PART I

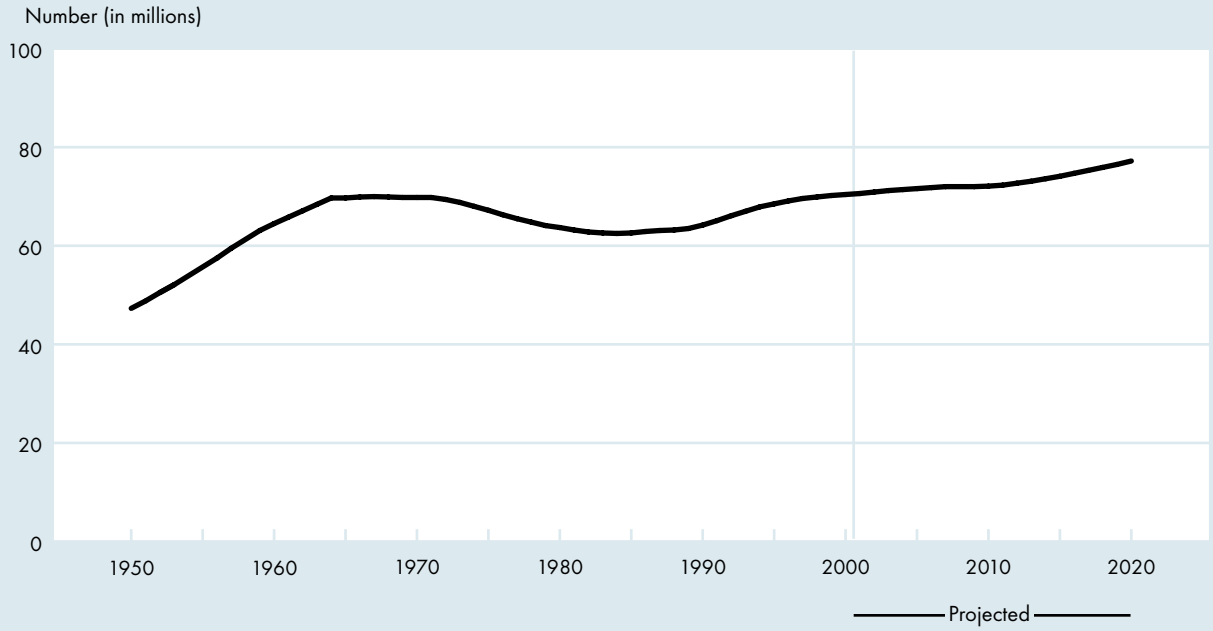
Population and Family Characteristics

Part I: *Population and Family Characteristics* presents data that illustrate the changes in the population and family contexts in which America's children are being raised. Eight key measures present data on trends in the size and composition of the child population, the composition of their families, and the environment in which they live. The background measures provide an important context for understanding the key indicators of well-being presented in Part II.

Child Population

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

Figure POP1 **Number of children under age 18 in the United States, 1950-2000 and projected 2001–20**



NOTE: All population figures for the year 2000 shown here are estimates based on the 1990 Census; they do not reflect Census 2000 counts. Population figures for 2001–20 are projections.

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

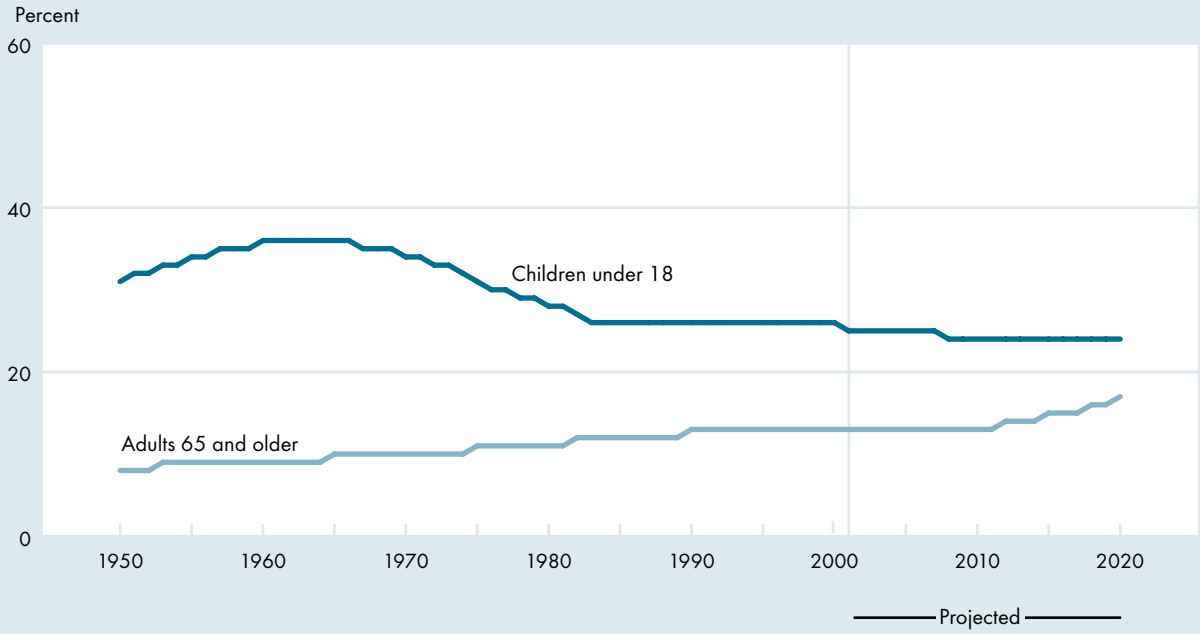
- In 2000, there were 70.4 million children in the United States, 0.2 million more than in 1999. This number is projected to increase to 77.2 million in 2020.
- The number of children under 18 has grown during the last half-century, increasing about half again in size since 1950.
- During the "baby boom" (1946 to 1964), the number of children grew rapidly.
- During the 1970s and 1980s, the number of children declined and then grew slowly.
- Beginning in 1990, the rate of growth in the number of children increased, although not as rapidly as during the baby boom.
- In 2000, there were approximately equal numbers of children—between 23 and 24 million—in each age group 0 to 5, 6 to 11, and 12 to 17 years of age.

Bullets contain references to data that can be found in Table POP1 on page 68.

Children as a Proportion of the Population

Though children represent a smaller percentage of the population today than in 1960, they are nevertheless a stable and substantial portion of the population.

Figure POP2 **Children under age 18 and adults ages 65 and older as a percentage of the U.S. population, 1950-2000 and projected 2001–20**



NOTE: All population figures for the year 2000 shown here are estimates based on the 1990 Census; they do not reflect Census 2000 counts. Population figures for 2001–20 are projections.

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

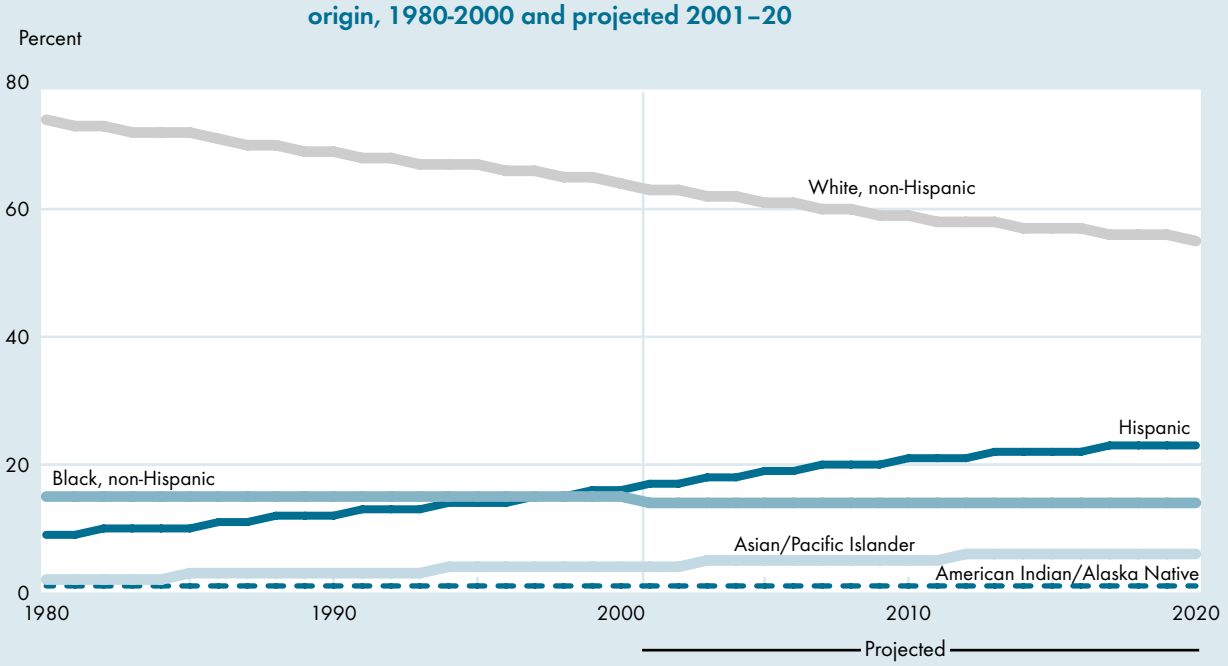
- In 2000, children made up 26 percent of the population, down from a peak of 36 percent at the end of the "baby boom."
- Since the mid-1960s, children have been decreasing as a proportion of the total U.S. population.
- Children are projected to remain a fairly stable percentage of the total population. They are projected to comprise 24 percent of the population in 2020.
- In contrast, senior citizens (adults ages 65 and older) have increased as a percentage of the total population since 1950, from 8 to 13 percent in 2000. By 2020, they are projected to make up 17 percent of the population.
- Together, children and senior citizens make up the "dependent population" (those persons who, because of their age, are less likely to be employed than others). In 1950, children made up 79 percent of the dependent population; by 2000, they made up 67 percent. This percentage is expected to continue to decrease, to 59 percent in 2020.

Bullets contain references to data that can be found in Table POP2 on page 68.

Racial and Ethnic Composition

Racial and ethnic diversity has grown dramatically in the United States in the last three decades. This increased diversity first manifests itself among children, and later in the older population. This diversity is projected to increase even more in the decades to come.

Figure POP3 **Percentage of U.S. children under age 18 by race and Hispanic origin, 1980-2000 and projected 2001–20**



NOTE: All population figures for the year 2000 shown here are estimates based on the 1990 Census; they do not reflect Census 2000 counts. Population figures for 2001–20 are projections.
SOURCE: U.S. Census Bureau, Population Estimates and Projections.

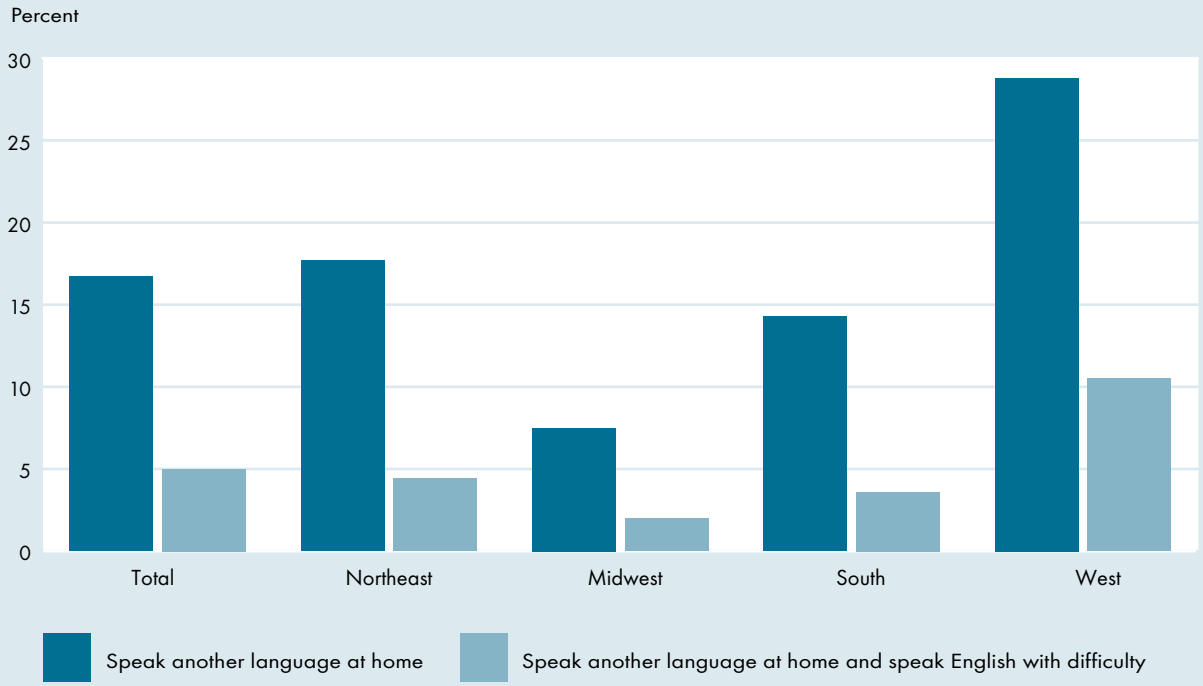
- In 2000, 64 percent of U.S. children were white, non-Hispanic; 16 percent were Hispanic; 15 percent were black, non-Hispanic; 4 percent were Asian/Pacific Islander; and 1 percent were American Indian/Alaska Native.
- The percentage of children who are white, non-Hispanic has decreased from 74 percent in 1980 to 64 percent in 2000.
- The percentages of black, non-Hispanic and American Indian/Alaska Native children have been fairly stable during the period from 1980 to 2000.
- The number of Hispanic children has increased faster than that of any other racial and ethnic group, growing from 9 percent of the child population in 1980 to 16 percent in 2000. By 2020, it is projected that more than 1 in 5 children in the United States will be of Hispanic origin.
- The percentage of Asian/Pacific Islander children doubled from 2 to 4 percent of all U.S. children between 1980 and 2000. Their percentage is projected to continue to increase to 6 percent in 2020.
- Increases in the percentages of Hispanic and Asian/Pacific Islander children are due to both fertility and immigration. Much of the growth in the percentage of Hispanic children is due to the relatively high fertility of Hispanic women.

Bullets contain references to data that can be found in Table POP3 on page 69.

Difficulty Speaking English

Children who speak languages other than English at home and who also have difficulty speaking English[1] may face greater challenges progressing in school and, once they become adults, in the labor market. Once it is determined that a student speaks another language, school officials must, by law, evaluate the child's English ability to determine whether the student needs services such as special instruction to improve his or her English and provide these services if needed.

Figure POP4 **Percentage of children ages 5 to 17 who speak a language other than English at home and who have difficulty speaking English by region, 1999**



SOURCE: U.S. Census Bureau, October Current Population Survey. Tabulated by the U.S. Department of Education, National Center for Education Statistics.

