America’s Children: Key National Indicators of Well-Being
The Federal Interagency Forum on Child and Family Statistics was founded in 1994 and formally established by Executive Order in April 1997, to foster the coordination and collaboration of the collection and reporting of Federal data on children and families. Members of the Forum as of Spring 1997 are listed below.

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

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

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

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

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

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

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

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

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

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

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Introduction

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

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

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

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

How the key indicators were selected

This report presents a selected set of key indicators of children’s status that measure critical aspects of children’s lives and are collected rigorously and regularly by Federal agencies. The Federal Interagency Forum on Child and Family Statistics chose these indicators through careful examination of available data. In determining this list of key indicators, the Forum sought input from the Federal policy-making community, foundations, academic researchers, and state and local children’s service providers.

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

- **easy to understand** by broad audiences.
- **objectively** based on substantial research connecting them to child well-being and based on **reliable** data.
- **balanced** so that no single area of children’s lives dominates the report.
- **measured regularly** so that they can be updated and show trends over time.
- **representative** of large segments of the population, rather than one particular group.

Data sources

Data for the key indicators are drawn primarily from national surveys and from vital records. Federal agencies regularly survey the population on many issues. These national surveys use interviewers to gather information by speaking directly, by telephone or in person, with families selected through rigorous sampling methods. Federal agencies also collect information on births and deaths from local and state agencies. Surveys and vital statistics provide the best available measures of the
condition of children. Although there are important areas of children’s lives where administrative data from local agencies are available, such measures were not included in this report. The availability and quality of such data can be affected by policy differences among agencies in various local areas and by resource constraints.

**Other sources of information on the condition of children**

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

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

**The need for better information on the condition of children**

This report points to major gaps in the coverage and timeliness of the Nation’s information on children and youth. It challenges the Nation as a whole—and the Federal statistical agencies in particular—to improve the monitoring of important areas of children’s lives. It also challenges Federal agencies to improve the timeliness with which information on children is made available to policy makers and the public.

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

**Structure of the report**

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

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

For each indicator, there are three types of information:

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

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

Two additional sections follow the four sections presenting the indicators:

- **Special Features Section.** This section presents data that are not regularly available for an indicator. This year, the focus is on child abuse and neglect, a problem that affects the lives of millions of children, but for which there are no rigorously and regularly collected data. The Third National Incidence Study of Child Abuse and Neglect does, however, provide recent data on the prevalence of this problem. The section describes the number of maltreated children by
type of maltreatment. In future reports, other areas of children’s lives for which data are not regularly collected may be presented as special features.

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

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

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

### The Federal Interagency Forum on Child and Family Statistics

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

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

We hope that this new annual report will help the Nation better understand the condition of its children.
# America's Children: Key National Indicators of Well-Being

## Summary List of Indicators

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<td>22% (1996)</td>
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<td>31%</td>
</tr>
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<td>Substance abuse</td>
<td>37</td>
<td>Percentage of 12th graders who report having used illicit drugs in the previous 30 days</td>
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<tr>
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<td>57% (1996)</td>
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<td>High school completion</td>
<td>48</td>
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<td>85%</td>
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<td>9% (1996)</td>
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<td>31% (1996)</td>
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</tr>
</tbody>
</table>
Part I
Population and Family Characteristics
Number of Children in the United States

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

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

For additional detail, see table POP1.
Children as a Proportion of the Population

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

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

For additional detail, see table POP2.
Racial and Ethnic Composition of Children in the United States

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

- In 1996, 66 percent of U.S. children were white, non-Hispanic; 15 percent were black, non-Hispanic; 14 percent were Hispanic; 4 percent were Asian or Pacific Islander; and 1 percent were American Indian or Alaskan Native.

- The percentage of children who are white, non-Hispanic has decreased from 74 percent in 1980 to 66 percent in 1996.

- The percentages of blacks and American Indian or Alaskan Natives in the child population have been fairly stable during the same period.

- Hispanics have increased more rapidly than other racial and ethnic group, growing from 9 percent of the child population in 1980 to 14 percent in 1996. By 2020, it is projected that more than one in five children in the United States will be Hispanic.

- The percentage of children who are Asian or Pacific Islanders doubled from 2 to 4 percent between 1980 and 1996. This percentage is expected to continue to grow in the coming decades to 6 percent by 2010.

For additional detail, see table POP3.
Family Structure

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

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

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

For additional detail, see table POP4.
Births to Unmarried Women

Increases in births to unmarried women are among the many changes in American society that have affected family structure and the economic security of children. Children of unmarried mothers are at higher risk of having adverse birth outcomes, because their mothers are less likely to have received adequate prenatal care, less likely to have gained adequate weight during pregnancy, and more likely to have smoked during pregnancy, even when differences in age and educational level are taken into account. They are also more likely to live in poverty than children of married mothers.

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

- The percentage of all births that were to unmarried mothers has increased from 5 percent in 1960 to 32 percent in 1995. This increase is linked to a decline in the proportion of women of childbearing age who are married (from 71 percent in 1960 to 53 percent in 1995), a decline in births to married women (from 4 million in 1960 to 2.6 million in 1995), and a decline in the birth rate for married women (from 157 per thousand in 1960 to 84 per thousand in 1995). Some of the decline in marriages reflects increases in cohabitation; about 20-25 percent of unmarried women aged 25-44 years were in cohabiting relationships in 1992-94.

- Between 1980 and 1994, birth rates for unmarried women increased from 29 to 47 per thousand. One of every three births in 1994 was to an unmarried mother.

- During this period, birth rates increased sharply for unmarried women in all age groups. Birth rates for unmarried women ages 15 to 17 years increased from 21 to 32 per thousand. Birth rates for unmarried women ages 20 to 24 years increased from 41 to 72 per thousand.

For additional detail, see table POP5.
Data Needed

Population and Family Characteristics

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

- Children’s living arrangements. Understanding the family structures in which children live and their relationships to child well-being is basic, yet there are no regular data which describe in detail for children of all ages the various arrangements in which they live, such as living with biological parents, step-parents, adoptive parents, etc. Information is also needed about children’s interactions with non-resident parents, particularly fathers, and about the establishment of paternity.

- Child care attendance for children of all ages. Although there are several sources of information on child care attendance for young children, there is no regular or complete source for children of all ages in all types of care including family day care, center-based care, relative care, and other sources of care.

- Time use. A regular source of data is needed to monitor changes in how and where children spend their time, for example, how much time children spend interacting with one or both parents, in school, in day care, in afterschool activities or at work per week. There are sources of data on the amount of time they spend on certain activities, such as watching TV, but there is no regular source of data on the whole spectrum of children’s activities.
Part II
Indicators of Children’s Well-Being

Economic Security
Child Poverty and Family Income

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

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

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

Note: Estimates refer to children who are related to the householder and who are under age 18.
See related table ECON1.A, this publication.

- In 1995, 20 percent of American children—one in five children—lived in families with cash incomes below the poverty line.
- The percentage of children in poverty has stayed near or slightly above 20 percent since 1981.
- Children under age 6 are more often found in families with incomes below the poverty line than children ages 6 to 17. In 1995, 24 percent of children under age 6 lived in poverty, compared to 18 percent of older children.
- Children living with two married parents are much less likely to be poor than children living only with their mothers. In 1995, 10 percent of children in two-parent families were in poverty, compared to 50 percent in female householder families.
- This contrast by family structure is especially pronounced among certain racial and ethnic minorities. For example, in 1995, 13 percent of black children in married-couple families lived in poverty, compared to 62 percent of black children in female-householder families. Twenty-eight percent of Hispanic children in married-couple families lived in poverty, compared to 66 percent in female-householder families.
- White children are found living in poverty much less often than either black or Hispanic children. In 1995, 11 percent...
of white children were poor, compared to 42 percent of black children and 39 percent of Hispanic children.

- In 1995, 8 percent of all children lived in families with incomes less than half the poverty level, or $7,784 a year for a family of four, while 32 percent of children lived in families with incomes less than 150 percent of the poverty level, or $23,353 a year for a family of four.

- An increase in income inequality occurred between 1979 and 1994, as may be seen by distributing families with children into groups based on family income (as a multiple of the poverty threshold). Families with children in the lowest 40 percent of the population lost income during this period; the middle 20 percent had almost the same income, while the top 40 percent with the highest income experienced an increase.

- The median income for families with children (adjusted for inflation) shows a similar pattern of increased dispersion since 1979. The median income for married-couple families grew, while the median income for female-householder families decreased.

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

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

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

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

For additional detail, see table ECON2.
Housing Problems

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

In 1993, 34 percent of U.S. households with children had one or more of three housing problems: physically inadequate housing, crowded housing, or housing that cost more than 30 percent of household income. Crowded housing, defined as housing in which there is more than one person per room, has declined slightly among households with children, although households with children remain the most likely of all types of households to experience crowding. The percentage of households with children in crowded housing decreased from 9 percent in 1978 to 6 percent in 1993.

Inadequate housing, defined as housing with severe or moderate physical problems, has also become slightly less common. In 1993, 7 percent of households with children experienced physical housing problems, compared to 9 percent in 1978.

Improvements in housing conditions have been accompanied by rising housing costs. Between 1978 and 1993, the percentage of households with children paying more than 30 percent of their income for housing rose from 15 percent to 27 percent. The percentage of these households with severe cost burdens (paying more than half of income for housing) rose from 6 to 11 percent. Paying 30 percent or more of family income for housing may leave insufficient resources for other basic needs.

In 1993, 11 percent of households with children had severe housing problems, either severe housing cost burdens or severe physical problems with their housing. This percentage has grown from 8 percent in 1978 and reflects a rise in the percentage of families reporting severe rent burdens.

Severe housing problems are especially prevalent among very low-income renters. In 1993, 34 percent of very low-income renter households with children reported severe housing problems, and again, severe rent burden is the major problem reported. Although this percentage does not differ significantly from 1978, the number of these households has grown sharply, from 1.4 million in 1978 to 2.3 million in 1993, and the proportion with severe rent burdens has increased.

