

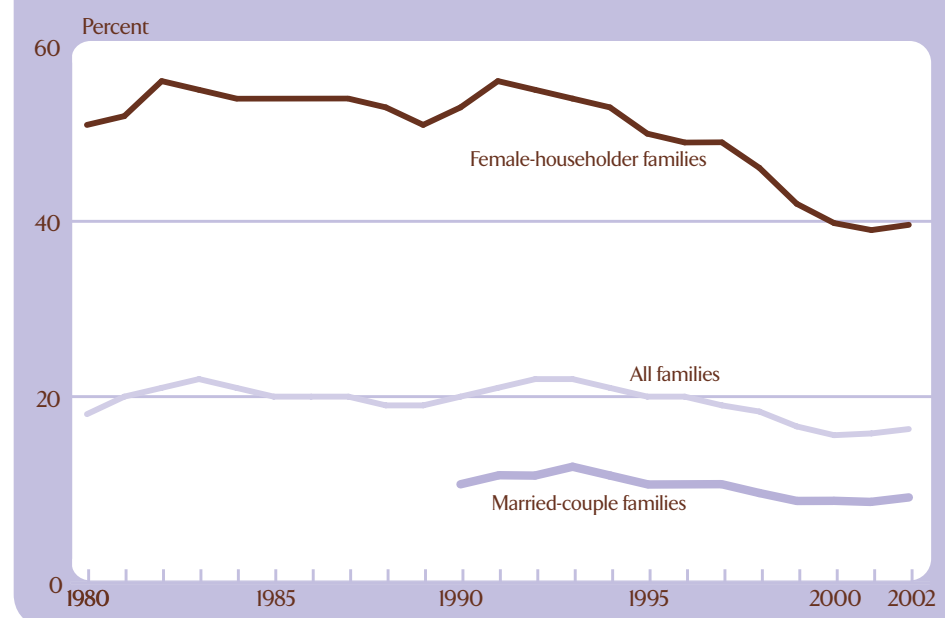
## Economic security indicators

Economic indicators, such as poverty status, stable parental employment, and food security, offer some insight into the material well-being of children, and the extent to which they may have difficulty growing up and achieving their life goals because they lack economic resources.

The number of children living in families with income below their poverty threshold<sup>4</sup> rose from 11.2 million in 2001 to 11.6 million in 2002. The poverty rate rose for these “related children” (children who were related to their householder), from 15.8 percent in 2001 to 16.3 percent in 2002 (Figure 3).<sup>5</sup> Although this was the first statistically significant annual increase in the poverty rate for related children since 1991, this increase followed a period of decline from a recent peak of 22 percent in 1993. The drop in poverty from 1996 to the recent low point in 2000 was larger than the decline from 1993 to 1996.<sup>6</sup>

FIGURE 3

Percentage of related children under age 18 in poverty by family structure, 1980-2002



NOTE: Estimates refer to children under age 18 who are related to the householder. In 2002, the average poverty threshold for a family of four was \$18,392 in annual income.

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

<sup>4</sup> Poverty is measured by comparing family income to one of 48 dollar amounts called thresholds. The dollar amounts vary by the size of the family and the members' ages. The average threshold for a family of three was \$14,348 in 2002; for a family of four, \$18,392. For further detail see [www.census.gov/hhes/www/poverty.html](http://www.census.gov/hhes/www/poverty.html).

<sup>5</sup> The poverty rate for all people under age 18—which includes some children who were not related to their householder, as well as householders and spouses under age 18—showed no statistical change between 2001 (16.3 percent) and 2002 (16.7 percent).

