# Population and Family Characteristics

In 2004, 73 million children under age 18 lived in the United States, 900,000 more than in 2000. Children under age 18 represented 25 percent of the population in 2004, down from a peak of 36 percent at the end of the baby boom in 1964. The number of children is projected to increase to 80 million and represent 24 percent of the population in 2020.

Living with two parents who are married to each other is associated with more favorable outcomes for children.[1] The proportion of children under age 18 living with two married parents[2] fell from 77 percent in 1980, to 73 percent in 1990, to 69 percent in 2000, and to 67 percent in 2005. Among children under age 18 in 2005, 23 percent lived with only their mothers, 5 percent lived with only their fathers, and 4 percent lived with neither of their parents.

Births to unmarried women constituted 36 percent of all births in 2004, reaching a record high of nearly 1.5 million births. Over half of births to women in their early twenties and nearly 30 percent of births to women ages 25–29 were to unmarried women. Nonmarital births by teenagers accounted for about half of nonmarital births in 1970, but dropped to one-quarter in 2004.

Figure 1   **Birth rates for unmarried women by age of mother, 1980–2004**

Births per 1,000 unmarried women in specific age group
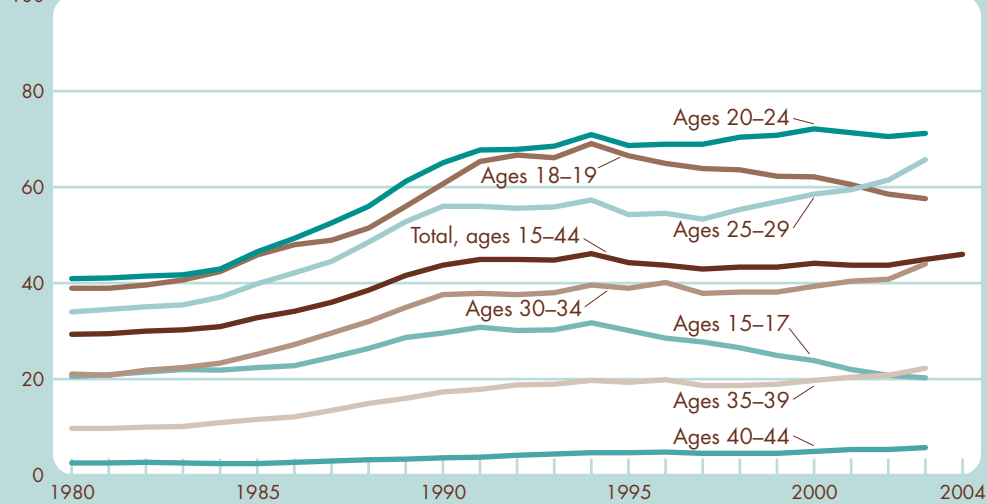
NOTE: The 2004 rate for total ages 15–44 is preliminary. 2004 data for specific age groups are not available.
SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

Along with the number of births to unmarried women, the birth rate for unmarried women rose in 2004 (Figure 1). The 1994–2002 trend of modest declines in the birth rate for unmarried women for all age groups combined appears to have ended. The 2004 rate of 46 births per 1,000 unmarried women ages 15–44 matches the historic high reported a decade earlier, in 1994. Birth rates for unmarried teenagers have declined steadily since 1994, while rates for unmarried women age 20 and older were higher in 2003 than in 1994.

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[1]   Federal Interagency Forum on Child and Family Statistics. (2005). *America's Children: Key National Indicators of Well-Being, 2005*. Washington, DC: U.S. Government Printing Office, 63–72.

[2]   Parents can be step, biologic, or adoptive.

In 2005, 61 percent of children age 6 and under who were not yet enrolled in kindergarten received some form of nonparental child care on a regular basis, while 39 percent were cared for only by their parents. When including all nonparental care arrangements in 2005 (multiple categories could be chosen), 22 percent of children age 6 and under received care from another relative, 14 percent received care from a nonrelative, and 36 percent received care from a center-based program. In 2005, 47 percent of children in kindergarten through grade 3 had some form of nonparental care on a regular basis before or after school, compared with 53 percent of children in grades 4–8.

The environment in which children live plays a role in their health and development. Environmental tobacco smoke (secondhand smoke) increases the probability of adverse health effects.[3] Cotinine, a breakdown product of nicotine, is a marker for recent (previous 1–2 days) exposure to secondhand smoke. The percentage of children ages 4–11 with blood cotinine levels at or above 0.05 nanograms per milliliter (ng/ml) decreased from 88 percent in 1988–1994 to 59 percent in 2001–2004 (Figure 2). The most recent data show that 61 percent of White, non-Hispanic children had cotinine in their blood, compared with 81 percent of Black, non-Hispanic and 41 percent of Mexican American children.[4]