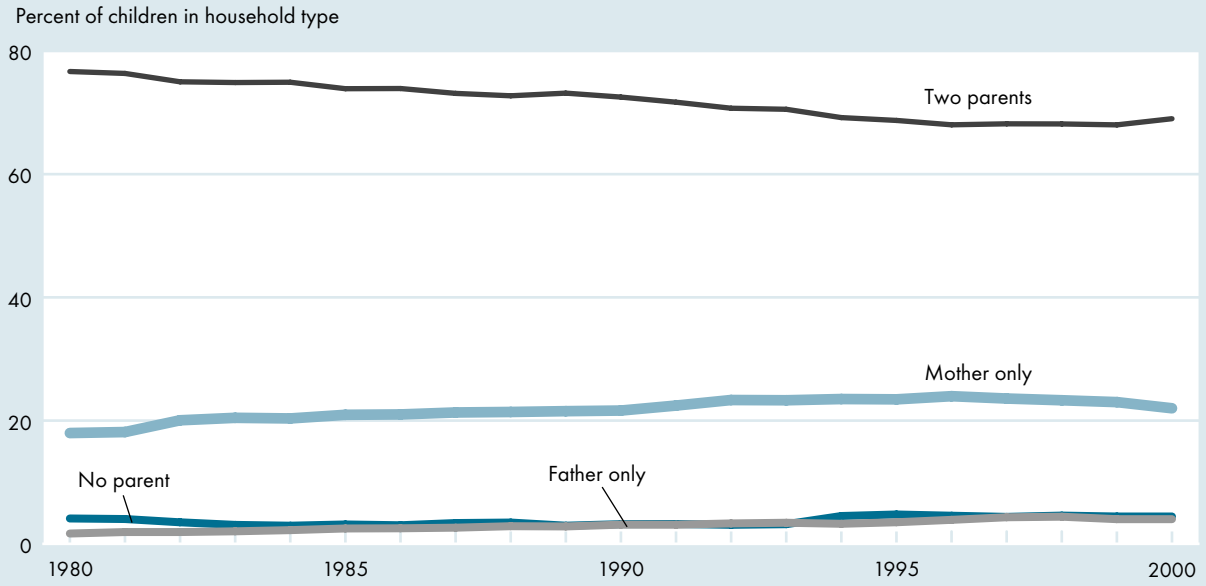
- The number of school-age children (ages 5 to 17) who spoke a language other than English at home and who had difficulty speaking English was 2.6 million in 1999, double the number (1.3 million) in 1979. This represented 5 percent of all school-age children in the United States.
- The percentage of children who speak English with difficulty varies by region of the country, from 2 percent of children in the Midwest to 11 percent of children in the West.
- Likewise, the percentage of children who speak another language at home (with or without difficulty speaking English) varies by region of the country, from 8 percent of children in the Midwest to 29 percent of children in the West. This difference is due largely to differing concentrations of immigrants and their descendants in the regions.
- White, non-Hispanic and black, non-Hispanic children are less likely than children of Hispanic or other (mostly Asian) origin to have difficulty speaking English. One percent of white, non-Hispanic and black, non-Hispanic children had difficulty speaking English in 1999, compared with 23 percent of children of Hispanic origin and 12 percent of children of Asian or other origin.

Bullets contain references to data that can be found in Table POP4 on page 70. Endnotes begin on page 58.

Family Structure and Children's Living Arrangements

The number of parents living with a child is generally linked to the amount and quality of human and economic resources available to that child. Children who live in a household with one parent are substantially more likely to have family incomes below the poverty line than are children who live in a household with two parents.

Figure POP5.A **Percentage of children under age 18 by presence of parents in household, 1980-2000**

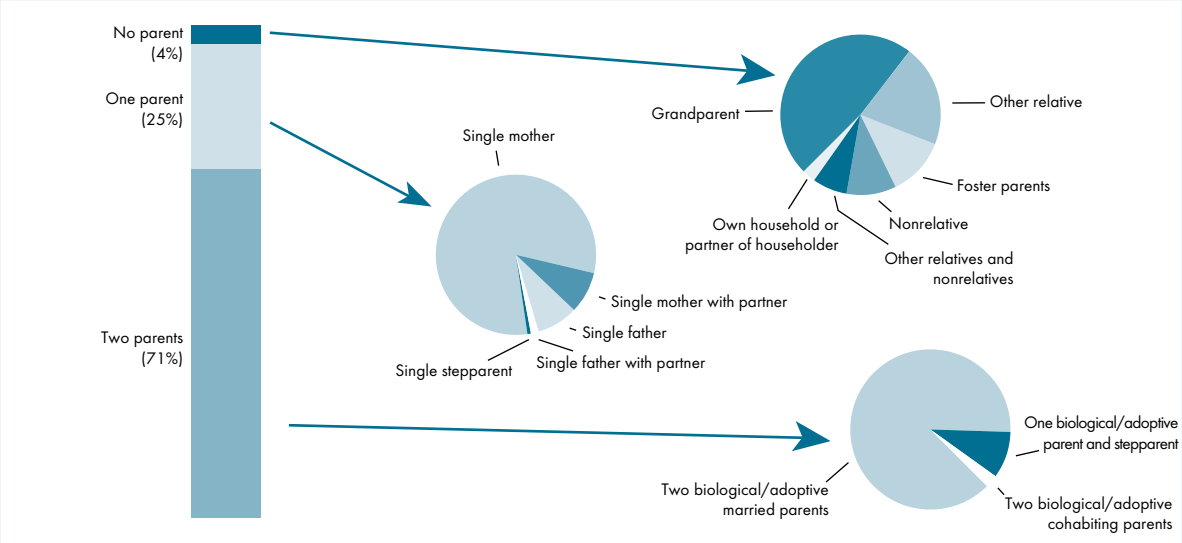


SOURCE: U.S. Census Bureau, March Current Population Survey.

- In 2000, 69 percent of American children lived with two parents, down from 77 percent in 1980.
- In 2000, about a fifth (22 percent) of children lived with only their mothers, 4 percent lived with only their fathers, and 4 percent lived with neither of their parents.[2]
- Since 1996, the percentage of children living with only one parent has not changed significantly.
- Among the factors associated with the change from 1980-96 in the percentage of children living with just one parent is the percentage of births that were to unmarried mothers.[3]
- White, non-Hispanic children are much more likely than black children and somewhat more likely than Hispanic children to live with two parents. In 2000, 77 percent of white, non-Hispanic children lived with two parents, compared with 38 percent of black children and 65 percent of children of Hispanic origin.

Most children spend the majority of their childhood living with two parents; however, significant proportions of children have more diverse living arrangements. Information about the presence of parents and other adults in the family, such as the parent's unmarried partner, grandparents, and other relatives, is important for understanding children's social, economic, and developmental well-being.

Figure POP5.B **Percentage of children under age 18 living in various family arrangements, 1996**



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

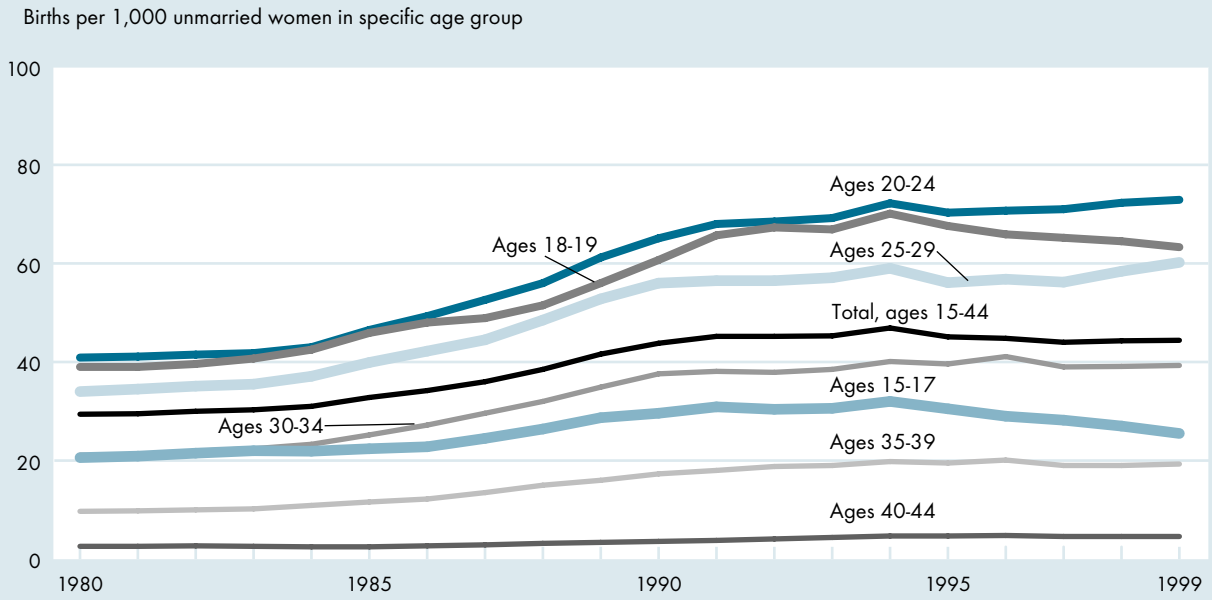
- A more detailed picture of children's living arrangements can be provided by a different data source than that used in POP5.A. The most recent data on various living arrangements are from 1996, 4 years earlier than the data presented in POP5.A, page 6. Therefore, the percentages shown in POP5.A are different from those in POP5.B. In 1996, there were 71.5 million children under age 18. Seventy-one percent of them lived with two parents, 25 percent lived with one parent, and about 4 percent lived in households without parents.
- Among children living with two parents, 91 percent lived with both biological or adoptive parents and 9 percent lived with a biological or adoptive parent and a stepparent. About four-fifths of children living with a stepparent lived with their mother and a stepfather.
- About 3 percent of children who lived with both biological or adoptive parents had parents who were not married.
- The majority of children living with one parent lived with their single mother. Some of these single parents had cohabiting partners. Sixteen percent of children living with single fathers and 9 percent of children living with single mothers also lived with their parents' partners. Overall, 3.3 million children (5 percent) lived with a parent or parents who were cohabiting.
- Among the 2.6 million children (4 percent) not living with either parent in 1996, half (1.3 million) lived with grandparents, while about 21 percent lived with other relatives, and another 22 percent lived with nonrelatives. Of children in nonrelatives' homes, about half (313,000) lived with foster parents.
- Older children were less likely to live with two parents—66 percent of children ages 15 to 17 compared with 71 percent of children ages 5 to 14 and 74 percent of those under age 5. Among children living with two parents, older children were more likely than younger children to live with a stepparent and less likely to live with cohabiting parents.

Bullets contain references to data that can be found in Tables POP5.A and POP5.B on pages 71-73. Endnotes begin on page 58.

Births to Unmarried Women

Increases in births to unmarried women are among the many changes in American society that have affected family structure and the economic security of children.[3] Children of unmarried mothers are at higher risk of having adverse birth outcomes, such as low birthweight and infant mortality, and are more likely to live in poverty than children of married mothers.[4-7]

Figure POP6.A **Birth rates for unmarried women by age of mother, 1980-99**

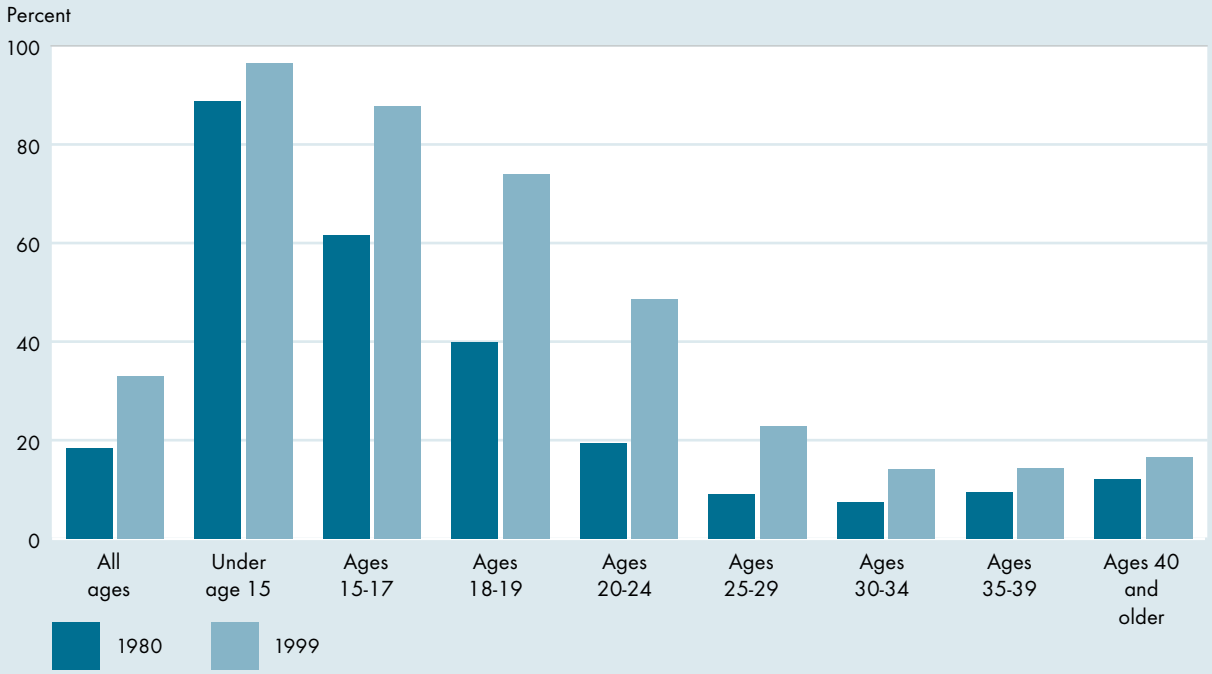


SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

- There were 44 births for every 1,000 unmarried women ages 15 to 44 in 1999.
- Between 1980 and 1994, the birth rate for unmarried women ages 15 to 44 increased from 29 to 47 per 1,000. The rate has since stabilized; between 1994 and 1997-99 the rate fell slightly to 44 per 1,000.
- During the 1980-94 period, birth rates increased sharply for unmarried women in all age groups. The birth rate for unmarried women ages 15 to 17 increased from 21 to 32 per 1,000, and the rate for unmarried women ages 18 to 19 rose from 39 to 70 per 1,000. The birth rate for unmarried women ages 20 to 24 increased from 41 to 72 per 1,000. Between 1994 and 1999, rates by age declined for all women under age 20 and stabilized for women 20 and older.
- The long-term rise between 1960 and 1994 in the nonmarital birth rate is linked to a number of factors.[7] The proportion of women of childbearing age who are unmarried increased (from 29 percent in 1960 to 46 percent in 1994), concurrent with an increase in nonmarital cohabitation. About 20 to 25 percent of unmarried women ages 25 to 44 were in cohabiting relationships in 1992-94.[8] The likelihood that an unmarried woman will marry before the child is born declined steeply from the early 1960s to the early 1980s and continued to fall, although more modestly, through the early 1990s.[9] At the same time, childbearing within marriage declined: births to married women declined from 4 million in 1960 to 2.7 million in 1994, and the birth rate for married women fell from 157 per 1,000 in 1960 to 84 per 1,000 in 1994.[5-7] All of these measures stabilized in the mid-1990s, as the nonmarital birth rate also steadied.

Children are at greater risk for adverse consequences when born to a single mother because the social, emotional, and financial resources available to the family may be more limited.[4] 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. This measure is also useful in monitoring trends and variations in births to unmarried women at the State and local levels.[10] The percentage of births to unmarried women is affected by several factors, including birth rates for married and unmarried women and the number of unmarried women. Significant changes occurred in all these measures between 1980 and 1999.[6,7,11]

Figure POP6.B **Percentage of all births that are to unmarried women by age of mother, 1980 and 1999**



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

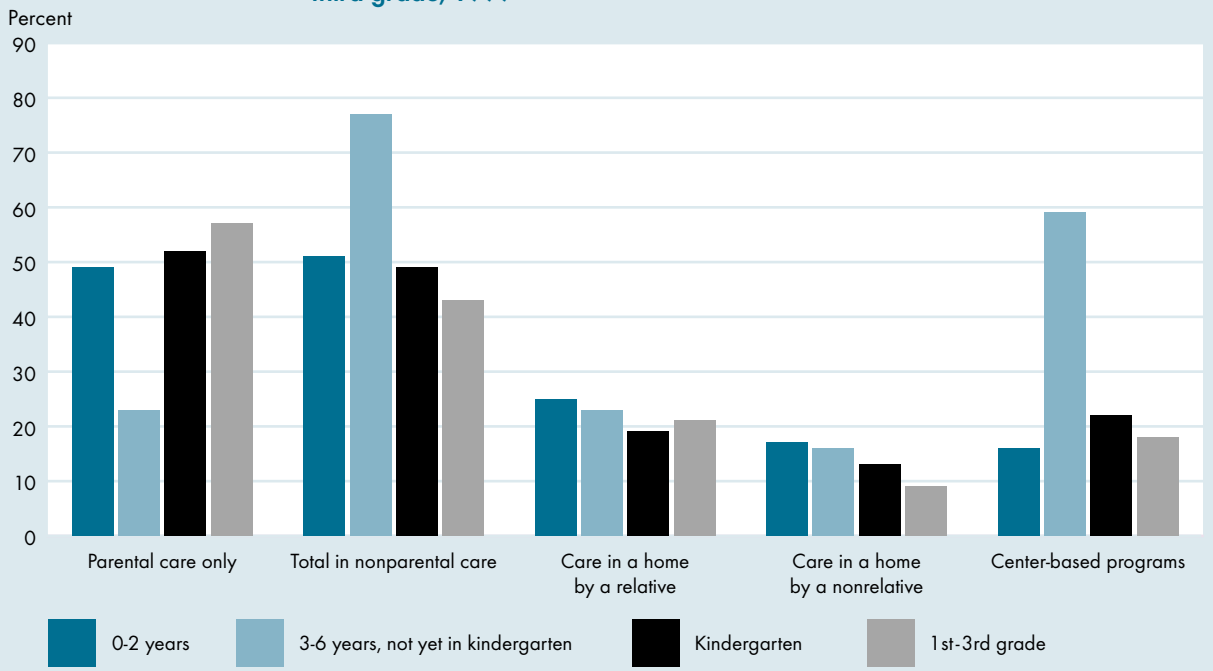
- In 1999, 33 percent of all births were to unmarried women.
- The percentage of all births to unmarried women rose sharply from 18 percent in 1980 to 33 percent in 1994. From 1994 to 1997, the proportion was relatively stable at about 32 percent, and then increased slightly to 33 percent in 1998-99.[5,7,12]
- During the 1980-99 period, the proportions of births to unmarried women rose sharply for women in all age groups. Among teenagers, the proportions were high throughout the period and continued to rise, from 62 to 88 percent for ages 15 to 17 and from 40 to 74 percent for ages 18 to 19. The proportions more than doubled for births to women in their twenties, rising from 19 to 49 percent for ages 20 to 24 and from 9 to 23 percent for ages 25 to 29. The proportion of births to unmarried women ages 30 and older increased from 8 to 14 percent.[7,12]
- One-third of all births, including 4 in 10 first births, were to unmarried women in 1999. Nearly two-thirds of women under age 25 having their first child were not married.
- The increases in the proportions of births to unmarried women, especially during the 1980s, are linked to sharp increases in the birth rates for unmarried women in all age groups during this period, concurrent with declines in birth rates for married women. In addition, the number of unmarried women increased by about one-fourth as more and more women from the baby-boom generation postponed marriage.[7,11]

Bullets contain references to data that can be found in Tables POP6.A and POP6.B on page 74. Endnotes begin on page 58.

