shorter report, *America's Children in Brief*. In some years, *America's Children in Brief* highlights selected indicators while other editions focus on a particular topic and measures of child well-being not featured in the detailed report. *America's Children in Brief, 2018* describes selected characteristics of children whose well-being may be at highest risk.

## Conceptual Framework for Key National Indicators

The Forum has identified 41 key national indicators collected by Federal agencies that describe the well-being of children. The indicators are updated annually on the Forum's website (https://childstats.gov), pending data availability. These indicators span seven domains: Family and Social Environment, Economic Circumstances, Health Care, Physical Environment and Safety, Behavior, Education, and Health. In addition, they must meet the following criteria:

- Easy to understand by broad audiences;
- Objectively based on reliable data with substantive 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.

In compiling these 41 indicators, the Forum carefully examines the available data while also seeking input from the Federal policymaking community, foundations, academic researchers, and state and local children's service providers. *America's Children in Brief, 2018* concludes with a summary table displaying the most recent data for all 41 key national indicators in America's Children at a Glance.

## For Further Information on the Forum

The Forum's website (https://childstats.gov) provides additional information, including:

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

## *America's Children in Brief, 2018*

*America's Children in Brief, 2018* uses both established and previously untapped data sources to characterize vulnerable children across several of the domains included in the Forum's conceptual framework. The measures included provide emerging insight on children who face special and heightened risks to their well-being. Each section of the report addresses why the measure of at-risk children is important and presents information on characteristics of the population of at-risk children.

In addition to providing descriptive information on trends on the size of the population ages 0 to 17, this year's report features the following measures:

- Poverty and extreme poverty;
- Health insurance continuity;
- Homelessness;
- Exposure to violence;
- Prescription opioid misuse and use disorders; and
- Residential placement of juveniles.

While the measures are in the same domains as those included in the key national indicators, some do not meet the established Forum criteria for annual publication. The measures are included in this year's *Brief* to provide information on related dimensions of children's well-being while acknowledging their limitations. Exhibit 1 illustrates how these supplemental statistics relate to the key national indicators.

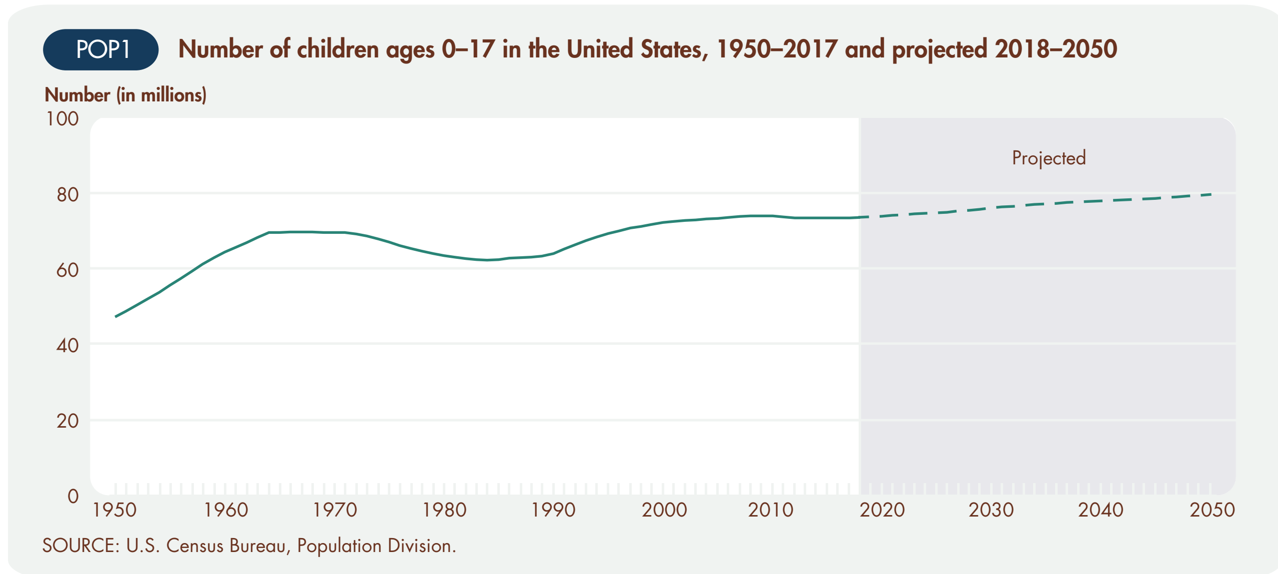
**Exhibit 1** **Report domains, key national indicators, and *America's Children in Brief: Key National Indicators of Well-Being, 2018* measures of at-risk children**

| Domain area | Key national indicator | *America's Children in Brief, 2018* measures |
|---|---|---|
| **Economic Circumstances**<br><br>The well-being of children depends greatly on the economic circumstances and material well-being of their families. | **Child poverty**<br><br>Children living in poverty are vulnerable to environmental, educational, health, and safety risks. | **Child poverty and extreme poverty** |
| **Health Care**<br><br>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. | **Health insurance coverage**<br><br>Health insurance is a major determinant of access to health care. Children and adolescents need regular and ongoing health care to provide routine preventative care. | **Health insurance continuity** |
| **Physical Environment and Safety**<br><br>The physical environment in which children live plays a role in their health, development, and safety. | **Housing problems**<br><br>Housing that is inadequate, crowded, or too costly can pose serious problems to children's physical, psychological, and material well-being. | **Homelessness** |
| | **Youth victims of serious violent crimes**<br><br>Violence frequently has dire and long-lasting impacts on young people who experience, witness, or feel threatened by it. | **Exposure to violence** |
| **Behavior**<br><br>The well-being of young people can be affected by aspects of their behavior and social environments. | **Illicit drug use**<br><br>Drug use by adolescents can have immediate as well as long-term health and social consequences. Any illicit drug use during adolescence is a risk-taking behavior that has potentially serious negative consequences. | **Prescription opioid misuse and use disorders** |
| | **Youth perpetrators of serious violent crimes**<br><br>The level of youth violence in society can be viewed as an indicator of youth's ability to control their behavior and the adequacy of socializing agents to supervise or channel youth behavior to acceptable norms. | **Residential placement of juveniles** |

Please note that the data in this report come from a variety of sources—featuring both sample surveys and universe data collections—often with different underlying populations, as appropriate for the initially conceived data collection. These differences in the underlying populations should be taken into consideration when interpreting the data presented.

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 here and a glimpse of future American families.

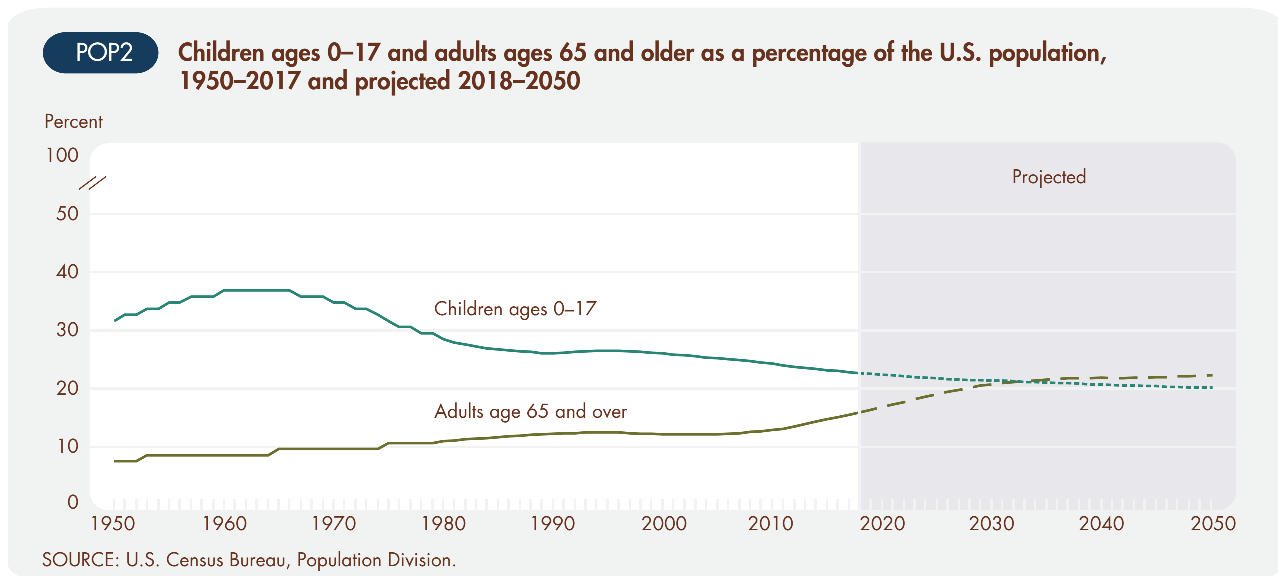
**POP1 Number of children ages 0–17 in the United States, 1950–2017 and projected 2018–2050**




SOURCE: U.S. Census Bureau, Population Division.

There were 73.7 million children in the United States in 2017, which was 1.3 million more than in 2000. This number is projected to increase to 76.3 million in 2030. In 2017 (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) or the 12–17 age group (25.1 million).

**POP2 Children ages 0–17 and adults ages 65 and older as a percentage of the U.S. population, 1950–2017 and projected 2018–2050**




SOURCE: U.S. Census Bureau, Population Division.

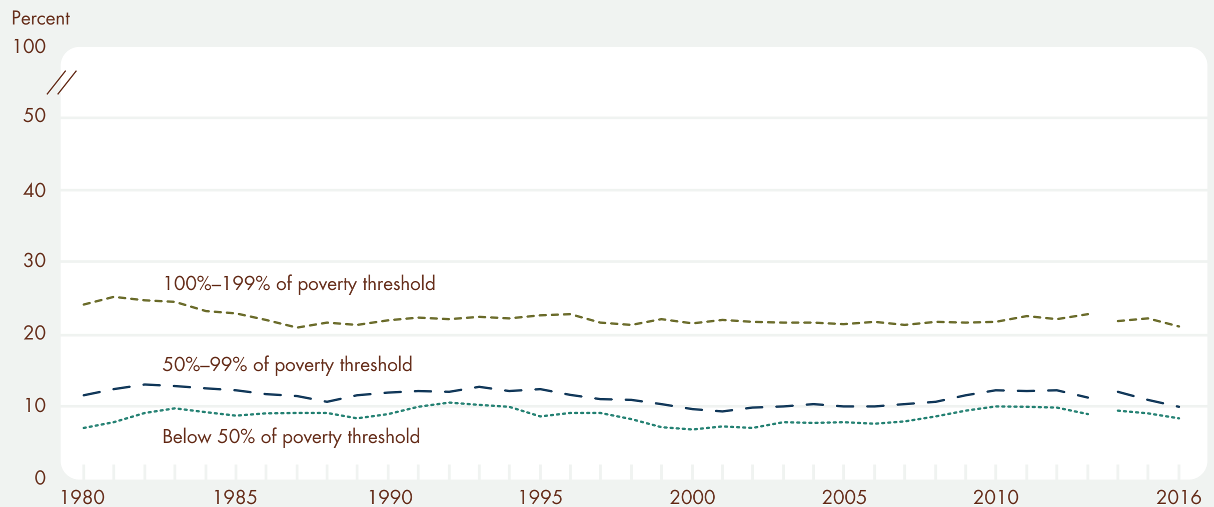
Since the 1960s, children have decreased as a percentage of the total U.S. population. In 2017, children made up 23 percent of the population, down from a peak of 36 percent at the end of the "baby boom," in 1964. Children's share of the population is projected to continue its slow decline through 2050, when children are projected to make up 20 percent of the population.