Figure 2 Percentage of children ages 4–11 with specified blood cotinine levels by race and Hispanic origin,[4] 1988–1994 and 2001–2004
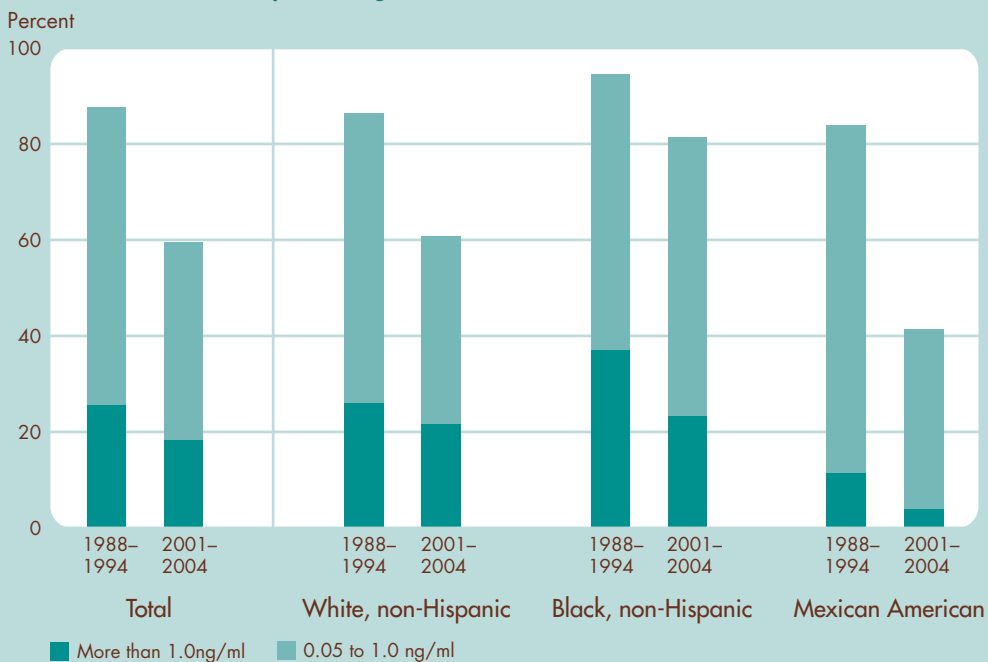
NOTE: The cotinine value of 0.05 ng/ml was the limit of detection in 1988–1994. Cotinine levels are reported for nonsmoking children only. The average (geometric mean) blood cotinine level in children living in homes where someone smokes was 1.0 ng/ml in 1988–1994.[5]

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

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[3]   U.S. Environmental Protection Agency. (1992). *Respiratory health effects of passive smoking: Lung cancer and other disorders*. Washington, DC: EPA Office of Research and Development. Available at http://cfpub.epa.gov/ncea/cfm/ets/etsindex.cfm.

[4]   In the 1988–1994 survey, respondents were asked to choose one racial identity. In the 2001–2004 surveys, respondents were asked to choose one or more races; however, only persons reporting one racial identity are shown here. Mexican American children may be of any race.

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

Economic Security Indicators

Economic indicators such as poverty status and access to health care offer insight into the material well-being of children and the impact that lacking economic resources has on children's development and life goals.

In 2004, the number and percentage of children living in families with incomes below their poverty thresholds[6] were 12.5 million and 17 percent, respectively, both unchanged from 2003[7] (Figure 3). The 2004 poverty rate was lower than the peak of 22 percent in 1993.

Figure 3 Percentage of related children ages 0–17 living in poverty by family structure, 1980–2004
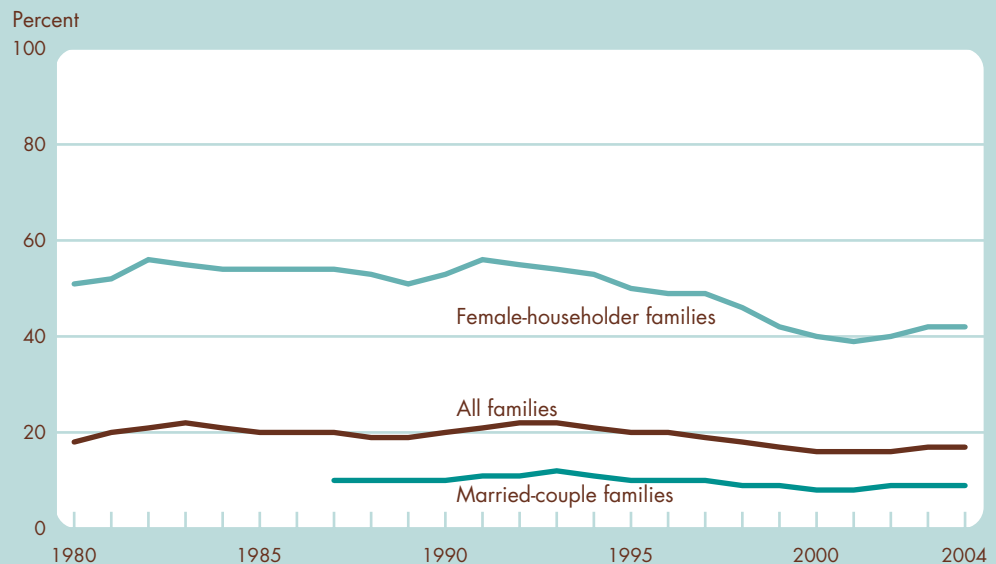
NOTE: Estimates refer to children ages 0–17 who are related to the householder. In 2004, the average poverty threshold for a family of four was $19,307 in annual income.
SOURCE: U.S. Census Bureau, Current Population Survey, 1981 to 2005 Annual Social and Economic Supplements.

Poverty among children varies greatly by family structure. In 2004, children living in female-householder families with no husband present continued to experience a higher poverty rate (42 percent) than children living in married-couple families (9 percent).

Disparities also persisted by race and Hispanic origin. Black children had a poverty rate of 33 percent in 2004; Hispanic children had a poverty rate of 29 percent; and White, non-Hispanic children had a poverty rate of 10 percent.[8]

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[6] Poverty is measured by comparing family income to one of 48 dollar amounts called thresholds. The dollar amounts vary by the size of the family and the members' ages. The average threshold for a family of three was $15,067 in 2004; for a family of four, it was $19,307. For further details, see http://www.census.gov/hhes/www/poverty.html.

[7] Children living in families (also called "related children") includes those ages 0–17 who are related to the householder, but are not themselves a householder or spouse of a householder. The poverty rate for all people ages 0–17—which includes some children who were not related to their householder, as well as householders and spouses ages 0–17—was 18 percent in 2004, unchanged from 2003.

[8] Beginning in 2003, the Current Population Survey asked respondents to choose one or more races. All race groups discussed in this paragraph refer to people who indicated only one racial identity, regardless of Hispanic origin. Hispanic children may be of any race.