Child Care

Increasing proportions of children are spending substantial amounts of time in the care of a child-care provider other than their parents. While researchers continue to assess the effects of child care on child development, it is important to monitor over time the way many children receive care. Children receive a variety of types of care, including care in home by a relative, care in home by a nonrelative, and center-based care or early education. This indicator presents the most recent data on regular child-care arrangements regardless of parents' work status and the types of settings where that care is provided, by the age of the child.

Figure POP7 **Percentage of children by type of care arrangement from birth through third grade, 1999**



NOTE: Some children participate in more than one type of arrangement, so the sum of all arrangement types exceeds the total percentage in nonparental care. Center-based programs include day care centers, prekindergartens, nursery schools, Head Start programs, and other early childhood education programs. Relative and nonrelative care can take place in either the child's own home or another home.

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

- In 1999, 54 percent of children from birth through 3rd grade received some form of child care on a regular basis from persons other than their parents. This translates to close to 20 million children and represents an increase over 1995, when 51 percent of children through 3rd grade received child care.
- The type of child care received is related to the age of the child. Children from birth through age 2 were more likely to be in home-based care, either with a relative or nonrelative, than to be in center-based care. Forty-one percent were in home-based care (about 24 percent with a relative and 17 percent with a nonrelative), and about 16 percent were in center-based care in 1999.
- Children ages 3 to 6 who are not yet in kindergarten are more likely to be in a center-based child-care arrangement, which includes nursery schools and other early childhood education programs. Sixty percent of these children were in center-based care, compared to 39 percent in home-based care (23 percent in relative care and 16 percent in nonrelative care) in 1999.
- Kindergartners were more likely to be in home-based care (33 percent) than in center-based care (22 percent).
- Among children attending 1st through 3rd grade, children were more likely to be in home-based care with a relative (21 percent) than in a center (18 percent) or in a home with a nonrelative (9 percent) in 1999.
- About 22 percent of 3- to 6-year-olds were in multiple types of arrangements, compared with 6 percent in the other age groups.

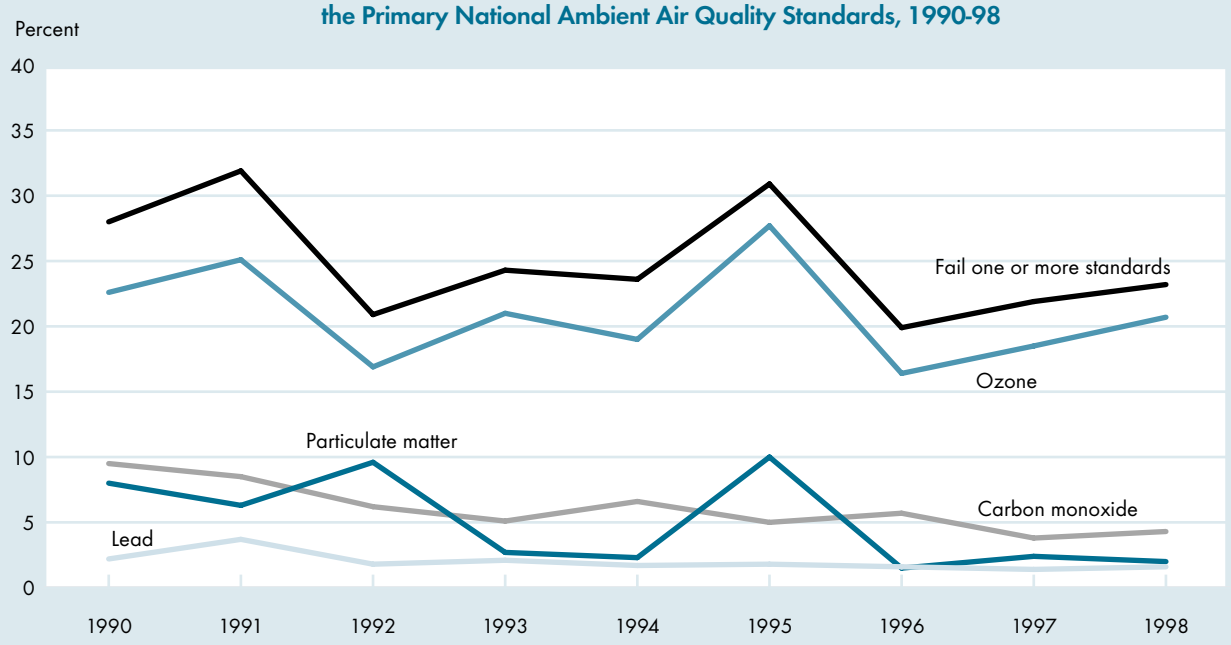
Bullets contain references to data that can be found in Table POP7 on page 75.

Children's Environments

The environment in which children live plays an important role in their health and development. Children need a clean, safe place in which they can grow and play. Children may be more vulnerable to environmental contaminants because of their increased potential for exposure to pollutants, since they eat, drink, and breathe more per body weight than adults. In addition, environmental contaminants in air, food, drinking water, and other sources are associated with a number of different ailments, and these contaminants may disproportionately affect children because they are still developing.[13-17] One important measure of environmental quality is the percentage of children living in areas that do not meet the National Ambient Air Quality Standards. Polluted air is associated with increased asthma episodes and other respiratory illnesses. While air pollution is one important measure of children's environments, further research is needed to develop a more complete measure of overall environmental quality for children.

Figure POP8

Percentage of children under age 18 living in areas that do not meet at least one of the Primary National Ambient Air Quality Standards, 1990-98



NOTE: The U.S. Environmental Protection Agency has set national air quality standards for six principal pollutants (referred to as "criteria" pollutants): carbon monoxide (CO), lead (Pb), nitrogen dioxide (NO_2), ozone (O_3), particulate matter (PM), and sulfur dioxide (SO_2). Nitrogen dioxide and sulfur dioxide are not included in the graph because essentially all areas met the Primary National Ambient Air Quality Standards for these pollutants after 1991.

SOURCE: U.S. Environmental Protection Agency, Office of Air and Radiation, Aerometric Information Retrieval System.

- In 1998, 23 percent of children lived in areas that did not meet at least one of the Primary National Ambient Air Quality Standards, down from 28 percent in 1990. The Clean Air Act established Primary National Ambient Air Quality Standards which are designed to establish limits to protect public health, including the health of sensitive populations such as asthmatics and children.
- In 1998, 2 percent of children, or approximately 1 million, lived in areas that did not meet the National Ambient Air Quality Standard for lead. High levels of lead are dangerous to children because they can lead to neurological and developmental problems.
- The EPA is implementing new standards for particulate matter and ozone to better protect public health, including children. This chart does not reflect the new standards.
- Ozone accounts for most of the areas that do not meet the Primary National Ambient Air Quality Standards. Both particulate matter and ozone can cause respiratory problems and aggravate respiratory diseases, such as asthma, in children. These problems can lead to hospital and emergency room visits.

Bullets contain references to data that can be found in Table POP8 on page 76. Endnotes begin on page 58.

Data Needed

Population and Family Characteristics

Current data collection systems at the national level do not provide extensive detailed information on children's lives, their families and their caregivers. Certain topical databases provide some of this information, but data need to be collected across domains of child well-being and to be collected regularly enough to discern trends in where, how, and with whom children spend their time. More data are also needed on:

- *Family interactions.* Information is needed about children's interactions with non-resident parents, particularly fathers. A subcommittee of the Federal Interagency Forum on Child and Family Statistics is currently working to improve data on family formation and fatherhood.
- *Time use.* A regular source of data is needed to track how and where children spend their time and how these patterns change over time. For example, data on how much time children spend in school, in day care, in after-school activities, using a computer, and interacting with one or both parents and how much time youth spend at work would provide valuable insights. Currently, Federal surveys collect information on the amount of time children spend on certain activities, such as watching television, but no regular Federal data source examines time spent on the whole spectrum of children's activities. The inclusion in surveys of additional questions on time use by children and adults is currently being investigated by several member agencies of the Forum. The Bureau of Labor Statistics has plans to conduct a continuous time use survey, beginning in 2003, that will cover time invested in the care of children, as well as time spent in other market and non-market activities.
- *Children's environments.* Further data are needed to monitor the environments of children and their potential exposure to environmental contaminants. In particular, data are needed to describe children's potential exposure to contaminants in drinking water and food.

PART II

Indicators of Children's Well-Being

Part II: *Indicators of Children's Well-Being* contains data on key indicators that measure the health, security, and safety of the environment in which children play, learn, and grow. Unlike the data presented in Part I of the report, which describe the changing context in which children live, the data in Part II offer insight into the condition of American children by providing information in four key areas of child well-being: economic security, health, behavior and social environment, and education.

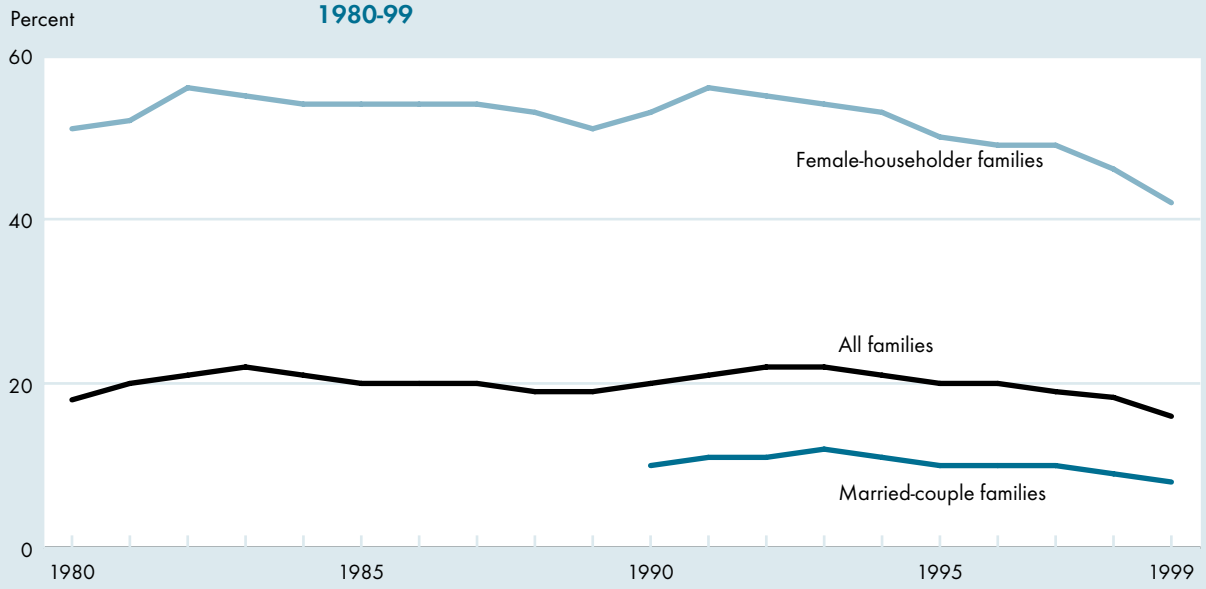
Economic Security Indicators

The well-being of children depends greatly on the material well-being of their family. The Economic Security indicators presented in this section attempt to measure a family's ability to access basic material needs. The first two indicators measure the economic well-being of children through the family's access to income and the resident parent or parents' employment status. The final three indicators measure the accessibility of three economic necessities — housing, food, and health care. Additional important indicators of children's economic well-being for which data are not available include measures of family income and poverty over longer period of times, as well as homelessness.

Child Poverty and Family Income

Childhood poverty has both immediate and lasting negative effects. Children in low-income families fare less well than children in more affluent families for many of the indicators presented in this report, including indicators in the areas of economic security, health, and education. Compared with children living in families above the poverty line, children living below the poverty line are more likely to have difficulty in school,[18] to become teen parents,[19] and, as adults, to earn less and be unemployed more frequently.[18] The child poverty rate provides important information about the percentage of U.S. children whose current circumstances make life difficult and jeopardize their future economic well-being.

Indicator ECON1.A **Percentage of related children under age 18 in poverty by family structure, 1980-99**



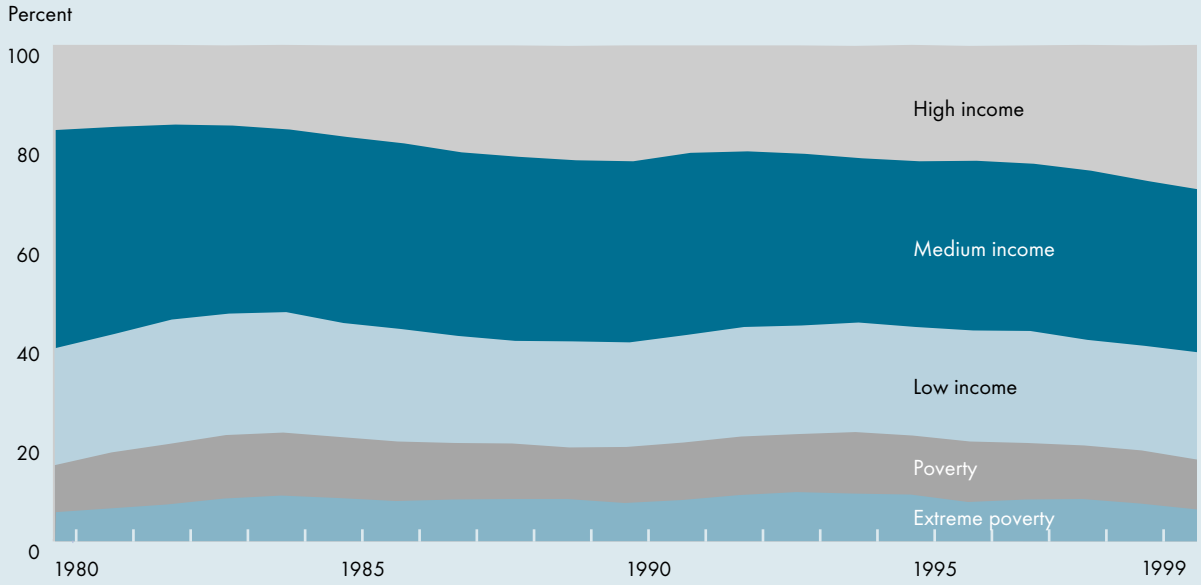
NOTE: Estimates refer to children who are related to the householder and who are under age 18. In 1999, the average poverty threshold for a family of four was $17,029 in annual income.

SOURCE: U.S. Census Bureau, March Current Population Survey.