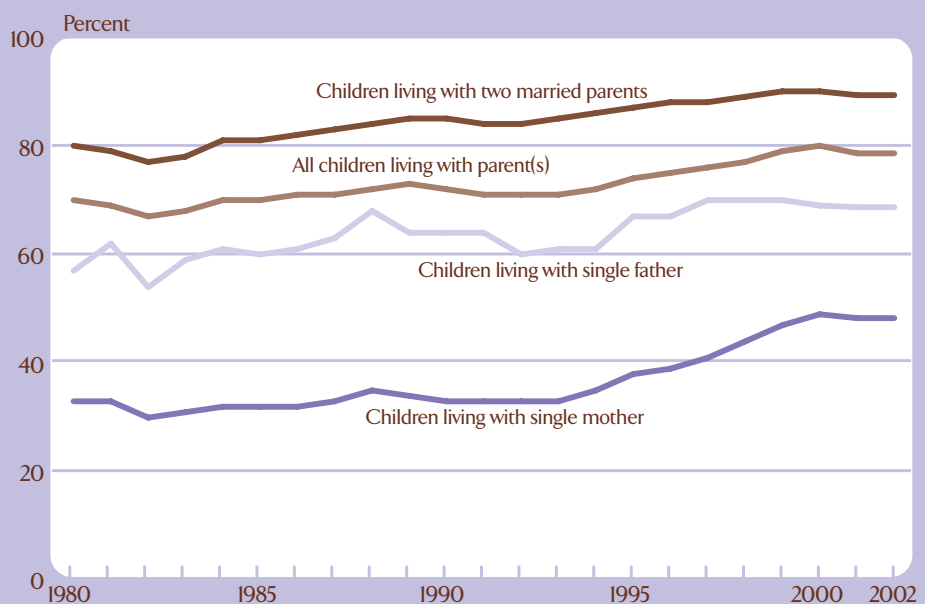
<sup>6</sup> The child poverty rates for related children in 2000 and 2001 were not statistically different.

Poverty among children varies greatly by family structure. Children living in female householder families with no husband present continued to experience a higher poverty rate in 2002 than their counterparts in married-couple families: 40 percent compared with 9 percent. Disparities also persisted by race and ethnicity. Children who were Black (and no other race) had a poverty rate of 32 percent in 2002; Hispanic children (who could be of any race) had a poverty rate of 28 percent; single-race White, non-Hispanic children had a poverty rate of 9 percent. Because racial categories were redefined in 2002, no direct historical comparisons can be made for Black children. However, the poverty rate in the first half of the 1990s was above 40 percent for Black children and above 35 percent for Hispanic children.

The percentage of children who had at least one parent working year round, full time was 78 percent in 2002, not distinguishable statistically from 2001, but below its peak of 80 percent in 2000 (Figure 4). Children living in two-parent families were more likely to have a parent working year round, full time (89 percent) compared with children living with a single mother or a single father (49 percent and 70 percent, respectively). In 2002, children living in poverty were less likely to have a parent working year round, full time than children who were not in poverty (33 percent and 87 percent, respectively).

**FIGURE 4**

Percentage of children under age 18 living with at least one parent employed year round, full time by family structure, 1980-2002



SOURCE: U.S. Bureau of Labor Statistics. Current Population Survey, March and Annual Social Economic Supplements.

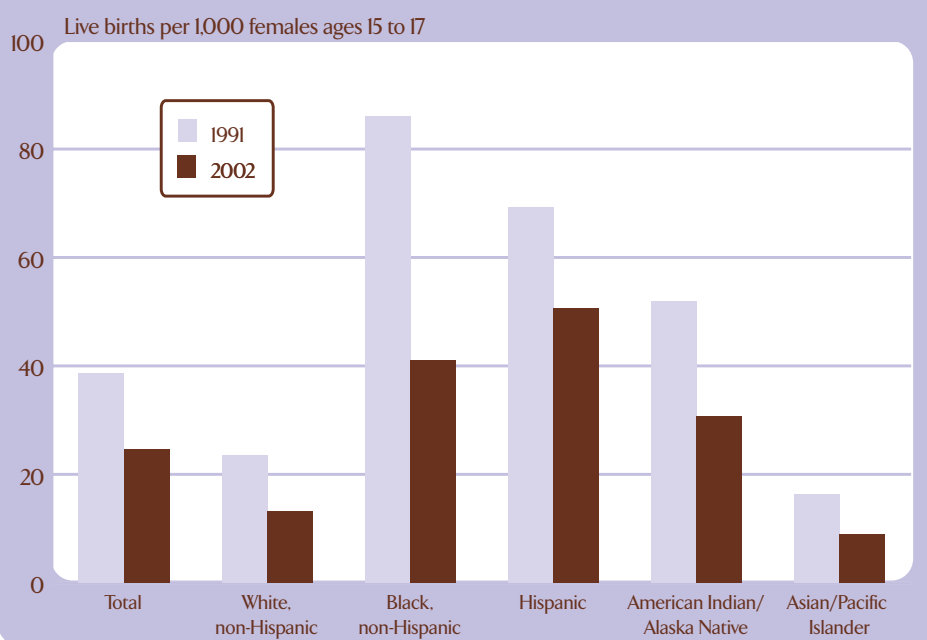
In 2002, 18 percent of children lived in households classified as “food insecure” by the USDA. Just over half a million children (0.8 percent) lived in households further classified as “food insecure with child hunger,” statistically unchanged from 1999 and down from 1.3 percent in 1995.