In 2004, 89 percent of children had health insurance coverage at some point during the year (Figure 4). The proportion of children covered by private health insurance decreased from 74 percent in 1987 to 66 percent in 1994, increased to 70 percent in 1999, and dropped to 66 percent in 2004. During the same time period, the proportion of children covered by government health insurance grew from 19 percent in 1987 to 27 percent in 1993. The proportion of children covered by government health insurance decreased until 1999 and then began to climb again to 30 percent in 2004.

Figure 4 **Percentage of children ages 0–17 covered by health insurance by selected type of health insurance, 1987–2004**
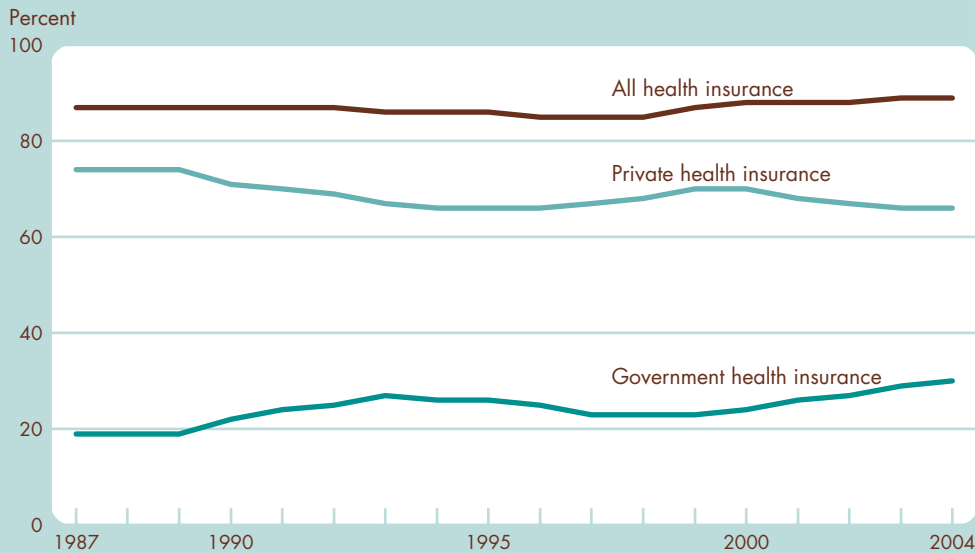
NOTE: Government health insurance for children consists primarily of Medicaid, but also includes Medicare, SCHIP (the State Children's Health Insurance Programs), and CHAMPUS/Tricare, the health benefit program for members of the armed forces and their dependents. Estimates beginning in 1999 include follow-up questions to verify health insurance status. Estimates for 1999 through 2004 are not directly comparable with earlier years, before the verification questions were added. Children are considered to be covered by health insurance if they had government or private coverage at any time during the year.

SOURCE: U.S. Census Bureau, unpublished tables based on analyses from the Current Population Survey, 1988 to 2005 Annual Social and Economic Supplements.

The health of children depends in part on their access to and utilization of health services. Health care for children includes physical examinations, preventive care, health education, observations, screening, immunizations, and sick care.[9] Having a usual source of care—a particular person or place a child visits for sick and preventive care—facilitates the timely and appropriate use of pediatric services.[10, 11] In 2004, 5 percent of children ages 0–17 had no usual source of health care. This percentage varied by the child's type of health insurance. Nearly 3 percent of children with private health insurance, 5 percent of children with public health insurance, and 29 percent of children with no health insurance had no usual source of health care.

[9] Green, M. (Ed.). (1994). *Bright futures: Guidelines for health supervision of infants, children, and adolescents*. Arlington, VA: National Center for Education in Maternal and Child Health.

[10] Simpson, G., Bloom, B., Cohen, R.A., and Parsons, P.E. (1997). Access to health care. Part 1: Children. *Vital and Health Statistics*, *10* (Series 196). Hyattsville, MD: National Center for Health Statistics.

[11] Bartman, B.A., Moy, E., and D'Angelo, L.J. (1997). Access to ambulatory care for adolescents: The role of a usual source of care. *Journal of Health Care for the Poor and Underserved*, *8*, 214–226.

Health Indicators

The health of the Nation's children has improved in many areas, including vaccination coverage, teen birth rates, and child mortality. However, the increasing prevalence of overweight children and low birthweight infants is of concern.

In 2004, childhood immunization coverage rates were at record-high levels. In 2004, 83 percent of children ages 19–35 months had received the recommended combined series of vaccines, referred to as the 4:3:1:3,[12] compared with 76 percent in 1996. In addition, coverage rates for the varicella (chickenpox) vaccine and the recently recommended childhood pneumococcal vaccine continued to increase. Coverage for the varicella vaccine increased to 88 percent in 2004 from 85 percent in 2003. Added to the childhood immunization schedule in 2001, the pneumococcal conjugate vaccine protects against an infection that is a major cause of serious illness in young children. Coverage for three or more doses of the vaccine increased from 41 percent in 2002, the first year data were available, to 68 percent in 2003, and more recently to 73 percent in 2004.

The increasing percentage of overweight children is a public health challenge (Figure 5). In 1976–1980, only 6 percent of children ages 6–17 were overweight. By 1988–1994, this proportion had risen to 11 percent, and it continued to rise to 15 percent in 1999–2000. In 2001–2002, 17 percent of children were overweight; most recently in 2003–2004, this proportion was 18 percent. In 2003–2004, Black, non-Hispanic girls were at particularly high risk of being overweight (25 percent), compared with White, non-Hispanic and Mexican American girls (16 percent and 17 percent, respectively).[13]