- The proportion of children living in families with incomes below the poverty threshold continued to decline from 18 percent in 1998 to 16 percent in 1999. The poverty rate for children has fluctuated since the early 1980s: it reached a high of 22 percent in 1993 and has since decreased to 16 percent, the lowest rate since 1979.
- This decrease in the poverty rate is also apparent for children living in female-householder families. In 1980, 51 percent of children living in female-householder families were living in poverty; by 1999 this rate had decreased to 42 percent. This change is even more pronounced for black children: the percent of black children living in female-householder families in poverty wavered around 66 percent until 1993 and has since declined to 52 percent in 1999.
- Children under age 6 are more likely to be living in families with incomes below the poverty line than children ages 6 to 17. In 1999, 18 percent of children under age 6 lived in poverty, compared with 16 percent of older children.
- Children in married-couple families are much less likely to be living in poverty than children living only with their mothers. In 1999, 8 percent of children in married-couple families were living in poverty, compared to 42 percent in female-householder families.
- This contrast by family structure is especially pronounced among certain racial and ethnic groups. For example, in 1999, 11 percent of black children in married-couple families lived in poverty, compared with 52 percent of black children in female-householder families. Twenty-two percent of Hispanic children in married-couple families lived in poverty, compared with 52 percent in female-householder families.
- The poverty rate of black or Hispanic children is much higher than the poverty rate of white, non-Hispanic children. In 1999, 9 percent of white, non-Hispanic children lived in poverty, compared with 33 percent of black children and 30 percent of Hispanic children.
- In 1999, 6 percent of all children lived in families with incomes less than half the poverty level, or $8,515 a year on average for a family of four, while 28 percent of children lived in families with incomes less than 150 percent of the poverty level, or $25,544 a year on average for a family of four.

The full distribution of the income of children's families is important, not just the percentage in poverty. The rise in the number of children living in affluent families tells us that a growing proportion of America's children enjoy economic well-being. The growing gap between rich and poor children suggests that poor children may experience more relative deprivation even if the percentage of poor children is declining.

Indicator ECON1.B **Percentage of related children under age 18 by family income relative to the poverty line, 1980-99**



NOTE: Estimates refer to children who are related to the householder and who are under age 18. The income classes are derived from the ratio of the family's income to the family's poverty threshold. Extreme poverty is less than 50 percent of the poverty threshold (i.e., $8,515 for a family of four in 1999). Poverty is between 50 and 99 percent of the poverty threshold (i.e., between $8,515 and $17,028 for a family of four in 1999). Low income is between 100 and 199 percent of the poverty threshold (i.e., between $17,029 and $34,057 for a family of four in 1999). Medium income is between 200 and 399 percent of the poverty threshold (i.e., between $34,058 and $68,115 for a family of four in 1999). High income is 400 percent of the poverty threshold or more (i.e., more than $68,115 for a family of four in 1999). Very high income is 600 percent of the poverty threshold or more (i.e., $102,174 or more for a family of four in 1999).[20]

SOURCE: U.S. Census Bureau, March Current Population Survey.

- In 1999, more children lived in families with medium income (33 percent) than in other income groups. Smaller percentages of children lived in families with low income and with high income, 22 and 29 percent, respectively.
- The percentage of children living in families with medium income has fallen from 41 percent in 1980 to 33 percent in 1999, while the percentage of children living in families with high income has risen, from 17 to 29 percent.
- The percentage of children living in families experiencing extreme poverty was 7 percent in 1980. This percentage rose to 10 percent in 1993 and has since decreased to 6 percent in 1999. Concurrently, three times as many children live in families with very high income in 1999 compared with 1980 (12 and 4 percent, respectively).

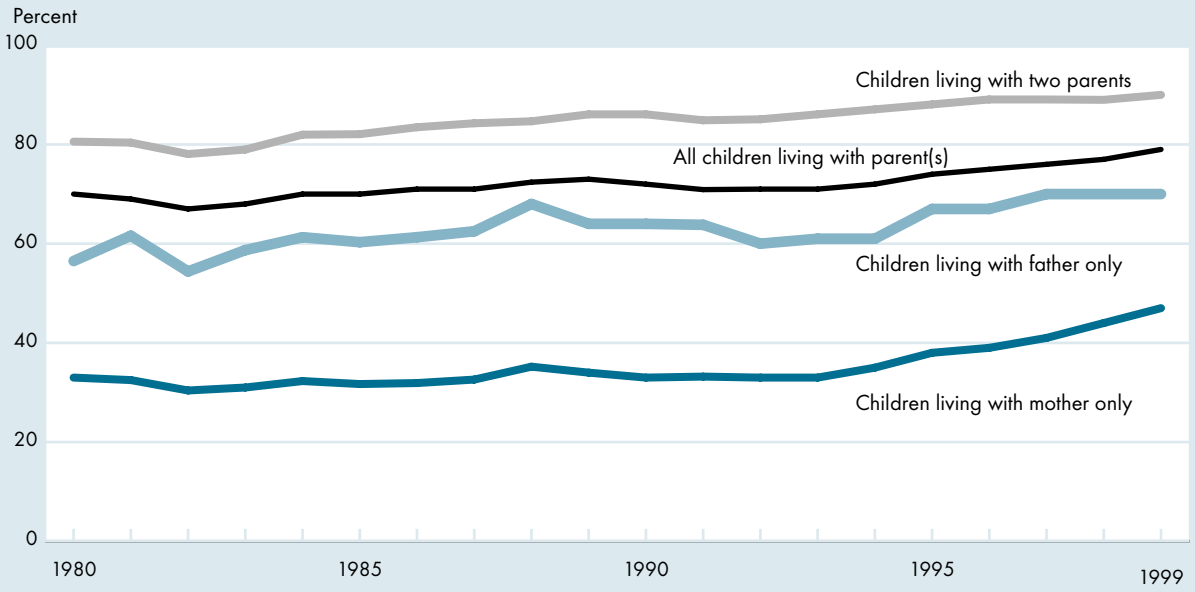
Bullets contain references to data that can be found in Tables ECON1.A and ECON1.B on pages 77-78. Endnotes begin on page 58.

Secure Parental Employment

Secure parental employment reduces the incidence of poverty and its attendant risks to children. Since most parents obtain health insurance for themselves and their children through their employers, a secure job can also be a key variable in determining whether children have access to health care. Secure parental employment may also enhance children's psychological well-being and improve family functioning by reducing stress and other negative effects that unemployment and underemployment can have on parents.[21,22] One measure of secure parental employment is the percentage of children whose resident parent or parents were employed full time during a given year.

Indicator ECON2

Percentage of children under age 18 living with at least one parent employed full time all year by family structure, 1980-99



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

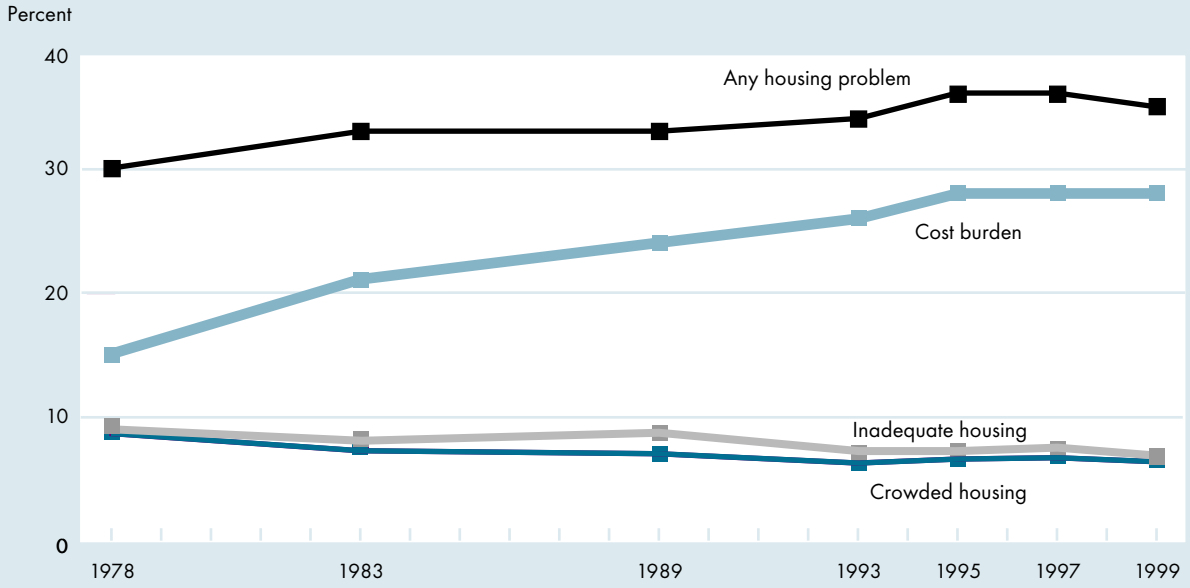
- Since 1990, the trend in secure parental employment has paralleled the overall trend in employment. The percentage of children who had at least one parent working full time all year continued to increase in 1999 to 79 percent from 77 percent in 1998.
- A disproportionate share of the increase in the percentage of children living with at least one parent employed full time all year was due to the increase in the percentage of children living with single mothers who are employed, which increased from 33 percent in 1993 to 47 percent in 1999.
- In 1999, 90 percent of children living in two-parent families had at least one parent who was a full-time, year-round worker. In contrast, 70 percent of children living with a single father and 47 percent of children living with a single mother had a parent who worked full time all year.
- Black, non-Hispanic children and Hispanic children were less likely than white, non-Hispanic children to have a parent working full time all year. However, the proportions of black, non-Hispanic children and Hispanic children with a parent employed full time all year has increased much faster than for white, non-Hispanic children. Between 1993 and 1999, the percentage of black, non-Hispanic children that had a parent working full time all year increased from 49 percent to 64 percent and from 57 percent to 71 percent for Hispanic children. In comparison, the percentage of white, non-Hispanic children that had a parent working full time all year increased from 79 percent to 84 percent during the same time period.
- In 1999, children living in poverty were much less likely to have a parent working full time all year than children living at or above the poverty line, 31 percent and 88 percent, respectively. For children living with both parents, 52 percent of poor children had at least one parent working full time all year compared with 93 percent of children living above poverty.
- Children living below the poverty line have become increasingly likely to have one or two parents working full-time, all year. In 1980, 21 percent of children below poverty had at least one parent working full-time, all year. By 1999, this number was 31 percent.
- Between 1980 and 1999, the percentage of children living in two-parent families in which both the mother and father worked full time all year increased from 17 to 32 percent.

Bullets contain references to data that can be found in Table ECON2 on pages 79-80. Endnotes begin on page 58.

Housing Problems

Inadequate, crowded, or costly housing can pose serious problems to children's physical, psychological, or material well-being.[23] The percentage of households with children that report that they are living in physically inadequate,[24] crowded, and/or costly housing provides an estimate of the percentage of children whose well-being may be affected by their family's housing.

Indicator ECON3 **Percentage of households with children under age 18 that report housing problems by type of problem, selected years 1978-99**



NOTE: Data are available for 1978, 1983, 1989, 1993, 1995, 1997, and 1999.

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

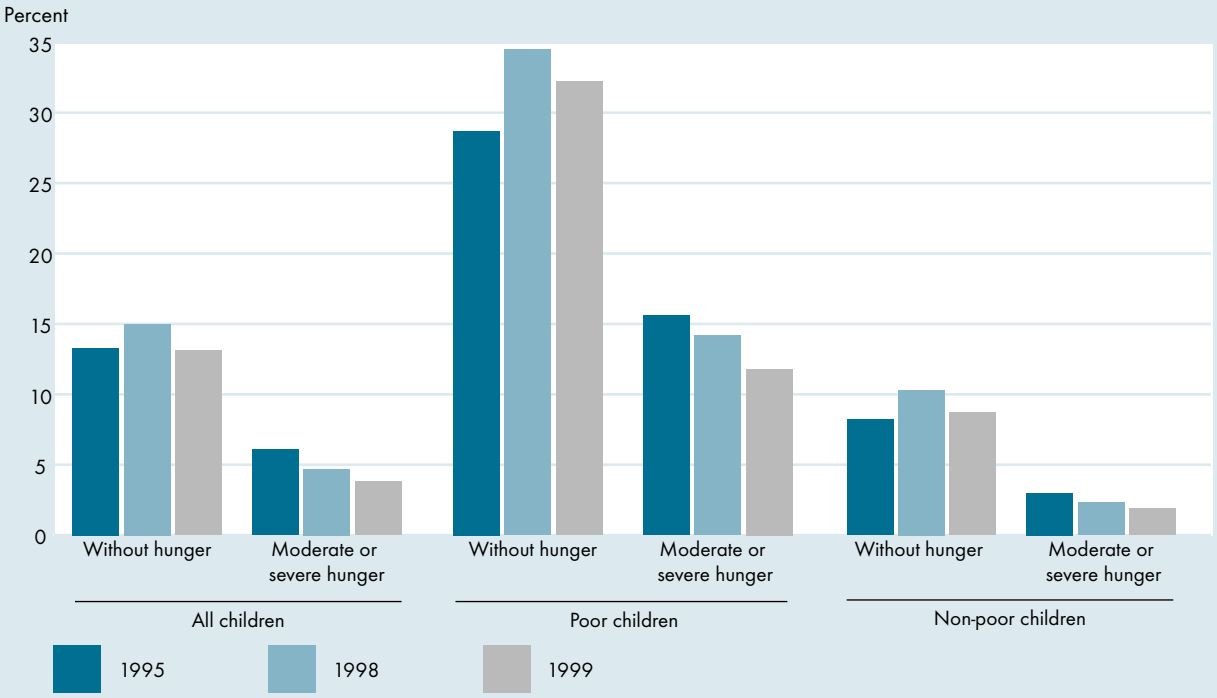
- In 1999, 35 percent of U.S. households (both owners and renters) with children had one or more of three housing problems: physically inadequate housing, crowded housing, or housing that cost more than 30 percent of household income.[25]
- The share of U.S. households with children that have any housing problems rose between 1978 and 1995 and has since stabilized.
- Inadequate housing, defined as housing with severe or moderate physical problems, has become slightly less common. In 1999, 7 percent of households with children had inadequate housing, compared with 9 percent in 1978.
- Crowded housing, defined as housing in which there is more than one person per room, has also declined slightly among households with children, from 9 percent in 1978 to 7 percent in 1999.
- Improvements in housing conditions, however, have been accompanied by rising housing costs. Between 1978 and 1999, the percentage of households with children with a cost burden—that is, paying more than 30 percent of their income for housing—rose from 15 percent to 28 percent. The percentage with severe cost burdens, paying more than half of their income for housing, rose from 6 to 11 percent.
- Households that receive no rental assistance and have severe cost burdens or physical problems are defined as having severe housing problems.[26] In 1999, 11 percent of households with children had severe housing problems. Although the 1997 and 1999 data are not directly comparable to estimates for earlier years, severe housing problems increased from 8 percent in 1978 to 12 percent in 1995 because of a rise in the percentage of families reporting severe cost burdens.
- Severe housing problems are especially prevalent among very-low-income renters.[27] In 1999, 29 percent of very-low-income renter households with children reported severe housing problems, with severe cost burden the major problem. Although the percentage of these families having severe housing problems has fallen since 1978, the number with such problems grew from 1.4 million in 1978 to 1.8 million in 1999, again because the number of households with severe cost burdens rose.

Bullets contain references to data that can be found in Table ECON3 on page 81. Endnotes begin on page 58.

Food Security and Diet Quality

Children's good health and development depend on a diet sufficient in nutrients and calories. Food security has been defined as access at all times to enough nourishment for an active, healthy life. At a minimum, food security includes the ready availability of sufficient, nutritionally adequate, and safe food and the assurance that families can obtain adequate food without relying on emergency feeding programs or resorting to scavenging, stealing, or other desperate efforts to secure food.[28] A family's ability to provide for children's nutritional needs is linked to income or other resources and secure access to adequate, nutritious food. Members of food-insecure households are at risk of hunger. The following indicator measures food insecurity on a scale that indicates increasing levels of severity of food insecurity and, at the more severe levels, hunger. Food-insecure households without hunger report having difficulty obtaining enough food, reduced quality of diets, anxiety about their food supply, and increasingly resorting to emergency food sources and other coping behaviors, but do not report hunger to a significant degree. Food-insecure households with hunger report multiple indicators of hunger among adults and, at more severe levels, among children.