*Refer to childstats.gov for tables POP1–POP3.*

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.[2,3,4] The income-to-poverty ratio provides additional information on families' economic security. A family with income that is less than half of their poverty threshold would have an income-to-poverty ratio of less than 50 percent, while a family that has income that surpasses their threshold would have a ratio greater than 100 percent. As a family's income-to-poverty ratio falls below 100 percent, its economic circumstances become more severe.

The data presented here are based on the official poverty measure for the United States as defined in U.S. Office of Management and Budget's Statistical Policy Directive 14.[5]

**Figure 1** **Percentage of children ages 0–17 by family income relative to the poverty threshold, 1980–2016**




NOTE: The income categories were derived from the ratio of a family's income to the family's poverty threshold. In 2016, the poverty threshold for a family of four with two children was $24,339. The source of the calendar year 2013 data for this figure 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. Data for calendar year 2014 and onward used the redesigned income questions. Users should use caution when comparing 2013 data to 2014 data.

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

- In 2016, 18 percent of all children ages 0–17 were living in poverty (that is, in families with incomes below 100 percent of the poverty threshold), down from 22 percent in 2010.
- 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 8 percent in 2016.[6]
- The percentage of children who lived in families with low income (100 percent to 199 percent of the poverty threshold) has declined from 25 percent in 1981 to 21 percent in 2016.

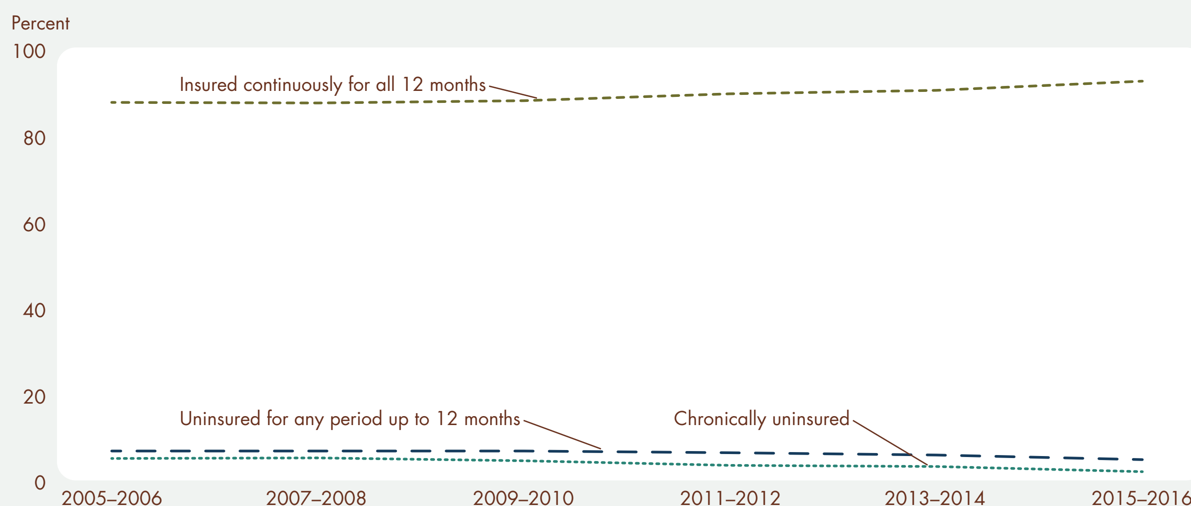
*Bullets contain references to data in table 1 on page 28 and ECON1.B available at childstats.gov. Endnotes begin on page 17.*

Health insurance is a major determinant of access to health care.[7,8] Lack of insurance coverage is associated with lower access to and utilization of care.[8,9,10,11] Children without insurance coverage are less likely to have a usual source of care and are less likely to use physician services than those with continuous coverage, thus reducing their continuity of care.[9,11] They are also more likely to experience long wait times and delays in getting needed care.[9,11] Children and adolescents need regular health care to obtain routine preventive care, health and developmental guidance, screening for health conditions, treatment of acute and chronic conditions, and injury care.[12] Delaying or skipping needed care can lead to additional health problems, such as increased likelihood of hospitalization for avoidable conditions.[7]

Brief uninsured periods are associated with decreased access to and utilization of health care services. Children with longer periods without insurance are even less likely to visit the doctor during the year; less likely to receive preventive care, such as well-child visits and flu shots; and more likely to experience delays in receiving needed medical care and prescriptions than those with continuous coverage.[9,10,11,13]

Chronic uninsurance is defined as being uninsured for 1 year or more.

**Figure 2** **Health insurance coverage among children ages 0–17 by health insurance duration, 2005–2006 through 2015–2016**



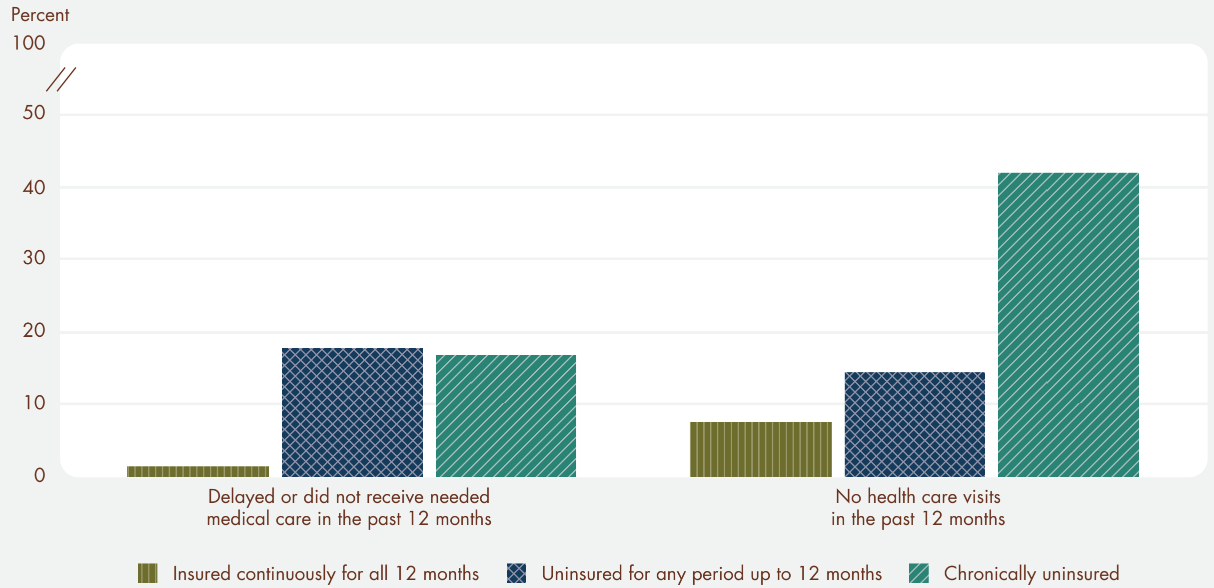

NOTE: Data are for the civilian noninstitutionalized population. Chronically uninsured is defined as those without insurance for 1 year or more.

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

- The percentage of children chronically uninsured declined from 5 percent in 2005–2006 to 2 percent in 2015–2016.
- The percentage of children uninsured for up to 12 months declined from 2009–2010 (7 percent) through 2015–2016 (5 percent), after being stable from 2005–2006 to 2009–2010.
- The percentage of children insured continuously for the past 12 months was stable from 2005–2006 to 2007–2008, then increased from 88 percent in 2009–2010 to 93 percent in 2015–2016.

*Bullets contain references to data in tables 2–3 on page 28. Endnotes begin on page 17.*

Figure 3 **Percentage of children ages 0–17 who delayed or did not receive medical care or had no health care visits in the past 12 months by health insurance duration, 2015–2016**




NOTE: Data are for the civilian noninstitutionalized population. Chronically uninsured is defined as those without insurance for 1 year or more. Visits to emergency rooms, hospitalizations, home visits, dental offices, and telephone calls are excluded.

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

- During 2015–2016, the percentage of children with an unmet need for medical care due to cost was higher for both the chronically uninsured and those uninsured for any period up to 12 months compared with children insured continuously for the past 12 months.
- Forty-two percent of children chronically uninsured (that is, uninsured for more than a year) had no health care visits in the past 12 months. In contrast, 14 percent of children uninsured for up to 12 months and 7 percent of children with insurance for all 12 months had no health care visits.

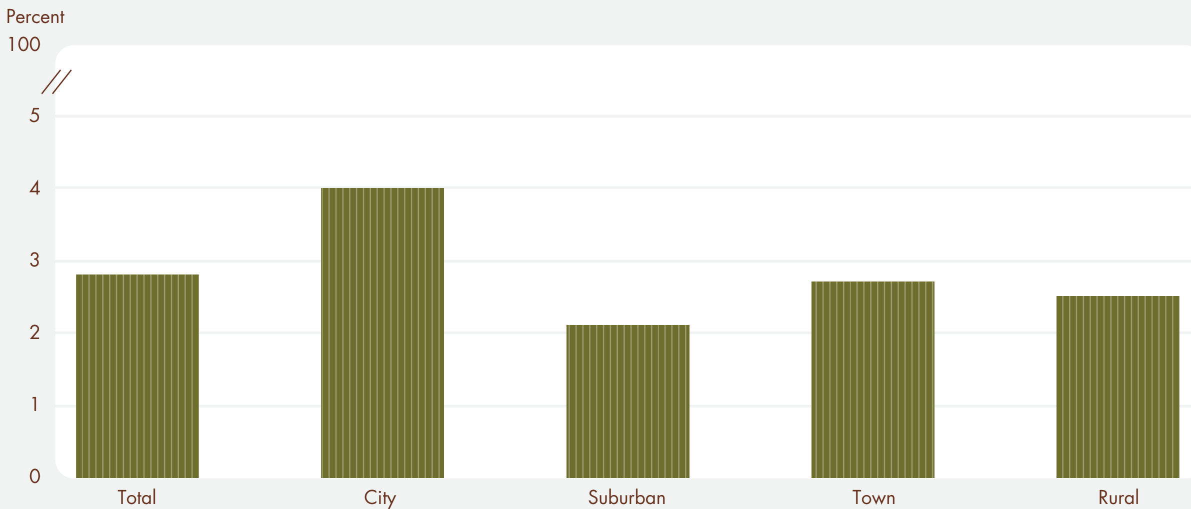
*Bullets contain references to data in tables 2–3 on page 28. Endnotes begin on page 17.*

Research has shown that children experiencing homelessness face a range of challenges related to their health, emotional well-being, safety, and development. Experiences of homelessness in early childhood are associated with adverse outcomes, such as hunger,[14] socio-emotional and other developmental delays,[15] and poor academic achievement.[16] Unstable housing situations can disrupt the education of children in several ways, including by increasing truancy and transfer rates among public schools.[17]

There are different ways to define homelessness. The one used here is limited to those children who were enrolled in public schools and defines homeless children as those who experienced any of the following at any point during the school year: sleeping in unsheltered places (e.g., living in cars, parks, campgrounds, or abandoned buildings) or in sheltered settings that are not fixed and adequate as well as children who rely on irregular, temporary accommodations such as staying in a motel or doubling up ("couch surfing") with friends or family.[18] This definition allows for a more complete picture of children's needs for shelter and a regular place to call home. Information is provided on the percentage of students who are homeless across different school districts and the housing situations for these students.