## Health indicators

The health of the Nation's children continues to improve in many areas, such as lower birth rates for adolescents and expanded vaccine coverage. However, increases in overweight, infant mortality, and low birthweight represent major challenges.

Birth rates for adolescents have dropped steadily since 1991, reaching a record low of 23 births per 1,000 females ages 15 to 17 in 2002. The 2002 rate is two-fifths lower than the peak in 1991 (Figure 5). The steepest decline has been among Black, non-Hispanic adolescents who experienced a decline of more than half between 1991 and 2002 (from 86 to 41 per 1,000, respectively). Declining adolescent birth rates are a direct result of declining adolescent pregnancy rates as evidenced by decreases in not only live births, but in induced abortions and fetal losses as well.<sup>7</sup>

**FIGURE 5** Birth rates for females ages 15 to 17 by race and Hispanic origin, 1991 and 2002



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

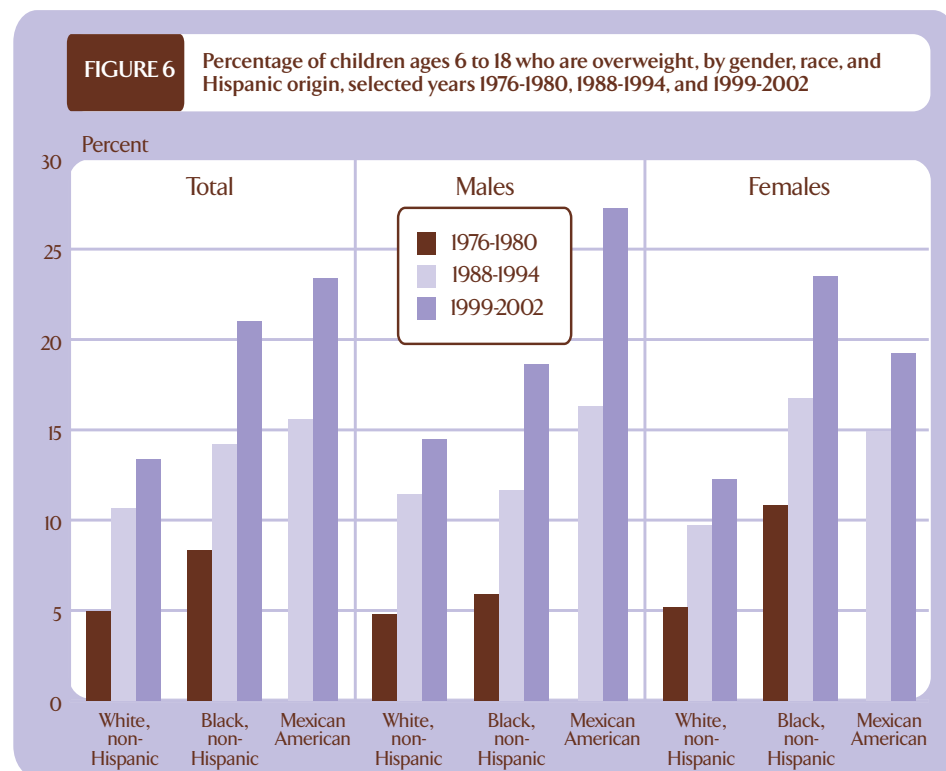
The introductions of two newly developed vaccines also mark improvements in the health of children ages 19 to 35 months. In the 1990s, the varicella (chicken pox) vaccine became available and throughout the decade its usage increased. In 2002, varicella vaccine coverage reached an all-time high of 81 percent. Coverage for the Hepatitis B vaccine, which became part of the recommended series for all infants in 1991, also increased through the 1990s and was at 90 percent in 2002. Coverage for the recommended combined series of four key vaccines was at 78 percent in 2002.<sup>8</sup> Coverage for the combined series has varied between 76 percent and 78 percent since 1998, when it reached a high of 79 percent.