Indicator ECON4.A **Percentage of children under age 18 by poverty status in households experiencing food insecurity, by level of severity, selected years 1995-99**



NOTE: See Table ECON4.A for details on the food security scale. Data for 1996 and 1997 are not shown because they are not strictly comparable with data for 1995, 1998, and 1999 due to methodology differences.

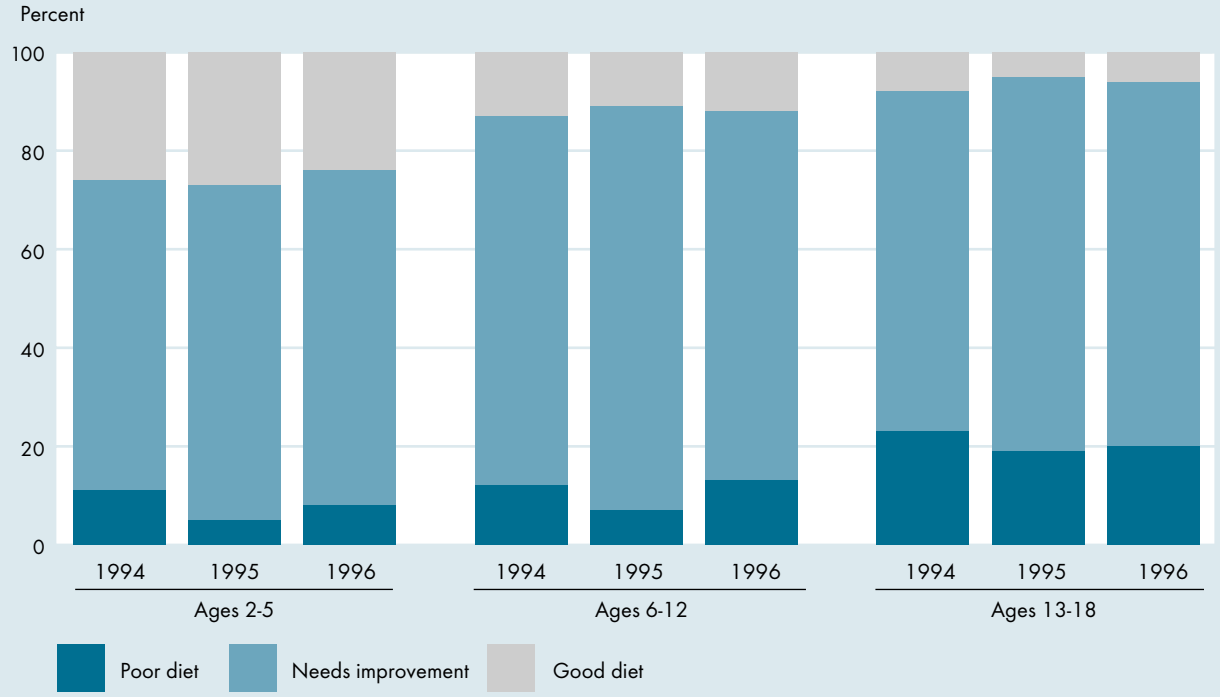
SOURCE: U.S. Census Bureau, Food Security Supplement to the Current Population Survey. U.S. Department of Agriculture, Economic Research Service and Food and Nutrition Service, Office of Analysis and Evaluation.

- In 1999, 3.8 percent of children lived in households experiencing food insecurity with hunger, primarily among adults (children's hunger becomes prevalent only at more severe levels of adult hunger).
- Children living in households below poverty are much more likely than other children to live in households experiencing food insecurity with hunger. In 1999, 11.8 percent of children in households with incomes below the Federal poverty level experienced food insecurity with hunger, compared with 1.9 percent of children in households with income above the poverty level.
- Most food-insecure households do not report actual hunger for household members. In 1999, 13.1 percent of all children and 32.2 percent of poor children lived in households experiencing food insecurity without hunger.
- The number of children who actually experience hunger themselves, even though they may live in a food-insecure household where one or more family members experience hunger, is believed to be significantly smaller than the total number of children living in such households. This is because in most such households the adults go without food, if necessary, so that the children will have food.[29]

The diet quality of children and adolescents is of concern because poor eating patterns established in childhood usually transfer to adulthood. Such patterns are major factors in the increasing rate of child obesity over the past decades and are contributing factors to certain diseases. The Healthy Eating Index (HEI) is a summary measure of diet quality. The HEI consists of 10 components, each representing different aspects of a healthful diet. Components 1 to 5 measure the degree to which a person's diet conforms to the U.S. Department of Agriculture's Food Guide Pyramid serving recommendations for the five major food groups: grains, vegetables, fruits, milk, and meat/meat alternatives. Components 6 and 7 measure fat and saturated fat consumption. Components 8 and 9 measure cholesterol intake and sodium intake, and component 10 measures the degree of variety in a person's diet. Scores for each component are given equal weight and added to calculate an overall HEI score. This overall HEI score is then used to determine diet quality based on a scale established by nutrition experts.[30]

Indicator ECON4.B

Percentage distribution of children ages 2 to 18 by age and diet quality as measured by the Healthy Eating Index, 1994-96



NOTE: The maximum combined score for the 10 components is 100. An HEI score above 80 implies a good diet, an HEI score between 51 and 80 implies a diet that needs improvement, and an HEI score less than 51 implies a poor diet.

SOURCE: U.S. Department of Agriculture, Center for Nutrition Policy and Promotion, Continuing Survey of Food Intakes by Individuals.

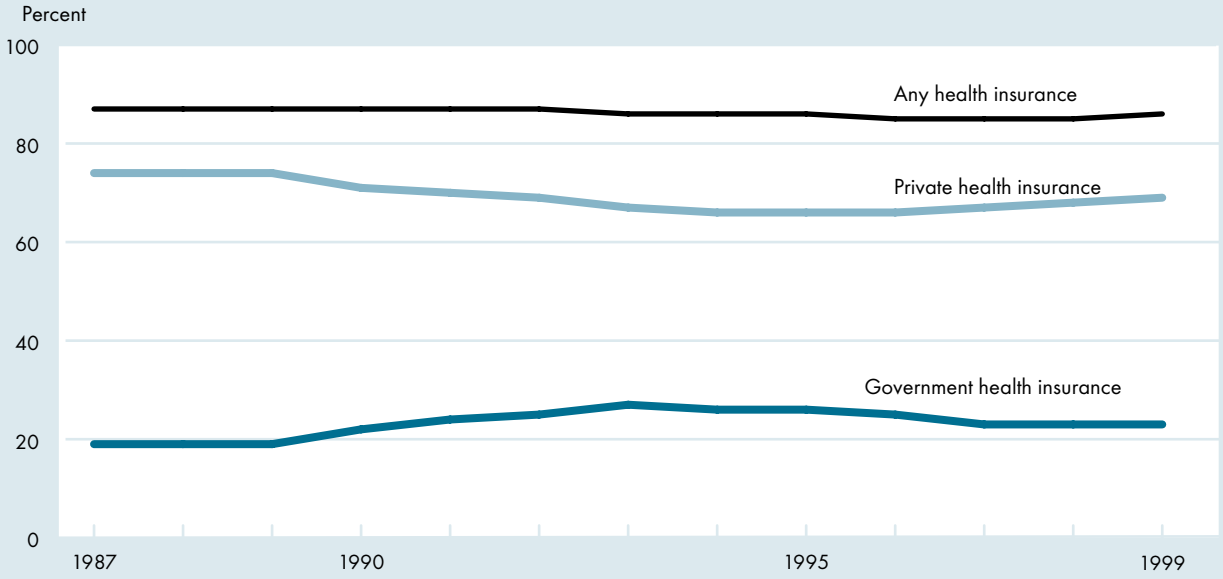
- In 1996, most children and adolescents had a diet that was poor or needed improvement, as indicated by their HEI score.
- As children get older, their diet quality declines. In 1996, among children ages 2 to 5, 24 percent had a good diet and 8 percent had a poor diet. For those ages 13 to 18, 6 percent had a good diet and 20 percent had a poor diet.
- The lower-quality diets of older children are linked to declines in their fruit and milk consumption.
- Children in families below poverty are less likely than higher-income children to have a diet rated as good. For children ages 2 to 5, 19 percent of those in poverty had a good diet in 1994-96, compared with 28 percent of those living above the poverty line.
- The diet quality of children and adolescents was similar in 1994, 1995, and 1996—most children in each of these years had a diet that was poor or needed improvement.

Bullets contain references to data that can be found in Tables ECON4.A - ECON4.D on pages 82-84. Endnotes begin on page 58.

Access to Health Care

Children with access to health care have reasonable assurance of obtaining the medical attention needed to maintain their physical well-being. Access involves both the availability of a regular source of care and the ability of the child's family, or someone else, to pay for it. Children with health insurance (government or private) are much more likely than children without insurance to have a regular and accessible source of health care. The percentage of children who have health insurance coverage for at least part of the year is one measure of the extent to which families can obtain preventive care or health care for a sick or injured child.

Indicator ECON5.A **Percentage of children under age 18 covered by health insurance by type of health insurance, 1987-99**



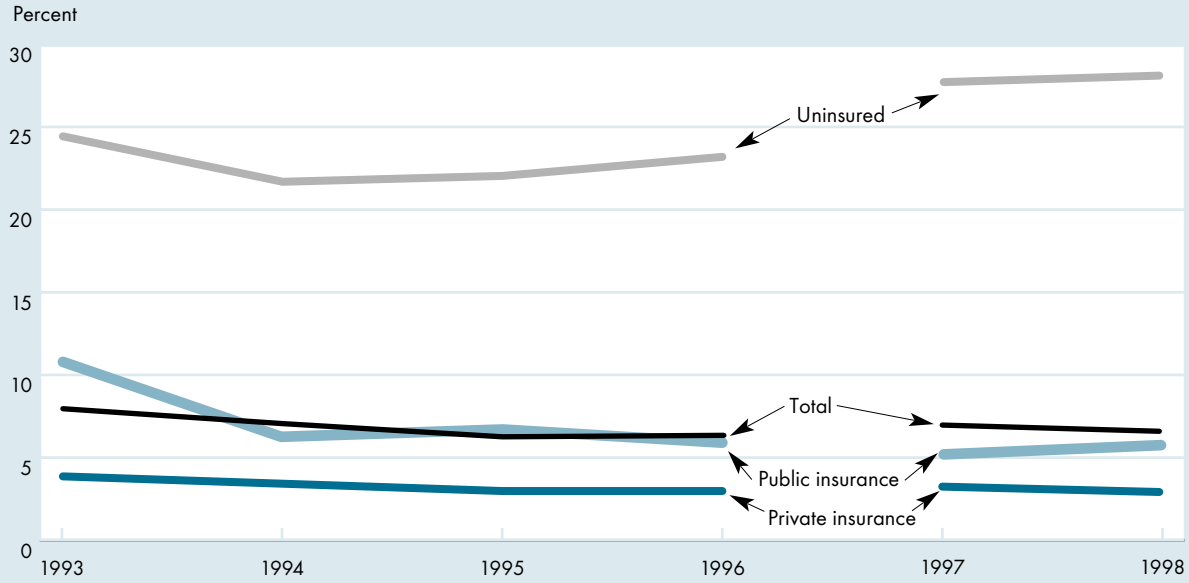
NOTE: Government health insurance for children consists primarily of Medicaid, but also includes Medicare, SCHIP (the State Children's Health Insurance Programs), and CHAMPUS/Tricare, the health benefit program for members of the armed forces and their dependents.

SOURCE: U.S. Census Bureau, Current Population Survey.

- In 1999, 86 percent of children had health insurance coverage. Between 85 and 87 percent of children have had health insurance since 1987.
- The number of children who had no health insurance at any time during 1999 was 10 million (14 percent of all children). The proportion of uninsured children declined in 1999, and was the lowest since 1995. The number and the percentage of uninsured children was significantly lower than the 1998 figures of 11.1 million and 15 percent.
- The proportion of children covered by private health insurance decreased from 74 percent in 1987 to 66 percent in 1994 and then increased to 69 percent in 1999. During the same time period, the proportion of children covered by government health insurance grew from 19 percent in 1987 to a high of 27 percent in 1993; it has since decreased to 23 percent in 1999.[31]
- Hispanic children are less likely to have health insurance than either white, non-Hispanic or black children. In 1999, 73 percent of Hispanic children were covered by health insurance, compared with 91 percent of white, non-Hispanic children and 82 percent of black children.
- Overall rates of coverage do not differ by child's age. However, the type of insurance does vary by the age of the child: government-provided insurance decreases, but private health insurance increases with age.

The health of children depends at least partially on their access to health services. Health care for children includes physical examinations, preventive care, health education, observations, screening, immunizations, and sick care.[32] Having a usual source of care—a particular person or place a child goes for sick and preventive care—facilitates the timely and appropriate use of pediatric services.[33,34] 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.[35]

Indicator ECON5.B **Percentage of children under age 18 with no usual source of health care by type of health insurance, 1993-98**



NOTE: Emergency rooms are excluded as a usual source of care. In 1997, the National Health Interview Survey was redesigned. Data for 1997-98 are not strictly comparable with earlier data.

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

- In 1998, 7 percent of children had no usual source of health care. Between 1993 and 1998, this overall percentage remained relatively stable.
- There are large differences by health insurance coverage in the percentage of children having no usual source of care. In 1998, children with public insurance, such as Medicaid, were more likely to have no usual source of care than were children with private insurance.
- Uninsured children are much more likely to have no usual source of care than are children who have health insurance. Children who were uninsured were over nine times as likely as those with private insurance to have no usual source of care in 1998.
- In 1998, 12 percent of children in families below the poverty line had no usual source of care, compared with 5 percent of children in higher-income families.
- Older children are slightly more likely than younger children to lack a usual source of health care. In 1998, 7 percent of children ages 5 to 17 had no usual source of care, compared with 4 percent of children ages 0 to 4.

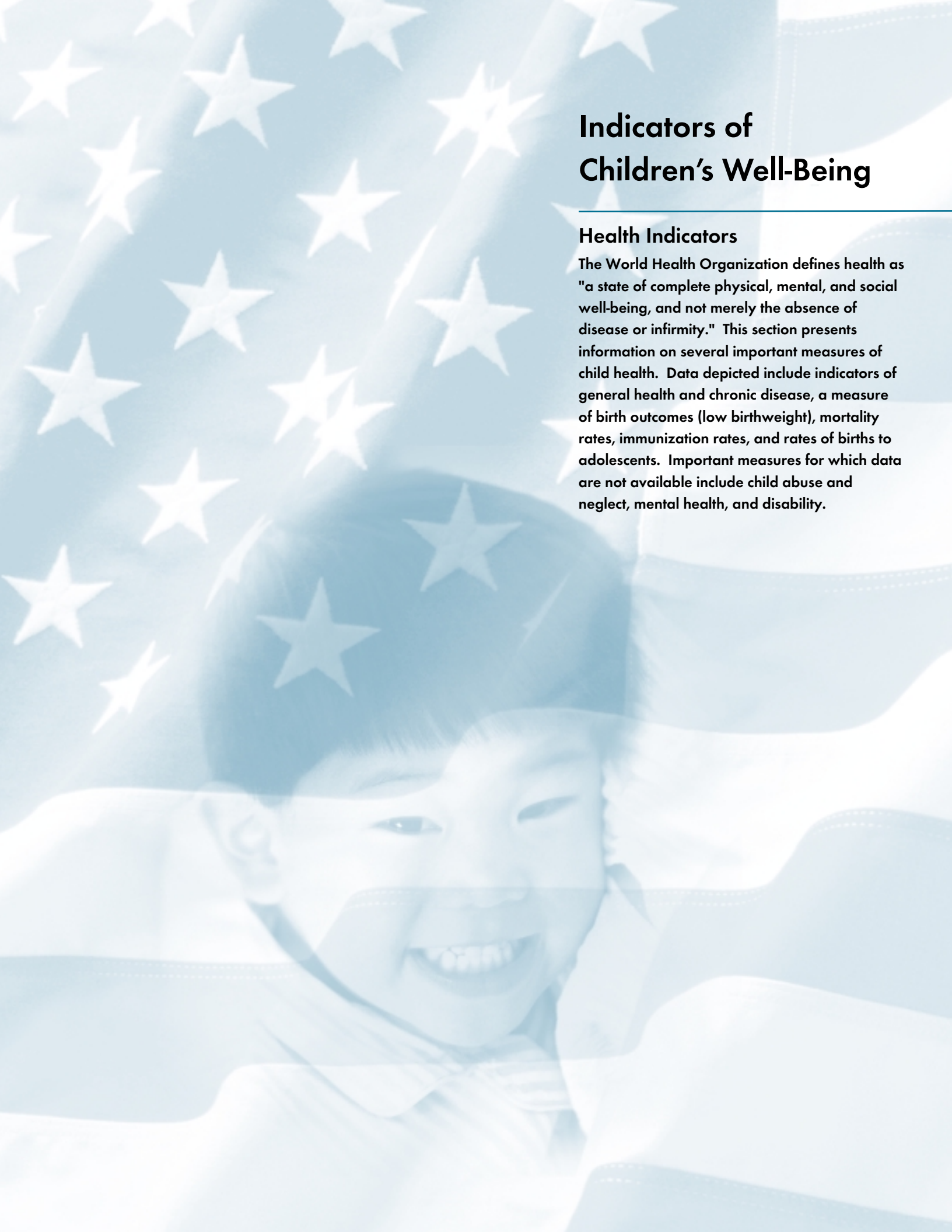
Bullets contain references to data that can be found in Tables ECON5.A and ECON5.B on pages 85 - 86. Endnotes begin on page 58.