Other definitions of homelessness focus on individuals or families sleeping in unsheltered places or in a publicly or privately operated shelter or transitional housing and refer to counts of the homeless on a given day in January. These measures provide information on child homelessness within family groups including an adult as well as among unaccompanied homeless youth and are used to plan for services for the homeless.[19,20,21,22] Considering the shelter status of homeless children in combination with their family status can shed light on differences in the type of risk they face. Information on this alternative measure of homelessness is provided in table 5 on page 29.

**Figure 4** **Percentage of public school students who were identified as homeless by school district locale, school year 2015–16**



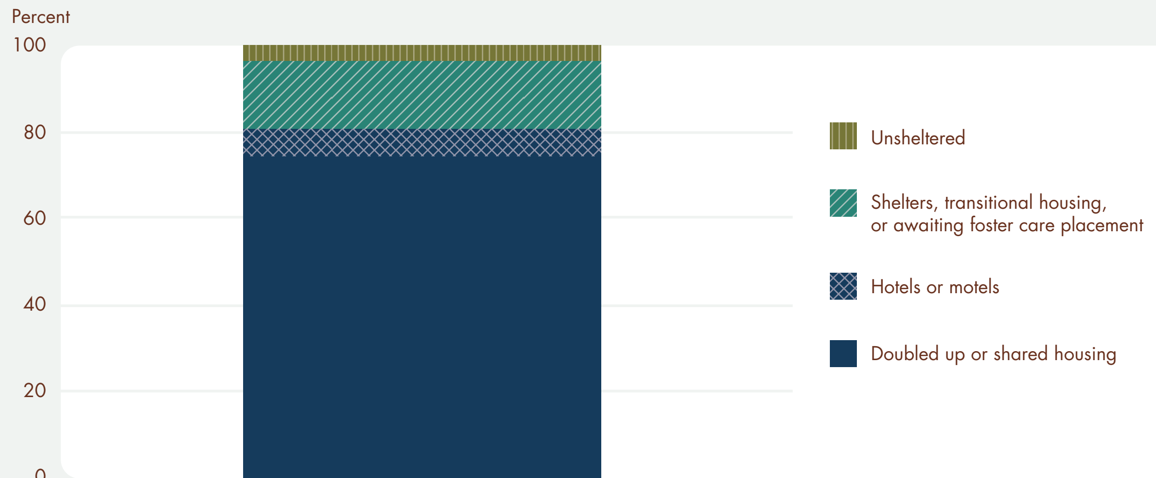

NOTE: Homeless students are defined as children or youth who lack a fixed, regular, and adequate nighttime residence, including those in unsheltered situations, shelters or other temporary housing, hotels or motels, or doubled-up or sharing housing. For more information, see "C118 - Homeless Students Enrolled" at https://www2.ed.gov/about/inits/ed/edfacts/sy-15-16-nonxml.html.

SOURCE: U.S. Department of Education, National Center for Education Statistics, ED*Facts* Data Warehouse (internal U.S. Department of Education source); and Common Core of Data.

- In the 2015–16 school year, 1.4 million students, or about 3 percent of students in U.S. public elementary and secondary schools, were reported as homeless children or youth.
- The largest number of public school students that were reported as homeless lived in city school districts (620,000), followed by suburban districts (430,000), rural districts (160,000), and town districts (140,000).
- Due to differences in population size in these areas, the percentage of public school students reported as homeless followed a slightly different pattern. It was highest in city school districts (4.0 percent), followed by town districts (2.7 percent), rural districts (2.5 percent), and suburban districts (2.1 percent).

*Bullets contain references to data in table 4 on page 29.* *Endnotes begin on page 17.*

Figure 5 **Percentage distribution of public school students who were identified as homeless, by primary nighttime residence, school year 2015–16**




NOTE: Homeless students are defined as children or youth who lack a fixed, regular, and adequate nighttime residence, including those in unsheltered situations, shelters or other temporary housing, hotels or motels, or doubled-up or sharing housing. For more information, see "C118 - Homeless Students Enrolled" at https://www2.ed.gov/about/inits/ed/edfacts/sy-15-16-nonxml.html. Detail does not sum to total due to rounding as well as missing data on primary nighttime residence.

SOURCE: U.S. Department of Education, National Center for Education Statistics, ED*Facts* Data Warehouse (internal U.S. Department of Education source); and Common Core of Data.

- In 2015–16, the majority of homeless students (73 percent or 990,000 students) reported that they were doubled up with another family due to a loss of housing, economic hardship, or other reasons (such as domestic violence).
- Fifteen percent of homeless students (210,000) in 2015–16 were housed in shelters or transitional housing, or were awaiting foster care placement. Six percent (85,000 students) resided in hotels or motels and 3 percent (45,000 students) were unsheltered.

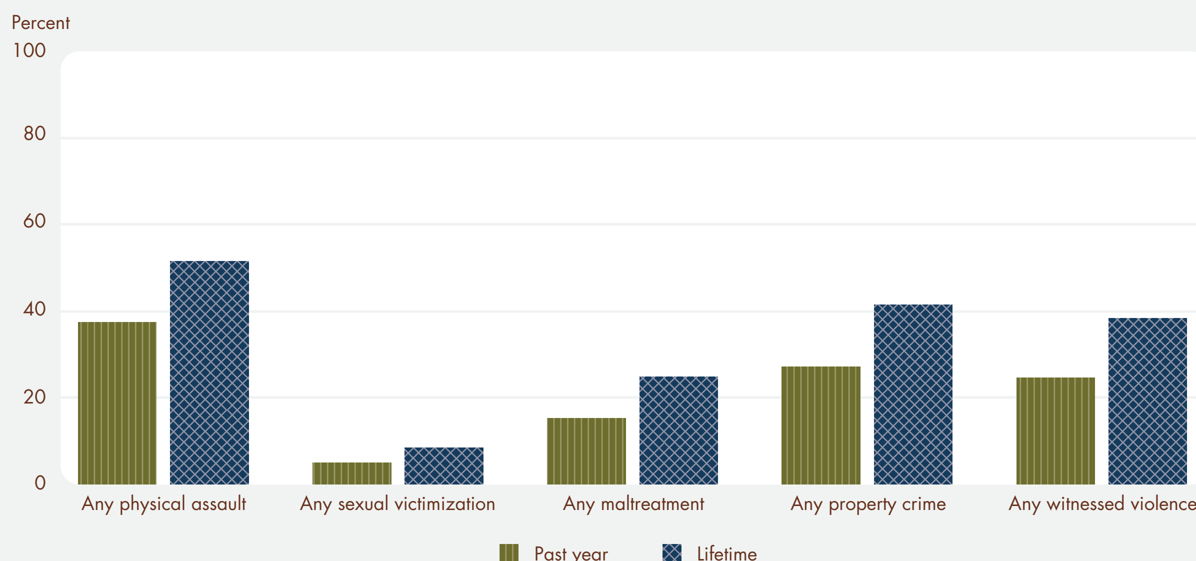
*Bullets contain references to data in table 4 on page 29. Endnotes begin on page 17.*

Research shows that children's exposure to violence, whether as victims or witnesses, can have adverse consequences for normal and healthy development, including physical and mental health problems, poor academic performance, and delinquent and antisocial behavior.[23] Studies have also found that the cumulative effect of repeated exposures to multiple forms of violence is especially harmful.[24]

Many studies and surveys of children's exposure to violence concentrate on specific forms of violence in limited settings, omit the experiences of younger children, or cover only victimizations that are reported in official records. The measure used here addresses some of these challenges by including exposure to a range of violence, crime, and abuse among children of all ages. Measuring exposure to violence comprehensively across the settings of home, school, and community is important for defining and tracking the extent of the problem and for specifying how different forms of exposure to violence, crime, and abuse co-occur.

The specific types of violence experienced by children can be examined as aggregate categories, including any physical assault, any sexual victimization, any maltreatment, any property crime, and any witnessed violence, but it is not uncommon for children to be exposed to more than one type.[25,26] It is also important to estimate the extent to which children have been exposed to violence, crime, and abuse during the past year and in their lifetimes.

**Figure 6** **Percentage of children ages 0–17 with past-year and lifetime exposure to categories of violence, crime, and abuse, 2014**




NOTE: Physical assault in this figure includes any use of physical force with the intent to cause pain or harm, with or without a weapon. It also includes kidnapping and bias attacks. It excludes threats, physical intimidation, relational aggression, and Internet harassment. Sexual victimization includes sexual assault by known/unknown adult, victimization by peer/sibling, forced sex, exposure or "flashing," sexual harassment, and statutory rape/sexual misconduct. Child maltreatment includes physical or emotional abuse by caregiver, neglect, and custodial interference/family abduction. Property crime in this survey includes robbery, theft/larceny, and vandalism. Witnessing violence includes any direct witnessing of family or community violence. It excludes indirect exposure to violence, crime, and abuse.

SOURCE: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, National Survey of Children's Exposure to Violence.

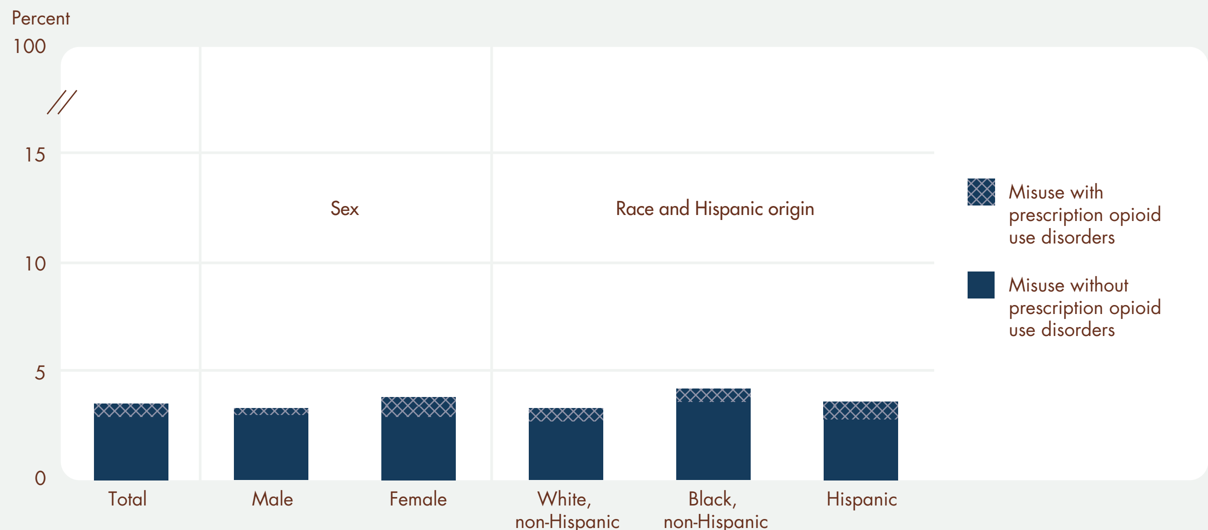
- During the past year, more than one-third of all children (37 percent) experienced a physical assault and 5 percent had been sexually victimized.
- Fifteen percent of children experienced child maltreatment during the past year, which includes physical abuse, emotional abuse, neglect, and custodial interference or family abduction.
- More than one-quarter of all children were victims of property crimes during the past year.
- One-quarter of all children had witnessed violence in the past year in the family or in the community.
- Lifetime exposure to major categories of violence for all children in 2014 was 8 percent for any sexual victimization, 25 percent for any maltreatment, 41 percent for any property crime, and 51 percent for any physical assault. During their lifetimes, 38 percent witnessed any violence.