For additional detail, see table ECON3.
Secure Parental Employment

Secure parental employment enables most families to avoid poverty and its attendant risks to children. Employment is also the means by which most families obtain health insurance and thus ensure that their children have access to health care. Research suggests that secure parental employment may also enhance children’s psychological well-being and improve family functioning by reducing stress and other negative effects that unemployment and underemployment can have on parents. One measure of secure parental employment is the percentage of families with children under one or both parents employed full time during a given year.

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

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

For additional detail, see table ECON4.
Health Insurance Coverage

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

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

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

For additional detail, see table ECON5
Indicators Needed

Economic Security

- Measures of economic well-being need to be developed for children at all levels of income. Multiple measures of income or consumption may be required to produce reliable estimates of changes in children’s economic well-being over time.

- Percentage of children who experience long-term poverty. Long-term poverty can be estimated from longitudinal surveys for particular sample populations or panels, but changes to current surveys would be needed to provide the capacity to produce regular estimates.

- Percentage of children who are homeless. At present, there are no regular data on the number of homeless children in the U.S., although there have been occasional studies which have sought to estimate this number.

- Currently under development are measures of food insecurity and hunger for households with children and measures of individual children’s food insufficiency and hunger in food-insecure households.
Health
Summary Health Measure

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

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

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

For additional detail, see table HEALTH1.
Prenatal Care

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

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

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

For additional detail, see table HEALTH2.
Infant Mortality

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

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

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

*For additional detail, see tables HEALTH3.A and HEALTH3.B.*
Low Birthweight

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

In 1995, 7.3 percent of infants born in the United States were low birthweight. This percentage is the same as in 1994 and slightly higher than in 1993 (7.2 percent).

The percentage of low-birthweight infants in the United States increased from 6.8 percent in 1980 to 7.3 percent in 1995.

In 1994, 13.2 percent of black infants were of low birthweight. In contrast, between 6 and 7 percent of white, Hispanic, American Indian or Alaskan Native, and Asian infants were of low birthweight in 1994.

The percentage of low-birthweight births varies within populations often considered as a single ethnic group. Among Hispanics in the United States, Mexican Americans had the lowest percentage of low-birthweight births in 1994 (5.8 percent), and Puerto Ricans had the highest (9.1 percent). Among Asians or Pacific Islanders in the United States, Chinese had the lowest percentage of low-birthweight births in 1994 (4.8 percent), and Filipinos had the highest (7.8 percent).

For additional detail, see table HEALTH4.
Childhood Immunizations

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

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

In 1995, 74 percent of children ages 19 to 35 months had received the combined series of vaccines consisting of 4 doses of DTP, 3 doses of polio vaccine, 1 dose of measles-containing vaccine, and 3 doses of HiB vaccine.

Children with family incomes below the poverty level were less likely to have received the combined series than children with family incomes at or above the poverty line (66 percent compared to 77 percent in 1995).

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

- Ninety-two percent of children 19 to 35 months old had received at least 3 doses of HiB vaccine in 1995.
- Sixty-eight percent of children 19 to 35 months old had received three or more doses of the Hepatitis B vaccine in 1995.

For additional detail, see table HEALTH5.
Activity Limitation

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

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

- Children and youth ages 5 to 17 have much higher rates of activity limitation from chronic conditions than younger children, possibly because some developmental and learning disabilities are not diagnosed until children enter school. In 1993-94, 8 percent of children ages 5 to 17 were limited in their normal activity because of one or more chronic health conditions, compared to 3 percent of children from birth to age 4.

- Children and youth in low-income families have significantly higher rates of activity limitation than children in more affluent families. Among children and youth ages 5 to 17, 12 percent of children in families with incomes below $20,000 had activity limitation due to chronic conditions, whereas 7 percent of children in families with incomes of $20,000 or more had such limitation in 1993-94.

- The difference in activity limitation by income is also present among preschool-age children. Children ages birth to 4 in families with incomes below $20,000 had twice the rate of activity limitation in 1993-94 as children in families with incomes of $20,000 or more (4 percent versus 2 percent).

- Males ages 5 to 17 had more limitation of activity than females for all years from 1990-1994. In 1993-94, 10 percent of boys and 7 percent of girls were limited in their activities because of one or more chronic health conditions.

For additional detail, see table HEALTH6.
Child Mortality

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

In 1994, the mortality rate for 1- to 4-year-old children was 42.9 deaths per 100,000 children, approximately one-third lower than the 1980 mortality rate of 63.9.

Among 1- to 4-year-olds, black children had the highest mortality rates in 1994 at 77.2 deaths per 100,000 children. Asian-American children had the lowest mortality rate, at 25.3.
The mortality rate for 5- to 14-year-old children in 1994 was 22.5 deaths per 100,000 children, approximately one-quarter lower than the 1980 mortality rate of 30.6.

Among 5- to 14-year-olds, black children had the highest mortality rate in 1994 (34.8), and Asian Americans had the lowest (16.2).

*For additional detail, see table HEALTH7.*
Adolescent Mortality

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

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

Deaths per 100,000 resident population

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

Source: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.
See related table HEALTH8, this publication.
Deaths from firearm-related injuries increased threefold among black male teens between 1985 and 1991, accounting for most of the increase in the mortality rate for this group.

In contrast, motor vehicle injuries were the leading cause of death for white male teens between 1985 and 1990. Still, among injury-related deaths, homicides and suicides involving firearms increased for white male teens, while motor vehicle injuries remained unchanged.

For additional detail, see table HEALTH8.
Teen Births

Research indicates that for a young woman, bearing a child during adolescence is associated with long-term difficulties for herself, her child, and society. These consequences are often attributable to the poverty and other adverse socioeconomic circumstances that frequently accompany early childbearing. 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. They are more likely to grow up in homes that offer lower levels of emotional support and cognitive stimulation, and they are less likely to earn a high school diploma. For the mothers, giving birth during adolescence is associated with limited educational attainment, which in turn can reduce future employment prospects and earnings potential. The birth rate for young women ages 15 to 17 is one measure of adolescent childbearing.

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

Live births per 1,000 population

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

For additional detail, see table HEALTH9.
Indicators Needed

Health

- Mental health indicator. The development of a global indicator of mental health for children which takes into account the child’s age and sex, and elicits valid responses from all racial, ethnic, and income groups is needed to estimate the number of children with mental, emotional, and behavioral problems. Several efforts are underway to develop such indicators, but these data will not be available until 1999 or 2000.

- Children with special needs. Regular estimates are needed of the number of children with special needs, including children with physical and learning disabilities, children with limitations caused by developmental delays and chronic conditions, and children who need special services, such as early intervention services and special education services. The indicator in this report on “activity limitation” refers only to those whose individuals whose activities are limited because of chronic conditions which usually last more than 3 months.

- Child abuse and neglect. Also needed are regular reliable estimates of the incidence of child abuse and neglect that are based on a sample survey rather than administrative records. See the “Special Feature” section of this report for such an indicator for one recent year.

- Access to health care. An indicator is under development which will provide data on children’s access to a usual source of health care other than a hospital emergency room.
Behavior and Social Environment
Regular Cigarette Smoking

Smoking has serious long-term consequences, including the risk of smoking-related diseases, increased health care costs associated with treating these illnesses, and the risk of premature death. Many adults who are today addicted to tobacco began smoking as adolescents, and it is estimated that more than 5 million of today’s underage smokers will die of tobacco-related illnesses. These consequences underscore the importance of studying patterns of smoking among adolescents.

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

- The percentage of 8th, 10th, and 12th graders who reported that they smoked cigarettes daily increased between 1992 and 1996. In 1996, more than one in five 12th graders (22 percent) reported smoking daily during the previous 30 days, as did 18 percent of 10th graders and 10 percent of 8th graders.

- Prior to 1992, smoking had been decreasing among 12th graders since 1975, when 27 percent of 12th graders reported that they smoked regularly. (Comparable figures are not available for 8th and 10th graders before 1991.)

- Girls are as likely as boys to report smoking on a regular basis.

- White students have the highest rates of smoking, followed by Hispanics, and then blacks. In 1994-95, 24 percent of white 12th grade students reported regular smoking, compared to 12 percent of Hispanics and 6 percent of blacks.

For additional detail, see table BEH1.
Alcohol Use

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

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

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

For additional detail, see table BEH2.
Substance Abuse

Research indicates that drug use by adolescents can have immediate as well as long-term health and social consequences. Cocaine use is linked with health problems that range from eating disorders, to disability, to death from heart attacks and strokes. Marijuana use poses both health and cognitive risks, particularly for damage to pulmonary functions as a result of chronic use. Hallucinogens can affect brain chemistry and result in problems with learning new information and retaining knowledge. Possession and/or use of drugs is illegal and can lead to a variety of penalties and a permanent criminal record. As is the case with alcohol use, drug use is a risk-taking behavior by adolescents that has serious negative consequences.

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

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

For additional detail, see table BEH3.
Youth Victims of Violent Crimes

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

In 1994, almost 2.6 million youth ages 12 to 17 were victims of violent crimes.

The rate at which youth were victims of violent crimes fluctuated between 79 and 87 per 1,000 from 1980 to 1986, and then began to increase from 89 per 1,000 in 1987 to 123 per 1,000 in 1993. (Violent crime victimization rates for youth are expressed in terms of the number of victims per 1,000 youth ages 12 to 17.) The rate of violent crime against youth then decreased to 118 in 1994, but it is too early to know whether this is the beginning of a downward trend.

Boys are more likely than girls to be victims of violent crimes. In 1994, the male youth violent crime victimization rate was 141 per 1,000, compared to 95 per 1,000 for females.

Black youth are generally more likely than white youth to be victims of violent crime. In 1994, the black youth violent crime victimization rate was 136 per 1,000, compared to 118 per 1,000 for white youth.

From 1980 to 1985, younger teens (ages 12-14) were less likely than older teens (ages 15-17) to be victims of violent crimes. Since 1986, there have been several years in which the violent crime victimization rate for younger teens equaled or exceeded the rate for older teens.