Indicators Needed

Economic Security

Economic security is multifaceted, and several measures are needed to adequately represent its various aspects. While this year's report provides some information on economic and food security, additional indicators are needed on:

- *Economic security.* Changes in children's economic well-being over time need 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 for families with children.* Although good Federal data are available on child poverty and alternative measures are being developed (see Indicator ECON1, Child Poverty and Family Income, and the discussion of alternative poverty rates on page 78), the surveys that collect these data do not capture information on long-term poverty. Long-term poverty among children can be estimated from existing longitudinal surveys, but changes to current surveys would be needed to provide estimates on a regular basis. Since long-term poverty can have serious negative consequences for children's well-being, regularly collected and reported data are needed to produce regular estimates.
- *Homelessness.* At present, there are no regularly collected data on the number of homeless children in the United States, although there have been occasional studies that have sought to estimate this number.



Indicators of Children's Well-Being

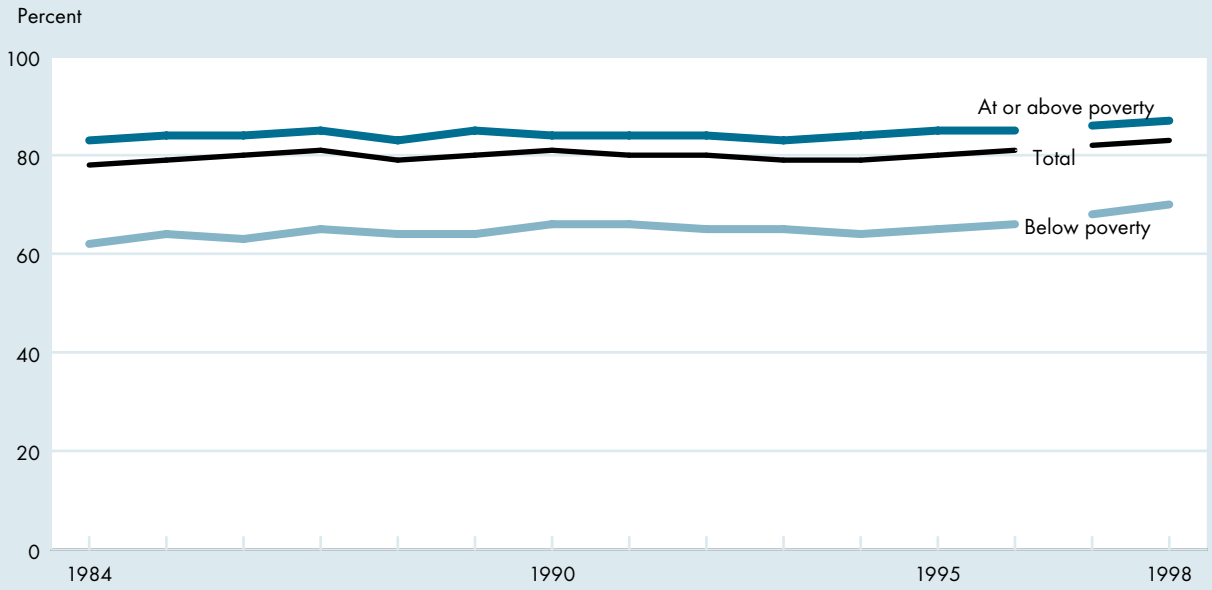
Health Indicators

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 information on several important measures of child health. Data depicted include indicators of general health and chronic disease, a measure of birth outcomes (low birthweight), mortality rates, immunization rates, and rates of births to adolescents. Important measures for which data are not available include child abuse and neglect, mental health, and disability.

General Health Status

The health of children and youth is basic to their well-being and optimal development. Parental reports of their children's health provide one indication of the overall health status of the Nation's children. This indicator measures the percentage of children whose parents report them to be in very good or excellent health.

Indicator HEALTH1 **Percentage of children under age 18 in very good or excellent health by poverty status, 1984-98**



NOTE: In 1997, the National Health Interview Survey was redesigned. Data for 1997-98 are not strictly comparable with earlier data.

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

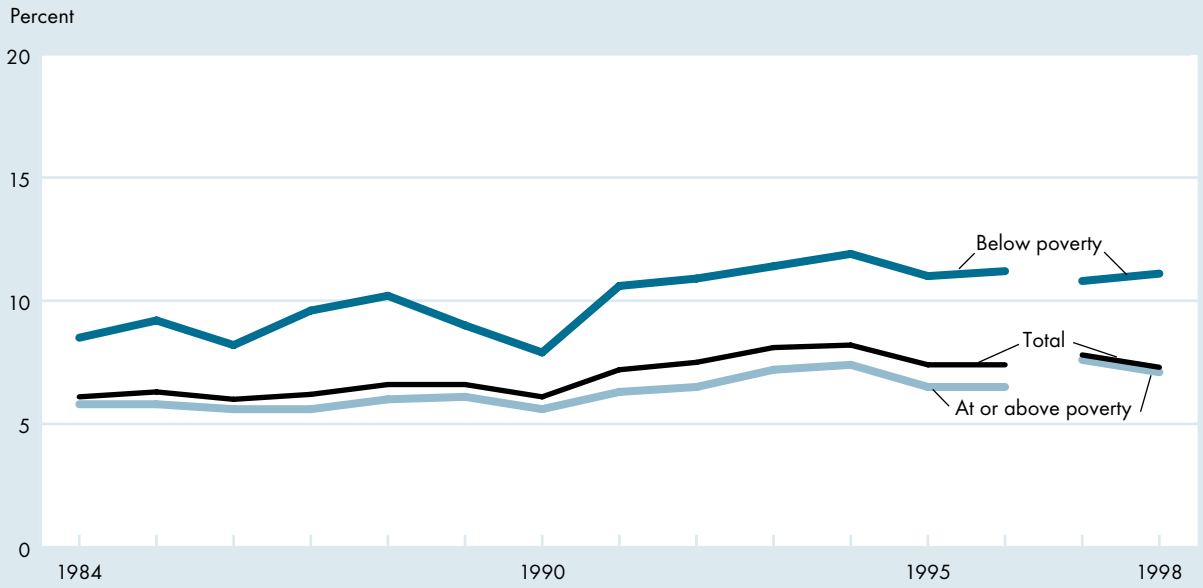
- In 1998, about 83 percent of children were reported by their parents to be in very good or excellent health. This was similar to the 1997 rate of 82 percent.
- Children under age 5 are slightly more likely to be in very good or excellent health than children ages 5 to 17.
- Child health varies by family income. Children living below the poverty line are less likely than children in higher-income families to be in very good or excellent health. In 1998, about 70 percent of children in families below the poverty line were in very good or excellent health, compared with 87 percent of children in families living at or above the poverty line.
- The health gap between children below and those at or above the poverty line did not change between 1984 and 1998. Each year, children at or above the poverty line were substantially more likely to be in very good or excellent health than children whose families were below the poverty line.

Bullets contain references to data that can be found in Table HEALTH1 on page 87. See indicator ECON1.A and ECON1.B on pages 14-15 for a description of child poverty.

Activity Limitation

Children whose activities are limited by one or more chronic health conditions may need more specialized health care than children without such limitations. Their medical costs are generally higher; they are more likely to miss days from school; and they may require special education services.[36,37] Researchers use parental reports on limitations associated with chronic conditions to determine the prevalence of activity limitations. Chronic conditions (such as asthma, hearing impairment, or diabetes) included in this measure usually have a duration of more than 3 months. Activities include going to school, playing, and any other activities of children.

Indicator HEALTH2 **Percentage of children ages 5 to 17 with any limitation in activity resulting from chronic conditions by poverty status, 1984-98**



NOTE: In 1997, the National Health Interview Survey was redesigned. Data for 1997-98 are not comparable with earlier data.

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

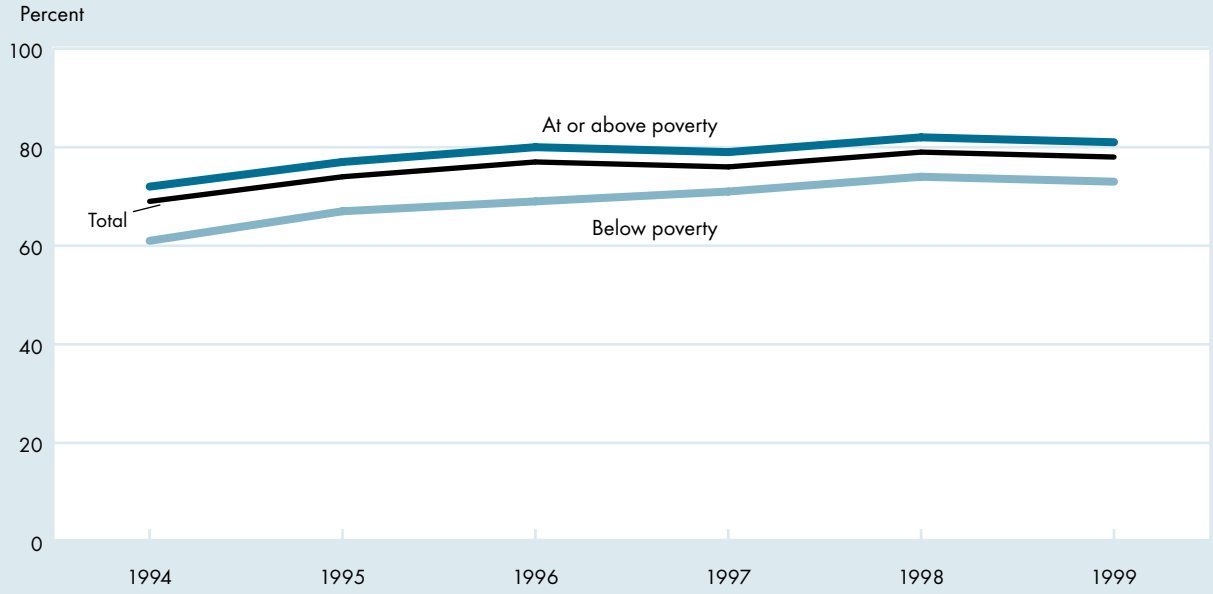
- In 1998, 7 percent of children ages 5 to 17 were limited in their activities because of one or more chronic health conditions, compared with 3 percent of children younger than 5. Children and youth ages 5 to 17 have much higher rates of activity limitation than younger children, partly because some chronic conditions are not diagnosed until children enter school.
- Children and youth in families living below the poverty line have significantly higher rates of activity limitation than children in more affluent families. Among children and youth ages 5 to 17, 11 percent of children living below poverty had activity limitations due to chronic conditions in 1998, whereas 7 percent of children in families at or above poverty had a limitation.
- The difference in activity limitation by income is also present among preschool-age children. Children under age 5 in families below poverty had a rate of activity limitation that was higher than that for children in families at or above poverty.
- Males ages 5 to 17 were more likely than females in the same age group to have activity limitations (10 percent of boys compared with 5 percent of girls in 1998).

Bullets contain references to data that can be found in Table HEALTH2 on page 88. Endnotes begin on page 58.

Childhood Immunization

Adequate immunization protects children against several diseases that killed or disabled many children in past decades. Rates of childhood immunization are one measure of the extent to which children are protected from serious vaccine-preventable illnesses. The combined immunization series (often referred to as the 4:3:1:3 combined series) rate measures the extent to which children have received four key vaccinations.

Indicator HEALTH3 **Percentage of children 19 to 35 months of age with the 4:3:1:3 combined series of vaccinations by poverty status, 1994-99**



NOTE: Vaccinations included in the combined series are 4 doses of diphtheria and tetanus toxoids and pertussis vaccine (DTP)/diphtheria and tetanus toxoids (DT) vaccine, 3 doses of polio vaccine, 1 dose of a measles-containing vaccine (MCV), and 3 doses of *Haemophilus influenzae* type b (Hib) vaccine. The recommended immunization schedule for children is available at http://www.cdc.gov/nip/recs/child-schedule.pdf.

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

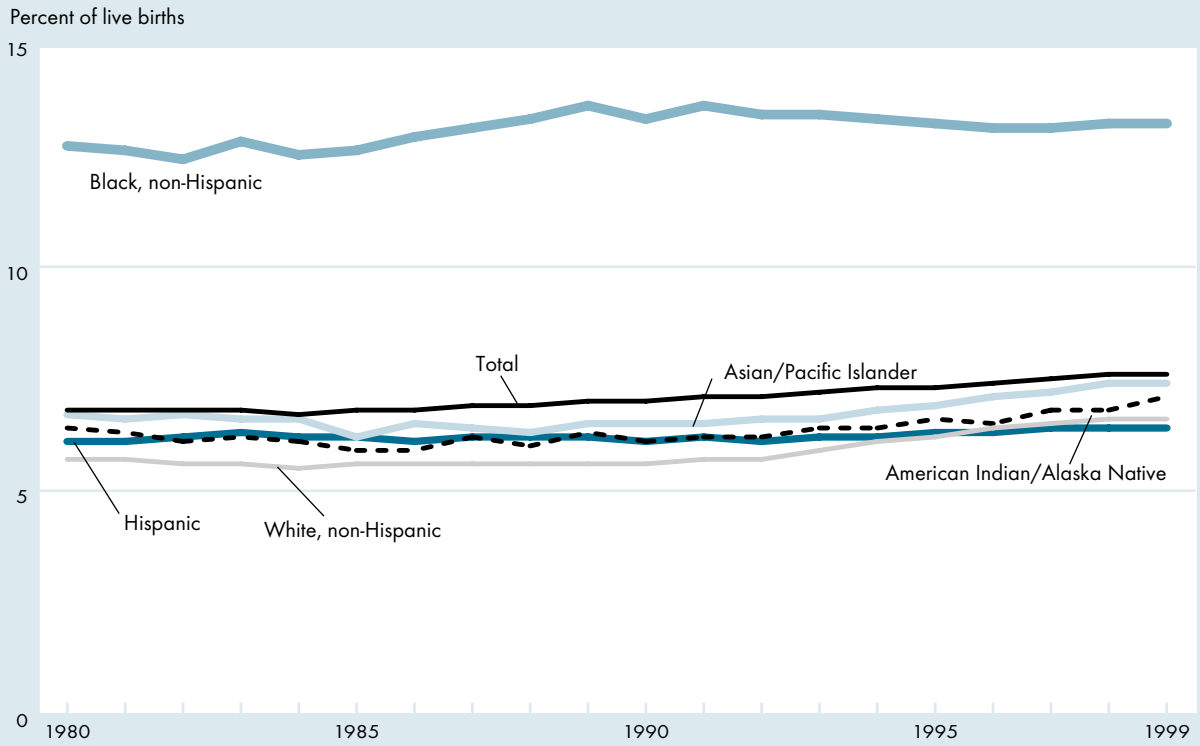
- In 1999, 78 percent of children ages 19 to 35 months had received the combined series of vaccines (often referred to as the 4:3:1:3 combined series).
- Children with family incomes below the poverty level had lower rates of coverage with the combined series than children with family incomes at or above the poverty line—73 percent of children below poverty compared with 81 percent of higher-income children.
- Overall and for children living above and below the poverty level, coverage with the combined series remained relatively stable between 1998 and 1999, as did the gap in coverage between children in families living above and below the poverty level.
- Coverage with three or more doses of Hib vaccine among children ages 19 to 35 months remained relatively stable at 94 percent.
- In 1999, coverage with three or more doses of hepatitis B vaccine among children ages 19 to 35 months remained relatively stable at 88 percent.
- Rates of coverage with the full series of vaccines were higher among white, non-Hispanic children than among black, non-Hispanic or Hispanic children. Eighty-one percent of white, non-Hispanic children ages 19 to 35 months received these immunizations compared with 74 percent of black, non-Hispanic children and 75 percent of Hispanic children.
- In 1999, coverage with varicella (chicken pox) vaccine among children ages 19 to 35 months continued to increase from 43 percent to 58 percent. Gains in coverage for varicella vaccine were seen among all children regardless of race or ethnicity and poverty level; however, children living at or above the poverty line had higher coverage levels.