*Bullets contain references to data in table 6 on page 30. Endnotes begin on page 17.*

Based on self-reported data, a recent study has reported downward national trends in substance (alcohol or illicit drug) use and use disorders among youth.[27] In particular, recent studies have showed that marijuana[28] and nonmarijuana illicit drug[28] use and related use disorders declined among U.S. youth. However, little has been published to date about prescription opioid misuse and use disorders among youth in the United States. Since 1999, the United States has experienced increases in morbidity and mortality associated with prescription opioid misuse.[29,30,31,32] Youth are not exempt from this national problem.[33,34] During 2006–2012, approximately 22,000 emergency department visits by patients under age 18 were due to prescription opioid poisoning, and the majority of those visits by patients ages 15–17 were for intentional poisonings.[33] Between 2005 and 2014, emergency department opioid misuse diagnoses increased among young people.[34]

Misuse of prescription opioids is defined as use in any way not directed by a doctor, including (1) use without a prescription of your own; (2) use in greater amounts, more often, or longer than you were told to take them; or (3) use in any other way a doctor did not direct. Prescription opioid use disorders are defined based on diagnostic criteria for prescription opioid dependence or abuse as specified in the *4th Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*. These criteria include symptoms such as withdrawal, tolerance, use in dangerous situations, trouble with the law, and interference with major obligations at work, school, or home during the past 12 months. All youth with past-year prescription opioid use disorders are considered to have misused prescription opioids in the past year.[35]

**Figure 7** **Percentage of prescription opioid misuse and use disorders in the past year among youth ages 12–17 by sex and race and Hispanic origin, 2016**



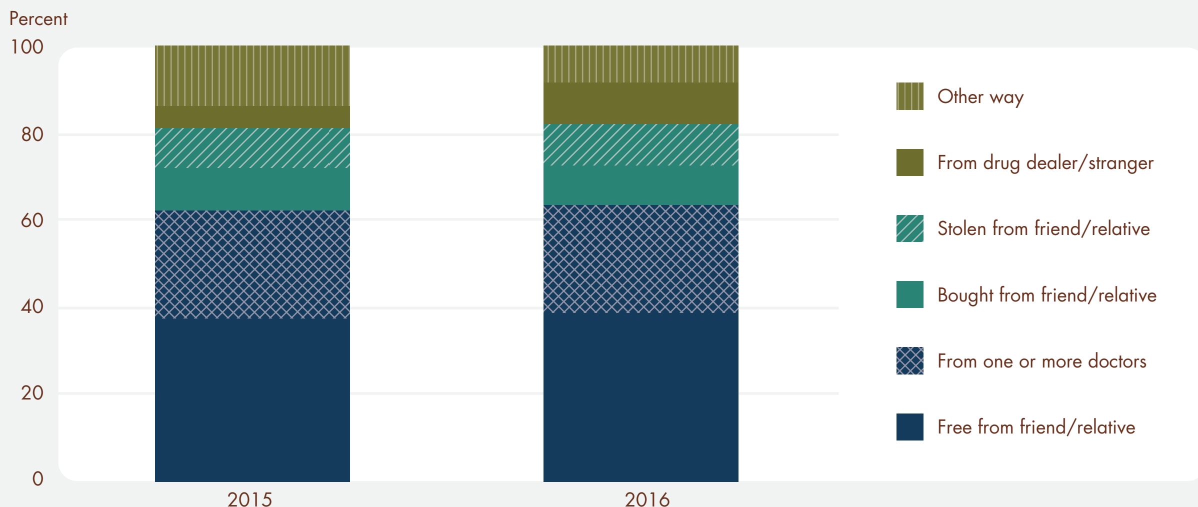

NOTE: The National Survey on Drug Use and Health defined misuse of prescription opioids as "in any way that a doctor did not direct you to use them, including (1) use without a prescription of your own; (2) use in greater amounts, more often, or longer than you were told to take them; or (3) use in any other way a doctor did not direct you to use them." Past-year prescription opioid use disorders were defined based on the 11 diagnostic criteria for prescription opioid dependence or abuse as specified in the *4th Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)*. These included symptoms such as withdrawal, tolerance, use in dangerous situations, trouble with the law, and interference with major obligations at work, school, or home during the past 12 months.

SOURCE: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health.

- Among youth ages 12–17 in 2016, 0.9 million (3.5 percent) misused prescription opioids in the past 12 months. The prevalence of misuse of prescription opioids did not vary by sex and race/ethnicity.
- Among youth ages 12–17 in 2016, the prevalence of prescription opioid use disorders did not vary by race/ethnicity, but it was higher among females (0.9 percent) than among males (0.3 percent).
- The overall national prevalence of prescription opioid misuse and use disorders among adolescents ages 12–17 was unchanged between 2015 and 2016.

*Bullets contain references to data in tables 7–9 on pages 30–31. Endnotes begin on page 17.*

**Figure 8** **Percentage distribution of the source of prescription opioids obtained for the most recent misuse among youth ages 12–17 with past-year prescription opioid misuse, 2015 and 2016**




NOTE: The National Survey on Drug Use and Health defined misuse of prescription opioids as "in any way that a doctor did not direct you to use them, including (1) use without a prescription of your own; (2) use in greater amounts, more often, or longer than you were told to take them; or (3) use in any other way a doctor did not direct you to use them." The source of prescription opioids for the most recent episode of misuse was determined by asking respondents to respond to a multiple-choice question that offered the following options: given by a friend/relative for free, prescribed by physician(s), stolen from a friend/relative, bought from a friend/relative, bought from a drug dealer/stranger, or other way.

SOURCE: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health.

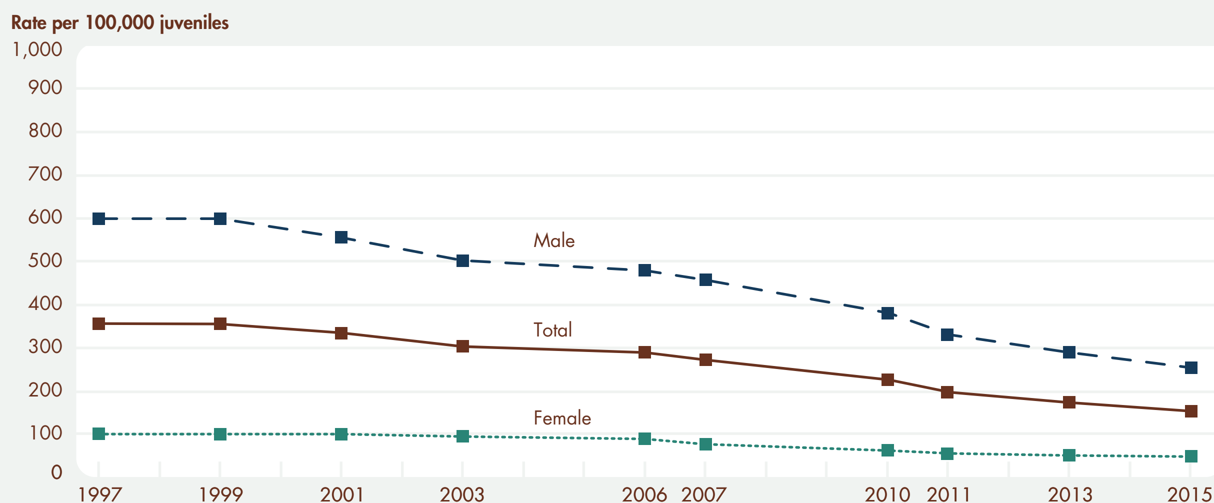
- In 2016, among past-year prescription opioid misusers ages 12–17, the most commonly reported sources of prescription opioids for their most recent misuse were friends or relatives for free (38.8 percent) and a doctor (21.2 percent). The percentages of these sources were similar in 2015 and 2016.
- However, among past-year prescription opioid misusers ages 12–17, the percentage reporting that their most recent prescription opioids were bought from a dealer or a stranger increased from 5.1 percent in 2015 to 9.4 percent in 2016.

*Bullets contain references to data in tables 7–9 on pages 30–31. Endnotes begin on page 17.*

The juvenile justice system is intended to protect public safety, hold juvenile offenders accountable, and provide services that address the needs of youth and their families. Research shows that youth involved in the juvenile justice system, particularly those held in out-of-home placements, are more likely to have specific mental health[36,37] and educational needs[38] and more likely to have been exposed to violence and to have experienced trauma[39,40] than youth in the general population. Research also shows that formally processing youth in the juvenile justice system[41] and placement of youth in secure facilities[42] can have negative effects on their outcomes without improvements to public safety. Monitoring trends in and examining the demographics of juveniles in residential placement and the types of offenses associated with their placement provides an indicator of the size, composition, and legal attributes of this important population of children and how these characteristics are changing over time.

The residential placement rate is the number of juvenile offenders held in secure and nonsecure residential facilities per 100,000 youth in the general population ages 10 through the upper age at which offenders fall under original jurisdiction of the juvenile courts in each state in the given year.[43] When considering trends, this rate provides a more comparable measurement across time because it helps to control for population growth, demographic changes, and variation in jurisdictional age boundaries for juvenile court. However, trends may reflect a combination of factors, including, but not limited to, fewer juvenile arrests, fewer youth processed through the juvenile courts, and shifts in policy and practice, such as greater opportunities for diversion from juvenile courts and the increased use of alternatives to confinement.[44,45]

**Figure 9** **Residential placement rate (number of juvenile offenders in placement per 100,000 juveniles) by sex, selected years 1997–2015**



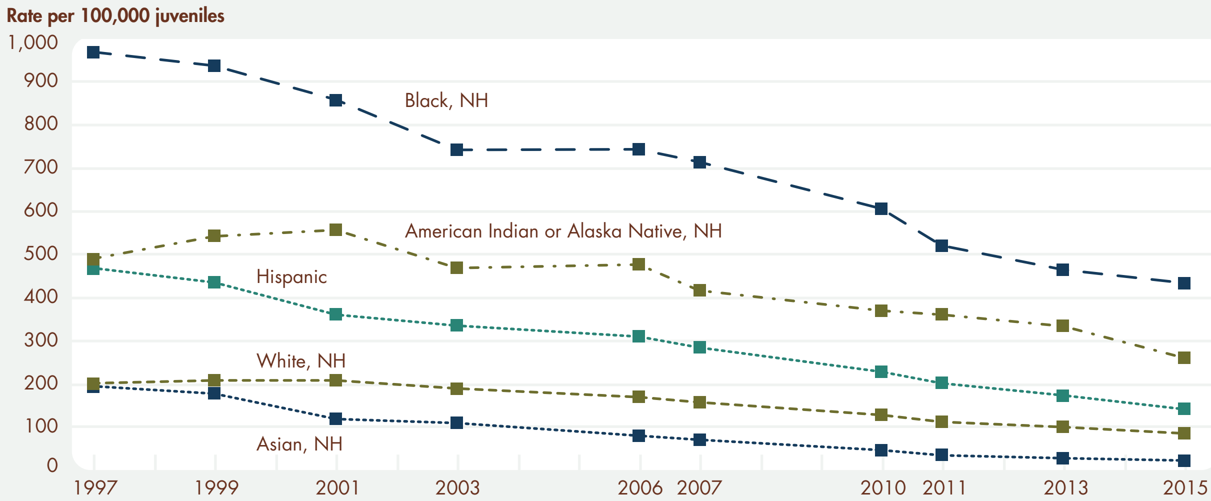

NOTE: Residential placement rate calculated per 100,000 persons age 10 through the upper age at which offenders were under original jurisdiction of the juvenile courts in each state in the given year.

SOURCE: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, Census of Juveniles in Residential Placement.