For additional detail, see table BEH4.
Indicators Needed

Behavior and Social Environment

- Violent crime rate. An estimate of the number of juvenile offenses is needed which is reliable across jurisdictions and which estimates the rate of offenses, rather than arrests or outcomes of adjudication.

- Neighborhood environment. Research shows the effect of distressed neighborhoods over and above that of individual or family background characteristics on child well-being, yet an adequate and regular source of information on neighborhoods is not yet available.
Education
Difficulty Speaking English

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

From 1979 to 1995, the number of school-age children who spoke a language other than English at home and had difficulty speaking English almost doubled, growing from 1.25 million in 1979 to 2.44 million in 1995.

As a percentage of all children ages 5 to 17 in the United States, this represents an increase from 3 percent in 1979 to 5 percent in 1995.

Underlying the rise in the percentage of all children who have difficulty speaking English was an increase in the percentage of children who spoke another language at home, from 9 percent in 1979 to 14 percent in 1995, and in the proportion of those children who had difficulty speaking English, from 33 percent in 1979 to 37 percent in 1995.

Children of Hispanic and Asian origin are more likely than white or black children to have difficulty speaking English, since they are more likely to speak another language at home. Thirty-one percent of Hispanic children had difficulty speaking English in 1995, while 74 percent of Hispanic children spoke another language at home. Likewise, 14 percent of children of “other” races (including Asians) had difficulty speaking English, while 46 percent of these children spoke another language at home. In contrast, one percent of both black and white children spoke English with difficulty, with only 3 and 4 percent of them, respectively, speaking another language at home.

For additional detail, see table ED1.
Family Reading to Young Children

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

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

Note: Estimates are based on 3- to 5-year-olds who have yet to enter kindergarten.

- In 1996, 57 percent of children ages 3 to 5 were read aloud to by a family member every day in the last week, up slightly from 53 percent in 1993.

- As a mother’s education increases, so does the likelihood that her child is read to every day. In 1996, more than three-quarters (77 percent) of children whose mothers were college graduates were read aloud to every day. In comparison, daily reading aloud occurred with 62 percent of children whose mothers had some college experience, 49 percent whose mothers had completed high school but had no education beyond that, and 37 percent whose mothers had not completed high school.

- White children are more likely to be read aloud to every day than either black or Hispanic children. Sixty-four percent of white children, 44 percent of black children, and 39 percent of Hispanic children were read to every day in 1996.

- Children in families with incomes below the poverty line are less likely to be read aloud to every day than are children in families with incomes above the poverty line. Less than half (46 percent) of children in poverty were read to every day in 1996, compared to 61 percent of children above the poverty line.

- Children living with two parents are more likely to be read aloud to every day than are children who live with one or no parent. Sixty-one percent of children in two-parent households were read to every day in 1996, compared to 46 percent of children living with one or no parent.

For additional detail, see table ED2.
Early Childhood Education

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

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

Percent

Note: Data for 1994 and 1995 may not be comparable to earlier years because of changes in survey procedures.
See related table ED3.A, this publication.

- In 1995, 47 percent of 3- to 4-year-olds yet to enter kindergarten attended nursery school, a substantial increase from the 15 percent who attended nursery school in 1970.
- When a broader group of early childhood programs are considered, more than half (53 percent) of 3- to 4-year-olds yet to enter kindergarten attended one of several kinds of center-based early childhood programs in 1996. These programs include nursery schools, preschool programs, Head Start programs, day care centers, and prekindergarten programs.
**Figure ED3.B.** Percentage of 3- to 4-year-olds yet to enter kindergarten who were enrolled in center-based early childhood programs, by mother’s education level, 1996

- Children with more highly-educated mothers are more likely to attend a center-based program than others. Seventy-one percent of children whose mothers had completed college attended such a program in 1996, compared to 37 percent whose mothers had less than a high school education.

- Children living in poverty are less likely to attend a center-based program than children whose families have higher incomes. In 1996, 58 percent of children ages 3 to 4 whose families had incomes above the poverty line were enrolled in a center-based program, compared to 41 percent of children whose families had incomes at or below the poverty line.

- Black children are somewhat more likely than white children and much more likely than Hispanic children to attend a center-based program. In 1996, 63 percent of black children ages 3 to 4 attended a center-based program, compared to 54 percent of white children and 37 percent of Hispanic children.

_For additional detail, see tables ED3.A and ED3.B._
Math and Reading Proficiency

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

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

Average score
(on a scale from 0-500)

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See related table ED4.A, this publication.

- U.S. students have made modest improvements in math proficiency scores in the last decade or so. Math scores increased somewhat for 9-year-olds between 1982 and 1994, and increased slightly for 13- and 17-year-olds during that time period.

- There has been little or no progress in reading proficiency since 1980. Reading proficiency scores for 9-year-olds have been stable from 1984 to 1994, following a slight decline between 1980 and 1984. Reading scores for 13-year-olds have been stable from 1980 to 1994. Reading scores for 17-year-olds increased slightly between 1980 and 1990, and have not changed significantly since then.
Whites have consistently had higher reading and math scores than either blacks or Hispanics at ages 9, 13, and 17.

On average, 13- and 17-year-olds whose parents have completed more years of school score higher on reading and math assessments than do their peers whose parents have had fewer years of education.47

Girls have consistently higher reading scores than boys at all ages. In math, 9-year-old boys and girls had similar proficiency scores in 1994. Among 13- and 17-year-olds, however, boys scored slightly higher than girls in math in 1994.

For additional detail, see tables ED4.A and ED4.B.
High School Completion

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

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

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

For additional detail, see table ED5.
Detached Youth

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

During the 1990s, there has been little change overall in the proportion of detached youth. In 1996, about 9 percent of the nation’s 16- to 19-year olds were neither enrolled in school nor working, slightly lower than the rate of 11 percent in 1985.

Almost all of the decline in the proportion of detached youth occurred among young women. In 1985, 13 percent of young women were neither in school nor working. By 1996, this proportion had decreased to 11 percent. Nevertheless, young women continue to be more likely to be detached than young men.

Black and Hispanic youth are considerably more likely to be detached than white youth. In 1996, 14 percent of black youth and 16 percent of Hispanic youth were neither in school nor working, compared to 8 percent of white youth.

The proportion of black youth who are detached has decreased from 18 percent in 1985 to 14 percent in 1996. Among Hispanic youth, the percentage who are detached has changed little, fluctuating between 16 and 18 percent during the 1985-96 period.

For additional detail, see table ED6.
Higher Education

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

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

Note: Prior to 1992, this indicator was measured as having "4 or more years of college" rather than the actual attainment of a bachelor's degree.
See related table ED7, this publication.

- In 1996, 31 percent of high school graduates ages 25 to 29 had completed college and earned a bachelor’s or more advanced degree.
- This percentage has increased in recent decades from 22 percent in 1971 to 31 percent in 1996.
- White high school graduates ages 25 to 29 are more likely than either black or Hispanic high school graduates in the same age group to have earned a bachelor’s degree. In 1996, 34 percent of white, 17 percent of black, and 16 percent of Hispanic high school graduates in this age group had earned a bachelor’s degree or higher.

- In 1996, an additional 10 percent of high school graduates ages 25 to 29 had earned an associate degree but not a bachelor’s degree.
- In 1996, 10 percent of white high school graduates ages 25 to 29 had associate degrees as their highest degree, as did about 8 percent of black and Hispanic high school graduates in this age group.

For additional detail, see table ED7.
Indicators Needed

Education

• Early childhood development. Although the report offers two indicators of young children’s exposure to reading and early childhood education, there is no regular source of information that can be used to monitor specific social, intellectual, and emotional skills of preschoolers over time.

• Course-taking. Several different indicators of course-taking are possible with current data sources, yet there is a lack of consensus about what courses are predictive of better life chances in the future, hence about what are the most important courses to monitor over time.
Special Feature

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

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

Figure SPECIAL1. Rates of child abuse and neglect, 1993

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

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

For additional detail, see table SPECIAL1.
Notes to Indicators
Notes to Indicators

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


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

9The child poverty rate for 1981 was 19.5.


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


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

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


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

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


23Based on preliminary data


31Maynard.


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


42Parents were asked if their children spoke a language other than English at home and how well they could speak English. Categories used for reporting were “Very well,” “Well,” “Not well,” and “Not at all.” All those who were reported to speak less than “Very well” were considered to have difficulty speaking English.


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


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


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

SPECIAL1. Child abuse and neglect: Number of maltreated children and rates of child abuse and neglect by family structure, income, and gender, 1993
### Table POP1. Number of children under age 18 in the United States, by age, selected years 1950-96 and projected 2000-2020

(Numbers in millions)

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

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</tr>
<tr>
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<td>36.0</td>
<td>34.0</td>
<td>28.0</td>
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<td>26.0</td>
<td>26.0</td>
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<td>Persons, 18-64</td>
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<td>56.0</td>
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<td>61.0</td>
<td>62.0</td>
<td>62.0</td>
<td>59.0</td>
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<td>Persons, 65+</td>
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<td>10.0</td>
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<td>13.0</td>
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<td>16.0</td>
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<tr>
<td>Total, all ages</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
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<tbody>
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<td>Persons, 0-17</td>
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<td>79.0</td>
<td>78.0</td>
<td>71.0</td>
<td>67.0</td>
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<td>67.0</td>
<td>65.0</td>
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</tr>
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</table>

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

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

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<tbody>
<tr>
<td>White, non-Hispanic</td>
<td>74</td>
<td>69</td>
<td>66</td>
<td>64</td>
<td>59</td>
<td>55</td>
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<tr>
<td>Black, non-Hispanic</td>
<td>15</td>
<td>15</td>
<td>15</td>
<td>15</td>
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<td>16</td>
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<td>Hispanic*</td>
<td>9</td>
<td>12</td>
<td>14</td>
<td>16</td>
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<td>22</td>
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<td>Asian/Pacific Islander</td>
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*Persons of Hispanic origin may be of any race.