Figure 5 Percentage of children ages 6–17 who are overweight by gender, selected years 1976–2004
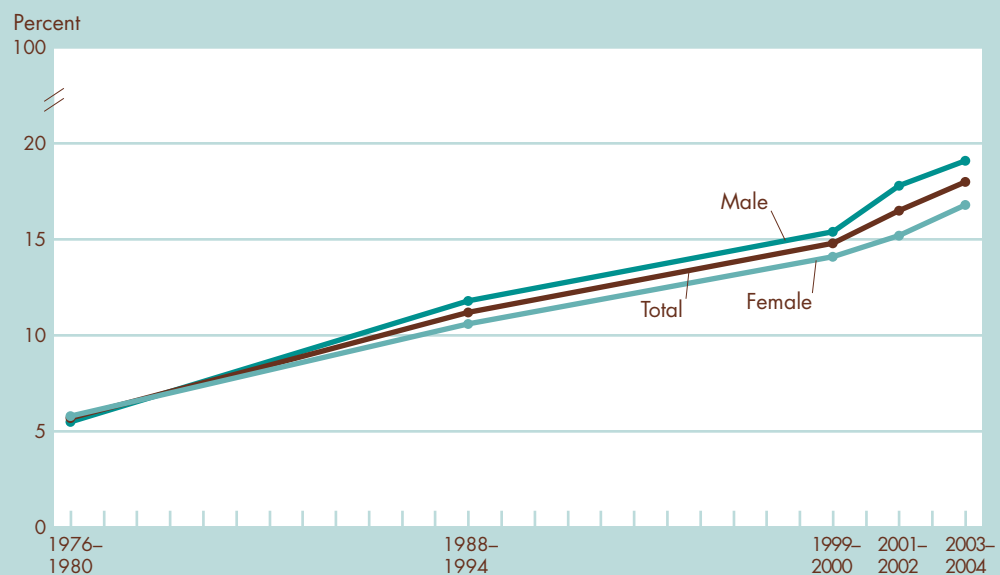
NOTE: Overweight is defined as body mass index (BMI) at or above the 95th percentile of the 2000 Centers for Disease Control and Prevention BMI-for-age growth charts. BMI is calculated as weight in kilograms divided by the square of height in meters.

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

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[12] The combined series includes ≥ 4 doses of diphtheria, tetanus toxoids, and pertussis vaccines, diphtheria and tetanus toxoids, or diphtheria, tetanus toxoids, and any acellular pertussis vaccine (DTP/DT/DTaP); ≥ 3 doses of poliovirus; ≥ 1 dose of any measles-containing vaccine; plus ≥ 3 doses of Haemophilus influenzae type b (Hib) vaccine. The recommended 2006 immunization schedule for children is available at http://www.cdc.gov/nip/recs/child-schedule.htm#printable.

[13] In this survey, respondents were asked to choose one or more races. All race groups discussed in this paragraph refer to people who indicated only one racial identity. Mexican American children may be of any race.

America's Children in Brief: Key National Indicators of Well-Being, 2006

Among adolescents ages 15–17, birth rates continued to decline. In 2004, the teenage birth rate was 22 per 1,000 females, the lowest rate ever recorded. From 1991 through 2004, the decline was especially striking among Black, non-Hispanic teenagers;[14] the rate for this group dropped by more than half, from 86 to 37 births per 1,000 females.

Injuries, which include homicide, suicide, and unintentional injuries (accidents), accounted for 3 of 4 deaths among adolescents ages 15–19 in 2002. The two leading mechanisms of adolescent injury mortality were firearms and motor vehicle traffic crashes. The firearm injury death rate declined by more than half from 1994 to 2003 (28 deaths per 100,000 adolescents in 1994 to 12 in 2003). During this period, the death rate for motor vehicle traffic-related injuries was 29 deaths per 100,000 adolescents in 1994 and 25 in 2003.

Infant mortality, which increased in 2002 for the first time in decades (to 7.0 deaths per 1,000 live births), declined to 6.8 deaths per 1,000 live births in 2003, which was the same rate as in 2001. During the same time, low birthweight (less than 5 lb. 8 oz.), a risk factor for infant mortality, increased (Figure 6). In 2004, the low birthweight rate rose to 8.1 percent, up from 7.9 percent in 2003 and 6.8 percent in 1980. Likewise, the percentage of very low birthweight infants (less than 3 lb. 4 oz.) rose in 2004 to 1.47 percent, compared with 1.45 percent in 2003. Recent increases in multiple births, the result of increases in fertility therapy use and older age of childbearing, place infants at high risk for being born too small. These increases have strongly influenced recent upswings in low birthweight and very low birthweight rates; however, low birthweight rates have also been on the rise among infants in singleton deliveries.

Figure 6 Percentage of infants born with low birthweight by detailed mother's race and Hispanic origin,[14] 1980–2004
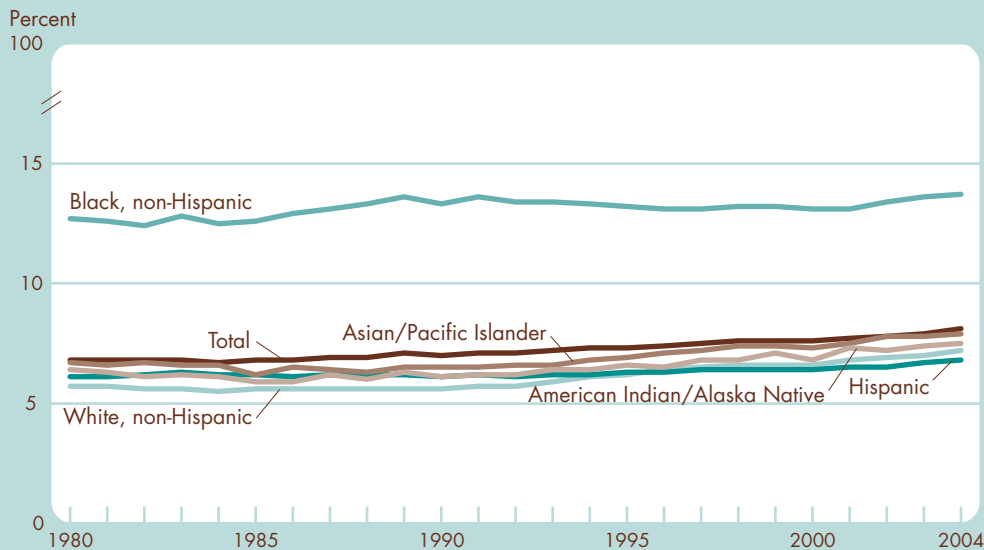
NOTE: 2004 data are preliminary.