- The overall residential placement rate fell from 356 per 100,000 juveniles in 1997 to 152 per 100,000 in 2015.
- Between 1997 and 2015, residential placement rates declined for both males (from 599 to 253 per 100,000) and females (from 99 to 47 per 100,000) to their lowest recorded levels.
- The residential placement rate was much higher for males than for females. In 2015, the residential placement rate for males (253 per 100,000) was five times the rate for females (47 per 100,000).

*Bullets contain references to data in tables 10–11 on pages 32–33. Endnotes begin on page 17.*

**Figure 10** **Residential placement rate (number of juvenile offenders in placement per 100,000 juveniles) by race and Hispanic origin, selected years 1997–2015**




NOTE: The abbreviation NH refers to non-Hispanic origin. Residential placement rate calculated per 100,000 persons age 10 through the upper age at which offenders were under original jurisdiction of the juvenile courts in each state in the given year. In each survey, a single-question format (approved by the U.S. Office of Management and Budget) was used to collect information from juvenile residential facilities' administrative record systems about their residents' race and ethnicity. Data are reported in the following groups: White, Black or African American, Hispanic or Latino, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, or Two or More Races. The Hispanic category includes persons of Latin American or other Spanish culture or origin regardless of race. These persons are not included in the other race categories. For presentation purposes, the Asian race category includes Native Hawaiians and Other Pacific Islanders.

SOURCE: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, Census of Juveniles in Residential Placement.

- Juvenile residential placement rates declined for each racial and ethnic group between 1997 and 2015. The rates fell for youth who were Asian, non-Hispanic (from 195 to 23 per 100,000); Hispanic (from 468 to 142 per 100,000); White, non-Hispanic (from 201 to 86 per 100,000); Black, non-Hispanic (from 968 to 433 per 100,000); and American Indian or Alaska Native, non-Hispanic (from 490 to 261 per 100,000).
- In 2015, the residential placement rate for Black, non-Hispanic youth (433 per 100,000) was five times the rate for White, non-Hispanic youth (86 per 100,000).
- In 2015, the residential placement rate for American Indian or Alaska Native, non-Hispanic youth (261 per 100,000) was three times that of White, non-Hispanic youth, and the rate for Hispanic youth (142 per 100,000) was nearly twice that of White, non-Hispanic youth.
- Asian, non-Hispanic youth had the lowest residential placement rate (23 per 100,000).

*Bullets contain references to data in tables 10–11 on pages 32–33. Endnotes begin on page 17.*

Notes to Brief

[1] Children, for the purposes of this publication, are the population from ages 0 to 17. In addition to the terms "children" and "child," "youth," "juveniles," and "adolescents" are terms may be used interchangeably in this year's report.

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[5] Following U.S. 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 2016, the poverty threshold for a family with two adults and two children was $24,339. For further details, see http://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html.

[6] The percentage of children living in families in extreme poverty in 2016 was not statistically different from the percentage of children living in families in extreme poverty in 1990.

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[16] Perlman, S. M., & Fantuzzo, J. W. (2010). Timing and impact of homelessness and maltreatment on school readiness. *Children and Youth Services Review, 32,* 874–883.

[17] Swick, K. J. (2005). Helping homeless families overcome barriers to successful functioning. *Early Childhood Education Journal, 33*(3), 195–200. Retrieved from https://link.springer.com/article/10.1007/s10643-005-0044-0.

[18] More information on the characteristics of homeless students enrolled in public schools can be found here: https://nces.ed.gov/programs/coe/indicator_tgh.asp.

[19] Both definitions of homelessness are based on the McKinney-Vento Homeless Assistance Act of 1987, as amended by the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act of 2009 and the Every Student Succeeds Act of 2015. The narrow definition of homelessness for purposes of providing homeless services is based on literal homelessness or imminent risk of homelessness and lack of resources to obtain other permanent housing (Section 103 of Subtitle I). The broader definition of homelessness for purposes of meeting educational needs includes children who live in motels, hotels, temporary trailers, or camping grounds, as well as children who are sharing the housing of other persons due to a loss of housing, economic hardship, or a similar reason (Section 725 of Subtitle VII-B).

[20] Individuals who are doubling up or sharing housing are NOT considered homeless by U.S. Department of Housing and Urban Development, and individuals or families staying in a motel are not considered homeless if they, rather than a homeless service organization, are paying for it.

[21] U.S. Department of Housing and Urban Development, Office of Community Planning and Development. (2016). *Annual Homeless Assessment Report to Congress: Part 2—Estimates of Homelessness in the United States.* Retrieved from https://www.hudexchange.info/programs/hdx/guides/ahar/#reports.

[22] Unaccompanied homeless youth are minor children under age 18 or young adults under age 24 who do not live with an adult over age 25.

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[43] State statutes define which youth are under the original jurisdiction of the juvenile court. These definitions are based primarily on age criteria. Further information on these ages can be found at https://www.ojjdp.gov/ojstatbb/structure_process/qa04101.asp.

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# Data Source Descriptions

## Census of Juveniles in Residential Placement

The Census of Juveniles in Residential Placement (CJRP), administered for the Office of Juvenile Justice and Delinquency Prevention (OJJDP) by the U.S. Bureau of the Census, provides state and national data on the characteristics of youth held in residential placement facilities. First administered in 1997, the CJRP replaced the Census of Public and Private Juvenile Detention, Correctional, and Shelter Facilities, also known as the Children in Custody (CIC) census. The census typically takes place on the fourth Wednesday in October in odd-numbered years.

CJRP asks all juvenile residential facilities to describe each person younger than 21 assigned to the facility on the census date for a delinquency or status offense. Delinquency offenses are acts by juveniles that, if committed by an adult, could result in criminal prosecution. Status offenses are acts that are illegal only because the persons committing them are juveniles. In 2015, juvenile courts had original jurisdiction over an individual for law-violating behavior through age 17 (up to age 18) in 42 states, through age 16 in 7 states, and through age 15 in 2 states. Juvenile courts in a majority of states also had extended jurisdiction to provide sanctions and services beyond the upper age of original jurisdiction, commonly through age 20.

Facilities report information on gender, date of birth, race/ethnicity, placement authority, most serious offense charged, court adjudication status, and admission date. CJRP does not capture data on youth in adult prisons or jails, facilities used exclusively for mental health or substance abuse treatment, or facilities for abused or neglected children.

The CJRP provides 1-day population counts of juveniles in residential placement facilities. One-day counts give a picture of the standing population in facilities and can differ from the annual admission and release data used to measure facility population flow. In 2015, the response rate for the CJRP was 88 percent. Some facilities are not able to provide all the information requested for all juveniles meeting CJRP criteria. In such cases, data are imputed.

Information about the CJRP is available online at https://www.ojjdp.gov/research/CJRP.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 sample coverage in every state and the District of Columbia.

The CPS core survey is the primary source of information on the employment characteristics of the noninstitutionalized civilian population, 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—provides information used to estimate the poverty status of children.

The CPS sample is selected from a complete address list of geographically delineated primary sampling units. It is administered through field representatives, either in person or by telephone using computer-assisted personal interviewing (CAPI). 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 https://www.census.gov/programs-surveys/cps/technical-documentation/complete.html.

The 2014 CPS ASEC included redesigned questions for income. 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.

Overall median household income based on the redesigned ASEC was 3.0 percent higher than median household income using the traditional ASEC. This suggests discontinuities between pre-2014 data and data from 2014 onward in the various series using ASEC income data, including the poverty measures here.

Information about the CPS is available online at https://www.census.gov/cps.

Agency Contact:
U.S. Census Customer Service Center
https://ask.census.gov
Phone: (800) 923-8282

## ED*Facts*

ED*Facts* is a centralized data collection through which state education agencies submit PK–12 education data to the U.S. Department of Education (ED). All data in ED*Facts* are organized into "data groups" and reported to ED using defined file specifications. Depending on the data group, state education agencies may submit aggregate counts for the state as a whole or detailed counts for individual schools or school districts. ED*Facts* does not collect student-level records. The entities that are required to report ED*Facts* data vary by data group but may include the 50 states, the District of Columbia, the Department of Defense (DoD) dependents schools, the Bureau of Indian Education, Puerto Rico, American Samoa, Guam, the Northern Mariana Islands, and the U.S. Virgin Islands. More information about ED*Facts* file specifications and data groups can be found at http://www.ed.gov/ED*Facts*.

ED*Facts* is a universe collection and is not subject to sampling error, but nonsampling errors such as nonresponse and inaccurate reporting may occur. ED attempts to minimize nonsampling errors by training data submission coordinators and reviewing the quality of state data submissions. However, anomalies may still be present in the data.

Differences in state data collection systems may limit the comparability of ED*Facts* data across states and across time. To build ED*Facts* files, state education agencies rely on data that were reported by their schools and school districts. The systems used to collect these data are evolving rapidly and differ from state to state.

In some cases, ED*Facts* data may not align with data reported on state education agency websites. States may update their websites on schedules different from those they use to report data to ED. Furthermore, ED may use methods for protecting the privacy of individuals represented within the data that could be different from the methods used by an individual state.

ED*Facts* data on homeless students enrolled in public schools are collected in data group 655 within file 118. ED*Facts* data on English language learners enrolled in public schools are collected in data group 678 within file 141. ED*Facts* 4-year adjusted cohort graduation rate (ACGR) data are collected in data group 695 within file 150 and in data group 696 within file 151. ED*Facts* collects these data groups on behalf of the Office of Elementary and Secondary Education.

"Doubled up or shared housing" refers to temporarily sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason. "Unsheltered" includes living in cars, parks, campgrounds, temporary trailers—including Federal Emergency Management Agency trailers—or abandoned buildings.

Agency Contact:
Administrative Data Division
Elementary/Secondary Branch
National Center for Education Statistics
https://www2.ed.gov/about/inits/ed/edfacts/index.html
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## Homelessness Data Exchange

The Homelessness Data Exchange (HDX) is an online data submission tool that enables state and local Continuum of Care (CoC) coalitions of homeless service providers to submit data on the Housing Inventory Count, Point-in-Time (PIT) count, and the Annual Homeless Assessment Report to Congress (AHAR).

PIT count data provide a "snapshot" of people experiencing sheltered and unsheltered homelessness on a single night in January. PIT data also provide information on the number of homeless people within particular population groups, such as people experiencing chronic homelessness, severe mental illness, substance abuse, veterans, unaccompanied youth, or those living with HIV/AIDS. The McKinney-Vento Homeless Assistance Act authorized Department of Housing and Urban Development (HUD) to mandate PIT counts, and HUD has established methodological standards for conducting PIT counts allowing CoCs to use both census and sampling methods as appropriate for local conditions. CoCs, numbering 399 in 2017, submit PIT count data to HDX and provide information on the methodology used to generate their sheltered and unsheltered counts.

Homeless individuals are a difficult population to count, and PIT counts are subject to both sampling and nonsampling error. The HDX system includes integrated validation checks to prevent data entry errors. HUD assesses local methods for validity and reliability and reviews the data for accuracy and quality prior to creating the estimates for AHARs.

Information about the HDX and PIT methodology is available online at https://www.hudexchange.info.

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## National Health Interview Survey

The National Health Interview Survey (NHIS) is conducted by the National Center for Health Statistics (NCHS). 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 nationwide sample survey of the noninstitutionalized civilian population that excludes patients in long-term care facilities, persons on active duty with the Armed Forces, prisoners, and U.S. nationals living abroad. Data are collected through personal household interviews. Interviewers obtain information on personal characteristics, including race and ethnicity, and data on illnesses, injuries, impairments, chronic conditions, activity limitation caused by chronic conditions, utilization of health services, and other topics. Each year the survey is reviewed and special topics are added or deleted.