### Table POP4. Family structure: Living arrangements of children under age 18, by race and Hispanic origin, \(^a\) selected years 1970-96

*(in percents)*

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<tbody>
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<td><strong>Total</strong></td>
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</tr>
<tr>
<td>Two parents</td>
<td>85</td>
<td>77</td>
<td>73</td>
<td>72</td>
<td>71</td>
<td>71</td>
<td>69</td>
<td>69</td>
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<tr>
<td>Mother only</td>
<td>11</td>
<td>18</td>
<td>22</td>
<td>22</td>
<td>23</td>
<td>23</td>
<td>23</td>
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<td>24</td>
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<tr>
<td>Father only</td>
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<td>3</td>
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<tr>
<td><strong>White</strong></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Two parents</td>
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<td>79</td>
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<td>76</td>
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<td>75</td>
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<tr>
<td>Mother only</td>
<td>8</td>
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<tr>
<td><strong>Black</strong></td>
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<td></td>
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<tr>
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<tr>
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<tr>
<td><strong>Hispanic (^a)</strong></td>
<td></td>
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</table>

\(^a\)Persons of Hispanic origin may be of any race. Each race category includes Hispanics of that race.

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

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

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<th>Year</th>
<th>Total 15-44</th>
<th>15-17</th>
<th>18-19</th>
<th>20-24</th>
<th>25-29</th>
<th>30-34</th>
<th>35-39</th>
<th>40-44</th>
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<td>20.9</td>
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<td>15.0</td>
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<td>18.8</td>
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<td>72.2</td>
<td>59.0</td>
<td>40.1</td>
<td>19.8</td>
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### Table ECON1.A. Child poverty: Percentage of related children living below selected poverty levels, by age, family structure, race, and Hispanic origin,\(^{a,b}\) selected years 1980-95

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<td><strong>Under 100% of poverty</strong></td>
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<tr>
<td>Children in all families</td>
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<tr>
<td>Related children under 18</td>
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<td>20</td>
<td>21</td>
<td>22</td>
<td>22</td>
<td>21</td>
<td>20</td>
</tr>
<tr>
<td>White, non-Hispanic</td>
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<td>12</td>
<td>12</td>
<td>12</td>
<td>13</td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>Black(^a)</td>
<td>42</td>
<td>43</td>
<td>44</td>
<td>46</td>
<td>46</td>
<td>46</td>
<td>43</td>
<td>42</td>
</tr>
<tr>
<td>Hispanic(^b)</td>
<td>33</td>
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<td>38</td>
<td>40</td>
<td>39</td>
<td>40</td>
<td>41</td>
<td>39</td>
</tr>
<tr>
<td>Related children under 6</td>
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<td>23</td>
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<td>26</td>
<td>25</td>
<td>24</td>
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<tr>
<td>Related children 6 to 17</td>
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<td>18</td>
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<tr>
<td>Children in married couple families</td>
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</tr>
<tr>
<td>Related children under 18</td>
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<td>11</td>
<td>11</td>
<td>12</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>—</td>
<td>—</td>
<td>7</td>
<td>7</td>
<td>7</td>
<td>8</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Black(^a)</td>
<td>—</td>
<td>—</td>
<td>18</td>
<td>15</td>
<td>18</td>
<td>18</td>
<td>15</td>
<td>13</td>
</tr>
<tr>
<td>Hispanic(^b)</td>
<td>—</td>
<td>—</td>
<td>27</td>
<td>29</td>
<td>29</td>
<td>30</td>
<td>30</td>
<td>30</td>
</tr>
<tr>
<td>Related children under 6</td>
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<td>—</td>
<td>12</td>
<td>12</td>
<td>13</td>
<td>13</td>
<td>12</td>
<td>11</td>
</tr>
<tr>
<td>Related children 6 to 17</td>
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<td>—</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>11</td>
<td>10</td>
<td>9</td>
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<tr>
<td>Children in female householder families, no husband present</td>
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<td></td>
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<td>56</td>
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<td>50</td>
</tr>
<tr>
<td>White, non-Hispanic</td>
<td>—</td>
<td>—</td>
<td>40</td>
<td>41</td>
<td>40</td>
<td>39</td>
<td>38</td>
<td>34</td>
</tr>
<tr>
<td>Black(^a)</td>
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<td>65</td>
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<td>62</td>
</tr>
<tr>
<td>Hispanic(^b)</td>
<td>65</td>
<td>72</td>
<td>68</td>
<td>69</td>
<td>66</td>
<td>66</td>
<td>68</td>
<td>66</td>
</tr>
<tr>
<td>Related children under 6</td>
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<td>66</td>
<td>66</td>
<td>66</td>
<td>64</td>
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<td>62</td>
</tr>
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<td>Related children 6 to 17</td>
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<td>48</td>
<td>47</td>
<td>50</td>
<td>49</td>
<td>49</td>
<td>47</td>
<td>45</td>
</tr>
</tbody>
</table>

| **Under 50% of poverty** |      |      |      |      |      |      |      |      |
| Children in all families |      |      |      |      |      |      |      |      |
| Related children under 18 | 7    | 8    | 8    | 9    | 10   | 10   | 9    | 8    |
| White, non-Hispanic | —    | —    | 4    | 5    | 5    | 5    | 4    | 3    |
| Black\(^a\) | 17   | 22   | 22   | 25   | 27   | 26   | 23   | 20   |
| Hispanic\(^b\) | —    | —    | 14   | 14   | 15   | 14   | 17   | 16   |

| **Under 150% of poverty** |      |      |      |      |      |      |      |      |
| Children in all families |      |      |      |      |      |      |      |      |
| Related children under 18 | 29   | 32   | 31   | 32   | 33   | 33   | 32   | 32   |
| White, non-Hispanic | —    | —    | 21   | 21   | 21   | 22   | 21   | 19   |
| Black\(^a\) | 57   | 59   | 57   | 60   | 60   | 61   | 58   | 56   |
| Hispanic\(^b\) | —    | —    | 55   | 58   | 58   | 60   | 58   | 59   |

\(^a\)Estimates for black children include Hispanics of that race.
\(^b\)Persons of Hispanic origin may be of any race.

**NOTE:** The poverty level is based on money income and does not include noncash benefits, such as food stamps. Poverty thresholds reflect family size and composition and are adjusted each year using the annual average Consumer Price Index (CPI) level. The poverty threshold for a family of four was $15,569 in 1995. The levels shown here are derived from the ratio of the family’s income to the family’s poverty threshold. Related children include biological children, stepchildren, and adopted children of the householder and all other children in the household related to the householder (or reference person) by blood, marriage, or adoption. For more detail, see U.S. Bureau of the Census, Series P-60, No. 188.

**SOURCE:** Rates for 1980 and 1985 were calculated by Child Trends, Inc. based on data from the U.S. Bureau of the Census, Series P-60, No. 133, Table 7; No. 158, Table 4. Rates for 1990 through 1993 are from the U.S. Bureau of the Census, Current Population Reports Series P-60, No. 175, No. 185, No. 188, and revised data for 1992 provided by the U.S. Bureau of the Census, Poverty and Health Branch. Data for 1994 and 1995 from Current Population Reports Series P-60, Nos. 189 and 194.
### Table ECON1.B. Average pretax income as a multiple of poverty among all families with children, by income quintile, selected years 1979-94

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong></td>
<td>3.13</td>
<td>3.38</td>
<td>3.20</td>
<td>3.28</td>
</tr>
<tr>
<td>Lowest 20 percent</td>
<td>.84</td>
<td>.74</td>
<td>.65</td>
<td>.66*</td>
</tr>
<tr>
<td>Second 20 percent</td>
<td>1.95</td>
<td>1.87</td>
<td>1.72</td>
<td>1.73</td>
</tr>
<tr>
<td>Middle 20 percent</td>
<td>2.84</td>
<td>2.93</td>
<td>2.77</td>
<td>2.79</td>
</tr>
<tr>
<td>Fourth 20 percent</td>
<td>3.85</td>
<td>4.14</td>
<td>4.00</td>
<td>4.09</td>
</tr>
<tr>
<td>Highest 20 percent</td>
<td>6.15</td>
<td>7.20</td>
<td>6.86</td>
<td>7.14</td>
</tr>
</tbody>
</table>

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

*The distribution and estimates are weighted by the number of persons.

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


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

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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>All families with children</td>
<td>$41,599</td>
<td>$39,240</td>
<td>$41,121</td>
<td>$39,152</td>
<td>$38,598</td>
<td>$38,179</td>
<td>$39,000</td>
<td>$40,016</td>
</tr>
<tr>
<td>Married couple families</td>
<td>46,579</td>
<td>45,818</td>
<td>49,155</td>
<td>47,571</td>
<td>48,003</td>
<td>48,038</td>
<td>48,583</td>
<td>49,969</td>
</tr>
<tr>
<td>Female householder, no husband present</td>
<td>16,881</td>
<td>14,271</td>
<td>15,952</td>
<td>14,560</td>
<td>14,412</td>
<td>14,209</td>
<td>15,324</td>
<td>16,235</td>
</tr>
<tr>
<td>Male householder, no wife present</td>
<td>–</td>
<td>–</td>
<td>30,426</td>
<td>27,046</td>
<td>24,133</td>
<td>23,570</td>
<td>24,775</td>
<td>26,990</td>
</tr>
</tbody>
</table>

*Beginning in 1987, data refer to families with “related” children under age 18. For earlier years, data refer to “own” children under age 18.