Bullets contain references to data that can be found in Table HEALTH3 on page 89.

Low Birthweight

Low-birthweight infants (infants born weighing less than 2,500 grams, or about 5.5 pounds) are at higher risk of death or long-term illness and disability than are infants of normal birthweight.[38,39] Low-birthweight infants are a diverse group: some are born prematurely, while others are small for their gestational age.

Indicator HEALTH4 **Percentage of infants born of low birthweight by race and Hispanic origin, 1980-99**



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

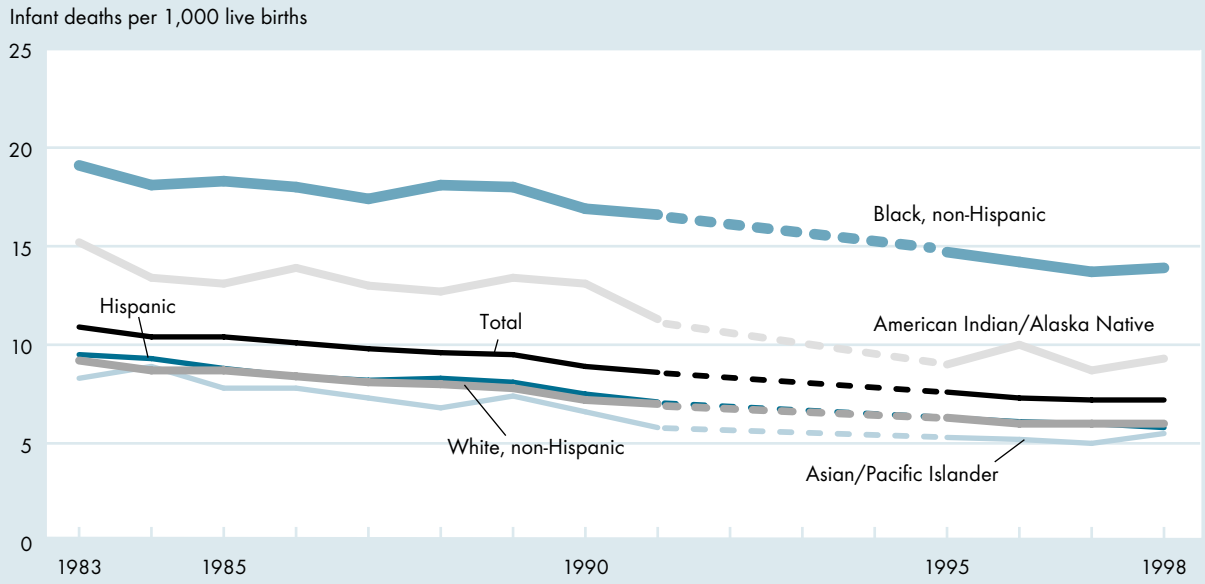
- The percentage of infants born of low birthweight was 7.6 in 1998 and 1999, up slightly from 7.5 percent in 1997. The low-birthweight rate has increased slowly but steadily since 1984. The rate in 1998 and 1999 is the highest since 1973.[5,12]
- The low-birthweight rate for black, non-Hispanic infants declined during the 1990s, to 13.1 percent in each year, 1996 and 1997, before rising slightly to 13.2 in 1998 and 1999. The rate was still higher than levels reported for the early to mid-1980s. The low-birthweight rate has risen for white, non-Hispanic infants, from 5.6 percent in 1990 to 6.6 percent in 1998 and 1999. Low birthweight among Hispanic infants remained at 6.4 percent in 1997 through 1999. The rate of low birthweight for American Indian/Alaska Native infants increased to 7.1 percent in 1999, and the overall rate for Asian/Pacific Islander infants was 7.4 percent in 1998 and 1999.[5,12]
- The percentage of low-birthweight births varies widely within Hispanic and Asian/Pacific Islander subgroups. Data for 1999 indicate that among Hispanics, women of Mexican origin had the lowest percentage of low-birthweight infants (5.9 percent) and Puerto Ricans the highest (9.3 percent). Among Asian/Pacific Islander subgroups, low birthweight was lowest for births to women of Chinese origin (5.2 percent) and highest for women of Filipino origin (8.3 percent).
- About 1.4 percent of infants were born with very low birthweight (less than 1,500 grams) in each year, 1996-99, up from 1.3 percent in each year 1989-95 and 1.2 percent in each year, 1981-88.
- One reason for the increase in low birthweight over the past several years is that the number of twin, triplet, and higher-order multiple births has increased.[5,12,40,41] Twins and other multiples are much more likely than singleton infants to be of low birthweight; 55 percent of twins and 94 percent of triplets, compared with 6 percent of singletons, were of low birthweight in 1998.[12]

Bullets contain references to data that can be found in Table HEALTH4 on page 90. Endnotes begin on page 58.

Infant Mortality

Infant mortality is defined as the death of an infant before his or her first birthday. The infant mortality rate is an important measure of the well-being of infants, children, and pregnant women because it is associated with a variety of factors, such as maternal health, quality of access to medical care, socioeconomic conditions, and public health practices.[42] In the United States, about two-thirds of infant deaths occur in the first month after birth and are due mostly to health problems of the infant or the pregnancy, such as preterm delivery or birth defects. About one-third of infant deaths occur after the first month and may be influenced by social or environmental factors, such as exposure to cigarette smoke or access to health care.[43]

Indicator HEALTH5 **Infant death rates by race and Hispanic origin, selected years 1983-98**



NOTE: Data are available for 1983-91 and 1995-98. Infant deaths are deaths before the first birthday.

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

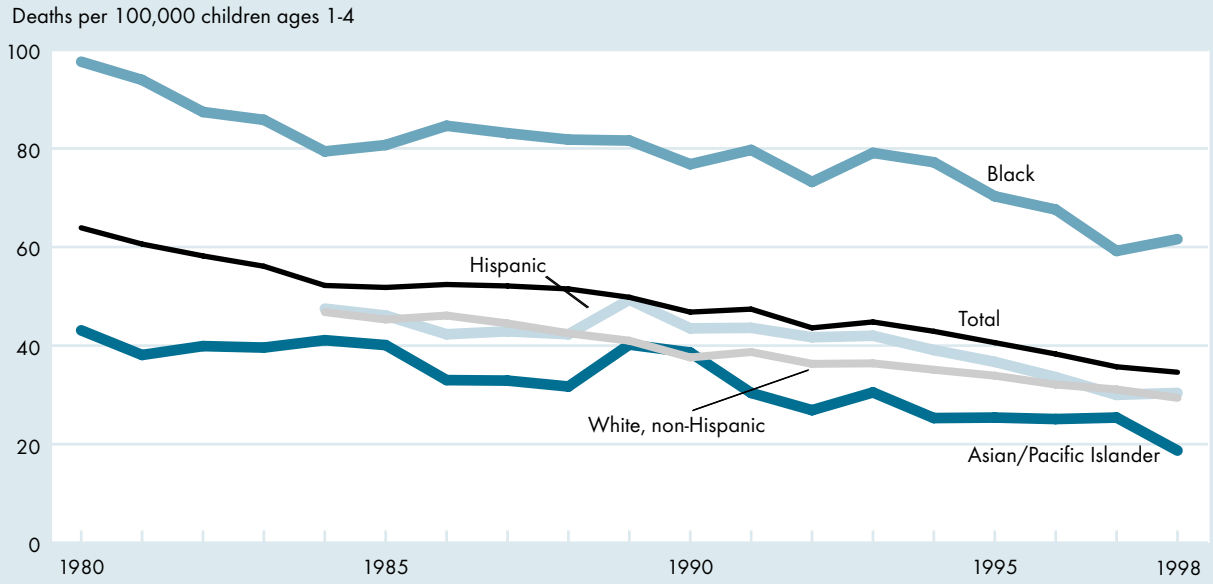
- The 1998 infant mortality rate for the United States was 7.2 deaths per 1,000 live births, substantially below the 1983 rate of 10.9, but identical to the 1997 rate.
- While infant mortality rates continued to decrease for Hispanic infants in 1998, the rates increased for black, non-Hispanic, Asian/Pacific Islander and American Indian/Alaska Native infants.
- Infant mortality has dropped for all racial and ethnic groups over time, but substantial racial and ethnic disparities remain. Black, non-Hispanic infants have consistently had a higher infant mortality rate than white, non-Hispanic infants.[44] In 1998, the black, non-Hispanic infant mortality rate was 13.9 infant deaths per 1,000 live births and the American Indian/Alaska Native rate was 9.3, both significantly higher than the white, non-Hispanic rate of 6.0, the rate of 5.8 among Hispanic infants, or the rate of 5.5 among Asian/Pacific Islander infants.
- Infant mortality rates also vary within race and ethnic populations. For example, among Hispanics in the United States, the infant mortality rate ranged from 3.6 for infants of Cuban origin to a high of 7.8 for Puerto Ricans. Among Asians/Pacific Islanders, infant mortality rates ranged from 3.5 for infants of Japanese origin to 6.2 for Filipinos.

Bullets contain references to data that can be found in Table HEALTH5 on page 91. Endnotes begin on page 58.

Child Mortality

Child death rates are the most severe measure of ill health in children. These rates have generally declined over the past two decades. Deaths to children ages 1 to 4 are calculated separately from those for children ages 5 to 14 because causes and rates of death vary substantially by age.

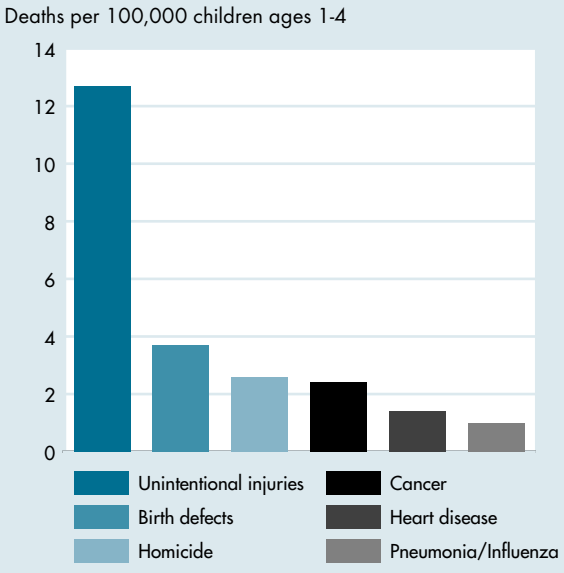
Indicator HEALTH6.A **Death rates among children ages 1 to 4 by race and Hispanic origin, 1980-98**



NOTE: Total includes American Indians/Alaska Natives. Death rates for American Indians/Alaska Natives are not shown separately because the numbers of deaths were too small to calculate reliable rates.

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

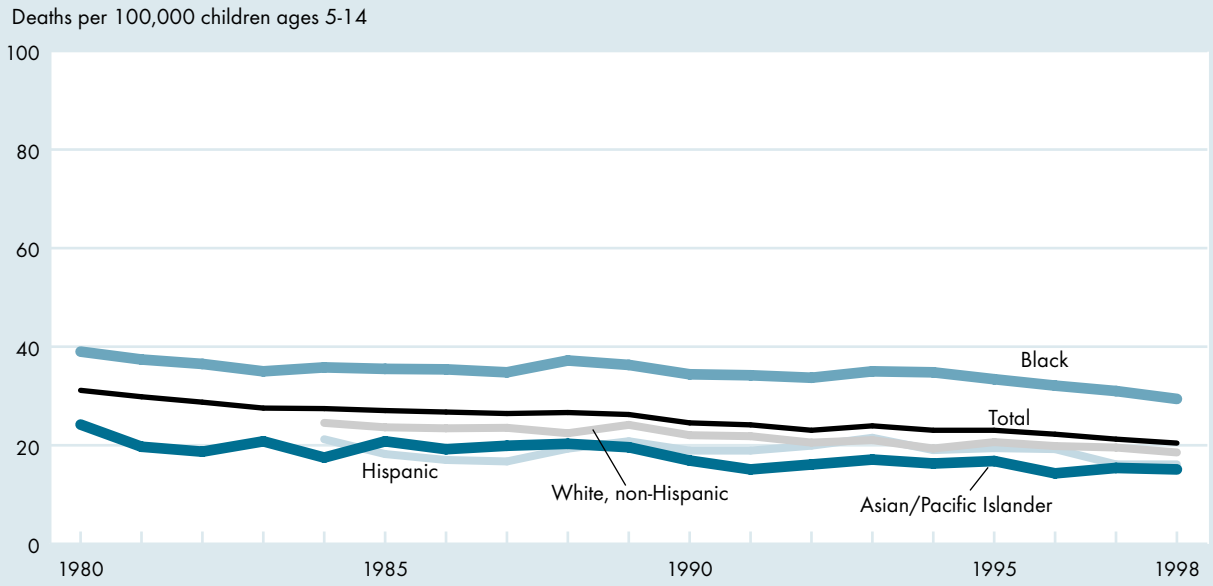
Death rates among children ages 1 to 4 by cause of death, 1998



- In 1998, the death rate for children ages 1 to 4 was 35 per 100,000 children.
- Between 1980 and 1998, the death rate declined by almost half for children ages 1 to 4.
- Among children ages 1 to 4, black children had the highest death rate in 1998, at 62 per 100,000 children. Asian/Pacific Islander children had the lowest death rate, at 19 per 100,000.
- Among children ages 1 to 4, unintentional injuries were the leading cause of death, followed by birth defects. The death rate from unintentional injuries in 1998 was about half of what it was in 1980, having declined from about 26 to 13 per 100,000. Mortality from birth defects also declined by about half, from 8 deaths per 100,000 in 1980 to 4 in 1998.
- Most unintentional injury deaths among children result from motor vehicle traffic crashes. Use of child restraint systems, including safety seats, booster seats, and seat belts, can greatly reduce the number and severity of injuries to child occupants of motor vehicles. In 1998, 51 percent of child occupants ages 1 to 4 who died in crashes were unrestrained.[45]

Death rates for children ages 5 to 14 are lower than for children under age 5.

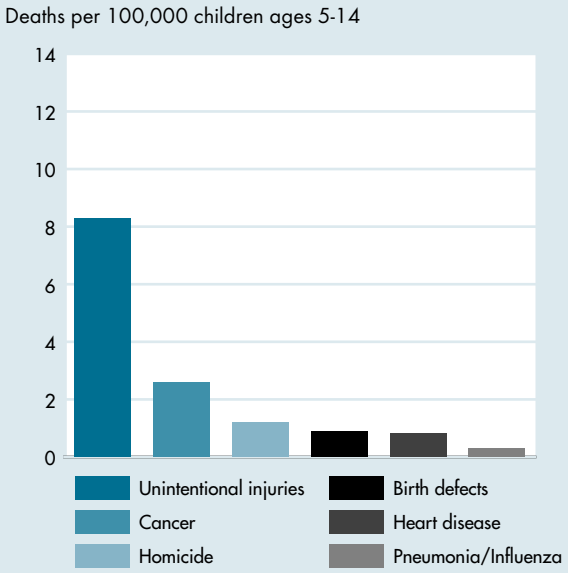
Indicator HEALTH6.B — Death rates among children ages 5 to 14 by race and Hispanic origin, 1980-98



NOTE: Total includes American Indians/Alaska Natives. Death rates for American Indians/Alaska Natives are not shown separately because the numbers of deaths were too small to calculate reliable rates.