The NHIS core questionnaire is revised every 10 to 15 years, most recently in 1997; the next major questionnaire revision will be in 2018. Estimates beginning in 1997 are likely to vary slightly from those for previous years.

The sample for the NHIS is redesigned about every 10 years to better measure the changing population and to meet new survey objectives. A new sample design was implemented for the 2016 survey. In 2016, interviewers collected information for 40,220 households containing 97,169 persons in 40,875 families. In 2016, additional information was collected for 11,107 children under age 18 in the sample child section of the instrument.

Information about NHIS is available online at https://www.cdc.gov/nchs/nhis.htm.

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## National Survey of Children's Exposure to Violence

The National Survey of Children's Exposure to Violence (NatSCEV) is a nationwide survey of children's exposure to violence, crime, and abuse in the home, school, and community settings. The Office of Juvenile Justice and Delinquency Prevention (OJJDP) sponsors NatSCEV with support from the Centers for Disease Control and Prevention (CDC). To date, NatSCEV was fielded in 2008, 2011, and 2014.

NatSCEV measures the past-year and lifetime exposure to crime, violence, and abuse for children ages 17 and younger based on questions across several categories: conventional crime, child maltreatment, victimization by peers and siblings, sexual victimization, witnessing and indirect victimization (including exposure to community and family violence), school violence and threats, and Internet victimization.

In 2014, NatSCEV sampled 4,000 children and youth using interviewer-administered telephone surveys to obtain data directly from youth ages 10 to 17 and caregivers reporting for children ages 0 to 9. Response rates varied across four sampling frames, ranging from a low of 9.7 percent in a random-digit-dialed cell phone sample to a high of 52.7 percent in an address-based sample. Weighting accounted for differential probability of selection within and across the sampling frames and to adjust for nonresponse.

Information about NatSCEV is available online at https://www.ojjdp.gov/research/national-survey-of-childrens-exposure-to-violence.html

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# National Survey on Drug Use and Health

The National Survey on Drug Use and Health (NSDUH) reports on the prevalence, incidence, and patterns of illicit drug use, alcohol use and substance use disorders among the U.S. civilian, noninstitutionalized population ages 12 and over.

NSDUH is representative of persons age 12 and over in the civilian, noninstitutionalized population of the United States. Misuse of prescription opioids is defined as “in any way that a doctor did not direct you to use them, including (1) use without a prescription of your own; (2) use in greater amounts, more often, or longer than you were told to take them; or (3) use in any other way a doctor did not direct you to use them.” Past-year prescription opioid use disorders were defined based on the 11 diagnostic criteria for prescription opioid dependence or abuse as specified in the *4th Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).*

The source of prescription opioids for the most recent episode of misuse was determined by asking respondents to respond to a multiple-choice question that offered the following options: given by a friend/relative for free, prescribed by physician(s), stolen from a friend/relative, bought from a friend/relative, bought from a drug dealer/stranger, or other way.

In 2014, NSDUH introduced an independent multistage area probability sample within each state and the District of Columbia. Data were collected via in-person interviews conducted with individuals at their place of residence. Also starting in 2014, changes were made in the sample allocated to each state and to different age groups.

In 2016, NSDUH screening was completed at 135,188 addresses, and 67,942 completed interviews were obtained—17,109 from adolescents ages 12–17 and 50,833 from adults ages 18 or older. The weighted interview response rates were 77.0 percent for adolescents and 67.6 percent for adults.

The NSDUH questionnaire underwent a partial redesign in 2015 to improve the quality of data and to address the changing needs of policymakers and researchers. Due to the changes, only 2015 and 2016 data are presented for certain estimates (e.g., prescription opioid misuse and use disorders) until comparability with prior years can be established.

Estimates of substance use for youth based on NSDUH are not directly comparable with estimates based on the Monitoring the Future (MTF) study and the Youth Risk Behavior Surveillance System (YRBSS) because of differences in the populations covered, sample design, questionnaires, and interview setting.

Information about NSDUH is available online at https://www.samhsa.gov/data/population-data-nsduh. Information about the Center for Behavioral Health Statistics and Quality is available online at https://www.samhsa.gov/about-us/who-we-are/offices-centers/cbhsq.

Agency Contact:
Center for Behavioral Health Statistics and Quality
Substance Abuse and Mental Health Services Administration
Phone: Data Request Line at (240) 276-1212
Email: See https://www.samhsa.gov/data/frequently-asked-questions

# Detailed Tables

## Table 1

**Poverty and extreme poverty: Percentage of children ages 0–17 by family income relative to the poverty threshold, selected years 1980–2016**

| Characteristic | 1980 | 1990 | 2000 | 2010 | 2011 | 2012 | 2013[a] | 2013[b] | 2014 | 2015 | 2016 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Poverty level** | | | | | | | | | | | |
| Below 50% of poverty threshold | 6.9 | 8.8 | 6.7 | 9.9 | 9.8 | 9.7 | 8.8 | 9.9 | 9.3 | 8.9 | 8.2 |
| 50%–99% of poverty threshold | 11.4 | 11.8 | 9.5 | 12.1 | 12.0 | 12.1 | 11.1 | 11.6 | 11.9 | 10.8 | 9.8 |
| 100%–199% of poverty threshold | 24.0 | 21.8 | 21.4 | 21.6 | 22.4 | 22.0 | 22.7 | 21.7 | 21.7 | 22.1 | 21.0 |
| 200%–399% of poverty threshold | 41.1 | 36.6 | 33.8 | 29.4 | 29.3 | 29.2 | 29.3 | 28.6 | 28.4 | 27.6 | 29.1 |
| 400%–599% of poverty threshold | 11.5 | 13.7 | 16.3 | 14.6 | 14.1 | 14.5 | 14.8 | 14.8 | 15.0 | 15.7 | 15.7 |
| 600% of poverty threshold and above | 5.1 | 7.3 | 12.4 | 12.3 | 12.3 | 12.5 | 13.3 | 13.3 | 13.8 | 14.9 | 16.1 |

[a] The source for the traditional income in this column is the portion of the 2014 Current Population Survey (CPS) Annual Social and Economic Supplement (ASEC) sample (about 68,000 households) that received a set of income questions similar to those used in 2013. The 2014 CPS ASEC included redesigned questions for income that were implemented to a subsample of the 98,000 addresses using a probability split-panel design.

[b] The source for the redesigned income in this column is the portion of the 2014 CPS ASEC sample (about 30,000 households) that received the redesigned income questions. The 2014 CPS ASEC included redesigned questions for income that were implemented to a subsample of the 98,000 addresses using a probability split-panel design. The redesigned income questions were used for the entire 2015 CPS ASEC sample.

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 2016, the poverty threshold for a family of four with two children was $24,339. 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 $12,170 (50 percent of $24,339). If the same family's income was at least $24,339 but less than $48,678, the family would be living at 100 percent to 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 ASEC. Data for 1999, 2000, and 2001 used Census 2000 population controls. Data for 2000 onward are from the expanded CPS sample. Data in this table come from key national indicator table ECON1.B, which can be found on childstats.gov.

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

## Table 2

**Health insurance continuity: Percentage of children ages 0–17 by health insurance duration, 2005–2006 through 2015–2016**

| Characteristic | 2005–2006 | 2007–2008 | 2009–2010 | 2011–2012 | 2013–2014 | 2015–2016 |
|---|---|---|---|---|---|---|
| **Insurance duration** | | | | | | |
| Insured continuously all 12 months | 87.9 | 87.8 | 88.3 | 89.9 | 90.7 | 92.8 |
| Uninsured for any period up to 12 months | 6.9 | 6.9 | 7.0 | 6.5 | 6.0 | 5.0 |
| Chronically uninsured[a] | 5.2 | 5.3 | 4.7 | 3.7 | 3.3 | 2.2 |

[a] Chronically uninsured is defined as those without insurance for 1 year or more.

NOTE: Data are for the civilian noninstitutionalized population.

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

## Table 3

**Health insurance continuity: Percentage of children ages 0–17 who delayed or did not receive medical care or had no health care visits in the past 12 months by health insurance duration, 2015–2016**

| Characteristic | 2015–2016 |
|---|---|
| **Delayed or did not receive needed medical care in the past 12 months[a]** | |
| Insured continuously all 12 months | 1.4 |
| Uninsured for any period up to 12 months | 17.8 |
| Chronically uninsured[b] | 16.8 |
| **No health care visits in the past 12 months[c]** | |
| Insured continuously all 12 months | 7.5 |
| Uninsured for any period up to 12 months | 14.4 |
| Chronically uninsured[b] | 41.9 |

[a] Delay or nonreceipt of care is based on the questions, "During the past 12 months, was there any time when person needed medical care but did not get it because person couldn't afford it?" and "During the past 12 months, has medical care been delayed because of worry about the cost?"

[b] Chronically uninsured is defined as those without insurance for 1 year or more.

[c] Health care visits are based on reported visits to a doctor or other health care professional in the past 12 months at a doctor's office, clinic, or some other place. Visits to emergency rooms, hospitalizations, home visits, dental offices, and telephone calls are excluded.

NOTE: Data are for the civilian noninstitutionalized population.

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

**Table 4**

## Homelessness: Number and percentage of homeless students enrolled in public elementary and secondary schools, by selected school and student characteristics, 2015–2016

| Characteristic | Number | Percent of all students | Percentage distribution of homeless children |
|---|---|---|---|
| Total | 1,360,156 | 2.8 | 100.0 |
| **Primary nighttime residence**[a] | | | |
| Doubled up or shared housing[b] | 994,858 | † | 73.1 |
| Hotels or motels | 85,070 | † | 6.3 |
| Shelters, transitional housing, or awaiting foster care placement | 210,152 | † | 15.5 |
| Unsheltered[c] | 45,575 | † | 3.4 |
| **School locale** | | | |
| City | 623,963 | 4.0 | 45.9 |
| Suburban | 432,674 | 2.1 | 31.8 |
| Town | 143,242 | 2.7 | 10.5 |
| Rural | 160,277 | 2.5 | 11.8 |
| **School district average poverty rate of children ages 5–17**[d] | | | |
| 0 to 10.0 percent | 101,455 | 1.0 | 7.5 |
| 10.1 to 20.0 percent | 381,788 | 2.3 | 28.1 |
| 20.1 to 25.0 percent | 260,847 | 3.4 | 19.2 |
| More than 25.0 percent | 514,215 | 3.9 | 37.8 |

† Not applicable.

[a] Does not sum to the total number of homeless students because of missing data on primary nighttime residence.

[b] Refers to temporarily sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason.

[c] Includes living in cars, parks, campgrounds, temporary trailers—including Federal Emergency Management Agency (FEMA) trailers—or abandoned buildings.

[d] A family is in poverty if its income falls below the Census Bureau's poverty threshold, which is a dollar amount that varies depending on a family's size and composition and is updated annually to account for inflation. To create the school district categories, public school districts were ranked and divided into quarters based on the family poverty rate of their population ages 15 to 17; the cut points between the four quarters were chosen so that, at the national level, each quarter contains approximately the same number of students.

NOTE: Homeless students are defined as children/youth who lack a fixed, regular, and adequate nighttime residence. For more information, see "C118 - Homeless Students Enrolled" at https://www2.ed.gov/about/inits/ed/edfacts/sy-15-16-nonxml.html. Detail may not sum to totals because of rounding and missing data on primary nighttime residence.