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

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

<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>All children</td>
<td>5.3</td>
<td>3.8</td>
<td>3.5</td>
<td>2.6</td>
</tr>
<tr>
<td>Children in households at or below 130 percent of poverty</td>
<td>12.2</td>
<td>13.1</td>
<td>11.9</td>
<td>8.0</td>
</tr>
<tr>
<td>Children in households above 130 percent of poverty</td>
<td>3.0</td>
<td>0.5</td>
<td>0.5</td>
<td>0.5</td>
</tr>
</tbody>
</table>

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

SOURCE: United States Department of Agriculture, Continuing Survey of Food Intakes of Individuals (CSFII).
## Table ECON3. Housing problems among U.S. households with children, selected years 1978-93

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>All households</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of households (in thousands)</td>
<td>32,267</td>
<td>33,584</td>
<td>35,735</td>
<td>35,462</td>
</tr>
<tr>
<td>Percent with</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any problems</td>
<td>30</td>
<td>33</td>
<td>33</td>
<td>34</td>
</tr>
<tr>
<td>Moderate or severe physical problems</td>
<td>9</td>
<td>8</td>
<td>9</td>
<td>7</td>
</tr>
<tr>
<td>Crowding</td>
<td>9</td>
<td>8</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Cost burden greater than 30 percent</td>
<td>15</td>
<td>21</td>
<td>24</td>
<td>27</td>
</tr>
<tr>
<td>Cost burden greater than 50 percent</td>
<td>6</td>
<td>11</td>
<td>9</td>
<td>11</td>
</tr>
<tr>
<td>Severe problems</td>
<td>8</td>
<td>12</td>
<td>10</td>
<td>11</td>
</tr>
</tbody>
</table>

| Very-low-income renter householdsb  |        |        |        |        |
| Number of households (in thousands) | 4,176  | 5,091  | 5,892  | 6,653  |
| Percent with                        |        |        |        |        |
| Any problems                        | 79     | 83     | 76     | 75     |
| Moderate or severe physical problems | 18     | 18     | 18     | 14     |
| Crowding                            | 22     | 18     | 17     | 14     |
| Cost burden greater than 30 percent | 59     | 68     | 67     | 67     |
| Cost burden greater than 50 percent | 31     | 38     | 36     | 38     |
| Severe problems                     | 33     | 42     | 33     | 34     |

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


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

<table>
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<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Families with own children under 18</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All families</td>
<td>—</td>
<td>75</td>
<td>76</td>
<td>78</td>
</tr>
<tr>
<td>Married couple families</td>
<td>83</td>
<td>84</td>
<td>86</td>
<td>88</td>
</tr>
<tr>
<td>Both parents worked full time, full-year(^a)</td>
<td>13</td>
<td>27</td>
<td>28</td>
<td>32</td>
</tr>
<tr>
<td>Families maintained by single mothers</td>
<td>—</td>
<td>41</td>
<td>41</td>
<td>45</td>
</tr>
<tr>
<td>Families maintained by single fathers</td>
<td>—</td>
<td>68</td>
<td>65</td>
<td>70</td>
</tr>
<tr>
<td><strong>Families with own children 6 to 17 only</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>All families</td>
<td>—</td>
<td>76</td>
<td>78</td>
<td>80</td>
</tr>
<tr>
<td>Married-couple families</td>
<td>86</td>
<td>86</td>
<td>87</td>
<td>89</td>
</tr>
<tr>
<td>Both parents worked full time, full-year(^a)</td>
<td>19</td>
<td>32</td>
<td>33</td>
<td>37</td>
</tr>
<tr>
<td>Families maintained by single mothers</td>
<td>—</td>
<td>49</td>
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<td>54</td>
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<tr>
<td>Families maintained by single fathers</td>
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<td>75</td>
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<tr>
<td><strong>Families with own children under 6</strong></td>
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<tr>
<td>All families</td>
<td>—</td>
<td>73</td>
<td>73</td>
<td>75</td>
</tr>
<tr>
<td>Married-couple families</td>
<td>79</td>
<td>82</td>
<td>85</td>
<td>87</td>
</tr>
<tr>
<td>Both parents worked full time, full-year(^a)</td>
<td>7</td>
<td>21</td>
<td>23</td>
<td>26</td>
</tr>
<tr>
<td>Families maintained by single mothers</td>
<td>—</td>
<td>28</td>
<td>27</td>
<td>33</td>
</tr>
<tr>
<td>Families maintained by single fathers</td>
<td>—</td>
<td>62</td>
<td>61</td>
<td>61</td>
</tr>
</tbody>
</table>

\(^a\)Usually worked full time (35 hours or more per week) for 50 to 52 weeks.

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

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

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</thead>
<tbody>
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<td><strong>All health insurance</strong></td>
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<td></td>
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</tr>
<tr>
<td>All Children</td>
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<td>87</td>
<td>87</td>
<td>87</td>
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<td>87</td>
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<tr>
<td>Age 0-5</td>
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<td>Age 6-11</td>
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<td>67</td>
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<td>75</td>
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<td>67</td>
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<td>White</td>
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<td>37</td>
<td>38</td>
<td>41</td>
<td>38</td>
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</tr>
</tbody>
</table>

\textsuperscript{a}Persons of Hispanic origin may be of any race. Each race category includes Hispanics of that race.

\textsuperscript{b}Public health insurance for children consists primarily of Medicaid, but also includes Medicare and CHAMPUS.

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

<table>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Total</strong>a</td>
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<td>80</td>
<td>79</td>
<td>79</td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-4 yearsa</td>
<td>81</td>
<td>81</td>
<td>80</td>
<td>80</td>
<td>81</td>
</tr>
<tr>
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<td>80</td>
<td>79</td>
<td>79</td>
</tr>
<tr>
<td><strong>Income</strong></td>
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<td></td>
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</tr>
<tr>
<td>Under $10,000</td>
<td>62</td>
<td>63</td>
<td>65</td>
<td>64</td>
<td>63</td>
</tr>
<tr>
<td>$10,000-19,999</td>
<td>74</td>
<td>71</td>
<td>70</td>
<td>68</td>
<td>70</td>
</tr>
<tr>
<td>$20,000-34,999</td>
<td>82</td>
<td>82</td>
<td>81</td>
<td>81</td>
<td>78</td>
</tr>
<tr>
<td>$35,000 or more</td>
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<td>89</td>
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<tr>
<td><strong>Age by income</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>0-4 years</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Under $10,000</td>
<td>67</td>
<td>69</td>
<td>69</td>
<td>68</td>
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</tr>
<tr>
<td>$10,000-19,999</td>
<td>76</td>
<td>74</td>
<td>72</td>
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<td>74</td>
</tr>
<tr>
<td>$20,000-34,999</td>
<td>82</td>
<td>83</td>
<td>83</td>
<td>83</td>
<td>80</td>
</tr>
<tr>
<td>$35,000 or more</td>
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<td>5-17 years</td>
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<td>Under $10,000</td>
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<td>$35,000 or more</td>
<td>89</td>
<td>88</td>
<td>89</td>
<td>87</td>
<td>88</td>
</tr>
</tbody>
</table>

*aIncludes children for whom family income is unknown.

**SOURCE:** Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, 1990-94.
Table HEALTH2. Prenatal care: Percentage\(^a\) of mothers receiving early prenatal care,\(^b\) by race and Hispanic origin,\(^c\) selected years 1980-95

<table>
<thead>
<tr>
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<td>63.9</td>
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</tr>
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</tr>
<tr>
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<td>77.1</td>
<td>77.1</td>
<td>78.7</td>
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<td>81.3</td>
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</tr>
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<td><strong>Hawaiian and part Hawaiian</strong></td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
<td>—</td>
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</tr>
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<td><strong>Other Asian or Pacific Islander</strong></td>
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<td>71.9</td>
<td>72.8</td>
<td>74.4</td>
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<td>61.2</td>
<td>60.2</td>
<td>61.0</td>
<td>64.2</td>
<td>66.6</td>
<td>68.9</td>
<td>70.4</td>
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<td>64.8</td>
<td>67.3</td>
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<td>55.1</td>
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<td>63.5</td>
<td>65.0</td>
<td>67.8</td>
<td>70.0</td>
<td>71.7</td>
<td>—</td>
</tr>
<tr>
<td><strong>Cuban</strong></td>
<td>82.7</td>
<td>82.5</td>
<td>84.8</td>
<td>85.4</td>
<td>86.8</td>
<td>88.9</td>
<td>90.1</td>
<td>—</td>
</tr>
<tr>
<td><strong>Central and South American</strong></td>
<td>58.8</td>
<td>60.6</td>
<td>61.5</td>
<td>63.4</td>
<td>66.8</td>
<td>68.7</td>
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<td>66.4</td>
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<td>70.0</td>
<td>72.1</td>
<td>—</td>
</tr>
</tbody>
</table>

\(^{—}\) = not available

\(^a\)Excludes live births for whom time when trimester prenatal care began is unknown.

\(^b\)Early prenatal care is care beginning in the first trimester of pregnancy.

\(^c\)Persons of Hispanic origin may be of any race. Each race category includes Hispanics of that race.

\(^d\)Preliminary data.

\(^e\)Trend data for Hispanics are affected by expansion of the reporting area for an Hispanic-origin item on the birth certificate and by immigration. These two factors affect numbers of events, composition of the Hispanic population, and maternal and infant health characteristics. The number of States in the reporting area increased from 22 in 1980, to 23 and the District of Columbia (DC) in 1983-87, 30 and DC in 1988, 47 and DC in 1989, 48 and DC in 1990, 49 and DC in 1991-92, and 50 and DC in 1993.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.
### Table HEALTH3.A. Infant mortality rates,\(^a\) by race,\(^b\) selected years 1980-95

( infant deaths per 1,000 live births)

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
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<tbody>
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<td>8.9</td>
<td>8.5</td>
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<td>7.3</td>
<td>6.9</td>
<td>6.8</td>
<td>6.6</td>
<td>6.3</td>
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<td>15.8</td>
<td>14.9</td>
</tr>
</tbody>
</table>

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

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

### Table HEALTH3.B. Infant mortality rates\(^a\) among selected groups, by detailed race and Hispanic origin,\(^b\) selected years, 1983-91

( infant deaths per 1,000 live births)

<table>
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<tr>
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</tr>
</thead>
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<tr>
<td>Black</td>
<td>18.7</td>
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<td>17.1</td>
</tr>
<tr>
<td>American Indian/Alaskan Native</td>
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<td>12.6</td>
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<td>Asian/Pacific Islander</td>
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<tr>
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<td>5.1</td>
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<td>Japanese</td>
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<td>5.3</td>
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<td>Filipino</td>
<td>8.2</td>
<td>6.9</td>
<td>6.4</td>
</tr>
<tr>
<td>Hawaiian and part Hawaiian</td>
<td>11.3</td>
<td>11.1</td>
<td>9.0</td>
</tr>
<tr>
<td>Other Asian or Pacific Islander</td>
<td>8.6</td>
<td>7.6</td>
<td>7.0</td>
</tr>
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<td>8.3</td>
<td>7.6</td>
</tr>
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<td>7.2</td>
</tr>
<tr>
<td>Puerto Rican</td>
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</tr>
<tr>
<td>Central and South American</td>
<td>8.2</td>
<td>7.6</td>
<td>6.6</td>
</tr>
<tr>
<td>Other and unknown Hispanic</td>
<td>9.9</td>
<td>9.0</td>
<td>8.2</td>
</tr>
</tbody>
</table>

\(^a\)Rates are infant (under 1 year of age) deaths per 1,000 live births in specified group.
\(^b\)Persons of Hispanic origin may be of any race. Each race category includes Hispanics of that race.
\(^c\)Trend data for Hispanics are affected by expansion of the reporting area of an Hispanic-origin item on the birth certificate and by immigration. These two factors affect numbers of events, composition of the Hispanic population, and maternal and infant health characteristics. The number of States in the reporting area increased from 22 in 1980, to 23 and the District of Columbia (DC) in 1983-87, 30 and DC in 1988, 47 and DC in 1989, 48 and DC in 1990, 49 and DC in 1991.