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

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[14] Race refers to mother's race. All race groups referenced are mapped back to a single race per 1977 OMB standards. State reporting of birth certificate data is transitioning to comply with 1997 OMB standards. For more information, see Hamilton, B.E., Martin, J.A., Ventura, S.J., Sutton, P.D., and Menacker F. (2005). Births: Preliminary Data for 2004. *National Vital Statistics Reports, 54* (9). Hyattsville, MD: National Center for Health Statistics.

Behavior and Social Environment Indicators

Young people's participation in illegal or high-risk behaviors, such as smoking cigarettes, drinking alcohol, using illicit drugs, and engaging in violent crimes, has severe long-term consequences for our youth and our society.

The prevention of cigarette smoking among adolescents is a national public health priority. In 2005, 4 percent of 8th-graders, 8 percent of 10th-graders, and 14 percent of 12th-graders reported that they had smoked cigarettes daily in the past 30 days (Figure 7). These were the lowest rates since the data were first collected.[15]

Figure 7 Percentage of 8th-, 10th-, and 12th-grade students who reported smoking cigarettes daily in the previous 30 days by grade, 1980–2005
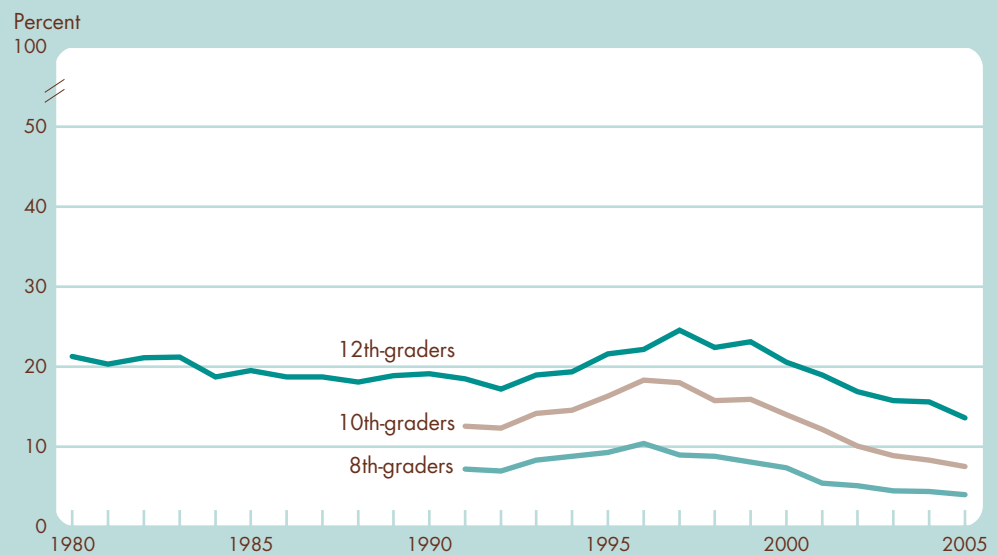
SOURCE: National Institutes of Health, National Institute on Drug Abuse, Monitoring the Future Survey.

Cigarette smoking sharply declined among American teenagers since the mid-1990s, following a period of rapid increase in their smoking rates in the first half of the 1990s. Between the peak years in the mid-1990s and 2005, daily cigarette smoking declined from 10 to 4 percent among 8th-graders, from 18 to 8 percent among 10th-graders, and from 25 to 14 percent among 12th-graders. One possible reason for the sharp declines in daily smoking since the mid-1990s is that the proportions of students' ever initiating smoking have been falling sharply since 1996 among 8th- and 10th-graders and since 1997 for 12th-graders.

For 8th-graders, male and female students continued to have similar rates of daily smoking (4 percent) in 2005. White 8th-graders (5 percent) continued to smoke at a higher rate than either their Black or Hispanic peers (2 percent and 3 percent, respectively).[16]

[15] Data were first collected in 1975 for 12th-graders and in 1991 for 8th- and 10th-graders.

[16] In this survey, respondents were asked to choose one ethnic or racial category. Racial and ethnic subgroup data from the Monitoring the Future Study are presented as 2-year averages; data for the specified year and the previous year have been combined to increase sample size and thus provide more stable estimates.

Illicit drug use over the past 30 days among 8th-graders dropped from 12 percent in 2001 to 9 percent in 2005; among 10th-graders, it dropped from 23 percent in 2001 to 17 percent in 2005; and among 12th-graders, it dropped from 26 percent in 2001 to 23 percent in 2005.

In 2005, 11 percent of 8th-graders, 21 percent of 10th-graders, and 28 percent of 12th graders reported having five or more drinks in a row at least once in the past 2 weeks (Figure 8). Patterns of heavy drinking by race and ethnicity remained stable: in all three grades, heavy drinking was more prevalent among White and Hispanic students than among their Black counterparts.