In contrast to these improvements, the prevalence of overweight among U.S. children has increased sharply. In 1976–1980, only 6 percent of children were overweight. By 1988–1994,

<sup>7</sup> Ventura, S.J., Abma, J.C., Mosher, W.D., and Henshaw, S. (2003). Revised pregnancy rates, 1990–97, and new rates for 1998–99: United States. *National Vital Statistics Reports*, 52 (7). Hyattsville, MD: National Center for Health Statistics.

<sup>8</sup> Vaccinations included in the combined series are diphtheria, tetanus toxoids, and pertussis vaccine [DTP], polio, measles, and *Haemophilus influenzae type b* (Hib). The recommended immunization schedule for children is available at <http://www.cdc.gov/nip/recs/child-schedule.pdf>.

this proportion had risen to 11 percent, and continued to rise to 16 percent in 1999-2002 (Figure 6). Black, non-Hispanic girls and Mexican American boys are at particularly high risk of being overweight. In 1999-2002, 23 percent of Black, non-Hispanic girls and 27 percent of Mexican American boys were overweight.



NOTE: Data for Mexican American children are not available from 1976-80 due to small sample sizes. Oversampling of Mexican Americans provided estimates for 1988-1994 and 1999-2002. Overweight is defined as body mass index (BMI) at or above the 95th percentile of the 2000 Centers for Disease Control and Prevention BMI-for-age growth charts. BMI is calculated as weight in kilograms divided by the square of height in meters.

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

While still near its record low, infant mortality increased for the first time in decades in 2002. The 2002 preliminary infant mortality rate was 7.0 infant deaths per 1,000 live births, up from a rate of 6.8 in 2001. Preliminary analyses attribute the increase to deaths among neonates (infants less than 28 days old), particularly infants who died within the first week of life.<sup>9</sup> Whereas the infant mortality rate increased in 2002, the perinatal mortality rate (late fetal deaths plus early neonatal deaths per 1,000 live births plus fetal deaths) remained stable. More detailed information will become available later in 2004, when linked birth and death records are analyzed.

One of the most important risk factors for infant mortality is low birthweight (about 5.5 lbs.). Low birthweight rose to 7.8 percent in 2002 compared with 7.7 percent in 2001 and 7.0 percent in 1990, continuing a slow, but steady two-decade increase.<sup>10</sup> At 13.4 percent, the rate of low birthweight among Black, non-Hispanic infants continued to exceed the rate for any other racial or ethnic group. Growth in multiple births (largely due to increasing use of fertility treatments) partially explains the low birthweight increase, but low birthweight also increased among singleton infants.

<sup>9</sup> Kochanek, K.D., Martin, J.A. (2004). Supplemental Analyses of Recent Trends in Infant Mortality. National Center for Health Statistics. Health E-stat. Available at: <http://www.cdc.gov/nchs/products/pubs/pubd/hestats/infantmort/infantmort.htm>.

<sup>10</sup> Martin, J.A., Hamilton, B.E., Sutton, P.D., Ventura, S.J., Menacker, F., and Munson, M.L. (2003). Births: Final Data for 2002. *National Vital Statistics Reports*, 52 (10). Hyattsville, MD: National Center for Health Statistics.