**SOURCE:** Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System, National Linked Files of Live Births and Infant Deaths.
Table HEALTH4. Percentage\textsuperscript{a} of low-birthweight births,\textsuperscript{b} by detailed race and Hispanic origin,\textsuperscript{c} selected years 1980-95

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<td>7.1</td>
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<td>7.3</td>
<td>7.3</td>
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<td>White</td>
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<td>13.3</td>
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<td>6.5</td>
<td>6.9</td>
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<tr>
<td>Filipino</td>
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<td>7.0</td>
<td>7.3</td>
<td>7.3</td>
<td>7.4</td>
<td>7.0</td>
<td>7.8</td>
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</tr>
<tr>
<td>Hawaiian and part Hawaiian</td>
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<td>6.7</td>
<td>6.9</td>
<td>6.8</td>
<td>7.2</td>
<td>—</td>
</tr>
<tr>
<td>Other Asian or Pacific Islander</td>
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<td>—</td>
<td>6.7</td>
<td>6.7</td>
<td>6.7</td>
<td>6.9</td>
<td>7.1</td>
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</tr>
<tr>
<td>Hispanic\textsuperscript{c}</td>
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<td>6.1</td>
<td>6.2</td>
<td>6.1</td>
<td>6.2</td>
<td>6.3</td>
<td>6.3</td>
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<tr>
<td>Mexican American</td>
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<td>5.6</td>
<td>5.6</td>
<td>5.6</td>
<td>5.8</td>
<td>5.8</td>
<td>—</td>
</tr>
<tr>
<td>Puerto Rican</td>
<td>9.0</td>
<td>8.7</td>
<td>9.0</td>
<td>9.4</td>
<td>9.2</td>
<td>9.2</td>
<td>9.1</td>
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</tr>
<tr>
<td>Cuban</td>
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<td>6.0</td>
<td>5.7</td>
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<td>6.1</td>
<td>6.2</td>
<td>6.3</td>
<td>—</td>
</tr>
<tr>
<td>Central and South American</td>
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<td>5.7</td>
<td>5.8</td>
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<td>5.8</td>
<td>5.9</td>
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<tr>
<td>Other and unknown Hispanic</td>
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<td>6.9</td>
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<td>7.2</td>
<td>7.5</td>
<td>7.5</td>
<td>—</td>
</tr>
</tbody>
</table>

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

NOTE: Trend data for Hispanics are affected by expansion of the reporting area for an Hispanic-origin item on the birth certificate and by immigration. These two factors affect numbers of events, composition of the Hispanic population, and maternal and infant health characteristics. The number of States in the reporting area increased from 22 in 1980, to 23 and the District of Columbia (DC) in 1983-87, 30 and DC in 1988, 47 and DC in 1989, 48 and DC in 1990, 49 and DC in 1991-92, and 50 and DC in 1993.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.
Table HEALTH5. Child immunization: Vaccinations of children 19 to 35 months of age for selected diseases, by poverty status, 1994-95

(in percents)

<table>
<thead>
<tr>
<th>Vaccination type</th>
<th>Total</th>
<th>Below poverty</th>
<th>At or above poverty</th>
</tr>
</thead>
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<td>Combined series (4:3:1:3)</td>
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<tr>
<td>1994</td>
<td>69.2</td>
<td>60.8</td>
<td>72.2</td>
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<tr>
<td>1995</td>
<td>74.2</td>
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<td>77.3</td>
</tr>
<tr>
<td>Combined series (4:3:1)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>1994</td>
<td>74.7</td>
<td>66.4</td>
<td>77.5</td>
</tr>
<tr>
<td>1995</td>
<td>76.2</td>
<td>68.4</td>
<td>79.1</td>
</tr>
<tr>
<td>DTP (3 doses or more)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1994</td>
<td>93.4</td>
<td>88.7</td>
<td>95.5</td>
</tr>
<tr>
<td>1995</td>
<td>94.8</td>
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<td>95.9</td>
</tr>
<tr>
<td>DTP (4 doses or more)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1994</td>
<td>76.6</td>
<td>68.3</td>
<td>79.6</td>
</tr>
<tr>
<td>1995</td>
<td>78.9</td>
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<td>81.3</td>
</tr>
<tr>
<td>Polio (3 doses or more)</td>
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<td></td>
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</tr>
<tr>
<td>1994</td>
<td>83.2</td>
<td>76.9</td>
<td>85.6</td>
</tr>
<tr>
<td>1995</td>
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<td>89.1</td>
</tr>
<tr>
<td>Measles-containing</td>
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<tr>
<td>1994</td>
<td>89.4</td>
<td>86.7</td>
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<tr>
<td>1995</td>
<td>89.9</td>
<td>85.1</td>
<td>91.3</td>
</tr>
<tr>
<td>HiB (3 doses or more)</td>
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<td></td>
</tr>
<tr>
<td>1994</td>
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<td>80.9</td>
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<tr>
<td>1995</td>
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<td>87.7</td>
<td>93.3</td>
</tr>
<tr>
<td>Hepatitis B (3 doses or more)</td>
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<td></td>
</tr>
<tr>
<td>1994</td>
<td>36.1</td>
<td>24.3</td>
<td>40.9</td>
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<tr>
<td>1995</td>
<td>67.7</td>
<td>63.7</td>
<td>69.1</td>
</tr>
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</table>

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

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics and National Immunization Program. Data from the National Immunization Survey.
Table HEALTH6. Activity limitation: Percentage of children with any limitation in activity resulting from chronic conditions,\textsuperscript{a} by age, gender, race, Hispanic origin, and income, 1990-94

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</thead>
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\textsuperscript{a}Chronic conditions are those conditions that usually have a duration of more than 3 months, e.g., asthma, hearing impairment, diabetes. Persons are not classified as limited in activity unless one or more chronic conditions are reported as the cause of the limitation.

\textsuperscript{b}Total includes children of other races and children for whom family income is unknown.

\textsuperscript{c}Persons of Hispanic origin may be of any race.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Surveys, 1990-94.
Table HEALTH7. Child mortality rates, by age, gender, race, and Hispanic origin,\textsuperscript{a} selected years 1980-94  
(deaths per 100,000 resident population in each age group)

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— = not available

\textsuperscript{a}Persons of Hispanic origin may be of any race. Each race category includes Hispanics of that race.

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

\textsuperscript{c}Trend data for Hispanics are affected by expansion of the reporting area for an Hispanic-origin item on the birth certificate and by immigration. These two factors affect numbers of events, composition of the Hispanic population, and maternal and infant health characteristics. The number of States in the reporting area increased from 22 in 1980, to 23 and the District of Columbia (DC) in 1983-87, 30 and DC in 1988, 47 and DC in 1989, 48 and DC in 1990, 49 and DC in 1991-92, and 50 and DC in 1993.

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

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.
Table HEALTH8. Mortality rates among 15- to 19-year-olds, by gender, race,\(^a\) and cause of death,\(^b\) selected years 1980-94\(^c\)
(deaths per 100,000 resident population ages 15-19)

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

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.
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<td>70.6</td>
<td>71.4</td>
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</table>

— = not available

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

**Trends data for Hispanics are affected by expansion of the reporting area for an Hispanic-origin item on the birth certificate and by immigration. These two factors affect numbers of events, composition of the Hispanic population, and maternal and infant health characteristics. The number of States in the reporting area increased from 22 in 1980, to 23 and the District of Columbia (DC) in 1983-87, 30 and DC in 1988, 47 and DC in 1990, 49 and DC in 1991-92, and 50 and DC in 1993.

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

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.
Table BEH1. Cigarette smoking: Percentage of students who reported smoking cigarettes daily in the previous 30 days, by grade, gender, race, and Hispanic origin,\(^a\), selected years 1975-96

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</tr>
</tbody>
</table>

— = not available
\(^a\)Persons of Hispanic origin may be of any race. Each race category includes Hispanics of that race.
\(^b\)Estimates for race and Hispanic origin represent the mean of the specified year and the previous year. Data have been combined to increase subgroup sample sizes, thus providing more stable estimates.

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

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</table>

— = not available

<sup>a</sup>1993 data for 8th and 10th grade students is based on a smaller sample size than in other years.

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

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

**SOURCE:** Bachman, J.G., Johnston, L.D. and O’Malley, P.M. Monitoring the Future: Questionnaire Responses from the Nation’s High School Seniors, Descriptive Results 1980, 1985 (Questionnaire Forms 1-5); 1990, 1991, 1992 (Questionnaire Forms 1-6); and 1993 (Questionnaire Forms 1, 3, 4); and unpublished data from “Monitoring the Future,” University of Michigan.
Table BEH3. Substance abuse: Percentage of students who have used illicit drugs in the previous 30 days, by grade, race, and Hispanic origin, selected years 1985-96

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<td>Grade</td>
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<td>Race and Hispanic origin(^{ab})</td>
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<td>16</td>
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</tbody>
</table>

— = not available

\(^{a}\)Estimates for race and Hispanic origin represent the mean of the specified year and the previous year. Data have been combined to increase subgroup sample sizes, thus providing more stable estimates.