SOURCE: U.S. Department of Education, National Center for Education Statistics, ED*Facts* Data Warehouse (internal U.S. Department of Education source); and Common Core of Data. U.S. Department of Commerce, Census Bureau, Small Area Income and Poverty Estimates Program.

**Table 5**

## Homelessness: Number of homeless children ages 0–17 during a Point-in-Time count[a] by family status and shelter status, 2013–2017

| Family and shelter status | 2013 | 2014 | 2015 | 2016 | 2017 |
|---|---|---|---|---|---|
| Total homeless children[b] | 138,149 | 135,701 | 127,787 | 120,810 | 114,508 |
| Total homeless children in families[c] | 130,515 | 128,061 | 122,901 | 116,706 | 109,719 |
| Sheltered[e] homeless children in families | 114,562 | 115,926 | 111,994 | 106,411 | 100,960 |
| Unsheltered[f] homeless children in families | 15,953 | 12,135 | 10,907 | 10,295 | 8,759 |
| Total homeless unaccompanied children[d] | 7,634 | 7,640 | 4,886 | 4,104 | 4,789 |
| Sheltered homeless unaccompanied children | 3,179 | 3,365 | 2,483 | 2,446 | 2,122 |
| Unsheltered homeless unaccompanied children | 4,455 | 4,275 | 2,403 | 1,658 | 2,667 |

[a] A Point-in-Time count is a census of homeless individuals conducted during a specified night in January by volunteer enumerators within a Continuum of Care jurisdiction established by a coalition of public and private homeless service providers.

[b] Homelessness is defined as lacking a fixed, regular, and adequate nighttime residence, meaning sleeping in unsheltered places or in a publicly or privately operated shelter or transitional housing.

[c] Homeless children in families are individuals ages 0–17 who are accompanied by someone age 18, as well as parenting youth less than age 18 with a child.

[d] Unaccompanied homeless children are individuals or groups of minors under the age 18 who are not with an adult, except that parenting youth under the age 18 are counted as "in families." The estimates presented here do not include unaccompanied youth ages 18–24.

[e] Sheltered homelessness is defined as staying in a supervised publicly or privately operated emergency shelter designated to provide temporary living arrangements, including a domestic abuse shelter, a hotel or motel room funded by the government, or in transitional housing.

[f] Unsheltered homelessness is defined as staying in a public or private place not meant for human habitation, including a car, park, abandoned building, bus or train station, airport, or camping ground.

SOURCE: U.S. Department of Housing and Urban Development, Office of Community Planning and Development, *Annual Homeless Assessment Report to Congress: Part 1—Point in Time Estimates of Homelessness in the United States.*

**Table 6** Exposure to violence: Percentage of children ages 0–17 with past-year and lifetime exposure to categories of violence, crime, and abuse, 2014

| Characteristic | Any physical assault | Any sexual victimization | Any maltreatment | Any property crime | Any witnessed violence |
|---|---|---|---|---|---|
| **Past year (percentage of children exposed)** | | | | | |
| All children | 37.3 | 5.0 | 15.2 | 27.1 | 24.5 |
| Male | 41.6 | 4.1 | 15.2 | 29.9 | 24.9 |
| Female | 33.0 | 5.9 | 15.2 | 24.1 | 24.2 |
| **Lifetime (percentage of children exposed)** | | | | | |
| All children | 51.4 | 8.4 | 24.9 | 41.3 | 38.3 |

NOTE: Physical assault includes any use of physical force with the intent to cause pain or harm, with or without weapon. It also includes kidnapping and bias attacks. It excludes threats, physical intimidation, relational aggression, and Internet harassment. Sexual victimization includes sexual assault by known/unknown adult, by peer/sibling, forced sex, exposure or "flashing," sexual harassment, and statutory rape/sexual misconduct. Child maltreatment includes physical or emotional abuse by caregiver, neglect, and custodial interference/family abduction. Property crime includes robbery, theft/larceny, and vandalism. Witnessing violence includes any direct witnessing of family or community violence. It excludes indirect exposure to violence, crime, and abuse.
SOURCE: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, National Survey of Children's Exposure to Violence.

**Table 7** Prescription opioid misuse and use disorders: Percentage of reported past-year misuse of prescription opioids among youth ages 12–17 by sex and race and Hispanic origin, 2015 and 2016

| Characteristic | 2015 | 2016 |
|---|---|---|
| Total | 3.9 | 3.5 |
| **Sex** | | |
| Male | 3.6 | 3.3 |
| Female | 4.2 | 3.8 |
| **Race and Hispanic origin** | | |
| White, non-Hispanic | 3.9 | 3.3 |
| Black, non-Hispanic | 4.1 | 4.2 |
| Hispanic | 4.1 | 3.6 |

NOTE: The National Survey on Drug Use and Health defined misuse of prescription opioids as "in any way that a doctor did not direct you to use them, including (1) use without a prescription of your own; (2) use in greater amounts, more often, or longer than you were told to take them; or (3) use in any other way a doctor did not direct you to use them."
SOURCE: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health.

**Table 8** **Prescription opioid misuse and use disorders: Percentage of reported past-year prescription opioid use disorders among youth ages 12–17 by sex and race and Hispanic origin, 2015 and 2016**

| Characteristic | 2015 | 2016 |
|---|---|---|
| Total | 0.5 | 0.6 |
| **Sex** | | |
| Male | 0.3 | 0.3 |
| Female | 0.7[a] | 0.9[a] |
| **Race and Hispanic origin** | | |
| White, non-Hispanic | 0.4 | 0.6 |
| Black, non-Hispanic | 0.5 | 0.6 |
| Hispanic | 0.7 | 0.8 |

[a] The estimate for females is significantly different from the same-year estimate for males.

NOTE: Past-year prescription opioid use disorder was defined based on the 11 diagnostic criteria for prescription opioid dependence or abuse specified within the *4th Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV),* including symptoms such as withdrawal, tolerance, use in dangerous situations, trouble with the law, and interference with major obligations at work, school, or home during the past 12 months.

SOURCE: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health.

**Table 9** **Prescription opioid misuse and use disorders: Percentage distribution of the source of prescription opioids obtained for the most recent misuse among youth with past-year prescription opioid misuse, 2015 and 2016**

| Source | 2015 | 2016 |
|---|---|---|
| Free from friend/relative | 37.4 | 38.8 |
| From one or more doctors | 24.8 | 24.7 |
| Bought from friend/relative | 9.7 | 9.1 |
| Stole from friend/relative | 9.2 | 9.5 |
| From drug dealer/stranger | 5.1 | 9.4[a] |
| Other way | 14.0 | 8.4[a] |

[a] The estimate for 2016 is significantly different from the estimate for 2015.

SOURCE: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health.

**Table 10** Residential placement of juveniles: Residential placement rate (number of juvenile offenders in placement) per 100,000 juveniles by sex and race/ethnicity, selected years 1997–2015

| Characteristic | 1997 | 1999 | 2001 | 2003 | 2006 | 2007 | 2010 | 2011 | 2013 | 2015 |
|---|---|---|---|---|---|---|---|---|---|---|
| Total | 356 | 355 | 334 | 303 | 289 | 272 | 225 | 196 | 173 | 152 |
| **Sex** | | | | | | | | | | |
| Male | 599 | 599 | 556 | 502 | 479 | 458 | 380 | 330 | 290 | 253 |
| Female | 99 | 99 | 99 | 94 | 88 | 76 | 61 | 54 | 50 | 47 |
| **Race and Hispanic origin** | | | | | | | | | | |
| White, non-Hispanic | 201 | 208 | 208 | 189 | 170 | 157 | 128 | 112 | 100 | 86 |
| Black, non-Hispanic | 968 | 937 | 857 | 742 | 743 | 714 | 606 | 520 | 464 | 433 |
| Asian, non-Hispanic | 195 | 178 | 119 | 110 | 80 | 71 | 47 | 35 | 28 | 23 |
| Pacific Islander, non-Hispanic | — | — | — | — | — | — | — | — | — | — |
| American Indian/Alaska Native, non-Hispanic | 490 | 542 | 556 | 468 | 476 | 416 | 369 | 361 | 334 | 261 |
| Other, non-Hispanic | — | — | — | — | — | — | — | — | — | — |
| Hispanic | 468 | 435 | 360 | 335 | 309 | 284 | 228 | 202 | 173 | 142 |

— Not available.

NOTE: Data are from a biennial survey of all secure and nonsecure residential placement facilities that house juvenile offenders, defined as persons younger than 21 who are held in a residential setting as a result of some contact with the justice system (they are charged with or adjudicated for an offense). Data do not include adult prisons, jails, federal facilities, or facilities exclusively for drug or mental health treatment or for abused/neglected youth. The data provide 1-day population counts of juveniles in residential placement facilities; 1-day counts differ substantially from the annual admission and release data used to measure facility population flow. Rate is per 100,000 persons ages 10 through the upper age of juvenile court jurisdiction in each state.

SOURCE: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, Census of Juveniles in Residential Placement.

**Table 11** Residential placement of juveniles: Number of juvenile offenders in residential placement facilities by selected juvenile characteristics, selected years 1997–2015

| Characteristic | 1997 | 1999 | 2001 | 2003 | 2006 | 2007 | 2010 | 2011 | 2013 | 2015 |
|---|---|---|---|---|---|---|---|---|---|---|
| Total | 105,055 | 107,493 | 104,219 | 96,531 | 92,721 | 86,814 | 70,793 | 61,423 | 54,148 | 48,043 |
| **Age** | | | | | | | | | | |
| Age 12 or younger | 2,178 | 3,914 | 1,844 | 1,662 | 1,206 | 979 | 693 | 764 | 706 | 528 |
| Age 13 | 4,648 | 6,445 | 4,429 | 4,079 | 3,419 | 2,844 | 2,079 | 1,999 | 1,957 | 1,571 |
| Age 14 | 11,578 | 13,010 | 10,470 | 9,871 | 9,113 | 7,621 | 5,955 | 5,276 | 4,717 | 4,318 |
| Age 15 | 21,237 | 20,924 | 19,519 | 18,335 | 17,552 | 15,565 | 12,604 | 10,589 | 9,473 | 8,400 |
| Age 16 | 28,201 | 26,144 | 26,945 | 24,786 | 24,606 | 23,091 | 19,540 | 16,473 | 14,108 | 12,526 |
| Age 17 | 24,564 | 23,627 | 24,948 | 23,963 | 23,716 | 23,193 | 19,990 | 17,447 | 15,100 | 13,627 |
| Ages 18–20 | 12,649 | 13,429 | 16,064 | 13,835 | 13,109 | 13,521 | 9,932 | 8,875 | 8,087 | 7,073 |
| **Sex** | | | | | | | | | | |
| Male | 90,771 | 92,985 | 89,115 | 81,975 | 78,998 | 75,017 | 61,359 | 53,079 | 46,421 | 40,750 |
| Female | 14,284 | 14,508 | 15,104 | 14,556 | 13,723 | 11,797 | 9,434 | 8,344 | 7,727 | 7,293 |
| **Race and Hispanic origin** | | | | | | | | | | |
| White, non-Hispanic | 39,445 | 40,911 | 41,324 | 37,307 | 32,490 | 29,534 | 22,947 | 19,927 | 17,563 | 15,024 |
| Black, non-Hispanic | 41,896 | 42,344 | 40,742 | 36,733 | 37,334 | 35,447 | 28,977 | 24,574 | 21,550 | 20,136 |
| Asian, non-Hispanic | 1,927 | 1,873 | 1,193 | 1,153 | 924 | 754 | 516 | 417 | 338 | 263 |
| Pacific Islander, non-Hispanic | 288 | 256 | 317 | 308 | 231 | 281 | 212 | 149 | 138 | 139 |
| American Indian/Alaska Native, non-Hispanic | 1,615 | 1,879 | 2,011 | 1,712 | 1,703 | 1,464 | 1,236 | 1,191 | 1,078 | 839 |
| Two or More Races, non-Hispanic | 562 | 650 | 621 | 913 | 1,012 | 1,278 | 1,315 | 1,192 | 1,190 | 1,097 |
| Hispanic | 19,322 | 19,580 | 18,011 | 18,405 | 19,027 | 18,056 | 15,590 | 13,973 | 12,291 | 10,545 |
| **Most serious offense** | | | | | | | | | | |
| Person offense | 35,138 | 37,367 | 34,885 | 33,170 | 31,674 | 31,140 | 26,011 | 22,964 | 19,922 | 18,119 |
| Property offense | 31,907 | 31,432 | 29,341 | 26,813 | 23,152 | 21,076 | 17,037 | 14,705 | 12,768 | 10,412 |
| Drug offense | 9,071 | 9,645 | 9,076 | 7,988 | 7,985 | 7,095 | 4,986 | 4,315 | 3,533 | 2,607 |
| Public order offense | 10,287 | 10,848 | 10,806 | 9,949 | 10,015 | 11,000 | 8,139 | 7,317 | 6,085 | 6,020 |
| Technical violation | 12,410 | 13,909 | 15,413 | 14,102 | 15,280 | 13,093 | 11,604 | 9,883 | 9,316 | 8,557 |
| Status offense | 6,242 | 4,292 | 4,698 | 4,509 | 4,615 | 3,410 | 3,016 | 2,239 | 2,524 | 2,328 |