Figure 8 **Percentage of 8th-, 10th-, and 12th-grade students who reported having five or more alcoholic beverages in a row in the past 2 weeks by grade, 1980–2005**
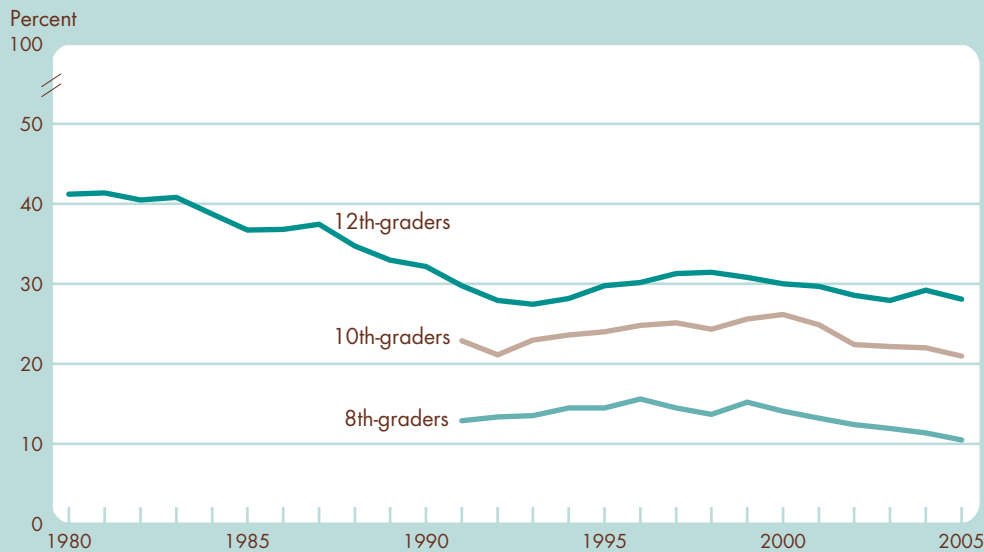
SOURCE: National Institutes of Health, National Institute on Drug Abuse, Monitoring the Future Survey.

The rates of serious violent crime—that is, homicide, rape, aggravated assault, and robbery—involving juvenile victims have fluctuated in recent years. The victimization rate of serious violent crimes against juveniles ages 12–17 decreased from 18 per 1,000 juveniles in 2003 to 11 per 1,000 in 2004. However, the rate in 2004 was not different from the rate in 2002. Overall, victimization rates have declined from their 1993 peak of 44 victims per 1,000 juveniles. The rate of serious violent offending in 2004, 14 crimes per 1,000 youth, remained unchanged from the rate in 2003, but was lower than the peak of 52 crimes per 1,000 youth in 1993.

Education Indicators

Education shapes the personal growth and life chances of children, as well as the economic and social progress of our Nation. Early educational experiences of young children, such as being read to daily, encourage the development of essential skills and prepare children for success in school.[17] Later aspects of academic performance, such as mastering mathematics, reading, and other core subjects, as well as completing high school, open opportunities for higher education and future employment.

In 2005, 60 percent of children ages 3–5 were read to daily by a family member, an increase from 53 percent in 1993, when the data were first collected. White, non-Hispanic and Asian children were more likely than their Hispanic and Black, non-Hispanic peers to be read to daily in 2005.[18] Children living in families below their poverty thresholds were less likely to be read to daily than their peers in non-poor households (both those at 100–199 percent of their poverty threshold and those at 200 percent of their poverty threshold or above).

Fifty-seven percent of children ages 3–5 who were not yet in kindergarten were enrolled in center-based early childhood care and education programs in 2005. This percentage was higher than in 1991 (53 percent), but lower than the percentage in 1999 (60 percent). In 2005, Hispanic children were the least likely to be enrolled in center-based programs; 43 percent of Hispanic children were enrolled, compared with 70 percent of Asian children, 67 percent of Black, non-Hispanic children, and 59 percent of White, non-Hispanic children.[18]

Figure 9 **Average mathematics scores for students in grades 4, 8, and 12, selected years 1990–2005**
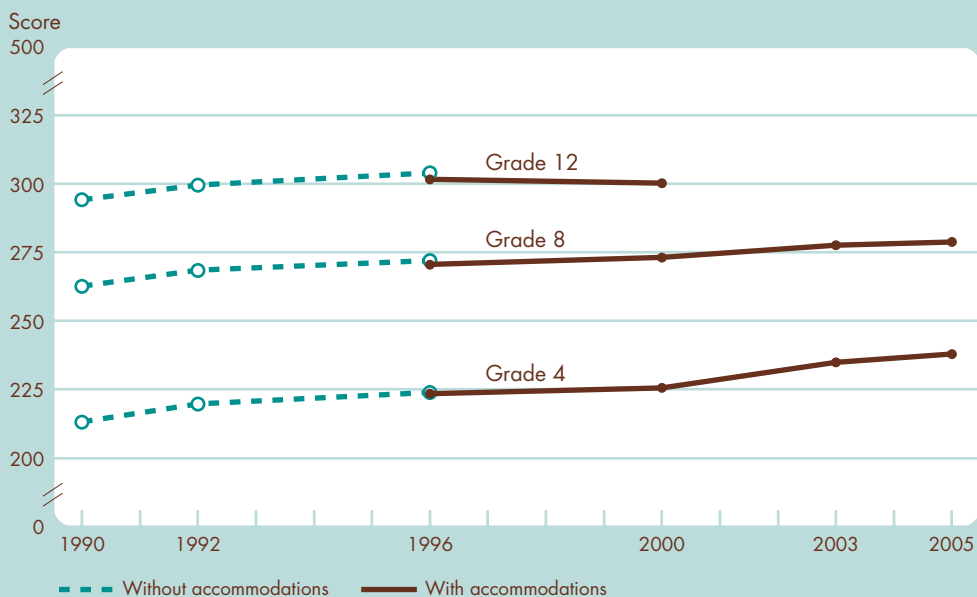
NOTE: Data are available for 1990, 1992, 1996, 2000, 2003, and 2005. The 2003 assessment only included grades 4 and 8. The 2005 assessment included a 12th-grade component, but these data were not available in time to be included in this report. In early years of the assessment, testing accommodations (e.g., extended time, small group testing) for children with disabilities and limited-English-proficient students were not permitted. In 1996, scores are shown for both the assessments with and without accommodations to show comparability across the assessments.

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

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[17] Snow, C.E., Burns, M.S., and Griffin, P. (Eds.). (1998). *Preventing reading difficulties in young children*. Washington, DC: National Academy Press.

[18] In this survey, respondents were asked to choose one or more races. All race groups discussed in this paragraph refer to people who indicated only one racial identity. Race categories exclude Hispanic origin. Hispanic children may be of any race.