\(^{b}\)Persons of Hispanic origin may be of any race. Each race category includes Hispanics of that race.

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

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

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

*aEach race category includes Hispanics of that race.

NOTE: Because of changes made in the victimization survey, data prior to 1992 are adjusted to make them comparable with data collected under the redesigned methodology. Victimization rates were calculated using population estimates from the Bureau of the Census Current Population Reports. Such population estimates normally differ somewhat from population estimates derived from survey data. The rates may therefore differ marginally from rates based upon survey derived population estimates.

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Total children ages 5 to 17 (in thousands)</th>
<th>Number (in thousands)</th>
<th>Percent of Total</th>
<th>Number (in thousands)</th>
<th>Percent of Total</th>
<th>Percent of those speaking another language at home</th>
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<td>2,237</td>
<td>75.1</td>
<td>855</td>
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<td>Total</td>
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<td>Total</td>
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<td>6,249</td>
<td></td>
<td>4,617</td>
<td>73.9</td>
<td>1,934</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>1,491</td>
<td></td>
<td>680</td>
<td>45.6</td>
<td>214</td>
</tr>
</tbody>
</table>

*Parents were asked if their children spoke a language other than English at home and how well they could speak English. Categories used for reporting were “Very well,” “Well,” “Not well,” and “Not at all.” All those reported to speak less than “Very well” were considered to have difficulty speaking English.

*Persons of Hispanic origin may be of any race.

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

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

\(^a\)Estimates are based on children who have yet to enter kindergarten.

\(^b\)Persons of Hispanic origin may be of any race.

\(^c\)Children without mothers in the home are not included in estimates dealing with mother’s education or mother’s employment status.

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

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Total</td>
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<td>32</td>
<td>34</td>
<td>36</td>
<td>36</td>
<td>36</td>
<td>45</td>
<td>47</td>
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</tr>
<tr>
<td><strong>Race and Hispanic origin(^c)</strong></td>
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<td></td>
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<td></td>
<td></td>
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<tr>
<td>White, non-Hispanic</td>
<td>—</td>
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<td>34</td>
<td>37</td>
<td>41</td>
<td>40</td>
<td>40</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
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<td>30</td>
<td>32</td>
<td>33</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Hispanic</td>
<td>—</td>
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<td>25</td>
<td>22</td>
<td>22</td>
<td>20</td>
<td>19</td>
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<td>—</td>
</tr>
<tr>
<td><strong>Family income(^d)</strong></td>
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<td></td>
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<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Low</td>
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<td>22</td>
<td>24</td>
<td>20</td>
<td>24</td>
<td>26</td>
<td>27</td>
<td>—</td>
<td>—</td>
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<td>Medium</td>
<td>12</td>
<td>23</td>
<td>29</td>
<td>32</td>
<td>33</td>
<td>32</td>
<td>32</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>High</td>
<td>28</td>
<td>41</td>
<td>54</td>
<td>56</td>
<td>58</td>
<td>53</td>
<td>56</td>
<td>—</td>
<td>—</td>
<td>—</td>
</tr>
</tbody>
</table>

— = not available

\(^a\)Estimates based on children who have yet to enter kindergarten.

\(^b\)Data for 1994 and 1995 are for “Total” only, and may not be comparable with earlier years because of changes in survey procedures.

\(^c\)Persons of Hispanic origin may be of any race.

\(^d\)Low income is the bottom 20 percent of all family incomes; high income is the top 20 percent of all family incomes; and middle income is the 60 percent in-between.

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

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

\(^a\)Estimates are based on children who have yet to enter kindergarten.

\(^b\)Center-based programs include day care centers, Head Start programs, preschools, nursery schools, prekindergartens, and other early childhood programs.

\(^c\)Persons of Hispanic origin may be of any race.

\(^d\)Children without mothers in the home are not included in estimates dealing with mother’s education or mother’s employment status.

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</thead>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Male</td>
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<td>222</td>
<td>229</td>
<td>231</td>
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</tr>
<tr>
<td>Female</td>
<td>221</td>
<td>222</td>
<td>230</td>
<td>228</td>
<td>230</td>
</tr>
<tr>
<td>Race and Hispanic origin(^a)</td>
<td></td>
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<td></td>
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</tr>
<tr>
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<td>227</td>
<td>235</td>
<td>235</td>
<td>237</td>
</tr>
<tr>
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<td>208</td>
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<tr>
<td>Hispanic</td>
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<td>205</td>
<td>214</td>
<td>212</td>
<td>210</td>
</tr>
<tr>
<td><strong>Age 13</strong></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Total</td>
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</tr>
<tr>
<td>Gender</td>
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<td>268</td>
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<td>272</td>
<td>273</td>
</tr>
<tr>
<td>Race and Hispanic origin(^a)</td>
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<td>250</td>
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<td>259</td>
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</tr>
<tr>
<td><strong>Parents' education</strong></td>
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</tr>
<tr>
<td>Less than high school</td>
<td>251</td>
<td>252</td>
<td>253</td>
<td>256</td>
<td>255</td>
</tr>
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<td>Graduated high school</td>
<td>263</td>
<td>263</td>
<td>263</td>
<td>263</td>
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</tr>
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<td>Some education after high school</td>
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<td><strong>Age 17</strong></td>
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<td>299</td>
<td>303</td>
<td>305</td>
<td>304</td>
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<td>Race and Hispanic origin(^a)</td>
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<td>Parents' education</td>
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<tr>
<td>Less than high school</td>
<td>279</td>
<td>279</td>
<td>285</td>
<td>286</td>
<td>284</td>
</tr>
<tr>
<td>Graduated high school</td>
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<td>293</td>
<td>294</td>
<td>298</td>
<td>295</td>
</tr>
<tr>
<td>Some education after high school</td>
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<td>308</td>
<td>305</td>
</tr>
<tr>
<td>Graduated college</td>
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<td>314</td>
<td>316</td>
<td>316</td>
<td>318</td>
</tr>
</tbody>
</table>

\(^a\)Persons of Hispanic origin may be of any race.

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

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

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<td></td>
<td></td>
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</tr>
<tr>
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<td>208</td>
<td>208</td>
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</tr>
<tr>
<td>Female</td>
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<td>258</td>
<td>257</td>
<td>260</td>
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</tr>
<tr>
<td>Gender</td>
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<td></td>
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<td>262</td>
<td>263</td>
<td>263</td>
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<td></td>
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<tr>
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<td>243</td>
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<td>Less than high school</td>
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<td>Post high school</td>
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<td>301</td>
<td>300</td>
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<td>299</td>
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</tr>
</tbody>
</table>

*Persons of Hispanic origin may be of any race.

**NOTE:** The reading proficiency scale has a range from 0 to 500.

- Level 150: Simple, discrete reading tasks
- Level 200: Partial skills and understanding
- Level 250: Interrelates ideas and makes generalizations
- Level 300: Understands complicated information
- Level 350: Learns from specialized reading materials

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
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<tbody>
<tr>
<td><strong>Total b</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>Completed</td>
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<td>85</td>
<td>86</td>
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<td>86</td>
<td>85</td>
</tr>
<tr>
<td>Diploma</td>
<td>—</td>
<td>—</td>
<td>81</td>
<td>81</td>
<td>82</td>
<td>81</td>
<td>79</td>
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<td>Equivalentc</td>
<td>—</td>
<td>—</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td><strong>White, non-Hispanic</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Completed</td>
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<td>88</td>
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</tr>
<tr>
<td>Diploma</td>
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<tr>
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<td>—</td>
<td>—</td>
<td>5</td>
<td>4</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td><strong>Black, non-Hispanic</strong></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Completed</td>
<td>75</td>
<td>81</td>
<td>83</td>
<td>83</td>
<td>82</td>
<td>82</td>
<td>83</td>
<td>85</td>
</tr>
<tr>
<td>Diploma</td>
<td>—</td>
<td>—</td>
<td>78</td>
<td>77</td>
<td>77</td>
<td>76</td>
<td>76</td>
<td>76</td>
</tr>
<tr>
<td>Equivalentc</td>
<td>—</td>
<td>—</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>5</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td><strong>Hispanicf</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Completed</td>
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<td>67</td>
<td>59</td>
<td>57</td>
<td>62</td>
<td>64</td>
<td>62</td>
<td>63</td>
</tr>
<tr>
<td>Diploma</td>
<td>—</td>
<td>—</td>
<td>57</td>
<td>54</td>
<td>58</td>
<td>59</td>
<td>57</td>
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<td>Equivalentc</td>
<td>—</td>
<td>—</td>
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<td>2</td>
<td>4</td>
<td>6</td>
<td>5</td>
<td>5</td>
</tr>
</tbody>
</table>

— = not available

aNot currently enrolled in high school or below.
bNot shown separately are non-Hispanics who are neither black nor white, but who are included in the total.
cNumbers for these years reflect new wording of the education attainment item in the CPS.
dNumbers in this year may reflect changes in CPS because of newly instituted computer-assisted interviewing techniques and/or because of the change in the population controls used this year to the 1990 Census-based estimates, with adjustments.
eDiploma equivalents include alternative credentials obtained by passing exams such as the General Education Development (GED) exam.
fPersons of Hispanic origin may be of any race.