NOTE: Data are from a biennial survey of all secure and nonsecure residential placement facilities that house juvenile offenders, defined as persons younger than 21 who are held in a residential setting as a result of some contact with the justice system (they are charged with or adjudicated for an offense). Data do not include adult prisons, jails, federal facilities, or facilities exclusively for drug or mental health treatment or for abused/neglected youth. The data provide 1-day population counts of juveniles in residential placement facilities; 1-day counts differ substantially from the annual admission and release data used to measure facility population flow.

SOURCE: U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention, Census of Juveniles in Residential Placement.

# 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 | 73.7 million (2016) | 73.7 million (2017) | NS |
| **Children as a percentage of the population*** | | | |
| Children ages 0–17 in the United States | 22.8% (2016) | 22.6% (2017) | ↓ |
| **Racial and ethnic composition*** | | | |
| Children ages 0–17 by race and Hispanic origin** | | | |
| White, non-Hispanic | 51.1% (2016) | 50.7% (2017) | ↓ |
| Black, non-Hispanic | 13.8% (2016) | 13.7% (2017) | ↓ |
| American Indian or Alaska Native, non-Hispanic | 0.9% (2016) | 0.8% (2017) | ↓ |
| Asian, non-Hispanic | 4.9% (2016) | 5.0% (2017) | ↑ |
| Native Hawaiian or Other Pacific Islander, non-Hispanic | 0.2% (2016) | 0.2% (2017) | ↑ |
| Two or more races, non-Hispanic | 4.2% (2016) | 4.3% (2017) | ↑ |
| Hispanic | 24.9% (2016) | 25.2% (2017) | ↑ |
| **Family and Social Environment** | | | |
| **Family structure and children's living arrangements** | | | |
| Children ages 0–17 living with two married parents | 65% (2016) | 65% (2017) | NS |
| **Births to unmarried women** | | | |
| Births to unmarried women ages 15–44 | 43 per 1,000 (2015) | 42 per 1,000 (2016) | ↓ |
| Births to unmarried women among all births | 40.3% (2015) | 39.8% (2016) | ↓ |
| **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 | 61% (2012) | 60% (2016) | NS |
| **Children of at least one foreign-born parent** | | | |
| Children ages 0–17 living with at least one foreign-born parent | 25% (2016) | 25% (2017) | NS |
| **Language spoken at home and difficulty speaking English** | | | |
| Children ages 5–17 who speak a language other than English at home | 22.2% (2015) | 22.5% (2016) | ↑ |
| Children ages 5–17 who speak a language other than English at home and who have difficulty speaking English | 4.4% (2015) | 4.5% (2016) | ↑ |
| **Adolescent births** | | | |
| Births to females ages 15–17 | 10 per 1,000 (2015) | 9 per 1,000 (2016) | ↓ |

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

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

**Legend** NC = Not calculated; NS = No statistically significant change; ↑ = Statistically significant increase; ↓ = Statistically significant decrease

| | Previous Value (Year) | Most Recent Value (Year) | Change Between Years |
|---|---|---|---|
| **Family and Social Environment—cont.** | | | |
| Child maltreatment** | | | |
| Substantiated reports of maltreatment of children ages 0–17 | 9.2 per 1,000 (2015) | 9.1 per 1,000 (2016) | ↓ |
| **Economic Circumstances** | | | |
| Child poverty and family income | | | |
| Children ages 0–17 in poverty | 20% (2015) | 18% (2016) | ↓ |
| Children living in families with medium income | 28% (2015) | 29% (2016) | ↑ |
| Secure parental employment | | | |
| Children ages 0–17 living with at least one parent employed year round, full time | 75% (2015) | 77% (2016) | ↑ |
| Food insecurity | | | |
| Children ages 0–17 in households classified by USDA as "food insecure" | 18% (2015) | 18% (2016) | NS |
| **Health Care** | | | |
| Health insurance coverage | | | |
| Children ages 0–17 who were uninsured at time of interview | 5% (2015) | 5% (2016) | NS |
| Usual source of health care | | | |
| Children ages 0–17 with no usual source of health care | 4% (2015) | 5% (2016) | NS |
| Immunization | | | |
| Children ages 19–35 months with the 4:3:1:3*:3:1:4 combined series | 72% (2015) | 71% (2016) | NS |
| Oral health | | | |
| Children ages 5–17 with a dental visit in the past year | 90% (2015) | 89% (2016) | 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 | 62% (2015) | 62% (2016) | NS |
| Secondhand smoke | | | |
| Children ages 4–11 with any detectable blood cotinine level, a measure for recent exposure to secondhand smoke | 40% (2011–2012) | 37% (2013–2014) | NS |
| Drinking water quality | | | |
| Children served by community water systems that did not meet all applicable health-based drinking water standards | 9% (2015) | 5% (2016) | ↓ |
| Lead in the blood of children | | | |
| Children ages 1–5 with blood lead greater than or equal to 5 µg/dL | 3% (2007–2010) | 1% (2013–2016) | ↓ |
| Housing problems | | | |
| Households with children ages 0–17 reporting shelter cost burden, crowding, and/or physically inadequate housing | 40% (2013) | 39% (2015) | ↓ |

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

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

| **Legend** | NC = Not calculated | 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.** | | | |
| **Youth victims of serious violent crimes** | | | |
| Serious violent crime victimization of youth ages 12–17 | 7 per 1,000 (2015) | 6 per 1,000* (2016) | NC |
| **Child injury and mortality** | | | |
| Injury deaths of children ages 1–4 | 11 per 100,000 (2015) | 10 per 100,000 (2016) | NS |
| Injury deaths of children ages 5–14 | 6 per 100,000 (2015) | 6 per 100,000 (2016) | NS |
| **Adolescent injury and mortality** | | | |
| Injury deaths of adolescents ages 15–19 | 37 per 100,000 (2015) | 39 per 100,000 (2016) | ↑ |
| **Behavior** | | | |
| **Regular cigarette smoking** | | | |
| Students who reported smoking daily in the past 30 days | | | |
| 8th grade | 0.9% (2016) | 0.6% (2017) | ↓ |
| 10th grade | 2% (2016) | 2% (2017) | NS |
| 12th grade | 5% (2016) | 4% (2017) | NS |
| **Alcohol use** | | | |
| Students who reported having five or more alcoholic beverages in a row in the past two weeks | | | |
| 8th grade | 3% (2016) | 4% (2017) | NS |
| 10th grade | 10% (2016) | 10% (2017) | NS |
| 12th grade | 16% (2016) | 17% (2017) | NS |
| **Illicit drug use** | | | |
| Students who reported using illicit drugs in the past 30 days | | | |
| 8th grade | 7% (2016) | 7% (2017) | NS |
| 10th grade | 16% (2016) | 17% (2017) | NS |
| 12th grade | 24% (2016) | 25% (2017) | NS |
| **Sexual activity** | | | |
| High school students who reported ever having had sexual intercourse | 41% (2015) | 40% (2017) | NS |
| **Youth perpetrators of serious violent crimes** | | | |
| Youth offenders ages 12–17 involved in serious violent crimes | 8 per 1,000 (2015) | 7 per 1,000* (2016) | NC |
| **Education** | | | |
| **Family reading to young children** | | | |
| Children ages 3–5 who were read to three or more times in the last week | 83% (2012) | 81% (2016) | NS |

* Statistical significance tests not calculated due to methodological changes.

**Legend** NC = Not calculated | NS = No statistically significant change | ↑ = Statistically significant increase | ↓ = Statistically significant decrease

| | Previous Value (Year) | Most Recent Value (Year) | Change Between Years |
|---|---|---|---|
| **Education—cont.** | | | |
| Mathematics and reading achievement | | | |
| Average mathematics scale score of | | | |
| 4th-graders (0–500 scale) | 242 (2013) | 240 (2015) | ↓ |
| 8th-graders (0–500 scale) | 285 (2013) | 282 (2015) | ↓ |
| 12th-graders (0–300 scale) | 153 (2013) | 152 (2015) | ↓ |
| Average reading scale score of | | | |
| 4th-graders (0–500 scale) | 222 (2013) | 223 (2015) | NS |
| 8th-graders (0–500 scale) | 268 (2013) | 265 (2015) | ↓ |
| 12th-graders (0–500 scale) | 288 (2013) | 287 (2015) | NS |
| High school completion | | | |
| Young adults ages 18–24 who have completed high school | 93% (2015) | 93% (2016) | NS |
| Youth neither enrolled in school* nor working | | | |
| Youth ages 16–19 who are neither enrolled in school nor working | 8.3% (2016) | 7.8% (2017) | ↓ |
| College enrollment | | | |
| Recent high school completers enrolled in college the October immediately after completing high school | 69% (2015) | 70% (2016) | NS |
| **Health** | | | |
| Preterm birth and low birthweight | | | |
| Infants less than 37 completed weeks of gestation at birth | 9.6% (2015) | 9.8% (2016) | ↑ |
| Infants weighing less than 5 lb. 8 oz. at birth | 8.1% (2015) | 8.2% (2016) | ↑ |
| Infant mortality | | | |
| Deaths before first birthday | 6 per 1,000 (2014) | 6 per 1,000 (2015) | 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 | 6% (2015) | 5% (2016) | NS |
| Adolescent depression | | | |
| Youth ages 12–17 with past-year Major Depressive Episode | 12% (2015) | 13% (2016) | NS |
| Activity limitation | | | |
| Children ages 5–17 with activity limitation resulting from one or more chronic health conditions | 10% (2015) | 11% (2016) | NS |
| Obesity | | | |
| Children ages 6–17 with obesity | 19% (2009–2012) | 19% (2013–2016) | NS |
| Asthma | | | |
| Children ages 0–17 who currently have asthma | 8% (2015) | 8% (2016) | NS |

* School refers to high school and college.

**Legend** NC = Not calculated NS = No statistically significant change ↑ = Statistically significant increase ↓ = Statistically significant decrease