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

Death rates among children ages 5 to 14 by cause of death, 1998



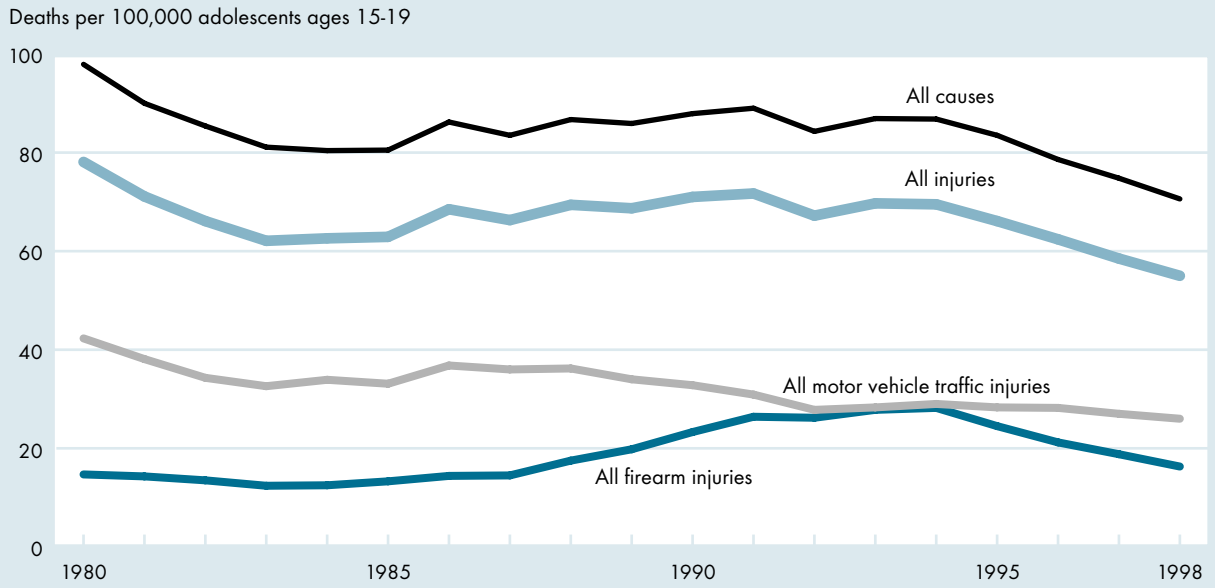
- The death rate in 1998 for children ages 5 to 14 was 20 per 100,000 children.
- Between 1980 and 1998, the death rate declined by almost one-third, from 31 to 20 deaths per 100,000 children ages 5 to 14.
- Similar to mortality patterns for children under the age of 5, among children ages 5 to 14, black children had the highest death rates in 1998 at 29 deaths per 100,000, and Asians/Pacific Islanders had the lowest death rate at 15.
- Among children ages 5 to 14, unintentional injuries were the leading cause of death, followed by cancer, homicide, and birth defects.
- The majority of unintentional injury deaths among children ages 5 to 14 result from motor vehicle traffic crashes. Over 61 percent of children ages 5 to 14 who died in traffic crashes in 1998 were not wearing a seatbelt or other restraint.[45]

Bullets contain references to data that can be found in Tables HEALTH6.A and HEALTH6.B on pages 92 - 93. Endnotes begin on page 58.

Adolescent Mortality

Compared with younger children, adolescents ages 15 to 19 have much higher mortality rates. Adolescents are much more likely to die from injuries sustained from motor vehicle traffic accidents or firearms.[46] This difference illustrates the importance of looking separately at mortality rates and causes of death among teenagers ages 15 to 19.

Indicator HEALTH7.A **Death rates among adolescents ages 15 to 19 by cause of death, 1980-98**

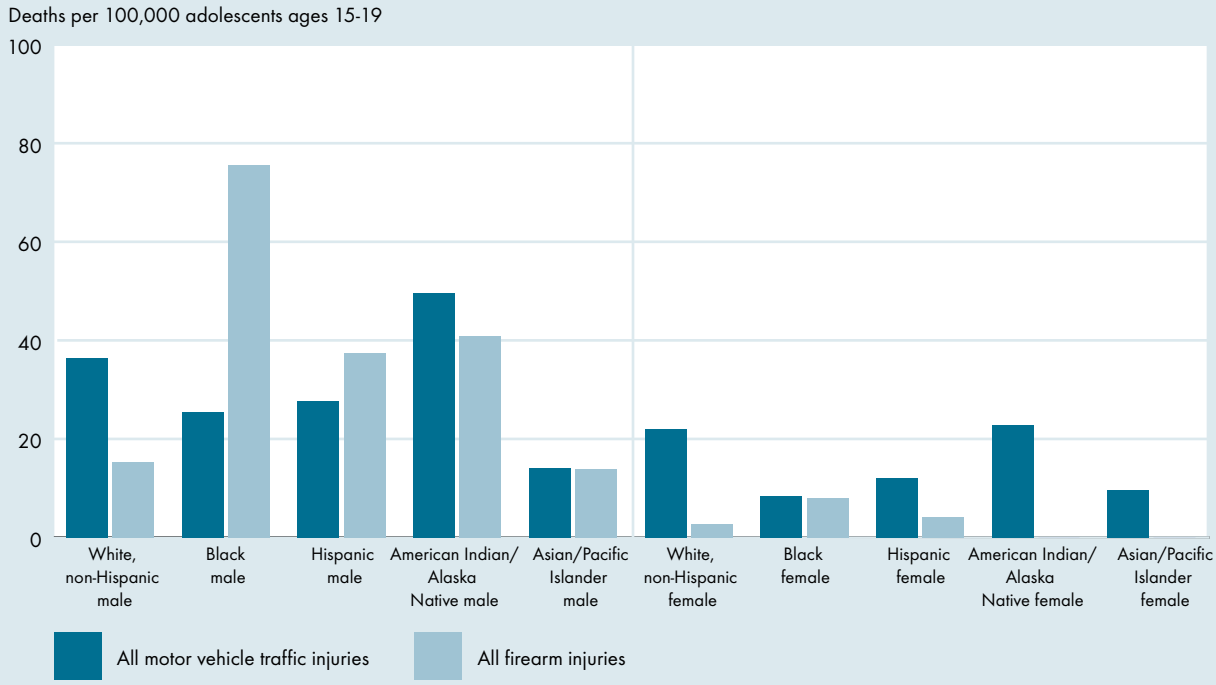


SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

- In 1998, the death rate for adolescents ages 15 to 19 was 71 deaths per 100,000. After increasing to 89 per 100,000 in 1991, the rate declined again and continues to be substantially lower than the rate in 1980. Injury, which includes homicide, suicide, and unintentional injuries, continues to account for over 3 out of 4 deaths among adolescents.
- Injuries from motor vehicles and firearms are the primary causes of death among youth ages 15 to 19. Motor vehicle traffic-related injuries accounted for 37 percent of deaths in this age group during 1998, while injuries from firearms accounted for 23 percent.
- Motor vehicle injuries were the leading cause of death among adolescents for each year between 1980 and 1998, but the motor vehicle death rate declined by one-third during the time period. Little change, however, has occurred since 1992.
- In 1980, motor vehicle traffic-related deaths among adolescents ages 15 to 19 occurred almost three times as often as firearm injuries (intentional and unintentional). Motor vehicle traffic-related and firearm death rates have followed different trends since 1980. From 1980 to 1985, both rates declined; in the following years, however, the motor vehicle traffic death rate continued to decline modestly while the firearm death rate increased markedly. During the years 1992-94, the two rates differed only slightly. However, since 1994, the firearm death rate has decreased by over one-third while the motor vehicle death rate has only decreased slightly.
- Most of the increase in firearm injury deaths between 1985 and 1992 resulted from an increase in homicides. The firearm homicide rate among youth ages 15 to 19 more than tripled from 5 to 18 per 100,000 between 1983 and 1993. At the same time, the firearm suicide rate rose from 5 to 7 per 100,000. From 1994 to 1998, the firearm homicide rate declined by nearly one-half and the firearm suicide rate declined by over one-fourth.

Indicator HEALTH7.B

Injury death rates among adolescents ages 15 to 19 by gender, race, Hispanic origin, and type of injury, 1998



NOTE: There were too few firearm deaths to calculate a reliable rate for American Indian/Alaska Native females and Asian/Pacific Islander females.

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

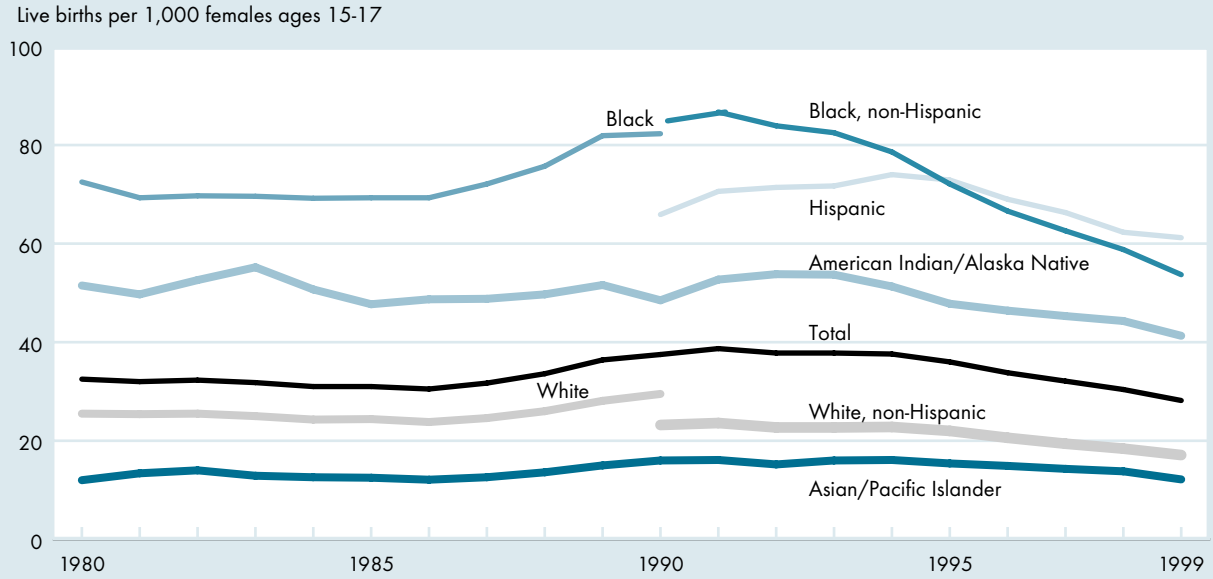
- Motor vehicle and firearm injury deaths were both more common among male than among female adolescents. In 1998, the motor vehicle traffic death rate for males was twice the rate for females, and the firearm death rate among males was seven times that for females.
- Among adolescents in 1998, motor vehicle injuries were the most common cause of death among white, non-Hispanic, American Indian/Alaska Native, and Asian/Pacific Islander males and females; black females; and Hispanic females. Firearm injuries were the most common cause of death among black and Hispanic males. Black males were three times as likely to die from a firearm injury as from a motor vehicle traffic injury.
- Deaths from firearm suicides were more common than deaths from firearm homicides among white, non-Hispanic adolescents and American Indian/Alaska Native adolescents. Deaths from firearm homicides were more common than deaths from firearm suicides among black, Hispanic, and Asian/Pacific Islander adolescents.
- Motor vehicle and firearm mortality declined more for males than for females between 1994 and 1998.
- Deaths from firearm injuries among adolescents declined substantially between 1994 and 1998, particularly among black and Hispanic males. From 1994 to 1998, the firearm homicide rates for Hispanic and black adolescent males declined substantially, to 29 and 78 per 100,000, respectively.

Bullets contain references to data that can be found in Table HEALTH7 on pages 94-95. Endnotes begin on page 58.

Adolescent Births

Bearing a child during adolescence is often associated with long-term difficulties for the mother and her child. These consequences are often attributable to poverty and the other adverse socioeconomic circumstances that frequently accompany early childbearing.[47] Compared with babies born to older mothers, babies born to adolescent mothers, particularly young adolescent mothers, are at higher risk of low birthweight and infant mortality.[5,12,39] They are more likely to grow up in homes that offer lower levels of emotional support and cognitive stimulation, and they are less likely to earn high school diplomas. For the mothers, giving birth during adolescence is associated with limited educational attainment, which in turn can reduce future employment prospects and earnings potential.[48] The birth rate of adolescents under age 18 is a measure of particular interest because the mothers are still of school age.

Indicator HEALTH8 **Birth rates for females ages 15 to 17 by race and Hispanic origin, 1980-99**



NOTE: Rates for 1980-89 are calculated for all whites and all blacks. Rates for 1980-89 are not shown for Hispanics, white, non-Hispanics or black, non-Hispanics because information on the Hispanic origin of the mother was not reported on the birth certificates of most states.

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

- In 1999, the adolescent birth rate was 29 per 1,000 young women ages 15 to 17. There were 163,588 births to these young women in 1999. The 1999 rate was a record low for the Nation.[12]
- The birth rate among teenagers ages 15 to 17 declined one-fourth, from 39 to 29 births per 1,000, between 1991 and 1999. This decline follows a one-fourth increase between 1986 and 1991. The 1999 rate was a record low for young teenagers.[12]
- There are substantial racial and ethnic disparities in birth rates among adolescents ages 15 to 17. In 1999 the birth rate for this age group was 12 per 1,000 for Asians/Pacific Islanders, 17 for white, non-Hispanics, 41 for American Indians/Alaska Natives, 54 for black, non-Hispanics, and 61 for Hispanics.
- The birth rate for black, non-Hispanic females ages 15 to 17 dropped by more than one-third between 1991 and 1999, completely reversing the increase from 1986 to 1991. The birth rate for white, non-Hispanic teens declined by more than one-fourth during 1991-99. In contrast, the birth rate for Hispanics in this age group did not begin to decline until after 1994; the rate fell by more than one-sixth from 1994 to 1999.
- In 1999, 88 percent of births to females ages 15 to 17 were to unmarried mothers, compared with 62 percent in 1980.
- The steepest decline in birth rates for ages 15 to 17 in the mid 1990s has been for first births, which account for four-fifths of births to adolescents. Earlier in the decade, declines were much greater for second births to adolescents who had already had a first birth.[12,49]
- The pregnancy rate (the sum of births, abortions, and fetal losses per 1,000) declined by one-fifth for teenagers ages 15 to 17 during 1990-97, reaching a record low of 64 per 1,000 in 1997. Rates for births, abortions, and fetal losses declined for young teenagers in the 1990s.[50,51]

Bullets contain references to data that can be found in Table HEALTH8 on page 96 and Table POP6.B on page 74. Endnotes begin on page 58.

Indicators Needed

Health

National indicators in several key dimensions of health are not yet available because of difficulty in definitions and measurement, particularly using survey research. The following health-related areas have been identified as priorities for indicator development by the Federal Interagency Forum on Child and Family Statistics:

- *Disability.* The Forum is working to develop an improved measure of disability among children that can be derived from regularly collected data. Disability in children may involve chronic health conditions or limitations in mobility and physical movement, sensory and communicative ability, activities of daily living, or cognitive and mental health functions. Many definitions of disability are currently in use by policy-makers and researchers, but there is little agreement regarding which components should be included, or how they are best measured. Parental or individual perceptions of limitations, the severity and impact of the limitation, and access to health care and services affect any estimate of disability among children. One measure of childhood disability was presented as the special feature in *America's Children, 1999.*
- *Mental health.* Efforts are currently underway to evaluate data from a mental health indicator that could be used in national surveys to estimate the number of children with mental, emotional, and behavioral problems. The National Institute of Mental Health and the Center for Mental Health Services in the Substance Abuse and Mental Health Services Administration are working with other Forum agencies and academic researchers to determine data needs on mental health for children as well as the best methods of obtaining the data.
- *Child abuse and neglect.* Also needed are regular, reliable estimates of the incidence of child abuse and neglect that are based on sample surveys rather than administrative records. One estimate of child abuse and neglect was presented as a special feature in *America's Children, 1997.* Since administrative data are based on cases reported to authorities, it is likely that these data underestimate the magnitude of the problem. Estimates based on sample survey data could potentially provide more accurate information; however, a number of issues still persist, including how to effectively elicit this sensitive information, how to identify the appropriate respondent for the questions, and whether there is a legal obligation for the surveyor to report abuse or neglect.