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

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

<table>
<thead>
<tr>
<th>Year</th>
<th>Total</th>
<th>Young men</th>
<th>Young women</th>
<th>White</th>
<th>Black</th>
<th>Hispanica</th>
</tr>
</thead>
<tbody>
<tr>
<td>1985</td>
<td>11</td>
<td>9</td>
<td>13</td>
<td>10</td>
<td>18</td>
<td>17</td>
</tr>
<tr>
<td>1986</td>
<td>11</td>
<td>9</td>
<td>12</td>
<td>10</td>
<td>16</td>
<td>18</td>
</tr>
<tr>
<td>1987</td>
<td>10</td>
<td>8</td>
<td>12</td>
<td>9</td>
<td>16</td>
<td>18</td>
</tr>
<tr>
<td>1988</td>
<td>10</td>
<td>8</td>
<td>12</td>
<td>9</td>
<td>15</td>
<td>17</td>
</tr>
<tr>
<td>1989</td>
<td>10</td>
<td>8</td>
<td>12</td>
<td>9</td>
<td>15</td>
<td>16</td>
</tr>
<tr>
<td>1990</td>
<td>10</td>
<td>8</td>
<td>12</td>
<td>9</td>
<td>15</td>
<td>16</td>
</tr>
<tr>
<td>1991</td>
<td>10</td>
<td>9</td>
<td>13</td>
<td>9</td>
<td>17</td>
<td>16</td>
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<tr>
<td>1992</td>
<td>10</td>
<td>8</td>
<td>12</td>
<td>9</td>
<td>17</td>
<td>16</td>
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<tr>
<td>1993</td>
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<td>8</td>
<td>11</td>
<td>8</td>
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<td>16</td>
</tr>
<tr>
<td>1994</td>
<td>10</td>
<td>8</td>
<td>11</td>
<td>9</td>
<td>14</td>
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<td>1995</td>
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<td>8</td>
<td>11</td>
<td>8</td>
<td>15</td>
<td>16</td>
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<td>1996</td>
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<td>8</td>
<td>11</td>
<td>8</td>
<td>14</td>
<td>16</td>
</tr>
</tbody>
</table>

aPersons of Hispanic origin may be of any race. Each race category includes Hispanics of that race.

NOTE: Data for 1994 and subsequent years are not strictly comparable with data for prior years, because of major revisions in the Current Population Survey questionnaire and data collection methodology, and because of the inclusion of 1990 census-based population controls in the estimation process. The figures represent an average based on responses to the survey questions for the months that youth are usually in school (January through May and September through December).


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

<table>
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<tbody>
<tr>
<td>Bachelor’s degree or highera</td>
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<tr>
<td>Total</td>
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<td>26</td>
<td>26</td>
<td>27</td>
<td>27</td>
<td>27</td>
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<td>27</td>
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<td>Black, non-Hispanic</td>
<td>12</td>
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<td>15</td>
<td>14</td>
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<td>14</td>
<td>16</td>
<td>16</td>
<td>18</td>
<td>17</td>
</tr>
<tr>
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<td>13</td>
<td>18</td>
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<td>16</td>
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</tr>
<tr>
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<td>8</td>
<td>9</td>
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</tr>
<tr>
<td>White, non-Hispanic</td>
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<td>—</td>
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<td>—</td>
<td>8</td>
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</tr>
<tr>
<td>Black, non-Hispanic</td>
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<td>7</td>
<td>8</td>
<td>9</td>
<td>7</td>
<td>8</td>
</tr>
</tbody>
</table>

— = not available

aThis was measured as “4 or more years of college,” 1971-1991.
bPersons of Hispanic origin may be of any race.

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

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

<table>
<thead>
<tr>
<th>Type of maltreatment</th>
<th>Number (Total)</th>
<th>Number (Rate per 1,000 children)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Family structure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Both parents</td>
</tr>
<tr>
<td>All maltreatment</td>
<td>1,553,800</td>
<td>23.1</td>
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<tr>
<td>All abuse</td>
<td>743,200</td>
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</tr>
<tr>
<td>Physical</td>
<td>381,700</td>
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<td>Sexual</td>
<td>217,700</td>
<td>3.2</td>
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<tr>
<td>Emotional</td>
<td>204,500</td>
<td>3.0</td>
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<tr>
<td>Neglect</td>
<td>879,000</td>
<td>13.1</td>
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<tr>
<td>Physical</td>
<td>338,900</td>
<td>5.0</td>
</tr>
<tr>
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<td>212,800</td>
<td>3.2</td>
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<td>Educational</td>
<td>397,300</td>
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<td>Severity of injury</td>
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<td>—</td>
</tr>
<tr>
<td>Serious</td>
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<td>Moderate</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Inferred</td>
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</tr>
</tbody>
</table>

—— = not available

*a* Estimates are based on the National Incidence Study Harm Standard.

*b* Estimates refer to children under age 18.

Sources and Limitations of Data
List of Data Sources

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

American Housing Survey

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

Continuing Survey of Food Intakes of Individuals

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

Current Population Survey

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


Monitoring the Future

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

National Assessment of Educational Progress

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

NAEP has been designed to produce a representative sample at the national level. In each of the 1990-94 assessments, investigators collected data from a national probability sample of more than 45,000 students per age/
grade or a total of about 146,000 students in nearly 2,100 schools. Performance data are reported for the Nation and for various subgroups categorized by variables such as region, gender, race/ethnicity, parental education, type of school, and type and size of community.

**National Crime Victimization Survey**

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

**National Health Interview Survey**

The National Health Interview Survey (NHIS) is a continuing nationwide sample survey of the civilian non-institutionalized population in which data are collected by personal household interviews. Interviewers obtain information on personal and demographic characteristics, including race and ethnicity by self-reporting or as reported by an informant. Investigators also collect data about illnesses, injuries, impairments, chronic conditions, activity limitation caused by chronic conditions, utilization of health services, and other health topics. Each year the survey is reviewed and special topics are added or deleted. For most health topics, the survey collects data over an entire year.

The sample includes an over-sample of black and Hispanic persons and is designed to allow the development of national estimates of health conditions, health service utilization, and problems of the U.S. civilian non-institutionalized population. The response rate for the ongoing part of the survey has been between 94 and 98 percent over the years. In 1994, interviewers collected information for the basic questionnaire on 116,179 persons, including 32,460 children.

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


**National Household Education Survey**

The National Household Education Survey (NHES) conducted by the National Center for Education Statistics collects detailed information about educational issues through a household-based survey. Researchers collect data through telephone interviews. The sample for the NHES is drawn from the noninstitutionalized civilian population in households having a telephone in the 50 states and the District of Columbia. In each survey, between 54,000 and 64,000 households are screened to identify persons eligible for one of the topical components. Generally, each collection covers two topical components, and researchers conduct between 10,000 and 15,000 interviews for each component. The data are weighted to permit estimates of the entire population. In addition, the NHES sample design samples minorities at a higher rate in order to increase the reliability of estimates for these groups.

The 1991 NHES contained a component on early childhood program participation. Investigators screened approximately 60,000 households to identify a sample of about 14,000 children 3 to 8 years old. They interviewed parents of these children in order to collect information about these children’s educational activities and the role of the family in the children’s learning. In 1993, NCES fielded a school readiness component in which parents of approximately 11,000 children age 3 through second grade were asked about their children’s experiences in early childhood programs, developmental level, school adjustment and related problems, early primary school experiences, general health and nutrition status, home activities, and family characteristics, including family stability and economic risk factors. In 1995, NCES also
fielded an early childhood program participation component, similar to that of 1991. It entailed screening of about 44,000 households, and the interviewing of 14,000 parents of children from birth through third grade. In 1996, NCES fielded a parent and family involvement in education component, interviewing nearly 21,000 parents of children age 3 through 12th grade.

**National Immunization Survey**

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

The NIS uses a two-stage sample design. First, a random-digit-dialing sample of telephone numbers is drawn. When households with age-eligible children are contacted, the interviewer collects information on the vaccinations received by all age-eligible children. The interviewer also collects information on the vaccination providers. In the second phase, all vaccination providers are contacted by mail. Providers’ responses are combined with information obtained from the households to render estimates of vaccination coverage levels more accurate. Final estimates are adjusted for non-coverage of non-telephone households.

**National Linked File of Live Births And Infant Deaths**

The national linked file of live births and infant deaths is a data file for research on infant mortality. It comprises linked vital records for infants born in a given year who died in that year or the next year before their first birthday. It includes all the variables on the national natality file, as well as medical information reported for the same infant on the death record and the age of the infant at death. The use of linked files avoids discrepancies in the reporting of race between the birth and infant death certificates. Although discrepancies are rare for white and black infants, they can be substantial for other races. National linked files are available starting with the birth cohort of 1983. Match completeness for each of the birth cohort files is about 98 percent. The linked files are available after the regular vital statistics files, because construction of the linked file requires that 2 years of mortality data be linked to each birth cohort. For more information, see Prager K. (1994). Infant mortality by birthweight and other characteristics: United States, 1985 birth cohort. *Vital Health Statistics*, vol. 20, no.24; Hyattsville, MD: National Center for Health Statistics.

**National Vital Statistics System**

Through the National Vital Statistics System, the National Center for Health Statistics (NCHS) collects and publishes data on births, deaths, marriages, and divorces in the United States. NCHS obtains information on births and deaths from the registration offices of all states, New York City, and the District of Columbia.

Demographic information on birth certificates, such as race and ethnicity, is provided by the mother at the time of birth. Hospital records provide the base for information on prenatal care, while funeral directors provide demographic information on death certificates. Medical certification of cause of death is provided by a physician, medical examiner, or coroner.

**Information on Hispanic Origin.** The number of states gathering information on births to parents of Hispanic origin has increased gradually since 1980-1981, when 22 states included this information on birth certificates. By 1993, the Hispanic origin of the mother was reported on birth certificates in all 50 states and the District of Columbia. Similarly, mortality data by Hispanic origin of decedent has become more complete over time. Based on data from the U.S. Bureau of the Census, 99.6 percent of the U.S. Hispanic population resides in areas that report deaths by Hispanic origin.

**Preliminary Data.** A continuous receipt of statistical records by NCHS from the states’ vital registration systems supplies preliminary data. Investigators weight individual records of births and deaths to independent counts of vital events registered in each State and reported to NCHS. These independent counts, aggregated for a 12-month period, serve as control totals, and are the basis for the individual unit record weights in the preliminary file. For selected variables, unknown or not-stated values are imputed. The percent not stated is generally 1 percent or less, except for prenatal care, which is 2.2 percent.

Population Estimates

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

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


Population Projections

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

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


Third National Incidence Study of Child Abuse and Neglect

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

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