The average mathematics and reading scores of 4th- and 8th-graders on the National Assessment of Educational Progress (NAEP) assessments represent what students know and can do in these subjects. In mathematics, 4th- and 8th-grade scores were higher in 2005 than in all previous assessments since the series began in 1990 (Figure 9).

The average mathematics score of 4th-graders increased from 213 in 1990 to 235 in 2003, and to 238 in 2005 (on a scale of 0–500). The average mathematics score of 8th-graders increased from 263 in 1990 to 278 in 2003, and to 279 in 2005. White, non-Hispanic and Asian/Pacific Islander, non-Hispanic students had higher average scores than their Black, non-Hispanic; American Indian/Alaska Native, non-Hispanic; and Hispanic peers in 2005.[19]

Fourth-graders had an average reading score of 217 in 1992, which increased to 219 in 2005 (on a scale of 0–500) (Figure 10). Among 8th-graders, the average reading score increased from 260 to 263 between 1992 and 2003 before decreasing to 262 in 2005. White, non-Hispanic and Asian/Pacific Islander, non-Hispanic students outperformed their Black, non-Hispanic; American Indian/Alaska Native, non-Hispanic; and Hispanic peers in both grades.[19]

Figure 10 **Average reading scores for students in grades 4, 8, and 12, selected years 1992–2005**

- - - Without accommodations   —— With accommodations

NOTE: Data are available for 1992, 1994, 1998, 2000, 2002, 2003, and 2005. The 2000 assessment only included grade 4, and the 2003 assessment only included grades 4 and 8. The 2005 assessment included a 12th-grade component, but these data were not available in time to be included in this report. In early years of the assessment, testing accommodations (e.g., extended time, small group testing) for children with disabilities and limited-English-proficient students were not permitted. In 1998, scores are shown for both the assessments with and without accommodations to show comparability across the assessments.

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

The percentage of young adults ages 18–24 who had completed high school with a diploma or an alternative credential such as a General Educational Development (GED) certificate was 87 percent in 2004, an increase from the 1980s, but a fairly stable percentage since the early 1990s. A higher percentage of Asian young adults had completed high school in 2004 (95 percent), compared with their White, non-Hispanic (92 percent); Black, non-Hispanic (83 percent); and Hispanic (70 percent) peers.[18]

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[19] In this survey, respondents were asked to choose one of the following races: White, Black, Asian/Pacific Islander, or American Indian/Alaska Native. Race categories exclude Hispanic origin. Hispanic children may be of any race.

America's Children at a Glance

	Previous Value (Year)	Most Recent Value (Year)	Change Between Years
Population and Family Characteristics			
Child population			
Children ages 0–17 in the United States (number)	73.1 million (2003)	**73.3 million** (2004)	↑
Children as a proportion of the population			
Children ages 0–17 in the United States (percentage)	25% (2003)	**25%** (2004)	NS
Racial and ethnic composition*			
Children ages 0–17 by race and ethnic group			
White	76.5% (2003)	**76.5%** (2004)	NS
White, non-Hispanic	59.4% (2003)	**58.9%** (2004)	↓
Black	15.5% (2003)	**15.5%** (2004)	NS
Asian	3.8% (2003)	**3.9%** (2004)	↑
All other races	4.1% (2003)	**4.1%** (2004)	NS
Hispanic (of any race)	18.7% (2003)	**19.2%** (2004)	↑
Children of at least one foreign-born parent			
Children ages 0–17 living with at least one foreign-born parent	20% (2004)	**21%** (2005)	NS
Difficulty speaking English			
Children ages 5–17 who speak a language other than English at home	19% (2003)	**19%** (2004)	NS
Children ages 5–17 who speak a language other than English at home and who have difficulty speaking English	5% (2003)	**5%** (2004)	NS
Family structure and children's living arrangements			
Children ages 0–17 living with two married parents	68% (2004)	**67%** (2005)	NS
Births to unmarried women			
Births to unmarried women ages 15–44 (rate)	45 per 1,000 (2003)	**46 per 1,000** (2004)	↑
All births that are to unmarried women (percentage)	35% (2003)	**36%** (2004)	↑
Child care			
Children, ages 0–6, not yet in kindergarten, who received some form of nonparental child care on a regular basis	61% (2001)	**61%** (2005)	NS
Children, ages 0–4, with employed mothers, whose primary child care arrangement is with a relative	48% (1999)	**46%** (2002)	NS

Legend   NS - No statistically significant change   ↑ - Statistically significant increase   ↓ - Statistically significant decrease

*Percentages may not sum to 100 due to rounding. Population estimates are not sample derived and therefore not subject to statistical testing. Change between years identifies differences in the proportionate size of these estimates as rounded.

America's Children at a Glance

	Previous Value (Year)	Most Recent Value (Year)	Change Between Years
Population and Family Characteristics—continued			
Children's environments			
Children ages 0–17 living in counties in which levels of one or more air pollutants rose above allowable levels	60% (2003)	**46%** (2004)	↓
Children ages 4–11 with cotinine in their blood (a marker of recent exposure to secondhand smoke)	88% (1988–1994)	**59%** (2001–2004)	↓
Households with children ages 0–6 where someone smokes regularly	19% (1999)	**11%** (2003)	↓
Economic Security Indicators			
Child poverty and family income			
Related children ages 0–17 in poverty	17% (2003)	**17%** (2004)	NS
Secure parental employment			
Children ages 0–17 living with at least one parent employed year round, full time	77% (2003)	**78%** (2004)	NS
Housing problems			
Households with children ages 0–17 reporting shelter cost burden, crowding, and/or physically inadequate housing	36% (2001)	**37%** (2003)	NS
Household food security			
Children ages 0–17 in households classified by USDA as "food insecure"	18% (2003)	**19%** (2004)	NS
Access to health care			
Children ages 0–17 covered by health insurance	89% (2003)	**89%** (2004)	NS
Children ages 0–17 with no usual source of health care	5% (2003)	**5%** (2004)	NS
Health Indicators			
General health status			
Children ages 0–17 in very good or excellent health	83% (2003)	**82%** (2004)	NS
Emotional and behavioral difficulties			
Children ages 4–17 reported by a parent to have definite or severe difficulties with emotions, concentration, behavior, or getting along with other people	5% (2003)	**5%** (2004)	NS
Activity limitation			
Children ages 5–17 with activity limitation resulting from one or more chronic health conditions	8% (2003)	**8%** (2004)	NS

Legend   NS - No statistically significant change   ↑ - Statistically significant increase   ↓ - Statistically significant decrease

America's Children at a Glance

	Previous Value (Year)	Most Recent Value (Year)	Change Between Years
Health Indicators—continued			
Overweight			
Children ages 6–17 who are overweight	17% (2001–2002)	**18%** (2003–2004)	NS
Childhood immunization			
Children ages 19–35 months with the 4:3:1:3 combined series of vaccinations	81% (2003)	**83%** (2004)	NS
Low birthweight			
Infants weighing less than 5 lb. 8 oz. at birth	7.9% (2003)	**8.1%** (2004)	↑
Infant mortality			
Deaths before the first birthday	7.0 per 1,000 (2002)	**6.8 per 1,000** (2003)	↓
Child mortality			
Deaths of children ages 1–4	31 per 100,000 (2002)	**32 per 100,000** (2003)	NS
Deaths of children ages 5–14	17 per 100,000 (2002)	**17 per 100,000** (2003)	NS
Adolescent mortality			
Deaths of adolescents ages 15–19	68 per 100,000 (2002)	**66 per 100,000** (2003)	NS
Adolescent births			
Births to females ages 15–17	22.4 per 1,000 (2003)	**22.1 per 1,000** (2004)	↓
Behavior and Social Environment Indicators			
Regular cigarette smoking Students who reported smoking daily in the previous 30 days			
8th-graders	4% (2004)	**4%** (2005)	NS
10th-graders	8% (2004)	**8%** (2005)	NS
12th-graders	16% (2004)	**14%** (2005)	↓
Alcohol use Students who reported having five or more alcoholic beverages in a row in the last 2 weeks			
8th-graders	11% (2004)	**11%** (2005)	NS
10th-graders	22% (2004)	**21%** (2005)	NS
12th-graders	29% (2004)	**28%** (2005)	NS
Illicit drug use Students who reported using illicit drugs in the previous 30 days			
8th-graders	8% (2004)	**9%** (2005)	NS
10th-graders	18% (2004)	**17%** (2005)	NS
12th-graders	23% (2004)	**23%** (2005)	NS

Legend   NS - No statistically significant change   ↑ - Statistically significant increase   ↓ - Statistically significant decrease

America's Children at a Glance

	Previous Value (Year)	Most Recent Value (Year)	Change Between Years
Behavior and Social Environment Indicators — continued			
Youth victims & perpetrators of serious violent crimes			
Serious violent crime victimization of youth ages 12–17	18 per 1,000 (2003)	**11 per 1,000** (2004)	↓
Youth offenders ages 12–17 involved in serious violent crimes	15 per 1,000 (2003)	**14 per 1,000** (2004)	NS
Education Indicators			
Family reading to young children			
Children ages 3–5 who were read to every day in the last week by a family member	58% (2001)	**60%** (2005)	NS
Early childhood care and education			
Children ages 3–5 who are enrolled in center-based early childhood care and education programs	56% (2001)	**57%** (2005)	NS
Mathematics and reading achievement (0–500 scale)			
Average mathematics scale score of			
4th-graders	235 (2003)	**238** (2005)	↑
8th-graders	278 (2003)	**279** (2005)	↑
12th-graders	302 (1996)	**300** (2000)	NS
Average reading scale score of			
4th-graders	218 (2003)	**219** (2005)	↑
8th-graders	263 (2003)	**262** (2005)	↓
12th-graders	290 (1998)	**287** (2002)	↓
High school academic coursetaking			
High school graduates who completed high-level coursework in			
Mathematics	41% (1998)	**45%** (2000)	NS
Science	62% (1998)	**63%** (2000)	NS
English	29% (1998)	**34%** (2000)	↑
Foreign language	30% (1998)	**30%** (2000)	NS
High school completion			
Young adults ages 18–24 who have completed high school	87% (2003)	**87%** (2004)	NS
Youth neither enrolled in school nor working			
Youth ages 16–19 who are neither enrolled in school nor working	8% (2004)	**8%** (2005)	NS
Higher education			
Adults ages 25–29 who have completed a bachelor's or more advanced degree	29% (2004)	**29%** (2005)	NS

Legend   NS - No statistically significant change   ↑ - Statistically significant increase   ↓ - Statistically significant decrease

Federal Interagency Forum on Child and Family Statistics

The Federal Interagency Forum on Child and Family Statistics was founded in 1994. Executive Order No. 13045 formally established the Forum in April 1997 to foster coordination and collaboration in the collection and reporting of Federal data on children and families. Agencies that are members of the Forum as of spring 2006 are listed below.

Department of Agriculture
Economic Research Service

Department of Commerce
U.S. Census Bureau

Department of Defense
Defense Manpower Data Center

Department of Education
Institute of Education Sciences,
National Center for Education Statistics

Department of Health and Human Services
Office of the Assistant Secretary for Planning and Evaluation

Administration for Children and Families

Agency for Healthcare Research and Quality

Maternal and Child Health Bureau

National Center for Health Statistics

National Institute of Child Health and Human Development

Department of Housing and Urban Development
Office of Policy Development and Research

Department of Justice
Bureau of Justice Statistics

National Institute of Justice

Office of Juvenile Justice and Delinquency Prevention

Department of Labor
Bureau of Labor Statistics

Women's Bureau

Department of Transportation
National Highway Traffic Safety Administration

Environmental Protection Agency
Office of Environmental Information

National Science Foundation
Division of Science Resources Statistics

Office of Management and Budget
Statistical and Science Policy Office